TO: Gunilla Carlsson, Executive Director, a.i., UNAIDS Member of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria Vinay P. Saldanha, Director, Regional Support Team for Eastern Europe and Central Asia

Date: 07/22/2019

Dear colleagues,

2019 is the year of the replenishment for the Global Fund to Fight Aids, Tuberculosis and Malaria (Global Fund) and by the end of this year, based on the results of the replenishment, the Global Fund will make a decision on the allocations for the eligible countries to address HIV, TB and Malaria for the next 3-year period.

According to the 2019 Global Fund Eligibility List¹, the Russian Federation has met the requirement of two consecutive years of eligibility based on income classification and disease burden and is now eligible to receive an allocation of funding to support the HIV/AIDS response for the next 3 years. Since the Russian Federation is not on the OECD-DAC List of ODA recipients, according to the Global Fund's Eligibility Policy, the Russian Federation may only be eligible for an allocationto support the HIV response efforts by nongovernmental or civil society organizations and only if the country demonstrates barriers to providing funding for interventions for key populations, as supported by the country's epidemiology.

According to the Global Fund's Eligibility Policy, "the eligibility for funding under this provision will be assessed by the Secretariat as part of the decision-making process for allocations. As part of its assessment, the Secretariat, in consultation with UN and other partners as appropriate, will look at the overall human rights environment of the context with respect to key populations, and specifically whether there are laws or policies which influence practices and seriously limit and/or restrict the provision of evidence-informed interventions for such populations."

It is a well-known fact that Eastern Europe and Central Asia (EECA) is the only region in the world where the HIV epidemic continues to grow², and Russia has been considered as the "driving force" of this regional growth. According to the UNAIDS 2018 Global AIDS Update, "the HIV epidemic in Eastern Europe and Central Asia has grown by 30% since 2010, reflecting insufficient political commitment and domestic investment in national AIDS responses across much of the region. Regional trends depend a great deal on progress in the Russian Federation, which is home to 70% of people living with HIV in the region. Outside of the Russian Federation, the rate of new HIV infections is stable. Insufficient access to sterile injecting equipment and the unavailability of opioid

¹ <u>https://www.theglobalfund.org/media/8340/core_eligiblecountries2019_list_en.pdf</u>

² http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf

substitution therapy are stymieing efforts in the Russian Federation to prevent HIV infections among people who inject drugs"³.

Also, it is no secret that the Russian government openly emphasizes its opposition to effective evidence-based approaches to HIV prevention among key affected populations (KAPs). This essentially replaces public health approaches with repression and criminalization, creating an atmosphere of intolerance and discrimination against KAPs, such as people who use drugs, sex workers, men who have sex with men, migrants, and p. Serious human rights violations and the lack of access for people from key affected populations to HIV prevention, treatment, and care in Russia has been well documented and noted by numerous UN Human Rights Treaty Bodies.⁴ ⁵ ⁶ ⁷ ⁸ At the same time, people living with HIV (PLH) in Russia still experience high levels of stigma and discrimination and their access to critical services and treatment is also limited. 1 326 239 HIV cases have been registered as of the 31st December 2018 (Federal AIDS Center) in the Russian Federation and the coverage of HIV treatment for PLH was about 42% in 2018⁹.

Punitive and stigmatizing approaches to key affected populations obstruct the national health sector's recent feeble attempts to cope with the epidemic among key affected populations. In 2016, the Ministry of Health secured the Federal Government's HIV prevention affected commitment to among kev populationswhen the Prime Minister endorsed the National HIV Strategy to 2020. Based on this strategy, the Ministry of Health's Senior HIV Expert issued recommendations in 2017 develop inter-agency HIV programs on the provincial level. on how to The recommendations stipulated that provincial authorities can support so-called "motivational packages" to include needle and syringes as well as condoms. However, in 2019 only a few provinces have managed to include explicit references to "motivational packages" into inter-agency programs. The majority of provinces fail to do so, including because of the chilling effect of-"anti-drug", "anti-gay", and "anti-prostitution" laws on HIV prevention activities. Key populations organizations and networks continue community-based monitoring to promote the Senior HIV Expert's recommendations. They need financial support to expand community monitoring and support key populations' engagement in meaningful dialogue with the authorities on the federal and provincial levels.

Given these facts about Russia as well as its geopolitical position, the migration flows in the region etc., it should be clear that when planning a response to the HIV epidemic in EECA, the HIV situation in Russia must not be overlooked. Failure to support the HIV

³ UNAIDS 2018 Global AIDS Update. 2018. Online: http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

⁴ Concluding observations on the sixth periodic report of the Russian Federation. E/C.12/RUS/CO/6. October 2017, paras 50, 51

 ⁵ Concluding observations on the initial report of the Russian Federation. CRPD/C/RUS/CO/1. February 2018, paras 51, 52
⁶ Concluding observations on the eighth periodic report of the Russian Federation. CEDAW/C/RUS/CO/8. Nov 2015, paras 35, 36

⁷ Concluding observations on the seventh periodic report of the Russian Federation. CCPR/C/RUS/CO/7. April 2015. Para 16

⁸ Concluding observations on the sixth periodic report of the Russian Federation. CAT/C/RUS/CO/6. August 2018. Para 20,21

⁹ <u>https://medvestnik.ru/content/news/Ekspert-ohvat-lecheniem-VICh-inficirovannyh-sostavlyaet-ne-bolee-50.html?fbclid=lwAR3c_KOMBmojpQsde_75ZnPupZHrJr44EQ8uW_ECTuPanQJHGgN30grUvOw</u>

response in Russia could jeopardize all efforts by donors and governments in neighboring countries to counteract the HIV epidemic regionally. One of the Global Fund's major goals is to push for an end to the global HIV epidemic, and if it wants to achieve this goal in EECA, it must not neglect the HIV situation in Russia by not investing in it.

Furthermore, in light of the new strategic framework to strengthen joint support to countries in ending AIDS signed between UNAIDS and the Global Fund in June 2019, we recognize UNAIDS's commitment to ensure that civil society is fully engaged in the HIV response, particularly communities and key populations most affected by HIV. Considering that currently such involvement of civil society in Russia is very limited, we believe that an allocation of new funding by the Global Fund to support the HIV response efforts by nongovernmental or civil society organizations in Russia in next 3 years would significantly contribute to achieving this goal. Also, Russia would undoubtedly benefit from such targeted investment in HIV community-based response which we believe would be an important step to help turn Russia back on track to ending AIDS by 2030.

Taking all of this into account – and particularly the role of UNAIDS as a technical and development partner of the Global Fund – we request the UNAIDS to support our efforts to ensure the Russian Federation will receive an allocation for the next 3 years to strengthen the efforts of nongovernmental or civil society organizations to prevent the HIV epidemic among key affected populations in the country. We hope that the opinion and the arguments of UNAIDS will be taken into account by colleagues from the Global Fund Secretariat when making a decision whether to allocate HIV funding for Russia or not within the upcoming new 3-year allocation period.

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Sincerely yours,

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