



Russia

Operational Plan Report

FY 2011



Operating Unit Overview

OU Executive Summary

Summary

The FY 2011 HIV Country Operational Plan (COP) for the U.S. Government (USG) in Russia builds on the bilateral health collaboration momentum created by President Obama's July 2009 visit and the Memorandum of Understanding (MOU) on health between HHS, other USG agencies and the Ministry of Health and Social Development (MOHSD) signed in July 2009. The MOU provides a solid platform for collaboration with the Government of Russia (GOR) on health, including in the areas of HIV/AIDS and other infectious diseases. Another important avenue for collaboration across the USG with GOR counterparts on HIV/AIDS and substance abuse prevention and treatment is the U.S. – Russian Bilateral Presidential Commission, which includes Health and Counternarcotics Working Groups.

REDACTED. The FY 2011 COP acknowledges these challenges, and sets forth an ambitious plan to collaborate more closely with a cohort of key stakeholders from the federal and regional level who are more supportive of HIV prevention and care efforts targeting injecting drug users (IDUs). As the Global Fund for HIV/AIDS, Tuberculosis (TB) and Malaria (GF) phases down its support for HIV activities over the coming two years, this year's COP also acknowledges the necessity to coordinate much more closely with GF counterparts in advocacy efforts with the GOR and the MOHSD in particular.

Background

The HIV/AIDS epidemic in Russia continues to evolve, with the number of new HIV infections growing at an 8% rate annually and a second wave of HIV transmission driven by injecting drug use underway in specific regions. The GOR reports that as of end-2009, 529,828 officially registered people were living with HIV/AIDS (PLWHA). Infections are concentrated, with ten regions representing more than 58% of cases (but accounting for only 28% of the population). In 2009, the number of newly detected cases reported nationally increased by 47.4% over 2006 (58,448 cases in 2009 compared to 39,652 cases in 2006). There is a second wave of the epidemic currently affecting five big regions in Siberia: Omsk, Novosibirsk, Altay Kray, Kemerovo, and Krasnoyarsk. These regions have experienced over 600% increases in newly detected HIV cases among adults of all ages. The increase in newly detected cases in these five regions accounts for approximately half of the increase nationwide between 2006 and 2008.

Russia has one of the world's most serious injection drug-use epidemics, and one of the world's largest gaps in HIV prevention among injecting drug users (IDUs).¹ Estimates of the IDU population in Russia vary between 1.5–3 million (2-4% of adults 15–49 years of age). HIV prevalence varies widely (2.6%-61.1%) among IDUs in regions surveyed in 2008-2009. While an increased percentage of newly detected cases of HIV in Russia are attributed to heterosexual transmission (36% in 2008 - 2009), available data supports continued concentration of the HIV epidemic in Russia among IDUs and their sex partners. The available data from commercial sex workers (CSW) suggest that among individuals with high numbers of non-IDU sex partners, HIV transmission remains limited and sero-prevalence rates are low. Thus, the biggest unmet prevention needs remain among IDUs and their sexual partners.

¹ Needle, R. and L. Zhao, "HIV Prevention Among Injection Drug Users", CSIS, April 2010.



HIV is also established in marginalized groups that often intersect with IDU, including commercial sex workers, prisoners, street youth, and to a lesser extent, men having sex with men (MSM). Among CSWs HIV prevalence varies from 4.5% in Moscow to 29% in Irkutsk and is strongly linked to IDU. Prisoners are another particularly high-risk group: the Federal Prison Services reported 55,964 HIV-positive inmates in 2009, which represents 11.7% of all officially registered HIV cases. HIV prevalence in prisoners is estimated to be 6.4%. In 90% of cases, HIV transmission among prisoners is linked to injecting drug use, predominantly heroin. Annually, 7,000 HIV-infected persons are imprisoned; the vast majority was infected before being imprisoned. Among street youth in St. Petersburg, more than 90% of HIV infections were found among the 50% of street youth that reported using injection drugs. Among MSM rates of HIV infection from surveys in 2008 – 2009 are still relatively low (5–8%); however, the seropositivity rates among MSM in case-reporting surveillance have been rising since 2007. Where evaluated, the majority of these HIV infections are not linked to IDU. However, self-reported behavior among men who both inject drugs and have sex with men dramatically increases the risk of being HIV positive.

The HIV epidemic in Russia seems to be maturing; data shows a progressive increase in the proportion of detected cases among those older than 30 years. While male IDUs in their early twenties are still affected, newly-detected cases in recent years also increasingly include males and females in their late twenties or thirties. Over 82% of all cases detected before 2004 were detected among people under 30 years of age -- only 53% of all newly detected cases in 2008 were among people under age 30. This increase in age among newly detected HIV cases likely reflects both continued detection each year of some of the large cohort infected in the peak incidence years (2000 – 2001), 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 the demographic impact.

The prevention of mother-to-child transmission (PMTCT) has been a significant success in Russia, although residual gaps remain. In 2009, 0.5% of all pregnancies were HIV-positive. During pregnancy, 82% of HIV-infected pregnant women received antiretroviral prophylaxis. The majority of HIV-positive women who do not receive anti-retroviral therapy (ART) during pregnancy had no prenatal care, often because they are marginalized and struggling with substance abuse. Despite these challenges, 87% of HIV-infected pregnant women received all three phases of prophylaxis and 98.7% of exposed infants received prophylaxis after delivery. In 2009, 6% of children born to HIV-positive mothers are estimated to have been HIV-infected.

With Russia's epidemic maturing, many of the large number of HIV-positive individuals infected between 1998 and 2001 are now reaching advanced stages of immunodeficiency, and the number of people needing ART and care will dramatically increase in the next few years. In 2009, 75,000 HIV-infected people received ART. The GOR provides ART for the majority of these PLWHA (approximately 60,000), with the remainder provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF). Despite the success in enrolling a large number of PLWH on ART, low adherence to treatment among most at risk populations and late start of ART threaten to undermine the success of this effort. According to the Russian Federal AIDS Center, 67% of Russian patients began treatment when their CD4 count was less than 200, indicating that they were in advanced stages of AIDS.

Sustainability and Country Ownership

There is tremendous potential for sustainability and country ownership of HIV/AIDS efforts in Russia, an emerging donor itself with significant financial and human resources. The bulk of funds for HIV/AIDS programs in Russia are provided by governmental sources. Between 2006 and 2009, the federal government increased funding for HIV programs through the National Priority Project and other programs, with a 2008 annual budget of \$787.24 million or 19 billion Rubles. The GOR had also begun to support the role of NGOs in the implementation of prevention programs, increasing national funding for NGOs



under the National Priority Project from 9% in 2007 to 40% in 2009. In 2008, about 400 prevention projects (130 of them targeted MARPs) were supported by the National Priority Project in Russia, and in 2009 the total number increased to 500.

Russia's response to the AIDS epidemic is not congruent with the epidemic's nature and dynamics; GOR prevention programs have not adequately supported MARPs. More than 90% of GOR funds to date have been spent on diagnostics and treatment, and GOR prevention funds have primarily focused on blood safety, HIV counseling and testing, and PMTCT.

Starting in 2009, the GOR began to backslide on its commitment to support HIV/AIDS prevention efforts in Russia. For example, despite prior commitments by the GOR to assume funding for HIV prevention activities among MARPs funded by the GF after their grants ended, the MOHSD reversed its decision in 2009, citing a lack of effectiveness of IDU prevention programming supported through GLOBUS (GF round 3). In the past year, there has been further backsliding by the GOR and an increasingly hostile environment for HIV prevention programming targeting IDUs in Russia. For the first time, the National HIV/AIDS Priority Project did not include funding for HIV prevention in 2010. In large part in response to an outcry from civil society to the Federal government's decision to no longer fund HIV prevention programs for MARPs, the MOHSD provided a 40M Ruble (approximately \$1.3M) subsidy to the Russian Red Cross in late 2009 to implement HIV prevention activities targeting PLWH and people at-risk. The start-up of the prevention activities was quite slow; by mid-August 2010 most of the newly established schools of patients reported only hiring staff and renovating facilities.

Despite this backsliding, the FY 2011 COP reflects a strategic shift towards greater work with the GOR on a federal level to ensure commitment to address HIV/AIDS prevention and care for IDUs, sustainability, country ownership, nation-wide dissemination, and institutionalization of USG-supported evidence-based HIV prevention and care packages. The shift to work at the federal level in Russia is not without significant challenges. In the past year, representatives from the MOHSD have become increasingly vocal in their opposition to harm reduction – in particular, methadone and needle exchange programs, including unfounded criticism that Global Fund-supported HIV prevention programs have led to increases in HIV prevalence and drug use in target regions. Further, a recently-adopted anti-narcotics strategy reaffirms the illegality of methadone, and leaves in limbo the legality of needle exchange programs.

Despite these challenges, supporters of harm reduction do exist within the federal and regional government structures in Russia, and the USG Russia program is increasingly focused on collaborating with and growing this critical mass of stakeholders. For example, the Parliamentary Working Group of the Russian Duma, with support from USG partner the Global Business Coalition on HIV, TB and Malaria (GBC), has recently approved a review of harm reduction programs in Russia which challenges the MOHSD's assertion that needle exchange and other HIV prevention activities among IDUs supported by GF have not been effective in Russia. The review was drafted by a coalition of key experts, including representatives from the Federal Narcological Center, Rospotrebnadzor and the Federal AIDS Center. The final report, which is forthcoming and will be shared with the MOHSD, summarizes data showing that in the 10 GF Round 3 target regions there was a 3% decrease in the number of new HIV cases, and in 11 regions supported by the GF-Round 5 grant there was a 15% decrease in the cumulative number of injection-related HIV infections. The willingness of these key stakeholders and of Duma representatives to challenge the MOHSD's unfounded criticism of harm reduction programs in Russia illustrates that there are still important government counterparts who understand the necessity of the GOR investing in HIV prevention among IDUs, and who are willing to advocate on behalf of these issues.

The FY 2011 COP reflects the USG Russia team's efforts to partner with those groups supporting prevention measures for MARPs, including some Duma parliamentarians, HIV specialists in Rospotrebnadzor (Federal Consumer Protection Service), and leadership of the Federal AIDS Center, Federal Narcological Center, and Federal Prison Services. For example, three key federal research



centers – the Federal AIDS Research Center, Federal Narcological Center, and Federal Prison Services Research Center - have agreed to lead policy efforts supported by the USG PEPFAR program which aim to improve prevention and care services for IDUs. Leading Russian health officials and experts have been designated to chair the key federal-level working groups to be supported by USG Russia partners on the following topics: integration of HIV prevention at all stages of substance abuse treatment services; implementation and evaluation of a basic package of HIV prevention among IDUs; social services to HIV-positive patients; and a continuum of HIV and substance abuse prevention and care services for ex-prisoners. The FY 2011 COP reflects the growing focus of the USG Russia program in partnering with and supporting the efforts of those government counterparts who endorse the need for evidence-based HIV prevention programs targeting IDUs in Russia.

Another important stakeholder essential to sustainability and country ownership is the Russian Orthodox Church (ROC). The federal GOR also strongly supports the efforts of faith-based organizations in the field of HIV/AIDS. The MOHSD and the ROC are negotiating a MOU, which will help to ensure the continued involvement of Sisters-of-Mercy in palliative care, in particular to HIV-positive patients in advanced stages of AIDS. In September 2010, the Federal Antidrug Committee hosted a round table with ROC on HIV/AIDS and substance abuse treatment and rehabilitation followed by a decision to develop an MOU on the participation of faith-based drug-free rehabilitation centers in state-run counternarcotics efforts. The USG program will continue to partner with the ROC in strategic areas, including an evaluation of the effectiveness of faith-based drug free treatment programs and efforts to institutionalize palliative care training for Sisters-of-Mercy.

At the regional level, there continues to be ownership and commitment from government counterparts to sustain and institutionalize innovations piloted with USG support. Since 2005, the USG has been successfully collaborating with the Government of St. Petersburg under a Memorandum of Cooperation to develop and institutionalize a decentralized municipality-based model for delivery of treatment, care and support services for HIV-infected people. In FY 2011, a package of regional policies to support the decentralization of HIV treatment, care and support will be finalized and available for dissemination to other regions. In the field of HIV prevention, efforts will focus on consolidation of a comprehensive HIV prevention package for IDUs, including IDU subgroups such as CSWs, street youth, recently released prisoners who are IDUs, IDUs who are MSM, and others. Special program activities will target IDUs' sexual partners and family members. Additionally, Centers of Excellence will be formed in the program regions including Kazan and another GF target region that will become a resource for replicating a standardized approach to HIV prevention for IDUs to other Russian regions. Although methadone continues to be illegal in Russia, the program regions are being selected based on the existence of as many components as possible of the comprehensive package of HIV prevention interventions for IDUs endorsed by PEPFAR.

Integration across the USG

PEPFAR Russia is working with other USG health programs to ensure maximum integration of PEPFAR and other programs. For example, under the USAID-funded TB program, one of the components aims to improve early TB case detection, reduce treatment interruption and increase treatment success rates among HIV-positive patients through strengthening the role of primary health care services. The activity will be implemented in three regions (to be determined). In cooperation with the Federal Center for TB/HIV co-infection, a working group will finalize the development of recommendations on TB screening among HIV-infected people at polyclinics and federal guidelines on implementation of Isoniazid Preventive Therapy.

Health Systems Strengthening and Human Resources for Health



USG activities in systems strengthening will further promote efforts to ensure that the innovative HIV prevention and care services are conceptualized in a broader institutional context. This approach requires a thorough understanding of the organizational structure of the country health and social welfare systems and the status of the nongovernmental sector. Taking into account the complexity of the governmental health and social infrastructure, still nascent traditions of NGO involvement in HIV service provision, and a lack of experience on the part of the GOR in development of national and regional health strategies and of comprehensive M&E systems, further concerted USG efforts should be continued to ensure the successful integration of PEPFAR programs into the national systems and adequate national response to the AIDS epidemic.

The USG has targeted some elements of the health and social systems, including human resources for health and strategic information. Efforts focus on strengthening continuous medical education; conducting master classes on different aspects of substance abuse and HIV prevention for specialists from the public health sector and nongovernmental organizations, including training on use of the Addiction Severity Index; utilization of modern technologies to improve access to evidence-based information on HIV/AIDS treatment and care; and support to regional resource centers on HIV/AIDS. FY 2011 proposed activities aim to further build the capacity of prevention specialists and care workers to address the IDU-driven epidemic. Institutionalization and dissemination of educational materials developed under PEPFAR programs by Russian and American partners will be continued. More specifically, a series of master classes will be conducted in close collaboration with the Federal Narcological Center to build a critical mass of narcologists, care providers, and policy makers at the federal and regional level who are capable of implementing and promoting comprehensive and integrated HIV and substance abuse (SA) prevention and treatment systems. Further, the capacity of federal and regional service providers to provide psycho-social support to HIV-positive IDUs and IDUs with unknown HIV status in an integrated manner will be strengthened through collaboration with international and national NGOs and by sharing best practices. Using FY 2011 funds, a course on HIV/AIDS will be developed and integrated into a continuous professional education program for social workers in St. Petersburg, the first of its kind in Russia. We will plan to pilot the course using distance learning to enable more rapid dissemination. A post-graduate curriculum on medical service delivery for HIV positive IDUs developed and successfully piloted in 2007 will be further disseminated, and its endorsement by the relevant authorities will be sought.

Capacity of faith-based organizations (FBOs) to deliver HIV prevention and care services with a focus on IDUs will be further strengthened. Building on the USG Russia partnership with the ROC, a training program on HIV palliative care for Sisters-of-Mercy and volunteers will be continued in St. Petersburg and rolled out to 10 other regions of the Russian Federation. A database on available faith-based services for IDUs (rehabilitation centers, self-support groups, etc.) will be maintained. The work of at least five faith-based drug-free rehabilitation centers will be evaluated by a group of independent experts, and training on evaluating the effectiveness of drug-free rehabilitation programs for IDUs, including HIV-positive people, will be conducted. These efforts will complement those of the federal drug control services (FSKN) to more closely link faith-based drug rehab activities to the state-run services.

In FY 2011, the USG will continue to enhance information exchange between the Russian government and civil society on HIV/AIDS through facilitation of the UNAIDS-led Partnership Forum and its sub-groups, and also within the Civil Chamber. Civil society capacity building will focus on enabling NGO networks to conduct advocacy campaigns, measure and evaluate the effectiveness of their activities, develop advocacy materials and present evidence on HIV prevention interventions implemented for IDU in Russia to government stakeholders.

In FY 2011, the USG will provide further support to GOR to improve surveillance, evaluation, and data collection systems. Emphasis will be placed on building capacity and commitment on the part of GOR to



create a core MARP surveillance system to ensure that data continue to be available on these groups in order to support appropriate programming of resources. Support to monitoring of Universal Access progress will be also continued through facilitating the M&E reference group at the Federal Service for Surveillance and providing technical support to the M&E analytical unit. In addition, in St. Petersburg the regional government will receive some training on and assistance in using strategic information to guide regional program design, planning, and improvement, and methods to prioritize in a resource constrained environment.

Coordination with Other Donors and the Private Sector

Other major development partners working in the HIV/AIDS sector in Russia are GF, UNAIDS, UNODC, and WHO. The USG team has notably stepped up coordination with GF counterparts in 2010, and expects this trend to continue in 2011 as we prepare for a phase out of GF-supported HIV activities by 2011. Currently three GF HIV/AIDS grants continue to be implemented in Russia. The GF Round 3 grant to GLOBUS has been extended for two years until December 2011, using about \$24 million to support HIV prevention and care programs in ten regions of Russia. The GF Round 4 grant to the Russia Health Care Foundation ended in August 2010, but the GF approved a request for the continuity of services, including ART for 12,258 people until the end of 2010 and specifically for 4,669 migrants and prisoners through August 2011. As part of the continuation of services, the Country Coordinating Mechanism (CCM) must submit a transition plan describing how migrants and prisoners on ART will be supported by the GOR. Further, the GF Round 5 grant to the Harm Reduction Network, which supports HIV prevention activities in 33 sites of Russia and focuses primarily on IDUs, ends in August 2011. Faced with a phasing out of significant GF-supported HIV prevention, treatment and care activities within two years and uncertainty around the GOR's willingness to provide the funding needed to sustain these efforts, the USG has increased coordination with GF counterparts, including preparing for high-level meetings with MOHSD and other GOR counterparts and developing joint positions at CCM meetings. As a member of the CCM, we will also be working closely with other key stakeholders on the transition plan described above.

In addition, the USG Russia program has been closely coordinating its efforts with UNAIDS, which has continued to promote universal access to HIV/AIDS prevention, treatment and care with a special focus on MARPs. USG participated in national consultations and specialized sessions on HIV/AIDS issues, M&E meetings, civil society discussions and conferences, Partnership Forums, and other events organized by UNAIDS. There is close communication and exchange of information on a regular basis on key political and programmatic issues. Also, the USG coordination efforts are focused on the UN program aimed at scaling up and improving access to HIV/AIDS prevention and care programs for injecting drug users in prison settings in the Russian Federation led by UNODC.

In FY 2011, the USG will continue to support a public private partnership with ViiV Healthcare (formerly GlaxoSmithKline) to develop clinical expertise in HIV medicine in the regions of the Russian Federation most affected by the HIV/AIDS epidemic. Clinical leaders from six out of seven Russian Federal Districts (*okrugs*), covering all the territory of Russia except the Far East, will continue to participate in specialized workshops, distance-learning courses on evidence based practice and discussion on clinical cases online. The distance learning component will be strengthened by adding teleconferences via Skype. Also, training participants will further disseminate evidence-based information to their peers in the regions.

Programmatic Focus

In partnership with federal and regional partners, the USG, under the FY 2011 COP will:



1. Prevention: Institutionalize capacity, guidelines and policies to deliver an evidence-based package of HIV prevention and care services for IDUs and other vulnerable groups.

- Expand coverage of IDUs by HIV prevention and care services including case management and outreach models.

In order to expand coverage by prevention and care services and subsequently increase uptake of drug treatment services and other HIV prevention and care services, USG prevention and care programs will: 1) map existing prevention and care services for IDUs provided through USG, GF, and GOR; 2) review existing policies and collect data on the effectiveness of HIV prevention interventions for IDUs and other MARPs, in collaboration with key federal counterparts from the Federal AIDS Center and the Federal Narcological Center; 3) provide small grants to address identified gaps in existing prevention services and test approaches to determine best practices; 4) build consensus among key federal and regional stakeholders regarding effective and evidence-based HIV prevention interventions for IDUs; 5) provide training for health and social providers to institutionalize low threshold services for HIV prevention and care for IDUs; 6) strengthen capacity of narcological services to integrate HIV prevention practices at all stages of substance abuse treatment; 7) develop recommendations on the essential HIV prevention and care package for IDUs and other vulnerable groups to inform GOR federal and regional decisions on policies, guidelines, capacity-building and budget allocations for HIV prevention for IDUs and other vulnerable groups; and 8) advocate for the endorsement by the GOR and regional authorities of the recommended package.

In the area of HIV Prevention for At-Risk Populations the USG will work with NGOs and the GOR to standardize key approaches in prevention based on identified best practices including outreach, effective referral systems and case management. Two regions will be selected to be strengthened as centers of excellence for HIV prevention for MARPs – Kazan and a second GF-supported region to be finalized shortly.

- Improve effectiveness of drug-treatment services as an entry point to HIV prevention and care services.

Effective substance abuse treatment is an essential component of HIV prevention and care for IDUs. Substance abuse in Russia is largely limited to detoxification programs, with no medication assisted treatment (MAT). There is a dearth of options available for substance abuse rehabilitation; most rehabilitation centers are run by faith-based organizations (FBOs) and, starting in 2010, will be subject to monitoring by the Federal Drug Control Services (FSKN). In June 2010 the GOR passed an Anti-narcotic Strategy which acknowledges the link between drug use and HIV transmission and discusses drug abuse treatment and rehabilitation. It also reiterates the ban on opioid substitution therapy (OST) – mainly methadone - and recommends increased punishment for illegal drug use, which will continue to pose policy challenges for responding to the Russian epidemic.

Against this backdrop, the USG's strategy is to identify best practices in improving drug treatment services in Russia, many of which have been piloted with USG support, and to institutionalize these pilots where possible. These best practices – which include NGO outreach to enhance access to SA treatment, behavioral therapy and counseling, clinical and case management, enhanced HIV testing and patient knowledge of HIV status, self-help/peer support groups and tools such as the Addiction Severity Index, integration of substance abuse treatment, HIV and primary care adapted for use in Russia – will serve as the foundation for recommendations which will be developed by a federal working group of Russian substance abuse experts, with technical assistance from the USG.

The USG Russia team is also exploring several options to advance the dialogue and opportunities for MAT in Russia. First, the Federal Narcological Center, responsible for substance abuse prevention and



treatment, has expressed interest in participating in a Public Health Evaluation (PHE) with newly available injectable naltrexone (Vivitrol) to determine its effectiveness as a substance abuse treatment for IDUs. The availability and use of an effective non-narcotic long-term treatment for opioid dependence would greatly impact both the Russian PEPFAR and GOR program and the global effort to reduce HIV infection of IDUs. Second, the Health Policy project will document regional experience with MAT, including with naltrexone, and, in partnership with a group of Russian experts and experienced USAID partners, will formulate recommendations for the USG, GOR and other stakeholders on how they can most effectively expand MAT. In partnership with faith-based organizations, the USG will assist in the finalization of recommendations for best practices in drug-free treatment and palliative care.

2. Care: Institutionalize capacity, guidelines and policies to deliver essential HIV care services for IDUs and other vulnerable groups.

- Develop a Framework for Engagement into HIV Care to be applied for resource allocation, intervention and workforce planning, and strategy formulation.

In FY 2011, USG will support a working group comprised of key experts and leading specialists in St. Petersburg to work on developing a practical Russian-language manual for organization of care for HIV-infected patients. The manual will incorporate major results produced to date in St. Petersburg and will serve as a practical tool for health care administrators, heads of facilities involved in provision of services for people with HIV, healthcare and social care providers. The conceptual framework for engagement into HIV care will be used as a basis for development of the manual. The working group will consist of leading specialists and experts from the City's AIDS Center, Chief Infectious Disease Specialist, Head of the City's TB Dispensary, Head of the Substance Abuse Treatment Services, and the City's Committees on Social Policy and Health Care. It is anticipated that the group will be led by the First Deputy Head of the City's Committee on Health Care. Other national and international experts will be invited to participate in the development of the manual on as needed basis. We expect this framework will serve as a model to be used at the federal district level.

- Increase capacity to deliver effective drug treatment, rehabilitation services and HIV/AIDS prevention and treatment services for IDUs and people living with HIV/AIDS (PLWHA) in places of detention and after release from prison.

With USG support two organizational models of comprehensive pre- and post-release HIV/AIDS prevention and care services for detainees have been introduced and institutionalized in both PEPFAR sites: St. Petersburg and Orenburg Oblast. The models have been presented to the national partners from the National Research Institute of the Federal Penitentiary Service of the Russian Federation and recommended for dissemination Russia-wide. In FY2011, a Technical Working Group of decision makers and experts representing Federal Prison Services and narcological services will be established to develop policy recommendations for official approval by the Federal Prison Services. This effort will support the ongoing reform of the health care system of the Federal Prison Services, helping to ensure continuity of care between prison and civilian sectors.

- Improve quality and effectiveness of HIV care for MARPs

With FY 2010 funds, the USG has supported introduction of a medical chart audit tool to help the St. Petersburg AIDS Center analyze the quality of care provided to HIV patients. Based on the experience gained in St. Petersburg, a manual on the Chart Audit Methodology will be developed and disseminated in other regions. Also, the USG will support an innovative effort to develop standards for social services for PLWHA in St. Petersburg.

In 2010, the USG Russia team initiated a process to systemize approaches to the delivery of social



services to HIV-infected patients. A working group headed by the Federal AIDS Center has been created to systemize the practices of social services delivery in Russia. As a result of this effort, federal level recommendations (guidelines) on the provision of social support services for HIV-infected families will be produced and disseminated at the national level.

At the request of the Federal AIDS Center, the USG will provide limited technical assistance to establish model wards for high quality palliative care for PLWHA at the Moscow AIDS Center under the leadership of the Federal AIDS Center. These wards will be utilized by the GOR as a training site for palliative care nation-wide.

As in prior years, the USG Russia program will not allocate funds for treatment. However, USG-supported efforts in the field of HIV care contribute to a substantial increase in the number of PLWHA accessing and remaining in care and receiving and adhering to ART.

3. Strategic Information: Institutionalize strategic information capacity with a focus on MARPs so that surveillance data is effectively collected, analyzed and used to inform GOR program and budget decisions.

The USG will partner with the Federal AIDS Center (FAC), GOR Ministry of Health and WHO to select 3-6 regions for longitudinal surveillance of each of the major MARP groups (IDU, CSW, MSM). These regions will be selected for epidemiological importance in the epidemic and the presence of baseline data from previous surveillance studies; the regions will include the two aforementioned regions selected by USAID for enhanced prevention activities. The USG will support studies in three of these regions annually in FY 2011 – FY 2013 for longitudinal surveillance of MARP groups. Through organization and implementation of the surveys, the USG and its partners will build surveillance and M&E capacity within national and regional institutions and demonstrate the utility of obtaining longitudinal data on risk groups for interpreting the course of the epidemic and for program planning. Analysis and dissemination of the data will build a constituency for increased GOR support of a core MARP surveillance network.

Additionally, in June 2010, the FAC invited PEPFAR technical and financial support in helping them to work with regional AIDS Centers to evaluate whether the prevention programs had an impact on preventing HIV within the target groups.

Conclusion

The FY 2011 COP for the USG in Russia outlines a solid foundation for a multi-year Strategic Framework for the program, as agreed to as part of the FY 2010 COP process. The FY 2011 COP builds on the positive momentum in bilateral collaboration on health created by the U.S. – Russian Bilateral Presidential Commission Health and Counternarcotics Working Groups. At the same time, the USG Russia team acknowledges the significant challenges we face in fostering GOR ownership and support for evidence-based HIV prevention and care, particularly for most vulnerable populations. With this in mind, the FY 2011 COP sets forth an ambitious plan to collaborate more closely with a cohort of key stakeholders from the federal and regional levels who are more supportive of HIV prevention and care efforts targeting IDUs. This year’s COP also outlines efforts to coordinate more closely with GF counterparts in advocacy efforts with the GOR and the MOHSD in particular, as the next two years provide a narrowing window of opportunity to secure GOR buy-in for evidence-based HIV prevention and care.

Population and HIV Statistics

Population and HIV		Additional Sources
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Statistics	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	960,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	50,000	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	1,515,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women	10,550	2009	Towards Universal			

living with HIV needing ART for PMTCT			Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Number of people living with HIV/AIDS	980,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	390,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Women 15+ living with HIV	480,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			



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	100,000	100,000	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 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		200,000	580,000		780,000
USAID	0		1,720,000	2,500,000	4,220,000
Total	0	200,000	2,300,000	2,500,000	5,000,000

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency			Total
	HHS/CDC	USAID	AllOther	
HBHC		770,000		770,000
HVMS	280,000	350,000		630,000
HVSI	500,000	350,000		850,000
IDUP		2,750,000		2,750,000
	780,000	4,220,000	0	5,000,000

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	770,000	
Total Technical Area Planned Funding:	770,000	0

Summary:
(No data provided.)

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
IDUP	2,750,000	
Total Technical Area Planned Funding:	2,750,000	0

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	630,000	
Total Technical Area Planned Funding:	630,000	0

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	850,000	
Total Technical Area Planned Funding:	850,000	0



Summary:
(No data provided.)



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	Private Contractor	U.S. Agency for International Development	GHCS (USAID)	770,000
8437	Johns Hopkins University Bloomberg School of Public Health	University	U.S. Agency for International Development	GHCS (USAID)	0
8440	World Health Organization	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP, GHCS (State)	100,000
10301	Doctors of the World	NGO	U.S. Agency for International Development	Central GHCS (State)	0
10999	UNAIDS	Multi-lateral Agency	U.S. Agency for International Development	GHCS (USAID)	200,000
11028	United Nations Development Programme	Multi-lateral Agency	U.S. Agency for International Development	Central GHCS (State)	0
11029	United Nations Office on Drugs and Crime	Multi-lateral Agency	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	400,000
13064	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13201	Population	NGO	U.S. Agency for International Development	GHCS (State),	2,350,000



	Services International		International Development	GHCS (USAID)	
13295	American International Health Alliance	NGO	U.S. Agency for International Development	GHCS (USAID)	0
13431	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted



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

Total Funding: 770,000	
Funding Source	Funding Amount
GHCS (USAID)	770,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	500,000
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Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Safe Motherhood
 TB
 Family Planning



Budget Code Information

Mechanism ID:	7499		
Mechanism Name:	The Health Care Improvement Project (HCI)		
Prime Partner Name:	University Research Corporation		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	770,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 8437	Mechanism Name: Healthy Russia 2020
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Johns Hopkins University Bloomberg School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount
GHCS (USAID)	0

Sub Partner Name(s)

Bureau on Drug Addiction, Orenburg	Healthy Future, St. Pete	Healthy Russia Foundation
Humanitarian Action, St. Petersburg		

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 8437			
Mechanism Name: Healthy Russia 2020			
Prime Partner Name: Johns Hopkins University Bloomberg School of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	0	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 8440	Mechanism Name: World Health Organization Cooperative Agreement Support Services for the HIV/AIDS Pandemic
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Total Funding: 100,000	
Funding Source	Funding Amount
GAP	72,015
GHCS (State)	27,985

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	8440		
Mechanism Name:	World Health Organization Cooperative Agreement Support Services for the HIV/AIDS Pandemic		
Prime Partner Name:	World Health Organization		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 10301	Mechanism Name: HIV Prevention Among Street Children
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Doctors of the World	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount
Central GHCS (State)	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Doctors of the World are now known as Health Right International.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 10301			
Mechanism Name: HIV Prevention Among Street Children			
Prime Partner Name: Doctors of the World			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	IDUP	0
Narrative:		
Doctors of the World are now known as Health Right International.		

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: 200,000	
Funding Source	Funding Amount
GHCS (USAID)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	75,000
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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	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11028	Mechanism Name: Faith Based Organization Palliative Care and Prevention
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: United Nations Development Programme	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount
Central GHCS (State)	0

Sub Partner Name(s)

Christian Interchurch Diaconal Council	Na Rusi	Russian Orthodox Sisters of Mercy, Moscow
Russian Orthodoxy Charity Fund	Souchstie Informational Education	



	Center	
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Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 11028			
Mechanism Name: Faith Based Organization Palliative Care and Prevention			
Prime Partner Name: United Nations Development Programme			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	
Narrative:			
None			

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
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Total Funding: 400,000	
Funding Source	Funding Amount
GHCS (State)	272,015
GHCS (USAID)	127,985

Sub Partner Name(s)

Healthy Russia Foundation		
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
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Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's legal rights and protection
- Mobile Population

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
Prevention	IDUP	400,000	



Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13064	Mechanism Name: TBD Field Support Mechanism to carry out PEPFAR Russia Program Evaluation
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

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

Mechanism ID:	13064		
Mechanism Name:	TBD Field Support Mechanism to carry out PEPFAR Russia Program		
Prime Partner Name:	Evaluation		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13201	Mechanism Name: HIV Prevention among IDUs
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: 2,350,000	
Funding Source	Funding Amount
GHCS (State)	1,447,985
GHCS (USAID)	902,015

Sub Partner Name(s)

Transatlantic Partners Against AIDS		
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Overview Narrative



Transatlantic Partners Against AIDS is now called the Global Business Coalition on HIV/AIDS, TB and Malaria.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	800,000
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Key Issues

Addressing male norms and behaviors
 Mobile Population

Budget Code Information

Mechanism ID: 13201			
Mechanism Name: HIV Prevention among IDUs			
Prime Partner Name: Population Services International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	2,350,000	

Narrative:

Transatlantic Partners Against AIDS is now called the Global Business Coalition on HIV/AIDS, TB and Malaria.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13295	Mechanism Name: Strategic Health Partnership Initiative
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: American International Health Alliance	



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

Total Funding: 0	
Funding Source	Funding Amount
GHCS (USAID)	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	0
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Key Issues

TB

Budget Code Information

Mechanism ID: 13295			
Mechanism Name: Strategic Health Partnership Initiative			
Prime Partner Name: American International Health Alliance			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	
Narrative:			
None			



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13431	Mechanism Name: TBD (CDC SI Local Partner)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	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

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13431



Mechanism Name: TBD (CDC SI Local Partner)			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
None			

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					4,950	4,950
ICASS					82,210	82,210
Non-ICASS Administrative Costs					5,290	5,290
Staff Program Travel					28,811	28,811
USG Staff Salaries and Benefits					228,739	228,739
Total	0	0	0	0	350,000	350,000

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (USAID)		4,950



ICASS		GHCS (USAID)		82,210
Non-ICASS Administrative Costs		GHCS (USAID)		5,290

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				36,486		36,486
Computers/IT Services			1,500	15,000		16,500
ICASS			20,000	21,338		41,338
Management Meetings/Professional Development			13,000	9,100		22,100
Non-ICASS Administrative Costs			14,800	19,800		34,600
Staff Program Travel			17,685	39,330		57,015
USG Staff Salaries and Benefits			61,000	10,961		71,961
Total	0	0	127,985	152,015	0	280,000

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		GHCS (State)		36,486



Computers/IT Services		GAP		1,500
Computers/IT Services		GHCS (State)		15,000
ICASS		GAP		20,000
ICASS		GHCS (State)		21,338
Management Meetings/Professional Development		GAP		13,000
Management Meetings/Professional Development		GHCS (State)		9,100
Non-ICASS Administrative Costs		GAP		14,800
Non-ICASS Administrative Costs		GHCS (State)		19,800