

Technical Forum: New Evidence on HIV prevention for MSM in eastern and southern Africa

27 - 29 March 2017

Sunnyside Park Hotel, Johannesburg, South Africa

1 Introduction

1.1 EHPSA Programme

Evidence for HIV Prevention in Southern Africa (EHPSA) is a five-year programme (2014-2018) funded by UKAid and Sweden in partnership with the World Bank. EHPSA is a catalytic intervention, contributing to national, regional and global processes on HIV prevention for adolescents, prisoners and men who have sex with men (MSM), through generating evidence of what works and why, and developing strategies to inform policy making processes.

An important mechanism to achieve EHPSA's aims and objectives in eastern and southern Africa (ESA) is to convene a series of technical fora and regional symposia where researchers, policy makers and other stakeholders share experiences, lessons learnt and best practice. This technical forum was the first to be held on the topic of HIV prevention for men who have sex with men (MSM).

1.2 Objectives and nature of the Technical Forum

The overall aim of the 'Technical Forum: New Evidence on HIV prevention for MSM in eastern and southern Africa' was to provide a platform for policymakers, implementers and researchers to share experience and best practice in the ESA region with regard to HIV prevention for MSM, specifically with the aim of arriving at next steps to scale up services for MSM in the region. The programme was developed with technical support from the Anova Health Institute, which also provided an expert facilitator, Dr Andy Tucker.

The Technical Forum was designed as an interactive and safe discussion space, with carefully selected participants from the region. In addition to the technical presentations, there was ample provision for discussion, networking and learning among the participants.

The design of the forum programme also included some innovative efforts to create the space for debate and expression of opinions through unconventional techniques such as soliciting pre-forum expectations through smartphone voice messages: opportunities throughout the forum to provide feedback via audio messages: and mapping exercises to build a picture of what is working in HIV prevention for MSM in the region. An informal movie evening also offered participants the opportunity to see short films by MSM living with HIV (the Through Positive Eyes participatory film project).

Presentations and webcasts are available on the [EHPSA website](#).

2 People and Networks

Participants included representatives from the currently funded EHPSA research studies, as well as a broad range of MSM nongovernmental organisations (NGOs and CSOs) and implementers, donors, multilateral representatives, and policy makers. This mix provided the opportunity for sharing of experiences and knowledge as well as networking beyond the confines of the formal programme. The forum saw active participation from:

- Researchers: Anova Health Institute (SA), CDC (SA), HSRC (SA), WRHI (SA), NRHS (Kenya), PHDA (Kenya), U Oxford (UK), Bheki Sithole from Swaziland
- Multilateral organisations: UNAIDS RST, UNFPA and UNDP;
- Policymakers: Coalition of African Parliamentarians Against HIV and Aids, Namibia Ministry of Health, Swaziland Ministry of Health, National AIDS Councils from Malawi, Zambia, and South Africa;
- Donors: DFID, Sida, World Bank and Global Fund (HIVOS); and
- NGOs and implementers – International HIV/AIDS Alliance (regional), Right to Care (SA), Anova (SA and Global), PHDA (Kenya), Pietermaritzburg Gay and Lesbian Network (SA), CIDRZ (Zambia), FHI (Zambia and Mozambique), Outright (Namibia), ISHTAR-MSM (Kenya), NYARWEK (Kenya), OUT (SA), Friends of Rianka (Zambia), Positive Vibes (Namibia), IBU (Uganda) and CHESA (Tanzania).

3 Technical inputs

3.1. Setting the scene

- The World Bank (WB) provided an overview of the HIV epidemics among MSM around the world, with some specific focus on their work on allocative and implementation efficiencies and the possible benefits of this work for policy makers. In the light of the large and growing HIV epidemics among MSM globally, combined with the reality that MSM services are extremely underfunded relative to their share of the epidemic, the WB allocative optimisation studies makes a strong argument for the reprioritisation of existing spending towards MSM services which could yield large incidence reductions (20% to 49%) by 2030. Similarly, the implementation efficiency studies showed through the use of MSM implementation cascades where and how the bottlenecks and chokepoints in the health systems can be identified and addressed. The WB concluded that if MSM programmes are not revolutionised the the face of AIDS in 2030 may look tragically similar to the face of AIDS 50 years ago, with concentrated epidemics among gay men and other key populations.
- A regional picture of MSM and HIV was provided by the HSRC which included a review of the legal situation re criminalisation of same sex activities, the limited epidemiological data in the region, public health, and human rights arguments for scaling up MSM services and health and HIV needs of MSM.

3.2 Preparing for PrEP

The Anova Health Institute provided a comprehensive introduction to PrEP - covering the evidence for the effectiveness of PrEP, how to initiate and manage PrEP, and complications and side effects. Anova is engaged in a PrEP demonstration project at two sites in South Africa that aims to demonstrate the feasibility of delivering nurse-driven PrEP at primary health care level as part of combination prevention.

3.3 MSM service delivery models and approaches

Presentations were made on a range of programmes in different country contexts that reflect the work ongoing in the region that are striving to provide MSM competent and friendly SRH and HIV services. They included:

- SHARP, a four-year programme by the International HIV/AIDS Alliance that reached over 14,000 MSM through community based organisations in hostile environments in the region;

- Anova Health Institute programmes, including Health4Men, which works at nearly 300 sites in SA's public sector in a model that combines demand and supply-side initiatives; the innovative Yellow Dot Doctor initiative working in the private sector doctors; as well as Anova Global programmes; and
- Best practice models in challenging environments, which included ISHTAR–MSM in Kenya and IBU in Uganda. Both presentations stressed the importance of local ownership and experimenting with subtle variations for demand creation and service packages, dependent on the context, for growing programmes in these settings.

3.4 EHPSA's RRIF Research

The session opened with a presentation on EHPSA's approach to stakeholder engagement. Three researchers presented on EHPSA MSM-focused research studies, including interim findings, stakeholder engagement highlights and policy implications. They were:

- The burden of STIs among MSM, Kenya: The Nyanza Reproductive Health Society provided an update and progress on their study, which has now expanded to include a PrEP demonstration study. Early successes include having recruited one of the largest MSM research cohorts in the region, the establishment of an active peer network and high retention rates in the study. Envisaged and ongoing policy implications of the emerging evidence relates to changes in the STI guidelines, PrEP policy, HepB vaccination and the burden of HepC in Kenya.
- Together Tomorrow: The Human Sciences Research Council provided an update and progress on their study on understanding prevention needs of MSM couples in South Africa and Namibia. One of the study implementation partners presented a case study of the engagement to get the approval of local traditional leaders for the study, which culminated in gender sensitivity training for traditional leaders. The significance for policy and programme design includes the facilitation of a critical reflection on terminology and language and the development of scalable prevention interventions for MSM couples.
- TRANSFORM: The Wits Reproductive Health Institute provided an update and progress on their targeted research to advance sexual health among MSM in South Africa and Kenya. The extensive use of good participatory research principles saw the establishment of community advisory boards in SA and Kenya and importantly the participation of study researchers on policy and community committees in both countries. Early preliminary results of the study points to a preference for MSM specific health facilities which provides a holistic package of sexual health services.

4 Discussion

Discussion and Q&A sessions were an integral part of the programme and the facilitators allowed ample time for the participants to engage with presenters, share experiences of what works and doesn't work and learn from each other. Structured discussion sessions included:

- MSM and HIV policymaking issues;
- Emerging challenges in the field of MSM research in ESA; and
- Gaps challenges and opportunities for scaling up MSM services and next steps in different country contexts.

Key issues emerging from these discussion and the Q&A sessions are summarised below.

4.1 Scaling up PrEP for MSM

South Africa, Kenya, Uganda and Zambia are among countries that are preparing to roll out PrEP, in terms of guidelines and access. MSM PrEP pilots and projects are also being undertaken in Kenya, Nairobi (ISHTAR), Kenya, Kisumu (NRHS); Zambia, Swaziland and South Africa. Other themes were:

- There are still many myths about PrEP that need to be countered to ensure uptake. MSM-tailored messaging will be essential.
- 'PrEP ambassadors' could assist in mobilising MSM to take up PrEP.
- Education and awareness are important, but this needs to be aligned with supply.
- Policy change for PrEP does not always start with changes in the national health plan, but may be catalysed by the development of guidelines.

4.2 Service delivery models

- Private sector strategy: Equipping private sector practitioners to deliver MSM sensitive and competent services may be a useful strategy for countries like Namibia which have a large private sector. The next step here will be building demand within in Medical Aid schemes. This is a particularly useful strategy to reach men who do not go to clinics.
- Ownership / partnership: community-led service provision works and may be the best strategy to deliver services, particularly in challenging legal environments. Successful strategies have allowed MSM CBOs and NGOs to identify service requirements and develop both demand and supply side interventions. This also includes showing 'trust' though building community systems and responses, and providing funding. Community ownership and participation also positively influences the design of demand side interventions such as outreach activities. Effort must be made to build capacity and systems for these organisations.
- Working in hostile environments: Partnerships with government are still possible in environments where homosexuality is criminalised, as health provision resonates with policy makers. Governments often 'turn a blind eye' to NGOs delivering services. Allies and champions must be cultivated in government and NACs. However, there is an ebb and flow in the tide of homophobia and all organisations live under threat.
- Social networking and social media are important for reaching MSM.

4.3 Policy making issues

- Data, data, data: The lack of data on population size estimates, HIV prevalence and treatment coverage is a challenge for sympathetic policymakers.
- The business case for providing MSM services will be useful for sympathetic policy makers.
- Advocates for MSM services need to understand and take full advantage of windows of opportunity such as donor funding processes, NSP development, multilateral organisation processes (e.g. UNDP Legal Environment Assessment), human rights provisions in country constitutions etc.
- There are strong advantages and disadvantages in framing MSM HIV services as a public health issue rather than a human rights issue.

- Likewise, there are strong advantages and disadvantages of including MSM as part of key populations in policy debates.
- Avoiding the use of the term 'decriminalisation' and using the terms 'repeal' and 'review may get you into the room.'

4.4 Emerging issues in research

- Recruiting for MSM studies is challenging in an environment where homosexuality is criminalised.
- There are opportunities in working with CBOs and efforts to strengthen their 'research literacy' have been very successful.
- Issues of language and inclusion/exclusion of different groups need to be recognised in research. For example, transgender groups do not accept inclusion as MSM.
- MSM must be treated as participants and informed of research outcomes, rather than seen as objects'.

5. Next steps

The final session allowed participants to apply their learning from the forum to the challenge of expanding MSM HIV services in different country contexts. Participants were invited to join one of three groups to discuss concrete next steps. Their suggested 'next steps' included:

- Where **MSM is either legal or recognised**: In these contexts participants identified next steps as sensitisation of government officials regarding the needs of all MSM groups; lobbying for broader multi-sectoral approaches; introducing men's clinics (as opposed to MSM clinics); driving changes in the curriculum for health care workers; and focusing on strengthening the organisational capacity of CBOs.
- Where **MSM is heavily stigmatised**: In these contexts participants identified next steps as generating and sharing programmatic and research data; facilitating south-south learning through sharing best practices, tools, and resources; advocating for governments to implement the WHO standardised package of services; better articulating what MSM HIV work contributes to the national AIDS responses; and engaging governments to build capacity and improve knowledge of health care workers.
- Where **MSM exist in an ambiguous legal context**. In these contexts participants identified next steps as curriculum reform in colleges of medicine (to include MSM competency and sensitivity training); building better M&E systems, also at community level; sharing information through mapping and understanding who is doing what; customising messages for strategic and social media; mobilising national champions; feeding strategic information into national platforms; and systematically documenting health violations (in the public sector).

5. Publicity

Meropa Communications was engaged to liaise with the local and online media before the Technical Forum. Seven journalists attended a media briefing during the first morning session of the forum, and a media release was distributed to local and regional media. These efforts resulted in one radio interview and 13 articles (two print and the rest online). The coverage was positive and focussed mainly on two topics – the vulnerability of MSM to HIV and their need for services; and PrEP.

6. Conclusion

The EHPSA MSM Technical Forum provided a space for policy makers, implementers and researchers to share their experiences and best practices and network with like-minded peers across the region.

Key takeaways from the meeting include:

- PrEP is considered a promising prevention tool for MSM and there is a growing number of pilots and demonstration programmes across the region;
- There are a wide range of promising approaches and best practices for MSM HIV service delivery, appropriate for the different socio-legal contexts in the region;
- Evidence creation, particularly data on population size estimates and epidemiology of HIV infection, may be central to policy change;
- Gender sensitivity and biomedical competency for health workers is critical and training programmes are workable in all socio-legal contexts;
- In some contexts curriculum reform to include the above is timely and appropriate;
- Civil society engagement is central to the success of MSM HIV prevention programmes and should be adequately supported with funding and skills development;
- Champions in government, health departments and NACs are frequently catalytic in bringing about change; and
- Ongoing south-south learning and exchange may be key to scaling up MSM services.

In conclusion, the Technical Forum demonstrated that while an unfavourable legal and social environment hampers HIV service delivery for MSM, there is successful work happening all over the region. Change will come, even though, perhaps, incrementally. In the words of one participant “You can’t eat that elephant all at once”.