

RIGHT TO HEALTH: MYTH OR REALITY?

**FINAL REPORT OF THE REGIONAL PROGRAM
«RIGHT TO HEALTH»**

Design and layout: Anastasiia Danylevska



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When using this material, reference to ECOM, the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity is required.

LIST OF ABBREVIATIONS

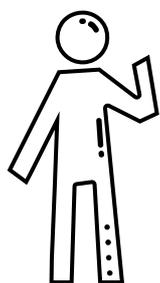
AIDS	Acquired immunodeficiency syndrome
CCM	Country coordinating mechanism
CEECA	Central and Eastern Europe and Central Asia
ECOM	Eurasian Coalition on Male Health
EECA	Eastern Europe and Central Asia
GDP	Gross domestic product
HIV	Human immunodeficiency virus
IBBS	Integrated bio-behavioural surveillance
IH	Internalized homophobia
JESAP	Joint Engagement Strategy and Action Plan
KP	Key population
LGBT	Lesbian, gay, bisexual and transgender people
MSM	Men who have sex with men
MSMIT	Practical Guidance for Implementing Comprehensive HIV and STI Programmes with MSM
NGO	Non-governmental organization
PLH	People living with HIV
PO	Public organization
PrEP	Pre-exposure prophylaxis
RAGSI	Regional Advisory Group on Strategic Information
RPPR	Regional Platform for Policy Reform in the field of HIV among MSM and trans* people
SOGI	Sexual orientation and gender identity
STI	Sexually transmitted infection
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
WHO	World Health Organization

INTRODUCTION

Gay men and other men who have sex with men (MSM), and transgender (trans*) people, in particular trans* women, are key populations (KP) at high risk of HIV infection. In Central and Eastern Europe and Central Asia (CEECA), these groups face problems in obtaining adequate health services, including HIV services, since health institutions do not take LGBTI issues into account, and homo- and transphobia and discrimination are widespread among their staff. These and other factors limit the access of MSM and trans* people to healthcare, legal, social, and other services.

In response to this, the Eurasian Coalition on Male Health (ECOM) with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, implemented the regional program «Right to Health» from 2017 to 2019. Over 1095 days, the ECOM team and partners with the Humanitarian NGO «New Generation» in Armenia, the youth association «Vstrecha» in Belarus, the NGO «Equality Movement» in Georgia, the public association «Kyrgyz Indigo» in Kyrgyzstan, the NGO «Stronger Together, Association for Support of People Living with HIV» in North Macedonia, as well as with organizations in Azerbaijan, Kazakhstan, Moldova, Russia, Tajikistan, Estonia, and Ukraine, **did everything possible to ensure that MSM and trans* people from Central and Eastern Europe and Central Asia:**

	Participate in managing the response to the HIV epidemic	стр. 3
	Have access to complete and reliable strategic information about the HIV epidemic in their countries	стр. 8
	Use modern tools and progressive knowledge in the fight against HIV/AIDS and to protect the rights of MSM and trans* people	стр. 14
	Live in countries where laws and initiatives do not interfere with effective HIV services	стр. 17
	Live in a society free from stigma and discrimination	стр. 24
	Are able to work in professional and successful public organizations	стр. 30



THE TEAM SET THREE TASKS FOR ITSELF:

- ➔ Increase MSM and trans* community participation in decision-making in national HIV responses;
- ➔ Build the capacity of MSM and trans* community organizations;
- ➔ Develop enabling environments for the provision of HIV services for MSM and trans* communities.

The main idea behind the regional program was that trained communities, through their organizations and activists, should directly and significantly impact the national HIV programs that affect them.

And this is what we managed to do...



PARTICIPATION OF MSM AND TRANS* PEOPLE OF CEECA IN MANAGING THE HIV RESPONSE



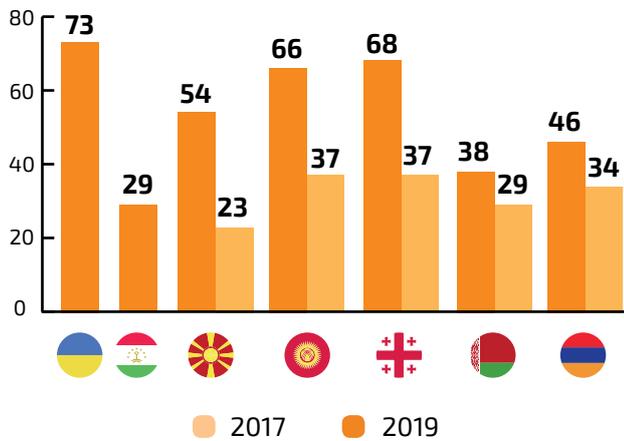
People exercising their right to health should be able to influence the management of the HIV response. The participation of MSM and trans people of CEECA in national coordinating bodies, as well as in legislative initiatives of countries, is an integral part of the strategy of the fight for the right to health. Thanks to this, we have the chance to improve the quality of the HIV response.*

In 2017, in order to assess the current level of participation of MSM and trans* people in HIV decision-making processes in the CEECA region, ECOM conducted a corresponding study. It initially covered the five target countries of the regional program, and a year later, was also carried out in Tajikistan and Ukraine. In addition to data on participation, we also collected economic and demographical information about countries (population, percentage of men, level of urbanization, migration, public spending on healthcare, GDP, per capita income, poverty level, Internet access, etc.). Two years later, the study was repeated in the five target countries of the regional program in order to track changes in relevant processes. A comparison of the results of 2017 and 2019 in Armenia, Belarus, Georgia, Kyrgyzstan, and North Macedonia shows a significant improvement in relation to the participation of MSM and trans*

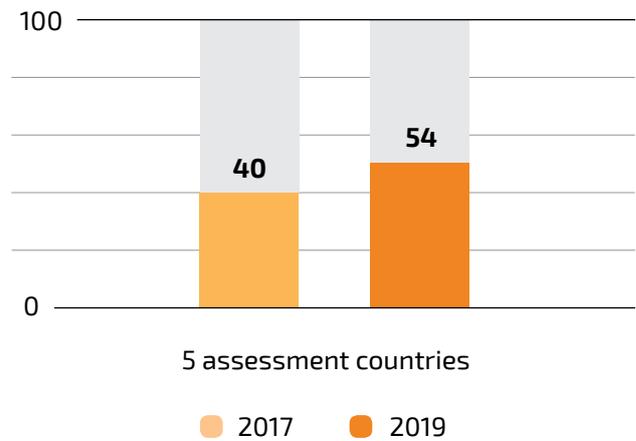
people in decision-making processes. The greatest progress in the countries studied is observed in relation to the use by NGOs of state mechanisms for procuring social and medical services, as well as to community development, advocacy, and partnerships. The least progress was observed in relation to the participation of MSM and trans* people in the management, development of policies, and funding of the HIV response.

The report provides recommendations to communities for their future work. The main recommendations include: sharing experiences of successful work with governments, joint advocacy with various key populations, sufficient cooperation with government bodies, the implementation of regional initiatives, and determining the costs for a package of services for MSM and trans* people.

Results of the assessment of the level of involvement of MSM and trans* people in HIV decision-making processes, comparison of progress by country for 2017 – 2019



Overall involvement progress of MSM and trans* people in adoption processes of decisions for 2017 – 2019



The study was based on the presence or absence of data on the involvement of MSM and trans* people in decision-making processes in their countries. Each section of information was evaluated using points: "0" = generally not true, not achieved; "1" = substantial progress achieved, but with significant gaps; "2" = generally true. Thus, for each of the questions, a maximum score of "2" and a minimum score of "0" could be assigned. The maximum total score a country could receive was 70 (35 questions, 2 points per question). For the objectivity of the comparison, the points were converted to a percentage (from 100%).

More detailed results of the study can be found at this [link](#). The participation of MSM and trans* people in country coordinating mechanisms plays a big role in the involvement of the community in managing the response to the epidemic. Today, MSM are represented in the CCM in Belarus, Georgia, and Kyrgyzstan, while there are also trans* members of the CCM in Belarus and Ukraine. ECOM developed a separate plan for involving the community in the decision-making process in Armenia, where neither MSM nor trans* people are represented in the CCM.



The National Commission on HIV is our primary forum for advocacy. Thanks to the project, we were able to be more prepared for dialogue, to be better represented, more active, and to involve government representatives themselves in the data collection process.

Andrej Senih, Stronger Together, North Macedonia

In addition, at the country level, advocacy plans related to access to health services for MSM and trans* people were developed for each of the five participating countries. In subsequent years of the program, partners carried out advocacy activities as

planned. As a guide for advocacy, the program used the universal, international tool, the MSMIT: Practical Guidance for Implementing Comprehensive HIV and STI Programmes for MSM.

In order to make the tool easier for government representatives to understand, ECOM, with the support of UNFPA, conducted a regional training for 18 future MSMIT trainers from 9 countries. Subsequently, the trained specialists conducted trainings and informational sessions in their own countries, and, based on the document, carried out HIV advocacy activities for the interests of communities.

ECOM supported national advocacy activities, such as the LGBT and MSM-services conferences in Ukraine, conferences of the LGBT movement and HIV-service organizations in Russia, the conference "New challenges to HIV and TB" in Kyrgyzstan, Baltic Pride, and Tbilisi Pride. ECOM and its partners actively promoted gay and trans* health issues at all of these national-level events.

At the regional level, in order to discuss and develop a consolidated response to challenges related to the HIV epidemic among MSM and trans* people, ECOM established a multi-sectoral mechanism, the Regional Platform for Policy Reform in the field of HIV among MSM and trans* people (RPPR), which deals with issues related to the development of a common, multi-sectoral vision and approach to finding solutions to new problems linked to HIV/AIDS prevention, treatment, care, and support. Participants of the platform include representatives of

the community and the public sector of the CEECA region, and international and regional organizations involved in addressing health and HIV issues among MSM and trans* people. As a result, a Joint Engagement Strategy and Action Plan (JESAP), a document describing the regional advocacy strategy related to HIV among MSM and trans* people, and the coordination between countries, projects, and fundraising initiatives, was developed. The strategy and operational plan for 2020–2023 will be implemented with the support of ECOM.

As part of the program, we held two regional consultations on HIV among MSM and trans* people in Eastern Europe and Central Asia. The first such consultation on HIV among MSM took place in 2010, after which no event of this format was held in the region for 10 years. These regional consultations were unique in the fact that they were not initiated by donor organizations or UN agencies, but by ECOM, a community organization. The consultations held in 2018 and 2019 brought together both public organizations from the region and the expert community, as well as representatives of government institutions and international organizations. As part of the Second Regional Consultation, the Joint Engagement Strategy, developed by the RPPR, was approved, and during the Third Regional Consultation, its detailed Action Plan was developed and approved.



Participation in the regional consultations was extremely important for us, and for the development of our projects that we are already implementing independent of the «Right to Health» program. For example, information on pre-exposure prophylaxis, which we received as part of the Consultation, was extremely important. Now, we are working on a project to introduce PrEP in North Macedonia, together with two other organizations with which we were in consortium as part of the "Right to Health" program. I hope that by the middle of this year, we will jointly launch the PrEP program with the support of the Ministry of Health.

Andrej Senih, Stronger Together, North Macedonia

Media advocacy was actively explored as part of the «Right to Health» program. ECOM co-organized the media campaign "Chase the virus, not people". One of the objectives of the campaign was to draw attention to the impact of discriminatory legislation on the quality of life of the LGBT community and the growth of the HIV epidemic in the EECA region. In 2019, ECOM adapted the campaign slogan to the needs of MSM and trans* people: «Chase stigma, not people». National media campaigns with the slogan were carried out in Armenia, Georgia and North

Macedonia. As part of the campaign, the problems of gay men, other MSM, and trans* people in the EECA region were raised at the regional and global levels, networks and communities were able to unite, and the results of ECOM's work were presented to the general public. Another key online media campaign was held on 17 May, 2018: International Day against Homophobia and Transphobia. Prominent activists and public figures of the region, as well as representatives of UN agencies, were the faces of the campaign.



If you look at the final beneficiary, an HIV+ MSM or trans person, it seems to me that, as a result of this program, this person has learned about the tools and opportunities he has to obtain adequate and equitable access to medical services. He also learned that he has the right to respect when visiting a doctor, he has the right to quality medical care, and that he can contact the police if his rights are violated.*

Alexandr Poluyan, ECOM

RESULTS



Ukraine, Belarus

Trans* people participate in the work of national coordinating bodies on HIV



Armenia, Belarus, Georgia, Kyrgyzstan, North Macedonia

A plan for transition to state funding has been developed



North Macedonia

The National Commission on HIV in North Macedonia is a good example of cooperation between governmental and non-governmental sectors after the withdrawal of the GF



Armenia, Georgia, Kyrgyzstan, North Macedonia

MSM are mentioned in national HIV/AIDS plans or in other similar documents as a key population





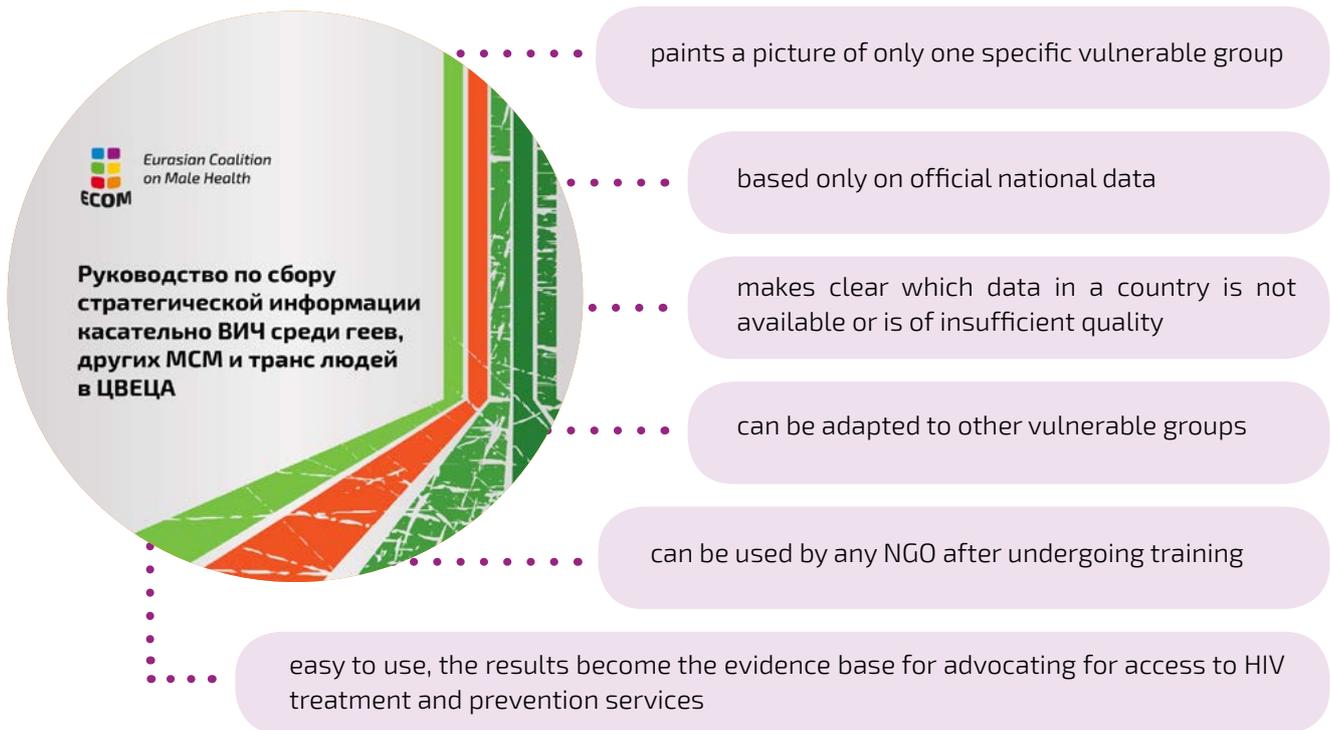
AVAILABILITY OF COMPREHENSIVE, COMPLETE, AND RELIABLE STRATEGIC INFORMATION ON THE HIV EPIDEMIC FOR MSM AND TRANS* PEOPLE OF THE CEECA REGION



In our region, the quality of data used to monitor and evaluate the response to the epidemic is poor: for example, estimations of the population sizes of our groups are often not up to standards or simply do not exist. This is why it was important to create tools for collecting and assessing high-quality strategic information on HIV among gay men, other MSM and trans people.*

In 2017, the Regional Advisory Group on Strategic Information (RAGSI) began its work, the main purpose of which was to determine the best ways to improve the quality of strategic information in the region. The group included representatives of government agencies from the five target countries of the «Right to Health» program, specialists from community organizations, as well as experts from international charitable foundations and research institutes. In 2017, the group conducted a study on the availability of high-quality strategic information in the target countries of the regional program and in Estonia. In 2018, the group developed and

approved «Guidelines for the collection of strategic information on HIV among gay men, other MSM, and trans* people in CEECA». The guidelines are designed to collect and adapt all relevant data on strategic information on HIV among gay men, other MSM and trans* people in one structured and compact document, which will be useful for researchers, people involved in planning, implementing and managing HIV programs, non-governmental and community-based organizations working in the field of HIV prevention, as well as for activists from the community and LGBTIQ advocates.

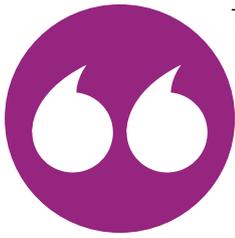


A significant part of the program was the Regional Advisory Group on the Collection of Strategic Information (RAGSI). It is very important that when we gather — different countries and experts, from both governments and civil society, that we share what is happening with whom. After all, it is necessary that we see the big picture. One country can learn from another. From this point of view, the regional consultations worked great. It is also very important that such activities continue after the end of the program. I know that resources are needed for such things, so I sincerely hope that ECOM finds such resources so that everything can continue.

Oleg Eryomin, «Vstrecha»

In 2018 – 2019, ECOM developed country briefs (references) on the HIV epidemiological situation among MSM and trans* people in 11 countries of the region, as well as reviews of the cascade of HIV services in key countries. Summarizing the data for the entire region, it can be seen that no more than 4 out of 10 HIV-infected gay men and other MSM in Eastern Europe and Central Asia know that they have HIV. Based on this data, in 2019, a regional review of the results of the national studies of the cascade for 2018 was also released. In addition to reviewing the situation,

the study also identifies the reasons that prevent gay men and other MSM from getting tested for HIV and receiving effective treatment, thereby identifying the main areas for further advocacy. One of the main reasons is the slow introduction of innovative testing programs in countries, including testing performed by LGBT organizations and self-testing. Another significant barrier is the high level of stigma and frequent cases of discrimination that gay men, other MSM and trans* people encounter when seeking sexual health services.



The problems that we encountered while working on cascades were important. I can single out two: the issue of the quality of MSM population size estimates and the issue of the quality of data on risk behaviors among HIV+ people. These issues are not new, everyone knew about them, but so far, there has been no visual documentation of the extent of these gaps.

Gennady Roshchupkin, ECOM

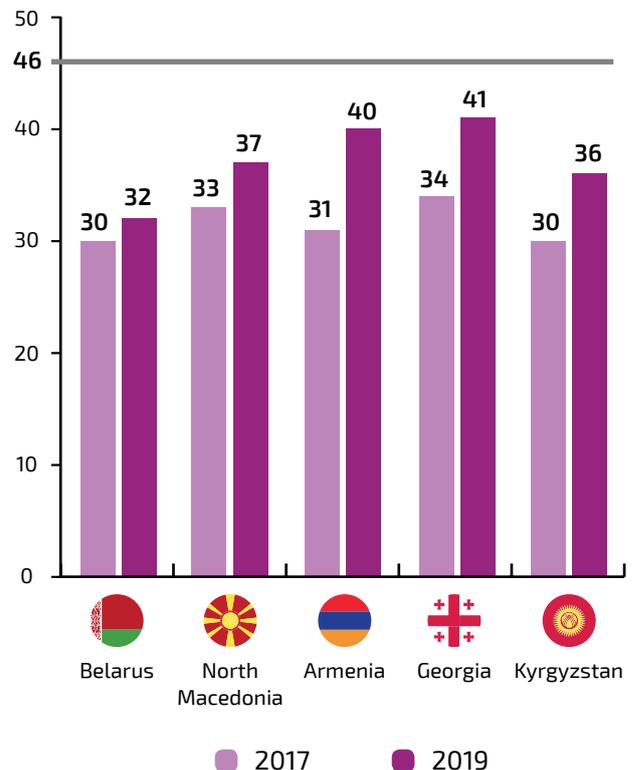
Using recommendations from the MSMIT and a tool for analyzing funding gaps as a basis, ECOM developed its own tool that allows for an analysis of funding gaps in HIV/AIDS programs for MSM in EECA countries. At the beginning of the program in 2017, national analyses were carried out in the five target countries using this tool. A year later, a regional analysis was published demonstrating the effectiveness of the studies, and providing recommendations on funding and monitoring HIV programs for MSM.

In the last year of the program, a follow-up study on the availability of high-quality strategic information in key countries was conducted, and an assessment of changes in the situation in countries over two years was carried out. The study shows an increase in the quality of strategic information, and a higher level of interaction and joint advocacy activities between community groups, NGOs, and international organizations. Significant improvements in communication between government representatives, community groups and NGOs was also observed. A particular focus on obtaining data on trans* people is still needed.

If you want to use the tool to analyze funding problems:

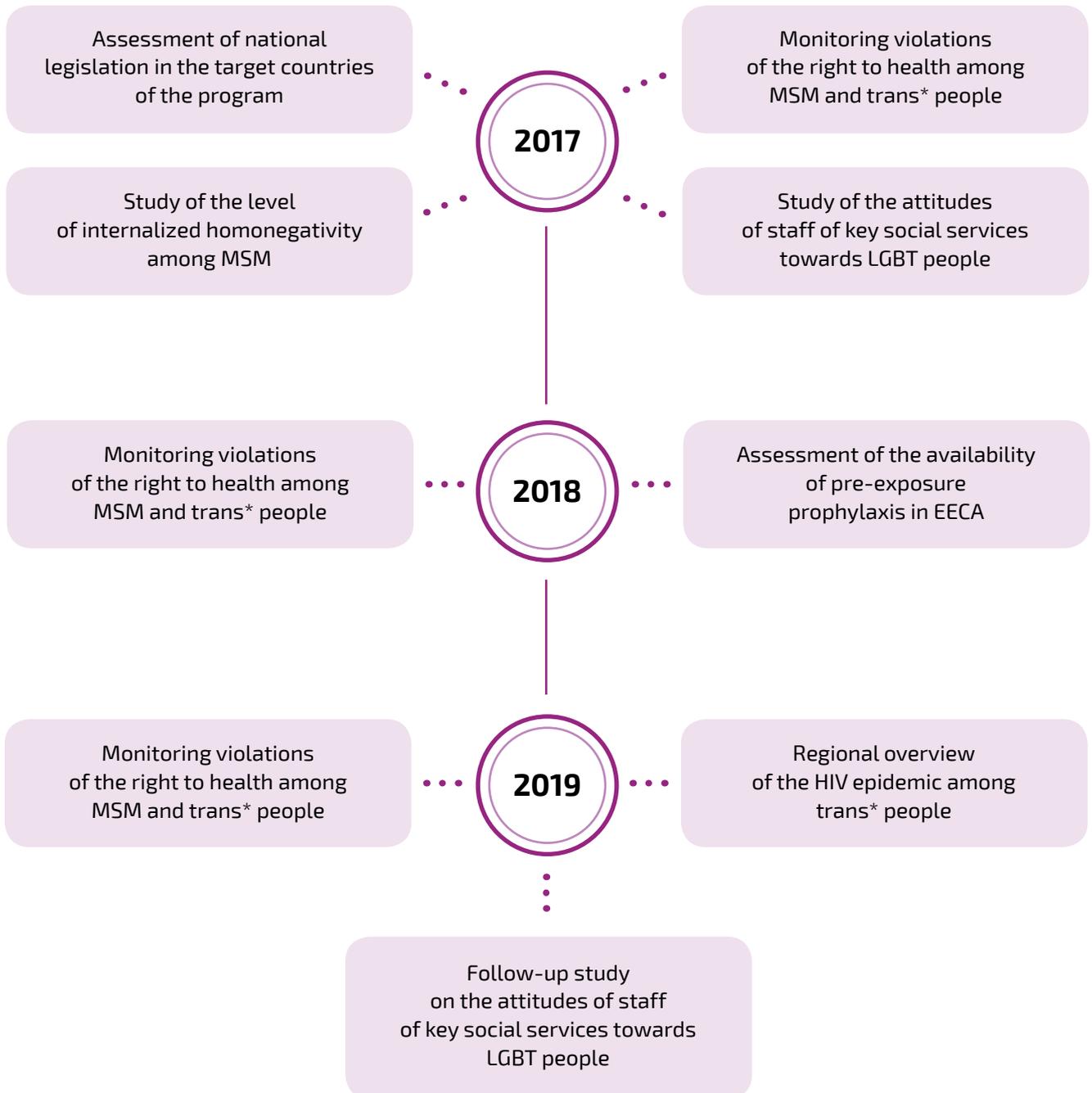
- ➔ it is suitable for any country and for any key population
- ➔ it is necessary for NGOs planning to receive public funding
- ➔ preliminary training for NGO staff is required (to understand the results of the analysis)
- ➔ the analysis should be carried out by an external expert

Assessment of the availability of strategic information on MSM in countries for 2017 – 2019

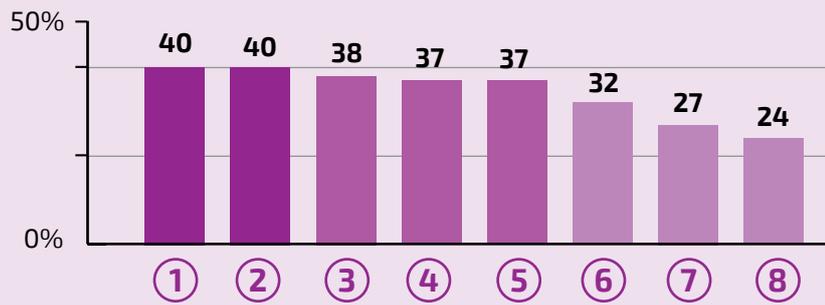


As part of the regional program, the ECOM team also noted a new challenge encountered by local prevention projects: the regional migration of MSM and related factors. In order to optimize the work of prevention programs in countries, ECOM conducted a study on the regional migration trends of MSM/

LGBT people, factors that influence such migration, and on the main geography and routes of such migration. The relationship between LGBT migration, the vulnerability of these groups and public health problems was also examined.



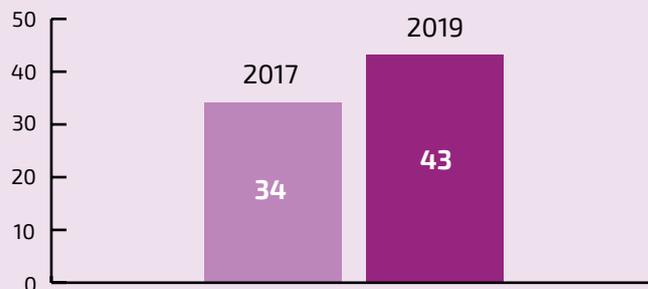
AVAILABILITY OF HIGH-QUALITY STRATEGIC INFORMATION IN TARGET COUNTRIES, COMPARISON 2017 – 2019



- ① Coverage by HIV prevention services
- ⑤ HIV prevalence
- ② Coverage by HIV testing services
- ⑥ Population size estimation
- ③ Use of research results and strategic information
- ⑦ Participation in the provision of HIV services
- ④ Condom usage
- ⑧ Advocacy coverage

100% — this data exists at the national level; data is reliable, i.e. it is collected through studies with statistical certainty; data is updated regularly every 2-3 years; data is used by the government in national plans and/or in programs funded from the state budget; data is used by NGOs and communities for fundraising, project planning, and/or advocacy; data is available by city and region.

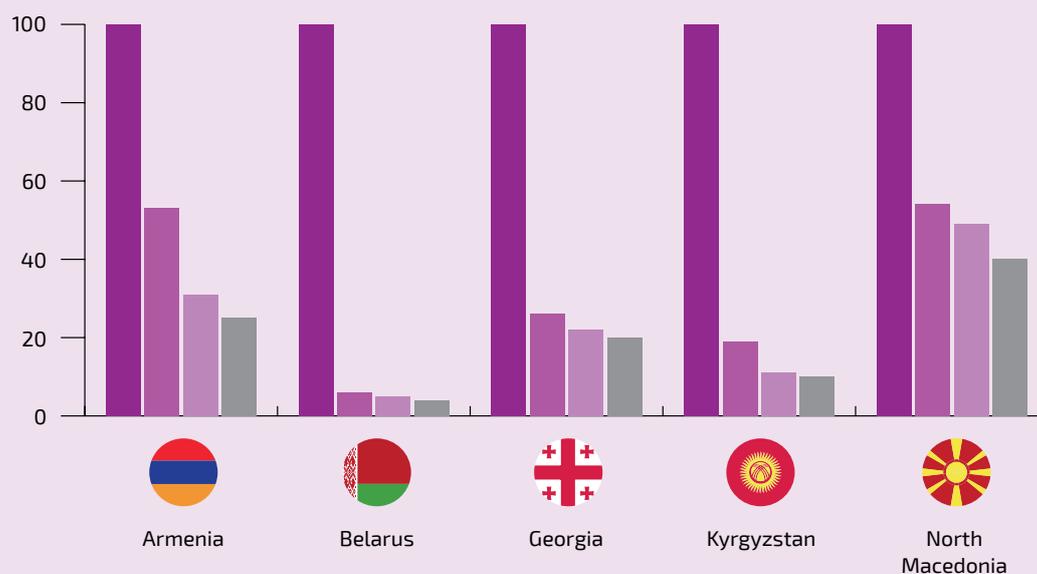
OVERALL PROGRESS IN RELATION TO THE AVAILABILITY OF HIGH-QUALITY STRATEGIC INFORMATION IN COUNTRIES FOR 2017-2019



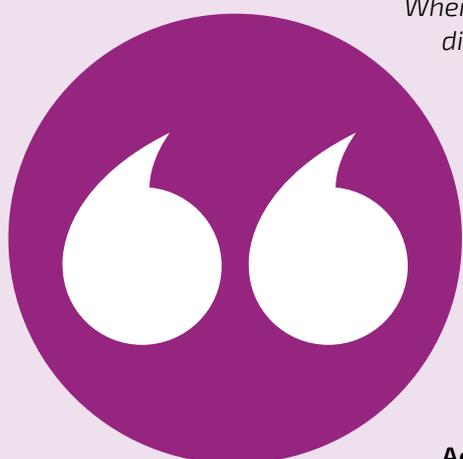
The work done analysing data obtained in the cascades was very interesting. There were many responses to the question about why there is such a big gap between the estimated number of HIV+ MSM and the first "90", but no comprehensive, non-fragmented analysis has been done to get to the second layer and analyze to get to the second layer and analyze existing services and gaps. This is the area of work that I see needs to be expanded and worked on further. The cascade opened the door to a large area related to data quality. When there is no data, but there is a problem this means that the problem is being ignored. And this is the social aspect!

Gennady Roshchupkin, ECOM

RESULTS OF THE CASCADE BY COUNTRY 2019



	Estimated number of HIV+ MSM in the country	Number and percentage of HIV+ MSM who know their HIV+ status	HIV+ MSM receiving ARV therapy	HIV+ MSM, receiving ARV therapy, with an undetectable viral load
	300	158 / 53%	93 / 59%	76 / 82%
	5880	348 / 6%	292 / 84%	250 / 86%
	2997	773 / 26%	648 / 84%	584 / 90%
	1115	207 / 19%	123 / 59%	112 / 91%
	338	181 / 54%	165 / 91%	134 / 81%



When we conduct trainings, when we write reports, when we enter into dialogue with the state, we constantly return to this data. Like, for example, a funding document: it illuminates most of the processes for us like a guiding light. All activities of the «Right to Health» program were very logical. We have many projects on the service side, but the strategic, advocacy side was not well established. Therefore, a cascade of services, an assessment of the legal environment and internalized homophobia, and an assessment of how work with the MSM and LGBT community was established and implemented in the national program helped us a lot. I believe that everything we did in the «Right to Health» program will continue further, because these are all effective tools for conducting advocacy activities.

Adilet Alimkulov, PO «Kyrgyz Indigo», Kyrgyzstan



MODERN TOOLS FOR THE FIGHT AGAINST HIV/AIDS AND FOR PROTECTING THE RIGHTS OF MSM AND TRANS* PEOPLE



Modern tools in the fight against HIV/AIDS are no longer a set of separate guidelines, techniques or mechanisms. Our fight for the right to health is a strategic complex, where we are engaged in both comprehensive advocacy for the rights of MSM and trans people and advocacy for access to health services.*

A COMPREHENSIVE APPROACH INCLUDES THE FOLLOWING ELEMENTS:

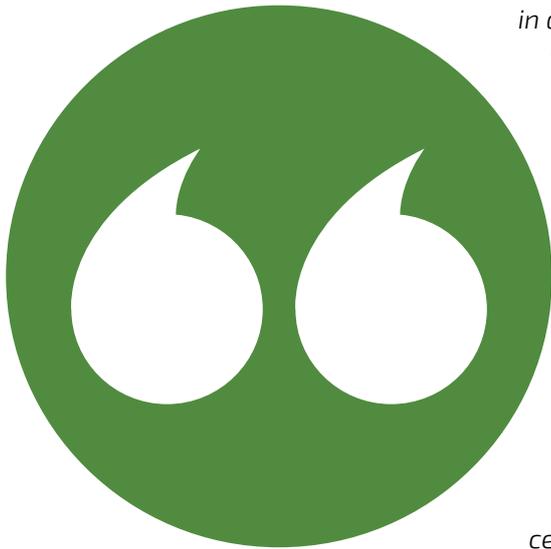
- ✓ A comprehensive study of the epidemic and the groups affected by it. This data is reflected in strategic information, which, with the help of tools (unique ones or ones adapted to the specificities of countries/ regions), can be collected by communities and with the meaningful participation of states.



A very important thing that we did as part of the program was to improve the quality of strategic data generation. Prior to this, the country did not have a common cascade of access to treatment, and in particular did not have one in relation to access to treatment for MSM and trans people. It may be too early to talk about this, but it seems to me that the practice of collecting this data is institutionalized in North Macedonia, namely by the National Institute of Public Health. And this institutionalization is taking place thanks to the «Right to Health» program and our advocacy.*

Andrej Senih, Stronger Together, North Macedonia

- ✓ Changing the role of the community itself and the community's ability to influence the epidemic. There are significant differences between simple programs and programs that are implemented for MSM and trans* people under the guidance of MSM and trans* people. When programs are implemented with the guidance of community representatives, this leads to improvements in coverage, access, quality of services, uptake of services, condom usage, and participation of community representatives in national strategies and programs.



Prior to the start of the regional program, trans people were not identified as a key population and did not have a seat allocated to them in the CCM in any of the five target countries. Only a year ago, the first country, Kyrgyzstan, added trans* people to the list of key populations. An advisory council on the health and rights of gay men was established in Armenia, and, with the support of the regional program, community-based rapid testing has begun in the country. Here, the community was also involved in the process of conducting IBBS. Thanks to this, the estimate of the MSM population size increased from 10,000 to 16,000 people, which provided a different look at the surge in the epidemic in the cascade of HIV services among MSM in Armenia. In Macedonia, a social order of 1 million dinars was received for HIV prevention among MSM. These are not direct results of the «Right to Health» exclusively program, but entail a large combination of efforts to involve communities in managing the response to the epidemic. Such results are thanks, certainly in part, to the program.*

Elena German, ECOM

- ✓ The relationship between the concept of «law» and the concept of «health». This is an integrated approach, which includes both the right to certain freedoms and protection from violations of these freedoms, as well as the right to access health services.



When we first started, there was the question — where is health and where are LGBT rights? For some reason, in our heads and in society, these two concepts were clearly separate — the concept of «law» and the concept of «health». Through the regional program, we showed that this is all interconnected, illustrating how a violation of rights affects access to health-related services. And this gave the community a clearer view of the relationship between the two concepts.

Vitaly Djuma, ECOM

- ✓ Knowledge about services and packages of services, which not only includes services, but also work on the issues of combating stigma and discrimination..
- ✓ Strengthening communities for a high-quality and sustainable response to the epidemic.



For me, the regional program in which we took part was, first and foremost, about the fact that a stronger community is ready for a comprehensive fight— against HIV and for our rights!

Alina Mirzoyan, New Generation, Armenia



Sustainable, methodological support. All knowledge, methodologies, tools, and outputs must be sustainable and used by organizations and communities for dialogue with states and international organizations, regardless of the project framework. ECOM documents and publishes all the outputs of expert teams, regularly updates strategic data, and publishes both its own tools and existing international tools adapted to the needs of the region.



Current governments have shown great interest in working and collaborating with NGOs on health issues. And our tools and research that we developed as part of the program were immediately used as tools for dialogue. We very quickly responded to the needs in this process, and made a significant addition to dialogue between NGOs and the government.

Yuri Yoursky, ECOM



All tools developed and adapted as part of the regional program «Right to Health», as well as strategic information collected during the program, are available in a single collection of tools for strengthening the HIV response among MSM and trans* people.



ELIMINATING LEGAL AND POLITICAL BARRIERS TO PROVIDING MSM AND TRANS* PEOPLE WITH EFFECTIVE HIV SERVICES IN CEECA



The right to the highest attainable standard of health is one of our fundamental rights. Being able to realize this right directly depends on the measures that our states are taking to ensure it. In the regional program "Right to Health", we worked to create an environment in which every MSM and trans person can have equal access to HIV services.*

At the beginning of the program, a mapping of the human rights capacity was carried out: in the five target countries, more than 100 activists were identified, who later worked on the legal component of the program. The selected activists received training in legal literacy and activism skills, and learned how to monitor and document cases of violations of rights, what international mechanisms exist and how international advocacy is based on data obtained. As a result, a network of monitors was established in the five countries, which documented cases of violations of human rights and trained volunteers on the basics of monitoring. The most sustainable

networks were those established in Kyrgyzstan and North Macedonia. The main difficulty in the work of the networks in other countries was the constant change of activists. Monitoring of violations of the right to health of MSM and trans* people was carried out by country monitoring networks in 2017, 2018, and 2019 (the results of the third year of monitoring are available at this [link](#)). The overall monitoring results are reflected in two regional reports (for 2017 and 2018), which were used by the regional program as an evidence base for advocating for legislative changes at the international level.

At the same time, the national reports, which partners prepared annually based on the collected cases of rights violations and which formed the basis of the regional reports, became the basis for country advocacy in order to receive recommendations from UN treaty bodies. According to the monitoring results for 2017-2019, 198 cases of violations of the right to

health were documented in the five target countries. Every year, the number of cases increased. Each country developed legal advocacy plans based on cases illustrating the main trends related to violations of the rights of the LGBT community and trans* people. These plans were then integrated into general advocacy plans.



BELARUS



In 2017, an alternative report was submitted to the UN Human Rights Committee. Recommendations were received to change the country's policies related to systematic violations of the rights of LGBT and transgender people. The country must report to the Committee on these recommendations in 2021. In January 2019, the law «On introducing amendments and additions to certain codes of the Republic of Belarus», signed by the President of Belarus, was officially published.



NORTH MACEDONIA



In 2018, the «Coalition of Human Rights Organizations from Macedonia» jointly submitted a report to CEDAW on the status of sex workers in the Republic of Macedonia, which included information about sex workers, including trans* sex workers and their access to healthcare. The report became one of the tools that helped activists to enact a law in March 2019 on the prevention of and protection from discrimination, including the prohibition of discrimination based on sexual orientation and gender identity. In 2019, advocacy for the freedom of peaceful assembly was carried out using cases from the program.



ARMENIA



In 2019, the humanitarian NGO "New Generation" submitted a joint alternative report to the Committee Against Torture on a list of issues: the main problem is the violation of the rights of gay men in prisons, including the right to health. As a result, the committee asked a question on this issue, on which the country should report in June 2020. In addition, Armenian civil society developed its own bill on gender expression, and advocacy to promote it is planned for 2020.



TAJIKISTAN, ESTONIA



A report was submitted to the Human Rights Committee.



KYRGYZSTAN

On behalf of an NGO coalition, «Kyrgyz Indigo», using the methodology of the regional program, independently compiled and submitted a report to the Committee on the Elimination of All Forms of Discrimination against Women. Issues related to trans* women advocacy were included in the list of issues on which the country will report in 2020. In addition, Kyrgyz civil society introduced amendments to the comprehensive antidiscrimination bill, and is preparing a related advocacy plan for 2020.



GEORGIA

Civil society is working to advocate for strengthening the role of the Ombudsman and to monitor the effective and timely investigation of cases of discrimination and hate crimes.



AZERBAIJAN

A report was submitted to the Committee on Economic, Social and Cultural Rights.



UZBEKISTAN

A report and a list of issues were submitted to the UN Committee Against Torture, as well as to the Human Rights Committee.



KAZAKHSTAN

A report was submitted to the Committee on the Elimination of All Forms of Discrimination Against Women.

To assist those bringing cases with finding the necessary legal assistance, ECOM developed an online directory of organizations to which MSM, and gay, bisexual, and trans* people can turn for legal assistance in their own country or in any other country of the region.

A methodological manual was developed that explains step-by-step human rights issues, how they are used in advocacy work, as well as the nuances of documenting cases. This manual will help ECOM's partners and all other interested organizations to independently conduct regular monitoring of the situation regarding violations of the right to health, even after the end of the project, and to use the data to advocate for the right to health.

An analysis of cases showed that government representatives often deny the existence of discrimination against MSM and trans* people on the basis of SOGI. Due to this, ECOM developed a compilation of international standards on SOGI and HIV, which was the first intersectional document adapted to the CEECA region. We also developed a comprehensive training module on countering stigma and discrimination based on SOGI, which formed the basis for trainings in the target countries. The module is available online.



For me, the results of work under the legal component are sustainable in that activists in the region now understand how the system works, and how the global bureaucratic machine works from the point of view of human rights. Colleagues were able to understand that human rights are not a given. They are not a given as a norm. You need to fight for them. And now our activists know why they need to routinely collect cases and regularly write boring reports. They saw that they could make a difference, they believed in themselves and in change.

Yuri Yoursky, ECOM

In 2017, ECOM and its partners conducted an assessment of national legislation in all five countries. Using this assessment, it was possible to identify legal barriers for MSM and trans* people. It is recommended to carry out the assessment once every

three years. Based on the results of the assessment, partner organizations, with the support of ECOM, developed draft bills necessary to change the situation in relation to the protection of the right to health in the target countries.



KYRGYZSTAN

A draft comprehensive antidiscrimination legislation was drafted together with a coalition of NGOs



ARMENIA

A draft bill was developed on changing gender markers for trans* people

In 2019, we developed a comparative analysis of national legislation related to LGBT rights and HIV in the five target countries of the regional program. The results of the analysis can be found in the collection of tools for strengthening the response to

HIV among MSM and trans* people, a link to which is located in the section «Modern Tools for the Fight against HIV/AIDS and for Protecting the Rights of MSM and Trans* People».

CHANGES IN THE NUMBER OF LEGAL BARRIERS AND THE LEVEL OF PROTECTION OF THE RIGHTS OF MSM AND TRANS* PEOPLE THAT TOOK PLACE BETWEEN 2017 AND 2019 IN ARMENIA, BELARUS, GEORGIA, KYRGYZSTAN, AND NORTH MACEDONIA



ARMENIA. In 2018-2019, the number of legal barriers increased. At the same time, the level of protection of rights increased, a system for funding social services through state orders was established, and safe conditions for testing and subsequent counseling were ensured. Communication between activists, local authorities, and the police significantly improved with respect to ensuring public order and the safety of activists during peaceful assemblies.

BELARUS. The number of legal barriers did not change in comparison to 2018, while the level of protection of rights increased. An example of significant success in the work of national activists includes systematic advocacy before UN committees and the receipt of recommendations, which have resulted in clear action plans to the government covering «problem areas».

GEORGIA. The number of legal barriers significantly decreased and the level of the protection of rights increased. Barriers related to the protection of health were removed, while the Georgian Constitutional Court held that it was unconstitutional to prohibit the donation of blood by gay men, other

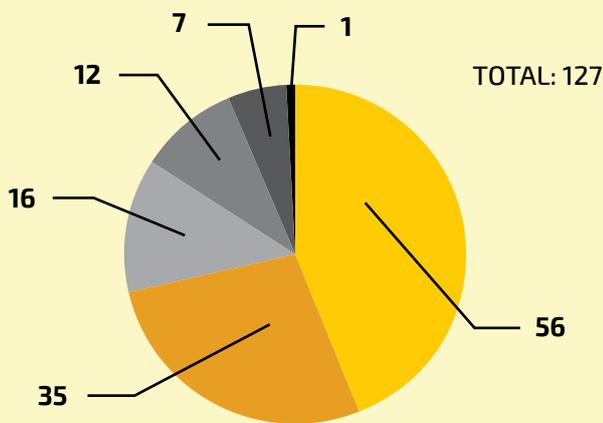
MSM, and trans* people. Examples of success include work aimed at training the police and increasing their capacity to investigate hate crimes; work with the community to increase the number of cases reported to the police; development of civil society and its capacity to protect the rights of LGBT people, including efforts to increase visibility and their ability to exercise rights such as the freedom of speech and freedom of peaceful assembly on an equal basis with other groups, consolidation around Tbilisi Pride 2019, and to find compromises with the authorities.

KYRGYZSTAN. The number of legal barriers and the level of protection of rights remain unchanged, however, significant changes took place in the country: the strengthening and consolidation of local leaders of the LGBT rights movement and other human rights organizations, which led to the introduction of the issue of developing and adopting an antidiscrimination law and including it in the government's plan. Active work is underway to prepare a draft bill for public hearings. Work has also begun to fulfill a state order in the field of social services for HIV prevention.

NORTH MACEDONIA. The number of legal barriers remained at the same level as 2018, while the level of protection of rights increased significantly. The most important legislative changes took place in North Macedonia: namely, the inclusion of a specific mention of SOGI in the list of grounds protected from discrimination in the national law on the prohibition of discrimination; the inclusion of SOGI in the Criminal Code in relation to establishing liability for homophobic and transphobic crimes; and the estab-

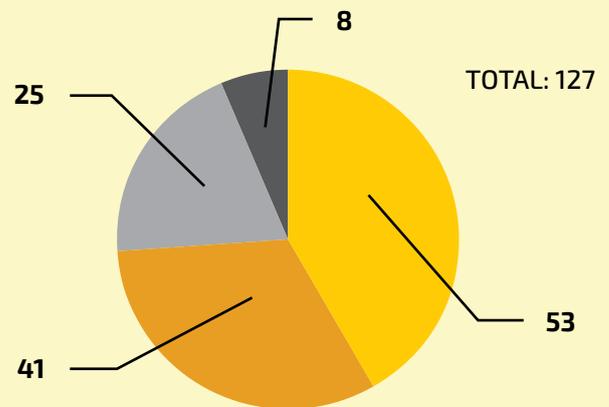
lishment of a working group for the subsequent harmonization of remaining legislation to strengthen the system of protection against discrimination. The second major victory for the local LGBT community was the first-ever public march for equality in 2019. In addition, a working group under the Ministry of Justice was established and is actively working with the participation of local activists to prepare a draft law on the procedure for gender correction.

The most common violations of the rights of LGBT and trans* people (cumulative data on 5 target countries for 2017-2018)



- Hate speech
- Hate crimes
- Refusal to provide medical services
- Abuse of power
- Disclosure of personal information
- Requirement by employer to undergo HIV testing

Who most often violates the rights of LGBT and trans* people (cumulative data on 5 target countries for 2017-2018)



- Ordinary citizens in public places, in the street, landlords, family members, etc.
- Medical workers or institutions
- Police and civil servants, including ministers
- Journalists, representatives of private businesses and other organizations



Every year, the number of reported cases of rights violations is growing. This means that MSM and trans people are less afraid to reveal their sexual orientation and gender identity, and to report that their rights are being violated. Thanks to ECOM, this process has already begun; the number of reports will continue to grow. It will become clear that, in every country, there are violations of the right to health on the basis of SOGI, and that there are reports to confirm this. This means that cases will be reviewed and that there will be judicial decisions. This will change a lot!*

Yuri Yoursky, ECOM

CASE EXAMPLES



The story of one person affects the story of his country. Each case illustrates something that is happening in the country. And we can use these cases to change the system!

Elena German, ECOM



If you are a trans* man living in Belarus — then the gynecologist, referring you for further treatment, may call you an inadequate woman.



If you are a gay person living in Kyrgyzstan — then the neuropathologist may call the police because he believes being gay is a crime.



If you are a gay person living in Belarus — then your president may publicly declare that it is better to be a dictator than you.



If you are a 19 year-old gay person living in Ukraine — then the doctor in the children's clinic may promise you that you will outgrow your sexual orientation.

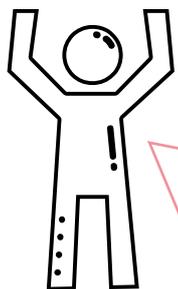


If you are a gay person living in Tajikistan — then the doctor in the AIDS center may refuse to give you an HIV test due to your sexual orientation.

ALL OF THESE CASES (AND OTHERS) WERE DOCUMENTED IN THE COUNTRIES BY A NETWORK OF TRAINED MONITORS, INCLUDED IN NATIONAL REPORTS, AND SUBMITTED TO UN TREATY BODIES



REDUCING STIGMA AND DISCRIMINATION AGAINST MSM AND TRANS* PEOPLE IN THE COUNTRIES OF CEECA



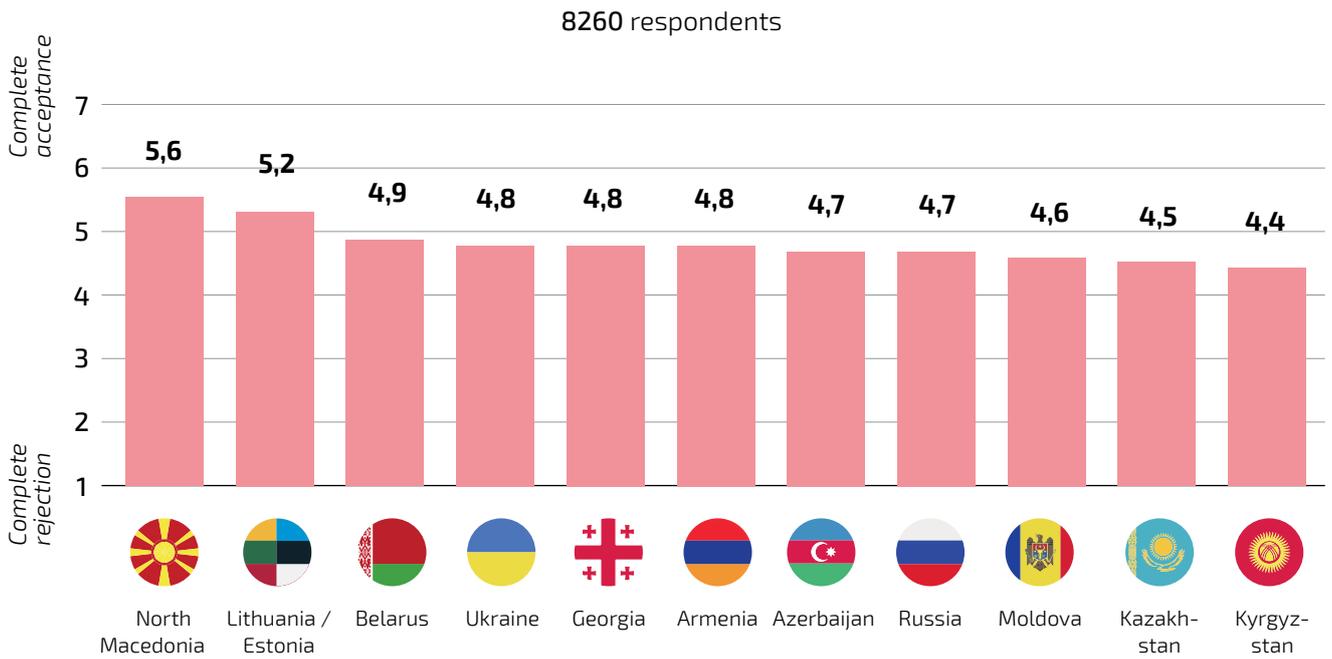
Internalized homonegativity, hate crimes, and domestic stigma and discrimination are not uncommon in relation to LGBT people in the EECA region. This affects access to services related to our health. In order to influence the situation during the three years of the regional program, we jointly conducted comprehensive studies with partners, documented cases of stigma and discrimination against LGBT people, held training events for activists and people influencing the life and health of LGBT people, and engaged in legal advocacy at the international and country level.

STUDY OF THE LEVEL OF INTERNAL HOMOPHOBIA

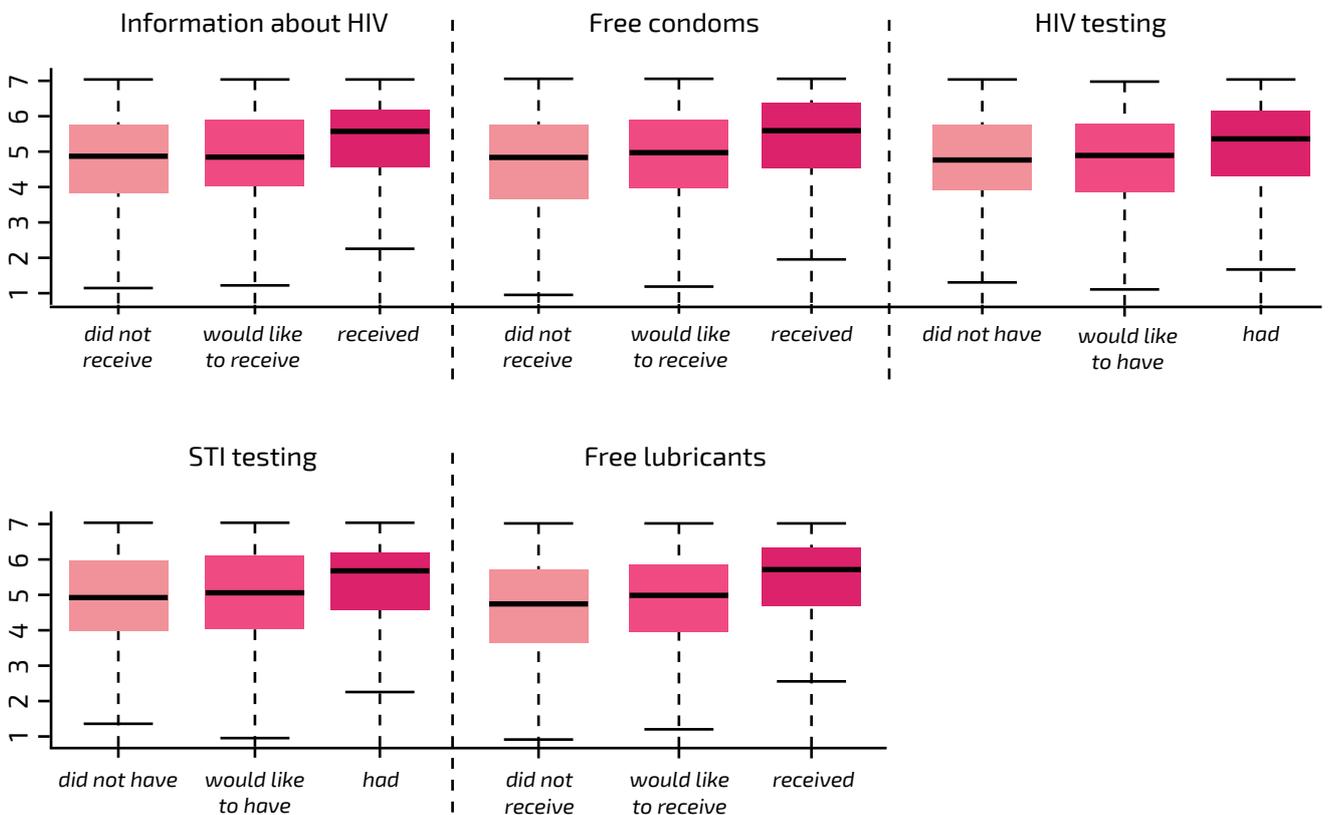
In 2017, as part of the regional program, we conducted a study, unique to the region, on the level of internalized homonegativity (the negative attitude towards one's own homosexuality, or internal homophobia) among gay, bisexual, and other MSM. More than 8,239 respondents from 12 countries of the region participated in the study. The study showed the link between internal homophobia and the up-

take of health and HIV services: the more negatively a person views his homosexuality, the less he uses HIV prevention services and the less he participates in the work of gay and bisexual organizations. The recommendations developed based on the study emphasize that work to reduce the level of internalized homonegativity can be an additional factor in improving the access of MSM to health services.

SURVEY OF RESPONDENTS



INTERNALIZED HOMONEGATIVITY AND COVERAGE BY SERVICES





The findings of the study became a clear advocacy argument for NGOs to explain why it is necessary to work to reduce internal stigma and homophobia and why, for example, psychologists and community centers are needed in HIV prevention projects. For people with a high level of internalized homonegativity, the attractiveness of prevention services can be increased if online counseling with a psychologist is available. This will become a tool to subsequently encourage people to visit community centers and the offices of organizations for HIV testing.

Elena German, ECOM

RESEARCH ON LGBT ATTITUDES AMONG KEY EMPLOYEES GOVERNMENT AGENCIES

As part of ECOM's program, a study on the attitudes of staff of key government agencies was also conducted. The study was carried out twice, in order to compare the results and track changes in the attitudes of medical and social workers and the police in the five target countries. An assessment of two areas was carried out: personal attitudes towards LGBT people and respondents' assessments of the attitudes of representatives of their own professional

group towards LGBT people. Based on the results of the assessment, a training module was developed to educate civil servants on human rights and to combat stigma and discrimination against gay men, other MSM, and trans* people. In order to track the changes that occurred in countries, a re-evaluation of attitudes towards LGBT people was carried out in the third year of the project. The study shows a positive trend.

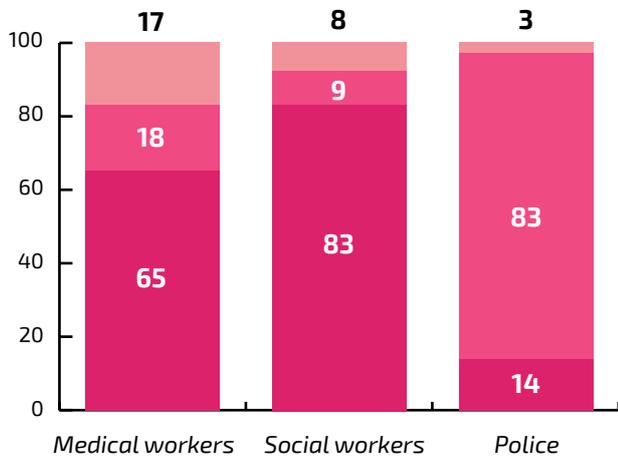


We have a very good relationship with the Ministry of Internal Affairs. For the first time in the history of Georgia and civil society, an NGO conducted a training for investigators and police officers of the Police Academy. The training was on the effective investigation of hate crimes and issues related to gender and sexuality. It was based on ECOM's training module. For the first time, we were able to hear about cases and specificities of investigations from the investigators themselves. The fact that there were investigators who are friendly to LGBT people was a big surprise for us! Each year, we hold an awards ceremony for contributing to the fight for equality. In 2019, we awarded the prize for the fight for LGBT equality to an investigator, which is extremely rare and valuable for Georgia!

Mariam Guliashvili, Equality Movement, Georgia

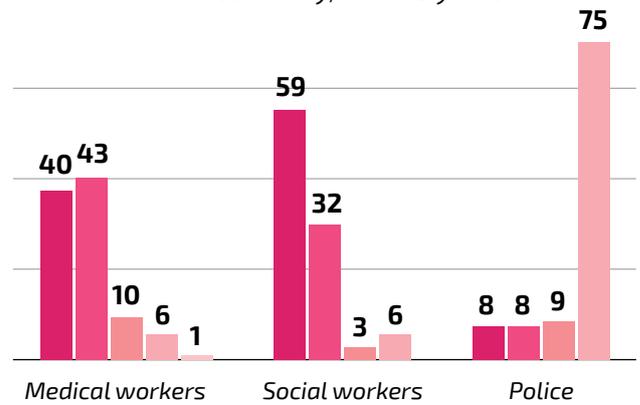
SOME RESULTS OF EVALUATING ATTITUDES TOWARDS LGBT AMONG KEY EMPLOYEES GOVERNMENT AGENCIES

Which of these statements is closest to your own opinion?



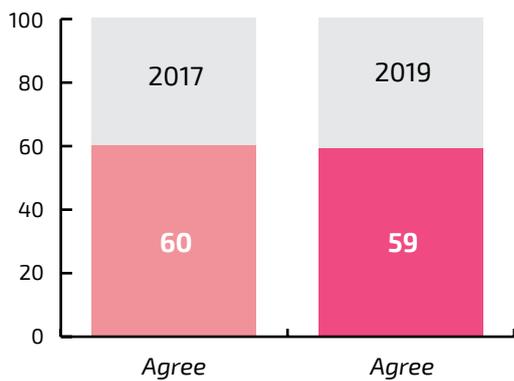
- homosexuality should be accepted in society
- homosexuality should not be accepted in society
- neither of these statements

People have various attitudes towards homosexuality, what is yours



- sexual orientation with an equal right to exist as heterosexuality
- fact of life that should not be condemned or glorified
- vice, bad habit
- illness, result of a psychological trauma
- sign of a special gift, talent

Attitudes of three key professional groups towards LGBT people, all countries, comparison of results from 2017 and 2019

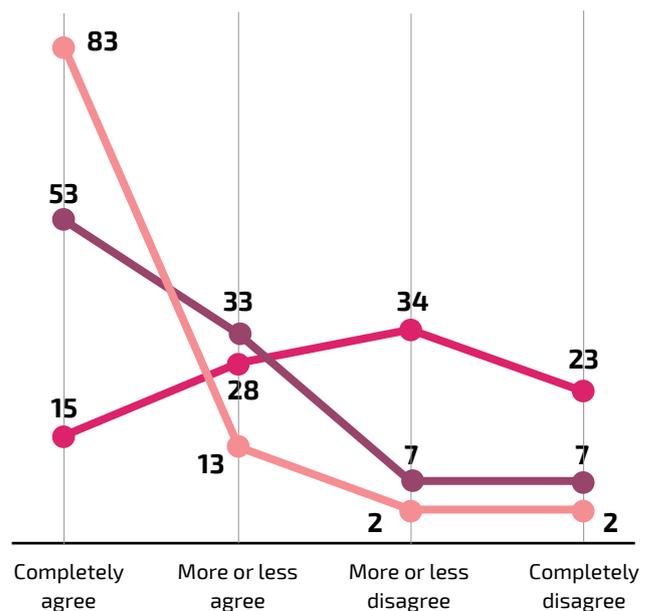


Homosexuality should be accepted in society

* improvements in Belarus, Georgia, and North Macedonia, insignificant deterioration in Kyrgyzstan, and a significant deterioration in Armenia among medical workers

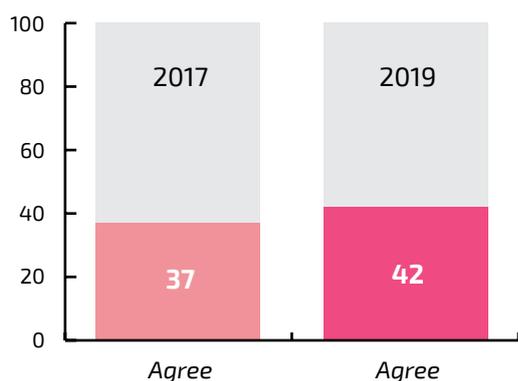
Attitude towards LGBT people, equal rights

Do you agree with the statement that gays and lesbians should have the same rights as other citizens?



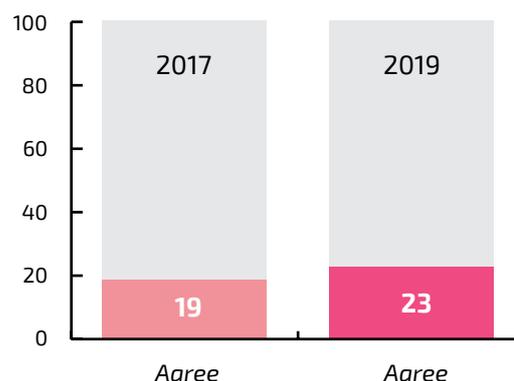
- Social workers
- Medical workers
- Police

Comparison of 2017 and 2019



Homosexuality is a sexual orientation with an equal right to exist as heterosexuality

Homosexual couples should be able to adopt and/or raise children



Gays and lesbians should enjoy the same rights as other citizens

Over the three years of work on the project, the target countries monitored and collected cases of violations of the right to health of MSM and trans* people, including in connection with stigma and discrimination. The cases were featured in the five annual country reports, as well as in two regional reports for 2017 and 2018. In the regional report for 2018, 68 cases were documented, all of which dealt with cases of discrimination on the common basis of sexual orientation and gender identity. Of the 68 cases, 23 entailed a direct violation of the right to health, including refusal to provide medical services and disclosure of a medical diagnosis or SOGI, which

forced patients to stop treatment. The practice of documenting cases of discrimination based on SOGI proved to be effective: country teams reported increased confidence in organizations and a greater number of LGBT people willing to share personal stories about violations. Activists used the case documentation process to educate and sensitize the community. In turn, country reports with documented cases were submitted to UN treaty bodies, which is described in detail in the section «Eliminating Legal and Political Barriers to Providing MSM and Trans* People with Effective HIV Services in EECA».



One of the most important tools for us was the tool for documenting cases of violations of the rights of MSM and trans people. We will definitely continue to use it even after the end of the project.*

Alina Mirzoyan, New Generation, Armenia

In 2019, a comparative analysis of national laws related to LGBT rights and HIV was carried out in the five target countries. It also provided an overview of the situation in the target countries with regard to protection from discrimination and the investigation of hate crimes, as well as recommendations

for combatting such incidents. As part of this study, partner countries were asked to identify priorities in advocating for the rights of MSM and trans* people, including in the fight against stigma and discrimination. Most of the countries chose to prioritize the adoption of an antidiscrimination law.

AND THESE ARE OUR SUCCESS STORIES FROM THE PROJECT IN RELATION TO THE FIGHT AGAINST STIGMA AND DISCRIMINATION IN THE LEGAL SPHERE



NORTH MACEDONIA

In 2019, a law was passed on the prevention of and protection against discrimination based on sexual orientation and gender identity. A working group was established to coordinate necessary amendments to other laws related to the amendments to the law on the prohibition of discrimination, including the introduction of SOGI as grounds protected from discrimination in other legislative acts.



KYRGYZSTAN

Draft of comprehensive antidiscrimination legislation. As a result of international advocacy by civil society during recent years, the government of the Kyrgyz Republic has repeatedly received recommendations to develop and adopt an antidiscrimination law. This task was included in the state human rights action plan with a deadline of 2021.



KYRGYZSTAN

The public organization «Kyrgyz Indigo» helps victims to file complaints with the police, which helps to increase the number of complaints. Cases of hate crimes that were previously hushed up are now included in the both the monitoring of NGOs and the statistics of law enforcement agencies.

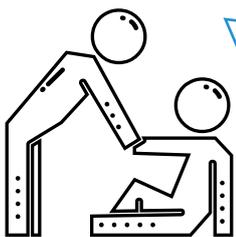


ARMENIA, GEORGIA

Local community organizations implement victim support systems in one form or another.



ENHANCING MSM AND TRANS* COMMUNITY ORGANIZATIONS



The quality of the HIV response depends directly on the capacity of the organizations in which we work. Only when we are able to conduct competent dialogue with representatives of governmental agencies, and with partner and donor organizations, and only when we work in strong NGOs with sustainable activities, will we be able to increase access to services.

As part of the regional program «Right to Health», ECOM has been working to develop the institutional capacity of partners in the five target countries, supporting small grants, and providing technical assistance to other organizations in countries of the EECA region. During the three years of the project, trainings were held, mentoring visits were conducted, sample documents were provided, and opportunities for exchanging experiences with organization and activists in other countries of the region were created. In addition to the main work with target countries of the program, as part of the provision of small grants to young organizations and community groups, ECOM supported 23 projects focused on various aspects of strengthening advocacy capacity and advocacy itself, as well as on community participation in the development of public health poli-

cies at the local and national levels. In May 2019, the Working Group of Trans* People on HIV and Sexual Health in Eastern Europe and Central Asia (RGT) was established. This is the only group at the regional level whose members and experts are exclusively trans* people. The group brings together more than 20 activists from 9 EECA countries. Over the six months of its existence, the group has developed a guide to trans* terminology, a «Trans* Glossary», issued a selection of best practices in the provision of services to trans* people, held a session on trans* health issues at the 3rd Regional Consultation, and issued a public statement on the unacceptability of violence and discrimination against trans* people on the occasion of 20 November, the International Transgender Day of Remembrance.

In Ukraine, throughout all three years of the work of the regional program, ECOM supported the Expert Group on Health and Rights of MSM. During this time, the group released a number of publications that capture the Ukrainian experience, published a unique study of social and health issues of lesbians, bisexual women and other women who have sex with women, and also published a manual on holding national conferences.

In Tajikistan, the initiative group «LighT» was fully supported in the process of registering as an NGO. In Macedonia, with the support of ECOM, dialogue between the initiative group «TransFormA» and the government was initiated, which led to the beginning of amendments to legislation regulating gender reassignment in the country.

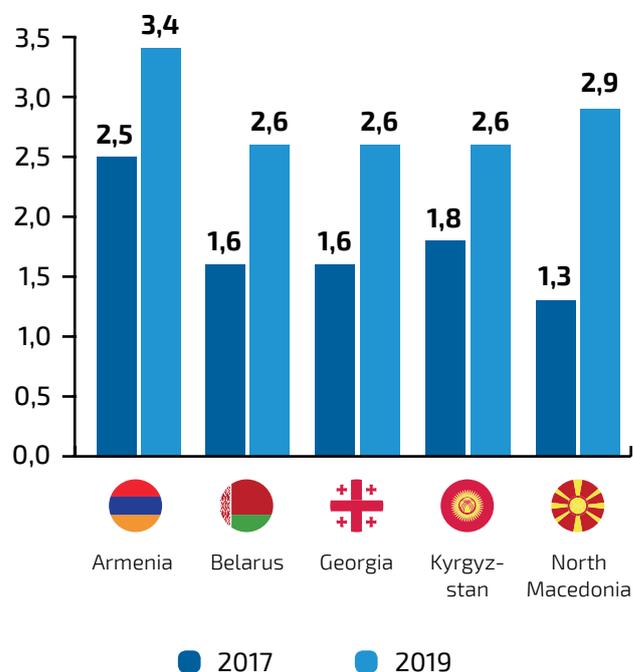
We devoted special attention to the development of the organizational capacity of our partners implementing the regional program in the five target countries.

ECOM developed its own universal ECAT tool (ECOM Capacity Assessment Tool) on the basis of an existing tool for assessing the capacity of organizations, with which you can measure the level of institutional, programmatic, and financial development of NGOs. The developed tool takes into account the specifics of organizations involved in right to health advocacy, such as the initial level of organizational development and an orientation towards advocacy work. In 2017, ECOM conducted an initial assessment of partner organizations in the five target countries. Based on this, organizational development and technical support plans were developed for each organization. Following the implementation of the planned assistance, a reassessment was conducted.

A complete support package was also developed and is available online:

- ✓ Webinar on self-assessment of organizational capacity
- ✓ Manual for working with volunteers
- ✓ Main human resources issues
- ✓ Bases for effective monitoring and evaluation systems for community organizations
- ✓ Training module on fundraising for community organizations

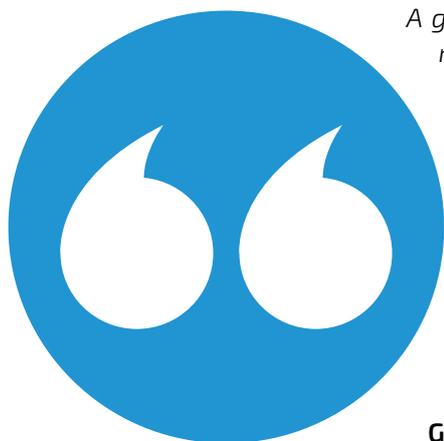
Change in the total level of institutional, programmatic, and financial development by country for 2017 – 2019



The graph includes a sum of the estimates for the institutional, programmatic, and financial components.

During the implementation of the regional program "Right to Health", a qualitative increase in the level of organizational development took place in all target countries of the program. The greatest growth occurred in those countries where the organizational capacity was initially the lowest. An increase in the level of all three components (institutional, programmatic, and financial) was observed, with the financial sustainability indicator demonstrating the greatest growth, followed by programmatic

and institutional sustainability. In most countries, there were successes in influencing public policy, for instance, before making decisions about funding organizations from the state budget (North Macedonia), or small but productive examples of cooperation to solve specific problems restricting the rights of beneficiaries of organizations (for example, Belarus is analyzing legislation with a view to violations of the rights of people living with HIV).



A good indicator of the change in the capacity of organizations was internal communication, namely the quality of reports submitted by countries. At the beginning of the project, reporting was painful. Most of our colleagues in the countries are activists, not writers. But the reports that the partners began to send after three years were different: more accurate, clear, and on topic. Colleagues learned to calmly, briefly, and accurately discuss their work. A report that, after three days, is not even understood by the person who wrote it, is money thrown away. A report that any partner can understand, even after years, is knowledge management. It became clear that the quality of analysis in our organizations has grown tremendously!

Gennady Roshchupkin, ECOM

CONCLUSIONS



ECOM, as a community-based association, has shown itself to be a great force. We have strengthened our partners and have strengthened ourselves. By strengthening others, we have strengthened ourselves! We wanted specific results that community activists could take advantage of, and the final recipient of these results. Would be the whole community. And we succeeded!

Vitaly Djuma, ECOM

The «Right to Health» regional program employed a cross-cutting approach to the implementation of its three objectives: strengthening the community and its involvement in decision-making processes, reducing legal barriers, and improving the environment for the provision of services to MSM and trans* people.

Program partners in countries of the region received a unique set of tools and skills that provides them with a comprehensive and strategic approach to realizing their right to health. The level of community participation in decision-making processes, as well as the impact of the community on changes related to the response to the epidemic, increased significantly. Partner organizations continue to use the tools and skills they acquired independently of the project.

ECOM itself is also continuing work under the project to collect strategic information and conduct legal advocacy using the best practices, tools, and ex-

perience gained through the implementation of the «Right to Health» program. Work on both the MSMIT tool and on PrEP is also continuing.

In order to ensure the sustainability of the consolidated response to challenges related to the HIV epidemic among MSM and trans* people throughout the region, ECOM, together with international partners, plans to continue to support the regional coordination tools developed as part of the project, such as holding Regional Consultations on HIV among MSM and Trans* People in Eastern Europe and Central Asia, and supporting the implementation of the JESAP strategy and operational plan for 2020-2023.

The three years of implementation of the regional program «Right to Health» established a solid foundation for the community to have all the necessary tools and resources to work to ensure that as many MSM and trans* people as possible have continued access to the continuum of HIV services in the region of Central and Eastern Europe and Central Asia.



For me, this program is primarily about mutual assistance as a part of cooperation. It was a big challenge—how to make work done in each country useful for other countries. How to support the development of good relations between community organizations and governments, and how ECOM, as a young organization, could build relationships with older, more experienced partners. Cooperation and networking—for me, that's how. The program greatly contributed to ensuring that people more often and more actively work together.

Gennady Roshchupkin, ECOM

