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HIV-positive people in Russia“

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The HIV situation in Russia has reached the level of an epidemic and moved into the general population, in addition to the high HIV rates within key risk groups – inject drug users, commercial sex workers and men who have sex with men. The main purpose of this work is to find out what are the reasons for the increase in the number of HIV-positive people in Russia. Moreover, this work defines HIV in Russia as a socioeconomic, political, legal, health and social issue. The results of this work are based on the analysis of thematic reports, scientific articles of Russian and international academics, manuals and research papers of Russian NGOs, relevant results of the case and evaluation studies conducted in Russia, and online editions of relevant news reports. Besides, examples from two Russian TV-programs from the independent non-government TV-channels are included into this work, serving to illustrate the national context of the HIV epidemic in Russia and to create a critical approach to the situation. Above all, the results of this work indicate insufficient measures taken to combat HIV, as well as the high level of stigma and discrimination against HIV-positive people, shortcomings in medical services, antiretroviral therapy coverage, information campaigns, as well as to HIV testing and counselling.

Die HIV-Situation in Russland hat das Niveau einer Epidemie erreicht und sich in die allgemeine Bevölkerung verlagert, zusätzlich zu den hohen HIV-Raten innerhalb der Hauptrisikogruppen – Konsumenten von zu injizierenden Drogen, kommerziellen Sexarbeitern und Männern, die mit Männern Sex haben. Der Hauptzweck dieser Arbeit ist es herauszufinden, was die Gründe für die Zunahme der Zahl der HIV-positiven Menschen in Russland sind. Darüber hinaus definiert diese Arbeit HIV in Russland als ein sozioökonomisches, politisches, rechtliches, gesundheitliches und soziales Problem. Die Ergebnisse dieser Arbeit basieren auf der Analyse thematischer Berichte, wissenschaftlicher Artikel russischer und internationaler Wissenschaftler, Handbüchern und Forschungsarbeiten russischer NGOs, einschlägigen Ergebnissen der in Russland durchgeführten Fall- und Bewertungsstudien sowie Online-Ausgaben relevanter Nachrichtenberichte. Außerdem werden Beispiele aus zwei russischen Fernsehprogrammen unabhängiger nichtstaatlicher Fernsehsender in diese Arbeit einbezogen, um den nationalen Kontext der HIV-Epidemie in Russland zu veranschaulichen und einen kritischen Ansatz für die Situation zu entwickeln. Die Ergebnisse dieser Arbeit weisen in erster Linie auf unzureichende Maßnahmen zur Bekämpfung von HIV hin, aber auch auf das hohe Maß an Stigmatisierung und Diskriminierung von HIV-positiven Personen, Mängel in der medizinischen Versorgung, der Abdeckung von antiretroviralen Therapien, der Informationskampagnen sowie in HIV-Test- und Beratungsmöglichkeiten.

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I. Introduction

1.1 Introduction

Human immunodeficiency virus (HIV) is the virus that infects cells of the human immune system, destroys or impairs their function and causes HIV infection. HIV is transmitted through contact of certain body fluids (such as blood, semen, vaginal and rectal fluids, or breast milk) from a person with HIV to another's person body. There are several ways how HIV can be transmitted: during unprotected sexual intercourse with an HIV-positive partner, from mother to child (vertical transmission) during pregnancy, delivery or with breastmilk, or during injection drug use because of use of shared needles or improperly sterilized syringes, as in health-care settings. Worldwide, HIV tends to be one of the most serious public health problems. Due to UNAIDS data 2018, the number of HIV-positive people in the world has grown to 36.9 million [31.1–43.9 million] by 2018 (UNAIDS 2018: 4). In 2017, 47% of new HIV infections were among key populations: men who have sex with men (MSM), people who inject drugs (PWID), commercial sex workers (CSW) and their sexual partners (ibid.: 8). According to the 2018 UNAIDS Global AIDS Update, the HIV epidemic in Eastern Europe and Central Asia has increased by 30% since 2010, and 70% of HIV-positive people of this region live in the Russian Federation (UNAIDS 2018: 240). In 2017, the number of newly registered cases of HIV amounted to 104 402 but for all that migrants and people who made an HIV-test anonymously are not taken into account (ibid.). The total number of HIV-positive Russian citizens by the end of 2017 came to 1 220 659 with 943 999 HIV-positive people alive and 276 660 HIV-caused deaths in 2017 (Federal Scientific and Methodological Center for the Prevention and Control of AIDS, 31.12.2017).

In spite of the fact that the HIV situation in Russia has reached the level of the epidemic and it is getting worse, the country does not offer adequate measures to combat it. In addition to the growing number of deaths among people living with HIV (PLWH), there are a large number of other problems faced by HIV-positive people living in the Russian Federation. An increasing number of HIV-positive people should receive the necessary antiretroviral therapy (ART) to continue to live normally and to prevent further spread of the virus. However, only a third of HIV-positive patients in Russia (32.8%) in 2016 took antiretroviral drugs. Those people who are on treatment face difficulties in getting these drugs.

It is important to note that in spite of the high rates of the HIV diagnoses within key risk groups, being most vulnerable to the infection (inject drug users, commercial sex workers and men who have sex with men), the epidemic in Russia moved into the general population and its transmission continues to spread through heterosexual contact (Federal Scientific and Methodological Center for the Prevention and Control of AIDS, 31.12.2017). The epidemiological statistics of the Russian Federation does not contain any official data on commercial sex workers and men who have sex with men because these key groups tend to be invisible in the country. The absence of sexual education in school curricula and insufficient financial coverage exacerbate the problem.

In the course of my work, I want to analyze why the HIV epidemic situation in the Russian Federation continues to grow. What are the characteristics of the HIV-spread in the given country and what factors worsen the situation? I want to discuss why HIV in Russia is not only a medical problem, but also a social, behavioral and socioeconomic one, which impedes the access of HIV-positive people to full treatment and hinders effective HIV prevention in the country.

1.2 Research question & relevance of the topic

My master thesis answers the following research question: “What are the reasons for the increase in the number of HIV-positive people in Russia?”

My participation in the United Nations Internship Programme in the HIV/AIDS Section in the United Nations Office on Drugs and Crime (UNODC) in Vienna in 2017 aroused my great interest in the topic of HIV epidemic in Russia. My master thesis follows the many-sided relevance. First of all, the problem of HIV/AIDS in Russia is a complex medical, socio-economic and cultural phenomenon that requires a multidimensional response strategy. Secondly, being my home country Russia represents the unique case of HIV-spread in the world. The epidemic HIV situation in Russia continues to deteriorate, the incidence of HIV remains high, the number of deaths due to HIV/AIDS has increased, and the outbreak of the epidemic has intensified from key risks groups into the general population. In spite of this, Russian government does not take the necessary measures and shows a clear lack of sufficient funds to meet the needs of HIV-positive patients. In addition, stigma and discrimination, absence of sexual education in school, harm reduction

programs and substitution therapy for drug users, and legal and cultural frameworks that make particular key groups invisible, opposition from the authorities and public figures, complicate the situation.

HIV / AIDS is a global development issue, as HIV is one of the most common diseases in the world and spreads rapidly. Despite the fact that about one fifth of all HIV cases are concentrated in South Africa, which makes this problem a topic for poor countries and third world countries, the HIV virus has gone beyond the countries of the Global South. Today HIV-positive people live in all countries of the world, and HIV is attracting the attention of the entire world community, as the global problem requires a global approach to solve it.

1.3 Structure of the thesis & methodology

To address the research question, outlined above, I performed the following steps. First of all, I researched into the year and separate thematic reports of United Nations Office on Drugs and Crime (UNODC), the Joint United Nations Programme on HIV and AIDS (UNAIDS) and the World Health Organization (WHO), which helped me to formulate the main definitions in the HIV / AIDS field. With the help of relevant information materials of UNAIDS and other United Nations (UN) bodies and also country reports, as for example, of the Federal Scientific and Methodological Center for the Prevention and Control of AIDS or the Ministry of Health, I could outline the country profile of the Russian Federation and to highlight the key figures and facts of the epidemiological situation of HIV in Russia.

Going from the global overview to the national context of the HIV-epidemic in Russia, I went through reading and analysis of relevant scientific articles of Russian and international academics who highlight specific subjects of the topic – political, socioeconomical, health, legal and social issues. In this regard, I also used the handbooks, manuals and research papers of Russian NGOs, relevant results of case and evaluation studies conducted in Russia, and online editions of relevant news reports.

Since during the work I faced the problem of a small number of scientific publications covering the problem of HIV / AIDS in Russia and as well as a small number of publications that deal with

the situation critically, helping me to answer the scientific question I had, I decided to take two Russian TV-programs from the independent non-government TV-channels, from which I could gain the knowledge about everyday life of HIV-positive young people in Russia who represent a vulnerable group that goes beyond the key risk groups. It made me possible to reveal the difficulties people face living with this diagnosis in Russia and to analyze the measures being taken in the country for HIV-prevention and -treatment. The TV-programs I have chosen are a piece of common knowledge; being stored online, they are available for a wide circle of the audience representing a tool of influencing and shaping the opinion of the audience in the whole country. I took examples from the TV-programs and embed them into the main part of my work to draw a conclusion and to answer my research question. These examples served to illustrate the national context of the HIV epidemic in Russia and to create a critical approach to the situation, so as not to make it completely descriptive.

For my work, I made full written transcripts of two video programs in Russian and made a selection of examples. The subject of the first television program of the independent information channel Dozhd' is the HIV epidemic in Russia and the life of three young people – Nastya, Slava and Lyosha with HIV-positive status, who are representatives of one of the most vulnerable groups in Russia – young people. This TV-program tells about the life of three young people who, however, became HIV-positive not because of drug use, but during the sexual intercourse with their former boyfriends and girlfriends – people, who were their regular sexual partners and with whom they seemed to be in stable and reliable relations, and about the problems they face, living as HIV-positive young people in Russia. This shows that the HIV epidemic in Russia has gone beyond risk groups and affects the entire population of the country.

The program mentions that despite the fact that the authorities express a positive opinion about the action of educational programs, many people in Russia tend to believe that HIV is still only a disease that affects commercial sex workers, men having sex with men and drug users. Therefore, as long as there is such an opinion among the people, this fact increases the vulnerability of all population groups and increases their risk of infection, since this stereotype causes people to have wrong ideas about the virus and ways, how to avoid it. Also, the existence of such an opinion among the population groups residing on the territory of Russia may speak about the absence of information materials or their inaccessibility, insufficient level of citizens' awareness, and the lack

of necessary educational measures, including for younger strata of the population, who are more vulnerable to risk of infection due to their young age and psychological and social characteristics, or inefficiency of existing measures.

In addition, this TV program calls into question the accuracy of the number of HIV-positive people who live and are registered in Russia. In the program, two young people tell that they were not registered in Moscow, despite the fact that they live, work and study in Moscow, but were originally born and registered in other cities of Russia. It can be assumed that such cases are not unique - there can be thousands of them. Consequently, a layer of "invisible" not registered HIV-positive people is created, and therefore they are not counted. Also, it is important to note that thousands of HIV-positive people who come to Moscow from other cities live with this diagnosis, but do not receive therapy they need because they cannot get it. This means that the virus remains active in their blood, and they continue to be the source of infection, and therefore the participants of the epidemic.

Within the framework of this television program, "the two richest cities" are discussed - Moscow and St. Petersburg. Moscow is the capital of Russia, and St. Petersburg is called its "northern capital" and is the second most populous city of the Russian Federation after Moscow. However, trying to register in Moscow, some patients are refused for many years and are simply sent home. On the Internet, there is also evidence of thousands of such failures in Russia. The program cites one of the letters, which is a refusal saying that the financing of the Moscow AIDS Center is carried out at the expense of the city of Moscow and measures of social support apply only to residents of Moscow. According to the charter, residents are citizens who have a residence in Moscow, and temporary registration by the document confirming the place of residence is not a relevant document for that (TVRain / Sagieva 2016, para.12). That is why gaining a receipt for medicines or tablets is a big issue for newcomers among HIV-infected people. A paper prescription, which gives a right to get a medicine, says that "the costs for medicinal products for HIV-infected patients are covered by the federal, and not by the local budget" (ibid.). This leads to a logical conclusion that when a doctor in Moscow tells new patients that there is no money to cover their medical treatment, he does not mean primarily the cost of ART but the impossibility of the healthcare system in Russia to pay for a doctor visit that lasts 15 minutes and during which the patient should receive a prescription for the necessary therapy. In that connection, the program says that "the

doctors in Russia lead two cities to a severe epidemic with their own hands, despite the fact that they have all the resources to stop the virus and save a lot of lives" (TVRain / Sagieva 2016, para.33).

The main news of Yekaterinburg (dated as of December 2, 2016) report that the HIV epidemic was declared in the city, and this information was extremely disturbing to the citizens. The whole city lives in a panic, as in the country from morning till late evening on television is talked only about AIDS. The citizens experience high curiosity, on the background of this they come in order to pass a blood test and find out their HIV status – that accumulates huge queues in the town (TVRain / Sagieva 2016, para.7). The news service reports that another sign of general hysteria is the so-called witch hunt leading to discrimination and stigma.

The second TV debate “HIV and adolescents” (2016) opens a discussion to the following questions: *Why are adolescents considered a particularly vulnerable category in terms of HIV transmission? How do their problems have a detrimental effect on the treatment of HIV- positive adolescents?*

Ksenia Gogoleva, specialist of the regional AIDS-center, Anna Goncharova, deputy head of extracurricular work of the Ural State Medical University, and Vladimir Pleshanov and Victoria Zharova, students at the Ural State Medical University take part in this discussion. It should be noted that according to words of Ksenia, who is a specialist of the regional AIDS-center, only about 400 people, students of higher and secondary educational institutions in the city of Yekaterinburg know about their HIV-positive status (Gogoleva 2016 in ETB LIVE 2016, para.14).

The epidemic of HIV in Yekaterinburg was announced in 2016 with 26 609 registered HIV cases (ETB LIVE 2016). Taking into account the population of the city, there are more than a half million people living there and the fact that this figure shows only officially known cases, it can be argued that the actual incidence is at a much higher level. To the fact that only 400 students know their HIV status also represents only a small percentage of tested people in Yekaterinburg. It becomes clear that as the entire population of the city and also the young people need to be tested for HIV in order to detect a diagnosis. The action of the regional AIDS testing center is being carried out for this purpose, as well as to look into the HIV infection not only from the global epidemic point

of view, but from the viewpoint of a certain age group. In addition, the identification of a positive HIV status is a signal that it is necessary to begin treatment. Ksenia claims that an HIV-positive person taking therapy is not dangerous to their partner, since HIV is not transmitted if a person is treated. At the moment, there are a number of studies pointing to the high reliability of ART as a method of HIV prevention. In addition, the World Health Organization (WHO) is currently recommending ART as a method of HIV prevention, and the experts of the organization consider it to be the main component of preventive programs. It is interesting to note that one of the speakers of the TV reportage, Vova does not know his HIV status, despite the fact that he is involved and knowledgeable in the topic of HIV, being a student at a medical university. Having some piercings and tattoos on his body, he falls into a risk group, because HIV can be transmitted during the process of applying a tattoo through a needle. During the live broadcasting Vova makes an express HIV-testing and finds out the result (it's negative).

II. HIV epidemic in Russia: global overview

2.1 Definitions of HIV and AIDS

HIV stands for “human immunodeficiency virus” and is the abbreviation for the virus that infects cells of the human immune system. It destroys or impairs their function and, accordingly, causes HIV infection. With the help of the abbreviation “HIV”, it is possible to name the virus itself or refer it to the indication of HIV infection. (cf. UNODC 2008: 2)

It is important to understand the difference between HIV and AIDS. The concepts of HIV and AIDS are often used together in a single context, that is why they are perceived as something equivalent. In fact, HIV and AIDS are interconnected concepts that carry different information. AIDS stands for acquired immunodeficiency syndrome and is the most advanced stage of HIV infection. AIDS represents a set of infections and symptoms, which come in association with the deficiency of the immune system because of HIV infection. In the human body, there are CD4 cells – these are blood cells that have a protection function for humans. Since the HIV virus kills CD4 cells, their quantity, as well as the presence of certain infections in the body are used as indicators to determine, if HIV infection advances to AIDS. Without treatment, it can happen within a time period of 8 to 10 years. (cf. UNODC 2008: 2-3)

2.2 Ways of HIV transmission

HIV is transmitted through contact with certain body fluids from a person with HIV to another's person body. These body fluids include blood, semen and pre-seminal fluid, vaginal and rectal fluids and breast milk. As a consequence, HIV can be passed during unprotected sexual intercourse with an HIV-positive partner (primarily through vaginal or anal intercourse without a condom), from mother to child (vertical transmission) during pregnancy, delivery or with breastmilk, and also during injection drug use, when unsterile needles are shared. It can also occur during the use of improperly sterilized syringes in health-care settings. There are also rare cases of HIV transmission during contaminated blood transfusions and organ transplants observed. However, this way of transmission is not prevailing because of blood and blood products, which are usually subjected to a thorough check.

It is important to mention that people cannot become infected with HIV from kissing, hugging, shaking hands, coughs and sneezes, sweat, insect bites (for example, mosquitos), sharing food or drinks, using eating (for example, spoons or forks) or drinking utensils, using drinking fountains, using toilets, toilet seats or showers; during bathing; opening a door, visiting a hospital or another medical or health-care institution; during working, talking or living with HIV-positive people (cf. UNAIDS 2000: 16).

Despite the fact that the problem of the spread of HIV affects everyone (cf. Komlev 2007: 130), the low level of public awareness about HIV / AIDS, including the ways of its transmission, increases the risk of infection among all groups of the population.

2.3 Key risk groups

Among all people, who are at risk of HIV infection, some of them are more vulnerable to HIV infection for one or another reason. These are men who have sex with men (MSM), people who inject drugs (PWID), commercial sex workers (CSW), including female sex workers (FSW), people in prisons and other closed settings, women and girls, transgender people, young people, including street youth. However, it is important to mention that in some countries HIV is becoming epidemic and goes beyond the risk groups, reaching the entire population (as, for example, in the case of Russia), since more than half of new HIV infections in the first half of 2018 occurred during heterosexual intercourse (Perm Regional Center 2018).

2.4 Symptoms of HIV infection

Usually, people with HIV do not know if they have become infected and do not mention the moment of the onset of the infection. It happens for the reason that HIV infection takes its course with almost no symptoms, which could indicate the initial beginning of the infection. Within the time period of six weeks till three months after the occurred infection, some people may have fever-like symptoms, such as fever, joint pains, chills, rash or their lymph nodes can be enlarged. These symptoms can last from a few days to several weeks. During this time period, the process of development of antibodies to HIV in a human body occurs. (cf. UNODC 2008: 2) It is impossible to tell if a person is HIV-positive or not, just by having a look at him or her because the person's

appearance does not show any signs of infection – people with HIV do not look like sick ones (cf. UNODC 2008: 4). That is why it is important to notice that even an HIV-positive person has no visible symptoms of HIV, the transmission of the virus is possible at any stage of the infection.

2.5 Definition of opportunistic infections

Opportunistic infections (OIs) are infections which develop by people with weakened immune systems. First of all, this relates to HIV-positive people, who are unable to fight against a wide range of other infections in comparison with healthy people and, as a consequence, are more vulnerable to OIs (cf. UNODC 2008: 2). The presence of the virus has a negative impact on the whole immune system. Its progressive destruction leads to immune deficiency, that is why OIs benefit from a weak immune system. These include tuberculosis (TB), pneumonia, toxoplasmosis, candidiasis, salmonella infection, and others.

Tuberculosis (TB) is one of the most common opportunistic infections by HIV-positive patients and the only dominant opportunistic infection that poses a threat to people without HIV virus. The pulmonary form of active tuberculosis manifests itself with such clinical characteristics as chronic cough with a large amount of sputum and/or blood (called hemoptysis), fever, appetite and weight loss, and night sweats (cf. Zumla et al. 2013: 747).

The HIV virus weakens the immune system and thereby sharply increases the risk of the transition of *Mycobacterium tuberculosis* infection - both for patients with latent infection, as for newly infected patients, and also contributes to both the progression of tuberculosis infection with the development of the active form of the disease and the relapse of the disease, even by patients who underwent treatment. According to statistics of the WHO TB Department, approximately one-third of the 40 million HIV-positive people worldwide are infected with tuberculosis (cf. WHO 2004: 1).

It is important to take into account that the probability to be infected with tuberculosis for an HIV-positive patient is 50 times higher than for HIV-negative people. In addition, tuberculosis is one of the leading causes of death among HIV-positive people, because, in the absence of proper treatment, about 90% of people with HIV die within a few months after being infected with

tuberculosis. However, the global TB mortality rate changed to 42% in the past 7 years (estimated between 2000 and 2017), and the availability of the necessary treatment makes active newly diagnosed tuberculosis 82% curable (cf. WHO 2018: 1). For HIV-positive people, the risk of developing active tuberculosis 5-10% per year, while for people not infected with HIV, the risk is 5-10% throughout life (cf. Pawlowski et al. 2012: 2).

While some European countries see a relationship between HIV, tuberculosis and injecting drug users as the primary cause of HIV transmission, there are also some other groups at risk for HIV infection, such as: commercial sex workers, men who have sex with men, people in prison, homeless people and migrants (cf. WHO 2007: 1). Also, special attention should be paid to a vulnerable group of young people, as well as adolescents living on the street.

2.6 HIV testing

During HIV testing it is possible to determine if a person is infected with HIV or not. Typically, this procedure is carried out using samples of human blood or other biological fluids, such as saliva. Blood from the vein is sent to a special laboratory, where it is examined by appropriate methods for the presence of HIV-fighting antibodies and components of the virus, called antigens. In the blood of an uninfected person, there are none. To form a sufficient number of antibodies and antigens two to four weeks should pass from the time of infection. That is why before this time the test will not show the presence of infection and the test result will be negative. This period is called the "window period". If the test result is positive, then it should be rechecked by other methods, so a patient could be 100% sure of the result. (cf. UNODC 2008: 4-5)

In addition to the blood test from the vein, it is possible to reveal antibodies to HIV with the help of a so-called rapid test, for which the blood from the finger is taken, and the answer will be ready in a few minutes. Express tests are just as accurate as blood tests from a vein. The main difference from the test with the help of venous blood consists of a longer "window period". In the case of an express test, at least 10-12 weeks from the time of infection must pass, so that the test result is reliable. In some cases, the positive result of the rapid test may be false-positive, for example, as a result of taking blood during an acute viral or chronic disease. In addition, no test system is 100% accurate. Therefore, in the case of a positive result for HIV, people should be referred for additional medical examinations. (cf. UNODC 2008: 4-5)

It is important that testing for HIV should be accompanied by pre- and post-test counselling. It should be confidential, which means that the result should be let know only to a patient (and not to the parents, friends or workplace) and otherwise kept in secret. Testing for HIV can be also anonymous. A person being tested should be informed about the positive and negative sides of testing, and it is also important that he or she should come to testing voluntarily.

It is essential to be tested for HIV, in the first place for the purpose to find out the HIV-status. If a person is HIV-negative, the aim for him/her is to learn how not to get infected with HIV and also to get the necessary information about this virus and other infections. If a person is HIV-positive, it is crucial for him/her to get a necessary treatment that will help to live longer and to stay healthier and to learn how it is possible to avoid infecting other people in such a case.

2.7 HIV treatment

The combination of anti-HIV therapy, called antiretroviral therapy (ART) should be provided to HIV-positive people by a health provider to help them to live longer and healthier, and also to reduce the risk of further transmission of HIV. People on antiretroviral therapy take a combination of HIV medicines every day to treat HIV infection, meanwhile, the therapy should be started as soon as possible. It is important to notice that if even the effectiveness of antiretroviral therapy slows down the progressing of HIV infection, antiretroviral therapy does not cure a person of HIV completely, since the virus is suppressed only in biological fluids, but remains in the cells. In addition, an HIV-positive person, even taking antiretroviral therapy, remains still a potential further carrier of the infection. (cf. UNODC 2008: 5)

HIV still tends to be one of the most serious public health problems in the world. Due to Global HIV & AIDS statistics, the latest factsheet of UNAIDS in July 2018, 36.9 million people globally were living with HIV in 2017; 21.7 million people were accessing antiretroviral therapy in 2017 and 1.8 million people became newly infected with HIV in 2017. 940 000 people died from AIDS-related illnesses in 2017. In 2017, only three out of four people living with HIV (75%) knew their status. Every week, around 7000 young women aged 15–24 years become infected with HIV. More than one third (35%) of women around the world have experienced physical and/or sexual violence at some time in their lives. The risk of acquiring HIV is 27 times higher among men who have sex with men; 23 times higher among people who inject drugs; 13 times higher for female sex workers;

12 times higher for transgender women. Tuberculosis (TB) remains the leading cause of death among people living with HIV and accounts for around one in three AIDS-related deaths. (cf. UNAIDS 2018: 1-5)

III. Russia: country profile

Russia or Russian Federation (60 00 N, 100 00 E) is a country of the total area of 17,098,242 square km, situating in North Asia bordering the Arctic Ocean, extending from Europe to the North Pacific Ocean. It borders 18 countries, having a land border with Norway, Finland, Estonia, Latvia, Lithuania, Poland, Belarus, Ukraine, Azerbaijan, Abkhazia, Georgia, South Ossetia, Kazakhstan, China, Mongolia, North Korea; and the United States of America and Japan by sea. About 142 122 776 (July 2018 est.) live in Russia with a large concentration of population in the westernmost fifth of the country. About 77.7% of the Russian population are Russians but about two hundred other ethnic groups live in the country (Tatars, Ukrainians, Bashkir, Chuvash, Chechen, and others). 2017 estimated net migration rate was 1.7 migrants for 1 000 Russian people. About three-quarters of the whole population is represented by urban citizens (74.4%).

The most represented age group in Russia, estimated in 2018, are people from 25 to 54 years old (44.21%). They are followed by children from 0 to 14 years (17.21%), elder people of 65 years and over (14.66%), people of mature working age – 55-64 years (14.51%) and people of early working age – 15-24 years (9.41%). At the same time, the male population in different age groups of the population prevails only at the age of 0 to 24 years. The average age of a Russian resident is 39.8 years – 36.9 years by a male and 42.7 years by a female. In 2018, the country recorded a negative population growth of -0.11%, which characterizes Russia as a country with a weakened demographic situation. The death rate in 2018 in Russia with 13.4 deaths/1 000 population exceeds the birth rate with 10.7 births/1 000 population.

2018 estimated life expectancy at birth of Russian total population is 71.3 years with 65.6 years among males and 77.3 years among females. At average, a woman in Russia gives birth to 1.61 children in her life at the average age of 24.6 years, which puts Russia on the 179th place in comparison to the rest of the world. The contraceptive prevalence rate in Russia, estimated in 2011 for the last time, is 68% among women aged 15-44. It is an important indicator for forming fertility trends, women's empowerment and understanding of the level of country development and health services in this country. The health expenditures in the country are 7.1% of GDP, estimated in 2014, and the education expenditures – 3.8% of GDP, estimated in 2012.

Russia is a semi-presidential federation and has a civil law system with a juridical review of legislative acts. The executive branch in Russia is represented by the chief of state – the President Vladimir Vladimirovich Putin and the Government cabinet, composed of the premier Dmitriy Anatolyevich Medvedev, his deputies, and ministers, who are appointed by the president. The premier should be also confirmed by the State Duma, which is the lower house of the Federal Assembly of Russia, which is the national legislature of the Russian Federation, consisting of the State Duma and the Federation Council. The President in Russia is directly elected by absolute majority populate vote in 2 rounds. The Judicial branch in Russia is represented by the Supreme Court of the Russian Federation, the Constitutional Court, the Higher Arbitration Court, city courts in Moscow, which is the capital in Russia, and St. Petersburg, regional and provincial courts, autonomous province and district courts. The judicial system is established by the Constitution of the Russian Federation, latest drafted 12 July 1993, and the Federal Constitutional Law “On the Judicial System of the Russian Federation” of December 31st, 1996.

The overview of the Russian economy gives an understanding of significant changes that the Russian economy has undergone since the collapse of the Soviet Union. It overcame a move from a centrally planned economy and nowadays, Russia can be characterized as a country with a predominantly statist economy in a market-based system. While the big part of the Russian industry and agriculture was privatized in the 1990s over the course of the economic reforms, this process overcame some sectors as the defence, banking, energy or transportation. Russia is one of the world's leaders in natural gas and oil production and is also one of the top metals exporters (such as steel and primary aluminium).

The Gross Domestic Product (GDP) of Russia was \$1.578 billion, estimated in 2017, as the last statistics in Internet (Central Intelligence Agency 2019) show data for 2017 and data for GDP growth till 2017. Some sources show assumptions about GDP development until 2022. As GDP growth on an annual basis in Russia shows, the real growth rate was 1.8%, estimated in 2017, -0.2%, estimated in 2016, -2.8%, estimated in 2015. Thus, a positive growth trend is visible and it is possible to suggest, there will a positive progression in GDP growth in the next years.

IV. HIV Russia profile for 2018

As by October 31, 2018, the number of reported HIV cases among the citizens of the Russian Federation was 1 306 109 in comparison with 1 220 659 cases by the end of 2017. This number shows a significant increase in new HIV cases in less than a year (December 2017 - October 2018) – 85 450 cases, which corresponds to 8 545 cases per month during this time period and in average about 284 new cases per day. It is important to notice that this figure corresponds to preliminary data (cf. Perm Regional Center 2018), and accordingly may differ from reality. It is necessary to take into account at least the number of HIV-positive patients who are not registered in medical institutions, as well as people who are not aware of their HIV-positive status. Also, this figure excludes foreign citizens, as well as HIV-positive people identified anonymously. The 2018 statistics include about 998 037 Russians diagnosed with HIV in the Russian Federation and about 308 072 patients, who died because of the HIV virus in 2018, estimated in October 2018. Compared to 2017, these figures increased by 54 038 and 31 412, respectively. The increase in the death rate of HIV-positive patients suggests that during the past year the necessary measures to treat HIV-positive patients have not been taken.

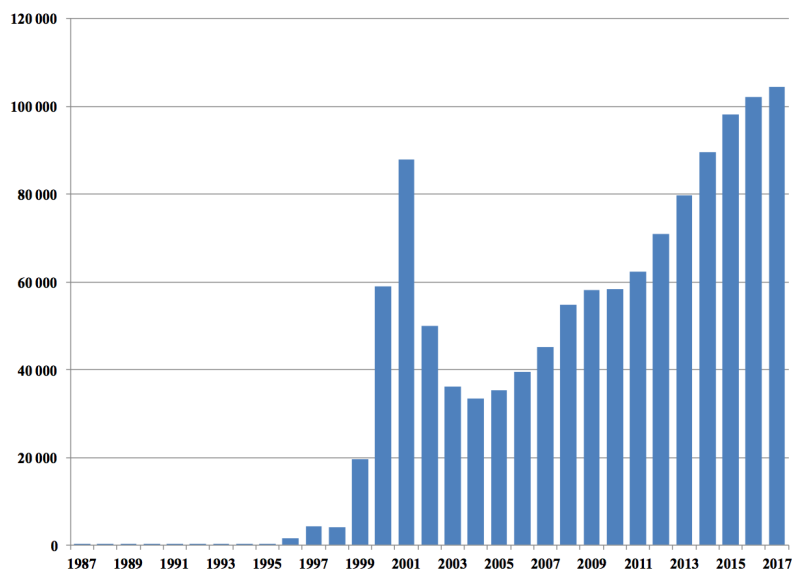
In general, already in 2017, the Russian Federation was estimated to have the largest number of HIV-positive citizens in comparison with any other country in Europe (UNAIDS 2016, as cited in Beyrer et al. 2017: 1). The HIV situation in Russia has an epidemic volume and this trend continues to worsen in regard to the epidemiological situation of the infection. The data collection of the Perm Regional Center for the Prevention and Control of AIDS and Infectious Diseases in the material “HIV infection in the Russian Federation in 2018” indicates an annual increase in the number of new HIV infections detected from 2005 to 2017. However, the Federal Scientific and Methodological Center draws attention to the downward trend in the detection of the number of new HIV-positive patients from an average of 10% in comparison with four years (2011-2015) to 2.2% in 2017. And despite the fact that 85 450 new HIV cases represent a big figure, territorial centres for the prevention and control of AIDS show a decrease in the number of new HIV cases by 2% in October 2018 compared with the previous 10 months.

Over the past three years (2016-2018), the highest incidence rate was in 2017 with 71.1 new cases per 100 thousand people (69.6 in 2016; 58.2 in 2018). As in 2017, the incidence rate in 2018 in the Russian Federation is predominating in the Siberian Federal District, and above all, in the

Kemerovo region, where the indicator of the number of newly HIV-infected people per 100,000 people exceeds that of Moscow, the capital of Russia, almost three times (166.9 new cases in Kemerovo and 62.1 new cases in Moscow).

The incidence of HIV infection in the Siberian Federal District is not subject to recent academic publications in access. The article, dated 2012, reports a trend in the incidence of HIV infection in the Siberian Federal District from 1989–2009. The authors state an increase in incidence rate that exceeds the average values of the indicator for the Russian Federation, and predict a growth in the incidence rate of the population in the Siberian Federal District, simultaneously with its general decline in the Russian Federation, for the next years (cf. Zaparij et al. 2012: 89-91). Considering the reasons for the vulnerability of this particular district, it can be assumed that the region is insufficiently covered with medical services, that the inhabitants of the region are not sufficiently informed, that the population is not adequately tested for the presence of the infection and that there are no statistics on the individual risk groups. In general, media sources draw attention to the lack of preventive measures to contain the virus in the area, and experts call drug use and sexual way of transmission during unprotected sexual intercourse as the main ways of HIV spreading (cf. Rospotrebnadzor 2018).

Number of newly detected HIV-positive citizens in Russia (1987–2017):



(Perm Regional Center 2017: 1)

The prevalence of HIV infection on October 31, 2018, covers the entire territory of Russia and amounts to 679,5 cases per 100 000 people of the population of Russia (cf. Perm Regional Center 2018). According to data from territorial AIDS prevention and control centers and territorial departments of the Federal Service for Supervision of Consumer Rights Protection and Human Well-Being, high HIV prevalence is also most significant in the Siberian Federal District (Irkutsk, Sverdlovsk and Kemerovo regions) (ibid.). Compared to 2014, there is an increase in the number of regions with a high prevalence of HIV infection, in which more than 0.5% of HIV-positive residents live from the total population of the region (ibid.). In 2018, it constitutes 35 regions in comparison with 32 regions in 2017 and 22 regions in 2014 and 59% of the total population of the country, which means that more than half of the entire country lives in these regions most at risk of acquiring HIV (ibid.).

In the last years, men continue to prevail among HIV-infected people – 63.1% in 2014, 62.9% in 2017 (cf. Russian Academy of Sciences 2017: 15). Still, the vulnerability of women stays high (ibid.) Among new cases of HIV in the last years, most of them occur in older age groups. According to data of Federal Scientific and Methodological Center for the Prevention and Control of AIDS, in 2001 the initial diagnosis was at a rather young age from 15 to 29 years, the average age of the patient in 2018 was more than 30 years - 82% in 2018 (cf. Perm Regional Center 2018). If in 2017 the most vulnerable age group was people from 30 to 44 years among those, who first found out their HIV-positive status, in 2018 the initial diagnosis was typical for the age from 30 to 55 years (ibid.). This age group covers 71% of patients in the country (ibid.); what says that HIV is not only a problem of young people but also a problem of elder groups of the population. However, it is worth making an amendment, which may be due to the late detection of HIV-positive status or the diagnosis. Thus, the spread of infection in Russia covers all age groups of the population, raising the age of the first infection.

The overall level of HIV infection in the Russian population as of October 2018 is observed among the population aged 30–44 years (cf. Perm Regional Center 2018). This indicator does not mean the initial detection of HIV-positive status in 2018, but the total number of HIV-positive people living in the country according to statistics of 10 months before October 2018. As in 2017, a large percentage of the established diagnosis of HIV infection is present in the group of men aged 35 to 39 years: these are 3.3% in 2017 as well as in 2018 (cf. Perm Regional Center 2018; cf. Perm

Regional Center 2017: 2-3). Another indicator, which has not changed since 2017, is the percentage of HIV-positive population aged 15-49 - 1.2%, as in 2017, and in 2018 (ibid.).

The main known causes of HIV infection in Russia over the last 30 years include homosexual intercourse, heterosexual intercourse, transfusion of HIV-infected blood, nosocomial outbreak (hospital-acquired infections), infecting children from HIV-positive mothers during pregnancy, childbirth or breastfeeding, infecting mothers from children during breastfeeding, as well as parenteral contact during drug use (cf. Gurevich et al. 2006: 19-22). By nosocomial outbreak, the focus of the spread of nosocomial infections is meant, to be specific, any clinically recognized infectious diseases that develop in the patient as a result of his treatment in the hospital for treatment or during a stay in the hospital (cf. WHO 2002: 4). Parenteral contact means a way of introducing medicinal and other (for example, narcotic substances) into the body, bypassing the gastrointestinal tract, for example, subcutaneous injection or intravenous infusion, and others (*Encyclopaedia Britannica*, «Drug», by Scarne et al. 1998).

The last resolution of the Chief State Sanitary Doctor of the Russian Federation, G. Onishchenko, on the prevention of HIV infection in the country was adopted on January 11, 2011. On July 21, 2016, amendments were made to it, which, however, did not change the description of the risk groups most vulnerable by HIV. According to the resolution of 2011, the main vulnerable groups of the population are: injecting drug users (IDUs), commercial sex workers (CSW), men who have sex with men (MSM) (Onishchenko 2011, Part III, point 3.9). Besides, among vulnerable population are clients of commercial sex workers, sex partners of injecting drug users, people staying in prisons and other closed settings, street children, people with a large number of sexual partners, migrant populations (foreign citizens, as well as truck drivers, seasonal workers) (ibid.). This classification of HIV-vulnerable populations is generally used to describe this problem throughout the world, in particular, in publications of such organizations as UNODC, UNAIDS and WHO. However, this classification is not specialized for the specific features of Russia, as the epicentre of the epidemic.

In 2017, with the support of Rospotrebnadzor, the Open Institute for Population Health conducted a research study among three key vulnerable groups - commercial sex workers, men who have sex with men, and injecting drug users. During the study, 3 744 people, representatives of three key groups, in seven large cities of the Russian Federation were tested for HIV and interviewed with

the help of a survey. The results of the study showed a high incidence of HIV infection among almost all people surveyed, as well as the continued active spread of HIV infection among the population in 2017, mainly by unprotected sexual intercourse (cf. Perm Regional Center 2017: 4).

The official statistics of the Federal AIDS Center in Russia and the Rospotrebnadzor (The Federal Service for Supervision of Consumer Rights Protection and Human Well-Being) notes that the most common method of HIV transmission in 2018 is heterosexual sexual contacts). Among all the newly detected cases of HIV infection in 2018 in Russia, 54.8% of patients became infected in just this way (cf. Perm Regional Center 2018). This indicates that the spread of HIV infection in this country affects not only high-risk groups, but goes beyond them and covers the entire population of the Russian Federation. Infection during homosexual sexual intercourse (men who have sex with men) in 2018 was recorded in 2.2% of new patients (ibid.). For Russia, this indicates that there has been a clear trend towards an increase in the number of people infected during homosexual intercourse in recent years. Per contra, same-sex minorities in Russia are still invisible, being excluded from the majority of statistics, and, consequently, the data on these groups cannot be called final and complete. The point that the sexual way of infection continues to prevail requires special attention, since a large number of people, including HIV-positive people, have more than one sexual partner, thereby creating an additional danger of the HIV epidemic in the years to come. At the same time, the share of new cases of HIV transmission through drug use has decreased and amounted to 42.5% in 2018 compared to 43.6% in 2017 (cf. Perm Regional Center 2018; cf. Perm Regional Center 2017: 3).

In 2017, the total number of people tested for HIV in Russia amounted to almost 34 million people (cf. Perm Regional Center 2017: 4). 33 870 850 blood samples of Russian citizens were used for HIV testing, which, however, amounts to only 23.1 conducted HIV tests for every 100 people (ibid.). Based on testing results, 126 513 positive results were detected (including those identified anonymously) (ibid.). It is important to mention that 95% of participants tested are not representatives of risk groups (ibid.). This makes it possible to assert that the HIV epidemic in Russia is clearly beyond the limits of vulnerable key groups. 2 075 547 foreign blood samples were also tested, but the number of positive results is not contained in the available statistics for 2017 (ibid.). According to these data, the scope of HIV testing for young people aged 15-19 years is still low.

It cannot be overlooked that the number of deaths among people infected with HIV is increasing. According to statistics, the Kemerovo Region (Siberian Federal District) leads in terms of the number of deaths from HIV infection. In 2018, 1 750 HIV-infected people living in the region died, thus the death rate is formed as 65.1 deaths per 100 000 people of the population of the Kemerovo region. Overall, there is an increase in the number of deaths among HIV-positive patients in the country. At the end of 2017, the number of patients who died due to HIV infection was 22.7% of all registered people with HIV-positive status. The average age at which HIV-positive people die is quite young - it's 38 years old. The leading cause of deaths in HIV-positive patients is tuberculosis. The number of deaths from tuberculosis is ahead of the number of deaths from HIV, making tuberculosis the most lethal infectious disease in the world (Perm Regional Center 2018 / Perm Regional Center 2017).

It should be noted that the reason for the increase in the death rate of HIV-positive people in Russia is the inadequate coverage of HIV-positive dispensary care and treatment. In spite of an annual increase in treatment coverage with antiretroviral therapy for people, who need it, it still remains low and is far from the desired indicators.

It is important to note that all UN members, including Russia in 2016, have committed to follow “90-90-90: An ambitious treatment target to help end the AIDS epidemic”, and namely, that by 2020, 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy will have viral suppression (UNAIDS 2014: 1). In 2013, the Russian Federal AIDS Center estimated that only half (51%) of people living with HIV had been diagnosed. If this statement is true, the number of HIV-positive people in Russia may increase to two million. (cf. Beyrer et al. 2017: 3) As of 2018, the coverage of treatment in the Russian Federation was 40.8% of the number living with HIV-positive status, which is less than half of the coverage, and 56.6% of the number who were under medical observation (cf. Perm Regional Center 2018). In 2018, 26 212 HIV-positive people interrupted antiretroviral therapy (ibid.). Only 72.1% of the total number of HIV-positive citizens were registered in dispensaries or medical institutions for medical observation due to their HIV diagnosis in 2018, and namely 740 071 HIV-positive patients, what is 2.1% less than in 2017 (ibid.). In spite of the fact that the therapy coverage rate

rose in the first ten months of 2018 by 5.3% (from 35.5% to 40.8%) (cf. Perm Regional Center 2018; cf. Perm Regional Center 2017: 5), it is clear that the current figure of 40.8% people receiving antiretroviral therapy in Russia does not correspond to the desired index of 90%, and the opportunity to achieve it in the next few years is, unfortunately, put into question. This suggests that the treatment coverage achieved in Russia in 2018 does not play the role of an effective preventive measure and does not allow a radical reduction in the rate of spread of the disease and the growth of the lethal outcome from HIV infection. Moreover, while maintaining the current rate of HIV infection and the lack of adequate systemic measures to prevent its spread, the outlook for the development of the situation is unfavourable.

Discussing the unmet HIV prevention measures further, it should be mentioned that the next great gap exists among the large population of injecting drug users (IDUs), who have the need for evidence-based drug treatment for opioid dependence, which is not available in Russia (cf. Beyrer et al. 2017: 3-4). People who inject drugs are among key populations most at risk to become or transmit HIV because of unsterile needles and syringes and sexual intercourse with other people. Simultaneously with that, injecting drug users represent a key group that has less access to HIV prevention, care and treatment services because of stigma and discrimination. The World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC) and the Joint United Nations Programme on HIV / AIDS (UNAIDS) for preventing the spread of HIV and reducing other harms associated with drug use have developed a comprehensive package of interventions to improve the health and lives of people who use drugs. The complete comprehensive package of harm reduction interventions includes: needle and syringe programmes, opioid substitution therapy, HIV testing services, antiretroviral therapy, prevention and treatment of sexually transmitted infections, condom programmes for people who inject drugs and their sexual partners, targeted information, education and communication, prevention, vaccination, diagnosis and treatment of viral hepatitis B and C, prevention, diagnosis and treatment of tuberculosis, community distribution of naloxone (WHO 2016; WHO / UNODC / UNAIDS 2013, as cited in UNODC 2017: 16). The comprehensive package contains all the necessary tools, the introduction of which could contain the HIV epidemic in Russia. In particular, it includes needle-syringe programmes and opioid substitution therapy, which are designed to reduce the spread of HIV. However, these elements are ignored by the Russian government and are not considered as effective tools to combat HIV (Degenhardt et al. 2014; Beyrer et al. 2010; WHO 2014 as cited in

Beyrer 2017: 4). Changing the way drugs are used can play a positive role in the prevention of HIV infection. Opioid substitution therapy (OST) implies the taking one of two substances - methadone or buprenorphine to reduce the development of the opioid withdrawal syndrome, to stabilize and improve the patient's psychosomatic state, and to reduce the spread of HIV, hepatitis and HIV-related infections, since narcotic substances do not come to the body of a person through the needle or syringe, which significantly reduces the risk of contracting HIV (cf. UNODC 2003, UNODC 2016). Methadone has a liquid form and usually looks like clear water; buprenorphine with naloxone is a newer medication, which is intended for dissolution in the person's mouth (ibid.). It is important to note that in Russia it is considered that substitution therapy is contrary to ethical principles since oral administration of opiate agonists does not reduce dependence and does not cause less harm to the consumer than parenteral. In connection to this, Russia “continues to ban any opioid agonist therapy, including prescription use of methadone and buprenorphine, despite these agents being on WHO’s essential drug list” (cf. Beyrer et al. 2017: 3-4).

The obstacles on the way of struggling with HIV spread are also met in Russian law formulations. The Federal Law of June 29, 2013, No. 135-Federal Law of Moscow amended Article 5 of the Federal Law "On the Protection of Children from Information Harmful to Their Health and Development", as well as certain legislative acts of the Russian Federation to protect children from “denial of traditional family values”. The law provides for the establishment of responsibility for "promotion of non-traditional sexual relations among minors"; among the population and in the media this law is better known as “anti-gay propaganda law”. Since 2013, there is a passage that plays a restriction role in the already difficult environment for homosexual men in Russia and - on the whole - men having sex with men (MSM) living in Russia (Wirtz et al. 2014; Hylton et al. 2017; Wirtz et al. 2016 as cited in Beyrer 2017: 4). Besides, this sort of restrictions also reduces access to prevention and information measures, as well as to treatment, medical support and necessary therapy for men having sex with men. After the entry of this law into force, it became illegal to post or discuss information for homosexual men and other men having sex with men, even on informational websites in Russia (cf. Beyrer 2017: 4). In this regard, it is important to note that the Russian media scene as a whole is characterized by a small number of new and independent Internet resources, which provide some information about the life of homosexual people, transgender people, feminists, women who are subjected to violence, in particular about the problems they face, in order to raise those themes that remain invisible in common media resources.

Citizens of Russian society, main representatives of the older generation, are proponents of traditional attitudes, the traditional family model and the heterosexual model of relationships, while the older generation is embarrassed to raise this topic as a whole and are not ready to talk about it. It takes its origins in history, where most of the population was brought up during the Soviet era. The whole world knows the phrase that was voiced during one of the first Soviet-American television bridges, organized by TV presenters Vladimir Pozner and Phil Donahue, aired on July 17, 1986. One of the Soviet participants made a statement that later became a catchphrase: "In our country, there is no sex, and we are totally against it." This once again proves that all his life this topic was inappropriate in society and taboo in general. To this day in Russia, this theme is not so openly and frivolously discussed in the mass media and on television, in comparison with Europe.

V. Analysis of HIV situation in Russia: national context

5.1 Political and socioeconomic context

A number of political and socio-economic changes have contributed to the HIV epidemic in Russia. The situation of the 1990s in Russia was characterized by a long economic crisis that had serious social consequences for the population (cf. World Bank 2005: 5). The crisis triggered transformations and provoked quick and serious changes in the lives of Russians while leaving them little space and strategies for adaptation (Twigg 2002, as cited in World Bank 2005: 5). The task of people at this time could be formulated as survival and overcoming difficulties in accordance with the new situation in the country and new economic and social orders. The crisis created fertile soil for the prosperity of increased poverty, stratification of the population by income and unemployment and social exclusion, which particularly affected vulnerable groups such as women, pensioners, families with children, unmarried mothers, pensioners, the unemployed, and the disabled (World Bank 2005: 5). The economic crisis in Russia worsened the health of the people in the country (Feshbach 2003; Field 2000, as cited in World Bank 2005: 5). Failures in vaccination schemes and the medical system led to the re-emergence of infectious diseases such as cholera and diphtheria (cf. World Bank 2005: 5). The crisis has led to a reduction in access to basic medical services, that is why people had to resort to the services of paid medical care, despite the fact that according to the Constitution there is a guarantee for free medical care (ibid.). A large number of industrial accidents, homicides, suicides, as well as the increase in cardiovascular diseases, led to a sharp increase in mortality, especially among working-age men (ibid.). After the collapse of the Soviet Union in Russia there was a sharp increase in the number of sexually transmitted infections - syphilis, gonorrhoea, chlamydia and trichomonas (cf. World Bank 2005: 6). The amendment of federal legislation has led to the fact that since 1998, people infected with HIV or sexually transmitted infections through "socially deviant behaviour" (this means the provision of commercial sex services or injecting drug use) could not seek help from medical institutions, but had to seek help through the penitentiary system (cf. World Bank 2005: 14). This indicates the social exclusion of certain groups of the population from society and the restriction of their access to medical services. The socio-economic collapse also affected social norms and moral values among the Russian population (Atlani et al. 2000, as cited in World Bank 2005: 6). Injecting drug use, and then other forms of participation in risky behaviour, was for many people a way to get

away from pressure, reality and instability. Also, this period of time in the country is characterized by a propensity for individual risk on the basis of the ideological transition of society from collectivism to consumption and individualism (MAP 1998, as cited in World Bank 2005: 6). These changes marked the beginning of a new ideology, which is based on obtaining the maximum of pleasures with minimal effort to achieve them - a consumer attitude to life, a feature which has become a certain disregard for one's own and public health (ibid.). A youth movement emerged among young people in Russia in the mid-1990s, whose social behaviour stereotypes included liberated sexual behaviour and drug use, which created a grateful ground for the spread of HIV and other related infections (ibid.). Changes in the media during this time period were characterized by the emergence of sexually oriented products, images and advertising, and pornography became easily accessible through the Internet and other sources, thereby having an impact on the development of the behaviour of the population of the Russian youth (ibid.).

Now, the President of the Russian Federation Vladimir Putin is serving his fourth term as president (2000-2004, 2004-2008, 2012-2018, 2018 – till now, and namely till May 7, 2024). For the country in particular, and for the international arena, Vladimir Putin is considered to be the influencer of the Russian landscape in policymaking, economy and culture for more than eighteen years (cf. BTI 2018: 3). According to BTI Country Report about Russia, conducted by Bertelsmann Stiftung in the period from February 1, 2015 to January 31, 2017, Putin's return to the presidency in 2012 was accompanied by the dissatisfaction of the population and public protests of large scales because of his change of office with President Dmitry Medvedev and possible fraud during parliamentary elections in December 2011 (ibid.). The response to public protests was a more autocratic approach by the government, accompanied by the suppression of semi-autonomous entities, namely, private business, local administrations, non-state media and politically significant NGOs (cf. BTI 2018: 3). The modern system of government in the Russian Federation can be characterized as authoritarian and bureaucratic, accompanied by control over the elite and the desire to consolidate power (ibid.). Russia is viewed as a global force, as well as a state in which there is a predominance of vertical decision-making and the role of the judiciary has become weaker, while the Security Council, the constitutional advisory body under the President of the Russian Federation, consists of a small group of people who make decisions with minimal control by representatives at the federal or regional level (cf. BTI 2018: 3). Officially in Russia, there is a separation of church and state, as well as the secularization of the political life of the state. However, the Russian Orthodox

Church has a privileged status in the landscape of the state, as well as a great influence on society (ibid.: 8). The role of the church also has an impact on the formation of policies regarding HIV and AIDS, as well as the formation of the country's educational policy regarding sex education and youth education. Thus, the Russian Church is an active actor in world politics, which for Russia is one of the most important normative and cultural institutions (cf. Kasatkin 2010: 141).

One of the other problems in the country is corruption, penetrating into the work of the basic administrative infrastructure of the country. Corruption prevents poor citizens from having access to educational and medical services in full coverage, which also has a negative impact on the spread of HIV in the country and reduces the overall educational level and the overall health of Russian people.

Poverty is another socio-economic factor that affects both the prosperity of the country as a whole and the level of basic infrastructure, in particular, transport, communications, and water supply. It is important to note that in some rural areas on the territory of Russia there is still no access to all services or services are provided in a reduced quality due to non-conducting processes of modernization and lack of funds for their maintenance. Infrastructure is a parameter related directly to access to medical and educational institutions. The limited access to them, which is characteristic of rural areas, reduces the standard of living of residents of these areas and affects their level of education and health.

Poverty and HIV / AIDS are interrelated, while there is a connection between the two factors in both directions. Just as poverty paves the way for behavior, in which people are at increased risk of infection, because some of them have to resort to prostitution to earn for living or start taking drugs from despair or certain problems in life, and poverty exacerbates the consequences of HIV and complicates the process of therapy - for example, people with low incomes cannot afford antiretroviral drugs in certain situations. According to the UN, HIV / AIDS can immediately deepen poverty and aggravate the problems of poor people (cf. UN 2005: 2-3). Both in high-income countries and in developing countries, HIV often infects the wealthiest and most influential members of society, which indicates the general nature of the threat posed by the epidemic. However, in general, those who have the least economic and social resources suffer excessively from HIV. People living in the Russian Federation, especially the young ones, are very vulnerable

to HIV infection due to economic difficulties, rapid social changes and lack of confidence in the future. In addition to poverty and unemployment, which is three times higher among young people than among the adult population in Russia, there is a decrease in the number of young people attending and graduating from secondary schools (cf. UNAIDS 2005: 4). Sometimes a low social status and lack of necessary earnings form a lifestyle in young people connected with alcohol consumption and drug use, including stimulant drugs of amphetamine-type, which promotes unprotected sexual intercourse (cf. UNAIDS 2005: 5). The vulnerability of young people to HIV / AIDS is aggravated by trafficking and drug use, as well as prostitution (cf. UNAIDS 2005: 4). Despite the fact that prostitution in the Russian Federation is an administrative offence, and involvement or organization of such activities is a criminal offence, and child and teenage prostitution is morally condemned and prosecuted, it exists illegally. A large number of young people are involved into the commercial sex work against or of their own will; more often with the goal of earning money, which places them at a high risk of contracting HIV. The UNAIDS study of 2004 in the Russian Federation found that 64% of commercial sex workers aged 20-24 had an HIV-positive status (cf. UNAIDS 2004: 5). In addition, some commercial sex workers use drugs, confirming themselves being at an additional risk of HIV infection or acting as partners of injecting drug users or an intermediate link between injecting drug users and their partners (ibid.).

The trend of youth prostitution in Russia is typical for both cities, small towns and villages. For many women and girls, prostitution is a search for a source of livelihood, a desire to live a more beautiful life or a survival option in an unfamiliar city, for example, when one moves to a capital city (cf. UNAIDS 2013: 15). In addition, young girls are often forced to have sex with older men (ibid.). Female sex workers are not only vulnerable to the transmission of HIV and other sexually transmitted infections but also vulnerable to violence, the inability to protect themselves from unprotected sex from a client and the police's prosecution for prostitution. At the same time, the presence of condoms by a commercial sex worker can be a reason for a police search and detention for prostitution (cf. UNAIDS 2013: 15-16). According to statistics, in December 2011 youth prostitution among the population aged 11-24 years was 6.4% - these are 1 590 000 people who provide sexual services for money at least once in their lives (cf. Sheregi 2012: 1). About 170 000 people provided sexual services professionally – these are 0,7% (ibid.), and 70% of those engaged in prostitution were female. (cf. Sheregi 2012: 2) that indicates an additional vulnerability for the female population towards HIV infection. It should be noted that many young people and girls who

resort to prostitution regard it as an additional source of income and have a permanent place of study or work - among them there are "high school students, students of technical schools, universities, workers of enterprises and construction workers, employers from the trade and public services spheres, civil servants" (ibid.). Besides, above 10% of young people provided sexual services to representatives of both the opposite and their sex or only to representatives of their own sex (cf. Sheregi 2012: 2). As it is known, sexual intercourse, including heterosexual and homosexual contacts, leads to an increased risk of HIV infection.

Another problem that concerns adolescents and relates to the socio-economic problems of the Russian Federation is a large number of children living on the street. According to statistics, in 2011 there are 1-3 million street teenagers in Russia (cf. Zaretsky et al. 2002, as cited in Batluk et al. 2011: 4). With the help of the expression "street children", the United Nations Children's Fund (UNICEF) defines "any girl or boy who has not reached adulthood, for whom the street (in the broadest sense of the word, including unoccupied dwellings, wasteland, etc.) has become her or his habitual abode and / or sources of livelihood, and who is inadequately protected, supervised or directed by responsible adults" (cf. UNICEF 2001: 89). This definition was formulated by Inter-NGOs in Switzerland in 1983. So, these are underage children who live permanently outside the home, family or boarding school, as well as those who keep in touch with the family, but spend most of the time on the street (ibid.). In general, this concept encompasses adolescents who permanently or periodically live or are on the street for various reasons or a combination of them, including the death of one parent or both parents, violence, abuse of surfactants, alcohol or drugs in the family, lack of necessary attention and parental support (cf. Batluk et al. 2011: 4). In order to survive, street adolescents try to earn money while on the street, begging or doing unskilled jobs, including involvement in commercial sex services, which imply unprotected sexual contacts or using drugs and alcohol consumption; thus, increasing the risk of HIV transmission.

There is a small number of studies on this issue - one of them, "HIV seroprevalence in street youth, St Petersburg, Russia" was held in St. Petersburg in 2006 and covered 313 participants aged 15-19 (cf. Kissin et al. 2007: 2333). The results of this study showed that about 40% of street adolescents in the age of 15-19 years were HIV-positive, while half of them had experience of injecting drug use in their life, and 32.9% of respondents used drugs at the time of the survey (cf. Kissin et al. 2007: 2336). It should be noted that almost all (95.9%) of the interviewed adolescents already had

experience of sexual relations at the time of the study; wherein almost one quarter had six or more sexual partners, and 36.9% - two to five partners (cf. Kissin et al. 2007: 2335). In addition, one-tenth had sexual relations with the goal of getting food, things, money, shelter in exchange; and about 80% of teens told about irregular use of condoms as a method of contraception (cf. Kissin et al. 2007: 2335-2336). Thus, the sexual behaviour of this risk group could have a significant impact on the HIV-positive indicator among them.

Since, in addition to a study in St. Petersburg, there is no prevalence data HIV among street children in other regions of Russia in 2011, doctors and psychologists conducted a "Study of the risk factors for HIV infection among street children and adolescents in eight regions of Russia", organized by the St. Petersburg organization "Doctors for Children" with the support of the Russian non-profit organization "Open Health Institute". The study covered 8 regions of Russia with different susceptibility to HIV infection and 794 teenagers and street children aged 15 to 18 years. The results of the survey showed that 82.9% of street teenagers were smokers at the time of the survey, and almost all (95.8%) respondents have ever consumed alcohol in their lives (cf. Batluk et al. 2011: 13). As is known, in this case, alcohol consumption is an indirect factor that increases the risk of HIV infection, since alcohol intoxication sometimes leads to the use of non-sterile equipment in the process of injecting drug use and/or to riskier sexual behaviour due to loss of control above oneself (ibid.: 14). As for the use of drugs in this risk group, and although almost 40% of street adolescents have experience of drug use, only 4.2% used drugs in an injection way (ibid.). The percentage of active injecting drug users (IDUs) differs from region to region and ranges from 0% to 4% in Nizhny Novgorod, followed by St. Petersburg with 3% (ibid.: 14). Over injecting drugs are prevalent marijuana and other cannabinoids; further with a large margin followed by inhalants and "club drugs": amphetamines and ecstasy (ibid.: 15). In addition, the list of drugs consumed by street youth includes smoking mixtures, hallucinogenic surfactants, and opioids (ibid.: 13). In this regard, according to this study, it is impossible to establish a direct link between HIV-positive street youth and street adolescents - injecting drug users, since their share is not so big.

Compared with the 2006 study in St. Petersburg, the first sexual experience by almost three-quarters of respondents in the 2011 study was at the age of 14-15 years (cf. Batluk et al. 2011: 16). Only 2.1% of street adolescents had no sexual partners in the last year, and 2.1% of the respondents

had homosexual intercourse or sexual partners of both sexes (ibid.). Over the fifth of respondents had six or more sexual partners in the last year, the majority - two to five, and only 28.4% were devoted to one partner (ibid.). At the same time, the majority (81.5%) of sexual partners of street adolescents were not representatives of street youth, which indicates a possible transmission of the virus from the risk group to the rest of the population of all ages (ibid.: 17). Besides, frequent changes in sexual partners, as well as a large number of them, is an additional risk factor for the transmission of HIV infection. The study reports that about quarter of adolescents never used condoms during all their sexual contacts or used them rarely and about 61.3% of girls and 65.9% of boys used a condom during their last sexual intercourse (ibid.). The partners of a tenth of interviewed teens were injecting drug users and 33.9% of adolescents did not use condoms ever or rarely used them when contacting partners who are injecting drug users (cf. Batluk et al. 2011: 17). Among 794 interviewed young people, only five of them said, they were HIV-positive, another two teenagers refused to answer this question (ibid.: 18). About a third of adolescents – 281 people were tested for HIV in a polyclinic, skin and venereal dispensary, or in a prevention and control AIDS-center, as part of a supportive project or other non-profit organizations, hospitals or narcological dispensaries (cf. Batluk et al. 2011: 18). An example for such a supportive project is the GLOBUS project implemented as part of the activities of the Open Institute of Health in the field of control of infectious diseases with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria; its implementation was from 2004 to 2015 in 10 regions of the Russian Federation.

With regard to the knowledge of adolescents living on the street on HIV / AIDS, on average more than half of the adolescents were able to respond correctly to the questions posed about the different routes of HIV infection (cf. Batluk et al. 2011: 19). The most difficult questions were the possibility of contracting HIV through a kiss, as well as through tableware and appliances (up to 40% of wrong answers), and the simplest is the possibility of infection through non-sterile equipment for injection (ibid.). In addition, adolescents were asked about the risk of infection through an insect bite, which caused 30.8% of wrong answers (cf. Batluk et al. 2011: 19). One-quarter of interviewed young people gave a wrong answer to a question if a condom can protect against HIV, and one fifth – if a person who looks healthy can be HIV-positive (ibid.). In general, such children rely only on themselves or prefer to take the help of someone from their peers (ibid.). A little more than one-tenth of the teenagers answered that they do not have a person whom they trust or to whom they

can apply for help, and a little more than one half of respondents would turn to "a friend of approximately the same age", if they would need help or advice (cf. Batluk et al. 2011: 19-20). Thus, this situation shows that street children and adolescents are an isolated and hard-to-reach risk group and confirms that they represent a vulnerable group in the Russian society and the problem of street youth is a socio-economic problem in the country, having its sources in a high level of poverty and social insecurity.

Migration flows to Russia have a great influence on the understanding of the HIV-epidemic in the country. Generally, the link between migration flows and the spread of the HIV infection is a subject of interest for international research. HIV risk studies among migrants demonstrate the gender specificity of these risks. The state of health of migrants is an important factor that influences the migration process on the economy of the state and different spheres of life of people living in it (cf. Kalabikhina et al. 2012: 53). The health of migrants also shows the degree of their integration into a new society: if they are ready to become a part of a new society in terms of their physical condition and medical status, and if a host country is ready to provide them with necessary services to monitor and maintain their health status at the proper level, and also services in terms of necessary medical support for migrants (ibid.). Despite this, the state of health and access to health care and health services for women and migrant girls in Russia is a less enlightened topic, especially in publications in the field of modern gender studies (cf. Kalabikhina et al. 2012: 53).

The article "Migration and risks of HIV infection: women-migrants from Central Asia in the Russian Federation" (Agadjanian / Zotova 2014) analyzes the views and risks associated with the HIV epidemic in Russia, based on facts and interviews with locally employed women, as well as women from three Central Asian countries - Kyrgyzstan, Tajikistan and Uzbekistan, working in Russia. The subject of the conducted research is general and comparative analysis of local and migrant women from different countries, attaching importance to safe sexual practices with a permanent partner and risky sexual behaviour, passing HIV testing and getting services in the field of reproductive and sexual health. In Russia, migrants are considered to be a high-risk group having regard to HIV infection and HIV transmission (Amirkhanian et al. 2011, as cited in Agadjanian / Zotova 2014: 86). The majority of migrants come from countries that used to be part of the Soviet Union; nowadays there is a growing proportion of migrants arriving in Russia from three countries in Central Asia - Uzbekistan, Kyrgyzstan and Tajikistan (cf. Agadjanian / Zotova 2014: 86).

According to the data of Federal Migration Service (FMS) in October 2014, 450 000 Kyrgyz citizens, 731 000 Tajik citizens and 2 174 000 Uzbek citizens aged 18-59 lived on the territory of the Russian Federation (FMS 2014, as cited in: Agadjanian / Zotova 2014: 86). Despite the fact that initially labour migration from the countries of Central Asia was almost exclusively male, an important trend of leaving for work to Russia from the CIS countries is the increase in the proportion of women (including the wives of migrant men) and migrants with underage children, who become later an important part of the migration flow (cf. Kalabikhina et al. 2012: 54). The majority of people from Central Asia come to Russia, mainly to Moscow, the capital of the country, and the Moscow Region, but also to other large cities of the Russian Federation, as temporary labor migrants. Life of migrants in Russia is complicated by the noticeable appearance typical of people, coming from Central Asia which distinguishes them from the inhabitants of the Russian Federation, but also by their belonging to Islam faith, poor command of Russian language and a strong accent. In addition, many migrants may lack the necessary documents, such as residence registration and/or work permit, which can lead to pressure and exploitation by employers and law enforcement agencies (cf. Agadjanian / Zotova 2014: 86-87). The risks of migrants to be infected with HIV are aggravated by their limited access to services related directly to HIV testing, counselling and treatment, as well as to health services in general.

To obtain a work permit and to issue permission for temporary residence or residence permit, migrants in the Russian Federation need to undergo an expensive medical examination, including a test for HIV, hepatitis C, sexually transmitted infections and other diseases (cf. Agadjanian / Zotova 2014: 87). In addition, according to Federal Law from 30.03.1995 No. 38-Federal Law, the detection of HIV infection is the basis for the deportation of a migrant from the country (ibid.). These reasons lead to the fact that migrants tend not to undergo HIV testing, which leads to "an extremely small and inadequate level of the survey of migrants for HIV" (Rospotrebnadzor 2011, as cited in Agadjanian / Zotova 2014: 87). The joint program launched in June 2013 on HIV and other infectious diseases in the CIS, conducted in Russia together with UNAIDS, calls migrants "a group of the especially high risk of spreading HIV infection" (UNAIDS 2013, as cited in Agadjanian / Zotova 2014: 87). In general, migrants in Russia have limited access to the health care system and medical services (cf. Kalabikhina et al. 2012: 54). In Russia, antiretroviral treatment (ARV therapy) and medications that prevent the transmission of infection from an HIV-positive pregnant woman to the fetus are provided free of charge only for Russian citizens (cf.

Agadjanian / Zotova 2014: 88). Consequently, HIV-positive migrants cannot receive free therapy, and the cost of antiretroviral drugs is extremely high for them to be paid on their own. According to the results of the study “Gender issues in Russia according to national publications 2004-2012”, 60% of migrants do not have access to medical services on the territory of the Russian Federation and tend as a consequence to self-medication, private medical aid, or medical care at the expense of employers (cf. Kalabikhina et al. 2012: 54-56).

On January 1, 2010, migrants in Russia could not obtain a compulsory health insurance, which could give them a right to visit state hospitals and other healthcare facilities free of charge, in spite of the fact that earlier, every employer in Russia could issue health insurance to all legal migrants (cf. Kalabikhina et al. 2012: 54-55). This is due to the fact that according to Russian law, health insurance can be obtained only by those people, having a permit for temporary or permanent residence. Besides, there is a separation between temporary visitors (having transitory status) and temporary residents; and most labour migrants in Russia are only temporary visitors, not temporary residents (ibid.). Consequently, they cannot get any insurance staying on the territory of the Russian Federation. Six months after the entry into force of these changes, the possibility of free attachment of migrant children and pregnant women to Russian health facilities was also eliminated (ibid.).

The current situation shows that migrant women have limited access to HIV testing, counselling and treatment and almost complete exclusion from health services in the area of reproductive and sexual health in Russia. In addition, there is a problem of access to medical services for pregnant women migrants in Russia (UNDP 2008; Unicef 2011, as cited in Kalabikhina et al. 2012: 55). Currently, the treatment of pregnant migrant women or migrant children by a doctor is possible only by paying a private visit (cf. Kalabikhina et al. 2012: 55). The opportunity to purchase voluntary medical insurance is often impossible from a financial point of view, as well as paying each doctor’s visit private (Rocheva / Peshkova 2013; Kalabikhina et al. 2012; Agadjanian / Zotova 2014). This situation indicates a greater number of uninformed female migrants, the probability of being already infected, but being unaware about it, and, in general, the limited access of migrant women to medical services and their increased vulnerability in Russia. With the beginning of pregnancy and after giving birth, migrant women may face the threat of loss of work and even their accommodation (cf. Kalabikhina et al. 2012: 55). In addition, hospital and maternity benefits are not paid to migrants (ibid.). According to the results of the study, set out in the publication "Gender

problems in Russia on national publications 2004-2012", the fear, including fear of being deported from the country, is so great that the lack of sufficient financial means and the absence of a legal status or legal permit to stay on the territory of Russia compel women not to seek medical treatment and not to contact medical institutions at all, even during delivery (cf. Kalabikhina et al. 2012: 56). In such a case home delivery is connected with a great number of risks, taking into account poor living conditions of migrants.

Interview results, conducted with pregnant female migrants, coming to Russia from CIS countries, show the specific risks of women migrants in the field of HIV / sexually transmitted infections and testing for these infections, their sexual experience and risk management. Besides, the results of the study show that, in general, migrant women have fewer sexual partners than local women - primarily due to the ethnocultural differences between nations and less liberal sexual culture and related to it sexual behavior (cf. Agadjanian / Zotova 2014: 88, 94). Despite this, local women tend to be better prepared for prevention potential risks associated with a large number of partners or unstable relationships: migrants are less able to negotiate safe sexual practices with regular partners and the likelihood of HIV testing among them is lower (cf. Agadjanian / Zotova 2014: 103-104). Also, their access to sexual and reproductive health services is more limited than that of local women - they do not have or have limited access to free medical services, which includes the opportunity to visit women's clinics and gynaecologists, get medical services during pregnancy and treat infections, including sexually transmitted infections (ibid.).

Due to the fact that the rapidly growing segment of migrant women among the total number of migrants in Russia has so far been little studied, it can be assumed that compared to men, migrant women are more exposed to risks due to gender inequality along with emerging social and economic problems related to their legal status (Aghajanyan / Zotova 2011; Weine et al. 2013; Zhussupov et al. 2014, as cited in Agadjanian / Zotova 2014: 86-87). As a rule, gender inequality leads to an increased risk of HIV transmission and transmission of other sexually transmitted infections and makes it more difficult for migrant women to access health services in sexual and reproductive health, including testing for HIV and STIs, counselling and treatment.

According to UNAIDS, worldwide women make up more than half of all people living with HIV (cf. UNAIDS 2013: 15). The impact of the HIV epidemic on women and girls is exacerbated by

their physiological susceptibility to HIV, as well as by social and economic barriers that exacerbate the impact of HIV and unequal opportunities compared to men (cf. UNAIDS 2013: 62). Women's access to basic services, information and support is often limited, as are their health and sexual and reproductive rights. The ICW Chapter for Young Women, Adolescents, and Girls (CYWAG) and the Women's Global Network for Reproductive Rights (WGNRR) focuses on the need to build all strategies and responses to the end of the epidemic HIV / AIDS, with the primary consideration of the rights of young women and girls living with HIV (cf. Simbirtseva 2016: 16). In 2013, UNAIDS formulated Goal 7 as "to eradicate gender inequality, maltreatment and violence against women and girls, as well as to increase their ability to protect themselves against HIV infection" (UNAIDS 2013: 62) among 10 goals, which are listed in the 2011 UN Political Declaration on HIV / AIDS. According to UNAIDS in 2016, the current situation with the HIV epidemic clearly shows that every minute in the world one woman becomes infected with HIV (UNAIDS 2016, as cited in Simbirtseva 2016: 16). Besides, HIV is one of the main causes of death of women of reproductive age; and less than 30% of young women and girls around the world have complete and reliable information about HIV (ibid.).

First, the main risks of women and girls living in any country are based on biological causes, since the probability of a woman becoming infected with HIV by unprotected sex is twice as high as that of a man, especially if she already has sexually transmitted diseases or when she gets hurt during sexual intercourse (cf. ILO 2001: 20). Often, sexual contact is accompanied by a lack of awareness of a partner's HIV status or fear of asking about it, as well as the inability to agree with a partner on using a condom for safer sex, or the inability to refuse unsafe sexual contact, including in cases of rape (ibid.). All over the world, women are subjected to violence not only by strangers, but also by their regular sexual partners, acquaintances, and family members: husbands, fathers (ibid.). Also, some women have sex with men who have sex with men. Some men who have sex with men are married or may have multiple sexual partners, which increases the risk of contracting HIV (cf. ILO 2001: 21-22). In addition, poverty often forces women to earn a living by providing sexual services or exchanging sexual services for food or shelter (ibid.: 21). Many women around the world are socially, legally and financially dependent on a man or a husband. Sometimes a woman must ask for her husband's permission to apply for certain services or ask him for money to pay for medical services, which can be an obstacle to getting the necessary services (ibid.: 20). Phenomena such as migration and mobility, a high level of illiteracy and limited access to educational services,

as well as discrimination and stigma, including discriminatory laws on property, support and limited legal protection make women a particularly vulnerable group (cf. ILO 2001: 20-22).

Additional risks of women and their vulnerability to HIV in Russia are caused by the limited availability of HIV prevention and drug treatment. For example, in St. Petersburg today there are a number of obstacles regarding certain categories of women (homeless, survivors of domestic violence, as well as members of families with drug use) (cf. Open Society Institute 2009: 8). Women face restrictions on medical treatment and during medical treatment, as well as during HIV care and treatment. Also, the situation of HIV-positive women in penitentiary institutions is worsened by the lack of harm reduction services during detention, such as the availability of sterile injecting equipment or methadone treatment for detainees (cf. Open Society Institute 2009: 9). Pregnant women face limited access to proper pregnancy monitoring. For example, HIV-positive women are not able to be seen by a gynaecologist due to stigmatization, inflated prices for medical services or this is caused by their stay in places of detention, and there is also no adequate number of gynaecologists competent to manage pregnancy in HIV-positive women, as well as those gynaecologists who are knowledgeable about the management of pregnancy with drug use (ibid.). Also, pregnant women in Russia are faced with a lack of replacement therapy in the period of childbirth and in maternity homes (ibid.). Often there are cases of loss of rights in newborns, as well as deprivation of rights in older children (ibid.). Like the entire population of the country, women are more likely to face violations of their privacy when testing for HIV, as well as testing for HIV without the consent and counselling of patients (ibid.: 10). There are also a number of barriers to getting treatment for HIV and other sexually transmitted infections (ibid.). In addition, women are more likely to experience domestic violence and become victims of unlawful police actions (cf. Open Society Institute 2009: 10).

I would also like to note that most of the research articles on "Migration in Russia and HIV" cover incompetent sexual relations, unprotected sexual intercourse, relationships with more than one partner as the main risk factors for HIV. Analytical articles on the possibility of infection of migrants through the use of drugs are almost non-existent, so there is a need of more complete analysis of this topic that requires further research and coverage of additional factors.

5.2 Health system and public health

HIV is not only an epidemic, but also a multifactorial disease that covers many aspects: social, socioeconomic, religious, cultural, educational, behavioural, but also medical. The HIV problem is central to the work of the United Nations and the World Health Organization, and today it is even more important than the risk and danger of cardiovascular and oncological diseases (cf. Shapovalov 2014: 2). Currently, the developed diagnostics of HIV detection makes it possible to find out its status and, accordingly, the presence and absence of the virus in the blood. Scientists are developing effective antiviral drugs and vaccines against HIV, but this process is aggravated by the high modification of the virus and its rapidly acquired drug resistance (cf. Pereverzeva / Filippova 2014: 29). In this regard, the development of vaccines and their widespread use will require another 7-10 years (Onischenko 2006, as cited in Pereverzeva / Filippova 2014: 29). Given that it is not medically possible to stop the virus from a medical point of view, each country needs to take a certain number of measures that will affect different aspects of this problem and stop the further development of the epidemic.

Medico-social assistance in the field of HIV is a set of activities carried out in the country at the state and municipal levels, which should include medical, social, psychological, legal and pedagogical support, as well as measures aimed at particularly vulnerable groups (Belayeva 2009 / Pokrovsky et al. 2011 / Kubatayev et al. 2008, as cited in Sklyar et al. 2013: 82). It is important to take into account that in Russia there is no single approach for the prevention of HIV infection, as well as for working with HIV-positive patients (WHO 2007 / Red Cross Russia 2010 / European AIDS Clinical Society 2011, as cited in Sklyar et al. 2013: 82). The positive impact of medical and social work is that actions taken at an earlier stage of HIV development help to avoid potentially serious complications leading to disability and death. Modern treatment methods and the use of antiretroviral therapy have made it possible that HIV infection has evolved from a fatal disease to a manageable disease. HIV-positive people can live a long and fulfilling life, provided they receive antiretroviral therapy. In 2018, treatment coverage in Russia was 40.8% of all HIV-positive patients (Perm Regional Center 2018). The reasons for this may be non-medical problems that limit the ability of HIV-positive patients to seek necessary medical services, such as lack of documents, denial of the disease, psychological and family problems, and more.

Vadim Pokrovsky, the head of the Federal Scientific and Methodological Center for AIDS Prevention and Control, argues that the category of HIV-positive people is already considered a

"dead part of the population", which should not be dealt with (Pokrovsky 2016 in TVRain / Sagieva 2016, para.23). He adds that many people and many "responsible workers like us" are supporters of this opinion. This reasoning is certainly fundamentally wrong. As people who are not affected by the virus need preventive measures, including HIV testing, counseling and information on how to minimize the risks of infection, so HIV-positive people need proper medical supervision, including therapy, treating other infections and diseases, sometimes arising on the background of their weakened immunity. Surely, they cannot be defined as "dead", it is important to note that the systematic receipt of ART provides the patient with a long and healthy life. Pokrovsky also talks about HIV-positive injecting drug users. According to his statement, former HIV-positive drug users can now lead a completely normal life without drugs and possibly hold high positions at work. But as they live sexually, they continue to be carriers of the virus for their sexual partners - both women and men. Exactly in this issue Pokrovsky sees the cause of the growing HIV epidemic in Russia.

The medical standard of care provided to HIV-positive people in Russia is focused on the document "On Approval of the Standard of Care for Patients with Illness Caused by the Human Immunodeficiency Virus (HIV)" of the Ministry of Health and Social Development of the Russian Federation No 474 dated July 9, 2007. This document defines the patient model as an adult at any phase of the disease, regardless of complications, and has the list of outpatient care as well as a list of medical drugs for the treatment and prevention of infections. The Standard of Care adopted in the Russian Federation does not imply a separate document for adolescents, who are a sensitive group that requires special attention, as well as specific guidelines on medical and social services for injecting drug users, men who have sex with men, transgender people, and commercial sex workers, which are essentially invisible groups in Russia, since for some of the above groups there are no statistics on their number in the country. According to UNAIDS, it would be important to define individual observation parameters for adolescents diagnosed with HIV, since being more vulnerable to HIV infection, young people face new challenges: rapid social changes, such economic difficulties as the possibility to get an education or to graduate, poverty and unemployment, and a lack of confidence in the future (cf. UNAIDS 2005: 4). It should be noted that discrimination based on gender, sexual orientation, disability, citizenship, and ethnic origin play a role as additional levers for increasing the vulnerability of young people to HIV infection (ibid.).

Young people are defined as individuals aged 10-24 years; this group includes adolescents aged 10-19 years and young people aged 15-24 (cf. WHO 2011: 1). It is possible to define other vulnerable subgroups inside this risk group: young sex workers, young injecting drug users and young men who have sex with men, as well as a street youth. Due to their young age, adolescents face many obstacles in obtaining full access to information, counselling, and HIV treatment. Stigma and discrimination, as well as policies and laws requiring parental consent to undergo a medical examination, and thereby limiting the ability of adolescents to take HIV testing independently and to receive the necessary medical care, are also a problem. In this regard, a lot of young people do not know their HIV status or deny the necessity to find it out, as, for example, street youth. It is worth noting that HIV-positive adolescents tend to hide their diagnosis, as they are usually afraid of being stigmatized and discriminated, being even harassed or abused by their friends, family, teachers, or having a risk of staying alone with their sociological and psychological problems. Some young people face the problem of inaccessibility or high prices or lack of access to vital goods, including condoms, as well as sterile needles and syringes for injecting drug users and antiretroviral drugs. The lack of access to contraception, as well as the lack of social measures in Russia aimed at introducing contraception to young people, leads to the spread of fear, shame, myths and the occurrence of wrong stereotypes about the possibility of becoming pregnant, getting infected with sexually transmitted infections (STIs), etc. Nowadays, the main risk factors for HIV infection among young people in Russia are frequent changes in sexual partners, early sexual activity, and the neglect of contraceptive use (cf. Timchenko et al. 2010: 14-15).

According to knowledge gained from TV programs, the only thing that distinguishes HIV-positive adolescents from their other peers is the intake of drugs within the ART because of the presence of the virus in their blood. Regardless of whether infection at birth occurred or HIV infection appeared later in their life, HIV-positive adolescents are forced to take drugs to treat HIV every day. HIV-positive young people can be very different inside, different in appearance and in character, they can be beautiful and very beautiful, kind and very kind, but in general, they are exactly the same teenagers, like all the others. (Gogoleva 2016 in ETB LIVE 2016, para.9) One characteristic feature of this age period is the psychological features of puberty, which, unfortunately, often have a very detrimental effect on HIV treatment and taking ART, especially among HIV-positive adolescents living with HIV since birth. This is a generally accepted fact not only highlighted in the TV debate

for the first time, but also discussed by researchers and described by people working with this group in Europe and all over the world. The teenage crisis faced by adolescents of all generations against the background of HIV treatment becomes a problem for HIV-positive adolescents. The question appears only now, because a large number of children who have been taking therapy since childhood have only just entered adolescence. The AIDS center is addressed by adolescents who have HIV since birth, but the employees of the center face it only now. (Gogoleva 2016 in ETB LIVE 2016, para.33) If the rebellion of other children manifests itself in the form of undone home tasks, the refusal to wear a warm cap or the choice of a too bright nail polish, the rebellion of HIV-positive adolescents manifests itself in the future refusal to accept treatment, because they get tired of it (Gogoleva 2016 in ETB LIVE 2016, para.32). The existing fatigue from treatment is not a phenomenon, since it is quite common among people who are taking ART, but for teenagers this situation is a clear problem. Unfortunately, the specialists of the AIDS Center do not have any answer to the question or rules, how to cope with this. A possible approach to this problem could be working with this group of adolescents from the point of view of professional psychology, which is different from the approach of the AIDS center psychologists who talk about the need to take medications, since the essence of the problem lies elsewhere. (ibid.)

The 2002 survey, conducted in Moscow by the Center for the Sociology of Education of the Russian Academy of Education, showed that 6.6% of boys and 2.5% of girls in the seventh grade already had their first sexual experience, which corresponds to the age of about 13 years (cf. Kon 2009: 17-18). The first possible experience of drug use happens in the age between 15 and 16 years (Sobkin et al. 2004, as cited in Kon 2009: 110). These facts indicate that young people "are highly vulnerable to the risk of sexual transmission of HIV through the blood, due to high sexual activity, a tendency to risky sexual behaviour, and as a result due to the possible use of various psychoactive substances" (Gurevich et al. 2006: 18). In addition, there are socio-psychological factors (environmental factors) and psychological factors (personality factors), which have an impact on people at a young age (cf. Gurevich et al. 2006: 24). Environmental factors include extensive access to drugs, as well as a lack of response to the epidemic in the field of prevention by government agencies (cf. Gurevich et al. 2006: 23). It is important to note that at the present time there are more than 4 million street children in Russia, many of them take drugs or are involved in prostitution (ibid.: 24). At the same time, every four from five street children begin to have sex at the age of 14 years or even earlier (ibid.). More than 20 000 children in Russia are staying in educational colonies

and correctional facilities (*ibid.*), which are also places of drug use, promiscuous sexual contacts, and violence. Personality factors imply the early onset of sexual activity, the lack of moral attitudes, irresponsibility in health, and a low threshold for resistance to stress (*ibid.*). It is important to understand that personality factors, as well as individual factors or a combination of these factors together, play a different role and effect in creating a risk picture.

As research shows, the greatest number of HIV infections are transmitted through the use of injecting drugs (Kirsanov 2009; Khilchenko 2009; Sheregi 2012). According to the publications of different years, between 1% and 2% of the population in the Russian Federation are injecting drug users (Aceijas et al. 2004, as cited in Eritsyanyan et al. 2013: 688) and every four out of five HIV infections caused by injecting drug use occur in people younger than 30 years (UNICEF 2004, as cited in UNAIDS 2005: 4). It is important to note that the consumption of injecting and other drugs, alcohol or stimulants of amphetamine-type drugs, which are popular among young people, contribute to unprotected sex, consequently increasing the risk of transmission of HIV infection.

The low level of general physical health of children and adolescents is among the main trends in the spread of drug addiction in the youth environment in Russia (*cf.* Kirsanov 2009: 196). According to the Ministry of Health of the Russian Federation, the results of the preventive medical examination of 94.5% of adolescents at the age of 15-17 show that most of them have nearsightedness, diseases of the musculoskeletal system, respiratory organs, digestion, nervous system, mental illness, which makes their body more susceptible to the effects of drugs (*ibid.*). The low resistance to immunity to the effects of drugs and the mobility of the mental state contributes to drug addiction from the very first consumption doses (*cf.* Kirsanov 2009: 195). To this is added low level of awareness of the dangers of drugs, as well as low value barrier, curiosity, unwillingness to break out of the "general mass" or the impact of the youth subculture, which main values are hedonistic pastime combined with financial freedom and a certain lifestyle, which includes alcohol and drug use (*cf.* Khilchenko 2009: 70). Despite the fact that unfavourable conditions of the family environment become a factor for the consumption of drugs and alcohol among children and adolescents, today the number of young addicts is replenished no less by adolescents from well-off sections of society or families with high incomes (*cf.* Kirsanov 2009: 194; *cf.* Khilchenko 2009: 69). However, according to indicators of 2011, almost a quarter of young people in Russia at the age of 11-24 live in troubled families (*cf.* Sheregi 2012: 1-2). It should be noted that there is a

relatively easy access to drugs and other psychoactive substances: they can be distributed in schools, at disco, in cafes, public places, streets, parks, as well as in the apartments of distributors and drug dealers (Vinogradova 2007, as cited in Kirsanov 2009: 197). According to a survey conducted in 2006, more than 70% of young people who tried or used drugs had this experience at their place of study or at the disco (cf. Khilchenko 2009: 70).

As mentioned above, transgender people, men who have sex with men, commercial sex workers in Russia are invisible groups. That is a reason, why the level of treatment coverage for men who have sex with men in Russia is remarkably low. For example, in Moscow, only some 9% of men who have sex with men living with HIV infection got antiretroviral therapy, according to statistics of 2014 (cf. Beyrer 2017: 4-5). In addition, some sources indicate that the phenomenon of bisexuality is widespread among Russian men who have sex with men, since 70% to 80% of them have sexual contacts also with women, and many of them are in a registered marriage (cf. Denisov / Sakevich 2004: 83). This contributes to the role of blurring the boundaries of sexual orientation among the population in Russia and can create one more way for the spread of HIV in the country.

The term "transgender" describes people who do not identify themselves with the representatives of the sex they received at birth. (cf. ILO 2011: 6) Transgender people are people who identify themselves with the opposite sex - transsexuals, as well as transvestites, intersex, bigender people, androgynes - people who are mentally in a state between a man or woman or who identify themselves as asexual ones. (cf. ILO 2011: 6; cf. Ushkova / Kireev 2017: 84-85) The two main transitional forms of transsexuals are MtF (Male-to-Female), that is, an individual born as a man, but sensing and leading a woman's lifestyle, and FtM (Female-to-Male) is an individual, born a woman, but feeling and leading the way of life of a man (cf. Ushkova / Kireev 2017: 85). Some transgender people change sex through the use of hormone therapy and changes in the body and genitals through surgical operations, while others express their gender identity in other ways (cf. ILO 2011: 6). In Russia, access to medical sex correction requires the diagnosis of "transsexualism", delivered by a psychiatrist after observation lasting from one month to two years one (cf. Semenova et al. 2014: 31). The referral for medical correction of sex and the change of documents is issued, as a rule, by a special commission of doctors consisting of a psychiatrist, a psychologist and a sexologist (cf. Shevyakova et al. 2018: 1). However, such commissions do not exist in all cities of Russia (cf. Semenova et al. 2014: 31). According to cases of judicial practice

in Russia, collected by the Project of legal assistance to transgender people of the Russian NGO “Pravo.Trans”, transgender people face discrimination in the registry offices, which often deny them the change of documents. They also face prejudice and humiliation from doctors, as well as lack of necessary medical care; many of them lose their jobs or cannot find a new one (cf. Semenova et al. 2014: 30-32). According to a survey of experts, there are no statistics on the number of transgender people in Russia, mostly because of the fact that such statistics are recognized as "shameful" and "forbidden" (Ushkova / Kireev 2017: 86); thus, transgender people are an invisible group within Russian society. In this regard, how many transgender people are infected with HIV and how many of them receive antiretroviral therapy remains unknown information, as the Russian health care system does not have methods for interacting with transgender patients. While transgender people, on the whole, are subjected to increased stigma and discrimination and have low self-esteem and a large number of internal fears, transgender women living with HIV face a wide variety of different manifestations of stigma (cf. UNAIDS 2013: 15). Many of them are deprived of the means of subsistence and the opportunity to get a job, so they resort to commercial sex to earn some money to keep them alive (ibid.). According to research, HIV transmission rates for transgender women engaged in commercial sex services are four times higher than those of their colleagues - women from birth (Operario et al. 2008, as cited in UNAIDS 2013: 62).

In 2018, the public organization Gender Dynamics Research, with the support of the Transgender Foundation, conducted a study with the participation of more than 200 people to study the extent of the HIV spread among transgender people and ways of HIV transmission (Lapitskaya 2018, as cited in: Agafonova 2018, para.3). The results of the research showed that only half of the respondents knew their HIV status and more than half of the respondents hardly realize what kind of disease HIV is. Some of them thought that HIV is noticeable in appearance or can be transmitted during the use of the same hygiene items or through a mosquito bite (cf. Agafonova 2018, para.4). At the same time, almost a third of respondents did not know that it is possible to get infected with HIV through common syringes and needles when using injecting drugs (ibid.). Because of their young age or the fear of discrimination, transgender people often find out their HIV status for the first time when they contact a clinic with a plan to perform a cosmetic surgery operation (Lapitskaya 2018, as cited in: Agafonova 2018, para.5). To prepare for the operation, they need to pass a series of tests, which includes HIV testing (ibid.).

It is important to note that 44% of HIV-positive transgender respondents got infected through injecting drug use and 12% of them - during sexual intercourse (both anal and vaginal – there is equal number of answers in the context of the study) (Lapitskaya 2018, as cited in: Agafonova 2018, para.6).

But not only representatives of invisible groups, but also HIV-positive members of the general population face problems in obtaining necessary medical care and denial of it. As the TV programs show, Lesha and Slava were refused treatment in Moscow, the city which would seem to be «the center of civilization». Lesha from Saratov lives and works as a manager in a "bohemian" restaurant in Moscow, but also hides his face in the framework of this TV show. Slava is a lawyer by profession from Novosibirsk, who also works and lives in Moscow. Because of the refusal of treatment in both Moscow and his native town Novosibirsk and his professional legal education, he was involved in a long trial process in order to defend his rights. Unfortunately, time passed, but the desired result did not follow. Because of the stress situation during the trial, Slava suffered a stroke. Now to his HIV-positive status was added rehabilitation after the stroke. Today the life is passing him by only in the Internet, and his usual day consists of coffee, virtual space and periodic walks around the city for short distances. Analyzing the situation of Slava more elaborately, it can be found out that in Moscow, a young man was refused treatment because he was registered in Novosibirsk. However, in Novosibirsk, where Slava is really registered, he was refused help because he was diagnosed in Moscow. In such a case, the patient falls into the category of "out-of-town patient", and in Russia this is not a rare case.

Lesha was also refused treatment in Moscow. He received a negative response and refusal of therapy from the Department of Health, where it is argued that Lesha should seek medical help in his hometown of Saratov and not at the place of residence. Only in Saratov there is an opportunity to register in the AIDS Center and to start the treatment. However, Lesha lives and works in Moscow and pays taxes to the local budget. "All taxes are paid to the city of Moscow: both pension, and personal income tax, and social insurance, and others," - says the young man (TVRain / Sagieva 2016, para.13). Lesha adds that he is tired of the struggle with depression and the system, and does not know what steps he can take next. Actually, he could buy medicines out of his own pocket, but he does not have any opportunity to know his immune status and get a prescription, because he is

not registered as HIV-positive in any health facility in Moscow. For sure, self-treatment is not a correct option for such a diagnosis, since it has so many side effects and can therefore have unpredictable effects on the body.

Besides, Lesha says that if earlier any cold passed in one way, now it passes in a different way. Standard methods and drugs for the treatment of ordinary diseases, such as simple cold, don't help him anymore. This is due to the fact that for HIV-positive any mild disease, such as a cold or flu, gives a strong viral load on the body, and therefore it becomes more difficult to cure it, especially with normal medicaments. In addition to his story, Lesha talks about another young man who "could not register himself anywhere, could not receive any therapy, and so in August he died" (TVRain / Sagieva 2016, para.17).

The data from the TV programs analyzed shows that the number of HIV-positive people in Russia is called into question, as in many cities of Russia there is a great number of people registered in other Russian cities, different from the place of residence and work, and therefore they are not registered as HIV-positive or do not receive therapy. In response, Alexei Khripun, the head of the city's Department of Health, said that this information is inaccurate, as he said HIV-positive patients in Moscow are not denied assistance. To the objection that people in Moscow are denied registration for temporary registration, Khripun says that this should be special cases, since "the Moscow healthcare system is arranged so that all those who apply, receive medical assistance, especially if there is a need for this, it is about emergency cases" (Khripun 2016 in TVRain / Sagieva 2016, para.30). In answer to the question, what can be done with the current cases of HIV-positive patients, where there is an acute question of receiving therapy, Khripun asks to proceed to the next question.

5.3 Legal framework

On March 30, 1995, Federal Law No. 38-Federal Law “On Preventing the Spread in the Russian Federation of Disease Caused by the Human Immunodeficiency Virus (HIV)” was adopted. The preamble of the law unites the importance of this law: “Recognizing that the disease caused by the human immunodeficiency virus (HIV infection) is becoming widespread throughout the world, remains incurable and leads to an inevitable death, causes severe socio-economic and demographic consequences for the Russian Federation, creates a threat to personal, public, state security, as well as a threat to the existence of mankind, necessitates the protection of the rights and legitimate interests of the population, and also taking into account the need to apply timely, effective measures of comprehensive prevention of HIV infection, the State Duma of the Federal Assembly of the Russian Federation adopts this Federal Law” (Federal Law 1995).

This law is the basis of the policy of the Russian Federation in the field of HIV / AIDS, as it defines the main directions of state activity in this field. Summing up its tasks, it is important to mention that it should regulate informing programs for the population of the country about the available HIV prevention measures, regulate the epidemiological surveillance of the spread of HIV infection in the country, as well as the production of means of prevention, diagnosis and treatment of HIV infection. Besides, according to this law, the availability of medical testing to detect HIV infection in the Russian Federation, as well as the provision of medical assistance to HIV-infected citizens of the Russian Federation, must be ensured, as discussed in more detail in the second chapter of this law. In addition, the federal law guarantees social assistance to HIV-positive citizens, their education, their training and employment, as well as, here is the fundamental point - the provision of free medicines and/or therapy for the treatment of HIV infection.

The main provisions on the procedure for providing HIV-infected citizens with free-of-charge prescription drugs are determined by order of the Ministry of Healthcare and Social Development of December 5, 2005 No. 757 “On Urgent Measures to Organize Provision of Medicines for HIV-positive Patients”. According to the order, children and adults who are under dispensary observation should be provided with medicines (Clause 2 Appendix 1). This also applies to HIV-positive citizens who need preventive treatment for HIV (ibid.). In the Russian Federation, recommended standards for medical care for HIV-positive patients have been established for which

citizens are treated, and medicines prescribed for HIV-positive patients are included in the list of essential medicines. This list was approved by Decree No. 2343-r of the Government of the Russian Federation of December 29, 2005. The provision of medicines to HIV-positive citizens is made on the order of a doctor at a medical treatment-prophylactic medical institution or AIDS centre after setting the diagnosis or having indications for treating an infection during the entire period of medical observation (Clause 3 Appendix 1). The patient can receive medicines in pharmacies, as well as the above-mentioned medical institutions on the basis of a prescription from a doctor (Clause 4 Appendix 1).

Article 5 of the Federal Law guarantees HIV-positive citizens of Russia a full set of rights and obligations established by the Constitution of the Russian Federation (Federal Law 1995). However, with the exception of those rights and obligations that are expressly specified in applicable federal laws. For example, the duty of every citizen of the Russian Federation is to protect the Fatherland in accordance with article 59 of the Constitution of the Russian Federation (Clause 1 Article 59, Constitution of the Russian Federation 1993). However, the number of provisions of the Federal Law of March 28, 1998 No. 53-Federal Law “On Military Duty and Military Service”, the presence of HIV infection is determined as the basis for the release of a citizen from conscription or his dismissal from military service. Another example concerns the right to work. Article 37 of the Constitution of the Russian Federation guarantees every citizen the right to work (Article 37, Constitution of the Russian Federation 1993). At the same time, the Labor Code of the Russian Federation (Clause 7 Article 341, Labor Code 2001), as well as the Resolution No. 208 of the Government of the Russian Federation of April 10, 2003, says that HIV-positive citizens of the Russian Federation are excluded from working in representative offices of Russia abroad. These differences in the laws do not only limit human rights and freedoms but also are a clear example of discrimination and violation of human rights.

Analysis in publications dealing with HIV / AIDS issues in legal sciences, argues that laws regulating HIV / AIDS issues are freely available only in 19 (out of 85) subjects of the Russian Federation (cf. Ruzaeva 2014: 257). At the same time, only some of them contain norms governing the protection of the right to work of HIV-positive people (ibid.). As an example, the law of the city of Moscow dated May 26, 2010 No. 21 “On the prevention of the spread in the territory of the city of Moscow of a disease caused by the human immunodeficiency virus (HIV)” is given. Article

15 of this law, “Labor Guarantees”, states that in case of HIV infection among workers, the administration of a treatment-and-prophylactic organization is obliged to provide them with a job in their speciality, excluding the possibility of further spread of HIV infection (Law of the city of Moscow 2010, as cited in Ruzaeva 2014: 257).

It is important to note that there are very few legal documents protecting HIV-positive people from discrimination in the world of work. Some resolutions and education programs state the fact that "HIV leads to a violation of basic labor rights, which are expressed in discrimination and stigmatization of workers and people living with HIV" (Ruzaeva 2014: 258) and provide guidance on the observance of the rights to work of HIV-positive people, such as not allowing their dismissal from a workplace or refusal to hire for work on the basis of HIV-positive status, as well as to educational and medical institutions (Resolution of the Altai Regional Council of People’s Deputies of November 1, 2000 No. 329; Resolution of the Chief State Sanitary Doctor for the city of Irkutsk of April 3, 2001 No. 3, as cited in Ruzaeva 2014: 258). However, anti-discrimination provisions in the legal practice of the Russian Federation are isolated cases, and their analysis shows that they do not have the power to monitor the observance of the rights of HIV-positive citizens and thus do not establish additional guarantees for HIV-positive people that their rights to work will comply with (*ibid.*).

Injecting drug users are one of the high-risk groups for HIV transmission since it is injecting drug use that is one of the main ways of HIV transmission, in particular during the use of unsterilized syringes and needles. In today's world, drug use policies are based on three models: legalization, prohibitive policies and indirect strategies, such as harm reduction and decriminalization (*cf.* Eflova 2011: 116). The main provisions of the modern drug policy of the Russian Federation are set out in Decree of the President of the Russian Federation No. 690 of June 9, 2010 “On Approval of the Strategy of the State Anti-Drug Policy of the Russian Federation until 2020”. Drug policy treats people who are drug users for non-medical purposes as patients with a diagnosis of "drug addiction" who need rehabilitation and treatment (*ibid.*). In this regard, drug policy in Russia is not prohibitive. However, the policy also shows complete rejection of substitution treatment with buprenorphine or methadone, as well as the rejection of harm reduction programs, including from needle and syringe programs (*ibid.*).

According to Vadim Pokrovsky, head of the Federal Scientific and Methodological Center for AIDS Prevention and Control, Russia urgently needs measures such as substitution therapy, during which injecting drug users will receive special tablets replacing injections. This is an effective method that has found application in many other countries and moreover has become an effective step towards increasing the number of HIV-positive injecting drug users. The introduction of substitution therapy has stopped the spread of HIV in many European countries: for example, in France, the proportion of HIV-positive people infected in the process of drug use is only 1% (according to data for 2016), while in Russia the introduction of this practice is equated to the "masked legalization of drug crimes" (Pokrovsky 2016 in TVRain / Sagieva 2016, para.24). The lack of substitution treatment in the context of the HIV epidemic in Russia is a big drawback, and according to Pokrovsky, the HIV-positive injecting drug users' risk group requires special attention and approach based on methods already tested in European countries - this would be a step towards stopping the epidemic of HIV in Russia (Pokrovsky 2016 in TVRain / Sagieva 2016, para.25).

Another vulnerable group, commercial sex workers, are also primarily linked to legal issues. Commercial sex in the Russian Federation is not legalized and as a consequence is a highly criminalized sector. The systematic entry into such sexual relations is an administrative offence, and the involvement in such activities or the organization of such activities is a criminal offence. The involvement in prostitution or the coercion to continue the occupation of prostitution, as well as the organization of prostitution, the maintenance of brothels or the systematic provision of premises for prostitution is punishable in accordance with the Russian Criminal Code by imprisonment: from 3-8 years to 5-10 years, respectively (Article 240 and 241, Russian Criminal Code 1996). The receiving sexual services with a person between the ages of 16 and 18 is punishable with up to 4 years in prison (Article 240.1, Russian Criminal Code 1996). The employment of prostitution, as well as the receipt of income from prostitution, including the search for clients or places for meetings, are punished in accordance with the Code of the Russian Federation on Administrative Offences with a fine, which however is expressed in a relative small amount - one thousand five hundred to two thousand rubles (Article 6.11, Code of the Russian Federation on Administrative Offenses 2001). Two thousand rubles correspond in April 2019 about 27 euros, which makes clear the fact that such a modest punishment will not be able to contain and regulate commercial sex workers activities in a proper way.

Despite the official prohibition of prostitution in the Russian Federation, prostitution in Russia is widely spread. The services of this kind are actively advertised in print media under the guise of "dating services" and on Internet sites. The work of commercial sex workers is associated with unprotected sex, a large number of sexual partners, and the use of drugs, including injecting drugs - all factors that increase the risk of the spread of HIV. In addition, this risk group is an invisible group, because due to the specifics of the shadow economy and the lack of proper observations, the exact number of men and women involved in this business remains unknown. According to estimates of experts and the Interior Ministry of Russia in 2012, about 1 million people in Russia are involved in commercial sex services, while the number of underage commercial sex workers ranges from 150 000 to half a million, reports the Russian news channel NTV, quoting the Deputy Minister of Internal Affairs of the Russian Federation Igor Zubov (NTV 2013, 25.01.2013). It is important to note that the figure is not final.

An important point is the penitentiary institutions of Russia, in which as of 2015 there are more than 49 thousand HIV-positive people, which means that every 10th HIV-positive person out of the total number of HIV-positive people in the whole country is serving a sentence in prison and is a potential transmitter of infection (cf. Nikitin 2010: 140). The absence of elementary hygiene skills among the majority of convicts, the high mobility of convicts, a significant number of at-risk groups, their overcrowding, as well as stress caused by isolation from society, are factors of the spread of HIV in prisons (cf. Zernov / Molev 2015: 95-96). The work with HIV-positive convicts is complicated primarily by the fact that the federal legislation of the Russian Federation does not provide for the separate maintenance of healthy convicts and HIV-positive people within correctional institutions (ibid.). Amending the Criminal Code of the Russian Federation aimed at providing medical care and keeping HIV-positive convicts, namely the separation of HIV-positive people and healthy convicts could make a significant contribution to reducing the spread of HIV infections, and also to reduce the number of violent crimes and to affect the attitude of the staff of institutions to HIV-positive prisoners, which is directly related to their isolation from society (cf. Nikitin 2010: 142).

The issue of HIV infection in criminal law in the Russian Federation is also a reference point for discussion. Professional literature in the field of legal sciences examines the distinction between crimes against life and HIV infection. Considering the signs of the offence, it can be assumed that

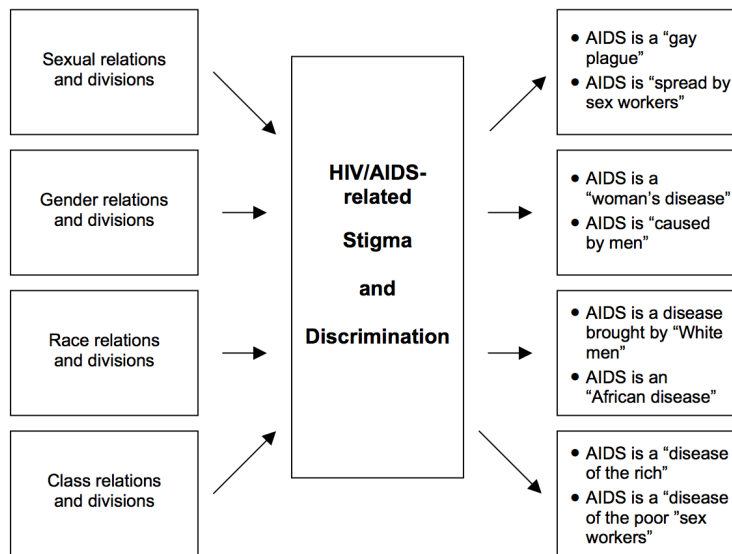
the perpetrator may pursue the direct or indirect intent of the infection, if he knows that he has HIV infection and the consequences of such a disease, but also to show carelessness in the form of levity. Also, the culprit cannot know about his HIV-positive status, taking into account the fact that the incubation period of this disease is three months on average, but its duration varies from two weeks to a year and is individual for each person depending on the state its immunity (cf. Tydykova 2014: 44), and transmission of the virus is possible at any stage of the disease, and even during the incubation period (Pokrovskiy et al. 2014, as cited by Tydykova 2014: 43). For HIV infection of two or more people, the Criminal Code of the Russian Federation provides for the same measure with a maximum term of imprisonment of up to eight years, as is the case of multiple HIV infections, and the legislation does not determine the final number of infected victims (cf. Moskaleva 2018: 122). Thus, the consequences of the infection of two or several tens of thousands of people will be the same. Unfortunately, modern medicine is not able to determine the source of HIV infection in a victim (cf. Tydykova 2014: 41, 44), which leads to controversial questions about HIV infection during rape or sexual assault.

VI. Analysis of HIV situation in Russia: social factors

6.1 Stigma and discrimination

Whereas more people are faced with the problem of spreading of the HIV epidemic, the problem of stigma and discrimination of people living with HIV is becoming more evident. In the foreground are the mortality because of the spread of the virus and the probability to be “infected” with it, which lead to the great stigmatization of HIV-positive people in the society. Russia is not the exception – today, the demonstration of discrimination, stigma and offence against human rights of people, living with HIV / AIDS in Russia, is widespread in the whole country (cf. Community of People Living with HIV 2011: 9); and of course, this is relevant not only for key groups but also for every person among the whole population in the country who is affected by this problem.

In the general context, when stigma and discrimination associated with HIV / AIDS occurs, it can be associated with stigma and discrimination in the context of sexuality, gender, race and/or poverty (cf. Parker / Aggleton 2002: 1). The figure from “HIV / AIDS-related Stigma and Discrimination: A Conceptual Framework and an Agenda for Action” study (2002) shows the link between HIV / AIDS and pre-existing sources of stigma and discrimination prevailing in the world in relation to HIV-positive people. Sexual, gender, race and class relations lead to stigma and discrimination against HIV-positive people, which create the wrong chains of associations, such as that HIV is a disease of poor people or that HIV is a disease that is spread only by commercial sex workers. How does stigma and discrimination towards HIV-positive people manifest in Russia?



(Parker / Aggleton 2002: 3)

The attitude in Russia towards people with HIV and judgments about the likelihood of contracting HIV is largely based on stereotyped thinking. Stereotypes can be defined as standardized opinions which represent the biased opinions that are based on the judgments of other people or heard inferences (cf. Nazarova / Stankevich 2013: 9). In this way, stereotypes help people to create their life guidelines and to build a framework of their behaviour. Also, they can evoke negative emotions, in advance adding a predetermined relationship with a deliberately formed, sometimes false, emotional colouring to the personality or the background of a group of people, even without having objective information (cf. Nazarova / Stankevich 2013: 9-10). Stigma (literally, “mark”, “shame” or “disgrace”) is another extremely powerful social label, which completely changes the attitude towards other people, forcing to treat a person only as a carrier of undesirable quality or disease (cf. Nazarova / Stankevich 2013: 10). In general, studies in this area show three common signs of stigmatization. First of all, when differences between people are emphasized and considered to be important; secondly, when people with differences are assigned with negative qualities; and thirdly, when there is a division of people into two categories: "we" and "they" (ibid.). Sometimes, such differences as the presence of HIV in blood, skin colour, race, sexual preferences are considered socially significant and become enough important to play a role of a sign of a division of society into categories (cf. Nazarova / Stankevich 2013: 10-11). Besides, there is a tendency to think that people living with HIV are dangerous to other people because they can easily transmit the infection to other people; or that the HIV infection arises only because of immoral

behavior (cf. Nazarova / Stankevich 2013: 11). That is why HIV-positive people are often misapprehended and characterized negatively, if they are endowed with certain qualities that should be not primarily or really associated with HIV: such as their a priori danger to other people or their immoral behavior (ibid.). In addition, HIV-positive people are often perceived as victims or dependent people (ibid.). Such stereotypes, developed in the society, can lead to an automatic breakaway of the "imperfect" groups and their exclusion out from society. Moreover, there is a tendency that if HIV-positive people have problems related to their work or personal life, these problems will be immediately and directly related to their diagnosis (cf. Nazarova / Stankevich 2013: 11).

One example based on the analysis of the first TV-story talks about so-called “witch-hunt” and illustrates negative attitude of people to individual HIV-positive people, such as 26-year-old Taisia, who "sleeps with other men and, accordingly, deliberately spreads the virus." (TVRain / Sagieva 2016, para.8-9) It is worth noting that the formulation and presentation of this information is deprived of its official form, which makes the above a lot like slander or gossip. After the story of Taisia appeared on the Internet, she was recognized by her neighbors who threatened her with reprisal. An external search for information about this story helped me to gather additional information that Taisia really has an HIV-positive status, but she did not really do what she is accused of in the TV-plot. The girl began to receive threats as in social networks, as well in real life: "it is necessary to kill, burn, strangle her." The young girl associates the things, which happened to her, with her former boyfriend's revenge.

In the context of HIV / AIDS, stigma manifests itself in different ways, but more indirectly through a negative outlook in society (cf. Nazarova / Stankevich 2013: 11). The ignorance of the needs of a person or a group of people causes psychological or physical harm and turns them to stigma objects (ibid.). Particularly it applies to people living with HIV (PLHIV), men who have sex with men (MSM); commercial sex workers (CSW); injecting drug users (IDUs); migrants and others, who become stigmatized (ibid.). Among young people with HIV, the stigmatized groups are mostly children from families where one of the parents takes drugs, young injecting drug users, young sex workers, young transgender people, young men who have sex with men, young migrants or children of people with a migration background, street youth, and others.

The other example from one of the TV programs is HIV-positive Nastya who worked in the office for servicing cars and answered calls there. Not a long time ago a young girl was persecuted at work, as a result she was forced to leave the office. Nastya's positive HIV status was a secret for all people, including her colleagues at work, and was found out by accident - someone read it in her personal diary. In this regard, the news spread out instantaneous, and on the next day everybody literally turned away from Nastya, even her friends, "like a leper" (TVRain / Sagieva 2016, para.3). Her diagnosis crossed out all communication, making the young girl a victim of fear of infection. During the TV program, Nastya asks to close her face, since she does not want anyone new to know about her diagnosis. She says: "I would gladly open my face and go out to the square to tell you what it is to live like this, but I understand that this would be impossible because then they can throw stones at me. But I wish the situation in Russia to be changed." (TVRain / Sagieva 2016, para.35). This situation testifies to the lack of confidentiality in the workplace, as well as the high level of discrimination in the workplace and in everyday life. In addition, this case demonstrates that there are many myths associated with the ways of spreading and transmitting HIV (that HIV is transmitted through the surface of the table or that an HIV-positive person needs to be as far away as possible), which indicates a misperception of infection by the minds of Russians, and the insufficient level of their knowledge or the availability of false information. There is a feeling that the population is afraid of the epidemic of the virus, which seems to them something fatal or equal to the curse.

There are several studies in the field of discrimination of HIV-positive people in the Russian Federation; some of them also include surveys of health professionals who are in direct contact with HIV-positive people. For example, one study about fields of discrimination of HIV-positive people conducted in 2011 shows the results of a survey of 313 respondents working in the medical field in Chuvashia. The Chuvash Republic is a subject and a state within the Russian Federation. Doctors and nurses from multidisciplinary medical institutions were interviewed, namely, 283 women and 30 men aged 19 to 66 years, of whom 253 people lived in the city, and 60 respondents - in the village. The generalized results of the research help to draw the following conclusions. Most health care workers, namely, about 70% of those surveyed during this study, believed that HIV-positive patients are promiscuous, drug users, commercial sex workers, or men who have sex with men (cf. Golenkov / Shcherbakov 2011: 328). More than half of the respondents (from 51.8% to 58.8%) associate HIV-positive people with carriers of easily spread disease and carriers of the

deadly disease (ibid.). About half of interviewees name HIV patients "victims of the epidemic," and about a quarter - "society's garbage" (ibid.). Despite the fact that, in general, the respondents observed an indifferent-restraint attitude, some of them experience anxiety, fear, tension, disgust or anger towards HIV-positive patients (ibid.). The authors of the publication claim that psychological evaluations from previous studies revealed hostile and aggressive reactions by 67.1% of nurses, which manifest themselves in incontinence and difficulties in working with HIV-positive patients (cf. Golenkov / Shcherbakov 2011: 332). A large number of respondents (from 88% to 100%) is characterized by rigidity, frustration or anxiety when dealing with HIV-positive patients (ibid.). These figures explain the negative attitude of medical staff towards HIV-positive patients. A quarter of respondents said they would not continue their relationship with an HIV-positive acquaintance, and 32.2% said they would try to leave the public place as soon as possible if they knew that there was a person with HIV-positive status (cf. Golenkov / Shcherbakov 2011: 328). Also, the authors of the study note that an increase in age had an aggravating effect on the attitude of the interviewed employees of medical institutions on attitudes towards HIV-positive patients (cf. Golenkov / Shcherbakov 2011: 332). Some older respondents expressed their opinion against HIV-positive people taking on employment, automatically giving them labels as commercial sex workers or men having sex with men (cf. Golenkov / Shcherbakov 2011: 331), which indicates obvious manifestations of discrimination among the respondents. Also, some employees of medical institutions believed that HIV transmission is possible in everyday ways of infection, such as sharing meals, mosquito bites or auscultation (ibid.), which is obviously incorrect information and indicates a lack of professionalism and awareness among health care workers. In general, this study as an example of a study in the field of discrimination against HIV-positive people showed a negative attitude of nurses and doctors to HIV-positive patients. Displays of discrimination in the results of this study among HIV-positive people relate mainly to sexual and gender issues. Negative evaluations of medical system workers indicate their low awareness of HIV infection. The reason for this may be the lack of sufficient experience in working with HIV-positive patients, as well as the lack of professional and ethical training of medical personnel in HIV issues. It can be assumed that it is low awareness that aggravates the emotions of health care workers.

Stigma and discrimination not only limit the access of HIV-positive people to medical services but also impede the timely detection of new cases of HIV-positive status both among representatives

of vulnerable groups and among the general population of Russia (cf. Belonosova 2013: 1). For example, the 2013 “Comparative analysis of people living with HIV stigma index in Ukraine and Russia” discusses various manifestations of discrimination and stigmatization towards HIV-positive people. For those around them, they include gossip, threats, verbal abuse, as well as psychological pressure from a partner or spouse (cf. Belonosova 2013: 5). Stigma and discrimination from various organizations included limited access to medical care and dental services, restrictions on reproductive and sexual health and family planning services, barriers to the labor market and education, difficulties in renting apartments; some respondents were forced to change their place of residence, and one-tenth of the respondents of the study faced the denial of medical care in Russia (cf. Belonosova 2013: 6). In addition to limiting the availability of specialized medical care for HIV-positive patients, discrimination also manifests itself in HIV testing. Interviewees are faced with a violation of the principle of voluntariness when they are tested for HIV, and some of them pass it under compulsion or it is conducted without the knowledge of patients (cf. Belonosova 2013: 6-7). It is also worth noting that only one-fifth of respondents received pre-test and post-test counselling during an HIV test (ibid.: 7). This indicates non-compliance with the testing procedure and violation of patients' rights.

This study notes one detail that is important when interpreting the results and directly for this work. The authors of this study point out that the majority of respondents represented vulnerable groups, who belonged to either earlier or at the time of the study to risk groups, and namely: injecting drug users (59%) and people after detention in prison settings (24%) (cf. Belonosova 2013: 8). It was representatives of risk groups that more often indicated various manifestations of stigma and discrimination, but the authors argue that HIV-positive people cannot always objectively assess the factors of stigma and discrimination from others and this study cannot clearly distinguish between results of risk groups and the general population. From this, it is possible to conclude that there is a need for additional research, and also that the risk groups presented are more accessible respondents to conduct such studies.

The research has led to results that HIV-positive people are not limited in their rights, and therefore have the right that information about their HIV status will remain secret. About the fact if it is possible to leak information, or if the information can go out of the group or if there is any possibility of information disclosure at the university, and subsequent "repression", it has been said

that some probability still exists, but it is still not clear how information can go out, for example, to the Dean's office at the university. Based on the discussion, there are no such incidents among high school students and secondary schools - there is "everything more or less calm" (Gogoleva 2016 in ETB LIVE 2016, para.28), but there were unpleasant stories at the level of the junior school and kindergartens, when HIV-positive status of very little kids was revealed. Confidentiality issues have been discussed with students at the medical university, due to their future profession, they have to know everything about keeping medical secrecy. Participating in projects, which aim is providing HIV testing for students, they conclude a contract in which they say that all the information they receive during the work is a secret and should be discussed only with the employees of the AIDS Center.

In the course of another study conducted in the Volgograd region in 2012–2014 – “The particular aspects of problem of stigmatization and discrimination of persons living with HIV-AIDS”, a survey was conducted among both HIV-positive residents of the region and people with negative HIV status, as well as medical workers in order to identify the status of stigma and discrimination against people living with HIV. The authors of the study talk about the various manifestations of the stigma that are interrelated in the context of HIV: social, institutional, group and personal. In addition, stigma may manifest itself externally in relation to the stigmatized person and internally, that is, be associated with the fact that a person belongs to a particular group (cf. Cherniavskaia / Ioannidi 2014: 55). The study confirms that HIV-positive people are subject to both internal and external stigma. In the context of HIV, the situation of this combination is the most difficult, when negative self-perception is complemented by negative perception, as it often has devastating social and mental consequences (Borodkina 2008; Lioznov et al. 2012, as cited in: Cherniavskaia / Ioannidi 2014: 55). In general, the results of the study confirm the presence of personal stigma in an indirect form in the majority of respondents. This is confirmed by negative answers to a number of questions from approximately half of the respondents, such as whether the respondent will have lunch with an HIV-positive person, or whether the respondent will buy products from an HIV-positive seller (cf. Cherniavskaia / Ioannidi 2014: 56). Further, society manifests discrimination and stigma caused by a lack of knowledge and a lack of awareness of respondents on HIV issues. For example, a quarter of respondents believe that HIV is transmitted during the general use of dishes with an HIV-positive person, almost 30% of respondents said that HIV is transmitted through a mosquito bite, and almost as many found it difficult to answer this question (ibid.). The

authors emphasize that the number of incorrect answers to these questions prevails among men, and there is also a direct link between the respondents' answers and the spread of personal stigma towards HIV-positive people. The manifestations of stigma and discrimination towards HIV-positive people in society lead to HIV-positive respondents trying to hide their status, sometimes hiding it even from those closest to them, as well as medical workers (ibid.). Obviously, this is due to the inner fear of an HIV-positive person to face off with a misunderstanding or negative attitude of the medical worker, as well as manifestations of stigma and discrimination. In addition, it contributes to difficulties in drawing up an adequate clinical picture and medical history and providing proper diagnosis and necessary treatment. 71% of respondents confirmed that they were faced with a malevolent attitude on the part of medical staff - rudeness, irritation, disregard, the desire to quickly finish the reception or a reduction in the reception time (cf. Cherniavskaia / Ioannidi 2014: 56-57). Only 84.8% of the interviewed medical workers answered that they treat HIV-positive patients on an equal basis with all (ibid.: 57). When asked about their attitude to the potential for having an HIV-positive colleague, 32.6% of respondents said that if they keep contact with their HIV-positive colleague, they will try to make them more formal, which indicates stigmatization of HIV-positive people from the side of health workers (ibid.). The authors of the publication say that the fear of contracting HIV, which was detected in three-quarters of health workers during the survey, may contribute to the spread of stigma in this environment. Measures taken to overcome stigma in the medical environment could be measures that increase the awareness of health care workers about the HIV problem, as well as increase the level of social guarantees for health care workers (cf. Cherniavskaia / Ioannidi 2014: 55).

The results of other sociological study "*People Living with HIV Stigma Index in Russia*", held in 2010, are presented in the report "Stigma and discrimination of people living with HIV in Russia", produced by the interregional non-profit organization "Community of People Living with HIV" with the technical support of the Russian office of the United Nations Population Fund (UNFPA) in 2011. This study covers the data collected by anonymous questionnaires among people living with HIV aged 18 and older living in 11 large cities of Russia (60 people in each city), such as Kazan, Krasnoyarsk, St. Petersburg, Tyumen, Ufa, Chelyabinsk, and others. Although the majority of respondents are injecting drug users (59%) or people in prison settings (24%), it is worth noting that 29% of people do not belong to any of these groups at the time of the survey or have not belonged to one of it in the past (cf. Community of People Living with HIV 2011: 7). More than

half of survey participants experienced some type of stigma or discrimination from other people and almost 80% of the respondents experienced negative feelings towards themselves, including that more than one-tenth of them (13%) said that they had even a desire to commit suicide (ibid.: 9). It is important to note that about one-fifth of the people interviewed (17%) was denied the provision of medical services at the time of their attempt to seek help from medical institutions, without hiding their HIV-positive status (ibid.: 9). The reason for that could be the lack of sufficient awareness about ways of HIV transmission among medical workers and their fear to be infected with HIV through accidental contact with an HIV-positive person. The discrimination from health workers against the respondents could be a major reason, why only slightly more than a third of respondents took antiretroviral therapy and only 15% - medicaments to prevent or treat opportunistic diseases at the time of the survey (ibid.: 11), which is significantly different from the desired picture. Also, part of the HIV-positive respondents (39%) decided not to attend medical institutions (district clinics and hospitals) to avoid stigma from medical institutions, and also expressed an unwillingness to have children, marry, have further sexual contacts or isolate themselves from their families or friends, work, receiving or continuation of education or training, as well as social events (ibid.: 10-13). It is worth noting that the fear of the respondents to undergo one of the types of discrimination (gossips, rejection of sexual contact, physical harassment, abuse or verbal threats) plays a greater role than the actual clash with cases of discrimination by 78% of people (ibid.: 9).

An independent and voluntary decision to get tested for HIV was taken only by 60% of the respondents, but about half of them did not receive any pre- or post-test counselling in the field (ibid.: 10-11). Later, the information about the HIV status of 41% of the respondents was given to someone from their environment further without their consent (ibid.: 11). It violates the private sphere and creates new traps for discrimination rise. The respondents themselves believe that spreading knowledge about HIV is the main task in combating stigma and discrimination (ibid.). The additional attention should be given to the protection of rights of all, without exception, HIV-positive people, psychological and material support of people living with HIV and support of groups most rejected by society.

The article "Humiliated and branded: the seven circles of hell for people with HIV in Russia" contains excerpts from the research report on violations of rights and stigmatization of people living

with HIV, based on research in the field of HIV activism conducted by the Center for Youth Research School of Economics (St. Petersburg) since 2017. The most revealing of them are recorded cases of refusal to hospitalization, disclosure of status, fear of people who have faced their diagnosis and discrimination against them. The results of the conducted research confirm that communication with HIV-positive people causes real horror in mind of many people, including employees of medical institutions - nurses and doctors, who have a direct relationship to HIV-positive patients in the provision of health services and medical treatment.

The examples from the article illustrate the actual situation in Russia vividly and show different manifestations of stigma and discrimination towards HIV-positive people. First of all, there is a clear lack of understanding and the shame of the mothers in relation to their daughters, which indicates stigma and discrimination even within the family. In addition, the participants do not find the proper response to their problem and have a lot of stress in its perception. Stigma goes beyond family relationships and is manifested even at the beach or from a swimming pool and sports trainers, especially against HIV-positive children. There are a few cases when HIV-positive children were forbidden to visit a pool or a capoeira studio because of their HIV-positive status. Sometimes, HIV-positive children get comments from public catering workers. This can be demonstrated with a case in the sanatorium: "Do not wash the dishes after you are ready with the meal, simply leave them on the table", what is an obvious case of discrimination of HIV-positive people and the lack of awareness among catering workers about ways how HIV could be transmitted (cf. Yasaveev 2018, para.6). There are also cases of special protection and disinfection measures, separate placement of HIV-positive people and HIV-positive pregnant women away from other patients in hospitals, and refusals to do operations, even at extra cost (cf. Yasaveev 2018, para.13). As it was already noted above, health workers, employees of clinical hospitals for children, workers in surgical, oncological and gynecological departments of hospitals and offices in Russia form the category of people from whom the greatest number of episodes of discrimination and stigmatization originate, in spite of the fact that in general, doctors and nurses should be the most informed, understanding and loyal people in regard to the problem of HIV.

It is a common fact that according to Article 41 of the Constitution of the Russian Federation and Article 11 of the Federal Law No. 323-Federal Law of November 21, 2011 "On the Basics of Health Care of Citizens in the Russian Federation," people living with HIV in Russia should be

provided with medical assistance (cf. Yasaveev 2018, para.20.). However, violation of this article is not an isolated case, and sometimes some cases of refusals in hospitalization lead even to the death of an HIV-positive person. So, in the Central Regional Hospital in Tatarstan the staff expressed it clearly: "We will not treat drug addicts or HIV-positive people" (ibid.).

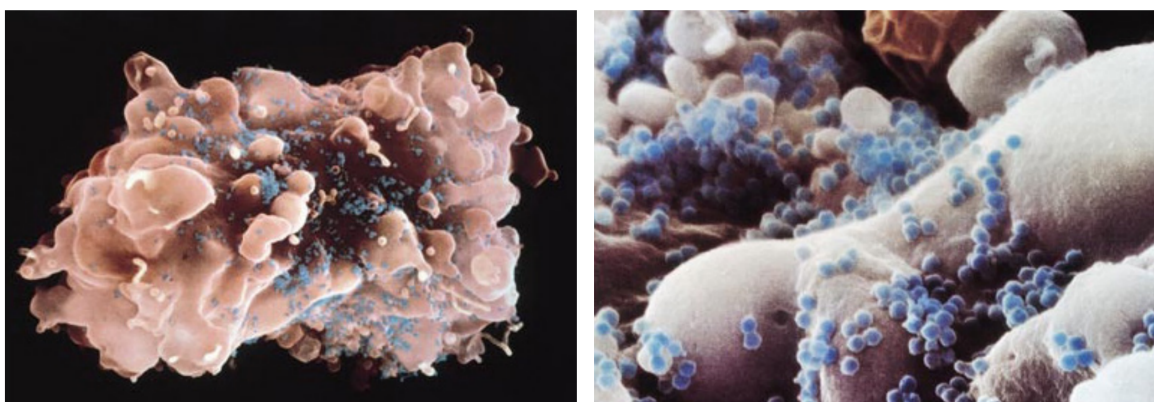
According to the examples from the TV programs, the attitude of young people towards HIV-positive peers is very different. If the AIDS Center staff works with a group of HIV-positive adolescents diagnosed with a birth and having learned at some age about their diagnosis, they try to treat them very carefully and offer them psychologist services and work in groups. It is surprisingly great when several HIV-positive boys and girls-participants who knew their diagnosis brought their classmates to the AIDS center, easily telling their nearest friends about their diagnosis. (Gogoleva 2016 in ETB LIVE 2016, para.24) These classmates accompanied and supported them during the visit of the AIDS Center. In general, the attitude of adults towards HIV-positive people is more complicated when compared with the attitude of adolescents. Young people relate to this easier, because they learned about their diagnosis once in a long time in life and continue to live with it, not taking it for something supernatural. Despite this, there are families in which it is customary to close themselves from HIV infection and not to tell anyone about its existence, and it is normal, because this is the choice of these families. Victoria, a student at a medical university, says that the attitude of young people towards HIV-positive peers is different. Initially, it should be the same as the attitude to all other people, as people with HIV are not different from HIV-negative people, because they lead the same lifestyle as other people (Zharova 2016 in ETB LIVE 2016, para.23). Victoria herself has HIV-positive acquaintances. She notices that their lives are exactly the same as the lives of other people, because they are no different from them. They do not divulge their status to everyone around them; only a limited number of certain people know about this. Sometimes there are situations that a teenager with such a diagnosis would seem to have another new friend. But after the "friend" finds out about the diagnosis of his new one, he simply dissolves. Victoria says that she always tries to support people with HIV-positive status, to encourage them, to say that they should not worry and that everything will be fine. (ibid.)

6.2 HIV / AIDS denialism

Originating in the late eighties of the twentieth century, AIDS dissidence is a constituent element of the culture of perception of the HIV problem and a problem that has been relevant for Russia since the 2000s (cf. Timoshilov / Yaskovich 2017: 268). AIDS dissidents are people who deny the connection between HIV and AIDS and the existence of HIV in general and show negative attitudes towards diagnostic and treatment measures to combat and prevent HIV (ibid.). Basically, AIDS dissidents themselves can be HIV-positive, denying their diagnosis at the level of psychological protection (cf. Meylahs et al. 2017: 11). In addition, there are some people who offer HIV-positive people alternative therapies with the aim of financial gain, such as heat treatment, hypnosis, or urine therapy, which are, of course, not helpful in this case (ibid.). In the course of scientific observations and analysis of publicist materials, it is proposed to divide HIV-dissidents into 2 categories: the first are people who deny the existence of HIV and AIDS, and the second are people who recognize the problem of HIV but underestimate the danger associated with infection (Burina / Burina 2016, as cited in Timoshilov / Yaskovich 2017: 268). In addition to denying the existence of HIV, the movement of AIDS dissidents aims to advocate the abandonment of antiretroviral therapy (ART), despite the medical need for its admission, arguing that it has increased toxicity and overall detrimental effects on the whole organism (cf. Meylahs / Rykov 2015: 145).

The most vulnerable to the impact of AIDS dissidence are people who have recently been diagnosed with HIV, pregnant women, parents of HIV-positive children and discordant couples (cf. Meylahs et al. 2017: 16). Discordant couples are couples in which one partner has HIV infection, and the second partner does not, which is why AIDS-dissidents try to convince them that their example shows that HIV is not contagious or dangerous (ibid.). The main arguments that support the point of view of AIDS dissidents can be divided into the following categories. The first argument is that pharmaceutical companies have organized a global scheme for the sale of toxic drugs, which cause addiction among patients taking them (cf. Meylahs et al. 2017: 23). The goal of pharmaceutical companies, as well as doctors who are in the share with pharmaceutical companies to increase their profit (cf. Meylahs / Rykov 2015: 143-144). The second argument is the existence of a global conspiracy, the purpose of which is to save the world population from disadvantaged representatives of mankind (cf. Meylahs et al. 2017: 23). Some groups of people artificially fall into this category, such as commercial sex workers, drug users, or men who have

sex with men. Then they are diagnosed with HIV, which is in fact, a harmless and invented virus, in order to develop the "invented disease" existing in them and to poison them further with chemical medicaments until the onset death in order to legally "clean up the ranks" (ibid.: 10). Another assumption made by dissidents is based on the mystification of HIV and non-existence of AIDS since no one has yet died from the virus itself (ibid.). This is argued by the statement that HIV has no symptoms and just lives in the body, while people die from other "real" diseases like pneumonia, tuberculosis and others (ibid.) Another statement is that the virus has never been singled out and photographed, which is untrue (cf. Meylahs / Rykov 2015: 143). In this case, dissidents resort to photos of the ninety eighties, which were indistinct due to low technical capabilities (cf. Meylahs et al. 2017: 21-22). For the first time, HIV was identified by researchers Robert Gallo and Luc Montagnier, using cell culture (ibid.). After that, scientists at other laboratories in the world have been able to develop and replicate their experience, which proves the ability to study and photograph HIV.



T-lymphocyte affected by HIV. Photo from R. Gallo and L. Montagnier's publication "Discovery of HIV as the Cause of AIDS" (December 2003), (Gallo / Montagnier 2003: 2284).

Among the famous AIDS dissidents in Russia is Irina Sazonova, a physician with thirty years of experience, the author of the books "HIV / AIDS: a virtual virus or the provocation of the century" and "AIDS: the verdict is cancelled", the author of translations of Dr. Peter H. Duesberg "Inventing the AIDS virus" and "Infectious AIDS: Have We Been Misled?", a German American scientist, biologist and professor of molecular and cellular biology, engaged in cancer research in the mid-nineties, who was known for AIDS denialism (cf. Meylahs et al. 2017: 14-15).

The Internet and mass media occupy an important place in the life of modern people and have a great influence on all processes of a social and behavioural nature. The media also influences the HIV epidemic, informing citizens about problems and ways to solve them, using information policy. Analysis of Internet pages in a search engine as part of a study of Timoshilov and others in 2017 showed that in the Internet space there is insufficient coverage of the problem of living with HIV, which creates the basis for the development of AIDS-dissident sites (cf. Timoshilov et al. 2017: 268). Internet resources containing information on HIV issues contain quite a lot of information (80% and more) about the virus itself, sexual transmission and treatment of HIV (ibid.). Issues of diagnosis, screening and prevention of HIV, and drug use as a risk factor for HIV are less common. HIV / AIDS and the lives of patients, including the medical, social and reproductive parameters of this issue, have the least coverage (cf. Timoshilov et al. 2017: 269). It is important to note that 9% of the analyzed Internet resources are dissident pages, and a quarter of the resources contain information about the phenomenon of HIV dissidence as a dangerous social phenomenon, which indicates the existence of disagreements in the Internet resources (cf. Timoshilov et al. 2017: 268). Also, it is interesting to analyze statistics search queries for different keywords. While the search query "HIV prevention" gives 23 million results, and "HIV treatment" - 42 million results; the search query "HIV does not exist" leads to 20 million results, and the search query "how to refuse an HIV test" to 29 million results (ibid.). This indicates that the topic of HIV dissidence is popular among the demands of the Russian population. There are a large number of HIV-dissident resources that are publicly available and thus create additional interest for Internet users.

One of the most popular websites that are dedicated to this topic is the AIDS dissident group in the Russian social network VKontakte called "HIV / AIDS is the greatest mystification of the 20th century," which counts 18 182 group members on September 2019 (https://vk.com/vichnet?smt=groups_list%3A1, 03.09.2019). The group is refuting the hypothesis that HIV causes AIDS, which leads to death and positioning its goal as saving people thanks to this group and the topics discussed. For example, in August 2018, participants discussed that children under the age of 14 cannot be infected with HIV, because there are no ways of transmitting HIV to children, and also that no one can force children after 14 years to take drugs, which they have to take because of their HIV-positive status. The participants of the online-group call the prescription of HIV-positive status a clean-up of society in its full speed, apparently speaking of the dangers of

antiretroviral therapy. Numerous comments show the obvious negative attitude of group members to the existing problem.

In the social network VKontakte there is also another group, called "HIV / AIDS dissidents and their children. Group on the consequences of HIV denial", which collects statistics and available information about HIV-positive children of dissidents (<https://vk.com/detivich>, 03.09.2019). As of the summer of 2017, as a result of AIDS-related dissidence and the parents' rejection of treatment, 13 HIV-positive children died in Russia. As an example, the cause of the death of HIV-positive children, for example, is that the parents who are HIV-dissidents do not allow their child to take medicine or refuse to treat their child, arguing for the religious beliefs, although the concept of the Russian Orthodox Church does not prescribe the rejection of antiretroviral therapy (cf. Rykova 2007). However, this is only the information that was collected, the real figure can be much higher.

6.3 Sexual education and religion

The lack of sexual education in Russian schools is one of the factors that influence the development of the HIV epidemic in the country. In 1991, about 60% of the population spoke about the need of introduction of sex education lessons in Russian schools (cf. Persianinov 2017, para.4). Three years later, the authorities allocated 2.5 billion rubles (about 33 000 EUR) for the development of the program in sexual education, but numerous opinions of opponents of this concept led to a halt in its development (ibid.). Later, the idea of a sex education program was not returned until April 2014, when the State Duma ratified the Convention on the Rights of the Child, as well as the European Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (cf. Persianinov 2017, para.4). Both documents provide for the introduction of sex education in schools. The textbooks on sexual information were written and approved by the Ministry of Education, but so far, no action has been taken to introduce the subject. According to the statement (dated December 2014) of the Russian ombudsman for children's rights, authorized by the President of the Russian Federation, Pavel Astakhov, there will never be courses on sexual education in Russia, and also no school subject on sexual education as this contradicts the norms of morality and traditions of Russia (cf. Interfax 2014, para.1).

Lyudmila Stebenkova, a Moscow City Duma deputy, believes that the main measure of stopping the epidemic and reducing the spread of HIV is a healthy lifestyle and respect of family values. She calls this "the Russian response to HIV." (Stebenkova 2016 in TVRain / Sagieva 2016, para.26) In her view, harm reduction programs, including, for example, the distribution of free condoms, are just "the source of the spread of not even HIV, but AIDS, because they indulge in drug addiction and debauchery" (ibid.). Stebenkova expresses extreme approval of the State Strategy for Counteracting the Spread of HIV Infection in Russia, adopted on October 20, 2016. This strategy provides for the implementation of a set of measures to reduce the prices of antiretroviral medicines, improve the methods of preventing, diagnosing and treating HIV and opportunistic infections, creating a system for providing palliative care to HIV-positive persons, but there is no task of creating or adopting HIV reduction programs. At the heart of the strategy are awareness-raising activities for the population, their moral and moral values and, above all, the responsible and "risk-free" behavior, which should be the "basis of HIV-prevention", according to Stebenkova (Stebenkova 2016 in TVRain / Sagieva 2016, para.27).

In general, the culture of sexual education in Russia stays at an extremely low level. Schoolchildren do not have sufficient information about possible contraceptive methods and do not know how to use condoms; teenagers have the opportunity to get information on intimate issues only thanks to a search on the Internet. Parents tend to ignore important topics for sexual education in a conversation with their children because they often do not know the right answer to their questions or are simply ashamed of such conversations. In a survey of 500 parents with minor children conducted in 2013 by the Center for Civil Society Research and the nonprofit sector of the Higher School of Economics, 38% of parents were afraid that lessons of sex education would provoke unhealthy interest in sex among schoolchildren (cf. Persianinov 2017, para.4).

The examples from TV programs indicate that there are misconceptions about the ways of spreading of HIV infection, such as, for example, that being with an HIV-positive person in one room, you need to be as far away from him as possible for precaution. Information about the spread of the virus should be a part of sex education. In the case of Nastya, she has encountered "myths about the way of life of infection" (TVRain / Sagieva 2016, para.4), and also was confronted with comments that now she is the danger for society, as her colleagues communicated with her, and as a result began to worry that now they are probably ill too and can infect their children and relatives. This fear, of course, is unfounded from a medical point of view, since being or talking with an HIV-positive person in one office or room does not lead to getting infected with HIV-virus. This indicates a low level of public awareness and also points out that Russia needs effective preventive measures aimed at providing the population with the necessary information.

During the TV-discussion Vova, being a representative of a risk group, says that his friends hardly know their HIV status, in spite of the fact that they know what are the risks and ways of HIV transmission, so they are careful: "In this regard, they are more or less careful" (Pleshanov 2016 in ETB LIVE 2016, para.11).

In addition, it should be noted that in Russia there is a tendency to make education more religious. Since 2010, the introduction of the lesson "Foundations of Orthodox Culture" was discussed in Russian schools, for which a textbook written by Father Andrey Kuraev was officially recommended by the decree of the Ministry of Education and Science on December 24 (cf. Gazeta.ru 2016, para.12). Nowadays, the module "Foundations of Orthodox Culture" is present as

one of the modules of the course "Foundations of Religious Cultures and Secular Ethics" in the compulsory curriculum, intended for pupils of the fourth grades in elementary school (Ria Novosti 2016; Gazeta.ru 2016).

Since the beginning of the HIV epidemic, which began more than 35 years ago, religious organizations around the world have played an important role in the campaign against HIV. Religious organizations enjoy the trust of the population, which allows them to provide the necessary services and support on a scale that is sometimes large compared to public health systems. "The concept of participation of the Russian Orthodox Church in combating the spread of HIV / AIDS and working with people living with HIV / AIDS" (existing since 2004) is the main document expressing the Church's attitude to the disease and those who fell ill with it. It describes the problem of the epidemic of the virus, the reasons for its spread, a spiritual and moral assessment of the situation, methods of fighting and the possibilities for the Church to participate in the fight against this disease. The concept contains a call for spiritual support for people in need and an incentive for social interaction of the Church, state and society in the fight against HIV. Despite this, from a secular point of view, the document contains several controversial points, such as the assertion that "the proliferation of antisocial and immoral forms of behaviour is breeding ground of the HIV epidemic", or that "the true root cause of the epidemic is the multiplication of sin and lawlessness" (cf. Russian Orthodox Church 2004). The concept responds that the task of the priest is to encourage every HIV-positive person to take responsibility for himself/herself and his/her relatives, treat them, follow a healthy lifestyle, and do everything possible to prevent their relatives from the infection. Currently, there are more than 70 church rehabilitation centres for drug addicts in Russia existing, where more than 100 HIV-positive people are being rehabilitated (cf. Yakusheva 2017, para.3). In addition, church nurses help HIV-positive people in different regions (ibid.).

With regard to assessing the possibility of introducing sex education lessons in schools, the church does not meet this opportunity positively. For example, Bishop Methodius, head of the Coordinating Center for Counteracting Drug Addiction to the Synodal Department for Church Charity and Social Service, named "talking about contraception preaching of sexual promiscuity." (cf. Roshchenya 2017). According to him, instead of lessons about protected sexual relations, one must offer "a conversation about chastity as a more radical and consistent approach to the problem

of church tradition." (ibid.) In addition, in his opinion, contraception is the legitimization of sin (under sin he means fornication, extramarital affairs and relations before marriage) and an attempt to reduce the negative consequences (ibid.).

In 2013, the Minister of Education and Science Dmitry Livanov, suggested returning to the discussion of the issue of sexuality education. In response, the child rights commissioner Pavel Astakhov offered to compensate for the lack of lessons in sexual education in Russian schools by reading Russian classical literature (cf. Lenta.ru 2014, para.6). In 2014, Yevgeny Kashchenko, a professor and scientist of the Russian Scientific Sexology Society, argues that educating parents about sex education is very important, because their goal is to bring the necessary information to children, and Russian society is not ready for the lessons of sexual education within the school curriculum (cf. Persianinov 2017, para.5). In one of his interviews, Kashchenko mentions the law "On protecting children from information that is harmful to their health and development". This federal law of December 29, 2010, prohibits the depiction and description of sexual acts for children under 16 years of age: "Information that is restricted to children of certain age categories is limited to: [...] 3) represented as an image or description of sexual relations between man and woman." Undoubtedly, this approach deprives teachers of the opportunity to explain the principles of the work of their bodies to Russian schoolchildren, including with the help of images. In addition, the law contains such point as: "Information prohibited for distribution to children includes information: [...] 4) denying family values that propagates non-traditional sexual relations and forming a disrespectful attitude towards parents and/or other family members. " (Article 5, Point 2.4 of Federal Law 2010), which actually criminalizes same-sex relationships.

According to the International technical guidance on sexuality education of UNESCO, the establishment of a sexual education program should be carried out, taking into account the characteristics and mentality of the country (cf. UNESCO 2009: 6). Its implementation should be undoubtedly supported by general educational policies and be based upon priorities in school education, the availability of resources, teachers and the necessary materials, the support of various parties, including the community, etc. (cf. UNESCO 2009: 5). It is also necessary to decide in what form sexual education will take place: in the form of a separate subject such as in Jamaica, in the form of supplementing of one already existing and studied basic subject, for example, biology or basics of hygiene, as in the case of Vietnam, or even several subjects - such in Mexico, where

sexual education is included in biology, basic hygiene and social science, or giving it the form of advice and general guidance as it once functioned in Kenya (ibid.).

In the context of taboo sexual education, the high sexual freedom of adolescents and young people inevitably implies an increase in the risks to their health (cf. Pankratova 2011: 155). The monograph "Medical and social problems of the education of adolescents" under the guidance of the Scientific Center for Children's Health in 2014 brought together all the latest research to the topic. In 1980, the number of virgins at the age of 15 was 90%; by 1990, the share of virgins decreased to 67% (cf. Pogosyan / Podrez 2014: para.1-4). The research reports that in 2014 in Russia, 41% among the girls surveyed across the country lost their virginity by the age of 15 years.

According to the results of a survey of students in high school and vocational schools in the Moscow region, it was revealed that by the age of 17 all 100% of 650 girls interviewed had already their first sexual experience. In 1993, the average age of onset of sexual activity in Russia was 19.5 years old (VTSIOM 2006, as cited in Dyakonov et al. 2015: 17). Early sexual activity has led to an increase in gynaecological incidence rates - menstrual disorders, gynaecological pathologies, vulvovaginitis by girls, and chronic diseases that can later limit reproductive abilities by boys (cf. Kurbatova / Egorova 2009: 4-5; cf. Rezer 2003: 102). In general, this indicates a tendency to worsen overall health and reproductive health. Among the factors that aggravate the health of adolescents is poor nutrition, a small proportion of sport and workout, excessive learning loads, alcohol consumption and smoking. According to the research in Moscow among pupils of 8-11 grades, 11.3% of them smoke, and 43.3% drink alcohol weekly (ibid.: 10).

One of the characteristics of youth environment in Russia is sexual relations before marriage, including sexual relations beyond the framework of a permanent partnership, as well as homosexual relationships (cf. Rezer 102: 2003; cf. Denisenko / Dalla Zuanna 2001: 85). In addition, the results of the research conducted by the Scientific Center for Children's Health (2014) state that pupils of schools in Russia do not understand the means of contraception: almost every second person does not have basic information about contraceptives and three-quarters of girls do not know about emergency contraception (cf. Pogosyan / Podrez 2014: para.11). The main reason for the lack of this knowledge is the reluctance of Russian schools to introduce the lessons of sexual education. Some studies highlight that the early onset of sexual activity leads to such medical and

social problems as "the increase in the number of abortions, the increasing likelihood of cervical cancer and the growing number of infertile couples" (cf. Pogosyan / Podrez 2014: para.12). The Ministry of Health of the Russian Federation indicates a decrease in abortion statistics, being reliable and public information (cf. Uvarova 2015: 11). Despite this, some news and also scientific sources, as well as public figures such as the head of the Union of Pediatricians of Russia, Alexander Baranov, state a very low official statistic of abortions in Russia. According to experts' opinion, in Russia there are 3 to 4 million abortions a year (Baranov 2004, as cited in Boldirev / BBC 2017: para.4), other sources estimate this figure to 6,5 million abortions per year (cf. Rezer 2003: 102), but media sources in Russia also contain statements about even the figure of 5-12 million abortions per year.

Due to the results of the chosen TV-programs, the HIV situation in Russia as a whole, and in certain cities, including Yekaterinburg, where the second TV reportage is conducted, is currently epidemic. The present-day epidemic situation is characterized as a complex and difficult to be analyzed. The risk group of young people is extremely poorly covered by HIV-testing, especially when compared to groups of other ages. Despite the fact that the percentage of identifying positive HIV status among young people is usually higher than that of older people, representatives of this age group - young people and students immediately after the school - are really poorly covered with HIV testing. It remains to be hoped that conducting preventive work with schoolchildren and young people, works and gives necessary results to identify HIV-positive status and diagnosis, and that the epidemic situation in this age group is not so bad. For sure, the HIV epidemic cannot be stopped completely, but it can be resisted and it is feasible to slow it down as much as possible – of course, it requires the necessary work and the needful measures (Pleshanov 2016 in ETB LIVE 2016, para.34-35).

VII. Conclusion and discussion

In accordance with the research question, it was possible to complete the following tasks:

1. to study the specifics of HIV epidemic in Russia as a whole,
2. to draw political, socioeconomic, health and legal framework for Russia,
3. to categorize risk groups on the whole,
4. to discuss HIV epidemic inside risk groups and among the whole population,
5. to define that HIV epidemic has gone beyond risk groups and is characteristic of the entire population of a country,
6. to study the level of knowledge and attitudes towards HIV,
7. to study the level of discrimination and stigma with regard to HIV,
8. to identify lack in HIV prevention measures,
9. to understand shortcomings on the way of struggle with HIV in Russia,
10. to combine the results of the analysis of articles, statistics and the results from the TV programs.

The results of the study showed that HIV infection in Russia went beyond the vulnerable groups of the population and is actively spreading in the general population. More than half of the newly detected HIV infections occurred during heterosexual intercourse. Also in Russia, there is a tendency to shift the incidence of HIV infection in the older age groups. Thus, infection cases spread beyond the age range of such groups as youth. At the same time, the situation with HIV in Russia is equivalent to an epidemic. However, the high number of HIV-positive people is not accurate data, since a large number of Russian people do not know their status. Among the number of reasons why people do not pass HIV testing, there is fear of being branded or incorrectly accepted by society or family. Often people do not know where to turn for help and advice in this matter.

During the analysis of articles, reports and statistics, Russia can be characterized as a country with a high level of stigma and discrimination against HIV-positive people. In addition to the stigma and discrimination shown by friends, parents and relatives, HIV-positive people face negative attitudes towards themselves at school, university, in the workplace and in places of medical care, thereby limiting their access to full-fledged life opportunities. Besides, HIV-positive people are often positioned diametrically opposed to people who do not have a positive status. In this regard,

a false, negatively harsh attitude is formed towards them. A large number of HIV-positive people do not receive the necessary support from medical institutions and the necessary antiretroviral therapy. HIV-positive people and drug-addicted patients are often denied the provision of standard medical services after doctors or medical personnel learn about their status.

Among the most vulnerable groups in Russia at risk of HIV infection are: young people, injecting drug users, commercial sex workers, men who have sex with men, but also clients of commercial sex workers, sex partners of injecting drug users, people staying in prisons and other closed settings, street children, people with a large number of sexual partners, migrant populations.

Injecting drug users, both in general and among young people, are at high risk of contracting HIV. During the drug-taking process, injections are often made using common syringes and needles — one among the stable or open group, among unknown partners or friends, or in places of imprisonment within the same prison cell, where the risk of HIV infection is even higher. During this procedure, direct transmission of HIV through the blood is possible. In addition, the use of narcotic substances increases the likelihood of sexually transmitted infections, since a number of narcotic substances, namely psychotropic drugs, stimulate sexual activity and reduce the risk of acquiring HIV. A method of preventing HIV infection can be a reduction in the number of drugs taken, namely, a change in the way they are used. While in many countries, injecting drug users switch to oral administration using other drugs that cause a similar effect, as well as programs for the distribution of injecting drug users with sterile tools or syringe exchange programs (harm reduction programs) are being conducted, in Russia it is believed that substitution therapy stands contrary to moral and ethics, since this type of prevention does not contribute to the reduction of drug addiction and causes the same type of drug users. However, the introduction of substitution therapy as a preventive program in Russia could significantly reduce the risk of acquiring HIV when injecting drugs. It is worth noting that, in addition to substitution therapy, psychological support and the adoption of measures to carry out corresponding information, as well as prevention programs for drug users is necessary. Such programs should be accompanied by easy access to them for anonymous and free services, regardless of the availability of a passport, registration, gender and other factors. It is important to take into account that taking drugs is prosecuted in Russia, and therefore the number of injecting drug users may be an inconclusive figure, and the group of drug users is a somewhat invisible group that is difficult to reach for information and

education. Particular attention should be paid to women who inject drugs, as well as pregnant women, women with children and children whose parents are injecting drug users.

In addition, it is necessary to create access to free medical services for HIV-positive drug users, such as drug rehabilitation and treatment, antiretroviral therapy, and treatment of sexually transmitted infections. All IDUs need HIV testing and counseling, free from signs of stigma and discrimination, which can also come from health care workers. Commercial sex workers are another “invisible” group, as there are no official statistics on the number of men and women who provide commercial sexual services in Russia, since prostitution in Russia is also prosecuted. The behavior of sex workers is risky, as with sexual contacts occurring without contraception (condoms), a large number of partners and the nature of sexual contacts, sometimes accompanied by alcohol and drug use (including injecting drugs), increase the risk of HIV infection. Commercial sex workers also need assistance, the provision of necessary medical services for the treatment of HIV, drug and alcohol dependence, sexually transmitted infections, and preventive and informational activities. The risk of HIV infection in this risk group is a global problem, since the infection in this situation extends not only to the risk group itself, but also to their partners and clients, who can further spread HIV and its opportunistic infections and diseases to other people during sexual contact. As for men who have sex with men and transgender people, in Russia their behavior is highly discriminated against and is highly stigmatized.

A further important category of the Russian population that requires special attention are migrants, especially women: wives of male migrants, women with children, and pregnant women. The limited access of migrants to medical services and testing in Russia worsens their susceptibility to HIV and increases the risk of infection. Gynecologists have noted a high percentage of sexually transmitted infections among women migrants, as well as a large number of HIV-positive young migrants in Russia. Migrant women are a risk group in Russia that falls under the question of gender inequality. In addition, an analysis of the literature leads to the conclusion that such phenomena as HIV dissidence – denial of the existence of the virus and the need to undergo treatment, lack of sexual education in the school curriculum, low media coverage, early age when entering into sexual relations and poor awareness, both of adolescents and the general population, increases the risk of the spread of HIV and aggravates the scale of the epidemic.

The two television programs that are publicly available to all (both videos are online in the Internet – the first one is on the website of the independent information channel Dozhd', the second one - on the YouTube channel) discuss the problems of the HIV epidemic in Russia among adolescents.

The first television program confirms stigma and discrimination towards HIV-positive people and gives some specific cases that indicate that HIV-positive people may be faced with being expelled from work, their mothers and friends are turning away from them. In addition, HIV-positive people in Russia are considered dangerous to society. There are a number of precedents that HIV-positive people are denied treatment if they seek medical services not at the place of registration in their home cities, but at the place of residence. In addition, the original drugs are replaced by replicas from other countries (for example, India), or because of their lack HIV-positive people are simply denied therapy. The spread of the virus among drug users directly affects the fate of other HIV-positive people. Despite the fact that the virus from HIV-positive injecting drug users goes further, no measures are taken in the state that stop this very spread of HIV infection. In general, government policies deny programs like substitution therapy and even harm reduction programs, which include, for example, distribution of condoms, believing that family values, high moral and a healthy lifestyle will save people from the epidemic. Among the population of Russia there is a perception that HIV-positive people are only commercial sex workers, men who have sex with men and drug users, which indicates that people are incorrectly informed. It turns out that HIV-positive people who are denied therapy at the place of residence, for lack of sufficient financial resources or due to lack of necessary medicines, as well as ignoring the need to introduce substitution therapy and harm reduction programs - both for adolescents and for the entire population on the whole, all this makes HIV-positive people staying alone with their diagnosis and they continue to be an active source of infection further.

The second television program talks about the epidemic situation in Yekaterinburg - the center of the HIV epidemic in Russia. In Yekaterinburg, a project from a medical university was developed, which created a concept with trainings and seminars, as well as the opportunity to take a test to find out the HIV status. Testing will take place in all higher educational institutions and other educational organizations. The main plans are to reach a sufficiently large number of young people - almost half of all students and to increase the number of HIV tests during the year. This ambitious plan sounds like the beginning of the development of necessary preventive measures in

Yekaterinburg, but it is worth noting that even if half of the students in this city are covered, the other remains in ignorance, what means that students, who do not know their HIV-positive status, remain an active source of further spread of the virus, and also do not receive proper therapy. Experts of this program put HIV-positive adolescents on the same level as other teenagers, and also exclude the possibility of discrimination in higher educational institutions, which can be questioned. Despite this, the opinion is voiced that HIV-positive people try not to speak about their status and that sometimes due to disclosure of their diagnosis they risk losing friends. Experts say that taking such measures can slow down the epidemic, but it is already impossible to stop it. It is important to note that in addition to such preventive measures, adolescents need the opportunity to receive adequate psychological support, as well as, in the case of the identification of a positive status, counseling and therapy.

The conclusion is that Russia needs a comprehensive approach aimed at preventing the further development of the HIV epidemic and treatment coverage for all HIV-positive people. New designed measures with help of which the state can respond to the problem should cover all risk groups and take into account the characteristics of each group. At the political level, it is important to create a concept about information companies providing information and raising awareness, including young people, about HIV and how to protect themselves from the virus, as well as reducing the costs required to receive medical services and antiretroviral therapy providing access to these services (including without stigma and discrimination), as well as to HIV testing and counseling. Attention should be paid to conditions that exacerbate the spread of the epidemic, such as the increase in number of commercial sex workers, and also users of injecting drugs and psychoactive substances. Additional attention should be paid to youth people, aged 15-24. This group is characterized by early sexual activity, sexual experience without adequate awareness of methods of protection and opportunities, how to protect yourself from HIV infection.

It is important to note that the effectiveness of measures can be achieved if several problem areas are respected at once and measures are provided in each of them. In addition, it is necessary to meet the needs of people, as well as young people in general, and people from high-risk groups, such as street youth or young injecting drug users or commercial sex workers. By resorting to such services and acquiring the necessary information, young people will be able to take the necessary steps towards changing their own behavior, as well as to share this information with their peers. Special

attention should also be paid to young women, especially women migrants, pregnant women, as well as young people who belong to the poorest segments of society and have a low level of education.

A society covered in fear of the epidemic should come to enlightenment, namely raising awareness and building a more tolerant attitude towards HIV-positive people and people from high-risk groups, with the goal of reducing the stigma and discrimination of HIV-positive people who oppress their condition as much as possible. and hinder, as well as access to the necessary services, and their general recovery. The HIV epidemic is a challenge to Russian society, and today is the day when words must turn into actions.

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