the HIV/AIDS Epidemic in the Russian Federation

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The intention of this paper is to provide an explanation of why there is an AIDS/HIV epidemic in the Russian Federation, how it has become out of control and what can be done to try and curb the epidemic. Beginning in 1917 the Russian government set up a health care system. There are still problems that exist today from the health care system that was put into place nearly a century ago. The breakdown of the Soviet Union has made it nearly impossible for the health care system to recover enough to successfully battle the HIV/AIDS epidemic that is plaguing the country. Currently, the government must take action in order to battle against the epidemic. The Russian government must focus on educating and helping the youth of its nation, implementing treatments for drug users and getting help from organizations and other nations willing to help fight the HIV/AIDS epidemic in the Russian Federation.

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"The HIV/AIDS Epidemic in the Russian Federation"

A Master's Thesis submitted to

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In Candidacy for the Degree of

Master of Science in International Studies

By

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Abstract

The intention of this paper is to provide an explanation of why there is an AIDS/HIV epidemic in the Russian Federation, how it has become out of control and what can be done to try and curb the epidemic. Beginning in 1917 the Russian government set up a health care system. There are still problems that exist today from the health care system that was put into place nearly a century ago. The breakdown of the Soviet Union has made it nearly impossible for the health care system to recover enough to successfully battle the HIV/AIDS epidemic that is plaguing the country. Currently, the government must take action in order to battle against the epidemic. The Russian government must focus on educating and helping the youth of its nation, implementing treatments for drug users and getting help from organizations and other nations willing to help fight the HIV/AIDS epidemic in the Russian Federation.
Introduction

It is essential to begin with the understanding of HIV and AIDS and how the diseases operate. The letters HIV stand for the Human Immunodeficiency Virus. This virus penetrates a person’s immune system and destroys the body’s main defense against any infection, which will lead to the outbreak of AIDS in the body’s system. AIDS stands for the Acquired Immunodeficiency Syndrome. AIDS is a clinical condition that is characterized by dangerously low levels of disease-fighting cells in a body’s immune system and diseases cannot be controlled by a severely weakened immune system. The dangers lead to extreme damage to various organs, extreme weight loss, and the development of tuberculosis, pneumonia and other deadly infections. The difference between HIV and AIDS is that HIV is a virus that attacks and overpowers the immune system while AIDS is a condition caused by one or more diseases that result from the weakened immune system. This means that HIV causes AIDS. To better understand how HIV transmission occurs it must be stated that researchers state that there are only four bodily fluids that have enough virus concentration in them to be able to transmit the virus to another person. These four fluids are blood, sperm, vaginal secretions and breast milk. Therefore, the two main ways that HIV is transmitted is through sexual contact without a condom and the use of non-sterile injection equipment. Also, the virus can be transmitted from mother to child during pregnancy and birth; however, this can be prevented with good medical attention. The knowledge of HIV and AIDS will be imperative for the further understanding of what is to be covered in the discussion of the spreading HIV/AIDS epidemic in the Russian Federation.
According to the UNAIDS organization, the number of HIV/AIDS cases has greatly increased since 1995. In 1995, the number of people with HIV/AIDS in Central Asia and Eastern Europe was 30,000, and that number jumped to 1.5 million in 2003 with only 7,000 people receiving treatment for HIV/AIDS. The number has grown to an estimated 2.3 million in 2005. The AIDS crisis has taken twice as many lives in 2005 as in 2003. An estimated 62,000 adults and children died in 2005 from AIDS. The number of newly infected adults and children with HIV this past year is anywhere between 140,000 and 610,000. The staggering number of people in this region living with HIV are young, an estimated 75% of the reported infections between the years 2000 and 2004 were in people under the age of thirty. The patterns of the epidemic have been changing in several countries in Eastern Europe. Sexually transmitted HIV is beginning to comprise a greater share of the diagnoses. Possibly more than 30% of newly reported HIV cases in 2004 in Ukraine and Kazakhstan and 45% or more in Belarus and the Republic of Moldova were due to unprotected sex. An ever-increasing number of women are being infected with HIV from male partners who became infected when using narcotics. The majority of people living with HIV/AIDS in Eastern Europe are in two countries: the Russian Federation and Ukraine. Ukraine’s epidemic is continuing to grow with an increase in new diagnoses each year, and Russia has the biggest AIDS epidemic in all of Europe. By the end of 2004, the Russian Federation had stated that there were 300,000 HIV cases that existed since the beginning of the epidemic. In actuality, the

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number of total infections is much higher; the number could be as high as 1.4 million people living with HIV by the end of 2003. In 2004, the Russian Federation declared that there were only 34,000 new cases of HIV diagnosed. The reason for the decrease in the number is the shortage of HIV/AIDS tests carried out in the population groups with high-risk conduct.\(^5\) At the center of the Eastern Europe epidemic lie an extraordinarily large number of young people who are injecting drugs. Driven by unsafe injection of drug users and unprotected sex, the numbers in Ukraine and Russia underestimate the actual size of the epidemic. The numbers are far greater than the actual number reported because the number reported only reflects the number that have come in direct contact with official HIV/AIDS testing facilities.

The collapse of the Soviet Union in 1991 was mainly due to massive political, economic and ideological failures. These were of course followed by the massive overthrow of Soviet-dominated Communist regimes throughout Eastern Europe. In addition to many problems the collapse of communism brought down an already inadequate health system. As a consequence of this many infectious diseases reached epidemic proportions in the former Soviet Union; such as, cholera, hepatitis B and diphtheria. Also, during this time there was an increase in the rates of sexually transmitted diseases by 200 and 500 percent in syphilis and chlamydia specifically. Along with the spreading of the sexually transmitted diseases, inflation caused an increase in food prices, which resulted in malnutrition. As foreign business people began arriving in the collapsed states, local currency was fast decreasing in value and


prostitution was rising swiftly. Civil unrest and horrible economic conditions in the countries of Central Asia, Georgia, Armenia and Azerbaijan led to massive migration to the large cities in Russia and Ukraine. The high suicide rates, widespread alcoholism and a shortening of the average lifespan are even more proof of the turmoil that was faced by the countries of the collapsed Soviet Union.  

**The Outbreak**

The first victim of AIDS in the USSR was identified in 1987. The media portrayed the victim as “the homosexual V” who had contracted the virus in Africa where he had worked. In turn, society had a very negative view of these infected patients and the majority of citizens have nothing but hate and fear for those that are infected with the virus. In the late 1980’s those infected belonged to the most ostracized groups of society, the drug addicts, prostitutes and homosexuals. This caused society to blame the infection of the virus on immoral behavior that was denounced by all members of Soviet society. This Soviet period further enhanced the growth of HIV because instead of dealing with the problem head on, the Soviet citizens who were infected were expected to sacrifice themselves for the greater good of society. Therefore, the infected person was expected to disappear, quit their job, isolate themselves from their family and die alone. Soviet society accepted this as a sacrifice and it was considered normal to sacrifice one’s own health for the sake of socially meaningful goals. These sacrifices were seen as serving the interests of the collective because being sick was considered to be bad form.  

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The early attempts made by the USSR to control HIV/AIDS were less than mediocre. The government tried to help the HIV patients by having specialized closed centers for AIDS prevention and control. These clinics isolated the HIV patients, which led to greater consequences down the line. This has led to having a majority of the medical professionals in Russia unwilling and unprepared to deal with HIV infected patients. The HIV patients have been receiving limited treatment at these specialized centers where the financing has been inadequate since the beginning.⁹

**The Soviet Union’s Healthcare System**

The Soviet Union’s health care existed under the main principle that made health a community matter. The new constitution that was adopted in 1936 had Article 120 implemented, which stated specifically that free medical service was a right for citizens of the USSR. Article 14 of the constitution reserved the right of the federal government to establish basic principles in the area of public health. Article 70 gives the health commissar of the USSR a seat in the federal cabinet (the highest executive and administrative body in the country) and Article 83 gave the same seats for the health commissars of the sixteen constituent republics in their respective republic cabinets. The daily conditions of life and work are seen by the soviets as the mold on which the health of a population is shaped. Lenin stated that; “the health of the workers is the task of the workers themselves,” which means that it is not only the workers’ government that makes the health laws and enforces them but that every man, woman and child must become health minded and create for themselves and their neighbors the hygienic conditions which reduce health hazards.

⁹ Russian Politics and Law. “HIV/AIDS in Russia – Alarming Signs.” Volume 43 number 1. January-
Beginning in 1928, the Soviet Health care program was closely linked with the country’s economic objectives during the plan periods. During the first five year plan unemployment disappeared and a labor shortage arose that described the Soviet industry for the next decade before the Nazis struck. Every Soviet worker had an important role to play in his or her country’s development and to keep each worker vigorous and free of disease was medicine’s role. To help this, the Soviet’s organized medical care in close proximity to the industrial enterprises and the collective and state farms. The public health authorities were responsible for the health of the working public. In the Soviet Union, beginnings around the year 1941, medical services, except for some medicaments, were supplied to the Soviet people without charge and preventative medicine was the main emphasis in the health program. Each large enterprise in the Soviet Union has a health center on its property where workers and their families receive medical assistance. These health centers were called polyclinics and sometimes had a hospital, a nursery, a mother and separate child sections as well, depending on how large an enterprise it was serving. During this time there were close ties with medicine and trade unions. In addition to the health centers in the Soviet enterprises there was also a system of district health centers in the Soviet Union. If a worker was not registered through his place of work for medical care he would then receive health care through the local health center. If he were too ill, he would phone the health center and a doctor would come to him.

In 1940 there were 11 million women workers and employees as well as 19 million collective farm women in the Soviet Union. With every third person in Soviet
industrial enterprises being faced with the health problems peculiar to the working woman and in many cases the working mother, the occupational health centers needed to provide specialized care for women. Pre-natal medical care was also made available to the Soviet woman without charge along with a 35 day leave of absence from work before the birth and twenty eight days after the birth. Also during this time there were 6,000 children’s consultation centers where medical advice and treatment were available to all children without charge.

The Russian Federation is currently made up of 89 subjects of the Russian Federation, which are legally constituted equal units of the Russian Federation. These administrative territories might have the title of autonomous republics, krays, autonomous okrugs, or autonomous oblasts, depending on how large or small they are. The oblasts are basically the large metropolitan areas like St. Petersburg, Moscow and other large cities. All of these territories have equal rights and are equally represented in the upper house of the Russian Parliament, which is called the Council of the Federation. Each one of these territories has its own constitution, yet they are all subject to the Constitution of the Russian Federation and federal laws. Then, these territories are even further divided into districts (rayons), which are smaller administrative units that are in direct subordination to their regional authorities. The structure of the health care authority in the Russian Federation follows this same administrative hierarchy. Since the Soviet Union’s disintegration in 1991, increased regional and local autonomy has been

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10 Maurer, Rose. “Soviet health care in peace and war.” American Russian Institute for Cultural Relations with the Soviet Union, Inc. 1943
given. This means that the oblast has taken on an increased responsibility for both the financing and delivery of many services, including health care.\textsuperscript{11}

Since the dissolution of the Soviet Union in 1991, the Russian government has quickly moved itself toward a market economy. The government removed price controls, stopped controlling currency exchange rates and began a determined privatization program. The outcome of this was an alarming rise in unemployment and inflation which created a condition where the private entrepreneurs were able to make money but those with government salaries or fixed incomes endured huge losses in real income. The chaotic economic conditions in the years between 1989 and 1991 caused a huge decrease in the Gross Domestic Product of the country, a disruption of international trade, and shortages of imported goods. As the distribution of goods problem became more stable the majority of Russian citizens could not afford to purchase newly available goods because the Russian wages were far behind the rapid inflation. Certainly progress has been made in stabilizing the economy since the collapse of communism; there are unfortunately still those who depend only on fixed incomes or government salaries that are economically worse off than they were under the controlled economy of the former Soviet Union. The economic changes went together with internal political unrest in many regions.\textsuperscript{12}

During the Soviet era the training of health care workers was lacking to say the least. There was a general lack of modern medicines and medical technology, and the


lack of access to modern medical educational resources seriously hindered the training of
Russian doctors, nurses and other midlevel health professionals. The health care
administrators in the clinical facilities were usually physicians who lacked any specific
training in health care administration but were assisted by accountants that were trained
in general budgeting and accounting procedures.

To have a better understanding of the Russian health care system, one must
realize that before the Bolshevik Revolution, medical care was widely unavailable to the
majority of the Russian population. The Tsarist Russia that existed more than ninety
years ago was a society where only the elite minority, the aristocrats and the upper-level
civil servants, were able to access medical care. Starting in the 1920's a national system
of health care was introduced into the Russian society that was based on a mandate from
the Russian Constitution that allowed Russian citizens the right to free health care which
was financed by the state. A basic level of medical and hospital care was made available
to almost all Soviet citizens by the 1980's. If one takes a historical look at the health care
system, the basic access to health care services in this huge and diverse country was
achieved rather quickly. The massive effort to make health care available to all Russian
citizens necessitated the need for a large amount of administrators, clinicians and
supporting ancillary health care workers called feldschers. The feldscher is a midlevel
practitioner with the responsibility of carrying out immunizations, primary care,
uncomplicated child birth and minor surgery. The feldscher is basically the equivalent of
an American Nurse Practitioner but he or she can perform many services that are reserved
only for physicians in the United States.
In the Russian health care system there was practically no analysis of health outcomes. Rather, the focus was on delivering a certain amount of services instead of on the quality of service delivered. Before the Russian reforms the system was centrally planned and regionalized so that it was divided between general and specialized hospitals. Russian citizens would access healthcare through a system of ambulatory care centers that were called the policlinics. In the urban areas every resident of the area was assigned a local policlinic that they were required to register with that provided both adult and child healthcare. In the rural areas the feldschers provided the basic primary care services.

After 1991 the Russian health care system went through a difficult time during the stagnation and social unrest that came after the collapse of communism. Any information about the health status of the population was increasingly unavailable because the bureaucratic system was crumbling. The rising costs and the currency instability, paired with the unstable social and political conditions, made the access to Western medicine and technology very difficult both for the treatment of sickness and for the training of the health workforce. Therefore, the doctors and nurses were increasingly unprepared and under trained to make available quality health care to the Russian citizens. Also during this time, the incomes of the physicians, nurses and the other health providers were hugely insufficient in the face of inflation and rapidly decreasing government budgets. The highly centralized bureaucratic planning model of the health administration was not flexible enough to withstand the chaotic times and the system reforms that centered on
decentralization of both health financing and the delivery of care.¹³ The Russian government still predominantly owns health care delivery institutions and they are publicly financed. The government controls the health services through a system of hierarchical agencies (see Figure 1).¹⁴

Figure 1.

The financing of health care in Russia was normally done through a centralized federal budget. This meant that all the health care facilities were owned by the state and the providers of the health care were state employees. As the Russian crisis continued to get worse, the overall spending on health care decreased, which means that the Russian citizens were not receiving good health care.


¹⁴ Thai, Wimberley, McManus. “Handbook of International Health Care Systems.” Russia’s Health Care System, Caring in a Turbulent Environment, article by: Elena Bourhanskaia, Aren Kubataev, and Mary A. Paterson, University of Nevada, Las Vegas, Nevada. 2002. Pages 66, Figure 3.
The compulsory insurance system was designed and put into place on the basis that it was to be the backbone of financing Russian health care. The territorial compulsory health insurance funds collect money from enterprises through the payroll taxes to cover the health services for the working population and from the territorial state budgets for those non-working populations, which consist of the children, the elderly and the unemployed. Nonetheless, the compulsory insurance system does not cover all health care services. There are some specialized services that are covered under the federal budget, such as: cancer centers, tuberculosis hospitals and federal specialty hospitals that provide specialized tertiary services for populations from all of Russia. The compulsory insurance system is the principal scheme of health care financing. The main health care actors in the territories are the health care providers, the territorial health administrators and the territorial compulsory insurance funds and the insurance companies.

The Early 1990's

The total number of HIV-antibody tests that were performed in the Soviet Union before 1991 and the Russian Federation after 1991 is more than 142 million. In actuality, only .4 percent of the HIV-antibody tests were reported as being voluntary and consensual, which amounts to about 600,000. The rest of the people tested were unaware that they were being tested for HIV. The HIV testing in the former Soviet Union has gone from questionable to absolutely unreliable. The standard practice of testing HIV has consisted of collecting ten samples of blood at a time, pooling all of them together and testing the mixture. Also, the samples are usually kept for days and then transported to another site before being tested. There is of course no pre-test counseling since the majority of the citizens don’t even know that they are being tested. If an individual has
been found to have a positive test result, the post test counseling consists of a document that must be signed by the infected person which states "You are the carrier of a deadly disease and are criminally liable for any contact that would pass that disease to another person."\textsuperscript{15}

The intense political and economic instability, increasing organized crime and the increase of the AIDS epidemic all flowed throughout the former Soviet Union. As of the mid-1990's the HIV/AIDS epidemic had not become a priority for the citizens or the government of the former Soviet Union. The average citizen in this region still lacked basic HIV/AIDS knowledge.\textsuperscript{16}

**Late 1990's**

Since November of 1998 the HIV epidemic has drastically grown out of control in Moscow, where 60\% of the epidemic was accounted for in this region. In Moscow, the spread of the infection was mainly due to narcotic intravenous drug users. Statistical analysis has made it possible to deduce that the increase in the number of HIV cases in the six years from 1996-2002 was linked specifically to the spread of HIV among intravenous drug users. Before 1996 the spread of HIV in Russia was mainly due to sexual contact with most of the persons infected by the HIV virus being homosexual men.\textsuperscript{17}


The Current Numbers

The land area of Russia is approximately twice the size of the United States; however, the population is less than half of the United States' population which is estimated to be around 150 million people. At the end of 2005 the estimated population infected with HIV in Russia was around 940,000 people. Russia possesses the largest HIV epidemic in Europe and it also accounts for two-thirds of the cases that exist in Eastern Europe and the Central Asian region. As stated above, in 2005 Russia's infected citizens numbered around 940,000, which was up from 760,000 in 2003, and it is anticipated to increase even further. The number of HIV infected persons being reported is falling in numbers. This is most likely due to fewer numbers of persons being tested or it could be due to the fact that the HIV prevalence rate has reached a saturation point amongst injecting drug users. There are a total of twelve regions in Russia including the main cities of Saint Petersburg and Moscow where the prevalence rates are above high and there are another 11 regions that have high prevalence rates.¹⁸

Russia and Ukraine have a population that is increasingly getting older along with declining birth rates. The main population that is being infected by HIV is the young population and in this region it will continue to be reduced if the prevalence rate continues to grow. The population will continue to reduce as the elderly naturally die as well as the number of wage earners continues to shrink. It is anticipated that the GDP, investment and labor supply in Russia will decrease between now and 2020 unless there is an increase in effective HIV prevention methods and treatments. Alexander Zhukov, the deputy Prime Minister of Russia has said that the increase in AIDS has gone way past
a medical problem and has become an issue of strategic, social and economic security of Russia.¹⁹

The Spread of the Disease

Drug usage constitutes roughly two percent of the population in Russia. This means that nearly two million people in Russia are injecting drug users. There is an estimated thirty to forty percent of injecting drug users in Russia who are using non-sterile needles. The use of non-sterile needles in addition to less than stellar available health care have led to the led to the intense spread of HIV among drug users. More than eighty percent of those infected are under the age of thirty.²⁰

There are a large number of sex workers in the Russian Federation. These sex workers are working in exchange for drugs or money for drugs. A study in Moscow found that many of the sex workers in Moscow were also non-sterile injecting drug users and of this group forty-five percent of them were HIV positive. Also, the sex workers when engaged in sexual relations may or may not use protection. They may use protection with the irregular clientele but not with the regular customers. This lack of protection, combined with non-sterile drug injecting, makes this group extremely high risk.

In the most affected regions in Russia sexual transmission of HIV is increasing. Heterosexual infection has risen from 5.3% in 2001 to 20% in 2003. There is an alarming increase of women contracting HIV in Russia as well. There were 125 cases of

women that were pregnant with HIV in 1998 and by 2003 the number had grown to 3,531. In April 2005, Cesar Chelala, an international public health consultant admitted that in Russia prevention efforts were nearly nonexistent.  

The General Russian Population

The common belief among the general population in Russia is that HIV is a disease of the homeless and the drug users. However, the statistics in Russia say otherwise. It has been pointed out that Russia has a very large intravenous drug user population. There are estimates that there are around two million people that are intravenous drug users living in Russia, which is equal to around two percent of the Russian population. The Russian government, in order to try and combat against drug use, has outlawed needles and syringes. Instead of this prohibition of needles working positively it has just resulted in more sharing and passing of needles. In the Russian culture it is actually considered to be rude if a person refuses to share their needles and syringes with another person. Therefore, there are an estimated forty percent of intravenous drug users who are utilizing non-sterile needles and syringes. In addition, since drug use is illegal and outlawed by the government, the users are highly reluctant to use the healthcare system for any reason. All of this has led to a high HIV infection rate among intravenous drug users; one in four users are infected with HIV which leads to the interesting fact that around eighty percent of those users are under the age of thirty. The huge drug abuse problem has led to having sex for money. There are many men and

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women that are trading sex for drug money, which means that there are a great number of sex workers that are inter-venous drug users. This means that there are many sex workers that are HIV infected. To increase the disparity of this situation, these sex workers go home to lives with husbands, wives, girlfriends or boyfriends and then of course have unprotected sex with them. There are many of these partners that do not realize that their partner is a sex worker. The use of condoms among sex workers is very inconsistent. Even if condoms were used on a regular basis they would not be used with the sex worker’s regular partners thus inflicting the unknowing partners with HIV.23

Since 2001, there has been a definite increase of the heterosexual transmission of HIV. Between 2001 and 2003 there was an increase of HIV infection through heterosexual transmission that went from around five percent to an increase of twenty percent, and forty percent of those are women. As the number of women infected with HIV rises so does the number of babies born with HIV. Programs have recently been implemented to try and curb the infection between the mother and child.24

Blood transfusions are still an issue in the Russian fight against HIV/AIDS. The West has seen nearly a complete elimination of HIV infection by blood transfusion. However, Russia is still fighting against some cultural traditions. In some cultural circles blood transfusions are thought to be a key to a healthy life. These transfusions are seen as blessings to bless an individual with good health. Most of the time these blood transfusions are completely unnecessary and they are especially unnecessary among

23 Ibid. Page 1.
children. Russia has an infection rate from blood transfusions that is highly above the world norm. Sadly, now the case with many of these blood transfusions is that the infections are running through the bodies of children. This is the main reason why many people believe this is the primary reason that Russia has the highest HIV rate among children in Europe.\textsuperscript{25} Russia has different groups of people that interact and intertwine with one another that lead to interesting circles of HIV infected people. The interaction among the different groups is described as simple and also complicated. To put it as simply as possible, a large majority of sex workers are also intravenous drug users who are infected with HIV and share their infection with other needle sharers. Also, intravenous drug users often wind up in prison, thus infecting other prisoners that they are having unprotected sex with and sharing non-sterilized needles with. Then, when these ex-cons are released from prison they share the HIV infection with loved ones and other sex workers. Moreover, the customers of sex workers infect their loved ones at home along with infecting new partners that they have when they begin new relationships. Then, some of these infected persons become pregnant and spread the infection onto their newborn children. In Russia, these groups that are at highest risk of being infected with HIV have an interesting system of interacting with one another which is why the growing HIV infection rate in Russia is so alarming.\textsuperscript{26}

The Children Infected

In the Soviet period, the government informed the society that AIDS was a western disease that did not threaten any ordinary Soviet citizen. Then, in the late 1980’s more than 270 children were infected with HIV at children’s hospitals in Rostov, Elista, Stavropol and Volgograd. The public was shocked and outraged by this occurrence because children who were the most vulnerable citizens were suddenly becoming the victims of AIDS. Citizens that were living next door to infected children broke windows, burned their homes and tried to get them to leave because there was great fear growing in the ignorance of the society as a whole. The media only further fueled the problem by publishing articles with the most improbable ways to become infected. Between January 1, 1987 and December 31, 2000 the RF Health Care Department registered 90,117 patients that were diagnosed with the HIV infection and AIDS. This number includes 1,135 children that were aged newborn to fourteen years old. Seventy percent of those infected with HIV/AIDS are young people between the ages of seventeen and twenty-five. There were 64 children in 1988 that were registered as being HIV infected. This number went up to 99 in 1999, then 261 in 2000, and then 442 in 2001 and 2,600 children infected in 2002. The numbers of children infected have greatly increased since the outbreak of HIV/AIDS in the late 80’s.\(^\text{27}\)


Prevalence among Street Youth in Russia

Large-scale unemployment, economic insecurity and the liberalization of social and cultural norms have made the region very fertile for the spread of an HIV epidemic. There are a huge number of young persons that are not even finishing secondary school and with jobs in serious short supply it leads vulnerable groups to injecting drug use and occasional sex work. According to a recent survey an estimated one half of Russian College students have injected drugs. Also, there is an increasing number of sex workers; in Moscow alone there are over 70,000 commercial sex workers and the majority of them are 17 to 23 years old. The condom use in the increasing sex industry is unpredictable and there has been a big increase in the number of newly reported cases of syphilis. For example, Russia has had forty times more newly reported cases of syphilis in 2000 than compared to those reported in 1987.28

A study that was published recently in November 1, 2007 in the Journal of AIDS reported that 37.4 percent of street youth between the ages of 15 and 19 years old that were surveyed in St. Petersburg, are HIV positive. This means that the Russian youth population is among the populations most at risk for contracting HIV around the world. The young Russian people that live on the street some or all of the time is the group that is highest at risk in the Russian population. The City AIDS Center in St. Petersburg found that the factors of high use of drug injection, unsafe sex, homelessness and orphaned life were the major reasons for such high HIV prevalence rates among the Russian youth. There is an urgent need for the Russian youth to be helped. The young people represent nearly half of all HIV infections worldwide. Russia has one of the fastest growing HIV
epidemics in the world, and has the most heavily concentrated infection rate among the youth of the country. Eighty percent of the new HIV infections that are occurring are happening among the people that are 15 to 30 years old. The young Russian people that live on the street some or all of the time is the group that is highest at risk in the Russian population. Most of the street youth population are abandoned, abused or neglected and they often develop groups as they negotiate their own survival which means working at odd jobs and engaging in activities such as transactional sex and drug use, that put them at the most risk for contracting HIV. It is estimated among experts that there is anywhere from one to three million street youth surviving in Russia. There is an estimated 10,000 to 16,000 street youth living in the city of St. Petersburg alone. Street youth are also a mobile population without a permanent address. Without treatment and support these youth that are infected with HIV will die between the ages of twenty and thirty. There must be services for these street youth and at risk youth so that the epidemic can begin to be curbed. Drug rehabilitation, educational outreach, housing opportunities, job training and family support programs are essential to begin turning around the high risk behaviors and stopping the further spread of the virus among these at risk youth.29 There must be an increase in outreach; prevention, access to care and crisis intervention services must be expanded in Russia in order for the spread of the virus to be curbed. The Doctors of the World –USA executive director, Tom Dougherty, when addressing the Russian youth crisis states that: “information on how HIV is transmitted is not enough – we must reach

out to at-risk youth with programs that engage them and give them hope for a future."

More programs are needed to address the orphan and homeless youth issue. If the
orphaned and homeless youth can be placed and cared for before they turn to drugs and
sexual favors the numbers can begin to stabilize instead of increasing at such an alarming
rate.

**Russian Military**

When discussing the Russian military and HIV/AIDS there are two serious issues
that need to be addressed quickly. The first issue is that infection among uniformed
personnel has risen harshly. The HIV/AIDS rate among the prospective 18 year old
draftees has gone up 25 fold since 1999. Also, the annual new infection rate for HIV in
the Russian military forces has gone up from .1 cases per 100,000 soldiers in 1995 to 40
per 100,000 in 2003. In 2002 and 2003 one third of all young men that were drafted to
the military were rejected for military service because of health reasons that included
mainly HIV/AIDS, drug addiction, tuberculosis and “psychological problems.”

Murray Feshbach, a demographer at the Woodrow Wilson International Center for
Scholars, states that Russia will find it increasingly difficult to staff its army as illness
claims more of its youth and its overall population shrinks. Feshbach sees similar trends
in Ukraine, the Baltic States and probably Belarus and Moldova. The HIV/AIDS
epidemic in Russia and these areas is increasingly out of control and most likely growing
faster than anywhere else in the world. In the former Soviet Union the militaries and
police are increasingly having a problem finding healthy recruits to replace the aging and

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Online on 2/13/2007 at
already HIV-infected forces. As this continues, it could pose a more serious problem of
upholding law and order a decade from now when not many healthy are left. Currently,
many uniformed services are supplying the antiretroviral drug treatment to their
commanding officers, hoping to prolong their lives; they are not providing them to all the
service people. This could undermine the morale amongst the rank and file, which could
lead to mutinies on a greater scale. Also, the special treatment of the military and the
police could undermine the morale between them and the general public, which could
lead to even bigger problems.  

Open Borders

There is an increasing alarming potential for the HIV/AIDS virus to spread freely
through countries. Like in other countries in Eastern and Central Europe and in the
former Soviet Union very few cases of HIV/AIDS were registered in Poland, Estonia,
Latvia and Lithuania before 1995. More recently, the open borders and increased transit
threatens to broaden the sweep of the HIV epidemic from Russia and Ukraine to Belarus,
Poland, Estonia, Latvia and Lithuania as the drug injectors and sex workers come into
different population groups in these countries. There has been a serious rise in the
outbreak of cases in Latvia, Lithuania and Estonia since the year 2000. The numbers of
increasing outbreaks are still nowhere near the numbers of outbreaks in Russia and
Ukraine, but with unchecked borders the numbers are apt to increase.


33 Kulis, Marzena, Mukesh Chawla, Adam Kozierkiewicz and Emilis Subata. “Truck Drivers and Casual
The Union of Soviet Socialist Republics fell to rubble at the end of 1991, separating into 15 independent countries. These countries were divided into the Russian Federation (the world's largest country by land area), Ukraine, Moldova, Belarus, Estonia, Latvia, Lithuania, Georgia, Armenia, Azerbaijan, Uzbekistan, Turkmenistan, Kyrgyzstan, Tajikistan and Kazakhstan. All of these countries except Estonia, Latvia and Lithuania became members of the Commonwealth of Independent States. The Commonwealth of Independent States is a loose alliance of countries that allows much more independence than these countries ever experienced during the Moscow-centered Soviet Union.

**Making Treatment Available**

In the beginning of 2005, Mikhail Zurabov (Russian Minister of Health) announced that an agreement had been made between the government and the pharmaceutical companies that reduced the amount an AIDS patient had to pay for medicine from 10,000 US dollars to 3,000 US dollars a year. Then, in late 2005 the Russian government announced that it was going to make it a priority to address AIDS and promised to spend twenty times more on treatment and preventative measures in 2006 than it did in 2005. What has also helped the cause in Russia is the promise by the Global Fund to Fight AIDS to spend 209 million US dollars over the next five years on treatment programs. Of course the availability of treatment and funding is a huge issue in Russia but other issues must be addressed as well. These issues include pervasive discrimination and segregation of those infected with HIV. Those that are infected in Russia must go to specific clinics for treatment, which are isolated from the rest of the health care system and anyone who goes to the clinic takes the risk of being stigmatized.
This also means that the doctors and nurses in these clinics have very little knowledge of HIV because of the lack of integration.\textsuperscript{34}

**Harm Reduction Programs**

There are harm reduction programs that try to help protect the drug users from becoming infected by HIV. These programs do of course encourage the benefits of giving up drugs but they realize that giving up drug addiction is very difficult. An example of a harm reduction program is a needle exchange program where injecting drug users can exchange their used needles for clean ones. The thought is that if a clean supply of needles is available drug users will be less likely to share needles amongst themselves, thus lessening the chance of spreading HIV through dirty needles. It was shown in a study done in 81 countries around the world that in the 52 cities that did not have needle exchanges HIV infection increased each year, while in the rest of the cities that did possess needle exchanges HIV infection rates declined each year. The harm reduction programs also include ways to look at getting drug-injecting users to quit completely. Clinics need to be provided to offer tests, treatments and psychological testing. The harm reduction services that are offered in Russia are extremely inadequate compared to the number of persons that are in need of the services. Instead, authorities choose to make the drug users appear to be criminals instead of helping them give up drugs or teach them how to avoid infection.\textsuperscript{35} At the end of 2005 there were only 13% of those that required treatment receiving it. Russian law guarantees people treatment yet only 5 percent of the 99,000 stating they needed treatment were receiving it by the end of

2005. This rate of treatment dispersion is horrible compared to many of the poor
countries in Africa, such as Zambia with 13%, Malawi with 20% and Uganda with 51%.
One of the main reasons for the problem of treatment dispersion is the price of the
medical treatment and the fact that the majority cannot afford effective treatment.

Acceptance is Key

In order for the fight against the epidemic to begin making progress acceptance of
the increasing HIV/AIDS epidemic must become accepted and acknowledged.
Moscow’s authorities are unable and more likely unwilling to monitor and keep track of
the HIV epidemic more closely and continuously. The epidemic in Russia has only
gotten worse; though by how much the epidemic has increased is disputable. Since the
early nineties Russian medical authorities have registered a total number of 200,000 HIV-
positive patients. However, independent estimates are extremely larger. UNAIDS has
estimated 700,000 HIV positive in 2001, the Russian Academy of Medicine estimates
one million carriers in 2002, then the United States intelligence sources estimated one to
two million carriers in 2006. The later numbers imply an infection rate of two to three
times that of the United States.\textsuperscript{36}

The first case of HIV infection did indeed occur before the demise of the
communist rule in the Soviet Union. However, the complete destruction of the Soviet
State played a major role in the rapid spread of the disease. The collapse of the economic
system, social dislocation, increased poverty, the allowance of new freedoms, which
included new opportunities for geographic mobility, extramarital sex, prostitution and

\textsuperscript{35} Kirby, Mark. “HIV/AIDS in Russia, Eastern Europe and Central Asia.”
drug use allowed the disease to spread more rapidly. Health authorities in the port cities of Kaliningrad and St. Petersburg first noticed HIV. Nevertheless, the infection quickly made its way to more urban areas that included Siberian cities like Irkutsk. The spread of HIV is now running rabid nationwide in the Russian Federation.

The most at risk populations in the Russian Federation are the same as in most Western countries. These at risk populations are the homosexual men who have sex with other men and those persons who are drug users that use intravenous needles and then spread the disease to their sexual partners. The drug use population needs to be focused on the most in Russia since in the city of Moscow alone there are nearly one million drug users that include around 150,000 needle-using heroin and cocaine addicts. The epidemic is spreading rapidly through these two high-risk groups. The breakout of HIV/AIDS onto the rest of the general population will largely be dependent upon the risk behavior in the non-drug-using heterosexual population. Previous constraints on behavior have been eroding since the collapse of the Soviet Union. This can be seen in the soaring and ever increasing number of babies born out of wedlock since the collapse of communism. Also, in the Russian Federation there has been a massive increase in the cases of curable sexually transmitted infections. The figures estimate a 33-fold jump over the course of the decade of the 90's. In addition, the number of prostitutes in the Russian Federation is flourishing which must be taken into account when discussing the spread of HIV/AIDS

among heterosexuals, especially since there is a substantial overlap between commercial sex workers and IV drug users.\textsuperscript{37}

Also, during the change from communism to capitalism a huge increase in criminal activity occurred. There is a risk of the spread of HIV through small-scale crimes such as prostitution and drug use. There is also great risk of the spread of HIV through the Russian Federation's prison system. As of 2006, Russia had almost one million convicts at any given moment behind bars. In the Russian prison system health care for prisoners is absent. Therefore, the prison camps that are packed with prisoners are "virtual incubation dishes for diseases such as drug-resistant tuberculosis and HIV."\textsuperscript{38}

Today in Russia, prisoners are released on a regular basis, unlike in the communist era of lifelong imprisonment. In the year 2000 alone there were an estimated 300,000 convicts that were granted freedom. Most of these freed convicts go back to their hometowns and a large majority of these free convicts are HIV positive. Simply stated, the Russian Federation's prison system is a hot bed for HIV, which is now regularly spreading the infection back out into the general population.

The future of the Russian HIV/AIDS epidemic and what occurs depends a great deal on the government's implementation of preventative policies. Sadly, Moscow seems to believe that a policy of neglect and ignorance is best. The Russian government is spending a mere six million US dollars a year on its own for HIV/AIDS programs. To compare this number the United States is spending six billion dollars on its HIV problem. Today, most of the anti-HIV work in Russia is being funded, not by the government, but

\textsuperscript{38} Ibid.
by foreign non-governmental organizations like Medicins Sans Frontieres and George Soros’ Open Society Institute. The Russian government has had a lackluster attitude towards helping its own people battle the HIV/AIDS epidemic. The government, in addition to not helping, has prevented many outside agencies from financing health-related activities. The government banned the World Bank proposed programs that were to fight against the tuberculosis epidemic that is closely associated with HIV infection which is also wildly spreading through the country. Also, the government is further complicating treating HIV infection by insisting that legal authorities have access to HIV test results. This means that people who are tested positive for HIV and are believed to have contracted the illness through illegal drug use are then subject to prosecution. Thus, the government’s prosecution of those persons testing positive creates a strong incentive among the general population who are HIV positive to conceal and misrepresent their HIV status which in turn only increases the spread of the disease.\(^{39}\)

**The Future for Russia if the Status Quo Continues**

If the Russian government continues on the path of neglect towards HIV/AIDS the epidemic will only increase by leaps and bounds. The estimated number of infected persons in Russia could be around 1.5 million or it could be as high as three million and it will only become larger if programs are not implemented. The continued brisk rate of transmission of HIV will only continue and it is on the brink of breaking out into the general population at an increased rate. The national prison system releasing infected persons by the thousands, the increase of intravenous drug users and the increase in prostitution are only furthering the epidemic. Public health measures must be

\(^{39}\) Ibid.
implemented and pursued by the government instead of the lackluster approach the
government has taken to addressing the situation. There is a great deal about HIV/AIDS
that is still unknown and ignorance is not the answer to this epidemic. It is interesting to
note that HIV has made fairly limited inroads into the populations of the wealthy Western
countries. This can be explained by the advantages of having better nutrition available
and the minimal endemic disease fortifies these residents’s immune systems. Also, in the
wealthy western countries prostitution and drug use has not had catastrophic influence on
the general population. In addition, the public health systems of these wealthier countries
have effectively controlled potentially lethal risk factors.

Russia is far more susceptible and at a great deal more risk than wealthy Western
countries to an epidemic of gigantic proportions. However, Russia is indeed at a
noticeably lower risk than those countries of sub-Saharan Africa where the risks are the
highest. United States intelligence estimates that by 2010 there will be eight million
infected with HIV, which implies that Russia will have virtually the same infection rate
of eleven percent as sub-Saharan Africa.

There are estimates that have been made for China, India and Russia together
mainly because these three countries are most troublesome. It is estimated that the total
number of new HIV cases from 2000 to 2025 will be around 66 million compared to the
UNAIDS estimation of around 65 million people worldwide that are infected with HIV to
date (2006). The worst scenario predicts that this number could be as high as 200 million
new cases in the next 25 years. In either of these scenarios the death toll for those who
succumb to AIDS over the next 25 years in Russia, China and India exceeds the total
number of people that have already been killed by AIDS around the world by leaps and
bounds. UNAIDS estimates that from the beginning of the outbreak to present day AIDS has taken an estimated 25 million lives worldwide. On the optimistic side, over the next 25 years between Russia, China and India alone there will be around 43 million deaths due to AIDS for these three countries. If the epidemic is intermediate the toll on lives for the combination of these three countries would be around 105 million people - four times as many that have died around the world to date.\(^{40}\)

In these three Eurasian countries the population changes will be significant. The epidemic has the potential of greatly reducing the future size of certain economically important population cohorts. If the epidemic of these three countries is on the more positive side the population will be almost 90 million people lower in 2025. What makes this number worse is that the working population, those between the ages of 15-64 years of age, would be around 44 million people fewer. Russia takes a predominantly hard demographic hit. In addition to the AIDS effect on the Russian population, the population is anticipated to decline over the coming quarter-century even if the HIV/AIDS epidemic were not in existence. So, even if Russia is subjected to a mild HIV/AIDS epidemic over the next 25 years the decline in population will only accelerate dramatically. There will also be a reduced life expectancy rate and a reduction in national health levels that will be seen through life expectancy at birth. The future for Russia is the grimmest. If Russia experiences a severe HIV/AIDS epidemic, which will happen if the government continues to neglect the situation, the Russian life expectancy would fall to be a full decade lower a generation from now than it is in present day.\(^{41}\)

\(^{40}\) Ibid. Page 6-7.
\(^{41}\) Ibid. Page 8.
Moreover, as more has been learned of HIV/AIDS the more it is understood that AIDS does not kill the majority of its victims right away. AIDS subjects its victims to a prolonged period of increasingly mounting weakness and incapacity. This period can last for years in which the victim’s needs grow while the ability to tend to these needs progressively declines. Also, AIDS does not usually kill randomly but rather it usually tends to attack people in their prime reproductive ages, which are the population segments with the highest potential for labor productivity. This means those population rates; birth rates and labor availability in Russia are steadily on the decline.

The HIV/AIDS epidemic will affect Russia’s economic performance for the future. Russia’s GNP per “person of working age (15-64)” would be estimated to rise by around fifty percent between 2000 and 2025 without the influence of HIV/AIDS. However, health based productivity predictions indicate that an HIV epidemic could drastically decrease per capita productivity under any level of epidemic Russia experiences. If Russia experiences a mild epidemic over the next 25 years the prediction of output growth per working person (15-64) would be less than half as great as under the prediction that was made without the existence of HIV/AIDS. Therefore, if the epidemic in Russia that is to come is of the intermediate level the predicted level of output by the working person would actually end up being lower in the year 2025 than it was in the year 2000. Also, under consideration is that if the total number of Russians between the ages of 15-64 years of age decrease due to HIV the effect will be on Russia’s GNP as well. The HIV/AIDS scenarios reduce Russia’s future GNP not only by reducing the predicted output per worker but also by drastically cutting the size of the 15-64 year group. Therefore, if Russia experiences a mild epidemic the GNP would remain
completely inactive between the entire period of 2000-2025. If Russia experiences an intermediate epidemic scenario the GNP would be an outrageous forty percent lower in 2025 than it is today (2006). The effect that the HIV/AIDS epidemic is to have on Russia might leave the economy void of experiencing any growth in the many years ahead. The economic future of Russia is greatly threatened by the increasing HIV/AIDS numbers that plague the country. There is a possibility that the decline of population and the country’s poor health will put the economy’s performance in twenty-five years at no greater than it is today.\footnote{Ibid. Page 9.}

**Essential Changes**

The most important thing to realize in understanding the Russian HIV/AIDS epidemic is the relationship between drug use and HIV infection. Curbing the drug addiction in Russia is absolutely critical if HIV prevention in Russia is going to take hold. The Federal AIDS Center has reported that about eighty percent of all registered cases of HIV infection in the years between 1987 –2006 have been caused by use of drug injecting needles. Thirty six percent of drug addicts are enduring medical treatment because they are HIV positive. The drug problem is not only an issue in Russia. There are many countries including the Commonwealth of Independent States that have the same high rates of HIV infection because of drug use. However, Russia’s official treatment standards for drug addiction are hugely different than those of the global standards. Russia does not use a medication-assisted treatment that has been prohibited by Federal Law since 1998. Drug prescription should be seen as assistance to drug addiction treatment, not as furthering the drug addiction. If a drug addict breaks a bone the doctors
help treat it with pain killing drugs therefore, drug prescription should be used as not a
drug prescription treatment but rather as a weapon to combat the HIV/AIDS epidemic. If
drug treatment is implemented it could begin to help the large numbers of infected
stabilize. Some changes must be made in Russia because the treatments are obviously
completely ineffective. The numbers in Russia state that as high as ninety percent of
drug addicts return to drug use within a year after the completion of any drug treatment
program. Also, as many as eighty-five percent of the drug addicts being treated have
extremely low motivation because of the extremely low quality of treatment given to
patients by the government.\textsuperscript{44}

Russia lacks one nationwide strategy to counter the HIV/AIDS crisis. A
nationwide strategy needs to be implemented in order for the HIV/AIDS epidemic to stop
from erupting. The strategy that the government must implement should include a
systematic approach that is nation wide. The strategy must have coordination and
cooperation among the federal and regional governments along with the general
population and international organizations that are willing to help make the changes
necessary. The Russian Government must implement a strategy in order for it to begin to
combat this encompassing disease. The most important thing that the strategy must do is
to concentrate efforts and resources that will have a goal of preventing the spread of HIV
among the high-risk groups: the sex workers, intravenous drug users and the street youth.
The strategy implemented must be a multi-faceted approach to help halt the increase of
the epidemic. Therefore, the strategy must also include education and prevention

\textsuperscript{43} Ibid. Page 10.
\textsuperscript{44} \url{http://www.tpaal.net/news/pressreleases/?id=3260}. “International Experts Gather to Discuss Methods of
Curbing Drug Addiction as Critical Component of HIV Prevention in Russia.” Transatlantic Partners
Against AIDS. Pages 1-2.
information to the entire general public; knowledge will help increase the awareness of the epidemic and what can be done to stop the spread of this terrible disease. Russia's standard policy of placing drug users in jail if caught, without available treatment for drug addiction or possible disease, must be changed. Also, compulsory HIV testing of members in high-risk groups and then restricting employment, marriage or sexual activity based on HIV status and requiring notification of partners, violate the international human rights standards and they also contradict the provisions that were instituted in the 1995 Federal law on HIV/AIDS. In Russia, this has resulted in the minimal prevention efforts made within the high-risk groups to be completely inadequate and are only enabling the spread of the epidemic beyond these high-risk groups and into the general population. It is absolutely imperative that the rapid spread of HIV among the at-risk youth is addressed with effective measures so that the spread can slow down amongst this group. The government must carry out massive scale programs that cover the entire nation and all high-risk populations.

**The Government needs to take Action**

The Russian government can still take action to try and save its population and economy. The government needs to competently monitor the spread of the disease. It cannot threaten prosecution because those who know they are infected will only hide the disease and will most likely cause further spreading. The general population needs to be educated and warned properly about the seriousness and causes of the disease. A public education campaign can be taken up by the government to teach the population of the deadly risks that they are facing with the spread of HIV while advising people to amend

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45 Semenova, L. and O. Sinitsyna, Editors. "HIV/AIDS Epidemic in Russia and Measures Required to
specific risky behaviors. The government can take precautions in attending to the increased outbreak of sexually transmitted diseases in the country while it is shown that these diseases are a leading indicator for HIV. People need to be educated about sexually transmitted diseases and precautions need to be made readily available along with treatment of those sexually transmitted diseases that can be treated. Also, the Russian government can focus on the youth and educating them on the precautions that need to be taken since they are the future working labor group of 15-64 years of age. Also, those that are at the highest risk, intravenous drug users and prostitutes, need to have precautions focusing on and encouraging lifestyles that do not include these things. The government could offer more rehabilitation services and job training programs. So far, the government has done very little in the way of addressing the big issues. Ignorance is not bliss in the matter of having a declining population fighting a battle against HIV that they have not been educated on. There is an approaching epidemic on the hands of the Russian government and if nothing is done there will be complete disaster in the future. Also, a wide range of services are necessary for the intravenous drug users and their families so that the spread of HIV can be slowed down and then stopped.

The treatments that the Russian government should offer to the intravenous drug using population should include treatments for drug dependence, readily made available condoms and sterilized syringes, offering free treatments for sexually transmitted diseases, voluntary testing and counseling need to be offered, those people who test positive for HIV need to have treatment made available to them, peer training and group meetings need to be implemented and most of all the government needs to make all of these treatment programs, facilities and testing available nation wide.

As for the prisoners in the jails of Russia, they need to be tested for HIV and then if they are found positive of having the disease treatments must be provided in the prison system. Relevant HIV/AIDS treatment services must be made available to prisoners as well as the rest of the population. Care must be provided during and after release from prison in order to ensure the stop of the spread of HIV especially between recently released prisoners and their non-infected partners. Russian agencies must be engaged in developing strategies and implementing these strategies for agreed upon and effective approaches in order to fight HIV and drug use.

The Russian government needs to implement a government coordinating commission that needs to take on the huge job of synchronizing the whole range of measures and programs that need to be implemented. The Russian government must also become involved with UNAIDS, the Global Fund, and the World Bank to help fund and implement the necessary changes that must take place. The HIV/AIDS epidemic is not a simple disease to tackle and as such the Russian government needs help if it is going to successfully combat this brewing epidemic. The government is in deep need of a unified and efficient approach to the epidemic, which must be a multi-faceted approach to combating the epidemic. The most essential issue at hand is the decentralization of the HIV/AIDS activities that had been previously in place. There has been a great deal of power that has been moved to the regions and the funding has been moved to the regional budgets under the Federal Law number 122-FZ that was approved on August 22, 2004.46 This is not helping to deal with the spread of HIV/AIDS in the Russian Federation. The

fact that there is an absence of a set of standards to follow along with recommendations is only going to lead to more ineffective programming.

The Russian government and the fight against HIV/AIDS must involve the greater use of Non-Governmental Organizations. The more widespread use and an increase of the numbers of organizations that are helping the battle are needed in order to improve the results against this uphill battle. There needs to be a more competent use of funds and an increase in cooperative projects between the Non-Governmental Organizations and the government to help combat the spread. Currently, there are an estimated 100 to 200 Non-Governmental Organizations in Russia working to help fight against HIV/AIDS in Russia. The majority of these organizations are working on preventative programs among the youth and high-risk groups. The majority of these organizations are being funded from foreign sources, such as the governments of North America, Western European countries and several United Nations agencies. In 2004, the entire monetary funding provided from foreign donors that was designated for HIV prevention in Russia totaled thirteen million dollars which is in actuality more than three times the amount that the Russian federal governments’ budget allocated for the fight against HIV.47

47 Ibid.


http://www.alertnet.org/thenews/newsdesk/L12737154.htm “World Bank suspends Ukraine Tuberculosis/AIDS plan.” Alertnet, Reuters Foundation; April 12, 2006 at 6:26GMT.


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