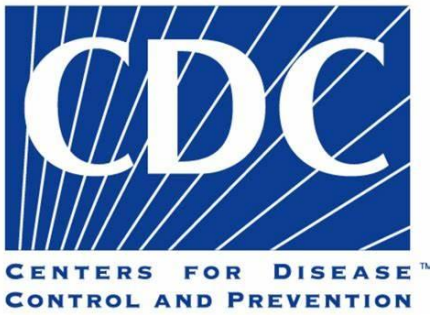
Republican AIDS Center of the Ministry of Health and Social protection of the Population of Tajikistan



BIO-BEHAVIOR SURVEY AMONG MEN WHO HAVE SEX WITH MEN IN TAJIKISTAN

2022

BACKGROUND:

- **There are an estimated 13,400 men who have sex with men (MSM) population in Tajikistan.[1]**
- **MSM bio-behavior survey (BBS) 2017 identified the following prevalence of HIV, HCV, and syphilis among MSM population in BBS locations:[2]**
  - ✓ **Dushanbe: HIV - 3.1%; HCV - 5%; syphilis - 5%**
  - ✓ **Bokhtar: HIV - 2.7%; HCV - 1%; syphilis - 7%**
  - ✓ **Khudjand: HIV – 0.8%; HCV – 8.5%; syphilis - 9.2%.**
- **HIV prevention interventions are carried out in the country, which reached 58% (7,700) of an estimated country MSM population with the minimum package of services, including testing for sexually transmitted infections and provision condoms and/or counseling on correct condom use and safe sex in 2021.[3]**
- **Over the past 10 years, the predominant mode of HIV transmission reportedly shifted from injection drug use to sexual transmission. In 2021, sexual HIV transmission increased to 83.7% of all newly diagnosed PLHIV from almost 43.7% in 2011.[4] A considerable part of this transmissions could occur in MSM community but not reported as such given the high stigma towards MSM. HIV transmission among MSM (2% of newly diagnosed people living with HIV [PLHIV] in 2021)[4] is most likely underestimated.**
- **In line with UNAIDS and WHO recommendations, information on the burden of HIV, behavioral risks, access to HIV related services, and knowledge about HIV among key population groups, including MSM needs to be updated every 3-5 years to assess progress towards achievement UNAIDS 95-95-95[5] global targets for epidemic control and to inform program design and implementation.**

PURPOSE:

To assess the burden of HIV infection, risk behaviors, and access to services e. g. 95-95-95 among MSM in selected three locations of Tajikistan, including Dushanbe, Bokhtar, and Khudjand.

METHODS:

Respondent-driven sampling (RDS) was used to recruit MSM aged 18+ years in three cities in Tajikistan.

Interviewers collected information on demographics, risk behaviors, and access to HIV as well as other sexually transmitted infections (STIs) and Hepatitis C (HCV) prevention, testing, and treatment services. Blood samples were tested at survey sites using rapid

[1] MSM population size estimation in Tajikistan, Maksym Kasyanchuk, Dushanbe, 2015.

[2] Аналитический отчёт о результатах дозорного эпиднадзора второго поколения «Мужчины, имеющие секс с мужчинами в Республике Таджикистан», Душанбе 2017.

[3] Progress update & disbursement request to GF, HIV/TB project of UNDP Tajikistan, Feb 2022.

[4] Republican AIDS center statistics as of Dec 31, 2022.

[5] UNAIDS targets: 95% of PLHIV are aware of HIV status, among those aware, 95% receiving ART, and among those on ART, 95% have HIV viral suppression.

tests for HIV, HCV, syphilis, and HIV recent infection (if respondent tested positive for HIV). All respondents with reactive HIV and/or HCV antibody rapid test results were escorted to the respective AIDS center for HIV viral load (VL) and HCV RNA testing on either Qiagen or GeneXpert platform.

Weighted population estimates were generated using the 'Giles SS' estimator in RDS-Analyst software.

RESULTS:

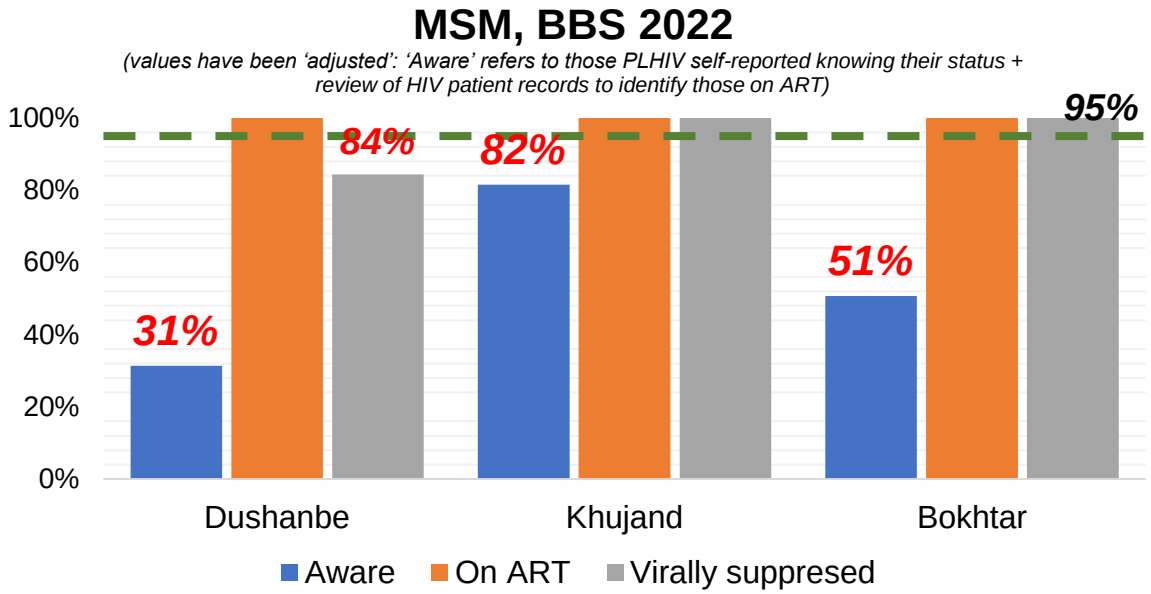
Table 1. Demographic, HIV, HCV, and syphilis serological prevalence, behavioral practices, access to HIV prevention and testing services, and stigma towards MSM population data in three cities of Tajikistan, BBS 2022

Features ***(estimated in % [95CI])***	***Dushanbe N = 536***	***Khudjand N = 250***	***Bokhtar N = 250***
Age, years Mean (standard deviation)	**32.4** *(11.1)*	**39.9** *(11.0)*	**31.5** *(9.5)*
Total male adult (15+) population*	**432,100**	**65,417**	**38,268**
BIOLOGICAL MARKERS			
HIV prevalence (%)	**2.8** *(1.3–4.4)*	**4.3** *(1.2–7.5)*	**5.0** *(2.8–7.3)*
HIV prevalence among those who ever exchanged sex for money, goods, or services (%)	**21.1**	**0.0**	**6.5**
HIV prevalence among those who ever injected drugs (%)	**0.0**	**0.0**	**44.9**
Syphilis prevalence (%)	**7.2** *(4.9–9.5)*	**15.1** *(10.4–19.7)*	**15.0** *(11.3–18.6)*
HCV prevalence (anti-HCV) (%)	**2.0** *(0.9–3.1)*	**3.3** *(1.5–5.1)*	**8.2** *(5.2–11.3)*
RNA HCV among anti-HCV positive (%)	**71.3** *(70.6–70.6)*	**82.4** *(62.9–100)*	**70.3** *(70.1–70.1)*
RNA HCV among all respondents (%)	**1.4** *(0.4–2.4)*	**2.7** *(1.1–4.4)*	**5.8** *(3.3–8.3)*
RISK BEHAVIORS			
Condom use at last anal sex with *regular partner* (%)	**47.9** *(43.4–52.6)*	**75.6** *(70.1–81.0)*	**96.3** *(94.2–98.3)*
Condom use at last anal sex with *non-regular partner* (%)	**46.2** *(41.5–51.0)*	**77.8** *(71.0–84.2)*	**91.0** *(87.2–94.9)*
Condom use at last anal sex with *commercial partner* ***(when buying sex)*** **(%)**	**52.1** *(29.1–75.5)*	**63.0** *(39.2–86.2)*	**66.3** *(58.8–73.8)*
Condom use at last anal sex with *commercial partner* ***(when selling sex)*** **(%)**	**36.6** *(21.5–51.3)*	**82.6** *(60.8–100)*	**83.8** *(78.5–89.4)*
Ever exchanged sex for money, goods, or services (%)	**6.7** *(4.7–8.7)*	**22.1** *(17.0–27.2)*	**29.7** *(24.2–35.2)*
Ever injected drugs (%)	**0.6** *(0.03–1.2)*	**2.1** *(0.6–3.6)*	**2.2** *(0.6–3.8)*

SERVICES ACCESS/UPTAKE			
Received HIV prevention services (%)**	**26.0** *(21.4–30.6)*	**16.2** *(11.3–21.0)*	**89.6** *(85.8–93.3)*
Received HIV test ever (%)	**61.7** *(56.8–66.6)*	**76.3** *(70.8–81.7)*	**88.6** *(84.6–92.4)*
Received HIV test in the last 12 months (out of all) (%)	**38.4** *(33.7–43.2)*	**50.8** *(44.2–57.4)*	**82.0** *(77.4–86.6)*
PrEP awareness (%)	**22.0** *(18.2–25.7)*	**43.1** *(37.3–48.9)*	**18.8** *(14.2–23.4)*
Received PrEP out of those aware (%)	**23.6** *(14.1–32.7)*	**11.8** *(5.2–18.4)*	**31.1** *(0.0–69.4)*
Received PrEP out of all respondents (%)	**5.2** *(3.1–7.2)*	**5.1** *(2.6–7.6)*	**5.8** *(3.1–8.6)*
STIGMA			
Ever avoided seeking health care services as was worried someone may learn he has sex with men (%)	**10.3** *(7.7–12.9)*	**36.7** *(30.7–42.7)*	**50.9** *(45.8–56.0)*
Ever felt needed to hide that he has sex with men when sought health care (%)	**11.2** *(8.4–14.0)*	**50.2** *(44.3–56.1)*	**47.2** *(41.3–53.1)*
Ever has been treated unfairly or denied health care because of having sex with men (%)	**11.3** *(8.5–14.1)*	**35.0** *(29.5–40.5)*	**45.5** *(40.2–50.8)*

**Population size of the Republic of Tajikistan as of January 1, 2022 (stat.tj)*
***Respondent was counted as covered by HIV prevention interventions if he reported being tested for sexually transmitted infections and receiving at least one other intervention, including condoms and lubricants and/or counseling on condom use and safe sex in the past three months*

Figure 1. HIV service cascade (95-95-95) in percentage among MSM in BBS locations in Tajikistan, BBS 2022[6]



[6] These values have been 'adjusted': 'Aware' refers to those PLHIV self-reported knowing their status + review of HIV patient records to identify those on ART.

Table 2.

HIV services cascade (95-95-95) with 95% CI among MSM in BBS locations in Tajikistan, BBS 2022[6]

Location	Estimate for 1st 95			Estimate for 2nd 95			Estimate for 3rd 95		
	(%)	95% CI		(%)	95% CI		(%)	95% CI	
Dushanbe	31.4	0.0	100.0	100.0			84.4	64.3	100.0
Khudjand	81.5	54.3	100.0	100.0			100.0		
Bokhtar	50.7	21.3	78.9	100.0			100.0		

CONCLUSION:

- Majority of identified PLHIV that knew their status did not want to disclose it, potentially due to stigma. An estimated 10.3%-50.9% MSM population ever avoided seeking health care services as they were worried that someone could learn they had sex with men. An estimated 11.3%-45.5% of MSM population were being treated unfairly or denied health care services because of homophobia.
- HIV prevalence among MSM population range from 2.8 to 5.0% across BBS locations, which is relatively high comparing to the general population (0.2%)[7] with indication of increase in Khudjand and Bokhtar compared to the results of the 2017 MSM BBS.[2]
- There has been a considerable increase in prevalence of antibodies to syphilis in all three BBS locations compared to the MSM BBS 2017 data (in Dushanbe from 5% to 7.2%, in Bokhtar from 7% to 15%, and in Khujand from 9.2% to 15%) which may serve as a marker of increase in high-risk sexual behavior among MSM.
- Despite the relatively high coverage of HIV testing in Khudjand, only a half of interviewed MSM/PLHIV (51%) were aware of their HIV status.
- ART coverage among those PLHIV that knew their status in all three BBS locations was estimated to be high. Viral suppression among this group was sub-optimal (84%) in Dushanbe and exceeded 95% target in other two locations.
- The low rate of condom-use at last anal sex with commercial partners by location (52% - 66% when respondents buy sex services; 36.6% - 83.8% when respondents sell sex), the high prevalence of syphilis antibodies (7% - 15%), lack of PrEP awareness (18.8% - 43%) and uptake (11.8% - 31% among those aware of PrEP) suggest a high level of risk of HIV and STI transmission within MSM community as well as limited awareness or accessibility to key prevention services.
- There are two problems related to PrEP, including low awareness (18.8-43.1%) and low uptake even among those who are aware (11.8-31.1% across BBS sites).

[7] AIDSinfo | UNAIDS

RECOMENDATIONS:

1

These findings indicate an increased risk for HIV and STIs among MSM in Tajikistan and support the evidence for expanding the availability of patient-centered HIV testing, prevention, and treatment programs for this population.

2

Locally appropriate and innovative HIV testing programs should be scaled up for HIV screening. early initiation of treatment, care, and support for MSM/PLHIV. These may include: HIV self-testing, community-based testing, and network-based testing approaches.

3

PrEP expansion including community-based PrEP, as a key HIV prevention measures among MSM should be considered.

4

Expand access to STI treatment, promote condom use, and PrEP uptake as these interventions will likely reduce the risk of HIV transmission in the MSM community and potentially in the general population. Demand creation for PrEP among groups most at risk of HIV is an important next step to rollout this evidence-based and effective prevention intervention. Tajikistan should consider development of PrEP communication strategy which would outline how to increase demand for PrEP among groups most at risk of HIV, including MSM.

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Appendix: Information for UNDP (HIV Grant) annual reporting

Impact Indicators	Category	Result			Comments on results on indicators and data sources, and any other comments***
		N#*	D#*	%**	
HIV I-9a(M) Percentage of MSM who are living with HIV	All	38	1,036	**4,3**	This proportion represents the median of the RDS adjusted MSM population level estimates across three survey sites.
HIV O-4a(M) Percentage of MSM reporting the use of a condom the last time they had anal sex with a non-regular partner	All	504	764	**78,6**	This proportion represents the median of the RDS adjusted MSM population level estimates across three survey sites.
HIV I-9a(M) Percentage of MSM who are living with HIV	<25	2	244	**0,0**	This proportion represents the median of the RDS adjusted MSM population level estimates across three survey sites.
HIV I-9a(M) Percentage of MSM who are living with HIV	25+	36	792	**3,6**	This proportion represents the median of the RDS adjusted MSM population level estimates across three survey sites.
HIV O-4a(M) Percentage of MSM reporting the use of a condom the last time they had anal sex with a non regular partner	<25	114	184	**78,3**	This proportion represents the median of the RDS adjusted MSM population level estimates across three survey sites.
HIV O-4a(M) Percentage of MSM reporting the use of a condom the last time they had anal sex with a non regular partner	25+	390	580	**82,7**	This proportion represents the median of the RDS adjusted MSM population level estimates across three survey sites.

**N# and D# represent that actual survey recruitment sizes for the respective populations.*
***Confidence bounds are available upon request.*
****Protocol and datasets are available upon request.*