

MESSAGE 2

Health workers need training to deliver sensitive and clinically competent MSM HIV services

- **Health worker attitudes can drive MSM away from HIV services**
- **There are many successful models for health worker MSM training in the region**

EHPA'S MSM PORTFOLIO

Evidence for HIV Prevention in Southern Africa (EHPA) is a catalytic intervention, contributing to HIV prevention for adolescents and key populations through generating evidence of what works and why, and developing strategies to inform policymaking processes.

EHPA has funded three research studies and several reviews on topics related to scaling up services for men who have sex with men (MSM). They include:

- *Together Tomorrow*: a study of minority stressors among MSM couples in Namibia and South Africa. Human Sciences Research Council (HSRC);
- *Anza Mapema*: a study of the burden of STIs among MSM in Kisumu Kenya. Nyanza Reproductive Health Society;
- *TRANSFORM*: advancing sexual health for MSM in Johannesburg, South Africa and Nairobi, Kenya. Wits Reproductive Health Institute;
- *Critical Review of sexual health services for MSM in eastern and southern Africa*. HSRC;
- *Change for Kisumu*: a case study of the process that led to greater inclusion of, and appropriate services for MSM in Kisumu, Kenya. Nordic Consulting Group; and
- *KP manual for Swazi health workers*: a case study of the process that led to a government-endorsed manual for key populations in Swaziland. Nordic Consulting Group.

THE EVIDENCE

Healthcare spaces not MSM-friendly:

Interviews with MSM done by EHPA-funded researchers show that many MSM are deterred from visiting health facilities because of attitudes of health workers, and the general lack of an MSM-friendly environment.



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MSM couples in the *Together Tomorrow* study in South Africa and Namibia said they experienced healthcare facilities as 'straight spaces', where they had to 'act straight' to get good treatment. Many had experienced homophobic stigma when accessing public healthcare facilities and generally found that healthcare workers were unable to provide MSM-friendly services. This meant that they often did not disclose same-sex practices to healthcare workers.

The study authors conclude that:

- Findings from this study resonate with research indicating that stigma and discrimination, including in health care settings, and violence and other human rights abuses, are common experiences of MSM
- Participants reported challenges with health care access; and
- Limited health worker sensitivity and training regarding MSM issues act as barriers to accessing healthcare and has implications for HIV transmission.

These conclusions were confirmed by the findings from the *TRANSFORM* study in Johannesburg, where significant numbers of MSM said that, in the past 12 months, they had not been treated well in healthcare facilities, or had heard health workers laughing and gossiping about their gender preference. Many had felt afraid to go to health care services because of worry that someone may learn that they have sex with men. A small percentage even said they had experienced violence from health workers or had been forced to have sex against their will.

The authors of the *TRANSFORM* study conclude that, in both their Nairobi and South African sites:

- Public health care providers are not friendly to MSM; and
- Ongoing sensitisation on MSM friendly services is needed.

A large body evidence from the region supports these conclusions.

- In-depth interviews with MSM in Soweto and Mamelodi¹ found that their response to homophobic verbal harassment by HCWs was to avoid public healthcare and seek out health facilities with MSM-friendly reputations.
- A 2011 survey among MSM in Malawi, Namibia and Botswana found that few reported disclosing same sex practices to a health professional, and around one fifth reported being afraid to seek health care. A significant percentage of MSM in this survey reported that they had been denied health care services and some had even been blackmailed because of their sexuality.²

Commenting on the picture across sub-Saharan Africa, a group of Kenyan researchers conclude that "the marginalisation of MSM from public HIV prevention and treatment resources *can only hamper the effectiveness of national HIV control efforts*."³

The EHP SA Critical Review of MSM HIV services in Kenya, Malawi, Mozambique, Namibia, South

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- 1 Lane T, Mogale T, Struthers H, et al. "They see you as a different thing": The Experiences of Men Who Have Sex with Men with Health Care Workers in South African Township Communities. *Sex Transm Infect.* 2008 Nov; 84(6): 430–433. doi: 10.1136/sti.2008.031567
 - 2 Fay H, Baral S, Trapence G et al. Stigma, health care access, and HIV knowledge among men who have sex with men in Malawi, Namibia, and Botswana. *AIDS Behav.* 2011 Aug;15(6):1088–97. doi: 10.1007/s10461-010-9861-2.
 - 3 Van der Elst E, Smith A, Gichuru E et al. Men who have sex with men sensitivity training reduces homophobia and increases knowledge among Kenyan healthcare providers in coastal Kenya. *J Int AIDS Soc.* 2013; 16(4Suppl 3): 18748. Published online 2013 Dec 2. doi: 10.7448/IAS.16.4.18748



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Africa, Uganda and Tanzania also identified health worker training as key to expanding MSM service delivery. Authors found that currently health worker training for MSM health services is ad hoc, with little at tertiary level. They concluded:

“A cohort of professionalised, informed and culturally sensitive healthcare providers is a prerequisite for MSM healthcare provision. This is because the negative attitudes of healthcare providers globally, including nurses and doctors, often function as a barrier to healthcare access for MSM populations.”

Models of health worker training exist

Models and approaches to training health workers in gender sensitivity and clinical competence for caring for MSM abound in the region. Two of EHPSA’s case studies highlight successful approaches that have been taken to health worker training in the region:

- Swaziland KP Manual for health workers: The Swaziland Ministry of Health and national AIDS council (SNAP) worked with an international NGO and local key population (KP) organisations to produce a comprehensive training manual on KPs for health workers. This was catalysed by the growing body of evidence in the country around MSM and health care challenges, including a bio-behavioural study showing that 55% of MSM were afraid to seek health care on the grounds of their gender identity. In-service training on the manual began in 2016.
- Sensitivity training for service providers, Kenya: MSM organisations in Kisumu county provided gender sensitivity training to health workers and other county duty-bearers in small group workshops. They used the issue of safety for MSM as an uncontroversial entry point to the conversation, which led to a greater understanding of sexual and gender diversity. These workshops contributed to a significant improvement in the environment for MSM in Kisumu, including more MSM-friendly health services, in a period of six years.

There is a great deal of evidence around different approaches to **in-service training** for health workers across the region. Sensitivity training and clinical competence training provided by NGOs has proven successful for public and private sector workers even in countries with hostile socio-legal environments. Three examples of different approaches include:

- The SHARP programme: This was a capacity building programme on MSM and HIV by the International HIV/AIDS Alliance in Kenya, Tanzania, Uganda and Zimbabwe. It included the training of health workers in NGO facilities on the psychosocial and biomedical needs of MSM⁴.
- Health4Men: A ongoing programme by the Anova Health Institute, Health4 Men, reaches health workers and other staff in public sector facilities in South Africa with diversity and biomedical training⁵.
- Coastal Kenya programme: District AIDS Coordinators were trained to provide sensitivity training to local health workers using web-based materials and self-directed learning⁶.

4 <http://www.aidsalliance.org/our-impact/the-sharp-programme>

5 <http://www.health4men.co.za/>

6 Described in journal article, J Int AIDS Soc. 2013; 16(4Suppl 3): 18748. : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3852129/>



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In addition to the learning from these programmes, there are also a large number of manuals and teaching materials available online⁷.

This strategy of training existing health workers, whether by government or NGOs, has proven to be successful in a range of socio-legal environments. However, it is resource heavy and requires ongoing follow-up due to the mobility of health workers and other factors. To date no countries in the ESA region have been able to carry this type of training to scale. This has led to a growing debate on the need for curriculum change at pre-service level to ensure sustainability.

Pre-service training offers the advantage of scale with lower costs than in-service training. Interestingly The Global Fund Technical Review Panel report of 2017⁸ encourages countries who are applying for funding for human resources for health to include pre-service training. The report noted:

“Global Fund support focuses on in-service training rather than on strengthening pre-service training. However, over-reliance on in-service group training is an inefficient use of resources and results in widespread absence of workers from health care facilities. The TRP recommends greater attention to human resources for health investments in pre-service is warranted.”

CONCLUSION

Health workers need training in order to provide sensitive and clinically competent HIV and SRH services for MSM. Programmes in a range of socio-legal contexts in the region demonstrate that this is possible. Several successful models for in-service and pre-service training exist.

Read more about the EHPSA MSM messages and portfolio of studies at <http://www.ehpsa.org/research/msm>

7 For example: Health4Men training material. http://www.health4men.co.za/category/health4men_training_material/

MSM Sensitivity Training for Health Workers in Africa a collaboration of the Desmond Tutu HIV Foundation, the KEMRI-Wellcome Trust. http://marps-africa.org/sites/default/files/MSM-full-web-course-2nd-ed_July2011.pdf

8 Report of the technical review panel funding requests submitted in the first and second windows of the 2017-2019 allocation period. https://www.theglobalfund.org/media/6958/trp_fundingrequests1-2windows2017-2019_report_en.pdf?u=636486807120000000