

# CASCADE OF CONTINUOUS HIV CARE FOR MSM IN ARMENIA

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## **Abbrevitations**

Acquired immunodeficiency syndrome
Antiretroviral
The Country Coordinating Mechanism on HIV/AIDS, Tuberculosis and Malaria of the Republic of Armenia
Eurasian Coalition for Health, Rights, Gender and Sexual Diversity
Global Fund to Fight AIDS, Tuberculosis and Malaria
Human immunodeficiency virus
Lesbian, gay, bisexual, transgender and intersex people
Ministry of Health
National Center for Infectious Diseases
New Generation Humanitarian NGO
Non-governmental organization
Post-exposure prophylaxis
Pre-exposure prophylaxis
Republic of Armenia
Sexually transmitted infections
World Health Organization

## Introduction

A cascade of continuous HIV care for men who have sex with men (MSM) is a tool for situation assessment, planning, advocacy, and monitoring activities, which reflects the correlation between people who need services and their access to them.

The goal of the cascade is to identify the main gaps in data on MSM in Armenia based on official statistics, and to develop recommendations to improve service provision, including community-based services, in order to achieve the "95–95–95" target goals. The "95–95–95" targets were established by UNAIDS, and call for 95% of all people living with HIV to know their HIV status, 95% of all people with diagnosed HIV infection to receive sustained antiretroviral (ARV) therapy, and for 95% of all people receiving antiretroviral therapy to have viral suppression by 2025.

The cascade is being conducted at the national level, and includes HIV prevention services provided to MSM in Armenia.

The following data was used in this research (all data is presented as of September 30, 2022):

- The estimated number of MSM in Armenia is 22,716 according to the Integrated Behavioral and Biological Survey on HIV conducted in Armenia in 2021 (IBBS-2021)¹ (2.3% of adult male population).
- The number of HIV-positive MSM who know their status is 427 (according to data from the National Center for Infectious Diseases (NCID) and the New Generation Humanitarian NGO (NGNGO)). 15 deaths were registered among HIV-positive MSM.
- 232 MSM continue to receive ARV treatment.
- 104 of them have a suppressed viral load.

Information from the program reports of the project «HIV Prevention among MSM», implemented by NGNGO and the IBBS-2021 report forms the basis of this research.

NGNGO is the only organization in Armenia that implements HIV prevention programs among MSM in support of the Republic of Armenia's (RA) state strategic program on the HIV response financed by the RA Ministry of Health (MoH) in cooperation with the RA NCID with funds from the Global Fund (GF). The program covers the city of Yerevan and 10 regions in the RA.

There is no other institution in Armenia that can provide data for this study, so the data used is unique.

As a result, other organizations working in the field of HIV can use the data of the HIV cascade to develop and design programs aimed at improving statistics and access to HIV prevention services among MSM in Armenia.

<sup>&</sup>lt;sup>1</sup> https://ncid.am/uploads/shared-files/Armenia\_IBBS-2021\_ENG.pdf

## **HIV situation in Armenia**

As of August 31, 2022, a total of 4,937 cases of HIV infection have been registered in the Republic of Armenia since 1988, of which 369 cases were registered in 2020, 425 cases in 2021, and 400 cases in the first three quarters of 2022 (Figure 1).

In relation to MSM, 30, 40 and 40 new HIV cases were registered in 2020, 2021 and the first three quarters of 2022 respectively.

According to data received from the NCID, the main path of HIV transmission remains heterosexual contact (74.8%). In addition, the use of injecting drugs (16.2%), cases of HIV transmission through homosexual contact (6.0%), from mother to child (1.0%), and through blood (0.1%) have also been registered in Armenia. The path of transmission in 1.9% of registered cases of HIV infection was unknown (Table 1).

Table 1. Cases of HIV transmission by paths of transmission

Paths of HIV transmission	%
Heterosexual contact	74.8
Injecting drug use	16.2
Homosexual contact	6.0
From mother to child	1.0
Through blood	0.1
Unknown	1.9

According to IBBS-2021, the average estimated number of MSM is 22,716 people, and the HIV prevalence among MSM is 5%. In part, the high level of HIV prevalence among MSM may be due to a lack of proper knowledge about HIV prevention and modern drugs, such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), as well as a lack of access to such drugs.

According to the same study, which was conducted among MSM in Yerevan, Gyumri and Vanadzor, the effectiveness of HIV prevention among MSM is as follows:

- Engagement of MSM in HIV prevention programs 72%.
- HIV prevention awareness index among MSM 86.8%.
- Rate of condom use during the last anal intercourse with a casual sexual partner 77.7%.

# National policies on HIV, STIs and sexual health

As a result of a financial analysis carried out in the field of HIV, STIs and sexual health in RA, it is clear that the state does not allocate separate funds for the provision of MSM-specific and MSM-competent HIV, STI, and sexual health services. These types of services are only provided to MSM by the GF.

HIV prevention and treatment services are provided exclusively with the financial support of international organizations, primarily from the GF<sup>2</sup>.

It should be noted that a plan for transitioning from GF funding to public funding was developed for Armenia, and includes the provision of HIV prevention services for MSM. Nevertheless, due to the COVID-19 pandemic and the armed conflict between Azerbaijan and the RA and Artsakh, an increase in state funding for HIV prevention is not planned in the near future.

HIV prevention programs for the vulnerable groups included in the National HIV Prevention Program are implemented by NGOs that have a better understanding of the problems and needs of vulnerable groups, which increases the level of coverage of beneficiaries.

The implementation of HIV prevention programs by NGOs increases their effectiveness and ensures anonymity, confidentiality, and tolerant attitude towards beneficiaries.

Beginning in August 2017, for the first time in Armenia, NGOs were allowed to carry out community-based HIV testing using rapid saliva tests. This was due to the advocacy work carried out by NGOs working in the field, including NGNGO. Since August 2022, rapid blood tests are also available for community-based testing in NGO drop-in centers in the cities of Yerevan, Gyumri, and Vanadzor.

It is clear from reports published by organizations working with MSM that calls for hatred and cases of violence against this group of people continue to grow <sup>3 4 5</sup>. The RA NCID confirms that all MSM received HIV consultations, testing and other services exclusively from community-based organizations (NGNGO).

This shows that MSM either:

- do not use NCID services directly;
- do not disclose their sexual behavior at the NCID;
- face discriminatory attitudes during service provision; or,
- · do not trust state medical institutions.

<sup>&</sup>lt;sup>2</sup> https://drive.google.com/file/d/12JtoQ3CvIF0EdtzP X-2tEnGNcfcpwHZ/view

<sup>&</sup>lt;sup>3</sup> https://drive.google.com/file/d/1HMv69ojW0YGi8tx62a6Wr-vFl8RsR7B7/view

<sup>&</sup>lt;sup>4</sup> https://drive.google.com/file/d/1Ja94dD8bFetXBNDdGp4W2jn31-x6XpdO/view

<sup>&</sup>lt;sup>5</sup>https://drive.google.com/file/d/1-HFYGsekywmBBoYgDVXs nNAN W2yf16/view

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In order to resolve this situation, cooperation between the state and the public sector must be promoted and strengthened. The state should ensure the protection of the human rights of MSM and combat discrimination against them, including by amending relevant laws and policies.

Therefore, the provision of community-based HIV services is necessary for the engagement of MSM in Armenia. Final diagnosis of HIV is only possible in one medical institution in the whole country, the NCID.

## Research implementation process

The cascade development process consists of 4 stages:

- 1 Preparations
- 2 Compiling the cascade
- 3 Gap analysis and recommendations
- 4 Use of cascade for advocacy

### PREPARATORY WORK:

- NGNGO selected a national expert to conduct the analysis through an open call announced on the website of the organization.
- ECOM organized a webinar on the implementation of the HIV cascade, which was attended by Hmayak Avetisyan, a representative of NGNGO and an Armenian national expert.
- A desk review of relevant documents was conducted to obtain an overview of the situation.

In order to receive the data necessary for the development of the cascade, a letter was sent to the NCID of the RA MoH requesting the necessary information.

The information needed to develop the cascade was obtained from the following sources:

- The final IBBS-2021 report;
  - Data provided by the NCID of the RA MoH;
- "HIV prevention among MSM" program reports.

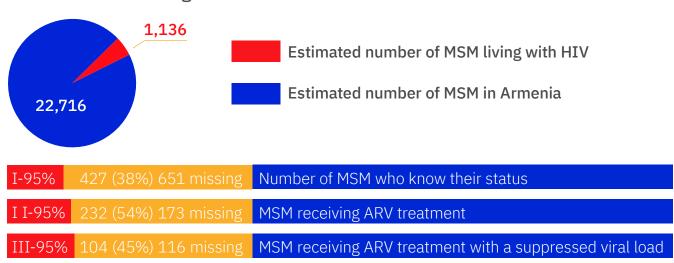
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## HIV cascade among MSM in Armenia

Below is a table with basic indicators:

Basic indicators	Indicator, source of information
Estimated number of MSM in Armenia	22,716 / Source: IBBS-2021
Estimated number of MSM living with HIV	1,136 / Source: IBBS-2021
Number of HIV-positive MSM who know their status	427 / Source: IBBS-2021 "HIV prevention among MSM" program reports
MSM receiving ARV treatment	232 / Source: NCID of the RA MoH
MSM receiving ARV treatment with a suppressed viral load	104 / Source: NCID of the RA MoH

Table 3. Cascade diagram



According to IBBS-2021 data, the estimated number of MSM in Armenia is 22,716.

The HIV prevalence among MSM is 5% (1,136), which is shown in the first column.

According to the target, 95% of MSM living with HIV should know their status (1,078 people), however, based on the data provided by the NCID of the RA MoH and NGNGO, the number of MSM living with HIV who know their status is only 427.

The second column indicates the number of MSM who know their HIV status from the estimated number of all MSM living with HIV: **38%**. In other words, 62% of HIV-positive MSM are unaware of their status.

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The targets and indicators of the project "HIV Prevention among MSM" are based on the results and population size estimation of IBBS-2018. More recent IBBS results from 2021 showed that the estimated number of MSM is higher. Therefore, there is a huge gap between the recommended and developed services, and the number of people who need such services.

The low number of people who know their HIV status may be a result of a lack of targeted outreach work. In addition, the HIV prevention packages provided do not thoroughly reflect the needs and challenges of MSM, are not well promoted among MSM, and do not correspond with international recommendations.

The number of MSM who know their positive status is **427.** 95% of them (405 people) should receive ARV treatment, but the number of MSM receiving ARV treatment in Armenia, according to data received from the NCID of the RA MoH, is **232.** 232 out of 427 HIV-positive MSM started ARV treatment, which means almost half of HIV-positive MSM who know their status have not yet started ARV treatment.

Therefore, in order to reach the second "95" target, 173 MSM need to start or continue ARV treatment.

Thus, the fourth column represents the percentage of MSM receiving ARV treatment out of the number of MSM who know their status — **54%**.

High levels of stigma and discrimination in medical institutions create barriers for MSM to seek medical care. There is also a tendency at the NCID to ask for passports and other identification documents at the beginning of the service provision process, which creates barriers to building trust towards medical staff.

95% (220 people) of the 232 MSM receiving ARV treatment should have a suppressed viral load. However, according to NCID data, only 104 of the MSM receiving ARV treatment were found to have an undetectable and untransmissible viral load. Thus, 116 MSM who receive ARV therapy do not have a suppressed viral load.

Thus, column 5 shows the number of MSM receiving ARV treatment who have a suppressed viral load out of all the MSM receiving ARV treatment — 45%.

Therefore, the entire cascade depicts the following: 38%:54%:45%.

## Recommendations

State and local health institutions, community-based organizations, health care providers, and people living with HIV continue to use the HIV care continuum to measure progress towards HIV goals, as well as to pinpoint where gaps in services may exist in connecting individuals living with HIV to sustained, quality care and treatment.

Knowing where drop-offs for MSM are most pronounced helps policymakers, public health officials, and health care providers implement system improvements to support all MSM living with HIV so they are able to successfully navigate the continuum and achieve and maintain viral suppression.

The recommendations are presented in three main categories:

#### FOR HEALTH CARE SERVICE ORGANIZATIONS:

- Conduct regular training among community outreach workers on modern approaches to social outreach and HIV issues.
- Analyze the existing HIV-related services provided to MSM, and develop a comprehensive package of HIV-related services based on international recommendations and the needs and priorities of MSM in Armenia.
- Conduct regular sensitization training among providers of HIV-related health services aimed at reducing stigma and discrimination towards MSM.

#### FOR COMMUNITY STRUCTURES:

- Initiate the process of amending the Charter of the CCM so that MSM are represented in the CCM and other decision-making bodies.
- Develop a screening questionnaire for the use of PrEP, and make PrEP free for MSM who meet the screening criteria.
- Simplify the process of obtaining PEP, so that it can be provided solely at the request of the person at risk of HIV infection
- Provide self-testing opportunities for MSM who have sufficient knowledge about HIV to carry out the self-testing process and read the test results.
   Regulate the provision of self-testing by community outreach workers.
- Carry out community-led monitoring to monitor, evaluate and improve the work of the NCID at all levels.

## FOR POLICY CHANGE AND DIALOGUE, I.E. ADVOCACY ACTIVITIES:

- Develop and implement activities to advocate for the inclusion of sexual orientation and gender identity as protected grounds in the draft "law on ensuring equality before the law", as well as for the adoption of the draft law.
  - Strengthen the capacity of NGOs working with MSM, and develop advocacy activities to increase public funding for NGOs.
- Decentralize HIV and AIDS services, as well as the provision of ARV therapy.