

## **Targeted Research Advancing Sexual Health for Men who have sex with Men (TRANSFORM)**

**Lead Research Organisation:** Wits Reproductive Health Institute (WRHI), Johannesburg South Africa

**LRO Partners:** London School of Hygiene and Tropical Medicine, UK; Partnership for Health and Development in Africa, Nairobi Kenya; Oxford KEMRI-Wellcome Trust, Malindi, Kenya

**Principal investigators:** Dr Thesla Palanee-Phillips (Wits RHI)  
Dr Eduard Sanders (KEMRI-Wellcome)  
Dr Joshua Kimani (PHDA)  
Dr Adam Bourne (LSHTM)

### **Problem statement:**

It is increasingly recognised that while Kenya and South Africa have large generalised HIV epidemics, key populations including MSM, are disproportionately affected. Although there is growing political willingness to expand and refine MSM HIV-related programmes there is very limited data in these two countries to aid with locating, planning and delivering services.

### **Purpose:**

This multi-component, mixed method research study aims to assess what existing and emerging HIV prevention and care interventions are feasible, acceptable and needed by Men who have sex with men (MSM) in the current socio-political climate in Nairobi & Malindi, Kenya, and Gauteng, SA.

**Target group:** Men who have sex with men

**Setting:** Nairobi & Malindi in Kenya and Johannesburg, Pretoria and surrounding areas in Gauteng Province, South Africa

### **Scope of Work:**

The research aims to identify what HIV prevention and care interventions are feasible, acceptable and needed by MSM in the current socio-political climate in Kenya and South Africa. (MSM is criminalised in Kenya and stigmatised in South Africa.).

The research in both countries will:

- Determine the sexual identities and lived experiences of MSM and ways of reaching this population;
- Determine the nature, frequency and setting for online and offline social and sexual networking among MSM;
- Determine knowledge, awareness and health seeking behaviours of MSM for HIV and STIs;
- Determine the characteristics of risk taking behaviour among MSM;
- Provide location mapping of the availability of appropriate services and of social and sexual networking venues;

- Estimate the size of the MSM population in the study areas;
- Establish the prevalence of HIV and selected STIs;
- Determine the HIV cascade of care for MSM;
- Determine the motivations and barriers to HIV and STIs testing, care and management;
- Determine the men's experience of harassment/violence from intimate partners and the community;
- Determine the prevalence of transactional sex among MSM;
- Initiate and sustain a meaningful engagement process with all stakeholders in the various stages of implementation of the research; and
- On the basis of findings from Phase 1 and 2 of the study make recommendations as to the next steps for HIV interventions for MSM in each country.

The proposed study has a three-stage iterative research design where the findings from each phase will inform the next. Phase 1 will be implemented over a 6-month period and Phase 2 over a 12-month period. Phase 3 includes the collation and analysis of data, working with policy makers and service providers to generate robust, evidence-based structural and direct contact interventions for MSM on the basis of the findings in Phases 1 and 2.

- Phase One: Conduct formative qualitative research to map and describe the social and sexual networks, locations, and healthcare needs of MSM in each study setting and the available service delivery infrastructure;
- Phase Two: Using information from the initial formative research, design and conduct respondent driven sampling (RDS) surveys to collect data from a representative sample of MSM at each site in each country; and
- Phase Three: Using results from Phases 1 and 2 to inform population size estimation, availability of services, and make recommendations about what HIV prevention interventions are likely to be feasible and acceptable, and the needs they address. The findings and options for HIV prevention interventions will be presented to key policy makers, donors and service providers to develop next steps and plan interventions that are feasible and likely acceptable to MSM. The planned interventions will be designed to have an impact on the HIV prevention needs and sexual risk behaviours in each country.