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

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

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Authors
Sergo Chikhladze PhD
Maksym Kasianczuk PhD
Sona Orbelyan MD, MPH
Sviatoslav Sheremet

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List of Abbreviations

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy for HIV
CCM	Country-Coordinating Mechanism
CEECA	Central and Eastern Europe and Central Asia
CSO	Civil society organization
ECOM	Eurasian Coalition on Male Health
GDP	Gross Domestic Product
GDP by PPP	the value of gross domestic product calculated at purchasing power parity
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
IBBS	Integrated bio-behavioral surveillance
KP	Key Population
LGBT	Lesbian, Gay, Bisexual, and Transgender People
MKD	Macedonian Dinars
MoH	Ministry of Health
MSM	Men who have sex with men
NCDCPH	National Center for Disease Control and Public Health
NGO	Non-governmental organization
NSP	National Strategic Plan
OSF	Open Society Foundation
PLH	Person or people living with HIV
PrEP	Pre-exposure prophylaxis
IDU	Intravenous drug users
RAGSI	Regional Advisory Group on Strategic Information
RFSU	Swedish Association for Sexual Education (Riksförbundet för sexuell upplysning)
SOGI	Sexual orientation and gender identity
SOP	Standard operating procedures
STI	Sexually transmitted infection
ToR	Terms of References
TB	Tuberculosis
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNAIDS	The Joint United Nations Programme on HIV/AIDS
PEPFAR	The US President's Emergency Plan For AIDS Relief

Background

The growing HIV epidemic in Central and Eastern Europe and Central Asia (CEECA) largely remains concentrated among key populations (KPs) at higher risk for HIV exposure, defined by WHO as those that irrespective of the type of epidemic or local context, are at higher risk for acquiring HIV due to specific behavior patterns and are often in such legislative and social context in relation to their behavioral patterns, which further increase the vulnerability towards HIV infection[1].

The national HIV responses in many CEECA countries still rely to a substantial degree on external funding for most of the well-defined essential HIV interventions, particular those targeting key populations[2].

Data from six countries (Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan and Moldova) demonstrates a stable growth in the share of HIV-positive MSM. A twofold increase in HIV prevalence among MSM was registered in Belarus (9.8% in 2017 compared to 5.7% in 2015), Kazakhstan (6.2% in 2017, 3.2% in 2015) and Moldova (Chisinau: 9.0% in 2016, 5.4% in 2013).

This data shows that the response to the epidemic on the part of governments and communities is insufficient. Global initiatives, such as the 90-90-90 strategy, focus on strengthening the HIV response. In particular, they stipulate the effective (90%) coverage of vulnerable populations with testing, and initiation of ART immediately after HIV is diagnosed.

However, in many countries of the region, less than 60% of MSM are covered by testing services, which is clearly insufficient for the effective control of the epidemic. In various CEECA countries, coverage of MSM with prevention services differs, and demonstrates different dynamics. Thus, according to official statistics in Azerbaijan, this indicator is stable and low, while in Belarus, Georgia, Kazakhstan and Ukraine, coverage is in the range of 40-60%, in Tajikistan it is as high as 89%, and in Kyrgyzstan it is decreasing, and is currently at 18%. In most CEECA countries, HIV prevalence among MSM exceeds 5%, while the prevalence in the general population doesn't exceed 1%, which is a sign of a concentrated epidemic.

Communities were the first responders to HIV three decades ago, in the 90's (XX century) and they remain essential in advocating for a robust response to the epidemic, delivering services that can reach everyone in need, and in tackling HIV-related stigma and discrimination. Working alongside public health and other systems, community responses are critical to the success and sustainability of the global response to HIV, that, in particular, acts as a keynote of a number of new global guidelines, such as MSMIT ("Implementation of comprehensive programs on HIV and STIs with men who have sex with men: A practical guide for collaborative interventions") and TransIT ("Implementation of integrated programs on HIV i and STIs with Transgender People: A Practical Guide for collaborative interventions").

Gay men and other men who have sex with men (MSM) and trans people are key populations (KP) at high risk for HIV infection. However, too often they are unable to contribute their expertise and share their experiences in country dialogue processes across CEECA. In many cases, MSM and trans people are excluded from HIV governance processes. Even where MSM or trans groups are represented, the actual extent of their influence remains low[3].

While most national HIV/AIDS plans in CEECA recognize MSM as a KP at higher risk for HIV infection, the programs aimed at MSM are usually underfunded[4]. If funded, the majority of their financing comes from the GFATM. As the GFATM withdraws from CEECA countries, the sustainability of even these few existing services is put at risk. The importance of human rights interventions and fighting stigma and discrimination as an effective component of the HIV response among MSM is also overlooked[5]. The trans community has been completely omitted from the national HIV/AIDS strategies and response plans of many countries, either as a separate group or as a subgroup that may fall into another KP.

1 Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations/WHO July2014. — Accessed at: http://apps.who.int/iris/bitstream/10665/161724/1/9789289051392_rus.pdf. — C. XII
2 http://www.eurasia.undp.org/content/dam/rbec/docs/UNDP%20Towards%20Domestic%20Serbia_web.pdf
3 http://www.globalfundadvocatesnetwork.org/wp-content/uploads/2015/03/ECOM.Country-Dialogue-Report.pdf
4 http://ecom.ngo/msm-and-transgender-people-are-absent-from-the-global-fund-country-dialogue-in-eastern-europe-and-central-asia/
5 http://www.amfar.org/uploadedFiles/_amfarorg/Around_the_World/Lessons-Front-Lines.pdf

MSM and trans people in CEECA face numerous structural and social barriers that prevent their meaningful participation in country dialogue processes: discriminatory laws and practices, a lack of resources for community-based organizations, and a general lack of knowledge among MSM and trans people about country dialogue processes[6].

There is a significant difference between programs done for MSM and ones that are led by MSM[7]. Programs led by MSM have resulted in improved reach, access, service quality, service uptake, condom use, and engagement of MSM in national policies and programs. Scaling up comprehensive, community-based HIV services helps prevent significant numbers of new HIV infections in relevant KP groups, particularly in concentrated epidemics. Community empowerment is the cornerstone of a human rights-based approach to HIV, and, as such, underpins all recommendations and components related to HIV programs[8]. Therefore, MSM should be the driving force in targeted programs addressing HIV. It is not enough to consult with them before creating a program. Rather, programs should be based on their needs, perceptions, experiences and direct engagement.

Although MSM face barriers to accessing low threshold prevention services and other health care services, trans people face an even worse situation. While extremely limited epidemiological data is available in CEECA, global experience shows that trans women worldwide have an HIV risk ratio of 48.8 compared to all adults of reproductive age[9]. Despite this documented level of risk, trans people remain excluded from HIV responses both in policy and in practice, with the exception of single cases, such as in the situation with Ukraine, where the trans people as KP have a seat in the National coordination mechanism of the country.

Trans-related HIV data is extremely limited. Even research and surveillance data that includes transgender people frequently fails to disaggregate the data by gender identity and involve sample sizes too small to make reasonable inferences.

Taking into account the issues mentioned above, trans people should lead the process of community empowerment of this KP by self-engaging and mobilizing members of their community to develop solutions to their collective problems and to advocate for the protection of their human rights. The meaningful participation of and partnership with community-led organizations and networks in the planning, implementation, monitoring, and evaluation of activities are fundamental to improving HIV service provision for trans people. HIV prevention, care, and treatment interventions for people living with HIV are more effective and sustainable when conducted jointly with community empowerment efforts. Empowered LGBT communities that are involved in HIV decision-making process of HIV response can be best positioned to reach a large number of their members, rally support, and lobby their respective governments to tailor national HIV responses to the needs of KP.

To address the many challenges related to the meaningful involvement and representation of key populations of MSM and trans people in responses to the HIV epidemic, the Eurasian Coalition on Male Health (ECOM) initiated a three-year regional program, “Right to Health”, funded by the GFATM. The first study on MSM and trans community participation in HIV decision-making processes was conducted by ECOM in 2017 as part of a baseline assessment of 5 countries (Armenia, Belarus, Georgia, Kyrgyzstan and North Macedonia), followed by Tajikistan and Ukraine in 2018 within the framework of the “Right to Health” program. In 2019, this study was repeated as a part of the final evaluation of ECOM’s Regional Program. Comparing the results with current data will help to evaluate the effectiveness of the Regional Program in each target country, as well as at the regional level.

6 http://www.globalfundadvocatesnetwork.org/resource/the-global-fund-nfm-and-country-dialogue-involvement-of-msm-and-transgender-people/#.WgsT5luCzIU
7 http://msmgf.org/wp-content/uploads/2015/11/MSMIT-for-Web.pdf
8 http://www.who.int/hiv/pub/sti/swit_chpt1.pdf?ua=1
9 Policy brief: Transgender people and HIV. WHO/HIV/2015.17

Executive Summary

In 2017, MSM and trans community participation in HIV decision-making processes was reviewed as part of a baseline assessment of 5 countries (Armenia, Belarus, Georgia, Kyrgyzstan and North Macedonia) within the framework of ECOM's Regional Program "Right to Health" funded by the GFATM. In 2018, the assessment was also carried out in Tajikistan and Ukraine in order to obtain a better regional perspective. In 2019, the assessment was repeated in the 5 countries mentioned above. The results and conclusions were based on findings received from both tools (quantitative and qualitative). Additionally, information about country contexts was collected, including gross socio-economic indicators (population, proportion of men, level of urbanization, migration, state spending on health, GDP, per capita income, poverty, access to the Internet, etc.).

The goal of the current assessment is to show changes in the level and preparedness of MSM and trans community participation in national HIV decision-making processes in HIV response between 2017 and the end of the implementation period of the Regional Program.

Main conclusions

A comparison of the results of 2017 and 2019 in Armenia, Belarus, Georgia, Kyrgyzstan, and North Macedonia shows a significant improvement with regard to the participation of MSM and trans people in decision-making (in each area of assessment, in each country, as well as on average in the region).

The countries can be ranked in the following order based on the progress achieved during this time period: Belarus, Armenia, Kyrgyzstan, Georgia, Macedonia.

As of the beginning of 2019, the countries studied can be ranked by the level of increase in community participation in the following order: Tajikistan, Belarus, Armenia, North Macedonia, Kyrgyzstan, Georgia, Ukraine. At the same time, an increase in the level of participation is not the same as the actual level of participation: for example, since significant progress had already been made in Ukraine in terms of the level of MSM participation as of 2017, by 2019, the "growth" in progress was quite small.

The greatest average progress in the countries studied was observed in relation to the use by NGOs of state mechanisms for the procurement of social and medical services, and in community development, advocacy, and partnerships. The smallest average progress was made in relation to the participation of MSM and trans people in managing, developing policies for, and funding the HIV response.

- **Community development, advocacy, and partnerships:** initiative groups and community organizations demonstrated success in development; the number of community representatives involved in projects, the number of openly LGBT or HIV+ activists, however, there are still relatively few who are involved in advocacy on issues related to HIV and LGBT health; the majority of LGBT and MSM-service organizations included a human rights component in their activities; LGBT groups and organizations cooperate with each other and create special platforms to strengthen the HIV response in their countries, there are documented cases of successful advocacy; cooperation between various KP organizations and groups (such as people who inject drugs, sex workers, MSM, trans people) is poorly developed; in Belarus and Tajikistan, community organizations prefer not to indicate in their regulatory documents that they work with LGBT people to protect their rights; in Kyrgyzstan, there is a serious threat that the work of LGBT and MSM-service organizations will be curtailed if a bill banning "gay propaganda" currently being considered by authorities, is adopted.

- **Institutionalization and quality control of services for MSM and trans people:** IBBS are regularly conducted in all countries; community organizations and groups actively participate in all stages of such studies; despite existing limitations, the main stakeholders in the countries were able to reach a consensus on the strategic information obtained; in Georgia and Ukraine, PrEP pilot projects were successfully implemented; an analysis of the cascade of HIV services shows that the main gap is observed at the stage of HIV testing; in all 7 countries, rapid HIV testing is carried out, however, in Kyrgyzstan and Macedonia, certain regulations require

that such testing is carried out in healthcare institutions or by healthcare providers; with the exception of Ukraine, none of the target countries have carried out an assessment of the cost-effectiveness of MSM services, while the outdated results of an Optima assessment indicated the need for further funding of services at least in the same amount as previous funding; in Armenia, Belarus, North Macedonia, and Tajikistan, programs targeting MSM are significantly underfunded compared to similar programs for other KPs; HIV prevention services provided by community-based organizations or by other NGOs are currently funded by the Global Fund (except in North Macedonia where such services are fully funded by the government); there is currently no data on the population sizes of trans people, on new cases of HIV infection among trans people, and on other related strategic information.

- **Participation of MSM and trans people in managing, developing policies for, and funding the HIV response:** at the national level, coordinating bodies (CCMs or other similar structures) have been created in which at least one place is allocated to an MSM representative; in most cases, the process of nominating and electing candidates to these HIV coordinating bodies is transparent; compared to 2017, in Georgia and Kyrgyzstan, communication processes between communities and their CCM representatives have improved; in the majority of countries, with the exception of Belarus and Ukraine, the participation of trans people in the work of national HIV coordinating bodies remains problematic; the National Commission on HIV in North Macedonia provides a good example of cooperation between the governmental and non-governmental sectors following the exit of the GF; in all countries, with the exception of Belarus, MSM are mentioned as a KP in national HIV/AIDS plans or similar documents; all countries have developed plans for transitioning to state funding (in Ukraine, the transition is already taking place), and in Tajikistan, the costs of such a plan are being calculated.

- **Use of governmental mechanisms to procure social and medical services from NGOs working with MSM and trans people:** in all countries, legislation allows for the procurement of services from NGOs on a competitive basis; in Georgia, Ukraine, Armenia, and Kyrgyzstan, there are successful examples of budget allocations to NGOs working on HIV issues; North Macedonia can serve as a positive example of how the state can assume full responsibility for funding HIV programs after the GF exists the country: the amount of funding for services for MSM has not decreased; despite the hostile attitude towards the LGBT community in Belarus, there were some cases of allocating municipal funds to NGOs working in the field of HIV prevention among KPs, including MSM.

Main recommendations

Exchanging experiences: Ukraine and Georgia are showing great success in community development and in piloting PrEP; in North Macedonia, the government assumed full responsibility for the funding of national HIV response programs following the exit of the GF, and the Commission on HIV in the country is effectively coordinating the interests of governmental and non-governmental structures after the end of GF funding; there are also successful examples from Belarus, where government funding is allocated to fund HIV prevention services — *All these countries can serve as a basis for study visits by representatives of other countries, and the documentation of such practices can be translated into the languages of other countries.*

Joint advocacy: in the countries included in the assessment, with the exception of Ukraine, organizations of different key populations/communities (MSM, trans people, LGBT, IDU, HIV+, etc.) do not effectively cooperate with each other; moreover, there are cases where organizations within communities fight more with each other, rather than working together to solve common problems — *Greater emphasis should be placed on joint planning of advocacy activities and on supporting common platforms in order to obtain state funding for HIV services, for services and interventions to protect the rights of KP and combat stigma, and for the removal of legal barriers (for example requirements that rapid testing only be conducted by certified healthcare providers, or amendments to tender procedures in Georgia).*

Working with state authorities: in the countries assessed, with the exception of Ukraine, the state does not cooperate effectively with community organizations, while, in turn, the communities do not have the sufficient skills and desire to establish such cooperation — *International organizations,*

and regional and local community networks should provide active support (including training) and assistance to establish cooperation; it is necessary to improve communication processes between communities and CCM members by disseminating the minutes of CCM meetings, and using the websites of community organizations, as well as through direct dialogue between communities and their CCM, and the regular nomination and election of community representatives to the CCM (elections once every 2-3 years). It is also recommended to develop terms of reference and operational procedures to establish nomination and election procedures for members of national HIV governing bodies that are transparent and accountable to the community.

Regional initiatives: national community organizations face problems common across different countries of the region, in particular the biased attitudes of officials towards LGBT issues, and a lack of sophisticated mechanisms of effective and transparent representation in state structures and for receiving state funding — *It is necessary to introduce regional initiatives and programs with an emphasis on advocacy and the practical implementation of social procurement mechanisms; Belarus should actively involve representatives of state bodies in regional events related to LGBT issues.*

Determining costs and developing standards: data on the cost of the package of services for MSM and trans people is outdated in all the countries assessed — *It is necessary to determine unit costs (the package of prevention services and the annual cost to provide it to one client) with the involvement of experts, members of the community, people responsible for developing policies at the local level, and representatives of the GF. In order to ensure the sustainability of services, the unit costs and package of services must be approved by the government.*

Acknowledgement

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1. Methodology Used

The minimum sources of information required to complete the assessment include the following: collection of key materials from key informants, ECOM database, and through internet search; at least two interviews with two experts from each country being assessed; external opinions from at least 3-4 other stakeholders gathered through interviews and written requests via email.

Desk review provided answers to a number of questions outlined in the country profile and participation measurement tool concerning official analysis and consensus data and regulations, such as HIV epidemiology, service levels and impact on behavior, and documents of national programs and governance bodies.

Interviews were held with country representatives using guidelines designed and approved for this purpose. Face-to-face interviews were held by the consultant during country visits (February-April 2019) with governmental, international and community representatives in order to gather different perspectives and reduce the level of subjectivity. Additional requests for information were sent to individuals via email if holding an interview was not possible.

Given the simplicity of the assessment, no attempt was made to receive approval from ethics committees as the study did not attempt to deal with bio-medical samples or personal information. The assessment was conducted between February 20 and April 30, 2019.

The existing survey protocol and tool (created in 2017) were used in the current assessment. Relevant sections were scored using the tool. Each section was comprised of a set of questions: one section has 14 questions, while the other 3 sections have 7 questions (for a total of 35 questions). Each question was scored using a three-point system ("0" = largely not true, not achieved; "1" = significant progress, but with major gaps; "2" = largely true). Thus, each question could have a maximum score of 2 and a minimum score of 0. The maximum possible score that each country can receive was 70 (35 questions, 2 points per question). Descriptions of each section and of the criteria/requirements each section must satisfy in order to receive the maximum score are provided below.

Level of community development, advocacy and partnerships: There is a renewal and growth of community activism: New leaders/activists[10] emerged among MSM and trans people in the fields of HIV prevention and LGBT health programming, contributing to a diversity of representation in the last 2 years; Technical or other kinds of support for capacity development both in country and internationally is available and used by the new leaders; Active partnerships between community organizations exist; LGBT organizations have integrated the issues of HIV and the right to health in their work; LGBT, human rights and HIV-service organizations jointly advocate for state funding for HIV services targeting MSM and trans people etc.

The level of institutionalization and quality control of HIV services for MSM and trans people: HIV epidemiological data (on prevalence, incidence, testing, condom use, etc.) for MSM and trans people is available at the national level; Specialized community-based and medical services for MSM (pre-contact prevention, HIV testing and pre- and post-test counseling, STI treatment, etc.) and trans people exist, are institutionalized within the national health system and regulated through clinical protocols/operational procedures or similar documents; Community members are involved in quality assurance of those services; Standards on MSM- and trans-oriented HIV prevention services are developed and approved/accepted at the national level, etc.

Level of participation of MSM and trans people in HIV governance, policy, and funding: MSM and trans people are directly represented, have voting rights, and are active (proposing agenda items, initiating discussions, etc.) in HIV coordinating bodies; Community representatives are elected to coordinating bodies by community members through a transparent, democratic, and documented procedure; Both MSM and trans people are included as a KP in the National HIV Program (or in other state health programs covering HIV); Elected representatives from MSM/LGBT organizations in HIV

10 Accounting for at least 20% among those speaking out as openly LGBT people at events, in the media or on social networks in their country

coordinating bodies communicate with the community on a regular basis (once per quarter) and gather community opinions (face-to-face meetings, online consultations, online surveys, discussions etc.).

Availability and level of use of government mechanisms for purchasing social and health services from NGOs working with the MSM and trans people: There is legislation and an operational mechanism for distributing state funds to NGOs (including community-based organizations); HIV-service NGOs working with MSM and/or trans people receive funding from national or local governments on a systematic basis and at a level sufficient for effective coverage of the target group with services (in the last two years); National HIV response programs and/or transition plans for moving from international to national funding have established a plan to develop a mechanism for contracting services from NGOs, which include a pilot mechanism, and progress is being made towards the implementation of such plans.

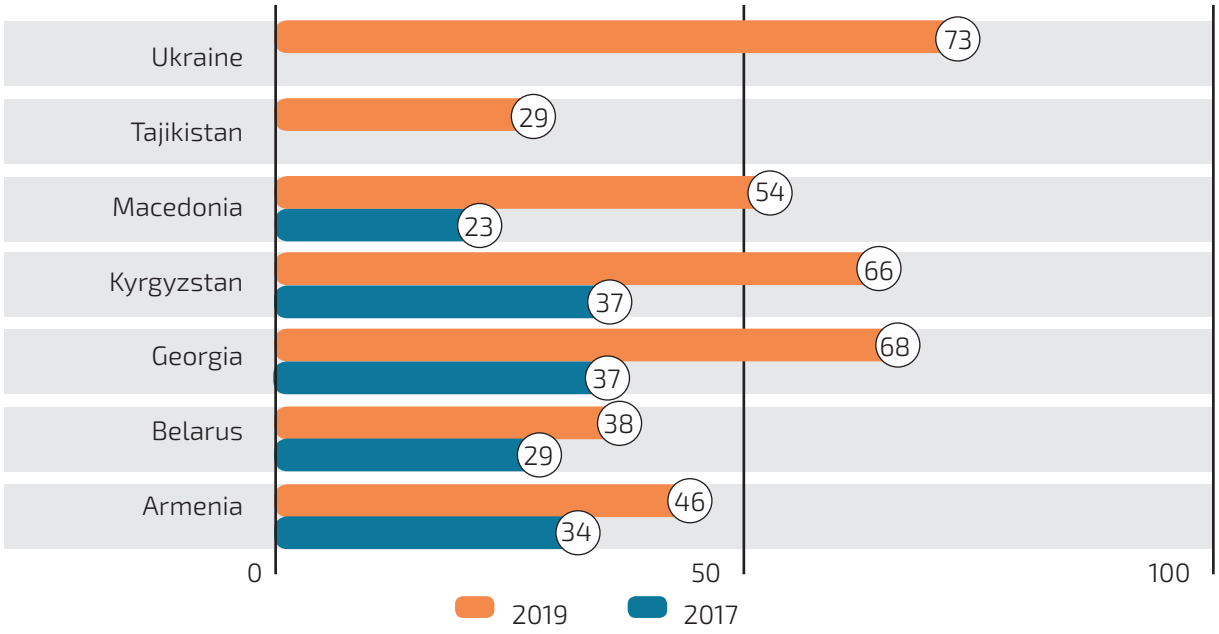
The actual scores received and a comparison of these scores with the maximum scores possible are provided below in Annex 1. Each question/component was scored based on documents, evidence, relevant online links, and comments received from respondents/experts from the relevant countries. The consultant filled in the tables and summarized the information. Lastly, the existing information on all target countries was integrated into one descriptive narrative report.

Limitations: The assessment process faced a number of limitations. For instance, scoring heavily depended on the opinions and attitudes of the experts and community members who participated in the assessments. In addition, it should be noted that some statistical data on countries for 2018-2019, and some of the most recent documents/surveys had not yet been published at the time that the assessment report was developed. However, it was possible to minimize any subjectivity and biases through face-to-face communication with country stakeholders, verification of relevant country documentation and organizational reports, and with the help of the technical support provided by ECOM. During the work on the study, the situation in the countries has changed (estimated – for the better) for a number of positions, however, we did not "reassess" simultaneously with the synthesis of previously obtained data, as this would require an additional research for all countries.

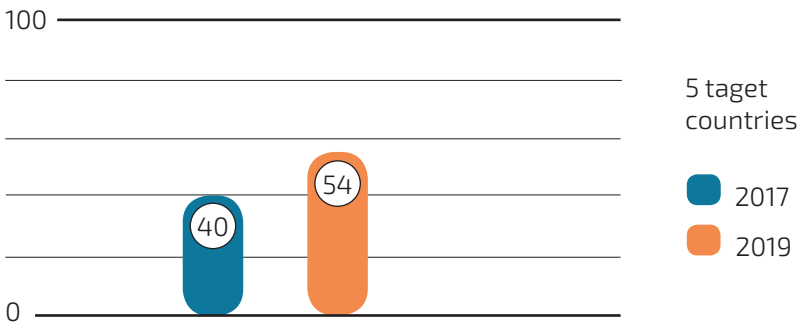
2. Results and Discussion

The scoring results show that the involvement of MSM and trans people in HIV decision-making processes ranges from 29% to 73% by country (Graph 1). The scoring results also show that the maximum involvement of MSM and trans people in HIV response decision-making processes increased from 53% in 2017 to 73% in 2019 (Graph 1). Comparisons of the results from 2017 and from 2019, and between the 5 target countries (Armenia, Belarus, Georgia, Kyrgyzstan and North Macedonia) show that there has been significant improvement, as the average score received by the 5 countries increased from 40% in 2017 to 54% in 2019 (Graph 2). In Tajikistan, the involvement of MSM and trans people in HIV decision-making processes was scored at 29% in 2018. Despite these visible improvements, and the efforts made by ECOM, other international donor organizations or by countries themselves, there is still significant room for improvement in each area of the assessment. Narrative details of the assessment are provided below.

Graph 1. Total scores by country (2017 and 2019 results).
2017 results are only available for Armenia, Belarus, Georgia, Kyrgyzstan and North Macedonia; results from Tajikistan and Ukraine reflect the situation in 2018



Graph 2. Comparison of overall scores (%) received by** Armenia, Belarus, Georgia, Kyrgyzstan and North Macedonia **following assessments in 2017 and 2019
Total scores for each section for each country are provided below in Table 1. The scores for each section are provided below in relevant graphs at the end of the description of each section.



2.1 Socio-Economic Development

It should be noted that the main part of the assessment process and data collection was carried out in the first quarter of 2019 when not all 2018 data was available. The country populations range from 2 million in North Macedonia to 44 million in Ukraine. The highest GDP per capita is in Belarus at 18,836 USD, and the lowest in Kyrgyzstan at 3,725 USD. Almost all 5 countries demonstrate an increased share in healthcare spending as a percentage of both the GDP and the state budget. More detailed data with references is available in the Annex 2. In all 5 countries (assessed in 2017 and 2019), the Rainbow Index (see references in Annex 2) for 2019 generally remained the same as it was in 2017. All countries except Belarus demonstrated an improvement with respect to the Press Freedom Index (see references in Annex 2). This is especially true for Armenia (advancing from 79 to 61) and North Macedonia (advancing from 111 to 95), which can be linked to the fact that new democratic governments came to power in both countries. These changes may have affected the overall situation regarding the involvement of MSM and trans people in decision making processes in the countries.

2.2 Level of Community Development, Advocacy and Partnerships

The level of community development, advocacy and partnerships was assessed in 7 countries. In Armenia, Belarus, Georgia, Kyrgyzstan and North Macedonia, the assessment was carried out in 2017 and 2019. In Ukraine and Tajikistan, an assessment was only conducted in 2018. The scores for the 2019 and 2017 assessments, a comparison of the 5 target countries, and the average progress made between 2017 and 2019 are depicted in Graphs 3 and 4 below. The community development scores range from 8 (Belarus) to 26 (Ukraine). LGBT organizations and initiative groups exist and operate in all 7 countries. However, in practice, not all of these organizations and initiative groups are involved in HIV prevention activities or in the health sector in general. The number of LGBT organizations working on HIV and health issues varies from country to country. For example, in Kyrgyzstan, 8 organizations are working in the field of HIV prevention. They are primarily operating in the Bishkek, Osh, Jalalabad, Chui and Talas regions. In Georgia, currently only 2 organizations ("Identoba Youth" and "Equality Movement") are working on HIV prevention among gay men and other MSM. In North Macedonia, HIV prevention services are provided through cooperation between governmental agencies and non-governmental organizations. The NGO "EGAL" has been working exclusively with MSM since 2003, and provides HIV prevention services in four cities. In addition, several community groups and organizations (Stronger together, STAR-STAR, Coalition Margins, Transforma) working on HIV issues created a consortium as part of the implementation of ECOM's Regional Program in order to carry out joint work to increase the involvement and representation of LGBT/MSM in the HIV response.

One MSM-led NGO provides HIV prevention services (peer education, provision of condoms and lubricants, VCT, psychological and social support) to MSM in Armenia as part of the GFATM grant. A number of MSM-led organizations are involved in advocacy and human rights protection activities with the support of various regional donors present in Armenia. MSM and trans community members in Armenia recognize the need for strengthening their advocacy skills in order to better advocate for the needs of their population groups in the country.

In Tajikistan, only one NGO, "Equal Opportunities", specializes in services for MSM. A number of organizations provide HIV services that may inadvertently cover MSM. In addition, there are two initiative groups working with trans people, one in Dushanbe and one in Sogd, however, they are not legally registered.

In Belarus, the only organization working in the field of HIV prevention among MSM and trans people is Vstrecha, which is the only de facto community organization providing HIV prevention services to MSM and trans people. According to its statute, however, Vstrecha's mission is focused on the broader goal of promoting health and a healthy lifestyle among youth. Vstrecha sometimes avoids identifying itself as a community organization in order to avoid difficulties associated with the Belarusian government. In other target countries, there are no legal barriers to registering LGBT community organizations.

All organizations present in the countries have both paid staff and volunteers. The number of staff and volunteers varies from country to country and from organization to organization (from 9 volunteers in Tajikistan, and 20 volunteers in North Macedonia, up to 80 volunteers in Armenia; and from 17 paid staff in North Macedonia up to 60 paid staff in Armenia per organization). The majority of staff are contracted under GFATM projects.

Most of the organizations working in the field of HIV prevention among MSM have developed special organizational strategies on how to work on health issues and on HIV prevention in particular. In addition, in most target countries, HIV service organizations have integrated the issue of LGBT community strengthening into their work.

Activities aimed at capacity building among community organizations working in the fields of HIV prevention or LGBT health are present at the country and/or international level in all 7 countries. However, the opportunities vary from country to country. In the region, there is a wide range of donors and international organizations that support community organizations. Capacity building and technical support is provided by donors and stakeholders such as GFATM, UNAIDS, UNFPA, PSI, ECOM, COC Netherlands, ILGA Europe, USAID, OSF, the British Embassy in Georgia, the Dutch Embassies in Georgia and North Macedonia, etc. The interviews held during the assessment revealed that many agencies and donors, such as UNAIDS, UNFPA, etc., are willing to provide technical support to community groups, however they (the communities) must submit their requests by the end of the year while those international organizations are still developing their annual plan/budget for the next year. The majority of the respondents from community groups stated that ad hoc support is available in most cases through ECOM at any time. The GFATM remains the primary donor supporting HIV prevention services targeting MSM and trans people in all 7 countries, while other donors focus more on technical support and LGBT rights.

Good examples exist in countries, where donor organizations provide core support to community groups with the aim of strengthening their capacity. The Swedish organization, RFSU, supports community development in Georgia. RFSU empowers and financially supports initiatives of independent activist groups, as well as community organizations such as Equality Movement. ECOM's activities in the region, implemented as part of the "Right to Health" program, represent another successful example. ECOM's work is aimed at helping to increase the participation of MSM/trans individuals in developing national responses to the HIV/AIDS epidemic, fighting stigma and discrimination, protecting human rights, and at overcoming legal and political barriers. ECOM is active in almost all 7 countries.

In Tajikistan, technical support and assistance is primarily available through international stakeholders (UNDP, UNAIDS, and UNFPA). The "Equal Opportunities" NGO also had access to mentoring from ECOM, as it was the sub-recipient of an ECOM grant in the past. AIDS centers across the country also provide some assistance with reaching out to beneficiaries and testing for HIV.

While almost all countries rely on technical assistance from international organizations and donors that are present in the country, in Ukraine, technical assistance is currently provided within the country by a number of key national actors, including the following: 1) The Resource Center of the LGBT Association "LIGA" Public Organization; 2) The National MSM Consortium; and 3) The Expert Group on Health and the Rights of Gay and Other MSM in Ukraine (EHPP-Ukraine). These expert groups all provide technical assistance on a systematic basis to both organizations and individuals working within the LGBT movement and in the field of MSM services.

One good practice from Armenia includes the establishment of the Consultative Board formed at the initiative of the "New Generation" Humanitarian NGO as part of the GFATM-funded project "Right to Health" implemented by ECOM. In addition, since 2019, a training course "Capacity Building and Empowerment of CSO Representatives on Human Rights and Safe Space" is available in Armenia thanks to the support of the Norwegian Helsinki Committee.

Contrary to other countries, community organizations and their members in Belarus have indicated they encounter difficulties and face a lack of opportunities in receiving technical support, in particular related to supporting and identifying new LGBT community leaders. The main barrier is the hostile attitude of state institutions towards LGBT issues and organizations. As a result, some grants focused on strengthening the LGBT community and/or addressing their needs were rejected by official government institutions. This creates a situation where technical support and training opportunities are only available outside of the country. Therefore, not all donors have available funds for covering related costs. Most respondents identified ECOM as the only donor organization (through the GFATM program "Right to Health") that is able to provide technical support and trainings at the international level involving community organizations and leaders from Belarus. Even the existing and ongoing GFATM program, which is officially supported by the government, faces difficulties in terms of government approval. In early March 2019, 10 NGOs working in the field of HIV and TB sent a letter to the Prime

Minister asking for assistance in gaining early government approval for the international technical assistance project "Strengthening the national system of prevention, treatment, care and support for HIV and tuberculosis in the Republic of Belarus». The previous project funding HIV and TB prevention programs was completed on December 28, 2018. Since then, NGOs have either significantly reduced their work or have stopped working altogether in the field of HIV prevention among vulnerable groups, having gone three months with no funding. The long registration procedure has even jeopardized a $14.5 million grant financed by the GFATM. These factors also serve to limit the development of new LGBT community leaders in Belarus.

In Tajikistan, there are little to no opportunities at any level for identifying and developing new leaders from the LGBT community working in the fields of HIV prevention (under the GFATM grant) or LGBT health.

Many activists and leaders from all 7 countries have had the opportunity to attend international events during last 2 years, such as the 2018 International AIDS Conference in Amsterdam, the 2nd Regional Consultation on HIV among MSM and Trans People in the EECA region organized in 2018 by ECOM in Tbilisi, International conference "Health in the city", held in Odessa in 2018, the MSMIT advanced training held in Tbilisi in 2019, the City Health Conference held in Odessa in 2019, etc. However, it should be noted that funds are limited, and that not all activists are able to attend events outside of their home countries.

Despite the fact that the number of community members involved in projects has increased, the number of openly LGBT or HIV+ activists participating in HIV and LGBT health advocacy at all levels remains quite low. New LGBT leaders appeared, but due to existing stigma in the country they are quite closed and avoid speaking about being LGBT in the media and on social networks. However, such activists are often more open in events organized by community groups/organizations or with donors. At the moment, in most cases, new LGBT leaders do not account for more than 10-15% of those speaking out as openly LGBT or HIV+ people. Ukraine serves as very good example, where, in the last two years, new LGBT community leaders/activists accounted for at least 20% of those speaking out as an openly LGBT person at events, in the media or on social networks. This is the result of an expansion of HIV programs, in particular community outreach, online interventions and peer-to-peer interventions. There are only a few cases of new openly trans or HIV+ activists participating in HIV prevention or LGBT health advocacy at any level (for example, 2 each in North Macedonia, Georgia, and Kyrgyzstan). New HIV+ gay and bisexual activists appeared in Georgia, Ukraine, Armenia and Tajikistan. They openly position themselves as leaders among MSM living with HIV, but are not as open in broader social circles or on social networks and in the media. HIV+ MSM state that, due to HIV-related stigma and discrimination, they avoid identifying as HIV+ even among MSM, and only a narrow circle of activists know their HIV status. At the same time, they actively position themselves as leaders/activists within the LGBT community. Most of newly emerged LGBT leaders are 25 years old or younger.

In 2018 and 2019, a scale up of programs provided opportunities to involve more community members in projects and programs. In Kyrgyzstan, PSI with the financial support of USAID provides services for MSM aimed at improving the cascade of HIV services in the country. In addition to the capital city, Bishkek, PSI also works in other regions (Osh). The GFATM significantly extended its program activities in Georgia, where community organizations are directly involved in implementing and managing the project. Equality Movement resource centers are operating in Tbilisi, Zugdidi, and Telavi, while a sub-contractor of the organization, Identoba Youth, is responsible for the cities of Batumi and Kutaisi. All the resource centers offer free HIV/AIDS screenings, as well as pre- and post-test consultations. In addition, the organization employs social workers and psychologists. The program includes the organization of leadership camps, informational and educational meetings, and campaigns.

LGBT community organizations have established partnerships with each other, as well as with other state and non-governmental organizations. In Georgia, community organizations have established good cooperation with other state and non-governmental organizations providing HIV services. Equality Movement collaborates with the NCDCPH, the National AIDS Center, and the NGO Tanadgoma (the largest organization providing HIV prevention services to MSM and SW). The fruitful cooperation between EM and the national AIDS center in providing PrEP services to MSM should also be highlighted. In North Macedonia, 16 NGOs working in the field of HIV created a platform for ensuring the sustainability of HIV prevention programs among vulnerable groups in the country. Participants of this platform

played a key role in the transition from donor to state funding of HIV prevention programs. In 2018 and 2019, the HIV platform continued to be a key partner in national response for combating HIV, and through the national HIV commission, it is participating in standardizing HIV services, developing long-term, stable mechanisms for state funding of programs, as well as in strengthening the oversight of HIV response programs at the national level.

In Kyrgyzstan, community organizations actively cooperate with other organizations to draft and advocate for an antidiscrimination law in the country. In Kyrgyzstan, there is currently no comprehensive antidiscrimination legislation that would include sexual orientation and gender identity as protected grounds. In 2017, the Coalition for Equality in Kyrgyzstan, the OSF, and Kyrgyz Indigo systematically worked on a draft antidiscrimination law. The bill is a unique tool that will help to protect the rights of all those who are discriminated against on a certain basis. Another good example includes cooperation between community groups, NGOs and international organizations present in the country in jointly advocating against the enactment of "foreign agent" and "anti-gay propaganda" laws in Kyrgyzstan. In addition, as a result of joint efforts, 9 cases of LGBT rights violations were identified and documented in 2018.

In Belarus, there is practically no direct cooperation between communities and state institutions on advancing LGBT rights. In interviews, representatives of LGBT groups mentioned that the situation is worsening as the state becomes more and more hostile towards LGBT people and organized groups. However, there are some exceptions. A good example of cooperation between NGOs and state institutions took place at a technical meeting during the presentation of a new amended informational strategy on HIV/AIDS. The new version of the document will include amendments and additions in line with the latest achievements in the fight against HIV/AIDS, and will also improve information regarding key populations in the country most vulnerable to HIV. The following stakeholders participated in the meeting: the Ministry of Health, the Belarusian Association of UNESCO Clubs, the UN Office in Belarus, the National Assembly of the Republic of Belarus, POO "Positive Movement», RMOO "Vstrecha", "Your Chance", "People Plus" and others.

In Tajikistan, there is almost no cooperation at the national level between NGOs working with LGBT communities, with each providing services, primarily HIV prevention, within its own locality. The NGO "Equal Opportunities" cooperates with the NGO "SPIN +", which works with PWIDs. This gives them indirect access to MSM in penitentiary system facilities.

There is practically no cooperation between LGBT organizations and the business sector in the target countries. There are very few cases of LGBT community members making donations and contributing to community safety. One good example comes from Ukraine where a fundraising campaign raised money to pay for medical treatment for a gay person, who was stabbed in a homophobic attack on Khreshchatyk Avenue in the center of the capital city in September 2018. Approximately $1,200 in national currency equivalent were collected for his treatment and rehabilitation.

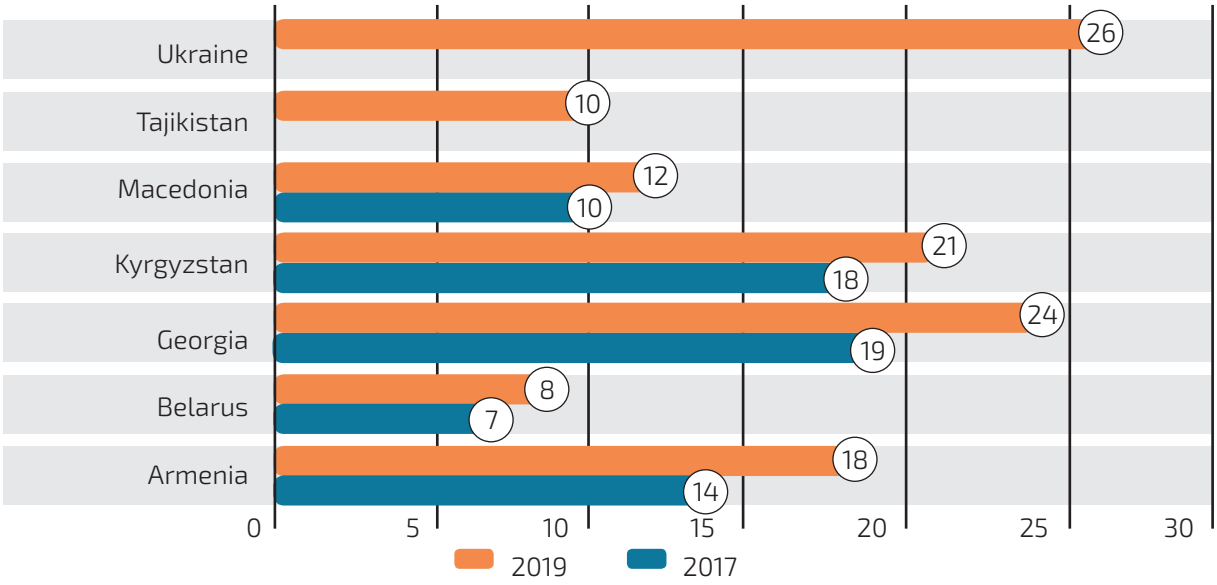
In terms of joint advocacy actions, in most target countries, LGBT, human rights and HIV-service organizations advocate for state funding, but there is a lack of evidence of joint advocacy actions. However, some attempts exist as part of various projects, such as joint budget advocacy activities carried out in Tbilisi in 2018-2019 as part of the project, "Fast-track TB/HIV responses for key populations in EECA cities", implemented by the international foundation APH (organization-resident of Ukraine) and funded by the GFATM. As part of the project, a city task force was created, in which all community organizations and NGOs working on MSM issues are represented. As a result of this activity, the "Paris Declaration"[11] was signed in December 2018 by representatives of the Tbilisi City Hall, which emphasized the importance of supporting KP, including MSM, and protecting their health. Another example includes joint efforts carried out on the issue of social contracting in Kyrgyzstan, where community organizations, other NGOs and UN agencies work together and advocate for state social contracting to fund NGOs working on MSM and HIV. In addition, a budget advocacy training, "The influence of MSM on state and local policies in the field of HIV prevention", took place in Ukraine

11 Парижская декларация от 1 декабря 2014 г. «Инициатива для ускорения действий в больших городах: покончить с эпидемией СПИДа» / Мэрия Парижа, ЮНЭЙДС, ООН-Хабитат [Программа ООН по населённым пунктам], ИАПАК [IAPAC, Международная ассоциация профессионалов, оказывающих помощь в связи с ВИЧ-инфекцией/СПИДом]. — Онлайн (PDF): http://aph.org.ua/wp-content/uploads/2016/07/20141201_Paris_Declaration_ru.pdf; www.unaids.org/sites/default/files/media_asset/20141201_Paris_Declaration_ru.pdf

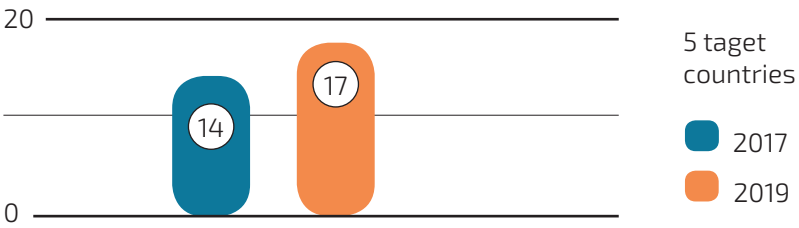
in 2018. ECOM provided an opportunity for regional collaboration between community organizations, state actors and international organizations during the 2nd Regional Consultation on HIV among MSM and Trans People in the EECA region, which took place in Tbilisi in May-June 2018. Community groups and organizations had an opportunity to discuss how to strengthen the regional response to the HIV epidemic among MSM and trans people in EECA.

Other examples of sharing experiences exist in the region. In 2018, the preliminary results of the PrEP program in Ukraine was studied as a best practice by a delegation from Belarus, which included representatives of the WHO Country Office in Belarus, the Ministry of Health of the Republic of Belarus, the RMOO «Vstrecha» and the Grant Management Department of the GFATM.

Graph 3. Community Development, Advocacy and Partnerships (scores).
Results from 2017 are available only for Armenia, Belarus, Georgia, Kyrgyzstan and North Macedonia; results from Tajikistan and Ukraine reflect the situation in 2018



Graph 4. Progress based on average scores for 5 countries



Conclusions to the section 2.2

The GFATM remains the main donor providing funds for HIV prevention work targeting gay men and other MSM in all target countries. In addition, some international donors and organizations, such as RFSU, ECOM, OSF and a number of embassies (the Dutch Embassy, the British Embassy, etc.) working in the region provide support for community-strengthening activities. UN agencies remain very friendly and supportive in all target countries, and are willing to contribute to community capacity building through trainings, translating and providing informational materials, and through other actions stipulated by their mandates. Financial and technical support from donors and organizations present in the region help to create favorable conditions for community development.

In most cases, community organizations and groups heavily rely on international resources and technical support from outside of the country. There are several cases where community members had the opportunity to attend various international events, however such opportunities are quite limited due to financial constraints.

The level of community development has increased in almost all target countries (Graph 3 and Graph 4). Over the last 2 years, community organizations and groups in all target countries have shown developmental progress. Out of the target countries, Belarus remains the only one where the official registration and functioning of LGBT organizations is not possible, due to unwritten political barriers and primarily unfriendly attitude of the state towards LGBT issues. Moreover, the process of registering grants is often hindered by State institutions, which may result in the rejection of grants already won. These circumstances create extremely unfavorable conditions for community development in Belarus.

Despite the fact that the number of community members involved in projects has increased, the number of openly LGBT or HIV+ activists participating in HIV and LGBT health advocacy activities remains quite low. New LGBT leaders have emerged, but due to existing stigma in countries, they avoid speaking openly about being LGBT in the media and on social networks. Nevertheless, such activists are quite open and active among community members and within community groups. In most cases, new LGBT leaders/activists do not account for more than 10-15% of those speaking out openly as LGBT people (with exception of Ukraine where new leaders account for more than 20%).

The majority of the community organizations in target countries have integrated the protection and promotion of the human rights of gay men and other MSM into their work. In addition, most community organizations have also included service provision and LGBT community strengthening activities into their work.

Community NGOs and groups work in cooperation with each other, and have established special platforms to improve the HIV response in countries. There are documented cases of successful advocacy activities. At the same time, there is a lack of joint advocacy and cooperation among different KP groups (such as IDU, SW, LGBT).

In all target countries, there is no official ban or restrictions on the registration and functioning of NGOs. However, in Belarus, community organizations do not indicate that they will work on LGBT issues or rights in their statute or registration documents. They rather use more general language, as relevant government bodies have previously denied the registration of LGBT organizations. In Tajikistan, due to confusions with the interpretation of registrations, organizations avoid officially registering themselves. Currently, only one community-based NGO (Equal Opportunities) is registered in the country.

In Kyrgyzstan, there is a serious threat that if the proposed law against "LGBT propaganda" is enacted, the functioning of LGBT organizations and opportunities for social contracting will be made impossible.

2.3 HIV Statistics. Level of Institutionalization and Quality Control of HIV Services for MSM and Trans People

The scores for the 2017 and 2019 assessments, a comparison between the two years, as well as the average progress made between 2017 and 2019 are depicted in Graphs 6 and 7 below.

IBBS were conducted in the past two years in almost all 7 target countries: Armenia (2018), Belarus (2017), Georgia (2018), North Macedonia (2018), Ukraine (2015), Kyrgyzstan (2017), Tajikistan (2017).

HIV prevalence among MSM has been steadily increasing in recent years. In almost all target countries, HIV prevalence among MSM is above 5%: 9.8% in Belarus (2017), 6.6% in Kyrgyzstan (2017), 7.5% in Ukraine (2018), 5.4% in North Macedonia (2018), prevalence is below 5% in Armenia (1.9%, 2018), 2% in Tajikistan[12], with Georgia displaying the highest rate of HIV prevalence among MSM at 21.5%[13].

IBBS show high levels of sexual activity among MSM. Risky sexual practices are quite widespread: MSM reported having high numbers of different types of partners, both male and female. There are insufficient and, in some cases, decreased rates of condom usage. Moreover, MSM do not consistently use condoms regardless of the type of male or female partner, and often fail to use condoms when engaging in group sexual practices.

Population size estimations of MSM have been conducted in all 7 target countries. Despite agreements about MSM population sizes, many stakeholders in all 6 countries have indicated that such numbers may be underestimated due to study limitations (i. e. insufficient sample sizes, studies were only conducted capital and/or large cities, bias in the population census, etc.). Nevertheless, population size estimations remain essential for calculating the coverage of MSM with HIV prevention services and testing.

Table 2. MSM SE in target countries[14]

Countries	MSM SE	Date
Armenia	16 100	2018
Belarus	60 000[15]	2015
Georgia	18 500[16]	2018
Kyrgyzstan	22 000	2013
North Macedonia	11 000	2018
Ukraine	179 400[17]	2018
Tajikistan	13 400	2017

The cascade analysis was carried out based on reports on the cascades of comprehensive HIV prevention and treatment services among MSM in target countries. In Armenia, Belarus, Georgia, Kyrgyzstan, the collection of relevant data was carried out by or with the active involvement of LGBT and PLH community organizations with the technical support of ECOM and funding from the GFATM. In Ukraine, this was done with the support of METIDA, APH and PEPFAR. In Tajikistan, comprehensive data on the cascade of HIV prevention and treatment services for MSM was not provided. The cascade of

12 IBBS conducted in 2017, unpublished
13 http://new.tanadgomaweb.ge/upfiles/dfltcontent/3/171.pdf
14 https://ecom.ngo/en/hiv-msm-eeca/
15 New 2018 SE being calculated
16 http://new.tanadgomaweb.ge/upfiles/dfltcontent/3/170.pdf
17 Including territories, occupied by Russian Federation, i. e. Crimea peninsula and eastern parts of Donetsk and Luhansk oblasts

HIV services for MSM in the assessment countries is shown in figures 5 and 6 in absolute terms and as a percentage of the 90/90/90 indicator.

The number of MSM living with HIV in Georgia was estimated as 3,800 people. Only 17% of these MSM know their HIV status. Of these, 75% of them are on ART. 88% of these men have a suppressed viral load.

The number of MSM living with HIV in Armenia was estimated as 100 people. 75% of these men know their HIV status. Of these, 73% are on ART. 71% of these men have a suppressed viral load.

The number of MSM living with HIV in Belarus is 4,621 people. Only 5.6% of these men know their HIV status. Of these, 81% are on ART, out of which 81% have a suppressed viral load.

The number of MSM living with HIV in Kyrgyzstan is 1,115 people. 12% among them know their HIV status. 56% of these men are on ART. In 64% of these cases, the men have suppressed viral loads.

A new cascade (2019) is under development in North Macedonia.

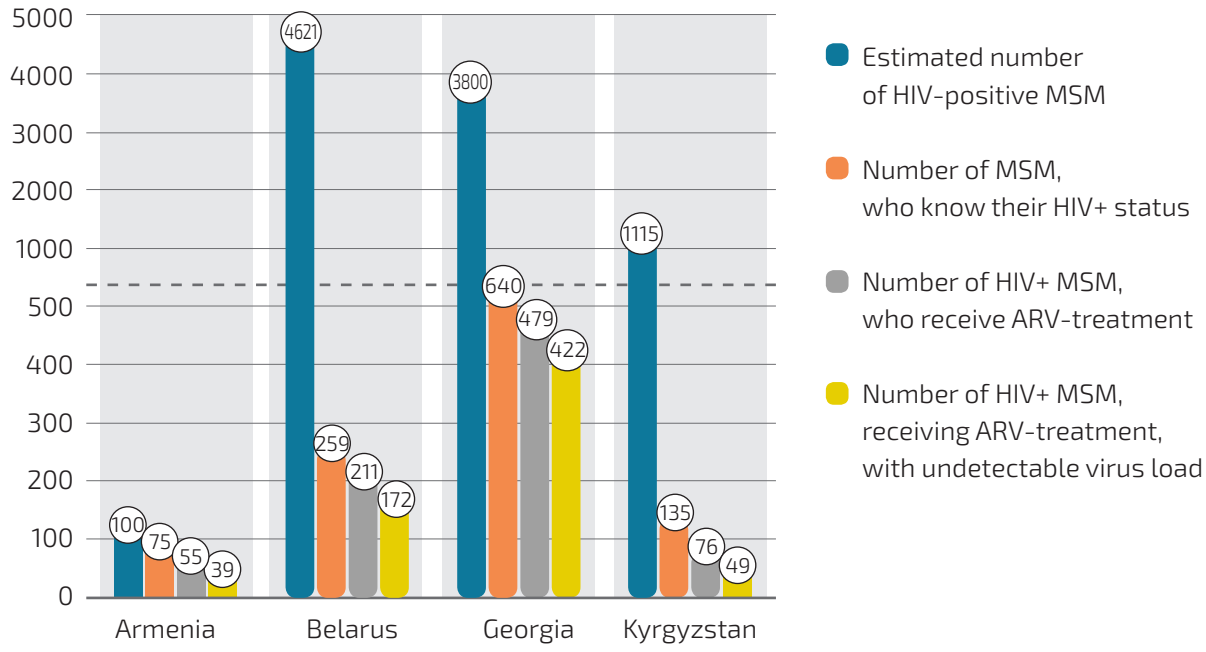
In Ukraine the largest gaps in the cascade are observed at the stage of detecting HIV among MSM: 58% of HIV+ MSM are not aware of that they have HIV. Of those who do know that they are HIV+, most (almost 80%) are receiving ART. Of these, 76% have a suppressed viral load.

According to the cascade results, the loss of patients occurs at each stage (Table 3). An analysis of engagement in the HIV continuum of care shows that the biggest gap occurs at the very first stage, i.e. at HIV testing/diagnosis stage. The majority or a significant number of MSM living with HIV do not know their status, which is a result of low HIV testing coverage of key populations. This has consequences at both the individual and public health levels. Delays in HIV testing lead to late diagnoses, thereby increasing the risk of opportunistic infections and mortality. At the same time, individuals with undiagnosed HIV infection who continue to engage in risky behavior can contribute to the further transmission of the virus both within the key population group, and further, considering that a significant share of MSM also have sexual contacts with women.

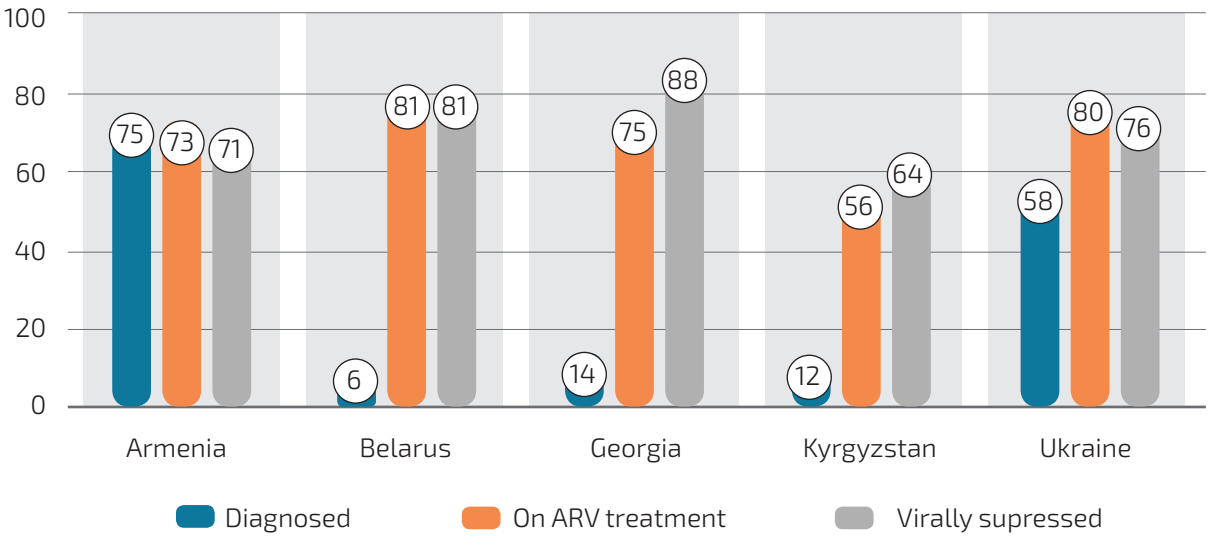
Researchers pointed to the slow introduction of innovative testing programs carried out by LGBT organizations, as well as to a lack of self-testing programs, as the main obstacles to HIV testing for gay men and other MSM. Other significant barriers include the high levels of stigma and frequent cases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

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

Graph 5. The cascade of HIV-related services for MSM in the countries of the assessment (Armenia, Belarus, Georgia, Kyrgyzstan) in absolute figures (2016-2018 data) [18] [19]



Graph 6. The cascade of HIV-related services for MSM in the countries of the assessment (Armenia, Belarus, Georgia, Kyrgyzstan) in % to 90-90-90 indicator



It is important to note that some respondents from the target countries stated that neither the population size estimations nor the estimated levels of HIV prevalence reflect the real situation. MSM often fail to disclose their sexual status and behavior when providing information to state HIV institutions (AIDS centers, etc.), and are therefore registered as representatives of the general population or other groups. Some community representatives also note that some of the people participating in IBBS are not actually MSM, but participate in the survey in order to receive some kind of compensation, or at the request of friends who receive benefits from the study. Therefore, community representatives state that IBBS results may be biased.

18 The data for the cascade in Ukraine are taken from the IBPN; therefore data in absolute numbers are not available in the figure
19 Data for Northern Macedonia is currently being processed and will be available by the end of 2019.

Regarding trans populations, no data exists on population sizes or on the HIV-related risks of the group. Moreover, trans health issues are not prioritized in national HIV policies and no specific HIV programs for trans people exist.

With exception of North Macedonia, and partially Ukraine, community-based services for MSM are now fully funded by the GFATM. Ensuring sustainability and procuring national funding are top priorities for maintaining current services, as the GFATM plans to gradually withdraw from these countries. Community organizations provide counseling, HIV testing, condoms, lubricants, informational and educational materials, peer education, and elements of the POL model. Rapid HIV tests (including saliva tests in Armenia) are available in community-based organizations in all target countries. In Georgia, the largest service-provision organization is Tanadgoma (a non-community NGO, however its outreach workers working with MSM are recruited from the LGBT community). The minimum package of services for MSM in Tajikistan, which is funded by the GFATM, includes peer counseling, and the distribution of IEC materials and condoms. Additional services, such as lubricants and testing referrals are also offered. HIV testing is carried out at AIDS centers across the country. Recently, the NGO "Equal Opportunities" began HIV testing at the community level using saliva tests provided through support from donors.

NGOs and particularly community organizations have internal standards and lists of services developed as part of GFATM country programs. For example, in Ukraine, specialized services for MSM provided through NGOs are standardized at the level of the GFATM funded program by APH. However, this does not apply to services for trans people, since they receive services as MSM or SW. Ukraine also has an approved regulatory procedure for counseling MSM (Part 7 of Annex 1 "Specifics of counseling for different groups of the population", Order of VCT for HIV infection) approved by Order No. 415 of the Ministry of Health of Ukraine from August 19, 2005. However, this counseling procedure is outdated. Nevertheless, it will remain in force as a regulatory act until a new VCT protocol is developed and enacted (currently, work on the development of a new protocol is underway with the involvement of MSM representatives).

In the Kyrgyz Republic, guidelines for the provision of medical and social assistance to transgender and gender non-conforming people exist for medical professionals working at all levels of the health care system, and for employees of other state institutions. MSM prevention services and the package of HIV services are determined as part of the GFATM program services. Prevention services (condoms, lubricants, and HIV testing) for KP are listed as a priority in the action plan of the National HIV Program for 2017-2021. However, there is no approved package of services in the state program.

In most countries, representatives of community organizations indicate that they try to follow international standards, such as the guidelines of WHO, UNAIDS or other international organizations, when providing various HIV services to KP[20].

All countries have a minimum package of HIV prevention services that are provided to MSM (counseling, and the provision of condoms, lubricants and IEMs). It worth noting that the quantity and frequency of the provision of materials and services within the minimum package varies from country to country. In addition, there is no standard methodology for measuring indicators. Some countries use a 7-digit code for client identification, some countries use a 15-digit code, and some countries are in the process of updating their coding system. These factors create conditions, in which individuals may be counted twice or covered by different programs and organizations. Therefore, unit costs per capita also vary across the target countries. As a result, it is difficult to assess the current effectiveness and cost-effectiveness of MSM-targeted services. However, Optima studies were conducted in Armenia, Belarus, Georgia, North Macedonia and Kyrgyzstan between 2013 and 2016. Optima uses best-practice HIV epidemic modeling techniques and incorporates evidence on biological transmission probabilities, detailed infection progression, sexual mixing patterns and drug injection behaviors. Data relating to programs and costs associated with programs is used in an integrated analysis to determine an optimized distribution of investment under defined scenarios. The Optima model parameterizes relationships between the cost of HIV intervention programs, the coverage level attained by these programs and the resulting outcomes. These relationships are specific to the country, population and program under consideration (Table 4).

20 WHO consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. 2016 update.

The HIV Response Optima study on North Macedonia was published in 2016[21], and concluded that MSM (and male SW) are projected to remain the main groups affected by HIV in the country in the future. The study recommended a substantial scaling up of the component for MSM prevention services (currently, the unit cost and overall expenses are lower for MSM in comparison with other KP). The Optima study carried out in Kyrgyzstan[22] was conducted in 2015 and was used in the development of the national HIV plan and its targets. According to the Optima study, MSM programs should be expanded. However, the unit cost of MSM programs should be decreased, as it is too high (449 USD per client) compared to relevant costs in other countries.

In Georgia, an Optima study was carried out in 2014[23]. However, the projection and results are no longer relevant, and do not reflect the current situation (HIV prevalence among MSM etc.). However, the unit cost for MSM (according to Optima) covered by prevention services is 232.35 USD, which is higher than the corresponding unit cost for SW and IDU. In Belarus, according to Optima estimates (2013)[24], MSM have become a rapidly growing segment of the epidemic, and, by 2030, are projected to account for 1 in 7 new HIV infections. According to the study, the unit cost of MSM services is lowest (compared to the other counties) in Belarus at 39.03 USD. In Armenia, according to Optima (2015)[25], MSM programs should be continued with a focus on urban areas that have larger MSM populations and more regular epidemiological surveillance. The unit cost for MSM is 94.71 USD, which is less than the unit cost for SW or IDU. The unit cost for MSM covered by prevention programs in North Macedonia is 48.96 USD, which is much less than the unit cost for SW or IDU. The historical data extracted by the Optima studies shows a high variation in the unit cost per MSM covered, and that, in some countries, the MSM component is significantly underfunded in comparison with other KP. It should be noted that some data from the Optima studies is already outdated and cannot be used to assess the current situation.

Table 4. Costing Data Extracted from Optima Studies (2013—2016), USD

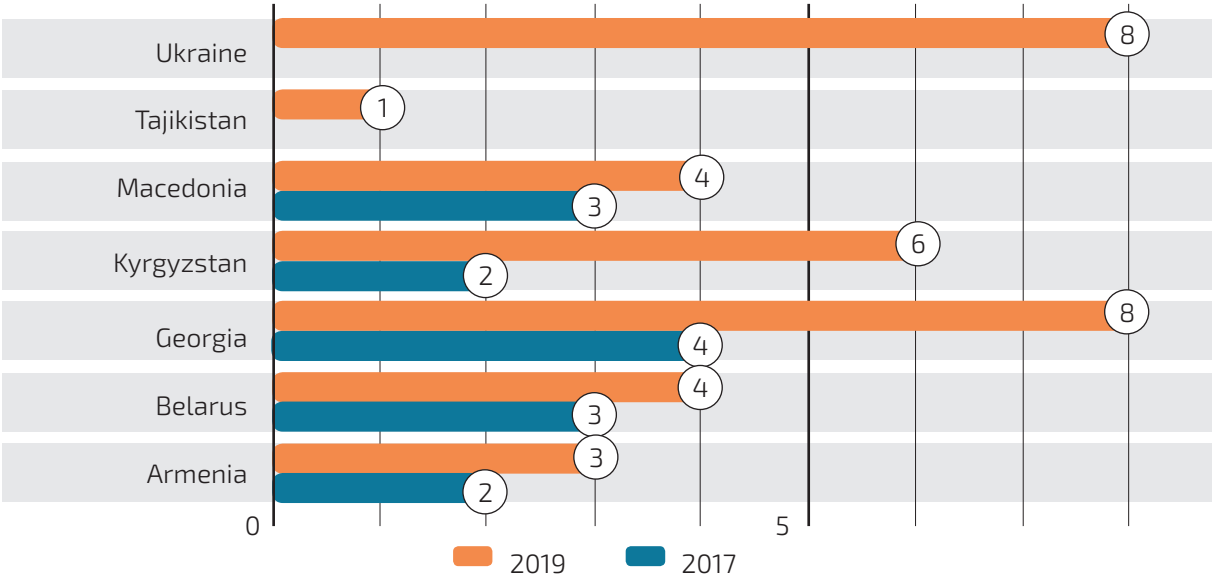
Country	Annual cost for MSM	Unit cost per MSM covered	Unit cost per IDU covered through needle exchange	Unit cost per SW covered
Armenia	235 000	94,71	129,27	107,05
Belarus	285 000	39,03	101,36	86,62
Georgia	403 818	232,35	64,75	166,30
Kyrgyzstan	595 999	449,13	116,38	103,65
Macedonia	134 733	49	174,5	203

A PrEP pilot project was successfully implemented in Ukraine. The project pilots the pre-exposure prophylaxis (PrEP) model as a component of HIV prevention programs for MSM and trans people. The project is implemented in partnership with Public organization ALLIANCE.GLOBAL and the Kyiv AIDS Center, with the financial support of the US Center for Disease Control and Prevention. Relevant protocols and guidelines have been developed and approved. Particularly, in 2019, the Ministry of Health adopted a new clinical protocol on the use of antiretroviral drugs for the treatment and prevention of HIV infection, which regulates, among other things, the introduction of pre-exposure prophylaxis (PrEP)[26].

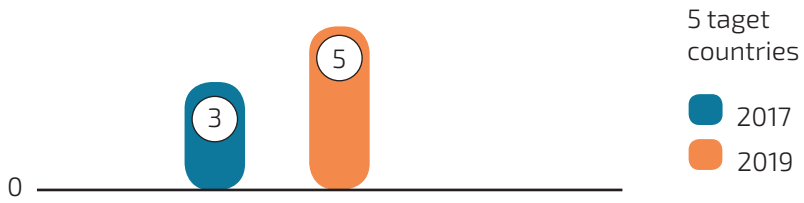
21 https://openknowledge.worldbank.org/bitstream/handle/10986/25378/109599-WP-GHNDRAEMacedoniaReportFormatJul-PUBLIC-ABSTRACT-SENT.pdf?sequence=1&isAllowed=y
22 https://openknowledge.worldbank.org/bitstream/handle/10986/25377/109601-WP-GHNDRECAKYRGYZReportMarch-PUBLIC-ABSTRAC-SENT.pdf?sequence=1&isAllowed=y
23 http://optimamodel.com/pubs/georgia-report.pdf
24 http://optimamodel.com/pubs/belarus-report.pdf
25 http://optimamodel.com/pubs/armenia-report.pdf
26 http://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-05062019--1292-pro-zatverdzhennja-novogo-klinichnogo-protokolu-iz-zastosuvannja-antiretrovirusnih-preparativ-dlja-likuvannja-ta-profilaktiki-vil-infekcii

PrEP has been successfully implemented among MSM in Georgia through a joint program of the community organization "Equality Movement" and the AIDS Center. Consultations with a physician, periodic medical monitoring, and TRUVADA medication are free for MSM enrolled in the PrEP program. Currently, more than 140 individuals are enrolled in the program. The NSP for 2019-2021 indicates PrEP as a priority program and sets increasing indicators for each year. Special guidelines and a protocol for the implementation of PrEP in Georgia were developed and approved. Representatives of community organizations have stated that PrEP is being actively discussed in Belarus, Armenia and Kyrgyzstan. A clinical protocol on PrEP exists in Kyrgyzstan. However, it is difficult to predict some concrete timeframe for PrEP implementation in Kyrgyzstan. It should be noted that during the assessment, respondents from all target countries mentioned that there are low levels of awareness about PrEP among both beneficiaries and health workers.

Graph 7. The Level of Institutionalization and Quality Control of HIV Services.
Results from 2017 are only available for Armenia, Belarus, Georgia, Kyrgyzstan and North Macedonia; results from Tajikistan and Ukraine reflect the situation in 2018



Graph 8. Progress based on average scores for 5 countries



Conclusions to the section 2.3

HIV prevalence among MSM is increasing in all target countries. With the exception of Armenia and Tajikistan, there are concentrated epidemics among MSM in other target countries ranging from 5.4% in North Macedonia to 25% in Georgia.

IBBS have been conducted recently in all target countries. Community organizations and groups have been actively involved at all stages of carrying out such studies (developing methodology, planning, recruitment, interviews, etc.). Despite study limitations, the main stakeholders in target countries have come to overall agreements on the results of the studies. The results of IBBS in Tajikistan had not yet been published at the time this report was developed.

PrEP pilot projects have been successfully implemented in Georgia and Ukraine. Moreover, in Ukraine, PrEP is already being introduced as a standardized and officially approved way to prevent HIV infection among people from key groups. Awareness about PrEP is low (with the exception of Ukraine) among both beneficiaries and health professionals.

An analysis of engagement in the HIV care cascade shows that the primary gap occurs at the stage of HIV testing/diagnosis. The majority of MSM living with HIV do not know their status, which is the result of the low coverage of MSM with HIV testing. Delay in HIV testing leads to late diagnoses thereby increasing the risk of mortality. Furthermore, individuals with undiagnosed HIV who continue to engage in risky behavior can contribute to the transmission of the virus.

Rapid HIV testing has been introduced in all 7 countries in recent years, and, in theory, should have helped increase access to HIV testing. However, in some countries there are medical regulations mandating that HIV testing be provided in medical facilities or by medical professionals. Such circumstances significantly limit the possibility of carrying out testing during outreach work and of community-based testing in general.

The effectiveness and cost-effectiveness of services targeting MSM have not been evaluated recently in any of the target countries. However, Optima studies were conducted in five countries, and indicated the need to continue to provide the same level of funding (or, in the case of North Macedonia, to slightly increase funding) for HIV prevention services for MSM. Optima studies show a high variation in the unit cost per MSM covered, and demonstrate that, in some countries, programs targeting MSM are significantly underfunded in comparison with programs targeting other KP. It should be noted that the data of some Optima studies is already outdated and cannot be used to assess the current situation. However, Optima studies can serve as a good basis for projecting future trends in the financing of HIV prevention.

It is important to note that HIV prevention services provided by community-based organizations or by other NGOs are currently fully funded by the GFATM with the exception of Ukraine, where part of the funds is provided by other donors, and there is also a transition to financing from the state budget. Securing national funding still remains a top priority (and was identified as one in 2017) for maintaining current services and ensuring the future sustainability of services, as the GFATM plans to withdraw from all target countries in the coming years. North Macedonia is the other exception, and can serve as a good example: in the country, HIV prevention services are fully funded by the state, and HIV services targeting MSM are implemented by community organization.

With respect to trans people, there is currently no data on population sizes, new cases of HIV infection, or on prevention services.

2.4 Level of Participation of MSM and Trans People in HIV Governance, Policy and Funding

The scores for the 2017 and 2019 assessments, a comparison between the two years, as well as the average progress made between 2017 and 2019 are depicted in Graphs 8 and 9 below.

In all 7 target countries, there are representatives of LGBT communities in national HIV structures. All countries with the exception of North Macedonia have National Country Coordinating Mechanisms on HIV and TB (for Global Fund grants). In North Macedonia, there is a National HIV Commission on HIV. There has been no CCM since the GFATM withdrew from the country in 2017. Since late 2017, the state has been financing all HIV-related activities in the country, including HIV prevention among KP. In North Macedonia, representatives of communities, as well as representatives of international and state organizations, who are involved in the National HIV Commission, highlight the fruitful cooperation between commission members and the overall effectiveness of HIV commission. Moreover, these representatives indicate that the Commission is even more effective and productive than the CCM was during the period when the GFATM-funded program was being implemented.

The MSM KP community has one representative in the CCM of Georgia. In Belarus[27], the CCM has one full member representing the LGBT community, as well as an alternate member from the trans community. In addition, one CCM member represents an NGO ("Vstrecha") that provide HIV prevention services to MSM and that formerly represented affected communities, however it is not a community organization. In the CCM of Kyrgyzstan[28], there is one full member and one alternate member from the LGBT community. In Armenia , the LGBT community is represented in the CCM by a person representing the PLH community. In Armenia[29], community members indicate that the next CCM election is planned for 2019, and that an LGBT community member will represent the community.

In Ukraine, the community developed a mechanism to ensure the representation of gay men and other MSM in the CCM. The nomination and election of community representatives were based on the broad and meaningful participation of representatives of the LGBT community. The MSM representative elected to the CCM in 2017 regularly informs organizations and activists about the current work of the CCM and about opportunities for community involvement through a streamlined information procedure. The main representative of key population group of MSM also has a selected alternate member. Moreover, community representatives indicate that there is also community representation at the regional level (MSM are represented in 7 out of 23 subnational administrative units). Since 2019, the trans-community has also been given a place in the country coordination mechanism, to which the community has delegated the main representative and alternate. Since the CCM in Ukraine operates not only on its own as a whole, but also through special committees – on program issues and on regional policy, the country's gay community has achieved the introduction of representatives of organizations based on the meaningful participation of the gay community.

At the time of assessment, Tajikistan did not have a CCM, and the structure of the new, proposed CCM was unclear. In the previous NCC, the MSM community was represented by an HIV-service organization working with MSM, The organization had voting rights in the body. In addition, the NGO "Equal Opportunities" participated in CCM meetings as an observer organization. Trans people are not represented in the CCM.

In most cases, the process of nominating and electing LGBT representatives to country coordinating bodies is transparent and accessible by community members. This was also the case according to the 2017 assessment. In Belarus, there are separate seats for both NGOs and community representatives, with separate voting processes as well. It is worth noting that Belarus was the first country in the CEECA region, where a trans person was elected to represent the LGBT community as an alternate CCM member. Respondents from Armenia noted that the CCM member representing the LGBT community was more involved with the PLH community than the LGBT community. In Armenia, community members indicate that a new election process is planned for 2019, during which an LGBT community member will represent the community.

27 http://aids.by/ckk/index.php
28 http://hivtbcc.kg/pages/members.html
29 http://ccmarmenia.am/en/members/

In Georgia, there are representatives from all KP groups in the CCM structure[30]. LGBT community members from Georgia indicate an improvement in the effectiveness of communication (compared to 2017) between the CCM member representing the LGBT community and the general community itself. Respondents from Kyrgyzstan indicated that the process of electing an LGBT community representative to the CCM is transparent. Based on information obtained from interviews with community representatives, they are quite satisfied with the level of communication and timeliness of updates on CCM activities in Kyrgyzstan.

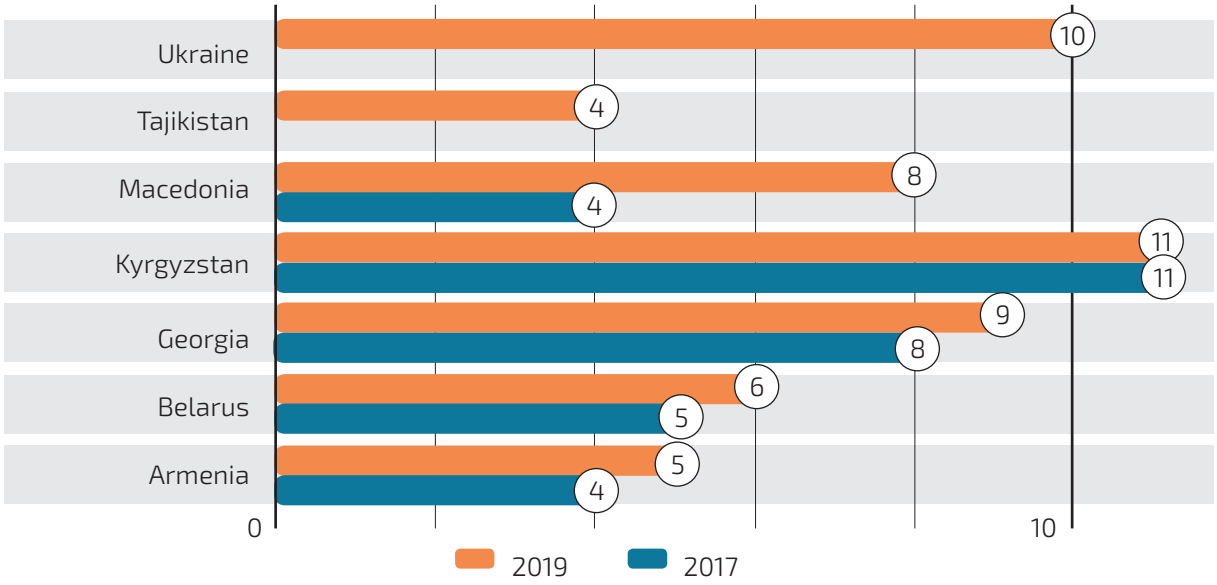
In 5 target countries, MSM are mentioned in state documents (national plans) as a KP with respect to HIV. One exception is the Belarusian National Plan, which, in general, does not specify groups vulnerable to HIV and does not clearly define KP, such as MSM, SW or IDU. The other exception is Tajikistan, where MSM are included as a KP only in documents related to the GFATM grant, but not in the National AIDS Program. The following are the state documents or national plans on HIV: "Population's Health and Demographic Safety in Belarus for 2016—2020"; National HIV Plan for 2019—2021 in Georgia; National HIV/AIDS Plan for 2017—2021 in Armenia; and, Kyrgyz National HIV Plan for 2017—2021. North Macedonia does not currently have an HIV strategy in place. It is currently under development. However, the Ministry of Health and the HIV Commission jointly develop an annual program, in which MSM are mentioned. In Ukraine, earlier the programmatic response to the spread of HIV was "formatted" at the state level through the consequently implemented five-year national targeted social programs to combat HIV / AIDS, the last of which ended in 2018, but the program for 2019–2023 was not and will not be adopted, since it was decided at the CCM level to approve the state strategy for responding to the spread of HIV for the period up to 2030, and then adopt three-year operational action plans for its implementation.

Currently, trans people are mentioned as a KP in the National HIV Plans of more countries than in 2017 (Kyrgyzstan, Georgia, Armenia). Since 2018, official Clinical Recommendations on HIV prevention, diagnosis, treatment and care of key populations have been in force in Ukraine[31], according to which "transgenders" are explicitly identified as key populations. However, due to a lack of statistical data and the absence of size estimation data on trans people, no separate indicators have been established for trans people in the assessment countries. In most cases, they receive services as MSM or as people, providing sexual services. Trans size estimation studies are under discussion in Georgia, Armenia and Kyrgyzstan.

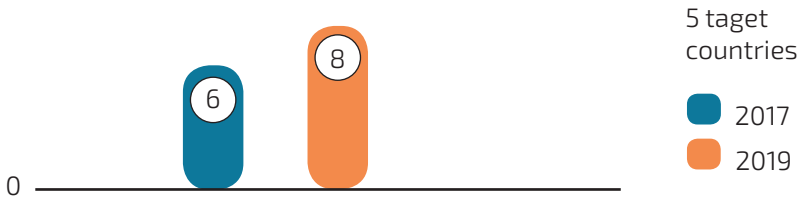
All countries have developed transition plans as the main donor, the GFATM, plans to withdraw from the region in the coming years. The CCM of North Macedonia approved the country's transition plan in December 2016. The GFATM left the country in late 2017. Since then, HIV programs in the country are fully financed by state funding. In all other countries the transition plans clearly indicate a gradual reduction in financial dependency on the GFTAM, and a gradual transition to state-funded programs.

30 http://www.georgia-ccm.ge/?page_id=123&lang=en
31 http://mtd.dec.gov.ua/images/dodatki/KN/2018_07_KN_ProfVIL.pdf

Graph 9. Level of Participation of MSM and Trans People in HIV Governance, Policy and Funding
Results from 2017 are only available for Armenia, Belarus, Georgia, Kyrgyzstan and North Macedonia; results from Tajikistan and Ukraine reflect the situation in 2018



Graph 10. Progress based on average scores for 5 countries



Conclusions to the section 2.4

In all target countries, HIV coordinating bodies on response to HIV Epidemic exist at the national level, such as the CCM or its equivalent in countries with GFATM funding. In North Macedonia, there is a National HIV Commission. All countries reserve at least one seat in national HIV councils or CCMs for gay men and other MSM. In most cases, the nomination and selection process to HIV coordinating bodies is transparent. However, in some countries, the timeline of the election process is unclear. Compared to 2017, the communication process between community members and community representatives in the CCM has improved in some countries (Georgia, Kyrgyzstan).

With exception of Belarus and Ukraine, the participation of trans people in national HIV coordinating bodies remains an issue in all target countries.

GFATM-related CCM structures are one of the main platforms that can be used to make community voices heard at the governmental level. On the other hand, North Macedonia's HIV commission can serve as a good example of fruitful and productive cooperation between state and non-state stakeholders active in the field of HIV following the withdrawal of the GFATM.

In the majority of the target countries, MSM are explicitly mentioned in national HIV/AIDS plans and/or in equivalent documents as KP with respect to HIV transmission, prevention and treatment. The one exception is Belarus, where groups vulnerable to HIV are recognized generally, but specific KP, such as MSM, SW or IDU, are not specifically mentioned (Belarus' transition plan does define specific high-risk groups).

All countries have developed transition plans. Transition plans clearly indicate a gradual reduction in financial dependency on the GFTAM, and a gradual transition to state-funded programs. In Tajikistan, costing of the transition plan is being carried out.

2.5 Availability and Level of Use of Government Mechanisms for Purchasing Social and Health Services from NGOs Working with MSM and Trans People

The scores for the 2017 and 2019 assessments, a comparison between the two years, as well as the average progress made between 2017 and 2019 are depicted in Graphs 10 and 11 below.

There are no official bans or legislative restrictions on the functioning of NGOs in any of the target countries. However, community organizations may face difficulties in certain countries. In Georgia, there are no legal barriers that restrict state organizations from contracting NGOs. However, the rigid tendering procedures (for example, a bank guarantee is required) that limit the participation of financially weak organizations still remain an issue, as indicated during the 2017 assessment. These procedures may exclude certain NGOs from state tenders, including ones that do not have strong organizational or financial capacity, such as community-based organizations, but that have valuable experience working with KP at the grassroots level. Moreover, these tendering procedures create a risk of quality deterioration if the tender winners are selected soley on the basis of financial criteria. There are a few cases in Georgia, where the state has already granted funds to NGOs working in the field of mental health, and TB surveillance, or to organizations working with disabled people. However, no state funds have been given directly to NGOs or communities for implementing HIV prevention services among KP, including MSM (so far, only GFATM funds dispersed through the NCDCPH have been used for such purposes).

The Macedonian Law on Public Procurement allows for the procurement of services from NGOs on a competitive basis. After the withdrawal of the GFATM from the country, the state assumed full responsibility for funding HIV programs in North Macedonia. The state is providing 90,000,000 MKD for HIV programs in the country in 2019. The largest portion of this money goes towards funding ART for HIV (36,420,000 MKD, which is equivalent to around 670.000 USD). The amount of funds provided for HIV prevention services among MSM remains the same as it was in 2018 and 2017. The Ministry of Health of North Macedonia announces open calls annually for the provision of HIV services for KP, including MSM. The only criterion for prospective organizations is 3 years of experience working in a similar field.

In Kyrgyzstan, there are no legal or other barriers for purchasing services from NGOs. In 2017, a law on social contracting was approved, which will allow different sectors, including the health sector, to fund NGO services. No state funds have yet been granted for the implementation of HIV prevention work among MSM, trans people, or any other KP. However, the NGO sector (including community organizations), and international organizations, such as UN agencies, USAID, and OSF, are currently working actively with the Ministry of Health on establishing procedures for purchasing services and for selecting service providers. Representatives of community and international organizations indicate that, by the end of the 2019, it is planned to allocate 3-5 million Kyrgyz Som, KGS (around 40-70 mln USD) for purchasing HIV prevention services for KP. If this plan is implemented, it will be the first successful experience where NGOs in Kyrgyzstan obtain state funding from the Ministry of Health. It should be noted that, this year (2019), 43 million KGS are provided by the state for the procurement of medical products, while all other expenses are covered by donor organizations. Next year, the state plans to provide around 101 million KGS (around 1,4 mln USD) to fulfill its obligations.

In Belarus, the Social Services Act does not impose restrictions on the types of social services that may be provided under a state social order[32]. Thus, a state social order can be placed on any social service including HIV-related services. A new version of the Belarusian law will simplify the state social procurement procedure, improve the mechanism for social contracting, and will expand the range of participants in the social services market, eventually reaching more citizens in need. The tender procedure has also been simplified, including new regulations on the duration of contracts. Belarus' Gomel Oblast provides a good example for the provision of HIV prevention services among KP (IDU, MSM, SW). In March 2019, the Gomel municipal government granted state funds in the amount of 20,000 Belarusian rubles (around 10000 USD) to the NGO "Positive Movement" as part of a state

32 http://aids.by/upload/iblock/7f1/Analiticheskij%20otchet%20o%20pravovom%20regulirovanii%20gosudarstvennogo%20socialnogo%20zakaza%20v%20sfere%20profilaktiki%20VICh.pdf

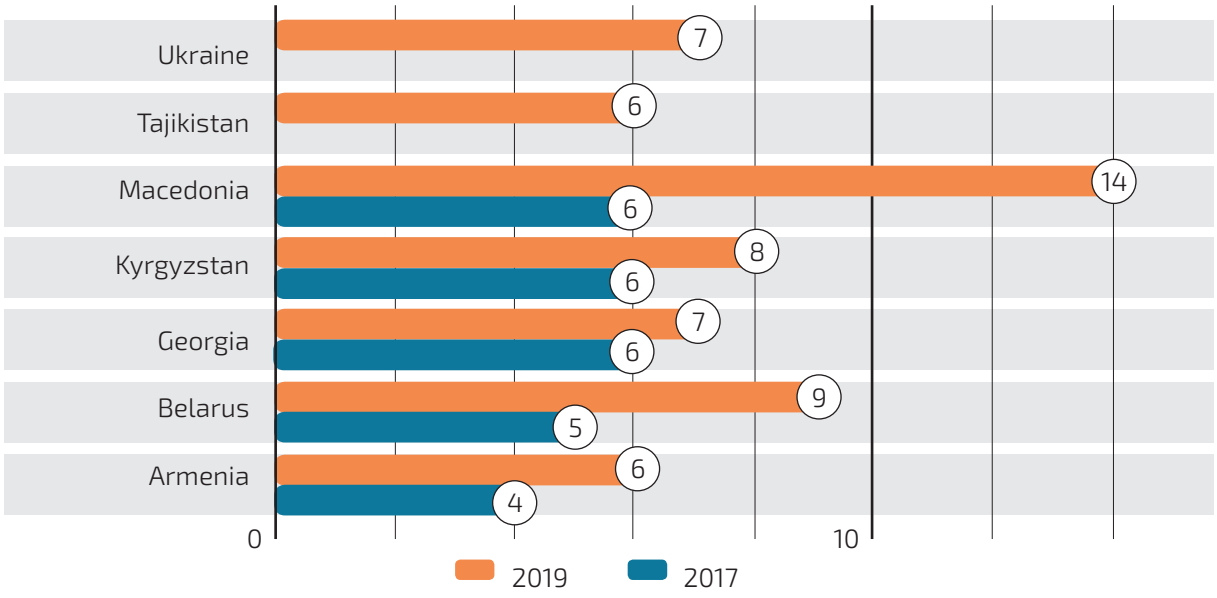
social order. In total, these funds will be used to provide the following services to 450 people in 2019: rapid HIV tests, HIV and risk reduction counseling, distribution of materials, and referrals to relevant healthcare institutions. Another example of state social contracting in Belarus occurs in Brest Oblast, where the municipality announced a call for the provision of HIV prevention services to KP. Under this call, it is planned to reach at least 950 representatives of KP with a unit cost per person of 13 Belarusian rubles (around 6500 USD).

In Armenia, there are no restrictions or bans on the operation of NGOs, however, there is no state policy or mechanism for social contracting. No state funds have been granted to LGBT organizations or to NGOs working on HIV prevention among MSM and trans people. Some representatives of community organizations express their doubts regarding the possibility of receiving state funding (which has not changed since 2017). They are not confident in state funding mechanisms, and fear that they may be used in corruption deals.

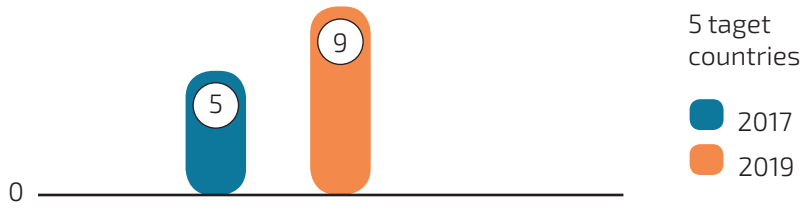
In Ukraine, there are also no prohibitions on the allocation of state (budget) funding for NGOs, and in June 2019, an innovative government resolution was adopted "Some issues of providing services to representatives of high-risk groups of HIV infection and people living with HIV". This document stipulates the specifics of the procurement of medical and social services related to HIV for state and local budgets and gives a formal start to tenders for the procurement of these services from NGOs at the subnational level. However, as of the beginning of July 2019, this process has not yet been crowned with the actual allocation of NGO funding for the provision of MSM services, both due to the formal shortcomings of the procedures themselves and the inability of a number of the main "players" of the MSM service to submit to these tenders due to a number of significant financial risks. However, there are examples where general profile HIV-service NGOs (in Gomel, Odessa, Sumy oblasts) have received government funds, however, not within the framework of the above-mentioned national procedure, but within the framework of procedures and programs previously implemented at the level of a number of subnational administrative units.

According to stakeholders in Tajikistan, there is legislation in place to enable the social contracting of NGOs. However, it is not clear if such mechanisms are fully operational or not, as there is no history of the state contracting NGOs working in the health sector in the country.

Graph 11. Existence and level of use of government mechanisms for purchasing social and health services from NGOs including those for MSM and trans people.
2017 results are only available for Armenia, Belarus, Georgia, Kyrgyzstan and North Macedonia; the results from Tajikistan and Ukraine reflect the situation in 2018



Graph 12. Progress based on average scores for 5 countries



Conclusions to the section 2.5

The legislation of nearly all the countries allows for the purchase of services from NGOs on a competitive basis. In most target countries, no state funds have yet been granted to NGOs or to communities for implementing HIV prevention activities among MSM and trans people. However, in Georgia, Ukraine, and Kyrgyzstan, there are successful examples of the state granting money to NGOs to work with IDU, people with disabilities, or on mental health issues. In countries, such as Georgia, there are rigid tendering procedures (such as the requirement of bank guarantees or deposits) which prevent NGOs (including community-based NGOs) from participating in state tender procedures. At the same time, there are no official restrictions on the functioning of community NGOs or on buying services from NGOs.

North Macedonia can serve as a good example of the state taking complete responsibility for funding HIV programs in the country after the withdrawal of the GFATM. It is important to point out that, in North Macedonia, funding for HIV prevention services targeting MSM has not decreased, but rather remains at the same level as when the GFATM financed prevention activities in the country.

Despite its hostile environment towards LGBT people, Belarus does serve as a good example with respect to social contracting, as a number of state social contracts have recently been implemented with municipal state funds being provided to NGOs working on HIV prevention among KP, including MSM.

Annex 1:
Scoring per section by country, 2017, 2018, 2019

	Armenia		Belarus		Georgia		Kyrgyzstan		North Mathedonia		Tajikistan	Ukraine
	2019	2017	2019	2017	2019	2017	2019	2017	2019	2017	2018	2018
Level of community development, advocacy, and partnerships	18	14	8	7	24	19	21	18	12	10	10	26
Level of institutionali-zation and quality control of HIV services for MSM and trans people	3	2	4	3	8	4	6	2	4	3	0	8
Level of participation of MSM and trans people in HIV governance, policy, and funding	5	4	6	5	9	8	11	11	8	4	4	10
Availability and level of use of government mechanisms for purchasing social and health services from NGOs working with MSM and trans people	6	4	9	5	7	6	8	6	14	6	6	7
Total Country Score	32	24	27	20	48	37	46	37	38	23	20	51
Percentage (actual score vs maximum score)	46%	34%	38%	29%	68%	37%	66%	37%	54%	23%	29%	73%

Annex 2:
Social and demographic data of study countries

Armenia

	Data	Year	Data	Year	Sources
Country Population	3 004 588	2015	2 930 000	2017	https://data.worldbank.org/indicator/SP.POP.TOTL
% of males	47,73%	2015	47%	2017	https://data.worldbank.org/indicator/SP.POP.TOTL.MA.IN
% of living in urban settings	62,7%	2016	63,1%	2017	https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS
Personal remittances (received from abroad), (as % of GDP)	13,1%	2016	13,34%	2017	https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS
% of individuals using the internet	49,9%	2016	62%	2018	http://data.un.org/en/iso/am.html
GDP per capita, PPP (current international $)	8 881	2016	9 647	2017	https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD?locations=AM
Health as % of government spending	5,4%	2016	6,12%	2017	https://data.worldbank.org/indicator/SH.XPD.GHED.GE.ZS
% of health in GDP (included private sector and out-of-pocket expenditure)	4,5%	2015	9,9%	2016	http://nih.am/assets/pdf/atvk/9a41bb8fb3968df4046c1466e4404fa0.pdf
Poverty gap at national poverty lines (%)	29,4%	2014	25,7%	2017	https://data.worldbank.org/indicator/SI.POV.NAHC?locations=AM
Press freedom index /	79	2017	61	2019	https://rsf.org/en/ranking
Rainbow index	7%	2016	7,2%	2019	https://rainbow-europe.org/country-ranking

Belarus

	Data	Year	Data	Year	Sources
Country Population	9 500 000	2016	9 507 000	2017	https://data.worldbank.org/indicator/SP.POP.TOTL
% of males	46,6%	2016	46,5%	2017	https://data.worldbank.org/indicator/SP.POP.TOTL.MA.IN
% of living in urban settings	77,9%	2016	78,13%	2017	https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS
Personal remittances (received from abroad), (as % of GDP)	1,9%	2016	2,3%	2017	https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS
% of individuals using the internet	62,23%	2015	71,1%	2018	http://data.un.org/en/iso/by.html
GDP per capita, PPP (current international $)	18 060	2016	18 836	2017	https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD?locations=AM
Health as % of government spending	13,8%	2014	8,48%	2016	https://data.worldbank.org/indicator/SH.XPD.GHED.GE.ZS?locations=BY
% of health in GDP (included private sector and out-of-pocket expenditure)	5,7%	2014	6,32%	2016	https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=BY
Poverty gap at national poverty lines (%)	5,1%	2015	5,9%	2017	https://data.worldbank.org/indicator/SI.POV.NAHC?locations=AM-BY
Press freedom index /	153	2017	153	2019	https://rsf.org/en/ranking
Rainbow index	13%	2017	13,35%	2019	https://rainbow-europe.org/country-ranking

Georgia

	Data	Year	Data	Year	Sources
Country Population	3 720 400	2016	3 717 000	2017	http://www.geostat.ge/index.php?action=0&lang=eng
% of males	47,83	2016	47,7 %	2017	http://www.geostat.ge/cms/site_images/_files/english/Gender%20Statistics.pdf
% of living in urban settings	57,21%	2016	58,23%	2017	https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS
Personal remittances (received from abroad), (as % of GDP)	10,45%	2015	11,9%	2017	https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS
% of individuals using the internet	45,16%	2015	60,49%	2017	https://data.worldbank.org/indicator/IT.NET.USER.ZS
GDP per capita, PPP (current international $)	9 996	2016	10 674	2017	https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD?locations=GE
Health as % of government spending	9,6%	2015	10,2%	2016	https://data.worldbank.org/indicator/SH.XPD.GHED.GE.ZS?locations=BY-GE
% of health in GDP (included private sector and out-of-pocket expenditure)	7,9%	2015	8,4%	2016	https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=BY-GE
Poverty gap at national poverty lines (%)	22%	2016	21,9%	2017	https://data.worldbank.org/indicator/SI.POV.NAHC?locations=AM-BY-GE
Press freedom index /	64	2017	60	2019	https://rsf.org/en/ranking
Rainbow index	26%	2017	25,87%	2019	https://rainbow-europe.org/country-ranking

Kyrgyzstan

	Data	Year	Data	Year	Sources
Country Population	5 950 000	2015	6 201 000	2017	https://data.worldbank.org/indicator/SP.POP.TOTL
% of males	49,5%	2015	49,5%	2017	https://data.worldbank.org/indicator/SP.POP.TOTL.MA.IN
% of living in urban settings	35,3%	2015	36,13%	2017	https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS
Personal remittances (received from abroad), (as % of GDP)	30,5%	2016	32,86%	2017	https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS
% of individuals using the internet	30,3%	2015	34,5%	2018	http://data.un.org/en/iso/kg.html
GDP per capita, PPP (current international $)	3 551	2016	3 725	2017	https://data.worldbank.org/indicator/SH.XPD.GHED.GE.ZS
Health as % of government spending	11,9%	2014	6,6%	2016	https://data.worldbank.org/indicator/SH.XPD.GHED.GE.ZS?locations=BY-KG
% of health in GDP (included private sector and out-of-pocket expenditure)	6,5%	2014	6,62%	2016	https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=KG
Poverty gap at national poverty lines (%)	32,1%	2014	25,6%	2017	https://data.worldbank.org/indicator/SI.POV.NAHC?locations=AM-BY-GE-KG
Press freedom index /	89	2017	83	2019	https://rsf.org/en/ranking
Rainbow index	NA	NA	NA	NA	

North Macedonia

	Data	Year	Data	Year	Sources
Country Population	2 070 000	2016	2 083 000	2017	https://data.worldbank.org/indicator/SP.POP.TOTL
% of males	50%	2016	49,9%	2017	https://data.worldbank.org/indicator/SP.POP.TOTL.MA.IN
% of living in urban settings	57%	2016	57,75%	2017	https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS
Personal remittances (received from abroad), (as % of GDP)	2,7%	2016	2,79%	2017	https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS
% of individuals using the internet	70,38%	2015	72,2%	2018	http://data.un.org/en/iso/mk.html
GDP per capita, PPP (current international $)	15 121	2016	15 290	2017	http://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD
Health as % of government spending	12,7%	2015	13%	2016	https://data.worldbank.org/indicator/SH.XPD.GHED.GE.ZS?locations=BY-GE-MK
% of health in GDP (included private sector and out-of-pocket expenditure)	6,3%	2015	6,3%	2016	https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=BY-GE-MK
Poverty gap at national poverty lines (%)	22,1%	2014	22,2%	2017	https://data.worldbank.org/indicator/SI.POV.NAHC?locations=MK
Press freedom index /	111	2017	95	2019	https://rsf.org/en/ranking
Rainbow index	16%	2017	14,03%	2017	https://rainbow-europe.org/country-ranking

Ukraine

	Data	Year	Sources
Country Population	44 622 520	2016	https://data.worldbank.org/indicator/SP.POP.TOTL
% of males	46,24% (20 632 994)	2016	https://data.worldbank.org/indicator/SP.POP.TOTL.MA.IN?locations=UA
% of living in urban settings	69,35%	2016	https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS?locations=UA
Personal remittances (received from abroad), (as % of GDP)	10,99%	2016	https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS?locations=UA
% of individuals using the internet	52,5%	2015	http://data.un.org/en/iso/ua.html
GDP per capita, PPP (current international $)	9 233,2	2016	https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD?locations=UA
Health as % of government spending	7,03%	2015	https://data.worldbank.org/indicator/SH.XPD.GHED.GE.ZS?locations=UA
% of health in GDP (included private sector and out-of-pocket expenditure)	6,73%	2015	https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=UA
Poverty gap at national poverty lines (%)	2,4%	2014	https://data.worldbank.org/indicator/SI.POV.NAHC?locations=UA
Press freedom index /	102	2017	https://rsf.org/en/ranking
Rainbow index	21,52%	2017	https://rainbow-europe.org/country-ranking

Tajikistan

	Data	Year	Sources
Country Population	8 931 000	2017	https://www.stat.tj/ru
% of males	50,5%	2012	http://w3.unece.org/pxweb/en/
% of living in urban settings	26,89%	2016	https://www.indexmundi.com/facts/tajikistan/indicator/SP.URB.TOTL.IN.ZS
Personal remittances (received from abroad), (as % of GDP)	26,9%	2016	http://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS?locations=7E&name_desc=true
% of individuals using the internet	NA 17,49%	2017 2014	https://unstats.un.org/sdgs/indicators/database/?indicator=17.8.1 http://data.un.org/Data.aspx?d=ITU&f=ind1Code%3AI99H
GDP per capita, PPP (current international $)	2 979,3	2016	http://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD
Health as % of government spending	NA		http://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD
% of health in GDP (included private sector and out-of-pocket expenditure)	6,998	2016	https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=TJ
Poverty gap at national poverty lines (%)	NA		National Statistical Agencies or http://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD *или* http://data.un.org/CountryProfile.aspx?crName=GEORGIA
Press freedom index /	149	2017	https://rsf.org/en/ranking_table
Rainbow index	NA		The rainbow index is published by the ILGA on an annual basis, data for 2017 is available here: http://www.ilga-europe.org/resources/rainbow-europe/rainbow-europe-2017