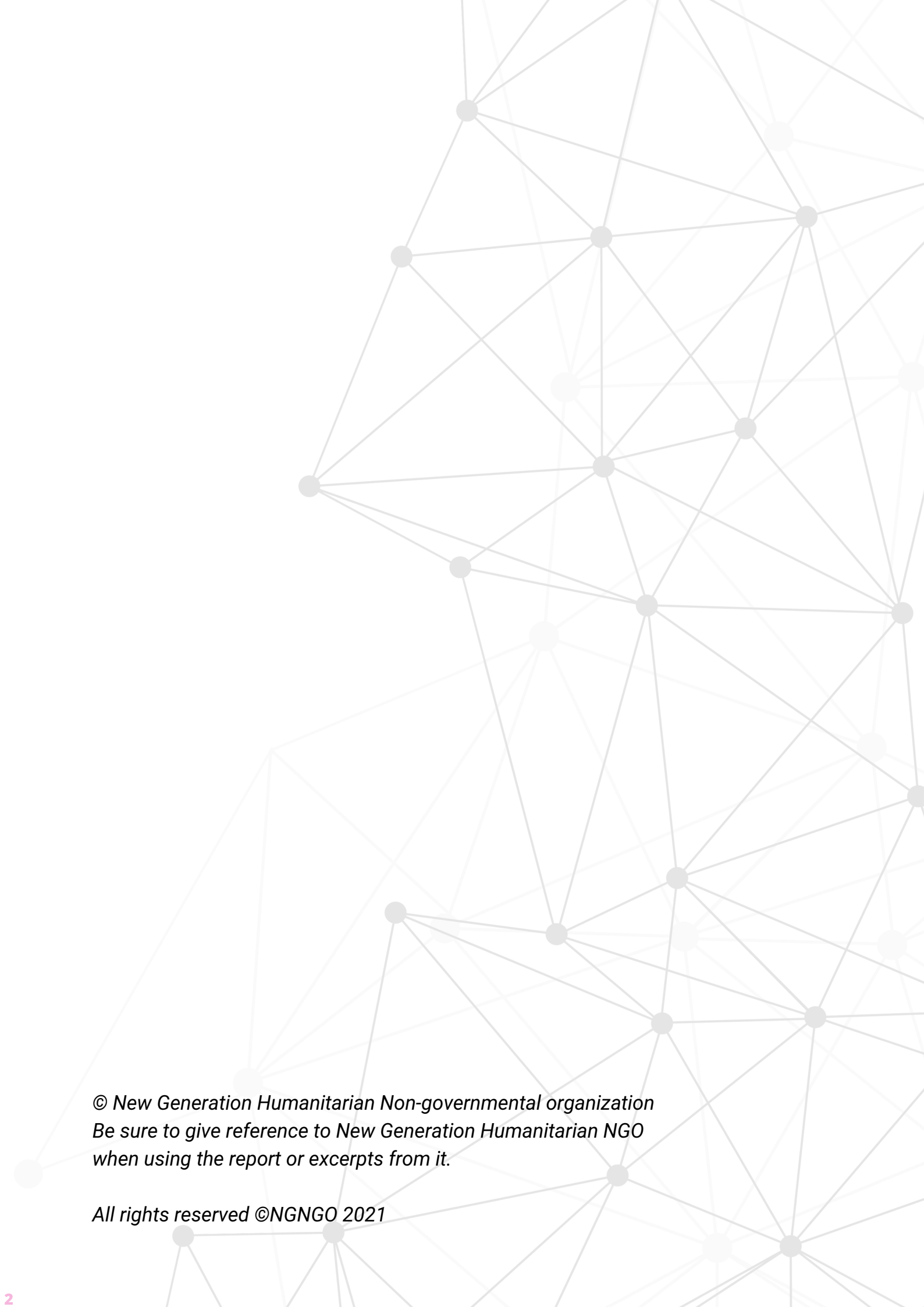




HIV CASCADE AMONG TRANS* PEOPLE IN ARMENIA (ESTIMATES, SERVICES AND BARRIERS)





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ECOM



HIV CASCADE AMONG TRANS* PEOPLE IN ARMENIA (ESTIMATES, SERVICES AND BARRIERS)

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The views expressed in this publication are those of the authors, and do not necessarily represent the views of ECOM, RCF, UNFPA, the United Nations or any of its affiliated organizations.

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ABBREVIATIONS

NGO	Non-Governmental Organization
RA	The Republic of Armenia
AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
STI	Sexually Transmitted Infections
CCM	The Country Coordinating Mechanism against HIV/AIDs, Tuberculosis and Malaria of RA
NGNGO	New Generation Humanitarian NGO
ECOM	Eurasian Coalition for Health, Rights, Gender and Sexual Diversity
ATV	Antiretroviral
MOH	Ministry of Health
NCID	National Center for Infectious Diseases
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
PREP	Pre-Exposure Prophylaxis
PEP	Post-Exposure Prophylaxis
WHO	World Health Organization

VOCABULARY

Gender confirmation interventions

a set of medical measures that trans* people can undergo to change their body in order to express their gender identity. These may include feminizing or masculinizing hormone therapy, soft tissue fillers, or surgery

Trans-competent

term refers to the provision of services, especially medical services, to trans* people taking into account all of their specificities. In other words, the services must be provided in a technically competent manner with a high degree of professionalism, demonstrating that the doctor is aware of gender identity, human rights, and the special situation and needs of trans* people. Trans-competent services are delivered in an open-minded environment free from stigma and discrimination.

Trans* woman (TW)

A woman assigned as male at birth.

Trans* man (TM)

A man assigned as female at birth.

Transgender (trans*) person

a person whose gender identity (internal sense of one's own gender) temporarily or permanently differs from the sex assigned at birth.

Transphobia - is an irrational fear of, aversion to, or discrimination against persons known or assumed to be trans*, or against trans* behavior or cultures.

Transphobia

is an irrational fear of, aversion to, or discrimination against persons known or assumed to be trans*, or against trans* behavior or cultures.

Cisgender (cis-) person

a person whose gender identity (internal sense of one's own gender) coincides with their sex assigned at birth.

INTRODUCTION

A cascade of continuous HIV care for transgender people (trans* people) is a situation assessment, planning, advocacy, and monitoring tool that shows the relationship between those who need services and those who receive them. The cascade is a tool for measuring the availability and accessibility of these services.

The following data has been used for the research:

- The estimated number of trans* people in Armenia is 150, according to IBBS-2018 (0.015% of adult male population).
- The number of HIV-infected trans* people who know about their status is 15 (according to data from NCID and NGNGO), 1 death case was registered.
- 5 trans* people continue to receive ARV treatment according to the data available until July 30, 2021.
- 3 of them has reached viral load.

As mentioned above, the information from the program reports of "HIV Prevention among Trans* People" project, implemented by New Generation Humanitarian NGO as well as IBBS-2018 report are the basis of this research.

It should be noted that there is no other institution in Armenia that can provide data for this study, so the data used is unique.

It is worth noting that IBBS-2018 is the first survey conducted in Armenia among trans* people, the results of which can be used as strategic information. In Armenia, the trans* community, NGOs working with trans* people and activists have repeatedly stated that the estimated number of trans* people in Armenia according to IBBS-2018 (150 people) does not reflect the real picture, so the cascade obtained from this survey may be changed after the final report of IBBS-2021.

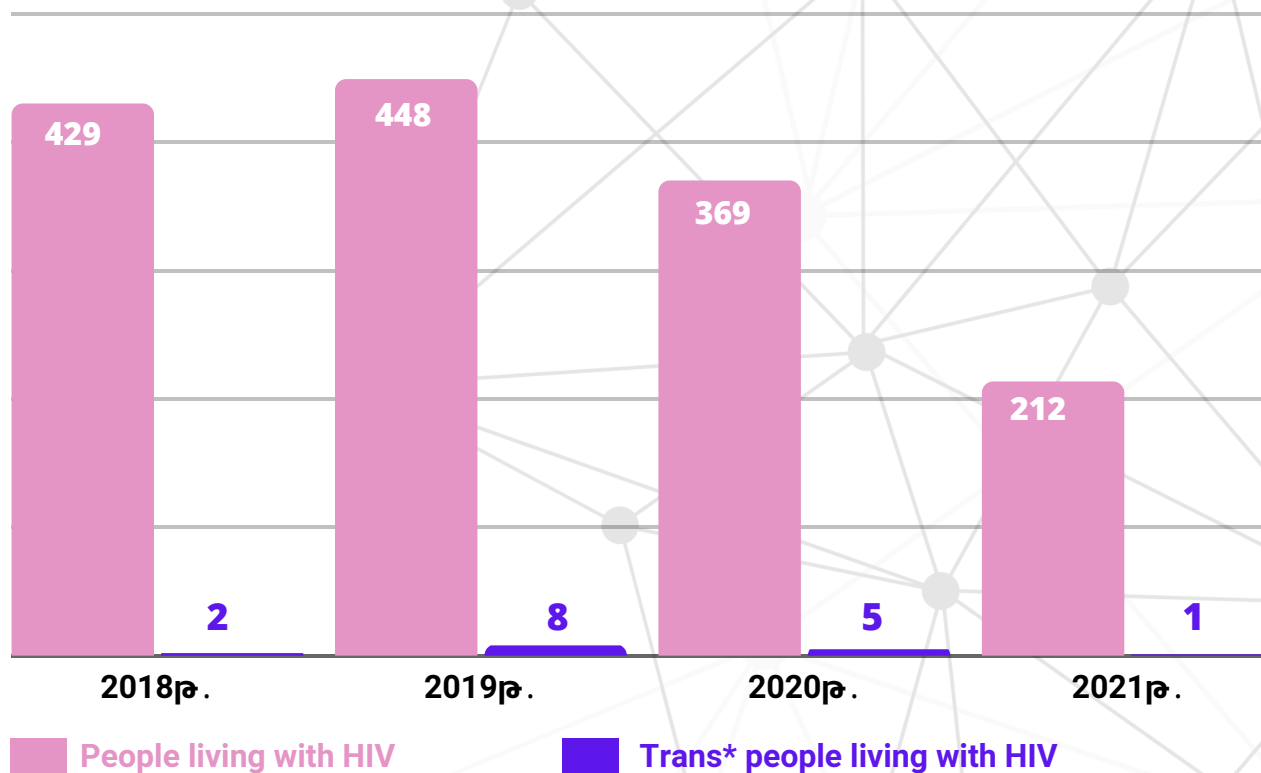
Despite the above-mentioned issues, the data used are the basis for developing the Cascade to be used in further advocacy processes to improve HIV services for trans* people in Armenia.

As a result, other organizations working in the field of HIV can use the data of the HIV Cascade to develop and design programs that will be aimed at improving statistics.

HIV SITUATION IN ARMENIA

As of July 30, 2021, 4366 cases of HIV infection have been registered in the Republic of Armenia since 1988, of which 429 cases in 2018, 448 cases in 2019, 369 cases in 2020, 212 cases in the first half of 2021 case (Graphic 1).

Graphic 1. New HIV cases



According to the data received from the NCID, the main ways of HIV transmission remain heterosexual contact (72.8%) and the use of injecting drugs (18.0%). In addition to these two ways, cases of HIV transmission through homosexual contact (5.4%), from mother to child (1.7%), through blood (0.2%) have been registered in Armenia. 1.8% of registered cases of HIV infection were transmitted by unknown ways (Table 1).

Table 1. Cases of HIV transmission by ways of transmission

HIV transmission ways	%
Heterosexual contact	72,8
Injective drug use	18,0
Homosexual contact	5,4
From mother to child	1,7
Through blood	0,2
Unknown	1,8

According to the Integrated Behavioral and Biological Survey on HIV conducted in Armenia in 2018, the average estimated number of trans* people is 150 people, the prevalence of HIV among trans* people is 2%.

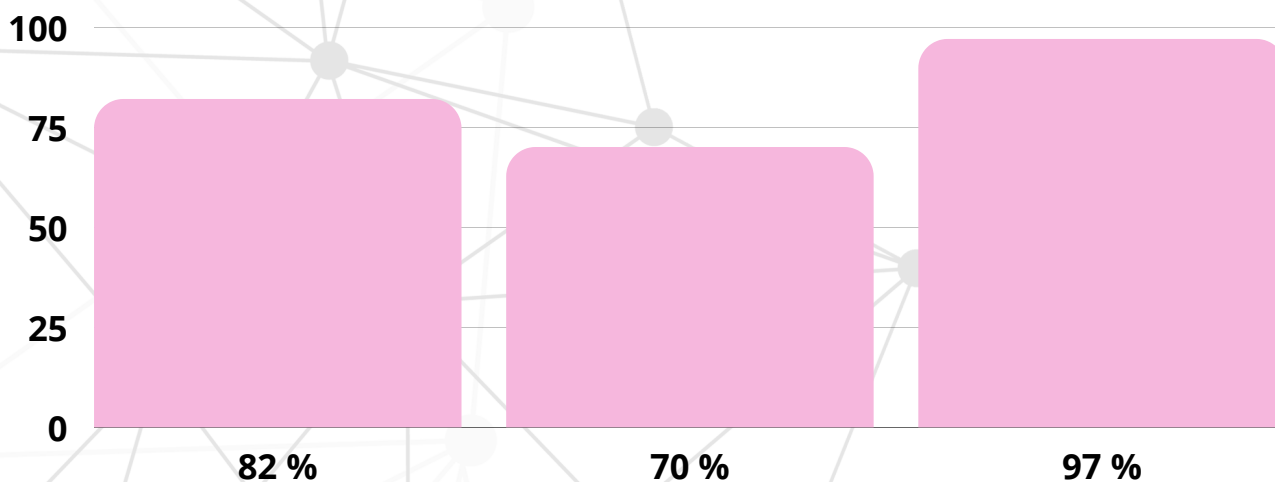
According to the same study, the

effectiveness of HIV prevention among trans* people is as follows:

- Engagement of trans* people in HIV prevention programs - 82%.
- Awareness index on HIV prevention among trans* people - 70%.
- The rate of condom use during the last anal intercourse with a casual sexual partner is 97%.

“HIV prevention programs among trans* people in the Republic of Armenia have been implemented since 2019, statistics have been conducted since 2018.”

Graphic 2. Effectiveness of HIV prevention programs among trans* people



82 % Engagement of trans* people in HIV prevention programs

70 % Awareness index on HIV prevention among trans* people

97 % The rate of condom use during the last anal intercourse with a casual sexual partner

New Generation Humanitarian NGO is the only organization in Armenia that implements HIV prevention programs among trans people in support of the state strategic program in cooperation with the RA Ministry of Health.*

The program covers the city of Yerevan and 10 regions of the Republic of Armenia.

THE CONTENT OF NATIONAL POLICIES ON HIV, STIS AND SEXUAL HEALTH

As a result of the study of the financial analysis in the field of HIV, STIs and sexual health in the Republic of Armenia, it becomes clear that the state does not provide separate funds in the field of HIV, STIs and sexual health for provision of trans* specific and competent health services.

HIV prevention and treatment services are provided exclusively with the financial support of international organizations, most of which come from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

It should be noted that during 2017-2018, a transition plan for public funding from the Global Fund for Armenia was developed, including HIV prevention services for trans* people. Despite this, due to the COVID-19 pandemic and war unleashed by Azerbaijan against the Republics of Armenia and Artsakh on September 27, 2020, the increase of state funds for HIV prevention is not planned in the near future.

Since August 2017, New Generation Humanitarian NGO, as a result of the advocacy process, achieved the fact that for the first time in Armenia, the state allowed to carry out HIV testing on the basis of the NGO with rapid saliva tests.

“ HIV prevention programs for the vulnerable groups included in The National HIV Prevention Program are implemented by NGOs that are more aware of the problems and needs of vulnerable groups, which increases the level of coverage of beneficiaries. The implementation of HIV prevention programs on the basis of NGOs makes it more effective in terms of anonymity, confidentiality, and tolerant attitude towards beneficiaries.”

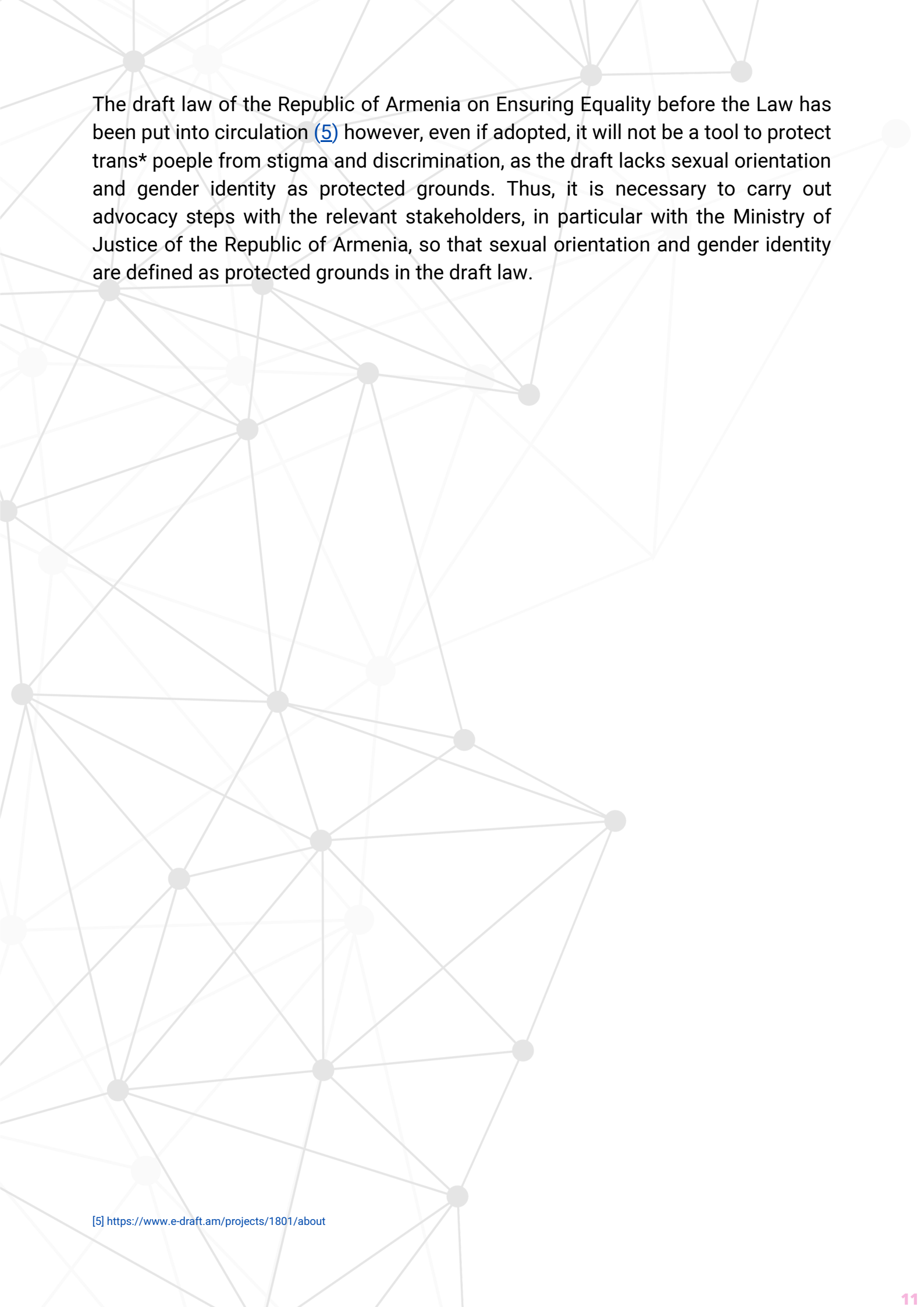
The Constitution of the Republic of Armenia stipulates that everyone has the right to health care according to the law (Article 85).

Laws that explicitly address the sexual health of trans* people do not generally exist in Armenia. It becomes clear from the reports published by the organizations working with MSM that the calls for hatred and cases of violence against this group of people continue to grow (2, 3, 4). It is necessary to develop and make into force a law on anti-discrimination, which will be based on international human rights standards, will help to eliminate stigma, discrimination and violence against trans* people.

[2] <https://drive.google.com/file/d/1HMv69ojW0YG8tx62a6Wr-vFI8RsR7B7/view>

[3] <https://drive.google.com/file/d/1Ja94dD8bFetXBNDdGp4W2jn31-x6Xpd0/view>

[4] https://drive.google.com/file/d/1-HFYGsekywmBBoYgDVXs_nNAN_W2yf16/view



The draft law of the Republic of Armenia on Ensuring Equality before the Law has been put into circulation (5) however, even if adopted, it will not be a tool to protect trans* people from stigma and discrimination, as the draft lacks sexual orientation and gender identity as protected grounds. Thus, it is necessary to carry out advocacy steps with the relevant stakeholders, in particular with the Ministry of Justice of the Republic of Armenia, so that sexual orientation and gender identity are defined as protected grounds in the draft law.

[5] <https://www.e-draft.am/projects/1801/about>

RESEARCH IMPLEMENTATION PROCESS

The cascade development process consists of 4 stages:

- 1 . Preparatory
- 2 . Cascade development
- 3 . Gap Analysis and Recommendations
- 4 . Use of cascade in advocacy processes

The following preparatory works have been carried out:

- ECOM organized a webinar on the implementation of the HIV Cascade among trans* people, which was attended by Hmayak Avetisyan, a representative of the New Generation Humanitarian NGO and an armenian national expert.

In order to receive the data necessary for the development of the cascade, a letter was sent to the NCID of the RA Ministry of Health with a request to provide information.

NG-02-163-2107
Հունիսի 9, 2021թ.
Հայաստան, ք. Երևան

ՀՀ ԱՆ Ինֆեկցիոն հիվանդությունների
ազգային կենտրոնի տնօրեն
Վարդան ԱՎԱԳՅԱՆ

Հարգելի պարոն ԱՎԱԳՅԱՆ,

«Նոր Սերունդ» Մարդասիրական ՀԿ-ն (ՆՍՀԿ) իրականացնում է ՄԻԱՎ-ի ծառայությունների ազգային կասկադի մշակման աշխատանքներ Առողջության, իրավունքի, գենդերային և սեռական բազմազանության եվրասիական կոալիցիայի ֆինանսական աջակցությամբ:

Հետազոտությունը իրականացնելու համար ՆՍՀԿ-ի փորձագետին անհրաժեշտ են մի քանի տվյալներ: Խնդրում ենք տրամադրել հետևյալ հարցերի պատասխանները՝

1. Երբևէ չե՞ք սկսել Հայաստանում իրականացվել ՄԻԱՎ-ի կանխարգելման ծրագրեր տրանս* անձանց շրջանում և վարվել վիճակագրություն:
2. Արդյո՞ք տրանս* անձինք ներգրավված են ՀՀ-ում ՄԻԱՎ-ին հակազդման ազգային ծրագրում որպես առանձին խոցելի խումբ:
3. Որքան է տրանս* անձանց հաշվարկային թիվը Հայաստանում:
4. Որքան է ՄԻԱՎ-ով ապրող տրանս* անձանց հաշվարկային թիվը Հայաստանում:
5. Զանի՞ տրանս* անձ գիտի իր ՄԻԱՎ կարգավիճակի մասին Հայաստանում:
6. ՄԻԱՎ-ով ապրող քանի՞ տրանս* անձ է գրանցված ՀՀ ԱՆ Ինֆեկցիոն հիվանդությունների ազգային կենտրոնում (ԻՀԱԿ):
7. ՄԻԱՎ-ով ապրող քանի՞ տրանս* անձ է ստանում ՀՌՎ դեղորայք:
8. ՄԻԱՎ-ով ապրող և ՀՌՎ բուժում ստացող տրանս* անձանցից քանիսի՞ մոտ է վիրուսային ծանրաբեռնված մակարդակ (Չհայտնաբերվող=Չփոխանցվող):
9. 2021 թվականի հունիսի 30-ի դրությամբ ՄԻԱՎ-ի վարակման քանի՞ փաստացի դեպք է արձանագրվել ՀՀ ԱՆ ԻՀԱԿ-ում:
10. 2021 թվականի հունիսի 30-ի դրությամբ ՄԻԱՎ-ի վարակման քանի՞ փաստացի դեպք է արձանագրվել ՀՀ ԱՆ ԻՀԱԿ-ում 2018, 2019, 2020, 2021 թվականներին համապատասխանաբար:
11. 2021 թվականի հունիսի 30-ի դրությամբ տրանս* անձանց շրջանում ՄԻԱՎ-ի վարակման քանի՞ փաստացի դեպք է արձանագրվել 2018, 2019, 2020, 2021 թվականներին համապատասխանաբար:

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ազգային կենտրոնի տնօրեն
Վարդան ԱՎԱԳՅԱՆ

12. Ինչպիսի՞ն է ՄԻԱՎ վարակի փոխանցման ուղիների տոկոսային հարաբերակցությունը (հետերոսեքսուալ, հոմոսեքսուալ, թմրամիջոցների ներարկային օգտագործման, մորից երեխային, այլ):

13. ՄԻԱՎ-ի կանխարգելման ծրագրերով քանի՞ տրանս* է ծածկվել տրանս* անձանց շրջանում ՄԻԱՎ-ի կանխարգելման ծրագրերի մեկնարկից մինչև 2021 թվականի հունիսի 30-ը:

Կանխավ շնորհակալություն ենք հայտնում համագործակցության համար:

Խնդրում ենք սույն գրությանը պատասխանել գրավոր՝ օրենքով սահմանված կարգով և ժամկետներում:

Հարգանքով՝

ՀԿ նախագահ

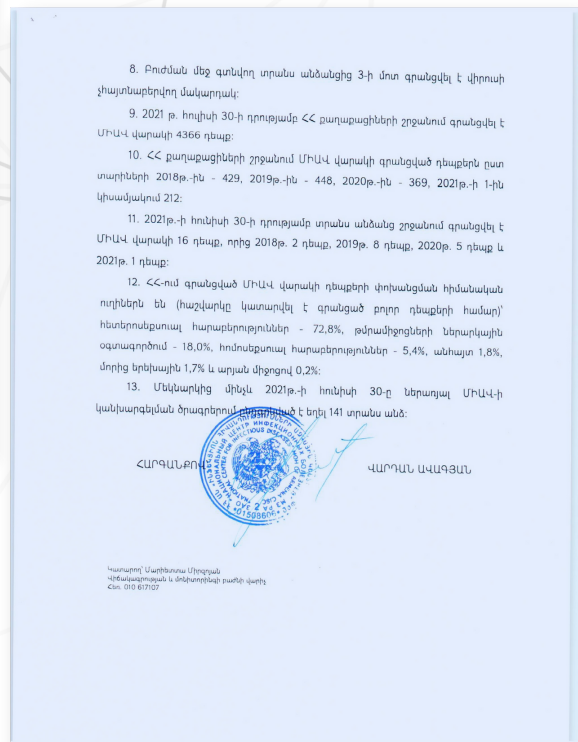
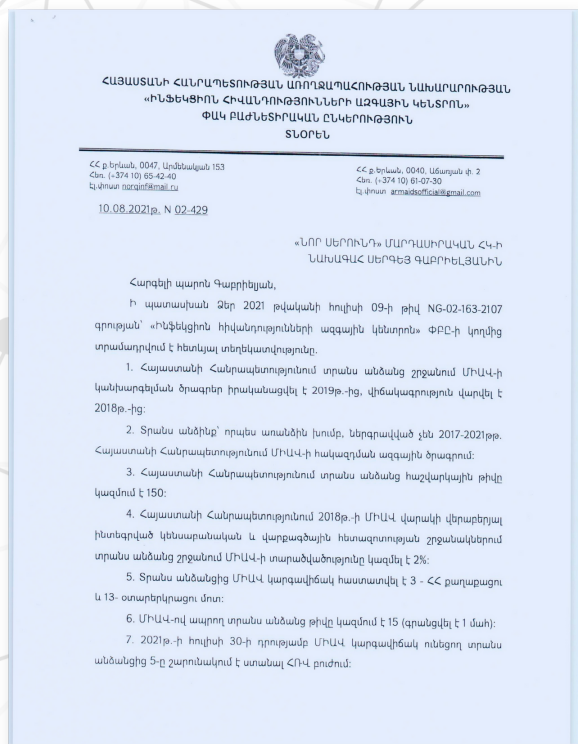
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The information needed to develop the cascade was obtained from the following sources:

- The final report of the Integrated Biological and Behavioral Surveillance on HIV (IBBS-2018);
- Data provided by the NCID of RA MoH;
- "HIV prevention among trans* people" program reports.

The following data are the basis for the results of this research:

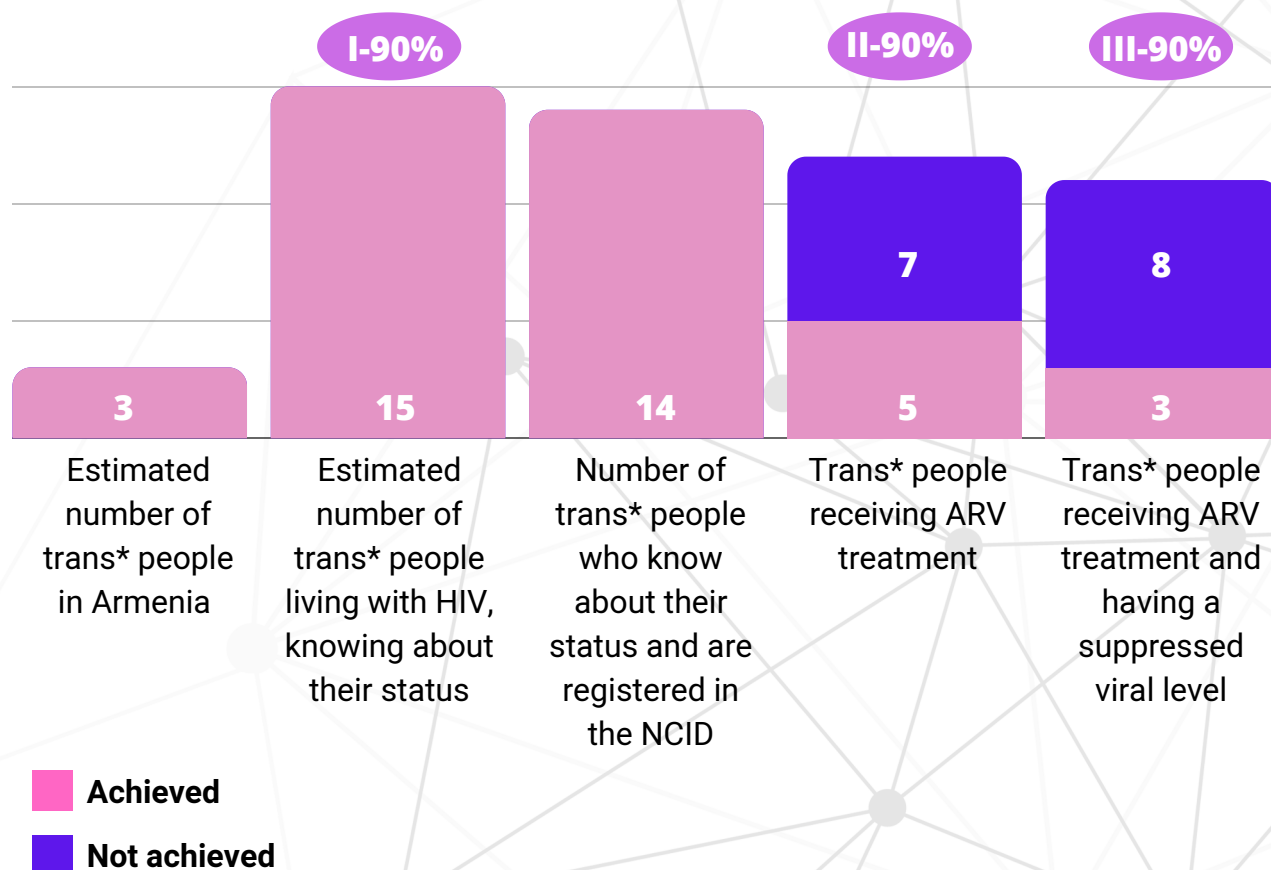
- Estimated number of trans * people in Armenia, according to IBBS-2018 data, which is 150 people (0.015% of adult male population);
- The number of HIV-infected trans * people who know their status - 15 (according to data from the NCID and NGNGO), 1 death was registered.
- Number of trans* people who know about their status and are registered in the NCID - 14;
- Trans* people receiving ARV treatment - 5 (as of July 30, 2021);
- Trans* people receiving ARV treatment and have a suppressed viral level - 3.

HIV CASCADE AMONG TRANS* PEOPLE IN ARMENIA

Below is a table with basic indicators:

Basic indicators	Indicator	Source of information
Estimated number of trans* people in Armenia	150	Source: IBBS-2018
Estimated number of trans* people living with HIV	3	Source: IBBS-2018
Number of trans* people who are infected and know about their status	15	Source: IBBS-2018 "HIV prevention among trans* people" program reports
Number of trans* people who know about their status and are registered in the NCID	14	Source: NCID of RA MoH
Trans* people receiving ARV treatment	5	Source: NCID of RA MoH
Trans* people receiving ARV treatment and having a suppressed viral level	3	Source: NCID of RA MoH

Graphic 3. Cascade diagram



According to IBBS-2018 data, the estimated number of trans* people in Armenia is 150 people.

The prevalence of HIV among trans* people is 2% (3 people), which is expressed in the first column.

90% of the 3 trans* people living with HIV should know about their status (2 people), and based on the data provided by the NCID of RA Ministry of Health and NGNGO, the number of trans* people living with HIV who know their status is 15, which means that the first 90 is overfulfilled and 5 times more than the estimated number of trans* people know about their HIV status.

Thus, the second column indicates the number of trans* people who know their HIV status from the estimated number of all trans* people living with HIV: 100%.

The number of trans* people who know about their positive status and are registered in the NCID is 14. 90% of them (12 people) should receive ARV treatment, but the number of trans* people receiving ARV treatment in Armenia, according to the data received from the NCID of RA Ministry of Health, is 5.

Therefore, in order to reach the second target 90, 7 trans* people need to start or continue their ARV treatment.

Thus, the fourth column represents the percentage of trans* people receiving ARV treatment from the number of trans* persons who know their status - 36%.

90% (11 people) of the 12 trans* people receiving ART treatment should have a suppressed viral load. However, according to the NCID data, only 3 of the trans* people receiving ARV treatment were found to have undetected and untransmissible level of the virus. Therefore, in order to reach the third 90, it is necessary for 8 trans* people to reach a suppressed level of the virus.

Thus, column 5 shows the number of trans* people receiving ARV treatment who have a viral suppressed level of all trans* people receiving ARV treatment – 25%.

The whole Cascade has the following picture: 100%:36%:25%:

RECOMMENDATIONS

1.

Taking into account the fact that there is a big difference between the estimated number of trans* people, estimated number of trans* people living with HIV as well as and the detected HIV cases among trans* people, to take advocacy steps to increase the estimated number of trans* people in Armenia. Consider IBBS-2021 as an opportunity to change the estimated number. Following the results of IBBS-2021, it is necessary to update the Cascade.

2.

The final diagnosis of HIV in the Republic of Armenia, the provision of ARV medicine is carried out only in one center, the National Center for Infectious Diseases of the Ministry of Health of the Republic of Armenia, which is located in Yerevan. People living in remote towns and villages often refuse to come to Yerevan for final examinations, regular examinations or to receive medication due to their social status. It is necessary to decentralize the provision of HIV-related services, to ensure the availability of the above-mentioned services in the regions of the Republic of Armenia. As an alternative, the transfer of a blood sample from the regions to Yerevan without the participation of the beneficiary can be considered.

It is also proposed to conduct the next IBBS not in the territory of the NCID, but in other places and hours accessible to the beneficiaries, taking into account the fact that trans* people are mainly women providing sexual services and wake up in the late evening.

3.

According to IBBS 2018 results, despite the fact that the vast majority of trans* people who use condoms regularly, 30% of all trans* people have a low level of knowledge about HIV prevention. PrEP is alternative HIV prevention method, which is available only by paid basis in NCID of RA MoH. According to the WHO recommendations, PrEP is intended for people who are at high risk of HIV, having multiple sexual partners in the last 6 months, having non-monogamous relationships, anal intercourse without condoms, being infected with a sexually transmitted infection, are in a relationship with an HIV-positive partner. The WHO encourages the use of PrEP for all trans* people. When developing the National Strategic Plan on the Response to HIV, eligibility criteria should be developed based on screening questionnaires, which should identify a person's risky behavior towards HIV. It is also necessary to consider the free provision of PrEP to those trans* people who exhibit risky behaviors towards HIV.

4.

1. Trans* people hear about HIV prevention programs from community outreach workers for the first time. Taking into account the fact that HIV-related services are available to most trans* people through NGOs, NGOs have the largest coverage of trans* community and NGOs work with trans* people within other projects as well, there is a need to empower NGOs working with trans* people and provide HIV-related services on the basis of NGOs, which will increase the coverage of service users and strengthen the trans* community.

5.

Some members of trans* community refuse to get tested for HIV in the presence of anyone else. Many representatives of trans* community have the skills to "read" saliva tests, have the necessary information about HIV, can carry out the process of testing on their own, and follow up for their health. It is necessary to provide an opportunity for self-testing to the representatives of trans* community who are ready to carry out the process independently. Self-testing allows to test yourself in any convenient place without the presence of any other person. Enabling self-testing should be trusted to community outreach workers who know their beneficiaries and know best who is ready to go through the process on their own.

6.

Increase the use of modern information and communication technologies (mobile applications, social networking sites, dating applications, etc.) in community-based outreach work.

7.

Add new services to the package of HIV prevention services provided to trans* people, such as HCV treatment, HBV vaccination and use of the "one window" principle to provide multiple services at once - STI examination and treatment, HBV vaccination, provision of preventive materials, etc.).

8.

1. Recording cases of stigma, discrimination and violence allows analyzing the situation, ensuring the course of further actions, improving programs. Those trans* people who wish to initiate legal proceedings in cases of stigma, discrimination or violence can use this case management in court as necessary evidence. The information obtained from case management can also be used to advocate with local or national decision-makers, as well as to plan actions to address violence.

9.

Conduct needs assessment research of trans* people to guide further advocacy work in developing and providing trans* specific services for transgender people.

10.

Strengthen cooperation between the public and state sectors for better coordination of HIV services.

11.

Promote the confidentiality of all HIV-related services in all service providers: NGOs, NCID, etc.

12.

Promote the engagement of the trans* community in healthcare decision-making processes.

13.

Facilitate the licensing process for rapid blood tests for an NGO implementing an HIV prevention program among trans* people in support of the RA National HIV/AIDS Strategy Program.

14.

Conduct regular training for health experts working in the field of HIV in the context of ICD-11.



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