

## **Joint Statement in advance of the 41st Meeting of the Board of the Global Fund on the eligibility of the Russian Federation for HIV funding within the next allocation period**

May 14, 2019

*On May 15–16, 2019, the Board of the Global Fund will consider the updated allocation methodology for the 2020–2022 allocation period. Although the decisions regarding allocations will be made later this year, we, the organizations representing civil society and communities of people living with and affected by HIV and AIDS, tuberculosis and malaria along with other key populations from different countries and regions, would like to advocate for funding for HIV response in the Russian Federation.*

### Eligibility Background

The Russian Federation is an upper middle-income country with a high HIV disease burden and a member of G-20, which is not on the Organization for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) List of Official Development Assistance (ODA) recipients.

According to the 2019 Global Fund Eligibility List, the Russian Federation has met the requirement of two consecutive years of eligibility based on income classification and disease burden. Since the Russian Federation is not on the OECD-DAC List of ODA recipients, the Russian Federation may be eligible for an allocation for HIV/AIDS to finance nongovernmental or civil society organizations under Paragraph 9b of the Eligibility Policy (a provision formerly known as the "NGO rule"), provided that the country demonstrates barriers to providing funding for interventions for key populations, as supported by the country's epidemiology. According to the Eligibility Policy, *"the eligibility for funding under this provision will be assessed by the Secretariat as part of the decision-making process for allocations. As part of its assessment, the Secretariat, in consultation with UN and other partners as appropriate, will look at the overall human rights environment of the context with respect to key populations, and specifically whether there are laws or policies which influence practices and seriously limit and/or restrict the provision of evidence-informed interventions for such populations."*

The last 12-million USD HIV Program in Russia, which the Global Fund funded, ended on December 31, 2017, with a closure period until September 30, 2018. This program consisted of three intertwined components: HIV service delivery for people who inject drugs (PWID), sex workers (SW) and men who have sex with men (MSM); community systems strengthening (CSS); and removing legal barriers (RLB). The Program showed 102% average performance of all indicators and was rated B1, with eight of its ten indicators rated A1. Unfortunately, Russia was considered ineligible to receive transition funding from the Global Fund to sustain the achievements of this HIV project. At the same time, the Program's Coordinating Committee has funding from the Global Fund until January 31, 2020.

### The HIV situation in Russia and its impact on EECA

Eastern Europe and Central Asia (EECA) is the only region in the world where the HIV epidemic continues to grow<sup>1</sup>, and Russia could be considered as the "driving force" of this regional growth. According to the UNAIDS 2018 Global AIDS Update, *"the HIV epidemic in Eastern Europe and Central Asia has grown by 30% since 2010, reflecting insufficient political commitment and domestic investment in national AIDS responses across much of the region."*

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<sup>1</sup> [http://www.unaids.org/sites/default/files/media\\_asset/Global\\_AIDS\\_update\\_2017\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf)

*Regional trends depend a great deal on progress in the Russian Federation, which is home to 70% of people living with HIV in the region. Outside of the Russian Federation, the rate of new HIV infections is stable. Insufficient access to sterile injecting equipment and the unavailability of opioid substitution therapy are stymying efforts in the Russian Federation to prevent HIV infections among people who inject drugs”.*<sup>2</sup>

For several years now, there has been a concentrated HIV epidemic in Russia among such key groups as people who inject drugs, men who have sex with men and sex workers,<sup>3</sup> and in some regions of the country, there has even been a generalized epidemic being observed among the general population.<sup>4</sup> About 70% of all HIV cases in Russia are associated with the use of injection drugs and the main way of HIV transmission is parenteral. Recent IBBS research conducted in seven Russian cities within the implementation of the “NGO rule” HIV Program demonstrated HIV prevalence of 48.1–75.2% among people who inject drugs (PWID), 7.1–22.8% among MSM, and 2.3–15.0% among SW.<sup>5</sup> With more than 1,300,000 HIV cases registered by the end of 2018, the coverage by HIV treatment of PLWH in country is about 35%.<sup>6</sup>

### Existing barriers for KAPs to access prevention services

The Russian government openly emphasizes its opposition to effective evidence-based approaches to HIV prevention among key affected populations (KAPs). This essentially replaces public health approaches with repression and criminalization, creating an atmosphere of intolerance and discrimination against KAPs, such as people who use drugs (PWUD), sex workers, men who have sex with men, and migrants. Serious human rights violations and the lack of access for people from key affected populations to HIV prevention, treatment and care in Russia has been well documented and noted by numerous UN Human Rights Treaty Bodies.<sup>7,8,9,10,11</sup>

The estimated number of people who use drugs in Russia is 8.5 million, of which about 1.5 million use opioids.<sup>12</sup> PWUD account for the biggest proportion of all HIV cases in the country, with an HIV prevalence rate among PWUD as high as 60% in many Russian cities.<sup>13</sup> Despite these facts, the government fails to support WHO-recommended HIV-prevention programs among PWUD, including harm reduction programs, at even the minimum required scale. Law enforcement agencies block it, while also blocking even the discussion of opioid substitution therapy programs.

Russia continues to enforce a harsh drug policy in which “the war on drugs” means the war on drug users. Other KAPs are equally harassed and humiliated. In recent years, Russia has adopted a number of homophobic laws that further provoke hatred and violence against

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<sup>2</sup> UNAIDS 2018 Global AIDS Update. 2018. Online: [http://www.unaids.org/sites/default/files/media\\_asset/miles-to-go\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf)

<sup>3</sup> <https://www.avert.org/professionals/hiv-around-world/eastern-europe-central-asia/russia>

<sup>4</sup> <https://rylkov-fond.org/blog/health-care/hiv/spravka-po-situatsii-s-vich-infektsiej-v-rossijskoj-federatsii-v-2017-g/>

<sup>5</sup> Federal AIDS Center or Rospotrebnadzor. Information Note. HIV in Russia in 2017. Online: [http://aids-centr.perm.ru/images/4/hiv\\_in\\_russia/hiv\\_in\\_rf\\_31.12.2017.pdf](http://aids-centr.perm.ru/images/4/hiv_in_russia/hiv_in_rf_31.12.2017.pdf)

<sup>6</sup> Ibid.

<sup>7</sup> Concluding observations on the sixth periodic report of the Russian Federation. E/C.12/RUS/CO/6. October 2017, paras 50, 51

<sup>8</sup> Concluding observations on the initial report of the Russian Federation. CRPD/C/RUS/CO/1. February 2018, paras 51, 52

<sup>9</sup> Concluding observations on the eighth periodic report of the Russian Federation. CEDAW/C/RUS/CO/8. Nov 2015, paras 35, 36

<sup>10</sup> Concluding observations on the seventh periodic report of the Russian Federation. CCPR/C/RUS/CO/7. April 2015. Para 16

<sup>11</sup> Concluding observations on the sixth periodic report of the Russian Federation. CAT/C/RUS/CO/6. August 2018. Para 20,21

<sup>12</sup> Interview with Viktor Ivanov, director of the Russian Federal Drug Control Service, 16 May 2013. *Echo of Moscow radio station [In Russian]*.

<sup>13</sup> <https://rylkov-fond.org/blog/health-care/hiv/ibbs/>

LGBTQ people and impede HIV-prevention efforts in this group. In 2013, the only Russian association of sex workers was denied registration on discriminatory grounds. In 2018, Russia prosecuted no less than 7,000 people for the administrative offence of the “engagement into sex work”.<sup>14</sup>

Given these facts, as well as the geographical location of the Russian Federation and the flow of migration in the region, it is important to take into account the HIV situation in Russia when planning a response to the broader HIV epidemic in EECA region. Failure to support the HIV response in Russia can jeopardize all efforts by donors and governments in neighbouring countries to counteract the HIV epidemic there.

With this in mind, we request the Board of the Global Fund and the Secretariat to ensure that, in 2019, Russia receives an allocation for HIV/AIDS to directly finance the HIV response measures being taken by non-governmental and civil society organizations for the next three years in accordance with the relevant provision of the Global Fund's Eligibility Policy. As an upper-middle income country that meets the disease burden criteria and is not on the OECD-DAC List of ODA, Russia clearly demonstrates barriers to providing funding for interventions for key populations, as supported by the country's epidemiology. If the Global Fund's major goal is to invest in an end to the HIV epidemic, the Global Fund can't neglect the HIV situation in the Russian Federation if it wants to achieve this goal in the EECA region.

Yours sincerely,

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<sup>14</sup> Judicial Department of the Supreme Court, statistics of 2018. Online: <http://www.cdep.ru/index.php?id=79&item=4891>

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