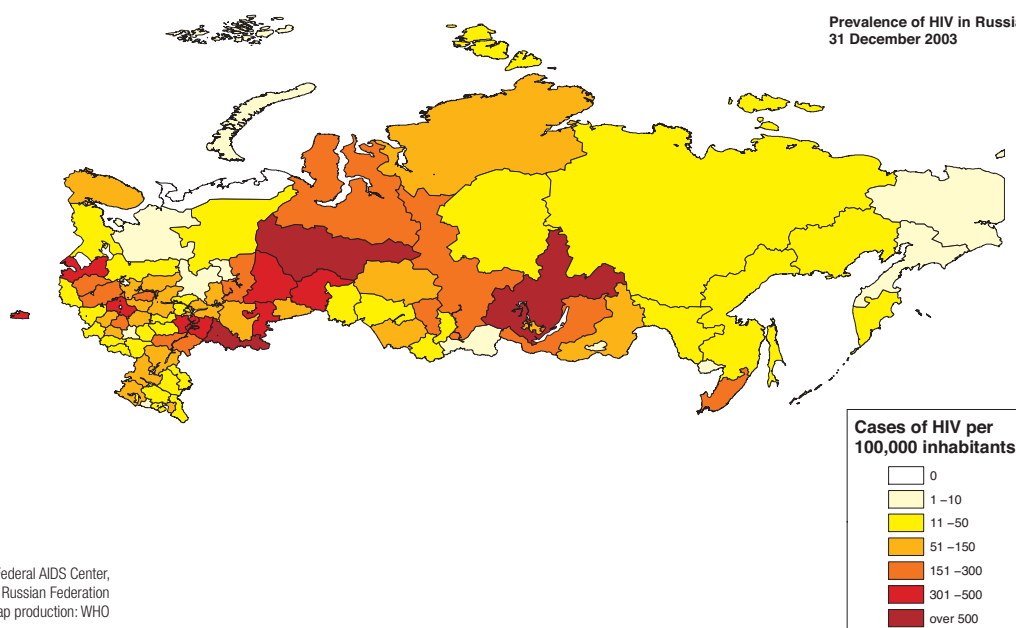


RUSSIAN FEDERATION

July 2004

WHO estimate of number of people requiring treatment – end 2005: 71 000

Antiretroviral therapy target declared by country: no declared target



World Health Organization

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	142.4	United Nations
Population in urban areas (%)	2003	73.3	United Nations
Life expectancy at birth (years)	2002	64.8	WHO
Gross domestic product per capita (US\$)	2001	2 139	UNECE
Government budget spent on health care (%)	2001	10.7	WHO
Per capita expenditure on health (US\$)	2001	115	WHO
Human Development Index	2001	0.779	UNDP

3. Situation analysis

- Epidemic level and trend and gender data.** The Russian Federation has a concentrated epidemic among injecting drug users. It has one of the most rapidly growing HIV epidemics globally, with significant spread occurring from 1996. Of the 89 regions, 88 have reported HIV cases. The epidemic is relatively young, with most individuals infected between 1999 and 2002. The relative number of people living with HIV/AIDS needing treatment is therefore still low but will increase dramatically over the next five years. Although the epidemic has been driven by male injecting drug users, increasing heterosexual transmission is being reported, with heterosexual transmission accounting for 4.7% of new cases in 2001 and increasing to 17.0% of new cases in 2003, resulting in increasing numbers of women being infected. The adult prevalence of HIV is estimated to be approaching or have exceeded 1%.
- Major vulnerable and affected groups.** The epidemic is largely concentrated among injecting drug users (more than 80% of reported HIV cases for which the mode of transmission is reported). HIV prevalence rates among injecting drug users in some cities approach 65%. There are an estimated 1.5 to 3.5 million injecting drug users in the country. A significant proportion of drug users are involved in sex work, acting as a bridging population for spreading HIV into the general community. An estimated 5–15% of sex workers are infected with HIV, increasing to 48% for the sex workers who inject. HIV seroprevalence among prisoners is estimated at about 2–4%.
- Policy on HIV testing and treatment.** The 1995 Russian Federal Law on HIV/AIDS includes a wide range of legal guarantees and social protection related to HIV/AIDS. Under this law, the Russian Federation state guarantees anonymous and confidential HIV testing; pre- and post-test counselling; and free access to health care and social welfare services for individuals infected with HIV. Voluntary counselling and testing, although available on a large scale, is often compromised by inadequate quality of counselling and a lack of informed consent in the health care system. Despite a policy of universal access to antiretroviral therapy, coverage is estimated at less than 5% (2004).

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	0.6 – 1.9%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2003	420 000 – 1 400 000	WHO/UNAIDS
Cumulative number of reported AIDS cases	March 2004	1 009	Federal AIDS Center
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	1 800	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	71 000 ¹	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	5.1%	WHO

- Antiretroviral therapy: first-line drug regimen, cost per person per year.** As of May 2004, antiretroviral therapy is only available through a limited number of federal and regional AIDS centres. National antiretroviral therapy guidelines are being developed based on WHO guidelines. The use of single and dual antiretroviral therapy has been common practice. Fourteen antiretroviral drugs are registered. Tenofovir is not on the list of registered drugs (applied for registration in 2004) to cover antiretroviral drug needs in accordance with WHO antiretroviral therapy guidelines. No generic antiretroviral drugs are registered. Prices paid at the end of March 2004: first-line US\$ 7800–8800; second-line US\$ 12 000–15 000.
- Assessment of overall health sector response and capacity.** The Russian Federation has a well-developed government HIV/AIDS health service infrastructure including the Federal AIDS Center (responsible for federal HIV/AIDS guidelines, normative direction and epidemiology), 7 okrug (interregional) AIDS centres, 89 regional AIDS centres and 20 municipal AIDS centres. Each AIDS centre provides HIV/AIDS prevention, testing and counselling, treatment, surveillance and laboratory monitoring and has at least 50 staff representing a broad mix of professions, skills and experience. In addition to the estimated 7000 dedicated HIV/AIDS government staff at these centres (of which about 300 are HIV/AIDS specialist physicians), about 1000 laboratories conduct routine serological surveillance for HIV infection, and about 100 infectious disease hospitals and infectious diseases units in about 300 hospitals can provide inpatient care for people living with HIV/AIDS. About 9000 infectious disease physicians are working in these hospitals or units that could be trained in HIV/AIDS treatment and care. Nongovernmental organizations are providing HIV/AIDS services in over 40 regions.
- Critical issues and major challenges.** Most people needing treatment are marginalized and difficult to reach (drug users and sex workers), requiring strategies for outreach, reducing stigma and supporting adherence. Drug dependence treatment and

¹ The Federal AIDS Center estimates that the total number needing antiretroviral therapy at the end of 2005 is 139 000.

tuberculosis services need to be better coordinated and linked with HIV/AIDS services. Antiretroviral therapy guidelines need to be finalized and implemented to address inappropriate and ineffective treatment regimens. Antiretroviral drug prices are still too high. Generic drugs have not been registered. Drug procurement and supply management is decentralized and poorly coordinated. Although a large workforce exists, retraining is needed.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- Of the 56 000 people the Ministry of Health and Social Development estimates needed antiretroviral therapy at the end of 2003, only about 1800 were receiving therapy (essentially all within public health care).
- The successful Round 3 applicant to the Global Fund to Fight AIDS, Tuberculosis and Malaria, the NGO Consortium Russia plans to spend about 5% of their funding of US\$ 89 million over 5 years to provide antiretroviral therapy for 2500 people living with HIV/AIDS and for an additional 2000 HIV-infected women under their MTCT-Plus project in a maximum of 10 regions.
- The recent five-year World Bank loan project of US\$ 47 million, which includes a key component for HIV/AIDS, includes limited funding for antiretroviral therapy solely for MTCT-Plus and programmes for children.
- Of the US\$ 4 million annual HIV/AIDS budget of the Ministry of Health and Social Development, 70% is devoted to purchasing antiretroviral drugs, and additional government funds provide treatment for opportunistic infections.
- In addition, richer regions purchase their own antiretroviral drugs. In 2003, the City of Moscow spent US\$ 6 million on antiretroviral drugs, allowing 880 people to be treated. AIDS centres in about 80 of the 89 regions lack the resources to purchase any antiretroviral drugs and must depend on receiving supplies from the annual Ministry of Health and Social Development allotment.
- In the absence of universal access to antiretroviral therapy, all regions (including Moscow) provide limited or no access to treatment for individuals from marginalized and vulnerable groups.
- The Russian Federation Country Coordinating Mechanism has submitted a Round 4 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria focusing on scaling up antiretroviral therapy for vulnerable populations, including injecting drug users, and aims to provide antiretroviral therapy for about 74 000 people over 5 years.
- WHO estimates that between US\$ 668 million and US\$ 685 million is required to support scaling up of antiretroviral therapy to reach the WHO "3 by 5" treatment target of 35 500 people by the end of 2005.
- Taking into account the funds committed to date, WHO estimates that the total funding gap for the Russian Federation to reach 35 500 people by the end of 2005 is between US\$ 656 million and US\$ 673 million.

5. Antiretroviral therapy coverage

- In 2003, WHO and UNAIDS estimated the Russian Federation's total antiretroviral therapy need for 2005 to be about 71 000 people, and the WHO "3 by 5" treatment target for 2005 is 35 500 people (based on 50% of need).
- The Federal AIDS Center (2004) estimated the total antiretroviral therapy need to be 56 000 in 2003, increasing to 93 000 by the end of 2004 and 139 000 by the end of 2005 (based on initiating antiretroviral therapy when CD4 \leq 300 cells/mm²).
- The government has not declared an antiretroviral therapy target, although it has an overall goal of universal access to antiretroviral therapy for everyone who needs it.
- Of the estimated 1800 people living with HIV/AIDS receiving antiretroviral therapy as of June 2004, the vast majority were being treated through the public sector, with funding provided through federal and regional budgets.

6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* The Ministry of Health and Social Development provides leadership in policy and programming within the public sector. The Ministry of Health and Social Development was reorganized recently, and the responsibility for HIV/AIDS treatment and care needs to be clarified. No national HIV/AIDS authority exists, although the Advisory Council to Fight HIV/AIDS, consisting of 25 government and nongovernmental organization members, was established in 2003, with United Nations agencies invited to participate. The Federal AIDS Center provides policy advice and normative guidance. National planning involves other key ministries, including the Ministry of Justice, Ministry of Education and Science and Ministry of Economic Development and Trade. Key United Nations agencies involved in policy support include WHO, UNAIDS, UNODC (especially in relation to prisons and drug users) and UNICEF (young people and preventing mother-to-child transmission).
- *Antiretroviral therapy service delivery.* The Ministry of Health and Social Development provides leadership in antiretroviral therapy service delivery, primarily through the okrug and regional AIDS centres. WHO provides normative support for tools and guidelines development (such as antiretroviral therapy guidelines, HIV testing and counselling and laboratory services). UNICEF supports drug procurement. Several nongovernmental organizations provide services that support scaling up antiretroviral therapy, including HIV testing and counselling, reaching out to vulnerable populations, training health care workers and directly providing treatment and care services.

Examples of nongovernmental organizations supporting the scaling up of antiretroviral therapy include AIDS Foundation East-West (preventing mother-to-child transmission and providing care and support for people living with HIV/AIDS); Open Health Institute (harm reduction, including treatment for drug users); Population Services International (HIV educational materials for vulnerable populations); and AIDS infoshare (advocacy for people living with HIV/AIDS). A range of bilateral donors support activities relevant to antiretroviral therapy, including the United States Agency for International Development, the European Union, the United Kingdom Department for International Development, the Swedish International Development Cooperation Agency, Canada and Finland.

- *Community mobilization.* A range of nongovernmental organizations (such as AIDS infoshare and the Humanitarian Action Foundation), United Nations agencies (such as WHO, UNDP and UNODC) and bilateral donors (such as Canada and the United States Agency for International Development) work alongside the government in mobilizing communities and supporting people living with HIV/AIDS.
- *Strategic information.* The Federal AIDS Center and the Federal Surveillance Service provide leadership in surveillance, monitoring and evaluation, including surveillance of antiretroviral drug resistance. WHO plays an important role in providing technical guidance. Various universities from North America and western Europe support research activities related to HIV/AIDS treatment and care.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Developing models for HIV/AIDS and sexually transmitted infection outreach to vulnerable populations, including injecting drug users, sex workers and men who have sex with men
- Reviewing existing HIV/AIDS treatment regimens and protocols and providing technical assistance for developing national HIV/AIDS treatment guidelines based on WHO HIV/AIDS treatment protocols developed for Commonwealth of Independent States countries
- Assisting the Country Coordinating Mechanism in developing a Round 4 proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria with a focus on HIV/AIDS treatment and care
- Preparing a strategy paper to outline options for achieving lower antiretroviral drug prices

Key areas for WHO support in the future

- Establishing a "3 by 5" country team at the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy
- Assisting the government in developing key normative documents, including a National Strategy on HIV/AIDS, a National HIV/AIDS Treatment Plan and standards of HIV/AIDS treatment and care for different levels of the health care system (primary, secondary and tertiary). Guidelines on treatment will be finalized to be consistent with evidence-based recommendations from the WHO.
- Developing and supporting a strategic approach to reducing antiretroviral drug prices, including accelerating generic registration and negotiating prices with pharmaceutical companies
- Assisting in developing a plan for the procurement and supply management of antiretroviral drugs and HIV/AIDS diagnostics
- Providing technical support for establishing regional centres of excellence in building capacity for scaling up antiretroviral therapy
- Assisting in developing models of HIV testing and counselling and antiretroviral therapy delivery for vulnerable populations, including drug users, sex workers and prisoners

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- The WHO Country Office has one National Programme Officer addressing HIV/AIDS issues and another specifically focusing on a United Nations Foundation project targeting vulnerable populations.
- An international "3 by 5" Country Officer is being recruited to coordinate WHO's support for scaling up antiretroviral therapy, which will include establishing an in-country "3 by 5" team.

For further information, please contact:

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This country profile was developed in collaboration with national authorities, the WHO Country Office for the Russian Federation and the WHO Regional Office for Europe.