

# HIV, TUBERCULOSIS AND HUMAN RIGHTS IN RUSSIA

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*UPR Info Pre-sessions*

# Health crisis in Russia

## UPR RECOMMENDATIONS GIVEN TO RUSSIA DURING THE SECOND UPR CYCLE, RELEVANT TO HIV AND MDR-TB

- Continue its efforts to ensure free medical services of high quality for its population (given by Cuba during the second UPR cycle and accepted by the Russian Federation);
- Strengthen its programmes aimed at the promotion of the right to health (given by Brazil during the second UPR cycle and accepted by the Russian Federation).

## IMPLEMENTATION OF THESE RECOMMENDATIONS BY RUSSIA WITH RESPECT TO HIV and TB

- The Russian Federation failed to implement these recommendations.

# HIV crisis in Russia

- Russia is the third country in the world with fastest growing HIV epidemic after South Africa and Nigeria.
- 2/3 of European HIV cases are now in Russia and it is the only European country with a rising rate of new HIV infections
- 2017:
  - 10 people get infected every hour
  - over 100.000 new cases registered
  - almost 32 thousand people died of AIDS.

# Tuberculosis in Russia

- The main cause of death of people with HIV
- in 2017 over 35 thousand patients with co-infection were registered.
- WHO: Russia is among top three countries with the largest absolute numbers of drug resistant TB along with China and India
- Russia among 4 countries with the lowest treatment success rate among high TB burden countries.

# The key affected population: people who inject drugs

- HIV prevalence in PWID 48-75% (2017)
- Government **does not provide ANY** prevention programs and limits access to HIV treatment for PWID
- No evidence – based drug treatment
- Substitution treatment is illegal
- Harm reduction programs opposed by the State
- Repressive policies leading to over incarceration  
→ more TB and AIDS deaths

# Sex workers and GBT/MSM

- Stigma and discriminations drives them away from health services
- Criminalization
- Absence of prevention services

# Recommendations

- Provide clear legal grounds and other support to WHO-recommended measures for HIV prevention and treatment among PWID, in particular the opioid substitution therapy with methadone and buprenorphine, as well as needle and syringe, and overdose prevention programs.
- Address the structural vulnerability of people who inject drugs to HIV and depenalize drug use, by repealing administrative and criminal punishment for drug use, possession for personal use, and micro-trafficking.
- Address the vulnerability of sex workers to HIV and depenalize sex workers by repealing administrative and criminal punishment for voluntary adult sex-work and its management, and establish HIV and other health services for sex workers.
- Address the vulnerability of gay and other men who have sex with men and transgender persons to HIV and provide them with necessary protection against discrimination and violence, in particular through the adoption of anti-discrimination legislation and the revision of the existing discriminatory laws that prohibit information related to “non-traditional sexual relations”.
- Provide support for science-based and human rights oriented HIV prevention, treatment and care services for men who have men and transgender persons.