

HIV and tuberculosis in the former Soviet Union

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Political, economic, and social transitions; environmental problems; new and re-emerging diseases; and disinvestment in state-run health-care delivery systems have caused the health of populations in the former Soviet Union to plummet, and inequities to grow. Many countries have experienced civil war and war with neighbouring countries, with some countries still engaged in border disputes and battles. Even in countries where the political process of change has lacked violence, the “shock therapy” blueprint—radical reforms aimed at rapid economic stabilisation, liberalisation, and privatisation—brought with it its own conflict, disruption, and violence.

The consequences of these changes have been widespread, but vary from country to country. Although the health of people in Baltic countries (Latvia, Lithuania, Estonia) has improved rapidly over the past decade, disparities still exist within each society. Elderly people and those who are mentally disabled, for instance, have seen their social protection further eroded because they are unable to pay for health services that were previously free. The countries of central Asia, facing high levels of infant and maternal mortality, also struggle to implement health reforms because of endemic corruption. In Russia, Ukraine, and Moldova, life expectancy has fallen. Whereas almost 90% of 18-year-olds in western Europe can expect to reach retirement age, in Russia, only about 50% will reach this age.

Most important, however, is the resurgence of infectious diseases. In addition to the challenges faced by other developed countries—high rates of cardiovascular disease, cancers, and injuries—the region now also confronts a dual pandemic of HIV and tuberculosis.

The former Soviet Union has the fastest growing HIV epidemic in the world, with the number of

cases in 2001 twice that of all previous years combined. Prevalence of HIV varies widely, with Ukraine, the Russian Federation, Belarus, and Moldova having the highest prevalence, in that order. HIV is less prevalent in the Baltics and central Asia, yet recent outbreaks in Estonia, Lithuania, Kazakhstan, and Uzbekistan point to a growing problem. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), prevalence of HIV in adults is very high in Ukraine, and higher still in epicentres such as Odessa, Ukraine, and Moscow and St Petersburg, Russia, with young people in all countries of the former Soviet Union especially vulnerable.

The countries of the former Soviet Union have also seen a resurgence of tuberculosis in the past decade. Russia is one of the “high-burden” countries—the 22 countries in the world with the largest number of people infected with tuberculosis—and the disease is spreading rapidly to neighbouring countries. More than a quarter of a million cases of tuberculosis occur every year in eastern Europe, and in Russia about 30 000 people die and another 30 000 are disabled as a result of this disease.

These dual epidemics are being fed by a third: growing drug use. The changes wrought by economic and political transition have created a fertile ground for a rise in injecting drug use. The opening of borders has allowed drugs to move freely through the region: from Afghanistan, the world’s largest producer of opium, narcotics have spread to neighbouring republics in central Asia, then through Armenia, Azerbaijan, and Georgia, on their way to the west. By the end of 2000, there were 2.3–4.0 million injecting drug users in the former Soviet Union.

The sharing of HIV-contaminated injection equipment—often because people do not have access to clean syringes because of legal obstacles or service delivery gaps—is the main factor exposing injecting drug users to infection with HIV and other blood-borne diseases. This mode of transmission accounts for almost all new cases of HIV in the former Soviet Union. Of particular concern is the dominant role of imprisonment as a “risk factor” for diseases in this region. Russia has one of the highest rates of imprisonment of any country in the world, second only to the USA. Its prisoners, and those in pretrial detention centres, are subjected to dehumanising conditions that greatly threaten their physical and psychological health. The Russian prison system has not been substantially reformed



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and is replicated in many of the countries of the former Soviet Union. The overcrowding and inadequate sanitation, food, and light have created breeding grounds for infectious diseases, especially HIV and tuberculosis.

The number of injecting drug users among prisoners is rising, and HIV is spreading through sharing of dirty needles and other high-risk behaviours such as unprotected sex. Very few prison health services offer, or even permit, services such as needle exchanges, bleach, and condoms, which would enable drug users to reduce their risk of infection.

Tuberculosis is of particular concern in prisons, which are the primary "pump" of the epidemic and a breeding ground for multi-drug resistant tuberculosis (MDR-TB). Referred to as "ebola with wings", tuberculosis runs rampant in prison systems throughout the former Soviet Union, affecting and infecting inmates, staff, and the public beyond prison walls and national borders. In a region where health resources are already thin, treatment of MDR-TB is that much more difficult. In Russia, almost a third of prisoners with tuberculosis have this variant. In this environment, co-morbidity of AIDS and tuberculosis is especially problematic, since each disease speeds the progress of the other.

In view of the constant movement of people in and out of prisons, addressing the issues of tuberculosis and HIV within prisons is crucial to ensuring the health of populations outside the penal system. Prison health programmes in the former Soviet Union face many financial and structural obstacles in tackling these epidemics. The separation of civilian public health services and prison health programmes prevents an integrated approach to health care. Furthermore, prison health services are often relegated to the fringes of society within the administrative structure of the prison system, and do not have the funds and training necessary to provide adequate and equitable care. With the rise of MDR-TB, tuberculosis, and injecting drug users in prisoners, prison sentences are quickly becoming death sentences.

Tuberculosis, HIV, and drugs have the potential to further destabilise a region already in crisis. The challenges are formidable, but the situation is not entirely bleak since evidence-based answers exist. By increasing access to clean needles and drug treatment services, expanding DOTS (directly-observed treatment strategy) and DOTS plus (strategies recommended by WHO for treatment of tuberculosis and MDR-TB), and decreasing rates of incarceration through alternative sentencing and other prison reforms, the countries of this region have an opportunity to mitigate the effects of these epidemics and avoid the devastation experienced by other regions. Donor countries can also contribute through support of initiatives such as the Global Plan to Stop TB.

Unfortunately, however, health has not been high on the political agenda since the reforms. Economic crisis led to economic reforms, and political crisis resulted in political reforms. But health crisis, masked by inadequate data and reporting systems



Jacqueline Mia Foster

An injecting drug user from the former Soviet Union

and a lag between cause and effect, has not yet resulted in adequate changes to the health-care system. Conquering these diseases demands a rapid shift in priorities and financing, involving reallocation from hospital-based to preventive and public health services. Equally importantly, it requires a strengthening of political commitment, and recognition that adequate safety nets for the most vulnerable members of society—such as drug users and prisoners—have not yet been built. The staggering lack of political and economic support from governments in the former Soviet Union emphasises that without a substantial commitment to health and attention to the people most affected by the lagging social reforms, many of the economic and political gains in these post-conflict societies will be lost on the new battleground fighting tuberculosis and HIV/AIDS. This battle, if lost, will have consequences far beyond the boundaries of the former Soviet Union.

Further reading

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