Combination HIV prevention among transgender individuals for three countries of the South Caucasus

(Armenia, Azerbaijan, Georgia)

2013

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Content:

Introduction

The present document has been elaborated under the project "Access to HIV-related services for transgender individuals in the South Caucasus", funded by amfAR (American Foundation for AIDS Research) and implemented by non-governmental organizations "Center for Information and Counseling on Reproductive Health – Tanadgoma" (Georgia), "We for Civil Equality" (Armenia) and "Gender and Development" (Azerbaijan).

The **goal** of this project was to facilitate access of transgender individuals to quality HIV prevention, treatment and care services in three countries of the South Caucasus.

The basis for this project was laid during the recent years through regional and South Caucasus conferences on HIV among MSM and Transgender. In 2010, in Kiev Ukraine, a Regional Consultation on HIV epidemic in MSM and transgender people in Eastern Europe and Central Asia *"A Hidden Epidemic: HIV, men who have sex with men and transgender people in Eastern Europe and Central Asia"* was conducted. The overall goal of the initiative was to promote an enabling environment for the realization of the "UNAIDS Action Framework for Men who have Sex with Men (MSM) and Transgender People (TG)" in the Eastern Europe and Central Asia region. As a result of the consultation, the participants elaborated Recommendations for development of HIV/AIDS prevention programs among MSM and LGBT in countries of Eastern Europe and Central Asia.

Following the regional consultation, in October 2011, under the amfAR supported project, the First South Caucasus Conference on HIV among MSM and Transgender has been carried out. The final report and recommendations elaborated during this conference highlight lack of information and data on transgender. Among the recommendations' list of the South Caucasus conference the following were targeting specifically transgender topic:

- Plan and conduct qualitative research for identifying needs of transgender individuals in HIV prevention, treatment and care;
- Based on the best international and regional practices, elaboration of practical guidelines for HIV prevention among MSM and Transgender people on the level of sub-region of the South Caucasus, including specialized documentation, strategies of prevention programs and resource mobilization.

Following the agenda proposed by the South Caucasus Conference recommendations, the amfAR funded project "Access to HIV-related services for transgender individuals in the South Caucasus" had two objectives targeting collection of the evidence on transgender needs and elaboration of the combination HIV prevention document. Namely, the objectives were formulated as follows:

1. Identify needs of transgender individuals regarding HIV-related services, barriers to access these services and ways to overcome these barriers;

2. Elaborate of HIV combination prevention document among transgender individuals for advocacy on the regional and country levels.

The research has been conducted (see below section “Research “Identifying needs for and accessibility of HIV-related services for Transgenders in the South Caucasus” - findings and recommendations in the three countries”), findings and recommendations were elaborated and presented in a separate report. The findings are used a basis for the combination prevention document.

The present document describes combination HIV prevention strategies to be used among transgenders in the sub-region of the South Caucasus, taking into consideration some country specifics identified trough the research. This document targets communities, service providers as well as policy makers in each of the three South Caucasian countries and can be used for advocacy purposes for including transgender people in the broad national HIV/AIDS action plans, as well as for guidance when planning HIV prevention programs among transgenders. Having highlighted this issue, access to healthcare HIV-related services will be facilitated for transgender individuals.

Populations under greater risk worldwide – MSM and Transgender

There is extremely limited information on transgender individuals in the both EECA region and in the three countries of the South Caucasus. However, during the recent five years several important documents were published, underlining that Men having Sex with Men and transgender people (TG) are key vulnerable groups in the context of concentrated HIV epidemics in Eastern Europe and Central Asia.

Unfortunately there is almost no data to fully identify the role of the transgender population in the HIV epidemic. Studies by major international, as well as national organizations have been mostly focusing on MSM, leaving transgender issue practically blank.

There are different reasons for such gap in the information on transgender individuals. Majority of HIV prevention programs, both state as well as donor-supported, in the countries of EECA, and in the South Caucasus, do not include transgender people as target group. This is due to extremely high stigmatization of transgender, which forces them to be the most hidden population.

As mentioned in the "UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People", people with marginalized sexual or gender identities or behaviours sometimes lack the ability or desire to protect themselves from infection, due to structural factors including self-stigmatization, discrimination and lack of access to information and services[1].

In certain studies across the EECA region, HIV prevalence among men who have sex with men has been identified as quite high, sometimes reaching the level of concentrated epidemic: Ukraine – 12.7% (2011)[2]; Moldova - 1,7% (2012)[3]; Russian Federation - 5.2%-14.8% (2011)[4]; Belarus - 2,8% (2011)[5]; Azerbaijan - 2% (2011)[6]; Armenia 2.3% (2011)[7], Georgia 13% (2012)[8].

Among transgender people, HIV prevalence is thought to be even higher worldwide. Data presented at the 2008 International AIDS Conference in Mexico showed HIV prevalences of over 25% among transgender people in three Latin American countries and prevalences ranging from 10% to 42% in five Asian countries.[9]

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[1] UNAIDS Action Framework: Universal Access for Men who Have Sex with Men and Transgender People. Joint United Nations Programme on HIV/AIDS (UNAIDS) 2009.
http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2009/jc1720_action_framework_msm_en.pdf

[2] International HIV/AIDS Alliance in Ukraine. Unpublished.

[3] http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_MD_Narrative_Report[1].pdf

[4] http://www.medportaldv.ru/?s=9

[5] http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_BY_Narrative_Report%5B1%5D.pdf

[6] http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_AZ_Narrative_Report[1].pdf

[7] http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_AM_Narrative_Report.pdf

[8] HIV risk and prevention behaviour among Men who have Sex with Men in Tbilisi, Georgia. Bio-behavioral surveillance survey in 2012. Study report., Curatio International Foundation, Association "Tanadgoma". http://new.tanadgomaweb.ge/upfiles/dfltcontent/3/123.pdf

[9] Data presented by the International HIV/AIDS Alliance at "The hidden HIV epidemic: a new response to the HIV crisis among transgender people" press conference, 4 August 2008, Mexico City, Mexico.

Reviewing the data and plans regarding HIV among transgenders in the South Caucasus countries the following should be mentioned: Armenian National AIDS program and Operational Plan for 2013-2016 mentions MSM as one of the key affected populations and implies conducting different activities for HIV prevention among this group. The same can be said about national strategic plans of Azerbaijan and Georgia, namely National Strategic Plan on HIV/AIDS of Azerbaijan, Georgia National HIV/AIDS Strategic Plan for 2011-2016 and implementation plan for 2011-2013.

There is a clear gap in data on transgender, which has been identified during the Regional Consultation on HIV epidemic in MSM and transgender people in Eastern Europe and Central Asia and reflected in the report "A Hidden Epidemic: HIV, men who have sex with men and transgender people in Eastern Europe and Central Asia"[10].

[10] *www.euro.who.int/__data/assets/pdf_file/0010/.../e94967.pdf*

Why Combination HIV Prevention for transgender group – risk and vulnerability factors, political and prevention capacity barriers

When planning combination prevention it is of utmost importance to identify hindering factors and barriers that prevent successful HIV prevention.

Vulnerability to HIV among transgender people in the South Caucasus is increased due several factors. One of them is transgender **involvement in sex work and/or drug injecting behavior**. According to the community organizations working in Armenia and Azerbaijan, and proved by the research conducted in the frames of the amfAR supported project, almost all transgender individuals – their clients – are currently involved in commercial sex.

Another issue contributing to high exposure to HIV is **migration**, which has been evolving in the South Caucasus. As noted by participants of the First South Caucasus Conference on HIV among MSM and Transgender, transgender sex workers have been reporting going abroad (e.g. from Azerbaijan to Georgia) for commercial sex reasons.

Visibility of this group in the context of HIV epidemic in the South Caucasus has been extremely low, as they do not show up in the HIV prevention, treatment and care services. According to the Georgian AIDS Center, there has never been any transgender registered among all HIV cases. Although being widely acknowledged that transgender individuals are extremely vulnerable to HIV, and despite existence of the low threshold HIV prevention programs in all three countries of the region, transgender access to these services seems to be limited. It is clear that high **stigma, transphobia and fear of stigmatization** prevent transgenders from referring to the HIV-related services.

The fact that transgenders, although being under the highest risk of HIV, are omitted in the National HIV/AIDS plans, demonstrates ignorance of this group from the national authorities and **lack of political** will to cover transgender group.

The need for effective prevention methods targeting transgender people is critical, especially within such populations as transgender women who have sex with men[11]. Furthermore, utilizing approach recently known as HIV combination prevention, would be the most appropriate way to address the HIV issue among transgender, since this approach implies comprehensive package of services, such as community-based outreach; distribution of condoms and condom-compatible lubricants; HIV counseling and testing; Active linkage to health care and antiretroviral treatment (ART); Targeted information, education and communication (IEC); and Sexually transmitted infection (STI) prevention, screening and treatment. At the same time, HIV combination prevention takes into consideration social, cultural, political, legal, economic and physical environment factors, which influence successful implementation of HIV programs.

[11] iPrEx Fact Sheet: The Epidemic in Men Who Have Sex with Men (MSM), www.fenwayhealth.org/site/.../iPrEx_Fact_Sheet_MSM_Final_PE.pdf

Combination prevention is defined as combining quality biomedical, behavioral and structural interventions to craft a comprehensive prevention response, to target subpopulations with mutually-reinforcing interventions[12].

Biomedical interventions are related to a particular tool, commodity or mechanism of HIV prevention.
Behavioural interventions relate to approaches which alter individual conduct in order to lower the risk of exposure to HIV.
Structural interventions act on social, economic, political, environmental, social, cultural, organisational, community, legal, or policy factors.

The UNAIDS Prevention Reference Group agreed in December, 2009 that combination prevention programmes are:
*"... **rights-based, evidence-informed**, and **community-owned** programmes that use a mix of **biomedical, behavioural, and structural interventions**, prioritized to meet the **current HIV prevention needs of particular individuals and communities**, so as to have the greatest **sustained impact on reducing new infections**. Well-designed combination prevention programmes **are carefully tailored to national and local needs and conditions**; focus **resources on the mix of programmatic and policy actions** required to address **both immediate risks and underlying vulnerability**; and they are thoughtfully planned and managed to operate **synergistically and consistently on multiple levels (e.g.individual, relationship, community, society)** and over an adequate period of time. They **mobilize community, private sector, government and global resources in a collective** undertaking; require and benefit from **enhanced partnership and coordination**; and they incorporate **mechanisms for learning, capacity building and flexibility to permit continual improvement and adaptation** to the changing environment.."*[13]

Key features of Combination Prevention Programs outlined by UNAIDS highlight that they are:

1. Customised/tailored to national, provincial and local community needs and vulnerability to HIV
2. Targeted based on current and new trends of HIV-transmission, population or group psychosocial and socioeconomic vulnerabilities to HIV-infection and transmission, and the context that shape their risk and vulnerability
3. Use a strategic mix of structural as well as biomedical and behavioral approaches.
4. Through structural interventions they create a more enabling environment for prevention action.
5. Implement within an on-going assessment-planning cycle to upscale current responses (reach and scope)

[12] Technical Guidance on Combination HIV Prevention, The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), http://www.pepfar.gov/documents/organization/164010.pdf
[13] Combination HIV Prevention: Tailoring and Coordinating Biomedical, Behavioural and Structural Strategies to Reduce New HIV Infections 10 A UNAIDS Discussion Paper; http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20111110_JC2007_Combination_Prevention_paper_en.pdf

6. Address social behaviour change (micro), social mobilisation (meso) and social change (macro) to ensure multiple levels that reinforce or challenge risk behaviour and maintain prevention behaviour.
7. Prioritize investments and responses strategically in consultation and full engagement with affected communities, key stakeholders, the private sector, government and internationally to achieve needed participation, coverage and continuity.
8. Mobilise strategic capacity building and resources allocation through collaborations and partnerships.
9. Promote benefits and choices of prevention strategies at a personal, inter- and intra-personal, household, community, workplace and societal level.
10. Target primary prevention at household and community levels.
11. Facilitate economic and social mechanisms which will be flexible to accommodate alignment, review and redirecting HIV-prevention strategies and programmes to enable appropriate and applicable responses to the needs of communities and sectors.
12. Establish integrated monitoring and evaluation mechanisms to track, report and consolidate combined HIV-prevention interventions and programmes.

No single HIV prevention strategy will be sufficient to control the HIV epidemic. However, there is evidence that some interventions promise to partially prevent and protect from HIV. An optimal package of such interventions might include knowledge of HIV serostatus, behavioral risk reduction, condoms, needle exchange, treatment of STIs, linkage to treatment and care and use of antiretroviral medications by both HIV-infected and uninfected persons. Combination HIV prevention needs to answer epidemiological profile of the target population and be specifically tailored to the needs, since not all methods are universally effective. If planned, implemented and followed up properly, this approach promises to maximize population-level effects.

Evidence - Research findings and recommendations in the three countries

Research "Identifying needs for and accessibility of HIV-related services for Transgenders in the South Caucasus" has been conducted with the aim of estimating needs of transgender individuals in HIV prevention, treatment and care, identifying the barriers while using these services and the ways of overcoming these obstacles.

Target groups were available transgender individuals (in 3 cities) - MtF (A male to female trans person – person whose biological sex was male at birth, but now he identifies himself as a woman).

Geographical area of the research was identified as three capitals of the South Caucasian countries: Tbilisi (Georgia), Baku (Azerbaijan), Yerevan (Armenia).

Methodology of the qualitative research implied using a special questionnaire for collecting the necessary information from beneficiaries. Questionnaire, as well as the survey protocol, was approved by National Council on Bioethics. The survey has been conducted with full protection of anonymity and confidentiality. In total 30 interviews have been conducted in Tbilisi, Yerevan and Baku (Georgia, Armenia, Azerbaijan).

For selection of the respondents non-probability convenience sampling method was used. Participation in the research was offered to the persons who belong to transgender group and are accessible for the research staff.

The size of survey population according to geographical area was the following: Georgia – 6 respondents, Armenia - 10, and Azerbaijan - 14. The number of the respondents in Georgia, Armenia and Azerbaijan was defined according to the proportion of transgender individuals available and accessible for the implementing organizations - "Tanadgoma", "We for Civil Equality" and "Gender and Development".

Below are presented the main findings of the research, and, based on these findings, the needs of transgenders revealed:

- **Gender identity and sexual orientation:** The majority of the respondents in all three countries does not know the definitions of terms "gender identity" and "sexual orientation" and cannot identify themselves by these terms.
  <u>There is a need to provide basic education and information on topics of sexuality and gender to transgenders in all three countries.</u>

- **Sex reassignment surgery and its steps:** The majority of the respondents in Armenia and Georgia wish to undergo sex reassignment surgery. However, in Azerbaijan majority of the respondents do not wish to change their biological sex because there is a great demand on

transgender commercial sex workers and they do not want to lose their income. The respondents in all countries have incorrect information about sex reassignement, its steps and possible complications after the surgery.

There is a need to provide basic education and information on sex reassignment, its possibilities in our region, its steps and possible complications.

- **Attitudes and knowledge on HIV/AIDS:** The majority of the respondents have heard about HIV/AIDS but the majority of them cannot give the proper definitions of the terms HIV and AIDS. The respondents cannot distinguish HIV and HIV infection from each other. Most of the respondents are aware of HIV transmission and prevention. It is important to mention that the Georgian respondents are better aware of their risks of being infected compared to the respondents from Armenia and Azerbaijan. This difference is caused by the fact that Georgian respondents have gone through various trainings on HIV/AIDS and STIs while only small part of the respondents in other two countries have the same opportunity. The respondents have very superficial knowledge on STIs, most of them have heard only about syphilis. The respondents do not discuss STIs with their partners, however, HIV is still discussed, but rarely. Attitude of the respondents towards people living with HIV is positive in Georgia and Azerbaijan. On the contrary, in Armenia there is high stigma towards HIV positive persons.

  There is a need to provide information and education on HIV/AIDS and STIs. There is a need to reduce negative attitudes towards PLHIV in Armenia.

- **HIV testing:** Almost all respondents in 3 countries have done testing on HIV. The majority of them is happy with testing procedure and highlights the fact of establishing the trust between LGBT community members and professionals working at these facilities. Few respondents are discontent with testing procedure in Azerbaijan because they were mocked due of their “feminine” behavior and way of dressing. The most disappointment with testing procedure was revealed in Armenia. The reason for this discontent is that the testing is available only at the AIDS center and some of the specialist working there are not friendly to LGBT persons.

  There is a need to address discrimination of transgenders at the HIV-related services in Azerbaijan. The issue of expanding accessible testing services has to be addressed in Armenia.

- **HIV related risk behavior**: All the respondents in 3 countries are sexually active and practice both penetrative and non penetrative sex. The majority of the respondents have sex with only men, part of the respondents – with both men and women. The majority of the respondents have multiple sexual partners, especially those involved in commercial sex. Along with commercial partners the respondents have permanent partners as well. The

difference among the countries was revealed in terms of condom use. In Azerbaijan and especially in Armenia condom use rate in general is higher than in Georgia. Unprotected sex is more spread among commercial sex workers and this is the common for all 3 countries. The main reason for this risky behavior is the fear to lose commercial client and therefore the money.

Involvement in commercial sex is widespread and is a reason for unprotected sex. This, as well as low condom use rates in Georgia need to be addressed.

- **Drug and alcohol use:** Respondents do not report using injecting drugs. In Georgia respondents consume less alcohol than in Azerbaijan and Armenia. There are cases of having sex under alcohol though the respondents claim that in most cases they manage to use condoms. Along with that there are still cases of unprotected sex under alcohol condition.

  Alcohol use and following unprotected use needs to be addressed, especially in Azerbaijan and Armenia.

- **Needs and demand for HIV related prevention programs:** All respondents from three Caucasian countries have possibility to receive different preventive HIV related services such as condoms, trainings, VCT, free HIV testing, IEC materials, consultations. All these services mostly are available in capitals and big cities. The respondents are satisfied with services they receive. They highlight the opportunity to get free condoms, lubes and free testing as most of transgenders are short of money.

  As regards to the IEC materials, only in Georgia the respondents think that there is no need to design materials especially for transgender individuals while in Azerbaijan and Armenia most of the respondents express the wish to have IEC materials and trainings specifically targeting transgenders. All respondents from 3 countries believe it is crucial to establish or strengthen the transgender community organizations or organizations working on transgender issues separately from other LGBT organizations. According to the respondents state should be actively involved in protection of transgender rights and should also finance some medical services for transgender people as well. The most of respondents agree that it is very important to conduct trainings and educational meetings on transgender issues among youth and health professionals in order to increase knowledge and tackle existing stigma towards transgenders. It should be mentioned that in Armenia there is high internal stigma towards HIV positive persons inside the transgender community itself.

  Access to services is satisfying, however, there is a need to design transgender-specific informational materials as well as training in Azerbaijan and Armenia. Strong need for transgender community strengthening has been revealed in all three of the countries. Besides, high importance is attached to awareness raising of youth and health professionals on transgender issues. High internal stigma towards HIV positive persons inside the transgender community in Armenia has to be addressed.

- **Attitudes towards transgender and the barriers in terms of receiving HIV related prevention services:** In all countries (Georgia, Armenia and Azerbaijan) transphobia is a serious problem in society. Transgender individuals face negative attitudes and humiliation everywhere - in society, family, medical facilities, penitentiary system. Some of transgender individuals become the victims of physical violence as well. To minimize the effects of these negative attitudes, transgenders try to play some roles accepted by society and adjust to their environment. This leads to additional stress and deterioration of transgenders' psychological health.

  Transphobia, reflected in humiliation and physical violence has to be addressed in the South Caucasus. Maintaining mental health is a problem for all transgenders in the region.

There are some country-specific findings and needs, which are highlighted below and have to be tackled while planning HIV prevention interventions:

- HIV-related prevention interventions in **Azerbaijan** should take into consideration that the vast majority of transgenders are involved in sex work, thus targeted interventions should include specifics of sex workers and topics that are relevant to them: hygiene, legal aspects of sex work in the country, safety, techniques of condom use negotiation, etc.
- HIV-related prevention interventions in **Armenia** should specifically focus on the negative attitudes and stigma towards HIV positive persons, prevalent among transgender individuals.
- HIV-related prevention interventions in **Georgia** should target unsafe sexual practices, revealed through the research, namely: importance of condom use and techniques of condom use negotiation with different types of sexual partners.

Combination Prevention Strategies and Interventions for the countries of the South Caucasus

Combination HIV prevention is a package of biomedical, behavioural and structural interventions to prevent the transmission and acquisition of HIV. The mix of prevention approaches employed in combination prevention interventions are based on a thorough understanding of particular settings because of the complex and interrelated causal determinants of the epidemic in different places[14]. So, combination prevention needs thorough analysis of all existing data. Unfortunately, the three countries of the South Caucasus do not have enough evidence for tailoring prevention among transgenders. However, based on the information collected through the research, which represents the only available research source for data about transgenders in the South Caucasus, there is a list of interventions that should be included in combination HIV prevention targeting this group.

Key strategic interventions that form the basis for combination HIV prevention among transgenders in the South Caucasus are as follows:

Behavioral interventions	Biomedical Interventions	Social-Structural Interventions
• **Basic education on gender identity, sexual orientation and sex reassignement** (except Azerbaijan): through training, workshops, informational materials and peer education • **Education on HIV/AIDS and STIs**: through training, workshops, informational materials and peer education • **Community-based counselling and various forms of psychosocial support**, e.g. self-support groups • **Risk reduction counseling** • **Stigma and discrimination reduction programs** tailored to the country contexts	• **Male condoms and lubricants** provided through existing service provision, as well as through peer support • **Voluntary Counseling and Testing (VCT)** provided through existing service provision, as well as through peer support • **Testing and treatment of Sexually Transmitted Infections (STIs)** provided through friendly services free of discriminative attitudes • **Sexual and reproductive health services**, including access to sex reassignment • **Harm reduction services** for referring in case of alcohol and drug abuse	• **Decriminalize sex work** • **Decriminalize homosexuality** • **Address policy regulations that hinder sex reassignment and changes in the identification documents** • **Address gender inequalities** • **Address migration issue** between Georgia and Azerbaijan and Armenia and Azerbaijan • **Interventions that address poverty**: e.g. microfinance programs; programs for gender based violence • **Addressing stigma and discrimination through mass communication messages** - social media, press, advertising, campaigns, radio, etc. • **Working with youth and healthcare providers** for reducing stigma and discrimination

[14] Combination Prevention. Prevention Working Group. UK Consortium on AIDS and International Development http://aidsconsortium.org.uk/wp-content/uploads/2011/11/PreventionPaper2011.pdf

Monitoring and Evaluation of Combination Prevention among Transgenders

As stated in the UNAIDS discussion paper on combination prevention, combination prevention requires “combination evaluation.” Investment in the monitoring and evaluation of combination HIV prevention programs have to be adequate. When transgenders are included in the National HIV/AIDS plans this opens the possibility of appropriate funding.

Monitoring of biomedical and behavioral interventions seems more feasible than monitoring of the structural ones. However, social-structural interventions are on different time scale. This will need a proper mix of monitoring and evaluation methods and systems. As a result, each country needs to elaborate multiple evaluation approaches to assess the impact of individual and wider components of the whole combination HIV prevention programs.