

OPPORTUNITIES LOST

HIV PREVENTION, HARM REDUCTION, AND THE RUSSIAN FUNDING GAP

by Daniel Wolfe

Analysts speaking about AIDS in Russia are fond of saying that the nation is, to use development jargon, “well subscribed.” The Global Fund to Fight AIDS, Tuberculosis, and Malaria has pledged more than \$209 million for prevention, treatment and care of HIV over the next five years. In December 2002, the World Bank signed a \$150 million loan to the Russian Federation for HIV/AIDS and TB efforts. The U.S. government is said to be considering Russia for designation as what in Washington is known as a “PEPFAR lite” country—not one of the fifteen focus countries for the President’s Emergency Plan for AIDS Relief, but one singled out for particular interest and presumably, increased financial support. The UK’s Department for International Development (DFID) supports development of a national AIDS policy in Russia, and UN offices are working on a variety of programs including support for delivery of antiretroviral treatment through the World Health Organization and strengthening of a coordinated national response to HIV through UNAIDS.

Less asked is the question of how much money will be required to contain an epidemic growing as fast as Russia’s, or whether the money is going to those most at risk. Indeed, preliminary signs suggest that even as foreign assistance pours into Russia, there are few mechanisms to ensure that the injection drug users who constituted 80% of registered HIV infections as of 2004, or the sex workers and sexual partners of drug users bearing the brunt of new infections, will be reached. Key to this process will be the Russian federal government, which has been ambivalent at best about the peer outreach programs and specialized non-governmental organizations critical to containing epidemics concentrated among highly stigmatized groups in other countries.

Uncertain Data: Testing and Tracking HIV in Russia

Post-Soviet Russia is in a state of constant, if uncertain, renovation. It is not uncommon, stepping into a newly made-over hotel or recently refurbished metro station, to feel something shift slightly under foot, as if the rich new tile had been laid over a slightly unstable foundation.

New efforts at tracking the arc of the HIV epidemic in Russia, and recent announcements that new HIV cases are down and that the epidemic is “generalizing” to include those infected sexually rather than through injection drug use, may be seen as resting on similarly uncertain ground.

Even the most basic facts, such as the number of those with HIV in the country, remain points of contention. The United Nations has for four years running given Russia the dubious distinction of having the fastest growing HIV epidemic in the world. Where virtually no cases of HIV were recorded in Russia a decade ago, today the best estimates of UN epidemiologists put the number of those with HIV at as high as 1.2 million, more than in all of North America. Unlike the American and European epidemics, HIV in Russia has hit with explosive force among the young, most particularly among the young who inject drugs. Four of five of those infected are under 30, and some 80% of those with HIV became infected through sharing a contaminated needle. The epidemic has coincided both with severe economic

dislocation that has helped fuel drug use, and with a 1998 tightening of drug laws that made possession of illicit drugs—including the residue in a used syringe—punishable by prolonged imprisonment. One hundred thousand Russians were convicted in the first year following passage of the new penalties, and the number of those jailed for drug offenses increased five-fold between 1997 and 2000. Until penal code reform in 2004, mass incarceration effectively forced infected and uninfected individuals into environments where risk behavior such as drug use and sex continued, but where protections such as sterile injection equipment were unavailable. International epidemiologists say the result was unprecedented acceleration of HIV and TB, and vast numbers of undiagnosed infections.

Federal officials in Russia, by contrast, doggedly focus on the visible tip of the iceberg. Those connected with state security services, particularly, dismiss international estimates as empty speculation, insisting instead that the number of those with HIV is the number of cases officially registered: 311,000 cases as of May 2005. Even those officials who recognize that registered HIV cases reflect only a small portion of total HIV burden in any country, such as Federal AIDS Center head Vadim Pokrovsky, have in recent years reported that the number of new infections in Russia has decreased sharply, and that new cases are increasingly found among women infected sexually. In 2000, for example, women accounted for 21 percent of new HIV infections in Russia, while in 2003 they represented 33 percent. Suggestions that the worst spike in infections may be past and that the epidemic is generalizing have in turn been challenged by Western analysts. Murray Feshbach of the Woodrow Wilson International Center for Scholars points out that the drop in cases among drug users corresponds to sharp reductions in HIV tests administered and a sharp increase in the number of cases whose origin went unrecorded. Between 2000 and 2003, the number of HIV tests administered in Russia fell by nearly 3 million. By that period's end, half of new HIV cases were logged without noting the main risk factor for infection.

Whatever the disagreements about HIV trends in Russia, there is no question that the epidemic poses challenges unfamiliar to the donor countries coordinating global AIDS relief. With the exception of China, no country in the world is grappling with HIV prevention and treatment with a pool of 800,000 young HIV-infected drug users. Injection driven HIV epidemics spread faster than sexually transmitted ones, and in some Russian provinces—such as Irkutsk in Siberia, the Russian region with the highest number of HIV infections per capita—

nearly 65% of drug users are already HIV positive. While the Russian epidemic is still too young for the country to have experienced the wave of AIDS deaths that washed over the U.S. or Africa, there is every reason to expect substantial suffering and loss in the near future. HIV outbreaks have now been documented in 82 of the country's 89 regions. Of the estimated 60,000 in urgent need of HIV treatment, the World Health Organization estimates that 2,000 have access to antiretroviral medications.

Federal Ambivalence

One can only imagine how much uglier the already dark history of HIV in the U.S. would look if poor drug users, rather than gay men of means, had been the overwhelming majority of those infected. In Russia, the federal government responded to its own AIDS crisis with a strategy pioneered by Washington in the 1980s: denial. Privately, Russian officials observed that the death of large numbers of undesirables did not seem a crisis, and informed drug users at hospitals that their lack of social worth made them ineligible for treatment. In public, it was not until a 2003 speech by Putin that a Russian President mentioned the epidemic. While international donors such as Open Society Institute, DFID, and Médecins du Monde funded needle exchange programs proven to reduce HIV transmission among injection drug users, the federal government's HIV prevention budget was a paltry \$1 million. Officials and coordinating groups responsible for HIV prevention have been repeatedly shuffled and combined. As late as 2001, HIV treatment, when offered, was usually with a single Russian-made drug rather than with the combination of antiretroviral medications that had long been the global standard of care. In an attitude characteristic of its dislike of receiving handouts or advice from outsiders, the Russian government was a donor to the Global Fund but was reluctant to be an applicant: the first Russian request to the Fund was filed by a consortium of NGOs, at a time when Russia had yet to form the "country coordinating mechanism" (CCM), including government representatives, that was usually required.

Against that backdrop of inaction, recent years have held some promise for the Russian response to HIV. People with HIV have become more vocal, forming networks of organizations, staging protests, and initiating dialogue with government officials. The government has formed an official CCM for the Global Fund, and has consolidated AIDS programs in the Ministry of Health and Social Development. The Russian government signed the World Bank Loan, including a promise to support thirty harm reduction projects serving active drug users.



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The first Global Fund grant, known as GLOBUS, is set to deliver state of the art HIV treatment to the first 1200 patients by year’s end, and has consciously included drug users among those to be reached. The program also supports twenty-three needle exchange projects in the ten regions in which it is focused. A second Global Fund grant, this one awarded to a government-controlled NGO rather than an independent one, intends to bring the total of those receiving HIV treatment to 74,000 by 2010. The Joint United Nations Programme on HIV/AIDS (UNAIDS) recently held a press conference to announce its effort to support a unified response to the epidemic: one agreed upon framework for action, one national AIDS coordinating authority, and one system for monitoring and evaluation.

Nonetheless, the UN’s “three ones” may not add up to anywhere near enough for the Russians most vulnerable to HIV. In spite of international attention and the spike in oil revenues that has provided a steady boost to

the Russian economy, a recent survey found that funding for needle exchange programs had actually fallen by 29 percent since 2002. Russian drug control authorities circulated a memo in November 2003 advising that needle exchanges were in violation of laws prohibiting promotion of drug use, and where possible should be shut down. While that memorandum was countered by expressions of support for syringe exchange by the Ministry of Health, programs are operating in a legal limbo, and a government order clarifying official guidelines for syringe exchange remains stalled somewhere between the law enforcement authorities and the Ministry of Health. Early drafts of this order have called for an end to needle exchange by peer outreach workers, a key component for successful programs in a country where many drug users hesitate to come to central locations for fear of shakedowns by the police or the addition of their names to lists kept by government authorities. Oral substitution treatment, an approach

used throughout the U.S. and Europe that offers medications such as methadone to drug users so that they can refrain from injecting, remains illegal in Russia in spite of repeated studies demonstrating its efficacy in reducing HIV risk behavior, HIV infection, and crime. Russian officials steadfastly resist any language supportive of substitution treatment in UN documents.

Indeed, increased general awareness of the dangers of HIV may be providing a pretext for Russians to turn away from targeted efforts to address those in greatest danger. During a recent visit to Washington, a visiting Duma member noted that since only 65% of new HIV infections in Russia were now among drug users, it was beyond dispute that 35% of those with HIV had done nothing wrong and deserved public support. The implication, that those who used drugs deserved what they got, including death from AIDS, is one echoed all too regularly in government offices and health care facilities in Russia. Funders who have been providing “bridge funding” for needle exchange programs until the Russian government directs World Bank funds toward their support have begun to wonder if this approach is a bridge to nowhere: More than two years after signing the loan, the government has yet to deliver substantial support to a single harm reduction project. A national administrative reform effective in January 2005 transferred responsibility for much government spending, including many AIDS treatment and prevention efforts, to regional governments.

Local Adaptation and International Influence

Some regional legislators, recognizing the threat posed by the HIV epidemic, have been more responsive to HIV, contributing funds as they can to needle exchange and to the AIDS Centres offering HIV treatment in Russia. This support, however, is neither universal nor sufficiently widespread to approach anything near the levels of coverage needed to contain injection driven epidemics. In Moscow, for example, where most people with HIV live, there is not a single needle exchange program to provide injectors with sterile injection equipment. The head of the city health department has announced that there is no crisis in HIV treatment, since drug users do not need it. As for efforts to contain the sexually transmitted epidemic, the Moscow City Duma in May 2005 announced a \$1 million education campaign declaring “there is no such thing as safer sex.”

In a strange twist, Russian policy—including opposition to needle exchange programs, zero-tolerance

approaches to drug use, and appeals to sexual abstinence—finds its strongest ally in the nation that used to be Russia’s greatest competitor. While most European nations have implemented needle exchange programs, the U.S. remains the only nation in the world to bar federal funding for sterile injection equipment to drug users. None of the more than \$11 million the U.S. currently provides to Russian HIV/AIDS programs goes for clean needles. It is difficult to know, if Russia is selected for greater engagement on HIV/AIDS by the U.S., whether the increased attention will be a blessing or a curse for those programs working to bring HIV prevention to drug users. As the world’s largest donor to HIV relief and the most influential player in the politics of development, the U.S. has recently sought to make its opposition to needle exchange into the global standard: at a recent UNAIDS meeting, only unified opposition from other member states prevented the U.S. from successfully striking all language about access to sterile injection equipment from a global HIV prevention strategy document.

For their part, Russian programs seeking to reach drug users with HIV prevention and treatment are looking beyond their own government or that of the U.S. This past summer, a group of NGOs, including the Russian Harm Reduction Network and the Russian Community of People Living with HIV, applied to the Global Fund to sharply increase the availability of clean needles and condoms in the 79 Russian regions not covered by earlier grants. Russia’s country coordinating mechanism, which includes a high-ranking official at the Ministry of Health, the president of the Russian Academy of Medical Sciences, and his son, the head of the Federal AIDS Center, did not support the application.

As of this writing, the Fund’s decision on the application is unknown. So too is the fate of the millions at risk for HIV infection through drug use in Russia, and in the many countries, such as those in Central Asia, that take their cue on HIV policy from decisions made in Moscow. Dozens of studies in developed and developing countries alike have demonstrated clearly that needle exchange and substitution treatment work to save lives without encouraging drug use. Whether evidence will prove any match for ideology in Russia, or in the corridors of key donor governments, remains anybody’s guess.

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