

# **HIV/AIDS Government Policy in the Russian Federation**

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**2021 WPSA Annual Meeting**

**April 1 – 3, 2021**

**Populism, Nativism, Democratic Backsliding, and Pandemic Politics**

by

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**20.1 - Public Administration and Democratic Outcomes:  
Evidence across Policy Domains**

## **Author Bio**

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## **Abstract**

The Russian Federation has a growing number of HIV/AIDS cases on the global scale and low efficiency in addressing the problem from the side of domestic political management. Even though the Russian political system has been changed, the weaknesses of transitive decentralization, inconsistent bureaucratic machine, deep post-communist political conservatism, and other features of the Soviet model are still present. The overall national perception and unawareness of the HIV/AIDS problem, a paucity of social movements, and a lack of human rights protection hamper access to treatment as well as contribute to the increased death rate within a country. The “drive” to keep power rather than to address the public health concerns or provide proper services is the main feature that leaves the problem in the public health sector unsolved. This paper analyzes the problem using qualitative methods and suggests possible solutions while provoking a discussion for further research.

**Keywords:** HIV/AIDS, public health, politics, Russian Federation

## **Problem Statement**

The problem that the Russian Federation faces today is the rapidly increasing epidemic of HIV/AIDS. People who suffer from this virus are predominantly those who inject drugs. They typically do not receive any governmental support. However, other susceptible groups also receive neither due treatment nor governmental attention. Despite the overall global decline in HIV/AIDS, indicators in the country reflect opposite tendencies. The growth of newly-infected people continues to move up 10% annually. However, executives at the federal and regional levels claim that everything is under control. The current alarming situation does not allow to agree with such arguments.

According to the World Bank data, the population of the Russian Federation is around 145 million people.<sup>1</sup> Despite a little progress in the demographic growth over the last couple of decades, around 25% of people, who had official positive HIV status – died by October 31, 2019<sup>2</sup>. The interesting fact is that the government agencies attempt to hide the real data about the growth of the infection. The lack of transparency and high competition between federal and regional departments to introduce “good numbers” for the public, just impede the objective estimations that could help to address the problem.

Instead of a prompt and prudent government approach with the proactive bureaucratic role, the general response is far from being rational. For example, for claims made by the Head of the Federal AIDS Center Vadim Pokrovsky about a lack of basic measures and coordination for curbing the problem, government representatives react habitually indifferent and unprofessionally. Some of them claim that Vadim Pokrovsky sows panic to the public, spreading

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<sup>1</sup> The World Bank. Population, total - Russian Federation, 2018. Accessed February 24, 2020. <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=RU>

<sup>2</sup> Perm Regional Center for the Prevention and Control of AIDS and Infectious Diseases. Enquiry about HIV in Russia, 2019. Accessed February 24, 2020. [http://aids-centr.perm.ru/images/4/hiv\\_in\\_russia/hiv\\_in\\_rf\\_31.10.2019.pdf.pdf](http://aids-centr.perm.ru/images/4/hiv_in_russia/hiv_in_rf_31.10.2019.pdf.pdf).

fables, while other officials tell that he acts as an agent against Russian national interests<sup>3</sup>. It is not a surprise to have such reactions against the background of a highly corrupt landscape among high- and low-level bureaucrats. According to Transparency International, the Russian corruption perceptions index in 2019 was 28/100<sup>4</sup>. This means that corruption in the federal administration and among regional officials can be one of the contributive factors that inhibit the process of national health improvement. However, it is too broad to claim that corruption per se is the main source of bureaucratic ineffectiveness since other deeper factors should be analyzed.

According to the Russian Country Progress Report on the Implementation of the Declaration of Commitment on HIV/AIDS issued in 2008, the problem of HIV in the country, between 2006 and 2007, had epidemiological nature. Although the report states that within the past two years before the adoption of the document, significant progress was made, it is unclear why the performance in subsequent years was oppositely negative. Moreover, it is still impossible to rely on declarative statements of bureaucracy because of the controversy in statistical numbers in regards to controlling infection dissemination. It was said that “The President and the Head of the Government of the Russian Federation have approved important political and economic decisions that allow essential changes in activities to slow the HIV epidemic.”<sup>5</sup> But since these contributions were announced, nothing has changed and things even got worse. The downright disdainful and lackadaisical attitude from the federal and regional officials toward the problem led to the unprecedented surge of infected people in the country. According to various data, by the end of 2007 in Russia, there were between 370 000 – 500 000 registered HIV cases, while currently, the statistics are much more threatening. So, for example,

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<sup>3</sup> Chernykh A. “With the Speed of AIDS - Kommersant Newspaper № 83 (5593), 15.05.2015,” accessed February 26, 2020, <https://www.kommersant.ru/doc/2725956>.

<sup>4</sup> “Transparency International - Russia,” accessed February 26, 2020, <https://www.transparency.org/country/RUS>.

<sup>5</sup> Ministry of Health and Social Development of the Russian Federation. Country Progress Report of the Russian Federation on the Implementation of the Declaration of Commitment on HIV/AIDS. 2007, 5-6.

the UNAIDS claims that in 2017 around 1 million people<sup>6</sup> had a positive HIV status, while other sources declare slightly different numbers. It also needs to be underscored that unregistered cases and persons unaware of their status are not still included in the official data. Underreported information makes the situation much more complex.

Interestingly, that even the State Strategy “Combat the Spread of HIV in Russia through 2020 and Beyond” that was initiated by the Ministry of Health and approved by the Head of the Government in 2016, did not help to contain the rapid spread of daily contamination and slow down the rate of dying people from the virus. However, the Russian Minister of Health, Veronika Skvortsova at the 28th meeting of the Health Council of the Commonwealth of Independent States proclaimed that by 2020 it is necessary to achieve 90% of antiretroviral therapy among people living with HIV<sup>7</sup>. Positive aspirations are not a new tendency that the Head of the Government and relevant Ministries try to promote because it is compliant with the country’s domestic and international image. According to the actual data, it is hardly possible to believe that all of the bureaucratic obstacles can be fixed overnight to achieve this goal. Given the need to commit to the United Nations Political Declaration on Ending AIDS to end the HIV epidemic by 2030, Russia urgently needs to change the bureaucratic approach to be efficient in tackling the problem related to public health.

### **Literature Review**

There are different suppositions in the literature regards to reasons that stand behind bureaucratic inefficiency in terms of solving the HIV/AIDS problem. Some research shows that the success of solving this problem depends on many factors, for example, a low level of

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<sup>6</sup> The UNAIDS. Russian Federation. Accessed February 24, 2020. <https://www.unaids.org/en/regionscountries/countries/russianfederation>.

<sup>7</sup> The UNAIDS. Russian Federation commits to reach 75% antiretroviral therapy coverage in 2019, September 12, 2018. Accessed February 24, 2020. <https://www.unaids.org/en/90-90-90>.

corruption<sup>8</sup>, while others claim that different factors are behind unproductive policy performance on HIV/AIDS decrease. These factors are unwillingness and negligence in the usage of allocated financial aid from international donors<sup>9</sup>, lack of coordinated approach to treatment between federal level and regions<sup>10</sup>, weak monitoring and too much control, haphazard privatization of medical industries and pharmacies that took place in the 1990s<sup>11</sup>, incompetency of executives and lack of discipline<sup>12</sup>, “labyrinthine bureaucracy”<sup>13</sup>, formalism, procrastination and excessiveness, “opposition from law enforcement agencies and the Russian Orthodox Church”<sup>14</sup>, as well as other reasons<sup>15</sup> that undermine trust in durable governance concerning national healthcare system. One thing is clear that the problem is complex, where the role of inactive bureaucracy is central. So, it was fairly mentioned by Vlad Kravtsov, that “the limited administrative capacity of the state machinery exacerbated the negative externalities that emerged out of the state’s overextended obligations.”<sup>16</sup> But what is the limited administrative capacity in the Russian context and how it holds back the national health improvement? This paper will try to address this question.

## Research Questions

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<sup>8</sup> Jacob Levi et al., “The Impact of HIV Prevalence, Conflict, Corruption, and GDP/Capita on Treatment Cascades: Data from 137 Countries,” *Journal of Virus Eradication* 4, no. 2 (April 1, 2018): 80–90.

<sup>9</sup> Eduardo J. Gómez, “Crafting AIDS Policy in Brazil and Russia: State–Civil Societal Ties, Institutionalised Morals, and Foreign Policy Aspiration,” *Global Public Health* 11, no. 9 (October 20, 2016): 1148–68.

<sup>10</sup> Christopher Davis and Ben Dickinson, “Priorities, Government Institutions and Foreign Assistance in the Fight against HIV/AIDS in Russia,” *Public Administration and Development* 24, no. 1 (2004): 31–40.

<sup>11</sup> Rifat A. Atun, “The Health Crisis in Russia,” *British Medical Journal* 331, no. 7530 (2005): 1418–19.

<sup>12</sup> Talha Burki, “Stigmatisation Undermining Russia’s HIV Control Efforts,” *The Lancet. Infectious Diseases*, August 1, 2015.

<sup>13</sup> Anya Sarang, Tim Rhodes, and Nicolas Sheon, “Systemic Barriers Accessing HIV Treatment among People Who Inject Drugs in Russia: A Qualitative Study,” *Health Policy and Planning* 28, no. 7 (2013): 681–91.

<sup>14</sup> Elena Tkatchenko-Schmidt et al., “Prevention of HIV/AIDS among Injecting Drug Users in Russia: Opportunities and Barriers to Scaling-up of Harm Reduction Programmes,” *Health Policy* 85, no. 2 (February 2008), 167.

<sup>15</sup> Seth C. Kalichman, “Pence, Putin, Mbeki and Their HIV/AIDS-Related Crimes Against Humanity: Call for Social Justice and Behavioral Science Advocacy,” *AIDS and Behavior* (Springer New York LLC, April 1, 2017).

<sup>16</sup> Vlad Kravtsov “Norm Diffusion and HIV/AIDS Governance in Putin’s Russia and Mbeki’s South Africa,” 7, accessed February 27, 2020,

<http://web.a.ebscohost.com/ehost/ebookviewer/ebook/ZTAwMHhuYV9fMTA0NDExMF9fQU41?sid=64dac57b-fe11-4ab9-bf00-fa2ea0673466@sessionmgr4006&vid=0&format=EB&rid=1>.

Despite different reasons that influence the problem of a bureaucratic active role in HIV/AIDS spread, the author of this paper assumes that such a factor as the ideologically obsolete mindset of officialdom is critical and the main factor that influences weaknesses of policy implementation. Based on this assumption, two questions have been raised:

- ✓ How does weak decentralization limit the bureaucratic efficiency in terms of solving the HIV/AIDS problem?
- ✓ How does bureaucracy contribute to the increase of HIV/AIDS cases in the Russian Federation?

### **Methodology**

This research comprises a multifaceted methodological base. Information has been taken from international databases (e.g. the UN, WHO, WB), official governmental documents, official statistics, scientific articles, case studies, newsletters, and videos of interviews.

### **Outline**

This paper sheds the light on the realities of the implementation of HIV/AIDS policy in the Russian Federation. The phenomenon of power centralization that rests on the post-Soviet vestiges is also considered. The main focus is made on the analysis of the role of the government and administrative mechanisms that deal with the HIV problem. It is explicit that the obsolete way of thinking among the current administration affects negatively the executives' performance and holds success in the problem-solving process. That is why this paper analyzes two main aspects that can give an understanding of the problem: the effect of weak decentralization and the role of the officials in the service delivery in the healthcare system (specifically HIV/AIDS prevention and treatment). The discussion reveals a set of concerns that hold back the success of HIV/AIDS policy implementation: a) uncompleted decentralization sow seeds for poor

governance; b) old ideological frames within officials influence the policy negatively; c) degeneration of the rational productivity of that bureaucracy concerning the improvement of the HIV/AIDS drawdown can be achieved through public engagement in the policymaking process. In this sense, the next sections will be devoted to the consideration of these three aspects and will propose a recommendation list that can be embedded into the Russian political context.

### **The Problem of Weak Decentralization**

“The Russian political system is shaped by its Soviet legacy”<sup>17</sup> but it is not the Soviet political system. Although the Russian Federation is governed as a federal semi-presidential republic, all the decisions are made in the center and go out in the form of directives and orders. Sweden scholar Roxanna Sjöstedt argues that the Russian vertical nature of government institutions and bureaucracies relies on policy direction from the top<sup>18</sup>. In this sense, despite the decentralized character of the system with autonomy at the regional and local levels, the range of delegated mandates is much more symbolic rather than factual. Even though each region and municipality has its separate form of HIV/AIDS monitoring centers, they are additionally accountable to the central government for the number of people suffering from the problem and finance spent. This creates the problem of overlapping accountability and excessiveness of bureaucratic procedures.

It is hardly possible to measure accurately the efficiency of the decentralization in the Russian Federation that was established after the collapse of the USSR. However, according to the overall statistics and selective indicators introduced by the Human Development Index<sup>19</sup>, the fact is clear – it was designed spontaneously and in a disorganized manner. At the first glance, in

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<sup>17</sup> Celeste A Wallander, “The Politics of Russian AIDS Policy,” *Policy*, No. 389 (2005): 141.

<sup>18</sup> Roxanna Sjöstedt, “Exploring the Construction of Threats: The Securitization of HIV/AIDS in Russia” 39, no. April 2006 (2008): 14.

<sup>19</sup> Look Human Development Report for the Russian Federation <http://hdr.undp.org/en/countries/profiles/RUS>



territorial units of modern Russia, at the regional and municipal levels, there is delegated capacity that allows the delivery of public services independently. However, the benefits of this decentralized system are limited and vary in power among the territories. This is because the Russian government embraced the Soviet-style service management approach, which continued dominance of the vertical power with weak institutional capacity at the horizontal level. Despite decentralization as a part of the political system transformation that happened in the 1990s, the way of governance still looks underdeveloped and excessively controlled from the top.

Generally speaking, the old Soviet system was broken before a new one was properly designed. That is why it led to transition failures in the political decision-making process and deteriorated many sectors of social life. This chaotic approach to reforms did not avoid the health care system.

According to some interviews from the case study on the Russian health system, respondents claimed that decentralization resulted in the incoherent system of management in health and social care because it has broken links between federal, regional, and municipal authorities<sup>20</sup>. The disorganized way of power delegation to the subnational levels (regional and municipal) with limited and unskilled human resources in administration brought shortages in local income generation and its adequate transferring. This created a wider gap in the provision of health services in rural and urban areas. With regard to HIV/AIDS policy, incomplete decentralization delivered a lack of strategic vision in building epidemiological projection, which led to weak standardization of policy across the country. The paternalistic approach was combined with unskilled public management in the health system, which also has been underfinanced. Since the whole health system was centralized in the Soviet period, Russian

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<sup>20</sup> Elena Tkatchenko-Schmidt et al., “Why Do Health Systems Matter? Exploring Links between Health Systems and HIV Response: A Case Study from Russia,” *Health Policy and Planning* 25, no. 4 (2010): 287.

policy inherited this feature that shaped the institutional structure. As a result, health policy became fragmented.

While HIV/AIDS centers became strictly accountable to all three levels (federal, regional and municipal), at the same time regional and municipal health care systems have the right to stay independent from the federal government. This makes confusion and engenders a lack of transparency because reports from the localities to the center should “look good” to be compliant with the proportion of allocated funds under federal programs. This leapfrogging accountability system of HIV/AIDS policy between local and federal levels triggered a weak monitoring system, negligence, and inability to check efficiency quickly.

Allocated funds from international donors and the federal government are typically misused by bureaucracy in the regions and municipalities. This impedes the way of effective treatment delivery because health institutions do not receive this help and consequently are not able to provide drugs for the treatment of all infected people. Additionally, corruption between local executives and health workers has burdened the improvement of the HIV/AIDS problem in the country. Supposedly, collusion between health workers and bureaucrats has been often hidden under false documents with good statistics. These statistics respond to the desires of the conservative administration at the federal level, who wish to see positive results. This not only prevents treatment access and service delivery but also leaves federal officials misinformed and blind. This has made the health system inadequate in terms of the HIV/AIDS response.

### **Deeply Rooted Conservatism and HIV/AIDS Policy**

Although the institutional structure has been impacted by the Soviet legacy, legislators and executives themselves also have not changed their vision. Since the 1980s, “the Soviet media presented HIV/AIDS as an outcome of the immoral behaviors of the dissolute West:

homosexuality, drug use, and prostitution – phenomena that were supposedly nonexistent under socialism.”<sup>21</sup> Despite this kind of thinking still exists in the administration; the reality is much more complicated.

Starting from the 1980s, the first few cases of HIV were registered in Russia. However, with the economic disorder, uplift of crime, and mass unrest after 1991, drug trafficking came from Afghanistan and Central Asia to the European countries and brought risks of HIV/AIDS spread<sup>22</sup>. Within several years, HIV/AIDS infection was transmitted rapidly because of the wide usage of non-sterile equipment (tainted needles) for drug injection. Addiction was too high that when drug users did not have access to drugs, they could buy the cheapest medicine in pharmacies without any prescriptions. The access to free purchases of opioid medicine was partly a result of the wave of privatization in 1994. Under the attempt to build a market economy, former “mafia” groups managed to privatize lion shares of public property. As far as pharmacies were controlled by the private sector, it eased the way of uncontrolled and illicit selling of medicine without asking for prescriptions. Since these new groups of “entrepreneurs” had “connections” with the ruling class, they could use some kind of protection from local enforcement agencies and bureaucrats, who could instantly become vacant-eyed after getting bribes or other benefits.

Eventually, officials and society shaped a high level of marginalization and stigmatization of certain social groups. Administration and bureaucrats under the influence of former communist ideology, in which people were considered as allegedly “compliant and good” citizens, cannot admit the realities of the problem. The severity of the actual situation is

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<sup>21</sup> Michele Rivkin-fish, “Legacies of 1917 in Contemporary Russian Public Health: Addiction , HIV , and Abortion” 107, no. 11 (2017): 1733.

<sup>22</sup> Yuri Dud. Russian blogger’s film raising awareness of HIV | UNAIDS, accessed March 23, 2020, <https://www.youtube.com/watch?v=GTRAEplIGZo>

tremendous. In public institutions, people are ignored in a way of treatment delivery just because HIV/AIDS status is associated with homosexuality, drugs, or prostitution. Bureaucrats stay unresponsive to these human rights violations because they share this vision. Besides, the government creates barriers for the work of NGOs and social movements that try to collaborate with local bureaucrats to bring positive changes.

At the same time, the government has allocated large amounts of money at the federal level to the regional and municipal HIV/AIDS centers. This seems very suspicious that despite “government programs often became ensnared in Russia’s large and inefficient bureaucracies”<sup>23</sup>, the federal government continues the same behavioral pattern. Senior Vice President and Director of the Global Health Policy Center fairly said about the Russian approach: “the country’s declared political commitment to tackling the virus and its consequences is strong at the moment, but a history of denial and neglect call the sustainability of recently allocated policy attention and financial resources into question.”<sup>24</sup> Indeed, it is paradoxically that vast sums of money are poured into the health system but the situation with infection spread is getting worse.

Needless to say, poor coordination and evidence of corruption among executives bring inefficiency in addressing the problem. According to the Center for Strategic and International Studies “patients and doctors have complained of frequent shortages of antiretroviral drugs to the point where patients have created online communities, like *pereboi.ru*, that monitor drug deficits and help those in need of medicines connect with people who have extra supplies. Patients have also held street protests, and others have sued.”<sup>25</sup> This shows to what extent people by

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<sup>23</sup> “Russia, Neglecting Addicts, Lags in H.I.V. Fight - The New York Times,” accessed March 23, 2020, <https://www.nytimes.com/2011/01/17/world/europe/17russia.html>.

<sup>24</sup> “HIV/AIDS in Russia: Commitment, Resources, Momentum, Challenges | Center for Strategic and International Studies,” accessed March 23, 2020, <https://www.csis.org/analysis/hivaids-russia-commitment-resources-momentum-challenges>.

<sup>25</sup> Ibid.

themselves try to ensure basic help for each other. Practically, they do the job that should be done by officials.

This ideological and structural continuity under the Soviet-model contributes to the proliferation of the modern epidemic level. It means that the crucial role of problem-solving depends upon the changed vision of the current officialdom, which, besides even rejects the international practices of preventive therapy.

Furthermore, many addicted people with positive HIV/AIDS status are afraid to disclose their status and are terrified to ask for help because they are sure that they will be arrested. Center for Strategic and International Studies argues: “Russian law and culture treat drug addiction as a criminal justice rather than a public health issue. The law enforcement community exists in a constant state of hypervigilant overreaction to the slightest hint of illicit drug use. People, for example, are currently facing felony charges for trafficking of the common antidepressant Bupropion (Wellbutrin), despite the Russian Society of Psychiatrists’ insistence that it is not an addictive drug likely to result in abuse. Government policy remains staunchly and obstinately opposed to the legalization of opioid substitution therapy (typically methadone or buprenorphine), and although not universally prohibited, needle and syringe exchange programs are few and far between.”<sup>26</sup> This shows that the problem is complex and, first, needs changes in its behavioral approach among authorities.

Besides, equality is a very distant notion from the Russian bureaucratic context since the Soviet legacy instilled a ubiquitous feature that executives prefer to use – fear. Constant rights abuse became a normal thing among society and administration. According to Talha Burki, in Russian society, those who take drugs are treated like animals because people, including

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<sup>26</sup> “A Turning Point for Russia and HIV? | Center for Strategic and International Studies,” accessed March 23, 2020, <https://www.csis.org/analysis/turning-point-russia-and-hiv>.

officials, think they do not deserve to be treated<sup>27</sup>. Initiatives in regards to program implementation either disapproved or suffer under the bureaucratic inertia both federally and regionally. UNAIDS' regional director Vinay Saldanha believes that "local authorities are reluctant to support harm reduction in the absence of clear guidance from federal authorities."<sup>28</sup>

According to the research on HIV among prisoners, sociopolitical, philosophical, and organizational vestiges of the former Soviet Union is the problem of inability to prevent the proliferation of virus among prisoners and after their jail time<sup>29</sup>. Consequently, failures of coordination concerning the preventive treatment in prisons pose the danger of HIV transmission to society once they are released. It was fairly noted that despite "various governmental ministries other than the Ministry of Health administratively oversee the criminal justice system... none comply with recommendations by the UN and WHO, now known as the Mandela Rules, that stipulates that health care should be equal to that provided within the community and be continuous from prison to community."<sup>30</sup>

### **Improving Bureaucratic Efficiency on the HIV/AIDS Policy**

Knowing some factors that affect the inefficiency of bureaucracy in such political conditions, the reasonable question is how to improve their indifference and eliminate the main barriers in order to stop HIV/AIDS proliferation. The first and primary thing is to start to think in a new way. Instead of a poorly managed top-down approach with excessive finance allocation for the prevention of HIV/AIDS, it is necessary to use a combination of tools and work on multiple fronts. It is fairly noticed by the US Centers for Disease Control and Prevention that

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<sup>27</sup> Talha Burki, "Stigmatisation Undermining Russia's HIV Control Efforts," *The Lancet. Infectious Diseases*, August 1, 2015, 881.

<sup>28</sup> *Ibid*, 882.

<sup>29</sup> Frederick L. Altice et al., "The Perfect Storm: Incarceration and the High-Risk Environment Perpetuating Transmission of HIV, Hepatitis C Virus, and Tuberculosis in Eastern Europe and Central Asia," *The Lancet* (Lancet Publishing Group, September 17, 2016), 1232.

<sup>30</sup> *Ibid*, 1232-1234.

addressing the problem should have a “scientifically proven, cost-effective, and scalable”<sup>31</sup> character.

One of the ways is to increase awareness in policymaking circles. It can be achieved through public engagement in the policymaking process. Grassroots participation in the policy-making process can have different forms and can help to increase responsiveness while avoiding political power capture. For example, a highly decentralized country in Latin America, as Brazil, also experienced an excessive negative influence on subnational units from the federal government in the 1990s and 2000s in regard to managing HIV/AIDS problem. In Brazil AIDS integrated civil movements took a politicized character to oppose the regime and then they facilitated political mobilization. In 1992 national AIDS bureaucracy was rebuilt through two key strategies that reflected the trends in Latin America. The first one dealt with the integration of civil society and incorporation of their opinion into key policy decisions; and the second one dealt with the development of “the infrastructure for a powerful, semi-independent AIDS bureaucracy through international technical and financial support from the World Bank.”<sup>32</sup> So, creating the decentralized AIDS policy system (policy of incentives) with the engagement of citizens and international donors helped to overcome gaps in local accountability and bureaucratic capacity. This also reduced misspends of federal transfers and delays in accessing HIV/AIDS tests and therapy.

A similar practice can be applied to the Russian case. For example, to overcome biased attitudes to susceptible public groups in the administration and society, it is necessary to involve representatives of these “marginalized” social groups at the subnational level as AIDS policy

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<sup>31</sup> CDC, “HIV PREVENTION New Opportunities , New Expectations,” 2016, 5.  
<https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-prevention-bluebook.pdf>

<sup>32</sup> Jessica A.J. Rich, “Grassroots Bureaucracy: Intergovernmental Relations and Popular Mobilization in Brazil’s AIDS Policy Sector,” *Latin American Politics and Society* 55, no. 2 (2013), 14.

allies. Such involvement can be through the local budgeting process (participatory budgeting), social audits, and citizen charters<sup>33</sup>. Additionally, it is necessary to support some projects that are initiated by targeted groups to design result-oriented policies. This will help to understand the nature of the problem and get rid of the technocratic old-fashioned logic concerning neglected population groups. Also, civil engagement can help to monitor the performance efficiency of public servants by establishing “social councils”.

Additionally, this fresh vision can foster the collaboration between AIDS bureaucrats, social movements, and NGOs (that are discriminated against in Russia and considered as foreign agents) in order to achieve effective policymaking and reduction of the HIV/AIDS spread. Such kind of network between authority and the public will help to avoid discrimination of social groups and can change the approach to decentralization while strengthening democratic transition. It is very important to ensure a prompt and flexible response from the government in terms of effective treatment delivery. Ostentatious decentralization is not an effective option. National policy guidelines while being effective vertically often lack the knowledge about basic aspects of daily people’s life in particular administrative units. Therefore, in the author’s opinion, standardization should be designed in the center with more delegated power to the subnational level in terms of the implementation strategy and fiscal freedom for social service programs.

Moreover, some factors influence the conditions of successful HIV/AIDS policy implementation by bureaucrats. They are negligence, lack of commitment, and corruption that hold back the financial resources designated for sex educational purposes, local programs for physical activities, infrastructure for entertainment, and compulsory medical checking. While there are enough resources for ensuring successful social service delivery, the question that was

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<sup>33</sup> Turner, Mark, David Hulme, Willy McCourt. 2015. “Decentralization within the State: Good Theory but Poor Practice,” chapter 8 in *Governance, Management and Development*, Palgrave, 222.



raised in Amartya Sen's works<sup>34</sup> about how this can be converted into capabilities is still open. For example, in Burundi, the problem of HIV/AIDS is addressed through international policy frames, but treatment (antiretroviral drugs – ARTs) cannot be delivered properly to rural areas<sup>35</sup>. People are not able to drive to urban centers to get this treatment because they do not have money for traveling. Although in Burundi this problem is taken into account and successfully managed, in Russia the situation needs to be solved.

The availability of grants or other financial sources is not enough without proper institutional arrangements. For example, despite the Global Fund allocated grants for HIV prevention services, without government support and coordinated implementation, according to the independent observer of the Global Fund, in Russia “there is a risk that most of the results achieved will be endangered.”<sup>36</sup> Since bureaucrats play an instrumental role in the improvement of people's well-being, it is necessary to reconsider the way how opportunities created by international donors can be utilized to maximize results.

In Russian realities, this maximization can be achieved only if the problem is properly identified and understood. However, since most of the elite and executives are representatives of the old Soviet paradigm – who do not recognize tendencies of the modern changing world – it is hardly possible to reduce the scope of the HIV/AIDS problem in the country right away. To avoid the transition of the HIV problem from an epidemical to pandemic nature, I suggest recommendations that are below.

- 1) Align the decentralization process with needs in the territorial units;

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<sup>34</sup> Hakan Seckinelgin, “The Global Governance of Success in HIV/AIDS Policy: Emergency Action, Everyday Lives and Sen's Capabilities,” *Health and Place* 18, no. 3 (2012), 458.

<sup>35</sup> Ibid.

<sup>36</sup> “Russia May Struggle to Sustain Results Achieved in Its Last Global Fund HIV Grant | Aidspace,” accessed March 30, 2020, [https://www.aidspace.org/gfo\\_article/russia-may-struggle-sustain-results-achieved-its-last-global-fund-hiv-grant](https://www.aidspace.org/gfo_article/russia-may-struggle-sustain-results-achieved-its-last-global-fund-hiv-grant).

- 2) Create the initiative “Territories without HIV”, which will involve international communication between representatives of territorial units among different countries that suffer from the problem. This will help to share experiences and elaborate on suitable social policy for the local context;
- 3) Let access to policymaking process for the young generation, especially in the sectors of social policy, to fill missed fresh vision in policy design;
- 4) Involve deprived groups into policymaking process; support and recognize their opinion, initiatives, and projects;
- 5) Establish more dynamic and result-oriented collaboration between bureaucracy and social movements and NGOs;
- 6) Create social councils (promotion of government policy among the mass population) and public monitoring groups (performance monitoring) that will work in conjunction with bureaucrats;
- 7) Increase the role of public-private partnership;
- 8) Propose the central government to allocate funds for various national programs that will have a comprehensive impact on the reduction of the spread of HIV (e.g. design the effective behavior-change strategies through investment in education; physical activities; access to condoms; detection initiatives; etc.).

## **Conclusion**

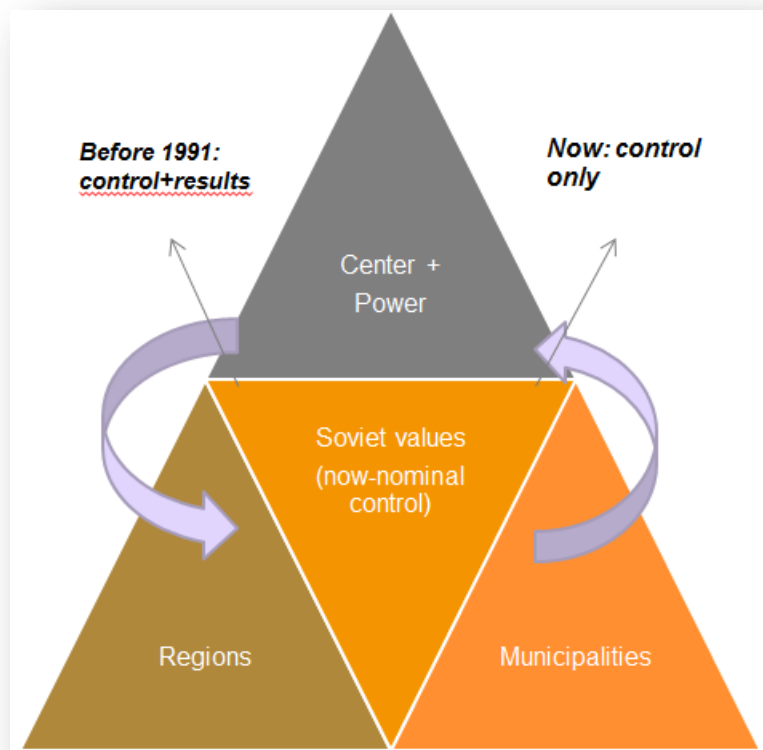
This paper analyzed two major factors that influence the increase of HIV/AIDS cases in the Russian Federation. While one of them is the incomplete decentralization that imposes barriers on the policy-implementation process in the health sector, another one is the weak governance and bureaucracy that impede policy success. Nevertheless, these two factors are

based on the obsolete vision of the officialdom, which maintains the standards of the Soviet policy.

The match between decentralization and poor performance is based on the Soviet-style of governance that the Russian political system has adopted. Despite the presence of federalism and the autonomous nature of the territorial units in Russia, clientelism in the implementation of the national policy guidelines at the subnational level is still the problem. This is mixed with a weak bureaucratic machine that suffers from corruption and misappropriation of the federal transfers allocated for social programs.

The old-fashioned style of governance with the problems mentioned above just makes the situation even worse. This influences the quality of the service provision because bureaucrats ignore public and NGO participation, and they also support conservative vision on solving the HIV/AIDS problem in the country, denying international practice. That is why, despite the symbolic existence of federal programs, most of them remain declarative and unrealized.

Based on the analysis, the author of this paper argues that it may be beneficial for the central



government to maintain an inactive line of policy since weak (corrupt/overpaid in this context) bureaucracy in regions, which is encouraged to perform freely, helps to keep power in the center. It works as the cycle in which the center supports bureaucracy by providing benefits and privileges and the latter staying inert in order to support the center.

Being concerned with the spread of HIV/AIDS globally and nationally, the author thinks that the Russian Federation has enough capacity to change its political approach to the problem. In this sense recommendations suggested in this paper can contribute to this change in the initial steps and shift the obsolete vision of officials to the proactive and responsive side.

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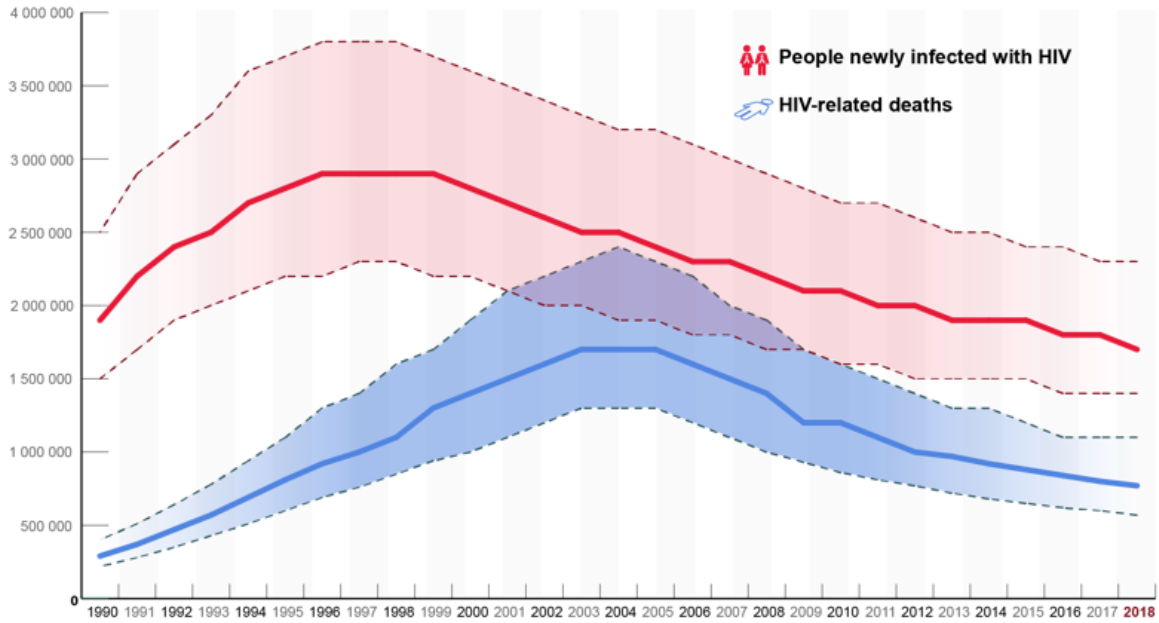
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Attachment 1 (Global Trend)

## Decline in HIV incidence and mortality over time



Source: UNAIDS/WHO estimates



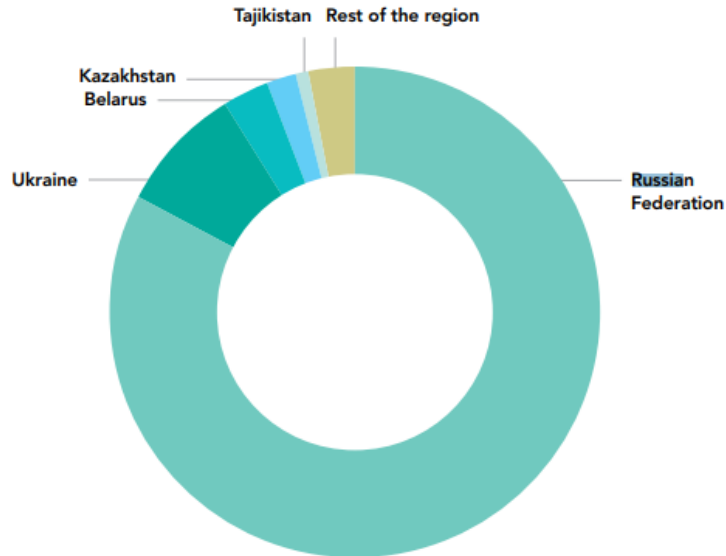
Source: <https://www.who.int/hiv/data/en/>



## Attachment 2

### Distribution of new HIV infections by country, eastern Europe and central Asia, 2015

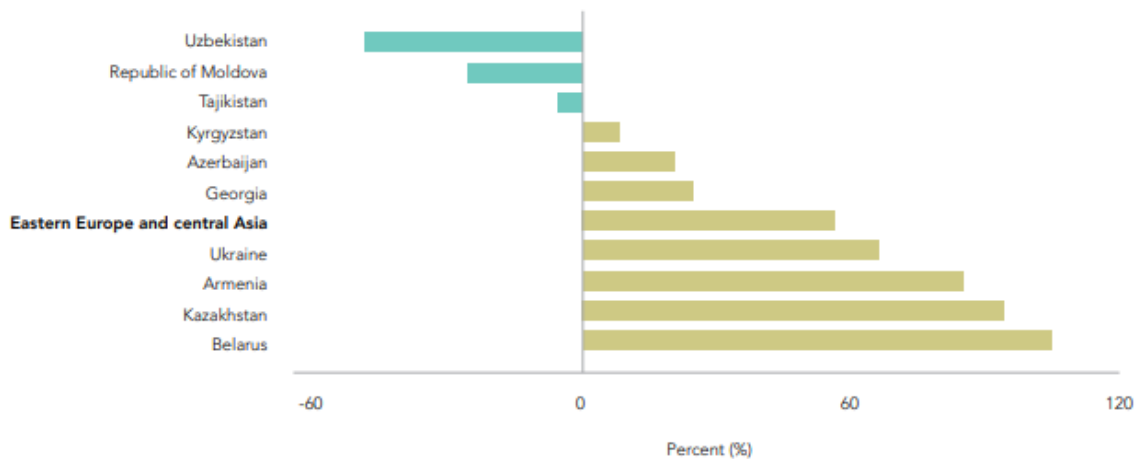
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Source: UNAIDS 2016 estimates.

### Percent change in new HIV infections among adults (aged 15 years and older), eastern Europe and central Asia, from 2010 to 2015

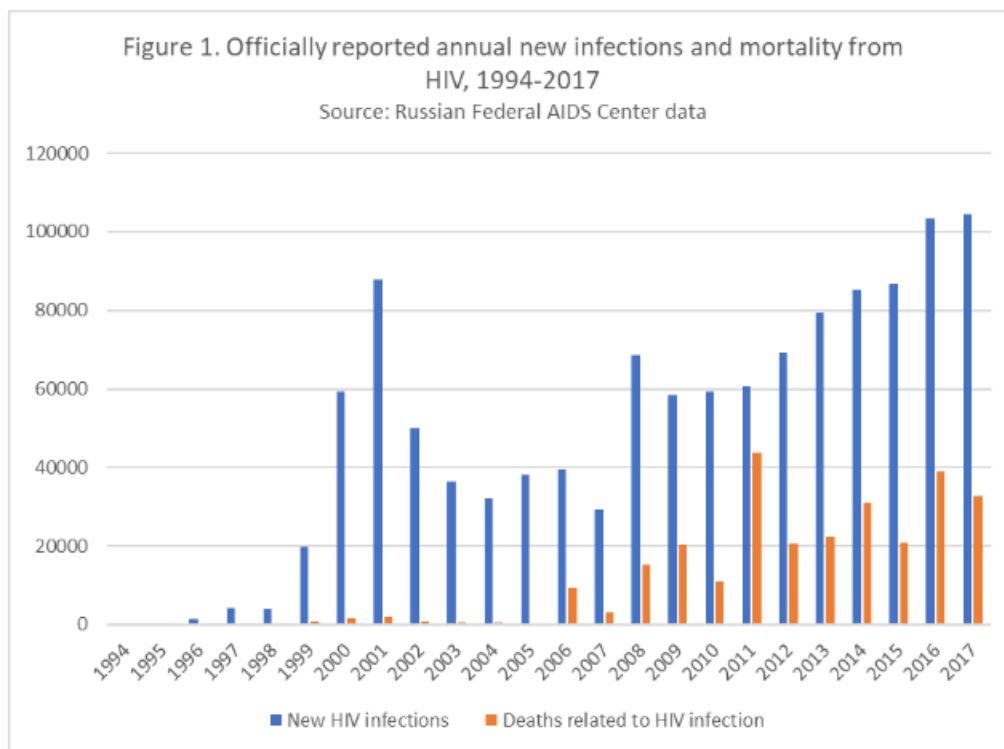
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Source: UNAIDS 2016 estimates.

Source: [https://www.unaids.org/sites/default/files/media\\_asset/2016-prevention-gap-report\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf)

### Attachment 3



Source: Judyth Twigg, "Russia's Avoidable Epidemic of HIV / AIDS," PONARS Eurasia, no. 581 (2019): 1-7.