



3rd REGIONAL CONSULTATION on HIV among MSM and Trans* People in EECA

November 18-19, 2019 | Tallinn, Estonia



Co-sponsored by
WHO Regional Office for Europe

3rd Regional Consultation on HIV among MSM and Trans* People in Eastern Europe and Central Asia

18–19 November 2019
Tallinn, Estonia

REPORT



Eurasian Coalition
on Male Health



UNAIDS



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Acronyms and Abbreviations

AIDS – Acquired immune deficiency syndrome

ARV – Antiretroviral treatment

CEECA – Central and Eastern Europe and Central Asia

ECOM – Eurasian Coalition on Male Health

EECA – Eastern Europe and Central Asia

EHRA – Eurasian Harm Reduction Association

GFATM, the Global Fund – The Global Fund to Fight AIDS, Tuberculosis and Malaria

HIV – Human immunodeficiency virus

HRT – Hormone replacement therapy

ICD – International Classification of Diseases

ICF – International Charity Foundation

IG – Initiative group

KPs – Key populations

LGBT – Lesbian, Gay, Bisexual, and Transgender

MSM – Men who have sex with men

NCDC – National Center for Disease Control of Georgia

NGO – Non-governmental organization

PLHIV – People living with HIV

PO – Public organization

PrEP – Pre-exposure prophylaxis

RAGSI – Regional Advisory Group on Strategic Information

SI – Strategic information

SOGI – Sexual Orientation and Gender Identity

SGHR – Sexual and Reproductive Health and Rights

STIs – Sexually transmitted infections

TB – Tuberculosis

ToT – Training of trainers

UHC – Universal health coverage

UN – United Nations

UNAIDS – Joint United Nations Programme on HIV/AIDS

UNDP – United Nations Development Programme

UNFPA – United Nations Population Fund

U=U – Undetectable = Untransmittable

WHO – World Health Organization

Background

The HIV epidemic continues to grow rapidly in Eastern Europe and Central Asia (EECA) with MSM and transgender people being among the most affected key populations. The HIV prevalence among MSM has reached the level of a concentrated epidemic in most countries of the region and in all sub-regions: South Eastern Europe, Central Asia, Baltic countries, South Caucasus, and Eastern Europe proper.

With support from the Global Fund and other donors, countries, both governments and civil society, have developed services and infrastructure crucial for effective prevention and treatment of HIV infection. However, as international donors are leaving the region, there is risk of losing the infrastructure and experience, especially those aimed at key populations. Governments increasingly support importance of collaboration with organizations of key population communities and other NGOs. However, this understanding has not yet led to sustainable domestic funding for HIV programs targeting MSM and trans* people.

While there is a long-awaited increase in availability and effectiveness of ARV treatment of HIV infection in the region, there is no active discourse about developing and implementing effective national HIV prevention strategies among key populations, and limited efforts to address human rights-related barriers to services, including stigma and discrimination.

While some countries of the region introduce protective legislation, their enforcement lags behind. Other countries continue enforcing restrictive laws and policies that limit the rights of LGBT people and reduce access to HIV services for MSM and trans* people.

International cooperation to achieve the Sustainable Development Goals has not resulted in increased space for meaningful dialogue and cooperation between governments and civil organizations. In several countries in the region, the space for civil society continues shrinking, and ability for civil society to access domestic funding is limited.

It is clear that the level of existing HIV response in the region is insufficient to achieve the 90-90-90 goals.

In response to this situation, key players in the EECA region need to identify the ways of moving forward, take stock of effective responses, apply tools for strategic cooperation, knowledge transfer and implementation. Key factors to achieving success are strengthening the knowledge base, developing a common regional information space and strengthening capacity for HIV interventions. Cooperation between various stakeholders including state health structures, community organizations, academia, pharmaceutical companies, medical associations, is crucial for an effective response to the HIV epidemic.

To address these issues, Eurasian Coalition on Male Health — ECOM initiated the Third Regional Consultation on HIV among MSM and Trans* People in EECA.



Goal of the 3rd Regional Consultation

The overall goal of the 3rd Regional Consultation was to develop multi-stakeholder approaches for acceleration of national and regional responses to the HIV epidemic among MSM and trans* people in Eastern Europe and Central Asia.

Objectives

- To take stock of the current status of regional response to HIV epidemic among MSM and trans* people and community engagement in EECA;
- To discuss accessibility of funds and scope of HIV programs among MSM and trans* people in EECA;
- To present changes in legislative environment and best legislative and regulatory practices related to SOGI and HIV in EECA;
- To agree on roadmaps to accelerate and sustain national and regional responses to the HIV epidemic among MSM and trans* people in EECA.

Co-sponsor

- World Health Organization (WHO) Regional Office for Europe.

Organizers

- Eurasian Coalition on Male Health — ECOM;
- United Nations Joint Programme on AIDS (UNAIDS) – EECA Regional Support Team;
- United Nations Population Fund (UNFPA) – EECA Regional Office;
- United Nations Development Programme (UNDP) – HIV, Health and Development Team, Istanbul Regional Hub;
- MPact Global Action for Gay Men's Health and Rights.

Financial Support

The Consultation was financially supported by:

- Eurasian Coalition on Male Health – ECOM;
- Global Fund to Fight AIDS, Tuberculosis and Malaria;
- World Health Organization (WHO) Regional Office for Europe;
- MPact Global Action for Gay Men's Health and Rights.

Organizing Committee

The Organizing Committee, consisting of representatives of civil society, governmental structures, and UN agencies, guided ECOM in preparation of the Regional Consultation by providing advice on the content and planned outcomes of the Consultation.

Members of the Organizing Committee:

1. George **Ayala**, Executive Director, MPact Global Action for Gay Men's Health and Rights;
2. Vitaly **Djuma**, Executive Director, Eurasian Coalition on Male Health (ECOM);
3. Oleg **Eryomin**, Chair of the Steering Committee, Eurasian Coalition on Male Health (ECOM), Belarus;
4. Alexandrina **Iovita**, Technical Adviser, Human Rights, Communities, Rights and Gender Department, the Global Fund to Fight AIDS, Tuberculosis and Malaria;
5. Sandra **Irbe**, Senior Fund Portfolio Manager, EECA Team, the Global Fund to Fight AIDS, Tuberculosis and Malaria;
6. Aljona **Kurbatova**, Head of the Infectious Diseases and Drug Abuse Prevention Department National Institute for Health Development, Estonia;
7. John **Macauley**, Regional HIV, Health and Development Programme Specialist, Eastern Europe and Central Asia, United Nations Development Programme (UNDP)
8. Igor **Medvid**, Coordinator, HPLGBT, Ukraine;
9. Antons **Mozalevskis**, Medical Officer, World Health Organization (WHO) Regional Office for Europe;
10. Daniyar **Orsekov**, Executive Director, Public Association "Kyrgyz Indigo", Kyrgyzstan;
11. Evgeny **Pisemskiy**, Chair, NGO "Phoenix PLUS", Russia;
12. Andrey **Poshtaruk**, HIV Advisor, Regional Office for Eastern Europe and Central Asia, United Nations Population Fund (UNFPA);
13. Vinay **Saldanha**, Director, Regional Support Team for EECA, Joint United Nations Programme on AIDS (UNAIDS).

Program at a Glance

Day 1, November 18, 2019

8:30 – 9:00 Registration			
9:00 – 9:20 Opening			
9:20 – 10:30 Plenary Session 1: Where We Are in the Regional HIV Response			
10:30 – 11:00 Break			
11:00 – 12:20 Plenary Session 2: Sustainable Resources Mobilization			
12:20 – 12:30 Announcement of RADIANT Initiative			
12:30 – 13:30 Lunch			
13:30 – 14:50 Plenary Session 3: PrEP in WHO European Region			
14:55 – 15:55 Plenary Session 4: Standards of HIV Services for MSM and Trans* People			
15:55 – 16:15 Break			
16:15 – 17:45 Parallel Sessions			
<u>Parallel Session 1</u> Access to Strategic Information (SI)	<u>Parallel Session 2</u> Trans* People in EECA: Response to HIV and Advocacy of ICD-11	<u>Workshop 1</u> Sustainability Strategy	<u>Workshop 2</u> HIV Services Cascade
17:45 – 18:00 Break			
18:00 – 19:00 Break-out groups – country teams work			
19:00 – 19:30 Greetings with Consultation Opening			
19:30 – 21:00 Dinner			

Day 2, November 19, 2019

9:00 – 9:15 Recap of Day 1			
9:15 – 10:40 Plenary Session 5: Human Rights and HIV			
10:40 – 10:45 Announcement from Emergency Support Fund for Key Populations in EECA			
10:45 – 11:15 Break			
11:15 – 12:45 Parallel Sessions			
<u>Parallel Session 3</u> New Challenges and Innovative Approaches	<u>Parallel Session 4</u> Community Development for HIV Response	<u>Parallel Session 5</u> Health beyond HIV	<u>Workshop 3</u> GloryQuiz – Recruitment of Volunteers
12:45 – 13:45 Lunch, Working Lunch for Youth			
13:45 – 15:15 Parallel Sessions			
<u>Parallel Session 6</u> Intersectionality and Diversity	<u>Parallel Session 7</u> Stigma	<u>Parallel Session 8</u> Positive Living	<u>Workshop 4</u> Trans* Community of the EECA Region – Experience in the Context of the "Medical Transition"
15:15 – 16:15 Break-out groups – country teams work			
16:15 – 16:45 Break			
16:45 – 17:30 Closing			
18:30 – 19:30 Dinner			



Summary of the Consultation

In 2010, representatives of communities, health professionals, non-governmental organizations, government agencies, and international organizations met in Kyiv, Ukraine, for **the First Regional Consultation** titled 'A Hidden Epidemic: HIV, Men Who Have Sex with Men and Transgender People in Eastern Europe and Central Asia'. As result of the Consultation, recommendations were developed covering a wide range of issues related to the HIV response: strategic information, planning and implementation of HIV prevention and treatment programs, human rights protection, funding.

8 years after the First Regional Consultation, ECOM took the initiative to hold these regional consultations for MSM and trans* community of EECA on a regular basis. **The Second Regional Consultation**, conducted by ECOM in 2018 in Tbilisi, Georgia, was titled 'New Challenges and Approaches in the Response to the HIV epidemic among MSM and Trans* People in Eastern Europe and Central Asia'. The Consultation brought about the recommendations summarizing the directions on strengthening the response to the HIV epidemic among MSM and trans* people in EECA region.

The Third Regional Consultation on HIV among MSM and Trans* People in EECA, conducted on 18-19 November 2019 in Tallinn, Estonia, co-organized by ECOM and partners with the co-sponsorship of WHO Regional Office for Europe, was aimed at developing multi-stakeholder approaches for acceleration of national and regional responses to the HIV epidemic among MSM and trans* people in EECA region.

Under the identified objectives the Consultation participants were able to:

- get recent data on the status of HIV epidemic among MSM and trans* people in EECA, including data on HIV prevalence, size estimations of key populations, impact of migration, as well as programmatic responses that work;
- be informed on the results of implementation of ECOM's Regional Program "Right to Health" supported by the Global Fund;
- share and discuss best practice in, and perspectives of, financial sustainability of HIV programs targeting MSM and trans* people with the focus on diversification of resources primarily through increasing accessibility of national and other funding alternative to the Global Fund;
- discuss innovative approaches such as PrEP, community testing and self-testing, U=U and "test and treat", as well as integration between HIV, STIs and hepatitis services, patient-centered approaches and other key WHO recommendations;
- discuss ways of cooperation and partnership aimed at creating favorable legislative environment and enforcement mechanisms and capacities, as well as milestones along that pathway, where representatives of key populations, including gay men and MSM and trans* people, can receive timely HIV support and take meaningful participation in planning and implementation of the national HIV responses;
- address the main barriers that LGBT youth, particularly gays and trans* people, face in HIV and health in EECA and discuss support measures from advocacy organizations for youth from LGBT community;
- discuss ways of strengthening and scaling up the national and regional HIV responses based on presented achievements, best practices, tools, and lessons learned.

The last item was in particular focus of the Consultation, the work over which was organized in the format of **11 country teams working in breakout groups**. The goal was to agree on **national roadmap outlines to accelerate and sustain national responses to the HIV epidemic among MSM and trans* people in EECA in 11 EECA countries**. As a result of the group discussions, national roadmap outlines were developed based on the analysis of the national response measures, participants' experience and projections, as well as lessons learnt presented at the Consultation and results of ECOM's grants. Country teams consisted of ECOM subrecipients and members, other NGOs, representatives of governmental institutions, UN system, other stakeholders from the following EECA countries: Armenia, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia, Russia, Tajikistan and Ukraine.

Summary of key Consultation sessions is presented in this report.

All presentations and sessions materials from the Consultation can be found at:

https://ecom.ngo/regcon/3rc_materials.

An essential part of the Consultation results are the national roadmaps to accelerate response to the HIV epidemic among MSM and trans* people in 11 EECA countries which are presented in separate documents due to the volume and format.

All 11 national roadmaps can be found at: <https://ecom.ngo/en/regcon/maps/>

170 participants from 22 countries from Eastern Europe and Central Asia, other countries of the European region and the world, took part in the Consultation representing MSM and trans* community-based and non-governmental organizations, as well as governmental agencies, international, bilateral and multilateral organizations and UN agencies. **70 speakers presented in 20 sessions**, including plenaries, parallel sessions, workshops and working meeting for youth. **11 country teams** developed the roadmaps which will help to accelerate national response to HIV among MSM and trans* people in their respective EECA countries.

Sessions in Brief

Opening Session

Key notes and messages from the speakers

Maris Jesse, Deputy Secretary General on Health, Ministry of Social Affairs of the Republic of Estonia

- Estonia has learnt a few lessons from fighting HIV epidemic. The first lesson is that no one should never hide, be afraid to face a problem, even when the spread is high. Even when it's hard to manage, a delicate approach is needed.
- Lesson two – the lack of preventive actions and lack of access to services increases the spread of the epidemic.
- The third lesson is that new approaches to prevention must take into account the political landscape, these movements reinforce the polarization in society, this also applies to communities. The task is to convince intolerant people to become tolerant.

Victor Madrigal-Borloz, Independent Expert on Protection against Violence and Discrimination based on Sexual Orientation and Gender Identity at the UN Human Rights Council (*video greeting*)

- It is a fact that a human rights based approach, and therefore involvement with the special procedures, is a very welcome step in relation to maintaining access to the highest attainable level of health by key populations, in particular gay men and trans* women.
- A human-rights based approach gives some tools to understand how to systematically understand root causes that actually create obstacles in relation to access. Root causes manifest themselves in very many ways, but they all have a common point of departure in stigma and discrimination; very much what my mandate is supposed to study. Root causes include, for example, the fact that stigma and discrimination may give the impression that populations and communities do not deserve to actually have research carried out that will give an extent and the nature of the extent of the problem.
- Mr. Madrigal-Borloz looks forward to further exchange with Consultation participants, and in particular with ECOM, the specifics of findings and conclusions.

Anton Macintosh, Coordinator, Trans Initiative Group T-Action, Russia

- It is good that the regional focus includes more and more trans* people, that there is an understanding that everyone needs services, not just trans* women.
- Realization of the right to health, HIV prevention is the common task, and all groups should be included in it. The marker of effective work in this direction is the emergence of an expert group of trans* people.
- Now a unique period for work is the revision of ICD-10, now transgender is no longer a psychiatric diagnosis, this is the highest example of recognition of trans* people as people.
- It is unique that at this consultation the whole session is devoted to the problems of trans* people – it is organized by trans* people themselves.
- Trans* community has become visible, declared themselves at the regional level, begun to take steps that will make the community more healthy, united and strong.



Oleg Eryomin, Chair of Steering Committee, Eurasian Coalition on Male Health (ECOM), Belarus

- There is progress that has been taking place in the region over the past 10 years but there are new challenges and challenges.
- New focus is made on human rights, advocacy, working with new, long-known, but not previously focused subgroups.
- The goal is access to services for everyone, regardless of gender identity, sex orientation and region.

Plenary Session 1: Where We Are in the Regional HIV Response

Overview: the session presented the status and progress in the regional response to HIV epidemic among MSM and trans* people in Central and Eastern Europe and Central Asia (CEECA). The speakers covered health issues of MSM and trans* people, trends, and the results achieved by ECOM within the "Right to Health" regional program funded by the Global Fund.

Chair: Anastasiia Yevo Domani, Coordinating Committee member, Trans*Coalition in the Post-Soviet Space, Ukraine

Presentations / key messages:

Ending HIV Epidemic among LGBTIQ in EECA: what we can do before now and the end of 2020 –
Vinay Saldanha, Director, Regional Support Team for EECA, Joint United Nations Programme on AIDS (UNAIDS):

- Recently, a lot has changed, but not for the better: human rights are being violated, the epidemic situation is increasingly affecting MSM and the trans* community.

- **90-90-90** – this is not the end of AIDS, not the end of the fight against HIV, this is only the goal. A demonstrative example is London's achievement of goals – access to HIV / AIDS services is still limited, but after the introduction of PrEP, for the first time in 20 years, the number of detected HIV cases began to decline. Therefore, it is so important to introduce PrEP at program levels in all communities, not limited to MSM and trans* people.
- **Political leadership** creates a positive environment for work in the region. The encouraging message of the London Mayor is a call to the British Ministry of Health with a request to provide PrEP immediately without any restrictions.
- With the current approach, in the next 13 months that remain before the planned achievement of goals 90-90-90, the situation will not change significantly. Time to apply more radical and defiant actions, which is what relates to Fast Track.
- Access to PrEP is extremely limited in the region, and we need to move forward in the next few months.
- **In resource mobilization** area an intensive mode of preparing new applications to the Global Fund will soon begin. Without updated data on key populations there will be no justification why one should allocate as much money as possible for comprehensive services, prevention, treatment and support. To apply, you need data – how much one or another group is affected by HIV infection. In many countries in the region there is no data at all, in some – very late detection of HIV is typical. It is necessary to identify, diagnose and provide treatment as quickly as possible.
- **Community leadership** is extremely important – we can attract millions of Euros to fight the epidemic, plan to purchase a huge number of pills for PrEP or treatment, but if people living with HIV, community representatives will experience discrimination – these resources will not be claimed. It does not require huge funding, it is a matter of human values. This year there is emphasis on the leadership role of the community.

Responding to HIV among MSM and Trans People in WHO European Region: Leave No One Behind*
– **Dr. Masoud Dara**, Coordinator Communicable Disease, World Health Organization (WHO) Regional Office for Europe:

- WHO European region covers 53 countries, 950 million inhabitants, the region is heterogeneous, and the data is very different. There are several countries where it is possible to control HIV, thanks to PrEP, the numbers are decreasing in almost all European countries, but in the East the number of cases has increased by 60% – from 160,000 new HIV cases in 2017 82% are in the East of the WHO European region.
- Estimated new HIV infections are decreasing in the Western sub-region but increasing in Centre and East and overall in the European region.
- Reported heterosexual transmission and sex between men prevail in the Region. New HIV diagnoses among MSM in Centre and East are increasing.
- MSM are 22 times more likely to be HIV-infected than the general population, transgender people: 12 times more likely.
- Emerging epidemics in countries with concentrated and generalized epidemics – particularly in Central and Eastern Europe and Central Asia
- Global estimated HIV prevalence among transgender women is 19.1%. Data on trans* people is lacking in most countries.
- High levels of stigma, discrimination, violence impedes access to services – more than 75 countries criminalize sex with the same gender, including two countries in the WHO European Region (Turkmenistan and Uzbekistan).

- Comprehensive package of services should be implemented in full volume including both health and structural interventions.
- Critical enablers should be addressed: laws and policies; stigma and discrimination; community empowerment, and violence against key populations.
- It is important to reduce the level of stigma and discrimination – we need a dialogue with partners, we need to work, share best practices, and know what is happening in countries. UNAIDS, together with country partners and civil society, must develop country maps, health ministers must come together and verify what is done, what is not, what will be achieved before 2020.
- An important component is work with civil society, representatives of key populations – active participants in the dialogue with partners.
- UN Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration is not only a UN document, it should help to bring changes.
- Leaving no one behind:
 - Ensuring KPs' inclusion in UHC is difficult when environment is punitive, or behaviors are criminalized.
 - **Better data required** on who is being left behind.
 - Funding for prevention programs has to reach communities.
 - Essential HIV care package for migrants in Central Asia (including legal aspects, ethics, finance, service delivery and surveillance).
 - Integration of HIV, hepatitis, STI and TB services delivery is essential for PLHIV, prisoners, migrants and other KPs.



Right to Health – Reality or Dream? – **Vitaly Djuma**, Executive Director, ECOM:

- >5% HIV prevalence among MSM in 10 of 14 countries in EECA. Almost no data is available on trans* people except for Armenia and Ukraine (2% in 2018).
- Comprehensive package is not implemented anywhere; minimum package includes only three interventions; PrEP is available to communities only in 3 countries; chemsex is addressed in none.
- Critical enablers are in critical condition – addressed only in 2-3 countries, violence against LGBT is addressed in none.
- Treatment cascade for MSM is far from 90-90-90 goals.
- Critical situation with financing – a situation analysis in Kyrgyzstan showed that as of today, even the minimum package cannot be covered. If earlier the GF money was enough, now the lack of funds is very visible and will only worsen.
- Reducing internal homophobia is one of the mechanisms for influencing HIV epidemic. But internal homophobia does not appear on its own, it is an effect of external stigma.
- The Right to Health Regional program supported by GF: community participation in national programs and development of favorable environment.
- Participation in decision-making: RAGSI creation; representation in national coordinating bodies.
- Capacity building: MSMIT advocacy; practical tools; technical support; small grants; creation of Working Group of Trans* People on HIV and Sexual Health in EECA; 6 supported community-based organizations in the region.
- Partners' achievements: Armenia – first IBBS with community engagement; Georgia – sensitization of healthcare providers on LGBT issues; Kyrgyzstan – initiation of equality law, work on anti-discrimination legislation; North Macedonia – 100% national funding for HIV services for MSM.
- Creating favorable environment: legal environment assessment; monitoring and documentation of violations of right to health (127 cases, 5 national reports).
- Work within the framework of the GF regional project showed that changes are real and possible. The level and quality of strategic information has improved in every country. Achievements are real, they are possible. These are our joint efforts that produce results.

Plenary Session 2: Sustainable Resources Mobilization

Overview: the session discussed funding needs and perspectives of sustainable governmental, community, business and international funding for HIV and STI prevention and support services for MSM and ways to increase domestic resource mobilization.

Co-Chairs:

Raminta Stuikyte, Senior Associate to Professor Michel Kazatchkine, Special Advisor of the Joint UN Programme on HIV/AIDS in Eastern Europe and Central Asia

Andrej Senih, Vice Chair, European AIDS Treatment Group (EATG); Executive Director, "Stronger Together" Association for Support of People Living with HIV, North Macedonia

Panelists:

- **Sean Howell**, CEO, LGBT Foundation; CEO and President, Hornet
- **Maia Ribacova**, HIV Prevention Coordinator, National Program for the Prevention and Control of HIV and Sexually Transmitted Infections, Moldova
- **Ekaterina Mangatova**, Transition Plan Manager, Public Health Center of the Ministry of Health of Ukraine
- **Denis Kamalidinov**, Chair of the Board, NRPO "Humanitarian Project", Russia

- **Oleg Alyokhin**, Chairperson, LIGA, LGBT Association, Ukraine

Key notes and messages from the speakers

Maia Ribacova, Moldova:

- The future of HIV financing is in national funding. Now in Moldova 75% of services are financed by the Global Fund, 25% – from the national budget, this is still the initial stage.
- Three years of transition experience, national insurance fund now finances prevention services. The country developed regulations approved by the Ministry of Health, HIV prevention services began to be financed from the national budget, 50,000 Euro were allocated in the first year, now it is the third year. In the future, it is planned to allocate up to 450,000 Euro.
- To achieve these results, proper preparation was implemented: the service delivery standards for KPs were updated, in particular, trans* people were included in prevention services, the specifics of providing services for young people were determined, the basic package of services was changed and PrEP was included into it.
- Together with NGOs, qualitative indicators were developed for the provision of services, the codification of each service in order to substantiate each step at the national level.
- Now, at the stage of approval of the regulations, a costification is carried out in parallel. The progress at this point is obvious, there is hope to secure funding.
- Moldova is a small country, there are 14 HIV-service NGOs, we work closely together, we work openly, in most cases all the innovations come from NGO initiatives.

Ekaterina Mangatova, Ukraine:

- The experience of Ukraine is similar. State should finance the services, but so far only the basic package of services, which was determined together with all stakeholders, is being financed.
- Piloting was a difficult step. Primary activity began in 2018, when two work models were introduced in parallel. The first one is financing entirely by GF funds through two recipients (Alliance for Public Health and All-Ukrainina Network of PLHIV). Funding included not only prevention, but also care and support for PLHIV and their partners. The second mechanism is the procurement of services through the public procurement system of Prozorro, two NGOs that provided services were identified. In parallel, work was carried out with the public sector – a regulatory framework was being developed, the cost of services was approved, the main task was to calculate the tariff for the provision of services, which was almost identical to the GF tariff.
- In 2019, not everything went according to the schedule – a new government was appointed, the political situation was also unstable, however, it was possible to successfully procure, but not quite at that time as planned.
- Now, we have signed agreements with organizations, we are preparing for procurement for 2020, the state approved financing for three years. Then it will be easier, the bulk of the work has already been done.
- It is difficult for representatives of the public sector, especially the Ministry of Finance, to explain the need to allocate funds from the state budget. It was easy to work with the previous government, there was an understanding.
- The process goes through complex procedures that differ from traditional grant programs. Procurement goes through Prozorro (online procurement system), it is harder than the sub-granting procedure, as in other countries. The system works on the principle of the lowest price, but it was very difficult to develop tender documentation, it was necessary

to determine the criteria to prevent those who worked poorly in previous periods and who dumped with unrealistic prices.

- The advantage of state funding – the lack of control over the use of money by NGOs. The donor gives budgets that must be approved, act strictly according to the rules. And then the organization serves a certain number of services and distributes money within itself. Other initiatives may be supported, including community centers. It would be important for NGOs to at some point switch from sub-granting and be able to give an assessment of existing legislation, recommendations on amendments to specific legislative acts, rather than ephemeral theories.

Oleg Alyokhin, Ukraine:

- This is a powerful incentive that organizations have a chance to receive government funding.
- Now the country is undergoing healthcare reform, it is important to understand why it was necessary to get involved in this work – at the stage of structural changes we can get the opportunity to incorporate our experience into the public health system.
- It was important for us to work with a package of services, and our opinion differed with the position of the state. Our vision is wider than that of the state, which, although it is ready to purchase, but on the basis of economic opportunities – only a minimal package.
- We understood that it is quite difficult to negotiate with the state, not a single organization can do it on its own. So the National MSM Consortium was created – it leads the transition plan process. The work is not easy, we are not happy with everything, especially how the process was organized.
- The existing system of electronic procurement is unacceptable for NGOs. In public procurement – electronic bidding, who gave a lower price, he won. No matter how the state declares, the price of the service is lower than in the Global Fund, there is a significant difference, this money is not enough to fully cover the program. If bidding and forced to lower the price – this is unrealistic.
- When the auction was announced in 2019, the community was not involved – the process was extremely long in time, the auction was canceled several times, restarted, and did not occur.
- Each organization must understand that there will be no international funding in the same amount as in previous years. It is important to start this work in advance, negotiations are extremely difficult.
- Each organization must understand whether it is ready to provide these services, whether there are enough staff, whether the organization will engage in advocacy or a service provider, because it is impossible to combine this.
- Ukraine is now at the stage of structural changes, so it is important that we study the experience, including community representatives, we must see the positive and negative points and take them into account in future work.
- We start the project in Nikolaev, because there is a room and there is a safe place where other programs can enter. The state does not include this as a component of the receipt of services, the methodology of the public center has not been described and their effectiveness has not been proved. I
- It is important to remember that budget advocacy can lead to a situation that there is funding, but key groups will not go to receive services because of a hostile environment, they will not come to the clinic, afraid to get a conviction.

- There is a platform of key communities, which includes the main players, where we discuss important issues, there is a governing council that collects information from all regions.

Denis Kamalidinov, Russia:

- Russia annually allocates 1.5 billion US dollars for ARV and about 6 million US dollars for prevention. This shows preferences.
- Mechanisms for supporting NGOs are pretty well established. This is an opportunity to initiate and join the register of social services providers themselves, but there are practically no examples when HIV-service NGOs were registered, although they themselves can set standards.
- Of the resources received by NGOs in 2018, 77% are financed from international sources, state budget funds – 8%, and the rest are resources from the presidential grants fund. This is government money that can go to innovation. In 2017-2018, 5.5 million US dollars were allocated. An analysis of the supported projects showed that the majority were given to support PLHIV, work in prisons, not a single project aimed at supporting MSM (openly), only indirect prevention work. There were no projects aimed at sex workers either.
- It's more difficult to apply for state funding when services are not standardized – you should have the ability to talk about HIV so that the average person is ready to support the project. Often, NGOs write applications as if to the Global Fund, where everyone is advanced and understands the topic, but same organizations won't pass state tenders.
- There are examples when NGOs received money, including to work with KPs. These are isolated examples so far, but in every city with a population of over one million there is at least one NGO working with MSM.
- Now the Ministry of Health of Russia is developing a strategy for the next 5 years, it will be backed up by resources. There is an instruction that 10% of the resources should go to NGOs. Now the Ministry of Health is lagging behind this indicator.
- Now the PrEP HIV service is presented as the best mechanism of state financing, there is a hope that a fracture will occur.
- A lot of things are happening in the virtual space, we should discuss the possibility of agreeing on free accounts in Hornet for activists. Promo services are expensive.

Sean Howell, USA:

- Hornet is the largest social network for MSM, it covers 25 million users in the world, but there is no access to the necessary services. No access to HIV prevention. Often this leads to disastrous consequences in life.
- Now the fund uses blockchain to combat inequality.
- An economic force should be created, how to use the potential of the community to generate funds for the community, there is good potential, we take care of ourselves. If we were a country, we would be the third country in the world, and in economy, the fourth.
- We are trying to expand HIV initiatives. Funding is not increasing, costs are getting higher, people are getting bigger, every year +2 million HIV+.
- We conducted a study with the European Center for Disease Control, which found that 80% of PrEP is bought on the black market. People do not get PrEP, they pay themselves.
- In Ukraine, 18% buy PrEP by themselves, they themselves ask a doctor, doctors don't know about it, resistance to PrEP drugs, uncontrolled treatment may occur.
- 25% of MSM in Russia taking PrEP do not inform a doctor about this.
- Now the PrEP issue from the Global Fund is transferred under the responsibility of the state, and we must monitor this, we can achieve good results. We look at the well-being

of LGBT people around the world, 12,000 people from Russia, 3,000 from Ukraine, 180 from Estonia, several hundred from other countries took part in our study.

- In the LGBT Foundation everything is regulated by the community. One private company gave us \$ 1 million, and we expect money from other sources. In the future it will be possible to reduce testing costs if we focus on self-testing, not only in our environment, but also in other spheres. The main thing is to ensure anonymity so that there is no stigma and discrimination.

Andrej Senih, North Macedonia:

- We need to offer broader packages of services so that they meet the needs of different communities, understand different interconnections in different countries, each country may need its own package of services that suits only it.
- The above examples are very consonant with what happened in North Macedonia. We must take into account the processes that take place in our countries, start a dialogue as early as possible, coordinate, engage in advocacy, and interact at different levels of government.
- Civil society organizations should be more flexible, focus not only on HIV and health resources, and go beyond these narrow areas.

Interventions from the audience:

- How to improve efficiency? The more free the service, the more effective it is. It is necessary to clearly build a mechanism for controlling money and controlling the service, these are two different things. An independent structure is needed – whoever controls the financial side is not interested in the effectiveness of the service, he is interested in money.
- Trans* organizations apply for financing only when it comes to programs for trans* people. It is necessary to look more broadly – climate change, housing problems, everything concerns us, we need to pay attention to social entrepreneurship, we cannot work in a narrow sphere.
- The LGBT community should appeal to those who operate with billions. Hornet could consider this strategy as a new direction of fundraising – celebrities, businessmen and corporations.
- As soon as an NGO brings some amount of money from a donor, Beltsy municipality in Moldova has the right to contribution – add 10-25%. Advice for other countries – go down, prepare society. It must be remembered that there will be no more international funding, but someone will have to cover the costs. Now we are developing a package of documents for the procurement of medical services by NGOs.
- The contribution of the community is not only material, money, but also our time that we devote aside the work, this is voluntary, this is the money that should be calculated, but we would not mention it. This is a community contribution to the epidemic.

Plenary Session 3: PrEP in WHO European Region

Overview: the session presented successes and challenges, as well as lessons learnt from the introduction and expansion of PrEP for MSM and trans* people in WHO European region.

Chair: Gennady Roshchupkin, Community Health Systems Coordinator, ECOM

Keynote Speaker: Dr. Michael Brady, National Adviser for LGBT Health, National Health System, England



Panelists:

- **Daniyar Orsekov**, Executive Director, Public Association "Kyrgyz Indigo", Kyrgyzstan
- **Roman Marchenko**, Program Coordinator, Public Organization "ALLIANCE.GLOBAL", Ukraine
- **Lela Serebryakova**, Monitoring & Evaluation Officer, National Center for Disease Control and Public Health (NCDC), Georgia
- **Dr. Viatcheslav Grankov**, National Professional Officer on communicable diseases, WHO Country Office in Belarus

Key notes and messages from the speakers

Dr. Michael Brady, England

- The situation in England is not perfect, but we have made great progress thanks to the influence of the communities. Most importantly, it addresses the issue of stigma in terms of access to PrEP.
- The UK experience is the road to PrEP. The PROUD study showed the effect of PrEP on reducing the HIV epidemic, a 68% decrease. This data was important because it was an argument for politicians about the need for intervention.
- It is necessary to involve public organizations at different stages, from the very beginning. The community played an important role in promoting PrEP, providing visibility, this helps in the work that we are doing now and in identifying future models.
- PrEP brought together organizations that did not always historically collaborate with each other, as this was a goal for everyone. The first Member of Parliament who openly declared that he was living with HIV helped to promote PrEP.
- An integrated approach based on economic effects was used; PrEP is cheaper than treating HIV.

- PrEP provides an opportunity to engage people at risk in prevention and harm reduction programs. Involving non-MSM is a challenge; people who do not go to sexual health clinics are not aware of their HIV risks.
- In the UK, PrEP is not available in general clinics; awareness is extremely low. The funding mechanism does not provide PrEP as primary care.
- There is a 20% reduction in HIV among MSM in London. The recession began in 2012, and PrEP began to be actively introduced in 2015, so this is not only PrEP, we consider it not as an isolated intervention, but as part of combination therapy. The decline is not in all groups, most in the clinics in London where MSM apply, this is the male population of cities, educated and regularly seeking medical services, mostly white population.
- We try to cooperate with communities to teach those who use PrEP independently to do it safely. PrEP is safe, but there are risks at an older age, for people with diabetes, you need to consult a doctor so as not to cause harm. We want to convince potential recipients of PrEP to at least pass an HIV test.

Lela Serebryakova, Georgia

- In Georgia PrEP is part of the national HIV program. The first country in the region where the PrEP pilot began.
- Now 250 people are receiving PrEP, this is very small – according to research, the percentage of infections among MSM is quite high. The process is quite slow.
- 70% of the costs for PrEP now come from the state budget. GF finances information support, social support, etc.
- PrEP was first to be funded through the state budget. Because of this, it has become available to everyone, not just MSM and trans * women as part of the GF project. Some of the services for the community are still funded through the Global Fund, but the process of smooth transition is underway.
- Key barriers: location of service delivery. Although free for everyone, but provided by institutions working with HIV, not everyone is ready to go. There is an intention to implement PrEP at the NGO level next year. The transition to the provision of community-based services does not exclude the medical component – medical advice, follow-up. It is difficult for NGOs to register as providers of medical services, there will be difficulties, but we are preparing for this change and hope it will work well.

Roman Marchenko, Ukraine

- Ukraine began PrEP 3 months later than Georgia, a pilot project of 100 courses (GF).
- Now there are 2800 courses in the country, in Kiev about 1000 annual courses.
- An important function for NGOs is social support, which is the main engine of the program. People rarely think about health – social workers are what make a project move. During the first test, there are often positive results and you need to be prepared for another type of service.
- An important component – information, family doctors are absolutely not ready for implementation, a lot of myths. Important – training for medical and social workers, because it starts at almost zero level.
- Clients do not want to go to the AIDS center, they want to get medicine at the NGO level.
- We must be prepared that customers are ready to adjust the schemes themselves. For medical facilities, all PrEP drugs are PrEP ART; normative documents do not provide ART for HIV-negative people.

- Now customers realized that it's not as difficult as it seemed at first, there is a danger that they will switch to uncontrolled use of PrEP, buying generics. Now it's not very expensive to buy – around \$ 50.

Dr. Viatcheslav Grankov, WHO Belarus

- It is important to convince decision makers to take the first step.
- Many people look at PrEP as something experimental, this misunderstanding leads us to lose years.
- In Belarus, the prevalence of HIV infection among MSM has dramatically increased – 49 times higher than the prevalence among the general population. The time for pilot projects should end.
- Training of specialists in PrEP, regular attendance at WHO events, study tours to Ukraine, studying problems and solutions that were adopted for a smoother transition, should be implemented.
- We begin trainings for all infectious disease doctors of Belarus on the implementation of PrEP. We will offer both daily PrEP and on demand.

Daniyar Orsekov, Kyrgyzstan

- The state is more willing to talk about HIV than LGBT rights, so the strategy is that HIV can be an entry for a dialogue with the state on human rights.
- PrEP pilot is now beginning – the main message, this is equal interaction, this is an undoubted opportunity for the effective implementation of programs.
- Important – decentralization, as a rule, all is concentrated in big cities, the capital, where the concentration of the community is greater.
- We did focus group discussions in regions. Now in the national protocol on HIV there is an application on PrEP, which was written on the basis of these studies.
- The problems – HIV-phobia, privacy, human rights – innovations must take them into account.
- Three innovative pilots in Kyrgyzstan – PrEP, self-testing, NGO-based treatment.
- Now access to new groups is important – trans* men, non-binary people.
- Programs will be effective when the community is involved from A to Z.

Interventions from the audience:

- Moldova: there is a protocol on PrEP, but as of August 2019, there were only 7 people at PrEP. We decided to provide community-based PrEP, as of today, 48 people receive it. A doctor comes to us, but we do not have a license.

Plenary Session 4: Standards of HIV Services for MSM and Trans* People

Overview: the session discussed the use and presented the examples of standards of HIV services for MSM and trans* people in EECA in accordance with WHO guidelines.

Chair: Antons Mozalevskis, Medical Officer, World Health Organization (WHO) Regional Office for Europe

Presentation:

Packages of HIV Prevention and Treatment Services for MSM and Trans People in EECA* – Gennady Roshchupkin, Community Health Systems Coordinator, ECOM

Panelists:



- **Vitaly Vinogradov**, Co-Director, Co-Director, Global Health Research Center of Central Asia, Kazakhstan
- **Lela Serebryakova**, Monitoring & Evaluation Officer, National Center for Disease Control and Public Health (NCDC), Georgia
- **Anastasia Yeva Domani**, Coordinating Committee member, Trans*Coalition in the Post-Soviet Space, Ukraine
- **Alexandrina Iovița**, Technical Adviser, Human Rights, Communities, Rights and Gender Department, the Global Fund to Fight AIDS, Tuberculosis and Malaria
- **Maria Kaplata**, Senior Program Officer, the International Charitable Foundation "Alliance for Public Health", Ukraine

Key notes and messages from the speakers

Gennady Roshchupkin, ECOM

- For most countries, the package of services will look the same (condoms, testing, information provision), in some countries the diagnosis of STI and PrEP treatment is added, this is significantly different from the WHO recommendation (+ mental health, hepatitis, protection against violence and discrimination, support for trans* people with transition, etc.).
- These or other services may be needed by different groups within the MSM community and trans* people. Do these packages provide a minimum of assistance? Or is it services whose contents are clear to the government and donors, do they know how to finance and provide them? How to provide services that are not included in the package? If not everyone needs them, how do you know who needs them?
- **Coverage.** It is low, from 30% to 70%, there is no data on trans* people. This is about the minimum package. Do we know the need? Can we count it? Employees of the two organizations said there are so many condoms that we don't know where to put them. Not everyone takes condoms for free, many MSM get services outside of NGOs and we don't have data on these people. Do I need to consider services that are received from other providers? How to take them into account? Do we know how many MSM take condoms for free, and how many need free condoms?
- **Quality.** The quality of services is low, but how to measure it? There are complaints about free condoms and low employee salaries. We have few tools to monitor the

quality of services, they are often implemented according to WHO recommendations, which have been successful in some countries – but will they be effective in others? How to measure the quality of counseling and social support? The state will not finance what cannot be proved as effective.

- **Financing.** Reducing the cost of services is crucial. This became the key, and we have achieved a lot – drugs cost less, and the Ministry of Health now is able to purchase services. But prevention cannot be cheaper – the wages of social workers, psychologists cannot decrease. No one thinks about the possible self-sufficiency of services. At least 30% of LGBT people can pay for basic services themselves, but nobody does it.

Vitaly Vinogradov, Kazakhstan

- Kazakhstan positions itself as the largest and richest country in the central Asia, many services are provided by the state, a package of services with the participation of the community has been developed, accepted, signed, lowered down – then it needs to be further detalized, funds to be allocated. So since 2015 it has not been funded from the state budget.
- Services are registered for each community, in a full package of services there are hepatitis, etc.
- There is nothing on PrEP – the state says that they are ready, but do not know how. There is an order where a part of the services is prescribed – condoms, the number for each social worker, the state is focused on quantity, not quality, so the quantity is constantly growing.
- There is a health code that governs all work within the framework of health, including HIV, target groups are spelled out separately. The state has the right to allocate funding separately to each group. There are all the tools – but that doesn't work the way it should work.
- Every AIDS center needs to work on financing issues. If condom money is pledged, it can go to another priority – the community must control it. There is an opportunity to pay outreach workers at the state's expense – but they can say that no one comes, it makes no sense to pay.
- There is a law on state orders, the lots formulations should come from the community, but it does not occur, although there is an opportunity to do so. If you work with the state, you will devote all the time to reports, administrative work – you can do that, but many are afraid of these things. All laws and declarations have been adopted and signed, but nothing works.
- The 2015 package needs to be improved, the trans* group was not included as a key group, now it has been registered as MSM / trans*. For the state, in order to register separately, it is necessary to conduct an assessment of key population group, which is not yet there.

Maria Kaplata, Ukraine

- Data of GF project in Ukraine, 2018 (young trans* community, mostly trans* women):
 - Assisted HIV Testing: 40 520 MSM / 972 TG
 - Counseling, condoms/lubricants: 45 270 MSM / 1049 T
 - PrEP: 1225 users (MSM, TG, other)
 - HCV, HBV, STI testing: 19 830 MSM / 550 TG
- IBBS 2017/2018 Ukraine: 72,4% of MSM use dating apps; 16% of MSM are at high alcohol risk; 9% of MSM use drugs.
- SoS multicountry project: Belarus, Moldova, Bosnia and Herzegovina, North Macedonia – PrEP, 2020, to develop feasible model of PrEP provision that will enable scale up

- Operational Research Objective: to assess the feasibility of a PrEP delivery model. The main indicators: adherence to daily PrEP; retention in the program; HIV seroconversion.

Anastasia Yeva Domani, Ukraine

- Trans* people come to health facilities to obtain a document to correct the gender marker. These are general practitioners, endocrinologists, psychiatrists. Two years one has to be observed; a person faces many problems – work, access to health care, education, especially important for young people. There are very few doctors who would know who trans* people are. There are 5-10 people who are considered friendly doctors.
- Over the past two years, a number of trainings have been conducted for medical specialists in different cities, with the participation of community representatives, more as live books, so that doctors see and hear their problems. Doctors are often afraid to take responsibility and provide services. The task now is to teach doctors.
- If a trans* person takes therapy, it is about 25 Euro per month, some people cannot afford this amount, they are limited only by hormones, without blockers, and they do not comply with treatment adherence.
- On HIV testing – rare visits to medical centers, LGBT organizations. As a rule, the opportunity to receive services in big cities is higher. In small cities people are afraid of publicity, because everyone knows each other.
- There is no formally approved package of services in the country, hormone therapy is often prescribed by themselves, not everyone finds a friendly endocrinologist. With non-binary people the situation is even worse.

Interventions from the audience:

- Trans* group is the most vulnerable as many are involved in sex work. It is necessary to focus more on trans* women – they are most involved.
- The key thing that will unite the community is to understand the context of the group itself, which does not have basic access to medicine. The priority of hormone therapy will always be higher than HIV. The most important preventive bridge is access to basic medicine. Which group to include is a matter of collaboration with the community. The goal is to involve in issues of prevention and the formulation of a package of services, especially in the context of ICD-11.
- Not only women are vulnerable, the focus should be on non-binary and men as well. Important – studies on the combination of HIV and hormonal therapy, while these are opposite points, there can be no prevention.

Lela Serebryakova, Georgia

- A comprehensive package in Georgia was approved a few days ago, it does not include a package for trans* people.
- The package of services is called comprehensive – condoms, lubricants, hepatitis B vaccination. But effective access to services is limited – 25% of the planned.
- We are trying to diversify the provision of services – including for trans* people; from next year, HIV+ trans* people will be provided with services.
- A study evaluating trans* people community group has not been conducted, but is planned.
- Improving access to testing – development of an online testing platform, a protocol will be developed by the summer, and the platform will work.

Alexandrina Iovița, the Global Fund

- The right to health is not only the existence of services, it is accessibility and acceptability.

- There are critical factors on paper, but in practice the legal barriers are very heterogeneous and insufficiently reduced. Without overcoming legal barriers, a reduction in distribution cannot be achieved. A UNAIDS study shows that less than 1% of all non-AIDS money went to lower legal barriers, it is difficult to allocate resources, and prove effectiveness.
- Resources are part of how to optimally use them. A new cycle of country dialogue is the allocation of countries, the opportunity is optimal and it must be used. There is not enough data now, there are practically no trans* people in this study, because it is difficult to talk about standardization.
- But it is necessary to prove the effectiveness of programs, to think clearly what we are trying to achieve. Let's use the opportunities of a country dialogue, everyone can act as a lawyer. All countries are middle-income countries, we must allocate 3% to human rights, but 40% to key groups. Write the correct applications and they will be supported.

Plenary Session 5: Human Rights and HIV

Overview: the session discussed best practices in addressing human rights-related barriers to services, experienced by MSM and trans* people in ECEA.

Chair: Yuri Yoursky, Human Rights and Legal Issues Coordinator, ECOM

Presentation:

Regional Review of National Legislation, Presentation of ECOM Work – Yuri Yoursky, Human Rights and Legal Issues Coordinator, ECOM

Panelists:

- **Dr. Lia Nadaraia**, Vice-Chair for Eastern Europe, Committee on the Elimination of Discrimination against Women (CEDAW), Switzerland
- **Nadira Masiumova**, Advocacy Officer, Public Association "Kyrgyz Indigo", Kyrgyzstan
- **Egor Burtsev**, Project Coordinator, Initiative group "Human to Human"; Administrative Coordinator, Trans*Coalition in the Post-Soviet Space, Russia
- **John Macauley**, Regional HIV, Health and Development Programme Specialist, Eastern Europe and Central Asia, United Nations Development Programme (UNDP)
- **Saltanat Kasymbekova**, Office of the Ombudsman of the Kyrgyz Republic, Kyrgyzstan

Key notes and messages from the speakers

Yuri Yoursky, ECOM

- Only 2 countries in CEECA – Georgia and North Macedonia – have a law defining what discrimination is and prohibiting discrimination in various areas, with SOGI directly mentioned in the list of protected grounds.
- Only Georgia has specific and clear "hate crime" provisions in the Criminal Code with a list of aggravating circumstances clearly and specifically mentions SOGI in it.
- 2 countries in CEECA – Turkmenistan and Uzbekistan – still criminalise homosexuality.
- Russia has an active law on the prohibition of "gay propaganda".
- 5 countries in CEECA have draft laws submitted to Parliaments on prohibition of "gay propaganda".
- 3 countries of CEECA – Georgia, Moldova, Ukraine – were previously banning Pride March events, directly violating freedom of assembly and freedom of speech for LGBTQ.
- 3 countries of CEECA – Armenia, North Macedonia, Ukraine – have fixed healthcare rules which set limitations for gay men and other MSM to become blood donors.

- 2 countries of CEECA – Russian Federation and Tajikistan – include legal limitation for NGOs providing HIV-services to gay men, other MSM or trans* people.
- UNAIDS Global AIDS Update 2019: communities should be in the center, defending rights, breaking barriers, reaching people with HIV services. Without civil society pressure, the struggle for rights will not be successful.
- ECOM has developed a guidebook on working with government officials that can be used at the national level, five partners have already adapted it to the needs of their countries and educate judges and law enforcement officials in education courses.
- It is important to share the precedents of human rights violations and experience in addressing such issues. Important – assessment of the legal environment. ECOM conducted it in Uzbekistan and Turkmenistan. It is important how this data is used.
- North Macedonia received recommendations on legislation and the introduction of services for sex workers and trans* women, and an anti-discrimination law was passed this year. Of course, this is not only due to recommendations, the work of activists and the community also influenced. Such a recommendation was given to Kyrgyzstan, and they began their process. It is important to state our requirements and concerns, we must not forget about the right to health and issues related to HIV.

Nadira Masiumova, Kyrgyzstan

- Bishkek's feminist initiatives regularly organize a march for the rights; this year it was the largest. At first, the municipality decided to refuse, since the participation of LGBT organizations was planned. Appeals to the media and the court began, people expressed solidarity, they allowed the march, but without ensuring security. There were threats from the right-wing group but people identified themselves and went to the March. People started to call it the first gay parade, although LGBT flags were in previous years as well.
- Results:
- Violence has not grown, it just became more visible.
- The women's movement has split – some supported LGBT slogans, some did not.
- After the march, a special group was organized where the issues of community rights were raised – a meeting was held with the Ombudsman dedicated to the fight against discrimination.
- A report was submitted to the committee on the elimination of racial discrimination and the country received several recommendations. As a result: Government order to implement comments; Human Rights Plan for 2019.
- Increasing the visibility of problems can make us think that we need change. The goals are one for all, no one should be left behind. We must remember that the community is like a locomotive, we choose where to move and where to move the country, we decide when we are ready to make changes.
- Kyrgyzstan was one of the first countries in the region to adopt anti-discrimination legislation. Without rights there will be no good service, without the right to health there will be no struggle for rights. We harmoniously combine two areas – human rights and services.
- Activists' thinking has changed – from "everything is bad" – and "you are doing everything wrong" – to "let's do it together." The latter approach is the most effective. Purposefully, the state has no need to violate rights – this is either ignorance or the political agenda, you can always find common ground.
- Communities are changing the environment. It is necessary to involve various parties, it is important that everyone should be aware that we have a common responsibility, and the opinion of the community should be heard.

Saltanat Kasymbekova, Kyrgyzstan

- The main goals of the work of the Ombudsman's office are the protection of human rights, the main mission is to prevent violation of rights, to prevent any discrimination in the field of human rights.
- The country has adopted the state HIV program, the law on HIV / AIDS, and the main provisions for protecting the rights of key populations are also written there.
- An important role of the office is protecting the rights of key populations, eliminating unlawful interference by the state and law enforcement agencies, removing legal barriers – all this is within our power.
- In 2019, in order to support the government program and protect human rights, the Ombudsman office initiated the work of the Council on HIV and the rights of key populations, this is a new method of work, representatives of different groups that are most vulnerable to discrimination have entered it. We are planning memoranda with different communities.
- An alliance of Ombudsmen has been created (Russia, Kazakhstan, Iran, Armenia), other countries are at the stage of accession, including from EECA. We are getting ready to discuss the HIV problem at the alliance platform.
- Migration issue is an urgent one and we are cooperating in this context with the Russian Federation. In the framework of cooperation, we work directly, provide various services, legal assistance in detaining migrants, we can work on HIV, we have good cooperation.
- Interaction with key community groups is important. In 2016, Kyrgyzstan was preparing to pass a law that discriminated LGBT people. But it was not adopted thanks to the office of the Ombudsman and the reaction of NGOs and activists – the reports indicated a discriminatory nature, the Ombudsman's office submitted a report to Parliament, and as a result, the bill was rejected. Cooperation with the KPs yields effective results – joint research, joint reaction to problems, provision of recommendations through the Ombudsman Institute – the Ombudsman Institute can become a platform between the government and civil society.

John Macauley, UNDP

- Legal Environment Assessments (LEA) completed in Ukraine (TB with linkages to HIV) and Tajikistan (HIV).
- 3 LEA on HIV are in process: Armenia, Belarus, Moldova.
- It is important that governments themselves lead the process of assessing the legal environment, and that they become familiar with the results of the assessment. Especially in terms of discrimination against people with HIV, regarding data privacy issues. Based on these recommendations, we are building our work on cooperation with government bodies, community organizations – in terms of combating violations and in terms of identifying violations and changing the legal environment (amendments to discriminatory laws).
- There are many precedents when people are sent to prison due to the factor of discriminatory legislation. It is necessary to clarify what the rule of law is so as not to deprive the community of access to testing, treatment, and other areas of life and services.
- Capacities of judges and law enforcement:
 - Provision of legal aid to KPs and PLHIV – also through Regional HIV Legal Aid Network;
 - Conducted first ever EECA Judges' Forum building on experiences from other regions (3-4 October, Chisinau, Moldova);

- Next EECA Judges' Forum to be organized in Tajikistan (May 2020 TBC);
- Development of a Compendium of strategic litigation cases;
- Further integration of HIV, human rights and gender into trainings and education for judges (National Institutes of Justice)
- Developed Training manual and conducted trainings on HIV for law enforcements (Tajikistan, Ukraine).
- Strengthening the knowledge and skills of judges: it is important to familiarize judges with how the situation in neighboring countries has changed, to show positive examples, educate judges and familiarize themselves with key community issues. It is important that there is direct contact, exchange of information between the KPs and the judges.

Intervention from the audience:

Question (participant from Tajikistan): human rights are universal, somewhere the situation is improving, but overall the region is getting worse, it is important to emphasize at the country level, how are developed documents used in the country? Question to John, what was between the two reports, has the situation changed? How is UNDP promoting what has been developed? Even here, only a few have seen this document. How much are civil society representatives involved in the process?

Answer (John Macauley): The most important is the issue of providing maximum access to medical services – studies have been conducted to ensure access to treatment, the data privacy situation has improved. The whole discussion is a platform for civil society, especially in Eastern Europe, where many countries are in transition. It is important to find sources of financing besides donor funding. In Tajikistan, UNDP is implementing a grant, it is important that stigma issue is raised in order to hear the voice of civil society, what will happen with grants, we are at the same table with civil society, all indicators are integrated into the system.

Lia Nadaraia, CEDAW

- Trans* people, lesbians, bisexual people – all are within the scope of CEDAW – we work to combat discrimination based on gender, we work with committees and commissions, the entire CEDAW convention is built around Article 2 – non-discrimination, there are general recommendations No. 26 on issues of gender identity and the protection of the right to gender identity.
- Areas of work:
 - direct dialogue with civil society – we are preparing a list of questions for countries;
 - civil society in response to these points can provide advice;
 - follow-up work, more than one year, recommendations become more critical, require states to report on those issues;
 - there may be an improvement in services, a change in discriminatory legislation + civil society intervention (new to work).
- Europe and Eastern Europe are not so ready to become LGBT friendly, but there are positive changes – Eastern Europe has been represented in the work of CEDAW only in recent years, but 4 members already represent the region. We are integrating little by little into the system of protecting human rights and our experts have a voice.

Egor Burtsev, Russia

- Representatives of trans* community do not often have a chance to be on stage, but once I'm here, I use the opportunity and will ask questions to which you may not answer. I have

no opportunity to ask them at WHO meeting, but probably Consultation participants might use them.

- What is trans* people's sexual health?
- Do you know ways to get to a gynecologist for a person with male documents?
- Does the prevention package address trans* pregnancy issues?
- Do you know that there are various surgeries on the genitals?
- How are VCT and hormone therapy combined, especially if there are adverse reactions and complications?
- How are HIV-related risks associated with access to documents?
- Do you know that free psychotherapy can save a human life?
- Do you know that trans* men can be involved in sex work?
- To which risk group do trans* men and non-binary people belong and how to work with them?
- Non-binary people destroy all theories of sexuality, but they seem to not exist. What to do?
- Do you know about the need for themises for trans* people undergoing hormone therapy?
- How to inform that sex toys are ways to transmit infections?
- Do you know that for a trans* person a visit to the doctor to get a prescription turns into a need to tell almost the whole story of your life, to get a misunderstanding and, as a result, a refusal to provide medical care?
- How to calculate the number of trans* people? No man – no problem.

Parallel Session 1: Access to Strategic Information

Overview: the session presented the recent data on SI assessment and tools developed by ECOM, as well as quality and access to SI in CEECA, needs in SI, collaboration of NGO, government and academia in SI development.

Chair: Dr. Oleksandr Postnov, Expert, EGHR-Ukraine

Strategic Information Assessment in 6 Countries: a Two-Year Progress – **Dr. Sergo Chikhladze**, ECOM Consultant, Georgia

Accessibility to Prevention for MSM in Chelabinsk – **Yury Avdeev**, Director, Chelyabinsk city public organization "Independent Research Center "There is an Opinion", Russia

Strategic Information in Estonia – **Kristi Rüütel**, Senior Researcher, National Institute for Health Development, Estonia

Key notes and messages from the speakers

- When there is some data or research results, there is no strategy for communicating information to stakeholders. It does not always reach even UNAIDS and other international organizations. A plan for communicating SI to stakeholders should be a key point in the finalization of strategic products.
- SI is especially important for advocacy. The donor is interested in size of population group, what services are needed, the money won't be allocated without justification. No data means you can not advocate, mobilize support.
- It is important to engage the community at an early stage of data collection, to increase the expert potential of the community so that there is a scientifically based approach.

- When evaluating HIV transmission ways, we often confuse this with the prevalence of HIV within each group — drug users are not necessarily infected by the parenteral way, it can also be a heterosexual way. The same applies to MSM — they can also be heterosexually infected (one third of MSM in Ukraine practice heterosexual sex). The transmission ways and prevalence within each group should be more clearly distinguished.
- To help community representatives from Uzbekistan and Turkmenistan — agitate real doctors to prepare on-site visits to nearby countries so that there are ready-made consultants. Capacity building of activists who can be attracted through social networks in the nearest countries. Peer activism. This will somehow help in the situation. A peer to peer project among migrants is working in Moscow, and this is quite effective.
- SI is not used/trusted by community due to:
 - o it's an old data
 - o it's not a reliable data
 - o community was not involved in data collection
 - o impossibility to use due to Government policy (for example, the Ministry of Health of Belarus do not mention collected data on MSM in government documents).
- RAGSI should contribute to standardization of research and data collection — it's exactly what for it was created. This group should become a pioneer when it comes to standardization and unification of methods of data gathering.

Speakers biggest dreams on SI:

Sergo Chikhladze: "Recommendations of our study, this is the dream: unification of approaches in different countries, interest and involvement of both parties — the community and government agencies".

Yury Avdeev: "The complete surprise of the study was getting trans* people in it, we don't know anything about the needs of these people. This is very important, they are becoming more visible. And I hope we continue to study this issue".

Kristi Rüütel: "We began to develop an HIV surveillance system, I hope that it will work properly".

Parallel Session 2: Trans* People in EECA: Response to HIV and Advocacy of ICD-11

Overview: the session discussed inclusion and meaningful participation of trans* people in country transition processes, given the transition of countries to ICD-11 and HIV prevention programs.

Chair: Daniyar Orsekov, Executive Director, Public Association "Kyrgyz Indigo", Kyrgyzstan

– *Regional Overview* — **Friedrich Chernyshev**, Director, Trans*Generation, Ukraine
Kanykei kyzy, Public Association "Kyrgyz Indigo", Kyrgyzstan;

– *Research on Sexuality* — **Egor Burtsev**, Project Coordinator, Initiative group "Human to Human";
Administrative Coordinator, Trans*Coalition in the Post-Soviet Space, Russia

– *The Situation in Russia around Clinical Recommendations as Part of the Depathologization of Transgender and the Transition to ICD-11* — **Eva Shtainer**, Coordinator, Initiative Group, Russia

– *ICD-11 and Depathologization: Meaning and Implications* — **Erika Castellanos**, Director of Programs, GATE — Global Action for Trans Equality, the Netherlands

Key notes and messages from the speakers

- There is practically no information about trans* people supported by quantitative research data. It is necessary to conduct IBBS and other studies that will give an understanding of the population size.
- Only three countries in the region have antidiscrimination legislation. SOGI must be included.
- Non-binary people and trans* men have dangerous sexual practices, and according to community observations, about three times the number of trans* women in the post-Soviet space. Therefore, they must be included in HIV prevention projects.
- Not all countries have adequate legislation regulating medical and legal transition. Changes need to be developed jointly with the transgender community.
- For trans* people community to join national transition processes to ICD-11.
- For trans* people community to join the process of translating ICD-11 into Russian and other national languages.
- Include in the package of services for trans* people:
 - Counseling regarding hormonal therapy
 - Psychological counseling
 - Legal advice
 - Social support
 - Study of the basic living standards of people
 - ARV / HRT
 - Information
- Adequate development of a package of prevention services with the active participation of trans* community.

Parallel Session 3: New Challenges and Innovative Approaches

Overview: the session presented best practices in introduction of innovative HIV prevention approaches in EECA.

Chair: Oleg Eryomin, Chair of the Steering Committee, Eurasian Coalition on Male Health (ECOM), Belarus

- *Information Campaigns: How to Create Demand in PrEP for MSM?* – **Evgeny Pisemskiy**, Chair, NGO "Phoenix PLUS", Russia

- *How to Establish Cooperation between Organizations of People Who Use Drugs and LGBT Organizations to Provide Assistance and Support to Reduce Harm from Chemsex Practice in Russia* – **Maxim Malyshev**, Social Work Coordinator, Andrey Rylkov Foundation, Russia

- *The Best Channels for Promoting PrEP among MSM in Ukraine. Interim and Final Results of the Campaign* – **Andrii Bogoslavets**, Regional Coordinator PrEP.com.ua, Public Organization "ALLIANCE.GLOBAL", Ukraine

- *Queer Platform KiKi: the LGBT Health Friendly Space in a Society which is Hostile towards LGBT* – **Beka Gabadadze**, Project Manager/ Social Worker, Center for Information and Counseling on Reproductive Health – Tanadgoma, Georgia

- *Perspectives of IT Technologies in Reaching out and Serving MSM and Trans* People for Protection of their Sexual Health* – **Dr. Alex Schneider**, Chair, Life4me.plus to fight AIDS, Hepatitis C and Tuberculosis, Switzerland

Key notes and messages from the speakers

- While there is no way to get PrEP in NGO or medical office, the goal is to get more information on it. Need to talk about security – motive is to protect themselves, this works much better.
- working with gay video bloggers.
- You should always pay attention that shooting a video is not enough; you need to think about how to promote it.
- Look at the trends that are typical for YouTube.
- People are interested in talking about sex, not about safe sex.
- People who practice chemsex have become invisible to HIV service organizations working for MSM and other harm reduction organizations.
- Why harm reduction organizations are engaged – it is important to deal with those people who are invisible, find intersections, those people who practice problematic chemsex in the spotlight.
- Outreach is common for drug users – people from the gay community come across.
- Directed outreach (techno gay events), people are not ready to be visible in the context of harm reduction, we make it in the context of HIV.
- Self-help group, meeting with a psychologist, Telegram chat, daily tasks from a psychologist.
- Cooperation between gay community and harm reduction aimed at chemsex is needed – it is necessary to end up being divided into MSM organizations, drug organizations, because there is a common goal.
- An information campaign is important so that a person doesn't just read, but register and become a PrEP client.
- It is important to attract the attention of the target audience — high-profile, sometimes even scandalous slogans. Best Channel for Advertising – Hornet.
- Queer platform Kiki – platform for reproductive health information; monthly techno events in the club, performances, exhibitions, promotions about human rights; community representatives are invited (including famous people) – to tie up to art – to strengthen the influence of the community, helping people to express themselves. Exhibitions – open events, other LGBT organizations may come.
- HIV prevention – kickimobile, rapid tests for HIV and hepatitis C, lubricants and condoms, counseling.
- Kiki-education platform was introduced (thanks to ECOM). Human rights education, training of Queer activists, lecturers from Georgian universities, experts, discussion on countering discrimination. Live library during Kiki's nights. The important part is to be present on social networks – facebook and instagram (4000 subscribers).
- There are more than 200 HIV related applications: informational (information only), testing, dating (search for HIV+ partner).
- Research (2 years ago) – all HIV resources meet the needs of HIV+ in terms of information. But they do not work in terms of reminders – no more than 20% meet the needs.
- The second study (UK) – people with HIV still feel lonely, looking for a way out through applications, they need motivation.

- New application developed – there will be an interactive function. Often people use the application while abroad = always at hand. Use of a normal, ordinary language, not medical one.
- Future: artificial intelligence. There will be a chat to support PLHIV to help answer the most common questions, this is useful in conditions of reduced funding.
- IT team of enthusiasts developed the application three years ago, started without support. Already 27 updates, \$ 100,000 a year, we finance ourselves, this is a way of activism in Switzerland, we donate from our salaries.
- bloggers are used for promotion, we need to find those people who can go on the air – top bloggers know their value, sometimes they also do it for free. Sometimes it's faster to pay. Most of us do not pay, but they have fewer views. It can be a mutually beneficial partnership, especially for beginning bloggers.

Parallel Session 4: Community Development for HIV Response

Overview: the session presented best practices in development of MSM and trans* people communities and their participation in national HIV decision making processes.

Chair: Anton Macintosh, Coordinator, Trans Initiative Group T-Action, Russia

- *Health Services for Trans* People, Community Mobilization* – **Kiromiddin Gulov**, Public Health Expert

- *Health and Rights of Trans* People* – **Kanykei kyzy**, Public Association "Kyrgyz Indigo", Kyrgyzstan

- *Trans* Health: Community-led Improvement in Access to Healthcare Services* – **Anton Macintosh**, Coordinator, Trans Initiative Group T-Action, Russia

- *Intersectional Approach to Working with Key Populations* – **Adilet Alimkulov**, Head of Advocacy Department, Public Association "Kyrgyz Indigo", Kyrgyzstan

- *Kiev Experience in Developing a City AIDS Prevention and Control Program* – **Dr. Oleksandr Yurchenko**, Medical Director, menZDRAV Foundation, Ukraine

Key notes and messages from the speakers

Key problems of MSM and trans* people communities:

- Lack of or low commitment to participation in prevention programs.
- Increased stigma within the group itself or self-stigma.
- Cultural, religious, and social characteristics of MSM and trans* people by
- Country.
- Lack of or insufficient knowledge about health issues.
- Lack of interest in protecting one's own health or the health of one's partner.

Key problems of organizations:

- Trend of unhealthy competition between community organizations and NGOs in countries and the region.
- Lack of coordination on prevention programs and services.
- Insufficient human resources in organizations.
- Insufficient funding to support the technical expertise of organizations.

- High staff turnover – working with MSM and LGBT organizations is seen as a way to leave the country.
- Insufficient knowledge and skills for conducting advocacy activities.

New trends related to healthcare services:

- Chemsex – Where, how, and with what methods can we organize healthcare services?
- Is it possible to use the experience of harm reduction programs for MSM and trans* people?
- PrEP – How can we introduce PrEP into existing healthcare programs? What are the difficulties at the country level?
- Social networks, mobile applications, or other technologies – How can we use these channels as part of prevention programs?
- Laws, restrictions, and the socio-economic situation in countries – How can we adapt services to the changes that countries are facing?
- Migration – How can we organize healthcare work (in countries and abroad) against the backdrop of the high levels of migration of MSM and trans* people?
- Lack of sufficient funding – How can we support the work of community organizations and NGOs on protecting the health and rights of MSM and trans* people?

Parallel Session 5: Health beyond HIV

Overview: the session explored issues and presented best practices in working on health for MSM and trans* people other than HIV, namely STIs, SRHR, Hepatitis, Mental health.

Chair: Maksym Kasianczuk, Monitoring and Evaluation Coordinator, ECOM

- *MSM Mental Health in Belarus, Moldova and Ukraine: EMIS 2017 Results* – **Oleksii Shestakovsky**, ECOM Consultant, Ukraine

- *Hepatitis among MSM in Caucasian Countries: a Review* – **Dr. Sergo Chikhladze**, ECOM Consultant, Georgia

- *LGBT Migration and Health Disparities* – **Tinatin Zardiashvili, MD, MA**, Independent Consultant, United Kingdom

- *MSM Sexual Health – Selected Combined Approaches as a Response for Health Inequalities* – **Michał Pawłęga**, Secretary of the Board, MSM Health Lead, Social AIDS Committee, Poland

Key notes and messages from the speakers

- Lack of strategic information in the areas which are less common for MSM and trans* people (migrant, hepatitis, mental health).
- no youth related data segregation. Online MSM services can be specially targeted to reach out youth.
- different generations of clients: youth deal with drugs, and older – with alcohol abuse.
- Self-testing: there are concerns about follow-up procedures.
- Why there are low rates on HPC HPB in Armenia? Assumption: National Disease center might be doing a good work on national level. They have great cooperation with civil society representatives, jointly implementing the Global Fund program.
- There is no data available on LGBT migration and health and HIV.
- No country statistic on migration includes SOGI.
- LGBT when migrating do not reveal their SOGI.

- Migrants experience harassment from border guards (and there is no unified approach for EU countries from EU asylum services). No publicly available guidance on that.
- Trans* people (Refugees) cannot receive treatment during the time when they are asking for asylum in host countries.
- Sensitization of board guards and those dealing with SOGI refugees is needed, as well as developing guidelines on LGBT asylum seekers.

Parallel Session 6: Intersectionality and Diversity

Overview: the session explored the context of overlapping vulnerabilities – MSM and trans* people and drug use, sex work.

Chair: Ganna Dovbakh, Executive Director, Eurasian Harm Reduction Association (EHRA)

- *Mobilizing Chemsex User MSM Sex Workers in Kyiv, Ukraine: Challenges and Solutions*
- **Petro Polyantsev**, Officer of Regional Policy Team, All Ukrainian Network of PLHIV, Ukraine
- *Intersectionality and Harm Reduction Services for MSM/Trans* People in Moscow* – **Maxim Malyshev**, Social Work Coordinator, Andrey Rylkov Foundation, Russia
- *Creating Enabling Environment: the Experience of the MSMT Sex Worker Community in the Republic of North Macedonia*
- **Borche Manev Bozhinov**, President, STAR-STAR, North Macedonia
- *Trans* Sex Work in Kyrgyzstan: Need for Security and Access to Healthcare* – **Kanykei kyzy**, Public Association "Kyrgyz Indigo", Kyrgyzstan

Key notes and messages from the speakers

- Homophobia and drugphobia are barriers for the joint work on chemsex, Russia serves as a locomotive that sets the tone for all countries of the post-Soviet space.
- people we work with are becoming double enemies for society – not just gay as gays or drug users.
- It is important to unite, not be divided in the context of working with one narrow group. Work with communities; narrative practices in working with the community are suitable. The problem is not only in drugs, chemsex, the problem is in identity – we need individual psychological work to understand ourselves and our behavior.
- No one works separately with MSM drug users, they are out of sight.
- Mobilization of MSM sex workers who have experience in chemsex – they don't see what a prevention project can offer them. Handouts of very poor quality, lubricants impossible to use. Peer-to-peer counseling is best, it's very difficult to earn trust, they are afraid of information disclosure.
- Trans* sex workers – they want to make the most of their body because they understand that it may not be useful in the future.
- UNFPA Tools – SWIT, MSMIT, TRANSIT – very useful.
- Involvement in political decision-making – active participation in the development, implementation, monitoring of programs and policies.
- In patriarchal Central Asia it is very difficult to be a trans* girl, society does not accept, the family refuses, this happens very often. A girl was forced to have sex work – at first she thought that voluntarily, in order to feel like a woman, to achieve recognition as a woman.

Sex work led to drugs. Awareness came, thoughts about the future – I realized that this is a typical story for trans* girls who are forced to go to sex work.

- Feminists did not accept trans* woman, because she was not a real woman, trans* community did not accept because of sex work. In sex work, people are usually low class. Activist feminists are usually people with a higher education.
- Within the trans* community, there is a hierarchy of low-class sex workers who need support. Suicide is common (personal examples).

Why it's not possible to make services available to those who most require them?

- Splitting into identities, into groups and subgroups, this is a feature of our time. The need for financial donors is to average, optimize. This is rather a question for subrecipients, who, under the influence of the Global Fund, try to simplify as much as possible so that there are more indicators, but more administrative profit for the organization. The Global Fund should reconsider the requirements for subrecipients in order to prevent strong averaging.
- The Global Fund has done a lot for the country, now it would be important to deal with the most inaccessible groups, and let the state take the rest. Realities are not taken into account – why the number of sex workers has increased in Ukraine? War! But no one created shelters, other services, many MSM had to go to sex work.
- Most sex worker programs target women only. Subgroups are not taken into account – for example, homeless trans* people.
- We are losing difficult and easily ignored people. If there are separate programs for certain communities, one-size services are not suitable for everyone. Expensive to buy something that no one uses. Programs for sex workers are taught to save them from sex work – they are taught to sew, embroider, but they do not requalify, they must be taught how to do it safely for health and physical safety. We are already starting to talk about the need to include a trans* group, but this is unrealistic without an assessment. Lubricants – GF requires individual sachets, trans* clients require tubes. In the hands of the Global Fund – the last pressure on our governments, until it leaves the countries of the region.
- Speaking of health, we are talking about prevention; globally, it is very important what rights sex workers have, if there is a legal basis, they should not be criminalized for long. They will decide how they will work, what the conditions will be under which they will sell their sex services. As long as there is criminalization, there will be violence.

Parallel Session 7: Stigma

Overview: the session explored impact of SOGI-related stigma and discrimination on access to HIV services in the region.

Chair: Adilet Alimkulov, Head of Advocacy Department, Public Association "Kyrgyz Indigo", Kyrgyzstan

– *Gate Keepers' Attitudes in 5 Countries: a Two-Year Progress* – **Olesia Trofymenko**, Project Manager, Center for Social Expertise named after Yu.Saenko, Ukraine

– *Stigma Research Related to PLHIV and LGBT in Armenia* – **Vaghinak Ter-Hovhannisyan**, Lawyer, PINK Armenia, Armenia

- *Intersectional Discrimination of Gay Uzbek Living in Rural Areas of Kyrgyzstan* – **Mamir Zakirov**, Coordinator, Initiative Group "Yug – Antilopa", Kyrgyzstan

Key notes and messages from the speakers

- Gate keepers' attitude in 5 countries: Armenia, Belarus, Georgia, Kyrgyzstan and North Macedonia, in 2017 and 2019, the results were compared and assessed. A little improvement happened among police officers; the most tolerant group is still social workers.
- Stigma research on HIV and LGBT in Armenia attitudes in general are critically negative and based on many factors.
- Police officers discriminate ethnic Uzbek on the south of Kyrgyzstan by blackmailing, creation of fake cases of pedophilia.
- Crucial changes in attitude among police worked appeared in Kyrgyzstan. Assumption – probably because of pressure coming from the civil society on the government as well as international pressure based on the orientation towards EU.
- Sometimes stigma is driven by the existing laws, in particular those which are creating legal barriers for LGBT to fully enjoy their rights in their countries. Like Russian law on gay propaganda, which is directly connected with the high levels of stigma towards LGBT in Russia, as well as state-sponsored homophobia and transphobia fuel crimes based on SOGI.
- Uzbekistan and Turkmenistan have criminalizing laws which are closely connected with the incredibly high level of stigmatization of LGBT community in these countries.

At Parallel session 7, the audience was divided into two groups to work on the two questions:

1. What innovations can be used to overcome SOGI-related stigma among healthcare professionals?
2. How can community-based NGOs establish partnerships with existing or new stakeholders to overcome stigma among Public Officials?

In the first group (healthcare professionals) participants came out with the following solutions:

- to develop a hotline along with Ministry of Health, to report on stigma related cases in health care institutions so to properly investigate such cases, and to use aggravated data to improve the quality of services in relevant institutions;
- to advocate for the inclusion of the obligatory SOGI courses to the curriculum of medical students;
- to provide trainings on SOGI for the existing medical students with the support of the government (advocate for the approval of such additional studies);
- to sensitize medical professionals, do get permission from the MoH and MoE in the country;
- to develop App where LGBT community can evaluate the work of medical institutions and medical personnel in particular. Thus it can help to:
 - a) design the rate of doctors and institutions, make data available, so that LGBT can choose properly the institution which they will to apply to receive quality services;
 - b) develop recommendations for Ministries of Health for the improvements of quality of services;
 - c) establish award for the most tolerant doctors and institutions;
 - d) motivate "family doctors" to acquire more patients;
- to develop so-called "friendly-doctors map" on the national level.

In the second group (public officials) participants came out with the following solutions:

- to advocate for visibility of LGBT public officials (encourage them to come out);
- to take into account (consult) with public officials during the development process of any new policies or related documents;
- to hold an event to share experiences within the public officials (possibly regional level on stigma and discrimination); best practice exchange;
- to include as mediators public officials in stigma-related events – to establish new or strengthen existing collaborations with them;
- to eliminate groundless critic of public officials acts, but rather to come out with a constructive critique and measurable solutions;
- to establish personal contacts with public officials (as NGOs representatives);
- to share personal stories of public officials among community members to build a positive attitude towards them;
- to obtain "social approval" of NGOs toward public officials work;
- to interact with office of Ombudsman;
- to involve public officials in the human rights protection process on the national level.

Parallel Session 8: Positive Living

Overview: the session explored the life experiences of MSM and trans* people with HIV.

Chair: Dr. Alex Schneider, Chair, Life4me.plus to fight AIDS, Hepatitis C and Tuberculosis, Switzerland

Panelists:

- **Dzmitry Filippau**, Head, menZDRAV Foundation, Ukraine
- **Michał Pawłęga**, Secretary of the Board, MSM Health Lead, Social AIDS Committee, Poland
- **Sergejs Akuličs**, Activist, AGIHAS, Latvia
- **Mariya Makovetska**, Capacity Building Manager, TB Europe Coalition, Ukraine

Key notes and messages from the speakers

- TB as co-infection is important for HIV+ MSM and trans* people. There are 90-90-90 for TB, and it is important to consider them in the planning of LGBT health policies. Especially when it comes to LGBT people living with HIV, living in poverty, being refugees / migrants, or homeless.
- Today TB services are being rebuilt in order to introduce a patient-centered approach that will make these services more friendly for different minorities, and more effective. It is also important that the treatment model changes, and fewer people are hospitalized.
- One of the important topics for immediate work is early diagnosis of TB. This topic requires the cooperation of a wide range of organizations, including organizations of the LGBT community.
- It is important, first of all, to show the presence and prevalence of the problem in the group.
- Implementation of combined services, for example, diagnosis and counseling for HIV and TB, including through effective referral and information for LGBT people.
- Stigma and discrimination are a common problem for professionals and community activists, both on the topic of TB and on the topic of HIV and LGBT health. We need to start with the prevention of discrimination by doctors, both in relation to HIV and TB, and in connection with homosexuality and transgender.

- It is necessary not only to teach family doctors basic knowledge of HIV, but also SOGI. In addition to this, a good referral network is needed so that the family doctor, having met an LGBT person among patients, can not only respond adequately, but also really help.
- There are still a lot of PLHIV who recognize their HIV status in the late stages of HIV infection. Some do not pass testing for reasons of fear of diagnosis and distrust to medical specialists. Quality assistance to PLHIV should be demonstrated to motivate people to test and to be not afraid of a positive result.
- HIV – "aging", more people after 35-40y.o. are showing up. This is combined with the fact that PLHIV live longer, which means they will face age-related diseases.
- In big cities in Russia for example there are information sites and support groups for HIV+ MSM (but not for trans* people). Although, in small towns, of course, there are no services available.

Workshop 1: Sustainability Strategy

Facilitator: Raminta Stuiyte, Senior Associate to Professor Michel Kazatchkine, Special Advisor of the Joint UN Programme on HIV/AIDS in Eastern Europe and Central Asia

Key notes from the workshop

The Workshop aimed at gathering additional information/ ideas/suggestions for the Action Plan to the Joint Engagement Strategy to ensure sustainability of national and regional HIV responses in MSM and trans* people in post-grant period, with the wider membership of ECOM. Action Plan is based on preliminarily defined dimensions for sustainability: finance, policy/governance, programs/evidence, human rights, and respective indicators.

Participants of the workshop were explained that ECOM plans to develop an Action Plan for 2020-2023 for sustaining HIV response and services for MSM and trans* people. The Plan will be informed by the following documents/data: 1. Joint Engagement Strategy 2018-2020 developed by ECOM; 2. ECOM's current strategic plan; 3 The research on the sustainability of services in four countries covered by ongoing GF program; 4. The feedback gathered during the workshop from its participants.

The feedback from the participants was documented during the workshop and will be reflected in the final document – Action Plan.

Workshop 2: HIV Services Cascade

Overview: the workshop presented the tool for building the cascade of HIV services for MSM developed by ECOM, and the results of its application.

Facilitator: Gennady Roshchupkin, Community Health Systems Coordinator, ECOM

Key notes from the workshop:

- All countries in the region are switching to a new financing model when the state funding is increasing. Are NGOs ready to work in the new environment?
- Are NGOs ready to participate in monitoring and evaluation? Are there any appropriate tools?
- Governments have already recognized the priority of HIV in public health area. Today there is no need to collect cases to prove that HIV work is needed. NGOs and governments are one team.

- Work can be carried out for each of the stages of the Cascade, regardless of the success of the indicators in the other stages. This allows NGOs to choose where to start a dialogue with the state and to build cooperation.
- The availability of PrEP and self-testing can motivate people more often get tested for HIV – fill the gaps in the first 90.
- Even in countries where government funds are allocated (for example, HIV testing and ARV), communities / NGOs are often not involved in decision-making processes (e.g. Kazakhstan).
- In Lithuania and Latvia – one of the highest rates for the first 90 in the EU (90% +). However, the second 90 is very low (32-34%). Lowering the first 90 is one of the ways to manipulate data.
- Trans* sex workers are exposed to HIV because they are forced to work with no condom in order to save up for the transition.

Workshop 3: GloryQuiz – Recruitment of Volunteers

Overview: how to adapt the popular Quiz bar games format for HIV prevention, finding MSM activists and developing leadership skills for outreach.

Facilitator: Vyacheslav Semenov, MSM Coordinator, NRPO "Humanitarian project", Russia

Workshop 4: Trans* Community of the EECA Region – Experience in the Context of the "Medical Transition"

Overview: Live Library Format was arranged and worked just like a real one. Not paper books, but real people filled it, and reading was a "dialogue" of several personalities.

Facilitator: Anastasia Yeva Domani, Coordinating Committee member, Trans*Coalition in the Post-Soviet Space, Ukraine

Live Books:

Friedrich Chernyshev, Ukraine; Anna Gayzer, Belarus;

Kristina Tumanyan, Armenia,

Anton Macintosh, Russia; Tony Sarasfati, Georgia

Youth Working Meeting

Facilitated by Nadira Masiumova, Kyrgyzstan, and Dmytro Kalinin, Ukraine

1. What are the main barriers that LGBT youth, in particular gays and trans* people, face in HIV and health in EECA?
 - Lack of sexual and reproductive education. Taboo topics such as SRHR, gender, SOGI;
 - Lack of access to youth health services. The inability to self-test for HIV and STIs by adolescents, as well as receive treatment or counseling in many EECA countries;
 - Lack of data on LGBT youth issues and the paucity of even general LGBT data in national languages in EECA countries;
 - High costs of testing / treatment of STIs for young people, the lack of formalized standards for providing services to adolescents. Activists noted that an STI epidemic is possible among young people;
 - Adolescents are not identified as a risk group by the key donors of HIV programs

in EECA countries;

- Lack of involvement of youth in the planning, implementation and monitoring of HIV / AIDS prevention programs;
- Internal homo / bi / transphobia among young people is a significant barrier to the provision of services;
- Recognition of gender identity only after 18 years. Until the age of 18, trans* people cannot start HRT on their own or make surgery, which also worsens their mental health;
- Lack or insufficient number of community spaces for trans* people;
- Absence of role models for young LGBT people, insufficient peer education of youth.

2. What is needed for youth from LGBT community, in particular gays and trans* people, from an advocacy organization of a regional level dealing with HIV and health? How can ECOM more adequately represent youth advocacy for HIV and health and what steps on the regional level can be undertaken?

- Create a youth council / youth platform at ECOM, or introduce quotas for youth in the ECOM Steering Committee;
- Organize a camp for young people in the EECA region;
- Help with fundraising for youth initiatives, organizations;
- Create youth-oriented information campaigns (similar to Children Talks);
- Increase the visibility of the problem of LGBT bullying in educational institutions through research and media campaigns, and, as a result, to advance steps aimed at its prevention;
- Reach out to LGBT parents, create media campaigns involving LGBT parents who have adopted children;
- Create an ECOM youth policy;
- Youth Empowerment;
- Create quotas for ECOM events for youth in the amount of 10 to 20%;
- Promote public funding for the treatment / testing / prevention of STIs among young LGBT people, particularly adolescents, in EECA countries;
- Advocate for the segregation of data on HIV, STIs, chemsex, violence, bullying against LGBT people by age and separate data on youth, both in internal ECOM studies and in state research;
- Create guidelines for the introduction and advocacy of the introduction of sexual education in the general educational system for organizations in the region where it is relevant;
- Collaborate with youth organizations (universities, IG working with youth);
- Create attractive content for the Internet (social advertising, contests, videos, podcasts, mobile applications);
- Create community spaces for trans* people (shelters, quotas, IG support).

Closing Session

Chair: **Elena German**, Program Director, ECOM

Closing speeches:

Vitaly Djuma, Executive Director, ECOM

- For the first time, a separate discussion was held on the needs of youth.

- The working group of trans* people identified their priorities – assessing the number and level of HIV infection, expanding group to include trans* men and non-binary people.
- Strengthening work on strategic information.
- One of the most important results – the work of 11 country teams on roadmaps on accelerating national response to HIV among MSM and trans* people in EECA countries.

Mamikon Hovsepyan, Executive Director, PINK Armenia, Armenia

- Self-criticism is important in order to understand whether we are doing everything right; it is important to take a break and understand what the problems are and what we will do in the future.
- Often we feel lonely within our communities, we need the support of international organizations.
- It is important to raise the issues of trans* people and understand the struggle through which they should go.

Andrey Poshtaruk, HIV Advisor, Regional Office for Eastern Europe and Central Asia, United Nations Population Fund (UNFPA)

- Partnership between UNFPA and ECOM is important.
- A lot of great innovative ideas, know-how, discussions of what prevents us from achieving our goals; it is important that we talked about partnerships.
- Recommendations of the ICPD meeting in Nairobi – the participating countries, the responsibility on a personal level to continue the work that we are doing in partnership with civil society, so that everyone has equal access to reproductive health, in order to achieve the ambitious goal of ending HIV by 2030. We cannot do it if we work individually. We need a strong partnership.
- The community is changing the situation, they matter. Together you will achieve all your goals.

Tymur Lysenko, Health and Depatologization Program Manager, Trans*Coalition in the Post-Soviet Space, Ukraine

- It was a great opportunity to meet different people representing the LGBT community. It's good that trans* community was heard and was able to talk about their problems.
- This is a good tone and a good start. Together we can achieve greater success.
- It is very important to hear those personal stories that have been voiced here.
- Symbolic is that Consultation finishes on the eve of November 20 – the International Transgender Day of Remembrance to memorialize those who have been murdered as a result of transphobia.

Annex 1. Presentations and Sessions Materials

All presentations and sessions materials from the Consultation can be found at:
https://ecom.ngo/regcon/3rc_materials

Annex 2. National Roadmaps

All 11 national roadmaps to accelerate response to the HIV epidemic among MSM and trans* people in 11 EECA countries can be found at: <https://ecom.ngo/en/regcon/maps>

Annex 3. List of Participants

First Name	Last Name	Organization	Country
Anahit	Abazyan	Eurasian Key Populations Health Network	Armenia
Sergejs	Akuličs	AGIHAS	Latvia
Latsin	Alijev	Estonian Network of PLHIV (EHPV)	Estonia
Adilet	Alimkulov	Public Association "Kyrgyz Indigo"	Kyrgyzstan
Julia	Alo	Estonian Network of PLHIV (EHPV)	Estonia
Oleg	Alyokhin	LGBT Association LIGA	Ukraine
Andrey	Androsov	Equality For All	Armenia
Myroslava	Andrushchenko	ICF "Alliance for Public Health"	Ukraine
Marzhan	Anglomas	Eurasian Coalition on Male Health	Estonia
Evgeny	Anokhin	volunteer	Estonia
Vitaly	Apanasenko	Youth Public Organization "Partner"	Ukraine
Yuri	Avdeev	Chelyabinsk city public organization "Independent Research Center "There is an Opinion"	Russia
Vladimir	Averin	The "SIBALT", Health and Social Protection Center, NGO	Russia
Ruslan	Balukhin	IG LGBT rights in Azerbaijan	Azerbaijan
Kirill	Barskiy	ECOM Individual Member	Russia
Ainura	Batyrbekova	Public Fund AFEW Kazakhstan	Kazakhstan
Miroslav	Bingel	Interpreter	
Alexei	Bodylevski	Eurasian Coalition on Male Health	Estonia
Andrii	Bogoslavets	Public Organization "ALLIANCE.GLOBAL"	Ukraine
Michael	Brady	National Adviser for LGBT Health, National Health System	UK
Egor	Burtsev	Initiative group "Human to Human", Trans*Coalition in the Post-Soviet Space	Russia
Daniil	Butsnev	volunteer	Estonia
Veera	Butsneva	volunteer	Estonia
Erika	Castellanos	GATE – Global Action for Trans Equality	the Netherlands
Olga	Chemiia	Eurasian Coalition on Male Health	Estonia
Andrii	Chernyshev	Public Organization "ALLIANCE.GLOBAL"	Ukraine
Friedrich	Chernyshev	Trans*Generation	Ukraine
Sergo	Chikhladze	ECOM Consultant	Georgia
Masoud	Dara	World Health Organization Regional Office for Europe	Denmark
Yuri	de Boer	AFEW International	the Netherlands
Henri	Demianovich	NGO "Protego"	Ukraine



Vitaly	Djuma	Eurasian Coalition on Male Health	Estonia
Anastasia Yeva	Domani	Trans*Coalition in the Post-Soviet Space	Ukraine
Ganna	Dovbakh	Eurasian Harm Reduction Association	Lithuania
Tiina	Drell	Ministry of Social Affairs of the Republic of Estonia	Estonia
Cholpona	Egeshova	UNFPA	Kyrgyzstan
Oleg	Eryomin	Steering Committee of Eurasian Coalition on Male Health (ECOM)	Belarus
Riley	Faelan	Vikerroos	Estonia
Dzmitry	Filippau	menZDRAV Foundation	Ukraine
Beka	Gabadadze	Center for Information and Counseling on Reproductive Health – Tanadgoma	Georgia
Sergey	Gabrielyan	Humanitarian NGO "New Generation"	Armenia
Victoria	Gasparova	Interpreter	
Galina	Gavrilova	Eurasian Coalition on Male Health	Estonia
Anna	Gayzer	Initiative Group HelpTG BELARUS	Belarus
Natalia	Gerasymchuk	All-Ukrainian Network of PLWH	Ukraine
Elena	German	Eurasian Coalition on Male Health	Estonia
Alexandru	Goja	Information Center "GENDERDOC-M"	Moldova
Ivan	Gonchar	Novosibirsk Regional Branch of the Russian LGBT Network / T9 NSK Project for Transgender People and Their Close Ones	Russia
Igor	Gordon	Eurasian Harm Reduction Association	Lithuania
Viatcheslav	Grankov	WHO Country Office in Belarus	Belarus
Mariam	Guliashvili	NGO "Equality Movement"	Georgia
Kiromiddin	Gulov	Public Health Expert	Tajikistan
Mamikon	Hovsepyan	Pink Armenia	Armenia
Sean	Howell	LGBT Foundation / Hornet	USA
Alexandrina	Iovița	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Switzerland
Sandra	Irbe	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Switzerland
Sultana	Kali	Global Health Research Center of Central Asia	Kazakhstan
Dmytro	Kalinin	Zaporizhzhya Regional Charity Fund "Gender Zed"	Ukraine
Denis	Kamaldinov	NRPO "Humanitarian project"	Russia
	Kanykei kyzy	Public Association "Kyrgyz Indigo"	Kyrgyzstan
Aidar	Kapassov	PO "Human Health Institute"	Kazakhstan
Maria	Kaplata	ICF "Alliance for Public Health"	Ukraine
Karabina	Karonovna	Colorful House Social-cultural and Human Rights Defender NGO	Armenia
Maksym	Kasianzuk	Eurasian Coalition on Male Health	Estonia
Saltanat	Kasymbekova	Office of the Ombudsman of the Kyrgyz Republic	Kyrgyzstan
Tatiana	Kazantseva	Charitable Foundation "For Support of Social Initiatives and Public Health"	Russia
Kakhaber	Kepuladze	Center for Information and Counseling on Reproductive Health – Tanadgoma	Georgia
Sergey	Kharitonov	ICF "Alliance for Public Health"	Ukraine



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Yevheniia	Kononchuk	All-Ukrainian Network of PLWH	Ukraine
Sagib	Kulbayev	volunteer	Estonia
Svetlana	Kulsis	Association of HIV affected women and their families	Lithuania
Manana	Kuparadze	Interpreter	Georgia
Aljona	Kurbatova	National Institute for Health Development	Estonia
Ihor	Kuzin	Public Health Center of the Ministry of Health of Ukraine	Ukraine
Aleksandr	Leemets	Eurasian Coalition on Male Health	Estonia
Tymur	Lysenko	Trans*Coalition in the Post-Soviet Space	Ukraine
John	Macauley	United Nations Development Programme	Turkey
Anton	Macintosh	Trans Initiative Group T-Action	Russia
Tatiana	Makarevich	Republican Scientific and Practical Center of Medical Technologies, Informatization, Management and Economics of Public Health	Belarus
Mariya	Makovetska	TB Europe Coalition	Ukraine
Gerda	Mälk	Estonian Health Insurance Fund	Estonia
Maxim	Malyshev	Andrey Rylov Foundation	Russia
Borche	Manev Bozhinov	STAR-STAR	North Macedonia
Ekaterina	Mangatova	Public Health Center of the Ministry of Health of Ukraine	Ukraine
Roman	Marchenko	Public Organization "ALLIANCE.GLOBAL"	Ukraine
Nadira	Masiumova	Public Association "Kyrgyz Indigo"	Kyrgyzstan
Igor	Medvid	HPLGBT	Ukraine
Eugene	Merliak	Initiative group HelpTG BELARUS	Belarus
Alfred	Miniakhmetov	LGBT group ComingOut	Russia
Alina	Mirzoyan	Humanitarian NGO "New Generation"	Armenia
Lesya	Moiseenko	"Labrys"	Kyrgyzstan
Roman	Moroz	volunteer	Estonia
Nataliia	Moskovchenko	COC Netherlands	the Netherlands
Antons	Mozalevskis	World Health Organization Regional Office for Europe	Denmark
Veaceslav	Mulear	Information Center "GENDERDOC-M"	Moldova
Jannat	Mussina	Kazakh Scientific Center of Dermatology and Infectious Diseases of the Ministry of Health	Kazakhstan
Lia	Nadaraia	Committee on the Elimination of Discrimination against Women (CEDAW)	Georgia
Anna	Oliinyk	Interpreter	Ukraine
Vasylyna	Omelianchuk	Interpreter	Ukraine
Sona	Orbelyan	Eurasian Coalition on Male Health	Armenia
Daniyar	Orsekov	Public Association "Kyrgyz Indigo"	Kyrgyzstan
Valeriy	Pakhomov	Future Without AIDS	Ukraine
Michał	Pawłęga	Social AIDS Committee	Poland
Ksenija	Persanova	Interpreter	Lithuania
Evgeny	Pisemskiy	NGO "Phoenix PLUS"	Russia



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Alexandr	Poluyan	Eurasian Coalition on Male Health	Estonia
Petro	Polyantsev	All Ukrainian Network of PLHIV	Ukraine
Andrey	Poshtaruk	UNFPA EECA Regional Office	Turkey
Oleksandr	Postnov	EGHR-Ukraine	Ukraine
Andrew	Radetsky	Elena Pinchuk Foundation	Ukraine
Jake	Rashbass	Elton John AIDS Foundation	UK
Janek	Raudsik	volunteer	Estonia
Marge	Reinap	WHO Country Office in Estonia	Estonia
Maia	Ribacova	NP HIV/AIDS, Hospital of Dermatology and Communicable Diseases	Moldova
Feodora	Rodiucova	Municipality of Balti, Department of Health	Moldova
Mikhail	Romanov	Individual Member of ECOM	Russia
Gennady	Roshchupkin	Eurasian Coalition on Male Health	Estonia
Kristi	Rüütel	National Institute for Health Development	Estonia
Paata	Sabelashvili	Eurasian Coalition on Male Health	Estonia
Shuhrat	Saidov	Initiative Group Sky	Tajikistan
Vinay	Saldanha	Joint United Nations Programme on HIV/AIDS	Russia
Jevgeni	Salihhov	Photographer	Estonia
Tony	Sarasfati	LGBTQI Association TEMIDA	Georgia
Alex	Schneider	Life4me.plus to fight AIDS, Hepatitis C and Tuberculosis	Switzerland
Vyacheslav	Semenov	NRPO "Humanitarian project"	Russia
Olena	Semenova	LGBT Association LIGA	Ukraine
Andrej	Senih	European AIDS Treatment Group (EATG); "Stronger Together" Association for Support of People Living with HIV	North Macedonia
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Berik	Shashtygarin	Public Fund AFEW Kazakhstan	Kazakhstan
Sviatoslav	Sheremet	National MSM Consortium of Ukraine	Ukraine
Oleksii	Shestakovskiy	ECOM Consultant	Ukraine
Valentyn	Shevchuk	Convictus UA	Ukraine
Thor	Shirokov	LGBT Social Movement "REVERS"	Russia
Eva	Shtainer	Initiative Group	Russia
Igor	Sinelnikov	Center Action	Russia
Natalia	Soloviova	Project for transgender people and their close ones "T9 NSK"	Russia
Sergeis	Stahooskis		Latvia
Raminta	Stuikyte	Senior Associate to Professor Michel Kazatchkine, Special Advisor of the Joint UN Programme on HIV/AIDS in Eastern Europe and Central Asia	Lithuania
Sviatoslav	Suslov	Public Fund "Community Friends"	Kazakhstan
Alexandr	Tamm	MTÜ Eesti Positiivse Tervise Liit	Estonia
Vaghinak	Ter-Hovhannisyan	Pink Armenia	Armenia
Olesia	Trofymenko	Center for Social Expertise named after Yu.Saenko	Ukraine
Erika	Tšerkašina	Eurasian Coalition on Male Health	ECOM



Kristina	Tumanyan	"For Strong Future" NGO	Armenia
Vitaliy	Vinogradov	Global Health Research Center of Central Asia	Kazakhstan
Anzhelika	Volkonskaya	Initiative Group HelpTG BELARUS	Belarus
Lina	Vrabii	Youth-Friendly Health Center	Moldova
Sergey	Vykhodtsev	North-West State Medical University named after Mechnikov, Department of Sexology	Russia
Mikhail	Yekim	cameraman	Estonia
Yuri	Yoursky	Eurasian Coalition on Male Health	Estonia
Oleksandr	Yurchenko	menZDRAV Foundation	Ukraine
Natalia	Zakareishvili	UNFPA Georgia Country Office	Georgia
Mamir	Zakirov	Initiative Group "Yug Antilopa"	Kyrgyzstan
Tinatin	Zardiashvili	Independent consultant	UK
Andrei	Zavalei	Delo Pi_ Campaign Against Homophobia	Belarus
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Yuri	Zozulynskyi	Eurasian Coalition on Male Health	Estonia