



Analysis of data from cascades of HIV services for MSM in the EECA region.

An overview of the results of national studies conducted in 2020.

Author: Nadezhda Semchuk. Analysis of data from cascades of HIV services for MSM in the EECA region. An overview of the results of national studies conducted in 2020.

The analysis used data from national cascades of the following countries: Azerbaijan, Armenia, Belarus, Kazakhstan, Kyrgyzstan, Russia (Moscow region), and Ukraine, conducted in 2020 by partner organizations and ECOM members:

- NGO “Gender and Development”, Azerbaijan;
- Humanitarian NGO “New Generation”, Armenia;
- RYPO “Vstrecha”, Belarus;
- PO “Human Health Institute”, Kazakhstan;
- PO “Kyrgyz Indigo”, Kyrgyzstan;
- Charitable Foundation “Support of social initiatives and public health”. LaSky Project, Russia;
- PO “LGBT Association LIGA”, Ukraine.

ECOM - The Eurasian Coalition on Health, Rights, Gender and Sexual Diversity is an international non-governmental organization based in Tallinn, Estonia. We are a membership organization open to non-profit organizations and activists working in the areas of prevention, treatment of human immunodeficiency virus (HIV), care and support for men who have sex with men and transgender people in the Eastern Europe and Central Asia (EECA) region.



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The views described herein are the views of this institution, and do not represent the views or opinions RCNF.



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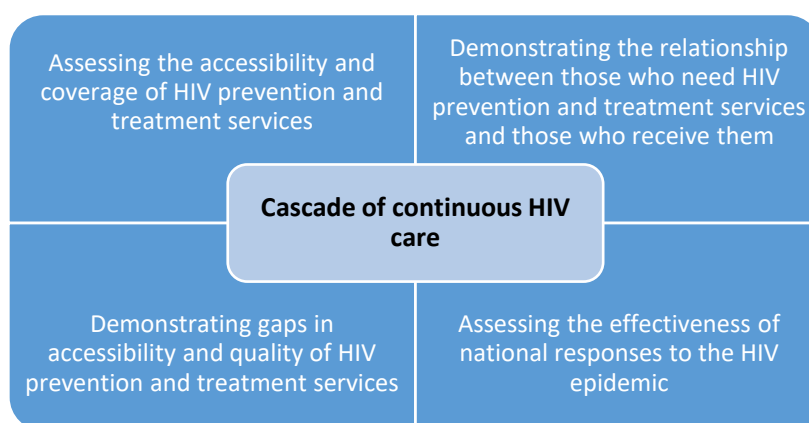
For an effective response to the HIV epidemic, the international community¹ has identified ambitious “90-90-90” targets to be achieved by 2020:

- 90% of all people living with HIV should know their status;
- 90% of all people diagnosed with HIV should consistently receive antiretroviral therapy (ART);
- 90% of all people receiving ART have an undetectable viral load.

The cascade of continuous HIV care is used to visually measure and demonstrate progress towards the “90-90-90” targets².

The cascade of continuous HIV care for men who have sex with men (MSM) is a monitoring tool that allows you to assess and see where there are gaps in the provision of HIV prevention and treatment services, and where progress is nearing the achievement of the global targets.

Cascades of continuous HIV care for MSM in 7 countries of the region of Eastern Europe and Central Asia (EECA) are based on national studies conducted in 2018-2020.



	MSM who know their status, of the estimated number of HIV-positive MSM, %			MSM with an undetectable viral load, of the number of those receiving ARV therapy, %			MSM with an undetectable viral load, of the number of those receiving ARV therapy, %		
	2018	2019	2020	2018	2019	2020	2018	2019	2020
Azerbaijan			59%			-			-
Armenia	75%	53%	47%	73%	59%	75%	71%	82%	62%
Belarus	6%	6%	12%	81%	84%	74%	82%	86%	94%
Kazakhstan	23%	17%	18%	70%	85%	81%	51%	73%	73%
Kyrgyzstan	12%	19%	24%	56%	59%	62%	64%	91%	87%
RF (Moscow region)			75%			80%			87%
Ukraine*			58%			79%			76%

* Data based on 2017-2018 IBBS results.

Level of achievement of the “90-90-90” targets:

> 80%	50-79%	0-49%
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¹ UNAIDS 90-90-90 An ambitious treatment target to help end the AIDS epidemic. – 2014. – URL: http://www.unaids.org/sites/default/files/media_asset/90-90-90_en.pdf

² Руководство по составлению, анализу и использованию каскада непрерывной помощи для МСМ в связи с ВИЧ-инфекцией. ЕКОМ, 2017.

GENERAL INFORMATION ON HIV PREVALENCE AMONG MSM AND THE MSM POPULATION SIZE (2020 r.)

HIV prevalence among MSM



Estimated number of MSM



MOST COUNTRIES ARE CHARACTERIZED BY CHALLENGES WITH THE AVAILABILITY OF UP-TO-DATE, OBJECTIVE AND QUALITATIVE DATA NECESSARY FOR COMPILING HIV TREATMENT CASCADES FOR MSM

- **Data on estimates of the MSM population size** in a number of countries are outdated, or reliable data is not available at all. In **Azerbaijan**, disaggregated data in relation to the HIV cascade for MSM is not collected by either NGOs or the state, so it is not possible to track the achievement of the second and third cascade targets.
- The stage of obtaining objective data regarding the true **number of HIV-positive MSM** causes considerable difficulty. There is a significant underestimation of cases of HIV infection through homosexual contact due to widespread stigmatization of MSM by health workers. As a result, MSM are forced to hide information about their sexual practices and register as representatives of other groups. The data from national monitoring of HIV infection among MSM is not very informative and does not correspond to reality.

The lack of complete and objective data on the number of MSM living with HIV leads to an incorrect estimate of the size of the target group needing the package of services.

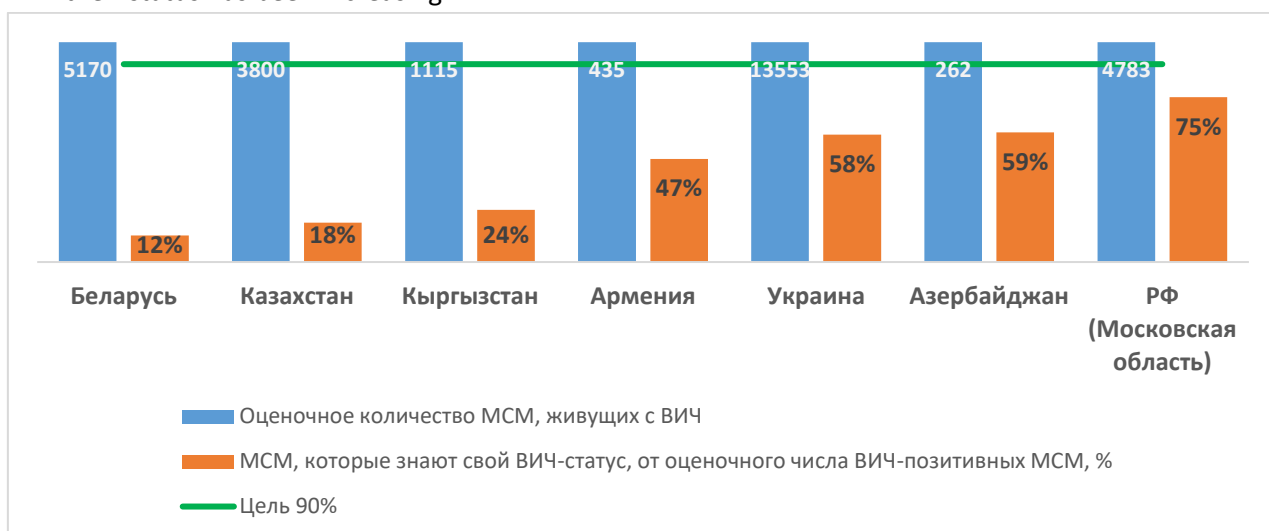
IMPACT OF COVID-19 ON THE ACHIEVEMENT OF THE TARGETS OF THE CASCADE OF HIV-RELATED SERVICES FOR MSM

- Lack of opportunity to conduct planned IBBS among MSM (**Armenia**).
- Limited opportunities to visit medical institutions, including AIDS centers.
- Reduced visits by the target group to medical institutions for HIV testing due to fear of COVID-19 infection.
- Difficulty obtaining ART drugs and getting tested for CD4 count and viral load.

THE GREATEST GAP FOR ALL COUNTRIES OCCURS AT THE FIRST STAGE OF THE CONTINUUM OF SERVICES – ACHIEVING THE TARGET ACCORDING TO WHICH 90% OF HIV-POSITIVE MSM KNOW THEIR STATUS

- **Belarus, Kazakhstan and Kyrgyzstan** are the farthest from achieving the target: from 12% to 24% of HIV-positive MSM in these countries know their HIV-positive status.

- Despite a significant lag in achieving the planned indicator, positive trends are observed in **Belarus and Kyrgyzstan** – over the past three years, the proportion of MSM who are living with HIV and know their status has been increasing.



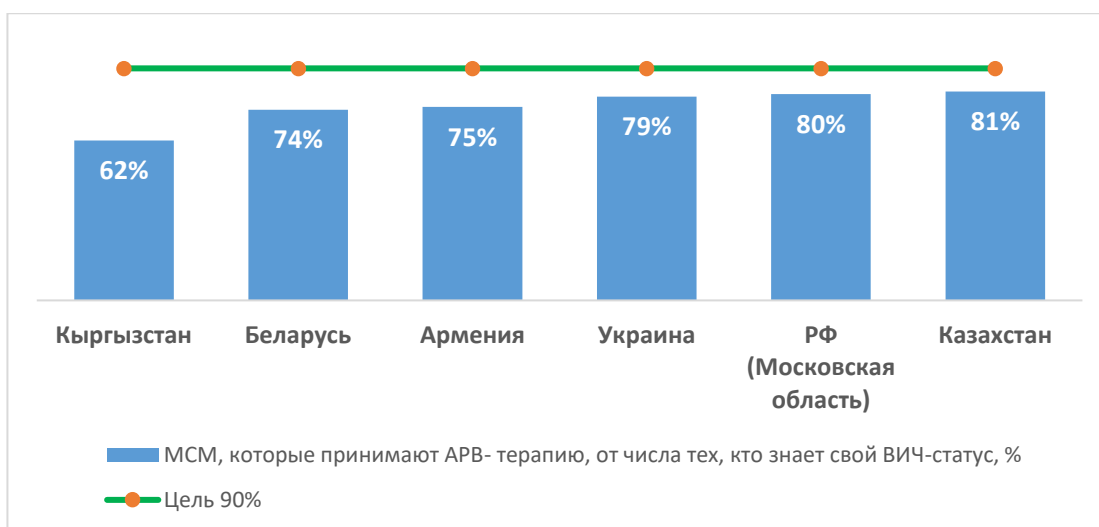
- The main barriers to achieving the target of having 90% of HIV-positive MSM know their status include:

- Widespread stigma and discrimination from doctors, as well as self-stigma among MSM, which prevent the target group from seeking services;
- Weak motivation on the part of MSM to undergo HIV testing, low level of personal responsibility for their health;
- Insufficient and, in some places, low level of awareness of MSM about HIV prevention issues;
- Limited availability of rapid HIV testing through NGOs;
- Unsatisfactory coverage of MSM with HIV testing services and prevention programs in general;
- Geographical limitations of HIV prevention services for MSM: services are mainly concentrated in large cities;
- Inadequate and unstable funding of HIV prevention programs for MSM by the state within the framework of social contracting (or such a risk as part of the transition from Global Fund funding to national funding), including in terms of ensuring the required number of test systems for detecting HIV; low priority of MSM as a risk group for HIV in national HIV prevention programs;
- Institutionalized homophobia towards organizations working with MSM, as a result of the government's weak support for their activities.

Due to the low coverage of MSM with HIV testing, there are frequent cases of late detection of HIV infection and delayed initiation of treatment with ART.

MOST COUNTRIES IN THE REGION ARE MAKING SIGNIFICANT PROGRESS TOWARDS THE ACHIEVEMENT OF THE SECOND TARGET OF THE CASCADE OF SERVICES: 90% OF MSM WHO KNOW THEIR STATUS ARE RECEIVING ARV THERAPY

- From 62% in **Kyrgyzstan** to 81% of MSM in **Kazakhstan**, who are aware of their status are receiving ARV therapy. In **Belarus**, a negative trend with respect to this indicator is observed.



- **There remain significant barriers to the full achievement of this indicator:**
 - Stigma and fear on the part of MSM of visiting medical institutions for treatment;
 - High level of self-stigma among MSM-PLH;
 - Low level of awareness regarding the treatment protocol and the use of ART, fear of side effects from taking drugs, prevalence of myths about the negative consequences of taking ART;
 - Complexity of the existing algorithm for confirming a positive HIV result and registering for treatment: regional limitations (often you need to go to another city), timeframe for confirmation is from several days to a month.

THE HIGHEST LEVEL OF ACHIEVEMENT IS OBSERVED AT THE THIRD STAGE OF THE CASCADE: 90% OF MSM RECEIVING ART HAVE AN UNDETECTABLE VIRAL LOAD

- **Kyrgyzstan** and the **Russian Federation (Moscow region)** are the closest to achieving this indicator: 87%.
- **Belarus** is the only country among those reviewed, which fully achieved the goal and even exceeded it, reaching 94%.
- **Armenia**, among other countries, has been the least successful in achieving the indicator according to which 90% of MSM on ART have an undetectable viral load. Moreover, there has been a significant decrease in this indicator over time.



- High rates indicate a well-established algorithm for the work of infectious disease doctors, and the effectiveness of the ARV therapy regimens used.
- **There remain significant obstacles to the full achievement of the indicator, a decrease in the level of adherence to ART:**

- Stigma from medical staff towards PLH, especially in rural regions;
- Low awareness of MSM about the importance and necessity of continuing treatment (quite often MSM-PLH stop taking ART if they are not worried about their health condition);
- Possible occurrence of side effects from taking medications.

KEY RECOMMENDATIONS:

- Promote the establishment of reliable and high-quality data collection to compile a cascade of HIV services for MSM, including by including such issues in other regional and national data collection systems (research, routine monitoring).
- Widely introduce training activities for MSM to raise awareness about HIV prevention and treatment issues, increase their motivation to undergo HIV testing, and to ensure adherence to ART.
- Conduct educational activities with doctors to reduce the level of stigma towards MSM, as well as activities to reduce the level of self-stigma among MSM, and to build trust among the target group towards medical staff when seeking services.
- Promote the increase in opportunities for NGOs to conduct rapid testing, and opportunities for self-testing and assisted testing among MSM.
- Conduct advocacy activities to strengthen the institutional and financial role of the state in relation to HIV prevention and treatment for MSM.