



# EHP SA Portfolio on LGBTI (MSM)

# MSM research studies

- Improving Access to SRH Services for MSM in Tanzania and Malawi: Developing an Acceptable and Effective Intervention for them With Them
  - UNIMA College of Medicine; Muhimbili UHAS
- Evidence for targeted action: strengthening design of HIV prevention interventions for MSM in Tanzania and South Africa
  - NIMR Tanzania; Wits RHI; LSHTM
- Understanding HIV prevention needs of MSM and their partners in Southern Africa: KwaZulu-Natal, South Africa and Namibia
  - HSRC; UCLA
- The Burden of Sexually Transmitted Infections among MSM in Kisumu, Kenya
  - Nyanza RHS; U of Illinois; U of Washington

# Key themes

- Mainly formative research to inform intervention design
  - Mixed methods: mapping; sampling (RDS and other) qualitative, quantitative surveys, some biological testing
- Factors affecting Risk and Needs to be addressed by RHS
- Clarify context of optimal new combination prevention approaches for key populations, including TasP and PreP
- Consider specific MSM-friendly service models and possible impact – for HIV and other risks
- Perspectives of health workers and policy makers
- 3 of 4 projects cover 2 countries
- Increasing coverage and depth of information on MSM to inform policy making and service level

## Key themes cont.

- Need to increase understanding of diverse epidemiological profiles, size, social organisation, relationship dynamics, vulnerabilities and needs of “MSM” across spectrum of Eastern and Southern African contexts
- Scarcity of data on these undermines effectiveness of HIV prevention and treatment programmes, as well as clinical research and advocacy

Research timeframe (26 months)

# Understanding the HIV prevention needs of MSM and their partners in Southern Africa South Africa and Namibia

Human Sciences Research Council  
Positive Vibes and Pietermaritzburg Gay and Lesbian Network  
Universities of San Francisco and Michigan



Countries of  
Implementation:  
Namibia and South Africa



Heidi van Rooyen

# Justification

- Limited “best-evidence” on HIV prevention interventions for MSM in resource-poor settings
- Urgent need for research that targets Southern African MSM and their partners
  - capitalise on the relationship context to encourage uptake of HIV prevention
  - identify optimal ways of intervening to reduce the impact of HIV

# Research Question and Design

- **Research Question:** The role of relationship dynamics and minority stressors on HIV risk taking behaviors and HIV prevention uptake among male-male couples in Southern Africa
- **Research Design:** Mixed-methods study:
  - (1) formative work and community preparedness
  - (2) qualitative data to explore relationship dynamics and distal and proximal stressors faced by MSM
    - 15- 20 Key informant interviews
    - 4 – 8 FGD with 20 - 60 partnered MSM
    - 12-15 in-depth dyadic interviews
  - (3) quantitative survey
    - 75 male-male partners (150 individuals)

# Research Outcomes

- New information illustrating how minority stress:
  - shapes ability to adhere, informs the roll-out and targeting of biomedical interventions, shapes the messaging and packaging of interventions.
- Identify the extent to which several structural factors (e.g. homophobia) are associated with risk-taking:
  - to develop and advocate for the need to provide LGBT sensitization training for HIV care providers and develop community action groups to support the needs of MSM
- Identify how internal struggles shape risk:
  - argue for the integration of mental health services into HIV prevention efforts, training for providers, and more nuanced messaging for those with identities most at risk of negative health outcomes
- Identify relationship characteristics that are associated with lower risk:
  - provide information to inform the development of couples-based interventions for MSM

# Policy Implications

- To make shifts to current regional HIV strategic plans to incorporate language:
  - around the prevention and care needs of male couples
  - to create understanding and dialogue among key stakeholders and policymakers about:
    - the HIV prevention and care needs of male partnerships,
    - the lived realities and social stressors experienced by male partnerships
  - One challenge could be discomfort in discussing and supporting same-sex relationships and fears over political damage in doing so

# The Burden of Sexually Transmitted Infections among Men who have Sex with Men in Kisumu, Kenya

NYANZA REPRODUCTIVE HEALTH SOCIETY

University of Illinois at Chicago

University of Washington

KEMRI/CDC Research and Public Health Collaboration

Countries of Implementation:

Kenya

Otieno, Fredrick

# Justification

- STIs associated with elevated HIV acquisition risk in MSM
  - Most STIs are asymptomatic and not detected by syndromic management, especially those in the pharynx and rectum
  - Effective STI diagnosis, treatment and prevention can reduce new HIV infections, and can also identify and provide access to high-risk MSM who may otherwise remain hidden and go untreated
- Leverage on already-funded Anza Mapema study to assess STIs in these highly vulnerable men

# Research Questions

- How common are hepatitis B (HBV), hepatitis C (HCV), and common STI including HSV-2, syphilis, gonorrhoea, and chlamydia among MSM in an urban Kenyan setting without access to targeted prevention and care programs?
- What is the incidence of new STIs in this population over 12 months of follow-up?
- What behavioural and biologic risk factors, including unprotected sex, multiple partners, concurrent partners, HIV status, and circumcision status, are most associated with STIs in these MSM?
- Will retaining men in the *Anza Mapema* program with targeted, MSM-affirming services, reduce incident STIs as biological markers for risk behaviour?

# Research Design and Methodology

- Leveraged on Anza Mapema Study which aims to identify and test 700 MSM and enrol these men into a treatment and prevention program consisting of:
  - A comprehensive package of find, test, link and retain in care (FTLR) interventions delivered to HIV-infected MSM, and
  - A peer-led behavioural risk reduction program delivered to HIV-uninfected MSM, including retesting for HIV and STI every 6 months.
- Study location – Kisumu, western Kenya

# Research Design and Methodology

- Enrol 700 MSM in first 6 months
- Quarterly questionnaires to collect socio-behavioural information
- Baseline and 6 monthly HIV testing (negatives) and CD4 and viral load (positives)
  - 6 monthly safety monitoring for HIV positives
- Baseline HBV/HCV and STIs plus 6 monthly STIs

# Research Outcomes

- Baseline prevalence of HBV, HCV, and STIs (Syphilis, Gonorrhoea, Chlamydia and HSV-2).
- Incidence of STIs over 12 months of follow-up
- Behavioural and biologic risk factors for STIs, including unprotected sex, multiple partners, concurrent partners, HIV status, and circumcision status, among others
- Association of retention of men in the Anza Mapema program and incidence of STIs, as biological markers for sexual risk behaviour

# Policy Implications

- Information regarding STI prevalence and incidence will provide the evidence necessary to motivate the Kenya National AIDS Control Council (NASCCOP) and the Ministry of Health (MOH) to revise STI syndromic management guidelines to include symptoms and treatments required to address the needs of MSM.
- Hepatitis prevalence at enrolment will help determine how common these co-infections are in HIV-infected MSM and their uninfected counterparts, information currently unavailable.



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Research timeframe: 30 months

# Strengthening the design of HIV prevention interventions for men who have sex with men in Tanzania and South Africa

National Institute for Medical Research, Tanzania

Wits Reproductive Health and HIV Institute, South Africa

London School of Hygiene and Tropical Medicine, UK

Countries of Implementation:

Tanzania and South Africa

Presenters: Gerry Mshana, Jackie Burgess & Adam Bourne

# Justification

- Prevalence of HIV is higher among MSM than in males in the general population
  - In Tanzania (TZ) between 11-30% (3.8% other males)
  - In South Africa (SA) between 22.3-48.2% (9.9% other males)
- Paucity of data on size and typologies
- MSM in both countries under-served
  - By HIV prevention and treatment services
- The two countries offer good contextual contrasts
  - Social, legal & policy environments
  - e.g. homosexuality legal in SA & illegal in TZ

# Research Questions

***What existing and emerging new HIV prevention and care interventions are feasible, acceptable and needed by MSM in the current socio-political climate in TZ & SA?***

Specifically:

- What is the size of MSM populations in the three study sites?
- What are the demographic and social network characteristics of MSM?
- What is the prevalence of HIV and selected Sexually Transmitted Infections (STIs) among the population?
- What are the HIV prevention and treatment needs of MSM (from perspectives of the various stake holders)?
- What are the critical interventions (composition & delivery modes) that need to be implemented to avert new HIV infections and increase access to treatment among MSM in the two countries?

# Research Design and Methodology

- Three sites (Dar & Mwanza in TZ; Johannesburg in SA)
  - 600 in Dar; 100 in Mwanza & 300 in Hillbrow

**Phase 1 formative qualitative research:** Map, describe social & sexual networks, locations (physical and virtual), and needs of MSM

**Phase 2:** Use information from phase 1 to estimate size through Respondent Driven Surveys & establish prevalence of HIV & STIs

**Phase 3:** Use results (and through consultation with stake holders e.g. MSM groups & policy makers) to recommend HIV prevention and treatment services

# Research Outcomes

- Accurate size estimation of MSM (including typologies)
- Accurate data on the prevalence of HIV and other STIs
- Better information on utilisation of HIV prevention and treatment services
- Appropriate HIV preventions and service utilisation interventions designed
  - Taking into consideration the needs of MSM
  - Taking into consideration the policy environment and health systems in the two countries

# Policy Implications

- Accurate and updated data on size and disease burden to enable policy makers plan accordingly
- Better interventions informed by perspectives of both MSM and policy makers
- Make a case for providing a better policy and legal environment for the implementation of effective HIV prevention interventions among MSM



2.5 Years

# Improving Access to SRHS Among MSM Tanzania and Malawi

University of Malawi-College of Medicine  
Muhimbili University of Health Sciences

Malawi and Tanzania

Adamson S. Muula

# Justification

- Barriers and facilitators in the provision of health services for MSM not well documented
- When documented, will guide service modification and training of health workers

# Research Questions

- What are the individual, interpersonal, contextual, structural, societal and health system factors affecting health access among MSM( push and pull factors)?
- What are the MSM preferred methods of improving access to SRHS?
- Which evidence exist on the interventions aiming at improving MSM SRHS access in the region and beyond for possible adaptation to local context?
- To determine challenges and opportunities for integrating SRHS among MSM ( MSM friendly services) within routine health care system?
- What media will be suit the transmission of HIV prevention messages among MSM?

# Research Design and Methodology

- Cross sectional mixed-methods study
  - Multiple samples,
  - Multiple sample sizes,
  - Interviews, observations

# Research Outcomes

- Understanding of barriers and facilitators of access to care
- What is already available?
- What needs to change?

# Policy Implications

- Policy briefs
- Policy dialogue
- Training of health workers
- Service modifications?