SPECIAL REPORT

Thematic report: 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

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ECDC SPECIAL REPORT

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Monitoring Implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 Progress Report

This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Teymur Noori and Anastasia Pharris (ECDC), Programme for sexually transmitted infections, including HIV/AIDS and blood-borne infections.

This report is one in a series of thematic reports based on information submitted by reporting countries in 2012 on monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS. Other reports in the series can be found on the ECDC website at: http://www.ecdc.europa.eu/ under the health topic HIV/AIDS.

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Contents

Abbreviations

ECDC	European Centre for Disease Prevention and Control
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMIS	The European Men-Who-Have-Sex-With-Men Internet Survey (2010)
GARP	Global AIDS Response Progress Reporting
MSM	Men who have sex with men
NCPI	National Commitments and Policies Instruments
NGO	Non-governmental organisation
PWID	People who inject drugs
STI	Sexually transmitted infections
UNAIDS	Joint United Nations programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
WHO	World Health Organization

Executive summary

Key messages

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.

HIV prevalence among MSM in Europe and Central Asia ranges from 0.5% to 17.7%. Reported prevalence is 5% or more in 16 countries; seven of these countries report prevalence of 10% or more. Prevalence is highest in the countries of western and southern Europe.

Based on reported data, HIV prevalence among MSM appears to be increasing in the region. However, differences in data sources mean that it is difficult to make meaningful comparisons between the two reporting rounds.

Rates of HIV testing over the last twelve months have varied considerably, ranging from 12% to 74%, but in general they are relatively low, with most countries reporting HIV testing rates of between 20% and 50%. A comparison of testing rates in countries that reported data in both 2010 and 2012 shows no clear overall trend or sub-regional pattern.

Reported rates of condom use by MSM at last anal intercourse also vary, ranging from 28% to 76%. A total of 15 countries reported rates of over 60% and 19 countries reported rates of between 40% and 60%. Only one country reported a rate of less than 30%.

HIV prevention programme coverage for MSM is based on data for 26 countries that agreed to use of data on programme coverage from the European MSM Internet Survey (EMIS)[1] and for eight countries not covered by EMIS that reported on the Global AIDS Response Progress reporting indicator. Based on EMIS data, reported HIV prevention programme coverage for MSM in these 26 countries ranged from 43% to 77%. Coverage was 70% or higher in eight countries and below 50% in five countries. HIV prevention programme coverage for MSM in the eight non-EMIS countries ranged from 21% to 80%.

The relevance and adequacy of existing indicators to measure programme coverage as well as risk and protective behaviour among MSM remains an issue. The current HIV testing and condom use indicators also have limitations.

Background

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 the countries of Europe and Central Asia.

Monitoring the progress in implementing this declaration began in 2007 with financial support from the German Ministry of Health. This resulted in the publication of a first progress report by the WHO Regional Office for Europe, UNAIDS and civil society in August 2008. In late 2007, the European Commission requested ECDC to monitor the Dublin Declaration on a more systematic basis. The first country-driven, indicator-based progress report was published in 2010[2]. The objective was to harmonise indicators with existing monitoring frameworks, notably the United Nations General Assembly Special Session (UNGASS) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) indicators, and with the EU Communication and Action Plan[3], using existing data and focusing on reporting that was relevant in the European and Central Asian context, to minimise the reporting burden for countries. In 2012, instead of producing one overall report, information provided by countries has been analysed to produce ten thematic reports.

Method

ECDC asked all countries of the region to submit data on their national responses to HIV. For this round of reporting, the process was further harmonised with Global AIDS Response Progress Reporting (formerly known as UNGASS reporting). As a result, countries submitted most of their responses through a joint online reporting tool hosted by UNAIDS. Responses were received from 51 of 55 countries (93%). This response rate was slightly higher than for 2010. More details of methods used are available in the background and methods report.

[1] The EMIS Network. EMIS 2010: The European Men-Who-Have-Sex-With-Men Internet Survey. Findings from 38 countries. Stockholm: European Centre for Disease Prevention and Control, 2013. Available at: http://www.ecdc.europa.eu/en/publications/Publications/EMIS-2010-european-men-who-have-sex-with-men-survey.pdf

[2] European Centre for Disease Prevention and Control. Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2010 progress report. Stockholm: ECDC; 2010. Available here: http://ecdc.europa.eu/en/publications/publications/1009_spr_dublin_declaration_progress_report.pdf

[3] 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. Available here: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2009:0569:FIN:EN:PDF

The present report reflects data reported by countries on HIV prevalence, HIV testing, condom use and coverage with HIV prevention programmes among MSM. Data reported by countries in 2012 and 2010 is included in the annexes to this report.

Data on HIV prevalence (see Annex 1) is based on country reporting to UNAIDS in relation to the Global AIDS Response Progress (GARP) indicator. Data sources were diverse and included integrated bio-behavioural surveys (IBBS) and behavioural surveys, sentinel surveillance, facility data and, for 12 countries, data from the 2010 European MSM Internet Survey (EMIS) report[4].

Some countries noted that the data that they reported was not nationally representative, mostly due to small sample size. Countries highlighted the value of the data from the 2010 EMIS survey, for which there were over 180 000 respondents in 38 countries[5]. However, they also commented on the limitations of the methodology, in particular the fact that data was based on self-reporting by a self-selected sample of MSM and that HIV-positive men were possibly over-represented in the sample[6]. Norway commented that their national EMIS sample was not representative of all MSM. Spain noted that limited internet access – 43% of Spanish households do not have internet access – could mean that rural, low-income and migrant MSM are under-represented. Moreover, the survey recruited MSM through gay websites, which are often used to find sexual partners. Visitors to such sites may therefore have different characteristics to MSM who do not use them. Respondents to EMIS tended to be younger and living in larger cities, some regions were over- and under-represented, and in some countries MSM originating from countries outside of Europe may have been under-represented in the sample of persons completing the survey.

Data on HIV testing (see Annex 2) is based on country reporting to UNAIDS on the GARP indicator: percentage of MSM who have had an HIV test in the last 12 months and who know the result. Data on condom use (see Annex 3) is also based on country reporting to UNAIDS on the GARP indicator: percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner. Again, data sources for reporting on these indicators were diverse. EMIS data were reported by 19 countries for HIV testing and by 18 countries for condom use. Similar methodology limitations to those described for HIV prevalence also apply in this instance. Additional issues relating to these indicators are discussed in the conclusions section.

During previous rounds of UNGASS reporting, data on HIV prevention programme coverage for MSM were collected using a composite indicator. This indicator reflects limited services: it considers an MSM to be covered by a prevention programme if they have received condoms in the last year and know where to get an HIV test. Although acknowledged to be an inadequate measure of prevention coverage among MSM, this indicator was retained by UNAIDS for 2012 GARP reporting in the absence of an agreement on a better way to measure coverage in this key population.

However, countries have questioned the relevance of the HIV prevention coverage indicator in the European region. The ECDC Monitoring and Evaluation Advisory Group therefore agreed that the 2012 Dublin Declaration reporting round would draw on programme coverage data from EMIS, where available, and countries agreed to its use. To measure HIV prevention coverage among MSM, EMIS considered:

- HIV-negative MSM to be covered by HIV prevention programmes if they were:
  - very confident or quite confident of obtaining an HIV test and;
  - had been reached by MSM-specific HIV prevention in the last 12 months and;
  - had not had unprotected anal sex in the last 12 months because of non-availability of condoms.
- HIV-positive MSM to be covered by HV prevention programmes if they had:
  - monitored their HIV infection in the last six months and;
  - had been reached by MSM-specific HIV prevention in the last 12 months and;
  - had not had unprotected anal sex in the last 12 months because of non-availability of condoms.

[4] The EMIS Network. EMIS 2010: The European Men-Who-Have-Sex-With-Men Internet Survey. Findings from 38 countries. Stockholm: European Centre for Disease Prevention and Control, 2013. Available at: http://www.ecdc.europa.eu/en/publications/Publications/EMIS-2010-european-men-who-have-sex-with-men-survey.pdf

[5] Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, the Former Yugoslav Republic of Macedonia, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Moldova, the Netherlands, Norway, Poland, Portugal, Romania, the Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine and the United Kingdom.

[6] This has been analysed by the EMIS network who found the HIV prevalence reported in EMIS to be about twice that found using existing estimates. Marcus U, Hickson F, Weatherburn P, Schmidt A. The EMIS Network. Prevalence of HIV among MSM in Europe: comparison of self-reported diagnoses from a large-scale internet survey and existing national estimates. BMC Public Health 2012, 12:978. Accessed at: http://www.biomedcentral.com/content/pdf/1471-2458-12-978.pdf

In the European supplement to the National Commitments and Policy Instrument (NCPI), government respondents were asked if they agreed to ECDC using EMIS data for their country in the 2012 Dublin Declaration progress report. EMIS data has been included in this report for the 26 countries[7] that agreed. Three of the five countries covered by EMIS that declined[8] (Bulgaria, Romania and Serbia) stated that they preferred to report national data, as this was more representative of the MSM population[9]. Data on programme coverage (see Annex 5) in this report is therefore based on EMIS, where countries agreed that this data could be used for Dublin Declaration reporting in 2012, and GARP reporting to UNAIDS by countries that were not covered by EMIS or for countries that did not consent to the use of EMIS country data.

This report provides a brief overview of the current situation and national responses, followed by a discussion of key conclusions and a summary of issues for action.

[7] Belarus, Belgium, Bosnia and Herzegovina, the Czech Republic, Denmark, Estonia, Finland, the Former Yugoslav Republic of Macedonia, France, Germany, Greece, Ireland, Latvia, Lithuania, Luxembourg, Moldova, the Netherlands, Norway, Poland, Portugal, Slovakia, Spain, Sweden, Switzerland, Ukraine and the United Kingdom. Moldova requested that both EMIS and GARP data be included.

[8] Bulgaria, Italy, Romania, Serbia and Slovenia responded 'No'. Malta did not agree or disagree, commenting that EMIS data is the only data available but is not likely to be representative as only a small number of MSM responded. The remaining countries either did not report or did not respond to the question.

[9] Of these countries, only Bulgaria reported data.

HIV and MSM

Current situation

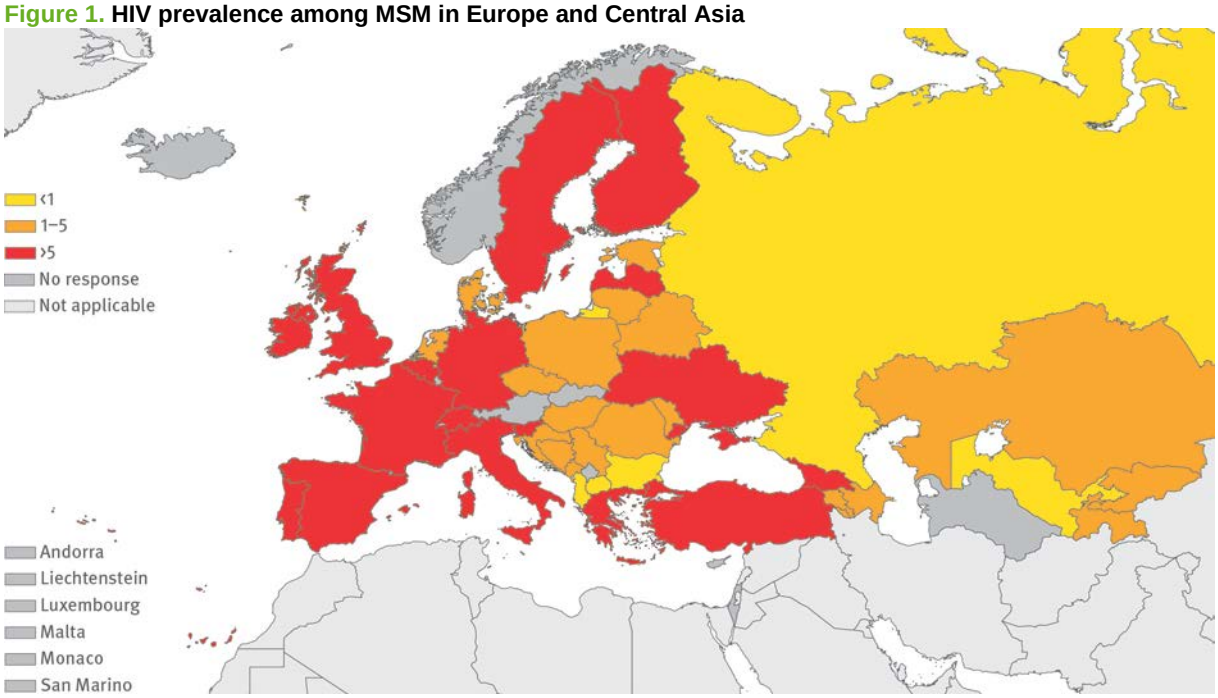
Analysis of the situation is based on prevalence data reported by countries, described in the method section above, and additional information drawn from country narrative reports.

HIV prevalence in MSM varies considerably within the region but is high in a number of countries.

Data on HIV prevalence among MSM was reported by 36 countries in 2012 (35 countries reported in 2010) (see Annex 2). Reported prevalence ranges from 0.5% to 17.7% (in 2010 reported prevalence ranged from 0% to 12%).

In 12 of the 36 countries that provided data, reported HIV prevalence among MSM is 2% or less. However, in 16 countries, prevalence is 5% or more and in seven of these countries, it is 10% or more (see Figure 1). Countries reporting the highest prevalence rates were France (17.7%), Spain (13.1%), Greece (12.7%), Germany (11.5%), Switzerland (11.3%), Belgium (10.4%), Portugal (10.2%), Italy (9.6%) and Ireland (9.5%). Prevalence rates reported by six of these countries (Belgium, Germany, Greece, Italy, Ireland and Switzerland) were based on EMIS data and therefore reflect self-reported data by a self-selected sample of MSM.

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



Source: Based on data reported by countries in 2012 (see Annex 2)

Cyprus, Estonia, Israel and Norway indicated that no data was available on overall HIV prevalence in MSM, although Estonia noted that self-reported prevalence among EMIS respondents was 1.7%. Luxembourg reported that EMIS data shows that 13.6% of MSM who have been tested for HIV are HIV positive. Croatia's narrative report to UNAIDS states that estimated HIV prevalence among MSM is 3.3%. Denmark commented that, based on behavioural data and the estimated number of MSM, prevalence is less than 5%. Israel commented that it is not possible to report on prevalence as the number of MSM is unknown.

Overall, prevalence rates appear to be higher in older MSM.

In 2012, 25 countries reported prevalence data disaggregated by age. With the exceptions of Bulgaria and Uzbekistan, prevalence was higher among MSM aged 25 years and over than among those aged under 25. In several countries, including Belgium, the Czech Republic, France, Germany, Latvia, Portugal, Sweden and Switzerland, prevalence was higher among older MSM.

Data reported by countries in 2010 suggested that rates of HIV infection were higher in some sub-groups of MSM, for example, younger and less educated MSM and bisexual men. However, Global AIDS Response Progress

reporting does not collect data on sub-groups of MSM. As a result, countries reported less data on HIV prevalence in sub-groups of MSM for 2012 than for 2010.

Sex between men remains the predominant mode of HIV transmission in the western part of the region.

A number of countries commented on the extent to which the epidemic affects MSM. For example, in Germany, MSM are the main population group at risk of HIV infection, although incidence started to decline in 2007, with an estimated 74% of infections acquired in Germany through male homosexual contact. Sweden also notes that, while new HIV infections among MSM decreased in 2010-2011, the number of reported cases remains at a higher level than in 2005 and MSM account for around 50% of HIV infections acquired in Sweden. In the Netherlands, as of January 2008, an estimated 55% of HIV infections were attributed to sex between men. Meanwhile, in Switzerland new infections among MSM have continued to increase since 2002 and MSM are the main population affected by HIV.

MSM account for a growing proportion of new HIV cases reported in several countries across the region.

Several countries highlighted increases in HIV infections among MSM in their narrative reports to UNAIDS. For example, Bulgaria reported that MSM represent a growing proportion of newly registered HIV cases, increasing to 20% in 2010 and 27% in 2011. Serbia noted a clear increasing trend among MSM, who represented 52% of all reported HIV cases in 2011 compared with 26% in 2002, although this is partly due to an increased number of MSM being tested for HIV at VCT sites. Based on data from routine HIV/AIDS surveillance, Croatia reported that 52% of HIV cases are attributable to sex between men and that over the last three years there has been an increase in the proportion of newly diagnosed cases among young MSM aged 15–24 years. Similarly, the Czech Republic reported that the HIV epidemic is primarily fuelled by transmission among MSM; 73.9% of newly diagnosed cases in 2011 were in this population group. Ukraine also registered an annual increase in the number of new HIV cases in MSM between 2005 and 2011, from 20 cases in 2005 to 143 cases in 2011. However, it also noted that the real rate of transmission through sex between men was likely to be under-estimated. In some countries, sexual orientation is not disclosed or reported at the national level so the true proportion of new HIV infections among MSM remains underreported and unknown.

HIV prevalence rates among MSM appear to be increasing.

Reported data and country narrative reports suggest that HIV prevalence among MSM continues to increase in the region. Comparison of data from the 30 countries that reported in both 2010 and 2012 (see Annex 2) indicates that HIV prevalence among MSM may have increased in the majority of these countries.

Comparison of reported data also suggests that prevalence may have increased in a number of countries where it was already reported to be high in 2010 (e.g. France, Greece, Spain and Switzerland). Moreover, in a number of countries where prevalence remains lower, reported prevalence has almost or more than doubled in the period between the two reporting rounds (e.g. Azerbaijan, Bosnia and Herzegovina, Czech Republic, Georgia, Hungary, Latvia and Slovenia).

There are two important caveats. First, prevalence would be expected to increase, even if the incidence of new infections is low, as access to ART increases and MSM with HIV live longer. Second, differences in data sources mean that comparisons between the two reporting rounds should be interpreted with caution. In particular, this applies to reported prevalence rates in 2012 that are based on EMIS data (see Annex 2).

Response

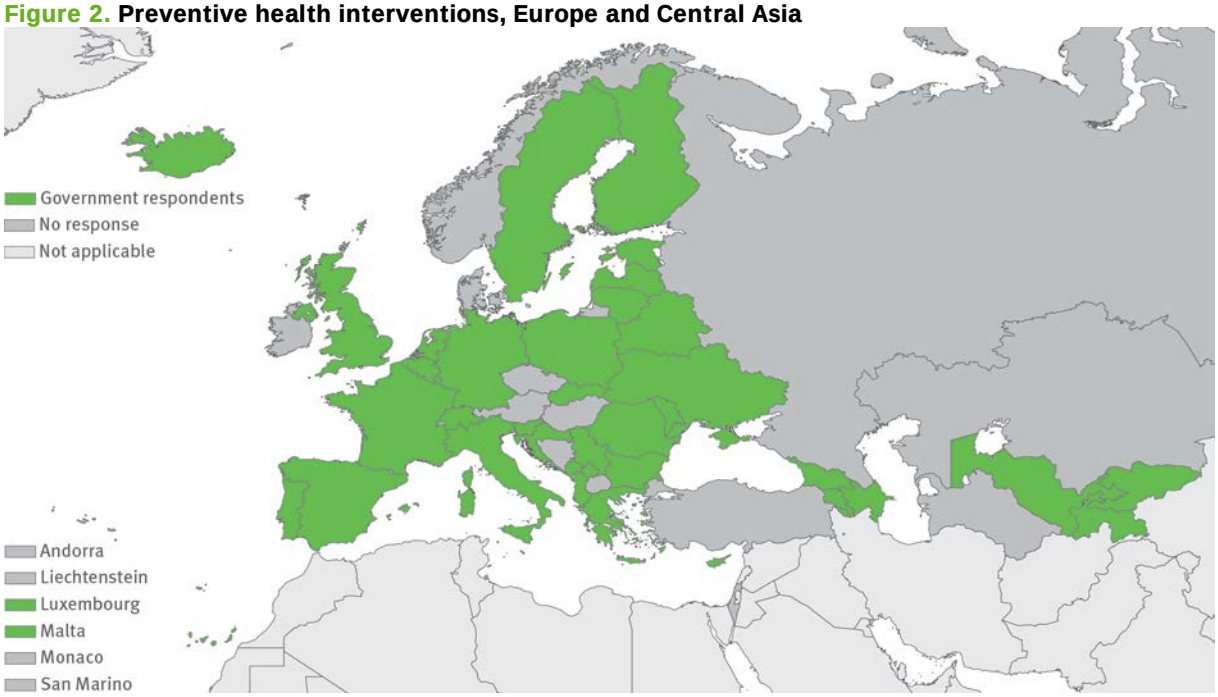
HIV services for MSM

The analysis of country HIV responses targeting MSM is based on data reported for HIV testing, condom use and programme coverage, government and civil society responses to the UNAIDS NCPI and the European supplement to the NCPI concerning prevention policies, strategies and programmes for key populations.

Most countries have an HIV prevention policy or strategy that covers key populations, including MSM.

In responses to the NCPI, 38 of 41 government respondents and 37 of 41 civil society respondents reported that their country has a policy or strategy that promotes preventive interventions for key populations. Many of these include MSM as a target population for interventions. For example, Iceland includes education for young MSM, Kosovo[10] refers to information, peer education, outreach, counselling and testing services for MSM, and Slovenia prioritises HIV prevention among MSM.

Figure 2. Preventive health interventions, Europe and Central Asia



In 2012, data on rates of HIV testing in MSM were reported by 37 countries (36 countries reported in 2010) (see Annex 3). Reported rates of HIV testing in the last month with known results for MSM ranged from 12% to 74%. The majority of countries reported rates of HIV testing between 20% and 50%. Four countries (Bosnia and Herzegovina, Lithuania, Moldova and Montenegro) reported HIV testing rates of less than 20% and four countries (Belarus, Kazakhstan, Norway and Portugal) rates of more than 60%. Age-disaggregated data were reported by 31 countries. In most of these countries, rates of reported testing were higher in MSM aged 25 years and over than in those aged under 25, but the difference was not significant.

There is no clear overall trend in HIV testing rates.

A comparison of testing rates in the 30 countries that reported data in both 2010 and 2012 shows no clear overall trend or sub-regional pattern. Reported rates of HIV testing among MSM increased in 15 countries and decreased in 15 countries between the two reporting rounds. Reported data suggests that testing rates among MSM increased in some countries, such as Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Germany, Kazakhstan, Tajikistan, the United Kingdom and Ukraine. Reported data suggests that the rate decreased in other countries: Czech Republic, the former Yugoslav Republic of Macedonia, Ireland, Italy and Lithuania. However, data reported in 2010 and 2012 should be interpreted with caution, because of differences in data sources between the two reporting rounds.

[10] This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

Condom use rates vary considerably between countries but were less than 60% in more than half of countries reporting.

In 2012, 35 countries reported data on condom use by MSM (33 countries reported in 2010) (see Annex 4). Reported rates of condom use at last anal intercourse with a male partner range from 28% to 76%. Rates of more than 60% were reported by 15 countries (Albania, Armenia, Belarus, Bosnia and Herzegovina, Bulgaria, Georgia, Greece, Ireland, Kazakhstan, Kyrgyzstan, Luxembourg, Portugal, Serbia, Tajikistan and Ukraine). Condom use rates were between 40% and 60% in 19 countries, which is over half of the countries reporting. Only one country reported condom use rates of less than 30% (Azerbaijan). Age-disaggregated data, reported by 30 countries, showed relatively little difference in condom use between older and younger MSM.

There is some evidence of a decrease in condom use.

Of the 25 countries that reported data on rates of condom use among MSM in both 2010 and 2012, more countries have seen a decrease than an increase in condom use. There is no clear sub-regional pattern in trends.

Reported condom use rates have increased in seven countries (Bulgaria, Czech Republic, Georgia, Ireland, Kazakhstan, Moldova and Ukraine), stayed about the same in four countries (Belgium, Bosnia and Herzegovina, Serbia, Sweden) and decreased in 14 countries (Azerbaijan, Armenia, Estonia, the former Yugoslav Republic of Macedonia, France, Germany, Greece, Kyrgyzstan, Latvia, Lithuania, Romania, Switzerland, United Kingdom and Uzbekistan). Increases in condom use were most significant in Bulgaria, Czech Republic, Ireland and Ukraine. Decreases in condom use appeared to be most significant in Azerbaijan, Armenia, Greece, Latvia, Lithuania, Romania, Switzerland and the United Kingdom. However, once again data reported in 2010 and 2012 should be interpreted with caution, because of differences in data sources between the two reporting rounds.

Current indicators on condom use do not take HIV status or partner type into account, although some countries reported that condom use is higher with casual partners.

The GARP reporting indicator is the percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner. This indicator does not capture the extent to which MSM engage in unprotected anal sex or use condoms consistently. It also does not take account of differences in condom use rates with different types of sexual partners (such as casual or steady partners or known sero-concordant or discordant partners) or by sub-groups of MSM. Several countries commented that available evidence indicates that a high proportion of MSM engage in unprotected anal sex; some provided data about unprotected sex and condom use with different types of partners. Overall, rates of condom use appear to be higher with casual sexual partners than with steady partners. For example:

- Only 42% of MSM participating in the EMIS study in Sweden reported use of a condom the last time that they had anal intercourse with a male partner, but the rate of condom use the last time they had anal intercourse with a non-steady partner was 80%.
- EMIS data reported by Norway showed that 54% of respondents who had engaged in sex with a non-steady partner and 44% of those who had engaged in sex with a combination of steady and non-steady male partners had had anal intercourse without a condom in the past year.
- In the 2011 Schorer Monitor survey in the Netherlands, 36% of MSM reported unprotected anal sex with a casual partner during the last six months. Determinants of unprotected sex included drug use and being HIV positive.
- In Germany, regular knowledge and behaviour surveys show that there has been an increase in the number of sexual partners, the frequency of casual anal intercourse and the proportion of unprotected episodes of anal intercourse with partners of unknown HIV status among MSM since 1996.

HIV programme coverage for MSM varies considerably.

In the eight countries (Armenia, Azerbaijan, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan) that reported data for the GARP indicator, programme coverage for MSM ranged from 21% to 80% (see Annex 5). Among the countries that also reported data in 2010, coverage increased in Armenia, Azerbaijan, Bulgaria and Kazakhstan and decreased in Kyrgyzstan and Uzbekistan.

In the 26 countries that reported EMIS data, HIV programme coverage for MSM ranged from 43% to 77% (see Annex 5). Coverage was 70% or more in eight countries (Belgium, Denmark, France, Finland, the Netherlands, Norway, Switzerland and the United Kingdom) and below 50% in five (Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, Latvia, Lithuania and Moldova). Coverage in the remaining countries was between 50% and 70%.

Countries report progress in implementing prevention programmes for MSM but challenges remain.

Examples of key achievements since 2009 cited by government and civil society respondents to the NCPI included outreach programmes in Belgium and the Czech Republic; increased awareness and uptake of testing among MSM in Greece and the Netherlands as a result of campaigns and improved access to counselling and testing; increased promotion of HIV testing among MSM and establishment of the first community-based voluntary counselling and testing centre for MSM in Slovenia; implementation of a range of activities targeting young MSM in Ireland; development of a plan of action focusing on MSM in Sweden; implementation of a series of high profile campaigns in Switzerland, development of a minimum package of services in Ukraine and increased testing rates in the United Kingdom.

Challenges identified included adequate government financing (in Belarus, Bulgaria, Estonia, Moldova, Slovenia and the United Kingdom), strengthening the capacity of NGOs providing services to MSM (in Latvia and Slovenia), scaling up services (in Lithuania, Serbia and Ukraine), and developing more effective prevention strategies (in Portugal).

Selected examples of programmes and services for MSM, drawn from additional data and information submitted by countries, including narrative reports submitted to UNAIDS and information provided in response to the European Supplement to the NCPI, are included in Box 1. As was clear in 2010 reporting, NGOs play a central role in delivering HIV prevention programmes and services for MSM, in particular through campaigns, outreach work, information provision and condom distribution.

Challenges identified included adequate government financing (in Belarus, Bulgaria, Estonia, Moldova, Slovenia and the United Kingdom), strengthening the capacity of NGOs providing services to MSM (in Latvia and Slovenia), scaling up services (in Lithuania, Serbia and Ukraine) and developing more effective prevention strategies (in Portugal).

Box 1. Examples of programmes and services for MSM

Albania has two NGOs implementing HIV prevention activities for MSM, the Albanian Lesbian and Gay Association and Society Gay Albania. Global Fund support has enabled these NGOs to conduct peer education, establish a drop-in centre for MSM in Tirana and advocate on legal issues.

Austria reports that information and condoms are distributed at venues and events. The annual MSM campaign in 2011 focused on promoting counselling and testing, working though peers to target sub-groups of MSM who are most at risk. A specific project also targets male sex workers.

In Germany, the NGO Deutsche AIDS Hilfe has been running the national HIV and STI prevention campaign for MSM 'I know what I'm doing' since 2008. It aims to reduce the number of new infections among MSM by increasing protective behaviour and diagnosing previously undetected infections by empowering MSM and promoting dialogue on sexual risks. Funded by the national Ministry of Health, the campaign is the umbrella for a range of media and face-to-face communication activities implemented by state and non-state partners. National funding helps to coordinate and strengthen local activities. Evaluation shows that the campaign has succeeded in reaching MSM with HIV and STI prevention messages.

In Greece, HIV prevention activities are implemented through events such as Gay Pride and outreach projects that distribute information and condoms at a range of venues. An estimated 15 000 MSM were reached through these programmes in 2011.

In 2010, preventive activities for MSM were conducted throughout cities in Kazakhstan via NGOs and AIDS centres. Activities included outreach work and distribution of over 4.7 million condoms.

HIV prevention interventions targeting MSM in Moldova are implemented mainly by two community-based organisations, Gender-Doc and Center ATIS, in the cities of Chisinau and Balti. Gender-Doc has been conducting outreach activities since 2005, distributing condoms and lubricants, organising seminars and safer sex promotion parties, providing counselling services and referrals to facility-based counselling and testing and to medical specialists.

Montenegro reports that 265 new MSM clients were reached by preventive services (outreach, drop-in centres and counselling and testing services) in 2011. In a survey of MSM, 49% had been provided with HIV-related information and 60% had received condoms.

In Poland, the National AIDS Centre launched a new campaign in 2010 targeting MSM and other sexual minorities in response to the HIV situation among MSM and calls for prevention action during EuroPride.

In Serbia, MSM are targeted through outreach preventive programmes (peer education, counselling, and condom and lubricant distribution) and the internet. A Global Fund evaluation noted that services, including drop-in centres, are well received and MSM are involved in promoting services to new users, but that further efforts are required to encourage HIV testing among the MSM population.

Spain conducts national internet campaigns and, in addition, all regions have targeted prevention programmes for MSM.

In response to the HIV situation among MSM, Switzerland has developed a plan of action 'Sex Among Men: For Better Sexual Health 2012', which aims to reduce HIV among gay men and other MSM. Among other actions, in addition to the two existing MSM-friendly HIV counselling and testing centres in Geneva and Zurich, a new centre was opened in Lausanne in 2012 and a fourth is planned in Basel.

Government and civil society views differ about the extent to which HIV prevention programmes for MSM are adequate.

Responses to the NCPI about efforts to implement HIV prevention programmes for MSM show that civil society rates these efforts less positively than government. While 81% (34 out of 42) of government respondents agreed or strongly agreed that risk reduction services are available to the majority of MSM that need them, only 68% (26 of 37) civil society respondents agreed or strongly agreed that this was the case. In response to a question in the European supplement to the NCPI, 32 out of 41 civil society respondents agreed that the majority of MSM have access to risk reduction services.

Discussion and conclusions

Available data shows that reported HIV prevalence among MSM is high and continues to increase in many countries throughout the region. Of the 36 countries providing data, all but four reported prevalence rates above 1%. Sixteen countries reported prevalence of 5% or more; in seven of these countries prevalence is 10% or more. Differences in data sources make it difficult to draw firm conclusions about changes in prevalence between the 2010 and 2012 reporting rounds, but data submitted suggests that HIV prevalence among MSM has increased in most of the 30 countries that reported in both rounds. Other countries could not present evidence on HIV prevalence among MSM as sexual orientation is not disclosed or reported.

The extent to which the increase in reported HIV cases among MSM is linked to sexual risk behaviour is unclear. Reported data shows considerable variation in condom use rates, which range from 28% to 76%. Of the 35 countries that provided data, 15 reported condom usage rates exceeding 60%, 19 countries rates of between 40% and 60% and one country a rate of less than 30%. However, data reported in 2010 and 2012 suggests that condom usage rates among MSM have declined in 14 of the 25 countries that provided data for both reporting rounds, although as noted earlier comparisons should be made with caution.

The GARP reporting indicator is the percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner and thus does not capture the extent to which MSM engage in unprotected anal sex or use condoms consistently. Similarly, it does not identify differences in condom usage rates for different types of sexual partners (such as casual or steady partners or known sero-concordant or discordant partners) or by sub-groups of MSM. Data collected by the EU-funded BORDERNETwork project from four countries (Austria, Bulgaria, Romania and Slovakia) also suggests that rates of condom use are higher with casual than with regular partners, but less than 50% of MSM reported always using condoms with casual partners in these four countries[11]. Although it was not captured in the current reporting round, more understanding of condom usage patterns with known sero-concordant and sero-discordant partners would be helpful in terms of targeting future prevention efforts and programmes among MSM.

Little information was provided about condom use related to HIV status. Norway noted that EMIS data shows that HIV-positive respondents were over-represented in all aspects of unsafe sex. In contrast, Italy provided information about a study of sexual behaviour and condom use in MSM before and after diagnosis with HIV, which suggested that following a positive diagnosis, MSM were more likely to reduce the number of sexual partners and to use condoms, with both steady and casual partners. However, a significant proportion continued to have unprotected sex. Reasons for this included not viewing anal or oral sex as risky, low viral load and being on medication.

High rates of unprotected sex are also reflected in high reported rates of other STI among MSM. For example:

- Germany reported that MSM participating in a large internet-based behaviour survey reported a lifetime prevalence of 7.3% for syphilis, 13% for gonorrhoea and 5.8% for chlamydia; co-infections of HIV and STI, including hepatitis C, are frequent.
- The Netherlands has identified high rates of STI among HIV-positive MSM as an issue and conducted an STI prevalence study in 2007–2008, which found prevalence of 10.5% for chlamydia or gonorrhoea and 4.9% for syphilis.
- The Czech Republic reported that the incidence of other STI, in particular syphilis, is increasing among MSM; in 2010 approximately two-thirds of new syphilis cases in men were in MSM.
- Kazakhstan reported an increase in STI prevalence among MSM; prevalence of syphilis was 5.3% and hepatitis C was 4.9% in 2010.

Reported rates of HIV testing vary across the region, ranging from 12% to 74%. In general, rates are relatively low, with most countries reporting rates of HIV testing between 20% and 50%. Four countries reported testing rates of less than 20% and four had testing rates of over 60%. Reported rates of HIV testing among MSM increased in 15 countries and decreased in 15 countries between the two reporting rounds in 2010 and 2012. Of concern is the apparent decline in testing rates in a number of countries where HIV prevalence among MSM is very high.

Additional data provided by some countries also suggests that a significant proportion of MSM do not know their HIV status. For example, EMIS data reported by Norway shows that a third of MSM do not know their HIV status while MSM who are younger, live outside a city and are not comfortable with being gay are more likely not to know their status.

The GARP reporting indicator relates to the percentage of MSM who have had an HIV test in the last 12 months and who know the result. One of the limitations of this indicator is the 12-month timeframe. In addition, some countries commented that MSM who engage in high-risk sexual behaviour may be tested for HIV more frequently

[11] BORDERNETwork 2010–2012 Crossing borders, building bridges. Final report: HIV/STI sentinel surveillance.

and therefore testing patterns should depend on the level of risk behaviour. A number of countries use different measures, for example, collecting data on whether or not MSM have ever been tested for HIV rather than on testing in the last 12 months. For example, data reported by the Netherlands on testing in the last 12 months appears to suggest that the rate of HIV testing among MSM decreased between 2010 and 2012. However, there is no evidence that the testing rate has declined in the Netherlands and in fact the Schorer Monitor 2011, the source of the data reported, notes that the proportion of MSM who have ever been tested for HIV is 78% and that this has increased from 66% in 2008, and 60% in 2006.

Reported data on coverage of prevention programmes among MSM also shows wide variation between countries. Coverage in the eight countries reporting on the GARP indicator ranged from 21% to 80%. Coverage in the 26 countries that agreed to the use of EMIS data ranged from 43% to 77%. However, as noted earlier, there is no adequate and agreed indicator for measuring programme coverage.

High and increasing HIV prevalence rates suggest that there is a need to improve the coverage and effectiveness of prevention programmes and services for MSM. Several countries, including Poland, Sweden, Switzerland and the United Kingdom, provided evidence of current efforts to address this. Germany has a longstanding and effective campaign to tackle HIV among MSM. Switzerland has developed a plan of action. The United Kingdom is developing a new sexual health strategic framework which will include targeted HIV prevention for MSM. However, several countries highlighted the potential impact of declining financial resources on prevention programmes for MSM. For example, Finland commented that prevention efforts targeting MSM, including health services, need to be enhanced but that most activities are implemented by NGOs and funding for these activities has decreased recently.

Finally, little data was reported about factors influencing risk behaviour. Countries were not asked to report on this, but a number commented on the need for better data. Finland, for example, noted that more information is needed about risk perception and risk behaviour among MSM. Only Estonia and Israel highlighted the link between MSM sexual risk behaviour and drug use. There is also limited information about the extent to which MSM also have female sexual partners. Based on EMIS data, Norway noted that half of respondents to the survey reported that they had previously or were currently also having sex with women; 4.3% of respondents stated that they were in a steady relationship with a woman and 10% said they had engaged in sex with women in the past year. Among Norwegian MSM who are also heterosexually active, more than 80% had had unprotected vaginal or anal sex with a woman in the past year. Estonia's EMIS data also show that more than half of respondents report having had sex with a women. Earlier surveys conducted through gay websites found that a quarter of respondents had had sex with women in the previous six months.

Issues needing further action

- There is a need for better data concerning risk and protective behaviour among MSM, and in particular concerning factors that influence consistent condom usage, such as type of sexual partner, type of sex, HIV status and drug use. This data may be available but countries were not asked to report on it; where available it would be useful for countries to analyse existing data.
- There remains a need for better data about HIV prevalence and coverage with prevention interventions among specific sub-groups of MSM who may be at elevated risk of HIV including young MSM, migrant MSM and MSM who live outside major cities. As above, this data may be available but countries were not asked to report on it; where available it would be useful for countries to analyse existing data.
- There is a need to scale up comprehensive and effective HIV prevention programmes for MSM, in particular to promote increased uptake of HIV testing and consistent condom use. This needs to be linked to greater efforts to tackle stigma towards MSM within wider society and, in some contexts, stigmatisation of HIV-positive MSM within the MSM community.
- There remains a need for more relevant and appropriate indicators to measure HIV testing, programme coverage and condom use among MSM.
- To address the difficulty of comparing data from different surveys, there is a need for European-wide surveys, such as EMIS, that use the same recruitment methods and survey instruments.

In 2010, the ECDC report on monitoring the implementation of the Dublin Declaration identified a number of key issues needing further action. Progress on addressing these is summarised here:

Issue identified as needing further action in previous report	Progress *(shading indicates amount of progress since last reporting round; from limited to good.)*	
	Limited progress ... Good progress	Comment
There is a need for all countries in the region to recognise the risk of HIV transmission among MSM and to demonstrate the political leadership to respond appropriately. Reports of rising rates of HIV infection among MSM in many countries of the region are a cause of great concern requiring urgent and determined action.		A number of countries provided evidence to show that HIV among MSM is being given higher priority, for example, through specific strategies and programmes. However, rates of infection appear to be rising and reported data suggests that greater efforts are needed to increase rates of HIV testing and condom use and improve the coverage and effectiveness of targeted HIV prevention programmes.
There is a need for data collection and programme responses to recognise that MSM are more vulnerable to HIV infection and less likely to be reached by HIV prevention programmes than others. Limited data from this review suggests that young MSM, bisexual men, less educated MSM and those outside capital cities may be in need of special focus.		There is still no consensus on how best to measure programme coverage. With a few notable exceptions, reported data provides limited evidence that countries have taken action to identify and work with sub-groups of MSM who may be at elevated risk of HIV. However, countries were not asked to report on this for GARP or DD reporting.
There is a need to review the relevance of current indicators. For example, if knowledge indicators are to be used, they need to be more specific for MSM. Indicators of HIV testing and counselling may need to be tailored to specific policy environments. For example, it makes sense to enquire about testing in the last year if the aim is to test each MSM once a year. A focus on measuring reported condom use is highly appropriate, given the concerns that unprotected anal sex is still the major determinant of HIV transmission among MSM in the region. Disaggregated data about condom use with different types of partners and HIV status may be of particular value.		Indicator relevance was reviewed by countries represented on the ECDC advisory group for Dublin Declaration monitoring during discussions about harmonising Dublin and Global AIDS Response progress reporting. As a result, countries were not required to report on HIV-related knowledge among MSM in 2012. The HIV testing and condom use indicators remain unchanged. Limited data was reported on condom use with different types of partners and as regards HIV status. However, countries were not asked to report on this for GARP or DD reporting.

Annex 1. Countries included in Dublin Declaration monitoring

No.	Country	No.	Country	No.	Country
1	Albania	20	Greece	39	Poland
2	Andorra	21	Hungary	40	Portugal
3	Armenia	22	Iceland	41	Romania
4	Austria	23	Ireland	42	Russian Federation
5	Azerbaijan	24	Israel	43	San Marino
6	Belarus	25	Italy	44	Serbia
7	Belgium	26	Kazakhstan	45	Slovak Republic
8	Bosnia and Herzegovina	27	Kosovo	46	Slovenia
9	Bulgaria	28	Kyrgyzstan	47	Spain
10	Croatia	29	Latvia	48	Sweden
11	Cyprus	30	Liechtenstein	49	Switzerland
12	Czech Republic	31	Lithuania	50	Tajikistan
13	Denmark	32	Luxembourg	51	Turkey
14	Estonia	33	Malta	52	Turkmenistan
15	Finland	34	Moldova	53	Ukraine
16	The former Yugoslav Republic of Macedonia	35	Monaco	54	United Kingdom
17	France	36	Montenegro	55	Uzbekistan
18	Georgia	37	Netherlands		
19	Germany	38	Norway		

Annex 2. HIV prevalence among MSM in Europe and Central Asia[12]

Country	HIV prevalence	2010 reporting: year of data source	Comment	HIV prevalence	2012 reporting: year of data source	Comment
Albania	0.8%	2005	Source: UNGASS 2008	0.5%	2011	Sample size 200. Source: IBBS
Armenia	2%	2007	Source: UNGASS 2008	2.3%	2010	Sample size 270. Source: IBBS
Azerbaijan	1%	2007/8	Source: Epidemiological surveillance 2007–2008	2%	2011	Sample size 200. Source: IBBS
Belarus				1.3%	2011	MSM in Minsk. Sample size 150. Source: IBBS
Belgium	5–11%	2004/9	Data from the Flemish community: 5.6% in online survey of 1 793 respondents 2006–2009 Source: Van den Berghe; 5% in outreach testing among 137 MSM 2008 Source: Platteau. Data from the French community: 84% had had an HIV test at some time: 11% HIV positive, 75% HIV negative, 14% status unknown in survey of 942 respondents (self-administered questionnaire) 2004–2005.	10.4%	2010	Sample size (denominator) 3 210. Source: EMIS
Bosnia and Herzegovina	0.7%	Not stated	Source: Bio-Behavioural Surveillance	1.8%	2010/11	MSM in five cities. Sample size 168. Source: IBBS
Bulgaria	0%	2006	Source: UNGASS 2008	0.6%	2009	Sample size 520. Source: IBBS
Croatia	3%	2006	Source: UNGASS 2008			Estimated prevalence 3.3%; source narrative report 2010–2011
Cyprus						No data available. Reports that 26 MSM have tested positive for HIV.
Czech Republic	2–3%	Not stated	Estimate based on behavioural studies and a large VCT centre in Prague where around 700 MSM are tested for HIV each year.	4.8%	2010	Sample size 2 492. Source: EMIS
Denmark	<5%	Not stated	Estimate based on national surveillance data.		2010	Source: EMIS. Based on behavioural data and calculations of the number of MSM, it is estimated that <5% of MSM are HIV-infected.
Estonia	1.7%	2007	Source: UNGASS 2008			No data available. Self-reported prevalence among 594 EMIS respondents 1.7%
Finland	4.5%	2007	Source: UNGASS 2008	5.1%	2010	Sample size 2 026. Source: EMIS. In addition, MSM prevalence study in 2010, sample size 285; prevalence 1.4%.

[12] There is a great deal of variation in the type of data reported between and within countries. There are differences in data sources, sample sizes and reporting periods. Consequently, extreme caution should be exercised in making comparisons between countries or within a country over time.

Country	HIV prevalence	2010 reporting: year of data source	Comment	HIV prevalence	2012 reporting: year of data source	Comment
The former Yugoslav Republic of Macedonia	2.8%	2006	Source: UNGASS 2008	0.5%	2010	MSM in Skopje. Sample size 382. Source: IBBS
France	12%	2009	MSM who had ever had an HIV test (<25 years: 2%; >25 years: 15%) from self-administered questionnaire to 19 048 users of website Net Gay Baromètre. No 2007 data available.	17.7%	2009	Survey of MSM in 14 establishments in Paris. Sample size 886. Source: IBBS. Note: prevalence based on blood sample testing. A national internet survey was conducted in 2011 among around 11 000 MSM; results will be available for the next reporting round.
Georgia	3.6%	2007	Compared with 4.3% in 2005. Source: UNGASS 2008	7%	2010	MSM in Tbilisi. Sample size 278. Source: IBBS
Germany	10.7%	2007	Source: UNGASS 2008	11.5%	2010	Sample size 37 764. Source: EMIS. Separate to EMIS findings, estimated prevalence among MSM is around 6%, based on modelling and assuming 3% of adult male population are MSM.
Greece	6.5%	Not stated	Based on Estimation and Projection Package (EPP) HCDCP (ΚΕΕΛΠΝΟ)[13]	12.7%	2010	Sample size 2 944. Source: EMIS
Hungary	2.7%	Not stated	Age 20–24: 1/49 - 2%; 30–34: 3/63 - 4.8%; 35–39: 8.5% - 4/47 based on project data that is not nationally representative.	4.1%	2011	Sample size 926. Source: IBBS
Ireland				9.5%	2010	Sample size 510. Source: EMIS
Italy	11.6%	2008	Survey among 4 690 MSM 2008. Other evidence: 4.6% 2005 survey of 405 MSM	9.6%	2010	Source: EMIS
Kazakhstan	1%	2006	Source: UNGASS 2008	1%	2011	MSM in eight cities. Sample size 867. Source: IBBS
Kyrgyzstan	0-2.6%	2008	Age < 25: 0%; age >25: 2.6%. Source: epidemiological surveillance 2008	1.1%	2010	Sample size 88. One site in Bishkek; data not nationally representative. Source: Sentinel surveillance.
Latvia	4%	2008	10/252 – age <25: 4.8%; age >25: 3.4%. Source: survey 2008. Other evidence: Latvian HIV/AIDS State Register registered 16 HIV-infected due to homosexual contact in 2007 and 24 in 2008.	7.8%	2010	Sample size 708. Source: EMIS
Lithuania	1.2%[14]	2007	Source: UNGASS 2008	1.5%	2010	Sample size 595. Source: EMIS (1.5% all MSM; 2.5% MSM >25 years)

[13] http://www.keel.org.gr/keelpno/2009/id951/epp.pdf

[14] Lithuania reports HIV incidence in MSM in 2007 of 1.2% (i.e. new cases diagnosed, rather than prevalence.

Country	HIV prevalence	2010 reporting: year of data source	Comment	HIV prevalence	2012 reporting: year of data source	Comment
Luxembourg						Noted that EMIS data shows that 13.6% of MSM who have been tested for HIV are HIV positive
Moldova	4.8%	2007	Source: UNGASS 2008	1.7%	2010	Sample size 188. MSM in Chisinau. Source: IBBS. The 2010 IBBS used RDS whereas previous rounds of IBBS were conducted among beneficiaries of harm reduction services using convenience sampling, so 2010 and previous data are not comparable.
Montenegro				4.5%	2010	Sample size 111. Source: IBBS. Sample not representative so results could not be generalised to MSM population.
Netherlands	6%	2009	Estimated prevalence Source: RIVM 2009. Other evidence: 12% self-reported prevalence. Source: Schorer Monitor 2008	5%	2011	Modelled estimated prevalence using MPES (Conti et al, 2011 Ann. Appl. Stat. Volume 5, Number 4)
Norway			1 278 MSM diagnosed with HIV, 92 in 2008 and 77 in 2007			No data available
Poland	4%	2008	Percentage of new HIV infections where sex between men was the route of transmission, based on 36 of total of 809 new infections, but transmission route is unknown in over 80% of infections registered. VCT centre data shows 48% of newly diagnosed HIV infections in 2008 were related to homosexual or bisexual contacts (42% in 2007 and 45% in 2006), but data is not nationally representative.	4.7%	2010	138 of 2 910 MSM tested at VCT centres run by the National AIDS Centre.
Portugal				10.2%	2010/11	Sample size 918. Source: Behavioural surveys in sex workers & MSM.
Romania				5%	2010	Source: National AIDS Commission
Russia	0.9%	2006	Source: UNGASS 2008			
Serbia	2.4–6.1%	2008	6.1% Belgrade, 2.4% Novi Sad in survey of 250 MSM in Belgrade, 250 in Novi Sad Source: Bio-Behavioural Surveillance 2008	3.9%	2010	MSM in Belgrade. Sample size 280. Source: IBBS
Slovenia	2.1%	2006	Source: UNGASS 2008. Other evidence: between 1999 and 2008, HIV prevalence among male clients of STI clinics tested for syphilis (a substantial proportion of whom are MSM) increased from 0% to 3.4%.	7.6%	2011	Source: IBBS from HIV sentinel surveillance. Results for 2002–2011 published in 2012 in National Institute of Public Health annual report on HIV infection. EMIS 2010 5%.

Country	HIV prevalence	2010 reporting: year of data source	Comment	HIV prevalence	2012 reporting: year of data source	Comment
Spain	9.2%	2007	Source: UNGASS 2008	13.1%	2010	Sample size 3 055. Source: Data from network of 20 HIV/STI clinics located in major cities
Sweden	3%	2008	3% HIV positive; 80% HIV negative; 10% unsure of status in MSM survey March 2008. Prevalence rises to 10% in middle-aged self-identified homosexual men in metropolitan areas.	6.4%	2010	Sample size 2 316. Source: EMIS. Self-reported data in the national MSM internet survey from 2006 and 2008, and from EMIS indicate HIV prevalence among MSM is between 3% and 6%.
Switzerland	8.1%	2007	Source: UNGASS 2008	11.3%	2010	Sample size 4 012. Source: EMIS
Tajikistan				1.7%	2011	Sample size 350. Source: IBBS
Turkey	8.6%	Not stated	Percentage of MSM among reported HIV cases, based on patient information			
Ukraine	4.4%	2007	Source: UNGASS 2008	6.3%	2011	Sample size 5 950. MSM in 27 cities. Source: Monitoring of behaviour and HIV infection among MSM study as component of second generation surveillance
United Kingdom	5.3%	2007	8.5% in London; 3.7% elsewhere in England and Wales, estimated prevalence (diagnosed and undiagnosed) in MSM age 15–44 years. The HPA uses MPES to estimate overall HIV prevalence. Source: Sexually transmitted infections and men who have sex with men in the UK. 2008 Report	5.7%	2011	8.5% in London; Estimated prevalence (diagnosed and undiagnosed) in MSM age 15–44 years. The HPA uses MPES to estimate overall HIV prevalence. Source: Sexually transmitted infections and men who have sex with men in the UK. 2011 Report.
Uzbekistan	6.2%	2007	Age under 25: 1.6%; age over 25: 14.1%. Source: DHS 2007. Other evidence: 10.8% 2005 Source: UNGASS 2008.	0.7%	2011/12	Sample size 150. Source: IBBS

Annex 3. **HIV testing among MSM in Europe and Central Asia**[15]

Country	HIV testing	2010 reporting: year of data source	Comment	HIV testing	2012 reporting: year of data source	Comment
Albania				48.3%	2011	Sample size 200. Source: BSS
Armenia	5%	2007	Compared with 42% in 2005. Source: UNGASS 2008	47.9%	2010	Sample size 270. Source: BSS
Azerbaijan	13%	2007	<25 year 14%; >25 year 12.3%. Source: Epidemiological surveillance 2007–2008	24.5%	2011	Sample size 200. Source: BSS
Belarus				74.6%	2011	MSM in Minsk. Sample size 500. Source BSS
Belgium	62%	2007	Data collection period not defined. Source: UNGASS 2008	46.6%	2010	Sample size 3 692 (denominator). Source: EMIS
Bosnia and Herzegovina	10%	2007	Source: UNGASS 2008	18.9%	2010/11	MSM in five cities. Sample size 248. Source: BSS
Bulgaria	29%	2007	Source: UNGASS 2008	47.2%	2009	Sample size 520. Source: BSS.
Croatia	47%	2006	25.3% tested for HIV several times; 21.4% tested for HIV once; 53.1% never tested in study of 1 127 MSM. Source: Radic et al 2006. Other evidence: 51.9% never had an HIV test in study among 360 MSM in Zagreb. Source: Bozicevik et al, 2006.			Study of STI and protective and risk behaviour among 402 MSM in Zagreb September 2010–February 2011 found that 68% had been tested for HIV at least once and 33% had been tested in the last 12 months. The main reasons for not testing were 'not at risk' 58%; 'do not want to get a test' 16%; and 'fear the result might be positive' 10%.
Czech Republic	45-50%	Not stated	60% ever tested; 45–50% within last 12 months. No data source provided.	29.5%	2010	Sample size 2 492. Source: EMIS
Denmark	55%	2009	77% ever tested for HIV; 55% within the last 16 months. Source: Survey 2009		2010	Source: EMIS
Estonia	27%	2007	Source: UNGASS 2008	33%	2010	Sample size 594. Source: EMIS
Finland			No recent data on testing among MSM. Only the gender of people tested for HIV is recorded, although clients are asked about possible route of transmission. In 2008, 317 people tested by the Finnish AIDS Council reported homosexual contact as a potential transmission route, and seven were HIV positive. As of September 2009, 199 who reported homosexual contact as a	<25 years 24% >25 years 23.7%	2010	Sample size 2 026. Source: EMIS. In addition, MSM prevalence study with short risk behaviour questionnaire 2010, sample size 285, 41.9% of MSM had had an HIV test in the last 12 months and knew the result.

[15] There is a great deal of variation over the type of data reported between and within countries. There are differences in data sources, sample sizes and reporting periods. Consequently extreme caution should be exercised in making comparisons between countries or within a country over time.

Country	HIV testing	2010 reporting: year of data source	Comment	HIV testing	2012 reporting: year of data source	Comment
			potential transmission route had been tested, three of whom were HIV positive			
The former Yugoslav Republic of Macedonia	56%	2007	Compared with 7% in 2005. Source: UNGASS 2008	29.3%	2010	MSM in Skopje. Sample size 382. Source: BSS
France	45%	2009	Tested for HIV in the last 12 months (<25 years 46%; >25 years 45%) from self-administered questionnaire to 19 048 users of gay website Net Gay Baromètre. No 2007 data available.	47%	2010	Sample size 11 762. Source: EMIS
Georgia	30%	2007	Compared with 27% in 2005. Source: UNGASS 2008	25.9%	2010	MSM in Tbilisi. Sample size 278. Source: BSS
Germany	18%	2007	Source: UNGASS 2008	33.8%	2010	Sample size 50 911. Source: EMIS
Greece	39%	2007	Source: UNGASS 2008	<25 years 28.4% >25 years 35.5%	2010	Sample size 2 944. Source: EMIS
Ireland	50%	2005/6	50% of respondents had not been tested for HIV. Of those testing, 5% (2% of respondents) were HIV positive. Source: Real Lives 2.	<25 years 29.7% >25 years 34%	2010	Sample size 510. Source: EMIS
Israel						Total number of MSM is unknown. In a survey, 73.6% of MSM who engaged in anal sex and used substances had been tested for HIV and 58.1% of those who engaged in anal sex and did not use substances had been tested for HIV.
Italy	69%	2005	Ever tested for HIV. No data available on HIV testing in the last 12 months. Source: Survey Modidi 2005[16]	<25 years 30.2% >25 years 44.6%	2010	Source: EMIS
Kazakhstan	38%	2007	Source: UNGASS 2008	61.4%	2011	Sample size 867. Source: BSS
Kosovo				46.5%	2011	Source: IBBS
Kyrgyzstan	70%	2007	Source: UNGASS 2008	42%	2010	Sample size 88. One site in Bishkek, so data not nationally representative. Source: Sentinel

[16] www.modidi.net

Country	HIV testing	2010 reporting: year of data source	Comment	HIV testing	2012 reporting: year of data source	Comment
						surveillance
Latvia	23%		(58/252) tested in last 12 months (<25 years 47.2%; > 25 years 52.6%). Source: Anonymous cross-sectional questionnaire and testing for HIV, Hepatitis B and syphilis in 252 MSM recruited in sites in Riga (gay night clubs, AIDS counselling service, NGO premises). 2/252 (0.8%) said they did not know where to go for an HIV test.	25.7%	2010	Sample size 708. Source: EMIS
Lithuania	28%	2007	Source: UNGASS 2008	19.8%	2010	Sample size 595. Source: EMIS
Luxembourg				29.8%	2010	Source: EMIS. Detailed analysis of EMIS data not yet performed at national level.
Moldova	38%	2007	Source: UNGASS 2008	12.1%	2010	Sample size 188. MSM in Chisinau. Source: BSS. See comment in Annex 2.
Montenegro				15.4%	2011	Sample size 111. Source: BSS. 34.2% tested for HIV: 11.7% once and 22.5% twice or more
Netherlands	66%	2008	Percentage of 5 603 respondents ever tested for HIV	58.3%	2011	Sample size 3 424. Source: Schorer Monitor 2011 behavioural internet survey among MSM
Norway	56%	Not stated	Internet survey: 74.7% of 1 418 respondents had had a test (of whom 56% tested in the last 12 months; 1.6% did not know the result; 1.8% were still waiting for the result), 22.5% had never had an HIV test.	60.1%	2010	Sample size 1 028. Source: EMIS
Poland	<1%	2007	Source: UNGASS 2008			
Portugal				67.8%	2010	Sample size 930. Source: Behavioural surveys in sex workers and MSM
Romania	47%	2007	Source: UNGASS 2008	41.6%	2010	Sample size 2 466. Source: EMIS
Russia	32%	2007	Source: UNGASS 2008			
Serbia	53%	2005	Source: UNGASS 2008. Note 2008 IBBS data from sample of 246 MSM in Belgrade; 31% reported HIV testing in the past 12 months.	32.9%	2010	MSM in Belgrade. Sample size 280. Source: BSS.
Slovenia	38%	2008	Compared with 29% in 2003. Sentinel population of MSM in Ljubljana			EMIS data cited shows 21.9% MSM <25 years and 25.9% >25 years tested in last 12 months and know the result; not officially reported as not yet analysed by National Institute of Public Health.

Country	HIV testing	2010 reporting: year of data source	Comment	HIV testing	2012 reporting: year of data source	Comment
Spain	49%	2007	Source: UNGASS 2008	44.4%	2010	Sample size 12 196. Source: EMIS
Sweden	41%	2008	Source: UNGASS 2008. Other evidence: 75% tested for HIV at least once (0–19: 27%; 20–24: 60%; 25–49: >80%); >50% tested in the last 12 months; >90% over 25 years, 74% under 19 knew where to go for an HIV test. Source: MSM Survey 2008.	38%	2010	Sample size 3 088. Source: EMIS
Switzerland	31%	2007	Source: UNGASS 2008	36.4%	2010	Sample size 5 028. Source: EMIS
Tajikistan	29%	2007	Source: UNGASS 2008	40.3%	2011	Sample size 350. MSM in Dushanbe. Source: BSS. Among those not tested, 55% stated that testing was not necessary, 24% did not know where to go for a test, 15% did not give a reason.
Turkey	31%	2007	Source: UNGASS 2008			
Ukraine	27%	2007	Compared with 25% in 2005. Source: UNGASS 2008	37.8%	2011	Sample size 5 950. MSM in 27 cities. Source: monitoring of behaviour and spread of HIV infection among MSM study as component of second generation surveillance.
United Kingdom	17%	2007	Source: UNGASS 2008. Other evidence: 10% of MSM had never had an HIV test, of whom 56% did not perceive themselves to be at risk	37.2%	2010	Source: UK Gay Men's Sex Survey/EMIS 2010; survey results reported for England[17]
Uzbekistan	25%	2007	Source: UNGASS 2008. Other evidence: 30.3% tested for HIV in last 12 months (age <25: 21.4%; age >25: 41.5%). Source: Surveillance of 211 MSM in Tashkent 2007	30.7%	2011/12	Sample size 150. Source: BSS

[17] http://sigmaresearch.org.uk/gmss/year/yr2010

Annex 4. **Condom use by MSM in Europe and Central Asia**[18]

Country	Condom use	2010 reporting: year of data source	Comment	Condom use	2012 reporting: year of data source	Comment
Albania				66.7%	2011	Sample size 200. Source: BSS
Armenia	84%	2007	Compared with 30% in 2005. Source: UNGASS 2008	65.9%	2010	Sample size 225. Source: BSS
Azerbaijan	57.4%	2007/8	<25 years 47.6%; >25 years 65.4%. Source: epidemiological surveillance 2007–2008	28.5%	2011	Sample size 200. Source: BSS
Belarus				63.4%	2011	MSM in Minsk. Sample size 500. Source BSS
Belgium	31%–2%	2004/5	Survey of 942 MSM in the French community using a self-administered questionnaire reported responses to the question *Did you use condoms with your partners for anal sex during the last 12 months?* With casual partners (n=558): Always 72%, Often 17%, Rarely 5%, Never 6%; With stable partners (n=553): Always 31%, Often 11%, Rarely 15%, Never 43%. Survey of sexual risk behaviour among MSM in the Flemish community in 2008, 39.2% of respondents reported at least one instance of unprotected anal intercourse in the past year.	53.9%	2010	Sample size 3 031 (denominator). Source: EMIS
Bosnia and Herzegovina	57–75%	Not stated	Sample size: 224 from 4 urban areas. 75% of respondents reported having used a condom when having anal sexual intercourse with a steady partner, 57% reported having used a condom with a casual partner. No data source	63.7%	2010/11	MSM in five cities. Sample size 248. Source: BSS
Bulgaria	46%	2007	Source: UNGASS 2008	64.2%	2009	Sample size 520. Source: BSS
Croatia	53%	2007	Source: UNGASS 2008			
Czech Republic	30%	Not stated	30% used a condom during last anal intercourse. No data source.	40.6%	2010	Sample size 2 492. Source: EMIS
Denmark	90%	2009	Source: Survey 2009		2010	Source: EMIS
Estonia	47%	2007	Source: UNGASS 2008	42.5%	2010	Sample size 594. Source: EMIS
Finland				<25 years	2010	Sample size 2 026. Source: EMIS. In addition, MSM

[18] There is a great deal of variation over the type of data reported between and within countries. There are differences in data sources, sample sizes and reporting periods. Consequently, extreme caution should be exercised in making comparisons between countries or within a country over time.

Country	Condom use	2010 reporting: year of data source	Comment	Condom use	2012 reporting: year of data source	Comment
				44.5% >25 years 47.5%		prevalence study with short risk behaviour questionnaire 2010, sample size 285, 79.3% reported use of a condom the last time they had anal sex with a casual male partner; 33% reported use of a condom the last time they had anal sex with a permanent male partner.
The former Yugoslav Republic of Macedonia	56%	2007	Source: UNGASS 2008	48.6%	2010	MSM in Skopje. Sample size 368. Source: BSS
France	60%	2009	Self-administered questionnaire to 19 048 users of gay website Net Gay Baromètre in 2009, 40% reported unprotected anal sex with casual partners during the last 12 months.	56.3%	2010	Sample size 11 762. Source: EMIS
Georgia	54%	2005	Source: UNGASS 2008. Other evidence: 62% in BSS conducted in MSM in late 2007	67.3%	2010	MSM in Tbilisi. Sample size 278. Source: BSS
Germany	58%	2007	Source: UNGASS 2008	51.5%	2010	Sample size 54 000 (39 042, number reporting anal sex with a male partner in the last 6 months, used as denominator). Source EMIS
Greece	89%	2007	Source: UNGASS 2008	<25 years 68.5% >25 years 66.5%	2010	Sample size 2 944. Source: EMIS
Hungary	53.6%	Not stated	Question asked: Have you used a condom during anal sexual intercourse since your last screening? 53.6 % of clients responded Yes, 35.6% that they had not used any kind of protection since their last screening. It was the first screening for 23 (5.9%), 19 (4.9%) did not answer the question. No data source given			
Ireland	37.8%	2005/6	Of 854 men who had anal sex with at least one male partner in the last year, 37.8% always used condoms, 36.1% sometimes used condoms, 8% never used condoms. This suggests that 44% had some unprotected anal	<25 years 63% >25 years 55%	2010	Sample size 510. Source: EMIS

Country	Condom use	2010 reporting: year of data source	Comment	Condom use	2012 reporting: year of data source	Comment
			intercourse. Source: Real Lives 2 2005–2006.			
Israel						No data available. In an internet survey of MSM in 2005, 59% of respondents reported using a condom the last time they had anal sex with a male partner in the past 6 months.
Italy				<25 years 56% >25 years 58.2%		Source: EMIS
Kazakhstan	66%	2007	Source: UNGASS 2008	76.4%	2011	Sample size 867. Source: BSS
Kyrgyzstan	81%	2007	Compared with 68% in 2005. Source: UNGASS 2008	70.5%	2010	Sample size 88. One site in Bishkek, so data not nationally representative. Source: Sentinel surveillance
Latvia	52.8%	2008	UNGASS indicators not included in the questionnaire used in MSM research in 2008. Questions asked included: Have you used a condom during last sex (anal or vaginal sex not specified)? How often during the last 12 months have you had anal sex with a male partner? Percentage who had used a condom during last sex 49.2% (124/252); who had used a condom for anal sex with a male partner during the last 12 months 52.8% (124/235). Of those who had used a condom during last sex: 48 (38.7%) were <25 years and 76 (61.3%) >25 years. Of all MSM who had anal sex during the last 12 months: 48 (49.5%) <25 years and 76 (55.9%) >25 years had used a condom during last sex	39.8%	2010	Sample size 708. Source: EMIS
Lithuania	58%	2007	Compared with 55% in 2004. Source: UNGASS 2008	42.3%	2010	Sample size 595. Source: EMIS
Luxembourg				<25 years 60% >25 years 64.7%	2010	Source: EMIS. Detailed analysis of EMIS data not yet performed at national level.
Moldova	48%	2007	Compared with 63% in 2005. Source: UNGASS 2008	55.7%	2010	Sample size 188. MSM in Chisinau. Source: BSS. (See comment in Annex 2)
Montenegro				50%	2011	Sample size 111. Source: BSS

Country	Condom use	2010 reporting: year of data source	Comment	Condom use	2012 reporting: year of data source	Comment
Netherlands				42.2%	2010	Sample size 8 294. Source: Surveillance data on MSM who attend STI clinics. Figure for condom use for anal intercourse with a casual partner from the 2011 Schorer Monitor annual online behavioural survey (4 699 respondents) was 67%.
Norway	63%	Not stated	In all, 65% of 2 431 MSM respondents had had sex with an anonymous or unknown partner in the last six months; of these, 37% reported having unprotected anal sex			
Poland	32%	2007	Source: UNGASS 2008			
Portugal				72.2%	2010	Sample size 1 010. Source: Behavioural surveys in sex workers and MSM
Romania	73%	2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	42%	2010	Sample size 2 466. Source: EMIS
Russia	60%	2007	Compared with 39% in 2005. Source: UNGASS 2008			
Serbia	58-67%	2008	67% Belgrade and 58% Novi Sad in survey of MSM age 15–59 years, 250 in Belgrade, 250 in Novi Sad. Source: Bio-Behavioural Surveillance 2008	64.3%	2010	MSM in Belgrade. Sample size 280. Source: BSS
Slovenia	75%	2007	Source: UNGASS 2008. Other evidence: Proportion among sentinel population of MSM in Ljubljana reporting condom use at last anal sex decreased from 81% in 2004 to 66% in 2008. Source: Klavs et al 2009			EMIS data cited: 58.4% MSM <25 years and 53.6% >25 years report the use of a condom the last time they had sex with a male partner; data not officially reported as not yet analysed by the National Institute of Public Health
Spain				59.4%	2010	Sample size 10 730. Source: EMIS
Sweden	42%	2007	Source: UNGASS 2008. Overall 27% of respondents in the 2008 MSM Survey reported that they had had unprotected anal intercourse at the last sexual encounter, 30% in those aged 15–25 years. Provides no information about when the encounter took place or whether it was with a regular or casual partner, but gives a general picture of condom use. There were no significant differences in condom use for	42.4%	2010	Sample size 2 077. Source: EMIS

Country	Condom use	2010 reporting: year of data source	Comment	Condom use	2012 reporting: year of data source	Comment
			penetrative or receiving intercourse.			
Switzerland	80%	2007	Source: UNGASS 2008	41.5%	2010	Sample size 3 755. Source: EMIS
Tajikistan				67.8%	2011	Sample size 292. Source: BSS
Turkey	37%	2007	Source: UNGASS 2008			
Ukraine	39%	2007	Compared with 72% in 2005. Source: UNGASS 2008	70.5%	2011	Sample size 5 508. Source: Monitoring of behaviour and spread of HIV infection among MSM as component of second generation surveillance
United Kingdom	64%	2005	The Gym Survey found that 37% of MSM had unprotected anal intercourse and 64% had protective anal intercourse in the past three months. The Gay Men's Sex Survey in 2006 found that among MSM who had insertive anal intercourse in the last year, 83.3% had used a condom for sex at least once and 56.2% had not used a condom for sex at least once. Among MSM who had receptive anal intercourse in the last year, 84.1% had used a condom at least once and 57.4% had not used a condom at least once	54.5%	2010	Sample size 15 456. Source: EMIS/UK Gay Men's Sex Survey 2010; survey results reported for England[19]
Uzbekistan	62.4%	2007	<25 years 60%; >25 years 65.2%. Source: DHS 2007	56.8%	2011/12	Sample size 150. Source: BSS

[19] http://sigmaresearch.org.uk/gmss/year/yr2010

Annex 5. **Coverage of HIV prevention programmes for MSM in Europe and Central Asia**[20]

Country	HIV programme coverage	2010 reporting: year of data source	Comment	HIV programme coverage	2012 reporting: year of data source	Comment
Albania					2011	Sample size 200. Source: BSS/GARP. 80% responded yes to Q1
Armenia	10%	2007	Source: UNGASS 2008	61.5%	2010	Sample size 270. Source: BSS/GARP Q1 96%; Q2 63%
Azerbaijan	22%	2007/8	Age <25: 14%; age >25: 28.1%. Source: Epidemiological surveillance 2007-2008	23.5%	2011	Source: GARP
Belarus				55%	2010	Source: EMIS. Additionally, 76.8% in GARP reporting
Belgium	60-90%		Sensoa runs campaigns for MSM, distributing posters to gay venues and parties and providing information though gay websites. Estimated 60% of Flemish gay men visit gay venues at least once every three months and over 90% of MSM use the internet to contact other MSM. Sensoa's information website is visited by 700 users each day	73%	2010	Source: EMIS
Bosnia and Herzegovina	1075	2008	Number of MSM reached by HIV prevention programmes. Not possible to provide percentage covered as size of MSM population unknown; NGO estimation is that there are 13 500 MSM in the country	44%	2010	Source: EMIS
Bulgaria	30%	2007	Source: UNGASS 2008	54.9%	2009	Sample size 520. Source BSS/GARP
Czech Republic				63%	2010	Source: EMIS. Additionally, 65.2% in GARP reporting; sample size 374; source BSS
Denmark				74%	2010	Source: EMIS
Estonia	56%	2007	Source: UNGASS 2008	54%	2010	Source: EMIS
Finland				72%	2010	Source: EMIS
The former Yugoslav Republic of Macedonia	2 067	2005/9	Since 2005, 2 067 MSM reached, in the capital city and one other town.	44%	2010	Source: EMIS. Additionally 46%, sample size 380. Source: GARP/BSS
France				73%	2010	Source: EMIS. Additional data also available from the

[20] There is a great deal of variation over the type of data reported between and within countries. There are differences in data sources, sample sizes and reporting periods. Consequently extreme caution should be exercised in making comparisons between countries or within a country over time.

Country	HIV programme coverage	2010 reporting: year of data source	Comment	HIV programme coverage	2012 reporting: year of data source	Comment
						Everywhere Project, Enquete Presse Gay
Georgia				20.9%	2010	Sample size 278. Source: BSS/GARP
Germany	54%	2007	Percentage of 8 170 MSM surveyed who reported they had actively sought HIV information or counselling during the last 12 months from public institutions or NGOs. The nationwide HIV prevention campaign targeting MSM, which started in October 2008, increased discussion of HIV prevention among MSM and the community press.	69%	2010	Source: EMIS
Greece	19%	2007	Source: UNGASS 2008	61%	2010	Source: EMIS
Hungary	388	2008/9	MSM involved in the project coordinated by the National Centre for Epidemiology			
Ireland	10 000	2006/7	Number of MSM attending the Gay Men's Health Service at Dublin STI clinic in 2006 and 2007	<25 yrs 54.5% >25 yrs 68.7%	2010	Sample size 510. Source: EMIS. Answered yes to Q1 and Q2
Italy						GARP reporting, based on EMIS data <25 yr 58.8%; >25 yr 65.2%
Kazakhstan	48%	2007	Source: UNGASS 2008	79.8%	2011	Sample size 867. source: BSS/GARP
Kyrgyzstan	77%	2007	Source: UNGASS 2008	42%	2010	Sample size 88. One site in Bishkek, so data not nationally representative. Source: Sentinel surveillance
Latvia				43%	2010	Sample size 708. Source: EMIS
Lithuania	40%	2007	Source: UNGASS 2008	49%	2010	Source: EMIS
Luxembourg				69%	2010	Source: EMIS
Moldova[21]	86%	2007	Source: UNGASS 2008	(1) 47% (2) 25.7%	2010 2010	(1) Source: EMIS. (2) MSM in Chisinau and Balti. Source: IBBS. 38% of MSM surveyed knew where to go for an HIV test; 7% had received free condoms in the last 12 months. Coverage is higher among respondents aged over 25 years.
Netherlands	73%	2008	Based on Schorer Monitor, a cross-sectional national behavioural survey among MSM conducted via the internet. Total respondents : 5 603: 73% were familiar with	76%	2010	Source: EMIS. Data also collected through Schorer Monitor.

[21] Moldova requested both EMIS and national data be used

Country	HIV programme coverage	2010 reporting: year of data source	Comment	HIV programme coverage	2012 reporting: year of data source	Comment
			one or more gay health websites, HIV prevention campaigns and materials; 29% were familiar with PEP; 85% were very likely or definitely planning to use condoms during the next six months. Less educated respondents had a significantly less intention of using condoms than more highly-educated respondents; bisexual men had significantly less intention than gay men.			
Norway				70%	2010	Source: EMIS
Poland				63%	2010	Source: EMIS
Portugal				61%	2010	Source: EMIS
Romania	59%	2007	Source: UNGASS 2008			
Russia	17%	2007	Source: UNGASS 2008			
Serbia	7–13%	2008	13% Belgrade and 7% Novi Sad in survey of sample of MSM age 15–59 years, 250 in Belgrade, 250 in Novi Sad. Source: Bio-Behavioural Surveillance 2008	39%	2010	Source: 2010 IBBS among 280 MSM in Belgrade
Slovakia				55%	2010	Source: EMIS
Spain				65%	2010	Source: EMIS
Sweden	57–90%	Not stated	Over 65% of MSM had accessed information from the internet at least once and 48% had read printed information during the last 12 months. Younger men accessed information more frequently from internet sites than older men; printed information was used far less by all age groups. More than 90% of MSM >25 yrs knew where to go for an HIV test (74% in those aged <19 yrs) and 57% had received free condoms during the previous 12 months (>70% in MSM aged <19 yrs).	59%	2010	Source: EMIS
Switzerland				77%	2010	Source: EMIS
Tajikistan				41.4%	2011	Source: BSS. MSM in Dushanbe. During the past 12 months 55.3% received condoms and 59.8% knew where to go to get tested for HIV. Only 45.3% correctly

Country	HIV programme coverage	2010 reporting: year of data source	Comment	HIV programme coverage	2012 reporting: year of data source	Comment
						identified ways of preventing HIV transmission
Turkey	19%	2007	Source: UNGASS 2008			
Ukraine	50%	2007	Source: UNGASS 2008	53%	2010	Source: EMIS. Additionally 53.1%; sample size 5 950; source GARP/BSS
United Kingdom	85%		87.5% of MSM had seen an advertisement about HIV or safer sex in the past 12 months (age: <20 yrs: 59.0%, 20–29: 64.2%, 30–39: 67.2%, 40–49: 66.9%, 50+ 64.7%) and 84.4% had received a free condom and lubricant pack in the past 12 months (age in past month: <20 yrs 66.4%, 20–29 60.4%, 30–39 61.4%, 40–49 59.3%, 50+ 55.9%). Of 16 267 MSM interviewed, 24.8% had attended an STI clinic in the last year. Sources: Gym Study, Gay Men's Sex Survey, Sexual Health Survey of Gay Men and Sigma Survey in a range of settings, e.g. community, GUM clinics and web-based, monitoring prevention activities among MSM	59.7% <25 yr 76.1% >25 yr	2010	Source: EMIS 2010. http://www.emis-project.eu/sites/default/files/public/publications/EMIS_UNGASS_eng.pdf
Uzbekistan	81.5%	2007	Age <25 yrs: 77.8%; age >25 yrs: 86.2%. Source: DHS 2007	45.3%	2011/12	Sample size 150. source: BSS