



ECOM

**Overview of the meaningful participation
of representatives of the LGBT community
in decision-making and overseeing
implementation of Global Fund grants
in countries of Eastern Europe
and Central Asia**

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List of abbreviations

AIDS – Acquired immunodeficiency syndrome

ALE – Association of legal entities

CCM – Country coordinating mechanism

CCPH – Coordinating Committee on Public Health of the government of the Kyrgyz Republic

ECOM – Eurasian Coalition on Health, Rights, Gender and Sexual Diversity

GF – Global Fund to Fight AIDS, Tuberculosis and Malaria

GIPA – Principles of meaningful involvement of people affected by HIV and other diseases in decision-making processes and the implementation of programs related to these diseases

HIV – Human immunodeficiency virus

IBBS – Integrated bio-behavioral surveillance

IG – Initiative group

LGBT – Lesbian, gay, bisexual, and transgender people

LGBTI – Lesbian, gay, bisexual, transgender, and intersex people

MIA – Ministry of Internal Affairs

MSM – Men who have sex with men

NCC – National Coordination Council for National Programs on the Prevention and Control of HIV, STIs, and Tuberculosis

NEC – National Expert Commission

NGO – Non-governmental organization

NHIC – National Health Insurance Company (Moldova)

NMCC – Kyrgyz Government National Multisector Coordinating Committee on HIV/AIDS, Tuberculosis and Malaria

PF – Public foundation

PLH – People living with HIV

PO – Public organization

PR – Primary recipient

PrEP – Pre-exposure prophylaxis

PUD – People using drugs

PUID – People using injecting drugs

REAAC – Republic Emergency Anti-Epidemic and Anti-Epizootic Commission

SSO – State social order

STI – Sexually transmitted infection

SW – Sex worker

TB – Tuberculosis

TG – Transgender

VAT – Value added tax

UN – United Nations

UNDP – United Nations Development Programme

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Introduction

This is not an ordinary overview. We tried to not only discuss specific work and situations, but to also introduce the people who participate in this work and protect the interests of their communities: who are these people, and what do they think about their work and about themselves as activists for their communities?...

Over the past several years, the transition to national funding has been one of the leading topics in the fight against the HIV and tuberculosis epidemics in EECA. The main obstacle to this, as practice shows, is not so much a lack of money in the country: countries have their own, perhaps limited, resources, and few people in Kyrgyzstan or Ukraine, for example, seriously expect to receive the same level of services as in Germany or the USA. The biggest problems are created by homophobia, narcophobia, and other forms of xenophobia. Above all, they prevent national governments from using the resources available in the country and provided by donors with maximum effectiveness to protect citizens from the effects of the HIV and tuberculosis epidemics.

Marginalization is a necessary consequence of xenophobia. It makes people very vulnerable, as it deprives them of access to existing healthcare services, and excludes them from national planning and the implementation of anti-epidemic measures. If you are considered "dirty", "sinful", "unnatural" or simply stupid, no one will listen to your needs, and no one will take into account your opinion on what should be included in the state or municipal program.

Therefore, the issue of meaningful participation is very important: most often, marginalized groups are "key" to fighting the epidemics. It is the successful prevention and treatment of HIV and tuberculosis among these groups that can turn the tide of the epidemic in society as a whole. MSM and trans people are included among these groups.

In the fall of 2019, "ECOM – Eurasian Coalition on Health, Rights, Gender and Sexual Diversity" (ECOM) collected data on how representatives of MSM and trans people are involved in Global Fund to Fight AIDS, Tuberculosis and Malaria grant processes in a number of countries of the region. In order to collect data, we compiled a unified questionnaire and asked our colleagues in Kazakhstan, Kyrgyzstan, and Moldova to collect data. In addition, with the help of the journalist, Elena Derzhanskaya, interviews were conducted with prominent activists who represent MSM and trans people in country coordinating mechanisms. We hope that this information, as well as getting to know the people who are directly leading the work, will help you achieve better results in your own work and in your countries.

Overview of progress in the meaningful involvement of the LGBT community in processes related to decision-making and overseeing implementation of GF grants in the Republics of Kazakhstan, Kyrgyzstan, and Moldova

KAZAKHSTAN

Prepared by: Roman Dudnik, Executive Director AFEW-Kazakhstan

How does the CCM charter regulate the participation of MSM and trans representatives in the work of the CCM?

The country coordinating mechanism on working with international organizations on HIV and tuberculosis (CCM) in its current form was established by Order of the Prime Minister of the Republic of Kazakhstan №43-r of 27 April 2017, which includes the general provisions and charter of the CCM. This document gives the CCM the right to officially carry out its functions in the country.

The CCM was established to ensure the interaction of state bodies, as well as non-governmental and public organizations, in coordinating work with international organizations on HIV infection and tuberculosis. The CCM is a consultative-advisory body to the government of the Republic of Kazakhstan on HIV and tuberculosis, with the participation of a wide-range of stakeholders to coordinate country-level activities with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and to ensure joint decision-making. The CCM is tasked with developing and submitting applications for GF grants based on national priority needs, and ensuring monitoring of progress in the implementation of grants, as well as coherence between GF grants and other national programs.

The CCM of Kazakhstan consists of 25 members. The chair of the CCM is the Minister of Health of Kazakhstan. The governmental sector is represented in the CCM by various ministries: the Ministry of Health, the Ministry of Internal Affairs, the Ministry of Defense, the Ministry of the National Economy, and the Ministry of Education and Science. The non-governmental sector accounts for approximately 40% of the CCM members and is represented by international and non-governmental organizations, international bodies created with the participation of states, Kazakh NGOs, representatives of people affected and/or living with the diseases, as well as by representatives of key populations, traditionally including MSM. Representatives of trans people have not been traditionally included.

Each CCM member has an alternate. CCM members from the non-governmental sector are nominated to the CCM by their communities on an elective basis: according to Requirement 5 of the GF, all CCM members representing the non-governmental sector should be elected by their constituencies on the basis of a transparent, documented process, adopted by the group that is open to all interested representatives of the group.

Is there a CCM-approved process for delegating and electing CCM members and alternates from key populations, or CCM-approved principles that this process should comply with? If there is an approved process, what method does it establish for nominations and elections? If there are principles, what do they say?

The current internal policies of the CCM include a chapter "Procedure for forming the CCM". Clause 10.2. "Procedure for electing CCM members from the non-governmental sector" states: representatives of non-governmental organizations and the private sector are included in the CCM on the basis of the results of elections held in the form of an

open vote once every three years. Any organization from the voters list has the right to nominate one candidate as a CCM member from an NGO. Candidates for CCM members from NGOs can be individuals. Relevant protocols and other documents on the functioning and results of elections are presented to the CCM Secretariat.

What responsibilities do CCM members representing key populations have? Who in the CCM monitors the fulfillment of these responsibilities and how? Who from the community monitors the fulfillment of these responsibilities and how?

Representatives of civil society in the CCM have a terms of reference and a set of objectives set by those who elected them, which they must perform as a representative of their group.

In accordance with the Regulations on the Work of the CCM¹, its members must fulfill the following responsibilities:

- Contribute to the implementation of the CCM's objectives;
- Represent the interests of their sectors and report to them;
- Participate in CCM meetings;
- Be part of the working groups and committees created by the CCM;

- Cooperate with the CCM Secretariat;
- Prevent conflicts of interest.

The CCM Secretariat continuously provides clarifications on and monitors rules regulating conflicts of interest.

The fulfillment of the responsibilities of a CCM member is monitored by the communities that elected them. At the end of 2018, MSM and trans community NGOs created a Working Group, which elected a new CCM member from the MSM group and which will be responsible for monitoring the fulfillment of his responsibilities as a CCM member.

How many MSM and trans representatives have participated in the work of the CCM as members, alternates, or consultants in the last 2 years? In what role did each of them participate?

The CCM had an MSM representative from the very beginning. Until 2018, this member was determined on the basis of self-nomination. Since the end of 2018, after changes to the CCM rules, this member has

been elected on the basis of nominations by representatives of the MSM community. In 2018, the nomination procedure took place online using WhatsApp, with the nomination and self-nomination of

1

<http://ccmkz.kz/upload/Report/CCM%20Regulation%20Apr%2017%2C%202012.pdf>

candidates from activists in Almaty, Astana, Shymkent, Karagandy, and Ust-Kamenogorsk. Four candidates were nominated. One member and one alternate were elected by secret ballot. It is worth noting that the MSM representative in the

CCM has not changed over the past 5 years. In part, this is due to the limited number of open MSM activists in the country. The MCM alternate was only nominated to the CCM in 2019, following the results of the last CCM elections held in 2018.

What proposals were made by representatives of the MSM and trans communities to the CCM agenda of work? Where were the results?

The representative of the MSM community made presentations, spoke, and asked questions several times during CCM meetings. This is all reflected in the minutes of the CCM meetings. These interventions primarily related to the availability of condoms and lubricants for MSM, the

effectiveness of outreach work, as well as the need to establish PrEP services in the country. A proposal of the representative of the MSM community was rejected only once, because it was introduced to the agenda of work late, on the day of the meeting. There were no rejections without an explanation of the reasons.

How many times over the last 5 years has the CCM considered the availability and/or quality of HIV and STI prevention services for MSM, or the availability and quality of targeted services for HIV+ MSM? When was this, what issues were considered, what decisions were made, and were they implemented?

The situation regarding the spread of HIV among MSM and the measures taken in connection with this have been considered many times: for example, the results of a two-year pilot study on preventing the transmission of HIV among 50 MSM in Almaty, conducted by the Center for the Study of Global Health in Central Asia, were presented²; the cascade of HIV treatment for MSM was also presented.

In addition, issues related to increasing the pay and number of outreach workers working with MSM, and to holding regular trainings for these outreach workers were also discussed.

In 2017, at a meeting of the CCM Oversight Committee, a decision was made to send the MSM CCM member to one of the regions of Kazakhstan to conduct an assessment of the number of MSM and to establish contacts with local MSM activists.

How many times over the last 5 years has the CCM considered the availability and/or quality of HIV and STI prevention services for trans people, or the availability and quality of targeted services for HIV+ trans people? When was this, what issues were considered, what decisions were made, and were they implemented?

Since 2017, the issue of the quality and accessibility of services was considered only in the context of MSM. In 2019, an order was issued by the Ministry of Health to include trans people in the key population "MSM/transgender".

How many times in the last 5 years have CCM representatives conducted surveillance visits to organizations providing prevention and support services for MSM or trans

² More details in the minutes of the CCM meeting of 14 May 2019. <http://ccmkz.kz/>

people? Have CCM members, alternates, or consultants representing MSM or trans people participated in these visits? What was discovered as a result of the visits? What decisions were made following the visits?

In 2019, general surveillance visits were carried out in the Aktobe, Karagandy, and South Kazakhstan regions, and in the cities of Almaty and Astana, which, among other things, assessed the work being done with MSM. MSM members, alternates, or consultants representing MSM or trans people did not participate in these visits, because there are no members of the CCM Oversight Committee representing these communities.

As a result of the visits, the need to strengthen work among MSM was

identified, as this group is inaccessible and stigmatized. There are very few organizations working with MSM in the country, and their capacity is quite low. It was recommended to increase the coverage of MSM by HIV prevention, to build the capacity of NGOs working with MSM, and to directly develop and mobilize the community itself.

At the time of the development of this report, no decisions were made following these visits.

How many MSM community organizations, initiative groups, and activists, and trans community organizations, initiative groups, and activists participated in the development of the previous two applications to the GF?

Only one MSM representative, the current member of the CCM, was involved in the preparation of the last application (in 2017).

KYRGYZSTAN

Prepared by: Daniyar Orsekov, Executive Director "Kyrgyz Indigo"

Brief Background

The existing Country Coordinating Mechanism represents the willingness of the Kyrgyz Republic to work on reducing the spread of HIV. The CCM dates back to 1990, when the Republican Emergency Anti-Epidemic Commission was formed (REAC)³, whose mandate included the prevention, localization, and elimination of infectious diseases (for example, HIV). In 2001, by a decree of the government, the commission was reorganized into the Republican Emergency Anti-Epidemic and Anti-Epizootic Commission (REAAC)⁴. In 2005, the Commission became the Kyrgyz Government National Multispectral Coordinating Committee on HIV/AIDS, Tuberculosis and Malaria (NMCC)⁵, with Kyrgyzstan becoming one of the first EECA countries to create such a committee. The mandate of the NMCC provided opportunities for involving people living with HIV and representatives of communities affected by the epidemic in the work of the committee. In 2011, the NMCC was reorganized into the Country Coordinating Mechanism⁶, working on the basis of regulations approved by the government⁷. It has the right to make decisions on applications for GF funding, redistribute financial resources within the framework of grants allocated to the country, to designate funding priorities, and to introduce changes in the implementation of GF grant programs.

In 2017, the CCM was reorganized into the Committee on Combating HIV/AIDS, Tuberculosis and Malaria (Committee) under the existing Coordinating Council on Public Health (CCPH) of the government of the Kyrgyz Republic⁸. This decision was a mutually beneficial exchange, providing stability to the Committee (in the event the GF "leaves" the country), and helping to increase the capacity of the CCPH to work on HIV, tuberculosis and malaria. The number of Committee members from the civil sector under the CCPH remains unchanged.

The work of the Committee is regulated by the Regulations on the Committee⁹ and by internal policies and procedures. The goal and objectives of the Committee have changed slightly in comparison to its previous iteration (see the Regulations of the CCM). The goal of the Committee is to ensure the coordination and interaction of relevant government bodies, as well as civil society organizations, in resolving issues related to the fight against HIV, tuberculosis and malaria¹⁰.

Its objectives include:

- Ensuring the overall coordination and management of the process of implementing HIV, tuberculosis and malaria programs in the Kyrgyz Republic;

³ Decree of the Council of Ministers of the Kyrgyz SSR of 22 February 1990 № 47 "On the approval of the Regulations of the Republican Emergency Anti-Epidemic Commission".

⁴ Decree of the Government of the Kyrgyz Republic of 23 May 2001 № 243 "On approval of the Regulations of the Republican Emergency Anti-Epidemic and Anti-Epizootic Commission".

⁵ Decree of the Government of the Kyrgyz Republic of 2 June 2005 № 204 "On the formation of the Kyrgyz Government National Multisector Coordinating Committee on HIV/AIDS, Tuberculosis and Malaria".

⁶ Decree of the Government of the Kyrgyz Republic of 6 October 2011 № 617 "On the Country Coordinating Mechanism on combatting HIV/AIDS, tuberculosis and malaria of the government of the Kyrgyz Republic"

⁷ <http://cbd.minjust.gov.kg/act/view/ru-ru/95360>

⁸ Example of discussion by CCM members: [Minutes of a working meeting on the issue of integrating the CCM into the CCPH of 20 December 2016: protokol-rabochei-vstrechi-po-voprosu-inteshracii-skk-v-ksoz.docx](#)

⁹ <http://www.hivtbcc.kg/npa/19-polozhenie-o-komitete-ksoz-ot-03-06-17.html>

¹⁰ <http://www.hivtbcc.kg/pages/mission.html>

- Developing proposals for the CCPH on submitting national applications to international and donor organizations based on the country's priority needs in the fight against HIV, tuberculosis and malaria;
- Monitoring and overseeing the use of financial and other funds from international and donor organizations, and over the implementation programs, activities, and their results;
- Ensuring the coordination of assistance received from

international and donor organizations, and resources of all other programs to combat the three diseases (HIV, tuberculosis and malaria).

The Committee has the following organizational structure¹¹:

- Membership of the Committee of the CCPH
- Board of the Committee of the CCPH
- Two specialized sectors (groups)
- Secretariat of the Committee of the CCPH

How does the CCM charter regulate the participation of MSM and trans representatives in the work of the CCM?

A fundamental change took place in relation to the current Regulations of the Committee on HIV/AIDS of the CCPH in comparison with the Regulations of the CCM, namely in Appendix No 2.

In addition, the participation of MSM and trans representatives is regulated by the Committee structure described in the Regulations.

Comparison Table 1. Differences in the structures of the CCM and the Committee, as set out in their regulations. The crossed out text indicates differences between the 2011 and 2017 documents.

Regulations of the CCM (2011)	Regulations of the Committee of the CCPH (2017)
Regulations of the Country Coordinating Mechanism on combatting HIV/AIDS, tuberculosis and malaria	Regulations of the Committee on Combatting HIV/AIDS, Tuberculosis and Malaria of the Coordinating Council on Public Health of the Government of the Kyrgyz Republic
Approved of the Government of the Kyrgyz Republic of 6 October 2011 No 617	Approved by the Chair of the CCPH – Vice Prime Minister of the Kyrgyz Republic C.A. Sultanbekova 21 June 2017
9. The CCM includes representatives of the governmental and non-governmental sectors.	9. The Committee includes representatives of the governmental and non-governmental sectors.
From the governmental sector: deputies of the Jogorku Kenesh of the Kyrgyz Republic (as agreed), representatives of executive authorities involved in the fight against AIDS, tuberculosis and malaria; and other relevant state-owned organizations.	From the governmental sector: deputies of the Jogorku Kenesh of the Kyrgyz Republic (as agreed), representatives of executive authorities involved in the fight against AIDS, tuberculosis and malaria and other relevant state-owned organizations.

¹¹ <http://www.hivtbcc.kg/npa/16-vnutrennie-pravila-i-procedury-komiteta-po-borbe-s-vichspidom-tb-i-maljariei-pri-ksoz-pkr-2017g.html>

From the non-governmental sector – various organizations:

- representing the interests of women, youth, minorities, and vulnerable groups;
- organizations and associations of people living with or affected by HIV/AIDS, tuberculosis or malaria;
- international partner agencies;
- international non-governmental organizations working in the Kyrgyz Republic and providing technical assistance in the fight against HIV/AIDS, tuberculosis and malaria and in other fields of public health.

From the non-governmental sector – various organizations:

- representing the interests of women, youth, minorities, and vulnerable groups;
- organizations and associations of people living with or affected by HIV/AIDS, tuberculosis or malaria;
- international partner agencies;
- international non-governmental organizations working in the Kyrgyz Republic and providing technical assistance in the fight against HIV/AIDS, tuberculosis and malaria and in other fields of public health.

MSM and trans representatives participated and continue to participate, but only if they are united in organizations in accordance with the legislation of Kyrgyzstan. In addition, since 2017, there has been notable progress in terms of the role of the communities: community organizations and associations lead the way in this regard.

the non-governmental sector, which is given as a concrete percentage of the entire Committee (this has not changed). However, the 2017 Regulations have Appendix №2, which clearly lists the number of representatives from various communities to maintain a balance, not only between the state, non-governmental, and international sectors, but also between communities.

The structure of the Committee also defines the specific number of people from

Comparison Table 2: Changes in the compositions of the CCM and the Committee of the CCPH in relation to the participation of MSM and trans people

Regulations of the CCM (2011)	Regulations of the Committee of the CCPH (2017)
Regulations of the Country Coordinating Mechanism on combatting HIV/AIDS, tuberculosis and malaria	Regulations on the Committee on Combatting HIV/AIDS, Tuberculosis and Malaria of the Coordinating Council on Public Health of the Government of the Kyrgyz Republic
Approved by the decree of the Government of the Kyrgyz Republic of 6 October 2011 № 617	Approved by the Chair of the CCPH – Vice Prime Minister of the Kyrgyz Republic C.A. Sultanbekova 21 June 2017
4. Structure of the CCM	4. Structure of the Committee
10. The CCM consists of 23 (twenty-three) members, the election procedure of which is established by these Regulations.	10. The Committee consists of members elected on the basis of these regulations – representatives of governmental and non-governmental sectors, as well as development partners, who carry out their activities on a voluntary basis.
11. The composition of the representatives of the non-governmental sector should be at least 40 percent of the total number of CCM members.	The Committee consists of 23 (twenty-three) members, the election procedure of which is established by these Regulations.
	11. The composition of the representatives of the non-governmental sector should be at least 40 percent of the total number of CCM members or 9 members.

The number of members from the governmental sector should be at least 9 members; from international organizations at least 5 members.

Appendix 2: Composition of the Committee

Civil sector
(9 representatives/40%)
- Community of PLH -2
- TB Community- 2
- Community of PUID -1
- Community of SW – 1
- Community of MSM/LGBT – 1
- NGO – 2

Such a distribution is an indicator of the progressive development and mobilization of the civil sector and various communities affected by the HIV epidemic, as well as of their growth in capacity and ability to community with each other.

Since 2015, the interests of the LGBT community have been represented in the CCM directly by a representative of the community – as a member of the CCM, and his alternate. Until 2015, there was no full representation (member and alternate) by people from the community. This

achievement – to represent ourselves and participate in decision-making, as well as the establishment of these positions in the Regulations of the Committee – are an indicator of the strengthening of the activism of the community, and the recognition by key partners of the expertise of the community. Mentioning that CCM members can be MSM or LGBT representatives indicates the significant development of LGBT activism, and changes to the Committee and its use of terms.

Is there a CCM-approved process for delegating and electing CCM members and alternates from key populations, or CCM-approved principles that this process should comply with? If there is an approved process, what method does it establish for nominations and elections? If there are principles, what do they say?

The election and delegation process is governed by Section 6 of the Regulations of the Committee – "Formation of the Committee".

It states: "An organization operating in Kyrgyzstan (preferably throughout the country) and working on HIV/AIDS, tuberculosis or malaria, represents the interests of communities, and nominates its representative. The organization accepts the obligation to comply with the Regulations and other internal documents of the Committee".

The Regulations allow community representatives to be nominated by their communities, while ensuring that the nomination and election process is open to all organizations, transparent, and properly documented. An acceptable process entails the nomination or self-nomination of candidates who meet the criteria for membership, and who are prepared to participate in the work of the Committee of the CCM, and the holding of elections or the selection of such candidates.

One MSM or LGBT representative and one alternate should be selected. The alternate

has the right to an equal vote on behalf of the full member of the Committee in the absence of the latter. Both are elected for a term of two years. The same representative can be elected for a repeated term no more than two times.

Members or alternates of the Committee who do not manage to fulfill their duties or who do not meet the requirements of the Regulations may be expelled from the Committee. They may also voluntarily withdraw from the Committee.

The Regulations also mention that the membership of the Committee should not consist of more than 70 percent of people of the same sex, which is a rare example of taking gender equality into account.

The election process begins with the Chair, via the Secretariat of the Committee of the CCPH, sending letters to all current members of the Committee of the CCPH asking them to follow the normative procedure for selecting/electing/nominating members to the new composition of the Committee, who will represent the interests of their sector in the Committee. The same letter establishes the timeframe for this procedure and the date of the first meeting of the new composition of the Committee of the CCPH.

The process for electing candidates, members and alternates from the non-governmental sector is described in documents that demonstrate how organizations and individuals represented in the Committee of the CCPH were selected

and how they will report to their sectors on their work in the Committee. At the first meeting of the new composition of the Committee of the CCPH, Committee members transmit these documents to the Secretariat of the Committee to be saved. After completing the selection of new members, the Committee provides these documents to the GF Secretariat as a confirmation of the openness and transparency of the election process of Committee members.

Persons elected or nominated as members of the Committee of the CCPH are authorized representatives of their organizations.

If an organization or a sector as a whole does not have acceptable procedures in place for the nomination and election of potential Committee members, the Secretariat of the Committee of the CCPH will organize a consultation on mobilizing such an organization or sector.

According to the tradition established in 2015, candidates nominate themselves and participate in the NGO Forum (which was held for the ninth time in 2019). In the NGO Forum, a session is held for the election of candidates, during which they speak to communities and describe their skills, motivation, and plans if they are elected as CCM members/alternates. In addition to community representatives, such meetings are attended by observers and technical support providers, who ensure the transparency of elections. They also report to the Chair of the Forum on the process and results of the elections.

What responsibilities do CCM members representing key populations have? Who in the CCM monitors the fulfillment of these responsibilities and how? Who from the community monitors the fulfillment of these responsibilities and how?

Responsibilities of Committee members:

- Comply with the requirements of the Regulations¹², and other

¹² <http://www.hivtbcc.kg/npa/19-polozhenie-o-komitete-ksoz-ot-03-06-17.html>

documents regulating the activities of the Committee;

- Participate in Committee meetings;
- Study and analyze documents related to the activities of the Committee and the state of the HIV, tuberculosis and malaria epidemics in the country;
- Participate in the work of specialized committees;
- Actively participate in decision-making and use their voting rights to represent the interests of their community and the sector as a whole;
- Respect and implement the decisions of the Committee;
- Express an opinion in the interests of their community and sector, regardless of their own opinion or the opinion of their organization;
- Hold regular meetings with organizations and representatives of their sector or community in order to inform them about the activities and decisions of the Committee and to receive feedback;
- Comply with policies regulating conflicts of interest;
- Report to their communities and sector.

The responsibilities of Committee members also extend to their alternates.

A Committee member is also responsible for informing his alternate about ongoing

work and decisions, and to coordinate his replacement by the alternate if necessary.

Monitoring is carried out voluntarily, between Committee members. Thus, the Regulations state that the self-nomination and nomination of candidates takes place in accordance with criteria, such as the desire to work in the Committee.

Although it is not spelled out in relevant documents, there was a practice in place to request CCM members and alternates to describe how they would keep their communities informed¹³. To some extent, this was a monitoring tool, whereby a member/alternate recognizes the importance of keeping their community informed, and the community itself gets used to receiving information and asking questions. In addition, organizations working with LGBT people and involved in HIV prevention programs generally monitor the accountability of the member/alternate to the community by demanding regular information about the work of the Committee and providing proposals that the Committee member and alternate should promote. In relation to this, it can be said that the diversity and plurality of organizations can improve the transparency of the activities of members/alternates, and create a controlled, and possibly supportive, environment.

How many MSM and trans representatives have participated in the work of the CCM as members, alternates, or consultants in the last 2 years? In what role did each of them participate?

Sergei Kostenko – alternate for the full member.

The first MSM representative held this position from 2013–2014. In addition to participating in the routine work of the CCM, the community alternate also raised the

¹³ At the time this overview was written, the Secretariat of the Committee indicated that there was no such requirement.

issue of the danger of the so-called "law on the prohibition of gay propaganda", which Kyrgyzstan wanted to adopt in 2014. During the discussion, CCM members expressed different opinions and assessments: from the need to oppose its adoption in every way to the denial of the need for any intervention. Later, when a civil society petition was being drafted, several CCM members endorsed it. The alternate representing MSM was involved in the development of the budget for the country application to the Global Fund for 2016-2017.

Sanzhar Kurmanov – full member.

Held this position from 2015–2017.

Daniyar Orsekov – alternate for the full member.

Held this position from 2015–2017. Had already spoken on behalf of LGBT people in the CCM. In addition to monitoring the interests of MSM/TG in meetings and discussions, he promoted the image of LGBTI/MSM in the CCM, increased the visibility of LGBTI activism, strengthened expertise, and created the prerequisites for avoiding a medicalized approach when discussing prevention among MSM/TG. Participated in the drafting of a country application from MSM/TG. Increased accountability to the community: was the first to write brief reports on the CCM for LGBT mailing lists and closed groups.

Daniyar Orsekov – full member.

Held this position between 2018–2019. As part of his activities as a member of the CCM, he:

- Continued to promote the move away from a medicalized approach, participated in the creation of an advocacy plan for communities, promoted the idea of solidarity between communities, and created consortia and projects with CCM members of other communities;

- Singled out transgender people as a separate target group, on an equal basis with MSM – a unique achievement for the Kyrgyz Republic that occurred as part of the long work on the state program, thanks to the collection of global/local data (interviews with more than 20 activists), and to the analysis and drafting of activities and indicators;
- Monitored the interests of MSM/TG while conducting volunteer expert work: drafted the national HIV program for 2017–2021, created additional documents for state procurement – standards of services for MSM/TG, while reviewing a plan for overcoming legal barriers;
- Ensured that the interests of MSM/TG were respected during meetings, discussions, drafting the country application – more than 25 meetings, participation in the application committee, participation in surveillance visit;
- Contributed to the fact that communities, especially in the south, better understand, are more involved, and can provide feedback on the work of the CCM – more than 10 articles and more than 10 announcements were written on the website www.indigo.kg and in social media groups, 5 focus group discussions and 2 meetings were held;
- Brought in innovations – pilot projects for MSM/TG – pre-exposure prophylaxis begins in 2020, self-testing began in 2019, treatment through NGOs is expected in 2020.

Sanzhar Kurmanov – alternate for the full member.

Held this position from 2018–2019. Replaced the main member in his absence. Contributed to informing the community about the work of the Committee.

Vladimir Tyupin – full member.

Will hold this position in 2019–2020. Elected by LGBTI/MSM at the NGO Forum in the summer of 2019.

Adilet Alimkulov – alternate for the full member.

Will hold this position in 2019–2020. Elected by LGBTI/MSM at the NGO Forum in the summer of 2019.

Kanykey kyzy, trans activist.

During the NGO Forum in the summer of 2019, she expressed her desire to be a volunteer to gain experience and increase her capacity in order to submit a future membership application. This was supported. This is not an official position.

Any person can participate in CCM meetings; however, this is rarely used by anyone. This is also an indicator of the growing interest in the CCM as a place where decisions are made, and of the growing capacity of the trans community, which understands that they should be directly involved in processes that directly affect their interests.

The following organizations and initiatives are actively involved in and monitor the work of the Committee on HIV of the CCPH:

- PO "Kyrgyz Indigo"
- ALE "Anti-AIDS Association"
- IG "Yug-Antilopa"
- IG "KIT"
- PF "the Grace"
- PO "Labrys"

What proposals were made by representatives of the MSM and trans communities to the CCM agenda of work? Where were the results?

How many times over the last 5 years has the CCM considered the availability and/or quality of HIV and STI prevention services for MSM, or the availability and quality of targeted services for HIV+ MSM? When was this, what issues were considered, what decisions were made, and were they implemented?

How many times over the last 5 years has the CCM considered the availability and/or quality of HIV and STI prevention services for trans people, or the availability and quality of targeted services for HIV+ trans people? When was this, what issues were considered, what decisions were made, and were they implemented?

It was not possible to collect accurate data on the number of Committee meetings (and prior to it, CCM meetings) at which issues related to MSM and trans people were discussed.

According to D. Orsekov, acting as an alternate, and later a full member of the CCM during the period 2015–2019, various issues were raised by representatives of the MSM and trans communities that directly or indirectly concerned these

communities. Indirectly – this included the issue of the draft bill "on foreign agents", an adoption of a corresponding Russian law (the CCM was informed about the possible consequences for NGOs, there was a call to oppose the adoption of the law as proposed), discussion of the application to the GF (in general, without MSM/TG specifics), and discussion of the state social order (SSO). In the context of the SSO, it was discussed, for example, whether MSM/TG, PLH, SW, and PUID would be explicitly

mentioned or whether the depersonalized term "key populations" would be used in order to reduce the risk of the document being rejected due to the xenophobia of politicians. As a result, the Committee decided that it was important to list the groups of Kyrgyz citizens to whom budget and donor funds would be allocated.

More specific topics were raised when discussing the budget in the context of the development of a country application to the GF. In 2017, in connection with the reduction of funding from the GF by 18%, the CCM discussed which activities would have to be cut back. This was discussed among the communities themselves, as well as by the primary recipient (PR), government agencies, and international stakeholders. The duplication of certain work was discussed, and it was suggested to the community to end certain activities, for example, the shelter for MSM. Decreasing the number of purchased condoms and lubricants was discussed (based on the results of focus groups with representatives of key populations).

How many times in the last 5 years have CCM representatives conducted surveillance visits to organizations providing prevention and support services for MSM or trans people? Have CCM members, alternates, or consultants representing MSM or trans people participated in these visits? What was discovered as a result of the visits? What decisions were made following the visits?

The Oversight Committee (a division of the Committee of the CCPH) began to work actively only at the end of 2016. Presumably, this was because the CCM Secretariat was only hired at this time, and began to actively carry out administrative work to assist the CCM with issues related to the design and implementation of activities.

When writing the country application, a recommendation was also made to develop an advocacy plan for communities in order to demonstrate activities for overcoming legal barriers. This plan was developed and proposed by the CCM. There were specific activities for MSM/TG, as well as for other communities. The Committee heard and approved the proposal¹⁴.

Sometimes, meetings of individual technical working groups on communities, at which CCM representatives were present, were held to discuss activities that would be included in the country application, however, such meetings are not considered Committee meetings¹⁵. There was such a meeting of a technical working group to discuss issues related to sex workers. In connection with the reduction in funding, the option of eliminating an assessment of the situation of male sex workers and transgender people was discussed¹⁶.

Since that time, as part of the activities of the Oversight Committee, visits have been made to 6 community organizations and initiative groups in three regions of the country: PO "Kyrgyz Indigo" in Bishkek, ALE "Anti-AIDS Association" in Bishkek, PF "Gender-Vector" in Kara-balta, IG "Kyrgyz Indigo Talas" in Talas, as well as to the NGO "Musaada", an organization providing services to various communities and groups, including MSM.

¹⁴ No specific protocols were found on the issues raised due to the large number of documents, as well as to the fact that some protocols may be missing. Agenda and minutes of Committee meetings: <http://www.hivtbcc.kg/report/zasedanija-komiteta>, for the past few years in the database

section: <http://www.hivtbcc.kg/dbase/zasedanija-komiteta-i-sektorov>

¹⁵ <http://www.hivtbcc.kg/dbase/zasedanija-komiteta-i-sektorov?page=3> Protocol on MSM of 21 May 2014, Protocol on MSM of 16 January 2015.

¹⁶ <http://www.hivtbcc.kg/dbase/zasedanija-komiteta-i-sektorov?page=2> Protocol on SW of 21 May 2014.

In some protocols of surveillance visits, there are descriptions of issues/challenges, in others there are not. All protocols have recommendations, written in general, without indication of to whom they are addressed. These

recommendations can be both from the organization/initiative that was the subject of surveillance, as well as from participants of the surveillance visit to the organization/initiative.

Below is a breakdown of all organizations and initiatives:

NGO "Musaada"¹⁷

Visit from 12-15.02.2018

Issues	<p>According to staff, there are periodic arrests of MSM by law enforcement agencies to determine their identity, clients face discrimination. Stigma and discrimination from religious leaders. Frequent humiliation and the use of physical violence by civilians.</p> <p>High workload of staff in order to cover clients. One staff member must cover 250-350 people per quarter.</p> <p>Difficulties in conducting rapid testing in remote areas due to lack of facilities or proper conditions.</p> <p>In Jalal-Abad region, difficulties with renting regular premises. After a certain amount of time, it is necessary to change the premises for the provision of services to clients, due to complaints from residents and neighbors.</p> <p>Outdated equipment creates difficulties in work.</p>
Recommendations	<ul style="list-style-type: none"> • Hold meetings at the level of the CCPH with representatives of NGOs and the MIA in order to discuss the creation of an enabling environment for activities of the MSM component of prevention programs. • Consider at the Ministry of Health level issues related to the creation of conditions for rapid testing. • Consider providing additional funds for the rental of office space or for repairs to existing premises. • Consider workload standards on the coverage of clients by project staff. • Consider providing office equipment.

Kyrgyz Indigo¹⁸

Visit on 28.03.2018

Issues	<p>The protocol describes the receipt of financial resources, methods and channels of communication with the primary recipient, expenditure of funds, project staff, material and programmatic parts, as well as other existing projects funded from other sources.</p>
Recommendations	<ul style="list-style-type: none"> • Consider increasing the distribution of condoms. • Training staff on rapid testing. • Consider involving health workers in the organization.

¹⁷ <http://www.hivtbcc.kg/dbase/otchety-sait-vizitov>

¹⁸ <http://www.hivtbcc.kg/dbase/otchety-sait-vizitov>

Report of the Oversight Committee on the site visit to organizations implementing GFATM HIV grants¹⁹, June 2017.

Sub-recipients:

- Kara-Balta: PF "Gender-Vector"
- Talac: PF "Indigo"
- Osh, Kara-Suu: PF "Musaada"

Grant Name: "Effective fight against HIV and tuberculosis in Kyrgyzstan"

Implementation period: 1 January 2016 - 31 December 2017

Conclusions and recommendations on MSM	<p>Periodic arrests by law enforcement agencies in order to verify identify. Threats to disclose information about sexual behavior to relatives or other close acquaintances.</p> <p>Cases of humiliation and the use of physical violence by civilians.</p> <p>Stigma and discrimination from religious leaders.</p> <p>MSM cannot protect their rights due to their low level of legal literacy and lack of access to lawyers.</p> <p>According to staff, the number of lubricants distributed is not adequate. Not enough gloves to carry out rapid testing (NGO "Musaada").</p> <p>Temperature requirements are not observed when storing rapid saliva tests (for example, in the NGO "Musaada"), only one-third of the rapid tests, (100 tests) were in the refrigerator, the rest were in boxes on the floor during the summer.</p> <p>High and hard-to-achieve indicators for NGOs. In particular, MSL indicators, as customers often refuse referrals to STI diagnostics because these are paid services.</p> <ul style="list-style-type: none">• Hold meetings with representatives of NGOs and MIA at the CCM level to discuss the creation of an enabling environment for the activities of the MSM component of prevention programs.• Revise indicators on coverage by the minimum package of services for MSM. Strengthen the work of street lawyers.• Recruit lawyers to protect the civil rights of MSM.• Develop mechanisms for screening for STIs.• UNDP to determine the reason for the lack of lubricants and gloves.• Monitor the storage of rapid tests in accordance with temperature requirements.
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¹⁹ <http://www.hivtbcc.kg/dbase/123-otchet-komiteta-po-nadzoru-po-provedennomu-sait-vizitu-organizacii-realizuyuschih-granty-gfstm-p.html>

ALE "Anti-AIDS Association"²⁰

Visit on 06.05.2019.

Issues	<p>The standard of service provision is insufficient for the needs of key populations (not all the needs of key populations are covered).</p> <p>Frequent staff changes due to low wages.</p>
Recommendations	<ul style="list-style-type: none"> • Consider expanding the service provision standard for the needs of key populations. • Consider raising the salaries of staff.

PF "Musaada"²¹

Visit on 28.05.2019

Issues	<p>Large workload of outreach workers – 1 outreach worker has 200 clients.</p> <p>Low salary for accountant.</p> <p>Lack of funds for administrative expenses.</p>
Recommendations	<ul style="list-style-type: none"> • Consider increasing staff to reduce workload. • Consider increasing the salary of the accountant. ▪ Consider increasing funds for administrative expenses.

How many MSM community organizations, initiative groups, and activists, and trans community organizations, initiative groups, and activists participated in the development of the previous two applications to the GF?

The following CCM members/alternates participated in such activities: Daniyar Orsekov, Sergei Kostenko, Sanzhar Kurmanov. The following organizations/initiative groups also participated: PO "Kyrgyz Indigo", IG "Yug-Antilopa", IG "KIT", PO "Labrys"

D. Orsekov was officially involved in the development of the country application (period: 2015-2019) as a member of the Application Development Sector²².

The involvement of the CCM member/alternate in the development of applications was accompanied by informing the communities through online e-mail lists (with approximately 30 activists) and closed groups (especially on Facebook), with approximately 200 contacts, as well as through direct correspondence with organizations and initiative groups. Responses were usually quite rare (the previous CCM member, D. Orsekov, only received two responses online). In principle, this is understandable

²⁰ The protocol has not yet been published on the website <http://www.hivtbcc.kg>, an e-version was submitted to the author of the report by the Secretariat of the Committee.

²¹ The protocol has not yet been published on the website <http://www.hivtbcc.kg>, an e-version was submitted to the author of the report by the Secretariat of the Committee.

²² <http://www.hivtbcc.kg/report/zasedanija-sektorov/zasedanija-sektora-po-podgotovke-zajavok?page=2>

as the capacity of organizations is low. They cannot designate an individual person who works with prevention programs and the Global Fund project, and who can constantly be in touch, read, and comment on documents.

However, since 2015, the overall level of community involvement in the development of applications has increased significantly. Moreover, the full member

and alternate made efforts to institutionalize this (there were mailing lists, discussions within community NGOs in order to share experiences and knowledge), there were several sessions as part of other meetings about how applications are written (process, collection of information, creation of a working group, difficulties for key populations in these groups, and opportunities).

MOLDOVA

Prepared by: Natalya Ozturk, "LGBT Health" Program Specialist of the Information Center "GENDERDOC-M"

General information about the HIV situation in the Republic of Moldova

HIV infection is primarily concentrated among high-risk groups, such as people who use drugs (PUD), sex workers (SW), men who have sex with men (MSM), and among their sexual partners. Ultimately, HIV begins to spread among the general population. In addition, the HIV epidemic in Moldova is developing amid the significant prevalence of STIs.

As of 1 January 2019, 9,288 people diagnosed with HIV are alive and aware of their status, which is half (59%) of the estimated number of PLH in Moldova in 2018 (15,835 people)²³. 5,865 of them received antiretroviral therapy. Most people with HIV are young people of reproductive age between 15 and 39 years old.

During 2018, 905 new cases were detected in the Republic of Moldova. The route and factors of transmission were determined in 666 cases (73.15%). Drug use was identified as a key risk in 52 (7.8%) cases, homosexual sex – in 32 cases (4.8%). As part of the implementation of activities of the National Program on HIV and STIs for 2016-2020, during 2018, 4,630 MSM benefited from at least two prevention services: the receipt of condoms and lubricants, and HIV testing. Services were implemented through 8 NGOs (5 NGOs in 2017) and covered 17 population centers (Chisinau, Balti, Tiraspol, Bender, Cantemir, Leova, Taraclia,

Criuleni, Calarasi, Ialoveni, Telenesti, Nisporeni, Hincesti, Causeni, Stefan Voda, Comrat, Cahul) (compared to 4 population centers in 2017).²⁴

The government's strategy is to develop Moldova as a European state. This includes respect for human rights, and the recognition of the importance of taking the interests of marginalized groups into account. The "Law on ensuring equality" №121 of 25.05.2012²⁵ was adopted and is being implemented in the country. The Ministry of Health recognizes the GIPA principles as formulated by the UN²⁶. Law №. 23 of 16.02.2007 on HIV/AIDS²⁷ regulates the legal relations for the prevention and mitigation of the consequences of HIV infection, and guarantees the rights of people living with HIV, which contributes to their more active participation in the development and implementation of the national program for the prevention and control of HIV. At the time this overview was prepared, the National Program for 2016-2020 (approved by Government Decree №. 9 of 27 October 2015²⁸) was being implemented, and focuses on integrated services and expanding testing in order to ensure early detection. Its goals are ambitious in relation to the coverage of high-risk groups by prevention services: 60% of PUID and SW and 40% of MSM should undergo regular testing by 2020. The coverage of PLH with antiretroviral

²³ Country progress report - Republic of Moldova 2018 https://www.unaids.org/sites/default/files/country/documents/MDA_2018_countryreport.pdf

²⁴ Notă informativă Cu privire la realizării Programului Național de Prevenire și Control al infecției HIV/SIDA și infecțiilor cu transmitere sexuală pentru anii 2016 – 2020, pentru anul 2018 <http://sdmc.md>

²⁵ <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=343361&lang=2>

²⁶ GIPA (or Greater Involvement of People with HIV and AIDS) – the principle of expanding the meaningful

involvement of people living with HIV in decision-making processes and in the implementation of programs affecting their health and social well-being. Originally formulated for people living with HIV, today this principle applies to all people living with diseases, including tuberculosis and hepatitis.

²⁷

http://lex.justice.md/document_rus.php?id=462D3331:0985314B

²⁸

<http://lex.justice.md/viewdoc.php?action=view&view=doc&id=367272&lang=2>

therapy should be at least 60% of the estimated number of HIV-infected people by 2020.

About the National Coordination Council of National Programs for the Prevention and Control of HIV/AIDS, STIs, and Tuberculosis

Another element of the country's political will to combat HIV is the National Coordination Council for National Programs on the Prevention and Control of HIV, STIs, and Tuberculosis (NCC). The NCC was created by Government Decree № 825 of 03.08.2005²⁹, in order to facilitate the effective implementation of activities under the National Program for the Prevention and Control of HIV, STIs, and Tuberculosis by coordinating and monitoring the management of grants provided by international organizations to achieve the Sustainable Development Goals³⁰.

The NCC consists of 29 voting members. The Council is headed by the Chair (The Minister of Health, Labor, and Social Protection), with the support of two vice-chairs, one of whom represents civil society (the NGO sector), and is a person openly living with HIV. Civil society is represented by non-governmental organizations, networks, initiative groups, as well as by the academic, religious, and private sectors. Representatives of civil society and the private sector represent 40% of the total number of NCC members.

The structure of the NCC has three levels:

Decision-making level:

NCC members involved in decision-making meet quarterly at regular, open meetings, or at emergency meetings initiated by the Chair, the Secretariat, or at the request of 1/3 of the NCC members. Each NCC member has one vote. Decisions are approved by consensus. NCC decisions, signed by the Chair, are disseminated by the Secretariat to all partners and are posted on the NCC website.³¹ The quorum for decision-making

is 2/3 of the NCC members and 1 representative of the National Commission of Experts (NCE). The National Commission of Experts is a body consisting of specialists who do not have any conflicts of interest. It is approved by the NCC for a period of 2 years and ensures programmatic oversight over GF grants allocated to the country. Currently, one civil society representative is part of the NCE.

Coordinating level:

The NCC Secretariat (no voting rights):

- Develops the annual work plan for the NCC and the NCC Secretariat;
- Coordinates and ensures the activities of technical working groups;
- Monitors the implementation of the annual work plans of the NCC;
- Participates in the development of project applications to the GF;
- Coordinates cooperation between governmental, international, and non-governmental organizations;
- Acts as the Secretariat of the National Commission of Experts;
- Administers the NCC webpage, etc.

Operational level:

At the operational level, the activities of the NCC are carried out through three technical working groups: the HIV Prevention and Treatment Group; the TB Prevention and Treatment Group; and the Joint Working Group on HIV/TB. The groups include specialists on tuberculosis, HIV, and STIs, as well as specialists from regions of the country, and representatives of civil society. The technical groups participate in the development of policies, strategies, programs, and grant applications, and monitor and evaluate the use of grants at the local and national level, and their coordination with the National Program as a whole.

²⁹

<http://lex.justice.md/viewdoc.php?action=view&view=doc&id=327493&lang=2>

³⁰

<https://www.un.org/sustainabledevelopment/ru/sustainable-development-goals/>

³¹ <http://www.ccm.md/>

How does the CCM charter regulate the participation of MSM and trans representatives in the work of the CCM? Have any changes taken place in this process in the last 5 years?

The National Coordination Council on Tuberculosis and AIDS (NCC) functions in accordance with the NCC Regulations³², the Operational Guidelines³³, the current legislation of the Republic of Moldova, and with recommendations of the GF and other international donors, while observing European democratic principles. In carrying out its functions, the NCC cooperates with ministries, central and public administration authorities, international development agencies and partners, and with civil society and the private sector. Non-governmental, charitable, and private organizations, people living with HIV, and people representing the interests of key populations vulnerable to HIV, including MSM, are also part of the NCC. They are represented by candidates delegated by their organizations. Any organization or

person from the categories mentioned above can become an NCC member, if they meet the following criteria:

- Represent an organization registered in the Republic of Moldova, or an initiative group of vulnerable communities, which actively works in the field of HIV/STIs and/or tuberculosis, contributes, through its activities, to the achievement of the goals of national programs to combat these infections, and accepts the fundamental principles of the NCC,
- Willing to actively participate in events carried out by the NCC, and to share experiences and relevant information in this body.

Is there a CCM-approved process for delegating and electing CCM members and alternates from key populations, or CCM-approved principles that this process should comply with? If there is an approved process, what method does it establish for nominations and elections? If there are principles, what do they say?

In order to confirm or renew the membership of representatives of the non-governmental sector, organizations or initiative groups hold open elections among their representatives, for which the candidate writes a motivational letter and statement. The organization approves its representative with a protocol. The protocol from the organization, along with the voting results and statement of the candidate are submitted to the NCC Secretariat. These documents are distributed for consideration and approval by the current NCC members. The list of members is approved with a protocol of the NCC and is submitted for final approval to

the government of the Republic of Moldova. After the composition of the NCC is approved, a corresponding government decree is published in the official source "Monitorul oficial".³⁴ Membership in the NCC is considered legitimate from the date of publication.

All NCC members are equal partners with full rights to participate in the decision-making process, which is based on the quality of experience and professionalism of each member.

Civil society in Moldova is involved in the activities of the NCC. One LGBT organization, a network of harm reduction

³²

http://old.ccm.md/uploads/Informatie/CNC/Regulament_CNC/Regulament_CNC_Moldova.pdf

³³http://old.ccm.md/uploads/Documente%20atasament/CNC_manual_operationaliunie_2011_20.06.2011_2.pdf

³⁴ <https://www.monitorul.md/ru/>

organizations, two networks of PLH, an initiative group of people using drugs, and a platform of organizations operating in the field of TB actively participate in the work of

the NCC through their delegated candidates, and are well known in the country.

What responsibilities do CCM members representing key populations have? Who in the CCM monitors the fulfillment of these responsibilities and how? Who from the community monitors the fulfillment of these responsibilities and how?

The responsibilities of the MSM NCC member include:

- Overseeing the implementation of national HIV and tuberculosis programs and other programs implemented with external financial support (the oversight procedure is described in Appendix 3³⁵)
- Providing recommendations on rationalizing and improving the effectiveness of programs implemented through Global Fund grants;
- Participating in the development and approval of reports prepared by the National Commission of Experts;
- Monitoring the activities of the technical working groups;
- Assessing the implementation of decisions of the NCC, adopting reports on their implementation;
- Promoting the commitment of all partners to the implementation of national programs, transparency, good coordination/management, and to the preventing the duplication of activities within the country;

- Developing recommendations on increasing the effectiveness of the implementation of grants and the National Program while taking the needs of the represented group into account;
- Holding consultations with the MSM and trans communities to discuss issues to be included in the agenda of NCC meetings.

The fulfillment of responsibilities by an individual NCC member is monitored and evaluated by all NCC members through regular reports of each member, which are collected by the NCC Secretariat. Reporting to the community includes information about NCC activities, the outcome of meetings, decisions made, and the status of their implementation, reflects issues that exist at the program management level, and presents financial and programmatic indicators through the websites of organizations and social media groups (Facebook, Vkontakte, Odnoklassniki). Reporting also includes the dissemination of information about various events, the holding of reporting meetings with beneficiaries and members of organizations, etc.

How many MSM and trans representatives have participated in the work of the CCM as members, alternates, or consultants in the last 2 years? In what role did each of them participate?

The Information Center "GENDERDOC-M" is an organization that brings together

representatives of LGBT people, whose main activities include the prevention of

³⁵http://old.ccm.md/uploads/Informatie/CNC/Manual_operational_si_anexe/Anexa_3_procedura_de_supervizare_final.pdf

discrimination and human rights violations against LGBT people, the legal protection of members of the community, as well as HIV prevention. Since 2005, the representative of "GENDERDOC-M", openly positioning himself as an MSM and elected through open and documented elections for all members of the community, has been included in the NCC with the right to vote,

and continues to be a member to this day. He is a part of the technical working group on HIV under the NCC. During community elections to these bodies, two GENDERDOC-M staff members were identified as alternates. They have the right to participate in all open meetings and represent the interests of the group, but do not have the right to vote.

What proposals were made by representatives of the MSM and trans communities to the CCM agenda of work? Where the results: considered and adopted; considered and rejected; not considered; or, not considered without an explanation?

Over the past 5 years, representatives of the LGBT community in Moldova have participated in meetings at various levels on the development of policies and the implementation of HIV programs, as well as in various technical groups. Of particular significance are a series of working meetings on the development of the last two national HIV programs. In particular, a proposal was made to include activities to strengthen the capacity NGOs providing health and legal services to MSM and trans people in the National HIV Program for 2016-2020, in addition to ensuring funding for all prevention services for MSM.

The MSM NCC member and alternate participated in the working group on the preparation of the country application to the GF. The proposals they prepared were presented at the national working meeting³⁶ of partners on the involvement of community representatives in the development of the country application to the GF (2018-2020) and the National Action Plan for 2017-2020. These proposals included the following:

- The need to focus strategies and programs for the prevention and control of HIV and tuberculosis on key populations;

- The need to ensure continued support for the entire spectrum of services established with the support of the Global Fund and other donors, at least at the current level, in order to achieve the targets of the "90-90-90" treatment cascade.

Supporting the goal of ensuring the sustainability of services during the transition to national funding, MSM representatives participated in the development of a plan for the period of transitioning from external funding to state funding of national programs. NCC members representing MSM and other key populations made the following proposals:

- Maintain and increase contributions to disease programs from the state and local budgets, especially in relation to activities that are currently fully or partially supported by Global Fund resources;
- Optimize the use of all existing and planned resources, including financial, human, and material resources, etc.;
- Introduce integrated services and "one-stop shop" approaches to the

³⁶ The working meeting was held with financial support from the project "Strengthening HIV Control in the Republic of Moldova, 2015-2017", with the financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Primary Recipient is the Center for Health Policy and

Research (PAS Center); and the partnership project "Regional Platform for Civil Society and Community Support, Communication, and Coordination in Eastern Europe and Central Asia" of the ECUO, EHRN, SWAN, ENPUD, ECOM, and TB Europe Coalition networks.

provision of services when working with key populations, while focusing on the needs of clients;

- Introduce innovative approaches to the provision of services in Moldova, using existing developments and technologies, such as NGO-based testing, the provision of PrEP by community organizations, etc.

In order to ensure the possibility of funding prevention programs through the National Health Insurance Company, National HIV Service Standards for vulnerable groups were developed and approved by the Ministry of Health with the participation and leading role of representatives of GENDERDOC-M. They include NGO-based testing, counseling, support for adherence to treatment, and referrals for receiving medical and social support services. Based on these standards, in 2018, GENDERDOC-M received funding from the National Health Insurance Company (NHIC) for 400 MSM beneficiaries in the amount of 17,500 EUR.

With the support of the NCC, MSM representatives became participants in the national working meeting on the development of new national clinical treatment and prevention protocols. The first PrEP protocols in the EECA region were proposed and developed in Moldova³⁷, on the basis of which it was proposed to pilot community-based PrEP services, meaning pre-exposure prophylaxis for HIV is provided not only through medical institutions, but also through organizations of key populations.

In 2018, as part of the project "Strengthening the participation of civil society organizations and representatives of key populations affected by HIV and TB", GENDERDOC-M initiated consultations with international experts from Euro Health Group to discuss opinions and proposals about the activities of the NCC on HIV/TB/malaria during the transition period and after the conclusion of Global Fund grants. The following proposals were introduced:

1. The mandate of the NCC should be broader than just monitoring the implementation of Global Fund grants;
2. The activities of the NCC should be determined by a government-level decision;
3. Global Fund requirements of the NCC should be taken into account in this decision;
4. The NCC should have official relations with other Ministry of Health bodies (through the participation of its various members) and add issues raised by the NCC to the agendas of these other bodies.

This opinion was presented as the opinion of the community on 21 June 2017 at a meeting of an NCC working group, established to develop new guidelines on NCC activities for the transition period. GENDERDOC-M played a very active role in this work, and in 2018, the Statute and Operating Module of the NCC were amended³⁸. Currently, this document is being prepared for approval by the new government of Moldova.

How many times over the last 5 years has the CCM considered the availability and/or quality of HIV and STI prevention services for MSM, or the availability and quality of targeted services for HIV+ MSM?

³⁷ <http://89.32.227.76/public/info/Ghid/protocolls/hivsida/pn313/>

³⁸ http://www.ccm.md/sites/default/files/2018-09/4.CNC_manual_operationaliunie_2011_20.06.2011_2.pdf

Over the last 5 years, the NCC has never considered the issue of the availability and/or quality of HIV and STI prevention services only for MSM separately. This issue was discussed during the preparation of applications to the GF as part of access to services for all vulnerable key populations. This issue is also discussed as part of an interim assessment of the Commission of National Experts under the NCC³⁹, which approves reports on the implementation of GF grants. The quality of

services is defined by standards⁴⁰ that describe the minimum package of services. The national program has introduced a unified electronic system for monitoring services, in which all organizations in Moldova funded by the Global Fund work. Quarterly corrections to quantitative indicators take place as part of the introduction of the electronic monitoring system, however, this does not result in changes to the range of services provided.

How many times over the last 5 years has the CCM considered the availability and/or quality of HIV and STI prevention services for trans people, or the availability and quality of targeted services for HIV+ trans people?

The NCC has never before considered the issue of the availability and/or quality of separate HIV and STI prevention services for trans people. This group has always been considered a part of the MSM group, since it is assumed that the size of this group in Moldova is very small. We are currently aware of 49 trans people who are beneficiaries of GENDERDOC-M. No official

estimates of the number of trans people in the country have been carried out.

HIV+ trans people use the common package of services for MSM, based on standards⁴¹ that are gender-sensitive and gender-oriented to the extent possible in the absence of any data on trans people in Moldova.

How many times in the last 5 years have CCM representatives conducted surveillance visits to organizations providing prevention and support services for MSM or trans people? Have CCM members, alternates, or consultants representing MSM or trans people participated in these visits? What was discovered as a result of the visits? What decisions were made following the visits?

Oversight over the implementation of programs and the achievement of indicators is carried out through surveillance visits by the Ministry of Health. This activity is carried out in accordance with the regulations of the NCC Operating Manual on TB/AIDS, and is also intended to confirm or supplement data provided by the checklists in the electronic monitoring

system. Monitoring visits are part of a semi-annual assessment conducted by the National Commission of Experts as part of GF grants.

In Moldova (on the right and left banks of the Dniester River), there are 9 organizations (GENDERDOC-M, AFI Initiativa Pozitiva, League of PLH, ATIS, TDV

³⁹ <http://www.ccm.md/comisia-nationala-de-experti%28minute%29>

⁴⁰ http://89.32.227.76/_files/15169-STANDARD%2520DE%2520CALITATE%2520FINAL%25202%2520iulie%25202015.pdf?fbclid=IwAR3qcJwUL_m6qBDqnDGQrmvIO-I_akOH7UvXEXK-eGXpu-eYU5gNI5gUK1E

⁴¹ http://89.32.227.76/_files/15169-STANDARD%2520DE%2520CALITATE%2520FINAL%25202%2520iulie%25202015.pdf?fbclid=IwAR0JFtv77ry1jHfUyNTr1x30oca3mEGHYGb-yrlBUA7b2wFB0EtFApOZZ2s

- Balti, Pas cu PAS, Mercy, and Trinity) that provide prevention services and support for MSM and trans people to one degree or another with funds from the Global Fund, or the National Health Insurance Company. However, two organizations provide the services mentioned above to the largest number of people in comparison with other organizations. This is the Center of Friendly Youth ATIS (Balti), which covers the north of Moldova, and the Information Center "GENDERDOC-M", which operates throughout the country.

CCM surveillance visits should be carried out once a quarter. However, due to the frequent changes in leadership in the Ministry of Health related to the political situation, these have occurred much less

frequently in recent years.⁴² The commission on surveillance visits usually includes representatives of the Ministry of Health, the National Commission of Experts, and representatives of key populations vulnerable to HIV.

Over the past 5 years, representatives of the NCC have carried out surveillance visits to ATIS⁴³ and TDV – Balti two times. The CCM member representing MSM participated in the surveillance visits. The services provided by the organizations are in demand, as they include a very wide range of services (including a mobile clinic, friendly doctors, and the organization of various psychosocial support activities for the target group, in addition to the standard package of services).

How many MSM community organizations, initiative groups, and activists participated in the development of the previous two applications to the GF?

During the preparation of the previous application for GF funding (2015 - 2017), 2 activists representing MSM participated in all the working groups involved in drafting the application. The application was actively discussed both during weekly meetings held at "GENDERDOC-M", as well as during various events held for MSM and trans people (seminars, meetings, support groups, and focus groups).

Five activists representing MSM and trans people participated in the development of the last application for Global Fund funding (2018-2020).

The MSM NCC member used various GENDERDOC-M events held for the community in order to carry out consultation with activists in Chisinau and

Balti and inform them about the preparation of the application. Opportunities for expanding access to HIV services and cooperation between various community groups at the regional and national levels were discussed.

In general, based on what has been mentioned above, it can be concluded that significant progress has been observed in the involvement of MSM in decision-making processes. MSM are mentioned in the National Program, which makes it possible to engage in dialogue with the government and monitor the implementation of national programs, as well as to advocate for the needs of MSM and trans people as part of the planning for the National HIV Program.

⁴² <http://www.ccm.md/comisia-nationala-de-experti%28minute%29>

⁴³ http://www.ccm.md/sites/default/files/2019-06/Minuta%20CNE_18.10.18.pdf

Meaningful participation in action: Interviews with activists of the LGBT community – members of Country Coordinating Mechanisms from Kyrgyzstan, Moldova, and Ukraine

Daniyar Orsekov: LGBT activists have to overcome a huge number of difficulties simply because they exist and because they dare to oppose the system

Founder and Executive Director of the LGBT organization "Kyrgyz Indigo", member of the boards of MPact and ECOM (Eurasian Coalition on Health, Rights, Gender and Sexual Diversity), Daniyar Orsekov on what changes have taken place in the LGBT community of Kyrgyzstan over the past 10 years, what role money plays in the work of non-governmental organizations, and why the life of activists is a constant struggle.

Daniyar, I want to begin the interview with the "Law on propaganda", which would prohibit "gay propaganda" and made a lot of noise in Kyrgyzstan in 2014. What is this law about?

This was a draft bill initiated by three members of parliament, and was a complete copy of the Russian [law](#) with the only difference being that it would have imposed criminal liability along with administrative liability for the "propaganda of homosexuality" through the media. Its authors directly proposed to imprison people solely because they are gay or lesbian, or because they appear to be so. It also applied to the media. If you, as a journalist or any other person, would present LGBT issues in a positive or normal context, you risked going to jail. Our civil society was outraged and fought against the bill, which was frozen and ultimately suspended.

How many people suffered over two years because of this bill?

Unfortunately, it is not possible to precisely determine the cases of aggression that were separately caused by this bill. However, the stream of LGBT people who turned to us for legal assistance or to document cases of violence doubled. There was a wave of hatred that was strongly felt. Acts of violence against people have become the norm.

For example, beating a person in the streets simply for being gay. Or kicking a person out of the house, simply because they belong to the LGBT community. The initiation of the bill is an indicator of the political will of the state, and demonstrates that it supported such hateful rhetoric, and tried to show through the law that it is normal to ideologically single out certain groups for aggression.

Have you yourself ever faced similar manifestations of aggression?

All sorts of things have happened of course; I would be surprised if there is a person in the world who has never experienced physical or psychological violence.

Do you have data on how many gay and transgender people there are in Kyrgyzstan, for example?

We have data for 2016 on MSM: around 16,900 people. Unfortunately, there are no statistics on trans people. There is global data, but it is different. One recent study

suggests that there is 1 transgender woman per 1,500 people.

How did you get involved in an organization that advocates for LGBT rights?

I was involved in the LGBT community since I was 18 years old. I have been engaged in activism for 15 years. I was the founder of the initiative group, from which the organization "Kyrgyz Indigo" later developed. Now, we have 28 people working in the capital.

Do you feel there have been any changes over the past 10 years?

Of course, the situation has changed in different contexts. It is impossible to say unequivocally that it has become better or worse. Legislatively, we have gotten worse. In 2016, a referendum was held in the country to amend some parts of the Constitution. One of the changes was that from then on, marriage was only allowed between competent, adult men and women. Prior to that, people could marry without reference to gender. Today, these provisions are directly discriminatory. We have rather weak political will, which is reflected in the fact that the state will never recognize that the police are one of the main aggressors against LGBT people. To be more precise, family and police. It is them, who in most cases, use some form of violence: physical, psychological, or cultural, for example, when they force someone to marry quickly in order to allegedly "fix" their sexuality. On the other hand, when the state reports to UN committees, it manages to somehow mention LGBT people and sometimes publicly expresses its willingness for partnerships. Another achievement was the adoption of recommendations of the Committee on the Elimination of Racial Discrimination. In 2018, we wrote an

alternative report on the situation in the south of the country for this committee. For a long time there, gay and transgender Uzbeks have been in a difficult situation, as they are targets of blackmail and extortion. After we presented this report in Geneva, the country received two recommendations. One was to adopt an antidiscrimination law, the second was to put an end to the torture and blackmail of gay men in the south of the country. We were pleased that the country adopted both recommendations and introduced a 5-year national plan for their implementation.

And from the point of view of the life and existence of ordinary people, has anything changed over the past 10 years?

Previously, people did not have such support, there was no information, there was no internet. People met through the newspaper, where they printed ads like "He plus he" or "She plus she". Now, there is a lot of information. There are organizations, where you can receive help and support. People more often and more boldly submit statements to the police. Before, people just sat in the kitchen and told each other terrible stories of violence, we call this "kitchen talk", and all that remained in the kitchen. Now, people already know that there are mechanisms in the country that protect their rights, and that they can be made to work. Relationships between representatives of the LGBT community have become more sustainable. People have begun to enter into long-term relationships more often. Alcoholism has decreased. People are beginning to come out more often—and saying that they are homo- or bisexual or transgender. Before, people mostly spoke to their sisters about this, now they are doing so with their mothers, fathers, and brothers. People are coming out earlier: boys and girls are

speaking about their sexual orientation or transgender identity by the age of 16.

Do you have pre-exposure prophylaxis?

No, so far we only have post-exposure prophylaxis. It is available free of charge, but I do not think everyone knows about it. Those who come to us know about it, but others likely do not. But we are working on this. We also plan to launch free pre-exposure prophylaxis by the end of the year. This will be a pilot project for a year, together with the Republic AIDS Center and the UNDP Grants Management Group.

Let's talk about the CCM committee that you are a part of. Has it helped you to solve anything?

Of course, without a doubt. I became a CCM member in 2015, I worked for 2 two-year terms. One of my main achievements in my committee work is promoting the image of the community, which has grown significantly over this period. Thanks to our work, people have begun to listen to and respect people from the community. Before, it was the case that they didn't even want to raise their hand or speak, now, this is not so. People understand that our organization is strong, that it is worth partnering with us and our projects, and that we are professionals in our field. The PrEP pilot project that I spoke about earlier is being launched among MSM, and this is an achievement of activists.

Who funds you?

We have several long-term sponsors, including the Global Fund, USAID, ECOM, and the Ministry of Foreign Affairs of the Netherlands, which provides money through the organization "COC Netherlands".

And what kind of budget does your organization have?

400-450,000 USD per year. We have maintained this level for the past three years, it helps us to satisfactorily implement our strategic plan. We plan to reach 500,000 USD, but so far this is just a plan.

How important is money in this field, and is it possible to exist without it?

Without money, long-term work is not possible anywhere. And the point here is not even that people need to be paid salaries. This is a question of building an image. For example, when we go with a proposal to someone, it doesn't matter whether it is the Ombudsman, the AIDS Center, or NGOs, if you, as an organization, have a budget, this is already an indicator that you are speaking on equal terms as partners. You are not begging and waiting, rather you are saying "let's cooperate on an equal footing, and do this together if we have the same goal".

The country that you live in is quite religious. According to available data, about 80% of the population of Kyrgyzstan is Muslim. How do you coexist, I mean the LGBT community and the religion, Islam?

We do not deal with each other. The only time we had to sound the alarm was in 2014, when a so-called fatwa came out on the website of the Spiritual Administration of Muslims of Kyrgyzstan, this is a decision or opinion on any issue. In this fatwa, it was written in black and white that gays should be persecuted. Of course, we made a lot of noise about this. Since this was clearly hate speech and a call for violence, civil society supported us and literally within 2-3 days

after the appearance of this fatwa on the website, it was removed. The head of the administration later stated publicly that he signed the paper without looking at it.

Let's look at a concrete example: a person is gay and is Muslim, how do these two sides co-exist within him?

Such people experience serious mental difficulties, because two important human identities contradict each other. This is not only a problem in our country. This is happening all over the world, among many people who are both religious and LGBT. "Kyrgyz Indigo" is working in this area. We help people find harmony and remain queer Muslims, as we consider faith and its practice a very important part of a person, and we believe that a harmonious balance is possible.

I read that you have already had "Equality Marches" for several years. Are these gay parades?

No, these are different things. The March for Equality takes place on March 8, once a year, already for four years in a row. It was established by feminists and supported by all who fight for equality. Over time, participants representing the LGBT community have become more and more visible in the march. This year, for example, there were eight people with rainbow flags. As a result, our media called the march the first gay pride parade in Kyrgyzstan. After this, nationalist groups became more active. They all took photographs and posted them on the internet, and made threats of attacks. 12 people from our organization participation, we came to express our civic position. As a result, the relationships of three staff members with their families deteriorated, while one was even forced to leave home altogether. The organization did a lot to prevent the risks

from the march and to respond to what happened. For example, we established a second shelter for activists, held a meeting with the community from all over the country to discuss a plan of action, and implemented it.

What is this shelter and how does it function?

It has been operating for a long time, we opened it for the LGBT community. People who end up on the street because of their sexual orientation or gender identity can live in it for up to two months. For example, people who are kicked out by their landlord or parents, or people who cannot find work because they are transgender.

Is this a common story?

Yes, this is a common story. The shelter is designed for 12 people, and it is constantly full of people. People often end up there with a huge load of problems. They are helped by our wonderful psychologist – she holds group meetings and private consultations. We also have lawyers, a person can always get expert help.

From your point of view, what is missing in your country for LGBT people to be able to live full lives?

I have difficulty believing that in the near future, LGBT people will be able to exercise all of their universal human rights. But to answer anyway, I will say this – there needs to be political will, expressed in law, in particular in administrative law. The government should inform the population that people are different and that everyone has their own rights. Here, we are not talking only about the rights of LGBT people, but also about the rights of women, children, people with disabilities, and other individual communities and groups. That is the main thing for me. It is difficult to talk in

a utopian manner about how an ideal state should be. I know for sure that political will is a force that will help to change a lot.

What does it mean to you to be part of the LGBT community... is this a lifestyle, or a profession?

This is what I have been doing for more than 10 years, and it has never been work for me. I can count the number of days on my fingers when I was waiting for Friday. Activism is always a joy for me, I rarely get tired, and I am not burnt out.

It seems that you have dreamed of being an activist since you were young.

Since childhood, I dreamed of being a doctor. I have many doctors in my family. My father dreamed that I would become a surgeon, and from second grade, I wore a white surgical gown at home. Then, in ninth grade, I read the book by Jules Verne, "The Mysterious Island", and my brain really exploded. I suddenly realized that adventure and struggle are cool. By the way, if we are talking about whom I dreamed of becoming my whole life, then that's a writer. I wrote poetry from the time I was 7, and stories from the time I was 15. I could write for days, as long as I didn't fall asleep and money allowed me. I only stopped writing for one reason, because my beloved organization "Kyrgyz Indigo" began to take up too much time at a certain point. Activism is a rather creative activity, you always need to invent, analyze, and create something new. And my brain could no longer produce any ideas other than about activism. I have not written for eight years. At first, this was very painful for me, but now I am used to not writing. It's like one arm is paralyzed, but you get used to it.

Have you thought about writing your own book?

Every writer thinks about this, and of course, I have also thought about my own book. By the way, people predicted a good future for me. But this is in the background now.

Can you name a book, which doesn't bore you when you re-read it?

There are a lot of them. At the top is "A Cruel Age" by Isai Kalashnikov. It is a great novel about Genghis Khan. I love "The Master and Margarita" by Bulgakov. I have another favorite novel, "The Black Hurricane" by Lev Rubinstein, about the African activist, Harriet Ross, who was a slave from childhood, then fled the south and fought for her rights all her life. I don't know why so little is said about her, she is simply incredible. I read a book about her at the age of 13, and now I understand how much she influenced me. This book is written simply about incredibly difficult and complex things, as well as about people who do not have the right to their own life and their children. This book is about very real struggles and activism.

So if I understand, the main character personifies the image of a modern activist who achieves their goals, through thorns to the stars?

We cannot compare the situation today to what is written in the book, nevertheless, in those days, the issue was legal slavery and the lack of rights. But the absolute fact is that activists of the LGBT community have a much harder time than others. No one is confronted with what LGBT activists are confronted with. They have to overcome a huge number of difficulties, simply because they exist and because they dare to oppose the system. This is what they have to struggle with all their lives, without

vacations or weekends. This is what they are proud of and live for, sometimes to the detriment of personal dreams and family

life. And sometimes they are lucky, and manage to have a life with activism, and a family, and their personal world.

Veaceslav Mulear: Today I feel that I can help the LGBT community of Moldova, this gives me strength and confidence

Coordinator of the "LGBT Health" program of the Information Center "GENDERDOC-M", member of the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM), Veaceslav Mulear on being gay in the Republic of Moldova, what role the country coordinating mechanism (CCM) plays in addressing urgent problems of the LGBT community, and why sexual orientation is a private matter for everyone.

Slavik, I want to begin our interview and discuss something you did more than a year ago. At that time, you said publicly in an interview that you are gay. Did anything in your life change after that?

Nothing around me changed, but something probably changed inside of me. Now I feel free, I have nothing to hide anymore, I live my life, and the people around me have less questions. People around me realized that I am not hiding from anyone. Until recently, I could not be open in the media because of my mother. Unfortunately, she passed away, and I no longer have my parents, and today I no longer fear feeling guilty to someone. Today, I feel that I can help the LGBT community of Moldova, this gives me strength and confidence.

Were you able to tell your mother about your homosexuality before she died?

All of my relatives knew about this, they were really worried that something would happen to me, that someone would beat me up, for example. When my mother was ill, she kept repeating: "You won't talk about that in public, you won't go on the television?" By the way, it was actually my mother who prepared by brothers and sisters for that news, and it was she that told them.

Do you have a large family?

Yes, I am one of five children, there are four boys and one girl.

Do you keep in touch and are you friendly with one another?

I am the friendliest with my sister. But my brothers and I are also very close. The only issue is that one of my brothers is very religious. He doesn't condemn me, but he says that I should repent.

And how do you feel about religion?

I am against all of these rituals. But sometimes I go to church and light a candle for my mother, she was always very devout.

Did people ever try to cure you through faith or prayers?

It happened a couple of times, but nothing happened in the end. I mean, there's both god and my sexual orientation? I do not agree with the statement that god only created man and women to reproduce, because sex was not just created for that. Sex is both for pleasure and reproduction, and for so much more.

Do you think that sexual orientation is everyone's personal business?

It would be nice if it were that way. Of course, I am in a comfortable position now, because I work in the LGBT field. But if I worked in another field, I would be constantly asked questions—how old am I, why am I not married, why do I still not have children, what is wrong with me, etc. On the other hand, heterosexual people are also

constantly asked questions—why don't they have children, why aren't they married, etc. This should definitely be a private matter for everyone. Of course, if someone wants to know what it is like to be gay, I will explain briefly, but not more.

So what is it like?

Honestly? Difficult. One of the worst things that happened to me was in 2012, when I met a guy on the internet, which ended up with me being tied up, my ribs were broken, and I was stabbed in the back. The people that did this were sentenced to 6.5 years in prison. It was good that I was not afraid to go to the police. In general, it is not so easy for us to date, we do this through the internet, but there are heterosexuals on there as well who are trying to hunt us down. I really want to use this opportunity to ask them to leave us alone.

Did you ever think about leaving Moldova?

When I was a student, yes... It was the first time I went to a Pride in Sweden, and when I returned it was simply impossible to be here for the first month. I saw so many things there! There, people are free, they enjoy life, but here, I couldn't breathe. I tried to move there, but I was not able to, and fortunately, I ended up here. Here, I can help not only myself, but also others. And I see that this is good for the community.

Please tell me about this CCM (ed. note: National Coordination Council of National Programs for the Prevention and Control of HIV/AIDS, STIs, and Tuberculosis), has it solved anything in your country?

Of course, we have been on this committee since 2005. I personally represented "GENDERDOC-M" on this committee since 2011. One of the main merits of working on this committee is that MSM have been recognized at the national level. We have

been included in the National HIV/AIDS Prevention and Control Program through which separate prevention measures are provided for us. And when we need or require something, we can promote this through the CCM. When the country submitted an application for funding to the Global Fund, we were asked what exactly we needed. And this is thanks in part to the CCM. Now, for example, we are currently discussing the introduction of a pre-exposure prophylaxis program. In addition, the issue of including transgender people in the National Program is also being discussed.

So they will finally be recognized?

They are already recognized. It's just that there aren't so many of them in Moldova, so there was no point in creating a separate prevention program.

How many gay people are there in the country?

According to recent estimates, there are around 17,100 men who have sex with men (ed. note: *IBBS data*)

I want to ask you about this. You are now 37, you were young, but still experienced the Soviet Union. I understand that you were too young then, but now when you remember those times, why do you think that, officially, there were no gays in the USSR, because they hid so well?

You know, during those times there were laws that prohibited homosexuality in general. Of course, it was all just carefully hidden. There were always homosexuals, there are now, and there always will be. Because gay people are born, not in homosexual families, but in heterosexual ones. This has already been proven by science. On the other hand, when I discuss those times with the older generation of

gays, I understand that they miss those times. But of course, it was also difficult for them, they did not have protective laws, they were arrested. In any case, I believe that each subsequent generation will have a better and freer life, that they will be able to exercise their rights, and most importantly, they will not be afraid. They will not be afraid that one day someone will catch them in the street, beat them, and rob them.

Let's talk about you. Today you are not just an employee of the organization. You are the health programs coordinator. Do you understand that this is a big responsibility and that maybe you are an example for someone to follow?

Of course I realize this and of course this is a big responsibility, and I feel it. I have achieved a lot for myself and for the community, promoting HIV testing for example. Before, no one talked about this. Or about condoms, lubricants, or about pre-exposure prophylaxis. The previous generation did not have such opportunities. I feel useful today and am proud of our team. Sometimes, I go out into the "field" and receive many thanks from our beneficiaries. This is very motivating.

So do people recognize you and approach you on public transportation?

Well it's like this: if I am alone on the street, people can come up to me. If I am with someone, then they shouldn't come up to me so that they don't reveal my affiliation.

Do people write you on social media networks?

Of course. And I often respond "All information is on the GENDERDOC-M website". For example, people often ask when the next party is (laughs).

And do you still go to them?

Well of course, I go and meet people, among other things (both laugh). You know, things are more or less fine for gays in Moldova. Things are much more difficult for transgender people. A transgender boy, for example, cannot use the men's room. He feels like a woman so much, that he cannot even go to the toilet. This is a catastrophe. And when they start therapy, this is a huge ordeal. Their body begins to change, then they need to change their documents, they need to undergo an examination with a psychiatrist. After this, you have to petition the civil registry office, there are such laws. We have 13 transgender people in Moldova who changed their documents with the help of our lawyer. Above all, we want to reach the point that no courts or any of these complex processes are needed.

And are we still far from legalizing same-sex marriage?

Of course, we have no regulatory laws. But they are needed. Many say that marriage is just a "box to be ticked", but this isn't the case. For example, if I buy a car or an apartment and I am not married and something happens to me, who will get this car or apartment? Obviously not my partner, because who is he to me? If our relationship is not formalized. It is the same with children. Or, for example, if someone's partner ends up in the hospital and decisions must be made for him. Who am I to do this, if we are just living together without any kind of documents? Of course, if they legalize same-sex marriages, there won't exactly be people lining up at the registry office, but for many it is important.

Tell me, how do you measure the results of your work and the results of the work of "GENDERDOC-M"?

The first is the availability of services. How accessible are they for the community, are there any relevant regulations or standards? We have them and you can even touch them. This includes the distribution of condoms, lubricants, rapid HIV tests, psychological and legal counseling, and support in the courts. The second is probably that the HIV+ people we have identified are brought by hand to the hospital, where they receive treatment. We do this well. These two factors determine our effectiveness.

A question about money. The money in our country is less and less with each new Global Fund grant. And of course, people are worried. Do you think money is important in the field of prevention?

Money plays a very important role in budgeting for services. But without a doubt, people play the biggest role in this. On the other hand, if there wasn't any money, there would be no access to services. If a guy comes to me for help, I cannot just give him condoms and lubricants out of my pocket. You need to buy them. Money is important, and it needs to be put in the state

budget. There is always money, it just needs to be distributed properly. The people who manage this money do not yet understand that if funding is cut, the state will suffer anyway. Because in the end, they will have to spend even more on treatment. Prevention is always cheaper, this is proven.

Tell me, where do you see yourself in 5-10 years?

Probably here in Moldova. Of course, if there is an offer to go abroad and do what I love there, then I will think about it. On the other hand, I have a loan here that I need to pay off.

And what do you think, will you live long enough to ...

To pay off my loan? (laughs)

No, no, to see the moment in Moldova, when MSM are not seen as a separate category, but as ordinary people who are exactly the same as everyone else?

I will, of course. But I will be a bit annoyed, because by then, I will be an old man. And I will be sorry that in my time, I could not walk hand in hand with the person I loved on the streets of Chisinau, without fear.

Andrey Chernyshev: My Ukraine is a country where you are not afraid of anything and feel comfortable everywhere

Head of the advocacy and external communications department of the public organizations "ALLIANCE.GLOBAL", MSM member of the National Council on Combatting Tuberculosis and HIV/AIDS in Ukraine, member of the Steering Committee of the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM), Andrey Chernyshev on whether Ukraine is ready for same-sex marriage, why the change of power has not yet brought about changes for the better, and how to work for 16 years in the NGO field without completely burning out.

Andrey, if you'll allow me, I will start the interview with a political question. Presidential and parliamentary elections were held this spring in Ukraine. Have you felt any changes?

No, so far no changes have occurred, for either better or worse. Only a little time has passed, and politicians don't care about us. Issues related to HIV and to the LGBT community are not first place, or fifth place, or even twentieth place on the agenda. Only recently did specific contacts appear who are making decisions in the Verkhovna Rada and in the Ministry of Health. Although I have only seen our new Minister of Health once.

Gay parades have now been held in Kiev for ten years in a row, and I read that Vladimir Zelensky was invited to come to the most recent one. However, he did not attend it. How do you explain this?

Given that "Kiev Pride" (including the "Equality March") took place in June, during the height of the election campaign for the Verkhovna Rada, Zelensky and his colleagues clearly did not care about us. In addition, this would have had a negative effect on his ratings, since the majority of the population in our country is quite homophobic, transphobic, and generally xenophobic. So his ignoring the event was a natural reaction in this case. If we speak about prides in general, more and more people participate in them each year. In Kiev this year, the organizers counted around 8,000 participants. In September, the first Pride took place in Kharkov, which

unexpectedly attracted 3,000 people... this is really cool.

On the internet, people write that many gays are forced to emigrate from Ukraine because of their sexual orientation. To what extent is this true?

There are not that many people who have left the country and asked for political asylum, for example, due to persecution on the basis of their sexual orientation. People mainly leave to look for a better life. The majority of Ukrainians immigrate to Poland, Czechia, Canada, and Germany. This is not always related to being LGBT. Our economic situation is unstable, and finding a good job is not so easy. Although there are of course a certain number of activists who leave due to persecution. But this is not a mass phenomenon.

Tell us about yourself, how did you come to work in an NGO?

Through mutual acquaintances. At the time, they had established our current organization "ALLIANCE.GLOBAL", which has been operating since 2002. The main focus of our work is the health issues of MSM, in recent years, we have also been closely working on increasing the leadership capacity of LGBT people in general, as well as on the protection of their rights. We have a national network of paralegals, in Kiev, there is a shelter for MSM and transgender people who find themselves in a difficult life situation. Another important issue we are working on is promoting registered civil partnerships.

Is that a kind of alternative to same-sex marriage?

Yes, but not only for representatives of the LGBT community, but also for heterosexual couples. All people, regardless of their orientation, should have equal rights to live in a civil marriage, and this should be formalized. So that if something happens, they can receive an inheritance, be present at the hospital if their partner is in critical condition, and also be able to own common property.

Are you hoping that such unions will be registered by a notary public?

Yes, but there is also the option to do this in a regular registry office. The main thing is that it is official. So, separate laws should be adopted, or amendments should be made to the Family Code.

As far as I know, you are quite okay with saying publicly that you are gay. Is this true?

Of course, although, I'm not much of a media person, for that, we have other activists. They regularly go on television and the radio. But if it's necessary, I won't refuse.

How old were you when it sunk in that you are not like everyone else?

In high school. At the time, I didn't really understand what was happening to me. The magazine "One of us" was still being sold in kiosks (*Ed. Note: "One of us" was the first magazine in Ukraine, and one of the first in the ex-USSR, about the gay movement and LGBT community in the country, it has been published since 1996*). And to be honest, it was embarrassing and scary to ask the saleswoman to sell it to me. When I graduated from university and began working, I gradually began to make friends who were like me. Then I met my husband with whom I have been living for 16.5 years. This is rare in our community, but for us it worked out.

Have you officially registered your marriage?

No, we have not done anything official. We look at it from a pragmatic point of view... if these marriages that a lot of people do in Denmark or Portugal are not recognized, then what is the point of going somewhere? Just for the sake of it – that's fine. But let's live to see the point when we can register a same-sex marriage or have registered civil partnership.

Let's talk about the CCM committee that you are a member of. Has it solved anything in your country?

It has existed for a long time, however, seats for key populations – MSM, PUD, SW – only appeared in 2017. Thanks to the fact that the Global Fund issued relevant recommendations for country coordinating mechanisms (CCM). I have been a member of our Ukrainian CCM for two and a half years now, and am a member of the program committee. Of course, the positive impact is felt: for example, in 2017, for the first time, we were allowed to be involved in writing the big country application to the Global Fund. Previously, only primary recipients could do this (*Ed. note: Center for Public Health of the Ministry of Health of Ukraine, "100% Life" and "Alliance for Public Health"*). They decided everything among themselves, and were often living in a fantasy, far from reality.

Do you have to communicate with officials and to what extent do they listen to you?

Communication with authorities in our country of course entails a lot of bureaucracy. But I think that this situation does not only exist in our country, but also in yours, for example.

Ok, is the state your ally or an enemy?

You have probably heard that we are now in a transition process in the context of HIV and tuberculosis from donor funding to

state funding, and because of this, we have very big problems. Because the transition began late, the opinion of the community was not taken into account. This month, donor funding ends and state funding is beginning. And we have not resolved a lot of issues. For example, the VAT issue... when the grant amount exceeds 1 million hryvnias, we automatically have to pay VAT and the grant will be taxed at 20%. Plus, a large number of inspections are expected, primarily government agencies. Another problem is that so far no electronic tenders for the procurement of services has occurred (*ed. note: at the time of the interview*). And this means that when the contracts are concluded, there will be very little time to fulfill the semi-annual indicators, just 2-2.5 months (*ed. note: officially the first phase of state funding should have begun on July 1 and end on December 31*). This makes the quality implementation of all programs very problematic, not only for MSM, but for other key populations as well. Unfortunately, the primary recipients are not willing to interact with us and make any compromises.

How many NGOs in Ukraine are working to protect the rights of the LGBT community?

Almost 50 organizations are officially registered on paper. But in reality, around 20 are operating, maybe a bit more. Unfortunately, many founders of NGOs moved abroad, or some simply retired.

How many gay people are in Ukraine?

The estimated number of gay and bisexual men and other MSM in Ukraine is 179,400 people, of which 32,200 live in Kiev (*Ed. note: according to the results of a 2018 assessment*).

You have been in the NGO field for 16 years already. What has kept you here for so long?

I am interested in this work, I am interested in communicating with people and helping them. It brings me satisfaction. And thank god, I haven't burnt out.

And what motivates you to go further?

Enjoying the result... for example, when I manage to help a person or come to an agreement and hold an important meeting that led to results. Or holding successful negotiations with donors that results in a funding opportunity that is in the interests of the community.

What kind of Ukraine do you dream about?

Where a person can simply walk in the street holding hands with the person they love, regardless of sex or gender. Where they can show their feelings for their partner. My Ukraine is a country where you are not afraid of anything and feel comfortable everywhere. This is the ideal that is probably sought after everywhere.

Effective practices for involving community representatives in the work of country coordinating mechanisms (CCM)

The participation of key populations, people living with or affected by the diseases, as well as other civil society representatives in the work of CCMs is one of the basic principles that defines the activities of the country coordinating mechanisms established in countries receiving support from the Global Fund⁴⁴. Each CCM should create a mechanism to involve key populations, people living with the diseases, and other civil society representatives (the so-called non-governmental sector) in order to ensure that their proposals and opinions are taken into account. Such participation should continue at least through the duration of the grant, in order to contribute to the strengthening of programs and the achievement of targets.

In order to strengthen the role of representatives of the non-governmental sector in the work of the CCM, it is necessary to create the necessary conditions for this, primarily within the CCM itself. The following are examples of practices and mechanisms enacted by CCMs of various countries of the EECA region, which, among other things, can increase the meaningful participation of representatives of key populations in the activities of country coordinating mechanisms.

Specialized Committees of CCMs

In order to more effectively fulfill its core functions, such as coordinating the preparation of funding applications, overseeing the disbursement of all grants, and a number of other functions, specialized committees have been established as part of many CCMs. The establishment of a permanent oversight

committee is a mandatory procedural issue according to the Global Fund's Requirement 3 for CCMs⁴⁵. Other specialized committees may be created by individual CCMs depending on their needs and vision of their work. So, for example, there are two specialized committees under the CCM of the government of the Kyrgyz Republic: The Oversight Committee (sector) and the Committee (sector) for preparing applications, mobilizing resources, and harmonization⁴⁶. CCM committees are usually formed by CCM members on a voluntary basis in accordance with their experience. It is very important that CCM members from the non-governmental sector, and in particular from key populations, including people living with HIV or affected by tuberculosis, are included in such committees. It is desirable that this is indicated in the terms of reference of these committees.

Permanent thematic (technical) working groups under CCMs

Another way to ensure the effective operation of a CCM is to establish various thematic working groups under it. Their role is to fulfill the objectives assigned to them by the CCM in the context of the relevant thematic area. The work of each of these groups can be focused on a specific thematic area, for example:

- ensuring access to treatment for HIV/TB/malaria treatment;
- working with key affected populations;
- gender-transformational aspects of program implementation; and others.

⁴⁴ Global Fund policies on Country Coordinating Mechanisms, including principles and requirements. Approved by decision of the Global Fund Board on 10 May 2018. https://www.theglobalfund.org/media/7503/ccm_countr

[ycoordinatingmechanism_policy_ru.pdf?u=63716599929000000](https://www.theglobalfund.org/media/7503/ccm_countr)

⁴⁵ Global Fund. Guidance and Requirements for Country Coordinating Mechanisms. 2013.

⁴⁶ <http://www.hivtbcc.kg/pages/sectors.html>

Although such working groups are not entitled to make independent decisions, they may develop and submit proposals to the CCM on a number of issues, which can then be formally approved at CCM meetings. Such groups are accountable to the CCM for their activities, and their activities can be funded by the CCM budget.

It is extremely important, from the point of view of involving representatives of key populations in CCM processes, that it is possible to include not only CCM members in such working groups, but also a wider range of experts, NGO directors, and other representatives of key populations. Such groups can include more than 10 people, and their meetings usually take place between CCM meetings, meaning they can meet more often than the CCM itself meets.

The fact that participation in the work of such groups is not limited to CCM members significantly expands opportunities for civil society representatives to be heard during discussions on relevant thematic issues and in the development of certain relevant documents, and also allows them to influence decision-making on various issues related to the implementation of Global Fund programs in their countries.

The practice of creating thematic working groups under CCMs exists at least in Armenia, Moldova, Tajikistan, and Kazakhstan. For example, in Moldova, there are three working groups under the CCM: the HIV Prevention and Treatment Group; The TB Prevention and Treatment Group; and the Joint Technical Working Group on HIV/TB⁴⁷.

Many CCMs establish permanent committees or working groups with executive or technical functions. Meanwhile, the Global Fund recommends⁴⁸ CCMs to develop and document the organizational structure, mandate, and working procedures for each of these committees or working groups. The

mandate should be approved by all CCM constituencies and published openly. In addition, the Global Fund strongly recommends avoiding substituting functions of the CCM with functions of committees or working groups.

Holding elections of CCM members from the non-governmental sector in accordance with Global Fund requirements

The Global Fund requires that all CCM members representing non-governmental constituencies be elected by their constituency through documented and transparent procedures developed by each constituency. This requirement applies to all CCM members representing the non-governmental sector, with the exception of multilateral and bilateral partners⁴⁹.

Nevertheless, this requirement is not always respected. Among the problems that are still encountered in the work of CCMs in different countries of the region is the dominance of the opinions/positions of representatives of governmental bodies over the opinions of civil society representatives. In addition, CCM members representing the non-governmental sector are often elected through procedures that do not actually meet the requirements of the Global Fund, and cannot fully represent the interests of their communities/constituencies, as they do not receive regular feedback from them.

Another problem may be the lack of representation in the CCM of communities affected by the diseases, and of representatives of other key populations, as well as their formal representation in the work of the CCM. For example, in Tajikistan, there is one member representing the interests of PLH, but there is not a single representative of other key populations (PUD, LGBT, SW). This is largely due to the fact that, in Tajikistan, the election of CCM members from the non-governmental

⁴⁷ <http://www.ccm.md/>

⁴⁸ *ibid*

⁴⁹ Global Fund policies on Country Coordinating Mechanisms, including principles and requirements. 2018

sector is not organized by the communities of key populations themselves according to procedures developed by them, but rather by the CCM Secretariat, and is a rather formal event. The same situation is observed in Uzbekistan^{50 51}.

In order to avoid such situations and the other inconsistencies with Global Fund requirements described above, it is necessary that each CCM, in accordance with established quotas, include representatives of all stakeholders, including key populations, and that elections of CCM members from key populations take place using transparent procedures developed by the constituency itself. Only in this case is it possible to ensure the truly legitimate and meaningful participation of key populations in the work of the CCM.

More detailed information about what approaches exist and are used for organizing and holding elections of CCM members from the non-governmental sector can be found in a number of documents available in Russian and English^{52 53}. In particular, in these documents, you can find samples of announcements about the initiation of elections of CCM members from the non-governmental sector, application forms for participating in elections, examples of terms of reference for the Supervisory Commission for the election of representatives of the non-governmental sector to the CCM, etc. It is recommended to read through the "Terms of reference for representatives of the non-governmental

sector and key affected populations in the Country Coordinating Mechanism on working with international organizations on HIV and tuberculosis" according to which the election of representatives of the non-governmental sector was held in Kazakhstan in 2018, and which describes all stages of the procedure in detail⁵⁴.

Practice of electing alternates for CCM members

Each electoral group may choose to elect an alternate (supporting member) for each CCM member representing their group, in order to increase the level of transparency and ensure a quorum at CCM meetings⁵⁵. This is a very important recommendation. In essence, its implementation officially doubles the representation of groups of the non-governmental sector in the CCM, but not the number of votes during decision-making. Only the main CCM member is entitled to vote. However, the alternate may attend committee meetings, and take part in discussions on all key issues. In the event that the main CCM member cannot participate in a meeting due to any valid reason, the alternate can replace him and will have all the same powers, rights, and obligations as the main CCM member, including the right to vote.

Unfortunately, in practice, the election model whereby alternates are elected simultaneously with CCM members is not used in all countries. For example, in Russia, where, until the end of 2019, a civil society coordinating committee acted as the CCM recognized by the GF, only one alternate

⁵⁰ Report on the results of the seminar of the Eurasian Harm Reduction Association "Capacity Building for CCM Members – Representatives of the Non-Governmental Sector in Central Asia". EHRA, 2019. <https://eecaplatform.org/razvitie-potentsiala-chlenov-skk-v-tsentralnoj-azii/>

⁵¹ It should be noted that in the case of certain countries, the Global Fund Secretariat may remove the requirement related to the representation of primary affected groups in the CCM, if it considers it appropriate for reasons of safety, which, in principle, may be relevant for countries such as Tajikistan and Uzbekistan in the context of the open participation of representatives of the LGBT community, for example, in the work of the CCM.

⁵² Theory and practice of involving NGO representatives in the work of country coordinating mechanisms (using examples of the countries of Eastern Europe and Central Asia). – Vilnius: Eurasian Harm Reduction Network (EHRN), 2012 http://files.server.idpc.net/library/CCM-report_RUSSIAN.pdf

⁵³ GNP + 2018. Voice of the Community in Global Fund Programs, GNP +, Amsterdam. https://eecaplatform.org/wp-content/uploads/2019/08/CCM-Russian_16_08_2019.pdf.

⁵⁴ http://ccmkz.kz/upload/TOR_CCM_Candidate_NGO_KAP_Sep_2018.pdf

⁵⁵ Global Fund policies on Country Coordinating Mechanisms, including principles and requirements. 2018

was elected for several committee members representing one sector. Several years ago, Belarus elected alternates according to the residual principle (the alternate was the candidate who received a certain number of votes (at least 1), but less than the candidate who was elected as the main CCM member), which meant that there might be no alternates for two CCM members representing, for example, the interests of people living with HIV⁵⁶. Meanwhile, in Moldova, CCM members representing the non-governmental sector do not have alternates at all: if it is not possible for them to attend a CCM meeting, their vote is transferred to another member.

It is desirable that the use of alternates and their role be clearly described in documents that define the principles of operation of the CCM. For example, the Regulations on the work of the Country Coordinating Mechanism on combatting tuberculosis and HIV/AIDS of the Republic of Kazakhstan of 2015, establishes that "each CCM member may have an alternate. The alternate participates in CCM meetings, in the absence of the CCM member, without the right to vote"⁵⁷. This wording immediately establishes the need to elect an alternate when electing CCM members from the non-governmental sector.

Ensuring the access of representatives of key populations to information about CCM activities

An important component of involving representatives of key populations in the work of CCMs entails widely and regularly informing them in a timely manner about the activities of the CCM, as well as about opportunities for them to participate in these activities. In order to ensure access to such information, CCM members representing the non-governmental sector

should organize an effective communication mechanism with representatives of their constituencies to inform them about their activities in the CCM and to receive feedback on key issues. In fact, CCM members' obligation to openly inform their constituencies in a timely manner and to respond to requests for additional information is one of the standards established by the Global Fund in relation to the role of CCM members⁵⁸. Terms of reference for CCM members representing the interests of key populations that clearly enumerate the rights and obligations of CCM members in general and in relation to their constituencies, including accountability, can be a useful tool for such communication. The terms of reference for members of the Russian Civil Society Coordinating Committee representing the interests of PLH, vulnerable groups, and NGOs can be used as an example of such a document⁵⁹.

Communication with representatives of their constituencies should be carried out by CCM members on a regular basis and may be done using various channels, such as:

- Social networks, including Facebook, Instagram, Twitter etc.
- Dissemination of relevant information via electronic thematic mailings, or through the mailings of national network organizations;
- Creation of informational channels/groups in messenger apps (Telegram, WhatsApp, Viber, etc.)

In addition to online communication, traditional meetings may also be held for consultations and to make strategic decisions. It is especially important to hold consultations with community representatives before the CCM makes

⁵⁶ Protocol of the Mandate Commission on the results of the vote for members of the Country Coordinating Mechanism of the Republic of Belarus as part of the election of representatives of the non-governmental sector to the CCM in 2014

⁵⁷ <http://ccmkz.kz/p/110.html>

⁵⁸ Global Fund. Guidance and Requirements for Country Coordinating Mechanisms. 2013.

⁵⁹ <http://rusaids.net/ru/2015/07/08/torvoting/>

important decisions related to Global Fund grants⁶⁰, such as:

1. Approval of the country application to the Global Fund and talks with the Global Fund to clarify the content of the project before signing the grant;
2. Selection of the Primary Recipients;
3. Submission of applications to review programs and redistribute savings;
4. Decision that have a direct impact on the lives of people living with the diseases or who belong to key populations.

For example, in Moldova, the reporting of CCM members representing the non-governmental sector to their constituencies entails informing the communities about the CCM's current activities, the results of meetings, decisions made and the status of their implementation, as well as about financial and programmatic indicators in the implementation of grant projects. Such communication is carried out through relevant groups and accounts on social networks (Facebook, Vkontakte, Odnoklassniki), as well as through various events and reporting meetings with

program beneficiaries and members of public organizations.

In addition, as part of efforts to improve the informational component of the work of the CCM, the following approaches can be used to ensure the access of community representatives to information about CCM activities:

– issuing regular newsletters about CCM activities. This practice previously existed in Moldova and Kyrgyzstan⁶¹. Such newsletters should not only be distributed among CCM members, but should also be available to a wide range of stakeholders;

– creating/supporting the operation of the CCM website, like in Kazakhstan for example. Information on such websites should be updated in a timely manner and on a regular basis. Otherwise, the resource quickly ceases to serve as an effective source of information and loses its relevance;

– including in the responsibilities of the CCM Secretariat the task of regularly informing all stakeholders about CCM activities, including representatives of key populations.

⁶⁰ GNP + 2018. Voice of the Community in Global Fund Programs, GNP +, Amsterdam.

⁶¹ Informational newsletter of the Committee of the Coordinating Council on Public Health of the Government of

the Kyrgyz Republic to Combat HIV/AIDS, Tuberculosis and Malaria for the period 10.2016 – 06.2017
<http://hivtbcc.kg/files/download/112/3d09d74f>

Recommendations on ensuring the meaningful participation of community representatives in the work of CCMs

Below is a set of recommendations for all stakeholders involved in the implementation of Global Fund grants: the Global Fund Secretariat, CCM members representing both the governmental and non-governmental sectors, as well as international partners. The implementation of these recommendations will contribute to ensuring and increasing the effectiveness of the meaningful participation of representatives of key populations in the activities of country coordinating mechanisms.

The recommendations below summarize and supplement proposals and positions from various publications of organizations such as the Global Network of People Living with HIV (GNP+)⁶², the Eurasian Harm Reduction Network (EHRN)⁶³, and the International Council of AIDS Service Organizations (ICASO)⁶⁴.

For the Global Fund Secretariat:

- Recommend that CCMs, when submitting applications for funding for their activities, allocate funds for the organization and holding of elections of CCM members from the non-governmental sector as this is consistent with the objectives of the Global Fund CCM Funding Policy⁶⁵;
- portfolio managers should actively use their unique position in the relationship between the Global Fund and the country to support the meaningful participation of representatives of key populations in the work of the CCM, including at the stages of

developing and submitting new funding applications;

- in order to obtain more complete information and a better understanding of the situation in the country in the context of the implementation of Global Fund grants, as well as to strengthen the involvement of civil society representatives in the process of implementing Global Fund grants in the country, portfolio managers are recommended to further develop communication and consultations with NGOs and community organizations that are sub- and sub-sub-recipients of grants;

- as part of the Global Fund's Community, Rights, and Gender Technical Support Program⁶⁶, increase the accessibility of technical support to strengthen the participation of civil society and community representatives in the work of CCMs.

For CCMs and their members:

- all CCM members representing the non-governmental sector should be elected by their constituencies on the basis of the documented and transparent procedures developed by each constituency. Representatives of the CCM Secretariat and CCM members representing other sectors should not impede the holding of such elections, and may provide the necessary technical support upon receipt of a corresponding request from a particular constituency;
- when submitting applications to the Global Fund for funding CCM activities for

⁶² Ibid

⁶³ Theory and practice of involving NGO representatives in the work of country coordinating mechanisms (using examples of the countries of Eastern Europe and Central Asia). – Vilnius: Eurasian Harm Reduction Network (EHRN), 2012

⁶⁴ Effective CCMs and the Meaningful Involvement of Civil Society and Key Affected Populations. ICASO. October 2013. [http://icaso.org/wp-](http://icaso.org/wp-content/uploads/2015/06/CCMLessonsOct2013FINAL-EN.pdf)

[content/uploads/2015/06/CCMLessonsOct2013FINAL-EN.pdf](http://www.theglobalfund.org/media/6376/core_country_coordinatingmechanismfunding_policy_en.pdf?u=637166001950000000)

⁶⁵ Global Fund Country Coordinating Mechanism Funding Policy https://www.theglobalfund.org/media/6376/core_country_coordinatingmechanismfunding_policy_en.pdf?u=637166001950000000

⁶⁶ <https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-rights-gender-technical-assistance-program/>

the year when the next elections for CCM members representing key populations are planned, include sufficient funds in the budget to support these elections (as agreed with representatives of key populations);

- ensure the introduction of the use of alternate CCM members in the functioning of the CCM;

- CCM members representing key populations should regularly provide their constituencies clear and up-to-date information about the work of the CCM by preparing regular reports on the activities of the CCM and by holding consultations with representatives of their constituencies on issues relating to the work of the CCM;

- CCM members representing key populations, in order to improve the quality and effectiveness of their activities in the CCM, are recommended to form advisory groups with representatives of their constituencies (preferably at least 10 participants representing different cities and age groups), with whom they regularly hold consultations on their activities in the CCM. This model of interaction has been successfully adopted by members of some delegations on the Global Fund Board;

- the CCM should ensure that civil society and government representatives alternate evenly in the positions of chair and vice-chair of the CCM;

- planning CCM meetings and developing the agenda should take place with the mandatory participation of CCM members representing key populations;

- CCM members, including representatives of key populations and their alternates, should be informed in advance (at least 5 working days) about the agenda for the upcoming CCM meeting so that they have the opportunity to discuss it with their communities and properly prepare;

- the CCM must officially include representatives of all key populations in accordance with the epidemiological situation in the country;

- staff of CCM Secretariats must continuously update and publish information about CCM activities on the website of the CCM in a timely matter, if there is no such website, one should be developed;

- CCM members – representatives of various constituencies of the non-governmental sector must closely cooperate with each other in order to uphold their common interests within the CCM, coordinate their actions, and try to establish a common position on the most important issues in advance so that it is more significant and influential;

- CCM members – representatives of the non-governmental sector should actively participate in the work of specialized committees and/or thematic working groups operating under the CCM;

- CCM members – representatives of the non-governmental sector should actively participate in the oversight activities of the CCM and be included in relevant specialized committees;

- CCM members – representatives of the non-governmental sector should actively participate in the process of developing funding applications to the Global Fund and be included in relevant specialized committees.

For representatives of key populations:

- representatives of key populations should not only independently develop all procedures and documents necessary for holding open and transparent elections within the framework of the relevant constituencies, but also ensure the participation of the widest possible range of stakeholders (and not just the members of certain local networks or coalitions);

- as part of the organization of elections, it is necessary to develop terms of reference for the CCM members and alternates elected by communities. In addition to the responsibilities and skills related to working in the CCM, the terms of reference should clearly define the mechanisms for accountability and

bilateral feedback between the CCM members and their communities;

- when holding elections for CCM members, it is necessary to elect their alternates at the same time;

- through one's representatives in the CCM, it is necessary to ensure the inclusion of funds in the CCM budget for carrying out regular elections;

- if thematic working groups were established and are operating as part of the CCM in the country, representatives of key populations should regularly take an active part in their work.