

RESEARCH DOSSIER: HIV PREVENTION FOR GIRLS AND YOUNG WOMEN Russia

This Research Dossier supports the **Report Card on HIV Prevention for Girls and Young Women in Russia** produced by the United Nations Global Coalition on Women and AIDS (GCWA). It documents the detailed research coordinated for the GCWA by the International Planned Parenthood Federation (IPPF), with the support of the United Nations Population Fund (UNFPA), United Nations Program on AIDS (UNAIDS) and Young Positives.

The Report Card provides an 'at a glance' summary of the current status of HIV prevention strategies and services for girls and young women in Russia. It focuses on **five cross-cutting prevention components**:

1. Legal provision
2. Policy context
3. Availability of services
4. Accessibility of services
5. Participation and rights

The Report Card also includes background information about the HIV epidemic and key policy and programmatic **recommendations** to improve and increase action on this issue in Russia.

This Research Report is divided into two sections:

PART 1: DESK RESEARCH: This documents the extensive desk research carried out for the Report Card by IPPF staff and consultants based in the United Kingdom.

PART 2: IN-COUNTRY RESEARCH: This documents the participatory in-country research carried out for the Report Card by a local consultant in Russia. This involved:

Two **focus group discussions** with a total of 19 girls and young women aged 15-24 years. The participants included girls and young women who are: living with HIV; in/out-of/school; involved in sex work; living in urban and suburban areas; and working as peer activists.

Five **one-to-one interviews** with representatives of organisations providing services, advocacy and/or funding for HIV prevention for girls and young women. The stakeholders were: a country representative of an international NGO; a nurse at a national NGO focusing on sexual and reproductive health; a counsellor at an NGO/government voluntary counselling and testing centre; a programme officer of a United Nations agency; and a Technical Adviser of an international donor agency.

Additional **fact-finding** to address gaps in the desk research.



A UNAIDS Initiative
**The Global Coalition
on Women and AIDS**



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Abbreviations

ARVs	Antiretrovirals
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CIA	Central Intelligence Agency
CRC	Convention on the Rights of the Child
IEC	Information, communication and education
IPPF	International Planned Parenthood Federation
MTCT	Mother-to-Child Transmission
PLHA	People living with HIV
PLHIV	People living with HIV
PLWHA	People living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
SRH	Sexual and Reproductive Health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNAIDS	United Nations Program on AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary, Counseling and Testing
WHO	World Health Organisation

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PART 1:

DESK RESEARCH

COUNTRY PROFILE

Country context:

Size of population: 143,202,000 (UNAIDS Country Situation Analysis, Russian Federation - website, date accessed 19/02/2008, http://www.unaids.org/en/CountryResponses/Countries/russian_federation.asp)

Percentage of population under 15 years (2005): 15.1% (Human Development Report 2007/2008, Russian Federation – website, date accessed 19/02/2008, http://hdrstats.undp.org/countries/data_sheets/cty_ds_RUS.html)

Life expectancy at birth (2005): 66.6 years (Life Expectancy at Birth 1896/2006, Russian Federal State Statistic Service – website, date accessed 14/03/2008, https://www.gks.ru/bgd/regl/b07_13/IssWWW.exe/Stg/d01/04-23.htm)

Ethnic groups: Russian 79.8%, Tatar 3.8%, Ukrainian 2%, Bashkir 1.2%, Chuvash 1.1%, other or unspecified 12.1% (CIA, The World Factbook, Russia – website, date accessed 19/02/2008, <https://www.cia.gov/library/publications/the-world-factbook/geos/rs.html>)

Religions: Russian Orthodox 15-20%, Muslim 10-15%, other Christian 2% (estimates are of practicing worshipers only) (CIA, The World Factbook, Russia – website, date accessed 19/02/2008, <https://www.cia.gov/library/publications/the-world-factbook/geos/rs.html>)

Languages: Russian, many minority languages (CIA, The World Factbook, Russia – website, date accessed 19/02/2008, <https://www.cia.gov/library/publications/the-world-factbook/geos/rs.html>)

Population living below the national poverty line 1990-2004: 30.9% (Human Development Report 2007/2008, Russian Federation – website, date accessed 19/02/2008, http://hdrstats.undp.org/countries/data_sheets/cty_ds_RUS.html)

Female youth literacy rate (ages 15-24) [2005]: 99.8% (Human Development Report 2007/2008, Russian Federation – website, date accessed 19/02/2008, http://hdrstats.undp.org/countries/data_sheets/cty_ds_RUS.html)

Male youth literacy rate (ages 15-24): No available data

Median age at first marriage for women (ages 15-49): 21.9 years (Zakharov S.V., Changing parameters of matrimonial behaviour/ Demographical modernization of Russia 1900-2000 – date accessed 14/03/2008, <http://demoscope.ru/weekly/2006/0261/tema02.php>)

Median age at first marriage for men (ages 15-49): No available data

Median age at first sex among females (ages 15-49): 17,5 years (Reproductive health of Russian women 1996, Final report, All-Russia Public Opinion Research Center VCIOM, data accessed 14/02/2008, <http://demoscope.ru/weekly/013/tema01.php>)

Median age at first sex among males (ages 15-49): 16,5 years (Reproductive health of Russian women 1996, Final report, All-Russia Public Opinion Research Center VCIOM, data accessed 14/02/2008, <http://demoscope.ru/weekly/013/tema01.php>)

Total health expenditure per capita per year (\$) [2004]: 583 (Human Development Report 2007/2008, Russian Federation – website, date accessed 19/02/2008, http://hdrstats.undp.org/countries/data_sheets/cty_ds_RUS.html)

Nurses density per 1,000 population: No available data

AIDS and SRH context:

Adult HIV prevalence rate: 1.1 [0.7 – 1.8]% (UNAIDS Country Situation Analysis, Russian Federation - website, date accessed 19/02/2008, http://www.unaids.org/en/CountryResponses/Countries/russian_federation.asp)

Number of people living with HIV: 940 000 [560 000 – 1 600 000] (UNAIDS Country Situation Analysis, Russian Federation - website, date accessed 19/02/2008, http://www.unaids.org/en/CountryResponses/Countries/russian_federation.asp)

HIV prevalence rate in young females (ages 15-24): No available data

HIV prevalence in young males (ages 15-24): No available data

Number of deaths due to AIDS: [22 000 – 56 000] (UNAIDS Country Situation Analysis, Russian Federation - website, date accessed 19/02/2008, http://www.unaids.org/en/CountryResponses/Countries/russian_federation.asp)

Estimated number of orphans due to AIDS (0-17 years): No data available

Fertility rate [2000-2005]: 1.3 children per woman (Human Development Report 2007/2008, Russian Federation – website, date accessed 19/02/2008, http://hdrstats.undp.org/countries/data_sheets/cty_ds_RUS.html)

Contraceptive prevalence rate: No available data

Maternal mortality rate per 100,000 live births (1990-2004): 32

HIV prevalence in vulnerable groups – Injecting Drug Users (IDUs): 65% (in some cities) (WHO Summary Country Profile for HIV/AIDS Treatment Scale-Up, Russian Federation – website, date accessed 19/02/2008, http://www.who.int/hiv/HIVCP_RUS.pdf)

**PREVENTION COMPONENT 1: LEGAL PROVISION
(national laws, regulations, etc)**

Key questions:

1. What is the minimum legal age for marriage?

According to the UN Statistics Division the legal age for both men and women to marry is 18 years.

(UN Statistics and Indicators on Women and Men (2003) - website, date accessed on 19/02/2008 <http://unstats.un.org/unsd/Demographic/products/indwm/tab2a.htm>)

2. What is the minimum legal age for having an HIV test without parental and partner consent?

According to the RF Framework legislation on the protection of citizens' health and guarantees for health protection, article 61, doctors are obliged to report to legal representatives of a child younger than 15 years old of the fact of seeking medical assistance, on the child's health status, diagnosis and other information obtained from the child's diagnostics and treatment. A 15 year-old patient has the right to receive information about his rights and responsibilities and his health status, in accordance with art. 31 of the Framework, as well as to select individuals who will be informed the state of his

health for the patient's benefit.

(Framework legislation on the protection of citizens' health and guarantees for health protection, article 61 – website, date accessed on 14/03/08 http://www.hro.org/docs/rlex/health/index_1.php)

3. What is the minimum legal age for accessing SRH services without parental and partner consent?

A 15 year-old patient has the right to receive information about his rights and responsibilities and his health status, in accordance with art. 31 of the Framework, as well as to select individuals who will be informed the state of his health for the patient's benefit.

(Framework legislation on the protection of citizens' health and guarantees for health protection, article 61 – web site, date accessed on 14/03/08 http://www.hro.org/docs/rlex/health/index_1.php)

4. What is the minimum legal age for accessing abortions without parental and partner consent?

Abortion is legal up to 22 weeks, and in 2003 the government reduced the number of acceptable social grounds on which it was available.

(Abortion Laws Around the World, The Pew Forum on Religion and Public Life – website, date accessed on 19/02/2008, <http://pewforum.org/docs/?DocID=167#easterneurope>)

Abortion is legal for any reasons up to 12 weeks and only legal between 12 – 22 weeks in the cases of rape, imprisonment, the death or severe disability of the husband or a court ruling stripping a woman of her parental rights

New York Times., 2003, After decades, Russia narrows grounds for abortion.'
<http://query.nytimes.com/gst/fullpage.html?res=9D01E4DF1539F937A1575BC0A9659C8B63>

Grounds on which abortion is permitted:

<i>To save the life of the woman</i>	Yes
<i>To preserve physical health</i>	Yes
<i>To preserve mental health</i>	Yes
<i>Rape or incest</i>	Yes
<i>Foetal impairment</i>	Yes
<i>Economic or social reasons</i>	Yes
<i>Available on request</i>	Yes

Additional requirements:

An abortion requires the consent of the pregnant woman; it is authorized if performed by a licensed physician in a hospital or other recognized medical institution. Abortion is available on request during the first 12 weeks of gestation. Thereafter, induced abortion is available within 28 weeks from conception on judicial, genetic, vital, broad medical and social grounds, as well as for personal reasons with the special authorization of a commission of local physicians.

(Population Division of the United Nations Secretariat - Abortion Policies: A Global Review (2002) <http://www.un.org/esa/population/publications/abortion/profiles.htm> - date accessed on 19/02/2008)

5. Is HIV testing mandatory for any specific groups (e.g. pregnant women, military, migrant workers, and sex workers)?

Screening for sexually transmitted diseases has a long tradition in Russia, dating back to the late 1900s. Officials believe that by counting and identifying all HIV-infected individuals, even if this means violating their civil liberties, they will slow down the pace of new infections and eventually control the epidemic. They also believe that it demonstrates to the public that they are aggressively taking

concrete measures to fight HIV/AIDS.

(Problems with Russia's Compulsory Screening for HIV/AIDS, Beyond Transition, The Newsletter about Reforming Economies, World Bank – website, date accessed 19/02/2008, <http://worldbank.org/html/prddr/trans/marapr02/pgs55-56.htm>)

The "Law on the Prevention of the Spread in the Federation of the Disease Caused by the Human Immunodeficiency Virus (HIV)" was passed in 1995. It guarantees respect for the rights and freedoms of HIV-infected Russian citizens. It also places certain obligations upon them. The law requires compulsory testing of blood, tissue and organ donors, and persons working in certain professions or in certain activities. It requires foreigners and stateless persons residing in the Russian Federation for more than three months to present a certificate confirming they are not HIV-infected. Finally, it guarantees the right of HIV-infected individuals to medical care, and to financial compensation if infected with HIV while undergoing medical treatment. An earlier law, "On the Prevention of AIDS morbidity," guarantees the right to anonymous and confidential diagnostic testing.

(Women's Reproductive Rights of Young Girls and Adolescents in Russia: A Shadow Report, The Center for Reproductive Law and Policy (1999) – website, date accessed on 26/02/2008 www.reproductiverights.org)

Under Russian law, HIV testing is mandatory for:

- donors of blood, biological fluids, organs and tissue, and
- workers of separate professions, businesses, agencies and organizations whose work is directly related to HIV-infected (for example, screening, treatment), or with materials containing the human immunodeficiency virus.

The imprisoned staff of obstetrical services, people taking entrance examination to military higher establishments, people entering the contract military service and those receiving Russian citizenship are subjects to mandatory testing for the detection of human immunodeficiency virus.

In addition, patients clinical evidence pointing the possible presence of HIV, as well as patients with several diseases (or suspected cases), such as drug abuse, sexually transmitted diseases (STDs), Kaposi sarcoma, pulmonary and extra pulmonary tuberculosis, hepatitis B and others must be tested for HIV. Pregnant women, according to the legislation, are subject to HIV testing in case of abortion and placental blood sampling used as a raw material for the production of immunobiological medications.

In practice, the legislation is often violated. This is confirmed by health care officials: "... it's a common practice when HIV screening is a prerequisite for hospitalization to any hospital." Virtually all pregnant women have blood sampling for HIV, in some cases repeatedly.

(Demography of HIV/AIDS Epidemics in Russia, B.P. Denisov, V.I. Sakevich, HIV Research, Demography of HIV/AIDS Epidemics in Russia: current situation and possible consequences – website, date accessed on 20/03/2008 <http://aidshiv.narod.ru/research/ds.html>)

6. Is there any legislation that specifically addresses gender-based violence?

An estimated 14,000 Russian women are killed every year, on average, by partners or other family members. The root causes are embedded in the unequal relations between men and women—and are not simply a result of drug abuse, alcoholism, poverty and poor living conditions.

A survey of married couples in seven regions of the Russian Federation found that nearly three quarters of women interviewed had been subjected to violence—physical, psychological, or sexual—during the course of their marriage.

Other studies show that one quarter of married women surveyed report being victims of sexual violence, which also included forced sex with their partners.

The Russian Federation has no specific legislation that addresses domestic violence. Indeed, there is not even a legal definition for the term. When a woman does file a case of abuse against her husband, it falls under provisions regarding general assault.

As of 2005, there were only around 25 crisis centres throughout entire country; Moscow does not have even one crisis centre. Of the estimated 300 hotlines set up to deal with family crises, including domestic violence, only a few of operate 24 hours a day, seven days a week, and many struggle along on tiny budgets.

Recommendations

The Russian Government needs to put this issue on the legislative agenda, both at the national and local levels.

Specifically, the following recommendations should be promoted:

- *Criminalize all forms of violence against women within the family.*
- *Enact and enforce laws which recognize gender-based violence as a distinct and serious offense.*
- *Create a code of conduct for law enforcement officials on best practices in responding to victims of gender-based violence.*
- *Raise public awareness of the problem and inform victims and perpetrators where to get help.*
- *Urge the government of the Russian Federation to fully implement CEDAW (the Convention on the Elimination of all Forms of Discrimination against Women).*
- *Support and facilitate collaboration between Russian NGOs and community-based organizations and international governmental and non-governmental organizations to combat gender-based violence.*

(Domestic Violence in the Russian Federation: Ending the Silence, UNFPA – website, date accessed on 19/02/2008, http://www.unfpa.org/gender/docs/fact_sheets/domestic_violence_russia.doc)

7. Is there an AIDS Law – or equivalent – that legislates on issues such as confidentiality for testing, diagnosis, treatment, care and support?

An AIDS Law introduced in 1995 requires foreigners who plan to spend more than three months in Russia to provide documentation that they are not infected with HIV when they apply for a visa. Russians who work in certain professions, as yet unspecified, will also undergo mandatory testing.

(Russian AIDS Law Requires Testing for Most Foreigners, 4 April 1995, New York Times – website, date accessed on 20/02/2008, <http://query.nytimes.com/gst/fullpage.html?res=990CE7DE163EF937A35757C0A963958260>)

8. Is there any legislation that protects people living with HIV/AIDS, particularly girls and young women, from stigma and discrimination at home and in the workplace?

An article #17 of Russian AIDS Law introduced in 1995 imposes a ban on the restrictions of the rights of the HIV-infected and does not allow discharge of employment and refusal of employment of people living with HIV/AIDS, as well as other rights and restrictions of legitimate interests of HIV-positive people on the basis of their status, including limitations of housing.

(Legislation with Comments. The Law on the Prevention of the Spread in the Federation of the Disease Caused by the Human Immunodeficiency Virus (HIV) – website, date accessed on 14/03/2008, <http://www.garant.ru/law/10004189-001.htm>)

9. Are sex workers legally permitted to organise themselves, for example in unions or support groups?

In Russia, sex workers commonly become infected with HIV through injecting drug use rather than sex. In the city of St Petersburg, 48% of sex workers were found to be living with HIV in 2003, and this high prevalence is attributed to the fact that most sex workers in the city also inject drugs. By contrast, in the capital city of Moscow, where the sex industry is more organised and actively discourages drug use, only 3% of sex workers were thought to be infected with HIV in 2005.

(Why is 'AIDS and prostitution' an issue?, AVERT – website, date accessed on 20/02/2008, <http://www.avert.org/prostitution-aids.htm>)

10. Are harm reduction methods for injecting drug users (such as needle exchange) legal?

UNAIDS estimates that 70% of all cases of HIV in Russia are connected to injecting drug users (IDUs).

Harm reduction programs in Russia have operated with funds from the UK Department for International Development, international NGOs and more recently from the Global Fund.

“We want to help consolidate these programs to make them sustainable and increase their scale so that they cover additional people,” says Patricio Marquez, lead health specialist and Team Leader of a Bank-financed Russia Tuberculosis and HIV/AIDS control project. “We need to create a consensus at the federal and regional levels that harm reduction programs are effective and that criminalization of drug usage in the context of an HIV/AIDS epidemic is not the solution. Increased enforcement does not lead to a drop in drug consumption but increases HIV infections among drug users.”

The challenge is to reduce the stigma against addicts and against people living with AIDS so that the proper legal and political conditions are in place for a wide-scale preventive effort. Although the Russian government has significantly increased spending on screening and treatment programs in the last year, medical infrastructure will not be able to keep up with new cases unless prevention is taken seriously.

The recent assessment of programs in Russia also makes clear that the scope of harm reduction activities should be broadened to provide not only clean needles but access to counseling, testing, and medical and social services, based on the view that drug users are vulnerable human beings in need of complex care.

(Preventing the Spread of HIV/AIDS in Russia: New Assessment of Harm Reduction Programs, World Bank – website, date accessed on 20/02/2008, <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/0,,contentMDK:21034565~menuPK:2246556~pagePK:2865106~piPK:2865128~theSitePK:258599,00.html>)

The mission of the Russian Harm Reduction Network (RHRN) is to promote the strategy of harm reduction to suppress the HIV/AIDS epidemic, preserve public health, and the realise civil rights of drug users and all citizens of Russia.

Russian Harm Reduction Network provides financial support to organizations implementing the projects of HIV prevention among injecting drug users in the Russian Federation.

(Russian Harm Reduction Network – website, date accessed on 20/02/2008, <http://eng.harmreduction.ru/mission.shtml>)

So far harm reduction programs in Russia have operated with funds from DFID, USAID and international NGOs, and more recently from the Global Fund.

The recent assessment of programs in Russia also makes clear that the scope of harm reduction activities should be broadened to provide not only clean needles but access to counseling, testing, and medical and social services, based on the view that drug users are vulnerable human beings in need of complex care.

(HIV/AIDS in Russia, The Berr Trust, Washington, 29 August 2006 – website, date accessed on 04/03/2008, http://www.berr.org/en/resources/world_bank/HIV/Russia)

Discussion questions:

- **Which areas of SRH and HIV/AIDS responses are legislated for?**
- **What are the biggest strengths, weaknesses and gaps in legislation in relation to HIV prevention for girls and young women?**
- **Is action taken if laws are broken (e.g. if a girl is married below the legal age)?**
- **Is there any specific legislation for marginalised and vulnerable groups¹? If yes, is the legislation supportive or punitive? And what difference does it make to people’s behaviours and risk of HIV infection?**
- **To what extent are ‘qualitative’ issues – such as confidentiality around HIV testing – covered by legislation?**

¹ Examples include: people living with HIV/AIDS, sex workers, injecting drug users, migrant workers, refugees and displaced people, street children, school drop-outs, lesbians and ethnic minorities.

- How much do girls and young women know about relevant legislation and how it relates to them? Are there any initiatives to raise awareness about certain laws?
- Overall, how is relevant legislation applied in practice? What are the 'real life' experiences of girls and young women? What difference does it make to their vulnerability to HIV infection?
- How do the effects of legislation vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

PREVENTION COMPONENT 2: POLICY PROVISION (national policies, protocols, guidelines, etc)

Key questions:

- 11. Does the current National AIDS Plan address the full continuum of HIV/AIDS strategies, including prevention, care, support and treatment?**

GOVERNMENT COMMISSION

Resolution, October 9, 2006, N 608, Government commission on prevention, diagnosis and treatment of diseases due to HIV (HIV-infection).

Government of the Russian Federation resolves:

- 1. To establish Government commission on prevention, diagnosis and treatment of diseases due to HIV (HIV-infection).*
- 2. To approve Regulations on Government commission on prevention, diagnosis and treatment of diseases due to HIV (HIV-infection).*

Regulations on Government commission on prevention, diagnosis and treatment of diseases due to HIV (HIV-infection)

- 1. Government commission on prevention, diagnosis and treatment of diseases due to HIV (HIV-infection) is a coordinating board, established for providing the concerted action of federal and regional jurisdictions in HIV prevention and providing medical and public assistance to PLWH.*
- 2. Main goals of the Commission are:*
 - o providing the concerted action of federal and regional jurisdictions in implementation of the public policy main directions in HIV prevention and providing medical and public assistance to PLWH, including HIV surveillance among population;*
 - o interagency activities aimed at providing affordability of medical examination, and medical and social assistance;*
 - o preparation of proposals for legislation development in HIV prevention among population and providing affordability of medical examination, and medical and social assistance to PLWH.*
- 3. Commission carries out functions:*
 - o To prepare proposals for regulation drafts;*
 - o To consider proposals of the federal and regional jurisdictions of RF on the following issues: public policy of RF in HIV surveillance, prevention, diagnosis and treatment; medical examination for HIV case detection and providing medical and social assistance to PLWH.*
 - o To consider preparation and development of the federal target programs, other programs and projects on HIV prevention, diagnosis, treatment and social assistance to PLWH in the Russian Federation.*
- 4. Minister of Health and Social Development of the Russian Federation is the Commission chairman.*
- 5. The Commission sessions are held at least twice a year.*
- 6. The decisions based on the Commission's terms of reference are mandatory for all federal executive authorities who constitute the Commission.*

Structure of the Government commission on prevention, diagnosis and treatment

of diseases due to HIV (HIV-infection)

<i>N</i>	<i>Name</i>	<i>Title</i>
1.	<i>T. Golikova</i>	<i>Minister of Health and Social Development of RF (Commission chairman)</i>
2.	<i>V.I. Starodubov</i>	<i>Deputy Minister of Health and Social Development of RF (Deputy Commission chairman)</i>
3.	<i>G.G. Onischenko</i>	<i>Head of Federal Service of Surveillance over Customer Rights Protection and Human Well-Being of RF (Responsible Commission Secretary)</i>
4.	<i>S.N. Apatenko</i>	<i>Director, Department of public youth policy, education and social child care, Ministry of Education and Science of RF</i>
5.	<i>S.B. Batkibekov</i>	<i>Director, Department of social economic reforms strategy, Ministry of Economic Development and Trade of RF</i>
6.	<i>A.V. Bobrik</i>	<i>Deputy Director, Fund 'Open Institute of Public Health' (by agreement)</i>
7.	<i>T.S. Bolshakova</i>	<i>Head, Department of budgetary policy in health care and physical culture, Ministry of Finance of RF</i>
8.	<i>Yu.V. Velichkina</i>	<i>Director, Public relations and marketing, Fund 'Social development and information centre' (by agreement)</i>
9.	<i>V.Yu. Golubovsky</i>	<i>Deputy head, Department of maintenance of public order, Ministry of Interior Affairs of RF</i>
10.	<i>M.I. Grishankov</i>	<i>1st Deputy Chairman, State Duma, Security Committee (by agreement)</i>
11.	<i>M.V. Grishin</i>	<i>President, Chelyabinsk-city public foundation 'Beregi sebya' (by agreement)</i>
12.	<i>S.A. Danko</i>	<i>Chief federal sanitary inspector, Federal Security Service of RF (by agreement)</i>
13.	<i>V.V. Zverev</i>	<i>Academician-Secretary, Department of preventive medicine, Russian Academy of Medical Sciences (by agreement)</i>
14.	<i>A.S. Kononets</i>	<i>Deputy Director, Federal Penitentiary Service of RF (GUIN)</i>
15.	<i>P.I. Melnichenko</i>	<i>Chief federal sanitary inspector, Ministry of Defence of RF</i>
16.	<i>I.A. Myagkov</i>	<i>Director-General, 'AZT Pharma K.B.' Ltd (by agreement)</i>
17.	<i>M.I. Narkevich</i>	<i>President, Public association 'Medantispid' (by agreement)</i>
18.	<i>E.N. Peryshkina</i>	<i>Director, Regional public organization 'AIDS Infosvyaz' (by agreement)</i>
19.	<i>V.I. Pokrovsky</i>	<i>Director, Central Scientific Research Institute of Epidemiology</i>
20.	<i>Yu.I. Popugaev</i>	<i>Deputy head, Department of interagency and information activities, Federal Service on Control over Illicit Drugs Circulation of RF</i>
21.	<i>A.P. Seltsovsky</i>	<i>Head, Department of Health Care of Moscow city</i>
22.	<i>Yu.A. Shubin</i>	<i>Director, Department of Culture, Ministry of Culture and Mass Communications of RF</i>
23.	<i>T.V. Yakovleva</i>	<i>Chairman, State Dume Health Care Committee (by agreement)</i>

(National Project 'Zdorovie' (Health Care), sent by UNAIDS Russia Office)

The programme for the next five years will include prevention measures aimed at groups most at risk

and teenagers. A good number of such projects and programmes are already underway in Russia, but they were not yet united by a common strategy.

The presidium of Russia's State Council has decided to set up a special government commission to review how the country deals with its growing problem of HIV infections. At Russia's initiative, the AIDS issue has been included on the agenda for the upcoming G8 summit in St Petersburg.

(UNAIDS, President Putin calls for urgent measures to stem the HIV epidemic in Russia – website, date accessed on 04/03/2008, <http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2006/20060426-russia.asp>)

12. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of girls and young women?

There is no comprehensive National AIDS Plan in Russia. HIV prevention measures are described and regulated by the programme of the Priority National Project "Zdorovie" (Health Care) and the Federal Targeted Programme "Prevention and fight with socially significant diseases (2007-2011)", the subprogramme "HIV-infection. In addition to this there are regional and municipal programs.

The Priority National Project "Zdorovie" and the Federal Targeted Programme do not specifically address the HIV prevention and SRH needs of girls and young women. However the subprogramme "HIV-infection" mentions increase of percentage of HIV-infected pregnant women covered by PMTCT program up to 98% as one of the expected results of the subprogram implementation and indicators of its social and economical effectiveness.

(The Federal Targeted Programmes of Russia, The list of Federal Targeted Programs and Federal Programs for Development of Regions that are provided with funding of the Federal Budget in 2008 – website, date accessed on 26/03/2008, <http://fcp.vpk.ru/cgi-bin/cis/fcp.cgi/Fcp/FcpList/Full/2008/>)
(The Priority National Project "Zdorovije", The list of documents on the Priority National Project – website, date accessed on 16/03/2008 <http://www.rost.ru/projects/health/p05/docs.shtml>)

13. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of marginalised and vulnerable groups, including people who are living with HIV/AIDS?

The National Targets Ensuring Universal Access to HIV Prevention, Treatment, Care, and Support in the Russian Federation by 2010 includes targeting the percentage of representatives of vulnerable groups: injecting drug users (IDU), sex workers (SW), men having sex with men (MSM) covered with preventive programmes. By 2008 the indicator target is to have 20% of the number of respondents who gained access to preventive programmes during the last 12 months from risk groups and by 2010 to have not less than 30% from vulnerable groups.

(National Targets Ensuring Universal Access to HIV Prevention, Treatment, Care, and Support in the Russian Federation by 2010, sent by UNAIDS Russia office)

14. Does the National AIDS Plan emphasise confidentiality within HIV/AIDS services?

No, the National AIDS Plan does not emphasize confidentiality.

The Russian legislation gives a following definition of medical confidentiality and privacy: "Confidentiality of medical information is a credibility and secrecy of the information submitted by a patient to a medical worker when seeking and receiving medical care, and a medical secrecy is details that should not be disclosed of the fact of the treatment the patient for medical care, diagnosis and other information on the state of his health and private life, derived from the examination and treatment, prevention and rehabilitation. "

Questions of confidentiality are regulated by the Framework legislation on the protection of citizens' health and guarantees for health protection, article 60.

HIV-infected people have a legitimate guaranteed right to hope that any information submitted by them to doctors is confidential (that is the object of medical secrecy).

The work of specialized agencies, such as the confidentiality at AIDS centers, has a number of special tasks:

- Confidentiality of epidemiological data;*
- Protection from unauthorized disclosure;*
- Protection of the (un)intentional use of these data with the purposes unrelated to the interests of*

public health care.

The law establishes disciplinary, administrative and criminal liability for persons who disclose medical secrecy. Unfortunately, the facts of medical secrecy disclosure are wide-known, but the facts of bring the perpetrators to justice occur very rare.

(Magazine "Shagi" archives, Information Consent and Confidentiality, Doctors and Patients – website, date accessed on 16/03/2008, <http://shagi.infoshare.ru/arch/?doc=336>
(Framework legislation on the protection of citizens' health and guarantees for health protection, article 60, Medical Secrecy – web site, date accessed on 17/03/08
http://www.hro.org/docs/rlex/health/index_1.php)

15. Does the national policy on VCT address the needs of girls and young women?

In 2006, 272 medical care providers were trained on VCT. As a result of VCT trainings, the number of patients seeking medical care and receiving counseling has significantly increased.

Voluntary counselling and testing (VCT) training for care providers institutionalized and turn around time for HIV test reduced.

(USAID, Health Care Quality Assurance Project, Achievements to Date – website, date accessed on 04/03/2008, <http://russia.usaid.gov/en/main/documents/index.shtml?lang=en&id=2117>)

16. Does the national protocol for antenatal care include an optional HIV test?

An Order of Ministry of Health and Social Development of the Russian Federation issued in 2003 requires that with the aim of PMTCT all pregnant women who plan to preserve their pregnancy, should be offered HIV testing; women should be tested twice: when they apply to women's centres for the first time and if tested HIV-negative, they should get tested at 34-36 weeks of pregnancy. Pregnant women who had no HIV test are recommended to get tested when hospitalized to maternity homes.

In fact having no HIV test during pregnancy means that a woman is deprived of the right to choose a maternity home and is hospitalized to an infectious maternity home. HIV tests for pregnant women are rare accompanied with pre- and post-test counselling, though the Order requires the counselling.

(Order #606 of Ministry of Health and Social Development of the Russian Federation (19.12.2003) website, Federal Service on Surveillance for Consumer Rights Protection and Human Well-Being, website date accessed on 14/03/08 <http://www.rosпотребнадзор.ru/files/docs/instruction/149.pdf>).

Despite the current law, today HIV testing of pregnant women is held throughout the country. The "Law on the Prevention of the Spread in the Federation of the Disease Caused by the Human Immunodeficiency Virus (HIV)" passed 1995 states that optional HIV test is legal only for donors of blood, biological liquids, organs and tissues (clause 9). Article 7 says that HIV testing is conducted on voluntary basis, except cases described in clause 9 of the present Federal Law.

(All-Russian Parents' Meeting, HIV Mystification, AIDS Centers. Their Role in National Project "Zdorovje" - website date accessed on 16/03/08
http://oodvrs.ru/article/index.php?id_page=51&id_article=405)

Local laws often contradict to the Federal legislation framework that recommends HIV testing for pregnant women, in some regions of Russia, for instance in St. Petersburg, the local State Health Care Committee and the Center for Sanitary and Epidemiological Control approved a list of populations for compulsory HIV testing, including pregnant women, drug addicts, patients with symptoms similar to HIV-associated, homo- and bisexual people, the imprisoned.

(Russian Laws. Instruction of the Health Care Committee of St. Petersburg Administration and the State Center for Sanitary and Epidemiological Control in St. Petersburg #420-P/32 on Revitalisation of HIV Infection Prevention issued on 19/11/2002 as of November 2007
Instruction of the Health Care Committee of St. Petersburg Administration and the State Center for Sanitary and Epidemiological Control in St. Petersburg #29-P/4 on Improving the Delivery of Medical Care for HIV-infected Pregnant Women and Children Born by HIV-Infected Mothers issued on 19/11/2002 - website date accessed on 16/03/08
http://www.lawrussia.ru/texts/legal_933/doc933a481x867.htm)

17. Does the national protocol for antenatal care include a commitment that any girl or young woman testing HIV positive should be automatically offered PMTCT services?

The National Targets Ensuring Universal Access to HIV Prevention, Treatment, Care, and Support in the Russian Federation by 2010 includes:

Targeting the coverage of HIV-positive pregnant women with complete course of chemoprophylaxis. The targets are not less than 80% by 2008 and not less than 85% by 2010. This is defined by the number of pairs of mother-child of HIV-infected pregnant women who received a complete course of antiretroviral prophylaxis (during pregnancy, delivery and to the newly born) to reduce the risk of HIV transmittal in compliance with the national protocol over the last 12 months.

Taregting the coverage of HIV-positive pregnant women and their born babies with hemoprophylaxis (of any type). The targets are not less than 95% by 2008 and not less than 98% by 2010. This is defined by the number of pregnant women and babies who received vertical transmission chemoprophylaxis.

(National Project 'Zdorovie' (Health Care), sent by UNAIDS Russia Office)

18. Is there a national policy that protects the rights and needs - including HIV prevention, SRH services, employment opportunities and education - of young women or girls at risk or affected by early marriage?

No available data

19. Is HIV prevention within the official national curriculum for both girls and boys?

The reluctance of the Russian government to accept large-scale international assistance in inaugurating more widespread preventative educational measures is attributable to a combination of ill-informed tactics and ideological hostility. Yet, statistics indicate a distressing need for the implementation of such programs. A recent poll indicates that 2/3 thirds of respondents who understood the connection between AIDS and HIV also maintained that the disease is contracted through kissing, while ¾ were certain of its transmission by mosquitoes (Specter, 66). In a country in which, T.A. Gurko concludes in the Russian Social Science Review, "The early onset of sexual activity among adolescents...is taking place under conditions that are quite specific... <including> a low level of contraceptive awareness..."(59), and where "...at least 86 percent of those aged 17 and older are sexually active..."(Graves and Titova) alarming rates of both sexually transmitted diseases that are traditional harbingers for HIV (100 times those in Western Europe at 136 cases of syphilis per 100,000 verses a mere 1.5 per 100,000) (Kornienko), and abortion (roughly 13 abortions for every 10 live births) (Greenall) warrant particular attention. The introduction of sexual education and awareness programs becomes far more than grounds for perpetual moral debate. Addressing it is, rather, a matter of immediate demographic sustainability not afforded the luxury of promulgating ideology based on untenable conclusions.

(The Impending Price of Ignorance: Demographic Politics of Sexual Education in Post-Soviet Russia, Jeanne-Marie Jackson – website, date accessed on 04/03/2008, http://www.sras.org/demographic_politics_of_sex_ed_in_post-soviet_russia)

20. Is key national data about HIV/AIDS, such as HIV prevalence, routinely disaggregated by age and gender?

Key national data about HIV/AIDS available in Web are usually disaggregated by republics, districts and regions of the Russian Federation.

(The Federal AIDS Center, Statistics 2007, Number of the HIV-infected in Russia as of 31/10/2007 – web site, date accessed on 17/03/08 <http://www.hivrussia.org/stat/2007.shtml>)

Discussion questions:

- **To what extent are relevant bodies – such as the Ministry of Education, NGO networks,**

religious organisations, etc – engaged in policy-making around HIV prevention for girls and young women?

- To what extent do those bodies work in partnership or in isolation? What areas of HIV prevention responses (e.g. behaviour change, counselling, treatment, home-based care) have national protocols or guidelines?
- To what extent do those protocols address the needs of girls and young women, including those that are marginalised and vulnerable?
- What does school-based sex education cover? Does it help to build young people's confidence and skills, as well as knowledge?
- To what extent do policies help to reduce stigma and discrimination? For example, do they encourage people to stop using derogatory language or 'blaming' specific groups for HIV/AIDS?
 -
- To what extent are different areas of policy provision – such as for HIV/AIDS and antenatal care – integrated or isolated?
 -
- What policy measures exist in relation to consent, approval and confidentiality? For example, can girls and young women access services such as VCT without having to notify their parents and/or partner? And are they informed of their right to confidentiality?
- Overall, how are relevant policies applied in practice? What are the 'real life' experiences of girls and young women? How much do they know about them and how they relate to them? What difference do these policies make to their vulnerability to HIV infection?
- How do the effects of policies vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

PREVENTION COMPONENT 3: AVAILABILITY OF SERVICES² (number of programmes, scale, range, etc)

Key questions:

21. Is there a national database or directory of SRH and HIV/AIDS services for young people?

There is no special directory and any database of SRH and HIV/AIDS services for young people. There is regulatory framework of Federal Service of Surveillance over Customer Rights Protection and Human Well-Being of RF, including HIV/AIDS available at <http://www.rosпотребнадзор.ru/docs/fedlaw/> and the state database of scientific HIV/AIDS research in the Russian Federation created in order to make the information available, to analyze and generalize scientific research of the problem, study and prove approaches to HIV-infection problems solution <http://www.hivstudy.mednet.ru/open/about.php> Any other efforts of creating databases of existing services are related to non-governmental sector.

22. How many SRH clinics or outlets are there in the country?

No available data.

23. At how many service points is VCT available, including for young women and girls?

² (Refers to the full range of SRH and HIV/AIDS services relevant to girls and young women. These include antenatal care, STI information and treatment, HIV prevention, condoms, VCT and other counseling, positive prevention, treatment of opportunistic infections, care and support, treatment (including ARVs), skills building, economic development, etc).

No available data.

24. Are male and female condoms available in the country?

Data on male condoms available on websites are basically part of advertising campaigns; available information on female condoms is placed mainly on Internet resources saying that female condoms exist. There is no assessment of availability of both types of condoms in Russia.

(Communication with in-country consultant, March 2008)

25. Is a free HIV test available to all pregnant girls and young women who wish to have one?

Children born to HIV-positive women are often segregated in Russia for no medical reason, the rights group says.

According to official figures cited in the report, nearly 10,000 HIV-positive Russian women have given birth since 1997. Up to 20% abandoned their babies.

The report criticises "the very real discrimination" the women and children face - often from healthcare providers.

(Abuses over HIV 'rife' in Russia, BBC News, 15 July 2005 – website, date accessed on 04/03/2008, <http://news.bbc.co.uk/1/hi/world/europe/4685365.stm>)

In Russia, some 20 babies are born every day to HIV-positive women, with two of those, on average, abandoned by their mothers.

Modern drugs are widely available which can dramatically reduce the chances of mother-to-child transmission. Too many women, though, are still unaware of the treatment.

(Russia's abandoned HIV children, BBC News, 21 Feb 2006 – website, date accessed on 04/03/2008, <http://news.bbc.co.uk/1/hi/world/europe/4735006.stm>)

The percentage of HIV-infected pregnant women covered by the programme of prevention of HIV infection transmission to newborn babies is 75 per cent.

(The Priority National Project "Zdorovije", The list of documents on the Priority National Project "Zdorovije", the Federal Targeted Programme "Prevention and fight with socially significant diseases (2007-2011)", background – website, date accessed on 16/03/2008 <http://www.rost.ru/projects/health/p05/docs.shtml>)

26. At how many service points are PMTCT services (such as nevirapine) available for pregnant girls or young women who are HIV positive?

According to data from the Federal AIDS Centre, over the past ten years, the rate at which HIV antibodies were detected in pregnant women, per 100,000 women tested (hereinafter, including those who sought an abortion), has risen nearly 600 times, from 0.2 in 1994 to 119.2 in 2002 and 114.2 in 2003.

(Children, Women and HIV infection in the Russian Federation, Ministry of Health and Social Development of the Russian Federation and UNICEF (2005) – website, date accessed on 26/02/2008)

Training programmes have prepared over 500 health care workers in PMTCT and anti-retroviral treatment of HIV-infected children. Though this is but a fraction of the needs.

(UNICEF, HIV/AIDS in Russia – website, date accessed on 05/03/2008, http://www.unicef.org/russia/hiv_aids_1784.html)

27. At how many service points are harm reduction services for injecting drug users available?

There are more than 50 organizations render harm reduction services for injecting drug users in 7

federal districts of Russia.

(Central and Eastern European Harm Reduction Network, Syringe exchange & outreach projects in CEE/CIS, European CIS – web site, date accessed on 17/03/08
<http://www.ceeurn.org/maps2/index.php?ItemId=11758>)

The Russian Harm Reduction Network supports 33 harm reduction projects; The Open Health Institute supports 90 harm reduction projects in 22 regions of Russia.

(Data on harm reduction projects implemented in Russia, sent by the Russian Harm Reduction Network office;
The Open Health Institute, Syringe exchange & outreach projects in CEE/CIS, European CIS – web site, date accessed on 17/03/08 http://www.ohi.ru/r_pugn.php)

For a set of measures aimed at preventing the spread of HIV infection among vulnerable groups 105 projects were implemented, including: 18 - for prevention of HIV infection among injecting drug users, 10 - among those who provide sexual services for fee, 37 - in the penitentiary system, 40 - to improve palliative care and adherence to treatment.

(Decision of the Federal Service on Surveillance for Consumer Rights Protection and Human Well-Being Collegium on implementation of comprehensive prevention activities aimed at combating HIV infection and viral hepatitis B and C under the Russian priority national project in the health sector in the years 2006-2007 and the plans for 2008, Appendix #3 to the Collegium meeting minutes as of December 21, 2007 – web site date accessed on 21/03/08
<http://www.rosпотреbnadzor.ru/docs/protocol/?id=1649>)

28. Are there any specific national projects (such as camps, conferences, and training courses) for boys/girls and young people living with HIV/AIDS?

Questions about health and healthy lifestyles, including reproductive health as a part of human health and society, as well as HIV prevention of infection were included in the federal component of the state education standard and the broad program of general education in biology and "Fundamentals of life."

Together with Russian Federal Service on Surveillance for Consumer Rights Protection and Human Well-Being the Ministry of Education and Science developed a concept of preventive education on HIV / AIDS in the educational environment (hereafter – the Concept). Basic principles of the concept involve the formation the values of family life, healthy lifestyles, abiding, respect for the individual, the state, environment among children and young people. Adoption of the values and norms of behavior is a fundamental moral and ethical barriers to HIV and as a result - the containment of HIV infection.

Preventive work is a part of the educational programs, open classrooms aimed at formation of the healthy lifestyle values among children and young people.

(HIV prevention among children and youth, Feedback, the order of personal reception of citizens, the Ministry of Education and Science of the Russian Federation – official web site date accessed on 21/03/08 <http://www.mon.gov.ru/obr/pri/4510/>)

29. At how many service points are ARVs available to people living with HIV/AIDS?

Except Moscow region, there are no electronic databases that allow quick analysis of medical care quality, control on quality and fullness of therapy, keeping books of HIV-infected persons who are in need of treatment or receive ARVs from all sources of funding, including the Priority National Project.

(Decision of the Federal Service on Surveillance for Consumer Rights Protection and Human Well-Being Collegium on the results of verifying implementation activities for the prevention, diagnosis and treatment of HIV infection in the framework of the Priority National Project on Krasnodar Territory, in Saint Petersburg, Moscow, Sverdlovsk, Chelyabinsk and Leningrad areas – web site date accessed on 14/03/08
<http://www.rosпотреbnadzor.ru/docs/protocol/?id=1623>)

30. Are there specific positive prevention services, including support groups, for young women and girls living with HIV/AIDS?

Support groups for young women and girls living with HIV/AIDS exist in Kazan, Russia and in Norilsk, Russia. Self-help groups for HIV-positive men and women exist in more than 25 towns of Russia.

(Self-help groups, International Treatment Preparedness Coalition Advocacy Resource in Russian-Speaking Region on http://itpcru.org/treatment_preparedness/gipa_mobil/mutual_help_group - date accessed 17/03/08)

Discussion questions:

- **What scale and range of HIV prevention services is available for girls and young women? For example, do programmes go beyond ‘ABC’ strategies? Do programmes cover social issues (e.g. early marriage)?**
- **To what extent are SRH, HIV/AIDS and broader community services integrated and able/willing to provide referrals to each other? For example, could most SRH clinics refer a girl testing HIV positive to a support group for people living with HIV/AIDS?**
- **To what extent are HIV prevention services available through ‘non-traditional’ outlets (e.g. religious organisations, youth clubs)?**
- **Are there community programmes on gender awareness/dialogue for girls/boys and young women/men? Do they explore power differences and social ‘norms’ for sexual behaviour? Is there mentoring, peer support and economic development that targets females?**
- **How available is prevention information and support for girls and young women living with HIV/AIDS?**
- **How available are HIV prevention ‘commodities’ (e.g. condoms)? How are they distributed?**
 - **How much do girls and young women know about the availability of services, such as where to get condoms or ARVs?**
 - **Overall, what does the availability of HIV prevention services mean in practice? What are the ‘real life’ experiences of girls and young women? What difference do these services make to their vulnerability to HIV infection?**
 - **How do the effects of availability vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

PREVENTION COMPONENT 4: ACCESSIBILITY OF SERVICES
(location, user-friendliness, affordability, etc)

Key questions:

31. Are all government HIV prevention and SRH services equally open to married and unmarried girls and young women?

32. Are all government HIV prevention and SRH services equally open to girls and young women who are HIV positive, negative or untested?

Article 41. Medical and social assistance to citizens suffering socially significant diseases

Citizens suffering socially significant diseases, the list of which is determined by the Government of

the Russian Federation, are provided with medical and social assistance and provided with medical supervision in the relevant medical-care facilities free of charge or on a concessional basis.

(Framework legislation on the protection of citizens' health and guarantees for health protection, article 41 – web site, date accessed on 22/03/08
http://www.hro.org/docs/rlex/health/index_3.php#VIII)

The core of the Mandatory Medical Insurance is based on the following fundamental organizational, economic and legal principles:

Universal and mandatory character. All citizens of the Russian Federation, regardless of sex, age, health status, place of residence, level of personal income, are entitled to receive free medical services included in the state program of Mandatory Medical Insurance. The rules relating to compulsory medical insurance, apply to all adult citizens since signing with them employment, as well as the children.

Social solidarity and social justice. All citizens have equal rights to receive medical care at the expense of the Mandatory Medical Insurance. Insurance contributions and payments to the MMI are paid by all citizens, but demand of financial resources shall be made only when applying for medical assistance (principle of "the healthy pays for the ill"). The range and volume of services do not depend on the absolute size of contributions to the MMI. Citizens with different levels of income and correspondingly with different amount of taxes for the wages have the same right to receive medical services, supported under the programme of MMI (the "the rich pay for the poor").

(Mandatory Medical Insurance, Information Medical Portal Medtrust – web site, date accessed on 22/03/08 <http://www.medtrust.ru/pls/medstrah/oms/index.html>)

Initially, it was assumed that every citizen of the Russian Federation by engaging in MMI receives an insurance policy, which guarantees free health care on the entire territory of the Russian Federation. If you come to any city or province of the Russian Federation, you could apply in case of illness to any medical facility. Mutual payments should be carried out between insurance companies.

Currently there is no mechanism that allows the mutual payments between insurance companies, resulting in situation when a person having an insurance policy of a city and a region can not take advantage of free medical services in other regions. The exception is the ambulance service and emergency care, as well as in-patient ambulance hospitals.

(Domestic Violence and Reproductive Health, Report, On the way to public health, There is no place for violence in your life, Publications – web site, date accessed on 22/03/08
www.crisis.ipd.ru/articles/Lola%20K.doc)

33. Are VCT services free for girls and young women?

State VCT services are free for all people, the services are confidential, if someone wants to get tested anonymously, such testing should be paid for.

To get tested is possible at any clinic or a central district hospital in the place of residence, as well as at the local Centre for the Prevention and Combating with AIDS. Keep in mind that the money for HIV testing may be taken only at commercial clinics. Under the law HIV testing at public hospitals and clinics is for free.

(Information project No AIDS, HIV test. Is it frightful to go for a sentence?– web site date accessed on 21/03/08 http://noaids.org.ru/content_16.xml)

34. Are approximately equal numbers of females and males accessing VCT services?

Over the past five years, the number of people receiving HIV counselling and testing services has increased fourfold. Nevertheless, at present time in the world only 12 percent of people who want to do this can be tested. It is estimated that in 2003, in low - and middle-income countries only 0.2 per cent of the adult population received the HIV voluntary counselling and testing services. People do not seek HIV testing services for many reasons: lack of access to testing, fear of stigma and discrimination; fear that the test results would be positive, and lack of access to treatment. These facts indicate that thousands of opportunities for up-scaling access to treatment, care, support and

prevention are lost, and continue not to be used.

(Voluntary Counseling and Testing, Policy and Practice, UNAIDS in Russia – web site date accessed on 21/03/08

<http://www.unaids.org/ru/PolicyAndPractice/CounsellingAndTesting/default.asp>)

35. Are STI treatment and counseling services free for all girls and young women?

Physicians, practitioners, and scientists state that currently number of gynecological diseases, including the epidemic of sexually transmitted diseases (STDs) is growing in Russia. Moreover, the highest increase is observed in adolescents and youth age groups (under 18 and girls up to 25 years), as well as among women under the age of 40 years.

Among the reasons for these trends, experts mention low level of education in this area, as well as false shame and fear of the doctor gynaecologis. Female adolescents and young women are afraid or ashamed of examination procedures, and often of the very doctor. The sake of objectivity, it should be noted that low qualifications, indifference, rudeness and lack of conscientiousness among doctors, working at women's consultation contribute into sustainability of these negative feelings.

These and many other diseases in increasing frequency are the chronic or acute. Meanwhile, regular examinations at a qualified doctor-gynaecologist and timely diagnostics can detect viral infection at an early stage and cure it without any consequences.

(A visit to a gynaecologist, News, Articles, Medical Informational and Counselling System ILL.RU – web site date accessed on 21/03/08 http://ill.ru/news.art.shtml?c_article=969

"The STI clinic administration brings to your attention that residents living in the territory served receive medical services free of charge, except for testing and treatment of clamidiosis, ureaplasmosis, cytomegalovirus and genital herpes."

Treatment of most types of uncomplicated genital infections in Moscow costs 3000-5000 rubles. The cheapest is the total cost of getting rid of "the French rhinitis, the old name of gonorrhoea: about 1500 rubles. In a voluntary medical insurance policy there is usually a separate line that everything connected with a sexually transmitted diseases are clients' problem, not an insurance company's.

(Bad Diseases, Magazine Money, #14 (419), April 4, 2003, Economical Weekly eNewspaper Kommersant.ru – web site date accessed on 21/03/08

<http://www.kommersant.ru/doc.aspx?DocsID=376640>)

36. Are condoms free for girls and young women within government SRH services?

No. Condoms are sometimes distributed for free at youth friendly clinics that are usually mutual projects of governmental facilities and NGOs.

Dissatisfaction... with laws is caused by the fact that these laws allow only licensed wholesale distribution of condoms and retail is allowed only in pharmacies. The laws say nothing about free distribution at all, that is interpreted by some people... free distribution of condoms is also illegal.

(News for all, Domestic manufacturers of contraceptives are indignant by current organization of condoms distribution, News, Medicine 2000 – Medicine for all – web site date accessed on 21/03/08

<http://www.med2000.ru/news/200701.htm>

37. Are ARVs free for all girls and young women living with HIV/AIDS?

38. Are issues relating to HIV/AIDS stigma and discrimination included in the training curriculum of key health care workers at SRH clinics?

The project GLOBUS with the GF support carries out activities on HIV/AIDS prevention on the territory of 9 subjects of the Russian Federation, including training of health professionals on ARV therapy provision, as well as on prevention of HIV transmission from mother to child (training "Counselling on HIV / AIDS prevention and treatment in the field of reproductive health" for doctors -

obstetrician-gynecologists of district women's clinics or specialized medical facilities from the regional projects of harm reduction).

*("Simona", Centre for Monitoring and Evaluation of the Central Institute of Health Care Organization and Informatization, GLOBUS project – web site date accessed on 21/03/08
<http://symona.mednet.ru/rus/region40.php?lang=1>*

As for complex measures to reduce discrimination and increase tolerance towards people living with HIV / AIDS and their families:

7 types of methodic materials were developed on HIV, reducing stigma and discrimination towards people living with HIV / AIDS, for medical professionals, boarding schools, where HIV-positive children are brought up, for lawyers, materials for general population. Seminars and conferences were held for doctors to reduce stigma and discrimination towards persons living with HIV / AIDS and to improve adherence to antiretroviral therapy in 7 subjects, 200 professionals were trained.

As for a set of measures aimed at preventing HIV transmission of from mother to child:

Training materials and guidelines, educational courses for regional experts on 14 topics relating to HIV were developed, seminars for doctors of different specialties and staff of medical academies of postgraduate education were held. 1060 specialists were trained.

*(Decision of the Federal Service on Surveillance for Consumer Rights Protection and Human Well-Being Collegium on implementation of comprehensive prevention activities aimed at combating HIV infection and viral hepatitis B and C under the Russian priority national project in the health sector in the years 2006-2007 and the plans for 2008, Appendix #3 to the Collegium meeting minutes as of December 21, 2007 – web site date accessed on 21/03/08
<http://www.rosпотребнадзор.ru/docs/protocol/?id=1649>)*

39. Are issues relating to young people included in the training curriculum of key health care workers at SRH clinics?

No available data

40. Are there any government media campaigns (e.g. television commercials and newspaper advertisements) about HIV/AIDS that specifically address prevention among girls and young women?

Organized and conducted:

-- information campaigns, using all means of mass communication, including federal and regional television, print media, outdoor advertising, aimed at informing and training the population; In order to raise public awareness two informational campaigns were held: "You have the right to know how to protect yourself from HIV" (2006) and "Be in touch with your health!" (2007). The main objectives of the campaigns were: raising public awareness on HIV / AIDS, forming more tolerant attitudes towards people living with HIV, improve public confidence in public systems to prevent HIV and creation of a positive image of the health care system.

According to the leading research in the field of mass media campaign, "Gallup-2006" the campaigns reached 25 million people, in 2007 - 50 million. The campaign video were broadcasted on the federal and regional channels. Total number of demonstration - 33972. On plasma screens in the airport Sheremetyevo-2 and the network of shops Pyaterochka 7728 demonstrations were organized.

A TV program "AIDS. Ambulance " were created on the TNT channel regarding the problems of HIV and fate of those affected by this disease.

All-Russian free round-the-clock hotline on HIV were organized, 59657 calls were registered.

32598 stickers of transportation advertisements were placed (subways, buses, commuter trains, railway stations) in 57 cities in Russia -

(Decision of the Federal Service on Surveillance for Consumer Rights Protection and Human Well-Being Collegium on implementation of comprehensive prevention activities aimed at combating HIV

infection and viral hepatitis B and C under the Russian priority national project in the health sector in the years 2006-2007 and the plans for 2008, Appendix #3 to the Collegium meeting minutes as of December 21, 2007 – web site date accessed on 21/03/08
<http://www.rosпотреbnadzor.ru/docs/protocol/?id=1649>

Discussion questions:

Are HIV prevention services truly accessible to girls and young women, including those that are marginalised and vulnerable? For example, are they: safe? Affordable? Reachable by public transport? in appropriate languages? Non-stigmatising? open at convenient times?

What are the cultural norms around prioritizing females and males for health care?

To what extent are informed and supportive SRH services accessible for girls or young women living with HIV/AIDS?

What are the client/service provider ratios in different types of HIV prevention services? What is the gender ratio for staff in those services?

Do services make proactive efforts to attract girls and young women? For example, do SRH clinics have separate rooms for young women so that they do not risk seeing family members or familiar adults?

What are the attitudes of service providers to girls and young women, including those who are marginalised and vulnerable? Are they kind, non-judgemental and realistic (for example about young people's sexual pressures and desires)? Can they encourage girls/boys to assess their risks of HIV infection and change their behaviour? Are attitudes generally getting better or worse?

Do HIV prevention information campaigns, etc, target girls and young women? For example, are they culturally and linguistically appropriate? Are materials distributed through appropriate media and outlets?

Is there a national monitoring and evaluation framework? Does it encourage data to be disaggregated (according to gender and age) – to help assess the extent to which girls and young women are accessing programmes and services?

Are referrals and follow-up provided during HIV/AIDS, SRH and antenatal care services for young women and girls?

Overall, what difference does accessibility to services mean in practice? What are the 'real life' experiences of girls and young women? What difference is made to their vulnerability to HIV infection?

How do the effects of accessibility vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

**PREVENTION COMPONENT 5: PARTICIPATION AND RIGHTS
(human rights, representation, advocacy, participation in decision-making, etc)**

Key questions:

41. Has the country signed the Convention on the Rights of the Child (CRC)?

Yes, on 15 September 1990

(Office of the United Nations High Commissioner for Human Rights - *status of ratifications of the*

principal International Human Rights Treaties As of 09 June 2004
<http://www.unhchr.ch/pdf/report.pdf> - website date accessed 04/03/08)

*The Convention came into force on September 2, 1990, in accordance with Article 49.
The Convention was ratified by the Supreme Soviet of the USSR on June 13, 1990.
The Convention came into force for the Russian Federation of September 15, 1990.*

(International non-governmental information and enlightener movement Goodwill without borders – project The Right for a Family, CRC <http://www.good.cnt.ru/family/ConUN-ChR.htm> - website date accessed 16/03/08)

42. Has the country signed the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages (CCM)?

CEDAW

Yes, on 03 September 1981

(Office of the United Nations High Commissioner for Human Rights - *status of ratifications of the principal International Human Rights Treaties As of 09 June 2004*
<http://www.unhchr.ch/pdf/report.pdf> - website date accessed 04/03/08)

CCM –

No, not yet

(United Nations Treaty Collection [As of 5 February 2002] *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages New York, 10 December 1962*
http://www.unhchr.ch/html/menu3/b/treaty3_.htm - website, date accessed 04/03/08)

43. In the National AIDS Council (or equivalent), is there an individual or organisation that represents the interests of girls and young women?

No

44. In the National AIDS Council, is there an individual or organisation that represents the interests of people living with HIV/AIDS?

Yes, there are NGOs leaders who represent interests of people living with HIV/AIDS in the Government commission on prevention, diagnosis and treatment of diseases due to HIV (HIV-infection). The majority of the Commission members took up their posts due to their official position in the Ministry of Health and Social Development.

45. Was the current National AIDS Plan developed through a participatory process, including input from girls and young women?

No

46. Is there any type of group/coalition actively promoting the HIV prevention and SRH needs and rights of girls and young women?

*The projects supported by UNFPA in the Russian Federation:
“Strengthening youth peer education organizations’ capacities of implementing behavior change communication programs” (2006 – 2008). Strengthened Youth peer education organizations’ capacities to implement behavior change communication programs; developed nation-wide Y-PEER network; increased information awareness among young people in Russia.*

(UNFPA activities in the Russian Federation – website, date accessed on 22/03/2008,
http://www.unfpa.ru/rus/unfpa_rus.html)

No. There is a Russian network of youth peer initiatives that actively promotes HIV prevention among youth.

(Russian network of youth peer initiatives - website, date accessed on 22/03/2008, <http://www.ypeer.clan.su/>)

47. Is there any type of national group/coalition advocating for HIV prevention (including positive prevention) for girls and young women?

There is a coalition of UNAIDS and NGO AIDS Infoshare "Women against AIDS" created in may 2007 that urges that HIV-positive women can participate in decision making at high levels as well as in carrying out such programs. The coalition has the following tasks:

- 1. Advocacy of gender approach to development of HIV programs*
- 2. Coordination of efforts of HIV organizations as well as gender organizations.*
- 3. Experience and information exchange, support of gender research of HIV epidemics*
- 4. Development of women's leadership*

(Regional Coalition Women Against AIDS: from Dream to Reality, Poz.ru, website for HIV-positive people, NGO AIDS Infoshare. - website, date accessed on 16/03/08 <http://poz.ru/info/?div=1&page=&aid=107>)

A Tour "Women Against AIDS" implemented by NGO "AIDS Infoshare" with the support of UNAIDS and the Global Coalition Women Against AIDS started on May 28, 2007.. During ten days, HIV-positive women with open status called the government and public of Kazakhstan, Armenia, Moldova, Ukraine and Russia to draw attention to HIV spread among women in the CIS (so-called feminization of the epidemic). HIV-positive representatives of the member countries were escorted by AIDS Infoshare and UNAIDS staff, a journalist from the Cosmopolitan and Mayak Radio, as well as a photo-artist known around the world - Serge Golovach. Golovach had a debut in the "art against AIDS" theme with a photo project " Plus ", and at the moment conducted shooting for the photo exhibition with the working title "Women Against AIDS".

(HIV positive women from CIS struggle against AIDS, Poz.ru, website for HIV-positive people, NGO AIDS Infoshare, community hiv, blogs on liveinternet.ru - website, date accessed on 16/03/08, http://www.liveinternet.ru/community/hiv_plus/)

48. Is the membership of the main network(s) for people living with HIV/AIDS open to young people, including girls and young women?

Yes

48. Are there any programmes to build the capacity of people living with HIV/AIDS (e.g. in networking, advocacy, etc)?

All-Russian Unit of PLHIV is called to represent the interests of people living with HIV at the international, national, regional and local levels. Within the framework of the Unit HIV-positive people improve access to HIV prevention and treatment, improve care and support, reduce stigma and discrimination, protect the rights of PLHA, broader PLHIV involvement in the decision-making process.

All Russian Mission PLHIV:

We, people living with HIV, unite our capabilities and mobilize community efforts to improve the quality of life of every person affected by the HI /AIDS epidemic in Russia.

The basic strategy for 2007 - 2008.

Using the inner motivation of the organization participants, interest of its supporters and external structures to develop a simple, transparent and sustained coordination of the Unit activities to improve the quality of services for PLHA.

The strategic objectives:

- Availability and use of clear and effective rules and procedures within the Unit*

- *The Unit knows and rationally uses both outside and internal resources*
- *The Unit has an effective monitoring system of public health care*
- *The Unit is able to influence decisions relating to increase of services quality for PLHIV and ensuring their rights.*

(All-Russian Unit of PLHIV, web site of the Regional Public Organization "Community of People Living with HIV" (the Community of PLHIV), the Unit Secretariat - website, date accessed on 16/03/08, <http://www.positivenet.ru/page.php?pg=13>)

Currently, I would point the following main challenges faced by the community:... Permanent training of PLHIV activists on communication and advocacy skills. Our main mistake is an internal stigma... Internal stigma prevents us from uniting.

The goal for the community remains the same. Advocacy of improving access to treatment, services and prevention. Mobilizing PLHIV, young people, giving people tools to protect their rights.

(Magazine "Shagi", new issue #5 (34) - 2007, Community of people living with HIV. Yesterday, today, tomorrow. HIV-community as I see it, article - website, date accessed on 16/03/08, <http://shagi.infoshare.ru/mnew/?doc=477>)

The Collaborative Fund is a project of the International Treatment Preparedness Coalition (ITPC). The main objective of the Fund is financial assistance for ITPC in carrying out its primary objective, namely, to provide access to impartial treatment and care to all HIV-positive through literacy of individuals and organizations in questions of treatment, as well as advocacy at the local, regional and international level and among representatives of all levels, including the government, international and bilateral agencies, pharmaceutical and diagnostic companies, non-governmental organizations and the private sector.

(The Collaborative Fund of the ITPC and the Tides Foundation, Treatment for all, ITPCru Russian-speaking informational advocacy resource International Treatment Preparedness Coalition in Eastern Europe and Central Asia - website, date accessed on 27/03/08, <http://itpcru.org/fql>)

50. Are there any girls or young women living with HIV/AIDS who speak openly about their HIV status (e.g. on television or at conferences)?

On December 10, 2007 an online conference on topic How to live with HIV in Russia? with participation of Bertil Lindblad, Regional director of UNAIDS for Eastern Europe and Central Asia, Alexander Golusov, leader of HIV/AIDS Department of Federal Service on Surveillance for Consumer Rights Protection and Human Well-Being and Svetlana Izambaeva.

Svetlana Izambaeva, 26 years old, winner of beauty contest for young girls with HIV "Miss Positive " 2005, lives in Kazan. Being a student of the Economics Department of the Cheboksary Agricultural Academy, Svetlana discovered that she had HIV after an accidental novel. She found power to live, to work in HIV / AIDS field, to fall in love, marry and give birth to a healthy daughter Maria-Eve. Today, Eve-Marie is 8 months old. Svetlana organized and leads a support group for women with HIV in Kazan.

(- website, date accessed on 27/03/08, <http://www.rian.ru/online/20071210/91717434.html>)

A Tour "Women Against AIDS" implemented by NGO "AIDS Infoshare" with the support of UNAIDS and the Global Coalition Women Against AIDS started on May 28, 2007..

On this day in Almaty (Kazakhstan), the first round table meeting was held within the project. During the event Anna Dubrovskaya (Russia), Anna Grekova (Ukraine), and Tatiana Stupak (Kazakhstan) - In the picture, talked about the need to scale-up programmes for prevention, treatment, care and support for women.

(HIV positive women from CIS struggle against AIDS, Poz.ru, website for HIV-positive people, NGO AIDS Infoshare, community hiv, blogs on liveinternet.ru - website, date accessed on 16/03/08, http://www.liveinternet.ru/community/hiv_plus/)

Discussion questions:

- **How are international commitments (e.g. CRC, CEDAW, and CCM) applied within the**

country?

- **Is the national response to HIV/AIDS rights-based? For example, does it recognise the SRH rights of women living with HIV/AIDS?**
- **Do key decision-making bodies (e.g. the Country Coordinating Mechanism of the Global Fund to Fight AIDS, TB and Malaria) have a set number of seats for civil society? Are any of them specifically for representatives of girls and young women or people living with HIV/AIDS?**
- **Are HIV prevention programmes generally developed 'for' or 'with' girls and young women, including those who are marginalised and vulnerable? Are girls and young women seen as 'implementers' as well as 'receivers' of services?**
- **To what extent are girls and young women aware of decision-making processes? Are they encouraged to have a voice? Are they seen as an important constituency within committees, management groups, etc?**
- **How high are issues relating to HIV prevention for girls and young women (e.g. early marriage and stigma) on the agendas of local leaders and decision-making groups (e.g. district AIDS committees)? To what extent do girls and young women participate in those type of bodies?**
- **To what extent are people living with HIV/AIDS organised, for example in networks? Are girls and young women involved in those bodies?**
- **How are issues of participation affected by stigma? For example, is it safe for people living with HIV to speak openly about their HIV status?**
- **Overall, how are participation and rights applied in practice? What are the 'real life' experiences of girls and young women? What difference is made to their vulnerability to HIV infection?**
- **How do the effects of participation and rights vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

PART 2:

IN-COUNTRY RESEARCH

Focus group discussion: 19-26 year olds, St Petersburg

Age group: 19-26

Number of participants: 6

Profile of participants: included some girls and young women who are: in college; out-of-school; peer activists; from urban area; married and unmarried; HIV-positive (5) and negative (1); marginalised community members

Place: St. Petersburg

Prevention component 1: Legal provision

What do you know about laws in Russia that might affect how girls or young women can protect themselves from HIV? For example, do you know about any laws that: allow girls to get married at a young age? do not allow girls or young women to have abortions? prevent girls from using services unless they have the consent of their parents?

The Family law allows young people to get married at the age of 18 y.o., but they can marry at a younger age, if they have their parents' consent (in case of an early pregnancy or their will to marry). Early marriages are typical for Muslim republics and small towns and probably are spread among youth with low level of education. Laws influence the opportunities of girls and young women for HIV prevention less than cultural peculiarities and upbringing in family.

The criminal liability for endangering other person to risk of acquiring HIV is regulated by 122 clause of the Criminal Code. If the person is aware of his/her partner's HIV-positive status, there is no criminal liability, thus in case of HIV transmission, it's a responsibility of HIV-negative partner. Several years ago the government adopted an amendment and now there is criminal liability only in if more than 3 persons endangered. Relations in discordant couples are regulated by the clause. The Law defends HIV-negative partners from HIV-positive ones.

If a girl is younger than 18 y.o. her parents should be informed of her HIV-positive diagnosis and state of her reproductive health, including unwanted pregnancy. But usually the staff at youth-friendly clinics doesn't inform parents. Sometimes parents are informed of their children's HIV-positive diagnosis even if young people are elder than 18 y.o. Abortion is allowed for young girls, but parents should be informed. The participants don't know what kind of laws regulates informing parents and doubt about the age.

Young people face adult problems (drugs, early sexual debut). Russian teenagers receive passport at the age of 14 y.o. and that gives them perception of maturity. At the same time unaffordable higher education, limited access to Internet, unavailability of condoms affect opportunities of girls or young women to protect themselves from HIV. Limited opportunities for personal growth don't allow girls and young women make informed decisions concerning their health and their way of life as well as their opportunities of HIV prevention.

«It seems to me that it's correct, that parents are not told if their daughters have HIV and an unwanted pregnancy».

«If a girl has trusting relations with parents she will tell them about her pregnancy with greater likelihood. If she doesn't tell them, it means in advance difficulties in relations with parents».
«It seems to me, there should be counseling for girls concerning abortion and reproductive choice».

«I wouldn't be very glad if my mother was called and said that I had an abortion and that I live with HIV».

«My mother was told about my HIV at a prenatal center, thought I was elder than 18. It is in terms of our rights».

«People are not ready to open their face in public and tell about breaches of rights and discrimination. Our society is not ready for this».

«We, PLHIV, know more about human rights than ordinary people».

«Unfortunately the criminal liability of medical staff for disclosure of their patients' HIV-positive status was cancelled and replaced by administrative one».

«Abortion among girls is still a variant of contraception or planning family. This is normal: she just goes and does abortion. From the other side it's normal to have a choice.»

«If we transmit HIV to our partner and don't tell him, won't use any condom, we are responsible for that and have criminal liability».

«I am afraid of some doctors so much, it is a greater problem for me than my HIV»

Prevention component 2: Policy provision:

What type of education have you received about issues such as relationships, sex and AIDS? For example, what have you been taught about your sexual and reproductive health in school?

There are no programs regarding reproductive and sexual health at schools. Some got information during campaigns of Tampax held in Moscow and St. Petersburg. Others were shown some films about abortion and drug use. Subjects of sexual upbringing along with prevention of drug use are quiet controversial. Biology teachers didn't want to speak about genitals within the scope of a school course about human body.

«We were shown a terrible film about abortion, we trembled with fear»

«Once I studied at school for unfortunate children, the director made a decision to disseminate condoms at a school discotheque».

What could the government of Russia do to fight fear about AIDS in your community?

There is no primary prevention for girls and young women on the national level. The government should introduce such a program, including sexual education in schools. Other approaches are needed: grants for NGO are just spotted interventions, comprehensive national projects are required. A national project of government, mass media and NGO should be implemented for social advertisement on different social problems, including HIV. The government should increase literacy of population on human rights and disseminate information about existing laws, rights and responsibilities. Thus people will have understanding that population pays for work of state structures, including health care, through taxation system. People should be aware of this while facing denial of services and discrimination in health facilities. The government should provide representation of PLHIV and women living with HIV in decision-making bodies.

«There are no proper conditions in schools, parents will say "no" and any prevention work won't be conducted»

«Our government first of all should formulate its point of view concerning HIV prevention. How is it possible to counteract epidemics if there is no single approach to the problem?»

«If our voices are not heard, little will change».

«It would be more pleasant for me if I knew that more HIV-positive people worked in HIV prevention».

Prevention component 3: Availability of service

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condoms? treatment for a sexually transmitted infection (STIs)? an HIV test?

NGOs render harm reduction services, outreach, implement some programs for schools, disseminate information and condoms. Without any documents one can attend harm reduction facilities and network of trusted doctors where testing, counselling and treatment are available. STIs can be diagnosed and treated at government women's centers. Treatment of STIs and some tests should be paid for. HIV-positive girls and women can apply to gynaecologist at the hospitals they are registered. Youth clinics render services, including testing, counselling, information, treatment of STIs to girls and boys younger than 18 y.o. An HIV test is available at the AIDS Centers, hospitals, polyclinics. Counseling is available only at HIV/AIDS-focused facilities, in other places HIV tests often are taken without any consent and information. HIV test is available for free only for citizens of the RF. Migrants should pay for the tests and, if tested HIV-positive, should be forcibly displaced during 3 months. There are problems of HIV-positive status disclosure at health facilities, negative and discriminating attitude of medical workers towards HIV-positive women and their children, wrong counselling for discordant couples. There are peer education programs, but they mostly provide superficial knowledge. Mass media often disseminate false information and support myths, quality of information is a very important issue. The above listed services are not promoted in proper way. People don't know that under Russian legislation they must be provided by pre- and post-test counseling.

"There are sad brochures about HIV and pregnancy saying usually: You are HIV-positive and you want a baby, are you ready for this? Think 10 times... Not depending on her HIV status any women should be asked the same question."

"If we knew that we should be provided by pre- and posttest counseling, we would go and wait for that. We don't know what services we should be provided"

"HIV-positive women having small children should inform child polyclinics about the risk of HIV transmission from mother to child. They are afraid and don't know how their child will be treated in polyclinics, kindergarten, school."

"In hospitals blood is tested without asking whether a person wants to have an HIV-test"

"Doctors often don't know facts about HIV"

"Usually if you say that you have an HIV-positive partner, you will be necessary advised to find another one. There is such kind of discrimination"

"It's a peculiarity of our doctors. They will say everything what to do, but they won't explain and talk to you"

"People just are afraid and simply don't know where they can get tested"

"A person not affected personally and not connected with risky groups doesn't know anything"

"There is little information at schools, teachers often give not an information, but disinformation"

"If someone is out of school, prevention is inaccessible for him. Because there is no mass propaganda about how people can protect themselves"

"Secondary prevention within the community is a very important issue. In our country it's based on sink or swim principle"

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

There is a stereotype that men should have a condom with him, having a condom in her bag is still blameworthy for women. Safer sex is not a norm, using a condom means distrust and disrespect. Girls usually explain advantages of condom use to men and insist, but they feel diffident while offering it. Men should have perception that they are as responsible for health, as women. Men should be more attentive to safer sex if they are married. Probably that is caused by the lack of single approach regarding condoms promotion, high prices for quality condoms, lack of sexual upbringing, cultural stereotypes that a man should take the initiative, as well as the lack of skills to offer and use condom, and sometimes fear of buying a condom.

"Safer sex doesn't seem to be a norm. That means distrust"

"There are myths about condoms: that it is uncomfortable, inconvenient and shameful"

"There is no single approach to advertising condoms. From one hand, they say that condom protects, from the other there was an advertising campaign saying it does not"

"There is no responsibility of partners. HIV is far from us, perhaps we will not get it"

"Men have a stereotype that a condom is bad. And we, women, are breaking the stereotype"

"A woman fears to be rejected, if she offers using condoms"

"To offer using condoms within a family is practically confession of infidelity"

What sort of HIV prevention services would you like more of in your community? How would that make a difference to your life?

Psychological assistance, sexual education, counseling, education of doctors on HIV and how to treat PLHIV, mass media campaigns, information of existing services, education of population on human rights.

Prevention component 4: Accessibility of services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

The good experiences were associated with human factor: the best services implied a good and sincere personal contact with doctors, nurses and other people engaged with prevention services. Participants stressed that the most effective programs are based on personal involvement of people both rendering and receiving services, such as peer programs, concerts in clubs where people can talk with counselors in person, self-help groups.

The negative experiences were associated with improper organized campaigns, poor implemented projects, even if the core idea was good. Broad information campaigns based on wrong approaches or false information left the most negative emotions.

"When I used drugs, I was given brochures about HIV, TB and hepatitis. It was too late for me, but I kept the brochures for a long time, it was very important for me that someone takes care of my health"

"The nurse who takes blood for testing, she supported me very much. You won't get such support from specialists on infectious diseases. That means that all the time you receive help from people you meet accidentally"

"It's just communicating with people. The best thing for my HIV-negative bf was socializing with my HIV-positive friends"

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?

In big cities different types of services are available, but in regions it can be a big problem: it takes time, people need to buy tickets and sometimes to rent a room. From one hand, in regions attitudes at AIDS Centers are more personal, because there is less PLHIV registered than in big cities. From the other hand, the regional AIDS Centers serve huge territory. It's difficult for women who never used drugs and never were involved in commercial sex to receive services that suit them, there is no unit of such women so that they can't render services they need by themselves. Only a psychologist at the AIDS center is available for them. There is no variety in services of NGOs that reflect diversity of opportunities of life with HIV. There are problems for women who have just become aware of HIV-positive status, they don't have any information of existing services. There is no special group for HIV-positive future mothers.

"Many women have not found themselves in the community. They attended some organizations and than said: oh God, I didn't like that at all"

"Funding is targeted at marginalized groups, all NGOs work with asocial women"

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? out of school? HIV positive?

There are different types of services accessible for vulnerable population (injection drug users, sex-workers), the services are mostly for free. There are services for other groups of young women, but the access to them is more complicated (time of work, paid or free of charge).

"If a person seeks a service, she will get it"

"I don't belong to marginalized communities now, probably I have no such access to services any more, but now it's easier for me to receive services that are available for general population, cause my life situation has changed".

Prevention component 5: Participation and rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

Existing projects work both for boys and girls, but mostly individually, not in a group.

What would encourage you to get more involved in HIV prevention in your community?

Some participants would feel encouraged if the city administration supported street actions and didn't put obstacles, gave premises to NGOs or gave a separate building and contributed into creation of a Center for HIV-positive people, including self-help groups, child care, peer counseling. Some participants want doctors and teachers to have recommendations to be friendly and to be trained on HIV prevention. Others would be encouraged if they have an opportunity to create TV social advertising by themselves and if social advertising was placed in prime-time. They want advertising saying that treatment is available for all, not fear-oriented, but based on positive experience, increasing tolerance towards PLHIV and HIV-positive orphans, destroying stereotypes and fears. They would greet PR with a star, involvement of popular periodicals and development of a standard for mass media containing basic information on HIV and explaining what terms to use and what not to use.

"I would be encouraged if the government created conditions for prevention work. For instance, if they solved problem with school programs."

«So that one can do something, but not prove that it is important".

Summary

What are the 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Russia to protect themselves from HIV?

State:

Develop a global and comprehensive prevention campaigns in cooperation with NGO; solve the question regarding sexual education at schools and higher educational establishments; train journalists and doctors-to-be; work with mass media, medical staff and journalists to increase tolerance;

«Doctors are those people who meet women living with HIV. It's needed to give them knowledge and skills of work with positive women".

Donors:

Increase access to harm reduction services

Business:

Decrease prices for condoms, make condomats available.

"People from the community should work in the programs and necessarily take part in planning, development and implementation of the programs".

Focus group discussion: 15-23 year olds

Age group: 15-23

Number of participants: 12

Profile of participants: included some girls and young women who are: at school; out-of-school; peer educators and volunteers; from rural area; unmarried; HIV-negative. HIV-positive girls and young women were invited, but they did not come because of fear to disclose HIV-positive status, though they were offered to discuss their personal experience as friend's or relative's experience.

Place: Tosno, Leningradskaya region (53 km from St. Petersburg, population of Tosno district is 72.6 thousand)

Prevention component 1: Legal provision

What do you know about laws in Russia that might affect how girls or young women can protect themselves from HIV? For example, do you know about any laws that: allow girls to get married at a young age? do not allow girls or young women to have abortions? prevent girls from using services unless they have the consent of their parents?

Participants of the focus group are not aware of such laws that regulate the issues of abortion and notification of parents about their children's health.

Prevention component 2: Policy provision:

What type of education have you received about issues such as relationships, sex and AIDS? For example, what have you been taught about your sexual and reproductive health in school?

"No, but sometimes lessons are held by NGOs or health workers. As for teenagers, or young school children there is nothing."

"We had some classes on hygiene."

"We had medicine classes, we were told how to help other people if they have problems with their health, but did not talk about sex issues."

"Students say: why did you tell us nothing about this before?"

"We had some classes in medicine, doctors and teachers who were with us, were not ready to talk about sexual issues. I would have felt uncomfortable, if I had asked some personal questions about reproductive health and then had faced the teacher and other girls all the time."

"Mandatory medical check-ups are conducted in schools for girls and boys in grade 9 and 11, girls are examined by a gynaecologist and boys by an andrologist. During those examinations there is no individual work, the time for communication with children is very limited, doctors are not provided with individual rooms."

What could the government of Russia do to fight fear about AIDS in your community?

It is needed to train teachers so they can talk about sensitive sexual issues and not offend anyone, or to invite professionals (doctors and psychologists) to schools, it's needed to use interactive teaching methods, privacy should be increased.

Prevention component 3: Availability of service

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condoms? treatment for a sexually transmitted infection (STIs)? an HIV test?

In general organizations that work with young people have a direction of work with the girls and women, they provide information regarding HIV/AIDS and STIs.

In Tosno there is a friendly youth clinic called medical and social department "Nord", where testing, counseling, some tests STIs can be obtained free of charge, the rest of tests should be paid for. There are about 12 volunteers. The clinic staff conducts educational classes in schools of the district. In the villages there are only adults' and children's polyclinics.

There is a non-governmental organization in Gatchina that conducts classes on prevention of drug addiction and HIV/AIDS.

"We came to schools and gave posters telling about HIV."

"In our town it is not possible to get HIV prevention services, you need half an hour to go to Tosno."

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

Girls since 15-16 years care about their reproductive health more than boys do, they begin to think that they will bear children. Boys know less, they want participate actively in such promotions as condom distribution, interactive training, but at first they are suspicious to prevention messages.

"Boys use condoms in order to prevent unwanted pregnancies, but not STIs. The longer a girl and a young man are together, the greater is the likelihood that they will cease to use condoms, it means credibility for them."

"Some boys do not use a condom, because it means confidence in his partner. Girls are ashamed to offer condoms or unwilling to bring pressure on the partner."

"Women should insist, but they do it not always."

"The younger is a male partner, the greater is likelihood that they care about their girlfriend's health; elder boys care less, they can go to a doctor only in the case of an unwanted pregnancy or, if an appointment of oral contraceptives are needed. Starting from 20 years, young people behave arrogantly because girls depend on their gifts, toys, they are beginning to dictate the girl not to use condoms."

"Girls' health is given more attention, there are women's centers, boys have nowhere to go, they remain aloof from STIs problem."

"The boys know that it's necessary to use condoms, but they do not use them."

"Boys use condoms to avoid getting infected and to prevent unwanted pregnancies. "Boys do not think that can be infected. Many boys think that HIV is far away, that it will affect any other person, but not me. They look at girls: she is no addict, no drunkard, then everything is OK. The same goes for the girls."

"Many boys say: Why should I care about condom use, you should do it."

What sort of HIV prevention services would you like more of in your community? How would that make a difference to your life?

More distribution of free condoms is needed, more assertiveness training for students, training to reduce stigma and discrimination. The work in schools should be coordinated.

"Some education for doctors is needed, so they know what they can do and what they are forbidden."

"Preventive programmes for teenagers, students, teachers, parents and medical personnel are needed."

"It is necessary to change the nature of the information, in general they tell how one can be infected with HIV, but they do not write about living with HIV. We can not exclude people living with HIV, they need to communicate, life does not stop. Everyone knows how you can become infected that HIV is dangerous, but there is no information how to live with the infection."

Prevention component 4: Accessibility of services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

"I learned about HIV prevention at school, a film on drug abuse was shown. I also had conversation on HIV, we did not have a serious attitude to this. I started volunteer work, it was a lot of good, there were interesting decorated booklets, I am interested in this issue.

"I have never got tested, had never been tested. I would like to do this, but I have no information where I should go to do this. I work in a clinic, I am ashamed, I do not know, I have not seen such information."

"We were told nothing about HIV, we came here in the social health department "Nord", here we obtained the information, we watched preventive cartoons. We came to a medical examination at school, and we were invited to this organization."

"I had an HIV test in hospital. They just took my blood without any explanations".

Participants were not aware of the availability of antiretroviral drugs, treatment of HIV infection.

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?

The main barrier that free of charge services are available only in the district center, Tosno, or in St. Petersburg.

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? out of school? HIV positive?

Participants think that particular characteristics do not influence the opportunities of HIV prevention services.

Prevention component 5: Participation and rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

"Such programmes are carried out, but usually boys are not interested at first, they go, and then the next time they are at the forefront."

What would encourage you to get more involved in HIV prevention in your community?

Information campaigns are needed that would provide information to people who live near the HIV-positive and who work with the HIV-positive people.

Summary

What are the 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Russia to protect themselves from HIV?

The government should carry out activities and actions for young girls and women to attract attention to the HIV/AIDS pandemic. Youth consultation should be more accessible for both boys and girls. The government should allocate more money for prevention, There is a huge need in information brochures and leaflets. There should be information campaigns at schools. Some government programmes are needed; doctors and psychologists should come and tell how to live with HIV infection. There should be a system of education on HIV/AIDS prevention. HIV prevention services should be available everywhere, even in small villages. The government should introduce HIV prevention services in smaller towns and villages and to support NGOs who carry out prevention work.

As for community leaders, participants don't know anything of HIV-positive community and its activities.

"It's needed to tell that people living with HIV are not social outcasts."

One-to-one interview: Member of National AIDS Council (female)

General

What is your impression about the general situation of HIV prevention for girls and young women in Russia? Are things getting better or worse ... and why?

Two parts of society are involved in prevention efforts. The government authorities involved are the Russian Agency for Health and Consumer Rights and the HIV/AIDS Department of MoH. The state funding is provided under the National project "Health" plus regional budgets. The greater part of money is for treatment of PLHIV. The national response is implemented through AIDS centers. The greater part of the civil society initiatives are concentrated in 10 regions covered by the "GLOBUS" project with the support of the GF, but it focuses mainly on treatment and services for PLHIV and PMTCT, other prevention activities are under funded. Some organizations implement interventions for sex-workers. As for the primary prevention of HIV, informational campaigns target youth (boys and girls) and have poor funding. There is a problem with sexual education: there is no program for schools approved by the government, orthodox church is against.

"We try to push youth to take responsibility for their own health, so that they buy condoms by themselves and think over their steps in sexual sphere".

"It's a drop in the ocean, as there was no serious and systematic work before, and what is done now is absolutely insufficient".

"The situation with prevention services is bad, there is no targeted prevention for women".

"There is a serious pressing of orthodox church regarding sexual education at schools, the government tries to put the question aside and not to be engaged".

Prevention component 1: Legal provision

In your opinion, what laws in Russia are making HIV prevention for girls and young women better or worse?

There is a good legislation that regulates the questions listed, it doesn't forbid prevention efforts and doesn't create any obstacles. It requires tolerant attitude, prohibits discrimination. All existing laws counteract involvement of minor in sexual intercourse. Marriage is allowed since the age of 18 y.o., in special cases it can be allowed since 16 y.o. Girls younger than 15 or 16 y.o. can use SRH services with their parents' consent, the elder ones take responsibilities of their health themselves.

"I don't consider the laws to put obstacles to prevention among girls and young women. But there is no law that oblige compulsory provision of information concerning dangers of adult life".

How does legislation affect different types of girls and young women and their vulnerability to HIV?

I think I will not be able to give a detailed answer to the question, I am not a lawyer. My life and my experience show that there are no such laws that really limit opportunities and rights. But at the same time we have no laws that protect the rights. There is a law that declares reproductive rights, prohibits discrimination, compulsion of abortion, but it's the only law that exists.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The government should think how to integrate children of HIV-positive mothers. A law is needed to protect the children. The legislation needs to be broadly promoted among population to explain that the children are not dangerous at all, that they should go to simple schools and kindergartens. It's worthwhile to introduce a law that protects HIV-positive mothers and their children.

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling and testing – make HIV prevention for girls and young people in Russia better or worse?

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The state policy is quite inadequate, there are separate organizations and people that seek to make HIV prevention for young people available in Russia. Some efforts should be introduced in women's centers and child polyclinics. Total education of medical staff can be achieved through introduction of a course of medical ethics including how to treat people with HIV and other groups as the handicapped, people with diabetes and cancer, the aged. Concrete guidelines for doctors and nurses should be developed and adopted on how to treat HIV+ women and children. The government needs to develop and implement a comprehensive population-saving policy and be adhered to international commitments through mobilizing inner resources.

"Medical staff should be trained how to work with HIV-positive mothers, HIV-positive children without any discrimination. They should not reject these people, they should help them".

"Doctors and nurses should educate population, but it's impossible while they share the prejudices".

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Russia?

Gender-specific services are available in women's centers that are not friendly towards any women, not only to those living with HIV. Some punitive sanction for breach of doctors' responsibilities are needed. Doctors should be paid additionally for education of people. Testing is available, but it's not always accompanied by counseling. Counseling should be provided by state structures along with non-governmental organizations. Competition for state funding is needed in this case, it will raise the quality of counseling services. Male condoms are available, but quite expensive and not always of good quality. Female condoms are not available, none knows about them, they are not promoted as they are not sold widely. STI clinics provide information on STIs for men and women, but treatment of STI usually requires payment.

"What happens in women's centres now is a humiliation of women. They treat women as they just come and annoy them. Maybe there are some good women's centres. That greatly depends on people who work there."

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

These groups use the same health services as other women do, but the facilities are not friendly and women go there only when they get seriously ill. The prevention services are insufficient. Sex-workers are very vulnerable. Migrants often have no residents permit, that means they have no medical insurance. They can use services of commercial clinics, and as they have no money enough, they live without any assistance.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

A varied approach is needed. There are men related to marginalized groups, as well as the other men. Marginalized men due to their situation and psychological peculiarities are more

vulnerable. There are men, who always have a condom and teach girls how to use it, and there are men who know how to have sex, but don't use condoms and don't know where they can get prevention services.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

It's required to introduce more counseling. Doctors at women's centers are not paid for counseling as it was before. Girls should be provided by prevention services at schools since the age of at least 13, sexual education is highly needed. Boys need the services as well. In general it is about responsibility for oneself, for one's health. There are courses developed by NGOs and approved by the WHO, the courses just should be introduced and approved by the government.

"Children should think over their steps, see forward, they should learn, what is family, how responsibility is shared between men and women, that they jointly are responsible for their child. We are taught about these things nowhere: neither parents teach us, nor at schools, nor at higher educational establishments. Every our generation is forced to repeat mistakes with huge losses".

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Russia?

Attitude of staff is one of the main barriers. Services that should be paid for are inaccessible for street sex-workers, migrants and women employed at low-paid jobs. The lack of confidentiality and fear of the status disclosure are important too. Place and time of work play their role. Cultural norms are a general context, they influence relations between men and women.

"There is a disrespect of women, women don't respect themselves and than they bring up their daughters in this way, it is passed across the generations".

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are:

- * Married or unmarried? It's easier for married girls. When a woman is married, in society's opinion she applies "legitimately" for services. If a girl is unmarried, the fact itself says that she is vicious.
- * In school or out of school? Out of school, if we are talking about street children
- * HIV positive? HIV-positive women have more problems; the most important is the loss of confidentiality.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Men play no role. In our country women lead the reproductive process for many-many years. There are some families lead by men, but they are few. Women should be empowered that they should take care of themselves by themselves. Men should just use condoms without urging, that can be their role, that depends on them.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

The existing services should be promoted, the quality of services should be raised. The services advantages should be shown, that you will be well, if you receive the services.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Continue supporting initiatives that target women and give them instruments to protect themselves instead of relying on their partners to protect them. Introduce more flexible working hours for the SAAs. Provide comprehensive services in the SAAs. Design services tailored for boys and young men.

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Russia?

Convention on Reproductive rights is not applied, nothing is done. The rights for contraception and full information are not adhered, people are not informed of anything, people don't know anything.

Education of general population is at zero level. There should be informational campaigns, clever and longstanding ones. People should be informed of their rights so that they know what they can pretend and demand that.

To what extent is the national response to AIDS 'rights-based'?

The rights of HIV-positive people are declared, but there is a clause in our legislation that in fact deprives PLHIV of their right for sexual life. It's very double-aged ethical question that is not solved in other countries too. It's a dilemma. The state considers to be responsible for life of its citizens and pretends on their lives so that they can't kill themselves or transmit HIV, even when the partner is aware about the risk. From one hand, the legislation seeks for a balance, from the other hand it's still a question.

In general central government bodies have clever pragmatic approach, they support HIV-positive people, it's quiet another matter what happens in the provinces. In general the level of discrimination has reduced.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

There is an organization that unites PLHIV, there are several women that really try to be involved. Girls who received HIV through injection way of transmission have difficulties with socialization, it's difficult to await leadership from them. There is an opportunity to be a leader, if you have leader features, if you can lead someone. There are few HIV-positive girls who can do that, who can go further. But they are 2-3 maximum. There are mechanisms of participation in decision-making, but there are no girls and young women that are ready to open their face, that are ready to go out and become leaders, they are still few.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

We should help girls and young women with leader potential. I don't see such leaders, I think it's connected with peculiarities of the epidemics: usually they are former drug users. I await that there will be leaders among those who acquired HIV through sexual way of transmission.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Russia?

The government should allocate more money for HIV prevention, including targeted prevention and primary prevention through competition of state facilities and NGOs for the programs implementation. Existing programs for girls and young women should be supported, including provision of information by trained doctors. Sexual education should be introduced at schools. Compulsory medical investigation for girls and young women should be restored. Migration policy is needed, comprehensive population-saving policy should be developed.

International donors should support existing initiatives, including GLOBUS.

Community leaders should give signs. They should constantly inform state structures and society of what they need. They should work for themselves and their community. They should attract attention and show the burning issues to policy-makers.

General

What is your impression about the general situation of HIV prevention for girls and young women in Russia? Are things getting better or worse ... and why?

An HIV test and pre- and post-test counselling are available at all medical facilities. But doctors still have not enough knowledge and experience for counselling, there are neither standards of counselling, nor time for it within the frames of reception hours. Doctors are not paid for the service. There is a great coverage with testing, but women receive no counselling. There is a turn for the better, but it is mostly achieved at the expense of non-governmental and international organizations. The greater part of government funding is allocated for treatment, but not for prevention. Social advertising is not visible on TV and has low coverage of about 30-60% and supported by funding of international and donor organizations. Prevention at schools is an issue. Unless education on HIV prevention for medical staff and teachers won't be organized at national level, HIV prevention won't be effective. During last years the government funding of HIV/AIDS prevention has increased, attitudes at the highest government level improved, HIV issue has become one of priorities tasks of federal and national policy.

"Until sexual health and safer sexual behaviour are not discussed openly, the question of HIV prevention remains undetermined".

Prevention component 1: Legal provision

In your opinion, what laws in Russia are making HIV prevention for girls and young women better or worse?

Sex-work is illegal in Russia. In 2005 UNFPA conducted a qualitative research in medical staff, 80% of them were for legalization of sex-work considering it will improve prevention activities. As for abortion, last year social conditions for abortion at later terms up to 24 weeks of pregnancy were constricted. From one hand it's aimed at increasing number of population, decreasing abortion, but along with that it can increase the number of illegal abortion. Probably it's needed to upscale access to reproductive health services instead. Abortion should be a reproductive choice of women, but up to 12 weeks within the law. Russia has shamefully and inexplicably high level of abortion: it's caused with the lack of prevention, myths regarding contraception, especially hormone-containing contraception. Condom use has increased among youth. Early marriage and its influence on HIV prevention are not actual for Russia, marriage is allowed since the age of 18 y.o. and since 16 y.o. in particular cases.

Parent's opinion is important if a girl is younger than 16 y.o., as the parents consent for reproductive services is required and the situation depends on parents. A 15 year old girl can solve questions regarding abortion by herself.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

Special types of girls and young women are not reflected in the legislation.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Ratification of international conventions, especially UN Convention on Elimination of Violence against Women. This will include domestic violence so that it will be considered as criminal action, but not a family problem. This will include sex-workers that suffer clients' violence. Legislative measures, federal standards on education of teachers and doctors. Legislative inclusion of primary prevention into educational programs at schools, high schools and higher educational establishments, into educational programs for professional communities as doctors, teachers instead of separate trainings by separate initiatives; monitoring of quality and assessment of the programs.

"Negative lessons learned regarding sexual education should become a basis for advance. It's needed to cooperate with parents, church, teachers, it's necessary to involve girls. It's needed to work with teenagers, but not for the teenagers. They are no longer children, but still not grown-ups. It's necessary to create other relations with them".

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling and testing – make HIV prevention for girls and young people in Russia better or worse?

The law about HIV prevention approved in 1995 is one of the best in the world, but it's not strengthened by laws and often doesn't applied at level of federal doctors.

"Our laws that are very good written should start working. If they don't work, all our described prevention activities will be left".

"Existing experience is huge; it should be collected, adapted and secured in laws".

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

There are 4 reasons that cause the absence of SRH programs: unavailability of teachers and workers of school educational establishment for conduction of lessons on sensitive questions; opposition of parents to conduction of sexual education at schools; opposition of religious organizations that is the most important, e.g. from their point of view such education is a propaganda of sexual promiscuity; and cultural peculiarities. This resulted in the fact that several quiet good programs didn't take the reasons into consideration and came to grief. Introduction of the component is possible only with interference of federal authorities. One should take into account that "sex" is a translation of an English word, cultural peculiarities require that it should be called preparation to family life, acquiring of life skills, preservation and improvement of reproductive health or family study.

"Questions of primary prevention for girls at school and out of school, sexual education and up-bringing today are forbidden ground, a taboo for work at schools".

"Children should receive information of where they can apply at school. Continuity of services is needed. Where are the clinics friendly to youth? Unfortunately, there are about 60 official clinics friendly to youth in Russia. There is no system of prevention".

"Parents are not involved and they don't know what happens to teenagers' health".

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

"To talk about primary prevention huge work with religious leaders and with parents is needed, who is a teenager, their son or daughter. A special approach to teenagers is needed in family, at school and in society. Who is a teenager, but not what is a teenager should be understood."

"Doctors don't understand that counseling is a part of their everyday work, they don't have necessary knowledge. There are no equal conditions: I am a doctor, I make decisions, you are a patient, you carry out. It should be change, that there is no object, but a person with rights. Counseling implies ethics and knowledge."

Educational standards, protocol of counseling, inclusion of counseling into compulsory functions of doctors as a paid service. There are 12 minutes for one patient now, and the service is not paid by compulsory medical insurance, that means the doctor are not paid, they are not motivated.

System of evaluation of quality of reproductive health services as a part of health services monitoring

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Russia?

ARVs are available for free in Russia, but there are some stock-outs. The problem is that there are ARVs in many regions, but there are no patients, because doctors are not able to ensure adherence. PMTCT is the most successfully solved problem in Russia. There is a problem how to find an HIV-positive women before her pregnancy. PMTCT mostly concentrates on giving ARVs to mothers and children. In rare cases there is a reproductive health counseling after delivery, this is a problem. Transmission from mother to child level is quite high and constitutes 11%. It's connected with stigma and discrimination that causes late registration of the pregnant, insufficient prevention of ARVs. Women and children disappear in order not to disclose their status they move to other regions. There is no steady monitoring of children of HIV-positive mothers.

"Until stigma and discrimination is decreased, the problems neither of PMTCT, nor of adherence won't be solved".

There is no wide access to condoms because of high prices. There is no provision with free condoms and contraception for risky groups with scanty means at the national level. There is access only to contraception that should be paid for, it's not a national priority. Female condoms are expensive and not registered officially in Russia.

As for STIs there are repudiation, stigma and discrimination result in fear. There are STI clinics and women's centers, but many tests and treatment should be paid for. There is a problem of counseling and treatment quality in private clinics.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

Migrants are in very difficult conditions, with scanty need, with no insurance, services are not available for them. Stigma and discrimination prevent drug users and sex-workers and PLHIV from getting services. Many services are available, but people won't go when prejudices exist. There should be a difference for those in school, the services should be rendered by special doctors and psychologists as it's done only at friendly youth clinics now, but they still exist thanks to personal factor, if their chief shares the approach.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Health of boys is paid less attention, there are some andrological centers, but they are few. Boys need services as much as girls do, but there are more girls-oriented services. Youth friendly clinics, andrological clinics are needed for provision of safer sexual behavior and treatment of men's special problems.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

Increase of coverage of existing services, coverage of counseling on HIV and STIs; improvement of access to condoms and contraceptives. Improvement of awareness on HIV prevention. For PLHIV if quality counseling will be provided, people will be reached by the services, PMTCT will be of high quality, continuity will be provided. dual protection, access to condoms, SRH counseling, case management, psychological and social support are needed for PLHIV.

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Russia?

Geographical barrier is significant for girls in regions. Professional language can be a barrier in questions of understanding counseling. Friendly youth clinics work in time convenient for youth. It was piloted, developed and evidence based, but unfortunately not so wide-spread.

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are:

* Married or unmarried? Unmarried women can be blamed if they apply for prevention services, it happens mostly in Caucasus region.

* HIV positive? HIV-positive women have more problems.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Educational programs are needed on role of girls and boys, men and women in society, on gender equity and relations between men and women. It's associated with the question of sexual education. If a gender equity will be supported, the question of sexual violence, not sharing responsibilities will be solved.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Friendly youth clinics, comprehensive services, to provide continuity of services. AIDS centers should work in cooperation with reproductive health clinics, psychological and social support should be provided. We should think about effectiveness of prevention activities among risky groups, we should concentrate on risky groups. NGO should provide outreach and counseling for risky groups, but it's not effective without state structures that will provide continuity. Access and coverage should be provided by NGO, state structures should provide services, that means integration of people into existing services.

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Russia?

Conventions were ratified by the Russian Federation, but there are no mechanisms of application, monitoring and results assessment.

To what extent is the national response to AIDS 'rights-based'?

Rights of HIV-positive women productive and sexual health are not specially reflected in our laws and response. The matter concerns of rights of people living with HIV in general, there are no specific programs for HIV-positive women.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

As usual representatives of community in decision making bodies are men. We don't know any HIV-positive women. It's caused mostly by stigma towards HIV and to a smaller extent with gender inequity in society. Women with HIV search for funds for self-support, but they are exhausted by fight for survival and despaired. They begin to isolate themselves from society. HIV and poverty go together. There are very few HIV-positive women with open face.

"The network of women living with HIV is a real force that can change something. But their voice is still weak. Grief and despair are heard in their voice, I would like to hear power and optimism in their voice"

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

This is a role of NGOs to find such women, support them, give them power and knowledge. The aims of empowerment should be raising role of women with HIV in our society through uniting them into a network or community so that their important voice can be heard. It's needed to give them necessary knowledge and experience, it's needed to help them grow personally and help them to overcome the personal crisis. They should be involved in all processes, instead of offering a cooked product. It should be an initial involvement, when they as equals with policy-makers sit the table of negotiations.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Russia?

NGO along with donors should gather the existing experience and present in to the government. The government should approve the existing experience in laws.

The government should apply its international commitments; it should analyze the results of the commitments, instead reporting the activities. If our country signs some international commitments, the laws in the country should be brought in correspondence with them. International donors should work on piloting and assessing programs; and than it should be applied at the expense of national budget.

The Civil society should be a watchdog for the government commitments, should continue prevention of HIV among vulnerable populations. The civil society can be very strong in such activities. When the civil society is a watchdog, leaders will feel power to speak on behalf of the civil society. A bolder vector is needed.

One-to-one interview: PLHIV network (female)

General

What is your impression about the general situation of HIV prevention for girls and young women in Russia? Are things getting better or worse ... and why?

There is a collapse of health care system. Prevention medicine is shortened for the last decades. There is still no legal sexual education at schools. There are vulnerable groups that are difficult to work with, but recent studies show that sex-workers are aware of HIV prevention more than other. Children and inhabitants of small towns are in need of information. There is one situation in Moscow, another in St. Petersburg, and a quiet different situation in province. The most important are hunger for information, sources and quality of information, there is a lack of up-to-dated literature of high quality in province. Poverty affects opportunities to receive prevention information, it limits access to Internet. The level of population awareness is extremely low and information should be provided in very simple form.

Prevention component 1: Legal provision

In your opinion, what laws in Russia are making HIV prevention for girls and young women better or worse?

"It's difficult to say whether it is better or worse. As for reproductive services youth friendly clinics are pronounced, but they don't exist. There is a lot of commercial clinics, and their services and counseling quality of is under question. Youth has limited access to counseling. There are some efforts, but in rural area girls can be afraid to apply there because of family attitudes.

"If a young girl face negative attitudes at health care facilities, she won't go there anymore."

"For small towns and villages the question of anonymity is a catastrophe. Stigma and discrimination are strong there".

How does legislation affect different types of girls and young women and their vulnerability to HIV?

"There is no reflection of different types in laws, other groups are not mentioned too, it is all about prevention in general. Some things can be interpreted in different ways. In fact laws don't defend rights, because they exist only on paper, but don't work in reality".

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Educational programs for schools and other educational establishment at governmental level are needed. Officials and doctors should be accountable for rights breaches.

"Medical secret is broken everywhere, women with HIV face discrimination, but nobody is personally liable for this".

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Russia better or worse?

PMTCT is improved during the last decade, experts are aware that is HIV, staff engaged with HIV prevention grows, attitudes are changed slowly. There are some guidelines regarding PMTCT, child care. However, I have an expression, that there is gap in sharing the information with medical staff, they don't apply guidelines.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

No. There is no sexual education at schools approved by the government. There is an influence of orthodox church that blocks it totally. There are some church leaders who are open for contact. They yell that there is no AIDS, that AIDS was invented by those engaged with family planning. NGOs sometimes manage to conclude agreement with some schools and conduct prevention programs there. The civil society has out-of-school programs. The federal law on HIV prevention mentions that this must be done. 10 years ago it something was done within the scope of family planning programs. They were poor adapted, they did many mistakes, there were things that no way can be agreed to. It's highly needed to approve a program of sexual education on national level.

"The discussion is very morbid. It's necessary that the education was not conducted by a biology teacher, but by a person especially trained for this".

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

There should be guidelines, how a doctor should render services, how he should consult parents. Doctors should have enough time for it, they should be trained and should be responsible for what they do. It should be controlled at governmental level. *"Any patient in our country is absolutely deprived of civil rights at any clinic. That's why people go to doctors at the worst".*

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Russia?

Many people at rural area has no access to information. In many regions the services are available in not sufficient scale. Condoms are not affordable for teenagers; low-quality condoms are sold. There is no sufficient and true information about STIs, that affects opportunities of contraception. Existing services are not youth friendly.

"According to federal law testing should be voluntary, but pregnant women are forced to have an HIV test, they are threatened that they won't receive a place at the maternity hospital". Negative attitudes of doctors result in 20% of HIV+ women who not apply during their pregnancy.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

Unmarried status make sense only in orthodox Christian or Muslim families. Schoolchildren are more aware due to communication with other girls or to *information in Internet*.

"There are some programs for sex-workers thanks to international and non-governmental NGOs. If we talk about the homeless or street children, they are totally excluded."

"I wouldn't say that there exist "prevention services". It is all about information access".

"In light of total absence of prevention services migrants have equal opportunities if compare with the other population, they just can't receive any services".

" Ordinary doctors are absolutely illiterate concerning HIV".

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

If women's centers existed forever and women can apply there; there is no developed andrological service. There are separate initiatives, but men and boys have wide access only to commercial services. This affects the situation for girls and young women.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

Up-scaling access, affordable prices and raising quality of services; raising general awareness of HIV and counseling. Many NGO can't find any cooperation with government AIDS centers, prevention work depends on personal factor to much. There is no cooperation between different governmental health structures.

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Russia?

The lack of confidentiality, negative attitude of staff and high costs for quality services. Cultural norms are the barriers for girls and young women in Muslim republics of Russia.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

"Men have little participation in reproductive decision-making. An understanding is needed that the problems faced by a woman are not her problems, these are problems of a couple. There is nothing like this in our cultural tradition. That harms health of women. Respect to women and proper up-bringing are very important".

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

The efforts should aim quality treatment, quality adherence which at the same time is a prevention of HIV spread. The governmental programs for raising awareness and counseling for schoolchildren should be developed and approved in laws, the government should provide existence of true social advertising. Teacher and doctors should be trained on HIV issues.

"Social advertising must be true, it should be in mass media popular among teenagers".

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Russia?

If it is about prevention of HIV, we see breaches of international legislation. Breach of human rights is in Russian tradition.

To what extent is the national response to AIDS 'rights-based'?

There is no understanding of reproductive rights. Programs for girls and women are mentioned in the MoH guidelines, but the group is not singled out in laws.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

Girls and young women are not involved in decision-making about AIDS at the national level. Stigma and discrimination prevent HIV+ women from participating, our society is more tolerant towards men with HIV than HIV+ women. Women are more responsible for their families, poverty is another reason. Men have greater representation in the government. Women work more active in community. When they solve their psychological problems, they stop working at AIDS service.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

For involvement in national level decision-making women initiatives should be support.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Russia?

The government should control how the law are applied. Donors should support NGOs. Leaders express the needs of population. The attempt to unit Russian community of PLHIV is very important. Women should be more involved in advocacy, because they are more inclined to find compromises. Community should support women initiatives. "I have an impression, that women's movement is strongly developing now".

General

What is your impression about the general situation of HIV prevention for girls and young women in Russia? Are things getting better or worse ... and why?

In general the problem of HIV/AIDS is recognized, there is a feminization of epidemics. UNAIDS implements several programs and projects targeted at youth including young women. Barriers are often associated with peculiarities of laws. Such problems as the lack of sexual education at schools, opposition to such programs are important. According to law 18 year-olds can save information about their health in confidentiality. It's difficult to talk about the scale of prevention services targeted at girls and young women.

Prevention component 1: Legal provision

In your opinion, what laws in Russia are making HIV prevention for girls and young women better or worse?

How does legislation affect different types of girls and young women and their vulnerability to HIV?

UNAIDS are not experts on Russian legislation. In general, laws regarding marriage and abortion don't affect issues of HIV prevention. Sex-work is illegal, probably legal sex-work would be helpful to simplify prevention work. However, to what extent is our society ready for this? Or what is the real perspective of this within the legislation? Under the law parents should be inform of young women's health. If teenagers had more rights for confidentiality, they would more often get tested and apply to youth clinics. This can't be considered with certainty to be a barrier to prevention. The laws mention both men and women of all ages, there is no discrimination based on any characteristics.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Probably the government should consider opportunity of legalization of sex-work. However, is our society ready to legalization? Sex-workers are key risky group, there are many people with HIV. It's complicated to talk about changing, abolishing or introducing concrete laws, probably laws should be changed in such a way so that they contributed into HIV prevention for girls and young women.

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Russia better or worse?

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

To conduct officially prevention work and disseminate condoms among schoolchildren is forbidden. If we consider youth to be a risky group, such practices as sexual education and condoms are very important, Unfortunately it's not possible at schools. There is a subject called life safety fundamentals, it pays very little attention to HIV and reproductive health. It depends on a school and a director. There is no such work at the national level. The position of officials and church representatives is very strict, they use their influence so that legislative initiative was not developed.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The greatest effect can be achieved through introduction of sexual education at schools and formal introduction of youth friendly services. They exist at the moment, but without any governmental support and many of them work for at their own risk, don't disclose information to parents and can easily become a subject for legal proceedings. Access to services for youth should be up-scaled.

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Russia?

Male condoms are available and affordable, female one's are not available. Pharmaceutics at drug-stores are not aware of women condoms. They are not easy to use, from the other side they increase women's rights to protect themselves and to use safer sexual practices. STI testing is available for all, including free of charge, there exists a problem of confidentiality. Anonymous testing often should be paid for. There is a lack of counseling or low-quality counseling. Counseling should be gender-oriented. The right for reproductive choice is often kept in secret, for instance, whether a woman can save a child, if she is HIV-positive. Geography makes sense: in villages and towns there are problems with free testing and especially with counseling. There is a Universal Access to ARV program on the national level, treatment is available for all, including children. There were stock-outs. PMTCT coverage is 85%. It's quiet high, but unfortunately not all pregnant women participate in the program: they mostly are from risky groups. HIV testing for pregnant women is compulsory.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

There are following problems: the lack of trained specialists, weak services for case management of PLHIV, counseling for HIV-positive and discordant couples on family planning. Substitution nutrition for infants is not always available. All groups have access to free prevention services. One should mention that sex-workers and IDUs have greater access to targeted programs. Percentage of funding allocated to general prevention is poor if compare with those allocated to treatment. Coverage in mass media is weak, there is no special literature for girls and young women.

UNAIDS has programs for prevention of HIV among youth (in partnership with UNFPA, UNICEF). The partners will create an Internet site for youth, UNFPA develops a model of youth council so that youth voice was heard at decision-making level. In March 2007 UNAIDS prevention tour "Women against AIDS" with participation of 5 HIV-positive women was held. In 2001 percentage of women among HIV positive people constituted 26%, In 2007 it achieved 44%.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

There are no gender-oriented programs, girls and young women have access to prevention services for risky groups. Men are against using condoms, they don't know that women are more vulnerable. More trainings should aim men and both partners. It's a problem that one of the partners doesn't participate in prevention activities.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

Special programs on national level are in urgent need.

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Russia?

Free tests are confidential; anonymous services are not affordable; the price is a barrier. In towns access to prevention services is easier and wider. In rural area services are absent, women should travel. The next barrier is the lack of confidentiality. For working youth time of work is meaningful, but the factor is not so important. Discrimination attitudes of staff, lack of knowledge and counseling skills are a problem. There are some gender stereotypes, that admit men to have more partners than women.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Role of boys and young men is assisting young women to participate in prevention problems. Men do not always share importance to use additional prevention means, there are some stereotypes regarding condoms.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Decrease cost of services, up-scale them in all regions and small towns; include other focuses; increase confidentiality level. Changing attitudes that any information regarding one's health is private, but not a matter of society.

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Russia?

No information available. UNAIDS are not experts regarding conventions.

To what extent is the national response to AIDS 'rights-based'?

Women as a special group are not mentioned, in general there is an equity of rights, the law doesn't limit any rights.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

There are no women or organizations. We hope that the new youth council will help to take into consideration opinion of youth, including young women. Existing within the project "Women against AIDS" coalition doesn't influence any political decision.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

If a network of women living with HIV is created, such coalition should increase opportunities to influence decision-making.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Russia?

The government should revise existing laws, because they were approved at the very beginning of epidemics and at the moment they don't reflect existing situation, problems and consequences. The legislation should include gender aspects. It should solve question of sexual education and introduce friendly clinics. Education. The Donors should support targeted prevention programs that take feminization into consideration. It should allocate more funds to prevention services. Leaders should create gender-specific services, but should orient at all women.

One-to-one interview: Chief Doctor of a Youth Clinic (male)

General

What is your impression about the general situation of HIV prevention for girls and young women in Russia? Are things getting better or worse ... and why?

The situation concerning HIV transmission through drug use improves, because youth has negative attitudes towards drug. Level of awareness has increase. No special services for girls and young women are not needed. Level of condom use has increased.

Prevention component 1: Legal provision

In your opinion, what laws in Russia are making HIV prevention for girls and young women better or worse?

There are no laws that are barriers to prevention. If the existing laws was applied, everything would be excellent. A law that prohibits discrimination, won't work if a person has negative attitude, he won't observe the law anyway.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

Problem of early marriage is more actual for Russia than for western countries. In province young women give birth, in St. Petersburg they do abortion. Girls plan to marry and have children at elder age, but it happens in other way they plan. Legalization of sex-work won't have positive effect, as illegal sex-work will exist even in this case. Under the Family Code and other laws girls younger than 15 y.o. have no opportunity to receive SRH services without informing their parents, doctors should inform their parents.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

If the law would be approved regarding the need for sexual education in general, no matter where, in school or not, in health facilities, so that we have the right to engage in this work officially. We are doing it, but not all of this is being promoted, we answer the questions of youth. And if there were a public act, it is necessary and important that it exists, it would be much easier. This would increase the level of elementary sanitary literacy. This would lead to greater tolerance than it is now. Discrimination exists now.

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Russia better or worse?

All services are accessible, but people don't come and use them. Because they use drugs, the majority of them. If a person use drugs, he doesn't seek any services and receive any treatment.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

Официально никаких курсов не происходит. У нас есть абонемент, но туда приходят добровольно, а мы отвечаем на вопросы. У нас есть прекрасные НКО, которые проводят хорошие программы, но это все негосударственное.

Officially, no course is not the case. We have a subscription, but young people voluntarily, and we answer questions. We have wonderful NGOs, which have good programs, but these activities are non-governmental.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The government must adopt an elementary policy on sexual education and enshrine in law the measures that can help. This may not be a law, but the act that we are preparing a programme of sex education and implementing it. Conclusions of school children after a course of life safety fundamentals are HIV is very bad and only bad people can catch it. It's needed that schools have the right for prevention activities and, to some extent, it was required to hold.

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Russia?

Basically, HIV-positive women may apply to the most common facilities. Some special facilities are created, but this is the stigma of officials. Testing and counseling is available. Today ARVs are above the roof. Female condoms are not acceptable protection against AIDS. They are expensive and they are not sold in Russia. Condoms need to be distributed for marginalized groups, and the rest should have them at a lower price.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

Availability of services is independent of whether married or unmarried, whether they are in or out of school, whether they are involved in sex work, HIV-positive, all of them receive services in St. Petersburg. All AIDS centers are in a position to serve all HIV-positive people. Migrants must be officially registered, then they would have the same medical insurance and the same access as others.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Available information is identical, but boys apply to state health facilities 8 times less likely than girls. They get information from each other, are less concerned about reproductive problems, there is a lot of myths among them.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

It is necessary to raise awareness, family planning services are needed

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Russia?

The main obstacle is the lack of tolerance and discrimination against the HIV-positive. If they are turned out and refused, they do not want to go there. There is a need for training in working with HIV-infected and tolerance towards the HIV-positive. Discriminatory attitudes are common among health workers.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

If a boy is involved in obtaining services by a girl, it is less painful and more effective, if the pair is treated. A boy can initiate girls' visit to a specialist. Traditionally, poor attitude to condoms is spread among boys.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

There is a need to train professionals in different spheres, women's centers and maternity homes for counseling, working with HIV +, and tolerant attitude to them.

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Russia?

We signed almost all the conventions, but unfortunately their application does not always correspond to the commitments. Laws does not always correspond to each other, it must be eliminated.

To what extent is the national response to AIDS 'rights-based'?

Rights of all people are taken into consideration, everything is available. Do the laws enforced? Here lies the problem in Russia, not only about the medical or HIV laws. The HIV + does not differ fundamentally, if we talk about tolerance.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

Some of women take a very active position in advocacy and promotion of those who are deprived of any rights, but not in the government. They could contact more with the public to improve tolerance, opening status.

Enough, but more. I do not think that the percentage of women should be to make a decision. There is a lot of women, but if the procedure is what is the point that there are many of them. By law, anyone can be elected as a president.

If people are infected sexually, they are in this situation as a victim, its easier to disclose status. When the way of transmission is through drugs, the use of drugs and HIV are hidden.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

There is no law prohibiting women to make decisions. In this situation, they are short of the institutional, political achievements. They have a lot of problems that distract them from that. Policy for women is a tragedy, they must deny themselves and the family in everything. I would urge women to be more active, I would support them.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Russia?

The government: sexual education, including at schools, the main thing is changing public opinion, working with media is needed. The fight against drug abuse. The state should support prevention offered by community leaders.

Donors: to show the experience, including in mass media and to teach those who want to move these issues from their seats.

Community Leaders: though it were not hindered. Let us not impede, we can deal with prevention. As soon as the wave of protest begins, protesters are well supported, not us. Write complaints of teachers in schools the state does not protect teachers. And is the person complaining is right? Community leaders involved in advocacy will not be the leaders of society. This happens, because the government closes their eyes to the reality, are trying to turn to the traditions of the 19th century, not looking at a very different life today.

"Deny the programme of sex education is stagnation, it is a return to the stone age. A state policy of reality recognition is not common in Russia."

General

What is your impression about the general situation of HIV prevention for girls and young women in Russia? Are things getting better or worse ... and why?

The legal framework is very weak, it does not exist, except for the penal code article 124. In 2004, amendments were introduced in laws, but in fact the Russian laws were passed on the top but before they practically have no grass roots

Maintenance of any preventive activities at the schools needs permission from the district administration and other authorities, it takes a lot of time and efforts and usually gives positive results. There is an understanding of the problem, but they are reluctant to meet half-way. There were negative experiences of prevention work with young people, they are afraid. If to work with youth elder than 18 years old, then yes.

"Many of our officials simply do not know about HIV/AIDS legislative framework, so it turns out that for getting a permission, it is necessary to have a hard copy of the laws and orders so that your words were well-grounded."

"Preventive work is possible, if you have the information about regulations on the matter, and you can operate the information, it makes preventive work easier."

Prevention component 1: Legal provision

In your opinion, what laws in Russia are making HIV prevention for girls and young women better or worse?

I do not understand the question, there is no straight connection between HIV prevention and early marriage and the possibility of abortions. As for young girls, if obtained a permission of their parents, such access is available, and they can marry at early age. The group of girls aged 14-18 is the most vulnerable, prevention work is not allowed for the group, they are considered to be children, but it is better to talk about preventative things, rather than to deal with negative consequences. For our country, the proposed options of answers sound strange.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

I am not aware of such mentioning. According to my experience, the work is carried out much more for marginal groups, and for the groups of 14-18 y.o. and those people who receive higher education - less. Sex workers, injection drug users are considered to be the most vulnerable, they are carriers of HIV infection, there is a stereotype thinking, all programs that are developed aim directly at them. People from the vulnerable groups can obtain information, the legislation in no way prevents them from receiving preventive services. The programs are success. In big cities it is easier to get information, there are many governmental and non-profit organizations, they can help to obtain any services. There can be a lack of organizations in small towns, the quality of information and advice is low.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The most powerful tool of prevention are the mass media. The law on advertising mentions that the media should provide the percentage of space and time for social advertising, but unfortunately, the media are reluctant to do so, because they are private organizations and companies, they do not respect the law. In fact social advertising or articles with preventive information are chargeable, it complicates the work. If there were administrative responsibilities or assigning sanctions for those who refused to provide the time and space for social advertising, now it is not punishable. As soon as the penalties are introduced, it would be easier to negotiate. There is a lot of misinformation and information of discriminatory nature, myths in the media. If this information were monitored and precedents of fines on the media were created, it would improve the quality of information presented in the media.

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Russia better or worse?

We all know that there exists the national priority project "Health". HIV prevention work on is not so active within its frames. Our state accustomed to the fact that this work is not implemented on our money, but the money of foreign grants. Our government is more interested in matters of cancer, children with leukemia etc, it is also significant and should not be ignored. President Putin said once that HIV / AIDS is associated only with marginalized populations. If the president of the country makes such remarks... We are talking about the rights of HIV-positive to have an access to treatment, to live, to breathe, to be educated, to work.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

Virtually official sex education is absent. There is a taboo for talks on the sexual theme in family. In the Soviet Union there was no sex, we still can not escape from it. As for sex education peer work is optimal. Teenagers are a complicated group. Parents are not authority for them and they do not talk on the subject. In school programs it does not exist. Some volunteers come, conduct classes, but at the moment there are teachers in the classroom, and if young people have questions, they simply will not ask if their teachers are there. You can come to school with educational program, but teenagers still can not find the answer to their questions. With a peer consultant it's easier to be open, but it has small results because it is controlled by school staff.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

If there were regulations, which described the character of information about HIV that should be provided, all would understand how to work. There are no common standards for information. There is a ruling that preventive work is welcome, but as such there is no standard, so you can harm working for the good.

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Russia?

- Male and female condoms? In big towns male condoms are more available than in small ones. High-quality condoms are expensive that is very important for discordant couples, schoolchildren and students. Condoms, which are distributed for free, do not meet the proper level of quality. In regions high-quality condoms, even if desired, are unavailable, one can buy cheap low-quality condoms. In regions, I think, in general, people usually do not use condoms. Female condoms are not available, in some pharmacies they are sold, but they are expensive and very difficult to find. There is a belief that they are very uncomfortable and not very pleasant in use. "When you want to protect yourself and your partner, you want to do it in high-quality way, condoms are expensive, so you have to limit yourselves."
- Information and treatment for sexually transmitted infections. With our own desire you can find many sites in the RuNet with question-and-answer sections, you can ask your question, it is possible that the answer will be received. In small towns and villages information is not available.
- Voluntary counselling and testing? Voluntary testing is available at antenatal clinics, but there is no pre - and post-test counseling, they send women to the AIDS centre, they consult, but because of the fact that it is their routine work, they do not provide complete information. Other kinds of service are carried out at the expense of smaller charitable organizations. It is important that prevention was carried out not only by government organizations, but by non-profit ones as well.
- Antiretroviral drugs (for infants, children and adults)?

Until HIV-community did not realize their rights, till the problem became so great and people began dying of AIDS, the community thought that we should provide tablets for us. While unwilling grass roots, the top did not take any decision on this matter. The government does not know the needs of PLHIV, until we show what we want, nothing will happen. The most productive are unauthorized actions, although I am not an advocate of them, it really attracts politicians' attention. Now the situation has changed: ARV therapy is available to all. There is another problem now: too many ARVs, often with elapsed expiry date. Due to the fact of discrimination, patients are not seeking treatment. Because they are afraid of humiliation by medical staff. In regions people have to go far to the AIDS center, often in order to get viral load tests for free, you should go for a few days. You can get free ARVs in your hometown where you are registered. If you moved, you can not get treatment in another city.

"People sometimes simply could not step over their pride, although it is a vital medications."

- Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children? At the moment all women during pregnancy receive ARVs. Previously, when access to treatment was restricted, a woman whose health was deteriorating, tried to get pregnant in order to get drugs. But when a child was born, treatment was interrupted, it was before 2003. It was a big problem. There was corruption regarding the question: ARV therapy was prescribed to the pregnant at a later time period, they were denied a three-month therapy, the drugs were sold to other patients.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? It

doesn't depend on the type of girls and young women. If you have a policy of obligatory medical insurance, you have access to all state facilities.

Out of school? It doesn't matter.

Involved in sex work? Injecting drug users? In big towns outreach services are available, but not in small ones. The position of authorities regarding harm reduction services is controversial. There is an opinion that contributes into development of drug addiction. Specific decisions whether to conduct such a work or not are made by local authorities.

Orphaned? There is no work for orphans, they are provided only by general information.

Migrants? Refugees? It is a problem of language, they are mainly low-paid labour, lack of access to free services are their problem.

HIV positive*? It is very important to get into the HIV-community, the best prevention is communication within the community, gaining experiences of other positive people. HIV-positive people are doing this, because rendering support now means that they will get the same assistance and support in the future. In our city it exists, it is not developed at all in some other regions.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Gender does not affect the availability of services for men or women. The problem is male selfishness, that they just do not feel anything in a condom. Men, as a rule, are heads of families, men make decisions. Women care more about their health, often get tested, visit doctors in comparison with men. The issue of protection is addressed to a couple, not to a partner.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

Training of future doctors and journalists so that these people can use the knowledge about HIV / AIDS in the future.

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Russia?

You can get services at private clinics, this is expensive, but you can be assured of confidentiality. Travel abroad to clear semen for a safer pregnancy is common among discordant couples. No emergency treatment within 72 hours is accessible for ordinary

people, if such an emergency occurs for instance in a discordant couple, when negative partner is exposed to HIV. In Russia, emergency prevention is accessible only for health care workers who have a risk of receiving HIV at the workplace. There is a lot of discordant couples, and their number will be even higher, HIV is transmitted mainly through sexual contact.

The location of the services? Yes, in rural area

The lack of privacy at the services? Yes

The hours that the services are open? [This is a problem if people are working, sometimes free blood testing is accessible only in day hours, when people are at work.](#)

The language that the services use? One can say that Russia is a multinational country, the prevention services are mostly in Russian, the language may be a barrier. But that depends on the location.

The attitudes of the staff that run the services? Yes.

Fear that confidentiality will be breached by the services? [People fear of confidentiality breaches in small towns. Previously, there was a criminal liability for violation of medical confidentiality, now it is only an administrative responsibility.](#)

Cultural norms, for example that prioritize the health of boys over the health of girls? No

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

They should use condoms.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Ensuring greater access to information, building an information society, so that people learned to talk about sexual upbringing of children in family. The school itself imposes no such responsibility. It is necessary to teach the elder generation to talk about it. I think that now people aged 30-40 years are more vulnerable, they are not safe. And increase of confidentiality in public institutions.

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Russia?

As a community representative, I have no such information. All our laws exist only on paper. We have a big country and distribution of legal information takes time and is not effective.

To what extent is the national response to AIDS 'rights-based'?

Previously, all programs were of general nature, only now programs specifically targeted for women are emerging, they are mainly programs of NGOs, probably it is connected with the establishment of contacts with international initiatives.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

Only now the gender balance begins to be introduced, this did not happen before. I think that women are not greatly represented, only now initiatives for the creation of women's groups, women's projects, women's coalitions are emerging. Previously, this did not happen. Before there was no problem of such a scale, this is now the problem of the community. Earlier there were problems of obtaining information regarding life with HIV and receiving drugs. Now the epidemic is affecting more women than ever before, women are more vulnerable to the infection. Men are involved at the core leadership positions. HIV-negative leaders do not understand the goals of HIV-positive community, HIV-positive leaders want to provide face-to-face services directly to the community. There is not only discrimination of HIV-negative to HIV-positive, but of HIV-positive to HIV-negative, which work in this area as well. This disturbs, people are busy with psychological and physical problems. Some are feared to be HIV-community leaders because it implies publicity and disclosure of one's status. Your status is not only a your responsibility, you are responsible for your close community. Therefore, women prefer to work in small initiatives. Women are often

represented only indirectly, some decision-makers turn to them for advice, but no more than that.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

There is a problem of motivation: HIV-positive women want to work with HIV-community, in outreach, face-to-face services, counseling. HIV-negatives want to work in easier programs. HIV-community discriminates itself, is separated from general community because of negative impact of personal experience. We need programs that unite people. Since many international initiatives were started in Russia, public policy has improved. If the ICW or other international coalition conducts training, women will attend, it is very important to gain experience for them. Women living with HIV can get a desire to work more actively. They are scared by public disclosure of the status, many of them have families, children, some face burn-out syndrome. The government can't greatly affect the involvement of women, an international programme searching for leaders can probably be effective. In the community, women are quiet active, nevertheless leaders are mainly male.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Russia?

Community leaders can create rooms for peer counseling at antenatal clinics and polyclinics. I am deeply convinced that the government believes the existing state structures to be very satisfactory to all needs.

Donors can invest in a grant programs lead by decisions of HIV-positive women Community leaders can find funding and support of Western donors. Inclusion into the community is very important for HIV-positive women.

Unless small foundations and organizations work in this direction, we will not up-scale the activities to the All-Russian level.

General

What is your impression about the general situation of HIV prevention for girls and young women in Russia? Are things getting better or worse ... and why?

HIV prevention is actively discussed in society and by the Government and governing authorities. G8 meeting conducted in St-Petersburg has promoted the process via putting the issue of HIV prevention on high political agenda. Nevertheless the level of stigma & discrimination related to HIV is very high in the country. The situation is getting worse when moving away from big Russian cities. Rural regions situation related to stigma & discrimination are especially distinguished from the rest of regions. Stigma and discrimination are extremely high between health professionals. HIV prevention legislation is in place, but the level of implementation varies from authority to authority.

In general the situation related to HIV has been stabilized in the country.

Prevention component 1: Legal provision

In your opinion, what laws in Russia are making HIV prevention for girls and young women better or worse?

- Whether girls can get married at an early age?
Official marriage is allowed since 18, but in exceptional cases like pregnancy the age can be reduced to 14.
- Whether sex work is legal? No
- Whether girls or young women can have abortions? Yes, in case if younger than 15 parent's consent is mandatory
- Whether girls and young women can use sexual and reproductive health services without their parents' consent? Yes, in case if younger than 15 parent's consent is mandatory

How does legislation affect different types of girls and young women and their vulnerability to HIV?

Legislation makes no difference in treating rights & possibilities of any types of girls and young women. All female citizens in Russia are in a risk group due to gender imbalance, difficult social-economical conditions, which affects the quality of life. Marginal groups are in a greater risk due to illegal status.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Comprehensive sex education programs in schools should be introduced by the government. Gender sensitive policies should be in place. In concern to legalization of sex-work there has been a number of debates, which have not resulted in anything.

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling and testing – make HIV prevention for girls and young people in Russia better or worse?

PMTCT protocols are quite good, but implementation varies in different regions. PMTCT is quite effective in Russia, especially, if a woman lives somewhere near to the AIDS center. Condoms are very rarely to be distributed for free due to tax complications (the person who has received the condom for free during promotion campaign should pay income tax for it). Condoms can be purchased everywhere starting from the pharmacy to supermarket. VCT is recognized in governmental policies for AIDS centers.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

No, nobody receive any type of sex education. School children are not taught in schools concerning SRHR at all. The possibility of rare local initiatives on sex education in schools are not denied.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Comprehensive sex education program in schools should be introduced by the Government. Linkages to family planning centers should be implied in these programs.

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Russia?

- Male and female condoms? Female condoms are not available, because of the lack of cultural context, inconvenience in use and comparatively high price.
- Information and treatment for sexually transmitted infections (STIs)? Reproductive health care services are available for all resident girls and young women under 15 (or below 15 if agreed with parents). Information on SRHR is distributed by NGO/CSO sector. Information is also available in the internet
- Voluntary counseling and testing? Available at AIDS centers.
- Antiretroviral drugs (for infants, children and adults)? Available for all residents for free if registered at the AIDS center. The situation in regions sometimes vary.
- Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children? PMTCT is available and quite effective if a woman is registered at the AIDS center.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Family planning centers, women's clinics (non mandatory counseling)

Out of school? Family planning centers, women's clinics (non mandatory counseling)

Involved in sex work? outreach

Orphaned? outreach

Injecting drug users? Outreach

Migrants? Outreach, Federal migrants service

Refugees? Outreach, Federal migrants service

HIV positive*? AIDS centers, Family planning centers, women's clinics

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Formalization of HIV prevention services does not exist. HIV prevention is divided between different specialists. The information related to HIV prevention is limited for those who are not interested in their health or have restricted access to internet. Illiteracy of men in the field expose women to a significant threat of HIV acquisition. There are few occasions that men and boys visit any medical facilities. Services are available equally for men and women.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

Youth friendly services, comprehensive sex education (healthy lifestyle, self confidence etc), VCT at reproductive health clinics

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Russia?

The cost of the services? For free

The location of the services? (yes, if AIDS center is far from home)

The lack of privacy at the services? (yes, if in rural regions in women's clinics)

The hours that the services are open? No

The language that the services use? No

The attitudes of the staff that run the services? Yes, if in reproductive health clinics

Fear that confidentiality will be breached by the services? Yes

The attitudes of parents or friends? Yes

* Cultural norms, for example that prioritize the health of boys over the health of girls? No

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are:

* Married or unmarried?

* In school or out of school?

* HIV positive?

There is no any deference for these types of girls.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

They could play an enormous role if they have been more educated in the field. The situation is getting worse because most of decision makers are men.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Training of health professionals on stigma and discrimination, counseling, clients rights and providers needs. Counselling should be officially included into the routine workload of reproductive health clinics. Federal information flow on HIV prevention should be developed and maintained.

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Russia?

All mentioned commitments are strongly monitored and reported against by the Government.

To what extent is the national response to AIDS 'rights-based'?

National AIDS policy does not recognize SRHR of HIV positive women. These women are determined to be treated as any other women in terms of sexual and reproductive health.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

- Developing the National AIDS Plan? Girls and young women are involved to a minor extent or are not included at all.
- Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria? There is an initiative group on SRHR of HIV positive women which affects the policy of an NGO, that participate in meetings of the Governmental Commission on HIV, and Coordination Committee of MoH, and CCM. Officially girls and young women are not represented in all above mentioned entities

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Girls and young women should be included into decision making bodies.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Russia?

Training for health professionals on HIV prevention, stigma& discrimination

Raising of loyalty to sex education in schools among general population

Strengthening of self confidence between young women and girls

Involvement into decision making

Government: to change legislation; to change public opinion

Donors: to change public opinion; to fund the above listed measures
Community leaders: to change public opinion.