Public statement on actuality about HIV epidemics among MSM and trans in Tajikistan

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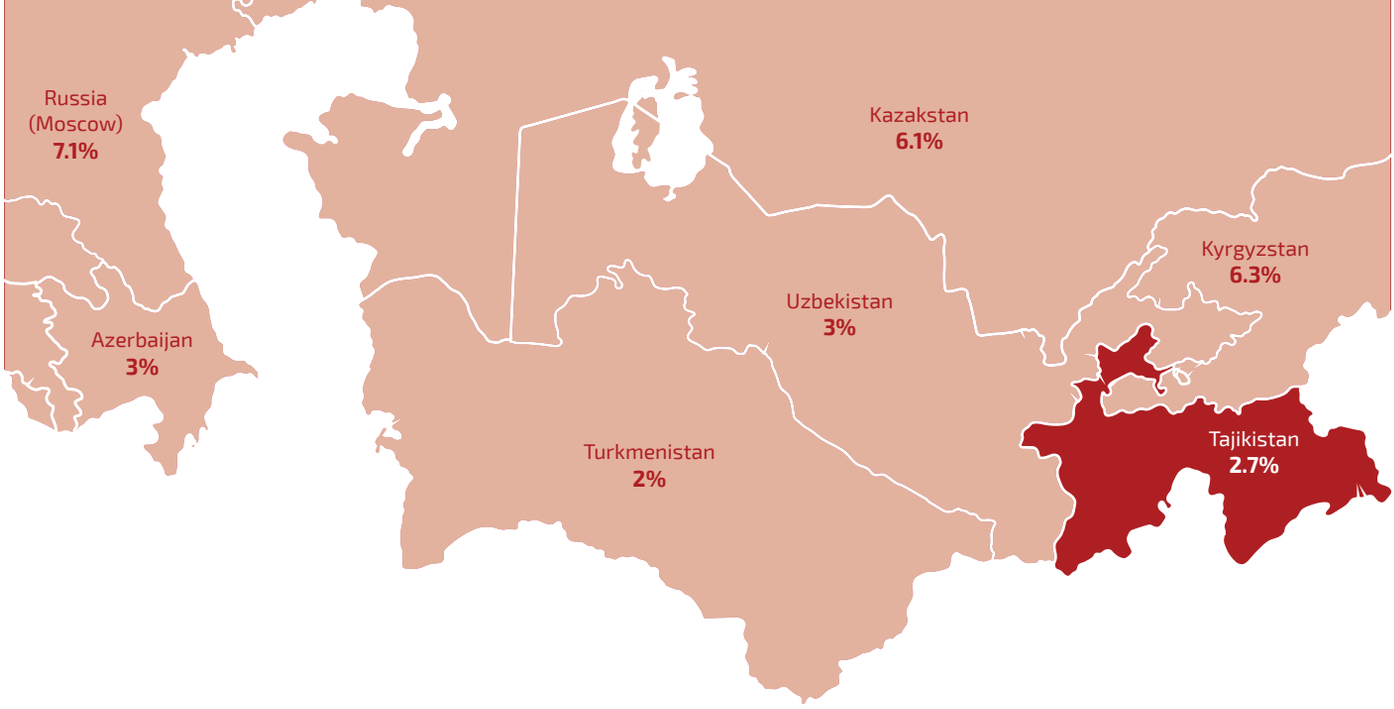

The first human immunodeficiency virus (HIV) case was registered in Tajikistan in 1991. According to the official statistics, as of January 1, 2016, there were 7,709 registered HIV cases in the country, 68.4% of which were among men (fig. 1). Most of the new HIV cases (87.1%) in 2015 were detected among adults (19 years of age and older), with 35.8% of all new HIV cases being attributable to those in 30–39 age group[1].

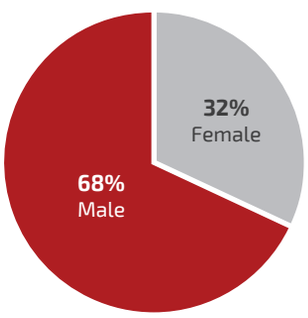

Figure 1. Distribution of registered HIV cases in Tajikistan by gender

According to UNAIDS, 14,000 people are estimated to live with HIV in Tajikistan, with the HIV prevalence among adult population (15–49 y. o.) reaching 0.3%. In 2016, Tajikistan registered 1,300 new HIV infections. Since 2010, new HIV infections have increased by 23%. HIV epidemic is concentrated among key populations (KP): people who inject drugs (13.5% HIV prevalence), sex workers (3.5% HIV prevalence), men who have sex with men (MSM, HIV prevalence of 2%, fig. 2). However, there are signs of a shift of the epidemic to the general population[2]. It is estimated that around 60% of people living with HIV are undiagnosed. Although same-sex route of HIV transmission is not reported from Tajikistan, there are assumptions that male-to-male transmissions are being reported as "heterosexual" or "unknown", as homosexuality is highly stigmatized in Tajikistan. The recently reported increase in sexual transmission among men could point to the hidden nature of MSM epidemic in Tajikistan[3].

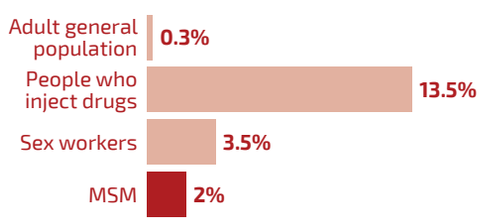

Figure 2 HIV prevalence among key population groups in Tajikistan

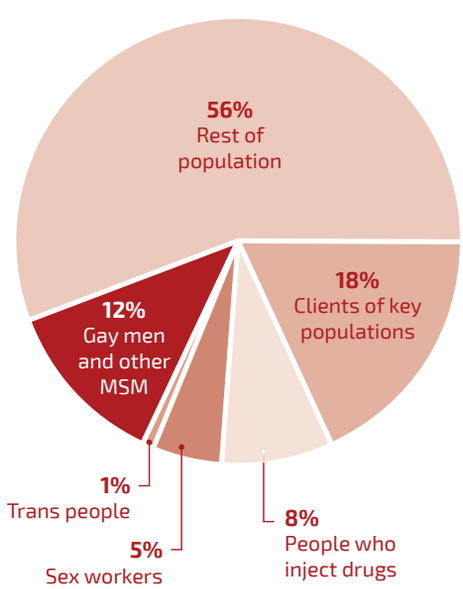

Figure 3 New HIV cases by population groups (global), 2015 (UNAIDS, 2017)

Globally, gay men and other MSM accounted for 12% of new infections in 2015 (fig. 3)[4].

MSM are considered one of the KP groups most at risk for HIV in EECA region, where HIV prevalence in the group is also high (Ukraine — 8.5%, Russian Federation — 7.1% for Moscow and 22.8% for Saint Petersburg, Kazakhstan — 3.2%, Kyrgyzstan — 6.3%, Uzbekistan — 3.3%)[5].

Since the collapse of the Soviet Union, Tajikistan has had a rapid and significant rise in seasonal migration, affecting all aspects of Tajik society. The majority of Tajik labor

[1] National Program to Fight the Human Immunodeficiency Virus Epidemic in the Republic of Tajikistan for 2017-2020

[2] http://www.unaids.org/en/regionscountries/countries/tajikistan/

[3] https://www.chip.dk/Portals/0/files/CC%20WHO/HIV-Programme-Review-in-Tajikistan%20(final%20report).pdf

[4] http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf

[5] http://ecom.ngo/en/hiv-msm-eeca/

migrants travel for work to Russian Federation[6]. It is believed, that up to 2 000 000 Tajik citizens live and work abroad, primarily in Russian Federation[7]. Such levels of migration to Russia (high prevalence country) may result in increased numbers of HIV in Tajikistan.

HIV Prevention among MSM in Tajikistan

The population size estimate (PSE) of MSM in Tajikistan points at 13,400[5]. HIV prevalence among MSM is 2%[5,8] and it remained unchanged in the recent years[8]. According to the most recent integrated biobehavioral survey (IBBS) among MSM (2017), sexual behavior of MSM bears significant risks for acquiring HIV and other STIs. Overall, 79% of respondents reported using condom during the last anal sexual intercourse and 16% of MSM mentioned having symptoms of STIs during the last year. Coverage of MSM with HIV testing remains low: only 39% of MSM reported having an HIV test within the last 12 months and having received the result.

Over the past 13 years, HIV prevention work has been implemented in Tajikistan with the support of GFATM; funding has also been available from US government and UN agencies. Prevention work is implemented with the involvement of civil society and NGOs. HIV prevention services, as well as care and support are accessible through the network of NGOs and at local AIDS centers. Provision of condoms and distribution of information materials were the services most frequently reported by MSM. Overall, 89% IBBS respondents mentioned receiving condoms within the last 12 months and knowing where to get an HIV test. The country concept note for 2018–2020 GFATM funding envisaged financial allocations to civil society organizations for increasing access and engagement of KPs in seeking prevention packages, linkage to care, adherence to treatment, decreasing stigma and discrimination, providing legal support services, etc.[9]. However, MSM are not defined as a key population in the National Program to Fight the Human Immunodeficiency Virus Epidemic in the Republic of Tajikistan for 2017-2020.

Strategic Information

Solid evidence and reliable data are essential for proper strategic planning and budgeting/funding of national response to HIV among MSM in the country. There is very limited data about MSM in Tajikistan. The lack of knowledge and understanding about HIV among MSM in Central Asia is mentioned in recent reviews[10] and publications[11].

The first ever IBBS among MSM in Tajikistan was conducted in 2011–2012. Overall, three IBBS's were conducted in the country: 2012, 2015, 2017. Final reports of those surveys are not available publicly (online). All three studies had a number of limitations with regard to sampling (e. g., challenges in reaching hidden MSM groups), study protocol and questionnaire design, insufficient involvement of LGBT community in the process of survey planning and implementation, etc. Qualitative data is limited mostly to sexual rights issues and is not HIV specific[12].

Role of Communities in HIV response

Throughout the world, grassroots community-based and community-led organizations have been working on the frontlines of the global AIDS response, putting efforts on provision of much needed HIV and AIDS services to MSM and trans people. They have led development of innovative and effective programs for MSM and trans populations[13]. Mostly, the efforts in implementing a Fast-Track approach, such as scale-up of service coverage, improving retention in care, quality monitoring, human rights advocacy, and addressing stigma and discrimination issues, requires strong and united community voice and presence[14].

6 https://publications.iom.int/system/files/pdf/labour_migration_tajikistan.pdf
7 http://www.euro.who.int/__data/assets/pdf_file/0009/119691/E94243.pdf
8 Analytical report on IBBS among MSM in Tajikistan, 2017 (not published, available in Russian)
9 GFATM Funding Request Tailored to Material Change, Tajikistan 2012-2020 (UNDP Tajikistan)
10 https://www.ncbi.nlm.nih.gov/pubmed/23906993
11 https://www.tandfonline.com/doi/abs/10.1080/02634937.2013.768059
12 Desk research on information about MSM in Tajikistan, S. Orbelyan, M. Kasyanczuk, 2017 (not published, available in Russian)
13 http://www.amfar.org/uploadedFiles/_amfarorg/Around_the_World/Lessons-Front-Lines.pdf
14 http://www.unaids.org/sites/default/files/media_asset/UNAIDS_JC2725_CommunitiesDeliver_en.pdf

Though MSM are one of the KP groups having potential impact on HIV epidemic in Tajikistan, community-based and led organizations and NGOs working with LGBT/ MSM are involved predominantly in provision of HIV prevention services to the community (outreach work, awareness raising, condom and lubricant distribution, some legal and social counseling, etc.). Some advocacy work is also being done by community-based organizations, however, the relevance and effectiveness of advocacy efforts need further improvement[15]. NGO sector is poorly involved in policy development and has no meaningful contribution to the HIV/AIDS programming in the country. There is lack of communication and trust between governmental institutions and NGOs. MSM-service NGOs and LGBT communities are not represented in the National Coordination Committee meetings[12].

Recommendations / Areas of improvement

- Supporting quantitative and qualitative research, and operational research is crucial in order to improve understanding of the HIV epidemic among MSM and to facilitate proper strategic planning and budgeting of national response to HIV among MSM in the country. The reports should be widely distributed among country stakeholders and international organizations.
- Protocols of national surveillance studies and exercises should be revised with wider involvement of international experts, Tajik public health specialists, MOH, NGO sector and MSM community in order to ensure application of best practices and lessons learnt from the region. Size estimation component should be integrated in IBBS protocol and regularly implemented.
- Collaboration and communication between the state actors and the community-based organizations should be strengthened in order to improve availability of information and to strengthen the capacity of communities.
- Civil society should be empowered for meaningful involvement in policy making and contribution to the HIV/AIDS programming.
- The analytical and survey skills, capacity and potential of community organizations, and NGOs as a whole, should be assessed and further developed to enable their proper involvement at all stages of surveys planning (design, implementation, analysis and interpretation of findings, distribution of data).
- The advocacy skills of community organizations should be developed for stronger united advocacy campaigns to secure state funding of HIV prevention work among MSM.
- The national strategic documents and state reports should be available and openly accessible (public domains) for the stakeholders in the region.

[15] http://www.euro.who.int/__data/assets/pdf_file/0010/257275/HIVAIDS-in-Tajikistan.pdf