



Eurasian Coalition on Male Health



Successes of LGBT Involvement in National HIV Decision Making Processes

*Case Studies from Six Countries of
Eastern Europe and Central Asia*

*Tallinn, Estonia
2017*

Successes of LGBT Involvement in National HIV Decision Making Processes
in Eastern Europe and Central Asia. Case Studies from Six Countries.



Eurasian Coalition on Male Health (ECOM)

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Foreword.

What Helps and Hinders the LGBT Engagement in National HIV Processes



The participation of LGBT community both in services delivery and strategy development within national HIV responses demonstrated to improve the quality of projects funded by the Global Fund and national HIV/AIDS programs in general.

Case studies of participation of LGBT representatives in the Global Fund supported projects, collected by ECOM, show what helps and what hinders meaningful community engagement and how coordination between community organizations and governmental officials could be developed and strengthened.

As seen in cases from Belarus, Kyrgyzstan, Moldova, and Ukraine, governmental agencies and community organizations already have good experience in cooperation. This experience relates to cooperation to raise funds for the country from international donors; on research among hard-to-reach groups; and adjustment of national strategies to improve coverage of key populations.

LGBT community organizations do not always have experience in involvement and some governmental structures are not ready for cooperation with those communities' organizations. An important factor contributing to effective engagement of LGBT community representatives in national coordination structures is support from other key populations such as PLHIV or PUD communities who might have more relevant experience. Such examples are seen in cases from Kyrgyzstan, Moldova and Ukraine.

However, there are also significant obstacles that prevent effective participation

and coordination. One of the strongest are systemic homophobia and lack of core funding for community organizations.

For example, homophobic policy of the Russian government caused a dispute between representatives of various key populations in Russia's National Coordination Committee who feared a negative reaction of government officials to engagement of LGBT representatives in negotiations with governmental agencies. Some Committee members suggested that instead of being represented directly, the LGBT community could be represented by NGOs which work with MSM.

All the cases confirm that LGBT participation in Country Coordination Mechanisms (CCMs) is the most efficient way to be meaningfully engaged in development and implementing of national strategies on HIV and TB. However, this work requires a significant amount of time and efforts including long-term and active communication between communities' members at CCMs and those communities they represent. National governments are not ready to provide core funding to community organizations and all funding for advocacy work is covered by international development and humanitarian funds.

We hope that these case studies will contribute to exchange of experience between LGBT community organizations in Eastern Europe and Central Asia and help them to attract funding they need from international and national sources.

Using the Capacity of HIV Service Organizations

to Ensure the Sustainability of Services for MSM in Belarus

AUTHOR: Nataliya Moyseeva.

KEY WORDS: Republic of Belarus, MSM, LGBT, Country Coordinating Mechanism/CCM, HIV-Service NGOs.

A key barrier to this work is the high level of stigma towards LGBT people.

In the Republic of Belarus, HIV-service organizations work in a climate of homophobia and the stigmatization of representatives of the LGBT community. Due to the fact that there are no registered LGBT organizations in the country, HIV-service NGOs represent the interests of the LGBT community in the Country Coordinating Mechanism (CCM).

HIV-service organizations participated in the development of a Terms of Reference for representatives of NGOs in the CCM and for the election of CCM members. The Association "Belarusian Anti-AIDS Network" actively participated in the development of proposals to amend the legislation of social contracts mechanism for HIV-service.

Services for MSM are funded exclusively through grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In order to attract attention to the activities of NGOs working with MSM and other key populations, in 2009 and 2011 Belarusian Anti-AIDS Network organized and held HIV service organization Forums which acted as a platform for dialogue with governmental structures and between NGOs.

Provisions for funding HIV prevention services for MSM were included in the National Program, thanks to the active recommendations of HIV-service organizations and to their partnership with the Ministry of Health. Following the (re)election of CCM members, a number of representatives of HIV-service organizations, representing the interests of key populations, including MSM and LGBT, became CCM members.

The activity of NGOs to ensure the inclusion of services for MSM in the National Program was possible thanks to support from the Global Fund and the Ministry of Health of the Republic of Belarus, as well as to the cooperation of HIV-service organizations with LGBT activists.

A key barrier to this work is the high level of stigma towards LGBT people.

The NGO Forum can serve as a platform for building partnerships and cooperation between

NGOs and government sector institutions in order to advocate for HIV services for MSM.

Introduction: Context and Problem

According to UNAIDS, the number of MSM in the Republic of Belarus is approximately 60,000 people (AIDSinfo, 2015). However, according to LGBT activists, this assessment was not conducted correctly, and the actual number is higher. HIV prevalence among MSM was around 4.5% in 2014 [1].

Consensual sexual relations between adult men was decriminalized in Belarus in 1994. Currently, there is no reference to sexual orientation or gender identity in the laws of Belarus as grounds, upon which discrimination is prohibited. At the same time, there remains a high level of stigma and discrimination towards this community among the general population. According to human rights activists, state bodies of the Republic of Belarus do not do anything to help officials, law enforcement agencies, and the general population to form a tolerant attitude towards LGBT people. As a result, the LGBT community remains largely hidden [2].

In Belarus, only officially registered organizations have the right to implement their own activities. There are no registered LGBT organizations in Belarus. As a result, activists, whose sphere of work concerns the protection of LGBT rights, are often threatened with criminal prosecution, as they are carrying out activities for and on behalf of organizations not registered by the state [3]. Due to this and other similar reasons, it is difficult for MSM to participate in the development and discussion of strategic documents and programs, and to take part in the country dialogue process and in the work of the CCM.

Only one NGO "Vstrecha" provides HIV prevention services for MSM under the Global Fund grant. The organization also raises issues

of stigma and discrimination, access to treatment for LGBT community. Previously, several initiatives on human rights protections were carried out in Belarus, but the leaders of these projects were forced to leave the country.

The inclusion of the subject of human rights as one of the Global Fund's priorities will allow for the reconsideration of the issue of the protection of LGBT rights, which is directly related to the effectiveness of HIV prevention programs among gay men and other MSM.

General Case Description: Who Did What?

Currently, the Ministry of Health and the Department of HIV/AIDS Prevention of the Republican Center for Hygiene, Epidemiology and Public Health act as key partners and support the inclusion of MSM in programs to combat the HIV epidemic in the Republic of Belarus.

The Country Coordinating Mechanism of the Republic of Belarus was established in 2012. Representatives of governmental structures and international and non-governmental organizations participate in its work. The work of the CCM is aimed at uniting the efforts of participants in the development and drafting of applications to the Global Fund, ensuring the transparency of this process, and at monitoring the future implementation of grants.

In accordance with Global Fund policies, no less than 40% of CCM members must be civil society representatives, including men who have sex with men (MSM), transgender people, sex workers (SR), and injecting drug users (IDU). The formation of the CCM is carried out according to existing mechanisms ("Regulations on the CCM", procedures for holding elections, and the "Terms of Reference for Representatives of the Non-Governmental Sector in the CCM").

The "Terms of Reference for Representatives of the Non-Governmental Sector in the CCM" was developed with the active participation of non-governmental organizations. It includes provisions about the accountability of CCM members from NGOs to the organizations and communities that selected them.

The Terms of Reference includes a list of organizations and communities who have the right to represent the interests of the non-governmental sector in the CCM. Among these groups are: people living with HIV, people living with tuberculosis, men who have sex with men, injecting drug users, and sex workers.

In 2014 and 2016, open elections were held to select CCM members from among representatives of the non-governmental sector. Currently, the interests of MSM are represented in the CCM by individuals elected by LGBT community, including the representative from NGO "Vstrecha". This ensures the representation of MSM during the development of applications to the Global Fund and in overseeing the implementation of the grant. Expenditures for preventative interventions for MSM were

included in the grant application (such as HIV testing, STI testing, and distribution of condoms and lubricants).

Through the active participation of non-governmental organizations in Belarus, a mechanism for granting public contracts was developed and approved. However, it is only aimed at providing support to elderly people and people with disabilities.

An HIV service organization Forums was held in Belarus once in two years in order to popularize the work of non-governmental organizations specializing in HIV, as well as to create tolerant attitudes towards representatives of key populations, including MSM, IDU, and SR. In 2011 Association "Belarusian Anti-AIDS Network" organized the forum jointly with the International Education Public Organization "AKT" under the grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. At the Forum, non-governmental organizations, including ones working with MSM, had possibility to provide input on the implementation of national HIV programs and carry out negotiations with government representatives.

Results and/or Lessons

Expenditures for services for MSM were included in the National Program. This occurred thanks to support from the Ministry of Health and from the Republican Center for the Prevention and Control of AIDS, which (and this must be underscored) fully recognize the need to involve MSM in work on HIV prevention.

The Ministry of Health helped to provide a preferential rental rate for an office space for the organization "Vstrecha", which was implementing a project under the Global Fund grant aimed at HIV prevention among MSM.

Thanks to the participation of representatives of HIV-service organizations in the CCM and the Ministry of Health's support for Global Fund policies, activities on HIV prevention among MSM were included in the Global Fund grant.

The organization "Vstrecha" provides services for MSM in 13 major cities in the country

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under the project "Expanding the coverage of HIV prevention programs among men who

have sex with men (MSM)". Activities are implemented by "Vstrecha" through a number of trusted medical and psychological specialists, as well as through outreach workers and volunteers from the MSM community [1].

The Association "Belarusian Anti-AIDS Network" participated in the development of a public contracts mechanism. The Association also drafted amendments and additions to the law "On the prevention of diseases that pose

a threat to human health and of the Human Immunodeficiency Virus" on the introduction of a public contracts mechanism for HIV prevention.

According to LGBT activists, the main achievement was the establishment of a dialogue between non-governmental organizations, the Ministry of Health, and the Republican Center for Hygiene, Epidemiology and Public Health.

What Helped and What Hindered Activities

The Global Fund's policies, according to which the CCM must document work on ensuring the participation of key populations (including, MSM and transgender people) in the development of requests for funding, contributed to the re-election of CCM members in 2014 and the inclusion of representatives of HIV-service organizations in the CCM.

For non-governmental organizations providing services to MSM, cooperation with the

Ministry of Health of the Republic of Belarus and the Republican Center for the Prevention and Control of AIDS is very important, as they affirm at the national level the need for involving MSM in work on HIV prevention among LGBT people.

The main barrier for the activities of LGBT organizations is the institutionalization of homophobia, which does not receive the necessary evaluation and opposition from government authorities.

Benefits for Others

Non-governmental organizations from EECA countries can use the experience of holding an NGO forum for advocacy purposes and to form partnerships with the governments of their countries. At these forums, it is possible

to organize a productive dialogue with government officials, at both the local and national levels, in order to popularize the work of NGOs, clarify the role of key populations (including MSM) in preventing HIV, and to advocate for the sustainability of services for key populations. In addition, forums are a convenient platform for dialogue between HIV-service organizations and LGBT activists. At forums, it is possible to hold consultations with representatives of the LGBT community to explain that the right to health is key to overcoming the HIV epidemic.

A partnership of NGOs, working in different areas and representing various key populations, helps to strengthen the position of the non-governmental sector and helps to achieve significant results at the national level.

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Meaningful Participation of LGBT Community

in Drafting of the Governmental Program on HIV Eradication in the Kyrgyz Republic

AUTHOR: Daniyar Orsekov.

KEY WORDS: Kyrgyz Republic / Kyrgyzstan, MSM, transgender people, government program, HIV.

Introduction: Context and Problem

Violence and the violation of their rights are not the only problems faced by the LGBT community. They also suffer from the continued development of the HIV epidemic and a low coverage of prevention programs for their community.

Same-sex sexual relations were decriminalized in the Kyrgyz Republic in 1998. However, in 2014, the Parliament of the Kyrgyz Republic initiated the review of a draft bill "On the introduction and addition of several legislative acts of the Kyrgyz Republic", which would impose liability in the form of administrative fines or imprisonment of up to one year for "the formation of positive attitudes towards non-traditional sexual relations". The proposed bill included provisions prohibiting the dissemination of information about "non-traditional sexual relations" in the media and called for "restrictions on the organization

of peaceful demonstrations devoted to this subject". Opposition of civil society to the bill on the one hand, and a rise in violence against LGBT people on the other, resulted in a failure to adopt these provisions. In 2014, a bill on "organizations – foreign agents" was also initiated. Changes to the proposed bill were made over the last two years. However, in the end, the bill was also rejected by the Zhogorku Kenesh (the Parliament of Kyrgyzstan).

Nevertheless, in 2106, several amendments to the Constitution of the Kyrgyz Republic were introduced, among which was an amendment to Article 36, providing that a family is created on the basis of "a voluntary union between a man and a woman" (formerly, the same article provided only that it is between "people, who have attained marriageable age").

Violence and the violation of their rights are not the only problems faced by the LGBT community. They also suffer from the continued development of the HIV epidemic and a low coverage of prevention programs for their community.

The HIV epidemic is developing, despite efforts undertaken by governmental structures, non-governmental, and international organizations, and is currently in a concentrated epidemic stage. According to data from



bio-behavioral studies, the HIV prevalence among MSM is 6.3% [2]. The MSM population, according to the results of a studied carried out in 2013 by the Republican AIDS Center of the Ministry of Health of the Republic of Kyrgyzstan, is 22,000 people [3].

From 2012-2016, the latest Governmental Program on Stabilizing the HIV Epidemic was implemented in the Kyrgyz Republic. 10 of the 17 objectives were not fulfilled due to problems

with planning and the monitoring and evaluation system, and to a lack of coordination between individual program implementers. MSM were mentioned in the program.

Due to the conclusion of this governmental program in the fall of 2016, work began on the development of a new governmental program on eradicating HIV in the Kyrgyz Republic, which would operate until 2021.

General Case Description: Who Did What?

The increased capacity and professionalism of the LGBT community led to governmental structures recognizing the expertise of this community.

In the summer of 2016, the process of developing the governmental program on HIV began, including defining the main objectives of the program and collecting the necessary documents. One activist initiated a discussion on the inclusion of community representatives in advisory and expert groups, and on the participation of representatives of key populations in the development of the program itself. In the fall of 2016, an order of the Ministry

The increased capacity and professionalism of the LGBT community led to governmental structures recognizing the expertise of this community.

of Health of the Kyrgyz Republic approved advisory and expert committees on the development of the governmental program. One of

the committees (the advisory group) included a representative of the LGBT community.

The Governmental Program on Eradicating HIV in the Kyrgyz Republic for 2017-2021, an Action Plan, and Monitoring and Evaluation Indicators were developed over the course of 2.5 months of intense work by the expert and advisory groups.

The goal of the new governmental program is minimizing the impact of the HIV epidemic by reducing morbidity and mortality rates related to HIV by 50% by 2021 (in comparison with 2015 levels), and eradicating the epidemic by 2030. The fifth and sixth objectives of the governmental program are aimed at eliminating stigma and discrimination among employees of government institutions towards people living with HIV and other representatives of key populations, and at repudiating laws, normative acts, and other practices that discriminate against these groups.

An LGBT representative was included in the advisory group after information on the forthcoming work on the governmental program was distributed online, the creation of the expert and advisory groups, and after the LGBT community expressed support for the chosen candidate. The LGBT representative participated in the majority of working meetings and discussions, presenting information about the needs and requirements of all groups within the community: lesbians, gays, bisexuals, and transgender people. A participant friendly to the community created an alternative protocol at one of the general meetings, to which a specialist on working with civil society attached several clarifications and then forwarded it to representatives of key populations. At this same meeting, one of the participants, on

behalf of the community, described the challenges and problems faced by LGBT people. The representative of the LGBT community, participating in the advisory group, regularly sent e-mail updates concerning provisions of the governmental program relevant to the community and asked LGBT and MSM organizations to provide feedback.

Difficulties arising during the process of drafting the governmental program were linked to issues such as the appropriateness of listing (naming) key populations, including the topics of stigma, discrimination, and overcoming legal barriers, overvaluing the indicator for coverage of MSM, as well as a lack of underlying data on MSM and the absence of data on transgender people, one of the most vulnerable LGBT groups to HIV [4]. LGBT representatives, as well as leaders and representatives of other key populations played a large role in addressing these issues in advisory and expert groups. They all supported one another and jointly recognized each other's expertise in their respective fields.

The representative of the LGBT community, in his role as a member of the advisory group, searched for arguments based on the results of studies, which he then sent to the group responsible for developing the governmental program. As an alternate CCM member, he provided recommendations on how to strengthen the CCM by increasing the transparency of its procedures and including civil society in its work. In addition, he also led a consultation with representatives of the trans* community, discussed the governmental program with them, and polled them on whether they would like to be included in the governmental program (85% – "yes", 15% – "no" or "abstain").

Results and/or Lessons

This is the first significant inclusion of the LGBT community in the process of drafting the Governmental Program on Eradicating HIV [5]. Representatives of all key populations took part in the advisory group. The LGBT community gained experience collaborating with other

stakeholders in discussions about the program, and working with the relevant documents.

Transgender people were included in the governmental program as a separate target group. This was a unique development among the countries of Eastern Europe and Central

Asia. The program includes activities aimed at conducting studies to assess the population size of transgender people in the country.

Relevant information on MSM was provided for inclusion in the governmental program.

Community activists, participating in the drafting of the program at various levels, were able to strengthen their capacity for future activity related to developing governmental programs and policies. LGBT organizations and initiative groups have included activities aimed at participating in the development of the governmental program on reforms to the healthcare system in their work plans for 2017.

MSM indicators were scaled back and accompanied by a corresponding explanation

Transgender people were included in the governmental program as a separate target group. This was a unique development among the countries of Eastern Europe and Central Asia.

about the relative accuracy of estimates and about the need to take this into account when planning future studies with the participation of the community.

What Helped and What Hindered Activities

The inclusion of MSM and transgender people in the working group on drafting the governmental program and mention of these groups in the text of the program have, in a way, become a challenge for the existing political situation in the country. During a session of the Zhogorku Kenesh held for the first reading of the proposed bill "On the introduction and addition of several legislative acts of the Kyrgyz Republic", one of the initiators of the bill spoke about the Governmental Program for 2012-2016, saying that: "it is an open lobbying [of this issue] by the government in the form of a decree" and called for "an investigation and the commencement of legal proceedings", noting that "there is a plan for activities to disseminate among the general population those things that are being considered today" (Speech on the so-called "law on gay propaganda") [6]. In the working groups, concerns were often expressed that "open" references to the LGBT community, which cause a negative social reaction, could affect the adoption of the governmental program. If possible, it was suggested to mention the LGBT community generally, as "key populations."

The subjects of stigma, discrimination, and overcoming legal barriers (for example, discriminatory legislation and practices) did

not always receive a "warm welcome". This once again confirms that we are not working enough with those in society, but rather focusing primarily on the provision of services. In November, during expert and general meetings, one of the two hired international experts spoke about the absolute necessity of including these subjects in the program. The community was in full agreement with this. Some members of the working group also expressed agreement about this.

The suggestion to include transgender people as a separate group was met with criticism due to the lack of data on this group.

The growing partnerships between key

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populations and their ability to quickly come to a consensus facilitated their activities. For example, the LGBT community, PLHIV, PUD, and

SW were able to agree and quickly select a specialist on working with civil society to make their voices heard and represent their interests.

Benefits for Others

The systematic strengthening of the capacity of the community, which may require a certain amount of time and resources, is one of the most important conditions for creating an inclusive environment and for developing

partnerships.

The development of partnerships between organizations of various key populations helps to strengthen the position of key populations during discussions with the government.

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Representation of Key Populations

in the Country Coordinating Mechanism of the Kyrgyz Republic

AUTHOR: Daniyar Orsekov

KEY WORDS: Kyrgyz Republic / Kyrgyzstan, CCM, LGBT, MSM, Transgender people.

Introduction: Context and Problem

The Global Fund to Fight AIDS, Tuberculosis and Malaria (hereinafter Global Fund) is presently the most effective mechanism for funding

public health programs and is the main source of funding for HIV, tuberculosis and malaria programs in the countries of Eastern Europe

and Central Asia (EECA).

The Global Fund has been operating in the Kyrgyz Republic since 2003. In 2016, four civil society organizations were involved with activities relating to the implementation of the Global Fund grant on HIV and other STI prevention programs among men who have sex with men (MSM). One initiative group also operates through the LGBT organization, "Kyrgyz Indigo".

Kyrgyzstan was one of the first EECA countries to establish a Country Coordinating Mechanism (CCM) to coordinate and monitor activities related to HIV, tuberculosis, and malaria. The CCM was established in 2005 with the support of international partners.

The CCM in the Kyrgyz Republic is constantly evolving. In 1990, the Republican Emergency Anti-Epidemic Commission (REAC) was established by a resolution of the Council of Ministers. In 2001, the Republican Emergency Anti-Epidemic and Anti-Epizootic Commission (REAAC) was established by a government resolution. The mandate of both commissions included provisions about the prevention, localization, and liquidation of epidemics of infectious diseases, such as HIV, cholera, influenza, etc. In 2005, a Multisectoral Country Coordinating Committee on HIV/AIDS, Tuberculosis and Malaria (MCCC) was formed by a government resolution, which was followed by the formation of the Country Coordinating Mechanism (CCM) in 2011 [1].

CCM members include government representatives and representatives of civil society organizations, international donors, and other international organizations. The

CCM coordinates and optimizes the operation of projects and programs aimed at fighting HIV/AIDS, tuberculosis and malaria. Elections of CCM members are noted for their transparency, accessibility, and openness.

However, throughout the entire existence of the CCM, right up until 2015, there were no MSM among the CCM members representing key populations. One CCM member offered an explanation for this situation: "No, MSM are not represented. Due to the specific Asian nature of the country /.../. I do not know how it is in other countries of the region. Probably, even worse: in those countries, you cannot even talk about it. At least here, we can talk about it. But it is better when we represent their interests: this is regarded ok without any problems, since we are talking about this group from the point of view of the epidemiological situation" [2].

Positive changes began with the election of an alternate CCM member from a Kyrgyz NGO representing the MSM community. The first MSM representative was in this position from 2013-2014. Aside from participating in the routine work of the CCM, the alternate from the MSM community raised the issue of the 2014 so-called "law on the prohibition of gay propaganda", during a CCM meeting. During the discussion, CCM members expressed various opinions and assessments about the proposed law: from the need to strongly oppose its adoption to denying the need for any intervention. Later, some CCM members signed a petition against the proposed bill. The MSM alternate CCM member also participated in drafting a budget for the country application to the Global Fund for 2016-2017.

General Case Description: Who Did What?

The evolution of the CCM has ensured the openness of elections of CCM members and the creation of clear-cut channels of information.

In the summer of 2015, work began on the preparations for the 7th Civil Society Forum. The goal of the Forum was to provide representatives of key populations (including people living with HIV – PLHIV), as well as representatives of HIV-service organizations, the opportunity: (1) to discuss the recommendations of the Global Fund Technical Review Panel regarding the Concept Note on HIV and

Tuberculosis, submitted by Kyrgyzstan to the Global Fund; (2) to discuss ways and means of improving programs; (3) to determine how to include civil society in Global Fund processes through an overhaul of CCM election procedures; (4) to determine how to hold such elections while respecting requirements of transparency and openness.

Under an agreement with the Global Fund, the Regional Center for Technical Assistance in the Countries of Eastern Europe and Central Asia assisted with the organization and running of the Forum. The Organizational Development Committee of the Forum created a transparent mechanism for inviting participants, developing programs, etc.

Over the past few years, both key populations and the Global Fund itself have paid more attention to the issue of the full and meaningful participation of civil society in the CCM, and to the participation of groups threatened and/or living with HIV, tuberculosis, and malaria.

The evolution of the CCM has ensured the openness of elections of CCM members and

the creation of clear-cut channels of information. The MSM representative in the CCM, who was also a member of the organizational committee, created the first platform for dialogue with members of the LGBT community, using internet listservs and social networking sites. Information about the Forum and CCM elections was distributed through these channels. Despite time limitations and the small number of communication channels, for the first time, the LGBT community had the opportunity to widely discuss the elections and express their opinions about the candidates (whether it be confidence or disagreement).

During preparations for the Forum, communities expressed the desire that CCM members and alternates representing communities actually be members of the communities they represent.

During the Forum, elections were held to select CCM members from civil society, in which MSM and transgender representatives were selected from members of the MSM and transgender communities for the first time.

Results and / or Lessons

According to procedures developed by community representatives, elections of CCM members and alternates from civil society should be carried out within the community. Opening dialogue with community representatives and creating channels of information as early as possible ensure the effective election of CCM members from communities and help to establish collaboration between CCM members and their communities. This also helps to ensure feedback on issues relevant to the community and accountability of elected CCM members to their communities. The participation of external observers and experts can also have a positive effect.

In 2015, two LGBT representatives were included in the CCM, thanks to open and accessible elections, which were preceded by a wide discussion within the community. Thus, there are currently representatives of all key populations in the CCM, including people living

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with HIV, people injecting drugs, TB patients, sex workers, and the LGBT community.

Immediately after the Forum, CCM members and the civil society groups that they represent were involved in reworking the Concept Note and in preparing responses for the Global Fund Technical Review Panel. Thanks to the persistent activity of CCM members and alternates representing the LGBT community, transgender people were mentioned side by

side with MSM in the text of the Concept Note (only MSM are mentioned in the Government Program for Stabilizing the HIV Epidemic in the Kyrgyz Republic for 2012-2016).

From 2015, transgender people, side by

side with MSM, are officially included in the tender documents of the United Nations Development Programme (UNDP), the Principle Recipient of the Global Fund grant in the Kyrgyz Republic.

What Helped and What Hindered Activities

The following developments of the LGBT community facilitated their activities: the creation of their own communication platforms, the ability to enter into dialogue and negotiations, a growth in capacity, which resulted in community leaders being able to participate in processes, like the CCM, on a voluntary basis, and raise community issues, allowing them to increase their visibility, protect their interests, and demand fulfillment of urgent needs.

The Global Fund's recommendation to include community representatives selected by

their own communities in the CCM also proved to be important.

The third important factor that facilitated activities was the active involvement of representatives of all key populations in the discussions and development of the Forum. Creating a constructive dialogue was the basis for promoting the slogan "Nothing about us without us" and, in general, helped to strengthen the voice of civil society in dialogue with the government and with international donors.

Benefits for Others

Our example is without a doubt important for countries where communities are not represented in CCMs. Although people representing certain communities, but not belonging to those communities directly, can be perfectly

conscientious in their work, it is significantly more effective if communities are represented by their own members, selected through wide and transparent discussions. The more people take part in the selection of their representatives, the more they will know about their representative, and can oversee his activities and demand accountability. The candidate should have a good understanding of the rights and responsibilities of CCM members in relation to the community that selected him.

The second important criterion for selecting a representative from MSM and transgender communities is ensuring collaboration and discussion with LGBT and MSM-service organizations, and individual activists, and evaluating their readiness to cooperate with the selected representative.

Although people representing certain communities, but not belonging to those communities directly, can be perfectly conscientious in their work, it is significantly more effective if communities are represented by their own members, selected through wide and transparent discussions.

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Involvement of LGBT Community

in the CCM of Moldova

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KEY WORDS: Country Coordinating Mechanism, LGBT, Gays, Bisexuals and other MSM, Moldova

The following Case Study is based on the opinion and views of
MSM/LGBT representatives in the CCM of Moldova.

Abstract

The Health Information Centre "GENDER-DOC-M" (GDM) has been a member of the CCM of Moldova for a number of years. During the first years of its membership, GDM was not fully able to take advantage of all of the tools that the CCM provides with respect to advocacy for MSM/LGBT issues. Moreover, GDM did not have the support of other NGOs or of other communities, and was faced with homophobia and stigma.

Subsequently, GDM started actively participating in the CCM Technical Working Groups (TWG), and was able to involve representatives of the MSM/LGBT community in joint activities. At the same time, GDM was able to learn about and familiarize itself with the CCM mechanism,

structure, regulations, etc. As a result of their increased engagement, issues concerning the interests and needs of MSM/LGBT were put on the agenda during CCM meetings.

Despite their lack of experience and absence of support in the beginning, GDM has become an influential member of the CCM of Moldova due to their active involvement and collaboration with other CCM members. Today, GDM is able to address MSM/LGBT issues at the national level, participates in developing guidelines and other tools such as the HIV National Plan (HIV NP), and is involved in Global Fund-related processes.

As CCMs operate in many other countries, this case could serve as an example for MSM/LGBT community elsewhere.

Background

In 2002, the CCM was established in Moldova in order to oversee and monitor the implementation of projects funded by the World Bank and the Global Fund. Later, it developed into an overarching, national structure responsible for the coordination and harmonization of national HIV and TB programs with programs funded by international donors, and to ensure that internationally-funded programs align with and support the goals and objectives of national programs. Although GDM became a CCM member in 2005, their participation in the organization was purely formal in nature; it was offered membership in the CCM only due to GF regulations, requiring that there be representatives of KAP among the CCM members. At that time, MSM were recognized as a KAP in a rather tokenistic manner, and they failed to gain the support of other NGOs or state organizations. The MSM/LGBT representatives could not fully realize the value of the CCM in addressing the problems of their communities. In addition, MSM population size estimation was of weak quality and CCM members were not familiar with MSM/LGBT issues in the context of HIV/STIs. As a result, MSM/LGBT issues were not properly addressed by the CCM during these early years.

As a result of being unfamiliar with the CCM structure, regulations and goals, the LGBT representatives were not able to participate in and influence the development of policies concerning MSM/LGBT issues.

One of the main reasons is low understanding of MSM role in the HIV epidemic in the country as the. They also encountered homophobia and stigma during discussions at CCM meetings.

The LGBT representatives preferred not to become too involved with the planning and development of GF grant programs, and rather focused their effort on another funding source for HIV service programs for MSM: the project "PRECIS: Prevention and Empowerment in the CIS: responding to HIV/AIDS amongst LGBT people" (2006-2011), funded by the Ministry of Foreign Affairs of the Netherlands.

As a result of being unfamiliar with the CCM structure, regulations and goals, the LGBT representatives were not able to participate in and influence the development of policies concerning MSM/LGBT issues.

General Case Description

In 2005, GDM became a full-fledged member of the CCM of Moldova. Initially, the Executive Director served as GDM's representative in the CCM. He was later replaced by the coordinator of GDM's "LGBT Health" Program.

Several years later after becoming a CCM member, representatives of LGBT/MSM communities came to recognize that the CCM was not only a body for coordinating GF grants in Moldova, but also a very important mechanism for the coordination of all activities of the National HIV and TB Programs. Therefore, GDM representatives started to become more familiar with the mechanism, structure, regulations, and goals of the CCM. They began to attend capacity building workshops for CCM members and participated in some TWG enabling them to advocate for and discuss MSM/LGBT interests and needs. Later they raised these issues in context of HIV/STI and NP for discussion at meetings of CCM members.

In addition, GDM representatives demonstrated that services and activities conducted within the framework of the PRECIS project were effective and needed to be expanded to

other regions of Moldova. GDM's participation in the CCM was extended thanks to greater involvement of representatives of the LGBT/MSM communities. Collaboration between LGBT/MSM and the CCM was made possible via meetings with community members, GDM general assembly meetings, seminars, online tools (mailing list, social networking), and other activities led by the organization. GDM explained which issues would be raised at CCM meetings to community members and collected their feedback on CCM decisions.

During visits of the Global Fund Grant Portfolio Manager, which met with representatives from the grant implementing team, GDM representatives were present and raised the issues of the hidden HIV epidemic among MSM in Moldova. Thanks to the support of the Grant Portfolio Manager, MSM issues started to be regularly discussed at the national level.

At the moment, GDM is a member of the KAP Committee, which is recognized and supported by many key stakeholders and the CCM. The KAP Committee is a platform where all representatives of KAP are able to discuss issues, such as the sustainability of services (including services targeting MSM/LGBT) and national budgeting for HIV programs. Following KAP Committee meetings, members can then come to CCM meetings with a common approach and advocate for the interests and needs of the LGBT community.

GDM representatives are actively involved in the development of concept notes for HIV/TB programs at the CCM, and are also able to manage and monitor the implementation of projects funded by the GF. As a member of the CCM, GDM is able to advocate for the interests and needs of MSM/LGBT communities, and is actively involved in developing NPs in the TWG.

Several years later after becoming a CCM member, representatives of LGBT/MSM communities came to recognize that the CCM was not only a body for coordinating GF grants in Moldova, but also a very important mechanism for the coordination of all activities of the National HIV and TB Programs.

Results and Lessons Learned

Today, after having become more familiar with CCM Policies, GDM representatives are able to be more actively engaged in CCM working processes. In addition, GDM representatives

have realized that joint actions undertaken by KAP communities are much more effective in achieving goals than isolated actions taken by a single community.

The lessons learnt by GDM have resulted in the following:

- MSM are recognized as a KAP in Moldova;
- MSM are represented in the National Program on HIV;
- MSM participate in Concept Note (CN) development, voice their opinions during review of CNs and vote on whether to approve CNs or not, participate in managing and monitoring the implementation of projects funded by GF;
- HIV-prevention services for MSM/LGBT have been expanded to other regions of Moldova (Balti and Transnistria), and have been introduced in the Transition Plan with funding allocated from GF resources;
- GDM can discuss and protect the interests of MSM/LGBT communities through active participation and advocacy in TWG during the development of NP;
- GDM has the opportunity to lobby for the sustainability of HIV prevention, treatment, care and support activities and to advocate for allocate funding for these services from the national budget;
- GDM has the opportunity to discuss issues, such as PREP for MSM, at the national level;
- GDM has the opportunity to advocate for the use of regional and international recommendations and tools, such as those drafted by WHO, UNAIDS, UNFPA and other international organizations, at the national level.

Positive Factors and Barriers

Among the factors that have had a positive impact on the success of GDM's CCM membership and that have helped GDM to effectively represent LGBT/MSM interests include:

- GF grants and mechanisms for involving stakeholders (such as the CCM);
- regulations set by the GF (described in CCM Operational Manual);
- CCM members, including both state and civil society stakeholders, are familiar with the issues, problems, and needs of MSM/LGBT communities;
- support of NGOs and other communities;
- participation in the KAP committee;
- effective communication mechanism (mailing list for communication between CCM

members, KAP committee, and GF country team).

Barriers to GDM's effective involvement in the CCM include:

- low involvement of MSM/LGBT communities;
- not fully taking advantage of CCM membership;
- lack of national scientific bases;
- lack of recognition of MSM as a KAP;
- homophobia and stigma;
- lack of capacity and tools for advocacy and project assessment;
- lack of scientific data on certain services those have to be funded by the state.

Positive Case Study for Other Countries

MSM involvement in the CCM of Moldova and the decision-making opportunities it offers is an excellent case study and positive example for the involvement of MSM in CCMs of other countries.

Even without membership in the CCM, there remain possibilities to participate in all processes during CCM meetings and TWG meetings to discuss the interests and needs

Partnerships with representatives of KAP and other members of the CCM help to fight homophobia and stigma and to develop a united front to address LGBT/MSM issues at the national level.

of LGBT/MSM. Partnerships with KAP community representatives and other CCM members makes it possible to provide support to MSM/LGBT and advocate for their interests.

For members of the CCM, it is important to understand the mechanisms, structure, and regulations of the body, and to also be aware that the CCM is a mechanism that oversees and supports the implementation of National HIV and TB Programs.

Active involvement in all processes related to the development and implementation of National HIV Programs and Strategies is essential to addressing important LGBT/MSM issues at the national level and to ensure that advocacy work is more effective. Partnerships with representatives of KAP and other members of the CCM help to fight homophobia and stigma and to develop a united front to address LGBT/MSM issues at the national level.

Resources:

1. CCM Operational Manual
2. Interview with GDM Executive Director and the LGBT/MSM representative in the CCM.

Meaningful Participation of Community Organization

in Estimating MSM Population Size in Tajikistan

AUTHOR: Daniyar Orsekov.

KEY WORDS: Tajikistan, MSM, Global Fund, Population size estimation, UNFPA.

Introduction: Context and Problem

According to its Constitution, Tajikistan is a sovereign, democratic, law-based, secular, and unitary state (Chapter 1, Article 1), in which man, his rights and liberties, shall be the supreme value (Chapter 1, Article 5) [1].

Same-sex sexual relations were decriminalized in Tajikistan in 1998. Currently, "homosexuality" and "lesbianism" is referred to in three articles of the Criminal Code of the Republic of Tajikistan relating to sexual assault: 139, 140 and 141 [2]. The existence of transgender people is also recognized in the law "On government registration of acts of civil status" in Article 74, which provides that "corrections, changes or additions to acts of civil status records are made by the Civil Status Registry Office if /.../ the necessary documents on changing one's gender are issued by a medical organization".

Two articles in the Criminal Code impose penalties for transmitting HIV and other sexually transmitted infections (Articles 125 and 126) [2]. Article 130 of the law "On the adoption and enactment of the Code of Administrative Offenses of the Republic of Tajikistan" imposes a fine for engaging in prostitution [3].

Tajikistan is one of the poorest countries of the CIS.

Tajikistan is a country with patriarchal traditions, a primarily hierarchical way of starting a family, and with a high level of taboo regarding sexual behavior.

The population of the country is more than 8 million people.

According to a Human Rights Watch report, the human rights situation in Tajikistan is dire, with torture and ill-treatment by law enforcement officials, infringements on the rights of free speech, thought, conscience, and religion, and widespread gender violence [4].

According to data from the UNAIDS Report on the Global HIV Epidemic, Tajikistan is one country where HIV infection rates have increased by more than 25% over the last 10 years. 7,709 known cases of HIV infection have been recorded between 1991 and December 31, 2015 [5]. HIV is

The HIV prevalence among MSM is 1.5% as evidenced by the results of a sentinel surveillance study conducted in 2011. That said, data is only available for the city of Dushanbe.

primarily developing among key populations [6], but is gradually spreading beyond these groups (through the sexual partners of injecting drug users (IDUs), and women-partners of bisexual men) [7].

MSM are mentioned in all national programs aimed at combatting HIV/AIDS (2002–2005, 2007–2010, 2011–2015).

MSM are difficult to access for research purposes. During the entire implementation of the prevention program, not one practical study was carried out aimed at estimating MSM population size.

The HIV prevalence among MSM is 1.5% as evidenced by the results of a sentinel surveillance study conducted in 2011 [8]. That said, data is only available for the city of Dushanbe. The prevalence of syphilis among MSM in Dushanbe is 5.1%, while the prevalence of hepatitis C is 3.9% [5]. Over the course of the study, conducted in 2010 by the NGO "Equal Opportunities", STI prevalence was found to be 19% among MSM and transgender people (67 people out of 348 surveyed) [9].

The Country Coordinating Mechanism (CCM) is one of the primary bodies responsible for coordinating HIV-related activities. There is no NGO representing the interests of LGBT people and MSM in the CCM.

The Global Fund has been working in Tajikistan since 2004. One of the sub-recipients of the Global Fund grant for programs aimed at sex workers and MSM is the United Nations Population Fund (UNFPA). In 2016, 16 civil society organizations acted as project implementers, 12 of which worked on HIV and STI prevention among MSM¹.

The UNFPA works with the NGOs "Apeyron" and "Fidokor", using an umbrella approach to implement the Global Fund project, in which MSM are provided with informational and educational

materials, hygiene kits, condoms, HIV and STI testing (VCT), counseling, and legal consultations.

Approximately 80% of the HIV program is funded by external sources. These sources include: the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Central Asia Regional HIV/AIDS Program (CARHAP), the UK Department for International Development (DFID), the German Corporation for International Cooperation (GIZ), AIDS Foundation East-West (AFEW), the Foundation for AIDS Research (amfAR), the Global Forum on MSM & HIV (MSMGF), "COC Netherlands", the Canada Fund for Local Initiatives (CFLI), and the Technical Assistance Program for EECA Countries "RusAID".

The Global Fund is the main source of funding for HIV prevention programs targeting MSM.

The State Program on HIV/AIDS of the Republic of Tajikistan for 2011–2015 notes that, due to stigma and taboo surrounding homosexual relations, it is difficult to provide MSM with sufficient medical and social services coverage [10].

MSM are also difficult to access for research purposes. During the entire implementation of the prevention program, not one practical study was carried out aimed at estimating MSM population size. An attempt at an expert assessment was unsatisfactory. For example, the MSM population of Dushanbe was estimated to be approximately 15–20,000 people [11] or from 2% to 3% of the population [12], during a formative study carried out in 2011 prior to a sentinel surveillance study. However, these results cannot be extended to other reasons, in particular due to the differing situations in the capital and provinces [13].

A lack of reliable data, based on thorough and extensive quantitative and qualitative research, makes it difficult to plan prevention programs and develop responses to the HIV epidemic.

One important objective of a global study on the level and quality of health and protection of LGBT rights in Tajikistan should be conducting an estimation of population sizes of the MSM, LGBT, and WSW communities [9].

1 Transgender people are not considered a key population for Global Fund prevention programs.

General Case Description: Who Did What?

In 2015, the NGO "Equal Opportunities" provided assistance to the Republican Center for the Prevention and Control of AIDS in carrying out an estimation of the MSM population. The NGO "Equal Opportunities" organized meetings with MSM and provided counseling services. This was all possible thanks to the financial support of UNDP, UNFPA and UNAIDS. According to the study, the MSM population is 13,100 people.

The estimation of population sizes of key populations at the national and regional levels is strategically important for decision-making related to the HIV response, as well as for the effective use of Global Fund resources.

The data on MSM population size and the prevalence of HIV among MSM collected during the study does not claim to be one-hundred percent accurate. The reason for this is that MSM as a group are closed, due to the high level of stigma, violence, and discrimination they face, as well as due to the taboo nature of sexuality in the country. However, even this data, showing an HIV prevalence of 1.5% among MSM, is reason for concern².

Over the course of this study, the prevalence of a specific type of MSM, claiming to be neither gay nor bisexual, was revealed. The reasons for this phenomenon are largely due to the traditions and culture of marriage in Tajikistan: as a norm, due to marrying at an early age and the rejection and stigmatization of homo- and bisexual men, men are unable to openly recognize their homo- or bisexuality.

The particularities of the existing institute of marriage, aggression towards gays,

bisexuals, and other MSM, and a low level of information on issues related to sexuality significantly increase the risks of HIV entering the general population.

A study on the population size of MSM in Tajikistan was carried out in 2015. Aside from the overall goal of defining the population size of MSM in Tajikistan, the researchers also undertook several additional objectives: 1) selecting sources of information for the evaluation of MSM population size; 2) organizing the collection of strategic information for the estimation of MSM population size; 3) performing calculations on population size estimates at the local and national levels; 4) if needed, triangulating the collected data.

Staff members of the NGO "Equal Opportunities", together with the Regional Center on the Prevention and Control of AIDS, organized a one-day training for outreach workers, at which they conducted a mapping of social meeting points of MSM, among other things. They processed the data with the help of the outreach workers and MSM and translated all materials into Tajik, which ensured MSM a wider access to the studies. The second stage of the study took place in two stages: an express evaluation of the organizational capacity of seven HIV-service providers working with MSM, and then processing of the data collected.

The study not only succeeded in covering a more significant number of MSM than expected, but was also carried out without violating anyone's privacy or other human rights.

Results and/or Lessons

The result of the partnership between civil society NGOs and Ministry of Health structures was the opportunity to estimate the population of MSM between 15-49 years of age in the country as a whole, as well as in individual regions.

Data obtained during the study will be

The result of the partnership between civil society NGOs and Ministry of Health structures was the opportunity to estimate the population of MSM.

2 Unpublished results of the study.

used to plan and evaluate HIV programs. The results of the assessment of MSM in various regions will be used in the calculation of local sampling populations in biobehavioral study and in other social and socio-medical studies affecting the MSM community.

Given the high level of stigma and taboo nature of issues concerning MSM, the study demonstrated a high level of productivity, both

with respect to the work of the staff and the collection of information (speed and quality), as well as with respect to the atmosphere of trust and respect, which of course affected the results.

Similar conclusions were also drawn by an international expert, which gave us an additional basis for recommending that this approach be used for research studies involving community organizations.

What Helped and What Hindered Activities

The participation of the NGO "Equal Opportunities" was, to a certain extent, a result of the

The UNFPA recognized the expert capacity of "Equal Opportunities", and this led the way towards cooperation between the NGO and the Ministry of Health.

support of international partners. The UNFPA recognized the expert capacity of "Equal Opportunities", and this led the way towards cooperation between the NGO and the Ministry of Health. As a result, the NGO "Equal Opportunities" was able to not only participate in estimating MSM population size, which created a strategically important basis for future work with the community, but also led a series of events aimed at strengthening community capacity: two leadership schools for community volunteers and activists.

Benefits for Others

1. This approach, developed jointly over the course of the study, where a community-based organization is involved, not only to gain access to a closed group (MSM), but also as an expert in making decisions related to implementation, management, and resource mobilization, can serve as a good example for others.
2. This case can be especially useful in countries with predominantly traditional, conservative populations, among which gender and social stereotypes are common.

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Strengthening the Position of LGBT Organizations

with Respect to the Work of the CCM in the Russian Federation

AUTHOR: Nataliya Moyseeva.

KEY WORDS: LGBT, MSM, Country Coordinating Mechanism / CCM.

There have been no representatives of the LGBT community in the Country Coordinating Mechanism of the Russian Federation since its establishment until recently. Representatives of HIV-service organizations have represented the interests of key populations.

Continuing advocacy on the part of the LGBT community during country dialogue and at the CCM helped to bring LGBT issues into focus and change attitudes towards the participation of the LGBT community in the work of the CCM. LGBT representatives joined the CCM in 2016.

Success was achieved thanks to determination and long-term advocacy work at the national level.

The main barrier to this activity was the high level of stigma from officials towards LGBT people.

This experience of submitting an application and conducting advocacy among community representatives and NGO partners can be used in the other countries of Eastern Europe and Central Asia (EECA).

Introduction: Context and Problem

For many years, in the Russian Federation, governmental structures were primarily responsible for the formation of the Country Coordinating Mechanism. The participation of key populations was severely limited. The first CCM ceased to exist in 2010 following the Russian Federation's refusal of a Global Fund

grant for programs to fight HIV/AIDS.

In 2014, country dialogue was carried out to facilitate the development of a new national application on HIV to the Global Fund through the efforts of national NGOs and the cooperation of communities. The application was submitted by a group of NGOs. Aside from representatives of national NGOs and communities, national experts and representatives of governmental structures and international organizations working to fight the HIV epidemic also participated in the country dialogue.

In order to draft and submit an application to the Global Fund, select grant recipients, and organize the implementation of the Global Fund Grant, a new Country Coordinating

In the Russian Federation, representatives of several HIV-service organizations traditionally represented the interests of the LGBT community.

Mechanism was established with members from national and international NGOs and community representatives.

In the Russian Federation, representatives of several HIV-service organizations traditionally represented the interests of the LGBT community. As a rule, their activity was limited to lobbying for funding and to program implementation.

During the process of forming the CCM, members from LGBT organizations and representatives of the community were faced with a lack of understanding by other CCM members on the role of MSM in the HIV epidemic, as well as why HIV-service organizations cannot fully represent the interests of gay and bisexual men and transgender people.

General Case Description: Who Did What?

It was important for LGBT organizations to convey to new CCM members, such as representatives of HIV-service NGOs, information on how MSM are an important epidemiological group, whose needs are not limited to the standard package of prevention services, such as brochures, condoms, and HIV testing.

Over the course of two years, representatives of the LGBT community actively carried out advocacy activities, including meetings, negotiations, presentations, discussions, and conferences at various levels, and provided information to CCM members about the LGBT community and the health needs of gay and bisexual men and transgender people.

A training was organized and held for CCM members, which allowed them to familiarize themselves with terminology related to MSM/LGBT themes and to better understand the role of MSM in the development of the epidemic. The issue of LGBT representation was widely discussed: HIV-service organizations, due to the specific nature of their activity as service organizations, do not delve deeply into the issues of social well-being and the protection

MSM are an important epidemiological group, whose needs are not limited to the standard package of prevention services, such as brochures, condoms, and HIV testing.

of LGBT rights, in particular the right to health. Sviatoslav Sheremet, a well-known Ukrainian LGBT activist and expert on relations with the government, gave a presentation on the theme of cooperation between LGBT organizations and governmental structures.

In addition, HIV activists belonging to the LGBT community held personal meetings with representatives of the Ministry of Health and with parliamentary deputies to lobby for the inclusion of representatives of the LGBT community in the working group on the development of the governmental strategy for fighting the HIV epidemic.

Results and/or Lessons

As a result of two years of advocacy activities, LGBT organizations were able to instigate a review of the provisions and procedures regulating the work, composition, and formation of the CCM, and to ensure the inclusion of two representatives from the LGBT community in the CCM.

A packet of documents defining the CCM's work in a new format was approved in 2014:

"The Coordinating Committee is guided by Global Fund documents regulating issues related to the New Funding Model and the development of concept notes, by documents regulating the work of Country Coordinating

Mechanisms, as well as by other Global Fund documents applicable to the development and implementations of GF programs in Russia between 2105 and 2017." [1].

The new CCM includes:

- three representatives from the injecting drug users (IDU) community;
- two representatives from the men who have sex with men (MSM) community, and the transgender community;
- two representatives from the sex workers (SR) community;
- two representatives from the people living with HIV (PLHIV) community.

Despite the success of these advocacy

LGBT community is only mentioned in a general way, as "people of a non-standard orientation."

activities, some problems remain. For instance, in 2016, the "Strategy to Counter the Spread of Diseases, Caused by the Human Immunodeficiency Virus and Associated Diseases in the Russian Federation" was developed. However, there are no provisions in the strategy on working with the LGBT community, as required by international standards, and the LGBT community is only mentioned in a general way, as "people of a non-standard orientation."

What Helped and What Hindered Activities

The result was achieved thanks to persistence, the use of various advocacy methods, and to the support of the Eurasian Coalition on Male Health (ECOM).

Key barriers included: (1) a lack of under-

standing on the role of the MSM community in the context of the HIV epidemic by partner organizations and representatives of other communities and (2) a high level of homophobia.

Benefits for Others

The involvement of the LGBT community in the country dialogue and in the work of the CCM is an important mechanism for LGBT organizations to receive funding from the Global Fund.

This also helps to attract more attention to MSM issues, underscore the important role of the community in responding to the epidemic, and in protecting the right to health.

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Advocacy for the Inclusion of LGBT Representatives

in the CCM of Ukraine

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KEY WORDS: LGBT, Global Fund, Country Coordinating Mechanism/CCM, National Council, Review.

In Ukraine, the role of the Country Coordinating Mechanism is filled by the National Council on Combating Tuberculosis and HIV/AIDS (herein-after National Council). Since it was formed in 1999, NGOs of key populations have demanded the right to participate in the National Council's work. However, the representation of the

third sector was limited to state-controlled structures (such as the National Red Cross and trade unions) and organizations of PLHIV and people with tuberculosis.

The public organization "ALLIANCE.GLOBAL", (previously PO "Gay Alliance"), was able to join a working group of the National Council as

a result of its intensive and widespread advocacy activities, carried out jointly with other organizations and representatives of key populations. These activities included meetings, statements, appeals to Global Fund rules, and confirming the expert capacity of the community. This gave the organization the opportunity to lobby for the interests of key populations and to participate in the review of legislative norms, regulating the composition and work of the National Council.

A revision of the "Regulations on the National Council" was approved by a protocol

These activities included meetings, statements, appeals to Global Fund rules, and confirming the expert capacity of the community.

decision. A representative of the LGBT community was included in the Expert Group on the Preparation of Draft Amendments to the "Regulations on the National Council", on issues related to HIV and tuberculosis. The Expert Group introduced changes to the "Regulations on the National Council", which revised the composition of the Council and the procedures for selecting its members. After confirmation of the new selection procedures, representatives of the LGBT community will join the composition of the National Council.

It was possible to change the policies regulating the formation of the National Council thanks to the dedicated work of activists from the LGBT community and other key populations and thanks to the support of international organizations.

Homophobia was the main barrier and requires much time and effort to overcome.

These practices may be used in other EECA countries to strengthen the capacity of LGBT communities at the national level.

Introduction: Context and Problem

In Ukraine, the role of the CCM is filled by the National Council, which was founded in 1999 and has been reorganized several times since then.

Since the National Council was founded, non-governmental organizations have made great efforts to have the opportunity to be involved in its work, in particular to participate in discussions on strategies to fight the HIV epidemic among key populations.

According to the "Regulations on the National Council", in effect until 2016, there can

Despite the existing regulations governing the rotation of members of the National Council, the election of new members proved to be nearly impossible.

be two members from non-governmental organizations representing people living with HIV and people living with tuberculosis, and three representatives from other non-governmental organizations. All of these representatives were from government-controlled organizations, such as the National Red Cross, Employers' Associations, trade unions, and religious organizations, and did not represent key populations. The interests of key populations were represented by the All-Ukrainian Network of People Living with HIV, and the coalition of organizations, "Let's Stop Tuberculosis Together". Despite the existing regulations governing the rotation of members of the National Council, the election of new members proved to be nearly impossible. Even in the case of elections, the same representatives of the same NGOs were re-elected. This prevented the participation of representatives from the LGBT community and other communities in Global Fund processes.

General Description: Who Did What?

In 2014, the Global Fund developed the New Funding Model, which, among other things, stipulates for the active participation of LGBT people and other key populations in the process of developing funding applications, and in the implementation and monitoring of projects.

Expenditures for prevention interventions for MSM, SW, and IDU were included in the National program for 2014–2018 thanks to the cooperation between NGOs of key populations, as well as support from international organizations and the Ukrainian Center for Public Health (formerly the Ukrainian Center for the Prevention and Control of AIDS).

Thanks to support from the Global Fund, an assessment of the work of the National Council was carried out according to Global Fund procedures on the formation of CCMs. A "Plan to Improve the Work of the National Council" (approved on March 12, 2014) was developed with the active participation of non-governmental organizations and community representatives.

Thanks to support from the Eurasian Coalition on Male Health (ECOM), representatives of "ALLIANCE.GLOBAL" and other LGBT activists participated in discussions on Global Fund policies during the Consultation on the Development of the Global Fund Investment Strategy for the Countries of Eastern Europe and Central Asia (Chisinau, June 2015). At this Consultation, participants discussed the need to change the situation with respect to CCMs.

Today, LGBT representatives actively participate in the work of the Multisector Working Group of the Ministry of Health of Ukraine and in National Council committees and working groups, and inform participants about successful human rights advocacy initiatives related to the right of health of LGBT people and about the need to include transgender people as a key population in financial strategies during the transition period.

Issues related to providing services to gay men and other MSM were included in the agenda of the National Consultation on Ensuring the Sustainability of the Response to the HIV and Tuberculosis Epidemics in Ukraine

(Kiev, October 29, 2015) thanks to support from partner organizations.

The next step was establishing the Expert Group on the Preparation of Draft Amendments to the "Regulations on the National Council on Combatting Tuberculosis and HIV/AIDS". In May 2015, under pressure from activists from the NGO sector, the Expert Group was approved by a protocol of the CCM. In September 2015, A. Chernyshev was elected to the Expert Group as a representative of the LGBT community in Ukraine.

A packet of documents aimed at ensuring the representation of key populations in the national council was developed by members of the Expert Group. These documents were not approved. In September 2016, all stakeholders were asked to discuss an updated version of the documents on the procedure for including representatives of the LGBT

Issues related to providing services to gay men and other MSM were included in the agenda of the National Consultation on Ensuring the Sustainability of the Response to the HIV and Tuberculosis Epidemics in Ukraine thanks to support from partner organizations.

community and other key populations in the National Council.

The introduction of changes regarding the composition of the National Council, and the development of documents setting out new procedures for the activity of the CCM, were met with strong resistance from members already working in the CCM for the past few years.

At the end of 2016, (the time that this document was drafted), a public discussion took place on amending the Decree of the Cabinet of Ministers of Ukraine №926, of June 11, 2007 "Some Issues related to Combatting Tuberculosis and HIV/AIDS".

Results and/or Lessons

Over the course of two years, through the support of the Global Fund and other international organizations, non-governmental organizations representing the LGBT community in Ukraine, in close partnership with representatives of communities of injecting drug users and sex workers, were able to change the policies and rules governing the formation of the National Council.

The active involvement of representatives of the LGBT community in the work of

working groups and committees helped to reduce stigma, promote a tolerant attitude of decision-makers towards the community, and to improve partnerships with non-governmental organizations. Achieving this result allowed for the coordination of efforts with SW and IDU communities, which took place despite resistance from representatives of other sectors of the non-governmental sector (trade unions, religious organizations), who had been members of the CCM for many years.

What Helped and What Hindered Activities

What helped activities:

- LGBT organizations and activists had clearly defined goals that were agreed upon with other communities and groups of key populations;
- Support from the Global Fund, "AIDS Foundation East-West" (AFEW), and international organizations (UNAIDS, ECOM).

What hindered activities:

- homophobia among representatives of governmental structures and religious non-governmental organizations.

Benefits for Others

This experience of advocacy at the national level can be useful for NGOs provided that key populations remain united and have active support from international organizations and the Global Fund.

It is important to look for resources to ensure the regular and meaningful participation of representatives of the LGBT community in

the work of the CCM, from both within the community and from partners. The participation of representatives of the LGBT community in the work of the CCM helps to reduce homophobia among CCM members and to ensure that key partners recognize the capacity of LGBT experts and the capacity of the community as a whole.

Sources of Information

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