



РОССИЙСКАЯ ФЕДЕРАЦИЯ
ФЕДЕРАЛЬНАЯ СЛУЖБА
по надзору в сфере
защиты прав потребителей
и благополучия человека

Country Progress Report of the Russian Federation on the Implementation of the Declaration of Commitment on HIV/AIDS,

Adopted at the 26th United Nations General
Assembly Special Session, June 2001

Reporting period:
January 2006 – December 2007



Moscow 2008

Ministry of Health and Social Development of the Russian Federation

The Federal Service for Surveillance of Consumer
Rights Protection and Human Well-Being of the Russian Federation

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Protection and Human Well-
being of the Russian Federation



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- Education and Science Ministry of the RF
- Federal Scientific and Methodological Centre for the Prevention and Control of AIDS
- Federal Research Institute for Epidemiology
- Federal Prison Service of the RF Ministry of Justice
- International Treatment Preparedness Coalition
- National Scientific Nacrology Centre of the RF Ministry of Health
- RF Defence Ministry
- RF Economics Ministry
- RF Finance Ministry
- Russian Harm Reduction Network
- Open Health Institute
- Stelit Regional NGO for Social Projects
- United Nations Children's Fund (UNICEF)
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Acronyms and Abbreviations

AIDS	–	acquired immunodeficiency syndrome
ARV drugs	–	antiretroviral drugs
ART	–	antiretroviral therapy
DFID UK	–	UK Department for International Development
GFATM	–	Global Fund to Fight AIDS, Tuberculosis and Malaria
HAART	–	highly active antiretroviral therapy
HIV	–	human immunodeficiency virus
IB	–	immune blotting
IBRD	–	International Bank of Reconstruction and Development
IFA	–	immune fermenting analysis
ITPC	–	International Treatment Preparedness Coalition
MoHSD	–	Ministry of Health and Social Development
M&E	–	Monitoring & Evaluation
MSM	–	Men who have sex with men
MSU	–	Moscow State University
MTCT	–	mother-to-child transmission
NEP	–	needle exchange programmes (in harm reduction programmes)
NPO	–	non-profit organisation
NGO	–	nongovernmental organisation
OHI	–	Open Health Institute
PCR	–	polymerase chain reaction
PLHIV	–	People Living With HIV
RF	–	Russian Federation
RHRN	–	Russian Harm Reduction Network
STI	–	sexually transmitted infections
SW	–	sex workers
TPAA	–	Transatlantic Partners Against AIDS
WHO	–	World Health Organization
UN	–	United Nations Organisation
IDU	–	injecting drug users
UNDP	–	UN Development Programme
UNAIDS	–	Joint United Nations Programme on HIV/AIDS



I. Status at a Glance

a) Full list of contributors to the report

Representatives of various sectors involved in the response to the HIV/AIDS epidemic contributed to the Country Progress Report of the Russian Federation on the Implementation of the Declaration of Commitment on HIV/AIDS of the Russian Federation.

The Federal Service for Surveillance of Consumer Rights Protection and Human Well-Being of the Russian Federation and UNAIDS were lead contributors. The report represents a collaboration of specialists from various ministries and coordinating bodies: the Health and Social Development Ministry, the Federal Service for Surveillance of Consumer Rights Protection and Human Well-Being of the Russian Federation, the Education and Science Ministry, the Ministry of Justice and Ministry of Justice Federal Prison Service, the Defence Ministry, the Finance Ministry, the Ministry of Foreign Affairs, the Economics Ministry, the Country Coordination Mechanism in Response to HIV/AIDS and Tuberculosis in the Russian Federation; representatives of scientific and research institutions (the Federal Research Institute for Epidemiology, the Federal Scientific and Methodological Centre for the Prevention and Control of AIDS, the Federal Research Institute for Health Care Organization and IT Development of the Federal State Agency for Health and Social Development, Moscow State University); international organizations (UNDP, UNICEF, UNAIDS, WHO, UNFPA, USAID); NGOs (the Russian Harm Reduction Network, the International Treatment Preparedness Coalition, the Open Health Institute, the AIDS Foundation East-West (AFEW), AIDS Infoshare, Focus Media Foundation, Stellit Regional NGO for Social Projects, PSI Russia); as well as projects financed from different sources. Several groups were actively involved in writing the report. These include the Analytical Group for Monitoring and Evaluation of the Federal Service for Surveillance of Consumer Rights Protection and Human Well-Being of the Russian Federation and the Federal Scientific and Methodological Centre for the Prevention and Control of AIDS. Data on HIV were received from Russian territorial centres for prevention and control of AIDS.

b) State of the epidemic

In 2006–2007, the HIV epidemic in the Russian Federation continued to be profiled as a concentrated epidemic. During the reporting period, the most affected groups of the population were drug users, sex workers and prisoners. Among IDUs in 2006–2007, HIV infection prevalence ranged from 8 to 64 percent in different regions of the country¹. Based on data received through research done in 2007, 6 percent of sex workers have been infected². Among prisoners tested in 2007, HIV infection prevalence was 5 percent³.

The total number of people registered with HIV by 31 December 2007 was 416,113. At the end of 2007, PLHIV made up 0.3 percent⁴ of the population.

Over the last five years, the infection is more frequently spread through sexual contact from vulnerable groups into the general population. The main path of infection in Russia remains use of non-sterile instruments for intravenous drug injection. At the end of 2007, 83 percent of all people that had a known history of infection had been infected with HIV through injecting drug use. In 2007, 34.1 percent of newly infected people contracted HIV through heterosexual contact and 64.5 percent through injecting drug use. In 2007, the main route of HIV infection for women was sexual contact (63 percent). For men, it was the parenteral route through injecting drug use.

Men are predominant in the overall structure of HIV infected people in the Russian Federation.

Since 2002, there has been an increase of the involvement of young women in the epidemic, indicating that the epidemic is spreading into the general heterosexual population.

The share of women among the newly HIV-infected people in 2006–2007 amounted to 44 percent. In 2006–2007, the prevalence of HIV infection in pregnant women in Russia was 0.46 percent.

In Russia HIV infection more often affects the young population. Data for the end of 2007 show that 75 percent of newly infected people were aged 15 to 30⁵.

A distinctive feature of the HIV epidemic in the country in 2007 and 2008 has been the dramatic increase of people who require antiretroviral therapy. In 2000–2001, there was a significant rise in the number of HIV infections in Russia, which brought about a corresponding significant rise of PLHIV needing antiretroviral therapy in 2007 and 2008. As a result, in the reporting period the programme for the treatment of HIV infected people has been expanded considerably.

c) Policy and programme response measures

In 2006 and 2007, the Russian Federation continued to systematically implement its obligations in accordance with the Declaration of Commitment on HIV/AIDS, adopted at the 26th UN General Assembly Special Session, in June 2001.

The government, along with governmental and nongovernmental organizations, has been an active participant in the global initiative to ensure universal access to HIV/AIDS prevention, treatment and care by the year 2010 that was supported by the Group of Eight and UNAIDS.

Over the past two years, there has been significant progress in containing and controlling the HIV/AIDS epidemic and its consequences in Russia. The President and the head of the government of the Russian Federation have approved important political and economic decisions that allow essential changes in activities to slow the HIV epidemic. In 2006, the State Council of the Russian Federation, chaired by President Putin, held a session *On urgent measures for controlling the spread of HIV infection in the Russian Federation*.

Key changes were made to support and implement comprehensive measures to slow the epidemic when the new National Health Project on Health on was launched. The *Project for the Prevention of HIV, Hepatitis B and C and Diagnosis and Treatment of HIV* was implemented in 2006 and 2007. The main objectives of this project were:

- Treatment of at least 30,000 HIV-positive people in accordance with standard medical protocols.
- HIV testing of at least 20 million people.
- Comprehensive out-patient follow-up for HIV-positive people.
- Access to a full course of treatment for all HIV-positive pregnant women to prevent mother-to-child transmission.
- Formation of a system for procuring ordering antiretroviral drugs to ensure a regular supply of medications and diagnostic agents through the federal budget to the regions of the Russian Federation.
- Coordination of HIV prevention activities in the National Priority Project on Health, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the World Bank Project on HIV/AIDS and TB.
- Development of an HIV prevention programme for vulnerable groups of the population as well as programmes to decrease stigmatization and discrimination of PLHIV.

As a result of the implementation of the National Priority Project on Health, the most significant progress was achieved in the field of regular observation and treatment of HIV-positive people, the prevention of mother-to-child transmission, as well as counselling and testing procedures.

In accordance with the RF Government Resolution 608 of 9 October 2006, the Government Commission on the Prevention, Diagnosis and Treatment of HIV-related disease (the Government Commission on HIV/AIDS) was formed. Members include deputies of the State Duma, representatives of ministries and other state agencies, medical and scientific organisations, and civil society.



In 2006 and 2007, several entities previously established for coordination of HIV/AIDS response and information exchange continued their functions. These include:

- The Coordinating Council on HIV/AIDS of the Ministry of Health and Social Development Ministry;
- The Country Coordination Mechanism on the Prevention of HIV/AIDS and Tuberculosis;
- The Coordinating Council on the Prevention of Mother-to-Child Transmission of HIV of the Ministry of Health and Social Development.

In 2004, the State Duma organized a Inter-Fractional Parliamentary Working Group on AIDS issues to support work on a comprehensive state strategy in response to the epidemic⁶.

Currently a sub-programme entitled *Urgent measures to prevent HIV-related disease in the Russian Federation (Anti-HIV/AIDS)* is operating within the *Federal Programme for Prevention and Control of Significant Social Diseases 2007–2010*. All constituent units of the Russian Federation have adopted similar regional programmes for the prevention of HIV for 2007–2010.

In 2007, there were over 300 different prevention projects under way that had financing from various sources.

Work under the Global Fund to Fight AIDS, Tuberculosis and Malaria is being carried out within three projects. The GLOBUS project (Global Efforts to Fight AIDS in Russia 2004–2009) is being implemented by a consortium five international NGOs in 10 administrative territories of Russia. Another large project of the Global Fund is the project, *Development of a Strategy for the Prevention and Treatment of the Populations Vulnerable to HIV/AIDS in the Russian Federation*.

In 2007, the Russian Health Care Foundation implemented this project programme in 16 regions most severely affected by the epidemic, which are home to 40 percent of the country's population.

In 2006, another project was begun under the auspices of the Global Fund. The project, *For Universal Access to Preventive Measures and Treatment of HIV through the Development of HIV services for Injecting Drug Users in the Russian Federation*, supports 33 harm reduction programmes for IDUs.

In 2006–2007, the World Bank loan project, *Prevention, Diagnosis, and Treatment of Tuberculosis and AIDS* continued its work. In the AIDS component, federal and regional AIDS centres received equipment in 86 regions. Ten laboratories of the Federal Prison Service and STI centres received laboratory and medical equipment for HIV testing and monitoring the effectiveness of treatment of HIV-related disease.

In 2006 and 2007, the government increased funding for activities to curb the HIV epidemic. In 2007, federal budget financing for HIV-related activities was 57 times higher than in 2005 and amounted to 10.7 billion roubles (US\$444.8 million), including funding for the National Priority Project, Anti HIV/AIDS sub-programme, and funds reimbursed to the GFATM for projects in the Russian Federation. The government is reimbursing the GFATM for funds spent on projects in Russia in accordance with the RF Governmental Resolution 1740-p issued 15 December 2006, *On reimbursement of GFATM expenditures from the federal budget 2007–2010* that allocates up to US\$217 million. In 2007, US\$105 million were returned to GFATM.

In 2006 and 2007, there has been considerable improvement in HIV/AIDS monitoring and evaluation. The development of a unified system for monitoring and evaluation was facilitated by the Priority Health Project, *Project for the Prevention of HIV, Hepatitis B and C and Diagnosis and Treatment of HIV*, as well as state financing of GFATM projects. In 2007, the methodological recommendations *On the monitoring and evaluation of the effectiveness of activities to prevent and treat HIV* were ratified along with national indicators for monitoring and evaluation of the effectiveness of activities to prevent and treat HIV and HIV-related disease and other documents regulating monitoring and

evaluation. The monitoring and evaluation group meets on a regular basis (at least five times a year). Work is also underway to create monitoring and evaluation data banks at the regional and national levels and to collect information from other projects and organisations.

Thanks to the implementation of comprehensive measures in response to the HIV, the epidemic has been kept in the concentrated stage in Russia. The number of people in vulnerable groups involved in preventive programmes has risen. There is a significant increase in access of PLHIV to HAART, and various population groups are more informed about HIV and AIDS. There is also a positive trend among vulnerable groups to adopt safer sexual practices and behaviours.

d) Core indicators to monitor the implementation of the UN Declaration of Commitment on HIV/AIDS

National commitment and action indicators

1.	Domestic and international AIDS spending by categories and financing sources	2006	RUB 8,289.62 million
2.	National composite policy index	2006–2007	72,20%

National programme indicators

3.	Percentage of donated blood units screened for HIV in a quality assured manner	Not reported as data is gathered using other methods	
4.	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	2006	72.54%
		2007	93.19%
5.	Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	2006	89.00% during pregnancy or birth
		2007	87.00% data for 10 months – full course
6.	Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	2007	39.04%
7.	<i>Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results</i>	2007	34.10%
8.	Percentage of sex workers that have received an HIV test in the last 12 months and who know their results	2005	61.20%
	Percentage of men having sex with men who underwent HIV testing in the last 12 months and know their results	2005	31.50%
	Percentage of injecting drug users who underwent HIV testing in the last 12 months and know their results	2006	46.21%



9.	Percentage of sex workers reached by HIV prevention programmes	2006	38.98%
	Percentage of men having sex with men covered by HIV prevention programmes	2006	16.83%
	Percentage of injecting drug users covered by HIV prevention programmes	2005	23.83%
10.	Percentage of orphaned and vulnerable children aged 0–17 whose households received free basic external support in caring for the child	Not relevant for Russia	
11.	Percentage of schools that provided life skills-based HIV education in the last academic year	2006	82.21%

Knowledge and behaviour indicators

12.	Current school attendance among orphans and among non-orphans aged 10–14	Not relevant for Russia	
13.	Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	2007	33.70%
14.	Percentage of sex workers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	2005	36.36%
	Percentage of men having sex with men who correctly indicate ways of HIV transmission and at the same time reject misconceptions about HIV transmission	2005	26.38%
	Percentage of injecting drug users who correctly indicate ways of HIV transmission and at the same time reject misconceptions about HIV transmission	2005	45.70%
15.	Percentage of young women and men aged 15–24 who have had sexual intercourse before the age of 15	2007	7.35%
16.	Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	2007	15.00%
17.	Percentage of women and men aged 15–49 who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse	Not reported as no data is available	
18.	Percentage of female and male sex workers reporting the use of a condom with their most recent client	2007	92.00%
19.	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	2006	59.55%

20.	Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	2005	36.52%
21.	Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	2006	81.60%

Impact indicators

22.	Percentage of young women and men aged 15–24 who are HIV infected	2006	0.46%
23.	Percentage of HIV-positive sex workers in Moscow	Not reported as no data is available for 2006–2007	
	Percentage of men having sex with HIV-positive men in Moscow	2006	0.93%
	Percentage of HIV-positive injecting drug users in Moscow	2006	10.34%
24.	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	2007	78.38%



II. Overview of the AIDS Epidemic

In 2006–2007, the Russian Federation continued to stay in the concentrated stage of the HIV epidemic. The highest number of HIV infections was registered among IDUs and SWs. The overall number of registered HIV cases in the country amounted to 416,113 on 31 December 2007.

There were 9,770 registered HIV-positive foreign citizens. At the end of 2007, there were few HIV-positive people (4,197) with AIDS-related illnesses. The total number of people who died with the diagnosis of AIDS for the entire period of reporting was 3,260⁷.

At the end of 2007, people living with HIV made up 0.3 percent of the total population⁸. Cases of HIV infection have been registered in all administrative units of the Russian Federation. The prevalence of HIV infection in different administrative regions of the country varies widely. Forty-seven regions of Russia with 33 percent of the population have a low prevalence of HIV (less than 0.1 percent of the population). In 16 regions of the country with 29 percent of the population HIV-positive people make up more than 0.3 percent of the total population.

The distribution of the HIV infection on the territory of the Russian Federation can be seen on the map below (Figure 1).

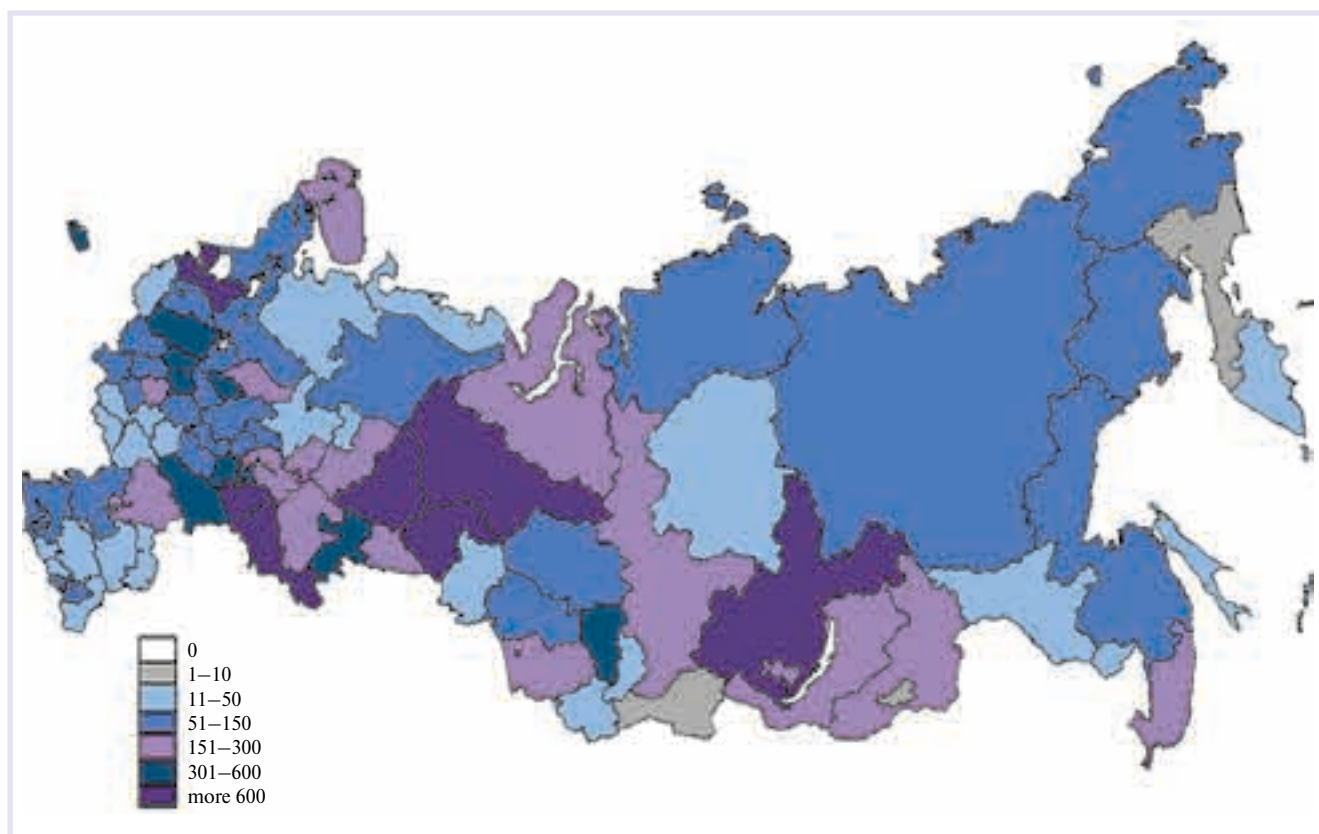


Figure 1. Number of people living with HIV/AIDS in the Russian Federation per 100,000 on 31 December 2007 (excluding children with undetermined serostatus)

The first case of an HIV infection in a citizen of Russia was registered in 1987. Since then the HIV epidemiological surveillance service has had a unified system of registration for all HIV-positive cases and of all HIV testing. It has carried out voluntary HIV testing at a massive scale and epidemiological research on each case of HIV infection. From 1987 to 1995, out of 160 million people tested for HIV only 1,096 cases of HIV infection were discovered. Two cases of HIV were registered among the half a million IDU that were tested for HIV over the same period. Since 1996, there has been a significant increase in the num-

ber of newly infected people connected to the spread of the virus among injecting drug users.

Table 1
Trends in HIV case reporting 1997–2007

Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
New cases of HIV in citizens of Russia	4334	4012	19770	59248	87823	49989	36345	33740	35695	39652	42770
Percentage of new HIV cases compared to the previous year	188,0	7,4	392,8	199,7	48,2	43,1	27,3	7,2	5,8	11,1	7,9
Incidence of HIV in the population of the Russian Federation (per 100,000)	2,9	2,7	13,5	40,7	60,5	34,7	25,4	23,4	24,9	27,8	30,1
Cumulative number of HIV cases	7089	11101	30871	90119	177942	227931	264276	298016	333711	373363	416133
Percentage increase of cumulative number of HIV cases compared to the previous year	168,0	56,6	178,1	191,9	97,5	28,1	15,9	12,8	12,0	11,9	11,5
Number of registered PLHIV per 100,000 of the population of Russia	3,4	5,7	18,4	56,6	114,1	148,2	173,4	194,6	219,7	248,0	277,2

Over the entire monitoring period, 21,959 HIV-positive people have died. This comparatively low figure is due to the short time since infection (less than eight years) for most of the PLHIV in the country, as well as the effectiveness of programmes for treating PLHIV. In 2007, according to existing data, the number of deaths from AIDS and the number of AIDS cases decreased due to the widespread availability of ART (Fig. 2)⁹.

A specific feature of HIV in the Russian Federation in 2007–2008 was the significant increase in the number of people needing antiretroviral therapy. Due to the massive scale of HIV infections registered in 2000–2001, in 2007–2008 there has been a corresponding increase in the number of PLHIV in need of ART. Treatment programmes have been drastically scaled up in response.

From 1990 to the present, there is universal access to HIV testing. Since 1990, about 15–17 percent of the population of the Russian Federation (20–24 million people) is tested for HIV every year (Fig. 3). Modern approaches to testing and registration recommended by WHO and UNAIDS were adopted in Russia more than ten years ago, and as a result there is abundant experience in this field. Based on data from research done in 2007 in 10 regions of the Russian Federation by the Foundation for Social Development and Health Care, Evaluation of the campaign for safe sexual behaviour ‘Use your right to health!’, 34.1 percent of Russians aged 15 to 49 were tested for HIV in the past year and knew the results of their tests¹⁰. An even higher level of HIV testing was shown in groups of higher risk, as testified by indicator 8 (See Part IV. Best practices).

Over the last five years, there has been an increase in transmission of HIV from vulnerable groups to the general population through sexual intercourse, and since 2002 there has been a marked increase in the number of women in the epidemic. In 2006 and 2007, 44 percent of people newly infected were women (in 2003 this indicator was 38.5 percent as compared to 20.6 percent in 2000).

The increased share of women in the HIV-positive population indicates growing numbers of people getting infected via heterosexual contacts. There are more than 135,000 HIV-posi-

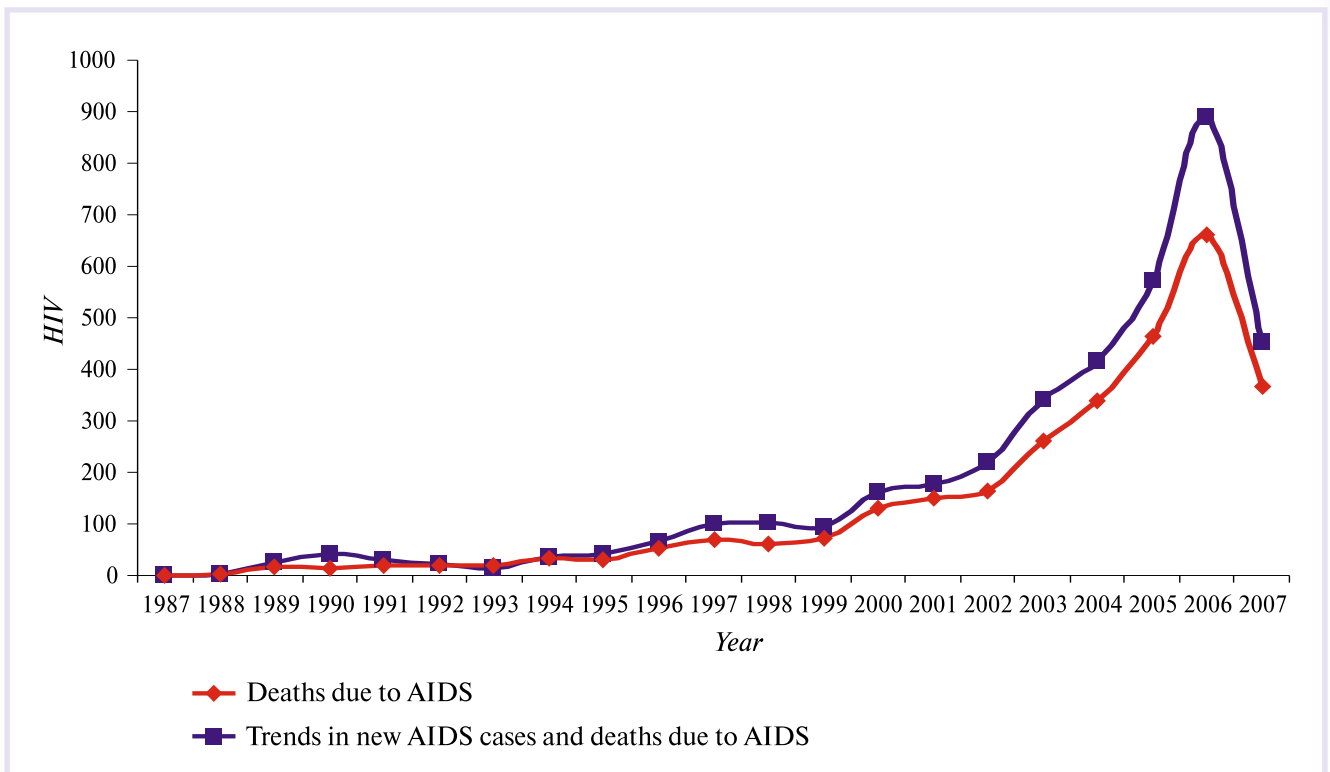


Figure 2. New cases of AIDS and deaths from AIDS in the Russian Federation

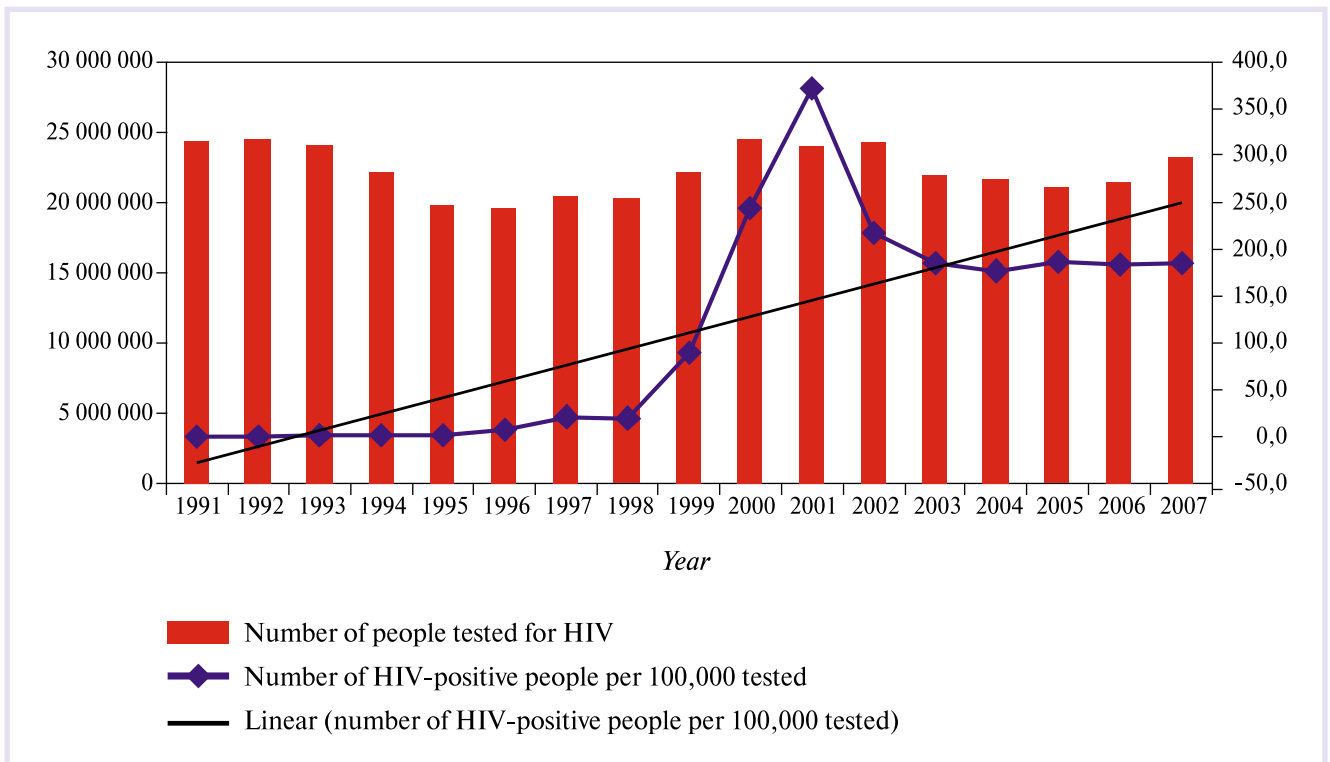


Figure 3. Results of HIV testing in the Russian Federation

tive women in Russia. Based on data collected for 2007¹¹, these women have given birth to more than 42,000 children, including 8,000 in 2007. However, men are still predominant; they make up 67.6 percent of the total of HIV cases registered in the Russian Federation. In Russia, all

Impact indicator 22.
 Percentage of young women and men aged 15–24 who are HIV-infected (Prevalence of HIV among pregnant women tested for HIV in Russia) – **0.46 percent.**

pregnant women are advised to test for HIV in order to promptly begin measures to prevent MTCT. After a significant increase in new HIV cases among pregnant women in 2001–2002, the number of new cases stabilized between 2003 and 2007 and the number of pregnant women tested increased (Fig.4).

According to data reported for indicator 22, 0.46 percent of pregnant women in Russian in 2006 were HIV-positive¹².

Analysis of HIV transmission routes showed that in 2007 the main risk factor in Russia continued to be injecting drug use with non-sterile instruments. In 2007, 64.5 percent of HIV cases were contracted through injecting drugs (Fig. 5).

From 2002 to 2007, more people became infected through heterosexual contact. Both the absolute and relative numbers of infection through heterosexual contacts have grown in the last six years. In 2002, the total number of infections through heterosexual contacts was 17.8 percent, while in 2007 it was 34.1 percent. It should be noted that the main transmission route for women (63 percent) is sexual contact, while for men it is injecting drug use.

In Russia, HIV affects the younger generation most of all. By the end of 2007, 75 percent of all PLHIV had been diagnosed with HIV between the ages of 15 to 30. Women may become infected at younger ages than men. In 2006, a positive serostatus was diagnosed more frequently in women aged 20–24, while men were more likely to be diagnosed with HIV between the ages of 25–29. This is yet another statistical indication that the HIV epidemic is continuing among injecting drug users and is spreading through heterosexual contact.

In 2006–2007, the groups at highest risk for continuing the HIV epidemic in Russia were injecting drug users, sex workers, men who have sex with men, people in the penitentiary system, and the sexual partners of people in all of these groups.

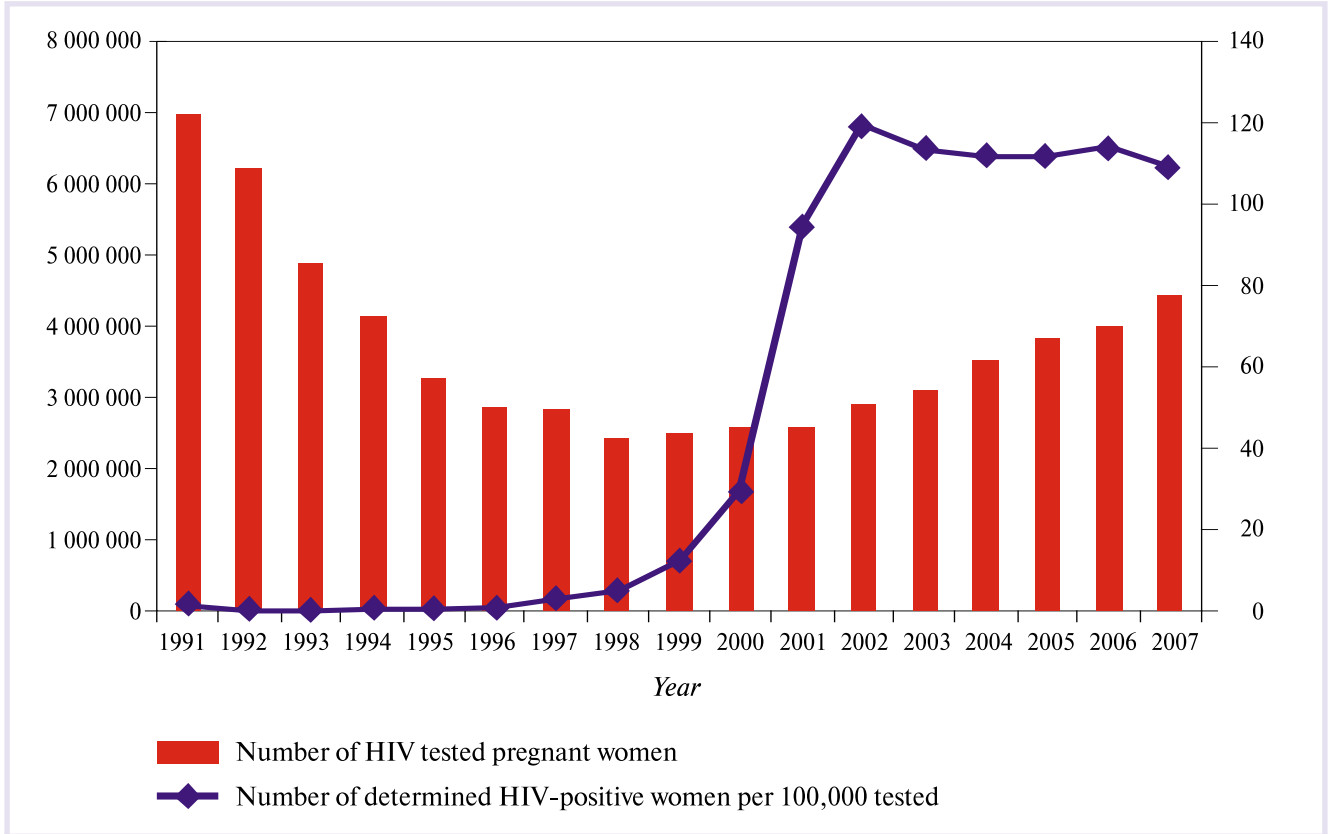


Figure 4. Results of HIV testing of pregnant women in the RF

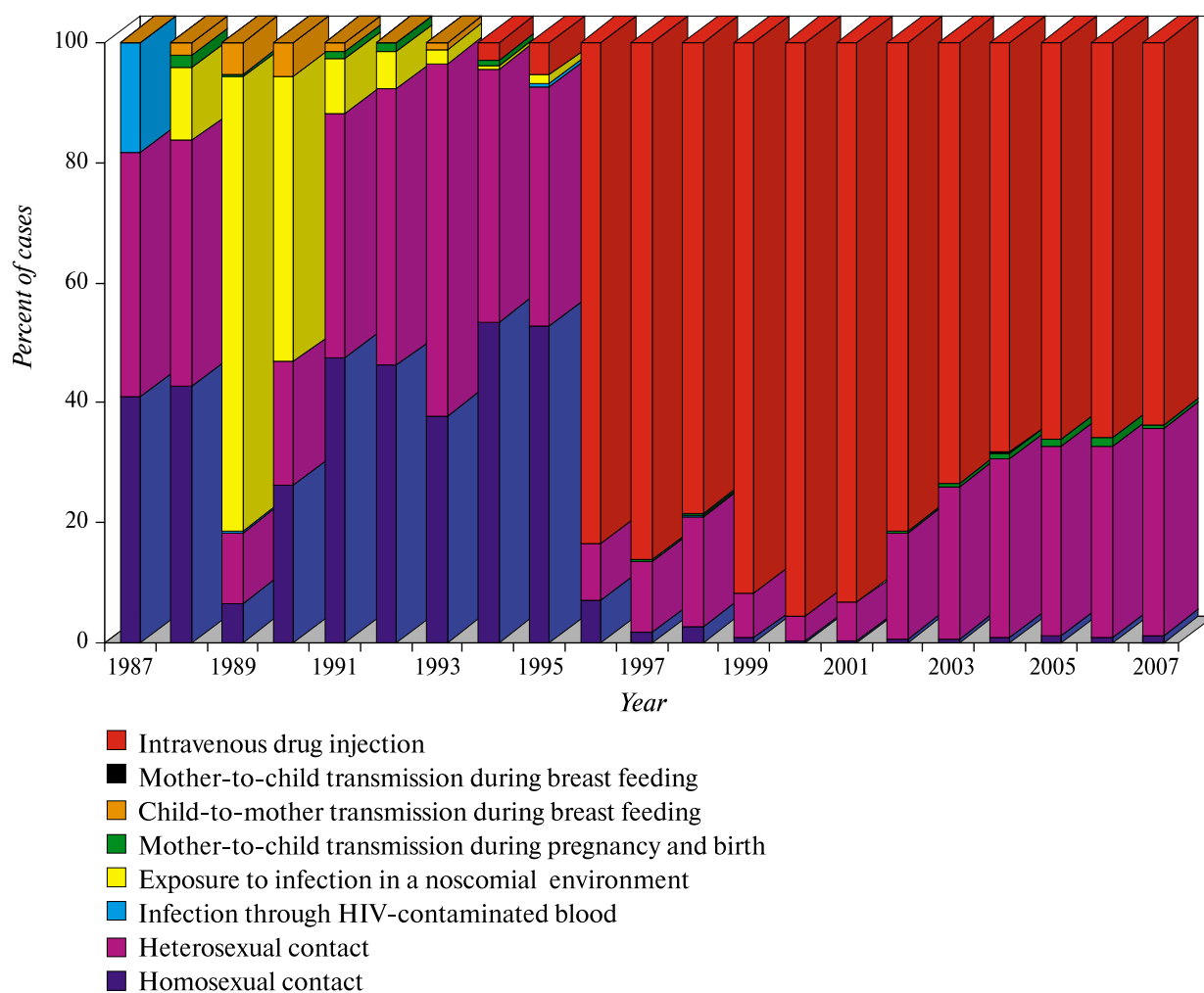


Figure 5. Distribution of registered HIV cases by main risk factors 1987–2007

Men who have sex with men

The first cases of HIV in the country were diagnosed among MSM. According to official statistics, over the entire period of registration from 1987 to 2007, 1,613 men were infected after via sexual contact with men. The largest number of HIV cases among MSM (34.6 percent) in the Russian Federation was registered in the period from 1987 to 1995. Although in 1996–2007 the share of new infections through homosexual contact decreased to 0.6 percent, the absolute figures of newly registered cases of HIV among MSM are rising. In 2007, 1.1 percent of men who stated that they sought an HIV test because of homosexual contacts were diagnosed HIV-positive, while in 2006 0.54 of men tested for this reason were HIV-positive. This means that in 2007 the number new infections rose twofold in comparison with 2006. These numbers show that homosexual contact is becoming a more prevalent transmission route in the Russian Federation.

Research findings from second generation epidemiological surveillance studies show that the prevalence of HIV among MSM in different territories of the country is not uniform; in one city of the Russian Federation it was more than 5 percent.

Table 2 shows the prevalence of HIV among MSM in different regions of Russia based on research from second generation epidemiological surveillance studies conducted in 2003–2007.

Table 2

Prevalence of HIV among MSM in different regions of Russia based on research from second generation epidemiological surveillance studies

Research year	Region of the Russian Federation	Number of MSM tested for HIV	Prevalence of HIV (percent)	Prevalence of syphilis (percent)	Data source
2003	Yekaterinburg	124	4.8	15.3	Smolskaya T.T., 2004 ¹³
2003	Tomsk	114	0	1.8	Smolskaya T.T., 2004 ¹⁴
2006	Moscow	321	0.9	0	WHO, 2007 ¹⁵
2006	St Petersburg	237	3.8	4.2	WHO, 2007 ¹⁶
2006	Nizhny Novgorod	108	9.3	—	Partner programme of Nizhny Novgorod oblast and the UK, 2007 ¹⁷

Indicator 23 provides data from the WHO sentinel surveillance study of HIV prevalence and risk factors among MSM in Moscow conducted in 2007.

The following risk factors in the behaviour of MSM have been identified:

- High number of sexual partners, both men and women. Research in Moscow and St Petersburg shows that 78.3 percent respondents aged 20–29 had more than 15 sexual partners over the last six months, and 6.6 percent of those surveyed reported sexual contact with HIV-positive partners. According to research conducted by the Foundation for Social Development and Information Technologies, about 30 percent of 539 MSM in nine regions of the Russian Federation reported to have had sex with women over the last 12 months¹⁸.
- Sex under the influence of drugs or alcohol. In Moscow 77.9 percent of respondents reported having had sex under the influence of alcohol within the preceding month; in St Petersburg, 65 percent reported having had sexual relations while intoxicated within the preceding month (WHO, 2006).
- Inconsistent use of condoms. A national internet survey of 3,600 MSM conducted in 2006 showed that only 50 percent of MSM who have regular and non-regular partners used condoms in the last contact with their main partner.
- The practice of commercial sexual services. The internet survey revealed that 20.6 percent of respondents had sex for money or other compensation. Of them, 20 percent reported to had not used condoms during their last commercial sexual contact.
- Only 44.6 percent of respondents in this study understood that there was some risk or a high risk of HIVinfection¹⁹.

Impact indicator 23.

Prevalence of HIV-positive men among MSM in Moscow (capital of the Russian Federation) – **0.9 percent.**

Percentage of new HIV cases among MSM tested in the Russian Federation in 2007 – **1.1 percent.**

Injecting drug users

The overwhelming number of HIV-positive people registered in the country by the end of 2007 (82.4 percent of those who know how they were infected) contracted HIV when using non-sterile instruments for drug injection. Although the number of new HIV cases



among IDU decreased from 95.6 percent in 2000 to 63.7 percent in 2007, the main route of HIV infection in Russia in 2006–2007 remained intravenous drug injection.

In recent years there has been a decrease in the number of new HIV infection cases among IDU that may be explained by slower rates of dissemination in this group (Fig. 6), although in some regions of the Russian Federation in 2007 HIV transmission increased in this population. In 2001, 6 percent of those tested for HIV in this population were newly diagnosed with HIV, while in 2006–2007, there were 2.1 percent of new HIV infections among the tested IDU.

In 2006, according to data from the National Scientific Narcology Centre of the Federal State Agency for Health and Social Development, specialised narcological institutes registered 517,800 drug users including 367,300 injecting drugs users, that is, 70.9 percent of the total number of registered drug users²⁰. In Russia, 11.8 percent of these IDUs were tested HIV-positive in 2006 (in 2005 – 9.3 percent). In 2006 there were 47 regions where the level of registered HIV infection exceeded 5 percent among IDUs (in 2005 there were 37 regions with this level), which amounts to more than half of the regions in the Russian Federation (59 percent). Data from the National Narcology Centre shows that in 16 regions of the Russian Federation more than 20 percent of IDU are HIV-positive.

Data from narcological institutions on the number of registered injecting drug users testifies to the high level of injecting drug use in the Russian Federation. When using international classification standards, in more than half the country's regions the HIV epidemic appears to be in the concentrated phase.

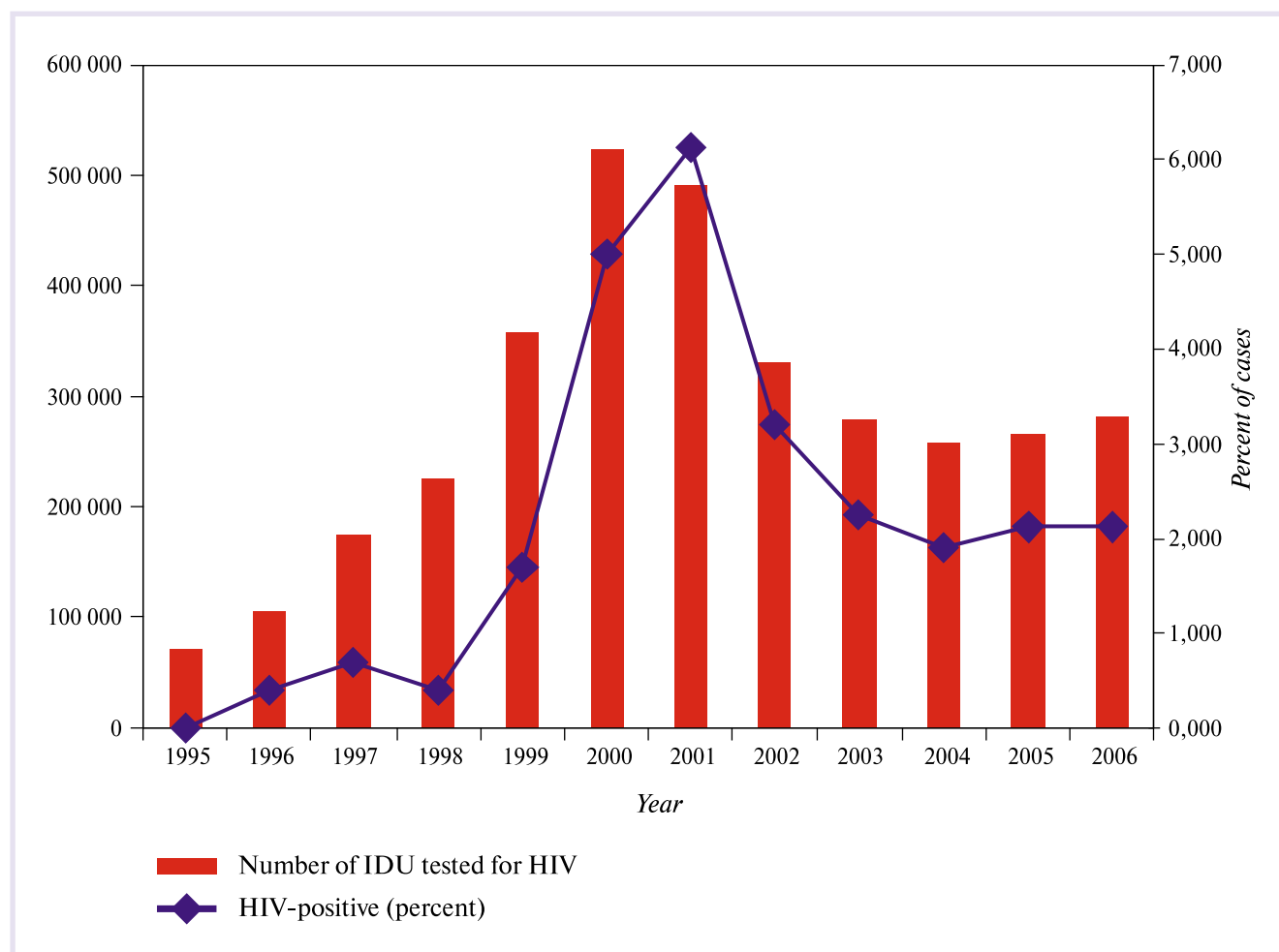


Figure 6. Results of HIV testing of IDU in the Russian Federation

Impact indicator 23.

Percentage of HIV-positive injecting drug users in Moscow – **10.3 percent.**

Percentage of HIV-positive injecting drug users in the Russian Federation – **11.8 percent.**

Statistical data extracted from the State Statistical Form 11 on the number of HIV-positive IDU registered at narcological institutions were used for impact indicator 23 (National Narcology Centre, 2006).

Data from second generation epidemiological surveillance studies show that the prevalence of HIV among IDU

in different regions of the Russian Federation varies greatly: in 2005–2007 it ranged from 8 to 64 percent (Table 3). In Nizhny Novgorod it was 8.4 percent (DfID Partner Programme of Nizhny Novgorod oblast and the UK, 2007). In such cities as Oryol, Chelyabinsk, and Naberezhnye Chelny it ranged from 13 to 15 percent, while in Yekaterinburg more than half of the IDU were HIV-positive (64 percent).

Table 3
HIV prevalence among IDU in several Russian regions
(based on findings from second generation epidemiological surveillance studies)

Year	Region of the Russian Federation	Number of IDU tested for HIV	HIV prevalence (percent)	Hepatitis C prevalence of (percent)	Data source
2006	Nizhny Novgorod	214	8.4	–	DfID Partner programme of Nizhny Novgorod Oblast and the UK, 2007 ²¹
2007	Yekaterinburg	300	6.4	89.7	RHRN, Stellit, 2008 ²²
2007	Oryol	300	14.7	61.0	RHRN, Stellit, 2008 ²³
2007	Chelyabinsk	300	15.3	50.7	WHO, UNODC, 2008 ²⁴
2007	Naberezhnye Chelny	335	13.4	48.7	WHO, UNODC, 2008 ²⁵

The main reason for HIV infection among IDUs is the practice of using non-sterile instruments for drug injection. Findings from research done by PSI in 2007 with a sample of 701 respondents in Samara and Saratov showed that the risk of HIV infection was higher when instruments other than needles and syringes were shared for injecting drugs. For example, 81.6 percent of respondents used sterile needles and syringes the last time they injected drugs; 66 percent shared filters; 71 percent shared drug containers; and 72 percent shared the water for rinsing syringes and dilution²⁶. RHRN research conducted in 22 Russian cities in 2007 showed that the absolute majority of 2,823 respondents (91 percent) had not shared needles or syringes the last time they injected, but half of them (52 percent) took the drug from a common syringe, 46 percent filled their syringes from common non-sterile containers for preparing drugs, and 45 percent shared non-sterile filters. Eleven percent of the respondents had not been tested for HIV²⁷.

These findings show that various instruments are shared two to three times more often than needles and syringes and suggest that prevention programmes for IDUs must be modified to make this danger understood. Programmes must also take into account the fact that IDUs might engage in higher risk sexual practices that can lead to HIV infection. RHRN research shows that the share of IDU practicing safer sex amounts to just 3 percent of the total number of respondents; 79 percent demonstrate higher risk behaviour in both situations; 60 percent of IDU in Nizhny Novgorod used drugs during their last sexual contact with



their regular partner or SW; 54 percent also used drugs when having sexual contact with a casual partner. Sixty six percent of IDU reported that they had sexual intercourse with partners who had never injected drugs within the previous year. (Partner programme of Nizhny Novgorod oblast and the UK, 2007).

Sex workers

WHO experts estimate that there are from 150,000 to 300,000 sex workers in Russia. Research conducted in 2001–2007 in the majority of Russian cities showed that from 0.1 to 0.3 percent of the total population are engaged in commercial sex.

Table 4 shows the prevalence of HIV among SWs based on research done in 2005–2007 in several Russian regions.

Table 4
HIV prevalence among SWs in several Russian regions
(findings from second generation epidemiological surveillance studies)

Year	Region of the Russian Federation	Number of SW tested for HIV	HIV prevalence (percent)	Hepatitis C prevalence (percent)	Data source
2006	Nizhny Novgorod	208	5.8	—	Partner programme of Nizhny Novgorod oblast and the UK, 2007 ²⁸
2007	Chelyabinsk	200	6	14	Federal AIDS Centre, 2008 ²⁹
2007	Krasnoyarsk	200	8	—	Project GLOBUS, 2007 ³⁰
2007	Tomsk	200	2	—	Project GLOBUS, 2007 ³¹

According to research conducted in second generation epidemiological surveillance studies among SWs in 2002–2005, HIV prevalence ranged from 15 percent in Moscow and Yekaterinburg to 48 percent in St Petersburg³² and 62 percent in Tolyatti (Platt *et al.*, 2004). Data for 2006–2007 showed 6 percent HIV prevalence among SWs. In Moscow no research for SW was done in 2006–2007, and therefore indicator 23 for SW is not provided by this report.

Behavioural patterns that increase risks of HIV infection in the SW group include:

- High number of sexual partners. In 2006, a survey of 1,114 SWs conducted under the auspices of the National Priority Project on Health in 10 Russian regions by AIDS Infoshare showed that the average number of clients is 33 per week³³.
- Alcohol and drug use. In Samara and Saratov, a study showed that 15.5 percent of SWs drink alcohol every day. The 2006 PSI study revealed that one third of 771 respondents always or nearly always had sexual intercourse under the influence of alcohol³⁴. Research conducted by the DfID Partner Programme of Nizhny Novgorod oblast and the UK in 2007 showed that 16 percent of the SWs surveyed had injected drugs at some point and 11.6 percent of them had injected drugs within the previous month³⁵.
- Insufficient use of condoms, especially with non-commercial sexual partners. In Samara and Saratov, 44 percent of SWs reported that they had not used condoms during their last sexual contact with non-commercial partners. A survey of SWs in 10 regions under the National Priority Project on Health showed that 53 percent hadn't used a condom with their last non-commercial partner, and in Nizhny Novgorod, 73 percent said they hadn't.
- Sexual violence. One third of respondents in Nizhny Novgorod reported sexual violence from clients in the past year.

People in the prison system

More than 10 percent of all diagnosed cases of HIV in Russia were registered in people who were incarcerated during 2006–2007, which is connected with the predominant share of IDU among people living with HIV. In recent years HIV has increased in the Federal Prison System. In the Russian Federation, everyone who is admitted to a prison undergoes HIV testing. The total number of HIV-infected people in the penitentiary institutions of the Russian Federation amounted to more than 60,000. Some of these PLHIV have been released from correctional facilities.

In 1999, there were 7,500 HIV-infected people in correctional facilities and prisons, and according to data from the Medical Administration of the Federal Prison System, (A.S. Kuznetsova, 2008), the number rose to 43,800 in 2007. In 2007, HIV prevalence in the prison system was 4.9 percent.

The majority of HIV-positive inmates were IDUs who had been infected before entering the facilities. According to research done by the Russian Harm Reduction Network (2006), out of 2,823 IDU respondents, 15 percent had been in prison many times and 21 percent – once³⁶.

Another epidemiological aspect of HIV/AIDS in the Russian Federation is the marked molecular-genetic homogeneity of the HIV virus. The HIV-1 group M predominates. In addition, researchers have identified seven subtypes of HIV-1^{37, 38}: A, B, C, D, F, G, and H; they have also identified recombinant forms of HIV-1: CRF03_AB, CRF01_AE, CRF02_AG and gagDenvG³⁹. Subtype A is found more often than other types (more than 94 percent of all registered cases⁴⁰). The recombinant form of subtypes A/B predominate in Kaliningrad oblast and other regions of the Northwest among IDU and the heterosexual population. So far research has not shown a high prevalence of ARV-resistant types of HIV in the country. According to research conducted in 2007 in six Russian regions by the Federal AIDS Centre with HIV-infected people who had not yet received ARV and those recently infected, HIV-1 with significant medication resistance was found in 0.8 of the cases and HIV-1 with low resistance was encountered in 1.9 percent of the cases⁴¹.

Thus by 2007, the HIV epidemic was largely predominant in the risk groups of IDU, SW and the prison population. Current data also indicates an increase in HIV infection among MSM and in the heterosexual population. The preventive programmes operating in the country have helped to keep the epidemic in the concentrated stage in 2007.



III. National Response to the AIDS Epidemic

In 2006 and 2007, the Russian Federation continued to fulfil the commitments adopted in the framework of the UNGASS Declaration of 2001. The government, Russian state and civil society institutions are active in efforts within the global initiative for universal access to prevention, treatment and care for PLHIV by the year 2010 that was supported by the Group of Eight and UNAIDS.

Political and organizational decisions

In the last two years there has been significant progress in curbing the HIV epidemic and alleviating its consequences. Crucial political and economic measures were passed at the level of the RF president and prime minister that significantly changed the organization of activities in response to the HIV/AIDS epidemic. In 2006, the State Council of the Russian Federation, chaired by President Vladimir Putin, conducted a session *On urgent measures for controlling the spread of HIV infection in the Russian Federation*. The president set the goal of halting the rate of growth of the AIDS epidemic in Russia and to draw business, political parties and civil society into the response efforts. Key changes were made to support and implement comprehensive measures to slow the epidemic when the new National Priority Project on Health was begun. The *Project for the Prevention of HIV, Hepatitis B and C and Diagnosis and Treatment of HIV* was implemented in 2006 and 2007.

In accordance with RF Government Resolution 608 of 9 October 2006, a Government Commission on HIV/AIDS (Government Commission on the prevention, diagnosis and treatment HIV-related disease) was formed. Members include deputies of the State Duma, representatives of ministries and other state agencies, medical and scientific organisations, and civil society. The broad membership has ensured that the decisions made are carried out⁴².

In 2006 and 2007, entities previously established for coordination of the HIV/AIDS response continued to function. These include the Coordinating Council on HIV/AIDS issues of the Health and Social Development Ministry; the Country Coordination Mechanism on the Prevention of HIV/AIDS and Tuberculosis, and the Coordinating Council on the Prevention of Mother-to-Child Transmission of HIV. In 2004, the State Duma organized a Inter-Fractional Parliamentary Working Group on AIDS issues to support work on a comprehensive state strategy in response to the epidemic⁴³.

In 1995, the State Duma of Russia adopted a law that was still in force in 2007. The *Federal Law on the Prevention and Control of HIV in the Russian Federation* was enacted to protect the rights of PLHIV and the country's population in general.

The first regional Eastern European and Central Asian conference on HIV/AIDS was held in Moscow in 2006 with more than 1,600 participants from 49 countries. In the course of 2006–2007, work was done in preparation for the second conference that is to take place in Moscow 3–5 May 2008⁴⁴.

An international parliamentary conference called *HIV/AIDS in the Eurasian countries and the role of the Group of Eight in the fight against the epidemic* was held in St. Petersburg before the G-8 summit. The conference was held at the initiative of the RF State Duma Interfractional Working Group on HIV/AIDS issues and the All-Party Parliamentary Group on AIDS (UK) with support from Transatlantic Partners Against AIDS. HIV/AIDS was also discussed at the G-8 summit in St. Petersburg in July 2006⁴⁵.

Preventive programmes

In 1993, the Supreme Council of the Russian Federation approved the first national programme on the prevention and fight against AIDS, *Anti-AIDS*. The programme was extended several times. Currently in operation is the sub-programme *On urgent measures to control the spread of HIV in the Russian Federation (Anti-HIV/AIDS)* of the Federal Programme to Prevent and Control Social Diseases 2007–2010.

All administrative territories of the Russian Federation have similar regional programmes to prevent the spread of HIV from 2007 to 2010. The programmes are designed to create a unified strategy in response to the HIV/AIDS epidemic throughout the country. Many AIDS activities, such as educational programmes, are not part of these regional programmes but are rather funded from other sources and programmes. For example, the needs of orphans, HIV-infected parents and vulnerable children; education on HIV at schools; the safety of donor blood and many other issues are funded by special regional and specialized programmes.

The National Priority *Project on Health for the Prevention of HIV, Hepatitis B and C and Diagnosis and Treatment of HIV* was launched in 2006-2007. The main objectives of the project in 2007 were:

- Treatment of at least 30,000 HIV-positive people in accordance with standard medical protocols and HIV testing of at least 20 million people
- Comprehensive out-patient follow-up for HIV-positive people and access to a full course of treatment for all HIV-positive pregnant women to prevent mother-to-child transmission
- Formation of a system for procuring antiretroviral drugs to ensure a regular supply of medications and diagnostic agents through the Federal budget to the regions of the Russian Federation
- Coordination of HIV prevention activities in the National Priority Project on Health, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the World Bank Project and development of an HIV prevention programme for vulnerable groups of the population as well as programmes to decrease stigmatization and discrimination of PLHIV.

In 2006–2007, for the first time in Russia a National Priority Project on Health funded large-scale preventive programmes.

Activities to make the response to the HIV epidemic more effective that were implemented in 2006–2007 have strengthened the system of organizational measures and specialized institutions that were founded and begun before the 1990s. At present, there are more than 100 territorial centres for the prevention of AIDS and more than 1,000 laboratories for diagnosing HIV functioning in Russia. Each centre contributes to the entire range of measures to curb HIV in the country in accordance with their functional responsibilities.

Since 1990, every year 15–17 percent of the population of Russia (20–24 million people) is tested for HIV. In accordance with the *Federal Law on the Prevention and Control of HIV in the Russian Federation* and regulations for registration of people tested for HIV, the testing is free of charge and accompanied by obligatory pre-test and after-test counselling. HIV testing is done largely for adults between ages 15 and 49 who compose half the population of the country. Thus the coverage of the adult population with HIV testing is significantly higher than of the overall population. The lowest indicator for HIV testing coverage of different groups of the population is approximately 30 percent. The highest indicator for testing coverage is 80–90 percent in vulnerable groups.

In 2007, the following preventive measures were taken under the National Priority Project on Health:

- Information campaigns in the mass media, including federal and regional television, the print media, outdoor public service messages, internet, youth activities, charity concerts and plays designed to prevent HIV among young people.
- Activities to prevent the spread of HIV in vulnerable population groups.
- Preventive measures against mother-to-child- transmission of HIV.
- Measures to decrease discrimination against PLHIV and create a more tolerant attitude to PLHIV and their families.

Activities funded by grants provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria are implemented through the GLOBUS Project (*Global Efforts Against AIDS in Russia 2004–2009*) by a consortium of five Russian and international NGOs in 10 administrative territories of the Russian Federation. The project carried out a successful program-



me for HIV prevention that at present has reached over 45,000 people in vulnerable groups including SW, IDU and people in prisons. Preventive programmes for vulnerable groups focus on providing information and education to decrease risk of infection, motivating people to take care of their health and the health of their family and close partners, and using medical and social services. In all 10 project regions, the Focus Media Foundation conducted mass media campaigns to promote responsible sexual practices among 15–25 year olds and to encourage to-

lerance for PLHIV in the general population. The campaigns reached more than 20 million people, including more than 520,000 young people. The only large-scale HIV prevention programme for MSM in Russia, *LaSky – Trusting each other!*, is also being carried out under GLOBUS in nine Russian regions. In 2007 this project also began a new programme on *HIV Prevention among Labor Migrants*. In nine Russian regions support was provided to regional resource centres to prevent mother-to-child HIV transmission (MTCT). Another programme, *Human Rights and HIV*, was designed to lessen the negative social consequences of HIV by providing information and legal advice to PLHIV, other people affected by the epidemic, medical personnel, and staffs of AIDS service organizations.

Another large project of the GFATM is the project, *Development of a Strategy for the Treatment of the Population Vulnerable to HIV/AIDS in the Russian Federation*. In 2007, the Russian Health Care Foundation implemented this project in the 16 regions most affected by HIV, which are home to 40 percent of the country's total population. The project also conducts activities with correctional institution personnel and former prisoners, which include training for prison personnel on voluntary counselling and testing.

The project also supported six television talk shows, *Time to Live*, hosted by the prominent television journalist Vladimir Pozner. The involvement of high-level local officials has contributed significantly to a change in attitudes in local governments towards HIV/AIDS issues. Support has been given to a project to create a television series about PLHIV on the show *AIDS First Aid*. There is a national free hot line for PLHIV. Support was also provided to an edition of a journal for professionals, *Steps for the Professional*, and a newspaper for PLHIV called *Steps Express*.

Efforts are being taken to provide psychological counselling and palliative care. Reference Centres for IDU, MSM, and SW have been founded to provide information on HIV prevention, treatment, and social services for PLHIV. 27 Harm Reduction Centres continue their work, which to date has helped about 14,000 IDU and 5,450 SW. Sixteen grants were provided to hold training sessions on voluntary counselling and testing for a wide range of specialists, including 1,520 doctors. In 2007, the project supported a nationwide car rally *STOP AIDS* that travelled through the 15 largest Russian cities.

In 2006, the Global Fund provided support for the project *Scaling up access to HIV Prevention and Treatment by Strengthening HIV Services for Injecting Drug Users in the Russian Federation* which will support 33 harm reduction programmes for IDU.

In 2007 there were more than 300 different preventive projects underway in the Russian Federation that received financing from various sources, including:

- Sixty projects financed through the National Priority Project on Health, among which were 17 in correctional facilities and 40 projects for palliative care and adherence to ART;
- 117 projects funded by the Open Health Institute under GLOBUS, among which were 60 for HIV/AIDS preventive activities among vulnerable groups and 54 projects on treatment, care and social protection for PLHIV;

National programme indicator 7.

Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know their results – **34.10 percent**⁴⁶.

National programme indicator 8.

Percentage of the population most at risk who have received an HIV test in the last 12 months and who know their results:

- SW: **61.20 percent**⁴⁷;
- MSM: **31.50 percent**⁴⁸;
- IDU: **46.21 percent**⁴⁹.

- 86 projects funded by the Russian Health Care Foundation in 15 Russian regions, including 31 projects to prevent HIV in higher risk groups, 55 projects to provide palliative care, and programmes to encourage ART adherence and develop non-medical services;
- Programmes with the International Labour Organization on HIV prevention in the work place in Moscow and Murmansk oblasts;
- Programmes to raise the qualification of teachers, psychologists, student activists at institutions of secondary vocational training funded by the *Federal Programme to Prevent and Control Significant Social Diseases 2007–2010*, which trained 406 specialists in five regions;
- Programmes for HIV prevention among military personnel under the National Priority Project on Health and international projects of the organizations Accent and Take Care (Defence Line Project) in the North-Caucasian, Privolzhsko-Ural and Moscow military districts;
- The 8th Summer School for young volunteers who are working in programmes that promote healthy life-styles, which provided training to 135 people from 27 Russian regions;
- Support programmes for PLHIV and hotlines in Russian regions.

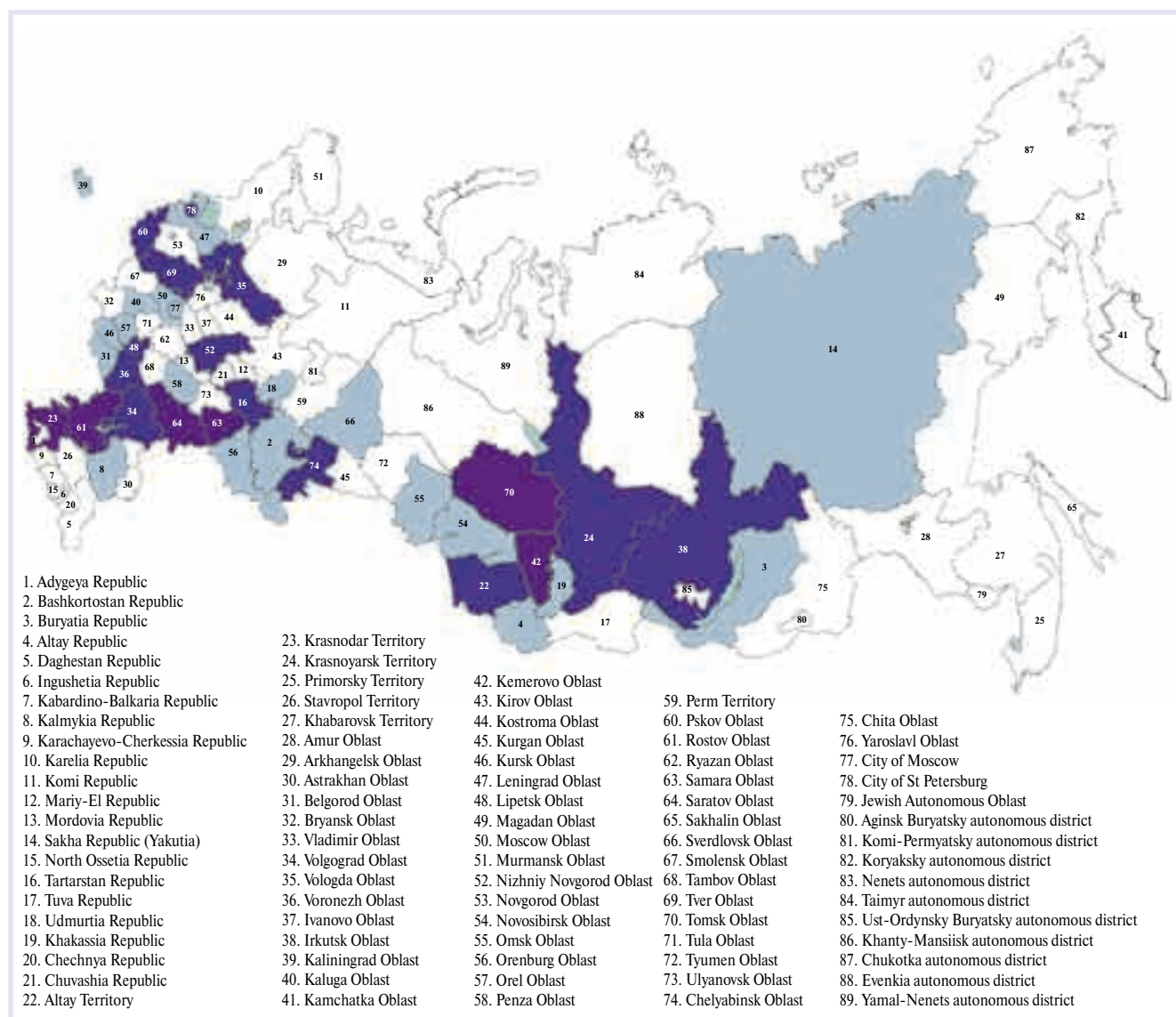


Figure 7. HIV preventive projects for injecting drug users. National Priority Project on Health, GLOBUS, RHRN, Russian Health Care Foundation, 2007



Thanks to these preventive activities, far more people in vulnerable groups were reached than in 2004–2005.

In 2006, 13,469 seminars and training sessions were held on HIV, Hepatitis B and C for 312,997 medical specialists. In eight months in 2007, 15,113 seminars and training sessions were conducted for 209,781 medical specialists.

In order to decrease discrimination and increase tolerance towards PLHIV and their family members, methodological materials were developed on HIV, decreasing stigma and discrimination of PLHIV for medical specialists, personnel of boarding schools for HIV-infected children, and lawyers. Materials for the general population were also developed. Seminars and conferences on measures to reduce stigma and discrimination of PLHIV and to increase ART adherence were held for 200 doctors in seven Russian regions.

The National Priority Project on Health conducted two public information campaigns to raise awareness: *You have the right to know how to defend yourself from HIV* (2006), and *Keep in touch with your health!* (2007).

Gallop Media research data showed that in 2006, 25 million people were reached by these campaigns, and 50 million were reached in 2007. Video materials were shown on federal and regional channels. The channel TNT produced 81 shows of the programme *AIDS First Aid* on HIV and its affect on people's lives. A free 24-hour hotline on HIV and AIDS issues is in operation. In 2007, a nationwide car rally, *STOP AIDS*, travelled to 15 regions and organized a variety of activities to curb the spread of the epidemic.

The Russian Media Partnership Against AIDS (RMP), a group of more than 40 mass media companies that joined to design and implement unified mass media campaigns in 2006 and 2007, has made a significant contribution to preventive activities for the general public. The ongoing campaign, *Stop AIDS: It Concerns Everyone*, is designed to slow the spread of HIV and form a more tolerant attitude towards PLHIV. At the UN General Assembly Special Session on HIV/AIDS in June 2001, the activities of the partnership were named one of the best practices for engaging the media community in the HIV/AIDS response in the report of the Global Media AIDS Initiative. The *Stop AIDS* campaign and media partnership are coordinated by Transatlantic Partners Against AIDS (TPAA).

The effectiveness of these preventive measures can be measured by changes in risk behaviour in connection with the HIV infection.

Less than 34 percent of young people aged 15–24 gave correct answers to five basic questions about HIV. IDU were best informed on HIV issues. In the vulnerable groups studied, the lowest level of knowledge on HIV was shown by MSM. In the results of ESPAD (European School Survey Project on Alcohol and Other Drugs) research done by the National Scientific Narcology Centre in 2007⁵⁷ among Moscow schoolchildren aged 15–16, showed that correct answers to the five basic questions were given by 17.2 percent of the respondents. However, this low figure was connected with a popular myth circulating among

National programme indicator 9.

Percentage of population at highest risk reached by HIV prevention programmes

- SW: **38.98 percent**⁵⁰;
- MSM: **16.83 percent**⁵¹;
- IDU: **23.83 percent**⁵².

Knowledge and behaviour indicator 13.

Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission – **33.8 percent**⁵³.

Knowledge and behaviour indicator 14.

Percentage of the population at highest risk who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

- SW: **36.36 percent**⁵⁴;
- MSM: **26.38 percent**⁵⁵;
- IDU: **45.70 percent**⁵⁶.

Knowledge and behaviour indicator 18.

Percentage of female and male sex workers reporting the use of a condom with their most recent client – **92.0 percent**⁶⁰.

Knowledge and behaviour indicator 19.

Percentage of men reporting the use of a condom the last time they had anal sex with a male partner – **59.55 percent**⁶¹.

Knowledge and behaviour indicator 20.

Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse – **36.52 percent**⁶².

Knowledge and behaviour indicator 21.

Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected – **81.6 percent**⁶³.

Knowledge and behaviour indicator 15.

Percentage of young women and men aged 15–24 who have had sexual intercourse before the age of 15 – **7.4 percent**⁶⁴.

Knowledge and behaviour indicator 16.

Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months – **15.0 percent**⁶⁵.

young people, and if the question about infection via mosquito bites was excluded, then 39.6 percent⁵⁸ of the respondents answered the other four questions correctly.

According to behavioural research and sero-epidemiological studies, in 2006–2007 vulnerable populations in Russia continued to practice high risk behaviours, but the share of those practicing high risk behaviours decreased in comparison to 2004. Indicator 18 showed that SWs exhibited a high level of condom use, and indicator 20 showed that a great number of IDUs reported using sterile instruments when they last injected drugs. However, indicator 21 cannot be interpreted correctly for the Russian Federation as it only concerns sterile needles and syringes. Research conducted by PSI (2007)⁵⁹ showed that IDU shared instruments for preparing drugs two to three times more often than they shared needles and syringes. This finding suggests ways to improve preventive programmes.

Analysis of the data shows that the general population has less information on HIV than vulnerable groups and practices higher risk sexual behaviour, suggesting that there should be more prevention activities for the general public.

Care, treatment and support

This aspect of work was one of the most important priorities for 2006–2007. The most comprehensive approach to these issues was in the National Priority Project on Health's efforts in the project *Prevention of HIV, Hepatitis B and C and Diagnosis and Treatment of HIV*. Administrative resources of the Russian regions were mobilized to implement the National Priority Project on Health and to prevent the spread of HIV in 2007. All constituent units of the country adopted normative documents, interdepartmental task forces and coordinating councils under governors were established, and all the relevant services were integrated into the efforts. Action plans were developed, and meetings and collegiums were convened regularly to discuss progress. Today increased funding and mobilization of administrative resources have largely solved the problem of access to ART for all patients under out-patient observation. In 2007, more than 90 percent of people in need of HAART who are under out-patient observation received treatment. As of 2008, the problem of ART treatment and monitoring in correctional facilities has not been resolved.

In 2007, the main tasks of the National Priority Project on Health on HIV/AIDS were fulfilled. According to data from Russian constituent units, as of 31 January 2007, 23,821,362 HIV tests were conducted; 31,094 HIV-infected people were receiving ART; 3,743 HIV-infected people were receiving ART in correctional facilities; 6,239 HIV-infec-



ted pregnant women went through a full preventive course in 2007⁶⁸. At present, out of a total number of 320,205 HIV-positive people, 251,515 are under out-patient observation (78.5 percent). In 2006, 42,629 people were included in out-patient registries; in 2007, another 59,540 people were added. In 2007, 232,179 tests were done to determine virus load and 308,909 tests for determining immune status. The percentage of HIV-infected patients tested for virus load was 92.3.

The results of a cohort study showed that the probability of survival was 78 percent after 12 months from the start of HAART, as reflected in indicator 24. Data from the Open Health Institute, collected under the GLOBUS Project showed that 1,258 people started HAART on 1 October 2005 and by 1 October 2006, 986 patients were still alive and continued receiving treatment.

Support for activities in treatment and care for HIV-infected people is done through the Global Fund to Fight AIDS, Tuberculosis and Malaria projects, primarily the GLOBUS project, *Promoting a Strategic Response to HIV/AIDS Treatment and Care for Vulnerable Populations in the Russian Federation*.

As of 1 June 2007, there were 7,000 patients in the programme, 1,500 of whom were in 108 correctional facilities. Patients continue to be admitted to the ART programme, and activities are being continued to encourage PLHIV who do not regularly visit AIDS centres to become involved in programmes for observation, laboratory testing, and treatment. Eight laboratories in regions of the Russian Federation have received essential equipment and the staffs are being trained. 140 pharmacists have attended special courses; more than 70 specialists have been taught diagnostic methods. A model for regional data banks has been developed. The total number of patients involved in the programme is approximately 21,000. In the framework of 11 regional projects, specialists from interdisciplinary teams (doctors with a speciality in infectious medicine, psychologists, social workers, and peer counsellors) counsel patients and families, promote ART compliance, and sign up new patients in need of treatment. Sixteen regional training projects to prevent MTCT have been conducted. In two years, more than 1,300 specialists have been trained. More than 3,000 HIV-infected pregnant women in the regions have received treatment for the prevention of MTCT. Over 2,500 specialists have received training at educational seminars on ART issues. The programme also included ART for TB patients and patients with related diseases, as well as post-contact preventive measures. The project *Development and Implementation of HIV/AIDS Educational Programmes for Medical School Instructors*, coordinated by the Medical Academy of Post-Diploma Education of St Petersburg (MAPE) and the American International Health Alliance, has trained 133 specialists. The process to certify educational courses on ART for adult patients for post diploma education is underway, and a single testing system is being put into place to ensure quality. ART programmes are being adapted for higher medical educational institutions.

In 2006–2007, the World Bank project, *Prevention, Diagnosis and Treatment of Tuberculosis and AIDS*, was continued. Under the AIDS component, federal and regional AIDS centres in 86 regions received equipment, and ten Federal Prison Service laboratories and STI centres were provided with laboratory and medical equipment for HIV testing and monitoring of treatment effectiveness. Under the project, 48 new normative-methodological documents concerning HIV were developed, and the majority of them were adopted by the Ministry of Health in 2007.

National programme indicator 4.

Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy in:

- 2007: **93.19 percent**⁶⁶;
- 2006: **72.54 percent**⁶⁷.

Impact indicator 24.

Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy – **78.38 percent**⁶⁹.

Since most HIV-positive Russian patients combined infections of HIV and hepatitis B or/and C, work is being done to prevent and treat Hepatitis B and C under the National Priority Project on Health.

Information provided by regional administrations and regional offices of the Federal Service on Surveillance of Consumer Rights Protection and Human Well-Being of the Russian Federation under the National Priority Project on Health indicated that as of 1 January 2008, the coverage of the adult population with three-dose vaccinations for viral hepatitis B was 47.4 percent. In December 2007, drugs to treat chronic viral hepatitis were provided in full to pilot projects in the Russian regions, which provided treatment for 8,400 patients. In 2008, ART will be supplied under the National Priority Health Project to 3,600 HIV-positive patients with Hepatitis B and C, as well as for patients with Hepatitis B who have an urgent need for treatment and demonstrate motivation for treatment adherence.

In 2006–2007, another 16 branches of HIV/AIDS prevention and control centres were opened and more than 2,000 doctors were trained to work with PLHIV.

Scientific research

In 2006–2007, fundamental and practical scientific research was conducted on HIV, including work on promising diagnostic and medical agents, the pathogenesis and clinical course of the HIV infection, and on epidemiological and behavioral aspects of the epidemic. In 2006–2007, the government also financed vaccine research.

Funding activities in response to HIV/AIDS

Activities to curb the HIV/AIDS epidemic in Russia are financed from state and regional budgets, as well as from donor and international sources. In 2006 and 2007, funding for HIV prevention activities was provided by various sources (reported for more than 200 donor-funded projects). The National Priority Project on Health allocated 400 million roubles in 2006–2007 for HIV preventive programmes for the general public and vulnerable groups. This work was coordinated with other efforts funded by Russian and international organizations. When the funds to reimburse the Global Fund to Fight AIDS, Tuberculosis and Malaria are factored in, virtually all preventive measures in 2007 were financed by the government.

In 2006–2007, the Russian government increased funding in response to the HIV epidemic. In 2006, the government allocated 18 times more funding than in 2005, and in 2007 federal budget allocations were three times higher than in 2006. In 2006–2007, 109 billion roubles (US\$436 million) were allocated under the National Priority Project on Health for preventive measures. The sub-programme *AntiAIDS* of the *Federal Programme to Prevent and Control Significant Social Diseases 2007–2010* received 1.081 billion roubles (US\$43 million). In addition, efforts to curb HIV/AIDS were conducted with a loan from the World Bank (about US\$50 million before 2008) and under three grants made by GFATM (more than US\$200 million over five years) and by approximately 150 other international donor projects. In 2007, GFATM provided 1.036 billion roubles (US\$41 million). In accordance with the RF Governmental Resolution 1740-p issued 15 December 2006, *On reimbursement*

of GFATM expenditures from the federal budget 2007–2010, the state will return US\$217 million. By the end of 2007, the Russian government had repaid US\$105 million.

Indicator 1 shows the expenses for programmes and activities on HIV and AIDS in the Russian Federation for 2006. The indicator was calculated by the Central Federal Research

National commitment and action indicator 1.

Domestic and international AIDS spending by categories and financing sources – as of 2006, **8,289.62 million roubles** (US\$304.99 million)⁷⁰.

Share of state money spent on HIV/AIDS out of total health care allocations – **0.8 percent**⁷¹.



Institute for Health Care Organization and IT Development under a special project of UNAIDS/UNDP. The collection, analysis and evaluation of financial information was conducted using international methods and UNAIDS recommendations for the evaluation of national expenditures on HIV/AIDS, methods to calculate health care expenditures in the Russian Federation, the system of sub-calculations for HIV/AIDS, and methods developed in Russia to monitor the financial aspects of HIV/AIDS activities and programmes.

Table 5
Main indicators of funding for programmes and activities on HIV and AIDS in the Russian Federation for 2004–2006

Parameter	2004	2006
Total expenses for healthcare from state sources	US\$18,446.2 mln. 479,600 mln. rbls.	US\$31,942.6 mln. 868,200 mln. rbls.
Total expenses on HIV/AIDS in the Russian Federation from state sources	US\$33.43 mln. 988.32 mln. rbls.	US\$254.28 mln. 6,911.43 mln. rbls.
Share of state money spent on HIV/AIDS out of total health care allocations (percent)	0.2	0.8
Funding for HIV/AIDS from international sources	US\$5.7 mln. 162.15 mln. rbls.	US\$50.6 mln. 1,373.97 mln. rbls.
Total expenditures on HIV/AIDS	US\$40.87 mln. 1,200 mln. rbls.	US\$304.99 mln. 8,289.62 mln. rbls.

Table 6
Distribution of expenses by categorie

Expenditure category	Total		State		International		Private	
	mln. rbls.	Share of total expenditures (percent)	mln. rbls.	Share of category (percent)	mln. rbls.	Share of category (percent)	mln. rbls.	Share of category (percent)
TOTAL (mln. rbls.)	8,289.62	100.00	6,911.43	83.37	1,373.97	16.57	4.22	0.05
1. Prevention	1,682.57	20.30	1,056.56	62.79	621.79	36.95	4.22	0.25
2. Care and treatment	2,630.96	31.74	2,159.88	82.09	471.08	17.91	0.00	0.00
3. Orphans and vulnerable children	886.34	10.69	878.50	99.12	7.84	0.88	0.00	0.00
4. Strengthening of programme management	506.53	6.11	392.04	77.40	114.49	22.60	0.00	0.00
5. Stimulation for human resources	572.39	6.90	508.91	88.91	63.48	11.09	0.00	0.00
6. Social security and services	21.27	0.26	21.27	100.00	0.00	0.00	0.00	0.00
7. Positive environment and development of communities	85.77	1.03	14.30	16.67	71.47	83.33	0.00	0.00
8. Research, excluding operative studies	31.80	0.38	14.70	46.23	17.10	53.77	0.00	0.00
9. State capital investments	701.47	8.46	701.47	100.00	0.00	0.00	0.00	0.00
10. Other needs	1170.52	14.12	1163.80	99.43	6.72	0.57	0.00	0.00

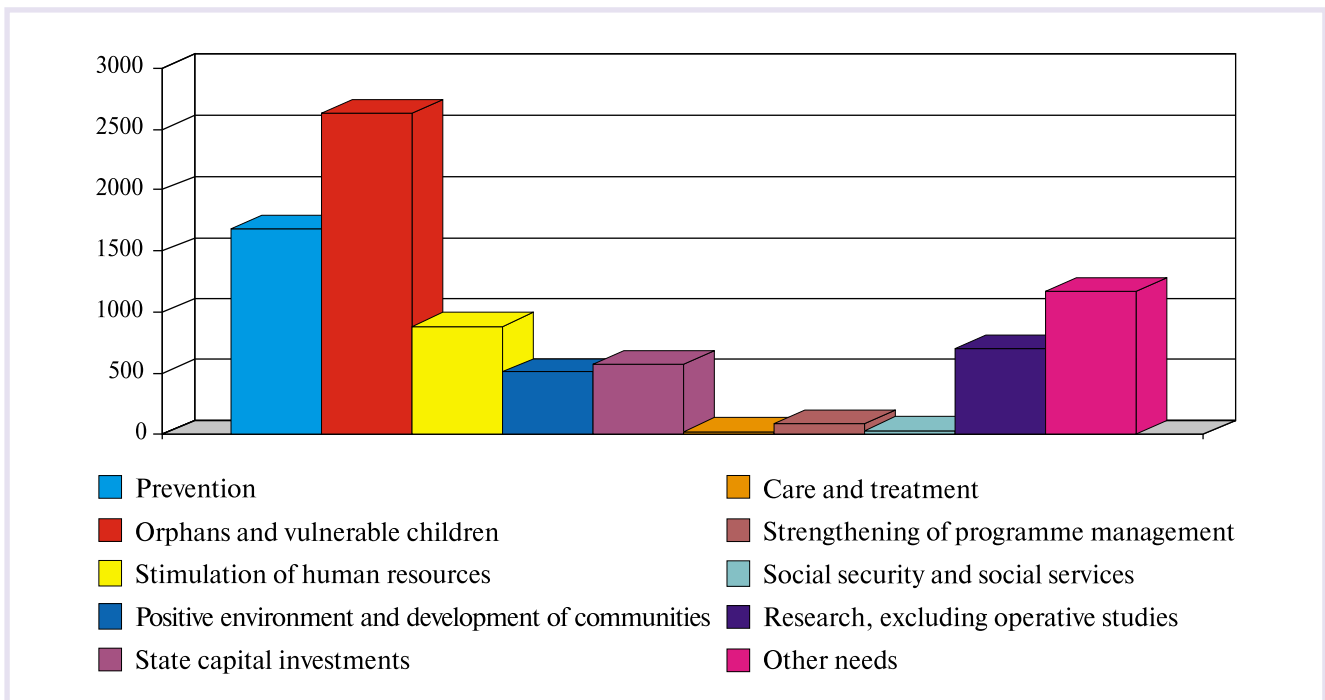


Figure 8. Distribution of expenditures in response to HIV in Russia by categories, 2006

In 2006, the majority of funding (52 percent) for HIV went to urgent needs, including treatment and care (2.6 billion roubles) and prevention (1.7 billion roubles). One billion roubles were allocated to research to find a vaccine against HIV.

In 2007, federal budget funding for HIV was 57 times higher than in 2005 and amounted to 10.7 billion roubles (US\$444.8), including the National Priority Project on Health sub-programme Anti-HIV/AIDS and reimbursement to GFATM.

Coordination of measures

Given the sharp increase in HIV funding, development of inter-agency cooperation was a priority.

The RF Education and Science Ministry is implementing HIV/AIDS education programmes within the context of the *Conception of HIV/AIDS preventive education in learning institutions*. The state programme for secondary schools has included a lesson on HIV that is an obligatory part of the course *Basic Life Skills*. Questions on HIV/AIDS are included in graduation exams.

The RF Defence Ministry was active in HIV prevention efforts in 2006–2007. Several cohorts of servicemen were tested for HIV, and the Ministry conducted educational programmes and produced materials on HIV and drug use for recruits and enlisted servicemen.

The Federal Prison Service held educational programmes to prevent HIV, but the main issue facing the Service was medical treatment and treatment monitoring for those who require it. Significant progress was made in 2007, and approximately 4,000 people in correctional facilities had access to treatment.

Over **200 non-governmental HIV/AIDS organisations** were working in Russia in 2007 and making significant contributions to preventive efforts. There are several large associations of NGOs, including the Forum of AIDS

National programme indicator 11.
 Percentage of schools that provided life skills-based HIV education in the last academic year – **82.21 percent**⁷².



Service NGOs, the Russian Association of People Living with HIV, and the Russian Harm Reduction Network (RHRN). These NGOs contributed to overall efforts to improve trust in the healthcare system among HIV-infected people and to draw more people into prevention programmes. NGOs are also working with state organizations on programmes that provide social services and support to PLHIV and their families, including palliative care programmes, that promote ART adherence.

The Russian Orthodox Church (ROC) is actively helping to solve problems connected with HIV/AIDS. The Holy Synod adopted the *Conception of the participation of the Russian Orthodox Church in the response to HIV/AIDS and work with PLHIV*, and the ROC is dedicating efforts to moral education of children and young people and to aid for PLHIV.

Partnership Forum is a consultative body founded in 1999. The goal of the Forum is information sharing and development of coordinated activities to provide support to comprehensive HIV/AIDS prevention strategies. Members of the Forum include representatives of the Federal Consumer Protection and Welfare Service, the Federal AIDS Centre, Russian and international NGOs, organizations and donors, and UN agencies that are co-sponsors of UNAIDS. The Partnership Forum meets four times a year and is open to all interested parties.

IV. Best Practices

The National Priority Project on Health

The preeminent HIV/AIDS project in Russia in 2006–2007 was the National Priority Project on Health, *Project for the Prevention of HIV, Hepatitis B and C and Diagnosis and Treatment of HIV*. The project provided access to HAART for practically all PLHIV registered in Russia, made available HIV testing and counselling, prevention of MTCT, contributed to stronger political support for HIV prevention measures, and facilitated coordination of efforts in response to the HIV epidemic in the National Project, GFATM, and World Bank projects. For the first time in Russia in 2006–2007 the National Project provided funding to NGOs for a wide variety of preventive programmes. The majority of preventive measures in the country in 2007, including reimbursement of previous GFATM funding, were carried out with state funding and in partnership with NGOs. Federal budget funds for HIV/AIDS were 57 times higher in 2007 than in 2005 and amounted to 10.7 billion roubles (US\$444.8 million), including the National Priority Project on Health sub-project, *Anti-AIDS*, and funds reimbursed during the reporting period to GFATM for projects carried out in Russia.

Comprehensive system of support for HIV/AIDS issues

Strong political commitment and significant funding in 2006–2007 helped to strengthen the capacity of the existing system activities connected with the epidemic and further develop the network of specialized institutions founded before the 1990s. At present, there are more than 100 territorial AIDS centres and more than 1,000 laboratories for HIV diagnosis. Each AIDS centre fulfils its responsibilities to contribute to the full array of activities in response to the epidemic, above all, providing free and comprehensive support to PLHIV. AIDS centres collect and accumulate information on the epidemic in all federal constituent units. Since the data bases are personified, the centres can personally encourage HIV-infected patients to make use of counselling and provide them with ART. Thanks to these efforts, 78 percent of all PLHIV are now receiving high quality care and treatment from specialists. AIDS centres monitor their patients according to international standards; provide necessary laboratory testing, including determination of CD4 and virus load; carry out practical research, prescription and monitoring of HAART; and provide counselling as necessary. The National Project made it possible to achieve universal access to out-patient care and medical treatment for all PLHIV in 2007. Programmes providing palliative care for AIDS patients and encouraging treatment compliance were also implemented in 2006–2007. Programmes to provide free treatment of Hepatitis B and C to HIV-infected patients were launched in 32 pilot regions with funding from the federal budget. A network of AIDS centres was set up at medical institutions at the municipal level to improve out-patient monitoring of HIV patients and to provide medical services. In many regions of Russia multisectoral outreach teams were set up to provide comprehensive care and support. Special courses were arranged for specialists at medical institutions that are responsible for the organization and provision of support to HIV-infected patients, so that specialists in infectious diseases and doctors raised their professional qualifications.

Counselling and HIV testing

Counselling and HIV testing is virtually universally accessible as well. Since 1990, 15–17 percent of the population has been annually tested for HIV. In accordance with the law *On the Prevention and Control of HIV in the Russian Federation* and regulations governing medical testing, HIV testing is free of charge and must be done with pre- and post-testing counseling.



HIV testing can be done anonymously or confidentially at any medical institution in the country or at specialised HIV testing offices (1,200 specialised offices, 750 anonymous offices, over 100 AIDS centres, a network of private and commercial diagnostic laboratories). The algorithm for testing in the country includes immunofluorescent analysis of the fourth generation and an obligatory confirmation test of the positive sample in IB express tests; PCR and confirming p24 antigen tests are also used. There is internal and independent monitoring of the quality of the diagnostic tests (Federal System of External Quality Control of Clinical Laboratory Tests). Due to the significant amount of HIV testing in the country, the initiative often comes from medical personnel. Large-scale testing is done for groups of the population that practice higher risk behaviour or may be vulnerable to HIV due to other factors, or who may be sources of infection for other people:

- Donors of blood, biological fluids, organs and tissues
- Pregnant women
- Patients with STIs, TB, hepatitis B and C and with clinical manifestations of HIV
- Representatives of vulnerable groups such as IDU, SW, MSM
- Prisoners
- Military recruits
- Specific professional groups, e.g. medical workers that come into contact with HIV infected blood or other biological fluids
- Foreign citizens (excluding tourists)

Sociological research has shown that in 2007 more than 34 percent of the population of the country aged 15 to 49 have been tested for HIV and know the results. In the vulnerable populations the percentage is higher – more than 50 percent. Research done in 2007 on behavioural patterns in vulnerable groups of the population show that 49–63 percent of IDU have been tested and know their results. The data is shown in table 7.

Table 7
Percentage of IDU tested for HIV in the last 12 months and who know their results

Year	Territory	Respondents	Indicator 8 (percent)	Organisation
2005	St Petersburg	200	46	Stellit ⁷³
2005	Irkutsk	196	49	Stellit ⁷⁴
2005	Orenburg	196	45	Stellit ⁷⁵
2006	10 regions of the GLOBUS project	2071	46.20	OHI ⁷⁶
2006	Nizhny Novgorod	219	38	DFID ⁷⁷
2007	18 cities (National Priority Project on Health)	1,665	49	OHI ⁷⁸
2007	Samara / Saratov	701	63.20	PSI ⁷⁹
2007	22 cities in the RF	2,833	49.2	RHRN ⁸⁰

According to behavioural studies conducted in 2007, about 60 percent of MSM have been tested and know their results. These data are provided in Table 8. The indicator for the number of people tested varies greatly depending on the region of the country. The maximum figure was 73.3 percent in 2006 in Moscow and the minimum was in St Petersburg – 36 percent.

Table 8

Percentage of MSM that have been tested for HIV in the last 12 months and know their results

Year	Territory	Respondents	Indicator 8 (percent)	Organisation
2006	Nine regions in the GLOBUS project	539	59	PSI ⁸¹
2006	St Petersburg	237	36	WHO/ Stellit ⁸²
2006	Moscow	321	73.3	WHO/ Stellit ⁸³

In 2007, according to behavioural studies completed in regions of Russia, 57 to 88 per cent of SW have been tested and know their results. Data is shown in table 3.

Table 9

Percentage of SW tested in the last 12 months and know their results

Year	Territory	Respondents	Indicator 8 (percent)	Organisation
2005	St Petersburg	662	61.2	Stellit ⁸⁴
2005	Irkutsk	205	58	Stellit ⁸⁵
2005	Orenburg	176	67.6	Stellit ⁸⁶
2006	NizhnyNovgorod	208	70	DFID ⁸⁷
2007	Samara/Saratov	449	88	PSI ⁸⁸
2007	St Petersburg/ Tomsk/ Krasnoyarsk	632	56.8	AIDS Infoshare ⁸⁹

A single, unified registry of all clients tested for HIV and all identified HIV-positive people in different population groups provides valuable information for understanding the dynamics of the epidemic in each region of the country.

STOP AIDS nationwide car rally

In 2007 preventive measures were increased; NGO preventive programmes reached a greater number of people, including people in vulnerable groups. NGOs received considerable funding from the state budget. There were more than 300 preventive projects going on in different regions of the country during 2007. An interesting project was a nationwide car rally that travelled to the 15 largest Russian cities. The project was carried out under the auspices of the GFATM project, *Development of a Strategy for the Treatment of the Population Vulnerable to HIV/AIDS in the Russian Federation*. The rally participants covered over 15,000 kilometres. This was the first event at this scale in Russia that promoted HIV/AIDS prevention by consolidating the efforts of journalists, government officials, representatives of NGOs, charities, artists and creative people, musicians and PLHIV. The goal of the rally was to raise awareness of HIV issues, encourage a healthy lifestyle among young people, and promote tolerance towards for PLHIV. Another important goal was to explain the need for regular HIV testing, the availability of ART and qualified medical assistance and counselling at regional AIDS centres. Over the course of two months in the cities where the rally travelled there were lectures and seminars for students at various educational institutions, round table discussions on HIV with governmental officials, teachers, doctors and NGOs. Major AIDS prevention concerts were held in all the cities



where popular musicians encouraged young people to test for HIV and take care of their health. Organizers arranged press conferences for journalists and meetings with PLHIV. Free HIV testing was provided during the rally. The concerts drew an audience of more than 300,000 people. Radio and TV programmes broadcast hundreds of stories and reports, thousands of articles were published in newspapers and magazines, and more than 130 thousand pages in the Internet.

Development of the legal and regulatory base

Work to develop the legal basis for measures to prevent HIV/AIDS was continued in 2006–2007. During that time, five resolutions were passed by the RF government, six directives by the Health and Social Development Ministry; 40 recommendations by that Ministry were ratified at the federal level. The adopted normative documents and protocols contain instructions for specialists on the full range of measures dealing with the HIV epidemic, including prevention, treatment, care and support, epidemiological surveillance, monitoring and evaluation. Most of the documents were developed with the support of the IBRD project *Prevention, Diagnosis, and Treatment of Tuberculosis and AIDS*.

V. Major Challenges and Remedial Actions

1. Despite measures to curb the HIV epidemic in the country, there is still an increase of HIV cases. Since most of the HIV infections occurred from 1999 to 2001, in 2007 there was a rapid increase of people in the late stage of the disease who require ART.
Measures: Enhance activities to prevent the HIV epidemic, strengthen the capacity to respond, treat all those in need with antiretroviral medication.
2. Insufficient involvement of the population and vulnerable groups in comprehensive prevention programmes, including programmes to decrease stigmatization and discrimination of PLHIV.
Measures: Increase funding and engage more decision-makers to support the implementation of a scaled national HIV prevention campaign and special programmes for vulnerable groups of the population at all levels.
3. Insufficient cooperation of different services working to identify and treat patients with socially significant diseases: HIV, drug abuse, TB, viral hepatitis, STI.
Measures: Strengthen and develop cooperation through joint normative documents, increase funding and improve programme management.
4. Insufficient numbers of PLHIV having annual medical exams (including determination of CD4 and of virus load) in compliance with the RF standard for medical aid to prescribe the appropriate HAART treatment, as well as to diagnose and treat related diseases.
Measures: Expand access to regular medical check-ups, including exams to determine CD4 and virus load for all PLHIV. Annual exams can be ensured through increased funding for medical assistance to PLHIV. Funding should go to improve the material and technical base and personnel qualifications at institutions where HIV-positive people receive medical assistance. A significant improvement could be made when HIV support services are organized in a vertical system, from specialized AIDS centres at the federal level to medical institutions at the municipal level. NGOs can play an important role in encouraging vulnerable populations to undergo medical observation and treatment.
5. Poor development of treatment adherence programmes and social support available for HIV-positive people and insufficient assistance by social service organisations.
Measures: Increase financial support for treatment adherence and for social support programmes for PLHIV, develop multisectoral normative documents, improve the work of social services organizations, and further improve ART adherence programmes.
6. Despite total state funding from different sources for HIV/AIDS programmes, there is no unified long-term strategic plan of response to the HIV/AIDS epidemic.
Measures: Develop a single plan based on current programmes that are funded by different sources. Determine funding needs for the most urgent activities.
7. The management system for the provision of ART currently in place requires improvement.
Measures: Ensure timely provision of drugs, train personnel, including at correctional facilities, in management issues for drug supply systems.



VI. Support From the Country's Development Partners

Recognition of the growing threat of the HIV epidemic for Russia has brought about an unprecedented growth in national funding for the prevention and treatment of HIV/AIDS. Although the increase of national programmes is evident, the role of international organizations and bilateral donors that offer Russia technical support in efforts to curb the epidemic continues to be important. The major role here is played by the agencies of the United Nations Organisations (UN).

Since July 2005, the RF Health and Social Development Ministry, with the support of the UNAIDS Secretariat in Russia, has been implementing the initiative, *Coordination in Action: Applying the «Three Ones» Principle in the Russian Federation*. The goal of the initiative is to improve the effectiveness of activities to curb HIV/AIDS by expanding multi-sectoral collaboration and strengthening coordination. Through this initiative, UNAIDS provides assistance in the following fields:

- Support and development of a national AIDS policy to enable a coordinated multi-sectoral response;
- Support and strengthening of coordination;
- Support and development of a unified national monitoring and evaluation system.

The World Health Organisation (WHO) provides support to the RF Health and Social Development Ministry to develop a national policy and determine new strategies to prevent, treat and control HIV. Particular emphasis is on preventive measures and to universal access to ART for all who need it. WHO works with the Federal Scientific and Methodological Centre for the Prevention and Control of AIDS in several areas. These include developing a unified national monitoring and evaluation system of treatment and support for PLHIV, and studying the epidemic and risk factors in the behavioural patterns of the vulnerable and less accessible population groups. WHO also focuses on the development of national standards and clinical recommendations pertaining to treatment of HIV, the prevention and treatment of related diseases and opportunistic infections, such as the combination of HIV infection with TB, hepatitis B and C. In partnership with the Russian Association of People Living with HIV (PLHIV), WHO provides technical support to implement ART adherence recommendations and to help PLHIV develop skills for treatment adherence.

UNICEF works with the Department of Socio-Medical Issues of Family, Motherhood, and Childhood of the Russian Health and Social Development Ministry, Coordinating Council to Prevent MTCT, as well as with regional offices of the Health and Social Development Ministry to develop normative documents; train medical and social services personnel; and implement efficient models of medical and social support for HIV-positive pregnant women, mothers and children throughout the country. UNICEF also works with educational institutions throughout the country to assist them to enroll HIV-infected children. With the support of UNICEF, a number of youth-friendly clinics opened to provide medical, social, and psychological help to teenagers and young people on measures to preserve their health and prevent infectious diseases, including HIV.

United Nations Population Fund (UNFPA). Together with the Department of Socio-Medical Issues of Family, Motherhood, and Childhood of the Russian Health and Social Development Ministry and Coordinating Council to Prevent MTCT, in 2006–2007, UNFPA designed and implemented a strategy to integrate HIV preventive measures into maternal and childhood health services in three regions of the country. This experience is being used to develop legal statutes that will mandate the inclusion of HIV counselling into the professional responsibilities of gynecologists, into medical standards, and into postgraduate education of these specialists.

The UNFPA supports NGOs working to prevent HIV in vulnerable groups, especially SWs. Since 2007, UNFPA has supported the Russian Network of Women Living with HIV/AIDS, which promotes the reproductive rights of HIV-positive women and helps them ensure access to reproductive health services. The UNFPA also provides strong support to

HIV preventive measures among teenagers and young people. It supports a network of youth organizations working with the Y-Peer programme in 32 Russian regions.

The RF Education and Science Ministry is developing an educational programme to prevent HIV/AIDS for teachers' institutes with the support of UNESCO.

UNODC works with the crime prevention and public health bodies of the Russian Federation and the federal penitentiary system on HIV prevention among IDU and prisoners. This important work includes scaling up prevention, treatment and care programmes, as well as implementing a system of social services for HIV-infected people before and after they are released and for IDU when they are detained. The organization is also working to improve the legal base for preventive programmes on HIV and other dangerous diseases among IDU.

The International Labour Organization (ILO) analyzed at the federal level HIV prevention measures in the workplace and maintains close contact with a tri-lateral partnership (the Department of Labour Relations and State Service of the MoHSD, the Coordinating Council of Employers' Unions of Russia, and the Federation of Independent Trade Unions of Russia) on the development of regional strategies to prevent HIV/AIDS in the workplace.

The UN Development Programme (UNDP) works with many partners to enhance institutional capacities for the response to the HIV/AIDS epidemic both in the governmental and nongovernmental sectors. The UNDP provided technical assistance to the RF Defence Ministry to develop HIV prevention measures for recruiting commissions and print materials on HIV/AIDS for servicemen. Since 2005 UNDP has been working with the ROC and supports local religious groups that are participating in the country's response to the HIV epidemic.

In 2006–2007, the following main large-scale programmes and projects were being carried out:

World Bank loan project: Prevention, Diagnosis, and Treatment of Tuberculosis and AIDS
On 4 April 2003, the **World Bank** extended a loan to the Russian Federation of US\$150 million to implement a project from September 2003 to December 2008 (US\$50 million for prevention and treatment of AIDS). The funds were primarily used to support the *Federal Programme to Prevent and Control Significant Social Diseases 2007–2010*. The main goals of the project were to: 1) halt the TB and HIV/AIDS epidemic in the short-term; and, 2) reverse the growth of the epidemic in the medium-term. Under the project in 2006–2007, the legal and normative base for HIV/AIDS efforts were developed and improved; treatment protocols for TB and AIDS were also refined. The project also supported development of modern approaches to HIV prevention among vulnerable groups, prevention of MTCT, and training of medical personnel in modern methods of diagnosis and treatment of HIV/AIDS and related diseases, including STI. It provided modern equipment and materials to diagnostic laboratories and worked to improve monitoring and evaluation procedures.

Programmes supported by the Global Fund to Fight Against AIDS, Tuberculosis and Malaria:

- *Stimulating an Effective National Response to HIV/AIDS in the Russian Federation (GLOBUS)*. The project is being carried out by a consortium of NGOs, including the Open Health Institute, Focus Media, AIDS Infoshare, AFEW, and the Centre for Social Development and Information Technologies
- Project of the Country Coordinating Mechanism to expand access to ART: *Promoting a Strategic Response to HIV/AIDS Treatment and Care for Vulnerable Populations in the Russian Federation*. The project is carried out by the Russian Health Care Foundation.
- *Scaling up Access to HIV Prevention and Treatment by Strengthening HIV Services for Injecting Drug Users in the Russian Federation*, implemented by the Russian Harm Reduction Network.

In 2006, the RF government decided to reimburse the Global Fund for monies used for HIV prevention in the Russian Federation.



USAID supports programmes in HIV prevention, treatment, support and care for the PLHIV in two regions of the Russian Federation, St Petersburg and Orenburg oblast. Preventive measures are being carried out to encourage vulnerable groups to adopt safer behaviours by informing them about HIV, routes of infection and precautionary measures and motivating them to lead safer life styles, including seeking medical services when necessary. The programmes also work to improve interaction between NGOs and governmental social and medical services and decrease stigmatisation of PLHIV. The main areas of work in treatment, support and care for PLHIV are efforts to encourage HIV-infected patients to make use of out-patient services and adhere to ART; decrease TB infections among HIV-positive patients and reduce TB mortality; enhance competence and knowledge among mid-level medical personnel; improve coordination among services providing assistance to PLHIV, including AIDS Centres, primary care facilities, drug abuse services, and social services organizations.

Activities that must be implemented by partners to achieve the goals of the Declaration of Commitment on HIV/AIDS:

- 1. Improve data collection methodology for monitoring the HIV/AIDS epidemic at the international level.*
- 2. Improve the mechanism of coordination with government structures in charge of the organization and implementation of measures in response to the HIV epidemic in the Russian Federation and among foreign partners in the development process, including international organizations and UN agencies.*

VII. Monitoring and Evaluation Environment

The current monitoring and evaluation data collection system is based on a system of HIV epidemiological surveillance which includes systematic collection of data from all regions of the Russian Federation done by a single method. The data is collected in standard reporting forms that are submitted on a regular monthly or annual basis to the Federal AIDS Centre, the Federal Service on Surveillance of Consumers Rights Protection and Human Well-Being, and the RF Health and Social Development Ministry.

All personal HIV data are in a single computerized system; this consists of data on every HIV-infected person in the country and everyone who tested for HIV.

In 2006 and 2007, the functions of M&E were fulfilled by the network of AIDS centres, including the Federal Scientific and Methodological Centre for the Prevention and Control of AIDS (the Federal AIDS Centre), the network of AIDS centres, and the Analytical Group on HIV/AIDS Programme and Project Monitoring and Evaluation of the Federal Service on Surveillance of Consumers Rights Protection and Human Well-Being. However, the capacity of the M&E group is limited because many international and nongovernmental organizations do not submit centrally information on the results of their activities.

In 2005, an Expert Working Group was set up at the national level to facilitate the work of M&E. Members of the Group include representatives of governmental and nongovernmental organisations and associations working on HIV/AIDS issues. Its goal is to develop and implement national standards and objectives for M&E. In the course of 2006–2007, the Working Group developed and began to implement national standards and objectives for M&E in HIV prevention, treatment, care, and support. In 2006, the analytical group on M&E of the Russian Federation launched its website: www.infomio.ru.

Many internationally-funded projects are currently being carried out in Russia. Unfortunately, they use different systems of monitoring and evaluation and often do not coordinate their plans or submit reports on work completed to the country's coordinating structures.

In 2006–2007, a great deal of work was done to improve the normative and legal bases for HIV prevention and treatment activities. In 2006, the Federal Scientific and Methodological Centre for the Prevention and Control of AIDS issued more than 40 normative documents on treatment, support and care for PLHIV, on HIV epidemiological surveillance, and on M&E. In 2007, the HSDM ratified these documents, including those concerned with M&E. In the same year the document, *On the monitoring and evaluation of the effectiveness of activities to prevent and treat HIV* included national M&E indicators for the Russian Federation.

Materials on the current characteristics of the HIV epidemic in Russia have been published on the basis of the personal data on HIV cases. In 2007, the Federal AIDS Centre and UNAIDS conducted a series of workshops on various issues related to M&E. More than 30 scientific papers have been issued on various aspects of the epidemic, including on prevalence, risk behaviour patterns, social factors, and the biological and molecular-genetic characteristics of HIV in the Russian Federation.

The National Priority Project on Health on the *Prevention of HIV, Hepatitis B and C, and Diagnosis and Treatment of HIV* and Global Fund projects funded by the Russian government have done much to create a unified M&E system. The majority of the work on M&E under the National Priority Project on Health in 2006–2007 was done by The Federal Service for Surveillance of Consumer Rights Protection and Human Well-Being of the Russian federation and the network of AIDS centres. A systematic, continuously functioning monitoring mechanism for the National Project was developed to include institutions at various levels, from federal to municipal, and special reporting forms for all aspects of the Project. Information from all constituent regions are collected and analyzed every month. Multisectoral meetings are convened four times a year in order to make operational decisions and facilitate programme efficiency. A special expert commission (formed by Federal Consumer Protection and Welfare Service Directive 113 of 28 April 2006 and Directive 173 of 1 June 2007) evaluates the quality of the prevention activities.



In conclusion, as state funding increases, the role of oversight, monitoring and evaluation of HIV/AIDS programmes and activities will increase, as will the necessity of ensuring programme transparency and effectiveness.

Universal access to HIV prevention, treatment, and care

In accordance with the commitments accepted by the Russian Federation at the UNGASS on HIV/AIDS, national targets for access to prevention, treatment, care and support were to be developed by the end of 2006. In 2006–2007, progress was made on developing and approving universal access targets. Discussions about universal access began in December 2005 at the world's first national consultation meeting on this issue. After the meeting, a group of experts from governmental, nongovernmental and international organizations determined the national indicators and priority targets from a list of possibilities produced at the meeting. At the end of 2006, a set of priority targets in the response to the HIV epidemic were presented for approval to specialists from governmental, nongovernmental and international organizations working on HIV/AIDS in Russia and in the CIS countries and discussed at several meetings:

- Regional consultations of the CIS countries, Moscow, 1–2 March 2006. Common problems and obstacles to universal access to prevention, treatment, care and support for PLHIV by 2010 and the activities at the country, regional and global levels were discussed.
- A second regional meeting on universal access in the framework of an extended meeting of the Coordinating Council on HIV/AIDS of the participant states of the CIS with the support of UNAIDS was held in Moscow, 8–9 November 2006.
- A meeting on the *Coordination of Efforts of Civil Society in the Russian Federation for Universal Access to HIV Prevention, Treatment, Care and Support*, was held in Moscow, 24 November 2006.
- A meeting on the results of the National Priority Project on Health on HIV/AIDS and Hepatitis B and C was held in Suzdal on 5 December 2006.

With the active participation of network organizations and technical support from UNAIDS in the Russian Federation, the International Treatment Preparedness Coalition (ITPC) provided informational support and a model of a system for collecting data.

All relevant documents and the indicator table were placed on the Russian-language sections of the ITPC website (www.itpcru.org/targets). In December 2006, the draft document on national targets towards universal access to HIV prevention, treatment, care, and support by 2010, amended with all the comments made by the specialists in state bodies and NGOs, was presented to 268 organizations involved in the response to HIV. The approved document was discussed and approved at the meeting of the MoHSD Coordinating Council on HIV/AIDS (30 January 2007); at the meeting of the Country Coordination Mechanism for the Fight Against HIV and AIDS, Tuberculosis and Malaria (21 February 2007); and at the meeting of the Analytical Group for Monitoring and Evaluation of the Federal Service on Surveillance of Consumers Rights Protection and Human Well-Being (27 February 2007).

The national targets for universal access to HIV prevention, treatment, care and support were adopted in the Russian Federation in 2007. The consultation process by which the goals were determined can serve as an example of best practices. Discussions on the process of ensuring universal access in the Russian Federation began in December 2005 when the world's first national meeting on these issues was held. The meeting was the first comprehensive evaluation of the situation in the Russian Federation and provided a forum for determining targets of universal access by 2010. The meeting was attended by prominent specialists from healthcare institutions, the Federal Prison Service, the Defence Ministry, the Federal Drug Control Service, non-commercial nongovernmental organizations, associations of PLWH, heads of UN agencies in the Russian Federation, representatives of the regional offices of WHO and UNAIDS, and donor organizations. After the meeting a group of experts from the MoHSD, the Federal Service on Surveillance of Consumers Rights Protection and Human

Well-Being, the Federal AIDS Centre, NGOs and international organizations developed national indicators and priority targets from the list approved at the national meeting. At the end of 2006, the proposed priority targets were presented for discussion to specialists of state, nongovernmental, and international organizations working in Russia and in CIS countries; they were reviewed at several meetings. The last version of national targets on universal access in the Russian Federation with all the comments and additions of specialists from state organizations and public representatives was circulated among 268 organizations on 17 January 2006. Comments were received from 46 organisations. The version of national targets edited and approved by all sectors was subsequently presented to the meetings of the MoHSD Coordinating Council on HIV/AIDS, the Country Coordination Mechanism for the Fight Against HIV and AIDS and Tuberculosis in the Russian Federation, and the Analytical Group for Monitoring and Evaluation of the Federal Service on Surveillance of Consumers Rights Protection and Human Well-Being. On 2 April 2008, the list of priority indicators and goals for the universal access by 2010 was approved at the meeting of the Government Commission on Prevention, Diagnosis and Treatment of HIV-Related Disease (Table 10)⁹⁰.

Table 10

Short list of priority indicators and targets for universal access by the year 2010

№	Target/indicator	Percent by 2010
I. PREVENTION		
1	Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	95
2	Young people aged 15–24 reached by HIV/AIDS prevention programmes	95
3	Vulnerable groups (IDU, SW, MSM) reached by HIV/AIDS prevention programmes	At least 30
4	Percentage of HIV-positive pregnant women receiving the full course of chemotherapy to prevent MTCT	At least 85
5	Percentage of HIV-positive women and their new-born children (at any stage) receiving prevention treatment	At least 95
6	Percentage of women and men aged 15–49 who have had an HIV test in the last 12 months and know their result (reach of counselling and testing)	At least 35
II. TREATMENT		
7	Coverage of PLHIV by ART	At least 80 percent of those in need
8	Coverage by diagnostic services and treatment of related diseases for PLHIV in need	At least 70 percent of those in need
9	Coverage by out-patient observation for PLHIV (regular check-ups no less than once a year in compliance with standards)	At least 70 percent
10	Coverage by psychological and social help for HIV-positive people and their family members in need	At least 80 percent of those in need
11	Coverage by palliative care of HIV-positive people in need	At least 80 percent of those in need
III. COMMITMENT AT THE NATIONAL LEVEL		
12	Amount of funding allotted by the government for HIV/AIDS	Increase by at least 10 percent annually
13	Application of the «Three Ones» principles for efficient response to HIV/AIDS: a. Government Commission on Prevention, Diagnosis and Treatment of HIV-related disease exists. b. A unified strategy for the response to the HIV infection epidemic has been developed at the federal level. c. A unified coordinated monitoring and evaluation system has been developed at the federal level and is functioning at the country level	All three components in place



Appendix 1

Consultation/preparation process for the country report on monitoring progress in implementing the Declaration of Commitment on HIV/AIDS

- 1) Which institutions/entities were responsible for filling out the indicator forms?
- | | |
|--|-----|
| a) Non-commercial or equivalent | Yes |
| b) Nongovernmental | Yes |
| c) Federal Consumer Protection and Welfare Service | Yes |
- 2) Input from
- Ministries:
- | | |
|-----------------|-----|
| Education | Yes |
| Health | Yes |
| Labour | No |
| Foreign affairs | Yes |
| Other | No |
- | | |
|-----------------------------|-----|
| Civil society organisations | Yes |
| People living with HIV | Yes |
| Private sector | No |
| UN organisations | Yes |
| Bilateral organisations | Yes |
| International NGOs | Yes |
- 3) Was the report discussed in a large forum? Yes
- 4) Are the survey results stored centrally? Yes
- 5) Are data available to the public? Yes
- 6) Who is the person responsible for submission of the report and for follow-up if there are questions on the Country Progress Report?

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30 March 2008

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Appendix 2

National Composite Policy Index, 2006–2007

National programme indicator 2.
National Composite Policy Index – 72.2 percent.

Progress on the response to the HIV epidemic can be measured by the National Composite Policy Index, which is an integral part of the core indicators and is used to evaluate the in-

put of the state, nongovernmental and international organisations to the national response to HIV/AIDS.

Experts evaluated the National Composite Policy Index for 2007 (72.2 percent) higher than for 2005 (60.4 percent).

Policy index for policy spheres/components

Part A

1. Strategy plan – 85.4 percent
2. Policy – 79.9 percent
3. Prevention – 88.9 percent
4. Treatment, care and support – 81.8 percent
5. Monitoring and evaluation – 76.4 percent

Total for Part A – 82.5 percent

Part B

1. Human rights – 75 percent
2. Civil society involvement – 48.3 percent
3. Prevention – 63.2 percent
4. Treatment, care and support – 61.5 percent

Total for Part B – 62 percent

Commentary

People interviewed

Part A – representatives of state institutions engaged in the development of strategy and policy, ministries and agencies, scientific-research institutes, regional specialists (seven respondents)

Part B – representatives of civil society engaged in the implementation of HIV/AIDS prevention programmes: NGOs, PLHIV, representatives of legal centres, international organisations (seven respondents)

Method

A separate index for each policy category was calculated by summation of indicators (yes = 1, no = 0) for the relevant specific policy indices and to calculate the percentage. When the indicator was determined by using a number of components, the percentage was figured for each set of components, and then the value was included in the total calculation.



Questionnaire Part A

In 2007, experts evaluated the combined policy index for Part A considerably higher (82.5 percent) than for 2005 (58.2 percent).

Component 1. Strategic plan

Questions in this component addressed the existence of strategies and an action plan to respond to AIDS comprehensively and by sectors, as well as the inclusion of different population groups into these strategies.

Experts responded that the *Anti-AIDS* programme was developed within the framework of the *Federal Programme to Prevent and Control Significant Social Diseases*. From 86 to 100 percent of the experts stated that most sectors were included in the action plan. However, two sectors were considered to be included to a lesser degree: 57.2 percent of experts noted the inclusion of labour and 14.3 percent of experts included the transportation sector. These sectors work on grants and international project funds.

Every year funding is provided to the heads of institutions within the framework of different projects, including international projects, and from regional and municipal budgets.

The national strategy included all or most of the population groups, conditions and relevant issues. Population groups were determined in needs and demand assessment studies.

The multisectoral strategy of activities fully or largely included all the components of the work plan and, to a lesser extent, a framework for monitoring and evaluation.

Representatives of civil society were included in the development of the multisectoral strategy and activities in the framework of the State Commission on Prevention, Diagnosis and Treatment of HIV-related Disease (HIV infection) and Coordinating Councils at every level. AIDS-service organisations received support and assistance at the federal and regional levels. However, most of the experts noted insufficient public representation in the development and implementation of the national strategy.

Foreign partners coordinated their HIV/AIDS programmes with the multisectoral strategy, although greater cooperation is needed. GFATM did not coordinate its activities with the Federal Programme. Some partners do not sufficiently coordinate their efforts with state programmes and projects.

Most HIV/AIDS issues are included in the general plans for development to a significant degree. However, more attention needs to be paid to increasing women's economic opportunities and to decreasing gender and income inequality.

HIV testing and counselling is legally mandated as voluntary for all citizens. However, it is compulsory for blood donors and employees of particular kinds of production, businesses and institutions.

On the whole, experts rated HIV/AIDS strategy planning efforts in 2007 higher (88.3 percent) than in 2005 (65 percent). This was in recognition of the substantial increase in funding and implementation of the National Priority Project on Health, high-level governmental and presidential decisions, the improvement of multisectoral cooperation, and the increase in NGOs working on HIV/AIDS issues.

Component 2. Political support

Questions in this component address support from officials and political leaders as well as state budget allocations. All the experts noted that officials on all levels strongly support measures to curb HIV/AIDS. There is a national, multisectoral body that oversees HIV/AIDS efforts.

The State Commission on Prevention, Diagnosis and Treatment of HIV-related disease (HIV infection) was established in 2006.

Experts highlighted the following achievements:

1. The effective implementation of the National Priority Project on Health's sub-project on the *Prevention of HIV, Hepatitis B and C and Diagnosis and Treatment of HIV*.

2. Advance work for the *II International Conference on HIV/AIDS in Eastern Europe and Central Asia*, which is to be held in 2008.
3. Measures to develop the production of drugs for HIV treatment.
4. The implementation of significant preventive programmes by Russian NGOs within the framework of the National Priority Project on Health in 2006 and 2007
5. The significant increase in HIV treatment coverage, full provision of diagnostic agents and antiretroviral medication

Changes were made to the current policy and legislation to meet the requirements of the national policy to prevent and curb HIV/AIDS. The Federal Law 38, passed 30 March 1995, *On the Prevention and Control of HIV in the Russian Federation*, has been amended. In 2004, changes were made on the guarantees of the state (article 1); on funding for HIV prevention measures (article 6); consequences for foreign citizens and people without citizenship upon determination of HIV infection (article 11); on the rights of parents of HIV-infected children and legal representation for HIV-infected minors (article 18). Social support for HIV-infected minors has been expanded (article 19). The new version of the law was issued on the 22 August 2004 under Federal Law 122.

Overall, the experts gave a significantly higher rating to HIV/AIDS strategy planning in 2007 (88.3 percent) than in 2005 (58.3 percent).

Component 3. Prevention

Questions in this component concerned policies and strategies in information, education and communication (IEC) on HIV/AIDS for the general population.

All the experts stated that this strategy had been developed. Information is largely dispersed through the major channels. Less attention has been paid to encouraging young people to delay their first sexual experience (60 percent) and to drawing men into activities connected with family planning and reproductive health (50 percent).

HIV education is part of the curriculum of secondary schools and teacher education, but it is found to a much lesser extent in primary schools.

Russia has a developed policy and strategy for IEC and other interventions for the vulnerable groups of the population.

Overall, the experts rated efforts to develop policies for HIV prevention considerably higher in 2007 (85.7 percent) than in 2005 (60 percent).

The geographical areas that have the greatest need for HIV prevention programmes have been identified, but not all of them received sufficient programming. This particularly concerns programmes for IDU, MSM, SW, and HIV prevention in the work place.

Overall, the experts rated HIV/AIDS prevention programmes much higher in 2007 (85.7 percent) than in 2005 (54.2 percent).

Component 4. Treatment, care and support

Questions in this component addressed the policies and strategies to provide comprehensive treatment, care and support for HIV-infected people.

All the experts stated that policies and strategies existed. Geographic areas with the greatest need for treatment, care, and support services have been identified, but not all the services are available to people who need them in every region. This particularly concerns such services as home-based care, care and support of HIV-infected people in the work place, palliative care, and treatment of HIV-related infections.

The opinion of the experts was split on the question of an established policy to develop/use generic drugs or to have a parallel import system (50 percent – yes, 50 percent – no).

The absolute majority of experts stated that there was a defined policy and strategy to meet the additional needs of vulnerable children, as well as a national action plan, a defined estimate of the number of vulnerable children who are currently reached by existing interventions. Overall, the experts rated efforts to meet the additional needs of vulnerable children to be slightly higher in 2007 (65.7 percent) than in 2005 (60 percent).



Component 5. Monitoring and evaluation

The combined policy index for this component was rated significantly higher by the experts in 2007 (88.9 percent) than in 2005 (76.4 percent).

The questions in this component concerned the existence of a unified national plan for the monitoring and evaluation of its core content.

Experts differed in their opinion as to the existence of a unified national monitoring plan in the country (42.9 percent – yes, 57.1 percent – no). But the absolute majority of experts stated that it had been approved by key partners and was developed with the participation of the public, that key partners had coordinated their M&E needs with the national M&E plan, that it included all the necessary content, and that either there was a budget for the M&E plan or that the budget was being developed.

However, all the experts stated that the M&E department did not have a central national data base, although a health information system was functioning at all administrative levels. At least once a year a report on M&E activities is published in the country, including epidemiological observations on the HIV epidemic.

To a relatively great degree (rated at 68 percent) M&E data was being used for planning and implementation, for example, for budgeting, planning preventive programmes and evaluation of the activities conducted.

Overall, the experts evaluated the M&E efforts for AIDS programmes in 2007 significantly higher (66.3 percent) than in 2005 (50 percent).

Questionnaire Part B

The combined policy index for part B in 2007 was evaluated at the same level as in 2005 (62 percent).

Component 1. Human rights

The questions in this component addressed policies, current laws and regulations on the promotion of human rights in the context of the HIV/AIDS epidemic, as well as the implementation of the policy and regulations in force at present.

A slight majority of the experts stated that such laws and regulations did exist. The law on AIDS was developed in compliance with the main international principles of response to the epidemic and protects the rights of HIV-infected people to medical and social assistance. In Russia there is a Federal Programme, *Anti HIV/AIDS 2007–2011*, and programmes to prevent HIV/AIDS are included in the National Priority Project on Health. In addition, projects funded by GFATM and the World Bank are being carried out. However, the experts stated that these measures were not always carried out effectively.

There is a functioning system for the protection of human rights and a Public Chamber of the Russian Federation that has a mandate to deal with discrimination against PLHIV. However, there are no specialized legal mechanisms that ensure protection from discrimination for the vulnerable groups of the population, although all the regulations for appealing against discriminatory actions and decisions of state bodies, private entities, employers and other structures apply to PLHIV. Cases of discrimination of PLHIV are reviewed along with other cases by the judicial system according to civil court procedure. They are also reviewed by the Constitutional Court of the Russian Federation, through claims against The Federal Service for Surveillance of Consumer Rights Protection and Human Well-Being of the Russian Federation, and through the system of complaints to Duma representatives. There are examples of effective measures to end discrimination. These cases are monitored by NGOs, although the monitoring has been funded by various short-term projects and is not consistent.

NGOs have been involved in HIV/AIDS policy development and implementation. Several NGOs are part of the State Commission on Prevention, Diagnosis and Treatment of HIV-related disease (HIV infection), task forces and committees.

Overall, the experts rated the existing policy, laws and regulations to promote and defend human rights with regard to HIV/AIDS somewhat higher in 2007 (55 percent) than in 2005 (45 percent).

Overall, the experts rated efforts to apply the current policy, laws and regulations in 2007 to be clearly higher (57 percent) than in 2005 (23 percent).

Component 2. Involvement of civil society

Questions in this component addressed the involvement of civil society in the process of decision making, planning and budgeting, as well as in the implementation of activities.

Organisations that represent civil society in HIV/AIDS activities are NGOs, the PLHIV network, youth organizations, AIDS-services non-commercial organizations, and various foundations.

The opinion of experts on the input of civil society in strengthening political commitment and the development of a national policy were polarized (index of 51.4 percent). Representatives of the public have been included as members of state and expert commissions and they participate in open forum discussions of documents slated to be adopted by the government.

Overall, the experts rated efforts to involve civil society in 2007 slightly higher (48.6 percent) than in 2005 (42.8 percent).

Component 3. Prevention

Questions in this component concerned progress in implementing HIV prevention programmes with regard to individual regions, types of activities and vulnerable groups. The experts noted that the regions hardest hit by the epidemic and needing the greatest assistance had been determined. They also noted that most activities in these regions had been successfully implemented, particularly measures to ensure the safety of donor blood, universal safety measures in medical institutions, MTCT prevention, HIV testing and counseling, HIV education in schools (noted by 66 to 83 percent of the experts). At the same time, the experts stated that harm reduction programmes for IDU, MSM, and SW and young people out-of-school were insufficient.

Overall, the experts gave a higher rating to HIV/AIDS prevention programmes in 2007 (50 percent) than in 2005 (41.7 percent).

Component 4. Treatment, care and support

Questions in this component were on services provided for treatment, care and support for PLHIV. The experts cited successful implementation of ART programmes, treatment for HIV-infected children and people with STI, screening for TB among PLHIV, TB control measures at institutions treating HIV-infected patients, use of cotrimoxazole as a preventive measure (cited by 67 to 83 percent of the experts). However, the experts also rated much lower the level of services to promote healthy nutritional habits, home-care, palliative care and treatment of HIV-related diseases.

The experts noted that ART adherence programmes were being implemented and that there were more doctors and specialists in infectious diseases who had been trained to treat HIV-positive patients. State funding for these services has grown considerably. Clearly progress has been made in providing HIV-infected people with access to treatment.

The experts cited a significant number of programmes and services for such vulnerable groups as IDU, MSM, SW (noted by 79–83 percent of the experts), and the inadequate level of counseling and testing, clinical services, home care, and programmes for socially vulnerable children. The opinion of the experts was split (50 percent – yes, 50 percent – no) on the existence of policies and strategies to meet the additional needs of socially vulnerable children.

Overall, the experts rated HIV/AIDS treatment, care and support programmes in 2007 to be essentially higher (68.3 percent) compared to 2005 (35 percent).



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