

expectations, reduced significantly in many countries. Indeed, the numbers of new diagnoses has increased in some European countries, the USA and Australia. In the UK, for example, over 3000 MSM were diagnosed with HIV in 2010, the highest number since the beginning of the epidemic. As a consequence, the prevalence of HIV is increasing and, for gay communities, a growing number of men are now living with HIV.

Although incidence of sexually transmitted infections (STIs) in MSM fell dramatically in the early years of AIDS, post-ART we have seen a return in some jurisdictions to pre-AIDS incident STIs, and the emergence of new sexually transmitted pathogens.

This paper will focus on behavioural and epidemiological research in the era of ART, with particular reference to the continuing transmission of HIV. It will review current risk factors for HIV infection in negative MSM, sexual risk behaviour and risk reduction interventions among HIV positive MSM, and the emergence and re-emergence of new and established STIs. It will conclude with current challenges to the prevention of HIV and STIs in MSM, and prospects for the future.

S13.2 EVIDENCE-BASED TARGETED REVIEW OF HIV AND STI PREVENTION INTERVENTIONS AMONG MSM

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Background In Europe, men who have sex with men (MSM) are disproportionately affected by STI/HIV. Sex between men is the predominant mode of HIV and syphilis transmission and contributes to a third of gonorrhoea cases in 2011. The main goal of this evidence-based review was to gather and critically appraise the scientific evidence for and to inform European guidance on a comprehensive approach for HIV, STI and hepatitis prevention among MSM.

Methods Relevant data bases were searched for publications related to disease prevention and health promotion among MSM. All kinds of reviews were included but gave presence to systematic reviews, when no reviews were found individual studies were included. A critical appraisal of the quality of each study was performed before inclusion in the targeted review. The Highest Attainable Standard of Evidence (HASTE) was used for grading as the basis for recommendations as HASTE was specifically developed to evaluate evidence regarding HIV/STI interventions among key populations. HASTE takes into account three categories with equal weight: efficacy data; implementation science data; biological and public health plausibility.

Results Seven interventions were identified to be strongly recommended for prevention of HIV, STI and/or hepatitis, and 15 interventions for probable or possible recommendation. Consistent condom use, HIV treatment as prevention, peer outreach and support groups for men testing HIV negative as well as for HIV positive men, together with HSV-2 suppression therapy with acyclovir to prevent genital ulcer disease and hepatitis B vaccination, were all strongly recommended according to the HASTE grading.

Conclusions In general, studies of acceptable quality from the European context were few and made the assessment of context-specific effectiveness difficult. Additionally, effectiveness studies looking into real-life effectiveness of biomedical interventions were very few. Future research would be able to contribute with more information from the specific European settings including (cost-) effectiveness studies.

S13.3 THE STATUS OF HIV PREVENTION AMONG MSM: AN OVERVIEW OF THE EUROPEAN RESPONSE

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Introduction MSM in the European Union and European Economic Area (EU/EEA) are disproportionately affected by STI: 39% of all HIV diagnoses, 33% of gonorrhoea and 55% of syphilis cases were reported among MSM in 2011.

Methods Analyses of surveillance data and information from countries responses for Dublin Declaration monitoring were combined with a review of existing national prevention intervention programmes targeted at MSM. Characteristics of 118 prevention interventions studies were included in the repository.

Results Outbreaks of syphilis, hepatitis C and lymphogranuloma venereum and increasing trends of gonorrhoea and HIV among MSM, observed between 1995–2011, were reported to be associated with high levels of risk behaviour, sexual networking and socio-economic and cultural factors. The national responses included: strengthening of surveillance, prevention and care; enhanced partner notification; and development of a range of prevention intervention programmes. The majority of prevention interventions used media campaigns, education and counselling followed by harm reduction strategies like condom distribution and HIV/STI testing alone or combined with other activities. Nearly half of the behavioural interventions studies reported proper outcome evaluation.

In 2012, HIV/STI prevention programmes targeted to MSM were implemented in 22/30 EU/EEA countries, with non-governmental organisations playing a key role in programme implementation through campaigns, outreach work, information provision and condom distribution. Reported coverage of HIV prevention programmes for MSM ranged from 43% to 76% across countries. Rates of HIV testing among MSM during the last 12 month ranged from 12% to 74% and rates of condom use at last anal intercourse from 42% to 64%.

Conclusion Diversity across EU/EEA in the design and implementation of prevention intervention strategies reflects various characteristics of MSM populations and the changing epidemiology of STI/HIV. A common need exists for improving the effectiveness of prevention intervention programmes, for targeting young, migrant and ethnic-minority MSM and for ensuring adequate funding.

S13.4 WHAT DO GAY MEN NEED? - CHALLENGES REGARDING COMPREHENSIVE APPROACHES IN HIV-PREVENTION INTERVENTIONS FROM A NATIONAL PERSPECTIVE

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Regarding empirical evidence gay men are facing several health problems which can arise from the mastering of living in homo-negative environment. We can e.g. find high levels of substance use, mental health problems, and risky behaviour.

The presentation will raise the question on how these different and interacting health matters work together and how they can be tackled in campaigns focused on gay men and other MSM. What is the experience of the national German campaign "I KNOW WHAT I'M DOING"; what can be done in future work from the MSM community perspective; who are the necessary co-operative partners, what has to be requested from different policy sectors?

S.14 - New strategies and implementation of best practises for dual elimination of mother-to-child transmission of syphilis and HIV (organised by WHO)

S14.1 TESTING FOR SYPHILIS IN PREGNANCY AND ASSOCIATED ADVERSE OUTCOMES IN MOZAMBIQUE

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