Russian Red Cross Program:
"Accompaniment and Support for People Affected by HIV Infection"

Digest 2025

Introduction. The Russian Red Cross (hereinafter referred to as the RRC) has extensive experience in implementing long-term projects aimed at providing social and psychological support to those affected by HIV. Since 2002, through implementing various HIV prevention and assistance programs, the RRC has developed practical approaches to comprehensive support for people affected by HIV. These approaches account for differences in vulnerability, gender, and age.

One of the most important RRC initiatives has been the "Patient School" project for people living with HIV, which has been implemented since 2010 in 53 regions of Russia. The project enabled the development and practical testing of key approaches to information provision, counseling support, the establishment of peer support groups, psychological assistance, and social accompaniment for people living with HIV (hereinafter referred to as PLHIV), as well as for HIV-negative individuals from the close social environment of PLHIV. From 2013 to 2016, interregional programs specifically targeted at providing assistance to vulnerable groups were implemented. Considering the need for broader coverage, the focus was expanded to wider population groups during the period from 2017 to 2021.

The updated Program launched in 2025 focuses on providing accompaniment and support for people living with HIV who belong to particularly vulnerable population groups and those with lower adherence to treatment. For socially adapted HIV-positive citizens, the Program includes participation in the video course titled "Patient School". The Program also engages citizens not affected by HIV infection and broader segments of the population through educational activities within nationwide campaigns timed to World Tuberculosis Day and World AIDS Day.

Program Support: The Program is implemented with the support of the Ministry of Health of the Russian Federation.

Program Implementation Period: Annually, from the moment the agreement is signed until November of the current year.

Program Partners: State authorities of the constituent entities of the Russian Federation in the field of public health, regional Centers for AIDS Prevention and Control, HIV-focused non-profit organizations, as well as other interested organizations and volunteers.

Program Geography: In 2025, accompaniment was provided to more than 1,000 HIV-positive beneficiaries from 54 regions of Russia. Educational activities, including those within nationwide campaigns, were conducted in 67 constituent entities of the Russian Federation.

Program Goal: To increase public awareness of HIV prevention issues, motivate people to undergo regular voluntary HIV testing, improve adherence to treatment, and raise awareness of HIV prevention methods in order to prevent the spread of HIV among close contacts, stabilize physical health, and improve the mental well-being of people living with HIV through comprehensive accompaniment and support.

The **key objectives** of the Program include:

1. Increasing the level of awareness and literacy in the prevention and treatment of HIV infection among people living with HIV, their family members, as well as the broader population.

2. Training HIV-positive individuals who have successful experience of living with the disease in the principles of peer counseling (peer consultants), as well as in methods of providing counseling services to target groups.

3. Improving treatment adherence among people living with HIV, including through peer counseling and facilitation of access to antiretroviral therapy.

4. Providing comprehensive psychological and social support to selected key groups affected by HIV infection, and establishing mechanisms for social case management for such individuals, including referral of beneficiaries to other organizations for additional services (legal, medical, and other), in compliance with legal requirements for the protection of patients' personal data.

6. Strengthening cooperation at the regional level with specialized medical organizations, expanding the partner network, and enhancing expert activities carried out within the framework of the working group under the All-Russian Non-Government Organization "Russian Red Cross."

Expected outcomes of the Program:

• Increase in the level of beneficiaries' knowledge in the field of HIV/AIDS;

• Establishment of a pool of peer counselors implementing activities with key population groups based at the regional branches of the Russian Red Cross;

• Improvement of treatment adherence among Program participants;

• Provision of comprehensive support to beneficiaries from among HIV-positive individuals belonging to particularly vulnerable groups;

• Implementation of a large-scale information campaign on the prevention of HIV infection and other socially significant diseases, as well as preventive activities carried out within the framework of the All-Russian Tuberculosis Prevention Campaign and the All-Russian HIV Prevention Campaign for the broader population.

The Program covers **the following key population groups**:

SA – Socially Adapted Individuals who do not belong to the categories listed below.

Typical characteristics:

Socially adapted individuals generally do not face difficulties in accessing information or essential services. They are able to obtain all required information and support through AIDS Centers.

FCSP – Foreign Citizens and Stateless Persons

Typical characteristics:

Foreign citizens and stateless persons do not always have access to necessary medical services and medications. Access to various services is often complicated by language barriers, lack of awareness of their rights, and limited knowledge about available support mechanisms.

FCSP-NT – Foreign Citizens and Stateless Persons Residing in the Territories of the DPR, LPR, and Zaporizhzhia Region

Individuals residing in the territories of the DPR, LPR, and the Zaporizhzhia Region without citizenship of the Russian Federation face difficulties in accessing medications and require provision of antiretroviral therapy (ART).

DB – Individuals with Deviant Behavior

This target group includes individuals exhibiting addictive behavior, including people who use psychoactive substances—both injectable and non-injectable drugs—those who abuse alcohol, as well as individuals engaged in risky sexual behavior, including commercial sex workers.

Typical characteristics:

The use of psychoactive substances, both injectable and non-injectable, as well as alcohol abuse, often leads to changes in sexual behavior, including an increased number of unprotected sexual contacts, random selection of sexual partners, and frequent partner change. This significantly increases the risk of HIV infection both for these individuals and their sexual partners.

Members of the target group are characterized by specific psychological and behavioral traits (high mobility, frequent changes in employment or activity, and low levels of responsibility), which contribute to marginalization and related barriers to accessing information and preventive services (and, in some cases, medical care), as well as increased vulnerability to sexual exploitation and violence.

This target group also includes individuals engaging in high-risk sexual behaviors, including those associated with the use of psychoactive substances. According to current research, people with high-risk sexual behaviors worldwide continue to be at a significantly increased risk of HIV and other sexually transmitted infections (STIs). This underscores the need for targeted interventions aimed at reducing the risk of HIV acquisition and transmission.

When working with individuals exhibiting high-risk behaviors, it is important to consider that they often belong to hard-to-reach populations and may avoid contact with governmental organizations, as some of their behaviors could be perceived as illegal. The primary objective of interventions with this group is to reduce risk factors associated with high-risk behaviors.

PW – Pregnant Women Living with HIV

Typical characteristics:

Deciding to continue a pregnancy can be a psychologically challenging process for women living with HIV. Their primary concern is often the risk of vertical transmission of the virus to the child, which can cause significant stress. Stabilization of mental well-being can be achieved through psychological counseling and participation in peer support groups.

Pregnant women living with HIV may also refuse regular follow-up with an infectious disease specialist or decline prophylactic interventions to prevent mother-to-child HIV transmission. In some cases, they may receive inaccurate or incomplete information about the health of the unborn child, which can lead to consideration of pregnancy termination.

CA – Children and Adolescents Living with HIV (and their caregivers)

The term refers to adolescents who acquired HIV between ages 14–17 and families with HIV-positive children who have low treatment adherence.

Typical characteristics:

Adolescents who acquired HIV due to high-risk behaviors or harmful actions against them often require psychological and psychotherapeutic support, education about HIV and its treatment, protection of rights, and interagency support (e.g., juvenile affairs commissions, guardianship authorities, etc.).

Caregivers who are unable to fulfill their parental responsibilities may jeopardize the life and health of the child by failing to ensure regular treatment. Contributing factors include poor knowledge about HIV, denial of the disease, social vulnerability of the family, substance use by parents, and other social or psychological issues.

MSM – Men who have Sex with Men

Typical characteristics:

Individuals in this group often conceal their sexual orientation. Key risk factors for HIV infection include inconsistent use of preventive measures, low awareness of HIV transmission risks, and experiences of stigma or discrimination.

RR – Recently Released Individuals (formerly incarcerated)

Typical characteristics:

Low adherence to treatment or limited skills in self-administering therapy, low awareness of HIV infection and legal rights, difficulties with employment, maintaining socially significant relationships, and fulfilling psychological and social needs.

IP – Incarcerated People (currently in correctional facilities)

Typical characteristics:

Limited awareness of HIV, low legal literacy, restricted opportunities to maintain socially meaningful relationships, and limited access to services meeting psychological and social needs.

Correctional facilities often house individuals prone to criminal activities and high-risk behaviors, including people who use psychoactive substances, which contributes to a significant number of HIV cases being detected during routine screenings upon entry.

PH – People Experiencing Homelessness

Typical characteristics:

A socially vulnerable population that often lacks identification documents, stable housing, access to healthcare, and other essential services. They are at increased risk of acquiring both infectious and non-infectious diseases.

Program Modules

Support and assistance for people affected by HIV under the Russian Red Cross Program, depending on the category of beneficiaries, involves the implementation of specific modules, including:

• "Patient School" for people living with HIV and their close relatives (online video course);

• Peer-to-peer counseling;

• Provision of psychological support;

• Social case management;

• Provision of humanitarian aid kits to beneficiaries;

• Conducting rapid HIV testing among the population;

• Facilitation of access to antiretroviral therapy (ART), where there is an individual need in the regions, including in special cases for foreign citizens and stateless persons.

Since one of the key objectives of the Program is the prevention of socially significant diseases, important activities include:

• The All-Russian Tuberculosis Prevention Campaign, timed to coincide with World Tuberculosis Day;

• The All-Russian HIV Prevention Campaign, timed to coincide with World AIDS Day.

Categories of Beneficiaries	Program Modules
Socially Adapted Individuals	• "Patient School" for people living with HIV and their close relatives (online video course)
Individuals with Deviant Behavior	• "Patient School" for people living with HIV and their close relatives (online video course); • Peer-to-peer counseling; • Provision of psychological support; • Social case management; • Provision of humanitarian aid kits to beneficiaries;

	• Conducting rapid HIV testing among the population;
Pregnant Women Living with HIV	• "Patient School" for people living with HIV and their close relatives (online video course); • Provision of psychological support; • Provision of humanitarian aid kits to beneficiaries; • Social case management;
Children and Adolescents Living with HIV (and their caregivers)	• "Patient School" for people living with HIV and their close relatives (online video course); • Provision of psychological support;
People Experiencing Homelessness	• "Patient School" for people living with HIV and their close relatives (online video course); • Peer-to-peer counseling; • Provision of psychological support; • Social case management; • Provision of humanitarian aid kits to beneficiaries; • Conducting rapid HIV testing among the population;
Men who have Sex with Men	• "Patient School" for people living with HIV and their close relatives (online video course); • Peer-to-peer counseling; • Provision of psychological support; • Social case management;
Recently Released Individuals	• "Patient School" for people living with HIV and their close relatives (online video course); • Peer-to-peer counseling; • Provision of psychological support; • Social case management; • Provision of humanitarian aid kits to beneficiaries;
Incarcerated People	• "Patient School" for people living with HIV and their close relatives (online video course); • Peer-to-peer counseling; • Provision of psychological support; • Social case management; • Provision of humanitarian aid kits to beneficiaries; • Provision of HIV rapid-test systems to places of detention for use among incarcerated individuals as needed;
Foreign Citizens and Stateless Persons	• "Patient School" for people living with HIV and their close relatives (online video course); • Peer-to-peer counseling; • Provision of psychological support; • Social case management; • Provision of humanitarian aid kits to beneficiaries; • Conducting rapid HIV testing among members of the group; • Facilitation of access to antiretroviral therapy (ART)

Each module of the Program is designed to meet the specific needs of beneficiaries and contributes to their comprehensive support and assistance through various activities and services listed below:

1. **“Patient School” for people living with HIV and their close relatives**

This module provides an opportunity to obtain essential knowledge and information through a video course for individuals who have learned about their HIV-positive status. The video course helps participants understand the specifics of their diagnosis, their legal rights, and coping strategies, as well as become familiar with self-help methods. Access to the video course is provided during the initial consultation. If necessary, viewing of the materials is accompanied by a psychologist, a program coordinator, and/or a healthcare professional.

2. **Peer-to-peer counseling**

This module helps beneficiaries cope with stress associated with receiving an HIV-positive diagnosis and provides emotional support based on the personal experience of a person successfully living with HIV. Peer counselors who have completed a training course at the Russian Red Cross Academy and received certification assist beneficiaries in making informed personal decisions related to HIV, foster adherence to treatment, and promote preventive measures. This module is available only to beneficiaries aged 18 and older.

3. **Provision of psychological support**

This module offers professional psychological assistance to people living with HIV, aimed at maintaining psychological health and psycho-emotional well-being, delivered in both individual and group formats. It includes psychodiagnostic and psychocorrective mesures focused on overcoming the consequences of crisis situations, stabilizing the emotional state of HIV-positive individuals, and helping to resolve pressing personal issues.

4. **Social support and case management**

This module provides assistance to people living with HIV in meeting various social needs and overcoming barriers to accessing necessary social and medical services. It offers access to additional services (legal, medical, psychological, and others), including referral and linkage of beneficiaries to other organizations and the provision of support through Help Service mechanisms (case management).

5. **Provision of humanitarian aid kits**

This module ensures that certain vulnerable groups of people living with HIV (such as people experiencing homelessness, individuals released from places of

detention, pregnant women living with HIV, and others) receive humanitarian aid kits containing essential goods and basic necessities.

6. **Rapid HIV testing among the general population**

This module expands access to HIV testing through mobile and community-based rapid testing initiatives implemented in cooperation with medical organizations. Pre- and post-test counseling, based on the principles of voluntariness and anonymity, supports beneficiaries in making informed decisions.

7. **Facilitation of access to antiretroviral therapy (subject to individual regional needs)**

Within this module, delivery of antiretroviral therapy prescribed by a physician may be provided to individuals who are not adherent to treatment, as well as funding for the purchase of ART medications and payment for necessary medical services. This support is aimed at individuals who are officially residing in the Russian Federation but, for various reasons, are unable to receive such treatment free of charge.

Each module applies a targeted approach to addressing the complex challenges faced by people living with HIV and their loved ones. The integration of the Program's modules ensures comprehensive support and care for HIV-positive individuals, contributes to the empowerment of beneficiaries, and improves their overall quality of life.

Implementation of the Program in 2025

The 2025 Program is based on the provisions of the State Strategy to Combat the Spread of HIV Infection in the Russian Federation for the period up to 2030. It builds on the practical experience of the regional branches of the Russian Red Cross and is implemented with consideration of the needs and requests of the community of people living with HIV.

Of particular importance has been the implementation of the Program with the support of the Ministry of Health of the Russian Federation, in cooperation with regional AIDS Centers and other specialized medical organizations across the constituent entities of the Russian Federation.

One of the key objectives of the Program has been to strengthen cooperation at the regional level with specialized medical organizations and to build a partnership network with HIV-oriented non-governmental organizations (NGOs). At present, this network includes 34 partner NGOs across the regions of the Russian Federation.

The establishment of a Working Group on the development of the RRC Program for support and care of people affected by HIV infection has made it possible to ensure expert scientific and methodological guidance for the activities being implemented. The Working Group includes chief external experts of the Ministry of Health of the Russian Federation, chief physicians of AIDS Centers,

distinguished medical practitioners, heads of HIV-oriented NGOs, representatives of civil society organizations, and members of the expert community.

Methodological guidelines developed by members of the Working Group have provided significant support to specialists working in the regions. Together with the Working Group members, a "Patient School" video course and a training video course on peer counseling were developed. Throughout the year, the Working Group provided ongoing expert and advisory support to regional specialists.

Today, a partnership network of the RRC has been established in 67 regions of the Russian Federation, which has become a key prerequisite for effective HIV prevention and comprehensive support for people living with HIV, especially among vulnerable population groups. This network is based on intersectoral cooperation with state medical, penitentiary, and social institutions, as well as the non-profit sector at the regional level. Agreements with regional AIDS Centers have been signed in 88% of the constituent entities of the Russian Federation; contracts with other medical organizations, including tuberculosis dispensaries, are in place in 56% of regions. Cooperation with institutions of the Federal Penitentiary Service has been established in 42% of regions. In 37% of regions, collaboration has been set up with probation centers and rehabilitation centers working with people with substance use disorders, people experiencing homelessness, and other vulnerable population groups.

Support from public-sector healthcare institutions includes informing patients about the Program and the help available in their region. AIDS Center staff facilitate faster access to medical services for Program participants. This includes consultations with specialists such as infectious disease physicians, phthisiatricians, and dermatovenereologists, among others, as needed. Opportunities for parallel legal support by AIDS Center specialists are also provided, ensuring the protection of participants' rights and assistance in resolving legal issues that may arise.

The RRC, together with AIDS Centers, conducts preventive campaigns on socially significant diseases, training seminars, meetings, conferences, and forums, and organizes outreach activities, including rapid testing of the population for early disease detection.

Regional AIDS Centers act as guarantors of the quality of the RRC Program's implementation at the local level, ensuring high standards of medical, social, and preventive support for participants. This minimizes operational risks and enhances the effectiveness of the RRC Program in the regions.

Cooperation with regional non-governmental organizations, both HIV-oriented NGOs and other NGOs providing social and legal support, established in 31% of the constituent entities of the Russian Federation, expands the scope of social support available to Program participants and enables assistance across a wide range of humanitarian areas.

The development of regional partnership networks with public-sector institutions and other NGOs was instrumental in achieving strong results this year. As of early December 2025, the Program has reached more than 56,500 participants, including over 55,000 participants in educational activities and 1,156 people receiving case management support. The Program is being implemented in 72% of the constituent entities of the Russian Federation.

The Program has demonstrated the effectiveness of the chosen strategy of integrating various formats of work with beneficiaries, ensuring a comprehensive approach to participant support.

Psychologists provide assistance to participants by helping them cope with anxiety, accept their diagnosis, and maintain motivation for treatment. Social work specialists address a wide range of issues – from restoring personal documents and finding housing to supporting employment and improving family relationships. For many participants, this support becomes a crucial source of stability that helps them remain in therapy and avoid social isolation. This year alone, specialists from the regional branches conducted more than 15,000 psychological consultations and provided nearly 8,000 social support services.

When individuals join the Program, they often come not only with a diagnosis, but also with anxiety, fears, distrust, difficulties with social integration, and other barriers. Initial assessments of our beneficiaries showed that almost half experienced pronounced fears, one third had high levels of anxiety, and many had not accepted their diagnosis or were in a depressive state. By the end of the Program, fear levels decreased by one third, anxiety levels declined by a similar percentage, and the number of people who had not accepted their diagnosis was nearly halved.

The creation, training, and ongoing support of a pool of peer counselors significantly expanded the support opportunities available to Program participants. While only 24 peer counselors were involved in the Program last year, there are now 104 certified specialists, with an additional 142 are currently are training. Over the course of the year, they conducted nearly 13,000 individual consultations, totaling hundreds of hours of support that help participants believe in themselves and take steps toward changing their lives.

Our data show that the resolution of psychological and social problems among Program participants is significantly correlated with adherence to treatment.

The organization of comprehensive support for Program participants, combined with coordinated teamwork among psychologists, social work specialists, peer counselors, effective referral of participants for medical services, and partnership with public-sector institutions, has led to the most important outcome which is increased treatment adherence.

Specifically, our data indicate that at the beginning of the Program, only half of participants were adherent to therapy, while by the time they exited the Program, this figure had risen to 72%. The group of completely non-adherent participants

decreased almost sixfold during the course of the Program. This is the result of systematic work and comprehensive support: when a person is provided with stability, when their basic needs are addressed, and when they are not left alone with their diagnosis, they begin treatment and remain in therapy. This means they can live safely for themselves and for others.

The observations allow us to conclude that closer cooperation between regional AIDS Centers and Program specialists, when roles in supporting people living with HIV are clearly defined in advance and duplication of functions is avoided, makes it possible to build a continuous care pathway and reduce losses at the stages of enrolling beneficiaries into the Program. Consequently, this enables more rapid achievement of targeted outcomes related to treatment adherence and overall Program effectiveness at the regional level.