



HIV and sexual health services for men who have sex with men in eastern and southern Africa: a situational analysis

CRITICAL REVIEW

INTRODUCTION

While sexual and gender rights are contested across eastern and southern Africa (ESA), there is increasing attention to ensuring that key populations, including men who have sex with men (MSM), have access to HIV and sexual health services. To understand the scope and extent of this movement, EHP SA commissioned a situational analysis focussing on seven countries in the region – Kenya, Malawi, Mozambique, Namibia, South Africa, Zambia and Uganda.

The report asks: are the right things being done across the seven countries in terms of MSM sexual health service provision; and what are the lessons learned from the work that has been done to date?

The study was conducted by a team of researchers from the Human and Social Development Programme at the Human Sciences Research Council (HSRC). The full report, and two summary reports, are available on the EHP SA website at <http://www.ehpsa.org/critical-reviews/msm-services>

WHY THIS STUDY IS IMPORTANT

MSM are considered to be at high risk of HIV, with prevalence of two to ten times higher than the general population in the region. At the same time, the hostile human rights environment that prevails for MSM in ESA is a barrier to the provision of, and access to, HIV prevention services.

One of this study's key contributions lies in its identification of high quality and scalable interventions for appropriate MSM-friendly services that thrive even in hostile socio-legal environments.

APPROACH

Phase One of the study comprised a systematic review of academic and grey literature related to sexual health and HIV services for MSM in ESA. In Phase Two, telephone interviews were conducted with 29 key stakeholders identified in Phase One. Consultations were then conducted in the seven study countries.

KEY FINDINGS

Overview of MSM services in ESA

Sexual health and HIV services for MSM are available across the region, although these services are not standardised and the adequacy of services varies both from country to country and over time. Nevertheless, the concerted focus on key populations in recent years has created a situation in which MSM service provision is a stated national goal in many countries in the region.

A common trend is the partnering of government with key service providers, who are often local CSOs. Given the sensitivity of MSM identity and practice, and the fear reported by many government stakeholders in being seen to be too MSM-affirming, quiet partnering with CSOs allows governments to implement some level of MSM service provision.

Where MSM-friendly and inclusive services exist, they are often holistic and sensitised to the needs of local MSM populations. However, challenges exist both in terms of scaling up these services beyond urban enclaves and in developing information campaigns that speak directly in local languages to the knowledge base of MSM communities.



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Table 1: Key organisations providing MSM-friendly services, seven countries

COUNTRY	Organisation/Healthcare facility
KENYA	<ul style="list-style-type: none"> • ISHTAR • MAAYGO • KANCO • NYARWEK • Institute of Tropical and Infectious Diseases • HOYMAS • SWOP • GALCK • Ukweli Mombasa • G-Kenya Trust • PEMA Kenya
MALAWI	<ul style="list-style-type: none"> • Bwaila Referral Hospital – STI Department • Christian Health Association of Malawi – various church owned health care facilities • CEDEP • MANERELA+ • Peace and Justice Support Network (PEJUSUN)
MOZAMBIQUE	<ul style="list-style-type: none"> • Brigade mobile clinics • AMODEFA • LAMBDA
NAMIBIA	<ul style="list-style-type: none"> • Namibian Planned Parenthood Association • OutRight Namibia • Walvis Bay Corridor Group • The Society for Family Health – Namibia
SOUTH AFRICA	<ul style="list-style-type: none"> • Health4Men Clinics • OutWellbeing Clinics • Department of Health Clinics (n=200<) visit http://www.anovahealth.co.za/ to search for a sensitised healthcare facility
UGANDA	<p>MARPI Clinics at national referral hospitals, particularly:</p> <ul style="list-style-type: none"> • Mulago Hospital • Mbale Referral Hospital • Kisugu Health Clinic • Kireka SDA • Kiswa Health Centre • Reproductive Health Uganda Bwaise • Ice breakers Uganda clinic • Reach Out Mbuya Parish HIV/AIDS Initiative • TASO-Mulago • AIDS Information Centre (AIC) • Naguru Hospital • Komamboga Health Centre • Kitebi Health Centre • Kawala Health Centre • Kawempe Health Centre • Spectrum Uganda (SMUG)
ZAMBIA	<ul style="list-style-type: none"> • Planned Parent Hood Association • Railway Clinic • Open Doors Project • Friends of Rainka • Chelstone Clinic • Chreso Clinic

The inclusion of MSM in NSPs

The National HIV Strategic Plans (NSP) represent the guiding framework for the HIV response in countries across the region. A review of country NSPs indicated that, despite hostile or ambiguous legal and policy environments, all study countries identify MSM as an at-risk population. In most cases MSM were addressed as a sub-group within strategies for key populations (KPs) or most-at-risk populations (MARPS).

The inclusion of MSM in NSPs does provide support for the development and roll-out of MSM-tailored sexual health and HIV services. However, the study indicated that there is a general lack of operationalisation and monitoring of national policies on MSM service delivery on the ground.

The role of civil society organisations (CSOs)

The study indicated that CSOs deliver the bulk of sexual health and HIV services to MSM populations. Unlike state healthcare facilities that deal with a range of different medical concerns on a daily basis, CSOs have the opportunity to focus specifically on an MSM population. However, it should be noted that socio-political and legislative challenges across the region often impede service delivery of these CSOs, some of which even struggle to be registered as NGOs.

Health worker training

Health worker training underpins the successful roll-out of sexual health and HIV services for MSM. Clinical incompetence and negative attitudes held by healthcare providers toward MSM are important barriers to healthcare access for MSM populations. Some NSPs described plans to conduct sensitivity training for providers, although how this was to be implemented, monitored and evaluated was not specified. As a result, healthcare provider training is often delivered in an ad hoc manner, usually as short workshops primarily focused on psychosocial sensitivity.

Features of successful MSM service provision

Key components of tailored, successful MSM service provision were the combination of trained healthcare providers, mobile services, and CSO/MSM community member involvement. Stakeholders repeatedly reiterated the necessity for relationships of trust between MSM community members and healthcare providers.



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The study identified four best practice case studies:

ISHTAR, Kenya: ISHTAR combines a broad range of comprehensive HIV services, mental health services (including counselling and support groups) and behaviour change and social interventions such as safe sex workshops and community engagement events. The programme incorporates a legal aid clinic which is particularly useful given the criminalisation of same sex behaviours and the hostile climate towards MSM.

Walvis Bay Corridor Group, Namibia: The WBCG provides a holistic suite of health and wellbeing services that focus on HIV/AIDS in the context of a broader approach to health, including nutrition. The initiative is also mobile, with proven success in accessing harder-to-reach populations. The WBCG relationship with government has facilitated the expansion of services across a very broad geographical area, with linkages across borders. In short, the initiative is already scaled and provides clear direction on how best to integrate MSM services into healthcare services targeting a range of population bases.

Health4Men, South Africa: ANOVA's Health4Men programme is geared toward integrating MSM sexual health and HIV services into the country's public and private sector. This programme is led by a South African NGO but has large networks across the study region. In addition to health services for MSM, the programme provides competency training and mentoring for public sector health care workers and community outreach programmes. To date, the programme has certified 282 clinics in 30 districts, 4,000 health workers and over 2000 clinicians as MSM competent.

IBU/Mulago hospital, Uganda: Mulago Hospital in Kampala integrates tailored MSM services using a series of buildings on site. Healthcare providers are sensitised and trained in MSM clinical competencies. The local LGBTI CSO, Spectrum Uganda, engages with service providers at the hospital through a process of cross-referral. Apart from tailored services, including proctology, the initiative is part of a broader roll-out in national healthcare of MARP services. The Uganda case study is an example of best practice in a relatively adverse socio-legal environment.

CONCLUSION

Across the region there is a growing attention to the provision of HIV and sexual health services for KPs, including MSM. While KPs continue to experience severe human rights violations and live in hostile contexts, there are also signs of possible shifts across ESA in a move towards a greater understanding and acceptance. These shifts in social, political and cultural climate are important because they are the broader determinants of the roll-out of competent, professional and tailored MSM health services.

Stakeholders across the region, including CSOs in partnership with governments, can and do provide tailored health services to MSM populations, despite the challenges. Key components of their success are their ability to adapt to resource-constrained environments; to adapt to rapidly changing and often deteriorating contexts; to provide mobile services that engage MSM populations; and to develop relationships of trust with marginalised communities that are often silenced.

REFERENCES

Van der Pol, N., Reygan, F., Gumede, N., Essack, Z., and van Rooyen H. (2018). *A situational analysis and critical review of sexual health and HIV services for men who have sex with men (MSM) in eastern and southern Africa: Final report*. HSRC: Sweetwaters. Available at <http://www.ehpsa.org/critical-reviews/msm-services>



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