

*On April 14<sup>th</sup>, Celeste A. Wallander, director of the Russia and Eurasia Program at the Center for Strategic and International Studies, spoke on “The Impending AIDS Crisis in Russia: The Shape of the Problem and Possible Solutions”. Dr. Wallander gave an overview of the HIV/AIDS epidemic in Russia, the development and spread of the disease in Russia, and ways to prevent its spread.*

Eastern Europe and Central Asia are the locus of the fastest growing HIV/AIDS epidemic in the world. From 2000 to 2003, the rate of infection in Russia has increased nearly 10 fold. In 2000, 200 people per million of the Russian population were HIV infected. By November 2003, the rate was 1800 per million. In 2000, the Russian Federal AIDS Center had officially registered 40,000 HIV infected Russians. By the end of 2003, 265,000 were registered as HIV infected. These numbers probably under count the actual numbers of HIV infected Russian citizens, because there is a lack of general testing mechanisms set up in the Russian healthcare system. Most HIV tests occur only when one is arrested, imprisoned, seeking related health care, such as for STDs, or during pregnancy. This lack of definitive numbers, progression and facts about related issues such as sexual practices is the single biggest obstacle to a Russian national and/or international response to HIV.

Russia is considered a “concentrated” epidemic, which means that HIV has spread rapidly within subpopulations (i.e. IDUs and commercial sex workers), but is not well established in the general population. It also predominantly affects youth, which will have a generational impact on demographics, social stability, and the economy. 80% of all HIV infections among IDUs are in persons under 30 (whereas in western Europe and the U.S., the rate is 30%), and 62% of all new infections are people between 20 and 30. Russian youth are unlikely to use condoms during sex. One survey found that fewer than half of teenagers aged 16-20 used condoms when having sex with casual partners.

Therefore, HIV transmission is increasingly through sexual contact and the disease is breaking out of the IDU high-risk group. Russia is at risk for becoming a “generalized” epidemic through the infection of “bridge populations,” which are typically the sex partners of IDUs and the clients of commercial sex workers. The HIV epidemic has grown and is almost certain to worsen in Russia, and in the other countries of the former Soviet Union through the infection of “bridge populations.”

Given the uncertainty about the current numbers, it is extremely difficult to settle on reliable projections. Furthermore, because Russia is still in the early stages of the epidemic, the course and severity of the epidemic depends on whether effective and timely public policy interventions will be implemented. Usually, the projections are cast in terms of optimistic, medium, and severe scenarios. Under the optimistic scenario, experts project that

by 2025, there will be 5 million HIV infected Russians, and 3.4 million AIDS-related deaths. Under the medium scenario, Russia will in 2025 have 11 million HIV infected people, and 8.7 million will have died. Under the pessimistic scenario, 7 million Russians will be living with HIV in 2025, and 12 million will have died.

There are several factors that complicate the prevalence of HIV/AIDS in Russia. Russia's population is declining and already suffering poor health from alcoholism, cardiovascular disease, lung disease, and poor nutrition and health care so the impact of HIV/AIDS will be more severe as a proportion of the population. One specific aspect of Russia's health crisis that deserves special attention is tuberculosis because individuals with HIV/AIDS are 5-10 times more likely to develop the disease than those who are HIV negative. Given even the mild projections, it is easy to see that the HIV/AIDS epidemic in Russia will have a significant impact on the country's future economic performance, social stability, and level of development.

To mitigate the HIV/AIDS epidemic in Russia, it is necessary to focus on prevention in high risk core groups through harm reduction, education, and drug therapy to prevent mother to child transmission, in the early stages of the disease. As the disease evolves, monitoring and surveillance are key, because until we know the numbers, patterns of infection, behavioral factors, and effectiveness of interventions, we will not know how to target policy and resources. Third, creation of effective treatment and care infrastructure is essential. Such an infrastructure should be linked to improving capacity in Russia's general primary health care system, rather than through separate, vertically organized, AIDS care centers, if Russia is to be able to cope with the increase in the numbers of people who will need care.

The collapse of Russia's public health infrastructure merits attention for two reasons. First, there is a structural problem that even if there were political will, Russia could not implement an effective prevention, care, and treatment regime even if it were a priority. Second, as a result of the crash of public health infrastructure Russian society is so overwhelmed by multiple health, demographic, and daily subsistence crises that AIDS gets shelved in people's minds as real, but not an immediate problem.