



COMPREHENSIVE PACKAGE OF HIV PREVENTION SERVICES AMONG MEN WHO HAVE SEX WITH MEN

Practical Guide
for Countries in the Region
of Eastern Europe and Central Asia

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CONVENTIONAL ACRONYMS AND ABBREVIATIONS

ART	Antiretroviral therapy
CCM	Country Coordinating Mechanism
Comprehensive package	Comprehensive package of HIV prevention services among MSM
EECA	Region of Eastern Europe and Central Asia
HBV	Viral hepatitis B (or hepatitis B virus)
HCV	Viral hepatitis C (or hepatitis C virus)
HIV	Human immunodeficiency virus
IEM	Informational and educational materials
MSM	Men who have sex with men
NGO	Non-governmental organization
PEP	Post-exposure prophylaxis for HIV
PLH	People living with HIV
PrEP	Pre-exposure prophylaxis for HIV
STI	Sexually transmitted infections
SRC	Service recipient community
UNAIDS	Joint United Nations Programme on HIV/AIDS

BASIC TERMS AND CONCEPTS

The following concepts and terms are used in this document and have the following meanings:

Outreach — process and method of reaching out to a specific target audience or community to provide information, services, or support. Active efforts to reach and include key populations, such as MSM, in prevention programs or services can be achieved through a variety of community-level and community-based outreach methods;

Basic and expanded package of services — classification of services in terms of their impact on HIV prevention among MSM. Basic services have the greatest impact on the effectiveness of HIV prevention among most MSM, so they should be a priority in planning and funding. Additional services (expanded package of services) are aimed at solving important, but less common needs and individual problems, or improving the overall quality of life of MSM, so they can be funded after the community's need for basic services has been fully met;

Infographic — visual presentation of complex data and facts in a convenient and easily digestible form using graphics, diagrams, pictures, and text. Can be used in the field of HIV prevention to develop key messages about the risks of HIV transmission, prevention methods, the availability of HIV testing, and other important information. Infographics help raise awareness, develop positive behavioral practices, and contribute to improving the health and well-being of the service recipient community;

Intervention — a comprehensive set of activities that have common objectives, scale, and volume of resources, including financial resources, to resolve a problematic situation. In the context of this document, interventions are sets of online and remote HIV prevention services among MSM;

Cybersecurity — a set of measures and technologies aimed at protecting personal information, confidential data, and online activity from cyber threats and hacker attacks. For MSM, who may use various online platforms for dating, communication, and to search for health-related information, cybersecurity is especially important. It also includes awareness of online rights and the ability to seek help in the event of a data breach or harassment;

Client — a person who receives a service by request and on the basis of their needs, in accordance with the criteria of a specific service. In this document, clients are men who have sex with men and for whom HIV poses a risk to their health;

Unprotected sex — sexual contact without using condoms or other methods of protection against the transmission of infections, including HIV;

Online outreach — a method of active engagement with the target audience via the Internet and digital platforms. This approach allows for online consultations, campaigns, webinars, and the dissemination of information on HIV, testing, and prevention. Online outreach ensures broad coverage and is a convenient way to receive information and support, especially for those who prefer anonymity or have limited opportunities to visit HIV-service organizations and health institutions. It is important to ensure confidentiality and data protection when providing online services.

Online and remote services — classification of services by the method of their implementation. Online services can be obtained anywhere without leaving home, simply by having the ability to connect to the Internet via a smartphone, computer, tablet or other device. Remote services are provided remotely and are implemented through postal services, courier services or other similar methods. Remote services also include the use of automated condom machines;

Service recipient community (SRC) — a group of people, including MSM, people who use drugs and other vulnerable groups, who require the provision of medical, informational, and counselling services to reduce the risk of HIV infection, as well as to ensure their access to effective prevention measures adapted to their needs.

Services provided at the MSM-level — this is an activity that complies with international recommendations and national health policies, carried out by organizations and/or representatives of MSM, taking into account the interests and requests of other MSM representatives to meet their needs and expectations regarding their own health and well-being, including HIV prevention. Services are provided directly in places (physical and virtual) where risky behavior in terms of HIV infection occurs, or in locations close to such places, while ensuring the quality, safety and voluntary receipt of these services by community representatives;

Chemsex — sexual practice that involves the use of psychoactive substances (PAS) before, during, or after sexual intercourse, with the aim of increasing pleasure, improving sexual experience, or removing inhibitions.

INTRODUCTION

RATIONALE FOR COMPREHENSIVE HIV PREVENTION PACKAGE AMONG MSM

As part of the pursuit of the UNAIDS “95-95-95”¹ global targets to end the AIDS epidemic by 2030, special attention is being paid to HIV prevention among men who have sex with men (MSM). Currently, general approaches and models for implementing interventions have been developed, but in the countries of Eastern Europe and Central Asia (EECA region), practical guidance is needed that takes into account specific conditions and principles presented in international guidelines.

To this end, the Comprehensive Package of HIV Prevention Services among MSM was developed as part of the projects of the Eurasian Regional Consortium “Moving Together Towards Quality and Equality: Improved Sustainable Services for ISPs in EECA” and SOS 2.0, supported by the Robert Carr Foundation, the International Charitable Foundation “Alliance for Public Health” and the Charitable Organization “100% Life”. This project is being implemented by a consortium of organizations with financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

The comprehensive package includes both traditional and innovative (online and remote) approaches to the provision of services, as well as criteria, requirements, and conditions for their provision at the community level for local adaptation. It serves as a basis for:

- ✓ Planning the process of implementing specified interventions and providing services;
- ✓ Budgeting for HIV interventions and projects;
- ✓ Developing a quality-management system and evaluating services at the organization-provider level.

The comprehensive package focuses on the prevention of the transmission of HIV, taking into account the behavioral, social, and other characteristics of MSM at the stage of service provision, including online and remote components. Other components of the service cascade (including antiretroviral therapy, developing adherence, care, and support) are provided to MSM in accordance with the general approaches and standards applicable to PLH.

The purpose of this document is to provide technical assistance to activists and community leaders in planning, budgeting and delivering HIV prevention services for MSM, based on a standardized approach that takes into account the national context and the needs of the service recipient community.

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•¹ URL: www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_ru.pdf&sa=D&source=docs&ust=1689586742474090&usg=AOvVaw3qimzENi5he7NahWHqCkDp

INTERNATIONAL GUIDELINES AND MANUALS USED AS A BASIS FOR DEVELOPING THE COMPREHENSIVE PACKAGE

SOURCE	SECTIONS USED
Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men. Practical Guidance for Collaborative Interventions. – UNFPA, 2015 ² .	“Community Empowerment” ⁵ , “Condom and Lubricant Programming” ⁶ , “Health-Care Service Delivery” ⁷ .
Technical brief on HIV and key populations. “Programming at scale with sex workers, men who have sex with men, transgender people, people who inject drugs, and people in prison and other closed settings”, The Global Fund, 2019 ³ .	“Examples of approaches and programs” ⁸ , “Comprehensive package of health-sector interventions” ⁹ .
Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. – WHO, 2014.	“Comprehensive package of interventions” ¹⁰ , “Health sector interventions” ¹¹ (the materials used relate to HIV prevention measures among MSM).
Technical Brief. Differentiated and simplified pre-exposure prophylaxis for HIV prevention (Update to WHO implementation guidance). – WHO, 2022 ⁴ .	The materials used relate to the provision of PrEP services to MSM at the community level.

- ² URL: https://www.unfpa.org/sites/default/files/pub-pdf/MSMIT_for_Web.pdf
- ³ URL: https://eecapplatform.org/wp-content/uploads/2020/03/Key-Populations-Technical-Brief_En-003.pdf
- ⁴ URL: <https://apps.who.int/iris/bitstream/handle/10665/360861/9789240053694-eng.pdf?sequence=1&isAllowed=y>
- ⁵ Id., p. 5 – 27.
- ⁶ Id., p. 61 – 84.
- ⁷ Id., p. 89 – 163.
- ⁸ Id., p. 29 – 31.
- ⁹ Id., p. 16 – 20.
- ¹⁰ Id., p. 21 – 24.
- ¹¹ Id., p. 26 – 28.

RECOMMENDATIONS ON THE IMPLEMENTATION OF THE COMPREHENSIVE PACKAGE IN COUNTRIES

WHO IS THE COMPREHENSIVE PACKAGE INTENDED FOR?

The target audience for the Comprehensive Package includes various stakeholders involved in planning, delivering, and evaluating HIV services:

Community activists — MSM, leaders and activists representing the interests of their community and key populations in Country Coordinating Mechanisms on HIV (CCM), can use the structure of the Comprehensive Package to prepare community proposals for service planning, and programmatic and budget advocacy at local and country levels.

Service-providers from the community, managers and staff of organizations involved in protecting the health of MSM can use the Comprehensive Package to provide clear requirements and criteria for the provision of services, staff training, the material and technical base, and organizational management to ensure the quality of services and the development of internal standards and procedures.

Other stakeholders, for example, managers and staff of non-governmental foundations, international cooperation programs, and government agencies funding the fight against HIV/AIDS can receive uniform, consistent information on the content of interventions, and on the criteria and requirements for the provision of services.

PRINCIPLES AND VALUES OF THE COMPREHENSIVE PACKAGE

RESPECT FOR HUMAN RIGHTS AND DIGNITY¹²

Community-based HIV prevention services are always aimed at protecting the interests and rights of clients, including the right to health, life without discrimination, confidentiality and privacy, access to important information, and freedom. Respect for dignity and observance of human rights, especially in relation to MSM, contribute to the promotion of the health and well-being of every client, as well as society as a whole.

PEOPLE-ORIENTED PROGRAMS AND SERVICES¹³

The interests of people who receive and provide HIV services have the highest priority in service planning and delivery, over the interests of institutions and organizations.

- ¹² In this regard, we adhere to the fundamental human rights principles of the UN, which guarantee a person the opportunity, provided and protected by the state, to act in a certain way to satisfy their needs. Personal human rights are fundamental and ensure the freedom of the individual.
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JOINT PARTICIPATION IN THE PLANNING AND PROVISION OF SERVICES (CO-PRODUCTION¹⁴)

The principle of joint participation involves engaging community representatives in mutual partnerships with state authorities, healthcare institutions, and other service providers in planning, delivering and monitoring HIV prevention services. This process takes into account the needs and wishes of the client in making decisions about their own health and aims to achieve results in the field of public health. A participatory approach changes the role of representatives of MSM and key populations from passive recipients of services to engaged, informed, and empowered people.

COMBINATION OF STANDARDIZED AND INDIVIDUAL APPROACHES TO SERVICE DELIVERY

For effective HIV prevention among MSM, it is important to combine standardized algorithms/criteria for the quality of service provision with the individual needs of clients. Using the Comprehensive Package as a “constructor” helps to achieve this. Each service provider must assess the client’s situation and needs, using the information received as a basis for the provision of services.

CONTINUOUS IMPROVEMENT OF QUALITY

Based on the “Plan, do, check, act” framework¹⁵, which means that the entire service-provision process should be primarily focused on effectiveness and the safety of the people receiving services.

- ¹³ Health services delivery: a concept note. Working document. / Juan Tello, Erica Barbazza. – “Health Services Delivery” program, World Health Organization. Regional Office for Europe. – 2015. – p. 10-11. – URL: https://www.euro.who.int/__data/assets/pdf_file/0020/318332/Health-Services-Delivery-A-concept-note-301015-ru.pdf
- ¹⁴ The term «co-production» in healthcare means that patients contribute to the delivery of healthcare services as partners with professional service providers.
- ¹⁵ The plan, do, check, act (PDCA) cycle is a simple, iterative management method for testing process changes or solving problems and ensuring they continually improve over time. – URL: <https://experience.dropbox.com/ru-ru/resources/pdca>
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STRUCTURE OF THE COMPREHENSIVE PACKAGE OF SERVICES

CONFORMITY OF THE COMPREHENSIVE PACKAGE TO THE CASCADE OF HIV PREVENTION SERVICES

Interventions of the Comprehensive Package cover the stages of the cascade of continuous HIV prevention and testing services, since the provision of these services should take into account the characteristics and needs of the MSM target group. The remaining interventions of the cascade (treatment, care and support) are not included in the Comprehensive Package.

LOGICAL STRUCTURE OF THE COMPREHENSIVE PACKAGE OF SERVICES

The structure includes three main interventions, each of which consists of a basic and an expanded set of services.

INTERVENTION 1: PROTECTION OF HEALTH AND WELL-BEING

Goal: Preventing the transmission of HIV and other infections, providing assistance to resolve difficult life circumstances that have a negative impact on health.

Target audience: MSM, regardless of HIV status, who have various health risks, including those related to HIV (client age is determined in accordance with national legislation).

BASIC SERVICES			EXPANDED SERVICES		
STATIONARY	ONLINE	REMOTE	STATIONARY	ONLINE	REMOTE
Distribution of condoms and lubricant	Online outreach	Mailing list Distribution via automated condom machines	Hepatitis A vaccination		

BASIC SERVICES			EXPANDED SERVICES		
STATIONARY	ONLINE	REMOTE	STATIONARY	ONLINE	REMOTE
<p>Consultations with a social worker, peer counselor, psychologist, lawyer.</p> <p>Referral consultations</p> <p>Tuberculosis screening consultation</p> <p>Regular screening and monitoring of mental health problems (depression, psychological stress)</p>	<p>Counseling on informational platforms: websites, social media, messenger apps, etc.</p> <p>Counseling via chatbots</p> <p>Counseling clients using artificial intelligence</p>		Скрининг на рак простаты		
Distribution of informational materials	<p>Development of online directories of existing service-providers (regional and national)</p> <p>Online algorithms for finding help</p> <p>Infographics of psychological and other types of support</p> <p>Online advertising (SMM) on dating sites and applications</p> <p>Re-marketing of services (listservs of clients registered in the program)</p>	Mailing list for informational materials	Screening for anal cancer		

BASIC SERVICES			EXPANDED SERVICES		
STATIONARY	ONLINE	REMOTE	STATIONARY	ONLINE	REMOTE
	Broadcasting promotional videos on HIV prevention on television channels				
Referrals via social workers			HPV vaccination		
Screening and treatment of STIs			Treatment of tuberculosis		
HCV testing		Mailing of tests	Counseling on pre-exposure prophylaxis for STIs		
Hepatitis B vaccination				Online recruiting of peer counselors	
Proctologist services for prevention of anorectal diseases (hemorrhoids, anogenital condylomatosis, paraproctitis, anal fissure, etc.)				Online training for peer counselors, medical students and physicians.	
				Online trainings for HIV activists (including on HIV, PrEP, cybersecurity, psychological safety, chemsex, burn-out, etc.),	

INTERVENTION 2: HIV COUNSELING AND TESTING

Goal: Regular testing for HIV infection, including analysis, informational and motivational talks, to ensure that clients know their HIV status and receive appropriate services in a timely manner.

Target audience: MSM for whom HIV poses a risk to their sexual health, and their partners (men, women, trans people).

BASIC SERVICES			EXPANDED SERVICES		
STATIONARY	ONLINE	REMOTE	STATIONARY	ONLINE	REMOTE
Rapid HIV testing through NGOs (testing using rapid tests, assisted testing or self-testing)		Distribution/mailling, courier delivery, use of pharmacies, parcel boxes for distribution of rapid tests (safe boxes) for self-testing	Accompaniment to a medical institution for re-testing (in order to confirm a positive rapid test result)		
Pre- and post-test consultations with a social worker and/or peer counselor, psychologist	Counseling on informational platforms: websites, social media, messenger apps, etc. Counseling via chatbots		Case management of confirmed cases: assistance with quick registration with a dispensary, assistance with additional diagnostics (viral load, CD4), rapid receipt of ART		
Referral to a specialized health care facility to confirm a positive rapid HIV test result			Index testing (testing of partners, including support in the process of disclosing HIV-positive status to a partner, inviting partners for testing, conducting testing)		

BASIC SERVICES			EXPANDED SERVICES		
STATIONARY	ONLINE	REMOTE	STATIONARY	ONLINE	REMOTE
			Information/counseling on U=U	Counseling on informational platforms: websites, social media, messenger apps, etc. Counseling via chatbots	

INTERVENTION 3: PRE-EXPOSURE PROPHYLAXIS FOR HIV (PREP)

Goal: HIV-negative people take antiretroviral drugs to protect against HIV infection.

Target audience: MSM for whom HIV poses a risk to their health.

BASIC SERVICES			EXPANDED SERVICES		
STATIONARY	ONLINE	REMOTE	STATIONARY	ONLINE	REMOTE
Counseling with a social worker before starting PrEP	Counseling on informational platforms: websites, social media, messenger apps, etc.		Creatinine test (patients under 30)		Distribution of boxes for MSM who use intravenous drugs or practice chemsex

BASIC SERVICES			EXPANDED SERVICES		
STATIONARY	ONLINE	REMOTE	STATIONARY	ONLINE	REMOTE
Motivational counseling (initial and follow-up)	Counseling on informational platforms: websites, social media, messenger apps, etc. Counseling via chatbots		Receipt of PrEP through NGOs		
Creatinine test (patients aged 49+)			Informing clients about PrEP programs, recruiting new clients.	Online materials on testing and prevention, PrEP, PEP, ART, chemsex, Online podcasts (videos for YouTube and social media) on testing and prevention, PrEP, PEP, ART, chemsex, Infographics on websites and social media, Informational and counseling platforms: websites, social media, messenger apps, etc., dedicated to prevention, testing, PrEP, PEP, ART, chemsex,	
Consultation on PrEP with a doctor					

БАЗОВЫЕ УСЛУГИ			РАСШИРЕННЫЕ УСЛУГИ		
СТАЦИОНАРНЫЕ	ОНЛАЙН	ДИСТАНЦИОННЫЕ	СТАЦИОНАРНЫЕ	ОНЛАЙН	ДИСТАНЦИОННЫЕ
Consultation with a physician or social worker on issues related to adherence to PrEP	Counseling on informational platforms: websites, social media, messenger apps, etc. Counseling via chatbots				
Receiving PrEP		Distribution of PrEP by mail or courier service			

INTERVENTION 1.

PROTECTION OF HEALTH AND WELL-BEING

The protection of health and well-being includes a variety of medical and non-medical services for MSM, which affect a person's health status and overall quality of life.

GOAL

Preventing the transmission of HIV and other sexually transmitted infections, and providing assistance to resolve difficult life circumstances that have a negative impact on health.

TARGET AUDIENCE

MSM REPRESENTATIVES for whom hiv poses a risk to their health.

STARTING CRITERIA

Services are provided to MSM who meet the following criteria, regardless of their HIV status:

Adult male, above 18 years of age ¹⁶ AND	
Sexually active AND Have different risks for HIV transmission AND	Engages in unprotected sex AND/OR
	Uses chemsex substances, in particular intravenous drugs AND/OR
	STIs from unprotected sex AND/OR Has or had in the last 12 months any STIs that significantly damage the mucous membranes of the genitals AND/OR
	Has a partner or partners who are at high risk of HIV infection (primarily injection drug use) AND/OR
	Has an HIV-positive partner with detectable viral load AND/OR
	Risk of sexual violence AND/OR Experiencing difficult life circumstances (for example, lack of permanent housing, long-term stress and depression, any type of violence, negative experiences with seeking help, illiteracy in matters of sexual health, drug addiction, social crises, including war, emergency situations, quarantine)

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• ¹⁶ In some countries, over 16 years of age, in accordance with national clinical protocols and organizational regulations.

COMPLETION CRITERIA

<i>Successful completion</i>	The client independently acquires personal protective equipment and practices safe behavior, therefore does not need the service
<i>Termination of service (termination for reasons outside the provider's control)</i>	The client is unable to receive the service from this provider for objective reasons, such as moving to another city, inability to use the Internet, death, etc.
<i>Unsuccessful termination</i>	The client refused the service and continues to engage in risky behavior.

PLANNING

The initiator of the intervention is the provider, who conducts an assessment of the needs of the target group with the participation of MSM.

The frequency and process of assessments carried out with the participation of the community are determined based on the local context and the behavioral characteristics of MSM in order to respond promptly to changing needs and situations.

Based on the results of the assessment, the service provider plans the schedule, locations and methods for the provision of services, as well as a list of specialists who will provide consultations on various issues, primarily social workers and/or peer counselors, psychologists, lawyers, and training specialists.

A search for technical specialists and/or contractors who will implement the development and maintenance of online platforms and related online activities is then carried out.

The provider develops and distributes informational materials on the subject in the format that is preferable for clients, and also makes plans for disseminating the materials (printed materials, online publication, etc.).

CONTENT OF THE INTERVENTION

Non-medical component

SERVICES	FREQUENCY AND DURATION
BASIC PACKAGE	
Provision of condoms and lubricants, motivating client to independently purchase condoms and lubricants in the future (taking into account the client's income level)	<p>Duration: minimum 1 year. If the client does not have the means to independently purchase condoms and lubricants, then the duration is ongoing, while the client is sexually active, or until the client's economic status improves.</p> <p>The quantity of condoms and lubricants and the regularity of their distribution are determined in accordance with national standards and budgetary considerations. Motivating the client to independently obtain condoms and lubricants (if they have the necessary income) begins after they have developed the required level of knowledge and behavioral pattern.</p>
Informational and motivational counseling by a social worker and/or peer counselor on reducing the risks of HIV transmission, safe behavior, and other issues	<p>Duration of consultation – 30–60 minutes depending on the topic</p> <p>Number and frequency depend on the client's needs and requests</p> <p>Meeting format – in person, by phone or online, depending on the client's needs and requests</p>
Consultation with a psychologist for psycho-emotional support and to solve various problems that affect the client's behavior and health	<p>As required, based on the client's needs</p> <p>Short-term consultation - 1-3 times within 10-15 days</p> <p>Medium-term consultation - 5-10 times within 2-3 months</p> <p>Duration of consultation - 30-60 minutes depending on the topic</p> <p>Number and frequency depends on the client's needs and requests</p> <p>Meeting format – in person, by phone or online, depending on the client's needs and requests</p>
Consultation with a lawyer on protecting rights and assistance in cases of rights violations, discrimination, or violence	<p>As required, based on client's needs</p> <p>Duration of consultation – 30–60 minutes depending on the topic</p> <p>Number and frequency depend on the needs and requests of the client</p> <p>Meeting format – in person, by phone or online, depending on the client's needs and requests</p>

SERVICES	FREQUENCY AND DURATION
BASIC PACKAGE	
Informational materials	As required, based on client's needs
Consultation on referral to other types of services	As part of the primary consultations with specialists
Accompaniment by a social worker and/or peer counselor to obtain other types of services in healthcare institutions and state-run services	As required, based on client's needs The duration depends on the operating conditions of the institution, route, and transportation.

Медицинский компонент

ACTIVITIES/ELEMENTS	FREQUENCY
BASIC PACKAGE	
Скрининг ИППП	Частота и регулярность определяется в соответствии с национальными клиническими протоколами
Лечение ИППП	Каждый раз в случае диагностики ИППП у клиента
Вакцинация от гепатита В	Частота и регулярность определяется в соответствии с национальными клиническими протоколами
EXPANDED PACKAGE	
Hepatitis A vaccination	Frequency and regularity are determined in accordance with national clinical protocols
Prostate cancer screening	Frequency and regularity are determined in accordance with national clinical protocols
Anal cancer screening	Frequency and regularity are determined in accordance with national clinical protocols
HPV vaccination	Frequency and regularity are determined in accordance with national clinical protocols

Online component

SERVICES	FREQUENCY AND DETAILS
ONLINE SERVICES	
Provision of information	
Information and counseling platforms: websites, social media, instant messengers, etc.	The number of sites and the frequency of updating the materials are determined in accordance with the goals and programs of the organization and budget capabilities.

SERVICES	FREQUENCY AND DETAILS
ONLINE SERVICES	
<i>Provision of information</i>	
Online directories of existing suppliers (at the regional and national levels)	<p>The online directory is developed once when the program of online services is launched</p> <p>The directories are updated as information is received</p>
Online algorithms for finding help, infographics about psychological and other types of support	<p>Algorithms and infographics are developed and updated in accordance with specific needs</p> <p>They are developed as a form of online support for offline services</p>
Online advertising on websites, mobile apps and dating apps	<p>The volume of advertising is determined in accordance with the organization's goals and budget capabilities</p> <p>When advertising, the high cost of placing ads (and the resulting time constraints) and security issues of the organization, including digital and informational security, are taken into account</p>
Online recruitment of peer counselors	<p>Carried out by posting a request form on the organization's website and social media</p> <p>Carried out based on the need to recruit online and offline peer counselors</p> <p>Can be carried out as a one-time action or 1-2 times a year (depending on the needs of organizations and their projects)</p>
<i>Training</i>	
Online training of peer counselors	<p>Training is carried out as a group of no less than 5 recruited peer counselors</p> <p>Online training includes a series of online lectures, seminars or trainings, totaling at least 6 hours</p> <p>The timeframe and programs are determined by the subsequent tasks of the peer counselors</p> <p>Carried out via the use of conferencing services (paid/free)</p>
Online training for medical students and doctors	<p>The training timeframe and programs are based on the goals and objectives of the program</p> <p>Training can be either a one-time meeting lasting 1.5-2 hours or a series of meetings</p> <p>Possible training formats: online lecture, online seminar, online training, etc.</p> <p>Carried out via the use of conferencing services (paid/free)</p>

SERVICES	FREQUENCY AND DETAILS
ONLINE SERVICES	
<i>Training</i>	
Online trainings for HIV activists (including on HIV, PrEP, cybersecurity, psychological safety, chemsex, burnout, etc.)	<p>Timeframe and programs are based on specific requests/needs and can be initiated by the activists themselves</p> <p>Carried out via the use of conferencing services (paid/free)</p> <p>Formats and duration are based on the requested topic and its content</p>
<i>Consultations</i>	
Information and motivational online counseling by a social worker and/or peer counselor on reducing the risks of HIV transmission, safe behavior and other issues	<p>Duration of consultation — 30-60 minutes depending on the topic</p> <p>Number and frequency depend on the client's needs and requests</p> <p>Consultation format — online (via messenger apps, email, video, audio calls, chats or voice messages), depending on the client's needs and requests</p>
Online consultations with a psychologist for psycho-emotional support and to solve various problems that impact the client's behavior and health	<p>As required, based on client's needs.</p> <p>Short-term consultation — 1-3 times within 10-15 days</p> <p>Medium-term consultation — 5-10 times within 2-3 months</p> <p>Consultation duration — 30-60 minutes depending on the topic</p> <p>Number and frequency depend on the client's needs and requests</p> <p>Consultation format — online (via messenger apps, email, video, audio calls, chats or voice messages), depending on the client's needs and requests</p>
Online consultation with a lawyer on protecting rights and assistance in cases of rights violations, discrimination, or violence	<p>As required, based on client's needs.</p> <p>Duration of consultation: 30-60 minutes depending on the topic</p> <p>Number and frequency depend on the client's needs and requests</p> <p>Consultation format — online (via messenger apps, email, video, audio calls, chats or voice messages), depending on the client's needs and requests</p>

SERVICES	FREQUENCY AND DETAILS
ONLINE SERVICES	
<i>Consultations</i>	
Online outreach	<p>Carried out based on the needs of the organization's programs, on platforms, with the format and timeframe based on need</p> <p>Can be carried out by opinion leaders, stakeholders, bloggers and other persons and may require the payment of honoraria</p> <p>May require the implementation of agreements with the platform on which it is produced (dating applications, websites, channels, etc.)</p>
Online support groups	<p>Conducted on a regular basis 1-2 times a month</p> <p>Developed on a permanent basis for a period of 3 months to a year, can be extended. Accordingly, it is important to consider the budget necessary for holding groups without interruption</p> <p>Conducted by a peer counselor, a psychologist from the organization, or a recruited specialist</p> <p>Optimal duration for a group meeting is 1.5-2 hours</p> <p>Carried out via the use of conferencing services (paid/free)</p>
<i>Monitoring and evaluation</i>	
Online community needs assessment	<p>At the start of programs and upon their completion. An interim assessment may also be conducted for the purpose of subsequent correction and balancing of programs.</p> <p>Carried out via online surveys, online interviews, online focus groups and other methods.</p>
<i>Referrals</i>	
Online consultation on referrals to other services	As part of the primary consultations with specialists
REMOTE SERVICES	
<i>Provision of information</i>	
Distribution of informational brochures and literature	Carried out at the request of the client or organization as part of prevention programs (sometimes it is part of the offline component, and accompanies the distribution of IEM to remote clients)
<i>Mailing</i>	
Mailing of condoms and lubricants, tests, PrEP, medications	Carried out centrally at the request of clients in remote areas or when it is not possible to visit the organization's office

SERVICES	FREQUENCY AND DETAILS
REMOTE SERVICES	
<i>Distribution</i>	
Automated condom machines	Usually located inside clubs, saunas and other recreational areas for community members. Installation of an automated condom machine may require approval from the institution's management and the allocation of additional budget funds.

DURATION OF IMPLEMENTATION OF THE INTERVENTION

The intervention is implemented continuously — throughout the calendar year, as long as the client has a need for services. Client accounting and calculating costs are carried out for one calendar year.

SITE OF SERVICE PROVISION

Office-based service: an accessible, convenient and safe place for the client, for example, the service provider's office, a separate office in a medical institution.

Mobile service: mobile consultation point, field route (only for distribution of protective materials, not for consultations).

Online: specialized services, platforms or messengers that provide convenience and security for the client.

RESOURCES FOR THE PROVISION OF SERVICES

- ✓ Protective materials — condoms and lubricants
- ✓ Informational materials
- ✓ Documentation and reporting forms
- ✓ Reimbursement of transportation costs for accompanying a client to a healthcare institution and state-run services
- ✓ Automated condom machines
- ✓ Postal services
- ✓ Informational platforms
- ✓ Communication services
- ✓ Ensuring the operation of an online domain, hosting; payment for online services and the work of technical specialists

MONITORING AND REPORTING

MONITORING INDICATORS

- Total number of unique clients who received various types of services over one year;
- Total number of condoms and lubricants distributed in one year;
- Average number of condoms and lubricants per client over one year;
- Total number of unique clients who visited online service platforms.

DOCUMENTATION AND RECORD KEEPING

Client registration form containing:

- ✓ general information necessary to identify the client (may contain a unique identification code and/or name, gender, age, affiliation with a vulnerable group, etc.)
- ✓ services provided to the client: (1) distribution of condoms and lubricants, (2) consultation with a social worker and/or peer counselor, (3) consultation with a psychologist, (4) consultation with a lawyer, (5) accompanying the client to a medical institution, (6) screening for STIs, (7) hepatitis B vaccination, (8) hepatitis A vaccination, (9) screening for prostate cancer, (10) screening for anal cancer.
- ✓ summary table of those who have completed training, which may contain their name, age, status (student, activist, specialist, etc.), name of the course completed
- ✓ Summary statistics based on the results of the community needs assessment
- ✓ Summary statistics on visits to IEM sites

CONCLUSION

Intervention 1 «Protection of Health and Well-Being» is aimed at preventing the transmission of HIV and other STIs among MSM. The intervention provides medical and non-medical services to clients, including social counseling, psychological support, legal assistance, the provision of protective materials and monitoring; as well as online and remote services focused on sharing information, and mailing and distributing personal protective equipment.

Key features of this intervention include a focus on adult men over 18 years of age who are sexually active and at increased risk of HIV. Criteria for initiating services include engaging in unprotected sex, the use of chemsex drugs, current or past infection with STIs, and difficult life circumstances.

The service provider conducts a needs assessment of the target group with the participation of MSM, plans the intervention, and determines the timeframe and locations of services and specialists conducting consultations. The intervention takes into account the diversity of clients, and provides informational materials that correspond to their needs and preferences.

The intervention covers a calendar year and provides services for as long as clients need assistance. Resources such as condoms, informational materials, and the reimbursement of transportation costs ensure effective operation. Online platforms are used to provide online and remote services to MSM to increase accessibility and convenience.

INTERVENTION 2.

HIV COUNSELING AND TESTING

HIV counseling and testing is a key intervention in the cascade of services to prevent the spread of HIV, as it includes diagnostic and prevention functions.

GOAL

Regular testing for HIV infection, which includes analysis, and informational and motivational talks, so that clients know their HIV status and receive appropriate services in a timely manner.

TARGET AUDIENCE

MSM for whom HIV poses a risk to their health, and their sexual partners (men, women, trans people).

STARTING CRITERIA

Services are provided to MSM that meet the following criteria:

- ✓ do not know their HIV status (have never been tested for HIV or tested negative for HIV more than six months ago)
- ✓ above 18 years of age¹⁷
- ✓ engage in any risky behavior related to HIV.

Additional criteria for HIV counseling and testing may be defined in national protocols, such as the presence of certain medical conditions.

COMPLETION CRITERIA

Successful completion	The client has been counseled and tested for HIV, received the results, and knows their HIV status.
Termination of service	The client underwent some stages of HIV counseling and testing, but did not complete them for objective reasons.
Unsuccessful termination	The client refused HIV counseling and testing for personal reasons.

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• ¹⁷ In some countries, over 16 years of age, in accordance with national clinical protocols and organizational regulations.

PROVISION PROCESS

INITIATION AND PLANNING

The intervention is initiated by the service provider, if necessary, in collaboration with a healthcare worker familiar with the local HIV epidemiological situation and the behavioral characteristics of MSM (e.g., infectious disease specialist, primary care physician, etc.).

The service provider plans to organize HIV counseling and testing at the community level, online and/or remotely, and coordinates with a healthcare institution for referrals, the confirmation of HIV diagnoses, and the initiation of medical care.

CONTENT OF THE INTERVENTION

An online and/or remote community-based HIV counseling and testing intervention includes the following steps: (1) establishing contact with the client and inviting them to the service, (2) pre-test counseling, (3) HIV testing, (4) post-test counselling.

Non-medical component

ACTIVITIES/ELEMENTS	FREQUENCY ¹⁸
BASIC PACKAGE	
Establishing contact and providing initial information about the HIV counseling and testing service (individual and/or group meeting with potential clients)	Once, 30–60 minutes
Pre-test informational and motivational counseling	Once, 30–60 minutes
Provision of an HIV test for self-testing or assisted testing	Once, as part of pre-test counseling
Post-test counseling (conducted by a social worker and/or peer counselor)	Once, 30–60 minutes
Post-test crisis counseling (conducted by a psychologist)	Once, 60–90 minutes, based on the needs and requirements of the client

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•¹⁸ URL: https://aph.org.ua/wp-content/uploads/2016/08/dkt_preview.pdf

ACTIVITIES/ELEMENTS	FREQUENCY
EXPANDED PACKAGE	
Accompaniment for re-testing	Once, as needed and as required by the client, duration depends on the location, work schedule of the healthcare institution, transport
Case management of confirmed cases	Depending on the client's needs and requirements, referral to care and support programs is recommended.

Medical component

Implemented in accordance with national clinical protocols.

ACTIVITIES/ELEMENTS	FREQUENCY
BASIC PACKAGE	
HIV testing at a healthcare institution to confirm diagnosis	In accordance with national clinical protocols.

Online component

ACTIVITIES/ELEMENTS	FREQUENCY
Consultation	
Establishing contact and initial information about the HIV counseling and testing service (individual meeting with a potential client)	Once, 30–60 minutes
Pre-test informational and motivational counseling	Once, 30–60 minutes
Post-test online consultation (conducted by a doctor in the event of a positive test result)	Once, 30–60 minutes
Post-test counseling (conducted by a social worker and/or peer counselor, includes referral to a doctor for an online consultation or referral to a medical institution)	Once, 30–60 minutes
Post-test crisis counseling (conducted by a psychologist)	Once, 60–90 minutes, based on the needs and requirements of the client
Monitoring and evaluation	
Documentation, recording, statistics, case management of confirmed cases	Registration of each client, regardless of the test result, for statistics and analysis

Remote component

ACTIVITIES/ ELEMENTS	FREQUENCY AND DETAILS
Mailing	
Mailing HIV and STI self-testing kits	At the request of the client
Distribution of informational materials (either with tests or individually) by mail	Upon request or together with tests

DURATION OF THE IMPLEMENTATION OF THE INTERVENTION

The intervention should be provided within 1-3 working days¹⁹. Online implementation of the intervention allows it to be carried out continuously as part of program implementation.

SITE OF SERVICE PROVISION

Office-based service: an accessible, convenient and safe place for the client, for example, the service provider's office, a separate office in a medical institution.

Mobile service: mobile consultation point, field route (only for establishing contact and the provision of initial information).

Online: specialized services, platforms or messengers that provide convenience and security for the client (for consultation only, with the consent of the client).

RESOURCES FOR THE PROVISION OF SERVICES

- ✓ Informational materials on HIV counseling and testing
- ✓ Self-tests and assisted tests for HIV and STIs
- ✓ Documentation and reporting forms
- ✓ Reimbursement of transportation costs for accompanying a client to a healthcare institution
- ✓ Postal services
- ✓ Informational platforms
- ✓ Communication services
- ✓ Ensuring the operation of an online domain, hosting; payment for online services and the work of technical specialists.

¹⁹ URL: <http://hiv-legalaids.org/index.php?id=1472130511>

MONITORING AND REPORTING

MONITORING INDICATORS

- ➔ Total number of clients who received HIV counseling and testing services in one year;
- ➔ Percentage of clients with negative and positive test results;
- ➔ Number of HIV self-tests distributed and number of people providing feedback on the results of self-testing.

DOCUMENTATION AND RECORD KEEPING

Client registration form containing:

- ✓ general information necessary to identify the client (may contain a unique identification code and/or name, gender, age, affiliation with a vulnerable group, etc.)
- ✓ activities/ elements of the service provided to the client:
 - (1) pre-test counseling,
 - (2) HIV testing,
 - (3) post-test counseling,
 - (4)

when providing the service offline	when providing the service online
accompanying/referring the client to a medical institution to confirm a positive result with confirmatory testing	referring the client to a medical institution or to an online consultation with a doctor

- (5)

when providing the service offline	when providing the service online
	sending test results for HIV and other STIs, IEM, by mail

- (6) referral of the client to care and support programs in case of a positive HIV test result.
- ✓ summary statistics of visits to informational platforms.

CONCLUSION

Intervention 2 «HIV Counseling and Testing» is an important measure to prevent the spread of HIV. Its goal is to ensure regular screening of MSM, including testing and informational and motivational talks, so that clients know their HIV status and receive timely services.

The target audience is MSM representatives who have HIV-related risks and do not know their HIV status.

Starting criteria include being over the age of 18, no previous HIV testing or a negative result more than six months ago, and engaging in risky behavior.

Clients can receive HIV counseling and testing through the community, offline, online or remotely.

The intervention includes the stages of establishing contact, pre-test and post-test counseling, as well as HIV testing itself. The intervention includes non-medical (basic and expanded packages for establishing contact, provision of information, counseling, support, and case management), medical (HIV testing), online (establishing contact, provision of information, and counseling) and remote (distribution of HIV tests and IEM) components.

Service providers work with healthcare workers to plan the initiation and organization of the intervention, taking into account the local epidemiological situation and the behavioral characteristics of MSM.

The intervention helps inform the client about his HIV status and ensure the timely provision of appropriate services to MSM representatives in EECA.

INTERVENTION 3.

PRE-EXPOSURE PROPHYLAXIS FOR HIV

Pre-exposure prophylaxis (PrEP) for HIV includes a medical component (testing and issuing medications) and a non-medical component (targeted supportive communication with the client when initiating PrEP and during the administration of the drug).

GOAL

Pre-exposure prophylaxis (PrEP) for HIV is the use of antiretroviral drugs by people who are HIV-negative to protect themselves from becoming infected with HIV.

TARGET AUDIENCE

MSM representatives for whom hiv poses a risk to their health.

STARTING CRITERIA

Services are provided to MSM that meet the following criteria:

have a confirmed negative HIV status
AND

above 18 years of age²⁰
AND

Failure to correctly
and/or regularly use
condoms due to:

Recent STI acquired through unprotected sex (especially a rectal infection or syphilis)
AND/OR

Recent need for post-exposure prophylaxis
AND/OR

Use of psychoactive substances for chemsex, especially intravenous drugs
AND/OR

Cases of sex under the influence of alcohol/drugs
AND/OR

HIV-positive partner with detectable viral load
AND/OR

Has partner or partners who are at increased risk of HIV infection (primarily due to injection drug use)
AND/OR

Risk of sexual violence

Priority groups for the provision of PrEP may also be identified in national/local HIV strategies or clinical guidelines.



²⁰ In some countries, over 16 years of age, in accordance with national clinical protocols and organizational regulations.

COMPLETION CRITERIA

Successful completion	The client has started PrEP and is committed to taking it for the time required.
Termination of service	The client completed all stages of the intervention but did not start PrEP due to objective circumstances, including the incompatibility of PrEP with his health condition.
Unsuccessful termination	The client refused to take PrEP due to personal reasons or a failure by the provider to provide services.

INITIATION AND PLANNING

The intervention is initiated by the provider in collaboration with a healthcare worker familiar with the local HIV epidemiological situation and the behavioral characteristics of MSM (e.g., infectious disease specialist, primary care physician, etc.).

The provider, together with the healthcare worker, plans the priority groups of MSM to receive PrEP and the number of clients recruited, taking into account the needs of the target group, based on national (country) HIV response programs, the resource capabilities of healthcare institutions (primarily, the availability of PrEP drugs), as well as the possibility of recruiting clients through online services.

When planning an intervention, it is necessary to consider different subgroups of clients depending on their level of willingness, their needs, and ability to adhere to the PrEP regimen:

Client with normal needs — after the initial consultation, is willing to independently undergo all necessary medical examinations and visits to obtain PrEP, as well as to comply with the intake of PrEP drugs for the duration of the required regimen.

Client with additional needs — due to individual behavioral characteristics, requires additional consultations and support, including physical support, at all stages of service provision. Individual behavioral characteristics may include, among other things, the use of psychoactive substances, experience with violence, internalized stigma (self-stigmatization), physical or mental illnesses, etc. Living conditions may be associated with poverty, restrictions on freedom of movement, remote residence far from healthcare institutions, etc.

CONTENT OF INTERVENTION

The PrEP intervention includes the following stages: (1) initiation of PrEP and (2) support for adherence. Each stage includes a set of medical and non-medical, online and remote interventions/services tailored to the client's needs and specificities.

Medical component

Implemented in accordance with national clinical protocols.

ACTIVITIES/ELEMENTS	FREQUENCY
BASIC PACKAGE	
HIV testing	In accordance with national standards
Creatinine test for clients aged 49+	Once, or in accordance with national clinical guidelines
Consultation with a doctor for prescription of medications	In accordance with national standards
EXPANDED PACKAGE	
HBsAg testing	Once, at the beginning or within 1-3 months after starting the drugs
HCV testing	Annually, at the beginning or within 1-3 months after starting the drugs
Creatinine test for patients under 30	Once, or in accordance with national clinical guidelines
STI testing	Annually, or in accordance with national clinical guidelines
In case of diagnosis of STIs – provision of treatment	When necessary
Medical counseling on PrEP side-effects	When necessary

Non-medical component

ACTIVITIES/ELEMENTS	FREQUENCY AND DURATION	
	<i>For clients with normal needs</i>	<i>For clients with additional needs</i>
Initial information about PrEP, criteria for provision, advantages and limitations (individual and/or group meeting with potential clients)	1 time, 30-60 minutes	1 time, 30-60 minutes
Individual motivational counseling for initiation of PrEP	1-2 times, 45-60 minutes each	2-3 times, 45-60 minutes each
Follow-up motivational counseling (individual and/or group meeting)	1-2 times, 45-60 minutes each	3-5 times, 45-60 minutes each
Communication with the client by phone or instant messengers at the stage of initiating drug intake and during the process of ensuring adherence (if necessary)	1-3 times, 10-15 minutes each	5-10 times, 10-15 minutes each

ACTIVITIES/ELEMENTS	FREQUENCY AND DURATION	
	<i>For clients with normal needs</i>	<i>For clients with additional needs</i>
Accompanying client to a healthcare institution	—	1-2 times, duration depends on the operating conditions of the healthcare institution, route, transport.
Communication with a healthcare professional, documentation	1-3 hours	1-3 hours

Online component

ACTIVITIES/ELEMENTS	FREQUENCY AND DETAILS
Provision of information	
Online materials on testing and prevention, PrEP, PEP, ART, chemsex.	Regularly, as part of information about prevention. It is recommended to include all topics consistently, without leaving gaps in the knowledge of service recipients.
Online podcasts (videos for YouTube and social media) with information on testing and prevention, PrEP, PEP, ART, chemsex	Based on the needs of the program. It is recommended to involve experts, bloggers, HIV activists, social workers/peer counselors, etc. in the filming.
Infographics on websites and social media	In accordance with the programs. May contain online algorithms for obtaining PrEP, access to specialists, research results, etc.
Informational and counseling platforms: websites, social media dedicated to prevention, testing, PrEP, PEP, ART, chemsex	According to the needs of the program: this can be implemented by creating separate motivational pages and channels or allocating sections in them to inform the MSM group about issues related to PrEP, PEP, ART, chemsex
Consultations	
Online consultation with a doctor	Annually, at the beginning or within 1-3 months after starting the drug, 1-3 hours
Online consultations with “peer” counselors (initial information, motivational counseling, follow-up counseling)	As needed or for referral to doctors. Individual format. Consultation time: 30-60 minutes.
Online outreach on social media and mobile applications	Used to promote PrEP and inform the MSM group about PrEP, as well as for primary counseling and referral to an online consultation and/or a consultation with a doctor

Remote component

ACTIVITIES/ELEMENTS	FREQUENCY AND DURATION
Distribution of PrEP by mail	One-time or regular, depending on the program budget and the legislative possibilities of the country
Distribution of HIV and STI tests for self-testing by mail	1-4 times a year per person
Distribution of informational booklets about PrEP, PEP, ART, chemsex by mail	Together with self-test packages or upon request

DURATION OF THE IMPLEMENTATION OF THE INTERVENTION

The intervention can be provided on an ongoing basis throughout the year.

Stage of initiating PrEP — 7-10 working days.

Stage of providing support for adherence — 3-6 months²¹.

The IEM posted on the Internet can be used on an ongoing basis as reference material, and may be used by social and outreach workers to support their work and to refer the client to more detailed information.

IMPORTANT! Information on online platforms should be reviewed and updated at least once every 6 months.

SITE OF SERVICE PROVISION

Office-based service: an accessible, convenient and safe place for the client, for example, the service provider's office, a separate office in a medical institution.

Online service: specialized platforms or messenger apps that provide convenience and security for the client (only for consultations, with the consent of the client).

Remote service: through postal services.

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•²¹ URL: <https://bpcv-risk.com/articles/priverzhennost-lecheniyu-ssz/1192-Metody-otcenki-kontrolya-i-povysheniya-priverzhennosti-terapii>

RESOURCES FOR THE PROVISION OF THE SERVICE

- ✓ Informational materials on PrEP
- ✓ Documentation and reporting forms
- ✓ Reimbursement of transportation costs for accompanying a client to a healthcare facility
- ✓ Postal services
- ✓ Informational platforms
- ✓ Communication services
- ✓ Ensuring the operation of an online domain, hosting; payment for online services and the work of technical specialists.

MONITORING AND REPORTING

MONITORING INDICATORS

- ➔ Total number of unique clients who received various types of services over one year;
- ➔ Percentage of clients demonstrating adherence to PrEP within 6 months of initiating the service;
- ➔ Total number of tests and courses of PrEP that were distributed over one year;
- ➔ Total number of unique client who visited the platform(s) to receive the online service.

DOCUMENTATION AND RECORD KEEPING

Client registration form containing:

- ✓ general information necessary to identify the client (may contain a unique identification code and/or name, gender, age, affiliation with a vulnerable group, etc.)
- ✓ activities/elements of the service provided to the client: (1) informational discussion, (2) motivational counseling, (3) accompanying the client to a medical facility or referral for an online consultation with a doctor, (4) adherence support, (5) sending a test, package, PrEP, informational materials by mail, online/offline.
- ✓ summary statistics of visits to informational platforms.

CONCLUSION

Intervention 3 “Pre-exposure prophylaxis for HIV (PrEP)” is used to prevent HIV infection in people with negative HIV status. The main goal of the intervention is to provide antiretroviral drugs for pre-exposure prophylaxis of HIV to MSM at risk of HIV transmission to protect their health.

The intervention is aimed at MSM who have a confirmed negative HIV status, are over 18 years old, and risk HIV transmission in various ways, such as unprotected sex, use of psychoactive substances during chemsex, current or past infection with STIs, as well as difficult life circumstances.

The PrEP intervention offers different approaches depending on the level of willingness and needs of clients. Some clients may be able to independently follow instructions to obtain the drugs, while others may need additional support and counseling, especially if they have specific individual characteristics or limitations.

The intervention includes the stages of initiating the drugs and support for adherence. Each stage involves medical and non-medical measures such as the provision of information, counseling, testing, and the distribution of informational materials, tests and PrEP.

The service provision site includes provider offices, individual offices in medical institutions, as well as online platforms and messenger apps with the client’s consent. A variety of resources are needed for the program to function successfully, such as informational materials, documentation, compensation for transportation costs, postal services, and communication services.

Program monitoring and reporting are based on key indicators such as the number of clients exhibiting adherence to PrEP and drug distribution among MSM.

The introduction of PrEP in EECA countries is an important and long-term measure to reduce the risk of HIV transmission among MSM and improve their overall health and well-being.






ADDITIONAL SECTIONS TO THE COMPREHENSIVE PACKAGE OF SERVICES FOR THE PREVENTION OF HIV INFECTION AMONG MEN WHO HAVE SEX WITH MEN

CREATING AN ENABLING ENVIRONMENT FOR THE IMPLEMENTATION OF HIV PREVENTION PROGRAMS AMONG MSM

The provision of HIV prevention services to men who have sex with men should be carried out in accordance with uniform principles and practical approaches. However, it is also necessary to take into account the unique context of each country in the EECA region, which have various political, legal, economic, social and other characteristics.

Therefore, when developing HIV programs for MSM, it is necessary not only to calculate and justify the number of services that make up the interventions²², but also to plan comprehensive activities that will be aimed at creating an enabling environment for the provision of these services.

This section presents the key activities that are important for creating an enabling environment at the country and/or community level:

-  Advocacy
-  Protection of human rights
-  Mobilization and capacity-building of MSM
-  Reducing stigma and discrimination
-  Countering violence

The description of these activities is conceptual and recommendatory in nature, and provides a general approach for service providers and donors to plan project activities in accordance with their country context.

²² This refers to the interventions and basic and expanded HIV prevention services for MSM, which are listed in the main section of this Comprehensive Package.

ACTIVITY 1. ADVOCACY







KEY POINTS

Advocacy — a process aimed at changing policy/legislation and practice to achieve the desired changes in the lives of MSM.

An **advocacy issue** is defined as a situation that negatively impacts the living conditions of MSM and communities and their access to health services. The cause of the advocacy issue is usually related to the content of an official document, such as a law, regulation, government decision, etc.



Depending on the nature of the problem, advocacy can be implemented at **various levels**: national (e.g. laws and orders of ministries), local (e.g. decisions of local authorities) and institutional (e.g. internal administrative documents).

SAMPLE TASKS AND ACTIVITIES

-  Collection of information and analysis of regulatory and legal acts that affect the provision of HIV services for MSM.
-  Preparation of expert proposals by MSM on amendments to legislative and regulatory documents.
-  Initiation of the development of new state and/or local programs to combat HIV or in other areas of activity that relate to the health of MSM.
-  Budget advocacy for the purpose of planning and allocating funds from state and/or local budgets for the provision of services to MSM.
-  Trainings for legislators, representatives of government agencies and institutions to develop an understanding of the needs of MSM and the basics of prevention programs.
-  Work with the media and providing information to support advocacy activities to develop a supportive public opinion.

LINK WITH OTHER ACTIVITIES

It is recommended to plan and conduct advocacy activities in coordination with other areas of activity, including:

-  Mobilization and capacity-building of MSM – training community leaders and activists .
-  Protection of human rights, reducing stigma and discrimination, combating violence – documenting life experiences and monitoring for analysis and development of proposals for change.

ACTIVITY 2. PROTECTION OF HUMAN RIGHTS

KEY POINTS









The protection of human rights is an approach that is based on the recognition of the fact that human rights are the inalienable entitlement of all human beings, without distinction of any kind based on race, color, sex, language, religion, national or social origin, health status, gender identity, sexual orientation or any other aspect²³.

Human rights and HIV are inextricably linked. Violations of human rights have a significant impact on the implementation of HIV programs through:

- ✓ Increasing vulnerability to HIV, especially among key populations, including MSM .
- ✓ Increasing stigma and discrimination, and hate speech, which can lead to violence against people living with HIV and key populations.
- ✓ Supporting discriminatory, coercive and punitive approaches that hinder the implementation of effective and evidence-based interventions in countries.

Men who have sex with men may experience greater human rights violations due to their sexual orientation and practices, self-expression, health conditions, and other reasons. Therefore, activities aimed at protecting the rights of MSM should take into account the specificities and needs of this group.

SAMPLE TASKS AND ACTIVITIES

-  Providing professional legal consultations to MSM, including on issues of access to HIV services and medical care
-  Training community representatives to be paralegals, organizing their activities
-  Protecting the rights of MSM in court
-  Monitoring human rights violations and analyzing the facts obtained in order to plan advocacy campaigns
-  Documenting cases and life stories of MSM involving human rights violations
-  Informational and educational activities to increase the legal literacy of MSM
-  Organizing trainings for representatives of law enforcement agencies, courts and other bodies to develop an understanding of the specifics of protecting the rights of MSM
-  Working with the media and providing information to support activities aimed at protecting human rights in order to develop a supportive public opinion

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• ²³ URL: <https://www.un.org/ru/about-us/un-charter/full-text>

LINK WITH OTHER ACTIVITIES

Human rights activities should be planned and carried out in coordination with other activities, including:

- ✓ Mobilization and capacity-building of MSM — training paralegals, community leaders and activists to monitor human rights violations and document cases
- ✓ Reducing stigma and discrimination, combating violence — documenting and monitoring lived experiences for response and assistance
- ✓ Advocacy 3 summarizing and analyzing the results of monitoring and documented cases to initiate changes to legislative and regulatory acts.

USE OF THE COMPREHENSIVE PACKAGE

The Comprehensive Package of HIV Prevention Services among Men Who Have Sex with Men is a valuable tool for multi-level use, which takes into account both organizational and macro-level (city/region, country) aspects of work with MSM and HIV.




At the organizational level:

- ⊕ Development of NGOs specializing in work with LGBT people and MSM: to implement comprehensive programs that include HIV informational campaigns, HIV testing, counseling and support, as well as the distribution of personal protective equipment and PrEP;
- ⊕ Training staff on the principles of kindness, impartiality, respect for rights and confidentiality: to reduce stigma and improve the quality of services provided.
- ⊕ Monitoring and evaluation: for the system of monitoring and analyzing the results of the organization;
- ⊕ For coordinators: when planning programs, assessing resources, preparing budgets, defining performance indicators, training staff, maintaining records and accounting;
- ⊕ For peer counselors: to take into account needs, the volume of medical and non-medical services, as well as the different methods for their provision;
- ⊕ For psychologists: when developing and implementing more effective methods of psychological intervention and support for MSM;

At the city/regional level:

- ⊕ To improve interaction with government agencies, in particular the healthcare system and AIDS centers, to better understand the specificities and needs of the community, as well as to plan and implement service delivery formats;
- ⊕ When building local coalitions and alliances to coordinate efforts;
- ⊕ Educational campaigns: to reduce stigma against MSM and raise awareness about HIV;

At the country level:

-  For national Country Coordinating Mechanisms (CCMs): when planning and implementing HIV strategies, budget advocacy, formulating national programs and applying for grants from GFATM and other donors;
-  National strategies: to identify priority areas and metrics for assessing success;
-  Donors and international organizations: for adequately funding programs and projects in the region.

In addition to the package, a costing tool has been developed to estimate the costs of providing these services to MSM over three years at three levels. It takes into account the range of services provided and their coverage, the program staff involved, the number and cost of handouts, service administration and possible additional services. It helps to plan the budget and optimize the quantity and quality of services needed. Contact ECOM's Secretariat in order to obtain the tool and instructions for its use.

