

DOES AIDS MORTALITY INCREASE IN RUSSIA SPITE OF GROWING ART COVERAGE?

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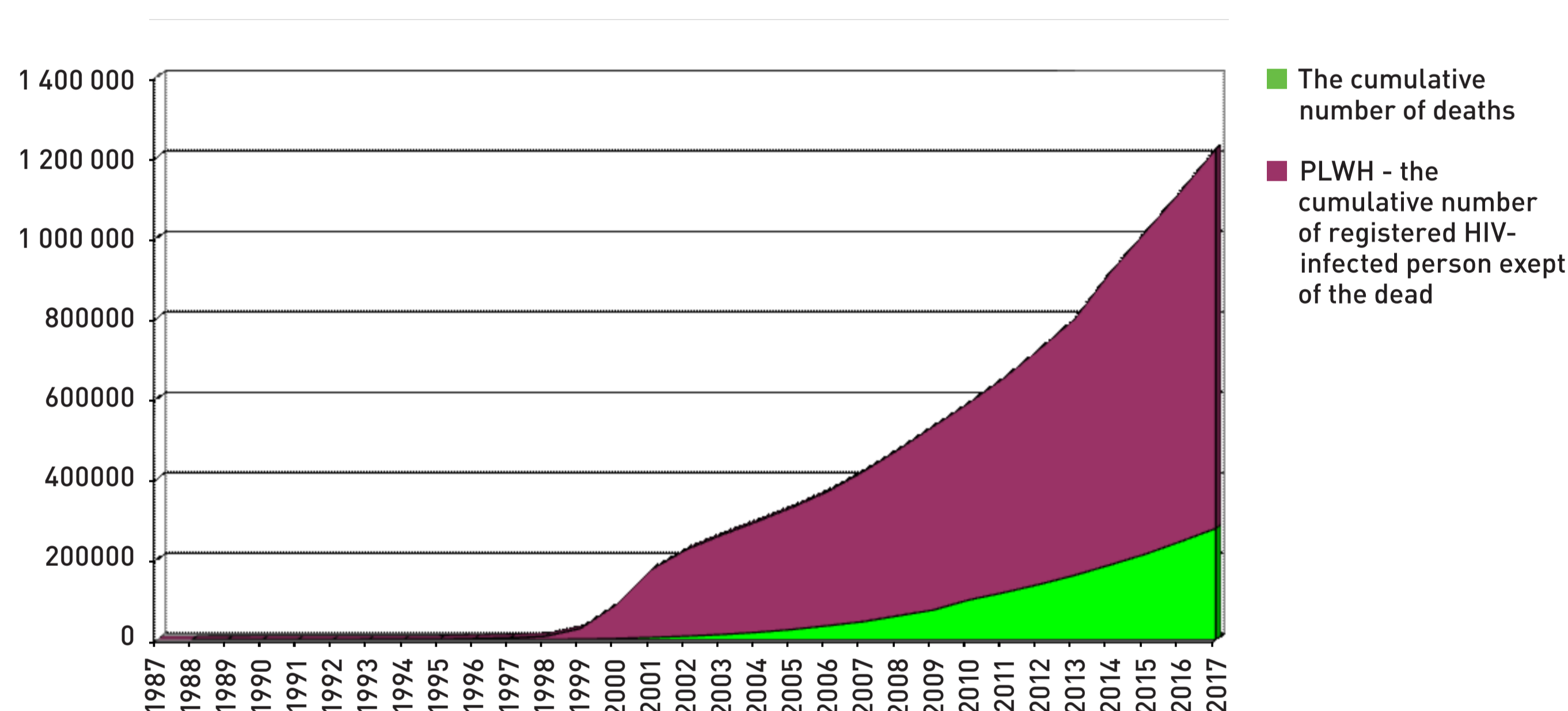
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Though a number of sources declare reductions in a number of deaths attributed to HIV/AIDS as a result of growing ART coverage, this opinion is based mainly on estimations. Official statistical data collected by responsible independent agencies may be controversial.

Results:

HIV-infection morbidity, mortality and coverage with ART are shown in the table and charts

Figure 1. Increase in cumulative number of registered cases of HIV infection among Russian citizens in 1987-2017



Methods:

We combined databases on annual numbers of death among people living with HIV (PLWH) by the main cause collected by the Russian Federal State Statistics Service (Rosstat) and HIV/AIDS statistic data collected by Russian Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing (Rospotrebnadzor).

Figure 2. HIV Prevalence and incidence in the Russian Federation in 1987-2017

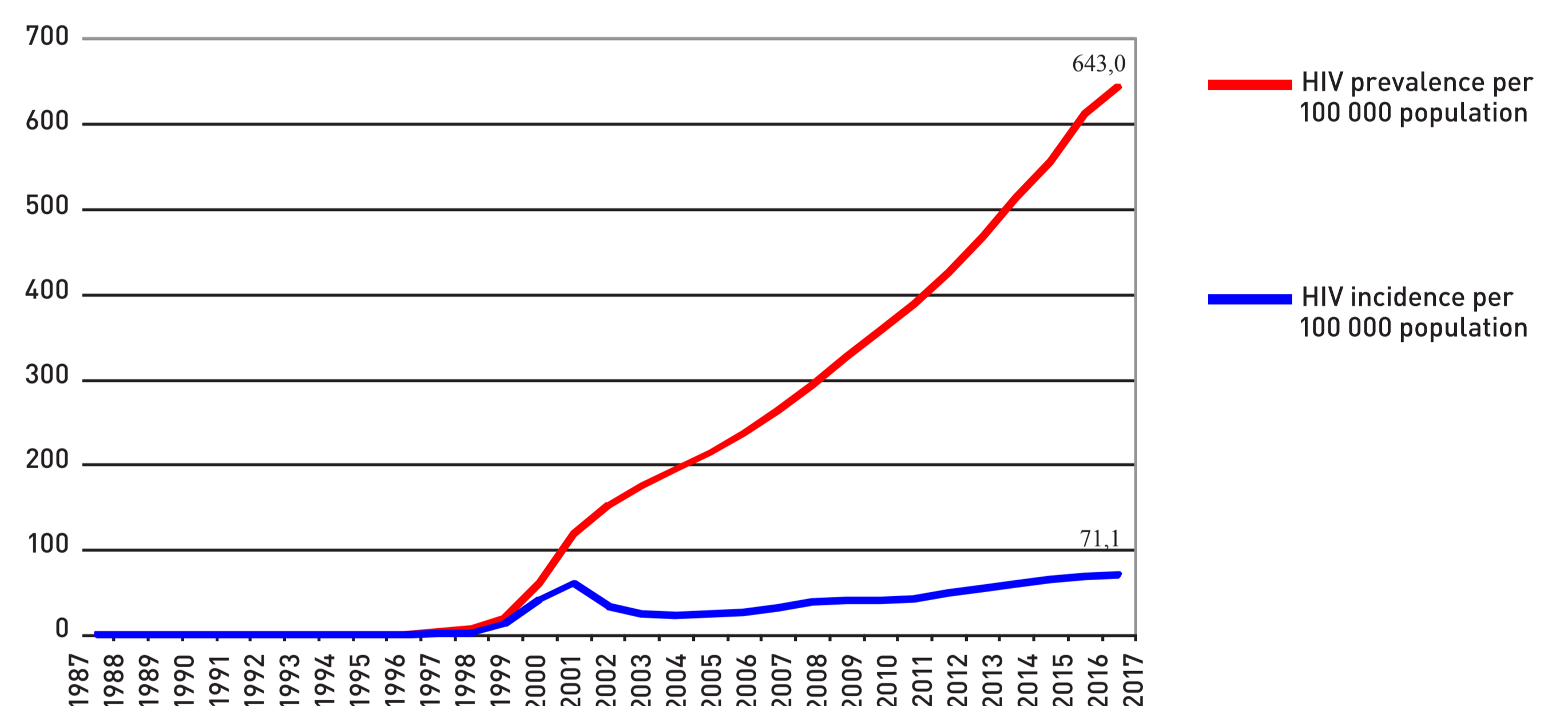
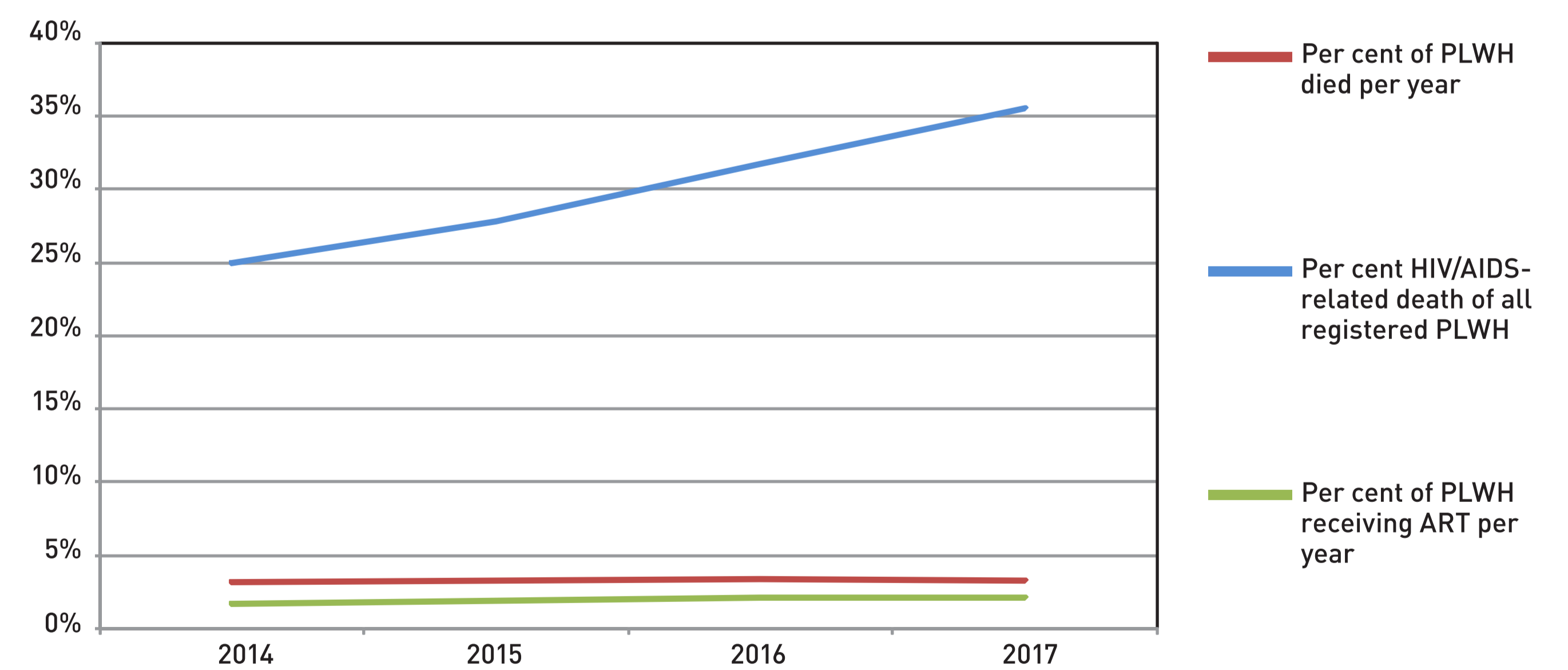


Table 1. Number PLWH, HIV-infection morbidity, mortality and ART coverage in the Russian Federation

| year | 2014 | 2015 | 2016 | 2017 |
|---|--------|--------|--------|--------|
| Number of PLWH registered at the end of year | 728732 | 798798 | 870952 | 943999 |
| Number of PLWH deaths per year | 24416 | 27564 | 30550 | 31898 |
| Per cent of PLWH died per year | 3.2% | 3.3% | 3.4% | 3.3% |
| Number reported HIV/AIDS-related deaths per year | 12540 | 15520 | 18577 | 20045 |
| Per cent HIV/AIDS-related deaths of all registered PLWH | 1.7% | 1.9% | 2.1% | 2.1% |
| Per cent HIV/AIDS-related deaths among all PLWH died per year | 51.4% | 56.3% | 60.8% | 62.8% |
| Number of PLWH receiving ART per year | 188096 | 230022 | 285920 | 346132 |

Figure 3. PLWH mortality rate and ART coverage in the Russian Federation



Conclusion:

Though the total number and percentage of PLWH receiving ART has increased significantly, the percentage of annual deaths among PLWH has not changed and the total number of annual AIDS deaths keeps growing. Though the data collecting methodology of different agencies may be discussed, but the figures show that only ARV coverage alone cannot lead to reduction in HIV/AIDS death rates. It shall also be accompanied by improvements in prevention of new HIV infections, early diagnostics and early ART start along with continuous support of adherence.