



HIV/AIDS Epidemic in Russia and Measures Required to Avert Its Further Spread

**Strategic Recommendations for Developing
an Effective Government Policy on HIV/AIDS**

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This policy brief was produced by Transatlantic Partners Against AIDS (TPAA) with financial support provided by the Dutch non-governmental humanitarian public health organization “AIDS Foundation East-West” (*AFEW*) within the GLOBUS project.

Editing, layout, and printing of this policy brief were made possible through financial support provided by the U.S. Agency for International Development (USAID).

Opinions expressed in this publication are those of the author(s) and expert(s) and do not necessarily reflect the views of TPAA, its management, staff, partners or donors.

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TPAA and experts, who worked on the publication, express their gratitude for providing valuable reviews as well as informational and expert support to **Aleksey Bobrik**, Deputy Director, Open Health Institute Foundation, Coordinator of GLOBUS Project; **Denis Kamaldinov**, Chair of Board of Directors, Nongovernmental Organization “Humanitarian project” (Novosibirsk); **Bertil Lindblad**, Representative, Joint United Nations Programme on HIV/AIDS (UNAIDS) in the Russian Federation; **Andrey Elming**, Senior Consultant, IMC Consulting (European Commission project to combat HIV/AIDS).

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FOREWORD

Dear colleagues,

The history of HIV/AIDS, both in Russia and the world over, shows us that this epidemic cannot be stopped without coordinated government policy and the appropriate political will at the highest levels.

Government policy should be formulated with extensive and far-reaching analysis, including consultation with independent experts, and it should be based in real-world experience and international best practices. This informational and analytical report has been prepared as part of the Russian Interfactual Parliamentary Working Group on HIV/AIDS. It was presented to the Advisory Working Group to the Russian State Council on Necessary Steps to Halt the Spread of HIV in the Russian Federation, in advance of the State Council's landmark session on HIV/AIDS. The conclusions and recommendations of this document were examined and taken into account during the preparation of the Advisory Working Group's final report, and are reflected in the list of recommendations that were approved by Russian President Vladimir Putin as a result of the State Council session.

Even after the session of the State Council, this material has not lost its relevance or importance. The strategic recommendations for developing an effective government policy on HIV/AIDS that are contained in this document will be essential in Russia's continued fight against HIV/AIDS, especially when developing Russia's "Anti-HIV/AIDS" sub-program, which will be the next stage of the Targeted Federal Program on "Prevention and Control of Social Diseases," which is planned for 2007-2011.

This publication is an example of close cooperation between the Interfactual Parliamentary Working Group on HIV/AIDS, and leading non-governmental organizations and international agencies working on HIV/AIDS in Russia. It reflects our joint position on the priorities for advancing the fight against HIV/AIDS. We hope that this publication will serve as an informational and analytical resource for both federal and regional administrators, and will help in the development, execution and implementation of effective decisions at governmental level to fight the spread of HIV.

I am certain that state authorities, together with all interested structures and organizations, can achieve progress in forming a national strategy to fight HIV/AIDS in Russia in the near future and, in this way, curb the growth of this epidemic.



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HIV/AIDS EPIDEMIC IN RUSSIA AND MEASURES REQUIRED TO AVERT ITS FURTHER SPREAD

**Strategic Recommendations for Developing
an Effective Government Policy on HIV/AIDS**

INTRODUCTION

The spread of the human immunodeficiency virus (HIV) is a serious threat to the national security and the social and economic stability of Russia.

The spread of HIV and the growing number of people with acquired immunodeficiency syndrome (AIDS) means that the problem is no longer purely medical in nature. This is an issue of strategic, economic and social security that has an impact on the whole society. To tackle the epidemic, it is necessary to join our efforts and reinforce them with international best practice experience. A prominent role by high-level political leadership in this process can have a decisive impact.

The concept of “natural redistribution,” which states that an epidemic will eventually cease to grow and spread, has been deemed erroneous in the case of HIV/AIDS. On the contrary, there is a firm belief that the potential of HIV to expand is confined only by the demographic framework of mankind.

Measures taken today can have a profound impact on the future of the epidemic. Unless decisive measures are taken to control the epidemic, experts predict that several million Russian adults could be living with HIV by 2010.

In June 2001, the United Nations General Assembly adopted the Declaration of Commitment on HIV/AIDS, formulating and enumerating major national activities in the global fight against HIV/AIDS. One hundred and eighty-nine countries, including Russia, signed the Declaration. The provisions of this declaration provide an important framework for developing a national strategy to counter the epidemic and concomitant funding programs.

- HIV and AIDS are among several diseases in which both their spread and eradication depend to a large degree on social and economic conditions, social behavior of the population and state policy.
- The destructive scale of the epidemic should be acknowledged and there should be attempts to discuss openly the extreme nature of the HIV/AIDS problem.
- Effective, multi-faceted measures should be taken to prevent further spread of the epidemic, and ensuring their long-term viability should be made a key priority. There should be a broad mobilization of institutional and financial resources in order to counter this threat to the security of mankind.

1. HIV/AIDS IN RUSSIA

1.1. The Epidemiological Situation

At present, the epidemiological situation in Russia continues to worsen, despite some slowdown in the increase of the number of newly registered HIV-positive people. According to data from the Joint United Nations Program on HIV/AIDS (UNAIDS), Russia is currently experiencing the highest rate of new HIV infection among the countries of Eastern Europe and Central Asia.

There are more than 335,000 registered cases of HIV in Russia, according to the Russian Ministry of Health and Social Development. However, UNAIDS estimates that the number of people living with HIV (PLWH) in Russia is closer to 940,000. UNAIDS data acknowledges that there may be anywhere between 560,000 and 1.6 million people living with HIV, which, at the higher end, is more than one percent of the country's adult population¹.

HIV/AIDS in Russia approaching the threshold level at which it becomes a generalized epidemic. According to the definitions of the World Health Organization (WHO) and UNAIDS, this occurs when more than one percent of the population are living with HIV.

HIV/AIDS cases have been registered in all regions of the Russian Federation, but the seriousness of the problem varies significantly between regions. A particular cause for concern is the fact that roughly 70 percent of all registered HIV cases in Russia are concentrated in ten well-developed and densely populated areas. Moreover, the majority of HIV-positive people are young men and women of working age.

Table 1. Cumulative Number of Registered HIV Cases in Russian Regions with the Highest HIV Prevalence, as of December 31, 2005²

| Region | Number of registered HIV cases |
|-----------------------------------|--------------------------------|
| St. Petersburg | 28,556 |
| Sverdlovsk region | 25,821 |
| Moscow region | 26,100 |
| Moscow | 24,200 |
| Samara region | 23,505 |
| Irkutsk region | 18,757 |
| Chelyabinsk region | 15,248 |
| Orenburg region | 13,902 |
| Leningrad region | 9,200 |
| Khanty-Mansiisk autonomous region | 8,881 |

In the first four to six years after contracting the HIV virus, there are usually no noticeable symptoms. Antiretroviral (ARV) treatments that are currently available are able to suppress the multiplication of retroviruses (of which HIV is one). Although the treatments do not cure HIV, they do hold off the development of the illness's main symptoms. Without this therapy, HIV will progress to the final stage of the illness – AIDS – and will end fatally, on average, around 12 years after infection. As of April 30, 2006, there were more than 10,000 deaths registered in Russia connected to HIV/AIDS³.

The HIV/AIDS epidemic in Russia only began to spread rapidly in 1996. As a result, a full picture of the consequences is still not clear. Many HIV-positive Russians have not yet faced the serious symptoms that would restrict their ability to work and to lead productive lives. Therefore, the full impact of HIV has yet to be felt. Many HIV-positive Russians are not aware of their status and do not seek medical care or counseling.

¹ 2006 Report on the Global AIDS Epidemic: May 2006.

² Data from the Russian Federal AIDS Center.

³ Data from the Russian Federal AIDS Center.

1.2. Main Trends, Challenges and Threats

Vulnerable Groups

HIV transmission can only occur when an infected bodily fluid is introduced into the bloodstream of an uninfected person, either directly or via mucous membranes. The two most common ways that HIV is transmitted are during sexual contact without a condom or through the use of non-sterile injection equipment. The virus can also be transmitted from mother to child during pregnancy, birth, or via breast milk.

Since the mid-1990s, injection drug use has been responsible for the majority of HIV transmission in Russia. More recently, however, the proportion of infections acquired through unprotected sex between men and women (heterosexual transmission) has doubled annually, and the percentage attributed to mother-to-child transmission during pregnancy and childbirth (vertical transmission) has risen even more rapidly⁴. These latest statistics and trends indicate that the epidemic is shifting away from vulnerable groups (groups practicing risky behavior or living in socio-economic or behavioral conditions conducive to higher risk of HIV transmission) once thought to be at the highest risk of infection, and into broad sections of the population at large who have contact with these groups.

Women comprise a steadily increasing proportion of HIV cases. Although far more of the individuals officially registered as HIV positive are men (72 percent as of January 1, 2005), recent trends indicate that the proportion of women infected is rising, in some regions accounting for more than 50 percent of newly registered cases.

HIV among pregnant women is also growing – at the end of 2004, the rate of HIV infection among pregnant women in Russia was 0.3 percent, rising to 0.8 percent in the worst affected regions⁵. This plays out in the growing number of children born to HIV-positive mothers. According to expert estimates⁶, there were 14,000 children born to HIV-positive mothers by the end of 2004, with 15-20 percent of them being HIV positive. Ten percent of these children were left by their parents in the care of the state⁷.

The number of people living with HIV in the penal system, which grew from 7,500 in 1999 to 33,000 in 2004 (10 percent of whom are female), is another factor of concern in Russia's epidemiological situation. The overwhelming majority of people living with HIV in the Russian penal system who are in need of ARV treatment, do not receive it; many have TB and HIV co-infection and only receive treatment for TB⁸.

The Role of Drug Dependence in the Spread of HIV

During the 1990s, there was a huge growth in the use of illegal psychoactive substances in Russia. The growing problem of drug use in Russia was addressed at a session of the Russian State Council, where the report entitled, "The Situation Surrounding the Abuse and Illegal Trade of Drugs and Countermeasures" was reviewed and discussed (September 24, 2000, № 23). In 2004, the Advisory Working Group of the Russian State Council, prepared a large report entitled "The Situation Surrounding Counter Drugs Work and Measures to Strengthen the Fight Against Drug Abuse and the Illegal Drugs Trade in the Russian Federation."

The following figures from the report are of particular interest. According to healthcare structures, at the beginning of 2004, more than 500,000 people using drugs for non-medical purposes had been registered at the anti-drugs service. Experts estimate that the real number of drug-dependent people in Russia is significantly higher than the official statistics suggest, and could be around 4 million people, which would represent 3 percent of the country's population.

Statistics clearly show that the HIV/AIDS epidemic is closely linked with drug use. Consequently, the effectiveness of prevention measures relies on efforts aimed at reducing the risk of HIV transmis-

⁴ Russian Federal AIDS Center, Information Bulletin No 27.

⁵ Data from the HIV/AIDS Prevention Department of the Federal Service on Customers' Rights Protection and Social Welfare.

⁶ Abandoned Children Born to HIV-positive Women: Analysis of the Situation in Russia, TPAA, 2004.

⁷ Abandoned Children Born to HIV-positive Women: Analysis of the Situation in Russia, TPAA, 2004.

⁸ Decree of the Chief State Sanitary Physician of the Russian Federation, No 16, April 25, 2005.

sion among intravenous drug users (IDUs). Fortunately, harm reduction programs can help to achieve this goal and provide assistance to drug users seeking to change their behavior. These programs aim to attract drug-dependent people to medical and social services, raise their motivation to protect their health, and also dissuade them from behavior that carries a risk of HIV transmission. Evidence from similar programs in many countries across the world, as well as in several Russian regions, shows that this kind of approach helps keep the HIV epidemic in check. For example, needle exchange programs can reduce the incidences of shared syringes – and thus also the risk of transmitting HIV – almost threefold.

It is worth noting here that when deciding what kind of action to take to fight the epidemic, the government can choose to behave effectively, or it can choose to behave in a “politically correct” manner. By choosing only “politically correct” projects and programs, which are unlikely to provoke any serious opposition among society, it may not be possible to implement many necessary initiatives. These include harm reduction projects such as needle exchange and condom distribution, helping those in risk groups through “peer-to-peer training,” sexual education in schools, and much more.

The problems of injection drug use and offering sexual services for payment should not just be looked at from the legal perspective but must be viewed in a more nuanced way, taking into account different aspects of public health, poverty, inequality and human rights.

When developing policy and programs, it must be remembered that drug dependence is a chronic illness with frequent recurrences. For many drug users, turning away from psychoactive substances and changing their behavior is a long and difficult process, as it is linked to a whole array of medical, social and psychological problems. To address these problems, there are scientifically-based approaches, which can be adapted for the situation in Russia. However, enacting these approaches will require political will and decisiveness.

Social and Demographic Problems

Given that birthrates in Russia remain low, the expected increase in AIDS-related fatalities and the high probability of a TB co-epidemic could result in a significant increase in the rate of population loss over the next decade. This will impact on the formation and makeup of labor resources and shrink Russia's overall population. An increase in the number of people requiring long-term ARV therapy will lead to an increase in spending on medical supplies and support – money that could otherwise have been used to invest in the country's economy. Additionally, the productivity of many other people may be affected – family members and friends of those affected by HIV will be spending more time offering care and support to their loved ones⁹.

Despite a reduction in the rate of new HIV infection in Russia during the last three years, there is no doubt that the number of AIDS-related fatalities will continue to grow and will accelerate already high rates of population loss in the Russian Federation. Moreover, the HIV/AIDS epidemic is overwhelmingly concentrated among young people, which will reinforce this negative demographic effect by limiting the birthrate in Russia.

Russian experts estimate that as of the beginning of 2004, between 15,000 and 56,000 Russian citizens living with HIV were in need of ARV treatment¹⁰. However, as of the start of 2006, just 3,500-5,000 Russians were receiving treatment. Given that the health of an infected individual begins to deteriorate four to six years after contracting the virus, and that there is still a high level of newly registered HIV cases, the number of young people dying of HIV/AIDS in Russia each year could begin to rise into the thousands in 2007. In the worst-case scenario, there is a risk of mass deaths among people living with HIV between 2008 and 2010. By 2015, this could lead to the loss of between 1 and 1.5 million Russians. The majority of these people would die from TB (the most common illness among people with HIV/AIDS), which would significantly worsen the overall epidemiological situation in the country and accelerate the population loss. In this scenario, the effect of the HIV/AIDS and TB epidemics on Russia's economy would be very serious and could threaten the goals of doubling the GDP and reducing poverty.

⁹ S. Sharp, Modelling the macroeconomic consequences of a generalized AIDS epidemic for the Russian Federation, Annex 1 to the UNDP report “HIV/AIDS in the Countries of Eastern Europe and the CIS. Reversing the Epidemic”, 2004.

¹⁰ Developing a Strategy for Treatment and Care of PLWH with TB Co-infection, Russian National Coordinating Committee for the Global Fund, Application to Global Fund Round Four, 2004.

Negative Impact on the Economy

The continued spread of HIV could aggravate the already worrying demographic crisis among Russia's able-bodied citizens, thus leading to a shortage of qualified specialists that are to fuel the growth of Russia's economy. This could have a negative impact on the labor market, lead to reduced investment and production, and to increased spending on health and social services. As a result, the competitiveness of local enterprises will likely decline, with companies facing substantial economic losses.

The main consequences of the HIV epidemic on the economy include:

- Negative effect on the labor force
- Increased expenditures for companies (both direct and indirect)
- Redistribution of state resources
- Lower productivity and reduced GDP

In the UN's Declaration of Commitment on HIV/AIDS, it is noted that many countries already find it extremely difficult to meet the considerable costs of effectively preventing the spread of HIV and treating AIDS patients. These expenditures will inevitably increase in the near future if sufficient and timely interventions are not made.

One of the most destructive results of the HIV epidemic on the Russian economy is related to the fact that the epidemic most heavily affects young people, between the ages of 15 and 39. Unless action is taken to stop this trend, HIV/AIDS will decimate labor resources in all sectors of the economy, including those in strategically important sectors such as mining, processing and heavy industry.

Current trends show that HIV/AIDS weakens the labor force both as a consequence of increasing HIV infection and AIDS-related fatalities, and also through the reduced productivity of those workers who are providing necessary care to people close with them that are living with HIV.

The task of reducing the impact of the growing HIV/AIDS epidemic requires the involvement of public and private resources, in order to carry out far-reaching prevention programs, and provide medicines and social support to people living with HIV. In the absence of this epidemic, these resources could have been used to invest in the country's economic growth or increase the state's savings. This means that the continued growth of the HIV/AIDS epidemic will have serious consequences not just for the financial well being of the state, but also for the growth of the economy and of long-term investment¹¹.

Despite the continued growth of HIV prevalence rates among able-bodied members of the population, Russian companies still demonstrate limited awareness of the epidemic's potential to significantly impact the business sphere.

National Security

Whereas the population decline and general worsening of health among conscripted soldiers in the Russian Federation has created difficulties in calling up young people into the armed forces, the HIV/AIDS epidemic reinforces these negative tendencies. Given that HIV/AIDS spreads predominantly among young men, the number of young men who are able to serve in the Russian Army is likely to decrease. This could lead to the country being unable to counter threats in accordance with Russia's National Security Strategy.

As of September 2004, the number of officially registered HIV-positive people serving in the Russian Army was around 2,000 overall. However, the real figure of PLWH in the army, according to experts from UNAIDS, is around four times higher. This amounts to around 8,000 people, which is around 0.8 percent of the entire personnel of the Russian Armed Forces. In the last two years alone, the Conscription Commission has reported 5,000 cases of HIV among potential recruits¹².

¹¹ HIV/AIDS as a Business Issue in the Russian Federation, TPAA, Moscow, 2005.

¹² Materials from the Russian-American Conference on Preventing HIV in the Armed Forces, Moscow, September 2005.

Conclusions

If Russia is not able to come to terms with HIV/AIDS, then the range of strategic problems described above, which impact on the social and economic development of the country, will be exacerbated by the following factors:

- HIV/AIDS can lead to lower prosperity among the population and exacerbate the problem of poverty. As a result of the reduction in productivity and/or death among workers, the incomes of people living with HIV and their families will decrease, and the expenses associated with long-term treatment and care will increase.
- HIV/AIDS can increase social tensions through discrimination of people living with HIV and members of high risk groups, such as illegal immigrants, sex workers, injection drug users, and children born to HIV-positive mothers.

The potential spread of HIV/AIDS over the next several decades makes the disease an undeniable threat to the national security and economic growth of the Russian Federation.

2. CURRENT MEASURES TO FIGHT HIV/AIDS IN RUSSIA

2.1. The Legal Framework

The 1995 Federal law on preventing the spread of HIV in the Russian Federation, № 38-FZ, contains a fairly wide range of guarantees aimed at safeguarding the rights of PLWH and preventing the spread of the virus, including:

- Public dissemination of information, including through the media, about how to prevent HIV infection
- Epidemiological surveillance of the virus's spread across the country
- Manufacture and distribution of materials for HIV prevention, diagnosis and treatment
- Access to HIV testing, including anonymously, with pre- and post-test counseling
- Free access to professional and specialized medical care, and free medication for inpatient and outpatient treatment
- Social support for PLWH including education, re-training, and employment assistance

Even though the Federal AIDS law generally corresponds with international recommendations and best practice, there is a wide gap between the law and its implementation. Moreover, there are also contradictions between federal and regional legislation.

2.2. The Current Coordination System for Government HIV/AIDS Policy

At present, at least four different government healthcare structures address medical issues surrounding HIV/AIDS. These agencies include the Ministry of Health and Social Development, the Federal Service for the Protection of Consumer's Rights and Social Welfare, the Federal Service for Monitoring Health and Social Development, and the Federal Agency for Health and Social Development. Given the difficulty and complexity of the issues related to the HIV/AIDS epidemic, other ministries and departments, not just those in the health sector, should be involved in the fight against HIV/AIDS. These departments include, for example, the Federal Drug Control Service, Ministry of Defense, Ministry of Justice, Federal Prisons Service, Ministry of Education and Science, Ministry of Economics and Development, and Ministry of Finance.

In April 2004, as part of an international meeting organized by UNAIDS, representatives of governments, donor organizations, and the global network of people living with HIV formulated and adopted three key principles as a strategy and guide to action to effectively counteract the AIDS epidemic: (1) there should be a single, agreed-upon strategy for fighting AIDS, creating a foundation by which to coordinate the work of all parties; (2) there should be a single high-level national coordinating mechanism to fight the epidemic, with broad inter-sectoral powers; and (3) there should be a single, agreed-upon system for federal level monitoring and evaluation. The Ministry of Health and Social Development of the Russian Federation approved these principles overall, but it is essential that practical steps are taken at the highest level in Russia to achieve them.

Since 2003, several institutions have been established in Russia to serve in consulting and coordinating functions in the fight against HIV/AIDS.

1. The Coordinating Council on HIV/AIDS of the Russian Ministry of Health and Social Development

The Coordinating Council on HIV/AIDS serves as a forum for discussing efforts to counter the spread of HIV/AIDS. It combines an inter-sectoral approach with coordinated action to optimize cooperation between governmental institutions and non-governmental organizations working in the HIV/AIDS field. The main impediment that the council faces in having a real influence on HIV/AIDS-related policymaking is the absence of high-level political figures in its leadership. Although the Coordinating Council consists of a range of representatives from different ministries, they are mostly heads of departments, deputy heads of departments (in the case of the Ministry of Finance), or leading specialists (in the case of the Ministry of Education and Science). While these specialists are able to meet on a regular basis and share experience, they do not have the power to make high-level decisions. In addition, the Federal Drug Control Service and other structures that play an important role in determining HIV/AIDS policy are not represented on the council.

2. Country Coordinating Mechanism on HIV/AIDS and Tuberculosis

In accordance with requirements of the Global Fund to Fight AIDS, Tuberculosis and Malaria, an official Country Coordinating Mechanism (CCM) on HIV/AIDS and Tuberculosis was established in Russia. The CCM includes representatives from the Ministry of Health and Social Development, the Ministry of Justice, NGOs, bilateral and multilateral agencies for international cooperation, and PLWH.

3. Coordinating Council on the Prevention of Mother-to-Child Transmission of HIV

The Coordinating Council on the Prevention of Mother-to-Child Transmission of HIV was formed by the Russian Ministry of Health and Social Development to ensure the coordinated and comprehensive implementation of measures to prevent mother-to-child transmission of HIV and to improve the quality of medical services and care provided to pregnant women and children with HIV. Its membership consists of representatives from scientific and educational medical institutions, clinics and institutions providing treatment and prevention services, and agencies within the Ministry of Health. Representatives of international organizations and agencies are also involved in the activities of the Coordinating Council.

4. The Coordinating Council for the Prevention and Treatment of TB Co-infection

The Coordinating Council for the Prevention and Treatment of TB Co-infection was established by the Russian Ministry of Health and Social Development. In addition to representatives from that ministry, it contains employees of relevant scientific and medical institutions, NGOs and international agencies. The main task of the Council is to develop a set of unified principles to guide anti-TB support for people living with HIV in Russia.

5. The Working Group to Prepare Legislation and Documentation on Diagnostics, Treatment and Epidemiological and Behavioral Surveillance of HIV and Linked Illnesses of the Russian Ministry of Health and Social Development

Formally, the Working Group is a forum for experts, but it also has a clear policy and strategic component, specifically seen through their work preparing legislation. Compared to the

other coordinating mechanisms, the Working Group's makeup and their tasks correlate well with the power that they have to make appropriate decisions.

The creation of these different coordinating mechanisms is evidence of departmental separation, and of the need to improve coordination of action at the government-wide level. During the April 2006 session of the State Council, key progress was made in this regard. As a result of the State Council session, President Putin ratified an order to create a single governmental commission to deal with prevention, diagnosis and treatment of HIV/AIDS.

2.3. Targeted Federal Program on Prevention and Control of Social Diseases

In November 2001, the Russian government approved the Targeted Federal Program for Prevention and Control of Social Diseases (2002-2006) to ensure that measures were taken to counter the spread of HIV. The program includes an HIV/AIDS sub-program with four components: (1) HIV/AIDS prevention, diagnostics and treatment; (2) research; (3) infrastructure improvements; and (4) education and training for personnel. The vast majority of program resources (93 percent) are allocated to the first component; the others receive 1.6 percent, 5.2 percent and 0.12 percent of the federal HIV/AIDS program budget, respectively. According to Russian health authorities, the total five-year HIV/AIDS budget amounts to approximately \$97 million (roughly \$19 million per year) with approximately \$26 million allocated from the federal budget and \$70 million provided from regional budgets. The level of funding in each region varies, depending on the economic conditions, the HIV/AIDS prevalence rate, and the level of HIV-related investments by non-government sources, such as foreign grants.

On average, regions allocate between 10-15 million rubles (\$350,000-\$550,000) annually. The Moscow and St. Petersburg programs, as well as those of Tatarstan and Krasnoyarsk Krai, are much greater and average between 40-50 million rubles (\$1.4-\$1.8 million) annually. By comparison, Brazil – a country of roughly the same population size and per capita income – spends nearly \$800 million of its own government resources to fight HIV/AIDS and provide care for those already living with the illness. The wide gap in Russian and Brazilian spending is not a matter of resource ability as much as one of priorities¹³.

At the start of 2006, significant funds were allocated to the fight against HIV/AIDS as part of the Health national project (3.1 billion rubles), and it became possible to vastly increase the number of HIV/AIDS patients receiving quality diagnostics, examinations, full treatment and surveillance by experts. Given this, it is ever more pressing that the infrastructure of the healthcare system and the training of its employees is improved, in order to allow general access to HIV treatment.

Funding priorities in Russia are often stress the mass testing of sectors of the population at the expense of prevention measures. Funds allocated by the government are often not enough to carry out HIV-prevention programs among vulnerable groups, and informational campaigns among young people are carried out on a scale that is too small, and are often poorly funded.

2.4. Prevention and Treatment: Equally Important Factors in the Fight Against HIV/AIDS

Hopes for a quick and complete victory over HIV/AIDS are unfounded because HIV is characterized by a very high degree of gene and antigen mutability. Goals of restraining the epidemic, holding the spread of HIV in check, and mitigating the destructive character of the epidemic are considered to be more realistic. As long as there is no cure or vaccine for HIV, the most effective measure to control the epidemic is through public education and the dissemination of information about how to prevent transmission of HIV. In addition, universal and timely access to medication, information, and prevention materials for coping with the HIV/AIDS epidemic cannot be overestimated. At present, Russia is facing a series of several problems that should be addressed as soon as possible.

¹³ Why is HIV/AIDS a Public Policy Priority for Russia? TPAA, 2004.

As previously discussed, Russia's Federal law on HIV/AIDS requires that the state regularly informs the population – through mass media, for instance – of available HIV prevention measures. However, there are no large-scale national prevention programs at the federal and regional levels in Russia; the Russian budget does not provide for the funding of such programs. This lack of information leads to fear and stigma, which in turn inhibits public discussions and limits awareness about HIV transmission, safe behavior, and discrimination against PLWH.

The prevention of HIV/AIDS and other sexually transmitted infections (STIs) should be treated as a priority. The state is obliged to create conditions whereby Russian citizens can be informed of scientifically proven methods, such as by using condoms, to protect themselves against HIV/AIDS. It is also important to eradicate the legal and moral contradictions surrounding HIV prevention within vulnerable groups (such as injection drug users and sex workers) by developing and implementing educational programs to prevent the spread of HIV in these groups, and by allowing these groups access to reliable information and prevention materials.

Despite a significant increase in federal funding for HIV/AIDS, one of the main problems regarding access to treatment is the price of ARV treatments, which is among the highest in the world. Prior to 2006, Russia was buying this medicine using funds from the federal and regional budgets at a price of between \$3,500 and \$8,000 per patient per year for first range therapy. This price is linked to a range of factors, including the presence of only expensive, original medicines on the market, and also the decentralization of purchasing, which does not allow for significant discounts.

In some countries, the problem of high prices for ARV therapy has been solved by manufacturing or importing significantly cheaper generic drugs. In several countries with low or medium per capita income, negotiations between manufacturers and suppliers of ARV treatments have been able to reduce the price of treatment by 10 or 12 times – from \$10,000-\$12,000 per patient per year to \$500-\$800, and in some countries as low as \$300 per patient per year¹⁴.

In 2005, the Ministry of Health and Social Development held direct negotiations with firms manufacturing original treatments, and reached an agreement that reduced prices for the basic ARV treatments. In addition, as part of the GLOBUS project (which is supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria), the retail price of first level therapy treatments will be reduced to \$1,500 per patient per year.

Apart from ensuring a steady supply of quality ARV medications at accessible prices, effective treatment for those living with HIV requires improvements in medical supply chains, expanded and ongoing training and education for medical personnel, and a greater availability of social and psychological support for those affected by the epidemic. Nevertheless, at present, these important developments are secondary in priority to reducing treatment costs and providing broader access to ARV therapy.

Russia's Federal law on HIV/AIDS guaranteed free qualified and specialized medical support to HIV-positive Russian citizens, including medications for both emergency patients and outpatients. The amendments to the law, which were made in August 2004, state that medical help to HIV-positive citizens should be in accordance with Russia's State Program for Guaranteed Free Medical Care. Free medication and outpatient treatment are to be provided by specialized medical institutions in accordance with procedures established by the federal or regional government, depending on the medical institutions' affiliation. As regions have differing economic and financial capabilities, access to medical help in these regions varies significantly¹⁵.

The budget for the next stage of the Targeted Federal Program for Prevention and Control of Social Diseases should ensure that enough funds are allocated for the purchase of ARV medications and for developing a national system for purchasing, distributing and controlling the quality of medical treatments. This includes training and improving the skills of medical and pharmaceutical employees.

As temporary projects that are supported by the World Bank, the Global Fund, and other international organizations and donors come to an end, the need for state financing of treatment programs will grow significantly.

¹⁴ Report on the Global AIDS Epidemic, 4th edition, 2004, UNAIDS, 2004.

¹⁵ HIV/AIDS, Law and Human Rights: A Handbook for Russian Legislators, TPAA/UNAIDS, Moscow, 2005.

These projects include:

- The contract between the Russian government and the World Bank for a loan to implement the “Prevention, diagnostics and treatment of TB and AIDS” project amounts to \$48.6 million. Around \$4 million of this has been earmarked for the purchase of ARV medications for the prevention of mother-to-child transmission of HIV.
- The GLOBUS project is implemented by a consortium of Russian non-governmental, non-commercial organizations as part of Round 3 of the Global Fund. Around 30 percent of the total \$89 million budget of the project will be spent on access to ARV therapy for PLWH over a five-year period in ten regions of Russia.
- The Global Fund grant of \$120 million provides for a wide-scale program to counter the epidemic over a five-year period. A portion of that money will be used to broaden access to ARV therapy.

Before it is too late, it is essential that mechanisms be established to ensure stable financing – from the state's own budget – for programs offering ARV therapy to all Russians who need it.

2.5. Recent Government Measures to Fight HIV/AIDS in Russia

The spread of HIV/AIDS has received increased attention from the Russian leadership. This is evidenced by several factors:

- In accordance with the national “Health” project that was announced by Russian President Vladimir Putin in 2005, state funding for HIV/AIDS has increased drastically. Funds allocated to the fight against HIV/AIDS rose to 3.1 million rubles in 2006, which is 20 times higher than the 2005 level. This has virtually solved the problem of ensuring access to ARV therapy for all who need it.
- Work through the Russian Health Foundation has started as part of Round 4 of Russia's grant from the Global Fund.
- Serious progress has been made in negotiations with pharmaceutical companies for the purchase and import of ARV treatments at reduced prices.
- Russia's contribution to the Global Fund between 2002 and 2005 was \$20 million. The government recently made the decision to double this amount between 2005 and 2008.

2.6. The G8 Summit and the Role of Russia in the Global Fight against AIDS

In the year of its G8 presidency, Russia is demonstrating an understanding of the importance of countering the threat of HIV at an international level. Russia included the fight against infectious diseases as one of the three priority areas, along with education and energy security, for the agenda of the G8 summit in St. Petersburg, thus ensuring that the G8 activities regarding HIV/AIDS over the last decade are continued.

The Russian government has also stated that the G8 members hope to analyze measures carried out thus far and take a more responsible approach in the formation of new priorities. It was noted that the G8 will seek to limit the number of new goals and international programs. Instead, the G8 will work through the institutions and mechanisms that already exist, concentrating its efforts on implementing measures already agreed upon, and ensuring the successful completion of current projects.

On the initiative of Russia's Interfactional Parliamentary Working Group on HIV/AIDS and the UK All-Party Parliamentary Group on AIDS, a pre-G8 International Parliamentary Conference on “HIV/AIDS in Eurasia and the Role of the G8” was held. The conference attracted the attention of the G8 leaders, as well as the leaders of the CIS countries, India and China to the problem of the spread

of HIV/AIDS in Eurasia. Leaders from around the world were able to exchange their experiences in the fight against HIV/AIDS, discussing necessary measures to counter the global threat, and to defining the role of parliamentarians in the process.

Not long before this, in May 2006, the first Conference on HIV/AIDS in Central and Eastern Europe was held in Moscow. The conference attracted more than 1,500 participants from 50 countries, and was an important step in the process of consolidating the political will among government leaders, researchers, PLWH and NGO representatives who are fighting HIV/AIDS in the region.

3. RECOMMENDATIONS AND CONCLUSIONS

Experience shows that the most impressive results in preventing the spread of HIV are achieved in countries where the leaders have shown political will and committed themselves to fighting the epidemic, and where three key principles of coordination were implemented: (1) establishment of a framework that provides the basis for coordinating the work of all partners; (2) one National AIDS coordinating authority, with a broad-based multi-sectoral mandate; and (3) one agreed-upon country-level monitoring and evaluation system.

To implement this set of tasks and develop an effective government HIV/AIDS policy, attention should be paid to the following key areas described below.

Achieving a Consensus on Strategy

Given that there is not a single nationwide strategy to counter HIV/AIDS in Russia today, it should be a priority of social policy in Russia to develop one as soon as possible. The strategy should include agreed-upon systemic approaches, and clear coordination of action between federal and regional government, civil society and also leading specialized international organizations (WHO, UNAIDS, UNODC and the Global Fund).

The lack of a national strategy has prevented Russia from developing a mutually agreed-upon approach concerning the most effective way to fight HIV/AIDS. Leading international experts, including those from UNAIDS, WHO and international and Russian non-governmental organizations, and the community of PLWH call for the implementation of multi-faceted approaches to counter the epidemic. This would include prevention work within the population at large and young people; working with high risk groups; offering treatment, care and support to those who need it; and safeguarding the rights of PLWH.

In the context of Russia's developing epidemic, it is important that efforts and resources are concentrated on preventing HIV within high risk groups (including IDUs and sex workers) using the best practice experiences of Russia and other countries and taking into account the recommendations of international experts. Some political and public leaders regard members of these high risk groups as criminals, and therefore refuse to support this strategy. The instinct in Russia, as elsewhere, has been to rely on restrictive policies that aim to detect and contain HIV within the high risk groups, while spending available resources on prevention programs for the general population. Critics argue that many of the government's restrictive policies – such as incarcerating of drug users without providing access to treatment and support; requiring compulsory HIV testing for members of high risk groups; restricting employment, marriage or sexual activity based on HIV status; and requiring compulsory notification of partners -violate international human rights protocols and contradict provisions set forth in the 1995 Federal law on HIV/AIDS. As a result, prevention within the high risk groups are insufficient and enable the spread of the epidemic beyond these groups into the general population.

In light of the rapid spread of HIV among young IDUs, it is critical that effective measures are taken with regards to this group. The growth of HIV among IDUs can be slowed down and stopped. However, in order to do this, it is essential to ensure that drug users and their families have access to a wide range of services. Programs should be carried out on a large scale and should significantly increase the range of services available to this group of the population.

Intervention measures among IDUs usually include the following: offering treatment for drug dependence, providing condoms and sterilized syringes, implementing measures to control illegal drug trade, providing treatment for STIs, offering voluntary testing and counseling, and ensuring access to ARV treatment for those who are HIV positive. Peer training programs have been shown to be effective at creating contacts with IDUs who are not being treated and for offering them the services necessary to ensure they minimize risky behavior. These programs do not require a large financial outlay – indeed, funds needed for these programs, and for providing basic prevention services, are much lower than the cost of treatment for HIV/AIDS.

Inmates and employees of the penal system should have the same rights to preventive measures and treatment for HIV/AIDS as the rest of the population. It is important to create links between medical workers in the penal system and relevant HIV/AIDS treatment services to ensure that care is provided both during the imprisonment of inmates and upon release; otherwise the treatment measures cannot achieve their intended results. Presently, a number of effective approaches for preventing HIV are often seen as contradictory of the principles of law-enforcement agencies. As a result, it is particularly important to engage these agencies in developing strategies and implementing agreed-upon and effective approaches to fight HIV and drug use.

Knowing your HIV status provides individuals with the opportunity to take appropriate steps to stay healthy, including gaining access to treatment options. HIV testing must be voluntary and confidential and should be conducted anonymously. Testing should also be accompanied by pre- and post-test counseling.

Safeguarding the human rights of people living with or affected by HIV/AIDS is often misconstrued as going against the interests of public health. In fact, meeting the needs and observing the rights of PLWH falls within the public health priorities contributing to the welfare of the whole society. Infringements on the human rights of PLWH can cause these individuals to be alienated from society – a development that negatively impacts overall public health by undermining effective prevention. This accelerates the epidemic, thereby placing the general population at even greater risk of contracting HIV.

Diversifying Current Approaches and Programs

Financing is not the only obstacle to the implementation of prevention efforts, priority is given to those projects that are seen as “politically correct” and do not prove controversial in society. Unfortunately, these projects are often far from the most effective options. Meanwhile, various harm reduction programs that have demonstrated their effectiveness internationally, especially in connection with PLWH and IDUs (including condom distribution and needle exchange), meet serious opposition at federal and local levels. This situation can be avoided by involving leading Russian and foreign specialists, representatives of civil society, and organizations representing PLWH in discussions on the various measures for HIV prevention.

When defining funding priorities and implementing measures to counter the spread of HIV, it is best that governmental structures look for the most effective approaches – those that have proved their worth. Decisions should be taken without prejudice, which may exist due to a lack of information about HIV/AIDS in society. There is no doubt that measures such as voluntary HIV testing or the medical prevention of vertical HIV transmission from mother to child are needed to prevent HIV among the population at large, but implementing only these “safe” programs that do not run into any serious controversy in society may not be enough. The level of the threat currently posed by the HIV/AIDS epidemic, and the responsibility for public health held by the government, does not allow for the possibility of only using measures that have wide public support.

There is a clear understanding throughout the world that guaranteeing human rights is an indispensable weapon in the fight against HIV/AIDS. This includes not only the rights of PLWH, their family members, and representatives of vulnerable groups, but also the rights of the general population to have access to information, preventive programs, treatment and care. In addition, reducing the vulnerability of HIV-positive people to human rights violations, and increasing the general population's access to preventive information on HIV/AIDS can help defeat the culture of fear and silence around HIV/AIDS.

Russians living with HIV often face a range of difficulties in accessing the free specialized medical care that is guaranteed to them by the federal law. This is usually associated with insufficient

funding from federal or regional budgets, but is also often linked to discrimination against patients. Some medical workers feel that certain patients do not deserve to receive ARV therapy because of their drug dependence or other forms of socially “unacceptable” behavior. There are cases of PLWH being refused work, or being dismissed from their jobs when employees discovered their HIV status. HIV-positive children also frequently face discrimination in schools and kindergartens.

Ensuring access to treatment for PLWH and making quick progress on drastically reducing the cost of ARV therapy should be key elements in the fight against the virus and the social adaptation of PLWH. Together with harm reduction programs, including substitution therapy, ARV treatment should ensure the participation of PLWH in society. It is unacceptable and amiss for any group of people in Russia to be viewed as “socially useless.”

Coordinating Measures to Fight HIV/AIDS

To effectively coordinate efforts to fight HIV/AIDS in Russia, a high-level structure should be created as soon as possible. The Commission on Prevention, Diagnostics and Treatment of HIV could carry out the functions of this entity within the government of the Russian Federation. Representatives of all interested parties should play a significant role in such a structure, including agencies and legislative bodies with federal and regional executive and legal power; leading civil and religious organizations; media and business circles; famous figures from culture, science and sports; and organizations of PLWH.

Effective action against the spread of HIV/AIDS at a national level will require the integration of strategies and programs within the legal, executive and judicial branches of power. They will also need to be coordinated as part of one, agreed-upon strategy by a single national coordinating entity with inter-sectoral powers.

The following factors highlight the need for enhanced coordination.

- The HIV/AIDS epidemic is highly complex in nature, and as such, the solution requires a multi-faceted, inter-sectoral approach.
- It is essential to unite the efforts of different partners in tackling the problem – governmental, civil society, PLWH, the international community, and business circles.
- There has been an increase in funding for the fight against HIV/AIDS from different sources such as the Global Fund, the World Bank and donor organizations.
- HIV/AIDS activities are being decentralized. A significant amount of power has been transferred to the regions and funding moved to regional budgets under the Federal law № 122-FZ, which was passed on August 22, 2004. However, the absence of standards or recommendations for effective action against the epidemic at this level could result in ineffectual programming.
- Russia needs a unified national strategy. Standards and recommendations are essential for the development of regional HIV/AIDS programs.

A newly established government coordinating commission could take on the task of synchronizing the whole range of measures being implemented by the key partners to Russia's fight against HIV/AIDS, as well as the regular monitoring of the implementation of the strategy (which would include programs aimed at prevention, treatment, epidemiological surveillance, and safeguarding human rights).

This kind of approach would correspond with the three key principles put forward by UNAIDS and key international partners concerning effective coordination of the fight against the HIV/AIDS epidemic, both globally and in Russia.

At regional and municipal levels, it is also necessary to create inter-departmental committees and consultative mechanisms. As a result of decree № 790, announced by the Russian government on November 13, 2001, the executive branches of Russian regions have been urged to help fund the Targeted Federal Program for Prevention and Control of Social Diseases (2002-2006). This includes the sub-program “Anti-HIV/AIDS,” as well as support for the development of regional programs designed to address the spread of infectious diseases.

An example of a positive regional experience that may be appropriate for duplication elsewhere in Russia is the work of the Krasnoyarsk Kray Interagency Commission to Address Drug Use, Alcoholism and AIDS. The commission is a consultative body that ensures cooperation between governmental institutions, local government and interested organizations.

The Krasnoyarsk Kray Interagency Commission's main goals are as follows:

- Promoting interagency interaction in countering drug use, alcoholism and HIV/AIDS in Krasnoyarsk Kray
- Fighting the illegal circulation of drugs, psychotropic substances and alcohol products
- Organizing interaction between interagency commissions of local self-government bodies
- Developing operational and strategic measures (special regional programs, comprehensive plans, etc.) to counter drug use, alcoholism and HIV/AIDS in Krasnoyarsk Kray
- Drafting and proposing amendments to legislative documents and other regulations and enactments on countering drug use, alcoholism and HIV/AIDS

Forging International Political Partnerships

An important way to improve the quality of HIV-prevention work is through the broadening of international cooperation. A good indicator of Russia's further integration into international efforts against HIV/AIDS will be whether HIV/AIDS remains one of Russia's priority issues following this year's G8 summit in St. Petersburg. There is no doubt that leaders of the country and its regions can play a decisive role in curbing the epidemic by staying politically committed to the issue.

Over the last three years, Russia has demonstrated a readiness to engage and accept international responsibilities in the fight against HIV/AIDS at the highest political level. At the 2004 G8 summit on Sea Island, Russia together with the other members supported a proposal put forward by the United States to create an international center to work on a vaccine against HIV. The Russian Federation also headed the process of drawing up of a plan of action concerning the CIS's commitment to the fight against HIV/AIDS as part of the UN's 2001 declaration on the issue. Countering the HIV/AIDS epidemic has also been on the agenda at several summits of the heads of CIS states. In April 2005, Russia initiated a conference of CIS ministers in Moscow on "Necessary Measures to Fight the HIV/AIDS Epidemic in the CIS."

The G8's work on HIV/AIDS has already had a significant impact on the fight against the epidemic. In particular, decisions made at the summits have led to the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the International AIDS Vaccine Initiative.

Encouraging Public Initiatives

International experience clearly shows that involving NGOs – the number and quality of which are continually growing in Russia – more widely in the work to fight HIV/AIDS improves the results. This process can be stimulated by the inclusion of HIV/AIDS and drug dependence into the list of priority themes when public tenders are issued and municipal funds and social grants are made to NGOs at regional and local levels.

A more effective use of funds and the opportunity for active governmental quality control of NGO projects could also be achieved by an increase in the amount of state co-funding for international programs being implemented in Russia. Bearing in mind that NGOs cannot turnover funds or make profits, it is very important to develop a mechanism whereby they receive equal access to state and municipal funding in these types of tenders.

NGOs, representing civil society, play a significant and critical role in the fight against HIV/AIDS. According to different estimates, there are currently between 100 and 200 NGOs working in the HIV/AIDS field in Russia. For the most part, these organizations are working on prevention programs

among young people and high-risk groups – people to whom the traditional medical institutions often can not reach. They also work on safeguarding the rights of PLWH.

Currently, the majority of these organizations receive funding from foreign sources, including from the governments of North American and Western European countries, as well as from several UN agencies. In 2004, the total funding that came from foreign donors earmarked for HIV prevention in Russia amounted to more than \$13 million – more than three times the amount allocated from the federal budget for the task. Increasing the amount of funding from different sources and a growth in the number of projects implemented by the numerous Russian and foreign governmental institutions and NGOs will also require an improvement in coordination at the federal and regional levels.

Taking into account the growing level of professionalism among Russian NGOs working in the HIV/AIDS field, authorities at all levels and branches of power, especially regional and local officials, need to collaborate with NGOs to secure effective implementation of existing programs and strategies to fight the epidemic.

Improving Legislation

It is essential that changes and additions to the Federal law on HIV/AIDS are consistent with international recommendations and Russia's international obligations, especially so as not to allow any reduction of the guarantees and social support provided by the government to PLWH and their family members, and to ensure that restrictions are not placed on access to medical help. Measures also need to be taken to monitor the sufficiency and timeliness of administrative and financial resources allocated to the Russian regions for HIV/AIDS prevention and treatment programs, in accordance with the Federal Law № 122-FZ of August 22, 2004.

Guaranteeing Stable and Constant Funding

The budget for fighting HIV/AIDS in Russia changed dramatically in 2006. As part of the national “Health” project, 3.1 billion rubles were allocated for the prevention and treatment of HIV, which is 20 times greater than the sum allocated from the federal budget in 2005. Future plans are to increase this amount further still – it is estimated that for the 2007 financial year, the sum will be increased to 7.8 billion rubles¹⁶.

A significant increase in the funding allocated to fight HIV is also expected to come from regional budgets. If this is the case, the main issue will be to decide on the priorities and execution mechanisms for this money.

As part of the national “Health” project for 2006–2007, and also during the development of the “Anti-HIV/AIDS” component of the Targeted Federal Program for Prevention and Control of Social Diseases for 2007–2011, it is essential to increase funding for prevention programs among high-risk groups and young people and also implement a range of measures to provide treatment, care and support for PLWH. The government budget for research on HIV/AIDS should also be increased, so that informed and effective political decisions can be made. It is also important to ensure proper control over spending of the allocated funds and monitoring and evaluation of the effectiveness of the measures taken to counter the epidemic.

Finally, funding for government programs to fight HIV/AIDS should become stable and constant for the long term, and should be fully implemented at both federal and regional level.

Bolstering the Role of Business

There is the potential for significant gains in the fight against HIV/AIDS by having the Russian business community take a more active role in funding these efforts. A governmental system to stimulate social partnership programs between business and civil society should be created, in order to engage Russian entrepreneurs in this field.

¹⁶ Resolution of the Conference on Surveillance and Prevention of HIV in the Russian Federation, Suzdal, 11-13 October 2005.

The government has a right to expect the help of the business community in carrying out informational and prevention programs in the workplace. In addition, engaging business will allow for a stable funding mechanism to develop in Russia that is financed through private capital. By developing partnerships between business and society, funds can be attracted to provide for treatment and medical support for PLWH, and also to carry out effective prevention programs. More than a decade of experience in different countries shows that timely investment in healthcare, prevention and education on issues of HIV/AIDS is an investment that easily pays for itself in the long run

Advancing Training on HIV/AIDS

Introducing a unified system of training and retraining for various specialists (doctors, teachers, social workers) at federal and regional levels on HIV/AIDS and how to prevent drug dependence will help to ease shortcomings of workers, especially those working on the ground.

It would be advisable to task the Federal AIDS Center to prepare a training program on HIV/AIDS and the prevention of drug dependency. The following would also be helpful:

- Include this theme in training and skills-improvement programs for state and municipal civil servants, teachers, youth inspectors and other specialists;
- Recommend that regional power structures organize training for specialists on caring for HIV-positive patients;
- Include a module on HIV prevention in the regional component of high school educational programs and also in the study programs of higher education institutions.

Leveraging the Power of Media

The problems that exist today are to a large extent a result of a lack of objective information among the population about HIV/AIDS and the ways to combat it. Given the size of the Russian Federation, the most effective way to increase knowledge among the population is through social advertising on the theme of HIV/AIDS in the state media via nationwide television channels, including First Channel and VGTRK, in particular.

One of the main reasons for the growth of the epidemic in Russia is the low level of knowledge and understanding in Russian society surrounding the issue. A lack of information, and in some cases pure disinformation, breeds fear and promotes mistaken beliefs about HIV/AIDS. This leads to discrimination against people living with HIV. Information that is aimed at improving knowledge about HIV/AIDS and the ways of preventing infection then becomes an effective weapon against the epidemic. Media plays a very important role in disseminating this information.

The media should be required by law to deal with the issues of HIV/AIDS and human rights, and encouraged through training to do so with understanding by using appropriate ways to get the information across, and avoiding stereotypes when referring to people belonging to vulnerable groups.

There are already projects active in Russia that involve media circles working with the support and coordination of NGOs such as Transatlantic Partners Against AIDS (TPAA), FOCUS-MEDIA Foundation, Population Services International and others in the fight against the epidemic. The Russian media partnership in the fight against AIDS launched the first all-Russian informational campaign, entitled “StopSPID” (StopAIDS) in 2004. The campaign is aimed at fighting HIV/AIDS through social advertising, television and radio programs, editorial materials, information placed on the packaging of retail goods, the organization of a wide-scale internet campaign, and ensuring free access to informational materials in the printed press and online. Most of the non-state media, including electronic media, have signed on to the campaign.

Unfortunately, the state media -VGTRK and First Channel – do not give enough attention to social advertising. Thus it is advisable that the governmental authorities responsible for communications

policy include HIV/AIDS as one of the key issues for media, and ensure that the population receives enough information on the subject through state television channels and radio stations. National and regional governments should also investigate methods that encourage the media to provide free air space for informational and educational programs to increase HIV/AIDS awareness among the general population.

It must be acknowledged that Russia's HIV/AIDS epidemic is growing. In order to counter the threat effectively, government and political figures responsible for the formation and control of government policy in different spheres should play a leading role, and should broaden their cooperation with NGOs, business leaders, media figures and communities of PLWH.

Developing a single national strategy, creating a single high-level coordinating mechanism, and establishing a single system for monitoring and evaluating HIV/AIDS-related activities will help improve the results of current measures that are being taken to combat the epidemic. This unified strategy should include activities that encourage the reduction of discrimination and strengthen human rights principles in the context of the HIV/AIDS epidemic in Russia

APPENDIX: TERMS AND CONCEPTS

HIV: HIV stands for the Human Immunodeficiency Virus. This virus infiltrates and destroys CD-4 cells of the immune system, which provide the body's main defense against various infections, and may lead to AIDS. HIV belongs to a family of viruses known as retroviruses; unlike most other virus families, the genetic material of HIV and its related viruses is RNA, not DNA. HIV infuses its RNA into the DNA of the host's cells, thus preventing them from functioning normally and creating conditions for the further generation of destructive viral bodies.

AIDS: AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is a clinical condition characterized by dangerously low levels of disease-fighting cells in a body's immune system and/or diseases that cannot be controlled by a weakened immune system, such as damage to various organs, significant weight loss, tuberculosis, pneumonia and others.

The Difference between HIV and AIDS: HIV is a virus that attacks and suppresses the immune system, whereas AIDS is a condition caused by one or more diseases resulting from weakened immune-system function. Simply put, HIV causes AIDS.

Routes of HIV Transmission: HIV transmission can only occur when an infected bodily fluid is introduced into the bloodstream of an uninfected person, either directly or via mucous membranes (especially in the genital area). Research indicates that there are only four bodily fluids where the virus concentration is sufficient for transmission to another person: blood, sperm, vaginal secretion and breast milk. The two most common ways that HIV is transmitted are during sexual contact without a condom, especially if mucous membranes have been damaged, or through the use of non-sterile injection equipment. The virus can also be transmitted from mother to child during pregnancy or birth.

HIV Testing: An HIV test – which consists of drawing blood and checking for the presence of HIV antibodies – is the only way to know for certain whether a person has contracted HIV. According to international standards and Russian legislation, testing must be voluntary and confidential and may be conducted anonymously. Testing should be accompanied by pre- and post-test counseling. Knowing the test results provides an individual with the opportunity to take appropriate steps to stay healthy, including accessing treatment options. Aggregated data on test results are used within the public health system in order to develop and implement effective prevention and care programs.

People living with HIV (PLWH): This is the preferred term to use when referring to any person or group of people who are HIV positive. The term PLWH reflects the fact that HIV-positive individuals may be healthy for many years and continue to live productive lives. “AIDS patient” should only be used in a medical context – most of the time, a person with HIV is not in the role of patient.

People affected by HIV/AIDS: This is an umbrella term including persons living with HIV and their families, friends, and advocates, as well as any other person whose life is influenced directly by HIV and its physical, psychological and sociological ramifications.

Discrimination: Discrimination refers to a series of actions or policies directed toward a person or group of people based on stigmatized characteristics. These actions or policies often lead to various forms of infringement of rights and opportunities. Examples of common forms of discrimination against people living with HIV are unlawful dismissal from work, refusal to hire or enroll in an educational institution, or refusal to provide medical services. Unlike stigmatization, which is about attitudes toward an individual or group, discrimination suggests not only prejudiced attitudes towards a particular person, but also actions based on those attitudes.

Vulnerable Groups and High-risk Groups: Both terms refer to specific populations at higher-than-average risk of acquiring HIV due to social, economic, or behavioral factors. The term “vulnerable groups” is now more commonly used. Certain groups are especially vulnerable to HIV for various reasons. First, these groups possess less control over situations that can lead to HIV transmission.

Second, these groups' access to prevention and treatment of HIV may be hampered, for example by lack of targeted prevention programs for injection drug users in a particular place, or difficulty with access to ARV treatment. Vulnerable groups include, among others, refugees, poor people, men who have sex with men, injection drug users, sex workers.

Antiretroviral (ARV) drugs/treatment: Antiretroviral (ARV) drugs are medicines used to inhibit the replication of retroviruses such as HIV. Effective ARV therapy requires the simultaneous use of no less than three different ARV drugs, a strategy known as combination therapy, because different ARV drugs influence different stages of virus replication. Although it is not possible to cure HIV using the ARV drugs available today, it is possible to prevent or delay the development of severe symptoms of HIV infection, such as AIDS. This means that many PLWH can retain the ability to work and care for their families. Using ARV therapy during pregnancy and birth can help sharply reduce the possibility of mother-to-child HIV transmission, allowing for 99% of births to be healthy.

Opportunistic Infections: Infections that afflict people with weakened immune systems that result from HIV or another cause are considered “opportunistic.” Organisms responsible for opportunistic infections are often present in healthy people, but in such cases they are controlled by a healthy immune system. Opportunistic infections common in persons diagnosed with AIDS include pneumonia, severe forms of tuberculosis or fungal infections, and several other diseases.

Harm Reduction Programs: In terms of HIV/AIDS, harm reduction generally refers to policies or programs that seek to decrease the adverse health, social, and economic consequences – including contracting HIV – of drug use or sex work without requiring abstinence from the potentially risky behavior. Harm reduction programs generally provide some or all of the following: needle or syringe exchange, substitution therapy (i.e., methadone maintenance), information and education, legal assistance, and appropriate referral services for medical care and social assistance.

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Transatlantic Partners Against AIDS (TPAA) is an independent, non-governmental organization that leverages the political, civic, scientific, and economic resources of North American, European, and Eurasian partners to combat the rapid and devastating spread of HIV/AIDS in Russia, Ukraine and neighboring countries.