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REGIONAL ANALYSIS SERVICES CASCADE ON HIV FOR MSM

ECOM
2023

This publication was prepared by ECOM — the Eurasian Coalition for Health, Rights, Gender and Sexual Diversity and Name of the local organization.

The materials were developed within the framework of the Regional project "Sustainability of Services for Key Populations in the Eastern Europe and Central Asia Region" (SoS_project 2.0) implemented by a consortium of organizations led by the Alliance for Public Health in partnership with CO "100% Life", with financial support from the Global Fund and within the framework of Mitigating the impact of COVID-19 on HIV programs project supported by the Robert Carr Foundation for Civil Society Networks.

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ECOM, 2022

In 2021, the global targets in the response to the HIV epidemic were updated. UN Member States adopted a set of ambitious new targets as part of the Political Declaration on HIV and AIDS in order to end AIDS as a public health threat by 2030¹.



TARGETS TO REDUCE THE INCIDENCE OF HIV BY 2025 ARE BASED ON THREE MAIN APPROACHES²

Combining efforts in order to implement all three approaches is critical to successfully and sustainably scaling up HIV prevention and treatment services.

HIV SERVICES

Achieving the «95-95-95» targets in HIV testing, treatment, and viral load suppression

SOCIAL ACTIVATORS

Achieving the «10-10-10» indicators to eliminate social and legal barriers, which limit access to or use of HIV services, in order to establish an enabling environment

INTEGRATION

Implementing people-centered comprehensive approaches that take into account the needs of target groups and the context

This overview presents the results of national studies from 2022 demonstrating the cascades of continuous HIV care among MSM, and barriers and gaps in the cascades in 6 countries of the Eastern Europe and Central Asia (EECA) region: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, and Ukraine.

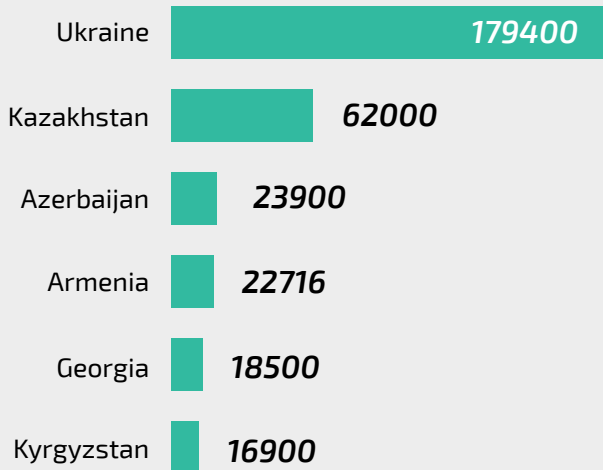
¹ United Nations General Assembly: Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. Available at: https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids

² UNAIDS: 2025 AIDS Targets. Available at: <https://aidstargets2025.unaids.org/#>

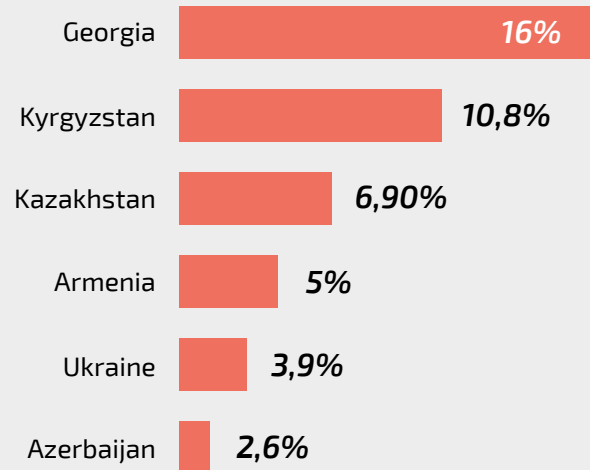


OVERVIEW OF HIV PREVALENCE AMONG MSM AND MSM POPULATION SIZE (AS OF 2022)

ESTIMATED NUMBER OF MSM



HIV PREVALENCE AMONG MSM



HIV SERVICES

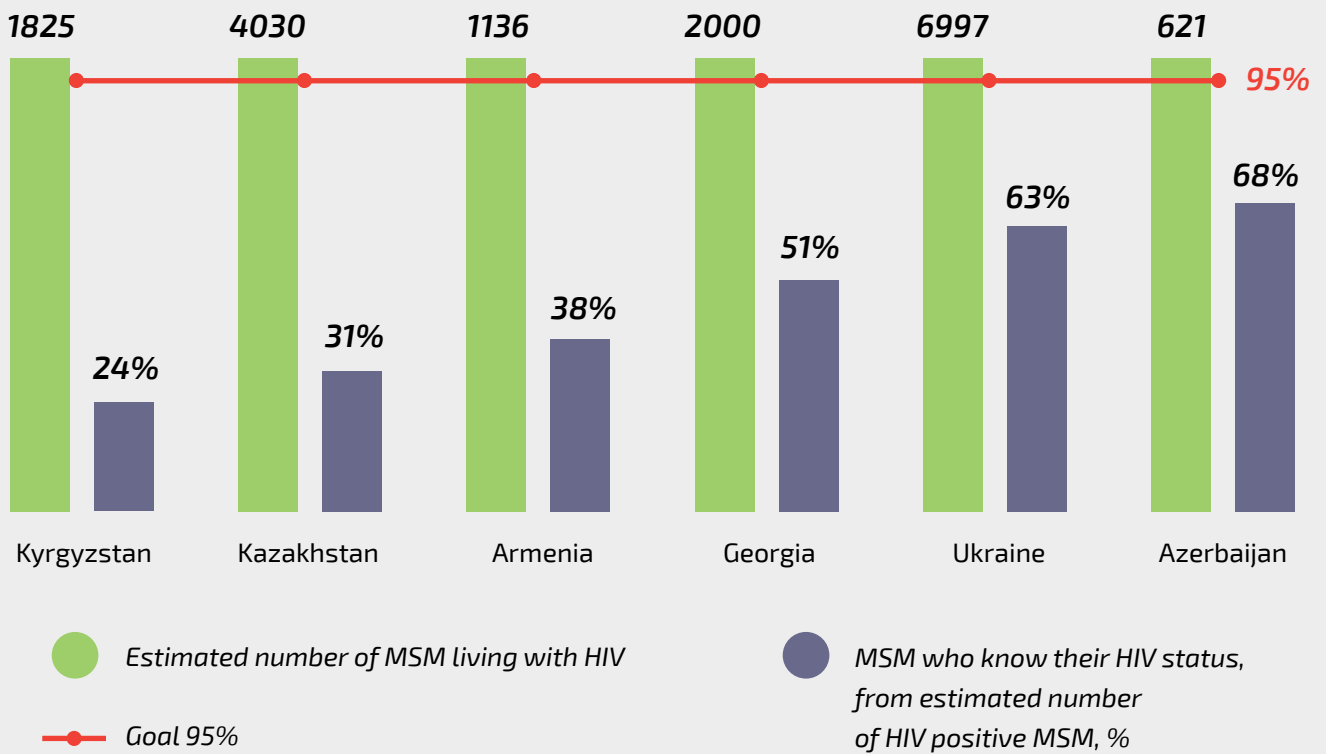
The «**95-95-95**» targets include targets to be achieved in the fields of HIV testing, treatment and viral load suppression, namely:

- **95%** of people living with HIV know their HIV status,
- **95%** of people who know their status are receiving HIV treatment,
- **95%** of people receiving HIV treatment have a suppressed viral load.

A **cascade of continuous HIV care** is used to visually measure and demonstrate progress towards the «**95-95-95**» targets. The cascade allows you to assess and see where there are gaps in the delivery of HIV prevention and treatment services, and where it has been possible to get closer to achieving global goals.

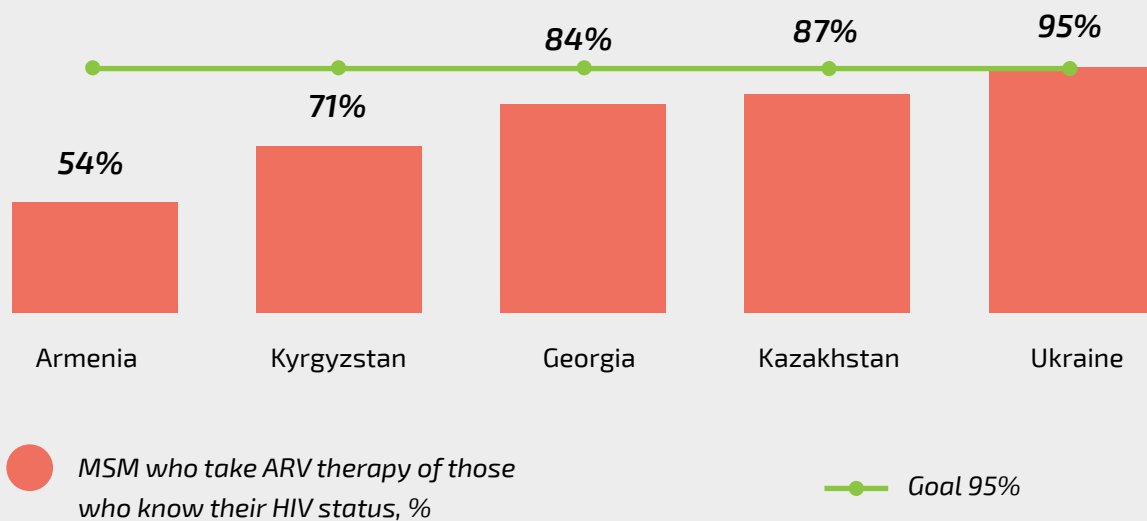
A KEY GAP for all countries in this review is the completeness, relevance and reliability of the data on which cascade calculations are based.

TARGET ACHIEVEMENT STATUS — 95% OF MSM KNOW THEIR HIV STATUS



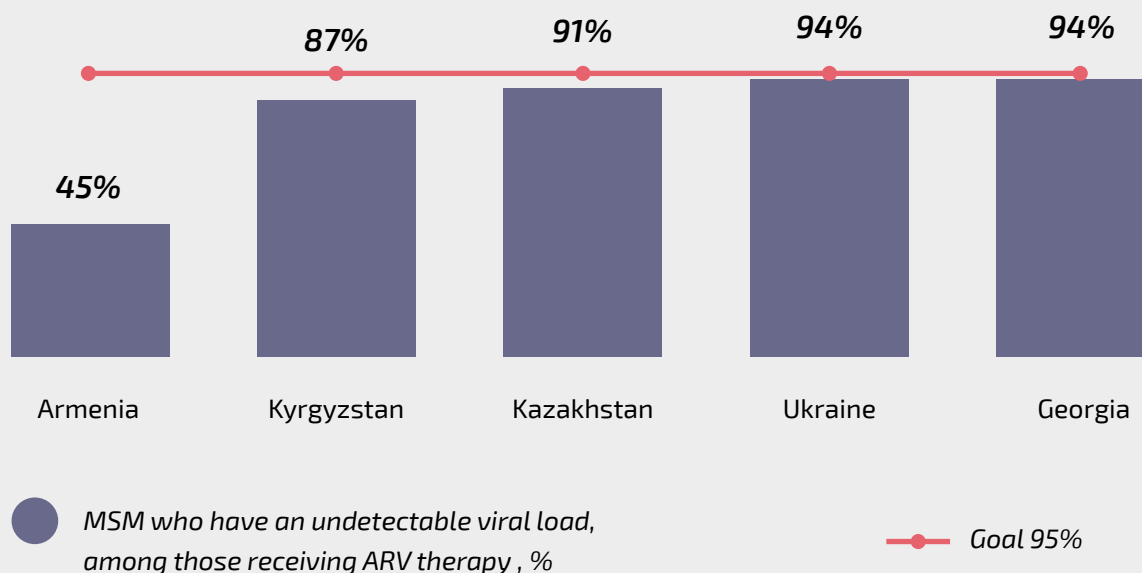
The greatest lag for all countries in terms of achieving the cascade targets is observed at the stage of detecting HIV cases among MSM. Only about a third of MSM living with HIV know their status in **Kyrgyzstan** and **Kazakhstan**. The rest of the countries have higher levels, but are still far from the target.

TARGET ACHIEVEMENT STATUS — 95% OF MSM WHO ARE TAKING ARV THERAPY, OF THOSE WHO KNOW THEIR HIV STATUS



In the second step of the continuum of HIV services for MSM, the only country in the review that was able to achieve the target is **Ukraine**. **Georgia** and **Kazakhstan** are close to reaching the «second 95». The largest gap is observed in **Armenia**. There is no data for this indicator in Azerbaijan..

TARGET ACHIEVEMENT STATUS — 95% OF MSM HAVE A SUPPRESSED VIRAL LOAD, OF THOSE WHO ARE RECEIVING ARV THERAPY



The target of the third step of the cascade has nearly been achieved in all countries, with the exception of **Armenia**. Azerbaijan has no data on this indicator.

COMMON BARRIERS TO ACHIEVING THE «95-95-95» CASCADE TARGETS:

- In order to plan coverage of MSM with HIV prevention services, data on the estimated size of the target group, which is outdated or unreliable, is being used. Due to this, there is a significant gap between the volume of service provision and the actual number of members of the target group who need services.
- Existing geographical restrictions in relation to the work of community organizations impact the convenience of receiving services, as well as the possibility of providing the target group with coverage by prevention services.
- Legislative obstacles restricting non-governmental organizations from conducting HIV testing significantly affect the detection of new HIV cases.
- Ongoing outreach work may be insufficiently targeted; hard-to-reach subgroups of MSM, for example, remain so, while the same clients participate in prevention projects.

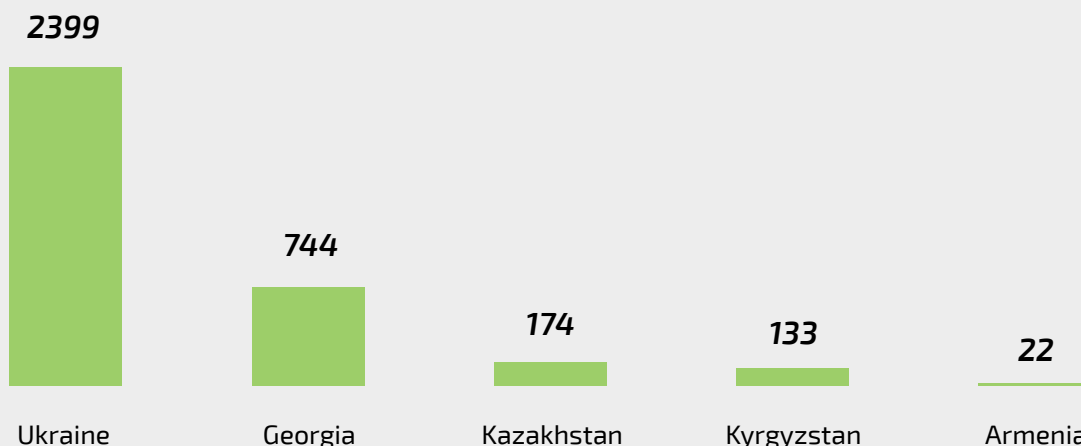
- Widespread stigma and discrimination on the part of medical workers mean that MSM continue to remain a closed group, and prevent MSM from visiting medical institutions for treatment.
- When visiting medical institutions, MSM are more likely to receive services under the codes of other population groups, which prevents the volume of prevention and treatment services used by MSM, and their results, from being accurately reflected.
- MSM exhibit a low level of responsibility towards their own health; for instance, MSM diagnosed with HIV often do not start treatment immediately due to the absence of visible symptoms.

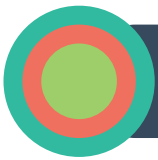


PRE-EXPOSURE PROPHYLAXIS (PREP)

Improved access to PrEP services significantly increases the effectiveness of HIV prevention programs. In all countries of the review, there are projects for the provision of PrEP services to MSM. A PrEP pilot project is planned in Azerbaijan. At the same time, awareness of PrEP among MSM remains insufficient. Current data on the awareness of MSM about PrEP and their willingness to use PrEP is severely limited. Data on HIV prevalence among those who have ever used PrEP is not available.

**NUMBER OF MSM RECEIVING PREP
(2021-2022)**





INTEGRATION

Applying context-sensitive and community-driven strategies improves service coverage and retention. Integration of HIV treatment services with other health services has not yet been achieved by countries. Stigma and the associated reluctance of MSM to disclose their sexual orientation do not allow us to estimate the proportion of MSM who receive services in medical institutions. Data that could inform the development of programs in this area is not collected. For example, there is no data on the number of HIV-positive MSM who received prophylactic anti-tuberculosis therapy, or the number of MSM protected from pandemics, including COVID-19.

Clearly, COVID-19 restrictions have had a significant impact on people's ability to get tested for HIV and receive treatment. However, using different approaches, countries have been able to tailor their COVID-19 responses to the new needs of the target group. For example, self-testing services were widely offered through online platforms and mail deliveries or vending machines.



SOCIAL ACTIVATORS

Achieving the targets of the cascade of HIV services for MSM is impossible without eradicating stigma and discrimination, and creating an enabling legal environment free of discriminatory laws and practices.

UNAIDS' «**10-10-10**» vision includes targets for eliminating social and legal barriers that limit access to or use of HIV services:

- Less than **10%** of MSM experience discrimination and stigma;
- Less than **10%** of MSM experience violence based on sexual orientation and gender identity;
- Less than **10%** of representatives of the police and less than 10% of medical professionals have negative attitudes towards MSM.



MSM are one of the most stigmatized key populations in the context of HIV. Community representatives face manifestations of stigma and discrimination, and violations of their rights by state representatives (medical workers, police), family members and unknown persons.



MSM prefer not to disclose their sexual orientation, which leads to the fact that, in general, this group is closed off and inaccessible, and negatively affects their uptake of HIV prevention and treatment services, as well as their level of legal protection.

- ➔ Despite the fact that there is some research data in countries that reflects the proportion of MSM who experience stigma and discrimination, and the attitude of the police and medical professionals towards MSM, reliable and systematic data that could assess the achievement of the “10-10-10” goals is either very limited or non-existent.
- ➔ Lack of trust in law enforcement officials prevents MSM from seeking protection of their rights, further exacerbating their vulnerability.
- ➔ In practice, the lack of adopted legislation prohibiting discrimination based on sexual orientation and gender identity in all areas of life supports the behavior of violators of the rights of MSM.



SUCCESSFUL PRACTICES

All countries of the review are implementing a system for monitoring and responding to human rights violations at the community level: REAct. Documented cases of violations of the rights of MSM are an evidence base that can be used for advocacy purposes, including for amending the legislation of countries.*

**At the time of this review, the REAct system was also introduced in Azerbaijan and Kazakhstan.*



MEANINGFUL INVOLVEMENT OF THE COMMUNITY IN HIV RESPONSE MEASURES

When local communities play a leading role in developing and delivering HIV services, these services become more accessible to those who need them³. Every year, the range of community-based services offered to MSM is expanding. Thanks to effective advocacy, non-governmental organizations are more empowered to influence the continuum of HIV services.

Community-based HIV testing: changes in countries in 2022

- Since 2017, NGOs in Armenia have been allowed to carry out HIV testing using saliva tests, and since 2022, they have been allowed to conduct community-based HIV testing using blood tests.
- From 2023, community-based HIV testing using saliva tests will be possible in Azerbaijan.

³ UNAIDS World AIDS Day report 2020: Prevailing against pandemics by putting people at the centre. Available at: <https://www.unaids.org/en/resources/documents/2020/prevailing-against-pandemics>

