



Eurasian Coalition on Male Health

# ECOM Position Statement for World AIDS Day

*In EECA countries, alarming trends point to a worsening AIDS epidemic among MSM and trans\* people*



*New evidence suggests that the number of HIV-positive MSM continues to increase rapidly in the region, but that the efforts of governments and civil society remain insufficient to stabilize the situation.*

Data obtained between 2015-2016 shows that, in Eastern Europe and Central Asia, the HIV epidemic and other epidemics of sexually transmitted infections continue to develop rapidly among MSM.

Regular population studies of groups vulnerable to HIV infection were carried out in only 11 countries, with data from 7 countries (Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Uzbekistan, and Ukraine) demonstrating a steady increase in the proportion of HIV-positive MSM: a catastrophic increase took place in Georgia (25% of MSM in Tbilisi were found to be HIV positive according to data in 2015, in comparison to 13% in 2012), whereas in the remaining countries, a rapid increase occurred (up to six times higher in Kyrgyzstan).

The prevalence of syphilis in the majority of the countries of the region remains stable (from 2% to 8% in different countries), whereas Tajikistan has seen a twofold increase over the past five years (from 5% in 2011 to 9% in 2015). The stability indicator demonstrates the inadequacy of prevention measures.

Global initiatives, such as "90-90-90", are focused on accelerating the eradication of AIDS. In particular, these initiatives assume effective HIV testing coverage of vulnerable groups (90%) and beginning ARV therapy immediately after an HIV diagnosis.

However, in the majority of the countries of the region (9 out of 10, for which there is data), less than 60% of MSM are covered by HIV testing services, which is clearly insufficient for the effective control of the HIV epidemic. Data on the coverage of HIV-positive MSM with ARV therapy is available only in Ukraine.

As a whole in the region, the coverage of MSM with preventative services has stabilized around 40-60%. In order to increase coverage, it is necessary to develop new approaches to attract MSM and trans\* people to participate in prevention programs with the support of community-based organizations, as well as to prevent discrimination and rights violations on the basis of sexual orientation and gender identity.

In order to properly plan the relevant national budgets, it is necessary to know the population sizes of vulnerable groups. However, special studies on the evaluation of population sizes are only regularly carried out in Georgia and Ukraine. For most countries, data on population sizes are outdated (dating from 5+ years ago).

Together with the increase in HIV prevalence, *a decrease in funding from international sources* is also taking place – until now, the Global Fund has been the main source of funding for programs targeting MSM, but is currently encouraging countries to transition to national funding for HIV programs. However, *the governments of countries of the region refuse to fund targeted programs aimed at MSM and trans\* people*, arguing that, firstly, these two groups have no significant effect on the growth of the HIV epidemic in the country in general, and, secondly, that prevention and treatment programs aimed at the general population are effective for MSM and trans\* people as well.

*Changing the position of governments will only be possible by mobilizing organizations and activists from the LGBT community to participate in active advocacy, and by providing them with quality data on the effect of MSM and trans\* people on the HIV epidemic and on the effectiveness of existing interventions.*

**In order to change the existing situation as quickly as possible, ECOM calls upon:**

**GAY AND TRANS\* COMMUNITIES:** to strengthen advocacy sustainability and expand HIV services;

**GOVERNMENTAL STRUCTURES:** to ensure national funding of targeted HIV programs for MSM and trans\* people;

**INTERNATIONAL STRUCTURES:** to provide technical support to communities and governmental structures in the region.

# 1 HIV prevalence among MSM (GARPR)

	Earlier	2010	2011	2012	2013	2014	2015	2016	Trend
Azerbaijan	1,0		2,0						▶▶
Armenia (Yerevan)				2,6		0,4		0,8	■
Belarus					6,2	5,7			■
Georgia (Tbilisi)		7,0		13,0			25,1		▶▶
Kazakhstan		1,0	1,0	0,6	1,2		3,2		▶
Kyrgyzstan		1,1			6,3				▶▶
Latvia		7,8							
Lithuania		2,7							
Macedonia		0,5			1,9				▶▶
Moldova (Chisinau)		1,7			5,7				▶▶
Russian Federation	3,5		5,6				7,0		■
Tajikistan (Dushanbe)			1,5				4,1		▶▶
Uzbekistan	6,8		0,7		3,3				
Ukraine	8,6		6,0		5,9		8,5		▶
Estonia		3,0							

- ▶ increase in rates
- ◀ decrease in rates
- ▶▶ significant increase in rates
- rate remains around the same level

# 2 Syphilis prevalence

	Earlier	2010	2011	2012	2013	2014	2015	2016	Trend
Azerbaijan			8,0						
Armenia (Yerevan)				1,9		1,8		0,0 (?)	■
Belarus					2,4		2,1		■
Georgia (Tbilisi)		34,3		32,9			35,0		■
Kazakhstan					6,4				
Kyrgyzstan			5,7		7,9				▶
Latvia									
Lithuania									
Macedonia		0,5			0,6				■
Moldova (Chisinau)		12,1			14,6				■
Russian Federation									
Tajikistan (Dushanbe)			5,1				9,3		▶▶
Uzbekistan			1,3		1,3				■
Ukraine	2,2						2,7		■
Estonia									

Note: The comparison of prevalence between countries reveals significant differences—from 0.5% in Macedonia to 35.0% in Georgia. This is perhaps due to differences in diagnostic methods (determination of only the active process or anamnestic antibody).

- ▶ increase in rates
- ◀ decrease in rates
- ▶▶ significant increase in rates
- rate remains around the same level

# 3 Proportion of MSM who underwent HIV testing in the last 12 months and who know the results of the test (GARPR)

	Earlier	2010	2011	2012	2013	2014	2015	2016	Trend
Azerbaijan			24,5						
Armenia (Yerevan)				38,6		50,1		32,5	■
Belarus			74,6		62,1		64,1		■
Georgia (Tbilisi)				33,9			38,4		▶
Kazakhstan		60,0	61,4	64,2		74,4	62,7		■
Kyrgyzstan		42,0			40,0				■
Latvia		25,7							
Lithuania					19,8				
Macedonia		15,3			19,0				▶
Moldova (Chisinau)		12,1			24,4				▶▶
Russian Federation									
Tajikistan (Dushanbe)			40,2				57,4		▶
Uzbekistan					26,0		56,1		▶▶
Ukraine	42,0		38,0		38,3		54,6		▶
Estonia		36,6							

- ▶ increase in rates
- ◀ decrease in rates
- ▶▶ significant increase in rates
- rate remains around the same level

# 4 HIV among MSM in EECA

ECOM collects relevant data and keeps the information on HIV prevalence among MSM in the EECA region (and Macedonia) up-to-date. In 2015, several countries (Georgia, Tajikistan, Ukraine) have seen publication of new data, which allow more adequate programming for MSM in the region.

	Size estimation	Year of last PSE	% HIV	% MSM+, who know their status	% on ARV	% 0 viral load	% HBV	% HCV	% Syph	Knowledge <sup>1</sup>	Coverage <sup>2</sup>	Testing <sup>3</sup>	Condom use <sup>4</sup>
Armenia	12500	2016	0,8	62,0	50,0	n/a	0,3	n/a	0,0 (?)	74,8	39,7	32,5	80,4
Azerbaijan	6572	2011	2,0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	23,5	24,5	28,5
Belarus	60000	2014	5,7	n/a	n/a	n/a	1,3	2,7	2,1	46,6	70,1	64,1	64,0
Estonia	9000	2010	3,0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	36,6	52,7
Georgia	17200	2015	20,7	n/a	n/a	n/a	n/a	11,1	33,3	91,0	52,0	44,3	69,6
Kazakhstan	39800	2015	3,2	n/a	n/a	n/a	n/a	n/a	6,4	n/a	n/a	62,7	70,7
Kyrgystan	22000	2013	6,3	n/a	n/a	n/a	n/a	1,6	7,9	56,8	47,9	40,0	81,6
Latvia	12280	2010	7,8	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	25,7	39,8
Lithuania	17760	2010	2,7	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	19,8	42,3
Macedonia	19300	2014	1,9	n/a	n/a	n/a	n/a	4,5	0,6	49,2	n/a	19,0	51,8
Moldova	13500	2013	5,7	n/a	n/a	n/a	4,8	4,8	14,6	50,7	n/a	24,4	49,2
Russian Federation	n/a		7,0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4,4	n/a	n/a
Tajikistan	13400	2015	2,7	n/a	n/a	n/a	n/a	7,4	8,0	28,6	68,1	57,1	75,8
Turkmenistan	n/a		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ukraine	176000	2015	8,5	23,0	6,0	n/a	2,7	4,0	2,7	60,0	54,0	54,6	70,9
Uzbekistan	n/a		3,3	n/a	n/a	n/a	n/a	4,0	1,3	54,7	n/a	56,1	94,6

1 % MSM, who gave right answers about HIV and AIDS (GARPR indicator "Knowledge").

2 % MSM, covered with HIV services (GARPR indicator "Coverage").

3 % MSM, tested on HIV during last 12 months (GARPR indicator "Testing").

4 % MSM among having anal sex with men during last 6 months, who use condom (GARPR indicator "Condom use").

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