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Emerging Opportunities and Challenges for HIV Prevention, Treatment, and Care for MSM in the Former Soviet Union and other Post-Communist States in Eastern Europe

Yuri A. Amirkhanian

Center for AIDS Intervention Research (CAIR) Department of Psychiatry and Behavioral Medicine
Medical College of Wisconsin, 2071 North Summit Avenue Milwaukee, WI, 53202 USA

Interdisciplinary Center for AIDS Research and Training (!CART) Municipal Hospital for Infectious
Diseases named after S.P. Botkin 3/2 Mirgorodskaya Street, St. Petersburg, 191167 Russia,
Phone: 1 (414) 955-7781

Yuri A. Amirkhanian: yuri@mcw.edu

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Following the collapse of the Soviet Union and other communist regimes in Eastern Europe, political liberalization resulted in the emergence of free market economies, freedom of speech, travel opportunities, and the public appearance of previously hidden communities throughout the region, including most post-Soviet states. The political trends, however, were not uniform across countries, nor were the HIV epidemics that unfolded. Men who have sex with men (MSM) gained an opportunity to “come out of closet” and become more visible through meeting venues and community-based organizations (CBOs), participate in gay-oriented events, and enhance their presence in public spaces. However, effective and sustained HIV prevention programmes and services for MSM were absent in much of the region, while stigma and homophobia were widespread. In the past two decades, HIV rates significantly increased in the former Soviet Union and other parts of Eastern Europe, much later than in the West. (Countries included in this commentary are those categorized by ECDC/WHO as belonging to Central and Eastern Europe.[!])

HIV incidence among MSM in Eastern Europe was generally low until 2010.[1] However, an overall 57% increase in HIV incidence occurred in the region between just 2010 and 2015, with Russia accounting for over 80% of the region’s infections recorded in 2015 alone.[2] A large body of research indicates that high-risk sexual practices among MSM are common.[3] Large proportions of MSM in the region exchange sex for money or valuables and use alcohol and other substances.[4] Although overall HIV incidence rates vary across the region, there have been sharp increases in the number of MSM among recorded HIV cases diagnosed in many countries including Bulgaria, Czech Republic, Hungary, Poland,

Romania, Slovakia, and Slovenia as well as the post-Soviet republics of Belarus, Georgia, Azerbaijan, Kazakhstan, and Ukraine.[1] The lowest estimated HIV prevalence (1% or less) among MSM in the region has been reported from Azerbaijan, Belarus, Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, and the former Yugoslav Republic of Macedonia.[4] In contrast, HIV prevalence among MSM in Russia, Slovak Republic, Slovenia, Ukraine, and Uzbekistan exceeds 5%, and in Hungary is over 10%.[4] There have been varied estimates of HIV prevalence among MSM in Russia. Two surveillance studies among MSM in Moscow and St. Petersburg showed 6% HIV prevalence.[5,6] However, the true prevalence may be higher. A recent large, respondent-driven sample of over 1,300 MSM in Moscow showed biologically-identified HIV prevalence of up to 15.6% (with a population level estimate of 11.6%).[7] Remarkably, over three-quarters of HIV-positive participants were unaware of their serostatus prior to the study.

Some countries, particularly those outside of the former Soviet Union and the Baltic States, implemented timely and relatively effective steps to control the HIV epidemic by targeting public health policies, programmes, and community initiatives. In contrast, other-and primarily post-Soviet countries, implemented counterproductive steps including those that negatively affected lesbian, gay, bisexual, and transgender (LGBT) communities. For example, LGBT-related materials are banned from public spaces in Russia-including media or public demonstrations-with the argument that these materials are not suitable for minors. A similar media regulation also exists in Lithuania.[8] In Uzbekistan and Turkmenistan, homosexuality is criminalized and can result in imprisonment.

The region's recent history provides some insights into factors behind these regressive developments. During the communist era, MSM were socially marginalized and highly stigmatized in almost all countries of the region. There was little LGBT community self-identification, infrastructure, political representation, or social movement of the kind widely seen in the West. After the collapse of communist regimes, Eastern Europe saw tremendous political, economic, and social transformations. Many countries in the region have gradually moved toward democracy, liberalized their policies, and now have stronger MSM communities and political protections. However, other countries-primarily former Soviet republics-still maintain authoritarian regimes with a lack of independent media and repressive policies adversely affecting HIV prevention opportunities for MSM.

Apart from structural barriers, there are many social challenges to the effective implementation of HIV prevention measures for Eastern European MSM. In Russia, the country most affected by the HIV epidemic, a large number of incidents have been documented showing that disclosure of sexual orientation often results in loss of employment, being excluded from one's family, being publicly ostracized, and experiencing bullying and physical violence.[9] Stigma and discrimination are widespread, and negative attitudes towards LGBT persons among Russia's general population have dramatically increased.[10,11]

In the West, both HIV prevention and treatment programmes heavily rely on CBOs that work closely with treatment providers to quickly link infected individuals to care. Although some hard-to reach MSM are underserved by such programmes even in the West, their

overall service coverage is relatively high. In Eastern Europe, MSM-oriented organizations are often challenged to survive and remain functional. Insufficient funding and infrastructure, poor HIV surveillance, and the lack of an established repertoire of evidence-based interventions make it especially hard to target HIV prevention for MSM. In much of the region, the system of treatment providers seen as gay friendly is almost nonexistent. Few serve the specialized HIV prevention needs of MSM. Finally, programme coverage is challenged by the fact that many MSM in the region either remain “in the closet,” often do not self identify as gay, and fear to participate in gay-oriented public activities.

Eastern European HIV prevention organizations have typically sought funding from international sources. A 2004 study of the largest NGOs representing virtually all countries in this region found that over half of their budgets were from international donors including charitable foundations and foreign governments.[12] In Russia, a number of MSM-oriented and HIV prevention NGOs were recently included on governmental rosters as so-called “foreign agent” organizations because they are co-funded by international sources and considered to engage in “political activity,” a term not well defined but that de-facto includes conducting public lectures, distributing leaflets, or even carrying out HIV risk surveys.[13] Organizations are not only stigmatized due to this status but also subject to more frequent and intensively-scrutinized audits and reporting requirements. Such organizations have limited opportunities to participate in the policy making process. Some NGOs in the country opted to discontinue their activities.

There are significant challenges related to HIV care provision in much of Eastern Europe. Immediate antiretroviral therapy (ART) initiation upon HIV diagnosis, as now recommended by the World Health Organization,[14] produces health benefits for HIV-positive persons and prevents further HIV transmission due to viral suppression.[15] However, ART is still normally prescribed in countries in the region only when one’s CD4+ count drops below 350 (or 500 in some instances) or in the presence of opportunistic illness. As a result, the potential effectiveness of linkage to care programmes is limited. Delays in ART initiation undermine the benefit of the “treatment as prevention” strategies, including for MSM, further limiting a potential opportunity to curb the epidemic and eventually to reduce treatment expenditure costs. Finally, contemporary chemoprophylaxis strategies such as pre exposure prophylaxis (PrEP) are not available in much of the region and are not being considered as an HIV prevention strategy for MSM.

A number of public health-related steps need to be undertaken including improving HIV surveillance; increasing funding to improve capacity for universal ART provision; adopting treatment as-prevention strategies so that all newly identified HIV-positive persons are immediately linked to treatment and receive ART; implementing programmes to encourage regular HIV testing; implementing PrEP among high-risk but uninfected **MSM**; and minimizing bureaucratic barriers to HIV care and treatment. These steps should be implemented in an evidence-based and human rights-affirming way.

Lessons learned by MSM communities in the world may be also applicable to MSM in Eastern Europe. Community awareness campaigns, peer-delivered and outreach-based programmes, and the provision of affordable condoms are limited in their scope and

availability in Eastern Europe. Even more important is supporting grassroots initiatives and existing community organizations. The implementation of HIV prevention programmes should go hand-in-hand with MSM community infrastructure development and address the many social, legal, and funding obstacles as well. In addition, community self-mobilization itself may be key to preventing HIV in the community.

Unique opportunities exist to deliver personalized messages and increase the coverage of HIV prevention programmes in Eastern Europe. When major media sources are controlled by the state, trusted information may still be disseminated within social networks. Recent trials conducted in Eastern Europe have shown that social network interventions are both efficacious and feasible for reducing HIV behavioural risks among MSM.[6,16] In addition, communication technologies such as online boards, forums, or specialized MSM applications may be utilized for HIV prevention purposes.

MSM have been underserved in HIV prevention efforts in most of Eastern Europe. The opportunities for HIV prevention among MSM require both strong political will as well as community mobilization to meet the challenges posed by this still deadly epidemic.

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