MSM in Europe

1. Some numbers: HIV epidemiology among MSM
2. Some gossip: demography
3. HIV prevention among MSM in Europe
4. HIV prevention **needs** for MSM in Europe
5. MSM response to HIV: how empowered so far?
6. TasP and PrEP in my country
7. Next steps in advocacy
In 16 countries prevalence is 5% or more and in 7 of these countries, it is 10% or more.

Highest rates: 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%).

In some countries where prevalence remains lower, it 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).

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.

Source: MSM Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress; ECDC
How many MSM living with HIV?

Prevalence = \frac{\text{Number of MSM living with HIV}}{\text{Number of MSM living in that country}} = 5\%
How many MSM living with HIV?

Men who had or may have sex with another man occasionally in their lives 6-20% of male population
How many MSM living with HIV?

Men who had or may have sex with another man occasionally in their lives, 6-20% of male population.

Men who have sex with other men almost regularly but do not identify themselves as “gay”, 4-10%.
How many MSM living with HIV?

- Men who had or may have sex with another man occasionally in their lives: 6-20% of male population
- Men who identify themselves as “gay” and have almost only steady partners (2-4%)
- Men who have sex with other men almost regularly but do not identify themselves as “gay”: 4-10%
- Men who had or may have sex with another man occasionally in their lives: 6-20% of male population
Men who had or may have sex with another man occasionally in their lives (6-20% of male population)

Men who have sex with other men almost regularly but do not identify themselves as “gay” (4-10%)

Men who identify themselves as “gay” and have almost only steady partners (2-4%)

Men with multiple male sexual partners (1-2%)

How many MSM living with HIV?
Men who had or may have sex with another man occasionally in their lives (6-20% of male population)

Men who have sex with other men almost regularly but do not identify themselves as “gay” (4-10%)

Men who identify themselves as “gay” and have almost only steady partners (2-4%)

Men in the “gay-sex” network

Men with multiple male sexual partners (1-2%)

Men who had or may have sex with another man occasionally in their lives (6-20% of male population)

How many MSM living with HIV?
Sorry, what prevalence?...

We have a problem with the denominator...

\[
\text{Prevalence in the "general" MSM group} = \frac{5,000 \text{ MSM living with HIV}}{100,000 \text{ est. MSM} = 10\% \text{ of male pop.}} = 5\%
\]

\[
\text{Prevalence in the "gay-sex" network} = \frac{2,500 \text{ MSM living with HIV}}{20,000 \text{ est. MSM} = 2\% \text{ of male pop.}} = 12.5\%
\]

...and remember: higher the prevalence, higher the risk!
The number of HIV diagnoses among MSM increased by 11%, from 7 661 cases in 2006 to 8 491 cases in 2012, with a peak of 8 883 cases in 2010.

Between 2006 and 2012, increases of more than 100% were observed in Slovakia, the Czech Republic, Hungary, Cyprus, Bulgaria and Romania.

Increases of more than 50% were observed in Croatia, Luxembourg and Ireland.

Rates among MSM are likely under-estimated: in some countries, sexual orientation is not disclosed or reported so the true proportion of new HIV infections among MSM remains underreported and unknown.

Between 2000 and 2011, the annual number of reported new HIV diagnoses among MSM increased almost 10-fold; when imputing data on missing transmission category, the increase was 14-fold.

United Kingdom

- New diagnoses among MSM increased by 10% from 2011 to 2012; only in London by 14%.
- 29% had a concurrent STI (chlamydia, gonorrhoea, syphilis), compared to 11% among heterosexual men and 9% among heterosexual women.

Other countries:
France ; Spain ; Switzerland ; the Netherlands ; Italy

Source: national official surveillance reports 2013 (France: 2012)
Between 2010 and 2012 the number of HIV diagnosis:
- among MSM increased of 18.7%
- among heterosexual men decreased of 7%
- among heterosexual women decreased of 15.7%
- among IDUs decreased of 20.9%
Data from 15 European EU Member States reporting more than 50% of HIV cases 2003-2012: Austria, Belgium, Cyprus Denmark, Czech Rep., Finland, France, Greece, Latvia, Luxembourg, the Netherlands, Portugal, Romania, Slovenia, UK.

What do we know about these MSM?

- More than 18,000 questionnaires from 35 countries
- Questionnaire run in 25 different languages
- Advertised on social networks or through banners on (country-specific) websites

www.emis-project.eu
What do we know about these MSM?

Countries in Europe where respondents had sex abroad most frequently

Figure 7.16: Sex abroad with a man who was not from the respondent’s country of residence

25% had sex abroad with a man not coming from one’s own country (last year)

What do we know about these MSM?

**Figure 3.14:** Respondents reporting a current steady relationship with a man (by European sub-region)

<table>
<thead>
<tr>
<th></th>
<th>West N=38 845</th>
<th>North-West N=8 996</th>
<th>Central-West N=63 780</th>
<th>South-West N=37 226</th>
<th>North-East N=1 897</th>
<th>Central-East N=8 789</th>
<th>South-East (EU) N=3 749</th>
<th>South-East (non-EU) N=3 697</th>
<th>East N=7 230</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current relationship with a man (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>58.9</td>
<td>62.4</td>
<td>58.7</td>
<td>65.2</td>
<td>56.8</td>
<td>57.5</td>
<td>64.3</td>
<td>67.0</td>
<td>49.0</td>
</tr>
<tr>
<td>Yes</td>
<td>41.1</td>
<td>37.6</td>
<td>41.3</td>
<td>34.8</td>
<td>43.2</td>
<td>42.5</td>
<td>35.7</td>
<td>33.0</td>
<td>51.0</td>
</tr>
<tr>
<td><strong>Duration of the current homosexual relationship (%)</strong> (N=25,138)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than one year</td>
<td>16.8</td>
<td>17.2</td>
<td>16.4</td>
<td>23.2</td>
<td>22.0</td>
<td>24.4</td>
<td>31.6</td>
<td>36.5</td>
<td>21.9</td>
</tr>
<tr>
<td>1-2 years</td>
<td>17.5</td>
<td>18.2</td>
<td>20.0</td>
<td>22.7</td>
<td>23.5</td>
<td>26.0</td>
<td>23.4</td>
<td>23.4</td>
<td>25.0</td>
</tr>
<tr>
<td>3-5 years</td>
<td>22.1</td>
<td>23.7</td>
<td>24.9</td>
<td>24.2</td>
<td>29.5</td>
<td>24.8</td>
<td>27.3</td>
<td>23.7</td>
<td>31.2</td>
</tr>
<tr>
<td>5-10 years</td>
<td>21.7</td>
<td>22.2</td>
<td>21.6</td>
<td>17.8</td>
<td>16.9</td>
<td>17.7</td>
<td>13.7</td>
<td>12.0</td>
<td>16.3</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>21.9</td>
<td>18.7</td>
<td>17.2</td>
<td>12.1</td>
<td>8.1</td>
<td>7.2</td>
<td>5.0</td>
<td>4.5</td>
<td>5.5</td>
</tr>
</tbody>
</table>

**Figure 3.16:** Respondents reporting a steady relationship with a woman (by European sub-region)

<table>
<thead>
<tr>
<th></th>
<th>West N=38 845</th>
<th>North-West N=8 996</th>
<th>Central-West N=63 780</th>
<th>South-West N=37 226</th>
<th>North-East N=1 897</th>
<th>Central-East N=8 789</th>
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<th>East N=7 230</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current relationship with a woman (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>95.1</td>
<td>93.2</td>
<td>91.6</td>
<td>94.7</td>
<td>90.2</td>
<td>94.3</td>
<td>89.7</td>
<td>92.4</td>
<td>92.6</td>
</tr>
<tr>
<td>Yes</td>
<td>4.9</td>
<td>6.8</td>
<td>8.4</td>
<td>5.3</td>
<td>9.8</td>
<td>5.7</td>
<td>10.3</td>
<td>7.6</td>
<td>7.4</td>
</tr>
<tr>
<td><strong>Duration of the current heterosexual relationship (%)</strong> (N=11 579)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than one year</td>
<td>6.6</td>
<td>9.0</td>
<td>7.0</td>
<td>8.7</td>
<td>11.5</td>
<td>7.6</td>
<td>15.1</td>
<td>18.2</td>
<td>7.0</td>
</tr>
<tr>
<td>1-2 years</td>
<td>8.0</td>
<td>12.1</td>
<td>10.8</td>
<td>9.0</td>
<td>12.0</td>
<td>11.9</td>
<td>16.6</td>
<td>16.8</td>
<td>11.7</td>
</tr>
<tr>
<td>3-5 years</td>
<td>12.1</td>
<td>15.6</td>
<td>15.4</td>
<td>15.6</td>
<td>14.8</td>
<td>18.3</td>
<td>20.0</td>
<td>19.3</td>
<td>21.7</td>
</tr>
<tr>
<td>5-10 years</td>
<td>14.7</td>
<td>16.4</td>
<td>18.6</td>
<td>19.2</td>
<td>21.9</td>
<td>22.5</td>
<td>21.8</td>
<td>20.0</td>
<td>26.5</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>58.6</td>
<td>46.9</td>
<td>48.1</td>
<td>47.4</td>
<td>39.9</td>
<td>39.6</td>
<td>26.5</td>
<td>25.7</td>
<td>33.1</td>
</tr>
</tbody>
</table>

What do we know about these MSM?

Figure 3.10: Sexual identity by European sub-region

Figure 3.11: Gender of partners in the last 12 months by European sub-region

What do these MSM know about HIV?...

Figure 11.1: Mean overall knowledge scores across 38 countries

What do these MSM know about HIV?...

«Given that even in Switzerland – where coverage was the highest – only 77% of MSM were reached by prevention efforts, there is still much to be done to establish HIV prevention programmes and make them equally accessible to all MSM».

What do these MSM know about HIV?...

Figure 11.4: Mean percentage reached by targeted prevention efforts per country according to the national inequality-adjusted Human Development Index

Figure 11.5: Mean percentage reached by targeted prevention efforts per country according to mean scores on the overall measure of HIV knowledge

58% reported at least one UAI event with at least one male partner in the last 12 months. MSM <25 and 25-39 y.o. were more likely to report UAI than 40 y.o. and above (60% AOR=1.41; 60% AOR=1.43; and 51%). Among men who reported sex in the past 12 months, the overall level of ncUAI was 30% (27% with steady partners, 23% with nonsteady partners, 36% both).

Condom availability and sub-optimal use (last 12 months)

20% reported condom not available in the last 12 months

< 25 yo (25%)  +96% 40+ yo
25 to 39 yo (21%)  +47% 40+ yo

Sub-optimal condom use for insertive AI (last 12 months) %

- Using saliva as lub 41.7
- Not using any lub 35.4
- Not using lot of lub 25.5
- No condom change > ½ hour 19.0
- Oil-based lub 14.1
- Unfitting condom size 11.7
- Putting lub inside the condom 9.3

Figure 5.25: Proportion of HIV-infected respondents with detectable viral load

Figure 12.21: Viral load at last check up

Figure 12.22: Receiving antiretroviral treatment (ART)

Clinicians, public health experts, and HIV prevention activists have often stated a fear that the preventive effects of effective ART might be offset by an increase in sexual risk behaviour. This assumption was not supported by EMIS data. Conversely, effective treatment was positively associated with a happy sex life (AOR=1.20, 95%-CI: 1.06–1.37),
What are the main forms of prevention that MSM use in Europe?

- Condom
- TasP
- Serosorting
- Abstinence
Is HIV prevention working for MSM? Why/why not?

Why has incidence of new infections remained high when the proportion of HIV positive people with viral suppression is high?

«...the epidemiological benefits of highly active antiretroviral therapy and earlier diagnosis on incidence have been entirely offset by increases in the risk behaviour rate»

The Netherlands Bezemer et al; AIDS 2008

Similar conclusions:
The Netherlands van Sighem et al; AIDS 2012
Switzerland van Sighem et al; PLoS One 2012
UK Phillips et al; PLoS One 2013

from Andrew Phillips, MSM in the UK: Prevention Effects of ART in Perspective, CROI 2014
Figure 3. Reconstruction of incidence for counter-factual situations:

(a) a scenario in which ART was never introduced, but patterns of sexual risk behaviour changes still occurred

(b) a scenario in which all condom use ceased in 2000, but with levels of anal sex as observed

(c) a scenario in which ART was provided at diagnosis from 2000

(d) a scenario in which testing rates increased (such that the proportion testing in the past year was 68% in 2010 compared with 25% as modelled for the actual incidence)

(e) a scenario of both higher testing and ART at diagnosis

2-3 – knowledge about PrEP and will to use it

PrEP is acceptable for 64,41% of all the responders; 48,51% would use it only with medical control and 15,90% even without; PreP is even more interesting for those who did not hear about it (67,66% vs 60,00% among those who knew about PreP, p=0.019)

Q3 – Had you already heard about PrEP? (n = 503)

Q4 – Should a clinician offer to you this opportunity, would you use it? (n=503)
Attitude towards antiretroviral pre-exposure prophylaxis (PrEP) prescription among HIV specialists

Based on the available evidence, do you think PrEP should be offered, and if yes, to which of the following situations?

<table>
<thead>
<tr>
<th></th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>95 (30.5)</td>
</tr>
<tr>
<td>Yes</td>
<td>216 (69.5)</td>
</tr>
</tbody>
</table>

Participants who think that PrEP should be offered (N = 216)

Offer PrEP to some groups of people at higher risk:

<table>
<thead>
<tr>
<th>Group</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection drug users</td>
<td>45 (20.8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Not using condoms</th>
<th>Always</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Men who have sex with men (MSM)</td>
<td>118 (54.6)</td>
<td>34 (15.7)</td>
<td>152 (70.3)</td>
</tr>
<tr>
<td>Persons with sexually transmitted infections</td>
<td>90 (41.7)</td>
<td>35 (16.2)</td>
<td>125 (57.9)</td>
</tr>
<tr>
<td>Persons with multiple partners</td>
<td>91 (42.1)</td>
<td>40 (18.5)</td>
<td>131 (60.6)</td>
</tr>
<tr>
<td>Sex workers/Transactional sex</td>
<td>84 (38.8)</td>
<td>47 (21.8)</td>
<td>131 (60.6)</td>
</tr>
</tbody>
</table>

Respondents 174 (80.6)

Puro V, Attitude towards antiretroviral pre-exposure prophylaxis (PrEP) prescription among HIV specialists, BMC Infectious Disease, 2013, 13:217
What do we need to do in terms of prevention?

- A better understanding of mechanism of transmission
  - Are acute infections a driver for the epidemics?
  - Which proportion of new infections is due to people diagnosed with HIV but with detectable viral load?
  - Are there special cluster we should focus on in our prevention efforts?

- New prevention intervention
  - PrEP implementation
  - Interventions against HIV related stigma

- A change in prevention mentality
  - Moving from the one-fit-all attitude to a combination of interventions
Are MSM organising around HIV across the region? What about at the national level?

- European networks of MSM, such as ILGA Europe or OutGames, do not have a strong commitment on health and HIV
- The EATG is working with them to make this change
- At a national level there are some good experiences, such as the Checkpoints (Barcelona, Lisbon, Belgrade, Athens and hopefully soon Bologna)
Advocacy agenda

- Better access to treatment and better tx outcomes
- Community initiatives for diagnosis, care and support
- More information about prevention opportunities
  - real-life informations more than scientific
- More cooperation between HIV organizations and LGBT groups
- Providing a comprehensive combination of prevention intervention
- Let's not forget Eastern Europe...