



EVIDENCE BRIEF

Men who have sex with men (MSM)

Monitoring implementation of the Dublin Declaration on Partnership
to Fight HIV/AIDS in Europe and Central Asia: 2012 progress report

Policy implications

- **Recognise the risk of HIV transmission among MSM** and demonstrate the political leadership to respond appropriately.
- **Improve the coverage and effectiveness of HIV prevention programmes for MSM**, in particular to promote increased uptake of HIV testing and consistent condom use.
- **Ensure adequate and sustained domestic and regional funding for HIV prevention programmes and services for MSM.**
- **Ensure adequate government funding and capacity building support for NGOs** that play a key role in service delivery.
- **Address the need for more effective and targeted prevention strategies** informed by evidence relating to MSM who may be at elevated risk of HIV (e.g. young MSM, migrant MSM and MSM who live outside major cities) and to factors that influence risk behaviour and condom use.

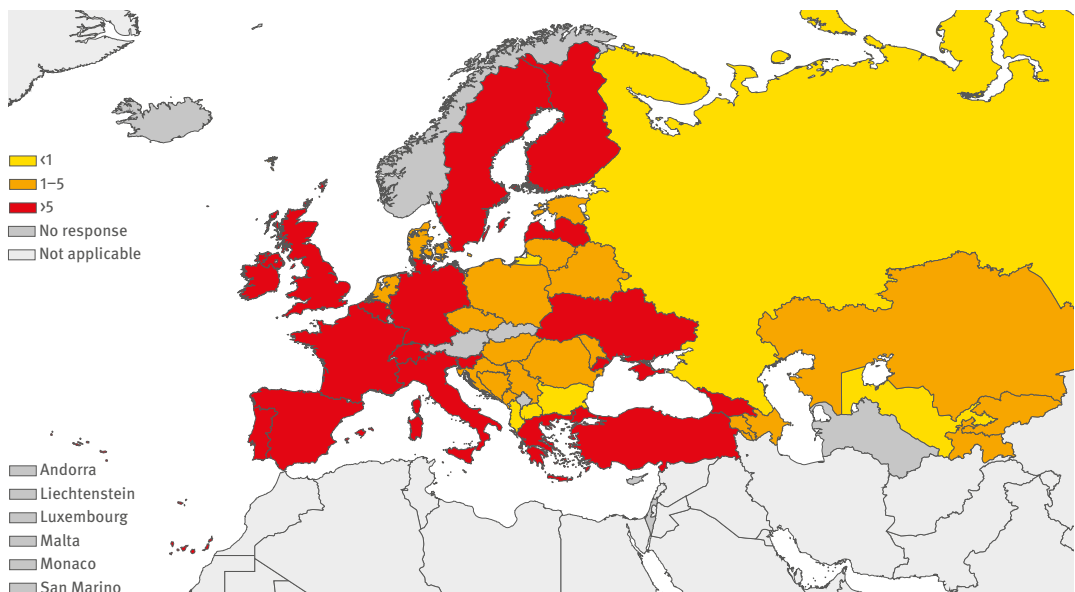
HIV prevalence among men who have sex with men (MSM) varies across the region but is high in many western and southern European countries

In the 36 countries that reported data in 2012, HIV prevalence among MSM ranged from 0.5% to 17.7% (Figure 1). Prevalence is 5% or more in 16 countries and 10% or more in seven countries. The highest prevalence was reported by countries including Belgium, France, Germany, Greece, Ireland, Italy, Portugal, Spain and Switzerland.

HIV prevalence among MSM appears to be increasing

A comparison of data from the 30 countries that reported in both 2010 and 2012 suggests that prevalence among MSM has increased in almost all of them. However, there are two

Figure 1: HIV prevalence among MSM in Europe and Central Asia



Source: Based on data reported by countries in 2012

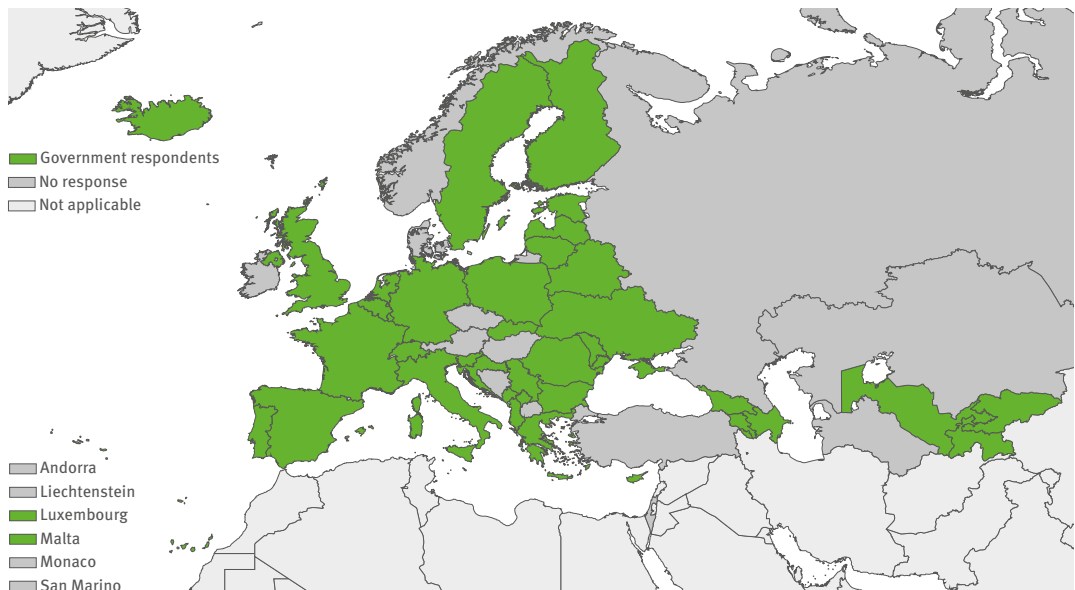


important caveats. First, prevalence would be expected to increase even if the incidence of new infections is low, as access to antiretroviral therapy increases and MSM with HIV live longer. Second, differences in data sources in 2010 and 2012 mean that comparisons between the two reporting rounds should be interpreted with caution.

Sex between men remains the predominant mode of HIV transmission in the western part of the region but there is evidence that MSM may be at increasing risk in other countries of the region

In many countries in the western part of the region (e.g. Germany, Sweden and Switzerland), MSM are the main population group at risk of HIV. However, a number of countries in other parts of

Figure 2: Preventive health interventions, Europe and Central Asia



the region, for example, Bulgaria, the Czech Republic, Croatia and Ukraine, highlighted an increase in the proportion of newly registered cases of HIV among MSM.

Most countries in the region have policies or strategies to promote HIV prevention for MSM but programme coverage differs significantly among countries

In the 33 countries that reported data, coverage of MSM with HIV prevention programmes ranges from 21% to 80%. NGOs play a central role in delivering programmes and services for MSM through campaigns, outreach work, information provision and condom distribution. Many countries report progress in expanding prevention programmes and services for MSM. Others highlighted the need to further scale up services, to strengthen the capacity of NGOs providing services to MSM and to implement more effective prevention strategies. A number of countries expressed concerns about sustainable financing for these programmes and services.

HIV testing rates among MSM vary considerably among countries but overall remain relatively low

In the 37 countries for which data was available in 2012, rates of HIV testing among MSM during the last 12 months ranged from 12% to 74%. Most countries reported testing rates of 20–50%. Four countries reported HIV testing rates of less than 20% and four countries had rates of over 60%. Comparison of data from the 30 countries that reported in both 2010 and 2012 shows that rates of HIV testing among MSM increased in 15 countries and decreased in 15 countries. Although differences in data sources mean that comparisons between the two reporting rounds should be interpreted with caution, the apparent decline in testing rates in a number of countries with high HIV prevalence among MSM is a matter of concern. Additional data provided by some countries also suggests that a significant proportion of MSM do not know their HIV status.



Condom usage rates also vary considerably among countries, but were less than 60% in more than half of countries reporting, and there is some evidence of a decrease in condom use

Reported data from 35 countries shows considerable variation in rates of condom use at last anal intercourse with a male partner, ranging from 28% to 76%. In 15 countries, reported condom use was more than 60%, in 19 countries between 40% and 60%, and in one country less than 30%. Of the 25 countries that reported data in both 2010 and 2012, condom usage rates among MSM increased in seven, stayed much the same in four and decreased in 14. Again, differences in data sources mean that comparisons between the two reporting rounds should be interpreted with caution.

Evidence from a number of countries suggests that a high proportion of MSM engage in unprotected anal sex. This is reflected in high reported rates of other STI among MSM. Overall, rates of condom use appear to be higher with casual sexual partners than with steady partners, but a significant proportion of MSM report unprotected sex with casual partners. A number of countries highlighted the need for better data on factors that influence risk behaviour and condom use among MSM, including the type of sexual partner, HIV status and drug use.



About this series

The Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia, adopted in 2004, was the first in a series of regional declarations which emphasise HIV as an important political priority for Europe and Central Asia.

Monitoring progress in implementing this declaration began in 2007 with financial support from the German Ministry of Health. This resulted in a publication by the WHO Regional Office for Europe, UNAIDS and civil society organisations in August 2008.

In late 2007, the European Commission requested that ECDC monitor implementation of the declaration on a more systematic basis and ECDC set up an advisory group comprising 15 countries and various international partners, including EMCDDA, UNAIDS, WHO, UNICEF, and produced its first major country-driven, indicator-based progress report in 2010.

In 2012, the process of reporting was further harmonised with EMCDDA, UNAIDS, WHO, UNICEF, as well as with the EU Commission Communication and Action Plan on HIV/AIDS 2009–2013. The objective was to reduce the number of indicators, focus on reporting that was relevant in the European and Central Asian context and minimise the reporting burden for countries by making better use of existing country reported data. Responses were received from 51 of 55 countries (93%).

In this round, instead of producing one overall report, information provided by countries has been analysed to produce ten thematic reports and this series of eight evidence briefs.

Other reports in the series can be found on the ECDC website at www.ecdc.europa.eu under the health topic HIV/AIDS.

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