



Amplifying Community Voices for Prevention

Strategic
Community HIV
Prevention
Empowerment

WORKSHOP SUMMARY REPORT

Inclusive community practices:
Awareness and access
to HIV combination prevention

30 June – 1 July 2022



Contents

About	3
12-point follow-up agenda: Increasing key population awareness and access to HIV combination prevention in Europe and Central Asia	4
State of play: HIV combination prevention	5
Defining combination prevention	5
Potential for future collaboration	5
Increasing migrant and mobile populations' access and awareness to the HIV combination prevention package	6
Good practices: Africa Advocacy Foundation	6
Good practices: Berliner AIDS-Hilfe	6
Population-specific priorities	7
Increasing engagement with transmasculine and gender diverse people within HIV research ...	8
Good practices: Transmasculine People & HIV Working Group	8
Population-specific priorities	8
Increasing sex worker access and awareness to the HIV combination prevention package	9
Good practices: Black Sex Workers Collective	9
Population-specific priorities	9
Increasing people who use drugs' access and awareness to the HIV combination prevention package	10
Good practices: Fixpunkt	10
Population-specific priorities	10
Increasing chemsex users' access and awareness to the HIV combination prevention package ..	11
Good practices: Apoyo Positivo	11
Population-specific priorities	11



About

At the end of June 2022, as part of the SCOPE project, the European AIDS Treatment Group (EATG) brought together 25 community health workers from across Europe and Central Asia to exchange on challenges and good, innovative practices in delivering person-centred HIV prevention services. The meeting focused on populations with inadequate access to relevant HIV prevention tools and services.

The meeting was opened by Harriet Langanke, Chair of the EATG Combination Prevention Programme. Will Nutland from the Love Tank then led an exercise in participant operating guidelines during the workshop. The SCOPE community expert group members contributed to the workshop content, agenda, and moderation: Andrii Chernyshev, Ann Piercy, Harriet Langanke, Jules James, Magdalena Ankiersztejn-Bartczak, Marios Atzemis.

The 25 workshop participants are representative of and/or working closely with the following communities: sex workers (3), people who use drugs/chemsex (4), migrants (6), transgender and gender diverse (2), gay and other men who have sex with men (7) and the others working across the field (3).

This document reports on the key learnings and advocacy agenda items from this workshop.

These will be applied to the upcoming [SCOPE project](#) research, capacity building, and resource development activities in 2022-23.



12-point follow-up agenda: Increasing key population awareness and access to HIV combination prevention in Europe and Central Asia

1. Update prevention programming and approaches to address present and evolving population-specific needs.
2. Hire Peers and invest in their involvement and meaningful representation participation in the design, implementation and evaluations of policies, and programmes and research.
3. Improve community awareness and understanding of biomedical prevention tools specificities and navigating access by communicating in relevant languages and including peer consultation.
4. Enhance the body of HIV prevention research on trans and gender diverse populations by including trans inclusive protocols.
5. Disaggregated data on subpopulations is needed to gain a sharper understanding of prevention needs.
6. Support advocacy efforts of sex workers' rights organisations for decriminalisation and measures that ensure the safety and rights of all sex workers.
7. Address attacks on the human rights and well-being of trans people in Europe and Central Asia.
8. Chemsex use and overdose must be addressed in the context of HIV combination prevention through a trauma-informed lens.
9. Universal healthcare access: continued advocacy for all to access health services regardless of residency or insurance status and support people to navigate health-care systems.
10. Scale up targeted testing initiatives to counteract late diagnoses among migrants.
11. Call for a European intersectional decriminalisation coalition (sex work, drugs, LGBTQI+, migration status, etc.)
12. Educational interventions are required in healthcare settings, community-based organisations and at community-level to challenge stigmatising stereotypes around sex work, gender, sexual orientation and practices, race, residency status, and drug use.



State of play: HIV combination prevention

Presenter: Magda Ankiersztein-Bartczak, FES

To access the slides (EN), click [here](#).

Defining combination prevention

The workshop began with a presentation on the concept of combination prevention and its implementation. There are three main types of interventions in combination prevention to be addressed: Biomedical, Structural, Behavioural (see slides for full infographic). Such interventions should also:

- be tailored to national and local needs;
- be based on epidemiological information;
- work in synergies in an enabling environment;
- involve communities in all aspects of programmes;
- bring together resources of community, private sector, and government players to achieve the necessary community participation, coverage, reach to those most in need and sustainability of the programme for impact.

The presenter referred to AVAC's [summary of HIV biomedical prevention research, development, and implementation](#) and gave an overview of the variations in the basic HIV prevention packages according to populations needs (see slides) that UNAIDS recommends to achieve 90% of access to tailored prevention services for key populations by 2030.

Potential for future collaboration

- Monitor evolving population needs and contexts to inform combination prevention packages accordingly.
- Monitor implementation gaps and raise accountability of local authorities.



Increasing migrant and mobile populations' access and awareness to the HIV combination prevention package

Presenters: Denis Onyango (AAF), Sergiu Grimalschi (Berliner Aids Hilfe)

Moderator: Ann Piercy (GOSHH)

To access the slides (EN), click [here](#).

Good practices: Africa Advocacy Foundation

- **HIV screening project** with partners in **9** European countries; as part of a Fast Track Cities Initiative, as part of Gilead Sciences Zeroing In programme- Community of practice exchanging visits, testing over 3000 migrants, developing HIV literacy resources .
- **Community outreach:** faith settings, refugee hostels, barber shops and shops selling African products/foods.
- **Community Champions:** HIV positive migrant community members featured on videos addressing stigma, self-testing, U=U.
- **Volt Project:** A rapid HIV and Syphilis testing outreach in homeless shelters as part of a Fast Track Cities Initiative.
- PrEP messaging (**PrEP & Prejudice**): direct involvement of migrant community representatives in co-creation of messaging and outreach campaigns.
 - Featuring real community members as models (photography for the resources) -builds trust and normalises the campaign.
 - Using phrases and wording recognisable or universally understood e.g “Hakuna Matata”, “No Wahala” were chosen for posters – **messages and faces communities could identify with.**
 - Resource development and training of the community as champions- sustains conversations in the community.
 - **Providing non-HIV support** contributing to retention in care (e.g., domestic violence, housing support).

Good practices: Berliner AIDS-Hilfe

- **Multi-language counselling** (15 languages) to support linkage to care, social security benefits, legal and health rights for migrants.
- **Ulrichs:** volunteer-based café for people living with HIV and other affected populations.
- **Self-help/focus groups** for chemsex users, people affected by the justice system, people who use drugs and migrants (**BerLUN** for Russian-speaking migrants).
- **“East Gate”** project: the HIV/HCV/STI testing project for people from Eastern Europe.
- **“Stranded”:** awareness raising of migrants living with HIV in Berlin via a series of educational multi-language materials on rights and access to healthcare.
- Nationwide 24/7 Hotline for refugees from the very beginning of the war in Ukraine.



Population-specific priorities

- **Collection of disaggregated data** on mobile populations is needed to achieve a combination prevention strategy.
- **More capacity building and peer HIV education initiatives** to increase treatment and prevention literacy.
- Increase **testing initiatives explicitly for migrants** to counteract late diagnoses.
- **Tailored communication strategies** that reflect the diversity of African countries.
- The main issues faced by Ukrainians fleeing to neighbouring countries:
 - Women isolated and navigating new health systems
 - Trans women prohibited from fleeing Ukraine
 - Timely access to ARV treatment, housing, and psychological supports
 - Fear of disclosing HIV status while registering for temporary protection status during migration.
- **Earlier, direct involvement of migrant communities:** co-production of programmes, funding for need assessment surveys and research, inclusion of informal leaders.
- Develop a **culturally sensitive approach** that:
 - Includes individualised considerations of migration history and differing migrant backgrounds
 - clearly states the acceptance of drug use and different sexualities
 - explains what confidentiality means
 - is not limited to harm reduction and HIV prevention
- Increase availability of **decentralised services. Specific prevention access strategies needed for trans black migrants.** Increase support and guidance for undocumented migrants to counteract medical and government distrust.



Increasing engagement with transmasculine and gender diverse people within HIV research

Presenter: Hirwa Carter Honorée (Transmasculine People & HIV Working Group)

Moderator: Nikolay Lunchenkov (Eurasian Coalition on Health, Rights, Gender and Sexual Diversity)

To access the slides (EN), click [here](#).

Good practices: Transmasculine People & HIV Working Group

- [GATE Trans Men and HIV project](#): strengthening and generating knowledge to further their engagement in the international HIV response.
- Collaboration with AVAC on [No Data No More manifesto \(July 2021\)](#) to improve representation of transgender and gender-diverse (TGD) perspectives in HIV prevention research.
- Transgender representative inclusion in Global Fund Country Coordinating Mechanisms.

Population-specific priorities

- Address lack of data and intersectional HIV research which results in inaccurate sexual health information and inappropriate services for HIV prevention.
- Decolonise healthcare settings: e.g. address assumptions about education levels and underlying racism.
- Engage, and compensate, TGD people at all the stages of research (design to evaluation).
- Promote community leadership in projects
- Improve healthcare providers and researchers' knowledge and address misconceptions of sex practices to improve relevance of services and trust.
- Research the use and efficacy of PrEP and its interaction with gender affirming hormone treatment.
- Ensure research protocol is gender-inclusive, not just 'men/women'.
- New EMIS survey to cover transmasculine and gender-diverse individuals' knowledge of HIV, viral hepatitis and sexually transmitted infections (STI), and data collection regarding sexual behaviours, prevention needs and testing



Increasing sex worker access and awareness to the HIV combination prevention package

Presenters: Akynos and Olivia Green (Black Sex Workers Collective)

Moderator: Jules James (European Sex Workers rights Alliance)

To access the slides (EN), click [here](#).

Good practices: Black Sex Workers Collective

- Trans*Sexworks network provides weekly street outreach to trans sex workers providing food, masks, condoms, and informal counselling.
- Black Sex Workers Collective (BSWC) collaborates with other sex workers' rights organisations for joint advocacy and representation at related international conferences and policy decision-maker meetings. BSWC also incorporates art by sex workers in sex worker activism.
- Mention made of [Touching Base](#) workshops for sex workers by sex workers about sex work and disability.

Population-specific priorities

- Sex work is a stream of income in particular for marginalised communities outside of moral conceptions about sex.
- To support sex workers:
 - Meaningfully include sex workers in any decision that impacts them"
 - Listen to and amplify their voices.
 - Use respectful language and recognise nuanced experiences. Avoid using "prostitution" and "survival sex work". The best term to use is "sex work / sex worker".
 - Make no assumptions on why people are sex workers and/or what their work entails.
- Legal frameworks around sex work considerably impact the lives and safety of sex workers. Full decriminalisation is what sex workers are advocating for as an alternative to legalisation, criminalisation, and the Swedish Model. Decriminalisation provides sex workers with more rights and negotiating power, however it's important to note that migrant sex workers are still excluded here.



Increasing people who use drugs' access and awareness to the HIV combination prevention package

Presenter: Mikhail Khor (Fixpunkt)

Moderator: Marios Atzemis (Positive Voice Greece)

Good practices: Fixpunkt

- **Accompaniment of people who use drugs and undocumented migrants to doctors/GPs.** Provided whether insured or not.
- Frontline service delivery: **checkpoints, syringe exchange programmes, supervised drug consumption room, mobile vans for testing for HIV and Hepatitis.**
- **Hiring** social workers who speak **different languages** and are representative of community demographics.
- Social workers coordinating **OAT programme:** this allows people to make space and time to be treated and find a job.
- **Peer-to-peer support** to the Russian-language community in Berlin: building a community to understand the priorities of people who use drugs from Eastern Europe.
- Mention made of **Frauentreff Olga** – an organisation for women who use drugs and sex workers.

Population-specific priorities

- **Diversify harm reduction services:** people who use drugs are not a homogeneous group.
- **People who use drugs + Gender:** provide services that are specifically designed for women and based on their needs. Often hostile environment for women who use drugs – e.g., not allowed to bring children in consumption rooms; major stigma: women coming from Ukraine using OAT reluctant to share this information in host countries.
- Migrants using drugs: **better strategies to support undocumented migrants** and avoid disparities in access (e.g., in Germany, only registered people receive high-quality health insurance and care, access to OAT and treatment for Hepatitis).
- **Peer navigators** and **appointment accompaniments** are key interventions for people who use drugs to access HIV and hepatitis testing. More planning needed for retention in care.
- Creation of **more safe spaces** where people do not feel persecuted.



Increasing chemsex users' access and awareness to the HIV combination prevention package

Presenter: Juan Francisco Cabrera (Apoyo Positivo)

Moderator: Stephan Vernhes (AIDES)

To access the slides (EN), click [here](#).

Good practices: Apoyo Positivo

- Mention of chemsex peer-to-peer group centre in Paris: **Le SPOT Beaumarchais**. Initially failed to make services available and safe for trans people. Creation of a network with AcceptesT, OUTrans, Ardhis (LGBTQI+ migrants) to support trans people.
- **Checkpoint:** testing and community-approved questionnaire.
- **Support with PrEP accessibility:** creation of a protocol with HIV specialists for quick referrals.
- **Meet the Doctor:** online meetings with HIV specialists on HIV and PrEP for the general population.
- Various programmes:
 - **Aseprep program:** Information, promotion and healthcare system and PrEP navigation.
 - **Diversity and LGBTQI+ Counselling**
 - **WeLove: Education**
 - **HIV+ Peer-to-peer**
 - **Sexo, Drogas y Tu** (Chemsex): group/individual counselling, psychiatric interventions, STIs information
 - **Healthy leisure time:** information on how to access combination prevention options, analysis of risk practices, chems & drugs risk reduction, overdose prevention.
- **AEP – (Audio-visual production):** Web series: INDETECTABLES (**episodes on chemsex**); social media (Instagram) posting **information on chemsex**, Project: UNFOLLOW the VIRUS: education on HIV (short and effective YouTube videos).

Population-specific priorities

- **Better promotion of peer-to-peer chemsex support** and training specially focusing on Risk and Harm reduction.
- **Community education on consent.**
- Inclusion of **psychological counselling** in chemsex services.
- **Creation of safe spaces:** no judgement, no discrimination, no pressure.
- **Detection of high-risk HIV exposure practices and increase harm and risk reduction programmes** for chemsex users.
- Increase/ establish free **needle exchange services.**



- Improve healthcare **access for non-legal residency migrants** (40% of people involved in chemsex in Torremolinos are South American migrants).
- Granting **ART/ PrEP / PEP access** to everyone.
- Creating **local, national, and international alliances**: healthcare professionals, hospitals, pharmacies, LGBTQI+ services.
- Provide **education to primary healthcare professionals** about sexual health, HIV and chemsex.
- **Public campaigns** with HIV information that encompass all populations (including heterosexual people where chemsex practices are being reported).
- **Messaging**: efficient and clear information. Hire peers from different communities for appropriate communication.
- Chemsex programming should pay special attention on LGBTQ+ and HIV diagnosis trauma and stigma from an intersectional approach to include migrants, people living with HIV and sex workers.
- Collective leadership needed to regroup after the passing of David Stuart.



European
AIDS Treatment
Group

About the European AIDS Treatment Group:

The European AIDS Treatment Group (EATG) is a patient-led NGO that advocates for the rights and interests of people living with or affected by HIV/AIDS and related co-infections within the WHO Europe region. Founded in 1992, the EATG is a network of more than 150 members from 45 countries in Europe. Our members are people living with HIV and representatives of different communities affected by HIV/AIDS and co-infections. EATG represents the diversity of more than 2.3 million people living with HIV (PLHIV) in Europe as well as those affected by HIV/AIDS and co-infections.

For more information, please visit www.eatg.org