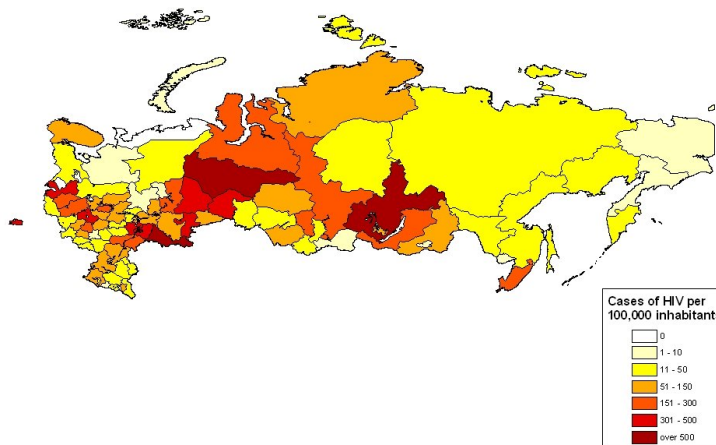


RUSSIAN FEDERATION

Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 99 000*
 Antiretroviral therapy target declared by country: not declared

Prevalence of HIV in the Russian Federation - 31 December 2003



Map Data Source:
Federal AIDS Center, Russian Federation
 Map production:
Public Health Mapping & GIS
Communicable Diseases (CDS)
World Health Organization



World Health
Organization

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	142.4	United Nations
Population in urban areas (%)	2005	73.3	United Nations
Life expectancy at birth (years)	2003	65	WHO
Gross domestic product per capita (US\$)	2002	2 405	Federal State Statistics Service
Government budget spent on health care (%)	2002	9.5	WHO
Per capita expenditure on health (US\$)	2002	141	WHO
Human Development Index	2003	0.795	UNDP

*= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

**=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* The Federal AIDS Center estimated that 90 000 people needed antiretroviral therapy as of December 2005.

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.6 - 1.9%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	420 000 - 1 400 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	5000	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	99 000*	WHO/UNAIDS
HIV testing and counselling sites: number of sites		NA	
HIV testing and counselling sites: number of people tested at all sites	Jan-Dec 2005	20 million	Federal AIDS Center
Knowledge of HIV prevention methods (15-24 years)% - female*		NA	
Knowledge of HIV prevention methods (15-24 years)% - male*		NA	
Reported condom use at last higher risk sex (15-24 years)% - female**		NA	
Reported condom use at last higher risk sex (15-24 years)% - male**		NA	

3. Situation analysis

Epidemic level and trend and gender data

The Russian Federation has a concentrated HIV epidemic among injecting drug users. It has one of the most rapidly growing HIV epidemics globally, with an explosive increase since 1996. According to UNAIDS, an estimated 850 000 people were living with HIV/AIDS at the end of 2004, of whom 60% were 20-39 years old and almost two thirds were men. The number of people officially registered as living with HIV/AIDS in the Russian Federation has increased significantly from 3623 cases as of 31 March 1997 to 327 899 cases reported as of December 2005 according to the Federal AIDS Center. Currently, 43 regions with 29% of the population have low HIV prevalence (1-50 cases per 100 000 population); 23 regions with 28% of the population have medium prevalence (51-150 per 100 000); 11 regions with 19% of the population have high prevalence (151-300 per 100 000); and 12 regions with 24% of the population have a very high prevalence (301-620 per 100 000). The epidemic is distributed unevenly across the country, with more than half of all infections being reported in just 10 regions. The prevalence in St Petersburg increased 100-fold: from 0.013% in 1998 to 1.3% in 2002. The epidemic is relatively young, with most individuals infected between 1999 and 2002. The proportion of people living with HIV/AIDS needing treatment is therefore still low but is likely to increase dramatically over the next five years. With an estimated adult prevalence rate of 0.6-1.9%, the Russian Federation has a concentrated HIV epidemic disproportionately affecting vulnerable populations of injecting drug users, sex workers and men who have sex with men. The considerable stigma faced by injecting drug users and men who have sex with men in the Russian Federation leads to underreporting of cases. Although the epidemic has been driven by male injecting drug users, increasing heterosexual transmission is being reported, resulting in increasing numbers of women being infected. According to the Federal AIDS Center, the overall proportion of women among people living with HIV/AIDS increased from 24% in 2001 to 38% in 2003.

Major vulnerable and affected groups

The epidemic is largely concentrated among injecting drug users. The estimated 1.5 million to 3.5 million injecting drug users account for 87% of the people living with HIV/AIDS but less than 10% of the people receiving antiretroviral therapy, according to data compiled by the WHO Regional Office for Europe in August 2005. The HIV prevalence rate among injecting drug users approaches 65% in some cities. A significant proportion of drug users are involved in sex work, which could act as a bridging population for spreading HIV into the general community. An estimated 5-15% of sex workers are infected with HIV, increasing to 48% for the sex workers who are also injecting drug users. The HIV seroprevalence among prisoners is estimated to be close to 5%, and 42 000 prisoners were reported to be living with HIV/AIDS in November 2004 according to data from the Ministry of Health and Social Development and the Ministry of Justice.

Policy on HIV testing and treatment

The 1995 Federal Law on HIV/AIDS includes a wide range of legal guarantees and social protection related to HIV/AIDS. Under this law, the state guarantees anonymous and confidential HIV testing; pretest and post-test counselling; and free access to health care and social welfare services for people living with HIV. Voluntary counselling and testing, although available on a large scale, is often compromised by inadequate quality of counselling, lack of informed consent, lack of confidentiality and the extensive volume of mandatory testing (up to 20 million people annually, according to the Federal AIDS Center). Despite a policy of free, universal access to antiretroviral therapy, coverage is estimated at less than 3% of those in need (2004). The government is committed to expanding access to antiretroviral therapy in 2006, and a presidential decision has allocated more than US\$ 100 million for HIV/AIDS treatment, care and prevention efforts, a 20-fold increase from previous annual governmental expenditure on HIV/AIDS.

Antiretroviral therapy: first-line drug regimen, cost per person per year

Antiretroviral therapy is only available through a limited number of federal and regional AIDS centres. National antiretroviral therapy guidelines are being developed. At present, the Russian Federation does not yet provide antiretroviral therapy consistently, and a broad range of monotherapy, double therapy and triple therapy is widely practised. Fourteen antiretroviral drugs are registered in the Russian Federation. Tenofovir is not on the list of registered drugs (applied for registration in 2004) to cover antiretroviral drug needs in accordance with WHO antiretroviral therapy guidelines. No generic antiretroviral drugs are registered. Antiretroviral drug prices per person per year at the end of November 2004 were: first-line: US\$ 7800-8800; second-line US\$ 12 000-15 000. By August 2005, the average cost of the first-line regimen had declined to an average of US\$ 1700 per person per year (US\$ 1500-2000 depending on the regimen) as a result of direct negotiations with pharmaceutical companies led by the Open Health Institute (the nongovernmental organization leading implementation of the Global Fund to Fight AIDS, Tuberculosis and Malaria Round 3 grant as Principal Recipient) in collaboration with the Ministry of Health and Social Development and with support from WHO. In 2004, announcements made by the Ministry of Health and Social Development indicated that the government reached agreement with international pharmaceutical companies to import first-line antiretroviral drugs at about US\$ 1200 per person per year. The agreement remains to be formally confirmed, and WHO, UNAIDS, UNICEF, the World Bank and other partners are continuing their efforts to clarify further options for reducing prices.

Assessment of overall health sector response and capacity

The Government of the Russian Federation began to develop a national AIDS programme in the early 1990s in collaboration with the federal and regional AIDS centres, but limited federal funds were allocated to the programme until 1998. The federal HIV/AIDS programme for 2002-2006 was adopted in 2002 with an initial budget allocation of US\$ 4 million, of which 70% is devoted to purchasing antiretroviral drugs, with additional funds allocated by regional governments. The programme focuses on HIV testing, surveillance and prevention. A Federal Law on HIV was elaborated in 1995 and continues to be a reference for HIV/AIDS activities. The Russian Federation has a well-developed government HIV/AIDS health service infrastructure including the Federal AIDS Center (responsible for federal HIV/AIDS guidelines, normative direction and epidemiology), 7 okrug (interregional) AIDS centres, 89 regional AIDS centres and 20 municipal AIDS centres. Each AIDS centre provides HIV/AIDS prevention, testing and counselling, treatment, surveillance and laboratory monitoring and has at least 50 staff representing a broad mix of professions, skills and experience. In addition to the estimated 7000 dedicated HIV/AIDS government staff at these centres (of which about 300 are HIV/AIDS specialist physicians), about 1000 laboratories conduct routine serological surveillance for HIV infection and about 100 infectious disease hospitals, and the infectious disease units in about 300 hospitals can provide inpatient care for people living with HIV/AIDS. About 9000 infectious disease physicians working in these hospitals or units could be trained in HIV/AIDS treatment and care. Nongovernmental organizations are providing HIV/AIDS services in more than 40 regions. Laboratory equipment is being procured for 25 AIDS centres with funding from a World Bank loan for HIV/AIDS, with WHO providing guidance on technical specifications. The Ministry of Health and Social Development increased efforts in 2005 by establishing two key working groups currently developing the necessary normative protocols and guidelines for clinical case management for HIV/AIDS services as well as educational and training material modules for health workers delivering antiretroviral therapy services. It is anticipated that all necessary normative protocols will be adapted for use in the Russian Federation by the end of the second quarter of 2006, and training modules should be available and adapted by mid-2006.

Critical issues and major challenges

Most people needing treatment are marginalized and difficult to reach (drug users, sex workers and men who have sex with men), requiring strategies for outreach, reducing stigma and supporting adherence. The most important challenges at the end of 2005 are the need to scale up coverage and secure funding for harm reduction programmes that include needle and syringe exchange and to remove the legal obstacles preventing the introduction of opioid substitution therapy as a key adjunct for effective delivery of antiretroviral therapy to injecting drug users. Tuberculosis services, sexually transmitted infection services, maternal and child health, drug treatment and prison services need to be better coordinated and linked with HIV/AIDS services. Antiretroviral therapy guidelines need to be finalized and implemented to address inappropriate and ineffective treatment regimens. There is currently no national treatment plan or human resource deployment plan. Drug procurement and supply management require centralization and improved coordination. Although a large workforce exists, retraining is needed. Training in antiretroviral therapy is not yet included in most undergraduate or postgraduate medical curricula. Other major challenges include reducing the cost of antiretroviral drugs, including registering generics; strengthening organizations of people living with HIV/AIDS and support groups and nongovernmental organizations serving vulnerable populations; providing support for adherence to antiretroviral therapy, especially for vulnerable populations; and expanding the Essential Drugs List to include the full range of antiretroviral drugs to cover treatment regimens. A key gap exists in the antiretroviral therapy delivery system below the city and oblast levels, which is more significant for larger regions with dispersed populations in the rayons (districts). Other weaknesses include the inadequate quality and coverage of testing and counselling services, inadequate monitoring of the people receiving therapy and inadequate epidemiological surveillance systems.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- Of the US\$ 4.0 million annual HIV/AIDS budget of the Ministry of Health and Social Development in 2005, 70% was devoted to purchasing antiretroviral drugs, and additional government funds provided treatment for opportunistic infections. The more wealthy regions purchase their own antiretroviral drugs. In 2003, the City of Moscow spent US\$ 6.0 million on antiretroviral drugs, allowing 880 people to be treated. AIDS centres in about 80 of the 89 regions lack the resources to purchase any antiretroviral drugs and must depend on receiving supplies from the annual Ministry of Health and Social Development allotment.
- The Russian Federation is receiving funding from the Global Fund in Rounds 3 and 4. Under the Round 3 grant from the Global Fund, about 5% of the two-year approved funding of US\$ 31.6 million (a total of US\$ 89 million requested over five years) is currently supporting a limited antiretroviral therapy caseload of about 800 people. As of December 2005, US\$ 28.9 million had been disbursed from this grant. The Russian Federation also submitted a successful Global Fund Round 4 proposal, with total five-year funding requested of US\$ 120 million and two-year approved funding of US\$ 34 million. The proposal focuses on scaling up antiretroviral therapy for vulnerable populations, including injecting drug users. The Global Fund Round 4 grant agreement was signed in September 2005, and as of November 2005, US\$ 4.1 million had been disbursed for implementation of activities. The Round 3 grant was awarded to a nongovernmental organization consortium led by the Open Health Institute, and the Round 4 grant was awarded to the Russian Health Care Foundation as Principal Recipients of the respective grants.
- The recent five-year World Bank loan project of US\$ 150 million, which includes a US\$ 47 million HIV/AIDS component, provides limited funding for antiretroviral therapy for preventing mother-to-child transmission of HIV (MTCT-Plus Program), diagnostic supplies, blood safety improvement and strengthening the policy framework for HIV/AIDS.
- The European Union recently signed an agreement to provide up to €4 million to the Russian Federation over two years to focus on capacity-building, providing antiretroviral therapy, blood safety and providing management support to the Ministry of Health and Social Development. Some funds are also available from United Nations agencies, including UNAIDS, WHO, UNICEF, UNESCO and UNDP as well as from bilateral donors including the Swedish International Development Agency and the United Kingdom Department for International Development. These are supporting the implementation of the "three ones" principles in the Russian Federation: one agreed HIV/AIDS action framework that drives alignment of all partners; one national AIDS authority with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system.
- Currently all regions (including Moscow) provide limited or no access to treatment for individuals from marginalized and vulnerable groups. This situation could be compounded in the future, as the government has decided that the regions will pay for 80% of the financial burden incurred in all activities for controlling HIV/AIDS. Accordingly, even with financial support available from the Global Fund grants and the World Bank loan for commodity procurement, regions will incur an increase in the cost of personnel, facility management and other inputs.

5. Treatment and prevention coverage

- In 2003, WHO and UNAIDS had estimated that the total antiretroviral therapy need for the Russian Federation was about 71 000 people. In 2005, the Federal AIDS Center estimated that the total antiretroviral therapy need was 90 000 people. The government did not declare a national treatment target for 2005.
- Access to antiretroviral drugs is limited. About 5000 people were estimated to be receiving antiretroviral therapy by the end of 2005, most of whom were receiving treatment through the public sector, with funding provided through federal and regional budgets.
- Under the Global Fund Round 3 grant, antiretroviral therapy is expected to be provided for 2500 people living with HIV/AIDS and for an additional 2000 women living with HIV/AIDS under the MTCT-Plus Program in 10 regions. Under the Global Fund Round 4 proposal, the Russian Federation aims to provide antiretroviral therapy for about 74 000 people over five years.

6. Implementation partners involved in scaling up treatment and prevention**Leadership and management**

The Ministry of Health and Social Development provides leadership in policy and programming within the public sector. Various ministries are the involved in the multisectoral fight against the epidemic. The Advisory Council to Fight HIV/AIDS, consisting of 25 government and nongovernmental organization members, was established in 2003, with United Nations agencies invited to participate. In November 2004, the Advisory Council was abolished and replaced by a National Coordinating Council for HIV/AIDS, comprising more or less the same breadth and level of interministerial representation as its predecessor. The Federal AIDS Center provides policy advice and normative guidance. National planning involves other key ministries, including the Ministry of Justice, Ministry of Education and Science and Ministry of Economic Development and Trade. Key United Nations agencies involved in policy support include WHO, UNAIDS, United Nations Office on Drugs and Crime (UNODC) (especially in relation to prisons and injecting drug users) and UNICEF (young people and preventing mother-to-child transmission). Other key international bodies providing support include: the United States Agency for International Development, the European Union, the World Bank, the United Kingdom Department for International Development, the Swedish International Development Cooperation Agency and the Canadian International Development Agency.

Service delivery

The Ministry of Health and Social Development provides leadership in antiretroviral therapy service delivery, primarily through the okrug and regional AIDS centres. Under the Ministry of Health and Social Development, the Federal Agency on Health and Social Development is responsible for providing state services in health and social development, including health care. The 89 regional AIDS centres are responsible for implementing HIV testing, prevention and care programmes. The Federal AIDS Center represents the national reference centre on surveillance and laboratory diagnosis, providing advice on treatment policy and conducting HIV/AIDS research and preventive activities in liaison with regional AIDS centres. WHO provides normative support for developing tools and guidelines, including antiretroviral therapy guidelines, HIV testing and counselling and laboratory services, focusing on both accelerating prevention efforts and scaling up treatment. UNICEF supports drug procurement. WHO, UNAIDS, World Bank and the William J. Clinton Foundation are providing technical, legal and strategic advice to the government in negotiating lower prices for antiretroviral drugs. Several nongovernmental organizations provide services that support scaling up antiretroviral therapy, including HIV testing and counselling, reaching out to vulnerable populations, training health care workers and directly providing treatment and care services. Examples of nongovernmental organizations supporting the scaling up of antiretroviral therapy include the AIDS Foundation East-West (preventing mother-to-child transmission and providing care and support for people living with HIV/AIDS); Open Health Institute (harm reduction, including treatment for injecting drug users); Population Services International (HIV educational materials for vulnerable populations); and AIDS Infoshare (advocacy for people living with HIV/AIDS). Several bilateral donors support activities relevant to antiretroviral therapy, including the United States Agency for International Development, the European Union, the United Kingdom Department for International Development, the Swedish International Development Cooperation Agency, the Canadian International Development Agency and the Government of Finland. A key emerging challenge is the need to urgently adapt the current delivery of antiretroviral therapy and prevention services to meet the expected higher demand as services are scaled up in mid-2006. WHO is working closely with the Ministry of Health and Social Development and the Federal AIDS Center to support the development of appropriate, cost-effective models for service delivery that can increase entry into treatment programmes, strengthen adherence to antiretroviral therapy, expand related vertical services (such as tuberculosis and drug treatment) and ensure continuity of care. This will also have an impact on strengthening the role of oblast and city AIDS centres as well as devolving antiretroviral therapy service delivery to the district level to make it more accessible to people who need it. Community outreach and community- and home-based care, currently provided mostly by nongovernmental organizations, also needs to be integrated with services provided in government health facilities for people living with HIV/AIDS.

Community mobilization

A range of nongovernmental organizations (such as AIDS Infoshare, AIDS Foundation East-West, Population Services International, Open Health Institute and the Humanitarian Action Foundation), United Nations agencies (such as WHO, UNDP and UNODC) and bilateral donors (such as the Canadian International Development Agency and the United States Agency for International Development) work alongside the government in mobilizing communities and supporting people living with HIV/AIDS. More than 50 Russian nongovernmental organizations work on programmes related to HIV/AIDS. Although prevention has traditionally been the main focus of their activities, their infrastructure and experience with hard-to-reach populations have been instrumental to increasing access to treatment and care for marginalized groups. The GLOBUS Consortium of nongovernmental organizations (led by the Open Health Institute) has been successfully implementing activities of the Global Fund Round 3 grant in close collaboration with governmental services. The Russian Harm Reduction Network provides support for direct services to 18 existing projects targeting injecting drug users with HIV prevention and care measures. The Russian Media Partnership to Combat HIV/AIDS has launched a public information campaign on HIV/AIDS. In recent years, the Russian Federation has shown greater readiness to confront the HIV/AIDS crisis, recognizing the need for more aggressive prevention measures and the potential role that nongovernmental organizations can play. A promising development is the decision of the Ministry of Health and Social Development to establish a joint advisory council of governmental agencies and nongovernmental organizations to direct a nationwide response to the HIV/AIDS epidemic (National Coordinating Council for HIV/AIDS). A continued challenge to community mobilization is the need to further empower people living with HIV/AIDS by ensuring their effective participation in policy development, strategic planning, decision-making, management and direct service delivery at all levels. The Ministry of Health and Social Development and some regional administrations have taken some positive steps in this direction. WHO is working closely with UNAIDS, UNDP and other partners to support the mobilization and capacity development of networks of people living with HIV/AIDS.

Strategic information

The Federal AIDS Center and the Federal Service of Surveillance in Health and Social Development provide leadership in surveillance, monitoring and evaluation, including surveillance of antiretroviral drug resistance. WHO plays an important role in establishing normative guidance, developing methodological capacity and providing direct technical assistance in close collaboration with federal authorities, UNAIDS cosponsors and other partners. In 2005, WHO activities have focused on strengthening second-generation surveillance, estimation and forecasting capacity, monitoring and information systems for monitoring people on antiretroviral therapy, strengthening HIV drug resistance surveillance and conducting key operational research with federal and international institutions to assist in creating a solid information base for strategic planning. Various universities from North America and western Europe support research activities related to HIV/AIDS treatment and care.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Developing models for HIV/AIDS and sexually transmitted infection outreach to vulnerable populations, including injecting drug users, sex workers and men who have sex with men
- Reviewing existing HIV/AIDS treatment regimens and protocols and providing technical assistance for developing national HIV/AIDS treatment guidelines based on WHO HIV/AIDS treatment protocols developed for Commonwealth of Independent States countries
- Advocating for a legislative and policy framework that is conducive to affordable access to antiretroviral therapy (including entry and adherence) and empowerment of people living with HIV/AIDS, especially among injecting drug users and other marginalized groups
- Assisting the Global Fund's Country Coordinating Mechanism in developing, receiving approval for and implementing the Global Fund Round 4 proposal with a focus on HIV/AIDS treatment and care
- Preparing a strategy paper to outline options for achieving lower antiretroviral drug prices, supporting drug price negotiations and accelerating the registration of generics
- Providing technical assistance to the Open Health Institute for implementing a Global Fund Round 3 project on supply procurement and delivery and clinical service delivery and providing support to the Open Health Institute in training physicians and service providers in the clinical aspects of antiretroviral therapy and preventing mother-to-child transmission
- Providing support to secure funding for the national programme from the European Union, the United Kingdom Department for International Development and the Swedish International Development Agency
- Supporting the efforts of the United Nations Theme Group on HIV/AIDS in the Russian Federation to advocate and provide technical assistance for expanding harm reduction programmes and introducing opioid substitution therapy
- Supporting the development and review of programmes for preventing mother-to-child transmission through a review workshop on preventing mother-to-child transmission in December 2004
- Providing support for developing strategies for reducing antiretroviral drug resistance
- Supporting the creation of a unified monitoring and evaluation reference group, including providing training and technical assistance to federal authorities on surveillance of antiretroviral therapy
- Supporting the establishment of second-generation surveillance among vulnerable groups and other key epidemiological studies required for sound strategic planning
- Providing support for developing antiretroviral therapy training modules and human resource capacity
- Providing technical assistance on issues related to tuberculosis/HIV coinfection
- Engaging federal authorities and scientists in technical consultations, professional exchanges and networks on normative guidelines, strategic planning and forecasting
- Expanding the existing WHO HIV/AIDS country team to support the government and other partners in scaling up antiretroviral therapy and accelerating prevention

Key areas for WHO support in the future

- Finalizing the results of ongoing technical assistance to the government in developing key normative documents, including a National Strategy on HIV/AIDS, a National HIV/AIDS Treatment Plan and standards of HIV/AIDS treatment and care for different levels of the health care system (primary, secondary and tertiary) and finalizing guidelines on treatment to be consistent with evidence-based recommendations from WHO
- Developing and supporting a strategic approach for further reducing antiretroviral drug prices, including continued negotiations on drug prices with pharmaceutical companies and registering generic antiretroviral drugs
- Providing technical support for establishing regional centres of excellence in building human resource capacity for scaling up antiretroviral therapy and expanding to the Russian Federation the treatment and care activities of the Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia
- Assisting in developing models of HIV testing and counselling and antiretroviral therapy delivery for vulnerable populations, including injecting drug users, sex workers and prisoners
- Assisting in the establishment of service delivery links between HIV/AIDS and tuberculosis, sexually transmitted infections, maternity, prison and other prevention and care services in order to enhance treatment entry, adherence and follow-up, especially for vulnerable populations
- Providing evidence for and advocating for expanding harm reduction activities for injecting drug users (including needle and syringe exchange) as well as introducing substitution treatment to enhance entry into treatment and adherence to antiretroviral therapy
- Assisting in developing a plan for procuring and managing the supply of antiretroviral drugs and HIV/AIDS diagnostics
- Developing indicators and methods and strengthening the data collection systems and skills for the surveillance of treatment and care outcomes (including monitoring people living with HIV/AIDS receiving antiretroviral therapy and patterns of antiretroviral drug resistance) and introducing second-generation surveillance
- Providing assistance for developing strategies for further HIV/AIDS operational research
- Supporting the development of a national HIV/AIDS treatment and care plan in the context of striving to achieve universal access

Staffing input for scaling up HIV treatment and prevention

- An international HIV/AIDS Country Officer began duties in Moscow in August 2004 to coordinate WHO's support for scaling up antiretroviral therapy and to further lead the expanded in-country HIV/AIDS team. The WHO Country Office also has five National Programme Officers with responsibility for HIV/AIDS (Clinical Officer, Normative/Service Delivery Support; Surveillance/Monitoring and Evaluation; Legal Issues; Blood Safety; and Communications/Information), in addition to three international staff and administrative support personnel.