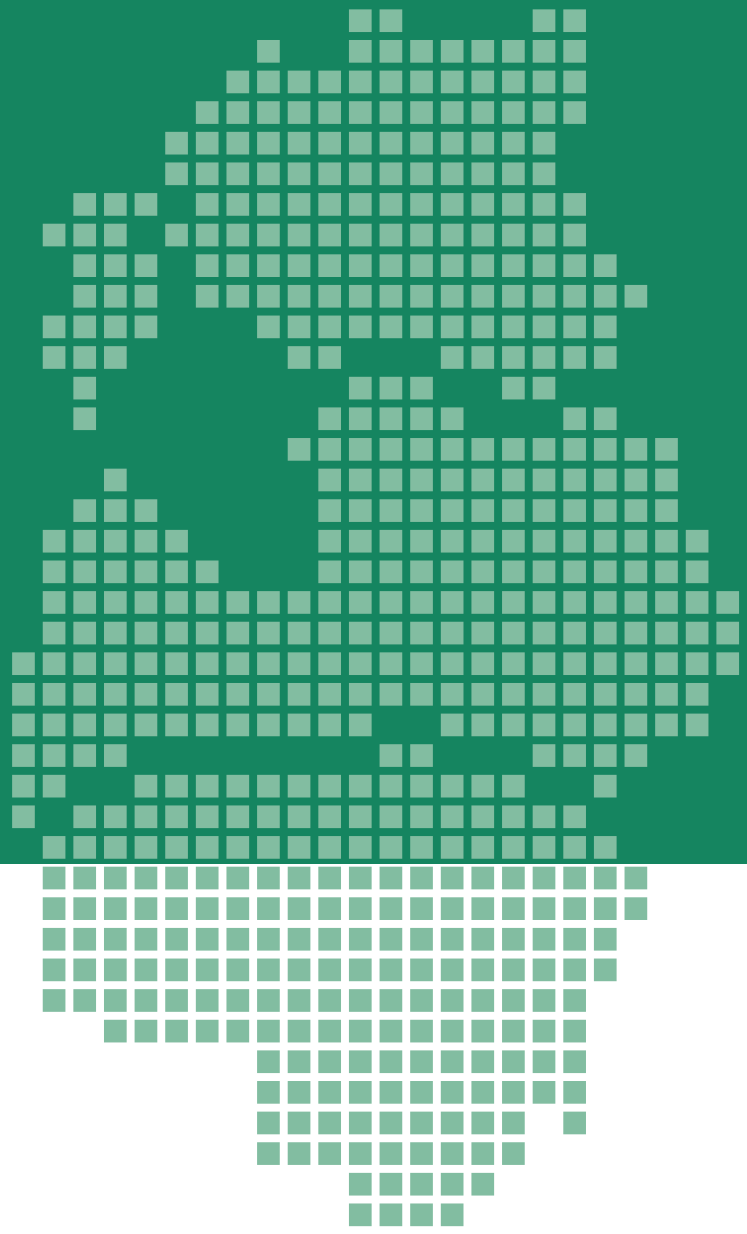


Brief on HIV Epidemic Situation among MSM in Baltic States

2018

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In 2016, 29,444 people were diagnosed with HIV in all European Union (EU) countries. The average rate of HIV incidence is 5.7 new cases per 100 thousand people. The highest HIV incidence was registered in Latvia, Estonia and Malta, with the lowest incidence rates in Slovakia and Hungary. As in the previous years, the highest rate of new HIV cases was registered among men who have sex with men (MSM) — 40%, with heterosexual contacts ranking second and accounting for 32% of new HIV cases. MSM account for 44% of new HIV cases in Finland, 36% in Sweden, and 74% in Poland.

In the Baltic states, the highest HIV incidence rates are registered in Latvia — 18.5 new cases per 100 thousand people were detected in 2016 (while 17.4 new cases were registered in Estonia and 7.4 — in Lithuania). Besides, in terms of this indicator Latvia ranks first among all the EU countries.

In 2016, the biggest number of new HIV cases in the Baltic states were registered among men in the age group of 30–39 years old¹.

The rate of HIV prevalence among MSM is estimated at the level of 2–4% in Estonia, 5.9% in Lithuania and 7.8% in Latvia². The neighboring countries of Eastern Europe and Central Asia also have high HIV prevalence among MSM: Ukraine — 8.5%, Russian Federation — 7.1% (Moscow) and 22.8% (St. Petersburg)².

In 2016, in all the EU countries 40% of new HIV cases were registered among migrants who were born outside the country where HIV was diagnosed¹. Thus, migration is an additional risk factor in terms of contracting HIV.

The Baltic states have high migration levels. Annually about 20 thousand people come for long-term stay to Lithuania³ and about 10 thousand people — to Estonia⁴ and Latvia⁵. The share of foreign tourists is also high: every year over two million people visit Latvia and Lithuania, about three million — Estonia. High levels of migration — both long-term and short-term — may influence the number of cases of HIV and sexually transmitted infections (STIs) in the Baltic states.

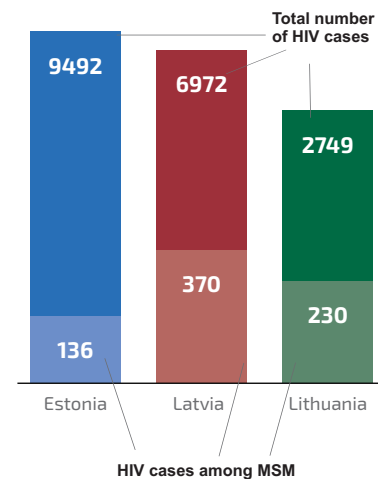
Dynamics of the HIV Epidemic in the Baltic States: General Trends

The first HIV cases were registered in the Baltic states in 1987–1988⁶, with Estonia⁷ remaining the leader in terms of diagnosed HIV cases since the beginning of the epidemic. The highest number of HIV cases among MSM has been registered in Latvia.

Latvia ranks first in terms of new HIV cases per 100 thousand people a year both among the Baltic states and among the EU countries in general. Although in 2015 Estonia ranked first with Latvia ranking second, and these were also the highest rates among the EU countries¹.

In Estonia, HIV incidence rate went down almost threefold since 2007 and continues to decrease⁸.

In Latvia, HIV incidence rate has been gradually decreasing up to 2010, with a minor growth starting in 2011, and remains almost unchanged since 2013.



1 European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2017–2016 data. Stockholm: ECDC; 2017. — Available from: https://ecdc.europa.eu/sites/portal/files/documents/20171127-Annual_HIV_Report_Cover%2BBlinner.pdf

2 Chikhladze S., Kasianchuk M., Brief on HIV among MSM in Estonia. — Eurasian Coalition on Male Health, 2018. — Available from: http://ecom.ngo/wp-content/uploads/2018/03/Estonian_eng.pdf

3 <http://l24.lt/en/society/item/180367-official-statistics-50-000-emigrated-from-lithuania-in-2016-and-14-000-this-year>

4 <https://data.worldbank.org/indicator/ST.INT.ARVL>

5 Latvia. Statistics in Brief 2017. — Available from: http://www.csb.gov.lv/sites/default/files/nr_04_latvia_statistics_in_brief_2017_17_00_en.pdf

6 Statistics in the Baltic States — January 1st, 2017. — Available from: http://balthiv.com/en/statistics-in-the-baltic-states-january-1st-2017_HIV_in_Estonia

7 HIV in Estonia: Narrative report for Global AIDS Monitoring 2017. — National Institute for Health Development. — Tallinn, Estonia, 2017. — Available from: https://intra.tai.ee/images/prints/documents/149847762062_HIV_in_Estonia_GAM_2017.pdf

8 European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2009. Stockholm: European Centre for Disease Prevention and Control; 2010. — Available from: https://ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/101129_SUR_HIV_2009.pdf



Among all the Baltic states, Lithuania has the lowest levels of HIV incidence¹ — two and a half times lower than in Latvia and Estonia.

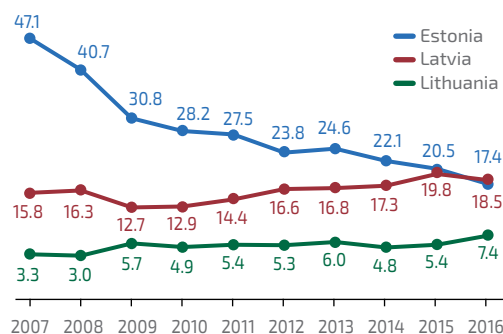
The most widespread route of HIV transmission in Estonia and Latvia is heterosexual route which accounts for 38% of the total number of new HIV cases in Latvia and half of the total number of new HIV cases in Estonia.

In Lithuania, the parenteral route of HIV transmission is prevailing: this trend was observed until 2014 as well as in 2016. In 2014–2015, the heterosexual route of HIV transmission was prevailing. Although there had been a decreasing trend in the parenteral route of HIV transmission since 2009, in 2016 two times more new injection-related HIV cases were registered than in 2015.

The heterosexual route of HIV transmission had been growing in Lithuania before 2014, but in the recent years it remained relatively stable.

In Latvia and Estonia there is a significant share of new HIV cases with unknown route of transmission: 37% and 32% correspondingly¹.

HIV incidence: new cases per 100 thousand people

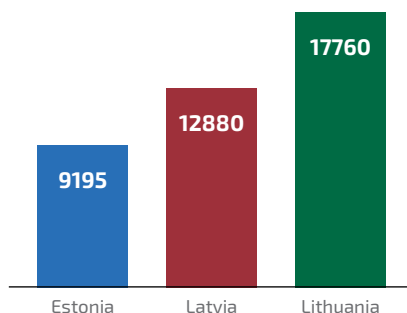


HIV Epidemic among MSM in the Baltic States

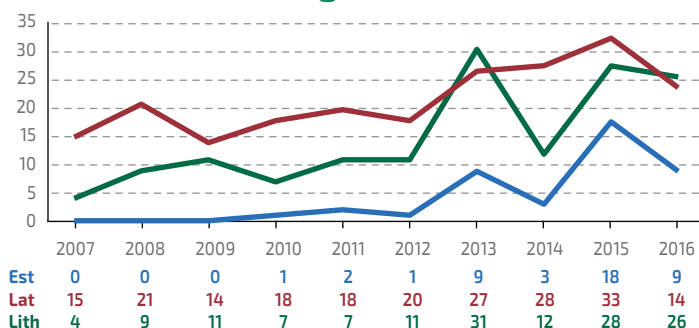
It is estimated that the biggest MSM population is located in Lithuania⁹.

In the last decade, there was a growing trend in the number of new HIV cases among MSM in Estonia in 2013–2016.

Estimated number of MSM



New HIV cases among MSM



The number of new diagnosed HIV cases among MSM in Latvia on average remains at the same level. At the same time, the number of new HIV cases doubled in the recent years as compared to 2007.

In Lithuania, HIV incidence among MSM on average remains at the same level. However, in 2013 and in the period of 2015–2016 there were growing trends in the number of new HIV cases among MSM¹.

Safe Sex Practices among MSM in the Baltic States

Unprotected sexual contacts with casual partners, which are associated with the highest risks in terms of HIV, are very widespread. Less than half of MSM in Lithuania and Estonia in the recent 6 months¹⁰ and in Latvia in the recent 12 months¹¹ always used condoms with casual partners.

9 Marcus U, Hickson F, Weatherburn P, Schmidt AJ. Estimating the size of the MSM populations for 38 European countries by calculating the survey-surveillance discrepancies (SSD) between self-reported new HIV diagnoses from the European MSM internet survey (EMIS) and surveillance-reported HIV diagnoses among MSM in 2009. BMC Public Health. 2013;13:919. doi:10.1186/1471-2458-13-919. — Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3850943/#S1>

10 Шестаковский А., Касянчук М. Исследование интернализированной гомонегативности (внутренней гомофобии): аналитический отчет, 2018

11 Eiropas interneta pētījums par vīriešiem, kuriem ir dzimumattiecības ar vīriešiem (EMIS) pētījuma rezultāti. — Latvija, Rīga, 2013. — Available from: http://www.emis-project.eu/sites/default/files/public/publications/emis_nationalreport_latvia.pdf



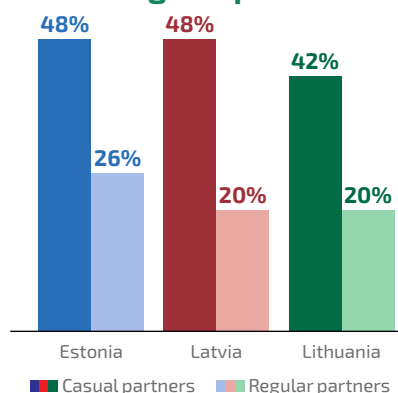


MSM more often use condoms with casual than with regular partners. Less than one third of MSM used condoms with regular partners in Lithuania (in the recent 6 months)¹², in Latvia¹¹ and Estonia¹³ (in the recent 12 months).

To prevent HIV transmission it is important not only to use condoms but to use them correctly. Research studies show that MSM make mistakes, which put them under more risks. E.g., the most frequent mistake when using condoms is failure to use lubricants or using oil-based lubricants¹¹.

In general, MSM in the Baltic states had access to condoms, while only one third of MSM received them free of charge. The research showed that only about 10% of MSM reported that they did not have a condom when they needed it in the recent 12 months¹⁰.

Condom use with casual and regular partners



HIV/STI Testing and Internalized Homophobia among MSM

In the Baltic states, there is a low level of HIV testing among MSM, though most MSM are convinced that HIV tests are accessible to them and know where they can get tested for HIV.

HIV testing is one of the topics MSM are best informed of¹⁰. However, they do not know that such testing is free¹⁴.

In the recent 12 months, more than one half of MSM were tested for HIV in Lithuania¹⁵, 43% in Estonia¹³ and 27% in Latvia¹¹.

Half of MSM in Latvia¹¹ and quarter of MSM in Estonia¹³ have never been tested for HIV.

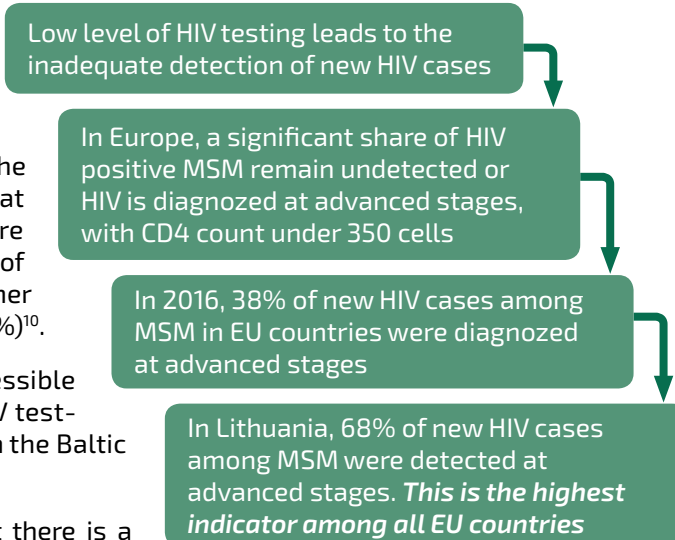
In Lithuania, 45% of MSM under 25 years old and 27% of those over 25 have never been tested for HIV¹².

Results of a recent internet survey among MSM in Estonia showed that the subjective reasons why MSM think that they do not need to be tested for HIV are as follows: awareness of the HIV status of their partners (44%), trusting the partner (40%) and no risk of contracting HIV (30%)¹⁰.

MSM think that STI testing is also accessible to them but to a lesser extent than HIV testing. In general, the level of STI testing in the Baltic states is low.

Research studies provide evidence that there is a correlation between HIV/STI testing and internal-

- + MSM are most covered with information about HIV/STIs, sexual health and HIV testing
- However, MSM lack such services as free testing for STIs (syphilis, hepatitis C, etc.), free lubricants, services of doctors, psychologists and lawyers, opportunities to communicate with other MSM, free antiseptics



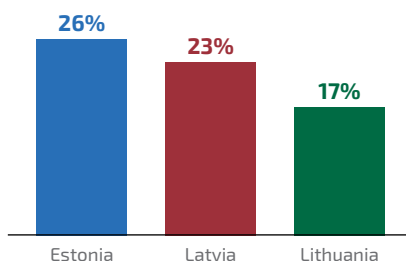
¹² The Sialon II Project. Report on a Bio-behavioural Survey among MSM in 13 European cities. ISBN 978-88-98768-55-4 Cierre Grafica, 2016. — Available from: http://www.sialon.eu/data2/file/133_Sialon%20II_Report%20on%20a%20Bio-behavioural%20Survey%20among%20MSM%20in%2013%20European%20cities.pdf

¹³ Rüütel K, Lõhmus L. Meeste terviSEKS! Meestega seksivate meeste seksuaaltervise uuringu raport 2016. Tallinn: Tervise Arengu Instituut; 2017. — Available from: https://intra.tai.ee//images/prints/documents/149609018740_Meestega_seksivate_meeste_seksuaaltervise_uuringu_raport_2016.pdf

¹⁴ The EMIS Network. EMIS 2010: The European Men-Who-Have-Sex-With-Men Internet Survey. Findings from 38 countries. Stockholm: European Centre for Disease Prevention and Control, 2013. — Available from: http://www.emis-project.eu/sites/default/files/public/publications/emis-2010_european_msm_internet_survey_38_countries_v4.pdf

¹⁵ European Centre for Disease Prevention and Control. HIV and men who have sex with men. Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2017 progress report. Stockholm: ECDC; 2017. — Available from: <https://ecdc.europa.eu/sites/portal/files/documents/HIV%20and%20men%20who%20have%20sex%20with%20men.pdf>

MSM testing for STIs in the recent 12 months (EMIS, 2010)



ized homophobia (internalized homonegativity) — negative attitude of MSM to their own homosexuality. The more MSM accept their sexuality, the more willing they are to get tested for HIV and other STIs. High internalized homophobia hinders HIV prevention among MSM, in particular HIV testing and MSM services, lowers the efficiency of such services and prevents MSM from contacting organizations for gay and bisexual men¹⁰.

According to EMIS (2010), average internalized homophobia level in the Baltic states is 1.96 (0 is the lowest indicator of negative perception of one's sexuality). The levels of such indicator in Lithuania and Latvia are among the highest as compared to other European countries, though they are close to the average rate in the EU¹⁴.

The level of internalized homophobia is higher among bisexual than among homosexual MSM¹⁶.

A recent study among MSM in Lithuania and Estonia showed that the average level of internalized homonegativity is 5.2 (while 7 means the highest acceptance of one's homosexuality), which means that MSM are more likely to accept their homosexuality and themselves as gay men¹³. In general, stigma impedes HIV prevention among MSM.

Internalized homophobia rates, EMIS 2010



Stigma and Discrimination of MSM in the Baltic States

Most European countries point out stigma and discrimination among MSM as a barrier in increasing the coverage of prevention services, in particular HIV testing¹⁷.

According to the data of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) on legal and political environment in the context of LGBT human rights, in the rating of 49 European countries Estonia ranks 23rd, Lithuania — 39th, and Latvia — 40th. The attitude to LGBT in Estonia is better than in Latvia and Lithuania. For example, Estonia recognizes same-sex marriages registered in other countries; besides, same-sex couples are able to register their relations through signing cohabitation agreements.

Generally, in the Baltic states the reflection of sexual orientation and gender identity at the political and legislative level is low¹⁸.

In addition to the political barriers, LGBT community also faces social barriers, i.e. stigma and discrimination by the society. Social and cultural prejudices related to MSM are very widespread, which makes this group even more closed. Only one third of MSM in Estonia¹³ and Latvia¹¹ are open about their sexual orientation.

In Lithuania half of MSM do not disclose their sexual orientation to anybody or disclose it only to several people¹².

Stigma and discrimination among MSM make it more difficult to collect high-quality data, especially surveillance-data, which are necessary to develop quality HIV services. Negative social attitudes to homosexual behavior may lead to MSM being afraid to disclose their sexual orientation, which, in turn, restricts the capacity to identify the real epidemiological situation in this population.

16 Mozalevskis A., Karnite A., Upmace I. Behaviorally bisexual men — an underestimated bridge population in HIV transmission in Latvia. AIDS 2012 Poster. — Available from: http://www.emis-project.eu/sites/default/files/public/publications/ias2012_tupe565_bisexuals_latvia.pdf

17 European Centre for Disease Prevention and Control. Evidence brief: Impact of stigma and discrimination on access to HIV services in Europe. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia. Stockholm: ECDC; 2017. — Available from: https://ecdc.europa.eu/sites/portal/files/documents/Dublin-EB-Stigma%20and%20discrimination%202017_final.pdf

18 ILGA-Europe Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans and Intersex People in Europe, 2017. — Available from: https://www.ilga-europe.org/sites/default/files/Attachments/annual_review_2017_online.pdf



Comparing Data on HIV Prevalence among MSM in the Baltic States from Different Sources

Research demonstrates certain discrepancies in the national data on HIV prevalence among MSM and the relevant data received from the members of MSM community.

The EMIS 2010 findings show that the levels of HIV prevalence among MSM as self-reported by the members of MSM community (all people who were tested) are higher than according to the surveillance data as of the date of survey. Thus, EMIS 2010 results demonstrated that HIV prevalence among MSM in Latvia is twice higher than according to the surveillance data, in Lithuania — 1.8 times higher, in Estonia — 1.6 times higher¹⁹.

Up-to-date results show similar levels of HIV prevalence as self-reported by MSM. 2016 internet survey among MSM in Estonia¹³ identified the same level of HIV prevalence as demonstrated by EMIS 2010 (about 3%)¹⁴.

According to EMIS 2010, HIV prevalence among MSM in Lithuania was 4.8%.

Within the biobehavioral study Sialon II (2013-2014) among MSM in Lithuania (Vilnius), HIV prevalence self-reported by MSM was 1%, whereas the biological component of the study showed the prevalence of 3%¹².

At the same time, according to the internet survey among MSM in Lithuania and Estonia (2017), 7% of MSM among those who were tested for HIV recognized that they were HIV positive¹⁰.

In Latvia, 7.8% of MSM confirmed their HIV positive status (EMIS 2010 findings)¹⁴. There will be an opportunity to compare this indicator with the results of EMIS 2017 as there is no information about other MSM studies in Latvia.

As most surveys were conducted online, there is a high probability that the real level of HIV prevalence among MSM is underestimated due to a number of reasons. When the survey was conducted, MSM could not be aware of their HIV positive status or could fail to disclose such status due to various reasons.

Self-reported data include only diagnosed HIV cases. In turn, surveillance data fail to reflect the real number of HIV cases among MSM due to the potential stigma in health institutions. It is possible that a significant number of HIV cases with unknown route of transmission may hide the cases of HIV contracted through homosexual contacts.

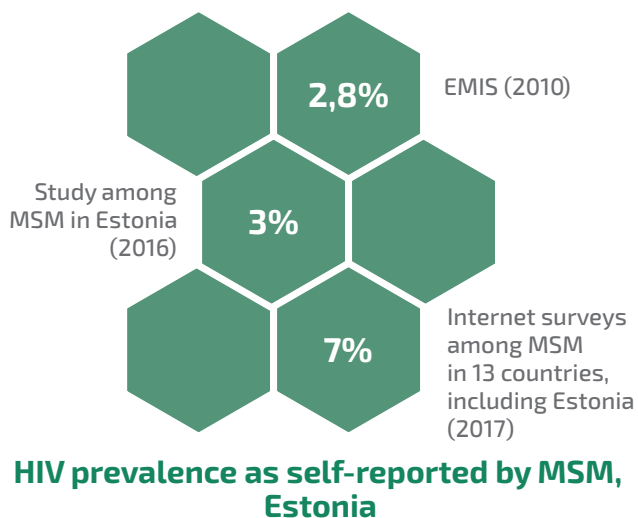
Limitations of the Existing Data

There is limited evidence concerning the MSM population. The data are available only partly based on the results of several studies which have mostly been conducted through the internet.

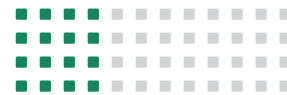
The accuracy of the existing data is questionable considering sampling and geography limitations. The highest representation of MSM data is observed in Estonia and Lithuania, the lowest — in Latvia.

The following studies conducted among MSM in the recent decade should be mentioned: EMIS (2010), in particular in Latvia, Lithuania, and Estonia; biobehavioral study in 13 cities of Europe Sialon II, which included Vilnius in Lithuania (2013-2014), internet surveys in Estonia (2016), internet survey among MSM in 13 countries, including Estonia and Lithuania (2017).

The use of the data available is limited as such studies were based on different methodologies, so the comparison of data is not always possible.



19 Marcus U, Hickson F, Weatherburn P, Schmidt AJ. Prevalence of HIV among MSM in Europe: comparison of self-reported diagnoses from a large scale internet survey and existing national estimates. BMC Public Health. 2012;12:978. doi:10.1186/1471-2458-12-978. — Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3526585/>



Specialized MSM Services

The effective HIV prevention measures are implemented, first of all, through the projects aimed at MSM. However, in each of the Baltic states there are considerable gaps in HIV prevention among MSM.

The efforts to prevent HIV among MSM are insufficient and isolated. There are no widespread practices to deliver specialized MSM-friendly services. The activities of non-governmental organizations supporting MSM projects are non-systematic and inconsistent, depend on the external funding and are mostly conducted in capital cities.

Estonia

The Estonian Network of People Living with HIV (EHPV) and the National Institute for Health Development organized rapid HIV testing in gay bars and clubs. Approximately 10% of MSM informed that they were last tested for HIV in a gay bar or club, so in the recent years this approach proved to be rather successful.

People can get tested for STIs with online support at the Home Test website www.testikodus.ee

MSM may order testing kits with all instructions by mail and receive their results through the website. Clients using this service may contact friendly male clinics in Tallinn and Tartu.

Latvia

In 2009–2014, project “Promoting social inclusion of men who have sex with men (MSM) by improving access and quality of health care services” was implemented with financial support of Island, Lichtenstein and Norway. The project covered Riga and its surrounding areas. The project allowed to create a network of friendly doctors in various health institutions in Riga. Besides, awareness-raising activities were conducted in two Riga night clubs. In general, clients were satisfied with the services delivered²⁰.

In 2015, a Testpunkts site was opened in the premises of Mozaika LGBT center. The site offers consultations, HIV and syphilis testing, condoms and lubricants as well as awareness-raising materials on HIV prevention. The services are provided by the Baltic HIV Association.

Project website www.testpunkts.lv allows to leave anonymous feedback on the services delivered by friendly doctors or project representatives. Four times a month relevant services are offered in the Golden night club in Riga.

Lithuania

Since 2015, Demetra (Association of HIV Affected Women and Their Families) implements a project for MSM, offering counseling, HIV and STI testing, free lubricants and condoms, psychological support.

In 2016, a Checkpoint HIV prevention center offering similar services was opened in Vilnius in collaboration with AHF (AIDS Healthcare Foundation)²¹.

In addition to HIV testing in health facilities, pilot HIV self-testing projects are also implemented in Lithuania.

Recommendations and Further Steps


To improve HIV and STI testing coverage:

- The network of MSM-friendly community centers should be expanded.
- HIV self-testing should be promoted as an alternative model of testing, with relevant information being widely shared.
- There is an urgent need in targeted HIV testing campaigns among MSM, with a focus on this service being free.

²⁰ Promoting social inclusion of men who have sex with men (MSM) by improving access and quality of health care services. Available from: http://www.sif.gov.lv/index.php?option=com_content&view=article&id=9071&Itemid=121&lang=en&skats=1&skats=0

²¹ <https://www.demetra.lt/#/checkpoint>




- 
- Information campaigns should be conducted among MSM to raise the awareness on HIV. Though most MSM are informed about testing, many of them may underestimate their personal risks of contracting HIV.

To strengthen the overall potential of prevention programs:

- The process of surveillance data collection should be improved as a considerable number of all HIV cases are detected with unknown route of transmission, which causes doubts as to the quality of the collected and summarized data.
- Effective planning of the prevention activities aimed at MSM requires expanding of the evidence base through conducting research studies among MSM, especially in Latvia.
- The geography of research and project activities among MSM is to be expanded as the existing projects are implemented in capital cities and surrounding areas, while MSM from other cities are less covered with prevention efforts.

To overcome barriers in the delivery of prevention services for MSM:

- Efforts are to be aimed at reducing stigma and discrimination against MSM and LGBT in general.
- To help MSM accept their sexuality, measures are to be taken, including publication of awareness-raising materials for MSM, provision of psychological and peer support, using modern (in particular mobile) technologies.



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