



Preventing Child Abandonment and Improving the Living Conditions of the Children Born to HIV–Infected Women in Russia

TRANSATLANTIC PARTNERS
AGAINST AIDS



Программа
Помощь детям-сиротам России
Assistance to Russian Orphans
Program



USAID
FROM THE AMERICAN PEOPLE

This information bulletin was prepared and published as part of a larger project entitled, "The Analysis of State Policy: The Prevention of Child Abandonment Resulting from the Spread of HIV-Infection in Russia," conducted by Transatlantic Partners Against AIDS (ТПАА) under the auspices of the program, "Aid to Russian Orphans," with financial support from the U.S. Agency for International Development and in partnership with the International Research and Exchanges Board (IREX). This bulletin is based on a much longer report that was prepared in the course of that Project: *The Children of HIV-Infected Mothers and Child Abandonment: Analysis of the Situation in Russia (Moscow: 2004)*. The latter report was endorsed and recommended for publication by a Roundtable, which included representatives from the Russian State Duma, the Russian Ministry of Education and Science, health care institutions, and a number of non-governmental and international organizations.

The viewpoints expressed in this publication constitute the collective opinion of all those taking part in the Project and do not necessarily represent the views of individual participants or ТПАА, its board of directors, staff, and sponsors.

The project staff is deeply grateful for the assistance and technical support provided by: O.V. Sharapova, L.V. Pospelova, and V.N. Sadovnikova (Ministry of Health and Social Development of the Russian Federation); G.N. Trostanetskaya, A.A. Gerish and M.P. Kotel'nikova (Ministry of Education and Science of the Russian Federation); Ye.Ye. Voronin (Scientific-Practical Center for the Prevention and Treatment of HIV-Infection in Pregnant Women and Children of the Ministry of Health and Social Development of the Russian Federation); A.I. Mazus (Moscow City Center for the Prevention of and Fight Against AIDS); A.Yu. Pronin (Moscow Regional Center for the Prevention of and Fight against AIDS and Infectious Diseases); N.V. Gorshkova (Volgograd Regional Center for the Prevention of and Fight against AIDS and Infectious Diseases); L.V. Sultanov and E.R. Dem'yanenko (Altay Territorial Center for the Prevention of and Fight against AIDS and Infectious Diseases); L.A. Ruzayeva (Krasnoyarsk Territorial Center for the Prevention of and Fight against AIDS and Infectious Diseases); I.Ye. Tadzhiyev (Astrakhan Regional Center for the Prevention of and Fight against AIDS and Infectious Diseases); B.D. Tsvetkov, Yu.N. Rakina, N.I. Ivanova, G.Yu. Peredel'skaya, and O.V. Vaychkus (Irkutsk Regional Center for the Prevention of and Fight Against AIDS and Infectious Diseases); I.I. Ryumina ("Healthy Russia" project); V.Yu. Kreydich (Children's Home No. 7, Moscow); M.I. Narkevich (Advisory Council of the Ministry of Health of the Russian Federation on Problems of HIV-Infection; nongovernmental organization, "Medantispid"); A.G. Rakhmanova (Saint Petersburg city Public Health Committee); Ye.N. Vinogradova and Ye.F. Senchik (St. Petersburg Center for the Prevention of and Fight against AIDS and Infectious Diseases); T. Yepoyan (UNICEF); Ye.V. Sokolova and M.R. Bobkova (Federal Scientific-Methodological Center for the Prevention of and Fight against AIDS); A. Bobrik (Open Health Institute); T. Shumilina (UNAIDS); M.O. Dubrovskaya ("Aid to Russian Orphans" program); G.A. Tyuleneva (Children's Infectious Disease Hospital No. 3, Saint Petersburg); O.A. Kim (Children's Home No. 10, Saint Petersburg); V. Musatov (Botkin Infectious Disease Hospital No. 30, Saint Petersburg); A. Tsekanovich and A. Panov (Foundation, "Humanitarian Action"); Ye. Kuzmina (nonprofit organization, "Innovation Center"); O. Sedurina (television company, "Automobile-Radio TV"); N. Panchenko (nonprofit organization "Doverie"); J. Dickson and D. Postnov (AIDS Foundation East-West); S. Hillis (CDC); and T. Monk (Holt International).

Preventing Child Abandonment and Improving the Living Conditions of the Children Born to HIV-Infected Women in Russia

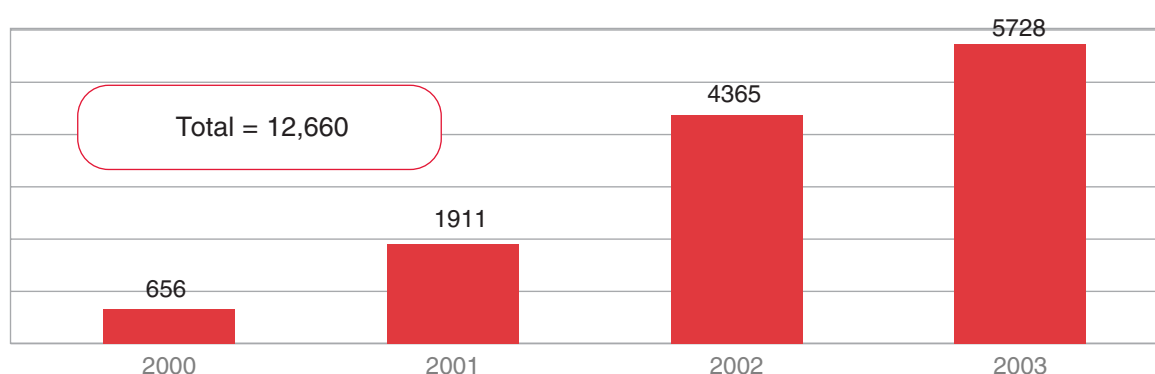
I. The Problem



1.1 The Number of Children Perinatally Exposed to HIV-Infection¹

By the end of 2003, HIV-infected women in Russia had given birth to more than 13,000 children; over 90% were born in just the last four years (Fig. 1). By the end of 2004, the total may have reached 20,000. For at least the next several years, the number of children perinatally exposed to HIV-infection is expected to grow.

Fig. 1. The number of children perinatally exposed to HIV, 2000–2003



Source: calculated on the basis of data provided by the Ministry of Health and Social Development, RF

1.2 The Number of Abandoned Children

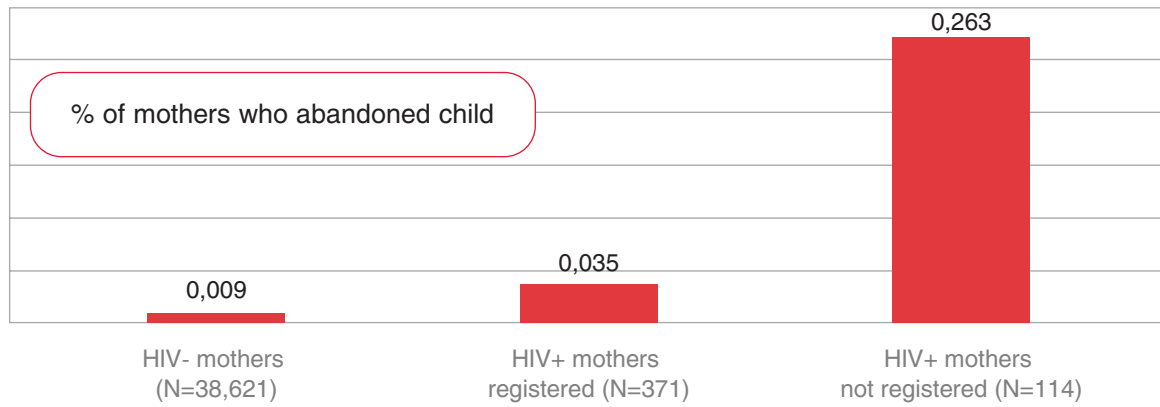
As many as 10% of the children perinatally exposed to HIV-infection through the end of 2003, (i.e. roughly 1,300–1,400) have been abandoned. In the majority of cases, the children were given up by their mothers at the maternity hospital. In other cases, the children were abandoned after their discharge from the hospital or as a result of the incarceration of their parent(s) or a legal decision depriving the parents of their parental rights.

1.3 Factors Associated With Child Abandonment

Women who do not receive medical care during their pregnancy (those who do not register for prenatal care and/or those who do not receive chemoprophylaxis to prevent the transmission of HIV from mother-to-child) constitute the majority of women who abandon their children at or shortly after birth. Thus, nearly a fourth of the HIV-infected women who gave birth in St. Petersburg in 2002 never registered for prenatal care; these women were 7.5 times more likely to abandon their children than women who did register (Fig. 2) and accounted for 70% of all children of HIV-infected mothers who were abandoned in the city that year. In a sample of HIV-infected mothers from the Altay and the Irkutsk regions, women who received chemoprophylaxis were 8 times less likely to abandon their children than women who did not receive prophylaxis (Fig. 3).

¹ Children perinatally exposed to HIV-infection = children born to HIV-infected women.

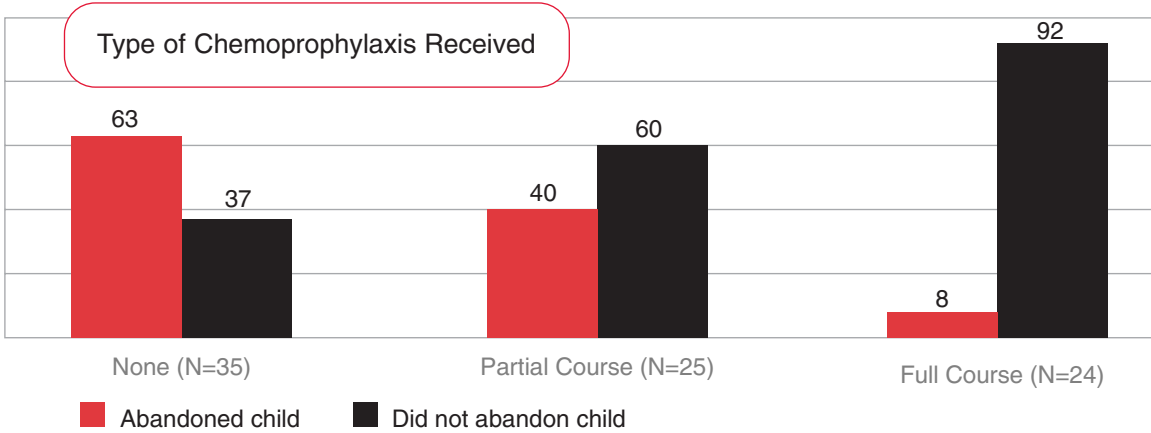
Fig. 2. The Link Between Registration for Prenatal Care and Child Abandonment. St. Petersburg, 2002



Source: The Lancet (London), 13 December 2003

Unfortunately, there are no comprehensive empirical data at the country-level that help to explain why so many HIV-infected women fail to receive the care they need. Preliminary research results, based on a sample of women from the Irkutsk region (N=60), find few strong links between the receipt of chemoprophylaxis or child abandonment, on the one hand, and various social factors, on the other (e.g. mother's age, marital and employment status, past drug use). One can only speculate—as we heard frequently in our interviews—that the prejudice shown by many healthcare workers towards HIV-infected women, in addition to (for some women) the lack of a local residency permit and/or health insurance, may deter some women from seeking prenatal care from the local women's clinics.

Fig. 3. The Link Between the Receipt of Chemoprophylaxis to Prevent Mother-to-Child Transmission of HIV-Infection and Child Abandonment: sample data from Altay territory and Irkutsk region, 1999–2004²



Source: Based on data provided by Altay territorial and Irkutsk regional centers for prevention and fight against AIDS and infectious diseases

The risk of abandonment can persist even after the mother and her child have been discharged from the maternity hospital. Many families lack a steady source of income, the support of close friends or relatives, and/or access to government assistance. Some parents continue to use drugs, due to a lack of high-quality treatment opportunities for drug dependency. Many mothers are young and unmarried. After trying unsuccessfully to cope with child rearing, some women, many of whom are young and single, decide to give up their child to the state.

² «Partial chemoprophylaxis» means a) the provision of prophylaxis to the woman at delivery and/or to the newborn infant, or b) the provision of prophylaxis to the woman during her pregnancy that was interrupted for one reason or another. «Three-stage prophylaxis» is the full prophylaxis regime, including chemoprophylaxis provided to the mother during pregnancy and at delivery, as well as prophylaxis provided to the new-born infant.

1.4 The Placement of Abandoned Children

There are no statistical data available for the country as a whole regarding the placement of children abandoned by their HIV-infected mothers. However, in 10 regions, as of mid-2003 which together accounted for perhaps 50–60% of all children born to HIV-infected mothers in Russia at the time, roughly 30% of the children abandoned by HIV-infected women lived in hospitals, 54% in state orphanages, and only 17% in various «substitute families» (Fig. 4).

Fig. 4. Placement of Abandoned Children Perinatally Exposed to HIV-Infection, 10 Regions, RF, 2003



Source: Voronin, Ye.Ye., Terent'yeva, Zh.V., Afonina L.Yu, *Deti, zhenshchiny i VICH-infektsiya v Rossiyskoy Federatsii*. M., 2004.

Unnecessary hospitalizations

The majority of abandoned children born to HIV-infected women spend the first several months of their lives (or even years in some cases) in hospitals, albeit for no evident medical reason. Prolonged hospital stays often lead to physical, intellectual and emotional stunting which in the case of some children is irreversible. The main reason for the prolonged, unnecessary hospitalizations of children perinatally exposed to HIV is the unjustified fear that they may turn out to be HIV-infected and thus infect others. In fact, the likelihood of a child infecting someone else through everyday contact is virtually zero. And **more than 80% of the children born to HIV-infected women are (or will turn out to be) uninfected**. The problem in this instance is that a child in the Russian Federation who has been perinatally exposed to HIV typically is not officially diagnosed with HIV until he or she is 18 months of age or older. In contrast, in many other countries, infants often are diagnosed by the age of 4 months.³

Children's residential facilities

As shown by the statistical data presented above, most abandoned children are placed in government residential facilities. Since regular state orphanages (*doma rebenka*) do not, as a rule, accept children perinatally exposed to HIV who have not been officially diagnosed, these children are typically placed in specialized orphanages or, occasionally, in specialized groups within regular orphanages. At the age of 3–4, children who have been diagnosed as uninfected are transferred to government adolescent homes (*detskiye doma*). However, these institutions do not presently accept children who have been diagnosed as HIV-infected.

³ In order to diagnose HIV-infection in the Russian Federation, a test is used that detects antibodies to HIV. Since maternal antibodies to HIV may persist in the blood of a child born to an HIV-infected woman for up to 12 months (or later in a few cases), a test that detects antibodies to HIV obviously cannot be used to determine that child's HIV-status for at least the first year of the child's life. In many countries (e.g. the United States), tests that detect the actual virus, rather than antibodies to the virus, are used to diagnose HIV-infection in infants.

Even though the family is regarded as the most effective and preferred means of child rearing, very few of the abandoned children perinatally exposed to HIV have been placed with families.⁴ This is due to a combination of the long period of time most of these children remain undiagnosed and the effects of their prolonged hospital stays, which decrease the children's appeal in the eyes of potential adoptive parents and guardians. In addition, the prejudice with which most of the public views persons living with HIV/AIDS, including children, as well as the public's fear of contact with these children (typically based on lack of information and knowledge about the ways by which HIV can be transmitted), only contributes to the situation.

Children's residential facilities (orphanages and baby homes) place an enormous budgetary burden upon the regional health and education authorities. A recent study in the Kaluga region noted the average monthly cost was 8,400 rubles per institutionalized child per month. Alternatively, substitute family placements average 5,440 rubles per child per month.⁵ By placing children abandoned by HIV+ mothers in substitute families, the Russian government would not only be placing the child in a more appropriate developmental environment, but economizing up to 3,000 per child per month as well. With proper out-patient medical attention, substitute families for children abandoned by HIV+ mothers has become standard practice for HIV-affected children around the world. In view of the rapid growth in number of HIV positive abandoned children, there is a critical need to explore substitute family placements as an alternative to institutionalization.

1.5 Conclusion

The high rate of abandonment of children perinatally exposed to HIV, the unresolved issues of where to place abandoned children, the extremely low rate at which these children are placed with families, and the difficult living conditions of the children of HIV-infected women who remain in their birth families—all are issues that require the urgent attention of the government. Practical steps are needed to strengthen the capacity of public policy both to prevent the abandonment of children perinatally exposed to HIV and to improve their quality of life.

II. Proposals for the More Effective Prevention of Child Abandonment and for Improving the Living



2.1 Preventing abandonment at birth

Preventative measures aimed at lessening the rate of abandonment of children perinatally exposed to HIV should include the following:

1. Expand coverage of prenatal care, chemoprophylaxis, and socio-psychological support services among HIV-infected women who become pregnant.

The following measures can help to achieve this goal:

- increase collaboration between healthcare providers and specialists, and public organizations;

⁴ In the Russian Federation, 73% of orphans and abandoned children live in «substitute families» of one type or another: i.e. adoptive, guardian, and foster families (State Report on the Status of Children in the Russian Federation. Ministry of Labor and Social Development, RF. Moscow: 2003). As shown in Fig. 4 above, only 17% of the abandoned children perinatally exposed to HIV in 10 regions of the Russian Federation were living in substitute families as of mid-2003.

⁵ Belkina, A. «Information on the Development of Substitute Families in the Kaluga Region.» Ministry of Health and Social Development of the Kaluga Region, 2005

- create a competitive government grants program that would provide financial support to organizations working to identify and to educate women who do not presently seek or receive medical care;
- improve access to prenatal care and socio-psychological support services for women who lack a local residency permit or who are not covered by health insurance. Related expenditures should be considered a public necessity, and a mechanism should be created whereby the costs of providing care to this category of patients are financed by the appropriate state budget.

2. Promote the increased use of contraceptives.

In order to lower the rate of child abandonment among women who do not want children, it is important to promote the increased use of contraceptives, as well as consider allocating public funds to cover the costs of contraceptives for low-income women.

2.2 Preventing abandonment after discharge from the maternity hospital

The following steps will help to prevent the abandonment of children after their discharge from the hospital:

1. Provide integrated medical, social and psychological support to poor families and families in crisis.

Support services should be provided by both public and private organizations and financed on the basis of competitive proposals for public funding.

2. Expand opportunities for alcohol and drug addiction treatment.

3. Conduct more research in order to clarify the various positive and negative consequences of «substitution therapy,» in which medications are used to lessen a person's desire for a drug that arises from his/her dependency on that drug. There also should be a broad, public discussion of the results of this research.

2.3 Diagnosing children perinatally exposed to HIV

In order to significantly improve the living conditions of children born to HIV-infected women, it is urgent that steps be taken to ensure the earliest possible diagnosis of these children. To that end, the Ministry of Health and Social Development of the Russian Federation should consider developing new guidelines for diagnosing HIV-infection in the children of HIV-infected mothers that:

- differentiate between the confirmation (positive diagnosis) and exclusion (negative diagnosis) of infection; and
- recognize officially the validity of virologic testing and (on this basis) the possibility of establishing a child's HIV-status at an age younger than 18 months.

2.4 Strengthen the preference given to family placements

Orphans and abandoned children should, to the maximum extent possible, be placed in families. The following steps could help to achieve this goal:

1. Provide social support to adoptive families.

2. Increase public financial support to families serving as guardians.

3. Increase support for foster care.⁶

In view of the poor understanding of HIV/AIDS in Russian society and, as a result, the public's prejudice against persons living with HIV/AIDS (including children), it is difficult to believe that many HIV-infected children are likely to be adopted or taken in by guardians in the near future. Thus, at least in the short term, the development of foster care offers the greatest hope for providing HIV-infected children with the chance of a family placement.

To ensure the continued, robust development of foster care, these issues must be addressed:

- conduct educational work among broad sections of the public, with the aim of explaining the importance of a family-style upbringing, in order to enable abandoned children to grow up as productive, responsible members of society.

⁶ Foster care is a form of family-style upbringing for orphans and abandoned children that presumes full coverage of the financial cost of raising these children from public funds, including psychological-educational support by the public education system and a wage for the «professional parents.»

- increase the meager compensation that the government currently provides to persons who agree to serve as foster parents.

4. *Expand provision of medical psychological and pedagogical services to families raising orphaned and abandoned children.*

5. *Review existing legal restrictions that prevent persons living with HIV from becoming adoptive parents and guardians.*

This measure could provide yet another practical opportunity for HIV-infected children to be placed with a family.

6. *Establish «temporary guardianships» for close relatives of children whose parents formally retain their parental rights but no longer want, or are able, to care for them.*

Often, the relatives who actually care for a child (usually the grandparents) cannot receive the public child assistance that is normally given to the child's parent(s). The redistribution of public assistance [i.e. to the actual care-givers] could permit many children to remain in families.

7. *Involve nongovernmental organizations in the psychological, pedagogical and legal training of prospective guardians and adoptive parents.*

2.5 Placements in state institutions

1. *Place abandoned children in regular institutions.*

As noted previously, most of the abandoned children born to HIV-infected women, who are younger than 3-4, currently are placed in specialized children's homes, not regular state orphanages. Children who are older than 3 are currently not transferred to adolescent homes (as happens typically in the case of uninfected children), because at local and regional levels, where this issue is decided operationally, the prevailing view is that children who are or may be HIV-infected should not be placed in regular public facilities. The practical effect of this prohibition is to further the stigmatization and isolation of these children. Steps designed to overcome this stereotype should include the following:

- recommendations by the Ministries of Health and Social Development and Education and Science on the placement of orphans and abandoned children to regular children residence institutions; and
- the development and delivery of training programs about HIV/AIDS to all staff working in public facilities serving children.

2. *Full cessation of medically unnecessary hospitalizations of HIV-exposed children*

Attainment of this goal will be made possible by fulfillment of the following:

- the early diagnosis of children perinatally exposed to HIV-infection; and
- the placement of abandoned children in residential facilities without regard for their HIV status.

2.6 Education and training of healthcare workers

It is necessary to emphasize again the important role of unprejudiced attitude to people with HIV by professionals working in medical and residential institutions serving children in the provision of high-quality services both to abandoned children and to the families affected by the HIV/AIDS epidemic. Stigma (negative attitude of professionals to people with HIV) has a significant effect on the willingness of women to seek care, as well as on the quality of life of abandoned children, insofar as stigmatization of people living with HIV is the reason why so many children spend unnecessarily long periods of time in the hospital. And, these attitudes worsen the circumstances of those children being raised in their birth families.

The following steps are needed, if the attitudes of healthcare and education workers are to be changed for the better:

- develop and implement training programs on HIV/AIDS for healthcare and pedagogical staff;
- ensure that all medical facilities are supplied with the equipment needed to protect staff from the risk of occupational exposure to HIV: protective clothing, disposable instruments, and post-exposure prophylactic drugs; and
- devote greater attention to research (and to dissemination of the results) into the empirical risks of occupational exposure to HIV-infection that are associated with the provision of medical services to persons living with HIV, such as will allow healthcare workers to judge more accurately the actual risks they face on the job.



The issue of how better to prevent the abandonment of children perinatally exposed to HIV-infection was discussed on 27 September 2003 at a Roundtable⁷ Meeting in Moscow, organized for the purpose of reviewing a detailed Report, *Children born to HIV-infected women and child abandonment: analysis of the situation in Russia*⁸. At this meeting, several proposals and recommendations were formulated for improving public policy with respect to preventing the abandonment of children who have been perinatally exposed to HIV-infection. The reader's attention is directed to the proposals and recommendations of the Roundtable that were included in the official protocol, as presented below.⁹

1. Improving Public Policy

1.1 Acknowledge the need to ensure inter-agency coordination and the involvement of legislative organs in addressing issues regarding the abandonment of children born to HIV-women and its prevention.

1.2 Acknowledge the need to strengthen conditions for ensuring full coverage of prenatal care for all pregnant women.

1.3 Acknowledge the need to ensure full coverage of chemoprophylaxis to prevent the transmission of HIV from mother-to-child for all HIV-infected women.

1.4 Acknowledge the need to strengthen coordination between the state and the not-for-profit sector, specifi-

⁷ The following persons took part in the work of the Roundtable: **Dolgopolova, T.V.**, advisor to the State Duma Committee on healthcare; **Senatorova, T.A.**, aide to State Duma Deputy **Safaraliyev, G.K.**, 1st deputy chairperson of the State Duma Committee on issues of local self-government; **Dolgoplov, V.V.**, aide to State Duma Deputy **Luntsevich, V.V.**, member of the State Duma Committee on natural resources and use of the environment; **Rudnik, M.P.**, aide to State Duma Deputy **Dubrov, S.I.**, member of the State Duma Committee on Energy, Transportation, and Communications; **Mussalitin, G.M.**, aide to State Duma Deputy **Romanov, V.S.**, deputy chairperson of the State Duma Committee on economic policy, entrepreneurship, and tourism; **Trostanetskaya, G.N.**, Deputy Director, department of state policy on youth, upbringing, and the social protection of children, Ministry of Education and Science, RF; **Milashin, A.V.**, consultant to the staff of the Ombudsman for Children's Rights, city of Moscow; **Mazus, A.I.**, Director, Moscow City Center for the Prevention of and Fight Against AIDS; **Pronin, A.Yu.**, Director, Moscow Regional Center for the Prevention of and Fight Against AIDS and Infectious Diseases; **Dem'yanenko, E.R.**, Deputy Chief Physician and Manager, international projects, Altay Territorial Center for the Prevention of and Fight Against AIDS and Infectious Diseases; **Ruzayeva, L.A.**, Director, Krasnoyarsk Territorial Center for the Prevention of and Fight Against AIDS and Infectious Diseases; **Tyuleneva, G.A.**, Chief Physician, Children's Infectious Diseases Hospital No. 3, Saint Petersburg; **Gurvich, Ye.B.**, Senior advisor, US Agency for International Development; **Voziyanova, N.**, Senior advisor on issues of HIV prevention, US Agency for International Development; **Biryukova, V.**, project management assistant, US Agency for International Development; **Yepoyan, T.**, Project Coordinator, HIV/AIDS, UNICEF Russia; **Bidordinova, A.**, Coordinator, work with civil society, UNAIDS; **Dubrovskaya, M.O.**, Co-Director, «Aid to Russian Orphans» Program, International Research and Exchanges Council (IREX); **Bayanov, A.**, Senior coordinator, program on HIV/AIDS, IREX; **Hillis, S.**, epidemiologist, Centers for Disease Control and Prevention (CDC); **Ryumina, I.I.**, medical advisor, «Healthy Russia» Foundation; **Peton, Walsh E.**, Director, department of public communications, AIDS Foundation East-West (AFEW); **Zhukov, I.**, head trainer for the project, «Care and Support of Women Living with HIV/AIDS,» AFEW; **Piskarev, I.G.**, Executive Director, charitable foundation, Humanitarian Action, St. Petersburg; **Kubatayev, A.**, Regional director, American International Healthcare Alliance (AIHA); **Kuz'mina, Ye.**, Coordinator, program on preventing vertical transmission of HIV from mother-to-child, Innovation Center, St. Petersburg; **Chambers, D.**, Director, program on social adaptation of orphan children, charitable foundation for support of women and children, *Women and Children Come First*; **Vladimirova, N.V.**, Deputy director, program on social adaptation of orphan children, *Women and Children Come First*; **Khachatryan, A.**, Director, program of support for public policy initiatives, *Transatlantic Partners Against AIDS* (TPAA); **Vinokur, A.**, senior policy analyst, TPAA; **Intigrinova, T.**, policy analyst, TPAA; **Ivanova, N.**, OPRC coordinator, TPAA; **Pokalova, Ye.**, program assistant, TPAA.

⁸ Intigrinova T., Hauslohner P. 2004. *Children born to HIV-infected women and child abandonment: analysis of the situation in Russia*, Moscow: TPAA.

⁹ Recommendations presented in the Roundtable protocol do not represent the personal views of all participants, but do represent the views of the majority of those present at the Roundtable with respect to each of the issues that were discussed.

cally by providing public financial support to nongovernmental organizations for undertaking programs devoted to increasing the number of pregnant women who seek prenatal care and to providing social support to families living with HIV/AIDS.

1.5 Acknowledge the importance of broadening educational programs for the general public that are aimed specifically at overcoming discrimination against persons living with HIV.

1.6 Acknowledge the importance of strengthening the effort to place abandoned children in families, specifically by providing increased financial support to substitute families and to the development of foster care.

1.7 Acknowledge the need to conduct more research on the behavior of various groups that may affect the structure and dynamics of the HIV/AIDS epidemic in Russia.

1.8 Recommend to the Ministry of Health and Social Development, RF, that it develops official regulations permitting the earliest possible diagnosis of HIV-infection in the children of HIV-infected women, based on virologic testing.

1.9 Recommend to the Ministry of Health and Social Development, RF, and to the Ministry of Education and Science, RF, that they develop official regulations, directing that HIV-infected children should be placed in regular [i.e. nonspecialized] facilities within the purview of these ministries.

1.10 Recommend to the Ministry of Health and Social Development, RF, that it broaden and improve training programs on issues of HIV/AIDS, designed for the staff of healthcare and educational institutions.

1.11 Recommend to the Ministry of Education and Science, RF, that it institutes training programs on issues of HIV/AIDS for the staff of educational institutions.

2. Legislation That Would Help to Prevent the Abandonment of Children Born to Women Living with HIV

2.1 Submit to the State Duma Committees on Healthcare and Legislation a request that they discuss within the bounds of their authority the possibility of reviewing legal restrictions affecting the ability of persons living with HIV to serve as guardians and adoptive parents.

2.2 Submit to the State Duma Committees on Healthcare and Legislation a request to discuss within the bounds of their authority the possibility of reviewing legal restrictions concerning the utilization of narcotic analgesics in the provision of gynecological and obstetric care to pregnant women suffering from drug dependency, in order to lessen the effects of drug withdrawal.

**TRANSATLANTIC PARTNERS
AGAINST AIDS**

Transatlantic Partners Against AIDS (TPAA)

Gazetny per. 5, 3d Floor
125993 Moscow, Russia
Tel.: +7 (095) 510-53-70
Fax: +7 (095) 510-53-71
Website: www.tpaa.ru

Transatlantic Partners Against AIDS (TPAA)

928 Broadway, Suite 800
New York, New York 10010 U.S.A.
Tel: +1 (212) 228-8907
Fax: +1 (212) 228-9063
Website: www.tpaa.net

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.