

Analysis of Funding Gaps in HIV/AIDS Programs for MSM in the Countries of Eastern Europe and Central Asia.

A review of international approaches and studies on funding gaps in HIV programs for MSM, and recommendations based on the example of a number of countries in the region: Armenia, Belarus, Georgia, and Kyrgyzstan

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List of Abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ECOM	Eurasian Coalition on Male Health
EECA	Eastern Europe and Central Asia
EHRN	Eurasian Harm Reduction Network
GF/Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
IDU	Injecting drug users
LGBT	Lesbian, gay, bisexual and trans* people
MSM	Men who have sex with men
NGO	Non-governmental organization
PLH	People living with HIV
STI	Sexually transmitted infections
SW	Sex workers
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
VCT	Voluntary HIV Counseling and Testing
WHO	World Health Organization

Summary of the Review

The **goal** of this review is to analyze and summarize existing data on funding gaps in HIV prevention and treatment programs for gay men, other MSM, and trans* people in a number of countries in Eastern Europe and Central Asia (EECA) in order to develop sound recommendations regarding the funding of such programs.

The review is part of the regional program “Right to Health”, implemented by the Eurasian Coalition on Male Health (ECOM) with the financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF). In 2017, as part of the program, national studies analyzing funding gaps in HIV programs for MSM and trans* people were carried out in 5 countries (Armenia, Belarus, Georgia, Kyrgyzstan, and Macedonia). This regional review summarizes the results of the 5 national studies.

As part of this review, surveys and interviews were conducted with key respondents from organizations conducting field research and national consultants who carried out calculations and analyses of funding gaps. Included in the surveys were a self-assessment and an assessment of the level of satisfaction with the work carried out, an assessment of the applicability of the data obtained to future advocacy work, and an analysis of lessons learned and conclusions regarding similar experiences from respondents’ own countries.

We see that the studies carried out in countries using the “Tool for assessing funding gaps in HIV programs for MSM”, developed by ECOM, as a methodological basis have been effective. The conducted review makes it possible to formulate recommendations on the funding of HIV programs among MSM and on the monitoring of these programs:

- Existing funding represents only about 50% of the resources necessary for effectively combating the spread of HIV among MSM and trans* people. Taking into account the continued and active spread of HIV among these populations, it is necessary to increase efforts to mobilize national and international resources to ensure that all MSM and trans* people in need have access to quality HIV prevention and treatment services.
- Budgeting for HIV programs for MSM and trans* people should be based on an assessment of the needs of the target groups, as well as on sound standards on the distribution of prevention materials and the workload of staff. In order to create effective standards, it is necessary to ensure the meaningful participation of the community in the planning and assessment of prevention and treatment interventions, as was the case with programs receiving financial support from the Global Fund.
- Using the “Tool for assessing funding gaps in HIV programs for MSM” allows community organizations and the government agencies and institutions that work with them to collect high-quality strategic information, necessary for the effective planning of HIV responses in countries, as well as to obtain valuable experience cooperating with one another. A regular (once every 2 years) assessment of funding gaps will improve the quality of planning and evaluation of national and local interventions, and will strengthen coordination between key participants in the fight against the HIV epidemic in countries.
- Ensuring the availability of baseline program data to all key participants in the fight against HIV in countries is necessary for the coordination of the flow of funding, aimed at supporting the HIV response in countries. In order to achieve this, it is necessary to create dialogue and cooperation between governmental organizations that monitor and coordinate national HIV programs, agencies implementing projects of international organizations, and LGBT community organizations.

- When planning HIV programs for MSM and trans* people, it is important to provide sufficient resources for the development of the capacity of the community, and for collaboration between community NGOs and specialists of public healthcare systems. Technical assistance plans should include work on topics, such as budgeting, financial management, procurement and supply, and the development of skills and mechanisms necessary for budget advocacy.

Background

As part of the implementation of the regional program “Right to Health”, whose priority countries include Armenia, Belarus, Georgia, Kyrgyzstan, and Macedonia, the Eurasian Coalition on Male Health adapted the “Tool for assessing funding gaps in harm reduction programs”, developed by the Eurasian Harm Reduction Network (EHRN)¹, in order to conduct such an assessment of programs aimed at MSM and trans* people in the countries of Eastern Europe and Central Asia.

The result of this work, ECOM’s “Tool for assessing funding gaps in HIV programs for MSM”, differs from the original version in its classification of services, which is designed for the target group and fully complies with the Tool “Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men”². In addition, the tool has been supplemented with ready-made calculations and diagrams that can be used in the preparation of descriptive reports, without having to resort to manual or any additional mathematical analysis of the original data.

In addition to the main tool, EHRN’s proposed approach to calculating the unit cost of services was also adapted, which resulted in the “Tool for assessing the unit cost of HIV prevention and treatment services for MSM”, which allows for the calculation of the per-client cost of individual services for existing programs. The tool also makes it possible to calculate the specific cost of new services, using data on expenditures and coverage of existing programs, which is very convenient and practical for further predicting the cost of programs and analyzing funding gaps.

Using the tools described above, national surveys of funding gaps in HIV programs for MSM and trans* people were carried out in 2018 in the 5 program countries with the support of ECOM. The studies carried out were based on the participatory action research methodology, according to which planning, data collection, and analysis are carried out with the participation of a wide range of stakeholders. Such an approach ensured an open dialogue and discussion about implemented and planned programs between program implementers, people responsible for the coordination of the programs, as well as the recipients of services and the target groups. This approach to the research is transformational, as the parties involved (consultants, experts, and respondents) are able to contribute to changing the system as part of the research process.

The results of the studies carried out in countries, as well as an analysis of publications, international recommendations, and other literature related to similar experiences in the region of Eastern Europe and Central Asia served as the basis for this regional review.

Goal and Objectives

The **goal** of this review is to analyze and summarize available data on funding gaps in HIV prevention and treatment programs for MSM and trans* people in EECA countries.

Key objectives:

¹ К. Баркер и др, 2014, «Инструмент мониторинга расходов на программы снижения вреда: руководство пользователя». – Futures Group, проект «Инициатива по вопросам политики в здравоохранении» и Евразийская сеть снижения вреда, Вильнюс, Литва.

² Practical Guidance for Collaborative Interventions. “Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men” UNFPA, The Global Forum on MSM and HIV, UNDP, UNAIDS, WHO, United States Agency for International Development, the US President’s Emergency Plan for AIDS Relief, and the Bill & Melinda Gates Foundation. 2015.

<https://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-men-who-have-sex-men>

1. Conduct an analysis of literature and international recommendations regarding funding and an analysis of funding gaps in relevant programs.
2. Conduct a review of research conducted in this field in the region in order to describe the existing situation and recommendations previously made in countries.
3. Assess the results of the studies carried out in countries in terms of the realism and effectiveness of the approaches used, the correctness of the methodology used to develop recommendations on the further integration of this experience into the management system of relevant programs, and in terms of the use of the data obtained for advocacy work

Methodology

A combined approach was used for the collection and analysis of data. The methodology included the following components:

1) *analysis of documentation*, describing existing experience and international recommendations related to the analysis of funding gaps in HIV programs for MSM and trans* people in the countries of Eastern Europe and Central Asia (EECA);

2) analysis of the use of ECOM's tools, based on:

- *A study of the results of the research conducted. This analysis used country reports on the studies carried out in 2018 to analyze funding gaps in HIV programs for MSM and trans* people in Armenia, Belarus, Georgia, and Kyrgyzstan.*
- *Interviews with key respondents, including national consultants and representatives of community organizations that collected and analyzed data using this tool. Interviews with key respondents were conducted remotely (online) by preliminarily filling out a structured questionnaire. The objective of the survey data and interviews was to assess the effectiveness of the studies conducted, as well as the applicability of the tool to the work of community organizations in EECA countries.*

Situation regarding HIV/AIDS among MSM and trans* people in the EECA region

According to a UNAIDS report³ on the global HIV situation, the HIV epidemic among MSM and trans* people in the world and in the EECA region remains problematic. 18% of all new cases of HIV in the world occur among MSM, in the EECA region, this indicator reaches 21%.

According to data collected by ECOM in the review, "HIV among MSM in Eastern Europe and Central Asia"⁴, the prevalence of HIV among MSM in the region continues to increase and has already reached the level of a concentrated epidemic in most countries of the region. For example, in Kyrgyzstan, the prevalence of HIV among MSM is 6.6% (2015), 8.5% in Ukraine (2015), 9.8% in Belarus (2015) and 20.7% in Georgia (2015).

One important indicator is the proportion of HIV-positive MSM who have been tested for HIV in the last 12 months and who know the results of the test: this indicator did not exceed 23% in the EECA region in 2015³.

³Global AIDS update 2018. "Miles to go. Closing gaps. Breaking barriers. Righting injustices". UNAIDS. 2018 http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

⁴ Региональный обзор ЕКОМ по ситуации с ВИЧ среди МСМ и трансгендеров. ЕКОМ 2016. https://ecom.ngo/wp-content/uploads/2017/12/ECOM_HIV_in_EECA_2016_rus.pdf

In the region as a whole, the coverage of MSM by prevention programs ranges from 40% to 60% (2015)³.

Carrying out a comprehensive comparative analysis of the cascade of HIV services for MSM and trans* people in the program countries is quite difficult, because in nearly all monitoring systems for HIV/AIDS services in the countries of the region, there are difficulties with estimating population sizes and with approaches to forecasting. In addition, due to the high level of stigma towards LGBT people, they are rarely willing to admit to healthcare workers that they belong to this group when receiving healthcare services.

Available data⁵ is summarized in Table 1 below.

Table 1. Cascade of HIV services for MSM and trans* people in several countries of the EECA region.

Country	Estimated population of MSM and trans* people with HIV	Percentage of these with a confirmed HIV diagnosis	Percentage of these receiving ART	Percentage of these with undetectable viral loads
Georgia	3800 (2017)	17% (640)	75% (479)	88% (422)
Armenia	100 (2016)	75% (75)	83% (55)	70% (39)
Macedonia	1092 (2017)	15% (165)	75% (123)	89% (109)
Kyrgyzstan	1115 (2016)	8% (91)	84% (76)	65% (49)
Belarus	4621 (2017)	5.6% (259)	81% (211)	81% (172)

The data presented in the table shows that even in countries where the estimated number of MSM and trans* people living with HIV is quite low (Armenia), the proportion of those who have been diagnosed does not exceed 75%. At the same time, in countries with a large estimated number of MSM and trans* people with HIV, this indicator does not exceed 17%. This means that, on average, 4 out of 5 HIV-positive MSM and trans* people in the region are mostly likely unaware that they are infected with HIV.

From 16% (Kyrgyzstan) to 25% (Georgia and Macedonia) of MSM and trans* people with confirmed HIV diagnoses have not initiated ART, despite the fact that all of the program countries have adopted the recommendations of the WHO and the European AIDS Clinical Society on initiating ART immediately following the confirmation of a diagnosis. However, according to country reports, the picture might be slightly different. According to expert data, some of these people know their status, but, due to mistrust towards the employees of healthcare institutions, they did not disclose the fact that they are MSM, and therefore appear in statistical reports as individuals related to other population groups.

The situation regarding the achievement of undetectable viral loads by those on ART looks much better. In some countries, among MSM, this indicator is approaching global targets. In Georgia, Macedonia, and Belarus, it is almost equal to “90”! This suggests the high quality of work on the part of infectious disease physicians and the effectiveness of the ARV treatment regimens being used.

⁵ Страновые отчеты по каскаду непрерывной помощи по ВИЧ среди МСМ в Беларуси, Кыргызстане, Армении, Грузии и Македонии. Исследования проведены в 2018 г. Не опубликовано. Данные предоставлены ЕКОМ. Предполагаемая дата публикации – конец 2018 года.

However, the question remains whether the system will have enough resources (money, drugs, and specialists) to continue to be so effective, if, in a short time, the number of those needing ARV therapy and other treatment increases significantly due to the identification of those MSM and trans* people who are already living with HIV, but are not yet aware of it?

International guidelines and examples of national policies on HIV/STIs and sexual health in the context of the needs of MSM and trans* people

The strategy of the Joint United Nations Program on AIDS (UNAIDS), “90-90-90. An ambitious treatment target to help end the AIDS epidemic”⁶, as well as the tool “Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men”⁷ represent the fundamental documents that include international recommendations on HIV and sexual health in the context of the needs of MSM and trans* people.

The first document defines the following key requirements for HIV/AIDS programs in countries: 90% of PLH should know their HIV status, 90% of those who know that they are infected with HIV should be provided with ARV therapy, and 90% of those on ARV for more than 12 months should have reached an undetectable viral load as a result of the therapy.

The second document includes a detailed description of the concept and content of HIV/STI and other sexual health services for MSM and trans* people as recommended by leading international organizations. Another important international recommendation for HIV/AIDS programs is the “test and treat” strategy⁸, which calls for developing programs in such a way that the gap between the confirmation of a diagnosis and the initiation of medical care (in particular, ARV therapy) for PLH is minimal.

A specific feature of national policies on HIV prevention and treatment among MSM and trans* people in the region assessed is that, in epidemiological reports, MSM are noted as being a group particularly vulnerable to HIV, however, in documents describing country strategies and plans, this particular group may not be mentioned at all. Accordingly, there is often a lack of specific, sound, national indicators. It should also be noted that the LGBT community as a whole is not considered a target group; as a rule, only MSM are considered as such.

In the Republic of Belarus, the current national plan⁹ does not include a reference to MSM as a target group. The only source that clearly outlines HIV prevention activities among MSM in the country is documentation from the project “Containing the HIV epidemic and reducing HIV

⁶ «90-90-90. An ambitious treatment target to help and the AIDS epidemic». UNAIDS 2014. http://www.unaids.org/sites/default/files/media_asset/90-90-90_en.pdf

⁷ Practical Guidance for Collaborative Interventions. “Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men” UNFPA, The Global Forum on MSM and HIV, UNDP, UNAIDS, WHO, United States Agency for International Development, the US President’s Emergency Plan for AIDS Relief, and the Bill & Melinda Gates Foundation. 2015. <https://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-men-who-have-sex-men>

⁸ “Treat all people living with HIV, offer antiretrovirals as additional prevention choice for people at “substantial” risk”. WHO news release. September 2015. <http://www.who.int/mediacentre/news/releases/2015/hiv-treat-all-recommendation/en/>

⁹ «Национальный План реализации Концепции устойчивого развития системы профилактики, лечения, ухода и поддержки в связи с ВИЧ/СПИД и туберкулезом». Министерство здравоохранения Республики Беларусь, 2017

morbidity and mortality in Belarus”, funded with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria¹⁰.

On the other hand, in Kyrgyzstan, in recent documents describing national strategies on HIV¹¹, MSM and trans* people are mentioned, and moreover, as different groups, even though they were not previously differentiated.

In a number of countries of the region (Russia, Lithuania), laws were enacted that impose administrative and criminal penalties for the “propaganda of homosexuality”, and in a number of countries, there is a possibility that similar laws will be adopted (Ukraine, Kyrgyzstan, Kazakhstan, Lithuania, Bulgaria). Uzbekistan and Turkmenistan have retained criminal penalties that date from the Soviet era for voluntary sexual relations between adult men. Such documents negatively affect HIV prevention programs among MSM and trans* people, which are already rather weak due to high levels of social stigma and discrimination¹².

Results of the review of studies aimed at identifying funding gaps in HIV/AIDS programs for MSM

Analysis of the organization, methodology, and results of country studies

As a whole, community organizations that have analyzed funding gaps find that the work carried out is useful: these studies allowed for the collection and analysis of data that can be used as a substantial and sound argument in dialogue with national governments and international donors regarding future funding of HIV/AIDS programs for MSM and trans* people.

All respondents noted that one of the major achievements of the studies was that it was possible to calculate the unit cost of individual services, forecast funding needs for these services, and identify in detail where existing and possible future funding gaps may occur. Thus, it was possible to obtain a rather holistic and detailed picture of the current and possible future funding of HIV programs for MSM and trans* people in the countries.

The respondents noted that it was very difficult for them to gather information on the budgets of individual projects and programs and, in particular, to detail the costs of these projects. In a number of cases, countries lacked qualitative data on the estimated number of MSM and trans* people, both as a group as a whole, as well as with respect to the number of those living with HIV.

This particular difficulty was linked to the fact that the existing system for monitoring the provision of services for PLH does not provide for the disaggregation of data by key population (MSM, trans* people, IDU, SW). This does not allow for an adequate analysis of the funding of packages of services for MSM and trans* people living with HIV.

¹⁰ Отчет об оценке пробелов в финансировании программ профилактики и лечения ВИЧ среди геев, других МСМ и транс людей в Республике Беларусь. Минск 2018 г. Не опубликовано. Данные предоставлены ЕКОМ.

¹¹ Интервью ключевых респондентов по Кыргызстану в рамках подготовки данного обзора. 2018

¹² International Lesbian, Gay, Bisexual, Trans and Intersex Association: Carroll, A., State Sponsored Homophobia 2016: A world survey of sexual orientation laws: criminalisation, protection and recognition (Geneva; ILGA, May 2016).

https://ilga.org/downloads/02_ILGA_State_Sponsored_Homophobia_2016_ENG_WEB_150516.pdf

As comments and suggestions regarding the tool itself and the methodology for conducting the assessment, those carrying out national studies suggested that the methodology be simplified as much as possible, especially the parts that relate to determining the content of the packages of prevention and treatment service, and calculating the specific cost of services included in these packages. The current version proposes dividing all costs into 2 groups: those related to the prevention of HIV and those related to the treatment of HIV. It was proposed to determine the package of services for each of these categories. In determining these packages of services, WHO recommendations listed in “Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men: Practical Guidance for Collaborative Interventions” (also known as the MSMIT)¹³ were used as reference materials. Participants were asked to collect data on existing services and to add those services to the package that do not currently exist, but which may be necessary, based on the needs of MSM and trans* people in the country. This question regarding which services to add to existing ones and how to calculate their costs presented difficulties.

On the other hand, the respondents noted the advantage the MSMIT provides in developing packages of services. Referring to the MSMIT allows one to analyze to what extent the range of existing services in the country corresponds to international best practices, and in what direction it is necessary and possible to move in terms of reviewing the amount of funding¹⁴.

All of ECOM’s partner organizations in the countries have a clear vision and plan for the further use of the results of the analysis to advocate for expanding and ensuring the sustainability of HIV prevention and treatment programs for MSM and trans* people. When asked about the possibility of using the tool for assessing funding gaps developed by ECOM in the regular work of community organizations, the majority of respondents reacted positively, but also noted that this would require additional technical and financial assistance, as well as negotiations with governmental and international entities on ensuring the disaggregation of data collected by such entities in the future.

A significant advantage of the proposed tool is that it provides for the participation of a maximum number of stakeholders in the collection and analysis of data. In particular, thanks to the participation of experts in charge of implementing state HIV programs and agencies implementing projects in this field, it was possible to calculate the unit cost of services and analyze the financial flows of HIV programs in terms of working with MSM and trans* people. In turn, the broad and meaningful participation of the community ensured a better understanding of the needs of the target groups and the quality of existing programs. Such a partnership is an essential condition for ensuring the completeness, reliability, and effectiveness of data analysis.

In general, the first experience with assessing funding gaps in HIV services for MSM and trans* people carried out by LGBT community organizations showed that they can and want to do such work. The data collection process facilitates the development of cooperation between organizations and experts in the financial and strategic management of health programs.

A number of specialized questions presented difficulties for the staff of community organizations due to a lack of necessary knowledge and experience. However, by engaging the staff and experts of AIDS centers and Ministries of Health as consultants and partners, community organizations can successfully solve these difficulties.

¹³ Practical Guidance for Collaborative Interventions. “Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men” UNFPA, The Global Forum on MSM and HIV, UNDP, UNAIDS, WHO, United States Agency for International Development, the US President’s Emergency Plan for AIDS Relief, and the Bill & Melinda Gates Foundation. 2015.

¹⁴ Интервью ключевых респондентов по Кыргызстану в рамках подготовки данного обзора. 2018

Content of packages of HIV services for MSM and trans* people in countries of the region

As part of the country studies, consultations were carried out, during which all stakeholders, including representatives of communities, doctors, staff of Ministries of Health, and others, discussed the content of the country's package of HIV services for MSM and trans* people, and its compliance with international recommendations¹⁵.

Based on the data collected, it can be concluded that the packages of prevention services are mainly limited to the provision of condoms and, less commonly, lubricants, informational materials, testing referrals, and the provision of testing-related counseling (the quality of which is difficult to assess), and may also include referral to STI treatment. In some countries, with the support of international donors, assistance of specialists, such as psychologists, lawyers, and social workers, may also be available.

In addition, there are a number of services that can satisfy the needs of MSM and trans* people, are included in the list of international recommendations, and actually exist in the country, but are not included in the packages of HIV services funded by state budgets or international donors, and, therefore, are not readily available to MSM and trans* people. Such services may include pre- and post-exposure prophylaxis of HIV (with the exception of Georgia, where a pre-exposure prophylaxis pilot project for MSM is being implemented since 2017); screening for anal and prostate cancer; consultations with proctologists; prevention, diagnosis, vaccination, and treatment of hepatitis; sexuality counseling; referrals to harm reduction programs; and consultations with narcologists.

Data collection and discussions about the package of services for MSM and trans* people living with HIV has proven difficult in all countries. This is mainly due to the fact that standards on the provision of services for MSM and trans* people, if they exist, are only in the form of project documents regulating individual interventions, which, as a rule, are implemented by international donors. Thus, out of the 5 countries surveyed in the study, examples of developed standards which include a clear description of services were only found in Georgia and Kyrgyzstan.

We will review data collected on the development and funding of several key components of HIV programs for MSM and trans* people in the countries surveyed.

Access to condoms and lubricants. According to international recommendations, condoms and lubricants should be made available at locations that are safe and acceptable to MSM. Such an approach is much more effective than expecting that MSM and trans* people will always purchase condoms at pharmacies or take them from AIDS centers or from hospitals¹⁶.

The provision of condoms and sometimes lubricants is envisaged in practically all program countries of the region, as part of interventions aimed at increasing access to HIV testing and counseling, which is part of the package of services for all vulnerable groups. At the same time, outreach work, in other words, the provision of services at places where the target groups

¹⁵ Practical Guidance for Collaborative Interventions. "Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men" UNFPA, The Global Forum on MSM and HIV, UNDP, UNAIDS, WHO, United States Agency for International Development, the US President's Emergency Plan for AIDS Relief, and the Bill & Melinda Gates Foundation. 2015.
<https://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-men-who-have-sex-men>

¹⁶ Technical Guidance on combination HIV prevention. PEPFAR 2011.
<https://www.pepfar.gov/documents/organization/164010.pdf>

socialize, is the most unsustainable component of these programs, since it is funded exclusively with international assistance in almost all countries.

According to the reviewed country reports on funding gaps in HIV programs for MSM, the situation regarding the funding of condom and lubricant services for MSM is quite complicated as the main, and in some countries, the only source of funding for these services is the Global Fund grant.

Thus, the report on Armenia states that 100% of the budget for funding condom and lubricant services for MSM in the country come from funds provided by the Global Fund grant, the amount of which will remain unchanged over the next 5 years for a total of 42,710 USD (37,176 USD a year for the prevention program and 5,534 USD for services for PLH). At the same time, the coverage of MSM by prevention services is supposed to increase from 4,500 people in 2018 to 7,500 people in 2022. In Belarus, the proportion of national funding for the purchase of condoms and lubricants for MSM as part of the prevention program is about 30% in 2018, and is expected to increase to 35% in 5 years. The remaining funds are expected to come from the Global Fund. However, as in Armenia, there is an inconsistency between the amount of planned funding and the level of planned coverage of MSM by prevention services. Thus, the amount of funding for this service in Belarus will increase by only 6% over 5 years (from 158,294 USD in 2018 to 168,000 USD in 2022), while the planned coverage is 13,800 MSM in 2018 and 30,000 MSM in 2022, which equals an increase in coverage of 117%.

The volume of purchases of condoms and lubricants raises many questions, because in the absence of clear and sound standards, the quantity purchased often does not cover the real needs of MSM and trans* people. Problems with the realistic determination of needs and appropriate planning of expenditures for the purchase of condoms and lubricants are noted in country reports on analyzing funding gaps in HIV programs for MSM in Belarus, Kyrgyzstan, Armenia, and Georgia¹⁷.

Thus, the report on Kyrgyzstan states that the national program provides for the purchase of enough condoms and lubricants to issue 3 condoms to each client of the prevention programs per week, or 10 per month, while the number of single-use packages of lubricant available is only 20% of the number of condoms purchased, which, according to representatives of the LGBT community, does not correspond to the actual needs of the clients. According to the tool “Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men: Practical Guidance for Collaborative Interventions”¹⁸, it is important to keep in mind that several condoms and lubricants may be used during one sexual act, so responses to questions about the frequency of sexual activity may not provide accurate information on the number of condoms and lubricants needed by one person. In order to forecast the volume of the purchase of consumables, it is recommended to conduct focus groups with representatives of key populations, as well as to include them in groups that plan and evaluate systems for the supply and delivery of consumables for prevention programs.

¹⁷ Страновые отчеты анализу пробелов в финансировании программ по ВИЧ среди МСМ в Беларуси, Кыргызстане, Армении, Грузии. Исследования проведены в 2018 г. Не опубликовано. Данные предоставлены ЕКОМ.

¹⁸ Practical Guidance for Collaborative Interventions. “Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men” UNFPA, The Global Forum on MSM and HIV, UNDP, UNAIDS, WHO, United States Agency for International Development, the US President’s Emergency Plan for AIDS Relief, and the Bill & Melinda Gates Foundation. 2015.
<https://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-men-who-have-sex-men>

During interviews with key respondents conducted as part of the preparation of this review, it was noted that questions about calculating the required quantity and identifying convenient ways of distributing lubricants are important, as this has a significant impact on the procurement price and the attractiveness of the service for the target groups.

Community empowerment. According to international recommendations, programs that are implemented by community organizations and with the meaningful involvement of the community in decision-making are more effective, because they lower the risk of stigma and increase trust among users¹⁹.

ECOM’s survey, “Participation of the MSM and trans* community in HIV decision-making processes in Armenia, Belarus, Georgia, Kyrgyzstan, and Macedonia”²⁰ described in detail the current situation regarding the meaningful involvement of the LGBT community in national HIV prevention and treatment programs in the countries of EECA. Below is a diagram depicting the level of participation of the LGBT community in HIV programs based on the example of 5 countries of the region¹⁸, where 100% means high capacity and participation of the LGBT community in the planning and management of HIV/AIDS programs. According to this criteria, the countries differ significantly from one another: there are examples of significant growth in community involvement in the planning and implementation of HIV programs (Georgia, Kyrgyzstan), but there are also countries where such participation continues to be difficult (Belarus, Macedonia). Barriers to meaningful participation include significant levels of homophobia in society as a whole and among providers of medical services, as well as laws and legislative proposals criminalizing and stigmatizing the LGBT community and same-sex sexual contacts.



100% — это: наблюдается рост активности сообщества; за последние два года появились новые лидеры из MSM и транс* людей в сфере профилактики ВИЧ и в программах по здоровью ЛГБТ; техническая и другая поддержка за счёт местных и международных ресурсов доступна и используется новыми лидерами; налажено партнёрство между организациями сообществ; ЛГБТ-организации включили в свою работу вопросы ВИЧ и права на здоровье; правозащитные, ЛГБТ- и ВИЧ-сервисные НПО совместно проводят адвокацию государственного финансирования услуг в сфере ВИЧ для MSM и транс* людей

Considering the importance of the community empowerment component in general HIV programs for key target groups, the “Tool for estimating the unit cost of HIV prevention and treatment services for MSM”, developed by ECOM, envisages the collection and analysis of data

¹⁹ International LGBT and Intersex Association: Carroll, A., State Sponsored Homophobia 2016: A world survey of sexual orientation laws: criminalisation, protection and recognition (Geneva; ILGA, May 2016). https://ilga.org/downloads/02_ILGA_State_Sponsored_Homophobia_2016_ENG_WEB_150516.pdf

²⁰ «Участие сообщества MSM и транс людей в процессах принятия решений в сфере ВИЧ в Армении, Беларуси, Грузии, Кыргызстане и Македонии. Базовая оценка» ЕКОМ 2018 <https://ecom.ngo/library/uchastie-soobshhestva-msm-i-trans-lyudej-v-protsessah-prinyatiya-reshenij-v-sfere-vich-v-armenii-belarusi-gruzii-ky-rgy-zstane-i-makedonii/>

on the costs of relevant HIV programs for MSM aimed at building capacity and creating enabling environments. Reports on research conducted²¹ in the program countries show that programs currently being implemented do not provide separate budget lines for developing the capacity of community organizations and for creating enabling environments for ongoing national programs.

An assessment of the capacity of community organizations implementing HIV programs for MSM was not the focus of this review. However, when planning and forecasting the amount of funding for such programs, it is important to take into account the needs of the community and their actual ability to manage finances and procurement, as well as to provide for capacity building of these organizations in this area.

Access to HIV testing. Two key approaches are recommended²² in this area: community-led testing programs and self-testing. Voluntary counseling and testing (VCT) for HIV is available to LGBT people in all countries of the region, as well as to representatives of all other groups vulnerable to HIV. However, when analyzing accessibility, it is necessary to consider what coverage is provided, and what barriers exist and what practices have been successful in achieving coverage.

Thus, in the whole EECA region, according to bio-behavioral research data available on 7 countries (2015-2016), on average, less than 60% of MSM have been tested for HIV and know their status. In Armenia, this indicator is 32.5% (2016), 38.4% (2015) in Georgia, and 64.1% (the maximum value among program countries) in Belarus in 2015²³.

A key barrier to testing is the high level of stigma in society, which results in MSM and trans* people avoiding open communication and discussions about health with the staff of public health institutions. As a result, MSM and trans* people are poorly informed about the availability of free HIV testing services, as well as about the effectiveness and accessibility of free ARV therapy²².

Recommended approaches to testing are being implemented in all five countries of the regional program “Right to Health”. At the same time, it must be noted that these interventions were initiated relatively recently (in 2016-2017) and are completely dependent on external funding. In addition, there is no reliable and objective data about the quality and effectiveness of this work.

According to the data available during the development of this report²⁴, in Georgia, HIV testing programs led by communities provide around 79% of the total HIV testing provided to vulnerable groups in the country. This work is carried out at both stationary testing points, and through mobile clinics and outreach, and uses rapid blood or saliva testing. This work is implemented with funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

²¹ Страновые отчеты анализу пробелов в финансировании программ по ВИЧ среди МСМ в Беларуси, Кыргызстане, Армении, Грузии. Исследования проведены в 2018 г. Не опубликовано. Данные предоставлены ЕКОМ.

²² Practical Guidance for Collaborative Interventions. “Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men” UNFPA, The Global Forum on MSM and HIV, UNDP, UNAIDS, WHO, United States Agency for International Development, the US President’s Emergency Plan for AIDS Relief, and the Bill & Melinda Gates Foundation. 2015.

²³ Региональный обзор ЕКОМ по ситуации с ВИЧ среди МСМ и трансгендеров. ЕКОМ 2016. https://ecom.ngo/wp-content/uploads/2017/12/ECOM_HIV_in_EECA_2016_rus.pdf

²⁴ «Обзор опыта внедрения тестирования на ВИЧ силами сообщества и рекомендации по внедрению успешных практик в странах Восточной Европы и Центральной Азии. Описание рекомендуемой модели тестирования, сопровождения и лечения ВИЧ силами сообществ на примере некоторых проектов в трех странах Эстония, Россия и Грузия», 2018. Центрально-азиатское объединение людей, живущих с ВИЧ (ВЦО ЛЖВ / ЕСУО)

An analysis of country reports on funding gaps in HIV programs for MSM²⁵ showed that funding for voluntary HIV counseling and testing for MSM is limited and unsustainable. Thus, according to the country report, in Armenia 100% of funding for this work (31,222 USD annually until 2022) will be received from funds from the Global Fund grant and does not take into account the planned increase in coverage of the target group. According to data from Belarus, 22,800 USD each year until 2022 has been allocated to voluntary HIV counseling and testing services for MSM, of which only 12% comes from national funding. In addition, no increase in the amount of funding for this service has been planned, despite significant increases in planned coverage rates. According to data from Kyrgyzstan, in 2018 funding for HIV VCT services for MSM has been allocated from two external sources (the Global Fund and PEPFAR) in the amount of 191,967 USD, while in 2019, the planned amount of funding is being reduced to 102,432 USD with funding only from the Global Fund, and in 2020 (the last year of confirmed funding), this will be reduced to 74,853 USD also from the Global Fund. At the time this report was developed, information on whether there would be an increase in national funding for this purpose was not available.

Access to ART. Worldwide, only 40% of MSM infected with HIV know about the availability of ARV therapy²⁶. Those who live in middle-income and lower-income countries generally have less access to ARV therapy, while the lowest rates of access are found in countries where sex between men is a criminal offense²⁷.

According to the data of country reports analyzing the cascade of HIV services for MSM²⁸, in the countries where the program “Right to Health” is being implemented, only 5% (Belarus) to 55% (Armenia) of the estimated number of HIV-positive MSM are receiving ARV therapy.

A particular difficulty in monitoring the availability of ART for MSM and trans* people lies in the fact that healthcare monitoring systems do not disaggregate data on the provision of treatment services by key population. ARV therapy is available according to clinical criteria, regardless of one’s affiliation to a certain population group²⁹. Information on how many MSM there are among PLH receiving ARV therapy can theoretically be obtained from the data of AIDS centers. However, since national programs do not include relevant indicators, health institutions do not disaggregate this information from the general data.

All respondents noted that they faced difficulties in collecting data on the volume of services for MSM-PLH related to the treatment of HIV and noted the need for the introduction of mechanisms for tracking this parameter in countries, otherwise monitoring the continuum of HIV services for MSM becomes impossible.

²⁵ Страновые отчеты анализу пробелов в финансировании программ по ВИЧ среди МСМ в Беларуси, Кыргызстане, Армении, Грузии. Исследования проведены в 2018 г. Не опубликовано. Данные предоставлены ЕКОМ.

²⁶ “MSM, HIV and AIDS”. AVERT: Global information and education on HIV and AIDS. https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/men-sex-men#footnote25_1518wqw

²⁷ Arreola, S. et al (2014) 'Sexual stigma, criminalization, investment, and access to HIV services among men who have sex with men worldwide', *AIDS and Behavior*, 19(2):227-234

²⁸ Страновые отчеты по каскаду непрерывной помощи по ВИЧ среди МСМ в Беларуси, Кыргызстане, Армении, Грузии и Македонии. Исследования проведены в 2018 г. Не опубликовано. Данные предоставлены ЕКОМ. Предполагаемая дата публикации – конец 2018 года.

²⁹ Интервью ключевых респондентов по Кыргызстану и Беларуси в рамках подготовки данного обзора. 2018

In addition, as shown by the study carried out in Ukraine on risky behavioral practices among PLH³⁰, the actual behavior of PLH differs from what can be expected based on statistics on HIV infection routes carried out during HIV testing. Many MSM do not inform medical staff that they are MSM and/or use drugs when being tested for HIV in medical institutions. Therefore, in addition to available statistics, it would be useful to collect data on sexual behavior and drug use among PLH in order to assess the needs of HIV+ MSM for adherence support services. This information will improve the quality of prescribing and providing ARV therapy. In addition, this data would allow for the better planning of the professional development of employees of medical institutions and the prevention of stigmatizing and discriminatory behavior by such employees towards MSM. Often, discrimination is the reason that MSM-PLH do not have information and, therefore, access to specialized services and prevention interventions they need in connection with risky behavioral practices. Such trends in the conformity of services to the needs of HIV-positive MSM were noted in country reports from Kyrgyzstan and Belarus³¹.

Pre-exposure prophylaxis (PrEP) programs. According to data of the World Health Organization³², expanding the coverage of MSM by pre-exposure prophylaxis can prevent from 20% to 25% of new cases of HIV infection among this group. Despite existing evidence of the effectiveness of such programs, the availability of PrEP remains very limited. In 2017, the number of countries in which the access of MSM to PrEP, in one form or another, was authorized reached 60, more than twice the number as in 2016³³.

In EECA, by the beginning of 2018, PrEP projects had been initiated in only Ukraine and Georgia. Both projects are implemented in the capital cities and cover no more than 100 MSM clients. The projects are funded by the Global Fund.

Calculating the unit cost of services

Calculating the unit cost of HIV services for MSM and trans* people according to the proposed methodology was the basis for predicting future costs and for analyzing funding gaps.

It is important to note that the quality of data used in making financial decisions as part of national HIV programs is a global problem, which was noted in the 2017 audit report of the Office of the General Adviser of the Global Fund to Fight AIDS, Tuberculosis and Malaria³⁴.

Difficulties in data collection and observations about the completeness and reliability of data were noted by all key respondents in program countries. The main difficulty in collecting data on program expenditures was due to the fact that partners in the implementation of HIV programs for this target group provided the requested data, but that the data was not always complete, nor was it always possible to double-check its accuracy. In addition, the data provided

³⁰ Dumchev K., Varetska O., Kornilova M., "Improved Ascertainment of Models of HIV Transmission in Ukraine Highlights Importance of Risks due to injecting and homosexual behavior among males", Poster presentation, EACS 2017 Conference, Milan, October 2017.

³¹ Страновые отчеты анализу пробелов в финансировании программ по ВИЧ среди МСМ в Беларуси и Кыргызстане. Исследования проведены в 2018 г. Не опубликовано. Данные предоставлены ЕКОМ.

³² WHO: «People most at risk of HIV are not getting the health services they need». News release, 2014. <https://www.who.int/mediacentre/news/releases/2014/key-populations-to-hiv/en/>

³³ UNAIDS report: "Blind spot: Reaching out the men and boys". 2017. http://www.unaids.org/en/resources/documents/2017/blind_spot

³⁴ GF-OIG Audit report. The Global fund's In county Supply Chain processes. GF OIG -17 008. www.theglobalfund.org/media/6363/oig_gf-oig-17-008_report_en.pdf

by different partners is not always comparable in terms of the timeframe, did not contain information on localization and coverage, or lacked information on standards for the allocation of resources that are used in the work.

According to the proposed methodology, data on the average costs of existing programs can be used to calculate the unit cost of services, and in most countries, this was done this way. In addition, the tool also allows for the input of data according to normative standards (for example, according to current standards or other documents regulating the conditions for service provision) related to the quantity of consumables, the workload of staff, the equipment of institutions and for projects, etc. In the analysis tables, it is possible to compare actual data with what these values should be according to current standards.

The report on Kyrgyzstan³⁵ provides clearly formulated examples of non-compliance with standards when planning program expenditures, both in terms of the workloads of staff and the volume of purchases of consumables, in particular condoms and lubricants. For example, consider Table 1 from the country report of Kyrgyzstan. The “Difference” column contains figures that show to what extent the planned budget does not reflect needs. We see that the existing budget implies a deficit of 65% in the number of paid outreach workers in 2018, which will increase to 82% by 2020. Accordingly, it is possible to track the increasing workload of each outreach worker from 292 people in the first year to 576 in the last year, while the standard was 100 people per outreach worker. With a high degree of probability, this will lead to an excessive burden on outreach workers, and ultimately, to a decline in the quality of their work. This will also probably lead to high turnover among staff of HIV prevention projects.

Table 1. Deficit in funding for outreach workers under the GF grant for 2018 – 2020. (Country application to the GF)

Year	Planned coverage of MSM*	Number of Outreach Workers			Workload per outreach worker
		Needed**	Supported***	Difference	
2018	6414	64	22	42	292
2019	9260	93	22	71	421
2020	10940	109	19	90	576

* Planned coverage of MSM by HIV prevention and treatment programs in the application to the Global Fund

**Required number of outreach workers according to the standard of 100 MSM per 1 outreach worker.

*** Number of outreach workers that will be supported under the Global Fund project.

In countries where there are no approved norms and standards on the provision of services, such an analysis could not be carried out.

Table 2 contains data on the unit cost of the package of HIV prevention services for MSM, which was calculated during the studies³⁶ conducted in countries.

³⁵ Страновой отчет по анализу пробелов в финансировании программ по ВИЧ среди МСМ в Кыргызстане. Исследование проведено в 2018 г. Не опубликовано. Данные предоставлены ЕКОМ.

³⁶ Страновые отчеты анализу пробелов в финансировании программ по ВИЧ среди МСМ в Беларуси, Кыргызстане, Армении, Грузии. Исследования проведены в 2018 г. Не опубликовано. Данные предоставлены ЕКОМ.

Table 2. Examples of the unit cost of HIV prevention services for MSM in program countries

Package of HIV prevention services	Belarus	Georgia	Armenia	Kyrgyzstan
Unit cost in USD	45.07	34.4	32.66	10.59

It is rather difficult to conduct a comparative analysis of data on the specific cost of the package of HIV prevention services for MSM due to the differences in the programs themselves in terms of approach and content. As noted above, due to the absence of or non-compliance with standards on the provision of services, program expenditures may differ significantly due to the use of different standards for the distribution of prevention materials.

In general, in program countries, packages of prevention services are mainly limited to services such as: the provision of free condoms and lubricants and informational materials; HIV prevention counseling; HIV counseling and testing; referrals to specialists for STI testing and diagnosis, psychologists, or other consultants. For example, in Belarus, the package of prevention services, which was used to calculate the unit cost of prevention services included: the distribution of condoms and lubricants through at fixed locations, the provision of informational materials, STI diagnosis and treatment, HIV testing and counseling, and counseling and other assistance from mental health specialists. In Armenia, the package of prevention services differs from the Belarusian one only by the absence of services, such as the diagnosis and treatment of STIs. The package of prevention services in Kyrgyzstan differs from the Belarusian one due to the lack of consultations and assistance from mental health specialists.

It is also possible to compare the costs of supplying consumables for HIV prevention programs for MSM in different countries. For example, in Kyrgyzstan, the cost of condoms and lubricants for one program client was 1.8 USD (2017), while in Armenia, this cost was 3.3 USD and 14.7 USD in Belarus. This figure depends on the unit supply cost of the relevant materials, and the actual distribution volume of the materials. So, the unit supply cost of condoms was 0.4 USD per unit in Belarus, and 0.03 USD per unit in Armenia and Kyrgyzstan. Standards on the provision of condoms also differ between programs. In Armenia and Belarus, the delivery and distribution is carried out according to agreed standards, while in Kyrgyzstan, actual distribution was an average of 3 condoms per MSM per month, which is significantly lower than the standard of 7 condoms per MSM per week, as stipulated in the draft of relevant service standards³⁷.

Another example: the cost per program client for rapid HIV tests was 1 USD in Belarus, 3.3 USD in Armenia, and 6.7 USD in Kyrgyzstan. This indicator is directly dependent on the cost of test systems and the coverage of the target group by testing. So, the cost of test systems was 1 USD in Belarus, 3.23 USD in Armenia, and 4.6 USD in Kyrgyzstan. Meanwhile, coverage by HIV testing (of the total number of MSM covered by HIV prevention) was 80% in Belarus, 40% in Armenia, and 23% in Kyrgyzstan.

³⁷ Страновой отчет по анализу пробелов в финансировании программ по ВИЧ среди МСМ в Кыргызстане. Исследование проведено в 2018 г. Не опубликовано. Данные предоставлены ЕКОМ.

Analysis of funding gaps based on the examples of conducted studies

When analyzing the results of the studies carried out in countries³⁸, it is important to understand that, in essence, these were pilot studies, the main task of which was to test the tool and begin collecting data on funding gaps. Taking into account the country reports received, this review still tries to provide examples of funding gaps in HIV programs for MSM and trans* people, while realizing that this data cannot be extrapolated to the entire EECA region.

In general, according to data from the reports of the studies carried out under the program “Right to Health”, funding for HIV prevention and support programs for MSM and trans* people is tending to decrease, despite the fact that the number of new cases of HIV infection among these groups continues to grow, and that data on the prevalence of risky practices with respect to HIV infection reflects the growing threat of the further development of the epidemic among these groups.

In some countries, the HIV prevalence threshold exceeds 5% among MSM, indicating a concentrated epidemic in this population. According to data from bio-behavioral studies, the prevalence of HIV among MSM in Georgia was 20.7% in 2015, 5.7% in Belarus in 2015, and 6.6% in Kyrgyzstan in 2016.

Funding gaps were noted in all countries where the assessment was carried out, and, on average, accounted for 50% of the calculated need, based on the estimated population size of the target group and the current level of expenditures for HIV prevention, treatment, and support programs for MSM and trans* people. It is noteworthy that the deficit occurs mainly with respect to prevention services, in particular to basic services, such as the provision of condoms and lubricants, and HIV testing.

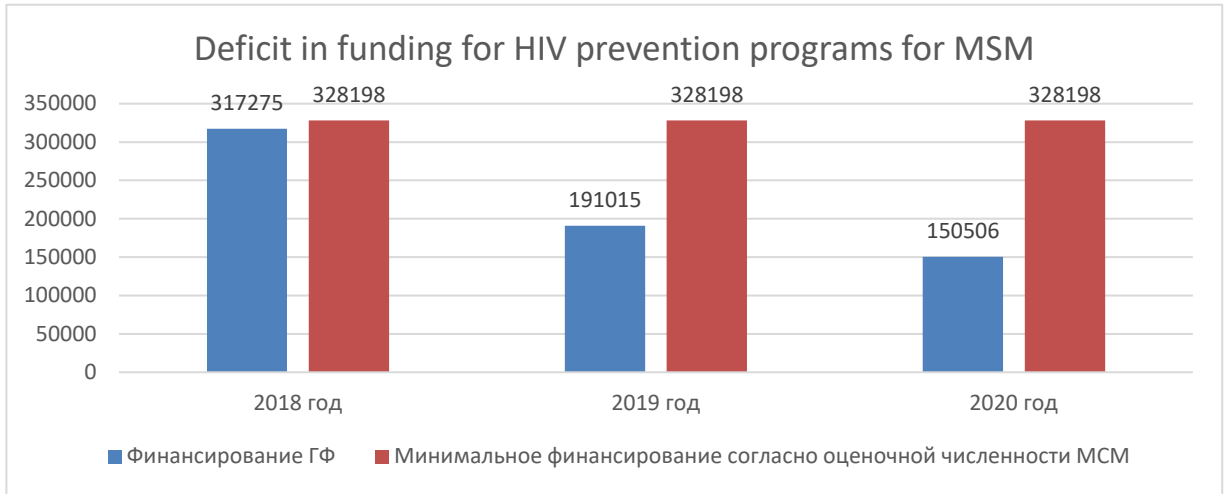
It is important to note that diversification of funding sources is also very limited, as programs are mainly funded by Global Fund grants. Due to the weak position of the LGBT community in some countries, a reduction in overall funding for HIV/AIDS programs and a transition to governmental funding significant increases the risk that there will continue to be funding gaps in programs for MSM and trans* people.

As noted earlier, the unit cost of HIV prevention services for MSM in Kyrgyzstan was 19.45 USD according to data from 2017, which is the minimum value in the countries that were assessed. On the other hand, the country report notes that the program being implemented in the country includes only a rather limited range of services, staff have an excessive workload, and that the volume of existing consumables does not correspond to the needs of the target groups. Diagram 2 shows the dynamics of the growing shortage of funding for prevention programs over the next 3 years.

The main source of funding of HIV programs for MSM in Kyrgyzstan is the Global Fund grant, the budget of which does not provide for any expansion of the program up to 2020.

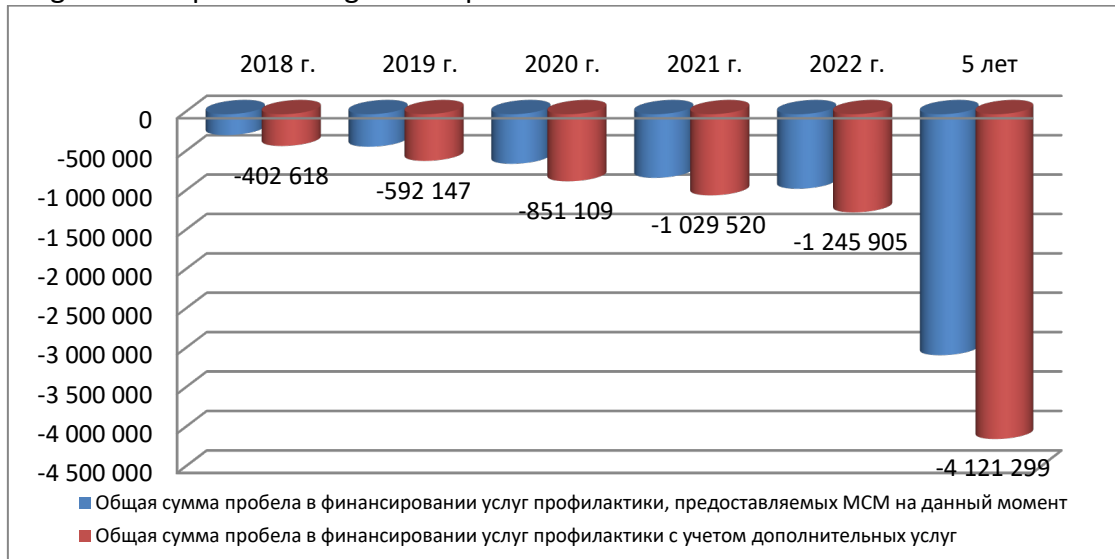
Diagram 2. Forecasting funding for HIV prevention programs for MSM in Kyrgyzstan.

³⁸ Страновые отчеты анализу пробелов в финансировании программ по ВИЧ среди МСМ в Беларуси, Кыргызстане, Армении, Грузии. Исследования проведены в 2018 г. Не опубликовано. Данные предоставлены ЕКОМ.



In Belarus (where the estimated MSM population is 59,500), the results of the study showed that there are and will be significant gaps in funding for HIV prevention services for MSM and trans* people (Diagram 3). Meanwhile, the funding deficit will increase every year. Gaps in funding for HIV prevention among MSM and trans* people will increase 3.6 times by 2022 compared with 2018. The total amount of the funding gap for prevention services over five years will be 4.1 million USD.

Diagram 3. Gaps in funding for HIV prevention services for MSM in Belarus in 2018-2022.



The distribution of condoms and lubricants through fixed points is the main intervention with funding gaps in Belarus. The funding gap for this item for 5 years totaled 1,856,282 USD. Other interventions with significant funding gaps included the diagnosis and treatment of STIs and HIV testing and counseling. The gaps in funding for these components for 5 years total 449,289 USD and 502,378 USD respectively.

In Belarus, there has not been a marked reduction in the funding of HIV treatment services for MSM. Nevertheless, by 2022, there will still be a deficit of 1,955,949 USD, which is almost two times less than the gap in funding for prevention services. The main interventions with gaps in funding include the provision of ART, determining viral loads, CD4 screening, and peer counseling.

In Armenia (where the estimated size of the MSM population is 7,500), according to calculations provided, the deficit in funding for HIV programs for MSM and trans* people will be more than 570,000 USD by 2022, comprised mainly of insufficient funding for services, including the provision of condoms and lubricants, HIV testing and counseling, and peer counseling.

Conclusion and recommendations

The review carried out shows that the “Tool for assessing funding gaps in HIV programs for MSM”, developed by ECOM, allows for effective research. It has also been confirmed that, in EECA countries, it is possible for key community organizations to carry out analyses of the financial costs of HIV prevention, treatment, and support programs for MSM and trans* people, and that doing so is important for advocacy work.

An analysis of conducted studies and a survey of key respondents, including representatives of LGBT organizations that have conducted analyses of funding gaps, as well as specialists in the field of healthcare funding who have collaborated with LGBT organizations during the course of this work, showed that access to information on the funding of relevant programs is quite limited, and that the quality of data is not always sufficient to obtain the desired information. Most often, difficulties with data were linked to issues, such as the estimated population sizes of MSM and trans* people in the country, the availability of approved service standards and the soundness of such standards, and whether or not current program budgets and data on service coverage disaggregated by specific populations are available to community organizations and researchers.

Analyzing the process of collecting and analyzing data, we found that methodology used in the “Tool for assessing funding gaps in HIV programs for MSM” has advantages in terms of further advocacy to improve quality, increase coverage, ensure sufficient funding for the program studies, as well as in terms of the collection and analysis of data designed to promote cooperation among all stakeholders. In the process of analyzing costs and funding projections, it was possible to have a dialogue on the intervention priorities, as well as on exploring the areas with the greatest deficit in funding and what the consequences are of this for the program as a whole.

Despite the fact that the tool allows for the collection of data for planning funding of HIV programs for MSM and trans* people, the proposed methodology does not take into account the capacity and ability of the community to administer relevant finances, and is limited by the overall needs of programs in terms of funding core activities.

HIV programs for MSM and trans* people receive some attention, because this target group is key to the epidemic process. However, due to the high level of stigma and the peculiarities of the legal regulation of HIV programs in the countries where the analysis was carried out, programs aimed at MSM and trans* people are not a priority, and are mainly funded by international sources, in particular, by grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The analysis showed that deficit in funding exists in all countries where the analysis was carried out, and, on average, totals 50% of the calculated need, based on the estimated population size of the target group and the current level of expenditures on HIV prevention, treatment, and support programs for MSM. It is noteworthy that deficits mainly occur in funding for prevention services, in particular for basic services, such as the provision of condoms and lubricants and HIV testing.

Calculating the unit cost of services showed that standards for the distribution of consumables and the needs of MSM and trans* people are not always observed in the procurement and supply stages of program implementation. In addition, the workloads of employees are not always taken into account when planning for the human resources needed for programs. The lack of national standards and uniform regulations on the provision of services may be one of the reasons for the under-funding of programs and, as a result, for the decline in the quality of interventions.

The following are recommendations on addressing the problems identified during the analysis of funding gaps in HIV programs for MSM and trans* people in the EECA region:

- Existing funding represents only 50% of resources necessary for effectively combating the spread of HIV among MSM and trans* people. Given the continued and active spread of HIV among these populations, it is necessary to increase efforts aimed at mobilizing national and international resources to ensure that all MSM and trans* people in need have access to quality HIV prevention and treatment services.
- Budgeting for HIV programs for MSM and trans* people should be based on an assessment of the needs of the target groups, as well as on sound standards on the distribution of prevention materials and on the workload of staff. In order to develop effective standards, it is necessary to ensure the meaningful participation of the community in the planning and evaluation of prevention and treatment interventions, as was the case for programs receiving funding from the Global Fund.
- The use of the proposed “Tool for assessing funding gaps in HIV programs for MSM”, developed by ECOM, allows community organizations and government agencies and institutions that work with them to collect high-quality strategic data necessary for the effective planning of the HIV response in the country, as well as to obtain valuable experience collaborating with one another. Regularly (once every 2 years) carrying out assessments of funding gaps will improve the quality of planning and evaluation of national and local interventions, as well as strengthen the coordination between key actors in the fight against HIV in the country.
- Ensuring the availability of baseline program data to one another by all key actors in the fight against HIV in the country is necessary for the coordination of financial flows aimed at supporting the response to the HIV epidemic in the country. To do this, it is necessary to develop a dialogue and cooperation between government organizations monitoring and coordinating national HIV programs, agencies implementing the projects of international organizations, and LGBT community organizations.
- When planning HIV programs for MSM and trans* people, it is important to provide sufficient resources for increasing the capacity of the community. Technical assistance plans should include work on topics, such as budgeting, financial management, procurement and supply, as well as on the development of skills and mechanisms for budget advocacy.

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