Brief on HIV among MSM in Georgia

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HIV situation in Georgia

The first case of HIV in the country was detected in 1989. Since then, the number of new cases has been steadily increasing. Today, Georgia is still considered a low HIV/AIDS prevalence country among adult population with estimated prevalence of 0.4% (0.3%-0.6%)[1]. According to the latest data from the Infectious Diseases, AIDS and Clinical Immunology Research Center (IDACIRC), as of April 2019, 7 569 HIV cases were registered in total; males – 5672, females – 1897. However, registered number of HIV/AIDS cases does not reflect the actual spread of the infection in Georgia. The estimated number of people living with HIV/AIDS is around 10 500[2].

At the initial phase of HIV epidemic in Georgia, injecting drug use was the major route for HIV transmission accounting for more than 70% of all cases. Over the last few years, HIV transmission through sexual contacts has become more dominant: as of 2019, 46,7% of all cases are attributed to heterosexual contacts while homo/bisexual contacts account for 11,3% of all registered HIV cases[3]. Tbilisi, as the most populated city in Georgia, remains to be most affected with the largest number of PLHIV residing in the capital city.

HIV among MSM

Research-based evidences indicate that HIV epidemic is concentrated among men who have sex with men (MSM). Based on latest Size Estimation study conducted in 2018, there are approximately 18 500 MSM in Georgia which is 1.55% of adult (15-64y) male population[4]. Sharp increase of HIV prevalence among MSM population has been a serious public health concern in Georgia. IBBS conducted among MSM in 2018 revealed that HIV prevalence among this group increased from 7% in 2010 to 21.5% in 2018 in Tbilisi[5] (Figure 1). When comparing the current data (21.5%) of 2018 to the previous (25.1% in 2015), it was clear that overall there was no statistically significant change in the prevalence during the last 3 years. The same picture is in Batumi prevalence. Kutaisi has also revealed high prevalence among MSM – 9.6%, still this is the lowest among the three cities studied. Prevalence of other infections and comparison to the previous IBBS survey revealed decrease of the syphilis (from 35% to 7.9%) and hepatitis C (from 7.1% to 2.6%) prevalence in Tbilisi, and also decrease of hepatitis C prevalence in Batumi (from 18.9% to 1.8%).

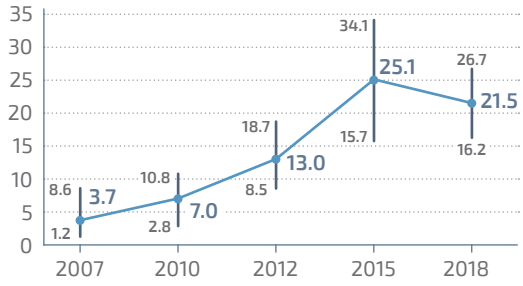

Figure 1. HIV epidemics in MSM population in Georgia

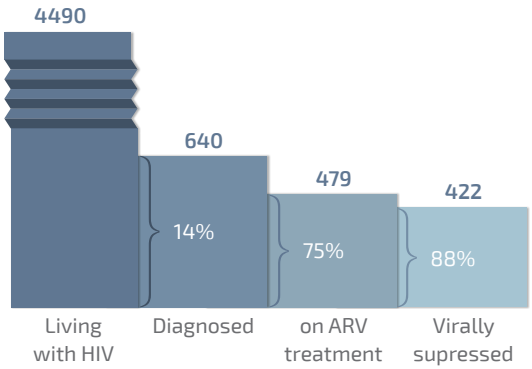

Figure 2. HIV cascade in MSM

HIV prevention interventions among MSM are largely funded by the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). A wide spectrum of targeted HIV prevention interventions include the following: Anonymous, confidential and voluntary counseling and testing on HIV; STI testing and treatment; Popular Opinion leader (POL); Peer Education trainings; Educational events, including educational meeting with MSM in prisons; Provision of safe sex commodities – condoms and lubricants; Pre-exposure prophylaxis (PrEP) – piloting program for MSM initiated in 2017 in Tbilisi. HIV National Strategic Plan (NSP) 2019-2022 calls for introduction of PrEP and PEP, not only for MSM but PWID and SW as well. To expand the availability of PrEP and PEP, it is proposed to make them available not only at clinical settings but also at community level and prevention service points[6].

Late diagnostic and engagement in HIV care is the main challenge in Georgia. Almost half of estimat-

1 http://www.unaids.org/en/regionscountries/countries/georgia

2 http://aidscenter.ge/epidsituation_eng.html

3 http://aidscenter.ge/epidsituation_eng.html

4 Population Size Estimation of Men Who Have Sex with Men in Georgia. 2018

5 HIV risk and prevention behaviors among Men who have Sex with Men in Tbilisi, Batumi and Kutaisi, Georgia. Bio-Behavioral Surveillance Survey. 2018. Curatio International Foundation; Information Counseling Center on Reproductive Health – Tanadgoma.

6 http://www.georgia-ccm.ge/wp-content/uploads/Georgia-HIV-AIDS-National-Strategic-Plan-2019-20222.pdf

ed persons living with HIV (48%) are undiagnosed in general population. Especially alarming is the situation among MSM where only 14% from MSM living with HIV know their status and that is the result of low HIV testing coverage of key populations (KP)[7] (Figure 2).

This immense gap in diagnosis is the result of low HIV testing coverage among MSM. It is obvious that unless HIV testing efforts are substantially scaled up in Georgia, the first "90'' target for MSM will not be reached by 2020. To increase the coverage with preventive activities it is necessary to make them more attractive through expansion of offered services. Besides, homophobia and transphobia remains the main threat for MSM which affects the inclusion of MSM in HIV testing and treatment services. Though there are many cases of health right violation among MSM and Trans (community activists and organizations provided many cases verbally), the documentation of cases are still quite poor[8].

Risky Behavior and HIV knowledge among MSM

The latest study showed high sexual activity among MSM. The respondents reported a large number of different types of partners, both male and female. The same time, condoms use rates show tendency of improvement. Condom use reported at last anal intercourse in 2018 is much higher in Tbilisi, compared to 2015, however, still without statistically significant difference. As for Batumi, even though the point estimate of 2018 is lower than in 2015, the change is statistically not significant due to overlap of the confidence intervals. Kutaisi condom use has been measured for the first time, and cannot be compared to the previous data. However, it is quite high – 69.9%. It is important to mention that in Tbilisi consistent condom use practice has also increased significantly[9] (Figure 3).

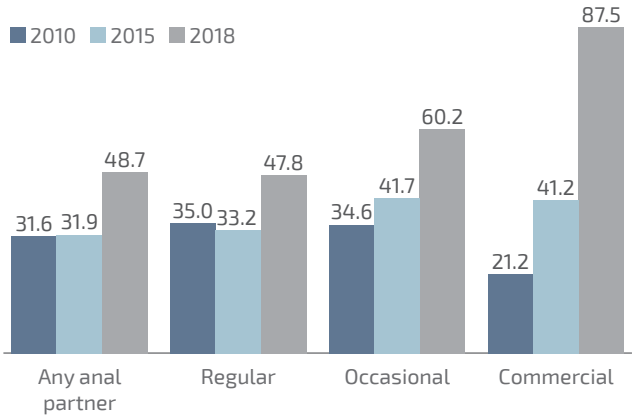

Figure 3. Consistent condom use with any anal and different types of partners in Tbilisi by years, %

Although HIV/AIDS awareness is very high, still there are some cases where MSM are not aware of this disease at all survey sites. Analysis of Global AIDS Monitoring indicator on HIV knowledge showed significant improvement in Tbilisi since 2010 – from 19.9% in 2010 to 30.4% in 2015 and to 37.4% in 2018. In Batumi this indicator was 35.2% in 2015 and has reached 41.1%. In Kutaisi the knowledge was measured for the first time and demonstrated higher level than in Tbilisi and Batumi – 42%.

Community involvement and coverage with HIV prevention services

Importance of NGOs and communities involvement in HIV prevention service provision is acknowledged at all levels in Georgia. Community members play a key role in peer-to-peer education, demand creation for services, provision of psychosocial support, facilitation of support groups, income-generating activities, supporting treatment adherence, representation on local health committees and feedback on quality of services provided, etc. Without community involvement, improved services can remain under-utilized and inefficient since MSM are hard to reach and will often remain underground due to stigma, homo/transphobia and hostile environment in the society.

MSM-focused HIV prevention services are provided by civil society organizations: Tanadgoma –Center for Information and Counseling on Reproductive Health and two community-based organizations – Equality Movement and Identoba Youth. Though Tanadgoma is a non-community organization, its outreach workers working with MSM are recruited from the LGBT community. Currently all HIV related prevention services for MSM including community based outreach and

[7] Latest HIV spectrum data provided from IDACIRC. April 2018.

[8] National report on the violation of human rights of gay men, other MSM and trans* people, in particular right to health in Georgia in 2017. Report prepared by Mariami Kvaratskhelia and Nino Bolkvadze, "Equality Movement"

[9] http://new.tanadgomaweb.ge/upfiles/dfltcontent/3/171.pdf

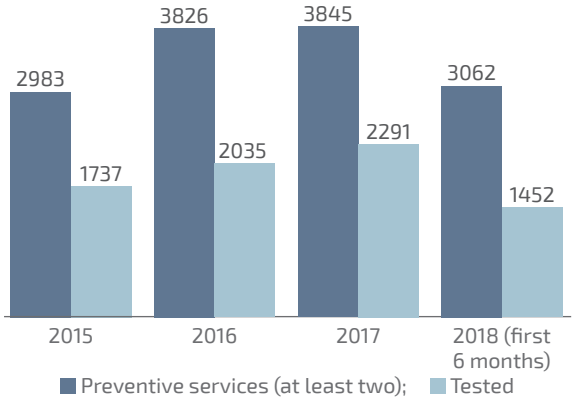

Figure 4. Coverage with preventive services (MSM population)[10]

testing are funded by GFATM. CBOs (community based organizations) and NGOs express their concerns regarding the funding scenario after withdrawal of GFATM from the country. It worth to mention, that the standards and costing tool of HIV prevention for KPs including MSM has been developed but has not been approved yet by the government.

Coverage with preventive services and testing has increased among MSM population (see Figure 4). This is the result of substantial changes that prevention package targeting MSM has undergone. First of all, starting from 2016 several interventions were gradually added to the package: Peer Driven Interventions and informational-educational meetings, community mobilization events etc. Outreach activities were conducted in club's as well (in addition to streets and other gathering venues). During 2017 and 2018 geographical coverage has been expanded through adding new points in the cities where programs were running. This required additional human resources and they were selected from MSM community.

Funding sources

Uninterrupted funding of community-based outreach and prevention services for KPs will prevent the increase in the number of new HIV cases, transmission of HIV to sexual partners of KPs and further to the general population, reduce pressure on the clinical and social care system, as well as the future health care expenditure for treatment of HIV infection. Taking into account the expected significant decrease in funding available from external sources, the government of Georgia is planning to increase state budget allocations for HIV prevention and treatment including KPS (MSM, SWs and PWID) to the level required to sustain and scale-up the country response to HIV and start reversing the HIV epidemic[11]. Currently primary sources of funding of HIV response in Georgia are domestic (77% in 2018) and international funds (22% in 2018). Private, out-of-pocket expenditures are the insignificant source of funding (≈1%).

As the transition process from the GFATM funding to domestic sources intensifies, the national HIV funding undergoes profound transformation concerning sources of funding. Compared with 2016, the annual domestic expenditures are planned to increase by 45% for 2022 and will account for 96% of total projected expenditures for HIV and it will include services currently funded by the Global Fund (including the services for KPs). International funding mostly received from the GFATM is projected to nearly halve from 2016 to 2022 and will account for only 3% of total HIV funding, compared to 28% in 2016.

In Georgia, NGOs/CBOs working in HIV sector is well developed and does not face legal or any other barrier to operate or perform its oversight role or policy work. There is no legal barrier for state organizations to contract NGOs, however, there are rigid tendering procedures restricting the participation of financially/organizationally weak organizations (e.g. a bank guarantee is required). An additional challenge is the technical capacity of the state organizations to develop tender specifications and to base the selection process at least on the second criterion apart from the financial proposal. The state recognizes this weakness and plans to enhance the relevant capacity. The situation might exclude from state tenders those NGOs which are not financially or organizationally strong, i.e. CBOs, but have valuable field experience in working with KPs at grassroots level. Moreover, if the tender winner is selected based only on the financial criteria, the risk is a decrease in the quality of the services provided[12].

[10] Georgia HIV/AIDS National Strategic Plan 2019 – 2022

[11] THE GEORGIAN NATIONAL HIV/AIDS STRATEGIC PLAN FOR 2016–2018. Endorsed by the CCM Georgia on April 15th 2015

[12] http://curatiofoundation.org/wp-content/uploads/2017/01/GEORGIA-TS-CASE-STUDY_Final_Jan25-2016.pdf

Consideration for further actions

In order to increase the coverage of MSM with HIV prevention, treatment and care services the following actions should be considered:

- Expand the mandate of HIV prevention work done by CBOs by increasing their knowledge of HIV/health-related issues and strengthening the capacity of community organizations and activists in conducting outreach, counseling and testing;
- Pilot and implement the system of reporting in case of self-testing for reporting, so that positive cases are not lost to follow up and those who will decide to use the self-testing are protected in terms of confidentiality;
- Provide tools, practices, and capacity building exercises to community and service-provision organizations that include trans health and HIV prevention among trans people as a separate agenda;
- Joint advocacy of CBOs and other civil society towards MOLHA (Ministry of Labor, Health and Social Assistance) to approve the standards and costing tool of HIV prevention for MSM;
- Strengthen the capacity of local groups/communities to establish partnerships with academic and/or higher educational institutions, to foster collaboration and support HIV research activities;
- Advocate to simplify the tendering procedures to remove the bank deposit guarantee for NGOs/CBOs and enabling them to participate in State tendering processes;
- Documentation of discrimination cases on right to health issues among MSM should be improved at community organizations' level;
- Maximize usage of the existing platforms or coalitions, such as the SRHR platform, City Task force, PTF, CCM and other opportunities for collaborating with other KPs on budget advocacy, and issues related to stigma and discrimination;
- Engage CBOs in active fundraising to attract new donors to support LGBT organizations working in the field of HIV and/or MSM/LGBT health in general in the country.