

The HIV/AIDS Response in Russia: Role and Challenges for Civil Society

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Meeting of the EC Civil Society Forum on HIV/AIDS

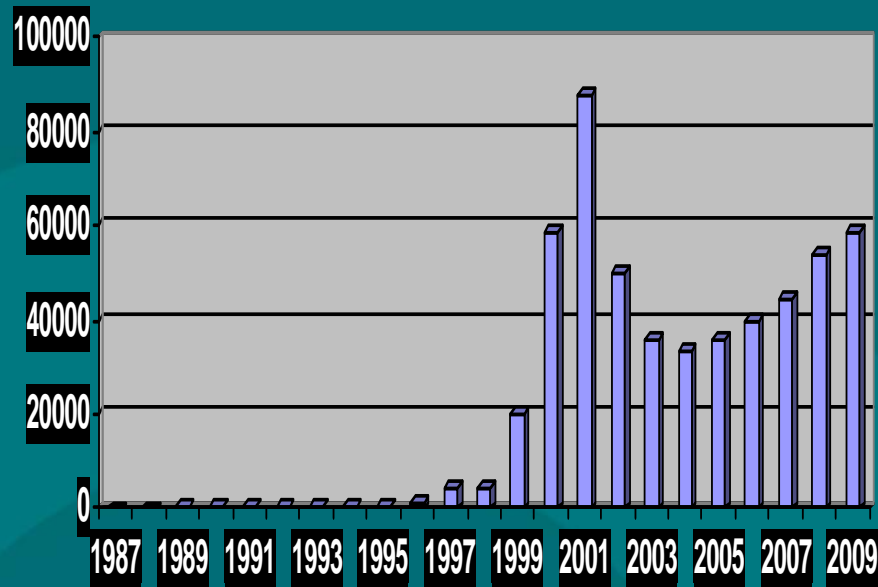
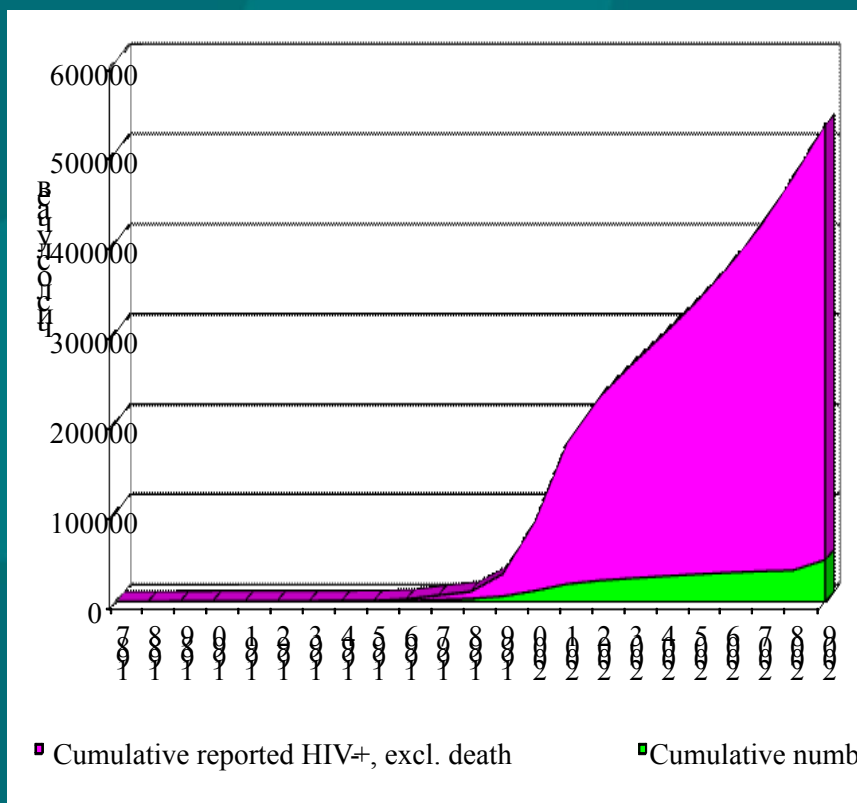
Luxembourg, 26-27 October, 2010



Bogatyrs (1898) by Viktor Vasnetsov

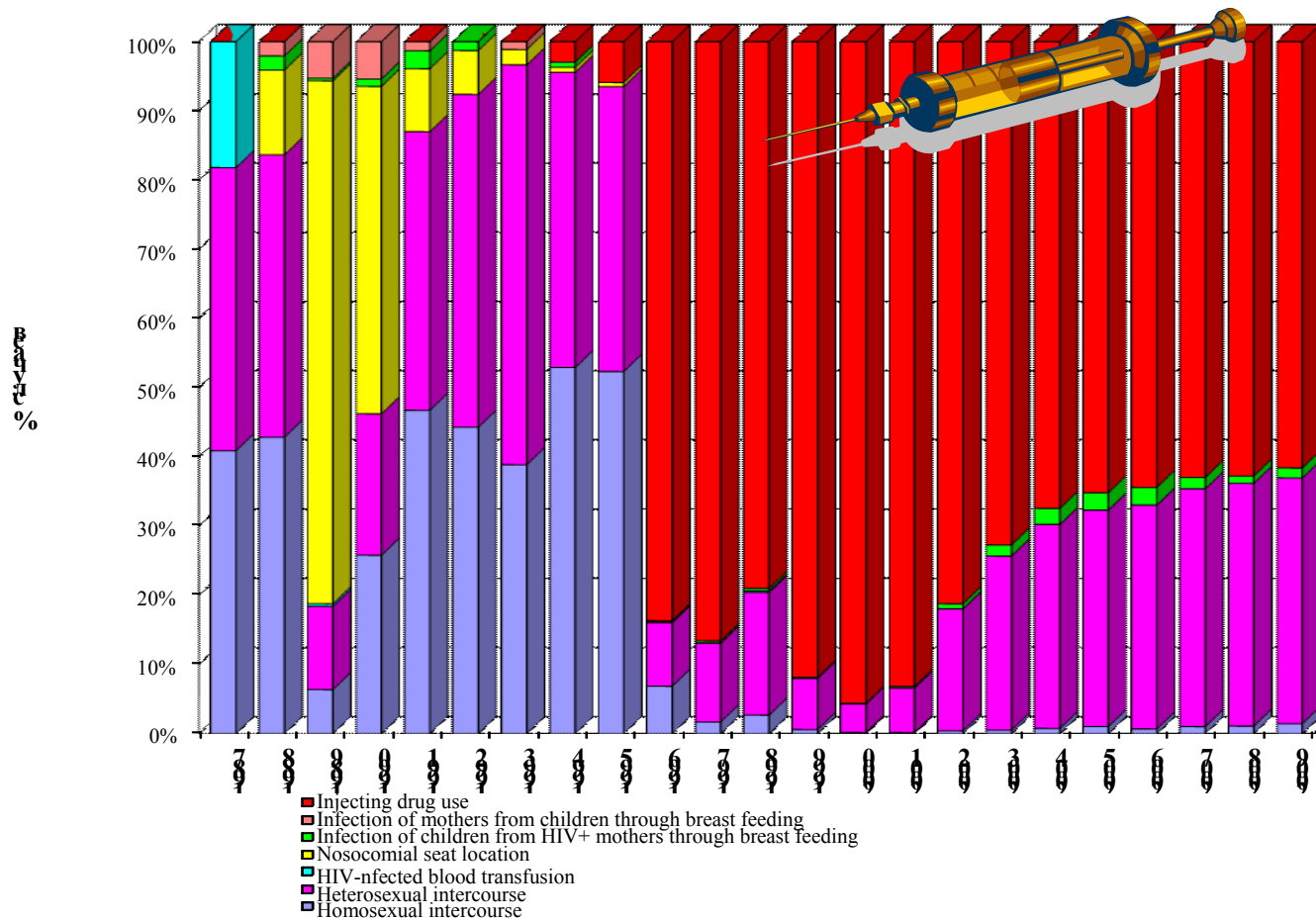
Increase in the number of reported HIV cases among the Russian citizens in 1987- 2009

Data of the Federal Centre for AIDS Control

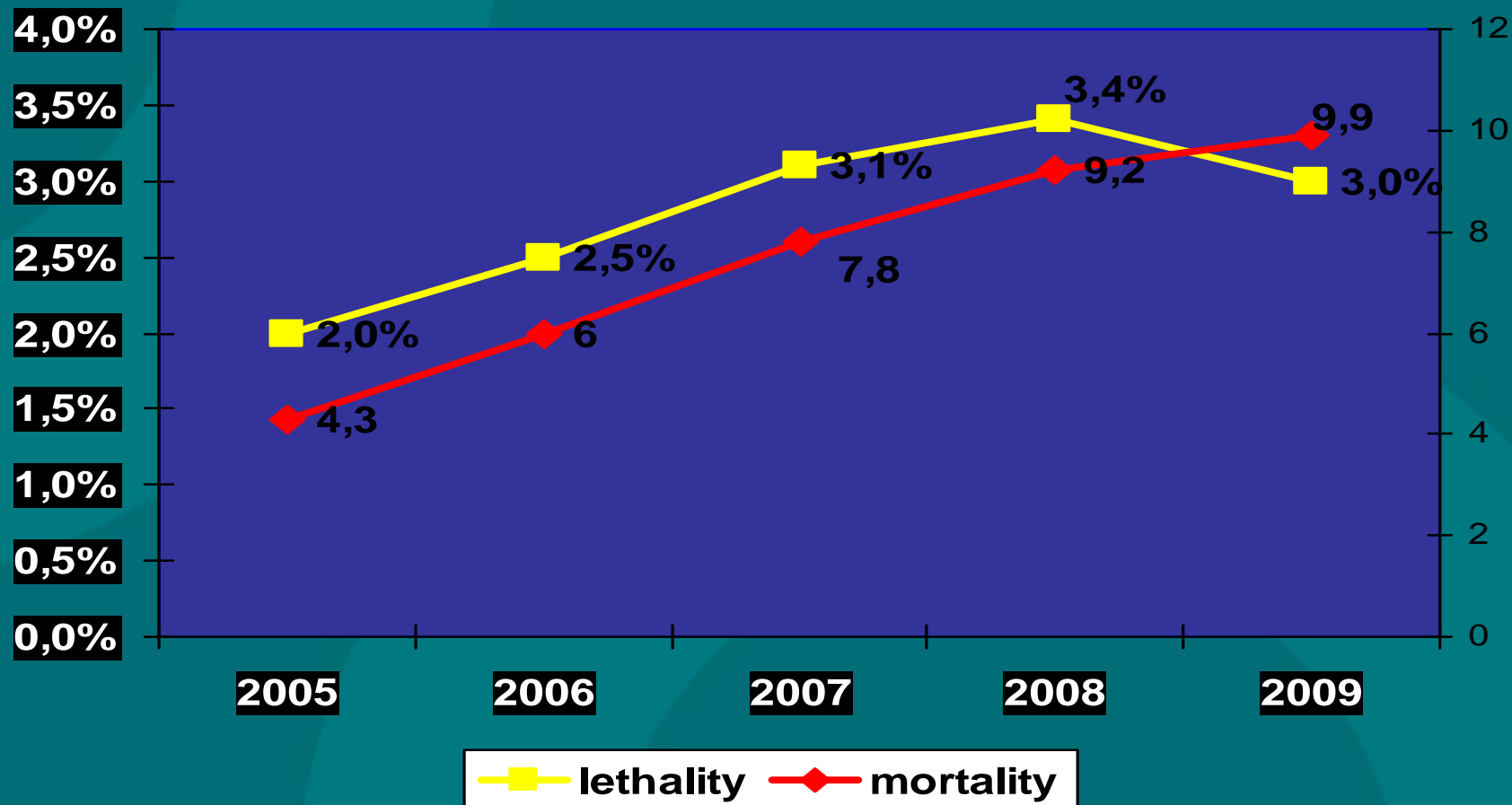


■ Newly registered cases in the Russian Federation

HIV infection risk factors in Russia in 1987- 2009 (Federal AIDS Centre, 2010)

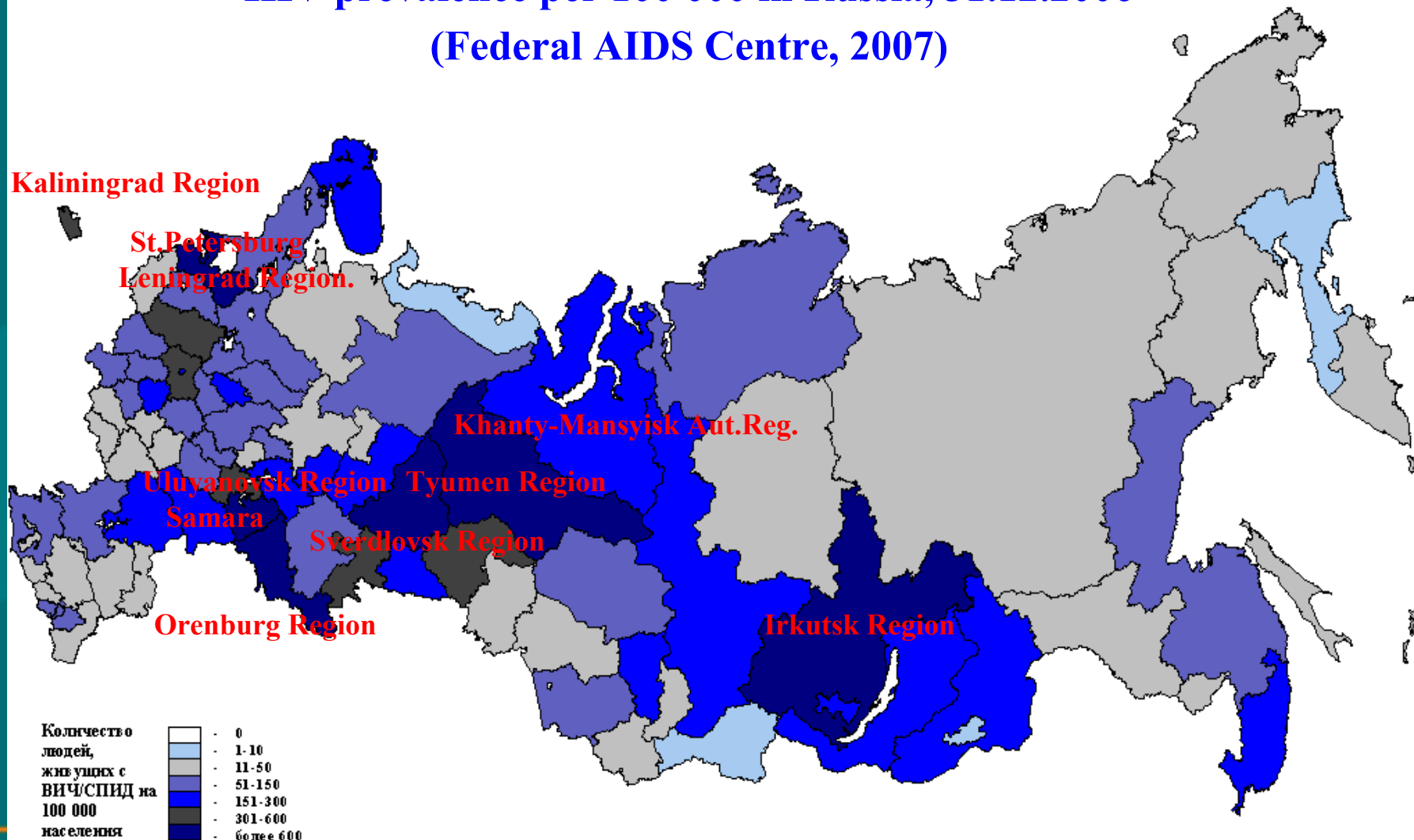


Dynamics of lethality and mortality rates related to HIV infection in Russia (Federal AIDS Centre, 2010)



The total of HIV+ persons died as of 31.12.2009: 73 959 (14,1%)

HIV prevalence per 100 000 in Russia, 31.12.2006 (Federal AIDS Centre, 2007)



NATIONAL RESPONSE: POLITICAL DECISIONS



Legislation: Federal Law on HIV Prevention, 1995



Commitment to the 2005 UNGASS Declaration on Universal Access to HIV/AIDS Prevention, Treatment, Care and Support



HIV in the Agenda of the National Security Council, 2005



Establishment of the Government Commission on HIV, 2006



Inclusion of HAART into the National System of Guarantees for the Provision of Free-Of-Charge Medical Service to Population, 2007



Initiation of the HIV discussion within G8 Summit in St.Petersburg, 2006



Increased donor role and status within GFATM, 2007-2010 (reimbursement of USD 217 mln. + allocation of USD 60 mln under the GFATM Replenishment in 2010).

Russia is the country of the high national response to HIV

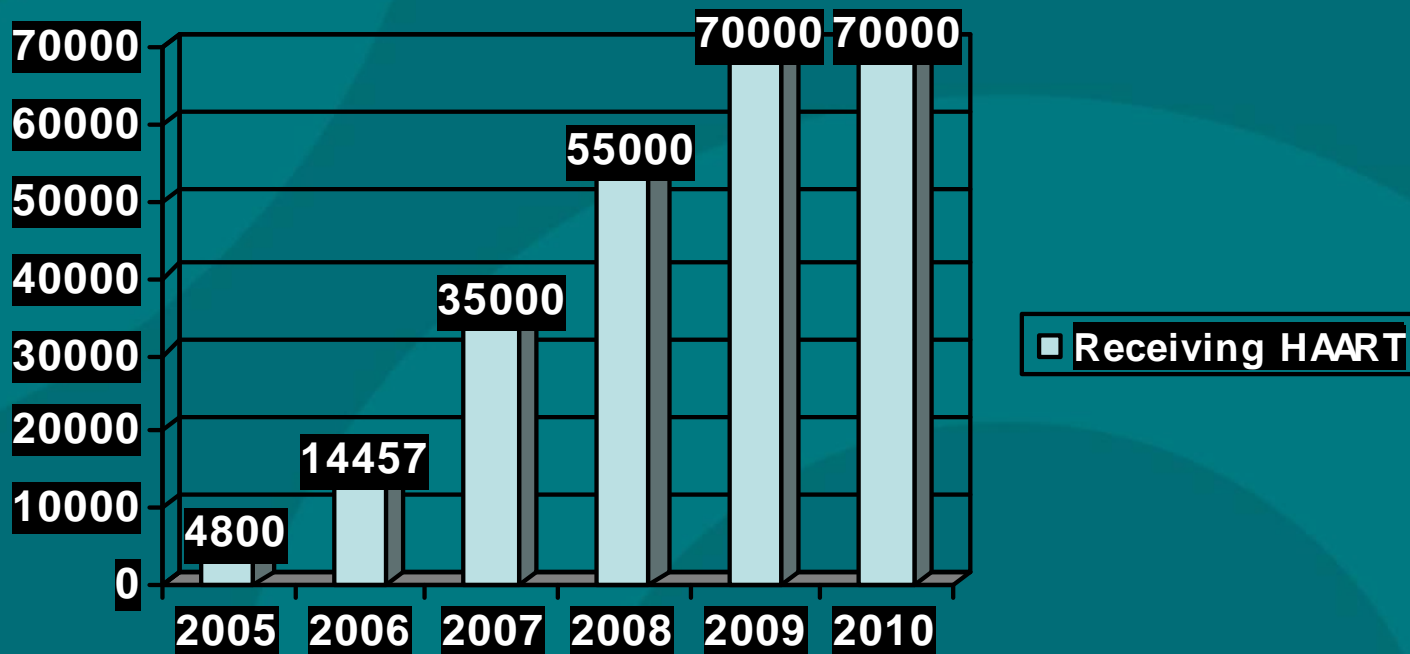
NATIONAL RESPONSE: OUTCOMES

*NATIONAL ALLOCATIONS FOR HIV/AIDS, 2005-2010, eqv. mln EURO
(Different sources)*

<i>Activities</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>
HIV, HBV, HCV diagnostics and treatment		67.4	176.7	176.7	207	314
Prevention		4.7	4.7	4.7	9.3	0
TOTAL:	3.1	72.1	181.4	181.4	216,3	314

NATIONAL RESPONSE: OUTCOMES

*HIV Treatment planned coverage
(Federal AIDS Centre)*



NATIONAL RESPONSE: OUTCOMES

- Wide HIV testing: up to 23 mln people annually (16% of population)
- Reform of Blood Service: safe donorship and medical care

No reported nosocomial infections over the last years

- PMTCT: over 90% of all HIV+ women receive ART

57 000 children free of HIV were born in 2006-2009

NATIONAL RESPONSE: OUTCOMES

Role of NGOs:

GFATM HIV: Round 3: USD 89 mln;
Round 4: USD 120 mln
Round 5: USD 16 mln - **RHRN**

- Total of 57 regions are covered (out of 86)
 - 3300 patients receiving HAART
 - The only source to support Harm Reduction and HIV prevention among vulnerable groups
 - Quality standards, methodology, staff, M&E
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WHY THE HIV EPIDEMIC CONTINUES GROWING?
WHY IDU REMAINS TO BE THE KEY TRANSMISSION FACTOR?
WHY HETEROSEXUAL WAY GROWS?
WHY ARV DRUGS SUPPLY INTERRUPTIONS ARE STILL
HAPPENING?

WHY THE TENDENCIES ARE THE SAME AS FEW YEARS AGO?

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Prospective answer is:

The National response is running behind the epidemic.

Prevention strategy is the failure.

Prevention strategy among vulnerable populations is the failure

Lack of dialogue and coordination.

NATIONAL RESPONSE: PROBLEMS

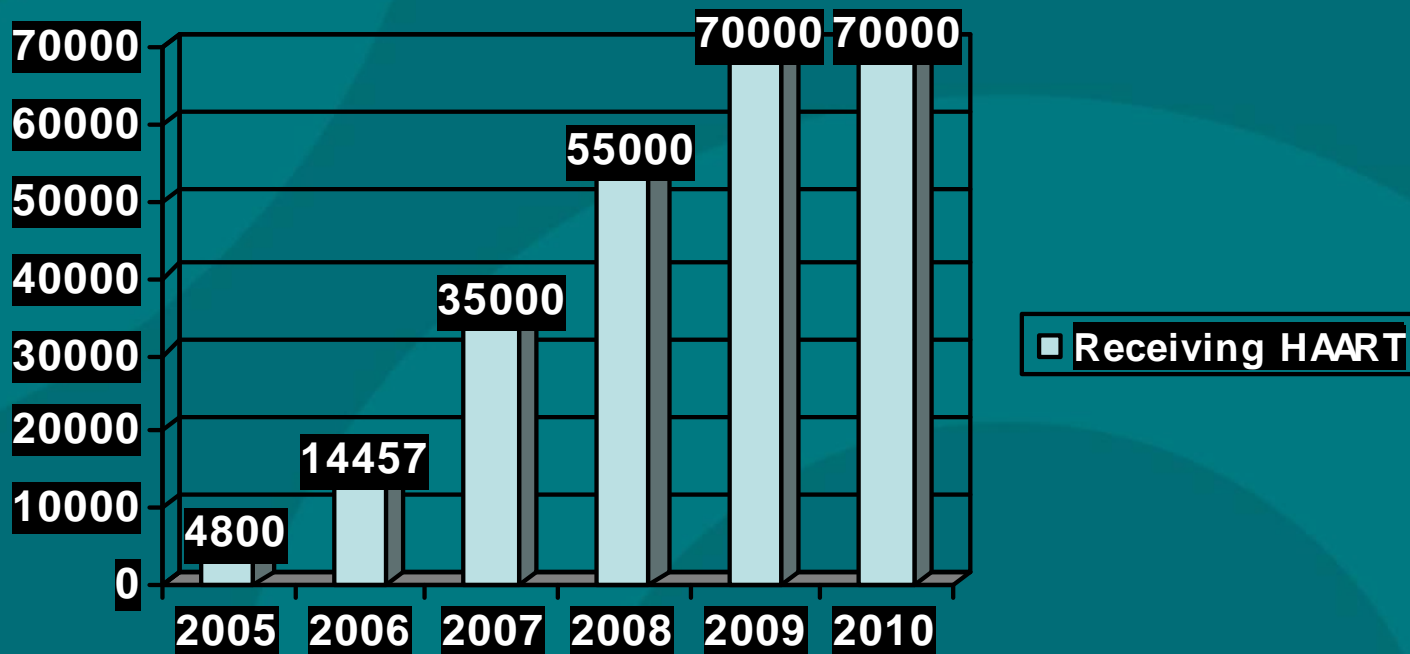
- Each year the HAART patients report interruptions in medicines supply.
- Web resource: <http://pereboi.ru>
- Some patients applied for courts

Ministry of Health:

“The Ministry of Health and Social Development of Russia is informed that no shortage of medicines for the patients exist in the vast majority of the regions. The talks about the “tens of thousand of patients” lacking the medicines are not grounded and inspired by the people, who are artificially exaggerating the epidemic statistics in the country”

NATIONAL RESPONSE: PROBLEMS

*HIV Treatment planned coverage
(Federal AIDS Centre)*



NATIONAL REPOSE: PROBLEMS

National Report on the Achievement of the Universal Access Targets, 2008-2009

- Lack of coverage of IDU by the comprehensive services (13,6%)
 - Lack of national funding for targeted HIV prevention among IDUs (only 2.9% of overall funding)
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NATIONAL REPOSENSE: PROBLEMS

The Round 3 Programme officially ended in 2009, with the results reported to the Ministry of Health.

AND...

NATIONAL REPOSENSE: PROBLEMS

“The recent experience of Russia on the introduction of needle/syringe programmes in 10 regions of the Russian Federation (...) appeared to be negative. The HIV/AIDS prevalence among the relevant populations increased by 3 and more times, as compared to the regions, where none of such programmes were conducted”

Ministry of Health and Social Development

NATIONAL RESPONSE: PROBLEMS

1. HIV Prevalence in the cities where harm reduction projects operate is different, but not exceeding the average rate of the country of 338.5 persons per 100 000 of population
 2. In view of the actual capacity of harm reduction programmes and the coverage provided, they can hardly reduce HIV prevalence in the whole region.
 3. Harm reduction programmes are aimed at IDUs, but not the whole population.
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NATIONAL RESPONSE: CHALLENGES

R5 Programme (Russian Harm Reduction Network)

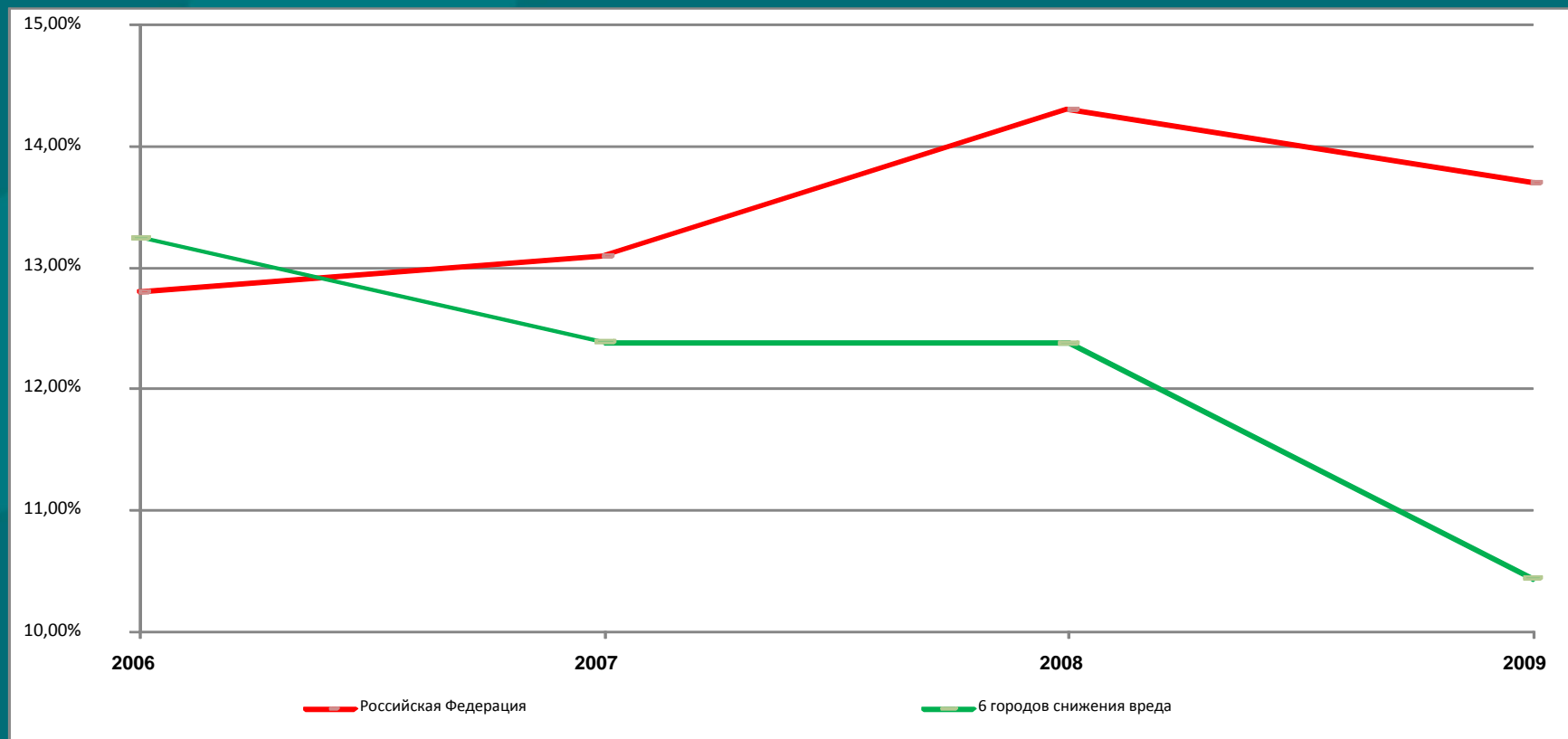
- Referred to HIV testing 41 124 IDUs
- Were actually tested: 13 074 IDUs (32 %).

- Referred to TB services: 6 503 IDUs
- Actually used the services: 1 914 IDUs (29%).

- HIV incidence among IDUs decreased for 15.2% in 11 cities (from 2135 cases in 2008 to 1810 cases in 2009)
- Simultaneously the IDU-related HIV transmission decreased in the same cities from 42.4% in 2008 to 35.6% in 2009*

* "Principles of the Evidence-Based Medicine and the Use of Harm Reduction Programmes for HIV Prevention Among Vulnerable Groups" Moscow, 2010.

HIV Transmission Rate, 6 cities of R5 Programme (Federal AIDS Centre)*



* "Principles of the Evidence-Based Medicine and the Use of Harm Reduction Programmes for HIV Prevention Among Vulnerable Groups" Moscow, 2010.

AND...

**National Anti-Drug Strategy
Adopted by the President in June 2010**

- 'NO' to substitution therapy;
 - Harm Reduction and NSP: risks to effective anti-drug interventions.
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Harm Reduction and the Legislation

Item 6 of the Article 31, 1998 Federal Law on Narcotic Drugs:

“6. Substances under the List II will not be used for drug treatment”

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Note to the Art.230 of the Criminal Code

(Inclination to the Drug Use):

“This Article will not be effective towards act of propaganda of the use of sterile injecting equipment for the purpose of the prevention of HIV and other dangerous infections, provided that the relevant activities are agreed with health care and drug control authorities”

Harm Reduction and the Legislation

What does it mean?

- Substitution therapy is prohibited (Methadone is under the List I; buprenorphine/morphine/other are under the List II)
 - NSPs need to get agreement with local authorities, but the agreement procedures are not adopted.
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Harm Reduction: Perspectives?

- GFATM R3 Programme: extended till December 2011
- GFATM R4 Programme: Ended in August 2010 (28 HIV Prevention Programmes among IDUs and SWs closed)
- GFATM R5 Programme: Operational till August 2011.

NO INDICATIONS FOR ANY SUPPORT AT THE MOMENT

CONCLUSIONS

- Russia remains to be the country with high national response to HIV/AIDS, but there are tendencies to the epidemic growth. It means that the response measures need improvement.
 - There is lack of clear HIV prevention concept and strategy based on the evidence and having effective M&E mechanisms.
 - Adequate response to HIV prevention among vulnerable populations is hampered, due to the extreme lack of resources and rejection of harm reduction and OST at the Govt level.
 - Civil Society still has limited access to planning and decision making process.
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KEY MESSAGES

- HIV prevention among vulnerable groups does not produce the illicit drug use, and should be part of the comprehensive National response to HIV;
 - Civil Society and service NGOs have methodology and experience, which should be demanded by the Government in Prevention and Care work, firstly with vulnerable populations;
 - Politicians and officials should demonstrate more responsibility in public discussions, abandoning political arguments and manipulations with data and public opinions and taking evidence-based approach in decision making.
 - Equal opportunities should be created for all stakeholders, including Civil Society, for effective planning and strategies development at the Government level.
 - Russia should be open and transparent player at the European and Global response to HIV epidemic.
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