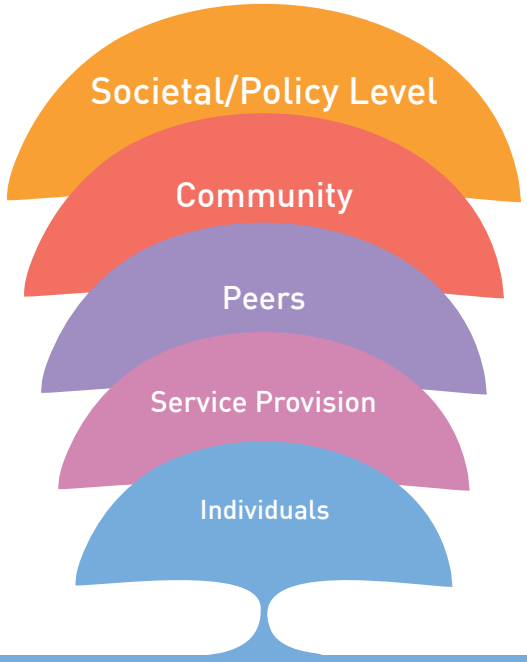

Sialon II

Prevention Report

Deliverable 8

Compiled by Work-Package 8

Prevention Report

Deliverable 8

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Abbreviations

GP	General practitioner
HWB	Health without Borders
HIV	Human immunodeficiency virus
LGBT	Lesbian, gay, bisexual, transgender
IMB	Information-motivation-behaviour
MSM	Men having sex with men
NGO	Non-governmental organisation
PLHIV	People living with HIV
PEP	Post exposure prophylaxis
PrEP	Pre-exposure prophylaxis
RDS	Respondent driven sampling
SST	Stop Sida Team
STI	Sexually transmitted infections
TLS	Time location sampling
VCT	Voluntary counselling and testing centre
WHO	World Health Organisation

1. Introduction

Sialon II aimed to carry out and promote combined and targeted prevention, complemented by a meaningful surveillance among men having sex with men (MSM) in the participating countries (Belgium, Bulgaria, Germany, Italy, Lithuania, Poland, Portugal, Romania, Slovenia, Slovakia, Spain, Sweden and the United Kingdom). This prevention report presents the prevention activities developed and conducted by both the associated and collaborating project partners. It reflects the prevention focus developed within the Sialon II project for guidance on the prevention activities to be implemented. Thus, this report starts with summarising essential findings from the formative research phase, describing the prevention context and respective differences between participating countries, and focusing on potential prevention needs; it describes the theory-base that guided the development of the prevention activities and their implementation within the scope of this project. As such, the development of the prevention activities was led by WP4, with strong input from WP4 (formative research), as well as the input from all project partners. An underlying principle of the prevention activities linked to the bio-behavioural surveillance was the project's strong community-involvement. This community perspective on prevention was stressed during the overall Sialon II implementation, and in particular in a specific project meeting on prevention in Antwerp. This report therefore includes also the main outcomes of this community meeting on HIV/STI prevention. The report concludes with recommendations based on the experiences of and developed by the project's stakeholders involved.

As a final introductory remark, it has to be stressed that this report does not aim at presenting a comprehensive guidance on evidence-based prevention strategies for MSM, as this clearly would be beyond the scope of the Sialon II project. However, in addition to what is listed above, the report provides some examples of practice-based evidence of HIV/STI prevention and sexual health promotion targeting MSM, that may illustrate how community-based approaches and strategies are currently being implemented in some selected European countries and regions (i.e. within the Sialon II participating countries). For a more detailed normative and evidence-based guidance readers are referred to some of the recently published guidance documents, such as:

- WHO's Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations (July 2014): http://www.who.int/hiv/pub/guidelines/keypopulations/en/
- The WHO site also features an update on Pre-exposure Prophylaxis (PrEP), available since December 2014 at: http://www.who.int/hiv/topics/msm/en/

2. Sialon II prevention context: findings from the formative research

The formative research was conceptually largely based on data collected by the EMIS project, i.e. an internet survey among MSM from 38 European countries with a total sample of over 180.000 men across Europe (EMIS, 2013). The formative research was carried out during the first phase of the project to assess target group characteristics, social contexts and prevention practices and gaps across the different study sites (for more details please consult the project's formative research report). Conclusions of this formative research phase pointed to the diversity of the societal and political contexts of the countries involved, in particular with respect to the social and legal conditions for sexual minority emancipation, as well as the diversity of expressions in same sex identities and behaviours. There is increasing evidence on how such contextual factors shape risk and vulnerability among affected key populations, and their impact on individual risk reduction behaviour has been shown (Berg et al. 2013).

The formative research set the stage for the core research work to be conducted by the project partners, i.e. the study on bio-behavioural surveillance. The formative research depicted the framework for the implementation of the seroprevalence study as well the prevention activities - to be delivered jointly with the data collection - to assess HIV prevalence. The formative research described the different prevention strategies and activities already in place across the participating sites, as well as lessons learned and major challenges to implement prevention activities. The following table describes prevention activities and outreach work in the

study area 12 months prior to the start of the main Sialon II study. While the formative research found that in almost all study areas some outreach and HIV/STI prevention activities were carried out targeting MSM, it also concluded that evaluation of these activities remained a challenge. For more details please consult the Sialon II formative research report (deliverable 7).

Table 1. Prevention activities and outreach work in the study area in the last 12 months

Country	Outreach work	Prevention activities	Evaluation of prevention activities
BE	Y	Y	Y
BG	Y	Y	N
DE	Y	Y	Y
IT	Y	Y	N
LT	.	.	Y
PL	Y	Y	N
PT	Y	Y	N
RO	Y	Y	N
SK	N	Y	.
SL	Y	Y	N
ES	Y	Y	Y
SE	Y	Y	Y
UK	Y	Y	Y

Source: Sialon II: Formative research report

In terms of the prevention activities, the following tables describe major types of prevention activities, as well as the lessons learned and challenges across the different study sites, as noted in the formative research report.

Table 2. Major types of prevention activities

Information campaigns on various topics, including poster campaigns, mass media campaigns, social media campaigns (Facebook, Twitter), websites, videos, leaflets. Partially in connection with distribution of condoms and lubricants as well as linking target group with specific services (i.e. counselling). Campaigns during World AIDS Day and other mass events.	BE, BG, DE, RO, ES, UK
Distribution of condoms and lubricants in gay venues. Usually in connection with distribution of information material and/or within the frame of outreach work.	BE, PT, RO, SL, ES, IT
Websites containing information on various topics as well as forums for exchange of opinions, information and as platform for online consultations.	BE, UK, PL, DE

Consultation (and testing) services for MSM. Providing face-to-face health promotion and counselling on various topics. At some services also VCT and testing for other Infections. Support groups. Harm reduction.	BE, BG, DE, PL, ES, UK
Outreach work and mobile medical units for HIV-testing.	BE, BG, IT, PL, PT, RO, SL, ES, SE, UK
Telephone, online and skype consultations.	BE, ES, PL, UK
Peer education, education of bar-tenders or other leaders	BE, DE, PL, PT, UK
Advocacy, open podium discussions/interviews in media. Gay pride.	BE, DE, SK, ES, UK
Activities for communities of PLHIV	BE, UK

Source: Sialon II: Formative research report

In most of countries information campaigns using various channels and outreach work to promote HIV testing were reported, as well as the use of mobile HIV testing units. The following table gives an overview on the major lessons learned and challenges encountered, which formed a basis for the prevention strategies that were subsequently developed within the Sialon II project. These showed a.o. the strong need for using participatory approaches and close collaboration with key-actors and affected communities.

Table 3. Major lessons learned from prevention activities

Information campaigns: Focus group pre-testing with the target audiences was crucial.
Collaboration with venues and settings: Working closely with venues to establish mutual beneficially outcomes for both customers & service providers. Free condom & lube provision to venues was crucial to encourage engagement of venue management.
Participation: Gay community is open to participate in prevention activities, and surprisingly open to discuss freely. There is a lack of knowledge about the basics and stigma among the community.
Timing of mass media and promotion campaigns: Campaigns only on World AIDS Day or other special events are insufficient and should be sustained throughout the year.
Messaging: HIV and Safer messages don't need to be 'clever'. Simple and to the point messages such as 'THINK' were rated well by MSM .
Biomedical prevention strategies: PEP training seminars for outreach workers, volunteers and helpline workers was needed. Awareness on PEP among MSM doubled in 4 years.

Source: Sialon II: Formative research report

The formative research also identified existing challenges posing barriers to sexual health promotion and HIV prevention work among MSM communities. These included the lack of economic and human resources, willingness of gay services to collaborate and involvement of MSM who are not (yet) motivated to participate in prevention activities.

Table 4. Major lessons learned from prevention activities

The lack of economic resources: for prevention activities and/or for free condoms and lubricants.
Lack of human resources: partially linked to the lack of economic resources
Negotiating delivery of services: in gay venues, also relating to acceptance by the public present at the venues.
Involvement and participation: To involve MSM that are not already motivated or integrated in prevention activities.

Source: Sialon II: Formative research report

It should be noted that EMIS data collection took place in 2010, while the formative research phase took place in 2011-2012. Therefore, it can be assumed assume that the relevant context may have undergone some changes. The Sialon II prevention meeting, which was held towards the end of the project (September 2014) after data collection has been completed, can therefore serve as update on more recent prevention challenges as perceived by community members. In the final section of this report the most salient current challenges will be described.

3. The theoretical framework adopted for the development of the prevention tools

Sexual minority populations across the world are disproportionately affected by specific health problems. In order to explain such health disparities, a better understanding of the individual determinants but also inter- and intragroup dynamics at different ecological levels is needed. Social and structural factors are now well accepted as determinants of HIV vulnerabilities. These factors are representative of social, economic, organisational and political inequities. The recognition of the need to implement multi-level HIV prevention strategies (Kurth et al. 2011) has been associated with an improved understanding of multiple levels of HIV risk (Baral et al., 2013 et al). Reviews on the effectiveness of HIV prevention interventions among MSM consistently identified that intervention effects are higher when such interventions are theory-based, and include participants' skills-building (Lorimer et al., 2013). Therefore, both development and implementation of the prevention activities within the Sialon II project were guided by two complementary theoretical models that explain health promotion behaviour.

Firstly, to explain the occurrence and co-occurrence of negative health outcomes, an ecological approach has been used. Ecological models frequently have been used to explain differences in health outcomes, and for the implementation of prevention activities, the minority stress model served as a guiding framework (Meyer et al. 2003). This model is based on the social stress model. The latter integrates three different conceptual

domains: the sources, the mediators and the manifestations of stress. Manifestations of stress can lower mental health but also induce HIV risk. The ecological model predicting health outcomes among minority groups such as lesbians, gays, bisexual and transgender (LGBT) populations is called the minority stress model . The concept of minority stress refers to the determinants of these mental health outcomes. Minority stress, based on social stress theory, was first conceptualised as a result of a marginalised minority status. It has been stipulated that LGBT specific minority stress differs from other kinds of minority stress because of the potentially hidden character of sexual identity (Meyer et al., 1995). More recent research conceptualises the broader term minority stress as the excess stress individuals from stigmatised minority groups experience as a result of being part of that group (Meyer at al., 2003). This excess stress is brought about through minority-specific determinants or stressors. Concerning sexual minorities, the following types of stressors are noted: (a) external, objective stressful events and conditions, e.g., discrimination at work; (b) expectations of such stressful events e.g. stigma consciousness; and (c) the internalisation of negative societal attitudes regarding sexual minorities e.g. internalised homo-negativity, as well as the perceived need to conceal one's sexual orientation. These different types of LGBT-specific minority stress can cause negative mental health outcomes but also affect different types of risk behaviour and when applied to the current framework, sexual risk behaviour. Some elements of this model were reflected in parts of the formative research for Sialon II and depicted a country-specific contextual framework for the different prevention activities (for instance the assessment of the legal conditions and frameworks that may shape individual behaviour, such as the existence of anti-discrimination laws that specifically protect individuals from discrimination based on sexual orientation). Secondly, at the individual and cognitive level, the information-motivation-behavioural skills model (IBM; Fisher and Fisher, 1992; 1993) and social cognitive learning theory (Bandura 1985, 1994) were used, two empirically well-established models explaining the adoption of prevention behaviour. They were particularly useful for guiding the implementation of prevention activities, more specifically the peer-to-peer prevention activities and the skills building of outreach workers/data collectors. For the training, which targeted the social-cognitive level and skills building, the Sialon II prevention discourse aimed at interaction between data collectors and the respondents. The prevention and data collection training manuals were presented and fine-tuned during the Sialon II Berlin meeting with all partners present (academic institutions and collaborating NGO's). Both time location sampling (TLS) data collectors/educators and respondent driven sampling (RDS)-seeds received a specific training session at study site level, based on the Sialon II prevention manual which included information on HIV/STI prevention and testing, adaptable strategies for different situations and settings to empower participants to adopt healthy behaviours, and the role of meaningful HIV/STI surveillance and prevalence data in prevention activities. Because the data collectors were active members of the target population (e.g. prevention workers or volunteers in community-based HIV prevention or sexual health promotion organisations targeting MSM, this prevention activity could be seen as a form of peer education. Bandura's social-cognitive learning theory is a general theory of self-regulatory agency, with perceived self-efficacy as one of its main theoretical constructs. Within this model personal change requires that people believe in their ability to control their motivation (will), thoughts (knowledge), affective states and behaviours (power). Because most of learning occurs through observation, social role models are key for behaviour change in this theory. The data collectors thus represented peer-to-peer educators or informants. Through the training and subsequent practice acquired in the field and receiving feedback individuals develop self–efficacy in taking preventive action. However, it should be mentioned that many of the data collectors taking part in the Sialon II prevention activities belonged to quite established prevention structures or organisations, and as such had acquired a longstanding practice-based experience in prevention work. In this context, social or peer support for the desired personal changes can become essential for effective prevention work. Adding to the former theory, Sialon II prevention activities were also based on the IMB model as underlying theoretical guidance for the prevention activities. According to this theory, information and knowledge have a positive influence on behaviour only when aligned with active, behavioural strategy. The IMB model provides a multi-dimensional approach, and its effectiveness for MSM has been empirically well established (Kalichman et al., 2008; Nöstlinger et al, 2011; Saffren et al. 2011). The "information" component of the model targets the cognitive domain providing knowledge in supporting the

behavioural change. The "motivation" aspect addresses affect and allows for opportunities for developing a favorable attitude towards preventive behaviour through building on existing social support systems to enhance motivation or though a change in attitudes. The third component, the behavioural aspect of the model implies that through practice, individuals acquire certain physical skills necessary to maintain the behaviour change in time. Within Sialon II the primary focus was on the information, the skills building component for the training, and the motivation component for the target group through a peer-to-peer interactive prevention activity delivered within the framework of the data collection at the venues.

4. Description of the intervention: prevention activities implemented during data collection Sialon II

Sialon II, in line with the project objectives, combined the data-collection activities to assess HIV prevalence with HIV/STI prevention activities. It has to be emphasised that this combination, while highly unique, also had its limitations both time-wise and in terms of the methods to be used. This had to do with, on the one hand: requirements to collect data in a standardised way to limit data collection bias across the settings; on the other hand: also the venues as such (mostly bars and settings where busy MSM gather at night mainly to have fun) presented limitations in terms of what is and what is not possible with respect to delivering such prevention activities right at the venues. Basically, these prevention activities consisted of:

- **Personal interaction:** Personal interaction made it possible to tailor the information given to the personal needs of the client (in this case the study participant). When the interaction is appealing to them, it will be more likely that the client will be motivated by the content and outcome of the interaction, potentially leading to preventive behaviour. To this end, a tool was developed to enable communication between data-collector and client. The tool was basically a "scratch-card" (see figure 1 below), which was offered to a client after having filled in the Sialon II survey. The scratch-card contained a question on sexual behaviour, HIV-testing behaviour, substance use and the transmission of HIV-STI. In terms of the procedure, the data collector had to read the question to the visitor/study participant and also gave the possible answers. The client could choose and then scratch one answer to know if it was the right one. At the same time the

sexual health quiz questions were also a way to increase knowledge and raise HIV risk awareness. The data-collector explained the right answer briefly, and answered any other questions clients may have had. In case of intensive questions, clients were referred to HIV service organisations.

- **Interactive distribution of supporting prevention materials:** Interactive distribution is a way of being in contact with a client and recruits him as participant. During data collection at the venues, a small pouch with specially packed condoms featuring the Sialon II project and lubrication was freely given to the participants. It also included some sweets to attract clients and it provided the web-address of local prevention NGOs and the Sialon II website for more information about LGBT health and the Sialon II project itself ("Info-packs"; see figure 2 below). Condoms in combination with lubrication were handed out because they are an effective way to protect against HIV and STIs. In addition, study participants received their barcode card: this card provided the participant with his personal code to obtain the HIV test results. The card included brief sexual health information (on sexual behaviour, HIV testing behaviour, substance use and the transmission of HIV/STI).

Figure 1 : Scratch card example (front and back)

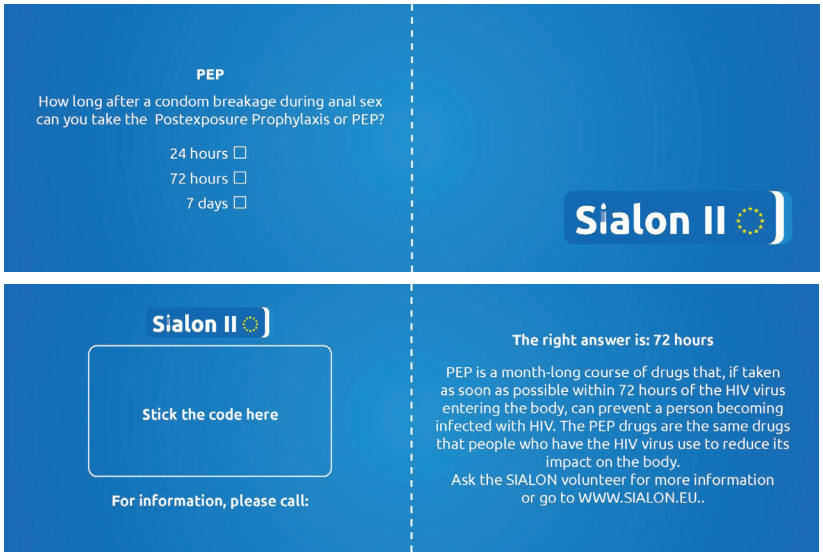


Figure 2: Prevention package

The project website: The project website has been created not only as a promotion and dissemination tool for the Sialon II project, but also to provide up to date information about gay health for users and links to local prevention organisations. For instance, if people feel that they may have run sexual health risks after a night out, the site gives them the possibility to review relevant information, find more specific answers to their questions via the links to local prevention organisations, which have been ordered by country tabs. More information on the Sialon II is accessible at the prevention link at the website: http://www.sialon.eu/en/prevention/

5. Evaluation of the prevention activities

Quantitative evaluation indicators

As part of the evaluation within the overall project (in reference to the evaluation matrix or logic framework; see WP 3 deliverable Evaluation Report) specific prevention-related indicators were collected as part of the overall evaluation. The different partners in the project reported on the following indicators:

- In total and for all participating countries combined, approximately 11000 prevention packs were produced of which 9000 were distributed. There were differences in terms of the logistical approach used, e.g. in Poland venue staff also distributed the packs, and according to methodology; obviously, most of the sites that used RDS distributed fewer prevention packs compared to sites which used TLS. The remaining packs and the prevention pack template can be used for the implementation of local prevention campaigns and condom-lube distribution.
- Though not part of the standard prevention package some countries produced approximately 5000 project information leaflets of which 3000 were distributed.
- In total, 26 community-based organisations were initially contacted for the Sialon II data collection including prevention activities, of which 18 were actually involved in the date collection.
- Training sessions for data collectors on the specific project implementation procedure, including up to date information and training on HIV/STI prevention were organised at study site level. In total, 23 of these sessions took place reaching and training about 99 data collectors and educators.
- During data-collection, for TLS countries 3800 scratch cards were produced, of which 1500 were distributed. The initial response to the cards was mixed. Though in some countries men took part in an interaction on

their sexual health, in other countries the cards were seen as an extra step taking up too much time. Often men in the venues were willing to participate, but too many steps in the data-collection process turned out to be an extra barrier. However, some sites found the cards useful for prevention purposes and are planning on using them for future prevention activities. Some of the partners have announced that the remaining cards and the card templates will be used for future prevention activities.

- Although final results of the sero-prevalence study were not yet available at the time of collecting the prevention indicators, most of the countries were already planning new prevention initiatives in the line of the Sialon II activities in anticipation of the study results. This referred to intervention/prevention methods rather than target groups of high prevalence settings, on which the actual study findings will contribute to identify. In total, 14 new prevention initiatives were reported by different countries including the following (for some of them, see also the more detailed description on the organisation's activities below, p. 17 ff.):
  - **Lithuania**: Targeted information was announced on the website of the Tolerant Youth Association during the project and before the HIV testing week 2014 (Lithuania).
  - **Poland**: Prevention activities were scaled up during the data collection period: putting in extra hours of prevention activities at specific clubs and offering HIV testing possibilities; the scratch-cards facilitated discussion on topics such as STI and substance use, thus broadening up the prevention focus; also distribution of additional condoms by club/venue staff was mentioned.
  - **Slovakia**: Sialon II prevention activities facilitated discussions about the possibility to realise community-based testing among MSM.
  - **Slovenia**: Inspired by the Sialon II prevention activities, new posters for condom promotion for MSM communities were produced; discussions on MSM and "chemsex" were facilitated, also debates about PrEP were evoked, as well as on the possibilities of offering rapid HIV testing to increase the number of MSM who learn their HIV test-results and thus potentially increase linkage to care.

Mixed method evaluation approach: Evaluation data obtained from venue owners and data collectors

With respect to these indicators, a reference is made to the evaluation studies on sexual health promotion and HIV prevention activities carried out by WP3. These mixed-methods studies focused on the experience of sexual health promotion/HIV prevention initiatives at the owners' commercial venues; the adequacy of sexual health promotion/HIV prevention initiatives for MSM in commercial and social settings; disadvantages for venues and customers; benefits for venues and customers; owner's role and receptiveness; customers' attitudes. Based on the findings, practical recommendations and suggestions for future initiatives were given such as research initiatives; HIV prevention initiatives; venue owners' receptiveness.

A survey among Sialon II data was conducted by each project partner in their own settings and consisted of a self-administered questionnaire answered by the data collectors. The questionnaire included closed and open-ended questions about assessment of the data collection process, its difficulties and suggestions to improve MSM acceptability to this kind of surveys. For the detailed results, a reference is made to the Sialon II evaluation reports, which report separately on the evaluation results for TLS and RDS sites. In summary and pertaining to the prevention activities included among the Sialon II data collection procedures, MSM in TLS settings were evaluated the prevention activities as positive, i.e. to receiving the prevention packs, to the questionnaire completion and to the overall approach to invite potential study participants to participate in the study. MSM's receptiveness to the oral fluid collection and to one specific prevention activities, i.e. the scratch cards was evaluated as poorer by the data collectors. Similarly, according to the RDS data collectors, MSM in RDS settings were also receptive to the prevention activities, in particular the pre-test and the post-test counselling procedures, which were delivered in line with international guidelines, allowing for a tailored approach according to data collection methodology. However, MSM's receptiveness to taking blood, completing the questionnaire, giving coupons to other MSM and picking up their results was assessed as poorer.

6. Community perspective of Sialon II partners on HIV/STI prevention and sexual health promotion

To get substantial input from community-based organisations, Sialon II organised a "prevention Meeting" on September 24-25, 2014 at the Institute of Tropical Medicine in Antwerp, Belgium. The title of the meeting was: "What does Sialon II mean for us? The Community Perspective".

The meeting's main objective was to discuss preliminary Sialon II survey results as a basis for strengthening HIV prevention efforts among heterogeneous MSM communities in Europe (i.e. countries participating in Sialon II) and to reflect on how gay/MSM communities may disseminate and use the scientific results in future prevention practice based on the available evidence-on effective prevention strategies for various MSM key populations. Thus, the prevention meeting contributed to a valorisation of the preliminary findings pertaining to HIV prevalence and associated risk factors (as assessed by the bio-behavioural survey conducted in community settings). Participants stemmed from the collaborating partners of the Sialon II project, and were part of the organisation of the meeting, having input in setting up the meeting's agenda and providing content. Representatives from WHO and ECDC also contributed to the presentations and discussions during the meeting. During the workshop, participants reflected on the implications of the preliminary Sialon II findings on their day-to-day prevention work, highlighted various barriers and challenges of existing prevention initiatives, focused on effective dissemination strategies (for the Sialon II findings) and discussed minimum standards of a comprehensive HIV/STI prevention package for MSM taking the heterogeneity of the different European settings into account.

For the procedures of the workshop, reference is made to the minutes of the Sialon II prevention meeting. In what is to follow,the recommendations are highlighted that came out of this meeting, as they clearly go beyond the Sialon II prevention activities.

7. Conclusions and recommendations (based on the outcome of the Sialon II prevention meeting)

The conclusions and recommendations are described along the lines of the socio-ecological model for health promotion (Stokols 1992, 2003). This ecological model seemed useful as the recommended prevention activities can be aligned along the dimensions suggested by this model. The prevention recommendations given by the Sialon II partners stem from two workshops conducted at the prevention meeting.

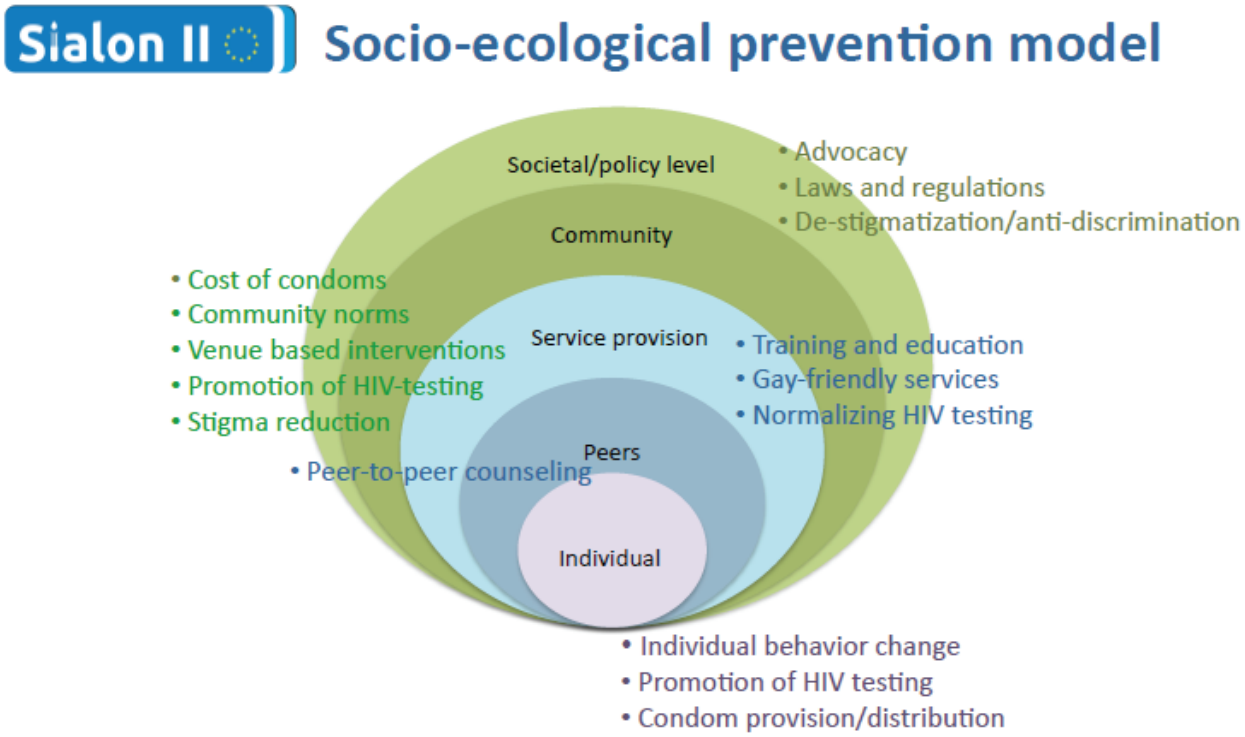
The socio-ecological model for health promotion is based on four assumptions:

- health behaviour is influenced by physical environments, social environments, and personal Social Ecology Model attributes;
- environments are multidimensional, such for Health Promotion as social or physical, actual or perceived, discrete attributes (spatial arrangements) or constructs (social climate);
- human-environment interactions occur at varying levels of aggregation (individuals, families, cultural groups, whole populations); and
- people influence their settings, and the changed settings then influence health behaviours (Glanz et al. 2008).

The recommendations are illustrated by several examples from ongoing HIV/STI prevention and sexual health promotion activities for MSM currently implemented by Sialon II collaborating partners. Grounded

in practice-based evidence (Green, 2006; Swisher, 2010), they may serve as examples of good practice. The descriptions were provided by the organisations through the Sialon II partners and have not been changed (except for some language editing).

Figure 3. HIV/STI prevention and sexual health promotion activities



HIV prevention and sexual health promotion targeting the individual level

Prevention activities proposed by Sialon II partners included individual behaviour change, condom provision/ distribution including lubes and promotion of HIV testing on an individual basis (including pre-and post-test counselling).

In general, the importance of the condom/lubes distribution was agreed across partners in the group 2, and some proposals of implementation for condom/lubes distribution were discussed among countries. According to the feedback from the NGOs, this represents still an issue, especially in eastern countries, as well as the testing promotion.

At the beginning of the HIV epidemic, stand-alone behavioural interventions aimed in first place at reducing unprotected anal intercourse without considering contextual factors in which such risk behaviour occurred. Although somewhat effective, HIV transmission where not significantly reduced among MSM. Biomedical prevention strategies reduce the incidence of HIV infection, but also need to be delivered with a sound knowledge of target group characteristics and contextually relevant factors (Sullivan et al., 2012). While evidence on behaviour change has been mixed, among Sialon II partners discussions focused on the question whether in prevention the right models are used for behaviour change as mostly they refer to mainly providing information addressing cognitive factors, whereas on the social level, contextual components have been left out or on the individual level, emotion and affect or mental health factors have not been sufficiently addressed.

For this level of intervention peer to peer counselling was also put forward. During Sialon II an emphasis was

put on a peer-to-peer approach. Based on social cognitive theory one could state that learning from observing peers is pivotal in the context of adopting healthy behaviours.

The following examples (from the Hamburg-based organisation "Hein&Fiete") describes, among other, such peer outreach activities to deliver tailored HIV prevention activities on the individual level.

| BOX 1 | Example of good practice

"Hein & Fiete", Hamburg (Germany)

Type of prevention activity: On the individual level it's all about the behaviour change, but besides that our HIV/STI counselling and testing facility has been promoted, condoms are always provided. In addition, a peer-to-peer-counselling option was possible.

Background and context description (incl. challenges): A group of volunteers were present in a fetish bar with a table packed with information on drugs and safer sex. The volunteers were visible as Hein & Fiete staff. Of course, they were open for incoming questions, but in addition they approached the guests and invited them to play a quiz with questions on drugs and sexual health (using a tablet pc). They focused on this one topic for one night, they answered every question the guests would have and handed out brochures and leaflets for further reading.

Target audience: Gay men in the fetish scene and MSM.

Prevention objectives: Distribution of information on safer sex and sexual health. Promotion of Hein & Fiete and its HIV/STI testing facility. Achieving more openness for questions on specific topics.

Description of methods/strategies used: Directly and personally addressing the target group using peer-to-peer approaches, meaning that the volunteers are not only gay, but they share the same fetish as the target group, when an activity is realised in a fetish bar. With the help of information and materials on a specific topic (e.g., drugs and safer sex) the volunteers try to get in touch with the guests.

Evaluation/Lessons learned: It can be helpful to focus on one single topic. To be visible and to perform a prevention activity on a regular basis can help raise publicity. It can be of interest for the target group when the focus of a prevention activity lies on a different topic from time to time.

Project website: www.heinfiete.de

The following can serve as an example for how to start up prevention activities in the Central and Eastern European region including an emphasis on harm reduction:

| BOX 2 | Example of good practice

"Duhovesrdce" or "The Rainbow Heart", Bratislava (Slovakia)

Type of prevention activity (see model/slide): Distributing free condoms in "Be Happy Club"; distributing free condoms in the gay sauna; a public discussion about "the importance of HIV/AIDS and STD testing" in 'Be Happy Club' – January and March 2014; a discourse about HIV/AIDS ways of transmission in "Be Happy Club" – February 2014; the creation of an informational flyer "HIV/AIDS shortly" – free distribution at LGBT places (1500 pieces); distribution of flyers and condoms in Apollon gay disco; distribution of prevention materials during the Rainbow Ball; an internet consulting center for HIV/AIDS testing during the whole year; introducing free HIV speed tests in "Be Happy Club".

Background and context description (incl. challenges): Duhovesrdce "The Rainbow Heart" – a recently founded non-governmental organisation (NGO) is attempting to raise the awareness of HIV/AIDS and other STD´s in the LGBT community. Based on findings from the Sialon II project, the majority of the LGBT community does not have sufficient information about HIV/AIDS and STD´s or an easy access to condoms. The use of condoms in the community is generally very low and there are also only a few places for anonymous testing.

Target audience: LGBT community - people of any age

Prevention objectives:

- Achieving greater awareness of HIV/AIDS and other STD´s ;

- Raising the condom use rate;

- Raising the number of people getting regularly tested;

- Lowering the number of new HIV and STD diagnosis.

Description of methods/strategies used: To make it "common" and "normal" to talk about HIV/AIDS and about other STD´s. A personal approach – direct communication with the community has been shown as the most effective way. Distributing condoms for free seems to be a good way to start a conversation. The most important information is also provided on our website in order to reach people who do not go to the gay bars/sauna.

Evaluation/Lessons learned: LGBT community in Bratislava is starting to get to know our organisation. It was also made easier for the community to access condoms and information about HIV/AIDS and STDs.

Project's website: www.duhovesrdce.sk; www.duhovyples.sk

| BOX 3 | Example of good practice

Sensoa: "Active outreach in the gay scene" (Belgium)

Type of prevention activity: Venue based intervention on community norms (regarding condom use) and promotion of HIV testing (Level: Community); Individual behaviour change.

Background and context description: Incidence of STI's and prevalence of HIV are high among gay men in Flanders and Brussels. Gay men meet in bars, clubs, cafés and at parties and events, some of which allow for men to have sex on premises. There is a continuous effort to promote condom use and regular testing in the gay scene, through promotional activities by staff members and volunteers of Sensoa. Current campaigns by Sensoa for gay men and the promotion of online HIV testing by the Institute of Tropical Medicine (www.swab2know.be) are at the core of communications with the target audience.

Target audience: Men who participate in the gay scene

Prevention objectives: An active presence in the gay scene confirms the norm of safer sex (condom use when having anal sex with occasional partners plus regular testing for HIV and STI's) in the gay scene in Flanders and Brussels. Men who have sex with men are sensitized to making healthy sexual choices.

Description of methods/strategies used: Staff members and volunteers of Sensoa have an interactive and highly visible presence in gay businesses, at LGBT parties and at pride events. This can be done by operating a promo booth at a party, by a condom distribution tour of bars or by participation in an LGBT pride parade. These activities give visibility to current campaigns by Sensoa for gay men and/or promote testing and condom use, by distributing leaflets, condom packages or gadgets.

At least 10 times a year promotional activities for Swab2know, the online testing service of the Institute for Tropical Medicine, are undertaken. The yearly highlight of the promotion of HIV testing is the European HIV Testing Week, the week prior to World Aids Day. To implement these activities a team of volunteers is recruited and trained.

Evaluation/Lessons learned: Planned.

Link to the organization(s/project's website: www.mannenseks.be

HIV prevention and sexual health promotion targeting the service provision level

For this level the partners advised a focus on training and education. During Sialon II data collectors and volunteers were trained by means of the Sialon prevention manual. Training health and prevention workers can be situated within the framework of culturally competent care (Beyrer et al. 2012). Health and prevention workers should be trained on "gay/MSM" culture. Understanding MSM within their own context will lead to better care and prevention implementation.

Promotion of HIV/STI testing remains central within a broader prevention framework. An increase in testing could be achieved by normalising HIV testing, reducing HIV-related stigma and taking away individual and social barriers to testing (Deblonde et al., 2010).

While not the only activity that is being delivered by the Bulgarian organisation "Association Health without Borders", the following examples illustrate how culturally competent prevention and care can be developed under economical constraints.

| BOX 4 | Example of good practice

"Association Health without Borders", Sofia and Blagoevgrad (Bulgaria)

Type of prevention activity (see model/slide): HIV counselling and testing-VCT; provision of gay friendly services, including examinations for sexually transmitted infections; condom, lubricants and health education materials promotion and distribution; case management; training and education of medical specialists.

Background and context description (incl. challenges): Association "Health without borders ", (HWB) is a Bulgarian NGO, founded in 2004, as an inheritor of the activities of the International organisation "Médecins sans frontières".

The team of professionals, which is the heart of "Health without Borders" (HWB) are successfully realising projects in the domain of sexual health, treatment and prevention of sexually transmitted diseases and HIV, focused on the vulnerable population. The Association has settled up the first voluntary councelling and testing centre (VCT) in Bulgaria, which provides easy access to medical and social services for people with risky sexual behaviour. In its approach to the target groups the team has always been guided by the principle of respect to clients and their needs. All services provided are anonymous and free of charge.

From 2005 the Association is a part of the Program - "Prevention and control of HIV/AIDS", realised by the Ministry of Health, Bulgaria through Global Fund. The HWB team has an active role in the participation and expert support of the national program for HIV prevention and control. The Association has taken part in several national and international studies, related with HIV/AIDS and STI among different target groups.

The HWB team has a various opinion in the provision of medical, social and outreach activities for the group of MSM. The Health Education Center was established in 2011, providing package of services as, HIV anonymous testing, treatment of STI, health education, case management etc. The project team effectiveness relays on the joint efforts of the MSM representatives and professionals. For almost four years of implementation of these particular actions, the organisation succeeds to cover the large number of clients with services. The outreach team supports the access to different sub groups of the MSM community. The organisation is operating in the capital Sofia and Blagoevgrad city. The team is well trained, keeping the principles of confidentiality, anonymity and respect of client's rights.

The main constraints, related with the existing discrimination and stigmatisation practices in Bulgaria increase our motivation for continuation of our actions, through establishment of new effective international partnerships.

In the years of its existence the organisation has established a good collaboration with many national institutional and NGO structures. These relations are especially important for achieving the goals and targets which the HWB sets. The Association has been supported by many international partners as "Médecins sans frontières" (MSF), "Swiss Agency for Development and Cooperation" (SECO), "Medicor foundation" United Kingdom, etc.

The main challenges in front the organisation are related to the limited financial resources and donor organisations. Our efforts are focused to guarantee the sustainability and continuation of the activities after the reassignment of our main donor - The Global Fund from Bulgaria in 2016.

Target audience: MSM community in the region of Sofia and the city of Blagoevgrad; prevention and testing activities addressed to the most vulnerable groups as sexual workers, injecting drug users, Roma community, etc.

Prevention objectives:

- To decrease the prevalence of HIV/AIDS among MSM community in Bulgaria;

- To provide low access services, regarding the control of STI;

- To train and educate MSM community leaders;

- To participate actively at national level and policy making against the stigma and discrimination.

Description of methods/strategies used: The methods used by the organisation to achieve the main prevention goals are based on the documentary of the WHO, UNAIDS and other leader organisations working in the field. All VCT and prevention activities are provided by multidisciplinary teams, which include professionals and community representatives. The well-organised outreach work is the main tool to increase the number of our clients. The group meetings are implemented according to the POL method of training the MSM community leaders. All the activities are realised, based on adapted protocols and manuals - addressed especially to beneficiaries of our services. The promotion is done by using all possible media and internet options. Another very important issue is the regular check-up of the group dynamics. The key collaborators assist us with the actualisation of the field spots and tendencies among the target groups.

The success of our activities is directly connected with our popularity among our clients. This positive outcome is due to the confidentiality, anonymity and respect, which are our main working principles.

Evaluation/Lessons learned: The executive body of the HWB is organising internal evolution on a yearly basis. This process includes evaluation of the staff, administrative and hygienic procedures. On regular basis external evaluations are performed by the Monitoring department of Global Fund, Ministry of Health, as well as KPMG and other external organisations. From one side the positive feedback regarding our scope of work, gives us enough confidence to continue our prevention efforts in the HIV/AIDS area. From the other side, the economic instability, especially in the health and social sector in Bulgaria, increases our frustration about the future continuation of our activities.

Project website: https://sites.google.com/site/healthwithoutbordersbg/home

HIV prevention and sexual health promotion targeting the community level

As stated above, peers and peers norms are important in the adoption of healthy behaviour. Some peer network norms reflect the broader community norms for instance on HIV testing or condom use. When implementing interventions, these community norms have to be taken into account. Working together with the broader community also entails working with community venues. Promotion of HIV/STI testing, distribution of condoms and prevention information can be organised at venue level. The TLS methodology for instance, is based on the mapping of community venues. Different types of community venues attract different types of MSM allowing for a tailored prevention approach. In addition, as an HIV infection is still heavily stigmatised even within the gay/MSM community (Courtenay–Quirk et al. 2006; Smit et al. 2012), interventions can indeed aim at lowering HIV stigma.

The following examples highlight how communities can be addressed through a combination of various prevention activities.

The Italian association Arcigay delivers a variety of "gay-friendly" services on the community level, recognizing and dealing with the many contextual challenges relating to structural factors:

| BOX 5 | Example of good practice

"Stop Sida Team" (SST) Spain

Type of prevention activity: Prevention activities consider all levels from the socio-ecological prevention model (Individual, Peers, Service provision, Community and Societal/policy level.

Background and context description (incl. challenges): From an epidemiological point of view, Barcelona, as the rest of the country, reports a high HIV prevalence among MSM as well as high prevalence of sexual and other related risk practices. Moreover, HIV transmission is increasing among young MSM. On the other hand, there is a high rate of HIV tested population. Besides, Barcelona as a big gay-friendly city is very attractive to tourists and for men born abroad to live with their particularities regarding patterns on HIV transmission.
It is worth to note recent changes in policies related to LGTB community in our context, such as some modifications in legislation to fight against homophobia and the signing of a National Agreement to improve HIV-positive people's rights. Finally, there are a quite large number of organisations with a recognised and large experience on HIV prevention in the context, which continues working on the field despite the difficulties imposed by the reduction of financial support in recent years.

Target audience: LGTB community

Prevention objectives: The aim of prevention activities is to empower LGTB community to have a healthy life by reducing HIV and other STI risk transmission as well as to fight against stigma and discrimination towards HIV-positive people. See below a more specific prevention objectives:

1. To increase knowledge and change risk-taking behaviour to reduce HIV transmission among men and to provide easy access to preventive materials within venues;
2. To increase knowledge, promote healthy sexual behaviours and empower male and transgender sex workers;
3. To give information, advices and increase empowerment of MSM;
4. To answer specific and individual questions on sexual behaviour;
5. To improve self-steam and to promote healthy sexual behaviours and give social support to people living with HIV (PLHIV) and their relatives;
6. To provide rapid HIV/Syphilis test, promote healthy sexual behaviour and give support after a positive result;
7. To strengthen prevention HIV transmission in commercial venues.

Description of methods/strategies used: To achieve the objectives cited above, the SST developed and implemented the following activities:

- SST designs and regularly conducts different outreach activities in order to provide information and advice on HIV/AIDS and other STI and sexual health as well as to distribute preventive materials;
- Taking advantage from the new technologies, the team designs and supervises some websites, which enables them to provide individual counselling and information;
- SST offers a HIV and syphilis rapid testing service, which provides not only a test but also counselling and support after a positive result;
- SST prepares and conducts different workshops on sexual health and some specifically issues such as risk reduction activities, safe sex, on STI, or to give support to healthcare providers ;
- SST implements a free counselling service to give support to get a job;
- SST strengthens collaborations with venues' managers in order to involve them in HIV prevention in their own venues;
- SST gives support to sexual workers to promote, design, implement and assess different activities addressed to other male and transgender sex workers

Evaluation/Lessons learned: After some years working in the field, SST recognised the importance of different aspects:

- To revise regularly different prevention concepts such as risk reductions and their prevention strategies;
- To have the ability to adapt the way to work to a changing context;
- To be up to date on new technologies such as internet in their daily activity ;
- To based their interventions on empirical evidence, so to collaborate with scientific professionals and/or participate in research activities;
- To take into account the complexity of HIV transmission and to consider multiple factors and syndemic involved in that;
- To work closely with other associations in the same area. SST recognises the importance of this not only when there are some financial or political difficulties but also when conditions are better. This enables them to make solid structural changes.

Project website: http://www.stopsida.org/

| BOX 6 | Example of good practice

"Arcigay" (Italian LGBT Association), Italy

Type of prevention activity (see model/slide): Advocacy (societal/political); promotion of HIV-testing, venue-based intervention (scarce), community norms (community); training and education, gay friendly services, normalizing HIV testing (service provision); condom provision/distribution (individual).

Background and context description (incl. challenges): Although MSM clearly represent a vulnerable population in Italy, little is done in Italy, in terms of public health, to address their prevention needs. There is a general lack of prevention strategy and action from the public health institutions, and a lack of public commitment both for the general population and MSM: since prevention requires talking openly about (safer) sex, an institutional taboo lies on prevention both among the general population and among MSM, and the lack of funding leaves the LGBT community alone facing the HIV epidemic and inventing strategies. Free condom availability is guaranteed only thanks to the NGOs with their own private money. Full community-based testing approaches are still impeded by the law and the health institutions. The latter are only recently acknowledging the advantages of scaling up HIV testing through community-based strategies. Additional challenges include: absence of the discourse on treatment as prevention, lack of condom promotion, and high stigmatisation of HIV positive people even in the gay communities. In this context, the position of Arcigay on HIV has been changing rapidly with increasing commitment on HIV. Arcigay became co-founder of LILA (Italian League for the Fight against AIDS). Arcigay is the main LGBT organization in Italy, with almost 50 local organizations in just as many provinces.

Target audience: MSM
Prevention objectives: Based on the organisation's strategy voted in 2013

1. To minimize transmission of HIV and other STIs among man who have sex men.
2. To increase the knowledge of safer sex and prevention strategies, providing the tools for turning knowledge into action and providing condoms, lubricants and information about TasP and testing.
3. To reduce stigma towards people LWHIV, even in the context of sexual relations.
4. To promote and increase the capacity to "tell" about sex, risk and HIV status (including talk about vulnerability, about sexual pleasures and erotic cultures and needs, about "positive status").
5. To increase the number of MSM who are aware of their serological status and reduce the number of MSM who are late presenters.
6. To refer and link those who are diagnosed with HIV to care.

Description of methods/strategies used: Working with evidence-based strategies and providing training to Arcigay volunteers, the following activities are carried out:

1. National coordination expert group. Team building of a national coordination group who guarantees homogeneity and replicability of the interventions.
2. Monitoring accessibility and friendlyness of HIV and STI testing. Monitor and evaluate accessibility and friendlyness of HIV and STI testing and treatment throughout Italy in the cities were Arcigay has a local organization, in order to be able to give the right information to the people trhough the website www.salutegay.it and to improve the services were there is a lacking.
3. "Sexperts" network. Construct and train a network of local "health groups" (called "sexperts") of at least 5 peer-educators each one, able to organize, manage and implement outreach prevention actions with standard materials and methodologies (including condom and lub distribution).
4. Community-based HIV testing network. Construct and train a network of local community-based HIV testing services managed by our local associations and by peer-operators.

Evaluation/Lessons learned: Arcigay has already participated in one-spot OF rapid testing initiatives in the gay venues and in the NGO headquarters, with very high success. Even Sialon I and Sialon II projects put Arcigay in a realm of prevention activity that was left behind for years. These initiatives made clear the urgent necessity to adequate and update the know how and training of Arcigay local health groups, and to systematize Arcigay offer in terms of outreach work, HIV testing and information given. Collaboration with European Projects such as Sialon, EMIS, HIV-COBATEST (Stop SIDA and AIDES) "opened" a new debate in Arcigay, highlighted the know-how needs of the volunteers and showed how much a new generation of activists in Italy could benefit from the experience of other NGOs in Europe. Chronic lack of funding on HIV prevention make prevention activity very difficult. Recently Arcigay received private funding for improving access to HIV testing, for offering community-based testing and for capacity building in outreach prevention activity.

Accessibility to condoms and lubes for free is poor in Italy. Arcigay distributes free condoms at its own expense, but the channels of distribution are very limited to one-spot initiatives. The systematic distribution is done only by the network of gay clubs (saunas, discos, cruising bars, etc), but this is only partially effective: the clubs provide free condoms only on direct request to the staff, while lube have always to be paid. A negotiation with the clubs about their prevention offer was initiated in 2012, but it's very slow, mainly because of a high resistance about spending money for condoms and lubes distribution.

Project website: www.salutegay.it : the website is still under construction, but already online. It aims to give updated information on combination prevention and will give a map of all gay-friendly HIV testing points in Italy. Another website dedicated to HIV+ MSM is under construction and will be launched in the future: www.plusromeo.it

| BOX 7 | Example of good practice

Sensoa: "Implementing Safer environments" (Belgium)

Type of prevention activity (see model/slide): Venue based intervention
Background and context description (incl. challenges): Incidence of STI's and prevalence of HIV are high among gay men in Flanders and Brussels. Gay men meet in bars, clubs, cafés and at parties, some of which allow for men to have sex on premises. There is a high density of gay businesses and parties for gay men in Flanders and Brussels, some of which attract an international crowd.

Sensoa keeps in close contact with owners and patrons of gay businesses and organizers of LGBT parties, who are encouraged and supported into taking initiatives to provide a safer environment for their customers where safer sex promotion materials, condoms and water-based lube are available.

Target audience: Owners and patrons of gay businesses, organizers of LGBT parties.

Prevention objectives: Owners and patrons of gay businesses and organizers of LGBT parties play an active role in the promotion of safer sex.
Condoms and water-based lube are always at hand, directly and free of charge, in venues where men can have sex. A high visibility of information and promotional materials in the gay scene confirm the norm of safer sex (condom use when having anal sex with occasional partners plus regular testing for HIV and STI's).
Description of methods/strategies used: Sensoa keeps in close contact with owners and patrons of gay businesses and organizers of gay parties. Regular contacts serve to motivate and support them into taking initiatives for the prevention of HIV and STI's with MSM in their venues. Frames that fit the specific format of the campaign posters developed by Sensoa are put up at highly visible places in the venues. Leaflets and other printed materials by Sensoa for gay men are distributed in the venues. Sensoa negotiates with condom and lube manufacturers for the best prices for quality products, and resells them at cost to owners and patrons of venues where men can have sex, on the condition that these products are made available directly and free of charge to customers.

Evaluation/Lessons learned: Evaluation was undertaken in 2010. Printed materials by Sensoa are given a high visibility in gay businesses. Complementary initiatives are needed for an uptake of the availability of condoms and water-based lube in venues where men can have sex.

Link to the organization(s/project's website (if any): www.mannenseks.be/werk-mee-met-sensoa

HIV prevention and sexual health promotion targeting the societal or political level

Prevention activities at societal and /or political level can be aimed at bettering the lives of sexual minority individuals. This can be achieved by political action advocating for a more favourable legal climate. Interventions reducing discrimination or stigma for sexual minorities or HIV positive individuals should be part of a multi-level combination prevention approach, as defined by the UNAIDS reference group (2010):

> " ... rights-based, evidence-informed, and community-owned programmes that use a mix of biomedical, behavioural, and structural interventions, prioritised to meet the current HIV prevention needs of particular individuals and communities, so as to have the greatest sustained impact on reducing new infections ... Combination prevention interventions are based on the mix of programmatic and policy actions required to address both immediate risks and underlying vulnerability; and they are thoughtfully planned and managed to operate synergistically and consistently on multiple levels (e.g. individual, relationship, community, society) and over an adequate period of time. They mobilise community, private sector, government and global resources in a collective undertaking; require and benefit from enhanced partnership and coordination; and they incorporate mechanisms for learning, capacity building and flexibility to permit continual improvement and adaptation to the changing environment."

In addition to the interventions identified, some important transversal topics where pointed to that impact

across all levels, such as:

- The implementation of a combination prevention approach: the partners found the operationalization of a combination prevention framework challenging. The partners proposed a type of support system for setting up interventions at different levels while respecting cross-cultural influences.
- "Evidence-based" versus practice-based evidence: while working evidence based should be a given, "practice-based" evidence has ben seen to be undervalued and underused.
- A comprehensive definition of sexual health (see the WHO working definition, 2006 in the box below) included positive messaging for sexual health promotion and not only putting an emphasis on "risk". However, including such positive messaging was identified as a challenge in most of the current HIV implementation practice.

According to the WHO working definition, sexual health includes:

> "...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." (WHO, 2006; updated 2010)

Some of the practical examples of community-based organisations that were collected from the Sialon II partners highlight a cross-sectoral approach adopted within one specific HIV and sexual health promotion project, that is having employed prevention activities pertaining to all levels of the socio-ecological model. The following description from the UK can serve as a good example in this respect, with a particular emphasis on the policy level.

The following example from Slovenia can serve as another illustration for a prevention organisations addressing MSM, cutting across the levels of the socio-ecological model: _In terms of other prevention challenges, a number of relevant following topics were identified, and concrete suggestions were made how to tackle them. These are summarized in the next table.

Table 5. Prevention challenges

Prevention challenges		
Using a tailored approach considering target-group specific needs		
	Reaching out to younger men	This group is often more difficult to be reached in specific settings and their specific prevention needs should be considered
	Targeting mobile populations of MSM	The consequences of mobility and tourism among MSM should be recognised, which in turn highlights the need for an overall cross-border European approach, while respecting local and regional contacts; specific messages should be developed for this group
Developing and adopting specific communication strategies and channels tailored to the target groups' needs		
	Using the internet and mobile technology for prevention and sexual health promotion interventions	Developing electronic prevention messages using low-key technology like video-clips on you-tube can be an easy and cost-effective way to address prevention needs, but not all organisations currently possess the capacity to develop such interventions
	Re-defining condom promotion strategies	There is a need to re-define condom promotion strategies (i.e. "eroticizing" condoms, normalising problems with condom-use and safer sex)
	Strengthening STI prevention	There is a need to improve STI prevention among some HIV positive MSM, and thus the need to promote sexual health more generally
	Using the right terminology	Participants felt that labelling should be avoided, which is reflected in the use of the right terminology, e.g. risk versus vulnerability; or making reference to "risk behaviours" rather than labelling individuals and/or groups (e.g. risk groups, high risk men, etc.)
Paying attention to contextual factors that drive the HIV/STI epidemics among MSM populations:		
	Recognising the importance of the political and societal context	There was consensus that the political context in which prevention takes place does matters, for instance if there is no universal access to HIV treatment, promotion of HIV testing becomes an (ethical) problem
Recognising the structural factors that drive the HV epidemic		
	National insurance systems	How do they work for affected key populations, what do they cover (for instance, are HIV diagnostics available free of charge, is there universal access to treatment?)

	Access to prevention, care and treatment	The fact whether or not undocumented migrants have access to medical care, and more specifically to HIV prevention, testing and treatment; if treatment is not universally available, this may jeopardize promotion of HIV testing and actual HIV testing acceptance in the target group
	Legal and policy frameworks	The fact whether or not are protecting or discriminatory laws are in place (either with respect to HIV or same sex behaviours)
	HIV policies and strategies	The fact whether or not a country has a regional/national HIV-policy or sexual health strategy including HIV/STI prevention specifically mentioning MSM, and how it is implemented and monitored?
	Participation of community-based organisations in HIV prevention and care	What is the available offer of community-based prevention and care organization, and how can they collaborate with statutory services?
	Cross-sectoral collaboration	How well do different service providers collaborate, e.g. what are options to collaborate with the first line, i.e. general practitioners (GPs), specialized HIV testing facilities, hospital-based facilities, community-based HIV testing offers including voluntary testing and counselling (VCT).

In terms of concrete HIV/STI prevention actions to be recommended for future prevention among MSM, the following were suggested:

- Knowledge on STI should be increased, as this was generally perceived to be quite low;
- Targeting MSM using a variety of approaches, ranging from individually tailored counselling to internet-based prevention (see above);
- Condom-promotion and harm reduction strategies.

On the service provision level:

- Normalisation of HIV testing should be promoted (this could be included in general prevention packages delivered at the GP level) with achieve normalisation and dealing with HIV as a chronic disease;
- Introduction of rapid testing through GPs (however, assuring the proper counselling and safeguarding of confidentiality); which in some settings will require provision of training in confidentiality for health care providers;
- NGOs should be involved in the training of health care providers, if provider-initiated HIV testing is implemented;
- Health care providers'/professionals' association should also be targeted to create ownership in the professional community and a sense of responsibility top deal with sexual health in an unbiased way;
- Collaboration with LGBT "friendly" doctors on an individual level in countries where it is not possible to work with professional associations;
- Prevention tools/interventions should be implemented on various levels cutting across the various levels of the socio-ecological model to achieve true combination prevention.

The Sialon II prevention meeting concluded that concrete actions should be based on the experiences gained in

Sialon II, should be feasible and cost-effective in a given socio-economic context and could take advantages of the existing networks and relations built with the venues' managers. This resulted in the following consensus on a "minimum prevention package", as summarized in the following table.

Table 6. Sialon II "Minimum Prevention Package"

Sialon II "MINIMUM PREVENTION PACKAGE"
Providing information on the importance of knowing one's HIV status
Improving access to HIV testing offers and promotion of VCT
Promoting the use of male condoms and lube
Using culturally tailored messaging
Providing information on different prevention strategies (biomedical interventions, treatment as prevention, harm reduction strategies, information on drug use, information on sexual health including a rights-based approach to sexuality)

Finally, with respect to future dissemination activities, participants considered it relevant to involve policy makers to advocate for increased budgets for HIV prevention (proposed as future Sialon III topic). Participants agreed that during the data collection good relationships were established with owners/managers of the venues, which could be further exploited for future prevention activities, as the initiatives should be sustainable.

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Sialon II

Prevention Report

Deliverable 8

Compiled by Work-Package 8