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NEW GENERATION
HUMANITARIAN NGO

MSM-SPECIFIC PACKAGE OF HIV SERVICES IN ARMENIA



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NEW GENERATION

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LIST OF ACRONYMS

KP	Key population
PWID	Persons who inject drugs
FSW	Female sex workers
PEP	Post-exposure prophylaxis
ARV	Antiretroviral
HBV	Hepatitis B virus
HCV	Hepatitis C virus
AIDS	Acquired immune deficiency syndrome
HIV	Human immunodeficiency virus
PrEP	Pre-exposure prophylaxis
STIs	Sexually transmitted infections
MSM	Men who have sex with men
UNAIDS	The Joint United Nations Programme on HIV/AIDS
MSMIT	MSM Implementation Toolkit, Implementing comprehensive HIV and STI programmes with men who have sex with men: Practical guidance for implementing collaborative interventions
VMMC	Voluntary medical male circumcision

INTRODUCTION

Armenia is a country in the Caucasus with a population of 2.8 million (World Bank) [1] The HIV epidemic in Armenia started in 1988 when the first case of AIDS was revealed. As of 31 August 2022, 4937 cases of HIV were recorded in the country.

According to UNAIDS, the estimated number of people living with HIV in Armenia is 4800. The estimated number of new HIV cases is around 400 per year [2]

The overall estimated adult HIV prevalence is low at 0.2%; however, in Armenia the epidemic is concentrated among key populations (KPs) (MSM, FSW, PWID, TG). While the predominant mode of transmission is heterosexual (74,8%), high HIV prevalence among KPs and low prevalence in the general population suggest that HIV prevention is still predominantly linked to the work with the KPs, both through provision of services directly and through service provision to the so-called bridge populations (female sexual partners of MSM, sexual partners of PWID, FSW and TG).

In this context, measuring KPs' behavioral practices, their access to services, needs and challenges is crucial in forming need-based, human-centered, rights-based effective response strategies and in controlling the transmission of HIV infection.

[1] <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=AM>

[2] https://ncid.am/uploads/shared-files/Armenia_IBBS-2021_ENG.pdf

HIV epidemic among MSM continues to expand in Armenia. The HIV prevalence among MSM comprises 5% (IBBS-2021) [3].

which is 25 times that of the number among the general population. Such high rate of HIV prevalence among MSM may be explained by the fact that anal intercourse increases the risk of HIV transmission as compared with vaginal intercourse [4].

At an individual level, the risks of HIV infection may include unprotected sex, multiple sex partners, drug use [5].

Discriminatory legislation, lack of relevant regulations, stigma (including by healthcare workers), violence based on homophobia, as well as lack of protection mechanisms are major obstacles to provision of HIV prevention services to MSM, thus limiting the accessibility of services.

[3] https://ncid.am/uploads/shared-files/Armenia_IBBS-2021_ENG.pdf

[4] <https://www.cdc.gov/hiv/risk/estimates/riskbehaviors.html>

[5] Royce RA et al. Sexual transmission of HIV. *New England Journal of Medicine*, 1997, 336:1072–1078

PACKAGE OF HIV SERVICES

The MSMIT [5] (MSM Implementation Toolkit, Implementing comprehensive HIV and STI programmes with men who have sex with men) distinguishes between direct healthcare interventions (services) and creation of a favorable environment, which includes enabling legislation, elimination of stigma, discrimination and violence, as well as community empowerment. Nevertheless, modern health science combines human rights and crucial social and economic factors as inseparable in terms of health protection and promotion.

As a result of the study of the National HIV Response Program of Armenia, based on international guidelines, as well as application of the valuable information obtained from focus group discussions held among the conventionally selected 12 MSM (ensuring diversity), an MSM-specific package of HIV services was developed, the inclusion of which in the National HIV Response Program is recommended.

A combination of interventions is necessary in order to ensure effective response to HIV among MSM.

The recommended package consists of two sections:

1. Healthcare interventions;

2. Creating an enabling environment.

[6] <https://www.unfpa.org/press/new-unfpa-tool-implementing-hiv-and-sti-programmes-men-who-have-sex-men>

HEALTHCARE INTERVENTIONS

HIV PREVENTION

INTERVENTION NAME	MSM SPECIFICITY	JUSTIFICATIONS
Provide the necessary amount of condoms and lubricants. It is crucial to emphasize the importance of providing a sufficient number of lubricants.	<ul style="list-style-type: none"> • Condoms for anal intercourse • Lubricants compatible with condoms 	Consistent and correct use of male (external) condoms reduces by 94% the sexual transmission of HIV and other STIs [7].
Provide oral pre-exposure prophylaxis free of charge, as an individual choice for HIV prevention.	For MSM with high-risk sexual behaviors	In Armenia PrEP is available only on a paid-for basis at the National Center for Infectious Diseases of the Ministry of Healthcare of Armenia. According to the WHO recommendations, PrEP is intended for persons that are at a higher risk of HIV infection, have had several sexual partners, non-monogamous relations, anal intercourse without a condom, have contracted a sexually transmitted infection in the past 6 months, are in a relation with a partner having an HIV positive status. WHO recommends the use of PrEP for all MSM [8].

[7] [Guidelines: prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach 2011. Geneva, World Health Organization, 2011 \(http://www.who.int/iris/bitstream/10665/44619/1/9789241501750_eng.pdf, accessed 25 February 2014\).](http://www.who.int/iris/bitstream/10665/44619/1/9789241501750_eng.pdf)

[8] <https://apps.who.int/iris/bitstream/handle/10665/279834/WHO-CDS-HIV-18.10-eng.pdf?ua=1>

HIV PREVENTION

INTERVENTION NAME	MSM SPECIFICITY	JUSTIFICATIONS
<p>Make PEP available for all MSM in case of probable exposure to HIV</p>	<p>For MSM exposed to the risk of HIV infection.</p>	<p>-In Armenia, PEP is available for MSM at the National Center for Infectious Diseases of the Ministry of Healthcare of Armenia free of charge, however, it is provided free of charge only through a quite complex process and based on criteria (for instance, presence and examination of a partner with HIV positive status is a mandatory condition, or the partner must have already been registered in the Centre) which frequently make the receipt of PEP impossible. Special mechanisms must be developed in order to ensure PEP provision during non-working days and emergency cases. Taking into account the fact that a person applies voluntarily to receive PEP, the process should be facilitated and PEP should be provided based on the verbal request of the person exposed to the risk of HIV infection.</p>

HIV PREVENTION

INTERVENTION NAME	MSM SPECIFICITY	JUSTIFICATIONS
<p>Raise awareness on voluntary medical male circumcision (VMMC) and make it accessible.</p>	<p>For MSM having heterosexual contacts</p>	<p>VMMC reduces by 60% the risk of transmission of HIV through sexual intercourse from a woman to a man [9]:</p> <p>VMMC is recommended by the WHO as an important additional strategy for men to prevent HIV transmission through heterosexual intercourse.</p>

[9] <https://ecom.ngo/resource/files/2021/05/implementing-comprehensive-hiv-and-sti-programmes-with-men-who-have-sex-with-men.pdf>

HIV TESTING AND COUNSELLING

INTERVENTION NAME	MSM SPECIFICITY	JUSTIFICATIONS
<p>Provide the opportunity of voluntary HIV testing and counselling</p>	<ul style="list-style-type: none"> • Community-based counselling • Possibility to get tested at least twice per year. 	<p>The UNAIDS has set an ambitious target, which aims to ensure that at least 95% of all people living with HIV know their status by 2030 [10]. -Testing is the only way to know the HIV status. In Armenia, all MSM have the opportunity to get tested by rapid HIV test using oral mucosal transudate (OMT) fluid. Voluntary HIV testing and counselling should be offered to the key populations, including MSM both at community-based and medical institutions.</p> <p>Community-based HIV testing and counselling for the key populations, including MSM, as well as other prevention, treatment, care services are recommended by the WHO [11].</p> <p>Moreover, voluntary testing and counselling should be provided to partners and couples together, encouraging mutual status disclosure [12]:</p>

[10] https://www.unaids.org/ru/resources/documents/2014/JC2686_WAD2014report

[11] Consolidated guidelines on general HIV care and the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach. Geneva, World Health Organization, 2013 and Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva, WHO, 2015 (http://www.who.int/iris/bitstream/10665/85321/1/9789241505727_eng.pdf, accessed 25 February 2014). and Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva, WHO, 2015. http://apps.who.int/iris/bitstream/10665/186275/1/9789241509565_eng.pdf?ua=1

[12] Guidance on couples HIV testing and counselling including antiretroviral therapy for treatment and prevention in serodiscordant couples: recommendations for a public health approach. Geneva, World Health Organization, 2012 (http://whqlibdoc.who.int/publications/2012/9789241501972_eng.pdf, accessed 27 February 2014).

HIV CARE AND TREATMET

INTERVENTION NAME	MSM SPECIFICITY	JUSTIFICATIONS
All MSM living with HIV should have access to ARV treatment the same way as the general population.	No specificity	ARV treatment should be accessible for all MSM, regardless of HIV clinical stage and CD4 count. There are no specific recommendations related to ARV treatment for MSM. Nevertheless, due to stigma, discrimination and marginalization, they tend to seek treatment at a later stage.

PREVENTION AND MANAGEMENT OF COINFECTIONS

INTERVENTION NAME	MSM SPECIFICITY	JUSTIFICATIONS
All MSM living with HIV should have access to TB prevention, screening and treatment services, the same way as the most-at-risk population or key population living with HIV.	No specificity	HIV is considered the most crucial risk factor for TB occurrence, at the same time TB is the leading cause of death among people with AIDS. TB services should be included in the comprehensive HIV prevention.

PREVENTION AND MANAGEMENT OF COINFECTIONS

INTERVENTION NAME	MSM SPECIFICITY	JUSTIFICATIONS
All MSM should have access to HBV and HCV prevention, screening and treatment.	No specificity	Inclusion of HIV pre-exposure prophylaxis in the National HIV Response Program may to some extent lead to the transmission of sexually transmitted infections, HBV and HCV; for that reason HBV and HCV screening and counselling, HBV vaccination, as well as, where necessary, re-referral and treatment are crucial.

PREVENTION AND MANAGEMENT OF COINFECTIONS

INTERVENTION NAME	MSM SPECIFICITY	JUSTIFICATIONS
Ensure regular screening and management of mental health problems (depression, psychological stress) among all MSM living with HIV in order to improve the process of treatment, as well as ART uptake.	MSM-specific counselling and access to medical therapy	It is necessary to include regular psychological consultations (especially on depression and stress) in the services linked

PREVENTION AND MANAGEMENT OF COINFECTIONS

INTERVENTION NAME	MSM SPECIFICITY	JUSTIFICATIONS
		<p>to HIV, as a result of which the MSM beneficiaries will, where necessary, be referred to the relevant medical institutions for specialized in-depth screening and treatment. It is necessary to develop questionnaires for screening depression and stress, which will help the psychologist in diagnosing the disorders. Based on the psychologist's conclusion and screening questionnaire, the treating physician can develop a treatment plan. Psychologists and psychiatrists working with MSM should undergo training and sensitization activities in order to master the peculiarities of the work carried out with MSM, competent discourse and sensitive work style, since persons under depression and stress are more sensitive and therefore additional stigma and discrimination may engender suicidal thoughts and acts.</p>

SEXUAL HEALTH

INTERVENTION NAME	MSM SPECIFICITY	JUSTIFICATIONS
Ensure accessibility of regular STI testing, diagnosis and treatment, as an integral part of comprehensive HIV prevention.	No specificity	Services linked to STIs should be included in the comprehensive HIV prevention.

CREATING AN ENABLING ENVIRONMENT

FORMULATION OF THE RECOMMENDATION	MSM SPECIFICITY
Laws, policies and practices should be revised through meaningful engagement of MSM, enabling the support to and promotion of healthcare services for MSM.	Completely MSM-specific.
Armenia should work to adopt, implement and enforce anti-discrimination and protection laws, stemming from international human rights standards and aimed at the reduction of stigma, discrimination and violence against MSM.	Completely MSM-specific.
Healthcare services should be available, accessible and acceptable for MSM.	Completely MSM-specific.
HIV prevention programs should include interventions (trainings, community-based monitoring, engagement in the decision-making processes etc.) that will empower MSM.	Completely MSM-specific.
Violence against MSM should be prevented and addressed through cooperation with NGOs working with MSM.	Completely MSM-specific.

Creating an enabling environment

Obstacles with regard to human rights and sexual orientation prevent Armenia from expanding the coverage of high-quality services linked to HIV. National planning and domestic strategies should include an assessment of legal obstacles hindering the services for MSM, as well as relevant interventions and measures to address those obstacles.

Armenia remains one of the countries that do not reject laws which are based on the punishment of a person's behavior. Thus, criminalisation of HIV transmission is one of the main obstacles to the accessibility of treatment and support, contributes to the increase in the number of HIV cases and deaths from AIDS, as well as constitutes a human rights violation.

Use of psychoactive substances still entails administrative and criminal liability in Armenia [13]. Punishment should be replaced with the development of harm reduction and drug policy, focused on public health and originating from fundamental human rights.

Laws which are based solely on punishment (HIV transmission, sex work etc.) harm the accessibility of healthcare services for MSM. Instead, it is necessary to undertake active steps aimed at adopting the Draft Law on "Ensuring equality before the law", where sexual orientation and gender identity must be ensured as protected grounds, as well as stigma and discrimination against a person based on any status thereof shall be condemned. All persons, including MSM living in the Republic of Armenia must have the right to be protected by law which will also contribute to the increase in the level of voluntary appealability and accessibility of services.

Provision of rights-based and sensitive services also signifies the empowerment of MSM, by ensuring their participation in the decision-making processes.

Hence, interventions aimed at HIV prevention must, at a structural level, include measures leading to the creation of an environment free from stigma, discrimination and violence where MSM will have the same opportunities as other people. According to the MSMIT, attention should be paid to the following interventions:

[13] Administrative liability is prescribed by Article 44. 2 of the Administrative Code of the Republic of Armenia, whereas criminal liability is prescribed by Articles 402, 403 of the Criminal Code of the Republic of Armenia for contributing, inducing to or involving others in the use of psychoactive drugs. In both the Administrative Code and Criminal Code of the Republic of Armenia liability is prescribed not only for the afore-mentioned acts, but also other acts linked thereto, for instance, circulation, sale etc.

Adoption of the Draft Law on “Ensuring equality before the law”, where sexual orientation and gender identity are included as protected grounds;

Decriminalisation and removal of the administrative liability for behaviors which are also common among MSM, including HIV transmission, use of psychoactive substances, and making a transition to a harm reduction model, adopting and implementing large-scale harm reduction programs, following international projects and practices;

Raising public awareness about sexuality aimed at developing a tolerant behavior;

Empowerment of MSM, enabling their engagement in the decision-making processes.

The attitude of healthcare workers providing HIV services is instrumental in smooth provision of HIV services, as well as reduction of stigma and discrimination. As a result of being subjected to discriminatory treatment, MSM avoid visiting the medical institutions. In Armenia, healthcare workers continue displaying disrespectful, discriminatory and inappropriate attitude towards MSM. Healthcare workers providing HIV services must participate in regular trainings and sensitization activities obtaining the relevant skills and knowledge aimed at providing services to MSM based on the right to health, personal privacy and non-discrimination principles. Healthcare workers providing services must understand how to appropriately treat MSM as beneficiaries, be sensitive, competent and interact properly with MSM. Healthcare workers must show encouraging behavior in order to make the beneficiaries feel safe, accepted and valued.

MONITORING AND ASSESSMENT

Sustainable and effective response to AIDS, tuberculosis and malaria requires engagement and contribution of multiple stakeholders in all stages of project development and implementation. Project implementation starts with planning. Sustainability planning must be carried out based on inclusiveness, through processes managed by the country including the Government, state bodies, civil society organizations, private sector, representatives of target and vulnerable groups and persons living with or affected by the mentioned diseases. The latter will introduce critical experience in the process, supporting the development and implementation of relevant and accessible projects for marginalized groups, including actions which are aimed at the reduction and elimination of obstacles pertaining to human rights and sexual orientation and gender issues, as well as monitoring and raising of the problems related to accessibility and quality of services.

UNAIDS ambitious targets (95-95-95), which are aimed to be achieved by 2030, further emphasize the importance of project monitoring and assessment. The most common and effective tool for assessing project effectiveness is HIV cascade. The continuum of HIV prevention to care cascade for MSM is a tool used for assessing the situation, planning, advocacy and monitoring which shows the ratio between individuals who need the services and those who are actually receiving the services. The Cascade is a tool which allows to measure the availability and accessibility of those services. The Cascade data are based on the results of the Integrated HIV Bio-behavioral Surveillance (IBBS). The target groups and NGOs working with them also attach importance to the lack of strategic information about the target groups in the state documents thereon, as well as to the issue of continuity of HIV-related studies and researches (HIV Bio-behavioral Surveillance, research on estimated number, needs assessment) after Global Fund's leaving. Assessment is an important process, leading to targeted projects and actions. MSM must be involved in all stages of the project development, implementation and assessment.

Consequently, it is necessary to ensure effective and meaningful engagement of MSM in all stages of HIV prevention process, develop and provide services relevant to their needs and priorities which will secure maximum community coverage of uptake of HIV services.



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