Brief on HIV among MSM in Estonia

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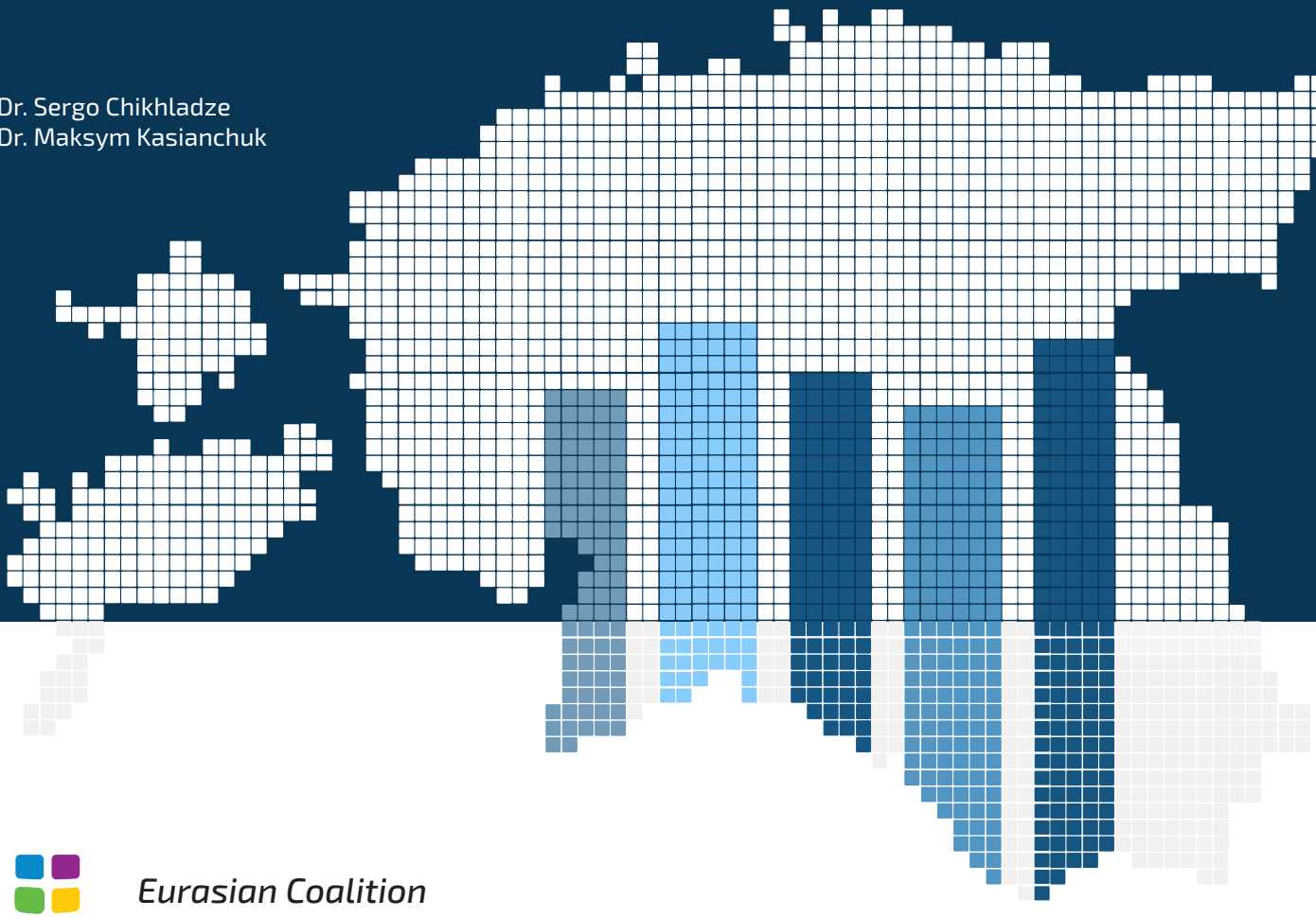
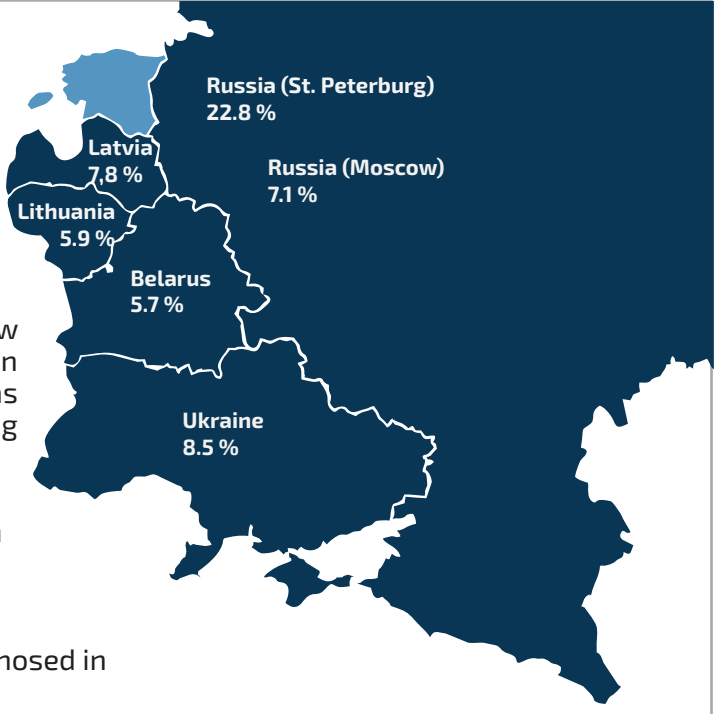


ECOM
Eurasian Coalition on Male Health

The first HIV case in Estonia was diagnosed in 1988, and since then a total of 9,263 HIV cases have been reported. The rate of newly diagnosed cases of HIV has decreased over the last decade (from 46.0 cases per 100,000 in 2005 to 20.5 cases in 2015), but it has been quite stable in the last few years (25 cases per 100,000 in 2013 and 23 cases in 2014)[1]. Hetero- and homosexual transmission has increased as well as the proportion of cases among people older than 34 years.

Men who have sex with men (MSM) have been identified as the group most at risk of HIV infection in the European Union (EU)/European Economic Association (EEA) 2016 HIV surveillance data from EU/EEA countries indicates that sex between men accounted for the largest proportion of cases diagnosed in 2016 - 40%.



Increasing HIV epidemic among MSM around Estonia

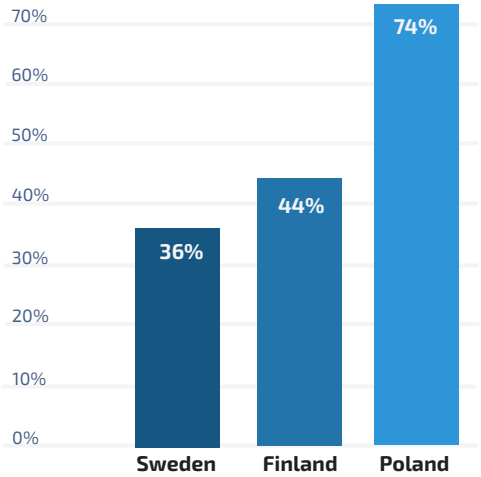
MSM accounted for 44% of new HIV cases in Finland, 36% in Sweden, 74% in Poland[2]. Increasing of HIV prevalence among MSM is commonly observed trend in other Baltic states (Latvia – 7.8%; Lithuania – 5.9%).

The HIV prevalence among MSM is also reported in Eastern Europe and Central Asia: Ukraine – 8.5%; Georgia – 20.7%; Moldova – 9%; Russian Federation – 7.1% (Moscow) and 22.8% (St. Petersburg)[3].

High rates of regional migration (e. g. 10,470 people immigrated to Estonia and 5,440 emigrated from Estonia in 2017[4]) and regional trans-border tourism (every year, approximately three million foreign tourists with accommodation and over three million one day visitors travel to Estonia[5]) can increase numbers of HIV and STI cases in Estonia.

HIV prevention among men who have sex with men in Estonia

Proportion of MSM in new HIV cases 2016



It is estimated that there are up to 9,000 homo- and bisexual men in Estonia[6]. Sexual risk behaviors are common, for example half of the MSM do not use condom consistently in casual relationships, and this has not changed in the last 10 years[7]. HIV prevalence among MSM is estimated to be 2–4% and it has been stable in the last years[8].

There are very limited data on HIV transmission modes in Estonia in general. According to anonymous HIV counselling and testing sites' data, HIV spread mainly sexually (both hetero- and homosexually) until 1999, and since 2000 mostly through sharing infected injection equipment. Since 2009, transmission data are collected on national level by Health Board. In the last few years, the number of HIV cases among MSM has increased (3 cases

[1] Terviseamet. Nakkushaigustesse haigestumine. Tallinn: Terviseamet, 2016.

[2] European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2017 – 2016 data. Stockholm: ECDC - European Centre for Disease Prevention and Control, 2017.

[3] http://ecom.ngo/en/hiv-msm-eeca/

[4] http://estonianworld.com/life/estonias-population-growing-due-immigration/

[5] https://www.mkm.ee/en/objectives-activities/construction-and-housing-sector/tourism

[6] Marcus U, Hickson F, Weatherburn P, Schmidt AJ. Estimating the size of the MSM populations for 38 European countries by calculating the survey-surveillance discrepancies (SSD) between self-reported new HIV diagnoses from the European MSM internet survey (EMIS) and surveillance-reported HIV diagnoses among MSM in 2009. BMC Public Health. 2013; 13:919.

[7] Rüütel K, Lõhmus L. 2013. aasta meestega seksivate meeste Internetiuuringu kokkuvõte. Tallinn: Tervise Arengu Instituut, 2014.

in 2014, 18 cases in 2015 and 9 in 2016). As there are no additional data (e. g. time of infection), it is difficult to estimate whether this is increase in HIV cases among MSM or just better reporting of transmission modes.

The latest studies among MSM in Estonia show low rates of HIV and STI testing – 42% had tested for HIV and 23% for STIs in the last 12 months, while 25% had never tested for HIV[9]. Unfortunately, no risk factor information are collected about STI cases, thus the proportion among MSM is not known[10].

HIV prevention efforts for MSM have also been limited. HIV and associated infections testing and care are provided for MSM on the same basis as for the general population. In 2003–2008, initially from the Global Fund grant and later form national funding, Gay and Lesbian Information Centre operated in capital city Tallinn. The center provided HIV-related information and free of charge condoms and lubricants. The publication of information materials and distribution of condoms in gay-oriented bars and clubs has also been supported from the National Health Plan since 2009. Estonian Network of People Living with HIV (EHPV) and NIHD organize HIV rapid testing events in gay-oriented bars and clubs. Approximately 10% of MSM report that the last place they got tested for HIV was a gay-oriented bar and club, so this approach has turned out to be quite successful in recent years[11]. But due to lack of donor's funds the initiatives are small scaled, not consistent and only in capital city (about half of Estonian population lives in Tallinn).

Issues with lack of data and study limitations

Strong evidences and reliable data are key points for planning and budgeting the adequate HIV response among MSM in Estonia. Unfortunately, gathering accurate data on HIV prevalence and risk behaviors in MSM has posed a challenge for researchers in Estonia.

Most of studies are internet based and collection of biological specimen are complicated. Data derived lack of reliability due to small sample size and geographical limitation. Communities are not involved in planning, implementation and interpretation of studies. LGBT community lack the interest to be involved in the studies or even to use the results of the studies in their activities. There are no qualitative surveys on unmet SRHR needs among MSM in Estonia. HIV Incidence among MSM has not been measured at all. Data on Size estimation of Estonian MSM has is 8 year old and has not updated since 2009. LGBT communities of Estonia were not involved in those studies.

up to

9.000

homo- and bisexual men in Estonia

2-4%

HIV prevalence among MSM

[8] Ruutel K, Lõhmus L, Janes J. Internet-based recruitment system for HIV and STI screening for men who have sex with men in Estonia, 2013: analysis of preliminary outcomes. Euro surveillance: bulletin Europeen sur les maladies transmissibles. European communicable disease bulletin. 2015; 20(15).

[9] Rüütel K, Lõhmus L. Meeste terviSEKS! Meestest huvituvate meeste seksuaaltervise uuringu raport 2016. Tallinn: Tervise Arengu Instituut, 2017.

[10] HIV in Estonia Situation, prevention, treatment, and care. Narrative report for Global AIDS Response Progress Reporting 2016

[11] Ruutel K, Parker RD, Lohmus L, Valk A, Aavik T. HIV and STI Testing and Related Factors Among Men Who Have Sex with Men in Estonia. AIDS Behav. 2016.

Role of communities to end the AIDS epidemic

Communities have been at the forefront of responses to HIV since the start of the epidemic. Over 30 years of action have resulted in substantial achievement - communities have played a crucial role in reaching people with treatment, prevention, care and support, advancing human rights and reducing gender inequalities. Studies found that community-based efforts are a "cornerstone" of the response to AIDS and represent substantial value relative to financial investment in the sector and point to the effectiveness and cost efficiency of community-based HIV services[12]. Numerous studies from around the world document the success of community health workers in enhancing the reach, uptake and quality of HIV services[13].

In contrast with abovementioned, LGBT community organizations in Estonia are not involved in HIV testing and prevention service provision. Though there are no legal barriers in Estonia for NGO sector to be involved in HIV testing or provision of prevention services. LGBT communities of Estonia are not also involved in the process of HIV related survey planning, implementation, analysis and/or management. In addition, most of community organizations lack the interest and capacity to be actively involved in service provision or HIV related surveys[14].

Recommendations / Further steps

In order to obtain more reliable HIV data (size estimation, HIV prevalence, condom use etc.) among MSM it is recommended:

- to conduct country based size estimation study of MSM (along with EMIS) using the best practices in the region and with involvement of international experts, Estonian Public health specialists, LGBT Community and NGO sector.
- Along the internet based studies, "classical" Intregrated Biobehavioral Studies with blood testing should be conducted to obtain more reliable data on HIV prevalence, condom use etc.
- To conduct qualitative surveys on unmet sexual and reproducting health and rigths needs among MSM to identify the additional needs and services needed for MSM

In order to reach more individuals from hard to reach MSM groups nationwide while conducting the surveys or delivering the services to MSM:

- To strengthen collaboration and coordination between governmental health sector and LGBT community organizations for proper and effective planning of HIV programs and surveys
- To conduct LGBT community organizations needs analysis and their capacity assessment for estimating how far communities can be involved in various HIV related surveys/programs, service provision etc.
- To build advocacy, survey and managemen skills of LGBT community organizations through capacity building trainings, round tables, seminars, discussions and knowledge/experience sharing round tables with involvement of community organizations, activists, NGOs, healthcare experts and state sector representatives.

[12] Rodriguez-Garcıa, R, Bonnel R. Increasing the evidence-base on the role of the community in response to HIV/AIDS. J Epidemiol Community Health. October 2012; 66: ii7–ii8.
[13] http://www.unaids.org/sites/default/files/media_asset/UNAIDS_JC2725_CommunitiesDeliver_en.pdf
[14] Assessment of HIV related Strategic information among MSM and Trans* in Estonia. S. Chikhladze, K. Ruutel, M. Kasianczuk. 2017 (not published yet).