



**SPECIAL REPORT**

# Thematic report: Stigma and discrimination

Monitoring implementation of the Dublin Declaration on  
Partnership to Fight HIV/AIDS in Europe and Central Asia:  
2012 progress

**ECDC SPECIAL REPORT**

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Monitoring implementation of the Dublin Declaration on Partnership to  
Fight HIV/AIDS in Europe and Central Asia: 2012 progress report



This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Teymur Noori and Anastasia Pharris (ECDC), Programme for sexually transmitted infections, including HIV/AIDS and blood-borne infections.

This report is one in a series of thematic reports based on information submitted by reporting countries in 2012 on monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS. Other reports in the series can be found on the ECDC website at: <http://www.ecdc.europa.eu/> under the health topic HIV/AIDS.

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# Contents

Abbreviations .....	iv
Key messages .....	1
Background .....	2
Method .....	2
Non-discrimination laws and regulations .....	3
Mechanisms to document and address discrimination .....	4
Policies and laws prohibiting HIV screening for employment .....	7
Programmes to reduce HIV-related stigma and discrimination .....	8
Discussion and conclusions .....	10
Issues needing further action .....	12
Annex 1. Non-discrimination laws and regulations specifying protection for key populations and vulnerable groups .....	13
Annex 2. Mechanisms to address discrimination, policies or laws prohibiting HIV screening for employment and programmes to reduce HIV-related stigma and discrimination .....	14
Annex 3 Countries included in Dublin Declaration monitoring .....	15

## Abbreviations

ECDC	European Centre for Disease Prevention and Control
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
EU/EFTA	European Union/European Free Trade Association
MSM	Men who have sex with men
NCPI	National Commitments and Policies Instruments
NGO	Non-governmental organisation
OVC	Orphans and vulnerable children
PLWHA	People living with HIV/AIDS
STI	Sexually transmitted infections
UNAIDS	Joint United Nations programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
WHO	World Health Organization

# Executive summary

## Key messages

Non-discrimination laws or regulations are more likely to specify protection for people living with HIV, migrants and prisoners than for men who have sex with men (MSM), people who inject drugs, sex workers and transgendered people. Based on responses from government and civil society, no country has laws or regulations protecting all of these population groups.

Overall, civil society respondents were less likely than government respondents to consider that laws or regulations exist to protect specific populations. The divergence in responses was especially marked with respect to sex workers, people who inject drugs and MSM.

A high proportion of countries have programmes to reduce HIV-related stigma and discrimination and mechanisms to document and address cases of discrimination. More than 70% of government and civil society respondents report that there are programmes to reduce stigma and discrimination; 70% of government and 65% of civil society respondents report the existence of mechanisms to document and address discrimination.

The proportion of countries reporting the existence of a policy or law prohibiting HIV screening for general employment purposes was lower – 60% of government respondents and 53% of civil society respondents – but still represents an improvement since 2010 when only 43% of countries reported the existence of such a policy or law.

Although data about non-discrimination laws and policies, mechanisms to address discrimination and programmes to reduce HIV-related stigma and discrimination are useful, current reporting provides no information about the extent to which individuals experience stigma and discrimination, the impact this has on uptake of services or the effectiveness of measures to prevent or address stigma and discrimination.

## Background

The Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia, adopted in 2004, was the first in a series of regional declarations, which emphasise HIV as an important political priority for the countries of Europe and Central Asia.

Monitoring the progress in implementing this declaration began in 2007 with financial support from the German Ministry of Health. This resulted in the publication of a first progress report by the WHO Regional Office for Europe, UNAIDS and civil society in August 2008. In late 2007, the European Commission requested ECDC to monitor the Dublin Declaration on a more systematic basis. The first country-driven, indicator-based progress report was published in 2010<sup>i</sup>. The objective was to harmonise indicators with existing monitoring frameworks, notably the United Nations General Assembly Special Session (UNGASS) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) indicators, and with the EU Communication and Action Plan<sup>ii</sup>, using existing data and focusing on reporting that was relevant in the European and Central Asian context, to minimise the reporting burden for countries. In 2012, instead of producing one overall report, information provided by countries has been analysed to produce ten thematic reports.

## Method

All 55 countries were requested to submit data regarding their national responses to HIV (see Annex 3 for a list of the 55 countries). For this round of reporting, the process was further harmonised with Global AIDS Response Progress Reporting (formerly known as UNGASS reporting). As a result, countries submitted most of their responses through a joint online reporting tool hosted by UNAIDS. Responses were received from 51 of 55 countries (93%). This response rate was slightly higher than for 2010. More details of methods used are available in the Background and Methods report.

This report summarises data submitted by countries in response to questions about the policy and legal environment in the National Commitments and Policy Instrument (NCPI) and a European supplement to the NCPI. In 2012, countries (governments and civil society organisations) were asked to respond to questions about:

- Non-discrimination laws or regulations that specify protection for key populations and other vulnerable groups.
- Mechanisms to document and address discrimination experienced by people with HIV, key populations and other vulnerable populations.
- Policies or laws prohibiting HIV screening for general employment purposes.
- Programmes to reduce HIV-related stigma and discrimination.

In this reporting round, countries were not asked to respond to questions about attitudes towards people living with HIV. This reflected feedback from country representatives in the Advisory Group, who questioned the relevance of this in Europe and Central Asia. The report also reflects responses to NCPI questions about prevention policy, strategy and programme implementation. The following provides an overview of country responses, followed by a discussion of key conclusions and a summary of progress and issues for further action.

<sup>i</sup> European Centre for Disease Prevention and Control. Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2010 progress report. Stockholm: ECDC; 2010. Available here: [http://ecdc.europa.eu/en/publications/publications/1009\\_spr\\_dublin\\_declaration\\_progress\\_report.pdf](http://ecdc.europa.eu/en/publications/publications/1009_spr_dublin_declaration_progress_report.pdf)

<sup>ii</sup> Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee, and the Committee of the regions. Combating HIV/AIDS in the European Union and neighbouring countries, 2009–2013. Available here: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2009:0569:FIN:EN:PDF>

## Non-discrimination laws and regulations

Countries were asked about non-discrimination laws or regulations that provide protection for specific populations<sup>i</sup>. Government responses were received from 41 countries and civil society responses from 38 countries (see Annex 1).

### Non-discrimination laws or regulations are more likely to specify protection for populations other than key risk populations

Government and civil society responses were consistent in suggesting that people living with HIV, migrants and prisoners are more likely to be covered by non-discrimination laws and regulations than men who have sex with men (MSM), people who inject drugs, sex workers or transgendered people. There was no clear difference between EU/EFTA and non-EU/EFTA countries in the extent to which populations are protected by non-discrimination laws or regulations.

### Civil society respondents were less likely than government respondents to consider that laws or regulations exist to protect specific populations

The divergence in responses between government and civil society was especially marked with respect to protection for people who inject drugs, sex workers, MSM and people living with HIV (see Table 1).

**Table 1. Percentage of government and civil society respondents reporting the existence of laws or regulations covering specific populations**

Population	2012		2010	
	Government	Civil society	Government	Civil society
People living with HIV	72%	55%		
MSM	49%	34%	71%	55%
Migrants	55%	44%	88%	54%
People who inject drugs	46%	14%	44%	28%
Prisoners	51%	42%	75%	52%
Sex workers	26%	8%	38%	22%
Transgendered people	34%	22%		

Comparison with the previous reporting round (see Table 1) for selected populations suggests that these populations are less likely to be protected by non-discrimination laws and regulations now than they were in 2010. However, this may reflect differences in the countries that reported and differences in the perceptions of those reporting on behalf of government and civil society between the two rounds rather than a worsening of the legislative environment.

Table 2 presents examples of additional information provided by countries about non-discrimination laws or regulations. These show that since the 2010 reporting round some countries (for example, Albania, Belarus and the former Yugoslav Republic of Macedonia) have enacted, or plan to enact, laws providing protection from discrimination and have established mechanisms to ensure that these laws are implemented or to provide redress.

For example, in July 2008, Albania passed a law addressing critical legal aspects of HIV, including 'discrimination, the right to keeping one's job, information consent, confidentiality, free access to information and treatment, the establishment of "safe places" where affected people have access to life-saving treatment, and a complaints mechanism'. In February 2010, Albania also approved an anti-discrimination law, 'which protects the citizens from a number of forms of discrimination, including on the grounds of sexual orientation and gender identity.'

<sup>i</sup> These populations are: PLWHA, MSM, migrants, OVC people with disabilities, people who inject drugs, prison inmates, sex workers, transgendered people, women and girls, and young women and men.



# Mechanisms to document and address discrimination

Responses to the question about the existence of mechanisms to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations were received from government respondents in 41 countries and from civil society in 37 countries (see Annex 2).

## A high proportion of countries report the existence of mechanisms to document and address discrimination

Of the government responses, 30 reported that their country has such mechanisms; 11<sup>i</sup> reported that they do not. Many provided additional information about these mechanisms; examples are included in Table 2. Again, no clear difference between EU/EFTA and non-EU/EFTA countries was seen.

Overall, civil society responses did not differ significantly from government responses. Of the civil society respondents, 24 reported that their country has mechanisms to document and address discrimination; 13 reported that they do not. This shows an improvement since the 2010 reporting round, when only 16 countries reported the existence of mechanisms to document and address cases of discrimination and 20 reported that there were no mechanisms for this<sup>ii</sup>.

There were differences between responses submitted by government and civil society in 11 of the 33 countries where both government and civil society reported. In seven countries, governments reported that mechanisms to document and address cases of discrimination exist, but civil society reported that they do not; in four countries the reverse was the case.

As in 2010, the main mechanisms to address cases of discrimination and uphold anti-discrimination laws are ombudsman's offices (for example, in Bosnia and Herzegovina, Bulgaria, Finland, Latvia, Moldova, Montenegro, Serbia and Sweden) and independent commissions or equivalents (for example, in Albania, Armenia, Bulgaria, the Czech Republic, the former Yugoslav Republic of Macedonia, Israel, Poland and Switzerland).

Some countries cited the legal system (for example, Belarus, Finland and Moldova), while others highlighted the role of parliamentary committees (for example, Latvia). Civil society organisations also play an important role in monitoring human rights, documenting cases of discrimination and supporting individuals to seek redress (for example, in Bosnia and Herzegovina, the Czech Republic, France, Germany, Italy, Luxembourg, Poland, Slovakia, Spain, Switzerland and the United Kingdom).

<sup>i</sup> Norway reported that mechanisms exist but there is no specific mechanism for cases of discrimination affecting people living with HIV. The UK commented that there is no mechanism but national NGOs provide feedback to government departments on emerging trends linked to stigma and discrimination and advocate for individuals as appropriate.

<sup>ii</sup> In 2010 this question was only addressed to civil society respondents.

**Table 2: Examples of anti-discrimination legislation and mechanisms to address discrimination**

Country	Evidence
Albania	The law 'for the protection against discrimination' on a range of grounds, including health status and sexual orientation, was passed in 2010; the independent Commissioner for Protection from Discrimination was also established to ensure protection from discrimination.
Armenia	Protection of rights and freedoms is provided by the constitution. Citizens are entitled to support for protection of their rights from the Human Rights Defender. The Legal Clinic project documents and addresses cases of discrimination experienced by people living with HIV, and other vulnerable populations including MSM, sex workers and people who inject drugs. Legislation was also amended in 2010–2011; HIV is no longer a barrier to holding a position in government service or to adopting a child.
Belarus	The Law of the Republic of Belarus 'On citizens', which was passed in 2011 and entered into force in January 2012, identifies the rights and responsibilities of citizens and the process for appeals. Individuals can appeal to the Constitutional Court, local regulatory and executive bodies, and the prosecutor's office as well as through national and regional organisations of people living with HIV. However, there are no specific mechanisms to document or address cases of discrimination experienced by people living with HIV or other vulnerable groups.
Belgium	The organisation Sensoa fulfills the role of watchdog and can report cases to the Centre for Equal Rights.
Bosnia and Herzegovina	The ombudsman is the main mechanism. In addition, two NGOs provide support in this area to people living with HIV.
Bulgaria	The independent Commission for Protection against Discrimination provides protection against discrimination and ensures implementation of and compliance with the Law for Protection against Discrimination. Individuals can file a complaint with the Commission, which has the legal authority and powers to proceed with investigations, impose sanctions, oblige compliance with laws, and issue recommendations to government bodies to terminate discriminatory practices. The Ombudsman is the main mechanism for intervention when citizens' rights and freedoms are violated by the actions or omissions of state authorities or those tasked with the provision of public services.
Croatia	The Croatian HIV Association supports individuals in cases of discrimination.
Czech Republic	The Secretariat of the Government Council for Human Rights, in cooperation with NGOs, monitors respect for human rights and reports on state compliance with commitments resulting from international human rights treaties.
Finland	The constitution prohibits discrimination due to health or sexual orientation. The National Ombudsman can address cases of discrimination; such cases are recorded and documented. Discrimination can also be addressed in court.
The former Yugoslav Republic of Macedonia	The Anti-Discrimination Law will provide protection against discrimination and establish a Commission to act in cases of discrimination. This is the outcome of an assessment in 2010, which reviewed HIV/AIDS legislation from a human rights perspective and highlighted the lack of non-discrimination legislation protecting specific groups such as MSM, people who inject drugs and sex workers and of an independent body to provide protection from discrimination, as well as the need to ensure the rights of people living with HIV in the workplace and other settings.
France	The national authority on discrimination has recently evolved into a new Human Rights Defender structure. NGOs conduct a survey of people living with HIV, which includes experience of discrimination, and investigate cases of discrimination.
Israel	Discrimination because of HIV is forbidden by law. Most government offices have some form of anti-discrimination commission. Individuals can file complaints about healthcare to the Complaints Commissioner and about the workplace to the Ministry of Labour and Welfare. One of the tasks of the National Advisory Committee on HIV/AIDS is to ensure the rights of people living with HIV are upheld.
Kazakhstan	The current code 'On the health of the people and the health system' does not include provisions for stigma or discrimination with respect to vulnerable groups. Judicial protection and access to legal assistance in cases of discrimination related to HIV are part of the overall protection of the rights and freedoms of citizens under the constitution.
Latvia	Individuals can seek assistance from mechanisms including the Ombudsman's Office, the Parliamentary Human Rights Committee and the Latvian Centre for Human Rights.
Lithuania	Mechanisms include the Equal Opportunities Ombudsperson's Office, Government Medicine Audit Inspection under the Ministry of Health, Parliament and the courts.
Luxembourg	Civil society representatives report on violations to the National AIDS Committee.
Moldova	The rights of people living with HIV are protected by the Ombudsman (Centre for Human Rights) and the justice system. There are mechanisms to ensure compliance with legislation at central and local government agencies. The Prosecutor's Office, an autonomous agency within the justice system, has the power to protect the interests of society and people living with HIV. Several government ministries and civil society organisations have hotlines to provide assistance and information to victims of discrimination.
Montenegro	The Ombudsman's Office in principal records and documents such cases.
Netherlands	There is no specific mechanism for HIV discrimination as general mechanisms can be used to address this. Cases of discrimination can be taken to court; the Dutch HIV Association advises and supports people living with HIV to take up individual cases; the organisation STI AIDS Netherlands addresses cases of structural discrimination against people living with HIV in policies and regulations.

Country	Evidence
Poland	Rights are protected under the constitution; protection and enforcement of rights is ensured by the Spokesman for Children's Rights, the Spokesman for Patients' Rights, the Human Rights Defender, and the Government Plenipotentiary for Equal Treatment. The National AIDS Centre, an agency of the Ministry of Health, provides free-of-charge legal consultations. NGOs also support individuals to secure their rights.
Portugal	Individuals can file a complaint with the specific regulatory authority, copied to the Ministry of Solidarity and Social Security and the National Institute for Rehabilitation; for example, complaints about discrimination in healthcare settings can be reported to the Ministry of Health. The Work Platform was created to reduce discrimination, including towards people living with HIV, in the workplace. The government also funds the HIV Anti-Discrimination Centre, a project that promotes and protects the rights of people living with HIV.
Romania	Various laws provide the legal framework to prevent and address all forms of discrimination, including towards people living with HIV. The National Council for Combating Discrimination, an autonomous state authority under the control of parliament, monitors, investigates and imposes sanctions in cases of discrimination, as well as implementing information and awareness campaigns about human rights and discrimination and providing assistance to victims of discrimination.
Serbia	The Ombudsman has the mandate to protect the rights of citizens. The Commissioner for the Protection of Equality also has responsibilities under the Law on the Prohibition of Discrimination. Both institutions work independently, under the supervision of Parliament. Every health facility has a protector of patients' rights.
Slovenia	General (not HIV-specific) provisions are available through the general ombudsman and ombudsman for patients' rights; NGOs also play a role.
Sweden	The Discrimination Act provides the legal and regulatory basis for protection against discrimination. Cases of discrimination can be reported to the Equality Ombudsman, a government agency which investigates complaints.
Switzerland	Cases of stigma and discrimination are identified by the Swiss AIDS Federation and reported to the Federal Commission for Sexual Health; depending on the scope and significance of the discrimination, the Commission recommends action to the Swiss Government. The Commission is tasked with taking all necessary measures to fight stigma and discrimination.

# Policies and laws prohibiting HIV screening for employment

**Fewer countries have policies and laws prohibiting HIV screening for employment than non-discrimination laws and regulations, but the situation has improved since the 2010 reporting round.**

Government responses to the question about policies or laws prohibiting HIV screening for general employment purposes were received from 41 countries (see Annex 2). Of these, 25 (60%) reported that there is such a law or policy and 16 (40%) reported that there is not. This is an improvement since the 2010 reporting round when only 43% of countries that submitted data reported the existence of a policy or law prohibiting HIV screening for employment. Again, there were no clear sub-regional differences in the extent to which countries have policies and laws prohibiting HIV screening for employment.

Civil society respondents were less likely than government respondents to consider that policies and laws prohibiting HIV screening for employment were in place. Civil society responses were received from 34 countries (see Annex 2), of which 18 (53%) reported that there is such a policy or law and 16 (47%) reported that there is not.

Table 3 presents some examples drawn from the additional information that was provided. In many countries, protection is provided under laws relating to HIV and AIDS and to the rights of patients, for example, informed consent to HIV testing, rather than under employment law. A few countries mentioned exceptions where HIV testing is mandatory – in some this applies to pre-employment screening, for example, for the military, and in others to blood, organ and tissue donors.

**Table 3. Examples of laws and policies prohibiting HIV screening for employment**

Country	Evidence
Albania	Article 15 of the Law on HIV/AIDS Prevention and Control, concerning the workplace, states that employers shall not a) force employees to change their workplace or move to other employers because of their HIV infection; b) refuse any pay rises, promotions or other legal rights of employees related to their jobs, because of their HIV infection; c) require the inclusion of HIV test results in job application documentation, or refuse to employ persons living with HIV, unless otherwise specified in Article 28(3) of the Law.
Armenia	Under Article 10 of the Law on Prevention of Disease Caused by the Human Immunodeficiency Virus, HIV diagnostic tests are voluntary and anonymous, with the exception of cases determined by Article 11 of the Law, which defines groups subject to mandatory HIV counselling and testing (blood, biological fluid, tissue and organ donors and children born to HIV-positive mothers).
Belgium	The Law on Privacy forbids employers to test potential employees for HIV or to ask questions about the health of potential employees.
Greece	In the Ministry of Health and Welfare Circular 'AIDS, Principles of Human Rights Protection and Civil Liberties', an HIV test is not a condition of employment, it is not mandatory for those who are HIV-positive to disclose this to an employer, the discovery that an employee is HIV-positive after employment should not have any adverse effect; dismissal or unfavourable change in workers' circumstances because they are HIV-positive is not allowed.
Italy	Article 5 of Law 135 states 'A positive test for HIV infection cannot be a matter of discrimination, particularly for school enrollment, for conducting sports activities, for accessing or maintaining jobs'. Article 6 prohibits employers from conducting HIV screening for general employment purposes. Under a separate judgment on Article 5, HIV screening is only allowed in cases where the health and safety of workers or of other people is at major risk. The health and labour ministries are currently considering official dissemination of the principles in ILO Recommendation No. 200/2010, which aims to prevent stigma and discrimination towards people living with HIV when they enter the labour market and during their working life.
Kazakhstan	Article 113 of the Code of the Republic of Kazakhstan states that a person with HIV cannot be denied a job or dismissed from employment on the grounds of their HIV status; employers may not enquire about the HIV status of a candidate or employee. However, in some cases, individuals are required to undergo testing as part of a medical examination prior to entering into an employment contract.
Luxembourg	Screening for HIV for general employment is prohibited by law under the Labour Code.
Moldova	Article 15 of the Law on Prevention and Control of HIV/AIDS states that 'Policies calling for mandatory testing as a pre-condition for employment, travel, access to medical services, and admission to education institutions are prohibited, except for cases set in the legislation in force. All forms of hidden HIV testing are prohibited as well'.
Netherlands	Since August 2009, legislation on discrimination in the workplace has been strengthened. Employers are obliged to have a policy to prevent and address cases of discrimination. Discrimination based on medical conditions, including HIV infection, is prohibited. This applies to discrimination between employers and employees and between employees. The Labour Inspectorate supervises the implementation of this legislation.

Country	Evidence
Poland	A person living with HIV has the right not to disclose their HIV status to their employer and colleagues. With a few exceptions, an employer cannot require testing for HIV before employment or during periodic medical checks. Under current legislation, people living with HIV are banned from some professions e.g. uniformed services, police, fire and prison services, state border guards, office for state protection, flight crews and sailors; even for these, an HIV test cannot be performed without the knowledge and consent of the candidate.
Portugal	The Labour Code forbids HIV screening for general employment purposes except in special cases. Workplace health services and staff are forbidden to inform employers of the health status of employees.
Slovakia	Under the law, mandatory HIV testing is required only for blood, organ or tissue donors.
Spain	HIV testing is voluntary and requires informed consent, including in the context of employment. An HIV test conducted without consent is considered as discriminatory and a violation of the integrity and privacy of the individual.
Switzerland	Under the Data Protection Act, an individual cannot be forced to take an HIV test.
Tajikistan	Government Decree 171 states 'The order of a medical examination for HIV' is not allowed for HIV screening for employment. However, this does not apply to healthcare workers.
UK	There is no specific law. However, the Equality Act 2010 outlawed the use of irrelevant pre-employment health questionnaires, including asking applicants about their HIV status.
Ukraine	The law does not directly prohibit screening but guarantees the right of individuals to seek anonymous HIV counseling and testing.

## Programmes to reduce HIV-related stigma and discrimination

Responses to the question about whether programmes are in place to reduce HIV-related stigma and discrimination were reported by government respondents from 42 countries and by civil society from 33 countries (see Annex 2).

### The proportion of countries reporting programmes to reduce HIV-related stigma and discrimination increased between 2010 and 2012.

Of the government responses, 32 (76% of respondents) reported that there are such programmes, and 10 (24%) reported that there are not. Of the civil society responses, 24 (73% of respondents) reported that there are such programmes and nine (27%) that there are not. In eight countries, government and civil society had different views about whether there are programmes in place (see Annex 2). In 2010, based on civil society responses, 53% of countries reported the existence of such programmes<sup>i</sup>.

Several countries commented that tackling stigma and discrimination is included in their national HIV/AIDS strategy or plan (for example, France, Germany, Slovenia, Sweden and Tajikistan). Information campaigns and annual AIDS Day activities are the main strategies for addressing HIV-related stigma and discrimination among the general public and in schools and workplaces in many countries (for example, Denmark, Finland, France, Germany, Greece, Iceland, Israel, Luxembourg and Spain). NGOs often play an important role in these campaigns. However, responses from a number of countries concerning the role of civil society in national HIV responses, for example, Kazakhstan and Italy, suggested that there is scope to enhance the involvement of civil society in efforts to tackle stigma and discrimination.

Some countries (for example, Kosovo<sup>ii</sup>, Montenegro, Serbia and Slovakia) highlighted programmes or training targeting specific groups such as health and education professionals, the police, prison officers, judiciary, religious leaders and the media; in a number of these countries, programmes have been implemented with Global Fund support. Examples are included in Box 1.

<sup>i</sup> In 2010, this question was only addressed to civil society respondents.

<sup>ii</sup> This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

**Box 1. Examples of programmes to reduce HIV-related stigma and discrimination**

In **Armenia**, an HIV training course has been introduced at the National Institute of Health for healthcare managers, physicians and other healthcare workers, one of the goals of which is to eliminate HIV-related stigma and discrimination by healthcare workers.

In **Belgium**, the Flemish sexual health centre develops and implements programmes designed to reduce stigma and discrimination among the general public and specific target groups.

In **Germany**, World AIDS Day includes the event 'Together against AIDS' which is implemented jointly by the Federal Ministry of Health, Federal Centre for Health Education and NGOs, and which aims to promote social solidarity and support for people living with HIV. The national solidarity campaign has, since 2010, increasingly focused on the lives and stories of people living with HIV. In general, attitudes towards people with HIV are favourable; high-level commitment from politicians, artists and sportspeople and the efforts of NGOs have helped to create a supportive environment and social acceptance of people living with HIV. Germany has also implemented the People Living with HIV Stigma Index.

In **Greece**, the NGO Positive Voice has a campaign against HIV-related discrimination in the workplace. Another NGO, Center of Life, campaigns against stigmatisation of people living with HIV.

In **Moldova**, training for healthcare workers addresses stigma and discrimination. Projects related to stigma and discrimination targeting journalists, religious leaders and the private sector have been implemented with Global Fund support.

Programmes that aim to reduce stigma and discrimination towards people living with HIV and key populations among the general population, healthcare workers, prison staff, etc, have been implemented in **Montenegro** with Global Fund support. These include training, seminars, media campaigns and dissemination of printed materials.

Programmes to tackle stigma and discrimination in **Serbia** include national campaigns and education of journalists, judges, healthcare workers, social workers, prison staff, etc.

The national HIV strategy in **Sweden** includes combating stigma and discrimination against people living with HIV and funds are allocated to NGOs working on this. National information campaigns, including a Facebook campaign led by people living with HIV highlighting stigma and discrimination, were part of World AIDS Day in 2010 and 2011.

In the **UK**, although there are no specific programmes, the Department of Health has funds for reducing HIV-related stigma, including funding NGOs to agree HIV reporting guidelines with journalists and supporting employers on issues linked to HIV and disability legislation. The Department of Health funded an HIV prevention programme for African communities that involved working with faith leaders and communities to challenge HIV-related stigma.

## Discussion and conclusions

Reported data suggest that the policy and legal context for HIV in the region is broadly supportive. This is also reflected in responses to questions asked in this reporting round about political leadership of the HIV response. For example, a significant majority of government and civil society respondents felt that relevant and effective policies, which demonstrate political leadership in the response to HIV, are in place. As with questions about specific laws and policies, the positive response was higher among government than civil society respondents: 41 of 43 government respondents (95%) felt these policies were in place compared with 34 of 41 civil society respondents (83%). However, despite this, there is scope for further improvement in policies and laws that relate to stigma and discrimination.

For example, the picture is mixed with respect to laws and regulations that protect specific population groups from discrimination. Based on government responses, more than half the countries in the region have non-discrimination laws or regulations that specify protection for people living with HIV, migrants and prisoners. However, the absence of non-discrimination laws and policies that specify protection for prisoners was cited as one of the reasons why the type and scale of HIV services available in prisons is lower than those available to the broader community in many countries. Significantly, some of the population groups that are the most marginalised and most at risk of HIV are least likely to be protected by anti-discrimination laws and regulations. Less than half the countries have non-discrimination laws or regulations that specify protection for people who inject drugs, MSM, sex workers or transgendered people.

Overall, civil society respondents were less likely than government respondents to consider that laws or regulations exist to protect specific populations. The divergence in responses was especially marked with respect to sex workers, people who inject drugs and MSM. Based on responses from both government and civil society, no country in the region has laws or regulations protecting all of these population groups.

A high proportion of countries report the existence of mechanisms to document and address cases of discrimination and of programmes to reduce HIV-related stigma and discrimination. More than 70% of government and civil society respondents reported that there are programmes to reduce stigma and discrimination; only half the countries reported that there were such programmes in 2010. And 70% of government respondents and 65% of civil society respondents reported the existence of mechanisms to document and address discrimination. Again, this represents an increase since 2010 reporting.

The proportion of countries reporting the existence of a policy or law prohibiting HIV screening for general employment purposes was lower – 60% of government respondents and 53% of civil society respondents – but this is still an improvement since 2010 when only 43% of countries reported the existence of such a policy or law.

The issue of translating laws and policies into practice was highlighted in the previous Dublin Declaration progress report and it is unclear how much has changed since. A number of countries noted in their narrative reports in 2012 that implementation and enforcement of laws and policies providing protection against discrimination remains weak. The same applies to the use of mechanisms to address cases of discrimination. In Moldova, for example, laws that protect the rights of key populations are not well enforced; existing mechanisms to protect human rights are not always used due to a limited understanding of the law among the population and lack of a culture of seeking redress for human rights violations. The civil society response from Georgia commented that the effectiveness of the main mechanism for protecting human rights, the Ombudsman's Office, is undermined by stigmatisation of marginalised and vulnerable populations.

There also appear to be exceptions to policies and laws prohibiting HIV screening for employment, or interpretations of the law which enable employers to require HIV testing in some settings. In Italy, the judgement on Article 5 of the Law has also made it possible for employers to request HIV testing in settings such as healthcare and the military, and enforcement of the law prohibiting HIV screening for employment is complicated as those who are discriminated against tend to avoid reporting violations for fear of visibility. The civil society response from Portugal commented that, although workplace healthcare services and staff are forbidden under the Labour Code to inform employers about the health status of employees, most cases of discrimination in the workplace are as a result of healthcare staff not complying with this.

Although data about non-discrimination laws and policies, mechanisms to address discrimination and programmes to reduce HIV-related stigma and discrimination is useful, current reporting provides no information about the extent to which individuals experience stigma and discrimination, or the effectiveness of measures to prevent or address stigma and discrimination. It also provides no information about the extent to which stigma and discrimination prevents people from seeking HIV services or undermines the willingness or ability of some population groups to seek redress for human rights violations.

Country narrative reports indicate that stigma and discrimination are still a problem, in relation both to HIV and to population groups engaged in risk behaviours. For example, Italy's civil society response notes that, despite awareness-raising initiatives, the country needs to do more to reduce stigma and discrimination, especially in the workplace and in healthcare settings; the lack of a concerted national strategy to tackle stigma and discrimination contributes to the persistence of discriminatory practices. Similarly, the civil society response from the Czech Republic to the NCPI question about policies and strategies to promote HIV prevention among key populations commented that reduction of stigma and discrimination exists more on paper than in practice.

The Netherlands' narrative report notes that stigmatisation and cases of discrimination related to HIV infection are still a problem in Dutch society. This is supported by research conducted in 2009, which found that negative attitudes towards people living with HIV were relatively common. To tackle this, the Dutch government will continue to support efforts, including by NGOs, to improve public knowledge about HIV and other STI, and to promote the social acceptance of risk groups, which is critical to the success of HIV prevention interventions. Sweden commented that the few officially reported cases of discrimination may not reflect the extent of the problem and that there is a need for more information about the situation of people living with HIV, including their experience of stigma and discrimination; a survey of people living with HIV will be conducted in 2013. The civil society response to the European supplement to the NCPI from Belgium also noted that a survey is underway among people living with HIV to improve understanding of the manifestation and frequency of discrimination. Civil society responses from Serbia and Slovakia highlighted high levels of stigma and discrimination; the response from Switzerland emphasised the need to strengthen activities to tackle stigma and discrimination, which is viewed as a major barrier to scaling up prevention measures, including efforts to increase earlier HIV testing.

Country reports also suggest that stigma and discrimination have an adverse effect both on the effectiveness of HIV prevention and on individuals' quality of life. For example, Montenegro reports that people living with HIV and those engaged in risk behaviours, including sex workers, MSM and people who inject drugs, face high levels of stigma and discrimination. Stigmatising attitudes are held by healthcare providers, law enforcement officers and the general public. Such attitudes, together with perceived lack of confidentiality of services, have contributed to low uptake of HIV testing and counselling services in Montenegro and difficulties in reaching MSM in particular. In Georgia, stigma and discrimination was identified as a significant barrier to use of HIV prevention and treatment services by most-at-risk populations in the civil society response to the NCPI. There is also some evidence that stigma and discrimination is one of the factors that prevents migrants from seeking HIV services, although this is reported to be less important than other factors such as legal, language and cultural barriers and lack of information.

Stigma and discrimination towards specific population groups and behaviours may also make it more difficult to provide services. For example, country responses concerning people who inject drugs suggest that negative public attitudes make it difficult to provide harm reduction services in some contexts, and this is likely to reflect wider attitudes towards drug users.

In 2010, the ECDC report on monitoring the implementation of the Dublin Declaration identified a number of key issues needing further action. Progress on addressing these is summarised here:



<b>Issue identified as needing further action in previous report</b>	<b>Progress</b> Shading indicates amount of progress since last reporting round; ranked from limited to good.				<b>Comment</b>
<p>There is a need for countries to continue and expand efforts to address HIV-related stigma and discrimination. In particular, there is a need to ensure that mechanisms exist to address stigma and discrimination when they occur and that these mechanisms are well used.</p>	Limited progress			Good progress	<p>Reported data suggest that the proportion of countries with programmes to reduce HIV-related stigma and discrimination and mechanisms to document and address cases of discrimination has increased since the 2010 reporting round. However, countries were not asked to report on the extent to which mechanisms to address stigma and discrimination are used, so it is not possible to comment on progress in this area.</p>
<p>It is useful for countries to track the existence of accepting and discriminatory attitudes among the population through periodic surveys. However, it is essential that the questions used are relevant to the region. It would also be useful if questions were extended to include stigma and discrimination experienced by marginalised populations who are also particularly affected by HIV, in addition to stigma and discrimination experienced by people living with HIV.</p>	Limited progress			Good progress	<p>Countries in Europe and Central Asia were not asked to report on questions about accepting and discriminatory attitudes in the general population in the 2012 GARP reporting round, as these were not considered to be relevant in the region. No questions were included to monitor stigma and discrimination experienced by marginalised populations who are particularly affected by HIV.</p>

## Issues needing further action

- There is a need to continue to monitor stigma and discrimination experienced by people living with HIV and to improve monitoring of stigma and discrimination experienced by marginalised and vulnerable population groups such as people who inject drugs, MSM and sex workers. Alternative ways to measure this, including qualitative surveys, need to be identified. Consideration should also be given to drawing on other data sources.
- There is a need for better information about the impact of stigma and discrimination on the uptake of HIV services by population groups most at risk.
- There is a need for more effective and targeted efforts to reduce stigmatising and discriminatory attitudes and practices among the general public as well as in settings such as healthcare facilities and the criminal justice system, and for better indicators to measure stigmatising and discriminatory attitudes among the general population and among specific groups such as healthcare workers.
- There is a need for better monitoring and evaluation of the impact of programmes and interventions to reduce stigma and discrimination.
- There is a need for countries to ensure that existing anti-discrimination legislation and policy are enforced and that existing mechanisms to document and address cases of discrimination are used.

# Annex 1. Non-discrimination laws and regulations specifying protection for key populations and vulnerable groups

Country	PLHIV		MSM		Migrants		Orphans and vulnerable children		People with disabilities		People who inject drugs		Prison inmates		Sex workers		Transgendered people		Women and girls		Young people	
	Gov	CS	Gov	CS	Gov	CS	Gov	CS	Gov	CS	Gov	CS	Gov	CS	Gov	CS	Gov	CS	Gov	CS	Gov	CS
Albania	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y
Armenia	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N	Y	Y	Y	Y
Azerbaijan	Y		Y	N	Y	Y	Y		Y		Y	Y	Y	N	Y	N	Y		Y	Y	Y	N
Belarus	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	Y	Y	Y	Y
Belgium	Y	Y	Y	Y	Y	Y	N		Y	Y	N		N		Y		Y	Y	Y	Y	Y	Y
Bosnia & Herzegovina	Y	N	Y	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
Bulgaria	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y
Croatia	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N	Y	Y	Y	Y
Cyprus	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	Y	Y	Y	Y
Czech Rep.	Y		Y	Y	Y	Y	N		Y	Y	Y		Y		Y		N	Y	Y	Y	Y	Y
Estonia	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N
Finland	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
The former Yugoslav republic of Macedonia	Y	N	N	N	N		N	Y	Y	Y	N	N	N	N	N	N	N	N	N	Y	N	
France			Y		Y				Y								Y		Y			
Georgia	Y	Y	N	N	N	N	N	N	Y	N	Y	N	N	Y	N	N	N	N	N	Y	Y	N
Germany	Y	Y	Y	Y	Y	Y				Y	N	N	N	N	Y	Y			Y	Y	Y	Y
Greece	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	N	Y	N	Y	Y	Y	Y
Iceland	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Italy	Y	Y	N	N	Y	N	Y	Y	Y	Y	Y	N	Y	N	N	N	N	N	Y	Y	Y	Y
Kazakhstan	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Kyrgyzstan	Y	Y	Y	N	N	N	N	Y	N	N	Y	N	Y	Y	Y	N	N	N	N	Y	N	Y
Latvia	N	N	N	N	N	N	N	N	N	Y	N	N	N	Y	N	N	N	N	N	N	N	N
Lithuania	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	N	N	N	Y	N	Y
Luxembourg	N	Y	N	N	Y	N	Y	N	Y	Y	N	N	N	Y	N	N	N	N	Y	N	Y	N
Moldova	Y	Y	N	N	N	N	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N	Y	Y	Y	Y
Montenegro	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Netherlands	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Norway	Y		Y		Y		Y		Y		N		N		N		Y		Y		N	
Poland	N	N	N	N	Y	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N
Portugal	Y	Y		N	Y	Y	Y	Y	Y	Y	Y	N	Y	N		N		N	Y	Y	Y	Y
Romania	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Y	Y	Y	Y	Y	Y
Serbia	N	N	N	Y	N	Y	N	Y	Y	Y	N	N	N	Y	N	N	N	N	Y	N	Y	Y
Slovakia	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Slovenia	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N
Spain	Y	Y	Y	N	N	Y	Y	N	Y	Y	N	Y	Y	Y	N	N	Y	N	Y	Y	Y	Y
Sweden	Y	N	Y	Y	Y	N	Y	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Y	Y	Y
Switzerland	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
Tajikistan	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	N	N	Y	Y	Y	Y
Ukraine	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	N	Y	N	N	N	Y	Y	N	N
UK	Y	Y	Y	Y	N	N	N	Y	Y	Y	N	N	N	N	N	N	Y	Y	Y	Y	Y	Y
Uzbekistan	Y																					

Source: Country responses. Gov: government; CS: civil society.

## Annex 2. Mechanisms to address discrimination, policies or laws prohibiting HIV screening for employment and programmes to reduce HIV-related stigma and discrimination

Country	Mechanisms to address cases of discrimination		Policy or law prohibiting HIV screening for employment		Programmes to reduce HIV-related stigma and discrimination	
	Gov	CS	Gov	CS	Gov	CS
Albania	Y	Y	Y	Y	Y	Y
Armenia	Y	Y	Y	N	Y	Y
Azerbaijan	N	N	N	Y	N	Y
Belarus	Y	Y	N	Y	Y	Y
Belgium		Y	Y	Y	Y	Y
Bosnia & Herzegovina	Y	Y	N	N	Y	Y
Bulgaria	Y	Y	Y	N	Y	Y
Croatia		Y				
Cyprus		N		N		Y
Czech Republic	Y	N	Y	Y	N	
Denmark	N		Y		Y	
Estonia	N	N	N	N	N	N
Finland	Y	N	Y	Y	Y	Y
the former Yugoslav Republic of Macedonia	Y	Y	N	N	N	Y
France	Y		Y		Y	
Georgia	N	Y	Y	N	Y	Y
Germany	Y	Y	Y		Y	
Greece	Y	Y	Y	Y	Y	N
Iceland	N	Y	N	N	Y	N
Israel	Y		Y		Y	
Italy	Y	N	Y	Y	N	N
Kazakhstan	Y	N	N	Y	N	N
Kosovo	Y		Y		Y	
Kyrgyzstan	N	N	Y	Y	Y	Y
Latvia	Y	Y	N	N	N	N
Lithuania	N	Y	N	N	N	N
Luxembourg	Y	N	Y	Y	Y	Y
Malta	N		N		N	
Moldova	Y	Y	Y	N	Y	Y
Montenegro	Y	Y	N		Y	
Netherlands		Y		Y		Y
Norway	Y		Y		Y	
Poland	Y	Y	Y	Y	N	Y
Portugal	Y	N	Y	Y	Y	N
Romania	Y	Y	Y	Y	Y	Y
Serbia	Y	Y		N	Y	Y
Slovakia	Y	N	N	N	Y	N
Slovenia	Y	Y	N	N	Y	Y
Spain	Y	Y	Y	Y	Y	Y
Sweden	Y	Y	N	Y	Y	Y
Switzerland	Y		N		Y	
Tajikistan	N	N	Y	N	Y	Y
Ukraine	N	Y	Y	N	Y	Y
United Kingdom	N	N	Y	Y	Y	Y
Uzbekistan	Y		N		Y	

Source: Country responses. Gov: government; CS: civil society.

## Annex 3 Countries included in Dublin Declaration monitoring

Nr	Country	Nr	Country	Nr	Country
1	Albania	20	Greece	39	Poland
2	Andorra	21	Hungary	40	Portugal
3	Armenia	22	Iceland	41	Romania
4	Austria	23	Ireland	42	Russian Federation
5	Azerbaijan	24	Israel	43	San Marino
6	Belarus	25	Italy	44	Serbia
7	Belgium	26	Kazakhstan	45	Slovak Republic
8	Bosnia and Herzegovina	27	Kosovo	46	Slovenia
9	Bulgaria	28	Kyrgyzstan	47	Spain
10	Croatia	29	Latvia	48	Sweden
11	Cyprus	30	Liechtenstein	49	Switzerland
12	Czech Republic	31	Lithuania	50	Tajikistan
13	Denmark	32	Luxembourg	51	Turkey
14	Estonia	33	Malta	52	Turkmenistan
15	Finland	34	Moldova	53	Ukraine
16	the former Yugoslav Republic of Macedonia	35	Monaco	54	United Kingdom
17	France	36	Montenegro	55	Uzbekistan
18	Georgia	37	Netherlands		
19	Germany	38	Norway		