

Civil Society Report

Russia's Way Towards Universal Access to HIV Prevention, Treatment and Care



Национальный форум
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организаций,
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EURASIAN HARM REDUCTION NETWORK

EHRN



ЕВРАЗИЙСКАЯ СЕТЬ СНИЖЕНИЯ ВРЕДА

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International Treatment Preparedness Coalition
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Opinions and views, represented here can be different from the views of EHRN, ITPC or OSI

About organizations:

Russian Harm Reduction Network (RHRN) – non-governmental partnership, working in the field of public health, realizing harm reduction strategies, related to drugs. RHRN unites representatives of public and governmental health organizations. RHRN’s mission is promotion of a harm reduction strategy for forming a response to the HIV/AIDS epidemic, conservation of public health and human rights for IDUs and all citizens of Russia. More information about RHRN you can find on the web-site: www.harmreduction.ru.

National Forum of HIV/AIDS NGOs (NGO Forum) – unites registered Russian non-governmental organizations and initiative groups of citizens, working in the field of HIV/AIDS and related problems for at least 1 year minimum. Governmental organizations, municipal organizations and private persons cannot become members of NGO Forum. The NGO Forum was created to strengthen of the role of NGOs in response to the HIV/AIDS epidemic and other socially relevant diseases, protection of interests, and improve the effectiveness of programs realized by NGOs. More information about the NGO Forum can be found on the web-site: <http://aids.tomsk.ru/ngoforum/>

Russian Union of PLHIV (RUPLHIV) – represents interests of people, living with HIV on international, national and regional levels. The Russian Union of PLHIV promotes the expansion of access to prevention and treatment of HIV/AIDS, increase of quality of support and care, reduce of stigma and discrimination, PLHIV’s rights protection, wider involving PLHIV into decision-making process.

International Treatment Preparedness Coalition in Eastern Europe and Central Asia (ITPC in EE and CA) – global coalition of people, living with HIV and their advocates. ITPC supports universal and free access to HIV/AIDS treatment for all people, living with HIV and for wider involvement of PLHIV into decision-making process, which influences their life. ITPC works at achievement of this goals on local, regional, national and international levels. More information about ITPC you can find on the web-site: www.itpcru.org

Eurasian Harm Reduction Network – The Eurasian Harm Reduction Network (EHRN) formerly the Central and Eastern European Harm Reduction Network is a regional network the mission of which is to support, develop and advocate for harm reduction approaches in the field of drugs, HIV, public health and social exclusion by following the principles of humanism, tolerance, partnership and respect for human rights and freedoms. Currently EHRN unites over 300 individuals and organizations from 27 countries in Central and Eastern Europe and Central Asia. For more information see www.harm-reduction.org

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I. Executive Summary

Three Russian civil society networks cooperated to produce this report with the aim of presenting issues vital to achieving universal access to HIV prevention, treatment, care and support in Russia by 2010, and as such, provide information that complements the Country UNGASS Report on the Implementation of the Declaration of Commitment on HIV/AIDS and other reports from Russia that have been submitted for United Nations General Assembly Special Session on HIV/AIDS (UNGASS) Review in 2008.

The HIV epidemic in Russia continues to grow with a total of 416,113 cases of HIV infection registered as of December 31, 2007. The groups most affected by the HIV epidemic are injecting drug users (IDUs), also sex workers, men who have sex with men and inmates as well as their sexual partners.¹ Russia has a steadily increasing number of patients in need of antiretroviral therapy as well. In recent years a rapid scale up of access to prevention, treatment care and support has been underway and, though much progress has been made to move towards established Universal Access Targets for 2008, there are many barriers to be overcome for Universal Access to be reached by 2010.

Thirteen issues raised by civil society representatives in the process of the Country Report preparation for UNGASS 2008

1. Problems associated with antiretroviral (ARV) drug planning, procurement and distribution and support for treatment adherence
2. Insufficient effectiveness of the participation of non-governmental organizations' (NGO) representatives and people living with HIV (PLHIV) in the mechanisms of the unified national monitoring and evaluation system.
3. The lack of a clear position of the government on harm reduction interventions. Insufficient role of harm reduction programs in ARV therapy provision. The lack of access to rehabilitation programs for the majority of drug dependent people in Russia.
4. Limited access to and the need for improving quality of confidential and voluntary HIV counseling and testing with informed consent.
5. Lack of a unified comprehensive prevention program, including activities targeting adolescents and youth. Weak engagement of educational institutions, social and other services in HIV/AIDS work.
6. Imperfect mechanisms of governmental financial support for civil society organizations working to combat HIV/AIDS epidemics.
7. Violation of the right to reproductive health for discordant couples.
8. The legal ban on the adoption of children from orphanages by people living with HIV.
9. Difficulties with access to diagnosis and treatment in prisons.
10. Barriers to ensuring ARV treatment to street children.
11. Restrictions in access to breast milk substitutes for children born to HIV-positive mothers.
12. Lack of resources (personnel, time, finances) and burn-out of professionals working in governmental and non-governmental organizations.
13. Limitations in ART for the Russian Federation citizens changing their place of residence (internal migration).

Key recommendations to ensure universal access to HIV prevention, treatment, care and support in Russia

To ensure universal access to prevention we must:

- develop a unified long-term strategic approach to development and implementation of HIV prevention programs, aimed at injecting drug users and other vulnerable populations, and to create a legislative framework to prevent HIV among IDUs that corresponds to the international standards;
- discuss effective methods for HIV and drug addiction prevention and treatment, including substitution therapy;
- ensure conditions for quality pre-test and post-test counseling, particularly when a negative result is given, including in health facilities not specialized in HIV. It is also necessary to ensure respect of the principles of voluntariness and confidentiality and ensure adequate training and guidance for health workers, as well as proper monitoring and evaluation of HIV testing and counseling programs
- establish a system of training on HIV prevention and harm reduction, for injecting drug users, ensure continuity of treatment, subsequent rehabilitation and social support, increase participation of NGOs, including communities affected by HIV and drug addiction, in prevention programs and ensure support of adherence to treatment, etc;
- change the legislative framework in respect of adoption of children by HIV-positive families where one or two parents live with HIV; conduct regular research in order to identify IDUs number, risky practices, etc.; ensure access to breast milk substitutes adapted for children born by HIV-positive mothers;
- develop a unified system for monitoring and evaluating of the effectiveness of the HIV prevention tasks set out in the National Priority Project "Health" framework, the Federal Program "Preventing and combating socially significant diseases in 2007-2011" and ensure the availability of the results of monitoring activities to all stakeholders.
- Discuss at the meeting of the Governmental Commission on Prevention, Diagnosis and Treatment of Diseases caused by Human Immunodeficiency Virus (HIV) the prospects for effective mechanisms for development of interaction between governmental structures and civil society organizations, and active participation of NGOs in implementing programs to combat socially significant diseases.

To ensure universal access to treatment, care and support we must:

- adopt and implement the national protocols on HIV treatment and provide adequate training of medical professionals, case managers and peer consultants;
- strengthen coordination and integration of measures for treatment and support for PLHIV between structures including those that provide services for other conditions such as drug addiction treatment, tuberculosis, hepatitis, social services;
- improve the system of case management and continuous support in obtaining primary and specialized HIV health care both within the provincial AIDS centers and at municipal health facilities. Develop a normative base for institutionalization of peer support and case management;
- improve the system of ARV drug and diagnostics procurement and distribution in order to ensure short- and long-term continuity of treatment for patients taking ART, as well as monitor the efficiency and quality of treatment. In particular the way that Russian provinces order drugs must be improved;
- take actions in the Russian provinces to ensure medical care for PLHIV, including full-scale out-patient care, diagnostics and treatment, and improve access to chemoprophylaxis of HIV transmission from mother to child corresponding with the existing standards;
- Diagnostic tests needed for effective ART prescription should be available for all patients timely and free of charge;
- improve the system of training for medical facilities on drug management, including assessment of needs and skills to use the Roszdrav's drug management information systems;

- Ensure a sufficient number of and professional training for medical specialists and other personnel including peer counselors in the AIDS centers and the timely provision of precise treatment-related information to ensure successful ARV treatment including in the cases when a patient is a drug user;
- Take measures to and allocate funding to address the issues of HIV diagnostics and treatment in prisons and establish interaction between facilities of the Federal Penitentiary Service and AIDS centers.

The NGOs and activists that participated in creating this report express readiness to participate in achieving national targets ensuring universal access to HIV prevention, treatment, care and support by 2010. The participation of NGOs and activists in creation and the activities of a unified national monitoring and evaluation (M&E) system, particularly in the process of preparing country reports, is a critical issue. It provides a real opportunity to collect objective information about the situation in the Russian provinces from the beneficiaries of the HIV prevention, treatment, care and support services provided by governmental facilities and NGOs.

As the Russian Federation Country Report for UNGASS 2008 does not include a number of problems defined by the civil society, today, NGO representatives and activists believe that an alternative report is a tool to present evidence based data and information on the current situation with HIV universal access in Russia.

We will of course work to insure that as much information as possible submitted by civil society becomes part of the Country Report for UNGASS 2010. This requires extensive and timely involvement of NGOs and activists in the country M&E process and development of mechanisms for information exchange.

II. Introduction

More than 250 organizations and activists were informed about the preparation of the Country Report on Progress in the Implementation of the Declaration of Commitment on HIV/AIDS for the Russian Federation in the follow up to the United Nations General Assembly Special Session on HIV (UNGASS). Three national civil society networks, The Russian Union of People Living with HIV (PLHIV), the Russian Harm Reduction Network and the National Forum of HIV/AIDS Non-Governmental Organizations (NGOs) were inspired to prepare this alternative report and actively participated in developing the text. This alternative report is based on information received from NGOs during the process of the preparation of the official country report. The sources of information presented in this document include publications and information from national meetings held in 2005, 2007 and 2008 on progress toward achieving universal access to HIV prevention, treatment, care and support in the Russian Federation and from the Information Resource Center on HIV/AIDS Policy Research of the Transatlantic Partners Against AIDS (<http://www.hivpolicy.ru/>). The three national networks were provided technical support to prepare this report by of the Eurasian Harm Reduction Network (EHRN) and the International Treatment Preparedness Coalition in Eastern Europe and Central Asia (ITPC EECA).

In general, NGOs and activists assess the process of preparation of the official country UNGASS report and the opportunity they had to participate in it positively. Civil society representatives welcome the government's initiative to involve a wide range of partners and the inclusion of a number of issues they raised in the official report. The official country report largely presents the work of governmental structures and national projects that were made possible by a significant increase in the annual federal budget allocation for HIV/AIDS.

Participants in the process of preparing the official country report though believe that the report's section entitled, "The main problems and measures to address them," does not fully reflect the actual HIV/AIDS situation in Russia. The role of NGOs is not reflected sufficiently. The experience and contribution of provincial projects implemented by governmental organizations and NGOs with support from local and extra-budgetary sources of funding is not adequately presented. The report describes the significant achievements of governmental structures, but the achievements and problems of clients of governmental and/or non-governmental services including medical professionals, children, youth, PLHIV, injecting drug users (IDUs), men who have sex with men (MSM), sex workers (SW), and migrants are described rather briefly. Such additional explanation would illustrate and give life to the statistical data requested by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and presented in the country report.

NGOs and activists have access to groups that are highly closed and stigmatized and which are often deprived of their rights such as street children, drug users, MSM, migrants and others. NGOs could be an important source of information on risky behavior and on obstacles to prevention and treatment. With this unique perspective, NGOs could inform the local and national monitoring and evaluation systems and strategy development processes.

During the process of preparing the official country report, NGO representatives and activists, having collected information on obstacles to the achievement of universal access to prevention, treatment, care and support, developed a list of priority issues. These issues are raised as topics for discussion. Suggestions on the ways to address problems are made including recommendations for further joint action including clear roles and responsibilities are presented.

The aim of this report is to present issues important in achieving universal access to HIV prevention, treatment, care and support in Russia by 2010, and thus to provide information that complements the Country UNGASS Report on the Implementation of the Declaration of Commitment on HIV/AIDS and other reports from Russia that have been submitted for UNGASS 2008.

III. Description of the situation

The total number of HIV cases registered among citizens of Russia was 416,113 as of December 31, 2007. Experts are concerned by the annual increases in the number of new HIV cases since 2004.²

Year	2003	2004	2005	2006	2007
Number of new HIV cases	36,350	33,757	35,684	39,642	44,475

From 2001 to 2007 the number of registered HIV cases caused by unprotected heterosexual contacts increased. Since 2006, the number of HIV cases caused by unsafe injecting drug use has been increasing. Groups most affected by the HIV epidemic are IDUs, also SWs, MSM and inmates as well as their sexual partners.³

Priority directions in combating HIV/AIDS in Russia by 2010 are access to prevention and treatment. In particular, Russia set the following goals: “to ensure 95% coverage of 15-24 y.o. people by HIV prevention programs” and “to ensure not less than 35% coverage of the vulnerable groups – IDUs, sex workers, MSM – by prevention programs”.

Russia has steadily increased number of patients in need of antiretroviral therapy. This is due to the steep rise in HIV infections that occurred between 1997 and 2001 affecting mostly injecting drug users. Today many of those who were infected in the '90s still do not know their status and therefore it is not possible to say exactly how many people are in need of ARV treatment. Though it is difficult to determine an accurate number of people in need of ARV treatment, experts agree that the number is increasing steadily.

The scale up of access to ARV therapy was identified as a priority for the Russian Federation in 2006-2007. National targets of achieving universal access to HIV prevention, treatment, care and support in the Russian Federation by 2010 include “coverage of antiretroviral therapy of PLHIV in need by 2010 - at least 80% of those in need.” As mentioned in national universal access documents, “currently, according to the Federal AIDS Center, between 13 – 20% of the total number of people registered with HIV are currently in need of ARV treatment. This figure can be used to estimate the degree to which access to ARV drugs is sufficient.” The planned target for the indicator on access to ARV by 2007, was “that not-less-than 30,000 PLHIV in accordance with the medical care standard defined by the Russian Federation government health bodies based on the requests received from regional health authorities and institutions.”

IV. Priority issues raised by representatives of NGOs and governmental organizations which were included in the official report

It is important to emphasize that representatives of governmental structures, NGOs, and activists share concerns on a number of issues. One third of the problems raised by civil society during the preparation process for the official Country Report for UNAGSS 2008 were included in the final draft of the report. These issues are presented in Table 1 as they were named by civil society representatives and in their final formulation in the text of the official report.

Table 1. Issues formulated by civil society representatives and included in the official country Report of the Russian Federation for UNGASS 2008

	Issues as formulated by civil society representatives	Issues presented in the Country Report UNGASS 2008 (the numbering retained from the report)
1.	Issues of antiretroviral drug procurement and distribution, such as non-transparent system of registration and procurement, delays and stock-outs.	7. Existing ARV drug management system requires further improvement
2.	Poor involvement of educational institutions, social welfare services, other social services in HIV/AIDS work.	5. Poor development of programs aimed at increasing adherence to ARV treatment and provision of social support for HIV-infected, insufficient involvement of social services.
3.	Problems with access to comprehensive testing services (primarily a lack of testing for resistance).	4. Insufficient coverage of people living with HIV with annual monitoring testing (including CD4 counts and viral load tests) according to Russian medical care standard for the timely prescription of highly-active antiretroviral therapy (HAART), diagnostics and treatment of opportunistic and related diseases.
4.	Tuberculosis and viral hepatitis. Lack of integration of tuberculosis (TB), viral hepatitis and HIV infection treatment systems.	3. Insufficient interaction among diagnostics and treatment of socially significant diseases services: HIV infection, drug addiction, tuberculosis, viral hepatitis, sexually transmitted infections (STIs).

V. Thirteen issues formulated by civil society representatives in the process of the Country Report preparation for UNGASS 2008 that were not adequately addressed in the official report

This section outlines priority issues that civil society representatives submitted to the country report working group, but which were not included in the official country report. For each issue, direction for dialogue, ways to address problems and suggestion for further action (either joint action or action with a clear division of roles and responsibilities among different actors) is presented.

1. Problems associated with ARV drug planning, procurement and distribution lead to negative consequences for PLHIV (forced treatment interruption and rejection of therapy).

Representatives of governmental structures, NGOs, and activists recognize the need to improve the ARV drugs supply system. Within the scope of the National Priority Project “Health,” the procurement of ARV drugs and test-systems is centralized. Drugs are sent to provinces in accordance with requests from provincial AIDS centers. Some provincial AIDS center representatives expect that drugs requested by the provinces for the year 2008 will be supplied to the provinces only in September. Delays in delivering drugs to the Russian provinces cause treatment interruptions, changes in treatment regimens due drug supply interruption rather

than medical necessity. The delays hinder adherence to treatment and create a serious obstacle to achieving universal access.

On the AIDS Memorial Day, the NGO, The Community of People Living with HIV, informed the public and the media that problems with management of the drug supply which had already occurred in 2006 and 2007 may occur again this year: “The Federal Agency for Health Care and Social Development (Roszdrav) is conducting an open auction for the purchase of antiretrovirals, according to the results of which, contracts with drugs suppliers are made. It normally takes few months after the signing of contracts for the drugs to be supplied to the provinces. In 2007, the gap between the auction and actual arrival of ARV drugs in the provinces was about 3 months. In 2008, even if the auction among suppliers is held as scheduled (on May 28th), judging by the last year experience, patients will receive these drugs not earlier than by the end of the summer”.

Additionally, in 2008, PLHIV in need of treatment may suffer due to an administrative reform. According to the NGO the Community of PLHIV, “The situation is complicated by the fact that Roszdrav, which is the government authority in this auction, has been abolished...This raises serious doubts that the auction will take place as planned because it will be difficult to delegate the Roszdrav functions into the other structures in accordance with the presidential decree within the time available.”⁴ «No one wants this [the problems related to the drug supply] to happen a third time. If it does, a systematic violation of commitments made by the state will be apparent. It may turn out that bureaucratic barriers prevail over the need to ensure life saving treatment for people. This, in turn, raises doubts whether the state truly cares about health of the citizens rather than simply trying to demonstrate that it does,» said Sergei Smirnov, the Director of the organization.⁵

Closely related to the issue of ARV treatment is the next issue raised by NGO representatives and activists - the insufficient development of programs to support adherence to ARV therapy and provide of social support to people living with HIV. In this regard representatives of state structures identify insufficient involvement of educational institutions, social welfare services, and other social services in HIV/AIDS-related work as obstacles. Reasons for people dropping out of ARV therapy programs in 2006 were broken down as follows: 64% were related to drug use, change of residence, or arrest, 18% due to side effects of therapy (in particular, cardiac and hepatic failure), 7% were associated with death of patients, and 11% of patients who interrupted treatment were forced to do so because of the lack of necessary drugs.⁶

2. Insufficient effectiveness of the participation of NGO representatives and PLHIV in the mechanisms of the unified national monitoring and evaluation system.

The existing country monitoring and evaluation (M&E) system is fragmented and sometimes the links between different elements of the system are not clear or absent. Data collection and analysis at the national level are carried out by the Federal AIDS Center, the Central Research Institute on Health Care Organization and Information, and the Russian Federal Service on Surveillance for Consumer Rights Protection and Human Well-Being (Rospotrebnadzor). The M&E Analytical Group, established under Rospotrebnadzor for M&E of effectiveness of projects and programs to counter the HIV/AIDS epidemic in Russia is composed of two experts. The Federal AIDS Center contributes statistics from all of Russia's provinces on tests done and new HIV cases detected. Rospotrebnadzor contributes information from various departments, institutions and NGOs involved in projects at the national level to inform AIDS policy and strategy development.

The Expert Working Group (EWG), which was established by the HIV/AIDS Coordinating Council of the Russian Federation, works with the M&E Analytical Group. The EWG consists of representatives from Russian governmental bodies and civil society associations and organizations. The EWG aims to support the Russian government, develop and implement national M&E standards and targets, and conduct research based on national and international principles and practices. According to observations of members of EWG, the number of NGO representatives in EWG is declining and new members have not joined. On the website

the M&E group website (www.infomio.ru), information about the opportunity to participate in the group is not available, nor is a description of its activities, work plan or a list of its participants.

Data NGOs are collected irregularly and most often on an ad hoc basis and requests for information are made with very little time allowed for response. When the mechanisms for gathering information are not standardized, fully transparent, not well-known and not accessible to all participants, only a few NGOs, those at the national level, have a chance to submit data and present their experience. The experience of over 200 AIDS service NGOs working in Russian provinces is not taken into account. A unified M&E system should have instruments for centralized collection of information. Criteria should be defined clearly and common tools and methodology for presenting data and sharing experience should be developed. M&E mechanisms should be accessible to all working in the field of HIV/AIDS, governmental and non-governmental HIV/AIDS organizations alike. This would enable the development of a country M&E system that will be an effective tool for situation assessment, decision-making and development of strategies to combat HIV/AIDS in Russia.

To ensure a full and active participation of civil society in the design and development of the monitoring and evaluation system in Russia, improvement of mechanisms for the participation of NGO representatives and affected communities is required. It will be important to use the mechanisms for supporting civil society participation, which proved to be effective during the process of adopting the national universal access targets by 2010 and in the preparation of the Country Report for UNGASS 2008.⁷

Regular dissemination of information, timely response to queries, training events at the national level and in all provinces of Russia will contribute to the further development of and the effective work of a *unified* monitoring and evaluation system in Russia.

3. The lack of a clear position of the government on harm reduction interventions, the insufficient role of harm reduction programs in ARV therapy provision and the lack of access to rehabilitation programs for the majority of drug addicts in Russia.

In a country, where 83% of all reported HIV cases are connected with drug use, drug addiction treatment should play an important positive role in HIV prevention and access to HIV treatment, care and support for IDUs in need. In Russia, there is not an adequate system of governmental psycho-social support and rehabilitation for people addicted to drugs and substitution therapy is forbidden by law. Moreover, drug users are a highly stigmatized group and are often discriminated against. The capacity of the drug treatment system is insufficient to provide assistance to people addicted to drugs. And the system of maintaining an official registry of drug users, which leads to people registered in it to face problems with employment or with continuing their education serves as a significant barrier to access to care.

In 2007, the international human rights organization, Human Rights Watch (HRW), issued a report, "Rehabilitation Required," which assesses Russia's progress in fulfilling its "human rights obligations to provide evidence-based drug dependence treatment." Having studied several provinces, the authors describe the situation and provide facts illustrating that "individuals addicted to drugs in Russia do not have access to evidence-based medical care to treat their dependence. Russia has made policy decisions relating to the provision of medical treatment to people addicted to drugs that are inconsistent with and are in violation of its obligation to provide, within available resources, healthcare that is available, accessible and appropriate."⁸ Given the importance of the issue, FrontAIDS submitted a report to ICASO as a section of their alternative report.⁹

The problems raised in the Human Rights Watch report complicate programs to prevent HIV transmission among IDUs, as well as those to build awareness of and adherence to ART among drug users. Many injecting drug users learned about their HIV status in the early 2000s, when ARV therapy was hardly available in the country and was not available for IDUs. Many IDUs who may now be in need of ARV treatment do not maintain contact with healthcare facilities and may not have information about availability of ARV therapy.

To ensure universal access to HIV/AIDS prevention, treatment, care and support World Health Organization (WHO), United Nations Office on Drugs and Crime (UNODC), and UNAIDS recommend applying

comprehensive approaches in providing support to drug users. One of the obstacles to implementation of these recommendations and achieving universal access for IDUs in Russia is the legal ban of substitution treatment programs.

Harm reduction programs provide significant support for access of to the services of specialized facilities for IDU. Currently, more than 80 projects are implemented in 40 Russian provinces. The fact that harm reduction projects are funded by government resources, by the National Priority "Health" Project, by the World Bank loan and by the Global Fund¹ projects, as well as by local budgets is evidence of recognition of the need to prevent HIV infection, viral hepatitis and other negative consequences of drug use.

The legal status of harm reduction programs is secured by the Russian Presidential decree on amendments to the Russian Federation Criminal Code (RFCC) issued in December 2003. RFCC article #230 on inclination to consumption of drugs or psychotropic substances was amended as follows: «The article does not apply to cases of use or propaganda of corresponding tools and equipment used for consumption of drugs and psychotropic substances in order to prevent HIV infection and other dangerous infectious diseases, if these actions were carried out in consultation with the executive healthcare authorities and bodies to control the trafficking of drugs and psychotropic substances». ¹⁰ The Federal Drug Control Service and the Ministry of Health and Social Development were to develop a unified position and to issue a document regulating implementation of this amendment to RFCC.

Experts designed a draft document regulating needle exchange implementation. The federal Ministry of Health and Social Development handed the document over to the Federal Drug Control Service (FDCN). The Federal Drug Control Service of the Russian Federation included development of a mechanism for implementation of the amendment to the Article 230 of the country's Criminal Code in its Federal Targeted Program (2005-09) as a plan for the year 2005.¹¹ By June 2008, the Federal Drug Control Service has still not implemented this article of their plan. Due to the lack of the regulations, local units of the Federal Drug Control Service often explain their negative attitudes and actions (inactions) by the lack of documentation and corresponding guidance from the Federal Drug Control Service.

All of Russia's 86 provinces experience HIV and drug addiction but harm reduction projects are implemented in less than 50% of them. Unsolved administrative and methodological issues prevent scaling up to ensure adequate coverage with prevention and treatment of HIV, hepatitis B and C for the most affected group. Development of activities to achieve adequate coverage is complicated by insufficient inter-ministerial and multisectoral coordination and cooperation. There is also a lack of data on the number of IDUs and lack of scientific research providing estimates of their numbers. Moreover there is not adequate research on risky practices and environments.

Several harm reduction projects report rates of coverage of IDUs with prevention activities from 6 to 30%. There is a need to scale up the coverage of harm reduction services to reach the national universal access targets of reaching at least 30% of IDUs across Russia by 2010.

4. Limited access to and the need to improve quality of confidential and voluntary HIV counseling and testing with informed consent

In Russia, mass testing of general population takes place. According to the Russian Federation Country Report for UNGASS 2008, testing and counseling are areas where universal access has been nearly achieved. In 2007, 20-24 million (15-17% of the country population) were tested for HIV; 34.10% of men and women aged 15 - 49 years have been tested for HIV over the past 12 months and know their results.

¹ The Russian Government will fully reimburse the GF funding: "Russia has an intention to compensate to the GF an amount of about \$ 270 million allocated to projects in the Russian Federation" by the Global Fund <http://g8russia.ru/docs/10.html>

The right to receive information and voluntary pre- and post- test counseling (VCT) is guaranteed by law¹² and supported methodologically. HIV testing guidelines¹³ were developed in accordance with the principles of WHO and UNAIDS and currently national counseling guidelines are being developed.¹⁴ In practice, the information that NGOs receive from people recently tested for HIV shows that pre- and post- test counseling is not provided and its quality is inadequate. The violation of core VCT principles such as confidentiality and voluntariness as well as testing without pre- and post- test counseling is regularly reported to the HIV hotline «Steps.»

Absence or insufficient quality of pre- and post-test counseling due to the lack of funding, staff and time is confirmed by research conducted for the «Simona+» project (2007).¹⁵ Regional representatives participating in provincial meetings of the Russian Union of PLHIV also highlighted this issue. Testing is rarely offered through “low-threshold” services such as needle-exchange sites.

There has been a significant increase in categories of people who are subjected to de facto compulsory HIV testing (which includes for example pregnant women and Russian railroad workers). Moreover people tested as part of these categories generally do not receive pre- and post-test counseling. In the provinces, people often have to pay for testing which is a violation of paragraph 7, Article 7 of the Federal Law #38 about HIV-infection. Access to VCT was discussed during the first national UA consultation in 2005¹⁶ and during the civil society conference in 2008. Experts representing health and other authorities, AIDS centers and civil society organizations agreed that high coverage of post-test counseling usually occurs when the test results are positive. However, the quality of the counseling depends on the specialist the appropriate experience, training, time is available. Participants in the civil society conference held in 2008 highlighted the following obstacles to universal access to VCT:

- low coverage of pre- and post- test counseling;
- often no counseling is provided in health facilities outside of AIDS Centers where testing is conducted;
- lack of trained staff and peer counselors; in some provinces peer counseling is absent or underdeveloped;
- counseling is not included in the official list of medical services and therefore it is not paid for;
- it is a highly time consuming service (20 minutes per consultation according to recommendations) while the fixed time for one patient reception is 10 minutes;¹⁷
- The value of VCT has for prevention as an effective mechanism for promoting behavior change is underestimated;
- there is no mechanism for monitoring and controlling the quality of counseling with the exception of surveys (usually conducted only by international organizations).

5. Lack of a unified comprehensive prevention program, including activities targeting adolescents and youth. Weak engagement of educational institutions, social and other services in HIV/AIDS work.

At all levels, the need to implement prevention programs for adolescents and youth has been highlighted repeatedly. A national target was set to reach 100% of Russian youth by 2010. However, to date there is no national data available on the coverage of adolescents and youth with informational and educational activities. It is important as well to consider that this category of the population is not homogeneous. The activities carried out target mostly organized adolescents and youth who are involved with the education system. This theoretically enables a clearer estimate of the numbers of people targeted, the structure of the group and assessment of its qualitative characteristics (lifestyles, risky behavior practices, etc.). But even for organized youth and youth involved with the education system there are no data on the coverage with HIV/AIDS training programs. At best, the work carried out by governmental structures in this area is taken into account but

the work of NGOs is not. Nevertheless, the complete picture is not visible in terms of quantity or in terms of the specific work with separate target groups, such as working youth, non-organized teenagers, orphans, etc.

The participants of the first conference “Civil Society Combating HIV/AIDS in Russia” (Moscow, January 2008) identified the difficulties in the implementation of preventive work among adolescents and youth as follows:

- Lack of a unified preventive work strategy for adolescents and youth (harmonization of approaches, working methods, messages and promoted behavioral standards);
- in some regions absence of high quality informational materials developed for the group considering their needs and characteristics;
- Problems and sometimes lack of interaction between educational, healthcare systems, social services and NGOs;
- Coverage of HIV infection in the media is of poor quality;
- Insufficient number of trained professionals, resources and staff working with the group;
- Geographic localization of services and work (the gap between urban and rural areas);
- Absence of long term programs and gaps in the implementation of programs;
- Lack of state support and NGOs engaged with preventive work for adolescents and youth and with general prevention;
- Low motivation of youth, parents and teachers.

In the opinion of the National Forum of HIV/AIDS NGOs, as reflected in the Russian Federation’s Civil Society Position Paper on HIV Prevention, the following key principles to ensure success of HIV prevention should be mentioned:

- All HIV prevention programs should be based on promotion, protection and respect for human rights. The full protection of human rights reduces vulnerability to HIV/AIDS and prevents stigma and discrimination towards PLHIV and vulnerable groups.
- HIV prevention programs should be differentiated and adapted at the local level to epidemiological, economic, social and cultural characteristics. The adaptation of prevention programs for local conditions should be a result of equal dialogue of plenipotentiary and legitimate representatives of authorities, politicians, civil society organizations, scientific communities and affected communities. Conclusions on the lack of compliance of components of prevention programs with social, cultural or other features should not be based only on the views declared by formal authorities as, when this occurs, the messages of programs can be fragmented and contradictory.
- HIV prevention activities should be evidence-based. This also applies to the problem of continuing taboo of safer sexual behavior and inclusion of a safer sexual behavior component in prevention programs for youth. Nevertheless programs must also inform about abstinence, a delay of onset of sexual activity, mutual fidelity, reducing the number of sexual partners, and comprehensive and proper sex education.
- Prevention programs should be comprehensive and use all acknowledged effective interventions. This also implies the involvement of and coordination between institutions of education, healthcare, social services and the NGOs working with teenagers and youth.
- We must recognize the fact that the results of HIV prevention efforts will become obvious only in the long term prospective and therefore require constant long-term and stable support for these efforts as well as new technologies, study and development.
- Participation of representatives of targeted groups in planning, implementation and evaluation of HIV prevention programs at the local and national level is vital.

6. Imperfect mechanisms of governmental financial support for civil society organizations working to combat HIV/AIDS epidemics

Many achievements in Russia have become possible due to the increase in national funding but civil society representatives are however concerned that international donor programs are being gradually phased out while mechanisms of governmental financial support for NGOs are inaccessible for the majority of NGOs. For the majority of NGOs it is not possible to fulfill state requirements.

Federal support for NGOs can be provided only through commercial contracts, a fact which automatically excludes those NGOs which are not allowed to engage in commercial activities according to their by-laws. Some NGOs can work on commercial contracts but the situation is beneficial neither to the state nor to the NGOs involved. Moreover, it is extremely complicated to use a non-governmental organization as a commercial structure. Funding from “targeted programs,” both at the federal and provincial level, cannot be transferred directly to NGOs.

Moreover, implementing a “governmental order” is not feasible if an NGO does not have funds from other sources that can be used to cover project expenses until governmental funds are transferred at the end of the project. During the meeting of Russian NGOs representatives with the President Assistant of the Russian Federation I.I. Shuvalov which was held during the Second Conference on HIV/AIDS (EECAAC), it was made public that organizations receiving money from the state budget for a project receive only about 30% of the full amount in advance and are forced to reallocate money from other sources (most often from international donors) to complete the project before the remaining 70% can be transferred to the organization. In most cases, NGOs have no commercial activities, and unlike commercial structures, have no income and profits. As such, most NGOs, especially provincial ones, are not able to work under the conditions currently proposed by the state.

At the provincial level, the situation is complicated by relationships between the federal and local authorities (in matters of finance, legislative framework etc.) For example, an NGO may be included in the local targeted program as an implementer of some program items but it cannot receive funding unless local level laws authorize the transfer of funds to an NGO.

At the conference, EECAAC 2008, representatives of major NGOs, such as the consortium of NGOs on the Global Fund project (Round 3), the Russian Healthcare Foundation and local organizations expressed their concern about the upcoming withdrawal of the Global Fund and the lack of state funding and implementation mechanisms that meet the real needs of civil society.

7. Violation of the right to reproductive health for discordant couples.

The number discordant couples is increasing in Russia so access to sperm washing and in-vitro fertilization (IVF) is becoming increasingly important. In Russia, there is only one governmental clinic (in Saint Petersburg) that provides sperm washing services to PLHIV. The procedure is quite expensive with tests and necessary drugs cost over 1000 Euros. Moreover, the clinic has not yet reported a single case of successful insemination after the sperm washing procedure.

It has been reported that discordant couples which do not have opportunities to receive such medical service or which have several unsuccessful attempts resort to artificial insemination or begin to practice unprotected sex, thus dramatically increasing risks of HIV transmission to the HIV-negative partner and the child. The cost of the same in-vitro fertilization procedures in private clinics is several times higher than in the governmental one and can be as high as 80-90 thousand rubles (about 2-2.5 thousand EUROS). In addition, often health care professionals refuse to provide IVF for HIV- or HVC- positive women explaining that this is prohibited by an Ministry of Health and Social Development order. The ban on IVF for HIV-positive women makes discordant couples more likely to practice risky behavior and impose risk of HIV transmission on the father and possibly on the yet-to-be born child.

Making the situation even worse is that, reportedly, after successful natural fertilization, many women are afraid to go to a doctor because of possible negative consequences. Doctors still advise discordant couples not to have their own children or to have abortions. Several cases when obstetricians and gynecologists repeatedly recommended HIV-positive women to have abortions are documented, particularly in Ufa and St. Petersburg.

8. The legal ban on the adoption of children from orphanages by people living with HIV

An equally important issue is a legal ban on the adoption of children from orphanages from by people living with HIV. According to the USSR Ministry of Health Order No 40 of January 31 1991,¹⁸ «Foster parents cannot be...and a child cannot be adopted by persons with mental illness,... persons suffering alcoholism, drug abuse, substance abuse, a sexually transmitted disease, and HIV infection...» In practice, couples where one or both parents are living with HIV are denied the right for adoption. The order and practice complicates the issue of adoption of children living with HIV, orphans, and children born to HIV-positive parents.

During the first national consultation on universal access (2005) the following solutions were offered:

- changing the legislative framework regarding adoption of children living with HIV by PLHIV;
- development of a mechanism to monitor the implementation of the law, introduction of methods to prevent child abandonment;
- introduction of early diagnosis for children of HIV+ mothers; medical and home patronage of children up to 1 .5 years old.¹⁹

9. Difficulties with access to diagnosis and treatment in prisons

There are a number of problems impeding the achievement of the universal access goals in the Russian prison system. Due the lack of laboratories and medical professionals in the prison system testing and provision of antiretroviral treatment is carried out by AIDS centers. Access to diagnostics and efficiency of treatment depends on cooperation and coordination between health and penal system institutions at the local level. Reportedly, delays in medical check-ups and prescription of ARV treatment due to irregular visits of the AIDS center medical specialists and delays in the supply of ARV drugs and diagnostic tools to the prison hospitals create obstacles to universal access to treatment, care and support

In most cases there are no mechanisms for ensuring continuous ARV treatment for suspects living with HIV detained in institutions under the Ministry of Interior facilities for people awaiting trial. There is no system of continuity of treatment when prisoners are transferred to prison colonies or are released.

According to the Federal Ministry of Justice Order # 263 of August 16,2006, “On adoption of the list of medical and prevention correctional facilities for providing medical assistance to inmates” all prisoners infected with tuberculosis are to be transferred to relevant specialized institutions and receive TB treatment. Patients with co-infection of HIV and TB have access to TB drugs and treatment. However, access to HIV diagnostics (CD4 counts and viral load tests) and to ARV drugs depends on the level of cooperation between the prison hospital and the AIDS center.

When there prisoners living with HIV experience life threatening conditions they are to be transferred to a prison hospital, and documents for the patient’s early release from prison are to be prepared.

According to relatives of affected inmates, late prescription of therapy occurred in some regions. This happened due problems emerging in interaction between the Federal Prison Service and AIDS centers, in 2006-2007. Decisions to release patients with AIDS have been delayed, in some cases leading to death. The mother of an inmate who died due to delayed arrival of ARV drugs due to insufficient cooperation between the local Federal Prison Service and the AIDS center reported that when she went to gather her son’s belongings after his death - she was handed together with his other belongings the ARV drugs which had arrived after his

death. This example shows that in, addition to other problems described, no system returning and registering unclaimed expensive ARV drugs to the AIDS center is in place in this region.

10. Barriers to ensuring ARV treatment to street children

There are no accurate figures on the number of HIV-infected homeless children in Russia. The estimated number of street children in Russia vary from 2-5 million.^{20, 21} The results of a joint research project carried out by the fund, Humanitarian Action, and the organization, Doctors of the World, show that the estimated number of street children in St. Petersburg is about 15 000, 40% of whom are living with HIV and 80% of whom inject drugs or practice commercial sex.

In Russia, there are no centers for social rehabilitation for these children. Street children fall out of the existing state child care system. The government does not conduct any work with these children. Several projects are carried out by NGOs in Russia. But the number and capacity of such projects are insufficient to solve all problems, particularly issues related to the prevention and treatment of HIV, hepatitis, sexually transmitted infections. The interactions between governmental structures and NGOs, the development of a single strategy and the support of projects for homeless children are of utmost importance.

11. Restrictions in access to breast milk substitutes for children born to HIV-positive mothers

A detailed analysis of this issue was conducted by the NGO, Ark Anti-AIDS, in Rostov-on-Don. The results were handed over to G.G. Onishchenko, the head of the Russian Federal Service on Surveillance for Consumer Rights Protection and Human Well-Being at the conference, EECAAC 2008, after which the issue was included in the conference resolution.

Breastfeeding is not recommended for HIV positive women and is in a sense banned by Article 122 of the Russian Criminal Code, Part 1: "Transmission of HIV - Knowingly putting another person in danger of HIV transmission".

In this respect, access to breast milk substitutes should be ensured for HIV-positive mothers. Currently mothers are given a special monthly allowance of only 300 rubles (9 US dollars) in most provinces. On average a about 14 000 rubles would be spent for nourishment of an infant in the first 4 months of life, a monthly average of up to 3000 rubles (90 US dollars).

Given that many HIV-positive women are from low-income families, access to substitute milk formula is limited since allowances cover only one tenth of the milk formula needed. Thus many young mothers switch to breast-feeding.

12. Lack of resources (personnel, time, finances) and burn-out of professionals working in governmental and non-governmental organizations

Surveys conducted by of NGOs²² and medical experts show that the problems of the lack of resources (personnel, time, finances), burnout of professionals working in governmental and non-governmental organizations, particularly peer consultants, is of great importance. Burn-out syndrome, low wages, social vulnerability, and the lack of prestige of such professions as social worker, peer consultant and even doctor are major problems.

The main problems identified by clinicians (St. Petersburg)²³ are:

- Heavy work-load, shortage of doctors. The average doctor sees 30 people per day. To illustrate how the Russian situation compares with the European situation there are 1600 PLHIV in Stockholm and 12 specialists on infectious diseases while the AIDS center in St. Petersburg's Botkin hospital has about 20 doctors serving 31,000 PLHIV.
- Low wages. Even in the highest category, a doctor of medical sciences receives 17 000 rubles (about 716 US dollars) per month before paying taxes.

- Acute shortage of social workers, psychologists and nurses. Clinicians are forced to carry out their functions.
- Lack of psychological support for professionals and staff of AIDS centers and hospitals. This is especially needed by those who work with difficult cases – the dying, IDUs, etc. At the moment, all such services for doctors are provided by NGOs. There are no governmental programs of psychological assistance to doctors.

Experts also note the need for training and retraining of professionals on HIV/AIDS and related issues for prevention and treatment work. AIDS center staff sometimes have negative attitudes towards the PLHIV. In out-patient state clinics professional and psychological training on work with PLHIV is needed for doctors and specialists on infectious diseases working there. Training on VCT, psychological assistance for PLHIV and ethical aspects is required.

In Russia, remittance for NGO employees is vague. Education and training mainly occur by personal initiative, and often do not find the leadership's approval and are considered loss of working hours. Activities to prevent burn out are rarely organized, though good methods exist for psychological help, both individual and group. While a number of organizations have once off events or provide supervision, there is no comprehensive approach to address the issue of burn out.²⁴

The problem is no less acute for governmental employees. There are not programs to prevent burn-out among highly-qualified and experienced medical professionals. That results in a significant decrease of the quality of health services and weaker of cooperation between doctors and patients. At the conference, EE-CAAC, a special session on burn-out confirmed that this was a serious problem not only for Russia, but for the whole region.

13. Limitations in ART for the Russian Federation citizens changing their place of residence (internal migration)

In Russia, patients receive ARV therapy in the AIDS center of the district that they are registered to live in. When patients have to leave district they are registered in (to take a job in another region for example) their documents must be transferred from one centre to another. This procedure is accompanied by multiple bureaucratic delays which can hinder adherence, and may cause treatment interruption therefore increasing risk of resistance and threatening health status. In addition, access to treatment is not available for people who do not have any passport and a concrete place of residence.

Another barrier to access is that since ARV drugs are available only in specialized medical facilities, many people have to travel considerable distances to receive their drugs. Given the increasing number of patients taking ART, it seems appropriate to expand the range of facilities eligible to provide patients with drugs to include a larger number of municipal facilities.

Foreign immigrants limited access to prevention and cannot officially receive ARV treatment in Russia.

VI. Key recommendations to ensure universal access to HIV prevention, treatment, care and support in Russia

Despite the activities to combat HIV/AIDS epidemic in Russia, the number of new HIV cases continues to grow. NGO representatives and activists who took part in the preparation of this report preparation, propose ways to address the problems in order to reduce the rate at which the epidemic is growing and ensure universal access to HIV prevention, treatment, care and support in Russia. The recommendations are based

on publications and information from the national meetings on Progress in Universal Access (2005, 2008), the Information Resource Center on HIV/AIDS Policy Research, as well as of the processes of setting targets ensuring universal access by 2010 (2007) and the Country Report preparation for UNGASS 2008.

To ensure universal access to HIV prevention we must:

- ensure recognition by the government that prevention is crucial to addressing the HIV epidemic and that adequate funds for prevention programs targeting IDUs, other vulnerable groups and the general population should be allocated;
- develop a unified long-term strategic approach to prevention programming targeting injecting drug users and other vulnerable populations, and create a legislative framework that supports the prevention HIV among IDUs that corresponds to the international standards;
- develop criteria for comparative assessment of the effectiveness of programs aimed at specific audiences and age groups. An indicator consisting of the ratio of new HIV infections in particular groups to the amount of funds allocated for prevention in these groups should be used to assess the appropriateness of allocation of funds;
- establish a system of training on HIV prevention and harm reduction and increase participation of NGOs, including communities affected by HIV and drug addiction in prevention programs;
- conduct regular research in order to determine the quantities of vulnerable populations, and their risk behaviors and environments, etc.;
- discuss effective methods for HIV and drug addiction prevention and treatment, including substitution therapy;
- identify the most important gaps in funding and fill them, coordinating and monitoring the effective use of funds and implementation of decisions to combat the spread of HIV;
- develop a unified system for monitoring and evaluating the effectiveness of the HIV prevention tasks set out in the National Priority Project “Health”, the Federal Program “Preventing and combating socially significant diseases in 2007-2011” and ensure the availability of monitoring results to all stakeholders;
- take measures to inform target groups on the availability of services for prevention, diagnosis, treatment, care, support and rehabilitation including the provision of information at all relevant medical facilities;
- ensure conditions for quality voluntary and confidential HIV testing with adequate pre- and post-test counseling. Adequate counseling when negative results are given should not be neglected and quality counseling should be offered health facilities not specialized in HIV. It is also necessary to ensure respect of the principles of voluntariness and confidentiality. Proper training and quality control should be designed to prevent health care workers from conducting HIV testing without informed consent and from violating confidentiality;
- include counseling in the official list of free medical services, revise guidance on patient load and time for reception of patients to accommodate counseling, develop a training program to ensure training of professionals in counseling skills and to create conditions for peer counseling, including those for partners of PLHIV;
- change the legislative framework in respect of adoption of children by HIV+ families where one or two parents live with HIV; promote prevention child abandonment; introduce early diagnosis for children of HIV+ mothers, as well as medical and social home patronage for children up to 1.5 y.o.;
- ensure access to breast milk substitutes by HIV-positive mothers;
- establish interaction between state structures and NGOs; examine the experience within Russia and from other countries; develop a strategy and provide governmental funding and support of projects and programs targeted at homeless children;

- improve the existing and establish new mechanisms of governmental support for non-governmental organizations, including mechanisms for long-term funding of NGOs from governmental and extra-budgetary sources;
- discuss the prospects for effective mechanisms for development of interaction between governmental structures and civil society organizations, and active participation of NGOs in implementing programs to combat socially significant diseases at the meeting of the Governmental Commission on Prevention, Diagnosis and Treatment of Diseases caused by Human Immunodeficiency Virus (HIV).

To ensure universal access to HIV treatment, care and support we must:

finalize national protocols on HIV treatment;

- improve integration of diagnostics, treatment and care for patients with HIV infection, drug addiction, tuberculosis and viral hepatitis many patients suffer a combination of these diseases, and treatment of one disease should take into account needs related to the others;
- increase staffing of AIDS centers and insure adequate training of doctors and other medical staff;
- study existing experience (including: the Global Fund Round 3 regional projects; projects based at Infectious Disease Hospital named after Botkin (St. Petersburg); the projects Russian Harm Reduction Network (RHRN) and the NGO, the Community of PLHIV and many others), and the development of programs aimed at building adherence to ARV therapy among IDUs with participation of medical professional and peer counselors;
- increase quality and accessibility of drug addiction treatment including currently prohibited substitution therapy especially for PLHIV;
- ensure wider use of and institutionalization of “case management” practices;
- wider use of and institutionalize the institute of peer counselors from among PLHIV who are on therapy;
- improve treatment regimens by making higher quality more modern medicines available;
- provide treatment for hepatitis and for opportunistic infections among PLHIV;
- improve methods for defining the number of people in need of treatment to better enable the medium- and long-term planning of program development;
- create a reserve stock of medications at the Federal AIDS Center to ensure continuity of treatment and drug supply to the provinces in case of drug shortage due to delays in drug supply;
- introduce a unified system that enables tracking of the use of drugs received by the Russian provinces within the framework of the National Priority Project “Health” project, the Federal Program “Preventing and combating socially significant diseases in the 2007-2011” and the Global Fund projects and analyze the aggregate data on drugs available in order to ensure that medium-term procurement/supply plans are in line with the needs of Russian provinces;
- develop mechanisms that would enable provinces to transfer ARV drugs and test systems from one region to another (if needed);
- expand the coverage of PLHIV in out-patient care and optimize the timing of the start of therapy;
- ensure continuity of treatment for patients in case of residence change;
- ensure availability of treatment for migrants;
- ensure continuity of treatment for patients detained and imprisoned and insure appropriate follow-up after release from prison;
- develop a system for providing palliative care with the involvement of social services and faith-based initiatives;

VII. Conclusion

Russia faces many challenges in achieving national targets ensuring universal access to HIV prevention, treatment, care and support by 2010. Efforts to discuss and address the problems identified in the Russian Federation Country Report for UNGASS 2008, the alternative report prepared by the FrontAIDS and Human Rights Watch,²⁵ the report of civil society involvement and in this report should be made. The participation of NGOs and activists in creation and work of a unified national M&E system, particularly in the process of preparing country reports, is a critical issue. It provides a real opportunity to collect objective information regarding the situation in the Russian provinces from the beneficiaries of the HIV prevention, treatment, care and support services provided by governmental facilities and NGOs.

Two events that took place in 2008 can be considered as a start for a comprehensive discussion. The first was the meeting of UNAIDS representatives, the M&E analytical group established under Rospotrebnadzor and representatives on national networks as well as PLHIV community experts that was held at the conference, EECAAC 2008, during which broad steps to involve all sectors of society in the process of preparing the 2010 country report were outlined.

The second was the meeting, «Progress in ensuring universal access to HIV prevention, treatment, care and support in the Russian Federation» which was held in Moscow at the final stage of preparing this report. The participants, representatives of NGOs and governmental organizations, discussed major issues presented in the report. A national consultation is a crucial step in building effective work together to overcome obstacles to achieving universal access by 2010.

In the opinion NGOs and activists alternative reports, are good tools to present the view of civil society. Certainly, we must seek to ensure as much as possible that data submitted by civil society becomes part of the official report. This requires extensive and timely involvement of NGOs and activists in the country M&E process and development of mechanisms for information exchange.

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