



REGIONAL ANALYSIS OF THE CASCADE OF HIV SERVICES FOR MSM

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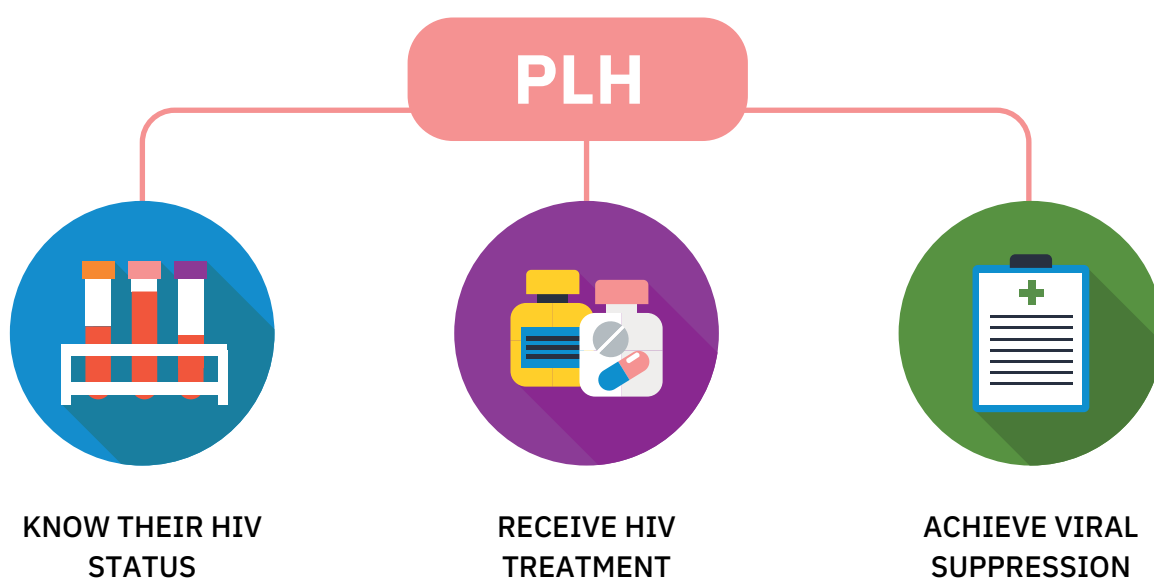
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The cascade of continuous HIV care is a public health model that describes the steps people living with HIV take from diagnosis to achieving and maintaining viral suppression through care and treatment with ART.

The cascade allows us to assess and see where there are gaps in the HIV prevention and treatment service delivery system, and where we have come closer to achieving the global “95-95-95” targets for HIV testing, treatment and viral load suppression, in particular:

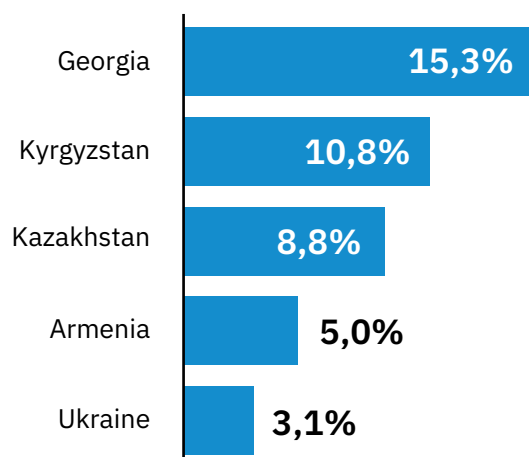
- 95% of people living with HIV know their HIV status,
- 95% of people who know their status receive HIV treatment,
- 95% of people receiving HIV treatment achieve viral suppression.



This review presents the results of national studies from 2023-2024, which provide an overview of the cascades of continuous HIV care for MSM, as well as barriers and gaps in the cascades of 5 countries of Eastern Europe and Central Asia (EECA): Armenia, Georgia, Kazakhstan, Kyrgyzstan and Ukraine.

GENERAL INFORMATION ON HIV PREVALENCE AMONG MSM AND MSM POPULATION SIZE

HIV prevalence among MSM



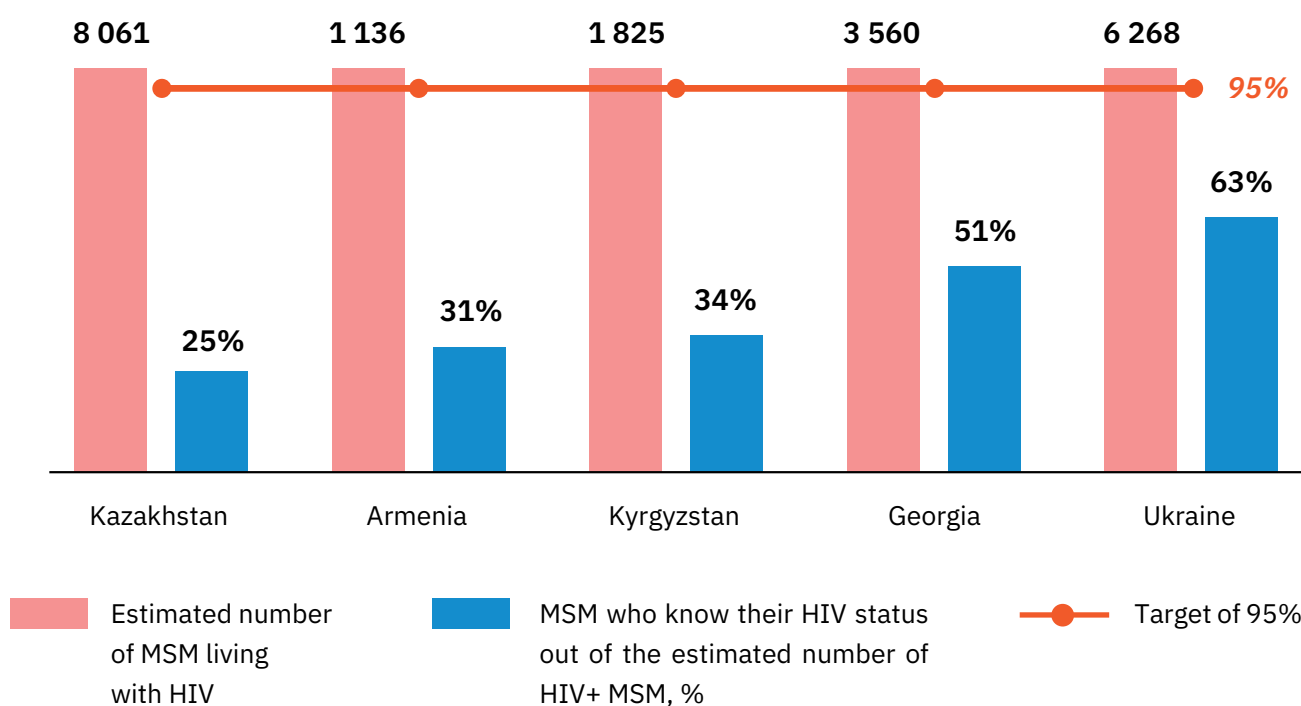
Estimated number of MSM



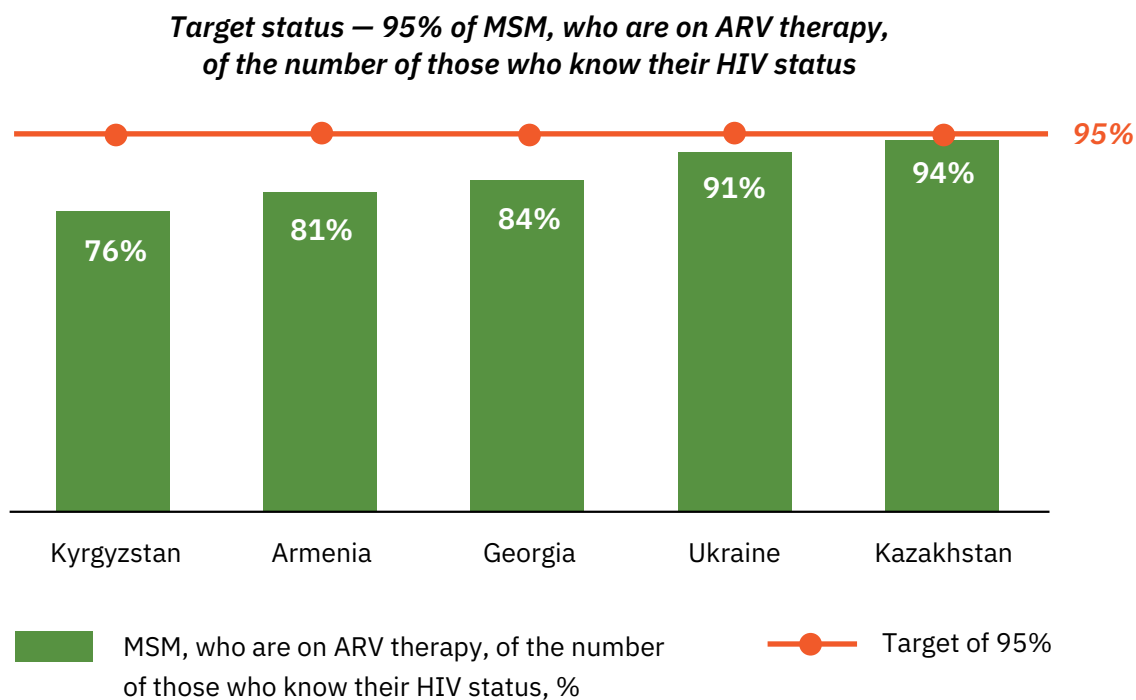
HIV SERVICES

Entry into the HIV treatment cascade begins with diagnosis. This is the stage of the cascade where all countries are the furthest from achieving the target. **Ukraine** has the highest rate, but is still quite far from the target.

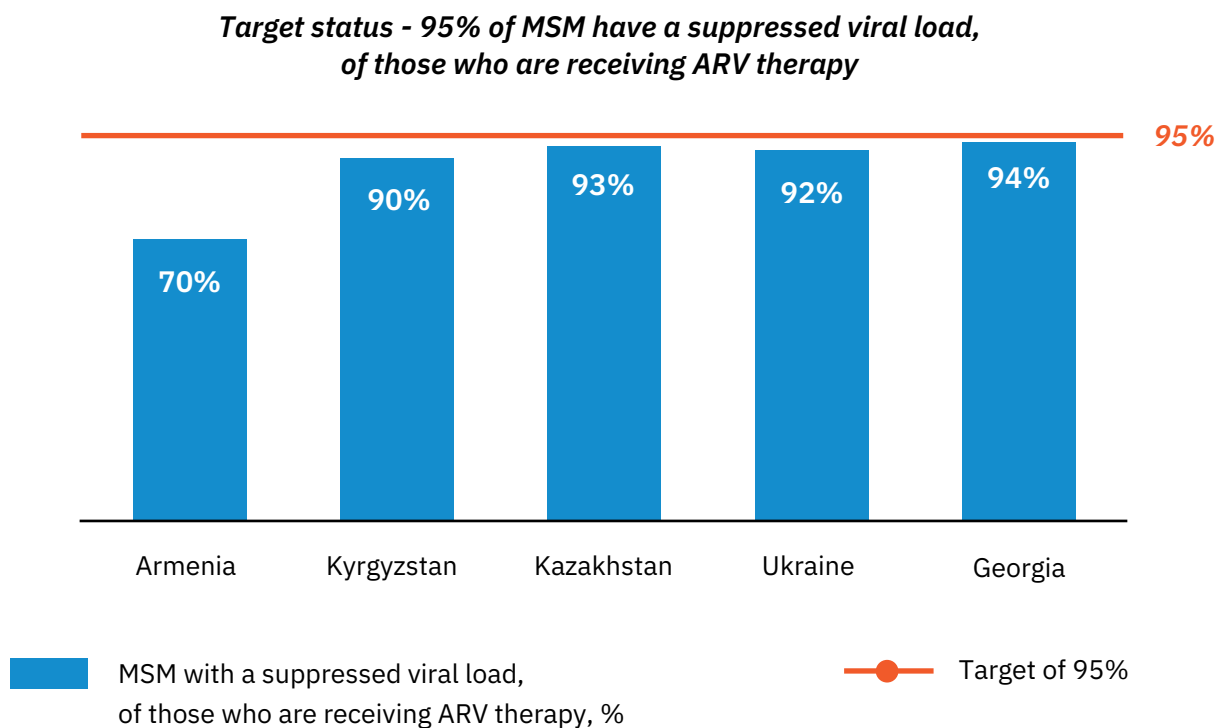
Target status – 95% of MSM know their HIV status



At the second stage of the continuum of HIV services for MSM, all countries in the review show significant progress: rates range from **76% in Kyrgyzstan** to **94% in Kazakhstan**. Ukraine is again the closest to achieving the “second 95”.



The target of the third stage of the cascade has been achieved in all countries, except Armenia. A similar situation was observed in the previous reporting period



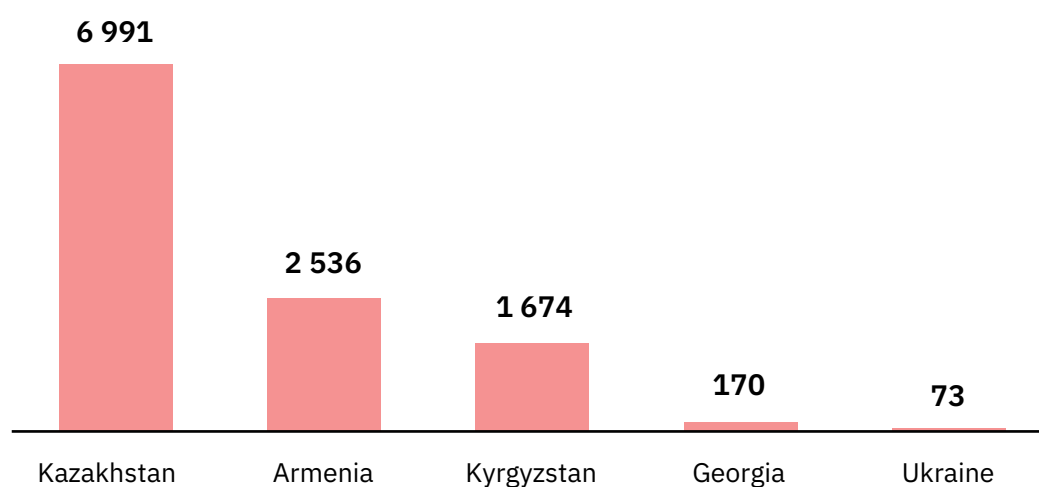
General trends related to the achievement of the cascade's “95-95-95” targets:

- Countries are observed to be widely using strategies aimed at involving MSM representatives in prevention programs. Innovative and differentiated approaches are used, but there is still a gap in the coverage of the target group with HIV testing.
- When receiving HIV testing services in medical institutions, MSM often do so without indicating that they belong to the MSM community. As a result, data on HIV testing of those coded as MSM does not reflect the actual level of testing among MSM or the results of such testing.
- Effective support for MSM through case management helps achieve good results in ensuring high adherence to treatment.
- The persistent stigma in the healthcare system towards MSM prevents them from visiting medical institutions to receive treatment and from adhering to prescribed therapy.
- The full-scale war of the Russian Federation against Ukraine has resulted in forced migration of the population, including MSM, not only in Ukraine, but also in other countries (for example, Kazakhstan, Georgia). This has had a negative impact on the availability of medical services (both prevention and treatment) and their regular use.

PRE-EXPOSURE PROPHYLAXIS (PREP)

Pre-exposure prophylaxis programs are actively developing in countries. Every year there is a significant increase in the number of MSM who receive PrEP. However, although this service is being actively popularized, and informational campaigns about PrEP are being conducted, there are gaps in terms of recruiting the required number of new MSM. There is practically no data on the awareness of MSM about PrEP or on their willingness to use PrEP.

Number of MSM who received PrEP (2023-2024)



In order to increase uptake of and retention in PrEP services, it is necessary to continue to actively promote the benefits of this approach, its integration with other NGO-based services, and the expansion of PrEP delivery infrastructure, including self-pay options.

FAVORABLE SOCIAL ENVIRONMENT

An undeniable factor, which positively affects the HIV cascade indicators is the presence of a favorable social environment. Stigma and discrimination reduce the willingness of MSM to seek medical services. It is therefore crucial to obtain data on the impact of stigma and discrimination on the accessibility of HIV testing and other healthcare services in countries.

Data on the prevalence of negative attitudes towards MSM in various fields are available largely through IBBS data, as well as through studies on the PLH Stigma Index. Research participants report fairly frequent cases of violence based on sexual orientation. At the same time, MSM are not willing to contact police in order to defend their rights due to their distrust of law enforcement agencies.

Structural barriers, such as discriminatory provisions in national legislation, which limit a number of the rights of MSM, continue to exist, and anti-LGBT legislative initiatives are regularly promoted. Furthermore, laws on “foreign agents” are continuing to be adopted, which affect NGOs that receive financial support from donor organizations. In turn, these barriers hinder the work of NGOs, negatively affect the availability of both prevention and medical services, and contribute to the increasingly closed nature of the MSM community and the entrenchment of self-stigma.

MEANINGFUL INVOLVEMENT OF THE COMMUNITY IN THE HIV RESPONSE

The level of impact and community involvement in the response to HIV is high. Non-governmental organizations play a key role in the availability and expansion of HIV services. By successfully applying approaches focused on clients and on the integration of services, the range of services for MSM available through NGOs is expanding each year, and the convenience of receiving such services is increasing.

KEY RECOMMENDATIONS FOR NON-GOVERNMENTAL ORGANIZATIONS PROVIDING SERVICES FOR MSM

- Promote **improved accessibility of HIV testing services** by expanding testing opportunities through NGOs and mobile clinics, as well as self-testing through online platforms, delivery services, and pharmacy chains.
- Expand the **implementation of educational initiatives using web and social media platforms** aimed at raising awareness among MSM about opportunities for HIV testing, receiving PrEP, and developing adherence to medication.
- Promote better **integration of PrEP services** into combination and comprehensive HIV prevention packages for MSM.
- Conduct advocacy activities aimed at amending legislation in order to simplify certification requirements and **expand the range of HIV services provided by NGOs**.
- Expand **paralegal assistance programs** to document cases of rights violations against MSM in healthcare settings.
- Continue to conduct **training activities among health workers and the police** in order to sensitize them and combat stigmatizing attitudes towards MSM.

