Earlier in 2004, I sat with Seryozha, Ivan, Sveta, and Misha* drinking tea. We were in the social room of one of St. Petersburg’s most important unknown achievements: an AIDS Prevention Center attached to a major infectious disease hospital. All four are members of a support group of people living with HIV/AIDS. That is, they are HIV-infected in Russia, and that means each will most likely soon die.

Seryozha may be most at risk among the group. He is slim and angular. His words come slowly, perhaps due to his thoughtfulness, but also due to the evident effort it takes for him to sit and talk. He was diagnosed in 2000. People living with HIV can live healthy lives if they receive treatment and care, primarily through an advanced course of anti-retroviral (ARV) medicines, which suppress the virus in their bodies. The drugs are expensive, although falling in price: ARV medications cost $10,000 per patient per year in the US, but can cost less than $1000 under special international pricing agreements.

Without ARV therapy, an HIV infected person usually has around five years as the virus grows in his or her body, developing into AIDS, and so weakening the immune system that he or she is vulnerable to the “opportunistic diseases” such as tuberculosis or pneumonia, which actually kill them. So time is closing in on Seryozha.

Probably fewer than 2000 Russians living with HIV are currently receiving ARV therapy, out of an officially registered HIV-infected population of 300,000, and with the true number of HIV-infected Russians estimated to be one million. Under Russian law, every citizen requiring ARV therapy is entitled to receive it at government expense. One hundred registered HIV infected residents of St. Petersburg are being treated at the city’s AIDS Center as part of a clinical trial supported by an international pharmaceutical company. The city has created HIV prevention centers at four facilities, has responded positively to requests to educate police and health care workers, and is working with researchers seeking to improve public health to treat tuberculosis. But the city does not have the funds to provide ARV for the more than 27,000 HIV-infected people registered in St. Petersburg.

Russia’s most urgent need is to prevent the spread of HIV, but it also needs help caring for those already infected. In 2003, Russia spent $20-$35 million on AIDS

* To protect privacy names have been changed.
programs, mostly on testing and on regional prevention programs. Although Russia’s booming economy has enabled the government to pay wages, pensions, and international debt, it has not proven to be enough to address Russia’s looming HIV/AIDS crisis. In a recent proposal for international financial support, the Russian government estimates that it will need to treat 60,000 citizens with ARV beginning in the next two years. Even at $1000 per patient per year, that is $60 million, twice what the government spends on current programs. At $10,000, which is what the Moscow AIDS Center pays per year for the 1000 patients it treats, $600 million would be needed nationally in the near future. Even under optimistic scenarios, health experts predict that by 2010, three million Russians will have contracted HIV, and hundreds of thousands will have full-blown AIDS. So, in five years, Russia will need to spend several times the baseline minimum of $60 million just to keep pace with the rise in eligible patients.

You might think that Russia does not have that kind of money, but it does. In August 2004, Russia paid over $2 billion in principal and interest on old debts to the world’s wealthiest countries, principally Germany, Italy, and the United States. Why does Russia have to make these kinds of payments to wealthy countries while it cannot fund life-saving treatments for its citizens? Because a fiscally responsible Russia has accepted the obligation to re-pay Soviet era debt: loans issued to Gorbachev’s regime by western countries seeking to reward him for reforms and for ending the Cold War. These are not Russian financial debts, they are Soviet political debts. Russia pays them because it must in order to maintain its credibility on global financial markets.

The $40 billion that Russia is slated to repay by 2020 to these wealthy creditor nations of the Paris Club would be better put to use providing ARV treatment to HIV infected Russians as this global health crisis hits the country in the second half of this decade. The countries to which Russia owes the debt should create a special fund into which Russia pays its debt obligation, thereby maintaining its global financial credibility. The fund should be managed by a multinational team including experts from the Russian scientific community, officials from the Russian public health sector, Russian and international pharmaceutical companies, the World Health Organization, the World Bank, and UNAIDS. The fund would purchase ARV medications and work with Russian AIDS centers to provide comprehensive treatment and care for Russians living with HIV/AIDS. Building treatment and care programs alongside providing ARV medications would help to provide Russia with the human and health system capacity to tackle its looming HIV/AIDS crisis by building on proven Russian scientific expertise.

It may be too late for many Russians. But it is not too late for Sveta, who was at the meeting of the support group for the first time after learning that she is infected with HIV. When I asked the group why they came to the center, she was quiet at first, but then toward the end of our talk she answered that it was so she would not be alone, overwhelmed by fear and hopelessness. She thought the group would help her to feel that there was something she could do for herself and others. Misha, who had brought her to the meeting, said the group helps to overcome the paralyzing fear and stress you feel when you find out that you are infected with HIV.

This is wonderful -- more power to the people who are making the group possible. But surely we in Europe and the United States can do more internationally: we can be
partners in providing life-sustaining treatment for Russians living a global health crisis that ultimately threatens us all.

© PONARS 2005