
2018

Key Affected Populations Response to the HIV/AIDS Situation in Russia

Case for Support

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OVERVIEW

The Global Fund program in Russia is a unique civil society-driven titled “**The Program to Expand Access of Vulnerable Groups of the Population to HIV/AIDS Prevention, Treatment, and Care Services in the Russian Federation**”. The Program has proven its significance and effectiveness through building a network of community-based HIV prevention and advocacy projects.

- (1) HIV service delivery for people who use drugs (PWUD), sex workers (SW), and men who have sex with men (MSM);
- (2) legal support (LS) for eliminating legal barriers; and
- (3) community systems strengthening (CSS).

The Program is a sustainable platform delivering evidence-based and human rights-oriented services in the challenging legal environment of the Russian Federation. It enables key affected populations (KPs) to

participate in a legal framework for constant and meaningful dialogue with the government to ensure access to WHO-recommended services with respect for their human rights. The community-based Coordinating Committee facilitates synergy between over 50 organizations and the diverse individuals who are part of the program among program levels, KPs, and it assures Program cohesion components.

With presence in more than 30 Russian provinces, the Program is flexible for cooperative support from multiple donors: interested donors can support one or more thematic modules based on the *type of program component* (services, LS, CSS), by *location*, or by *key population* (PWUD, SW, MSM). By supporting the program in Russia, donors contribute to the unique opportunity of building the KPs-driven response to Russian's fast growing HIV epidemic.

PROGRAM DESIGN

Unlike the usual CCM Programs, the Russia Program operates based on the “NGO-Rule”, which entrusts the entire program to KPs and civil society organizations who deliver services to them. The Program is designed to amplify the impact of interrelated activities aimed at different KPs for service, human rights, and capacity building at the national and provincial levels. The Program Chart is attached as Annex I.

The Program is implemented using a comprehensive approach. The service component includes support for interventions to curb HIV among PWUD and their partners, SW and their clients, and MSM and transgender people. The LS component works to strengthen advocacy to eliminate legal barriers to accessing treatment. It also seeks to integrate evidence-based prevention programs into the national HIV strategy and existing healthcare and social systems by providing free legal support to KPs by Community Legal Workers (CLWs) and a Technical Assistance team of lawyers and community coordinators. Strengthening KP systems to address the stigma, discrimination and criminalization they face and empowering community members to increase their impact on preventing HIV and advocacy activities and to engage with stakeholders are the goals of the CSS component. The activities of these three components reciprocally reinforce the work of each other.

The legal and community systems strengthening components were developed and implemented with technical assistance from the Canadian HIV/AIDS Legal Network with funding external to the Program.

HIV IN RUSSIA

According to the 2018 UNAIDS Global AIDS Update, the HIV epidemic in Eastern Europe and Central Asia has grown by 30% since 2010, reflecting insufficient political commitment and domestic investment in national AIDS responses across much of the region. Regional trends depend a great deal on progress in the Russian Federation, which is home to 70% of people living with HIV in the region. Outside of Russia, the rate of new HIV infections is stable.¹

By the end of 2017 the total number of Russian citizens diagnosed with HIV infection reached 1,220,659,ⁱⁱ of whom 943,999 are still living. In 2017 there were 104,402 newly registered cases of HIV, not taking into consideration foreign citizens on Russian soil and those who were tested anonymously. In the top five Russian regions affected by HIV, there is an average of 1587.96 PLWH registered in 100,000 and an average of 135.3 newly registered cases in 100,000.ⁱⁱⁱ

While 76.7% of the people living with HIV (PLWH) are registered in specialized HIV medical institutions, the number of deaths among PLWH continues to rise. Just 32.8% of patients diagnosed with HIV in Russia are on antiretroviral therapy (ARVT)^{iv} and those on treatment face disruptions in access to these vital drugs. The 20 billion+ rubles allocated to purchase ARVT drugs in 2018 is insufficient: an estimated 100 billion rubles yearly^v are needed for full coverage in Russia. What's more, regular budget cuts leave regional authorities with 10-30% less money to purchase ARVT, resulting in stockouts, which leads to gaps in treatment for PLWH. As such, the number of patients with an undetectable viral load is low and they risk further transmitting HIV and deteriorating health conditions.

Although HIV infection has transcended beyond the traditional KPs and transmission is gaining speed via heterosexual contact in Russia, the epidemic remains highly concentrated within KPs. PWUD, SW, and MSM are most vulnerable to HIV infection, with PWUD alone accounting for 43.6% of new cases in 2017.^{vi} There is no official data on SW and MSM as epidemiological statistics of the Russian Federation do not distinguish these groups. However, legislation against talking openly about sexuality and sexual behavior coupled with the absence of sexual and reproductive health and rights education in school curricula exacerbate the spread of HIV.

Russia adopted their National HIV Strategy in 2016, with a focus on preventing HIV among KPs. Yet implementation of this strategy centers on information campaigns and promoting healthy lifestyle rather than ensuring evidence-based approaches to HIV prevention among vulnerable groups. Further, testing is generally not directed towards KPs: in 2017 these vulnerable KPs made up less than 5% of all those tested for HIV. Failure to target KPs is partially due to the fact that most state-run organizations do not have access to KPs affected by HIV. This can be mitigated by involving community representatives and NGOs in developing the standards for service provision and the implementation of the National Strategy. This program meets that need.

GF PROGRAM MILESTONES

From 2015 – 2017 the activities included services for 17 PWUD programs, 5 MSM, and 5 SW (see diagram on page 8). Additionally, in both 2015 and 2016, 12 projects were co-financed and 20 received small grants for legal support. The locations of program implementation were chosen by two criteria: *HIV prevalence* and *capacity* (see Annex II for cities where the program is implemented).

CLW from KPs were given specialized legal and human rights training, clear guidelines for the legal support process, and were provided with support throughout the program. This professional development allows CLW to become human rights case managers, making systemic impacts in solving the HIV crisis in

Russia. The CSS/LS modules have contributed to building more trusting relationships with KP clients and mobilized KPs to claim their rights.

Throughout the program, Technical Assistants – lawyers and community coordinators – established strategic partnerships with a wide range of stakeholders, including governmental agencies, medical institutions, NGOs representing or serving criminalized groups, and human rights lawyers who play critical roles in the program’s implementation and provide advice and support. Narcology centres have become aware of the work of CLWs and project lawyers and now refer their patients to CLWs – an acknowledgement of both the communities and lawyers and also of the importance and success of their work. All these relationships are instrumental to reach the program goals of building and strengthening the national legal, methodological, and financial frameworks, expanding coverage for HIV prevention, treatment, and care services among KPs, and enabling sustainability.

Community systems are crucial for eliminating legal barriers. The Technical Assistance team observed that PLWH tend to seek help in the regions with well-developed community systems and where community legal services are provided. Without support, people do not have the courage to make claims and do not know where to start. This proves that overcoming legal barriers requires strong and clearly implementable community systems that should include CLWs and lawyers.

Empowering PLWH to defend their rights is crucial to Russia’s HIV program due to the reality that KPs living with HIV experience intersectional stigma connected to their HIV status and other identity(ies). Common problems identified and addressed in this project included ARVT interruptions or baseless changes in treatment schemes, refusal to provide medical services or HIV treatment, assistance in reclaiming parental rights, access to treatment for migrants, and support for disability and social support applications. Several UN bodies acknowledge the legal barriers and discrimination of KPs in accessing services and further, and substantiate these rights violations. To track violations, a unified evidence-collection method of human rights violations, legal barriers and discrimination experienced by KPs across the Russian Federation was established, demonstrating the scale of impediments to access to prevention and treatment.

Requests from KPs within just one year demonstrate the magnitude of discrimination, human rights violations, and unnecessary criminalization of KPs, which create significant obstacles in accessing health services. Due to ongoing ARVT interruptions in many Russian regions, organizations working with PLWH have been receiving requests to support patients’ litigation efforts. The increasing number of requests provides evidence that eliminating legal barriers and strengthening community systems are crucial objectives that should be further developed and supported.

Evaluations substantiate the program’s achievements. For example, a survey from April 2018 showed that 67.7% of respondents noted that the LS module impacted the reduction in vulnerability of groups to HIV/AIDS and similarly 67.7% remarked that the CSS module increased the effectiveness of the project’s service components.^{vii} There is great need for continued support for this program in the existing locations and there is a high demand to expand the community systems strengthening and legal support components to other areas of Russia.

Sex Workers

The Code of Administrative Offenses Article 6.11 outlaws “engagement in prostitution” and “deriving income from engagement in prostitution, where this income is connected with another person's engagement in prostitution” (Article 6.12). According to Articles 240 and 241 of the Criminal Code, brothels and organized prostitution are forbidden. The UN Committee on Economic, Social and Cultural Rights (CESCR) expresses concern regarding the criminalization of sex work as it creates obstacles for SW to access health care services and information, including treatment and prevention of HIV^{viii}. As recognized by the UN Committee on Eliminating Discrimination Against Women (CEDAW), sex workers face widespread violence and discrimination and various forms of abuse, including extortion^{ix}. Police frequently discriminate against and intimidate sex workers, resulting in detainment and threatening sex workers into signing an admission of guilt.

The most requests for support within the program come from SW. Using the CSS and LS modules, the SW Community Coordinator, Technical Assistance lawyer, CLW, and SW from across Russia work to change discriminatory legislation and attitudes toward SW. In this vein, a five-year strategic plan was developed with the program's support at the 2016 National Forum of Sex Workers, to ensure the initiative's sustainability. The priorities include advocating for legal changes (Article 6.11 of the Code of Administrative Offenses), building strategic partnerships with government institutions, and providing ongoing legal assistance to SW.

People Who Use Drugs (PWUD)

Injection drug use is the main route of HIV transmission in the RF, accounting for 48.8% of newly registered cases in 2016.^x Russian drug policy is draconian: possession of narcotics with no intent to sell can result in 3-10 years of incarceration^{xi}. Measures against PWUD lead to massive human rights violations against drug users, stigmatization, and poor access to badly needed care. These violations remain the main obstacle for HIV prevention among PWUD. PWUD tend to refrain from seeking medical treatment due to their criminalization^{xii}. Research shows that in Ekaterinburg, Kemerovo, Krasnoyarsk, Moscow, Perm, St. Petersburg, and Tomsk, up to 75% of PWUD live with HIV, yet access to ARVT among them is low^{xiii}. However, if documented correctly, PWUD can be given a conditional sentence with mandatory treatment and rehabilitation.

The lack of harm reduction programs, such as syringe distribution, coupled with the prohibition of opioid substitution therapy contributes to the spread of HIV among PWUD and to the prevalence of hepatitis C and tuberculosis^{xiv}. Further, absence of residency registration prevents PWUD from accessing treatment.

In line with the recommendations of WHO, CESCR, and CEDAW, this program applies a human rights-based approach to PWUD, employing harm reduction methods. The tenets of the program work to address discrimination against drug-dependent persons in regard to their access to public health services and provision of health care, psychological support services and rehabilitation.

The second largest number of requests for legal support in this program are from PWUD. The program enabled the National Forum of People Who Use Drugs to be held in December 2016, which identified four priority areas: discrimination, decriminalization, access to treatment and harm reduction.

Men Who Have Sex With Men (MSM)

Preliminary data from a study among MSM conducted in 2017 shows the average rate of HIV infection among MSM in Moscow is 13%, Saint Petersburg – 24%, and Yekaterinburg – 16%.

The Russian Federation has adopted laws at the regional and federal levels which ban the “promotion of non-traditional sexual relations to minors”, which reinforces homophobia and legitimizes discrimination, harassment and violence towards LGBT. This contributes to the isolation of MSM, particularly regarding access to HIV prevention. Therefore they rely on NGOs for many HIV services.

CLWs receive the third largest number of requests from MSM/LGBTQI. At the first National Conference of HIV Service Organizations and LGBT Movement, held with program support in December 2017, the LGBTQI and MSM communities agreed to work together in response to HIV to improve public health services. LGBTQI and HIV service organizations adopted the Moscow Declaration on cooperation and response to HIV to ensure health and to prevent HIV among MSM/LGBTQI in Russia.

FINANCIAL MODELS

There are various paths to funding the continuation of these efforts to combat HIV. The GF Program can be broken into modalities including territorially (funding certain regions or areas); by KP (funding of certain KP groups); and component-oriented (funding of services, LS, or CSS). The Coordination Committee will ensure the unity, cohesiveness, and symbiosis of different activities funded by different donors.

From 2015-2017, at least 115 HIV service organizations in the Russian Federation received funding from sources other than The Global Fund, producing great results: together different KP community groups organized 165 joint activities and partnerships and HIV organizations and community groups produced 147 materials.

There are several routes for financing NGO activities from the state budget in Russia such as Presidential Grants and subsidies for social service provision. Of the overall state budget, the amount of funds allocated for working with KPs decreased in 2016 to only 5.24%^{xv}. And on average only 13.38% of the annual budget of nonprofit organizations working in the field of HIV prevention was from state funding. Many municipal authorities provide in-kind contribution to HIV service NGOs.

While it is true that there is some government support for activities geared towards HIV prevention among KPs in the RF, there are multiple factors which justify the reasons why it is impossible to anticipate receiving any resources in the foreseeable future. Existing Russian laws and policies often directly prevent funding for evidence-based interventions (such as opioid substitution therapy) or create legal barriers for such funding by way of criminalizing groups to whom these interventions would be delivered. Domestic

advocacy is crucial to ensure the allocation of stable funding from the state for HIV prevention services among vulnerable groups. Lobbying for treatment provision has shown results: thanks to the efforts of advocates, over 100,000 more people got on treatment in 2017 than in 2016.^{xvi} Yet this is not enough to rectify the situation.

Recent legislative changes like this have created a challenging environment for civil society organizations working with KPs and international donors willing to support HIV programs for these communities. Since 2012, non-profit organizations receiving foreign funding who engage in political activity must register as “foreign agents”, significantly reducing their possibilities for state funding. They can either stop receiving international funding - in part due to this new legislation - and comply with the rules, continue relying on shrinking international donor funding, or shut down. These NGOs are included in a publicly available list of “foreign agents” and must include a warning on all their materials and websites marking them as a “foreign agent.” The foreign agent law significantly increases the administrative burden with additional reporting and in the case of noncompliance they can be fined heavily.

Concurrently, individual donations are also becoming more common in Russia. While such campaigns provide an opportunity to disseminate information, this fundraising method is unpredictable and raising great sums of money through such schemes is unlikely.

THE COORDINATING COMMITTEE

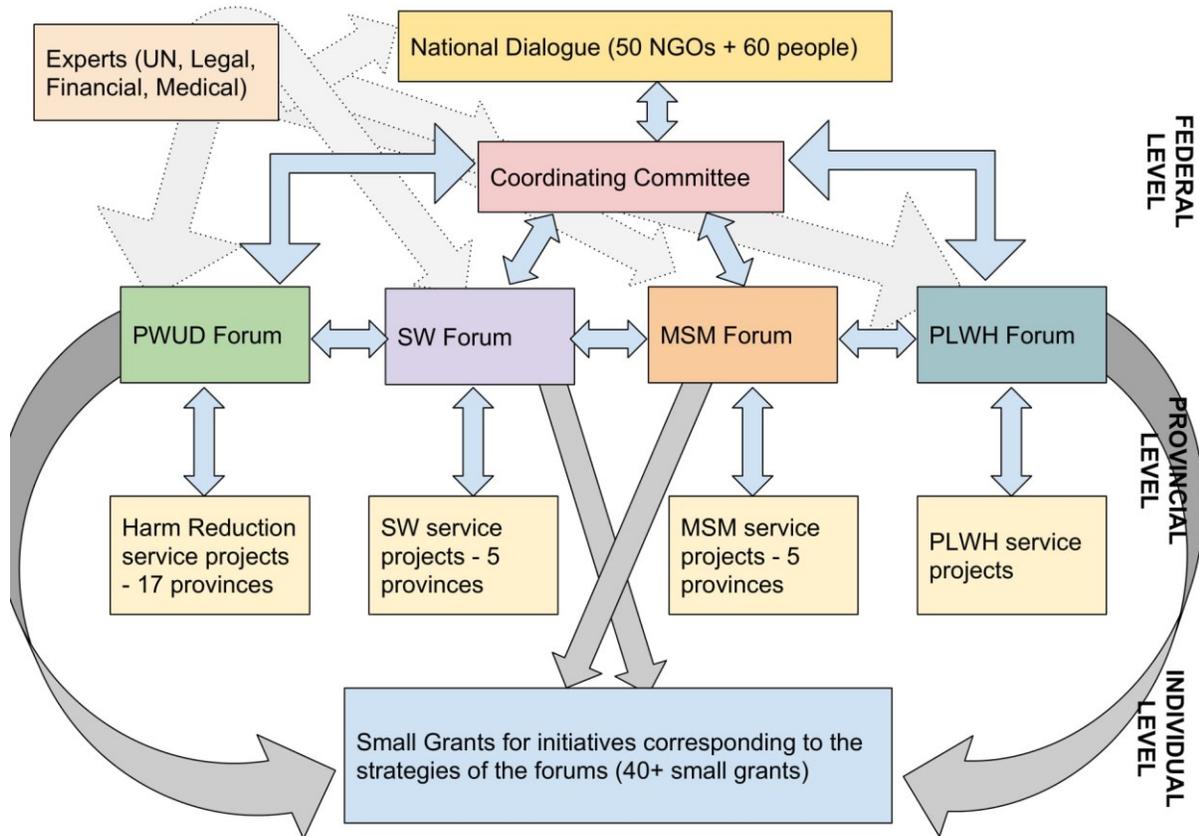
Russia’s HIV program established a Coordination Committee elected by the National Dialogue. The National Dialogue is a mechanism which enables KPs’ participation through a “bottom-up approach,” facilitating KP and HIV NGO representatives throughout Russia to take part in HIV prevention and resolving issues PLWH face and unifies their advocacy efforts.

The Committee unites, moderates, and supports the implementing organizations and initiative groups. It oversees the program in its entirety and sets advocacy goals for strengthening community systems and the elimination of legal barriers, engages community groups, KPs and other stakeholders in the National Dialogue, and provides support on proposal development and grant implementation.

Comprised of 23 members, the fifteen voting members of the Committee represent KPs (3 PWUD, 2 SW, 2 MSM, 2 PLWH), human rights defenders (2), service-providing organizations (2), and academics (2). Non-voting members represent EECA regional networks of KPs and the Principle Recipient.

The Coordination Committee has been very successful in building a network of community-based HIV prevention and advocacy projects and in enabling KPs to engage in meaningful dialogue with Russian authorities to improve KPs’ access to evidence-based HIV prevention, care and treatment. To counter the persisting degradation of the situation with HIV in the Russian Federation, it is of the utmost importance to maintain this program and fund the activities coordinated by the Committee.

I. Program Chart



II. Program Activities by Region

Location	PWUD Services	MSM services	SW services	CSS & LS	Co-Funded
Almetyevsk-Leninogorsk (Tatarstan)					PWUD
Kazan (Tatarstan)	2			PWUD	SW
Naberezhnye Chelny (Tatarstan)	1			SW, PWUD	
Ekaterinburg	1	1	1	2 PWUD	
Krasnoturinsk (Ekaterinburg region)				PWUD	
Ivanovo					PWUD
Irkutsk	1			SW	
Kaliningrad				2 PWUD	
Kemerovo	1			PWUD	PWUD
Krasnoyarsk	1		1		
Minusinsk (Krasoyarsk region)	1				
Kursk				PWUD	
Moscow	1	1	1	MSM	
Murmansk					MSM, SW
Nizhniy Novgorod				MSM	
Omsk		1		PWUD	

Orenburg					SW
Orel					MSM
Orsk					PWUD
Perm	1		1	PWUD	
Pskov	1				
Velikie Luki (Pskov region)	1				
Rostov-on-Don	1				PWUD
Samara				PWUD	
Saint Petersburg	1	1	1	PWUD, MSM, SW	SW, PWUD
Tver				PWUD, MSM	
Toglyatti	1			PWUD	
Tomsk	1 service + 2 HIV/TB projects	1			
Volgograd	1				
Chelyabinsk				PWUD	MSM

Works Cited

- i Global AIDS Update 2018. Miles to Go: Closing Gaps, Breaking Barriers, Righting Injustices. UNAIDS.
- ii Справка «ВИЧ-инфекция в Российской Федерации на 31.12.2017 года». Федеральный научно-методический центр по профилактике и борьбе со СПИДом ФБУН Центрального НИИ эпидемиологии Роспотребнадзора на основании формы мониторинга Роспотребнадзора.
- iii Справка «ВИЧ-инфекция в Российской Федерации на 01.11.2017 года». Федеральный научно-методический центр по профилактике и борьбе со СПИДом ФБУН Центрального НИИ эпидемиологии Роспотребнадзора.
- iv ВИЧ-инфекция в Российской Федерации по состоянию на 31 декабря 2016 г. (2017, June 13). Andrey Rylkov Foundation. Retrieved from <http://rylkov-fond.org/blog/health-care/hiv/hiv-2016/>
- v Россия увеличит ежегодные расходы на борьбу с ВИЧ до 30 млрд руб. (2016, November 14). <https://www.rbc.ru/politics/14/11/2016/582996c59a79477e47f64409>
- vi Справка «ВИЧ-инфекция в Российской Федерации в 2017 г.» Федеральный научно-методический центр по профилактике и борьбе со СПИДом ФБУН Центрального НИИ эпидемиологии Роспотребнадзора.
- vii Preliminary results from a survey conducted by the Secretariat of the Coordination Committee in April 2018. The complete version of the report will be accessible at a later date.
- viii Committee on Economic, Social and Cultural Rights Concluding observations on the sixth periodic report of the Russian Federation. (2017, October 16). Retrieved from <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmIBEDzFEovLCuW6GSHccr6gkTFg5K59iPSazqnb5nUq5Vgn%2fEbtZlAtAs91Lbsvf6hl86YdQRQiJEoVbOG3H5oQbAC6OYCJeg0opG4n0NRPxZ9nZzEgTDCUNM>
- ix CEDAW Concluding observations on the eighth periodic report of the Russian Federation. (2015, November). <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhslNnqKYBbHCTOaqVs8CBP2%2fEJgS2uWhk7nuL22CY5Q6EygEUW%2bboviXGrJ6B4KEJr4JaIKJZyYib0P1wYeg13mjbxpuvqBQIHs8SaZvXdjX>
- x Официальная статистика ВИЧ, СПИДа в России. Retrieved from <https://spid-vich-zppp.ru/statistika/ofitsialnaya-statistika-vich-spид-rf-2016.html>
- xi Article 228 of the Criminal Code of the Russian Federation.
- xii Committee on Economic, Social and Cultural Rights Concluding observations on the sixth periodic report of the Russian Federation. (2017, October 16). Retrieved from <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmIBEDzFEovLCuW6GSHccr6gkTFg5K59iPSazqnb5nUq5Vgn%2fEbtZlAtAs91Lbsvf6hl86YdQRQiJEoVbOG3H5oQbAC6OYCJeg0opG4n0NRPxZ9nZzEgTDCUNM>
- xiii IBBS. Open Health Institute. 2017.
- xiv С.В.Шишкин, И.М.Шейман, А.А.Абдин, С.Г.Боярский, С.В.Сажина. Российское здравоохранение в новых экономических условиях: вызовы и перспективы. Moscow, 2016.
- xv Доступ ВИЧ-сервисных НКО к бюджетным средствам. (2017, August 01). Retrieved from <https://evanetwork.ru/ru/dostup-vich-servisnyx-nko-k-byudzhetyim-sredstvam/>
- xvi “The Treatment Preparedness Coalition: Coverage expansion: risks and opportunities. The findings of the ARV drugs procurement monitoring in 2017”. Saint Petersburg, 2018. Version of 16.04.2018.

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