



Russia

Operational Plan Report

FY 2010



Operating Unit Overview

OU Executive Summary

Several significant events have taken place this year that underscore the need for continued US government (USG) engagement in the fight against HIV/AIDS in Russia. The July 2009 Presidential visit created important momentum in bilateral collaboration on health. This year's HIV Country Operational Plan (COP) for USG in Russia builds on that momentum and the Memorandum of Understanding (MOU) on health signed at the time of that visit. The MOU is a key step forward in cementing the willingness of the Government of Russia (GOR) to work collaboratively with the USG, and the MOU includes collaboration in the areas of HIV/AIDS and infectious diseases as a key component. The Bilateral Presidential Commission that was announced at the conclusion of the visit, established a Health Working Group that will provide an important venue to highlight progress and identify priorities for the US and Russia. A Counternarcotics Working Group was also established; this Working Group provides another potential venue to address the HIV epidemic in Russia, which is driven primarily by the injecting drug user population.

USG/Russia's COP for FY 2010 reflects the USG commitment to deepening collaboration with the GOR at the federal level to define and disseminate effective approaches of prevention and care through the GOR's National Priority Project. It acknowledges the vast resources, both financial and human, in Russia, and the steady and significant commitment to HIV/AIDS by the GOR, and emphasizes that with modest USG funding, the USG is well positioned to help ensure that GOR resources are used effectively to target gaps in life saving prevention and care among injecting drug users (IDUs) and their sexual partners.

The time is right to bolster targeted efforts to address HIV/AIDS prevention and care for most-at-risk groups (MARPs), particularly IDUs, in light of recent epidemiological data indicating that a second wave of HIV transmission among IDUs is underway in several regions of Russia. While the GOR has been receptive to USG and other external partners' advocacy for more concentrated emphasis on the IDU population, given the stigma associated with drug use and HIV, the GOR itself needs the support of international partners to help articulate the way forward. This is particularly important as the first of the Global Fund (GF) grants, GLOBUS (Round 3), the major prevention project closed in August of this year and it is the GOR that has indicated it will continue to support these prevention efforts. However, the level of funding for HIV/AIDS prevention, although having increased in the past years, continues to be the least well funded. Prevention activities, especially for MARPs and IDUs remain the most difficult component for the GOR to address; resulting in significant gaps in halting the spread of HIV/AIDS. USG support is targeted at addressing these issues.

The COP reflects the continued strategic shift towards greater work with the Federal level as the USG HIV/AIDS program gradually phases down. With \$6 million in FY2010, the USG program will advance work started in FY09 to facilitate greater GOR emphasis on addressing HIV/AIDS prevention and care for IDUs. The FY 2010 COP includes funding for four main implementing partners, down from 10 partners last year, demonstrating a more concentrated approach for the USG program. The program targets improving the enabling policy environment for prevention and care for IDUs, engendering sustained support for such programs. The USG program will also dedicate FY 2010 resources to the most under-developed component of HIV prevention among MARPs in Russia – substance abuse treatment options for injecting and non-injecting drug users. FY 2010 activities in this area will build on the pioneering work of USG partners in FY 2009 to integrate HIV prevention into substance abuse (narcology) services in Russia and expand the spectrum of substance abuse treatment options available for IDUs and other



MARPs.

Update on HIV Epidemic in Russia: Second Wave of IDU Transmission is Underway

The HIV/AIDS epidemic in Russia continues to evolve, with recent data suggesting a second wave of injecting drug user transmission is underway in specific regions. The GOR estimates there are 750,000 people living with HIV/AIDS (PLWHA) in 2009; the change from the 940,000 PLWHA estimated in 2007 is due to improved estimates rather than a change in the epidemic. Although HIV incidence has markedly decreased since 2001 due primarily to a decline in injecting drug use transmission, a second wave of transmission among IDUs has emerged in key regions. Available GOR data indicate that new outbreaks of HIV among IDUs began in two Siberian regions on the border of Kazakhstan in 2007 (Novosibirsk and Altay) and spread within three adjoining regions (Kemerova, Omsk and Krasnoyarsk) in 2008. The increase in newly detected cases in these five regions accounts for half of the increase nationwide since 2006.

In 2008, the number of newly detected cases reported nationally increased by 36% over 2006 (54,046 cases in 2008 compared to 39,652 cases in 2006). The five Siberian regions reported a 280% increase in detected cases while the remainder of the country had a 20% increase in detected cases. While smaller in scale than the national epidemic wave of the late 1990s, the recent upsurge in Siberia represents significantly increased transmission among IDUs. The factors accounting for these new outbreaks have not been investigated to date, and important stakeholders have not yet appreciated that these increases likely represent a spreading outbreak. While the fact that this second wave has been identified using GOR's routine HIV case reporting is positive, this still reflects persistent incomplete analysis and use of data gathered through the routine HIV case reporting system to channel resources towards MARP prevention. Using FY09 funds, efforts to conduct and institutionalize surveillance activities using second generation surveillance techniques will continue in FY10 with technical support from the USG and other international partners.

IDUs continue to account for about two-thirds of newly-registered cases (63% in 2008). Outside of the regions with new outbreaks, IDU transmission appears to have declined after 2001; due to a combination of prevention programs, declines in IDU initiation, diffusion of prevention knowledge among IDU, wide availability of syringes in pharmacies. However, injecting drug use continues and safe injection practices are incompletely practiced, especially regarding sharing of injecting equipment other than needles and syringes. The surveillance data suggests the biggest unmet prevention needs remain among IDU and their sexual partners.

Heterosexual transmission continued to increase this past year but available data, while limited, suggest this remains likely to be largely concentrated among direct sexual partners of IDUs. The available data show an increased percentage of female cases overall (42%) and an increased number of female HIV cases who report only sexual risk factors. Despite an increase in female cases, the evidence suggests that personal injecting drug use still accounts for a significant proportion of newly detected cases while direct sexual contact with IDUs is the other major risk.

The prevention of mother-to-child transmission (PMTCT) has been a significant success in Russia although residual gaps remain. Nationally, in 2008, 14,364 pregnant women (0.49% of all pregnancies) were HIV-positive and 8,925 HIV-exposed children were born. During pregnancy, 82% of HIV-infected pregnant women received antiretroviral prophylaxis and 92% of HIV-infected pregnant women and 98% of exposed infants received prophylaxis during delivery. In 2008, 723 HIV-infected children were identified. Since 1987, 3,425 (9.6%) of 35,700 HIV-exposed children with complete follow-up have been confirmed as HIV infected. Enhanced surveillance in St. Petersburg shows that implementation of prophylaxis prior to delivery remains significantly lower and transmission to infants significantly higher among the 40% of HIV-positive pregnant women with a history of IDU.



The face of the Russian epidemic is aging and now, as noted above, includes many females. While male IDUs in their early twenties are still affected, newly-detected cases in recent years also increasingly include male IDUs in their late twenties or early thirties and women in their mid-twenties infected by either injecting drug use or sexual contact. Over 82% of all cases detected before 2004 were detected at under 30 years of age -- only 53% of all newly detected cases (and only 48% of male cases) in 2008 were under 30. This increase in age among newly detected cases likely reflects both continued detection each year of some of the large cohort infected in the peak incidence years as well as current transmission among individuals of older age. Continued transmission, even at current estimates poses significant future burdens in terms of health care and demographic impact.

GOR Commitment to HIV/AIDS, Including Support for NGOs

To respond to the expanding HIV epidemic in Russia, the GOR has demonstrated a growing commitment to support a holistic response to HIV/AIDS over the past few years, through increased government resources for HIV prevention, treatment and care to meet Universal Access goals and targets. Since the establishment of the National Government Commission on HIV in 2006, the GOR has continually increased funding for HIV programs through the National Priority Project, with a 2009 budget of \$400 million. The GOR has identified prevention among MARPs as one of its priorities; however, funding for prevention represents less than five percent of the total GOR spending on HIV and only 25% of this figure was targeted directly for MARPs. Although there continues to be sensitivity at the federal level around medication-assisted treatment (MAT) and specifically methadone, there has been important dialogue on a broad package of services for IDUs referred to as harm reduction in FY 2009, including a recent meeting of the State Duma on harm reduction which established working groups to evaluate the effectiveness of harm reduction in the Russian context.

The GOR has also acknowledged the complementary role that civil society organizations play in reaching MARPs with HIV prevention, treatment and care, awarding a number of federally-funded grants to the burgeoning number of NGOs active in this area. In recent years there has been an increase in the number of NGOs working in HIV prevention among MARPs. According to UNAIDS data, more than 200 NGOs are working in HIV. Representatives of NGOs sit on a number of GOR senior level commissions, including the GOR HIV Commission and the GF Country Coordinating Mechanism (CCM).

USG/Russia Program Prioritizes FY 2010 Funds to Prevention and Care for IDUs

The GOR, while making strides in treatment and care programs, reaching its own goals of over 55,000 HIV+ individuals on antiretroviral treatment in 2009, continues to have a major gap in addressing MARPs. The USG Russia program targets FY2010 funding more directly on HIV prevention and care for IDUs this year, and on improving the enabling policy environment for these areas. In order to better understand how to best target limited USG funding to help improve HIV prevention and care in Russia, USAID/Russia arranged for an assessment of the sector in February/March 2009. Highlights from the assessment include the following:

- USG-supported bilateral programs offer solid models of prevention and care for most at-risk populations, some of which may be considered for broader dissemination throughout Russia beyond the two PEPFAR focus regions, in collaboration with the federal government.
- Effective prevention programs in Russia should include emphasis on prevention activities among MARPs in order to adequately address the epidemic.
- Prevention activities including peer and street outreach programs; case management training, HIV and substance abuse, including issues of drug dependency and effective treatment such as MAT; support groups for PLWHA, MARPs, and their families; and, drop-in centers are key interventions for an effective prevention program addressing a concentrated, IDU-driven epidemic.
- Effective dissemination of key HIV policy needs coordination among key stakeholders and related ministries.



- A systematic approach to assess the models and determine success and adaptability of models for disseminated on a broader scale is warranted.

The COP outlines a plan to promote stronger GOR emphasis on prevention and care programs for IDUs through a focused effort to garner Federal-level endorsement of HIV prevention and care packages for IDU that can be widely disseminated through the National Priority Project and adopted in the regions. To accomplish this, modest yet sufficient funding in the next 4-5 years is essential. Post proposes to establish a Partnership Framework for the next five years (\$6 million in FY 2011 and \$4 million in FY 2012/2013/2014) which will help the USG Russia Program engage with the GOR to provide targeted technical assistance to help the Russians develop and implement their programs in the future. Continued USG leadership and collaboration with the GOR is especially important as the support for prevention and care programs for IDUs through the Global Fund phase down. While the GOR has recognized the importance of working with MARPs, the transition and ownership of such programs remains a challenge. USG assistance will help foster this process, facilitating the appropriate pathway for this transition and a sustainable approach.

a) USG/Russia -- HIV Prevention among Most At-Risk Populations

The USG Russia team proposes to concentrate FY 2010 resources to address prevention among IDU and their sex partners, allocating over half of the FY 2010 budget for this area. This focus is consistent with data indicating a continued concentration of the HIV epidemic in Russia among this risk group.

The recent high-level Presidential dialogue between the USG and the GOR provides an important framework for the USG Russia Program to engage with the GOR to jointly define an essential, minimum package of HIV prevention for IDUs. Key GOR counterparts – including *Rospotrebnadzor* – the agency responsible for the GOR's main HIV program, the National Priority Project (NPP) – have confirmed their interest in continuing collaboration with the USG and have already moved ahead with the USG to jointly manage the new USG prevention approach. Such a package will likely incorporate a range of interventions, including peer outreach services and case management for HIV prevention that have been previously piloted with USG support, as well as needle exchange, which is funded by local governments in many regions of Russia and is currently supported by the Global Fund Round 5 Harm Reduction Project. In addition, HIV prevention among sex partners of IDUs will be targeted through both gender-based and family-targeted integrated drug prevention and treatment programs. These approaches will also address the weakest component of HIV prevention among IDUs in Russia – substance abuse services (narcology services), building on the nascent success of USG partners to integrate HIV prevention into substance abuse treatment services and to expand the spectrum of drug treatment services and HIV prevention available to IDUs, their sexual partners and other drug users. Although methadone is still illegal in Russia, the USG Russia Program will continue to engage in policy dialogue with GOR counterparts on international best practices for medication-assisted treatment (MAT), including with buprenorphine, naltrexone and methadone. Given the continued sensitivity of MAT in Russia, an incremental approach is essential to engage with the GOR on these issues. As a starting point for MAT, the USG Russia Program is exploring support for a study on MAT using naltrexone, using wrap-around funds.

b) USG/Russia --HIV/AIDS Care and Support

The maturation of Russia's epidemic means that a large number of HIV-positive individuals infected in the early days of the epidemic starting in 1989 are now reaching advanced stages of immunodeficiency and are in need not only of ARV treatment but overarching primary care, as well as sub-specialty care to address the other co-morbidities observed in HIV-positive IDUs. To improve the access of IDU and other MARPs to HIV/AIDS primary care, the USG Russia Program will use FY 2010 funds to engage with *Rospotrebnadzor* to replicate the model of decentralized care for people living with HIV/AIDS (PLWHA), successfully piloted with USG support in the PEPFAR target regions. Decentralizing HIV/AIDS care and treatment from AIDS Centers to primary care clinics has helped the PEPFAR focus regions of St.



Petersburg and Orenburg achieve important successes in increasing the number of PLWHA – most of whom are IDUs – in care and treatment. Engaging with the federal government agency responsible for the GOR’s HIV/AIDS program – *Rospotrebnadzor* – to endorse this model so that it can then be used as a basis for regional strategies on HIV/AIDS care will help ensure the sustainability of the USG Russia Program’s investments to date in this area.

c) USG/Russia -- Health Systems Strengthening and Strategic Information

Within the two priority areas of prevention and care among IDUs, the USG/Russia Program will continue to strengthen the health systems so that government partners can disseminate effective approaches developed with USG support and to institutionalize services to address the epidemic in the long term. With FY 2010 funds, UN partners will promote strategic planning and management through Universal Access processes and the adoption of the “Three Ones” (specifically one national coordinating authority, one national plan, and one national monitoring and evaluation system). FY 2010 funds will support UNODC to continue the dialogue with government officials on substance abuse treatment, including the integration of HIV prevention into substance abuse treatment, expanding the spectrum of drug treatment services, and MAT.

USG assistance for improved strategic information to better guide prevention and treatment efforts will focus on the completion of enhanced surveillance activities among key risk and bridge groups in target regions, workshops to integrate these data with data from routine surveillance and other sources, and continued work with federal authorities to incorporate these activities into national guidelines and programs.

A US–Russian HIV/AIDS Partnership Framework

The renewed momentum in the wake of the July 2009 Presidential visit to deepen collaboration with the GOR provides a strong platform for the USG/Russia program to develop a Partnership Framework (PF) with the GOR with modest funding. With vast GOR financial and human resources, Russia is an ideal candidate. The GOR can and must do more to effectively curb the HIV epidemic. By continuing to invest modest amounts of USG resources, the USG may catalyze further increases in Russian funding and help ensure that this enormous financial contribution is used effectively. A modest yet effective PF is envisioned to enable the USG to remain engaged in the dialogue promoting the continued emphasis on IDUs and potentially allowing for significant emphasis on the most difficult challenges such as drug dependency. Within the context of the HIV prevention and care approaches underway in FY09 and FY10, the PF would allow for more targeted work on this difficult aspect of the epidemic and would facilitate the use of accepted international approaches to HIV/AIDS in Russia’s fight against HIV/AIDS.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to						

HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
HIV Provider Training Partnership		AIHA, ViiV			<p>In FY11 USG/Russia's program will continue to support the partnership between AIHA and ViiV pharmaceutical company to train HIV care providers from 10 regions of Russia. In addition, with wrap around MCH funds, USAID has leveraged funds from private companies to replicate a successful model to prevent child abandonment among HIV positive women (HealthRight International in collaboration with Johnson & Johnson and MAC AIDS Foundation). Similarly, using wrap around TB funds, the Russia</p>

					Media Partnership on HIV/AIDS that engaged over 40 US and Russian media companies to participate and supply air time for HIV messages will be expanded to include PSAs on TB
TBD		New Partner			REDACTED

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
Cross-Sectional Assessment of HIV Seroprevalence Among Street Youth Residing in Saint Petersburg, Russia	Behavioral Surveillance among MARPS	Street Youth	Development
Integrated Serologic and Behavioral Studies among FCSW and Estimation of FCSW Population Size in Saint Petersburg	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Development
Integrated Serologic and Behavioral Survey among MSM population in Saint Petersburg	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
HHS/CDC		500,000			500,000
USAID			5,300,000	2,500,000	7,800,000
Total	0	500,000	5,300,000	2,500,000	8,300,000

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency			Total
	HHS/CDC	USAID	AllOther	
HBHC		2,100,000		2,100,000
HVMS	500,000	500,000		1,000,000
HVSI		40,000		40,000
IDUP		4,800,000		4,800,000
OHSS		360,000		360,000
	500,000	7,800,000	0	8,300,000

Budgetary Requirements Worksheet

(No data provided.)



National Level Indicators

National Level Indicators and Targets
REDACTED



Policy Tracking Table

(No data provided.)



Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	2,100,000	
Total Technical Area Planned Funding:	2,100,000	0

Summary:

Context and Background ;;The provision of HIV/AIDS primary care and anti-retroviral treatment (ART) to over 55,000 people living with HIV/AIDS (PLWHA) in 2008, largely by the Government of Russia (GOR), is one of the major successes to date in Russia_s national response to HIV/AIDS. Influenced by international donors and the Global Fund (GF), the GOR has acknowledged the need for enhanced care for PLWHA and committed to meeting Universal Access goals: providing treatment of opportunistic infections and monitoring for at least 70% of those in need, and psychological support and care for at least 80% of those in need by 2010. However, the GOR_s ability to achieve these goals is constrained by the centralized provision of HIV/AIDS treatment and care in designated AIDS Centers in major metropolitan areas. The rapidly growing number of patients with HIV over the last several years has posed a serious challenge to the ability of these AIDS Centers to meet this burgeoning need. Therefore, decentralizing access to quality HIV treatment and care beyond these AIDS Centers has become essential to improving clinical outcomes of HIV patients, contributing to the overall success of the GOR_s strategy for HIV/AIDS treatment and care. The GOR_s ability to expand the spectrum and quality of care and support services, particularly for MARPs has also been an ongoing limitation. As the major GF grant for HIV/AIDS treatment and care (Round 4) is scheduled to phase out in 2010 and USG support decreases, an opportunity to develop and disseminate a quality care and support approach, especially for MARPs needed. The March 2009 independent assessment of the USG Russia PEPFAR program confirmed HIV care for MARPs as a priority for continued USG assistance.;;Accomplishments since Last COP;;Previous USG assistance provided technical assistance (TA) to help regional governments in PEPFAR sites to introduce a system for treatment and care that established a platform to decentralize services from AIDS centers to municipal level health and social facilities. This patient-centered networking system integrates HIV/AIDS services with primary care, substance abuse prevention and treatment, social support services and other health care for PLWHA, and successfully targets IDU to get them into needed treatment and care programs. A framework that clearly identifies the roles and responsibilities of a regional/municipal network of health, social agencies and NGOs in provision of clinical, psycho-social, spiritual, and rehabilitation services from the time of diagnosis throughout the continuum of illness has been developed with USG assistance. Nascent networks of governmental, NGO and faith-based organization (FBO) care providers have been integrated into existing government health and social services systems in the target region of St. Petersburg, fostering greater sustainability as well as the capacity to showcase these results. The case management approach _ piloted by USG partners _ has proven to be an effective tool in linking different service providers and ensuring that clients are not lost to follow up care and increasingly adhere to HIV/AIDS treatment and care regimens. This is critical in the Russian context, where the vast majority of PLWHA are IDU.;;The implementation of this new HIV care framework in PEPFAR focus regions has led to substantial improvements in the quality of HIV-related care and patient outcomes. The aforementioned assessment noted that _the models developed in St.



Petersburg demonstrate an important development in coordination and integration of services, and, redistribution of some regional AIDS center funding to participating polyclinics to allow practitioners to treat HIV positive people was mentioned as one of the USG Russia program's major accomplishments. For example in St. Petersburg, one of the two PEPFAR focus regions in Russia, there was an increase in a number of patients enrolled on ART in St. Petersburg, more than doubling from 1,113 in January 2007 to 2,390 in July 2008. There was also a significant increase in numbers of HIV patients who received repeated medical follow up in polyclinics: in 2007, only 465 patients received medical examinations in polyclinics, but this number reached 2,862 (part of the USG partners initiative) by the first quarter of 2009. The proportion of these patients receiving HIV-related medical follow up in all health facilities, including the City's AIDS Center and the City's Infectious Disease Hospital, rose accordingly from 21% to 80% between 2006 and 2009. Improved referrals of MARPs to substance counseling and drug rehabilitation services in three USG-supported districts of St Petersburg reported 198 referred clients at narcological services, of whom 24 were put in a substance abuse rehabilitation program. Approximately 300 family of these clients were counseled on risks of HIV infection and substance abuse. 163 HIV-positive women with children received care, support and risk reduction counseling. Two faith-based rehabilitation centers in St. Petersburg continued to provide care and rehabilitation services to IDUs and secured the commitment of the district administration to provide organizational and financial support in the future. In response to the increasing number of women who are HIV-positive and are often either IDUs or sexual partners of IDUs, the USG has supported the development of organizational guidelines for care and social support services for HIV-affected families in St. Petersburg. These guidelines can inform national case management and treatment referral systems to ensure client-focused care and the provision of needed health care, social support and prevention. Dissemination of these guidelines and limited TA on their institutionalization considering specifics of the regions will be an essential component of the USG-supported HIV care program in the out-years. Regional governments have demonstrated a clear willingness to take over the USG-supported models. For example, St. Petersburg approved a new HIV/AIDS budget for 2010-12 which allocates \$700,000 to disseminate social services for HIV+ mothers that were developed by USAID-supported projects. This is the first time in Russia that health funds earmarked for HIV/AIDS will be allocated for social care to support PLWHA. The inclusion of social services in the St. Petersburg HIV budget demonstrates that social care is being recognized by the regional health administration as an important part of HIV programs. This decision by the regional administration reflects the collective technical and strategic input of several USAID partners. Goals and Strategies for the Coming Year. Building on the success in the two PEPFAR focus sites, the USG Russia program will shift its efforts in the remaining years to advance the dissemination of successful care programs targeting MARPs. Despite some successful approaches expanding care services, Russia still faces serious challenges in meeting the care and treatment Universal Access goals by end-2010. The funding available from the GOR and other sources including the USG and support through the GF Round 4 grant while substantial, is vulnerable to cuts during the current financial crisis. Plus, with limited GOR experience expanding the spectrum of care and support services for MAPRs, the HIV assessment team, recommended that USG continue to provide targeted TA and advocate for needed policy change with the GOR and other partners to provide the support necessary for care and support programs for PLWHA, with a focus on the special challenges for MARPs. USG-supported HIV care activities will use FY 2009 and FY 2010 funds to focus more on further institutionalizing and disseminating a decentralized, multi-sector approach to HIV/AIDS care for PLWHA. The emphasis will be more targeted at the Federal level and will use strategies such as support to federal and regional working groups, the sharing of lessons learned between Russian social and health care providers and administrators working in different facilities and regions to advance the concepts of decentralization and and quality care and support services. Part of this effort will include developing enabling policies and guidelines to support the decentralization of HIV care services. This assistance will be provided by a USG implementing partner who will work with government and NGO partners to ensure the necessary policy changes. These efforts will in turn strengthen and guide regions in developing effective, integrated programs, including work with NGOs to implement a patient-centered care for MARPs. In FY 2010, USG Russia will work through the MOHSD and the Federal Service, Rospotrebnadzor, which is responsible for oversight of the HIV/AIDS



program in Russia. With PEPFAR support, the USG partner will work with Rospotrebnadzor to encourage the endorsement of a multi-sectoral, decentralized approach to HIV/AIDS care and issue a directive or recommendations) to all regions. Limited FY 2010 USG funds for HIV care will support TA to help develop regional strategies on HIV/AIDS treatment and care. These activities will also develop a constituency of policy makers and providers at both federal and regional levels who are committed to the new approaches to foster the creation of a favorable environment to disseminate the new approach to HIV care through the National Priority Project. ;;The GOR will be engaged in all aspects of USG-supported HIV care activities. This is essential because, as the assessment team noted, some HIV programs originate at the federal level, while others are sponsored by regional or municipal governments. The national GOR provides some funding and commodities, but municipal and regional governments must provide substantial funding themselves. National guidelines apply to some services, but regional guidelines may re-enforce or contradict those at the national level. An approach that works at both federal and regional/local levels will be essential if full ownership is to be promoted. As GOR engagement is central to achieving the objectives of this activity, an approach of collaboration and cooperation will be adopted, rather than one of assistance. As this unfolds, GOR counterparts, in collaboration with USG partners may also provide, on a limited scale, sharing of information with neighboring countries within the CIS or Central Asian Republics. ;;Civil society will be engaged as a key partner in decentralizing HIV/AIDS care, as NGOs have played the pivotal role to date in HIV prevention and care for MARPs. A special effort will be made to involve national forums that represent Russian NGOs and FBOs, including the Russian Union of PLWHA, the National Forum of NGOs Working in the Field of HIV/AIDS, the Russian Harm Reduction Network, and the Inter-Faith Councils for HIV/AIDS in planning, implementing and assessing this activity. ;;In FY 2010, USG Russia will continue to support several additional activities using prior year funds. Since the driving force behind the HIV/AIDS epidemic across Russia has been, and continues to be, injecting drug use, USG efforts will specifically target the weak link in the Russian HIV/AIDS treatment and care system _ namely the outdated, poor quality, and limited availability of substance abuse treatment and care services (see biomedical prevention narrative). With FY 2009 and FY 2010 funds, UNODC will continue to provide TA and small grants to local NGOs (such as Healthy Russia) to integrate HIV prevention into narcology services and expand the spectrum of substance abuse treatment services for IDUs, including out-patient treatment options. UNODC will also continue to promote an increased awareness of international best practices for care and treatment of HIV-positive IDU. Building on previous success, UNODC will convene a series of _master classes_ on the continuum of HIV and substance abuse treatment and rehabilitation interventions at regional and federal levels; these will include effective methods to monitor and evaluate services for HIV-positive IDU, both drug free and other forms. ;;As endorsed in the HIV assessment, USG Russia will continue supporting FBOs to provide HIV care and support and to _broaden programs to include other religious groups and take advantage of the resources and infrastructure of religious organizations._ A two-year grant extension for the UNDP program, fully-funded with FY 2009 resources, will support the institutionalization of FBOs as key stakeholders with the GOR and civil society in developing policies and programming for HIV care and support of highly marginalized PLWHA, including work in the field of substance abuse prevention and rehabilitation for PLWHA. UNDP will continue to support the unique role of the Russian Orthodox Church in promoting volunteerism and engaging civil society in care and support to those affected by HIV/AIDS and in reducing stigma and discrimination.. Continued emphasis will be placed on improving interfaith coordination at the national and local levels and developing more effective monitoring and measurement of drug-free HIV and substance abuse treatment programs. With USG support, the UNDP FBO program has already included representatives from the federal government_s Rospotrebnadzor as members of the overarching advisory board which will contribute to sustainability. ;;The two implementing partners, including UNDP and UNODC will use PEPFAR FY10 funds to improve the quality and effectiveness of the IDU-focused HIV care programs. A working group of Russian experts will be created to develop criteria to gauge the effectiveness of IDU-focused care models and interventions, for example, drug-free rehabilitation programs. An evaluation of programs will be conducted. International experts will contribute to the working group as needed. In addition, with non-USG funds the Health Care Improvement (HCI) project will implement a study in St Petersburg to assess the impact of decentralizing HIV care on the



effectiveness and quality of medical follow up of HIV patients in polyclinics, which can be used as an effective evaluation of the program. ;;Building on the accomplishments of the HIV care program over the five years of the current USG Russia strategy and the expressed willingness of the GOR counterparts to date at the Federal level, the USG_s limited resources will enable the GOR itself to more effectively expand the spectrum of quality care services within a decentralized approach. Implementation of a decentralized approach to care and integration among key partners in the health and social sectors, along with the NGO community in regions with the highest HIV burden will make a significant contribution to long-term treatment and care for PLWHA, and to helping the GOR meet the Universal Access for HIV care and treatment that it has committed to achieving.;

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
IDUP	4,800,000	
Total Technical Area Planned Funding:	4,800,000	0

Summary:

Context and BackgroundThe HIV/AIDS epidemic in Russia continues as a concentrated epidemic, spread primarily through IDUs and their sexual partners. There are signs of a second wave of injecting drug use transmission, concentrated in five key regions (as described in detail in the SI section). Estimates of the number of PLWHA in Russia range from 750,000 (2009 GOR report to WHO) to 940,000 (UNAIDS estimate, end-2007). In 2008, the number of newly-registered HIV cases increased by 36% over 2006 (54,046 new cases in 2008, compared to 39,652 in 2006, Federal AIDS Center). Many new cases in 2008 likely represent detection of individuals infected many years ago as they become immuno-suppressed. However, the 2007 outbreak of HIV among IDUs in the 5 Siberian regions near the Kazakhstan border illustrates the potential of pockets of new infections to spreading rapidly between regions and to neighboring countries. The 2007 outbreak accounted for half of the increase in newly detected cases nationwide since 2006. These 5 regions had a 280% increase in HIV cases in 2008 over the previous year, compared to a 20% increase in the remainder of the country. Unfortunately, although the GOR is developing a National Drug Control Strategy, much remains to be done to stem drug use in the country. Available routine and surveillance data supports the continued concentration of HIV among IDUs, mostly male, and their sex partners with majority of the newly detected cases (65% in 2007) attributed to IDUs. Men account for ~ 70% of all IDUs in Russia and they accounted for 57% of newly detected HIV cases in 2007. Two thirds of the HIV cases among women (44% of all cases) were attributed to heterosexual contact; however, there is evidence that this is also linked with injecting drug use (see also SI section). The estimated IDUs population in Russia is between 1.5_3 million (2-4% of adults 15_49 years of age). HIV prevalence varies widely (0-64%) among IDUs in regions surveyed in 2005-2007. Due to high numbers of IDUs and the sexual diffusion of HIV transmission associated with IDU, HIV is now established in marginalized groups including CSWs, prisoners, street youth, and to a lesser extent men having sex with men (MSM). Among CSWs, HIV infection is tightly linked to IDUs. Among 1,016 CSW surveyed in 10 cities in 2006, IDU CSWs had an HIV sero-prevalence rate of 11.2% versus 0.6% among non-IDUs CSW. Among prisoners, 4% are HIV-positive and IDU is the overwhelming risk factor. Among street youth in St. Petersburg, more than 90% of HIV infections were among the half of street youth self reporting drug use. Among MSM, rates of HIV infection in available surveys are low (0_9%); where evaluated, the majority of these HIV infections are not linked to IDU. The GOR has continued slight increases in funding for HIV prevention, including among MARPs through a few tenders to NGOs and other institutions; however, planned increased GOR funding next year are even more challenging with the financial crisis, and there is concern about filling the gap in prevention left as the major Global Fund (GF) prevention project (GLOBUS, Round 3) closed out in August 2009 (followed by



GF Rounds 4 and 5 projects, closing in 2010 and 2011, respectively). GF Round 3 and 5 grants, working directly through NGOs have been major sources of funding for prevention activities among IDUs in Russia. USG's program has contributed to improving access of IDUs to services in the two PEPFAR focus regions of St. Petersburg and Orenburg. GLOBUS data shows that in the 10 regions where HIV prevention programs have been implemented (including St. Petersburg and Orenburg) there has been a decrease in newly-registered HIV cases (0,4%), while in the rest of Russia there has been an average increase of 12,7%. Among IDUs in GF-supported prevention programs, there has been less sharing of needles (14,5% vs 22% among non-clients) and more regular condom use at last sexual intercourse (75% vs 66% among non-clients). However, with the closure of the GF grant in August 2009 and no immediate GOR support for the exiting programs and partners, there is significant need to assist GOR in developing a way forward. There are a number of challenges for IDUs, including stigma and discrimination associated with HIV and drug abuse. Government health and social services lack trained specialists and services tailored to the needs of IDU. The legal status of many types of prevention programs for IDUs is ambiguous, and substitution therapy for opioid dependency utilizing methadone and buprenorphine is prohibited by law. IDUs have access to naltrexone, however this is primarily for alcohol detoxification. Use of depot naltrexone as a medication assisted therapy (MAT), which has had some success in reducing relapse rates in US studies, has not yet been introduced in Russia. There is more flexibility around needle exchange programs, which are operational and supported by local government funds in many regions of Russia, including in St. Petersburg. The poor quality of drug treatment and the limited availability of rehabilitation options is a significant barrier. Relapse rates for treatment services are high, and the requirement to register as a drug user often deters those in need from seeking treatment. Links between narcology and HIV/AIDS services are nascent, and there is little emphasis on HIV prevention and risk reduction within narcology services. Effective outreach to IDUs remains challenging, and innovative case management systems developed with USG support that facilitate access to services and encourage adherence are still new and require further TA and monitoring. Accomplishments Since Last COPUSG partners made important progress in FY09 in expanding coverage of IDUs and other vulnerable populations, reaching over 11,000 IDUs with HIV prevention messages, including risk reduction counseling, in the two PEPFAR regions. USG partners also made important inroads into integrating HIV prevention and risk reduction counseling into narcology treatment services, reaching over 3,000 injecting and non-injecting drug users in detoxification and rehabilitation services with risk reduction counseling, buffer groups led by peer consultants and AIDS Center staff, and follow-up with clients after their release from treatment facilities. USG partners provided technical assistance to expand the spectrum of substance abuse treatment options available to injecting and non-injecting drug users, including out-patient rehab programs tailored to female addicts. USG partners integrated HIV prevention counseling into a model in-patient clinic for female addicts and the key maternity hospital serving MARPs in St. Petersburg, training staff on risk reduction counseling to reach almost 1000 IDU and other MARPs. The Embassy Law Enforcement Section (LES), with separate wrap-around funds also continued to support efforts through Healthy Russia Foundation, a local NGO to work on demand reduction programs in high schools. USG-supported partners also continued outreach (street- and venue-based) to reach IDUs and CSW clients, as well as peer consultation and education, hotlines, risk reduction counseling, case management and monitoring of risky behaviors, linkages and referrals to other health and social services. Support groups for HIV+ IDUs and their partners to reduce the risk of HIV transmission and improve ART adherence were established, and counseling on family planning and reproductive health were integrated into HIV prevention interventions (with wrap-around FP/RH funds). Since January 2009, over 6,500 MARPs were reached with HIV prevention. USG partners also trained health providers in target regions to reduce stigma against marginalized groups, working to develop a network of _trusted doctors_ to provide risk reduction counseling to IDUs. USG partners also leveraged funds from private sector partners such as Johnson & Johnson to provide TA to integrate HIV prevention into municipal drop-in centers, overnight shelters, and halfway houses for street youth in St. Petersburg, reaching 1,000 street youth. With prior year funds, USG partners integrated HIV messages in 9 prisons, training prison staff who reached over 1,600 detainees with messages on HIV/AIDS prevention, and counseling to over 1,400 inmates. Goals and Strategies for the Coming Year In collaboration with key stakeholders working in



HIV prevention, the USG, using FY09 funds supported a new HIV prevention program for IDU that will contribute to the endorsement at the federal level of an essential package of HIV prevention services for IDUs. With a growing number of prevention programs and models developed in Russia today, both developed with USG assistance, Global Fund or other donor support, the new project aims to draw upon these approaches to help define and promote a targeted menu of effective services for prevention programs, particularly for IDUs. To foster the sustainability and dissemination of this approach, the USG team has been in dialogue with Rosprotrebnadzor, the federal government agency responsible for HIV programs. The USG Russia Team received a letter of support from Rosprotrebnadzor in August 2009 confirming their interest in collaborating with the USG on HIV/AIDS prevention and care activities targeting IDUs. Building on this, the USG will continue to expand these efforts in FY10 with the federal level and will partner with the GOR to facilitate the adoption and dissemination of a standard package of prevention services for IDU-related transmission. The standard package will reflect both WHO and PEPFAR endorsed packaged approach to prevention interventions for IDUs, with substantial evidence supporting a core set of interventions such as peer education and outreach, case management, risk reduction counseling, condom promotion and access, HIV counseling and testing, needle exchange, referrals to variety of care and treatment services, including substance abuse prevention and treatment, both drug free and substitution therapy used for increasing the likelihood of relapse prevention. With opioid substitution therapy still not endorsed in the Russian setting and methadone deemed illegal, the emphasis would need to be more on developing a more effective pathway to use of substitution therapy, such as related study tours for policy makers and potentially support for an expansion of the use of naltrexone, a proven medication in the prevention of relapse to opioid use. Another critical aspect will be to continue with the successes integrating HIV prevention and risk reduction counseling into narcology treatment services, working with USG technical assistance to expand the spectrum of substance abuse treatment options for IDUs. The process of institutionalizing this effort, one of the most nascent components may take 3-4 years (see also PF). Although there are regions in Russia where several components of a package of prevention services are available, including services such as risk reduction counseling and needle exchange programs, there is significant variability across regions in terms of the availability and quality of services, and the extent to which different providers collaborate in order to assure access to a basic package of prevention services for IDU. With the GOR poised to assume responsibility for some of the GF-supported HIV prevention activities, it is critical to define and endorse an essential package of prevention services for IDU and other MARPs that will be sustained by the GOR once GF and other donor support ends. In FY10 (using FY09 and FY10 funds), the new HIV prevention project (reviewed and cleared by the MARPS Technical Workgroup) will target IDUs and their sexual partners as the primary target. The project will be implemented in partnership with the GOR, with a primary objective to advance the dialogue with key stakeholders, build consensus and develop new policies to implement a coordinated approach to prevention services for IDUs nationwide, and potentially specifically target the regions experiencing the second wave of the epidemic. The project will provide technical assistance to facilitate the selection of the minimum package of service and ultimately aid in the development of regional guidelines. The dissemination plan may use the seven Federal Districts (Okrugs) as a central mechanism for dissemination of the regional guidelines and policies. The plan will be developed under the leadership of the GOR who will have the ultimate responsibility for supporting this effort. The project will also encompass a small grants program which will enable the partner to test aspects of the standardized approach as necessary, including developing guidance for NGOs and government service providers to collaborate on these complex issues. The USG will also support policy advocacy for the standard HIV prevention approach, including policy dialogue with Parliamentarians and other lead stakeholders. This may also include forums with NGO and GOR counterparts to articulate ways for collaboration, including dialogue on reducing barriers, both policy and financial barriers to this collaboration. The project will help increase coverage of IDUs and their sexual clients with standardized HIV prevention services (to achieve the GOR's Universal Access goal of increasing coverage of IDUs to at least 30%), reduce behavioral risks by MARPs, and as a result, reduced incidence of HIV. It is expected that the endorsement and dissemination of an HIV prevention package on the federal level will be achieved through the National Priority Project. The USG will support limited TA to regions to advance



implementation of the approach for a standard package for HIV prevention services. Other Prevention Components not covered Given the concentrated epidemic and the limited USG funds, USG/Russia will not address blood safety, injection safety or male circumcision. Russia has an adequate supply of safe blood and a sustainable national blood transfusion service. Collection of blood is voluntary and remunerated, but all donors are screened for hepatitis B and C, syphilis and HIV. HIV transmission due to unsafe blood transfusion is very rare: less than 1% of HIV cases in 2007, and less than .03% of blood donors tested positive in 2006. HIV transmission due to unsafe/unnecessary injections is also rare, although the MOH will upgrade its national policies for rational and safe use of injections. No USG funds are allocated to circumcision programs, although only 20% of males in Russia are estimated by WHO to be circumcised. As HIV in Russia remains concentrated among IDUs, circumcision to reduce the risk of male heterosexually-acquired HIV is not a priority.

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	360,000	
Total Technical Area Planned Funding:	360,000	0

Summary:

Context and Background Health systems strengthening is a key area of focus for the USG/Russia program, particularly as the USG program transitions to supporting the dissemination of effective approaches in HIV prevention and care. In the past five years the GOR has demonstrated its commitment to respond to the HIV spread by increasing funding for HIV programs primarily for diagnosis and treatment of HIV/AIDS within the existing health system. The GOR provides funding for prevention but at considerably lower levels; as a result, HIV prevention programs especially targeting most-at-risk populations (MARPs) heavily rely on both USG and Global Fund support outside the health system. Unfortunately as the Global Fund HIV prevention grant providing services among MARPs, including IDUs came to a close in August 2009, a significant gap has developed. The Round 5 grant to the Harm Reduction Network of \$16 million targets harm reduction interventions continues through 2011 yet has limited capacity. Although the GOR has stressed that prevention among MARPs is a priority and that civil society will continue to play a role in its implementation; little has been done to facilitate or strengthen this process. Despite these growing gaps, the Parliamentary Working Group on HIV/AIDS convened an advocacy session in July 2009 to strengthen stakeholders support for the GOR increased and sustainable funding of HIV prevention activities among MARPs. An expert group was created to study, analyze and present to Parliamentarians (Duma members) and other stakeholders an analysis of the harm reduction approach used in Russia and Russian experience in implementing prevention programs targeting IDUs, including needle exchange components. The GOR has also continued to demonstrate commitment to the Three Ones initiative of UNAIDS; making progress by preparing consecutive UNGASS reports of achievement and targets reached in a number of areas: prevention of mother to child transmission, scaling up HIV testing and counselling, expanding the coverage of medical supervision, and providing access to ART, with an increase from 15,000 patients on ART in 2006 to 55,000 on ART in 2008. On a broader regional level, Russia is planning to host another Eastern Europe and central Asia AIDS Conference (EECAAC) for more than 2,500 participants in October 2009. The purpose of the third conference is to strengthen regional cooperation and join efforts towards achieving the goals of Universal Access to HIV Prevention, treatment, and care. The 2009 EECAAC will include health representatives from China and many of Russia's neighboring countries. Yet there are still serious challenges that need to be addressed by GOR. Challenges Russia's HIV epidemic continued to grow in 2008. As of 31 December 2008, the Federal AIDS Centre reported a total of 470,689 registered cases, with 53,687 new cases registered in 2008. The HIV epidemic in Russia remains largely concentrated among IDUs. At the



same time, there is a significant rise in heterosexual transmission (with the share of newly registered HIV cases attributed to heterosexual transmission growing from 17.8% in 2002 to 35.7% in 2008). The proportion of women with HIV is also growing, with 43-44% of new infections in 2007-2008 registered in women comparing with 21 % in 2000. Approximately 73% of all HIV infections are registered among young people aged 15-30 years. Further, although the GOR has substantial funds allocated to a national AIDS response, the limited funding for prevention and limited coverage of MARPs by prevention programs remains a concern. In the regions where relevant prevention activities are underway, the coverage of vulnerable groups by HIV prevention programs was 38.98% of sex workers, 16.83% of MSM and 23.83% IDUs. Over 70 % of the civil society's work is currently supported by the international donors that are gradually phasing out of Russia. However, there are still many barriers which limit NGO access to GOR resources. For example, GOR tenders, although open to NGOs, provide only 30% forward funding, which makes it difficult for many smaller NGOs to meet this requirement. Moreover, there are only a limited number of such tenders at federal and regional levels. As GF Rounds 3, 4 and 5 grants end, there are limited resources and mechanisms to take over on-going prevention programs for MARPs, especially IDUs. There is also no formal system for vetting NGO program strengths and weaknesses which may be necessary to gain the confidence of policy makers and decision makers for future support. Importantly, the complexities related to drug addiction and effective prevention, treatment and care interventions for substance abuse are challenging and compound the issues for decision-makers, affected families and the public. Governmental health and social services lack adequate numbers of trained specialists and services tailored to the needs of IDUs. The legal status of prevention programs among IDUs, such as for risk reduction, are ambiguous, and substitution therapy for opioid dependency utilizing methadone and buprenorphine is prohibited by law. Naltrexone is primarily authorized for alcohol abuse and limited drug abuse treatment in Russia, but IDUs have very limited access to treatment. Russian policy on needle exchange is slightly more flexible: needle exchange is not prohibited by law, and there are needle exchanges operating in some regions of Russia. The limited availability of modern drug treatment and rehabilitation services and the limited rehabilitation options pose another barrier. Relapse rates for substance abuse treatment services are high, and the requirement to register as a drug user often deters those in need from seeking treatment services. Further, the links between narcology and HIV/AIDS services, particularly HIV prevention and risk reduction is growing but nascent. And while effective outreach to IDUs and innovative case management systems for IDU patients are developing to facilitate access to services and encourage adherence of treatment, these still require further technical assistance and monitoring. Achievements since Last COPIn FY09, USG activities in Russia continued to address the current challenges in the HIV policy in Russia. Support was provided to the Parliamentary Working Group (PWG) on HIV/AIDS which held three important meetings: 1) an extended meeting with Parliamentarians and related Ministries addressing strategies to combat HIV/AIDS; 2) a joint meeting of the PWG and the Federal Service (Rosпотребнадзор) focused on government's measures to stop the spread of HIV infection and the role of the National Priority Project to advance the national HIV strategy; 3) a meeting to establish an Expert working group of 22 participants to analyze the effectiveness of harm reduction programs in Russia. By the end of 2009 - early 2010, the Expert working group would develop a report on Harm Reduction efficacy in Russia, as well as make recommendations for development of HIV prevention programs and interventions among MARPs. The report is expected to serve as guidance to ministries/agencies and regional authorities. Further dissemination of the achievements of the USG-funded program took place: an educational course for government officials on the development and implementation of regional HIV/AIDS programs was replicates the education course in three new regions (Chelyabinsk, Volgograd and Altai regions) with funding from the Russian Healthcare Foundation. A USG-supported online Policy Resource Center on HIV/AIDS (OPRC) continued to provide regular updates and disseminating monthly newsletters to over 1500 subscribers, including federal and regional policymakers, Duma, representatives of federal and regional ministries, AIDS centers, and NGOs. Approximately 80,000 site visits registered in 2008, which is 13% greater than in 2007. Two policy briefs on critical political issues, including challenges of HIV prevention among IDUs were developed and distributed. Business continued to demonstrate its commitment to HIV/AIDS prevention at the workplace. Several members of the Business for Healthy Society Coalition supported by USG - Ford, Chevron, Mercedes-Benz, Shell,



Shell Neft, RZD, SABMiller implemented prevention projects (matching financing of over \$110,000 in cash and significant in-kind investment. Russian Media Partnership to Combat HIV/AIDS (RMP) was selected as a subcontractor of MOHSD to produce the information materials for national public campaign on HIV/AIDS prevention within the National Project Health. While the MOHSD financed the production of public service announcements and partial placement, RMP members invested their expertise in production and message development and provide an additional free-of charge placement on leading TV channels and other media. USG-supported partners continued to collaborate with GOR on IDU-related issues. GOR supported a number of master-classes and study visits in 2009: two master-classes were held on improvement of integrated care to HIV-positive IDUs within the system of drug abuse rehabilitation aimed at increasing their access to ART (therapeutic community approach About 65 Russian professionals (heads of state rehabilitation centers, drug abuse professionals, psychologists, social workers, specialists from non-government rehabilitation centers, and AIDS centers) were trained. The USG supported UNAIDS to assist with a national consultation on the challenges to HIV prevention in Russia. MARPs, including IDUs, were a special focus of the conference. The conference resulted in the development of draft recommendations for improving access of marginalized and other vulnerable populations to HIV prevention and care. USG supported capacity building activities of two biggest NGO networks in Russia. With the phase-out of Global funds it is critical for NGO networks to refine their strategies and discuss their sustainability, advocacy, and future engagement in the HIV programs. COP FY2010 Goals and Objectives In FY10, USG will continue to focus on the HIV policy issues through a number of policy activities. Major focus will be on collaboration with GOR, which already expressed its interest in the implementation of a new HIV prevention activity aimed at strengthening a sustained delivery of HIV prevention interventions for IDU related transmission. It is envisioned that the new project will lead to a number of important outputs, such as: achieving consensus among key stakeholders on Russia's HIV prevention priorities; adopting by GOR of prevention services as a standard approach for IDU-related transmission; achieving commitment among key stakeholders commit to support National Priority Project implementation of a standard package of essential prevention services for IDU-related transmission; defining roles of governmental and civil society partners in the implementation of a standard package of IDU-related prevention. With FY10 funding, the USG continued to package HIV care services that are provided through a decentralized, multi-sector network of governmental and civil society partners in St. Petersburg and Orenburg. This form of system strengthening is a cross sectoral approach to HIV care that includes substance abuse treatment, TB referrals, risk reduction counseling, peer support, psycho-social services, spiritual and legal assistance, home-based and terminal care. Enhanced care services and networks have been developed for specific target groups with high substance abuse prevalence, such as prisoners and street youth. Integration of HIV care services into civil society social programs, including those of FBO as they provide important complementary services, such as home-based care and drug-free rehabilitation, will be an important component of USG-supported HIV care activities. In FY10, USG will also continue to facilitate HIV policy development aimed at strengthening nascent networks of governmental, NGO and faith-based organization care providers to ensure access of highly marginalized people living with HIV/AIDS to a broad range of essential care services. Working through UNAIDS in Russia, the USG will continue to support GOR's efforts in achieving Universal Access (UA) goals by 2010, and Millennium Development Goals by 2015. Specifically USG will support efforts to advance the dialogue among key decision makers and leaders on achieving Universal Access, with a primary emphasis on work with IDUs. Other aspects will include a more focused approach to coordination and facilitation of the NGO community working on HIV/AIDS issues, particularly important with the closure of the GF prevention project this past August. The policy dialogue will include strengthening the capacity of civil society so as to facilitate the transition of NGO programs in HIV from international to national funding. USG will continue to strengthen collaboration with GOR and regional agencies working in the area of drug demand reduction and drug treatment and rehabilitation. Two study tours on outpatient rehabilitation programs for substance abuse, social welfare, health, and HIV professionals will be organized to expose Russian professionals to the best practices and international experience. A series of master trainings and round tables will be conducted on issues of substance abuse, social welfare, health, and HIV professionals on recovery-oriented systems of care for HIV-positive



drug abusers. A national workshop on identification of best practices and the necessary steps for the follow-up actions will be organized. Small grants will be provided to local partners to implement and /or access the application of international best practices.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	1,000,000	
Total Technical Area Planned Funding:	1,000,000	0

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	40,000	
Total Technical Area Planned Funding:	40,000	0

Summary:
Epidemic Background In 2008, Russia reported 54,046 newly detected HIV cases, a 21% increase over 2007 and bringing the total cumulative number of reported cases since 1987 to 470,985. The increase in detected cases largely reflects a second wave of IDU transmission, primarily occurring in several neighboring Siberian regions. Heterosexual transmission continues to account for a gradually increasing proportion (35% 2008) of newly detected cases; the available evidence is insufficient but what is available does not confirm that widespread sexual transmission independent of IDU is occurring. The new GOR estimate of the size of the Russian epidemic which will be incorporated into the upcoming UNGASS report will be significantly smaller than the previous estimate of 940,000 PLWHA (as predicted in the Epi summary accompanying the 2009 COP) and is reported to be approximately 750,000 PLWHA. (For more details on the epidemiologic situation, please see the Executive Summary) The major strategic information (SI) challenges in FY 2010 remain lack of sufficient data (and integration of available data) among most at-risk populations (MARPs) and bridge groups to adequately characterize the epidemic; incomplete institutionalization of MARP surveillance despite increased acceptance of its utility; and incomplete coordination of M&E approaches. While strategic information is more available than several years ago, inadequate surveillance data and analysis to adequately characterize the scale and direction of the HIV epidemic in Russia remains a major problem for directing the national response to an evolving epidemic. USG Russia is providing assistance in two SI areas: surveillance and M&E. These two areas will be discussed below. Surveillance: Context and Background An optimal HIV surveillance system in Russia would include several components: a system of HIV case reporting with behavioral data and incidence testing, a system of integrated biologic and behavioral surveillance studies among MARPs/bridge groups, capacity to conduct special studies to address additional issues, and a process to adequately analyze and integrate the data. HIV case reporting: Russia's existing national HIV/AIDS surveillance system relies on case reporting derived from widespread serologic screening at medical facilities (with very high HIV testing coverage in antenatal, tuberculosis, drug treatment, and sexually transmitted disease clinics), prisons, and some workplaces, with more than 20 million HIV tests done annually (23.7 million in 2008).



The system collects very useful data; however, it misses a proportion of high-risk groups, collects very limited behavioral data, lacks incidence testing, suffers from methodological weaknesses, including selection bias, and has limited analysis, communication and strategic use. Analyzed in isolation, data from this system is unable to track HIV prevalence in CSW or MSM populations, but has broadly mirrored HIV prevalence patterns found among IDUs in MARP surveillance surveys. Incidence testing is not done. Formal mapping of the case reporting data is not routinely conducted, although case rates are calculated down to the county/district level. This surveillance system has been evaluated by UNAIDS at the national level (2005) and at the sub-national level (2006) as part of M&E evaluations. Adequate cadres of Russian health care personnel exist to support case reporting. Integrated biologic and behavioral surveillance studies among MARPS / bridge groups: The availability of data from, and the capacity to conduct integrated biologic and behavioral surveillance studies (IBBS) among MARPS has significantly improved over the past six years due to support from the Global Fund, USG, and international organizations. Russian authorities have an increased appreciation of data from these studies. Data from these studies were included in the 2008 UNGASS report and the Federal AIDS Center (FAC) participated as a collaborator in UNODC-funded IBBS among IDU and CSW in 2008. The FAC put out initial guidelines on conduct of IBBS surveys in Dec 2007. However, financial support for these studies has not yet been incorporated into the annual funding plans for the GOR HIV program and no studies have yet been done with GOR funding. As of yet, inadequate numbers of trained health-care personnel exist to support IBBS. Cadres with sufficient experience to develop, conduct, and analyze such studies exist in a few large Russian-based NGOs (Stellit, PSI) but not within GOR except for a handful of specialists. Personnel at many regional NGOs and AIDS Centers have had some experience in conducting IBBS but are not yet ready to independently develop, conduct, and analyze these studies. In 2008, UNODC-funded IBBS studies among IDU were conducted in 4 cities and among CSW in 2 cities. Additionally, the Global Fund PR (Globus) conducted smaller IBBS in the 10 cities in which it conducts MARP prevention activities. PMTCT surveillance: National PMTCT surveillance tracks the (essentially complete) testing of pregnant women, receipt of prophylaxis, and detection of infected infants detected. However, detail is lacking that would allow correlation of transmission to infants with specific birth cohorts and specific potential risk factors (IDU, timing of testing, ARV initiation, ARV regimen) to guide further program improvement. Special surveillance studies and evaluations: Numerous special studies and evaluations have been conducted with (mostly) international support; however, the data has largely not been effectively integrated with data from other sources. The integration of data from routine and sentinel surveillance, special studies, and M&E systems to more fully describe the epidemic is needed to guide HIV-surveillance, prevention, and care and treatment programs for all participants and stakeholders. USG supported surveillance activities and accomplishments since 2009 COPUSG efforts are designed to complement the strengths of the Russian system in HIV case reporting by enhancing capacity in 1) IBBS in PEPFAR regions and nationally and encouraging the incorporation of IBBS into national surveillance program and 2) in data analysis and integration. 1. Support IBBS in the 2 PEPFAR regions (St. Petersburg, Orenburg) as (a) models of data collection and analysis; and (b) sources of adequate data for program planning in these 2 regions. The studies are organized by WHO and conducted through local organizations. 2. Support improved capacity in IBBS in Russia USG is improving capacity through both the training/experience associated with surveys and more generally through WHO who is to ensure that appropriate Russian language training materials are available and to cosponsor trainings with Russian MOH. 3. Support institutionalization of IBBS in GOR supported HIV surveillance system. The USG and WHO have been engaging national partners in dialogue to encourage the incorporation of budgeting for IBBS studies in the national plan. 4. Support improved capacity in data analysis/integration A data triangulation exercise is to be organized by WHO after the IBBS data are available in the PEPFAR regions as a model for improved data analysis. 5. Support improved PMTCT surveillance in St. Petersburg and Orenburg. No USG funding for PMTCT will be provided in FY10. Using previous-year funding, CDC will support continue to support enhanced PMTCT surveillance; discussions with Ministry of Health are ongoing regarding hand-over of this activity during FY10. Previous year funding will also support a coordinator in St. Petersburg to facilitate quality improvement reviews of recent transmissions with PMTCT staff to identify and address remaining gaps in program implementation. 6. Support other



improved capacity in surveillanceUSG is supporting efforts to introduce incidence testing.Accomplishments since 2009 COP 1. IBBS in PEPFAR regions: Protocols for IBBS among CSW and IDU in St. Petersburg and Orenburg were developed; approved by St. Petersburg IRB; submitted to, revised for, and resubmitted to CDC Human Subjects, rereview is pending. WHO tender for St. Petersburg awaiting HQ approval. Obstacles encountered include multi-stage human subjects review process, complex WHO tender process, and political sensitivities in Orenburg. 2. Support improved capacity in IBBS: USG collaborated in a workshop on conduct of IBBS and results from 2008 studies. The workshop was sponsored by WHO/UNODC with representatives from 15 regions.4. Support improved capacity in data analysis/integrationUSG analyses of available data have produced improved understanding of the epidemiology of the Russian epidemic, including its smaller size and the focality of the recent upsurge in IDU transmission.Discussions with FAC have produced support for planning a joint data triangulation exercise. 5. Enhanced PMTCT surveillance Findings from PMTCT surveillance have been presented to stakeholders in St. Petersburg and will be presented at upcoming regional HIV conference.6. Support other improved capacity in surveillancea. Workshop on BED testing with CDC-Atlanta staff held in February 2009 at Northwest Regional AIDS Center with representatives from 3 regions.Goals and strategies for 2010The 5 year USG-Russia SI strategy for surveillance reflects the declining resources for PEPFAR activities, the extensive GOR investment in case reporting. The strategy remains to provide technical assistance that would help catalyze a change to a more polyfunctional GOR HIV surveillance system through demonstration of best surveillance practices, facilitation of knowledge exchange and trainings on surveillance, and to development of an institutional relationship that would facilitate provision of ongoing technical assistance. Goals include improving capacity for and achieve institutionalization of IBBS and improved data analysis - demonstrating the utility of, improve capacity for, and achieve institutionalization of improved data analysis and integration. Part of the work to institutionalize data analysis includes strengthening links with Rospotrebnadzor to facilitate technical assistance in the future (such as transfer of improved incidence assays when available). Specific USG activities (using previous years_ funds) will include conducting IBBS surveys among CSW in St. Petersburg and Orenburg, and IDU in Orenburg and data integration exercise to conduct data integration exercise with Russian FAC co-sponsorship. In FY 2010 the USG will continue support for an improved surveillance system in two pilot oblasts, including integrated biologic and behavioral studies among MARPs (commercial sex workers (CSWs), IDUs, and men having sex with men (MSM)). The surveys among CSW are planned to begin in Q4 2009 and will include HIV, syphilis, and hepatitis C testing in both St. Petersburg and Orenburg, and pilot BED testing in St. Petersburg. As part of survey preparations in both regions, personnel from local AIDS Centers and NGOs will be trained to increase local capacity for future studies. The USG funds will also support data integration exercises with stakeholders in the two oblasts to integrate the results of the PEPFAR surveys with routine surveillance and special study data for the most complete picture of the epidemic including documentation of best practices for this process. The leading Russian national level SI institution will be integrally involved in planning and conducting the data integration activities in order to facilitate similar future exercises. M&E: Context and BackgroundWith support from the USG, the GOR has established an HIV/AIDS M&E Center/Analytical Group (operating under the Federal Service on Surveillance in the Sphere of Consumers Rights Protection and Human Well-being) that monitors data of various types and sources, including prevention, care, and treatment data from NGOs and government institutions. Data from this group is being used in government reports, including the 2008 UNGASS report and to inform decision-makers. M&E: Accomplishments since 2009 COPThe Federal Public Health Institute made significant progress in adapting and institutionalizing the National AIDS Spending Assessment methodology at the national level. The USG continued to provide support to Orenburg oblast in establishing an HIV/AIDS regional Monitoring and Evaluation model, which will include basic monitoring components such as: financial monitoring, surveillance, programmatic monitoring, and special studies and surveys. Government and NGOs are involved in designing this system. M&E: Goals and strategies for 2010The underlying USG strategy is to transition support for the M&E Center to the GOR over time. To ensure stability after it_s recent establishment and during an economic crisis, a small amount of funds (approximately 25,000\$) will be used to continue support in FY 10 to ensure stability and to encourage transfer of support. The USG will also support the analytical work



of experts involved in the preparation of the 2010 reporting, which will be part of the Russia report to UN on the implementation of the Universal Access goals. It is envisioned that GOR_s capacity for strategic information/monitoring and evaluation of the progress in HIV response will be enhanced as a result of this partnership work. USG/Russia Strategic Information StaffThe USG/Russia Country Team contains one LES SI/M&E specialist (responsible for M&E from implementing partners, COP/APR) who functions as the SI Liaison, and a US FTE surveillance specialist (surveillance studies) who also provides technical input to M&E. OGAC approval for a LES surveillance specialist requested in 09 COP was granted in 2009. The recruiting action is currently in process at Embassy HR. The M&E data is provided directly to the Country Team members at any time needed and for the APR; the surveillance specialist also routinely provides updates of surveillance and study data at planning and review meetings. Data is collected from the 15 USG partners in standardized email forms that are transmitted to USAID; partner data is stored in Excel spreadsheets and maintained on the USAID data network. USG partners also provide data to the GOR national M&E network. Data provided by the SI team are used in the target setting process and in decisions on allocation of resourcesIn FY 2010, the PEPFAR/Russia SI Reporting Guide that focuses on reporting program-level indicators will be used to collect data in accordance with changes in OGAC reporting requirements and procedures for periodic data quality assessments according to the Mission_s Data Quality Improvement Plan. In end-October 2009, the USG/Russia SI Team plans to hold an Annual SI Partners meeting to address target-setting and results reporting issues.



Technical Area Summary Indicators and Targets
REDACTED



Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7499	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	1,850,000
10999	UNAIDS	Multi-lateral Agency	U.S. Agency for International Development	GHCS (USAID)	400,000
11029	United Nations Office on Drugs and Crime	Multi-lateral Agency	U.S. Agency for International Development	GHCS (State)	250,000
12469	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12470	Population Services International	NGO	U.S. Agency for International Development	GHCS (State)	2,300,000



Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7499	Mechanism Name: The Health Care Improvement Project (HCI)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,850,000	
Funding Source	Funding Amount
GHCS (State)	250,000
GHCS (USAID)	1,600,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Health Care Improvement Project (HCI), a five-year Indefinite Quantity Contract (IQC), has been identified as a principle Implementing Partner for the HIV Care component. Since 2004, the USAID Health Care Improvement Project (HCI) has assisted the Russian counterparts in two PEPFAR sites in the design, implementation and dissemination of a municipal/district based organizational model for delivery of treatment, care and support for HIV infected people based on decentralized and integrated approach to HIV care. HCI's underlying principle has been always to utilize and build upon the resources of the existing system to deliver quality care. The improvement collaborative approach was used to organize inter-disciplinary team work and facilitate the sharing of ideas and learning among providers from various institutions in St. Petersburg, Leningrad Oblast, and Orenburg oblast with a focus on improved access, quality and coordination of services and to support bottom-up policy work on HIV care. The purpose of these efforts has been expansion of access to basic HIV/AIDS Care and ART; detection, prevention and treatment of HIV-TB co-infection; social support for HIV positive families; and access to drug rehabilitation services for PLWHA.

With the support of regional and city health authorities, the network of multi-disciplinary collaborative



teams covers 200 service delivery facilities in St. Petersburg and Orenburg oblast caring for over 50,000 HIV infected individuals. HCI's cooperating partners include the Federal AIDS Center, Federal Center for TB/HIV Co-Infection, USAID-funded partners (Healthy Russia Foundation, AIHA, TPAA, IREX, DOW), WHO and other international and local state and non-governmental organizations.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,000,000
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Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID: 7499			
Mechanism Name: The Health Care Improvement Project (HCI)			
Prime Partner Name: University Research Corporation, LLC			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,850,000	

Narrative:

With FY10 funds, HCI will continue to facilitate the institutionalization and further spread of the model for the decentralized delivery of HIV/AIDS treatment, care and support at the federal level. The key elements of this model include development of a database on HIV infected individuals residing within a polyclinic's service area; algorithms and processes for exchange of information between districts' polyclinics and the AIDS Center for HIV infected individuals; tools for involving HIV infected individuals into care; recommendations on engaging HIV-registered patients on medical follow up at polyclinics; algorithms and processes for testing of HIV patients for TB through X-ray, microscopy and tuberculin as an integral part of the medical follow up at polyclinics; design of an HIV patient's referral to other health and non-health-related services; patient's recording forms and reporting systems, case management to ensure adherence to HIV and SA treatment.

In 2010, HCI will provide an organizational and limited methodological support to a Federal Working



Group (FWG) on HIV care composed of representatives of the Federal AIDS Center, federal and regional health and social policy makers, and experts. The FWG that will complete the analysis of strengths and weaknesses, feasibility, and cost-effectiveness of the USG-supported HIV care models and propose federal policies to be approved by the Ministry of Health and Social Development and Rospotrebnadzor. With HCI's support, the Federal Working Group will ensure that the process of operationalizing of new approaches at the regional level is successfully launched. The FWG will identify 2-3 federal okrugs/regions that are in a position to develop regional decentralization strategies and facilitate the establishment of the regional strategic teams. These teams will be provided by the guidance on development and implementation of the regional innovative HIV care strategies. The USG-supported effort will complement the GOR's action plan to ensure universal access to anti-retro-viral treatment and HIV care which will be made available through the National Priority Health Project.

Quality of HIV/AIDS services will be assured through introduction of health management information systems (HMIS) which enable better monitoring of patient care. With FY09 funds, a manual on HIV/AIDS Treatment, Care and Support indicators has been finalized and will be further used as a tool in monitoring progress of HIV care activities. The document provides definitions on performance and impact indicators, description of data collection and reporting processes, as well as assigned personnel responsible for data collection and reporting.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10999	Mechanism Name: Three Ones Strategy
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: UNAIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	Funding Amount
GHCS (USAID)	400,000

Sub Partner Name(s)



(No data provided.)

Overview Narrative

In FY09, USG extended a grant to UNAIDS in support of national level policy and systems strengthening through their Universal Access and "Three Ones" global programs. The UNAIDS activities will continue in FY10 to complement the two priority areas of prevention and care with systems strengthening and policy support to lay a foundation for sustained prevention and care services in the longer-term for most affected groups, especially IDUs and their partners. The four-year extension of the PIO grant to UNAIDS enables them to continue their collaboration with the Ministry of Health and Social Development, the Federal Service on Consumer Rights, the Federal AIDS Center, regional administrations, and civil society to advocate for and support the GOR to adopt, implement and assess progress towards both Russia's adherence to the 'Three Ones' (one national plan, one national coordinating authority, and one national monitoring & evaluation system) and appropriate Universal Access goals for HIV prevention and care in Russia. Throughout their work, and as recommended by the assessment team, UNAIDS will continue to build the capacity of national and regional decision-makers in both government and civil society, and ensure that civil society is fully involved in policy-making forums at national and regional levels. The grant is envisaged at \$1,550,000 over four years.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	250,000
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Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	10999		
Mechanism Name:	Three Ones Strategy		
Prime Partner Name:	UNAIDS		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	40,000	

Narrative:

In order to meet the UNAIDS program objectives, UNAIDS activities will include UA progress review, consultative meetings with stakeholders, timely identification of gaps, and recommended actions; strengthening of monitoring and evaluation system and strategic information development at the federal level. Regular national consultations on progress towards achieving UA and MDG as a new mechanism for multi-sectoral involvement and coordination will be held with a focus on most vulnerable groups. A working group of experts will be established for the development of the National Concept on HIV Prevention. UNAIDS will lead the coordination efforts and provide guidance to support civil society sustainability, joint program development, implementation and monitoring of AIDS response in Russia with focus on most at risk groups. UNAIDS will take the lead in organizing the network of partnerships where civil society – including PLHIV - and government officials will bring up critical issues and discuss challenges and collaboration.

UNAIDS will ensure a long-term support in combating stigma and discrimination against PLHIV and most-at-risk populations by establishing and maintaining partnerships with mass media at federal and regional levels. Round tables with media will be organized in this purpose. With UNAIDS support the facts of stigma, discrimination and violation of human rights towards PLHIV will be collected and brought to the attention of key government stakeholders to enhance their commitment to human rights approach in the HIV response. The mechanism of monitoring stigma and discrimination cases towards PLHIV will be developed and introduced by one of the leading civil society networks. Gender will be addressed while analyzing and monitoring registered cases of discrimination.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	360,000	

Narrative:

FY 10 funds will support UNAIDS to implementation of the "Coordination in Action - Phase III" project, which is consistent with the UNAIDS global approach. This will be implemented by UNAIDS in close collaboration with key national government and civil society partners. USG support will allow UNAIDS to build on the achievements of Phase I and II and expand collaboration with government and civil society partners. This collaboration will aim at strengthening their capacity to achieve the Universal Access (UA) targets by 2010 and halting and reversing the HIV/AIDS epidemic in the Russian Federation by 2015.

Specifically the UNAIDS program will:

- 1) advance collaboration and support to key government partners in achieving UA and progress towards halting and reversing the HIV/AIDS epidemics in Russia by 2015;
- 2) advance civil society coordination, leadership and participation in strategic planning, delivery and monitoring of AIDS response in the Russian Federation in 2009-2013;



3) fight stigma and discrimination to PLHIV and MARPs and enhance human rights approaches in the HIV response at national level with gender focus.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11029	Mechanism Name: Substance Abuse treatment & prevention to IDUs
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: United Nations Office on Drugs and Crime	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 250,000	
Funding Source	Funding Amount
GHCS (State)	250,000

Sub Partner Name(s)

Healthy Russian Foundation		
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Overview Narrative

The Grant Agreement with the United Nations Office on Drugs and Crime Control (UNODC), started in 2006, works on HIV/AIDS and drug abuse prevention in the two PEPFAR priority regions and at the federal level. At the regional level the project has established partnerships with local NGOs in each region to promote a pre and post release HIV prevention and care program in the prison system. The grant has made great progress in setting up a sustainable approach that will continue to promote intervention for most-at-risk populations (MARPs), especially, injecting drug users (IDUs). Among PEPFAR/Russia implementing partners UNODC plays a leading role in addressing IDU and drug abuse issues. As the leading UN agency working in this area they are the liaison with the leading substance abuse (narcological) services at the federal level and the Federal Drug Control Service as well as strong contacts in the two PEPFAR regions and other regions given their broader mandate. The advocacy and advisory role of UNODC is carried out in compliance with the three UN Drug Conventions,



namely the June 1998 UNGASS Political Declaration and Guiding Principles of Drug Demand Reduction; the June 2001 UNGASS Declaration of Commitment on HIV/AIDS; and June 2006 UNGASS Political Declaration on HIV/AIDS.

The goal of UNODC's program is to increase access to effective HIV/AIDS and drug abuse interventions. The main objectives include:

1. Increased awareness and knowledge on the delivery of effective HIV/AIDS and drug treatment programs, including medication assisted treatment of opiate dependence, for high risk groups among public health workers, Federal Drug Control Service officers and penitentiary staff;
2. Increased capacity to deliver effective drug treatment, rehabilitation and HIV/AIDS prevention and treatment services for IDUs and PLWHA in places of detention and after release in St. Petersburg and Orenburg for detainees who are HIV-positive and IDUs;
3. Monitoring and evaluation system for HIV/AIDS and drug abuse treatment and rehabilitation interventions strengthened.

The project objectives are intended to complement the Russian Decree from the Federal Agency for Surveillance in Consumer Rights Protection and Human Welfare (Rospotrebnadzor, Ministry of Health and Social Development) signed by the Chief Sanitary Doctor on April 24, 2005 that allows for special attention to the implementation of prevention activities among IDUs, commercial sex workers (CSWs) and special risk youth, and also to financially support NGOs that are working with these groups.

UNODC operates on two levels:

- At the federal level the project targets senior policy makers and leading researchers to increase awareness about international best practices for HIV and drug abuse prevention and treatment. At the federal level UNODC cooperates with the Ministry of Health and Social Development, the National Research Institute on Addictions; the Federal Drug Control Service and the Department of Postgraduate Education of Medical Universities;
- At the regional level UNODC supports the local partners (governmental centres, NGOs, etc.) to implement and/or access the application of the international best practices.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000
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Key Issues

Increasing gender equity in HIV/AIDS activities and services



Budget Code Information

Mechanism ID:	11029		
Mechanism Name:	Substance Abuse treatment & prevention to IDUs		
Prime Partner Name:	United Nations Office on Drugs and Crime		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	250,000	

Narrative:

With FY10 funds UNODC will work on consolidation of the work done in the narcology services and activities focused on IDUs, including packaging of the UNODC best practices to improve adherence to ARTs and patient follow up once released from the prison system. This work will compliment the new HIV prevention and care projects, which target transition of USG work done and lessons learnt to the national government to ensure sustainability of PEPFAR/Russia results.

Specifically it is expected that UNODC will work on developing and packaging guidelines for improved rehab services and drug abuse treatment services that integrate HIV prevention care and support. The activities in the two PEPFAR regions will wind down and a more systematic approach to evaluating, monitoring and disseminating the approach will be developed in FY10. This process will directly contribute to and add value to the new HIV prevention project by reflecting the importance of narcological services' involvement into HIV prevention among IDUs. The UNODC program will also supplement the other USG accomplishments under USG-funded partners, for example, HIV testing and counselling, buffer groups, and case management based in narcological facilities, referrals between primary care and narcological services, etc.

UNODC will also continue to work at the Federal level advocating for greater awareness of internationally recognized best practices for HIV and drug dependency issues. This action may include conferences, master classes and policy advocacy activities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12469	Mechanism Name: TBD
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY09-FY10, USG will implement a new HIV prevention project which will target prevention of IDU-related transmission. The program description for this new project was reviewed by the Technical Working Group at OGAC in August 2009, and feedback from the TWG was incorporated into the Request for Applications (RFA) now on the street. The Russia Team expects that the new award will be made in January 2010.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
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Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID:	12469		
Mechanism Name:	TBD		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	Redacted	Redacted

Narrative:

The new project will aim to strengthen a sustained delivery of HIV prevention interventions for IDU-related transmission. The new project will have two intermediate results:

1. Standardized approach to prevention of IDU-related transmission consolidated.
2. Standardized approach to prevention of transmission related to IDU institutionalized.

The new project is designed as a primarily policy/ Health Systems Strengthening mechanism, as although it will encompass limited support for testing the consolidated package of services through a small grants program in selected regions of Russia, the main focus of the project will on facilitating the adoption and endorsement by GOR of the standard approach to the prevention of the IDU-related transmission. Limited technical assistance will be provided under the new project to assisting the GOR in dissemination of the standardized approach through policy guidelines and technical assistance/training to regions. In collaboration with key stakeholders working in the area of HIV, the project is intended to provide technical expertise and support that will contribute to the endorsement at the federal level of an essential package of HIV prevention services for IDUs. With a growing number of prevention programs and models developed in Russia today, the new project aims to assist in a consolidation of the various prevention approaches into a broad, yet targeted menu of effective services for prevention programs, particularly for IDUs. The project will also emphasize strengthening the technical capacity of civil society and government organizations implementing HIV prevention activities targeting IDUs.

In the implementation of the project USG and the implementing partner will closely collaborate with GOR, which has expressed its support for the new activity, and expressed its willingness to direct and steer the project together with USG. It is envisioned that the new activity will contribute to the goals and objectives of the National Priority Project funded by the GOR.

With a concentrated, primarily IDU-driven epidemic in Russia, addressing the most- at- risk groups is a critical element of an effective prevention response. Within the scope of risks related to injection drug use, there are several key populations who are often categorized by other vulnerability factors but whose risk for HIV is related to injection drug use: sexual partners of IDUs, commercial sex workers who are also IDU, street children who inject, prisoners who inject, and MSMs. who inject are key sub-populations who may be targeted under the broader definition of IDU. Risks related to both drug use and sexual-risk taking among these populations should be addressed in this project. The primary focus of the project will be on IDUs and their sexual partners as the major vulnerable groups. The geographic focus of the project will be identified by USG together with the implementing partner and the GOR. It is envisioned that the coverage of the IDUs will be increasing progressively beyond the 24% reported by GOR in 2007.



The new project will contribute to the strengthening of the health system in a number of areas:

- 1) by contributing to the sustained delivery of the HIV prevention programs targeting IDU-related transmission, which is critical with the beginning in 2009 phase-out of the Global Fund-supported programs for MARPs;
- 2) by enhancing the leadership of the GOR in supporting the delivery of the standardized quality prevention activities for marginalized populations, one of the illustrative expected output will be the development and endorsement by the GOR of policy guidelines/normative regulations on the implementation of the HIV prevention programs for MARPs;
- 3) by strengthening intersectoral coordination and collaboration among government structures, civil society, and private sector; one of the outputs is the project is proposed to clearly define the role of civil society in the HIV prevention activities;
- 4) by reducing stigma and discrimination.

The HIV prevention project will be monitored through a set of benchmark indicators proposed by PEPFAR for FY09 and behavioral indicators proposed by PEPFAR for countries with concentrated epidemics. The new project will lead to an increased coverage of IDUs and their sexual clients with standardized prevention services, reduction of behavioral risks by MARPs, and as a result, reduced prevalence of HIV among the target groups. It is expected that the institutionalization of an HIV prevention package on the federal level will be achieved through its adoption and broad dissemination by the National Priority Project which the GOR had envisioned to increase funding through 2011.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12470	Mechanism Name: HIV Prevention for Most-At-Risk Populations
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No
Total Funding: 2,300,000	
Funding Source	Funding Amount



GHCS (State)	2,300,000
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Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY10, USG will implement a new HIV prevention project which will target prevention of IDU-related transmission. The program description for this new project was reviewed by the Technical Working Group at OGAC in August 2009, and feedback from the TWG was incorporated into the Request for Applications (RFA) now on the street. The Russia Team expects that the new award is made in April 2010.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,200,000
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Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID:	12470		
Mechanism Name:	HIV Prevention for Most-At-Risk Populations		
Prime Partner Name:	Population Services International		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	2,300,000	
Narrative:			
The new project will aim to strengthen a sustained delivery of HIV prevention interventions for IDU-related transmission. The new project will have two intermediate results:			
1. Standardized approach to prevention of IDU-related transmission consolidated.			

2. Standardized approach to prevention of transmission related to IDU institutionalized.

The new project is designed as a primarily policy/ Health Systems Strengthening mechanism, as although it will encompass limited support for testing the consolidated package of services through a small grants program in selected regions of Russia, the main focus of the project will on facilitating the adoption and endorsement by GOR of the standard approach to the prevention of the IDU-related transmission. Limited technical assistance will be provided under the new project to assisting the GOR in dissemination of the standardized approach through policy guidelines and technical assistance/training to regions. In collaboration with key stakeholders working in the area of HIV, the project is intended to provide technical expertise and support that will contribute to the endorsement at the federal level of an essential package of HIV prevention services for IDUs. With a growing number of prevention programs and models developed in Russia today, the new project aims to assist in a consolidation of the various prevention approaches into a broad, yet targeted menu of effective services for prevention programs, particularly for IDUs. The project will also emphasize strengthening the technical capacity of civil society and government organizations implementing HIV prevention activities targeting IDUs.

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- 2) by enhancing the leadership of the GOR in supporting the delivery of the standardized quality

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3) by strengthening intersectoral coordination and collaboration among government structures, civil society, and private sector; one of the outputs is the project is proposed to clearly define the role of civil society in the HIV prevention activities;

4) by reducing stigma and discrimination.

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Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services					8,950	8,950
ICASS					94,750	94,750
Non-ICASS Administrative Costs					11,290	11,290
Staff Program Travel					48,811	48,811
USG Staff Salaries and Benefits					336,199	336,199
Total	0	0	0	0	500,000	500,000

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (USAID)		8,950



ICASS		GHCS (USAID)		94,750
Non-ICASS Administrative Costs		GHCS (USAID)		11,290

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing			33,000			33,000
ICASS			80,000			80,000
Staff Program Travel			30,000			30,000
USG Staff Salaries and Benefits			357,000			357,000
Total	0	0	500,000	0	0	500,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		33,000
ICASS		GAP		80,000