SPECIAL REPORT

HIV and men who have sex with men

Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2017 progress report

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This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Teymur Noori, with technical support from Andrew J. Amato-Gauci, Anastasia Pharris, Jan C. Semenza, Denis Coulombier and Piotr Kramarz.

This report is one in a series of thematic reports based on information submitted by reporting countries in 2016 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://ecdc.europa.eu/en/healthtopics/aids/Pages/monitoring-dublin-declaration-2016-progress.aspx.

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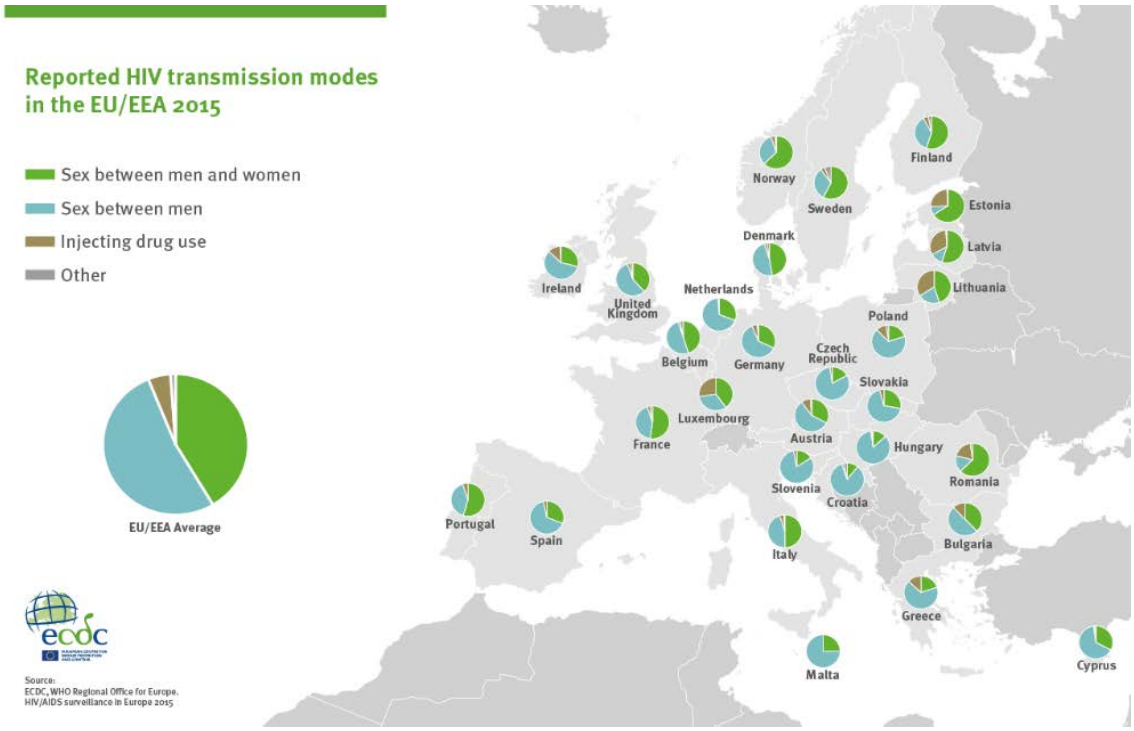
[1] This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.
[2] EMCDDA – European Monitoring Centre for Drugs and Drug Addiction

Why focus on men who have sex with men?

Sex between men is the main mode of HIV transmission in the EU/EEA. In 2015, 42% of all newly-diagnosed HIV cases in the EU/EEA were in men who have sex with men (MSM). In 15 EU/EEA countries – Austria, Croatia, Cyprus, Czech Republic, Germany, Greece, Hungary, Ireland, Malta, Netherlands, Poland, Slovakia, Slovenia, Spain and the United Kingdom – sex between men accounted for more than 50% of all known new HIV diagnoses in 2015 (Figure 1). In the European region overall, 26% of all newly-diagnosed HIV cases in 2015 were in MSM.

Figure 1. Percentage of new HIV diagnoses with known mode of transmission, by transmission route and country, EU/EEA, 2015 (n=23 772)



Source: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2015. Stockholm: ECDC; 2016

HIV cases in men who have sex with men continue to rise. Between 2005 and 2015 the proportion of all new HIV diagnoses in the EU/EEA attributed to sex between men increased from 33% to 42%. MSM are the only key population that has not seen a decline in the number of new infections; the number of HIV diagnoses reported among MSM in the EU/EEA increased from 7 796 in 2006 to 9 024 in 2015. In recent years, increases have been seen in most EU/EEA countries, but in some (Cyprus, Ireland and Malta) these have been substantial. Reported cases have increased both among men born in the reporting country and those born elsewhere.

HIV prevalence among MSM is high in many countries across Europe and Central Asia. Based on data reported by 40 countries[3] HIV prevalence rates among MSM range from 0–60%.[4] Reported prevalence is above 10% in nine countries (Belgium, France, Georgia, Hungary, Malta, Montenegro, Romania, Slovakia and Spain) and between 5% and 10% in nine countries (Germany, Greece, Ireland, Kyrgyzstan, Moldova, Portugal, Serbia, Switzerland and Ukraine).

[3] Andorra, Czech Republic, Iceland, Italy, Latvia, Luxembourg, Norway and Turkey do not have data.
[4] It is important to note that reported prevalence data is drawn from a range of studies using different methods and samples sizes and prevalence rates may not be nationally representative.

What are the main challenges?

Strategic information

Almost half of the countries do not have MSM population size estimates. Population size estimates are not available in 20 countries. Lack of population size estimates limits the extent to which countries can monitor issues, such as prevention and testing service coverage, or plan appropriately scaled prevention and control programmes.

Countries have limited data on sexual risk behaviour among MSM. Although 42 of the 48 countries reporting have conducted behavioural surveillance among MSM in recent years, many do not have data on sexual risk behaviour in this population. More than one in three countries (18 of 48 countries) have no data on unprotected anal sex with a steady partner of unknown HIV status or with a non-steady partner of unknown HIV status, and two in three (30 of 48 countries) have no data on unprotected anal sex with multiple non-steady partners of unknown HIV status (Table 1). Available data suggests high rates of sexual risk behaviour among MSM (Annex 1).

Table 1. Availability of data on sexual risk behaviour among MSM (n=48), 2016

Unprotected anal sex with a steady partner of unknown HIV serostatus	**30** Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Ireland, Israel, Italy, Kosovo[5], Lithuania, Malta, Moldova, Montenegro, Norway, Poland, Portugal, Romania, Serbia, Spain, Switzerland, Ukraine	**18** Albania, Andorra, Armenia, Bulgaria, Hungary, Iceland, Kazakhstan, Kyrgyzstan, Latvia, Luxembourg, Netherlands, Slovakia, Slovenia, Sweden, Tajikistan, Turkey, United Kingdom, Uzbekistan
Unprotected anal sex with a non-steady partner of unknown serostatus	**30** Albania, Armenia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Georgia, Germany, Greece, Ireland, Israel, Italy, Kosovo[3], Lithuania, Malta, Moldova, Montenegro, Norway, Poland, Romania, Serbia, Spain, Switzerland, United Kingdom	**18** Andorra, Bulgaria, France, Hungary, Iceland, Kazakhstan, Kyrgyzstan, Latvia, Luxembourg, Netherlands, Portugal, Slovakia, Slovenia, Sweden, Tajikistan, Turkey, Ukraine, Uzbekistan
Unprotected anal sex with multiple (i.e. more than three) non-steady partners of unknown HIV serostatus.	**16** Austria, Bosnia and Herzegovina, Denmark, France, Georgia, Germany, Greece, Israel, Italy, Kosovo[3], Lithuania, Malta, Romania, Spain, Switzerland, United Kingdom	**32** Albania, Andorra, Armenia, Azerbaijan, Belgium, Bulgaria, Croatia, Czech Republic, Cyprus, Estonia, Finland, Hungary, Iceland, Ireland, Kazakhstan, Kyrgyzstan, Latvia, Luxembourg, Moldova, Montenegro, Netherlands, Norway, Poland, Portugal, Serbia, Slovakia, Slovenia, Sweden, Tajikistan, Turkey, Ukraine, Uzbekistan

Drug use, both injecting and non-injecting, may be increasing the HIV risk among some MSM. Based on data reported by 18 countries, the prevalence of injecting drug use among MSM ranges from 0.4% to 21%, but in most countries it is less than 3%. For this update, more countries reported data on drug use associated with sex among MSM; a number of these countries provided anecdotal evidence suggesting an increase in sexualised drug use among MSM sub-groups. One in four countries reported that specific drugs are associated with sexualised drug use among MSM (Table 2).

Table 2. Countries reporting use of drugs associated with sexualised drug use among MSM, 2016

	Yes	No	No data
Methamphetamine	13	1	29
Gammahydroxybuytrate (GHB)	15	-	30
Gammabutyrolactone (GBL)	13	-	32
Mephedrone	12	2	30

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

HIV prevention

Few EU/EEA countries are implementing comprehensive prevention programmes for MSM. Many EU/EEA countries report that specific prevention interventions are in place. For example, more than 20 countries report that they have condom and health promotion programmes, but relatively few are implementing a comprehensive package of interventions for MSM (Figure 2). Fewer than 20 countries provide post-exposure prophylaxis, less than 10 countries implement programmes to address drug use among MSM, and only two countries provide pre-exposure prophylaxis (PrEP)[6] for MSM.

Figure 2. EU/EEA countries implementing a combination of prevention interventions for MSM (n=30), 2016

** PEP (post-exposure prophylaxis), SU (substance use programmes), PrEP (pre-exposure prophylaxis)*

There are major gaps in HIV prevention programmes for MSM. Although 32 countries in the region report that high priority is given to HIV prevention for MSM, only 22 report that high priority is given to spending on prevention programmes for this population. No less than 21 countries report major gaps in HIV prevention programmes for MSM (Figure 3). In the past two years, spending on HIV prevention for MSM is reported to have increased in 16 countries, stayed the same in 14 countries and decreased in eight countries.

Implementation of PrEP is at a relatively early stage in Europe and Central Asia. Two countries, France and Norway, currently provide PrEP through their public health services. In the United Kingdom, Scotland became the first nation to approve the provision of PrEP by the NHS in April 2017. PrEP is expected to be made available in sexual health clinics by July 2017. PrEP demonstration projects are ongoing in Belgium, Italy and the Netherlands and planned in a further 14 countries – Azerbaijan, Croatia, Denmark, Georgia, Greece, Ireland, Israel, Luxembourg, Malta, Romania, Portugal, Spain, Sweden and Ukraine – and most will target MSM who are at high risk of exposure to HIV.

[6] PrEP is the use of an antiretroviral medication by people who are uninfected to prevent the acquisition of HIV. Current guidelines recommend that PrEP be made available to populations at high risk of acquiring HIV infection.

Figure 3. Countries reporting major gaps in HIV prevention programmes for MSM, 2016

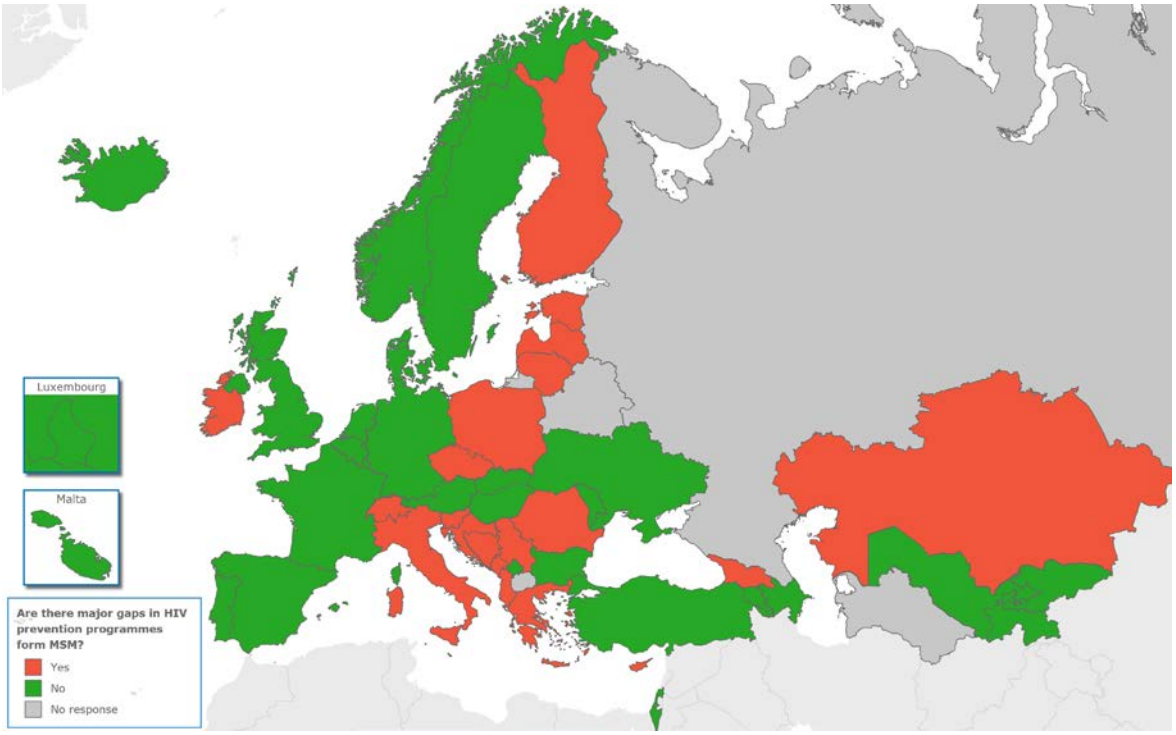
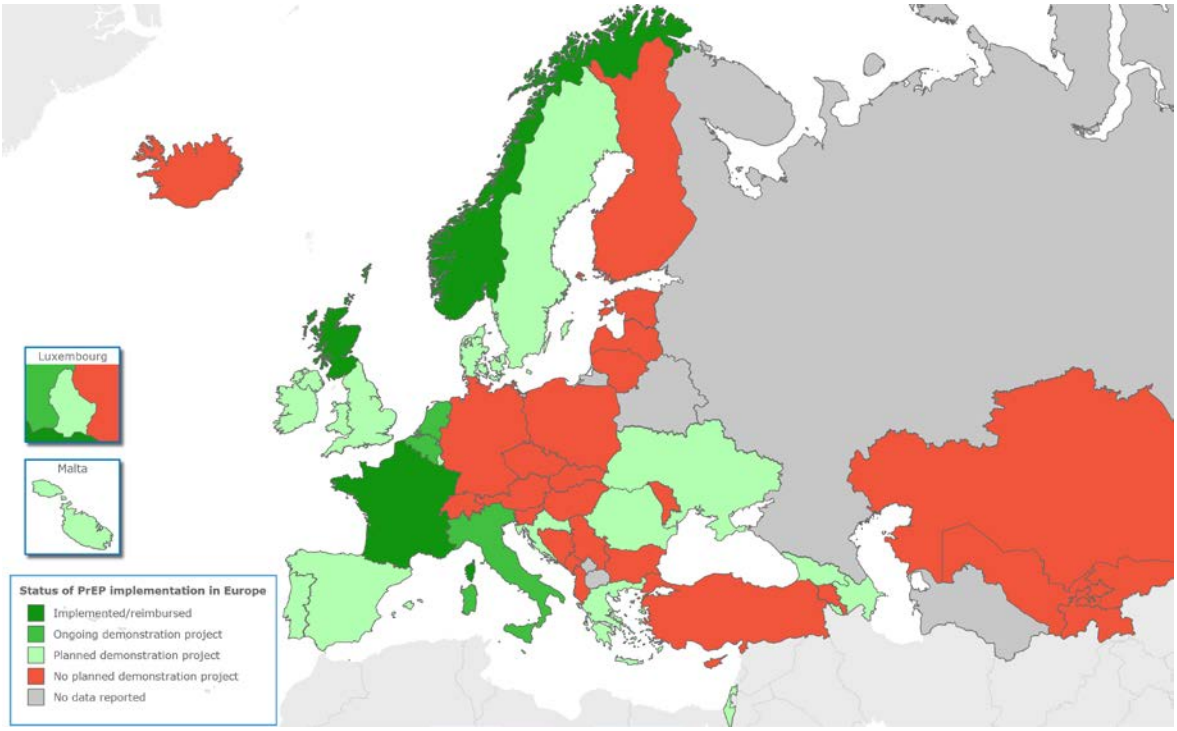
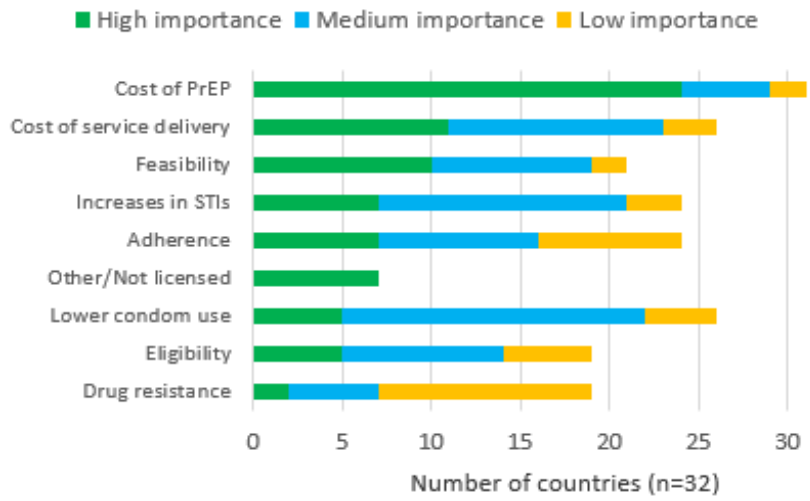


Figure 4. Status of PrEP implementation in Europe and Central Asia (as of April 2017)



Cost of drugs, cost of service delivery and feasibility are the main obstacles to PrEP implementation. Thirty-one countries identified the cost of the drugs as an issue preventing or limiting PrEP implementation, and 24 of these countries rated the issue of high importance. In addition, 23 countries identified the cost of service delivery and 19 countries identified feasibility as issues of high or medium importance. Countries also have concerns about the impact of PrEP on transmission of other sexually-transmitted infections, condom use, eligibility criteria, adherence and compliance (Figure 5).

Figure 5. Issues preventing or limiting PrEP implementation in Europe, 2016

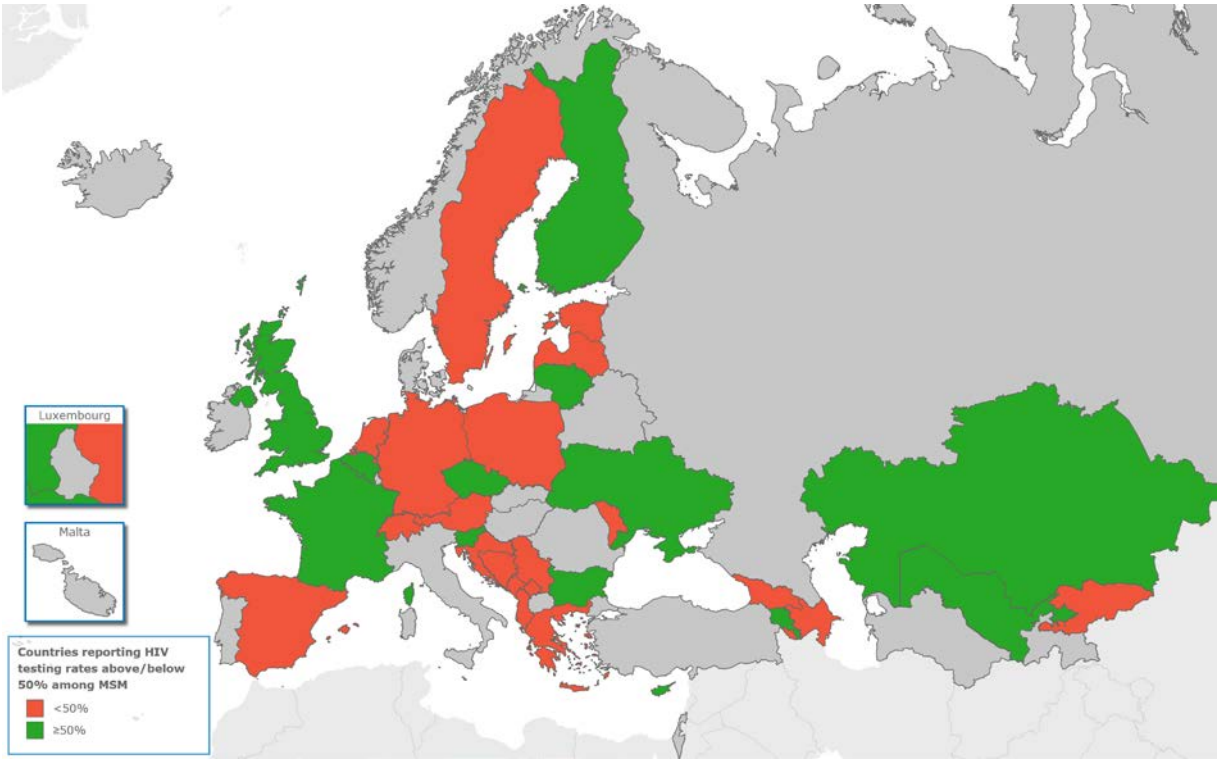


Stigma and discrimination limit uptake of HIV prevention services by MSM. More than half of the countries in Europe and Central Asia (34 countries) report that stigma and discrimination within the MSM population is a barrier to increasing uptake of prevention services. In addition, 31 countries reported that stigma and discrimination among health professionals limits uptake of prevention services among MSM.

HIV testing

HIV testing rates among men who have sex with men remain low. In 20 of 33 countries that reported data across the region, under half of MSM had been tested for HIV within the last 12 months. Although HIV testing rates vary considerably among countries (range 19–87%), they are below 50% in 20 of 33 countries in the region and in 10 of 19 EU/EEA countries that reported data[7].

Figure 6. Available data on HIV testing rates among MSM, 2016



[7] It is important to note that reported data are drawn from a range of studies using different methods and sample sizes and testing rates may therefore not be nationally representative.

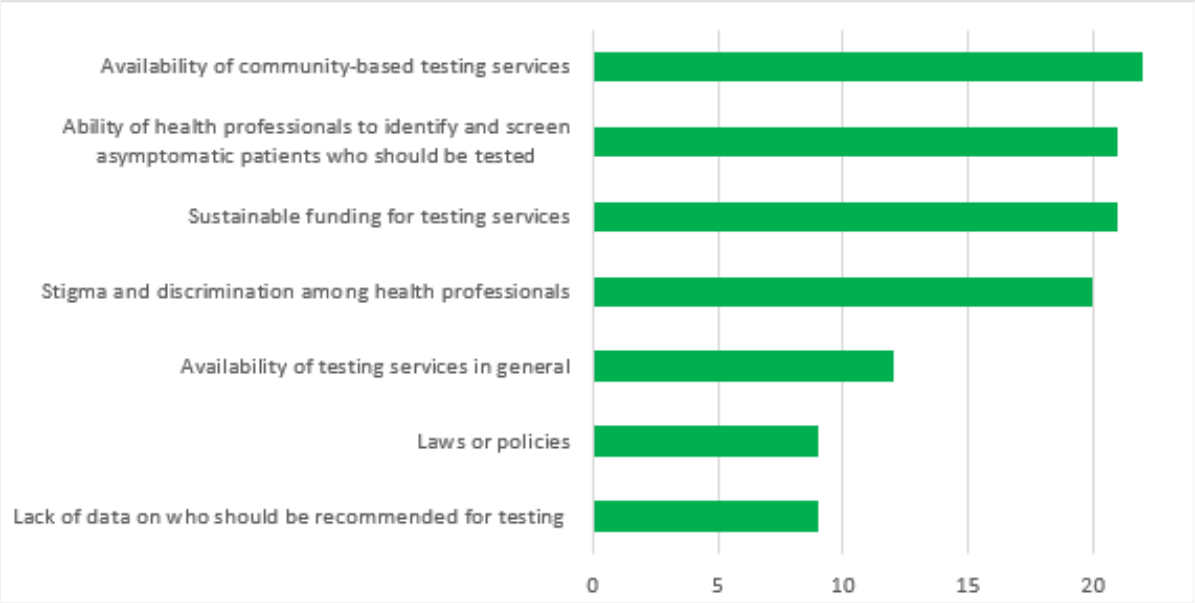
One in four countries report major gaps in HIV testing services for MSM. Although most countries with high numbers of new HIV diagnoses in MSM report that their national HIV testing guidelines address MSM, and that high priority is given to spending on testing services for MSM, 12 of 48 countries report that there are major gaps in testing services for this population.[8]

Table 3. Countries reporting major gaps in HIV testing services for MSM (n=48), 2016

EU/EEA countries	Non-EU/EEA countries
9 Croatia, Cyprus, Estonia, Finland, Greece, Ireland, Latvia, Lithuania, Sweden	**3** Bosnia and Herzegovina, Montenegro, Serbia

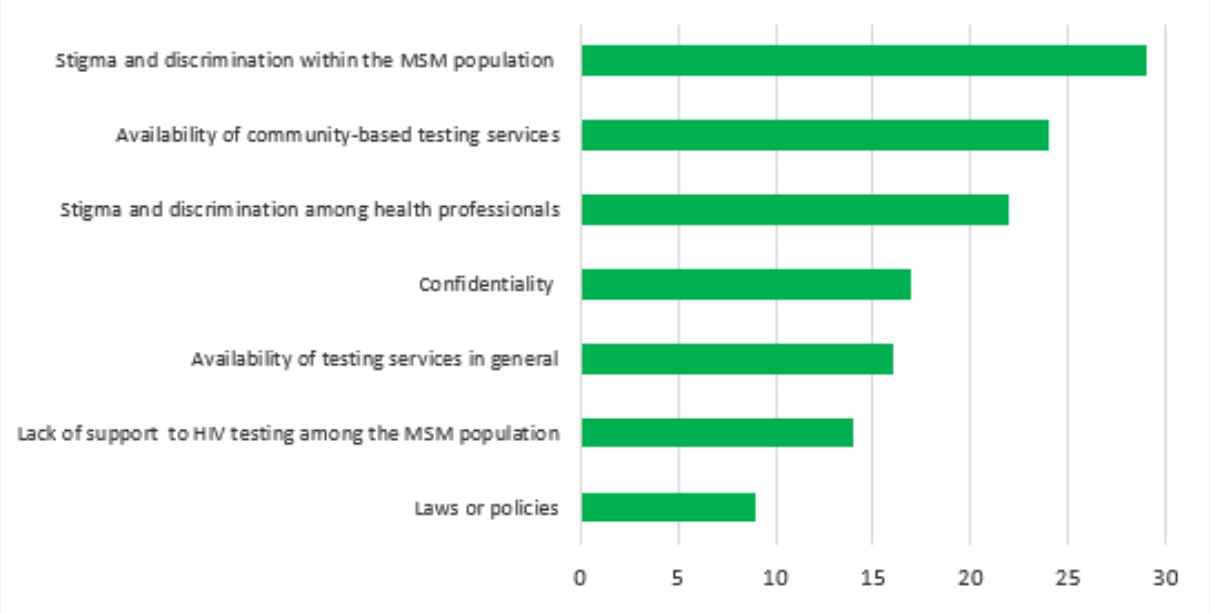
Many countries report barriers to provision and uptake of HIV testing services for MSM. The main barriers to effective provision of HIV testing services for MSM are limited availability of community-based testing services (22 countries); lack of funding (21 countries); factors associated with health professionals' skills (21 countries) and attitudes (20 countries) (Figure 7). The main barriers to increasing the uptake of HIV testing among MSM are stigma and discrimination within the MSM population (29 countries) and among health professionals (22 countries), and limited availability of community-based testing services (24 countries) (Figure 8). It is also worth noting that stigma and discrimination within the MSM population and among health professionals were reported by 29 and 14 countries respectively to be among the main barriers to treatment for MSM diagnosed with HIV.

Figure 7. Number of countries reporting barriers to providing HIV testing for MSM (n=47), 2016



[8] 28 of 48 countries (including 18 EU/EEA countries) report that their national HIV testing guidelines address MSM; 27 of 48 countries (including 18 EU/EEA countries) report that high priority is given to spending on HIV testing services for MSM.

Figure 8. Number of countries reporting barriers to increasing uptake of HIV testing by MSM (n=47), 2016



More than one-third of HIV cases in men who have sex with men are diagnosed late. In Europe and Central Asia overall, and in the EU/EEA, 37% of HIV cases among MSM are diagnosed late.

The median CD4 cell count at diagnosis is increasing over time in MSM, meaning that while late diagnosis is still an issue for MSM, the situation does appear to be improving (Figure 9). Key factors contributing to late diagnosis among MSM include fear of knowing one's HIV status, low risk perception, denial of risk factors, and stigma and discrimination within the MSM population (Figure 10). Lack of knowledge was also cited as a factor by 24 countries.

Figure 9. CD4 cell count at diagnosis by transmission mode, EU/EEA, 2015

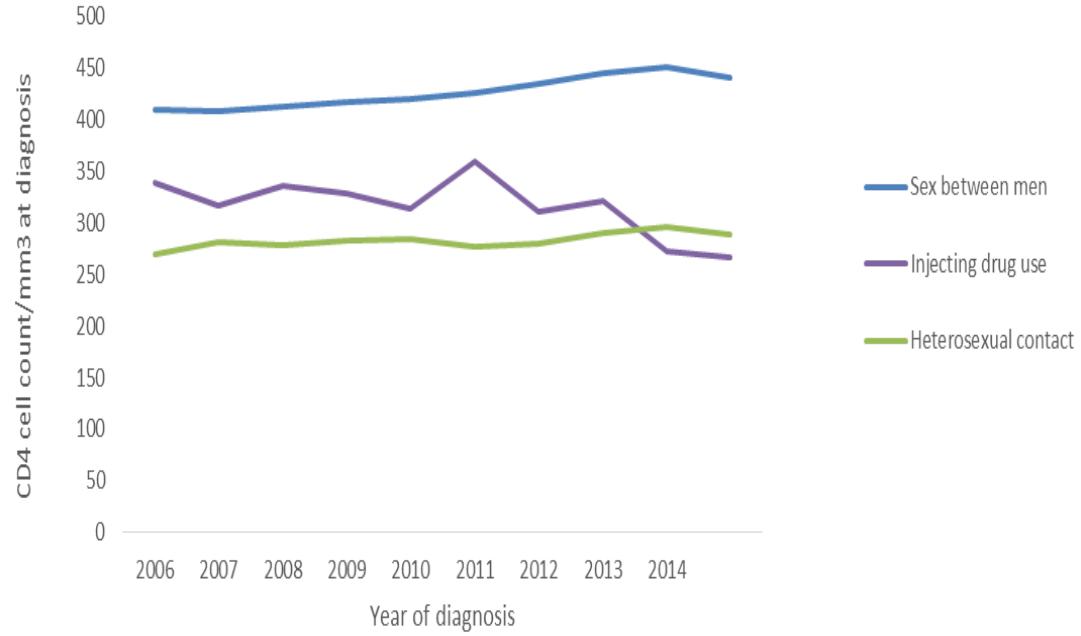
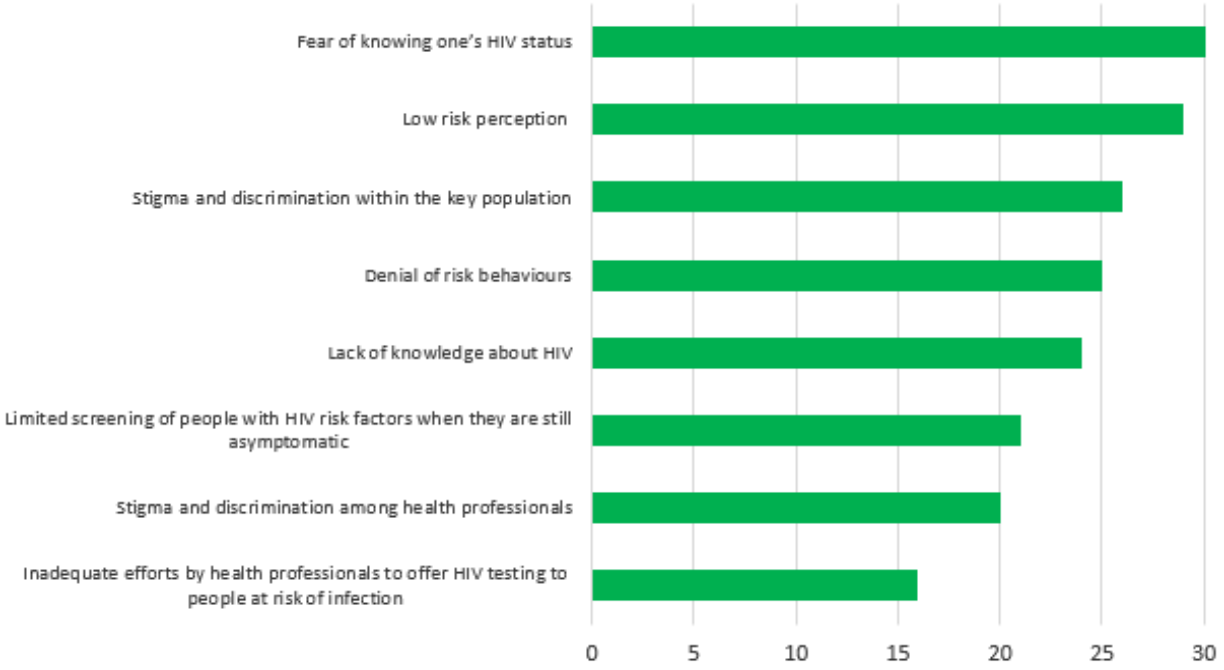


Figure 10. Number of countries reporting factors contributing to late diagnosis among MSM (n=46), 2016



Countries are spending more on HIV testing programmes for MSM, but efforts to expand access using alternative approaches have been relatively limited. Seventeen countries report that spending on HIV testing for MSM increased in the past two years, 11 that it remained the same and three that it decreased. More than half of the countries report that efforts are underway or planned to increase community-based testing for MSM delivered by medical staff, but fewer report this for testing delivered by trained non-medical staff. Very few countries are taking steps to increase use of home sampling (n=3) or self-testing (n=2) among the MSM population (Table 4). Only 16 countries, including 11 EU/EEA countries – Croatia, Czech Republic, Ireland, Lithuania, Netherlands, Slovakia, Slovenia, Malta, Portugal, Romania and the United Kingdom – are promoting or planning to promote increased partner notification among MSM.

Table 4. Countries using alternative approaches to increase HIV testing access for MSM (n=48), 2016

Approach to testing	Countries
Community-based testing delivered by medical staff	**29** Albania, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Finland, France, Germany, Greece, Ireland, Italy, Israel, Latvia, Lithuania, Luxembourg, Malta, Moldova, Netherlands, Poland, Portugal, Romania, Serbia, Slovenia, Sweden, Switzerland, Ukraine, United Kingdom
Community-based testing delivered by non-medical staff	**18** Albania, Belgium, Cyprus, Finland, France, Georgia, Greece, Ireland, Kyrgyzstan, Luxembourg, Moldova, Norway, Portugal, Slovenia, Spain, Sweden, Switzerland, United Kingdom
Home sampling	**3** Belgium, Netherlands, United Kingdom
Self-testing	**2** France, Lithuania

What needs to be done?

The continuing increase in new HIV diagnoses among MSM in Europe and Central Asia, particularly in the EU/EEA, highlights the need for urgent action to improve the coverage, targeting and impact of HIV prevention and testing programmes. In particular, greater efforts are needed to reach MSM who are most vulnerable to HIV, including MSM who engage in high-risk sexual behaviour and sexualised drug use, and migrant MSM.

Better data are needed on MSM sub-groups who are at greater risk and on risk behaviour, to inform effective delivery of tailored and targeted prevention interventions. There is also a need to expand the implementation of targeted comprehensive prevention programmes and, where appropriate, this should include new strategies such as PrEP for most-at-risk MSM as well as services to address drug use.

Efforts to improve uptake of HIV testing and promote earlier testing should include options such as wider implementation of alternative approaches. Such approaches could be community-based services delivered by trained lay people; home sampling and self-testing, supported by requisite funding and guidelines, as well as action to address gaps in testing services.

Country responses also indicate that a range of factors limit the provision and uptake of prevention and testing services and contribute to late diagnosis. Based on these data, more needs to be done to reduce stigma and discrimination within the MSM population and in healthcare settings, to ensure that health professionals offer testing to MSM with HIV risk factors. Measures should also be taken to address the underlying factors that influence health-seeking behaviour, such as fear of knowing one's status and denial of risk.

Priority options for action

1. Address low rates of testing and high rates of late diagnosis among MSM

- Expand approaches that lead to an increase in the uptake and frequency of testing, such as community-based service delivery, home sampling and self-testing, and ensure these approaches are included in national HIV testing guidelines and that adequate resources are allocated to promote and implement them.
- Reduce missed opportunities for HIV diagnosis in health services, in particular primary care and other clinical settings.
- Develop more focused and effective case detection approaches to reach the undiagnosed harder-to-reach MSM populations.

2. Strengthen and expand prevention programmes

- Improve data on risk and protective behaviour and on MSM sub-groups at increased risk, including through enhanced behavioural surveillance and qualitative research.
- Implement targeted, evidence-based prevention interventions for MSM sub-groups who are most at risk of HIV infection.
- Ensure access to a comprehensive package of interventions including condoms and lubricants, screening and treatment for other sexually transmitted infections and, where appropriate, drug services and PrEP.

3. Address barriers to provision and uptake of prevention and testing services

- Develop and implement more effective approaches to eliminate stigma and discrimination in healthcare settings.
- Collaborate with and support community organisations to develop and implement interventions to improve knowledge and risk perception; reduce stigma and discrimination within MSM populations and address other factors that influence risk and health-seeking behaviour.

Annex 1. Summary of data reported by countries on sexual risk behaviour

Unprotected anal sex with a steady partner of unknown HIV serostatus

Country	Key findings	Data source
Austria	66.5% had unprotected anal sex with a steady partner, of these 62,6% had unprotected anal sex with a steady partner of unknown HIV serostatus	Behavioural surveillance, 2010
Azerbaijan	3.5%	Behavioural surveillance, national, 2011
Belgium	Unprotected anal sex with a steady partner: 76.9% 64% has one or more regular sex partners. 47% never uses condoms with regular partners. 11% is not certain if his regular partner has a concordant HIV status.	SIALON II: MSM in Brussels, 2013 EMIS, 2010
Bosnia and Herzegovina	20.8% used a condom every time, 28.3% use a condom often, 11.5% use a condom sometimes, 18.6% never used a condom; 67.6% has anal sex with an average of 2 different steady partners within last 6 months; 75.9% has anal sex with an average of 3 different steady partners	Behavioural surveillance, national, 2015
Croatia	45.1% state using a condom at last anal intercourse with current or regular partner. There was no question on HIV status of the partner in the study.	RDS study among 387 MSM September 2010-February 2011
Cyprus	The proportion of MSM who had unprotected anal intercourse the last time they had sex with a steady partner was higher (51.9%) compared to the proportion of unprotected anal sex with a casual partner (20.7%)	Sub-national study, 2014
Czech Republic	60% of men had last anal intercourse unprotected	EMIS, 2010
Denmark	See EMIS	EMIS 2010
Estonia	11% of men who had anal sex with a steady partner in the last 12 months, had had unprotected anal sex with a steady partner of unknown HIV serostatus	National study, 2013
Finland	Never using condom (unprotected anal sex) with steady partner when top 40 %, when bottom 38 %	Behavioural surveillance
France	61% of MSM report at least one unprotected anal sex in the last 12 months with a steady partner of unknown serostatus	Special study, national, 2011
Georgia	Having regular anal/oral partners during the last 12 months was reported by most MSM in both cities (75.2% Tbilisi and 92% Batumi). The median number of regular partners was 1 in Tbilisi and 2 in Batumi. Consistent condom use with regular partners was less prevalent compared to with occasional and paid partners. Majority of MSM who did not use condom at last AI with regular partners thought it was not necessary (37.1% Tbilisi and 13.5% Batumi)	Behavioural surveillance, national, 2015
Germany	Online survey, n=5,142 men reporting sex with a steady partner: any UAI with a steady partner of unknown HIV status in the previous 12 months was reported by 1,280/5,142 or 24.9%	Behavioural surveillance, national, 2013-2014
Greece	68.5% of MSM <25 years old and 66.5% of MSM > 25 years reported using a condom last time they had anal sex (sample size 2 944 MSM) 74.3% of MSM beneficiaries of Athens and Thes Checkpoints report using a condom the last time they had anal sex	EMIS, 2010 Project data
Ireland	24.5% UAI with steady male partner within 12 months	EMIS, 2010
Kosovo*	Among the 52% of MSM who reported having a steady partner in the past 12 months, 54% do not know the HIV status of that partner, 39% had sex with another man while being in a steady relationship in the past 12 months, 55% reported using a lubricant and 68% reported using a condom at last anal sex with their steady partner. Among the 32% of MSM who did not use a condom, 52% reported that, they trust each other and 44% reported that they do not like sex with condoms as being the main reasons for not doing so	Behavioural surveillance, sub-national, 2014

Country	Key findings	Data source
Lithuania	80.4% of surveyed MSM reported UAI with a steady partner	SIALON II, 2014
Malta		Genito Urinary Clinic data, national, 2015
Moldova	Percentage of men having sex with men that used a condom during the last homosexual anal contact with a steady partner was Chisinau 47.7%	Behavioural surveillance, sub-national, 2013
Montenegro	At last anal sexual intercourse with a steady partner condom was used by 48.2%	Behavioural surveillance, 2014
Netherlands	Unprotected anal sex with a steady partner of unknown HIV serostatus: 24,2%.	Data form national free of charge STI-clinics for key populations, 2015.
Norway	Unprotected anal sex with a steady partner of unknown HIV serostatus 9.4% in the last 6 months	Project data, sub-national, 2015: based on data from a counselling and rapid HIV testing facility staffed by trained personnel from the NGO Lesbian and Gay Health Norway, 1,577 HIV-tests or consultations in 2015
Poland	Past 6 months: 85% of respondents report UAI with steady partner; last intercourse with steady partner, 20.9% did not know the partner's status	Project data, sub-national, 2013
Portugal	70% unprotected sex with steady partner	MSM cohort study, Checkpoint, sub-national, 2014
Romania	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner: 56.6% (N=183)	SIALON II, 2014
Serbia	35% of MSM in Belgrade (used as a national proxy) have always used a condom with a steady partner in the last 12 months among those who have had steady partner (42.1% in Novi Sad, 80.9% in Kragujevac); question about serostatus of partner not asked	Behavioural surveillance, 2013
Spain	34.8%	EMIS, 2010
Switzerland	Half of all surveyed MSM had a steady partner in the last 12 months. Of those, 69% also had sex with non-steady partners, about 80% had anal sex, 73% did not consistently use condoms, 35% did not know their partners' serostatus and, of those, 46% did not consistently use condoms	Behavioural surveillance, 2014
Ukraine	46.7% MSM reported unprotected anal sex with steady partner of unknown HIV serostatus (among the 41.6% of MSM who has such type of partner during the last 6 months)	Behavioural surveillance, national, 2015

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Unprotected anal sex with a non-steady partner of unknown serostatus

Country	Key findings	Data source
Albania	The majority of the MSM population in Tirana, 71.2%, have had sex with a non-commercial sex partner in the past 6 months (defined as a person with whom the respondents have had sexual relationships without paying or being paid for it). Multiple partnerships are frequent, with an estimated 65.2% of MSM who have had sex with a non-commercial partner in the past 6 months having had 2-4 partners. (66% used a condom at last sex, but only 14.4% reported consistent condom use with non-commercial partners. Reasons for not using condoms are diverse e.g. “not liking them,” “did not think it was necessary” or “did not think of it” or “not available at the moment.”	Behavioural surveillance, sub-national, 2011
Armenia	Condom use at last sex with casual partner: 87.4%. Frequency of condom use with casual partner in the past year - never and not always: 31%.	Behavioural surveillance, national, 2014
Austria	34% had unprotected anal sex with a non- steady partner, of these 58.9% had unprotected anal sex with a non-steady partner of unknown HIV serostatus	Behavioural surveillance, 2010
Azerbaijan	Use of condoms with commercial partner: 5.0%; use of condom with casual partner: 21%	Behavioural surveillance, national, 2011

Country	Key findings	Data source
Belgium	Unprotected anal sex with a non-steady partner: 38.9% 4.7% never uses condoms with occasional partners. 59% uses condoms regularly with occasional partners.	SIALON II: MSM in Brussels, 2013 EMIS, 2010
Bosnia and Herzegovina	52.2% has anal sex with 3 non-steady partners; 38.9% used a condom every time; 62.4% used a condom during last anal sex	Behavioural surveillance, national, 2015
Croatia	82.2% state using a condom at last anal intercourse with a casual partner. There was no question on HIV status of the partner in the study	RDS study among 387 MSM September 2010-February 2011.
Cyprus	The proportion of MSM who had unprotected anal intercourse the last time they had sex with a steady partner was higher (51.9%) compared to the proportion of unprotected anal sex with a casual partner (20.7%). MSM are more likely to use condoms consistently with casual partners than with steady partners: almost three in four men used a condom in their last intercourse with casual partners	Sub-national study, 2014
Czech Republic	25% of MSM had at least one UAI with casual partner in the last year	EMIS, 2010
Denmark	See EMIS	EMIS, 2010
Estonia	44% of men who had anal sex with a non-steady partner in the last 12 months, had had unprotected anal sex with a non-steady partner of unknown HIV serostatus. This translates to 25% of all men who were surveyed (66 out of 265)	National study, 2013
Finland	Never using condom (unprotected anal sex) with non-steady partner when top 13 %, bottom 13 %	Behavioural surveillance
Georgia	Three fourths of MSM interviewed in both cities (75.5% Tbilisi and 76.7% Batumi) had occasional anal/oral male sexual partners with 5 median partners. Only 9% of MSM in Tbilisi and 2.3% in Batumi said that they paid for sex with a male partner for anal/oral sex during the last 12 months; median number of commercial partners was 3 in Tbilisi and 4 in Batumi. Proportion of MSM who reported condom use at their last AI with different types of partners varies from lowest 43.5% with paid (in Tbilisi) to highest 83.6% with occasional (in Batumi) partners. Given that the denominators for paid partners are very small these proportions should be interpreted with caution. Of those who did not use a condom with occasional partners 14.5% in Tbilisi and 28.6% in Batumi did not have it	Behavioural surveillance, national, 2015
Germany	Online survey, n=11,450 men reporting sex with a non-steady partner: any UAI with a non-steady partner of unknown HIV status in the previous 12 months was reported by 3,127/11,450 or 27.3%	Behavioural surveillance, national, 2013-2014
Greece	See above	
Ireland	29.7% UAI with non-steady partner within 12 months	EMIS, 2010
Kosovo*	Among the 82% who reported having anal sex with a casual partner in the past 12 months, 51% reported using lubricant and 76% reported using a condom at last anal sex with their casual partner. Among the 24% of MSM who did not use a condom, 53% reported that they do not 'like sex with condoms' as being the main reason for not doing so	Behavioural surveillance, sub-national, 2014
Lithuania	65.5% of surveyed MSM reported UAI with a non-steady partner	SIALON II, 2014
Malta		Genito Urinary Clinic data, national, 2015
Moldova	Percentage of men having sex with men that used a condom during the last homosexual anal contact with a non-steady partner was Chisinau 90.5%, Balti 94.7%	Behavioural surveillance, sub-national, 2013
Montenegro	At last anal sexual intercourse with a casual partner condom was used by 50.4%	Behavioural surveillance, 2014
Netherlands	Unprotected anal sex with a non-steady partner of unknown serostatus: 46,8%.	Data form national free of charge STI-clinics for key populations, 2015.
Norway	Unprotected anal sex with a non-steady partner of unknown HIV status: 15.4% in the last 6 months	Project data, sub-national, 2015: based on data from a counselling and rapid HIV testing facility staffed by trained personnel from the NGO Lesbian and

Country	Key findings	Data source
		Gay Health Norway, 1,577 HIV-tests or consultations in 2015
Poland	Past 6 months: 57.7% of respondents report UAI with non-steady partner; last intercourse with non-steady partner, 83% did not know the partner's status	Project data, sub-national, 2013
Romania	See above	See above
Serbia	60.4% of MSM in Belgrade (used as a national proxy) have always used a condom with a non-steady partner in the last 12 months among those who have had non-steady partner (72% in Novi Sad, 79.2% in Kragujevac); question about serostatus of partner not asked	Behavioural surveillance, 2013
Spain	69.8%	EMIS, 2010
Switzerland	75% of all surveyed MSM had sex with a non-steady partner in the last 12 months. Of those, about 80% had anal sex, 36% did not consistently use condoms	Behavioural surveillance, 2014
United Kingdom	26% of MSM had unprotected anal sex with a non-steady (casual) partner in the previous year	Project data, sub-national, 2013: Gay Men's Sexual Health Survey

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Unprotected sex anal with multiple (i.e. more than three) non-steady partners of unknown HIV serostatus

Country	Key findings	Data source
Austria	22.5% had unprotected anal sex with multiple (i.e. more than three) non-steady partners; no information on knowledge of HIV status	Behavioural surveillance, 2010
Bosnia and Herzegovina	4.1% has anal sex with more than 3 non-steady partners; 75% used a condom during last anal sex	Behavioural surveillance, national, 2015
Denmark	See EMIS	EMIS, 2010
France	38% of MSM report at least one unprotected anal sex in the last 12 months with non-steady partners of unknown serostatus	Special study, national, 2011
Georgia	See above	Behavioural surveillance, national, 2015
Germany	Online survey, n=11,450 men reporting sex with at least one non-steady partner: any UAI >3 non-steady partners of unknown HIV status in the previous 12 months was reported by 1,504/11,450 or 13.1%. More than three UAI partners (independent of HIV status knowledge) 1,441/9,934 or 15%	Behavioural surveillance, national, 2013-2014
Greece	See above	
Kosovo*	One quarter of MSM reported engaging in group sex in the past 12 months and three quarters reported using a condom at their last group sex encounter	Behavioural surveillance, sub-national, 2014
Lithuania	34.5% of surveyed MSM reported more than 3 UAI partners during last six months	SIALON II, 2014
Malta		Genito Urinary Clinic data, national, 2015
Romania	See above	See above
Spain	45.3%	EMIS, 2010
Switzerland	See above	Behavioural surveillance, 2014
United Kingdom	12% of MSM were having unprotected anal sex with multiple, non-steady (casual) partners	Project data, sub-national, 2013: Gay Men's Sexual Health Survey

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