

THE REPUBLIC OF BELARUS

National Report on the Follow-up to the UNGASS Declaration of Commitment on HIV/AIDS

Reporting period: January 2003 – December 2005

Minsk 2005

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1. SITUATION AT A GLANCE

In 2003-2005, HIV infection epidemic was at a concentrated stage in the majority of administrative territories of the Republic of Belarus and in some areas HIV prevalence did not exceed 5% even among the most-at-risk populations (injecting drug users), which, perhaps, is an evidence of the low-level epidemic.

For the purposes of monitoring of the follow-up to the Declaration of Commitment on HIV/AIDS the Republic of Belarus applied indicators suggested by the UNAIDS in July 2005 for countries with concentrated epidemics and low-prevalence epidemics. Most-at-risk population in the Republic of Belarus include injecting drug users (IDUs), female sex-workers (FSW) and men who have sex with men (MSM).

National Commitment and Action	
Indicator	
1.	Amount of government funds allocated for HIV/AIDS 2004 – USD 5,815,000 9 months of 2005 – USD 6,140,204

Source: Financial monitoring data for 2004 and 2005, AIDS Prevention Department of the State Institution “National Center for Hygiene, Epidemiology and Public Health”

Governmental HIV prevention program: HIV testing and prevention programs for most-at-risk populations		
	Indicator	%
3.1	Percentage of IDUs, who received HIV testing in the last 12 months and know the results	39.2
3.2	Percentage of FSW, who received HIV testing in the last 12 months and know the results	48.5
3.3	Percentage of MSM, who received HIV testing in the last 12 months and know the results	55.4
4.1	Percentage of IDUs, reached by prevention programs	16.4
4.2	Percentage of FSW, reached by prevention programs	8.8
4.3	Percentage of MSM, reached by prevention programs	7.1

Indicators 3.1-3.3. Source: Data of behavioral study of the populations with high vulnerability to HIV infection, 2005, AIDS Prevention Department of the “National Center for Hygiene, Epidemiology and Public Health”

Показатели 4.1-4.3. Source: Data of the program monitoring of prevention interventions among the populations with high vulnerability to HIV, 2005, AIDS Prevention Department of the “National Center for Hygiene, Epidemiology and Public Health”

Knowledge and Behavior		
	Indicator	%

5.1	Percentage of IDUs, who both correctly identify ways of preventing the transmission of HIV and who reject major misconceptions about HIV transmission	61.4
5.2	Percentage of FSW, who both correctly identify ways of preventing the transmission of HIV and who reject major misconceptions about HIV transmission	23.8
5.3	Percentage of MSM, who both correctly identify ways of preventing the transmission of HIV and who reject major misconceptions about HIV transmission	62.8
6.	Percentage of FSW reporting the use of a condom with their most recent client	77.3
7.	Percentage of MSM reporting the use of a condom with their most recent male partner	61.6
8.	Percentage of injecting drug users who have adopted behaviors that reduce transmission of HIV	50.1

Source: Data of behavioral survey of the populations with high vulnerability to HIV infection, 2005, AIDS Prevention Department of the "National Center for Hygiene, Epidemiology and Public Health"

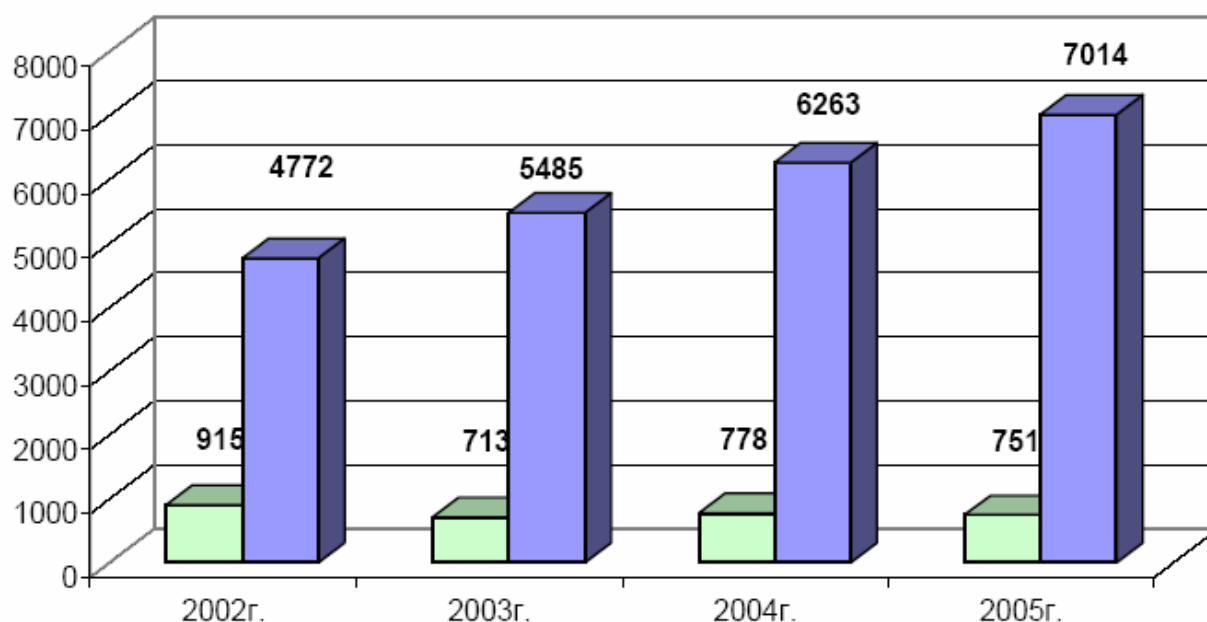
Impact		
	Indicator	%
9.1	Percentage of IDUs who are HIV infected - In the Republic of Belarus - In Minsk city	10.9±0.6 30.9±2.5
9.2	Percentage of FSW who are HIV infected	0
9.3	Percentage of MSM who are HIV infected	0

Source: Data of sentinel epidemiological surveillance performed in 2004 among the populations with high vulnerability to HIV, AIDS Prevention Department of the "National Center for Hygiene, Epidemiology and Public Health"

2. OVERVIEW OF THE HIV/AIDS EPIDEMIC*

By December 31, 2005 the total number of officially registered HIV infections in Belarus reached 7,014 cases, which constitutes 71.2 cases per 100,000 people. Of them, 713 cases were identified in 2003 (the rate of decrease compared to 2002 was 22.1%), 778 cases – in 2004 (the growth rate – 9.1%) and 751 case in 12 months of 2005 (the decrease rate – 3.5%). So, in 2003-2005 the number of newly registered cases did not exceed the level of 2002 (915 cases). In 2005 the HIV incidence rate among urban residents (8.4 cases per 100,000 people) reduced by 1.3 times compared to 2002 (11.0 cases per 100,000 people), and among rural residents it slightly increased. By December 1, 2005 the epidemic process had involved 169 administrative territories, of them 37 – during the reporting period.

Dynamics of Registration of HIV Infections in the Republic of Belarus



- Number of HIV infected people identified during the year
- Number of cases, a progressive total

Despite the fact that 66.8% cases of HIV infection in Belarus have been registered among drug users, currently the infection is transferring from the drug using population into the general population of the country.

Data of sentinel epidemiological surveillance performed in 2004 show that the level of HIV incidence among drug users at most of the sentinel sites had remained unchanged, or slightly reduced during two recent years, excluding cities of Soligorsk, Minsk and Borisov, where the epidemic situation among IDUs continues to build up.

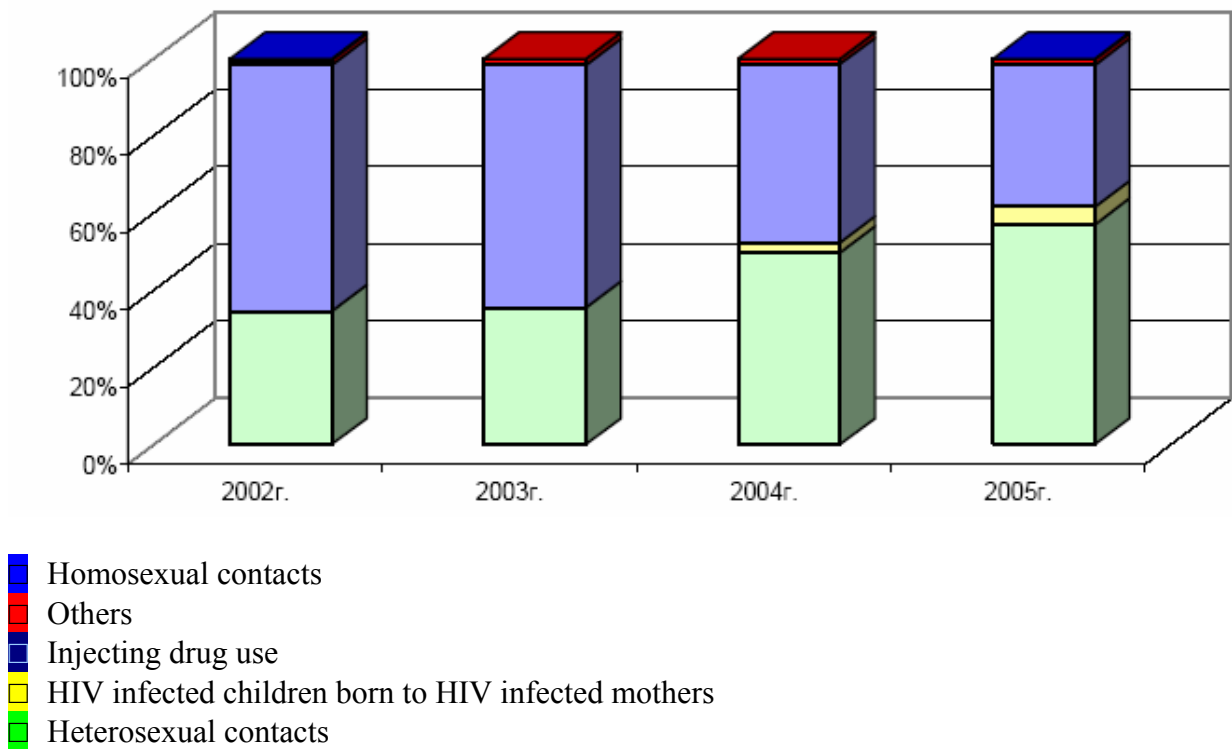
HIV Prevalence among Injecting Drug Users (according to sentinel surveillance data)

Sentinel Site	2002		2004	
	%	Confidence interval	%	Confidence interval
Brest	5.0	4.78 – 5.21	2.8	1.4-4.2
Baranovichi	6.0	5.53-6.47	2.0	0.9-3.1
Mogilev	0.8	0.7 -1.0	0.5	0.1-0.9
Borisov	1.0	0.8-1.2	9.0	6.1-11.9
Molodechno	2.7	2.4-2.9	1.0	0-2.0
Soligorsk	3.5 (2000)	2.2-4.8	25.5	22.4-28.6

Minsk	23.0	20.9-25.1	30.9	28.4-33.4
The Republic of Belarus	9.1	8.4 -9.8	10.9	10.3-11.5

More than half of all newly registered infections in the country are related to sexual contacts (in 12 months of 2005 the share of people infected through sexual intercourse was 57.2%, while back in 2003 it did not exceed 35.4%).

Distribution of HIV Infections by Transmission Routes



The growth of heterosexual transmission is especially visible among women. If in 2003 55.7% of women were infected heterosexually, then in 12 months of 2005 this number was 71.8%.

28 MSM were infected during the whole period of observation, with only 2 new cases registered in 2003-2005. Sentinel surveillance performed in this group in 2004 did not identify positive results at HIV testing, but confirmed the results of 2002 research that revealed rather big STI prevalence in this group (2002 - 18.7±3,5%, 2004 - 22,4±3,2%).

No HIV seropositive cases were identified among FSW in 2004; however, the growing rate of sexually transmitted infections was registered.

Data of Epidemiological Surveillance among Female Sex Workers

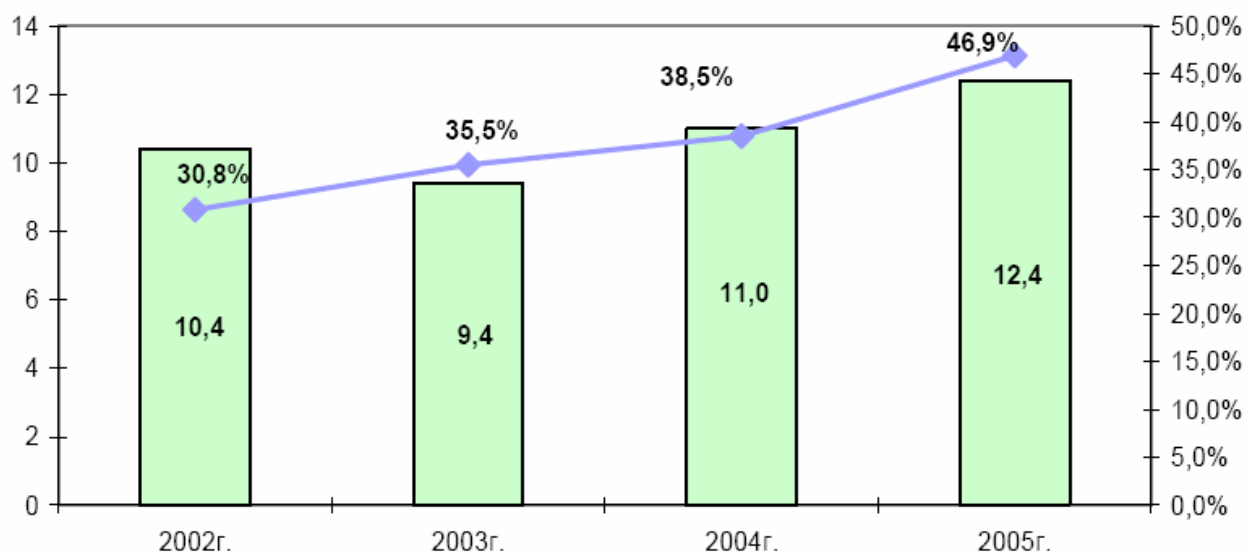
Sentinel Site	2002		2004	
	%	Confidence interval	%	Confidence interval
HIV	0.96	0.86-1.06	0	-
STI	21.2	18.4-24.0	33.1	30.1-36.1

It is estimated that the real number of HIV infected people in Belarus is at least 3 times higher than suggested by official statistics data and today it amounts to around 19,000 people.

303 HIV infected people have developed AIDS (204 of them have already died), including 256 patients (84.5%), who were newly diagnosed with AIDS in the period 2003 – 12 months of 2005. National experts estimate that the number of HIV infected patients, who developed AIDS, was about 800 people.

The share of women in the total number of HIV infected people in the country is 32.3% (2,265), of men – 67.7% (4,749). Compared to 2002, the share of infected women increased from 30.8% to 46.9% during 12 months of 2005.

HIV Infection Prevalence among Female Population



■ HIV infection prevalence among women in fertile age (per 100,000 population)

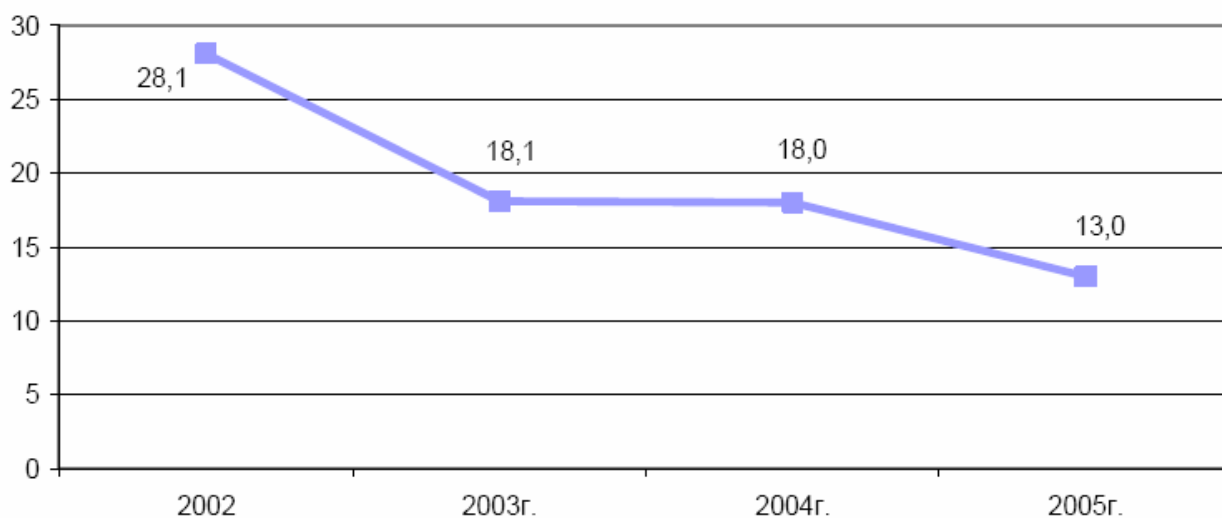
--◇-- share of women in the sex structure of the population.

In the period from 1987 to 11 months of 2005, HIV infected mothers gave birth to 712 children, including 112 children in 2003, 156 children in 2004 and 129 children in 11 months of 2005; HIV diagnosis was confirmed in 76 children. Currently, the rate of vertical transmission of HIV amounts to 8%.

The number of HIV infected prisoners at the penitentiary system facilities has been rather stable in the recent years and by December 1, 2005 amounted to 1,082 people.

There have been certain changes in the development of HIV epidemic process among young people: the share of this population decreased by 1.5 times (2002 – 48.7%; 12 months of 2005 – 32.4%), while the rate of HIV prevalence reduced by 2 times (2002 – 28.1 per 100,000 people; 2005 – 13.0 per 100,000 people).

HIV Prevalence in the Age Group 15-24 Years (per 100,000 people in the age group)



Source: Data of AIDS Department of the “National Center for Hygiene, Epidemiology and Public Health”

3. NATIONAL RESPONSE TO HIV/AIDS EPIDEMIC

3.1. Government Commitments on HIV/AIDS and Activities to Implement Them (January 2003 – December 2005)

National commitments on HIV/AIDS are stated in the Government Program to Prevent HIV Infection for 2001 – 2005 and in the Strategic Plan of Responses to the HIV/AIDS Epidemic in the Republic of Belarus for 2004-2008. These documents reflect priority areas of HIV/AIDS related activities and ensure sustainability in the achievement of the set goals. Key principles of the government policy on HIV/AIDS include:

- Recognition of HIV/AIDS problem as one of the priority tasks of health care system and of social development of the country;
- Multisectoral approach to the implementation of prevention and support programs;
- Ensuring equal access to information on HIV/AIDS, to prevention of infection irrespective of social status, age and sex;
- Implementation of prevention programs among all most-at-risk populations, with the participation of these groups in the activities that are implemented;
- Promotion of the healthy life-styles, safer and responsible behavior among young people; ensuring participation of young people in the epidemic response;
- Ensuring access for HIV infected people to the up-to-date antiretroviral therapy, psychological and social support;

- Protection of human rights of people, living with HIV/AIDS, creation of conditions for children affected by the epidemic to develop and study;
- Broad participation of civil society and charity organizations, of people, living with HIV/AIDS in the implementation of the national strategies. Mobilization of the governmental and other resources to prevent the spread of HIV epidemic.

Currently, 19 ministries and 196 other national government bodies, more than 800 departments and organizations have been involved in HIV/AIDS response activities.

In 2003, in the process of strategic planning they identified the need to strengthen HIV prevention activities among the women in reproductive age. The need to expand work place prevention activities, including among young workers, to improve the system for the provision of comprehensive support to people, living with HIV/AIDS, to ensure comprehensive prevention measures among drug users within the Harm Reduction strategy (i.e., information, access to prevention means, treatment and rehabilitation) was recognized. Approaches to the implementation of monitoring and evaluation of HIV/AIDS situation were revised.

In order to implement the declared principles, the following activities were undertaken in 2003-2005:

- Council of Ministers of the Republic of Belarus expanded the membership in the National Multisectoral Council on HIV Infection to include the representatives of the UN Theme Group on AIDS, non-governmental organizations, private sector and people, living with HIV/AIDS. Country Coordination Committee (CCC) was established on the basis of the National Multisectoral Council on HIV Infection to implement the grant provided by the Global Fund to Fight AIDS, TB and Malaria.
- National HIV/AIDS monitoring and evaluation system was developed and agreed with the implementing partners; an institutional basis for its implementation was established (monitoring and evaluation group; partner organizations were selected), specialists were trained, baseline research were performed and CRIS was installed at the national level.
- The system to provide health care to HIV infected people was improved: the list of registered antiretroviral drugs approved for the use in the country was extended; clinical standards were brought into correspondence with the WHO protocols; Ministry of Health ensured provision of etiotropic highly active therapy for 120 HIV infected patients and implemented comprehensive medical activities to prevent mother-to-child transmission of HIV infection.
- Information and analytical program to monitor activities to prevent vertical transmission of HIV and regular medical check-up of the children born to HIV infected mothers was developed.
- Screening of the population on HIV, check-up of all donor blood, organs and tissues for HIV are being implemented on a permanent basis; capacities to perform laboratory monitoring of the disease development in HIV infected people were expanded.
- The system to train and retrain health care professionals on HIV infection was improved. A campaign was organized to train infectious diseases physicians to perform regular check-up of HIV infected patients, including in the penitentiary system.
- Ministry of Health in cooperation with the Ministry of Education and the Ministry of Labor and Social Protection undertake measures to provide a comprehensive support to children affected by the epidemic.
- In the end of 2004, Belarus started implementation of the project “HIV/AIDS Prevention and

- Treatment in Belarus” funded by the Global Fund to Fight AIDS, TB and Malaria.
- Various activities were performed within the World AIDS Campaign, etc.

3.2. Government Programs and Characteristics of Epidemiological and Behavioral trends

The following **information and educational** activities were performed in 2003-2005:

- Training of schoolchildren and students at secondary schools, colleges and higher educational institutions was performed on an ongoing basis;
- More than 24 national training seminars for the specialists from different ministries and around 200 educational activities in the regions were held;
- 11 national actions within the World AIDS Campaign;
- Topical newspaper “SPID-Courier” is published annually;
- 6 video clips, 4 short films and 40 kinds of information and educational materials were produced;
- Electronic media broadcasts public service announcements on HIV/AIDS on a free basis. Total length of video clips on HIV/AIDS problem was 2% of total air time of PSA on TV channels. (*Source: Content analysis “Coverage of HIV/AIDS problems by Belarus TV and radio, 2005. National Belarus TV and Radio Company, AIDS Prevention Department of the “National Center for Hygiene, Epidemiology and Public Health”*);
- Topical contests of posters (periodicals, TV and radio programs), scripts of public events were organized on an annual basis;
- Information campaigns “TV and Music Stars against AIDS” (2003) and “Women, Girls and HIV/AIDS” (2004) were organized;
- Information and educational project was implemented in cooperation with UNFPA in the Armed Forces;
- Methodological recommendations and materials on HIV/AIDS problem were developed and published: for the specialists of the Ministry of Education facilities – 4 kinds, including manual for the form-masters “Together against AIDS” to work with parents; manual on the work with youth, adolescents and children attending extracurricular facilities; manual “HIV Infection Prevention at Secondary Schools (5-11 grades)”. Other manuals including “Health and Sport against AIDS”, “Experience of Prevention of HIV Infection at Communal Service Enterprises”, “Collection of Publicistic Materials” were published for the specialists of other ministries and institutions.
- Second national scientific and practical conference “Medical and Social Aspects of HIV and Sexually Transmitted Infections” was held;
- Video material and poster for the schools and vocational training schools was produced for the implementation of the national action “Lesson for Life” within 2005 campaign;
- Information and educational center and Internet portal on HIV/AIDS were created for different categories of specialists, NGO and youth leaders;
- Information and educational activities for young people are performed with the use of peer education approach.

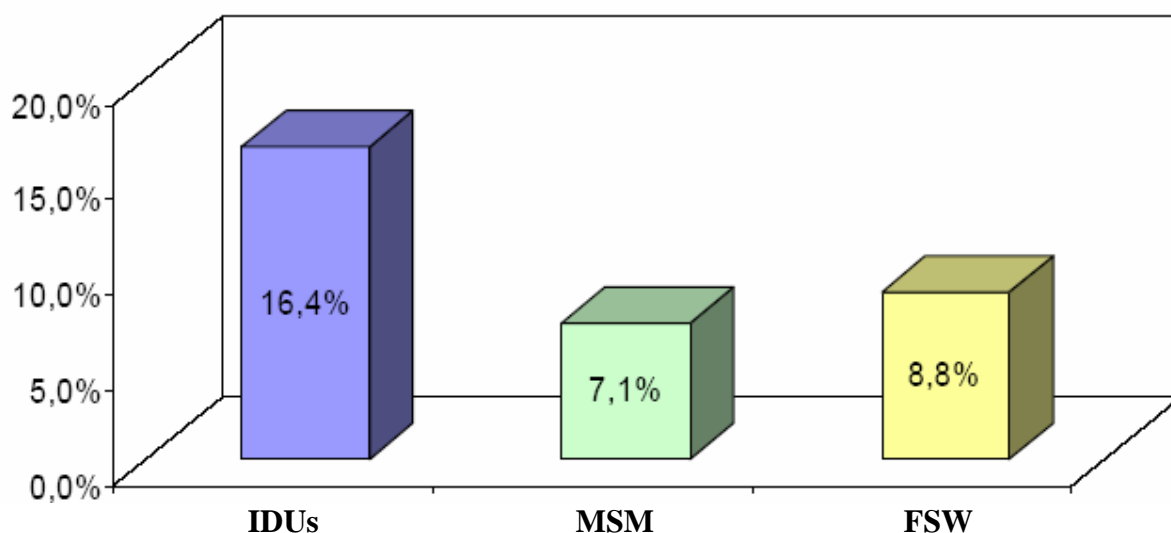
Prevention interventions were mostly focused on the population groups with the highest risk of HIV infection:

- 73 anonymous counseling centers for drug users were opened and are functioning; they are funded from the state budget and from the Global Fund. In 2005 their material and human

capacity was strengthened, methods of outreach work were used more extensively, the list of counseling services was expanded. In 2005, the centers provided serviced to 8,200 drug users, i.e., to 16.4% of the estimated number of IDUs in the country.

- In the oblast (province) centers and in the capital of the country conditions for prevention activities among MSM and FSW were created: trusted physicians were trained and are working, access to STI diagnostics and treatment was ensured, counseling and means to prevent HIV/STI infection are provided, including by the outreach workers. To date, prevention programs are covering 5,000 MSM and 1,500 female sex workers.

Percentage of the Representatives of Most-at-Risk Populations Covered by Prevention Programs



Representatives of most-at-risk populations have access to HIV testing services – it was indicated by 72.5% of interviewed IDUs, 80.8% MSM and 77.2% FSW. (*Data of behavioral survey among most-at-risk populations, 2005, AIDS Prevention Department of the “National Center for Hygiene, Epidemiology and Public Health”). In 2005 48.5% of interviewed female sex workers, 55.4% MSM and 32.9% IDUs received HIV testing and knew the results. The highest demand on HIV testing services was registered among the representatives of these populations in the age over 25 years.*

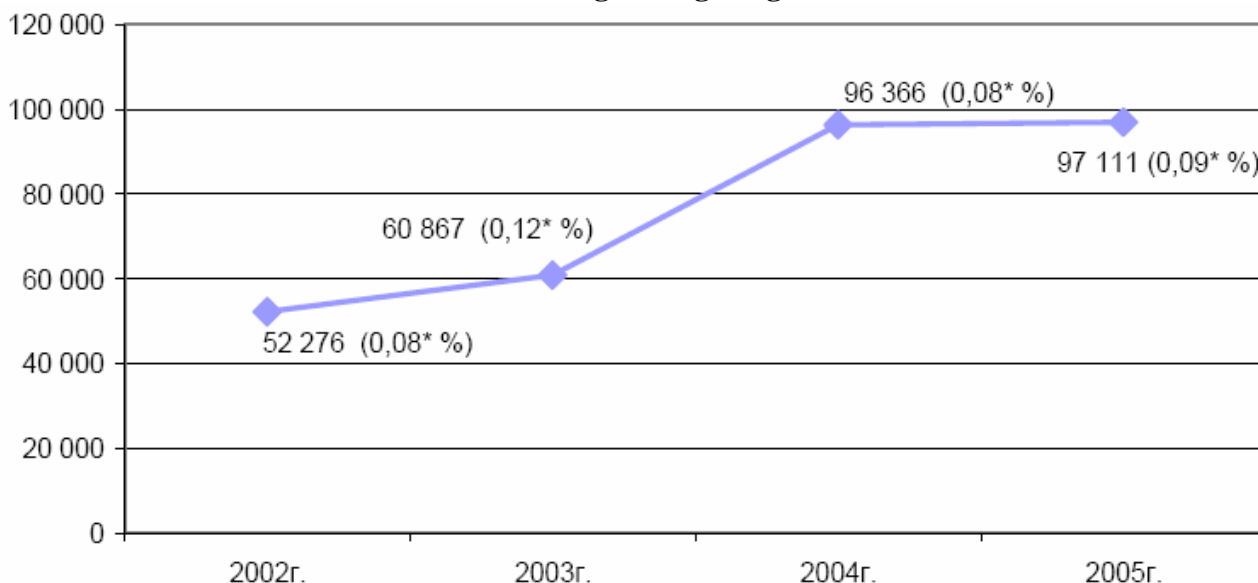
Percentage of the Representatives of the Most-at-Risk Populations, Who Received HIV Testing in the Last 12 Months and Know the Results

Target Group	Under 25 years	Over 25 years	Total in the Group
FSW	38,2	60,4	48,5
MSM	53,2	57,0	55,4
IDU	35,3	41,3	39,2

Access to HIV counseling and testing and to condoms has been ensured at the penitentiary facilities. Youth friendly clinics operate in 3 regions of the country within the pilot projects; they provide comprehensive counseling services on reproductive health, HIV prevention, sexually transmitted infections and drug abuse issues.

All health care facilities in both urban and rural areas of the country provide access to HIV testing and counseling services on a free and anonymous basis; training for the specialists was organized. Demand of pregnant women on voluntary counseling had increased and the number of tested women grew by 1.8 times (from 52,276 people in 2002 to 97,110 in 2005), while the number of women who received counseling increased by 6.8 times. In cooperation with UNICEF, a video clip promoting HIV testing among women in reproductive age was produced and information materials published within the project “Prevention of Mother-to-Child Transmission of HIV”.

Data on HIV Testing among Pregnant Women



* prevalence indicator

- Protocols for the prevention of vertical transmission of HIV were revised: in 2003 they introduced the regimen of emergency prevention with Nevirapin; in 2005, on the basis of the WHO guidelines, they envisaged the use of multi-drug combination regimens to prevent HIV transmission. Coverage of target groups with the activities to prevent mother-to-child transmission of HIV increased: in 2002 prevention treatment course was provided to 81.0% of women, while in 12 months of 2005 – to 91.2%. A complete course of medicinal prophylaxis was provided to 76% of HIV infected pregnant women and newborns in 2005.
- Health care facilities are implementing comprehensive measures to prevent nosocomial and occupational transmission of HIV infection (these measures include personnel training, equipment of health care facilities with disinfecting and sterilizing means, prevention of occupational infection).
- Measures to ensure donor blood safety include the system of donors selection, testing of all blood samples with the modern test-kits, provision of the blood facilities with the modern equipment; the approaches to the use of blood products have been revised.

	Indicator	Meaning	Source
1.	Percentage of schools with teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last academic year	37.8%*	<i>Report on HIV/AIDS situational analysis in the Republic of Belarus, Minsk, 2003 (sampling: 283 schools, including 27% rural schools)</i>
2.	Percentage of large enterprises/companies which have information and educational HIV/AIDS workplace policies and programs	51.0%*	<i>Report “Study of information and educational HIV/AIDS workplace programs”, Minsk, 2005 (sampling: 100 enterprises, including 47% of private enterprises).</i>

** These data were received within the national monitoring system and calculated without application of CRIS software.*

Care/Treatment

- Standards for the provision of health care to HIV infected were revised on the basis of the WHO Protocols for CIS countries. Training for infectious diseases physicians, obstetricians and gynecologists and neonatologists was organized.
- The quantity of applied antiretroviral medications and treatment regimens were increased. IN 2003 the country had 3 registered antiretroviral medications, in 2005 – 10 ARV medications.
- Combination antiretroviral treatment is provided to 120 HIV infected patients at the expense of the state budget. The Global Fund grant will enable provision of treatment to additional 450 patients.
- Comprehensive measures on diagnostics, prevention and treatment of opportunistic infections are being implemented.
- Palliative care to HIV infected people is provided by health care workers and the Red Cross employees in 5 regions most heavily affected by the epidemic.
- Services on reproductive health, family planning and contraception are provided to HIV infected people.

	Indicator	Meaning	Source
5.	Percentage of patients at the clinical manifestations stage of HIV infection receiving antiretroviral combination therapy	40.0%*	<i>Data of monitoring of HIV/AIDS treatment programs for 2005, AIDS Prevention Department of the State Agency “National Center for Hygiene, Epidemiology and Public Health”</i>

** These data were received within the national monitoring system and calculated without application of CRIS software.*

Mitigation of HIV/AIDS Epidemic Impact

The country pays monthly allowance to HIV infected children until they reach the age of 18 years. Patients with AIDS receive social benefits in the form of allowance and are provided with free medications.

Most children born to HIV infected mothers are brought up in the families. The number of children on the state allowance is not big (by December 31, 2005 there were 38 such children, including 4 children with HIV positive status).

In 2003-2005 the following activities were implemented to mitigate the negative impact of the epidemic:

Methodological guidelines for the provision of medical, psychological and pedagogical support to children born to HIV infected mothers at children's facilities were developed. Seminars for teachers and social workers on the provision of help to children affected by the epidemic were held. Recommendations for people, who bring up HIV infected children, were developed; training sessions for parents in the regions with the largest number of HIV infected people were organized. Self-help groups for people living with HIV/AIDS have been organized in 7 cities of the country. Ministry of Labor and Social Protection is implementing a pilot project on the provision of counseling assistance to families affected by the epidemic.

In 2003, an International Conference "Expanding Opportunities to Advocate Human Rights of People, Living with HIV/AIDS in the New Independent States" was held in Minsk. Participants to the forum included people, living with HIV/AIDS, representatives of governmental and non-governmental organizations.

3.3. Government Funding of HIV/AIDS Response Activities

Belarus has a national free health care system, which is funded from the national and local budgets. The State Program for the Prevention of HIV Infection does not have a financial component and funds for its implementation are not allocated. Program activities are funded from the national and local budget lines on "Health Care" and from the sources of program implementers.

The Strategic Plan of Priority HIV/AIDS Epidemic Response Activities for 2004-2008 covers all key aspects of prevention and activities to mitigate the negative impact of the epidemic, including work with vulnerable groups on the basis of the Harm Reduction strategy, treatment and support to people, living with HIV/AIDS, information and educational activities among different population groups. The plan contains detailed financial requirements to ensure comprehensive prevention activities and to support people, living with HIV/AIDS.

In 2004 the amount of funds spent by governmental organizations for the implementation of the State Program for the Prevention of HIV Infection was USD 5,815,000.

In 2005 the amount of funds spent on the implementation of the State Program for the Prevention of HIV Infection had increased. In 9 months of 2005 around USD 6,140,204 were spent on prevention of HIV infection spread and on treatment and care from the budgets of the Ministry of Health, other ministries and institutions and local budgets.

Since the beginning of 2005 the country has been implementing the project "HIV/AIDS Prevention and Treatment in the Republic of Belarus" finance by the Global Fund to Fight AIDS, TB and Malaria. The Project supports key areas of the government policy on HIV/AIDS: treatment and care to people with HIV infection; prevention of HIV spread among drug users, female sex workers and gays; interventions at the penitentiary facilities, implementation of information and educational activities among different populations, and support to HIV/AIDS related monitoring and evaluation system. The amount of the first tranche for the first Project year is USD 2,085,375.

In 2005 the United Nations agencies provided support to the projects on HIV/AIDS in the country in the amount of USD 321,094.

Knowledge/Behavior

1. Young People Aged 15-24 Years

Data sources:

1. *Report on HIV/AIDS Situational Analysis in the Republic of Belarus, Minsk, 2003 (sampling: 500 respondents in 4 regions of the country).*

2. *Report on the survey “Awareness and Behavioral Trends in Young People Aged 15-24 Years in HIV/AIDS Context”, Minsk, 2005 (national sampling of 1,500 people).*

Knowledge

- The level of interest to the problem among young people has not changed: 70% of respondents in 2003 and 69.4% - in 2005 estimated HIV/AIDS problem in our country as a very relevant for the society.
- Respondents pointed at the following key sources of information about HIV/AIDS: mass media (86.2%), lessons at educational facilities (49.4%), consultations with health care workers (48.1%).
- The level of knowledge of young people about the major infection transmission routes remains rather high: 97.7% of respondents in 2005 (97.3% in 2003) considered that one can become HIV infected through the shared use of injecting equipment (syringes, needles, etc.) while injecting drugs; 97.1% (2005) and 98.3 % (2003) indicated that sexual contacts without condom can result in infection. However, misconceptions about this problem are also spread among young people: so, 12.5% of interviewed in 2005 and 13.4% - in 2003 believed, that one can be infected with a mosquito bite.

In 2005, taking into account the abovementioned, the indicator calculated with the use of CRIS (GE-10 “Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission” was 34.9%.

Indicator	Period	Value	
GE-10 (NPBI-7): Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	All respondents	2005	34.89 %
	Women	2005	34.02 %
	Men	2005	35.76 %

Behavior:

- Percentage of young women and men aged 15-24 who have had sex with a non-marital, non-cohabiting sexual partner in the last 12 months has reduced (2003 -. 44% women and 78% men; 2005r. - 23.5% and 47.3 % respectively).
- Most young people, who had sex with a non-marital, non-cohabiting partner, use condoms. In 2003 this indicator was 64%, in 2004 – 66.2%. Safer behavior is demonstrated by urban

respondents.

Indicator	Period	Value	
GE-13 (NPBI-8): Percentage of young women and men aged 15-24 reporting the use of a condom the last time they had sex with a non-marital, non-cohabiting sexual partner	All respondents	2005	66.21 %
	Women	2005	61.85 %
	Men	2005	70.56 %
	Rural residents	2005	58.46 %
	Urban residents	2005	70.35 %

Impact indicator: The indicator of HIV prevalence in the reporting period among young people aged 15-19 years decreased by 1.7 times, and among young people aged 15-24 years – by 1.4 times.

Indicator of HIV Prevalence per 100,000 People in Each Age Group

Age Group	2003	2005
15-19 years	6.7	3.8
15-24 years	18.1	13.0

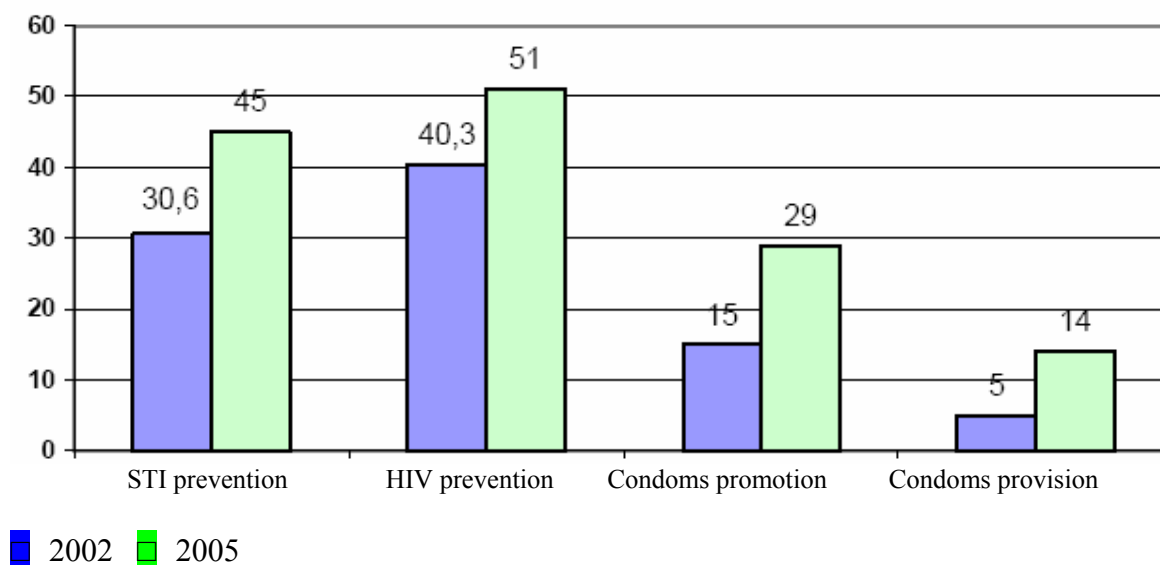
2. HIV/AIDS and the World of Work

Data sources:

1. Report on HIV/AIDS Situational Analysis in the Republic of Belarus, Minsk, 2003 (research in 2002, sampling: 63 enterprises in 3 regions of the country, including 62% of private ownership).
2. Report “Survey of information about educational activities on HIV/AIDS in the workplace”, Minsk, 2005 (national sampling: 100 enterprises, including 47% of private ownership).

HIV prevention activities in the production sphere have become more active. The results of sociological studies performed in 2005 demonstrated that 51% of enterprises were implementing activities to prevent HIV infection (in 2002 – 40.3%) and to promote safer sexual behavior (correspondingly, 29% in 2005 and 15% in 2003).

Number of enterprises that had workplace policies on HIV/AIDS (in %)



3. Most-at-Risk Populations (injecting drug users, men, who have sex with men, female sex workers)

Data sources:

1 Data of sentinel surveillance performed in 2004 in the groups of high vulnerability to HIV/AIDS Prevention Department of the “National Center for Hygiene, Epidemiology and Public Health” (sampling: IDUs – 920, MSM – 226, FSW – 237).

2. Data of behavioral survey in the groups of high vulnerability to HIV/AIDS Prevention Department of the “National Center for Hygiene, Epidemiology and Public Health” (sampling: IDUs – 531, MSM – 364, FSW – 136).

Knowledge:

- Representatives of IDUs and MSM demonstrated rather high level of knowledge about HIV/AIDS. Female sex workers were slightly less aware of the problem; 86.2% in this category of respondents knew about sexual transmission of HIV but demonstrate misconceptions about the possibility to get HIV infection through everyday contacts (only 58.5% of respondents gave correct answers) and mosquito bites (62.3% of correct answers). In all groups, people who were older than 25 years demonstrated higher awareness.

Percentage of the representatives of most-at-risk groups who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission, 2005

Target group	Under 25 y.o.	Over 25 y.o.	Total in the group
FSW	22.1	28.0	23.84
MSM	61.3	65.5	62.81
IDU	58.8	63.5	61.43

Behavior:

- Number of drug users, who indicated at the interview that they had access to sterile needles and syringes, has increased from 93.5% in 2004 to 98.1% in 2005.
- Multiple use of one’s syringe was less commonly practiced - 51% (2004) and 37.7% (2005).
- The share of IDUs who used condoms the last time they had sex has increased (2004 – 49.4%, 2005 – 64.2%).

Indicator	Period	Value	
CLPE8 (NPBI-6): Percentage of injecting drug users who have adopted behaviors that reduce transmission of HIV, i.e., who both avoid sharing equipment and use condoms, in the last 12 months	All respondents	2005	51.67 %
	Women	2005	55.10 %
	Men	2005	48.23 %
	Under 25 y.o.	2005	58.66 %
	Over 25 y.o.	2005	44.67 %

Data received by this indicator that characterizes behavior (see above) demonstrate that men and individuals over 25 years of age practice higher risk behavior more frequently.

- The share of MSM who indicated during an interview that they had access to the means that protect from sexual transmission of HIV (condoms, lubricants) had increased from 83.2% in 2004 to 95.2% in 2005.

- Percentage of MSM, who entered into sexual intercourse for remuneration, decreased from 24.6% in 2004 to 19.8% in 2005. The frequency of use of HIV/STI prevention means at commercial sex contacts has grown; 58.8% respondents indicated that they used condom the last time they bought or sold sex services in 2005 (47% in 2004).
- The share of MSM, who used condom the last time they had sex with man was 61.6% in 2005.

Indicator		Period	Value
CLPE7 : Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner	All respondents	2005	61,63 %
	Under 25 y.o.	2005	57,23 %
	Over 25 y.o.	2005	66,03%

- The number of MSM reporting that they had sexually transmitted infections in the last year, has decreased (2004 – 23.5%, 2005 -18.9%)
- Respondents from among FSW reported on the improved access to the means that prevent sexual transmission of HIV (2004 – 92.4%, 2005 - 97%).
- The share of FSW, who used a condom the last time they has sex with a client was 77.3% in 2005 (77.7% in 2004).

Impact Indicator:

- In 2004 the level of HIV seroprevalence among IDUs in the age group 15-19 years had slightly decreased in the country as a whole ($5.8 \pm 1.3\%$) compared to 2002 ($9.7 \pm 2.2\%$). Besides, in 2002 the share of seropositive cases among IDUs in the age group 15-19 years was 6% of all positive results, while in 2002 this indicator amounted to 16.5%.
- During 2002 and 2004 sentinel surveillance did not identify any positive testing results among MSM.
- In 2002, unlike 2002, there were no positive findings at HIV testing among FSW.

4. Major Challenges Faced and Actions Needed to Achieve UNGASS Goals/Targets

1. High cost of antiretroviral therapy; limited list of medications to treat HIV and opportunistic infections, limited capacities of laboratories to perform diagnostics of opportunistic infections (equipment, test kits). These challenges can be addressed within the implementation of the Global Fund project “HIV/AIDS Prevention and Treatment in the Republic of Belarus”.
2. Small number of non-governmental organizations interested in the implementation of activities to prevent HIV infection among most-at-risk populations (drug users, MSM, FSW, prisoners).
3. Insufficient level of introduction of modern, interactive methodologies of life-skills-based education on HIV/AIDS prevention at the educational facilities. Lack of methodological literature, manuals and video materials.
4. Low activity of non-governmental organizations protecting the interests of people, living with HIV/AIDS, to advocate their own rights.
5. Insufficient capacity for the provision of a comprehensive support to people, living with HIV/AIDS, including psychosocial support.
6. Low level of theoretical knowledge and skills among volunteers and outreach workers to introduce Harm Reduction strategies in the groups of high vulnerability to HIV.

5. Support Required from Country’s Development Partners

At the current stage Belarus needs the partners' assistance in the following HIV/AIDS related areas:

- to perform research within the framework of the national HIV/AIDS monitoring and evaluation system, to develop computer and information technologies in this area;
- to undertake comprehensive measures for the prevention of HIV infection among injecting drug users in all regions of the country, including introduction of Harm Reduction and rehabilitation programs; to support activities aimed at reduction of vulnerability to HIV of such groups as MSM, FSW and prisoners;
- to develop activities for the provision of a comprehensive psychosocial support to people, living with HIV and affected by the epidemic;
- to contribute to the accessibility of antiretroviral therapy, prevention and treatment of opportunistic infections and to perform a comprehensive laboratory monitoring of HIV infection treatment process;
- to support the strengthening of the national capacity to provide HIV/AIDS related care and treatment, including the introduction of team approach to the provision of health care and to develop adherence to treatment;
- to support activities aimed at the prevention of vertical transmission of HIV;
- to support a broad introduction of interactive forms of education on HIV/AIDS, to develop life-skills and to provide topical literature and materials to the educational facilities;
- to support the capacity building of the non-governmental sector to involve it in the epidemic response and impact mitigation activities;
- to support scientific research in order to introduce the new methods of epidemiological surveillance, prevention, treatment and diagnostics of HIV infection.

6. Monitoring and Evaluation Environment

Belarus has a unified system for the collection and processing of data related to HIV/AIDS problem. All cases of HIV infection with the confirmed laboratory, epidemiological and clinical diagnosis are subject to statistical registration. Data from the regions are sent to the AIDS Prevention Department of the "National Center for Hygiene, Epidemiology and Public Health" for the computer processing and interpretation, with the analysis of HIV prevalence in separate population groups and of other demographic indicators.

Research of HIV prevalence, in addition to population screening, is performed using the method of sentinel surveillance. In addition to biomedical surveillance they implement behavioral surveys among most-at-risk populations, including drug users, MSM and commercial sex workers.

Sociological surveys are performed in cooperation with the ministries and organizations involved in the implementation of the State Program for the Prevention of HIV Infection, in particular, with the Ministry of Education, Ministry of Internal Affairs, civil society organizations working with the risk groups.

In 2005 the national HIV/AIDS monitoring and evaluation system was established. The goal of this system is to ensure a regular collection, storage, analysis and distribution of information about the national activities in response to HIV/AIDS spread in the Republic of Belarus.

The monitoring and evaluation system for HIV/AIDS situation and epidemic response activities is

based on the documents that determine the activities of the global community in the area of HIV/AIDS (UN Millennium Declaration – 2000, UN Declaration of Commitment on HIV/AIDS – 2001).

The national monitoring and evaluation system is based on 28 key and 18 additional indicators that allow determining of efficiency of individual prevention approaches, quality of medical and social services provided to HIV infected people, and enable comparing approaches to HIV/AIDS epidemic response in other countries.

Information gathering for the national monitoring and evaluation system is performed through the implementation of epidemiological surveillance of HIV infection, sociological and behavioral surveys, monitoring of program and financial management. The national monitoring and evaluation system is functioning on the principles of multisectoral cooperation, which is achieved through the participation of ministries, institutions and civil society organizations under the leadership of Consultative Council on Monitoring and Evaluation (CCME) that has a coordinating role.

Research planning, control over the data collection by various institutions, analysis of the results with the consequent distribution of information among all stakeholders about the achievements of the national epidemic response activities, or about the existing needs is performed by the AIDS Prevention Department of the State Institution “National Center for Hygiene, Epidemiology and Public Health”. In 2005 a number of research activities were implemented with the support from the Global Fund project in the following topic areas:

- Women in reproductive age and HIV/AIDS;
- Implementation of workplace prevention programs;
- Role of TV and radio in the information and education related to HIV/AIDS problem;
- Implementation of prevention programs at the educational institutions (schools) – at the completion stage;
- Awareness raising and behavioral trends of young people in the age group 15-24 years;
- Implementation of prevention and support programs at the penitentiary facilities;
- Behavioral trends and awareness level among IDUs, MSM and FSW;
- Financial monitoring of the implementation of the State Program for the Prevention of HIV Infection.

CRIS software was installed at the national level; regional specialists were trained to expand the opportunities for the use of information technologies in the country oblasts (provinces). Oblast AIDS prevention departments were provided with necessary computer equipment.

Information and analytical software to monitor activities aimed at the prevention of vertical transmission of HIV and at the regular check-up of children born to HIV infected mothers was developed with the UNICEF support.