Review of the Programme on the Prevention of HIV Infection in Infants and Young Children

The Russian Federation

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Report

Moscow, Russian Federation
14-15 December 2004
Abstract

The Russian Federation is one of countries in the European region facing a fast growing HIV/AIDS epidemic. Starting in 2001, interventions to prevent mother-to-child transmission have been implemented in the majority of its regions. The country is facing a challenge to improve its approaches to preventing HIV infection in infants. The workshop held in December 2004 had the objective of analyzing the organizational structure and regulatory framework of these interventions. A document prepared by a panel of experts from the Research center for Obstetrics, Gynecology and Perinatology of the Russian Academy of Medical Sciences (RAMS) and WHO Regional Office for Europe, based on the assessment of mother-to-child HIV transmission in four regions of the Russian Federation, served as a basis for the workshop. Participants recommended that the UN strategic framework for prevention of HIV infection in infants be adopted as a baseline for future programme development.

Keywords

HIV INFECTIONS - in infancy and childhood - prevention and control
ACQUIRED IMMUNODEFICIENCY SYNDROME - in infancy and childhood - prevention and control
NATIONAL HEALTH PROGRAMS
PROGRAM EVALUATION
RUSSIAN FEDERATION

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Acknowledgements

A panel of experts would like to express its gratitude and acknowledgements to German Technical Cooperation Agency (GTZ) for the provision of the grant to carry out the present review of PMTCT interventions implementation in the Russian Federation. We would like to pay special acknowledgements to managers and staff of the Department of medical and social problems of family, motherhood and childhood of the Ministry of Public Health and Social Development of the Russian Federation, to ministries of public health and social development of Moscow region, Samara region, the city of Togliatti, Ivanovo region, Kaluga region, as well as to the staff of HIV/AIDS centers, maternity hospitals, prenatal clinics, policlinics, orphanages, as this project implementation would not have been possible without their active involvement and support. We would like to pay acknowledgements to the staff of UN representative offices in the Russian Federation (WHO, UNICEF, UNFPA), international non-government organizations John Snow Incorporated, CEEHRN, Johns Hopkins University Center for communication programs, AIDS Foundation East-West, Transatlantic Partners in the fight against AIDS, local non-government organizations “Let’s live”, “SANAM”. 
Abbreviations and Definitions

<table>
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<th>Abbreviation</th>
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<tr>
<td>AZT</td>
<td>Azidothymidine, zidovudine</td>
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<tr>
<td>HAART</td>
<td>Highly active antiretroviral therapy</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>STI</td>
<td>Sexually transmitted infection</td>
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<tr>
<td>IEC</td>
<td>Information-education-communication</td>
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<tr>
<td>NGO</td>
<td>Nongovernmental organizations</td>
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<td>MCH</td>
<td>Maternal and child health</td>
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<td>PCR</td>
<td>Polymerase chain reaction</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of mother-to-child transmission</td>
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<td>IDU</td>
<td>Injecting drug users</td>
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<td>CSW</td>
<td>Commercial sex workers</td>
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<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNAIDS</td>
<td>Joint United nations Program on HIV/AIDS</td>
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*Mother-to-child transmission* means transmission of HIV to a child from a HIV-infected woman during pregnancy, delivery or breastfeeding. The use of the term does not imply that the pregnant woman or mother is to blame.
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1 Executive Summary

The Russian Federation belongs to a number of countries of the European region facing one of the fastest growing HIV/AIDS epidemics. The number of HIV-infected women is steadily growing, as is the HIV prevalence among pregnant women that has grown for the past 5 years from 12.2 per 100 thousand in 1999 to 114.2 in 2003. The number of children born to HIV-infected mothers increased from 211 in 1999 to 5,823 in 2003.


A high level of coverage with antenatal care, the availability of an extensive health care infrastructure, a relatively low number of infections in pregnant women are the factors that make it realistic to achieve this mission in the Russian Federation.

The country is facing the challenge to improve approaches to the prevention of HIV infection perinatal transmission to infants. Reorganizations are required both in health care services rendered to HIV-infected women and outside the clinical services area. A number of changes are needed in such areas as staff training, approaches to preventive measures to high-risk groups of women, the regulatory framework development and improvement, budget planning for the program implementation.

The purpose of holding this workshop is to analyze the organizational structure and the regulatory framework regulating the PMTCT interventions implementation. The workshop participants were guided in their work by the final document prepared by a panel of experts from the Research center for Obstetrics, Gynecology and Perinatology of the Russian Academy of Medical Sciences (RAMS) and WHO Regional Office for Europe based on the assessment of PMTCT interventions taken in four regions of the Russian Federation.

- The following issues should be noted among the identified trends requiring improvement:

  1. Difficulties associated with a poor coordination of preventive measures between the Ministry of Education of Russia and the Ministry of Public Health and Social Development of Russia
  2. The absence of the national communication strategy for prevention of HIV infection in infants
  3. The absence of national standards on reproductive health counseling and health care provision to HIV-infected women
  4. Despite the downward trend, there is still high proportion of HIV-infected women who came late for medical services. In a number of regions the number of HIV-infected women who came late for medical services reached 40%.
5. A low level of coverage of pregnant women and HIV-infected pregnant women with quality pre-test counseling, counseling of delivery method and infant feeding options, specifics of newborn health care. A low level of coverage of HIV-infected pregnant women and mothers, including injecting drug users, with psychosocial counseling.


7. Lack of statutory framework for rendering social and economic assistance to HIV-infected women, whose social and legal status does not allow obtaining these services in full amount (for instance, female migrants).

8. The absence of the Federal request on the staff training in the area of PMTCT issues. PMTCT issues are not an essential element of medical staff training programs (obstetrician-gynecologists, neonatologists, pediatricians, midwives and maternity nurses), or their content is inadequate.

9. The counseling is not recognized as an essential element of health care system. The time allocated by CMIF for rendering health services to pregnant women is not sufficient for carrying out quality counseling (12 minutes for the reception of one pregnant woman).

10. The process of developing and implementation of interventions for the prevention of HIV infection in infants does not account for specific needs of marginal and vulnerable groups of population (poor links with harm reduction programs, substitution treatment is illegal).

➤ After discussion, the workshop participants made the following recommendations:

1. With the view of optimization of information and education campaigns for HIV primary prevention among women of reproductive age and teenage girls, entrust the role of coordinator of these events on the Department of medical and social problems of the family, motherhood and childhood.

2. To develop and implement Federal information and education program among the population for the purpose of MTCT prevention.

3. To develop and implement Federal standards and the protocol of HIV testing and counseling for women of reproductive age

4. To develop and implement Federal standards and the protocol of the provision of family planning and reproductive health services to HIV-infected women

5. To implement Federal standards and the protocol of the pregnancy and delivery management with HIV-infected pregnant women

6. To ensure a wide coverage of HIV-infected pregnant women with quality counseling services. Counseling of HIV positive pregnant women should include the selection of the delivery method, optimal infant feeding option, adherence to the antiretroviral drug and the postpartum contraception options.

7. To introduce psychosocial counseling for HIV-infected pregnant women as an essential element of health care system. Create linkages between maternal and child services and NGOs. Broadly introduce peer counseling with involvement of PLWHA and referral to self-support groups in routine care of HIV infected women.

8. To enhance the coverage with PMTCT measures among hard-to-reach women (injected drug users (IDU), sex workers, migrants, prisoners) though outreach activities and the expansion of cooperation between prenatal clinics and community based organizations.
engaged in harm reduction programs and the work with female sex workers etc. To create conditions and to promote counseling services for HIV-infected pregnant women on principles of equality.

9. Vulnerable groups of population (IDU, sex workers, prisoners) should be provided with quality condoms and access to harm reduction services. As the legislation will change and allow to use the substitution treatment for IDU women – it should be broadly implemented.

10. To implement Federal standards of health care and treatment to HIV-infected children

11. To implement psychosocial support to HIV-infected women and their families in the RF regions. To develop the regulatory framework for rendering social and economic assistance to HIV-infected women, whose social and legal status does not allow receiving PMTCT services in full amount (for instance, female migrants).

12. To improve the provision of social care to children left without the custody of their parents and with either an undetermined or positive HIV status.

13. To develop Federal request for staff training on PMTCT issues

14. To adapt in cooperation with international organizations the Training program on PMTCT developed by WHO in collaboration with the US Center for Disease Control (CDC) and introduce it into the system of pre- and post-graduate education of obstetrician-gynecologists, pediatricians, nurses and midwives.

15. To include counseling and supply of contraceptives into a list of compulsory medical services paid by CMIF (compulsory medical insurance fund).

2 Proceedings

2.1 Objectives of the review

After the opening address made by academician of the Russian Academy of Medical Sciences, Dr. V.N.Serov, M.D., and WHO regional advisor on child and adolescent health and development issues, Dr. M. Ostergren, the workshop participants proceeded with the plenary session of the Workshop.

Dr. Ruslan Malyuta, focal point of program for the prevention of HIV infection in infants in WHO Regional Office for Europe, presented the scope and purpose of the meeting. He briefed participants with the meeting format consisting of plenary sessions in Day 1 and group sessions in the latter half of Day 1 and in the first half of Day 2. The main goal of the meeting was to develop recommendations for the elimination of HIV infection with perinatal route of transmission in the Russian Federation by 2010. In the course of the meeting the participants were to review the achievements and identify duty barriers to the prevention of HIV infection in newborns in the last 5 years, to define acceptable options of overcoming these barriers and design future directions of the program “Prevention of HIV infection in newborns”. The main source of information for the participants was the final report on the results of the project “Organization of the System of the Prevention of Mother-to–Child HIV Infection in the Russian Federation”, prepared by national experts and WHO experts in September – November 2004. Additional sources of information were representatives of the regions, where the survey has been done, and public organizations dealing with the issues of the prevention of HIV infection in infants and children.
2.2. Plenary session. Day 1.

The presentation of WHO regional advisor on child and adolescent health and development, Dr. M. Ostergren, comprises data on HIV/AIDS epidemic expansion among women and children in the European region. The report highlights the high rates of spread of HIV/AIDS epidemic expansion in the countries of Eastern Europe and Central Asia. Injecting street drug use still remains one of the major routes of HIV epidemic among women, even though the proportion of heterosexual HIV transmission is increasing. Among children born to HIV-infected women in the European region, the largest number of them was born in the Ukraine and Russia, especially during the last three years.

Among the key priority issues facing health services in East European countries on the prevention of HIV infection in newborns, the following were named: the integration of preventive measures to the maternal and child health services, the coverage with preventive measures of women who came late for medical aid, the extension of the accessibility of quality testing and counseling in the MCH and reproductive health centers, as well as the creation and strengthening of horizontal relations with profile facilities. All stated measures will promote the achievement of the goal set before WHO European region – a complete elimination of HIV vertical transmission by 2010. This goal has been supported and approved by the participants of Interdepartmental Conference “Breaking the Barriers – Partnership to Fight HIV/AIDS in Europe and Central Asia” attended by the representatives from 52 countries of WHO European region, including the Russian Federation, in February 2004.

The report of the focal point of programs for prevention of HIV infection in infants, WHO Headquarters (Geneva), Dr. R.Ekpini, was focused on the global problem of female vulnerability to HIV and on the strategies required for the solution of this problem. Thus, it was shown that out of the total number of HIV-infected people in Africa the share of women reaches nearly 60%. The number of children HIV-infected in 2004 exceeded 640,000, and the number of AIDS death cases among children was 510,000. In many of the most epidemic-affected countries in Africa (with HIV prevalence of up to 30% among the women of reproductive age), the number of women receiving PMTCT prophylaxis was less than 1%. It was noted that in Belarus and the Ukraine this indicator is much higher. The speaker stressed that the solution of PMTCT problem requires a complex approach accounting for reproductive needs of the woman and her family members and that it is universal for all regions of the world. When selecting the options of the vertical transmission ARV prophylaxis, the countries should focus not only on their efficiency, but also on the accessibility, safety and appropriateness of their use in various environmental conditions and groups of population.

The report of Dr. I.I.Baranov, M.D., represented a brief overview of interventions and achievements in the prevention of mother-to-child transmission of HIV in the Russian Federation. Dr. I.I.Baranov personally participated in the work of a panel of experts on the assessment of the implementation of PMTCT interventions in four regions of Russia with different levels of HIV prevalence. The speaker presented to the participants the final analytical document on the results of the situation analysis in the regions. Each participant received a copy of this document. The data were presented in the report in order showing achievements and progress associated with the introduction of preventive measures. The report highlighted the identified barriers and drawbacks and preliminary conclusions and recommendations for subsequent discussions in sub-working groups.
Workshop participants from regions where the program expert review was done also took the floor. Their speeches were formatted in such a way as to reflect the implementation of all four components recommended by the UN Strategic Framework for the PMTCT prevention.

The report of Chief obstetrician-gynecologist of the Ministry of Public Health and Social Development of Kaluga region, Mrs. I.A.Novitskaya, was focused on the issues of primary prevention of HIV infection among women of reproductive age. It was noted that in the past years Kaluga region witnessed a change in the structure of HIV-infected patients depending on HIV transmission ways. Thus, in 1999 the specific weight of newly identified HIV infection cases due to injecting drug use reached 93%. In 2004, with the same total number of newly identified cases of HIV infection, the share of injecting drug users reduced to 27%, while the number of heterosexual ways of HIV transmission increased up to 43%. Three fourths of the number of registered cases of HIV infection accounts for people of 18 – 30 years old. The share of women in the newly identified cases in 2003 was 47%. Target groups for the primary prevention of HIV in order to prevent perinatal way of transmission were identified based on this epidemiological evidence:

- Women – sex partners of HIV-infected;
- Girls of 14-20 years of age;
- Women staying in penitentiary institutions;
- Female sex workers;
- Female injecting drug users.

The concept of preventive measures is based on the principles of complexity, consistency and regularity. It appears important to introduce psychosocial counseling for HIV-infected patients and their sex partners at HIV/AIDS Centers providing them with information on the reproductive health maintenance and a possibility of a reproductive choice. Contests “What do I know of AIDS?” are held at schools. Special publications are issued for the population of the region together with the arrangement of exhibitions to make them aware of the ways of HIV/AIDS transmission and prevention. The Governor of the Kaluga region provides support to these events. The following measures were carried out to prevent HIV infection among female IDU, sex workers and women staying at penitentiary institutions: available HIV counseling and testing, including anonymous ones, outreach system development via the cooperation with public organizations among injected drug users and sex workers and the distribution of information materials.

The report of the Head of MCH division of the Public Health Department of Ivanovo region, Mrs. L.A. Dubisskaya, was focused on the issues of the prevention of unintended pregnancies and family planning among HIV-infected women. The relevancy of these interventions for the region was determined by the increase of HIV prevalence among the population (77 fold in the past 5 years), including pregnant women (by 28 fold for the same period). The issues of the prevention of unintended pregnancies and family planning counseling were included in the list of issues undertaken in psychosocial counseling of HIV-infected patients. At that, consultants on family planning and contraception issues among HIV-infected patients undertake an additional, special training on the specifics of informing the audience. The Law on the protection of patients’ rights and the resolution of the Ministry of health of Russia No. 302 of 28.12.1993 serve as a regulatory base for consultants. It was noted that data included in manuals on family planning issues are inadequate and outdated (the beginning and mid of 90s). The region prioritizes the receipt of an informed consent of a patient after counseling to use contraception.
(surgical sterilization, use of intrauterine contraception, implant etc). The following problems complicating an access to a target group were identified: limitations of the information work with the population in general, including the limited number of information sources, the absence of the regular press coverage of HIV/AIDS issues, the inability to place the data on HIV/AIDS in a wide context of preventive measures. One of the reasons of insufficient awareness of medical staff on family planning and contraception issues is the absence of common weighted decisions agreed between the Ministry of health and HIV/AIDS center when developing the regulatory framework for general practitioners on this problem.

The report of Chief obstetrician-gynecologist of the Ministry of Health of Moscow region, Dr. A.A. Gridchik, M.D., showed the necessity of a complex approach to the implementation of HIV/AIDS prophylaxis as in the majority of cases the problem of HIV infection is not only in the area of medical interventions but is also deeply connected with social problems. The report reflected problems associated with the lack of the regulatory framework, for instance, it does not contain a provision on counseling pregnant women when they pass HIV testing and this counseling does not covered by Compulsory Medical Insurance Fund.

PMTCT prophylaxis measures introduced in Samara region were highlighted in the report of Chief obstetrician-gynecologist of Samara region, Mr. S.A. Vdovenko. The presentation mentioned a few of the priority problems, such as a high level of stigmatization and discrimination of HIV-infected women, the absence of conscientious attitude of HIV-infected women to the forthcoming motherhood, the lack of complex surveillance system for HIV-infected pregnant women at all stages of pregnancy and delivery. To eliminate negative consequences of HIV infection in Samara region the Ministry of health developed a package of measures aimed at training medical staff on women counseling and testing skills, rendering assistance to HIV-infected pregnant women, rendering family planning services to HIV-infected patients. A focus is made on the consistency and continuity in rendering health care services to HIV-infected pregnant women and their families. Medical personnel undertake a special training on safety work with potentially infected biological environment. International organizations, like American International Health Alliance, were involved in the development of PMTCT programs. As a result, in 2004 the coverage of children born to HIV-infected mothers who received ARV prophylaxis of vertical transmission increased from 61% in 2001 to 93% in 2004. One of the achievements of Samara region on the prevention of perinatal HIV transmission was the reduction of the number of children abandoned by their parents, from 27% in 2000 down to 8% in 2004. Therefore, a complex surveillance for families together with social services resulted in the reduction of the social orphanage rates.

The report of Mrs. N.V. Vartapetova, Head of the representation office of John Snow Incorporated, showed the model of the prevention of HIV infection in infants based on the integration of preventive measures into the MCH service. The agency carried out a survey of perinatal HIV prevention in 14 regions of Russia. The survey set the following objectives: to assess the level of female knowledge, to study major sources of information, to examine existing practices at therapeutic units, to assess the availability of information at health care facilities. The method used was the questionnaire survey of women at home and at health care facilities. About 20,000 women took part in this survey. At that, the received data were compared with the data of 2000 and 2003. During the survey it was identified that only 28% knew of HIV transmission ways and this number has not changed for the last three years. We should believe positive the fact of the increase of the specific weight of women who received information on HIV/AIDS from health workers, from 18% in 2000 to 32% in 2003. Nearly half of pregnant women received counseling on HIV. During the analysis of delivery practices among general
population we identified a high specific weight of episiotomies – 31%. 26% of HIV-infected women had caesarean delivery (it was elective in ¾ cases).

The report of Mr. T.A. Epoyan, HIV/AIDS Program coordinator at UNICEF representative office in Russia, presented the results of the survey of PMTCT prevention status, health care provision, social protection and development opportunities for young children born to HIV-infected mothers. This survey was done in 10 regions of Russia in 2003. The following aspects were noted among the problems of implementing ARV prophylaxis, treatment and surveillance after the delivery: low quality of HIV pre- and post-test counseling, incomplete coverage with antenatal surveillance at antenatal care clinics and HIV/AIDS centers, low coverage with ARV prophylaxis during pregnancy and delivery, impossibility of timely HIV testing for women with unknown HIV status, insufficient supplies of milk formula substitutes and infant formula, as well as prejudged attitude to HIV-infected people. Some of the main reasons for these problems were the insufficient staffing levels with HIV/AIDS qualified personnel, late turn for treatment by pregnant women, deficit of medicine for ARV therapy (including the deficit in supplies and allocation of medicine), shortage of HIV express-tests at maternity wards, inadequate financing of PMTCT interventions. The attention of the participants was drawn to a high level of social orphanage among children born to HIV-infected mothers. Thus, in St. Petersburg 18% of HIV-infected mothers abandoned their children. The reasons for that were social and economic factors (including unemployment, lack of permanent source of income, lack of accommodation etc), unintended pregnancy. The difficulties associated with the organization and maintenance of case follow-up and treatment of children born to HIV-infected mothers were noted. The report showed an insufficient staffing with practitioners at AIDS centers, insufficient competence of general practitioners on HIV/AIDS, limited financial and technical opportunities for carrying out ARV therapy of HIV infection in children, stigmatization of children born to HIV-infected mothers both from medical staff at health care facilities and from the society in general.

2.3 Group sessions. Day 1. Determination of barriers in PMTCT implementation

At the end of the plenary session of the meeting the participants were divided into two sub-groups in such a way as to meet major areas of their power and activities. Each group comprised a representative of the Ministry of health possessing reliable information on the discussed area of activity. Each group had a balance of the number of representatives of governmental agencies and NGOs. The sub-group participants discussed areas of activity relating to:

1. Regulatory framework securing the implementation of actions to prevent the HIV transmission from mother-to-child (PMTCT)
   - Organization and coordination of prophylactic measures at the federal level
   - Support to regions from the Federal Government
   - Introduction of prophylactic measures at the regional level
   - Signing partnership agreements with other governmental sectors and NGOs
   - Existence of protocols and instructions on PMTCT prophylaxis approved at the federal level and their compliance at sites
2. Quality of services rendered and capacity building

- Quality of PMTCT services
- Segregation of functional responsibilities of health workers when rendering PMTCT services
- Staff training on PMTCT

3. Logistical support and monitoring over the implementation of prophylactic measures

- Assignment of duties on the provision of material resources for the implemented prophylaxis between the Federal center and regions
- The role of MCH service when planning the budget of implemented prophylactic measures and its cooperation with HIV/AIDS centers.
- The availability of unified program monitoring indicators. Monitoring quality and frequency.

4. Accessibility and continuity of implemented measures

- The availability of 4 strategic elements of the prevention of HIV infection in newborns at various stages of rendering health services to pregnant women and women of reproductive age
- Percentage of HIV-infected women covered by PMTCT program at various stages of pregnancy with a special focus on injected drug users (IDU) and measures aimed at the improvement of their coverage by prophylactic interventions
- The continuity of activities of various institutions on the prevention of HIV transmission
- Actions to support the sanitary education of the population and the role of NGOs in the increased use of PMTCT services by women of reproductive age.

To analyze the above areas of activity the sub-group participants used the algorithm comprising 4 steps:

- Step 1:
  - the assessment of achievements in this area of activity stating the identified barriers;
- Step 2:
  - the determination of the main reasons of the existence of the identified barriers and their connection with inadequate qualified staff levels;
- Step 3:
  - the definition of measures that could have been appropriate and achievable to eliminate the identified barriers in this area of activity;
- Step 4:
  - Preparation of recommendations as to what components of the present program should be improved and what should be done to achieve it. At that, recommendations comprised the following:
  - Main trends of PMTCT prophylaxis requiring the improvement and the appropriate ways to achieve these goals.
• Main trends of activities to ensure the accessibility of therapeutic measures for HIV vulnerable groups of population (IDU, sex workers, migrants).

• Strategic and long-term planning of recommended prophylactic measures.

Amidst major barriers of the effective implementation of PMTCT interventions in the Russian Federation, the following were noted:

1. **Primary prevention of HIV infection in women of reproductive age and teenage girls**

   1. Difficulties associated with a poor coordination between the Ministry of Education and the Ministry of Public Health and Social Development; the absence of the national strategy for IEC activities on PMTCT among the population.

   2. The role of the reproductive health protection service in the primary prevention of HIV infection among women of reproductive age and teenage girls has not been defined and should be shown in the regulatory framework of the Ministry of Public Health and Social Development of the Russian Federation.

   3. Counseling on HIV/STI issues was not included in the list of services paid at the expense of Compulsory Medical Insurance Fund (CMIF).

   4. Low awareness of medical staff and women on the possibility of HIV vertical transmission.

2. **Prevention of unwanted pregnancies among HIV-infected women and family planning**

   1. The absence of national standards on reproductive health counseling and health care services to HIV-infected women.

   2. The existing regulatory framework hampers the continuity of work of medical institutions (for instance, prenatal clinics, maternity hospitals and AIDS centers). The patient confidentiality issues have no clear regulation and often serve as a barrier to rendering care, treatment and support to HIV-infected patients.

   3. A limited access to modern contraceptives for hard-to-reach women; HIV/AIDS centers and family planning centers have no modern contraceptives and condoms for free distribution and advocacy of their use.

   4. The absence of monitoring over the use of modern contraceptives by HIV-infected women.

   5. A large share of late abortions among HIV-infected pregnant women.

   6. Low awareness of NGOs engaged in harm reduction programs and the work with HIV vulnerable groups of population (IDU, sex workers, migrants) of the possibility of maintaining the reproductive health of HIV-infected women.

   7. The issues of reproductive health of HIV-infected women and the vertical transmission prevention are not part of the certified and other regular post-diploma education programs.

   8. The majority of regions face organizational and technical problems associated with the identification of the immune status of HIV-infected women.
3. Measures and interventions aimed at PMTCT prevention during pregnancy, delivery, neonatal and infancy periods

1. Despite a downward trend, the number of HIV-infected pregnant women who come late for medical aid remains high; in a number of regions this indicator reaches 40%.

2. The mechanism of outreach activities with vulnerable groups of pregnant women (sex workers, IDU) has not been developed and implemented. NGO potential and the peer counseling have not been implemented in this area of activity.

3. Services for IDU pregnant women are underdeveloped (low coverage with harm reduction, substitution treatment is illegal)

4. An insufficient supply of ARV drugs to maternity hospitals.

5. A low coverage of HIV-infected women in childbirth, including IDUs, with psychosocial counseling.

6. An insufficient continuity of work between obstetric facilities and AIDS centers (according to estimates, in some regions only half of HIV-infected pregnant women were followed both by a specialist from an AIDS center and a doctor from a prenatal clinic).

7. The absence of the quality training and material and technical conditions to perform infection control measures at obstetric facilities.

8. A low coverage with quality counseling of HIV-infected pregnant women on the selection of delivery and infant feeding options and the specifics of the surveillance for infants.

9. The natural childbirth in Russia in many cases is complicated by difficulties and manipulations which could increase the risk of the HIV transmission (premature rupture of membranes, rupture of birth canals, amniotomy and episiotomy).

10. High levels of stillborns and early neonatal death rates among the children born to HIV-infected women.

4. Provision of care, treatment and support to HIV-infected women, children and their families

1. The absence of the Federal protocol on provision of care and treatment to HIV-infected women, children and their families.

2. Psychosocial support to HIV-infected women and their families has not been implemented in the majority of regions of Russia.

3. High rates of abandoned children born to HIV infected mothers due to social reasons; the majority of regions have no counseling services to prevent social orphanage and the return of a child to a biological family.

4. The absence of the national protocol on the ARV treatment for women and children

5. The lack of access to ARV drugs for women and children in the majority of regions of Russia.

6. The absence of a possibility of CD4 cells monitoring in the majority of regions of Russia.
7. The absence of a possibility of the early HIV diagnostics for infants on the majority of regions of Russia.

8. The absence of a mechanism of cooperation with NGOs engaged in harm reduction programs and the work with sex workers.

9. The imperfection of the monitoring system over the completeness, consistency and regularity of provision care and support to HIV-infected mothers and their families.

5. Legal, social and economic support to HIV-infected pregnant women, mothers and women of reproductive age

1. The absence of a regulatory base for provision social and economic assistance to HIV-infected women, whose social and legal status prevents them from receiving these services in full amount (for instance, female migrants).

2. The imperfection of provision social support to children left without the custody of their parents and whose HIV status is either undetermined due to their early age or positive.

6. Measures aimed at increasing the awareness of the population on PMTCT issues

1. The absence of the national strategy for IEC activities among the population to prevent HIV infection from mother-to-child.

2. A narrow departmental approach to the distribution of IEC materials with a poor coordination of planned activities.

7. Capacity building

1. The absence of the Federal program of the training of health care workers on the prevention of HIV infection from mother to child.

2. The absence of the Federal request on the staff training on PMTCT issues.

3. The absence of the budget estimate for the staff training on the prevention of HIV transmission.

4. PMTCT issues are not a compulsory element of the medical staff training program (obstetrician-gynecologists, neonatologists, pediatricians, obstetric nurses and medical nurses) or insufficiently covered.

5. Counseling skills are not part of the pre- and post-diploma training programs for students and doctors at medical Universities and academies.

8. Clinical care

1. The standards of rendering health care to HIV-infected pregnant women and HIV-infected children and Decree No. 606 regulating the use of ARV drugs during the pregnancy contain contradicting provisions.

2. The counseling is not recognized as an essential element of the health care system. The time allocated by CMIF for rendering aid to a pregnant woman is insufficient for carrying out the quality counseling services (12 minutes per one pregnant woman).

3. The standards of provision medical care to HIV-infected women of reproductive age have not been developed or approved.
9. **Social assistance**

1. The standards of provision social assistance to HIV-infected women of reproductive age have not been developed and implemented.
2. The majority of regions have no psychological support services to HIV-infected pregnant women and their families.
3. Specific needs of marginal groups of population have not been taken into account.
4. A poor cooperation between Coordinating Council on PMTCT of the Ministry of Health and structures engaged in the implementation of prophylactic programs and the provision of care to HIV/AIDS vulnerable groups of population: sex workers, IDU, prisoners and the poor.

10. **Program budget planning**

1. Federal and local budgets do not comprise a separate provision on the financing of PMTCT interventions.

### 2.4 Group sessions. Day 2. Workshop Recommendations

1. **Primary prevention of HIV infection in women of reproductive age and teenage girls**

   1. The prevention of HIV infection in newborns should be secured in the form of a sub-program of the Federal target program for 2002-2006 “Prevention and control of social diseases”.
   
   2. To ensure the implementation of the resolution of Chief State Sanitary Inspector of the Russian Federation of 14.01.2004 “On Strengthening actions to prevent the epidemic of HIV infection in the Russian Federation” stating the necessity to strengthen IEC activities among high-risk groups of population to advocate the responsible motherhood, involving the staff of prenatal clinics, drug rehabilitation centers and public hygienic educational centers.
   
   3. For the purpose of the optimization of IEC measures on the primary prevention of HIV infection in women of reproductive age and teenage girls, to entrust the role of coordinator on the Department of medical and social problems of the family, motherhood and childhood. Key ministries and departments are:

   - a. Ministry of Education
   - b. Ministry of Justice and Ministry of Internal Affairs
   - c. Committee for Health Protection at the State Duma of the Federal Assembly of the Russian Federation
   - d. Committee for the affairs of women, family and youth at the State Duma of the Federal Assembly of the Russian Federation
   - e. Deputy working group on AIDS at the State Duma of the Federal Assembly of the Russian Federation
   - f. Ministry of Culture
   - g. Ministry of press and information
   
   4. To develop and implement the Federal EIC program to prevent the HIV infection from mother to child.
   
   5. To develop and implement Federal standards and the protocol on HIV testing and counseling among women of reproductive age:
a. Pregnant women – using the “opt-out” approach to testing. At that, HIV test is part of the routing package of health care services to pregnant women together with tests for syphilis and hepatitis. The woman has the right to refuse from this test after her counseling session.

b. Women of reproductive age – using the “opt-in” approach to testing. Based on the HIV infection risk assessment, a woman decides whether it is appropriate to include this test in the list of medical examinations to be performed. The voluntaries and confidentiality of testing procedures should be guaranteed.

6. The provision of family planning and reproductive health services to the population should include elements of counseling on the health way of life, STI/HIV prophylaxis, the identification of risk forms of the behaviour and risk reduction ways.

7. Vulnerable groups of population (IDU, sex workers, prisoners) should be provided with quality condoms and access to harm reduction services. As the legislation will change and allow to use the substitution treatment for IDU women – it should be broadly implemented.

8. Medical staff activities aimed at the primary prevention of HIV and STI infection should be included in the list of services paid by CMIF.

9. To increase the awareness of medical staff rendering care to women of reproductive age and teenage girls on the possibility of PMTCT.

10. It is necessary to strengthen and support the cooperation between the family planning and reproductive health centers and HIV/AIDS centers and NGOs, including those engaged in harm reduction programs and the work with sex workers.

2. Prevention of unwanted pregnancies among HIV-infected women and Family planning

1. To develop and implement Federal standards and the protocol on provision of family planning and reproductive health services among HIV-infected women with the inclusion of the immune status (CD4) component determination. The protocol implementation should comply with the principles of confidentiality, accessibility and continuity.

2. The counseling of HIV-infected women should be followed by the selection of a most suitable for a patient medical facility for the provision of reproductive health services.

3. To ensure the execution of Article 36 of the Federal target program for 2002-2006 “Prevention and control of social diseases” regulating the right of HIV-infected women for taking an independent decision on the issue of motherhood.

4. To strengthen the interdepartmental cooperation in order to ensure the maximum coverage of HIV-infected women with family planning and reproductive health services. At that, it is necessary to use the whole potential of social workers of HIV/AIDS centers and NGOs that perform prophylactic measures among IDUs and sex workers and provide care to HIV-infected patients and their families.

5. To prevent unwanted pregnancies of HIV-infected women, the family planning and reproductive health counseling should be accompanied by a free distribution of modern contraceptives.

6. To implement a package of measures to prevent late abortions at late stages of the pregnancy of HIV-infected women.
7. To introduce the peer-counseling as one of the possible options of counseling of HIV-infected women on the issues of reproductive health maintenance.

8. To introduce the system of monitoring over the use of contraceptives and family planning among HIV-infected women.

3. **Measures and interventions developed for MTCT prevention during pregnancy, delivery, neonatal and infancy periods**

1. The planning of PMTCT interventions and control over their implementation should be the responsibility of the Department of medical and social problems of the family, motherhood and childhood at the ministries of health of the members of the Russian Federation in collaboration with other interested ministries and departments (including HIV/AIDS service).

2. To implement Federal standards and the protocol on the management of the pregnancy and delivery of HIV-infected pregnant women.

3. The regulatory framework securing PMTCT prophylaxis with ARV therapy (Decree No. 606 etc) should be regularly revised and updated in accordance with the latest data of the evidence-based medicine.

4. To ensure a wide coverage of HIV-infected pregnant women with quality counseling services. The counseling should, inter alia, comprise the selection of the delivery options, optimal infant feeding patterns, the adherence to ARV medications, and postpartum contraception options.

5. To ensure the continuity of the implementation of preventive measures during the pregnancy and afterwards between prenatal clinics, HIV/AIDS centers, maternity hospitals and pediatric facilities. It should be necessary to execute the principles of confidentiality and the right of a woman to get maximum efficient medical aid.

6. To introduce psychosocial counseling of HIV-infected women as an essential element of the health care service.

7. To increase the coverage of hard-to-reach women (IDU, sex workers, migrants, prisoners) with PMTCT actions through outreach activities and the expansion of cooperation between maternity hospitals and NGOs engaged in harm reduction programs and the work with sex workers etc. to create conditions and promote the counseling of HIV-infected pregnant women based on the “equal-to-equal” principle.

8. To study reasons for high levels of stillbirths and early neonatal death rates among children born to HIV-infected mothers and to work out a set of measures to improve the situation.

9. The heads of medical institutions that render health services to pregnant women should provide medial staff with individual protection means and ensure the execution of infection control requirements set by the sanitary and epidemiologic services. Additionally, in cooperation with AIDS centers they should ensure the execution of instructions on the urgent HIV prophylaxis among medical staff in cases of accidents and contacts with biological liquids that is possibly HIV-infected.

10. To ensure the procurement of express tests for HIV diagnostics and ARV drugs required for the prevention of the vertical HIV transmission during deliveries to all maternity hospitals.
11. To ensure the execution of the Decree of the Ministry of Health of the Russian Federation №256 of 25.09.92, regulating a free distribution of infant formula to all children up to the age of 2 with perinatal HIV contacts; and Resolution of the Government of the Russian Federation №1005 of 13.08.97 “On regulating a free provision of special milk formula to children of the first and second years of age”. The members of the Russian Federation should be responsible for the execution of these resolutions. They should provide a free supply of milk formula to children born to HIV-infected mothers at the expense of local budgets.

4. **Provision of care, treatment and support to HIV-infected women, children and their families**

1. To implement Federal standards on provision of care and treatment to HIV-infected children.

2. To develop and implement Federal standards on rendering care and treatment to HIV-infected women, including the provision of effective contraceptives.

3. To introduce psychosocial support to HIV-infected women and their families in the regions of the Russian Federation.

4. To introduce counseling of pregnant women on the prophylaxis of social orphanage and the return of children to their biological families.

5. To ensure the provision of ARV drugs to women and children at the expense of local budgets. To develop together with the Federal center the ARV drug purchase schemes by regions in order to reduce prices for ARV drugs.

6. To implement monitoring over the immune status of women and children in regions of Russia at the expense of local budgets. The purchase schemes should be agreed with the Federal center in order to reduce prices for equipment and chemical agents.

7. To ensure an early diagnostics of HIV infection in newborns through the introduction of PCR method in the regions. The purchase of equipment and chemical agents should be agreed with the Federal center in order to reduce prices.

8. To work out the mechanism of cooperation with NGOs engaged in harm reduction programs and the work with sex workers.

9. To develop and introduce the system of monitoring over the implemented actions.

5. **Legal, social and economic support to HIV-infected pregnant women, mothers and women of reproductive age**

1. To develop the regulatory framework for rendering social and economic support to HIV-infected women, whose social and legal status prevent them from getting PMTCT services in full amount (for instance, female migrants).

2. To improve the provision of social care to children left without the custody of their parents or whose HIV status is either unknown due to their early age or positive.

6. **Measures aimed at increasing the awareness of the population on PMTCT issues**

1. To develop Federal strategy for IEC activities among the population to prevent HIV transmission from mother to child.

2. To introduce the interdepartmental approach to the distribution of IEC materials. The Department of medical and social problems of the family, motherhood and childhood of
the Ministry of Public Health and Social Development of the Russian Federation should undertake the leading role.

7. Capacity building

1. To prepare the Federal request for the staff training on PMTCT issues.
2. To include the counseling skills courses, including quality pre- and post-test HIV counseling, in the training programs of specialized and higher education medical schools and post-diploma institutions.
3. In cooperation with international organizations to adapt and introduce the training program on PMTCT prophylaxis worked out by WHO in cooperation with the US Center for Disease Control (CDC) in the pre- and post-diploma training programs for obstetricians-gynecologists, pediatricians, midwives and nurses.
4. To include the issues of diagnostics and management of children born to HIV-infected mothers and HIV-infected children in the system of pre- and post-diploma education of pediatricians and family doctors.
5. Training and professional development of medical staff should comprise counseling skills on the primary prevention of HIV among teenage girls and women of reproductive age.
6. Specialists rendering reproductive health services to HIV-infected women should undertake the training course on the intended pregnancy planning for HIV-infected women.

8. Program budget planning

1. To ensure the continuous financing of PMTCT programs adopted at the federal and regional levels.
2. To ensure HIV testing and counseling among vulnerable and marginal groups of population at the expense of local budgets (execution of the Law on HIV/AIDS of 1995 and Article 122 of the RF Law on the financing of prevention and treatment of HIV infection).
3. To include counseling and supply of contraceptives in the list of compulsory medical services paid by CMIF.
4. Members of the Russian Federation should ensure the execution of standards of the health care provision to HIV-infected pregnant women at the expense of local budgets. It is recommended to consider the possibility of the segregation of duties on the financing of the standards of rendering medical services to HIV-infected women between the Federal center and regions.
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Appendix 2. Final report on the results of the assessment of PMTCT actions implementation in four regions of the Russian Federation

Coordination Committee for the Prevention of Mother-to-Child HIV Transmission at the Ministry of Health and Social Development of the Russian Federation

WHO Regional Office for Europe

Research Center for Obstetrics, Gynaecology and Perinatology of the Russian Academy of Medical Sciences

“Organization of the System of the Prevention of Mother-to–Child HIV Infection in the Russian Federation”

December 2004

1. background

According to the Federal Research Center for the Prevention and Control of AIDS of the Ministry of Public Health and Social Development of Russia, as of 30.09.04 the number of registered HIV-infected citizens reached 294,630, including 83,113 women. Among primary means of women infection 14% attributes to heterosexual intercourse (11,229), 35% - to injecting drug usage (28,812) and 51% - to unidentified infection transmission cases. The reported number of HIV-infected pregnant women grew by 600 times and reached 114,2 per 100 thousand of respondents between 1995 and 2004, meanwhile in some regions this figure came to 438,8 (Samara region), 392,2 (Sverdlov region). More than half of all pregnancies of HIV-infected women ended up with the delivery, and the proportion of deliveries from HIV positive women among the total number of deliveries grows year by year. As a result, one can witness the growth of the number of perinatal infected infants. As of 31.12.2003 the number of children under the age of 14 who have HIV antibodies reached 3,35% of the total number of HIV-infected in the Russian Federation (9,094 out of 270,907).

Strategies and resources on the Federal level

- Main Policies in support of PMTCT and PMTCT management structure

The interventions to prevent HIV-infection in infants in the Russian Federation were not united into a separate target federal programme. Yet, primary steps to prevent new cases of HIV-infection in infants were included in the regulatory framework of the Ministry of Public Health and Social Development of Russia as one of the elements of the Federal target subprogramme for the prevention and control of HIV/AIDS. Most significant current subject-related documents are as follows:

2. Federal target programme for 2002-2006 “Prevention and Control of Social Diseases”.

The Ministry of Public Health and Social Development of the Russian Federation plays the leading role in the development of key documents. It coordinates the actions taken by other
ministries and regulatory bodies involved in this Law and programme implementation. Additionally, the following agencies should be also noted: Ministry of education, Ministry of justice, Ministry of Internal Affairs, Health Welfare Committee of the State Duma of the Federal Assembly of the Russian Federation, Women, Family and Youth Committee of the State Duma of the Federal Assembly of the Russian Federation, deputy working group on AIDS of the State Duma of the Federal Assembly of the Russian Federation, Ministry of Cultural Affairs and Ministry of Press and Information.

Since 2001 the programme to prevent HIV infection in infants has been integrated into the maternal and child health care system. The Department of maternal and child health care of the Ministry of Public Health and Social Development of Russia in collaboration with other agencies, including institutions of prevention and control of HIV/AIDS, assumed a coordinating role to implement these interventions. A number of provisions and norms regulating the provision of health care and support to HIV-infected women and children were developed between 2001 and 2004. The PMTCT Coordination Committee of the Ministry of Health of Russia was set up in 2002. The resolution on the prevention of the mother-to-child HIV transmission and the draft informed consent on conducting HIV chemoprophylaxis were approved in 2003. This document comprises ARV prevention patterns for pregnant women in the Russian Federation, infant feeding recommendations for children born to HIV-infected mothers. This resolution is based on the international experience of ARV drug usage to reduce the risk of vertical HIV transmission, including the results of ACTG 076, Short Thai CDC, HIVNET 012 projects, as well as the data of the Russian Research Center for the prevention and control of HIV/AIDS.

The UNICEF-supported research conducted in 2003 in 10 regions of the Russian Federation showed that all these regions had regulations on carrying out ARV therapy to reduce the vertical HIV transmission. The results of the current research carried out in 4 regions of the country supported this evidence. In 2004, a special task force set up by the Ministry of Public Health and Social Development of Russia for the first time developed health care standards to prevent the mother-to-child HIV transmission. These standards are in agreement with WHO recommendations for CIS states on providing health care and medical treatment to HIV-AIDS patients. The standards comprise a list of mandatory diagnostic and remedial measures to prevent perinatal HIV transmission in pregnant women, maternity patients and newborns. It should be noted that there is no fixed frequency of updating the regulatory framework for HIV prevention in newborns. The issuance of new regulations and recommendations is based on the review of taken measures and the need in additional interventions to improve the situation as well as on the forthcoming data on more efficient vertical HIV transmission prevention patterns.

The integration of actions to prevent HIV infection in infants into the maternal and child health care and support service allowed to develop all four elements of the strategic framework for the prevention of HIV infection in infants that were recommended and supported by organizations – co-founders of UNAIDS, including WHO, UNICEF and UNFPA.

In 2003, obstetrical facilities of Russia included maternity hospitals (225), maternity welfare centers (1,720), perinatal centers (126) (including 31 independent ones), family planning and reproduction centers (432) (including 33 independent ones), maternity obstetric stations (46,751). The structure of paediatric facilities comprises consulting and diagnostic centers (61), independent child health clinics (480), departments of child health centers (6,738), adolescent departments in policlinics (2,478), child exercise therapy units (1,908), adolescent drug rehabilitation departments (308), child home care units (193).
All health workers from MCH services are involved in PMTCT activities. As at the end of 2003, this service was staffed with 39,099 obstetrician-gynecologists, 56,145 pediatricians, 5,109 neonatologists, 67,403 birth attendants. Their collaboration with specialists from related services to ensure the maximum coverage of target groups with preventive measures is guided by the resolution of Chief Sanitary Inspector of the Russian Federation of 14.01.2004 “On Strengthening Actions to Prevent Epidemic of HIV Infection in the Russian Federation”. The resolution shows the necessity to strengthen awareness and propaganda among vulnerable groups to advocate the responsible motherhood, involving maternity welfare centers, drug rehabilitation centers and public hygienic educational centers.

Primary prevention and prevention of unintended pregnancies

The first and second elements of the strategic framework for the prevention of HIV infection in infants providing for the primary HIV prevention among girls – teenagers and women of reproductive age, as well as actions to prevent unintended pregnancies and family planning among HIV-infected women, were reflected in the current Federal programmes, including “Safe Motherhood” and “Healthy Child”. In 2003, the total number of the female target group for the prevention of HIV infection in infants reached 39.1 million of women at the age of 15-49, where 3,104,324 pregnancies and 1,427,353 deliveries were registered.

Federal programmes “Safe Motherhood” and “Healthy Child” provide for the screening of pregnant women for HIV, syphilis and viral hepatitis B and C. These programmes also comprise counselling services for girls in their teens, women of reproductive age, pregnant women and mothers on the issues of safe sexual intercourse and STI prevention and care. However, the regulatory framework to cover 100% of population with counselling services is currently absent and only specialized centers have potential for its introduction.

The level of knowledge on HIV prevention among female population is insufficient to make PMTCT measures successful. Mrs. E.V.Sokolova research (2003) showed that 41% of HIV-negative women were sure that HIV seropositive woman could give birth only to a HIV-infected infant, half of non-infected women did not know anything about differences between HIV infection and AIDS and 7% of women knew nothing about HIV transmission ways.

Some regions have already adopted finance programmes for the protection of youth reproduction health (St. Petersburg, Khabarovsky region and Altai region) that provide for compulsory counselling services to all adolescents on the primary prevention of STI/HIV and provision of free condoms as required. Within the framework of the UNFPA international project implemented in 6 regions of the Russian Federation new clinics were opened with the permanent appointment of a psychologist and the allocation of time required for the advocacy of all teenagers turned to for help. Some clinics still continue to supply free condoms to teenagers.

It remains for the Government to resolve issues of creating and carrying out programmes on sexual behavior at schools and secondary and higher educational institutions. However, family planning services and various public organizations in some regions carry out such activities by advising teenagers and young people on the safe sexual behavior rules, possibilities of STI/HIV risk prevention and reduction, video clip demonstration and distribution of information booklets and other information materials.

Some regions carry out international projects focusing the attention of health workers on STI/HIV issues (seminars, trainings, distribution of educational materials among health workers
and patients). Between 1997 – 2003, mass media carried out the national campaign promoting safe sexual behavior. The target group of this campaign were young people at the age of 15 to 29. The main events of this campaign comprised the video clip shows, radio shows, outdoor advertising, information booklets and posters, postcards, leaflets and calendars. According to statistical data, 74% of population saw these materials. 95% of those who saw the materials thought them understandable and 96% believed that such campaigns should go on.

Within the framework of the “Mother and Child” project studies were conducted in 2000 – 2002 aimed at finding out knowledge, attitude and experience of health workers and women of reproductive age relating to primary prevention of STI/AIDS. Estimates were made of the material costs of the population associated with the regular usage of condoms as STI protection means. The studies showed that the condom usage costs came to RR 1,003 per annum per one married couple if sexual intercourse took place three times a week.

Russia has a network of family planning facilities (451), youth centers and adolescent health reproduction centers (22 in total). However, limited financing of these institutions leads to a sharp decrease of the amount and types of health counselling services. For instance, the necessity was declared to render counselling services to all clients, particularly young people, on the prevention of the unwanted pregnancy and STI/AIDS. This task requires time costs, minimum, of 30 minutes per patient. Yet, according to mandatory medical insurance standards the paid time costs per patient should not exceed 12 minutes. Despite the fact that the staff schedule of these institutions provides for a permanent position of a psychologist the current low wage rates make it impossible to introduce this permanent position.

Voluntary counselling and testing

The PMTCT personnel training is also inadequate. As is known, the world developed countries have recently witnessed the decrease in HIV epidemic growth. This became possible largely due to a wide-scale introduction of voluntary and confidential HIV testing and counselling (VTC). However, in the Russian Federation the PMTCT discipline hasn’t been included in pre- and postdiplome educational programmes of future medical officers, including neonathologists, obstetrician-gynaecologists and health workers. Despite the support of international organizations and foundations in favour of conducting training courses and seminars, their efforts were insufficient to teach VTC to more than 200 thousand health workers engaged in MCH services.

Mrs. E.V.Sokolova survey (2003) supports this evidence and shows that the lack of PMTCT appropriate background for obstetrician-gynaecologists to ensure successful management. The questionnaire survey data showed that 16% of obstetrician-gynaecologists believe that a HIV-infected woman can give birth only to a HIV-infected child; 32% incorrectly named HIV infection ways and 26% were unaware of the factors increasing the risk of HIV transmission in infants.

The disciplines for medical officers do not comprise issues of counselling services for sexual abuse victims on the risk of HIV infection. Obstetrician-gynaecologists are poor qualified in issues of the provision of counselling services, post-exposure prophylaxis of HIV infection and the necessity of subsequent surveillance for sexual abuse victims.

The implementation of the second element of the strategy for the prevention of HIV infection in infants plays a most important and specific role in Russia, as it highlights
interventions on the prevention of unwanted pregnancies and family planning for HIV-infected women. As of 30.09.2004, 83,113 HIV-infected women were registered in the Russian Federation. Yet, the number of HIV-infected women who know of their HIV-positive status before the pregnancy tends to grow. This may be indicative of their conscious reproductive choice due to a possibility of the HIV perinatal transmission prophylaxis. Another evidence is that the abortion rate per 100 live-borns to HIV-infected women in 2003 was nearly twice less than the number of abortions in general population and reached (62.8 against 115.9).

For the purpose of reviewing family planning and contraception devices among HIV-infected women it should be noted that the abortion frequency rate in Russia per 100 live-borns in general population showed a several times increase against the same figure in the EU countries. Despite some positive changes in this area, the coverage of women of reproductive age with contraception devices still remains low. The number of women in general population using IUD reached 5.7 million in 2003. Meanwhile, the specific weight of women using IUD among the women of fertile age reached 14.6% in 2003. The number of women using hormonal contraception came to 3.3 million in 2003. The specific weight of women using hormonal contraception among the women of fertile age reached 8.6% in 2003. There is no separate statistics on the contraception usage among HIV-infected women.

The rights of HIV-infected women are stipulated in Article 36 of Federal target programme “Social diseases: prevention and control, 2002-2006”, one of sub-sections of which is the subprogramme “Urgent Response to Prevent Anti-HIV/AIDS epidemic in the Russian Federation” stating the right of the women to make their own reproductive choice.

According to the Decree of the Ministry of Public Health and Social Development of Russia dated 28.12.93 “On Approval of the List of Health Indications for Induced Abortion”, the presence of HIV infection in a pregnant woman can serve as the grounds for a therapeutic abortion in case of the duration of gestation of more than 12 weeks. The Decree states that induced therapeutic abortion can be only made with the consent of a woman. This probably substantiates the fact that the pregnancy termination period for HIV-infected women in 2004 significantly differs from the same figure for general population. According to Mr. I.I. Baranov (2004), up to 28% of pregnancy terminations in HIV-infected women attributes to the duration of gestation over 12 weeks, while this figure for general population does not exceed 7%.

The Decision of the Collegium of the Ministry of Health of Russia dated 25 March 1997 “On HIV Infection Case Rate in Russia and Measures to Prevent Epidemic” (Protocol No. 5) entrusts the heads of health authorities of the RF members, chief medical officers of Gossanepidnadzor centers “to arrange the work of voluntary (anonymous) HIV infection offices with pre- and post-test HIV infection counselling and offices of health and psychological services to HIV-infected people and their families at the AIDS centers”.

It should be admitted that the quality of counselling for HIV-infected women on family planning issues remains poor. Mrs. E.V.Sokolova (2003) notes that only 59% of HIV-infected respondents indicated that they received a consultation about a sexual life and a possibility of pregnancy for HIV-infected women. Yet, 91% of HIV-infected women knew of a possibility of giving birth to a HIV-negative child. The family planning counselling at obstetrical centers comprises discussions of a reproductive choice for HIV-infected women. However, Mrs. E.V. Sokolova questionnaire poll (2003) showed that 82% of obstetrician-gynaecologists would prefer to recommend to HIV-infected women to terminate their pregnancy. At the same time, it should be noted that 72% of doctors recognized the right of a woman to make her own reproductive choice, i.e. to keep or terminate the pregnancy in case of HIV infection detection.
National standards on family planning for HIV-infected women have been neither developed nor implemented, the same refers to mechanisms of the provision of free contraception devices. The documents of the Collegium of the Ministry of Health of Russia dated 28.01.03 “On AntiHIV/AIDS Subprogramme Progress” (Protocol No. 1, item 11.3) recommend to enter social workers as regular office staff at AIDS centers making them responsible for the management and implementation of preventive actions among drug users, sex workers and for rendering support to HIV-infected people and their families. However, these documents do not stipulate the mechanism and programmes for the state provision of free contraception means to STI/HIV vulnerable populations, including barrier methods of contraception. The application of the Ministry of Health submitted to the 4th round of grants of Global Fund to fight AIDS, Tuberculosis and Malaria provides for the purchase of 700 thousand condoms for the first two years of the project implementation, thus meeting the annual needs of 2,000 married couples (less than 1% of the total number of reported HIV-infected people in Russia).

Interventions for prevention of prinatal HIV transmission

The implementation of PMTCT interventions, including ARV therapy, to maintain safe deliveries and infant replacement feeding is impossible without providing an access to VTC for pregnant women. HIV testing of pregnant women in the Russian Federation is guided by the Decree of the Ministry of Public Health and Social Development of Russia dated 10.02.2003 “On Enhancement of Obstetrical and Gynaecological Services at Outpatient Clinical Departments”. This Decree stipulates for a twofold free IFA-testing for HIV during the pregnancy. If a pregnant woman does not attend antenatal care center and her HIV status is unknown, it is possible to make an express test. Regulations state that express tests can be made upon the voluntary informed consent of a woman after taking the pre-test counselling. If the result is positive, the post-test counselling is to be done. According to the Federal Research Center for the Prevention and Control of AIDS, 3,080,896 IFA tests for HIV in pregnant women were done in 2003. The HIV test coverage ratio for pregnant women and maternity patients is close to 100%. In 2003, there were detected 9,481 cases of HIV infection in pregnant women and the prevalence rate came to 114,2 per 100 thousand respondents. This figure remained practically unchanged compared to the data for the previous year. However, it should be noted that this figure grew by 936% against 1999. One of the prevailing ways of female HIV infection still remains the drug injection. For 9 months 2004, this ratio reached 47% of the total number of cases. No statistical data are maintained as to recording the counseling for pregnant women who agreed or refused to make a HIV test. According to Mr. I.I.Baranov data, in 2004, more than half of pregnant women (56%) knew of their HIV-positive status prior to becoming pregnant.

Another important trend is the reduction of the number of HIV-infected women who did not attend antenatal care clinics and their first HIV-positive test was done directly before, during or after the delivery. This figure decreased from 27,4% in 2001 to 15% in 2003 and reached 9% for 9 months 2004. However, attention should be focused on sharp variations of the specific weight of non-examined pregnant women between certain regions of the Russian Federation. In some regions this figure tends to grow and exceeds 40%. It should be also noted that the share of women who do not attend antenatal care clinics in general population did not exceed 4% for the same period of time. It indicates of an inaccessibility of this group of women compared to general population and of the necessity to draw up special interventions to provide them with health care and support.
A number of international organizations work in the territory of the Russian Federation being engaged in advocacy services among vulnerable population groups to HIV infection, such as: AIDS Foundation East-West, AIDS Infoshare, Focus Media, Open Health Institute, John Snow etc. The PMTCT issues are part of the programme of work with vulnerable groups including sex workers, injected drug users, prisoners, young people and street children. In 2003, NGO Foundation received the grant from Global Fund to fight AIDS, Tuberculosis and Malaria, the top priority of which shall be carrying out work with vulnerable population groups and the prevention of mother-to-child HIV transmission.

Russia has no replacement therapy programme for opiate addicts, including pregnant women. Not all regions of the country have effective harm reduction programmes.

At the end of 2003, the Ministry of Public Health and Social Development of Russia adopted the Decree No. 606 regulating the implementation of interventions to prevent vertical transmission during the pregnancy and childbirth. According to Research Center for Obstetrics, Gynaecology and Perinatology of RAMS, among the women who delivered during 9 months 2004, 69% received the vertical transmission prophylaxis with ARV therapy during their pregnancy, 21% – starting from the 14th week as it was recommended by Russian Federation protocol on PMTCT. Should be mentioned that starting AZT prophylaxis from 14th week of gestation is no longer recommended by WHO. 88% of all HIV infected pregnant women received ARV prophylaxis in labour. The main drug used were zidovudine and nevirapine. In 2004, 16% of women had caesarian section delivery, i.e. the same figure as for general population.

The continuous care for mothers and infants

The number of children born to HIV-infected mothers in Russia exceeded 15 thousand, including more than 10 thousand children born between 2002 – 2003. Nearly all children were on infant replacement feeding since their birth. The provision of milk and infant formula up to the age of 2 is financed from local budgets. There are no data on the counselling HIV-infected mothers or pregnant women on the choice of infant feeding options. The counselling is limited with recommendations to avoid breastfeeding.

The perinatal mortality rate among children born to HIV-infected mothers is 2,13 times higher than among general population. In 2003, it reached 24,26% per 1,000 live-born and stillborn (stillborn rate 17,6%; early neonatal mortality – 6,5%. Significant variations of this figure between regions should be noted. In regions with a large number of deliveries among HIV-infected women (Moscow, Irkutsk region) the perinatal mortality exceeds 40%.

The survey conducted in 10 regions of Russia in collaboration with UNICEF was covered 5,242 children born between 1987-2003. It showed that only 761 children (14,5%) had known HIV status. This figure varied significantly between regions (from 13,1% to 33,3%) and depends on availability of methods for early diagnosis of HIV infection in infants and organization follow-up system for children born to HIV infected mothers. The current research supports this evidence.

The detection of HIV infection in infants and young children in Russia is associated with certain difficulties and the lack of early HIV diagnosis using PCR technique in many regions. Given that the diagnosis using IFA technique can be done only at the age of 18 months, nearly 8 thousand children born between 2003-2004 (50% of the total number of children born in Russia
from the onset of epidemic) have to “wait” for reaching the age when they can be diagnosed. However, the unavailability of early diagnosis of HIV infection is not the only reason preventing to establish a HIV status of children with prenatal HIV exposure. An important factor is the non-attendance of health care clinics by parents together with their children on due time to make a HIV test.

The vertical transmission rate among children with a diagnosed HIV status between 1987-2003 reached 19.4%. However, it should be noted that the package of interventions to prevent vertical transmission carried out prior to 2001 differs significantly from what has been recently done. Current data show that the child HIV infection rate between 2002-2003 reached 10% at most. Not all children that need ARV therapy receive it because of the insufficient financing of the programme and high prices for drugs. 127 children died of AIDS between 1987-2003.

A relative number of abandonments of children by HIV-infected mothers tend recently to decrease. In 2002, this figure reached 5.9% (262 of 4,523 live-borns) compared to 10.8% (72 of 664) in 2000. According to Mr. E.M. Ryapov data (2004), the specific weight of abandoned children in various regions of Russia vary widely from 4.6 to 66.7% in 2000 and from 1.7 to 50.0% in 2002. In should be noted that the research of the Federal Research Center for the prevention and treatment of HIV infection in pregnant women and children conducted in 10 regions of Russia in 2003 showed that 83 (56.1%) of 148 children with the reported HIV infection lived outside families (specialised children’s homes, hospitals). Therefore, the issue of the social orphanage in Russia is closely related to the increased risk of the child infection. Evidently, mothers of HIV-infected children did not get a full package of preventive interventions on HIV vertical transmission and had a number of other factors that increase the risk of HIV transmission to children (STI, premature delivery etc.). A number of laws and Governmental regulations were adopted in Russia to prevent social orphanage and to improve the quality of care and support to HIV-infected children, including the following:

Article 18 of the Law “Rights of Parents of HIV-Infected Children and Other Formal Representatives of HIV-Infected Adolescents” provides for a joint stay of parents and children under 15 in hospitals and the payment of state social insurance allowance, a free return ticket for one of the parents to accompany the children under the age of 16 to the place of treatment, the maintenance of the employment duration for one of the parents of the children under 18 in case of the discharge on child care grounds.

Article 19 of the Law “Social Protection of HIV-Infected Adolescents” provides for a social pension allowance, grants allowances for disabled children stipulated in the legislation of the Russian Federation. Persons taking care of HIV-infected adolescents receive child care allowance in accordance with the procedure established by the RF legislation.

Children born to HIV-infected mothers get free infant formula up to the age of 2 according to the Decree of the Ministry of Health of Russia No. 256 of 25.09.92 and Regulations of the RF Government No. 1005 of 13.08.97 “On Straightening Out Free Provision of Special Milk Formula to Children of the First and Second Years of Life”.

It should be noted that the Decree of the Ministry of Health of Russia No. 229 of 03.06.03 entered a specialised children’s home for HIV-infected children in the classification of health institutions. This institution provides the dwelling of HIV-infected children and children born to HIV-infected mothers until their striking off the dispensary records due to the absence of HIV infection. This provision differs from WHO recommendations that support a joint stay of HIV-
infected children in child collectives and the lack of necessity of their isolation as it leads to the stigmatization of HIV-infected children.

The Decree of the Ministry of Health of Russia approved the registry forms (starting from 2003) to register children born to HIV-infected mothers in an effort to improve the monitoring of the surveillance for children with perinatal HIV exposure. A single register of children born to HIV-infected mothers was set up in 2003 at the Federal Research Center for the prevention and treatment of HIV infection in pregnant women and children in St. Petersburg.

Several financing sources are used to finance interventions on the prevention of HIV infection in infants, including federal budget, budgets of RF members, sponsors and charitable institutions. These measures include the purchasing and supply of test-systems. If the provision of HIV test-systems in the past was financed from the federal budget, this function was delegated to RF members last year.

➢ Quality and capacity of PMTCT services in the oblast level

Within the framework of the project in collaboration with the Ministry of Public Health and Social Development of the Russian Federation the situation in four regions of the country (Moscow region, Kaluga region, Ivanovo region and Samara region) has been analyzed in detail. The selected territories have different levels of social and economic development, urban and rural population ratio, HIV prevalence in the region, absolute and relative number of pregnancies and deliveries of HIV-infected women. Consequently, it can be assumed that the situation in these regions reflects the overall picture in the Russian Federation as a whole.

Moscow region occupies the territory of 46 thousand square kilometers, the population of the region is 6,597 thousand people. The city of Moscow is an independent district of the Russian Federation, however, the city and the region are closed related. A leading obstetrical facility in the region is Moscow regional scientific-research institute of obstetrics and gynaecology (federal agency). Additionally, a large maternity hospital located in the town of Balashikha performs the functions of a regional perinatal center. Maternity departments of city and district hospitals provide obstetrical services in towns of the region. The center for the prevention and control of AIDS and communicable diseases located in Moscow provides services for the region. Towns and districts of the region have medical staff responsible for the provision of HIV prevention services (63 specialists), including servicing of pregnant women and children.

Kaluga region occupies the territory of 29,9 thousand square kilometers, the population of the region is 1,041 thousand people, including 780 thousand of urban population. 53% of residents are women, including 49% of women of fertile age. Large cities: Kaluga (335 thousand people), Obninsk (106 thousand people). The region does not have a perinatal center. High-risk group pregnant women are admitted for the delivery to a maternity department of the district hospital and the city maternity hospital of the town of Kaluga. The region has a large center for the prevention and control of AIDS that coordinates HIV/AIDS-related activities of all health care institutions, including obstetrical facilities. The AIDS center conducts organizational and methodical work, clinical monitoring and outpatient care of HIV-infected people in collaboration with other services. The center staff comprises 26 employees, including such specialists as: practitioner, therapist for communicable diseases, obstetrician-gynaecologist, allergist-immunologist, dermavenerologist, neurologist, therapist for subsistence abusers, paediatrician,
dentist, therapist for clinical laboratory diagnostics, epidemiologist, therapist for ultrasound diagnostics, statistic practitioner.

Ivanovo region occupies the territory of 21,8 thousand square kilometers, large towns: Ivanovo, Kineshma. The population of the region is about 1,176 thousand people, including 314 thousand women of reproductive age. Ivanovo scientific-research institute for motherhood and childhood (federal agency) acts as a perinatal center. A district center for the prevention and control of AIDS has been recently set up on the basis of the district dermo-venereological dispensary.

Samara region occupies the territory of 53,6 thousand square kilometers, the population of the region is 3,312 thousand people, large towns: Samara (over 1 million of residents), Togliatti (over 700 thousand people). A maternity department of the district clinical hospital acts as a perinatal center. The region has two centers for the prevention and control of AIDS: a district one in the town of Samara and a city one in the town of Togliatti.

As of 30.09.04 HIV prevalence reached 102 per 100 thousand people in Kaluga region. Yet, in 2002-2003 new HIV infections tend to become stable. Most adversely HIV-affected towns are Kaluga, Otninsk, and Borovsk. Intravenous drug injection (66,2 %) prevails amidst main ways of HIV transmission. The share of HIV transmission through a heterosexual intercourse has recently increased from 6,6% in 1999 to 38,3% in 2004. The share of women amidst 1,083 registered HIV-infected patients is 320 (42%). HIV diagnostics in the region is based on conducting IFA testing in health care facilities with a validation at the immunoblot in the district AIDS center. PCR techniques have been recently introduced. In 2004, the AIDS center purchased centrally express-tests for HIV that were distributed among maternity departments of district hospitals.

Health care facilities of Ivanovo region tested for HIV infection 221,703 persons in 2002, 150,345 persons in 2003. As of 30.09.04 2,372 HIV-infected persons were registered in the region, thus, amounting to 202 per 100 thousand population, the specific weight of women among HIV-positive patients is 27% (647). Most adversely HIV-affected towns are Ivanovo and Ivanovo district, Kineshma and Kokhma. 585 new HIV infections were registered in 2002, 298 – in 2003, and 295 – for 9 months 2004, 107 of them – women. 84% cases of infection of women in 2004 occurred during sexual intercourse. HIV diagnostics in the region is complicated because only 10 regions (of 20) provide IFA testing and the blood samples are sent to Moscow to obtain a validation at the immunoblot. The region has no potential for PCR diagnostics and the immune status determination. In 2004, the clinic of the scientific-research institute of motherhood and childhood purchased HIV express-tests.

As of 30.09.04, 22,614 HIV-infected patients were registered in Samara region, i.e. 698 per 100 thousand population. 90% of them live in Samara and Togliatti. The main HIV transmission way was the usage of injecting drugs – 87,5%. However, for the past 9 months the infections through the usage of injecting drugs were noted to go down to 64,7%. The HIV-infected structure comprises 25,4% of women, 6% of them are young women at the age of 15-17, and 79% at the age of 18-30. It bears noting that the share of women in the structure of new HIV infections tends to grow and for the past 9 months this figure came to 42%. HIV diagnostics is based on conducting IFA tests at health care facilities with a validation at the immunoblot at the district AIDS center, using PCR techniques. The determination of the immune status is also possible. Maternity departments use HIV express-tests.
Regulatory documents of health authorities of the RF members does not provide for a separate target programme for the prevention of HIV infection in infants. Measures to prevent new HIV infections in children are integrated in the activities of MCH services and HIV/AIDS centers. A number of regulations and decrees on the prevention of HIV infection in newborns are effective in the territories of the surveyed regions, including:

- “On the Procedure for Rendering Health Care Services to HIV-Infected and AIDS Patients” – Kaluga region,
- “On Measures of Optimizing Health Care Services to HIV-Infected Patients and Containment of HIV-Infection in the territory of Ivanovo Region”,
- “On Urgent Response to HIV Infection Prevention in Samara Region”,
- “On PMTCT prophylaxis in Perinatal Period and Transplacental Infections”,
- “On Organization of Work on Vertical HIV Transmission Prevention at Obstetric Facilities of Samara Region”.

The number of HIV-infected pregnant women grows annually in Moscow region. 245 were registered in 2001, 363 – in 2002, 478 – in 2003 and 424 – for 9 months 2004. Accordingly, there is an increase of the number of children born to HIV-infected mothers. Thus, 69 were born in 2001, 204 - in 2002, 326 – in 2003 and 256 – for 9 months 2004. The total number of children with perinatal HIV exposure registered in the region as of 30.09.04 reached 988 cases.

HIV-infected women living in Moscow region who kept their pregnancy are supervised jointly by specialists from the Center for the prevention and control of AIDS and communicable diseases and an obstetrician-gynaecologist from the prenatal care clinic at the place of their residence. Health staff conducts explanatory discussions with women prior to the appointment of chemoprophylaxis. A pregnant woman is offered to sign an informed consent. Chemoprophylaxis is conducted together with mandatory laboratory and physical testing of patients: in the first month – every fortnight, then – once a month. The tests determine the level of hemoglobin, red blood cells and thrombocytes, leukogram, and in case of hepatitis C – biochemical blood test is done. Should the need arise, tests are conducted to determine the level of CD-4 lymphocytes and HIV ribonucleic in blood.

The AIDS centers provide pregnant women with AZT in three dosage bands (capsules to be taken during pregnancy, fluid in bottles for infusing during the delivery and the syrup for children). If the HIV-positive response was detected during the delivery, chemoprophylaxis to mothers is appointed and done by an obstetrician-gynecologist, to newborns – by a neonatologist from the maternity hospital. For this purpose 51 obstetric facilities of the region received a package of emergency prophylaxis (nevirapine for delivering patients and AZT for newborns). In 2002, 247 women and 200 children received ARV MTCT prophylaxis (2003: 326 women and 322 children).

The efficiency of taken measures is supported by the fact that as of 30.09.2004 only 31 infants have a HIV diagnosis (2002 - 2, 2003 – 11, for 9 months 2004 – 18). HIV diagnosis in 165 children has been excluded. Pediatricians from the AIDS center constantly supervise children with perinatal exposure until they reach 18 months of age and after that the AIDS center commission either confirms or excludes HIV infection diagnosis based on clinical and laboratory data. Children with the confirmed diagnosis continue to attend the AIDS center for surveillance.
As of 30.09.2004 12 children receive treatment there. Towards the end of 2004, it is planned to implement PCR therapy for HIV-infected children. Starting from 2005, the issue of HIV status of children will presumably be solved when they are 6 months of age.

For the period from 1999 to 30.09.2004, 60 children were born to HIV-infected mothers in Kaluga region, 75% of them – in 2002-2004. 18 pregnancies (49%), of 37 registered in 2003, ended with deliveries. 17,776 pregnancies and 9,050 deliveries in total were registered in Kaluga region in 2003. Amidst 16 HIV-infected women in 2003, there was one elective cesarean section delivery (6%) due to a clinical inequality of sizes of the fetus head and the pelvis. Of 18 women delivered in 2003, 7 women received antenatal supervision at the district HIV/AIDS center, 8 women were jointly supervised at the district HIV/AIDS center and the antenatal care clinic, 3 women were not even registered. 14 women received ARV therapy during their pregnancy and all children born to HIV-infected women received a special prophylaxis with nevirapine syrup at maternity hospitals.

More than 10 thousand deliveries (8,69 per 1,000 residents) and over 13 thousand abortions (43,3 per 1,000 women of fertile age) are registered in Ivanovo region every year. For the period under review, 226 HIV infections among pregnant women were identified in Ivanovo region, including 13 cases – in 2001, 61 cases – in 2002, 88 - in 2003 and 64 – for 9 months 2004. In 2002, 55% of pregnancies ended up with deliveries (2003: 42%). In 2002, 31 HIV-infected women had deliveries (30 of them in the town of Ivanovo, including 19 at maternity hospital No.1 and 7 – at scientific-research institute), 34 - in 2003 (31 of them in the town of Ivanovo, including 16 at maternity hospital No.1 and 13 – at scientific-research institute), 46 – for 9 months 2004. This statistics shows that there are two specialized facilities for deliveries of HIV-infected women. In 2002, 30 pregnancies were electively terminated, 22 – in 2003 and 17 – for 9 months 2004. In 2001 none of 6 mother-newborn pairs received prophylaxis. 70% did not receive prophylaxis in 2002, 14% - in 2003, 20% - for 9 months 2004.

The number of registered pregnancies among HIV-infected women reached 2,821 cases in Samara region from 1.01.99 to 30.09.04, including 1,391 deliveries. In 2003, the abortion rate among HIV-infected women reached 58,7 per 100 live births. This figure was nearly twice higher (111,5 per 100 live births) in 2001. This may be indicative of the fact that the number of HIV-infected women who planned a real pregnancy tends to grow. 1,440 children were born between 1999 - 30.09.2004. The majority of them 927 (64,4%) were born between 2003-2004. Among children with known HIV status 36 were HIV positive (10,0%), 322 (90%) were HIV negative. 26 children born to HIV-infected mothers died.

Three-stage ARV therapy was fully (pregnancy, delivery, child) conducted among mother-child pairs in Samara region between 2000-2004 in 45% of cases, two-stage (delivery, child) – 3%, only to the child – 14%, no therapy at all - 38%. Nevertheless, if in 1999-2000 the vertical transmission prophylaxis was not conducted in 98% of cases, in 2003 this figure diminished to 15%. The number of mother-child pairs that received three-stage ARV therapy increased to 60% in 2003. Practically all children born to HIV-infected mothers received bottle-feeding from the date of their birth.

The perinatal mortality rate in Samara region reached 23 per 1,000 live-born and stillborns in 1999-2003 inclusive, i.e. it is twice higher than the same figure in general population.

Of 988 children with perinatal HIV exposure in Moscow region, 37 (3,7%) were left without parent care. The issue of the specialty of Krasnopolyansky children home for needs of these children is to be solved in late 2004 accompanied by the preparation of a set of documents.
regulating the procedure of rendering health and social care to abandoned children. 5 abandoned children were diagnosed HIV-infected.

HIV-infected mothers abandoned two newborns (2004) in Kaluga region for the whole period under review; children were placed in children homes without any intention of their isolation into a separate group.

A specialized children home was set up in Ivanovo region. It comprises 7 children born to HIV-infected mothers. Four of them have a confirmed HIV diagnosis; all four receive HAART.

9% of child abandonment cases were registered in Samara region in 1999 - 2003. However, this figure tended to decrease to 7% in 2003. Children stay at children homes of general profile, in their age-related groups.

All four elements of perinatal HIV prevention programme are implemented to some extent in regions of Russia: primary prevention, family planning for HIV-infected, PMTCT, and providing care, treatment and support to HIV-infected women and their families.

A network of anonymous surgeries for HIV and STI testing was set up in Kaluga region with the intent of primary prevention of HIV infection among vulnerable groups of women (sex workers, injecting drug users, prisoners). In 2004, outreach work started among injecting drug users and sex workers through the cooperation with a public organization LGVS “Life goes on” («Будем жить»). Campaigns are conducted with the advocacy and distribution of condoms; gynaecologists provide free consulting services including HIV testing. In total, 45 sex workers were covered by this work (of the estimated 600 sex workers in the region). The cooperation with international organization “AIDS Foundation East-West” contributes to the provision of penitentiary institutions with information materials on HIV/AIDS prevention. Additionally, the training of outreach specialists among prisoners is under way thanks to the cooperation with UIS psychological service. However, harm reduction and syringe exchange programmes are not implemented in the region despite the fact that 66,3% of officially registered HIV-infected patients got infected through injecting drugs.

Amidst a package of interventions targeting HIV-infected women, the priority is given to information and advocacy activities with a focus on psychosocial counseling carried out by the AIDS center staff (epidemiologists, confidential doctors, gynaecologists, optionally – health psychologists). The main purposes of counseling are to form a responsible attitude towards their own health and the health of their future children, to form a commitment to clinical examination, treatment and prevention of vertical HIV transmission, safe behavior training and to reduce the risk of HIV transmission to a sex partner.

The implementation of these measures depends directly on their accessibility to a target group of women. In 2003, a decree issued jointly by Department of public health and medicine procurement and State Center for sanitary and epidemiologic inspection stated the procedure for rendering health care services to HIV-infected patients in an effort to solve this task. This decree indicates that HIV-infected and AIDS patients should be provided with all types of outpatient and hospital health care services based on their place of residence within the license for health activities of the facility. The decree also provides for the supply of HIV express-tests to maternity hospitals and maternity departments, carrying out a three-stage ARV therapy against perinatal HIV transmission. The health care continuity was split between profile facilities and AIDS centers stating the necessity to inform the AIDS center of the place and time of hospitalization of HIV-infected patients within 24 hours.
Early in 2005, a centralized purchasing and supply is planned for all maternity hospitals of the region with the stock of nevirapine and express tests to conduct emergency vertical transmission prophylaxis for women who were missed in antenatal period and with an unknown HIV status in the delivery. Currently, only few maternity hospitals have nevirapine and express tests at their disposal.

Health staff of the maternity hospital of the town of Kaluga did not attend special training courses on HIV pre- and post-test counseling as well as counseling of HIV-infected mothers on the selection of infant feeding options. The deliveries of HIV-infected mothers in this maternity hospital take place in an isolated box intended for infectious pathology where they stay together with their newborns till the date of discharge. In most cases HIV-infected women came to maternity hospitals for the delivery having medicine they received at the AIDS center. None of 36 express-tests carried out in 2003 were positive.

The continuity of work of obstetrical facilities and child health institutions is secured by advising the district paediatrician of every pregnancy and the registration of a pregnant woman for dispensary surveillance. A district nurse makes an assessment of domestic and social conditions in the family and estimates the amount of required additional care if there are social problems. Children born to HIV-infected mothers are supervised by a paediatrician from the AIDS center and also by a district paediatrician.

Each district polyclinic has a confidential doctor from the AIDS center that coordinates the provision of health care services to HIV-infected patients. In many cases, a district paediatrician is not aware that an infant was born to a HIV-infected mother and potentially it may affect the quality of health care services rendered in case of the infection progress. As at the end of 2003, AIDS center paediatricians registered 43 children with perinatal HIV exposure. The HIV diagnosis was not confirmed in 12 cases, … children were diagnosed HIV positive, 1 infant died at the age of 1,5 months and all the rest remained diagnosed as having perinatal HIV exposure.

With a view of early HIV infection diagnostics in infants, PCR method has been used since 2003. In total, 15 children born to HIV-infected mothers were tested. There are certain problems associated with the surveillance for children due to the non-attendance to the AIDS center for testing. Children born to HIV-infected mothers and with confirmed HIV diagnosis are vaccinated in accordance with the schedule of vaccinations at the AIDS center or at the place of residence according to their parent wishes. Vaccination against poliomyelitis is done by an inactivated vaccine purchased by the AIDS center. An AIDS center paediatrician uses Co-trimoxazole for two months starting from the age of 1,5 months to prevent pneumocist pneumonia. WHO protocols and instructions of the Ministry of Health do not support such practice.

A high prevalence of syphilis among pregnant women was observed in Kaluga region. In 2001, this figure reached 697 per 100 thousand pregnant women and, despite a slight reduction, it still remained high in 2003 - 506 per 100 thousand pregnant women. The majority of cases (93%) were detected at obstetric facilities.

In 2003, the resolution of Department of Public Health of Kaluga region regulated family planning for women of reproductive age and called for the implementation of post-abortion and post-delivery contraception algorithm. The AIDS center arranges family planning counseling for women and free supply of condoms, thus, in 2003, 1 woman was protected with IUD after the delivery and 5 women received oral contraceptives.
The AIDS center of Ivanovo region has a therapist for infectious diseases responsible for the work with pregnant women and a paediatrician for infectious diseases who works with children. Both doctors were trained at Federal Research center for the prevention and treatment of HIV infection in pregnant women and children located in Ust-Izhora.

In Ivanovo region the primary HIV prevention is focused on young people. The work is done together with the youth committee, district administration, drug rehabilitation center and family planning center. Ivanovo medical college has trained specialists to work with young people. Lectures are read at all higher and secondary specialized educational institutions. Doctors and parents of young drug addicts make speeches at schools for adolescents and their parents. A joint scientific conference on HIV issues was held comprising dermavenereologists, therapists for infectious diseases, obstetrician-gynaecologists and paediatricians.

Samara region started to integrate counseling and testing for HIV in antenatal care clinics. In 2003, 71,781 pregnant women were HIV tested and 6,294 of them were twice tested for pregnancy. In Togliatti, the majority of pregnant women being HIV tested in the antenatal period had preliminary consultations with district obstetrician-gynaecologists at prenatal clinics. In case of positive test results women were appointed for post-test counseling to confirm HIV infection diagnosis and for dispensary surveillance at the AIDS center.

Samara AIDS center has a flow cytometric device to determine CD4 cells and the device to assess a viral strain, however, due to financial problems these tests are done for a limited number of women and cannot be defined as groovy. The HIV express-test for women admitted with an unknown HIV status was introduced in all maternity departments of the city and region. The test is available on a 24-hour basis and is done by an experienced staff. However, a large number of false-positive and false-negative results (up to 25%) were observed requiring an investigation of the reasons of these phenomena.

All maternity departments have azidothymidine in capsules, syrup and injections, nevirapine in tablets, but nevirapine syrup is available only at one facility. District and city HIV/AIDS centers supply ARV drugs to maternity departments.

Therefore, activities on the prevention of perinatal HIV transmission represent a wide set of various interventions and are implemented at a sufficiently high level in the surveyed regions. However, a lot of outstanding issues still remain to be solved and the main one is an insufficient logistics support.

Summary

Summing up the analytical survey results, it should be noted that the PVT programme management at the federal level is well defined and organized in Russia. Primary programme implementation actions are conducted within the framework of activities of Steering Committee for PMTCT at the Ministry of Health of Russia. The federal center supports regions through rendering organizational and methodological, practical and financial assistance. The programme administration and management in regions is done in close collaboration with MCH services and regional AIDS centers.

In addition to governmental agencies, various public organizations are involved in a varying degree in the prevention of perinatal HIV transmission. The Government develops and adopts regulations, standards, protocols and instructions on PVT. Additionally, with due regard for HIV
epidemiological situation, social, economic and demographic conditions, the regions issue local regulatory documents, sometimes earlier than federal instructions.

All health and social workers associated in a varying degree with obstetrical services and childhood issues are involved in PMTCT activities in the Russian Federation. Both doctors and nurses actively participate in rendering PVT care services.

Despite existing logistics problems, it bears noting that federal and regional authorities pay special attention to the needs of this sector when considering the issues of financing. Health authorities mobilize available material resources and actively develop new lines of activities in order to promote the integration of services, to introduce new diagnostic and treatment methodologies, to exercise control over the efficiency of interventions taken and to ensure close collaboration with public organizations.

A set of interventions aimed at the programme implementation comprises all four strategic elements of PMTCT at various levels of health care services to pregnant women and women of reproductive age. Over 80% of HIV-infected women are included in a varying degree in PVT programme at various stages of pregnancy. Measures are taken to include injecting drug users in the programme. A special attention is paid to public sanitary education.

At the same time, there are a lot of unsolved problems relating to the PMTCT programme implementation in the Russian Federation requiring a complex interdepartmental approach at all MCH levels.

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Appendix 3 - Graphs

Incidence of HIV infection per 100,000 in RF, 1999-2002

Proportion of women, among HIV+ people diagnosed in RF, 2001-2004

Prevalence of HIV among pregnant women in RF, 1999-2003
Russian Federation

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Number of HIV+ pregnant women in RF, 2000-2003

Number of HIV+ deliveries in RF, 1999-2003

HIV+ pregnancy outcome in 2003

Term of abortions in HIV+ women in 2004
Terms of abortions in general population, 2003

ARV prophylaxis during pregnancy, 2004

ARV prophylaxis during labour, 2004
Review of the programme on prevention of HIV infection in infants and young children

HIV+ pregnancies follow up in RF, 2001-2004

Proportion of HIV+ pregnancies without antenatal follow-up in 26 regions of RF, 2001-2002
Perinatal mortality among HIV+ pregnancies, 2000-2003

Perinatal mortality in general population, 2000-2003
Major cases of children mortality in RF (0-4 years old), 2002.

- Perinatal: 46%
- Congenital: 24%
- Respiratory: 10%
- Infections: 9%
- Accidents: 6%
- Others: 5%
- Others: 6%
The major causes of maternal mortality in RF, 2003

- Ectopic pregnancy: 24%
- Abortion: 6%
- Bleeding: 5%
- Eclampsia: 4%
- Sepsis: 15%
- Extragenital diseases: 3%
- Narcosys complications: 10%
- Embolia: 12%
- Others: 21%
Review of the Programme on the Prevention of HIV Infection in Infants and Young Children

The Russian Federation

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Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cypern
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Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
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