



Brief on HIV Epidemic Situation among MSM and Trans people in Belarus

2018



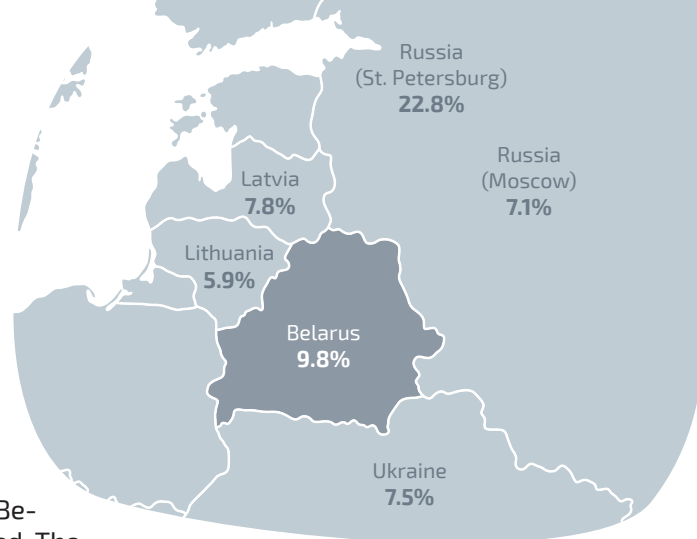
*Eurasian Coalition
on Male Health*

In the countries of Eastern Europe and Central Asia (EECA), HIV epidemic indicators continue to grow. Since 2010, the number of new HIV cases in the region has increased by 29%. This trend is primarily due to the HIV epidemiological situation in the Russian Federation, where 70% of the people living with HIV (PLHIV) in the region live¹.

In 2017 in the EECA countries, 21% of all new HIV cases occurred among men who have sex with men (MSM).

Since the beginning of the epidemic in the Republic of Belarus, 25,074² cases of HIV infection have been diagnosed. The prevalence of HIV infection is 0.4%¹.

Over the past decade, the incidence of HIV in the country has increased 2.5 times: the rate was 10.4 per 100,000 people in 2007³, and 26.0 per 100,000 people in 2017² (Fig. 1).



The prevalence of HIV infection among MSM in neighboring countries

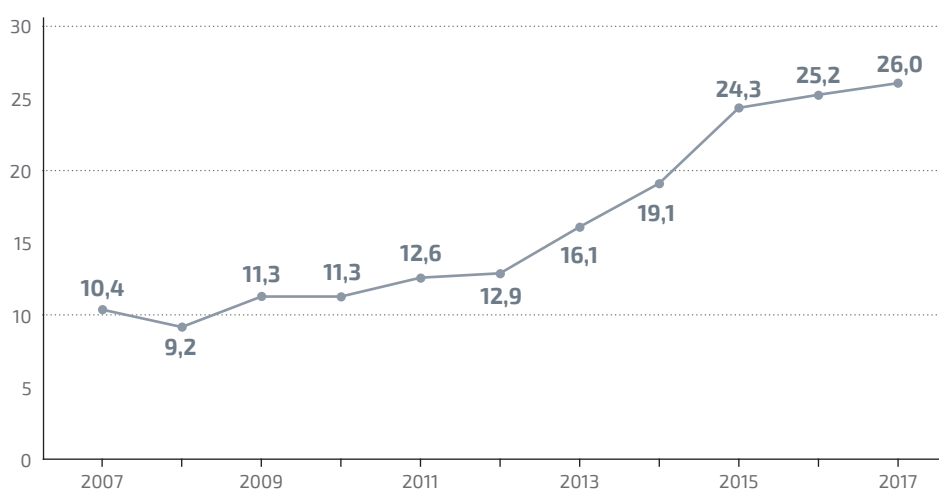


Figure 1. HIV incidence in the Republic of Belarus (per 100,000 people)

Most new HIV cases were diagnosed among men aged 30-39⁴.

The most frequent route of HIV transmission in the country is sexual. It accounts for 62% of all HIV cases. The parenteral transmission route accounts for 35% of new HIV cases².

HIV infection is concentrated among vulnerable populations: injecting drug users (IDUs), commercial sex workers (CSWs) and MSM. The HIV prevalence among IDUs is 30.8%, among CSWs - 7%⁵, and among MSM - 9.8%⁶.

The prevalence of HIV infection among MSM in neighboring countries is: 5.9% in Lithuania, 7.8% in Latvia, 7.5% in Ukraine; and 7.1% (Moscow) and 22.8% (St. Petersburg) in the Russian Federation⁷.

Migration can affect HIV prevalence. According to the State Border Committee of the Republic of Belarus, in 2017, foreigners entered the country more than 4.32 million times (compared to more

¹ UNAIDS data 2018. – Mode of access to the resource: http://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf

² Эпидситуация по ВИЧ/СПИД в Беларуси. – Ассоциация «БелСеть антиСПИД». – Mode of access to the resource: <https://www.belaid.net/epidsituaciya-po-vichspid-v-belarusi/>

³ European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2017 – 2016 data. Stockholm: ECDC; 2017. – Mode of access to the resource: https://www.ecdc.europa.eu/sites/portal/files/documents/20171127-Annual_HIV_Report_Cover%2BInner.pdf

⁴ Первичная заболеваемость населения ВИЧ-инфекцией по возрастным группам. – Национальный статистический комитет Республики Беларусь. – Mode of access to the resource: http://www.belstat.gov.by/ofitsialnaya-statistika/socialnaya-sfera/zdravoohranenie_2/godovye-dannye_13/pervichnaya-zabolevaemost-naseleniya-vich-infektsiei-po-voznym-grupptom/

⁵ UNAIDS Country data Belarus. – Mode of access to the resource: <http://www.unaids.org/en/regionscountries/countries/belarus/>

⁶ Поведенческие особенности и уровень знаний по проблеме ВИЧ/СПИД среди мужчин, имеющих сексуальные отношения с другими мужчинами: Отчет об исследовании. – Минск, 2017. – Mode of access to the resource: <http://ecom.ngo/wp-content/uploads/2018/07/Report-HIV-among-MSM-in-Belarus-2017.pdf>

⁷ HIV among MSM in EECA. – ECOM. – Mode of access to the resource: <http://ecom.ngo/hiv-msm-eeca/>



than 4.18 million times in 2016), and traveled out 4.7 million times (compared to 4.46 million times in 2016). The most common countries of origin are Ukraine, Russia, Lithuania, Moldova, Poland and Germany.

Almost 879,000 foreigners visited the country in 2017 (compared to 832,000 in 2016)⁸.

Labor migrants come to Belarus from Ukraine, China and Uzbekistan (in 2017, 15,844 people officially came to Belarus for labor purposes)⁹.

According to official statistics from 2017, more than 10,000 people left Belarus to work outside of the country. The majority of these people went to Russia, followed by Poland⁹. According to estimates, more than 300,000 people left to Russia. In total, there may be about 1 million Belarusian citizens in Russia.

In addition, the territory of the Republic of Belarus is used by illegal migrants (mostly from Central and South Asia, and the Middle East) as a transit corridor to the countries of the European Union⁹.

HIV Infection and Coverage of MSM by Prevention Services in Belarus

It should be noted that between 2013 and 2017, the prevalence of HIV among MSM has doubled⁵ (Fig. 2).

The prevalence of HIV infection among MSM at the country level is 9.8%, but in a number of regions this indicator is significantly higher: 11.3% in Svetlogorsk and 19.2% in Vitebsk⁶.

Based on estimates, there are 60,000 MSM in the country, which equals 1.36% of the total number of men in the country¹⁰. However, there is evidence that the MSM population size may be higher¹¹. Complications exist when assessing the number of HIV-positive MSM¹⁴.

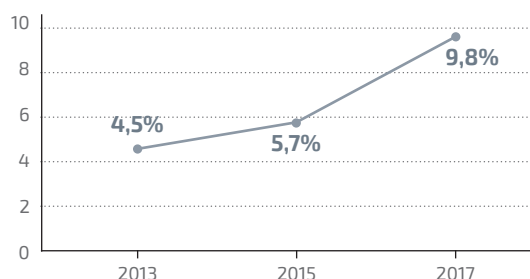


Figure 2. HIV prevalence among MSM in Belarus

A recent bio-behavioral study (IBBS) among MSM, conducted in 2017⁶, shows that safe sex practices are widespread, that HIV services are available, and that there is a considerable level of coverage with prevention services, however results at the country level differ from regional trends.

According to the IBBS, 69.4% of MSM were covered by HIV prevention programs. However, this indicator differs greatly in cities of the same size, for instance it is 53.7% in Brest and 80.9% in Vitebsk⁶.

In general, over 46% of MSM have used prevention programs in the country since 2016. The highest percentage was among MSM in Vitebsk (48.8%), Brest (49.6%), and Grodno (69.8%).

HIV testing is the most popular service¹².

MSM generally know where to have an HIV test. 68.6% of MSM have been tested for HIV in the last 12 months and know their results. This indicator improved slightly in comparison to 2013, when it was 62.1%. At the same time, between 2009 and 2011, coverage by HIV testing was higher, ranging from 74.6% to 79.9%¹³.

⁸ Справка о миграционной обстановке в Республике Беларусь за 2017 год. – Министерство внутренних дел Республики Беларусь. – Режим доступа к ресурсу: <http://mvd.gov.by/main.aspx?guid=9871>

⁹ Учет трудящихся-эмигрантов и трудящихся-иммигрантов за 2017 год. – Министерство внутренних дел Республики Беларусь. – Mode of access to the resource: <http://mvd.gov.by/ru/main.aspx?guid=158323>

¹⁰ Stuijkyte R. & al. MSM and trans* community participation in HIV decision-making process in Armenia, Belarus, Georgia, Kyrgyzstan and Macedonia : Baseline assessment commissioned by ECOM within the framework of the GFATM program "Right to Health"/ R. Stuijkyte, D. Kamalidinov, K. Kepuladze, S. Chikhladze, M. Kasianczuk (Eurasian Coalition on Male Health). – Tallinn, 2018. – 39 p. – Mode of access to the resource: http://ecom.ngo/wp-content/uploads/2018/03/FINAL_Report_Part_study_en.compressed.pdf

¹¹ Using the Capacity of HIV Service Organizations to Ensure the Sustainability of Services for MSM in Belarus. – ECOM. – Mode of access to the resource: http://ecom.ngo/successes_of_lgbt_belarus/

¹² Кечина Е. Отчет об исследовании Определение потребностей ключевых групп населения в профилактических услугах в связи с ВИЧ/ТБ в Республике Беларусь. – Минск 2017. – Mode of access to the resource: http://ecom.ngo/wp-content/uploads/2018/01/FOKUS_GRUPPY-Belarus-otchet-itogovy-i-2017-1.pdf



Testing for sexually transmitted infections (STIs) is the second most popular service among MSM¹². The proportion of MSM who have been tested for STIs in the last 12 months has decreased over the last few years: from 66.5% in 2015¹³ to 58.8% in 2017⁶.

The prevalence of hepatitis C among MSM has slightly decreased over the last few years, and the prevalence of syphilis has increased two times¹³ 6, see Fig. 3.

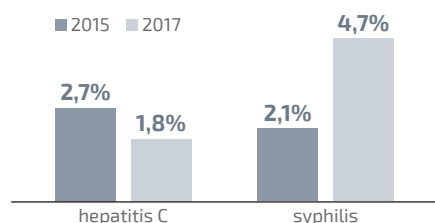


Figure 3. Prevalence of hepatitis C and syphilis among MSM

Safe Sexual Practices among MSM

It should be noted that the popularity of safe sexual practices has increased among MSM. According to IBBS data from 2017⁶, 73.8% of MSM used a condom during their last anal intercourse with a man (in 2015, this figure was 10% lower) (Fig. 4).

A positive trend is also present in relation to the frequency of condom use with casual partners: according to 2017 IBBS data⁶, the proportion of MSM who indicated that they always used a condom with a casual partner increased by 20% in comparison to the 2015 IBBS data, and is now 70% (Fig. 5).



Figure 4 The proportion of MSM using a condom when last having sex with men, %



Figure 5. The proportion of MSM who always used a condom when having sex with a casual partner, %

The availability of condoms for MSM, as a component of HIV services, is quite high: 79% of MSM have the opportunity to receive free condoms and 77% to receive free lubricants⁶.

Despite positive trends with respect to a number of indicators, a high level of risky behavior, including unsafe group sex practices, low condom use during oral sex, and the prevalence of sexual contact with multiple male partners, remains common among MSM⁶.

Gaps in Services and the Needs of MSM and Trans People with Respect to HIV

A recent study among vulnerable groups, including MSM and trans people¹², identified gaps in the provision of HIV services, and the needs of these groups.

MSM are less satisfied with STI testing services in comparison with HIV testing services. Such an assessment may be related to existing limitations.

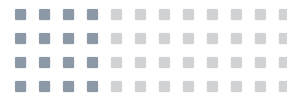
For example, the NGO "Vstrecha", which provides HIV prevention services for MSM and trans people in Belarus, provides STI testing services for only 60 MSM per quarter¹⁰.

Coupons for STI testing in health institutions are issued only for the quarter, and only those who applied for such coupons at the beginning of the quarter receive them. Some people have to wait for the next quarter, even when they have STI symptoms. MSM are often uncomfortable seeking the services of doctors in ordinary state clinics because of their unwillingness to disclose their sexual orientation.

MSM expressed the need to develop a system of "trusted" doctors with tolerant attitudes toward MSM, from whom they do not have to hide their orientation when being treated.

It is important to provide trans people services that are tailored to their needs. For example, there is a great need for services provided by physicians who are familiar with the specificities of working with trans people and who are also tolerant towards them.

¹³ Поведенческие особенности и уровень знаний по проблеме ВИЧ/СПИД среди мужчин, имеющих сексуальные отношения с другими мужчинами: Отчет об исследовании. – Минск, 2016. – Mode of access to the resource: <http://www.aids.by/upload/iblock/879/Otchet%20epidnadzor%20MCM%202015.pdf>



Trans people expressed the need for free STI and hepatitis testing (currently, they primarily receive these services for a fee in medical centers).

In addition, online informational and counseling services for MSM related to HIV are needed (for example, the creation of an online magazine for MSM). Meanwhile, trans people would like to receive informational materials that contain information specific to trans people but not widely known.

Role of the Community in Combating the HIV Epidemic

Currently, only one target program is being implemented among MSM within the framework of the national project "Containment of the HIV epidemic and reducing the incidence and mortality of HIV in Belarus", financed with the support of the Global Fund¹⁴.

Trans people are not recognized as a vulnerable group within the framework of the national HIV policy, and there are no separate HIV programs for trans people¹⁰.

At the same time, in Belarus, according to the Law "On Healthcare", adults have the option of changing and correcting their sex in state health institutions if they desire¹⁵. The corresponding interdepartmental model for assisting trans people is provided in accordance with the 2010 Decree of the Ministry of Health of the Republic of Belarus "On certain issues regarding changing and correcting one's gender"¹⁶.

Sex-change operations are performed at the Republican Center for Plastic and Reconstructive Microsurgery at the Minsk Regional Clinical Hospital in Belarus. Since 1992, about 100 such operations have been carried out in the center. Since 1989, about 245 people have undergone diagnostics and the preparation process to have sex-change operations at the City Sexology Center. Annually, 5-8 people apply to the center in order to undergo sex-change operations.

MSM and trans people receive HIV prevention services through the NGO "Vstrecha" in 12 cities of Belarus. Activities are carried out with the help of "trusted" health workers and psychologists, as well as through outreach workers and MSM volunteers¹¹.

In addition, services for MSM are provided by the hygiene, epidemiology, and public health centers of Belarus.

There are difficulties regarding the provision of human rights and LGBT rights protection services. Such services are primarily implemented through referrals to friendly lawyers¹⁰.

Current legislation does not contain references to sexual orientation and gender identity as prohibited grounds for discrimination. A high level of stigma and discrimination towards the LGBT community is widespread in the country. As a result, the LGBT community is highly closed off¹¹.

There are no officially registered LGBT organizations in Belarus: a homophobic policy acts as a barrier to the official registration of associations, which are then forced to work without mentioning the LGBT community in their areas of activity¹⁷.

In practice, work is carried out outside the scope of the law, which may result in punishment for activities implemented by an unregistered public organization¹⁸.

Data from the LGBT human rights project "GayBelarus" indicates incidents of discrimination towards LGBT people by law enforcement agencies, in workplaces, and during public activities¹⁹. However, there are also no special mechanisms in place to protect the LGBT community from discrimination in the Republic of Belarus¹⁸.

¹⁴ Какие пробелы в финансировании программ профилактики ВИЧ среди MSM и транс людей в Беларуси? – ЕКОМ. – Mode of access to the resource: http://ecom.ngo/cascade_belarus/

¹⁵ Закон Республики Беларусь О здравоохранении от 18 июня 1993 г. № 2435-XII. – Режим доступа к ресурсу: <http://pravo.by/document/?guid=3871&p0=v19302435>

¹⁶ Лепешенко А. О., Бунакова Т. А. Социальные аспекты транссексуализма. – 70-я Международная научно-практическая конференция студентов и молодых учёных «Актуальные проблемы современной медицины и фармации – 2016. – Mode of access to the resource: <http://rep.bsmu.by/bitstream/handle/BSMU/11640/2.pdf?sequence=1&isAllowed=y>

¹⁷ Involvement of MSM and trans people in the decision-making processes in the area of HIV and community engagement – position paper. – ЕКОМ. – Mode of access to the resource: http://ecom.ngo/old/position_involvement_msm/

¹⁸ Полуян А. Ситуация представителей нетрадиционной сексуальной ориентации в Беларуси. – Mode of access to the resource: <http://docplayer.ru/54170729-Situaciya-predstaviteley-netradicionnoy-seksualnoy-orientacii-v-belarusi.html>

¹⁹ Права человека ЛГБТ в Беларуси: представление для Универсального периодического обзора. - Правозащитный ЛГБТ-проект «ГейБеларусь». – Mode of access to the resource: <https://uprdoc.ohchr.org/uprweb/downloadfile.aspx?filename=1739&file=RussianTranslation>





At the same time, Belarus became the first EECA country in which a trans representative was elected as an alternate member of the Country Coordinating Committee (CCM) from the LGBT community. The CCM also includes one permanent representative of the LGBT community and one member who represents an NGO providing HIV prevention services to MSM and trans people¹⁰.

The Forum of HIV-service Organizations is held once every two years in the Republic of Belarus, in order to promote the work of HIV prevention NGOs, including those working with MSM, to contribute to the implementation of the national HIV program, to reduce stigma and promote tolerance towards representatives of the target group, and to negotiate with government representatives¹⁰.

Recommendations

In order to strengthen HIV prevention programs, it is necessary to:

- Conduct studies on the population size of trans people, as well as on their behavioral specificities related to HIV;
- Determine the MSM population size by conducting a corresponding study;
- Recognize MSM and trans people as separate, vulnerable groups in national HIV prevention programs in order to implement effective targeted prevention measures;
- Provide trans people with more specific services, tailored to their specificities and needs;
- Promote the expansion of opportunities for MSM and trans people to undergo STI testing for free and without limitations in coupons;
- Make efforts to develop a network of friendly doctors for MSM and trans people;
- Carry out wider informational campaigns on the Internet for MSM and trans people;
- Conduct trainings for health workers to create tolerant attitudes towards MSM and trans people;
- Expand the activities of existing communities for MSM and trans people;
- Take into account regional aspects of the behavior and practices of MSM in the planning of HIV prevention measures.

In order to overcome the barriers to an effective response to the HIV epidemic, it is necessary to:

- Carry out advocacy activities that would create conditions for the official formation and development of LGBT organizations;
- Promote the creation and adoption of mechanisms at the national level to counteract discrimination and stigma towards MSM and trans people;
- Conduct informational and educational campaigns among the general population in order to change their attitudes towards representatives of the LGBT community.

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