

# REPORT CARD

## HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



### RUSSIAN FEDERATION



#### COUNTRY CONTEXT:

Size of population:	143,202,000 <sup>1</sup>
Ethnic groups:	Russian 79.8%   Tatar 3.8%   Ukrainian 2%   Bashkir 1.2% Chuvash 1.1%   Other or unspecified 12.1% <sup>2</sup>
Religions:	Russian Orthodox 70%   Atheist 23%   Muslim 4%   other 2% <sup>3</sup>
Languages:	Russian   many minority languages <sup>4</sup>
Life expectancy at birth:	65 years <sup>5</sup>
Population living below the national poverty line:	30.9% <sup>6</sup>
Percentage of population under 15 years:	15.1% <sup>7</sup>
Youth literacy female rate as percentage of male rate (ages 15-24):	99.8% <sup>8</sup>
Median age at first marriage for women (ages 15-49):	No available data
Median age at first marriage for men (ages 15-49):	No available data
Median age at first sex among females (ages 15-49) <sup>9</sup> :	No available data
Median age at first sex among males (ages 15-49) <sup>10</sup> :	No available data
Total health expenditure (public and private) per capita per year:	\$583 <sup>9</sup>
Nurses density per 1,000 population:	No available data
Contraceptive prevalence rate for women 15 – 49 <sup>11</sup> :	No available data
Fertility rate (2000-2005):	1.3 births per woman <sup>10</sup>
Maternal mortality rate per 100,000 live births:	32 <sup>11</sup>



#### AIDS CONTEXT:

HIV prevalence rate (15 – 49):	1.1 [0.7 – 1.8]% <sup>12</sup>
HIV prevalence rate in young females (ages 15-24):	No available data
HIV prevalence in young males (ages 15-24):	No available data
HIV prevalence in vulnerable groups: Injecting Drug Users (IDUs):	65% in some cities <sup>13</sup>   Prisoners: 5% <sup>14</sup>
Number of deaths due to AIDS:	22 000 – 56 000 <sup>15</sup>
Estimated number of orphans due to AIDS (0-17 years):	No available data



#### HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

In the Russian Federation, injecting drug users (IDUs) form the largest vulnerable group, in which the HIV epidemic is most highly concentrated.<sup>16</sup> The estimated 1.5 million to 3.5 million IDUs account for 87% of the people living with HIV (PLHIV) but less than 10% of the people receiving antiretroviral therapy (ART). The prevalence rate among IDUs is 11.8% nationally, but approaches 65% in some cities.<sup>17</sup> Despite this, programmes and policies are failing to address their needs and it is estimated that just 4.9% of IDUs are reached by targeted HIV programmes.<sup>18</sup> Most alarming is the recent and significant increase in heterosexual transmission and the fact that the epidemic is growing fastest among the general (non-drug using, heterosexual) population, aged 15–30<sup>19</sup>, amongst whom women, and young women and girls particularly, are continuing to be disproportionately affected. It is estimated that 43% of all newly registered HIV cases are women of childbearing age.<sup>20</sup> Stigma and discrimination continue to constrain progress and serve as a deterrent for girls and young women to access services.

### INTRODUCTION

#### THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN THE RUSSIAN FEDERATION.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in the Russian Federation. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in the Russian Federation. It contains an analysis of five key components that influence HIV prevention, namely:

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

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Country.

The Report Card is the basis of extensive research carried out during 2008 by IPPF, involving both desk research on published data and reports, and in-country research in Country to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Country' (available on request from IPPF).

Also, many children born HIV positive end up growing up in orphanages as a result of such stigma.

However, there have been notable efforts in recent years, particularly from the government. For instance, in April 2006, the State Council held a special meeting on AIDS and set goals for developing a strategy for responding to AIDS; improving coordination, through the creation of a high-level multi-sectoral governmental commission on AIDS; and, establishing a unified monitoring and evaluation system.<sup>21</sup> Since then a high-level Governmental Commission on AIDS was established, consisting of representatives of 11 federal ministries and services. Moreover a new Federal AIDS Programme 2007 - 2011 has been developed and is being implemented with federal funding increasing year on year. More can still be done though, with attention needing to be paid to the needs of young people, particularly girls and young women. A full commitment to comprehensive education on sex and drugs in schools should be prioritised if the Russian Federation is to develop effective and sustainable prevention programmes and AIDS response.



### KEY POINTS:

- The **legal age** for both men and women to **marry** is 18 years.<sup>22</sup>
- Individuals who are **15 years** and above have the right to receive information about their health status and **can access sexual and reproductive health (SRH) services**. In addition to this they can select other individuals to be informed about the state of their health in the case that this may benefit them. Any individual under 15 accessing medical services must be reported to legal authorities.<sup>23</sup>
- **In 2003 the government reduced the number of acceptable reasons for accessing abortion.**<sup>24</sup> Upon request, it is now **legal for any reason within the first 12 weeks of pregnancy.**<sup>25</sup> **Since 2007**, new legislation means that **women can only seek abortion services after 12 weeks in the case of rape.**<sup>26</sup>
- **Despite the existence of legislation which condemns random compulsory testing**, it has been shown that both **federal and local government still carry out compulsory mass screenings**<sup>27</sup> and that health workers often screen patients before they are hospitalised.<sup>28</sup> In addition to this, testing is also mandatory under law for:
  - **Donors of blood**, biological fluids, organs and tissue.
  - **Individuals whose work directly involves HIV-infected materials.**<sup>29</sup>
  - **Foreigners and stateless persons** residing in the Russian Federation for more than three months.<sup>30</sup>
  - **Prisoners**<sup>31</sup>
  - **The Military**<sup>32</sup>
- **Local laws often contradict the Federal Legislative Framework.** In some regions of the Russian Federation such as St Petersburg, the local State Health Care Committee and the Centre for Sanitary and Epidemiological Control **approved a list of populations for compulsory HIV testing**, including pregnant women, IDUs, patients with associated HIV symptoms, gay and bisexual people, and prisoners.<sup>33</sup>
- The "**Law on the Prevention of the Spread in the Federation of the Disease Caused by HIV**" was passed in 1995 and:
  - Guarantees respect for the **rights and freedoms** of Russian citizens living with HIV.
  - **Guarantees social support for PLHIV** including education, re-training, and employment assistance.
  - **Penalises the refusal of employment** or discharge of current staff due to their HIV status.
  - **Guarantees free medication and out-patient treatment at specialised medical service points.**<sup>34</sup>
  - **Addresses discrimination** in relation to the **provision of housing** for PLHIV.<sup>35</sup>
- **There is no specific legislation on protection of vulnerable groups.** However, the constitution of the Russian Federation guarantees the rights of all people regardless of sex, race, nationality, language, origin, property status, and official capacity, residence, religious beliefs, attitudes, affiliation with public associations and other characteristics.<sup>36</sup>
- The law has established **disciplinary, administrative and criminal liability** for persons who disclose an individual's HIV status. Unfortunately disclosure by health workers is widely practiced and despite this, the perpetrators are rarely prosecuted.<sup>37</sup>
- There is **no specific legislation that addresses domestic or gender-based violence** and no legal definition exists for domestic violence. When a woman files a case of abuse against her husband, it falls under provisions regarding general assault.<sup>38</sup> Despite this, 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.<sup>39</sup> It is thought that around 14,000 women die each year due to home violence.<sup>40</sup>
- **Drug usage is criminalised** in the Russian Federation. However, **70% of all cases of HIV in the Russian Federation are connected to injecting drug users** (IDUs).<sup>41</sup>
- **Wilful transmission of HIV** is criminalised and the maximum sentence is 8 years.<sup>42</sup>
- **Sex work is an administrative offence**,<sup>43</sup> however the provision of information and counselling to sex workers are not considered illegal activities.<sup>44</sup>



### QUOTES AND ISSUES:

- "Existing **experience is huge**; it should be collected, adapted and secured in laws." (Interview – UN Agency)
- "*In fact **laws don't defend rights**, because they exist only on paper, but don't work in reality.*" (Interview – member of PLHIV Network)
- "I don't consider the laws to put obstacles to prevention among girls and young women. But there is **no law that obliges compulsory provision of information** concerning the dangers of adult life." (Interview – Member of the National AIDS Council)
- "*There are no laws that are barriers to prevention. **If the existing laws were applied, everything would be excellent.** A law that prohibits discrimination won't work if a person has a negative attitude, he won't observe the law anyway.*" (Interview - Chief Doctor of Youth Clinic)
- "**If we transmit HIV** to our partner and don't tell him, and don't use any condom, **we are responsible** for that and have **criminal liability.**"<sup>1</sup>" (Focus group discussion with young women and girls [19-26 years], St. Petersburg)
- "*The **legislation needs to be broadly promoted among the general population** to explain that the **children** (living with HIV) **are not dangerous at all**, that they should go to normal schools and kindergartens.*" (Interview – Member of the National AIDS Council)
- "**Many of our officials simply do not know about the HIV/AIDS legislative framework**, so it is necessary to have a hard copy of the laws and orders so that your words are well-grounded." (Interview - Former Peer Counsellor [female])
- "*In concern to **legalisation of sex work**, there have been a number of debates which have not resulted in anything.*" (Interview – Key National Stakeholder)





### KEY POINTS:

- There is a **Coordinating Council on HIV/AIDS**, which covers the full continuum of HIV prevention, care and support. It is an interagency body allowing for a single strategy and makes recommendations concerning the epidemic.<sup>45</sup> The Council is responsible for implementing HIV testing, prevention and care programmes in **89 regional AIDS centres** and functions under the Ministry of Health and Social Development.<sup>46</sup>
- The 'National Targets Ensuring Universal Access to HIV Prevention, Treatment, Care and Support in the Russian Federation by 2010 include **targeting the percentage of representatives of vulnerable groups** covered by prevention programmes. By 2008 the indicator target is to have 20% of the number of respondents who gained access to prevention programmes from vulnerable groups, and by 2010 to have no less than 30% from such populations.<sup>47</sup>
- In 2003, the Ministry of Health and Social Development created the **Coordinating Council<sup>48</sup> on the prevention of mother to child transmission (PMTCT) offering all pregnant women HIV testing.<sup>49</sup>** The Council has the ultimate aim of providing prevention of mother to child transmission (PMTCT) to all women that need it.<sup>50</sup>
- The Universal Access targets on PMTCT include:
  - **80% of HIV positive pregnant women by 2008 and 85% by 2010** to receive a complete course of antiretroviral prophylaxis (during pregnancy, delivery and to the newly born) over a 12 month period.
  - **Not less than 95% by 2008 and not less than 98% by 2010 of pregnant HIV positive women** receiving vertical transmission chemoprophylaxis.<sup>51</sup>
- **Sex education** is distinctly lacking within the national education curriculum. A recent poll indicated that **two thirds of respondents who claimed to understand about HIV/AIDS also maintained that the disease can be contracted through kissing**, while three quarters were certain of its transmission by mosquitoes.<sup>52</sup>
- **Confidentiality of HIV status is guaranteed** by the Federal Law No. 38 of 1995, Article 17.<sup>53</sup> Although, **legislation on healthcare implies confidentiality**, in some specific cases this does not apply.<sup>54</sup>
- Key **national data on HIV/AIDS is available** and usually disaggregated by republics, districts and regions.<sup>55</sup>
- There is **no official government policy or guidelines on the standard of manufacturing of contraceptives** in the private sector which has resulted in provision of low-quality materials<sup>56</sup> (including condoms with the lubricant Nonoxynol -9, known for its possibility of increasing HIV transmission)<sup>57</sup> and spermicides being marketed as capable of preventing HIV transmission.<sup>58</sup>
- 22-24 million citizens are tested every year. **Officially all of them are counselled**, but in fact only some of them received counselling on HIV/AIDS. National guidelines are currently being developed.<sup>59</sup>
- Decree number 154, **"Improvement of medical care for adolescents"**, is currently being developed.<sup>60</sup>



### QUOTES AND ISSUES:

- "It's necessary 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." (Interview – UN Agency)
- *"There is serious **pressure from the Orthodox Church regarding sexual education in schools**, the government tries to put the question aside and not to be engaged."* (Interview – Member of the National AIDS Council)
- "I would be encouraged if the **government created conditions for prevention work**. For instance, if they solved problems with school programmes." (Focus group discussion with young women and girls [19-26 years], St. Petersburg)
- *"The greatest effect can be achieved through the **introduction of sexual education in schools** and the formal introduction of youth friendly services."* (Interview – UN Agency)
- "The government must adopt an elementary policy on sexual education and **enshrine in law** the measures that can help." (Interview - Chief Doctor of Youth Clinic)
- *"**Comprehensive sex education programmes in schools should be introduced by the government.**"* (Interview – Russian Family Planning Association)
- *"**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.**"* (Focus group discussion with women and young girls [15-23 years], Tosno, Leningradskaya region)
- *"**Schools do not have the right environment to undertake prevention education and parents will say 'no'** so any prevention work won't be conducted."* (Focus group discussion with young women and girls [19-26 years], St. Petersburg)
- "Medical staff should be trained how to **work with HIV positive mothers and children without any discrimination**. They should not reject these people, they should help them." (Interview – Member of the National AIDS Council)





### KEY POINTS:

- There is **no special directory** nor any database of **SRH and HIV/AIDS services** for young people.<sup>61</sup>
- Training programmes have prepared over **500 health care workers in prevention of mother to child transmission (PMTCT) and antiretroviral treatment of HIV infected children**. While this represents progress, it covers just a fraction of the needs.<sup>62</sup>
- There are more than 50 organisations that provide **harm reduction** services for injecting drug users (IDUs) in 7 federal districts of the Russian Federation.<sup>63</sup> Also, the Russian Harm Reduction Network supports 33 projects<sup>64</sup> and The Open Health Institute supports 90 projects in 22 regions of the Russian Federation.<sup>65</sup>
- **Support groups** for young women and girls living with HIV/AIDS exist in Kazan and in Norilsk. Also, **self-help groups** for HIV positive men and women exist in more than 25 towns of the Russian Federation.<sup>66</sup>
- Together with the 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**. The basic principles of the concept involve the values of family life, healthy lifestyles, respect for the individual, the state, and the environment among children and young people.<sup>67</sup>
- The government does not provide free condoms although their low price makes them available to most of the population.<sup>68</sup> **Condoms are also distributed for free** at some youth friendly clinics. This is usually coordinated by Non-Government Organisations (NGOs) and government.<sup>69</sup>
- Female condoms are rarely available and even pharmacists in Moscow are often not aware of them.<sup>70</sup>
- There have been **government and media campaigns aimed at** sensitizing the population **on HIV** issues. These have been conducted using federal and regional television, print media and billboard advertising.
  - 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), reaching 50 million people.
  - There is a TV programme, 'AIDS Ambulance', which deals with issues relating to HIV, with a focus on those affected by the disease.
  - A free 24 hour hotline on HIV exists and has received 59,657 calls.<sup>71</sup>
- **15% of the total HIV cases** are among **prisoners**. However, there is a lack of availability of preventive information, condoms and sterile injecting equipment to this group.<sup>72</sup>
- In 2004, it was estimated that **only 2-4%** of HIV positive people requiring antiretroviral therapy (ART) were **receiving treatment**.<sup>73</sup> However, by 2007, 93.19% of PLHIV requiring ARVs were receiving treatment; 78.38% were still receiving ARVs after 12 months of treatment. In 2008, although **ARVs are increasingly available**, there are still gaps and it is estimated that there are **70,000 people in need of them**.<sup>74</sup>
- The **Y-peer Network of youth initiatives** supported by UNFPA, and covering more than 30 regions, is **working with boys and girls**, using peer to peer approaches to encourage discussion on sexual and reproductive health and HIV.<sup>75</sup>
- According to the Ministry of Health decrees, **AIDS prevention centres** are the primary facilities responsible for the provision of voluntary counseling and testing (VCT), as well as prescribing PMTCT and ARVs. These services are stand alone. **Integration of HIV prevention in reproductive health settings exists in some pilot regions**, and is supported by international donors.<sup>76</sup>
- There are about **70 youth friendly services** in the whole country, mainly established with support of UNICEF and UNFPA.<sup>76a</sup>



### QUOTES AND ISSUES:

- "There are some **programmes for sex workers** thanks to international agencies and NGOs. If we talk about the homeless or street children, they are totally excluded." (Interview – member of PLHIV Network)
- "Men have a **stereotype that a condom is bad**. And we, women, are breaking the stereotype." (Focus group discussion with young women and girls [19-26 years], St. Petersburg)
- "To offer **using condoms** within a family is **practically confession of infidelity**." (Focus group discussion with young women and girls [19-26 years], St. Petersburg)
- "**Anonymous testing** often has to be paid for, and there is a **lack of counselling or low-quality counselling**." (Interview – UN Agency)
- "Sex workers and IDUs have greater access to targeted programmes. The **percentage of funding allocated to general prevention is poor** when compared with those allocated to treatment." (Interview – UN Agency)
- "All AIDS centres 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." (Interview - Chief Doctor of Youth Clinic)
- "**PMTCT is quite effective in Russia**, especially if a woman lives somewhere near to the AIDS centre." (Interview – Russian Family Planning Association)
- "In our town it is not **possible to get HIV prevention services**, you need to travel half an hour to go to Tosno." (Focus group discussion with women and young girls [15-23 years], Tosno, Leningradskaya region)
- "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." (Focus group discussion with women and young girls [15-23 years], Tosno, Leningradskaya region)







### KEY POINTS:

- In reality there are multiple **social, logistical and financial barriers** to girls and young women accessing services in the Russian Federation, including:
  - **Judgemental attitudes** of families, community members and health workers.
  - **Stigma** associated with HIV and AIDS makes people reluctant to visit voluntary counselling and testing (VCT) centres.
  - **Lack of information** about available services.
  - **Distance** to services and **costs** of transport, particularly in rural areas.
  - Lack of **privacy and confidentiality** is a significant barrier to access in the Russian Federation.
  - Traditional norms of **gender inequality**.
  - Many of these barriers particularly affect girls and young women living in rural areas.<sup>77</sup>
- **Government VCT services are free** for all people, and in principle, are confidential.<sup>78</sup> In fact, **all citizens have equal rights to receive medical care at the expense of the Government Mandatory Medical Insurance initiative**. Citizens with different levels of income enjoy equal rights to receive medical services, supported under this programme.<sup>79</sup>
- One major **barrier to accessing prevention of mother to child transmission (PMTCT) services** is that many **women are still unaware of the availability of treatment**. 20 HIV positive mothers give birth to HIV positive babies each day, with an average of two of those children being abandoned by their mothers.<sup>80</sup>
- A number of materials have been developed on reducing **HIV related stigma and discrimination**. These materials have targeted medical professionals, staff in boarding schools (where HIV-positive children are brought up), lawyers and the general population. Seminars and conferences were held for doctors to reduce stigma and discrimination towards people living with HIV (PLHIV) and to **improve adherence to antiretroviral therapy (ART)**, with 200 professionals trained.<sup>81</sup>
- **Shame and fear** of gynaecologists prevent many young women from going for sexually transmitted infections (STI) and HIV check-ups and treatment. **Female adolescents and young women are afraid or embarrassed** by examination procedures and medical staff.<sup>82</sup>
- **Treatment for most types of STIs in Moscow costs** between 3000-5000 Russian Rubles (**US\$128 – 231**). Voluntary medical insurance policies usually contain a clause stating that any treatment connected with a sexually transmitted infection will not be covered.<sup>83</sup>
- Low qualifications and **indifferent** attitudes of service providers to the situation of young women and girls **contribute to their reluctance in accessing** sexual and reproductive health (SRH) and HIV services.<sup>84</sup>
- In **2005, over 30% of people living with HIV (PLHIV) receiving antiretroviral (ARV) therapy were in Moscow**.<sup>85</sup>



### QUOTES AND ISSUES:

- "Until **stigma and discrimination** is decreased, the problems surrounding both PMTCT and **adherence will not be solved**." (Interview – UN Agency)
- "For small towns and villages the question of **anonymity (within services) is a catastrophe**. Stigma and discrimination are strong there." (Interview – member of PLHIV Network)
- "Any patient in our country is absolutely **deprived of civil rights at any clinic**. That's why people go to doctors as a last resort." (Interview – member of PLHIV Network)
- "What happens in women's centres now is a humiliation. **They treat women as they though they just come and annoy them**. Maybe there are some good women's centres but this must greatly depend on people who work there." (Interview – Member of the National AIDS Council)
- "I am **afraid of some doctors so much**; it is a **greater problem for me than my HIV**." (Focus group discussion with young women and girls [19-26 years], St. Petersburg)
- "It's just communicating with people. **The best thing for my HIV negative boyfriend was socialising with my HIV positive friends**." (Focus group discussion with young women and girls [19-26 years], St. Petersburg)
- "All services are accessible, but people don't come and use them because they use drugs. **If a person uses drugs, he doesn't seek any services and receive any treatment**. However, there is a need for training on working with PLHIV and improving tolerance. **Discriminatory attitudes are common among health workers**." (Interview – Chief Doctor of Youth Clinic)
- "There is a need for **training of health professionals on stigma and discrimination, counseling, clients' rights and providers' needs**. **Counseling should be officially included in the routine workload of reproductive health clinics**." (Interview – Russian Family Planning Association)
- "It is necessary to **change the nature of 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**." (Focus group discussion with women and young girls [15-23 years], Tosno, Leningradskaya region)
- "**I have never been tested**. I would like to do this, but I have no information where I should go. I work in a clinic, **I am ashamed I do not know**. I have not seen such information." (Focus group discussion with women and young girls [15-23 years], Tosno, Leningradskaya region)





### KEY POINTS:

- The Russian Federation ratified the **Convention on the Rights of the Child** in 1990 and the **Convention on the Elimination of All Forms of Discrimination Against Women** in 1981.<sup>86</sup> It has not signed the Convention on the Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.<sup>87</sup>
- UNFPA supports projects that strengthen Youth Peer Education Organisation's capacities to implement **Behaviour Change Communication (BCC)** programmes. Thanks to this support, these organisations' have now:
  - Developed a nationwide Y-PEER network; and
  - Increased awareness on HIV issues amongst young people in the Russian Federation.<sup>88</sup>
- There is a coalition run by UNAIDS and the NGO, *AIDS Infoshare*, called **"Women against AIDS"**. It was created in May 2007 and urges HIV positive women to participate in decision-making at high levels. The coalition primarily undertakes the following:
  - Advocating for a **gendered approach** to development of HIV programmes.
  - **Coordination of** the efforts of both **HIV and gender organisations**.
  - Ensuring **information exchange** in support of gendered research on HIV issues.
  - Development of **women's leadership**.<sup>89</sup>
- A tour called **"Women Against AIDS"** implemented by AIDS Infoshare with the support of UNAIDS and the Global Coalition of Women and AIDS began in May 2007. It involved openly disclosed HIV-positive women **calling on the governments** and people of Kazakhstan, Armenia, Moldova, Ukraine and the Russian Federation to focus their attention on the spread of HIV among women in the Commonwealth of Independent States (CIS).<sup>90</sup>
- The **'All Russian Unit' (PLHIV network) has an effective monitoring system of public health care** and is also able to influence decisions relating to the increase and quality of services for PLHIV and ensuring their rights.<sup>91</sup>
- **PLHIV activists** believe that the **main challenges** facing them are a **lack of communication and advocacy skills** and **stigma**, which prevents PLHIV from working together effectively.<sup>92</sup>
- **PLHIV are involved in the Russian Federation Country Coordinating Mechanism** of the Global Fund.<sup>93</sup>
- There are a number of **parliamentary hearings held on HIV/AIDS**, which deputy ministers and experts attend. However, PLHIV representatives of vulnerable groups and young women and girls are not represented at these hearings.<sup>94</sup>



### QUOTES AND ISSUES:

- "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.**" (Interview – UN Agency)
- *"I have the impression that the **women's movement is strongly developing now.**"* (Interview – member of PLHIV Network)
- "The peculiarities of the epidemic mean that **those that speak out** are **usually former drug users**. I am **waiting to see a broader representation** and leaders among those who acquired HIV through sexual transmission." (Interview – Member of the National AIDS Council)
- *"**People are not ready to show their face in public and tell about breaches of rights and discrimination.** Our society is not ready for this."* (Focus group discussion with young women and girls [19-26 years], St. Petersburg)
- *"**People from the community should work in the programmes** and take part in planning, development and implementation of the programmes."* (Focus group discussion with young women and girls [19-26 years], St. Petersburg)
- *"There is an **initiative group on SRHR** of HIV positive women which affects the policy of an NGO that **participates in meetings** of the Governmental Commission on HIV, and Coordination Committee of the Ministry of Health and Country Coordinating Mechanism."* (Interview – Russian Family Planning Association)
- "It's necessary to let people know that **PLHIV are not social outcasts.**" (Focus group discussion with women and young girls [15-23 years], Tosno, Leningradskaya region)





# REFERENCES

- <sup>1</sup> The percentage of people ages 15-24 who can, both read and write a short, simple statement related to their everyday life
- <sup>2</sup> The age by which one half of young people ages 15-24 have had penetrative sex (median age)
- <sup>3</sup> The age by which one half of young people ages 15-24 have had penetrative sex (median age)
- <sup>4</sup> The percentage of married women (including women in union) ages 15-49 who are using, or whose partners are using, any form of contraception, whether modern or traditional
- <sup>5</sup> UNAIDS Country Situation Analysis, Russian Federation - website, date accessed 19/02/2008
- <sup>6</sup> CIA, The World Factbook, Russia - website, date accessed 19/02/2008
- <sup>7</sup> Russian news website, 'Newsru.com' - (The poll has been conducted in more than 84 towns and cities in each federal district of the Russian Federation. The sample scope was 1,600 people) - website, date accessed 18/05/2008
- <sup>8</sup> CIA, The World Factbook, Russia - website, date accessed 19/02/2008
- <sup>9</sup> Human Development Report 2007/2008, Russian Federation - website, date accessed 19/02/2008
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# RECOMMENDATIONS



Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Russia. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

## LEGAL PROVISION

1. Ensure that **Regional Legislation is harmonised and properly integrated with Federal Legislation** to ensure that mandatory testing does not take place for any group and that the shift from federal to regional level HIV funding does not adversely affect various regions.
2. **Introduce a comprehensive gender-based violence law** which addresses physical, verbal, psychological and sexual violence (including marital rape). **Ensure that this legislation is widely disseminated** and that law enforcement officials are properly trained to deal with cases of domestic violence.
3. In light of the Russian HIV context, **review legislation that criminalises injecting drug use, sex work** and the wilful transmission of HIV and ensure that there is specific legislation to protect members of vulnerable groups such as IDUs, prisoners and sex workers.

## POLICY PROVISION

4. Support and integrate **comprehensive life skills and sexuality education programmes as well as drug awareness** into the national curriculum. Specifically:
  - Peer educators should be equipped to **provide referrals** to services in the community.
  - Teachers should receive adequate training to **sensitise people on issues related to HIV prevention** and safer sex.
  - **Teachers should receive adequate support** to put life skills education (including relationship skills) into effective practice.
  - Teachers and peer educators require better training to **raise awareness of drug use** and be given the tools to address related issues sensitively.
5. **Develop and implement protocols for both the manufacturing quality control and the marketing of all contraceptives**, whether private or state sector, ensuring that **all commodities that could increase HIV-transmission** and that are marketed as preventing HIV transmission when they do not **are not available**.
6. **Gender issues must be mainstreamed** into national HIV/AIDS policy and strategic documents and programmes in order **to address the needs of girls and young women at risk and/or living with HIV**.
7. Review and strengthen the Russian Federation's action in the light of the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.

## AVAILABILITY OF SERVICES

8. **Increase federal funding for antiretroviral drug provision and ensure that regionalisation of state funding does not negatively affect provision of treatment for PLHIV.**

9. Design and implement **comprehensive** HIV prevention education programmes, including **positive prevention programmes geared towards** people living in state-run institutions such as **orphanages, rehabilitation centres and prisoners**.
10. **Increase programmes involving boys and men**, (including current or former **IDUs**) to improve their understanding and behaviour around sexual health and HIV prevention issues to reduce the transmission of HIV and STIs to their regular and recreational partners.

## ACCESSIBILITY OF SERVICES

11. Ensure **comprehensive training of health care workers** on issues relating to **stigma and discrimination** and privacy and confidentiality to foster an **inclusive environment** that will not deter or prevent people, particularly young women and girls in rural areas, from accessing services.
12. **Increase provision of youth-friendly HIV-related services in rural areas**, in particular access to antiretroviral (ARVs) therapy and positive prevention for young people, including young women and girls and vulnerable groups.
13. Ensure that **male condoms are free and widely available** and also that the availability of female condoms is increased and that they are free so as to provide women with greater control and freedom regarding their sexual health.
14. Design and undertake gender-sensitive **community education programmes to reduce stigma and discrimination**, and stigma towards girls and young women accessing sexual and reproductive health/HIV services.

## PARTICIPATION AND RIGHTS

15. Rather than tacitly **acknowledge** that **injecting drug users (IDUs)** exist, specifically target them in terms of a **rights based approach to universal access** to HIV prevention, treatment, care and support. This should include:
  - Addressing the **social and economic** reasons for drug use
  - Providing **health and social services** specifically for IDUs
  - Providing an **enabling environment** to reduce injecting drug use.
16. **Involve youth, PLHIV and representatives of vulnerable groups** in the development of national prevention strategies and policies both as a modality of **stigma reduction** and to ensure that the **national response** to HIV is more **rights-based**. This could include:
  - Parliamentary hearings on HIV/AIDS
  - The working groups of the Coordinating Council on HIV/AIDS
  - The Country Coordinating Mechanism of the Global Fund;

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