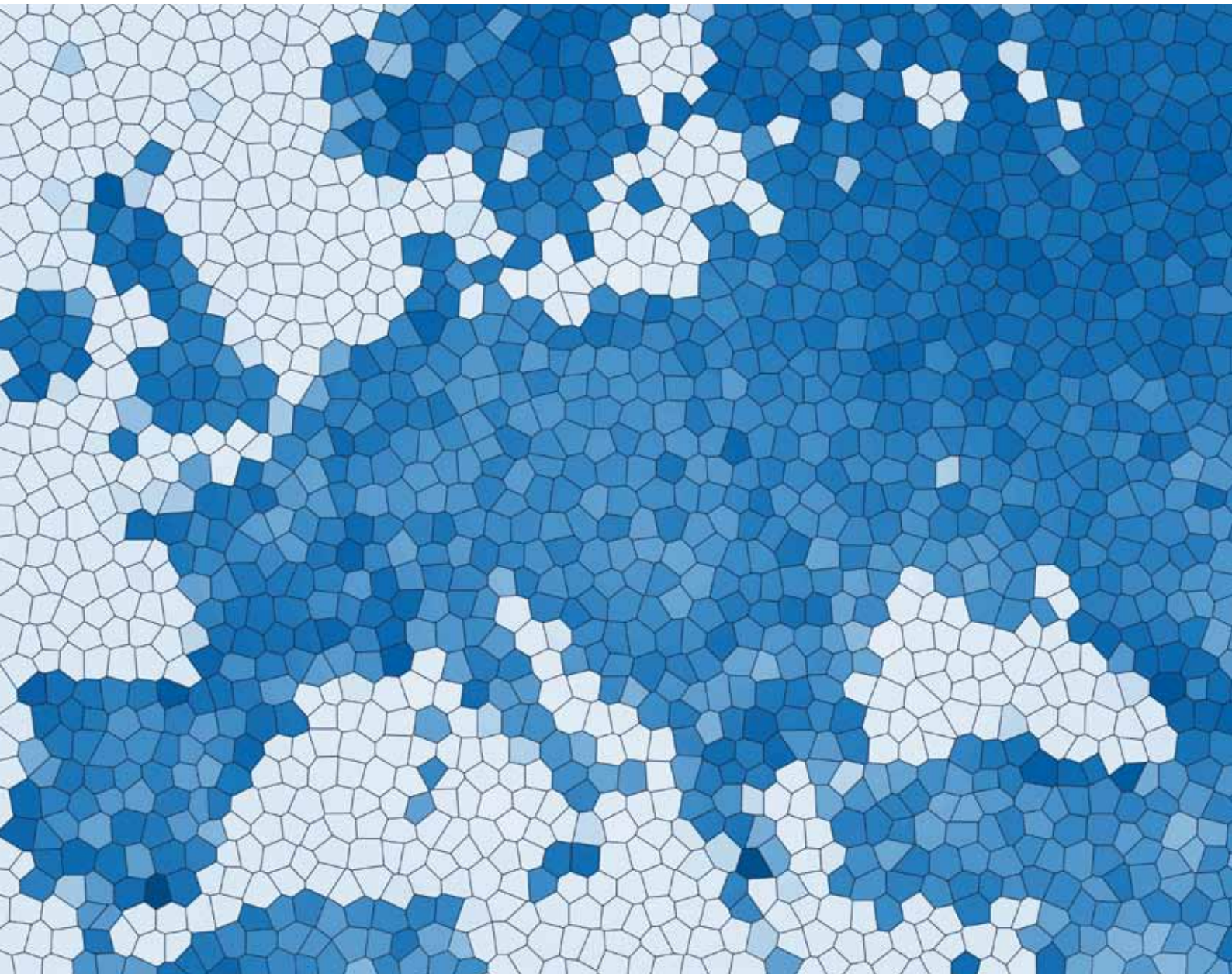
Sialon II

City Profiles

Recommendations on HIV prevention gaps and opportunities for Health Promotion among Men who have Sex with Men



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Note to the reader

The document "City Profiles – Recommendations on HIV prevention gaps and opportunities for Health Promotion among Men who have Sex with Men" has been produced as a supplement to the survey report "Sialon II – Report on bio-behavioural survey" which can be downloaded from the following website www.sialon.eu. Therefore, **the present document should be read only in conjunction with the survey report**, where information on the survey methodology and limitations of the results are clearly described.

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1. Introduction

The HIV epidemic continues to represent a pressing public health issue in Europe and elsewhere[1]. Data and documents from the European Centre for Disease Control (ECDC) report that for the WHO European Region, 136.235 new HIV diagnoses were reported in 2013, with a rate of 15.7 per 100.000.

The highest proportion of all HIV diagnoses was reported in men who have sex with men (MSM), with a percentage of 42%[2]. MSM are a particularly vulnerable group due to a mix of social and personal factors, and as a result they are disproportionally affected by HIV and STIs. These high levels of new HIV diagnoses and prevalence are very likely related to an increase in HIV testing behaviours and to the high level of transmission linked to risky sexual behaviour[1,3]. In line with the 2009-2013 EU Commission Communication on combating HIV/AIDS in the European Union and neighbouring countries[4], which defines MSM as a priority group and the Eastern EU as priority regions, and in line with the most recent scientific evidence, prevention actions and combination prevention represent the corner stone for tackling the HIV/STI epidemic, especially among MSM.

It was against this backdrop that the EU co-funded the Sialon II project; the objective of which to carry out HIV/STI surveillance among MSM complemented by targeted and meaningful prevention. In the context of this project, a large-scale bio-behavioural survey was conducted across 13 cities in Europe. This "City Profiles" document is based on the findings of the survey and includes a summary of the main relevant findings per city with a list of prevention recommendations based on the local epidemiological situation. Such recommendations – specific for each study site – were developed and cross-checked in collaboration with the local Public Health Institutions and gay NGOs who were involved in the project. The "City Profiles" document should be read in conjunction with the survey report "Sialon II - Report on a bio-behavioural survey" which can be downloaded from the following website www.sialon.eu. At the end of the present document, the reader can find also a contribution

1 ECDC/WHO (2013). HIV/AIDS surveillance in Europe 2012. Stockholm: European Centre for Disease Prevention and Control.
2 ECDC/WHO (2014). HIV/AIDS surveillance in Europe 2013. Stockholm: European Centre for Disease Prevention and Control.
3 ECDC (2013). Evidence Brief: Men who have Sex with Men - Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 Progress Report. Stockholm: European Centre for Disease Prevention and Control.
4 Communication from the Commission to the European Parliament, the Council, the European economic and social Committee and the Committee of the Regions. Combating HIV/AIDS in the European Union and neighbouring countries, 2009-2013, {SEC(2009) 1403}, {SEC(2009) 1404}, {SEC(2009) 1405}. Available at: http://ec.europa.eu/health/ph_threats/com/aids/docs/com2009_en.pdf

from “UNAIDS Scenario for the future of Aids” with some reflections on the Sialon II survey findings alongside some broader considerations on the current and future challenges in HIV prevention at the global level.

2. Preventing HIV-STIs among MSM

In the past years, behavioural and psychosocial prevention interventions (e.g. counselling) represented the core activities of the HIV response worldwide and in Europe. Decreasing the number of risky behaviours (e.g. unprotected anal intercourse) and increasing preventive behaviours (regular testing, condom use, etc.) among MSM still remain the basic and most effective actions to decrease HIV transmission in this specific group; however, new tools and strategies (bio-medical prevention) are becoming increasingly available for reducing the incidence of HIV infection.

In the international and European literature, few systematic reviews have been conducted to understand clearly what constitutes the most effective HIV/STI prevention actions. UNAIDS, WHO and the ECDC have carried out a number of reviews to assess the effectiveness of HIV/STI prevention strategies[1,2,3,4,5,6] for MSM. These include the first systematic review to assess and summarise the effectiveness of HIV/STI prevention interventions for MSM at European level, that is, the "Effectiveness of behavioural and psychosocial HIV/STI prevention interventions for MSM in Europe" report[7].

At this stage, the evidence is mixed, which makes it difficult to draw clear conclusions about specific gaps and approaches in HIV/STI prevention for MSM. However, it is clear that adopting a socio-ecological approach in health promotion and prevention together with the biomedical approach represents a key strategy in respond-

1 ECDC (n.d.) Synopsis of ECDC Project Prevention of STI and HIV in MSM. Stockholm: European Centre for Disease Prevention and Control.
2 ECDC (2013). STI and HIV prevention in men who have sex with men in Europe. Stockholm: European Centre for Disease Prevention and Control.
3 ECDC (2013). A comprehensive approach to HIV/STI prevention in the context of sexual health in the EU/EEA. Stockholm: European Centre for Disease Prevention and Control.
4 WHO (2014). Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization.
5 UNAIDS (2010). Combination HIV Prevention: Tailoring and Coordinating Biomedical, Behavioural and Structural Strategies to Reduce New HIV Infections. UNAIDS Discussion Paper nr. 10. UNAIDS - JC2007
6 WHO (2014). Policy brief: Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization.
7 ECDC (2009). Effectiveness of behavioural and psychosocial HIV/STI prevention interventions for MSM in Europe. Stockholm: European Centre for Disease Prevention and Control.

ing to the HIV epidemic[8,9]. Combination prevention programmes, as explained in more detail also in the Sialon II Prevention report (available for download at www.sialon.eu) consider factors relevant to each setting, like contextual factors such as policies to strengthen social justice and human rights, levels of infrastructure and services, the local culture and habits, and of course the most at risk populations or sub-populations.

This combination of different approaches targeting different levels can have an impact on the individual behaviour. In fact, the combination of different prevention approaches, such as biomedical, structural and behavioural, seem to be more effective in terms of sustained impact on reducing new infections and is highly recommended by various international organisations[10]. Such a strategy may include three main types of interventions:

1. **Bio-medical prevention**: interventions that are part of the bio-medical approach could include: the treatment of STIs; the use of antiretroviral treatment (ART) among HIV infected individuals to decrease the risk of HIV transmission (effective treatment and resulting low level of viral load – treatment as prevention or TasP); the short term use of antiretroviral treatments by HIV-negative individuals after accidental exposure to HIV (post-exposure prophylaxis – PEP), and; the regular use of antiretroviral treatment by HIV negative individuals to reduce the transmission probability during sexual intercourse with potentially infected partners (pre-exposure prophylaxis – PrEP). Such treatment strategies should always be accompanied by adequate counselling and psychosocial support on the individual level as needed;
2. **Structural prevention**: structural interventions to address underlying factors that make individuals or groups vulnerable to HIV infection. Usually social, economic and political factors are considered as targets for interventions. Due to the nature of these factors, structural interventions are usually more difficult to be implemented as they attempt to deal with deep-rooted societal issues that can only be tackled by the cooperation of governments and local health authorities through legislative or policy changes. Condom provision and lubricant availability, rapid tests and low threshold Voluntary Counseling and Testing (VCT) services could be also intended as structural interventions for tackling the HIV-STIs epidemic as they are usually part of broader policy measures;
3. **Campaigns**: campaigns are implemented in order to raise awareness on HIV-STIs and to reduce barriers to testing and condom use at the individual level, including among people who do not perceive themselves to be at risk. Targeted prevention campaigns should be carefully designed and evidence-based, that is developed and implemented based on data available (e.g. campaigns targeting young MSM, or bisexual MSM). They should use a participatory approach; that is they need to be developed, implemented and evaluated in close collaboration with key stakeholders, particularly local LGBT NGOs.

In conclusion, the main issues in preventing HIV-STIs among MSM are focused on three pillars:

- promotion of an increased uptake of HIV testing[11];
- promotion of correct and consistent use of condoms with condom-compatible lubricants;
- provision of information on different prevention strategies (biomedical interventions, treatment as prevention, harm reduction strategies, information on drug use, information on sexual health including a rights-based approach to sexuality)

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8 Stokols, D. (1992). Establishing and Maintaining Healthy Environments: Toward a Social Ecology of Health Promotion. *American Psychologist*, 47:6 -22.

9 Hovell, M.F., Wahlgren, D.R., and Adams, M.A.(2009). The logical and empirical basis for the Behavioral Ecological Model. In: DiClemente RJ, CrosbyRA, Kegler M, editors. Emerging theories in health promotion practice and research: Strategies for enhancing public health (pp. 415 -450), 2nd ed. San Francisco: Jossey-Bass.

10 UNAIDS (2010). Combination HIV Prevention: Tailoring and Coordinating Biomedical, Behavioural and Structural Strategies to Reduce New HIV Infections. Geneva: UNAIDS.

11 ECDC (2013). Evidence Brief: Men who have Sex with Men - Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 Progress Report. Stockholm: European Centre for Disease Prevention and Control.

Regarding the last point, in line with the most recent WHO recommendations[12,13] this also means to provide information on and access to:

- The **Treatment as prevention** (**TasP**) of HIV infected individuals to decrease the risk of HIV transmission to HIV negative individuals and to provide an effective treatment to reduce the viral load at community level;
- The **Post-exposure prophylaxis** (**PEP**) which should be available to all eligible people from key populations;
- The **Pre-exposure prophylaxis** (**PrEP**) which is recommended as an additional HIV prevention choice within a comprehensive HIV prevention package (new recommendation). For this last option, it should be underlined that a limited number of EU countries could potentially implement such recommendation, taking into account economic and structural barriers.

These main proposals are based on the core publications from ECDC, WHO, UNAIDS, and are part of the current international recommendations on how to respond to the HIV epidemic.

In the following section, some specific recommendations are provided, based on the Sialon II survey results.

12 WHO (2014). Policy brief: Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization.

13 WHO (2012).Guidance on oral pre-exposure prophylaxis (PrEP) for serodiscordant couples, men and transgender women who have sex with men at high risk of HIV. Recommendations for use in the context of demonstration projects. Geneva: World Health Organization.

3. Main recommendations based on the Sialon II findings

Sialon II produced important findings that can inform European and local HIV/STI prevention strategies for MSM at city level. For a detailed description of the main project results, please refer to Sialon II – Report on a bio-behavioural survey, and for specific recommendations on prevention, please refer to the Sialon II Prevention Report which was compiled with the input of community-based LGBT organisations.

In summary, the main issues reported were: a low level of HIV testing uptake (and quite a high number of participants who "never tested"), in particular in the Eastern European survey cities; a high number of HIV positive participants who were not aware of their real HIV-status, with the proportion of new diagnosis ranging from 12% (Brussels) to 88% (Sofia). Especially in Eastern European cities, a low level of condom use as well as a high level of perceived stigma was reported. In terms of HIV positive MSM on HIV-treatment, critical situations were reported in the Central and Eastern European cities (Sofia, Bucharest, Vilnius), but also in Lisbon, whilst much higher coverage was attained in Western European cities (Brussels, Hamburg, Brighton, Verona).

From a policy and prevention perspective, the Sialon II project highlighted the different prevention needs among MSM living in the participating cities. For instance, the quite high numbers of people unaware of their HIV status in specific cities highlights the need for further epidemiological studies to better monitor the HIV epidemic. This finding also underlines the urgent need for more effective prevention measures (improving access to testing and prompt referral to treatment, tackling stigma especially targeting high risk groups, such as young or bisexual MSM).

The use of Global AIDS Response Progress Reporting (GARPR) indicators[1] on prevention programmes also provided comprehensive evidence on the need for more effective interventions, especially among young MSM. The available data on perceived homophobia suggests the need for working with gay-friendly approaches across different cultural, political and social levels.

1 GARPR indicators are core indicators developed by UNAIDS, WHO, UNICEF for monitoring the 2011 United Nations' Political Declaration on HIV and AIDS

4. City profiles

The following tables summarise the main estimates and data gathered through the Sialon II survey that can be used at local level for assessing the impact of the HIV epidemic and related behavioural – social aspects among MSM.

The GARPR indicators are reported for each city and – in addition – data on unprotected anal intercourse (UAI) behaviours and level of new/recent HIV infections are presented.

Additionally, information on outness and perceived homo-negativity levels among MSM as well as an overview of the prevention needs are included, in order to present a clearer and broader picture of the social situation at the local level.

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City Profile

BARCELONA - SPAIN

Limitations estimates are based on data from the Sialon II TLS survey. Findings have to be interpreted with caution.

For detailed information on data analysis and results, please consult the Deliverable 9 - Report on bio-behavioural survey.

Data Data are based on 2013 TLS survey, on weighted estimates with 95% CI.

Recommendations are based on international literature.

BEHAVIOUR

CONDOM USE

GARPR 1.12
Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner

Overall	**68.7%**
Among <25	84.6%
Among 25+	65.7%

PREVENTION

HIV PREVENTION PROGRAMMES

GARPR 1.11
Percentage of MSM reached with HIV prevention programmes

Overall	**72.7%**
Among <25	59.0%
Among 25+	74.9%

TESTING & TREATMENT

HIV TEST IN THE LAST YEAR

GARPR 1.13
Percentage of MSM who received an HIV test in the past 12 months and know their results

Overall	**63.0%**
Among <25	62.5%
Among 25+	63.6%

TREATMENT

Proportion of known HIV-positive MSM who are on antiretroviral treatment

Overall	**77.3%**

SOCIAL CONTEXT

PERCEIVED HOMO-NEGATIVITY

Percentage of men reported negative or very negative attitude towards gays or bisexuals

At work/school	25.4%
By parents	29.9%
By friends	4.3%

"OUTNESS"

Percentage of MSM out to no-one or only a few

Overall	**19.3%**

SEXUAL SATISFACTION

WHO indicator on sexual health

Satisfied	82.9%
Unsatisfied	17.1%

HIV/STIs

HIV PREVALENCE

GARPR 1.14
HIV prevalence

Overall	**14.2%**
Among <25	0.8%
Among 25+	16.4%

RECOMMENDATIONS

	BIO-MEDICAL PREVENTION	STRUCTURAL PREVENTION	CAMPAIGNS
WHAT			
HOW	• Comprehensive HIV/STI prevention including biomedical, structural and behavioural strategies should be considered	• To maintain HIV and STI testing with counseling services addressed for MSM • Stigma and homophobia towards gays and bisexuals should be continually addressed at a social level consistent with recent legal framework	• To improve access to tailored HIV prevention programmes among young MSM and to promote their participation in the programmes' development • Further research on behaviors and unmet needs among young MSM should be undertaken

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City Profile

BRATISLAVA - SLOVAKIA

Limitations estimates are based on data from the Sialon II RDS survey. Findings have to be interpreted with caution.
For detailed information on data analysis and results, please consult the Deliverable 9 – Report on bio-behavioural survey.
Data Data are based on 2013-14 RDS survey, on weighted estimates with 95% CI.
Recommendations are based on international literature.

BEHAVIOUR

CONDOM USE

GARPR 1.12
Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner

Overall	**45.2%**
Among <25	41.7%
Among 25+	46.7%

PREVENTION

HIV PREVENTION PROGRAMMES

GARPR 1.11
Percentage of MSM reached with HIV prevention programmes

Overall	**22.5%**
Among <25	19.2%
Among 25+	23.9%

TESTING & TREATMENT

HIV TEST IN THE LAST YEAR

GARPR 1.13
Percentage of MSM who received an HIV test in the past 12 months and know their results

Overall	**37.2%**
Among <25	29.0%
Among 25+	41.1%

TREATMENT

Proportion of known HIV-positive MSM who are on antiretroviral treatment

Overall	**92.1%**

SOCIAL CONTEXT

PERCEIVED HOMO-NEGATIVITY

Percentage of men reported negative or very negative attitude towards gays or bisexuals

At work/school	31.2%
By parents	31.3%
By friends	7.7%

"OUTNESS"

Percentage of MSM out to no-one or only a few

Overall	**45.1%**

SEXUAL SATISFACTION

WHO indicator on sexual health

Satisfied	75.8%
Unsatisfied	24.2%

HIV/STIs

HIV PREVALENCE

GARPR 1.14
HIV prevalence

Overall	**4.3%**
Among <25	2.1%
Among 25+	5.3%

SYPHILIS PREVALENCE

Positivity for both TPHA or TPPA or CMIA and RPR: probable active Syphilis

Overall	**1.4%**

HEPATITIS B INFECTION

Positivity for HBcAb and HBsAg positive, negativity for HBsAb: acute or chronic infection)

Overall	**2.2%**

HEPATITIS B VACCINATION

Positivity for HBsAb, negativity for both HBsAg and HBcAb

Overall	**26.0%**

HEPATITIS C PREVALENCE

Positivity for anti-HCV

Overall	**1.4%**

RECOMMENDATIONS

	BIO-MEDICAL PREVENTION	STRUCTURAL PREVENTION	CAMPAIGNS
WHAT			
HOW	• Make Post-Exposure Prophylaxis (PEP), Treatment as Prevention (TasP), Pre-exposure prophylaxis (PrEP) available	• Improve condom distribution • Improve testing offering (including community based testing)	• Implement prevention campaigns targeting young MSM • Implement campaigns on STIs other than HIV (Syphilis and HBV-HCV) • Implement campaingns on Post-Exposure Prophylaxis (PEP), Treatment as Prevention (TasP), Pre-exposure prophylaxis (PrEP) • Allocate budget in the National AIDS programme • Invite members of NGOs working in HIV prevention among MSM into the National AIDS committee

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City Profile

BRIGHTON - UK

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For detailed information on data analysis and results, please consult the Deliverable 9 - Report on bio-behavioural survey.
Data Data are based on 2013 TLS survey, on weighted estimates with 95% CI.
Recommendations are based on international literature.

BEHAVIOUR

CONDOM USE

GARPR 1.12
Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner

Overall	**52.4%**
Among <25	56.8%
Among 25+	51.7%

PREVENTION

HIV PREVENTION PROGRAMMES

GARPR 1.11
Percentage of MSM reached with HIV prevention programmes

Overall	**56.3%**
Among <25	64.0%
Among 25+	54.5%

TESTING & TREATMENT

HIV TEST IN THE LAST YEAR

GARPR 1.13
Percentage of MSM who received an HIV test in the past 12 months and know their results

Overall	**47.3%**
Among <25	36.1%
Among 25+	54.6%

TREATMENT

Proportion of known HIV-positive MSM who are on antiretroviral treatment

Overall	**91.4%%**

SOCIAL CONTEXT

PERCEIVED HOMO-NEGATIVITY

Percentage of men reported negative or very negative attitude towards gays or bisexuals

At work/school	18.3%
By parents	17.9%
By friends	1.7%

"OUTNESS"

Percentage of MSM out to no-one or only a few

Overall	**16.2%**

SEXUAL SATISFACTION

WHO indicator on sexual health

Satisfied	77.7%
Unsatisfied	22.3%

HIV/STIs

HIV PREVALENCE

GARPR 1.14
HIV prevalence

Overall	**17.6%**
Among <25	2.9%
Among 25+	20.7%

RECOMMENDATIONS

	BIO-MEDICAL PREVENTION	STRUCTURAL PREVENTION	CAMPAIGNS
WHAT			
HOW	• Continue to facilitate the availability of post-exposure prophylaxis (PEP), treatment as prevention (TasP), and in due course, pre-exposure prophylaxis (PrEP)	• Continue, and if possible, increase community-based testing opportunities for MSM • Continue with existing comprehensive condom and lubricant distribution targeting MSM and other key populations	• Implement prevention campaigns targeting young MSM • Continue with campaigns targeting STIs other than HIV (e.g. syphilis and HBV-HCV)

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City Profile

BRUSSELS - BELGIUM

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For detailed information on data analysis and results, please consult the Deliverable 9 – Report on bio-behavioural survey.
Data Data are based on 2013 TLS survey, on weighted estimates with 95% CI.
Recommendations are based on international literature.

BEHAVIOUR

CONDOM USE

GARPR 1.12
Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner

Overall	**60.7%**
Among <25	83.7%
Among 25+	57.6%

PREVENTION

HIV PREVENTION PROGRAMMES

GARPR 1.11
Percentage of MSM reached with HIV prevention programmes

Overall	**62.1%**
Among <25	49.1%
Among 25+	64.4%

TESTING & TREATMENT

HIV TEST IN THE LAST YEAR

GARPR 1.13
Percentage of MSM who received an HIV test in the past 12 months and know their results

Overall	**65.5%**
Among <25	42.3%
Among 25+	69.9%

TREATMENT

Proportion of known HIV-positive MSM who are on antiretroviral treatment

Overall	**99.6%**

SOCIAL CONTEXT

PERCEIVED HOMO-NEGATIVITY

Percentage of men reported negative or very negative attitude towards gays or bisexuals

At work/school	15.8%
By parents	20.4%
By friends	1.7%

"OUTNESS"

Percentage of MSM out to no-one or only a few

Overall	**22.8%**

SEXUAL SATISFACTION

WHO indicator on sexual health

Satisfied	82.9%
Unsatisfied	17.1%

HIV/STIs

HIV PREVALENCE

GARPR 1.14
HIV prevalence

Overall	**12.3%**
Among <25	0.5%
Among 25+	14.4%

RECOMMENDATIONS

WHAT	BIO-MEDICAL PREVENTION	STRUCTURAL PREVENTION	CAMPAIGNS
HOW	• Expand Treatment as Prevention (TasP); make Pre-exposure prophylaxis (PrEP) available	• Improve condom distribution • Sustain and expand HIV test offers (community based testing) including appropriate counselling if needed • Create a legal framework allowing for implementation of demedicalised community-based HIV testing	• Implement prevention and testing campaigns targeting young MSM • Maintain campaigns on STIs other than HIV (Syphilis and HBV-HCV)

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City Profile

BUCHAREST - ROMANIA

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Data Data are based on 2013-14 RDS survey, on weighted estimates with 95% CI.
Recommendations are based on international literature.

BEHAVIOUR

CONDOM USE

GARPR 1.12
Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner

Overall	**56.6%**
Among <25	34.6%
Among 25+	62.3%

PREVENTION

HIV PREVENTION PROGRAMMES

GARPR 1.11
Percentage of MSM reached with HIV prevention programmes

Overall	**45.9%**
Among <25	27.9%
Among 25+	50.7%

TESTING & TREATMENT

HIV TEST IN THE LAST YEAR

GARPR 1.13
Percentage of MSM who received an HIV test in the past 12 months and know their results

Overall	**43.4%**
Among <25	38.9%
Among 25+	44.9%

TREATMENT

Proportion of known HIV-positive MSM who are on antiretroviral treatment

Overall	**18%**

SOCIAL CONTEXT

PERCEIVED HOMO-NEGATIVITY

Percentage of men reported negative or very negative attitude towards gays or bisexuals

At work/school	57.9%
By parents	51.6%
By friends	31.8%

"OUTNESS"

Percentage of MSM out to no-one or only a few

Overall	**58.1%**

SEXUAL SATISFACTION

WHO indicator on sexual health

Satisfied	84.6%
Unsatisfied	15.4%

HIV/STIs

HIV PREVALENCE

GARPR 1.14
HIV prevalence

Overall	**18.0%**
Among <25	11.6%
Among 25+	18.5%

SYPHILIS PREVALENCE

Positivity for both TPHA or TPPA or CMIA and RPR: probable active Syphilis

Overall	**9.7%**

HEPATITIS B INFECTION

Positivity for HBcAb and HBsAg positive, negativity for HBsAb: acute or chronic infection)

Overall	**6.8%**

HEPATITIS B VACCINATION

Positivity for HBsAb, negativity for both HBsAg and HBcAb

Overall	**23.7%**

HEPATITIS C PREVALENCE

Positivity for anti-HCV

Overall	**6.4%**

RECOMMENDATIONS

	BIO-MEDICAL PREVENTION	STRUCTURAL PREVENTION	CAMPAIGNS
WHAT			
HOW	• Make Post-Exposure Prophylaxis (PEP), Treatment as Prevention (TasP), Pre-exposure prophylaxis (PrEP) available	• Improve condom distribution • Improve testing offering (community based testing)	• Implement prevention campaigns targeting young MSM • Implement campaigns on STIs other than HIV (Syphilis and HBV-HCV)

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City Profile

HAMBURG - GERMANY

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For detailed information on data analysis and results, please consult the Deliverable 9 – Report on bio-behavioural survey.
Data Data are based on 2013-14 TLS survey, on weighted estimates with 95% CI.
Recommendations are based on international literature.

BEHAVIOUR

CONDOM USE

GARPR 1.12
Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner

Overall	**52.5%**
Among <25	74.9%
Among 25+	49.1%

PREVENTION

HIV PREVENTION PROGRAMMES

GARPR 1.11
Percentage of MSM reached with HIV prevention programmes

Overall	**81.4%**
Among <25	84.3%
Among 25+	81.0%

TESTING & TREATMENT

HIV TEST IN THE LAST YEAR

GARPR 1.13
Percentage of MSM who received an HIV test in the past 12 months and know their results

Overall	**54.8%**
Among <25	68.6%
Among 25+	53.1%

TREATMENT

Proportion of known HIV-positive MSM who are on antiretroviral treatment

Overall	**98.8%**

SOCIAL CONTEXT

PERCEIVED HOMO-NEGATIVITY

Percentage of men reported negative or very negative attitude towards gays or bisexuals

At work/school	14.0%
By parents	13.8%
By friends	3.4%

"OUTNESS"

Percentage of MSM out to no-one or only a few

Overall	**13.2%**

SEXUAL SATISFACTION

WHO indicator on sexual health

Satisfied	76.2%
Unsatisfied	23.8%

HIV/STIs

HIV PREVALENCE

GARPR 1.14
HIV prevalence

Overall	**7.5%**
Among <25	1.9%
Among 25+	8.1%

RECOMMENDATIONS

	BIO-MEDICAL PREVENTION	STRUCTURAL PREVENTION	CAMPAIGNS
WHAT			
HOW	• Improve access to Post-Exposure Prophylaxis (PEP) • Continue to make 'Treatment as Prevention' (TasP) available • Make Pre-exposure prophylaxis (PrEP) available	• Continue and improve condom distribution • Expand low threshold testing, e.g. by introducing home/home collection testing • Improve access to testing and care for migrant MSM Sex Workers who have no health insurance	• Implement prevention campaigns targeting young MSM • Implement campaigns on STIs other than HIV (Syphilis, Gonorrhoea, Chlamydia and Hep.B)" • Promote information and testing uptake among MSM • Promote information and testing uptake among migrant Sex Workers - MSM

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2013-14

City Profile

LISBON - PORTUGAL

Limitations estimates are based on data from the Sialon II TLS survey. Findings have to be interpreted with caution.
For detailed information on data analysis and results, please consult the Deliverable 9 – Report on bio-behavioural survey.
Data Data are based on 2013 TLS survey, on weighted estimates with 95% CI.
Recommendations are based on international literature.

BEHAVIOUR

CONDOM USE

GARPR 1.12
Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner

Overall	**69.6%**
Among <25	53.1%
Among 25+	72.0%

PREVENTION

HIV PREVENTION PROGRAMMES

GARPR 1.11
Percentage of MSM reached with HIV prevention programmes

Overall	**65.9%**
Among <25	79.9%
Among 25+	64.4%

TESTING & TREATMENT

HIV TEST IN THE LAST YEAR

GARPR 1.13
Percentage of MSM who received an HIV test in the past 12 months and know their results

Overall	**58.2%**
Among <25	18.3%
Among 25+	62.7%

TREATMENT

Proportion of known HIV-positive MSM who are on antiretroviral treatment

Overall	**45.8%**

SOCIAL CONTEXT

PERCEIVED HOMO-NEGATIVITY

Percentage of men reported negative or very negative attitude towards gays or bisexuals

At work/school	31.9%
By parents	32.0%
By friends	5.8%

"OUTNESS"

Percentage of MSM out to no-one or only a few

Overall	**25.5%**

SEXUAL SATISFACTION

WHO indicator on sexual health

Satisfied	85.2%
Unsatisfied	14.8%

HIV/STIs

HIV PREVALENCE

GARPR 1.14
HIV prevalence

Overall	**17.1%**
Among <25	1.2%
Among 25+	18.9%

RECOMMENDATIONS

WHAT	BIO-MEDICAL PREVENTION	STRUCTURAL PREVENTION	CAMPAIGNS
HOW	• Make Post-Exposure Prophylaxis (PEP), Treatment as Prevention (TasP), Pre-exposure prophylaxis (PrEP) available	• Improve condom distribution • Improve testing offering (community based testing) • Implement sexual education in schools	• Implement prevention campaigns targeting young MSM • Implement campaigns on STIs other than HIV (Syphilis and HBV-HCV) • Promote information and testing uptake among migrant Sex Workers - MSM • Implement multilingual campaigns targeting tourists/foreigners MSM

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2013-14

City Profile

LJUBLJANA - SLOVENIA

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For detailed information on data analysis and results, please consult the Deliverable 9 – Report on bio-behavioural survey.
Data Data are based on 2013 TLS survey, on weighted estimates with 95% CI.
Recommendations are based on international literature.

BEHAVIOUR

CONDOM USE

GARPR 1.12
Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner

Overall	**49.5%**
Among <25	57.6%
Among 25+	47.1%

PREVENTION

HIV PREVENTION PROGRAMMES

GARPR 1.11
Percentage of MSM reached with HIV prevention programmes

Overall	**50.4%**
Among <25	48.6%
Among 25+	50.9%

TESTING & TREATMENT

HIV TEST IN THE LAST YEAR

GARPR 1.13
Percentage of MSM who received an HIV test in the past 12 months and know their results

Overall	**46.4%**
Among <25	40.1%
Among 25+	47.7%

TREATMENT

Proportion of known HIV-positive MSM who are on antiretroviral treatment

Overall	**78.6%**

SOCIAL CONTEXT

PERCEIVED HOMO-NEGATIVITY

Percentage of men reported negative or very negative attitude towards gays or bisexuals

At work/school	21.9%
By parents	29.5%
By friends	5.5%

"OUTNESS"

Percentage of MSM out to no-one or only a few

Overall	**26.3%**

SEXUAL SATISFACTION

WHO indicator on sexual health

Satisfied	73.3%
Unsatisfied	26.7%

HIV/STIs

HIV PREVALENCE

GARPR 1.14
HIV prevalence

Overall	**4.4%**
Among <25	1.4%
Among 25+	5.3%

RECOMMENDATIONS

	BIO-MEDICAL PREVENTION	STRUCTURAL PREVENTION	CAMPAIGNS
WHAT			
HOW	• Continue to provide Treatment as Prevention (TasP) and Post-Exposure Prophylaxis (PEP) • Consider to provide Pre-exposure prophylaxis (PrEP)	• Improve condom distribution • Improve testing offering (community based testing)	• Promote HIV testing uptake among MSM • Continue to implement prevention campaigns targeting MSM

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2013-14

City Profile

SOFIA - BULGARIA

Limitations estimates are based on data from the Sialon II TLS survey. Findings have to be interpreted with caution.
For detailed information on data analysis and results, please consult the Deliverable 9 – Report on bio-behavioural survey.
Data Data are based on 2013 TLS survey, on weighted estimates with 95% CI.
Recommendations are based on international literature.

BEHAVIOUR

CONDOM USE

GARPR 1.12
Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner

Overall	**64.7%**
Among <25	80.0%
Among 25+	59.3%

PREVENTION

HIV PREVENTION PROGRAMMES

GARPR 1.11
Percentage of MSM reached with HIV prevention programmes

Overall	**88.5%**
Among <25	84.7%
Among 25+	89.7%

TESTING & TREATMENT

HIV TEST IN THE LAST YEAR

GARPR 1.13
Percentage of MSM who received an HIV test in the past 12 months and know their results

Overall	**74.3%**
Among <25	75.1%
Among 25+	73.9%

TREATMENT

Proportion of known HIV-positive MSM who are on antiretroviral treatment

Overall	**100.0%**

SOCIAL CONTEXT

PERCEIVED HOMO-NEGATIVITY

Percentage of men reported negative or very negative attitude towards gays or bisexuals

At work/school	57.0%
By parents	41.7%
By friends	11.9%

"OUTNESS"

Percentage of MSM out to no-one or only a few

Overall	**36.5%**

SEXUAL SATISFACTION

WHO indicator on sexual health

Satisfied	60.2%
Unsatisfied	39.8%

HIV/STIs

HIV PREVALENCE

GARPR 1.14
HIV prevalence

Overall	**3.0%**
Among <25	0.1%
Among 25+	3.9%

RECOMMENDATIONS

WHAT	BIO-MEDICAL PREVENTION	STRUCTURAL PREVENTION	CAMPAIGNS
HOW	• Make Post-Exposure Prophylaxis (PEP), Treatment as Prevention (TasP), Pre-exposure prophylaxis (PrEP) available	• Improve condom distribution • Improve testing offering (community based testing)	• Implement prevention campaigns targeting young MSM • Implement campaigns on STIs other than HIV (Syphilis and HBV-HCV) • Promote information and testing uptake among migrant Sex Workers - MSM • Improve funding for prevention campaigns and programmes

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2013-14

City Profile

STOCKHOLM - SWEDEN

Limitations estimates are based on data from the Sialon II TLS survey. Findings have to be interpreted with caution.
For detailed information on data analysis and results, please consult the Deliverable 9 - Report on bio-behavioural survey.
Data Data are based on 2013 TLS survey, on weighted estimates with 95% CI.
Recommendations are based on international literature.

BEHAVIOUR

CONDOM USE

GARPR 1.12
Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner

Overall	**58.4%**
Among <25	62.6%
Among 25+	56.9%

PREVENTION

HIV PREVENTION PROGRAMMES

GARPR 1.11
Percentage of MSM reached with HIV prevention programmes

Overall	**76.6%**
Among <25	72.7%
Among 25+	78.0%

TESTING & TREATMENT

HIV TEST IN THE LAST YEAR

GARPR 1.13
Percentage of MSM who received an HIV test in the past 12 months and know their results

Overall	**56.3%**
Among <25	52.1%
Among 25+	57.9%

TREATMENT

Proportion of known HIV-positive MSM who are on antiretroviral treatment

Overall	**100.0%**

SOCIAL CONTEXT

PERCEIVED HOMO-NEGATIVITY

Percentage of men reported negative or very negative attitude towards gays or bisexuals

At work/school	13.1%
By parents	16.6%
By friends	4.0%

"OUTNESS"

Percentage of MSM out to no-one or only a few

Overall	**19.8%**

SEXUAL SATISFACTION

WHO indicator on sexual health

Satisfied	74.6%
Unsatisfied	25.4%

HIV/STIs

HIV PREVALENCE

GARPR 1.14
HIV prevalence

Overall	**2.4%**
Among <25	0.0%
Among 25+	3.4%

RECOMMENDATIONS

WHAT	BIO-MEDICAL PREVENTION	STRUCTURAL PREVENTION	CAMPAIGNS
HOW		• Maintain condom distribution	• Continue promote condom use • Continue promote testing offering (outreach/ community based testing and health-care based testing)

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2013-14

City Profile

VERONA - ITALY

Limitations estimates are based on data from the Sialon II RDS survey. Findings have to be interpreted with caution.
For detailed information on data analysis and results, please consult the Deliverable 9 – Report on bio-behavioural survey.
Data Data are based on 2013-14 RDS survey, on weighted estimates with 95% CI.
Recommendations are based on international literature.

BEHAVIOUR

CONDOM USE

GARPR 1.12
Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner

Overall	**61.6%**
Among <25	55.7%
Among 25+	63.9%

PREVENTION

HIV PREVENTION PROGRAMMES

GARPR 1.11
Percentage of MSM reached with HIV prevention programmes

Overall	**35.9%**
Among <25	27.7%
Among 25+	39.0%

TESTING & TREATMENT

HIV TEST IN THE LAST YEAR

GARPR 1.13
Percentage of MSM who received an HIV test in the past 12 months and know their results

Overall	**47.8%**
Among <25	50.2%
Among 25+	47.3%

TREATMENT

Proportion of known HIV-positive MSM who are on antiretroviral treatment

Overall	**80.5%**

SOCIAL CONTEXT

PERCEIVED HOMO-NEGATIVITY

Percentage of men reported negative or very negative attitude towards gays or bisexuals

At work/school	35.0%
By parents	33.1%
By friends	12.8%

"OUTNESS"

Percentage of MSM out to no-one or only a few

Overall	**38.9%**

SEXUAL SATISFACTION

WHO indicator on sexual health

Satisfied	75.6%
Unsatisfied	24.4%

HIV/STIs

HIV PREVALENCE

GARPR 1.14
HIV prevalence

Overall	**9.6%**
Among <25	3.8%
Among 25+	12.2%

SYPHILIS PREVALENCE

Positivity for both TPHA or TPPA or CMIA and RPR: probable active Syphilis

Overall	**5.1%**

HEPATITIS B INFECTION

Positivity for HBcAb and HBsAg positive, negativity for HBsAb: acute or chronic infection)

Overall	**2.8%**

HEPATITIS B VACCINATION

Positivity for HBsAb, negativity for both HBsAg and HBcAb

Overall	**44.9%**

HEPATITIS C PREVALENCE

Positivity for anti-HCV

Overall	**5.3%**

RECOMMENDATIONS

WHAT	BIO-MEDICAL PREVENTION	STRUCTURAL PREVENTION	CAMPAIGNS
HOW	• Make Post-Exposure Prophylaxis (PEP), Treatment as Prevention (TasP), Pre-exposure prophylaxis (PrEP) available	• Improve condom distribution • Improve testing offering (community based testing)	• Implement prevention campaigns targeting young MSM • Implement campaigns on STIs other than HIV (Syphilis and HBV-HCV) • Promote information and testing uptake among migrant Sex Workers - MSM

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2013-14

City Profile

VILNIUS - LITHUANIA

Limitations estimates are based on data from the Sialon II RDS survey. Findings have to be interpreted with caution.
For detailed information on data analysis and results, please consult the Deliverable 9 – Report on bio-behavioural survey.
Data Data are based on 2013-14 RDS survey, on weighted estimates with 95% CI.
Recommendations are based on international literature.

BEHAVIOUR

CONDOM USE

GARPR 1.12
Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner

Overall	**56.6%**
Among <25	59.6%
Among 25+	55.3%

PREVENTION

HIV PREVENTION PROGRAMMES

GARPR 1.11
Percentage of MSM reached with HIV prevention programmes

Overall	**37.5%**
Among <25	58.4%
Among 25+	30.1%

TESTING & TREATMENT

HIV TEST IN THE LAST YEAR

GARPR 1.13
Percentage of MSM who received an HIV test in the past 12 months and know their results

Overall	**38.8%**
Among <25	38.3%
Among 25+	39.1%

TREATMENT

Proportion of known HIV-positive MSM who are on antiretroviral treatment

Overall	**100.0%**

SOCIAL CONTEXT

PERCEIVED HOMO-NEGATIVITY

Percentage of men reported negative or very negative attitude towards gays or bisexuals

At work/school	31.6%
By parents	46.9%
By friends	16.3%

"OUTNESS"

Percentage of MSM out to no-one or only a few

Overall	**51.0%**

SEXUAL SATISFACTION

WHO indicator on sexual health

Satisfied	77.8%
Unsatisfied	22.2%

HIV/STIs

HIV PREVALENCE

GARPR 1.14
HIV prevalence

Overall	**3.4%**
Among <25	0.0%
Among 25+	4.6%

SYPHILIS PREVALENCE

Positivity for both TPHA or TPPA or CMIA and RPR: probable active Syphilis

Overall	**0.1%**

HEPATITIS B INFECTION

Positivity for HBcAb and HBsAg positive, negativity for HBsAb: acute or chronic infection)

Overall	**3.6%**

HEPATITIS B VACCINATION

Positivity for HBsAb, negativity for both HBsAg and HBcAb

Overall	**22.4%**

HEPATITIS C PREVALENCE

Positivity for anti-HCV

Overall	**0.9%**

RECOMMENDATIONS

	BIO-MEDICAL PREVENTION	STRUCTURAL PREVENTION	CAMPAIGNS
WHAT			
HOW	• Make Post-Exposure Prophylaxis (PEP), Treatment as Prevention (TasP), Pre-exposure prophylaxis (PrEP) available	• Improve condom distribution • Improve testing offering (community based testing)	• Implement prevention campaigns targeting young MSM • Implement campaigns on STIs other than HIV (Syphilis and HBV-HCV) • Promote information and testing uptake among migrant Sex Workers - MSM

Sialon II

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2013-14

City Profile

WARSAW - POLAND

Limitations estimates are based on data from the Sialon II TLS survey. Findings have to be interpreted with caution.
For detailed information on data analysis and results, please consult the Deliverable 9 - Report on bio-behavioural survey.
Data Data are based on 2013 TLS survey, on weighted estimates with 95% CI.
Recommendations are based on international literature.

BEHAVIOUR

CONDOM USE

GARPR 1.12
Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner

Overall	**55.4%**
Among <25	51.4%
Among 25+	57.0%

PREVENTION

HIV PREVENTION PROGRAMMES

GARPR 1.11
Percentage of MSM reached with HIV prevention programmes

Overall	**28.8%**
Among <25	25.5%
Among 25+	30.2%

TESTING & TREATMENT

HIV TEST IN THE LAST YEAR

GARPR 1.13
Percentage of MSM who received an HIV test in the past 12 months and know their results

Overall	**52.7%**
Among <25	38.2%
Among 25+	59.0%

TREATMENT

Proportion of known HIV-positive MSM who are on antiretroviral treatment

Overall	**100.0%**

SOCIAL CONTEXT

PERCEIVED HOMO-NEGATIVITY

Percentage of men reported negative or very negative attitude towards gays or bisexuals

At work/school	17.0%
By parents	23.8%
By friends	3.8%

"OUTNESS"

Percentage of MSM out to no-one or only a few

Overall	**38.1%**

SEXUAL SATISFACTION

WHO indicator on sexual health

Satisfied	71.1%
Unsatisfied	28.9%

HIV/STIs

HIV PREVALENCE

GARPR 1.14
HIV prevalence

Overall	**7.2%**
Among <25	1.6%
Among 25+	9.7%

RECOMMENDATIONS

	BIO-MEDICAL PREVENTION	STRUCTURAL PREVENTION	CAMPAIGNS
WHAT			
HOW	• Make Post-Exposure Prophylaxis (PEP), Treatment as Prevention (TasP), Pre-exposure prophylaxis (PrEP) available	• Improve condom distribution • Improve testing offering (community based testing)	• Implement prevention campaigns targeting young MSM • Implement campaigns on STIs other than HIV (Syphilis and HBV-HCV) • Promote information and testing uptake among MSM

Annex

Annex 1
Sialon II contribution to the implementation of the EU HIV/AIDS policy Framework

Cinthia Menel-Lemos, Paolo Guglielmetti and the Sialon II Network

The Commission Communication on "Combating HIV/AIDS in the European Union and neighbouring countries (2009-2013)" represents a key background document for EU actions tackling HIV/AIDS (European Commission [EC], 2009).

The Communication is complemented by an Operational Action Plan which has recently been updated to cover the period 2014-2016 (EC, 2014). This Action Plan stresses the importance of reducing new HIV infections across all European countries, of improving access to prevention, treatment, care and of improving the quality of life of people living with HIV/AIDS. The Action Plan targets both European Union and neighbouring countries.

The document includes a detailed matrix where key areas for intervention are described and – for each area – specific actions are recommended. Such areas include political aspects and the involvement of civil society, prevention components and priority regions and groups.

Moreover, a clear suggestion is included about specific data to be collected in order (i) to improve the knowledge of the HIV epidemic and related factors and (ii) to monitor and to evaluate both the epidemiological situation and the prevention activities.

Additional priority areas are also included in the Action Plan, such as the urgency of tackling discrimination in relation to HIV/AIDS, the need for improving the access to voluntary testing (and treatment) and for reinforcing the behavioural surveillance component across EU and neighbouring countries.

The Sialon II project, although originally designed and approved for funding in 2010, already embraced the core recommendations which are currently laid down in the Commission Communication and in the updated Action Plan.

Please see on the next page a table describing the contribution of the Sialon II project to the Communication and its Action Plan. This table is an adaptation of that presented in the Working document "Action Plan on HIV/AIDS in the EU and neighbouring countries: 2014-2016" (EC, 2014).

Area	Topic	The Sialon II project contribution
Politics, policies and involvement of civil society, wider society and stakeholders	To put the **HIV/AIDS as an issue requiring special attention**	Strengthening (and in some cases building) the network among Public Health bodies and NGOs working in the field of HIV/AIDS, contributing to HIV/AIDS policies and strategies Promoting an HIV/AIDS debate from different perspectives (scientific, public health, LGBTI rights) and at different levels (international and European organisations, national, regional and local institutions, community) Organisation of dissemination events at local level, including the participation in national/international conferences Preparation of future scientific publications
	To promote a **solid collaboration among Commission, Member States, Neighbouring countries, Civil Society and International Organisations**	Setting up of a collaboration among the European Commission, relevant European and International Organisations (namely **ECDC, WHO, UNAIDS**), as well as members of **MSM communities**, and other stakeholders (**Public Health bodies, Universities, Hospitals, local Health Services** among the participating countries)
	To promote **Civil Society involvement**	Active involvement of the civil society (LGBTI – MSM NGOs) not only in planning and implementing the project but also in delivering the main results at the local level **Networking among NGOs from different EU and neighbouring countries** (Armenia, Moldova) in a **capacity-building perspective**
Prevention	To promote **targeted and combination prevention and treatment**	Implementing an EU project in 13 countries combining targeted prevention with meaningful HIV surveillance among MSM Embedding the prevention strategies in the context of a multi-site bio-behavioural survey Basing the prevention strategies on a solid formative research
	Preventing HIV transmission and risk behaviours	Foreseeing testing and a prompt referral to health care services as part of prevention actions (during the TLS and RDS surveys) Contributing in highlighting the different prevention needs among MSM living in the participating cities (formative research and survey) Contributing in highlighting the specific segmentation and the complexity of the MSM populations across participating countries, providing also useful indications for additional HIV prevention and health promotion interventions by subgroups to be implemented in the future Contributing in increasing condom and lube distribution (prevention campaigns and info-packs) and the uptake of HIV testing (TLS-RDS survey) across the study sites
Priority regions and settings	Targeting priority regions such as the **Eastern European Member States and the neighbouring countries**	Setting up a wide network, including non-EU countries such as Armenia and Moldova, contributing to strengthening the networking and common actions Contributing to a know-how exchange (on **prevention activities, bio-behavioural surveys and laboratory components targeting medical and NGO staff**) in line with a capacity building approach, reinforcing the knowledge and skills in the priority regions
Priority groups	Targeting the priority group of **Men who have Sex with Men (MSM)**	Designing and implementing a specific project focusing on prevention and research targeting MSM in 13 EU countries Identifying the **segmentation and the complexity of the MSM population**, providing useful indications regarding the necessity to design targeted HIV prevention and health promotion interventions by subgroups

Area	Topic	The Sialon II project contribution
		Identifying specific characteristics (including risk behaviour patterns) and prevention needs of specific MSM sub-groups, such as **young MSM**, **migrants**, tourists, minorities (ethnic background) **commercial sex workers** and the **MSM who have sex with female partners** ("bridging population")
Improving the knowledge	Improving knowledge in terms of **research**, **health care staff** skills and **surveillance** know-how	Adopting the Second Generation Surveillance Systems (SGSS) approach along with the use of common core indicators (GARPR), strengthening the **know-how** in terms of **surveillance strategies** (**bio-behavioural surveys, sampling methods, testing methods**) targeting high-risk or hidden populations such as the MSM **Training** and adopting a common strategy in **laboratory based testing** for HIV and other STIs (in particular oral fluid HIV testing), improving technical skills and knowledge among the Sialon II institutions (local laboratories) Improving capacities and knowledge of medical staff with regards to **HIV/AIDS and co-infections** prevention, testing, treatment and care including a wider **dissemination of clinical best practices**
	Improving knowledge about **risky behaviours** and **epidemiological data**	Providing **robust, reliable and valid bio-behavioural data on the HIV epidemic in each participating country**, in line with highest ethical standards in project design, implementation and evaluation, thanks also to the supervision of the EC, ECDC, WHO and UNAIDS Providing a trustworthy source of relevant and **comparable data** for public health authorities (PHAs) and NGOs in each partner country to develop and inform HIV prevention strategies and actions Providing data and **insights** regarding (as examples): **access to prevention programmes** and **testing** in each partner country, results on **sexual behaviour** amongst MSM in the last six months (with steady and non-steady partners) including condom use and "fisting"; as well as findings relating to **commercial sex**, **HIV and other STIs**, **treatment and viral load**, **substance (mis)use**, and **sexual health** (sexual satisfaction, sexual safety, and sexual autonomy) Providing specific estimates on **HIV prevalence and incidence** (Avidity Index calculation for HIV) Providing specific estimates on **undiagnosed infections** Providing specific estimates **co-infections including HIV-Syphilis, HIV-HBV, and HIV-HCV**
	Improving knowledge in **prevention actions**	Including **prevention experiences and suggestions** in a specific Sialon II Prevention Report, contributing to the state-of-the-art of the current prevention "best practices" across the participating countries
Monitoring and evaluation	Contributing to the "**Dublin Declaration** on Partnership to Fight HIV/AIDS in Europe and Central Asia" (ECDC, 2015)	Planning and implementing a project survey specifically designed on the principles of the **Dublin Declaration** Planning and implementing a project survey specifically designed in line with the **Global AIDS Response Progress Reporting (GARPR) indicators** across the participating countries Providing ECDC with a specific document in 2014, summarising the GARPR data obtained through the Sialon II bio-behavioural surveys. **The Sialon II data has been included as significant part of the Thematic Report focusing on MSM and published by ECDC in 2015** (ECDC, 2015) Including the **GARPR indicators on prevention programmes** providing comprehensive evidence on the need for future interventions, contributing to the monitoring and evaluation process of the prevention actions across Europe

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Annex 2
Present and future challenges in tackling the HIV epidemic

Maddalena Campioni, Patrick Noack

The reality of the AIDS response is shifting rapidly; while the spread of HIV remains an important public health issue in Europe and globally it should not be considered only an epidemiological matter, a funding reality, or a medical issue: these are no longer the only drivers of the response to the epidemic. If AIDS is to end as a public health threat, a wider consideration of the epidemic is needed to bridge the gaps between the evidence and the political priorities and choices, at city, country, European level as well as globally. The HIV bio-behavioural survey among MSM in key cities shows a considerable trend that needs to be considered further.

Few studies consider behavioural and biological data in line with the Second Generation Surveillance System (SGSS) criteria and UNGASS indicators, and no studies couple the results with the UNAIDS political scenarios. The political scenarios assess the complexity of the context in which the response should be effective; including the elements of stigma, legal framework, community leadership, political instability and conflicts, human rights etc. Considering the context in which the epidemic takes place allows for preparedness and strengthening of the response. From the results of the bio-behavioural survey of the SIALON II project and the UNAIDS Scenarios for Eastern Europe and Central Asia (EECA) the following policy recommendations should be considered in future studies:[1]

- A clear change in the socio-political context, for example a shift in marginalisation of vulnerable groups, might affect the AIDS prevalence among key populations and the future AIDS response significantly. An in-depth analysis of the socio-cultural drivers in the region among key populations should be conducted. Our scenarios work has suggested a significant range of societal barriers against MSM and other sexual minorities. These barriers are formed by the social constructs around what constitutes socially acceptable behaviour and the extent to which it is admissible to discriminate against groups displaying such behaviour.
- The existing UNAIDS scenarios could be used to link regional and global priorities to move beyond the epidemiological data and instead appeal to the political discourse, providing a tool for decision-making. Spe-

1 This section is prepared by Maddalena Campioni and Patrick Noack from UNAIDS Scenarios for the Future of AIDS, UNAIDS, Geneva, Switzerland

cific drivers of the epidemic and priorities such as the extent to which HIV is a priority for decision makers, or the degree of shared understanding of personal/cultural/spiritual values, could be further researched and considered in the context of MSM in cities.

- City-specific scenarios for the future might give a wider understanding of the possible future changes and provide a Litmus test for resilience when planning for an effective response, building in flexibility for an effective prevention and preparedness strategy.

An important follow-up to Sialon II would be integration and cross-referencing of the data; for example: what proportions of surveyed people have an HIV-status different to what they expect (i.e. are positive, despite reportedly having been tested previously, despite knowledge of where to get tested, and despite access to prevention services). This is important to understand the effectiveness of the services, the relative ineffectiveness, the potential hurdles to access services and the truthfulness of the respondents. This would be important information to understand whether prevention programmes actually do work.

The information on the reported partnership in place between Civil Society organisations and the hospitals will provide important proxy information on the general perception with regard to exclusion, stigma and provision of quality services. A standard protocol for partnership formation will be critical in subsequent studies, as well as to policy development aimed at improving services, to ensure that the best partnerships are formed from the onset while reducing the risk for failure at a later stage.

The Sialon 2009 paper ((Mirandola et al., 2009) suggests the importance of alcohol and the use of illegal drugs. It would have been important to also provide data on these variables in the Sialon II data we have received – this aspect might be relevant in explaining the sustained infection rates.

The purpose of this study is to make a direct assessment of the current state of HIV infections in the MSM groups; the intent has to be to enable change as well as shape European policy and legal frameworks to ensure new infection reduction. In order to make additional contributions we welcome further insights into the proposed discussion and analysis of Sialon II data. According to the UNAIDS Political scenarios in the Eastern Europe and Central Asia region the table below highlights the three main priorities that need to be considered cuncurrently.

Finally, experimental ideas could be explored in a dynamic city setting, to reduce the risks or impact of discrimination; for example the use of robotic interfaces to receive and examine patients, prescribe medicines and carry out any follow-ups.

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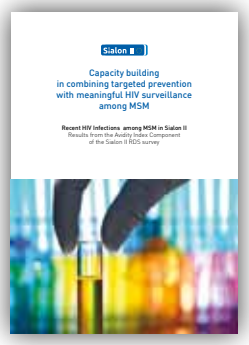
Overview of the most relevant Sialon II deliverables

Report on a bio-behavioural survey

The Report includes a detailed description of the main results from the bio-behavioural survey implemented in 13 EU countries

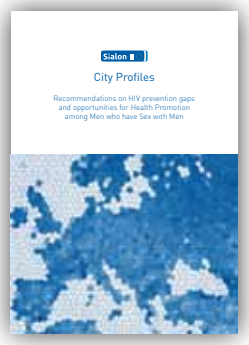
Report on recent HIV infections among MSM in Sialon II

The Report includes the results from the Avidity Index Calculation exercise performed in RDS countries on HIV positive samples



City Profiles

The document presents a list of recommendations on HIV prevention gaps and opportunities for health promotion among MSM in the participating cities

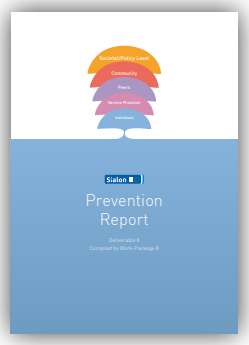


The Sialon II project was funded under the European Commission's (EC) Public Health Programme 2008-2013 (Work Plan 2010).
For more information: http://www.sialon.eu/en/home/

Overview of the most relevant Sialon II deliverables

Prevention Report

The Report includes a detailed description of the main prevention outcomes, strategies and actions implemented in Sialon II



Prevention materials

Scratch-card for prevention,
Prevention Info-pack with testing information and condom+lube

Avidity Index Workshop DVD

The DVD includes a 1-hour training video on how to perform the Avidity Index Calculation for HIV

Sialon II

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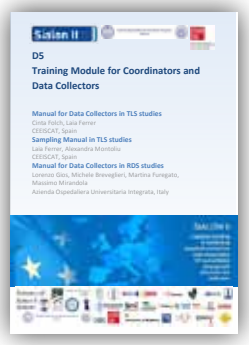
Overview of the most relevant Sialon II deliverables

Training module for data collectors

The Manual includes training materials for data collection through Time-Location Sampling and for Respondent-Driven Sampling methods

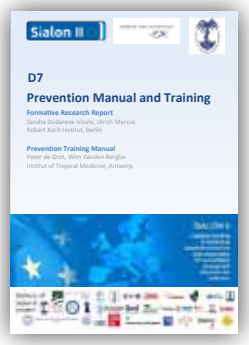


Training module for lab technicians

The Manual includes lab methods and testing algorithms for bio-behavioural survey using Time-Location Sampling and Respondent-Driven Sampling

Prevention Manual and Training

The Manual includes the main results from the Sialon II Formative Research and a specific Prevention Training for data collectors



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Note

Note

City Profiles

Recommendations on HIV prevention gaps and opportunities for Health Promotion among Men who have Sex with Men

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This document is based on data from the Sialon II project, funded under the European Commission's (EC) Public Health Programme 2008-2013 (Work Plan 2010)