

Russia's Shrinking Population and the Russian Military's HIV/AIDS Problem

Colonel Jeffrey Holachek

Occasional Paper
September 2006



THE ATLANTIC COUNCIL

OF THE UNITED STATES

The Atlantic Council promotes constructive U.S. leadership and engagement in international affairs based on the central role of the Atlantic community in meeting the international challenges of the 21st century. The Council embodies a nonpartisan network of leaders who aim to bring ideas to power and to give power to ideas by:

- ♦ stimulating dialogue and discussion about critical international issues with a view to enriching public debate and promoting consensus on appropriate responses in the Administration, the Congress, the corporate and nonprofit sectors, and the media in the United States and among leaders in Europe, Asia and the Americas;
- ♦ conducting educational and exchange programs for successor generations of U.S. leaders so that they will come to value U.S. international engagement and have the knowledge and understanding necessary to develop effective policies.

Table of Contents

<i>About the Author</i>	<i>iv</i>
<i>Executive Summary</i>	<i>v</i>
I. Introduction.....	1
II. HIV/AIDS in Russia— a Critical Stage	2
III. Russia’s HIV/AIDS Epidemic as a Component of its Overall Population Crisis.....	7
Low Female Fertility.....	8
Increased Morbidity and Premature Mortality Due to Non-Communicable Disease and Injury.....	8
Infectious Diseases	9
IV. HIV/AIDS in the Russian Military—the Lack of an Adequate Strategy.....	11
History of HIV/AIDS in the Russian Military.....	12
HIV/AIDS Testing and Surveillance within the Russian Military	15
The Management of the Russian Military’s HIV/AIDS Program	19
Prevention.....	22
Treatment.....	23
V. Conclusion.....	24
Appendix.....	27
Shift Program Management.....	27
Institute Improved Testing Strategy.....	27
Implement Expanded HIV-Risk Avoidance Training.....	27
Develop Multi-Year Plan for Treatment	27
Better Integration between Military’s HIV/AIDS efforts and the Civilian Health Sector	28

About the Author

Colonel Jeff Holachek was a US Army War College Senior Fellow at the Atlantic Council, 2005-06. Prior to that, he served at the US Embassy in Moscow, 2002-05. COL Holachek is an Army Foreign Area Officer, specializing in Eastern Europe. Previous assignments include postings at the US Embassies in Minsk, Belarus (1998-2000), and Kiev, Ukraine (2002). COL Holachek also served as the executive officer to the director of Army Force Development, G8, Headquarters, US Army, 2000-2001. He is currently assigned to the US Embassy in Prague, Czech Republic.

Colonel Holachek wrote this report while in residence with the Council as a Senior Fellow. The Council is pleased to present his work, however, the views presented in this document are entirely those of the author and do not necessarily represent those of the Atlantic Council or the U.S. Department of State.

Executive Summary

Russia's rapidly declining population will soon no longer be able to support the current size of the Russian military. The number of Russian males turning 18-years-old is forecasted to drop by about 50 percent in the next 10 to 15 years. This approaching population decline requires significant structural reform within the Russian military. Yet, Russia's military leadership has been slow to act and has not taken the kinds of steps required to prepare for this coming change.

There are two root causes for Russia's rapid decline in population—a falling birthrate and a high working-age male mortality rate. But in the coming years, Russia's worsening HIV/AIDS epidemic threatens to substantially further exacerbate its existing population crisis.

Russia's HIV/AIDS epidemic has thus far been concentrated among young males, with intravenous drug use reportedly being the leading cause of HIV infection. But growing evidence indicates that the epidemic is generalizing as both the number of Russian women testing positive for HIV and the number of Russians becoming infected through heterosexual contact increase dramatically. Unfortunately, Russia has been slow to address the crisis, and, as a result, the epidemic will likely be much harder to bring under control.

After being virtually silent on the issue for the first five years of his presidency, Russian President Vladimir Putin recently announced a major HIV/AIDS initiative, including a dramatic increase in HIV/AIDS-related funding. This initiative, part of an overall effort to improve the state of the Russian public healthcare system, will be funded largely by Russian oil revenues. Only time will tell if President Putin's announcement will translate into an effective HIV/AIDS program, but it is an encouraging step.

The Russian military has an existing plan to combat HIV/AIDS, but it is inadequate to deal with the size of the problem it faces. Several steps should be taken immediately. First, a scientifically sound epidemiological testing and surveillance program should be implemented in order to gauge the true size of the epidemic and to confirm how the disease is being spread within the ranks of the military. Then, a targeted strategy of HIV/AIDS awareness and prevention needs to be implemented to stop its spread. A multi-year HIV/AIDS treatment plan for all HIV/AIDS-positive Russian service members, regardless of rank or status, which includes the availability of anti-retroviral therapy drug therapy (ART) must be established and adequately resourced. Lastly, oversight responsibility for the program must be given to a senior-ranking officer who has the clout to mandate action by senior Russian commanders.

Time still exists for Russia to take the steps necessary to manage its HIV/AIDS epidemic, but unless action is taken soon, the epidemic will almost certainly prove to be devastating.

Russia's Shrinking Population And the Russian Military's HIV/AIDS Problem

I. Introduction

If you were to land today at Moscow's Sheremetovo Airport and drive the twenty-five or so kilometers to the center of the city, you would likely be impressed with what you would see. Just a short distance from the airport sits a new "mega-mall" complex, one of the largest in Europe, built by Swedish consumer giant IKEA. Depending on the time of your arrival, you would probably be caught in a terrible traffic jam the likes of which you had never seen before. Although frustrated by the traffic, you would be struck by the number of late model luxury cars idling next to you, as well as by the opulence of the shopping districts, casinos, and restaurants that you begin to see as you finally inch your way towards downtown. At least on the surface, most vestiges of Moscow's communist past are quickly giving way to sprawling, petro-dollar funded development. Given your surroundings, it would be hard for you to believe that Russia is slowly dying, but that is just what experts caution is happening.

In fact, Russia is gripped by overlapping demographic and public healthcare crises unlike any the industrialized world has ever experienced before in peacetime. Russia has the lowest male life expectancy (58 years) of any major western country, and has one of the West's lowest female fertility rate (1.34 children per woman).¹ In 2005 alone, Russia's population declined by three-quarters of one million people.² Russia's public healthcare system, still in a state of difficult post-Soviet transition, is stressed to meet the growing number of serious healthcare challenges it faces. Most of Russia's health problems are complicated by social factors such as poverty, alcoholism and, increasingly, drug use. But of all the public health problems Russia faces, none seems to have the destructive potential of the nation's burgeoning HIV/AIDS epidemic. Indeed, by feeding on the confluence of all these factors, HIV/AIDS in Russia threatens to become a "perfect storm."

Since the time of Peter the Great, Russia has relied on the ability to amass large land armies as a fundamental tenant of its military strategy. Indeed, manpower has traditionally been seen as an almost limitless resource, often providing Russia the means to overcome shortcomings in other areas such as technology, strategy, or professional military experience. In the next 15 years, however, Russia's population of military-service-age men will dwindle. Despite this fact, the Russian government has so far failed to institute any serious structural military reforms that adequately address Russia's changing demographic realities.

¹ World Health Organization, Russian Federation Core Health Indicators, www3.who.int/whosis/country/indicators.cfm?country=rus.

² Russian Federal Statistic Service, Russian Demographics as of 1 January 2006, www.gks.ru/bgd/free/b06_00/IssWWW.exe/Stg/d01/7-00.htm.

Russia's worsening HIV/AIDS epidemic threatens to further erode already reduced annual cohorts of young Russian men. This will not only make it more difficult for Russia to man its military, but also to support its factories, its universities, and even its families. The Russian military's current HIV/AIDS program is inadequately prepared to address the growing crisis it faces. This paper will assess the current overall HIV/AIDS situation in Russia, explain and analyze the Russian military's existing HIV/AIDS program, discuss its shortcomings, and make specific recommendations for improvements.

II. HIV/AIDS in Russia— a Critical Stage

The United Nations Program on HIV/AIDS (UNAIDS) estimates that the adult HIV/AIDS prevalence rate in Russia is about 1.1 percent, meaning that approximately 860,000 of Russia's total population of 143 million currently live with HIV or AIDS.³ Some international experts warn, however, that the actual number of Russians who are HIV-positive or have AIDS is closer to 1.5 million.⁴ The truth is that a lack of reliable epidemiological data makes it difficult to accurately gauge the true size of the epidemic.⁵ An updated UNAIDS report is expected to be released in June 2006, and the estimated size of Russia's AIDS epidemic will undoubtedly worsen.

In September 2005, Dr. Vadim Pokrovskiy, Chief of Russia's Federal AIDS Center in Moscow and Russia's leading expert on HIV/AIDS, testified before the Russian Duma that a total of 330,500 Russians had been officially registered as having HIV or AIDS. Dr. Pokrovskiy, known as a maverick and vocal critic of the Kremlin's failure to adequately respond to its AIDS crisis, warned that the actual number of Russians living with HIV could be as high as a million people, over half of whom do not know they are HIV-positive.⁶ Total AIDS deaths in Russia are projected to reach 200,000 by 2020.⁷

In April 2006, Dr. Pokrovskiy told a Moscow press conference that the number of registered HIV/AIDS positive Russians had reached 355,360 people. This represented an increase of 24,868 new cases since Pokrovskiy's September 2005 Duma testimony, equating to a 7 percent increase in just seven months. At this rate, the total number of registered cases of HIV/AIDS in Russia should surpass 400,000 by mid-2007.⁸

³ UNAIDS, "AIDS Epidemic Update: December 2005," 45.

⁴ Ambassador William J. Burns, U.S. Ambassador to Russia, Address Presented to the US-Russian Military HIV/AIDS Prevention Workshop, 13 September 2005, <http://moscow.usembassy.gov/embassy>.

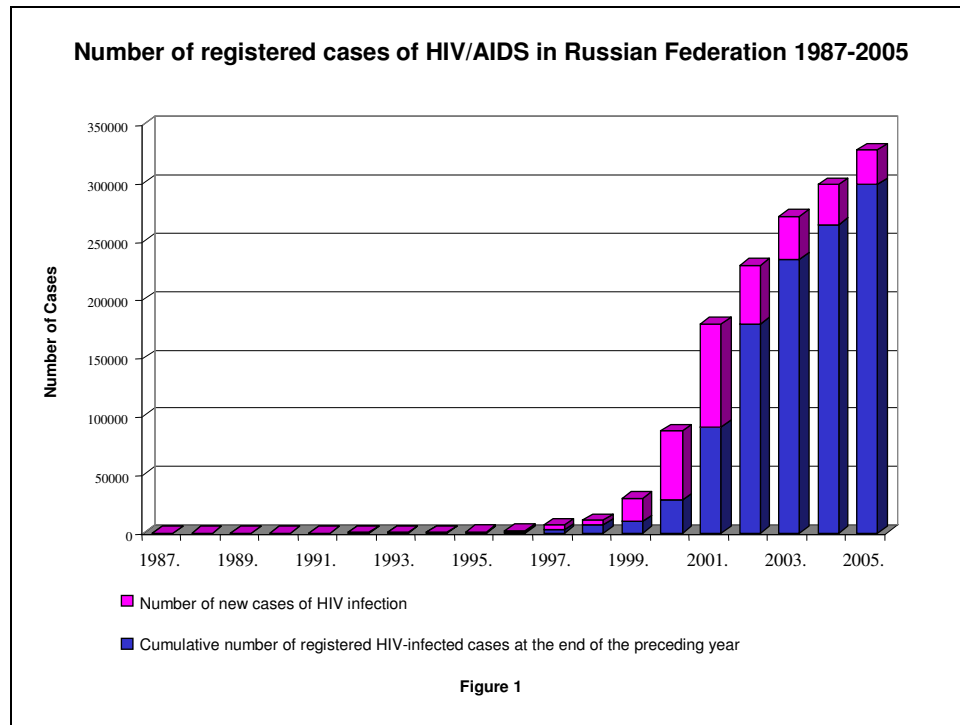
⁵ J. Stephen Morrison and Celeste A. Wallander, "Russia and HIV/AIDS: Opportunities for Leadership and Cooperation," Joint Brookings Institution and Center for Strategic International Studies Report, May 2005, 3. See also: Sergey V. Netesov and J. Lyle Conrad, "Emerging Infectious Diseases in Russia, 1990-1999," *Emerging Infectious Diseases*, 7, no. 1 (2001): 1-5. See also: Joost Hoppenbrouwer, Boris Sergeyev and Anya Nietzsche-Bell, "Issue 3, Series of Working Papers on HIV/AIDS Monitoring and Evaluation, Assessment of HIV/AIDS Monitoring and Evaluation Practices in the Russian Federation," http://www.unaids.ru/site_admin_predpr/f/M_E_working_papers_vol_3_0.pdf, 7.

⁶ *RIA Novosti Russian News & Information Agency*, "В России зарегистрировано более 330 тыс случаев заболевания СПИДом," 23 September 2005, http://rian.ru/society/health_services/20050923/41484686.html.

⁷ Russian Federal HIV/AIDS Center (Moscow), "Epidemiological Situation in the Area of HIV/AIDS in Russia," December 2005.

⁸ *RIA Novosti Russian News & Information Agency*, "Russian AIDS transmission profile changes as epidemic spreads," 20 April 2006, <http://en.rian.ru/russia/20060420/46720692.html>.

As a so-called “second-wave country,” Russia only encountered the HIV/AIDS epidemic relatively recently.⁹ But during the last ten years, registered cases of HIV/AIDS in Russia have grown exponentially, from just 1,000 cases in 1995 to over 330,000 cases in 2005. The chart below from the Russian Federal HIV/AIDS Center (Figure 1) illustrates the explosive growth of registered cases of HIV/AIDS in Russia from 1987 to 2005.



In 1995, HIV in Russia started to spread rapidly among Russia’s then nascent intravenous drug-using population. Since then, the HIV/AIDS epidemic in Russia has been primarily concentrated among male intravenous drug users¹⁰ and, increasingly, among female commercial sex workers.¹¹

Although the above Federal HIV/AIDS Center chart indicates that the total number of new cases of HIV infection registered each year started to decline in 2003, a recent UNAIDS report attributes this decline not to slowing infection rates but to poor testing practices. The UNAIDS report points to a

⁹ “Second wave countries” are countries that have experienced climbing HIV infection rates beginning in the 1990s. They include China, India, Russia, Ethiopia, and Nigeria.

¹⁰ The number of injecting drug users in Russia has increased sharply over the last decade. Experts believe that between 1.5 and 3 million Russian are regular injecting drug users. See http://www.euro.who.int/mediacentre/PR/200420041130_1.

¹¹ According to several sources, there has been a significant increase in the number of commercial sex workers in Russia over the last several years. One 2001 study estimated the number of commercial sex workers in Moscow alone to be over 100,000. Another Russian government study estimated there to be as many as 700,000 commercial sex workers nation-wide. That estimate may be too conservative. Social attitudes about prostitution in Russia are generally tolerant and there is no federal law outlawing the commercial sex trade. Yet, prostitution has not been officially legalized. This quasi-illegal status results in the commercial sex trade operating primarily in the margins of society and being dominated largely by organized crime.

sharp drop in the number of intravenous drug users tested for HIV since 2000.¹² Figure 2 was constructed using Federal HIV/AIDS Center data to show the yearly decline in the number of Russian intravenous drug users tested for HIV.¹³

Number of Russian Intravenous Drug Users Tested for HIV 2000-2005

Year	Number of IDUs Tested	Percent that tested HIV Positive
2000	524,000	5%
2001	492,000	6%
2002	331,000	3%
2003	279,000	2%
2004	258,000	2%
2005	258,000	2%

Figure 2

As Figure 2 illustrates, since 2000 there has been about a 50 percent drop in the number of intravenous drug users tested annually for HIV in Russia.¹⁴ Since Russia's HIV/AIDS epidemic is concentrated among intravenous drug users, it is not surprising that this drop yielded a decline in the number of newly registered HIV/AIDS cases. The UNAIDS report refers to the drop as a "fallacy."¹⁵

A recent study conducted in Saint Petersburg found 30 percent of injecting drug users to be HIV-positive. Various other studies have found HIV rates among commercial sex workers in Saint Petersburg to range between 30 to 60 percent.¹⁶ Russia's prison population has also been hard hit by HIV. The HIV prevalence rate among Russia's large inmate population is reportedly four times higher than in the population at large.¹⁷ Collectively, the three groups round out a grim circle of infection among Russia's high-risk populations. A diagram published by Avert.org (Figure 3) illustrates this dynamic.¹⁸

¹² Joost Hoppenbrouwer, Boris Sergeyev and Anya Nitzsche-Bell, "Issue 3, Series of Working Papers on HIV/AIDS Monitoring and Evaluation, Assessment of HIV/AIDS Monitoring and Evaluation Practices in the Russian Federation," 2005, 24-26.

¹³ Russian Federal HIV/AIDS Center (Moscow), "Epidemiological Situation in the Area of HIV/AIDS in Russia," December 2005.

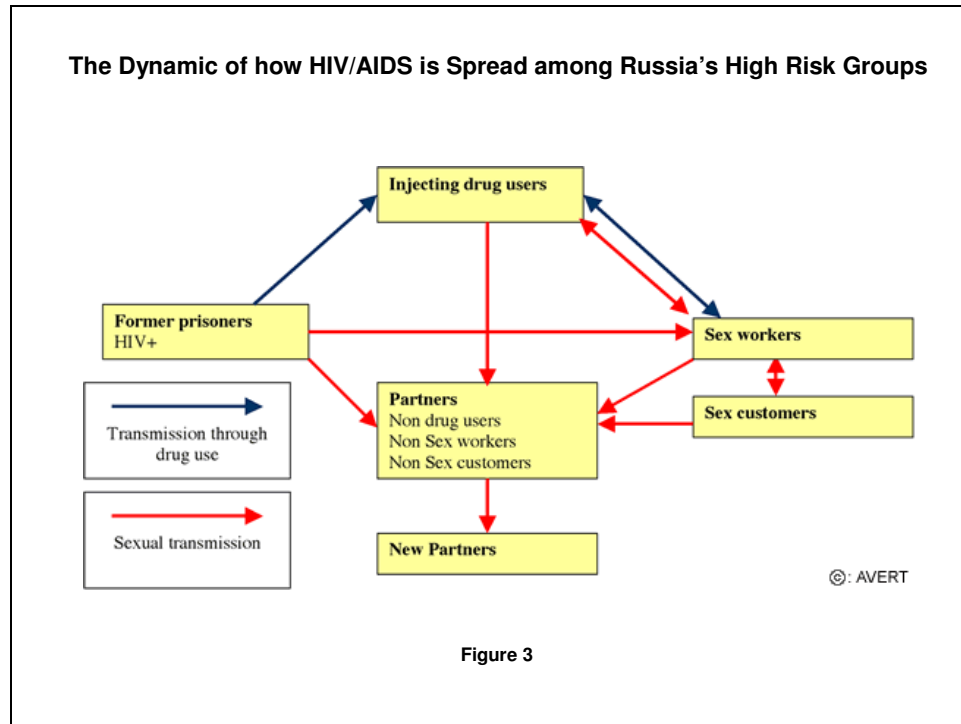
¹⁴ Ibid.

¹⁵ Joost Hoppenbrouwer, Boris Sergeyev and Anya Nitzsche-Bell, "Issue 3, Series of Working Papers on HIV/AIDS Monitoring and Evaluation, Assessment of HIV/AIDS Monitoring and Evaluation Practices in the Russian Federation," 24-26.

¹⁶ UNAIDS, "AIDS Epidemic Update: December 2005," 46. See also: Russian Federal HIV/AIDS Center (Moscow), "Epidemiological Situation in the Area of HIV/AIDS in Russia," 2005. See also: John M. Kramer, "Drug Abuse and HIV/AIDS in Russia," University of Mary Washington, <http://www.wcfia.harvard.edu/conferences/demography/papers/Kramer.pdf>.

¹⁷ UNAIDS, "AIDS Epidemic Update: December 2005," 46.

¹⁸ Image from Avert.org, "HIV/AIDS in Russia, Eastern Europe and Central Asia," 28 April 2006, <http://www.avert.org/ecstatee.htm>. Used with permission of Avert.org.



There is increasing evidence indicating that Russia's HIV/AIDS epidemic is now spreading beyond high-risk groups. While in 2000 over 90 percent of registered HIV infections in Russia were believed to have been a result of intravenous drug use, recent Federal HIV/AIDS Center data indicates that HIV infections as a result of heterosexual transmission are rapidly on the increase. In 2005, heterosexual transmission accounted for 32 percent of newly registered cases of HIV infection, up from just 6 percent in 2001. As a result, the number of HIV-positive women in Russia has shot up 70 percent in the past four years. In 2005, over 11,000 pregnant women in Russia tested positive for HIV.¹⁹ In late 2004, one maternity hospital in the Sverdlovsk Region reported a HIV incidence rate among pregnant woman of 3 percent.²⁰ These developments are all troubling indicators that the HIV/AIDS epidemic in Russia has begun to generalize into the population as a whole.

Another troubling aspect of Russia's HIV/AIDS epidemic is that the youth are bearing the brunt of the disease. The majority of newly registered HIV infections in Russia are among Russians aged 15-29. Sixty percent of all registered HIV/AIDS cases are among persons under the age of 25.²¹ Dr. Pokrovskiy recently stated that one percent of all Russians aged 18-23 are registered as having HIV/AIDS, a troubling statistic since experts believe that the actual prevalence rate is probably two to three times higher than the number of registered HIV/AIDS cases.²² With AIDS-related deaths in Russia estimated to average about eleven to twelve years after the initial HIV-infection, this

¹⁹Russian Federal HIV/AIDS Center (Moscow), "Epidemiological Situation in the Area of HIV/AIDS in Russia," December 2005.

²⁰ US Consulate Ekaterinaberg *World AIDS Day Report*, 1 December 2004.

²¹ Srđan Matic and Akram Eltom, "Access to Anti-Retroviral Therapy (ART) and Synergies with HIV: A European Perspective," World Health Organization, September 2005.

²² *RIA Novosti Russian News & Information Agency*, "Russian AIDS transmission profile changes as epidemic spreads," 20 April 2006, <http://en.rian.ru/russia/20060420/46720692.html>.

demographic concentration among Russia's young seems to portend certain future economic and security consequences.²³

Few Russians infected with HIV/AIDS currently have access to antiretroviral therapy (ART), making a positive HIV test result a virtual death sentence. According to Dr. Pokrovskiy, fewer than 2,000 Russians currently receive ART, primarily due to the drug's high cost in Russia. The Global Fund and World Bank have recently announced major multi-year efforts to help fund ART in Russia and this international assistance should dramatically increase the availability of ART in the next few years.²⁴ Dr. Pokrovskiy proposes a goal of having 7,000 Russians on ART by the end of 2006, and 56,000 within five years.²⁵

The situation is bleak, but what makes Russia's HIV/AIDS epidemic so troubling is that until only recently the Russian government essentially ignored the crisis. After being virtually silent about the problem for the first five years of his presidency, Russian President Vladimir Putin recently announced a major program to combat HIV/AIDS, as well as an effort to revitalize the Russian healthcare system in general. Putin pledged \$105 million to fight HIV/AIDS, up from just \$4.5 million in 2004.²⁶ Only time will tell if President Putin's announcement will translate into an effective HIV/AIDS program, but it is an encouraging step. Unfortunately, the time needed to control Russia's epidemic may be running out.

An example may help to better illustrate the formidable challenge facing Russia. Two countries, Thailand and South Africa, both registered HIV infection rates between 2 and 3 percent at about the same time in the early 1990s. Thailand attacked the problem head-on, mobilizing an aggressive national-level campaign to stop the disease's spread that stressed prevention education, risk mitigation, testing, and, most importantly, actively involved Thailand's top political leaders. Despite early pessimistic predictions that the disease would rapidly spread, Thailand's aggressive approach successfully stemmed the tide of the disease. Thailand's current HIV prevalence rate is estimated to be less than 1 percent. Likewise, despite the fact that a 1993 survey showed that the HIV/AIDS infection rate among some Thai military recruits was as high as 3.7 percent, by 2001 Thailand's anti-HIV/AIDS strategy had successfully reduced the Thai military's infection rate to just .07 percent.²⁷

Contrast the Thai example with that of South Africa. South Africa was slow to react to its HIV/AIDS crisis. Without a comprehensive anti-HIV/AIDS strategy to respond to the epidemic, the HIV infection rate exploded from one percent to 25 percent in just ten years.²⁸ According to UNAIDS, almost thirty percent of pregnant women in South Africa in 2004 tested positive for HIV.²⁹ Male life

²³ Murray Feshbach, "Potential Social Disarray in Russia Due to Health Factors," *Problems of Post-Communism* 52, no. 4 (2005): 23.

²⁴ The Global Fund, "Russia and Global Fund Sign Substantial New AIDS Grant," 8 June 2005, www.theglobalfund.org/en/media_center/press/pr_050608a.asp.

²⁵ Vadim Pokrovskiy, interview by author, 19 September 2005.

²⁶ *RIA Novosti Russian News & Information Agency*, "Путин: на борьбу со СПИДом в 2006 году будет выделено до 3 млрд руб," 27 September 2005, <http://rian.ru/politics/russia/20050927/41522301.html>.

²⁷ Laurie Garrett, *HIV and National Security: Where are the Links?*, as prepared for the Council on Foreign Relations (2005): 26-27. See also: UNAIDS, "AIDS Epidemic Update: December 2005," 21. See also: Laura M. Kelley and Nicolas Eberstadt, "The Muslim Face of AIDS," *Foreign Policy*, July/August 2005, 42-48.

²⁸ UNAIDS, "AIDS Epidemic Update: December 2005," 21.

²⁹ *Ibid.*

expectancy is down to just 48 years.³⁰ In 2004, South Africa lost approximately 100,000 people to HIV/AIDS. The South African military has conducted surveys that indicated a HIV prevalence rate within the military of between 23 to 25 percent.³¹

The lesson—an aggressive, well-led, national-level campaign to control the spread of the disease can be effective. Conversely, if left unchecked, HIV/AIDS can destroy a nation with astonishing speed.

III. Russia's HIV/AIDS Epidemic As a Component of its Overall Population Crisis

An alarming aspect of Russia's HIV/AIDS epidemic is that it exists against the backdrop of Russia's rapidly declining population. Even before the full negative impact of Russia's HIV/AIDS epidemic is felt in the coming decades, the size of the Russian population is declining at an alarming rate in the present. Since 1993, Russia's population has decreased by about 6 million people. In 2005 alone, Russia's population declined by some 735,000³² and the World Health Organization predicts that by 2015 Russia's population could shrink to 134 million.³³ Based on Russian government statistics, the demographic expert Dr. Murray Feshbach gives a mid-range estimate of Russia's population in 2050 to be around 101 million, approximately a 30 percent decrease.³⁴ For comparison, the European Union (EU 25) predicts an overall 2 percent population decline during this same period, with Germany's population projected to fall by about 10 percent.³⁵

Russia's population decrease is being driven primarily by three overlapping crises: a demographic crisis caused by a drop in Russia's female fertility rate; an interconnected social and public health crisis caused by a dramatic increase in the mortality rate among Russian working-age men that is largely attributed to non-communicable diseases and accidents; and, lastly, an increase in rates of communicable diseases, including HIV/AIDS. Unfortunately, HIV/AIDS is just one component of Russia's growing public health care catastrophe.

Low Female Fertility

Russia's female fertility rate is 1.34 children per woman, one of the lowest in Europe and well below the required natural replacement rate of 2.1 children per woman.³⁶ The number of children born in

³⁰ World Health Organization, "South Africa," www.who.int/countries/zaf/en/. See also: Central Intelligence Agency, *World Factbook*, www.cia.gov/cia/publications/factbook/geos/sf.html. According to the 2005 CIA World Factbook, the combined South African life expectancy has fallen under 43 years.

³¹ Laurie Garrett, *HIV and National Security: Where are the Links?*, as prepared for the Council on Foreign Relations (2005): 21, 26-27.

³² See note 2 above.

³³ World Health Organization Regional Office for Europe, "Table 1. Population of the WHO European Region, 1990 to 2015 (projected)," http://www.euro.who.int/document/e87325_table1.pdf.

³⁴ Murray Feshbach, "HIV/AIDS in the Russian Military," 23.

³⁵ Eurostat Database, European Union Statistics, "Population Projections 2005-2050," http://epp.eurostat.ec.eu.int/portal/page?_pageid=1996,39140985&_dad=portal&_schema=PORTAL&screen=detail_ref&language=en&product=Yearlies_new_population&root=Yearlies_new_population/C/C1/C11/caa11024.

³⁶ World Health Organization, Russian Federation Selected Indicators, <http://www3.who.int/whosis/country/>

Russia fell sharply during the late 1980s and has essentially declined ever since. Experts believe that the leading cause of this decline was the social and economic dislocation caused by the transition from a Soviet command economy to the free market system.³⁷

Male births in Russia peaked in 1987 at about 1.3 million. Consequently, the number of 18-year-old Russian males peaked in 2005. But according to Russian government statistics, the number of males born in 2004 totaled only 750,000, roughly half of the number born in 1987. In 2020, the population of 18-year-old-Russian males will shrink to only 650,000.³⁸ This forecasted 50 percent decline does not take into account such things as a worsening HIV/AIDS epidemic.

Increased Morbidity and Premature Mortality Due to Non-Communicable Disease and Injury

Russia is one of the only countries in the world that is experiencing a falling rate in life expectancy.³⁹ The male life expectancy in Russia is only 58 years, lower than that of any other industrialized country in the world.⁴⁰ Male life expectancy in Russia has fallen 4 years since 1992. The mortality rate among Russians aged 40-49 almost doubled between 1990 and 1994.⁴¹ Russia's combined male and female life expectancy is only 66 years, a full 14 years behind the European Union average.⁴²

Like Russia's low female fertility rate, Russia's low male life expectancy is widely attributed to the turbulent period of transition during the 1990s. However, as Russia's economy has stabilized in the past few years, there has not been a corresponding improvement in life expectancy among Russian males. In fact, today there is a 40 percent chance that a 15-year-old Russian male will die before he reaches the age of 60.⁴³

What is causing so many Russian men to die at such an early age? Chronic alcoholism, high rates of smoking, high blood pressure, depression, traffic accidents, and, increasingly, drug use, are all fueling exceedingly high morbidity levels among working-age Russian males that, in turn, result in early mortality. In many cases, the same behaviors that make Russian males increasingly susceptible to ill

compare.cfm?language=english&country=rus&indicator=strTFR2003.

³⁷ World Bank, "Dying Too Young: Addressing Premature Mortality and Ill Health Due to Non-Communicable Diseases and Injuries in the Russian Federation," European and Central Asia Human Development Department, 2005, 4. See also: Martin C. Donoghoe, Jeffrey V. Lazars and Srdan Matic, "HIV/AIDS in the Transitional Countries of Eastern Europe and Central Asia," *Clinical Medicine* 5, no. 5 (2005): 487.

³⁸ Russian Federal Statistic Service, "Age Sex Structure of the Russian Population on 1 January 2004," Russian Demographics as of 1 January 2006, www.gks.ru/bgd/free/b06_00/IssWWW.exe/Stg/d01/7-00.htm.

³⁹ World Bank, "Dying Too Young: Addressing Premature Mortality and Ill Health Due to Non-Communicable Diseases and Injuries in the Russian Federation," European and Central Asia Human Development Department, 2005, 4-6.

⁴⁰ See note 1 above.

⁴¹ Martin C. Donoghoe, Jeffrey V. Lazarus and Srdan Matic, "HIV/AIDS in Transitional Countries of Eastern Europe and Central Asia," *Clinical Medicine* 5, no. 5 (2005): 487.

⁴² World Bank, "Dying Too Young: Addressing Premature Mortality and Ill Health Due to Non-Communicable Diseases and Injuries in the Russian Federation," European and Central Asia Human Development Department, 2005, 5.

⁴³ *Ibid.*

health and early death due to non-communicable disease also make them more likely to contract HIV.⁴⁴

According to Russian government statistics, in 2004 56 percent (1.28 million) of Russia's 2.3 million deaths were caused by cardiovascular disease while 12 percent (289,440) were attributed to cancer. Fourteen percent of Russian deaths (318,240) were categorized as "unfortunate incidents, poisoning, and injury." This category included: death due to transportation accidents (41,760 deaths, or 1.8 percent); poisonings (37,440 deaths, or 1.6 percent); suicide (48,960 deaths, or 2.1 percent); and murders (38,880 deaths, or 1.7 percent). In all, 82 percent of all deaths in 2004 were attributed to non-communicable disease and accidents.⁴⁵

In terms of comparison, Russia's rate of cardiovascular disease is over three times higher than rates in Western Europe and the United States. Additionally, whereas cardiovascular disease afflicts most Europeans and Americans at an advanced age, cardiovascular disease in Russia is a leading cause of death in men under 55.⁴⁶ Russian per capita alcohol and cigarette consumption rates are among the highest in the world. Sixty percent of Russian males smoke.⁴⁷ Russia's male suicide rate is the second highest in the world (topped only by Lithuania) and is over three times the rate in the U.S.⁴⁸

Infectious Diseases

As the name implies, infectious or communicable diseases are spread from person to person. During the mid-1990s, communicable diseases such as tuberculosis and hepatitis B that were long thought to have been under control in Russia began to make a comeback.⁴⁹

In terms of risk, tuberculosis, hepatitis, and HIV are considered the most serious infectious diseases faced today by Russia, though syphilis, gonorrhea, and rubella also have high rates of morbidity. But when compared to the tens of thousands of Russian premature deaths caused by non-communicable disease and accidents, the numbers of deaths attributed to infectious disease may appear less significant.⁵⁰

Russian government statistics detailing the causes of death among Russians in 2004 indicate that only 25,000 Russians died as the result of infectious disease. Due to the way the Russian state statistics agency categorizes causes of death, this figure does not include deaths attributed to

⁴⁴ Ibid.

⁴⁵ Russian Federal Statistics Service, "Coefficients of Death by Fundamental Class of Cause," Russian Demographics as of 1 January 2006, www.gks.ru/bgd/regl/brus05/IssWWW.exe/Stg/05-07.htm.

⁴⁶ World Health Organization Regional Office for Europe, "Highlights on Health, Russian Federation 2005, Main Causes of Death," http://www.euro.who.int/eprise/main/who/progs/CHHRUS/sum/20041125_24. See also: World Health Organization, "Cardiovascular Diseases," www.who.int/carivascular_diseases/er/cvd/atlas_29_world_data_pdf.

⁴⁷ World Bank, "Dying Too Young: Addressing Premature Mortality and Ill Health Due to Non-Communicable Diseases and Injuries in the Russian Federation," European and Central Asia Human Development Department, 2005, 10-12.

⁴⁸ World Health Organization, "Suicide Rates," www.who.int/mental.health/prevention/suicide/suiciderates/en.

⁴⁹ Martin C. Donoghoe, Jeffrey V. Lazars and Srdan Matic, "HIV/AIDS in the Transitional Countries of Eastern Europe and Central Asia," *Clinical Medicine* 5, no 5 (2005): 487.

⁵⁰ Russian Federal Statistics Service, "Illness of the Population by Basic Category 2000-2004," Russian Demographics as of 1 January 2006, www.gks.ru/bgd/gefl/brus05/IssWWW.exe?Stg/09-03.htm.

tuberculosis, believed to also total approximately 25,000. If combined, in 2004 infectious disease in Russia resulted in the deaths of approximately 50,000 people, roughly equivalent to the combined number attributed to suicide and murder.⁵¹

According to Russian Federal HIV/AIDS Center statistics, as of December 2005, the total number of deaths among HIV positive Russians since 1987 reached 9,069.⁵² In comparison to the mortality rates as a result of non-communicable diseases and accidents in Russia, the mortality rate attributed to HIV/AIDS may appear less significant. In fact, given the epidemic's destructive potential, it is extremely worrisome. The Russian Federal HIV/AIDS Center officially predicts the total number of HIV/AIDS deaths in Russia will surpass 50,000 by 2012 and continue to rapidly increase, reaching 100,000 deaths by 2016 and 200,000 by 2020.⁵³ But since the number of registered HIV/AIDS case in Russia is quickly approaching 400,000, these official predictions seem to understate the scope of the problem.

Murray Feshbach argues that the official mortality rate attributed to HIV/AIDS in Russia has been significantly undercounted, and that many deaths attributed to other causes such as pneumonia, tuberculosis, cancer, etc. have actually been the result of HIV/AIDS. During a recent interview, Dr. Feshbach estimated the actual number of HIV/AIDS-related deaths in Russia has already likely approached approximately 30,000.⁵⁴

Since HIV infection in Russia has been concentrated in Russians under the age of thirty, the majority of AIDS related deaths in the coming decades will be correspondingly concentrated among Russians in their thirties or early forties. This concentration of AIDS-related deaths will have a negative impact on the Russian economy as tens of thousands of working age Russians die prematurely due to AIDS.⁵⁵ Given that Russia's HIV/AIDS epidemic has also been geographically concentrated, hitting some regions harder than others, the decline in the number of working age Russians will be harder felt in some areas of Russia than in others. Some of the regions of Russia most affected by HIV are located in Siberia and the Far East, including the Krasnodarskiy, Primorsskiy (includes Vladivostok), and Irkutskaya (includes Irkutsk) regions—areas of Russia already experiencing acute population declines.⁵⁶

⁵¹ Ibid.

⁵² Russian Federal HIV/AIDS Center (Moscow), "Epidemiological Situation in the Area of HIV/AIDS in Russia," December 2005. Dr. Pokrovskiy stated during his April 2006 press conference that the number of HIV/AIDS-related deaths in Russia has now reached 9,670, an increase of 600 deaths since the release of the 2005 year-end statistics just four months earlier.

⁵³ Russian Federal HIV/AIDS Center (Moscow), "Epidemiological Situation in the Area of HIV/AIDS in Russia," December 2005.

⁵⁴ Murray Feshbach and Cristina Galvin, "HIV/AIDS in Russia—an Analysis of Statistics," Woodrow Wilson International Center for Scholars, January 2005.

⁵⁵ A May 2002 World Bank study entitled "The Economic Consequences of HIV/AIDS in the Russian Federation" estimated that in 2010 Russian GDP could be reduced by over 4 percent as a result of Russia's HIV/AIDS epidemic, and, without intervention, the drop in GDP could amount to 10 percent by 2020. As a result, investment will decline with the most pessimistic scenario seeing a more than 5 percent in 2010, and 14 percent in 2020. See <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/EXTECAREGTOPHEANUT/EXTECAREGTOPHIVAIDS/0,,contentMDK:20320143~menuPK:616427~pagePK:34004173~piPK:34003707~theSitePK:571172,00.html>.

⁵⁶ Ibid.

When aggregately assessed, Russia's low female fertility rate, high working-age male mortality, and growing HIV/AIDS infection rate all seem to confirm that Russia is in the midst of a clear demographic crisis. Moreover, given the dynamics of both its declining population and HIV/AIDS epidemic, the effects are most pronounced within the same cohorts of young Russian males. Figure 4 illustrates the declining number of Russian males turning 18-years-old over the course of the next 15 years, compared with the possible number that could be HIV-positive given a 2 or 5 percent incidence rate.

Declining number of Russian males turning 18 years old and possible number of HIV/AIDS positive cohort members given HIV/AIDS prevalence rates of 2 and 5 percent

Year	Number of Russian Males Turning 18 each Year*	If a 2 Percent HIV/AIDS Infection Rate	If a 5 Percent HIV/AIDS Infection Rate
2005 (current)	1,307,000		
2012	743,000	14,860	37,150
2013	747,000	14,940	37,350
2014	719,000	14,380	35,950
2015	721,000	14,420	36,050
2016	665,000	13,300	33,250
2017	683,000	13,660	34,150
2018	661,000	13,220	33,050
2019	675,000	13,500	33,750
2020	682,000	13,640	34,100

*Source: Russian Government Statistics Agency GKS.Ru

Figure 4

IV. HIV/AIDS in the Russian Military—the Lack of an Adequate Strategy

On the surface, it might appear that the Russian Ministry of Defense (MOD) is taking adequate measures to address its HIV/AIDS problem. For instance, the Russian military has created an HIV/AIDS program to combat the epidemic, a prudent step for a country assessed to have over a one percent adult HIV prevalence rate. According to official Russian Ministry of Defense statistics, the total number of registered HIV infections within the Russian military has been relatively small, with the number of newly reported cases actually declining since 2002. Unlike in Africa, where the countries hit hardest by HIV/AIDS lack adequate military medical infrastructures, Russia possesses an organized and well-trained cadre of experienced military medical professionals, including experts on infectious diseases that should be able to successfully respond to the epidemic. The Russian military has also been open to HIV/AIDS-related dialog with international experts, including experts from the United States military. All of these seem to be encouraging signs that the Russian military is successfully addressing its HIV/AIDS epidemic.

In reality, however, there are serious shortcomings with the Russian military's current approach to combating its HIV/AIDS problem. If left unchecked, these shortcomings will likely result in the HIV/AIDS epidemic spreading throughout its ranks. The problem begins with the failure of the Russian military's HIV testing policies. According to Russian MoD statistics, since 1989 there have only been a total of 2,137 registered cases of HIV/AIDS within the Russian military, a relatively small number given that the standing size of the Russian armed forces is approximately 1.1 million.

However, due to peculiarities in the Russian military's HIV testing policies, a majority of Russian service members, including those service members most at risk for contracting HIV, never undergo HIV screening during their entire term of service. Therefore, the Russian Ministry of Defense's data on registered HIV/AIDS cases likely does not provide an accurate picture of the actual infection rate within the Russian military.

If the UNAIDS/WHO estimate of the adult HIV prevalence rate in Russia of 1.1 percent is correct, it is possible that 6,000 Russian conscript service members currently on active duty are HIV-positive. Given the epidemic's proven concentration among young Russian males however, the number of HIV-positive Russian service members, the majority of whom do not realize they are HIV-positive and therefore continue to spread the disease, may even be higher.

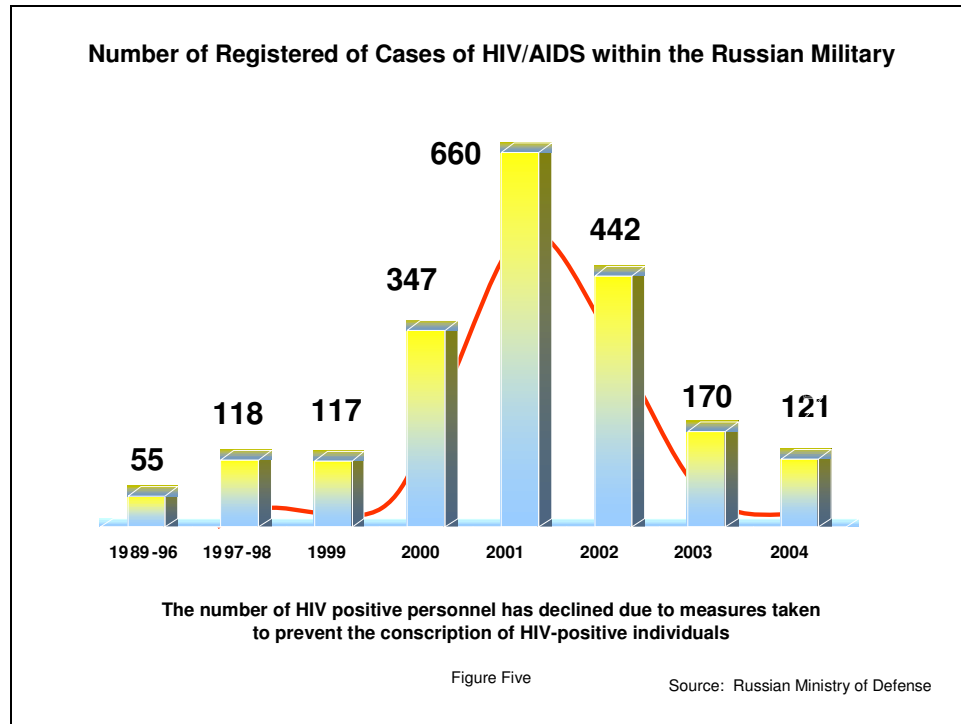
Overall, the Russian military's strategy to address its HIV/AIDS epidemic is inadequate not only in the area of testing but also in the areas of program management, prevention training, and treatment—the inter-related and fundamental pillars of an effective HIV/AIDS program.

History of HIV/AIDS in the Russian Military

With one notable exception, the history of HIV/AIDS in the Russian military closely mirrors the overall behavior of the HIV/AIDS epidemic in Russia and can be broken down into three stages.

Between the late 1980's and 1995, most cases of HIV infection within the Russian military were contracted via sexual transmission with the second leading cause being poor medical hygiene and inadequate blood screening procedures in Russian hospitals. Until 1995, the total number of registered HIV infections among Russian service members was relatively small, totaling only 55, with most being officers or warrant officers located in the Moscow region or large port cities. Figure 5 is a Russian MoD chart that shows the yearly number of registered HIV/AIDS cases within the Russian military from 1989 to 2004.⁵⁷

⁵⁷ V.M. Volzhaniy, V.N. Volekhan, D. G. Zigalenkoh, V.I. Kharchenko, and M. Zh. Parshin, "Epidemiology and Infectious Diseases-- The Epidemiological Significance of HIV on the Morbidity Rate of Service Members," *Voennomeditsinskij Zhurnal*, January 2004.



However, beginning in 1995 the number of reported HIV infections in the Russian military rapidly increased as HIV in Russia spread to Russia's growing population of illegal intravenous drug users.⁵⁸

Regions of Russia that saw the fastest increases in the number of HIV-positive Russian service members correlated with areas of Russia reported to have the largest intravenous drug using populations. These regions include the cities of Samara, Saratov and Ekaterinburg in the Volga-Ural Military District, and Rostov-na-Donu and the Krasnodarskiy and Stavropolskiy regions in the North Caucasus Military District. Additionally, increased rates of HIV infection were also registered in the Moscow area and in the Baltic Fleet located in Kaliningrad.⁵⁹

By the end of 2002, a total of 1,739 cases of HIV or AIDS had been reported within the ranks of the military. Not only did this statistic represent an exponential increase in the number of reported infections since 1995, but it exposed a significant change in who was reportedly becoming infected with HIV. In contrast to the pre-1995 period that saw the majority of HIV-positive service members being officers, from 1996 to 2002, 92.4 percent of registered HIV cases within the Russian military were among Russian conscript (draftee) soldiers and sailors—a population group that does not undergo HIV/AIDS testing except under limited circumstances. Not surprisingly, intravenous drug use had replaced sexual transmission as the primary cause of HIV-infection, reflecting a similar trend among newly reported cases of HIV in the civilian population. Figure 6 shows a breakdown by military service of registered HIV/AIDS cases within the Russian military between 1989 and 2002.⁶⁰

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ Ibid.

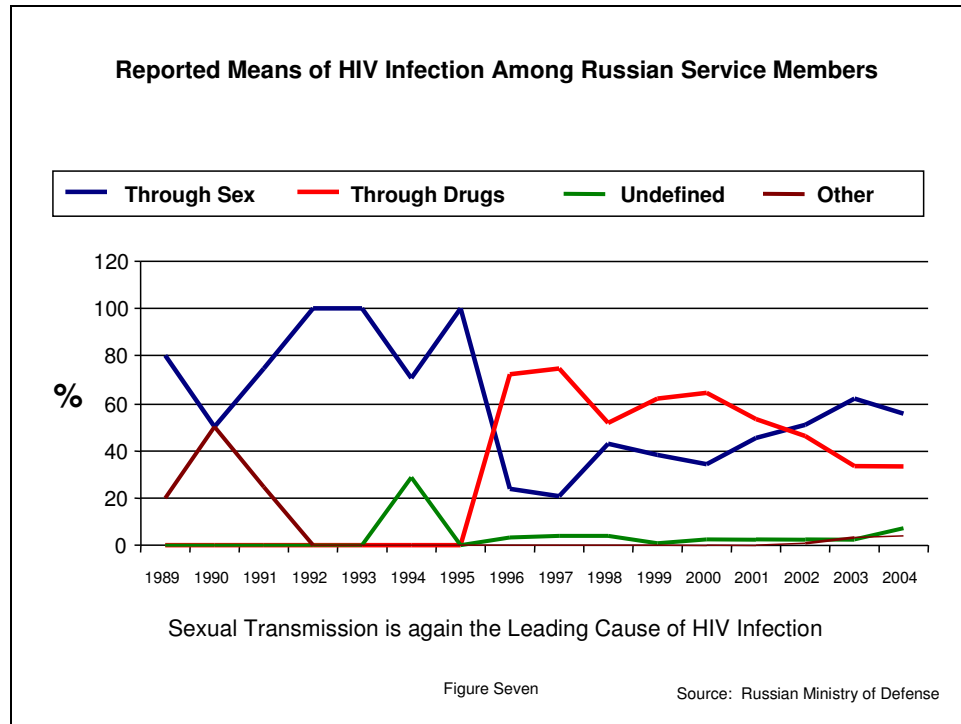
Percentage breakout of registered cases of HIV/AIDS in Russian Military 1989-2002 by service	%
Ground Forces	44.4
Navy	16.8
Air Force	9.1
“Units under Centralized Control”	10.6
Strategic Rocket Forces	7.4
Airborne Forces	4.2
Space Forces	1.4
“Other”	6.1

Figure 6

According to Russian MoD statistics, since 2002 the reported number of newly registered HIV-positive service members has begun to decrease steadily. This phenomenon is largely unexplained but may be the result of efforts to identify and exclude intravenous drug users from military duty during the conscription process. Experts, including Dr. Pokrovskiy, consider it more likely, however, that the downturn in number of newly registered cases of HIV is due to anomalies in the way HIV testing is being conducted.

Importantly, the same Russian military statistics that indicate a decline in the number of newly registered HIV cases since 2002 also note an important shift in the primary means of HIV transmission among Russian military personnel from intravenous drug use to heterosexual contact. If true, this shift in HIV transmission among military members does not entirely correlate with the pattern of HIV infection in the Russian population at large, wherein approximately 66 percent of newly reported HIV infections are still attributed to intravenous drug use.⁶¹ If accurate, this change could potentially signal yet a further generalization of the HIV/AIDS epidemic. The following translated Russian MoD chart (Figure 7) details the reported cause of HIV infection among Russian service members from 1987-2004.

⁶¹ Russian Federal HIV/AIDS Center (Moscow), “Epidemiological Situation in the Area of HIV/AIDS in Russia,” December 2005.



Unfortunately, troubling anomalies exist that cast doubt on the Russian military's official HIV/AIDS statistics and therefore on conclusions derived from the MoD data. Again, most troubling are problems related to a lack of sound HIV testing and surveillance practices, without which the true size of the problem cannot be measured.

HIV/AIDS Testing and Surveillance within the Russian Military

A central failing of the Russian military's current HIV/AIDS strategy is in the area of testing and surveillance. Although Russian MoD policy stipulates the categories of personnel required to be tested, a key shortcoming is that Russian conscripts (draftees), who make up the overwhelming majority of Russian service members on active duty, are not tested as a matter of policy. Figure 8 is a translation of a Russian military slide that lists the categories of Russian service members currently required to undergo HIV testing.

Categories of Service Members, Families Members, and Civilian Personnel Required to undergo HIV Testing

- **Foreign service members arriving in Russia for a period of stay exceeding 3 months, including foreign students**
- **Persons entering new service contracts as well as persons entering service academies**
- **Sick persons and persons suspected to be HIV-Positive or to be presenting symptoms consistent with being HIV-positive**
- **Blood and organ donors**
- **Medical personnel directly involved in the screening, diagnosis, and treatment of HIV-positive individuals, as well as personnel conducting forensic medical examination**
- **Service members command referred to undergo regular medical evaluation**
- **Service members being deployed to areas of Russia with harsh climatological conditions as well as being deployed overseas**

Figure Eight

Source: Russian Ministry of Defense

According to Russian military experts, a total of 47 military medical laboratories located across Russia have the capability to conduct basic ELISA HIV testing. Positive HIV test results are then confirmed using the WESTERN BLOT testing method at one of three regional military hospitals located in Moscow, Saint Petersburg, and Khabarovsk. In the first nine months of 2005, 46 Russian military personnel were determined to be HIV positive.⁶²

The Russian military's end strength is currently estimated to be approximately 1.1 million. Russia uses a mixed manning system that relies on both conscript (draftee) and contract (volunteer) soldiers. The way Russia mans its military is in a state of transition, and Russia intends to increase the number of contract soldiers on active duty as a proportion of its total force. The current MoD plan calls for the eventual manning of all of Russia's Tier 1 units, known as "Permanent Ready Forces," with contract soldiers. This will translate into a requirement of approximately 140,000 contract soldiers. Currently however, according to recent public statements by the Russian Minister of Defense, Sergei Ivanov, the total number of contract soldiers on active duty in the Russian military is approximately 60,000. Under the Russian military's current HIV testing policy, contract soldiers are required to undergo HIV testing at the time of their induction. Following this initial HIV screening, there is no requirement for any follow-up or periodic HIV re-testing.⁶³

The overwhelming majority of enlisted soldiers and sailors on active duty in the Russian military are conscripts who serve a two-year period of conscripted service. Each year Russia administers two national conscription campaigns: a spring campaign held between March and June and a fall

⁶² Information provided during US-Russian HIV/AIDS Military Prevention Conference, Moscow, Russia, 13-16 September 2005.

⁶³ The U.S. military requires initial HIV testing of all prospective service members and periodic re-testing every 24 months. Service members are also tested no later than six months prior to deploying overseas.

campaign held between October and December. In 2005, the Russian government's publicly announced goals were for the conscription of 150,000 conscripts in the spring and 141,000 in the fall, for a total of 291,000 conscripts that year. Approximately 550,000 Russian conscripts served on active duty in the Russian military at the end of 2005, with about 9 out of every 10 Russian soldiers or sailors being a conscript. Even though conscripts comprise the overwhelming majority of the active duty Russian force, conscripts are not required to undergo HIV testing, except under a few relatively narrow exceptions listed in Figure 8.

Yet, according to the Russian military's statistics of registered cases of HIV/AIDS in the military, even though conscripts are not generally tested for HIV, since 1995 they have accounted for the overwhelming majority of new HIV/AIDS cases registered within the Russian military.

When asked to explain why conscripts are not tested, senior Russian medical officers involved with the military's HIV/AIDS program explain that conscripts fall into a special legal category. Under current Russian law, it is illegal to require conscripts to undergo mandatory HIV testing during their conscription process. This law was apparently written to protect the legal rights of prospective conscripts during the induction process. Legislation to change the law was introduced in the Russian Duma but never adopted.

Unfortunately, legal concerns are probably not the only reason why conscripts do not undergo HIV testing during conscription. In fact, under the current system, there are structural disincentives to identify prospective soldiers who might be infected with HIV/AIDS or other health problems like hepatitis. These disincentives are caused by the manner in which the current conscription system is structured and funded.

The Russian conscription system is not administered by the military but by local municipal and regional authorities based, essentially, on a quota system that is similar to the command economy commodity quota system used during the Soviet period. Each of Russia's eighty-eight administrative districts is required to provide a certain quota of conscripts to the Russian military during each bi-annual conscription campaign. A local organization referred to as a *Voenkomat*, or military committee, is responsible for administering the process on a municipal basis. Medical screening of prospective conscripts is performed by *Voenkomat*-administered medical boards under the auspices of local civilian medical authorities. The Russian military medical system does not play a role in this medical screening process.

According to statements by Major-General Valeriy Kulikov, chairman of the Central Military Medical Commission, about 1 in every 3 prospective Russian conscripts currently fails to meet minimum health standards and is therefore excluded from military service. Given that conscripted military service is widely seen in an unfavorable light and large numbers of Russian young men seek exemptions to avoid service, local authorities are under significant pressure to meet quotas. Thus, HIV screening by the *Voenkomat* would only reduce the number of prospective conscripts eligible for service.

Yet some municipal authorities do conduct HIV testing during conscription. According to Russian military medical contacts, these municipalities fall into two general categories; municipalities in well-

managed and relatively wealthy areas of Russia able to fund HIV testing or, in some cases, municipalities located in areas of Russia with acute HIV infection rates.

Additionally, under the current system if an individual is identified as HIV-positive during the conscription process, he becomes the responsibility of regional health authorities, not the military. In many cases, adequate counseling and treatment services are not available. Negative perceptions of HIV/AIDS often lead to HIV-positive persons being stigmatized and, in some cases, discriminated against.

Therefore, under the current conscription system, the conduct of a rigorous health screening to include HIV testing is seen as being in no one's interest. If instituted, the region would come under a greater burden to fund and administer expanded health care screening while still meeting its quota of new recruits, in addition to being required to expand HIV/AIDS-related counseling and health services. For the Russian military, HIV testing during the conscription process would likely result in a reduction in the number of new conscripts flowing into its ranks. Since Russian conscript soldiers are never tested for HIV during their two-year term of service, the military is essentially ignorant of the existence of HIV-positive soldiers within its ranks. Additionally, even if a conscript is determined to be HIV-positive or suffering from AIDS, he is immediately discharged and returned to the region from where he originally came, thus becoming the responsibility of the Russian civilian healthcare system. Lastly, knowing that treatment is not available and that they will likely face stigma and discrimination, conscript soldiers have little incentive to voluntarily undergo testing. Therefore, to a large measure, the entire problem is simply ignored.

However, realizing the danger of having soldiers and sailors unknowingly HIV-positive serving within their units, some commanders have taken matters into their own hands and have instituted mandatory HIV testing of all incoming personnel. For example, the Commander of the Russian Navy's Northern Fleet considers HIV testing a readiness issue and funds testing out of his operational budget. In the city of Samara, located in a region with increased HIV prevalence, the local garrison commander requires all newly assigned conscript soldiers to donate blood and therefore undergo HIV screening in the process.

There is some reason to be hopeful. Senior civilian healthcare officials recognize the problem and intend to address it as part of President Putin's new initiative to improve Russia's HIV/AIDS program. Civilian health authorities are considering proposing a change that would require the mandatory testing of all conscripts. According to Russian MoD officials, such testing would require approximately 1.3 billion Russian rubles (\$46 million) to institute. Of course, testing is only one aspect of the overall problem; the need for adequate counseling services and treatment would also have to be addressed.

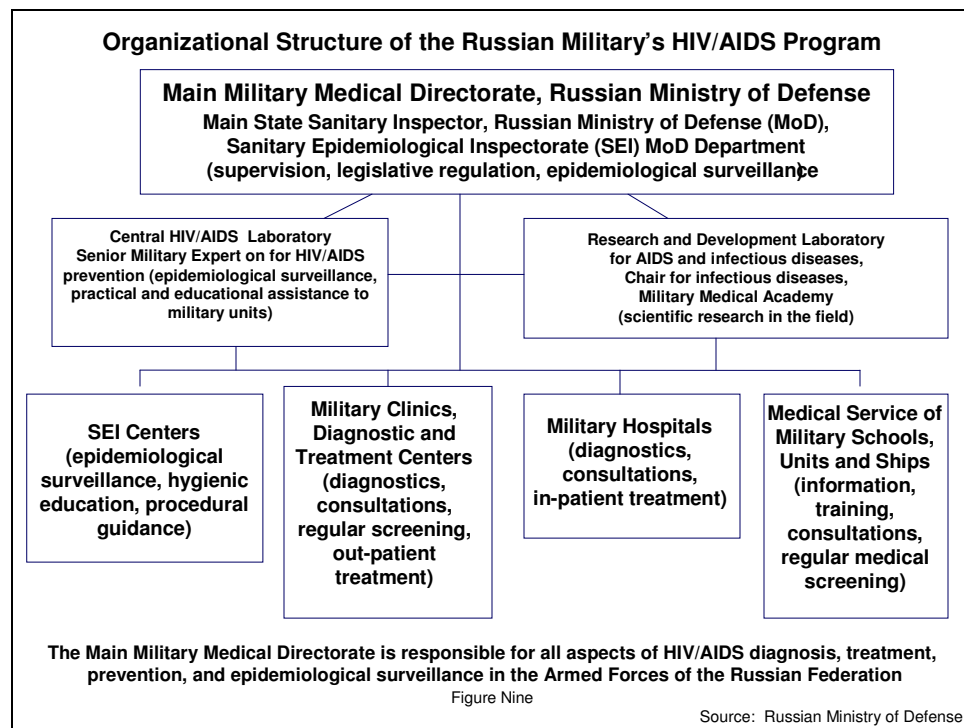
Even before implementing a policy of force-wide HIV testing, the Russian military should institute a targeted HIV "incidence" testing strategy that could be used on a limited basis in areas of Russia with the highest rates of infection and among service members considered to be in groups with increased risk. This targeted testing strategy would allow Russian healthcare officials to better gauge the behavior of the epidemic within the military, therefore aiding in the adoption of appropriate resource-smart prevention strategies that might be able to best mitigate the disease's spread. Then,

as resources allow, Russian civilian and military healthcare systems could begin to institute a logical staged system of HIV testing of military members, beginning with those deemed to be most at risk. Perhaps Russian nuclear forces should also be considered for priority HIV-testing.

HIV incidence testing, a targeted testing strategy that allows epidemiologists to accurately chart how the disease is spreading, should be used to verify evidence that the HIV/AIDS epidemic is now spreading within the Russian military primarily via heterosexual transmission. If true, this is a troubling development signaling the generalization of the epidemic and will require thorough analysis and immediate preventive action.

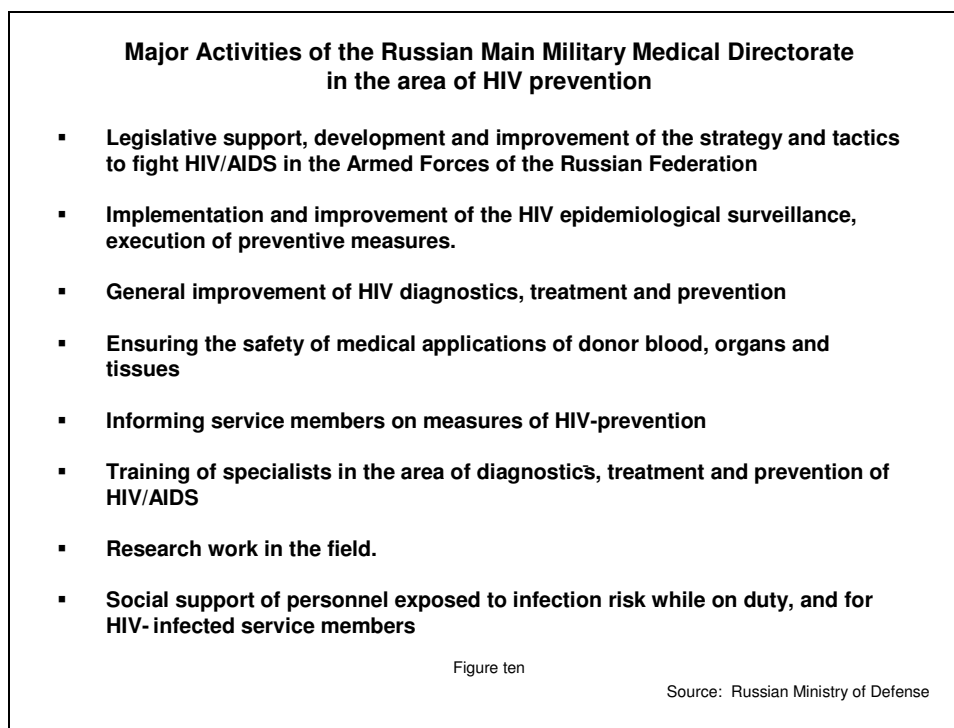
The Management of the Russian Military's HIV/AIDS Program

The Russian military's HIV/AIDS program is administered by the Deputy Chief of the Russian Military's Main Military Medical Directorate, General-Major Pavel Melnichenko (one-star US equivalent), who is also Chief of Infectious Diseases for the Russian military. The program is run under the purview of General-Lieutenant Igor Bykov (two-star US equivalent), who is the Chief of the Russian Military's Main Military Medical Directorate. Figure 9 is a Russian MoD chart that shows how the Russian military's HIV program is organized.



As can be inferred by the organizational chart, the Russian military's current HIV/AIDS strategy is administered largely by epidemiologists and stresses the medical and scientific nature of the disease. Positive aspects of the current program include a centralized reporting network that ties the Russian military's main infectious disease laboratory in Moscow with the medical services of all outlying military districts and naval fleets, as well as a cadre of well-trained and experienced military doctors.

Since becoming Chief of the Russian Main Military Directorate in late 2004, General-Lieutenant Bykov has been a vocal proponent for HIV/AIDS awareness in the Russian military. For instance, Bykov announced a major policy shift in March 2005 that allowed HIV-positive officers to remain on active duty.⁶⁴ This policy has since been extended to include contract (volunteer) service members, another sizable step in the right direction. Bykov also participated in a US-Russian military HIV/AIDS conference held in Moscow in August 2005. During the conference, Bykov gave the Russian keynote address and admitted that HIV/AIDS was a serious problem for the Russian military. Following the conference, Bykov held a press conference where he praised the level of US-Russian cooperation on HIV/AIDS and announced a revamp of the Russian military's current program. Figure 10 is a translation of a Russian MOD chart listing the priorities of the Russian military's HIV/AIDS program which was presented by General-Lieutenant Bykov during the US-Russian HIV/AIDS conference.⁶⁵



Day to day management of the Russian military's HIV/AIDS program is conducted by the Military Medical Directorate's Central AIDS Prevention Laboratory in Moscow, the staff of which consists of approximately three doctors and several technicians. Dr. Maxim Parshin, Russia's Chief Military HIV/AIDS Specialist, is the director of the laboratory, which functions as both a central reference laboratory as well as the center for the development of HIV/AIDS-related policy within the Russian military. Parshin's laboratory, located in a small two-story building in downtown Moscow, visibly lacks adequate funding and possesses only limited equipment. With funding provided by the US Department of Defense's Defense HIV/AIDS Prevention Program (DHAPP), the US military provided

⁶⁴ In early 2004, Russian military doctors indicated to US counterparts that they were establishing a program to treat HIV-positive Russian officers at the Podolsk Military Hospital.

⁶⁵ *RIA Novosti Russian News & Information Agency*, "Russian Ministry of Defense to Borrow Experience on HIV from the Americans," 6 October 2005.

Parshin's laboratory a sophisticated CD-4 counter, an instrument that allows epidemiologists to diagnosis and track the status of a HIV-positive patient's immune system, in December 2005.⁶⁶

Unfortunately, the current Russian HIV/AIDS program has some fundamental shortcomings, including the lack of any senior-level Russian (MOD) involvement, the absence of interaction with operational commanders, and no association with the Russian military's stovepipe system of officers responsible for "socialization work" (*vospitatelnaya rabota*) still widely known by their former Soviet-era title of deputy commander for political matters or *zampolit*. Among other things, this highly centralized network of officers is responsible for unit health and safety programs. The bottom line is that the current program is too focused on the medical aspects of HIV/AIDS and does not adequately emphasize prevention.

Despite the fact that General-Lieutenant Bykov has demonstrated a good deal of leadership in overseeing the HIV/AIDS program in a short period of time, the military medical community does not have the resources or the authority to successfully manage and implement an integrated HIV/AIDS policy within the Russian military. While the Main Military-Medical Directorate must remain centrally involved in the program, oversight should be transferred to General of the Army (four-star US equivalent) Nikolay Pankov, Deputy Defense Minister and State-Secretary within the Defense Ministry. By his position, Pankov is responsible for supervising ministry departments for military and civilian personnel, completing socialization work, and acting as a liaison to other Russian Federation legislative and executive organs. Bureaucratically, Pankov plays a much wider-reaching role and occupies a position at or above the Chief of Armed Forces Rear Services (also a Deputy Defense Minister), under which the Main Military Medical Directorate falls. Personally, Pankov is a powerful Federal Security Service (FSB) appointee who is reportedly close to Defense Minister Sergei Ivanov and is considered one of the most influential men in the Russian military. In short, Pankov has the clout to ensure the HIV/AIDS program is fully financed and taken seriously.

Lastly, as detailed in the section on HIV testing, HIV/AIDS coordination between civilian and military health officials must be greatly improved. Senior Russian healthcare officials interviewed during the course of researching this paper complained about what they characterized as the overly secretive nature of the Russian military, claiming that they do not receive the level of cooperation necessary to create an integrated approach to combat HIV/AIDS. However, the seriousness of the systemic fault lines between civilian and military healthcare systems go beyond the subject of HIV/AIDS. The scope of the healthcare crisis facing Russia is enormous. Petty territorial issues such as who should be

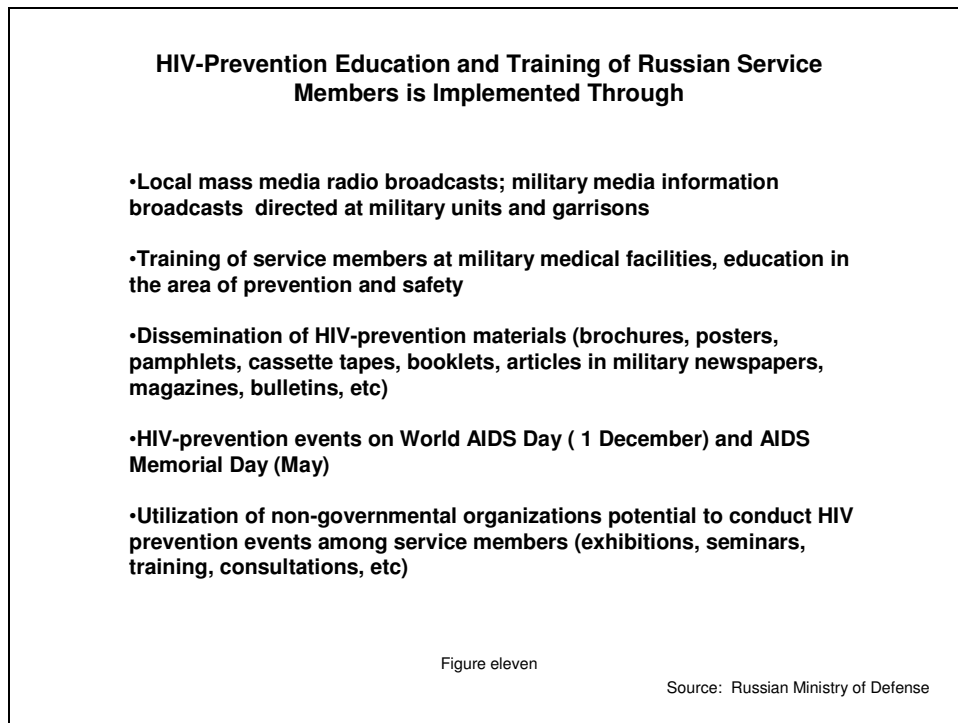
⁶⁶ Active US-Russian military cooperation in the fight against HIV/AIDS has been on going since 2003. Cooperation is closely coordinated with the US Embassy's HIV/AIDS Task Force. Cooperation has included two successful international military HIV/AIDS workshops, both held in Moscow in 2004 and 2005. The 2005 workshop centered on training provided by a US Air Force HIV/AIDS Mobile Training Team from the Defense Institute of Medical Operations (DIMO), Lackland Air Force Base, Texas. Additionally, several Russian military HIV/AIDS experts have attended specialty training at US military medical institutions, including the US Naval Health Research Center in San Diego, CA. Other projects have included assistance to establish a centralized HIV/AIDS reference laboratory and assistance aimed at improving the Russian military's HIV/AIDS prevention program. The majority of funding in support of this cooperation has been provided by the US Defense Department's HIV/AIDS Prevention Program, although in 2005 funding support under the International Military Education and Training Program (IMET) was also made available. In all, some \$500,000 has been spent by the US military in support of this cooperation.

responsible for funding important medical screening must be resolved, not only to counter the spread of HIV/AIDS, but in an attempt to arrest the soaring morbidity rates among Russia's youth.⁶⁷

Prevention

Prevention is the linchpin of any successful strategy to combat HIV/AIDS. As the Thai example indicates, if implemented in time, an aggressive, integrated, national-level education program stressing HIV/AIDS prevention can be successful in turning the tide of the disease both within a nation's military as well as within the population at large.

The Russian military's Main Military Medical Directorate is responsible for the administration of the Russian military's HIV/AIDS prevention campaign as a component of the overall HIV/AIDS strategy. The small staff of the Moscow-based military HIV laboratory, consisting primarily of epidemiologists, is responsible for running the military's HIV/AIDS awareness and prevention campaign on behalf of the Main Military Medical Directorate. The current HIV/AIDS prevention effort consists of the distribution of HIV/AIDS-related awareness and prevention materials, mostly brochures and posters distributed via military medical channels. Figure 11 is a translation of a Russian MoD chart listing Russian military strategies for promoting HIV/AIDS prevention awareness.



⁶⁷ The lack of coordination between Russian civilian and military HIV/AIDS experts exposes a key failure of the Russian government to institute the "Three Ones" principles advocated by UNAIDS as the primary tenants of an effective national HIV/AIDS strategy. The "Three Ones" principles include: 1) Establishing one agreed upon HIV/AIDS national-level action framework; 2) Creating a single national AIDS coordinating authority with a broad, government-wide mandate, and 3) Implementing a single, uniform, country-wide monitoring and evaluation system. See http://www.unaids.org/en/Coordination/Initiatives/three_ones.asp.

The Main Military Medical Directorate has recently partnered with UNAIDS and two leading NGOs in efforts to refine its HIV/AIDS prevention strategy. The primary focus of this joint work has been to ensure that the Russian military's HIV awareness message was properly targeted at Russian youth and directed at reducing specific risky behaviors that put Russian service members at risk of contracting HIV. The goal of cooperation with UNAIDS was to create a multi-media information and training package to be mass produced in sufficient quantities to allow its distribution to all regimental-size units within the Russian military. The Russian Main Military Medical Directorate's willingness to partner with both the UN and with leading NGOs on HIV/AIDS prevention should be commended.

Unfortunately, the Russian military's basic approach to HIV/AIDS prevention training is woefully inadequate. Although well-meaning, the small staff of the Russian military's central HIV/AIDS laboratory simply does not have the experience, resources, or the authority to effectively manage and implement an integrated force-wide HIV/AIDS awareness and prevention campaign.

A central shortcoming of the Russian military's current HIV/AIDS prevention strategy is a general lack of command involvement. Given the grave scope of the healthcare-related problems that currently face Russia, the entire Russian military chain-of-command should be responsible for implementing an integrated and repetitive strategy, including HIV/AIDS prevention plans, aimed at increasing the overall wellness of the Russian armed forces. This plan should be integrated with civilian efforts to increase health awareness for Russian children. Since the risky behaviors that are most associated with the spread of HIV (the abuse of alcohol, use of illegal narcotics, and unprotected sex or sex with multiple partners) also lead to other harmful consequences such as the spread of hepatitis and sexually transmitted diseases, an integrated approach targeted at increasing overall wellness makes sense on a number of levels. Given the size of the healthcare problems that currently affect Russia's youth, the Russian military has no choice but to resort to an all out offensive if negative healthcare trends are to be reversed.

Treatment

The Russian military essentially has an HIV treatment program in name only. It was only established in 2005, after a policy change that no longer required the discharge of HIV-positive officers. Since then, the decision has been made to allow HIV-positive contract soldiers to also remain on active duty, albeit under some duty limitations. However, current Russian government policy still does not allow for the treatment of HIV-positive conscripts. That needs to be changed.

To date, the number of Russian military service members participating in the program is small. Of the 2,137 cases of HIV/AIDS reportedly registered by the Russian military, as on September 2005, only 35 HIV-positive Russian service members are on active duty and are enrolled in the treatment program. Of these thirty-five, only one is reportedly receiving ART.

All HIV-positive Russian service members enrolled in the program are required to visit the Podolsk Military Hospital located near Moscow every six months for testing and evaluation.

Russian military medical specialists realize that the current treatment program is only a start and that the numbers of HIV-positive service members eligible for the program are likely to grow substantially

over the course of the next few years. As ART becomes available, the size of program will likely increase rapidly as more service members will seek voluntary HIV-testing.⁶⁸

The existing effort to develop a treatment program is a positive first step but needs to be expanded to include all HIV/AIDS-positive military personnel regardless of rank, position, or status. A multi-year treatment plan and budget proposal needs to be coordinated within the MoD, as well as with Russian civilian healthcare authorities as part of President Putin's initiative to improve the state of Russian health care. A limited opportunity likely exists for the Russian military to receive a share of Russia's recently increased HIV/AIDS funding. This funding could go a long way towards creating an adequate treatment program.

Treatment for HIV/AIDS has been shown to be an important component of prevention. Individuals who suspect they may have HIV are much more likely to undergo voluntary testing if they know that a positive result does not equate to a virtual death sentence and the end of their productive life. Conversely, if all that awaits a positive test result is discrimination and stigmatization, the epidemic will likely stay largely underground within the military and spread unchecked.

V. Conclusion

How can one square the two images of Russia - the image of an increasingly prosperous and resurgent country and the image of a country dying from the effects of increasingly destructive demographic and healthcare crises, crises that neither the Russian people nor the Russian government seems interested in addressing?

In mid-2005, a visiting senior US government official met an influential Russian politician and raised the issue of HIV/AIDS. The Russian rebuffed the subject, responding, "AIDS was nature's way of culling out the undesirables of society-- the prostitutes and drug addicts." In 2004, two respected Russian academics argued in a leading Russian scientific journal that the UNAIDS estimate of HIV prevalence in Russia was greatly over exaggerated and, at the same time, asserted that there was some economic benefit in having shrinking yearly cohorts of 18-year-olds.⁶⁹

Although it has been tinkering with reform for the past four years, the cornerstone of the Russian military's current reform strategy, the use of more contract and less conscript soldiers, only superficially addresses the issue of Russia's falling population. In 15 short years, the number of 18-year old males in Russia will shrink by 50 percent. Both the size and fundamental approach Russia uses to man its military will soon be forced to change.

⁶⁸ Since 2003, nine Russian military medical personnel have attended a US Defense Department HIV/AIDS Prevention Program funded military HIV/AIDS treatment course in San Diego. This is an intensive month-long course that provides cutting-edge training in ART, epidemiology, counseling, testing, and palliative care. See U.S. Department of Defense, HIV/AIDS Prevention Program, <http://www.nhrc.navy.mil/programs/dhapp/training/introduction.html> for more information.

⁶⁹ B.P. Denison and V.I. Sakevich, "The Dynamics of the HIV/AIDS Epidemic," *Russian Social Science Review* 46, no. 4 (2005) 76-93. Originally published in Russian in 2004 under the title "Dinamika epidemii VICH/SPID," in the *Journal of Sotsiologicheskie Issledovaniya*.

In fact, a day is soon coming when the Russian military will no longer be able to count on a steady supply of young Russian males to fill the ranks of its army, something that has been a hallmark of Russian military strategy for hundreds of years. This is no small change. It will require a fundamental rethinking of how Russia approaches military solutions to its national security requirements. A large, easily replaceable but less trained force will have to give way to a smaller, better trained, and more professional one. Russia's military education system will have to address the problem of developing a cadre of professional enlisted soldiers, something it has never done. Instead of laboring to maintain today's inefficient and socially unpopular million-man-plus sized force of mostly conscripts, Russia needs to cut the size of its military and professionalize now. Soon it will not have a choice.

Maintaining a healthy force is an implied task of any military commander. Yet the Russian military does not seem to be taking adequate measures to keep its soldiers healthy. To some degree, this may be a result of Russia's traditional approach towards the expendability of its conscripted manpower. This might help to explain why conscripts are not tested for HIV or hepatitis during their service and, if found somehow to be HIV positive, they are immediately released from the military without treatment. This shortsighted approach is not the way to stop HIV/AIDS, an epidemic that, if left to spread, could threaten Russia's economic and national security. The Russian military's current strategy is antithetical to the manpower realities it faces.

Primarily because of statistically unsound HIV surveillance, the Russian military's HIV/AIDS problem is difficult to accurately define. If the UNAIDS mean estimate of a 1.1 percent prevalence rate is accurate, given that the majority of HIV-positive Russians are under 30 years of age, it is likely that there are thousands of Russian soldiers on active duty who are currently HIV-positive, the majority of whom do not know that they are infected with the disease. Given the lack of ART and the likelihood they would face immediate release from active duty, there is no motivation for these soldiers to seek voluntary testing. Hence, the disease spreads, abetted by the lack of an adequate HIV/AIDS prevention strategy.

Upon returning from a visit to the United Nations in September 2005, President Putin convened a special Saturday session of his top advisors to discuss how to stop Russia's declining health situation. Central to the discussion was Russia's HIV/AIDS epidemic. Soon thereafter, President Putin publicly announced a several-fold increase in HIV-related funding.

The Russian election cycle begins with Duma elections in December 2007, followed a few months later by the next Russian presidential election. Some Russian political observers have opined that with elections on the horizon, the Kremlin is starting to finally pay more attention to Russia's worsening healthcare problems. Recent profits from Russian oil exports provide ample resources for the Kremlin to fund programs aimed at increasing the health of the Russian population.

In November 2005, President Putin named Dmitri Medvedev, a longtime political ally and the chairman of the natural gas giant Gazprom, to the newly created post of Deputy Prime Ministry for National Social Projects. Medvedev's portfolio includes the implementation of an expanded HIV prevention and treatment program (as well as preparations for the avian flu). Many believe that Medvedev is a leading candidate to replace Mr. Putin as president in 2008. It is doubtful that Mr.

Putin would assign Mr. Medvedev the HIV project unless he intended it to succeed - a hopeful sign that the Russian government is finally addressing its daunting HIV/AIDS problem.

Appendix: Recommended Strategy to Improve the Russian Military's Current HIV/AIDS Program

The following steps could be taken by the Russian Ministry of Defense in order to improve its HIV/AIDS Program:

Shift Program Management

Overall responsibility for implementation and oversight of an expanded HIV/AIDS program within the Russian military should be assigned at the Russian Ministry of Defense-level. The Russian Military Medical Directorate, which is currently in charge of the program, does not have adequate authority or resources to manage an effective integrated program. Additionally, operational commanders at all levels must be made responsible for the implementation of HIV/AIDS awareness and prevention training.

Institute Improved Testing Strategy

A strategy of targeted HIV “incidence” testing (testing that allows epidemiologists to chart how the disease is being spread) of Russian service members should be immediately implemented in regions of Russia known to have the highest rates of HIV infection. Then a prioritized, force-wide, HIV testing program should be implemented focusing first on groups believed to be at the highest risk of contracting HIV.

Implement Expanded HIV-Risk Avoidance Training

Mandatory and repetitive HIV prevention training should be made a command priority and immediately be implemented throughout the force. The Russian Military Medical Directorate, working with UNDP and other partners, has already begun work on developing a tailored HIV-prevention training package specifically focused on reducing risky behaviors often associated with Russian youth. Development of this training program needs to be accelerated. Responsibility for the conduct of HIV/AIDS prevention training should be assigned to the Russian military's stovepipe system of unit training (education) officers, traditionally responsible on behalf of the commander for conducting health-and-welfare and force protection-type training. Scientifically sound statistical surveys need to be conducted to measure Russian soldier HIV awareness and risky behavior mitigation techniques in order to assess and refine training.

Develop Multi-Year Plan for Treatment

A long-term plan to treat HIV/AIDS positive military personnel, regardless of their rank or status, should be developed immediately. Current Russian government policy does not allow for the medical treatment of Russian conscripts diagnosed as HIV positive or suffering from AIDS. This policy needs to be changed. Since such a plan will be resource intensive, implementation of the

Russian Military's treatment plan will have to be staged. The use of anti-retroviral drug therapy (ART) needs to be a central component of this treatment plan. Currently, only a handful of select personnel have access to ART.

Better Integration between Military's HIV/AIDS efforts and the Civilian Health Sector

Senior Russian civilian public health officials complain that the Russian Military's Medical Directorate has not been forthcoming in sharing data about HIV/AIDS infection within the military, nor about collaborating to create joint strategies to combat HIV/AIDS. Improved HIV/AIDS-related interaction between civil and military authorities needs to take place at each step of the Russian military's HIV/AIDS program, beginning with the initial conscription process through the implementation and funding of an effective treatment plan.