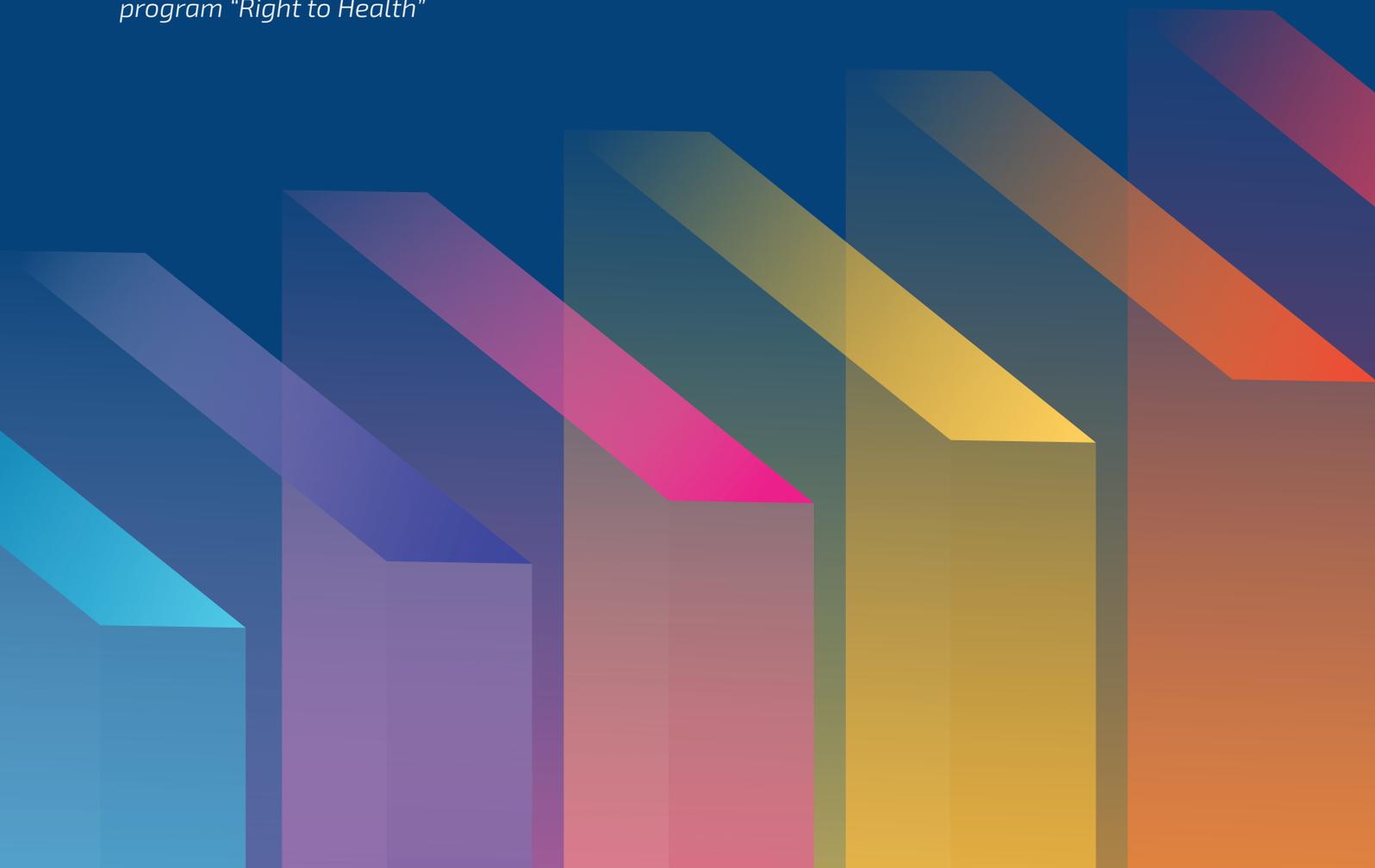




**ECOM**

# Two Years of Progress: Assessment of Existing Strategic Information on HIV among MSM and Trans People in Armenia, Belarus, Estonia, Georgia, Kyrgyzstan, and North Macedonia

*Report comparing data from the baseline 2017  
assessment and the final evaluation,  
commissioned by ECOM as part of the GFATM  
program "Right to Health"*



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**Tallinn, Estonia  
2019**

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## List of abbreviations

<b>AIDS</b>	Acquired immune deficiency syndrome
<b>ARV</b>	Antiretroviral medication for HIV
<b>CCM</b>	Country coordinating mechanism
<b>CEECA</b>	Central and Eastern Europe and Central Asia
<b>CSO</b>	Civil society organization
<b>ECOM</b>	Eurasian Coalition on Male Health
<b>EECA</b>	Eastern Europe and Central Asia
<b>EMIS</b>	European MSM Internet Survey
<b>GFATM</b>	Global Fund to Fight AIDS, TB and Malaria
<b>GAM</b>	Global AIDS Monitoring
<b>HIV</b>	Human immunodeficiency virus
<b>IBBS</b>	Integrated Bio-Behavioral Surveillance
<b>IEMs</b>	Informational and educational materials
<b>KP</b>	Key population
<b>LGBT</b>	Lesbian, Gay, Bisexual, and Transgender People
<b>MSM</b>	Men who have sex with men
<b>NGO</b>	Non-governmental organization
<b>NSP</b>	National Strategic Plan
<b>PLH</b>	Person or people living with HIV
<b>PWID</b>	Person who injects drugs
<b>RAGSI</b>	Regional Advisory Group on Strategic Information
<b>RDS</b>	Respondent-driven sampling
<b>SE</b>	Size estimation
<b>SI</b>	Strategic information
<b>SOGI</b>	Sexual orientation and gender identity
<b>SRHR</b>	Sexual and reproductive health and rights
<b>STI</b>	Sexually transmitted infection
<b>UNAIDS</b>	United Nations Program on HIV/AIDS
<b>UNDP</b>	United Nations Development Program
<b>UNFPA</b>	United Nations Population Fund
<b>WHO</b>	World Health Organization

## Background Information

Gay men and other men who have sex with men (MSM) have long been recognized as a population at increased risk of HIV transmission around the world. The situation of trans people in the region of Central and Eastern Europe and Central Asia (CEECA) is especially concerning. According to a recent UNAIDS report<sup>1</sup>, globally, gay men and other MSM accounted for 18% of new infections in 2017, while in the region of EECA this figure is 21%. The data from the UNAIDS report confirms information collected during the course of the epidemiological survey "HIV among MSM in Eastern Europe and Central Asia", carried out by the Eurasian Coalition on Male Health (ECOM), which found that HIV prevalence among MSM in EECA continues to increase and has already reached the level of a concentrated epidemic in most countries of the region<sup>2</sup>.

Although MSM are recognized as a key population (KP) in most national HIV programs in the region, national budgets allocate little to no resources to HIV interventions that target MSM. In most CEECA countries, there are only a few HIV prevention services targeting MSM. These services are primarily available in major urban areas and are mainly funded by international donors, particularly the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)<sup>3</sup>.

It is obvious that the gap between the needs and the coverage of services for MSM and trans people is one of the widest among KP in the region. The HIV cascade fails MSM and trans people in CEECA at every stage of the HIV continuum of care: from a realistic and credible estimate of the size of MSM and trans populations, to the number reached by HIV prevention services, to the number of PLH from these populations that know their status, to the proportion of HIV-positive MSM and trans people enrolled in clinical monitoring, to the proportion of those on anti-retroviral therapy (ART), to the proportion of those achieving viral suppression. The ambitious 90-90-90 targets, established by UNAIDS,<sup>4</sup> will not be achieved by 2020 in the CEECA region unless programming for MSM and trans people is drastically improved.

The situation with respect to trans people and HIV in CEECA is even more concerning. There is virtually no data on the HIV epidemic among this group in the region. Though globally recognized as a KP in the HIV response, trans people are not included, separately or as a part of other KP, in national HIV/AIDS programs in CEECA. As a result, HIV services tailored to trans people are non-existent in the region. Because of the lack of clear statistics, it is difficult to accurately assess the HIV-related needs of MSM and trans people in CEECA, plan appropriate services, estimate their coverage, and to evaluate their effectiveness.

The first attempt to assess existing strategic information (SI) on HIV among MSM and trans people in CEECA was carried out 2 years ago with the support of ECOM as part of the regional program "Right to Health", funded by the GFATM. The report on this baseline assessment, "Assessment of Existing Strategic Information on HIV among MSM and Trans People in Armenia, Belarus, Georgia, Kyrgyzstan, and Macedonia", was released in 2017<sup>5</sup>. In 2018, an assessment of the situation regarding SI in Estonia, a high income CEECA country that is part of the EU and does not receive financial support from the GFATM, was carried out<sup>6</sup>. According to the assessments, the absence or low quality of SI in countries is mainly due to the following factors:

- Around half of the gap regarding SI is due to a lack of information and research on trans populations;
- Limitations in studies on MSM population size estimations (SE) in the five target countries;
- Limitations in Integrated Bio-Behavioral Surveillance (IBBS) studies in the five target countries;
- Weak advocacy activities in countries;

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1 [http://www.unaids.org/sites/default/files/media\\_asset/miles-to-go\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf)

2 [https://ecom.ngo/en/eeca\\_unaids-data/](https://ecom.ngo/en/eeca_unaids-data/)

3 [http://ecom.ngo/wp-content/uploads/2015/09/ECOM\\_EECA\\_RegProg\\_descr\\_ENG.pdf](http://ecom.ngo/wp-content/uploads/2015/09/ECOM_EECA_RegProg_descr_ENG.pdf)

4 UNAIDS. Fast Track: World AIDS Day Report 2014. Geneva, 2014

5 Assessment of Existing Strategic Information on HIV among MSM and Trans\* People in Armenia, Belarus, Georgia, Kyrgyzstan, and Macedonia. Assessment commissioned by ECOM through the GFATM program "Right to Health". 2017

6 Rützel K., Chikhladze S., Kasianczuk M. Assessment of strategic information on men who have sex with men and trans people in Estonia / K. Rützel, S. Chikhladze, M. Kasianczuk (Eurasian Coalition on Male Health). — Tallinn, 2018. — 20 p.

- Low level of community involvement (MSM and trans) in the planning, implementation and management of research projects;
- Miscommunication between NGOs, including community-based organizations, and the government sector;
- In Estonia, most studies are internet-based and the collection of biological specimens is complicated. Data on HIV prevalence lacks reliability due to a small sample size.

Based on the findings of the 2017 assessment and following productive discussions, members of the Regional Advisory Group on Strategic Information (RAGSI)<sup>7</sup> developed and approved “Guidelines for Collection of Strategic Information on HIV among Gay Men and Other Men Who Have Sex with Men and Trans People in the CEECA region”<sup>8</sup>.

During the implementation of its regional program, ECOM provided technical and methodological assistance to countries of the CEECA region on advocating for, planning, and conducting research. In connection with this, ECOM staff and members, as well as RAGSI members, monitored the quality of IBBS conducted in Tajikistan (2017) and Armenia (2018). In addition, they reviewed the protocols used to conduct IBBS and other studies, including those involving trans people, in Kazakhstan (2019), Ukraine (2018), Russia (2019), and Kyrgyzstan (2018). ECOM experts also participated in processing the data of the European MSM Internet Survey (EMIS). ECOM organized and conducted annual meetings on SI, and highlighted the importance of collecting high quality SI during the 2017, 2018, and 2019 Baltic Prides (Tallinn, Riga, Vilnius). Each year, ECOM updates summary tables displaying primary epidemiological data on HIV, STIs and viral hepatitis among MSM and trans people, which are available on its website. During 2018–2019, ECOM developed and disseminated a series of country briefs that contain overviews of the HIV epidemic among MSM and trans people in the respective countries. ECOM actively advocates for the inclusion of issues related to the quality of SI in the strategy documents of CEECA countries.

The current 2019 report attempts to compare data from the baseline 2017 assessment and measure progress made during these two years in relation to SI on HIV among MSM and trans People in Armenia, Belarus, Georgia, Kyrgyzstan and North Macedonia. Information about Estonia is also included for purposes of comparison.

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7 The Regional Advisory Group on Strategic Information (RAGSI) on HIV among MSM and trans people in CEECA with a focus on Armenia, Belarus, Georgia, Kyrgyzstan, and Macedonia (the target countries) was established to assess the quality of existing data on HIV among MSM and trans people in the target countries, as well as to develop guidelines to achieve progress in terms of the quality of existing data on HIV among MSM and trans people in the target countries.

8 Chikhladze S., Kasianczuk M., Djuma V. Guidelines for Collection of Strategic Information on HIV among Gay Men and Other Men Who Have Sex with Men and Trans People in the CEECA Region / Eurasian Coalition on Male Health (ECOM). — Tallinn, 2018. — 28 p.

## Main Conclusions

The scoring shows that the quality of SI (overall for MSM and trans people) has increased in comparison to the results of 2017. A significant increase in quality is observed in the case of Armenia, thanks to the fact that SE and IBBS studies were carried out among trans people. In the remaining countries, 50% of the gap is due to the absence of data on trans people. Therefore, the scores received by the countries are all related to SI on MSM. Thus, if we examine the quality of SI on MSM separately, we can see that scores for MSM-related SI range from 69% to 89% of the maximum score (with exception of Estonia), which represents progress in comparison to the 2017 assessment.

SE and IBBS studies were carried out among MSM in all target countries between 2016 and 2018. The SE of the MSM population in Estonia is an exception as the data comes from the 2009 EMIS. In most countries, community members and representatives of NGOs were fully involved (as outreach workers, recruiters, and interviewers) at all stages of carrying out the IBBS. The study results were widely disseminated to all stakeholders, including communities. The recent IBBS in Estonia is an Internet-based study, no testing was conducted.

Data from IBBS and SE has been used and included in various government documents such as national strategic plans (NSP) on HIV, transition plans, country reports, international conference materials, etc. NGOs and communities actively use the data for fundraising activities, donor reporting, advocacy purposes, etc. The results of IBBS have been widely discussed during various national and international meetings between representatives of states, NGOs, and international organizations. However, in some countries, it is difficult to determine to what extent these results are used in state programs. RAGSI is the only platform where SI is regularly the main topic of discussion at annual meetings or in online communication. Data from SE and IBBS reports is available on the websites of state institutions and NGOs. However, in some countries there is a lack of openly available information about HIV among MSM, as most of such information focuses on prevalence and other data related to HIV among the general population. In some countries, survey reports and state plans are only available in national languages. Certain limitations make it difficult to compare results between different countries, which can result in bias. Such limitations include the geographic coverage of surveys, inconsistency in the methodologies used, recruitment of study subjects from only middle- and lower-income groups, etc.

HIV prevention among MSM and trans people is primarily funded by the GFATM. The exception is North Macedonia where the GFATM has already withdrawn from the country, and the government has taken on full responsibility for funding such programs. All countries have a minimum package of HIV prevention services that are provided to MSM (counseling, and the provision of condoms, lubricants and IEMs). There are no approved common standards or package of services across countries.

In 2018, an analysis of the HIV cascade for MSM was carried out based on reports on the cascades of comprehensive HIV prevention and treatment services in 4 target countries, and with the active involvement of LGBT and PLH community organizations, the technical support of ECOM, and funding from the GFATM.

Compared to the results of the 2017 assessment, the 2019 assessment demonstrates better cooperation and joint advocacy efforts as community groups, NGOs and international organizations present in the country jointly advocate for state funding, social contracting mechanisms, access to health services, etc. The 2019 assessment also shows improvements in the communication between state representatives, community groups, and NGOs. Improvements in this area may be the result of more meaningful participation of communities in country responses to HIV and in related decision-making processes. These results are in line with other recent surveys conducted by ECOM. In collecting high quality SI on HIV among MSM and trans people, it is essential to ensure the involvement of the community at all stages of the survey implementation and in decision-making processes in general. Strengthening the capacity of communities and ensuring their meaningful participation in HIV-related decision-making processes can ensure the better collection of SI on HIV among MSM and trans people.

# Main Recommendations

Based on the findings and conclusions of the assessment, the following recommendations are proposed to improve the quality of SI on HIV among MSM and trans people.

## For data collection and conducting surveys

- Conduct SE and IBBS in at least 2 cities, as it is difficult to make extrapolations to the whole country based on data collected in only 1 city (as in the case of the IBBS conducted in North Macedonia), especially taking into account the migration processes present in CEECA countries.
- Conduct IBBS and SE among trans people in target countries, as almost half of the gap in SI is in relation to trans people. Armenia, as the only country where IBBS was conducted among trans people, can serve as an example of good practice when sharing experiences across the region.
- Standardize the methodology of studies (where possible), define the minimum package of services, and criteria for inclusion (e.g. age group, definition of MSM etc.) of MSM in SE and IBBS in order to achieve consistency across data and to compare results between target countries. RAGSI can serve as a platform for initiating such discussions and for achieving consensus.
- Conduct an assessment of SI on HIV among MSM and trans people after 2 years, in order to measure progress and identify remaining gaps.
- Conduct a country-based SE of MSM (together with EMIS) in Estonia using best practices from the region with the involvement of international experts, Estonian public health specialists, the MSM community, and the NGO sector.

## For community involvement in surveys

- Develop the capacity of community members to participate in surveys and related analysis in order to fully involve them in the process of analyzing and interpreting survey results.
- Intensify policy dialogue between the state and the NGO sector, including community organizations, to ensure state funding for conducting surveys and for maintaining prevention services for MSM and trans people. Donors and funders should allocate necessary funds for round tables, study visits, and other opportunities to share experiences in relation to planned projects and programs.

## For promoting the results of surveys and sharing information

- Ensure that data and reports from surveys are available on the websites of country stakeholders, including NGOs, community organizations, and state institutions. Ensure that survey reports are available in at least one regional language (Russian and/or English) in addition to national languages.
- Maintain RAGSI as a body of regional experts, and community and government representatives. RAGSI can serve as a platform for sharing experiences, and for the use and promotion of guidelines, surveys, and reports developed or conducted in target countries (such as surveys commissioned by ECOM, reports on violations of the human rights of LGBT people, etc.) and in the CEECA region in order to improve the collection of SI and carry out effective advocacy activities.

## Methodology

The same methodology was used for the 2019 assessment as for the 2017 one. This entailed a modification of the Delphi technique,<sup>9</sup> which is a widely used and accepted method for achieving a consensus on real-world knowledge solicited from a range of experts within certain topic areas.

The Delphi technique is well-suited as a means and method for consensus-building and uses a series of questionnaires to collect data from a panel of selected experts. Delphi, in contrast to other data collection and analysis techniques, employs multiple iterations designed to develop a consensus on a specific topic. Theoretically, the Delphi process can be continuously iterated until a consensus is determined to have been achieved. At least 2 RAGSI members participated in data collection in each of the target countries.

**Round 1:** The first round of the Delphi process began using a questionnaire that was previously developed for this purpose. After receiving the experts' responses, investigators needed to convert the collected information into organized summaries. To do this, a modified version of a Delphi process questionnaire was used. This questionnaire was also used as the survey tool for the second round of data collection. It should be noted that it is both an acceptable and a common modification of the Delphi process format to use a structured questionnaire in Round 1 that is based upon an extensive literature review.

**Round 2:** In the second round, each Delphi process participant received a second questionnaire (or a set of questions on which there was no consensus after the first round) and was asked to review the items summarized by the researchers (ECOM consultant and RAGSI members) based on the information provided in the first round. Based on the results of Round 2, areas of disagreement and agreement were identified. During this round, participants began forming a consensus on certain topics, and the actual outcomes could be presented among the participants.

**Round 3:** In the third round, each participant in the Delphi process received a questionnaire that included the items and ratings summarized by the investigators in the previous round and were asked to revise his/her judgments or "to specify the reasons for remaining outside the consensus." This round gave the Delphi participants an opportunity to make further clarifications of both the information they provided and their judgments of the relative importance of the items. However, compared to the previous round, only a slight increase in the degree of consensus was expected. This was the last stage of the Delphi process.

A low response rate and the timeframes for conducting and completing the Delphi study were two issues, which were carefully considered prior to beginning the study. Using modern technology, such as Skype, and e-mail and internet communication, would significantly decrease the duration of the process and could help to maintain deadlines. In order to address fears of a low response rate, the following measures were planned: careful selection of motivated participants, detailed explanations of the process, active facilitation on the part of the RAGSI facilitator and ECOM staff, and active online and phone communication. To minimize the abovementioned difficulties, country visits were also conducted to all target countries. During the country visits, the consultant met the main stakeholders in person (representatives of communities, the state, and international organizations present in the country). The visits took place between February and April, 2019.

With the help of RAGSI members, the consultant conducted an expert assessment of existing SI as a part of ECOM's final assessment. An assessment plan was developed to describe how existing SI would be evaluated and how the assessment results would be used to improve data collection and decision-making processes. The assessment plan for this project includes the following five steps: *engaging stakeholders, focusing the assessment, gathering credible evidence/data, drawing conclusions, disseminating and sharing the assessment results*<sup>10</sup>.

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9 The Delphi Technique: Making Sense of Consensus, Chia-Chien Hsu, The Ohio State University & Brian A. Sanford, Oklahoma State University. 2007

10 Чихладзе С., Касянчук М. Оценка существующей стратегической информации о ВИЧ среди МСМ и транс людей в Армении, Беларуси, Грузии, Кыргызстане и Македонии : Базовая оценка, проведённая по заказу ЕКОМ в рамках программы Глобального Фонда «Право на здоровье» / Евразийская коалиция по мужскому здоровью (ЕКОМ). — Таллинн, 2018. — 44 с.

After all data is collected and relevant conclusions are developed, the regional consultant, together with RAGSI members and the ECOM coordinator, scored the countries based on the quality of existing data on HIV among MSM and trans people in the respective countries.

## Disseminating and Sharing the Assessment Results

The important, final stage of the assessment process entails sharing lessons learned, and communicating and disseminating the results of the assessment. It is often believed that this will be done automatically once the report is published. However, planning for the use of the assessment results is directly tied to the purposes of the assessment, as well as to the priorities of programs and stakeholders. Use of the assessment results is most likely to occur when the assessment is a collaborative process involving the participation of a wide range of stakeholders, a process that begins in the planning phase.

ECOM, the consultant, and RAGSI members will be responsible for distributing the assessment results in a usable format to relevant people. Developing a straightforward and comprehensive report about the assessment can help to ensure the use of the assessment results. It is primarily the responsibility of the consultant to develop this report. RAGSI members discussed these estimates and case studies during the annual RAGSI meeting, which took place in the fourth quarter of 2019. The final version of the assessment report will be published on ECOM's website, as well as on the websites of the organizations represented by RAGSI members. The report will be distributed to all stakeholders who participated in the assessment process or who expressed interest in receiving the results, as well as to MSM and trans community organizations and activists. The report will be published in English and Russian.

## Questions for Data Collection

**Size estimation.** Program planning for KP (MSM and trans people) can be more effective if there are accurate estimates of the size of these populations. SE of KP enable national AIDS programs, ministries of health, donors, and non-profit and multilateral organizations to efficiently allocate resources to adequately meet the prevention needs of specific at-risk populations. SE are also important for modeling the HIV epidemic.

**Condom use.** Condoms can substantially reduce the risk of sexual transmission of HIV and other STIs. Consequently, consistent and correct condom use is important for MSM and trans people because of the high risk of HIV transmission during unprotected anal sex. In addition, MSM and other gay men may also have female partners, who are also at risk of becoming infected. Whether MSM used condoms during their most recent sex with a male partner is considered a reliable indicator of longer-term behavior.

**HIV prevalence.** MSM typically have the highest HIV prevalence in countries with either concentrated or generalized epidemics. In many cases, prevalence among these populations can be more than double the prevalence among the general population. Reducing prevalence among MSM is a critical measure of a national-level response to HIV. Little is known about HIV prevalence among trans people, although some studies on this exist in other regions.

**Service provision.** Services and information tailored to the needs of MSM and trans population are essential for the effective prevention, treatment and care of HIV and AIDS. MSM and trans-competent points of care offering a comprehensive sexual health program, including health promotion, counseling, peer support, prevention, adequate diagnostics, and treatment, will increase service uptake.

**Community-driven response/community involvement in response.** There is widespread recognition that community responses to HIV need to be scaled-up, provided greater resources, and integrated into national AIDS plans if UNAIDS Fast-Track targets are to be met by 2020<sup>11</sup>. Community responses aim to reach people in need of HIV prevention, treatment and care through activities such as advocacy,

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11 [http://www.unaids.org/en/resources/presscentre/featurestories/2015/august/20150818\\_communities](http://www.unaids.org/en/resources/presscentre/featurestories/2015/august/20150818_communities)

financing, and participation in accountability mechanisms, research, and the delivery of services. Community involvement and responses can result in positive health outcomes and an improved quality of life for individuals and communities at large.

**Advocacy coverage.** A core element for community strengthening is to create an enabling environment for advocacy in order to improve policy, legal and governance environments, and to affect the social determinants of health. Community empowerment processes reach beyond the community to influence policy and create enabling environments through advocacy. Advocacy is how rights are realized and respected and is the consequence of empowered communities. It involves community organizing, educating policy-makers, raising public awareness, documenting the experiences of community members, trainings, demonstrations, litigation and lobbying. Advocacy can result in substantive changes in laws, policies, funding, treatment costs and access to HIV services.

**Research and strategic information.** Increased knowledge about MSM, trans people, HIV, and the proper planning and funding of programs is available only through the promotion of research and its widespread dissemination. Without reliable data, HIV among MSM and trans people becomes an invisible epidemic. Our understanding of the extent and dynamics of this epidemic is restricted by severe gaps in research. In many contexts, epidemiological data collection on MSM is a challenge, due in part to a failure to include MSM and trans people in national HIV surveillance systems, as well as to stigma, discrimination, and, in certain instances, laws criminalizing homosexuality that prevent the disclosure of same-sex sexual behavior.

## Ethical Issues

Information collected through the assessment will be stored in compliance with confidentiality requirements. All participants (both individuals and organizations) will give their informed consent prior to participating in the assessment. All results will be processed and published in a generalized form, without revealing any information that may lead to the identification of a respondent or organization.

## Acknowledgement

The authors would like to acknowledge the financial and technical support provided by ECOM through its GFATM-funded program "Right to Health", which made this survey possible.

Special thanks are extended to the respondents and experts from Armenia, Belarus, Georgia, Kyrgyzstan, and North Macedonia, as well as to the RAGSI members from the target countries, from select international organizations (WHO, UNAIDS, UNFPA, UNDP), and from Italy, Estonia, Ukraine, and Moldova. Without their assistance and expertise, this assessment would not have been possible. Special thanks to Dr. Kristi Rüütel (National Institute for Health Development of Estonia) for providing the data for Estonia. The authors also thank Artem Kulago for his help in collecting additional data.

## Strategic Information

Strategic information (SI) is analyzed and used for planning and decision-making to improve the direction and focus of a program. Relevant data may be derived from a wide variety of sources (for example, monitoring systems, evaluations, program reviews, surveys, and case studies) and should be analyzed holistically and strategically to improve the direction of the program<sup>12</sup>.

SI is collected to inform policy and program decisions. The axiom "Know your epidemic, know your response" characterizes the SI necessary for the response to HIV. It recognizes that epidemics and their contexts differ from place to place. Thus, knowing who is affected, how they became infected and where they are, is crucial.

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<sup>12</sup> WHO. Strategic information. Guidelines for HIV in the health sector. May 2015

An effective response to HIV at the country level requires SI that has been systematically collected and consolidated, analyzed and applied. SI must go beyond basic epidemiological data to address service access, coverage, quality, and acceptability. It needs to support quality services along the health sector cascade.

SI should also lead to a deeper understanding of the context of the epidemic, such as the vulnerability of certain communities, the risks to which certain individuals and populations are exposed, and the options for actions to alleviate the burden of HIV and mitigate its impacts.

Public health efforts are only as sound as the evidence on which they are based. Proven prevention and treatment initiatives must be strategically focused on the populations and settings in greatest need, and these programs need to be tailored to address the specific needs and circumstances of each target population. For groups with heightened risk of HIV infection, countries need timely, robust and reliable data on the size of each population, the burden of HIV (including prevalence and incidence), the prevalence and nature of behaviors that increase HIV risk and vulnerability, coverage of key HIV prevention and treatment services, and on social and structural factors that affect HIV risk and utilization of key services. National surveys have long provided critical SI on HIV prevalence, sexual risk behaviors, and on HIV testing and data among the general populations in the CEECA region. However, these national surveys have not provided any meaningful information regarding MSM and trans populations.

As MSM populations have long been recognized as an important factor in national epidemics in the region, some form of SI on MSM is provided by some countries. However, other countries have failed to provide the necessary information on MSM or have not provided any information at all. Understanding the population size of and HIV prevalence among each KP is critical for service planning and estimating service coverage. A number of countries have used IBBS to generate useful SI on HIV risk behaviors, HIV burden, service utilization, and on the existence of HIV-related stigma or discrimination faced by MSM. However, this tool has not yet been used to gather data on trans people in the region.

### Guiding principles for collecting strategic information<sup>13</sup>:

- **Easy to generate**, by relying on data from a minimal set of core indicators.
- **Easy to use and interpret** for a variety of stakeholders, with minimal outside technical assistance.
- **Adaptable**, according to data needs at program, local, provincial, and national levels.
- **Consistent**, by using the same set of recommended indicators and clearly outlining the location, time period, and population covered in the analysis.
- **Supportive of data use** that strives to continually improve the HIV service system.
- **Developed with the active participation and leadership of key populations throughout** the entire process of collecting, analyzing, presenting, and using the data.

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<sup>13</sup> <http://www.fhi360.org/sites/default/files/media/documents/linkages-hiv-cascade-framework-oct15.pdf>

## Results and Discussion

### Scoring the Countries

A scoring table was filled in based on the answers provided in the narrative part of each section. A template of the scoring table is provided below (Table 1). In the **"Features"** column, there is a description of the information being scored (an explanation is provided in the table cells). In the **"Scores"** column, the respondent must indicate scores of 0 or 1. If the answer was yes, a score of 1 was given. If the answer was no, a score of 0 was given. In the **"Links/references"** column, the respondents provided links or references to justify the scores. In the **"Comments"** column, the respondents made necessary comments to justify or explain the scores given (in particular, if references or links were not available). The consultant made adjustments to the scores based on additional consultations with country stakeholders (February-April 2019), and following the RAGSI meeting in Yerevan, Armenia (September 2019).

**Table 1. Template of scoring table**

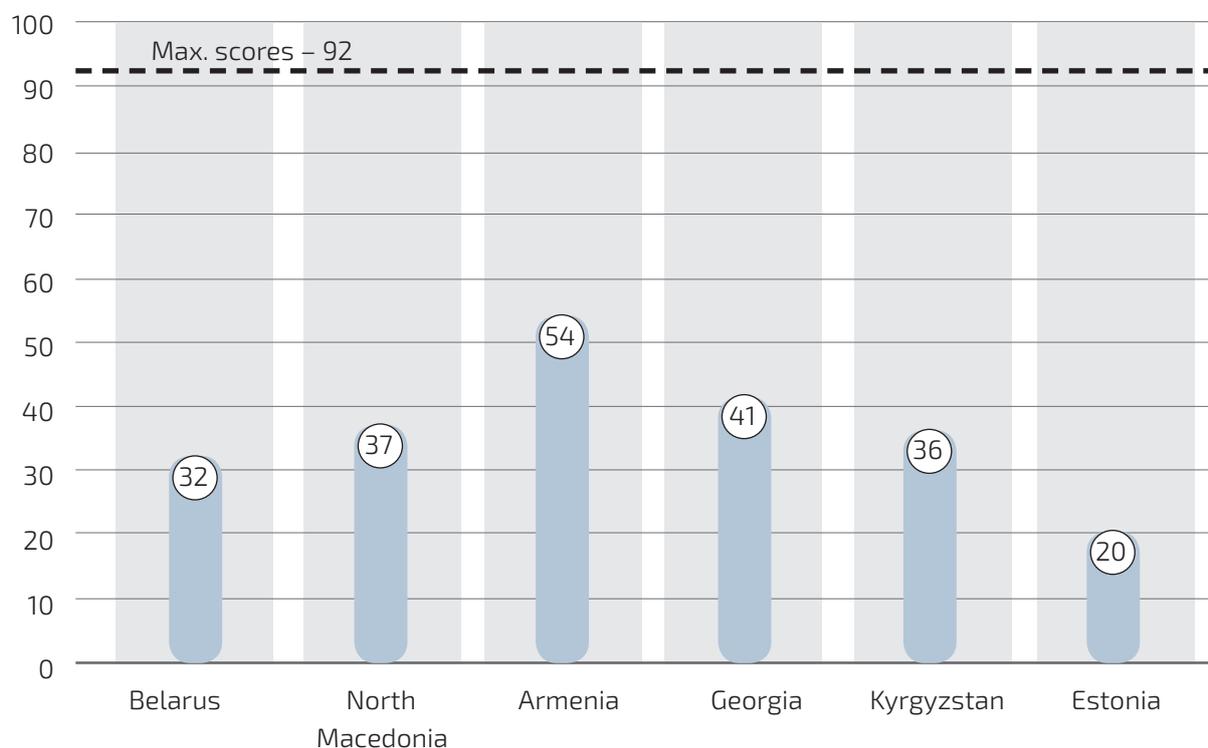
Features	Scores	Links/references provided (If available)	Comments
<b>Data exists (at national level)</b> If there is no data and score is 0, please skip the entire table and go to the next scoring table	0-1		
<b>Data is reliable</b> "Reliable" means that the data comes from a survey with statistical credibility	0-1		
<b>Data is up to date</b> Data is updated regularly once every 2-3 years	0-1		
<b>Data is used by the government</b> Relevant data is shown and/or used in national plans and/or state-funded programs	0-1		
<b>Data is used by NGOs and communities</b> Relevant data is used for fundraising, project planning and/or advocacy purposes	0-1		
<b>Data is available by cities/regions</b> Segregated data exists at city level/region level within the country	0-1		
<b>Total score</b>	<b>0-6</b>		

In total, eight sections were scored for both MSM and trans people according to the template above. The maximum score possible for each section is either 5 or 6 (see Table 2 below). The total maximum score possible for all sections is 92 (46 for MSM, and 46 for Trans).

**Table 2. Maximum possible score for each section and in total**

Section	MSM	Trans
Size estimation	6	6
Condom use	6	6
HIV prevalence	6	6
Coverage by HIV prevention services	6	6
Coverage by HIV testing	6	6
Community involvement in provision of HIV services	6	6
Advocacy coverage	5	5
Use of survey results and SI	5	5
	46	46
Total score	92	

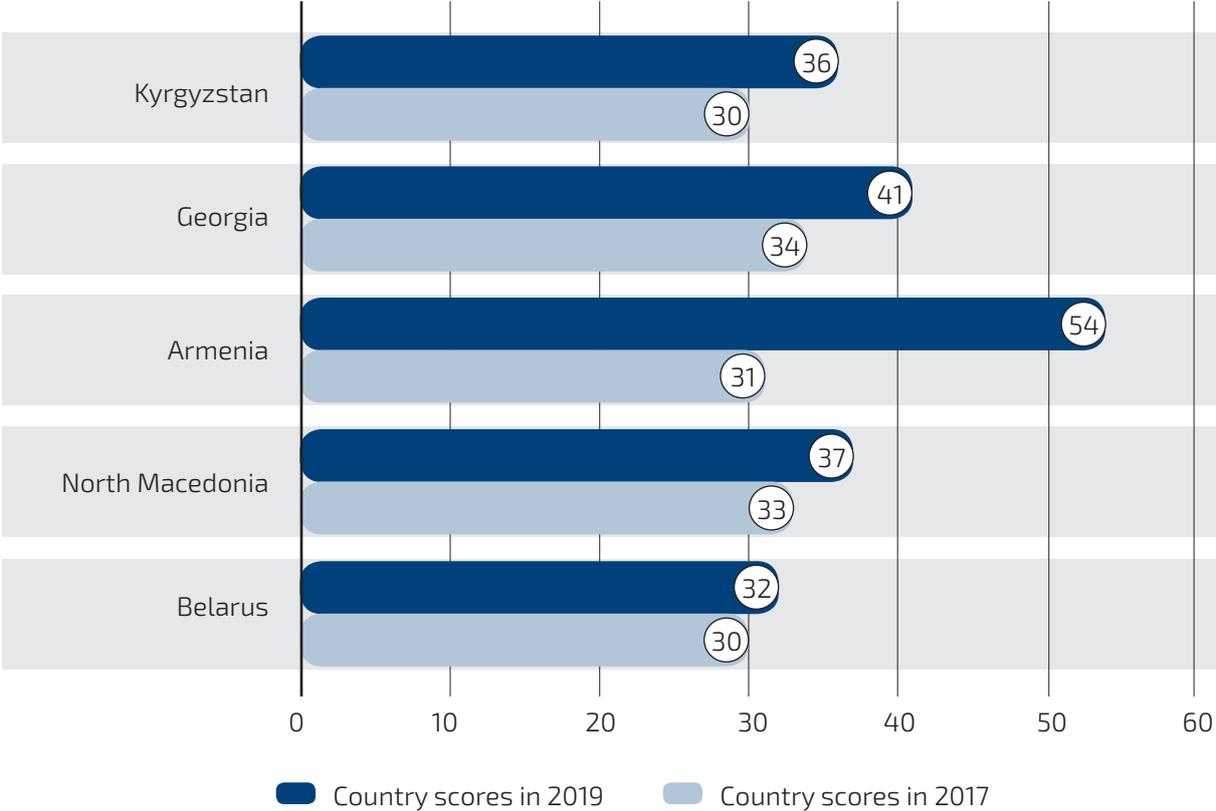
Below, Graph 1 shows the actual scores received by countries in 2019 compared with the maximum possible scores.

**Graph 1. Total scores by countries 2019 (actual vs maximum)<sup>14</sup>**

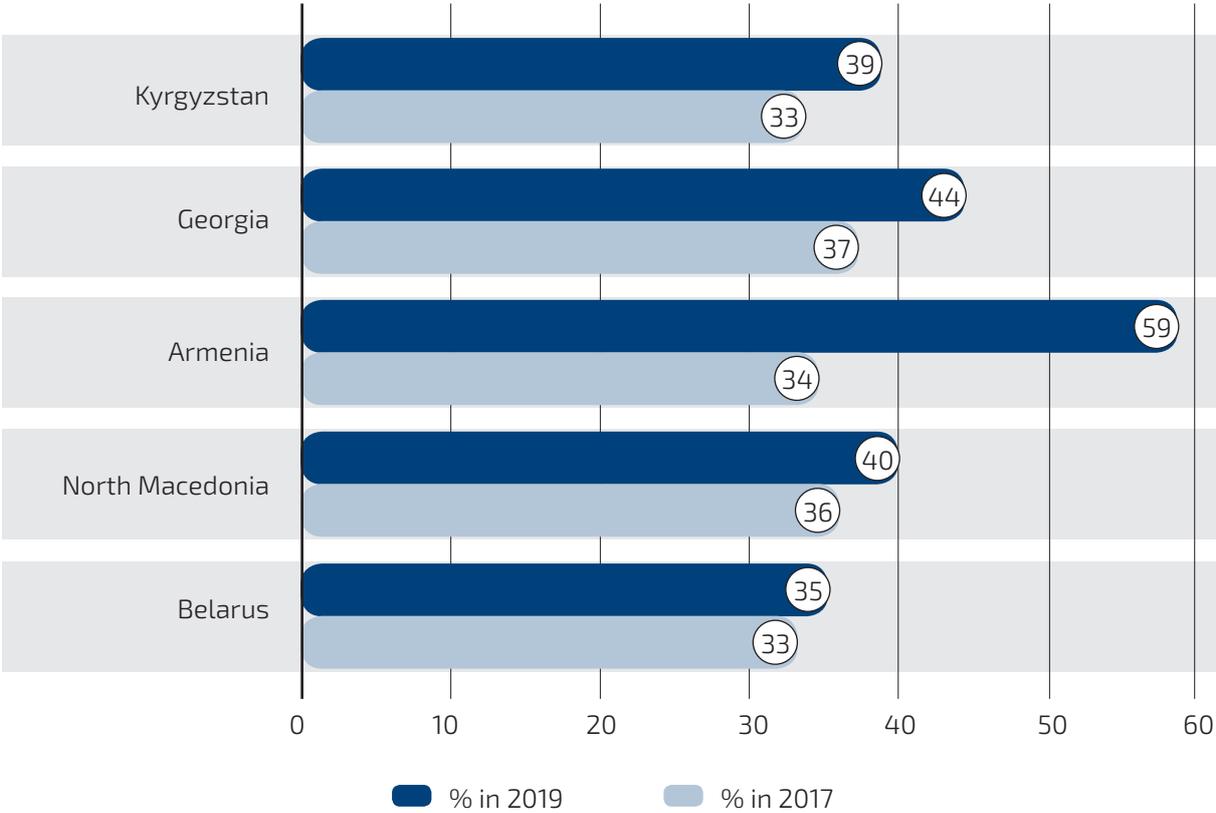
Below, Graph 2 and 3 show the progress of countries between 2017 and 2019 in actual scores and in %.

<sup>14</sup> Rützel K., Chikhladze S., Kasienczuk M. Assessment of strategic information on men who have sex with men and trans people in Estonia (Eurasian Coalition on Male Health). — Tallinn, 2018. — 20 p.

**Graph 2. Country progress 2017-2019 reflected in actual scores<sup>15</sup>**

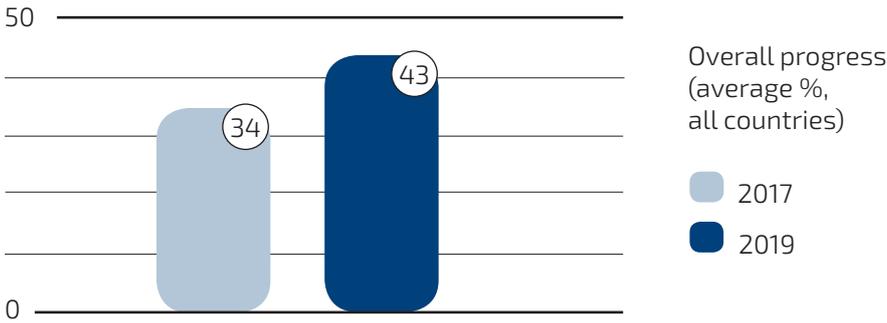


**Graph 3. Country progress between 2017 and 2019 reflected in %**



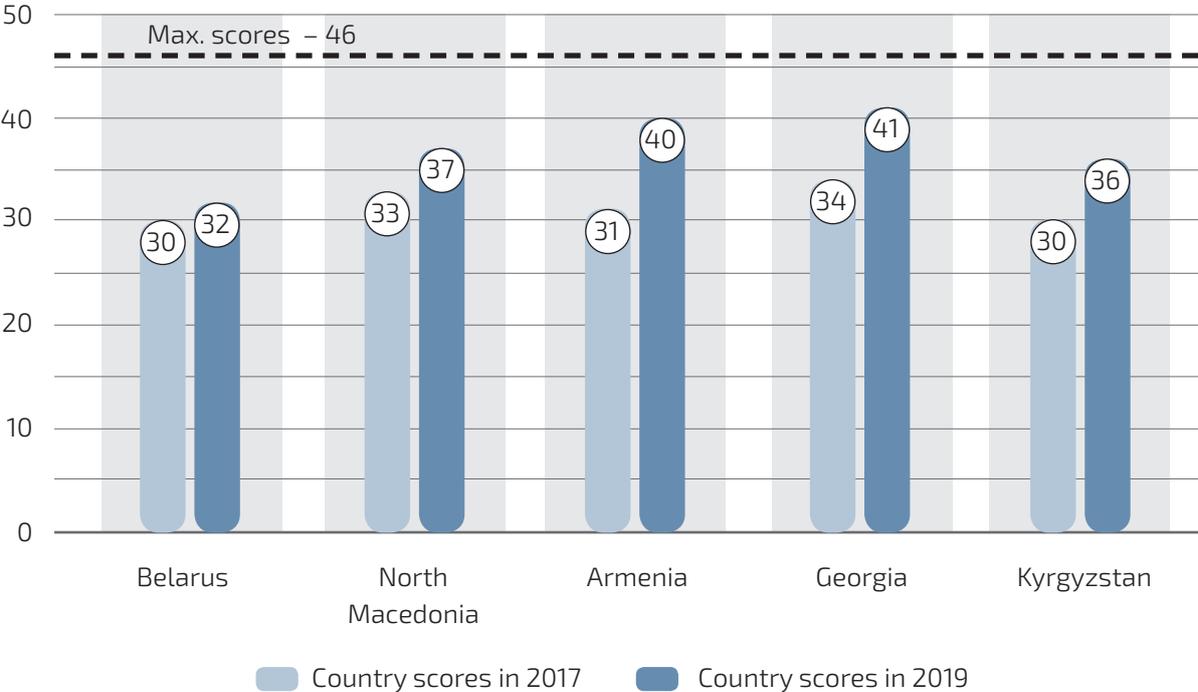
<sup>15</sup> Estonia is not included in comparative tables, as the only assessment was conducted in 2018, therefore, it is not possible to measure progress

**Graph 4. Overall progress shown by 5 target countries % (2017-2019)**



The scoring shows that the quality of SI (in total for both MSM and trans people) increased in 2019 in comparison to the results of 2017 (Graphs 2, 3 and 4). Armenia demonstrated a significant increase in terms of the quality of SI, which is a result of the fact that SE and IBBS studies were carried out among trans people in the country. In the remaining countries, 50% of the gap is due to the absence of data related to trans people (Each relevant section received a score of 0 out of a possible 46). Therefore, the scores received by the countries (with the exception of Armenia) only relate to SI on HIV among MSM. Consequently, if we examine the quality of SI on MSM separately (the maximum score for SI on MSM is 46), we see that the scores related to SI on MSM separately reach 69-89% (with the exception of Estonia) of the maximum score by country. This also represents observable progress compared to the results of 2017 (see Graph 4). The only assessment of SI related to both MSM and trans people was carried out in Estonia in 2018<sup>16</sup>. Despite being a member of the European Union and having an advanced healthcare system, Estonia demonstrates the lowest score of all the countries assessed. Estonia only received about one-fifth the maximum score in relation to SI on MSM and trans people (21.7%) (Graph 1).

**Graph 5. Country scores for SI on MSM. Country progress 2017-2019 vs maximum possible scores for MSM**



<sup>16</sup> [https://ecom.ngo/wp-content/uploads/2018/06/Assessment\\_SI\\_Estonia\\_2018.pdf](https://ecom.ngo/wp-content/uploads/2018/06/Assessment_SI_Estonia_2018.pdf)

Below, Table 3 shows the scores for each section for both the MSM and trans components, by country assessed in 2019.

**Table 3. Scores per section for each target country (MSM/Trans)**

	Belarus	Macedonia	Armenia	Georgia	Kyrgyzstan	Estonia (data of 2018)	Max scores for each country per section
SE MSM/Trans	4/0	5/0	6/2	6/0	5/0	2/0	6/6
Condom use MSM/Trans	5/0	5/0	5/2	5/0	5/0	3/0	6/6
HIV prevalence MSM/Trans	5/0	5/0	5/2	5/0	5/0	3/0	6/6
Coverage of MSM/Trans by HIV prevention services	4/0	5/0	5/2	6/0	5/0	5/0	6/6
Coverage of MSM/Trans by HIV testing	4/0	5/0	5/2	6/0	5/0	5/0	6/6
Community involvement in provision of HIV services MSM/Trans	4/0	4/0	5/2	4/0	4/0	0/0	6/6
Advocacy coverage MSM/Trans	2/0	4/0	4/1	4/0	3/0	0/0	5/5
Use of research results and strategic information MSM/Trans	4/0	4/0	5/1	5/0	4/0	2/0	5/5
Total (scores)	32/0	37/0	40/14	41/0	36/0	20	46/46 (92)
% MSM/Trans	69/0	80/0	87/30	89/0	78/0	43/0	100/100
Total (%)	35	40	59	44	39	22	100

## Size Estimation

MSM SE studies were conducted in each target country. The table below presents the data from these studies:

**Table 4. Size estimation by country**

Country	MSM SE	Year	Method
<b>Armenia</b> <sup>17</sup>	16 100	2018	Multiplier methods (service multiplier and unique object multiplier) Wisdom of the Crowd Successive sampling populations size estimation (SS-PSE)
<b>Belarus</b> <sup>18</sup>	60 000	2015	Network scale-up Service multiplier Extrapolation of data Triangulation of data
<b>Georgia</b> <sup>19</sup>	18 500 (12 100- 26 200)	2018	Network Scale-Up Service Multiplier Unique Object Multiplier two Mobile Apps and two Web Multiplier Network based Capture-Recapture, Handcock's RDS based method and Wisdom of the Crowd
Batumi	700 (400-1 000)		
Tbilisi	6 900 (5 000-9 100)		
Kutaisi	800 (500-1 100)		
<b>Estonia</b> <sup>20</sup>	9 000	2009	Data from EMIS
<b>Kyrgyzstan</b> <sup>21</sup>	16 900	2016	Capture-recapture Multiplier Method of nomination Indirect multiplier
Bishkek	5 200 (4 300-8 300)		
Osh	1 800 (1 600-2 000)		
<b>Macedonia</b> <sup>22</sup>	11 054 (9 301-14 229)	2017-2018	Multiplier methods (service multiplier and unique object multiplier)
Skopje	5 556 (4 675-7 152)		

SE studies of the MSM population were carried out in all target countries. The estimated number of MSM in Skopje using data from the RDS survey among MSM in Skopje from 2017–2018 is 5,556 (4,675–7,152). The previous SE study among MSM in Macedonia was conducted in 2010. Based on program data from the NGOs, EGAL and HERA, from 2017–2018, MSM make up an estimated 3.4% of the male population of Skopje aged between 18 and 59 years old. In a study among young people aged 15–24 years old, 3.0% of respondents indicated that they had had anal intercourse in the 12 months prior to the study. However, the distribution of respondents by place of residence or study indicates that the proportion of MSM residing or studying in Skopje is 3.5 times greater than the proportion of MSM residing or studying in other cities. The tendency of gay and other MSM to migrate to Skopje is also demonstrated by the fact that almost a quarter of the respondents in the RDS survey lived outside of Skopje until the age of 14. Finally, data obtained from the surveillance system for communicable diseases on cases of HIV reported to the Public Health Institute shows that, by the end of 2017, 181

17 Integrated biological-behavioral surveillance survey among people who inject drugs, female sex workers, men who have sex with men and transgender persons in Armenia. 2018

18 Population Size Estimation of Men Who Have Sex with Men in the Republic of Belarus. Research Report. 2015

19 Population Size Estimation of Men Who Have Sex with Men in Georgia. 2018

20 Marcus U, Hickson F, Weatherburn P, Schmidt AJ. Estimating the size of the MSM populations for 38 European countries by calculating the survey-surveillance discrepancies (SSD) between self-reported new HIV diagnoses from the European MSM internet survey (EMIS) and surveillance-reported HIV diagnoses among MSM in 2009. BMC Public Health. 2013;13:919.

21 [http://afew.kg/upload/files/Narrative\\_methods\\_results\\_KG\\_SE\\_03\\_01\\_2018.pdf](http://afew.kg/upload/files/Narrative_methods_results_KG_SE_03_01_2018.pdf)

22 Report from the bio-behavioral study among men who have sex with men in Skopje, Macedonia and estimation of population size, 2017–2018

cases of HIV were registered among MSM. 105 of these cases occurred in Skopje, with a cumulative incidence of 34.5 per 100,000 male population. The remaining 76 cases occurred in all other cities, with a cumulative incidence of 11.7 per 100,000 male population. This represents a ratio of 3:1 when comparing incidence in Skopje to all other cities.

Considering the analysis discussed above, it can be assumed that a linear extrapolation of the proportion of MSM in Skopje to the whole of Macedonia would likely lead to an overestimation of the number of males who have had sexual intercourse with men in the last 12 months. According to data obtained from community organizations (Hera and EGAL), IBBS data, and from available literature, it is justified to assume that the number of MSM in Skopje is higher compared to other cities and localities in Macedonia. Based on these assumptions, the total number of MSM aged 18-59 in Macedonia is estimated to be 11,054 (95% CI 9,301-14,229), which does not deviate significantly from the number of MSM estimated using data from the survey among young people, according to which the number of MSM was estimated to be 10,510 (95% CI 4,308-36,317). The SE derived from the survey among youth has a wide confidence interval due to the small number of MSM in the sample. For these reasons, and considering the proximity of the estimates, we believe that the estimate obtained from the RDS survey is more suitable for further planning and evaluation of prevention programs targeting the MSM population. For comparison, a 2010 SE study estimated the MSM population to be 19,300. A SE of the trans population was not conducted in North Macedonia.

In terms of limitations, it should be noted that this SE survey covers exclusively MSM who had a male sexual partner in the last 12 months and does not imply affiliation with homo- or bisexual populations. At the same time, due to this time limit, estimates will exclude those gay and other MSM who have not been sexually active in the last year. In addition, the study was carried out only in Skopje. The data for Skopje was extrapolated to the whole country.

In Georgia, the most recent SE of the MSM population was carried out in 2018. Seven methods (Network Scale-Up, Service Multiplier, Unique Object Multiplier, two Mobile Apps and two Web Multiplier, Network-based Capture-Recapture, Handcock's RDS-based method, and the Wisdom of the Crowd method) were used to produce a range of estimates of the MSM population size in three cities: Tbilisi, Batumi and Kutaisi. The previous SE was carried out in only 2 cities of Georgia. In order to adjust the population size estimates obtained using the above-mentioned methods, the researchers used the anchored multiplier calculator, which was recently developed by the Institute for Global Health Sciences of the University of San-Francisco.

The adjusted percentage of the MSM population in Tbilisi was 1.85% of the general male population, while lower percentages were estimated in Kutaisi and Batumi at 1.69% and 1.31% respectively. Overall in Georgia, the MSM population was estimated to be 18,500 or 1.55% of the adult male population (aged 15-64). The 2018 study showed that the current estimates are in line with the results of a 2015 SE assessment carried out in two cities (Tbilisi and Batumi). The 2015 study provided an estimate of an MSM population of 17,200 with a range of 11,700 – 27,600. Size estimates from three Georgian cities (Tbilisi, Batumi and Kutaisi) were available. As MSM size was calculated only in 3 cities, the country estimates presented here rely on additional assumptions, and involve greater uncertainty. A SE of the trans population in Georgia was not conducted.

Community representatives were not directly involved in interpreting the results of the SE study. However, they were fully involved in the project planning and implementation phases as outreach workers and interviewers. The results of the survey were disseminated to communities and NGOs. NGOs rely on existing data for fundraising and reporting to donors.

Estimates of the MSM population size in Armenia were conducted in 2018. Three different methods were used: 1) the multiplier methods (service multiplier and unique object multiplier), 2) Wisdom of the Crowd, and 3) successive sampling-population size estimation (SS-PSE). It should be noted that the first-ever estimation of the population size of trans people was conducted in Armenia using the Wisdom of the Crowd, SS-PSE, and geographical mapping methods.

According to the results of the SE study, there are 16,100 MSM (1.52% of the adult male population) in Armenia. Overall, the SE of the trans population put this figure at 150 people. The plausible results obtained from the various SE methods were presented to stakeholders at a workshop in Armenia in

October 2018. During the workshop, a process was used to reach a consensus on the most realistic SE for all KP, including MSM. Although the estimates presented here may be considered representative of the network of the population from which respondents were recruited, the network may be missing important subgroups. Community organizations use the results of SE for further project planning and in communication with donors.

In Kyrgyzstan, a SE of the MSM population was carried out as part of the sentinel surveillance conducted in 2016, which estimated the number of MSM in the male population aged 18–49. The overall number of MSM in this age group was estimated to be 16,900, or 1.2% of the total male population (aged 18–49) of Kyrgyzstan. The assessment was carried out in only 2 cities (Bishkek and Osh), following which the results were extrapolated to the whole country. The estimate was agreed upon by representatives of NGOs and the Ministry of Health. The previous SE of MSM in Kyrgyzstan was conducted in 2013. According to the 2013 study, MSM made up 1.5% of the male population aged 16–49. Based on this figure, it was extrapolated that the MSM population aged 16–49 of the whole country totaled 22,000. It should be noted that the SE carried out in 2013 and 2016 assessed two different age groups. The 2013 SE covered men aged 16–49, while the 2016 SE covered men aged 18–49. A SE of the trans population has not been carried out. However, a Central Asian initiative focused on assessing the needs of trans people has been developed. One limitation in this case relates to the fact that not all of the SE methods listed in the protocol and recommended during the provision of technical support (such as the unique object and unique event multiplier methods for estimating the size of the MSM population) were applied due to various reasons, including funding constraints.

The estimated number of MSM in Belarus is approximately 60,000<sup>23</sup>. However, according to LGBT activists, this assessment was not conducted properly, and the actual number is higher. In Belarus, a SE of the MSM population was conducted in 2015. The methodology used in this study is based on an integrated approach using a triangulation of the data on the size of the target group obtained by different methods, data from sociological surveys of the target group and the general population, as well as of official statistics and statistics of NGOs. The SE of MSM is mentioned in the decision of the Council of Ministers of the Republic of Belarus No. 200 of March 14, 2016 «On approval of the State Program “People’s Health and Demographic Security of the Republic of Belarus for 2016–2020.” It should be noted that, according to interviews with community representatives and NGOs (March 2019), there were quite tense debates surrounding the results of the SE study of MSM in Belarus. Representatives of the NGO sector supported the existing estimate of 60,000, while state representatives tried to reduce this number significantly. It was finally agreed upon to use the estimate of 60,000, until the results of the new SE become available.

Based on interviews with representatives of community organizations<sup>24</sup> in all target countries, community members were fully involved in various stages of SE surveys as recruiters, outreach workers, and interviewers. However, according to the interviews, communities still lack necessary analytical and survey skills, so it is difficult for them to be directly involved in analyzing and interpreting the survey results.

Data related to the SE of the population of MSM in Estonia was obtained solely from the 2009 EMIS study. It is estimated that there are up to 9,000 homo- and bisexual men in Estonia<sup>25</sup>. In 2017, Estonia conducted the first study on “Sexual Behaviour among the Estonian Adult Population”. According to the survey, 3% of respondents (among both men and women aged 18–79 years) reported having same-sex sexual relations in their lifetime. 1.5% of men and 1.0% of women reported having same-sex sexual relations in the last 12 months<sup>26</sup>. A simple calculation shows that, among men aged 18–79, 7,050 had sex with men in the last 12 months. This number does not include all men who are attracted to men or who are gay, but only those who have had sex with men in the last 12 months. In total, 3.8% of men in Estonia are considered as gay or MSM<sup>27</sup>.

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23 AIDS info 2015

24 Interviews held by the consultant with representatives of NGOs and community organizations in all 5 countries during country visits Feb–April 2019

25 Marcus U, Hickson F, Weatherburn P, Schmidt AJ. Estimating the size of the MSM populations for 38 European countries by calculating the survey-surveillance discrepancies (SSD) between self-reported new HIV diagnoses from the European MSM internet survey (EMIS) and surveillance-reported HIV diagnoses among MSM in 2009. *BMC Public Health*. 2013; 13:919

26 [https://intra.tai.ee//images/prints/documents/153501440828\\_Eesti\\_t%C3%A4iskasvanud\\_elanikkonna\\_seksuaalk%C3%A4itumine\\_2017.pdf](https://intra.tai.ee//images/prints/documents/153501440828_Eesti_t%C3%A4iskasvanud_elanikkonna_seksuaalk%C3%A4itumine_2017.pdf)

27 Rützel K, Lõhmus L. Üleeuroopalise meestega seksivate meeste uuringu Eesti andmete kokkuvõte 2017. EMIS-2017 — European MSM Internet Survey. Tallinn: Tervise Arengu Instituut; 2019.

## Condom Use

IBBS was conducted in all five target countries. Data on condom use by country is presented in the table below:

**Table 5. Condom use by country**

Country	Condom use during last anal intercourse with a man, % (CI)	Year
<b>Armenia<sup>28</sup></b>		
Yerevan	70,8 %	2018
Gyumri	24,8 %	
Vanadzor	58,5 %	
<b>Belarus<sup>29</sup></b>	64 %	2017
Minsk	55 %	
Brest	72,1 %	
Grodno	70,2 %	
Svetlogorsk	87,7 %	
Vitebsk	48,7 %	
<b>Georgia<sup>30</sup></b>		2018
Batumi	71,2 %	
Tbilisi	76,1 %	
Kutaisi	69,9%	
<b>Kyrgyzstan<sup>31</sup></b>	81,1 %	2016
Bishkek	70,1 %	
Osh	96,6 %	
<b>Macedonia</b>	51,8 %	2017
Skopje	51,8 %	

According to the IBBS carried out in Kyrgyzstan in 2016, the number of MSM who reported using a condom when last having anal sex was 81.1% (Bishkek-70.1%, Osh-96.6%). According to the opinions of RAGSI members and other experts, the data on condom use in Osh (96.6%) is questionable. The previous IBBS was conducted in 2013. Compared to 2013, condom use increased in Bishkek by 7% in 2016. The results of the 2016 IBBS were used in the development of the NSP for 2017-2020.

According to the IBBS conducted in 2018 among MSM in Macedonia, more than half of respondents (52.8%; CI 45.4%-60.3%) used condoms when last having anal intercourse with a male partner. Young men under the age of 25 used condoms when last having anal intercourse in 43.2% of cases, compared with 60.6% of MSM older than 25. The percentage of MSM who used condoms when last having anal intercourse (52.8%; 95% CI 45.4-60.3%) did not increase significantly compared to results from 2014 (51.8%). The main limitation of the IBBS was that the study was only carried out in the capital city of Skopje. Data from the IBBS is used in the development of national HIV plans. Targets and services are also planned according to estimates derived from the IBBS. NGOs and community organizations use the data for fundraising and advocacy purposes.

An IBBS among MSM was conducted in Belarus in 2017. According to the IBBS, condom use during last anal intercourse was reported in 73.8% of cases. The highest rate of condom use was reported in Svetlogorsk (93.5%), and the lowest in Vitebsk (47.1%). Data on condom use in Belarus is used in government reports and documents, but only as a statistical figure. Based on the documents reviewed

28 Integrated biological-behavioral surveillance survey among people who inject drugs, female sex workers, men who have sex with men and transgender persons in Armenia. 2018

29 [http://www.unaids.org/sites/default/files/country/documents/BLR\\_narrative\\_report\\_2016.pdf](http://www.unaids.org/sites/default/files/country/documents/BLR_narrative_report_2016.pdf)

30 HIV risk and prevention behaviors among Men who have Sex with Men in Tbilisi, Batumi and Kutaisi, Georgia. Bio-Behavioral Surveillance Survey 2018

31 The results of integrated bio-behavioral survey among MSM in Kyrgyzstan, 2016

and interviews held by the assessment team, it is not clear how this data is translated into policy actions or state funding allocations. NGOs use data on condom use for fundraising and communication with donors.

Results from the IBBS carried out in Armenia in 2018 show that most MSM reported having sexual intercourse in the previous month before the survey. Of these men, 71% in Yerevan, 25% in Gyumri, and 58% in Vanadzor reported using a condom when last having anal penetrative sex with a male. The majority of MSM in all cities reported not using a condom when last having oral sex with a male partner. Reasons for not using condoms with male sex partners (regular or non-regular) included reduced pleasure during sex, being ashamed to ask, partner's trust, and lack of availability. Most trans respondents reported having sexual intercourse within the previous week of the survey. 97% reported using a condom when last having anal penetrative sex with a male. Around 68% of trans people reported that they provide commercial sex, most of whom reported always using condoms. Armenia is the only target country with data on condom use among trans populations.

In Georgia, IBBS was last conducted among MSM in 2018. According to the IBBS report, the median number of male partners (in terms of anal intercourse) in the last 12 months was 4 in Tbilisi, 6 in Batumi and 5 in Kutaisi. The most frequent response ranged from 2 to 5 male partners. Less than one-fifth of respondents in all three cities reported having only one partner during the last year. Condom use when last having anal intercourse was reported by 76.1% of respondents in Tbilisi, 71.2% in Batumi and 69.9% in Kutaisi. If data related to this indicator is disaggregated according to age group, men under 25 and men older than 25 both displayed similar rates of condom use as in the cohort as a whole. Prior to the 2018 study, the previous IBBS was conducted in Georgia in 2015. In Tbilisi, condom use when last having anal intercourse was much higher in 2018, compared to 2015, however, the difference is not statistically significant. As for Batumi, even though the point estimate for 2018 is lower than in 2015, the change is not statistically significant due to the overlap of the confidence intervals. Condom use in Kutaisi was assessed for the first time in 2018, and therefore cannot be compared to previous data. The data obtained in Tbilisi, Kutaisi and Batumi was not used to make extrapolations to the whole country.

There has been no significant decrease in HIV-related sexual risk behavior among MSM during the last 10 years<sup>32</sup>. No studies have been conducted among trans people. The last behavioral study was conducted in 2016. A third (30%) of all MSM had unprotected anal sex in the four weeks prior to assessment, and more than half (56%) had unprotected anal intercourse during the 12 months prior to assessment.

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32 Rützel K, Lõhmus L. Meeste terviSEKS! Meestest huvituvate meeste seksuaaltervise uuringu raport 2016. Tallinn: Tervise Arengu Instituut; 2017

## HIV Prevalence

IBBS conducted in the five target countries (see references in the table below) provide data on HIV prevalence among MSM in the target countries. The data is presented in the table below:

**Table 6. HIV prevalence among MSM by country**

Country	HIV prevalence, % (CI)	Year
<b>Armenia<sup>33</sup></b>		
Yerevan	2,7 %	2018
Gyumri	1 %	
Vanadzor	0,3 %	
<b>Belarus<sup>34</sup></b>	9,8 %	2017
Minsk	9,9 %	
Brest	3,2 %	
Grodno	3,7 %	
Svetlogorsk	11,3 %	
Vitebsk	19,2 %	
<b>Georgia<sup>35</sup></b>		2018
Batumi	15,6 %	
Tbilisi	21,5 %	
Kutaisi	9,6 %	
<b>Kyrgyzstan<sup>36</sup></b>	6,6 %	2016
Bishkek	10,1 %	
Osh	1,5 %	
<b>Macedonia<sup>37</sup></b>	5,4 %	2017
Skopje	5,3 %	
<b>Estonia</b>	51,8 %	2017

In Georgia, the most recent IBBS among MSM was conducted in 2018. The most alarming finding in recent years relates to the dramatic increase in HIV prevalence in Tbilisi, which rose from 6.4% in 2010 to 25.1% in 2015. When comparing the current data (21.5%) of 2018 to previous data, it is clear that, overall, there was no statistically significant change in prevalence during the last 3 years. This is also true for HIV prevalence in Batumi. HIV prevalence among MSM in Kutaisi is also high at 9.6%. However, this is the lowest prevalence among the three cities studied. A major limitation of this study relates to sampling and reporting bias. The study primarily recruited MSM from lower and middle socio-economic groups. The majority of the participants reported having an average to low monthly income. Therefore, MSM from higher socio-economic groups were not involved in the study. Data on HIV prevalence was used in various state documents, such as the NSP on HIV for 2019-2021, the transition plan, country reports, etc.

An MSM cohort study was conducted in Georgia in 2017 to determine the HIV incidence among MSM. A total of 493 MSM were recruited using a long-chain peer referral method in the capital city of Tbilisi and in two other cities (Batumi and Kutaisi). After the median 5 month follow-up period, an HIV high incidence of 5.8 cases per 100 person-years (PY) was detected. A higher HIV incidence was observed among men older than 25 (9.7/100 PY compared with 1.6/100 PY among men younger than 25 ( $p < 0.04$ )).

33 Integrated biological-behavioral surveillance survey among people who inject drugs, female sex workers, men who have sex with men and transgender persons in Armenia. 2018

34 National Report on Progress Made in the Implementation of the Global AIDS Response (on the implementation of the Political Declaration on HIV/AIDS. Republic of Belarus. Reporting period: 2015

35 <http://new.tanadgomaweb.ge/upfiles/dfltcontent/3/171.pdf>

36 The results of integrated bio-behavioral survey among MSM in Kyrgyzstan, 2016

37 Report on the bio-behavioral study among "men who have sex with men" population in Skopje, Macedonia 2016-2017

Tbilisi had a higher incidence of HIV compared to the other cities, with borderline significance: 7.5/100 PY vs. 1.0/100 PY,  $p=0.05$ .<sup>38</sup> No new study has been conducted since 2017.

IBBS carried out in Kyrgyzstan in 2016 indicates that HIV prevalence among MSM increased from 1% (Bishkek) in 2008 to 10% in 2016, and from 0% in Osh to 1.5% during the same period. According to the 2016 IBBS, the prevalence of HIV among MSM at the country level is 6.6%. Data on HIV prevalence is used by the government in the development of the national HIV program. NGOs and communities also use this data for fundraising and for project and program planning.

According to the Macedonian IBBS report from 2017-2018, out of 374 participants, 20 were identified as HIV-positive (5.3% of the sample), while the estimated prevalence among the total population was 5.4% (95% CI 1.8%-9.0%). HIV-positive MSM ranged from 20 to 39 years old, with a mean age of 30 years (Standard Deviation-7 years). MSM older than 25 y.o. have an HIV prevalence 2.5 times higher (95% CI 1.1-6.1). The prevalence of HIV among MSM in North Macedonia has steadily increased from 0.2% in 2010 to 5.4% in 2017. Migration can have an effect on the HIV epidemic in Macedonia (as well as in other target countries). Over the last few years, there has been a migration crisis in Europe, primarily due to a large number of migrants from Africa and the Middle East. North Macedonia is a transit country, through which one of the main migration routes to the European Union passes. It is estimated that around 1 million people crossed the borders of North Macedonia in 2015. In 2016, North Macedonia closed the Balkan route to migrants passing through the country. In addition, many citizens of North Macedonia immigrated to EU countries for work purposes. No disaggregated data for other cities or regions is available. The authors of the study do not assume significant variations within the country. RDS methodology was used, and the extrapolated data is based upon the assumption that HIV prevalence among MSM is the same across the country. Feedback from NGOs also confirms that the data obtained through IBBS is consistent with field observations and other information.

In Belarus, According to data from the 2017 IBBS, HIV prevalence among MSM nearly doubled in comparison to data from 2013. HIV prevalence among MSM at the country level is 9.8% (2018). However, in some cities, this figure is significantly higher: 11.3% in Svetlogorsk and 19.2% in Vitebsk. According to data from the 2015 IBBS, HIV prevalence among MSM is 5.7%, with differences between cities: Vitebsk – 14.8%, Svetlogorsk – 13.4%, and the lowest rate in Brest – 2%. Data on HIV prevalence among MSM is used by NGOs for fundraising purposes. Representatives of NGOs indicate that it is difficult to measure how references to this data are translated into policy actions or decisions about the allocation of state funding.

According to data from IBBS carried out in Armenia in 2016, HIV prevalence among MSM was 0.76% in the country, and 0% in Vanadzor. According to expert opinions and RAGSI members, such a low HIV prevalence is not consistent with regional trends, as HIV prevalence among MSM has steadily increased in all countries of CEECA. According to data from the 2016 IBBS, HIV prevalence decreased among MSM in Armenia (from 2.5% in 2012 to 0.8% in 2016).<sup>39</sup> The reported prevalence of 0% has also been questioned by RAGSI members. The most recent IBBS was conducted in Armenia in 2018. Unlike the results of the 2016 IBBS, the results of the 2018 survey were accepted by communities and NGOs through an active dialogue process by which a consensus on the results was reached. According to the 2018 IBBS, the HIV prevalence among MSM was 2.7% in Yerevan, 1% in Gyumri and 0.3% in Vanadzor. The prevalence of syphilis was 0.5% or lower. There was no statistical change in the percentage of MSM who were HIV-seropositive between 2012 and 2018 (2.5% and 2.7% respectively) ( $X^2 = 0.25$ ,  $p=0.617$ ). The 2018 IBBS also assessed HIV prevalence among trans people. Among trans people, HIV prevalence was 2% and the prevalence of syphilis was 1%. No cases of hepatitis B were detected. Data on HIV prevalence among trans populations was only collected in Armenia.

The HIV prevalence among MSM in Estonia is estimated to be around 2–4%, which has not changed significantly in recent years<sup>40</sup>. The latest behavioral study (2016) revealed that 3% of those who had been tested for HIV during their lifetime (2% of all participants) were infected with HIV. Of these, all believed that they were infected with HIV during sexual intercourse with an HIV-infected man.

38 High prevalence and incidence of HIV, syphilis and viral hepatitis among men who have sex with men in Georgia: Findings of the Georgian MSM Cohort Study. 2017

39 HIV epidemiological surveillance in the Republic of Armenia 2016. Annual Report

40 Rützel K, Löhmus L, Jänes J. Internet-based recruitment system for HIV and STI screening for men who have sex with men in Estonia, 2013: analysis of preliminary outcomes. Euro surveillance : bulletin Européen sur les maladies transmissibles = European communicable disease bulletin. 2015;20(15)

## Service Coverage (HIV prevention services, HIV testing) and Community Involvement in the HIV Response

IBBS conducted in the target countries provide data on HIV prevention services and HIV testing coverage.

**Table 6. Coverage of MSM by HIV prevention services and HIV testing**

Country	Coverage by HIV prevention services	Coverage by HIV testing	Year
Armenia	39%	41,5%	2018
Belarus	69,4%	68,4%	2017
Georgia	61,2%	52,1%	2018
Kyrgyzstan	37,8%	20,2%	2016
Macedonia	60%	28,8%	2017

According to IBBS carried out in Kyrgyzstan in 2016, coverage by prevention services decreased significantly in Kyrgyzstan from 76.3% (2013) to 37.8% (2016).<sup>41</sup> Distribution of informational and educational materials and condoms is included in the minimal package of prevention services for MSM in Kyrgyzstan. The same trend has also been observed at the city level: coverage in Bishkek decreased from 64.4% to 30.7%, and in Osh from 87% to 47.9%. Data from the 2016 IBBS also indicates a decrease in HIV testing rates among MSM from 40% in 2013 to 20.2% in 2016. The same trend was observed in cities, with a decrease in Bishkek from 66.7% to 30.4%; and in Osh from 16% to 5.7%. Coverage indicators are used by the government in the development of the state HIV program. NGOs and communities used this data for fundraising, advocacy, and project planning.

Data from the 2018 IBBS indicates that the vast majority of MSM in Georgia (98.6% in Tbilisi, 98.4% in Batumi and 99.5% in Kutaisi) know where to get condoms. According to respondents, condoms are most frequently obtained in pharmacies. The majority of respondents (63.6% in Tbilisi, 76.3% in Batumi and 67.2% in Kutaisi) received condoms and lubricants from prevention programs during the last year. The renewed Global AIDS Monitoring (GAM) indicator for program coverage has formulated the questions differently. One of the indicators by which the respondent is considered to be covered by a prevention program is whether they have received condoms and lubricants during the last 3 months. In Tbilisi, the rate for this indicator was 61.2%. Compared to previous surveys, positive trends were observed with respect to the coverage of MSM by prevention services (20.9% in 2010 and 43.5% in 2015). Only a rather small proportion of MSM reported consistently using lubricants during anal intercourse during the last 3 months (28.1% in Tbilisi, 11.7% in Batumi and 7.2% in Kutaisi). During the last eight years, there was a statistically significant improvement in the percentage of MSM who were tested for HIV in the last year and who know their result. This rose from 15.8% in 2010 to 52.1% in 2018. Data on service coverage is used in the NSP for 2019–2022. This data was also discussed during various international meetings and conferences with donor organizations and other stakeholders. The NGO sector and communities use this data for planning programs and projects, assessing indicators, and for advocacy purposes.

In Macedonia, 63.4% of MSM know where confidential HIV testing can be done in Skopje. According to the 2017 IBBS, in the 12 months prior to the survey, 28.8% of MSM had been tested for HIV, of which 97.4% also know their results. Only 19% of MSM had undergone HIV testing in 2014 and 15.3% in 2010<sup>42</sup>. Of those who had not been tested for HIV (71.2%), 36.6% did not do it because they did not believe that they had engaged in risky behavior, 23.6% did not know where to get an HIV test, 10.5% had done the test before, and only 3.7% did not get tested out of fear of stigmatization.

Results from this research on the coverage of prevention programs show that, in the last 12 months, 60% of MSM received free condoms, with 31.4% receiving condoms and lubricants within the last month. 38.3% of MSM believe that all STI services are available through public health institutions,

<sup>41</sup> The results of integrated bio-behavioral survey among MSM in Kyrgyzstan, 2016

<sup>42</sup> Djuma V., Kasianczuk M., Postnov A. HIV among MSM in Eastern Europe and Central Asia : Epidemiological Review 2018 / Eurasian Coalition on Male Health (ECOM). — Tallinn, 2018. — 8 p.

36.1% responded that such services are available through civil society organizations, and only 5.2% stated that these services are available through private health facilities. One fifth (20.5%) believe that existing services are inaccessible or difficult to access for the MSM population<sup>43</sup>.

The IBBS conducted in 2017 in Belarus indicated a high level of coverage of MSM by prevention services and HIV testing services: 68.6% receive the minimal package of services, and 69.4% have access to HIV testing services. Coverage of MSM by HIV testing services varies by city: from 52.3% in Brest to 78.9% in Vitebsk. Coverage of MSM by prevention programs also varies by city: from 53.7% in Brest to 80.9% in Vitebsk. The minimal package of services includes a consultation on HIV/AIDS, the distribution of condoms and lubricants, and the provision of informational and educational materials.

Coverage data was used by the "National Report on Progress Made in the Implementation of the Global AIDS Response (on the implementation of the Political Declaration on HIV/AIDS) in the Republic of Belarus, 2015."<sup>44</sup> There is no sufficient data on the cascade of care among PLH-MSM.

Based on IBBS conducted in 2018, in Armenia more than 60% of MSM in all cities reported not receiving condoms in the past 12 months from an NGO or outreach worker. Among men in all cities who reported the use of lubricants during anal sex (more than 40%), most reported using water-based lubricants. The percentage of MSM who reported being tested for HIV and receiving the test results in the past 12 months increased from 38.8% in 2012 to 41.5% in 2018 ( $X^2 = 1.688$ ,  $p=0.000$ ). This represents an average annual increase of 0.4%. There was a significant decrease, from 52.5% in 2012 to 39.0% in 2018, in the percentage of MSM who reported receiving condoms from an NGO or outreach worker in the past 12 months ( $X^2 = 18.33$ ,  $p=0.000$ ). This represents an average annual decrease of 2.3%<sup>45</sup>.

Almost all trans persons knew where to get an HIV test in Armenia. 90% of trans people were reached by HIV prevention programs or received condoms in the past 12 month from an NGO or outreach worker. Almost all trans people reported having had an HIV test, and 97% had been tested for HIV in the past 12 months or knew their HIV status. Among those who had been tested in the past 12 months, almost all received their results. No one had had tested positive for HIV.

With the exception of North Macedonia (where HIV programs are fully funded by the national government), community-based services for MSM are now fully funded by the GFATM. Ensuring sustainability and procuring national funding are top priorities for maintaining current services, as the GFATM plans to withdraw from these countries. Community organizations provide counseling, HIV testing, condoms, lubricants, informational and educational materials, peer education, and elements of the POL model. Rapid HIV tests (including saliva tests in Armenia) are available through community-based organizations in all target countries.

HIV-testing has slowly but steadily increased among MSM in Estonia. According to the last national internet study in 2016, more than half of the total sample (73%) had ever had an HIV test, while 43% had been tested in last 12 months<sup>46</sup>.

The distribution of informational materials and condoms in gay bars and clubs has also been supported by the National Health Plan. The Estonian Network of People Living with HIV (EHPV) and NIHD organize HIV rapid testing events in gay bars and clubs. Approximately 10% of MSM report that the last place they were tested for HIV was at a gay bar or club, so this approach has proven to be quite successful in recent years (22).<sup>47</sup>

Free and anonymous STI and blood-borne infections testing for MSM is also available in six larger cities across the country. MSM can order STI testing kits through the regular mail and receive their results online (through a special website called "Test at home" —[www.testikodus.ee](http://www.testikodus.ee))<sup>48</sup>.

43 Report on the bio-behavioral study among "men having sex with men" population in Skopje, Macedonia 2016-2017

44 National report on progress in the implementation of the global AIDS response (on the implementation of the Political Declaration on HIV / AIDS) in the Republic of Belarus. Reporting period: 2015

45 BBS\_PWID\_FSW\_MSM\_ARM REPORT FINAL\_2018\_eng

46 Rüütel K, Lõhmus L. Meeste terviseKS! Meestest huvituvate meeste seksuaaltervise uuringu raport 2016. Tallinn: Tervise Arengu Instituut; 2017

47 [https://ecom.ngo/wp-content/uploads/2018/06/Assessment\\_SI\\_Estonia\\_2018.pdf](https://ecom.ngo/wp-content/uploads/2018/06/Assessment_SI_Estonia_2018.pdf)

48 [https://ecom.ngo/wp-content/uploads/2018/06/Assessment\\_SI\\_Estonia\\_2018.pdf](https://ecom.ngo/wp-content/uploads/2018/06/Assessment_SI_Estonia_2018.pdf)

All countries have a minimum package of HIV prevention services that are provided to MSM (counseling, and the provision of condoms, lubricants and IEMs). It is worth noting that the quantity and frequency of the provision of materials and services within the minimum package varies from country to country. In addition, there is no standard methodology for measuring indicators. Some countries use a 7-digit code, some countries use a 15-digit code, and some countries are in the process of updating their coding system. These factors create conditions, in which individuals may be counted twice or covered by different programs and organizations. Therefore, unit costs per capita also vary across the target countries. As a result, it is difficult to assess the current effectiveness and cost-effectiveness of MSM-targeted services<sup>49</sup>.

An analysis of the HIV cascade was carried out based on reports on the cascades of comprehensive HIV prevention and treatment services among MSM in target countries. In Armenia, Belarus, Georgia, Kyrgyzstan the collection of relevant data was carried out by or with the active involvement of LGBT and PLH community organizations with the technical support of ECOM and funding from the GFATM.

The number of MSM living with HIV in Georgia was estimated by spectrum as 3,800. Only 17% of them know their status. Of these, 75% of them are on ARV treatment. In 88% of cases, viral suppression has been reached.

The number of MSM living with HIV in Armenia was estimated as 100. 75% of them know their status. Of these, 73% of them are on ARV treatment. In 71% of cases viral suppression has been reached.

The number of MSM living with HIV in Belarus is 4,621. Only 5.6% of them know their status. 81% of them are on ARV treatment, of whom, 81% have a suppressed viral load.

The number of MSM living with HIV in Kyrgyzstan is 1,115. 12% of them know their status. Of which, 56% are on ARV treatment. In 64% of cases, viral suppression has been reached.

A new cascade is under development in North Macedonia. The researchers indicated that there were some discrepancies due to a new SE. During interviews held in 2019, it was stated that new data on the HIV cascade among MSM in North Macedonia will be available in late 2019.

According to the cascade analysis results, a loss of patients occurs at each stage (Graph 5 and 6). An analysis of engagement in the HIV care continuum shows that the largest gap occurs at the very first stage of HIV testing and diagnosis. The majority of MSM living with HIV do not know their status, which is a result of the low coverage of KP by HIV testing services. This has consequences on both the individual and public health level. Delays in HIV testing leads to late diagnosis, thereby increasing the risk of mortality. At the same time, individuals with undiagnosed HIV who continue to engage in risky behavior can contribute to the transmission of the virus.

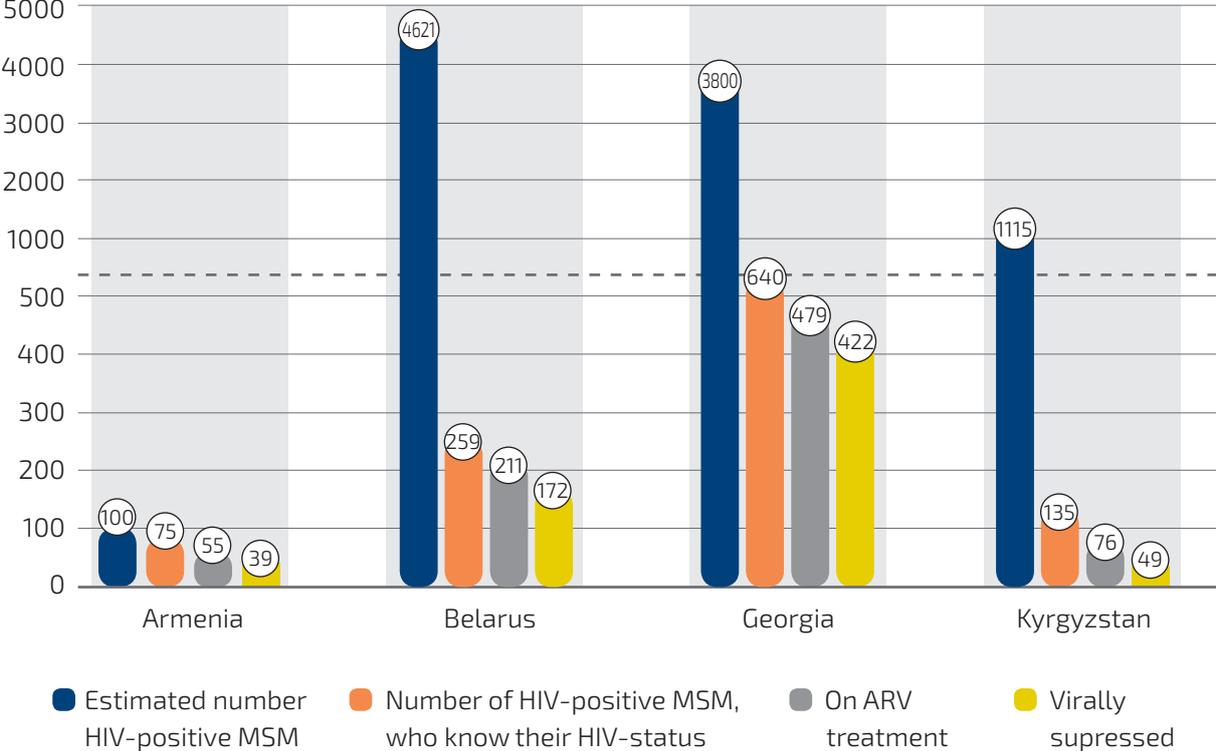
Researchers pointed to the slow introduction in countries of self-testing and innovative testing programs carried out by LGBT organizations, as one of the main obstacles for gay men and other MSM to undergo HIV testing. Other significant barriers include the high levels of stigma and frequent cases of discrimination that gay men and other MSM encounter when seeking sexual health services. During the course of data collection, researchers noted that in many countries, there are no reliable SE of the MSM population, no national package of services for KP or standards on the provision of HIV prevention and support services to MSM and trans people, no qualitative assessments of the unit cost of prevention services, and no disaggregated data on the coverage of individual KP with various prevention and treatment services, including MSM and trans people, PWID, and SW.

The low level of trust among MSM towards sexual health service providers is one of the main factors affecting the quality of statistical data. For example, the reluctance of MSM to reveal their sexual behavior to healthcare workers leads to distorted statistics at all stages of monitoring, from determining the number of HIV-positive MSM who know their status to estimating the number of those HIV-positive MSM who receive ARV treatment and have reached an undetectable viral load.

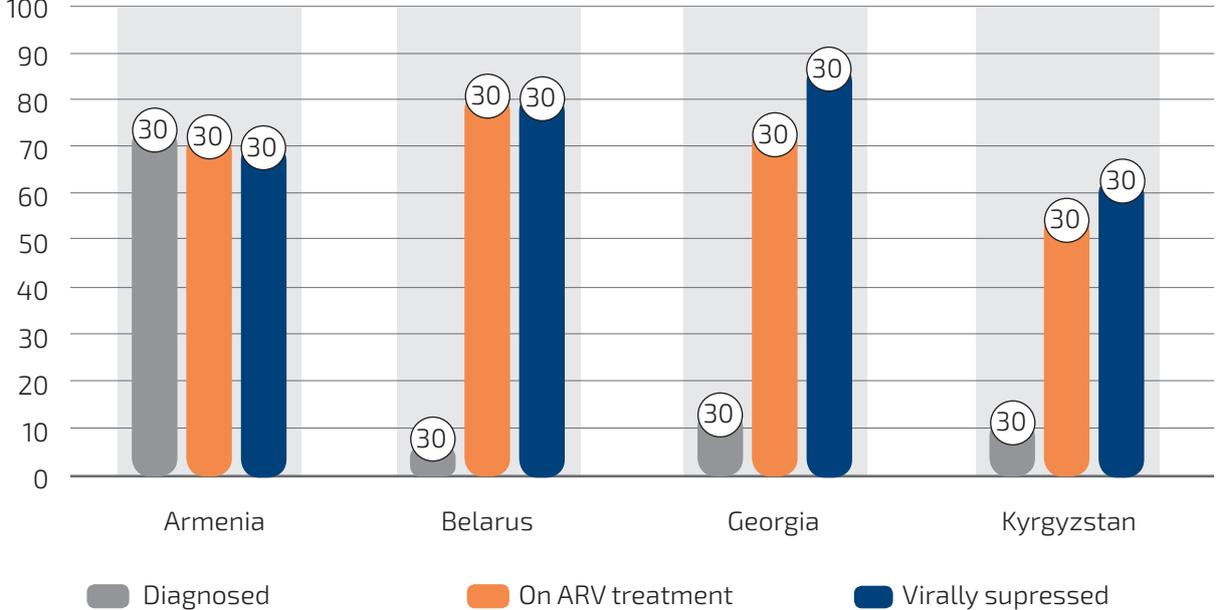
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49 Chikhladze S., Kasianczuk M., Orbelyan S., Sheremet S. Two Years of Progress: MSM and Trans Community Participation in HIV Decision-Making Processes in Armenia, Belarus, Georgia, Kyrgyzstan, North Macedonia, Tajikistan and Ukraine / Eurasian Coalition on Male Health (ECOM). — Tallinn, 2019. — 40 p.

**Graph 6. HIV cascade among MSM in target countries (absolute numbers)**



**Graph 7. HIV cascade (among MSM) relationship with 90/90/90 target<sup>50</sup>**



50 Chikhladze S., Kasianczuk M., Orbelyan S., Sheremet S. Two Years of Progress: MSM and Trans Community Participation in HIV Decision-Making Processes in Armenia, Belarus, Georgia, Kyrgyzstan, North Macedonia, Tajikistan and Ukraine / Eurasian Coalition on Male Health (ECOM). — Tallinn, 2019. — 40 p.

In all five target countries, MSM-led or community organizations are involved in the provision of condoms and lubricants, HIV prevention education and counseling, HIV testing, psychological and social support for those infected with HIV, and in supporting adherence to ARV therapy. NGOs are not restricted from conducting HIV testing in certain settings. HIV rapid tests are available in community-based organizations in Georgia, Armenia, and Macedonia. In most countries, the only legal restriction on HIV testing is age: laws prohibit HIV testing for persons under the age of 18.

In addition to the provision of HIV prevention services, MSM-led organizations are also involved in monitoring access to HIV services and the quality of services, documenting human rights violations based on sexuality, advocacy aimed at ensuring access to HIV services, and in advocacy aimed at the protection of human rights. In all five target countries, the involvement of community organizations is documented in programmatic reports, however such information is not included in state documents. Detailed information on the involvement of MSM and trans communities in service provision and decision-making processes was assessed and described in other studies commissioned by ECOM and carried out in 2017 and 2019<sup>51, 52</sup>.

In Estonia, testing procedures are not carried out independently by community organizations due to medical regulations (HIV testing can only be done in medical institutions and by certified medical personnel). Community organizations can refer and accompany their clients to sites where HIV testing is carried out. In addition, LGBT communities in Estonia are not involved in the process of managing HIV prevention programs at the national level or in related survey analysis and/or management. However, during IBBS, community representatives are involved in piloting the questionnaire and promoting the survey<sup>53</sup>.

## Advocacy Coverage

In North Macedonia, 16 NGOs working in the field of HIV created a platform to advocate for ensuring the sustainability of HIV prevention programs among vulnerable groups in North Macedonia. Participants of this platform played a key role in the transition from donor to state funding of HIV prevention programs. In 2018 and 2019, the HIV platform continues to be a key partner in combating HIV, and, through the national HIV commission, is participating in standardizing HIV services, developing long-term, stable mechanisms for state funding of programs, as well as in strengthening the oversight of HIV programs at the national level. As a result of good cooperation between civil society and the government, the state took on full responsibility for funding HIV programs following the withdrawal of the GFATM from the country. In 2019, the state provided 90,000,000 MKD for HIV programs in the country. The biggest portion of this money goes to ARV therapy for HIV (36,420,000 MKD). The amount of funds allocated to HIV prevention services among MSM remains the same as it was in 2018 and 2017. Every year, the Ministry of Health of North Macedonia announces open calls for providing HIV services to KP, including MSM. The only criteria that must be met by organizations is 3 years of experience working in a similar field<sup>54</sup>.

In Kyrgyzstan, community organizations actively cooperate with each other and other organizations to draft and advocate for the adoption of an antidiscrimination law in the country. There is currently no comprehensive anti-discrimination legislation that includes sexual orientation and gender identity as protected grounds. In 2017, the Coalition for Equality in Kyrgyzstan, the OSF and the NGO "Kyrgyz Indigo" worked systematically on a draft anti-discrimination law. This bill is a unique tool that will help to protect the rights of anyone who faces discrimination on a certain basis. Another good example of collaboration includes the cooperation between community groups, NGOs, and international organizations present in the country to jointly advocate against the adoption of "foreign agent" and "anti-gay propaganda" laws in Kyrgyzstan. In addition, 9 cases of violations of LGBT rights were identified and documented in 2018 as a result of joint advocacy work.

51 MSM and Trans\* community participation in the HIV decision making processes in the Armenia, Belarus, Georgia, Kyrgyzstan and Macedonia. 2017

52 Two Years of Progress: MSM and Trans Community Participation in HIV Decision-Making Processes in Armenia, Belarus, Georgia, Kyrgyzstan, North Macedonia and Ukraine

53 [https://ecom.ngo/wp-content/uploads/2018/06/Assessment\\_SI\\_Estonia\\_2018.pdf](https://ecom.ngo/wp-content/uploads/2018/06/Assessment_SI_Estonia_2018.pdf)

54 Извештај за спроведени активности и остварени резултати согласно програмата за заштита на населението од хив во 2018 година. Институт за јавно здравје

In 2018–2019, a community organization in Georgia (Equality Movement) organized a campaign focused on overcoming stereotypes and stigma related to LGBT people. Video clips were created with the participation of law enforcement personnel, health specialists, activists, human rights defenders and community representatives, and displayed on various online platform (YouTube, the websites and Facebook pages of NGOs and community organizations, etc.)<sup>55</sup>. In 2018, Equality Movement, with the support of ECOM, published a national report on violations of the human rights of gay men, other MSM and trans people, in particular right to health, in Georgia. In addition to issues related to human rights and the right to health, the report includes a brief legislative analysis, information on documented cases of violations of the human rights of LGBT people, conclusions, and recommendations. Cases were collected by “Equality Movement” based on a protocol developed by ECOM as part of the regional program ‘Right to Health’. Information about the cases was collected through interviews with the beneficiaries of Equality Movement’s legal aid program and the monitoring of public events organized by LGBT activists and/or organizations in 2018 in Georgia<sup>56</sup>.

In terms of joint advocacy activity, in most target countries, LGBT, human rights and HIV-service organizations advocate for state funding, but there is a lack of evidence regarding documented joint advocacy activities. However, some examples of joint advocacy exist, such as the joint budget advocacy carried out in Tbilisi in 2018–2019 as part of the project, “Fast-track TB/HIV responses for key populations in EECA cities”, implemented by the Alliance for Public Health (Ukraine) and funded by the GFATM. As part of this project, a city task force was created, in which all community organizations and NGOs working on MSM issues are represented. As a result of this activity, the “Paris Declaration” was signed by the Tbilisi City Hall in December, 2018, which emphasized the importance of providing support to KP, including in relation to MSM and their health. Another example involves joint work on the issue of social contracting in Kyrgyzstan, where community organizations, other NGOs, and UN agencies work and advocate together for the introduction of state social contracting to fund NGOs working on HIV among MSM<sup>57</sup>. In addition, a budget advocacy school was held in Ukraine in 2018, titled “The influence of MSM on state and local policies in the field of HIV prevention”. During the 2<sup>nd</sup> Regional Consultation on HIV among MSM and Trans People in the EECA Region, which took place in Tbilisi in 2018, ECOM created an opportunity for regional collaboration between community organizations, state actors, and international organizations. Community groups and organizations had the chance to discuss how to improve advocacy activities and strengthen the regional response to the HIV epidemic among MSM and trans people in CEECA.

In Belarus, there is practically no direct cooperation between communities and state structures on advancing LGBT rights. In interviews, representatives of LGBT groups mentioned that the situation is worsening as the state becomes less friendly towards LGBT people and community groups. However, there are some exceptions. A good example of cooperation between NGOs and state structures is the technical meeting that took place during the presentation of the newly amended Informational Strategy on HIV/AIDS. The new version of this document will include changes and additions in line with the latest achievements in the fight against HIV/AIDS, and will also provide updated information related to KP in the country. The Ministry of Health, the Belarusian Association of UNESCO Clubs, the UN Office in Belarus, the National Assembly of the Republic of Belarus, POO «Positive Movement», RMOO «Vstrecha», «Your Chance», «People Plus», and other key stakeholders participated in the meeting.

There have also been some positive developments related to the provision of HIV prevention services to KP (PWID, MSM, SW) at the regional level in Belarus. In March 2019, the Gomel municipality granted state funds totaling 20,000 Belarusian rubles to the NGO “Positive Movement” as part of a state social order. In total, services will be provided to 450 persons during 2019, and will include the following: HIV rapid tests, HIV and risk reduction counseling, distribution of educational and informational materials, and referrals to relevant healthcare institutions. Another example of state social contracting in Belarus is in Brest Oblast, where the municipality announced a call for the provision of HIV prevention services to KP. As part of this initiative, it is planned to provide services to at least 950 representatives of KP<sup>58</sup>.

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55 <http://www.equality.ge/en/category/campaigns>

56 <http://www.equality.ge/en/3654>

57 Interviews held with country stakeholders in Bishkek, March 2019

58 Chikhladze S., Kasianczuk M., Orbelyan S., Sheremet S. Two Years of Progress: MSM and Trans Community Participation in HIV Decision-Making Processes in Armenia, Belarus, Georgia, Kyrgyzstan, North Macedonia, Tajikistan and Ukraine / Eurasian Coalition on Male Health (ECOM). — Tallinn, 2019. — 40 p.

In 2018–2019, New Generation Humanitarian NGO (NGNGO) continued its activities in the field of human rights and advocacy in relation to the protection of human rights and access to health services and HIV prevention for gay men and trans people in Armenia. In 2018, NGNGO developed the following drafts of legal acts: Armenian Draft Law on Legal Gender Recognition; Draft on Additions and Amendments to the February 7, 2013 Decision No. 6 of the Minister of Healthcare; Proposal on Additions and Amendments to the Law of the Republic of Armenia on the Prevention of the Disease Caused by the Human Immunodeficiency Virus, and to the Law of the Republic of Armenia on Licensing (of NGO-based blood testing for HIV among the vulnerable groups of the National Program on the Response to HIV). In 2018, NGNGO provided pro bono legal services, including pre-trial and court representation to 13 people subjected to SOGI-based discrimination and violence. These criminal cases are currently under preliminary investigation or undergoing examination by the courts<sup>59</sup>.

The Consultative Council established in 2019 also represents an effective platform for joint advocacy activities in Armenia. The Council consists of representatives of civil society and community-based organizations and positions itself as a non-formal, independent expert and advisory body whose activities are targeted at HIV prevention, addressing issues faced by vulnerable groups and communities in relation to the provision of HIV services, and at promoting the involvement of these communities in decision-making processes. The Consultative Council Board was established at the initiative of NGNGO as part of the regional program "Right to Health" implemented with the financial support of ECOM and the GFATM<sup>60</sup>.

During the assessment, country stakeholders noted the importance of experience sharing and regional events where community organizations and state representatives can have the opportunity to work closely and discuss relevant issues. In 2018–2019, ECOM provided a number of such opportunities, such as the 2nd Regional Consultation, the Budget Advocacy School in Ukraine, the MSMIT/TRANSIT regional trainings in Tbilisi, etc.

Since 1 January, 2016, Estonia has recognized same-sex unions by allowing same-sex couples to sign a cohabitation agreement. In addition, following a December 2016 court ruling, same-sex marriages performed abroad are recognized in the country. According to a 2018 assessment<sup>61</sup>, advocacy related to the provision of HIV services to MSM is limited to rare meetings with representatives of the National Institute for Health Development (NIHD) and journalists. Communities do not have any advocacy plans, and no data has been gathered through surveys regarding the exact needs of MSM in terms of HIV services.

## Research and Strategic Information

An IBBS survey has been conducted in Georgia regularly every 3 years. The latest IBBS and SE survey were conducted in 2018. The research results were used by the government and civil sector to develop the NSP on HIV/AIDS for 2019 – 2022. In addition, the results of the IBBS and SE were used in 2019 to draft a concept note to submit to the GFATM for the continuation of an HIV grant. Previous IBBS studies were conducted in 2012 and 2015. A previous SE survey was conducted in 2014. The results of the 2012 and 2014 surveys were used to develop the NSP for 2016–2018 and concept notes submitted to GFATM for the continuation of the country HIV grants.

In Kyrgyzstan, IBBS among MSM has been conducted once every 2–3 years. In 2016, an SE study among MSM was carried out as part of the IBBS. This survey was carried out with the direct participation of non-governmental organizations, including community-based organizations, at each stage of the collection of field data at all sentinel sites. The state is using the survey results to forecast the development of the HIV epidemic at the regional and national levels. Data from the survey allows for triangulation using medical statistics on the registration of HIV infections. Healthcare institutions and the Ministry of Health use the data to develop prevention programs and to allocate necessary resources from the state program, «State Program for Overcoming HIV Infection in the Kyrgyz Republic for 2017–2021.» NGOs and communities also use the SI derived from surveys to plan indicators,

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59 <https://ngngo.net/files/pdf/1/15537562049318.pdf>

60 [https://ngngo.net/en/news/meeting\\_CS0/126](https://ngngo.net/en/news/meeting_CS0/126)

61 [https://ecom.ngo/wp-content/uploads/2018/06/Assessment\\_SI\\_Estonia\\_2018.pdf](https://ecom.ngo/wp-content/uploads/2018/06/Assessment_SI_Estonia_2018.pdf)

projects and fundraising. However, based on interviews with RAGSI members from Kyrgyzstan, and on information in available documents, it was not clear to what extent survey results have been taken into consideration and reflected in the development of the new state program for 2017-2021.

The most recent IBBS among MSM in North Macedonia was conducted in 2017-2018. The team of outreach-field workers and interviewers from the community organization "EGAL" were fully involved in all stages of the survey process. The previous study conducted among MSM was "IBBS among MSM. Skopje, Macedonia 2013-2014." No qualitative research on the unmet needs of MSM and trans people in relation to sexual and reproductive health and rights has been conducted in Macedonia in the last 3 years. The Ministry of Health, the Institute of Public Health, CSOs, and community organizations use SI and data from research, as well as international recommendations in the development of programs and the response to HIV.

The most recent IBBS among MSM in Armenia was conducted in 2018. The study was conducted in 3 locations Yerevan, Gyumri and Vanadzor. In addition to MSM, 100 trans people (male to female) were included in the IBBS study for the first time in Armenia. In addition to the IBBS, a SE study of the MSM and trans populations was conducted in Armenia in 2018. Three different methods of SE were used during the study. A previous IBBS was also conducted in 2016. However, this IBBS was not validated and trusted by community organizations and NGOs, as communities and the NGO sector were not involved in the planning, implementation, and analysis of these surveys. Unlike in 2016, representatives of NGOs, the communities, and the state came to a consensus and acknowledged and accepted the results of the 2018 study. Community representatives and outreach workers were involved in all stages of the implementation of the study. The state and NGO sector widely discussed the results of the survey. Data collected through the surveys was used in the National HIV Plan and annual country reports. NGOs used the results for advocacy, fundraising and donor reporting. The data from the IBBS and SE studies is available through the websites of the Armenian National Center of AIDS Prevention and the Ministry of Health.

IBBS in Belarus is conducted regularly (2013, 2015, 2017). The data from these surveys is used by the government in applications for GFATM grants, developing national plans, implementing the National HIV Program, as well as for developing reports on HIV/AIDS-related prevention, treatment, and care. The results of surveys are used by the NGO sector for project planning and fundraising activities. Data on the trans population size and/or HIV prevalence among trans people has not been collected in recent years. A SE study was conducted among MSM in 2015 and is still the subject of much debate between representatives of the state and NGOs.

An analysis of the HIV cascade among MSM was conducted in Armenia, Belarus, Georgia, and Kyrgyzstan in 2018. The collection of relevant data was carried out by or with the active involvement of LGBT and PLH community organizations with the technical support of ECOM and funding from the GFATM. New data (2019) on the cascade is being collected in North Macedonia. The researchers indicated that there were some discrepancies due to a new SE. During interviews held in March 2019, it was stated that new data on the HIV cascade among MSM in North Macedonia will be available in late 2019.

Along with IBBS and SE studies, several other interesting reports and surveys were developed with the involvement of LGBT communities. A regional report on violations of the right to health of gay men, other MSM and trans people in the CEECA region was developed in 2018. The report is based on five national reports (Armenia, Georgia, Belarus, North Macedonia, Kyrgyzstan) developed by local country teams and aims to illustrate the social, institutional and legal barriers that limit the opportunities of gay men, other MSM and trans people to fully realize their right to health in the CEECA region. It provides an overview of typical gaps in legislative frameworks in relation to the cross-cutting themes of SOGI-based discrimination and HIV. The report compares cases of discrimination collected in 2017 and 2018, and describes any changes and developments that have taken place since the first report was published in 2017.

In 2018, "Guidelines for Collection of Strategic Information on HIV among Gay Men and Other Men Who Have Sex with Men and Trans People in the CEECA Region" was published. These guidelines were created in order to combine and adapt all relevant information regarding SI on HIV among gay men and other MSM and trans people into one structured and comprehensive document. The document is

useful for researchers, people involved in planning, implementing, and managing HIV programs, NGOs and community-based organizations working in the field of HIV prevention, as well as for community activists and LGBTQI advocates. The development of the guidelines was accomplished with the active involvement of members of RAGSI, which is made up of representatives of NGOs, community organizations, international organizations, and academia working in the CEECA region. This document was discussed and approved as a guidance document for collecting SI on HIV among gay men and other MSM and trans people during a RAGSI meeting that took place on September 17-18 in Minsk, Belarus.

For the collection of high quality SI on HIV among MSM and trans people, it is vital to ensure that the community is involved at all stages of the survey implementation, as well as in decision-making processes in general. In 2017, ECOM initiated a baseline study on MSM and trans community participation in HIV decision-making processes, which was initially carried out in 5 countries (Armenia, Belarus, Georgia, Kyrgyzstan and North Macedonia) as part of the regional program "Right to Health". In 2018, MSM and trans community participation in HIV decision-making processes was also assessed in Tajikistan and Ukraine. In 2019, this study was repeated as a part of the final evaluation of ECOM's regional program. Comparing the results with current data helped to show changes in the level and preparedness of MSM and trans community participation in national HIV decision-making processes between 2017 and 2019.

Gathering accurate data on HIV prevalence and risk behavior among MSM has posed a challenge for researchers in Estonia. There have been three studies in which HIV prevalence was estimated using a sample size ranging from 43–79 people<sup>62-64</sup>. However, these sampling methods did not yield the desired sample size for estimating HIV prevalence. At the same time, MSM participation in consecutive Internet studies (2004, 2006, 2007, 2010, 2013, 2016) has been relatively high, especially in the European MSM Internet Study<sup>65</sup>. Unfortunately, the Internet does not offer the opportunity to gather biological material for testing to estimate HIV/STI prevalence rates. In addition, no studies have been conducted among trans people.

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## Main Findings

The scoring shows that the quality of SI (total including SI on MSM and trans people) increased in 2019 compared to the results of 2017. A significant increase in the quality of SI was observed in the case of Armenia, which is due to the fact that SE and IBBS studies were conducted among trans people. In the remaining countries, 50% of the gap is a result of the absence of data related to trans people (Each section received a score of 0 out of a possible 46). Therefore, the scores received by the countries (with exception of Armenia) only relate to the quality of SI on MSM. Therefore, if we examine the quality of SI on MSM separately (the maximum scores for SI on MSM is 46), we see that scores for SI on MSM reach around 69-89% of the maximum, which also represents observable progress compared to the 2017 results. Estonia demonstrates the lowest scores. Estonia only received about one-fifth the maximum score in relation to SI on MSM and trans people (21.7%)

## Size estimation

MSM SE studies were conducted in most of the target countries between 2016 and 2018. In Belarus, a SE study was conducted in 2015, while Estonia uses EMIS data from 2009.

It should be noted that the assessment of the MSM population size includes only MSM who have had sexual relations with a male partner in the last 12 months. Therefore, estimates exclude gay men and other MSM who have not been sexually active in the last year.

In some countries (Kyrgyzstan), there was an inconsistency in terms of the age groups assessed during the last two SE studies. Two different age groups were used in the 2013 and 2016 surveys. In 2013, the study covered sexually active men aged 16-49, while the 2016 study covered men aged 18-49. This resulted in a decrease in the estimated MSM population size from 22,000 in 2013 to 16,900 in 2016. The accuracy of SE results greatly depends on census accuracy, and in most countries (North Macedonia, Georgia, Armenia) there are active migration processes that may affect estimates. In some countries, a SE study was only carried out in one (North Macedonia) or two cities (Kyrgyzstan) with the results being extrapolated to the entire country, which may also result in some uncertainty. SE studies generally cannot estimate the number of MSM who are truly hidden and/or MSM who do not acknowledge that they are MSM. These MSM may not be accounted for in any data source, including data collected through SE studies.

Given the limitations discussed above, these estimates are likely an underestimation of the actual MSM population size in all target countries. However, unlike during the 2017 assessment, during the 2019 assessment, representatives of the state, NGOs, and communities were able to reach a consensus and determine the most realistic SE for all KP including MSM. It should be noted that there was quite tense debate over the estimated number of MSM in Belarus. Representatives of the NGO sector supported the existing number of 60,000, while state representatives tried to reduce the number significantly. It was finally agreed upon to use the estimate of 60,000, until the results of the new SE become available. Community organizations and NGOs use the SE results for further project planning and communication with donors. The results of SE studies were also used in state documents, such as National HIV plans, state programs, and transition plans.

A SE study on trans people was only conducted in Armenia, thereby increasing the quality of SI on MSM and trans people in the country. However, it is currently unclear how this data will be used in state- or donor-funded programs in Armenia.

In Estonia, SE data on MSM is derived solely from the 2009 EMIS study. The data is nearly a decade old, and has not been updated since 2009. A SE of the trans population has not been carried out.

## IBBS

IBBS studies were conducted in the 5 target countries between 2016 and 2018. In Estonia, the last IBBS was conducted in 2015. In all countries, community members and representatives of NGOs were fully involved (as outreach workers, recruiters, interviewers) in all stages of the IBBS. However, community representatives did not participate directly in survey analysis, as they still lack the necessary analytical

skills. The results of the studies were widely disseminated to all stakeholders, including communities. Feedback from NGOs confirms that the data obtained through IBBS is consistent with field observations and other relevant information. Compared to 2017, the 2019 assessment shows progress has been made in relation to communication between state representatives, community groups, and NGOs. This particular improvement may be the result of more meaningful involvement of communities in HIV country responses and related decision-making processes. These findings are also consistent with the results of another study, "Two Years of Progress: MSM and Trans Community Participation in HIV Decision-Making Processes in Armenia, Belarus, Georgia, Kyrgyzstan, North Macedonia and Ukraine" conducted in 2019.

Similarly to the SE studies, the IBBS studies primarily recruited MSM from middle- and lower-income groups, and failed to include representatives from higher socio-economic groups. IBBS data may be subject to bias related to the accuracy of SE studies and migration processes in the countries. In Macedonia, IBBS was conducted in only one city (Skopje), and in Kyrgyzstan, 2 cities (Bishkek and Osh). In Georgia, data was collected in 3 cities (in 2015 data was only collected in 2 cities), however, the data was not extrapolated to whole country.

According to the most recent IBBS studies, HIV prevalence among MSM increased in almost all the target countries. HIV prevalence increased in Armenia from 0.76% in 2016 to 2.7% in 2018; in Belarus, it nearly doubled, from 5.7% in 2015 to 9.8% in 2017; and in Macedonia it increased from 1.9% in 2014 to 5.3% in 2017. HIV prevalence remains highest in Georgia (Tbilisi), however there was no statistically significant difference from the results of the 2015 survey. In Kyrgyzstan (Bishkek), HIV prevalence among MSM increased from 1% in 2008 to 10% in 2016.

IBBS data, including data on HIV prevalence, condom use, etc., has been actively used and included in various state documents, such as NSP on HIV, transition plans, country reports, materials for international conferences, etc. NGOs and communities actively use the data for fundraising activities, donor reporting, advocacy purposes, etc. IBBS data has been widely discussed during various national and international meetings between state representatives, the NGO sector, and international organizations. RAGSI members, consisting of country stakeholders (including community representatives) and international experts, also discuss SI on HIV among MSM and trans people and the progress achieved during annual RAGSI meetings.

IBBS among trans people has only been conducted in Armenia, which represents significant improvement in the collection of SI on HIV among MSM trans people in the country.

Recent surveys in Estonia were Internet-based studies; no testing was conducted. The data obtained is based on self-reported data. The 2016 IBBS had limitations due to the small sample size used to estimate HIV prevalence (biological samples) and to the fact that recruitment was only carried out in the capital city, Tallinn. No studies were conducted among trans people.

## **Service Coverage (HIV prevention services, HIV testing) and Community Involvement in the HIV Response**

Community organizations in all target countries (with the exception of Estonia) provide counseling, HIV testing, condoms, lubricants, informational and educational materials, peer education, and elements of the POL model. Rapid HIV tests (including saliva tests in Armenia) are available through community-based organizations in all target countries. HIV prevention services for MSM and trans people are primarily funded by the GFATM. North Macedonia is an exception, as the GFATM has already withdrawn from the country and the government has taken full responsibility for funding HIV programs. All countries have a minimum package of HIV prevention services that are provided to MSM (counseling, and the provision of condoms, lubricants, and IEMs). There are no common approved standards and package of services. All community and service-provider organizations work according to their own internal standards. Accountability systems also vary from country to country. Therefore, it is difficult to compare the frequency and quantity of services received by KP in target countries. Unit costs per capita also vary across the target countries. IBBS in all target countries show different rates of coverage with the minimal package of services (from 38% in Kyrgyzstan to 69% in Belarus) and HIV testing (from 20%

Kyrgyzstan to 68% in Belarus). Retrospective surveillance shows that significant progress has been made in most countries during last 10 years. However, Kyrgyzstan and North Macedonia need to focus more on HIV testing efforts, as the HIV testing rates in these countries are much lower (20% and 28%) than in the other target countries.

In 2018, an analysis of the HIV cascade among MSM was carried out based on country reports on the cascades of comprehensive HIV prevention and treatment services in the 4 target countries. In Armenia, Belarus, Georgia, and Kyrgyzstan, the collection of relevant data was carried out by or with the active involvement of LGBT and PLH community organizations with the technical support of ECOM and funding from the GFATM. In Macedonia, an analysis of the HIV cascade among MSM is being carried out and the results will be available by the end of 2019. HIV cascade analyses can serve as a powerful instrument to address the low coverage of KP by HIV testing. Data on MSM shows that the main gap in the HIV cascade occurs at the very beginning, at the stage of HIV testing and diagnosis, and involving MSM and trans people in HIV prevention programs.

In Estonia, the involvement of community organizations in the provision of HIV testing and prevention services is limited, and primarily entails the organization of HIV testing events in gay bars and clubs. In Estonia, HIV-testing can only be provided by healthcare organizations and personnel.

## Advocacy Coverage

In North Macedonia, 16 different NGOs created a platform to advocate for sustainable and ongoing funding from the state. As a result of strong cooperation between civil society and the government, and the openness of the government, the state took on full responsibility for funding HIV programs in North Macedonia following the withdrawal of the GFATM from the country. It should be noted that, according to representatives of NGOs and communities, funding has not decreased since the GFATM withdrew from the country. In 2019, the state allocated 90,000,000 MKD to HIV programs in the country.

Kyrgyzstan provides a good example of cooperation and joint advocacy efforts in which community groups, NGOs, and international organizations present in the country jointly advocate against proposed "foreign agent" and "anti-gay propaganda" laws. In addition, 9 cases of violations of LGBT rights were identified and documented in 2018 as a result of joint advocacy work.

In 2018–2019, community organizations in Georgia organized a media campaign that focused on overcoming stereotypes and stigma related to LGBTQI people. In addition, a national report on violations of the human rights of gay men, other MSM and trans people, in particular the right to health, in Georgia was published with the support of ECOM.

In terms of joint advocacy activities, in certain target countries (Georgia, Kyrgyzstan) LGBT, human rights and HIV-service organizations advocate for state funding and social contracting mechanisms. However, there is a lack of evidence of documented joint advocacy activities.

Community organizations, state actors and international organizations have opportunities to share experiences, and to discuss how to improve advocacy activities and strengthen the regional response to the HIV epidemic among MSM and trans people in CEECA. Such opportunities were provided by ECOM through the organization of the 2nd Regional Consultation (2018), the Budget Advocacy School in Ukraine (2018), MSMIT/TRANSIT regional trainings in Tbilisi (2019), etc. Although there is practically no documented direct cooperation between communities and state structures on promoting LGBT rights in Belarus, some positive developments have been observed at the regional level in relation to the provision of HIV prevention services to KP (PWID, MSM, SW). In March 2019, the Gomel and Brest municipalities allocated state funds to the provision of HIV prevention services to KP.

In 2018–2019, community NGOs continued their activities related to protecting human rights and advocating for access to health services and HIV prevention for gay men and trans people in Armenia. In 2018, NGOs developed a number of draft legal acts and lobbied for their adoption, including: a draft law on legal gender recognition, and a draft law on licensing for NGO-based blood testing for HIV among KP. NGOs actively cooperate with ministries, self-government bodies, healthcare institutions,

and representatives of LGBT communities. In addition, the Consultative Council established in 2019 serves as an effective platform for joint advocacy activities in Armenia. This body was established at the initiative of NNGO as part of the regional program "Right to Health", implemented with the financial support of ECOM and the GFATM.

In Estonia, there is no clear vision or understanding of what advocacy at the national level should entail in relation to the HIV needs of MSM. CSOs do not have advocacy plans related to HIV. Therefore, community organizations and activists are not actively involved in HIV-related advocacy activities. The lower level of involvement of the community may be explained by the lower levels of stigma and discrimination towards LGBT people in Estonia (in comparison to the other target countries of this survey). Estonia is the only country of the 6 target countries where same-sex unions are legalized. Same-sex couples have the right to enter into a cohabitation agreement. In addition, following a December 2016 court ruling, same-sex marriages performed abroad are recognized in Estonia.

## Research and Strategic Information

SI is collected in target countries primarily through IBBS and SE surveys. IBBS are conducted regularly. Unlike IBBS, which are conducted every 2–3 years, SE studies are conducted less frequently. For example, in Georgia, SE studies were conducted in 2010, 2014 and 2018. In Macedonia, SE studies were conducted in 2010 and 2017. Compared to previous assessments, the most recent one was carried out with the direct participation of non-governmental organizations, including community-based organizations, at each stage of the field data collection in all sentinel sites. Community members were recruited as outreach workers, interviewers or community mobilizers during the implementation of the study. State institutions use the survey results to predict the development of the HIV epidemic at the regional and national levels, as well as to develop prevention programs and justify the allocation of necessary resources to the state program. Data from surveys was also used to develop NSP on HIV/AIDS, to draft a concept note to apply for a continuation GFATM grants, etc. In all target countries, state institutions and the NGO sector, including community representatives, were able to come to a consensus on the results of the SE and IBBS. However, based on available documentation and interviews held with RAGSI members, community representatives, and experts from Kyrgyzstan and Belarus, it is not clear to what extent the survey results have been taken into consideration and reflected in the development of the new state programs and/or in the allocation of state funds for the 2017–2019 period.

Data from SE and IBBS reports are available through the websites of state institutions and NGOs. While reviewing information about the HIV situation in Belarus, it was observed that there is a consistent lack of information on HIV among MSM on the websites of both NGOs and state institutions and on other open sources. The focus is rather on HIV prevalence and other data among the general population.

In 2018, SE and IBBS studies among trans people were only carried out in Armenia. However, trans people are mentioned in country documents (such as National HIV plans) in Kyrgyzstan and Georgia.

In 2018, HIV cascade analysis among MSM was conducted in Armenia, Belarus, Georgia and Kyrgyzstan. The collection of relevant data was carried out with the active involvement of LGBT and PLH community organizations with the technical support of ECOM and funding from the GFATM. New data on the HIV cascade is being developed in North Macedonia (2019).

In addition to IBBS and SE studies, several other interesting reports and surveys were developed with the involvement of LGBT communities. A regional report on violations of the right to health of gay men, other MSM and trans people in the CEECA region was developed in 2018. The report is based on five national reports (Armenia, Georgia, Belarus, North Macedonia, Kyrgyzstan) developed by country teams, and aims to illustrate the social, institutional, and legal barriers that limit the opportunities of gay men, other MSM and trans people to fully realize their right to health in the CEECA region. The report compares cases of discrimination collected in 2017 and 2018, and describes any changes and developments that have taken place since the first report was published in 2017. The reports can be used for advocacy purposes at both the national and regional levels.

In 2018, "Guidelines for Collection of Strategic Information on HIV among Gay Men and Other Men Who Have Sex with Men and Trans People in the CEECA Region" was published. The guidelines were created in order to combine and adapt all relevant information regarding SI on HIV among gay men and other MSM and trans people into one structured and comprehensive document. The document is useful for researchers, people involved in planning, implementing, and managing HIV programs, NGOs and community-based organizations working in the field of HIV prevention, as well as for community activists and LGBTQI advocates. The development of the guidelines was accomplished with the active involvement of members of RAGSI. Since 2017, RAGSI serves as the only platform where SI is regularly discussed during its annual meetings or through online communication between members.

Two assessment reports, "Two Years of Progress: MSM and Trans Community Participation in HIV Decision-Making Processes in Armenia, Belarus, Georgia, Kyrgyzstan, North Macedonia and Ukraine" conducted in 2019, and the baseline assessment, conducted in 2017, are available through ECOM and RAGSI. These assessments serve as a valuable resource to show changes in the level and preparedness of MSM and trans community participation in national HIV decision-making processes between 2017 and 2019. Building the capacity of communities and ensuring their meaningful participation in HIV-related decision-making processes can facilitate better collection of SI on HIV among MSM and trans people.

Gathering accurate data on HIV prevalence and risk behavior among MSM has posed a challenge for researchers in Estonia. Most existing studies are Internet-based, while the collection of biological specimens is complicated. Data on prevalence lacks reliability due to the small sample size.



