

Addressing the rising HIV epidemic among men who have sex with men in the Western Balkans

CASE STUDY

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LGBTI Equal Rights Association

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1. Background

ERA – LGBTI Equal Rights Association for the Western Balkans and Turkey, with the support of Open Society Foundations, is implementing a 26-

month project aiming to respond to the HIV epidemic among gay and bi men, men who have sex with men and trans (GMT) persons in the Western Balkansⁱ. The initiative aims to strengthen capacities of LGBTI and HIV/AIDS organisations and encourage cooperation between them in order to improve and sustain services for key communities affected by the epidemic, organize joint advocacy efforts and conduct tailor-made internet outreach and other types of campaign activities.

In the first phase of the project implementation this desk research was conducted by ERA with the contribution of ... and its member organisations, in order to provide an up to date picture of the situation in the region as of June 2019 as well as to provide some important conclusions and recommendations which will be shared widely with all relevant stakeholders.

2. Executive Summary

As of 2019, across the south-eastern European region there is an expanding HIV epidemic among gay and bisexual men which is on the verge of spinning out of control. From 2007 to 2016, the number of new HIV diagnosis has risen over 300% across the region, compared to an average of 13% increase among gay and bisexual men in the European Union.ⁱⁱ

According to 2018 government reports, the range of essential prevention interventions for gay and bisexual men remain small and patchy in most countries of the Balkans and Turkey and are far from reaching the comprehensive prevention combination package recommended by ECDS, WHO and UNAIDS. Prevention interventions are still extremely weak in most of the countries and not at an adequate scale to impact the epidemics.¹

Access to Pre-Exposure Prophylaxis (PrEP), a novel and highly effective intervention against HIV infection, is not yet adequately available in any country of the region. PrEP is sold in only but a few pharmacies in each country, with extremely high prices and it is not covered by public health insurance. In a few countries, such a Slovenia, PrEP is only available to a limited number of MSM who participate in ongoing demonstration projects and implementation studies. Those not included in such studies can get TDF/FTC in a pharmacy with a cost of around 150 EUR only through prescription of an infectious diseases doctor specialised in HIV, who can only be seen with a referral from a GP.

What are lacking, are also support services that address the recent phenomenon of ChemSex (sexualised drug use among some groups of men who have sex with men). Essential prevention interventions such as condom distribution and programmes for health promotion and behaviour

¹ Data from the Dublin Declaration monitoring – 2018 progress, European Centre for Disease Prevention and Control. Bosnia and Herzegovina did not submit any response and is not included in this survey.

change do not exist or have very low coverage in the majority of countries.ⁱⁱⁱ

Government reports reveal also that gay and bisexual men have limited options for HIV testing, and with a few exceptions (Croatia, Kosovo and Slovenia), testing coverage is low or only medium in most countries of the ERA region.^{iv}

The region lags behind also in terms of new approaches such as self-sampling or self-testing and only North Macedonia reports a high coverage of community-based HIV testing. Data on HIV treatment is also insufficient, and treatment is reported low in most countries of the region. As a result, low rates of HIV testing among gay/bi men, MSM and trans persons and the generally low rates of HIV treatment coverage and viral suppression implies, that the “test and treat” approach, which along with access to PrEP have led to massive declines of new HIV infections among MSM elsewhere are yet to be properly applied and harnessed in our region.^v

3. Situation: HIV among men who have sex with men in the Western Balkans

This case study is an update to the situation concerning the increasing HIV Epidemic in two EU member countries Croatia and Slovenia and six countries of the Western Balkans, Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia. ERA operates in all these countries – as well as Turkey – with an overall membership of 59 organizations working in the topic of LGBTI rights. Several of ERA’s members work also in the areas of HIV/AIDS prevention and service provision.

While the situation is not the same in all these countries (and there are often significant differences), several countries share the trend of increased new HIV infections among MSM. HIV among men who have sex with men has increased by over 300% across 13 new EU member states and 6 EU candidate countries from 2007 to 2016. This statistic is much more higher compared to the 13% EU average of increase in the European Union and European Economic Area (EU/EEA) region. While a series of prevention interventions have been assessed as effective, government reports reveal major gaps in HIV prevention programs among MSM, a high proportion of undiagnosed HIV infections and slow progress in reaching the 90-90-90 treatment targets.

Only a few countries in the Western Balkans region (Montenegro, North Macedonia and Slovenia) have undertaken special efforts to address the expanding epidemics among MSM. The epidemics is occurring silently in a challenging context with significant legal and policy barriers and negative attitudes against LGBTI persons in most of the countries.

As the Global Fund has withdrawn from the region (or will do so in a short time) few initiatives have been launched to address this alarming

situation. Despite the lessons learned and technical guidance the countries of the region risk reaching a tipping point where the epidemics will get out of control.

This situation calls for urgent action to strengthen community mobilization, cooperation between LGBTI organizations and those working on prevention, service provision and harm reduction, and on significantly improving advocacy efforts to improve political leadership both within countries of the region and internationally with important and relevant partners such as the European Union and others.

While, since 2016 some parts of the EU/EEA have reported an overall decline in new HIV diagnoses among MSM new HIV infections among MSM in the Western Balkans, Croatia and Slovenia have increased by over 300% from 2007 to 2016.

The decline in some EU/EEA countries may be explained by the introduction of programs to offer more frequent and targeted HIV testing to promote earlier diagnosis, rapid linkage to care and immediate initiation of treatment as well as the increasing formal and informal use of PrEP.

Most of the countries of the region report low HIV testing rates among MSM, lack of community based testing, barriers of stigma and discrimination and high proportions of MSM with undiagnosed HIV infections.

The steep rise in new HIV infections in these countries may reflect that in the absence of targeted and comprehensive HIV programs, community viral loads among MSM have now reached critical thresholds, where the epidemics are becoming self-sustained and are expanding within local sexual networks.

Other potential factors driving the expanding epidemics are the increased uptake of mobile apps and other online tools for location-based searching for sexual partners, as well as increased cross-border mobility through the proliferation of low-cost flight carriers and online rental portals.

These developments have greatly facilitated opportunities for experiencing same-sex sexual encounters locally and across borders, including between individuals from low HIV prevalence populations and high HIV prevalence populations of men who have sex with men.

Transcending barriers of stigma, discrimination and distance, online communication and travelling abroad are particularly attractive choices for men who have sex with men who are living in contexts with high levels of homophobia and less developed gay commercial infrastructures.

Finally, drug use, both injecting and non-injecting, may be increasing the HIV risk among some men who have sex with men, especially considering anecdotal evidence from a growing number of countries reporting increased sexualized drug use among sub-groups of men who have sex with men.

4. Global Fund withdrawal and country responses to the HIV epidemic

Government reports from countries of the Western Balkans region indicate that there are gaps in HIV prevention programs for MSM. None of the countries of the region is currently implementing the full package of comprehensive prevention interventions recommended by ECDC. Most, report implementation of condom promotion and distribution programs and a much lesser number implementation of health promotion targeting men who have sex with men.

Three case studies^{vi} conducted in December 2017 by Open Society Foundation looked into the impact of Global Fund withdrawal from countries of South-Eastern Europe. The transition has presented a number of challenges for upper-middle income countries in the region, particularly the difficulty to sustain service delivery to key populations and ensuring CSO inclusion in the development of sustainable systems for national HIV response. The impact on the NGOs engaged was funding cuts and uncertainty about future funding streams which led not only to suspension of services, but to a loss of human resources and institutional capacity due to the attrition of experienced staff and volunteers.

The case studies of Montenegro and North Macedonia showed that active civil society engagement managed to mitigate some of the pitfalls of the transition process by creating political pressure for domestic funding and building networks to facilitate cooperation with government and donor stakeholders. The progress showed how sustainability bridge funding can make a difference just by keeping NGO-delivered services available and supporting the capacities of civil society organisations to play an active role in the transition process. The case studies suggest that sustainability bridge funding offers and opportunity for bilateral donors and private foundations to work together with the Global Fund to address these challenges by providing time-bound grants to civil society organisations in countries no longer eligible for Global Fund support or about to transition.

These grants would equip them to protect the investments and gains made during the period of Global Fund support, and advocate for domestic government commitments to HIV response.

Sustainability bridge funding could include funding to:

- Support ongoing exemplary programming that governments are unwilling or unable to fund;

- Re-establish services that have lapsed (e.g., harm reduction or peer-led service outreach programs for key populations) to prevent disease resurgence and demonstrate to national and local governments the value of these services;
- Support joint government/civil society action to establish legal and regulatory provisions for domestic financing of those HIV and TB services that are run by community or NGOs;
- Assist NGOs and civil society networks to advocate for price reduction for medicines through pooled procurement mechanisms and use of TRIPS flexibilities;
- Promote continued inclusive planning, governance, and accountability models for TB, malaria and HIV programs as embodied in the Global Fund's country-coordinating mechanism approach; and;
- Support community and civil society-led efforts to monitor and analyze government expenditures on health, and generate evidence to use in advocacy for budgetary commitments and delivery.

The transition experiences of Macedonia, Montenegro, and Serbia offer clear lessons about the importance of investing in civil society to ensure the sustainability of domestic financing for HIV response. If external donors commit to providing sustainability bridge grants to other countries facing Global Fund withdrawal, it may be possible to reverse the emerging trend of countries falling back into eligibility due to increased disease burden.

5. Correlations between HIV, sexual orientation and gender identity: multiple stigmatization

A regional survey conducted in 2017 on seven countries of the region which are covered by this region - with the exception of Serbia - reveals a distressing picture that discrimination has on the lives of LGBTI people in this region.

With regards to discrimination in the healthcare system, an overall 39% of respondents had experienced discrimination when using or attempting to access health services. One in ten of them had completely forgone medical treatment because of fear of discrimination or intolerant reactions. The most common experiences being inappropriate curiosity (17%) and difficulty searching for and finding an LGBTI-friendly health practitioner where they live. Within the community, the survey showed that transgender and intersex persons were the most likely to experience difficulty in finding an LGBTI-friendly health practitioner and most likely to forego treatment for fear of discrimination. Transgender people often faced more inappropriate curiosity than other groups within the LGBTI community.

Meanwhile, as Montenegro based association Spektra points out, more specific efforts should be made to address the needs of trans men and trans women with regards to HIV prevention services. Often by using the

term MSM it is assumed that trans men who have sex with men are included, but that is not always the case. A serious issue in this regard is also the lack of data regarding HIV among trans population except for some outreach data which are incomplete.

Recommendations:

- More efforts should be made to understand and address HIV among trans men and trans women populations. This should include collection of data, outreach and prevention programs. This should not be seen as a “representation of identities” issue, but as an issue of approaches adjusted to groups which are sometimes very different and marginalized in multiple ways;

6. Chemsex and the Western Balkans

Chemsex is defined as “the use of specific drugs (“chems”) in modern, smartphone-age sexual contexts by gay, bisexual and other men who have sex with men, and trans persons”.^{vii} Problematic chemsex - not drug use and sex per se - are associated with various harms such as a rise in HIV, hepatitis and STI transmissions as well as addictive practices, depression, psychosis, criminal activity and death from overdose or suicide, particularly when involving the use of crystal meth and the injecting of substances.^{viii}

Data gathered in a few Western countries shows that sexualized substance use is higher among gay men compared to heterosexual men. This is associated with a greater number of partners and condom-less anal sex. There is also some evidence that the use of methamphetamine is associated with an increase in HIV acquisition.^{ix}

The Second European ChemSex Forum held in spring 2018, highlighted the importance of not just learning that there is an ever increasing phenomenon among GMT persons, but about understanding the environment in which ChemSex is becoming common place. This is not simply an issue of combating HIV and other STIs but also a matter of sexual health and sexual wellbeing with more focus on self-stigma, self-acceptance and self-care. Discussions should take place with regards to sex addiction, compulsion and loneliness. Loneliness, boredom, alienation within the community have been recognized as key propelling forces behind problematic Chemsex. This is a cyclical model similar and reminiscent of the HIV life cycle response.

GMT communities face the same issues now just like decades earlier, and just like HIV, now Chemsex is an underlying issue linked strongly with loneliness, difficulty of creating and maintaining a sense of community, the facilities created by digital spaces and technology which leads to fragmented social networks, normalisation of drug use and non-consensual sex in the gay community and so on.^x The Forum highlighted the challenges that GMT communities face particularly or even more acutely in Eastern Europe, such as criminalisation of drug use and sex

work, HIV stigma, peer pressure, poorer responses from existing organisations and the public health sector etc . All these factors influence behaviour of individuals and have a negative impact on the implementation of efficient public health policy

Keeping in mind how prohibitionist drugs policies have failed, and the availability of toxic and harmful substances has increased, has led to the GMT community gaining access to very powerful synthetic drugs with high potential for abuse, addiction and mental disorders and other health problems.

It can be argued that in the context of the Western Balkans a link could be placed between the increased prevalence of new HIV infections and the increased practice of ChemSex a phenomenon which remains widely and largely out of public sight and as GMT persons struggle in silence. This however, should not serve to stigmatize GMT communities even further, but instead to look for responses from within the community itself, starting with discussions around safe drug use and dominant images of gay identity, creating new narratives where intimacy and sexuality become new references.^{xi}

It is high time that organisations and the public health sector in the region start looking deeper into the phenomenon. The following steps are suggested and recommended.

Recommendations:

- Organisations operating in the Western Balkans need to utilize the existing networks (especially in the absence of practical data and evidence base), do a joint analysis and service provision and work together to ease care pathways through various agencies;
- Studies should be conducted in the Western Balkans region to understand the magnitude of Chemsex among GMT communities;
- Organisations working with GMT communities are very well placed to start working on providing information and other services to the community and providing help when people want to quit use of drugs in a sex context, receive peer support, addressing loneliness and boredom etc. More needs to be done to address the issues of intimacy and sexuality within the GMT communities.
- Harm reduction is important to minimise impact of Chemsex with regards to HIV and Hepatitis C. This should focus not just on safe injecting but also on safer online behaviour, safer drug use, and so on. Harm reduction should also focus on supporting a person towards abstinence should that be the person's goal;
- Public health officials need to receive trainings and deeper knowledge. Particular attention should be paid not to further stigmatise GMT communities, but to understand the complexities of this lifestyle and keeping in mind the low self-acceptance, living in hiding and shame, belonging to very small and self-isolated communities and so on; Special attention should be paid to training

- HIV/Sexual health care professionals as GMT persons have more regular contact with them;
- The public health sector needs to be encouraged to provide help to GMT persons also in relation to Chemsex. ChemSex assessments of gay and bi men should become a routine part of clinical care. In addition, gay and bi men should be provided with information about PrEP, access to regular testing and early treatment to provide onwards transmission; Hepatitis C is an important issue in the Chemsex scene;
 - A lot more work needs to be done on changing laws around drug use. Criminalisation itself inhibits access to services and reporting to the police when individuals face challenges or needs. Criminalisation of drugs is preventing a lot of people from seeking help and has also created barriers in terms of reporting sexual abuse under the influence of drugs as people are unsure of the legal consequences should they report to the police. Internationally there is a growing movement trying to change drug policies at UN level and the LGBTI community needs to join this discourse, be represented and drive the message home;^{xii}

7. Access to PrEP and PEP in the Western Balkans

PrEP (Pre-Exposure Prophylaxis) is anti-HIV drug that can be used to keep HIV negative people from being infected.^{xiii} The effectiveness of PrEP has been proven and demonstrated since 2010. In August 2016, the European Commission officially granted marketing authorisation for once-daily Truvada.^{xiv} Since then, PrEP access has been mainstreamed through the public healthcare system in most countries of Western Europe and EU such as Norway, Sweden, Denmark, Germany, the Netherlands, Belgium, Luxembourg, France, Portugal, Scotland, the rest of the UK (only on project basis but with a very high number of PrEP users). All these countries are providing PrEP for free covered by national health insurance for gay men and individuals considered to be at risk. While this increase has benefited many communities in Western Europe, central and eastern European countries are mostly lagging behind though in a few of them trials are already under implementation. However, most people who would need to use PrEP cannot access it through the public health system. Many people in Europe, are accessing PrEP also through buying it online from generic-drug manufacturers at much lower prices. Generic tenofovir/emtricitabine is available online for about 10% of the cost of brand-name Truvada. It is estimated that the overall number of people taking PrEP in Europe – whether online or through their public healthcare systems – is about 10,000-15,000 people. This number is still extremely small and it shows that advocating and campaigning for introduction of PrEP through public healthcare systems is very important.^{xv}

Getting PrEP through trials

So far there are two kinds of trials of a new medicine: randomized trials and implementation studies. In the ERA region Slovenia and Croatia are currently undergoing implementation studies. In such trials, everyone gets

standard and effective PrEP. These trials do not test effectiveness, but rather how to best deliver PrEP to those in most need of it. The trial may ask how does PrEP affect the overall rate of HIV infection? Can it be offered efficiently and without undue cost? Does giving people PrEP affect their risk of acquiring other sexually transmitted infections? Will demand be higher or lower than expected?^{xvi}

Buying PrEP online

Most people are buying PrEP themselves through online pharmacies. Buying it online is possible only due to 'loopholes' in individual countries' medicine laws. However, people who buy PrEP online should ensure that they access regular HIV testing and medical monitoring every three months. Taking PrEP if you already have HIV will not cure or control it, and could lead to the development of drug-resistant HIV. Monitoring for side-effects, especially kidney function, is essential, and cheap. People who have condomless sex should be getting regular check-ups for other STIs too. Two studies conducted in 2016 in Europe with more than 800 respondents found quite high levels of people using PrEP. One of the surveys found also that about 70% of the people who said they were taking "informal or online PrEP were having no regular medical monitoring. Only in a few European countries clinics have been set up to assist people who are buying PrEP online.^{xvii} It is important to mention that many people who are buying PrEP online or the black market are actually seeking medical supervision. They are seeking medical advice and services, but accessing PrEP outside of the formal system.^{xviii}

Access to PrEP in the Western Balkans and Recommendations

The European AIDS Clinical Society, in its 2015 treatment guidelines states that PrEP can be used by adults at high risk of acquiring HIV infection, and it is recommended for HIV-negative GMT persons who are inconsistent in their use of condoms with casual partners or with HIV-positive partners who are not on treatment. A recent sexually transmitted STI or use of PEP are listed as possible markers for increased risk of HIV acquisition.^{xix}

As of 2018 Gilead Sciences does not hold the monopoly on the pill which contains tenofovir/emtricitabine (the drugs that are combined to make single pill Truvada). Therefore, generic copies are now widely available, but there is a lack of transparency in pricing and there are great differences in how much countries are paying, also for generics. It can also be stated that list prices of generic tenofovir/emtricitabine in the region are still prohibitively high for any out-of-pocket payment and wider uptake of PrEP. As of now generic versions in countries of the region can cost between 200-250 EUR for a monthly package, which is extremely high for a drug which could cost less than 10% of the price.

At present, middle or higher-middle income countries of Eastern Europe are not showing as much interest in PrEP despite the increased HIV epidemic.^{xx} Faced with lack of adequate interest from state institutions to

introduce PrEP recent research from PEI has found that HIV doctors are currently prescribing *Truvada*® off label to HIV-negative individuals.

Meanwhile some steps forward have been reported in countries of the region. In North Macedonia for example, according to organization Stronger Together, there is already a national consensus around the need to introduce PrEP, as well as PEP for sexual exposure to HIV, in particular for MSM. The development of PrEP and PEP protocols has been envisaged as interventions in the National HIV Program for 2019. The protocol is expected to define who prescribes, who monitors and how, at least for out-of-pocket PrEP purchase. An implementation study will look into the introduction of a small PrEP program.

Recommendations:

- All governments of the Western Balkans should discuss and plan introduction of PrEP and make it available to populations considered at high risk for acquiring HIV as a matter of urgency. PrEP should be available within the public health system and be reimbursed by the national insurance health scheme of each country. More dialogue should take place between governments, international organisations and the community on how to reduce rising HIV infection rates across the region;
- Western Balkans governments should make information about PrEP publicly available, particularly with key populations, so that people can judge their HIV risk and their need of PrEP, of its dosing, benefits and possible risks.
- PrEP should be made available to all GMT persons as persons at high-risk of contracting HIV. Special focus should be paid to secure access to PrEP to other populations that are vulnerable to HIV such as sex workers, migrants, people who inject drugs and people with multiple sexual partners;^{xxi}
- Generic versions of PrEP should be accessible at much lower prices than the current ones for monthly packages (200-250) as they are practically impossible to purchase for the targeted populations;

8. Need for urgent action and comprehensive approach

In 2018, a large group of organisations and networks from 33 European and Central Asian countries signed the “Ljubljana Declaration”^{xxii}. This important document warns that HIV remains the most alarming health threat among GMT persons in the European continent and that despite the progress in tools, research, technology and even preventive measures such as PrEP a staggering 300% rise in new HIV diagnoses among GMT shows that the concerns of civil society have been largely ignored affecting all GMT communities in newest EU member states as well as enlargement countries.

It is now high time for all the countries of the ERA region to follow through with these demands by expanding high-quality prevention, testing and

supporting programs and make them accessible to all GMT persons. All governments should also make serious and concrete efforts to secure free public access to highly effective new preventive tools such as pre-exposure prophylaxis (PrEP), community based testing and sexual health service delivery as well as immediate treatment for people testing HIV positive, which if implemented as part of a comprehensive sexual health package, in some European countries, have led to dramatic declines in HIV infections among gay men and other men who have sex with men.

All governments of the region should address the major gaps identified in HIV prevention programs, with GMT persons and make progress in reaching the 90-90-90 treatment target.

The declaration, calls on all countries affected by the HIV epidemic among GMT persons, to honour their international commitments and implement the following important steps in significantly reducing the rates of HIV infections among GMT and ensuring proper sexual health care to this community through the following steps:

- As a matter of urgency, invest in the rapid scaling up and implementation of the package of HIV prevention interventions for gay men and other men who have sex with men recommended by ECDC.
- Ensure through such investments the development of inclusive, people-centered, competent and comprehensive health services for gay men, other men who have sex with men and trans people;
- Ensure as priority full and immediate access to PrEP, self and community-based testing for HIV, screening for STIs and adequate medical monitoring, as well as to treatment for those diagnosed with HIV and STIs;
- Engage at all levels gay men, other men who have sex with men and trans people, including those living with HIV, in the development, implementation and evaluation of HIV prevention and sexual health programs;
- Establish social contracting mechanisms and invest in the scaling up of community-based sexual health service delivery and prevention interventions for gay men, other men who have sex with men and trans people;
- Review and address discriminatory attitudes, policies and practices related to sexual orientation, gender identity, and sex characteristics of LGBTI people and to medical conditions such as HIV positive status which contribute to health inequalities and hamper access to health services for LGBTI people;
- Ensure access to LGBTI-inclusive comprehensive and good quality sexual and relationship education for all young people, in accordance with international evidence-based standards;
- Strengthen systems for biological and behavioral surveillance of HIV among gay men and other men who have sex with men and trans people.

The declaration calls also upon the European Commission and EU institutions, among other things to:

- Recognize and address the situation of expanding HIV epidemics among gay men and other men who have sex with men among candidate countries as an urgent priority, as stipulated by the principles of the EU Action Plan on HIV/AIDS;
- Advocate for and ensure sustainable financing for HIV, sexual health and rights programs for LGBTI people as a priority in negotiation on pre-accession assistance within the EU strategy and action plan for the Western Balkans;
- Ensure that existing and new projects and programs supported by EU funding instruments and mechanisms are adjusted and designed to better target the sexual health needs of gay men, other men who have sex with men and trans people in all affected countries, including the Western Balkans;
- Create a grant mechanism for civil society organizations to support advocacy, capacity building and community-based service delivery for gay men, other men who have sex with men and trans people;
- Support research that addresses the gaps in knowledge and understanding within the epidemic and the way problems should be addressed (including community based research);

The declaration, asks also UNAIDS, WHO and other international organizations to reinforce advocacy efforts to build political commitment for scaling up responses to the rapidly expanding epidemics, and to intensify efforts towards ensuring the enjoyment of the highest attainable standards of health for LGBTI people everywhere, in accordance with the Charter of the UN and the Constitution of WHO.

To undersign this declaration on behalf of your organization, [click here](#).

- Increase dialogue, networking and cooperation between LGBTI organizations and those working on HIV
- Assessing needs and capacities of organizations, filling the gaps;
- Advocacy plan: A call for action in the Western Balkans
- Capacity building: addressing areas where skills and knowledge needs to improve:
- Awareness Raising: Encouraging close cooperation and coordination among organizations on HIV

9. Conclusions and recommendations

- Governments of the Western Balkans and Turkey should take urgent measures to prevent the HIV epidemic among MSM, gay and bi men, as new HIV diagnosis has increased to 300% in south-eastern Europe; State institutions which are directly responsible for financing or co-financing treatment and prevention of HIV and STIs should increase efforts and accessibility by paying specific focus and attention to the MSM, gay/bi and trans communities;
- A comprehensive package of prevention should be offered at scale, including innovative prevention and testing interventions such as

- PrEP, PEP for sexual exposure, community based testing and self-testing options;
- Basic prevention interventions should be scaled up across the region and new highly effective prevention tools like PrEP should be introduced urgently;
 - Actions should be taken jointly with the recent efforts to protect and strengthen the fundamental rights of LGBTI persons. The fact that this community is the only one affected by the epidemic reveals a correlation between discrimination, invisibility and high rates of infections;
 - As the Global Fund and other donors are leaving, countries should increase domestic financing of HIV prevention programmes and work closely with community based organisations;
 - The European Union and other donors should step in and provide time-bound bridge funding to protect the investments and gains made and facilitate transition into government led prevention and treatment programmes;
 - LGBTI community based organisations should be involved in all levels of interventions as they are the most suitable groups which can effectively reach and work with gay, bisexual men and trans persons;
 - Strengthening community awareness, mobilization and networking through training of trainers programs for LGBTI activists and further increasing their involvement in the region as well as Europe wide projects and activities;
 - Placing HIV among gay and bi men as well as trans persons on the agenda of Croatia and Slovenia and EU candidate countries in the Western Balkans;
 - Promoting a comprehensive regional action plan (in line with EU standards) on HIV prevention with a focus on Croatia, Slovenia and six EU candidate countries in the Western Balkans;
 - Make extensive advocacy efforts in strengthening political leadership and support of the European Union (Commission, Parliament etc.), national governments, Parliaments and local municipalities in addressing HIV/AIDS
 - All countries of the Western Balkans are recommended to start conducting implementation trials in their country in order to assess how to best deliver PrEP to those who need it;

ENDNOTES

- i By Western Balkans we imply the following countries: Albania, Bosnia and Herzegovina, Croatia, Kosovo, Montenegro, North Macedonia, Slovenia and Serbia.
- ii "Make or break it – turn the tide on the expanding HIV epidemics among gay men and bisexual men and trans people in South-Eastern Europe!", 2018, pg.2
- iii "Make or break it – turn the tide on the expanding HIV epidemics among gay men and bisexual men and trans people in South-Eastern Europe!", 2018, pg.5
- iv *Ibid*, p. 5
- v *Ibid*, p. 6
- vi <https://www.opensocietyfoundations.org/uploads/cee79e2c-cc5c-4e96-95dc-5da50ccdee96/lost-in-translation-20171208.pdf>
- vii 2nd European ChemSex Forum – 22-24 March 2018, Forum Report, https://www.slideshare.net/Checkpoints14/european-chemsex-forum-report-2018?from_action=save
- viii <http://unsworks.unsw.edu.au/fapi/datastream/unsworks:43428/bin2e2f9e4f-29fa-4b6f-a845-d5443da230c8>
- ix [2nd European ChemSex Forum – 22-24 March 2018, Forum Report, pg. 9](#)
- x 2nd European ChemSex Forum – 22-24 March 2018, Forum Report, pg. 18
- xi 2nd European ChemSex Forum – 22-24 March 2018, Forum Report, pg. 29
- xii 2nd European ChemSex Forum – 22-24 March 2018, Forum Report, pg. 29
- xiii <http://www.whatisprep.org>
- xiv <http://investors.gilead.com/phoenix.zhtml?c=69964&p=irol-newsArticle&ID=2196665>
- xv <http://www.prepineurope.org/en/who-is-the-prep-in-europe-initiative/the-prep-situation-in-europe/>
- xvi <http://www.prepineurope.org/en/get-prep/how-do-i-get-prep-through-a-trial/>
- xvii <http://www.prepineurope.org/en/get-prep/buying-it-online/>
- xviii https://www.avac.org/sites/default/files/u3/PEI_Report_May2017.pdf pg 14.
- xix https://www.avac.org/sites/default/files/u3/PEI_Report_May2017.pdf pg 8.
- xx https://www.avac.org/sites/default/files/u3/PEI_Report_May2017.pdf pg 11.
- xxi https://www.avac.org/sites/default/files/u3/PEI_Report_May2017.pdf, pg 18
- xxii <https://www.aidsactioneurope.org/sites/default/files/ljubljana%202018%20final.pdf>