Brief on HIV among MSM in Georgia

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Sergo Chikhladze

ECOM

Eurasian Coalition on Male Health

HIV situation in Georgia

The first case of HIV in the country was detected in 1989. Since then, the number of new cases has been steadily increasing and by the end of 2013 it reached 10,9 per 100,00[1]. Georgia is a low HIV/AIDS prevalence country among adult population with estimated prevalence of 0.4% (0.3–0.5%).[2] According to the latest data from the Infectious Diseases, AIDS and Clinical Immunology

Research Center (IDACIRC), as of April 2018, a total of 6.942 HIV cases were registered; males – 5197, females – 1 745. The number of new HIV diagnoses in the country was increasing steadily, but slightly reduced in 2017.

At the initial phase of HIV epidemic in Georgia, injecting drug use was the major route for HIV transmission accounting for more than 70% of all cases. Over the last few years, HIV transmission through sexual contacts has become more dominant: as of 2017, 45% of all cases are attributed to heterosexual contacts while sexual contacts between men account for 10% of all registered HIV cases. Tbilisi, as the most populated city in Georgia, remains to be most affected with the largest number of PLHIV residing in the capital city.

HIV among MSM

Research-based evidences indicate that HIV epidemic is concentrated among men who have sex with men (MSM). Based on Size estimation study conducted in 2014, there are approximately 17,200 MSM in Georgia[3].Sharp increase of HIV prevalence among MSM population has been a serious public health concern in Georgia. IBBS conducted among MSM in 2015 revealed that HIV prevalence among this group increased from 7% in 2010 to 25.1% in 2015 in Tbilisi (Figure 1). Batumi HIV prevalence is also very high – 22.3%[4]. Syphilis prevalence is quite high among MSM. Hep C prevalence is higher in Batumi (18, 9%) than in Tbilisi (7%) (Figure 2). Injected drug use is very law among MSM. Only 0.6% in Tbilisi and 4.9% in Batumi had injected drugs during the last 12 months[5].

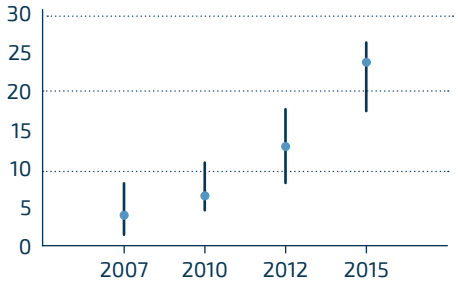

Figure 1. HIV epidemics in MSM population in Tbilisi

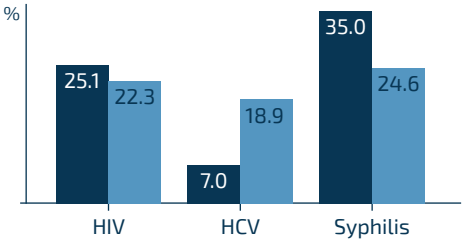

Figure 2: HIV, HCV and Syphilis prevalence among MSM in Tbilisi and Batumi. IBBS 2015[6]

HIV prevention interventions among MSM are largely funded by the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). A wide spectrum of targeted HIV prevention interventions are available in 5 cities of Georgia (Tbilisi, Batumi, Kutaisi, Zugdidi and Telavi) and include the following: Anonymous, confidential and voluntary counseling and Testing on HIV; STI testing and treatment; Popular Opinion leader (POL) HIV prevention program; Peer Education trainings; Educational events, including educational meeting with MSM in prisons; Provision of safe sex commodities – condoms and lubricants; Pre-exposure prophylaxis (PrEP) – piloting program for 100 MSM initiated in 2017 in Tbilisi.

MSM-focused HIV prevention services are provided by civil society organizations: Tanadgoma –Center for Information and Counseling on Reproductive Health and Two community-based organizations – Equality Movement and Identoba. Though Tanadgoma is a non-community organization, its outreach workers working with MSM are recruited from the LGBT community.

MSM population is considered to be reached with HIV prevention programs if received at least two services from the list of basic package, and one of them has to be condoms/lubricants at least once within a 6-month period. The standards and costing tool of HIV prevention for Key populations including MSM has been developed but has not been approved yet by the government.

1 World Health Organization. HIV/AIDS treatment and care in Georgia. Evaluation report, prepared by WHO Collaborating Centre for HIV and Viral Hepatitis, WHO, September 2014.

2 HIV risk and prevention behavior among MSM in Tbilisi and Batumi, Georgia. Bio-behavioural Surveillance Survey in 2015. Study Report. Curatio International Foundation; Information Counseling Center on Reproductive Health – Tanadgoma. Tbilisi, 2016.

3 Population Size Estimation of Men Who Have Sex with Men in Georgia, 2014

4 HIV risk and prevention behavior among MSM in Tbilisi and Batumi. Georgia. Bio-behavioral Surveillance Survey in 2015. Study Report. Curatio International Foundation; Information Counseling Center on Reproductive Health – Tanadgoma. Tbilisi, 2016.

5 http://new.tanadgomaweb.ge/upfiles/dfltcontent/3/152.pdf

6 HIV risk and prevention behaviors among MSM in Tbilisi and Batumi. CIF 2015

Late diagnostic and engagement in HIV care is the main challenge in Georgia. Almost half estimated persons living with HIV (48%) are undiagnosed in general population. Especially alarming is the situation among MSM where only 14% from MSM living with HIV know their status and that is the result of low HIV testing coverage of key populations7 (Figure 3).

This immense gap in diagnosis is the result of low HIV testing coverage of MSM and absence of testing opportunities at primary health level. Homophobia and transphobia remains the main threat for MSM which affects the inclusion of MSM in HIV testing and treatment services. Though there are many cases of health right violation among MSM and Trans (community activists and organizations provided many cases verbally), the documentation of cases are still quite poor8.

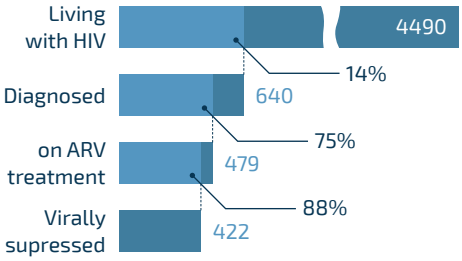

Figure 3. HIV cascade in MSM

Risky Behavior and HIV knowledge among MSM

The studies showed high sexual activity among MSM. Risky sexual practices are quite widespread: The MSM reported a large number of different types of partners, both male and female, insufficient and in some cases decreased use of condoms, especially their consistent use with any type of male and female partners and involvement in group sexual practices often without condoms. Consistent condom use is lower (30%) than condom use at last anal intercourse (63,2%). High-risk practices have not changed from 2010 to 2015 and in some cases have worsened over the last five years. These tendencies are reflected in the HIV prevalence increase and, besides, raise concerns about the potential bridging role of MSM in HIV transmission to general population9.

Last IBBS conducted among MSM in Georgia in 2015 also confirms the concerns of communities and service providers. Majority of the interviewed MSM (88.9% in Tbilisi and 86.9% in Batumi) were aware of HIV/AIDS. However, only about one third of the respondents in Tbilisi (30.4%) correctly answered all 5 questions according to the Global AIDS Response Progress Report (GARPR) indicator on knowledge of HIV prevention. In Batumi this indicator reached 35.2%. Although majority correctly cited ways of HIV transmission and preventive measures, misconceptions about HIV transmission on mosquito bite and blood group still exists among MSM, about half could not give a correct answer to these questions[10].

Involvement of communities in HIV service provision

Importance of NGOs and communities' involvement in HIV prevention service provision is acknowledged at all levels in Georgia. Community members play a key role in peer-to-peer education, demand creation for services, provision of psychosocial support, facilitation of support groups, income-generating activities, supporting treatment adherence, representation on local health committees and feedback on quality of services provided, etc. Without community involvement, improved services can remain under-utilized and inefficient since MSM are hard to reach and will often remain underground due to stigma, homo/transphobia and hostile environment in the society.

Currently all HIV related prevention services for MSM including community based outreach and testing are funded by GFATM. CBOs (community based organizations) and NGOs express their concerns regarding the funding scenario after withdrawal of GFATM from the country. According to Global Fund Grant Concept Note, new areas of work where the government is planning to allocate funding are community-based HIV testing. Three community resource centers already run by CBOs (established in 2015) were expended to 5 locations (Tbilisi, Batumi, Kutaisi, Zugdidi and Telavi) in 2017 and are expected to improve linkage of MSM communities to HIV prevention and treatment services. That expansion positively affected the scale of community based HIV testing. In total 1114 MSM were tested with rapid HIV tests at community centers run by Equality Movement in 2017. Plus, during 2017, 3 846 MSM (unique individuals) were covered by consultation and provision of information on HIV/STIs and reproductive health issues and 2 291 MSM were tested

7 Latest HIV spectrum data provided from IDACIRC. April 2018.

8 National report on the violation of human rights of gay men, other MSM and trans* people, in particular right to health in Georgia in 2017. Report prepared by Mariami Kvaratskhelia and Nino Bolkvadze, "Equality Movement"

9 HIV risk and prevention behavior among Men who have Sex with Men in Tbilisi and Batumi, Georgia. Bio-Behavioral Surveillance Survey in 2015

10 http://new.tanadgomaweb.ge/upfiles/dfltcontent/3/152.pdf

on HIV by Tanadgoma's community outreach workers and counselors. 882 MSM were treated on various STIs within GFATM funded services[11]. Though MSM testing on HIV almost tripled from 2014, still it is below the national targets set in THE Georgian National HIV/AIDS Strategic Plan (NSP) for 2016–2018. It worth to highlight that there is no mention on Trans people as KP group in NSP and therefore no HIV services are envisaged for them. There is no size estimation and IBBS studies conducted among Trans population in Georgia. Also there is an absence qualitative surveys on unmet SRHR needs among Trans people in Georgia[12].

Continuous funding of CBOs/NGOs

Uninterrupted funding of community-based outreach and prevention services for KPs will prevent the increase in the number of new HIV cases, transmission of HIV to sexual partners of KPs and further to the general population, reduce pressure on the clinical and social care system, as well as the future health care expenditure for treatment of HIV infection. Taking into account the expected significant decrease in funding available from external sources, the government of Georgia is planning to increase state budget allocations for HIV prevention and treatment including key population groups (MSM, SWs and PWID) to the level required to sustain and scale-up the country response to HIV and start reversing the HIV epidemic[13].

The HIV issue-based NGO/CBO sector is well developed and does not face legal or any other barrier to operate or perform its oversight role or policy work. There is no legal barrier for state organizations to contract NGOs, however, there are rigid tendering procedures restricting the participation of financially/organizationally weak organizations (e. g. a bank guarantee is required). An additional challenge is the technical capacity of the state organizations to develop tender specifications and to base the selection process at least on the second criterion apart from the financial proposal. The state recognizes this weakness and plans to enhance the relevant capacity. The situation might exclude from state tenders those NGOs which are not financially or organizationally strong, i. e. CBOs, but have valuable field experience in working with KP at grassroots level. Moreover, if the tender winner is selected based only on the financial criteria, the risk is a decrease in the quality of the services provided[14].

Consideration for further actions

In order to increase the coverage of MSM with HIV prevention, treatment and care services the following actions should be considered:

- Expand the mandate of HIV prevention work done by CBOs by increasing their knowledge of HIV/health-related issues and strengthening their capacity for conducting outreach, counseling and testing among community organizations and activists;
- Provide tools, practices, and capacity building exercises to community and service-provision organizations that include trans health and HIV prevention among trans people as a separate agenda;
- Joint advocacy of CBOs and other civil society towards MOLHA (Ministry of Labor, Health and Social Assistance) to approve the standards and costing tool of HIV prevention for MSM;
- Create common HIV/Health advocacy plan for all community organizations working on HIV/health issues;
- Strengthen the capacity of local groups/communities to establish partnerships with academic and/or higher educational institutions, to foster collaboration and support HIV research activities;
- Advocate to simplify the tendering procedures to remove the bank deposit guarantee for NGOs/CBOs and enabling them to participate in State and/or GFATM tendering processes
- Documentation of discrimination cases on right to health issues among MSM should be improved at community organizations' level;
- Maximize usage of the existing platforms or coalitions, such as the SRHR platform, City Task force, PTF, CCM and other opportunities for collaborating with other KPs on budget advocacy, and issues related to stigma and discrimination;
- Engage CBOs in active fundraising to attract new donors to support LGBT organizations working in the field of HIV and/or MSM/LGBT health in general in the country.

11 Programmatic data received from "Tanadgoma" and "Equality Movement". 2017

12 Assessment of Existing Strategic Information on HIV among MSM and Trans* People in Armenia, Belarus, Georgia, Kyrgyzstan, and Macedonia. 2017. Assessment commissioned by ECOM through the GFATM program "Right to Health"

13 THE GEORGIAN NATIONAL HIV/AIDS STRATEGIC PLAN FOR 2016–2018. Endorsed by the CCM Georgia on April 15th 2015

14 http://curatiofoundation.org/wp-content/uploads/2017/01/GEORGIA-TS-CASE-STUDY_Final_Jan25-2016.pdf