Review of the Russian HIV Strategy 2020 and its Action Plan

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Background

- □ No national HIV policy in Russia for several years
- As consequence, no regional HIV strategies or action plans
- □ Came to the government's radar in autumn 2015
- □ Writing process through 2016, headed by Russia's Health Ministry
- □ HIV alarming situation in mass media's attention
- □ National HIV Policy 2020 adopted on 20 October 2016
- Draft Action Plan prepared in January 2017 and disseminated to regions
- Now regions have to make own regional action plans to support the implementation of the National HIV Strategy 2020



Russian HIV Strategy: Overall Goal

 To ensure epidemic control through higher effectiveness of governmental HIV response programmes, and reduction of HIV/AIDS burden through prevention of new cases, reduction of mortality and reduction of discrimination =



Russian HIV Strategy: 6 Objectives

- 1. To prevent new cases,
- 2. To reduce mortality and improve the life quality of people living with HIV,
- 3. To reduce discrimination of people affected by HIV,
- 4. To improve the quality of health services,
- 5. To raise cost-effectiveness of governmental HIV response programmes,
- 6. To stimulate the Russian pharma industry and Russian scientific community to step up HIV response measures.



Objective 1: To prevent new cases

Indicators:

- HIV-free children born of HIV-positive women (%).
- Number of HIV tests performed totally.
- Number of HIV tests performed in vulnerable groups and in patients with clinical symptoms
- Share of PLWH from discordant couples who receive ARVT
- Level of awareness and understanding of the HIV/AIDS problem in the Russian society (%).



Objective 2: To reduce mortality and improve the life quality of people living with HIV

Indicators:

- Hospitalizations vs. outpatient treatment and care
- Number of PLWH who receive ARVT
- Adherence rate (PLWH who receive ARVT vs. PLWH who were prescribed ARVT)
- Disability rate among PLWH, including opportunistic diseases (TB, STDs, hepatitis)



Objective 3: To reduce discrimination of people affected by HIV

Indicator:

1. Identified cases of discrimination



Objective 4: To improve the quality of health services

Indicators:

- 1. Number of infectious disease doctors
- 2. Number of healthcare institutions which provide health services to PLWH
- 3. Share of health workers who received training on HIV
- 4. Level of patients' satisfaction with the quality of health services in HIV infection, including opportunistic diseases (TB, STDs, hepatitis)
- 5. Number of cases of interrupted ARVT supply



Objective 5: To raise cost-effectiveness of governmental HIV response programmes

Indicator:

1. Purchase prices for ARVT



Objective 6: To stimulate the Russian pharma industry and Russian scientific community to step up HIV response measures Indicators:

- 1. Production of domestic drugs
- 2. Share of purchases of domestic drugs



Overall indicators for the Strategy

- 1. Growth of the number of PLWH
- 2. Mortality rate among PLWH, including deaths from opportunistic diseases (TB, STDs, hepatitis)
- 3. Life expectancy rate among PLWH



Draft Action Plan for the HIV Strategy

- Drafted in January by Russia's Ministry of Health
- Disseminated for comments to Russian regions and relevant stakeholders
- Finalization may last till the end of 2017
- Contains 4 columns: 1) Action, 2) Type of document, 3) Responsible party, 4) Schedule (no column for source of funding or amount of funding)
- Headings of the actions not in compliance with the Strategy's objectives
- The draft document will definitely undergo many changes



Current accents

- Centralised state-funded system of procurements
- Compulsory licensing
- Price negotiations with pharma industry



BONUS SLIDES



Changing the approach to statistics collection as a swift, powerful and painless tool to make the situation look better

- Statistical report form No 61 "Data on HIV"
- Approved by Russia's Health Ministry in 2016
- Asymptomatic human immunodeficiency virus [HIV] infection status (Z21) is excluded from overall HIV incidence and prevalence reporting (roughly 77% of officially recorded PLWH)
- No immune status (immune status only for HIV/TB patients)
- No data on transmission routes
- No data on HIV-infected children
- Scare data on therapies
- No data on emergency situations or HIV contraction by medical workers



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Changing the approach to statistics collection as a swift, powerful and painless tool to make the situation look better

- Incidence few times lower
- Prevalence few times lower
- Coverage with ARVT few times higher

