



**CALL TO ACTION:**

## **Addressing the Health Needs of Men Vulnerable to HIV in Eastern Europe and Central Asia**

### Men who have Sex with Men: Defining a Population at Risk

The term “*men who have sex with men*” has been adopted by the UN family and key HIV stakeholders as a term that transcends stigmatizing assumptions about a person’s sexual identity and focuses on the public health impacts of sex between men. This paper describes the risks that MSM face in relationship to HIV in the region of Eastern Europe and Central Asia and acknowledges the diversity of this population that includes gay, bisexual, and transgender men, as well as men who identify as straight, but are involved in sexual relationships with other men.

While we invite you to focus on the public health impacts of HIV among

MSM, research findings and numerous statements by multilateral agencies such as UNAIDS, the Global Fund, PEPFAR, and others demonstrate that societal discrimination of sexual minorities, such as gay, bisexual, and transgender men, as well as laws criminalizing and/or otherwise punishing sexual minorities, variously contribute to the spread of HIV among this group. Thus, we call on you to ensure that regional work begins to eliminate the multiple social and legal barriers that MSM might face in accessing health services and to hold country governments responsible to commitments that pledge to reduce risk of HIV for every person, regardless of their sexual orientation.

#### **Agencies Calling to Stop Discrimination against MSM and Individuals to Increase Access to HIV Prevention and Treatment**

##### **UNAIDS**

2011-2015 Strategy, Getting to Zero

##### **UNAIDS/UNDP**

UNAIDS Action Framework: Universal Access for Men who Have Sex with Men and Transgender People.

##### **The Global Fund to Fight AIDS, Tuberculosis and Malaria**

Addressing Sex Work, MSM and Transgender People in the Context of the HIV Epidemic.

##### **PEPFAR**

Technical Guidance on Combination HIV Prevention for MSM.

## Defining the Problem: HIV Epidemic among MSM

As in many other regions in the world, the majority of early cases of HIV in EECA were identified among MSM. Regional economic and societal transitions and the advent of Afghani heroin accelerated injection drug use and fueled the rapid spread of HIV in the region. Despite the overwhelming focus on people who inject drugs, mounting evidence suggests that HIV is re-emerging among MSM in lower and middle-income countries, including those in EECA, and that global prevention efforts did not sufficiently impact MSM due to stigma and discrimination directed at these populations.

Insufficient political will to improve protective measures for MSM and lack of resource allocation have also contributed to the surge in HIV spread.

In EECA countries, where epidemics are generalizing, lack of reliable statistics on MSM and correct estimations of HIV prevalence among these populations, along with stigma, still hampers prevention efforts. Where HIV epidemics are concentrated in other key populations, MSM remain vulnerable as a group least targeted by prevention efforts and marginalized, resulting in their inability to access the health services they need.

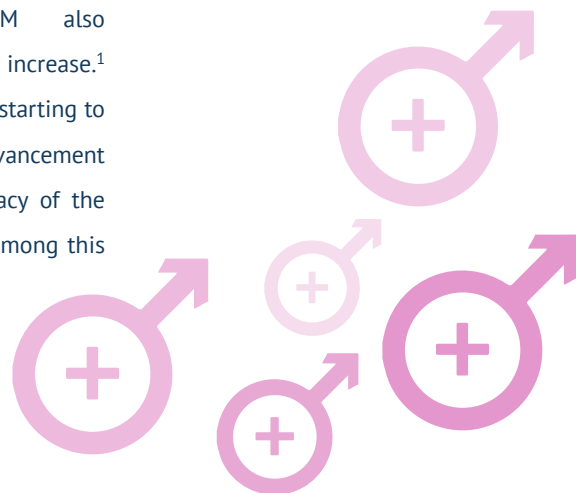
For example, MSM comprise only 0.24% of all registered cases in Ukraine and from 2005 there has been a steady increase in officially identified cases of HIV in MSM.<sup>2</sup> In its 2014 report to UNAIDS, Ukraine confirms that official numbers dramatically underestimate the reality of the situation – in-country research estimates HIV prevalence among MSM at 6%.<sup>3</sup> In Russia, while official statistics state that only 0.45% of all cases of HIV in the country are due to same sex behavior, HIV prevalence among newly tested MSM has almost tripled over the last five years.<sup>4</sup> In the meantime, the source of transmission is known for less than 50% of all newly diagnosed cases in Russia indicating a large portion of individuals who conceal their risk factors.<sup>5</sup>



### HIV among MSM in EECA - cause for concern

- A recent UNAIDS expert consultation concluded that HIV incidence is on the rise among MSM in Eastern Europe and that urgent steps have to be made to halt the epidemic.
- Stigma associated with sexual orientation, self-stigma, and resulting lack of self-efficacy prevent many MSM from testing for HIV.

As HIV infections continue to rise in the region, official indicators of the epidemic's development among MSM also demonstrate trends towards increase.<sup>1</sup> Regional health authorities are starting to acknowledge the epidemic's advancement among MSM and the inadequacy of the official estimates of its scope among this group.



<sup>1</sup> UNAIDS (2013) UNAIDS report on the global AIDS epidemic. Retrieved from:

[http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/unaids\\_global\\_report\\_2013\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/unaids_global_report_2013_en.pdf) (accessed July 2014)

<sup>2</sup> Ministry of Health of Ukraine. (2011) *Ukraine Harmonized AIDS Response Progress Report: Reporting Period: January 2010– December 2011*. Retrieved from:

[http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce\\_UA\\_Narrative\\_Report\[1\].pdf](http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_UA_Narrative_Report[1].pdf); Spindler, H., Salyuk, T., Vitek, C., & Rutherford, G. (2014). Underreporting of HIV Transmission Among Men Who Have Sex with Men in the Ukraine. *AIDS research and human retroviruses*, 30(5), 407-408; UNAIDS. (2014) Ukraine harmonized AIDS response progress report. Reporting period January, 2012 – December 2013. Retrieved from: [http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/UKR\\_narrative\\_report\\_2014.pdf](http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/UKR_narrative_report_2014.pdf) (accessed July 2014).

<sup>3</sup> UNAIDS, 2013

<sup>4</sup> Federal Service for Consumer Rights Protection and Social Welfare. (2013) *HIV infection: informational bulletin #38. [Bulletin #38]*. Retrieved from: [http://www.hivrusia.org/files/bul\\_38.pdf](http://www.hivrusia.org/files/bul_38.pdf)

<sup>5</sup> Ibid. see pp. 48-52. 70,453 new cases of HIV were identified in 2012, of them 31,462 stated transmission risk.

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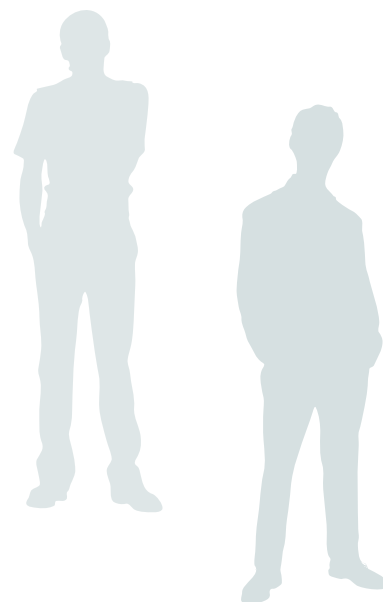
This persisting lack of reliable statistics renders the MSM group invisible to official prevention efforts and halts planning of targeted interventions. Funding is also not readily allocated to interventions for MSM since official statistics on these populations are insignificant in comparison to other groups.

This oversight in providing reliable statistics is particularly dangerous because MSM represent a key bridge group that, while facing additional risks, might provide a link to the general population. In restrictive environments, where same sex relationships are stigmatized, men might adhere to traditional norms and have female partners, while also pursuing sexual relationships with men. A 2008 review of literature showed that between 44 and 53% of MSM in EECA had heterosexual sex while only 7% reported being married to a woman.<sup>6</sup> A more recent study in Russia found that one third of interviewed MSM also reported relationships with women in the last 12 months.<sup>7</sup> Recent studies in Kazakhstan, Kyrgyzstan, and Tajikistan demonstrated that 20-30% of MSM in these countries are married or live with a female partner and that, in some countries, up to 78% of MSM

Research estimates that in low and middle income countries MSM have a **19 times greater chance of being infected with HIV** than the general population, despite this, only **1.4%** of global HIV prevention financing is allocated for MSM.\*

have had sexual contact with women in the last 12 months.<sup>8</sup> There are also other risks, such as drug use and involvement in transactional and paid sex, that make men who have sex with men more vulnerable to HIV.

National surveys and peer-reviewed research consistently point to the fact that MSM in the region increasingly face the burden of the HIV epidemic and prevalence of the disease among them exceeds that of the general population. Urgent measures are needed to ensure that the men most at risk for HIV have access to sufficient prevention tools.



\*Data source: Baral S, Sifakis F, Cleghorn F, Beyrer C (2007) Elevated Risk for HIV Infection among Men Who Have Sex with Men in Low- and Middle-Income Countries 2000–2006: A Systematic Review. *PLoS Med* 4(12): e339. doi:10.1371/journal.pmed.0040339; Ayala, G., P. Hebert, J. Keatly, and M. Sundararaj. (2011) An analysis of major HIV donor investments: targeting men who have sex with men and transgender people in low and middle-income countries. *MSM Global Forum*. Retrieved from: <http://www.msngf.org/files/msngf/Publications/GlobalFinancingAnalysis.pdf> (accessed August 8, 2014).

<sup>6</sup> Cáceres, C. F., Konda, K., Segura, E. R., & Lyerla, R. (2008). Epidemiology of male same-sex behaviour and associated sexual health indicators in low-and middle-income countries: 2003–2007 estimates. *Sexually transmitted infections*, 84(Suppl 1), i49–i56.

<sup>7</sup> Baral, S., Sifakis, F., Peryskina, A., Mogilnii, V., Masenior, N. F., Sergeyev, B.,... & Beyrer, C. (2012). Risks for HIV infection among gay, bisexual, and other men who have sex with men in Moscow and St. Petersburg, Russia. *AIDS research and human retroviruses*, 28(8), 874–879.

<sup>8</sup> Berry, M., Wirtz, A.L., Janayeva, A., Ragoza, V., Terlikbayeva, A., Amirov, B., Baral, S., Beyrer, C., 2013. Association Between Human Rights Violations and HIV Risk Behaviors Among Men Who Have Sex with Men (MSM) in Almaty, Kazakhstan. (unpublished); PSI, 2010. Kazakhstan, Kyrgyzstan, Tajikistan (2010): HIV and TBTRaC Study Among Men who Have Sex with Men in Almaty, Bishkek, Chui, and Dushanbe. Round 1. Population Services International Research Division, Washington DC.

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# What are the Prevention Strategies for MSM?

Key prevention strategies that successfully target men who have sex with men are available from UNAIDS and other stakeholders. Some of them have successfully been implemented in the EECA region. Here are some key interventions that aid reduction in HIV among MSM:

## WHAT

## WHY

## HOW

### Community Based Outreach



MSM might not disclose same-sex behavior to health service providers because of stigma; community outreach workers and peers are necessary to deliver quality interventions to MSM

PSI Romania's efforts in combining peer-led trainings of MSM opinion leaders and of self-designed community events lead to an increase of HIV related knowledge, consistent condom use, HIV testing and supportive attitudes.

Penitentiary Initiative in Mykolaiv, Ukraine has worked with heavily stigmatized "outcast" prisoners, who are often forced into same sex activity by other inmates. The project delivered HIV education and condoms to the MSM prisoners and facilitated prevention and HIV-treatment activities upon release. Penitentiary Initiative is currently working with the Ukrainian Ministry of Justice to establish outreach activities for outcast prisoners in the national penitentiary systems.

### Condom and Condom-Compatible Lubricants Distribution



Condoms used with lubricants that prevent breakage are one of the most effective methods for preventing transmission of HIV among MSM. Making condoms and lubricants widely available and conducting promotional campaigns is effective in increasing safe sexual behavior.

Multiple projects across the region deliver condoms and lubricants to MSM. However, there is evidence that access to condoms and lubricants among MSM is low in EECA (close to 14% or less).<sup>9</sup> Provider stigma and homophobia are found to be the factors associated with low access to these commodities among MSM in the region.<sup>10</sup> Prohibitive pricing of lubricants also limits access in some countries. In general, programming related to distribution of lubricants and condoms is delivered with donor funds and is insufficient.

### HIV Counseling and Testing



Because of stigma, MSM might delay seeking healthcare, including HIV testing, and thus, these services need to be delivered in the community and in a way most accessible to this vulnerable population.

Q-Club in Belgrade, Serbia regularly provides rapid testing and counseling to MSM in places and during times preferred by this population. Using mobile outreach and in collaboration with health authorities the organization delivers rapid tests and provides counseling and linkages to other health services.

Through social marketing and community events, Omsk-based Sibalt distributes coupons to young MSM who then go on to find a "match" for their promotional flyer at the local AIDS center and get tested.

### HIV Treatment for HIV-positive MSM



Regional economies might not allow for treatment as prevention interventions that are becoming widely available elsewhere, however, it is evident that early initiation of ART as is paramount for HIV positive individuals, as it is for reducing the risk of transmission.<sup>11</sup>

Project Vstrecha works with HIV positive MSM in 10 cities in Belarus and runs a buddy/mentor partnership system of support to encourage treatment acquisition and adherence as well as provides stress management and psychological support.

<sup>9</sup> Arreola, S., Hebert, P., Makofane, K., Beck, J., & Ayala, G. (2012). Access to HIV Prevention and Treatment for Men Who Have Sex with Men: Finding from the 2012 Global Men's Health and Rights Survey (GMHR). In The Global Forum on MSM & HIV (MSMGF).

<sup>10</sup> Ibid

<sup>11</sup> World Health Organization. Antiretroviral Treatment as Prevention (TasP) of HIV and TB: 2012 update. WHO/HIV/2012.12 Retrieved from: [http://whqlibdoc.who.int/hq/2012/WHO\\_HIV\\_2012.12\\_eng.pdf?ua=1](http://whqlibdoc.who.int/hq/2012/WHO_HIV_2012.12_eng.pdf?ua=1)

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#### Other interventions for consideration:

The use of Internet is increasing dramatically in the region with 15 to 35% of the population accessing Internet even in the lower income countries such as Tajikistan, Kyrgyzstan, and Uzbekistan, and Internet and mobile device use particularly high in urban areas.<sup>12</sup> Thus, creative approaches that engage and educate populations that value anonymity are needed and can be utilized through the use of online social networks and sites. These interventions might be especially

important, since many MSM in the region use online communications to find each other and to socialize.<sup>13</sup>

While there are great examples of work with MSM in the region, some of the projects and interventions described here might be suffering due to donor pullout from the higher income countries in the region and subsequent government unwillingness to invest in the issue. Many projects are also at risks due to the increasingly stringent policies that are

being implemented by the region's governments. Health related materials can be considered propaganda and HIV prevention organizations can come under attack. Even a simple flier with educational tips on safer sex and condom use could become undesirable. These restrictions come at a time when evidence-based and targeted interventions are crucial to halting the HIV epidemic among MSM in the region.

## Policy and Practice that Limit MSM access to Care



While homosexual male behavior is decriminalized in the majority of the regions' countries (excluding Uzbekistan and Turkmenistan), homosexuality is not socially acceptable and the transgender phenomenon is poorly understood. The majority of the EECA countries (excluding Central Asian republics) have signed the European Convention on Human Rights, but there are no specific protections for MSM, as full or partial anti-discrimination legislature has been passed in a handful of countries - Albania, Bosnia and Herzegovina, Bulgaria, Georgia, Moldova, Montenegro, and Serbia. These efforts by national governments are laudable, but call for monitoring of the legal process utilized for prosecuting offenders.

A trend for adopting so-called "anti-gay propaganda" laws has also been evident in the region and this trend has produced

I am extremely concerned about the growing wave of criminalization in many countries in this region. These laws drive key populations—LGBTI people, sex workers, injecting drug users and others—**underground**. And when people are scared and hiding, they engage in even **riskier behaviour**. They do not access HIV education programmes. They hesitate to get tested for HIV. They do not use condoms. They cannot access HIV treatment.

**Michel Sidibe, UNAIDS Executive Director, Opening Address for the Moscow Conference**

additional challenges for conducting outreach and education to MSM. The international community criticized the adoption of such laws in Russia and, in early 2014, the UN Committee on the Rights of the Child stated that these laws encourage severe discrimination and abuse of individuals of non-traditional sexual orientation, including those who are under aged under the guise of "child protection".<sup>14</sup>

This is particularly worrying also because research in some countries demonstrates that younger MSM might be more vulnerable to HIV. Younger MSM often lack access to extremely necessary prevention education, due to more stringent legislature and absence of prevention programs caused by loss of funding, including because of donor restrictions and pullout.

<sup>12</sup> Information on Internet and mobile device utilization is available from google at [http://www.google.com/publicdata/explore?ds=em9ik86jcuic\\_](http://www.google.com/publicdata/explore?ds=em9ik86jcuic_).

<sup>13</sup> UNAIDS Expert Consultation. (2014) Changing the Game -How can Europe move towards zero new HIV infections, zero discrimination and zero AIDS-related deaths?

<sup>14</sup> Human Rights Watch. (2014) World report 2014: Russia. Retrieved from <http://www.hrw.org/world-report/2014/country-chapters/russia?page=1> (accessed April 28, 2014); Committee on the Rights of the Child. (February 25, 2014) Concluding observations on the combined fourth and fifth periodic reports of the Russian Federation. CRC/C/RUS/CO/4-5. Retrieved from: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CRC/C/RUS/CO/4-5&Lang=En](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC/C/RUS/CO/4-5&Lang=En) (accessed April 28, 2014)

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# Policy or Practice / Negative Outcome

## Criminalization of same-sex behavior

- Forces MSM populations underground;
- Makes identifying and addressing health concerns of MSM impossible;
- Promotes societal stigma including stigma in healthcare.

## Societal Stigma

- Promotes violence towards MSM and transgender individuals;
- Pushes MSM further underground;
- Restricts access to health services such as HIV counseling and testing;
- Some health service providers can be influenced by personal stigma and provide less-quality services.

## “Anti-Gay Propaganda” Laws

- Force MSM populations underground;
- Complicate health outreach to MSM since materials distributed might be considered “propaganda”;
- Put younger MSM, who had no exposure to prior interventions, at risk;
- Restrict support to community and peer MSM initiatives;
- Promote societal stigma including stigma in healthcare.

## Impunity for Crimes against Individuals of non-traditional sexual orientation

- Allows for violence against MSM and transgender individuals and organizations that support them/ensure provision of health services.

## FUELS HIV EPIDEMICS AMONG MSM

Whatever legal and/or structural barriers are present in a given country, their impact on the spread of HIV among MSM, and, quite possibly, to the general population, can be devastating.

## International Commitments that Pertain to MSM Rights

All of the countries of the region are signatories to the International Covenant on Civil and Political Rights (ICCPR) which, within its Article 26, specifically prohibits discrimination on “race, colour, sex, language, religion, political or other

opinion, national or social origin, property, birth or other status”.<sup>15</sup> The European Convention on Human Rights outlines similar protections. In a 1994 decision, UN Human Rights Council ruled that “sex” as defined by Article 26 of ICCPR also

includes sexual orientation, thus discrimination of sexual minorities is in direct violation with the articles of the Covenant and with the articles of the European Convention.<sup>16</sup>

<sup>15</sup> Office of the High Commissioner for Human Rights. International Covenant on Civil and Political Rights. Retrieved from: <http://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>

<sup>16</sup> Toonen v. Australia UN Document CCPR/C/50/D/488/1992 (1994)

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In addition, in 2007, a group of human rights experts adopted the Yogyakarta Principles that outline implementation of international human rights laws to the issues of sexual orientation and gender identity.<sup>17</sup> These principles describe how international human rights commitments countries have made can be utilized to protect MSM and can serve as a useful instrument for advocates. Finally, in a historic decision, the United Nations Human Rights Council passed a resolution

on sexual orientation and gender identity in 2011.<sup>18</sup>

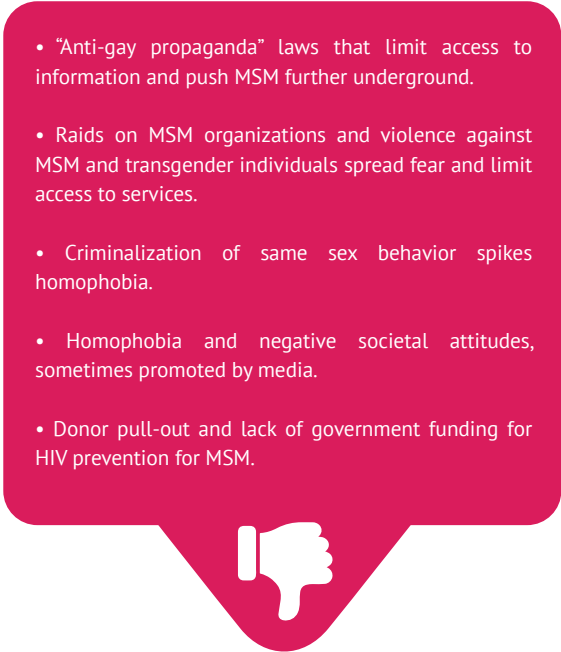
The resolution asserted the principles of universality of human rights that the Council upholds and brought violence and discrimination based on sexual identity into focus. Later that year, Navi Pillay, who was the UN High Commissioner for Human Rights, reported on discriminatory laws and practices against individuals based on sexual orientation globally and called on UN member states to repeal

discriminatory policies, enact anti-discrimination laws, and ensure protection for sexual minorities.<sup>19</sup>

These recommendations along with the Declarations of Commitment on HIV/AIDS (2001 and 2011) and Political Declarations on HIV and AIDS (2006 and 2011) to which all governments in the region are signatories, outline a course of action for countries to take which begins with the elimination of legal barriers to essential social and health services.

## The Status of MSM in EECA: The Situation at Present

Several key strides towards improving access to HIV prevention for MSM have been made in EECA, such as adoption of anti-discrimination laws and implementation of progressive interventions that include rapid HIV testing, social support, and activities against homophobia.

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- "Anti-gay propaganda" laws that limit access to information and push MSM further underground.
  - Raids on MSM organizations and violence against MSM and transgender individuals spread fear and limit access to services.
  - Criminalization of same sex behavior spikes homophobia.
  - Homophobia and negative societal attitudes, sometimes promoted by media.
  - Donor pull-out and lack of government funding for HIV prevention for MSM.

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- Informational and cultural exchanges with countries that, despite existing traditions, have increased acceptance of MSM.
  - Collaboration with country legal systems to monitor execution of anti-discrimination laws.
  - Improving surveillance and access to HIV testing and treatment through online and social media tools.
  - Designing creative interventions to reach MSM.
  - Using EU integration to increase tolerance and promote reform.

Many challenges however remain as traditions that fuel homophobic sentiments grow strong, and inadequate policies do little to advance a positive trend.

<sup>17</sup> The Yogyakarta Principles. Retrieved from: <http://www.yogyakartaprinciples.org/>

<sup>18</sup> Human Rights Council. (June 15, 2011) 17/...Human rights, sexual orientation, and gender identity. A/HRC/17/L.9/Rev.1 Retrieved from: <http://www.un.org/Docs/journal/asp/ws.asp?m=A/HRC/17/L.9/Rev.1>

<sup>19</sup> Human Rights Council. (November 17, 2011) Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity. A/HRC/19/41 Retrieved from: [http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session19/A-HRC-19-41\\_en.pdf](http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session19/A-HRC-19-41_en.pdf)



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# ECOM Call to Action

Regional evidence is mounting, showing that HIV is rapidly spreading among MSM in EECA. Lack of funding, and of adequate laws, policies and practices, stigma and, in some cases, reliance on punitive policies are among the key drivers of the epidemic- as they contribute to reducing access of this population to quality prevention and testing services. The successes of the battle with HIV in the region will be futile, if the crisis is not addressed among MSM, as they serve as a bridging group for HIV into the general population. Addressing the spread of HIV among MSM with more restrictions will only push vulnerable MSM further underground where they cannot be reached.

## ECOM calls for:



- Respect, protection and fulfillment of the right to the best attainable standards of health for all individuals in the region, regardless of their sexual orientation and gender identity;
- Government compliance with applicable international and regional applicable hard and soft law (conventions, covenants, declarations);
- Allocation of resources adequate to the actual scope of the HIV epidemic among MSM.

Below we outline activities for government stakeholders and MSM advocates on how to work together towards stemming the epidemic among MSM in the region.

## What Can Be Done?

Does your country have laws and policies that might fuel societal stigma and prevent MSM from accessing health services?

### Recommendations for Government Representatives

- Work to repeal stigmatizing laws and adhere to international declarations and conventions to which your country is a signatory;
- Engage in regional exchange with countries that have more tolerant policies towards MSM and use regional examples for adoption of enabling legislation, such as anti-discrimination laws;
- Use regional examples of best practice for national strategies;
- Establish monitoring systems to collect reliable nation-wide statistics on HIV prevalence among MSM and TG and calculate correct estimates of populations that may be affected;
- Ensure that MSM are included as a key population group in National AIDS Strategies;
- Secure health budget allocations for prevention work with MSM that are based on correct estimations and are proportionate to the burden of the disease carried by this population;
- Support programs to educate health professionals about the danger of stigma directed towards MSM to subsequent HIV spread;
- Encourage sensitization of law enforcement and prison officials to issues in MSM health and recruit their support in HIV prevention programming;
- In collaboration with MSM community leaders, conduct test and treat campaigns that effectively reach MSM in settings where they are most comfortable;
- Design policies that promote adequate treatment, care and support options for HIV-positive MSM;



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### Recommendations for MSM Advocates

- Create safe spaces where MSM can meet and discuss health and legal issues they encounter in order to increase a community-level responsibility for its health;
- Seek support in regional and cross-cultural exchange among MSM communities;
- Through community reporting, monitor stigma directed at MSM in healthcare settings and document potential negative outcomes.
- Work with human rights defenders, lawyers and ombudspersons to report cases of discrimination against MSM, especially in the realm of health access, and potentially file complaints to the European Court of Human Rights.
- Facilitate NGO reporting when countries are up for review on their commitments to the Covenant on Civil and Political Rights.
- Hold governments responsible for the key commitments made to battle HIV epidemics
- Present evidence of negative impacts and work with government and health officials to repeal the discriminatory laws;
- Promote simple risk-reduction interventions that can be quickly spread through peer-networks and be adopted by MSM;
- Utilize technology and other non-traditional outlets to reach out to MSM with health information and HIV testing and treatment promotion, especially younger MSM.

Has your country adopted anti-discrimination policies, but societal stigma still prevents MSM from accessing health services?

Review interventions suggested in the previous section and adopt the ones that might be useful for your country. In addition:

### Joint Recommendations for Government Representatives and MSM Advocates:

- Facilitate NGO/government sector collaboration on launching anti-stigma campaigns that are adopted to your local setting and help fight discrimination;
- Ensure that anti-discrimination provisions are observed and work with lawyers, human rights defenders, government officials, and the Ombudsmen to punish violators;
- Work with community and religious leaders to promote tolerance;
- Create support and outreach groups among families and friends of MSM individuals who could become future advocates;
- Conduct nation-wide MSM test and treat campaigns and interventions;
- Investigate opportunities for early treatment for HIV-positive MSM;
- Utilize new media to interact with wider networks of MSM;
- Ensure that safe spaces where MSM can meet and interact exist;
- Explore new prevention approaches, such as PeP and PreP.

This document was produced by ECOM - Eurasian Coalition on Male Health, a network of organizations and activists working in the region of Eastern Europe and Central Asia. We aim to create favourable conditions to ensure that men who have sexual relations with other men and transgender people have access to services in the field of sexual and reproductive health, mainly to HIV prevention, treatment, care and support, based on respect for their human rights.

For more information about ECOM, please access: [www.ecomnetwork.org](http://www.ecomnetwork.org).

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