



Providing services for MSM Lessons Learned

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Why Prioritise MSM in a Predominantly Heterosexual Epidemic?

MSM are at high risk of HIV transmission and acquisition

- Gay and bisexual men account for **66% of new infections** in the US, and African American men in this group account for more new infections than any other subgroup.
- **Increased HIV risk** compared to general population (OR 3.8 in Africa) [Baral et al 2007]
- Soweto Men's Study MSM HIV prevalence = 20%
 - High rates of unprotected sex
 - High rates of sex with men and with women [Lane 2009]
- JEMS study, South Africa:
MSM HIV prevalence = **43%** [HSRC 2009]



Why Prioritise MSM in a Predominantly Heterosexual Epidemic?

MSM are becoming a priority for targeted health interventions & research:

- US National AIDS Prevention Plan
- PEPFAR Guidance (and Global Fund)
- South African National Strategic Plan
- Western Cape Provincial Strategic Plan



High population prevalence = failure of existing HIV prevention interventions

2012 World Bank Report
Modeling study
Positive effects of KP interventions in countries with generalised HIV epidemics

Challenges to MSM Healthcare in Africa

- The “un-Africanism” of homosexuality
- Ongoing criminalisation of MSM
- Stigma and discrimination
- Majority of MSM also have sex with women (MSMW) and identify as heterosexual (Invisible to the healthcare system)



African MSM are facing unprecedented prejudice and discrimination culminating in human rights abuses

Evolving attitudes?



"When I was growing up an ungqingili (a gay) would not have stood in front of me. I would knock him out."

"[same-sex marriages are] a disgrace to the nation and to God".

Jacob Zuma, 2006



"Today, we are faced with different challenges . challenges of reconciliation and of building a nation that does not discriminate against other people because of their colour or sexual orientation."

Jacob Zuma 2012



"if you do it [engage in same-sex relations], you must know that it is wrong and you are rotten"

King Goodwill Zwelethini , 2013

Back on track...



“heterosexism and homophobia are often key drivers of many negative things in society ...

I don't believe that anyone is born homophobic in the same sense that no-one is born racist. These are norms we acquire because of our socialisation. And, in turn, other human beings can move us away from these prejudices,.....

"all people - regardless of race, culture, gender, HIV status or sexual orientation - have equal rights to the provision of services".

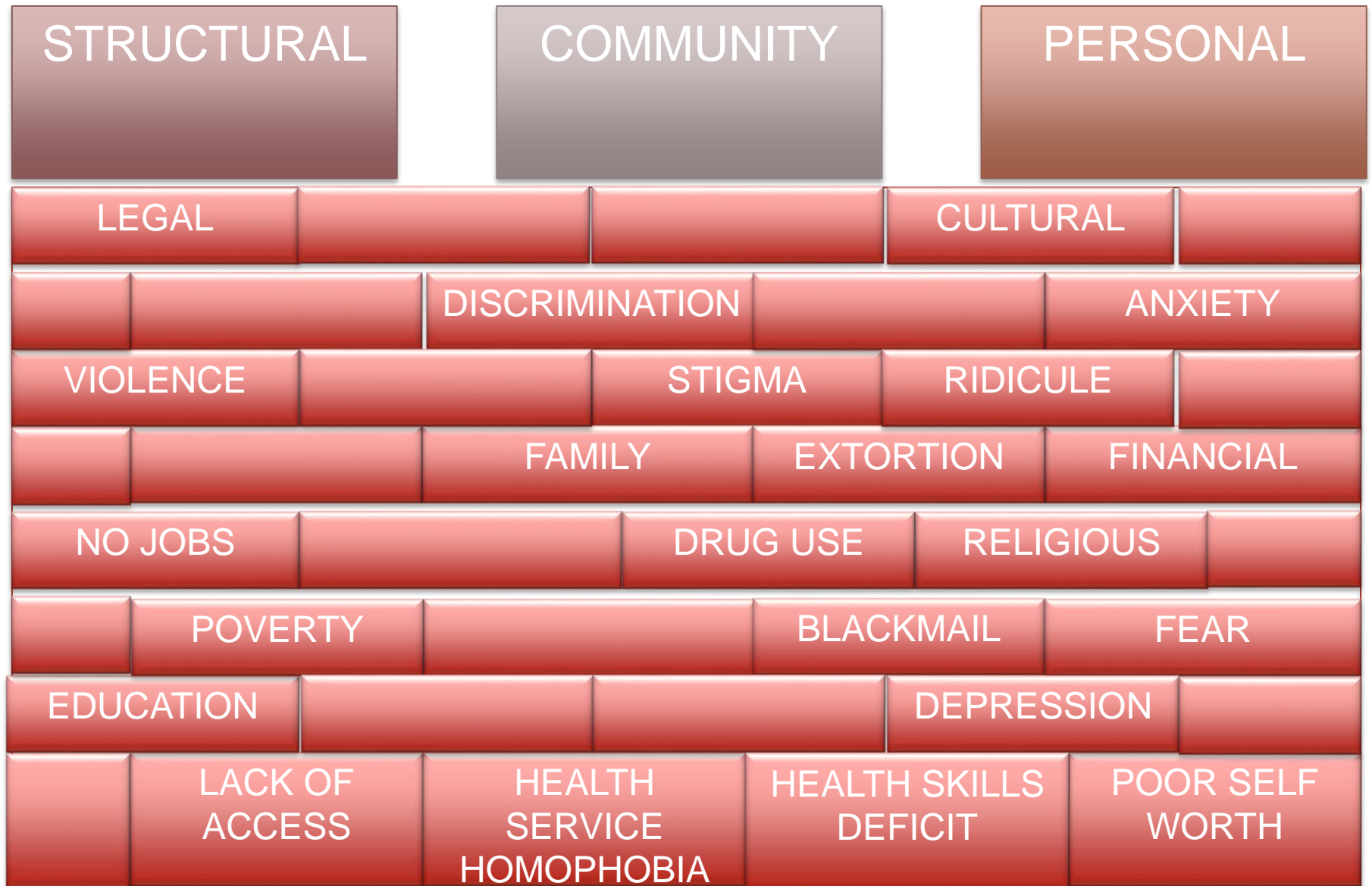
Dr Aaron Motsoaledi,
Minister of Health, South Africa
September 2010

National Strategic Plan

- Key populations: Those most likely to be exposed to or to transmit HIV and/or TB – their engagement is critical to a successful HIV and TB response.
- Key populations include those whose lack of access to services and risk of HIV infection and TB infection is also driven by inadequate protection for human rights, and prejudice.

Men who have sex with Men (MSM)

Multiple Barriers Impact on MSM Care



Providing Accessible MSM Care



- The first (& largest) MSM-targeted service in Africa
- Partnership between DOH and Anova Health
- Initiated by the DOH
- Minimise barriers to health care access
- Sexual wellness clinic
- Addressing specific risks
 - - HPV and anal cancers
 - - HIV and STI biomedical risk reduction
- Mental health services
- Condoms and lube
- Outreach
- Training and mentoring
- Relevant research



Health4men Clinics

- Multiple clinics
- Neutral enabling spaces
- Supported by COE's

Interactive Map

Find training sites, clinics and more...



START SEARCH >



Core MSM Services Identified by WHO

- HIV screening and treatment (CD4 <350 cells/mm³)
- Management of HIV related illness
- Appropriate counseling and support
- Prevention – PEP and consider PrEP
- Prophylaxis
 - IPT / Fungal / Co-trimaxazole
- STI prevention, screening and treatment
- Malaria prevention
- Vaccination e.g. hepatitis B, pneumococcal, flu
- Harm reduction services including OST
- (Integrated TB services) – South Africa
- Operations and implementation research



Specific Clinical Challenges From the Health4men Experience

- STIs in MSM
 - ASTI
 - Multi-drug resistant gonorrhoea
- HPV and anal health
- Mental health including harm reduction and OST
- Prevention
 - TasP
 - PrEP



STI's Are A "Hook"

STIs may ↑ HIV disease burden:

- Disrupt mucosal barriers
- Cause sub-endothelial inflammation
- Increase viral load
- Marker for risky sexual behaviours

Provide additional services

- Risk assessment for HIV
- HIV testing and linkage to care
- Screen for alcohol and substance use
- Screen for mental health problems

Build clinical relationships

IGCUSHUWA
Do you know what you're getting?
You **cannot** tell if a person has a sexually transmitted infection just by looking at him - he may have a nasty gift for you.
Always practice responsible sex.

Chlamydia
Gonorrhoea
Syphilis
Herpes
Chlamydia
Gonorrhoea
Syphilis
Herpes

For more information please get in touch with one of our Health4Men ambassadors in your area
(021) 421 6127

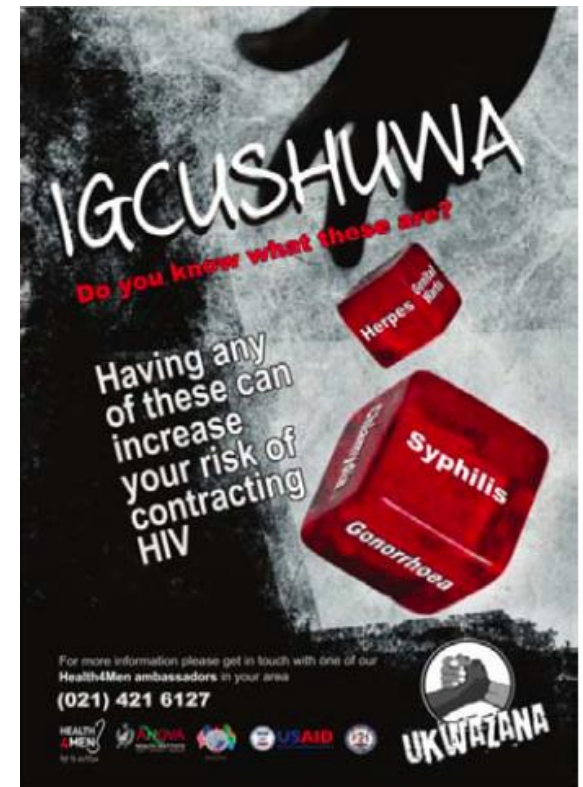
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Asymptomatic STIs

- Syphilis
- Hepatitis and other sexual viruses
- HIV

- Gonorrhoea (GC)
- Chlamydial infection (CT)

Majority of non-urethral GC and CT are likely to be asymptomatic MSM



The ASTI Study

Raw, uncleaned data

All percentages are approximate only



Indicator	No	Percentage
Total MSM participants	200	100
Transgender	15	7.5
History of transactional sex	77	38.5
HIV positive	88	44%
New HIV diagnoses	8	4%
New syphilis diagnoses	18	9%
Total PCR + for GC or CT	63	(31%)
Symptomatic PCR +	15	
Asymptomatic PCR +	48	(24%)

Rebe K et al, In Press

ASTI - Summary

- STIs and ASTIs were common in sexually active MSM
- ASTIs may be increasing HIV transmission risk?
- PCR is now the preferred screening method for GC /CT
- PCR screening standard in GUM clinic in the developed world
- Sexual behavior based screening algorithms and development of cost-effective in-house PCR platforms should make this intervention relevant for Africa, especially in view of high detection rates
- Sentinal screening of MSM and other key populations should form part of South Africa's STI response

GC Treatment Failures

- Treatment failures reported from:
 - Slovenia (ceftriaxone failure), Europe, Canada and the USA (cefixime failure)



→ 3 cases isolated in MSM (2 Jhb and 1 Cape Town)

→ One had definitive treatment failure following two courses of empiric treatment with cefixime

Lewis, D. NICD Communiqué. 2012

South African STI Guidelines

- Guidelines are not responsive to needs of MSM
 - No detection or treatment of ASTI
 - Lack of guidance regarding anal and oral infections
 - Lack of resistance surveillance in a vulnerable population

Undertreated STIs promote HIV transmission

MSM prevalence already high → high community viral load

Highly effective HIV transmission in UAI (20 X vaginal sex risk.)

Baggaley, R. Int J Epi. 2010.

Untreated urethritis increases seminal HIV viral load by a factor of approximately 10.

Cohen, M. Lancet. 1997.

Anal Health, AIN and Cancer in MSM

- Increased risk of HPV infection, infection with multiple serotypes and oncogenic serotypes
 - HIV positive MSM at increased risk of
 - HPV persistence
 - Anal cancer
 - Anal examination is usually not done for MSM attending heteronormative HIV services
 - No AIN screening exists
 - Boys are excluded from HPV vaccination programs
- Need a research agenda



Mental Health Services

- Increased incidence of:
 - Depression, anxiety
 - “Cluster B” personality traits
 - Substance abuse
 - Risk taking



FREE support group for gay and bisexual men living with HIV
Meet others and share experiences in a relaxed environment

Akeso Clinic, 6 Junction Avenue, Parktown
Every 1st and 3rd Wednesday evening at 6:30 pm
group@anovhealth.co.za or call Riian on 011 715 5855

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MSM IS NOT A MENTAL HEALTH DISEASE

- Adherence support
- Life and relationship skills
- Embedded or networked mental health referral pathway essential

us • ng

non-sterile gear
 is the
 easiest way to get
 infected
 with
 HIV and
 hepatitis

A new harm reduction service for gay & bisexual men who use recreational drugs!



- * Whether you swallow, sniff, smoke, snort, booty or inject we have a **FREE** harm reduction pack for you!
- * All packs contain essential information to ensure your safety!
- * We don't want you to share needles so we've even introduced a **FREE** needle exchange service!
- * Call us discreetly, in confidence on 021 421 6127 for more information!



Health4Men in partnership with Mainline & sponsored by AidsFonds



drugs and sex
 what men should know



drugs and ARVs
 what men should know

The Menu of HIV Prevention for Men

- ABC...
- Biomedical
 - Devices such as condoms / lube
 - Medicines including early ART, PEP, PrEP
 - Microbicides and vaccines
 - Medical male circumcision
 - Screen and treat STIs
- Structural
 - Decreasing institutionalised prejudice
- Psychosocial / behavioural
 - Decrease partner numbers, increasing HCT etc



Condoms ...and Lube!

- **Appropriate lubricant:**
 - Water-based?
 - Rectal toxicity
 - Osmolality
- Utilise peer educators / Ambassadors, Men Of Action project, shebeen, inovative IEC messaging, leveraging mHealth and e-Learning etc...

March 2012 – March 2013
3 million branded condoms distributed
(black, natural, red)
in addition to Choice / FC



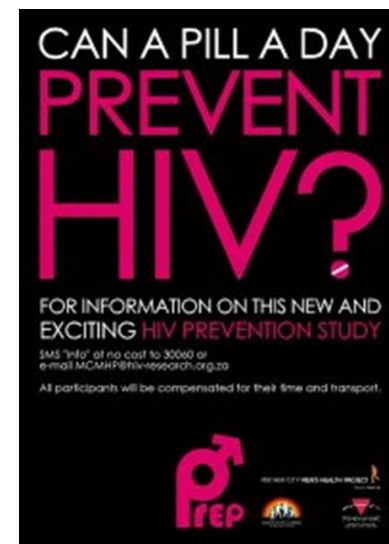
PrEP (and TasP) for MSM



GUIDELINES

Southern African guidelines for the safe use of pre-exposure prophylaxis in men who have sex with men who are at risk for HIV infection

The Consensus Committee, Southern African HIV Clinicians Society, chaired by Linda-Gail Bekker and Kevin Rebe. MEMBERS: Ben Brown, Peter Budnik, Glenn de Swardt, Zoe Duby, Nathan Geffen, Brian Kanyemba, James McIntyre, Landon Myer, Andrew Scheibe, Laurie Schowalter, Mark Sonderup, Wendy Spearman, Carlos Toledo, Tim Tucker, Reon van Dyk, Gert van Zyl



- Concept proven! (iPrEx and iPrEx OLE)
- Adjunct to TasP
- Demand creation and adherence are key
- Need for South African demonstration projects

Partners Study:

ART suppresses
HIV transmission in
600 MSM with VL
LDL

Medical Male Circumcision for MSM?

- Overall probably not effective
- Some people might benefit
 - Men who are exclusively penetrative
 - Bisexual men
- Obviously MMC wont prevent anally acquired HIV
- Will protect men who are at risk for vaginal acquisition of HIV but sometimes also have sex with men
- Acceptability for gay-identified MSM?



Institutionalising MSM health care

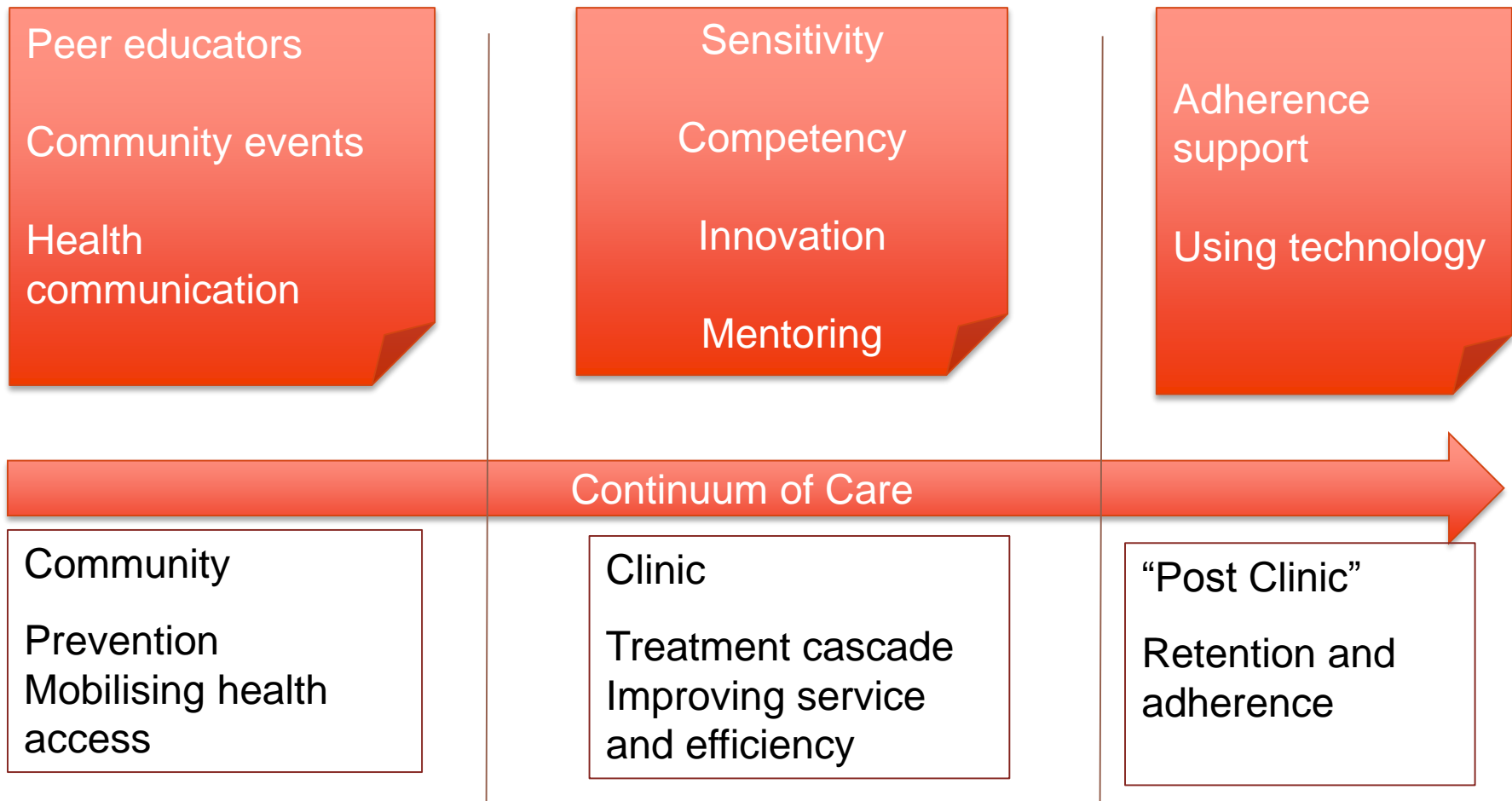
- Additional 99 MSM-competent sites being established within public health system in partnership with DOH across multiple provinces
- Process:
 - Consultation with DOH / RTC, identifying sites
 - Sensitisation of all staff plus competency training of clinical staff
 - Medical mentoring of clinical staff
 - Ongoing technical assistance, mentoring, consultation, training
 - Community engagement

Anova's MSM Training is Unique

- Competency skills
 - More than just sensitivity
- Mentoring
- Resourcing
 - MSM-targeted IEC materials
 - Health communication products
 - e-Learning



Core Goals of MSM Training



Reach → Test → Treat → Retain → Prevent

Health4men Training Acknowledged

Stigma and discrimination

Community empowerment

Violence against key populations

In Portugal, between 2000 and 2008, the annual number of new cases of HIV among drug users fell from 907 to 267 after the decriminalization of the possession of controlled drugs

In South Africa, through the Health4Men Project, over 3000 health workers have been trained, 584 clinicians have been mentored and 53 clinics in four provinces have gained competence in serving MSM

Provision of "KP friendly services"

Training and sensitization of health workers

Mentored

Support for

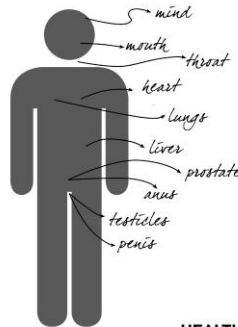


Communicating Health Care Messages to African MSM



FOR FACT'S SAKE!

STIs Ageing PEP HIV TB ARVs Adherence



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WE'VE GOT YOU COVERED - top to bottom
Get our new sexual health brochures at any Health4Men site or read them online
www.health4men.co.za or h4m.mobi on your phone



Zola Tel: 011 293 3702	Yeoville Tel: 012 654 0816	Chiawelo Tel: 011 198 7192	Khayelitsha Tel: 021 286 5584	Belville Tel: 021 923 4622	Woodstock Tel: 021 447 2844
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Free STI and HIV screenings for couples !

Yeoville Woodstock Bellville Chiawelo Zola Khayelitsha
072 654 0816 021 447 2844 021 823 4622 071 150 1750 071 286 3762 021 388 5584

www.health4men.co.za
h4m.mobi (on your cellphone)

Consistent use of condoms and water based lube, and reducing your number of sexual partners remain your best defence against HIV



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Communicating Health Care Messages to African MSM

- Innovative and technology-lead, especially for youth
- Properly targeted to address MSM diversity (city ≠ township ≠ rural)
- Ambassador Programs
- Peer-educator programs
- Community consultation and participation
- Media marketing
- Clinic monitoring of advert effectiveness

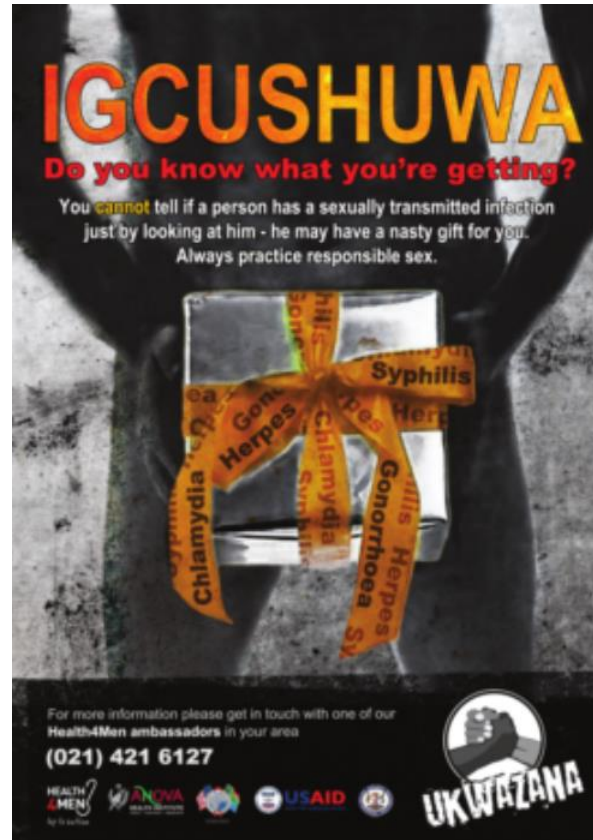


Reaching Young MSM

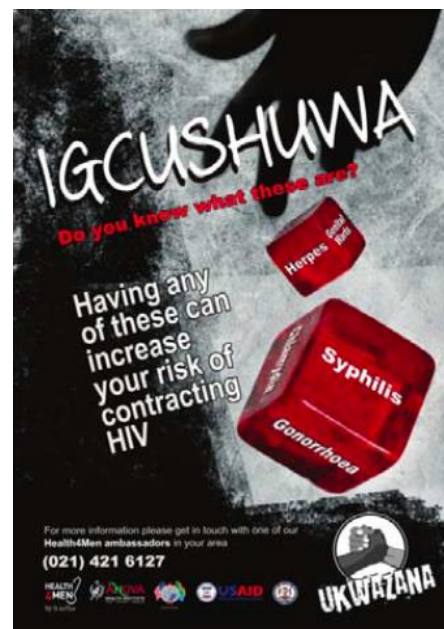
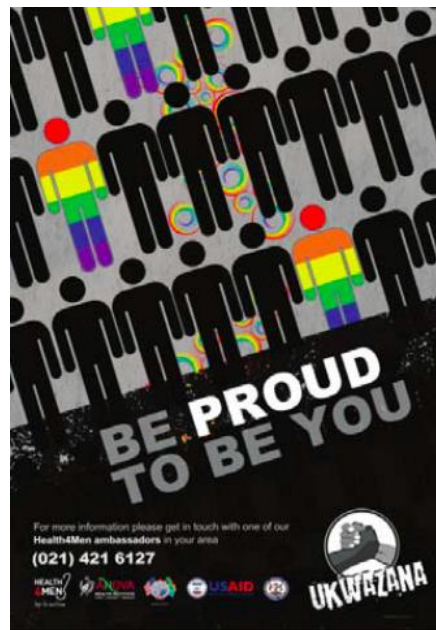
- Need to reach young MSM in their spaces
- Highest HIV prevalence in Soweto Men's Study is in gay identifying under 25 year olds
- Young MSM in our Cape Town research are more likely to identify as gay – may make access to messaging easier for younger MSM
- Higher percentage of young MSM would opt to receive messaging via cell phone (though not significant) than older MSM



Context-Relevant and Respectful Messaging



Ukwazana Campaign



UKWAZANA
 PROMOTING MEN'S SEXUAL HEALTH
 AND CHALLENGING PREJUDICE

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**RESPECT YOURSELF. RESPECT YOUR PARTNER.
 YOU ARE WORTH IT!**



Integrating New Technology to Reach MSM

Harnessing a continuum of electronic communication to reach men with discreet and appropriate information

- Mobi site with information, interactive polls, Q&A, and referral links
- Accessible at low cost from most cell phones
- <http://h4m.mobi>
- > 200 000 ‘hits’ since May 2011

STAY INFORMED

HEALTH 4 MEN

connect

Use your cell phone to get topical HIV and STI-related info @ your fingertips.

FOR MEN WHO HAVE SEX WITH MEN

Discreet & confidential information instantly!

Post a question if you don't find the information you're looking for!

h4m.mobi

Next Steps for The Department of Health

- Continue to partner with NGO's who can do nuanced work and inform wider programs
- Support and facilitate MSM-targeted interventions
 - Early ART for TasP
 - PrEP
 - Harm reduction including OST (e.g. state methadone project)
- Support competency and sensitivity training and mainstreaming of skills
- Work with institutes of higher learning and skilled NGOs to guide research agenda
- Support new technologies such as mHealth
- Continue to engage with civil society (SANAC) on LGBTI issues

Thank You

Department of Health

PEPFAR / USAID

Anova Health Institute

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