

## COUNTRY SUMMARIES:

Albania .....	2
Armenia .....	4
Belarus .....	6
Bosnia and Herzegovina.....	9
Bulgaria .....	11
Croatia.....	14
Cyprus (Republic of) .....	17
Czech Republic.....	18
Estonia .....	20
Georgia .....	22
Hungary.....	25
Kazakhstan .....	27
Kyrgyzstan .....	30
Latvia.....	32
Macedonia (FYRM).....	34
Moldova.....	37
Poland .....	40
Romania.....	42
Russian Federation.....	45
Serbia.....	49
Slovakia.....	51
Slovenia .....	53
Tajikistan .....	56
Turkey .....	58
Turkmenistan .....	60
Ukraine.....	61
Uzbekistan.....	65

## **Albania**

Albania is a south eastern European country with a population of around 3.6 million (1). A total of 255 cases of HIV have been officially registered in the period from 1993 to 2007. The predominant mode of transmission is heterosexual, accounting for 77% of all registered cases; sex between men accounts for 10%. Sixty percent of the total HIV cases have been infected abroad and 40% in Albania (2).

Not much is known on the prevalence of HIV, STIs and HIV related behaviour. Albania does not at this point implement a surveillance programme targeted at MSM; however, two surveys have been carried out in this population.

In 2005 the Albanian Institute of Public Health carried out a bio-behavioural RDS (respondent driven sampling) survey in collaboration with Family Health International on a sample of 200 MSM in the capital Tirana. One percent tested positive for HIV, 18% for hepatitis B and 1% for syphilis. As many as 40% of participants reported ever being married to a women. In the 6 months preceding the survey, the majority of MSM reported having sex with female partners (70% of whom with two or more female partners). Only one in four MSM used condoms consistently with their female partners. High percentages of MSM reported injecting drugs in the year preceding the survey (mainly heroin). The MSM population was reported to be sexually active, with almost all (97%) reporting anal sex with men in the 6 months preceding the survey. In the same time period only 16% of MSM reportedly used condoms consistently during every act of sexual intercourse, and 19% reported using lubricants. Forty percent of MSM reported having anal sex with a commercial partner, half of whom on two or more occasions. While an estimated 80% of MSM reported being aware of the availability of confidential HIV testing in Tirana, only a small proportion ever tested. For the majority of those who tested, testing was conducted on their initiative and they were aware of the test results.

In 2004 UNICEF and Institute of Public Opinion (ISOP) implemented a Rapid Assessment and Response (RAR) study among young MSM in three Albanian cities (Tirana, Vlora and Elbasan). The study entailed focus groups, analysis of 111 questionnaires and 39 interviews (16 with young MSM). Study findings should be discussed in light of the fact that a take all approach was employed to sampling. One third of MSM reported never using a condom, while 39% reported occasional use. Most MSM also never used lubricants during anal sex. Nearly 40% engaged in commercial sex and more than 50% reported having three or more sexual partners in the year preceding the survey. Three quarters of questionnaire respondents reported receiving information about HIV and STIs through the media, followed by friends or peers (73%) and schools (42%). Sixty-nine percent thought they were at risk of infection with an STI or HIV, while most focus group participants displayed some knowledge about HIV/AIDS and STI.

Two NGOs engage in preventive activities targeted at MSM, NGO "ALGA" (Albanian Lesbian and Gay Association) and "SGA" (Society Gay Albania). Funded by GFATM, they operate mainly in Tirana, although some activities are also carried out in Durres and Vlore. Main activities include peer education, advocacy on legal issues and establishment of a joint drop-in centre for MSM in Tirana where counselling and support are provided. Both NGOs also engage in outreach work, distribution of condoms and educational materials.

Although homosexuality was decriminalized in 1995, MSM remain deeply stigmatized and discriminated. In the 2004 RAR study, young MSM reported having to face significant prejudice, discrimination, rejection and aggression. As a result, they felt considerable anguish about their

sexuality and kept it hidden, and to all appearances lead a conventional heterosexual life, including marriage. MSM reported being reluctant to contact the public health service about STIs for fear of their sexual orientation being discovered, only going when the symptoms were severe. Many MSM reported extreme frustration at their social and economic circumstances, while nearly one third reported having suicidal thoughts (4).

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## Armenia

Armenia is a country located in the southern Caucasus at the juncture of eastern Europe and western Asia with a population of around 3.2 million (1). A total of 558 cases of HIV have been registered in the period from 1988 to March 2008, of which 109 in 2007 (2). Heterosexual transmission and transmission through IDU account for the vast majority of registered cases, 46.6% and 46.4% respectively; MSM account for a minor part, 1.4% (2). The actual number of people living with HIV is estimated to be between 2800 and 3000 (3).

A total of 3 bio-behavioural surveys have been implemented among MSM by the National Centre for AIDS Prevention in collaboration with NGOs in 2002, 2005 and 2007 in the Capital Yerevan and in several country regions (4,5,6). Fifty MSM were surveyed in 2002 and 2005 and 100 in 2007. Participants were recruited through snowball sampling. No MSM tested positive for HIV in 2002 and 2005, while 2 tested positive in 2007. Although the displayed trends should be interpreted with caution due to survey methodology issues, the results of the surveys indicate that the level of knowledge on HIV prevention among MSM has increased substantially over the last several years. While only 38% of participants displayed adequate knowledge of HIV transmission in 2002, the percentage rose to 74% in 2007. Improvement was also detected in HIV related behaviour. Condom use during most recent oral intercourse increased from 15% in 2005 to 35% in 2007 and during most recent anal intercourse from 60% in 2005 to 84% in 2007. The proportion of MSM having non-regular sexual partners in the year preceding the survey declined from 91% in 2005 to 74% in 2007. Condom use during the last sexual occasion with a non-regular partner increased from 55% in 2005 to 81% in 2007.

A Rapid Assessment and Response (RAR) study was implemented in 2005 by the Armenian National AIDS Foundation with the aim to collect and analyse data on risk behaviours among especially vulnerable young people and most at risk adolescents. Thirty-five MSM were interviewed in the frame of the RAR study; 57% reported an STI during the year preceding the survey and 83% reported using a condom the last time having had sex with a non-regular partner (7).

At present only one HIV prevention project, supported by GFATM, targets MSM in Yerevan. Activities started in 2004 by NGO "Education in the Name of Health" in collaboration with the National Centre for AIDS Prevention. Current project activities include outreach work performed by up to 10 trained volunteers (distribution of condoms, lubricants and educational materials), voluntary counselling and testing in 2 dedicated sites and peer education. In addition, psychological support, as well as STIs testing and treatment are also provided.

In the period from February 2004 to January 2008, volunteers distributed more than 80 000 condoms and lubricants and more than 10 000 copies of educational materials (brochures, booklets and calendars). Four hundred eighty nine MSM were tested for HIV and 333 received psychological support from the project psychologist. In the period from October 2005 to December 2007, 279 MSM were tested for STIs and 110 received treatment within the framework of the GFATM-supported project (8,9).

Homosexuality was decriminalized in 2003. The Constitution of the Republic of Armenia protects all citizens from discrimination (10); however, legislation does not specify sexual orientation as grounds on which discrimination is prohibited. Similar to other countries in the region, MSM remain stigmatized and homophobic attitudes are widespread. Some MSM avoid

health care institutions due to fears that their sexual orientation will be disclosed, resulting in discriminatory attitudes, loss of employment, friends, relatives, etc. (11). Media coverage of MSM at times appears to advocate discriminatory practices, with some journalists openly arguing that MSM should not be allowed to work in the educational system, or in health care and governmental structures or serve in the army (12,13). The 2007 BBS survey reported that 22% of interviewed MSM ever had problems related to their sexual orientation, 27% within their families and 18% with law enforcement authorities. Ten percent of the surveyed MSM reported ever being prosecuted by the law due to their sexual orientation (6).

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## Belarus

Belarus is an eastern European country with a population of around 9.9 million (1). According to the HIV/AIDS Prevention Department of the Republican Centre of Hygiene, Epidemiology and Public Health, a total of 8737 cases of HIV have been registered in the period from 1987 to end of 2007. The epidemic is concentrated among IDU who account for almost 60% of all registered cases. Recent years have witnessed a new trend in the epidemic as heterosexual intercourse became the dominant way of transmission in 2005; accounting for 67% of all newly registered cases in 2007. A total of 33 registered HIV positive individuals have ever identified themselves as MSM (2). UNAIDS estimates the actual number of people living with HIV to be between 11 000 and 47 000 (3).

According to the “Republican Centre of Hygiene, Epidemiology and Public Health”, the number of MSM in Belarus was estimated to be between 51000 and 71000 in 2006. Various methodologies, all however unpublished, were used to deduce the estimate.

The Republican Centre for AIDS Prevention has conducted biological and/or behavioural surveys among MSM, IDU and female sex workers (FSW) in 2002, 2004, 2005, 2006 and 2007. MSM have been sampled through snowball sampling in 6 different study sites (3 in 2002), while sample sizes varied from 123 to 519.

In 2005, 62% of participants reported condom use during most recent anal intercourse, 55% reported testing for HIV in the 12 months preceding the survey and 63% displayed adequate knowledge of HIV transmission.

The 2007 survey had similar findings, 67% of participants reported condom use during most recent anal intercourse, 53% reported testing for HIV in the 12 months preceding the survey and 56% displayed adequate knowledge of HIV transmission modes (according to UNGASS indicator 14 - “Percentage of most at risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission”).

The 2006 survey included a biologic component. Only 1 participant (out of 519) tested positive for HIV, while 23% tested positive for unspecified STIs. Fifty percent reported always using a condom during intercourse with a commercial partner and 38% while providing commercial sex services.

In 2001, NGO “Vstrecha” conducted a targeted behavioural survey in the capital Minsk on a sample of 150 male commercial sex workers. Thirty five percent of participants reported intravenous drug use and 53% reported not using condoms during anal intercourse on the client’s request (4-9).

NGO “Vstrecha” is the only organization providing HIV preventive services targeted at MSM. Activities started in 1998 within the framework of the UNAIDS Project “HIV/AIDS Prevention among MSM in Minsk”. From 1998 to 2002 preventive services were conducted on a limited scale and were mainly focused in the capital Minsk. The list of services comprised provision of information on HIV/STIs prevention and distribution of condoms (10 000 to 20 000 annually) (10). As of 2002, the geographical coverage has been expanded to include 5 regional centres and Svetlogorsk (UNDP/IHRD project “Assisting NGOs in Planning and Organization of HIV/AIDS/STIs Prevention Activities among Vulnerable Groups”). STI testing was added to the

list of offered services. The GFATM project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus” was launched in 2005. The range of services on offer for MSM was further expanded to include medical and psychological counselling and STIs treatment (11).

Homosexuality was decriminalized in 1994. However, homophobia is still widespread and instances of harassment occur in all spheres of the society (12). While the Constitution of the Republic of Belarus (13) guarantees equal rights to all citizens, legislation does not specify sexual orientation as grounds on which discrimination is prohibited. The labour code, for instance, prohibits discrimination based on sex, race, nationality, language, religious and political views, etc., but not based on sexual preference (14).

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## **Bosnia and Herzegovina**

Bosnia and Herzegovina (B&H) is a south eastern European country situated in the Balkans with a population of around 3.8 million (1). A cumulative total of 134 cases of HIV have been officially reported in the period from 1986 to end of 2007 (2). The dominant mode of transmission is heterosexual, accounting for 61% of all reported cases, with IDU transmission accounting for 16% and MSM for 19% (3).

Data on the prevalence of HIV and STIs as well as HIV related behaviour among MSM are very limited. Two studies were conducted in 2002 and 2005 by UNICEF in collaboration with local NGOs. A large bio-behavioural survey on MSM started in the beginning of 2008, but results are still not available.

The 2002 RAR survey included a sample of 30 MSM from 5 B&H cities as part of a larger study entitled “RAR on HIV/AIDS among especially vulnerable young people in South Eastern Europe”. Main findings include a high proportion of B&H MSM having sex under the influence of drugs and alcohol, high numbers of sexual partners, low condom use and low rates of HIV testing (4).

The 2005 study “Young people selling sex, research on sexual behaviours among men having sex with men” surveyed 146 MSM sampled through a take all approach in the capital Sarajevo, Banja Luka, Zenica and Tuzla. Forty-eight percent of participants reported ever testing for HIV, 20% reported always using condoms during intercourse, and 38% reported knowing personally at least one young person who ever received something in exchange for sexual services. The study also reported very low levels of knowledge of HIV transmission. Forty-five percent of participants did not know if HIV can be transmitted through vaginal sexual intercourse without a condom, 34% did not know if HIV can be transmitted through oral sex without condoms and 25% did not know if HIV can be transmitted through anal intercourse without condoms (5).

The 2007 GFATM grant to Bosnia and Herzegovina substantially scaled up the response to the HIV epidemic among MSM. A network of HIV/STIs prevention service points for MSM was set up in 7 cities of the country (Banja Luka, Doboje, Bijeljina, Prijedor, Tuzla, Sarajevo and Mostar) (6). NGOs take the lead in programme implementation, the most notable ones being “Q Sarajevo”, “Margina”, “Action against AIDS” and “XY association”. They conduct educational campaigns, engage in peer support, promote VCT services, distribute condoms and lubricants, run telephone info lines, etc. In 2007 a total of 1353 MSM were reached by their activities and 750 vouchers for voluntary testing and counselling were distributed (7). Activities are also performed on the internet through web sites, email and Skype counselling, etc.

Homosexuality was decriminalized in 1995 in the Federation of B&H and in 1998 in the Republic of Srpska (8). The Constitution of the Republic of Bosnia and Herzegovina provides that rights and freedoms are to be secured to all persons in Bosnia and Herzegovina without regard to their sex, race, skin colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status. The 2003 Gender Equality Law is an important piece of legislation that expanded the rights of LGBT persons in BH (9). It explicitly prohibits discrimination on the grounds of sexual orientation. Article 145 of the Penal Code of the Republic of Bosnia and Herzegovina explicitly names sexual orientation as unlawful grounds for discrimination (10). However, obstacles to end discrimination towards MSM exist both in terms of gaps in legal protection and in prevalent cultural and social perceptions (11). The

U.S. State Department reiterated in two consecutive annual human rights reports (2004 and 2005) that openly LGBT persons have been “frequently fired due to their sexual orientation” (12, 13). NGO “Organization Q” published an analysis of LGBT media coverage in 2004. The study reported numerous examples of extreme stereotyping, discrimination and homophobia in media portrayals of LGBT individuals (14).

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## **Bulgaria**

Bulgaria is a south eastern European country with a population of around 7.7 million (1). According to the Bulgarian National Committee for Prevention of AIDS and STIs, a total of 814 cases of HIV have been officially registered in the period from 1986 to end of 2007. The dominant mode of transmission is heterosexual, accounting for 76% of all ever registered cases, while MSM related transmission accounts for 8%. The last several years have witnessed an increase in the numbers of HIV positive IDU and MSM. In 2007 they accounted for 43% and 18% of all newly registered cases, respectively (2). UNAIDS estimates the actual number of people living with HIV to be between 500 and 1000 (3).

Main determinants of the risk for the spread of HIV/STI among Bulgarian MSM include low personal risk perception due to misconceptions about HIV/STI transmission, condom use not perceived as a social norm, negative attitudes towards condom reliability and low risk-reduction intentions. HIV/STI related risk behaviours include multiple sexual partners, unprotected sexual intercourse, group sex, and use of oil-based and household products as lubricants (4-7).

The first bio-behavioural survey among MSM was carried out in 2006 in clubs and public places in the capital Sofia and in Varna on 199 participants, employing a take all approach to sampling. The study was headed by the Bulgarian Ministry of Health in collaboration with several institutions and NGOs in the frame of Bulgaria's HIV surveillance programme. No participant tested positive for HIV, while 5% tested positive for hepatitis C, 7% for hepatitis B and 9% for syphilis. Twenty-nine percent reported testing for HIV in the 12 months preceding the survey and knowing their test results. Thirty percent reported being reached by HIV prevention programmes in the 12 months preceding the survey, 32% correctly identified ways of preventing sexual transmission of HIV and 46% reported using a condom during last anal intercourse (8).

A biologic study was carried out in 2003 in the capital Sofia on a convenience sample of 715 MSM and 88 male sex workers. Two percent of MSM tested positive for syphilis, while 13% tested positive for gonorrhoea. Eighteen percent of male sex workers tested positive for syphilis, while 7% tested positive for gonorrhoea (9).

Roma MSM are at particular risk of HIV. A study published in 2002 reported that 40% of Roma men did not know that unprotected anal intercourse carries great risk for contracting HIV, 15% of Roma men felt that interrupted intercourse protects against HIV/STI, 41% answered that HIV can be transmitted through handshakes, and 47% thought that birth control pills or an intrauterine device can protect against HIV (10).

The majority of MSM targeted HIV preventive activities are implemented in the capital Sofia by NGOs that do not focus exclusively on MSM. Activities started in 2000 when "Doctors without borders" started a MSM friendly STI clinic in Sofia. In 2002 service coverage was expanded through outreach activities to MSM clubs in Sofia and in 2005 a second MSM friendly STI clinic was started in Plovdiv. In 2005, a Bulgarian NGO "Health without borders" took over the management of the clinics. In 2007, they reported that 14% of their VCT clients were MSM (11).

In 2002 and 2004 the "Health and Social Development Foundation" conducted 2 social leader training programmes among young MSM aimed at effective communication of HIV prevention messages and risk reduction advice dissemination (5,6).

In 2007, NGO “Health and Future Foundation” (operating a total of 5 VCT centres), appointed MSM counsellors in their VCT centres in Pernik and Sofia. In addition, the Ministry of Health and this organization conducted a one-month summer campaign at the seaside using a mobile medical unit where MSM were motivated to receive VCT services. Other activities implemented by the NGO “Health and Future Foundation” include outreach activities to MSM clubs and parties and online HIV counselling (11).

In 2006 and 2007, the Health and Social Development Foundation implemented a UNAIDS-supported project among MSM in Sofia. Activities included training of non-formal leaders from the MSM community in Sofia, educational consultations with visitors of gay clubs and dissemination of educational materials. The project also developed a network of MSM communities in the largest cities in Bulgaria - Plovdiv, Varna and Burgas (12).

Homosexuality was decriminalized in 1986. The protection of LGBT human rights in the fields of employment, health care, education, recruitment to the military, housing, accommodation, and a range of other services available to the public is regulated by the Protection Against Discrimination Act (13, 14). The Act explicitly defines the term “sexual orientation” as heterosexual, bisexual and homosexual. The State Commission for Protection against Discrimination is entitled to investigate complaints and enact sanctions. However, MSM remain stigmatized. A nationally representative survey of the general population on LGBT related discrimination, conducted in September 2007, reported that 80% of survey participants expressed negative attitudes towards homosexuals, while 58% expressed extremely negative attitudes (15).

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## Croatia

Croatia is a south eastern European country with a population of around 4.4 million (1). According to the Croatian Institute of Public Health, a total of 608 cases of HIV have been officially registered in the period from 1985 to 2006. The dominant mode of transmission is through homosexual intercourse; 41.6% of all registered cases are MSM. Heterosexual transmission accounts for an additional 38.7% of cases (2).

According to a national level probabilistic survey of the sexual health of youth, 4.9% of men aged 18 to 24 reported ever having sex with another man (3).

Although Croatia does not implement a surveillance programme targeted at MSM, some data are available on the prevalence of HIV, STIs and HIV related behaviour in this population. A total of 3 surveys focusing on MSM were implemented in the period from 2005 to 2006.

The Croatian Institute of Public Health carried out an HIV prevalence assessment survey among all clients of Croatian VCT centres in 2005. This survey found the highest prevalence of HIV within the MSM group of VCT clients, amounting to 3.3%, (95% CI 0.9 – 5.7). The sample size of the MSM group was 212 (4).

A behavioural survey was conducted by the Croatian Institute for Public Health and the NGO “Iskorak” in 2006. Respondents were recruited from three sites (a disco club, a café bar and a sauna) in Zagreb and additionally on Iskorak’s web site. A total of 1127 respondents were included in the study. The response rate was 19%. Condoms during last anal intercourse were not used by 57% of respondents, and 18% reported never using a condom. A little over a third of respondents (34%) had sexual intercourse with women in the last 12 months, and only a fifth of them regularly used condoms. The low response rate was explained by strong stigmatization of MSM in Croatia (5).

The only representative bio-behavioural population based survey among MSM was carried out in 2006 by the Zagreb WHO Collaborating Centre for Capacity Building in HIV Surveillance in collaboration with the Zagreb University Hospital for Infectious Diseases, NGO “Iskorak” and UNDP Croatia. Three-hundred-sixty MSM were recruited using respondent driven sampling (RDS). HIV prevalence was 4.5% (95% CI 2.2-7.3), the prevalence of HCV antibodies was 3% and antibodies to both HBs and HBc antigens were detected in 7.7%. Syphilis seropositivity was found in 10.6% of participants. *N. gonorrhoeae* and *C. trachomatis* were detected in 13.1% and 7.8% of rectal samples, respectively. Chlamydial infection from urine was found in 2.0% of samples, and gonococcal in only one person. Altogether, 9% of MSM had chlamydial and 13.2% had a gonococcal infection.

The majority of participants self-identified as homosexual (64.2%), while bisexual orientation was reported by 34.9%. Recent sexual behaviours were characterized by high frequencies of casual partnerships in the 12 months preceding the survey (59.4%). Unprotected intercourse measured by inconsistent or no condom use with casual partners in the 12 months preceding the survey was much more frequent during oral (88.9%) than anal sex (45.5%). The most recent anal intercourse with casual partners was in the majority of cases reported as protected (75.4%), less so with steady partners (47.1%). Slightly more than a half of participants (52.7%) had women as sexual partners ever; although at the time of the survey only 6.9% reported having a female partner. Injecting drug use ever was reported by 5.3% of participants, and only three participants

reported sharing needles at least once. Drugs (including heroin, marihuana, ecstasy, amphetamines, cocaine, amyl nitrate, and hallucinogens) were used frequently before intercourse in the 12 months preceding the survey (23.8%) as was alcohol (46.8%) (6,7).

Scarce preventive programmes targeted at MSM started in the beginning of the 1990s within the framework of the National Programme of HIV Prevention and Control. Funding from GFAMT received in 2003 allowed for significant scale up of activities. The majority of programmes were implemented in the capital Zagreb by NGO "Iskorak", although some outreach work was also performed in Osijek, Rijeka and Split. A total of 3779 MSM were reached in the period from 2003 to 2006. For the most part, activities included outreach work with distribution of condoms, lubricants and educational materials, promotion of VCT centres and peer education. Until end of 2006, NGO "Iskorak" also provided VCT services in their centre in Zagreb. As of 2007, "Iskorak's" activities, although downsized, have been financed from the national budget. In 2007, some additional funding for MSM targeted HIV prevention was also secured by UNDP. Programmes are currently delivered by NGOs "Iskorak", "Terra" and "InQueerzicija". In addition, 10 VCT sites operate geographically dispersed around the country, none of which are exclusively oriented towards MSM.

Protection of MSM against discrimination is guaranteed since 2003 by several legislative acts: the Labour Code, the Gender Equality Law and the Penal Code. In addition, the Same Sex Partnership Act grants same sex partners cohabitating for at least 3 years the same rights enjoyed by unmarried cohabitating opposite sex partners (inheritance, financial support, etc). As of 2006 the Penal code includes a clause on hate crime related to sexual orientation. Despite this, the extent of stigmatization and discrimination of MSM in Croatia seems to be considerable. According to the 2006 RDS survey, 20% of 360 MSM experienced physical violence because of their sexual orientation at least once in their life, and 46% were exposed to mockery on at least one occasion. In 2006, NGO "Iskorak's" legal team provided help to 22 victims of discrimination and violence (8).

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## **Cyprus (Republic of)**

Cyprus is an island country situated in the eastern Mediterranean with a population of around 779 000 (1). According to the Cyprus Ministry of Health, a total of 547 cases of HIV have been registered from 1986 to June 2007; 12 in 2006. MSM account for 80% of all registered cases (2). UNAIDS estimates the actual number of people living with HIV to be between 500 and 1000 (3).

MSM remain well hidden in this island nation due to socio-cultural and religious traditions. Consequently, sex between men occurs not infrequently, but homosexual identity is rarely visible. The consequences of this are multifaceted. Cyprus does not implement an HIV surveillance programme targeted specifically at MSM and no studies are available on the prevalence of HIV and STIs and HIV related behaviour in this population. HIV prevention programmes do not focus on MSM.

Until 1998 homosexuality was considered a criminal offence punishable by imprisonment. The decriminalisation of homosexuality, stimulated by the European Court of Human Rights, has, however, not contributed significantly to the removal of the deeply routed social and religious stigma and rejection towards this group (4).

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## Czech Republic

The Czech Republic is a central European country with a population of around 10.3 million (1). A total of 1042 cases of HIV have been registered in the period from 1985 to end of 2007. The dominant mode of HIV transmission is homosexual, accounting for 54% (564 in total) of all registered cases. The number of registered cases has been on the rise in the last 3 years, and has peaked in 2007 at 122, 76 of which (62%) were MSM (2).

The Czech Republic does not implement an HIV surveillance programme specifically targeted at MSM. A total of 3 behavioural surveys have been carried out among MSM in the period from 1989 to 2003, all using non representative sampling methodologies.

The first survey was implemented in 1989 by the Institute of Sociology in the frame of a larger study aimed to analyse the potential for the spread of HIV in the former Czechoslovakia. The study found that only 17% of the interviewed MSM used condoms on a regular basis (3).

The second survey was implemented in 1993 by a local NGO "Soho". The NGO published a questionnaire in their gay magazine, and 787 copies were returned and analysed. The survey reported fairly good knowledge of HIV transmission routes, particularly among highly educated MSM. Gay journals, TV and professional literature were mentioned as best sources of information on HIV. Twenty percent of the respondents reported using condoms only during casual sex and 8% used condoms consistently. Thirteen percent of men abstained from anal sex and 9% from sex at all. Fifteen percent of participants reported ever paying for sexual services and 12% had provided sexual services for money at least on one occasion. Almost one third of the participants reported never having anal intercourse. Five percent of participants reported ever contracting gonorrhoea and 2% syphilis, while 43% of participants reported ever having been tested for HIV (4).

The most recent behavioural survey was implemented in 2003 on a sample of 774 MSM using a web site administered questionnaire. Four participants reported being HIV positive and only 25% knew that MSM form the majority of PLHIV in the Czech Republic. Behavioural indicators focused on the time period of 12 months preceding the survey. Eleven percent of participants reported no sexual activity, less than 25% having one sexual partner and 14% having more than 10 partners. Around 20% reported having sex with women. Almost half of the participants reported having sex under the influence of alcohol, drugs or poppers. Seventy percent had anal sex with men, 56% were unprotected and 3% had unprotected anal sex with more than 5 partners. Around 60% had at least one casual partner, of which 50% did not use a condom at least on one occasion. Higher education was associated with more consistent condom use. Eight percent reported paying for sex, while only 2% reported injecting drugs; 3% reported having a STI.; and, 52% reported ever testing for HIV, 60% in the last 12 months (5).

Despite the structure of PLWHA, the response to the HIV epidemic among MSM in the Czech Republic is fairly weak. Anonymous and free of charge testing for HIV is available only in 2 cities. Scarce outreach services are provided by 3 NGOs: "Czech AIDS Help Society", "Project Sance" (male sex workers) and "Code 004", mostly in the capital Prague. Out of the 663 MSM who tested for HIV in 2007 in the NGO "Czech AIDS Help Society", 20 tested positive (6). In addition, the State Public Health Institute published a leaflet entitled "Safer sex for boys who love boys" in 2005.

Homosexuality was decriminalized in 1961 and the Same Sex Registered Partnership Act was introduced in 2006 (7). Although the Czech constitution protects citizens from discrimination, legislation does not explicitly state sexual orientation as one of the grounds on which discrimination is prohibited. The Antidiscrimination Act has so far not been promulgated. A survey implemented in 2002 and 2003 by the International Lesbian and Gay Association of Europe (ILGA Europe) analysed personal experiences on discrimination on a convenience sample of 267 lesbians and gays (181 men). Two thirds of the respondents reported ever experiencing discrimination. The most common form of discrimination was verbal abuse (38%), while 15% experienced physical violence. Twelve percent reported discrimination in the labour market while 7% reported being discriminated upon in the health care system (7).

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## **Estonia**

Estonia is a north eastern European country with a population of around 1.4 million (1). Estonia has the second highest estimated prevalence of HIV in Europe (over 1% of the adult population) and the highest reported HIV incidence in the WHO European Region since 2001 (2). According to the Estonian Health Protection Inspectorate, a total of 6364 cases of HIV have been officially registered in the period from 1988 to 2007 (3). The majority of all HIV infections are among IDU, 83% by the end of 2006 (2). Mode of transmission is, however, reported for only a small proportion of the infected, less than one third (3). UNAIDS estimates the actual number of people living with HIV to be between 4800 and 32 000 (2).

As Estonia does not implement an HIV surveillance programme targeted specifically at MSM, very little is known about the prevalence of HIV, STIs and HIV related behaviour in this population. A total of three surveys coordinated by the National Institute of Health Development have been carried out among MSM; two internet based behavioural surveys in the period from 2004 to 2005 and a small scale RDS bio-behavioural survey in the capital Tallinn and Harju county in 2007.

Results have been published cumulatively for both internet surveys that attracted a total of 544 participants. Knowledge on HIV was quite high with 79% of respondents answering correctly to 4 questions related to transmission; 54% of MSM reported always using a condom during anal sex with a casual male partner in the six months preceding the survey, while 20% reported having sexual intercourse with a female partner in the same period; and, 50% reported never having been tested for HIV (4, 5).

With only 59 participants, the 2007 RDS study did not attract a sufficient number of MSM that would allow for generalization of its results. No participant tested positive for syphilis and hepatitis B, while one tested positive for HIV. Eighty-one percent answered correctly to 4 questions related to transmission, 32% reported ever having sexual intercourse with a female partner, none in the six months preceding the survey; 42% reported consistent condom use during anal sex with casual partners in the six months preceding the survey; and, 31% reported never testing for STIs and 35% for HIV (6).

NGO "Diversity" is the only organization currently engaged in HIV preventive activities, targeting MSM in Tallinn and Tartu. The NGO operates a Gay and Lesbian Info Centre in Tallinn which is currently funded from the national budget, while it received GFATM funding from 2004 to 2007. Other activities include outreach activities, such as distribution of condoms, lubricants and educational materials, and provision of legal support and counselling. The NGO also operates a website containing educational messages.

Homosexuality was decriminalized in 1991. Tolerance towards MSM is increasing, particularly in more urban areas and among the youth.

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## Georgia

Georgia is an Eurasian country located in the Caucasus with a population of around 4.6<sup>1</sup> million (1). According to the National AIDS Control and Prevention Service of the Georgian Ministry of Health, a total of 1523 HIV cases have been registered in the period from 1989 to February 2008. The epidemic is largely concentrated among IDUs who account for 60.3% of all cases, while MSM account for 2.9% (2). UNAIDS estimates the actual number of people living with HIV to be between 2700 and 18 000 (3).

Georgia does not implement a surveillance programme targeted specifically at MSM. Accordingly, not much is known about the prevalence of HIV and STIs or HIV related behaviour in this population. A total of three studies focusing on HIV and STIs among MSM were implemented in the period from 2004 to 2007. Samples in the 2004 and 2005 studies were quite small, prohibiting generalizations of their findings to the entire MSM population, while the results of the 2007 study have so far not been published.

A qualitative study entitled "Formative Research on MSM" was carried out in 2004 by NGO "Tanadgoma", in which 20 participants took part in focus groups and in depth interviews. Major findings include a low level of awareness on HIV and STIs and related risk factors and behaviours, low levels of condom use and frequent application of self-treatment for STIs (4).

A bio-behavioural survey was carried out in 2005 in Tbilisi by NGO "Tanadgoma" in cooperation with the National Infectious Diseases, AIDS and Clinical Immunology Research Centre. Only 70 MSM were sampled using RDS due to lack of budgeted funds. Four percent of participants tested positive for HIV and 27% for syphilis. Time periods for most behavioural indicators were not considered in the questionnaire. Around 50% of the respondents reported using condoms during intercourse with occasional male partners and 27% during intercourse with regular male sexual partners. Eleven percent of the respondents reported having homosexual contacts for commercial sex purposes (either selling or buying). The vast majority of respondents reported frequent consumption of alcohol during the 3 months preceding the survey and 17% reported drug use in the time period, while 7% injected drugs (5).

The most recent bio-behavioural survey was carried out in 2007 by NGO "Tanadgoma" in cooperation with the National Infectious Diseases, AIDS and Clinical Immunology Research Centre. Although the study has so far not been published, according to preliminary results 3.6% of MSM tested positive for HIV.

Some prevention activities targeted at MSM started in 2000 by NGO "Tanadgoma – Center for Information and Counselling on Reproductive Health", but were interrupted after 2 years of implementation. In 2003, Georgia obtained a grant from the GFATM that enabled restarting and scaling up of activities in the Capital Tbilisi and several other Georgian regions, coupled by USAID funding. Services currently provided to MSM include counselling (psychological support, provision of medical information, etc.) through hot lines and face to face visits at NGO Tanadgoma offices in Tbilisi and Batumi (Adjara region) and voluntary testing and counselling in 14 VCT centres; 4 operating under the National AIDS Centre, 4 headed by NGO Tanadgoma and 6 in "Health Cabinets" – friendly clinics for representatives of at risk populations established

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<sup>1</sup> This figure includes the territories currently out of the Georgian government's control – Abkhazia and South Ossetia – whose total population, as of 2005, is estimated by the State Department of Statistics of Georgia at 227,200

through USAID and GFATM funding. The VCT sites are located in Tbilisi and in 3 large cities of western Georgia (Batumi, Kutaisi and Zugdidi).

Outreach work is carried out by NGOs “Tanadgoma” and “Inclusive Foundation” in two Georgian cities – Tbilisi and Batumi. Activities involve workshops, providing information and counselling on STIs and HIV/AIDS, promotion of medical facilities for free testing and treatment, distribution of educational materials and condoms, etc (6-9).

Homosexuality is one of the most taboo issues in Georgia so that MSM remain a deeply hidden population. A 2006 survey of the general population found that 81% of the respondents would not be friends with a homosexual, while 71% reported not wanting to work with a homosexual (10). Georgian legislation does not offer adequate guarantees and instruments for protection of individuals against discrimination on the basis of sexual orientation (11). The only legal act specifically mentioning discrimination based on sexual orientation is the Georgian Labour Code, but mechanisms to prevent discrimination are not specified and are consequently not implemented (12). The already mentioned 2005 BSS study revealed that 26% of participants faced problems because of their sexual orientation. The problems that they faced came mainly from strangers, then from neighbours and at the least from family members and friends. These problems were both of a physical and social nature. Seven participants (10%) reported facing physical violence because of their sexual orientation (5). A survey on discrimination of LGBT group representatives conducted by the NGO “Inclusive Foundation” in 2006 (13) revealed that the majority of respondents reported experiencing different types of discriminatory or violent acts because someone knew or presumed them to be gay, lesbian, bisexual or transgender. Very few incidents were reported to the police.

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## Hungary

Hungary is a central European country with a population of around 10.1 million (1). According to the National Centre for Epidemiology, a total of 1485 cases of HIV have been officially recorded in the period from 1985 to end of 2007. The mode of transmission was reported for 1108 registered cases, of which MSM account for 749 or 67.5%. Recent years have witnessed increases in the incidence of HIV among MSM with 59 being diagnosed with HIV in 2007, the largest number since the beginning of the epidemic (2). Around 10% of MSM diagnosed with HIV originate from other countries (more than half from central Europe) but no information is available whether they remained in Hungary after testing. UNAIDS estimates the actual number of people living with HIV to be between 1900 and 5300 (3).

Hungary does not implement a surveillance programme dedicated specifically to MSM; consequently, little is known on the prevalence of HIV and STIs or HIV related behaviour in this population.

In 2001, the Public Health Department of the Semmelweis University implemented a Behavioural Survey in Budapest on 469 MSM, sampled through a take all approach. The results showed that 50% of study participants had unprotected anal intercourse during the 3 months preceding the survey, 17% of men exchanged sex for money, and 26% had female partners in the past year, of which only 23% used a condom during heterosexual intercourse. Multivariate analyses showed that high-risk behaviour could be predicted by not having condoms available when needed, negative attitudes toward safer sex, being in a steady relationship, and being bisexual (4).

Since 2002, VCT services have been available in 144 locations across Hungary, administered by public STI clinics, National Public Health Municipality sites and NGOs (the former are designated MSM friendly). Several NGOs focus on MSM, most notably the “PLUSS association”, “Lambda Budapest”, “Backstage Association for Gay People” and “Szent Sebestyen Kft”. They engage in outreach activities (distribution of educational materials and condoms) and have occasionally organised outreach testing for HIV, hepatitis B and C and syphilis.

In Hungary, the level of stigma and discrimination of MSM is high and comparable to other countries in the region. In 2006, the Hungarian Ministry of Social Welfare and Labour commissioned a survey on the exclusion of LGBT individuals in Hungary. Results show that LGBT people often suffer from lack of appreciation and from exclusion in public institutions (5). Another survey was conducted in 2006 to study the prejudice and discrimination against LGBT adolescents (6). Sixty percent of respondents reported negative experiences in schools, 30% in their families and 75% saw discriminating messages in the media. Verbal or physical attacks in schools were reported by 53% of respondents. The first antidiscrimination legal act was introduced in 2001, ensuring protection from discrimination based on sexual orientation and gender identity. A governmental agency entrusted with ensuring equal treatment was established in 2005. (5).

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## **Kazakhstan**

Kazakhstan is a central Asian country with a population of around 15.5 million (1). According to the Republican AIDS Centre, the number of registered HIV cases reached 10180 in May 2008 (2). Kazakhstan has one of the fastest growing HIV epidemics in the world, the vast majority of infected are IDUs (73%). A mere 32 cumulative cases of HIV transmission due to homosexual sex were registered by the end of 2007, which constitutes approximately 0.3% of all the registered cases (3). UNAIDS estimates the actual number of people living with HIV to be between 11 000 and 77 000 (4).

The National HIV/AIDS Programme in Kazakhstan estimated that there are approximately 100 000 MSM living in the country, which corresponds to 1.9% of men older than 15 years (5, 6). In 2005, the following estimates of the MSM population in several larger cities in Kazakhstan were made using rapid assessment: 3 000 MSM in Almaty; 500 MSM in Shymkent, 2 000-7 000 MSM in Karaganda city; 6 000-8 000 MSM in Astana (7). Discrepancy in size estimates among the cities was explained by the definition of MSM. The rapid assessment in Almaty included those who identified as MSM while in Karaganda, the estimated number also included bisexual men.

MSM have been included in second generation sentinel surveillance surveys, conducted annually since 2003. Due to the limited access to this group across the country, 4 sites (the capital Astana, Almaty, Karaganda and Taraz) were included in the 2007 survey and three cities in the one implemented in 2006 (Astana, Karaganda and Taraz) (8). In 2007, 450 men were included in the survey using RDS. None tested positive for HIV, while 3% tested positive for syphilis. Sixty-six percent of MSM reported using condoms during the last sexual intercourse and 66% were able to correctly identify ways of HIV transmission (9). Results should, however, be regarded with caution as data were aggregated from four different study sites contrary to usual RDS methodological recommendations.

Series of rapid assessments conducted among a small sample of MSM in 2005 (7) showed that only 1-2% of MSM use condoms consistently and correctly in Astana, Almaty, Aktobe and Shymkent. Karaganda was the only city where a higher percentage of consistent condoms use (almost 50%) was reported. More than 85% of men were convinced that HIV is not a real problem for the MSM community in Kazakhstan.

Another survey conducted by the Kazakh National Medical University in 2004 (10) interviewed 325 MSM from Almaty, using snowball sampling. While 42% reported condom use during last anal intercourse, only 6% reported consistent use of condoms during the 6 months preceding the survey and 17% reported that they never used condoms during this period. This indicator was even higher in the group of young MSM (15-18 years old). An alarming 73% of respondents in this group reported that they never used condoms during anal sex. Reasons for not using a condom were mostly both subjective and connected to personal beliefs and preferences (i.e., "I don't like using condoms" and "I don't believe in the necessity of condom use"). Overall, the level of knowledge about STIs and HIV was high. More than 90% of men could correctly list 3 main ways of HIV transmission, however at least one third of men had many misconceptions about HIV transmission and prevention. More than half of the men (54%) have never tested for HIV.

While in 2000 there were only 2 short-term projects targeting MSM in Kazakhstan (11), in 2008, 10 NGOs were working with this group and 4 of these had MSM as the primary target group for their activities (12). Currently most prevention activities implemented by NGOs are funded

through the GFATM national grant. These include condom distribution, outreach work and production and distribution of educational materials. Aside from the non-governmental organizations, local government-run AIDS Centers and one private medical service receive funds from the GFATM national grant for 29 friendly STI clinics that provide free-of-charge confidential services to the groups most vulnerable for HIV, including MSM (3,5). In 2006 the World Bank provided a small grant to the NGO “Adali” to finance an HIV/AIDS telephone hotline. This telephone hotline was active from September 2006 until January 2007 and was mostly targeted at MSM (13). During 2007, NGO “Adali” reached over 900 clients with direct HIV prevention activities, such as peer-to-peer counselling sessions, condoms and educational materials distribution and referral services. During the same period, 1300 people in Karaganda city and its surrounding province were reached with similar activities by NGOs “GALA” and “Zhemchuzhina”. Several NGOs have also developed web-sites that target gay communities in Kazakhstan and provide HIV-prevention information. The websites provide basic HIV prevention information to MSM who use the internet as the primary source for match making and are not reachable by other types of outreach activities.

Despite the many efforts and the documented increase of activities since 2000, low coverage of MSM (1% to 8%) remains as one of the major gaps in HIV/AIDS prevention (8,11). The small number of outreach workers employed by NGOs who have good access to the population might be one of the reasons. The 2006 GFATM project report states that out of 587 outreach workers who worked with IDUs, sex workers and MSM, only 64 worked with MSM. Utilization rates of friendly STI clinics are very low, and less than 1% of visitors are MSM (14).

Kazakhstan harbours less hostility toward MSM in comparison to other countries of the region (15). Tolerance towards MSM has been increasing since 1997, when the International Kazakhstan Bureau for Human Rights reported the killings of 8 men targeted for being homosexuals. Improvements are seen mostly in the larger cities, additionally, the youth are more tolerant than the older generations (16). However, occasional facts of hostility towards MSM are registered both from the population and the police (7,11). Legislation criminalizing homosexuality was abolished in 1997 (17). Despite this, the existing law on HIV/AIDS still omits protection of vulnerable population groups, in particular MSM, from discrimination. The law also omits codes of behaviour for medical workers, mass media, and employers with respect to populations vulnerable to HIV (11). Articles that prohibit homosexual marriages are included in the draft of the updated Code of the Republic of Kazakhstan on “Marriage and Family” (18).

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## Kyrgyzstan

Kyrgyzstan is a central Asian country with a population of 5.2 million (1). As of February 2008, 1499 people were officially registered as HIV positive (2). The epidemic is largely concentrated among IDU who represent 81% of all registered cases. In 2007, the first and only case of HIV was officially registered among MSM (2). This information should be observed with extreme caution. Experience from surrounding countries suggests that the official figure may not necessarily represent an accurate indication of actual situation. UNAIDS estimates the actual number of people living with HIV to be between 1900 and 13 000 (3).

The National AIDS Centre has been performing annual prevalence surveys of HIV, STIs and HIV related behaviour among MSM in the frame of its “Epidemiologic sentinel surveillance” programme in Bishkek and Osh since 2004. Survey samples are, however, small (100 individuals annually) and not representative of the entire MSM population (convenience and snowball sampling techniques used). In 2007/2008, the programme introduced RDS, but study results are not yet publicly available.

A local NGO “Oasis” carried out a behavioural survey among MSM in 2004 which revealed a high proportion of MSM engaged in risky sexual behaviour (4). However, scientifically sound methodologies of data collection were not used and study findings were never published outside of the project donor report.

Preventive services targeted at MSM are scarce and performed exclusively by NGOs. NGO “Oasis”, supported by GFATM and other international donors, has been working closely with the MSM population on HIV related issues since 1998. Outreach workers promote safer sex practice, HIV testing and refer people with STIs to two MSM friendly clinics in Bishkek where they can receive treatment free of charge. Oasis activists regularly distribute condoms and educational materials, organise seminars, maintain a website, run a psychological help telephone hotline, and publish brochures and a newsletter. Another NGO, “Avalon”, has since 2006 also joined the scene, distributing condoms, providing advocacy and running a shelter for MSM in need. A mere estimated 500 MSM are covered by prevention activities, available only in the biggest city centres of Bishkek and Karabalta.

Although no longer legally regarded as a criminal offence since 1998, homosexual behaviour in the Kyrgyz Republic remains severely stigmatized. Two recent studies by the Open Society funded Sexual Health and Rights Project (2007) and the NGO “Oasis” (2004) examined stigma and discrimination related to gender issues in Kyrgyzstan. Both studies reported numerous cases of discrimination from public officials, prison guards, policemen and the general population, and to a lesser extent from medical professionals (5, 6).

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## Latvia

Latvia is a north eastern European country with a population of around 2.3 million (1). According to the State Public Health Agency, Latvia has one of the highest HIV infection rates in the European Union with a total of 3981 HIV cases reported in the period from 1987 to end of 2007. The increase of HIV cases has remained stable during the last several years (8-9% annually) (2). HIV is largely concentrated among IDU who represent 63% of all registered cases. The proportion of IDU in the newly diagnosed cases has, however, over the last several years been on the decline. They constituted 82% of all cases registered in 2001 and 40% in 2007 (3). MSM accounted for 1% of all registered cases in 2001 and this has increased to 5% of all new annually registered cases in 2006 and 2007. Heterosexual transmission is registered in 17 % and the route of transmission is not identified in 15% of total reported cases. (3).

According to a nationally representative survey of women (1251) and men (1201) carried out in 2003, 4% of interviewed men reported ever having a “homosexual experience” (4).

Very little is known about the prevalence of HIV, STIs and HIV related behaviour among MSM in Latvia. A total of 2 bio-behavioural studies have been conducted among MSM in the capital Riga, both using non representative sampling methodologies.

In 1997 the AIDS Prevention Centre conducted a survey on 206 MSM in health centre and gay clubs in the capital Riga. Two percent tested positive for HIV, 8% for syphilis and 4% for hepatitis C. Sixty-two percent of respondents reported having had unprotected sex with multiple partners in a non defined time period (5).

In 1998, NGO Safe Sex Association of Latvia conducted a survey on 242 MSM in gay clubs in the capital Riga and Liepaja. Study results showed 5% of participants tested positive for HIV (6).

Although the Constitution and the Labour Act prohibit discrimination based on sexual orientation, prejudice and intolerance towards MSM are widespread. Pervasive homophobic attitudes in Latvia put MSM at risk of discrimination, social exclusion and violence. NGO “Dialogi.lv” carried out a population based survey on a sample of 1060 respondents in 2006. Fifty-one percent of respondents supported the idea that “homosexuals should be offered medical treatment for homosexuality”, 14% were in favour of “isolating homosexuals from the society” and 20% supported making homosexuality a criminal offence. Young people, however, expressed significantly more tolerant attitudes (7). In 2005 and 2006, NGO “Mozaika” analyzed homophobic statements made by Latvian politicians. While these mostly revolved around family values, Christian principles and morality, some went so far as to designate homosexuality as an illness or even mentioned conspiracies to “homosexualise” the Latvian society (8). In 2007, the Centre for Public Policy “Providus” published an analytical report entitled “Monitoring of Printed Media, Parliamentary Debates and Legislative Initiatives concerning Civic Participation in Latvia”. In 2007 Latvian printed media included in the study published 346 articles containing discriminative coverage of minority groups and NGOs. The highest number of articles (117) was directed against LGBT individuals (9).

The National Programme for limiting spread of HIV and AIDS in Latvia 2003-2007 did not entail HIV and STI prevention among MSM (10).

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## **Macedonia (FYRM)**

Macedonia is a south eastern European country with a population of around 2 million (1). According to the Republic Institute for Health Protection (RIHP), a cumulative total of 102 HIV cases have been reported in the period from 1987 to end of 2007; more than one third occurred from 2005 to 2007. The increased number of reported cases in those years may be due in part to the introduction of VCT services in the country. Out of the 102 HIV cases registered between 1987 and 2007, 16 were reported among MSM (2). UNAIDS estimates the actual number of people living with HIV to be between 500 and 1000 (3).

According to a survey carried out in 6 cities by the RIHP in 2005 among youth, 2.6% of the 1435 interviewed men aged from 15 to 24 reported ever having sex with another man (4).

As of 2005, the RIHP has been implementing an annual surveillance programme targeted at populations most at risk of acquiring HIV in the capital Skopje and 5 other cities in the country. Part of this bio-behavioural programme aims to assess the prevalence of HIV and HIV/STI related behaviour among MSM.

From 2005 to 2007 the sample sizes of MSM who agreed to be tested were very small and varied from 14 to 37. Not surprisingly, only one person tested positive for HIV in 2006. The behavioural component of the programme was more successful in attracting participants with sample sizes varying between 189 and 207 in the same period. Results of the surveys indicate that HIV related knowledge and testing rates among MSM are on the increase, but also that a substantial proportion of MSM engage in high risk sexual behaviour with multiple partners and inconsistent condom use. Another important issue relevant for risk behaviour among MSM is the overlapping between MSM, CSW and IDU. For instance, in the 2005 study 10% of MSM reported ever using intravenous drugs, 9% had commercial sex partners and of those 69% had multiple commercial partners while 7% reported ever offering sex for money (3). The results, however, need to be interpreted with caution due to the programme's limitations associated with small sample sizes and the non representative sampling methodology used (convenience sampling).

The policy response to the HIV epidemic among MSM in Macedonia is still in an early stage of development, but is rapidly growing. For example, the number of MSM reached by outreach prevention activities grew from 250 in 2003 to 915 in 2007 (5).

From 2004 to 2005 Population Service International (PSI) implemented a Popular Opinion Leadership model project (POL) targeted at MSM in Macedonia, Bulgaria, Romania and Kosovo. The project entailed organization of educational events, and the distribution of condoms and lubricants (6).

Larger steps forward were achieved in the frame of the Macedonian GFATM project; these include the establishment of the first Macedonian MSM NGO "Egal", the creation of a Centre for HIV/STI prevention among Roma MSM in Skopje, training of info-line operators and peer educators, and the distribution of condoms, lubricants and educational brochures and leaflets.

Several other organizations currently also provide services for the MSM. NGO "Hera" runs a telephone info-line for HIV/STIs and the National Gay and Lesbian Centre for Prevention of HIV/AIDS and STIs provides individual peer counselling organizes social events, seminars and workshops and distributes educational materials.

In addition, 12 VCT centres have been operational since 2006, 4 in the capital Skopje and 8 in other larger cities of Macedonia. All are MSM friendly, although none is targeting only the MSM population.

In Macedonia, the issue of LGBT rights remains controversial. The Macedonian Government has made partial progress in incorporating LGBT human rights into its respective legislation, failing to explicitly address cases of discrimination the community faces. The matter of LGBT human rights is subsumed into the general corpus of human rights protection. The Macedonian Labour Act is the only legislative act that explicitly prohibits discrimination on the base of sexual orientation (7). In 2006, a local NGO “MASSO” (Macedonian Association for Free Sexual Orientation) documented 20 cases of discrimination, only 2 of which have been submitted for legal proceedings; one against the police and the other against a municipality (8). NGOs “Egal” and “MASSO” conducted a convenience sampled survey among 114 LGBT individuals in 2005 (71% male) in which only 13% reported psychological or/and physical harassment due to their sexual orientation. This result should be interpreted in light of the fact that 41% had never disclosed their sexual orientation, 36% carefully disclosed their sexual orientation, and only 8% have been positively accepted (9).

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## Moldova

Moldova is an eastern European country with a population of around 3.6 million (1). A total of 4313 cases of HIV have been officially registered in the period from 1987 to end of 2007; more than one third of which in 2006 and 2007. In previous years the epidemic was largely driven by IDUs, while heterosexual transmission became the dominant mode of transmission as of 2005. In 2007, it accounted for 63% of the total 731 newly reported cases. A total of 14 HIV positive individuals ever declared themselves MSM (2).

Three bio-behavioural surveys have been implemented among MSM in 2003, 2004 and 2007. All three studies were undertaken in the capital Chisinau, with sample sizes varying from 94 to 120 MSM employing a take-all-approach to sampling.

In 2003, 2% of study participants tested positive for HIV and 12% for syphilis. The surveyed MSM reported using a condom during last anal intercourse was 60% while 31% reached the UNGASS integrated indicator on HIV knowledge (answered correctly to 5 questions on HIV transmission) (3,4).

In 2004, 63% of surveyed MSM reported using a condom during last anal intercourse while 38% reached the UNGASS integrated indicator on HIV knowledge, and 2.5% tested positive for HIV (4).

The most recent bio-behavioural survey among MSM was implemented in 2007. Sexual intercourse with female partners in the 6 months preceding the survey was reported by 10.6% of respondents, and half of them used a condom during the last heterosexual intercourse. The average number of sexual male partners in the 6 months preceding the survey reached 3.8 partners and was higher among the 25 and older age group of respondents (4.1 male partners) than among those under 25 years old (3.4 male partners). Oral intercourse with male partners in the 6 months preceding the survey was reported by 95% of the participants; only 15% of them reported using a condom during the last oral intercourse with a male partner. Eight-four percent had anal intercourse with male partners in the same time period and 48% of them reported using a condom during last anal sex. Around 19% reported at least one commercial homosexual anal intercourse with a male partner in the 6 months preceding the survey and 47% with an occasional partner. The highest level of reported condom use at last anal intercourse was registered for commercial (67%) and occasional (64%) male partners. For regular male partners and regular male partners living together the rate of reported condom use during the last anal sexual intercourse was lower (46% and 40% respectively). Only 3% of respondents reported consistent condom use during oral intercourse and 19% reported consistent condom use during anal intercourse in the 6 months preceding the survey. Consistent condom use during anal intercourses the 6 months preceding the survey shows diverse results for different types of male partners. During anal intercourse with male partners, consistent condom use occurred more frequently with an occasional male partner (32%) and less frequently with a commercial male partner (11%), while 24% used condoms consistently with regular partners and 23% with cohabitating regular partners. Having ever been tested for HIV was reported by 62% of respondents and 38% in the 12 months preceding the survey. The integrated UNGASS indicator on HIV knowledge was attained by 47% of the participants. Around five percent (4.8%) tested positive for HIV, 6.5% for syphilis and 3.6% for hepatitis C (5).

NGO Information Centre “GenderDoc-M” is the only organization providing HIV preventive services targeting MSM. Limited activities started in 2002 in the capital Chisinau, consisting mainly of distribution of condoms and lubricants as well as educational materials on HIV. Upon Global Fund grant funds became available in 2003 outreach activities started expanding in 2004 in terms of coverage and diversity (6). By the end of 2007 the number of MSM ever covered by preventive activities reached 593 persons. During 2007, the average monthly number of MSM reached was about 182 persons (both banks of the Dniester River) (7). The NGO currently provides face to face counselling, on line counselling and organizes seminars and educational parties. In 2006, Information Center “GenderDoc-M” organized a 3 day summer school for 12 doctors. As a result, a network of 12 specialists (dermatovenerologists, gynaecologists, psychiatrists, and epidemiologists) trained in providing LGBT friendly medical services was established (7). Currently, there are 4 medical institutions considered to be LGBT friendly (3 in Chisinau and 1 in Balti).

Although homosexuality was decriminalized in 1995, Moldovan legislation does not adequately protect from discrimination based on sexual orientation. For instance, the Chisinau City authorities have banned three consecutive Gay Pride marches from 2005 to 2007, despite two Moldovan Supreme Court rulings in 2006 and 2008 declaring the bans illegal. Intolerance towards LGBT is widespread. A survey conducted in 2006 among psychiatrists, psychologists and social workers revealed that 13 out of the 17 interviewed psychiatrists characterized homosexual orientation as abnormal behaviour (5 respondents), disease (4 respondents), and life style (4 respondents). Only 2 respondents considered homosexuality to be a natural sexual orientation. Ten of the 17 interviewed doctors considered that people of homosexual orientation could negatively affect the youth and the society in general (8). A 2004 survey conducted in the LGBT community (145 participants sampled by a take-all-approach) reported that only 34% of respondents stated that health care providers that they have met were sensitive to the health needs of LGBT people. Main forms of discrimination mentioned were name calling (42%), public ignorance (25%) and sexual assault (27%). While 10% of respondents reported facing police harassment, 43.5% of respondents stated that they never faced discrimination (9).

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## Poland

Poland is a central European country with a population of around 38.1 million (1). According to the National Institute of Public Health, a total of 11 259 cases of HIV have been reported in the period from 1985 to end of 2007 (2). In the 1980's and 1990's the epidemiological situation had largely been affected by the spread of HIV into the IDU community. Since the beginning of 2000 there has been a continuous increase of infections due to sexual behaviour, especially among women. In the period 2002 – 2006, a total of 408 cases or 12.6% of all new HIV cases were registered as MSM related. However, mode of transmission is not registered for over 80% of cases (2). UNAIDS estimates the actual number of PLHIV to be between 15 000 and 41 000 (3).

Available data on the prevalence of HIV and STIs as well as HIV related behaviour among the MSM are very scarce. Most recent data indicate that 77 (36%), out of the total of 216 HIV positive cases detected in VCT centres in 2005 were attributed to MSM (4).

In 2004, the National AIDS Centre in partnership with VCT centres and several NGOs implemented the only survey specifically targeting MSM in 17 sites across Poland. The survey collected data on HIV related behaviour, and tests for HIV and STIs were administered alongside the questionnaires. RDS was used to recruit 404 MSM study participants. Five percent of participants tested positive for HIV while 57% reported that they were ever tested for HIV. Main study findings include a satisfactory level of knowledge on HIV/AIDS among MSM and the need to further promote prevention activities in MSM specialized media such as magazines and internet websites (5).

Over 20 VCT centres are in operation in Poland, and all are MSM friendly. In addition, a number of NGOs focus their attention on HIV prevention among MSM nationwide, most notably NGOs “Lambda” and “Campaign against Homophobia”. Sporadic projects started in the 1990s involving counselling, distribution of condoms and lubricants through outreach activities, organization of workshops and educational social events, psychological support to the HIV positive, etc. The first comprehensive nationwide campaign targeting HIV prevention among MSM was implemented in 2007 by two NGOs, “Campaign against Homophobia” and “Lambda Warsaw”. The campaign was supported and partially funded by the Polish Ministry of Health. Activities included development of a website dedicated to HIV in the context of sex between men, distribution of condoms and lubricants in gay bars and clubs and publication of articles in the press and on internet portals.

Poland has in recent years witnessed a polarisation of attitudes towards MSM. While more and more Poles grow tolerant towards LGBT, vocal homophobic attitudes in the public are also on the increase. For instance, several LGBT public gatherings in 2005 and 2006 were banned by the police. A study published in 2007 by the Public Affairs Institute reveals that 60% of Poles would not vote for a gay person to become a member of the parliament and that 75-77% would not accept an openly gay person as a teacher (6). NGOs “Campaign against Homophobia” and “Lambda” conducted the most recent nationwide survey of stigma and discrimination among MSM in 2006. Questionnaires were collected from 1002 MSM, of which 725 through the internet. MSM reported a lack of acceptance by society and frequent cases of stigmatization and discrimination. For example, 10% felt disadvantaged in their workplace, 20% reported suffering physical violence and 24% reported being discriminated by health care professionals (7). The Polish Labour Act is the only legislative act that explicitly prohibits discrimination on the grounds of sexual orientation.

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## Romania

Romania is a south eastern European country with a population of around 21.5 million (1). According to the Romanian National Institute of Infectious Diseases “Prof. Dr. Matei Bals”, a cumulative total of 15 085 cases of HIV have been reported in the period from 1985 to end of 2007, of which 6642 have been associated to unsafe blood transfusions among children in the late 1980s and early 1990s. Heterosexual intercourse is the dominant mode of HIV transmission, accounting for 278 (78%) of the 367 newly registered cases of HIV in 2007. A total of 162 cases of HIV and AIDS were ever registered among MSM, 14 in 2007 (2).

Romania does not implement a surveillance programme specifically targeting MSM; consequently, little is known about the prevalence of HIV and STIs in this population. Several studies, all implemented by NGOs on non representative samples, provide scarce information on HIV related MSM behaviour and raise concerns due to high levels of reported risky behaviour.

In 2005 NGO “Accept” performed a survey in the LGBT communities of 12 Romanian cities. A total of 396 persons were interviewed using snowball sampling, 57% declared themselves to be MSM. Only 24% reported consistent condom use, 57% reported ever being tested for HIV, of which 2% tested positive while 5% did not know their test results and/or refused to answer. Forty-six percent declared ever being tested for STIs, of which 54% tested positive for gonorrhoea, and 35% for syphilis (3).

Population Services International (PSI) Romania conducted an internet survey on 426 MSM in 2005; 2% of respondents declared that they injected drugs in the 2 months preceding the survey and 20% reported having sex with commercial partners. Condom use varied considerably depending on the type of relationship respondents were in, but was overall relatively low (highest at 57%). More than 40% of participants declared limited skills related to negotiating safe sex and 47% ever tested for HIV; 2% reported being HIV positive. Risk perception of HIV and STIs was reported to be quite low (4).

Some data are also available from the “Popular Opinion Leader” project implemented by PSI Romania in two MSM clubs in the capital Bucharest from 2005 to 2007. The programme aimed to increase safe sexual behaviour among MSM through interpersonal communication using a social marketing strategy to increase the access to and availability of condoms and appropriate testing services. MSM were interviewed on several occasions, a take all approach was used to select participants. The POL intervention was shown to significantly increase the number of conversations about safer sex and STIs and HIV. In addition, the intervention clearly resulted in a significantly higher proportion of individuals being tested for STIs. However, it was not clear if the intervention also resulted in a decreased number of unprotected sexual acts or increased use of condoms (5).

PSI Romania also conducted a qualitative study with young MSM and young male sex workers who sell sex to men from May to June 2007 on a sample of 36 MSM. The study revealed very low awareness of HIV and STIs (6).

In Romania VCT services are available free of charge in all 41 Romanian districts. However, VCT centres reported testing a mere 17 MSM in 2007, none of whom tested positive for HIV (7). HIV prevention services targeting MSM are provided exclusively by two NGOs: “Accept” and “PSI Romania” and are not financially supported by national authorities. The Romanian National

HIV/AIDS Strategies (the 2004-2007 and the drafted 2008-2013) recognize MSM as a priority group and list specific objectives, such as forming a legal supportive environment that will enable the development of programmes targeting MSM, and national scale up of MSM focused programmes. However, no funds have yet been nationally allocated to their implementation. NGOs provide services such as peer education, behavioural change communication strategies, outreach programmes and internet counselling. Programmes targeting MSM have recently been scaled up in 10 Romanian cities with GFATM financial support.

Stigmatization and discrimination of MSM are widely spread. According to a survey of the general population conducted in 2007 by the Romanian Institute for Public Policies, LGBT are one of the most disapproved of and rejected minorities. Punishment of homosexuality through the law was supported by 46% of respondents, 60% would not accept to share the same workplace with gay people and almost 60% reported not accepting homosexual people as friends (8). An opinion barometer from 2007 performed by Open Society Foundation Romania showed that 44% of those interviewed would be disturbed if they would have a homosexual work colleague (9). In 2004, in a similar report, 43% of respondents agreed to the statement that homosexuality is a disease and gay people should be medically treated. Based on the snowball methodology, the research findings from the ACCEPT 2005 “Social barriers in the life of LGBT Community” study revealed that 68% out of 392 respondents from 12 Romanian cities reported discriminatory actions against themselves and/or exclusion based on their sexual orientation. The report findings state that 49% of the discrimination happened in educational institutions, 49% on the street, and 27% in gay meeting points. Only 1 out of 10 persons reported the incidences to authorities, the main reasons for not reporting were related to fear, limited information regarding procedures and rights, lack of trust in the authorities and the self appraisal of the incidence as being a minor one. The report did not look into discrimination in the health system or other public services (3). The Romanian Penal Code included until the end of 2001 an article that punished homosexual relations by imprisonment. Antidiscrimination legislation was adopted in August 2000 (10), identifying specific measures for the prevention and punishment of all forms of discrimination based on, among others, sexual orientation.

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## Russian Federation

Russian Federation is a transcontinental country extending over Europe and Asia with a population of around 142 million (1). The first case of HIV was recorded in 1987. By the end of 2006, the Russian Federation had cumulatively registered 373 259 HIV cases. These numbers exclude 8083 HIV cases reported among foreigners as well as 16 929 unconfirmed cases among children born to HIV infected mothers. In 2006, 39 652 new HIV cases were reported. This represents an increase compared to an annual 35 695 and 33 740 HIV cases reported in 2005 and 2004, respectively. Less than half (43%) of the newly reported HIV cases have an identified route of transmission. Among the newly reported HIV cases with an identified route of transmission, 65% were infected through injecting drug use. The epidemic predominantly affects IDU and SW (who are often also IDU). The HIV seroprevalence rates among IDU in some Russian cities may be as high as 65%, although rates vary widely by region (2). Seropositivity rates among SW are 2 – 48% (2), mostly determined by differences in levels of injection drug use in this population in different regions. Although the initial cases of HIV in the Russian Federation occurred among MSM, this group does not currently account for a large proportion of the reported total or new cases (3). UNAIDS estimates the actual number of people living with HIV to be between 560 000 and 1 600 000 (4).

The Russian Federal Research and Methodological Centre for AIDS Prevention and Control estimates that there are 2.1 million MSM in Russia (5). A number of studies on HIV, STIs and HIV related behaviour among MSM have been implemented since the early 1990s, covering 13 of 89 regions of the Russian Federation. The two most recent and representative studies were carried out in 2006 (St. Petersburg and Moscow) and in 2007 (Perm and Krasnoyarsk).

The 2006 bio-behavioural survey formed part of the initiative aimed at introducing second generation HIV surveillance in the Russian Federation (RF) and Commonwealth of Independent States (CIS) which was started in 2002 and supported by WHO EURO. The project was implemented jointly by a state organization (North West District Centre for AIDS Prevention and Control) and three NGOs («Stellit», “Accent Centre for Health Care Support and Development”, and “Info Plus Educational Centre”). The bio-behavioural survey covered MSM attending gay clubs and gay saunas in Moscow (321 respondents) and St Petersburg (237 respondents). Participants were recruited using the time location sampling methodology.

Four percent tested positive for HIV in St Petersburg and 1% in Moscow; 3% tested positive for hepatitis C in St Petersburg and 2% in Moscow; and, 4% tested positive for syphilis in St Petersburg and no one in Moscow. According to the survey, the primary risks of HIV infection in the sexual behaviour of MSM included a wide variety of male sexual partners (regular, non regular, commercial partners) and some heterosexual contacts; oral and anal homosexual sex, sex with HIV infected partners, sex when intoxicated by alcohol or drugs, and the non use of condoms during oral and anal sex. MSM in Moscow and St Petersburg are fairly well informed about HIV/AIDS and STIs as well as prevention programmes and targeted sociomedical services in their cities (6).

The 2007 bio-behavioural survey was carried out by PSI Research Division in Krasnoyarsk (267 MSM) and Perm (239 MSM). Participants were recruited using the RDS methodology. In Krasnoyarsk 1% tested positive for HIV, 68% reported using a condom during last anal intercourse, 17% reported having a commercial male sex partner in the 3 months preceding the survey, 45% reported having a women as a sexual partner in the 12 months preceding the survey

and 5% injected drugs in the 12 months preceding the survey. In the 12 months preceding the survey 26% reported testing for HIV and knowing their HIV status. In Perm 2% tested positive for HIV, 52% reported using a condom during last anal intercourse, 12% reported having a commercial male sex partner in the 3 months preceding the survey, 28% reported having a woman as a sexual partner in the 12 months preceding the survey and 5% injected drugs in the 12 months preceding the survey. A mere 5% reported testing for HIV in the 12 months preceding the survey and knowing their test result (7).

Although some preventive activities targeted at MSM started as early as the 1990s, providing a clear description of what is currently in the field and what was implemented in the past may be considered a daunting task. Reports of implemented programmes are not easily available, projects are scattered across the Russian Federation and funded by a large number of international donors.

The largest ongoing programme is the LaSky project implemented by PSI/Russia Centre for Social Development and Information. It was launched in 1999 in Moscow and now operates in 15 regions (19 cities). Its activities include comprehensive HIV prevention work: outreach, distribution of condoms and lubricants, counselling: (individual, remote, peer-to-peer, psychological, legal), seminars, trainings and discussion panels for MSM, medical services (distribution of appointment cards to STI, HIV testing and treatment), prevention-oriented information campaigns in gay media, prevention-oriented events in gay-clubs, bars, beaches, etc. Within a separate project entitled LaSky-Deaf, since 2004 in Moscow and since 2006 in St. Petersburg specialized activities have been aimed at HIV prevention among deaf MSM and those with hearing difficulties (8).

In addition, MSM receive various forms of help and support from other programmes too. For example, MSM practicing commercial sex are provided with support within a project called HIV/AIDS Prevention among Commercial Sex Workers implemented by NGO AIDS Infoshare in nine Russian regions.

In 2006, the Ministry of Health and Social Development of the Russian Federation issued guidelines for organizing HIV-prevention among various population groups. The guidelines advise that the main focus of work with MSM should be improvement of awareness and counselling, including peer-to-peer counselling. The document highlights that tolerant attitudes towards MSM are a key factor of effective prevention (9).

In the Russian Federation homosexuality was decriminalized in 1993 and in 1999 it was excluded from the official inventory of mental disorders (10). However, current Russian legislation does not specify sexual orientation as grounds on which discrimination is prohibited. LGBT activists (10) consider this to be a key factor facilitating further manifestations of discrimination and stigmatization.

The 2007 "Discrimination due to Sexual Orientation and Gender Identity" report prepared by the Russian Network of LGBT organizations and by the Moscow Helsinki Group (MHG) described various instances of violation of MSM human rights (11). In particular, the report describes issues of cases of incorrect legal proceedings or inactivity connected with violation of rights of gay and lesbian individuals. The report also analyses crimes committed against LGBT individuals, incidents of refusal to register non-commercial organizations of sexual minorities as well as incidents of discrimination in the labour market and at work.

Results of various surveys conducted by the All-Russia Centre for the Study of Public Opinion (VTSIOM) from the 1990s until present indicate that homophobic attitudes are on the decrease

(12). Nevertheless, they are still widespread. A 2007 nation wide survey revealed that more than half of Russian citizens (56%) have a negative attitude towards homosexuality, 19% believe it should be punished by imprisonment, 12% by financial penalties and 18% by public reprimand (13).

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## Serbia

Serbia is a south eastern European country with a population of around 7.5 million (1). According to the Institute of Public Health of the Republic of Serbia “Dr Milan Jovanovic Batut”, a cumulative total of 2200 HIV cases have been reported in the period from 1984 to end of 2007. (2) The dominant mode of transmission is through IDU (43%), while MSM account for 15% of all ever reported cases. Recent years have witnessed an increasing trend of reported sexual transmission among newly diagnosed HIV/AIDS cases; rising from 15% in 1991 to 64% in 2005, and as high as 79% in 2006. The proportion of MSM among the newly infected is also increasing: in 2005 they accounted for 39%, in 2006 for 52% and in 2007 for 42.2% of all newly registered HIV cases (2, 3, 4).

In 2006 the Ministry of Health and the Institute of Public Health conducted a representative Health Survey on the Serbian population in which 2.4% of men reported having sexual intercourse with a man in the 12 months preceding the survey (5). Several surveys were also carried out in the capital Belgrade in the same year. The population size of MSM was estimated to be between 3745 and 10691 (according to the multiplier method), and between 4 476 and 5 996 according to the capture-recapture method (6).

Funded by GFATM, Serbia started a systematic RDS based bi-annual surveillance programme targeted at MSM in 2007, but no data are as of yet available on the prevalence of HIV and STIs among this group. According to available VCT data, 412 MSM tested for HIV in 2006 of which 9% tested positive and in 2007 422 MSM tested for HIV of which 10.2% tested positive (2,3,4).

A total of 3 HIV related behavioural surveys were implemented among MSM in the period from 2002 to 2006. In 2002 UNICEF conducted Serbia’s first Rapid Assessment and Response (RAR) study among especially vulnerable adolescents (sex workers, injecting drug users and MSM) in the capital Belgrade and 3 other cities. NGO Safe Pulse of Youth (NGO SPY) conducted a RAR study among MSM in Belgrade and two other cities in 2003/2004.

The 2002 RAR study found that 41% of the 299 interviewed MSM ever tested for HIV while 2% reported to be HIV positive (7). The 2003/2004 RAR study found that around 50% of the 223 interviewed MSM ever tested for HIV, and 6% reported to be HIV positive (8). Both studies reported low and non consistent condom use with less than 15% of participants ever testing for hepatitis B and C. In 2006 NGO Spy implemented a modified RDS study on a sample of 412 MSM from Belgrade and 4 other cities, but respondents were not tested for HIV or STIs. The study reported that 46% of participants ever tested for HIV, 16% tested for hepatitis B and 17% tested for hepatitis C. Ten percent of all respondents reported an STI in the 12 months preceding the survey, while 4% reported to be HIV positive. Always using a condom during anal intercourse in the 6 months preceding the study was reported by 57% of the respondents, while 69% reported using a condom during last sexual intercourse (6). The findings of all three behavioural studies should, however, be interpreted with caution due to small sample sizes and use of non representative study samples. The Institute of Public Health of the Republic of Serbia “Dr Milan Jovanovic Batut” is currently implementing a bio-behavioural survey on MSM in Belgrade and Novi Sad, and results are expected to be published later this year.

As in other countries of the region, NGOs play the most important role in the response to the epidemic among MSM. Most important ones include NGO “Youth of JAZAS”, NGO “Safe Pulse of Youth”, NGO “Duga” and NGO “Youth Information Centre”. The primary activity of NGOs

targeting MSM with HIV prevention programmes are outreach services, implemented from 2002, such as BCC, promotion of safer sex and distribution of condoms and lubricants. NGO “SPY” also provides counselling through the internet. From 2004 until 2006 the mentioned NGOs reported reaching a total of 10 000 individuals in 5 cities (Novi Sad, Nis, Kragujevac, Sabac and Belgrade) and via web sites, most through the internet (9). In addition, NGOs promote HIV testing and cooperate well with Serbia’s 15 VCT centres located in regional institutes of public health. The GFATM funded project “Scaling up the National HIV/AIDS Response by Decentralizing the Delivery of Key Services” plays an important role in scaling up the response to the HIV epidemic among MSM.

Stigmatization of LGBT individuals is widely spread in Serbia, particularly in the less developed parts of the country. The issue of LGBT human rights has so far remained subsumed into the general corpus of human rights protection and the already drafted antidiscrimination law is yet to be adopted by the Serbian National Assembly. Little research has been conducted on the issue of LGBT discrimination. An internet study implemented by NGO “Labris” in 2005 revealed that as many as 70% of respondents experienced physical or psychological violence due to their sexual preference (17% physical), while a mere 10% of those reported the incidents to the police (10). The first and only gay parade was organized in Belgrade in 2001; participants were attacked and between 15 and 40 were hospitalised as a result. NGOs such as “Labris”, “Queeria Centre” and “Lambda” are the most vocal organizations advocating LGBT human rights, sexual freedoms and providing psychosocial support to the population.

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## **Slovakia**

Slovakia is a central European country with a population of around 5.4 million (1). According to the Bratislava Institute of Public Health, a total of 305 cases of HIV have been officially registered in the period from 1986 to end of September 2007, 96 among foreign citizens (2). The epidemic is largely concentrated among MSM who account for 61% (126 in total) of all HIV registered cases (3). UNAIDS estimates the actual number of people living with HIV to be between 500 and 1000 (4).

Very little is known about the prevalence of HIV and STIs as well as HIV related behaviour among MSM. Slovakia does not implement a surveillance programme specifically targeting MSM. Only 2 related studies have ever been published on this population, both in the 1990s.

In 1996, the Bratislava Medical School based National Reference Centre for HIV/AIDS prevention performed a bio-behavioural survey in two gay clubs located in the capital Bratislava in cooperation with NGO "Slovak AIDS help". One-hundred-seventy and 124 men were sampled through a take-all-approach. Five percent and 2% of MSM tested positive for HIV. There were 119 participants in the behavioural component of the survey; 66% declared themselves homosexual and an additional 20% as bisexual. Consistent condom use in an unspecified time period was reported by 29%, 7% reported ever suffering from STIs and 3% reported intravenous drug use (5).

In 1999 the virology institute of the Slovak Academy of Sciences retested the sera of MSM who tested for HIV (27 HIV positive and 52 HIV negative specimens) for HSV-2 (Herpes simplex 2) antibodies. Results showed 40% of the HIV positive and 23% of the HIV negative specimens tested positive for HSV2; 3.6 and 2.1 times higher than in the respective control heterosexual groups (6).

The EU funded BORDERNET project implemented in 2007 included a component on HIV related behaviour among MSM in Slovakia, but results have so far not been published.

Testing for HIV is available to all Slovaks anonymously and free of charge. About 100 000 persons are tested annually, of which 800 anonymously. Tests are performed in all transfusion stations, hospital Departments of Clinical Microbiology (DCM) and in Institutes of Public Health. All institutions offer pre and post counselling and guarantee full confidentiality (7). In Slovakia specific HIV preventive programmes targeting MSM do not exist. LGBT NGOs mainly focus on human rights issues due to lack of volunteers interested in HIV (8). Specific MSM related objectives and commitments made by the Slovak National HIV Prevention Programme have yet to materialize as the Ministry of Health and the National AIDS Committee have so far not secured any funds to support HIV prevention in this population.

In Slovakia as in other countries of the region MSM remain stigmatized. A study performed in 2005 on a convenience sample of 251 LGBT found evidence of discrimination at work, in families, in the health sector, in the army, in public spaces, etc (9). Frequent media displays of hate speech by some Slovak politicians testify to the fact that MSM are not adequately legally protected from discrimination.

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## Slovenia

Slovenia is a central European country with a population of around 2 million (1). According to the Institute of Public Health of the Republic of Slovenia (IPHRS), a cumulative total of 320 HIV cases have been reported in the period from 1986 to end of 2006 (2). The epidemic is largely concentrated among MSM, who account for 57% of all reported cases till 2006 (2). UNAIDS estimates the actual number of people living with HIV to be between 500 and 1000 (3).

In the first National Survey of Sexual Lifestyles, Attitudes and Health in Slovenia carried out from 1999 to 2001 among 18-49 years old people, which used two-stage probability sampling, 3.3% of men reported some homosexual experience ever. Homosexual intercourse ever was reported by 1% of men. The low estimate of homosexual intercourse has been explained by participation bias and fears by men to disclose their hidden homosexual sexual behaviour and lifestyle (4,5).

Since 1996, the IPHRS has been implementing a HIV surveillance programme entitled “Unlinked anonymous monitoring of HIV prevalence in high and low risk groups in Slovenia”. Part of this programme monitors HIV prevalence among MSM through annual small scale one-day surveys in a community setting in the capital Ljubljana using convenience consecutive sampling. As of 2000, a short questionnaire focused on HIV related behaviour has also been administered alongside the collection of saliva specimens, but testing for STIs has never been performed. From 1996 to 2006 the programme’s sample size varied from 79 to 136 individuals tested, and established HIV prevalence varied from 0% to 3.7%. Not much data from the behavioural segment of the programme has been published, however in 2006 it was reported that 56% of the sample reported they have used a condom during anal sex in the year preceding the survey (2, 6). Small sample size and the sampling methodology, however, impose limits to the interpretation of data.

In addition, several behavioural studies are currently ongoing and results are expected in the near future. The EU funded Bordernet Project (coordinated by the Social Pedagogische Institute GmbH Berlin, Slovenian collaborating partners are a local NGO “Škuc-Magnus” and the Regional Institute of Public Health Maribor) is essentially a sentinel surveillance project that includes monitoring testing rates, prevalence of HIV/STI, HIV related knowledge, attitudes and behaviour among MSM in the border regions of four EU Member States (7).

In addition, a local NGO LEGEBITRA is currently conducting an internet based survey focused also on HIV related behaviour, where a subgroup of participants were invited to participate in smaller focus groups discussions (8). Results are expected later this year.

Slovenia has 13 VCT sites in operation (9), while face to face counselling is also provided in 12 STI clinics around the country. Specifically MSM targeted services are provided by three NGO’s, located in the city center of Ljubljana (10). Civil society organizations are quite active and involved in numerous HIV prevention programmes focused at MSM. There are three NGOs in this field: “ŠKUC – Magnus”, “DIH” and “Legebitra”. Activities include organizing HIV positive support groups, film festivals, distribution of free safe sex kits at gay venues, networking with other European NGOs, counselling, organization of seminars and workshops, etc. NGO’s are active mainly in the capital Ljubljana, while few prevention activities are available for MSM in other parts of Slovenia. Both “Legebitra” and “DIH”, however, run internet sites that offer information on HIV/AIDS and provide on-line counselling services about HIV/AIDS and safe

sex. ŠKUC-Magnus is running a virtual prevention programme for Slovene MSM's on the Europe wide Gay romeo.com portal (11). In addition, counselling can be arranged by e-mail or telephone and in peer-to-peer chat-rooms, supervised with the help of educated moderators. From the governmental site the Institute of Public Health of the Republic of Slovenia provides activities to inform MSM about safe sex, counselling, testing and condom use as an integral part the annually conducted survey among MSM (2).

In Slovenia, discrimination on the basis of nationality, race, religion and gender is prohibited by article 14 of the Constitution (12) and by Article 141 of the Criminal Code (13). Hate speech is prohibited by Article 63 of the Constitution (14), Article 300 of the Criminal Code (15) and Article 8 of the Public Media Act (16). The Labour Relations Act (17) protects gays and lesbians from discrimination in the workplace. The 2007 implemented Same sex partnership registration Act (18) provides some partner relationship rights, but avoids rights about relations to children and children adoption, next-of-kin and related issues, life insurance, intestacy and pensions.

Nevertheless, the Slovenian society remains heteronormative. Few gay bars and clubs exist and gay social life is mostly limited to private social events. Some MSM are forming smaller same-sex oriented social groups to enjoy mutual support (19). Some groups of MSM are well organized in different NGOs that provide the infrastructure for social gathering, information exchange, education and art (2008 conference in Ljubljana on GLBT families in Europe, every year Gay and Lesbian Film Festival, Gay Pride Parade, sport activities, etc.). Two published studies on stigma and discrimination (20,21) analysed the level of discrimination of gays and lesbians in Slovenia. Both studies indicate that discrimination most often takes the form of psychological violence. Public opinion surveys performed from 1990 to 2004 found that approximately one half of participants do not want to have a homosexual person as their neighbour (20).

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## Tajikistan

Tajikistan is a central Asian country with a population of around 7.3 million (1). According to the Tajikistan Republican AIDS Prevention and Control Centre, a total of 1049 cases of HIV have been officially registered in the period from 1991 to end of 2007, 339 of which in 2007 (2). The epidemic is largely concentrated among IDU who represent 58% of all registered cases, although it should be noted that route of transmission is not recorded for 18.5% of those infected. The number of HIV positive MSM is unknown. UNAIDS estimates the actual number of people living with HIV to be between 2400 and 16 000 (3).

Very little is known on the prevalence of HIV and STIs and HIV related behaviour among MSM in Tajikistan. Systematic bio-behavioural surveillance programmes have been carried out among IDU and SW, but not among MSM.

A total of 3 surveys have been carried out among MSM in the capital Dushanbe (2004, 2005 and 2007), all headed by a local NGO "Centre for legal support of Youth" using non representative sampling methodologies and small sample sizes. The 2004 and 2005 studies reported low awareness and knowledge of HIV and STIs. The 2007 study was conducted in Dushanbe and the Rayons of Republican Subordination on a sample of 100 MSM with financial support from GFATM and UNAIDS. No participant tested positive for HIV, 30% reported ever testing for HIV and 95% reported knowing where they can get tested. Another study funded by GFATM is scheduled for 2008.

The response to the HIV epidemic among MSM in Tajikistan is very weak. Although 82 VCT centres are currently in operation, therapy has been available only from 2006. Prevention activities targeted at MSM are scarce and have since 2002 been conducted by a single NGO funded by GFATM. NGO "Centre for Legal Support of Youth" delivers treatment for STIs, VCT services and distributes educational materials, condoms and lubricants in Dushanbe (4). Tajik prisons are covered by preventive programmes funded by GFATM, AFEW (AIDS foundation East West) and DIFID. Activities include distribution of educational materials and condoms and needle exchange programmes.

Although in Tajikistan homosexuality is not illegal, the level of stigma and discrimination is quite high and MSM remain a deeply hidden population.

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## Turkey

Turkey is a Eurasian country with a population of around 70.5 million (1). A total of 2920 cases of HIV have been officially registered in the period from 1985 to 2007. Heterosexual transmission is the most prevalent mode of HIV transmission (over 56%), while MSM account for 8% of all registered cases. The Turkish Ministry of Health estimates the actual number of people living with HIV to be around 3700 (2).

Turkey does not implement a surveillance programme specifically targeting MSM. Consequently, not much is known about the prevalence of HIV and STIs as well as HIV related behaviour in this population.

A single bio-behavioural study was implemented among at risk groups (CSW, IDU and MSM) in three cities (Istanbul, Ankara and Izmir) in 2007. The study was funded by the European Commission and implemented by ICON Institute GMBH, Institute of Public Health Hacettepe University and the Antwerp Royal Tropical Institute. As only 166 MSM participated (sampled using the snowball sampling methodology), results should be regarded with caution with respect to their representativeness. Of the MSM interviewed, 35.5% reported having had sexual relations with women in the 12 months preceding the survey, during which only 17% used condoms; 29.5% declared always and 2.4% never using condoms during anal sex with a male partner, while as many as 44.6% refused answering the question. As for the reasons on condom non use, 91% stated that they did not want to use one, 4.2% that condoms were not available and 4.8% that the partner objected. Test results for HIV and STIs were: 1.8% tested positive for HIV, 3.6% for hepatitis B, 10.8% for syphilis, 3% for gonorrhoea and 1.8% for Chlamydia (3).

The response to the HIV epidemic among MSM in Turkey is weak. Several NGOs (“Kaos GL”, “Lambda Istanbul” and “Pembe Hayat”) were involved in the provision of scattered outreach prevention activities to MSM, but have substantially decreased since the closing of the GFATM grant in January 2008. The most notable prevention project, Project Rainbow, was carried out by NGO Kaos from 2005 to 2007 in the capital Ankara and Istanbul. The project developed a website offering counselling, activists distributed educational materials, a total of 160 000 condoms and 80 000 lubricants, reaching an estimated 2200 MSM. NGO Positive Living Association currently provides counselling and aid to all people living with HIV, but does not engage in outreach. In addition, Turkey operates a total of 14 VCT centres, but not a single one is designated as MSM friendly.

Although not regarded as a criminal offence, homosexuality remains deeply stigmatized. Not a single legislative act recognizes sexual orientation or gender identity as grounds on which discrimination is to be prohibited. In 2005, “Lambda Istanbul” published the results of a survey that focused on the discrimination of LGBT in Turkey. Using a take all approach, 393 LGBT were interviewed in Istanbul. 23 % experienced physical violence because of their sexual orientation and 87% reported psychological violence such as verbal remarks, ignorance, or contact cut-offs. Of the 27 interviewed MSM who applied for military obligation exemption, 29% were asked to provide a photograph taken during sexual intercourse, and 62% were forced to undergo anal examination (4).

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## **Turkmenistan**

Turkmenistan is a central Asian country with a population of around 6.3 million (1). Not a great deal is known about the HIV epidemic in Turkmenistan as there is no published credible data on the incidence and prevalence of HIV (2). According to UNAIDS, Turkmen authorities have by the end of 2004 reported a cumulative total of just 2 HIV cases, both contracted abroad. Not a single case has been reported since. UNAIDS estimates the actual number of people living with HIV to be between 500 and 1000 (3).

There are six HIV prevention centres in the country: one in Ashgabat (the National AIDS Prevention Centre) and five at the provincial level with free-of-charge, anonymous testing units and hotlines. All blood donors are routinely tested for HIV, as well as all registered drug users, patients with sexually transmitted infections, tuberculosis patients, patients with viral hepatitis and pregnant women, and patients showing possible HIV-related symptoms (3). Preventive programs do not specifically target MSM.

According to article 135 of the Turkmen Criminal Code, male homosexual intercourse is considered to be illegal and is punishable by up to two years of imprisonment (4). Not surprisingly, little is known about the MSM in Turkmenistan as the population remains hidden. Accordingly, prevalence of HIV and STIs, HIV related behaviour among the MSM and the stigmatization and discrimination they are facing have so far remained unresearched. The absence of civil society organizations and prevention programmes focused specifically on the MSM further testifies of the fact that the health needs of this vulnerable group are completely ignored.

In April 2005 Turkmenistan approved its current National Programme on HIV/AIDS/STI Prevention for 2005 - 2010. UN agencies present in Turkmenistan have been involved in its implementation. Among others, one of the stated goals of the programme includes prevention of HIV and other STIs among key populations at higher risk, but MSM are not specifically mentioned (3). Results of the National Programme remain to be published and evaluated with regards to the tentative benefits they may have accrued to the MSM.

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## Ukraine

Ukraine is an eastern European country with a population of around 46.3 million (1). In the period from 1987 to end of 2006, Ukrainian authorities reported a cumulative total of 91 057 HIV cases, excluding mother to child transmission (MTCT) (2). In 2007, among officially registered new HIV infections, 38.4% were due to sexual transmission, 40.1% were due to injection drug use, 19.4% were due to MTCT and in 2.1% the mode of transmission was not identified (3). As the reporting system does not differentiate between homosexual and heterosexual transmission, the number of HIV positive MSM is unknown. In its initial stages, the growth of the HIV/AIDS epidemic in Ukraine was driven by sexual transmission. Since 1995, the epidemic was driven by the rapid spread of HIV among IDUs. Since the late 1990s, however, the proportion of sexually transmitted HIV infections has again started to increase, especially among sexual partners of injecting drug users.

In Ukraine, the Kiev International Institute of Sociology carried out several studies in 2006 to estimate the size of MSM population by using the methods of multipliers and “anonymous acquaintance” (4). The results showed that the estimated number of MSM is between 177 000 and 430 000. The Kiev-based NGO Gay Alliance carried out another study to estimate the size of MSM population in Kiev, according to which there are 31 357 homosexual and 78 000 bisexual men in the city (5).

Only limited data are available on the prevalence of HIV, STIs and HIV related behaviour among MSM as Ukraine does not implement a systematic surveillance programme targeted at this population. Several studies were carried out in the last several years revealing concerning information.

A behavioural survey carried out by the Kiev based NGO Gay Alliance in 2002 among 227 MSM showed that 80.6% practiced anal sex with a median of 5.3 sexual partners in the six months preceding the survey, 56.1% reported never having used a condom or using it occasionally even though 85% reported they could afford condoms. Twenty one percent reported ever engaging in commercial sex; and, 47% of all interviewed MSM reported never testing for HIV (6).

A behavioural survey that included 886 MSM respondents recruited by snowball sampling was performed by the Center for Social Expertise for the International HIV/AIDS Alliance in Ukraine in 2004 in six cities. Results showed that 48% did not consider the use of a condom during anal sex to be “necessary”, 35% used lubricants and 22% of MSM had commercial sex partners in the year preceding the survey. Fifty-seven percent of respondents said that they do not disclose their sexuality to others because they are afraid of stigma and discrimination (7).

In 2007, a bio-behavioural survey was conducted in 12 cities using RDS (or its variant) in which 1764 MSM were interviewed, and 361 of those were tested for HIV. The survey was conducted by the “O. Yaremenko Ukrainian Institute of Social Research” for the International HIV/AIDS Alliance in Ukraine. Of the interviewed MSM, 45% had a university degree or above. HIV prevalence was 4% in Kyiv (n=90); 8% in Kryviy Rig (n=100), 10% in Mykolayiv (n=100) and 23% in Odessa (n=69). The median HIV prevalence was 9% (8).

Testing of 417 MSM was carried out by the All-Ukrainian Network of PLWH in 2007 in four cities of Ukraine: Odessa (76 tested, 18% positive), Lviv (100 tested, 30% positive), Ivano-Frankivsk (89 tested, 7% positive) and Kryviy Rig (152 tested, 9% positive). The sampling methodology was not reported (9).

The ongoing Ukrainian National HIV Prevention Programme 2004-2008 does not list MSM as a priority group for prevention activities (10). Consequently, no preventive programmes targeting MSM have been funded by national or local authorities. The new National Programme on HIV Prevention, Care and Support does include MSM in the list of vulnerable groups and states that 60% of all vulnerable group members have to be covered with prevention activities by the year 2013, whereas the GFATM grant provides coverage for 23% of MSM by the year 2011. Nevertheless, a number of prevention programmes have been made available to this group through local NGOs funded by international donors.

NGO “Gay Alliance” has been active in Kyiv from 2002 and in Cherkassy since 2006. Activities include outreach services, behavioural change communication, promotion of safer sex, condom use, discussion groups, as well as referrals to counselling and HIV testing. In October 2007 two new projects have begun, “Complex approach to HIV/AIDS prevention amongst MSM - a guarantee of efficiency of prevention programs in Kyiv and Cherkasy” (4541 MSM covered with outreach in two cities, 7083 condoms and lubricants distributed) and “HIV/AIDS prevention and Information for MSM” (3000 MSM to be covered, 9000 condoms and lubricants to be distributed) (11).

From 2005 to 2007, a two-year project called “Men who have sex with men: HIV/STI prevention and support” was implemented in Kyiv by the AIDS Foundation East- West, NGO “Gay Alliance” and Noah’s Ark- Red Cross Sweden, with financial support from the Elton John AIDS Foundation (EJAF), the European Union -TACIS, (EU-TACIS) and the Swedish International Development Agency (SIDA). Its overall budget was about EUR 300 000. The project’s goal was that by the end of the two-year project cycle, the government would recognize MSM as a key target group for HIV/STI prevention and that the Gay Alliance would independently manage and co-ordinate a local, community-based support system for MSM in Kyiv; linked to a network of MSM-friendly health and social care professionals, thereby increasing access for MSM to adequate prevention, diagnostic, care and support services. This project included two major components: capacity building/training and HIV prevention interventions for the MSM community of Kyiv. During the project, 37 self-help sessions for MSM were conducted, which were attended by 627 people from the local MSM community. The groups were facilitated by a trained professional and, occasionally, by invited psychologists and STI specialists. Outreach packs containing condoms, lubricants and information on correct condom use were distributed. A total of 44 000 condoms and 11 840 lubricants were distributed during project implementation (12). The mentioned inclusion of MSM in the new National Programme on HIV Prevention, Care and Support may be in part attributed to the activities of this project.

From 2007, GFATM funding has enabled further scaling up of activities. According to the International HIV/AIDS Alliance (the principal recipient), ten projects for MSM prevention have been implemented in 2007-2008, covering 6500 MSM. Apart from outreach services, behavioural change communication, promotion of safer sex, condom use, counselling and testing, planned project targets also include testing for syphilis for 30% of MSM covered (13).

In 2007, a project called “Improvement of the quality of life of HIV+ MSM in Ukraine”, funded by the EJAF was started by the All-Ukrainian Network of PLWH. In 2007, the project provided self support groups, social events, VCT and other services for MSM and HIV positive MSM in four cities; also being carried out is advocacy work at the national and local levels. The total three year budget is around 300 000 USD. During the report period 172 HIV positive MSM received care and support services; 84 were referred to various prevention projects, 123 HIV+ MSM

received peer to peer counselling, and 75 received professional consultations (doctors, psychologists, lawyers, etc) (14).

Several other NGOs also work with MSM, for example the “Chas Zhyttya Plus” in Kyiv, and “Liga” in Mykolaiv.

Homosexuality was decriminalized in 1991 (15). While the Ukrainian constitution protects all citizens from discrimination, sexual orientation is not specified as grounds on which discrimination is prohibited. Although the 2003 draft of the Ukrainian Labour Code included a clause on the prohibition of discrimination in the workplace on the grounds of sexual orientation, it was later deleted from the updated 2007 version (16).

Several surveys testify to the fact that homophobia is still widespread. A survey conducted by the Nash Mir (Our World) Gay and Lesbian Centre in 2005 on a convenience sample of 901 LGBT revealed that 57.3% of men interviewed reported facing discrimination or abuse of their rights, in comparison to 46.1% of women. According to the survey over 75% of LGBT who were open about their sexuality were refused employment, dismissed from employment or experienced hindrance to career advancement (17). Surveys conducted by TNS Ukraine (sociological company, providing omnibus surveys) for Nash Mir in 2002 and 2007 indicate that public opinion has not changed in favour of MSM. In 2002 42.5% of the respondents said they thought everyone should have equal rights, whereas in 2007 this number decreased to 34.1% (18).

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## **Uzbekistan**

Uzbekistan is a central Asian country with a population of around 26.4 million (1). According to Republican AIDS Centre of the Uzbek Ministry of Health, a total of 10 015 cases of HIV have been officially registered in the period from 1987 to end of 2006, 2205 of which in 2006 (2). The epidemic is largely concentrated among IDU who represent 64% of all registered cases, although it should be noted that route of transmission is not recorded for 17.5% of infected. MSM account for 0.5% of all officially registered cases (3). UNAIDS estimates the actual number of PLHIV to be between 15 000 and 99 000 (4).

Very little is known on the prevalence of HIV and STIs and HIV related behaviour among MSM in Uzbekistan. Systematic bio-behavioural surveillance programmes have not yet been carried out among MSM. A total of 2 surveys focused on MSM.

In 1998 WHO and UNAIDS performed an assessment of the HIV related situation among Uzbek MSM. The Uzbek authorities were informed of the need to develop and communicate a genuine commitment for the health of MSM and were suggested to abandon practices of HIV testing among MSM that include registration of those found HIV positive, monitoring of their sexual activities and contacts, breaches of confidentiality in terms of reporting to the police or threats to do so. Other recommendations included development of anonymous VCT services, promoting confidentiality between doctors and patients, and stimulating better relations with MSM groups (5).

In 2005 the Centre for Disease Control and Prevention/ Central Asian Republics (CDC/CAR) carried out a bio-behavioural survey on a sample of 102 MSM in Tashkent. Eleven percent of participants tested positive for both HIV and hepatitis C, while 8% tested positive for syphilis. During the 6 months preceding the survey 38% of the participants reported having intercourse with women while 39% reported using condoms during intercourse with casual male partners, and 58% with female partners (6).

The response to the HIV epidemic among MSM in Uzbekistan is very weak. In the past, sporadic prevention projects targeting MSM were very scarce and mostly concentrated in the capital Tashkent. GFATM funding has enabled some scaling up of activities from 2006, as NGO “ANTI AIDS” and the non officially registered organization “Munavvar Tong” (through PLHIV NGO “Ishonch va Hayot”) currently engage in providing outreach activities, including counselling, distribution of educational materials and condoms. However, services are still only available in Tashkent and to a very limited number of MSM (7).

The level of stigma and discrimination towards MSM in Uzbekistan is very high, and homosexuality remains a criminal offence punishable by up to 3 years imprisonment by article 120 of the Uzbek Criminal Code (8). MSM are subject to frequent violence and extortion from law enforcement agencies.

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