In the sweltering central Ukrainian summer heat, ten or so women gather by a dusty roadside on the outskirts of Cherkasy. To one side a parched brown verge and a row of straggly apricot trees shield acres of maize, to the other side lies the town. Loosely gathered around the boot of a small car, the women jovially exchange stories with each other and with the man and woman handing out packages of condoms, antiseptic wipes, and clean syringes. The women meet each other as they work the streets of Cherkasy, or as they are periodically rounded up by the local police to be fined for soliciting. But today they meet to attend one of the many harm-reduction enterprises started with support from the Ukrainian branch of the International HIV/AIDS Alliance, the efforts of which are now the frontline in the fight against the worst national epidemic in Europe.

In a country as huge as Ukraine, which spans Moscow-leaning industrial regions of the east where the HIV epidemic is most intense and least controlled, vast agricultural central plains, and Europhile liberalism several thousand kilometres to the west, no city or region can be said to be representative. But Cherkasy might be just about average, in terms of its central location, sense of identity, and attitude to HIV prevention and control. And like the rest of Ukraine, eastern Europe, and central Asia, the HIV/AIDS epidemic here has been largely driven by continued and escalating spread in two inextricably linked groups: drug users and commercial sex workers (CSWs).

The Ukraine’s first case of HIV was reported in 1987, and to the end of 2009, 161,119 cases of HIV have been recorded, including 31,241 cases of AIDS and 17,791 deaths. The prevalence of HIV in the Ukraine is the highest in Europe. Despite these gloomy statistics, Ukraine has cause for optimism. The year-on-year increase in incidence has declined from 18% in 2006 to 6% in 2009. “We believe that this is a result of effective HIV programmes”, says Svitlana Cherenko, head of the Committee on Response to HIV/AIDS for the Ministry of Health, Ukraine. “This fall in new cases is a result of effective work in diagnostics, but more effective primary and secondary prevention is still needed.” And Ukraine seems to be making substantial headway in the second of these fields—the most recent update to the Towards Universal Access report from WHO cites the country as one of those that has achieved 80% coverage of prevention for mother-to-child transmission and a 50% increase in numbers of patients on antiretrovirals to more than 15,000. This is a remarkable turnaround from 2004, when just 60 people in the country were on treatment.

But now, with effective diagnosis widely available and treatment access slowly improving, the government and its partners are focusing on prevention, for which harm reduction is an important factor. “Knowledge about routes of infection is an indicator of improvement”, explains Cherenko, “and in 2003 awareness about routes of transmission was 10%, now 62% of people are aware of how HIV is transmitted.” Although in many countries, prevention relies on targeting safer sexual practices among the general population, in Ukraine as in other Eastern European and central Asian countries, tackling substance misuse is equally important. In the 1990s the epidemic was almost entirely fuelled by injecting drug use; although sexual transmission is now the most common route of infection, at-risk populations are key. “Sexual transmission predominates”, Cherenko told The Lancet, “but it is sexual transmission among sex partners of injecting drug users (IDUs) and clients of CSWs.” And in the Ukraine, where...
people must be put on government registers to receive treatment for both HIV and addiction, reaching IDUs and CSWs can be particularly difficult due to fear of legal repercussions.

And this is where government partnerships with non-governmental organisations, such as Alliance Ukraine and the programmes they support come in. Twice a week in Cherkasy, Tanya, Olesya, and the other women gather on the same spot and wait for the car and the two volunteers to arrive with the harm-reduction packs and information about HIV testing and drug rehabilitation. Tanya talks of how support from the programme enabled her to access a 12-step rehabilitation service that enabled her to give up injecting drugs. Although she contradicts this minutes later when she shows the recent track marks on the inside of her arms and explains how the syringes she picks up mean she will not get infected. As Tanya shows off her track marks, Olesya, whose boyfriend and pimp is a menacing presence just metres away beyond the verge, steps forward to say we cannot see her injection site, and gestures towards her crotch. This is the crux of harm-reduction work; the women continue to work as sex workers and continue to inject drugs, but the clean syringes, wipes, and condoms, and the health advice help them stay uninfected, protecting them and their clients. Both Tanya and Olesya have worked as CSWs for several years, but both were uninfected at the time of their last tests, whatever the results, Nadia counsels and advises people of their commitment to the organisations is strong. When Nadia, a former opera singer and recovered amphetamine and heroin addict, and head social worker for BAM, a group that targets younger drug users, explains how the clinic that received referrals from Insight offers a range of services, advising registered IDUs (80% of whom have HIV), on access to treatment for other sexually transmitted infections and tuberculosis. But work at the clinic is hard, and most of the staff, says Boroznetz, are of pensionable age. “We have orders from the ministry of health that we should be treating 110 people, but for now our staffing capacity is already stretched.” With salaries of just 1200 hryvna a month (about £95), young doctors do not want to work at narcology clinics, the work is hard, the patients difficult to work with, and the clinic staff are regularly having to prove themselves to the police. At a recent meeting when Boroznetz explained the paperwork he had to complete for each patient on substitution therapy to US colleagues, he says they had joked grimly with him that if they had to fill out so many forms they would probably shoot themselves. But in Cherkasy, the police are more understanding than elsewhere in Ukraine. In May this year, Ilya Podolyan a doctor providing substitution therapy was arrested in Odessa for involvement in the illicit drug trade—he was released after 125 days due to inconsistency of the charges concerning his breach of the licence terms of activities in narcotic drugs turnover.

The efforts of the dozen or so harm-reduction projects in Cherkasy oblast (administrative region) could be a model for prevention throughout Ukraine, but the reliance on precarious donor funding and government grants that have rapidly vanished during the economic crisis, threatens their continuation. However, the commitment to the organisations is strong. When Nadia, a former opera singer and recovered amphetamine and heroin addict, and head social worker for BAM, a group that targets amphetamine users, found out that the van shared by the various organisations had broken down, she opened up her two-room flat. Her mother-in-law registered people in the kitchen while a doctor administered rapid tests in the front room. Before and after the tests, whatever the results, Nadia counsels and advises people of their next step, be it seeking antiretroviral treatment or help with addiction. “My husband died of AIDS”, says Nadia, “and I promised him that I would stop using drugs and do something to help. I try to show people that if I can, they can. If I can reach one person, my life is worth living.”

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