

# The Politics of Russian AIDS Policy

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Although the number of scholars with expertise on HIV/AIDS in Russia remains small, it is growing, and, as a result, there is a growing body of research and published knowledge on the subject. Nearly all the experts are health scientists or public health specialists; consequently, the growing body of knowledge focuses on the medical, public health, and public policy aspects of this emerging issue. However, HIV/AIDS is as much a matter of politics as it is of science. In order to contribute to a more comprehensive understanding of the AIDS issue in Russia, I address the politics of Russia's HIV/AIDS policy by analyzing its institutional, leadership, societal, and perceptual dimensions.

## **The Institutional Context**

The Russian political system is shaped by its Soviet legacy, a fact important for several key reasons. First and foremost is the sheer scope of the government. Despite privatization and the emergence of market economics, the state plays a larger role in Russian health, education, and the economy than in most European countries. Private health facilities exist, but the vast majority of Russians continue to receive health care in the state system.

A second Soviet institutional legacy that matters is the vertical nature of government institutions and bureaucracies and the underdeveloped nature of horizontal institutional linkages for policy coordination and implementation. In Russia, as in the Soviet political system, the result is

(at best) duplication and compartmentalization of policy and government services. The system relies on policy direction from the top, as well as the ability to delegate issues or problems to specific ministries or agencies that then handle them within their own vertical structure. Budgets are allocated to ministries and agencies in accordance with their mandates, so there are institutional disincentives to inter-ministerial cooperation.

Russia's HIV/AIDS institutional structure is a classic example. Russian HIV/AIDS surveillance and care exist in a centralized system of regional and local AIDS centers separate from the general health system and isolated from non-health ministries. These centers are funded by earmarked programs in the federal, regional, and municipal budgets, and they bear sole responsibility not only for HIV testing and care, but also for overall health care for people living with HIV and AIDS.

The third Soviet institutional legacy important for politics and policy on HIV is the nature of state-society relations. The Soviet political system prevented the development of autonomous nongovernmental groups: to the extent that organizations existed in the professional, social, or related spheres, they were created and managed by the state or party. As a consequence, Russia does not have much experience with civic activism in public life, and Russia lacks a civil society that can be a source of ideas, expertise, and motivation for the government. In recent years, the Putin government's efforts to control the political and economic spheres have extended to civil society groups, nongovernmental organizations, non-state media, and non-state business interests, preserving this Soviet legacy.

The lack of societal groups to serve as watchdogs of state effectiveness in Russia exacerbates the institutional weakness of an increasingly one-party Russian political system. In well-functioning political systems, competitive political parties confronting the discipline of election competition face incentives to perform successfully. Investigative professional media or civil society NGOs can also serve as an incentive for government effectiveness. In Russia, political leaders are accountable at best to one another within the elite, competitive political parties are absent, and the lack of independent professional media and effective citizen watchdog groups precludes any kind of outside incentive for policy effectiveness. The nature of a stronger Russian state under the leadership of Vladimir Putin does not address the sources of institutional weakness, and it exacerbates the weakness of mechanisms for good government and effectiveness inherited from the Soviet political system.

## **Russian Leadership and Priorities**

If the institutional context of Russian politics is an unlikely source of an effective government response, neither have the policies of the Putin leadership led to effective HIV/AIDS policy. The Putin leadership seeks

economic growth to increase the country's wealth and power, and hence reestablish Russia as a great power on the global stage. Russian growth has been built on reaping the benefits of high global energy prices while implementing a more disciplined macroeconomic policy.

Its emphasis on fiscal discipline, however, has meant that social spending has not substantially increased. While the government is now paying pensions and government wages, it has not substantially overhauled its approach to investing in social programs, including health. Putin has identified health as a major problem for Russians, but the prescription has for the most part consisted of exhortations to healthier living and exercise, not major government reforms in the health sector.

Furthermore, the president's popularity rests on the claim that he has brought stability and relative prosperity back to Russia after the period of the 1990s, when Russia was weak and ineffective at home and abroad. This is not an environment in which the Russian leadership is inclined to admit that it, like India, South Africa, Nigeria, and China, faces a crisis of health, social stability, and development. Anyone who begins to explore the issue of HIV in Russia is warned early on that Russian officials and opinion leaders reject AIDS in Africa as a potential harbinger for AIDS in Russia. Russia is European, has nuclear weapons, and is a major international player. HIV does not fit the image of Russia its leaders seek to project in its domestic and foreign policy.

Finally, the Russian leadership's policy of reestablishing its position as a global great power has hampered effective engagement with the international community, which has a great deal of sad experience that could help Russia mount a more effective national response. Because the Russian government has not been willing to make HIV/AIDS prevention a national priority, engagement at the official level, through health- and development-related agencies of the United Nations, has been uneven, slow, and uncoordinated.

## **Public Policy and the Politics of HIV/AIDS**

To prevent a generalized AIDS crisis, expert agencies such as UNAIDS argue that Russia will have to adopt a comprehensive public policy approach that considers a range of issues relating to education, economic development, human and political rights, and broader public health. Russia's response to HIV/AIDS, however, is most commonly characterized by health and policy experts as a narrow medical approach, that is to say, as a problem of the technical prevention of infection and the treatment of individuals.

In the first decade or so of its HIV/AIDS policy, the Russian government allocated responsibility for the disease to the infectious disease departments of the Ministry of Health (MOH) and to the Federal AIDS Center, institutionally an agency of the MOH. Regional and local

AIDS centers are expected to report to the Federal AIDS Centers but are financially and in practical terms answerable to their regional or city governments and their oblast (regional) ministries or health committees.

Until 2003, the Russian government did not have a federal interagency body for HIV/AIDS to manage or coordinate policies for prevention in the health, justice, educational, or other government policy areas. In 2004, the Russian government created a national Coordinating Council on HIV/AIDS, which includes not only a number of ministries and state agencies, but also NGOs and non-state expert groups.

The Coordinating Council may prove to be a first step toward a more comprehensive public policy approach for combating HIV/AIDS. By 2005, the committee's existence has supported better discussion and assessment of prevention initiatives and has legitimated the discussion of non-medical aspects of HIV/AIDS, such as human and political rights issues and the challenges of developing programs for prevention among marginal groups such as drug users. One of the Council's strengths in the past year has been to bring nongovernmental groups into discussions of policy and implementing programs. This is especially important in Russia, given the limited opportunities for civil society groups to play a role in affecting policy through elections.

The potential impact of the Council is constrained, however, by the realities of the Russian political system. The power and authority of the Committee are limited because it is not chaired by a high-level official of the presidential administration. It does not meet regularly, and it does not have the credibility or political resources to create and implement a true interagency public policy on HIV.

## **Russian Society in Politics**

While the Russian federal government has been slow to respond to HIV and has tended to misallocate resources and efforts when it has responded, there are a number of active and highly expert Russian and international NGOs working alone or in cooperation with local and regional governments on HIV prevention and related health services. The scope of their prevention and service work is impressive: from public awareness campaigns, to media projects, to outreach programs for high risk groups (intravenous drug users, commercial sex workers, men having sex with men [MSM], and street children). Some of the NGOs operate solely on a local level, while others operate in several high-prevalence or at-risk regions nationally.

The fundamental capacity that has been built in the NGO sector over the past decade and a half is important for Russia's future work on prevention and treatment of HIV/AIDS. It is important not to overstate the size and impact of these efforts: these are small NGOs with limited budgets and the capacity to reach only a limited number of at-risk

Russians, and still fewer Russians in the general population. NGOs do not have the capacity themselves to provide the prevention and treatment services Russia needs to avert a generalized pandemic in the coming years. Nonetheless, they provide the expertise and experience that can contribute to a national HIV/AIDS policy.

As the work of NGOs shifts from provision of services to advocacy, and as HIV/AIDS becomes more of a mainstream issue for Russia's government and society, current trends in Russian politics suggest that important issues will arise. For example, with the growth of NGOs of and for people living with HIV/AIDS (PLWHA), we should expect that advocacy and policy issues will shift from quiet corridors at conferences and meetings among well-trained experts to public activities and demands on the Russian state to respect the human and political rights of PLWHA. HIV/AIDS is, like any health issue, political as well as social. To date it has not been a public political issue in Russia, but in the coming years that is certain to change.

Despite strong legal guarantees on the books protecting the political and social rights of Russians living with HIV/AIDS, the reality of Russian policy is much more complicated. In terms of primary concerns about access to antiretroviral therapy and guaranteeing rights to employment, health care, and social services, the picture is not good. Russian health officials often state publicly that all those requiring treatment are getting it free as required by Russian law. It does not take long in a conversation with Russians living with HIV to find evidence that that is not the case. And regardless of their legal rights, PLWHA are reluctant to reveal their status to family, friends, or employers for fear of discrimination against which they have no practical redress from the Russian legal and political system. In the case of a February 2005 demonstration by PLWHA, the protestors were taken to a holding jail where they were able to meet with their lawyers and proper legal and police procedures were followed; after the lawyers left, however, several of the protestors were beaten before being released. These stories are not unique to Russia, but they illustrate that Russia is entering a crucial stage in the social and political evolution of the pandemic, when individuals living with HIV cannot or will not remain hidden but where society and officials remain largely uninformed and fearful about people with the disease.

### **The Political Problem of Credible Numbers**

The politics of HIV/AIDS policy in Russia is further complicated by the problem of uncertainty about basic numbers. What might at first glance be an issue for epidemiological experts becomes a major political factor in discussions about public policy and AIDS in Russia. Russia does not have an adequate surveillance system for tracking HIV/AIDS. It does not systematically do sentinel surveillance of high-risk groups, such as Russians with tuberculosis or sexually transmitted infections. Regional

variations in the funding and professionalism of testing systems mean that national data is incomplete.

As a result, virtually no one believes that the officially reported figures regarding HIV in Russia are accurate, and anyone working on HIV/AIDS in Russia becomes involved in discussions on how far off the official numbers actually are. There are several important political results of the poor credibility of Russia's HIV statistics.

The first is that warnings from Russian and international observers that the Russian government and its society should make HIV/AIDS prevention a priority in health and public policy are not credible. With official Russian numbers just over 330,000, and with the number of new infections reported each year actually declining, many in Russia do not believe, or choose not to believe, warnings of a serious problem.

Second, with larger numbers and clarity on other diseases, such as cardiovascular disease and alcohol abuse, it is understandable that Russian officials and citizens view those health threats as a greater priority than HIV/AIDS. AIDS is a less visible disease even when the numbers are reliable and well understood, especially for a country like Russia that remains in the early stages of infection in the population. Without credible official numbers, it is not surprising that Russian officials are disinclined to view the disease as a priority.

Third, because so many of the warnings and projections of higher numbers have come from international experts, Russians find it easier to dismiss them as serving a non-Russian, or even anti-Russian, agenda. The Russian government's profiling of the state, as stated earlier, is as a country moving to reclaim status as a great power on the international scene, with a permanent seat on the UN Security Council and as one of the G8 global leaders. The HIV message is an unwelcome note to a newly confident and assertive global Russia.

The problem of unreliable numbers and a poorly functioning surveillance system is therefore key to the challenge of an effective Russian public policy to prevent a generalized HIV/AIDS pandemic. Russia needs a better HIV/AIDS surveillance system on health policy grounds alone: accurately measuring aspects of the spread and impact of HIV/AIDS can contribute to the effectiveness of a society's control efforts once the decision to mount such a response has been made. However, accurate and credible numbers are important in Russia not only for how to combat the disease, but whether to combat it. Russia's politics of AIDS will be misguided and contentious until its leaders and public believe that they face a threat worth fighting.

## Conclusion

Preventing HIV and coping with AIDS is a challenge for any country and political system, and Russia is by no means unique in responding slowly and ineffectively. Russia is particularly vulnerable to a generalized HIV/AIDS crisis, however, because of the nature of its political system. Russia's greatest vulnerabilities to HIV/AIDS today are political: the excessive centralization of government relative to regional and local authorities; the failure of federal ministries to coordinate a comprehensive public policy response that involves the health, justice, interior, defense, education, finance, and economic ministries; and the absence of political competition and oversight, necessary for effective public policy.

More than anything, knowledgeable experts and officials in Russia are waiting for President Putin to signal that it is acceptable to act. On a trip earlier this year I was told time and again that given what a socially sensitive issue HIV/AIDS is, no one wants to risk taking the initiative only to find themselves the target of the presidential administration for charting an unwelcome independent policy course, however important or well-conceived. The politics of HIV/AIDS in Russia are so complicated because they ultimately require the Russian leadership to compromise on two things it has come to view as priorities: unquestioned control of state and society, and Russia's image as a wealthy and powerful global great power. The sad irony of the politics of HIV/AIDS for Russia is that the policies of its current leadership continue to make the country vulnerable to the very weakness it fears.

