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Government decided not to use opiate substitution programmes to reduce drug use and HIV transmission and instead used the police to deal with drug dealers and the network of psychological assistance for drug addicts. Nevertheless, between 2003 and 2011, the government accepted loans from the World Bank and grant programmes from the Global Fund to Fight AIDS, Tuberculosis and Malaria for non-governmental organisations (NGOs) to provide syringe exchange programmes and activities for intravenous drug users, MSM, and sex workers. However, most NGOs stopped their activities when the Global Fund discontinued its HIV programmes in Russia in 2010–11.

Half of the 103 000 people who became HIV infected in 2016 denied drug use. 48% of these individuals reported sex with heterosexual partners as the only risk factor for HIV infection, and 2% of individuals were MSM.² Nevertheless, Russian politicians have adopted an orthodox

demagoguery naming the stable family as a major preventive tool and condemning safe-sex education and condoms.

Today, the Russian Ministry of Health supports test-and-treat programmes as the main strategy, but the annual HIV/AIDS budget of US\$300 million has not increased in the past 5 years. Generic drugs are now mainly in use, but only 30% of 900 000 registered people with HIV received anti-retroviral therapy in 2016, and AIDS mortality is steadily increasing.^{2,3}

By contrast with HIV, the government once again announced the reduction of mortality from tuberculosis as a priority in 2012, and by 2016, morbidity and mortality associated with tuberculosis had decreased.³ However, an increase in a number of multidrug-resistant HIV and tuberculosis co-infections threatens to worsen tuberculosis statistics further.⁴ The time has come for Russia to update its HIV/AIDS and tuberculosis strategy with scientifically based interventions.

Declaration of interests

I declare no competing interests.

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Russian medicine: trying to catch up on scientific evidence and human values

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At the beginning of the 20th century, medicine as an academic discipline and a vocational training was quite similar in Russia and in western Europe. Most professors in Russian medical faculties had some international training. Pirogov, Sechenov, Mechnikoff, and Pavlov, just to name a few, were not only exceptional scientists but typical with their international training and research experience. Yet medicine as a service to the public was underdeveloped. The access to a nurse or doctor was very limited, as described depressingly clearly in Anton Chekhov's short stories. Some doctors devotedly served their poor compatriots. Being prone to socialist views, these doctors created the important argument against the Tsarist regime.

The October 1917 coup d'état (as Bolsheviks called it for years after) changed all that. During the subsequent civil war, doctors were among the most common hostages to

be taken by Communists, along with clergy and noblesse. Masses of medical doctors fled the country. Hospitals became state-owned, and medical care became strongly concentrated in hospitals. Ambulatory care is still a small sector of health care in Russia today. In the efforts to enforce industrialisation and prepare the country for the World War and Proletarian Revolution, Communists expanded the university-level training and created medical institutes that were separated from universities. Faculty members were in short supply for such an expansion, and as a result, medical education was of low quality. This problem has persisted for 80 years and is recognised even by the Russian Ministry of Health.¹ Russia still struggles to ensure enough adequately trained doctors.

The most devastating problem was the intellectual isolation imposed on all aspects of life. For example, the

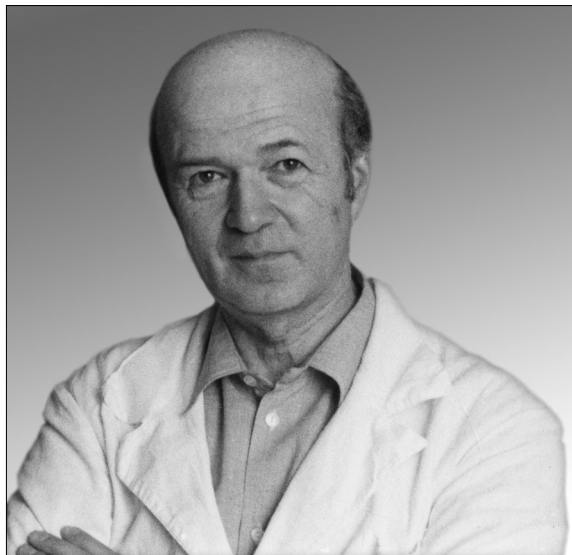


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Vladimir M Dilman (1925–94), endocrinologist and oncologist, author of the endocrine theory of ageing

1931 textbook in epidemiology by Stallybrass,² the most influential of its kind at the time, was used to prepare the Russian textbook by Gromashevskii. This textbook influenced all subsequent development of epidemiology in the Soviet Union,³ but its content was limited to infectious diseases, so the entire Soviet research community became isolated from the discipline's transformation in the 20th century.⁴

International collaboration, with its sharing of advanced research methodology, did not exist, and the absence of modern epidemiology created a vacuum in the modern Russian research training environment. Furthermore, the advances in biostatistics in the mid-20th century were missed because statistics, as well as genetics and cybernetics, were officially named inventions of the subversive capitalist world.

Inadequate research training and lack of exposition to international ethical standards (the Nuremberg Code was first published in Russian in 1988) had dramatic consequences: much of medical research is repetition of research by predecessors in the same hospital. Plagiarism is prevalent and unprosecuted, even in the best known national centres. For example, the

exposition of the massive chain of plagiarism in the National Center for Cardiovascular Surgery did not lead to any actions.⁵ The Vice Minister of Health, long known for having plagiarised his dissertation, still holds this post.

The great medical advances during the Soviet era were the achievements of talented doctors, such as Dilman, Ilizarov,⁶ and Demikhov.⁷ At best, scientists had no support from the Soviet State, but in worst cases, they were imprisoned and executed, as was the fate of Pletnev.⁸ Only personal initiative drives scientific achievements in medicine. In medical schools, only teachers' salaries are funded, not research. The system is not interested in the scientific evidence for the provision of health care. Astonishingly, in the centralised, state-owned health-care system, there is still no health-technology assessment. Evidence-based interventions (eg, colon cancer screening) have therefore not been provided for years, whereas useless interventions, such as homeopathic drugs and breast cancer ultrasound screening, are available. Although the health-care system is so profoundly underfunded, the government pours money into expensive projects like proton-radiation centres without robust evidence to prove that this intervention is superior to the cheaper alternatives.

Most troubling is the continued misuse of health care for political purposes. For many years, the government has shaped health-care programmes to solve demographic problems (eg, suppressing access to abortions, increasing funding for in-vitro fertilisation), and health care has been a means to expand the country's workforce, not to care for people who are sick. As a result of this long-standing policy, palliative care is in short supply, and pain medications are difficult to access. The crash of Communism instilled hope that science would transform Soviet health care in the interests of humanity, but still, it serves mostly the ideology of the Russian State.

Declaration of interests

I declare no competing interests.

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