

Policy Brief # 1.1

March, 2004



Why is HIV/AIDS a Public Policy Priority for Russia?



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Foreword

Since the moment HIV/AIDS appeared in 1981, this problem has always been on the global agenda: within 20 years the epidemic has taken tens of millions of lives. By early 2004, there were over 264,000 people living with HIV/AIDS registered officially in the Russian Federation. According to expert estimates, the real number of HIV-positive Russians could be much higher — possibly over 1 million people.

The spread of HIV/AIDS exceeds the scope of a purely medical problem. This is an issue of strategic, economic and social security that impacts the whole society.

To tackle the epidemic, it is necessary to join our efforts and multiply them by best international experience. Participation of political leaders in this process is necessary. I am certain that Russian politicians, readers of the policy brief by Transatlantic Partners Against AIDS, will actively participate in this fight.



A. Zhukov,
Deputy Prime Minister
Government of the Russian Federation

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This Policy Brief was produced by Transatlantic Partners Against AIDS (TPAA). The publication was made possible through support provided by the U.S. Agency for International Development, under the terms of Award No. 118-A-00-03-00128, subgrant No. FY04-TPAA (01).

The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of TPAA, its Board of Directors, staff or donors.

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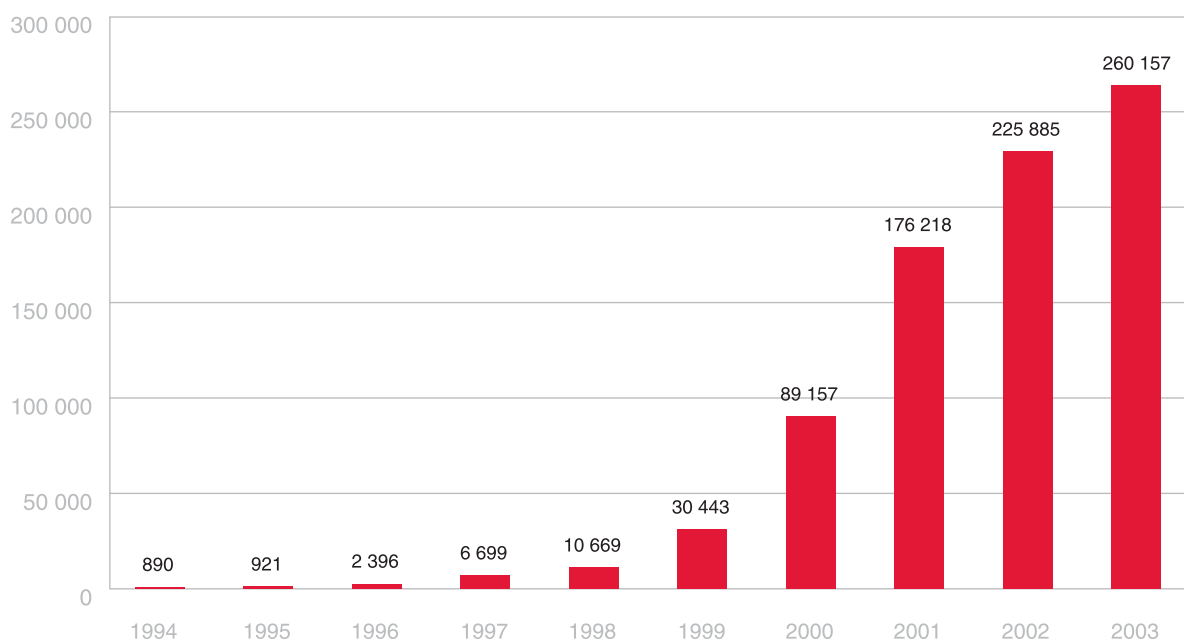
Why is HIV/AIDS a Public Policy Priority for Russia?

J. Tedstrom, M. Narkevich

I. State of the Problem

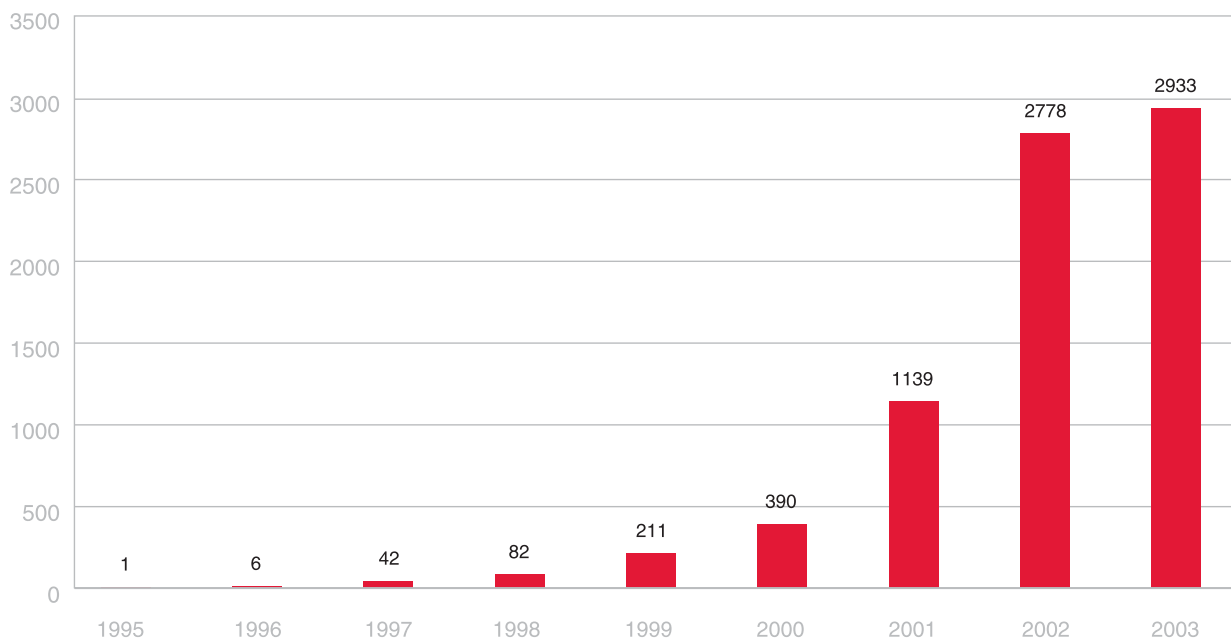


According to official Russian Ministry of Health statistics as of March 2004, there are **274,197** people living with HIV/AIDS registered in the Russian Federation¹. At the same time, leading experts estimate that 600,000 — 1.5 million Russians, representing from 0.4 to 1% of the total Russian population² may be currently infected by the human immunodeficiency virus (HIV), which causes the incurable disease called "AIDS".



Graph 1
Total number of HIV cases: 1994–2003
(according to the Russian Ministry of Health)

Ninety nine per cent of all registered HIV/AIDS cases were identified in the last **five years, from 1999 to 2003 inclusive**³. Almost all people living with HIV/AIDS are of the most economically and reproductively active age — between 15 and 49 years old. **More than 70% of all people living with HIV/AIDS are young men aged 15–39**³. Since 1996, injecting drug use has been the most common mode of HIV transmission in Russia. During the past several years, however, the proportion of infections acquired through unprotected sex between men and women (heterosexual transmission) has doubled annually, and the proportion of infections contracted through mother to child transmission during pregnancy and childbirth has risen even more rapidly⁴. **These latest statistics and trends indicate that the epidemic is shifting away from high-risk groups into the general population.**



Graph 2

New cases of HIV among children infected by their mothers: 1995–2003
(according to the Russian Ministry of Health)

HIV/AIDS cases have been registered in all regions of the Russian Federation⁵. Ten geographic regions, which include the country's largest economic centers, account for about 70% of all registered cases: (1) **Moscow City and Moscow Oblast**, (2) **Saint-Petersburg and Leningrad Oblast**, (3) **Sverdlovsk Oblast**, (4) **Samara Oblast**, (5) **Irkutsk Oblast**⁶, (6) **Tyumen Oblast**⁷, (7) **Chelyabinsk Oblast**, (8) **Orenburg Oblast**, (9) **Saratov Oblast**, and (10) **Kemerovo Oblast**. A generalized epidemic would negatively impact the economic stability and corporate competitiveness of firms in the listed regions.

Over 37,000 people living with HIV/AIDS in Russia are incarcerated¹.

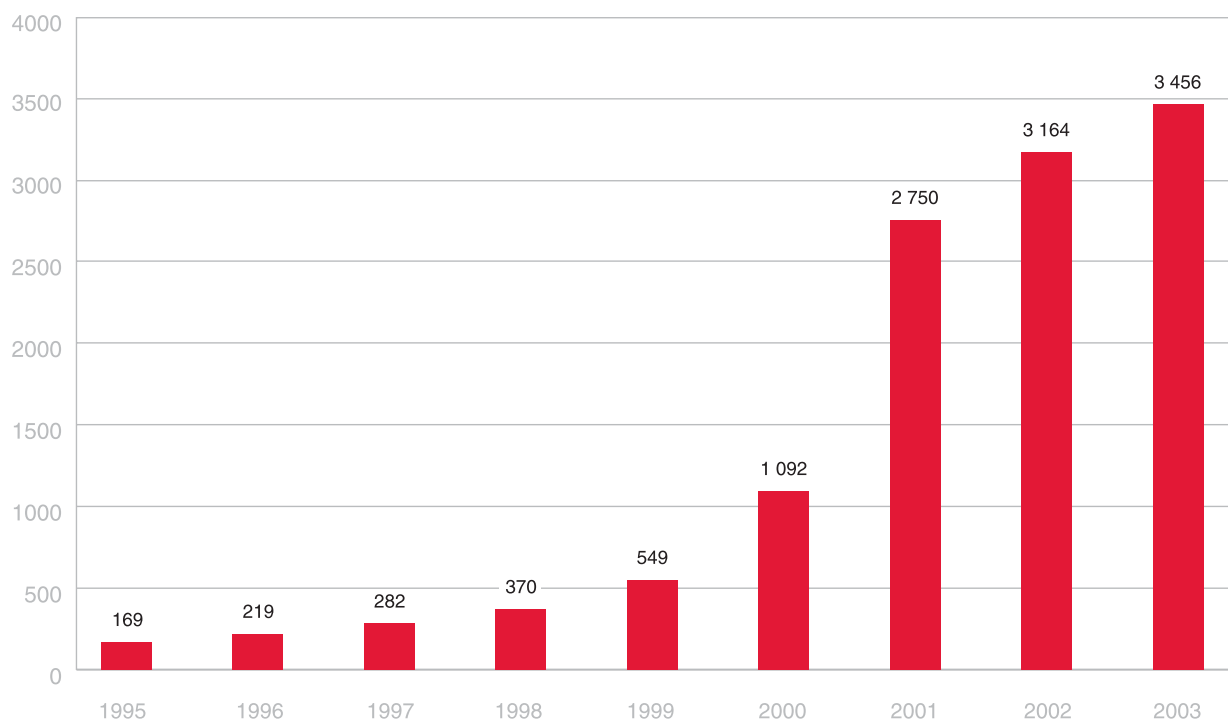
Estimates of the future development of Russia's HIV epidemic are difficult to predict because actions taken today can have a profound impact on the growth of the epidemic over the next several decades. Most Russian and international experts agree that curbing the epidemic will require an urgent response from all the stakeholders (including people living with AIDS). Unless decisive measures are taken to arrest the epidemic, experts predict that Russia's adult HIV prevalence could reach **several million people by 2010**⁸.

The combined federal and regional budget for HIV/AIDS in 2004 is roughly **\$19 million**. By 2006, and presuming severe reduction in prices for ARVs, the cost of treatment alone is estimated to total **\$280 million**.

II. Expected Consequences



In most cases, HIV-infected individuals are afflicted by few debilitating symptoms for 4–6 years after infection. In the absence of special antiretroviral drugs (ARV) that suppress HIV reproduction and reduce the concentration of HIV in the body, however, the infection can progress to a lethal form of AIDS, which usually takes another 4–6 years.



Graph 3
Total number of deaths of people with HIV/AIDS: 1995–2003
(according to the Russian Ministry of Health)

Given the late arrival of HIV to Russia and the CIS, the full impact of HIV/AIDS has not yet materialized because most HIV-infected Russians are still not afflicted by serious symptoms that restrict their ability to work and lead productive lives. Many HIV-infected Russians do not yet know their status, and barring any serious symptoms, do not take measures to seek medical care or counseling.

Experience around the world has demonstrated that the cost of inaction is far greater than strategic investments in HIV prevention and treatment. Indeed, actions taken today will determine the extent to which HIV impacts Russia's economy, national security, and social development. If Russia fails to cope with its HIV/AIDS problem effectively, experts predict the following potential consequences for the country:

- HIV/AIDS primarily affects Russia's working-age population, reducing labor productivity and corporate competitiveness and hindering progress toward the Russian Government's goal of **doubling GDP** by the end of the decade.

- HIV/AIDS worsens the **poverty** problem. While incomes of people living with HIV/AIDS and their families decrease as a result of reduced productivity and/or death of a principal wage-earner, expenses grow due to high-priced HIV/AIDS treatment and care.
- Since HIV/AIDS primarily affects young males, a shrinking cohort of young healthy men to serve in the Russian military could conceivably weaken the country's ability to assault the kinds of threats that the Russian National Security Doctrine warns are dangers to **stability and security**.
- Premature deaths among adults and infants with HIV/AIDS can contribute to a lower birthrate and reduced life expectancy, thereby deepening Russia's growing **demographic crisis**.
- HIV/AIDS reduces the proportion of employable people, thus increasing the **pension burden** on Russia's working population.
- HIV/AIDS greatly increases **public health expenses** due to the high costs of HIV/AIDS treatment and care. Such resources could, in the absence of a growing epidemic that requires massive funds for immediate consumption, be invested in **fueling economic growth and advancing socio-economic development**.
- HIV/AIDS is connected with a **rise in the rate of other diseases**, including tuberculosis.
- Given limited resources, a rise in HIV/AIDS expenses **reduces the country's potential** to combat other diseases, including cardiovascular diseases and cancer.
- HIV/AIDS **increases the burden of social security for children who became orphans** as a result of the death of an HIV-infected parent or as a result of infant abandonment by HIV-infected mothers.
- HIV/AIDS may cause an **aggravation of social tensions** as a result of stigmatization and discrimination of people living with HIV/AIDS and members of high-risk groups, including illegal migrants, commercial sex workers, men who have sex with men, drug users and children born to HIV-infected mothers.

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

III. Action Against HIV/AIDS in the Russian Federation



In 2001, Russia signed the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment to HIV/AIDS, which calls on signatories to "ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS". Additionally, in 2002, Russia, together with other CIS countries, signed a declaration on the importance of coping with the AIDS problem.

Russia's federal targeted Program for prevention and control of social diseases (2002–2006) includes an HIV/AIDS sub-program with four components: **(1)** HIV/AIDS prevention, diagnostics, treatment; **(2)** research; **(3)** infrastructure improvements; **(4)** education and training for personnel. The vast majority of program resources (93%) are allocated to the first component; the latter receive 1.6%, 5.2% and 0.12% of the federal HIV/AIDS program budget, respectively. According to the 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 its economic condition, HIV/AIDS prevalence rate, and level of HIV-related investments by non-government sources (e.g. foreign grants). On average, regions allocate between **10–15 million rubles (\$350,000–\$550,000)** annually. The Moscow and Saint Petersburg programs, as well as those of the Tatarstan Republic and the Krasnoyarsk kray, 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 — will spend nearly **\$800 million** of its own government resources to fight HIV/AIDS and provide care for those already infected. The wide gap in comparable Russian and Brazilian spending is not a matter of resource ability as much as one of priorities.

Some 100 non-governmental organizations currently operate in Russia implementing projects on prevention of HIV/AIDS among youth and high-risk groups, providing support to people living with HIV/AIDS, and reducing stigma and discrimination. Most of these organizations receive funding from bilateral and multinational donors, including governments in North America and Western Europe and several United Nations agencies. In 2004, the total contribution from these sources to HIV/AIDS prevention in Russia will account for more than **\$13 million**, more than three times the total federal budget for prevention and treatment of the country's HIV epidemic.

During the course of the past year, several important developments reveal that the Russian government and NGO community are more effectively mobilizing and coordinating their efforts to combat HIV. Several deserve mention here:

1. In April 2003, the Interagency Advisory Council on HIV/AIDS was established by the Russian Federal Ministry of Health with representation from a wide array of government agencies and non-governmental organizations (NGOs), including people living with AIDS. The purpose of the council is to facilitate cooperation between government, civil society, and international organizations active in the HIV/AIDS field, and to develop programs and techniques to control the epidemic in Russia. More recently, in accordance with international best practices, Russia established an official Country Coordinating Mechanism (CCM) on HIV/AIDS and Tuberculosis, with representatives from the federal Ministry of Health and Social Affairs, the federal Ministry of Justice, NGOs, bilateral and multilateral donor agencies, the Russian Orthodox Church, and people living with AIDS.
2. In 2003, the Russian Federation and the World Bank signed a loan agreement totaling more than \$150 million for HIV/AIDS and tuberculosis, which is intended to support the implementation of Russia's federal specialized program for prevention and control of social diseases (2002–2006). The HIV/AIDS component of the loan, which totals approximately **\$48 million** over five years (2004–2008), will support capacity building, surveillance, program development, and interventions for prevention and care, including ARV treatment for mothers and children with HIV/AIDS. Importantly, 87 of Russia's 89 regions are expected to receive funding in 2004, which should total approximately **\$15 million**.
3. In late 2003, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the largest international organization providing grant support for the global fight against these epidemics, approved an application of a consortium of five leading non-governmental organizations working in the field of HIV/AIDS in Russia. The joint project, which is primarily targeted at HIV prevention, will be implemented in ten Russian regions over five-years, with a total budget of approximately **\$89 million**. An additional **\$10 million** was granted to the local authorities in Tomsk for a comprehensive program to fight HIV/AIDS and tuberculosis.
4. Russia's Country Coordinating Mechanism (CCM), under the leadership of the Russian Ministry of Health and Social Development, also plans to submit a comprehensive proposal to the Global Fund in April 2004. Early drafts of the proposal suggest that it will complement the previous Global Fund award by emphasizing treatment and care for marginalized and low-income people living with AIDS.
5. In early 2004, several deputies in the Russian State Duma — including A. Chilingarov, M. Zadornov, V. Ryzhkov, V. Zubov and others — established the Deputies Working Group on the Prevention and Fight against AIDS. This body mobilizes a high-level coalition of the Russian State Duma deputies to support the development and improvement of HIV/AIDS policy in Russia, expand public-private partnerships in the fight against AIDS, strengthen federal budgetary expenditures for HIV/AIDS prevention and treatment, and promote collaboration between Russia and its international partners.

IV. Strategic Barriers to Fight HIV/AIDS Epidemic



Although Russia has made important progress in the past year to leverage international resources and better coordinate its activities to fight HIV/AIDS, there remain several formidable challenges that deserve priority attention from government officials, business executives, NGO leaders, and international donors:

Strengthening Political Support

In his annual address to the Federal Assembly in May 2003, President Vladimir Putin stated that the problem of HIV/AIDS contributes to Russia's worsening demographic situation. Although Russian leaders across the political and governmental spectrum are beginning to work together to devise and implement a comprehensive HIV/AIDS strategy, there remains important work to be done to build additional political engagement and expand public recognition that HIV/AIDS poses a significant threat to the country's socioeconomic development.

Empowering HIV/AIDS Coordination and Management Mechanisms

The HIV/AIDS Advisory Council and the newly created Country Coordinating Mechanism (CCM) have limited powers and primarily perform recommendatory functions. What remains absent is a top-level HIV/AIDS agency with the political power and government resources to effectively coordinate and manage the country's response to HIV/AIDS epidemic.

Achieving Consensus On a Strategy

As in most countries, there is a lack of consensus in Russia on the most effective strategy to fight the country's HIV/AIDS epidemic. Leading international public health organizations, including UNAIDS and the World Health Organization, international and Russian NGOs, and associations of people living with HIV/AIDS, insist on concentrating efforts and resources on HIV prevention among the highest risk groups (i.e. primarily injecting drug users and commercial sex workers). Their approach includes targeted education programs that reduce the likelihood of people choosing to use drugs for the first time; counseling and substitution therapies that help eliminate or reduce use among current users; and needle exchange programs to limit the virus' spread among people who continue to use drugs.

Some political and public leaders regard members of 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 high-risk groups, while spending available resources on prevention programs for the general population. Critics argue that many of the government's restrictive policies - including the incarceration of drug users without access to treatment and support; compulsory HIV testing on the basis of so-called risk group status; restrictions on employment, marriage or sexual activity based on HIV status; and compulsory notification of partners - violate international human rights protocols and contradict provisions set forth in the 1995 Federal AIDS Law. As a result, coverage of high-risk groups with prevention interventions is insufficient, which enables the spread of the epidemic beyond these groups into the general population.

Improvement of the Legislation Base

The analysis of Russian legal documents concerning HIV/AIDS prevention among high-risk groups (including injecting drug users, sex workers, servicemen, former inmates, illegal migrants and refugees) reveals a number of gaps, ambiguities and contradictions with international agreements and protocols signed by the Russian Government. There are also contradictions between federal and regional legislation. Moreover, drug use and sex work remain highly criminalized in Russia, despite mounting evidence that repressive policies are largely ineffective at controlling the spread of HIV and instead serve to weaken the legal environment required to implement effective HIV prevention programs.

Improvement and Expansion of Program Funding

The state budget provides little funding for programs among high-risk groups, and public awareness campaigns aimed at young people remain limited in scope and poorly funded. Resources allocated within Russia's federal specialized program for HIV/AIDS are only sufficient to provide modern anti-retroviral (ARV) therapy to less than 2000 AIDS patients a year. Given the nature of Russia's epidemic, experts expect that

up to 50,000 HIV-infected people, initially registered in 2000, will require ARV treatment by 2005. Russian health agencies continue to pay some of the highest prices in the world for HIV/AIDS medications: triple-combination therapy ranges **from 180,000 to 460,000 rubles (\$6,000 to \$15,000) per patient**, per year. Even if Russia were able to secure a reduction in the price of medication (as Ukraine has done) to \$2,000 per patient per year, the annual cost of treatment will reach **\$280 million** by 2006 and nearly **\$500 million** by 2009. It is worth noting that these figures only partially reflect ARV expenses; they do not include, for example, the cost of diagnostic equipment, health personnel salaries, training and education, cost of buildings and other related expenses.

V. Recommendations



Political Support

Russia's senior political leaders should recognize the implications of the HIV/AIDS epidemic on other pressing policy priorities, such as GDP growth and poverty reduction. Curbing the epidemic requires urgent measures to review the current HIV/AIDS policy and intensify activities aimed at slowing the epidemic's growth.

National Coordination Mechanism

Increased action and commitment from all federal Ministries, regional governments, and the Presidential Administration is required in order to build a comprehensive and multisectoral response to the epidemic.

To increase effectiveness of the interagency cooperative efforts on strengthening the national HIV/AIDS strategy, the political and administrative powers vested in the HIV/AIDS Advisory Council of the Russian Ministry of Health should be raised. The current situation requires establishing National HIV/AIDS Council under the Presidential Administration that would be able to factor in interests of all stakeholders, including people living with HIV/AIDS.

Consensus on a Strategy

The HIV/AIDS strategy should be revised so that priority is given to programs targeted at high-risk groups as well as large-scale information campaigns for young people. Government officials and experts should consider more pragmatic approaches, lay aside their prejudices against harm reduction interventions⁹, consider best international and national experiences and practices and reach consensus on the utility of such programs in the Russian context. Modern ARV therapy and care for people living with HIV/AIDS should become an integral part of the country's overall HIV/AIDS strategy.

Legislative Base

There is a need to review all legal documents concerning HIV/AIDS among high-risk groups in order to identify and eliminate obscurities and gaps. There is also a pressing need to develop and enact official documents that would clearly acknowledge the legal status of harm reduction programs. Inconsistencies between federal and local legislation, as well as inconsistencies between Russian legislation and international human rights protocols, including the UNGASS Declaration of Commitment to HIV/AIDS, should also be identified and eliminated.

Financial Support

Allocations for the Russia's federal specialized program on HIV/AIDS should be significantly increased, particularly for prevention interventions targeted at high-risk groups and young people. The program budget should be appropriately increased at the federal level to allow for centralized procurement of ARV drugs at significantly reduced prices. Increased funding should also be allocated for HIV/AIDS research to secure informed and effective political decision-making. Finally, the authorities must ensure that the budget allocated for the country's HIV/AIDS program is provided in full at both federal and regional level by making it a "protected" budgetary line item.

References:

- ¹ HIV/AIDS Situation Assessment in the Russian Federation as of 01.04.2004, Ministry of Health of the Russian Federation, 2004.
- ² UNAIDS, HIV/AIDS Epidemic Update: December 2003 UNAIDS/03.39E
- ³ Calculations of the TPAA Research and Policy Analysis Department based on the data from the Federal Scientific and Methodological Center for HIV/AIDS (Informational bulletin № 22, 23, 24, 25) and data from Russian Ministry of Health, 2004.
- ⁴ The Federal Scientific and Methodological Center for HIV/AIDS (Informational bulletin № 25).
- ⁵ Except for Nenetskiy Autonomous Okrug with a population of about 45,000, which is a part of Arkhangelsk oblast.
- ⁶ Including Ust-Ordynskiy Buryatskiy Autonomous Okrug
- ⁷ Including Hanty-Mansiyskiy and Yamalo-Nenetskiy Autonomous Okrugs
- ⁸ U.S. National Intelligence Council, The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, and China, op. cit.
- ⁹ Harm Reduction Programs do not require immediate refusal from drug use and allow to significantly decrease harmful consequences resulting from drug addiction, primarily, from HIV-infection.

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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.