



*Eurasian Coalition
on Male Health*

HIV among MSM in Eastern Europe and Central Asia

Epidemiological Review 2018

Recent data demonstrate that the number of MSM living with HIV is still growing in the region, while the efforts of governments and civil society are insufficient



The data received in 2015–2018 show that there is still a growing trend in the epidemics of HIV and other sexually transmitted infections among MSM in Central and Eastern Europe and Central Asia (CEECA).

In most ECEA countries, HIV prevalence among MSM exceeds 5%, which is a sign of a concentrated epidemic.

Regular population studies in the groups vulnerable to HIV were conducted only in eight countries¹, while data from six countries (Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan and Moldova) demonstrate a stable growth in the share of HIV-positive MSM. Twofold increase of HIV prevalence among MSM was registered in Belarus (9.8% in 2017 as compared to 5.7% in 2015), Kazakhstan (6.2% in 2017, 3.2% in 2015) and Moldova (Chisinau: 9.0% in 2016, 5.4% in 2013). Last year, Macedonia also reported growth in HIV prevalence up to 5.4%.

Syphilis prevalence among MSM in the region generally remains stable (2-8%), with some countries, however, demonstrating significant growth: Belarus (2.4% in 2013, 4.7% in 2017), Kazakhstan (12.8% in 2015, 19.7% in 2017), Kyrgyzstan (7.9% in 2013, 10.8% in 2016).

This data show that the response to the epidemic from the side of governments and communities is insufficient.

The global initiatives, such as the 90-90-90 strategy, focus on strengthening the HIV response. In particular, they stipulate the effective (90%) coverage of vulnerable populations with testing and initiation of ART right after HIV is diagnosed.

However, in many countries of the region (5 of 14 countries with the data available) less than 60% of MSM are covered with testing², which is clearly not enough for the effective control of the epidemic.

The revised data show that out of nine countries of the region only two (Belarus and Tajikistan) have achieved the set target of ART coverage: at least 73% of MSM-PLWH. In other countries, the coverage is lower: from 2% in Kyrgyzstan to 66% in Lithuania. It should be also taken into account that different countries may use different approaches to building the cascades of access to the continuum of health services.

In different CEECA countries, MSM coverage with prevention services differs and demonstrates different dynamics. Thus, according to the official statistics in Azerbaijan, this indicator is stable and low, while in Belarus, Georgia, Kazakhstan and Ukraine the coverage is in the range of 40-60%, in Tajikistan it is as high as 89%, and in Kyrgyzstan it is falling down and is currently at the level of 18%.

¹Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan and Ukraine

²60% or over: Azerbaijan 69; Belarus 68.6; Kazakhstan 62.7; Macedonia 61; Russia 61;

under 60%: Armenia 32.5; B&H 35.3; Georgia 38.4; Kyrgyzstan 20.2; Lithuania 16.5; Moldova 41.2; Tajikistan 39.0; Ukraine 54.6; Estonia 43.0.

To increase the coverage, new approaches should be developed to enroll MSM and trans people in prevention programs with involvement of community-based organizations, with protection from discrimination and human rights violations on the grounds of sexuality and gender identity.

Size estimations of the key populations are needed to plan adequate national budgets. However, special size assessments are regularly conducted only in Georgia, Kyrgyzstan, Tajikistan and Ukraine. In most countries, size estimations are outdated (studies were conducted five or more years ago).

Alongside with the spread of HIV, there is a reduction of funding from the international donors. The Global Fund, which until now has been the main source of financial support for MSM programs, is urging countries to transition to domestic funding of the HIV programs.

However, national governments in the regions refuse to allocate money to the programs targeted at MSM and trans people, stating that, firstly, those two groups do not make a significant impact on the growth of the epidemic in the countries in general and, secondly, HIV prevention and treatment programs aimed at the general population are also effective for MSM and trans people.

Position of the governments may be changed only through mobilizing LGBT-community organizations and activists to carry out active advocacy campaigns, equipping them with high-quality data on the contribution of MSM and trans people in the epidemic and on the efficiency of the existing interventions.

To reverse the situation as soon as possible, ECOM calls on:

GAY AND TRANS PEOPLE COMMUNITIES:

to strengthen advocacy for the sustainability and scale up of HIV services

GOVERNMENTAL AUTHORITIES:

to allocate domestic funding for the targeted HIV programs for MSM and trans people

INTERNATIONAL AGENCIES:

to strengthen technical support provided to communities and governments in the region

HIV Prevalence among MSM

	Before	2010	2011	2012	2013	2014	2015	2016	2017	Dynamics
Azerbaijan	1,0		2,0				2,2		3,0 ³	≈
Albania	1,8	2,5	0,5		0,5					≈
Armenia (Yerevan)				2,6		0,4		0,8		↑
Belarus					6,2		5,7		9,8	↑↑
Bosnia and Herzegovina	0,7	1,8		1,2		1,3	0,6	1,1 ⁴		≈
Georgia		7,0		13,0			20,7			↑↑
Kazakhstan		1,0	1,0	0,6	1,2		3,2		6,2	↑↑
Kosovo	0		0			2,3				↑↑
Kyrgyzstan		1,1			6,3			6,6		↑
Latvia		7,8								
Lithuania		4,8	1,5	2,6	1,9	2,7		5,9	4,7	≈
Macedonia		0,5			1,9				5,4	↑↑
Moldova (Chisinau)		1,7			5,4			9,0		↑↑
Russian Federation	3,5		5,6				7,0			↑↑
- Moscow	6,0	14,8			11,6				7,1	↓
- St. Petersburg	5,3								22,8	↑↑
Serbia	6,1	3,9		4,4	8,3					↑↑
Tajikistan			1,7				2,7		2,3	≈
Uzbekistan	6,8		0,7		3,3		3,3			≈
Ukraine	8,6		6,0		5,9		8,5		7,5	≈
Montenegro			4,5			12,5				↑↑
Estonia		3,0			7,0			3,0		?

↑ Increase

↓ Decrease

↑↑ Steep increase

↓↓ Steep decrease

≈ Change within the margin of error

? Unclear dynamics

³Based on the program monitoring data

⁴Based on the VCCT dat

Syphilis Prevalence

	Before	2010	2011	2012	2013	2014	2015	2016	2017	Dynamics
Azerbaijan			8,0					13,6		↑↑
Albania	2,6		1,8							
Armenia (Yerevan)				1,9		1,8		0,0		?
Belarus					2,4				4,7	↑↑
Bosnia and Herzegovina	0,7	0,6		0,6						≈
Georgia		34,3		32,9			35,0			≈
Kazakhstan			5,4		6,4		12,8		19,7	↑↑
Kosovo	0		2,4			2,4				≈
Kyrgyzstan			5,7		7,9			10,8		↑↑
Latvia										
Lithuania						3,0		10,6		↑↑
Macedonia		0,5			0,6				2,4	↑↑
Moldova (Chisinau)		12,1			14,6			13,3		≈
Russian Federation										
Serbia (Novi Sad)		2,5		1,3						↓
Tajikistan							8,0		6,3	↓
- Dushanbe			5,1				9,3			↑↑
Uzbekistan			1,3		1,3					≈
Ukraine	2,2						2,7			≈
Estonia					5,0					

↑ Increase

↑↑ Steep increase

≈ Change within the margin of error

↓ Decrease

↓↓ Steep decrease

? Unclear dynamics

Percentage of MSM tested in the recent 12 months and aware of their test result

	Before	2010	2011	2012	2013	2014	2015	2016	2017	Dynamics
Azerbaijan			24,5					69,0		↑↑
Albania	44,9		20,5							
Armenia (Yerevan)				38,6		50,1		32,5		↓↓
Belarus	79,9		74,6		62,1		64,1		68,6	≈
Bosnia and Herzegovina	22,8	18,7		32,7			35,3			↑
Georgia (Tbilisi)				33,9			38,4			↑
Kazakhstan		60,0	61,4	64,2		74,4	62,7			≈
Kosovo	83,1					68,6				↓
Kyrgyzstan		42,0			40,0			20,2		↓↓
Latvia		25,7								
Lithuania						38,8		16,5		↑↑
Macedonia		15,3			19,0				61 ⁵	↑
Moldova (Chisinau)		12,1			24,3			41,2		↑
Russian Federation										
Russian Federation (Moscow)	7,0 (2005)									
Serbia (Belgrade)	31,3	33,6		43,6	41,0					
Tajikistan			40,2				57,1		39,0	↓↓
Uzbekistan					26,0					
Ukraine	42,0		38,0		38,3		54,6			↑↑
Montenegro						35,0				
Estonia					37,0			43,0		↑

↑ Increase

↓ Decrease

↑↑ Steep increase

↓↓ Steep decrease

≈ Change within the margin of error

? Unclear dynamics

⁵ Internet survey

Summary of the Key Indicators

Country (city)	Size estimation	Year of estimation	% HIV	Year of last IBBS	% MSM+, aware of their status	% on ART	0% viral load	% hep B	% hep C	% syphilis	% awareness	% coverage	% testing	% condoms
Azerbaijan	6600	2011	2,2	2015	69,7			7,2	4,0	13,6		19,0	69,0	63,9
Albania	35000	2005	0,5	2013				17,6	3,5	1,8	18	78,3	20,5	66,6
Armenia	13000	2016	0,8	2016	36,0	50	83,9	0		0,02	74,9	39,7	32,5	77,4
Belarus	60000	2016	9,8	2017	68,6	81,5	81,5	1,8	2,5	4,7	68,4	69,4	68,6	73,8
Bosnia and Herzegovina	6900-9500	2013	1,1	2016				0,5	0,5	0,6	21,3	45,7	35,3	62,4
Georgia	17200	2014	20,7	2015		11 (2018)	9 (2018)		11,1	35,0	30,4	22,6 ⁷	38,4	69,6
Kazakhstan	62000	2017	6,2 (2017)	2015	63,4	11,2	63			19,7		16,7	62,7	70,7
Kosovo	45632	2014	2,3	2014			2,4	5,6	0,1	2,4	25,4	73,5	68,6	70,3
Kyrgyzstan	16900	2016	6,6	2016	2,6	1,9	67		7,3	10,8	51,1	18,3	20,2	81,1
Latvia	12880	2010	7,8	2010	61,3 (2017)						33,3	38,4	25,7	51,0
Lithuania	17760	2010	4,7	2017		65,5		9,2	0,9	10,6	27,2	37,5	16,5	42,3
Macedonia	24000	2017	5,4 (2018)	2014	31,3 (2017)			4,5		2,4	49,2		19	51,3
Moldova	17000	2017	9 Chisinau	2016	44,3			2,4	2,4	13,3	63,2	59,0	41,2	61,2
Russia, Moscow			7,1	2017	78 (2013)	4,7 (2013)	3 (2013)					0,5	0,2	52,0
Russia, Yekaterinburg	1.5 mln.	2015	16,5	2017										57,4
Russia, St. Petersburg			22,8	2017										67,4
Serbia	55000	2011	8,3	2013					2,1	1,3	64,6	62,3	41,0	72,1

⁷ Programmatic data

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Document prepared with support of:



The Global Fund to Fight AIDS,
Tuberculosis and Malaria



Consortium of MSM & Transgender
Networks Robert Carr civil society
Networks Fund