

Russia and HIV/AIDS

Opportunities for Leadership and Cooperation

A Report of the CSIS Task Force on HIV/AIDS
Brookings/CSIS Joint Delegation to Russia
February 20–26, 2005

Delegation Cochairs

John Hamre
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Principal Authors

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Contents

Acknowledgments	iv
Introduction	1
Principal Findings	3
Opportunities for Leadership and Cooperation	14
Conclusion	16
Appendix A: Brookings-CSIS HIV/AIDS Delegation to Russia	17
Appendix B: Delegation Agenda	18
Appendix C: List of Abbreviations	19
Appendix D: Statistics	20
Appendix E: Russia and the Global Fund to Fight AIDS, Tuberculosis, and Malaria	22
Appendix F: The Russian Coordinating Council	24
Appendix G: HIV/AIDS and the Russian Orthodox Church	25
Appendix H: A Sampling of NGOs Working in Russia on HIV/AIDS	26
Appendix I: International Funding for HIV/AIDS Programs and Activities in Russia	29
Appendix J: How Systematic Collection and Use of HIV/AIDS Information Can Help Form Policy and Set Priorities	30
Appendix K: Resolution on Additional Measures for the Prevention of HIV in Russia by Gennady Onishchenko, Chief Surgeon of the Russian Federation	32

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The CSIS Task Force on HIV/AIDS is cochaired by Senators Bill Frist (R-Tenn.) and Russell Feingold (D-Wis.) and is funded by the Bill and Melinda Gates Foundation. Now in its second two-year phase, the task force seeks to build bipartisan consensus on critical U.S. policy initiatives and promoting U.S. leadership in strengthening prevention, care, and treatment of HIV/AIDS in affected countries. CSIS is grateful to Senators Frist and Feingold for their leadership and to Helene Gayle and Lisa Carty of the Gates Foundation for their continued support and vision.

Russia and HIV/AIDS

Opportunities for Leadership and Cooperation

Introduction

Russia remains a fluid, acutely complex and mixed environment in which to address the growing threat posed by HIV/AIDS. The epidemic has reached serious proportions: credible estimates are that 1 million or more Russians, or just over 1 percent of the adult population, are infected with HIV, concentrated among injection drug users (IDUs), commercial sex workers (CSWs), and to a less well understood degree, men who have sex with men (MSM). It could become a far larger, more generalized epidemic that threatens Russia's youth, women, and others. Already, the costs borne of HIV/AIDS in Russia are intensifying demographic, economic, and security concerns.

Stigma and denial about HIV/AIDS and its threats to Russia's future complicate the task of preventing its spread. Political leadership at the highest levels is essential to craft an effective response, but so far that leadership has been largely absent.

These stark realities notwithstanding, there is reason for hope in Russia.

At several levels of government there are promising signs of recent movement. The institutional, financial, and human capacities to respond, in both government and Russian society, are considerable. The current size of Russia's epidemic is manageable, at least for now, and Russia's public health system, if appropriately mobilized and resourced, is clearly capable of curbing future increases in HIV infection. The prospective flow of resources from the World Bank, the Global Fund to Fight AIDS, TB and Malaria (Global Fund), and multilateral as well as bilateral organizations and donors is stirring the possibility of a new, promising phase of innovative policy and expanded action by government and nongovernment organizations alike. So too, Russia's hosting of the G-8 summit in 2006 creates an important moment of opportunity to engage with Russia on strengthening both the global response to HIV/AIDS and the specific needs of Russia.

To effectively control the threat posed by HIV/AIDS, the Russian leadership will need to elevate HIV/AIDS, explicitly, as a national priority. This will be most successfully done through the creation of a dynamic national HIV/AIDS strategy anchored within a broader mobilization to upgrade Russia's deteriorating public health systems, including, as an immediate priority, strengthening its disease surveillance system to focus more effectively on high-risk groups. Furthermore, a national strategy should support the enlargement of the role of nongovernmental organizations (NGOs), which have been at the very center of the progress achieved

thus far in Russia. Improved coordination is also imperative along with the establishment of an appropriate authority to guide an expanded response.

There is an important partner role that international organizations, the U.S. government, and other governments can and should play in encouraging the advance of an HIV/AIDS agenda in Russia. The Global Fund has emerged as a key player, in the major awards it is making both to the government and NGO sectors in Russia.

While in St. Petersburg, the delegation heard from both the city's mayor and the rector of St. Petersburg State University of the strong desire for expanded collaboration with external partners on HIV/AIDS, as part of the lead up to the 2006 G-8 summit and beyond. The U.S. government and other U.S.-based organizations should pursue this promising opportunity and perhaps other similar opportunities elsewhere in Russia. As these initiatives take shape, the United States should systematically encourage the additional involvement of international organizations, other G-8 member states, and nongovernmental partners.

More generally, the United States should maintain HIV/AIDS as a diplomatic priority and further enlarge its engagement with Russia on HIV/AIDS. There are numerous opportunities to develop strong collaborations: help upgrade the quality of HIV/AIDS and HIV-TB surveillance and data management; provide support to strengthen Russian NGOs, especially in the area of prevention; increase the training of doctors, nurses, and community workers in treatment, care, and prevention; expand collaboration in scientific research, including in the development of vaccines and microbicides; and create new collaborations between Russian and American faith-based groups, businesses, and media.

A joint delegation of the Brookings Institution and the Center for Strategic and International Studies (CSIS) visited Moscow and St. Petersburg in February 2005 as part of the CSIS Task Force on HIV/AIDS, a project mandated to strengthen U.S. leadership in battling the HIV/AIDS pandemic. The CSIS Task Force, funded by the Bill and Melinda Gates Foundation and cochaired by Senators Bill Frist (R-Tenn.) and Russell Feingold (D-Wis.), has since 2003 given high priority to fielding expert missions to populous, major states at risk of a generalized epidemic: China, India, Nigeria, Ethiopia, and Russia. Lisa Carty and Helene Gayle, of the Bill and Melinda Gates Foundation, each provided integral guidance for these missions.

The principal goal of the February mission to Russia was to gain an understanding of the country's current HIV/AIDS situation; learn about official and private efforts in prevention, treatment, and care; and provide practical recommendations to policymakers in Congress and the Bush administration, along with interested policy experts, for increased U.S.-Russian cooperation to control the disease both in Russia and globally. Specifically, the mission was charged with examining whether there are concrete, emergent openings for expanded U.S. engagement with Russia, with special reference to the Russia-hosted G-8 summit in 2006. The mission's findings and recommendations speak to these priority concerns and are not intended to be comprehensive in scope.

Brookings president Strobe Talbott and CSIS president John Hamre co-led the delegation. Other participants included Celeste Wallander and J. Stephen Morrison, CSIS; Judyth Twigg, Virginia Commonwealth University; Allen Moore, CSIS

and the Global Health Council; Brooke Shearer, International Partnership for Microbicides; Phillip Nieburg, CSIS; and Sarah Mendelson, CSIS.

The group met with Russian national and local officials, persons living with HIV/AIDS, U.S. officials, representatives of UN agencies active in the area of HIV/AIDS in Russia, representatives of Russian and international NGOs, Russian media, university officials, scholars, and experts. In the planning and implementation of the trip, the delegation benefited from the advice of many individuals and organizations. Of special note are the U.S. Embassy in Moscow, under Ambassador Alexander Vershbow's leadership; UNAIDS/Moscow, led by Bertil Lindblad; AIDS Foundation East-West, led by Rian van de Braak; and Humanitarian Action, led by Sasha Tsekanovich. All of them made exceptional contributions to the success of the mission's visit.

Principal Findings

The Brookings/CSIS mission returned from its brief, intensive visit to Russia convinced of the following six major findings.

- **Russia's epidemic has attained significant proportions and is now spreading beyond marginalized risk groups to threaten youth and women. At the same time, weak epidemiological data confound an effective policy response.**

Although reliable numbers are impossible to come by, credible estimates are that 1 million Russians, approximately 1 percent of the adult populations, are infected with HIV.

Weak and confusing data, however, continue to confound the Russian policy response to HIV/AIDS. Poor data provide a ready rationale for complacency and denial and at the same time weaken the experts' case that current alarming trends call urgently for a robust, well-financed response. Unreliable numbers and a surveillance system that does not focus effectively on high-risk groups will continue to impede an effective Russian public policy to prevent a generalized HIV/AIDS epidemic unless and until the Russian government takes high-level action to redress these critical data deficiencies. Expanded technical support from international organizations, the United States, and others can reinforce the prospects for success.

Russia does not have a system that tracks incidence, risk behaviors, and prevalence among IDUs, CSWs, MSM, and young people in general well enough to provide a clear epidemiological map of Russia's HIV/AIDS epidemic, the health status of Russians living with HIV/AIDS, and the speed with which HIV infections are moving from core transmission groups to other populations. Russia's AIDS Centers report only limited, descriptive epidemiology data, along with the raw numbers of infected people. What can reliably be asserted: the HIV/AIDS epidemic in Russia has reached serious proportions, remains today largely concentrated in high-risk populations, but is beginning to enter the general population, threatening youth and women in particular. Russia faces the threat of a much larger HIV/AIDS pandemic, but there is still opportunity to avert such an outcome. Estimates of Russians living with HIV range from 420,000 to 1,400,000, and adult prevalence is

estimated at 1.1 percent (range of 0.6 percent to 1.9 percent). National data from 2003–2004 suggest decreases in newly reported HIV infections in Russia in 2003 and 2004. In 2001, the officially registered number of new cases was 88,577; in 2002, it declined to 52,349; in 2003 to 39,699; in 2004 to 28,319. This has led some officials and medical professionals to conclude that the threat of HIV in Russia has been curtailed, either through effective prevention or because HIV infection is reaching a “saturation” point among Russian IDUs.

These reported decreases have to be treated skeptically, because they occurred in parallel with the decentralization of HIV testing responsibilities from the federal level to the resource-starved authorities in regions and oblasts. In this period, beginning in 2002, the central Russian federal government ceased providing HIV test kits to regional or local clinics and AIDS centers. It is widely suspected that many fewer HIV tests have subsequently been carried out among IDUs: some reports suggest that testing of IDUs may have fallen by 50 percent. Thus, because many fewer people are being tested, the noted decreases in people newly identified as infected with HIV may not truly reflect decreases in the occurrence of new infections.

By far the largest proportion of infections in Russia has been reported among young IDUs; 80 percent of those registered with HIV are between the ages of 15 and 30. HIV prevalence data in the few IDU groups under sentinel surveillance began rising in 2000 and reached 40 percent or more in some groups. Another population widely thought to have significant infection numbers (based on limited, systematically collected data) are CSWs.

The data strongly indicate that an increasing proportion of new infections has begun moving outside the IDU and CSW high-risk populations into the general population and that HIV/AIDS is increasingly striking women. In 2004, the level of women of childbearing age that contracted the disease increased to 38 percent.

In 2001, 93 percent of new infections were IDU-related. In 2003, the figure had fallen to 63 percent. In 2001, non-IDU-related heterosexual transmission was reported in 4.7 percent of new cases: it was 20.3 percent for 2003 and 25 percent–27 percent for 2004. There is evidence of increasing numbers of HIV-infected women giving birth. In 2000, there were 374 new cases of HIV-infected children born to HIV-infected mothers. In 2003, there were 3,111 such new cases. In 2000, one in five of newly infected Russians were women; in 2002 one in four, and in 2003 one in three.

These trends notwithstanding, considerable uncertainty still surrounds Russia’s national data. It is a problem most urgently relevant to the handful of Russia’s 89 regions where the HIV/AIDS epidemic is concentrated. (More than half of HIV prevalence is found in ten oblasts or regions.)

For example, the proportion of infected Russians whose source of infection is in the “unknown” category exceeds 50 percent of all infections in the most recently available data. If these missing source data were available, the true distribution of sources of HIV infection could look very different from today’s impression. For the general population, few if any sentinel surveillance sites systematically track HIV infections in low-risk populations. Only a few small counseling and testing programs appear to be operating outside of high-risk populations.

Tuberculosis and HIV/AIDS: Reason for Concern, Reason for Action

In Russia, important progress has been made recently in control of TB but these efforts have yet to be fully coordinated with Russian HIV/AIDS control efforts.

Since 2000, progressive decreases in overall numbers of TB cases have been reported, although the decrease has occurred mostly among the incarcerated population; numbers of cases have increased in the general population. Despite the relatively recent adoption of WHO-recommended Directly Observed Therapy Short course (DOTS) programs, nearly half of Russian TB patients were being treated within such programs by 2004 and further rapid expansion of DOTS coverage is anticipated. However, even in areas of Russia where DOTS has been implemented, WHO data have until recently indicated suboptimal treatment outcomes.

Multi-drug resistant TB (MDR-TB) remains a major challenge. Although a number of innovative community-oriented programs have been created and carried out to help address the growing MDR-TB problem, they remain small and few in number.

These difficulties in the TB treatment arena can only be exacerbated by the growing confluence between TB and HIV/AIDS.

Globally, tuberculosis (TB) and HIV/AIDS—including co-infection with both—are responsible for more than 5 million deaths per year. In Russia, as elsewhere, co-infection of increasing numbers of people with these two diseases as HIV continues to spread could lead to a more rapid spread of TB to uninfected contacts.

The critical importance of TB-HIV co-infection lies in the synergistic effect of each of these diseases on the other. Because HIV suppresses the immune system, active TB is likely to be more common and more severe among people with HIV/AIDS. TB is the AIDS-defining illness for an estimated one-third of all AIDS patients worldwide; in some countries, the proportion is even greater. (The delegation was unable to locate analogous TB-HIV co-infection data for Russia.) Conversely, it appears that active TB infection can accelerate the course of HIV infection and AIDS.

Paradoxically, correctly diagnosing TB may be more difficult among HIV-infected people. In addition, both TB and HIV/AIDS treatment regimens may require modification in co-infected people.

Despite these difficulties, there are signs of progress in TB and TB-HIV control efforts. For example, the Russian government has recently created a formal TB-HIV coordinating group. Additional resources for TB-HIV control are becoming available through increased federal budget allocations, through a recently awarded Global Fund grant and through a World Bank loan signed at the end of 2003. Reduction of TB incidence and morbidity is now an explicit goal of state policy. Recent control activities have a decidedly multi-sectoral approach, with a number of ministries and other agencies involved. TB laboratory diagnostic capability is being improved and international standards for control of TB-HIV co-infection are being implemented.

As Russia continues moving forward with coordinating TB and HIV control efforts already under way, additional progress against co-infection is likely through (1) intensified TB case finding among HIV-infected people, (2) HIV testing of new TB patients and (3) other joint TB-HIV control measures, as recommended by international working groups, to reduce both the TB burden among HIV-infected people and the HIV burden among TB-infected people.

Among senior figures at the Ministry of Health and Social Development, regional authorities, and city AIDS centers, there is an ongoing, unresolved internal debate about the accuracy and significance of the national HIV/AIDS numbers. The delegation observed first hand how this persistent confusion over data dominates policy discussions, hampers efforts to define the scope and trend lines of the HIV/AIDS epidemic that Russia is experiencing today and will likely face in the future, and ultimately stalls discussion of what is to be done.

■ **An integrated approach to HIV/AIDS will not be easy to achieve but is essential to the success of expanded future programs.**

Since the dissolution of the Soviet system in the late 1980s and early 1990s, Russian hospitals and clinics have operated under considerable budgetary uncertainty. Complicating matters even further was the devolution of authority and responsibility for social services to the regional level in 1993. Effectively, Russia operates under 89 different systems of health care corresponding to its 89 geographic regions.

When the first cases of HIV infections emerged in the late 1980s, the Soviet Ministry of Health created a separate, centralized system of AIDS centers and laboratories and instituted mandatory testing for groups deemed to be at risk. Although this approach was successful in controlling the spread of HIV owing to infected blood donors and through infections in hospitals, it also had the effect of blocking any effective integration of HIV prevention and treatment into primary health care and left health care providers untrained and uninformed about HIV/AIDS. Today the health system's ability to reach general population groups for HIV/AIDS prevention and treatment remains highly constrained by this still separate structure.

The network of federal and regional AIDS centers remains isolated budgetarily and institutionally from the health care system as a whole. These centers are funded by earmarked programs in the federal, regional, and municipal budgets, and they bear sole responsibility for HIV testing and health care for people living with HIV/AIDS (PLWHA). For many years these centers suffered from universal underfunding and from an inappropriate allocation of those scarce resources to mass HIV screening of the population for HIV rather than on targeted surveillance of risk groups or on education, prevention, and treatment. More recently this balance has shifted in some regions toward the provision of antiretroviral (ART) medications, and some centers report that local governments have become more responsive to budgetary needs. Moreover, many of the AIDS centers have reaped the benefits of partnerships sponsored by bilateral and nongovernmental donors.

Other structural flaws persist, rooted in this separation of HIV care from the Russian health care system. Institutionally, there is insufficient dialogue and cross-referral between the AIDS centers and other health care institutions. The requirement that HIV-infected patients receive medical care only from the AIDS centers means that many PLWHA avoid seeking care at all, as they do not want to be publicly branded as HIV-infected. Were more physicians outside the AIDS centers properly trained in infectious disease care in general, and HIV care in particular, this problem could be more effectively managed. At the present time, even though a significant salary supplement accrues to those physicians willing to work with

PLWHA, many remain heavily influenced by outdated knowledge and stigma. AIDS Centers offer poor working conditions and, owing to their separation from mainstream medical institutions, provide little opportunity for professional growth for young physicians.

There is no standardized approach or national treatment protocol for PLWHA, which could prove highly problematic as ART provision is scaled up, particularly if drug supplies are unreliable. Access to care is based on geographic and other idiosyncrasies, and important co-infections (hepatitis, tuberculosis) reportedly often go undiagnosed and untreated. Social services for PLWHA are absent or uncoordinated. In this highly segmented institutional environment, an integrated public health approach to the epidemic will not be easy to achieve.

Some regional AIDS centers are receiving significant funding from local and regional governments to demonstrate initiative by regional and local leaders, and reportedly also in the hope that this seed money may attract further and substantial monetary support from AIDS-attentive international donors.

■ **The costs and popular pressures borne of HIV/AIDS will intensify.**

Russia's HIV/AIDS epidemic will exacerbate Russia's already stark demographic decline.

Beginning in the late 1990s, Russia's rate of increase of new HIV infections was among the highest in the world. At the end of 1999, there were 31,000 officially registered Russians infected with HIV. By April 2005, Russia's Federal AIDS Center reported over 313,000 officially registered HIV-infected persons, a nearly 900 percent increase over a period of little more than five years. As indicated in the previous section, it is the delegation's view that, realistically, at least 1 million Russians are infected with HIV.

In 2004, the Russian Federal AIDS Center reported 4,000 AIDS-related deaths. Given the steep increase in new HIV infections between 1997 and 2001, Russian and international health experts expect the numbers of deaths from AIDS in Russia to accelerate considerably, beginning over the next several years, as persons living with HIV become symptomatic with AIDS. To what degree the Russian public will perceive these deaths as being caused by AIDS is uncertain, since these early mortality cohorts will be largely stigmatized individuals infected through drug use, commercial sex, or other high-risk behaviors. Much will depend on the government's policies: how closely and accurately the data is gathered, and how candid the government is in disclosing facts.

Due to low birth rates and high rates of mortality, particularly among middle-aged men, the Russian population is losing approximately 750,000 people each year. By 2025, the population is projected to fall from about 145 million in 2004 to between 125 to 135 million. Some studies project that by 2050 Russia's population could fall to below 100 million. At present, these projections do not take into account the effects of Russia's evolving HIV/AIDS epidemic.

Russia's HIV/AIDS epidemic, if unchecked, can weaken economic growth and thereby hamper Russia's ability to realize its strategic goal of doubling GDP.

A 2002 World Bank study, “The Economic Consequences of HIV in Russia,” including an economic model projection, predicted that in the absence of an effective HIV prevention campaign the effects of HIV/AIDS on Russia’s economy will be substantial. Because of a smaller and less productive labor force and because of the diversion of societal resources to cope with a generalized pandemic, the model predicted that Russian GDP growth might decrease by as much as 0.5 percent over the years 2010 to 2020 as a result of HIV/AIDS.

Russia’s HIV/AIDS epidemic reportedly is increasingly impacting recruitment into the military. While the delegation did not specifically examine the issue of HIV/AIDS in the military, it did hear credible reports that HIV prevalence among young conscripts had risen significantly, and included a sizeable population not connected to drug use.

Russia’s maturing epidemic will escalate popular pressures for treatment and care.

Today, only a few thousand Russians living with HIV (estimates vary between 1,800 and 4,000) are receiving medication for antiretroviral treatment (ART). WHO estimated in December 2004 that 92,000 Russian adults could hypothetically benefit immediately from life-extending ART, based on a conservative estimate that only 420,000 Russians are infected with HIV. The actual population in need of treatment at present is likely two to three times higher. What this indicates is that only a very small percent of persons in need of treatment have access: medications are unavailable, treatment is denied by local AIDS centers (especially to IDUs), and many persons living with the HIV virus are unaware that they need treatment or how to access it. The government application for the Round 4 treatment grant plans for 500,000 Russians to require ART in 2010. If treatment were provided in 2010 to half that number, and if ARV prices were dramatically reduced, to say \$1,000 per person per year, the budgetary requirements would be \$250 million.

As popular awareness increases, both of the epidemic itself and the efforts by government and nongovernmental organizations to bring expanded treatment and care, pressures from persons living with HIV/AIDS and related advocacy groups will almost certainly mount. In 2004 and into early 2005, groups representing persons living with HIV/AIDS (PLWHA) have staged increasing public demonstrations and acquired an ever-stronger public voice.

■ **There is reason for hope in Russia—provided its leadership mobilizes in time.**

Many public health experts both inside and outside Russia understand the HIV/AIDS situation and fully recognize the threat it poses to Russia’s future. Russian scientists, activists, and health officials have been working for a number of years to prevent the spread of HIV within high-risk groups and from such groups to the general population.

Select regional and local governments, UN agencies, and international foundations and NGOs have launched pilot programs for the study and prevention of HIV’s spread. Although these are small efforts operating on a local level, they can still provide the foundation for a fully developed national response. The epidemic is

still at a manageable scale, and Russia enjoys three powerful advantages: ample financial resources to underwrite expanded efforts; a literate population with almost universal access to mass media; and a health care system that, although flawed and struggling, penetrates throughout the country and employs a large number of well-trained or trainable personnel.

The Centrality of High-Level Leadership

Russia faces many challenges in forging an effective response to the problem of HIV/AIDS, none more important than the need for the country's national leadership to fully grasp the imperative to launch an aggressive national policy to prevent Russia from becoming a high-prevalence country. The key to any effective national response lies in the Kremlin, which has been largely silent on its domestic HIV/AIDS problem.

It is not easy for national leaders in any country to conclude that HIV/AIDS requires significant additional attention and resources. In Russia, this reluctance is complicated by the need to address other health crises such as a shrinking population burdened by high rates of cardiovascular disease and alcoholism, that appear to be a more immediate and tangible threat to the country's future. Indeed, exceptional leadership is required to devote scarce political and financial resources to a disease that is perceived to be a problem of socially "maladapted" and marginal people, at a time when popular pressures mount to improve social services and benefits.

Although President Vladimir Putin has made reference in several speeches to the problem of Russia's demographic and public health decline, he has publicly mentioned HIV/AIDS only twice, in annual addresses in May 2003 and most recently in April 2005. On April 25, he stated: "We are ready to enter into fruitful partnerships with all countries to resolve global problems...from preventing global manmade disasters to fighting the spread of AIDS...."

Such public commitments with regard to the global challenge of HIV/AIDS are encouraging and there are promising signs at various levels of the Russian government that its approach *to the internal domestic challenge* may be changing. Recent developments suggest that in 2005 and beyond there will be openings for engaging productively with Russia's national leadership.

In March 2005, Deputy Prime Minister Alexander Zhukov gave a speech in Moscow in which he identified HIV/AIDS as a threat to Russian national security and emphasized the importance of respecting the human rights of persons living with HIV/AIDS and other vulnerable groups. He further called upon Russia's business community to engage in partnerships with government and NGOs to develop effective prevention strategies that would raise awareness and reduce stigma and discrimination in workplaces and communities. And in the weeks after that speech, the Russian government reported that President Putin will put the issue of HIV/AIDS on the agenda of an upcoming Russian State Council meeting. There are signs that Russia is considering the establishment of a national authority to oversee its response.

The Brookings/CSIS delegation was impressed with the activism and engagement of senior officials in the Ministry of Health and Social Development on HIV/

AIDS programs. There are indications that HIV/AIDS spending within the ministry may be increasing.

Entry of the Global Fund and World Bank

Increasingly, the government has entered into partnerships with international organizations for assistance, most notably the World Bank, the Global Fund, and United Nations agencies that are part of UNAIDS. In aggregate, this development means that over \$250 million in resources will be moving through multilateral channels towards HIV/AIDS programs in the next few years. That figure dwarfs both internal commitments and current external bilateral flows. If these multilateral initiatives can be shown to be successful, it will be a major turning point in government policy and potentially open the way for other initiatives. Providing, of course, this infusion of external resources does not have the unintended consequence of easing pressures upon the government to step up its own commitments. In the future, it is the government that will need to provide the necessary resources for HIV prevention, treatment and care, free of external sources.

After almost six years of difficult negotiations and preparations, the Russian Government and the World Bank concluded an agreement in September 2003 on a multi-year institutional strengthening project, with \$50 million dedicated to HIV/AIDS, and \$100 million to TB. Since then, implementation has been painfully slow, owing to difficulties in implementing new national administrative systems and procedural regulations that came into force in early 2004.

The entry of the Global Fund has compelled greater official recognition of the nongovernmental sector. A Global Fund Round 3 grant, \$88.7 million over five years, validates and empowers the nongovernmental sector and its predominantly prevention-related agenda. Space for the NGO sector has been enlarged, though relations between NGOs and the Russian state remain fragile. The first \$10 million tranche to the NGO sector was disbursed in early 2005.

The government is also engaged in negotiating the terms of its own five-year award in 2005. This grant of \$120.5 million, awarded to the government under Round 4 in 2004, is intended primarily to jump start ART programs. It envisions placing 7,000 persons on ART in its first year, and reaching 75,000 in year five. As treatment expands, it will be important to ensure that opportunities are not missed to fully integrate HIV prevention interventions into expanded ART delivery programs.

These commitments will test the Russian leadership's ability to move its national policies forward. Specifically, the government will be called upon to begin to resolve complex, sensitive issues surrounding drug pricing, equitable access by IDUs and CSWs to treatment, and policy on substitution therapy for drug users. Discussion is proceeding on all of these issues.

Advent of the Coordinating Council on HIV/AIDS

In 2004, the Russian Ministry of Health established a Coordinating Council on HIV/AIDS (see appendix F) comprising several ministries, state agencies, NGOs, and nonstate expert groups. Its mandate is to manage and coordinate policies for prevention in the health, justice, educational, and other government policy areas.

The Coordinating Council is viewed by some as a positive step toward a more comprehensive public policy approach to HIV/AIDS. The delegation heard examples of how the council's existence has allowed more open discussion and assessment of prevention initiatives and has legitimated the discussion of nonmedical aspects of HIV/AIDS—such as human and political rights and the challenges of developing programs for prevention among marginal groups that engage in illegal activities. One of the council's potential strengths is the role it can play in bringing nongovernmental groups into policy discussions and in integrating NGOs in program implementation.

The potential impact of the council is constrained, however, because it is not chaired by a senior-level representative of the presidential administration, it lacks a clear mandate and strong representation from the Parliament and business community, and its members are mid-level technical experts with limited ability to make or influence policy. Were changes made in these regards, its functioning could potentially improve dramatically.

The Coordinating Council also has a potentially important role to play in resolving tensions between the Ministries of Justice and Health and Social Development, on the one hand, and the Ministry of the Interior, on the other, in allowing provision of effective prevention, care, and treatment programs to injecting drug users and commercial sex workers. It could similarly help strengthen Ministry of Defense programs targeting new conscripts and the integration of HIV/AIDS into national economic policy and budgetary planning.

Activism within the Duma and outside Moscow

The Russian Duma has formed a parliamentary working group on HIV/AIDS, comprising 16 members, with a focus on spotlighting HIV/AIDS as a national priority and concentrating budgetary resources on the epidemic. In 2004, the caucus sponsored hearings on HIV/AIDS and during the most recent budget cycle introduced measures to authorize counterpart financing for the World-Bank project on HIV/AIDS and TB, with a specific focus on HIV vaccine research, prevention, and education.

Select leaders at the oblast and municipal levels have also made serious commitments to address the threat of HIV/AIDS. Initiatives at these levels can have significant demonstration impacts, on other regions and municipalities, as well as the center of government in Moscow.

■ The upcoming G-8 summit, hosted by Russia in 2006, provides a pivotal opportunity for enhanced dialogue and collaboration on HIV/AIDS.

As the Putin government prepares to host the 2006 G-8 summit, its incentives will rise to demonstrate leadership on HIV/AIDS, both globally and at home.

The delegation heard from Valentina I. Matvienko, the Governor of St. Petersburg, and Ludmila A. Verbitskaya, the Rector of St. Petersburg State University, strong interest in helping forge an expanded Russian-U.S. exchange on HIV/AIDS, in the lead-up to the 2006 summit and beyond. The city is pursuing innovative, multisectoral programs, while the university has ongoing international research

partnerships on HIV/AIDS with U.S. and other counterparts and is in the process of launching the first public health graduate program in Russia. The overture from St. Petersburg is a timely opportunity to which the U.S. government, other G-8 members, and nongovernmental groups should give serious consideration. Other similar possibilities may emerge in other parts of Russia as well.

■ **Russia offers a surprising array of promising potential partners outside government.**

In many other countries, the work of NGOs has been a key success factor in reaching marginalized groups for HIV prevention and care activities. The Brookings/CSIS delegation was struck by the technical expertise and depth of experience, commitment, and political savvy of the Russian NGO sector. Over 200 NGOs are active today in HIV/AIDS programs. The scope of their prevention and service work is impressive, spanning public awareness campaigns, media projects, and prevention outreach to high-risk groups (IDUs, CSWs, MSM, and street children). As the work of NGOs comes to include more advocacy on behalf of previously marginalized groups, and as HIV/AIDS becomes a more mainstream issue for Russian government and society, tensions between the government and the NGO community may intensify. Up to now, the relationship between government-civil society on HIV/AIDS has been quite constructive, among the most promising in Russia on any issue.

From late 2004 into early 2005, groups representing people living with HIV/AIDS have staged public demonstrations that received significant media coverage and at times prompted an encouraging government response. In both St. Petersburg and Moscow, members of this community painted a mixed picture: of emergent voice and assertiveness, around access to ART, and protection of rights to employment, health care and social services, but at the same time a sense that persons living with HIV remain “marginalized, stigmatized, and isolated.” If Russia’s response to HIV/AIDS is to succeed, PLWHA will need to be full partners in developing a national plan.

The Russian Media Partnership to Combat HIV/AIDS unites more than 30 top media companies from across the Russian Federation—including Gazprom-Media, CTC-Media, Prof-Media, SOYUZ, and ROL—to address the country’s rapidly growing epidemic. Initiated at the inaugural meeting of the Global Media AIDS Initiative at the United Nations in January 2004, the partnership seeks to mobilize the communication power of mass media to prevent HIV transmission and reduce stigma and discrimination against people living with HIV/AIDS. The three-year commitment of advertising space to the Partnership is estimated at more than \$200 million. It is coordinated by Transatlantic Partners Against AIDS (TPAA), with financial support from the Kaiser Foundation, Viacom, the Bill and Melinda Gates Foundation, and the World Bank. UNAIDS and Info-Plus provide technical advice.

With the exception of select media and other special cases—such as the automobile industry in Togliatti—Russia’s business leaders have been relatively inactive on HIV/AIDS. They appear to be awaiting a clear signal from Russia’s political leadership.

A Meeting with People Living with HIV/AIDS

On February 24, 2005, delegation members had the opportunity to meet with 30 members of a support group of People Living with HIV/AIDS in St. Petersburg. The discussion was moving, inspiring, and at the same time discouraging. All young people, our hosts were smart, brave, constructive, and misleadingly, poignantly healthy-looking. They were engaged in the most basic of civil society-building, and they were doing so on a life-or-death issue. Yet knowing how dim their chances of surviving for more than a few years are, given the ratio of HIV-positive infected people in St. Petersburg to those who stand any chance of future treatment, the encounter was heart-breaking. The young people talked about the disease, how it had entered their lives and bodies, and what it was now doing to their families. They offered highly personal accounts full of concern for fellow sufferers (including future ones). Perhaps the most powerful impression: that these young people were, as one of them said, "marginalized, stigmatized, and isolated." It was a compelling test of how to remain optimistic that Russia will succeed in containing AIDS when confronted, literally face-to-face, with evidence of the creeping devastation HIV/AIDS wreaks among Russia's youth.

Striking also, and a basis for hope and action, was that the members of the group did not dwell overwhelmingly on their personal problems or their personal experiences of stigma and discrimination. When asked about their prevailing concerns, nearly every person spoke of how critical it was to be able to lead a normal life. This meant, of course, achieving access to care and ARV treatment. But it also entailed keeping their spouses or partners healthy, and hoping science might develop therapies or medications that would let them have and raise children. Most important, it entailed educating their families and society about the disease so that those infected with HIV could function with emotionally full lives. There was an unspoken sense of loss among those who described how they were unable to tell parents of their HIV status and of feeling it necessary to remove themselves from their normal social networks of family and friends.

As we left, one of our hosts said that perhaps the most important effect of the Brookings/CSIS delegation visit to Russia was that our presence and request or meetings made Russians talk about HIV/AIDS. Our meeting, another noted, with Governor Matvienko had been reported on Russian television, and that fact alone changed the landscape of HIV/AIDS in Russia, as far as our hosts were concerned. These observations strongly suggest that future bilateral US-Russian engagement should involve NGOs and groups of and for PLWHA.

The Russian Orthodox Church, the delegation learned, is formulating a national policy on HIV/AIDS, has entered an interfaith dialogue on HIV/AIDS, and over forty individual church parishes have launched campaigns to educate their membership, promote tolerance and compassion, and introduce programs of care and support. On prevention issues, the church remains strongly opposed to condoms and interventions to reduce risk among IDUs, such as needle exchange.

Opportunities for Leadership and Cooperation

Recommendations to the Russian government

Russia's leaders, and they alone, hold the key to determining the future of Russia's approach to HIV/AIDS. To effectively control the threat posed by HIV/AIDS, the Russian leadership will first need to elevate HIV/AIDS, explicitly, as a national priority.

Four elements will be critical to the success of a dynamic, overall national HIV/AIDS strategy:

- Open and forthright acknowledgement by the Russian administration of the threat posed by HIV/AIDS;
- Elaboration of a comprehensive HIV/AIDS control strategy, to include prevention, treatment, care and surveillance, with special reference to overcoming discrimination and stigma, including within the health care professions, and identifying the best means to reach Russia's youth and high-risk populations;
- Broad mobilization to upgrade Russia's public health systems, including, as an immediate priority, strengthening surveillance of the spread and impact of HIV/AIDS and expanding the delivery of affordable public health services—HIV prevention, and AIDS treatment and care. Any strategy should address the specific needs of the 89 regions which now bear lead responsibility for health services, and should commit to building an intersectoral approach that integrates HIV prevention and care into regular primary care services and thereby overcomes the stove piping that isolates AIDS centers outside mainstream public health and policy systems; and
- Enlargement of space for the operation of nongovernmental organizations (NGOs) and consolidation of their institutional and legal stability.

To bring about effective antiretroviral treatment will require steady progress on four sets of complex, difficult issues:

- Achievement of affordable prices for antiretroviral drugs;
- Achievement of equitable access to treatment for IDUs and CSWs;
- Development of a legally and programmatically feasible approach to combine HIV prevention and ART therapy with effective programs for treatment of intravenous drug addicts; and
- Elimination of administrative and procedural barriers to Global Fund and World Bank assistance.

The delegation is conscious that, even with the most forceful and determined national leadership, early progress across these many fronts will be difficult and will likely be incremental, slow and uneven. Patience and stamina will be essential, given the magnitude and complexity of the challenges, the controversy and sensitivity surrounding many of the critical issues, and the need often to forge, *a priori*, a new political consensus on the way forward.

Recommendations to the United States and Others

The challenge now before the United States, international organizations such as the Global Fund and UNAIDS, and other members of the G-8, is to identify how they can best support the continued building of capacity in Russia, how to help sustain it, how to support the Russian government as it expands its leadership and financial commitments in the coming years, and how to strengthen nongovernmental organizations.

The United States is well positioned to build upon existing strengths. The U.S. embassy has already incorporated HIV/AIDS messages into its routine diplomacy, and on several occasions HIV/AIDS has been a subject of conversation between Presidents Putin and Bush. The U.S. Agency for International Development, the National Institutes of Health, and to a lesser degree the Centers for Disease Control and Prevention, have each established programmatic platforms. In the summer of 2004, for instance, the U.S. Department of Health and Human Services launched a new initiative, implemented by the American International Health Alliance, to establish partnership arrangements between institutions and in the United States and Russia to modernize AIDS treatment in Russia. Annual U.S. funding for HIV/AIDS exceeds \$11 million, and Moscow has recently been visited by senior officials of the Office of the U.S. Global AIDS Coordinator to examine options for enlarged commitments in the areas of treatment, care, and prevention.

The Brookings/CSIS delegation commends the U.S. embassy efforts and recommends that the U.S. strategy of engagement in Russia be enlarged significantly, programmatically, financially and diplomatically. Specifically, the delegation recommends:

- As a top multilateral priority, the United States should work to ensure the success of UNAIDS, Global Fund, and World Bank programs, offering technical, diplomatic and other inputs that can be helpful to move programs forward.
- As its top bilateral priorities, the United States should seek to expand cooperative efforts with the Russian government in seven target areas:
 - Improve the quality HIV/AIDS and HIV-TB surveillance and data management.
 - Scale-up the work of nongovernmental organizations with a strong focus on prevention among high-risk groups, especially IDUs, CSWs, and youth.
 - Collaborate with Russian medical professionals to share best practices and accelerate training in prevention, treatment and care of HIV/AIDS and other related infectious diseases. This should include procedures for infection control in health care facilities.
 - Fund scientific researchers engaged, among other areas, in the development of vaccines and microbicides, including clinical trials.
 - Engage faith-based groups that actively mobilize their respective religious communities, both to minimize new infections and care for those living with the HIV virus.

- Activate the business sector, including work place programs and corporate leadership initiatives.
 - Engage print and electronic media, focused on effectively communicating to key target groups such as youth, and making use of emergent new technologies.
- The United States should pursue the strong desire of the St. Petersburg Governor and the Rector of the St. Petersburg State University for expanded collaboration with external partners on HIV/AIDS, in the lead up to the 2006 G-8 summit and beyond. There are likely other similarly promising opportunities elsewhere in Russia that the United States can also explore. As these initiatives take shape, the United States should systematically encourage the active participation of international organizations, other G-8 member states and NGOs.

Conclusion

There is ample reason for hope in Russia and for optimism that Russian-U.S. collaborations can grow and bear meaningful results. There is a growing awareness within Russia of the threat posed by HIV/AIDS and the actions needed to control it. The country has increasing resources, from internal and external sources; considerable human and institutional capacities; and important new partnerships that are forming among government entities, an emerging civil society, and international organizations in close consultation with UNAIDS. NGOs, media companies, parliamentarians and select businesses are gaining voice and shaping national discourse. High-level leadership has been lacking, but it is not immune to these developments. If activated, the leadership can further enlarge the possibilities for significant achievements both in meeting Russia's economic, health and social goals, and on a global plain, in promoting a healthier world.

Appendix A: Brookings-CSIS HIV/AIDS Delegation to Russia

Cochairs

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Strobe Talbott
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Delegation Members

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Phillip Nieburg
CSIS

Brooke Shearer
International Partnership for Microbicides

Judyth Twigg
Virginia Commonwealth University

Celeste Wallander
Director, CSIS Russia and Eurasia program and CSIS Trustee Fellow

Appendix B: Delegation Agenda

Moscow

Sunday, February 20

- Briefing by officials from the members of the HIV/AIDS Task Force of the U.S. Embassy, Moscow

Monday, February 21

- Meeting with UNAIDS cosponsoring agencies
- Meeting on vaccine research and site visit with Dr. Edward Karamov, head of the lab of molecular biology of HIV, National Research Center Institute of Immunology
- Dinner discussion with Transatlantic Partners Against AIDS and members of their parliamentary, media, and business working groups

Tuesday, February 22

- Meeting at the Ministry of Health and Social Development with Deputy Minister Vladimir Starodubov and department heads
- Meeting with Dr. Tsiltsovsky, head of the Moscow City Health Department, and Dr. Alexey Mazus, head of the Moscow City AIDS Center
- Site visit to Moscow City AIDS Center
- Meeting with Minister of Foreign Affairs Sergei Lavrov
- Reception at the U.S. Embassy with embassy staff, Russian government officials, and representatives of NGOs working on HIV/AIDS

Wednesday, February 23

- Meeting with NGO Consortium, recipients of the 3rd Round Global Fund Grant: AIDS Foundation East-West, AIDS Infoshare, Population Services International, FOCUS-Media, Open Health Institute, and Community of People Living with HIV/AIDS

St. Petersburg

Thursday, February 24

- Meeting with St. Petersburg Governor Valentina Matvienko
- Lunch briefing at the U.S. Consulate with Consul General Morris Hughes
- Site visit to the St. Petersburg City AIDS Center and briefing with Director Elena Vinogradovna

- Site visit to Botkin Infectious Disease Hospital with briefing by Chief of Hospital Alexei Yakovlev and Chief Infectionist of the City Health Committee Aza Rakhmanova
- Meeting with support group for People Living with HIV/AIDS
- Site visit to street children's center and discussion with Humanitarian Action Foundation
- Site visit to harm reduction bus

Friday, February 25

- Meeting at St. Petersburg State University with Rector Ludmila Verbitskaya and a group of deans and professors

Appendix C: List of Abbreviations

HIV	Human immunodeficiency virus
AIDS	Acquired immune deficiency syndrome
PLWHA	Persons living with HIV/AIDS
NGO	Nongovernmental organization
MSM	Men who have sex with men
IDU	Injecting drug user
CSW	Commercial sex worker
ART	Antiretroviral treatment
TB	Tuberculosis
UN	United Nations

Appendix D: Statistics

Number of officially registered HIV infected as of April, 2005: 313,000 +

Range of estimates of actually infected: 420,000 to 1.4 million

Newly registered in 2004: 28,391

HIV/TB Co-Infection Cases (registered) 7, 678
(Federal Center for Provision of TB care to PLWHA, 2004)

HIV-positive prisoners (2003): 36,000

Source of new infections (2003):

- IDU: 31.5 percent
- Homosexual contact: 0.2 percent
- Heterosexual contact: 10.1 percent
- Blood transfusion: 0 percent
- Born to an infected mother: 7.8 percent
- Breast feeding: 0 percent
- No data: 50.3 percent

IDU-related HIV infection out of total number of cases to date decreased from 93 percent (in 2001) to 63 percent (in 2003)

Heterosexual transmission, non-IDU-related, out of total number of cases to date has increased from 4.7 percent (in 2001) to 20.3 percent (in 2003)

Distribution by sex:

2003 New Registered Cases of HIV
Male: 62 percent; female: 38 percent
(according to the Russian Federal AIDS Center)

Distribution by age (2003):

0–14	3.3 percent
15–16	18.34 percent
20–29	61.56 percent
30–39	12.57 percent
40–49	3.27 percent
50–59	0.68 percent
60–69	0.2 percent
70+	0.08 percent

Of which, 15–49 95.74 percent

Prevalence in the adult population: 1.0 to 1.2 percent

Regions with highest numbers of HIV-infected: Leningrad Oblast, St. Petersburg, Kaliningrad Oblast, Moscow Oblast, Ulyanovsk Oblast, Samara Oblast, Orenburg Oblast, Sverdlovsk Oblast, Irkutsk Oblast, Khanty-Masi Autonomous Oblast

Fatalities from AIDS and AIDS-related illnesses by 2004: 13,722

Official number of deaths among PLWHA through March 1, 2005: 6,761

Russian population 2003: 145 million

2004: 144.2 million (Goskomstat)

Population Growth: – 0.6 percent (Population Reference Bureau, 2002)

Russian life expectancy (2004):

Total population: 66.39 years

Male: 59.91 years

Female: 73.27 years

Other leading causes of death in Russia in 2004:

Suicide: 60,000

Cancer: 290,316

Cardiovascular disease: 1,308,100

Smoking: 270,000

RF federal funding 2004: \$4 million, \$3 million for treatment, and \$1 million for prevention

Total Russian government spending (federal, regional, and local) is \$35 million per year

Comparison: Current U.S. budget for HIV/AIDS is \$6 billion.

The following need estimates have been made for Russia in 2001–2007:

2001 – \$76 million

2002 – \$113 million

2003 – \$160 million

2004 – \$220 million

2005 – \$265 million

2006 – \$330 million

2007 – \$400 million

International Community Financing:

World Bank loan: \$150 million to fight AIDS and TB

3rd Round Global Fund: \$89 million to the NGO consortium over 5 years

4th Round Global Fund: \$212 million over 5 years, approximately \$120 million for HIV, and \$92 million for TB

USAID Support: \$4 million

Russia contributed to the Global Fund on AIDS, TB and Malaria: \$20 million

50,000 HIV infected Russians need treatment in 2005: only 1500–2000 currently receive ARV treatment

Appendix E: Russia and the Global Fund to Fight AIDS, Tuberculosis, and Malaria

Who and What is the Country Coordinating Mechanism (CCM) for the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM)

The CCM is the heart of the Global Fund model. It is responsible for identifying a country's specific needs and incorporating these into a comprehensive proposal to the Global Fund; it also coordinates ongoing implementation and submits the request for grant renewals. There is typically one CCM per country, though large countries can have subnational CCMs and small island states can work together through multicountry CCMs.

[Source: Friends of the Global Fight against AIDS, Tuberculosis, and Malaria Fact Sheet, *A Critical Engine for the Fight*]

The official Russian CCM was established in 2004 for the development and implementation of a proposal to the GFATM for Round 4. The Round 3 proposal to the GFATM for the Russian Federation was submitted by an NGO Consortium as the Russian Government did not move properly and swiftly enough to create an official CCM in time for Round 3. The NGOs applied the GFATM in order to bring money into Russia to fight HIV/AIDS in the interim until the official CCM was formed.

The design, composition, and mandate of the official CCM are closely integrated with key existing structures in the Russian Federation related to TB and HIV/AIDS. The CCM has the endorsement of the Russian Ministry of Health and Social Development as the official entity of the Russian Federation for relations with the Global Fund. The membership of the CCM includes key representatives of the Russian Ministry of Health and Social Development, including V.I. Starodubov, first deputy minister, and the Russian minister of justice A.S. Kononets, chief, Division of Medical Services.

The CCM includes several members of the High Level Working Group on TB in the Russian Federation, which provides strategic guidance and technical assistance to the Russian Federation all aspects of TB prevention and control. The activities of the CCM are also integrated with other governmental and public structures on HIV/AIDS in the Russian Federation, including the Russian Ministry of Health's Advisory Council on HIV/AIDS, the National HIV/AIDS NGO Forum, which is represented on the CCM, the NGO consortium responsible for the GFATM 3rd Round Grant, the Public Movement of PLWHA, and the United Nations Theme Group on HIV/AIDS. The CCM also includes the World Health Organization, as well as other multilateral and bilateral development agencies.

[Source: NGO Consortium Proposal to the Global Fund (Round 3) and Russian CCM Proposal to the Global Fund (Round 4)]

3rd Round Grant of the Global Fund to Fight AIDS, Tuberculosis, and Malaria to Russia: HIV/AIDS Component

The 3rd round grant to the Russian Federation from the GFATM was approved in late 2003 and went to a 5-member NGO Consortium. The grant agreement was signed on June 25, 2004, and the start date for the grant was August 15, 2004. All 5 NGOs are members of what was at the time the newly formed Advisory Council of the Ministry of Health for the Russian Federation on HIV/AIDS. The 5 NGOs are Population Services International (PSI), Open Health Institute (OHI), AIDS Infoshare, AIDS Foundation East West (AFEW), and Focus-Media. At the time of application for the 3rd round grant, the Advisory Council had only recently been created, and while it was seen as a potential future CCM, it was not at a stage where it could act in that role yet. The Global Fund round three project is referred to as GLOBUS, and the total budget is \$88.7 million. The following regions participate in GLOBUS: Krasnoyarsky krai, Tatarstan, Tverskaya region, Nizhegorodskaya region, St. Petersburg, Buryatia, Orenburgskaya region, Pskovskaya region, Vologodskaya region, Tomskaya region.

There are 4 major objectives for the project:

- HIV prevention among youth and the general population
- HIV prevention among vulnerable groups
- Providing treatment and care to PLWHA
- Advocating improvement in the national health infrastructure to reduce the impact of HIV/AIDS

A sampling of goals already completed include:

- Comprehensive needs assessment in 10 regions
- A series of seminars for the regional specialists (*M&E, ART, etc.*)
- Agreements on cooperation with all the regions
- Grant support to first prevention projects
- Coordination with other major HIV/AIDS initiative in Russia (*Advisory Council of MoH, CCM, HIV/TB project within a framework of WB loan, etc.*)

Current Key priorities for the project include:

- Political commitment to fight HIV/AIDS in RF
- Decreasing the prices on ARV medications
- Provision of equitable access to ARV treatment without discrimination based on drug use, sex work, sexual orientation or social status

4th Round Grant of the Global Fund to Fight AIDS, Tuberculosis, and Malaria to Russia: HIV/AIDS Component

The 4th round grant to the Russian Federation from the GFATM was approved by the GFATM board in June 2004, but the Grant Agreement is not yet signed. Two-year approved funding is \$34, 176, 931.0. This application came from the Country

Coordinating Mechanism created in 2004. The title of the proposal is “Promoting a Strategic Response to HIV/AIDS and TB Treatment and Care for Vulnerable Populations in the Russian Federation.”

The HIV/AIDS component of this proposal focuses on populations that are currently most vulnerable to HIV/AIDS in the Russian Federation, specifically injection drug users, sex workers, men who have sex with men, prisoners, and orphans. The project aims to improve the identification and referral of individuals from these populations that are most vulnerable, and strengthen their access to comprehensive HIV/AIDS treatment, care and support. The project refers those in need of treatment and care to centers that are well trained and equipped to provide them with assistance, services and support. A major outcome of this proposal will be to provide antiretroviral treatment to almost 74,000 individuals living with HIV/AIDS who will have commenced ART by 2009. While this represents only about 20 percent of the total needs for ART in Russia, priority will be given to ensuring equitable access to ART for these vulnerable populations. By focusing on those who are most vulnerable to the impact of HIV/AIDS, this approach represents a considerable contribution towards the stated goal of the Russian government to ensure that all patients with HIV/AIDS have universal access to HIV/AIDS treatment, care and support. Representatives of these vulnerable populations have been actively involved in the development of this proposal by providing advice and technical assistance.

[Source: Russian CCM Proposal to the Global Fund (Round 4)]

Appendix F: The Russian Coordinating Council

Who and What is the Coordinating Council of the Ministry of Health and Social Development on HIV/AIDS?

The Advisory Council of the Ministry of Health on HIV/AIDS was founded in 2003 and included 25 governmental and nongovernmental members, with UN agencies as observers. The purpose of the Advisory Council on HIV/AIDS of the Ministry of Health was to unite the efforts of governmental institutions, civil society organizations, international organizations and to strengthen the national response to HIV/AIDS in the Russian Federation. In 2004 the multisectoral Coordinating Council of the Ministry of Health and Social Development Russian Federation on HIV/AIDS was established as a successor of the Advisory Council of Ministry of Health of Russian Federation. To guide UN support for this council, a “Principles of collaboration between the Coordinating Council and the UN Theme Group on HIV/AIDS” document was signed by Gennady Onishchenko, head of the Federal Service of the Russian Federation for Surveillance in Consumer Rights Protection and Human Welfare, and Flavio Mirella, chair of the United Nations Theme Group on HIV/AIDS in the Russian Federation, in November 2004.

[Source: UNDP Website, UNAIDS Website]

On a related note, on April 12, 2005, Mikhail Zurabov, minister of health and social development of the Russian Federation, issued an Order #251 on Establishment of the Working Group for development of normative and methodological documents on diagnosis, treatment and epidemiological and behavioral surveillance over HIV/AIDS and concomitant diseases.

The Working Group includes representatives of the MHSD RF, the Russian Agency for Surveillance over Consumer Protection and Human Wellbeing, the Russian Agency for Surveillance in Health, the Federal AIDS Centre, WHO, UNAIDS, nongovernmental organizations, the Russian Health Care Foundation and other stakeholders involved in implementing the public HIV/AIDS control strategy.

R.A. Khalfin, director, Department of Health Care Development MHSD RF, chairs the Working Group.

[Source: http://www.unaids.ru/index.php?id=news1&nm=3#4_April_2005]

Appendix G: HIV/AIDS and the Russian Orthodox Church

The Russian Orthodox Church remains strongly opposed to the use of condoms and harm reduction programs (needle exchange and methadone substitution) as prevention measures against the spread of HIV/AIDS.

Beginning in 2001, the ROC introduced anti-AIDS program focused on two issues: prevention among youth, and psychological and spiritual support for PLWHA. Training seminars were conducted including seminars for secondary and Sunday school teachers on HIV prevention, trainings for Church specialists for HIV/AIDS hot lines and counseling services, and seminars for theology students and priests.

Recently, the number of churches which conduct monthly prayer services for the health of people living with HIV/AIDS and their families has grown. As of December 1, 2003, 12 churches held services; as of November 28, 2004, 43 churches participated.

In May 2004, a great number of religious organizations and churches took part in the Memory Bridge action in various cities in Russia. Among them were members of the “Church against AIDS” Network.

On October 1 2004, the Holy Synod of the Russian Orthodox Church adopted in the first reading the Russian Orthodox Church’s Concept Paper on HIV/AIDS. This document has been developed by a group of specialists—theologians, priests, psychologists, medics—appointed by the Holy Synod for this task in December 2002.

[Source: Presentation by AIDS Infoshare, February 23, 2005]

Appendix H: A Sampling of NGOs Working in Russia on HIV/AIDS

AIDS FOUNDATION EAST-WEST (AFEW) is an international, humanitarian, nongovernmental, public health organization focusing on HIV prevention, treatment, care and support for people living with HIV/AIDS in Eastern Europe and Central Asia. Their current projects in Russia include prevention of mother-to-child transmission, health promotion and HIV prevention in prisons, media campaigns. As part of a 5-member Consortium, *AFEW* has designed projects to help reduce the impact of HIV/AIDS in ten regions of the Russian Federation. It is hoped this will help bring about an effective national response to the epidemic.

[Source: AFEW Presentation, February 23, 2005]

AIDS INFOSHARE is a Russian grassroots organization with 12 years experience implementing programs and guiding policy to lessen the harm of the HIV epidemic. The primary activities of the organization are directed towards the prevention of HIV/AIDS, the defense of human rights, the protection of health, the bringing of full, up-to-date information, necessary services and support to interested organizations and population groups, as well as to successful projects of governmental and nongovernmental organizations in this field. "AIDS Infoshare" serves the territory of Russia and the former Soviet Union. Some of the main projects of Infoshare include: Interaction with the Russian Orthodox Church, Work with People Living with HIV, the magazine "Kruglii Stol" or "" ("Round Table"), a publication for helping organizations working in the field of HIV/AIDS, a telephone hotline, and outreach directed towards the prevention of HIV and other sexually transmitted infections (STIs) among street sex workers.

[Source: AIDS Infoshare Presentation, February 23, 2005]

THE AMERICAN INTERNATIONAL HEALTH ALLIANCE (AIHA) AND UNIVERSITY RESEARCH CORPORATION (URC) have a unique partnership in which they provide TA to improve the quality of HIV/AIDS treatment, care and support (TCS) programs. The program uses an improvement collaborative model to improve quality and access to TCS developing replicable systems. The program works in St. Petersburg, Orenburg, Saratov Oblast (Engels) and Samara Oblast (Togliatti).

[Source: USAID Request for Applications]

FAMILY HEALTH INTERNATIONAL (FHI) is implementing a behavioral monitoring survey (BMS) to determine baseline information on targeted risk populations in the following geographical locations: St. Petersburg, Orenburg and Irkutsk.

[Source: USAID Request for Applications]

FOCUS-MEDIA PUBLIC HEALTH AND SOCIAL DEVELOPMENT FOUNDATION (FOCUS-MEDIA) is a Russian nonprofit, nongovernmental organization founded in 1996. The mission of the FOCUS-MEDIA Foundation is to help people and organization make a conscious choice and take responsibility for their lives,

health and development. Their instruments are: social advertising, training and educational programs. They focus on issues that are important for the Russian society, e.g. combating AIDS, encouraging tolerant attitudes, strengthening potential of organizations and communities. Their projects focus on mass media HIV prevention campaigns for youth in Russia.

[Source: Focus-Media Presentation, February 23, 2005]

HUMANITARIAN ACTION FOUNDATION is a St. Petersburg based NGOs that focuses on prevention of HIV/AIDS and other infectious diseases among at-risk groups. Their current focuses include medical, social and psychological assistance to street children; and assistance in obtaining of rights by at-risk groups of people and establishing of relations between these groups of people and the society via explanatory meetings, trainings, etc. Their target groups are street children, injection drug users, and commercial sex workers. Current programs include “Harm reduction—prevention of HIV/AIDS among injection drugs users,” which involves distribution of information, syringes exchange, distribution of condoms, testing (HIV, acute viral hepatitis B and C, syphilis), medical help; “Street children of Saint-Petersburg,” which provides complex medical, psychological, and social assistance to street children; “Prevention of HIV/AIDS and STI (sexually transmitted infections) among commercial sex workers,” which includes distribution of information, medical, social and psychological assistance, syringes exchange, distribution of condoms; and “Protection of rights and interests of PLWHA (PHA) in Saint-Petersburg.”

[Source: Humanitarian Action Foundation Website]

INTERNEWS RUSSIA has formed a consortium of NGOs that work on public awareness campaigns to prevent HIV/AIDS. The consortium includes the following organizations: Economic and Energy Consulting Limited (IMC), Internews Russia, Agency for Social Information (ASI), UNAIDS, UNDP, Association of People Living with AIDS, East-West AIDS Foundation, TPAA, and Focus-Media Fund. The members of the consortium have regular meetings to coordinate activities aimed at informing the general public about HIV/AIDS.

[Source: USAID Request for Applications]

OPEN HEALTH INSTITUTE is a Russian NGO (“Open Institute for Public Health,” or OHI) founded by young professionals in the field of public health with the aim of tackling the current problems health of the Russian population. OHI is one of the five NGO recipients of the 3rd round Global Fund grant and is a participant in GLOBUS. OHI has inherited the Soros foundation program “Healthy population of Russia” that operated in Russia since 1998, and therefore has good experience conducting projects aimed at the improving health of the population. OHI’s work is aimed at attracting public officials to the health programs in order to change the ways of work of the governments and third sectors (NGOs) as well as to attract the financial flows for these programs. One of the most important activities of the organization is to disseminate the experience in the field of the public health

and adopt new technologies for infectious and noninfectious diseases combat. Special attention is given to vulnerable segments of the society who do not have adequate access to the health system.

[Source: http://www.ohi.ru/about_fond.html]

POPULATION SERVICES INTERNATIONAL (PSI) is a nonprofit organization founded in 1927 with programs in 70 countries. The goal of PSI Russia is to contribute to the reduction of HIV transmission through highly targeted campaigns to high-risk populations in selected geographic regions. They work with four target populations: youth/bridge populations, commercial sex workers, men who have sex with men, and injecting drug users. PSI has two major activities under the Russian 3rd round global fund project: a condom social marketing project and a MSM project.

[Source: PSI Presentation, February 23, 2005]

PROJECT HOPE began operations in Russia and Central Asia in 1988 with the development of a pediatric rehabilitation medicine program in Yerevan, Armenia, and a pediatric burn center at Children's Hospital #9 in Moscow. Both of these efforts were initiated in response to national disasters (the Armenian earthquake of December 1988, and a train explosion in the Ural Mountains in June 1989, respectively), and resulted in long-term training programs designed to improve local infrastructure and capacity for health care service delivery within an evolving market-oriented economy. Currently, Project HOPE is implementing health education programs in Kazakhstan, Kyrgyzstan, Russia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan. Since 1991, Project HOPE has delivered more than \$320 million worth of humanitarian medical assistance to the former Soviet Republic. Project HOPE has specific programs focusing on HIV/AIDS and health, and has developed education programs for schoolchildren.

[Source: <http://www.projecthope.org/where/russiacentralasia.html>]

TRANSATLANTIC PARTNERS AGAINST AIDS (TPAA) works to effect policy change and undertakes related initiatives that will enable a more effective response to HIV/AIDS. TPAA has established a parliamentary working group that is trying to increase political support for HIV/AIDS. TPAA also works with business and labor to build the capacity within these sectors to do HIV/AIDS prevention in the workplace. The Russian Media Partnership to Combat HIV/AIDS (RMP) launched by TPAA aims to develop a coordinated, cross-platform public awareness campaign. The campaign goes beyond a traditional PSA campaign by emphasizing the integration of HIV/AIDS messages in regular entertainment, news and analytical programming and publications. On World AIDS Day on December 1, 2004, the Russian Media Partnership launched the Stop SPID (Stop AIDS), a nationwide media campaign to combat HIV/AIDS through public service advertisements (PSAs), television and radio programming and print editorial content, consumer product placement, an interactive internet campaign, and free print and online information resources.

[Source: USAID Request for Applications and the Kaiser Family Foundation]

Appendix I: International Funding for HIV/AIDS Programs and Activities in Russia (in U.S. dollars)

ILO	International Labour Organization	1,163,259
IOM	International Organization for Migration	1,030,000
UNDP	United Nations Development Programme	1,000,000
UNESCO	United Nations Educational, Scientific and Cultural Organization	170,000
UNFPA	United Nations Populations Fund	319,992
UNICEF	United Nations Children's Fund	956,901
UNODC	United Nations Office on Drugs and Crime	961,900
WHO	World Health Organization	1,041,242
World Bank		161,000,000*
UNAIDS		2,000,000
Finnish Government		389,855
GTZ	German Agency for Technical Cooperation	621,660
MATRA	Netherlands Government	1,398,724
Sida	Swedish International Development Agency	3,255,713
SADC/SHA	Swiss Agency for Development and Co-operation/Swiss Humanitarian Aid	52,709
TACIS/EU		11,775,571
UK DFID	United Kingdom Department for International Development	5,239,628
USAID	United States Agency for International Development	10,110,000

Note: This budget overview duplicates certain funds. For example, funding from DfID is included both in DfID's and in the implementing UN agencies' budgets. Therefore, special care must be taken not to assume that this is an accounting of net international funding in Russia. Regarding timeframes for the numbers, the amounts for different donors may be for single years or for multiple years and therefore are not strictly comparable.

* \$150 million of the World Bank funds are in the form of a loan to the Russian government and covers TB as well as HIV/AIDS

Source: UNAIDS.

Appendix J: How Systematic Collection and Use of HIV/AIDS Information Can Help Form Policy and Set Priorities

Public policies aimed at slowing the future spread of HIV/AIDS and mitigating its current and future impact are far more likely to be effective if they are based on relatively objective measures of the current spread and impact of disease. Such information can emerge from well-planned surveys or health surveillance systems.

HIV/AIDS surveillance systems are evolving in many countries to provide just this kind of guidance. For example, information on current HIV *prevalence* (cumulative numbers and population rates of infected people, based on samples of individual HIV test results) can indicate in which geographic and/or behavioral sub-populations disease has spread the most, providing guidance for both setting intervention priorities and for preparing for future treatment and care of AIDS patients. However, reliability of *prevalence* data requires ensuring that the groups of people whose test results are used to create prevalence estimates are truly representative of the populations of interest. For example, because people with another sexually transmitted infection (STI) are also more likely than others in the population to have been exposed to HIV, people attending STI clinics cannot be considered to represent the general population; rather, by virtue of their having another STI, they are in a higher HIV risk category.

Less biased, and thus more useful, measures of disease prevalence and burden in the general population might include (1) HIV infection rates among military recruits;¹ (2) HIV rates among pregnant women seen in antenatal clinics; and (3) HIV rates among prospective blood donors.

Disease *incidence*—i.e., the rate of new infections in a population—is another critical piece of data that indicates the rapidity of spread of HIV. Unfortunately, tests that can directly measure HIV incidence through identification of recent HIV infections are still experimental and are not yet widely available. We therefore have to rely on indirect measures of incidence.

The rate of change in HIV prevalence over time can provide some hints to the HIV *incidence* in a population, provided that the population is otherwise relatively stable. However, interpretation of changing HIV prevalence measurements over time is complicated by the fact that AIDS-related deaths remove HIV-infected people from the population. Thus a relatively unchanging HIV prevalence over time, often labeled as a “stable” situation, may actually represent a high rate of new HIV infections offset by a high rate of HIV-related deaths. Similarly, because HIV-infected people do not *ever* become HIV-uninfected, (i.e., do not move from “HIV-positive” to “HIV-negative”), claims that observed decreases in HIV prevalence are a sign of program success are suspect unless corresponding mortality rates are also reported.

A similar concern exists with the use of absolute numbers—as opposed to rates—of infected or affected people in any particular setting. For example, as may

1. A *rate*, in epidemiologic terms, is the number of people with a specific condition per unit of population. For example, HIV prevalence is often described as a percent, indicating that it represents the number of infected people per 100 population. Denominators of per 1,000 or per 100,000 are also in common use.

be the case in Russia, an increase (or decrease) in numbers of HIV-infected people identified can occur over time simply on the basis of more (or fewer) people being tested. For this reason, although absolute numbers of people with HIV/AIDS are often of interest because they are a reflection of the disease burden on a health (or other) system, *rates* of infection or illness should always be included in reporting.

Other kinds of HIV/AIDS-related population-based surveillance information can also be helpful for planning. Rates of HIV infection among patients in STI or TB clinics can provide information on the epidemiologic interaction among these groups of diseases in the population of interest. Infection rates among other groups at potentially high risk for HIV such as prostitutes, intravenous drug users, men who have sex with other men (MSM),² and long-distance truck drivers can provide information useful to prioritize interventions within and between these groups. In addition, for these latter groups, estimates of the size and locations of the groups themselves can be very helpful for prevention planning purposes. (In most countries, as in the United States, the most valid estimates of numbers and locations of prostitutes, drug users, and MSM are likely to come from the work of nongovernmental organizations.)

Other hospital and clinic data can also be useful to planners and policymakers. For example, a survey of the proportion of total hospital and clinic beds taken up by people with HIV-related illnesses can provide a quick measure of the current HIV/AIDS disease burden on a health system.

Behavioral survey or surveillance data of many kinds can provide an estimate of risks of current and future HIV transmission. Although the specific choice of the most helpful behavioral data will vary with the circumstances of the population, some examples of useful data could include (but are not limited to): proportions of people aware of correct information about HIV transmission; proportions aware of methods for prevention of transmission; age at first sexual intercourse; proportion of people with multiple concurrent sex partners; rate of consistent condom use; and degree of stigma felt or expressed against HIV-infected people.

Finally, it is often useful to planners to have information on the numbers of care providers in various categories (e.g., doctors, nurses, lab technicians, social workers, community leaders, religious leaders) who are clinically and psychologically prepared with sufficient resources and accurate information to care for the various medical and social problems experienced by HIV-infected people and their families.

2. The category of “men who have sex with men” (MSM) was created to include the many such men who do not consider themselves homosexuals because they also have sex with women. In HIV risk terms, these bisexual men’s risk of becoming HIV-infected is no lower than that of pure homosexuals; conversely, the risk of their helping spread HIV to the general population is far greater.

Appendix K: Resolution on Additional Measures for the Prevention of HIV in Russia by Gennady Onishchenko, Chief Surgeon of the Russian Federation

Having analyzed the current situation with HIV/AIDS in the country and the effectiveness of the measures dealing with this problem I have come to a conclusion that there are serious faults in the organization of the work that does not allow to achieve substantial results.

Currently more than 313,000 cases of HIV are registered where 80 percent are aged from 15 to 30; 1,268 people as a result of AIDS. In 2001, the number of cases with HIV has risen to 121 per 100,000 people and in 2004, to 218.3 per 100,000 people. Within 15 to 49 age category the rate comprises 327.7 cases per 100,000 people.

As the heads of local administration do not pay enough attention to combat the spread of HIV the situation has worsened especially in Irkutsk, Kaliningrad, Moscow, Leningrad, Orenburg, Samara, Sverdlovsk, Tumen and Yul'yanovsk regions, and in St.Petersburg and Khanty-Mansiysk autonomy region where the level of the disease is in 2–3, 5 times higher than average in the country.

Moreover, due to ineffective work with the drug addicts in the majority of the cases 72 percent have been infected through intravenous use of drugs. In addition, the number of the cases where HIV was transmitted through sex has sharply increased and the relative density has increased from 6 percent in 2001 to 25–27 percent in 2004. The preventive actions among counteraction of spread of HIV-infection among drug addicts and individuals that offer sex services for payment have been ineffective.

The ill-designed strategy in the work with the young people in regions reflect poor epidemic situation. The majority of the projects aimed at the prevention of the spread of HIV/AIDS among young people are conducted by foreign organizations; however, there is a lack of coordination among these organizations in the realization of the projects and in the most cases project evolutions have not been conducted.

Moreover, due to the lack of attention from the Ministry of Education and Science to this problem the special educational programs aimed at fighting HIV/AIDS and drugs usage are not effective at schools, colleges and other higher educational institutions. Media does not fully understand the importance of the existing problem and avoid broadcasting necessary information.

In 2004, the level of the women in fertile ages that contracted the disease has increased up to 38 percent. In Kaliningrad, Leningrad, Myrmansk, Novgorod and other regions the number went up to 50 percent. Detectability of HIV-infection among pregnant women has increased from 300 cases in 1999 up to 3505 in 2004. The number of children born with HIV reached 13,000 among them 1,000 children were rejected by their parents.

The major problem is the accessibility to the HIV/AIDS treatment and lack of preventive measures especially in the cases HIV transmitted from a mother to a baby. There is no guarantee that the treatment and diagnostics are free and accessible for everyone. The majority of the infectious disease hospitals are not ready to

assist the HIV/AIDS patients who have another diseases such as TB, Hepatitis and others. Currently there is no well-developed treatment protocol on how to render medical aid to a HIV patient.

Unfavourable influence on epidemic conditions on HIV-infection in the country renders growth of number of HIV-infected patients in the correctional facilities. The number of infected individuals rose from 7,500 in 1999 to 33,000 in 2004 where 10 percent are women. The federal administration does not pay enough attention to enforcement of preventive measures and treatment of HIV. In the correctional facilities among 4,500 patients that are in need of antiviral therapy nobody receives any treatment at all, and only 2,500 patients that have a combined form of disease receive treatment only from TB.

The budget of the "Anti-HIV/AIDS" program does not provide enough financial resources for the centralized purchase of anti-virus medication for the treatment on a free basis that is required by the legislation. Therefore, due to the lack of minimal resources available, only 1,000 individuals receive anti-virus treatment among 18,000–20,000 patients who are in need. The medication production of modern anti-virus medication is not available in the country.

The serious problems are in the field of diagnostics. In some regions the higher educational institutions are required to conduct testing of the college freshman. However, there is a reduction of testing in the risk group and a sharp increase of paid HIV testing.

Furthermore, there is a problem of prevention of HIV infection among the donors blood. In 2004, 898 donors had HIV. In 35 subjects of Russian Federation there is no properly organized system of donor blood monitoring.

Based on the article 51 of the Federal Legislation I decree:

1. Recommendations to the authorities of the subjects of the Russian Federation
 - 1.1. Discuss a possibility of creation of interdepartmental boards for the further cooperation and coordination of the programs aimed at HIV/AIDS among authorities, government and nongovernmental organizations.
 - 1.2. Make corrections in the existing programs due to the worsened situations of epidemic taking a special consideration of young people and drug addicts.
 - 1.3. Allocate financial resources for the purchase of test systems for diagnostics of HIV as well as purchase the antiretroviral medication for HIV treatment.
 - 1.4. Assist the health authorities in financing and medial personnel.
 - 1.5. Arrange the placement of the children born with HIV according to the requirement so legislation.
 - 1.6. Attract media attention for the information campaign.

2. Ministry for Health should consider creating a commission to fight HIV/AIDS on the level of the State Board based on the General Assembly UN resolution 26.
3. Recommendations to the Ministry of Finance:
 - 3.1. Allocate additional resources for financing of the program “Anti-HIV/AIDS” within the federal task program “Prevention and combat the diseases of a social character” for additional 560 mil rubles in 2005 to provide free treatment based on the requirements of the legislation.
 - 3.2. Provide additional allocation of 812 mil rubles for the free treatment for the year 2006 taking into consideration increase in the number of patients.
4. To the Ministry of Health and Social Development: the federal custom service should lower the fees and duties on the anti-virus medication brought into the country.
5. Ministry of Education and Science, Ministry of Health and Social Development, Justice Ministry, Ministry of Culture, Ministry of Defense, and Ministry of Internal Affairs should develop a conception on HIV/AIDS prevention in educational field.
6. Ministry of Education and Science should take measures in order to introduce special educational programs in schools and colleges.
7. State Drug Control Office should approve an instruction for the usage of the modern technologies in prevention of HIV among most vulnerable groups of population.
8. State Drug Control Office and Ministry of Internal Affairs should assist and support health authorities in program realization of HIV prevention among drug users and individuals who offer sex services for payment.
9. Ministry of Industry and Energy, Ministry of Economy, Ministry of Health and Social Development take measures in order to create and develop locally made antiretroviral medication for the HIV/AIDS treatment.
10. Heads of the TV and radio stations should take measures for creation of special programs, video and audio for prevention of drug addiction and HIV in prime time.
11. To the general surgeons in all subjects of the Russian Federation:
 - 11.1. Conduct analysis of programs and make corrective suggestions to the local authorities.

11.2. Provide coordination among different institutions.

12. To health authorities:

12.1. Create proper facilities for the qualified medical assistance for the patients with HIV/AIDS.

12.2. Complete the work of the introduction of system for donor blood selection.

13. To general surgeons:

13.1. Strengthen state supervision for taking the measures.

13.2. Ban condition of diagnostic inspection that is performed in infringement of the legislation.

[Source: http://www.gsen.ru/doc/postan/ps_16_2005.html]

Note: Appendix K is an unofficial translation by Natalia Moustafina.

