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AIDS Epidemic in the Russian Federation and Policy Reform

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Abstract:

The AIDS epidemic in the Russian Federation has been a constant struggle for the government and the population since the early 90's. The epidemic is the most rapidly growing epidemic of HIV/AIDS seen in history and has caused much international attention. The epidemic coinciding with the fall of the Soviet Union and the transition of the Russian government from socialist to democratic state has had a huge impact on the policy and government actions to fight the epidemic. The financial struggles that hit a large portion of the population as a result of the fall of the Soviet Union caused a large shift in the mentality of society and their perceived outlets for continued existence and familial support. Much of the stigma attached to the HIV/AIDS population has yet to dissuade after nearly twenty years since the beginning of the epidemic. With the further liberal progression of the Russian government and aid from international organizations such as the WHO, more policies and health care reforms are being implemented that are directly aiding the HIV/AIDS populations and slowly diminishing the stigmas attached to them.

I. Introduction

In the past twenty years the Russian Federation has undergone many significant changes. The transition from socialist to democratic state had a very large effect on the health care system and on the livelihood of the residents in the Russian Federation. One outcome of this transitional time period is the explosion of the HIV/AIDS which is quickly becoming a threat to the overall health of the population. There are currently about one million estimated people living with the disease and about 50,000 new infections annually.[1] In a 2002 UNAIDS report, the case of HIV/AIDS in the Russian Federation was presented as the "most rapidly growing in history and yet one of the most under addressed in terms of response."[2] A major flaw of the Russian government and policy at the origin of the epidemic was to reject the idea of an epidemic completely. Not until a significant amount of time had passed and this caught the attention of international organizations such as the UNAIDS and WHO, did the Russian government act in any way to ameliorate this rapidly expanding epidemic, instead of frightening those infected out of the country with harsh police tactics.[3] The purpose of this paper is to examine the health care reforms in the transitioning period of the Russian Federation after the fall of the Soviet Union and to see what role these reforms played in the case of HIV/AIDS. In the conclusion I will discuss what reform recommendations I would make based on the research I have completed pertaining to the issue. The rapid transmission of HIV/AIDS in Russia is difficult to pinpoint to just one sole cause. There were many factors that contributed to the initiation of the epidemic, making the situation very complicated to analyze and especially to resolve. This paper will

examine the governmental action or inaction, reforms and policies, and the societal factors such as poverty, stress, lifestyle etc…that contributed to the growing HIV epidemic. And argue that education of prevention in clinics, schools, and streets, harm reduction treatments, and time allowing for the government, society and health care system to progress, are all necessary to decrease the expansion of the epidemic.

II. Background

The Soviet health care system that was in place before the fall of the Soviet Union was well organized and considered successful by common day standards in illness protection and prevention. It was a monolithic organization headed by the Ministry of Health which controlled health care facilities and gave universal access to healthcare, free at the point of delivery. It is argued that this system too was not so perfect, that it had poor management and limited understanding of efficiency. At the time there was a large excess of medical personnel, several times higher than most other OECD states. Health promotion was almost non-existent; the focus was on treatment in hospitals, not on preventive care. However, this system was able to successfully battle the spread of Tb and other non-communicable diseases. [4]

III. Initial Health Care Reform

At the fall of the Soviet Union and the extreme economic downturn, this system of health care could no longer be funded by the government. There was a rapid decline in GDP and high inflation.[5] In the mid 90's the health care system was completely reformed to resemble a more democratic style of health care which included private health insurance coverage as well as federal budget insurance. The new health care reform was aimed to bring money into health care and devolve responsibility for the government setting health care budgets. However this system

proved to be excessively complicated, with up to five different ways of paying for a service.[6] Privatization of health care system lead to an underground market economy, which only furthered the level of inequality among the Russian population. Anyone dependent on the state budget i.e. prisoners, disabled, unemployed, civil servants, military personnel, experienced a sharp drop in living standards. The amount of money the government spent on health care dropped significantly as well, in 1960 it spent about 6% of the GDP, in 1985 4.6%, and in 1994 only 1.7% of the GDP.[7] This was a huge transformation. A new system like this would undoubtedly take years to get used to, not only for the doctors but for the patients and authorities overseeing the process as well.

Aside from the issue of finding a new system of health care that would work for the country, the Russian Federation had many other issues to worry about. The fall of the Soviet Union brought a lot of strife upon most of the population. The impoverished conditions that the previous middle and lower classes were thrown into, with little time to adapt, caused a lot of new social problems. Atlani et al. argue that the deterioration of the health care system coincides with changes in moral norms and values among many social groups causing these groups to become vulnerable to unhealthy lifestyles. This type of situation is described as a "risk situation." They also argue that because there was no time to adjust materially or mentally, this led to poverty and increased stress levels. The stress levels were rising due to unemployment, labor turnover, and increased rate of divorce. All of which, eventually led to suicide for many people.[8]

IV. Societal Implications

A. Drugs and MSM

People had to find other avenues of profit. For some this meant drug dealing. With the free market economies and open borders and support of Afghanistan, the exchange of drugs was facilitated. Much higher heroin production and a sharp increase of drug supply. The large drug supply lead to, larger demand, and a general shift in the drug culture.[9] When examining a typical lifestyle of a Russian resident the high consumption of alcohol and smoking tells you that there has always been a need for substance in the culture.[10] Now, the drug culture has shifted for some to illicit drugs, such as heroin, which has largely contributed to the spread of HIV/AIDS among the Russian population. Drug users rose from 91,000 in 1994, to 350,000 in 1997. This is an extreme increase in just a three year period. In a survey of high school students in St. Petersburg 21% had admitted to experimenting with illegal drugs and 5% admitted to using intravenous drugs.[2] The population was clearly dealing with certain life stressors, be it poverty or stress, that led them to feel the need to rely on drugs as a solution. Some locals call this "transition trauma."[11]

The issue of intravenous drug users (IDUs) in the Russian Federation is highly conflicted. The IDUs are the main source of transmission of the HIV/AIDS through methods of sharing needles, using homemade heroin that at times has blood of the maker mix in and prostitution (not always IDUs), nearly 80% of this population is infected with HIV/AIDS.[12] The government and much of society still see this particular group of people as "undeserving" of treatment. The Russian conservative culture looks highly down upon drug usage and MSM, most of the groups linked with HIV/AIDS, therefore initially there was very little funding for treatment programs or de-tox programs for the drug addicts. The government didn't know how to deal with something so foreign to it. It reacted in a way which was typical for the Soviet era. Extricate the people infected from the country. The police would raid people's homes that they knew had been

infected with HIV and tried to chase them out of the Russian Federation.[13] Very few IDUs register themselves as HIV positive because they were afraid that the police would throw them in jail. At the time there wasn't a great understanding of human rights in the Russian Federation. They had yet to adapt to the more liberal outlook on drug usage and MSM and sex work. This made it very difficult for the proliferation of the AIDS epidemic to decrease because the prominent groups of people suffering with the disease were considered unworthy of any kind of aid and outcasts to society. The stigma against people infected with AIDS has certainly decreased from the time when the epidemic began, but it may take a considerable amount of time for the stigma to dissipate completely. As it did in the United States, with the stigma attached to gay men. The Russian Federation does not believe in harm reduction drug treatments like methadone replacement or providing clean syringes to the drug users, they see this as immoral, as furthering the drug addictions. However, it can be argued that it is immoral to abstain from the provision of these methods, argued by most professionals of HIV/AIDS prevention around globe, because not only is it a violation of human rights but a significant public health concern as well.[14] The IDUs will continue to share needles and continue to spread HIV/AIDS among the population if something is not done to prevent it. This has already proven to be the case in Russia.

In speaking with certain professionals working for the WHO in the AIDS department, their greatest concern lies with the IDU population. Kevin O'rielly stated that the distribution of clean needles to the IDU population will be the key to ameliorating the epidemic, as 60% of users reported as borrowing or lending their equipment. In addition to, providing infected people with the most up to date drug treatment available. From his experience the treatment provided in

the government funded AIDS clinics, provide out of date drugs and not the most efficient methods of dealing with the disease.[15]

B. Sex Workers

Prostitution became another means of adjusting to the financial crisis for many people who lost their income. People in the field are generally characterized as indifferent to condom use and STD treatment as it is not their primary concern. In 1998 a study in Kaliningrad reported 32% among 103 street sex workers as being HIV positive, 33 were known to be injecting drug users.[16] There is large connection between the drug population and the prostitution population as these are generally highly impoverished people utilizing these methods as a last resort to make a living. The Russian Federation has one of the largest populations of prostitutes. Often times these prostitutes are exported to other parts of the globe to work.[17] This is very dangerous to general public health. If the prostitutes are not being screened and are likely IDUs as well, it is common for them to pass the disease on to their sexual partners through the trade, which gives a greater potential for the disease to spread into other parts of the population which have not yet been infected.

C. Prisons

Another societal factor contributing to the spread of HIV/AIDS is the grotesque conditions of the Russian prisons. To many people these prisons are a virtual death sentence. Annette Versler, a colleague of Kevin Orielly, who works specifically with HIV/AIDS prevention on drugs and crime, stated that many people who are sentenced to these prisons just die there. There is a very high rate of IDUs that end up in the prisons and continue to use by way

of bribing the guards. Inevitably the inmates are also sharing the needles. Titterton describes the conditions in the jails as "incubating grounds for HIV." Unprotected sex is also a large issue these prisons. One reason why nothing is being done about this is because the authorities are too embarrassed to admit that occurrences like these are happening among the Russian population. The status of the prisons contributes to the reason why many people with HIV do not register themselves for health care provisions. As many of these people are drug users, this would make it easier for the police to find them and put them in jail. [18]

V. Government Action

Government action in the battle against this AIDS epidemic would be considered limited by many global standards. As mentioned before, at the initiation of the disease proliferation the government denied that an epidemic could ever occur in Russia, therefore they provided no support for the people infected. With Putin in office, in the mid 90's certain health reforms were initiated and the law of health was regarded highly in the Constitution. The Health Protection Law passed in 1993, then amended in 1998 declares that health protection is an unalienable right and forbids discrimination on any grounds. Article 20 of the Constitution states that medical care is free of charge in state and municipal health systems.[19] Additionally, the Federal Law on HIV/AIDS passed in1995 includes a wide range of legal guarantees and social protection related to HIV/AIDS. Under this law that state guarantees anonymous and confidential HIV testing, pretest and post-test counseling and free access to health care and social welfare for people living with HIV.[20] With such strong representation of health in the Constitution, especially concerning AIDS, one would think that there would be a much stronger response from the government to fight this epidemic but residing societal stigmas, unfortunately played a large part in the politics of the AIDS prevention scheme. Tkatchenko-Schmidt et al. argue that there was little effect of a

government response, initially, because there were inefficient financial resources, an excess focus on testing but a low priority was given to prevention targeting high risk populations, and repressive drug laws and police tactics. The HIV policies initially put in place in the mid 90's lacked common goals and systematic approaches as there was much debate on the subject. The health reforms of the late 90's were considered purposeless and unclear making the system quite incoherent to all. These reforms included the implementation of the private and public health insurance programs which are said to not have had any improvement on HIV, Tb, drug treatment or mental health.[21]

A. Health Policy

During the transitional period the government focused on transforming the health care system from state funded to privatized health care. Private health care grew from 18.5% to 27.5% between 1995 and 2000. Yet, since 1998 the Program of Government Regarding Provision of Health Care Services to the Population of the Russian Federation guaranteed provision of Soviet era health care service including reduction of cost ineffective hospital beds and a transition of a certain portion of inpatient cases to outpatient.[22] This type of system was considered progressive in Russia since their previous system was considered highly inefficient with too many medical personnel and long unnecessary hospitalizations. Within the reform there was a larger focus on primary care, with this came the closure of many hospitals with a replacement of polyclinics.

Within the health care system there is a mixed general tax revenue-based and mandatory health insurance-based (MHI) financing mechanism. Most public health care comes from regional and municipal tax revenue budgets allotted to them by the government. An issue arises

between the government's commitments and the nation's financial capabilities or desire to provide for the health care funding. This is visible because the scale of disease prevention activities is insufficient, access to quality health care is low, more services are being provided on a fee-for-service basis and informal payments for services have become quite common. The shift from public to private health expenditure grew significantly, in 1995 the proportion was 83:17, in 2001 the proportion was 60:40 for out of pocket payments. [23] This is a result of the growing wealth in the upper class populations and an indicator that even the poorer parts of the population see a benefit to spending personal money on healthcare. Dr. Strashinova stated that often times private clinics have more up to date equipment and methods of treatment, than those of the state run clinics. Also people who need care quickly will go to the private clinics because in public clinics one often has long waiting periods.[24]

MHI was created to support or eventually replace public health care funding, to enhance the systems financial stability and provide for a more effective and efficient use of available resources. In 1993 employer's MHI payment rate was fixed at 3.6% of gross wages but MHI for non-working residents is not established by law, it is set individually by regions and municipalities when they develop their annual budget. This approach of a multidimensional insurance system was supposed to trigger competition among insurers for MHI purchasers (the employers and local authorities) and competition among health care providers for MHI contracts. This was intended to revitalize the country's health care system and ensure that the resources would be used in a more efficient manner. However, the pace for the transition was never established. Every municipality and region shifted at their own rate, some way more advanced than others. Implementation of MHI was poorly controlled by the federal authorities; so much of the budgetary decision making was left up to the local authorities. And the system has yet to be

implemented in full.[25] It is understandable that such a large transition will not be easy and will take a significant amount of time to become successfully implemented in such a large country. The government run AIDS clinics receive only about 20-40% of the funding to which they are entitled to by the government. Despite the recent set up of the National Advisory Council there remains a lack of coordination and scarce resources are being spent on ineffectual mass testing exercises, at the expense of preventive health care.[26]

B. WHO

The World Health Organization (WHO) has been very involved with the HIV/AIDS epidemic in the Russian Federation since the early 2000's. It has participated in many programs scaling from advocating legislative and policy frameworks to raising the standards of antiretroviral drug treatment available to the country. In the past the WHO has provided support for developing tools and guidelines for HIV testing and counseling and laboratory services, accelerating prevention efforts and scaling up treatment. It has provided technical, legal and strategic advice to the government in negotiating lower prices for antiretroviral drugs. It works close with the Ministry of Health and Development and Federal AIDS Center to implement appropriate, cost-effective models of service delivery that can increase HIV/AIDS patients' entry into treatment programs and strengthen their adherence to antiretroviral therapy. WHO acknowledges that cultural stigmas that exist within Russian society so they develop programs that become outreach models for vulnerable populations such as the IDUs, sex workers and MSM. WHO also provides support to secure funding for the national program from the European Union, United Kingdom and Sweden.[27]

C. Global Fund

Since 2005 much of the harm reduction treatment for HIV/AIDS has been provided by the Global Fund. The Russian Federation received Round 3 and 4 from the global fund. Under Round 3 the grant Russia received was US $31.6 million toward a limited antiretroviral therapy for about 800 people. In Round 4 Russia received a grant for US $126 million for a scaled up version of antiretroviral therapy focused more specifically on the vulnerable populations.[28] As Russia's economy has been rapidly growing in recent year, this year the country was no longer considered for the Global Fund. This became a huge issue because the government claimed they did not have the money to pay for harm reduction treatments for people infected with HIV. This was a great concern to the global community so the Global Fund agreed to support Russia until 2011. However, it is likely this in 2011 the same conflict will arise and economy having progressed even further it is unlikely that the global fund will support the Russian Federation once again. It is true that when Russia began its health reforms it may not have had sufficient funding for HIV/AIDS harm reduction treatments but now it is apparent that the government simply does not want to provide harm reduction treatments – such as methadone and clean syringe provision - to the HIV/AIDS population. Annette Versler stated that in international conferences for the implementation of harm reduction treatments the Russian Federation is always opposed to the idea. [29]

VI. Analysis

Despite the laws written into the constitution there still remains a disconnect between the government and people infected with HIV. The HIV policies have failed in many respects due to ambiguity to relation in harm reduction methods, the opposition to sex education programs from

education authorities and the Russian Orthodox Church, ineffective drug treatments, and discriminatory practices which restrict IDUs access to antiretroviral therapy.[30] The focus on HIV interventions is mainly on screening and diagnostics, not on the preventive aspect. The preventive strategies that do exist are out of date and not tailored to high risk groups. This could be due to the stigma still attached to this population. It is interesting to note that Tb, HIV/AIDS, drug treatment, and mental health issues were supposed to be funded directly by the government not the insurance premiums. These were considered "socially important" issues as to require the direct provision of the government. However, often times these programs received funding neither from the government budget nor the health insurance scheme because the government didn't have the funds and excepted the regional authorities to provide the funding.[31] Much of the health care staff working on this even felt discriminated against and excluded from the reform process, causing very few medical personnel to want to work in this field.[32] In an interview with a Dr. Strashinova, a manager of a polyclinic in Penza, Russia, she described the scenario that people infected with HIV almost never visit her polyclinic. They go to the HIV/AIDS clinics especially funded by the government. These clinics don't always have the most up to date care available depending on the budget which the government or local authority sets.[33] As many of the government workers and higher class society associate being infected with HIV with poverty, drug use and prostitution, the largest budgets never end up in these clinics. The state paternalism over health care resulted in impoverishment of highly vital HIV control services that would have been key to controlling the epidemic. Thanks to the global aid that was provided to the Russian Federation a small percentage of the HIV/AIDS population received up-to-date antiretroviral treatments and care.

The slow progression of political and societal values in dealing with HIV/AIDS epidemic is visible. Health concerns do not seem to be the first priority of the Russian government. Some will argue, especially concerning the AIDS epidemic because of the population that this disease has infected. It is clear that the government understands that action needs to take place, but whether they are sufficiently concerned enough is unclear. The fact that the government argued it would not provide funding for harm reduction programs like passing out clean needles to IDUs and is highly against methadone treatments, shows that strict Soviet values are still persistent in society. The AIDS clinics which have been created by government funding, in a way, seclude people with HIV/AIDS from the rest of society, in terms of the health care they receive. The fact that Dr. Strashinova has seen only one to two AIDS patients in her many years of practice in a polyclinic makes this evident. As with regular government funded clinics, the government does not provide the HIV/AIDS clinics with the most up-to-date treatments for an AIDS patient, just basic treatments.

The new insurance based system of health care is still in the process of implementation and growth so the public has yet to see the benefits of this transformation. However, the long standing mismatch between government guaranteed free-of-charge service and the available public financial resources is weighing down heavily on the health care system. This has caused a lot of confusion within the citizenry. So has the incomplete implementation of the MHI system and the eclectic combination of budget and MHI based financing. Until the government finds a system that works efficiently for the whole country there should be a larger focus on the system as a whole. The current system has caused residual currents to the old Soviet style health care system, reflected in the public demand for state control of services and renationalization of newly privatized resources.[34]

VII. Further Analysis

The HIV/AIDS epidemic in the Russian Federation is a very unique case in history. In no other country did so many people, currently over one million, get infected with HIV at the same time. The case in Russia is so absolute. The epidemic began as the country was going through a huge transition period, as no other country had done before. This transition was very difficult on many peoples' lives. For many people, their securities had been taken from them, parents were no longer able to support their families and bring food to the table. This is a feeling that most people have never experienced, and hopefully will never have to. As a result, depression and stress hit much of the population. Desperate times caused people to consider options they may have never considered before. The sex trade became necessary for some women and men to enter into to support their families. With the new access to the drug gateway, through relations with Afghanistan and open markets, drug dealing and drug use also became a way of life for people that may have had no other choice. This huge influx of sex workers and drug users was something the government had never seen before. At the times of the Soviet Union and their rigid vertical enforcement, Russian people thought it was impossible for there to be drug users, sex workers and men having sex with men, in such a perfect and powerful state. As the Soviet Union fell so did many peoples' realization of the "perfect" life that Russia would provide for them.

The Russian government has certainly made a lot of progress from the actions it took at the beginning of the AIDS epidemic. It is necessary to consider that at the beginning of the epidemic the Russian Federation has just formed. HIV/AIDS even in the early 90's was completely foreign to the people there, so the government reacted to it, in a Soviet style manner, of trying to scare those infected with HIV out of the country. As time passed and research on the

epidemic continued, the government and its people began to understand the disease better and slowly became more accepting of it. This was largely due to the influence of international actors such as the WHO and various AIDS commissions from around the world. Nonetheless Putin's HIV/AIDS programs implemented in the early 2000's were much more progressive and aimed to attack the epidemic head on.

The Federal AIDS Law of 1995 was highly progressive for the time, it had potential to provide many securities for the people infected with HIV that they would have never experienced before. But with the lack of sufficient funds, lack of coordination between and federal and local authorities and the large cultural stigma still attached to the HIV/AIDS population at the time made this law ineffective on preventing further spread of the epidemic. The policy idea behind providing free-of-charge health care and social support for all people living with AIDS was very positive for the HIV/AIDS population, as a majority of them were IDUs or sex workers that likely had no other form of health insurance. As the new insurance system seemed to be confusing for all citizenry, the Federal AIDS Law at least guaranteed a distinct place for someone infected with HIV to go. This issue that arose here is the lack of government funding. Although the government promised free-of-charge health care to the AIDS population it could only afford to support about 3% of it.[35] This is miniscule. Further, there was a significant amount of confusion that developed around the new insurance policies. The federal government thought that the local governments would pay for the free health care services out of their budget, and the local government thought the opposite, which often times led to no budget being provided at all.

VIII. Future of the Epidemic

Several key events need to take place in order for the epidemic in the Russian Federation to subside, and most importantly not cross over into other parts of the population. Although dispensing clean needles to IDUs seems like a menial task, it could have a large impact on containing the spread of the epidemic. Since most IDUs admit to sharing needles, an allotment and easy access to clean needles has the potential of saving either IDUs or their sex partners from being infected with the disease. Since many sex workers are also drug users, this will be especially vital for protecting their clientele base. Methadone treatments would also be highly beneficial to the IDU population, but considering the strict antidrug laws in the Russian Federation, this does not look like it will be a possibility any time soon.

The government will need to scale up funding for antiretroviral therapy in the AIDS clinics and have a larger focus on prevention. People in the vulnerable communities need to be more aware of how to protect themselves from being infected. Since a large part of this population is quite young, it is necessary to have serious implementation of prevention techniques in schools and communal areas for youth.

Time is a major component to the AIDS epidemic in the Russian Federation. The stigmas attached to the HIV/AIDS population that were so ingrained into the Soviet societies have not fully dissipated. The only thing that can change this is the passing of time. As new more progressive representatives enter into the health field there will be more progress made towards blending the vulnerable populations back into society. Hopefully, as time passes the economy will be able to stabilize and there will new outlets for impoverished people to obtain jobs. Allowing time for the federalized system to settle is also important, as the local and federal authorities will be able to figure out more clearly their budget plans, and specifically who will be providing for the marginalized populations. With further aid from global organizations and their

liberal influence of ideas on containment of the HIV/AIDS epidemic, the Russian Federation will continue to progress politically, legislatively, and socially as it has been doing for the past twenty years, and hopefully find a compromising method of preventing further spread of the epidemic and saving more lives.

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[1] Tkatchenko-Schmidt, E., R. Atun, M. Wall, P. Tobi, J. Schmidt, and A. Renton. "Why Do Health Systems Matter? Exploring Links between Health System and Respone: A Case Study of Russia." *Health and Policy Planning* 25.4 (2010): 283-91. Print.

[2] Tkatchenko-Schmidt, E., R. Atun, M. Wall, P. Tobi, J. Schmidt, and A. Renton. "Why Do Health Systems Matter? Exploring Links between Health System and Respone: A Case Study of Russia." *Health and Policy Planning* 25.4 (2010): 283-91. Print.

[3] Toskin, Igor. Personal interview. 15 July 2010.

[4] Andriouchina, Elena, David Horlacher, and Landis MacKellar, eds. "Policy Pathways to Health in the Russian Federation." *International Institute for Applied Systems Analysis* (2004): 1-166. Print.

[5] Atlani, Laetitia. "Social Change and HIV in the Former USSR: the Making of a New Epidemic." *Social Science & Medicine* 50.11 (2000): 1547-556. *Science Direct*. Web. 9 July 2010.

[6] Andriouchina, Elena, David Horlacher, and Landis MacKellar, eds. "Policy Pathways to Health in the Russian Federation." *International Institute for Applied Systems Analysis* (2004): 1-166. Print.

[7] Atlani, Laetitia. "Social Change and HIV in the Former USSR: the Making of a New Epidemic." *Social Science & Medicine* 50.11 (2000): 1547-556. *Science Direct*. Web. 9 July 2010.

[8] Atlani, Laetitia. "Social Change and HIV in the Former USSR: the Making of a New Epidemic." *Social Science & Medicine* 50.11 (2000): 1547-556. *Science Direct*. Web. 9 July 2010.

[9] Atlani, Laetitia. "Social Change and HIV in the Former USSR: the Making of a New Epidemic." *Social Science & Medicine* 50.11 (2000): 1547-556. *Science Direct*. Web. 9 July 2010.

[10] O'rielly, Kevin. Personal interview. 14 July 2010.

[11] Atlani, Laetitia. "Social Change and HIV in the Former USSR: the Making of a New Epidemic." *Social Science & Medicine* 50.11 (2000): 1547-556. *Science Direct*. Web. 9 July 2010.

[12] O'rielly, Kevin. Personal interview. 14 July 2010.

[13] Andriouchina, Elena, David Horlacher, and Landis MacKellar, eds. "Policy Pathways to Health in the Russian Federation." *International Institute for Applied Systems Analysis* (2004): 1-166. Print.

[14] Tkatchenko-Schmidt, E., R. Atun, M. Wall, P. Tobi, J. Schmidt, and A. Renton. "Why Do Health Systems Matter? Exploring Links between Health System and Respone: A Case Study of Russia." *Health and Policy Planning* 25.4 (2010): 283-91. Print.

[15] WHO. "WHO | Russian Federation." *World Health Organization*. 2010. Web. 14 July 2010. <http://www.who.int/countries/rus/en/>.

[16] WHO. "WHO | Russian Federation." *World Health Organization*. 2010. Web. 14 July 2010. <http://www.who.int/countries/rus/en/>.

[17] O'rielly, Kevin. Personal interview. 14 July 2010.

[18] Versler, Annette. Personal interview. 14 July 2010.

[19] Titterton, Mike. "Social Policy in a Cold Climate: Health and Social Welfare in Russia." *Social Policy Administration* 40.1 (2006): 88-103. *Wiley Interscience*. Web. 3 July 2010.

[20] WHO. "WHO | Russian Federation." *World Health Organization*. 2010. Web. 14 July 2010. <http://www.who.int/countries/rus/en/>.

[21] Tkatchenko-Schmidt, E., R. Atun, M. Wall, P. Tobi, J. Schmidt, and A. Renton. "Why Do Health Systems Matter? Exploring Links between Health System and Respone: A Case Study of Russia." *Health and Policy Planning* 25.4 (2010): 283-91. Print.

[22] Andriouchina, Elena, David Horlacher, and Landis MacKellar, eds. "Policy Pathways to Health in the Russian Federation." *International Institute for Applied Systems Analysis* (2004): 1-166. Print.

[23] Andriouchina, Elena, David Horlacher, and Landis MacKellar, eds. "Policy Pathways to Health in the Russian Federation." *International Institute for Applied Systems Analysis* (2004): 1-166. Print.

[24] Strashinova, Alla. Personal interview. 13 July 2010.

[25] Andriouchina, Elena, David Horlacher, and Landis MacKellar, eds. "Policy Pathways to Health in the Russian Federation." *International Institute for Applied Systems Analysis* (2004): 1-166. Print.

[26] Tkatchenko-Schmidt, E., R. Atun, M. Wall, P. Tobi, J. Schmidt, and A. Renton. "Why Do Health Systems Matter? Exploring Links between Health System and Respone: A Case Study of Russia." *Health and Policy Planning* 25.4 (2010): 283-91. Print.

[27] WHO. "WHO | Russian Federation." *World Health Organization*. 2010. Web. 14 July 2010. <http://www.who.int/countries/rus/en/>.

[28] WHO. "WHO | Russian Federation." *World Health Organization*. 2010. Web. 14 July 2010. <http://www.who.int/countries/rus/en/>.

[29] Versler, Annette. Personal interview. 14 July 2010.

[30] Tkatchenko-Schmidt, E., R. Atun, M. Wall, P. Tobi, J. Schmidt, and A. Renton. "Why Do Health Systems Matter? Exploring Links between Health System and Respone: A Case Study of Russia." *Health and Policy Planning* 25.4 (2010): 283-91. Print.

[31] Tkatchenko-Schmidt, E., R. Atun, M. Wall, P. Tobi, J. Schmidt, and A. Renton. "Why Do Health Systems Matter? Exploring Links between Health System and Respone: A Case Study of Russia." *Health and Policy Planning* 25.4 (2010): 283-91. Print.

[32] Andriouchina, Elena, David Horlacher, and Landis MacKellar, eds. "Policy Pathways to Health in the Russian Federation." *International Institute for Applied Systems Analysis* (2004): 1-166. Print.

[33] Strashinova, Alla. Personal interview. 13 July 2010.

[34] Titterton, Mike. "Social Policy in a Cold Climate: Health and Social Welfare in Russia." *Social Policy Administration* 40.1 (2006): 88-103. *Wiley Interscience*. Web. 3 July 2010.

[35] "HIV and AIDS in Russia, Eastern Europe & Central Asia." *AIDS & HIV Information from the AIDS Charity AVERT*. 17 June 2010. Web. 14 July 2010.

Works Cited

1. Andriouchina, Elena, David Horlacher, and Landis MacKellar, eds. "Policy Pathways to Health in the Russian Federation." *International Institute for Applied Systems Analysis* (2004): 1-166. Print.
2. Atlani, Laetitia. "Social Change and HIV in the Former USSR: the Making of a New Epidemic." *Social Science & Medicine* 50.11 (2000): 1547-556. *Science Direct*. Web. 9 July 2010.
3. "HIV and AIDS in Russia, Eastern Europe & Central Asia." *AIDS & HIV Information from the AIDS Charity AVERT*. 17 June 2010. Web. 14 July 2010. <http://www.avert.org/aids-russia.htm>.
4. O'rielly, Kevin. Personal interview. 14 July 2010.
5. Strashinova, Alla. Personal interview. 13 July 2010.
6. Titterton, Mike. "Social Policy in a Cold Climate: Health and Social Welfare in Russia." *Social Policy Administration* 40.1 (2006): 88-103. *Wiley Interscience*. Web. 3 July 2010.
7. Tkatchenko-Schmidt, E., R. Atun, M. Wall, P. Tobi, J. Schmidt, and A. Renton. "Why Do Health Systems Matter? Exploring Links between Health System and Respone: A Case Study of Russia." *Health and Policy Planning* 25.4 (2010): 283-91. Print.
8. Toskin, Igor. Personal interview. 15 July 2010.
9. Versler, Annette. Personal interview. 14 July 2010.
10. Webster, Paul. "HIV/AIDS Explosion in Russia Triggers Research Boom." *The Lancet* 361.9375 (2003): 2132-133. *Science Direct*. Web. 10 July 2010.
11. WHO. "WHO | Russian Federation." *World Health Organization*. 2010. Web. 14 July 2010. <http://www.who.int/countries/rus/en/>.