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FAX TRANSMISSION SHEET

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TO: Sarah

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PAGES:

DATE: March 17, 1998

X FOR YOUR ACTION X FOR YOUR INFORMATION

X AS REQUESTED X AS DISCUSSED

MESSAGE: See attached

ATTACHED: Info on Russian HIV/AIDS Delegation

RUSSIAN HIV/AIDS DELEGATION
March 11-21, 1998
DRAFT ITINERARY (2/27/98)

Fiona Wilson
Rm 226
Tel 404-836-4334
Fax 404 467 4811

Wednesday, March 11

7:20 AM	Depart Moscow for Zurich, Delta 6493
8:55 AM	Arrive Zurich
10:00 AM	Depart Zurich for Atlanta, Delta 1742
2:05 PM	Arrive Atlanta. Transfer to Hotel.

The Suite Hotel Underground

Phone:	404-223-5555
Fax:	404-223-1372
Contact:	Valerie Leslie
Address:	54 Peachtree Street Atlanta, GA 30303
Rates:	Single--$97 Double--$107

Residence Inn - Buckhead.
404-836-4334

6:00 PM Briefing on trip, USAID representatives.

Thursday, March 12

9 AM - 12 noon Division of HIV/AIDS Prevention- Intervention Research and Support (DHAP/IRS) (Building 24 Conference Room, Executive Park)

HIV/AIDS Prevention Overview: Mr. Victor Barnes, Associate Director for International HIV Prevention, DHAP/IRS

Community Planning: Dr. Samuel Dooley (or designate), Community Assistance, Planning and National Partnerships Branch, DHAP/IRS.

STD Prevention: Dr. George Schmidt, Division of STD Prevention, NCHSTP

HIV Prevention in IV Drug Abusers: Dr. Steven Jones, DHAP/IRS

12 noon - 2:00 PM Lunch: Cafe Retro

2 PM - 5:00 PM Division of HIV/AIDS Prevention- Surveillance and Epidemiology DHAP/SE (Building 26 Conference Room, Executive Park)

Surveillance Branch: Dr. John Ward (or designee),
Prevention Services Research Branch: Dr. Richard Steketee (or designee)
International Branch: Dr. Tim Dondero (or designee)

Dinner: open

Friday, March 13

9 AM - 12 noon — National Center for Infections Diseases (NCID)

9 AM - 1 PM — Tour CDC HIV Labs: Dr. Steve Morse

10AM - 12 noon — Meetings with NCID staff

OR

HRSSA (?) to present out care and support programs - as well as the costs and complexities of supporting such programs

12 noon - 2 PM — Lunch

Afternoon — Presentation of Russian HIV/AIDS program

Saturday, March 14

Visit to NGO project HIV/AIDS prevention

Free time for shopping and sightseeing

Sunday, March 15

8:25 AM — Depart Atlanta for Washington, DC/National, Delta 690.

10:03 AM — Arrive Washington, DC. Transfer to Hotel.

The Canterbury Hotel
Phone: 202-393-3000
Fax: 202-785-9581
Contact: Joan
Address: 1733 N Street, NW
Washington, DC 20036
Rates: $110

Afternoon — Free time for shopping and sightseeing. Tour of Washington.

6:00 PM — Reception at home of Richard A. Frank, President, Population Services International

Monday, March 16

9:00 AM-
12:00 PM International Programs for HIV/AIDS Prevention, USAID. Sally Shelton (Assistant Administrator, Global Bureau), Paul DeLay (Division Chief, HIV/AIDS), Duff Gillespie (Director, Center for Population, Health and Nutrition).

-4:45
2:00 PM Viral Research and Vaccine Development, National Institute of Health, Dr. Rodney Hoff, Dr. Dale Lawrence

→ ~~5:00PM~~ ?5:00 Metro Teen AIDs project - PG County College Park

Tuesday, March 17

9:00 AM- 12:00 PM World Bank Presentation, "Confronting AIDS: Mass Media, Targeting, and Economics," Dr. Mead Over and Martha Ainsworth.

12:30 PM Lunch at the White House with Sandy Thurman, Special Advisor to President on HIV/AIDS

2:00 PM Site visits to Whitman Walker programs: needle exchange, commercial sex worker outreach

5:00 PM Site visit to Metro Teen AIDS project - teen outreach and peer education.

Omishenko getting home here

Wednesday, March 18

8:00 AM Departure by car to Baltimore.

Site visits to NGO programs: targeting at risk populations (IVDUs, CSWs, youth, institutionalized populations)

Afternoon Return to Washington by car.

Thursday, March 19

8:30 AM Breakfast meeting with Congresswoman Nancy Pelosi. Group photo & press conference.

10:00 AM Social Marketing for HIV/AIDS prevention, Population Services International, Peter Clancy (Vice President, Director, AIDSMark) and Richard A. Frank (President)

2 - Eric Cuyby - HHS 5 USAID 7pm banquet

Friday - Sros 11-4

D. A - Chief, Community Research Branch

GCC-10
HEALTH COMMITTEE
ISSUE PAPER

HIV/AIDS

ISSUE:

- Galvanization of Ministry of Health and other ministries in the Russian Federation to take planned and coordinated approach to national HIV/AIDS prevention strategy

DESIRED OUTCOME:

- Full implementation of national HIV/AIDS prevention strategy, focused initially upon high-risk populations exhibiting highest rates of HIV infection because of risky behaviors, with support of World Bank, European Union, and other partners

CURRENT STATUS AND STAKES:

In the last three years, the number of HIV/AIDS cases reported in the Russian Federation has increased rapidly. Between 1987 and 1995, the number of new HIV cases averaged less than 200 per year. In 1995, 189 new cases were reported. In 1996, 1,535 new cases were reported. In the first 11 months of 1997, 3,841 new cases were reported. Ninety percent of the new cases registered in 1997 were injecting drug users. Russian health experts expect the increase in new cases to continue. They recognize that new cases are not and will not be limited to injecting drug users. Unsafe sex will provide a fertile ground for new cases of HIV/AIDS and other sexually transmitted diseases (STDs).

The Russian Federation is at an important juncture where effective public information and prevention programs, especially for high-risk populations, can have a dramatic impact in reducing the rate of future transmission and in containing the health and economic costs of HIV/AIDS.

The budget for HIV/AIDS of the Russian Federation was $4.5 million last year. Most of the budget was for testing. At present, the Russian Federation involuntarily tests approximately 20 million people per year.

There is only modest interest in the promotion of healthy lifestyles in the higher levels of the Russian Federation. Safe-sex posters have been removed from public areas in Moscow because they were considered controversial.

The Ministry of Health has encouraged participation from other ministries including the Ministry of Education, the Ministry of Justice, and the Ministry of Defense to discuss government-wide experience with HIV/AIDS.

Lack of legal protection has led to discrimination against people with HIV/AIDS and STDs. Discrimination forces people with HIV/AIDS and members of high-risk populations (e.g., injecting drug users and commercial sex workers) underground and makes it harder to reach them with effective HIV/AIDS/STD prevention programs.

In March 1998, the United States is hosting a high-level delegation of Russian health officials to visit domestic and international HIV/AIDS programs in the United States. The delegation, headed by the First Deputy Health Minister and joined by officials of the Russian Academy of Medical Sciences and the national HIV/AIDS program, will meet with experts in the public and private sectors as well as the Director of the White House Office of National AIDS Policy.

Dialogue with the Russian Federation indicates a willingness to partner with American and international institutions on various aspects of HIV/AIDS prevention and control. Activities of the Health Committee include:

- The United States Agency for International Development (USAID) is working with the national HIV/AIDS program to develop prevention activities in collaboration with international institutions and non-governmental organizations (NGOs). Technical assistance from USAID's HIV/AIDS program will be available.

- The Centers for Disease Control and Prevention (CDC) continues to engage Russian health officials in technical dialogue on STD prevention and treatment and will co-host a national workshop with the United Nations Children's Fund (UNICEF) in April 1998.

- The National Institute on Drug Abuse (NIDA) at the National Institutes of Health (NIH) has held a workshop in the Russia Federation on HIV prevention among drug abusers.

Suggestions for further collaboration remain similar to those proposed at the 9th meeting of the Gore-Chernomyrdin Commission:

- Development of mass media and behavior change campaigns

- Social marketing of condoms and treatments for STDs

- Strengthening of epidemiological surveillance including methods to identify high-risk populations

- Improved testing for HIV/AIDS, tuberculosis, and other STDs

- Vigorous and effective treatment of opportunistic and/or secondary infections

- Organization of a joint technical team including USAID, the Department of Health and Human Services, the Ministry of Health, and UNAIDS to finalize a national HIV/AIDS prevention strategy and identify areas of potential collaboration. UNAIDS has formed effective coalitions with major HIV/AIDS

donors (e.g., other agencies of the United Nations, USAID, the World Bank, and NGOs).

U.S. PERSPECTIVE:

Based upon available information, an effective national HIV/AIDS prevention strategy would contain the following components:

- Allocation of additional resources to mount a more effective prevention program
- Reallocation of existing resources from testing to prevention programs
- Support for a public education campaign to inform individuals how to protect themselves from HIV/AIDS and other STDs
- Initial focus upon prevention efforts to reach high-risk populations (e.g., injecting drug users and commercial sex workers) exhibiting highest rates of HIV infection

Areas for further collaboration would be identified after an effective national strategy is in place.

The Russian Federation should act now and not wait until the epidemic is highly visible. In addition, it is important for the United States to raise the issue of HIV/AIDS in the military. There is no information available to the United States on the rate on infection in the military.

RUSSIAN PERSPECTIVE:

- Political and public sensitivities exist regarding the level of government involvement in prevention activities to reach high-risk populations (e.g., injecting drug users and commercial sex workers) exhibiting high rates of HIV infection. For example, most of the internationally known and effective prevention strategies (methadone treatment, needle exchange, and the provision of safe-injection practices such as bleaching) are illegal under Russian law.
- Political and public sensitivities exist regarding the explicitness of material in HIV/AIDS prevention campaigns for the general population.
- While resources from foundations (e.g., Soros) and international institutions (e.g., the World Bank) are available, resources from the government are scarce, and future resources from the United States are uncertain.

- Technical challenges related to the structure and capacity of the Russian health system and different approaches to testing and treatment for HIV/AIDS, STDs, and other infectious diseases could slow the absorption of technical exchange and assistance.

- Research is underway on an HIV/AIDS vaccine. The Russian Federation signed on to and allocated resources for the plan to develop a vaccine at the Summit of the Eight in Denver in 1997.

ALTERNATIVES FOR SOLUTION:

- Invitation from the Russian Federation to bring new partners (possibly the European Union) to the table

ESSENCE OF VP's INTERVENTION:

- Reminder to Prime Minister of conversation about HIV/AIDS at 9th meeting of Gore-Chernomyrdin Commission in comments following report of Health Committee

- Reminder to Prime Minister of current visit of high-level Russian delegation to domestic and international HIV/AIDS programs in United States and importance of sharing experiences in future in comments following report

- Encouragement to Prime Minister that Russian Federation share plans with and suggest involvement of USAID and Department of Health and Human Services in development of national HIV/AIDS prevention strategy

- Emphasis to Prime Minister of importance of issue of HIV/AIDS in military, lack of information on rate of infection, and possibility of cooperation with Department of Defense in comments

GCC-10
HEALTH COMMITTEE
ISSUE PAPER

TUBERCULOSIS

ISSUE:

- Epidemic of tuberculosis: 10% annual increase in rate of infection since 1991, highest rate of infection in developed world, and 25% rate of fatality
- Potential of "terrible triad" of tuberculosis, HIV/AIDS, and other STDs
- Conditions for epidemic of tuberculosis created by unemployment, malnutrition, overcrowding (in public housing and in prisons), and drug and alcohol abuse
- Limited resources for broad screening and effective treatment of population
- Reluctance to make transition in treatment from inpatient system to outpatient system based upon Directly Observed Treatment, Short Course (DOTS) as recommended by World Health Organization (WHO)

DESIRED OUTCOME:

- Full commitment by Russian Federation to implement DOTS as recommended by WHO including effective case finding, adequate drug supply, and effective monitoring

CURRENT STATUS AND STAKES:

The paradox is that while tuberculosis is extremely contagious (since it can be transmitted through air and water) and potentially fatal, it is curable. The epidemic of tuberculosis has the potential to get out of control because it is possible for strains of tuberculosis to become resistant to multiple drugs from inadequate or incomplete treatment.

The current inpatient system is much less effective and much more expensive than an outpatient system based upon DOTS. The Russian Federation has been criticized in the Russian media including *Itogi* (*Newsweek*) as well as the American media including the *New York Times* in February 1998 because the inpatient system is so ineffective.

The Russian Federation endorsed DOTS at a WHO meeting on tuberculosis treatment and control in November 1997. However, the Russian Federation has not yet made the necessary high-level commitment to make the necessary changes in the health care system.

The commitment may be more likely in the future because of recent developments. The former top official on tuberculosis in the Russian Federation, who was resistant to DOTS, was relieved of his duties in February 1998.

Non-governmental organizations (NGOs) have begun projects in the implementation of DOTS.

Under the general auspices of the Health Committee, the Soros Foundation has invested $12 million into tuberculosis treatment and control. The Public Health Research Institute (PHRI) in New York/New Jersey is the grantee for the projects. One half of the investment is for projects in eight regions, and the other half is for projects in prisons.

Also under the auspices of the Health Committee, the United States Agency for International Development (USAID) has proposed a substantial allocation to address tuberculosis through the Centers for Disease Control and Prevention (CDC).

The transition from the inpatient system to an outpatient system based upon DOTS will improve the health status and thus quality of life of the Russian people in accordance with the strategic objectives of the Gore-Chernomyrdin Commission.

U.S. PERSPECTIVE:

The United States recognizes the difficulty of the transition from the inpatient system to an outpatient system based upon DOTS. More specifically, it recognizes the political and economic realities of the transition from a system based upon treatment in facilities such as hospitals and sanitoria. These facilities employ a large number of people. The Russian Federation needs and the United States is willing to provide technical assistance in the development of a strategy to phase out these facilities and phase in the new system. The Russian Federation and the United States should investigate the potential uses of these facilities for other purposes.

RUSSIAN PERSPECTIVE:

The Minister of Health has belatedly yet fully endorsed DOTS. However, others at the Federation and oblast levels of government have not endorsed it. In

particular, the top official on tuberculosis in the Russian Federation was resistant to DOTS. However, he has been relieved of his duties. The Federation provides technical guidance. but the oblasts provide actual treatment.

The oblasts have a large investment in the inpatient system. Hundreds of treatment facilities including hospitals and sanitoria and thousands of jobs are threatened by the implementation of DOTS.

ALTERNATIVE SOLUTION:

- Usc of treatment facilities including hospitals and sanitoria in implementation of outpatient system based upon DOTS
- Request by Russian Federation for technical assistance of United States, WHO, and World Bank in development of strategy to phase such treatment facilities and phase in new system

ESSENSE OF VP'S INTERVENTION:

- Emphasis to Prime Minister of global problem of "terrible triad" of tuberculosis, HIV/AIDS, and other STDs and potential of strains of tuberculosis resistant to multiple drugs in comments following report of Health Committee
- Recognition to Prime Minister of difficulty of transition from inpatient system to outpatient system based upon DOTS in comments following report

10th GORE-CHERNOMYRDIN COMMISSION
7th HEALTH COMMITTEE
PRIORITY AREA

PREVENTION AND CONTROL OF INFECTIOUS DISEASES

I. PRIORITY AREA FOCUS

Committee objectives in this area continue to include the enhancement of efforts to carry out training, epidemiologic studies, and applied research in infectious diseases. Activities in this area have focused on bilateral exchanges of scientists, other experts, and know-how (e.g., computer programs) and joint scientific studies and publications.

II. ACCOMPLISHMENTS SINCE LAST GCHC MEETING

Tuberculosis

- The Public Health Research Institute (PHRI) is collaborating with the Ministry of Health, the Ministry of Science and Technology, the Chief Administration of Execution of Punishments (CAEP) of the Ministry of Internal Affairs, the Soros Foundation, and the Centers for Disease Control and Prevention (CDC) in establishing a program to control tuberculosis (TB) in Russia. The goals of the program are to introduce rapid smear microscopic diagnosis of TB, monitor multidrug-resistant tuberculosis (MDR-TB), and attempt mass-scale implementation of Directly Observed Therapy, Short-Course (DOTS). The program will be implemented in all of the CAEP institutions as well as in 5-6 selected regional public health networks over the next two years.

- A specific plan of action has been developed involving seven distinct projects. A national TB information center will be established at the Moscow Medical Academy, reference laboratories will be expanded and funded, and smear microscopy will be provided to approximately 700 penitentiary institutions as soon as possible. Sampling of MDR-TB spread in prisons will begin, and following the definition of the patterns of spread of MDR-TB, DOTS will be implemented in prisons. An estimated 50,000 inmates with active TB will be treated. Subsequent projects will expand smear microscopy diagnostics and develop strategies for DOTS application in the regions. A demonstration project fully implementing DOTS in the Tomsk region is being developed, with close attention to be paid to the economic impact of the full implementation of the strategy, as

well as the provision of training and technical assistance during restructuring of the TB services of the region.

- Subsequent to the meeting in September 1997, the Russian delegation to a meeting of the World Health Organization on the prevention and control of TB in November 1997 indicated that the Russian Federation accepts DOTS as the preferred strategy. More recently, the Russian Federation reported replaced the conservative head of the national TB program, Dr. Priymak.

Hospital Infection Control

- The American International Health Alliance (AIHA), the Society for Health Care Epidemiology of America, and CDC continued to work with the Ministry of Health on an initiative to improve the quality and efficiency of health care services by establishing model regional infection control training centers, assisting officials of the Ministry of Health in reviewing existing policies and regulations, developing new guidelines and clinical protocols for hospital infection control programs, developing and introducing with the Ministry of Health a standard protocol for infection control surveys based on the International Hospital Infection Prevention and Quality Assessment Program, and upgrading the level of microbiological laboratory services.

- On October 6-10, 1997, the AIHA annual partnership conference was held in Atlanta, Georgia, during which many Ministry of Health officials participated in special training sessions on infection control and hospital epidemiology. A major theme of the meeting was the prevention and control of nosocomial infections. Staff from CDC presented several lectures and seminars and offered a tour of CDC facilities. Ministry officials were provided an overview of CDC's Hospital Infection Program activities and engaged in discussions of surveillance and control of nosocomial infections and a wide-ranging discussion of potential collaborations.

Emerging and Reemerging Infectious Diseases

- Five projects are underway in the new sub-area of emerging infectious diseases in collaboration with the National Academy of Sciences and Russian and CDC scientists. These involve collaborations with scientists from former Russian biological warfare facilities with each study involving joint investigations and personnel exchanges with CDC staff. A project on hepatitis C attempts to determine the prevalence and genotype distribution of the virus in Western Siberia. A second study is investigating the epidemiology of hantaviruses causing hemorrhagic fever

with renal syndrome in Western Siberia. A third focuses on the sequence analysis of monkeypox virus, including collaborative examination of isolates from the recent sustained human-to-human transmission of this virus in the former Zaire. The fourth study is a collaborative attempt to develop improved diagnostic tests for a liver fluke, *Opisthorchis felineus*, which is highly endemic in Siberia. The final collaborative study is attempting to examine closely the antigenic variation and antibiotic sensitivity patterns of a large collection of tuberculosis isolates collected over several years.

- Each of these collaborative studies began in June 1997 and they are scheduled to end in September 1998. Funding is being provided through grants from the National Academy of Sciences, and personnel and information exchanges have already begun. Extended visits by Russian scientists to CDC and other American laboratories have taken place, and visits by CDC and other American scientists to the Russian collaborating laboratories are planned or have taken place. Progress reports have been submitted for many of these collaborations, and solid scientific advances are being made.

Sexually Transmitted Diseases

- See separate report under Tab O.1

EREIDS Research

- Collaborative research in EREIDs has involved colleagues from the National Institutes of Allergy and Infectious Diseases (NIAID), the National Institute of Drug Abuse (NIDA), and the Fogarty International Center (FIC) at the National Institutes of Health (NIH); the Centers for Disease Control and Prevention (CDC); the Civilian Research and Development Foundation (CRDF); the National Academy of Sciences; and the Ministry of Science, as well as health scientists from leading American and Russian universities and institutes.

- The successful American-Russia Workshop on "EREIDS Research Opportunities in Russia and the Former Soviet Union" in St. Petersburg in December 1996 was organized by NIAID, NIDA, FIC, and the new Russian HIV Vaccine Research and Development Program and supported by the CRDF, Office of AIDS Research (OAR) at NIH, and the Ministry of Science. The workshop generated several successful CRDF grants in EREIDs, which are currently in progress. These include studies of influenza, monkeypox, and filovirus.

- Since being designated in 1997 as the head of the Russian HIV vaccine program entitled "Vaccines for New Generations and Medical Diagnostic Systems for the Future" (funded by the Ministry of Science), Dr. Andrei Kozlov has continued to collaborate with American scientists conducting HIV vaccine research to ensure that Russian efforts complement and build upon American efforts. The program director is interested in making the future HIV vaccine and other AIDS treatments readily available to high-risk populations, such as drug users, health workers, and hemophiliacs and is continuing to carefully monitor the epidemiology of HIV in these groups and their related needs.

- Dr. Kozlov is also working closely with scientists at Yale University to develop AIDS and EREIDs epidemiology and prevention research, related to drug abuse. American partners sent a team to St. Petersburg in December 1997 to develop AIDS and other EREIDs research protocols with Dr. Kozlov and his colleagues. These protocols will be or have been submitted to various parts of NIH, including the Fogarty International Center.

- Advance notice is being provided through the mechanism of the Health Committee regarding the imminent announcement of the NIAID International Collaborative Infectious Diseases Research (ICIDR) recompetition, which is held every five years. The 1998 ICIDR announcement will have significantly higher funding (more than double at $38.5 million over five years); be broader in scope than in the past to include viral, bacterial, and vector-borne infectious diseases; and give higher priority to training of host country and American scientists, with a major portion of the grant to be spent in the host country. Other NIAID EREIDS funding opportunities such as the ongoing Program Announcement (PA) on EREIDS, soliciting grant applications three times a year, are available to support American-Russian collaborative projects in this field. Scientists and administrators at NIH are actively promoting Russian scientists to compete for these awards, along with American partner institutions.

FDA Activity

- Scientists at the Center for Biologics Evaluation and Research (CBER) at the Food and Drug Administration (FDA) have initiated collaborative research studies in several areas with Russian scientists. In one study with scientists from the Tarasevich Institute, the collaboration will evaluate a Russian-designed monkey template (a device that fits over the head of monkeys) for use in injecting mumps vaccine into the monkey's brain for neurovirulence safety testing of the vaccine.

- In collaborations with the Institute of Poliomyelitis and Viral Encephalitis, international collaborative studies are ongoing to evaluate the reproducibility and validity of new assay methods for determining the safety of the oral poliomyelitis vaccines: the transgenic mouse assay and the MAPREC, a molecular identification test. A third project is evaluating the ability of the MAPREC test to detect mutations of the yellow fever virus vaccine which may affect the safety of this vaccine.

- A regulatory official of CBER met with the Director and Deputy Director of the Tarasevich Institute during a recent visit to Moscow in which updates of activities and exchange of recent developed documents occurred.

III. ISSUES AND PROBLEMS

Following discussions with various experts of the Department of Health and Human Services and others, a dialogue was opened with Russian counterparts during the last meeting of the Health Committee on the topic of HIV/AIDS. Agreement was reached that the American side would be willing to assist in programmatic and strategic development and review, with special emphasis on control of sexually transmitted diseases (STDs), monitoring the blood supply and blood-borne diseases, HIV education and prevention strategies, and research investigations towards vaccine development and related issues. Actual implementation of control programs was thought to be beyond the scope of involvement in terms of both personnel requirements and resource issues. It is hoped that the current meeting of the Health Committee will serve as an opportunity to gain a clearer understanding of Russian perspective on this issue at the present time and what direction our cooperation should take.

IV. OPPORTUNITIES FOR THE FUTURE

- There are plans to hold a follow-up workshop in Summer 1998 to bring together recipients of the CRDF grants and other participants who would like to continue, expand, or initiate EREIDs collaborative research partnerships with Russian colleagues. An important feature of this workshop will be a "hands-on" seminar on grantsmanship which will brief participants on existing funding mechanisms of NIH (including the ICIDR and the PA, see above) and other federal agencies. This workshop will maximize the opportunities for American-Russian teams to come together to jointly apply for competitive funding for the study of priority EREIDs areas of mutual interest. Currently the possibility of the co-sponsorship of the workshop is being explored for the workshop from the Department of State, the United States Agency on International Development (USAID),

OAR, and other agencies, whose participation in an executive planning meeting in May 1998 will be encouraged. The planning meeting is scheduled to take place under the umbrella of the "Sixth International Conference on AIDS, Cancer, and Related Problems," the largest conference in the NIS dealing with AIDS, and will follow a major EREIDs workshop in the Republic of Georgia coordinated by NIAID.

- The timing of the ICIDR recompetition provides a unique and practical opportunity for the EREIDs workshop teams to participate in a competition for previously untapped resources. It is hoped that this mechanism and others are utilized to stimulate and expand additional collaborative projects between U.S.-Russian teams with the ultimate objective of developing necessary capacity and infrastructure.

- The suggestion was made that hepatitis B and C could be an area for fruitful future collaborations. Recent seroprevalence data indicates that the prevalence of chronic hepatitis B virus infection increases significantly from West to East and North to South within the Russian Federation. The prevalence of hepatitis C infection varies throughout the region, ranging from 0.5% to 5.5% in the general adult population.

V. DELIVERABLES

None at present

VI. ISSUES TO RAISE AT THE HEALTH COMMITTEE MEETING

- Continue an open dialogue on the HIV/STD issue. Priority should be given to developing an HIV/AIDS prevention strategy, including strengthening epidemiological surveillance and laboratory testing capacity, using up-to-date procedures and equipment, and ensuring safety of the blood supply. HIV/AIDS should, for now, be targeted within the broader spectrum of STDs and other infectious diseases.

- Build upon the priority attention devoted to EREIDs by the G-7/8 Summit in Denver and the United States in particular by considering the recommendation from the December 1996 American-Russian workshop on EREIDs Research, which calls for providing increased prominence to the area of Emerging and Re-Emerging Infectious Diseases Research within the Health Committee of the Gore-Chernomyrdin Commission. Alternative approaches would be to identify it as a separate sub-area within the Infectious Diseases Priority Area or establish a formal EREIDs Research Panel under the auspices of the Health Committee.

VII. ISSUES FOR GORE-CHERNOMYRDIN LEVEL

See HIV/AIDS Issue Paper, Tab F.

VIII. AREA LEADS

United States

James LeDuc, M.D.
Associate Director for Global Health
National Center for Infectious Disease
Centers for Disease Control and Prevention
Department of Health and Human Services

Elaine Esber, M.D.
Associate Director for Medical and International Affairs
Center for Biologics Evaluation and Research
Food and Drug Administration
Department of Health and Human Services

Russian Federation

Mikhail I. Narkevich
Director
AIDS Division
Department of Sanitary-Epidemiological Surveillance
Ministry of Health

10th GORE-CHERNOMYRDIN COMMISSION
7th HEALTH COMMITTEE
PRIORITY SUBAREA

SEXUALLY TRANSMITTED DISEASES

I. OVERVIEW

Sexually transmitted diseases (STDs) are a serious and growing problem in the Russian Federation. STDs contribute to susceptibility to HIV infection, thereby making their control a national imperative. An excellent start has been made, and there are many ideas for additional collaborative work, if funds can be found. This area has brought many organizations together with the Ministry of Health with the active involvement of the Centers for Disease Control and Prevention (CDC). Because of the looming HIV/AIDS epidemic, this area merits very high priority. An important next step is a planned workshop in April in the Russian Federation, which will produce an action plan.

II. SUBAREA FOCUS:

In May 1997, because of worsening epidemics of syphilis and gonorrhea in the Russian Federation, Sexually Transmitted Diseases (STDs) were selected as a Priority Subarea of the Prevention and Control of Infectious Diseases Priority Area.

The syphilis rate increased approximately 40-fold between 1988 and 1995, with the increase occurring earlier and more markedly in younger people (the peak age stratum remains 20-29 years of age). In males there was a 50-fold increase in cases of syphilis in 18-19-year olds, and a 39-fold increase among 15-17-year-olds. For females the respective increases were 35- and 46-fold.

The rapid increase in syphilis rates in children, including the rates for congenital syphilis is alarming. The number of cases of congenital syphilis in both sexes continues to grow. Congenital syphilis accounts for a declining proportion of cases of syphilis among children under 14 years of age; sexual transmission accounted for an estimated 65% of syphilis infections in this age group in 1994. From 1990 to 1995, syphilis rates for children under 14 years of age increased 20.9 times; approximately 66% of cases were acquired syphilis.

From 1991, the reported incidence of gonorrhea began to increase significantly. The annual increase from 1991 to 1993 was approximately 30% (228.1 per 100,000 in 1993). Infections caused by anti-microbial-resistant gonorrhea among children have become an increasing problem. Gonorrhea was reported in 2,675 children under 14 years of age in 1994 (a rate of 6.2 per 100,000). The rate increased in 1995 to 7.5 per 100,000.

With these high rates of syphilis and gonorrhea, one can only speculate about the future of HIV infection in the country. Furthermore, an explosion of HIV cases among drug abusers in the Russian Federation, especially in the northwestern regions of the country (Kaliningrad, St. Petersburg, etc.), could spread very rapidly to the general population of the Russian Federation if measures are not taken soon.

It is the intention of the newly formed Sexually Transmitted Diseases working group to bring together governmental and non-governmental institutions in both the Russian Federation and the United States, the World Health Organization (WHO) and its Regional Office for Europe, United Nations agencies (UNAIDS and UNICEF), and the private sector to collaborate in activities leading to improved prevention and control programs for STDs including diagnostic and treatment guidelines and health education and promotion programs; training in epidemiology, laboratory research, and surveillance; development of the Federal Program on STD Control and Prevention of the Ministry of Health; and the exchange of information, expertise and literature on common problems related to STD/HIV.

The STD working group recommended that these cross-cutting and interdisciplinary efforts be integrated in the Health Committee Priority Areas of Health Education and Promotion and Prevention and Control of Infectious Diseases.

III. ACCOMPLISHMENTS SINCE LAST GCHC MEETING:

- CDC/GCC initiated discussions with the Ministry of Health, the Russian NGO Association Against STDs "SANAM," and other Russian colleagues, USAID/Moscow, United Nations agencies, and WHO regarding the desirability of collaboration on the development of an STD strategic plan, with particular reference to reducing the incidence of STDs as a strategy for the prevention of the transmission of HIV and with particular reference to broader interests in high-risk groups (including women, adolescents, prostitutes, etc.).

- CDC consultants traveled to Moscow in September and October 1997. Discussions were undertaken with the Ministry of Health, SANAM, and the Central Research Institute of Skin and Venereal Diseases regarding planning a Joint American-Russian Workshop on STD Control and Prevention planned for April 1998 in Moscow. The workshop will develop recommendations and an action plan for the future CDC-GCC/Russia collaboration in priority areas.

- The 1993 CDC STD Treatment Guidelines and STD Case Definitions for Public Health Surveillance were translated into Russian by SANAM. SANAM is planning to translate the 1997 CDC STD Treatment Guidelines and the CDC STDs Clinical Practice Guidelines into Russian in March 1998. The

aforementioned publications will be disseminated at the April STD Workshop in Moscow.

- Dr. Shakarishvili of CDC and Dr. Borisenko of SANAM and the Central Research Institute on Skin and Venereal Diseases gave presentations from Moscow via teleconference on epidemics of STDs in the Russian Federation with an emphasis on women's and adolescent health and efficient strategies to improve STD control and prevention at the 13th International Conference of the American International Health Alliance (AIHA) on October 9, 1997.

IV. ACTIVITIES PLANNED FOR JANUARY-APRIL 1998

- The STD study tour in February 1998 enabled 5 Russian health officials to become acquainted with the principal STD services, control, and prevention programs, diagnostic, treatment, and health education and promotion practices related to STDs and HIV in the United States. The study tour will be also focused on the following: the roles and responsibilities of health regulatory agencies of the federal, state, and local levels including the National Center for HIV, STD and TB Prevention and the National Center for Chronic Disease Prevention and Health Promotion at CDC.

- The translation of the 1997 CDC STD Treatment Guidelines, STDs Case Definitions for Public Health Surveillance, and STDs Clinical Management Guidelines will be published in February-March 1998 by SANAM.

- The workshop will be sponsored by USAID/Moscow, UNICEF/Moscow, CDC, the Ministry of Health, and SANAM. The workshop, including several working group and planning sessions, will address the following:

  - exchange of baseline information on existing STD and HIV problems, national efforts to control and prevent STDs and HIV infection and their impact, policy issues, etc.

  - exchange of information on prevalent etiology of STDs and HIV, available laboratory resources, existing STD treatment guidelines, legal aspects related to STD/HIV control, and prevention and treatment in the United States and the Russian Federation

  - specification of details of an action plan of short-term steps for a cooperative program between the Russian Federation and the United States

- discussion within working group sessions of the most important areas of STD control and prevention in the Russian Federation such as surveillance, clinical management, treatment, diagnostic management and screening practices, primary prevention, health education and promotion, communication and information related to STD and HIV prevention, women's health, efforts related to high-risk groups, work with NGOs and PVOs, etc.

The workshop participants will include the following from the Russian side: the Ministries of Health, Education and Justice; Russian and American NGOs working in the Russia Federation; Russian research institutes; the Russian AIDS Center, health professionals working at oblast, krai, and city levels from geographically representative and high morbidity oblasts/regions; USAID women's reproductive health and family planning clinics; and other agencies/institutions. They will include the following from the American side: USAID/Moscow, CDC, AVSC, Johns Hopkins, AIHA, Magee Women's Care International, and ASHA. They will also include the following from international agencies: the WHO Regional Office for Europe, UNAIDS, UNDP, UNFPA, UNICEF, and others.

The summary of the workshop as well as recommendations and an action plan identifying priority activities for American-Russian collaboration will be highlighted in press releases by the Ministry of Health, the Russian journal "Sexually Transmitted Diseases" of the SANAM, and other Russian and American journals.

V. OPPORTUNITIES FOR FUTURE COLLABORATION

Discussions will be held with USAID regarding support for priority activities identified during the April, 1998 STD workshop in Moscow. NOTE: USAID has informally advised an intent to provide $200,000 for this effort in FY 1998.

The following are concerns and constraints to an optimal program for STD reduction in the Russian Federation. They represent areas where proposed intervention would have a significant benefit.

- Strengthen capacity for the implementation of effective and sustainable services to prevent and control the spread of STD/HIV through improved access to quality STD services that provide and promote appropriate diagnosis, treatment (providing the "4 Cs:" counseling, condom promotion, compliance with antibiotic treatments and contact tracing/partner notification for the treatment of sex partners), and prevention of STD/HIV

- Strengthen STD reference laboratory capacity
- Through applied STD research, improve the design, implementation, and evaluation of STD intervention programs

PROPOSED ACTIVITIES

- Improve STD management at all "points of first encounter" in the health system. This can be achieved by:
  - Training a cadre of mid-level providers in syndromic diagnosis of STDs using standard guidelines
  - Strengthening reference clinics and educating all care levels in the appropriate use of the referral system
  - Helping ensure, through dialogue with government and other donor agencies, that drug purchase, supply, and distribution are adequate so that appropriate drugs are available and affordable at these "points of first encounter" (ideally, such drug therapy should consist of single dose, oral regimens)
  - Providing a regular supply of condoms
  - Identifying promoters and barriers to seeking STD treatment
  - Ensuring a regular supply of culturally-relevant patient educational materials
- Strengthen STD centers and Reference Laboratories. Examples of areas for collaboration include the following: *N. gonorrhea* culture and sensitivity, chlamydia antigen testing, *H. ducreyi* culture, and HSV antigen testing.
- Discuss adopting and adapting the WHO guidelines and algorithms for the management of STDs, as appropriate, and ensure their communication to all primary providers.

  Possible intervention: Develop and integrate scientifically sound and cost-effective treatment into the health care system through well-designed algorithms with ready access to the appropriate drugs. Substantial evidence indicates that well designed treatment guidelines, developed through scientific studies, consensus, and experience, lead to improved therapeutic outcomes throughout the

health care system.

- Train selected clinical and health education staff in syndromic approach to STD clinical management as well as counseling for risk reduction, condom use skills, and research methods as appropriate to ensure training at other levels. Strengthen centers for STD training and continuing education.

- Identify mechanisms of collaboration and coordination between the public and private sectors and networking with community-based organizations for outreach to groups at increased risk of STD transmission and acquisition.

- Provide an information management system that is simple and provides useful information to monitor and improve services.

- Delineate the roles played by various existing health care delivery systems (including FP, pharmacies, STD clinics, primary health care, and the "informal sector" such as traditional healers) and other sectors in the provision of STD services to target groups and others.

Strengthening STD Laboratory Capacity (FY 1998)

Initiate discussion between CDC and Russian counterparts to develop a plan to provide laboratory training in STDs:

- Chlamydia and associated complications: training in new laboratory, epidemiology, surveillance, and screening methods. CDC would provide training in these laboratory methods as well as help to determine the prevalence of chlamydial infections in various populations through the use of screening using non-invasive specimens (e.g., urine).

- Rapid testing for syphilis: training in rapid diagnostic test, reagent manufacture, and quality control.

- Introduce selective media cultivation for gonorrhea.

Pilot Project to Improve and Strengthen STD Control and Prevention Activities on Oblast and/or City Levels (FY 1998-9)

- Initiate discussions between CDC and Russian counterparts to develop a plan for a pilot project to improve and strengthen local STD control and prevention activities at oblast and/or city levels. The study might involve the transfer of appropriate technologies to the Russian Federation, work on various aspects of STD control and prevention in the Russian Federation including clinical

management of STDs, laboratory diagnosis, partner notification, patient education/counseling, etc.

Pilot Study to Evaluate Congenital Syphilis Surveillance and Prevention Activities in Selected Regions of the RF (FY 1998-9)

- Initiate discussions between CDC and Russia counterparts to develop a plan for a pilot study to be focused on evaluation of the congenital syphilis surveillance and prevention activities on local (oblast and/or city) level. The study would involve STD control and prevention as well obstetrical/gynecological and pediatric services available in the Russian Federation.

Other possible activities

- Initiate discussions on improving health education and promotion activities related to STDs in Russia.

- Collaborative work with the Ministry of Health and other Russian agencies/organizations on developing a comprehensive federal program on STD control and prevention, conducting pilot projects in selected regions, and implementing nation-, oblast- or city-wide (with a special emphasis on the regions with the highest rates of HIV and STDs such as Kaliningrad and St. Petersburg).

- Rapid assessment of STD control and prevention programs in selected areas and collaboration on their improvement.

- Development of STD treatment and diagnosis protocols and training curricula for physicians, nurses, health educators, counselors.

VI. ISSUES AND PROBLEMS:

The key problem is the restricted funding support for many potentially worthwhile joint efforts and activities. The leadership of the Ministry of Health, SANAM, and other institutions in the Russian Federation may provide a positive and encouraging commitment to joint activities. The present leadership in the Russian Federation requests assistance and clearly understands the need for the improvement in STD/HIV control and prevention efforts on various levels (national, oblast, and regional) in basic health education and promotion, medical education infrastructures, laboratory capacity building, etc.

VII. SUBAREA LEADS

United States

Anna Shakarishvili, M.D.
Visiting Scientist
Division of Adolescent and School Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
Department of Health and Human Services

Russian Federation

Lilian I. Tikhonova
Chief STD Specialist
Ministry of Health

Konstantin K. Borisenko, M.D., Ph.D.
President
SANAM
and
Chief
Department of Syphilis
Central Research Institute of Skin and Venereal Diseases

We're good on the Supreme Court case – SG's office did an amicus brief that was very good, and they're doing oral argument, too.

ФЕДЕРАЛЬНОЕ СОБРАНИЕ РОССИЙСКОЙ ФЕДЕРАЦИИ

ГОСУДАРСТВЕННАЯ ДУМА

КОМИТЕТ ПО ПРИРОДНЫМ РЕСУРСАМ И ПРИРОДОПОЛЬЗОВАНИЮ

103265, Москва, Георгиевский пер., д. 2. Тел. 292-3783. Факс 292-4963

„12th" April 199 9 г. № 3.12/ 190

Representativ Curt Weldon,
2452 Rayburn House Office Building,
Washington, D.C., 20515-3807
USA

cc: Senators Pete Domenici, Edward Kennedy, Trent Lott, Richard Lugar, Barbara Mikulsky
cc: Representativs Nancy Pelosi, John Porter, Ellen Tauscher, Dave Weldon

Dear Mr. Weldon,

I am writing you in relation to the further prospects of Russia-US collaboration in science. For several years I work in the field of Russian science policy as a Deputy Chairman of the Committee on Education and Science, State Duma (Russian Parliament) and presently as a Chairman of the Committee on Narutal Resources and President of the Union of Scientific Societies of Russia.

I think, it is difficult to overestimate the importance of Russia-US collaboration in science, in particular in such areas as defence conversion and HIV vaccine development. In 1997 the Russian Parliament approved a Russian HIV vaccine project. In the same year the Denver G8 made a decision on international collaboration in HIV vaccine development. Since then an essential work has been done to establish active Russia-US collaboration in this field. There was a number of meetings of Russian and American scientists as well as scientific exchanges. Last year Mrs Sandra Thurman, Director of the Office of National AIDS Policy, visited Russia to discuss prospects of collaboration with the Russian Ministry of Science and Technology. On the 2nd March this year I had an interesting meeting with Mrs. Anne Harrington, Senior Coordinator, Nonproliferation/Science Cooperation Programs, the Department of State, and Dr. Andrei Kozlov, Coordinator of Russian HIV Vaccine Project. During this meeting some ideas have been suggested to support Russian-US collaboration in the field of HIV vaccine development and other areas through the Democracy Support Act.

May I suggest to organize a meeting of American Congressmen and Russian MPs to discuss approaches to the most efficient colloboration in this and other areas? We are ready to organize the first meeting in Russia in any time convenient to you and your collegues.

With best regards, yours sincerely,

Prof. Mikhail Glubokovsky, Chairman,
Committee on Natural Resources,
State Duma (Russian Parliament)

M. Glubokovsky

ФЕДЕРАЛЬНОЕ СОБРАНИЕ РОССИЙСКОЙ ФЕДЕРАЦИИ

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103265, Москва, Георгиевский пер., д. 2 Тел. 292-3783. Факс 292-4963

„12th" April 1999 г. № 3.12/190

Senator Pete V. Domenici
SH-328 Hart Senate Office Building,
Washington, D.C., 20510-3101,
USA

cc: Senators Edward Kennedy, Trent Lott, Richard Lugar, Barbara Mikulsky
cc: Representativs Nancy Pelosi, John Porter, Ellen Tauscher, Curt Weldon, Dave Weldon.

Dear Senator Kennedy,

I am writing you in relation to the further prospects of Russia-US collaboration in science. For several years I work in the field of Russian science policy as a Deputy Chairman of the Committee on Education and Science, State Duma (Russian Parliament) and presently as a Chairman of the Committee on Narutal Resources and President of the Union of Scientific Societies of Russia.

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103265, Москва, Георгиевский пер., д. 2. Тел. 292-3783. Факс 292-4963

„12th" April 1999 г. № 3.12/190

Representativ Dave Weldon,
216 Cannon House Office Building,
Washington, D.C., 20515-0915
USA

cc: Senators Pete Domenici, Edward Kennedy, Trent Lott, Richard Lugar, Barbara Mikulsky
cc: Representatives Nancy Pelosi, John Porter, Ellen Tauscher, Curt Weldon

Dear Mr. Weldon,

I am writing you in relation to the further prospects of Russia-US collaboration in science. For several years I work in the field of Russian science policy as a Deputy Chairman of the Committee on Education and Science, State Duma (Russian Parliament) and presently as a Chairman of the Committee on Narutal Resources and President of the Union of Scientific Societies of Russia.

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103265, Москва, Георгиевский пер., д. 2. Тел. 292-3783. Факс 292-4963

„12th" April 199 9 г. № 3.12/ 120

Representativ John Porter,
2373 Rayburn House Office Building.
Washington, D.C., USA

cc: Senators Pete Domenici, Edward Kennedy, Trent Lott, Richard Lugar, Barbara Mikulsky
cc: Representativs Nancy Pelosi, Ellen Tauscher, Curt Weldon, Dave Weldon,

Dear Mr. Porter,

I am writing you in relation to the further prospects of Russia-US collaboration in science. For several years I work in the field of Russian science policy as a Deputy Chairman of the Committee on Education and Science, State Duma (Russian Parliament) and presently as a Chairman of the Committee on Narutal Resources and President of the Union of Scientific Societies of Russia.

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103265, Москва, Георгиевский пер., д. 2. Тел. 292-3783. Факс 292-4963

„12th" April 199 9 г. № 3.12/ 190

Senator Barbara A.Mikulsky
SH-709 Hart Senate Office Building,
Washington, D.C., 20510-2003,
USA

cc: Senators Pete Domenici, Edward Kennedy, Trent Lott, Richard Lugar,
cc: Representativs Nancy Pelosi, John Porter, Ellen Tauscher, Curt Weldon, Dave Weldon,

Dear Senator Mikulsky,

I am writing you in relation to the further prospects of Russia-US collaboration in science. For several years I work in the field of Russian science policy as a Deputy Chairman of the Committee on Education and Science, State Duma (Russian Parliament) and presently as a Chairman of the Committee on Nárutal Resources and President of the Union of Scientific Societies of Russia.

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103265, Москва, Георгиевский пер., д. 2. Тел. 292-3783. Факс 292-4963

„12 th" April 199 9 г. № 3.12/ 190

Senator Edward Kennedy
SR-315 Russel Senate Office Building,
Washington, D.C., 20510-2101,
USA

cc: Senators Pete Domenici, Trent Lott, Richard Lugar, Barbara Mikulsky
cc: Representativs Nancy Pelosi, John Porter, Ellen Tauscher, Curt Weldon, Dave Weldon,

Dear Senator Kennedy,

I am writing you in relation to the further prospects of Russia-US collaboration in science. For several years I work in the field of Russian science policy as a Deputy Chairman of the Committee on Education and Science, State Duma (Russian Parliament) and presently as a Chairman of the Committee on Narutal Resources and President of the Union of Scientific Societies of Russia.

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M. Glubokovsky

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103265, Москва, Георгиевский пер., д. 2. Тел. 292-3783. Факс 292-4963

„12th" April 1999 г. № 3.12/190

Senator Trent Lott
SR-487 Russel Senate Office Building,
Washington, D.C., 20510-2403,
USA

cc: Senators Pete Domenici, Edward Kennedy, Richard Lugar, Barbara Mikulsky
cc: Representativs Nancy Pelosi, John Porter, Ellen Tauscher, Curt Weldon, Dave Weldon,

Dear Senator Lott,

I am writing you in relation to the further prospects of Russia-US collaboration in science. For several years I work in the field of Russian science policy as a Deputy Chairman of the Committee on Education and Science, State Duma (Russian Parliament) and presently as a Chairman of the Committee on Natutal Resources and President of the Union of Scientific Societies of Russia.

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M. Glubokovsky

ФЕДЕРАЛЬНОЕ СОБРАНИЕ РОССИЙСКОЙ ФЕДЕРАЦИИ

ГОСУДАРСТВЕННАЯ ДУМА

КОМИТЕТ ПО ПРИРОДНЫМ РЕСУРСАМ И ПРИРОДОПОЛЬЗОВАНИЮ

103265, Москва, Георгиевский пер., д. 2. Тел. 292-3783. Факс 292-4963

„____“ _____ 199__ г. № 3.12/ 190

Senator Richard G.Lugar.
SH-306 Hart Senate Office Building,
Washington, D.C., 20510-1401,
USA

April 7, 1999

cc: Senators Pete Domenici, Edward Kennedy, Trent Lott, Barbara Mikulsky
cc: Representativs Nancy Pelosi, John Porter, Ellen Tauscher, Curt Weldon, Dave Weldon,

Dear Senator Lugar,

I am writing you in relation to the further prospects of Russia-US collaboration in science. For several years I work in the field of Russian science policy as a Deputy Chairman of the Committee on Education and Science, State Duma (Russian Parliament) and presently as a Chairman of the Committee on Natural Resources and President of the Union of Scientific Societies of Russia.

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State Duma (Russian Parliament)

M. Glubokovsky

ФЕДЕРАЛЬНОЕ СОБРАНИЕ РОССИЙСКОЙ ФЕДЕРАЦИИ

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КОМИТЕТ ПО ПРИРОДНЫМ РЕСУРСАМ И ПРИРОДОПОЛЬЗОВАНИЮ

103265, Москва, Георгиевский пер., д. 2. Тел. 292-3783. Факс 292-4963

„12th" April 199 9 г. № 3.12/ 190

Representativ Ellen Tauscher,
1440 Loagworth House Office Building,
Washington, D.C., 20515-0510,
USA

cc: Senators Pete Domenici, Edward Kennedy, Trent Lott, Richard Lugar, Barbara Mikulsky
cc: Representativs Nancy Pelosi, John Porter, Curt Weldon, Dave Weldon,

Dear Ms. Tauscher,

I am writing you in relation to the further prospects of Russia-US collaboration in science. For several years I work in the field of Russian science policy as a Deputy Chairman of the Committee on Education and Science, State Duma (Russian Parliament) and presently as a Chairman of the Committee on Natural Resources and President of the Union of Scientific Societies of Russia.

I think, it is difficult to overestimate the importance of Russia-US collaboration in science, in particular in such areas as defence conversion and HIV vaccine development. In 1997 the Russian Parliament approved a Russian HIV vaccine project. In the same year the Denver G8 made a decision on international collaboration in HIV vaccine development. Since then an essential work has been done to establish active Russia-US collaboration in this field. There was a number of meetings of Russian and American scientists as well as scientific exchanges. Last year Mrs Sandra Thurman, Director of the Office of National AIDS Policy, visited Russia to discuss prospects of collaboration with the Russian Ministry of Science and Technology. On the 2nd March this year I had an interesting meeting with Mrs. Anne Harrington, Senior Coordinator, Nonproliferation/Science Cooperation Programs, the Department of State, and Dr. Andrei Kozlov, Coordinator of Russian HIV Vaccine Project. During this meeting some ideas have been suggested to support Russian-US collaboration in the field of HIV vaccine development and other areas through the Democracy Support Act.

May I suggest to organize a meeting of American Congressmen and Russian MPs to discuss approaches to the most efficient colloboration in this and other areas? We are ready to organize the first meeting in Russia in any time convenient to you and your collegues.

With best regards, yours sincerely,

Prof. Mikhail Glubokovsky, Chairman,
Committee on Natural Resources,
State Duma (Russian Parliament)

M. Glubokovsky

ФЕДЕРАЛЬНОЕ СОБРАНИЕ РОССИЙСКОЙ ФЕДЕРАЦИИ

ГОСУДАРСТВЕННАЯ ДУМА

КОМИТЕТ ПО ПРИРОДНЫМ РЕСУРСАМ И ПРИРОДОПОЛЬЗОВАНИЮ

103265, Москва, Георгиевский пер., д. 2. Тел. 292-3783. Факс 292-4063

„12th" April 199 9 г. № 3.12/ 120

Representativ Ellen Tauscher,
1440 Loagworth House Office Building,
Washington, D.C., 20515-0510,
USA

cc: Senators Pete Domenici, Edward Kennedy, Trent Lott, Richard Lugar, Barbara Mikulsky
cc: Representativs Nancy Pelosi, John Porter, Curt Weldon, Dave Weldon,

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M. Glubokovsky

THE WHITE HOUSE

WASHINGTON

October 18, 1999

Dr. Andrei Kozlov
Coordinator
Russian HIV Vaccine Initiative
Biomedical Center
7, Pudozhakaja Street
St. Petersburg, Russia 197110

Dear Andrei:

Thank you for sending along the information on the conversations you have been having with the World Bank on its pending loan for HIV prevention. We have followed up with several conversations with some of our colleagues from the World Bank, but at this point it does not appear likely that they will support use of the loan proceeds for HIV vaccine research.

We have explained that there may be some areas in which the prevention efforts might also help with vaccine research, particularly in the area of cohort development. However, the World Bank officials managing the loan feel quite strongly that the proceeds should be used for HIV prevention exclusively and that adding additional components to an already complex loan will make it less likely to be effective.

We do understand that your conversations with the NIH have been ongoing and that they continue to be helpful to you and your program. We will also look for other ways to build on our relationship and to encourage joint US-Russia efforts on HIV vaccine development. The staff at the World Bank remain interested in your work, and may consider it for future activities or loans, so we would suggest that you maintain that contact.

Keep us informed on your work so that we can keep an eye out for opportunities. I look forward to your visit in November!

Very truly yours,

Sandra Thurman
Director
Office of National AIDS Policy

BIOMEDICAL CENTER

7, Pudozhskaja St., St.Petersburg, Russia 197110 ☎: 7(812) 230-4872, 7(812) 230-4959, 7(812)230-7969
E-mail: biomed@mailbox.alkor.ru

10/01/99
St. Petersburg

Ms. Sandra L. Thurman
Director,
White House Office of National AIDS Policy

Dear Sandy,

I hope everything is going well in your Office. Last June we had a very productive meeting with Dr. Nathanson's group and the role of Todd in this success was very important. We in Russia are now at the very important point when correct decisions may significantly accelerate the collaboration of our countries in the field of HIV vaccine development. Russia is currently negotiating with the World Bank the considerable loan ($ 150 mln) for AIDS and tuberculosis. Russian government suggests to forward part of the loan ($55 mln) for the purpose of HIV vaccine development. This idea was supported by Dr. Nathanson's group. The WB delegation headed by Annette Dixon (health sector leader, Human Development Sector Leader, Europe and Central Asia Region) and Joana Mira Godinho (Public Health specialist, the same unit) are strongly opposing this. The situation seems strange to the Russian side because in June President of Russia has received a letter from the President of the World Bank encouraging Russia to develop HIV vaccine. As you know, last April World Bank had a meeting in Paris which recommended to develop the national HIV vaccine programs through the Adaptable Program Loan from the World Bank.

I urgently need some support in the World Bank. People who work with HIV vaccine program in the World Bank are Mr. Josehp E. Stingliz, Senior Vice President, Development Economics and Chief Economist; Mr. Geoffrey Lamb, Acting Vice President, Resource Mobilization and Cofinancing and Co-chairs of WB AIDS vaccine task force Martha Ainsworth and Amie Batson.

Please, help.

Yours, Andrei

Andrei P. Kozlov, Ph.D.
Coordinator,
Russian HIV vaccine Problem

cc Mr. Todd Summers

P.S. During their visit to Russian Parliament members of the WB delegation were told that without vaccine component Russian Parliament will not approve the loan.

P.P.S. I have just talked to Amie. She told me that there could be some concerns in the WB about R&D nature of HIV vaccine project. This is not completely so, because considerable part of the project is devoted to creating the infrastructure for monkey trials and cohorts for Phase III trials. This will be not only for Russia, but for the World.

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*** TX REPORT ***
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TRANSMISSION OK

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OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Peter Hartsock

FROM: Cheryl

COMPANY:

DATE:

FAX NUMBER: 301-480-4544

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Here's the letter.

Many thanks!

Cheryl

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

Paul A. Gaist
08/25/2000 09:14:16 PM

Record Type: Non-Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc: gaistp@nih.gov @ inet, pgaist@opd.eop.gov @ inet
Subject: AIDS background paper for Russia Office, NSC

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Sounds like a good opportunity and a good show of collaboration between ONAP and the NSC Russia office.

The paper is fairly basic, but it is clear, up-to-date and I believe hits the major points - I hope you and Sandy like it.

I also think it is a good paper for Sandy to be able to pull on for her own use in the future. I'm glad I had the opportunity to put it together.

I have also put a hard copy in your chair - with the HIV/IDU attachment I refer to at the end of the paper. I am not able to send that to you as an attachment, unfortunately. (It is the same thing that we have sitting in the ONAP waiting room for visitors to take a copy of. It is issued by the CDC.)

Call me over the weekend if you need to.

Otherwise, see you Monday,
Paul

Bkground paper for Russia Office,N

A Background Paper on HIV/AIDS in Eastern Europe and Central Asia.

Prepared for the Office of Russian, Ukranian and Eurasian Affairs, National Security Council.
8/25/00

The Problem

The increasing prevalence of intertwining issues such as HIV/AIDS, STDs, tuberculosis, alcoholism, and drug use in Eastern Europe and Central Asia have significant health, socio-economic, geo-political/security implications for these regions.

HIV/AIDS - a devastating epidemic picking up speed

According to the latest UNAIDS data, 1999's steepest rise in new HIV infections worldwide took place not in Africa, but in the former Soviet Union.

In Eastern Europe and Central Asia, HIV/AIDS was a relative latecomer but in recent years HIV prevalence rates have increased dramatically, with some Eastern European regions having the fastest rates of new infections worldwide.

A new report issued in July 2000 by UNAIDS estimates that the number of people living with the virus in the former Soviet Union and Eastern Europe has more than doubled in the past three years. HIV-positive people in the region now number 420,000, up from an estimated 170,000 cases three years ago. Belarus, Kazakhstan, Russia, Ukraine, and Moldova are considered the most affected countries at this time.

Many places are experiencing a rapid increase of injecting drug use, especially among young people. This gives HIV the opportunity to gain substantial footholds quite quickly.

Drug injecting is still the main risk factor driving HIV/AIDS in Eastern Europe and Central Asia, though sexual transmission is recognized as a significant factor as well.

In the countries of the former Soviet Union, the HIV epidemic continues to be concentrated heavily in injecting drug users. The absolute number of cases has remained small in many countries so far, but overall the growth has been rapid. The majority of new HIV infections are caused by unsafe drug injection and are occurring primarily in two countries: the Russian Federation and Ukraine. Drug injecting is becoming common among unemployed young people in many of the industrial cities of these countries. And because of the way drug solutions

are prepared in the region, there is also the risk that the solutions themselves are contaminated with HIV; thus, even if clean equipment is used, there is still the possibility of transmitting the virus.

In Ukraine, the number of diagnosed HIV infections jumped from virtually zero before 1995 to around 20,000 a year from 1996 onwards, with about 80% of them in injecting drug users. As HIV spreads and new infections occur, the total number of people living with HIV continues to grow, reaching an estimated 240 000 at the end of 1999, compared with 110,000 just two years earlier.

In the Russian Federation, the virus has been introduced into networks of drug injectors in both large and small cities where HIV was previously unknown. In Moscow city and region there were 7,000 new cases of HIV reported in 1999 alone--three times as many as in all previous years combined. While about 130,000 Russians are thought to be already infected with HIV, recent estimates of the number of injecting drug users in the country range between 1 and 2.5 million. Obviously, many more infections may still occur in this group, apart from the risk of further spread of HIV into other parts of the population.

In any country with a large and growing drug injecting population, coupled with unsafe drug-injecting practices, a fresh outbreak of HIV is liable to occur at any time. This is especially true of the countries in Eastern Europe where the HIV epidemics are still young and have so far spared some cities and sub-populations.

Indicators that HIV infection is occurring through sexual transmission are available as well. For example, in the past five to six years, syphilis cases among girls who are fourteen or younger have increased thirty-fold in some Russian regions.

Rising HIV infection rates are often coupled with rising rates of other STDs. As a co-factor, the presence of an STD increases the chance of becoming HIV infected from unprotected sex with an HIV infected person.

What's behind this?

Many factors can drive an HIV/AIDS epidemic. Among them is economics. As experienced in most Eastern European countries, economic hardship has lead more individuals toward illegal drug use and prostitution. Many drug injectors also have unprotected sex, and STD prevalence among them is high. Thus, their sex partners are also at risk of HIV, regardless of whether they use drugs, thereby facilitating transmission to the "general population." Moreover, weak and/or transitioning economies and inadequate political will render it difficult for governments to develop, fund and sustain effective anti-HIV/AIDS campaigns.

In some areas of Eastern Europe there is already strong overlap between drug injectors and sex workers, who will also have clients from outside the drug-injecting community. For example, out of a small sample of 103 sex workers arrested on the streets of the Russian city of Kaliningrad, a third were known to be IDUs living with HIV. The city reported that four out of every five women treated for HIV-related illness at the regional AIDS center make a living as a sex worker.

Tuberculosis (TB): one of several HIV/AIDS co-factors

HIV/AIDS co-factors such as tuberculosis and STDs are important to address in the overall context of HIV/AIDS. For example, the incidence of TB in Russia has been escalating rapidly. The Russian mortality rate for TB is 16.9 per 100,000; the U.S. rate is 0.5. One-tenth of the prison inmates in Russia have TB, and reportedly, 850,000 to one million Russians are in prison. These estimates are generally considered underestimates of the actual numbers.

Other countries in the region

Other Eastern European and Central Asian countries should also be considered. Risk factors and patterns must be assessed and addressed in these areas as well, if HIV/AIDS is to be effectively controlled. For example, Romania has the greatest number of pediatric HIV/AIDS cases in Europe. HIV transmission has occurred primarily in health care settings through infected blood products and contaminated equipment and syringes. In other nations, such as the Czech Republic, initial cases have occurred primarily via homosexual/bisexual transmission, followed closely by heterosexual transmission.

Why should everyone be concerned?

There is no doubt that the warning signs for a widespread injection drug use and/or sexually-transmitted epidemic of HIV exist in many areas of Eastern Europe. Although levels of HIV infection in the general population remain low at this time, the testing of pregnant women, blood donors, and others suggests that the virus is becoming increasingly common in society as a whole. And we are now witnessing dramatic increases in other sexually transmitted diseases, especially syphilis, in the general population. From negligible rates of around 10 cases per 100,000 people in the late 1980s, new syphilis infections have shot up into the hundreds. The Russian Federation, which had an annual rate in the single figures in 1987, recorded over 260 cases per 100,000 people a decade later.

The rise in new cases of STDs and the mixing of injecting drug users with other groups and segments of society indicates that the risk of HIV spreading rapidly throughout the general population in Eastern Europe is very real.

Why should policymakers be concerned?

Those concerned with issues such as geopolitics, economics, global and national security as they relate to Russia and Eastern Europe, must also consider these fundamental health and public health realities. National epidemics of infectious diseases and the devastating illness they cause stand to undermine long term solutions to a country's political, economic. and security issues. This is true for Russia and other countries of Eastern Europe and Central Asia. This is especially true for the devastating patterns of illness created by HIV and AIDS.

With respect to health and healthcare, well-constructed evidence-based planning and action taken now can assist Eastern Europe in averting what is now happening in Sub-Saharan Africa. Many African governments concede that they are so overwhelmed with care issues of those already HIV-infected that they have very little ability to meet this demand, let alone support public health scale HIV prevention efforts. Life expectancy in some African nations are predicted to drop by over 20 years during this decade, with work forces and family structures being decimated, and the effects of HIV/AIDS consuming increasing amounts of governmental and non-governmental resources. Resources that otherwise could be applied elsewhere, in other sectors, to grow economies and strengthen countries.

What to do

An effective response to the HIV/AIDS situation should utilize strong strategic planning approaches such as those employed by UNAIDS at the country and regional levels, coupled with targeted training, program implementation, evaluation, and sustained political support.

Components of a successful approach:

- it is situation-specific;
- there is accurate assessment of the size and understanding of the impact of the epidemic;
- the programs and policies developed, adopted and deployed are evidence-based;
- obstacles and opportunities are identified and addressed on an ongoing basis; and,
- it sets priorities, with the governments taking the lead, providing political will, planning realistically and assuring sustained resources.

Action steps

Education -

There is a strong demand for accurate information about subjects related to HIV/AIDS. For example, one global information resource, the AIDS infoshare library, has received over one hundred requests for information in the last several years from government and non-governmental organizations for use in their activities. Topics most frequently requested include: prevention, treatment, human rights, and organizational development. The availability of accurate, appropriate information on HIV/AIDS-related topics has great potential to impact the course of the HIV/AIDS epidemic, especially where the epidemic is at an early stage of relatively low prevalence, such as in Eastern Europe and Central Asia.

But education is not enough -

It is reported that though Russian IDUs know that sharing needles spreads HIV, they still share. Education is a necessary, but most often not a sufficient step in preventing HIV infection and curbing the epidemic. Sustained evidence-based programs, resources, and strong political will and commitment are necessary factors as well. Effective behavioral and social science based prevention programs that employ social marketing, skills building, and other techniques to promote healthy behavior change at the individual, community and national levels need to be coupled with the education efforts.

Research -

New and continuing research is needed to better understand the dynamics, impact, and effective points of intervention of the HIV/AIDS epidemic as it applies to specific Eastern European and Central Asian countries and regions.

The United States and other countries are working to develop increased and enhanced research partnerships with Russia, Ukraine and others to address the prevention, treatment and care issues of HIV/AIDS in Eastern Europe and Central Asia.

Sustained program implementation and evaluation -

Sustained evidence-based prevention and treatment programs on an appropriately large scale are needed and should be assessed periodically to assure their continued effectiveness. For example, the data clearly indicates that prevention interventions focused on injecting drug users should be seen as a priority for the Russian Federation.

Effective prevention programs of this type will help reduce HIV in the IDU population in Russia, benefiting IDUs and society as a whole. Reduced transmission among IDUs also means reduced transmission among their sex partners, their children, and ultimately, among the general population.

An example of an approach with specific strategies to prevent and reduce HIV infection in injecting drug users

"New Attitudes and Strategies: A Comprehensive Approach to Preventing Blood-Borne Infections Among IDUs."
(See Attachment)

August 25, 2000
Paul A. Gaist, Ph.D., M.P.H.
Senior Policy Advisor/Agency Representative
The Office of National AIDS Policy

New Attitudes & Strategies

A COMPREHENSIVE APPROACH TO PREVENTING BLOOD-BORNE INFECTIONS AMONG IDUS

CENTERS FOR DISEASE CONTROL & PREVENTION

DIVISION OF HIV/AIDS PREVENTION

IDU HIV PREVENTION

Injection Drug Users are Important in the Transmission of HIV and Other Blood-borne Diseases

Since 1981, 688,200 cases of AIDS have been reported to the Centers for Disease Control and Prevention (CDC). It is estimated that 650,000 to 900,000 Americans are now living with HIV and that about 40,000 new infections occur every year.

The figures on hepatitis are equally impressive: Between 1 and 1¼ million Americans have active hepatitis B; 130,000 to 320,000 new infections occur every year. Nearly 3 million Americans have active hepatitis C.

Injection drug users (IDUs) are an important force in the continuing epidemics of these devastating diseases. IDUs become infected and transmit the viruses to others in two, often interconnected, ways:

- high-risk drug use — sharing blood-contaminated syringes and injection paraphernalia such as water, cookers, and cottons

- high-risk sex — unprotected sex, sex with many partners, failure to treat STDs

Women who become infected with HIV through sharing needles or having sex with an infected IDU can also transmit the virus to their babies before or during birth or through breastfeeding.

More effective prevention approaches will help IDUs. Society as a whole will benefit as well, because reduced transmission among IDUs means reduced transmission among their sex partners, their children, and ultimately, among the general population.

The Legal, Social, and Policy Environment Limits Options for IDUs

Many health departments, community-based organizations, agencies, and providers are working hard to reach and work with IDUs to help them change their behaviors and reduce or eliminate their risk of acquiring or transmitting infection.

The problem of injection drug use and transmission of blood-borne disease persists, however. Solutions are hampered by society's pervasive negative attitudes toward IDUs, a lack of understanding of drug addiction as a treatable biomedical and psychological disease, limited funding for prevention and treatment, restrictive laws and regulations, and polarized philosophical viewpoints among various organizations and providers.

The Solution: A Comprehensive Approach to Working with IDUs

If organizations and providers, public health staff, and prevention planners are to succeed in effectively reducing the transmission of HIV and other blood-borne infections, they must consider a comprehensive approach to working with IDUs. Such a comprehensive approach, now being advocated by the Centers for Disease Control and Prevention (CDC), incorporates a range of pragmatic strategies that take into account IDUs' various life circumstances, cultures and languages, behaviors, and readiness to change. It also incorporates several basic principles that serve as a framework for action.

THE PRINCIPLES

Ensure coordination and collaboration. No single provider or institution can or does deliver all required services to IDUs, their sex partners, and their children. Coordination and collaboration are essential. Providers must work together, sharing their various expertises and outlooks, recognizing and overcoming their philosophical differences, building on existing relationships, and reaching out to groups with whom they may not have worked before.

Ensure coverage, access, and quality. Interventions will not be effective if they do not reach a critical mass of people, if IDUs cannot or will not use them, or if they are of poor quality. If they hope to truly reach and work with IDUs, agencies and providers must consider ways to effectively deal with these issues as they plan, deliver, and monitor programs and services.

Recognize and overcome stigma. Injection drug use is regarded with disapproval and fear, and a user's addiction is considered to be a moral failing. To successfully engage IDUs in prevention efforts and to advance public policy, these negative attitudes and misconceptions must be addressed. Addiction is now understood to be a treatable brain disease. This concept should be more widely known and accepted.

Tailor services and programs. IDUs are diverse populations with different languages, cultures, sexual preferences, life circumstances, behaviors, and requirements for services. Many, though not all, are poor and live high-risk lives on the margins of society. In planning and delivering

interventions, programs and providers must take into account the factors that characterize IDUs — who they are, where they are, what they do, what motivates them, and with whom they socialize. Tailoring services and programs and involving IDUs in their planning, implementation, and monitoring will make them more effective.

THE STRATEGIES

Substance Abuse Treatment — Why include it?

- most drug users cannot stop using without it
- treatment prevents transmission because it helps users reduce drug- and sex-related risk behaviors
- it has major positive effects on a user's life
- treatment is cost effective
- providers can reach IDUs with other messages and interventions during treatment
- society benefits from reduced drug use and associated crime

Community Outreach — Why include it?

- it reaches IDUs who don't participate in conventional service systems
- it provides services in settings that are familiar to IDUs
- outreach interventions help create a culture of risk reduction in the community, which helps to reinforce prevention messages
- peers, who are often used in community outreach, are likely to be trusted by IDUs
- it's relatively low cost

Access to Sterile Syringes — Why include it?

- the U.S. Public Health Service and other agencies and institutions recommend consistent, one-time only use of sterile syringes obtained from a reliable source as a central risk reduction strategy for IDUs who cannot or will not stop injecting
- the use of a sterile syringe every time helps ensure that IDUs who continue to inject will not acquire or transmit infection
- existing laws, regulations, and public and pharmacists' attitudes hamper IDUs' ability to obtain and safely dispose of syringes and therefore promote multiperson use of syringes
- access to sterile syringes does not increase drug use or attract new people to drug use
- ensuring access to sterile syringes involves working with pharmacists; addressing existing syringe laws and regulations; and syringe exchange programs

Services in the Criminal Justice System — Why include them?

- many IDUs are in jail or prison because of their drug use
- inmates have disproportionately high rates of HIV infection, STDs, and hepatitis
- high-risk sex and drug-use behavior occurs in jails and prisons
- interventions benefit inmates and the communities to which almost all will return

Strategies to Prevent Sexual Transmission — Why include them?

- IDUs are an important source of sexual transmission of HIV and hepatitis B
- high-risk drug use and sex behaviors are often linked

Counseling and Testing Services, Partner Counseling and Referral Services, and Prevention Case Management — Why include them?

- they allow IDUs to find out whether they are infected with HIV
- they allow infected IDUs access to counseling and medical care and other services
- they help infected IDUs inform sex and drug-use partners
- they help public health officials follow the chains of transmission and reach those at high risk
- they help uninfected but high-risk IDUs reduce their risk behaviors

Services for IDUs Living with HIV/AIDS — Why include them?

- they can help infected IDUs reduce high-risk drug and sex behaviors
- IDUs should have access to comprehensive and quality health care
- HIV disease management is complex and long-term, requiring close monitoring
- infected IDUs who receive substance abuse treatment and other health services are more likely to comply with medication regimens

Primary Drug Prevention — Why include it?

- preventing first use of alcohol, marijuana, inhalants, and other drugs among youth can reduce the risk that they will go on to use injection drugs
- preventing injection drug use eliminates injection-related blood-borne virus transmission
- preventing alcohol and drug use and associated crime and injuries benefits society

IDU HIV PREVENTION

Paul A. Gaist
08/25/2000 09:14:16

Record Type: Non-Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc: gaistp@nih.gov @ inet, pgaist@opd.eop.gov @ inet
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HIV/AIDS - a devastating epidemic picking up speed

According to the latest UNAIDS data, 1999's steepest rise in new HIV infections worldwide took place not in Africa, but in the former Soviet Union.

In Eastern Europe and Central Asia, HIV/AIDS was a relative latecomer but in recent years HIV prevalence rates have increased dramatically, with some Eastern European regions having the fastest rates of new infections worldwide.

A new report issued in July 2000 by UNAIDS estimates that the number of people living with the virus in the former Soviet Union and Eastern Europe has more than doubled in the past three years. HIV-positive people in the region now number 420,000, up from an estimated 170,000 cases three years ago. Belarus, Kazakhstan, Russia, Ukraine, and Moldova are considered the most affected countries at this time.

Many places are experiencing a rapid increase of injecting drug use, especially among young people. This gives HIV the opportunity to gain substantial footholds quite quickly.

Drug injecting is still the main risk factor driving HIV/AIDS in Eastern Europe and Central Asia, though sexual transmission is recognized as a significant factor as well.

In the countries of the former Soviet Union, the HIV epidemic continues to be concentrated heavily in injecting drug users. The absolute number of cases has remained small in many countries so far, but overall the growth has been rapid. The majority of new HIV infections are caused by unsafe drug injection and are occurring primarily in two countries: the Russian Federation and Ukraine. Drug injecting is becoming common among unemployed young people in many of the industrial cities of these countries. And because of the way drug solutions

are prepared in the region, there is also the risk that the solutions themselves are contaminated with HIV; thus, even if clean equipment is used, there is still the possibility of transmitting the virus.

In Ukraine, the number of diagnosed HIV infections jumped from virtually zero before 1995 to around 20,000 a year from 1996 onwards, with about 80% of them in injecting drug users. As HIV spreads and new infections occur, the total number of people living with HIV continues to grow, reaching an estimated 240 000 at the end of 1999, compared with 110,000 just two years earlier.

In the Russian Federation, the virus has been introduced into networks of drug injectors in both large and small cities where HIV was previously unknown. In Moscow city and region there were 7,000 new cases of HIV reported in 1999 alone--three times as many as in all previous years combined. While about 130,000 Russians are thought to be already infected with HIV, recent estimates of the number of injecting drug users in the country range between 1 and 2.5 million. Obviously, many more infections may still occur in this group, apart from the risk of further spread of HIV into other parts of the population.

In any country with a large and growing drug injecting population, coupled with unsafe drug-injecting practices, a fresh outbreak of HIV is liable to occur at any time. This is especially true of the countries in Eastern Europe where the HIV epidemics are still young and have so far spared some cities and sub-populations.

Indicators that HIV infection is occurring through sexual transmission are available as well. For example, in the past five to six years, syphilis cases among girls who are fourteen or younger have increased thirty-fold in some Russian regions.

Rising HIV infection rates are often coupled with rising rates of other STDs. As a co-factor, the presence of an STD increases the chance of becoming HIV infected from unprotected sex with an HIV infected person.

What's behind this?

Many factors can drive an HIV/AIDS epidemic. Among them is economics. As experienced in most Eastern European countries, economic hardship has lead more individuals toward illegal drug use and prostitution. Many drug injectors also have unprotected sex, and STD prevalence among them is high. Thus, their sex partners are also at risk of HIV, regardless of whether they use drugs, thereby facilitating transmission to the "general population." Moreover, weak and/or transitioning economies and inadequate political will render it difficult for governments to develop, fund and sustain effective anti-HIV/AIDS campaigns.

In some areas of Eastern Europe there is already strong overlap between drug injectors and sex workers, who will also have clients from outside the drug-injecting community. For example, out of a small sample of 103 sex workers arrested on the streets of the Russian city of Kaliningrad, a third were known to be IDUs living with HIV. The city reported that four out of every five women treated for HIV-related illness at the regional AIDS center make a living as a sex worker.

Tuberculosis (TB): one of several HIV/AIDS co-factors

HIV/AIDS co-factors such as tuberculosis and STDs are important to address in the overall context of HIV/AIDS. For example, the incidence of TB in Russia has been escalating rapidly. The Russian mortality rate for TB is 16.9 per 100,000; the U.S. rate is 0.5. One-tenth of the prison inmates in Russia have TB, and reportedly, 850,000 to one million Russians are in prison. These estimates are generally considered underestimates of the actual numbers.

Other countries in the region

Other Eastern European and Central Asian countries should also be considered. Risk factors and patterns must be assessed and addressed in these areas as well, if HIV/AIDS is to be effectively controlled. For example, Romania has the greatest number of pediatric HIV/AIDS cases in Europe. HIV transmission has occurred primarily in health care settings through infected blood products and contaminated equipment and syringes. In other nations, such as the Czech Republic, initial cases have occurred primarily via homosexual/bisexual transmission, followed closely by heterosexual transmission.

Why should everyone be concerned?

There is no doubt that the warning signs for a widespread injection drug use and/or sexually-transmitted epidemic of HIV exist in many areas of Eastern Europe. Although levels of HIV infection in the general population remain low at this time, the testing of pregnant women, blood donors, and others suggests that the virus is becoming increasingly common in society as a whole. And we are now witnessing dramatic increases in other sexually transmitted diseases, especially syphilis, in the general population. From negligible rates of around 10 cases per 100,000 people in the late 1980s, new syphilis infections have shot up into the hundreds. The Russian Federation, which had an annual rate in the single figures in 1987, recorded over 260 cases per 100,000 people a decade later.

The rise in new cases of STDs and the mixing of injecting drug users with other groups and segments of society indicates that the risk of HIV spreading rapidly throughout the general population in Eastern Europe is very real.

Why should policymakers be concerned?

Those concerned with issues such as geopolitics, economics, global and national security as they relate to Russia and Eastern Europe, must also consider these fundamental health and public health realities. National epidemics of infectious diseases and the devastating illness they cause stand to undermine long term solutions to a country's political, economic. and security issues. This is true for Russia and other countries of Eastern Europe and Central Asia. This is especially true for the devastating patterns of illness created by HIV and AIDS.

With respect to health and healthcare, well-constructed evidence-based planning and action taken now can assist Eastern Europe in averting what is now happening in Sub-Saharan Africa. Many African governments concede that they are so overwhelmed with care issues of those already HIV-infected that they have very little ability to meet this demand, let alone support public health scale HIV prevention efforts. Life expectancy in some African nations are predicted to drop by over 20 years during this decade, with work forces and family structures being decimated, and the effects of HIV/AIDS consuming increasing amounts of governmental and non-governmental resources. Resources that otherwise could be applied elsewhere, in other sectors, to grow economies and strengthen countries.

What to do

An effective response to the HIV/AIDS situation should utilize strong strategic planning approaches such as those employed by UNAIDS at the country and regional levels, coupled with targeted training, program implementation, evaluation, and sustained political support.

Components of a successful approach:

- it is situation-specific;
- there is accurate assessment of the size and understanding of the impact of the epidemic;
- the programs and policies developed, adopted and deployed are evidence-based;
- obstacles and opportunities are identified and addressed on an ongoing basis; and,
- it sets priorities, with the governments taking the lead, providing political will, planning realistically and assuring sustained resources.

Action steps

Education -

There is a strong demand for accurate information about subjects related to HIV/AIDS. For example, one global information resource, the AIDS infoshare library, has received over one hundred requests for information in the last several years from government and non-governmental organizations for use in their activities. Topics most frequently requested include: prevention, treatment, human rights, and organizational development. The availability of accurate, appropriate information on HIV/AIDS-related topics has great potential to impact the course of the HIV/AIDS epidemic, especially where the epidemic is at an early stage of relatively low prevalence, such as in Eastern Europe and Central Asia.

But education is not enough -

It is reported that though Russian IDUs know that sharing needles spreads HIV, they still share. Education is a necessary, but most often not a sufficient step in preventing HIV infection and curbing the epidemic. Sustained evidence-based programs, resources, and strong political will and commitment are necessary factors as well. Effective behavioral and social science based prevention programs that employ social marketing, skills building, and other techniques to promote healthy behavior change at the individual, community and national levels need to be coupled with the education efforts.

Research -

New and continuing research is needed to better understand the dynamics, impact, and effective points of intervention of the HIV/AIDS epidemic as it applies to specific Eastern European and Central Asian countries and regions.

The United States and other countries are working to develop increased and enhanced research partnerships with Russia, Ukraine and others to address the prevention, treatment and care issues of HIV/AIDS in Eastern Europe and Central Asia.

Sustained program implementation and evaluation -

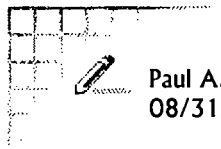
Sustained evidence-based prevention and treatment programs on an appropriately large scale are needed and should be assessed periodically to assure their continued effectiveness. For example, the data clearly indicates that prevention interventions focused on injecting drug users should be seen as a priority for the Russian Federation.

Effective prevention programs of this type will help reduce HIV in the IDU population in Russia, benefiting IDUs and society as a whole. Reduced transmission among IDUs also means reduced transmission among their sex partners, their children, and ultimately, among the general population.

An example of an approach with specific strategies to prevent and reduce HIV infection in injecting drug users

"New Attitudes and Strategies: A Comprehensive Approach to Preventing Blood-Borne Infections Among IDUs."
(See Attachment)

August 25, 2000
Paul A. Gaist, Ph.D., M.P.H.
Senior Policy Advisor/Agency Representative
The Office of National AIDS Policy



Paul A. Gaist
08/31/2000 05:59:56

Record Type: Non-Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc:
Subject: Re: POTUS piece on HIV/AIDS in Russia

Cheryl:

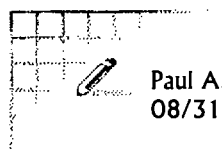
FYI - to keep you up to date on this. I spoke to Eugene Fishel, Co-director of the Russian, Ukranian, and Eurasian Affairs Office of the NSC, and he agrees with my last suggestion on the HIV/AIDS issue proposal for the upcoming meeting between President Clinton and President Putin (see below). Now it is up to the NSC to package and present it for consideration as a topic to be included at that meeting.

Also, Eugene and the NSC seem determined to have ONDCP involved in the substance abuse issue as it relates to Russia (and as it relates to HIV/AIDS). Listening to the ONDCP reps at Tuesday's meeting, it is clear they have a different philosophy/approach than we do. Anyway, Eugene said that if HIV/AIDS is picked up as a topic for the Clinton-Putin meeting, then it is possible that the aftermath will involve some additional discussions and involvement of both ONAP and ONDCP on the substance abuse and HIV/AIDS issues in Russia.

So, let's see what happens.

- Paul

---------- Forwarded by Paul A. Gaist/OPD/EOP on 08/31/2000 05:49 PM ----------



Paul A. Gaist
08/31/2000 03:21:46

Record Type: Non-Record

To: Eugene M. Fishel/NSC/EOP@EOP

cc:
Subject: Re: POTUS piece on HIV/AIDS in Russia

Gene:

As we discussed, please see comments below.

- Paul

---------- Forwarded by Paul A. Gaist/OPD/EOP on 08/31/2000 03:19 PM ----------

Paul A. Gaist
08/31/2000 02:43:05

Record Type: Non-Record

To: "Holmes, Paul" <PHolmes@usaid.gov>
cc:
bcc: Records Management@EOP
Subject: Re: POTUS piece on HIV/AIDS in Russia

Paul:

In looking through the last interation/comments, I would recommend citing prison and military populations as key areas of risk and prime areas for prevention interventions. It would be best if they were included in the talking points for Mr. Putin to hear, but at the very least included in the background piece for the President. While we may not have pilot tested directly with the Russian military, there are many proven military-based prevention approaches from other parts of the world that the Russians could look to; with respect to prisons, prevention research in Russian prison populations is taking place.

(I am glad the background piece was helpful.)

- Paul

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"Holmes, Paul" <PHolmes@usaid.gov>

"Holmes, Paul" <PHolmes@usaid.gov>
08/31/2000 12:18:53 PM

Record Type: Record

To: Eugene M. Fishel/NSC/EOP, Christopher J. Strickland/NSC/EOP
cc: See the distribution list at the bottom of this message
Subject: POTUS piece on HIV/AIDS in Russia

Gene/Chris,

We received a few comments back from USAID/Moscow and clearance from a few others. While we are continuing to experience e-mail problems, I believe that I have received all the comments that I expected. Thus, I believe it is safe to consider this final.

Please note the this version includes the following changes:
* Revised total of HIV+ cases;
* Two additional sentences at the end of "Suggested Presidential Intervention;"
* Change of "waiting" to "delay in TP 2: and
* Deletion of the word "military" in TP 5 (prevention efforts with the military are important, but not included in our current pilot activities).

Regards,

ISSUES PAPER FOR 9/6/00 SUMMIT
HIV/AIDS IN THE RUSSIAN FEDERATION

Issue:
The rapidly increasing prevalence of HIV in the Russian Federation has significant health, socio-economic, geo-political/security implications for Russia and the Eastern Europe and Central Asia region.

Desired outcome:
Agreement by President Putin to make a powerful public statement in support of HIV/AIDS prevention efforts.

Current Status and Stakes:
According to the latest UNAIDS data, 1999's steepest rise in new HIV infections worldwide took place not in Africa, but in the former Soviet Union. Russia is witnessing explosive growth in the rate of HIV infection. The total number of people now registered as HIV-positive is 50,628 (July, 2000) according to the Ministry of Health. However, UNAIDS estimates the real figure to be more than 130,000, second only to Ukraine in the region. In Moscow city and region there were three times as many new cases of HIV reported in 1999 as in all previous years combined. According to UNAIDS, Russia now has the fastest growth rate of HIV infection in the world.

Drug injecting is still the main risk factor driving HIV/AIDS in Russia, although sexual transmission is recognized as a significant factor as well. Russia is experiencing a rapid increase of injecting drug use, especially among young people, and the HIV epidemic is still concentrated in injecting drug users. Since there are between 1 and 2.5 million injecting drug users in the country, more infections will occur in this group.

In addition, there are strong indications that HIV infection is occurring through sexual transmission as well. There is a lot of overlap between drug

injectors and sex workers, most who also have clients from outside the drug-injecting community. Moreover, the surging increases of sexually transmitted infections (STIs) in the general adult population will facilitate the continued, rapid spread of the virus. In the past five to six years, syphilis cases among girls who are fourteen or younger have increased thirty-fold in some Russian regions.

Seventy-six percent of all reported HIV infections have occurred in the last one and one-half years! The rise in new cases of STDs and the mixing of injecting drug users with other groups and segments of society indicates that the risk of HIV spreading rapidly throughout the general population in the Russian Federation is very real. Epidemics of infectious diseases stand to undermine long term solutions to a country's political, economic and security issues. This is especially true for the devastating patterns of illness created by HIV and AIDS.

What can be done to minimize the epidemic?
An aggressive HIV/AIDS prevention program is the most cost-effective way to prevent a wide-scale HIV/AIDS epidemic. Russia now has a "window of opportunity" for funding and implementing a national prevention strategy. (USAID and CDC already are working with the Ministry of Health and Russian NGOs on pilot prevention programs). This strategy would promote an HIV/AIDS awareness and education campaign targeted at the general population, especially youth. It also would support specific HIV/AIDS prevention programs (education, condoms and STI treatment services) targeted at the "high risk" groups (drug users and sex workers) who currently have the highest prevalence of HIV.

Suggested Presidential Intervention:
It is critical that Russia act early in the epidemic. By the time full blown AIDS cases appear, years later, it is already too late. It is, therefore, extremely important that influential national leaders (beginning with President Putin) speak out publicly to make HIV/AIDS prevention a national priority. This will raise awareness among the general population and lend greater legitimacy to HIV/AIDS prevention efforts. In addition, it will encourage both the government and private sectors to mobilize resources to support this prevention effort. And in many countries, establishing HIV/AIDS prevention as a national priority has resulted in increases in international support and collaboration. Parenthetically, international efforts to push the issue of leadership on HIV/AIDS have been blocked at lower levels. This intervention to President Putin would be particularly timely, as the MOH and UNAIDS attempt to move forward with a national strategy.

Suggested Talking Points:

* As you recall, HIV/AIDS and other infectious diseases were important topics for our meetings in Moscow and Okinawa. They have been a top priority for my administration and for the technical collaboration between Russia and the U.S. I recently signed a bill to mobilize significant resources in the world's fight against HIV/AIDS.
*

* I've been particularly struck by how the HIV/AIDS epidemic can rob whole countries of their futures. In the U.S. in the 1980s, we waited far too long to take the epidemic seriously, and that delay has cost us dearly. While the current numbers and trends in Russia are cause for real concern, fortunately Russia still has the opportunity to keep the epidemic constrained, and to even reverse the growth trends.
*
* AIDS is different from most killer diseases. It is preventable if we deal with it honestly and openly. While AIDS is difficult to talk about in every culture I know, it's much harder to see innocent people die unnecessarily. Our experience and world experience proves that aggressive prevention campaigns are cost effective and do help minimize the human and financial costs of future epidemics.
*
* I understand that your Minister of Health recently spoke about the need to wage war on HIV/AIDS in Russia. That's helpful and encouraging. But you know, in the U.S. and in virtually every other country that has made progress against HIV/AIDS, that progress has been stimulated or accelerated by a powerful public statement by the head of state. I encourage you to make such a statement. I am convinced that your strong and visible leadership will be a key factor in helping Russia avoid the mistake of complacency that has cost the U.S. and other countries so much.
*
* I am encouraged also by the progress that has been made to date in our pilot HIV/AIDS prevention programs and by the effective collaboration among the Ministry of Health, USAID, CDC, and a variety of dedicated Russian non-governmental organizations. Those prevention programs are beginning to demonstrate their effectiveness among a range of high-risk groups including youth, commercial sex workers and injecting drug users.
*
* Finally, I want to acknowledge that HIV/AIDS is not just Russia's fight, or America's fight. It's the world's fight too. Along with urging you to take a strong public stand for HIV/AIDS prevention, I also pledge to you our continued support and cooperation in that battle.

Message Copied To: _____

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'OIRH - Erika Elvander' <eelvander@osophs.dhhs.gov>
Kenneth W. Bernard/NSC/EOP

C-Russia

Date: **January 2000**

Subject: **Russia Work Report**

From: **Paul A. Gaist, Ph.D., M.P.H.**

Purpose and background

The purpose of this work assignment encompassed a number of formal and informal objectives supported by several U.S. Government agencies and offices including the National Institutes of Health, the Substance Abuse and Mental Health Administration, the Agency for Healthcare Research and Quality (formally known as the Agency for Health Care Policy and Research), the Office of International and Refugee Health, and the White House Office of National AIDS Policy. Activities ranged from participating in and/or observing health related trainings; meeting with Russian and US individuals doing specific health-related work in Russia; and learning more about health and public health related issues of the Russian Federation through programs and/or facilities that may be addressing them.

Work period:
Dec 5-19, 1999

Activity descriptions and conclusions*:

*Please note that additional detailed information and support materials are available upon request for the majority of activities listed below.

Trainings:

1) Three day training program of primary care physicians on the issues of alcohol abuse and alcoholism. Co-sponsored and organized by the Department of Family Medicine of the I.M. Sechenov Moscow Medical Academy and the National Institute on Alcohol Abuse and Alcoholism, NIH National Institutes of Alcoholism and Alcohol Abuse (NIAAA), NIH. Primary U.S. contact and organizer: **Ms. Peggy Murray**, International Officer, NIAAA

This training was held in a facility outside of Moscow and had as it's working title, "Detection, Prevention and Treatment of Alcohol Use Disorders in the Primary Care Setting: What Family Practitioners Need to Know" (available: agenda w/ topics and speakers). Approximately 30 primary care physicians practicing and/or teaching family medicine were brought together from the varied regions of Russia for this training. With both U.S. and Russian trainers, the program was organized around a combined didactic/interactive format, taking advantage of small and large group exercises, role playing, and significant time devoted to questions, answers, and discussion.

Major topics areas included:

Epidemiology and natural history of alcohol problems in Russia
Office based prevention and treatment (screening, assessment, intervention, treatment)
Evidence-based medicine
Management of special populations (e.g., women and adolescents)
Treatments and interventions, including pharmacotherapy
Fetal Alcohol Syndrome

Conclusions:

1) the training was innovative and successful, promoting a rich exchange of ideas. The training benefited from both the formal program as well as the planned (and unplanned) time designed to promote interaction among the Russians themselves, as well as, among U.S. and Russian participants. In addition to an enhanced understanding and skills competency on the part of the Russian physicians, the U.S. team gained an increased understanding of important cultural dynamics that enter into this area of health and public health practice in Russia;

2) this training is consistent with several projects/objectives agreed upon at the November 17, 1999 meeting of the U.S.-Russia Binational Health Committee; specifically:

   - Under Evidence-Based Medicine Proposed Projects, "4. Test the utility of an evidence-based training package developed for Russia"

   - Under Primary Care Proposed Projects, "3. Convene a workshop on using evidence to improve the quality of primary health care; 4. Develop a compendium of treatment standards and guidelines developed in Russia for diseases found in primary care practice."; and,

3) the use of alcohol is deeply embedded in the Russian history and culture. Screening, prevention and treatment approaches must take this into account if they are to be successful; this will require normative shifts in thinking at the individual (i.e., the patient/citizen), the organizational (i.e., the health care providers) and societal levels (i.e., local and national policy and programs).

Other notes:

I met with a number of people during this training to discuss health and public health issues within the current medical, social and political context of Russia. I had the opportunity to meet briefly with **Professor Igor Denisov** who was extremely supportive of the outcome of the training. Professor Denisov is the Vice-Director for Academic Studies and corresponding member of the Russian Academy for Medical Sciences in Moscow. I provided Dr. Denisov, as well as several other Russian representatives such as **Professor Alexei Ivanov**, with copies of the Russia-U.S. developed health care quality glossary. This glossary is a product of the Health Committee/ Russia-US Joint Commission on Economic and Technological Cooperation and was a collaborative effort between the Ministry of Health of the Russian Federation, the Institute of Public Health ("MedSocEconomInform"), the U.S. DHHS Agency for Health Care Policy and

Research, and the Quality Assurance Project. Also, on behalf of **Ms. Thurman, Drs. Eisenberg and Novotny**, I presented Dr. Denisov with a small gift (the official 1999 White House holiday ornament that this year featured President Abraham Lincoln).

2) One day training on substance abuse prevention and treatment for health care providers in Russia. Co-sponsored and organized by the Moscow Medical Academy and the U.S. DHHS Substance Abuse and Mental Health Services Agency (SAMHSA). Primary U.S. contact and organizer: **Ms. Winnie Mitchell-Frable,** International Officer, SAMHSA.

This training was held in Moscow with both U.S. and Russian faculty/presenters (available: agenda w/ topics and speakers). This one day training was primarily a planned set of presentations, mixed with some role play exercises, discussion and a unique interactive session involving young school children who have been participating in a school-based substance abuse prevention program. Attended by a small but focused group of health care providers, the training covered the following major topic areas:

- the magnitude of the substance abuse problem in Russia
- risk and resiliency concepts
- overview of common drugs of abuse (heroin/cocaine/marijuana)
- role of primary care physician with respect to drug use prevention and treatment
- the impact of drug use on the family
- a school based prevention program – the children speak
- community initiatives

Conclusions:

1) this one day training was able to introduce a number of important topics related to drug abuse and represents an effort that can be built upon through an iterative/experiential process (I understand this was the first time it had been officially conducted). I would emphasize continuing to tie the evidence/source citations to the science and practice recommendations as they are presented. There was relatively low attendance, which was unfortunate given the importance of the topic and the quality of the program;

2) the interactive session with the children from the school-based drug abuse prevention program had high impact and was well received by the program participants. The program, sponsored by the American International Health Alliance (AIHA), appeared to prepare these elementary school aged children with important anti-drug messages and understanding. It became apparent that the children's family also often becomes the recipient of at least the messages, if not the understanding, as the children bring them home; and,

3) this training is consistent with several projects/objectives agreed upon at the November 17, 1999 meeting of the U.S.-Russia Binational Health Committee; specifically:

   - Under Evidence-Based Medicine Proposed Projects, "4. Test the utility of an evidence-based training package developed for Russia"

- Under Primary Care Proposed Projects, "3. Convene a workshop on using evidence to improve the quality of primary health care; 4. Develop a compendium of treatment standards and guidelines developed in Russia for diseases found in primary care practice."; and,

This program is a well structured beginning to a needed effort to bring enhanced substance abuse understanding and intervention tools to Russian health care providers. This effort might benefit from an expanded program and collaboration with other health related U.S. agencies.

(materials available: in Russian)

One day training with primary care physicians on the transmission and control of STDs/HIV (Developed by the World Health Organization and sponsored by AIHA)

This training was conducted by a Russian physician who had received WHO specialty training in STD/HIV dynamics, prevention and case management. Held in St. Petersburg, approximately 20 primary care physicians from a number of regions of the Russian Federation were the participants. This one day training was conducted with a defined manual, a set of presentations given by the training facilitator, and role play and other skills building participatory exercises. Significant discussion time and written exercises also characterized the training. Among the major topic areas covered:

Identification and assessment
Scope of the problem
Patient needs
Prevention
Treatment
Case management
Using decision tree logic

(manual available: in Russian)

Other Meetings:

1) **Designing school-based substance abuse and other health focused programs.** At the request of SAMHSA (Ms. Mitchell-Frable), I met with representatives from Project Hope, specifically with **Dr. Olga Romanova**, Program Coordinator, to provide consultation on developing school-based health programs, especially drug abuse prevention programs for children in grades 7-11. During this meeting, I provided Dr. Romanova with school and community-based health promotion/disease prevention programs developed for settings and populations within the United States. This included specific "CDC approved" programs (programs the CDC has determined to be effective). We discussed the curriculum of several of these programs and considered how they might be adapted to the needs of her project. Examples of the materials and multiple curriculum provided and discussed:

"No Easy Answers: Research Findings on programs to Reduce Teen Pregnancy," from the National Campaign to Prevent Teen Pregnancy;

"Reducing the Risk: Building Skills to Prevent Pregnancy, STDs, and HIV," a CDC approved program; and,

Associated research publications from peer-reviewed scientific journals.

In turn, I was provided with a substance abuse prevention program developed for elementary school aged children that has been developed and implemented in Russia (limiting factor appears to be funding to reproduce the program materials and other associated dissemination/training issues).

2) Meeting with Professor Yuri Kumarov, Director, General Academician, Research Public Health Institute ("MedSocEconomInform"), Ministry of Health of Russia.

In an informal meeting with Professor Kumarov, we discussed current challenges in health care and public health. Dr. Kumarov expressed strong support for the American International Health Alliance, pointing to that organization as a preferred collaborator for US-Russia health related projects. He recommended that I meet **Dr. Victor Boguslavsky**, Regional Director (Moscow), AIHA, who he contacted by telephone. Professor Kumarov presented me with a copy of his book, which outlines health-related lessons from the United States that Russia could benefit from. It is written in Russian, but in my rough translation, he addresses issues such as:

- Federal standards and their role in health
- Profit and non-profit organizations (managed care)
- Medical statistics: conditions and outcomes
- Ensuring quality of care

(Book available: written in Russian)

(I also gave Professor Kumarov the official 1999 White House ornament as a gift)

3) Meeting with Professor Yevgenia Koshkina, Chief, Department of Epidemiology, State Research Centre on Addictions, Russian Federation Ministry of Health (Moscow)

Professor Koshkina and staff have been conducting epidemiologic studies of alcohol and other drug use in the Russian Federation. She leads a project for the Centre that is part of a larger 26 country effort using standardized epidemiological survey techniques. She oriented me to the Centre and it's work and also discussed specific projects and data. Summaries as reported by Professor Koshkina are available (in a mix of English and Russian). The most impressive study is the ESPAD associated study. Published in 1999, this study systematically collected data on number of substance abuse factors in a range of populations in Moscow. For example, accessing a random sample of 15-16 year olds from every school district in the city of Moscow, data was collected on substance use such as cigarettes, alcohol, inhalants, ecstasy, and heroin (smoked and "other than"). Ever smoke heroin averaged 3.3% of all children surveyed, with one school

district reporting 9.1%. The total study sample was 4,022 children from the various school districts.

The ongoing ESPAD survey, as explained, is sponsored/organized by the Swedish Council for Information on Alcohol and other Drugs and stresses standardized methodology and procedures across countries and study sites.

4) Meeting with Dr. Andrei Kozlov, Member of the Board of Directors and Coordinator, Russian HIV Vaccine Project, Ministry of Science and Technologies of the Russian Federation (St. Petersburg)

Dr. Kozlov has been attempting to secure support for a large scale, long term HIV vaccine research project. In June of 1999, he hosted a small group of NIH scientists to come to visit his laboratory and to discuss the current state of the science with respect to HIV vaccines. The scientists were cautiously optimistic about the conviction of the Russian lab, but acknowledged that there was a need for technological and scientific training and updating. Several months later Dr. Koslov came to Washington, D.C. to meet with organizations such as the World Bank about his proposal and request for support. The White House Office of National AIDS Policy arranged for him to meet with the staff of several members of Congress who are vested in the HIV issue. Dr. Koslov remains committed to fighting the HIV epidemic and acknowledges the strong need for behavioral and social science approaches to HIV prevention, as well as biomedical approaches (e.g., vaccines). Dr. Koslov provided me with a tour of his lab (which he has been telling me about for several years) and gave me an update on his efforts. At this time, he was still working to arrange support and was unclear on whether he would be successful. I provided him with some additional Russian contacts with whom he may want to discuss his ongoing efforts.

5) Meeting with USAID/Russia Mission Personnel (Moscow)

I had the opportunity to meet with **Connie Corrina**, Director , and **Kerry Pelzman**, Chief, Health Division, at the USAID/Russia Mission. We discussed recent activities such as the AIDS Day rock concert held in Moscow, new USAID efforts/projects to improve maternal and child health, and the general operation of the Mission. We agreed that we have mutual interests and goals and expressed interest in exploring ways we might be able to work together on health issues in Russia in the future.

6) Meeting with Dr. Elena Cochran, Senior Editor of the Russian medical journal, "The Practitioner." (Moscow)

Elena Cochran is a physician and senior editor of the Practitioner, a medical journal that currently has a subscription pool of 25,000 Russian physicians receiving a new issue each month. Included in this readership: Internists/primary care physicians; surgeons; neurologists; and pediatricians. Each issue focuses on major medical themes/issues of concern to the medical community. From my participation in the alcohol training program and after several subsequent discussions where I emphasized the value of including public health and prevention information to her readership, Dr. Cochran suggested that I work with her to include such information in

future issues. Consistent with the objectives of the US-Russia Binational Health Committee, and with Dr. Eisenberg's commitment to advancing evidence-based medicine and quality of care issues, I believe that there may be an opportunity to contribute important information in this regard to this readership of Russian physicians. She intends to include an article on the alcohol training in an upcoming issue. I hope to pursue discussion of future contributions, possibly selected pieces co-written with Dr. Eisenberg and/or Dr. Novotny and others as they might be identified. I see this as an interesting information dissemination opportunity consistent with a number of stated goals and objectives.

(issues of "the Practitioner" are available – in Russian only)

7) Meeting with Peter Bugoslavsky, M.D., Regional Director, American International Health Alliance (Moscow/St. Petersburg)

Dr. Bugoslavsky gave me an overview of AIHA and its activities. AIHA's mission is to advance global health through volunteer driven partnerships. Dr. Bugoslavsky emphasized that the AIHA places particular emphasis on economically-viable, low technology solutions that improve productivity and care.

Funded by USAID through a cooperative agreement mechanism beginning in 1992, AIHA has created a series of partnerships to address healthcare issues in the countries of Central and Eastern Europe (CEE) and the Newly Independent States (NIS). Over 80 partnerships involving healthcare providers and educators have been created to date in over 21 countries. These CEE and NIS efforts have involved partnerships with over 80 US hospitals and health systems and 36 medical and health profession schools in 25 states.

In 1999, AIHA established 21 new partnerships that will use community health based strategies to improve basic urgent and primary healthcare services for people in the CEE/NIS.

8) Meeting with Professor Edwin Zvartau, Vice-Director, Valdman Institute of Pharmacology, Pavlov Medical University (St. Petersburg)

Dr. Zvartau is a very active scientist/researcher and health program administrator who covers a wide range of issues relating to areas such as infectious disease, substance abuse and neuropsychopharmacology. He has been a key figure in organizing US-Russia binational workshops held in Russia, which are focused on drug abuse and HIV and other infectious diseases. These workshops have been conducted in collaboration with the National Institute on Drug Abuse, NIH. While I have been on the planning committee and participated/presented at each of these workshops, **Dr. Patricia Needle**, the Director of the International Office at NIDA, is the key contact person for this effort.

Dr. Zvartua gave me an update on recent activities and developments that have occurred since the last time we met. Among them:

- He was recently informed that he would receive NIDA funding for a precedent setting 3 year study that will aim to evaluate Naltrexone (N), Sertraline (S) and their combination (N+S) in conjunction with psychosocial treatment to prevent relapse in detoxified heroin addicts. He hypothesizes that each of these medications will be helpful, but that the combination of N+S will be more effective than either medication alone. The study will be done in collaboration with researchers at the Pavlov Medical University in St. Petersburg, Russia. It is an extension of the "Hard to Treat" study in his current Center award and of previous work done with naltrexone and antidepressants.

  This study will provide information about the efficacy of these medications in preventing relapse in a cultural setting where agonist substitution therapy is not available, and also provide data on the long term course of heroin addiction in this cultural setting.

  Study description: Subjects will be 200 male and 200 female heroin addicts who have been detoxified in one of four addiction treatment hospitals in St. Petersburg. Patients must have a family member willing and able to supervise medication compliance. After giving informed consent and passing a narcan challenge, subjects will be randomly assigned to one of four groups of 100 patients each: N 50 mg/day + S placebo; S50 to 200 mg/day + N placebo; N+S; or N placebo + S placebo. All patients will receive biweekly clinical management/compliance enhancement counseling and treatment will last 6 months. Assessments will be at baseline, at each biweekly appointment, and at 3, 6, 9, and 12 months following the end of treatment. Primary outcomes will be drop-out and relapse to heroin dependence; secondary outcomes will be HIV risk, psychiatric symptoms, and other measures of adjustment.

- Dr. Zvartau is also working on the upcoming 5th Regional Meeting of European College of Neuropsychopharmacology, to be held in St. Petersburg in April 2000. Dr. Zvartau is the organizing/scientific Chair for this meeting.

9) Meeting with Alexei Yakovlev, M.D., Director, Botkin Infectious Disease Hospital (St. Petersburg)

Dr. Yakovlev gave me an update on the hospital and its activities since we last met in May, 1999. Government funding for the hospital and for special projects has risen in the last six months (for a variety of reasons, including the upcoming elections). This has allowed him to undertake projects such as expanding the HIV/AIDS information resource center that is housed on the hospital grounds and is open to all patients. He has also been able to re-open the mobile needle exchange van and associate it with the Botkin Hospital. The van had been one of the first to open in Russia, but had been shut down in 1999 after it had been repeatedly firebombed. It reportedly did not have strong support from the local law enforcement authorities, and the hope is that by associating it with Botkin Hospital, it will be afforded some additional measure of respectability and protection. Dr. Yakovlev said the van opened December 1, 1999 and is now in full operation. He said that drug related hepatitis, HIV and other infectious diseases continue to be an escalating problem at the hospital which receives referrals from many regions and cities in Russia. I provided him with additional printed HIV/AIDS prevention and treatment information,

as well as, updated information on public health, mental health and substance abuse issues for use at the hospital, the resource center and any other venue he may see as appropriate.

Other activities to note:

I had the opportunity to visit several program sites and other points of interest (e.g., drug-copping sites in both Moscow and St. Petersburg), but I will conclude by discussing two specific activities:

1) Health Care Quality Glossary

As I mentioned in the report, I distributed copies of the Russia-U.S. developed (Russian/English) Health Care Quality Glossary. I was able to actually review and discuss the glossary to some extent with several people listed above, asking them for their feedback. A general comment, besides the feeling that it is an excellent idea and a good product, is that the glossary actually needs improvement. Specifically, Russians who provided feedback said consistently that the translation from English to Russian was too literal, when it needed to be more conceptual. As a result, they felt that many of the definitions came across as "funny or odd" in Russian. It was felt that a review and a conceptual translation update could correct this. In addition, I would like to add two of my own comments:

- First, the glossary would benefit from having phonetic spellings for each word or term for both the Russian and English listings. This will increase the usefulness of the glossary, facilitating understanding, retention, practice and cross-cultural use of the terms and definitions.

- Second, there is a need to expand the glossary beyond health care quality to include terms and definitions of other health and public health principles, concepts and terms (e.g., alcohol and other drug abuse; mental illness; community health, hospital health, etc.)

2) Anti-Alcohol Exhibit

There was an anti-alcohol exhibit, "First Shot Is for Health" exhibit at Dom Plakata in Moscow in early December. The exhibit displayed 100 years of anti-alcohol campaigns, and ranged from anti-beer posters from the turn of the (last) century, through constuctivist works by Alexander Rodchenko and Vladimir Mayakovsky to Mikhail Gorachev's campaign. It was very interesting in the context of the alcohol training and the cultural perspectives voiced by a number of Russians I spoke with, including physicians, regarding alcohol use.

(Photos available: in Russian, but I have translated the text)

Conclusions/Comments

There is much that is being undertaken in the Russian Federation under the banners of health and public health, but much more is still needed, particularly efforts that are Russian-centered, Russian-developed, and Russian-implemented, and which have strong foundations in evidence-based medicine and public health. Improving the research, prevention and care infrastructures remains a significant challenge that requires training and partnership. It is critical for those who hope to have an impact in Russia to have improved understanding of the social and cultural contexts that surround their particular health and/or public health issues. The deeply embedded values and beliefs surrounding alcohol consumption in Russia and the dynamics of the patient-doctor relationship are but two examples of this. Improved understanding is possible with continued forethought, research and dialog.

I am available to discuss any of the points of this report in more detail and to share the materials I was able to bring back with me.

National Institutes of Health
National Institute on Drug Abuse
Division of Epidemiology and Prevention Research
6001 Executive Boulevard, Room 5N-5160, MSC 9589
Bethesda, Maryland 20852-9589

FACSIMILE MESSAGE COVER SHEET

Date: June 30, 1999

Following are 7 pages including this cover. If any part of this message is received poorly or missing please call us immediately on the number listed below.

To: Name: Ms. Sarah Holewinski
Organization: White House Office of National AIDS Policy
FAX Tel No.: (202) 456-2439
Tel No.: (202) 456-2437

[redacted]

From: Name: Dr. Peter I. Hartsock
FAX Tel No.: (301) 480-4544
Tel No.: (301) 402-1964

Sarah:

As promised. Best wishes.

Peter

BIOMEDICAL CENTER

7, Pudozhskaja St., St.Petersburg, Russia 197110 ☎: 7(812) 230-4872, 7(812) 230-4959, 7(812)230-7969
E-mail: biomed@mailbox.alkor.ru

29 June, 1999

Fax :
To: Mr. Todd Summers
From: Dr. Andrei Kozlov

Dear Todd,

May I thank you for coming to St. Petersburg and for your most important impact for the success of our meeting . HIV/AIDS problem has substantial political aspect, and your comments on this issue during the meeting, in the Parliament and in the Ministry of Science were both deep and original.

My friends, scientists and politicians, have appreciated your participation very high.

I am faxing you the copy of the letter from the President of the World Bank to the President of Russia. As you can see, Russian President have further forwarded the letter to the Ministry of Foreign Affairs (Ivanov), Ministry of Economy (Shapovaliants), Ministry of Health (Starodubov) and Ministry of Finance (Kasjanov).

After my report to the Science Minister, Professor Kirpichnikov, on this matter he has also requested this letter from the Administration of the President. Ministry of Economy, in accordance with the deal with the Ministry of Foreign Affairs, will be responsible for work on this letter. I am currently involved in this work.

Please extend by best regards to Sandy and Sarah.

Yours, Andrei
Andrei P. Kozlov, Ph.D.
Coordinator,
Russian HIV Vaccine Project

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