



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

**“New Challenges and Approaches in the Response
to the HIV epidemic among MSM and Trans People
in Eastern Europe and Central Asia”**

CONSULTATION REPORT

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Acronyms and Abbreviations

AIDS	Acquired immune deficiency syndrome
CCM	Country Coordination Mechanism
CEECA	Central and Eastern Europe and Central Asia
CEO	Chief Executive Officer
CRG	Community, Rights and Gender
ECOM	Eurasian Coalition on Male Health
ECUO PLWHIV	East Europe & Central Asia Union of People Living with HIV
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
IAS	International AIDS Society
ICF	International Charity Foundation
JESAP	Joint Engagement Strategy and Action Plan
LGBT	Lesbian, Gay, Bisexual, and Transgender
MSM	Men who have sex with men
NCDC	National Center for Disease Control and Public Health of Georgia
NGO	Non-governmental organization
PO	Public organization
PrEP	Pre-exposure prophylaxis
RCNF	Robert Carr civil society Networks Fund
RPPR	Regional Platform for Policy Reform
RST	Regional Support Team
SDGs	Sustainable Development Goals
SMM	Social Media Marketing
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WHO	World Health Organization

Background

The HIV epidemic continues to grow rapidly in Eastern Europe and Central Asia (EECA). MSM and transgender (trans) people are one of the key populations in EECA. The HIV prevalence among MSM has reached the level of a concentrated epidemic in most countries of the region with highest figures reported from Ukraine (16% in Kyiv), Russia (22.8% in St. Petersburg), Georgia (25% in Tbilisi). In Kazakhstan, HIV detection rate among MSM increased by 5.5 times between 2009 and 2016¹.

A number of countries in the region enforce laws and policies that limit the rights of LGBT people and reduce access to HIV services for MSM and trans people. The existing regional HIV response is insufficient to achieve the 90-90-90 goal. Funding of HIV programs targeting MSM and trans people is decreasing as international donors leave the region.²

The EECA region must bolster the knowledge base and build capacity for HIV interventions, develop a common regional information space, develop effective tools for cooperation and coordination in the response to the HIV epidemic among MSM and trans people.

Currently such actions are mostly occasional and limited to side events at regional and international conferences. The first and only Regional Consultation on HIV among MSM was held in 2010³.

In response to this situation, the Eurasian Coalition on Male Health initiated the Second Regional Consultation on HIV among MSM and Trans People.

Aim of the Consultation

Strengthen the regional response to the HIV epidemic among MSM and trans people in Eastern Europe and Central Asia.

Objectives of the Consultation

- Review the progress in implementation of the recommendations of the 1st Regional Consultation in 2010;
- Present the results of recent research and use them to develop recommendations for improving the quality of strategic information on the HIV epidemic among MSM and trans people in EECA;
- Present the best regional practices and innovations in the response to HIV epidemic among MSM and trans people in EECA;

1 Retrieved from ECOM website at <http://ecom.ngo/hiv-msm-eeeca/>

2 ECOM Annual Report, 2016 <http://ecom.ngo/wp-content/uploads/2017/06/ECOM-annual-report-2016-RUS.pdf>

3 Report about the Regional Consultation «Hidden Epidemic: HIV, Men Who practicing Sex with Men and Transgender People in Eastern Europe and Central Asia» <http://apps.who.int/iris/bitstream/10665/108582/2/e94967R.pdf>

- Discuss the issues of funding and sustainability of HIV programs in the region;
- Present the regional advocacy strategy for the response to HIV epidemic among MSM and trans people in EECA and develop recommendations for its implementation at the national and regional levels.

Key Topics

- Access to high-quality HIV services for MSM and trans people;
- Impact of the legal environment on the HIV epidemic among MSM;
- Innovative approaches in the HIV response among MSM and trans people;
- Community participation in decision making and its impact on HIV epidemic;
- Sustainability and funding of HIV services;
- Trans people and HIV epidemic in the region.

Organizers

The organizer of the Second Regional Consultation is the Eurasian Coalition on Male Health (ECOM), with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, International AIDS Society (IAS), Robert Carr civil society Networks Fund (RCNF), United Nations Populations Fund (UNFPA) EECA Regional Office, Regional Civil Society and Community Support, Communication and Coordination Platform-EECA, Equality Movement (Georgia).

Financial Support

- Eurasian Coalition on Male Health (ECOM);
- The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM);
- United Nations Populations Fund (UNFPA) EECA Regional Office;
- The regional civil society and community coordination and communication Platform in Eastern Europe and Central Asia hosted by Eurasian Harm Reduction Association (EHRA);
- Robert Carr civil society Networks Fund (RCNF).

Organizing Committee

The Organizing Committee of the Second Regional Consultation included representatives of LGBT community organizations, HIV experts, governmental structures, UN agencies, multilaterals, and ECOM.

The Organizing Committee guided ECOM in preparation of the Regional Consultation by providing advice on the content and planned outcomes of the Consultation. The Organizing Committee approved and issued the Consultation recommendations to overcome barriers to an effective HIV response among and MSM and trans people in EECA region.

Members of the Organizing Committee

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Regional Advisor, International AIDS Society (IAS);
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Summary of the Consultation

Eight years ago, 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. The recommendations, addressed to civil society, governments, multilateral and bilateral agencies and donors, were expected to show priorities for overcoming the nascent HIV epidemic among MSM people in the region in the following years.

However, since the first Consultation, the situation has not improved. In **most** countries of the region, HIV infection among MSM has already reached the level of a concentrated epidemic exceeding the 5% prevalence mark. There is still no reliable information about the situation with HIV epidemic among the trans people in EECA. The current level of the response to the HIV epidemic among MSM and trans people is not sufficient to achieve the 90-90-90 goals.

The Second Regional Consultation was aimed at analyzing main current challenges, as well as understanding the most effective approaches and, ultimately, strengthening the regional response to the HIV epidemic among MSM and trans people.

The first day of the Consultation was devoted to the analysis of difficulties, challenges and the dynamic of HIV epidemic development among MSM and trans people in EECA region. Among discussed topics were key trends in HIV epidemic among MSM and trans people and in response to it, role of community, innovative approaches to overcome HIV epidemic (PrEP, community-based testing, self-testing and social media use), overcoming legal barriers, situation with trans people, quality of life of LGBT. The workshop on the discussion of the Joint Engagement Strategy, developed by the Regional Platform for Policy Reform, also took place on the first day.

The second day of the Consultation was dedicated to the identification of effective approaches in overcoming the epidemic, including the sessions on the government response to HIV epidemic among MSM and trans people, standardization of sexual health services for MSM and trans people, human rights in the HIV response, community mobilization and cooperation, sustainability and funding of services, and diversity of LGBT community issues (chemsex, migration, sex work). A workshop was held on technical assistance opportunities for civil society through the Global Fund's Communities, Rights and Gender Special Initiative. In each session, ample time was allocated for discussions.

The Consultation was concluded with the plenary session, where the Joint Engagement Strategy and Action Plan (JESAP) directions were presented and the panelists, representing UN system, government agency and community of MSM and trans people shared their vision on opportunities and priorities to counteract the HIV epidemic among gay men, other MSM and trans people in EECA in the coming years.

130 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 LGBT community-based and non-governmental organizations, as well as governmental agencies, international, bilateral and multilateral organizations and UN agencies. **61 speakers presented in 16 sessions**, including plenaries, parallel sessions and workshops.

The Consultation allowed to not only share the experience, but also to strategize together about the next steps. All participants took active part in the discussions and not only raised questions, but also gave concrete recommendations.

The Consultation recommendations have summarized the directions on strengthening the response to the HIV epidemic among MSM and trans people in EECA region, based on suggestions made in speakers' presentations and participants' discussions. The recommendations were approved by the Organizing Committee and are made public for the participants and all interested parties.

Preamble for the Recommendations

Since the First Regional Consultation on HIV among MSM and trans people in Eastern Europe and Central Asia (EECA) in 2010, several developments have been undertaken in the region and globally in response to the HIV epidemic among MSM and trans people. Following the First Consultation's recommendations and as a response to the need for regional coordination of efforts, the Eurasian Coalition on Male Health (ECOM) was established in 2011. The World Health Organization (WHO) and the United Nations (UN) agencies developed important guidelines on the standards and services for MSM and trans people (UNAIDS Guidance on services for MSM⁴ and transgender people⁵, WHO Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations⁶, MSMIT⁷, TRANSIT⁸, SWIT⁹) in order to provide a basis and directions for country responses to the HIV epidemic among key populations. Mobilization and capacity building of MSM and trans people community in the region has been growing. However, it will be extremely hard to achieve 90-90-90¹⁰, an ambitious treatment target to help end the AIDS epidemic, in the EECA region due to a number of reasons which need to be urgently addressed.

Low coverage of key populations, and MSM and trans people in particular, by comprehensive HIV services recommended by WHO does not allow for a significant impact on the HIV epidemic in the region. As a result, EECA is the only region in the world where the number of new HIV cases is increasing. Access of key populations including MSM and trans people to antiretroviral treatment in most countries of the region remains extremely low. Linkages to testing and care are ineffective so that only half of MSM who receive a positive result, reach a medical facility to confirm the diagnosis. The EECA region, on the whole, demonstrates the world's worst HIV treatment cascade, that is, the biggest gap between proportion of people living with HIV who know their HIV status, receive treatment and have reached viral suppression.

At the same time, epidemiological and monitoring systems in most countries of the region do not allow to build the proper cascade of services for MSM and trans people.

The uncontrolled HIV epidemic among key populations is fueled by limited efficiency of financial investments. This refers to both the allocative efficiency (that is, the «shift» from supporting scientifically based low-threshold programs for key populations to ineffective interventions in the current epidemiological context), and the technical efficiency associated with high costs of providing services and inadequate coverage of services for those key populations where the transmission of HIV is at the highest rate.

4 http://www.unaids.org/sites/default/files/media_asset/2014unaidsguidancenote_services-forMSM_en.pdf

5 http://www.unaids.org/sites/default/files/media_asset/2014unaidsguidancenote_services-fortransgenderpeople_en.pdf

6 <http://apps.who.int/iris/bitstream/handle/10665/246200/9789241511124-eng.pdf;jsessionid=D773A58F658902B3F063F246164DAD0B?sequence=1>

7 https://www.unfpa.org/sites/default/files/pub-pdf/MSMIT_for_Web.pdf

8 <http://www.undp.org/content/dam/undp/library/HIV-AIDS/Key%20populations/TRANSIT.pdf>

9 http://apps.who.int/iris/bitstream/handle/10665/90000/9789241506182_eng.pdf?sequence=1

10 http://www.unaids.org/sites/default/files/media_asset/90-90-90_en.pdf

The economic growth of developing countries coinciding with a slow recovery of donor countries' economies after the last global crisis, has led to a change in traditional approaches to international assistance. As a result, there has been a clear trend in recent years towards a decrease in funding from international donors for middle-income countries for health programs, including HIV. Since 2015, the EECA region has suffered arguably the most from these changes, as it does not currently include low-income countries.

The transition to national funding began in a number of countries in the region but with different results for HIV prevention programs among key populations and for treatment programs. While the transition to national funding for the purchase of ARVs is taking place in most countries of the region, HIV prevention programs for MSM and trans people are still heavily or completely dependent on international donors. There is a growing concern in the region about sustainability of HIV prevention programs targeted at key populations, MSM and trans people in particular, after transition to national funding. In countries where transition to national funding has already begun, the following trends are observed - reduced funding available for programs for MSM and trans people, reduced participation of community-based organizations in the HIV response, funding disruptions and general decline in quality of programs.

Despite the efforts of community groups and networks to address national legislative barriers for MSM and trans people, discriminatory and criminalizing approaches towards these groups still remain dominant in EECA as a whole. Laws against MSM and the legal uncertainty of implementing effective HIV prevention programs for MSM and trans people remain a major barrier to both efficiency and sustainability of programs. Obtaining national funding for HIV prevention programs in these conditions looks prospectless in a number of EECA countries.

The development and mobilization of MSM and trans people community with the support of the Global Fund, Robert Carr civil society Networks Fund, UN agencies and other financial and technical assistance mechanisms over the past few years significantly strengthened communities' preparedness to engage in the regional and national response to HIV epidemic. Meaningful participation of LGBT-based NGOs and MSM and trans people representatives in CCMs in EECA countries has increased, and, in general, working relationships between authorities, on one side, and community and NGOs strengthened in general. However, in many more time, financial and human resources, strong political will and joint actions of all stakeholders are needed in order to sustain the MSM and trans people community response to the HIV epidemic in EECA.

In response to the situation, Eurasian Coalition on Male Health in collaboration with Global Fund to Fight AIDS, Tuberculosis and Malaria, International AIDS Society (IAS), Robert Carr civil society Networks Fund (RCNF), United Nations Populations Fund (UNFPA) EECA Regional Office; Regional Civil Society and Community Support, Communication and Coordination Platform-EECA, and NGO "Equality Movement", Georgia, initiated the Second Regional Consultation on HIV among MSM and trans people in EECA "New Challenges and Approaches in the Response to the HIV epidemic among MSM and Trans People in Eastern Europe and Central Asia".

130 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 LGBT community-based and non-governmental organizations, as well as governmental agencies, international, bilateral and multilateral organizations and UN agencies.

The Consultation provided an opportunity for the participants to analyze the situation with the HIV epidemic among MSM and trans people in the region, share knowledge, experiences and best practice, to examine challenges and identify effective approaches in overcoming the epidemic.

The Consultation resulted in a set of the recommendations on strengthening the response to the HIV epidemic among MSM and trans people in EECA region, based on suggestions made in speakers' presentations and participants' discussions. The recommendations are addressed to all relevant stakeholders, including governments, civil society organizations, multilateral and bilateral agencies and donors.

The recommendations are structured around key areas of response measures to HIV epidemic among MSM and trans people in EECA region, including the following:

- Strengthening the role of MSM and trans people in decision-making and participation in the national response to HIV;
- Funding and sustainability of services;
- Human rights and inclusive environment;
- HIV and sexual health of MSM and trans people;
- Standardization of services for MSM and trans people;
- Innovative approaches in the response to HIV;
- Community capacity strengthening and mobilization.

The recommendations are addressed to the following countries in Eastern Europe and Central Asia: Armenia, Azerbaijan, Estonia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Macedonia, Moldova, Russia, Tajikistan Turkmenistan, Ukraine and Uzbekistan.

RECOMMENDATIONS

Strengthening the role of MSM and trans people in decision-making and participation in the national response to HIV

For government agencies and health care institutions

1. Provide political support, adequate resources, and enabling policy and legislation environment for immediate scaling up of comprehensive HIV programs for MSM and trans people.
2. Involve representatives of key populations and civil society in design, implementation and monitoring of national HIV programs.
3. Strengthen epidemiological surveillance and strategic information in order to provide accurate overview of HIV epidemic among MSM and trans people, for instance, through involving external and independent experts in the conduct of epidemiological studies.

For NGOs and community-based organizations

1. Advocate for increased access to government funding for HIV prevention programs and other related medical and social programs for MSM and trans people at national and municipal levels.
2. Advocate for the development and implementation of comprehensive HIV service for MSM and trans people in each country, including tools for assessing the quality of services.
3. Advocate for inclusion of health issues for MSM and trans people in the agenda of LGBT community organizations.
4. Engage in the work of public advisory bodies on HIV and public health issues at national and local levels.
5. Increase accountability of community representatives in public advisory and decision-making bodies to constituent communities.
6. Create partnership between leaders and activists of LGBT and other key communities (sex workers, people who use drugs, former prisoners) for joint advocacy on HIV and community rights at regional, national and local levels.
7. Make LGBT organizations more inclusive for trans people.

For the Global Fund

1. Provide continued support to EECA countries through national and multi-country grants.
2. Ensure the focus of the Global Fund work in EECA on key populations as the main driver of the HIV epidemic in the region.
3. Ensure meaningful engagement of communities and civil society, in the development and monitoring of national transition plans in EECA.
4. Continue and strengthen assistance within the Communities, Rights and Gender Special Initiative in the following areas:
 - Technical assistance during the grant cycle with a focus on strengthening role of civil society and communities in the transition processes;
 - Regional platform on coordination and communication;
 - Long-term capacity building of global community networks: the Global Forum on MSM and HIV (MSMGF, MPact), the Global Network of Transwomen and HIV (IRGT), Global Action on Trans Equality – GATE.

Funding and sustainability of services

For government agencies and health care institutions

1. Develop and introduce mechanisms of social contracting for the provision of services for MSM and trans people with possibility of long-term contracts.
2. Include representatives of MSM and trans people in the development process of social contracting mechanisms.
3. Provide funding for services for MSM and trans people at the national and municipal levels.
4. Examine the alternative sources of funding for HIV programs for MSM and trans people and new financial partnerships during the transition from international to national funding.
5. Consider the possibility of ensuring the sustainability of HIV services by integration with services in areas other than HIV.
6. Consider introduction of HIV services into the primary care system for integration and sustainability of services throughout the health system.
7. Provide MSM and trans people with integrated, needs-oriented assistance which includes community-based services.
8. Increase the number of newly tested and newly identified representatives of key populations.

For NGOs and community-based organizations

1. Increase the expertise of the community in public administration, financing and budget advocacy.

2. Be ready to optimize organizations when switching to national funding through a social contract system.
3. Develop tactics for community membership-based and advocacy organizations.

Human rights and inclusive environment

For executive and legislative authorities

1. Ensure implementation of obligations enshrined in international human rights agreements, and guarantee protection of rights to everyone without exception.
2. Introduce anti-discriminatory and other protective laws in accordance with international human rights standards in order to eliminate discrimination and violence faced by MSM and trans people and reduce their vulnerability to HIV infection. Develop and implement rules on the language of hostility, as a separate law or part of a comprehensive anti-discrimination legislation.
3. Decriminalize sex between men.
4. Decriminalize the HIV transmission.
5. Decriminalize sex work.
6. Decriminalize drug use.
7. Include questions on prevention of stigma and discrimination against key populations, including LGBT, into postgraduate education programs for family doctors.
8. Ensure unhindered registration of LGBT organizations and non-interference in their activities.
9. Include SOGI-related sensitization in continuing training programs for medical officers and law enforcement agencies.
10. Support and implement programs for comprehensive sexuality education.
11. Strengthen the role and authority of ombudsmen.
12. Conduct public hearings on the problems of MSM and trans people.
13. Develop a system of public appeals (petitions) in all EECA countries.
14. Improve laws on the age of consent.
15. Establish specialized human rights departments in the Ministries of the Interior.

For international organizations

1. Develop international recommendations on the decriminalization of issues related to SOGI.
2. Conduct a regular analysis of positive examples and best practices of decriminalization in the countries of the region.

3. Conduct regular monitoring of MSM and trans people rights violations in the region, include data from shadow reports.
4. Conduct research and review of law enforcement practices in the region (considering the risk of infection, intentional infection, infection by health workers).
5. Conduct working consultations with all stakeholders in the region.
6. Provide support to the development of shadow reports on violation of rights based on SOGI.
7. Support countries, civil societies and communities in conducting SOGI- related research.
8. Support the governments of EECA countries in the implementation of non-discriminatory legislation.
9. Conduct special events to inform the community on the opportunities to use the Sustainable Development Goals for advocacy purposes.
10. Engage regional political mechanisms to influence the changes in policies and legislation in the countries of the region (such as the EU, the CIS and others).

For health care institutions

1. Approve and use in practice the algorithm / recommendations for counseling of MSM and to prevent stigma and discrimination in the provision of medical services.
2. Ensure the availability, accessibility, acceptability and quality of health facilities, goods and services, in accordance with the principles of equality and non-discrimination.
3. Ensure inclusive access to services for MSM and for trans people, based on the principles of medical ethics and the right to health.
4. Ensure freedom of dissemination of information on HIV prevention, care and services.
5. Include sociological data on the relationship between homophobia and transphobia, and the HIV epidemic among MSM and trans people in development of programmatic response to HIV.

For NGOs and community-based organizations

1. Advocate for unhindered registration of LGBT organizations in the region.
2. Advocate for the reduction of discrimination based on SOGI.
3. Raise awareness and knowledge of communities about human rights in relation to LGBT and PLHIV.
4. Require protection against discrimination based on sexual orientation and / or gender identity.

5. Identify and document cases of discrimination, stigmatization and violence motivated by homophobia and / or transphobia, and provide shadow reports to international bodies on the basis of the collected data.
6. Conduct a wide-scale explanatory work on SOGI for civil servants.
7. Incorporate stigmatized and closed groups of HIV-positive MSM and trans people into human rights activities as the most vulnerable and having access to those community representatives who are subject to systematic discrimination and violence.
8. Establish constant contact with community representatives through social and outreach workers, mobile applications for rapid response in a crisis situation.
9. Develop the parental movement in support of LGBT people in the countries of the region as a separate advocacy resource in promoting human rights and freedoms for LGBT people.
10. Create a database of experts in the field of ensuring the rights of MSM and trans people.

HIV and sexual health of MSM and trans people

For government agencies and health care institutions

1. Implement measures to prevent bullying in schools and other educational institutions.
2. Train psychologists working in educational institutions to prevent bullying, raised by sexual orientation and / or gender identity, as well as to work with the emerging sexual orientation and gender identity of adolescents.
3. Promote sexuality education programs with the adaptation of their content in accordance with the cultural and national context and the age-specific characteristics of the target audience, with an emphasis on issues of epidemic well-being and information on sexual and gender diversity.

HIV and sexual health of MSM

For government agencies and health care institutions

1. Address specific needs of adolescent, young and older gay men and other MSM.
2. Implement measures to prevent and address internalized homophobia among gay men and other MSM including individual and group counseling on sexuality acceptance, community mobilization etc.
3. Conduct media campaigns aimed at overcoming homophobia in general population.
4. Conduct studies on the influence of assimilated homonegativity on the health of MSM in the region.

HIV and sexual health of trans people

For government agencies and health care institutions

1. Recognize the vulnerability of transgender people to HIV and explicitly include them in the list of groups with an increased risk of HIV infection in relevant regulatory documents and national protocols.
2. Scale up comprehensive HIV and STI programs based on international recommendations including TransIT, including community-based testing for HIV and other STIs.
3. Conduct regular biobehavioral studies trans people as a key group vulnerable to HIV in order to get reliable data including population size estimates, typology (sex work) etc.
4. Ensure participation of trans community in HIV decision making bodies such as CCM and others.
5. Ensure meaningful participation of trans community in program implementation.
6. Educate employees of medical institutions, social services and law enforcement agencies in working with transgender, transsexual and gender-nonconforming people in order to ensure provision of trans-competent services.
7. Provide multidisciplinary approach in the organization of medical and social assistance to people, including endocrinological support, issues of valeology and prevention of HIV and other infections, to improve the quality of life and health of trans people.
8. Develop scientifically based plans for harm reduction associated with the use of hormone substitution therapy.

For NGOs and community-based organizations

1. Encourage trans activism in the context of HIV service provision and advocacy.
2. Support mobilization of trans community in the region including through various fund raising strategies.
3. Build capacity of civil society and trans community, in particular, in HIV-related strategic information and research.
4. Develop targeted projects aimed at transgender, transsexual and gender-nonconforming people.
5. Demonstrate personal example of a sensitive and respectful attitude to trans community.

Standardization of services for MSM and trans people

For government agencies, health care institutions, NGOs and community-based organizations

1. Develop cooperation with WHO and other agencies, programs and organizations of the UN system to work out and implement service packages and service standards based on the priority of the needs of MSM and trans people in the field of sexual health protection and on scientific research and practice analysis.
2. Promote quality and standardization of NGO community services.
3. Provide technical and financial support for expanding, enhancing the sustainability and quality of peer-to-peer services.
4. Develop coordination and cooperation between community organizations, medical institutions and government agencies to form effective national service packages and standards for MSM and trans people, including updating existing packages and standards, and to attract national and international resources that are necessary to provide all MSM and trans people with effective and timely sexual health services.

Innovative approaches in the HIV response

For government agencies and health care institutions

1. Adapt national policies to enable innovative approaches such as community-based delivery of PrEP, self-testing testing and community-based testing.
2. Include PrEP in the standard package of HIV prevention services for MSM and trans people, develop national protocols on PrEP including PrEP delivery by community-based organizations and through pharmacies, consider introducing PrEP in the «on demand» mode.
3. Ensure appropriate domestic funding for PrEP and develop pilot models of co-financing of PrEP by community.
4. Raise awareness of healthcare specialists on PrEP through targeted training and other means.
5. Make HIV testing services available both in medical and community-based facilities as well as self-testing option.

For NGOs and community-based organizations

1. Raise community awareness on PrEP through information campaigns, targeted training and other means.
2. Advocate for PrEP delivery by community-based organizations.
3. Advocate for, and implement, testing for HIV, hepatitis B and C and syphilis in community-based settings.

4. Advocate for self-testing for HIV.
5. Enable increased use of social media by LGBT communities for improving outreach and behaviour change communication.

Community capacity strengthening and mobilization

For NGOs and community-based organizations

1. Create and implement long-term development strategies for individual organizations and regional LGBT movement including development of leadership skills, peer-to-peer activities, volunteer work.
2. Increase knowledge about prevention and life with HIV within LGBT communities.
3. Reduce stigmatization within communities against different groups and subgroups, through information campaigns, trainings.
4. Use the organizational and information capabilities of the Hornet social network.

General recommendations for ECOM

1. Use the developed tools for collection of quality data on accessibility and quality of services, as well as on the effectiveness of investments in HIV prevention services for MSM and trans people in the countries of the region.
2. Plan studies in the countries of the region and provide technical assistance to organizations in the EECA countries for their implementation.
3. Prepare a regional review of gaps in funding of HIV prevention and treatment services for MSM and trans people.
4. Conduct Regional consultations on HIV among MSM and trans people in EECA on a regular basis.

Suggestions to the Next Consultation Content

Based on the feedback collected from the participants' evaluation of the Consultation program and content, here are several critical suggestions to be considered in the course of preparation of the next Regional Consultation:

- Topic of funding including optimization, social contracting and alternative funding generation;
- Fundraising: examples of successful and unsuccessful cases;
- Interaction with the Global Fund and other donors;
- Advocacy aimed at CCMs and other national coordinating bodies;
- State funding of programs for trans people;
- Trans people community mobilization and capacity building;
- In-depth sessions on different aspects of trans people community problems;
- More wide representation and participation of state structures and government officials both as speakers and participants;
- Issues and problems of cross-groups and intersexuality;
- Responsibility of dating services in combating the spread and stigmatization of HIV;
- Innovations in the sphere of HIV prevention and improvement of the quality of services;
- Special focus on Central Asia;
- Sex work;
- Participation of young people in the HIV response.

Annex 1

Program of the Second Regional Consultation on HIV among MSM and Trans People in Eastern Europe and Central Asia

“New Challenges and Approaches in the Response to the HIV epidemic among MSM and Trans People in Eastern Europe and Central Asia”

Day 1 - May 31, 2018

Topic of the day: Challenges. The Dynamic of the Situation in the Region.

8:30 - 9:00	Registration
9:00 - 9:45 Opening Session	<p>Welcome remarks</p> <ul style="list-style-type: none"> • Michel Kazatchkine, Special Advisor to the Joint United Nations Programme on HIV/AIDS (UNAIDS) for Eastern Europe and Central Asia • Giorgi Tabagari, Project Manager, NGO “Equality Movement”, Georgia • Igor Medvid, Coordinator, HPLGBT, Ukraine • Vitaly Djuma, Executive Director, Eurasian Coalition on Male Health (ECOM)
9:45 - 11:15 Plenary session 1	<p>Key trends in HIV epidemic among MSM and trans people and in response to it</p> <p>Chair: Michel Kazatchkine, Special Advisor to the Joint United Nations Programme on HIV/AIDS (UNAIDS) for Eastern Europe and Central Asia</p> <ul style="list-style-type: none"> • <i>How the community can use Sustainable Development Goals (SDGs) in achieving their own goals, and progress in implementation of the recommendations of the 1st Regional Consultation of 2010</i> - Rosemary Kumwenda, Regional Team Leader, Regional HIV, Health and Development Programme, Eastern Europe and Central Asia, United Nations Development Programme (UNDP). • <i>WHO recommendations on prevention and treatment of HIV among MSM and trans people</i> - Antons Mozalevskis, Medical Officer, World Health Organization (WHO) Regional Office for Europe. • <i>The Global Fund support to prevention and treatment of HIV among MSM in EECA region</i> - Ed Ngoksin, Technical Advisor on Community Responses and Key Populations, The Global Fund to Fight AIDS, Tuberculosis and Malaria. • <i>Overview of the regional situation: MSM and HIV, gaps in addressing recommendations</i> - Vitaly Djuma, Executive Director, Eurasian Coalition on Male Health (ECOM).

11:15 – 11:45	Coffee break
11:45 - 13:30 Plenary session 2	<p>Community role in the HIV response Chair: Maksym Kasianczuk, Monitoring and Evaluation Coordinator, Eurasian Coalition on Male Health (ECOM)</p> <ul style="list-style-type: none"> • <i>Historical view of society's attitude to MSM in the post-Soviet space</i> - Alexander Kondakov, Research Fellow, Center for Russian, East European and Central Asian Studies, University of Wisconsin-Madison, USA. • <i>Presentation of the results of a study on MSM and trans people participation in national decision-making processes</i> - Maksym Kasianchuk, Monitoring and Evaluation Coordinator, ECOM. • <i>Building technology for community and data driven health solutions by Hornet and the LGBT Foundation</i> - Sean Howell, Co-Founder and President, Hornet, CEO, LGBT Foundation, USA. • <i>The cascade of HIV services for MSM and the Funding Gaps Assessment results – data collection by community and its use to advocate for access to services</i> - Gennady Roshchupkin, Community Health Systems Coordinator, ECOM. • <i>An experience of community participation in the Country Coordination Mechanism (CCM)</i> - Daniyar Orsekov, Executive Director, Public Association "Kyrgyz Indigo", Kyrgyzstan. • <i>Announcement of the Regional Joint Engagement Strategy</i> - Paata Sabelashvili, Advocacy Coordinator, ECOM.
13:30 – 14:30	Lunch
14:30 – 16:00 Parallel sessions	<p>Parallel session 1: Innovative approaches to overcoming the HIV epidemic: PrEP Chair: Gennady Roshchupkin, Community Health Systems Coordinator, Eurasian Coalition on Male Health (ECOM).</p> <ul style="list-style-type: none"> - PrEP in Europe: current state and way forward – Gus Cairns, Co-ordinator, PrEP in Europe, UK - Georgia experience of PrEP introduction - Irma Khonelidze, Deputy Director, National Center for Disease Control and Public Health (NCDC), Georgia - Ukraine experience of PrEP program development - Andrii Chernyshev, Head of Advocacy & External Communication Department, PO "ALLIANCE.GLOBAL", Ukraine; Dzmitry Filippau, Head, menZDRAV Foundation, Ukraine - ECOM's technical assistance in promotion of PrEP programs in EECA - Gennady Roshchupkin, Community Health Systems Coordinator, ECOM.

<p>14:30 – 16:00 Parallel sessions</p>	<p>Parallel session 2: Advocating for MSM access to services and overcoming legal barriers Chair: Yuri Yoursky, Human Rights and Legal Issues Officer, Eurasian Coalition on Male Health (ECOM) - Overview of the regional legal environment assessment - Yuri Yoursky, Human Rights and Legal Issues Officer, ECOM - Stigma as a barrier to obtaining quality VCT services: monitoring outcomes from the Zaporizhzhia Region of Ukraine - Rostyslav Milevskyi, Director, Gender Z, Ukraine - Integration of LGBT activism and HIV movement – Zoya Matisova, Chairwoman of the Board, Russian Coalition of HIV Service Organizations and LGBT Communities, Russia - Increasing community visibility on a political agenda – Nino Bolkvadze, Legal Specialist, NGO “Equality Movement”, Georgia</p>
<p>14:30 – 16:00 Parallel sessions</p>	<p>Parallel session 3: Trans people and HIV Chair: Maria Sundin, Member of Steering Committee, MSMGF, Sweden - Actual approaches to HIV and sexual health in trans people - Maria Sundin, Member of Steering Committee, MSMGF, Sweden - Situation within trans people in Ukraine – Igor Medvid, Coordinator, HPLGBT, Ukraine - Expansion of the rights and opportunities of trans people in Central Asia: a brief overview of the legal and socio-cultural situation - Victoriya Primak, Coordinator on community mobilization and strengthening, Transcoalition in post-Soviet space, Kazakhstan; Daniyar Orsekov, Executive Director, Public Association “Kyrgyz Indigo”, Kyrgyzstan - Multidisciplinary approach in working with trans people – Larisa Danilova, Head of the Department of Endocrinology, Belarusian Medical Academy of Postgraduate Education, Belarus - Trans people's assessment in countries of Eastern Europe and Central Asia - Karen Badalyan, Executive Director, Eurasian Key Populations Health Network; Iana Sazonova, Program Manager, ICF “Alliance for Public Health”</p>
<p>16:00 – 16:30</p>	<p>Coffee break</p>
<p>16:30 – 18:00 Parallel sessions</p>	<p>Parallel session 4 - WORKSHOP: Discussion of a Joint Engagement Strategy Chair: Raminta Stuikyte, Consultant, Eurasian Coalition on Male Health (ECOM), Lithuania</p>

<p>16:30 – 18:00 Parallel sessions</p>	<p>Parallel session 5: Innovative approaches of community involvement into service delivery Chair: Evgeny Pisemskiy, Chair, NGO "Phoenix PLUS", Russia - WHO recommendations for community based testing - Antons Mozalevskis, Medical Officer, World Health Organization (WHO) Regional Office for Europe - Internet outreach and national campaign "Get Test" in 20 regions of Ukraine - Andrew Radetskyi, Project Coordinator of National informative campaign "Get Test", PO "ALLIANCE. GLOBAL", Ukraine - Experience of self-testing in Russia - Evgeny Pisemskiy, Chair, NGO "Phoenix PLUS", Russia - Community based testing in Armenia - Artyom Movsesyan, Project Coordinator, Humanitarian NGO "New Generation", Armenia - Features of the Life4me+ application for HIV-positive LGBT people - Narek Karamian, SMM-manager, Life4me+, Russia</p>
<p>16:30 – 18:00 Parallel sessions</p>	<p>Parallel session 6: Quality of life of LGBT Chair: Sviatoslav Sheremet, Acting President, Gay Forum of Ukraine - Internalized homophobia: presentation of study results - Oleksii Shestakovskiy, Consultant, Eurasian Coalition on Male Health (ECOM), Ukraine - Engagement of parents in LGBT movement - Vera Khaliauka, LGBT Parents Self-Support Group, Belarus - Young LGBT and health - Dmytro Kalinin, PR-Manager, Gender Z, Ukraine - Work with third age MSM, Moldova experience - Alexei Marcicov, Information Policies Consultant, Information Center "GENDERDOC-M", Moldova</p>
<p>18:30 – 19:30</p>	<p>Dinner</p>

Day 2 – June 1, 2018

Topic of the day: Opportunities. Responses and Recommendations.

<p>9:00 – 11:00 Plenary session 3</p>	<p>Governments in response to HIV epidemic among MSM and trans people Welcome speech - Amiran Gamkrelidze, Director General, National Center for Disease Control and Public Health (NCDC), Georgia Chair: Naira Sargsyan, Regional Advisor, Joint United Nations Programme on HIV/AIDS (UNAIDS) RST EECA</p> <ul style="list-style-type: none"> • Macedonia: Funding services for MSM through social contracting mechanism – Milena Stevanovic, National HIV Coordinator; Medical Director, University Clinic for Infectious Diseases and Febrile Conditions, Skopje, Macedonia • Kazakhstan: Reaching MSM through outreach workers employed by local AIDS Centers – Irina Petrenko, Deputy General Director, Republican AIDS Centre on prevention and fight with AIDS of the Ministry of Health, Kazakhstan • Kyrgyzstan: The role of the partnership between community representatives and health professionals in development of quality services - Ulan Kadyrbekov, Director, Republican Centre "AIDS" under the Ministry of Health of Kyrgyzstan • Ukraine: Experience of introducing national program through governmental structures - Ihor Kuzin, Deputy General Director, State Institution "Public Health Centre of the Ministry of Health of Ukraine"
<p>11:00 – 11:30</p>	<p>Coffee break</p>
<p>11:30 – 13:00 Parallel sessions</p>	<p>Parallel session 7: Standardization of sexual health services for MSM and trans people Chair: Kirill Sabir, Head, "FtM-Phoenix" Group, Russia – MSMIT presentation - Gennady Roshchupkin, Community Health Systems Coordinator, Eurasian Coalition on Male Health (ECOM); Natalia Zakareishvili, Program analyst/HIV, United Nations Population Fund (UNFPA) Georgia – TRANSIT presentation. Kirill Sabir, Head, "FtM-Phoenix" Group, Russia – National standards of services for MSM - Daniyar Orsekov, Executive Director, Public Association "Kyrgyz Indigo", Kyrgyzstan; Adilet Alimkulov, Head of Advocacy & Partnership Department, Public Association "Kyrgyz Indigo", Kyrgyzstan – Elaboration of standards of services by involving community – Nino Tsereteli, Executive Director, Center for Information and Counseling on Reproductive Health – Tanadgoma, Georgia</p>

<p>11:30 – 13:00 Parallel sessions</p>	<p>Parallel session 8: Human rights in the HIV response Chair: Yuri Yoursky, Human Rights and Legal Issues Officer, Eurasian Coalition on Male Health (ECOM) - Presentation of study results on violation of human rights of MSM and trans people and presentation of legal protection tools - Yuri Yoursky, Human Rights and Legal Issues Officer, ECOM - Building a monitoring network by volunteers – Adilet Alimkulov Head of Advocacy & Partnership Department, Public Association “Kyrgyz Indigo”, Kyrgyzstan - Experience of human rights protection by community – Volodymyr Kosenko, Director, Human Rights Bureau “We'Re!”, Ukraine - Efficient partnership as a key instrument for human rights promotion – Galina Krot, Legal Consultant, Republican Youth Public Association “Vstrecha”, Belarus</p>
<p>11:30 – 13:00 Parallel sessions</p>	<p>Parallel session 9: Community mobilization and cooperation Chair: Oleg Eryomin, Chair of Steering Committee, Eurasian Coalition on Male Health (ECOM), Belarus - Community mobilization in the region – Ganna Dovbakh, Executive Director, Eurasian Harm Reduction Association (EHRA) - Community mobilization: Ukraine experience – Andrii Chernyshev, Head of Advocacy & External Communication Department, PO “ALLIANCE.GLOBAL”, Ukraine - Community mobilization: Moldova experience – Veaceslav Mulear, “LGBT Health” Program Coordinator, Information Center “GENDERDOC-M”, Moldova - ECUO activities in advocating for PLWH interests – Andy Agafonov, Coordinator of Programmes, East Europe & Central Asia Union of People Living with HIV (ECUO PLWHIV)</p>
<p>13:00 – 14:00</p>	<p>Lunch</p>
<p>14:00 – 16:00 Parallel sessions</p>	<p>Parallel session 10: Sustainability and funding of services Chair: Ganna Dovbakh, Executive Director, Eurasian Harm Reduction Association (EHRA) - Sustainability of services in the transition period, regional experience – Ganna Dovbakh, Executive Director, EHRA - Partnership of state and community in development of services – David Kakhaberi, Project Manager, NGO “Equality Movement”, Georgia - Role of the government in assuring sustainability of services – Ulan Kadyrbekov, Director, Republican Centre “AIDS” under the Ministry of Health of Kyrgyzstan - Improvement sustainability of services for MSM by involving city authorities: Cities project – Erika Tšerkašina, Program Officer, Eurasian Coalition on Male Health (ECOM); Roman Dudnik, Executive Director, AFEW Kazakhstan; Vladyslav Ostreiko, Independent LGBT Activist, Ukraine; Lina Vrabii, Project Coordinator, Association “Youth for the Right to Live”, Moldova</p>

<p>14:00 – 16:00 Parallel sessions</p>	<p>Parallel session 11: Diversity of LGBT community issues Chair: Paata Sabelashvili, Advocacy Coordinator, Eurasian Coalition on Male Health (ECOM) - Results of a study on Chemsex in Ukraine - Andrei Chernyshev, Head of Advocacy & External Communication Department, PO "ALLIANCE.GLOBAL", Ukraine - Migration of MSM and trans people – Evgenii Sorokoumov, Deputy Director General, SSIPH Charity Foundation, LaSky Project, Russia - Sex work and MSM – Gligor Chanov, Advocacy Program Assistant, STAR-STAR, Macedonia - Sex work and trans people - Igor Medvid, Coordinator, HPLGBT, Ukraine</p>
<p>14:00 – 16:00 Parallel sessions</p>	<p>Parallel session 12 - Workshop: Technical assistance opportunities for civil society through the Global Fund program "Communities, Rights and Gender" Chair: Ivan Varentsov, Advisor, Eurasian Harm Reduction Association (EHRA)</p>
<p>16:00 – 16:30</p>	<p>Coffee break</p>
<p>16:30 – 18:00 Plenary session 4</p>	<p>Working together towards sustainable future Chair: Vitaly Djuma, Executive Director, Eurasian Coalition on Male Health (ECOM) Presentation: regional Joint Engagement Strategy and Action Plan (JESAP) - Naira Sargsyan, Regional Advisor, Joint United Nations Programme on HIV/AIDS (UNAIDS) RST EECA Panelists:</p> <ul style="list-style-type: none"> • Ian McFarlane, Deputy Regional Director, United Nations Population Fund (UNFPA) Eastern Europe and Central Asia • Ihor Kuzin, Deputy General Director, State Institution "Public Health Centre of the Ministry of Health of Ukraine" • Victoriya Primak, Coordinator on community mobilization and strengthening, Transcoalition in post-Soviet space, Kazakhstan • Evgeny Pisemskiy, Chair, NGO "Phoenix PLUS", Russia.
<p>18:30 – 19:30</p>	<p>Dinner</p>

Annex 2

List of participants

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