

Appendix 4.12

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WIND FROM THE NORTH, MODERATE TO STRONG

HIV pandemic forecast in the Far East keeps medical specialists on alert.

Many residents of our "deep North" lands still remember on-site meeting of the Russian Federation State Council chaired by President Putin in Salekhard last year, where main direction of Russian governmental policy concerning northern territories were discussed. It was reported there that northern regions play a major role in Russia's economy today. One quarter of all country's profits are generated there; 30 percent of all State revenue. The meeting participants concluded: in terms of development, the North should be viewed not as an appendage providing raw materials, but as an integral part of the Russian Federation territory, a place where people live.

This means that forecasting HIV/AIDS pandemic growth and other infectious diseases in the North, not to mention their initial prevention, are promoted to the area of national interests, no less. And it is about time.

It is the initial stage, but nevertheless...

It is hard to find another mega-unit of Russia that would encompass as many northern territories, as the Far-Eastern Federal District located in the Asian part of Russia does. The FED includes: the Sakha Republic (Yakutia); the Magadan, Kamchatka and Sakhalin regions; the Chukotka and Koryak Autonomous Areas. It was always populated and developed spottily, due mainly to selective use of natural resources. A passenger looking down from a helicopter – perhaps the most "public" means of transportation in the far-eastern North – will see just few and far between settlements, grouped around workable deposits or industrial and transportation nodes.

Medical specialists date the advent of HIV epidemic process in the seventh federal district with 1989. This is when the first case was identified – an eighteen-months-old baby who lived on Kamchatka peninsula but who contracted nosocomial infection in the city of Shakhty in Rostov region. In other far-eastern North areas – Sakhalin and Magadan – first HIV cases appear in 1993, but annual official infection registries show 1995 as starting date for Sakhalin and 1996 for Magadan.

According to accepted ranging, the Far-Eastern Federal District is moderately affected by HIV, but the majority of its areas, including northern ones, are still at the initial stage of the epidemic. Despite this, a recent forecast issued by the Khabarovsk Research Institute for Epidemiology and Microbiology of the RF Healthcare Ministry, that incorporates the Territorial Center for AIDS Prevention and Combat, does not look optimistic. Given that about 50 percent of HIV patients develop clinical manifestations of AIDS in the eighth year of infection, the number of AIDS cases in the region can reach 978 by 2009 and 3261 by 2012.

Jointly with the UNAIDS information service the Khabarovsk Institute has also assessed HIV spread and developed a short-term forecast for its further "parade." They were proceeding from the fact that the epidemic has intensified in the Far East among the most vulnerable group – injection drug users; in a more limited fashion, it was also expanding among the so-called lower risk groups through heterosexual contacts. Using this forecasting model, MD Vladislav Bogach and MD Olga Trotsenko have predicted that the number of HIV infections will increase sharply by 2010, and in 2011 the epidemic's generalization can be expected with over 1 percent of the Far East residents affected.

One important detail: the forecast assumes that the prevention system will remain the same till 2030, i.e. that it will not be upgraded.

So, how does the system of "defensive installations" look on the far-eastern northern territories? Getting a bit ahead of the story, we can say that it is quite unusual...

Work record book for a ... volunteer

Let's go first to Yakutia, to Mirny region, where the largest proportion of newly identified cases was observed prior to 2000 in comparison to other towns and uluses of the Republic. Interdepartmental planning and implementation of preventive measures here is based on municipal "Anti-HIV/AIDS" program developed by local governments and approved by the regional Council of Deputies. The program takes into consideration local specifics of epidemic processes and succession of funding from the federal and republical programs of the same name.

The main distinctive feature of this territory is high mobility of local populations, shift labor from CIS countries and western RF regions hired by local precious metal mines. Considering that first cases of infection in Mirny region were imported, local doctors perform mandatory HIV-antibody tests for all foreign and shift workers. This regulation was introduced by the decree of the State Sanitary Inspector of the Sakha (Yakutia) Republic. And with good reason: the newcomers were quite frequently presenting documents with forged negative test results.

One of the two branches of the Republican Center for AIDS Prevention and Combat is located in Mirny. Its main objective is to promote strategy of dealing with ID users and simultaneously to install intensive system of primary prevention of HIV/AIDS and drug abuse among students.

Since ID users are the most vulnerable target group in Mirny (the commercial sex market there is practically non-existent), the local Anti-AIDS Center staff have developed the "Harm reduction among IVU" program. It is implemented successfully for over five years in three towns of the region where drug abuse and HIV are dominating. Initially the program focused on outreach activities (ex-IV users were giving on-site consultations, and incidentally, were paid for it), and later a number of syringe exchange points were opened.

Mass prevention measures for the youth and the adult populations have some specific features too. According to the Head Physician of the Republican Center for AIDS Prevention and Combat, Anatoly Kozhevnikov, the difference is that the majority of Mirny region residents leave Yakutia during summer vacations, executing in full civil rights accorded to the Far North population. Hence all preventive actions must take place between October and May. And, certainly, not outdoors, given local bitter climate. The intensive primary prevention tactics is to target groups of students or young industrial workers through lectures and trainings.

In order to expand the "reach", there are also regular annual seminars for teachers. Working with the youth includes creating groups of volunteers and training them in "peer-to-peer" training techniques. Upon completion of the training course each volunteer receives a "volunteer's work record book" signed and sealed by the head of the Center.

A patient won't have to spend money for a return ticket

Magadan region has volunteers of its own too. There the first identified case of HIV dates back to 1993. Since then, the regional Center for AIDS Prevention and Combat had registered (as of this December 1) 95 HIV-positive people, 61 men and 34 women. An important detail is that the majority of these cases are "imports." Specialists believe that to a certain extent the outcome of work with "outside" patients allows to restrict an indigenous HIV hotbed and prevent its spreading across the region.

What kind of work is this?

Doctors are persuading HIV patients who have relatives on the "mainland" to return there. "Is not it good that young people who really need moral, and frequently also material, support, are going back to their families or under their parents' wing?" – Vladimir Kovalyov, Head Physician of the Regional Center for AIDS and Infectious Diseases Prevention and Combat, was asking me.

Medics have another, prevailing argument in favor of persuading their patients to move back to the "continent". Northern climate can accelerate damage to the immune system, hence the development of AIDS-associated diseases which, as we know, lead to a patient's death. It works almost without fail. Even elementary school kids know that immune status of a healthy person in the North is low.

Medics' arguments made several dozens of patients leave Kolyma already. Especially considering that they do not have to spend money on their return airfare. Managers of clinics where HIV cases are monitored keep bugging municipal administration for paying their patients' passage. And they do pay. Passage to Moscow and St.Petersburg, Krasnodar and Kaliningrad, Odessa and Donetsk...

All these cities are as a rule having a high rate of HIV/AIDS infection and serve as infection delivery points to Magadan region. These are precisely inhabitants of western parts of Russia and especially Ukraine who rush to the "golden" Kolyma every season. Can Magadan medics do something to seriously counteract the menacing virus' penetration to their territory?

The regional Center for AIDS Prevention and Combat searches and finds legal ways to screen as many new arrivals as they can. Any person who applies for a mining job must pass a medical examination. An experienced doctor will always notice clinical indicators for suggesting an HIV test. So the Center's specialists are collaborating actively with medical examination committees and keep tirelessly reminding their colleagues how important is the "barrier" function of checkups for maintaining the status-quo in terms of epidemic spread in the region.

However remote (and Kolyma territory is larger than Germany) is the corner where an imported or an indigenous case is identified, the Center's physicians go to the site and investigate the nosocomial source of infection and the HIV-infected person's contacts.

Vladimir Kovalyov's team includes many "part-timers" – teachers, college students, journalists, law enforcement officers, including drug agents.

Magadan specialists know first-hand the decisive role of drugs in spearing HIV: only 35 of their present and past patients were infected through sex, all others – through "collective" needles. This is why the international "Harm reduction" program is operating in the region for several years, and syringe exchange rooms are opened. The "Peer-to-peer" training program is implemented for quite some time as well. Many local medical college students underwent training at the Center for AIDS Prevention and Combat and now generously share their knowledge on ways to protect themselves from this universal pestilence with their peers.

The volunteer movement grows year by year at Magadan high schools. Students from several senior classes of the School # 27 took the "young volunteer" class together recently, just before the World AIDS Day.

Two confidential hot lines are dedicated to reaching the most vulnerable groups. Mandatory presentations that infectionists make during various youth actions in Magadan have the same objective.

A non-commercial Anti-AIDS Foundation opened in the Kolyma capital mainly works on increasing public awareness of basic HIV and AIDS-related diseases prevention measures. It is headed by the Head Physician of the regional Center for AIDS Prevention and Combat Vladimir Kovalyov.

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PHOTO caption: youth actions held outdoors are rather an exception than a rule in Yakutia bitter climate; Deputy Head Physician of the Magadan Regional Center for AIDS Prevention and Combat Yelena Kuzmenko trains volunteers within the Medical College walls.

Photo by the author.

Khabarovsk-Mirny-Magadan.