



## HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
<b>Total Population*</b>	139.4 million (mid-2010)
<b>Estimated Population Living with HIV/AIDS**</b>	940,000 [630,000–1,300,000] (end 2007)
<b>Adult HIV Prevalence**</b>	1.1% [0.8–1.6%] (end 2007)
<b>HIV Prevalence in Most-at-Risk Populations</b>	IDUs: 15.6% (National) (2009)*** 61.2% (St. Petersburg) (2009)*** MSM: 8.3% (National) (2009),** 0.9% (Moscow) (2006) Sex Workers: 15.6% (National) (2007); 4.5% (Moscow) (2009); 19.6% (Irkutsk) (2009)***
<b>Percentage of HIV-Infected People Receiving Antiretroviral Therapy****</b>	16% (end 2007)

\*U.S. Census Bureau \*\*UNAIDS 2008–2009 \*\*\*UNGASS 2010  
\*\*\*\* WHO/UNAIDS/UNICEF *Towards Universal Access*, 2008

Russia has the second-highest HIV prevalence in Eastern Europe and Eurasia: 1.1 percent in the adult population. According to the Joint United Nations Program on HIV/AIDS (UNAIDS), an estimated 940,000 people in Russia were living with HIV in 2007. The first cases of HIV in the country were diagnosed among men who have sex with men (MSM) in 1987. Russia's HIV prevalence remained very low until 1996, when 1,515 new cases connected to infections among injecting drug users (IDUs) were reported. While the pace of the country's HIV epidemic has slowed since the late 1990s, it continues to grow. According to UNAIDS, a decline in new cases occurred between 2001 and 2003, but since then the number of new cases has continued to increase.

Injecting drug use persists as the primary means of HIV transmission in Russia, accounting for 62 percent of new cases in 2009. The proportion of new infections occurring in the IDU population has fallen by more than one-third since 2000, though, when IDUs represented 95.6 percent of new cases. UNAIDS estimates by the end of 2007, 82.4 percent of Russians living with HIV had been infected using nonsterile instruments for drug injection. While recent data from the 2010 United Nations General Assembly Special Session (UNGASS) report suggest 15.6 percent of the country's 1.8 million IDUs are HIV positive, prevalence rates vary dramatically by location, ranging from 8 percent in the Nizhny Novgorod region to 64 percent in the Yekaterinburg region. UNAIDS estimates between 1.5 and 8 percent of Russian men under 30 years of age have injected drugs at some point in their lives, and the UNAIDS *Epidemic Update* indicated young people account for a significant number of infections within the IDU population. An independent study of street youth in St. Petersburg found 37 percent of the 15 to 19 year olds who were surveyed were HIV positive, with positive status strongly and independently associated with injecting drug use and sharing needles.

More than one-third of newly registered HIV cases in 2009 were attributed to heterosexual transmission. This figure has increased steadily since the late 1990s, particularly in areas with mature epidemics. In the past five years, there has been a marked increase in transmission of HIV from vulnerable groups to the general population through sexual intercourse. In areas with concentrated epidemics in the IDU population, HIV is often spreading from IDUs to their sexual partners. In St. Petersburg, where HIV prevalence among IDUs is 61.2 percent, 6.5 percent of previously untested pregnant women admitted to maternity hospitals were found to be HIV positive in 2008. Data from a recent study in the Russian Federation indicated having sex with an IDU increased the odds of acquiring HIV by 3.6 times, and according to the UNAIDS *Epidemic Update*, 66 percent of IDUs reported having sexual intercourse with a partner who had not injected drugs in the past year.



The national prevalence estimate for sex workers in 2007 was 15.6 percent, with rates again varying by location. According to the UNGASS report, prevalence among sex workers in 2009 ranged from 4.5 percent in Moscow to 19.6 percent in Irkutsk. A 2006 study in St. Petersburg found a 33 percent HIV prevalence rate among sex workers less than 19 years of age. The increasing overlap between the IDU and sex worker populations is alarming; studies cited by UNAIDS in 2008 indicate more than 30 percent of sex workers have injected drugs, and alcohol use and sexual violence from clients also increase sex workers' risk of infection. Among

MSM, another high-risk population, 8.3 percent were HIV positive in 2009, according to the 2010 UNGASS report. Women and young people are two groups in the general population most affected by the epidemic. In the past decade, there has been a marked increase in the number of women infected, though men still make up the majority of new cases. UNAIDS estimates 44 percent of new infections in 2009 were among women, compared with 20.6 percent of new cases in 2000. While the main transmission route for men continues to be injecting drug use, the primary means of transmission for women is sexual contact. By the end of 2007, 75 percent of people living with HIV/AIDS (PLWHA) were between 15 and 30 years old when diagnosed. Young women were most likely to contract the virus between ages 20 and 24, while young men were most likely to contract it between 25 and 29, according to the 2008 UNGASS report. The proportion of new infections that occur in 15 to 19 year olds has decreased significantly, from 24.7 percent of new infections in 2000 to 2.9 percent of new infections in 2009. In recent years, the age of diagnosis has gradually increased, and the proportion of new infections occurring in the 30- to 40-year-old age group continues to steadily increase. In 2009, 36.9 percent of new cases were detected in this group, compared with only 9.9 percent in 2000.

Stigma directed at PLWHA, IDUs, MSM, sex workers, and prisoners makes it difficult to target those at-risk populations with HIV/AIDS services. It also leads to underreporting of cases, as people are less likely to seek counseling and testing services. Long-standing social problems such as alcoholism and drug abuse also contribute to impaired decision making, risky sexual behavior, and the spread of HIV/AIDS.

Russia has a high rate of tuberculosis (TB) incidence, according to the World Health Organization (WHO), with an estimated 110 new TB cases per 100,000 population in 2008. HIV-TB co-infection is also notable, with 6 percent of TB cases being co-infected with HIV. Co-infection complicates treatment and care for both diseases.

## National Response

The Government of Russia has made a number of commitments to address the HIV/AIDS epidemic. Federal funding for the response has grown rapidly since 2005. In 2006, the Government Commission on HIV/AIDS was established, comprising representatives from 11 federal ministries and services, parliamentarians, and civil society representatives. The Commission is tasked with coordinating federal and regional authorities in HIV/AIDS policy implementation, organizing multisectoral participation in scaling up HIV/AIDS programs, and reviewing HIV/AIDS-related legislation and regulations. Additional government entities engaged in the fight against HIV have also continued their work, and a federal AIDS program for 2007–2011 was developed. Government programs focus primarily on treatment of AIDS rather than prevention, care, and support. The National Security Strategy through 2020 identifies HIV infection as one of the major threats to national security and the health of the nation, recognizing the severity of the spread of the disease from most-at-risk populations (MARPs) to the general population.

Russia also has a widely implemented program for the prevention of mother-to-child transmission of HIV (PMTCT). WHO, UNAIDS, and United Nations Children's Fund (UNICEF) estimate that as of 2007, 83 percent of HIV-positive pregnant women were receiving PMTCT services. Russia was one of only 19 countries to pass the 80 percent threshold, achieving the target for PMTCT coverage set by UNGASS. According to the U.S. Centers for Disease Control and Prevention (CDC), however, many women in Russia's MARPs seldom access antenatal care services, thus limiting the program's potential effectiveness among these populations.

HIV counseling and testing is virtually universally accessible; since 1990, 15 to 17 percent of the population has been annually tested for HIV. In accordance with the law, HIV testing is free and must be done with pre- and post-testing counseling. As of 2007, 16 percent of PLWHA needing antiretroviral therapy (ART) were receiving it. According to WHO/UNAIDS/UNICEF, the number of HIV-positive people on ART increased by 77 percent, from

about 32,000 to 55,000, between 2007 and 2008. IDUs continue to have poor and inequitable access to ART. While Russia has the highest number of reported injecting drug use-related HIV cases in the Europe and Eurasia region, WHO, UNAIDS, and UNICEF believe fewer than 10 percent of patients currently receiving ART are IDUs. Additionally, while heavy emphasis is placed on programs to combat the epidemic in the IDU population, WHO estimates only 5 percent of IDUs are reached at least once a month by syringe and needle exchange programs.

The Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank have been major financial supporters of HIV/AIDS prevention and treatment activities. The Global Fund has disbursed nearly \$221 million since 2004 for HIV/AIDS programming in Russia. The most recent contribution was a fifth-round grant approved in 2006 for the Russian Harm Reduction Network, to scale up access to HIV prevention and treatment by strengthening HIV services for IDUs; to date, approximately \$10 million have been disbursed. The grant aims to increase the coverage of existing HIV services, establish new services for IDUs, and increase the capacity of these services to provide counseling, information, and support for treatment adherence for IDUs living with HIV/AIDS and/or TB. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's total contributions worldwide.

## **USAID Support**

Through the U.S. Agency for International Development (USAID), Russia received \$7.1 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Russia are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

Beginning in 1998, USAID's HIV/AIDS first activities in Russia focused on HIV prevention among youth. Since 2005, the focus has been on MARPs. USAID and a partner organization launched PreventAIDS in 2005. The program strengthened the nongovernmental and governmental sectors to improve MARPs' access to HIV/AIDS prevention and treatment services and built institutional capacity to deliver high-quality services to special risk groups. Since its inception, PreventAIDS' prevention interventions have reached 21,500 sex workers; 32,400 IDUs; 6,500 PLWHA; and 40,600 vulnerable youth.

In 2009, USG programs continued to support the Russian Government's response to the HIV/AIDS epidemic, reaching IDUs and other MARPs with HIV prevention, care, and support in two PEPFAR focus regions. Activities also provided assistance in measuring the evolving and growing HIV epidemic and increasing local and national government capacity to respond to the epidemic in an organized and sustainable way. For example, the Health Care Improvement (HCI) project, which is implemented by University Research Co., LLC, focuses on promotion and institutionalization of an innovative model of decentralized HIV care for HIV-positive people based on an interdisciplinary approach of medical and social services. The HCI project has provided support to more than 200 service delivery facilities caring for 50,000 HIV-infected individuals in St. Petersburg and Orenburg. With USG support, the United Nations Office on Drugs and Crime has contributed to strengthening pre- and postrelease drug treatment services for prisoners. Networks of pre- and postrelease services have been created in St. Petersburg and Orenburg that provide medical care, drug abuse treatment and rehabilitation, psychological support, legal support, employment opportunities, training and counseling, self-help groups, peer support, etc.

With the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria as implementing partner, USAID has also worked to mobilize high-level official, business, and mass media partners in addressing the epidemic through policy research, information, analysis, and workplace initiatives. Other USAID successes include a partnership with the American International Health Alliance, which is working to strengthen the HIV/AIDS treatment and care service delivery system. It has also provided training in basic HIV skills and knowledge to more than 1,100 health care workers, teachers, and social workers.

In 2009, USAID activities achieved remarkable successes in their outreach and treatment programs. These successes included:

- Reaching more than 86,000 individuals with HIV prevention activities and expanding coverage to 6,400 IDUs and approximately 12,000 commercial sex workers and their partners
- Linking more than 1,400 IDUs in detoxification and rehabilitation services with peer consultants and AIDS center staff

- Contributing to the Government's efforts to ensure access to treatment for more than 55,000 PLWHA, focusing on making care accessible to IDUs, HIV-positive mothers and their children, and street youth
- Significantly increasing the number of PLWHA receiving repeat medical follow-up, from 465 in 2007 to 2,900 in 2009
- Providing counseling and testing to 10,100 people, almost 5,000 of whom were IDUs

## **Important Links and Contacts**

USAID/Russia

American Embassy/Moscow

Novinsky Boulevard 19/23

121099, Moscow, Russia

Tel.: 7-495-728-5099

Fax: 7-495-960-2141/2142

E-mail: [russia\\_info@usaid.gov](mailto:russia_info@usaid.gov)

Web site: <http://russia.usaid.gov/>

USAID's HIV/AIDS Web site for Russia:

[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/eande/russia.html](http://www.usaid.gov/our_work/global_health/aids/Countries/eande/russia.html).

For more information, see USAID's HIV/AIDS Web site: [http://www.usaid.gov/our\\_work/global\\_health/aids/](http://www.usaid.gov/our_work/global_health/aids/).

**September 2010**