HIV/AIDS Policy Framework and Implementation in Russia

**Epidemiological Situation**

- With a population over 141 million, Russia has more people living with HIV than any other country in Europe. According to UNAIDS, Russia and Ukraine are home to over 90% of all HIV cases in Eastern Europe and Central Asia.
- As of August 31, 2007, there are 390,365 registered cases of HIV in Russia. However, international experts predict that between 560,000 and 1.6 million may be the true number of people living with HIV. This gap suggests that over 2/3 of the people living with HIV may not know their status.
- According to UNAIDS, Russia’s HIV epidemic is concentrated among young people – the heart of Russia’s workforce. 80% of HIV infections are among 15-30 year olds.
- Although most registered cases of HIV are among men, women are increasingly vulnerable to infection. In some regions, more than 40% of new infections are among women.
- Although about 30,000 people living with HIV now have access to ARV treatment as a result of greatly expanded funding for treatment, that total is still 1.5 times smaller than the number of new HIV cases registered in Russia each year.

- **Existing Legal Framework**

  Russia’s Federal Law on HIV/AIDS (1995) established a series of HIV/AIDS prevention measures and guaranteed health care rights for people living with HIV. Key guarantees include:
  - Public dissemination of information, including the use of mass media, for HIV/AIDS prevention;
  - National surveillance of the epidemic’s spread;
  - Improved access to anonymous HIV testing with pre- and post-test counseling;
  - Free professional and specialized medical care, and free medication for in- and outpatient treatment related to HIV;
  - Social support for people living with HIV, including education, re-training, and employment assistance.

**Programs & Policy Implementation**

- Russia has a well-developed HIV/AIDS infrastructure including the Federal AIDS Center (responsible for federal guidelines, normative direction, and epidemiology), seven interregional AIDS centers, 88 regional AIDS centers, and a growing number of municipal AIDS centers. AIDS centers provide HIV/AIDS prevention, testing and counseling, treatment, surveillance and laboratory monitoring.
- As a part of the Federal Program for the “Prevention and Fight Against Socially Significant Diseases,” 2007-2011, Russia adopted a new “HIV Infection” subprogram on May 10, 2007. The subprogram, which has a budget of 9 billion rubles ($379 million), aims to decrease the number of new HIV infections, broaden the surveillance coverage of HIV-positive pregnant women under the mother-to-child-transmission preventive program, and increase the share of Russian domestic medicines produced/purchased for the ARV treatment.
- In 2006, Russia launched the national priority project "Health" and increased federal funding for its national HIV/AIDS response by more than 20-fold as compared to 2005. $140 million was allocated to HIV and viral hepatitis in 2006; in 2007, this figure more than doubled to $300 million.
- In April 2006, the Russian State Council reviewed the country’s HIV/AIDS policy, marking the first time that HIV/AIDS had been addressed at such a high level. Following this important meeting, the Government Commission on Prevention, Diagnostics and Treatment of HIV/AIDS was established on October 13, 2006.
- Russian President Vladimir Putin made HIV/AIDS a priority topic during a meeting of G8 leaders in Russia in 2006. The Russian government pledged to allocate one billion rubles ($40 million) toward the development of an HIV vaccine.
- In 2007, the Russian government committed to reimburse the Global Fund to Fight AIDS, TB and Malaria for $217 million in past grants by the year 2010.
POLICY CONSTRAINTS

- In spite of a significant reduction in the cost of ARV drugs and an increase in the financial resources devoted toward treatment, Russia’s weak health care infrastructure, pervasive stigma, and lack of support services for the most vulnerable groups threaten the country’s ability to scale-up treatment in an efficient, equitable, and sustainable manner.

- Russia has failed to implement drug and harm reduction policies that could reduce HIV transmission among injection drug users (IDUs). Although harm reduction programs – many of which offer needle exchange – have been operating in 40 regions since 1999, their legal status remains uncertain. Medication-assisted treatment for IDUs, including methadone therapy, is illegal for any purpose.

- NGOs, other civil society groups and private sector representatives are rarely included in government-led HIV/AIDS policy formation and evaluation processes.

- The network of federal and regional AIDS centers remains isolated budgetarily and institutionally from the health care system as a whole. For many years these centers suffered from universal under-funding and scarce resources were inappropriately allocated for mass HIV screening of the population rather than for use on targeted surveillance of risk groups or on education, prevention, and treatment.

- Russia currently does not employ a standardized protocol for ARV provision and distribution, and many AIDS centers experience breaks in the supply of certain drugs. According to the International Treatment Preparedness Coalition, many people, particularly within the most vulnerable groups, still do not have access to ARV treatment for a variety of reasons including lack of information about ARV availability, discrimination among health care personnel, and lack of support for regimen adherence.

POLICY SOLUTIONS

- A unified, national HIV/AIDS strategy should be developed to prioritize programs among general population and high-risk groups.

- Government officials and experts should follow a pragmatic, science-based approach to HIV/AIDS policy development that considers national and international experience and best practices. This will require laying aside prejudices toward harm reduction interventions and reaching a consensus on the utility of such programs in the Russian context.

- The Government Commission on Prevention, Diagnostics and Treatment of HIV/AIDS should be designated and empowered to coordinate and manage Russia’s national response to HIV/AIDS. All stakeholders should play a significant role in this structure, including NGOs, media, the business community and scientific institutions.

- All legal documents concerning HIV/AIDS must be reviewed in order to identify and eliminate obscurities and gaps. Inconsistencies between federal and local legislation, and between Russian legislation and international human rights protocols, should also be identified and eliminated.

- Integration is needed among the various agencies responsible for Russia’s HIV/AIDS response to clarify roles and responsibilities and to improve program implementation efforts. A national monitoring and evaluation system that combines behavioral, epidemiological, and program information through a unified program is also needed.

- National HIV/AIDS policies should include mechanisms to mobilize the private sector, engage with the international community and facilitate information sharing across sectors and including NGOs and groups of PLWH.

- Russia needs a clear and dynamic strategy for HIV/AIDS-related institutional capacity building including long-term financing plans, training sufficient numbers of key personnel, and installing adequate laboratory infrastructure.