



CASCADE OF THE CONTINUUM OF HIV CARE FOR MSM IN ARMENIA

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ACRONYMS

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
CCM	Country Coordinating Mechanism against HIV/AIDS, Tuberculosis, and Malaria
ECOM	Eurasian Coalition on Health, Rights, Gender and Sexual Diversity
HIV	Human immunodeficiency virus
LGBTI	Lesbian, gay, bisexual, transgender, intersex
MoH	Ministry of Health
NCID	National Center for Infectious Diseases
NGNGO	New Generation Humanitarian NGO
NGO	Non-governmental organization
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
RA	Republic of Armenia
STI	Sexually transmitted infections
WHO	World Health Organization

INTRODUCTION

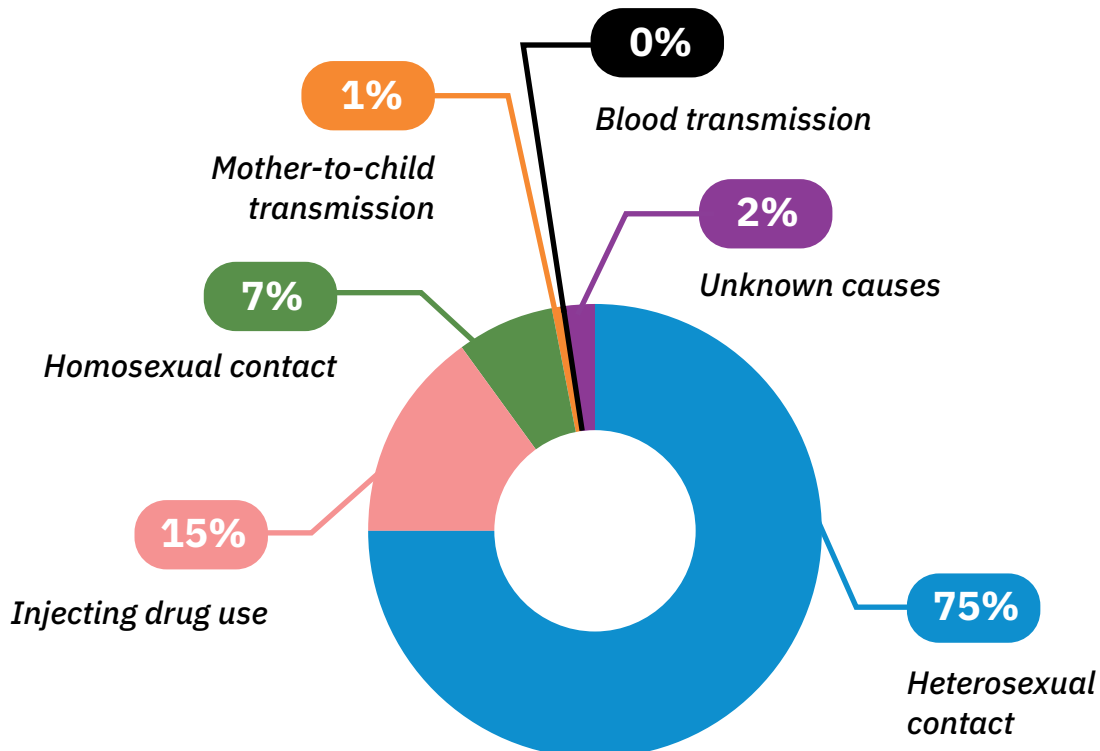
The HIV care cascade for men who have sex with men (MSM) serves as a critical tool for evaluating progress in HIV prevention, diagnosis, treatment, and viral suppression. By analyzing gaps in service provision, the cascade informs targeted planning, advocacy, and resource allocation to meet the UNAIDS “95-95-95” targets. These targets are aimed at ensuring:

- 1 95% of people living with HIV know their status.
- 2 95% of those diagnosed receive sustained antiretroviral therapy (ART).
- 3 95% of individuals on ART achieve viral suppression by 2025.

This cascade analysis focuses on MSM in Armenia, based on data as of December 31, 2023, and highlights key challenges in service delivery.

HIV SITUATION IN ARMENIA

As of December 31, 2023, Armenia had reported 5,614 HIV cases since 1988. The breakdown of transmission routes is as follows:



Among MSM, the HIV prevalence is estimated to be 5% (1,136 individuals), based on a 2021 Integrated Biological and Behavioral Survey (IBBS-2021). Despite the efforts of certain awareness campaigns, gaps remain in access to prevention methods such as PrEP and PEP.

NATIONAL POLICIES ON HIV, STIS, AND SEXUAL HEALTH

- MSM-specific healthcare services are not directly funded by the Armenian government. Programs rely on international donors, particularly the Global Fund.
- NGOs play a critical role in HIV prevention and treatment, offering anonymity, confidentiality, and culturally sensitive care.
- NGNGO pioneered community-based HIV testing in Armenia, introducing rapid saliva tests in 2017 and blood tests in 2022.

Barriers include stigma, discrimination, and distrust of state healthcare institutions, all of which discourages MSM from seeking services. Addressing these issues requires stronger collaboration between state and community organizations.

RESEARCH PROCESS

The MSM HIV care cascade was developed in four stages:

- 1 Preparation:** NGNGO selected a national expert and reviewed related documents.
- 2 Data compilation:** Information was sourced from IBBS-2021, NCID, and NGNGO reports.
- 3 Gap analysis:** Gaps in service coverage and quality were identified.
- 4 Advocacy:** Recommendations were developed to address the challenges identified.

HIV CARE CASCADE AMONG MSM IN ARMENIA

Key Indicators (as of December 31, 2023):

INDICATOR	VALUE	SOURCE
Estimated MSM population	22,716	IBBS-2021
Estimated number of MSM living with HIV	1,136	IBBS-2021
Number of MSM aware of their HIV status	356	NCID, NGNGO
Number of MSM receiving ART	290	NCID
Number of MSM with suppressed viral load	203	NCID

Cascade Gaps:

● **HIV awareness:** 31% (356/1,136) know their status.

This indicates a significant gap in HIV testing and diagnosis, as **69% of MSM living with HIV (780 individuals)** are unaware of their status. This lack of awareness can hinder the timely initiation of treatment, increase the risk of further transmission of the virus, and prevents these individuals from achieving viral suppression.

● **ART coverage:** 81% (290/356) of those aware of their HIV+ status are on treatment.

This demonstrates a relatively high level of engagement in treatment among those who are aware of their status. However, it also indicates that **19% of those aware of their status (66 individuals)** are not on treatment.

Thus, there is a need to address existing barriers, such as stigma, low levels of access to healthcare, or lack of adherence support, to ensure that more people receive ART.

● **Viral suppression:** 70% (203/290) of treated individuals have undetectable viral loads.

MSM living with HIV and receiving ART are managing their HIV effectively with ART, reducing the viral load to such low levels that it is not detectable in their blood, making it virtually impossible to transmit HIV to others (undetectable = untransmittable or U=U).

However, **30% (87 individuals)** of those on ART continue to have detectable viral loads, indicating that they may need additional support to achieve full viral suppression.

RECOMMENDATIONS

AWARENESS OF HIV STATUS

31% of MSM living with HIV are aware of their status.

- Expand rapid testing initiatives through NGOs and mobile clinics, particularly in areas with limited access to healthcare facilities.
- Increase the availability of and awareness about self-testing kits in order to reduce stigma, and address privacy concerns by enabling 24/7 accessible services (testing, prevention materials, etc.) and providing online delivery of testing kits.
- Implement culturally sensitive education programs using digital platforms and social media channels to reach more MSM discreetly (including announcements and free advertisements via the public television of Armenia).

ACCESS TO ANTIRETROVIRAL THERAPY (ART)

81% of MSM aware of their HIV+ status are on ART.

Recommendations:

- Simplify registration and reduce bureaucratic hurdles to accessing ART, particularly for marginalized populations such as MSM.
- Decentralize ART-related services.
- Simplify certification procedures for NGOs providing community-based, HIV-related medical services.
- Make ART available in community settings to reduce travel time and the stigma associated with state healthcare facilities.

VIRAL SUPPRESSION

70% of MSM on ART achieve viral suppression.

Recommendations:

- Develop digital tools to promote adherence to ART among MSM.
- Ensure that ART regimens are effective, tolerable, and in line with WHO guidelines, and include regular monitoring of viral load.
- Conduct sensitivity training for healthcare providers of the NCID of Armenia to create a welcoming environment for MSM seeking treatment.

OTHER RECOMMENDATIONS

- Advocate for the inclusion of MSM in national health policies and budgets to ensure sustainable funding for PrEP services.
- Strengthen legal protections to combat discrimination and stigma against MSM in healthcare services and society in general.
- Train healthcare workers, outreach staff, and peer educators to provide high-quality, non-judgmental care tailored to the needs of MSM.
- Develop a robust monitoring and evaluation system to track progress in the MSM HIV care cascade and identify emerging gaps.
- Design and implement online tools for communities to report cases of stigma and discrimination in healthcare settings.
- Conduct a new Integrated Biological and Behavioral Survey (IBBS) to update estimates of the MSM population size and HIV prevalence.
- Advocate for the adoption of an anti-discrimination law which includes SOGI as protected grounds.
- Advocate for the decriminalization of HIV.
- Establish collaboration with pharmaceutical companies.
- Advocate for the inclusion of people living with HIV in health insurance services provided by private companies.

