



REPUBLICAN AIDS
CENTER
of the Ministry of Health
of the Kyrgyz Republic



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

BIO-BEHAVIOR SURVEY **AMONG MEN WHO HAVE** **SEX WITH MEN IN THE** **KYRGYZ REPUBLIC**

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Background:

- In **2021**, **78 %** of men who have sex with men (MSM) were reached by HIV prevention services (**64%** in **2020**)[1]. At the same time, homosexual transmission increased from **5%** in **2016** to **11%** in **2021** among newly diagnosed PLHIV[2], which causes concern from the health system and communities that preventive services do not achieve results.
- There are an estimated **16,900** MSM PSE in The Kyrgyz Republic[3]
- According to the last **2016** BBS data, HIV prevalence in Bishkek City was **10,1%**; HCV - **1,3%** and prevalence of antibodies to syphilis was **13,9%**.
- In line with **UNAIDS** and **WHO** recommendations, information on the burden of HIV among MSM need to update data on prevalence, behavioral risks and knowledge about HIV once every 3-5 years to assess achievement in the global **95-95-95** targets and to inform program design and implementation.[4]

Objective:

To assess the burden of HIV, risk behaviors and access to services e.g. 95-95-95 among MSM in two KR's cities: Bishkek, Osh.

Methods:

Respondent-driven sampling (RDS) was used to recruit MSM aged 18+ years in Bishkek and Osh. Interviewers collected information on demographics and risk behaviors.

Blood samples were tested at survey sites using rapid tests for HIV, HCV, syphilis. All respondents with reactive HIV and/or HCV test results were escorted to nearest healthcare facility for HIV viral suppression (VL) and HCV RNA (GeneXpert platform).

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

RESULTS:

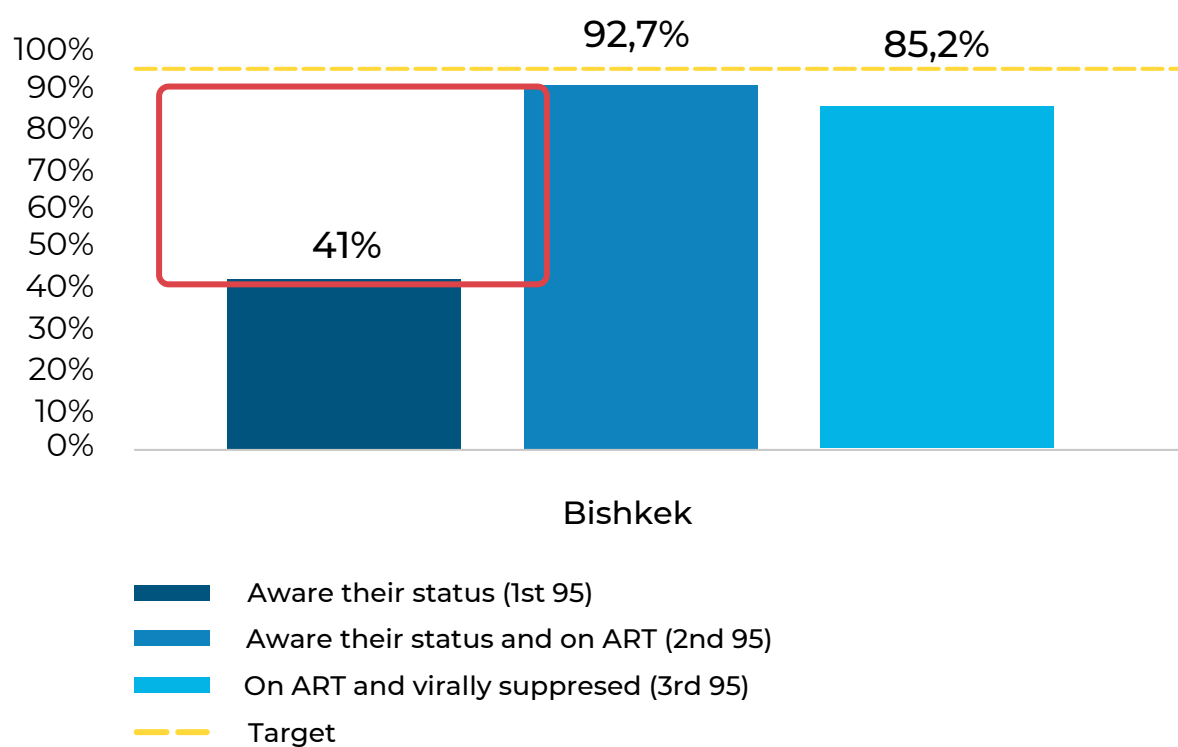
Table 1. Demographic and risk behaviors among MSM in BBS Sites in Bishkek and Osh cities of the Kyrgyz Republic, 2021

Characteristics*	Bishkek N=246	Osh N=65 **
Age, years Mean (standard deviation)	26,9 (8,5)	29,7
HIV prevalence	10,7 (5,3 -16,2)	8,9
Anti-HCV prevalence	1,3 (0,2-2,4)	0,8
Syphilis prevalence	11,2 (5,5-16,8)	1,1
Condom use at last sex	53 (44,3-61,6)	68,8
HIV testing ever	80,2 (73,2-87,3)	53,8
HIV testing in the last 12 months	72,6 (63,3-82,0)	71,4
PrEP awareness	37,3 (29,1- 45,7)	22,1

* Score in % (95CI)

** In Osh, the reported results are the simple survey point-estimates and not weighted for population-level estimates as the survey did not achieve the required sample size and RDS assumptions.

Figure 1. Achievement of HIV services cascade (95-95-95) among MSM in Bishkek, 2021.



[1] <https://aidsinfo.unaids.org/>

[2] <https://aidsreportingtool.unaids.org/indicator/edit/3290/160/>

[3] <https://aidscenter.kg/wp-content/uploads/2022/04/01.03.2022.pdf>

[4] UNAIDS targets of 95% of PLHIV know their HIV status, among those 95% receiving ART, among those 95% achieve HIV viral suppression

Conclusions:

01 — MSM have high prevalence of HIV in both Bishkek (**10,7%**) and Osh (**8,9%**). Syphilis is also estimated to be high in Bishkek (**11,2%**).

02 — The prevalence of HIV and viral hepatitis C (HCV) remains almost the same among MSM in Bishkek compared to **2016** BBS data. Despite a slight decrease in the prevalence of antibodies to syphilis from **13,9%** in **2016** to **11,2%** in **2021**, this figure remains high and is a marker of risky sexual behavior among MSM.

03 — Despite the relatively high coverage of HIV testing in Bishkek (**80%** of respondents have ever been tested and **72%** in the last year), a small number of interviewed MSM/PLHIV (**41%**) knew their status indicating that those at increased risk may not be accessing HIV testing services.

04 — ART coverage among those PLHIV that know their status in Bishkek was estimated to be high (**92,7%**). Viral suppression among this group was sub-optimal (**85,2%**).

05 — The low rate of condom use at last intercourse (**53%**), the high prevalence of syphilis antibodies (**11,2%**), as well as continued risky sexual behavior, lack of awareness (**37%**) and coverage (**5%**) of PrEP suggest a high level of risk of HIV and STI transmission within MSM.

Recommendations:

01

Evidence-based, patient-centric HIV prevention and treatment programs should remain a priority for the country's national response to HIV among MSM.

02

Innovative HIV testing programs should be scaled up for early initiation of treatment, care and support for MSM/PLHIV. Explore locally appropriate innovations for service delivery into the community.

03

Consider expansion of PrEP, including community-based PrEP, as a key HIV prevention measures among MSM.

04

Expanded access to STI treatment, promotion of condom use, and PrEP will likely reduce the risk of HIV transmission in the MSM community and potentially in the general population.

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