



Brief Overview about HIV among MSM in the Republic of Moldova

2018



*Eurasian Coalition
on Male Health*



The Republic of Moldova is one of the countries of southeastern Europe. Its population is 4,041,065¹. As in the majority of the countries of this region, HIV is one of the main public health problems in Moldova. The country is in a concentrated HIV epidemic stage (i. e. less than 1% of the population are people living with HIV, hereinafter PLH) with a higher HIV prevalence among MSM (9%²). According to the latest data, as of September 2017, there were 11,657 registered PLH in Moldova. The estimated number of PLH is 15,000 [11,000–21,000]³. Since 1987, when the first case of HIV was recorded, to the present, 3,137 PLH have died⁴. According to WHO data, the number of new HIV cases in the world has decreased by 40% over the past 16 years, however, in Moldova, more than 800 new cases of HIV have been consistently recorded for 3 consecutive years, which is higher than in all previous years.

The acceleration of the spread of HIV in the country began in 1997 in proportion to the increase in the number of people who inject drugs (IDU). Accordingly, during this time, the main route of HIV transmission was through injection: 82.2% in 1997, 83.9% in 2000.⁵ This was the reason for the introduction of harm reduction programs in the National Strategy for HIV Prevention among IDU. Between 2000 and 2006, prevention measures among key populations led to a sharp decline in HIV transmission through injecting drugs (6.7% in 2015⁶). Today, the main route of HIV transmission is through heterosexual sexual contact: 86.6% of 830 new cases in 2014, and 87.5% of 818 new recorded cases in 2015. 2.1% of the PLH identified in 2015 indicated homosexual sexual contact as the cause of infection.

Constant migration of the population plays a significant role in the spread of HIV. According to data of the National Bureau of Statistics, every year, more and more citizens leave the country for work (Diagram 1). The majority of migrants are people of sexually active age (25–44 years old, 57%)⁷. Of the total number of migrants from 2007 to 2012 (426,900), 67.6% were men and 75% were from rural areas. The main destination countries for labor migration from Moldova are the Russian Federation (69.6%), Italy (14.2%), Israel (2.5%), Turkey (2.1%) and Ukraine (1.7%). Because a large part of these labor migrants regularly go to work in Russia, where 10 people are infected with HIV every hour and where there are nearly 1 million PLH (943,999 PLH according to official data in 2017)⁸, there are well-founded fears of further development of the HIV epidemic in the country. It should also be noted that the prevalence of HIV among MSM in the countries neighboring Moldova is high: Russian Federation – 7.1% (Moscow) and 22.8% (Saint Petersburg), Ukraine – 8.5%⁹, Romania – 11.4%¹⁰, Turkey – 12.7% (Istanbul)¹¹, Israel – 2.26%¹², and Italy – 9.6%¹³.

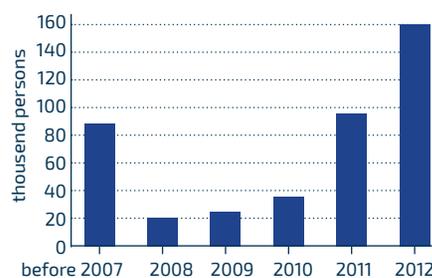


Diagram 1. Migration of the population of the Republic of Moldova from 2007 to 2012.

HIV prevention among men who have sex with men in the Republic of Moldova

Moldova decriminalized homosexual relations in 1995. The estimated number of MSM is approximately 14,000¹⁴. The government recognizes MSM as one of the key populations with an increased risk of HIV infection. The increase in the HIV prevalence among MSM in recent years is a matter of concern for both the government and for non-governmental organizations. Earlier, isolated cases of HIV infection were recorded among MSM, for instance, 1.7% in 2010. However, by 2013, HIV prev-

¹ United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision, custom data acquired via website

² <http://ecom.ngo/en/hiv-msm-eeca/>

³ Republic of Moldova, Estimated number of people (all ages) living with HIV (2016). Ист: <https://bit.ly/2NazRw7>

⁴ <https://bit.ly/2Kxnqcb>

⁵ ВИЧ/СПИД в Республике Молдова (2006), ONG «Drumul Sperantei»

⁶ Republic of Moldova Progress Report on HIV/AIDS, January – December 2015, Chisinau 2016

⁷ <https://bit.ly/UcvfZ5>

⁸ Официальная статистика по ВИЧ в России за 2017 год. Ист: <https://bit.ly/2KxB27o>

⁹ <https://bit.ly/2MwBBP7>

¹⁰ Country progress report on AIDS, Bucharest, 2014

¹¹ HIV prevalence among men who have sex with men in Istanbul, Fatma Sargin, Safak Goktas, Source: <https://bit.ly/2tPhleD>

¹² Global AIDS response progress report 2016-Narrative report from Israel, Source: <https://bit.ly/2Ncfpey>

¹³ MSM in Europe. Source: <https://bit.ly/2Ktaxjq>

¹⁴ Комплексное биоповеденческое исследование в группах повышенного риска инфицирования ВИЧ, Молдова 2012-2013 гг.



alence among MSM increased several times, reaching 5.4% in Chisinau and 8.2% in Balti. The latest bio-behavioral study showed that the HIV prevalence among MSM in Chisinau has reached 9%.¹⁵

Presumably, this situation can be explained by the inadequate coverage of MSM by HIV prevention measures. According to data of the National Center for Public Health, in 2014 only 14.7% of MSM in country received the package of prevention services. Coverage increased significantly in 2016: 59% in Chisinau and 35.8% in Balti.¹⁶

At the same time, the sexual behavior of MSM remains risky. For example, in Chisinau (the capital of Moldova), only half of MSM (49.2%) used condoms in 2013, while the majority of MSM (85%) in Balti (the second largest city) indicated that they did so¹⁷. Unfortunately, there were doubts about the validity of this data. The results of the latest bio-behavioral study (IBBS, 2016) showed that MSM in Balti used condoms much less frequently than previously claimed: 25% did so with regular, cohabitating partners, and 64.3% did so with regular partners they do not live with (in comparison with 23.2% and 71.8% respectively in Chisinau)¹⁸. Condoms are used less often with casual partners (see Table 1). Respondents of the study (IBBS, 2016) assessed condom availability as high: 99.5% [99.3–100].

41.2% of the MSM participating in the IBBS 2016 (Chisinau) were tested for HIV in the last 12 months and know the results of the test.

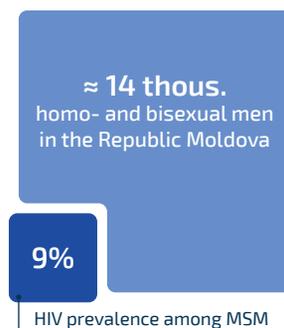


Table 1. Use of condoms during last sexual contact with a casual partner

	2013, (%)	2016, (%)
Chisinau	25.9	50.4 [37.1-61.9]
Balti	94.6	52.8 [36.7-70.2]

Access to data and quality of research

Access to information about HIV prevalence and other indicators is limited, but data is updated every 2-3 years. Non-governmental organizations rarely publish reports or carry out assessments of the situation and needs of MSM in the country. There is no information on whether the medical needs of MSM are met or about the availability of services (medical, legal, social, etc.).

An assessment of MSM/HIV services in 2015 showed that the existing model for the provision of services cannot be described as oriented towards changing the behavior and attitudes of MSM/LGBT. Thus, the model does not suggest tools for measuring qualitative changes in communities and does not rely on methods with epidemiologically and economically proven effectiveness. Moreover, there is no practice of conducting operational studies and epidemiologically correct longitudinal studies on the effectiveness of interventions in the country.¹⁹

Role of the community in eliminating the HIV epidemic

HIV prevention activities among MSM are conducted by various civil society organizations (including GenderDoc and ATIS Center), primarily in the large cities of Moldova (Chisinau, Balti, and Tiraspol).²⁰ Organizations use outreach work to distribute condoms and lubricants, disseminate informational materials, conduct individual counseling, promote safe sex, refer people to voluntary counseling and testing (VCT) and HIV testing services (saliva testing), etc. In 2015, the decision was made to introduce a new intervention: PDI. In 2015, 2,805 MSM were covered by prevention activities (of whom 500 were new beneficiaries thanks to PDI).

MSM and PrEP in the Republic of Moldova

Since 2018, under the National Protocol on PrEP, all interested persons may apply for PrEP at one

¹⁵ Raportul studiului integrat bio-comportamental în rândul grupurilor cu risc sporit de infectare HIV în Republica Moldova, 2016. 212 p.

¹⁶ Raportul studiului integrat bio-comportamental în rândul grupurilor cu risc sporit de infectare HIV în Republica Moldova, 2016

¹⁷ Национальная программа профилактики и контроля ВИЧ/СПИДа и ИППП, на 2016-2010 гг., Приложение 3 (доступно на: <https://bit.ly/2KuYYez>)

¹⁸ Raportul studiului integrat bio-comportamental în rândul grupurilor cu risc sporit de infectare HIV în Republica Moldova, 2016

¹⁹ Касянчук М. Отчёт о консультации относительно развития МСМ/ВИЧ-сервисов в Республике Молдова, 2015

²⁰ Republic of Moldova Progress Report on HIV/AIDS January. – December 2015, Chisinau 2016





of the four HIV/AIDS centers operating in Balti, Cahul, Chisinau, and in the penitentiary system.

While active prevention work is carried out in large cities, MSM living outside cities and in remote settlements do not receive due attention. Non-governmental organizations are not provided sufficient financial resources and opportunities to expand their activities beyond major cities.

Recommendations

Support for civil society organizations:

- Study and develop new approaches to working with MSM aimed at reducing the level of risky sexual behavior
- Regularly conduct needs assessments to determine the political, social, and legal situations surrounding MSM/LGBT
- Assess whether the needs of MSM/LGBT are being met by medical providers and legal bodies
- Increase the capacity of NGOs to conduct HIV prevention work among MSM
- Establish a coalition of NGOs working in the fields of HIV prevention and the protection of the rights of MSM/LGBT.

Access to information and data updating:

- Create an online database on the website of the AIDS Center containing information about new HIV cases and other statistics related to HIV/AIDS and STIs to increase access to reliable information for stakeholders and the public.

Measures required of government agencies:

- Develop a strategy to change the risky sexual behavior of MSM, taking into account the opinions and experience of all stakeholders, including NGOs, international organizations, and service providers
- Create conditions for expanding the HIV prevention activities of civil society organizations and their outreach workers in rural regions, as well as conditions for reducing the dependence of NGOs on external donors
- Increase the capacity of state HIV-service organizations (especially in rural areas) to work with MSM and LGBT people.

Kiromiddin Gulov



The publication was prepared and published within the regional program "Right to Health", implemented by the Eurasian Coalition on Male Health (ECOM) with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The views described herein are the views of this institution, and do not represent the views or opinions of The Global Fund to Fight AIDS, Tuberculosis & Malaria, nor is there any approval or authorization of this material, express or implied, by The Global Fund to Fight AIDS, Tuberculosis & Malaria.

Free Distribution

When using materials, a link to Eurasian Coalition on Male Health (ECOM) and the Global Fund to Fight AIDS, Tuberculosis & Malaria is mandatory.