

# Expectations and Perceptions of European Men who have Sex with Men on Voluntary Testing and Counselling



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## ■ Background:

HIV infections rise among men who have sex with men (MSM) in Europe and still many MSM are diagnosed late. The European Centre for Disease Prevention and Control (ECDC) recommends the promotion of HIV counselling and testing in order to assure access to treatment as well as to reduce the burden of disease through a decrease of late presenters. The objective of this study is to determine perceptions of MSM regarding voluntary testing and counselling (VCT) available at present in countries belonging to the WHO Europe region and identifying characteristics MSM expect from VCT.

■ **Method:** Rapid assessment directed to key contacts (KC) in non governmental organisations of types, quality and main characteristics of VCT with a semi-structured online questionnaire, including lists of potential attributes of VCT which participants could evaluate regarding their significance. Answers from open questions have been categorized and synthesized.

■ **Results:** Nineteen KC from 14 countries participated and included 10/27 European Union countries as well as Russia, Serbia, Tajikistan and Turkey. For 12 countries the presence of VCT is reported with 6 defined as MSM exclusive. VCT services are well valued by 10/19 KC. Poor quality of counselling (8/19) and anonymity threatening settings (7/19) are the major criticism. The voluntary character (15/19), gay friendly attitude (14/19), access to counselling (13/19) and anonymity (12/19) are identified as vital characteristics for service acceptance.

Items such as counsellors being MSM themselves, the possibility of prior risk assessment on the Internet or testing in bars show no clear tendency of relevance. Listed strengths of existing VCT services included combined testing for HIV and other sexual transmitted diseases as well as accompanying participative community awareness campaigns promoting HIV testing and tackling the stigma sometimes still associated with testing.

The KC reported further weaknesses of existing VCT services that might be reasons for MSM not to use them included:

- ✓ **Stock out of testing kits**
- ✓ **Not offering rapid tests at venue based testing services**
- ✓ **Lack of trained counsellors**
- ✓ **Not reaching migrant MSM or other MSM populations**
- ✓ **Stigma still associated with HIV testing**

■ **Conclusions:** Despite an overall positive perception of VCT services, main criticisms include deficits in counselling quality and doubts about anonymity. These results might serve as basis for an extended in depth analysis of counsellor trainings and VCT service quality in Europe. At the same time shortages in human resources and materials should be overcome in order to guarantee access to VCT for all MSM in the region.