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EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

ECDC EVIDENCE BRIEF

September 2015

HIV and men who have sex with men

Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia – 2014 progress report

Dublin Declaration

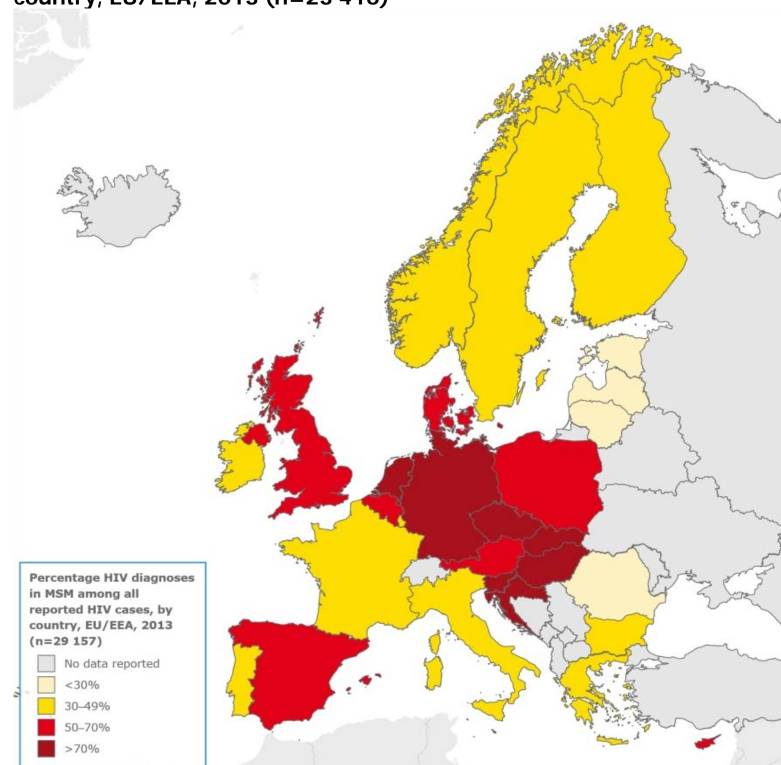
This ECDC evidence brief summarises key issues and priorities for action in Europe. It draws on country data reported to ECDC for Dublin Declaration monitoring and UNAIDS global reporting in 2012 and 2014 and surveillance data reported by countries to ECDC and WHO Europe since 2004.

Following ECDC's 2010 and 2012 progress reports, a new series of thematic reports and evidence briefs present the main findings, discuss key issues, and assess the progress made since 2012 in Europe's response to HIV.

Why focus on men who have sex with men?

Sex between men is the main mode of HIV transmission in the EU/EEA. In 2013, 42% of all newly-diagnosed HIV cases were in men who have sex with men; in 15 countries, more than 50% of all new HIV diagnoses were in this population[1].

Figure 1. Percentage of new HIV diagnoses acquired through sex between men out of all reported HIV diagnoses with known mode of HIV transmission, by country, EU/EEA, 2013 (n=23 416)[1]



[1] European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2013. Stockholm: ECDC; 2014

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A very high number of men who have sex with men are newly infected with HIV each year. Despite the existence of proven prevention interventions, more than 12 000 men who have sex with men were newly infected with HIV in the EU/EEA in 2013[1].

New HIV cases in men who have sex with men are increasing. In the EU/EEA, new HIV diagnoses in men who have sex with men increased by 33% in the last decade. There were increases in all but four countries. In Bulgaria, Croatia, Cyprus, the Czech Republic, Hungary, Ireland, Latvia, Lithuania, Malta, Romania and Slovakia, the number of new cases in men who have sex with men increased by more than 100% between 2004 and 2013.

42%

Proportion of all new HIV cases in the EU/EEA in 2013 in men who have sex with men

12 228

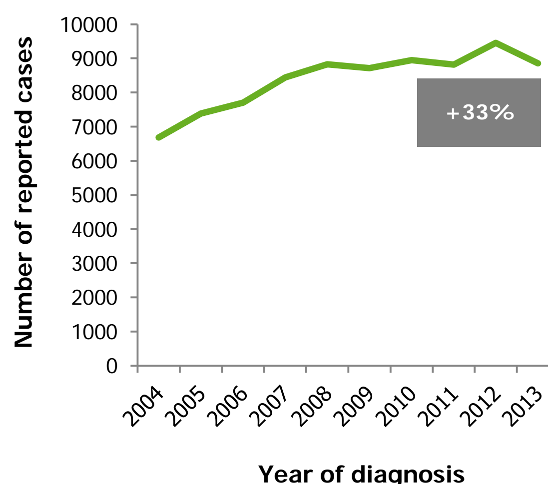
Total number of new HIV cases in men who have sex with men in the EU/EEA in 2013

New diagnoses in younger men who have sex with men have increased significantly. Between 2004 and 2013, new HIV cases reported among men who have sex with men aged 20–24 almost doubled; in those aged 15–19 years, new cases increased by 83%[2].

The increase in new HIV diagnoses among men is driven by the 33% increase among men who have sex with men (MSM) over the last decade. New diagnoses among male heterosexuals from countries with generalised epidemics and other male heterosexuals decreased by 60% and 19%, respectively[2].

[2] Pharris A, Spiteri G, Noori T, Amato-Gauci AJ. Ten years after Dublin: principal trends in HIV surveillance in the EU/EEA, 2004 to 2013. Euro Surveill. 2014;19(47):pii=20968. Available from: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20968

Figure 2: Number of new HIV diagnoses among MSM by year of diagnosis, EU/EEA, 2004–2013



Source: ECDC/WHO[1]

What are the main challenges?

HIV testing rates among men who have sex with men remain too low. In many countries in the region, fewer than half of men who have sex with men were tested for HIV in the past year. HIV testing rates are below 50% in men who have sex with men in 72% of EU/EEA countries. Recent data[3] are available from 22 EU/EEA[4] and 17 non-EU/EEA[5] countries[6]. In the EU/EEA, testing rates range from 15.4% to 72.8%. Of the other 20 countries, only five reported HIV testing rates above 50%; testing rates in the other 15 countries were below 50%. In the 17 non-EU/EEA countries, reported testing rates range from 15.5% to 96.5%. Of the other 15 countries, only one reports an HIV testing rate above 50%; testing rates in the remaining 14 countries were below 50%.

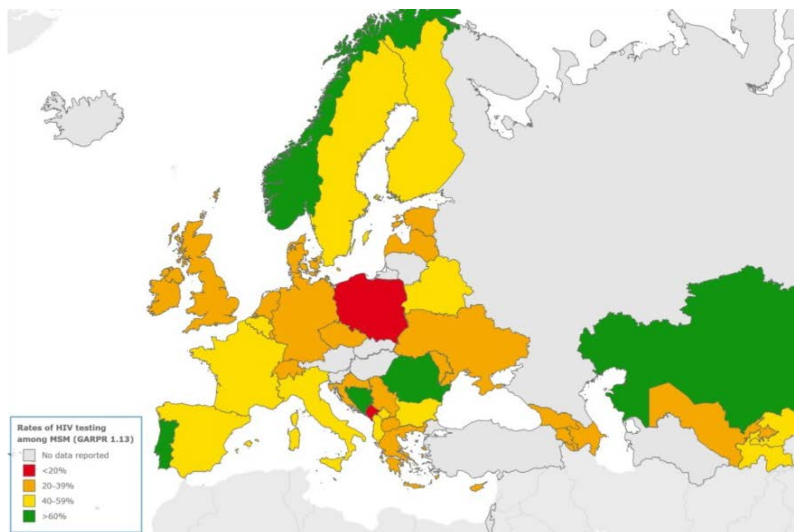
[3] Data reported in 2014 or 2012.

[4] No data reported by Austria, Cyprus, Denmark, Hungary, Iceland, Poland, Slovakia and Slovenia.

[5] No data reported by Andorra, Israel, Monaco, Russian Federation, San Marino, Turkey and Turkmenistan.

[6] It is important to note that the GARPR indicator has limitations: it asks about testing within the last 12 months rather than whether or not MSM have ever been tested; a proportion of MSM know that they are HIV positive and do not need a repeat test.

Figure 3. Reported HIV testing levels among MSM in EU/EEA and non-EU/EEA countries, 2011–2013[7]



In the EU/EEA, more than one third of cases in men who have sex with men are diagnosed late. In some countries, such as Finland, Latvia, Italy, Portugal and Slovenia, the proportion of late diagnoses among men who have sex with men is higher.

37%

Percentage of HIV cases diagnosed late in men who have sex with men in the EU/EEA in 2013

Few countries have programmes to increase uptake of testing in subgroups that are most at risk. Despite low rates of testing, only eight EU/EEA countries have programmes aimed at increased HIV testing availability/uptake and targeted at subgroups of men who have sex with men who may be at higher risk of HIV infection.

<50%

Percentage of MSM in most EU/EEA countries who had an HIV test in the past year

Uptake of HIV testing is influenced by accessibility of services and perception of risk. Most men who have sex with men know where to obtain an HIV test, so other factors influence uptake of testing. The characteristics of services, e.g. location, opening hours, relationship with staff, type of test offered, have a significant effect on uptake. Free, anonymous, community-based and outreach interventions offering rapid testing are viewed as being most accessible. In addition, low uptake of testing reflects low perception of HIV risk, concerns about confidentiality and, in some countries, cost.

Many countries have gaps in testing and prevention programmes aimed at men who have sex with men. Twenty EU/EEA countries report that there are perceived gaps in prevention programmes for men who have sex with men; fewer countries reported gaps in testing programmes. Gaps include low coverage of prevention and community-based testing programmes; insufficient funding for outreach-based services; and poor availability of test kits, condoms and lubricants. Also reported was a lack of data on the effectiveness of testing and prevention programmes.

Coverage and targeting of HIV prevention programmes is inadequate. Government respondents in almost one in four EU/EEA countries report that prevention programmes for men who have sex with men are not delivered at scale. Few countries have prevention programmes that target MSM subgroups who are at increased risk, e.g. those who engage in high-risk sexual or drug-related behaviour, younger men who have sex with men, and migrant men who have sex with men. Only 10 EU/EEA countries have data on risk behaviours, and only seven have data on risk-reduction behaviours among men who have sex with men. Few countries have any data on risk or risk reduction behaviours for MSM subgroups that are most at risk.

A sizeable minority of men who have sex with men continue to engage in unprotected anal sex. Recent data on condom use with the most recent sexual partner are available from 20 EU/EEA countries. Reported rates of condom use range from 40% to 78%; in 17 countries the rate is below 75%.

[7] Percentage of MSM who received an HIV test in the past 12 months and know their results.

What needs to be done?

The continuing increase in HIV infections among men who have sex with men in the EU/EEA highlights the need for urgent action to improve the coverage and effectiveness of prevention programmes. In particular, there is a need for more intense and targeted prevention interventions for subgroups of men who have sex with men who are most at risk but who are not being reached by, or are not responding to, current interventions, e.g. those who engage in high-risk sexual or drug-related behaviour, younger men who have sex with men, and migrant men who have sex with men. While reported condom use is relatively high, a significant proportion of men who have sex with men remains at high risk of HIV infection through unprotected anal intercourse. Better data about risk and risk-reduction behaviours and the factors that influence them is required to inform prevention programmes.

Address low rates of HIV testing, high rates of late diagnosis, and reduce the undiagnosed fraction

Implement programmes to promote more regular HIV testing by targeting men who have sex with men who are most at risk and most likely to have undiagnosed HIV infection.

Expand evidence-based approaches that increase the uptake and frequency of testing, in particular community-based and outreach testing services.

Address barriers to testing, including any laws and policies that may limit the provision and uptake of services. Work to reduce stigma and discrimination in healthcare settings.

Improve data monitoring for HIV testing, late diagnosis and barriers to testing for subgroups that are at increased risk of HIV.

Strengthen and expand prevention programmes

Implement **targeted, evidence-based prevention interventions** for MSM subgroups with men who are at increased risk of HIV.

Scale up **programmes to address gaps in coverage** and ensure access to comprehensive services, including condoms and lubricants, and diagnosis and treatment of other sexually transmitted infections.

Improve and share **evidence about innovative and effective approaches** to HIV prevention among men who have sex with men, including the feasibility, cost and effectiveness of treatment as prevention.

Provide **leadership** to ensure there is sustainable funding and capacity to deliver prevention programmes for men who have sex with men.

Stockholm, September 2015

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