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**XVII International AIDS Conference
Regional Session: Eastern Europe and Central Asia
August 6, 2008**

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ALEXEY BOBRIK, M.D., PH.D., M.P.H.: For our regional session on Eastern Europe and Central Asia, the session will be chaired by Michel Kazatchkine and me, Alexey Bobrick. Working languages of our session will be Russian, English, and Spanish, and I strongly encourage those who do not speak at least Russian and English to take earphones.

Given the fact that the majority of the audience speaks Russian, I hope you will allow me to continue in Russian.

[Foreign language]

TRANSLATOR: My dear colleagues I want to talk in Russian and I want to say a few words about the goals about our regional session. We have two goals. First of all, to discuss in the framework of our conference what is [foreign language] the urgent challenges that we have in Eastern Europe and Central Asia and the second thing would be what are the lessons we have learned. Those lessons could be interesting. Our experience could be interesting for other participants of this conference, from other regions of the world.

For example, as UNAIDS which infection among the users of injection drugs also is a pretty interesting challenge for everybody. I want to talk about the agenda for our session. Our agenda is going to be comprised of three parts. First, we have three presentations. Then we have the time for questions and answers and the third part will be for discussions of the

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most important and urgent problems in our area. Since the time is short, I want to remind each one of the presenters there are only 12 minutes for each of the presentations. Also, please everybody that asks a question, please try to limit the time to one minute, under one minute. Since I am in charge, I do leave the right if somebody talks longer than one minute I might have to stop you and ask you to let another person talk. So, first I want to invite Alexander Timieovitch Goliusov, the person which is in charge of the government agency, from 1996. He is the Chairman of the Union of the Former Soviet Republics on the questions and matters of AIDS.

ALEXANDER GOLIUSOV, M.D.: [Foreign language]

TRANSLATOR: We also went along with the growth of drug addictions and the growth in the infections that are transmitted in a sexual way. What are the specifics of the epidemics in our region? I want to show you in this slide the main way we are using injected drugs. 65-percent is the use of parental drugs. Most, the biggest range of their epidemics is actually touches the youngest sector of our population, people 15 to 30 years old. And a third is that constantly we see the growth in the percentage of women that are getting infected, increasing proportion of women and also the growth in the number of babies that are born from these women.

The next bullet point is there is a growing epidemic of drug use in our countries of Eastern Europe and Central Asia.

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The drug addiction is spreading or growing, the market of the sex industry is growing and spreading. We had a constant increase in number of HIV infected patients who developed AIDS and they do need treatment. There is also growth in the amount of people that have developed secondary diseases.

At the same time, here this slide shows a percentage distribution in the ratios of factors of transmission of HIV infection in our region based on each country. At the same time, it is necessary to know that in spite of this 20 year history of development of infection, it is still concentrated with the highly vulnerable strata of population and has very low prevalence among general population. And in many respects these are results of the efforts taken by governments in the region.

What are these steps taken by the governments? First of all, all of the countries of the region created national interagency commissions combating the spread of HIV infections. And even though in the majority of the cases decisions by this agency can have only advising role, nevertheless, they influence the level and amount of funding and also they are conducive to creating a number of regulatory acts that are mandatory for implementation by both government and nongovernmental players.

Also, there is a great deal of progress in creating a body of law and in central Asia, there was developed a model

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law. And this model law was considered by inter-parliamentary assembly and was approved by it. This model law took in the best experience and the best models from legislations of all our countries.

And also national systems of monitoring and surveillance, epidemiological surveillance is also expanding and growing, so it allows us to better put a finger on the scale of the epidemic and be more reliable in determining the scale and the prevalence of the epidemic.

And the fourth important point is HIV AIDS prevention among vulnerable populations. You look at this slide and you see geographically tied different types of programs implemented in these countries even though these programs are constantly growing and the coverage of the vulnerable segments of the population is also increasing. Unfortunately, they are not able to change radically the spread of infection.

And unfortunately we are dealing with another factor. Whereas the bulk of the population in our countries have negative attitude toward all this program growth, educational programs and prophylaxis, unfortunately we are yielding fruits of this nearsighted policy that was perpetuated primarily by mass media that were creating negative image of HIV positive person. They were fear mongering, and intimidating the larger population.

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And until now, HIV issue in our countries are viewed as issue for marginal groups, and such issues as human rights and stigmatizing HIV positive people are still relevant. And these are still huge issues for different segments of both the health care, law enforcement, and education.

Also I would like to stop at this issue of significant progress in antiretrovirus therapy in all of these countries. We have seen positive shifts. You can look at this slide and see the number of patients covered by ART is steadily growing. And only two years ago we know that the access to ART was pretty much ephemeral. Only few people had access to the ART; now this access has grown tremendously.

In some countries pretty much almost 100-percent those who are willing to receive ART are receiving it. And now we have different issues we are talking about commitment to continuance of this ART. This is a whole different issue.

The sixth issue I would like to raise here is people living with HIV in their communities and the role that they play in combating the spread of infection. The role of nongovernmental organizations and the civil society is hard to overestimate. And the role of these organizations is constantly growing, both in coordinating bodies— pretty much every coordinating body at the national level has representatives of this community.

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I would like to give you the latest statistics. Like in Russia, today, the commission on government procurement comprises of some people who are living with HIV but the issue still remains. And it is a huge problem. In the sense that the government is mandated to support, both in creating and supporting of nongovernmental sector, primarily financially.

And at a recent international conference that took place in Moscow in May, it was said loud and clear. And now we are looking at the approaches of direct funding from the national budget of nongovernmental organizations. And we understand if we fund these organizations directly, we have to have some deliverable. There has to be some criteria for efficient utilization of resources.

And the last issue is regional cooperation, international cooperation within the region. Because you know the issues of HIV and AIDS were dominating the agendas of many high level meetings, both G8 and Council of Independent States Xian Kai [misspelled?] corporation organization and a number of others.

And the current stage of combating HIV and AIDS can be characterized by political commitments at the highest level and increase of funding provided both at the national and the international level. However, even now it is not enough. And now when issues of HIV and AIDS have become critically important for discussion and not just between heads of states

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and leaders of health care of various nations, it becomes a critically important issue of the private sector, for business sector. Therefore, we need to discuss coordination between government and private sector at the region level and also growth potential of the entire region to answer this challenge. Thank you very much.

MICHEL KAZATCHKINE, M.D.: [Foreign language]

TRANSLATOR: Thank you very much. I would like to introduce our next speaker, Dr. Konstantin Lejentsev. Dr. Konstantin Lejentsev has been working in the area of HIV AIDS from 1989. Together with Doctors Without Borders, he piloted the first project in the Ukraine. And from 2003 to 2006 was working at the regional level, and gaining access for ID use for Global Fund in Ukraine and in Russia. Now he is the head of a treatment department of the entire Ukrainian network.

KONSTANTIN LEJENTSEV, M.D.: [Foreign language]

TRANSLATOR: Thank you very much, Michel. Thank you very much for this invitation to participate in this session. I think that in historic context of international conferences on AIDS and HIV, Eastern European sessions are one of the driving factors in the exchange of information and exchange of ideas and highlighting the main priorities for our region and for our countries.

I am very happy that at this session we are discussing issues that were raised at the original conference. And I

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think that we will attract more attention to those elements of development in our countries that would help us work out a consolidated position towards solutions at the global level. And I would like to share some of the first steps that our organization is taking as one of the recipients of Global Fund, jointly with the government sector, in order to provide greater access to treatment and services for marginalized groups.

This is the key component of services in Ukraine now. In my presentation I used a few very important documents that are sort of a tool kit that we have at our disposal, and primarily it is GFA TM 6 round table application, from [inaudible] which stipulated a number of program issues and priorities. And also comprehensive external evaluation of the national AIDS response in Ukraine that just wrapped up in June of this year. And also, thanks to the Institute of Open Society, this is the last report of the International Harm Reduction Development Program.

Ukraine is in a concentrated phase of the epidemic, according to 440,000 cases of HIV registered in the Ukraine. And the prevalence is one of the highest in the region. It is 1.63-percent.

Prevalence among ID use is the highest, by about 48.1-percent and there is an increase of heterosexual transmission, but again it is a concentrate phase. These are our sexual partners of ID use. But do we see feminization of the epidemic

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among women ID use? And Ukraine remains the leader in the region on the rate of incidence.

However, a number of drastic steps were taken to expand access to treatment, and this slide shows access to treatment that happened to the skyrocketing rise of HIV infection along a few hundred of patients in an essential clinic in Kiev, the capitol of the country.

We now have more than 800, up to 8000. So this is usually a huge school both in procurement and in distribution and training of personnel. And of course we have epidemiological approval of efficiency, and effectiveness of national therapy, and the first time there were certain new cases of AIDS in 2007 but again we have a fairly high mortality rate, 65-percent of AIDS as a consequence of TB.

And it is 65-percent of all deaths in the country are of opportunistic infections and co infections such as TB and also increasing of scale is the key criteria for us and we will pursue and continue our work at the 6th round of Global Fund and within the framework of the national program of the Ukraine of combating HIV and AIDS.

In order to overcome these obstacles, we set up strategic goals for us. The expanding of innovative complex program of treatment and care for marginalized groups. I am not talking only about ID use but some other groups such as mobile populations, immigrants, sex workers, MSMs and convicts.

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And extension of prevention program and integration of treatment and prophylaxis for marginalized and vulnerable groups: MSMs, sex workers and convicts.

We are announcing with this internalization [misspelled?] of ART starting November we started these programs in sites outside of the network of AIDS service, primarily under the supervision of the specialized centers. There will be pilot sites which will include interdisciplinary professionals, and we will include other workers, not necessarily clinicians would be looking at the comprehensive programs at the various sites.

And we also introduce a new programs of working with ID use that we borrowed from Columbia University. This is a single window program, One Stop Shop. There are three sites. One is Kiev; the second is Poltava and the third one is Cherkasy. These will be the centers of integrated care and assistance. They will work both with ST and ART and a psychological assistance and prophylaxis and prevention and also the integration of the program of diagnostics and treatment for TB.

I will talk about it later and one of the most important aspects, as the extension of OST. Now, I am talking about opioid therapy, and not like a pilot program. But I am talking about a national program that is supervised by the president himself. And now we are facing a lot more challenges

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than those advocacy programs than we had pursued as you made this possible in the Ukraine.

First of all we are talking about OST at TB clinics. And access to OSTs to people who are hospitalized, a specialized hospital. And also access to OST to centers where patients are taking ARTs. And I think if we combine those centers we would be able to consolidate this integration of OST and ART.

And also we are talking about OST at the penitentiary system, and a lot is done to do it but not enough. And thanks to the national alliance and a number of recipients and the partners last month a decree was signed to distribute methadone in 146 sites. And these are TB clinics and specialized centers.

I am getting behind a little bit, but I hope we will catch up with them. But so far there are only three sites at these special centers, but there are at 146 sites and up to 5700 people that will cover by those sites within the alliance.

Prevention program is unfortunately not very effective although we have a large number of IDUs are covered. Unfortunately these are just putative indices and there is not enough coverage of this group by these prevention programs. There is no review of quality, sometimes, that the programs do not meet the needs of target groups. And we do not have enough care at hospitals and inpatient clinics.

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And also we have change of fad for different drugs. We have so called a white wave now. The hardest target group for us is young people between 17 and 21. But through the centers of integration, though, it certainly could be possible that you include a component of harm reduction and we hope that it will be an integral part of the care and service that we will provide for vulnerable groups.

What are the most important factors for reforming? First of all is ensuring target financing by the government for this program. The government has already taken commitment on financing OST for 300 people. But we are going to pursue in coverage and also in extended program of harm reduction and also we will talk about the coordination at the central level.

Since the treatment group is very efficient that involves alliance and ministry of health we have to provide stricter guidelines for review of these programs. So we would like to provide similar stringent review factors for prevention programs. And we also need to look at the review of the regulatory base and legal base that is restrictive and creates obstacle for ease of providing services. And we would like to break this tradition that is legacy of the past 10 years so the system will be more efficient.

And the next component is sustainability and the stability of procurement. Last month we had an expert evaluation of the entire procurement procedure from

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registration of medication and the clinical quality control and review and based on these new guidelines I hope we assure better procedure of procurement just like our neighbors in Russia are doing. And I am very encouraged by the previous speaker and Estonia is doing some programs as well. So reform of the production program and also reform of the program of care and services for vulnerable categories of population and stability and sustainability of financing.

And the programs are not by ourselves but it depends on the efficiency of the review by the recipients. Thank you very much. That is the main emphasis of our group.

MICHEL KAZATCHKINE, M.D.: [Foreign language]

TRANSLATOR: Konstantin it pleases me to invite the next person the doctor of medical scientist. She is the head of the lab at the Institute of Infections. She is in charge of the infectious disease at the Republic of Tajikistan. Professor Farida Tishkova.

FARIDA TISHKOVA: [Foreign language]

TRANSLATOR: Dear respected chairmen and respected delegates, my respected chairman and respected delegates I want to give you some of the conclusions from the conference on the issue of AIDS, the international conference in 2008. We were 2056 participants from 52 countries. 16 countries actually sent official delegates.

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The subject matter was to broaden the access to prevention and support for everybody. We wanted to bring our opportunity for political and scientific leaders for people that live with AIDS and also for civilians in order to mobilize the efforts to broaden their response to the epidemics.

We wanted to strengthen our programs of prevention, especially for the vulnerable groups. We wanted to get experience from our government agencies and talk about the scientific program.

The program of this conference was structured on the basis of three days and three themes. The first day we talked about epidemics. The second day was dedicated to the prevention and we talked about the integrated services and care. There are three committees that worked on it, the science, the civic society. We had discussions, round table discussions and we had panels.

There are some other activities. We had a commercial exhibition. We had a space where people for discussion. I want to say that the village, the youth village was one of the new concepts that was introduced for this conference and we found those very successful.

The conference gave an opportunity for politicians for scientists and for medical professionals, for people that live with HIV and representatives of the civil society to discuss

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the most important programs of the spread of HIV infection in our region.

The participants of the conference talked about the key issues of the epidemics in our region. We talked about the infection that is passed by using IDU, the pathology of hepatitis and TB, and their rapid growth of the numbers of people that are in need of this therapy. We greeted the positive tendencies and newly opened opportunities for treatments since the financing has been growing.

We also got more political support and the society in general was ready to fight the epidemics. Their national and regional initiatives also have been growing and developing.

On the other side there is a lot of challenge in order to work in an integrated way in order to grant access to people to the health services, access to family planning, access to child adoption and others. On the other hand, the conference showed that the fight against HIV and AIDS is a new problem. It is very challenging, it involves a lot of issues. Some realization of some other activities of the work that we do could be in conflict with some other laws and regulations in different regions of our countries. Since HIV and AIDS are a huge problem, we do not have enough intersectorial interaction in the work of combating this disease.

The discussions during this conference showed that a lot of us are concerned about the following key issues. We are

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running behind of what we have to do. Our response is not adequate, especially in the area of vertical transmission of disease and also in the field of prevention of AIDS and HIV in the group of IDUs and the people that are involved in sex business and others.

In the field of access to health care, especially prevention, the illegal immigrants are actually challenged. Also the stigma is pretty high in our region and the vulnerable populations suffer. We do not have enough access for ART for people that are in prisons.

Quite a few initiatives are not scientifically based and we should be aware of those. Also the medical social support is not spread enough yet. And on the background in general the treatment is widening and broadening. There is not enough money spent for purchasing the HIV medication in different regions.

We can not accept the low level of high quality treatment for HIV and AIDS. There is not enough state health care agencies that are involved in this work for people that live with HIV. Their response is not adequate enough in the field of secondary diseases like TB and hepatitis C, and not enough care and effort is done to prevent the horizontal transmission to babies.

The lack of studying the situation in the group of vulnerable men that have sex with other men, the level of

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participation of civil society is not sufficient, and the people that live with HIV are not involved in decision making in the field of HIV and aids. There is not enough mechanism in place in order to work in the field of HIV and AIDS and we do not have enough financial resources to put in after the grants from abroad expire.

The impact on the conference. There is independent evaluation of the impact of the conference. There were questionnaires distributed to a number of participants that was done by a Sydney-based company and these are the results.

Of the majority of the participants 88-percent said that they were satisfied with the results of the conference and more than 66-percent said that they are starting to think about changing their work. They are starting to think how to improve their work as a result of information that they got during the conference. 68-percent of the conference reported that it actually changed or improved their work in their AIDS field, they will change some of the programs that they work in.

Another effect on the level of the whole country. 60-percent of the people asked said that the conference actually influenced the direction of the work in the field of HIV in the country and also affects the political tendencies.

The results also showed that there is a general support for the conference and they stated that the conference actually fulfilled the goals that it stated. It gave an opportunity of

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key people from each region to exchange their points of views and their experience.

This evaluation also showed that there is a need to have during a future conference to address the difficulties and challenges in the work in the field of HIV and especially work in the field of prevention and scientific programs.

In addition to that, there were a few problems and a few other subjects raised. The conference showed that it had a positive influence on the work in the field of HIV and AIDS in the countries that participated. Thank you very much.

MICHEL KAZATCHKINE, M.D.: [Foreign language]

TRANSLATOR: Now, we have up to 45 minutes for questions and hopefully for the answers. Our presenters will be answering the questions. Everybody that will be asking the questions in Russian, English, or Spanish, please come to their microphone. I want to— before we start our question and answer session, I want to add a few words. Since I entered this conference at the very last minute, I would like to speak in English.

MICHEL KAZATCHKINE, M.D.: As a matter of introduction to the discussion and in the context, first that this is the third regional session I am attending at this room at this conference, and this is the best attended session, which I find wonderful for the region. [Applause] Second I would like to thank Alexey for inviting me to co-chair the session with him.

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Unfortunately, Anna Shakarishvili could not be present with us today.

Congratulations to all, that is my first message. Congratulations for your commitment, congratulations for the results that are achieved. All of us in Moscow at the last conference, and we just heard from Farida Tishkova— all of us felt the difference between the conference two years ago and the conference in 2008.

However, we are far, far— very far— from where we would all wish to be in the region. First, we do witness concentrated epidemics, and certainly this is the epidemiological way which we would approach the epidemic in the region, but these concentrated epidemics in many parts of the region including Russia and of course Ukraine is on the verge of a generalized epidemic. And in Ukraine actually fits within the definition of a generalized epidemic.

Second, I believe and I believe you also share with me that there is still in the region a lot of underestimation of the burden of disease and of the implications, the medical, the social implications of the epidemic.

Third, there is an urgent need to improve the relationship between the civil society and the government in the region in many, in most of the countries, [applause] so there is truly a national consensus that is being built. We

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can not fight an epidemic without a consensus of all those whose talents are needed to fight an epidemic.

Fourth, there is an urgent need to increase, to exponentially increase, our efforts in prevention. Including PMTCT. I can not understand that a G8 country still has the sort of figures on PMTCT that we were presented.

Treatment— access to treatment remains poor. Go to the 2008 UN AIDS report. When it comes to figures on number of people receiving antiretroviral therapy in the world, the Eastern European and Central Asian region is just a tiny yellow thing. That can not remain. We do have to move.

So, some of the statistics, Sasha, can look good, and I did not understand your slide where 93-percent of people were receiving antiretroviral treatment. I do not know what is the 100 percent, there. [Applause] But I am sure it is not the 100 percent of people who are in need in the country.

We need more attention to the co-infections. Of course tuberculosis, but also to hepatitis because the epidemic as every speaker said, is so linked to IV drug use.

And finally of course we really need to change the speed at which we are paying attention and leading our efforts in the fight for providing access to prevention and care for MSMs, sex workers prisoners. Now I have come somehow to hate these expressions. One is vulnerable groups and the other is fight against stigma and discrimination. Because we have been

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using them so many times that they have become generic words and I think it is an easy way for us to escape our responsibilities.

Because we are talking about basic social equity. We are talking about fighting a disease. We are talking about basic human rights, including access to decent care, and access to human dignity. Obviously, and Konstantin and Alexander stressed that in their interventions, we need to increase by major factors our efforts towards IDUs.

I am confident that Russia one day will come to methadone. [Applause] It will take time. That country can not persist as an isolated island in the world when the evidence for the benefits of harm reduction including opiate substitution is so compelling.

It will come. But we need to push. We need constant efforts. It is not a fight. It is explaining the facts. It is entering into the dialogue. And of course it is as you said Alexander, it is really facing some of the social obstacles, the misunderstandings, and refusing that part of the population is just neglected, rejected, and in a society that after so much trauma has to come together and build solidarity.

So, thank you all again. I am very concerned about the epidemic in the region. Very concerned. But I also know your commitment. I know the skills. I know the talents of the health workers, of the civil society movement.

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I know there is funding. Funding is available from the government, from Global Fund, and I hope the funding will increase. And I would like to congratulate you as I have seen that in Round 8 of the Global Fund request for proposals there was a very significant increase in proposals and in the amount of fund requested. The Global Fund will be with you to support you in your efforts.

I know the energy. So, let us keep the energy or the re-energizing power of this extraordinary conference when we go back to our countries to redouble our efforts against aids.

[Foreign language] [Applause]

NIKKI MONGULIV: Hi my name is Nikki Monguliv [misspelled?]. I am from Advocates for Youth in Washington, D. C. Although I speak Russian, I apologize for speaking English because I am more familiar with terminology in English.

I was born and raised in Baku, Azerbaijan, so you can imagine this session is very, very personal to me. So I wanted to ask each one of the panel members to talk about prevention efforts that include, but not limited to, needle exchange programs and comprehensive sex education aimed at directly at young people, LGBT youth, young ID use and young sex workers in your respective organizations and countries. And if you could also please comment on laws that exist in your respective countries that deal with again, stigma and discrimination of people affected with the virus. Thank you.

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MICHEL KAZATCHKINE, M.D.: What process— [Foreign language]

MALE SPEAKER: [Foreign language]

SARAH CALLOWAY: My name is Sarah Calloway and I direct the International Palliative Care Initiative of the Open Society Institute. And as you know we work a great deal in Eastern Europe. My question or thought for discussion is we know about the increasing number of AIDS patients. We know about the increasing number of AIDS patients who are being provided ARVs.

What we do not hear about is what kind of care is being provided to the patients who are not yet on ARVs. What kind of pain management and symptom control and emotional support and spiritual support are those patients receiving? We always hear about the patients on ARVs, and their care, but we do not hear about the care of the patients who are not on ARVs yet.

I would also like to say I would like to know from the panel what kind of progress is being made in Eastern Europe on the availability of opioid analgesics for pain management in IV drug users, because it is my understanding that in many countries, this is a forbidden practice and therefore the pain management of an advanced AIDS patient is not appropriately treated. [Applause]

So, I would say that with all the progress we have made on HIV AIDS care and treatment, we must not forget about the

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patients who are receiving no care and treatment because they are not on ARVs yet. Thank you.

MICHEL KAZATCHKINE, M.D.: Thank you. [Foreign language]

FEMALE SPEAKER: Good morning, this is Martina from the [inaudible] Church Aid. I will speak in English. Thank you for interesting presentations. I have a question to the panelists.

Some of you have mentioned the importance of involvement of nongovernmental organization and civil society. And I would like to know, how do you see the role of the churches and the faith-based organizations? Are they a driving positive force in this work, or are they a hindrance? I would like to have you comment on that. Thank you.

MICHEL KAZATCHKINE, M.D.: Thank you very much. And I hope we will also have some questions in Russian coming up. So, let us start with the answers. Konstantin? [Foreign language]

KONSTANTIN LEJENTZNEV, M.D.: Okay. [Foreign language]

TRANSLATOR: I will have to translate some of the questions for my colleagues because our translation equipment is not working at the podium here. All you need to do is just to set it up further away from the podium and you will understand.

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Well, the first issue had to do with coverage of ID use. I would say that this is the key issue when we are talking about reform of the system of harm reduction and expanding access to treatment. Because we have the trend of drug users becoming younger and younger.

When we just started work in the late 80s we have seen a much older group of the drug users. Now, we deal with younger people who are starting with stimulants and then quickly switch to injected drugs, and unfortunately the system is not prepared to deal with such a wave.

What we did is we strengthened the component of psychiatric health and mental health and how to help the young people who are suffering from depression and other mental health deficiencies. And again we are working with health professionals in order to gear them more toward the younger generation.

As far as stigmatization and discrimination, yes, we do have a number of laws that protect the general population from discrimination and stigma but nevertheless it is present and for our country, the most serious problem is discrimination in educational facilities and institutions especially in the preschool and further integration of these kids in a general education system and then further discrimination against them in the work place.

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On the second issue, thank you very much, Mary. This is a huge question, and it is a huge issue of great proportions and somehow we missed it in our presentation. What can I say about the efforts that are geared on introduction of substitution therapy? We had some far-going results, and a lot of companies received licenses working with controlled drugs in 2006. Out of more than 500 institutions, only two had licenses and one of them was about to expire as far as controlled drugs are concerned.

And the second issue that we are facing is the introduction of new standards on care to HIV infected people. We have old standards, but I think they have to be reviewed and revised in order they would be more tied to practice.

We have got to be more concise too because we do not have enough time. Farida, please. Okay, now Alexander is ready.

ALEXANDER GOLIUSOV, M.D.: [Foreign language]

TRANSLATOR: On the first issue on the legal framework. In the Russian federation we have a law on HIV that stipulates a lot of guidelines and talks specifically about prevention and there is a number of regulations that are issued under the auspices of the Ministry Of Health Care and the Ministry Of Education that also help. But I would like to talk a little bit about so-called substitution therapy. Maybe many of you would disagree with me.

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But we had the situation on harm reduction five years ago. We worked with the ministry of internal affairs for five years and finally they realized that the harm reduction program is a good thing. Unfortunately, during the initial reform in the country functions shifted to new agencies. We have not worked with them before, and now have to start from the first step, from the beginning, and explain them and go through this whole educational process with them.

But this term, such is "substitution therapy" is a great deal of hypocrisy in this name. What we are talking about, they need to put them on substitution therapy, what kind of therapy are you talking about? This is a trap. This is not substitution therapy. We should talk about harm reduction, because it is a real harm reduction.

We should not use this word substitution therapy. Because people do not see anything beyond substituting one controlled drug for another controlled drug. Unfortunately when we are talking about substitution therapy it is not therapy per se. We are just reducing harm. The main thing is make sure that they would come and receive this harm reduction therapy.

Yes, 96 percent of those who are registered are receiving this therapy. And I must say that a lot of social workers are just chasing those HIV positive people and asking them to enroll, asking them to receive the services.

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I am not saying that substitution therapy is not positive, but unfortunately the current laws in Russia would not allow for effective harm reduction, including substitution therapy. I can not comment on the expediency of laws in my country. I have to obey them. I am not making them. But of course citizens can initiate changes of the legal system.

But as far as integrated cumulative care, we do have these programs and our respected chairman is one of the people overseeing these people. But of course it is a drop in the bucket. Unfortunately we have this principal when, in the first place, diagnostics and treatment are funded as high priorities and other types of care are under-funded.

As far as position of the churches on the issue, they are very complicated. But last year we signed a memorandum of understanding and the joint efforts in this area and we already have a few positive steps.

We agreed on the following: no one is mandating church officials to distribute condoms or brochures about the use of condoms. But as far as family values are concerned, moral values are concerned, they can have a blank check, pretty much do whatever they can to enforce those values.

And we have representatives of this project— Katarina Ustinova— could you please rise? Yes. Here she is. She will talk a little bit more about faith-based initiatives in Russia.

MICHEL KAZATCHKINE, M.D.: [Foreign language]

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TRANSLATOR: Thank you very much. I would like to ask presenters to be very concise. But thank you very much for your answers. Farida.

FARIDA TISHKOVA: [Foreign language]

TRANSLATOR: In our country, just like in many other countries in the region, we have a serious issue with ID use. As you know, Tajikistan is bordering with Afghanistan. This is the main source country of drugs for the entire world.

I must say that in the 90s when our country went through a civil war a lot of young people became addicted to drugs. And now in the post-war period, in the 21st century, we have noticed a reduction in intravenous drug use.

And right now in Tajikistan I experience a phase of concentrated epidemics and we run a survey among ID use. Right now we have only 1200 cases of HIV. We conducted this project jointly with Johns Hopkins Medical Center. And we had— one survey was about 12-percent of HIV positive among the registered population and two years later we had a similar survey and this figure stayed the same, just above 12-percent.

MICHEL KAZATCHKINE, M.D.: [Foreign language]

TRANSLATOR: Okay Alexey, you may be really quick because I see other people queuing up to the microphone.

ALEXEY BOBRIK, M.D., PH.D., M.P.H.: [Foreign language]

TRANSLATOR: I will try to say a few words but a first issue as far as what is important and what kind of services are

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provided in Russia for vulnerable groups and about the potential of our region. And we will look at it pragmatically.

In the near future we will primarily look at three target groups. The first group is what is already done and fairly well funded by the government regardless. So whether you are a sex worker, an IDU, a typical example would be ART and we have tremendous progress.

On the opposite pole we have another issue and we would not see a lot of progress in the near future: OST. For ideological reasons and because we might have only a lot of pilot projects. But if we even invest in this issue we will not achieve a lot.

But in the middle we would have a number of different interventions that are being honed and that proved their efficiency that they might be closed down after Global Fund withdrawal. Typical programs on harm reduction, we should not really worry about the first group. We should not worry about the second group. But we need to worry about the second group, the ones in the middle. They might expire in two years or so. Thank you very much. We have five people let us say five questions.

MALE SPEAKER: First of all—

MALE SPEAKER: Proceed, please.

MALE SPEAKER: Thanks, Michel. The organizers at the beginning mentioned we could post questions in Russian, English

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or Spanish. So I want to use, since I am a Latin American, I would like to use Spanish just to congratulate the organizers. [Foreign language] [Applause] So, the second thing—

MICHEL KAZATCHKINE, M.D.: Thank you. Gracias.
Spasibo.

MALE SPEAKER: So, now, I am going to switch into English. I— as Professor Kazatchkine mentioned, a lot of effort has been made in Eastern Europe and Central Asia, particularly in the Russian Federation, to address the challenge of HIV AIDS over the last four years. I do believe that we have a situation where we have a half full glass.

And some of the challenges, as professor Kazatchkine mentioned, are related to the need to establish a better equilibrium between prevention treatment and care. Now certainly prevention is lagging behind.

Within the context I have two specific questions, one for our colleague from central Asia. And that question is related to the process of integrating the different national HIV AIDS programs and projects as part of overall health systems strengthening programs. In the case of central Asia I think it is critical that as part of the prevention effort to address the unnecessary risk and very high risk of spreading HIV/AIDS as the result of contaminated blood. So my question is, what is being done, what are the decisions by the

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governments in order to ensure a safe blood supply within the system?

And the second question is related to Alexander. From your perspective, Alexander, and also to Alexey, what concrete steps do you foresee that should be taken in order to broaden the harm reduction strategies particularly in the Russian Federation in order to increase the effectiveness of the struggle against HIV AIDS?

MICHEL KAZATCHKINE, M.D.: Gracias, Patrice [misspelled?]. You are such a nice person but it took you three and a half minutes to ask your question! [Foreign language]

MALE SPEAKER: [Foreign language]

FEMALE SPEAKER: [Foreign language]

MICHEL KAZATCHKINE, M.D.: [Foreign language]

TRANSLATOR: Good questions.

MALE SPEAKER: [Foreign language]

TRANSLATOR: First of all I would like to call all of us for honesty and good faith as far as evaluation of the real situation concerned. I would be surprised by this figure; up to almost 100-percent have drug therapy and ART available. No, in the Ukraine the demand is greater than 100-percent? Please, be honest. Let us talk about apples and apples. Let us compare apples and apples.

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And as far as our region is concerned, as you know epidemics by intravenous drug use and there is a lack of substitution therapy. The fact that we are lagging so much behind is not just a deficiency. This is a crime against the people we serve.

And also we are behind, we are in the shit hole— excuse my French— but we will never get ahead. We need to see some progress. We need to see and recognize some accomplishments and in the Ukraine, the fact of reduction of new incidence is very important. Now, we have the largest packet of measures on harm reduction. We initiated the program of methadone treatment, and now we are initiating a program on stimulants. I hope this program will continue. Thank you.

FEMALE SPEAKER: [Foreign language]

TRANSLATOR: Well, the question to Mr. Goliusov all of you know that people that live with HIV, they do not have permits to come into the country and get permanent residence permits. For each of our region, after three months you have to provide a report from a doctor that says that the person is not HIV positive. And then of course the person is deported.

You know that President Bush signed a law that there is no ban for people like that come into the United States from now on. Are there any plans in our countries to do that? I am Anestisaya Koviko [misspelled?], the Program on AIDS and HIV. Two more questions, please.

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MALE SPEAKER: [Foreign language]

TRANSLATOR: Eugene Isipsky [misspelled?] of the Russian Association of People Living with Aids. I also have a question for Mr. Goliusov. What are the actions and prevention in the groups like MSM that you are planning in the Russian Federation?

MALE SPEAKER: [Foreign language]

TRANSLATOR: Kasislav Sonig [misspelled?] of the Russian Association of the People Living with AIDS. This time I am not here to ask the questions that sometimes are the answers for those questions, but I want to comment.

I am a regular person that lives with HIV. I want to thank our government for all the new things that they are doing for people that are living with HIV. I can feel those benefits as an activist. I see a lot that is done in this direction in this field and I am very thankful to my government for those actions. Everything that we can solve is great.

But I would like you to meet with our association. We have a few plans and a few papers, a few proposals that we would like to propose. During the May conference we did, we do have some suggestions that are following that conference. Thank you very much.

MICHEL KAZATCHKINE, M.D.: [Foreign language]

TRANSLATOR: Thank you. Okay, who wants to start?

Farida.

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FARIDA TISHKOVA: [Foreign language]

TRANSLATOR: I have a question on our blood transfusions. The safety of donated blood in Tajikistan. Nowadays we are allotting huge financial resources through our Asia bank. We are buying equipment, we are buying the testing systems in order to test the virals created hepatitis syphilis HIV. We are working on providing a lot of training sessions, consultations and so on. I think that about the safety of blood transfusions I think that we are going into the right direction. Alexander Goliusov, please.

ALEXANDER GOLIUSOV, M.D.: [Foreign language]

TRANSLATOR: About the safety of blood transfusions, I know Patrice for a long time. He has been at the World Bank for a while.

I think he has a reason to ask these questions: thank you, the World Bank for the grant that you gave us. And the grant provided us the instruments and equipment to test the blood safety. Thank you.

Like if we talk on the large scale, we have a program, that is integrated. It is a blood screening program. Our country is huge, as you know. And each region is at a different technical level. So the program is not applied to all the regions yet.

But the donated blood is actually tested by the standards of World Health Organization. We are working on a

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program when we will try to start implicate this program up to 100-percent. What is the name of the program? I forgot the name of the program. I am sorry. The program of testing the blood.

When this program will be working all the way globally we will actually be able to avoid the mistakes that we have. Every year we have three to four cases when we have failed to test the blood appropriately.

Now, the question about widening the programs on harm reduction. Right now, at the present, finally we have finalized together with our state narcotic controlling agency we have the manuals and we are starting to implement those programs in our country.

I do not want to lie to you. We are trying to work it out for the last three years. We are working with the state agencies and we are seeing the light at the end of the tunnel, finally.

Now, the statistics. There was some comments about our slides, about the high percentage of people that are treated. I am saying it again. This is the statistic that is based on the number of people that have been registered, the number of people that have been already diagnosed, the people that are in the treatment already. Of course, there is a big part of the population that did not come to us, that has not registered.

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Of course we can say whatever we can. But I have been offered— I offered this so many times, let us research, let us do a study. Let us try to figure out what is the percentage of the people that has not been registered and has not been screened and treated? Let us do that study. I ask you: let us do it.

Now, about the changes in the immigration laws. This is a very painful question especially for Russia. Why? We do come along this kind of situations. There are the doctors here the specialists in the field of AIDS, their husband is HIV positive and the woman has AIDS. One is from Azerbaijan the other is from Russia.

What do we do? The law is making it very complicated. We have to change this law. We want to try to change legislation. I do not know how successful it will be. But we do have those very negative signals that are coming to us. I am the [inaudible]. Our organization really tries to work to change legislation in order to make peoples lives a little bit easier. Unfortunately right now people do get deported.

Now, what about MSM? What is the government planning to do about it? The government is not planning on anything and is not doing any programs in that field. Everybody from the Russian delegation can ask them, they will all agree. We are also doing a few things but those are tiny tiny little crumbs.

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The things that we are doing are not under federal programs. The things that we do are financed by small sponsors. Some organizations work on programs like that, Laske [misspelled?] and so on. Meanwhile, nowadays we cannot incorporate this particular segment into our program. We want to work with you. Yes, we want to include the programs of prevention among MSM into our federal program.

ALEXEY BOBRIK, M.D., PH.D., M.P.H.: [Foreign language]

TRANSLATOR: My dear colleagues, the time has expired, thank you very much. Thanks to all the delegates, thank you all the participants.

I think that the presentations and all the vibe of this session show that on one hand there are things that we can be proud of. The progress has been incredible. It is fantastic.

On the other hand, we have lots and lots of problems. Some of the problems are technical problems, some are strategic problems. It is hard to find solutions for some of those problems. But we do have wonderful perspectives for those problems.

We are honest. We are open to create a dialogue. We have pretty large financial resources. We have highly educated professionals and experienced doctors. Good luck, and lots of success to all of us.

[END RECORDING]

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