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EVIDENCE FOR HIV PREVENTION IN SOUTHERN AFRICA

Next steps

Scaling up HIV services for men who have sex with men in eastern and southern Africa

Findings from the EHPSA MSM Technical Forum, 27-29 March 2017, Johannesburg, South Africa

Introduction

In March 2017, the EHPSA programme hosted a technical forum to examine new evidence on HIV prevention for men who have sex with men (MSM) in eastern and southern Africa[1].

The meeting was attended by 53 policymakers, researchers and implementers from across the region who shared expertise and best practice on a range of subjects including:

- A regional picture of HIV and MSM;
- Benefits of MSM programming, allocative and implementation efficiencies;
- Preparing for PrEP;
- Service delivery models and approaches; and
- Interim findings of EHPSA-funded research programmes.

Discussion – scaling up

The forum culminated in an interactive exercise in which participants used the learning from the preceding sessions to develop an agenda for scaling up HIV services for men who have sex with men (MSM) in eastern and southern Africa (ESA).

Participants were asked to self-select into groups representing three country contexts:

- Group One: Contexts where MSM is either legal or recognised;
- Group Two: Contexts where MSM is heavily stigmatised: or
- Group Three: Contexts where MSM exist in an ambiguous legal context.

The groups were asked to identify gaps, challenges, opportunities and next steps for scaling up MSM service delivery in the respective contexts.

Group Two (“heavily stigmatised”) was the largest group – more than double the size of the other two groups and included participants from all countries represented at the forum. Participants in Group One (“legal”) were drawn from South Africa and Mozambique. Group Three (“ambiguous”) included several countries, with more participants from Namibia and Kenya than other countries.

[1] Meeting report available at: http://bit.ly/2r6Vn9b

The two countries in Group Three described the nature of the ambiguous status of MSM in their contexts.

Namibia:

- Apartheid-era sodomy law is still on the books but has only been enforced four times since 2004;
- Same sex couples marry in South Africa but their marriages are not recognised when they return home; and
- The legal context is complex – there is a right to privacy but sexual orientation is not protected by the constitution.

Kenya

- The law that criminalises same sex acts is in conflict with the constitution; and
- Couples can only be prosecuted when "caught in the act" and cases do not end up in court.

Gaps and challenges

All groups identified some common gaps and challenges. These included:

- Data: In particular, size estimates of MSM nationally are unavailable, which is a barrier to advocating for, or providing, adequate services;
- Disaggregation: Weaknesses in the definitions means that trans and intersex groups are included in the general category of MSM, and feel alienated or left behind;
- Funding and commitment: There is a lack of funding and commitment for key populations by national governments;
- Training: Health workers lack training on gender diversity or clinical competence for MSM;
- Integration: The bulk of services for MSM are provided by NGOs and CBOs and these will not be sustainable unless they are integrated into the public health system;
- M&E: There is a lack of indicators, systems or standardised ways of collecting data; and
- Demand-side issues: Stigma in the community and self-stigma prevent MSM from accessing services even when these are available.

As expected, Group Two (heavily stigmatised) noted the greatest number of gaps and challenges. Several of these were also common to Group Three. They included:

- Lack of safe spaces to provide services;
- Lack of legal basis for policy on health workers training;
- Lack of evidence or mechanisms to share evidence within and across countries;
- Limited understanding of, or standardisation for a minimum package of service delivery;
- Health worker attitudes present a challenge as MSM are stigmatised and discriminated against in health facilities;
- Registration for CBOs is difficult and without being registered they cannot access funding and or capacity building opportunities; and
- Ethical approval for research and programme delivery is difficult to obtain.

Group One (legal) noted additional gaps and challenges as:

- MSM in prisons: This is considered illegal and the constitution (in SA) is not clear;
- Mental health: A greater focus on mental health is needed especially for the trans community;
- Couples: Health services need to provide access for MSM couples; and
- Policy and practice: Good policies are not always implemented and there is a lack of government ownership of the programmes that do exist.

Opportunities

Despite the gaps and challenges, all groups were able to identify concrete opportunities for change.

Participants from countries with less favourable contexts for MSM saw opportunities to:

- strengthen civil society and community engagement in research;
- strengthen donor accountability mechanisms and research; and
- identify and mobilise popular champions.

Group Two found concrete opportunities in their ambiguous status, such as:

- Working to revise the penal code, which would have an impact on the sodomy law (Kenya);
- Participating in revising national HIV policies;
- Incrementally building a relationship between civil society and government; and
- Establishing coordinating bodies for civil society organisations.

Countries with more favourable contexts noted additional concrete opportunities, such as:

- Using opportunities to strengthen government buy-in;
- Sharing successful service delivery models with government;
- Providing gender sensitisation for Department of Correctional Services and other government officials;
- Supporting the publication and implementation of a national LGBTI plan (SA);
- Working with traditional leaders (SA); and
- Scaling up creative strategies to reach the trans community.

Next steps

Participants drew up a long list of activities, which provide an agenda for scaling up MSM services in the region and their respective countries. Key areas of work stand out as important next steps:

1. Health worker training and sensitisation

Gender sensitivity and MSM clinical competence of health workers in the region is poor. As presentations at the forum showed, health worker training programmes are possible even in hostile environments, where **donor-funded initiatives** have been successful (SHARP). In more favourable contexts there

are tried-and-true models for scaling up health worker **training in the public sector** (Health4Men). In some countries there are opportunities to work at tertiary level for **curriculum change.**

2. Civil society strengthening
CBOs and NGOs are, and will continue to be, the bedrock of MSM service delivery in most contexts. If they are to fulfil this mandate and role, additional investment is needed to build their capacity in all areas, including organisational capacity; research skills; and knowledge and skills for implementation. Civil society must also be empowered with evidence of "what works" and why (see 5 below).

3. Building a business case
In all contexts, progress towards MSM policymaking will be supported by a clear understanding of the contribution and importance of MSM HIV work to the national AIDS and health response. Building a business case based on sound public health principles and an understanding of the economic benefits of investment in key populations will be a constructive contribution. Knowledge translation for policymakers and economists will support this process.

4. Data
The paucity of data on MSM - including size estimates; HIV prevalence and incidence; and programmatic data - is an obstacle to making a sound business case, and for efforts to scale up appropriate services. It is critical to generate and share data so that strategic information can be fed into national platforms.

5. South-south learning
The experience of the MSM Technical Forum demonstrated the wealth of initiatives and programming that are happening across the region. Platforms and opportunities must be created to share learning and best practices including on tools and resources, service delivery models and strategies to bring about legal reform.

ABOUT EHPSA
Evidence for HIV Prevention in Southern Africa (EHPSA) is a five-year programme (2014-2018) funded by UK Aid 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).