Amplifying
Community Voices
for Prevention

Strategic
Community HIV
Prevention
Empowerment

Standards of HIV Combination Prevention

Definition of standards and monitoring tool

Final report

EATG European AIDS Treatment Group

Contents

SCOPE partners

Disclaimer

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List of Abbreviations

SCOPE	Strategic Community HIV Prevention Empowerment
HBV	Hepatitis B virus
HIV	Human immunodeficiency virus
HPV	Human papillomavirus infection
HR	Harm reduction
KPs	Key populations
MSM	Men who have sex with men
NPSS	Nonprescription syringe sales
OAT	Opioid Agonist Treatment
OST	Opioid substitution therapy
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
SCOPE	Strategic Community HIV Prevention Empowerment
SH	Sexual health
SW	Sex workers
TasP	Treatment as Prevention
TB	Tuberculosis

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Executive Summary

Building an HIV combination prevention services checklist to assess their availability and access by key populations

Introduction and purpose:

With the SCOPE (Strategic Community HIV Prevention Empowerment) project, the European AIDS Treatment Group (EATG) aims to strengthen community engagement at local and regional levels to reduce the gaps in access and use of HIV combination prevention interventions by populations that are most affected by HIV. In 2022, EATG partnered with regional community networks (ECOM, ESWA, EuroNPUD, ILGA Europe, ReShape/IHP/Chemsex forum, SWAN, TAMPEP, TGEU) to develop a checklist of population-specific standards for the delivery of effective HIV combination prevention services. The purpose of this checklist is to enable future rapid community assessments of services at a local level, facilitating the identification of points for improvement and to enable advocacy efforts related to the upscaling and quality improvement of HIV combination prevention. The initial plan was to have two levels of classification for the proposed standards and services informed by the findings from an online survey disseminated to community-based organisations.

Methodology:

11 key population networks in the WHO (World Health Organization) European Region representing the health interests of gay and other men who have sex with men, sex workers, transgender and gender-diverse people, migrants and people who use drugs were contacted to participate in the survey development, working alongside a community expert group advising the project.

Invited representatives from the key population network organisations participated in an online consultation to provide input on key considerations for population-specific HIV combination prevention service delivery. This feedback was then transposed to an online survey in Microsoft Forms.

The survey contained 24 questions, it included socio-demographic questions and was followed questions organised in 9 sections:

- Structural considerations/context in which services operate
- Sexual health services
- Support services
- Service delivery/way services are provided
- Transgender and gender diverse specific services
- Services for persons who use drugs
- Services for Chemsex users
- Services for Sex workers
- Services for migrants, mobile populations, and displaced persons

It was available in English and Russian and data collection took place between 10 January to 15 February 2023.

Each section had a quantitative assessment part, where respondents were asked to rate the relevance of each proposed standard or service, and a qualitative component, where respondents were asked to suggest important points missing for each of the sections.

Post survey, results and updated version of the tool were circulated for validation amongst the same key-population networks.

Results:

A total of 85 persons responded to the survey, from 26 countries in the WHO European Region. Most participants identified as cisgender men (48; 57.1%) followed by cisgender women (24; 28.6%). Other respondents included transwomen and transfeminine persons, one transman. In total, 6 persons identified as gender queer/non binary.

Approximately 70% of the respondents identified with at least one key population. 30.6% of respondents declared not to belong to any of the groups listed, but working with one or more of these groups.

The most represented group were men who have sex with men, with 45.9% of respondents belonging to this key population (39 persons), followed by migrants (16 persons; 18.8%) and sex workers (12 persons; 14.1%). People who use drugs represented 12.9% of the respondents, whereas transgender and gender diverse people were at 10.9% of all responses (9 persons). The least represented key population were those engaging in chemsex, which stood for 7.1% of the responses (6 persons).

Even though its response rate was limited and MSM represent the largest group of respondents, the survey did reach individuals from all key populations it aimed to consult. Moreover, some respondents may not have wanted to identify with one or more key populations, which may lead to underreporting.

Even though its response rate was limited and MSM represent the largest group of respondents, the survey did reach individuals from all key populations it aimed to consult. Moreover, some respondents may not have wanted to identify with one or more key populations, which may lead to underreporting.

All of the proposed standards and services were considered essential or important by over 70% of respondents, with most of the proposed options having over 75% of respondents considering them essential. Within the context in which services operate, universal access to prevention and treatment regardless of person's insurance or residency status, and the presence of laws and regulations to protect persons in situations of stigma and discrimination was deemed essential by over 90% of respondents. The third criteria with more than 75% of respondents judging it critical is a legal and regulatory framework that does not criminalise same sex relationships.

The survey addressed the legal and regulatory context as facilitating or hindering access to combination prevention. Over 90% of respondents consider universal access to prevention and treatment regardless of person's insurance or residency status as essential. Over 75% of respondents a legal and regulatory framework that does not criminalise same sex relationships as critical. All of the proposed standards and services were considered essential or important by over 70% of respondents, with most of the proposed options having over 75% of respondents considering them essential.

Conclusions:

An HIV combination prevention service checklist with a focus on key populations was designed and validated by key-population networks and individuals. This checklist is available in Excel and can serve to perform a detailed assessment of availability and accessibility of services provided to key populations. Considering the results of the survey, the checklist does not differentiate proposed services and standards based on relevance. It considers all the proposed items to be equally important for the provision of a high-quality HIV combination prevention service. The checklist includes four response options for each service (yes – available for free; yes – available with a cost to users; no - not available; not possible to implement in my country), and two different scores: one score to compare the rating against the "ideal" scenario, in a country where all services are possible to implement and all structural considerations are accounted for, and one score to rate the service against what is possible to implement in the respective country (and thus excluding from the calculations all services that are not possible to be implemented).

A piloting of the checklist is currently taking place with community partners across 10 countries in the WHO European Region.

Резюме

Составление контрольного перечня услуг комбинированной профилактики ВИЧ для оценки их наличия и доступности для ключевых групп населения

Вступление и цель:

В рамках проекта «Стратегическое расширение возможностей сообществ в сфере профилактики ВИЧ» (SCOPE) Европейская группа по лечению СПИДа (EATG) стремится расширить вовлечение сообществ на местном и региональном уровне для сокращения пробелов в доступе и использовании услуг комбинированной профилактики ВИЧ группами населения, наиболее затронутыми ВИЧ. В 2022 году EATG в партнерстве с региональными сетями сообществ (ECOM, ESWA, EuroNPUD, ILGA Europe, ReShape/IHP/Chemsex forum, SWAN, TAMPEP, TGEU) был разработан контрольный перечень стандартов предоставления эффективных услуг комбинированной профилактики ВИЧ по группам населения. Задача данного контрольного перечня – обеспечить возможность проведения быстрых оценок услуг на местном уровне силами сообществ, помочь выявить аспекты, которые можно было бы улучшить, а также содействовать адвокационным усилиям, направленным на расширение и повышение качества услуг комбинированной профилактики ВИЧ. Первоначальный план предполагал два уровня классификации предлагаемых стандартов и услуг на основании результатов онлайн-опроса среди организаций на базе сообществ.

Методология:

Для участия в разработке опросника были приглашены 11 сетей ключевых сообществ из Европейского региона Всемирной организации здравоохранения (ВОЗ), представляющие интересы геев и других мужчин, практикующих секс с мужчинами, секс-работниц и секс-работников, трансгендерных и гендерно разнообразных людей, мигрантов и людей, употребляющих наркотики, в сфере здравоохранения. В ходе составления опросника они сотрудничали с проектной группой экспертов из числа представителей сообществ.

Приглашенные представители сетей ключевых сообществ приняли участие в онлайн-консультации и представили свои точки зрения на предоставление услуг комбинированной профилактики ВИЧ для соответствующих групп населения. На основании полученной обратной связи был подготовлен онлайн-опросник в Microsoft Forms.

Опросник состоял из 24 вопросов, среди которых были вопросы по социально-демографическим характеристикам, а также по 9 разделам:

- Структурные факторы/контекст предоставления услуг
- Услуги в сфере сексуального здоровья
- Услуги поддержки
- Предоставление услуг/способы предоставления услуг
- Услуги для трансгендерных и гендерно разнообразных персон
- Услуги для людей, употребляющих наркотики
- Услуги для людей, практикующих химсекс

- Услуги для секс-работниц(ков)
- Услуги для мигрантов, представителей мобильных групп населения и перемещенных лиц

Опросник был доступен на английском и русском языках. Сбор данных проводился с 10 января по 15 февраля 2023 года.

В каждом разделе был компонент количественной оценки, где респондентов просили оценить актуальность всех предложенных стандартов или услуг, а также качественный компонент, где респондентов просили указать важные аспекты, которых не хватало по каждому пункту.

После проведения опроса его результаты и обновленная версия контрольного перечня были направлены на утверждение сетям ключевых сообществ.

Результаты:

Всего в опросе приняли участие 85 человек из 26 стран Европейского региона ВОЗ. Большинство участников идентифицировали себя как цисгендерные мужчины (48; 57,1%), на втором месте по численности были цисгендерные женщины (24; 28,6%). Также среди респондентов были трансженщины и трансфеминные персоны, а также один трансмужчина. Шестеро людей указали, что они относятся к квир/небинарным персонам.

Около 70% респондентов(к) указали, что идентифицируют себя по меньшей мере с одной из ключевых групп населения. 30,6% респондентов(к) указали, что не относятся ни к одной из таких групп, однако работают с одной или несколькими ключевыми группами населения.

Наиболее широко была представлена группа мужчин, практикующих секс с мужчинами – 45,9% респондентов (39 человек) указали, что относятся именно к этой группе, за ними следовали мигранты (16 человек; 18,8%) и секс-работницы(ки) (12 человек; 14,1%). Кроме того, 12.9% респондентов(к) относились к группе людей, употребляющих наркотики, а 10,9% (9 человек) – к группе трансгендерных и гендерно разнообразных людей. Наименее представленной ключевой группой населения были люди, практикующие химсекс – от них было получено 7,1% ответов (6 человек).

Несмотря на то, что не все, кому был направлен опросник, его заполнили, а также то, что МСМ были самой широко представленной группой респондентов, в рамках опроса были охвачены представители всех ключевых групп населения, от которых планировалось получить обратную связь. Кроме того, возможно, некоторые респонденты(ки) не захотели указывать, что они относятся к одной или нескольким ключевым группам населения, что могло привести к заниженным результатам.

Более 70% респондентов(к) отметили, что все предложенные стандарты и услуги являются критически важными или важными, при этом более 75% респондентов(к) указали, что большинство их них критически важны. В контексте предоставления услуг более 90% респондентов(к) отметили, что критически важное значение имеют всеобщий доступ к услугам профилактики и лечения, независимо от наличия медицинской страховки и статуса пребывания в стране, а также наличие законов и нормативных актов, защищающих людей в случае стигмы и дискриминации. Третьим критерием, имеющим критически важное значение по мнению 75% респондентов(к), была нормативно-правовая база, не предусматривающая уголовного преследования однополых отношений.

В опросе нормативно-правовая база рассматривалась как фактор, который может содействовать или препятствовать доступу к услугам комбинированной профилактики. Более 90% респондентов(к) отметили, что критически важное значение имеет всеобщий доступ к услугам профилактики и лечения, независимо от наличия медицинской страховки и статуса пребывания в стране. Более 75% респондентов(к) указали, что критически важной является нормативно-правовая база, не предусматривающая уголовного преследования однополых отношений. Более 70% респондентов(к) отметили, что все предложенные стандарты и услуги являются критически важными или важными, при этом более 75% респондентов(к) указали, что большинство их них критически важны.

Выводы:

Контрольный перечень услуг комбинированной профилактики ВИЧ с акцентом на ключевых группах населения был разработан и утвержден сетями и представителями ключевых сообществ. Данный перечень доступен в формате Excel и может служить для проведения детальной оценки наличия и доступности услуг для ключевых групп населения. Основываясь на результатах проведенного опроса, в перечне отсутствует дифференциация предлагаемых услуг и стандартов в зависимости от их актуальности. Считается, что все приведенные в нем пункты одинаково важны для предоставления качественных услуг комбинированной профилактики ВИЧ. В контрольном перечне предусмотрено четыре варианта ответа для каждой из услуг (да, доступны бесплатно; да, доступны за оплату; не доступны; не предоставляются в данной стране), а также две разных оценки: одна для сравнения полученного балла с «оптимальным» сценарием в стране где могут предоставляться все услуги и решены все структурные вопросы, и еще одна для сравнения имеющихся услуг с тем, что может быть реализовано в соответствующей стране (когда в расчет не принимаются те услуги, которые в такой стране не могут предоставляться).

Пилотирование контрольного перечня планируется провести в 19 странах Европейского региона ВОЗ в сотрудничестве с партнерами, представляющими сообщества.

Вы представляете организацию на базе сообществ, предоставляющую услуги различным ключевым группам населения (трансгендерным и гендерно разнообразным персонам, людям, употребляющим наркотики, людям, практикующим химсекс, секс-работницам(кам), мигрантам, мобильным группам населения и перемещенным лицам)? Перейдите по ссылке, чтобы получить доступ к контрольному перечню в формате эксель-файла.

1. Introduction and objectives

The SCOPE (Strategic Community HIV Prevention Empowerment) project has as its main objective to strengthen community engagement at local and regional level to reduce the gap in access and use of HIV combination prevention interventions by populations that are most affected by HIV. These populations often remain inadequately served by the health system and are generally underrepresented in policy and public debate.

SCOPE aims to equip communities with enhanced scientific and technical knowledge, data for advocacy, networking and access to opinion leaders and policymakers to transform beliefs and attitudes currently barring the way to targeted and sustained investment (at the scale needed) to reduce HIV incidence in key populations.

The specific purpose of this piece was to identify a working community consensus definition of "HIV combination prevention" and to develop a checklist of population-specific standards for the delivery of effective HIV combination prevention services that can be applied and/or adapted for community monitoring purposes in different regional contexts.

The purpose of this checklist is to enable future rapid community assessments of services at a local level, facilitating the identification of points for improvement on the one hand, and to enable advocacy efforts related to the upscaling and quality improvement of HIV combination prevention on the other hand.

1.1 Methodology

An initial draft of the methodology was developed and validated with the SCOPE Expert Group. After its validation, the next step was to contact key population networks working in the European Region, which work with or represent the key populations that this work aims to focus on: men who have sex with men (MSM), sex workers, trans individuals, migrants and people who use drugs.

These networks were asked to attend a group meeting where the overall methodology was explained, and where their input regarding both methodology itself, the definition of combination prevention, resources related to combination prevention for one or more key populations, and important components of combination prevention services, in particular for the populations these networks serve or represent. These networks were (listed by key population the networks primarily work with):

- Sex workers: European Sex Workers' Rights Alliance (ESWA); Sex Worker's Rights Advocacy Network (SWAN)
- Trans/Gender-diverse: Transgender Europe (TGEU); ILGA-Europe
- People who use drugs: European Network of People who Use Drugs (EuroNPUD)
- MSM: ECOM; ILGA-Europe
- Migrants: Platform for International Cooperation on Undocumented Migrants (PICUM)

Lastly, they were invited to integrate the overall process, depending on their interest and availability.

From the input provided by these networks, as well as existing literature, a first draft of a set of standards and services for HIV combination prevention was developed and shared for input

both with the Expert Group and the participating networks. Following their feedback, these standards and services were transposed to a survey format in Microsoft Forms.

The survey was composed of 24 questions, and divided in socio-demographic information, and then 9 sections:

- Structural considerations/context in which services operate
- Sexual health services
- Support services
- Service delivery/way services are provided
- Transgender and gender diverse specific services
- Services for persons who use drugs
- Services for Chemsex users
- Services for Sex workers
- Services for migrants, mobile populations and displaced persons

Each section had a quantitative assessment part, where respondents were asked to rate the relevance of each proposed standard or service, and a qualitative part, where respondents were asked to suggest important points missing for each of the sections.

The survey was available in English and Russian, and was open for responses from 10 January 2023 to 15 February 2023.

This report presents the results of the survey, which will be used to modify the proposed checklist, and transform it into a final version.

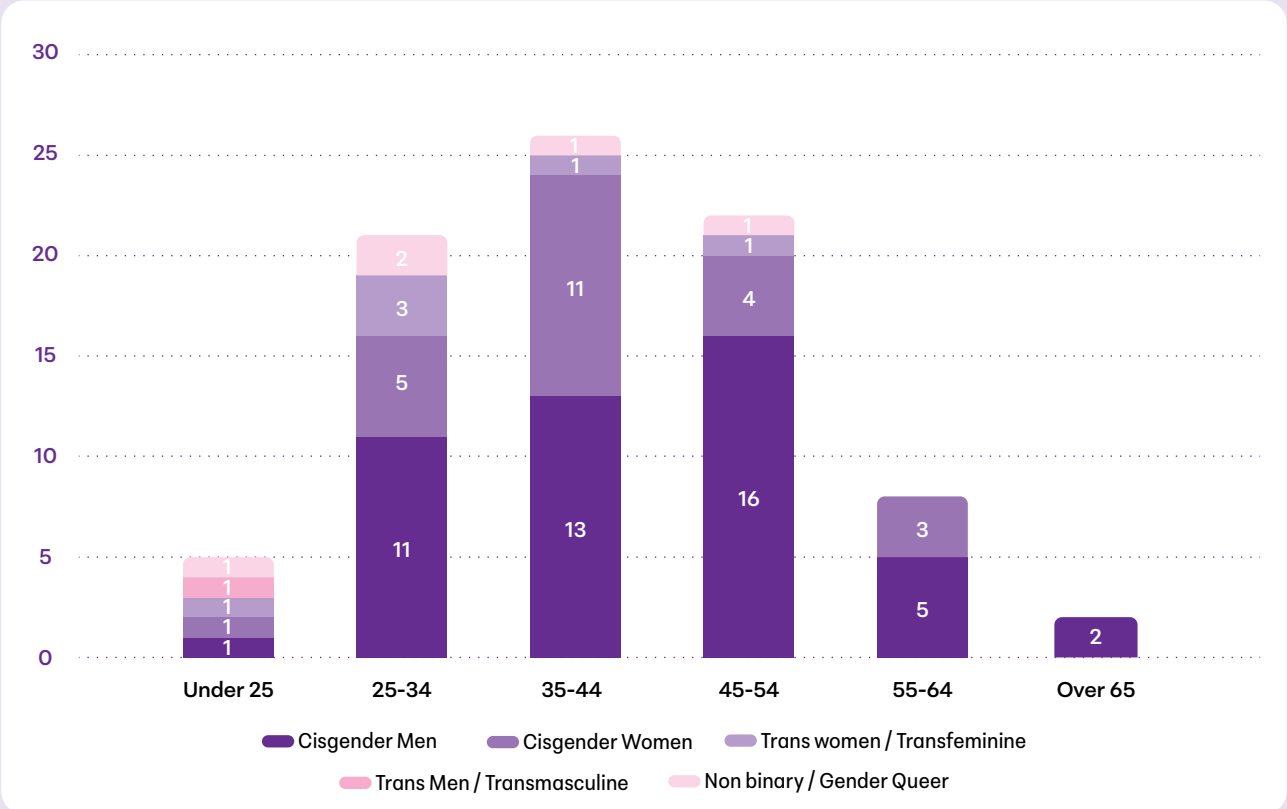
2. Findings

2.1 Respondent characteristics

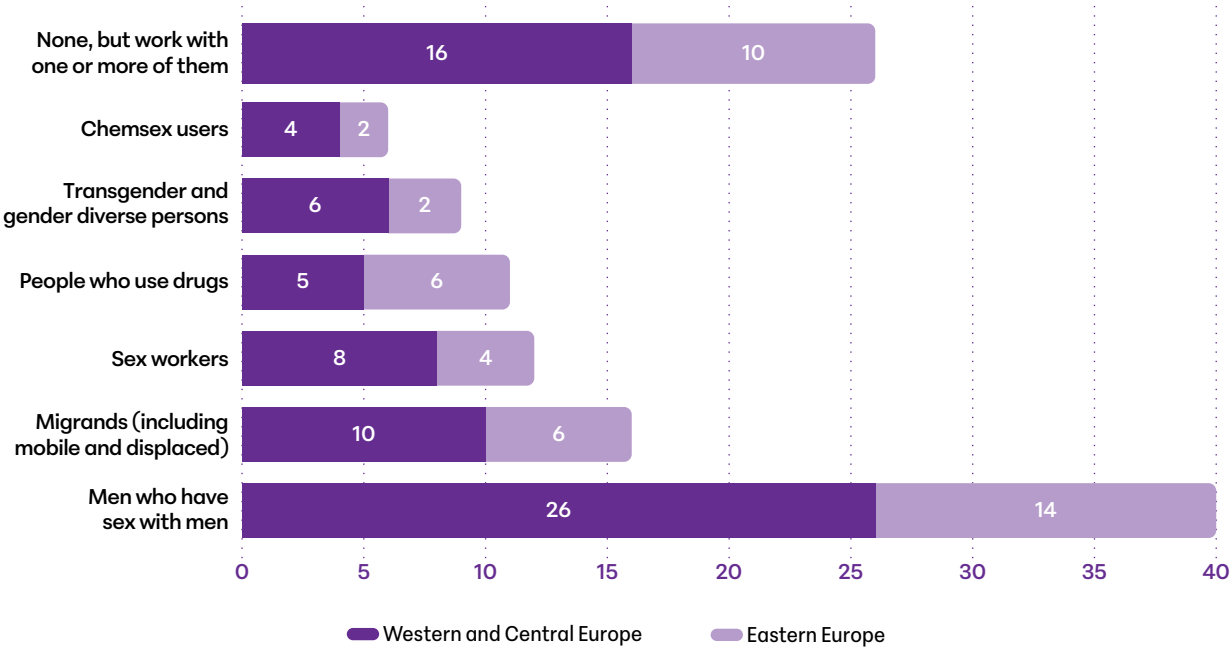
A total of 85 persons responded to the survey, from 26 countries, 17 countries from Western and Central Europe (Belgium, France, Germany, Greece, Hungary, Ireland, Italy, North Macedonia, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland and the United Kingdom), and 9 countries from Eastern Europe (Armenia, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan and Ukraine). Most represented countries among respondents were Portugal (10 responses), Georgia (9 responses), Kazakhstan (8 responses), Greece and the Russian Federation (6 responses each).

As shown in graphic 1 (below), most participants identified as cisgender men (48; 57.1%) followed by cisgender women (24; 28.6%). Participation from transgender persons was less high, with a total of 7 responses, 6 from trans women and transfeminine persons, and 1 from a trans man. Additionally, a total of 6 gender queer/non binary individuals responded to the survey.

Graphic 1 - Age and gender of respondents Potential PrEP Users



Graphic 2 - Participants' self-identification with selected key populations by sub-region

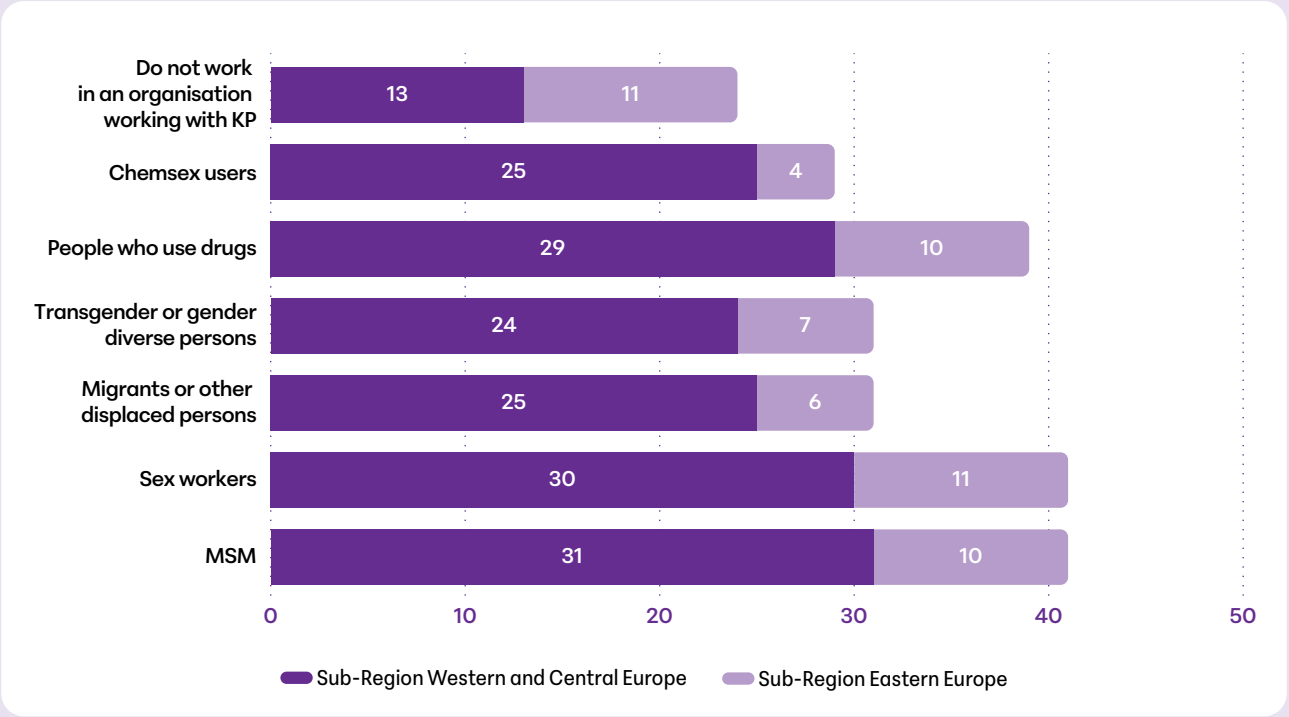


Regarding identification with key populations, approximately 70% of the respondents identified with at least one key population, with 30.6% of respondents declaring not to belong to any of the groups listed, but working with one or more of these groups.

The most represented group were men who have sex with men, with 45.9% of respondents belonging to this key population (39 persons), followed by migrants (16 persons; 18.8%) and sex workers (12 persons; 14.1%). People who use drugs represented 12.9% of the respondents, whereas transgender and gender diverse people were at 10.9% of all responses (9 persons). The least represented key population were those engaging in chemsex, which stood for 7.1% of the responses (6 persons).

Despite the absolute number of responses to the survey not being very high, it managed to reach individuals from multiple key populations. As in other surveys, men who have sex with men are the most represented group in the respondents, but there was participation of all the key populations the survey was aiming for. Additionally, we should take into consideration that some respondents may not have wanted to identify with one or more key populations, which may lead to underreporting.

Key populations that organisations of respondents work with (multiple responses possible)



As for the key populations that the respondents' organisations work with, over 40% of respondents work in organisations that are in contact with men who have sex with men (48.2%; 41 responses), sex workers (48.2%; 41 responses), people who use drugs (45.9%; 39 responses) and migrants (43.5%; 37 responses). 31 respondents (36.5%) reported working with transgender or gender diverse persons, whereas 29 (34.1%) reported working with chemsex users. Finally, 24 respondents reported not working in an organisation that works with key populations (28.2%).

Overall, there was wide diversity in terms of organisational contact with multiple key populations, with most respondents reporting to work with more than one, and many times all of the key populations listed, further increasing the relevance of a well-designed service that can provide responses to the diverse needs of groups at greater risk of HIV infection.

2.2 Survey Results

As mentioned, the survey was divided in multiple sections, each focusing on one specific aspect of HIV combination prevention services, or service delivery. Results are presented below by section, with an overall summary of results at the end.

Since the primary objective of the survey was to identify what criteria were considered important for HIV combination prevention services, results are shown below with colour coding, in order to facilitate the quick visualisation of the highest frequencies of response. Each interval of the most frequent response was assigned a colour, as listed below:

- Over 75% of participants
- 51-74% of participants
- 26-49% of participants

Section 1 – Structural Considerations/Context In Which Services Operate (Option 1 – Graphs)

As shown in Table 1 (below) this first section has three of the proposed questions with over 75% of respondents considering them essential, two of which with more than 90% of respondents supporting their critical role in delivery of HIV prevention services: universal access to prevention and treatment regardless of person's insurance or residency status, and the presence of laws and regulations to protect persons in situations of stigma and discrimination. The third criteria with more than 75% of respondents judging it critical is a legal and regulatory framework that does not criminalise same sex relationships.

The remaining three criteria proposed had less than 75% of respondents assessing them as critical, but still more than 60%. This translates into a general approval of all the proposed criteria as essential for the provision of quality HIV prevention services, and thus all criteria will be kept for the final version of the tool.

Respondents were also asked to add any points they deemed important at a structural level, which are shown in table 2 (below). The table also shows actions or modifications that will be done to the proposed criteria based on participants' recommendations.

Table 1 - Assessment of criteria regarding structural considerations/context in which services operate

Quantitative assessment							
		Essential	Important	Not important	I don't know	I don't want to respond	Total
Universal access to prevention and treatment of HIV and other co-infections regardless of the person's insurance (has a health insurance or not) or residency status (legal in the country or not)	EN	50	3	1	0	1	55
	RU	28	2	0	0	0	30
	Total	78	5	1	0	1	85
	%	91,8%	5,9%	1,2%	0,0%	1,2%	
Legal and regulatory framework in the country does not criminalise same sex relations	EN	49	6	0	0	0	55
	RU	17	10	2	1	0	30
	Total	66	16	2	1	0	85
	%	77,6%	18,8%	2,4%	1,2%	0,0%	
Legal and regulatory framework in the country does not criminalise sex work	EN	41	14	0	0	0	55
	RU	16	12	2	0	0	30
	Total	57	26	2	0	0	85
	%	67,1%	30,6%	2,4%	0,0%	0,0%	

Legal and regulatory framework in the country does not criminalise drug use	EN	37	18	0	0	0	55
	RU	14	13	2	1		30
	Total	51	31	2	1	0	85
	%	60,0%	36,5%	2,4%	1,2%	0,0%	
Name and gender change procedures are allowed and accessible in public services	EN	38	15	2	0	0	55
	RU	14	11	3	2	0	30
	Total	52	26	5	2	0	85
	%	61,2%	30,6%	5,9%	2,4%	0,0%	
Laws and regulations are in place to protect persons in situations of stigma and discrimination	EN	50	5	0	0	0	55
	RU	27	3	0	0	0	30
	Total	77	8	0	0	0	85
	%	90,6%	9,4%	0,0%	0,0%	0,0%	

Table 2: Additional criteria regarding structural issues considered important by participants

Comment	Action
Living with HIV is a condition in itself that needs special consideration and protections	Nothing added, as this is a general consideration.
Destigmatisation, culture sensitive approaches in medical practice etc.	Included below for all prevention services.
All drugs should be decriminalized and drug abuse should be treated like health problem and help them overcome this symptom and through that to find the root of the drug abuse impulse.	Decriminalisation already included in structural considerations. Health approach to decriminalisation is harder to include in a blanket statement, so at the moment it is not changed.
Free of charge access to health services	Country dependent – requires advocacy for change. General topic to be added to service provision on providing services free of charge.
Health system (e.g. attention hours. bureaucracy, access to medication, appointment management, etc.)	Already included - although with different wording - throughout other points in remaining sections.
provision of legal services for Key populations	Already included in support services.
Housing/food for hiv positive people regardless of income	Already included in support/social services (not exactly the same wording).
Raising the awareness of young people about HIV and accessibility of rapid tests, lubricants, quality condoms	Awareness raising is included in prevention - focus on young people to be included? All other points are already included in the service part.
In Russia all the above is criminalized and calls for changes	Comment underlines importance of advocacy.
Cancel the punishment for providing premises for sex services	In line with the above - advocacy efforts.

Access to PrEP/PEP/ART for migrants and foreigners, free of charge or for a co-payment	Add to migrant services - access to prevention services, including biomedical prevention, in the same conditions as country nationals.
Recognizing the problem, comprehensive sex education in schools, subsidized prices for condoms	Sex education for general population is beyond the remit of this work, but can be added in intro as a good practice in general Add to provision of services - free of charge (comment on the condoms).
Socialization and re-socialization	No action.
Almost no work with chemsex 🤔	Chemsex users are one of the KP already included here.

Section 2 – Sexual Health Services

Sexual health services include many of the "classical" HIV prevention services, and the proposed list aimed to reflect an integrated approach, thus including testing for other infections, as well vaccination.

As shown in Table 3 (below), and similarly to the results of the first section, all proposed components of HIV combination prevention were considered essential by over half of respondents.

Table 3 - Assessment of criteria and services for sexual health services

Quantitative assessment							
		Essential	Important	Not important	I don't know	I don't want to respond	Total
Provision of condoms and lubricant	EN	41	11	3	0	0	55
	RU	20	9	1	0	0	30
	Total	61	20	4	0	0	85
	%	71,8%	23,5%	4,7%	0,0%	0,0%	
Provision of voluntary HIV testing and counselling	EN	50	5	0	0	0	55
	RU	27	3	0	0	0	30
	Total	77	8	0	0	0	85
	%	90,6%	9,4%	0,0%	0,0%	0,0%	
Provision of or referral to viral hepatitis, tuberculosis, and sexually transmitted infection testing	EN	49	5	0	1	0	55
	RU	24	6	0	0	0	30
	Total	73	11	0	1	0	85
	%	85,9%	12,9%	0,0%	1,2%	0,0%	

Testing and counselling available during flexible hours/days	EN	36	19	0	0	1	56
	RU	20	9	1	0	0	30
	Total	56	28	1	0	1	86
	%	65,1%	32,6%	1,2%	0,0%	1,2%	
Referral to or direct access to Post Exposure prophylaxis (PEP), Pre-Exposure Prophylaxis (PrEP) initiation and monitoring services	EN	45	9	0	0	0	54
	RU	21	8	0	1	0	30
	Total	66	17	0	1	0	84
	%	78,6%	20,2%	0,0%	1,2%	0,0%	
Provision of or referral to sexual and reproductive health counselling and services adapted to sexual practices (including, as necessary, access to contraception and family planning services, safe abortion services, pregnancy testing, gynaecological, pre and post-natal healthcare and male circumcision)	EN	38	15	1	0	1	55
	RU	17	13	0	0	0	30
	Total	55	28	1	0	1	85
	%	64,7%	32,9%	1,2%	0,0%	1,2%	
Referral or direct access to HPV vaccination	EN	33	19	2	1	0	55
	RU	15	12	3	0	0	30
	Total	48	31	5	1	0	85
	%	56,5%	36,5%	5,9%	1,2%	0,0%	
All non-medical services listed here can be provided by both public health services and Non-Governmental / Community based organisations	EN	37	16	1	1	0	55
	RU	23	4	2	1	0	30
	Total	60	20	3	2	0	85
	%	70,6%	23,5%	3,5%	2,4%	0,0%	

While 5 of the criteria were rated essential by less than 75% of respondents, the rating is still overwhelmingly positive with regards to their relevance, with a total of over 90% of respondents rating all the proposals as essential or important, which means all of them will be kept in the final version of the tool, with the inclusion of a few modifications suggested by respondents themselves, as shown on the “actions” column in the tables showing the qualitative comments.

In the table below, the comments provided by respondents are shown, alongside the modifications to be done to the initial proposal, in accordance with the feedback received.

Table 4 - Other sexual health services that respondents consider important or considerations about provision of sexual health services

Comment	Action
HIV testing is important - but works on an assumption that SH and RH services aren't accessed by people already with an HIV diagnoses (and so HIV testing ISN'T always an essential service); please can we unpick 'testing' from 'counselling' - many of us DON'T need 'counselling' to have an HIV test. It's an out-dated, crisis-driven, paternalistic, gate-keeper approach.	Add to Health services – counselling not mandatory and adapted to needs of the person testing
promotion of all vaccinations, for HAV, HBV, covid19, Mpox etc	Vaccination is added – add these specific cases to the final version
Peer to Peer counselling for key groups	Check wording for engagement of peers in service delivery
If "condoms" includes vaginal/internal condoms, it's ok, otherwise add as essential	Add to provision of condoms – internal and external condoms
Prep needs to be opened to non doctors just as the professional rapid tests against hiv, hepatitis c and syphilis where. The demand and interest in prep is high, but the accesses to it are not.	Provision of services by non-state actors is already included throughout the proposals.
Chemsex specialised harm reduction	Ensure it appears in chemsex specific services.
chem-sex kits and informational material	Add to chemsex specific services.
Linkage to treatment services for positive subjects	Linkage to care is already part of the proposed list of services.
A system of support and guidance for people who test negative. A system of mental health services for all key populations and those engaged in "risky behaviours". Regular and free viral load testing for all HIV+ people. A TasP strategy to identify and support HIV+ people who are not able, for any reason, to achieve and/or maintain viral suppression.	Add - Linkage to prevention and support post a negative test result. Mental health services are already included in the criteria proposed.
Provision of or referral to ChemSex service	Specific section on chemsex services exists. Add a point to final version stating "When not possible to provide services for a specific key population, ensure referral to other provider(s) which offer those services, if they exist".
harm reduction services and drug overdose prevention services	To add to PUD – specific mention of overdose prevention services.
LGBTQIA+ approach to sexual education in different educational settings (including combination prevention services)	Add - service staff is trained in an LGBTQIA+ approach to sexual education.
My opinion is that these services must be provided by the public. In a supportive society, associations should complement the public service, not replace it.	Services should be provided, regardless of who provides them - community environments are generally more friendly than public.
Make it possible to provide online consultations	Add to general - possibility of online service provision when feasible.

Testing for cervical cancer, mammography, tumour markers	Added in conclusions as possible services for specific groups, such as women living with HIV.
Shift most prevention services to NGOs and also increase project funding	Advocacy point, not directly service provision related.
Access to consultations of psychologists	Already included in mental health support.
Overdose prevention	To be added to PUD services.
Free legal aid, services for victims of violence for key populations, shelters for women who use psychoactive substances, legalization of cannabis, safe consumption rooms	To be added to PUD services - specific mention to safe consumption rooms and shelters Services for victims of violence and legal support services are already included; Regulation of cannabis falls under the general topic of legal reforms (structural).

Section 3 - Support Services

Support services are paramount for the success of HIV prevention, given that many individuals from the groups most affected by HIV live in difficult social and economical circumstances, and are subject to various forms of stigma, discrimination, marginalisation and even criminalization, which render their ability and willingness to access services in general - and health or support services in particular - difficult.

The proposed list aimed to include multiple forms of support, considering the fact that key populations have multiple areas of their lives where support services can significantly influence their standards of living, and thus contribute to making health a priority.

Table 5 - Assessment of relevance support services by participants

Quantitative assessment							
		Essential	Important	Not important	I don't know	I don't want to respond	Total
Referral to or direct access to an HIV/infectious disease clinic	EN	49	6	0	0	0	55
	RU	26	4	0	0	0	30
	Total	75	10	0	0	0	85
	%	88,2%	11,8%	0,0%	0,0%	0,0%	
Referral to or direct access to social services/social assistant appointments	EN	35	19	0	1	0	55
	RU	17	13	0	0	0	30
	Total	52	32	0	1	0	85
	%	61,2%	37,6%	0,0%	1,2%	0,0%	

Referral to or direct access to housing support services	EN	31	22	1	1	0	55
	RU	13	10	5	2	0	30
	Total	44	32	6	3	0	85
	%	51,8%	37,6%	7,1%	3,5%	0,0%	
Referral to or direct access to employment and professional training services	EN	28	21	3	1	0	53
	RU	11	10	7	2	0	30
	Total	39	31	10	3	0	83
	%	47,0%	37,3%	12,0%	3,6%	0,0%	
Referral to or direct access to Post Exposure prophylaxis (PEP), Pre-Exposure Prophylaxis (PrEP) initiation and monitoring services	EN	46	7	1	0	1	55
	RU	N/A	N/A	N/A	N/A	N/A	0
	Total	46	7	1	0	1	55
	%	83,6%	12,7%	1,8%	0,0%	1,8%	
Referral to or direct access to social protection mechanisms (such as financial support if applicable)	EN	32	20	1	2	0	55
	RU	14	10	4	2	0	30
	Total	46	30	5	4	0	85
	%	54,1%	35,3%	5,9%	4,7%	0,0%	
Referral to or direct access to mental health prevention services	EN	37	16	2	0	0	55
	RU	17	9	3	1	0	30
	Total	54	25	5	1	0	85
	%	63,5%	29,4%	5,9%	1,2%	0,0%	
Referral to or direct access to mental health support services (for those with an already identified mental health issue)	EN	41	12	1	1	0	55
	RU	18	10	1	1	0	30
	Total	59	22	2	2	0	85
	%	69,4%	25,9%	2,4%	2,4%	0,0%	
Referral to or direct access to legal assistance	EN	34	19	0	2	0	55
	RU	20	9	1	0	0	30
	Total	54	28	1	2	0	85
	%	63,5%	32,9%	1,2%	2,4%	0,0%	

Referral to or direct access to support services for situations of violence, including sexual and intimate partner violence	EN	44	10		1	0	55
	RU	22	5	2	1	0	30
	Total	66	15	2	2	0	85
	%	77,6%	17,6%	2,4%	2,4%	0,0%	
Referral to or direct access to support in situations of stigma or discrimination, including support in filing formal complaints, and legal assistance when required	EN	46	6	2	1	0	55
	RU	22	7	1	0	0	30
	Total	68	13	3	1	0	85
	%	80,0%	15,3%	3,5%	1,2%	0,0%	
Possibility to accompany service users to all appointments	EN	26	24	2	3	0	55
	RU	14	13	2	0	0	29
	Total	40	37	4	3	0	84
	%	47,6%	44,0%	4,8%	3,6%	0,0%	

As visible in Table 5, and for the first time in this section, two of the proposed criteria/services were considered essential by under 50% of respondents (referral to or direct access to employment and professional training services and possibility to accompany service users to all appointments). However, when factoring in the respondents who considered these services "important", more than 90% of participants agree that these two services are relevant parts of HIV combination prevention services.

For the remaining services, four were considered essential by over 75% of respondents, and the other six were considered essential by more than 50% of those who responded. As for the overall agreement with their relevance, all proposed services were considered "important" or "essential" by more than 85% of participants. with the vast majority reaching over 90% of responses in these two categories.

In Table 6 (below) we present the comments received in this section, as well as the proposed modifications to the original list that derive from these comments.

Table 6 - Other support services that respondents consider important, or comments regarding provision of support services.

Comment	Action
Again, please can we think about language: "service user" has such implications.	No action.
I can't stress the importance of psychological support factors and access to mental health treatments in order to empower people to take care of their own health.	Mental health prevention and treatment services are already included in the list of proposed criteria.
harm reduction services	Harm reduction is already included further below.

How do we provide some way to help people explore mental health issues that is safe and non-invasive. For example: A high percentage of people who test do so because of "problematic behaviour or harm". I think it would be great to have some community based service or self checking that could be provided to those who test negative. Anonymised and self-directed. Why did you get tested: A, B, C, D etc. If A you might want to checkout.... If B you might want to check out..... That is safe for the person - no government involvement - but does provide algorithms for people to pursue further support.	Referral to prevention services for those who test negative to be included in sexual health service part.
Provide children of sex workers with an opportunity to attend nurseries	Add to SW services - support services for children of sex workers.
Reimbursement of or payment for diagnostics or surgeries, development of services in prisons	Prisons are beyond the remit of this study; Payment/reimbursement for diagnostics or surgeries will depend on the country context, so they are hard to include this as a standard service.
Partial periodic audit	No action.

Section 4 - Service Delivery Criteria and Manner in Which Services are Provided

The fourth section of the survey focused on service delivery itself, and the way services are provided to people. Again, respondents showed a very high level of agreement with the proposed criteria, with only one having less than 50% of participants considering it as "essential" (service users have mechanisms or platforms to provide feedback on services provided), although again more than 90% of all responses place this criteria on the category of "important" or "essential".

Similarly, for the remaining criteria, and to what was shown in the previous sections, more than 90% of responses were in the "important" or essential" categories, as shown in Table 7 (below).

Table 7 - Assessment of service delivery criteria and way services are provided

Quantitative assessment							
		Essential	Important	Not important	I don't know	I don't want to respond	Total
Peers from the group(s) the service aims to serve are included in planning, implementation, and evaluation of the service itself	EN	38	15	2	0	0	55
	RU	19	11		0	0	30
	Total	57	26	2	0	0	85
	%	67,1%	30,6%	2,4%	0,0%	0,0%	

Location and schedules are adapted to the needs of the groups the service aims to serve	EN	36	18	1	0	0	55
	RU	15	14	1	0	0	30
	Total	51	32	2	0	0	85
	%	60,0%	37,6%	2,4%	0,0%	0,0%	
Access to services does not require users to present identification, and can be done in a confidential/anonymous way	EN	45	9	0	1	0	55
	RU	17	12	0	1	0	30
	Total	62	21	0	2	0	85
	%	72,9%	24,7%	0,0%	2,4%	0,0%	
Service users have mechanisms or platforms to provide feedback on services provided	EN	23	30	1	1	0	55
	RU	14	14	2	0	0	30
	Total	37	44	3	1	0	85
	%	43,5%	51,8%	3,5%	1,2%	0,0%	
Stigma and judgement free environment	EN	51	3	0	1	0	55
	RU	26	4	0	0	0	30
	Total	77	7	0	1	0	85
	%	90,6%	8,2%	0,0%	1,2%	0,0%	
Staff is trained on issues of intersectionality of key populations (persons are not exclusively part of one group or community), stigma and discrimination, institutional racism and gender-based violence	EN	46	8	1	0	0	55
	RU	20	9	0	1	0	30
	Total	66	17	1	1	0	85
	%	77,6%	20,0%	1,2%	1,2%	0,0%	
Information provided is done so through simple messaging/ communication in all relevant local languages	EN	46	13		0	1	60
	RU	21	7	1	0	0	29
	Total	67	20	1	0	1	89
	%	75,3%	22,5%	1,1%	0,0%	1,1%	
There is a person-centred, sex positive, and trauma-informed, harm reduction approach to service delivery	EN	45	9	1	0	0	55
	RU	20	8	1	0	0	29
	Total	65	17	2	0	0	84
	%	77,4%	20,2%	2,4%	0,0%	0,0%	

As for the qualitative comments, they are shown in Table 8, and in this section were for the most part general comments or issues more linked to advocacy than to service delivery itself.

Table 8 - Other considerations regarding the way services are provided

Comment	Action
Shelter, visiting lawyer	Already included.
Institutional development of community-based and -led services	Point for advocacy.
Harm reduction services for new psychoactive substances	Add to people who use drugs services - HR for users of new psychoactive substances.
Members of target groups need to be hired in all areas when trying do "deal with" or work with target groups.	Already included.
About identification. I think the question is too simple. We want people to be in integrated ongoing care. People have a right to have identification papers. if services don't have access to the person we're almost guaranteeing failed ongoing services. I don't believe in stigma and judgement free environments. But we want the elements to finesse and respond to stigma and judgement.	Broad comment; no action to be taken.
Staff is trained on cultural competency	Already included.

Section 5 - Services for Transgender and Gender Diverse Persons

The assessment of relevance for specific services for transgender and gender diverse persons shows a slightly different picture as the previous sections, with a greater number of "I don't know" responses, as well as more respondents flagging criteria as "not important", and a few missing responses on part of the criteria.

Despite this, all proposed criteria were considered "essential" by over 50% of respondents, and when taking into account those who rated them as "essential" or "important", we remain at very high levels of positive assessment, with over 80% or more of respondents agreeing with the relevance of the proposals.

To be noted that as representation of trans persons in the survey is reduced when compared to other groups, the lower percentages of "essential" responses found in this section may reflect a devaluing of trans specific services by other groups, as more than 75% of trans respondents themselves rate all proposed criteria as "essential".

Table 9 - Assessment of proposed criteria for transgender and gender diverse specific services

Quantitative assessment							
		Essential	Important	Not important	I don't know	I don't want to respond	Total
Provision or referral to transition-related healthcare including referral to or provision of hormonal therapy and subsequent monitoring, electrolysis / hair removal, pap smears and other gynaecological check-up services	EN	33	16	2	4	0	55
	RU	11	10	4	4	0	29
	Total	44	26	6	8	0	84
	%	52,4%	31,0%	7,1%	9,5%	0,0%	
Availability of information regarding legal gender recognition and gender reassignment surgery and services available in the country/ region, interactions of hormonal therapy with other medical treatments (for HIV, Hepatitis C, and TB)	EN	39	14	1	1	0	55
	RU	12	9	5	4	0	30
	Total	51	23	6	5	0	85
	%	60,0%	27,1%	7,1%	5,9%	0,0%	
Use of person's choice of pronouns and name (which may differ from ID document), including via medical record-keeping systems so that trans and gender diverse people do not have to repeatedly assert how to address them or face repeated misgendering	EN	45	6	2	1	1	55
	RU	12	9	4	5	0	30
	Total	57	15	6	6	1	85
	%	67,1%	17,6%	7,1%	7,1%	1,2%	
Gender-neutral or body-part-specific service forms (e.g. describing a procedure based on which sex characteristics an individual has, rather than assuming a person's sex characteristics based on their identity documents or presentation. Specifically, this could be setting a policy of asking anyone if they might be pregnant or explaining that individuals who have prostates need a prostate screening and asking the individual if this applies to them, rather than assuming)	EN	36	15	2	1	1	55
	RU	11	10	6	3	0	30
	Total	47	25	8	4	1	85
	%	55,3%	29,4%	9,4%	4,7%	1,2%	
Service providers, including healthcare professionals, receive gender-tailored training, which includes trans-sensitivity workshops	EN	41	13	1	0	0	55
	RU	10	9	2	0	1	22
	Total	51	22	3	0	1	77
	%	66,2%	28,6%	3,9%	0,0%	1,3%	

In Table 10 we can see the suggestions provided by participants for these services, in smaller numbers than previous sections, although no specific services except for one were suggest-

ed, which may indicate that transgender and gender diverse persons who responded to the survey were satisfied with the proposed list of services, or might not have understood the questions/instructions.

Table 10 - Other services specific for transgender and gender diverse persons that respondents consider important

Comment	Action
Protection from outing in front of family when under age	Add - Support in "outing" process - family mediation.
Remove the "sex" field from the identification documents	Not feasible to include.
Community-led studies and monitoring	Mention in conclusions - not really very specific, but encouraging community based research and monitoring is always desirable.

Section 6 - Services for Persons who Use Drugs

Proposed specific services for persons who use drugs were only two, as many of the crucial services are included in the previous, more general sections, and additionally hard reduction services were bulked into one sole proposal, to facilitate responses. As seen in the "mock" version of the revised tool (Annex 1), these services are separated in the final version, to allow for a more thorough assessment.

Table 11 - Assessment of criteria for services for persons who use drugs

Quantitative assessment							
		Essential	Important	Not important	I don't know	I don't want to respond	Total
Harm reduction services, including needle and syringe exchange, access to Opioid Agonist Treatment (OAT) (referral or direct provision), drug treatment services, supervised consumption sites, tailored risk reduction counselling in use of substances, access to naloxone and drug testing.	EN	49	4	0	1	1	55
	RU	26	4	0	0	0	30
	Total	75	8	0	1	1	85
	%	88,2%	9,4%	0,0%	1,2%	1,2%	
Inclusive and accessible services for all genders	EN	49	4	1	0	1	55
	RU	22	8	0	0	0	30
	Total	71	12	1	0	1	85
	%	83,5%	14,1%	1,2%	0,0%	1,2%	

Over 80% of respondents rated both proposals as "essential", showing a high level of agreement with their relevance, as shown in Table 11. Additionally, as shown in Table 12, several additional suggestions were made which will generate further modifications to the initially proposed list of criteria/services.

Table 12 -Other specific services for people who use drugs that respondents consider important

Comment	Action
Femme centred approaches, acknowledging intersections of various stigmas and risk behaviours behind female drug use (e. G. Sexualised violence, sex work, coping strategy for(single raising) mothers due to the immense unpaid (emotional) labour required of them, etc.)	Services adapted to gender (mostly a general consideration, not specific to people who use drugs).
sexual and mental health services. A recognition that Harm Reduction services trend toward opioid use and that stimulant use is ascending and there are new populations and NPSs. There needs to research about drug interactions with NPS and HIV drugs, hormones, etc.	Mental health is included in the proposed list. Specify NPS and stimulants in harm reduction.
there should be more gender transformative harm reduction services	No action.
As I already said, Harm reduction strategy and low threshold services are mandatory as well as training	No action.
Health insurance arranged for communities and by communities	Not feasible to include as suggested. Support in accessing health insurance to be added to support services.
Support programs for KPs, diagnostics and treatment of OST patients.	All already included in previous points.

Section 7 - Services for Persons Engaging in Chemsex

This section was built similarly to the section on people who use drugs, and responses were also quite similar, with more than 75% of respondents considering both criteria/services as "essential", and over 90% considering them "essential" or "important", as shown in Table 13.

Table 13 - Assessment of criteria for services for chemsex users

Quantitative assessment							
		Essential	Important	Not important	I don't know	I don't want to respond	Total
Harm reduction services, including needle and syringe exchange, drug treatment services, tailored risk reduction counselling in use of substances	EN	50	3	0	1	1	55
	RU	23	4	0	1		28
	Total	73	7	0	2	1	83
	%	88,0%	8,4%	0,0%	2,4%	1,2%	

Inclusive and accessible services for all genders	EN	48	6	0	0	1	55
	RU	18	11	0	1	0	30
	Total	66	17	0	1	1	85
	%	77,6%	20,0%	0,0%	1,2%	1,2%	

At a qualitative level, in Table 14 we list the comments and suggestions received, as well as the proposed changes that will be done, in accordance with these comments.

Table 14 - Other specific services for people who engage in chemsex that respondents consider important

Comment	Action
Proper interventions to support reducing or stopping chemsex practices - evidence based approach	To add - Support in reducing chemsex practices.
As above, focus on sexual and mental health. Most harm reduction aims at the drugs. Chemsex strategies often need to start with addressing mental health, sex and shame. There also needs some discussion for both groups above around legal protections. But that's been mentioned elsewhere	Mental health services already included.
Peers-led services (e.g. counselling, information provision, etc)	Already included
I've always wonder why Men who have sex with Women and Women who have sex with Men are not targeted too. Only targeting gay and bisexual men and who identify as such is homophobic and transmissions among MSW/WSM keep rising. Straight people on drugs have as much sex as we do. The expression Sex, Drugs and Rock and Roll before HIV inexplicably left Africa reflects a reality everybody forgot or wants to ignore. Parasite that won best film Oscar in 2019 tried to break the taboo of straight people consuming drugs with sex. HIV transmission among the straight population is rising.	General comment.
Substitution treatment or medicines for people who use stimulants, drug checking, harm reduction and rehabilitation in prisons, overdose prevention programs, stigma index studies	Add to people who use drugs and chemsex services: harm reduction services for stimulant users; Harm reduction services available in prison settings (not in the remit of the current work); Add to people who use drugs and chemsex services: Overdose prevention services.

For the qualitative part, three comments were received, but they touch on general points, and not specifically on service provision, and thus no modifications will be done based on these comments to the list provided. As with points in previous sections, comments will be taken into consideration for future work either at a training or at an advocacy level.

Section 8 - Services for sex workers

Specific criteria proposed for services for sex workers had, like in previous sections, very high relevance assessments from respondents, with two out of the three criteria being considered "essential" by more than 80% of respondents. The third criteria was just under 75%, as shown in Table 15, with more than 90% of participants rating it as either "essential" or "important".

Table 15 - Assessment of criteria for services for sex workers

Quantitative assessment							
		Essential	Important	Not important	I don't know	I don't want to respond	Total
Services are open and accessible to sex workers of all genders, without additional requirements	EN	47	7	0	1	0	55
	RU	24	5	0	1	0	30
	Total	71	12	0	2	0	85
	%	83,5%	14,1%	0,0%	2,4%	0,0%	
Service delivery approach does not conflate sex work with violence against women	EN	47	2	1	4	1	55
	RU	21	6	1	2		30
	Total	68	8	2	6	1	85
	%	80,0%	9,4%	2,4%	7,1%	1,2%	
Interventions (ideally peer led) focusing on making sex work safer (e.g. negotiating safer sex with clients) are available	EN	41	10	2	2	0	55
	RU	22	4	2	2	0	30
	Total	63	14	4	4	0	85
	%	74,1%	16,5%	4,7%	4,7%	0,0%	

For the qualitative part, three comments were received, but they touch on general points, and not specifically on service provision, and thus no modifications will be done based on these comments to the list provided. As with points in previous sections, comments will be taken into consideration for future work either at a training or at an advocacy level.

Table 16 - Other specific services for sex workers that respondents consider important

Comment	Action
Teaching medical staff and mainstream society as a whole that swerfism is violence.	Actions towards general population and medical staff outside of organizations beyond remit of the tool. Point included indirectly in training and sex worker specific services.
Funding should be not necessarily be based on HIV programmes. Since we know there's an association between problematic sex work and HIV, sex workers should be enabled to identify those projects that reduce problematic sex work issues which we know will reduce his issues.	General comment. No action.
Community is not popular and is often ignored by the government	Point for advocacy and general considerations regarding provision of combination prevention services.

Section 9 - Services for Migrant or Mobile Populations and Displaced Persons

The final section of the survey focused on services for migrant or mobile populations and displaced persons, and had a higher number of proposed criteria than previous sections on key populations.

Table 17 - Assessment of criteria for services for migrants, mobile and displaced persons

Quantitative assessment							
		Essential	Important	Not important	I don't know	I don't want to respond	Total
Service providers/team members are trained in cultural, religious and social background of communities they work with	EN	40	14	0	1	0	55
	RU	19	10	0	1	0	30
	Total	59	24	0	2	0	85
	%	69,4%	28,2%	0,0%	2,4%	0,0%	
The team includes mediators from the most representative migrant communities which use the service	EN	39	13	0	2	1	55
	RU	13	14	2	1	0	30
	Total	52	27	2	3	1	85
	%	61,2%	31,8%	2,4%	3,5%	1,2%	
If native speakers of the languages migrant communities speak are not part of the team, interpretation and translation services are available with due confidentiality protocols in place	EN	43	10	0	2	1	56
	RU	17	11	1	1	0	30
	Total	60	21	1	3	1	86
	%	69,8%	24,4%	1,2%	3,5%	1,2%	

Referral to or direct support in resolving administrative situation (obtaining legal status) for undocumented migrants when necessary	EN	38	13	0	3	1	55
	RU	17	12	1	0	0	30
	Total	55	25	1	3	1	85
	%	64,7%	29,4%	1,2%	3,5%	1,2%	
Multi-lingual messaging/ communication exists regarding access to healthcare (including treatment access) and social protection mechanisms available in the country	EN	41	12	0	1	1	55
	RU	16	14	0	0	0	30
	Total	57	26	0	1	1	85
	%	67,1%	30,6%	0,0%	1,2%	1,2%	
Services are inclusive and accessible for women, MSM, and transgender/gender-diverse persons	EN	50	4	0	0	1	55
	RU	18	11	0	1	0	30
	Total	68	15	0	1	1	85
	%	80,0%	17,6%	0,0%	1,2%	1,2%	

Again, as shown, all proposed criteria were considered essential by over 60% of respondents, with one at 80% (service accessibility for MSM and transgender/gender-diverse persons). As for several of the previous sections, when considering the sum of "essential" and "important" ratings, all proposed criteria were assessed by over 90% of respondents as being an important part of HIV combination prevention services.

The lowest score was related to the inclusion of mediators from the most representative migrant communities which use the service, considered essential by 61% of participants.

Table 18 shows the qualitative comments received in this section, and corresponding actions or modifications stemming from these comments.

Table 18 - Other specific services for migrants, mobile and displaced populations that respondents consider important

Comment	Action
Service providers/team members are trained in migrants' rights to access health, legal and social services. Trained in how to overcome migrants' barriers to access health, legal and social services.	Add as criteria.
Awareness of ways different stigmas work and how it is not feasible for e.g. A migrant from turkey to enter an initiative for sex workers, MSM, etc. In a neighbourhood that gives the risk to be recognized when entering the premises. (a.k.a. Fear of forced outing)	General comment. No modifications.
Regular capacity sessions related to access to health, social and legal services	Comment is included in provision of information.

It's important not to forget about non-injection use (which have their own risks and require specific tools for consumption). Also, when we talk about the practice of chemsex, here we need to rethink both the boundaries of the prevention package and harm reduction, increasing it taking into account the context and practices of a particular community (for example, the practice of fisting, non-injection use, etc.)	General comment related to people who use drugs/ chemsex. Non injection drug use is taken into consideration with previous modifications.
Every migrant independent from sex, gender, sexual orientation and way of making money should get these services.	Already included in the proposed criteria.
Community is not popular and is often ignored by the government	Point for advocacy and general considerations regarding provision of combination prevention services.

Final comments or suggestions by participants

As frequently occurs in surveys, there were not many comments in the last question, where participants were asked to provide any additional remarks they would have after filling out the questionnaire.

Since there were only 4 comments in this question, they are transcribed below, as they provide positive feedback to the survey itself, as well as a reminder that was found in a few other comments on the survey, to include people in prison settings in a next iteration of this process, or a possible update, as well as in future work related to combination prevention:

- Good survey. Almost too long but I think there aren't unnecessary questions being asked. Thanks.
- People in prison and other closed settings are missing, they are also key population for the HIV prevention.
- Hopefully this can be implemented...
- It seems that I have answered "essential" to almost everything:) But, in including all these points, I get a feeling that you already consider them important, if not essential, and that makes me happy.

3. Final remarks and next steps

As shown above, all standards and services that were proposed were considered essential by over 50% of respondents, with many of the proposed options having over 75% of respondents considering them essential.

With this in mind, the original suggestion to have two levels of classification for the proposed standards and services does not seem to make sense, and thus the final version of the checklist will not differentiate proposed services and standards based on relevance, and will consider all of the proposed items to be equally important for the provision of a high quality HIV combination prevention service.

Additionally, some of the comments received refer to services for other subgroups of people living with HIV, such as mammography for women living with HIV, or to complementary follow up for cancer prevention among people living with HIV (testing for cervical cancer or tumour markers), which should be part of medical follow up, and thus are not included in the combination prevention service provision list.

One final meeting with the partner networks and the SCOPE Expert Group allowed for the presentation of the first version of the report, followed by the collection of feedback and comments, in order to finalize both the report and tool.

While there was an effort to integrate most comments and suggestions, since the report will be mostly an internal document, no structural changes were made to the original layout of the report itself.

As for the tool, it seemed clear that partner networks had higher expectations than the original planned format. Instead of a service checklist for combination prevention, there was an expressed desire to have a more comprehensive tool, which could allow for a more thorough assessment of HIV combination prevention services for key populations, that would include more qualitative information on effective access to services, as well as cost related issues, amongst other topics.

Specifically on financial issues, these were integrated on the tool with the addition of a specific column which details paid or free availability of each service. However, for the remaining issues, a deeper rework of this tool is necessary in order to adapt it in a way that allows for users to perform a more in-depth assessment of quality of services provided. This rework was discussed internally within EATG and may be the focus of a follow up activity.

The final checklist with suggestions and modification is thus set up, and it will include four possible responses for each service (yes – available for free; yes – available with a cost to users; no - not available; not possible to implement in my country), and two different scores: one score which will show the rating against the “ideal” scenario, in a country where all services are possible to implement, and all structural considerations are in place, and a score which will rate the service against what is possible to implement in the respective country (and thus excluding from the calculations all things that are not possible to be implemented).

The final version of the tool is available in Excel, and piloting of the tool is currently taking place, alongside the potential identification of complementary dimensions to analyse in connection with each of the topics included in the checklist, in order to develop a short user manual that can support the use of this tool as a guide to perform a detailed assessment of not just the availability, but the access and quality of HIV prevention services.

A final note to say that while people in prisons and other closed settings were not included as a key population in this work, they remain both a very important group in terms of provision of HIV combination prevention, and a severely understudied group in this area. Inclusion of people in prison and other closed settings in future work is desirable, if possible.

Annex 1 - "Mock" Checklist for validation

Are you a community-based organisation providing services to different key populations (trans and gender diverse people, people who use drugs, people who engage in chemsex, sex workers, and migrant, mobile and displaced people)? Please click here to access the excel file of the checklist.

Вы представляете организацию на базе сообществ, предоставляющую услуги различным ключевым группам населения (трансгендерным и гендерно разнообразным персонам, людям, употребляющим наркотики, людям, практикующим химсекс, секс-работницам(кам), мигрантам, мобильным группам населения и перемещенным лицам)? Перейдите по ссылке, чтобы получить доступ к контрольному перечню в формате эксель-файла.

Below is the initially proposed list of criteria/services, with modifications done according to the comments received in the survey *(in italic all parts that were added).*

This list is still available for review and further comments/additions, and will be finalised upon the completion of this final round of revision.

Suggested instruction:

This checklist aims to assess an HIV combination prevention service and compare it to an ideal service. The criteria and services contained in the list were validated both by a partnership of key population networks, and by people from key populations themselves.

The purpose of this tool is to assess if you are offering the full range of HIV combination prevention services to the group(s) you work with, as well as to facilitate identification of gaps or specific points of improvement.

Please **respond to the four first sections, regardless of which group(s) you work with.** This will give you a general score compared to the "ideal" HIV combination prevention service, in an environment where all listed services and standards are possible. It will also give you a score according to what is possible to be implemented in your country.

For the remaining sections, please fill in only those which correspond to groups your service works with. They can be used as reference should you want to provide services for other groups in the future.

The scoring method for these sections is similar, but scoring is individualized by section, and thus you have a specific score for each key population you work with. Bear in mind that the general services should also be provided to all key populations, and so a low score on the general services part means that there are improvements to be made, regardless of which key population(s) you work with.

Part 1 - For all combination prevention services, regardless of key population(s) the organization/service works with				
Section 1 - Structural considerations/context in which services operate	Yes		No	
Universal access to prevention and treatment of HIV and other co-infections regardless of the person's insurance (has a health insurance or not) or residency status (legal in the country or not)				
Legal and regulatory framework in the country does not criminalise same sex relations				
Legal and regulatory framework in the country does not criminalise sex work				
Legal and regulatory framework in the country does not criminalise drug use				
Name and gender change procedures are allowed and accessible in public services				
Laws and regulations are in place to protect persons in situations of stigma and discrimination				
Section 2 - Sexual health services for all key populations	Yes, available for free	Yes, available with a cost	No, not available	Not possible in this country
Provision of internal and external condoms and lubricant				
Pre and post-test counselling available but not mandatory, and adapted to the needs and practices of the person testing				
Provision of voluntary HIV testing and counselling				
Linkage to combination prevention and support services upon negative test result				
Provision of or referral to viral hepatitis, tuberculosis, and sexually transmitted infection testing				
Testing and counselling available during flexible hours/days				
Referral to or direct access to Post Exposure prophylaxis (PEP), Pre-Exposure Prophylaxis (PrEP) initiation and monitoring services				
Provision of or referral to sexual and reproductive health counselling and services adapted to sexual practices (including, as necessary, access to contraception and family planning services, safe abortion services, pregnancy testing, gynaecological, pre and post-natal healthcare and male circumcision)				

Referral or direct access to vaccination, according to local epidemiology, and taking into account greater potential exposure of specific key populations (consider in particular HAV, HBV, Mpox, HPV)				
All non-medical services listed here can be provided by both public health services and Non-Governmental / Community based organisations				
Comments (any identified issues on access, quality, availability, finances or other relevant points for the provision of these services)				
Section 3 - Support services for all key populations	Yes, available for free	Yes, available with a cost	No, not available	Not possible in this country
Referral to or direct access to an HIV/infectious disease clinic				
Referral to or direct access to social services/social assistant appointments				
Referral to or direct access to housing support services				
Referral to or direct access to employment and professional training services				
Referral to or direct access to Post Exposure prophylaxis (PEP), Pre-Exposure Prophylaxis (PrEP) initiation and monitoring services				
Referral to or direct access to social protection mechanisms (such as financial support if applicable)				
Referral to or direct access to mental health prevention services				
Referral to or direct access to mental health support services (for those with an already identified mental health issue)				
Referral to or direct access to legal assistance				
Referral to or direct access to support services for situations of violence, including sexual and intimate partner violence				

Referral to or direct access to support in situations of stigma or discrimination, including support in filing formal complaints, and legal assistance when required				
Possibility to accompany service users to all appointments				
Comments (any identified issues on access, quality, availability, finances, or other relevant points for the provision of these services)				
Section 4 - Service delivery/way services are provided	Yes, available for free	Yes, available with a cost	No, not available	Not possible in this country
Peers from the group(s) the service aims to serve are included in planning, implementation (service delivery), and evaluation of the service itself				
Location and schedules are adapted to the needs of the groups the service aims to serve				
Access to services does not require users to present identification, and can be done in a confidential/anonymous way				
Service users have mechanisms or platforms to provide feedback on services provided				
Stigma and judgement free environment				
Staff is trained on issues of intersectionality of key populations (persons are not exclusively part of one group or community), stigma and discrimination, institutional racism and gender-based violence				
Information provided is done so through simple messaging/communication in all relevant local languages				
There is a person-centred, sex positive, and trauma-informed, harm reduction approach to service delivery				
When not possible to provide services for a specific key population, ensure referral to other provider(s) which offer those services.				
When feasible, listed services are provided through online platforms				
Comments (any identified issues on access, quality, availability, finances or other relevant points for the provision of these services)				
Total responses Sections 1-4 (total must be 38)	**0**			
Part 1 score compared to ideal scenario	**Total services provided for free - 0%; Total services provided with fees - 0% Total percentage of services provided - 0%**			

Part 1 score according to country feasibility	**Total services provided for free - 0%; Total services provided with fees - 0% Total percentage of services provided - 0%**			
Part 2 - Key population specific services (respond only to the key populations you work with)				
Section 5 - Transgender and gender diverse specific services	Yes, available for free	Yes, available with a cost	No, not available	Not possible in this country
Provision or referral to transition-related healthcare including referral to or provision of hormonal therapy and subsequent monitoring, electrolysis / hair removal, pap smears and other gynaecological check-up services				
Availability of information regarding legal gender recognition and gender reassignment surgery and services available in the country/region, interactions of hormonal therapy with other medical treatments (for HIV, Hepatitis C, and TB)				
Use of person's choice of pronouns and name (which may differ from ID document), including via medical record-keeping systems so that trans and gender diverse people do not have to repeatedly assert how to address them or face repeated misgendering				
Gender-neutral or body-part-specific service forms (e.g. describing a procedure based on which sex characteristics an individual has, rather than assuming a person's sex characteristics based on their identity documents or presentation. Specifically, this could be setting a policy of asking anyone if they might be pregnant or explaining that individuals who have prostates need a prostate screening and asking the individual if this applies to them, rather than assuming)				
Service providers, including healthcare professionals, receive gender-tailored training, which includes trans-sensitivity workshops and a positive LGBTQIA+ approach to sexual education				
Direct support or referral in "outing" process with family members				
Total responses in Section 5 (total must be 6)	**0**			
Score compared to ideal scenario	**Total services provided for free - 0%; Total services provided with fees - 0% Total percentage of services provided - 0%**			
Score according to country feasibility	**Total services provided for free - 0%; Total services provided with fees - 0% Total percentage of services provided - 0%**			
Section 6 - Services for persons who use drugs	Yes, available for free	Yes, available with a cost	No, not available	Not possible in this country
Inclusive and accessible services for all genders				

Needle and syringe exchange				
Provision of safe consumption materials for non-injectable drugs (smoking, inhaling)				
Opioid Agonist Treatment (OAT) (referral or direct provision)				
Tailored risk reduction counselling (including for users of New psychoactive substances and stimulants)				
Drug treatment services (rehabilitation)				
Access to naloxone				
Referral to or provision of supervised consumption sites				
Overdose prevention				
Drug testing services (drug checking)				
Total responses in Section 6 (Total must be 10)	**0**			
Score compared to ideal scenario	**Total services provided for free - 0%; Total services provided with fees - 0% Total percentage of services provided - 0%**			
Score according to country feasibility	**Total services provided for free - 0%; Total services provided with fees - 0% Total percentage of services provided - 0%**			
Section 7 - Services for Chemsex users	Yes, available for free	Yes, available with a cost	No, not available	Not possible in this country
Inclusive and accessible services for all genders				
Provision of adapted information materials on prevention and harm reduction for chemsex users				
Needle and syringe exchange				
Provision of safe consumption materials for non-injectable substances (smoking, inhaling)				
Tailored risk reduction counselling (including for users of new psychoactive substances and stimulants)				
Drug treatment services (rehabilitation)				
Access to naloxone				
Overdose prevention				

Drug testing services (drug checking)				
Total responses in Section 7 (total must be 9)	**0**			
Score compared to ideal scenario	**Total services provided for free - 0%; Total services provided with fees - 0% Total percentage of services provided - 0%**			
Score according to country feasibility	**Total services provided for free - 0%; Total services provided with fees - 0% Total percentage of services provided - 0%**			
Section 8 - Services for Sex workers	Yes, available for free	Yes, available with a cost	No, not available	Not possible in this country
Services are open and accessible to sex workers of all genders, without additional requirements				
Service delivery approach does not conflate sex work with violence against women				
Interventions (ideally peer led) focusing on making sex work safer (e.g. negotiating safer sex with clients) are available				
Provision of or direct referral to support services for children of sex workers				
Total responses in Section 8 (total must be 4)	**4**			
Score compared to ideal scenario	**Total services provided for free - 50%; Total services provided with fees - 25% Total percentage of services provided - 75%**			
Score according to country feasibility	**Total services provided for free - 67%; Total services provided with fees - 33% Total percentage of services provided - 100%**			
Section 9 - Services for migrants, mobile populations, and displaced persons	Yes, available for free	Yes, available with a cost	No, not available	Not possible in this country
Access to prevention services, including biomedical prevention, in the same conditions as country nationals				
Service providers/team members are trained in cultural, religious and social background of communities they work with				
The team includes mediators from the most representative migrant communities which use the service				
If native speakers of the languages migrant communities speak are not part of the team, interpretation and translation services are available with due confidentiality protocols in place				
Referral to or direct support in resolving administrative situation (obtaining legal status) for undocumented migrants when necessary				

Multi-lingual messaging/communication exists regarding access to healthcare (including treatment access) and social protection mechanisms available in the country				
Services are inclusive and accessible for women, MSM, and transgender/gender-diverse persons				
Support or referral to access health insurance when required in the country				
Total responses in Section 9 (total must be 8)	**0**			
Score compared to ideal scenario	**Total services provided for free - 0%; Total services provided with fees - 0% Total percentage of services provided - 0%**			
Score according to country feasibility	**Total services provided for free - 0%; Total services provided with fees - 0% Total percentage of services provided - 0%**			

European
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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 coinfections 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