



**To:** Mr. Sidibé, UNAIDS Executive Director, Co-chair of the Organizing Committee of the Fourth Conference on HIV/AIDS in Easternern Europe and Central Asia

**Re:** Foruth Conference on HIV/AIDS in Easternern Europe and Central Asia

*February 23, 2014*

Dear Mr Sidibé,

On behalf of advocates for universal access to HIV prevention, treatment, care and support in Eastern Europe and Central Asia (EECA), we write to express our concerns about the Fourth Conference on HIV/AIDS in Eastern Europe and Central Asia (EECAAC) which is being organized with great influence from its host, the government of the Russian Federation. Russia's dismal track record on responding to HIV is rife with gross violations of commitments to globally-endorsed, evidence-based and human rights-based approaches, and is having deadly consequences within Russia and the countries it influences. Since UNAIDS is fully supporting and co-organizing this event by contributing to it financially and through your participation, it is of vital importance that you counter the possible assumption that UNAIDS endorses Russian policy. This can be done by boldly reiterating in your speeches and interactions, including with media and with government officials, that UNAIDS supports policies and practices that counter discrimination, promote human rights and are consistent with the evidence base for preventing and treating HIV. The following issues are of particular concern:

**Rights and needs of lesbian, gay, bisexual and transgender (LGBT) people**

The issue of LGBT rights in Russia has drawn global attention after the passage in June 2013 of a new federal law forbidding “propaganda of non-traditional sexual relations” to minors – a law similar to those already adopted in several municipalities and regions of the country. In the aftermath, acts of violence and hate speech in the mass media have infused Russia's LGBT

community with fear, the kind that increases vulnerability to HIV and inhibits access to services. Violence and hate speech are occurring with impunity. HIV services have even been targeted. In November 2013, the community centre of LaSky, an NGO that provides HIV support services to gay men and other men who have sex with men (MSM) in St. Petersburg, was attacked. Two community members were hospitalized after a gang shouting homophobic slurs beat them with a baseball bat and shot one of them in the eye with a rubber bullet. In addition to provoking violence and fear, the law jeopardizes HIV prevention efforts, as safer sex educational materials for MSM risk being characterized as “propaganda of non-traditional sexual relations.” This, in combination with the almost complete lack of financial support for programs of outreach to LGBT communities, will contribute to the already-growing epidemic among MSM. Lack of action by the Russian government to address the problem contradicts its commitments made in the 2011 Political Declaration on HIV and AIDS to promote an enabling environment for HIV prevention, care, treatment and support and to work toward reduction of stigma and discrimination.

### **Rights and needs of people who inject drugs (PWID)**

In 2013, 57.9% of new cases registered in Russia were attributed to sharing unsterile injecting equipment.<sup>i</sup> Harm reduction services including needle and syringe programs, which have proven to be effective in reducing HIV transmissions in Russia and throughout the world, have almost ceased to exist in Russia. NGO-led harm reduction programs have been closed down one after another with the decrease in donor funds available for their work. The Russian government has declared that it will not support harm reduction programming. Opioid substitution therapy (OST), which has proven to reduce HIV transmission and to support HIV treatment, is not legal in Russia, contrary to repeated recommendations from health experts and human rights bodies. Russia’s policies violate human rights and fuel its HIV epidemic. Before, during and after the EECAAC, we call on you to reiterate publicly UNAIDS’ unequivocal support for the provision of the full package of harm reduction services as a position that has been endorsed by Member States at the UNAIDS Programme Coordination Board, at the Commission on Narcotic Drugs and at ECOSOC,<sup>ii</sup> and to call on Russia to act based on evidence and on human rights to remove the ban on OST and adequately fund this and other harm reduction measures.

### **Rights and needs of sex workers**

In Russia and other countries of the EECA region, stigma, discrimination and criminalization are fuelling the vulnerability of sex workers to HIV and inhibiting their access to vital services. Criminalization drives them underground and into contact with law enforcement. Abuse and torture by police is common.<sup>iii</sup> In Russia, the government is denying sex workers the right to organize. Courts have refused to allow the registration of “Silver Rose,” a non-profit

partnership of sex workers and their allies for the protection of health, dignity and human rights. We urge you to remind the Russian government and EECAAC participants that UNAIDS recognizes that criminalization of sex workers contributes to human rights violations and to their vulnerability to HIV,<sup>iv</sup> and also that member states, including Russia, committed themselves in the 2011 Political Declaration on HIV/AIDS to “intensify national efforts to create enabling legal, social and policy frameworks in each national context to eliminate stigma discrimination and violence related to HIV and promote access to HIV prevention treatment care and support.”

### **Meaningful involvement of key affected populations and the role of civil society**

Given Russia’s record on the rights of key affected populations, there is concern that their safety cannot be guaranteed during the EECAAC conference and that their voices may be muffled. The Sex Workers’ Rights Advocacy Network (SWAN) and the Eurasian Network of People who Use Drugs (ENPUD) have written to the conference organizers expressing concerns about the representation and the safety of their constituencies at the event (*SWAN’s and ENPUD’s inquiries to the conference organizers are attached for your information*). We urge UNAIDS to insist that conference organizers make the necessary accommodations to ensure the safety of conference participants, including securing commitments from Russian authorities that OST patients from other countries who are currently receiving OST will be able to take their medications with them to Russia during their stay for the event.

We also request that you highlight the importance of the role of civil society, not only at the conference, but in countering the epidemic. In Russia, recently, a number of repressive laws, such as a law requiring NGOs receiving money from foreign sources to declare themselves as “foreign agents,” and laws limiting freedom of expression and assembly have been making it more difficult for NGOs to function. Furthermore, Russia’s influence is beginning to be felt in neighbouring countries as are pushed to consider instituting similar legislation. While it is becoming more difficult for NGOs to access foreign funds, and as foreign funds are drying up, the gap is not being filled by state funds. As a result, NGOs are closing, rendering years of capacity-building unsustainable and ending crucial services. We urge you to emphasise the vital role NGOs play and the need to welcome, facilitate and fund their work.

### **HIV treatment**

Russian leadership merited praise in 2005, when Russia became the first of the EECA countries to purchase ARV drugs from the state budget. While this investment is clearly saving lives (over 145,709 people receive treatment),<sup>v</sup> Russia is still far from achieving universal access. The Russian Federal AIDS Center estimates that approximately 300,000 people are in need of treatment, not including those who would be eligible in accordance with new WHO criteria. There is fear that budget deficits and high prices will prolong and broaden this gap. During a

conference on HIV Medicine and Pharmaco-economics hosted by the St. Petersburg AIDS Center on 14 February 2014, doctors expressed alarm about current budget deficits. Some noted that there were budget deficits as high as 30% and others noted that they expected to run out of drugs as early as August of this year. The need to reduce prices was recognized by participants but approaches to achieving this are unclear. Russia recently gave up the bargaining power it had as a large country and decentralized tendering for ARVs to its 83 regions, leaving them at the mercy of the brand-name pharmaceutical companies with whom Russia contracts rather than taking measures to secure lower-cost generic products. Russia pays roughly USD 3417 per patient per year for first-line treatment, which is 10 times more than first-line treatment costs in Ukraine. Russia's is not a model that should be lauded as exemplary for the EECA region.

### **Prevention of HIV transmission**

The EECA region is one of only two in the world where HIV incidence is increasing. In Russia, it is increasing particularly fast. In the first 9 months of 2013, there were 7% more cases reported than in the previous year. During the EECAAC conference of 2008, the Russian government's decision to invest state money into HIV prevention was celebrated. A year later, during the EECAAC conference of 2009, the tone had changed to one of disappointment and foreboding about the future as government officials confirmed that the promise would be broken. And now, in 2014, the deadly impact is visible. The Russian model of not investing in prevention programs targeting vulnerable populations must not be promoted.

The Russian Federation has growing political and economic influence in the EECA region and the world. Russia is now a donor to the GFATM, having contributed over USD 316 million. While such contributions can be appreciated, Russia's deadly HIV-related policies should not be exported or encouraged, even tacitly. We urge you to deliver bold statements on the issues mentioned above, reiterating the UNAIDS position on the human rights of key populations (with explicit mention of those populations), on the effectiveness of harm reduction measures and the need for Russia to lift the ban on OST, and on the importance of meaningful involvement of civil society including key affected populations in the response to the epidemic and in events like EECAAC.

In his address to the International Olympic Committee, the day before the Winter Olympics began in Sochi, UN Secretary General Ban Ki-moon stated that we "must all raise our voices" against criminalization, discrimination and violence. In December of last year, in your message to all UNAIDS staff, you declared that "it is a core professional duty of all staff... to be actively, visibly and vocally engaged when those affected by HIV are threatened – be it by arrests, deportation, incarceration, or by punitive policies, discrimination and neglect in national responses." You further declared that you want "to ensure that UNAIDS is an organization that

cannot be accused of silence, arrogance, aloofness, and distance from the people for whom we work. Rather, UNAIDS is hands-on, engaged and reaching out on a regular basis to people in their communities, whether there is a crisis or not. UNAIDS provides a platform for those who otherwise would remain silent and oppressed. UNAIDS is courageous and bold. We stand equally between government and civil society. This is part of our accountability.”

In that spirit, Mr. Sidibé, we are looking forward to hearing your voice.

Sergey Votyagov Executive Director Eurasian Harm Reduction Network (EHRN)	Ruth Morgan Thomas Global Coordinator Global Network of Sex Work Projects (GNSWP)	Dr Alvaro Bermejo Executive Director International HIV/AIDS Alliance
Aliya Rakhmetova Executive Director SWAN Foundation for the Human Rights of Sex Workers	Brian West Chair of Board European AIDS Treatment Group (EATG)	Dr Eliot Ross Albers, PhD   Executive Director International Network of People who Use Drugs (INPUD)
George Ayala, PsyD   Executive Director Global Forum on MSM & HIV (MSMGF)	Andriy Klepikov Executive Director International HIV/AIDS Alliance in Ukraine	Rick Lines Executive Director Harm Reduction International (HRI)
Richard Elliott Executive Director   Directeur général Canadian HIV/AIDS Legal Network	Igor Kouzmenko Coordination Committee Member Eurasian Network of People who Use Drugs (ENPUD)	

<sup>i</sup>The Russian Agency for Health and Consumer Rights, [rospotrebnadzor.ru](http://rospotrebnadzor.ru)

<sup>ii</sup>UNODC/WHO/UNAIDS Target Setting Guide on Responses to HIV among injecting drug users, 2013.

<sup>iii</sup>The Global HIV Epidemic Among Sex Workers, The World Bank, 2013.

<sup>iv</sup>UNAIDS, UNDP, UNFPA, Sex Work and the Law in Asia and the Pacific, Bangkok, 2012.

<sup>v</sup>The Russian Agency for Health and Consumer Rights, [rospotrebnadzor.ru](http://rospotrebnadzor.ru)