



The Global Fund New Funding Model and Country Dialogue: Involvement of MSM and Transgender People in Eastern Europe and Central Asia

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Eurasian Coalition on Male Health (ECOM), 2015

The report was prepared by Marcus Oda.

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The document is produced by the Eurasian Coalition on Male Health (ECOM), a network of organizations and activists working in the region of Eastern Europe and Central Asia. We aim to create favourable conditions to ensure that men who have sex with men and transgender people have access to services in the field of sexual and reproductive health, including HIV, that based on evidence and respect for their human rights.

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Eurasian Coalition on Male Health
Mardi 3
Tallinn 10113
Estonia
Phone: +372 5684 7024
www.ecomnetwork.org

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List of Abbreviations

| | |
|-------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| CCM | Country Coordinating Mechanism |
| ECOM | Eurasian Coalition on Male Health |
| EECA | Eastern European and Central Asian Region |
| HIV | Human Immunodeficiency Virus |
| LGBT | Lesbian, gay, bisexual and transgender |
| MSM | Men who have sex with men |
| NGO | Non-Governmental Organization |
| PLHIV | People living with HIV |
| PLWD | People living with the disease |
| PR | Principal Recipient |
| TG | Transgender |
| UN | United Nations |
| UNFPA | United Nations Population Fund |

Executive Summary

The report assesses the engagement of men who have sex with men (MSM) and transgender people in the country dialogue and other national HIV/AIDS planning processes in countries in Eastern Europe and Central Asia (EECA). Using desktop review of available documents on national HIV programs and informal monitoring reports from Armenia, Belarus, Kazakhstan, Tajikistan, and Ukraine, the report examines country coordinating mechanisms, national HIV/AIDS programs, as well as the structural barriers that prevent the active participation of the MSM and transgender communities in country dialogue processes in EECA.

MSM and transgender people are key populations at a high risk of HIV infection. However, they are unable to contribute their expertise and share their experiences within the context of the country dialogue in EECA. In many cases, MSM and transgender people are completely excluded from the country dialogue, CCMs, and from other HIV/AIDS planning processes. Even where MSM or transgender groups are represented, the actual extent of their influence remains low.

While most national HIV/AIDS plans in EECA recognize MSM as a key population at higher risk for HIV infection, the programs aimed at MSM are underfunded or not funded at all, and the importance of human rights interventions as an effective component of HIV response among MSM is overlooked. The transgender community has been completely left out of national HIV/AIDS strategies and plans, either as its own group or as a subgroup that may fall into other key populations.

MSM and transgender people in EECA face numerous structural and social barriers that prevent meaningful participation in the country dialogue: discriminatory laws and practices, a lack of resources for community-based organizations, and a general lack of knowledge among MSM and transgender people about the country dialogue process.

As the Global Fund emphasizes participation of all stakeholders and challenges, the absence of MSM transgender people in the country dialogue challenges the legitimacy of the processes in the region.

The report makes a number of recommendations to governments, country coordinating mechanisms, and to LGBT and MSM activists and organizations. With these recommendations, ECOM hopes to contribute to an increased and meaningful involvement of MSM and transgender people in the Global Fund country dialogue process, to improve the human rights climate in EECA with respect to MSM and transgender people, and to reduce stigma and discrimination against these groups.

I. Introduction

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) is an international organization working to accelerate the end of AIDS, tuberculosis and malaria as epidemics. It operates as a partnership between governments, civil society, the private sector, and people affected by these diseases. With funds totaling nearly US\$4 billion a year, the Global Fund invests in programs run by local experts in more than 140 countries.¹

In early 2013, the Global Fund launched its New Funding Model. This model is intended to support enhanced flexibility, predictability, and simplicity in the application process and to promote greater engagement of a diverse group of stakeholders in all Global Fund activities. In addition, the New Funding Model aims to improve the impact and management of Global Fund grants.²

A key feature of the New Funding Model is the Country Dialogue. This process aims to ensure the inclusion of civil society and key populations, including men who have sex with men (MSM) and transgender people (TG), in national HIV/AIDS program planning processes. The Country Dialogue is meant to be an inclusive, ongoing, consultative process at the country level and should inform all stages of the New Funding Model process. In addition, the Country Dialogue should build upon existing coordination mechanisms in health and development that are already taking place between governments, donors, technical partners, civil society, and key populations. The Country Dialogue is not limited to the Global Fund, but should be related to the country's overall response to epidemics, whether in conjunction with Global Fund grants or not.³

Country Coordinating Mechanisms (CCMs) play a leading role in the Country Dialogue process and coordinate the discussions leading up to the submission of the Global Fund concept note. Concept notes are the mechanism to request financing from the Global Fund and should be based on the national strategic plan or an investment case. The Country Dialogue is one of the main criteria in assessing whether concept notes and applications for funding are robust.⁴

This report will assess the engagement of the MSM and TG communities in the Country Dialogue and national HIV/AIDS program planning processes in countries in

¹ <http://www.theglobalfund.org/en/about/>

² <http://www.theglobalfund.org/en/fundingmodel/GlobalFund>

³ <http://www.theglobalfund.org/en/fundingmodel/process/>

⁴ *Id.*

the Eastern European and Central Asian regions (EECA). Within this region, MSM and TG is one of the key populations at a high risk of HIV infection. A number of factors work together to amplify the impact of the epidemic among these communities and preclude MSM and TG from meaningfully participating in the country dialogue process and contributing to HIV/AIDS program planning. Using informal monitoring reports from Armenia, Belarus, Kazakhstan, Tajikistan, and Ukraine, which provided valuable information about CCMs, national responses to the HIV/AIDS epidemic, and MSM and TG communities, this report will examine CCMs and other alternative bodies involved in the country dialogue process. It will also discuss national HIV/AIDS programs, as well as the structural barriers, such as stigma and the lack of human rights protections, that prevent the active participation of the MSM and TG communities in country dialogue processes in the EECA region.

II. Country Coordinating Mechanisms in EECA

Country Coordinating Mechanisms are essential to guaranteeing local ownership and participatory decision-making within the context of the Global Fund. They must ensure active participation of all interested stakeholders, democratic decision-making, complete transparency, joint partnerships, and effective activities. CCMs involve country-level multi-stakeholder partnerships that are responsible for developing and submitting grant proposals to the Global Fund based on national priorities and needs. Once a Global Fund grant is approved, CCMs are tasked with overseeing progress during implementation. CCMs should include representatives from the public and private sectors, including governments, multilateral agencies, non-governmental organizations, academic institutions, private businesses and people living with the diseases (PLWD). For each grant received, the CCMs should nominate one or more public or private organizations to serve as Principal Recipients (PR), which are tasked with the financial and programmatic responsibility for the grant.

According to Global Fund guidelines, CCMs have a number of core functions. These include coordinating the development and submission of national proposals, nominating the PR, overseeing implementation of the approved grant and submitting requests for continued funding, approving any reprogramming and submitting requests for continued funding, and ensuring linkages and consistency between Global Fund grants and other national health and development programs. Moreover, within the context of the New Funding Model, CCMs are expected to play a stronger leadership role. This will allow CCMs to effectively coordinate discussions surrounding the development of HIV/AIDS programs at the country level and to convene stakeholders to engage in inclusive country dialogue and agree on division of funding.⁵

Among the five EECA countries surveyed for this report, each has a functioning CCM that is responsible for directing the country dialogue. These CCMs meet two to three times a year on average and are comprised of government representatives (GOV), multilateral and bilateral development partners (ML/BL), non-governmental organizations (NGOs), faith-based organizations (FBO), private sector representatives (PS), and PLWD. Government ministries generally appoint their own representatives. In Belarus, representatives of NGOs and other stakeholders must apply to the CCM and are approved by existing members, a process regulated by codified procedures.

⁵ <http://www.theglobalfund.org/en/ccm>

Meanwhile, Armenia has yet to establish any regulations regarding the election of NGO representatives.⁶

The CCM Secretariats are responsible for informing members and other interested parties of upcoming meetings and elections and for distributing the agendas and minutes from each CCM session. Such information is often available on the CCM website or are sent via e-mail or official post.

The following table represents the makeup of each country's CCM in 2014 and shows the number of representatives from the following groups: government representatives, multilateral and bilateral development partners, non-governmental organizations, PLWD, and other stakeholders (OTH):⁷

| | GOV | ML/BL | NGO | PLWD | OTH |
|-------------------|-----|-------|--------------------------|----------------|---------------------|
| Armenia | 10 | 4 | 9 (1-MSM) | 2 (1-PLHIV) | 3 (FBO, EDU, PS) |
| Belarus | 10 | 5 | 9 (1-MSM) | 3 (2-PLHIV) | 2 (FBO, PS) |
| Kazakhstan | 6 | 3 | 9 (1-TG) ⁸ | 6 (4-PLHIV) | 1 (EDU) |
| Tajikistan | 10 | 3 | 8 | 0 | 1 (FBO) |
| Ukraine | 13 | 2 | 9 | 3 (2-PLHIV) | 22 (EDU, PS) |

One of the key operating principles of the CCM is to ensure active participation of all interested stakeholders. This includes not only government ministries and international organizations, but also NGOs, representatives of key populations and PLWD, as well as faith-based organizations, academic institutions, and private sector stakeholders. These civil society actors are often able to provide valuable input and a variety of perspectives to the country dialogue.

⁶ Техническое задание представителя неправительственного сектора в Страновом координационном комитете Республики Беларусь по взаимодействию с Глобальным фондом для борьбы со СПИДом, туберкулезом и малярией; Gevorgyan, Ashot, *National Country Dialogue and MSM/TG Engagement in Armenia*.

⁷ Global Fund, *2014 CCM Composition Report*, available at <http://www.theglobalfund.org/en/ccm>; Web sites of national CCMs: Armenia <http://ccmarmenia.am/eng/members>; Belarus <http://www.aids.by/ckk/index.php>; Kazakhstan <http://www.ccmkz.kz/meeting>; Tajikistan <http://ncc.tj>; Ukraine <http://dssz.gov.ua/index.php/en>.

⁸ During preparation of this report, an MSM representative was elected to the new Kazakh CCM for 2015-16.

Of the CCM's surveyed, government representatives comprise roughly 25-45% of all members. Only two CCMs include representatives of the MSM community (Armenia and Belarus), while only Kazakhstan has a TG representative active on its CCM. Although these statistics seem indicate that MSM and TG representatives are involved in CCMs and the country dialogue, upon further examination it is clear that their participation often has no meaningful influence over the decision-making process and their input is not valued by other members of the CCMs.

Even where MSM or TG are nominally represented, such as in Belarus, other barriers may limit the level of meaningful involvement of these communities in the country dialogue process. For instance, in Belarus, one MSM organization, "Vstrecha," is represented on the CCM.⁹ Vstrecha is legally registered according to Belarusian law and represents the interests of the MSM community. It has participated in the country dialogue process in Belarus and has a member on the CCM, as well as on the Advisory Committee on Monitoring and Evaluation of the HIV/AIDS Situation (Консультативный совет по мониторингу и оценке ситуации по ВИЧ/СПИД). In addition, Vstrecha was involved in the development of the 2014-15 National HIV/AIDS Response Plan. However, Vstrecha's involvement in Belarus' country dialogue has not been without problems. Aleksandr Poluyan, Vstrecha's MSM representative in the CCM, directed an open letter to the CCM Secretariat, announcing his refusal to participate in further CCM proceedings due to a lack of a reciprocal relationship between the Secretariat and himself. He claimed that all questions or comments he directed to the CCM Secretariat had been ignored completely.¹⁰ The CCM Secretariat's lack of engagement with its sole MSM representative suggests that, even where MSM are represented in the country dialogue, their input and experience is not being taken into serious consideration. Furthermore, the involvement of MSM individuals outside of Vstrecha remains quite low, while representation of the TG community in the CCM or in other country dialogue processes in Belarus is nonexistent.¹¹

This situation is mirrored in Kazakhstan with respect to the transgender community. The Public Organization "Amulet" nominally represents the interests of the transgender community in the Kazakh CCM. However, in Kazakhstan, TG are not

⁹ Eryomin, Oleg, *Мониторинг национального диалога и вовлеченности МСМ/ТГ в Республике Беларусь*, p. 2.

¹⁰ Полуян, Александр, *Обращение представителя группы МСМ по поводу работы СКК*, <http://www.vstrecha.by/ru/2009-09-23-08-49-16/1352-2013-12-06-21-37-09.html>.

¹¹ *Id.* at 3.

considered a key population at high risk of HIV infection.¹² Although MSM are recognized as a key population in theory, in practice the HIV/AIDS epidemic among MSM receives little attention. From 2014 no activities targeting either group have received Global Fund funding.¹³ As in Belarus, this outcome calls into question the extent to which MSM and TG groups are able to influence the country dialogue and HIV/AIDS program planning, even when they do have representation in CCMs.

In Ukraine, the CCM has no members from MSM or TG organizations, however, there are members from other NGOs that work with these communities.¹⁴ Despite this collaboration, the absence of any MSM or TG involvement in the country dialogue remains particularly evident. The Ukrainian CCM coordinates a number of working groups tasked with developing documents and action plans related to specific areas of the national HIV/AIDS program. More than 200 individuals were nominated to participate in these working groups; none of them represented the MSM or TG communities.¹⁵

In Tajikistan, there are no representatives of the MSM and TG communities in the CCM, nor are there other NGOs that effectively advocate for and represent their interests.¹⁶ The only organization working openly for the interests of the MSM and LGBT communities in Tajikistan is “Equal Opportunities.” However, the organization has no members involved in the CCM, an absence that explains the total lack of MSM and TG participation in the country dialogue of Tajikistan.¹⁷

These monitoring reports have shown that MSM and TG groups are unable to contribute their expertise and share their experiences within the context of the country dialogue. In many cases, these groups are excluded completely from the country dialogue, CCMs, and from other HIV/AIDS program planning processes. However, even where MSM or TG groups are represented at the national or community level, the actual extent of their influence remains quite low. The Global Fund New Funding Model emphasizes the importance of country dialogue, the role of CCMs in the development of national HIV/AIDS programs, and the need for input and expertise from

¹² Vinogradov at 8.

¹³ Vinogradov at 6, 9.

¹⁴ Gevorgyan at 5; Filippau, Dzmitry, *National Country Dialogue and MSM/TG Engagement: Ukraine*, p. 4-5.

¹⁵ Filippau at 5.

¹⁶ Vinogradov, Vitaliy, *National Country Dialogue and MSM/TG Engagement Monitoring Guide: Republic of Kazakhstan*, p. 4; Gulov, Kiromiddin, *Мониторинговый отчет: Страновой диалог и участие МСМ/ТГ*, p. 2.

¹⁷ Gulov at 3.

all stakeholders, including key populations, such as MSM and TG. Nevertheless, the MSM and TG communities remain severely underrepresented in these processes. As a result, countries in the EECA region are losing out on valuable input and experience from key populations affected by the HIV epidemic. Moreover, these communities are unable to advocate for their interests and ensure that they receive the proper knowledge, treatment, and care.

III. National HIV/AIDS Programs

The development of national HIV/AIDS programs plays a key role in combatting the HIV/AIDS epidemic in the EECA region. Armenia, Belarus, Kazakhstan, Tajikistan, and Ukraine all currently have active national plans to respond to the HIV/AIDS epidemic. In order to develop effective and informed responses to the epidemic, the CCMs and national health ministries must rely on accurate epidemiological data and input from a wide range of stakeholders and communities affected by the disease. Thus, the country dialogue plays a crucial role in ensuring that the relevant bodies receive a wide range of input from all stakeholders, as well as accurate and reliable data. In turn, this allows the development of HIV/AIDS programs that are comprehensive, inclusive, and responsive to the needs of all those affected by the disease.

Despite the generally inadequate levels of involvement of the MSM and TG communities in the country dialogue of these countries, MSM are considered a key population in each of the five countries' national HIV/AIDS program. Special activities are aimed at key populations to decrease incidence of the disease and to increase the services available to them. For instance, in Ukraine, a special program to provide prevention services and treatment to key populations is a significant part of the "National Target Program of Social Response to HIV/AIDS for 2014-2018."¹⁸ While Belarus' State Program on HIV for 2011-15 also includes HIV prevention among vulnerable groups as one of its main goals.¹⁹

Ukraine and Kazakhstan are notable for their inclusion of social and human rights, as well as medical, interventions in national HIV/AIDS programs. While the importance of medical and public health approaches to fighting the epidemic cannot be underestimated, social and human rights interventions, particularly ones focused on key populations, are invaluable tools to ensure that these communities have the knowledge to decrease their risk of infection and the ability to access important health services. As part of an effort to facilitate HIV prevention among key populations, the Kazakh program includes plans for seminars on the rights of key populations, aimed at local and central government officials, the police, journalists, NGOs, and others.²⁰ In Ukraine, the National Target Program aims to ensure the formation of tolerant attitudes towards and a reduction of discrimination against people living with HIV. However, this initiative

¹⁸ Filippau at 3.

¹⁹ Eryomin at 3.

²⁰ Vinogradov at 2.

does not specifically target stigma and discrimination against MSM or TG people.²¹ Nevertheless, such human rights-based interventions are an important part of HIV/AIDS programs. Unfortunately, in many countries, national HIV/AIDS programs are strongly focused on medical interventions and ignore the human rights issues that play a large role in the epidemic.

Epidemiological and behavioral data play a crucial role in the development of national HIV/AIDS programs. In order to develop programs that effectively respond to the epidemic, data must be accurate, reliable, and report on all communities affected by the disease. The quality of epidemiological and behavioral data on MSM and TG in the EECA region varies greatly.²² In Armenia, MSM are included in the biannual national Biological and Behavioral Survey. The relevant parties generally have sufficient demographic, epidemiological, and behavioral data on MSM in Armenia to inform HIV/AIDS program development.²³ The TG community, however, is not included in the national Biological and Behavioral Survey.

However, in countries such as Tajikistan and Kazakhstan, the quality of such data has been called into question. In Kazakhstan, official reports based on sentinel surveillance conducted among MSM show that estimate the prevalence of HIV among this group at 1.2%.²⁴ Meanwhile, studies conducted by various NGOs put the HIV prevalence among MSM in Kazakhstan at 7-20%.²⁵ The government considers these statistics to be unofficial and does not recognize them. Moreover, the government's research was carried out without the assistance of experts with experience working with MSM. Due in large part to the absence of reliable statistics, the HIV epidemic among MSM in Kazakhstan remains largely hidden and the need to work with this group is not emphasized.²⁶ Although, MSM were included as a key population in the 2006-10 National Response Plan to the AIDS Epidemic and in a recent report from the Kazakh Ministry of Health, they remain a key population in name only. MSM groups lack

²¹ Filippau at 3.

²² See Eurasian Coalition on Male Health, *Call to Action: Addressing the Health Needs of Men Vulnerable to HIV in Eastern Europe and Central Asia*, p. 2.

²³ Gevorgyan at 5.

²⁴ Министерство здравоохранения Республики Казахстан, ГУ "Республиканский центр по профилактике и борьбе со СПИД", *Национальный доклад о достигнутом прогрессе в осуществлении глобальных мер в ответ на СПИД*, 2013, p. 6, available at http://www.unaids.org/sites/default/files/country/documents//KAZ_narrative_report_2014.pdf.

²⁵ Vinogradov at 6.

²⁶ *Id.*

resources and funding to adequately address the HIV epidemic.²⁷ Moreover, since 2014, activities aimed at prevention and treatment efforts among MSM no longer receive funding from the Global Fund.²⁸ Consequently, little attention and financing are given to combat the HIV/AIDS epidemic among MSM in Kazakhstan.

In Tajikistan, sentinel surveillance was carried out among MSM living in the capital, Dushanbe, in 2012. The report focused on questions such as marital status, types of sex being practiced by MSM, prevalence of HIV, condom usage, etc. The report failed to take into account the problems of stigma and discrimination against MSM and their affect on the vulnerability of MSM to HIV, despite the fact that these are the two main factors preventing MSM from obtaining preventative and medical services.²⁹ A previous national report, produced out in 2010, failed to include MSM at all.³⁰

While the national HIV/AIDS programs of these countries generally recognize the vulnerability of the MSM community to HIV/AIDS, TG are completely overlooked and have no specialized programs aimed at combatting the HIV/AIDS epidemic in their community. Moreover, little or no demographical, epidemiological, or behavioral data is collected with respect to TG. In addition, MSM and TG people are not included in national HIV plans directed at drug users and sex workers, other key groups in the region.³¹

²⁷ *Id.* at 8.

²⁸ *Id.* at 9.

²⁹ Gulov at 5.

³⁰ *Id.*

³¹ Vinogradov at 9.

IV. Structural and Social Barriers Preventing MSM/TG Involvement

The lack of participation of the MSM and TG communities in the country dialogue process and development of national HIV/AIDS programs in the EECA region can be explained in large part by the high number of structural and social barriers that these communities face. Discrimination, stigma, the insufficient capacity of civil society organizations, and other factors often work together to ensure that these communities remain marginalized and are unable to participate in the country dialogue process.

Although none of the countries surveyed for this report criminalize homosexual behavior, MSM and TG people in the EECA region continuously face systematic discrimination in their professional and private lives.³² Furthermore, none of the five countries have enacted anti-discrimination laws that protect LGBT people from discrimination in employment, housing, or in the provision of goods and services. Meanwhile, only Belarus and Ukraine allow transgender people to change their legal gender to match their gender identity.³³ None of these countries recognize same-sex unions or other rights, such as adoption or protection from hate crimes. Moreover, LGBT people face infringements of their freedoms of assembly and expression on the basis of their sexual orientation and/or gender identity and are often subjected to acts of violence, which go unpunished.

In recent years, following Russia's lead, a number of EECA countries have sought to introduce bills banning "homosexual propaganda. While none of these bills have yet been enacted, they are indicative of the political climate vis-à-vis LGBT rights in the EECA region.³⁴ In addition, events such as gay pride parades, LGBT film festivals, or other activities aimed at promoting LGBT rights and equality have been routinely banned or broken up by police. Often, these are the only fora at which information about sexually transmitted diseases and other health issues can be distributed to MSM or TG people. Therefore, the restrictions on the freedom of

³² See ILGA-Europe, *Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans and Intersex People in Europe 2014*.

³³ Постановление Министерства Здравоохранения Республики Беларусь о некоторых вопросах изменения и коррекции половой принадлежности, Национальный правовой интернет-портал Республики Беларусь, 2010 No. 163; Приказ Министерства Здравоохранения Украины об усовершенствовании оказания медицинской помощи лицам, нуждающимся в изменении (коррекции) половой принадлежности, Официальный вестник Украины, 2011 No. 60.

³⁴ See Human Rights First, *Spread of Russian-Style Anti-Propaganda Laws*, <http://www.humanrightsfirst.org/resource/spread-russian-style-anti-propaganda-laws>.

expression and assembly of LGBT people in the EECA region contribute to the HIV/AIDS epidemic by restricting information about the disease.³⁵ In addition, LGBT activists face retaliation by state officials and are often arrested on trumped up charges or fall victim to physical violence. Meanwhile, police frequently raid gay clubs or other venues hosting LGBT-related events, preventing these communities from establishing any sort of safe space for themselves.³⁶ Politicians in a number of these countries have spoken out publicly against gay rights. The government of Kazakhstan even joined an opposing statement to a recent UN resolution on sexual orientation and gender equality issued by the Organisation of Islamic Cooperation.³⁷

As a result of the systematic discrimination MSM and TG people face in these countries, members of these communities are often reluctant to participate and advocate for their interests in the country dialogue process out of fear of retaliation or discrimination in their workplace or family life or at the hands of police. In the EECA region, MSM and TG must frequently lead double lives and are unable to take active roles in civil society and the country dialogue process.³⁸

Social attitudes and stigma towards these groups pose significant barriers to MSM and TG involvement in the country dialogue and development of national HIV/AIDS programs. For example, in Kazakhstan, a mechanism was created with support from NGOs to allow civil society to improve services for people using intravenous drugs, another key population at increased risk of HIV infection. Several attempts to develop a similar mechanism for MSM were unsuccessful, largely because members of the MSM community were too afraid to reveal their orientation and take active roles in civil society organizations.³⁹ Additionally, negative social attitudes and stigma towards the MSM and TG communities are often responsible for increasing violent and discriminatory acts against these groups. Systematic discrimination at an official level and anti-LGBT stigma at a social level operate in a vicious cycle, with each increasing the incidence of the other.

Social stigma towards MSM and TG people not only plays a role in preventing these communities from becoming involved in the country dialogue process and development of national HIV/AIDS programs, but also contributes to the vulnerability

³⁵ See Eurasian Coalition on Male Health.

³⁶ See ILGA-Europe.

³⁷ Evans, Robert, *Islamic states, Africans walk out on UN gay panel*, Mar. 8, 2012, <http://af.reuters.com/article/topNews/idAFJ0E82702T20120308?sp=true>.

³⁸ See Eryomin at 4; Gulov at 5-6; Vinogradov at 7.

³⁹ Vinogradov at 5.

of these groups to HIV. As homosexual relationships are considered taboo in these societies, MSM and TG people are often forced to engage in more risky sexual behavior. Moreover, due to stigma or fear of discrimination from health care providers, these groups often lack the proper knowledge to protect themselves from HIV. Condom usage and open discussions with sexual partners about prevention measures are low among MSM and TG.⁴⁰ Moreover, when they know they have contracted a disease, many MSM and TG are reluctant to seek medical attention, fearing discrimination, violence, or being outed to friends and family.⁴¹

Aside from the significant problems posed by discrimination and stigma, other factors also directly prevent the MSM and TG communities from participating in the CCM and country dialogue. For instance, reports from Ukraine, Tajikistan, and Belarus have all asserted that MSM and TG groups lack awareness of the CCM and working groups on HIV/AIDS or are unable to participate in these processes.⁴² Announcements calling for CCM or working group participants are often posted on websites that these groups do not visit. In Tajikistan, many individuals do not have access to the Internet, are unable to speak Russian, or live in inaccessible regions far from the capital, all factors that limit their awareness and capacity to participate in the country dialogue and CCM sessions.⁴³

Even where MSM and TG groups are aware of the CCM and country dialogue processes and have NGOs or other representatives supporting their interests, in many cases, civil society stakeholders have little real influence over decision-making processes.⁴⁴ MSM and TG community leaders and organizations in Armenia, Belarus, Kazakhstan, Tajikistan, and Ukraine have stated that any participation on their part in the CCM or country dialogue retains a purely formal character and has no impact on decision-making or program outcomes. Many of these representatives do not feel included in these meetings and nor that their input is valued by other participants.⁴⁵ Additionally, some MSM representatives doubt that their participation in the CCM or other country dialogue processes would result in any expansion of services to the MSM community.⁴⁶

⁴⁰ *Id.* at 8.

⁴¹ Gulov at 5; Vinogradov at 6.

⁴² Eryomin at 3; Filippau at 6; Gulov at 2.

⁴³ *Id.*

⁴⁴ Filippau at 6; Gevorgyan at 5; Gulov at 2, Vinogradov at 8.

⁴⁵ Filippau at 6.

⁴⁶ *Id.*

Lastly, in many of these countries, the MSM and TG communities simply do not have the capacity to advocate for themselves and participate in the country dialogue process. In Belarus, Kazakhstan, and Tajikistan, there is only one organization representing the interests of the LGBT and MSM communities in the HIV response.⁴⁷ Such organizations do not have the financial or human resources to adequately represent their country's LGBT community. Moreover, many MSM or TG organizations do not know how or are unable to participate in CCM sessions or other country dialogue processes, due to technical, geographic, or financial barriers.

Many MSM and TG are also ill informed about their own rights and about HIV/AIDS-related issues and are thus unwilling or unable to advocate for themselves at the national level. Additionally, in countries where there are multiple MSM, TG, and LGBT organizations, there is sometimes insufficient collaboration and coordination between such groups.⁴⁸

⁴⁷ Eryomin at 3; Gulov at 3, Vinogradov at 8.

⁴⁸ Gevorgyan at 5.

V. Conclusion

Although the EECA region includes a diverse group of countries and cultures, they in large part are facing the same challenges and problems with respect to the HIV/AIDS epidemic. Unfortunately, the MSM and TG communities in this region are at a high risk of the HIV infection.⁴⁹ The MSM and TG communities are inadequately represented in country dialogue, CCMs, working groups, and other processes responsible for developing national HIV/AIDS programs and for cooperating with the Global Fund. The involvement of all affected stakeholders in the country dialogue process is a key component of the Global Fund New Funding Model. Such a widespread lack of involvement of the MSM and TG communities significantly detracts from the legitimacy of the country dialogue in these countries and affects the efficacy of treatment, services, and care provided to the MSM and TG communities.

National HIV/AIDS programs in most EECA countries nominally recognize MSM as a vulnerable or key population. However, they often overlook the importance of human rights interventions as effective means of fighting the epidemic. Moreover, the accuracy and reach of the epidemiological and behavioral data that such programs are based upon have been frequently called into question. In addition, despite their high HIV risk, the TG community has been left out completely from national programs, either as its own group or as a subgroup that may fall into other key populations.

MSM and TG people in the EECA region face significant structural and social barriers that prevent meaningful participation in the country dialogue and exacerbate the factors that increase their risk of HIV. Discriminatory laws and practices, as well as stigma, have been cited as the factors that most limit the access of the MSM and TG communities to services and care and prevent their involvement in national decision-making processes. In most countries, there are only a few organizations, if any, that represent the interests of these communities. More often than not, such organizations are underfunded and lack the resources they need to effectively advocate for the interests of MSM and TG. In addition, a general lack of knowledge among MSM and TG about the country dialogue process also prevents their involvement in the development of national HIV/AIDS programs. Other barriers include the lack of actual influence NGOs or civil society organizations have on decision-making processes and the general lack of capacity on the part of civil society organizations operating in the EECA region.

⁴⁹ Eurasian Coalition on Male Health at 2.

VI. Recommendations

The following recommendations are directed at improving the involvement of the MSM and TG communities in country dialogue processes in the EECA region.

For Governments:

- Ensure that MSM and transgender people are included as key populations in national HIV/AIDS programs;
- Establish an in-country system to collect quality data on the prevalence of HIV among MSM and transgender people, as well as on behavior with a high risk of HIV infection;
- Conduct campaigns aimed at increasing awareness among the staff of health care systems, police, and other government agencies in order to decrease discrimination and stigma towards MSM and transgender people;
- Comply with international agreements on human rights and protect the human rights of all citizens, without exception;
- Enact antidiscrimination legislation protecting LGBT citizens.

For Country Coordinating Mechanisms:

- Include MSM and transgender representatives in CCMs;
- Ensure that MSM and transgender people are fully aware of CCM activities; invite them to CCM meetings with sufficient advanced notice and provide them with a full set of materials, including in local languages;
- Request and take into consideration the opinions and recommendations of MSM and transgender representatives.

For Activists and LGBT and MSM Organizations:

- Require governments to uphold their commitments to fight the HIV epidemic;
- Actively participate in the country dialogue process and widely distribute relevant information to the MSM and transgender communities;
- Establish and support fora, where MSM and transgender people can jointly discuss issues related to health and advocacy work;
- Demand protections from discrimination based on sexual orientation or gender identity;

- Identify and document cases of discrimination, stigma, and violence towards MSM and transgender people, especially in the context of health care provision.