MSM in Sub-Saharan Africa

A neglected but significant population for prevention research.

Linda-Gail Bekker
The Desmond Tutu HIV Foundation
Hyperendemic Scenarios

Southern Africa:
Adult population: >15%

Drivers include early sexual debut, inconsistent condoms, transgenerational sex

More than half infections in women/girls
LOW LEVEL EPIDEMICS

CONCENTRATED EPIDEMICS

IVDU  CSW  MSM  PRISONERS  OTHER

HYPERENDEMIC  GENERALISED EPIDEMICS

SOUTHERN AFRICA

AFRICA ASIA E EUROPE
Ungass reporting: 2008

35/52 African countries were unable to report any information relating to MSM indicators.
HIV Incidence by modes of transmission

<table>
<thead>
<tr>
<th>Country</th>
<th>Percent new infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>76,315</td>
</tr>
<tr>
<td>Zambia</td>
<td>74,263</td>
</tr>
<tr>
<td>Uganda</td>
<td>91,546</td>
</tr>
<tr>
<td>Mozambique</td>
<td>118,279</td>
</tr>
<tr>
<td>Swaziland</td>
<td>11,381</td>
</tr>
<tr>
<td>Lesotho</td>
<td>23,269 (N)</td>
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- **Kenya**: 76,315
- **Zambia**: 74,263
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- **Mozambique**: 118,279
- **Swaziland**: 11,381
- **Lesotho**: 23,269

**Percent new infections**

- **Casual heterosexual sex**
- **Men having sex with men**
- **Clients of female sex workers**
- **Partners of clients of female sex workers**
- **Other**
- **Partners (Casual heterosexual sex)**
- **Injecting drug users**

**Sources**: Kevin De Cock, PEPFAR Implementers MEETING 2009

*Draft results from Know your Epidemic project*
The Challenge of Politics and Discrimination

- Homosexuality is outlawed in 38 African countries.
- In 13 nations homosexuality is either legal or there are no laws pertaining to it.
- Providing MSM focused services, or enrolling MSM into studies in these countries becomes a major challenge.
Criminalization
Law

- Death
- 11 yr to life long imprisonment
- 1 to 10 yr imprisonment
- Imprisonment, unstated duration
- No specific law
- Protective legislation

Public Opinion

"homosexuality is a way of life society should not accept"

Sources: Ottoman, LGBT 2009
Pew Global Attitudes Survey 2002
Homoprejudice

• Deputy President Zuma (2006):
• Same sex marriage was "a disgrace to the nation and to God": "When I was growing up, an unqqingili (a homosexual) would not have stood in front of me. I would knock him out."
Studies with HIV-testing & MSM, 2000-2006

Senegal, 2005: 22%
Sudan, 2006: 9%
Egypt, 2006: 1%
Kenya, 2006: 11%

OR 3.8 (95% CI 3-4)
Structural Risks Across Africa

Gay Nigerians face Sharia death

Eighteen men have been remanded in prison following their arrest for alleged sodomy in northern Nigeria, the state-owned news agency, Nan, reports.

The men were arrested in a hotel in north-eastern Bauchi State, which is governed by the Islamic Sharia law.

The body of a man believed to be homosexual has twice been dug up from a Muslim cemetery in Senegal.

The man, in his 30s, was first buried on Saturday before residents of the western town of Thies dug up his body and left it near his grave, police say.

Kunda warns homosexuals

VICE-President George Kunda has warned citizens against practising homosexuality saying the act is unChristian and culprits are liable before the law.

Mr Kunda said the Government was aware that there were some prominent people in society who were practising homosexuality but further urged the public with information of some actors of the vice to report them to the relevant wings.

He said this in Parliament yesterday during the vice-president’s question time when he responded to a question from Chadiza Member of Parliament, Allan Mbewe (MMD). Mr Mbewe had asked whether it was appropriate for people in a Christian nation to be practising homosexuality.
MSM action in Africa

Advocacy meeting at
ICASA/SA AIDS:
in Dakar: 2008.
in Durban: 2009
in CT: 2011
in Addis: 2011
Studies with HIV-testing & MSM, 2000-2008

HIV prevalence: Country (number of studies)

- Egypt: 6%
- Sudan (2): 8 - 9%
- Kenya (2): 11 - 25%
- Zanzibar: 12%
- Malawi: 21%
- Zambia: 33%
- South Africa (5): 10 - 38%

Data from 4 sites in SADC

- Namibia
  - The Rainbow Project (TRP)
- Botswana
  - Botswana Network on Ethics, Law and HIV/AIDS (BONELA)
- South Africa
  - DTHF
- Malawi
  - Center for Development of People (CEDEP)
Sexual concurrency, bisexual practices, and HIV among MSM in 4 S African countries

Chris Beyrer  
JH school of public health

Stefan Baral  
Center for Public Health and Human Rights, JHU

Gift Trapence  
Center for the Development of People, Blantyre, Malawi

Felistus Motimedi  
Botswana Network on Ethics, Law, and HIV/AIDS

Eric Umar  
Department of Community Health, University of Malawi, College of Medicine, Blantyre, Malawi

Scholastika Iipinge  
HIV/AIDS Coordinator, University of Namibia, Windhoek, Namibia

Friedel Dausab  
The Rainbow Project, Windhoek, Namibia

Methods: Epi probe with simple questionnaire and oroquik anonymous testing

Supported by the Open Society Institute Southern Africa and The Sexual Health and Rights Program, OSI
### 4 sites : Results

<table>
<thead>
<tr>
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<th>RSA</th>
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<tr>
<td>Age</td>
<td>25</td>
<td>24</td>
<td>26</td>
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<td>31</td>
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<td>H-S</td>
<td>6.5</td>
<td>19.4</td>
<td>3.4</td>
<td>1</td>
</tr>
<tr>
<td>Gay</td>
<td>41</td>
<td>48</td>
<td>67</td>
<td>77</td>
</tr>
<tr>
<td>Bisex</td>
<td>53</td>
<td>29</td>
<td>29</td>
<td>18</td>
</tr>
<tr>
<td>Trans</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td># partner</td>
<td>3.9</td>
<td>2.9</td>
<td>2.8</td>
<td>4</td>
</tr>
<tr>
<td>range</td>
<td>(0-52)</td>
<td>(0-30)</td>
<td>(0-24)</td>
<td>(0-75)</td>
</tr>
<tr>
<td>M and F</td>
<td>63</td>
<td>50</td>
<td>43</td>
<td>17</td>
</tr>
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Cape Town Township study

200 MSM in informal venues in Nyanga, Khayelitsha and Athlone and Mitchells Plain

Oraquick HIV prevalence

Short questionnaire
HIV Prevalence: CT township

- **MSM in community**

<table>
<thead>
<tr>
<th>AGE</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SA: HIV prevalence

Univariate associations:

- Older than 26 years old ($p<0.05$), unemployed ($p<0.05$),
- Less educated ($p<0.05$),
- Received money for casual sex ($p<0.05$), not always wearing condoms with men ($<0.05$),
- Reporting >5 male partners in previous 6 months ($p<0.01$),
- Having been blackmailed ($p=0.06$).
SA: HIV prevalence

Independent associations:

unemployment (aOR=3.4, 95% CI=1.5-7.5, p<0.01),
higher age (aOR=3.5, 95% CI 1.6-7.8, p<0.01),
less condom use with men (aOR 2.2, 95% CI=1.0-4.7),
less educated (aOR=4.0, 95% CI 1.3-12.5, p<0.05),
blackmailed (aOR=3.7, 95% CI=1.2-11.3),
and more male partners (aOR=2.5, 95% CI=1.0-6.3, p=0.06).
Bisexual practices in SA study

Reported by 17.1%
8% reported having a regular female partner. Associated with:
  always wearing condoms ($p<0.001$),
  not having disclosed sexual orientation ($p<0.05$),
  received money for casual sex with a man ($p<0.05$)
  a lower prevalence of HIV ($p<0.05$).

Bisexual concurrency reported by 5% and associated with being older than 26 ($p=0.05$).
Lessons from the Soweto Men's Study
Soweto Men’s Study (2008)

- Objectives:
  - Describe MSM population characteristics
  - Estimate seroprevalence
  - Determine social/behavioral predictors of HIV infection
- Recruitment: Respondent Driven Sampling (RDS)
  - Behavioral questionnaire
  - VCT and HIV rapid testing
- Prevention packs: condoms, lubricant, information
- HIV+: CD4, referral to PHRU clinic for care / ART
Soweto men’s study: Results

• N=378 (including 15 seeds)

• Soweto MSM population estimates:
  • 16.1% gay-identified
  • 33.6% bisexual-identified
  • 43.2% straight-identified

• Crude sample HIV prevalence: 23.9%

• Adjusted HIV prevalence estimates:
  13.2% overall; 34.0% gay-identified
<table>
<thead>
<tr>
<th>Variable</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &gt;25</td>
<td>3.8 (3.2-4.6)</td>
</tr>
<tr>
<td>Income &lt; R500</td>
<td>1.4 (1.2-1.7)</td>
</tr>
<tr>
<td>Gay ID</td>
<td>2.3 (1.8-3.0)</td>
</tr>
<tr>
<td>Unprotected RAI</td>
<td>4.4 (3.5-5.7)</td>
</tr>
<tr>
<td>3-5 partners (6 months)</td>
<td>1.9 (1.4-2.6)</td>
</tr>
<tr>
<td>Buy drugs/alcohol for male partner</td>
<td>3.9 (3.2-4.7)</td>
</tr>
<tr>
<td>Regular female partner</td>
<td>0.2 (0.2-0.3)</td>
</tr>
<tr>
<td>Circumcised</td>
<td>0.2 (0.1-0.2)</td>
</tr>
</tbody>
</table>
542 self-identified MSM at 37 venues in Cape Town

- HIV prevalence 10.4%
- 77% self identified as "gay"
- HIV infection associated with previous STI diagnosis and known HIV+ve partner
- 9% bisexual
• The Aurum Institute has been conducting epidemiologic and clinical studies among persons at high risk of HIV in Rustenburg (NW Province) since 2008.

• The prevalence of MSM behaviour was *6.3%* in a *representative* household survey of Rustenburg, conducted in 2008.

• Rustenburg, with a pop’n of ~400,000 and 6.3% MSM prevalence, the estimated MSM pop’n is estimated at ~25,000

• Given this surprisingly high proportion of MSM in community, *we initiated active recruitment of MSM to an existing cohort study.*
In 2009, we hired an MSM recruiter, which substantially improved screening of MSM for our cohort study.

In a 7-mo period…
- 138 MSM were contacted in the field (vs. 0 prior to MSM initiative)
- 82 MSM came to the research centre (vs. 2 prior)
- 58 MSM screened for cohort study (vs. 2 prior)
- Incidence estimates still underway, but 2 of the 3 HIV seroconversions observed to date among men were among MSM.

Key challenges of enrolling MSM were …
- MSM more likely to be HIV-positive at baseline
- MSM more likely to fear HIV testing (and therefore lower proportion agreed to screen (70% study uptake among MSM vs. ~100% for others who came to research centre)
- MSM more likely to report condom use, and therefore, less likely to screen eligible for our particular cohort study

For further information, please contact
Mary Latka, PhD, MPH  mlatka@auruminstitute.org
Context, IAVI-supported studies, Mombasa

Population: 1 million

Multiple ethnic and religious groups

Local economy reliant on sea port and international tourism

MSM and MSM sex work reported in anthropology literature in 1960-80s

Adult HIV prevalence (coast): 7.9%

Kenya AIDS Indicator Survey, 2009

21% of new HIV infections attributed to ‘MSM & men in prison’

Gill Shepherd, 1987

Kenya Mode of Transmission Model, 2008
Context: Mombasa MSM & FSW cohorts

Started 2005

Peer recruitment to

1. HIV negative high risk cohort
2. HIV positive cohort

Three monthly Follow up

- Recall of sexual behaviour, condom use, IV drug use, and sex work
- STI & HIV testing
- Risk reduction counselling & provision of free condoms / lubricants

KEMRI-IAVI-clinic, Mtwapa
Age distribution, and number tested by year, 705 MSM, 2005-10, Kilifi, Kenya

HIV prevalence [2005-09]: 20.3% (95% CI: 17.4 -23.5)

*including n=25, Q1, 2010
HIV incidence in MSM, and by age group, Kilifi

number of SC = 51

Kaplan-Meier survival estimate
Cumulative HIV incidence 22%

HIV incidence density = 8.9 /100 PYO (95% CI: 6.8 - 11.7)
Evaluation of HIV Type 1 Strains in Men Having Sex with Men and in Female Sex Workers in Mombasa, Kenya

Sodai Tovanabutra,1 Eduard J. Sanders,2,3 Susan M. Graham,2,4 Mary Mwangome,2 Norbert Peshu,2 R. Scott McClelland,4 Allan Muhaari,2 Jacqueline Crosser,1 Matt A. Price,5 Jill Gilmour,5 Nelson L. Michael,1 and Francine M. McCutchan1,4

- Compared viral strains in MSM and female sex workers
- Both acute and prevalent samples
- Full length genomic sequencing
- Collaboration with Francine McCutchan (USA)
Conclusion: MSM viral strains

- MSM epidemic is connected to local, Kenyan epidemic

- High proportion of recombinant, dual infections, and novel strains

- New strains arising in MSM could easily bridge to much larger hetero-sexual community
Tracking spread of HIV using sequences

By analyzing the viral sequence we can:

- Determine where HIV originated
- Track its global dissemination
- Identify transmission networks

Every time HIV replicates, it introduces changes/mutations into its genome. The HIV sequence within an individual is unique and, outside of analysis very close to time of transmission, no two HIV sequences from different individuals are identical.
HIV-1 epidemic in South Africa: Timelines

1980: First cases of AIDS reported in USA

1983: First two cases of AIDS in SA in MSM

1983: HIV identified as etiological agent causing AIDS

1988: Increasing number women HIV +
Subtype Distribution: 1986-1993

Heterosexual

- C

MSM

- B

Subtype

- B
- C
- D
- E

Van Harmelen, Wood et al., AIDS 1997
First MSM epidemic in South Africa: Global spread of subtype B

Van Harmelen, Wood et al., AIDS 1997
Second heterosexual epidemic: Region spread of subtype C

Van Harmelen, Wood et al., AIDS 1997
Exploratory Study to Determine Identity, Social Networks and Circulating HIV Clades Among Men-Who-Have-Sex-With-Men (MSM) in Cape Town

Carolyn Williamson and Desmond Tutu HIV Foundation
Self Identified MSM

97 (49%) Urban
- 8 (8%): On antiretroviral therapy
- 9 (9%): Viral load <100 copies/ml
- 4 (4%): Viral load 100> <1000 copies/ml
- 2 (2%): Unable to amplify

74 (76%) Subtyped
- 31 (42%): Black
- 31 (42%): Mixed Race
- 11 (15%): White

100 (51%) Peri-Urban
- 14 (14%): On antiretroviral therapy
- 9 (9%): Viral load <100 copies/ml
- 4 (4%): Viral load 100> <1000 copies/ml

73 (73%) Subtyped
- 64 (88%): Black
- 9 (12%): Mixed Race
Maximum Likelihood Tree of 147 MSM HIV-1 Gp160 with 19 subtype reference sequences.
Cape Town MSM Subtype Distribution (2010)

- C, n=119 (81%)
- B, n=19 (13%)
- F2, n=2
- A, n=2
- BC, n=2
- B-like, n=2
- AC, n=1
Changing patterns
(Note: cohorts not matched)

1990s
Heterosexual
- C

MSM
- B

2010
Heterosexual
- C

MSM
- B
Location in CT

Urban MSM  Peri-urban MSM
Clade by race

SA Black

SA Coloured

SA White
Conclusions

• MSM in Cape Town engage in sex with women.
• Genotyping data showed that there is bridging between the generalized heterosexual and concentrated MSM HIV epidemics in Cape Town.
• For vaccine trials it is important to know subtype circulating as this may impact on vaccine efficacy.
Conclusions

• Higher diversity of subtypes circulating in MSM in Cape Town compared to heterosexual infection which is >95% subtype C.

• 20% of infection in MSM were not due to subtype C, 13% comprised of subtype B.

• Sequencing information is also useful to define local transmission patterns. No obvious evidence of extensive local spread although some linked clusters were identified.
CAN A PILL A DAY PREVENT HIV?

FOR INFORMATION ON THIS NEW AND EXCITING HIV PREVENTION STUDY

SMS "Info" at no cost to 30060 or e-mail MCMHP@hiv-research.org.za

All participants will be compensated for their time and transport.
PrEP Initiative / Iniciativa PrEx

Sponsored by
NIH/NIAID/DAIDS

with co-funding by the
Bill & Melinda Gates Foundation

and drug donated by
Gilead Sciences
The Global PrEP Study

Enrolling (★), Invited (★), January 2008

Number of Participants: 3000
Number of Sites: 11

Cities: San Francisco, Boston, Guayaquil, Lima, Iquitos, Rio de Janeiro, Sao Paolo, Cape Town, Chiang Mai
The PrEP Study: Safety, Efficacy, Behavior, and Biology

Gladstone Institute of Virology and Immunology

UCSF

Desmond Tutu HIV Foundation

Masibambane Ngerandla

Impacta

Fundación Ecuatoriana EQUIDAD

Asociación Civíl Selva Amazónica

INMENSA

INVESTIGACIONES MÉDICAS EN SALUD

FIOCRUZ

PROJETO PRAÇA ONZE

UNIVERSIDADE FEDERAL DO RIO DE JANEIRO

San Francisco

Department of Public Health

Fenway
The PrEP Study: Safety, Efficacy, Behavior, and Biology

Sponsored by NIH/NIAID/DAIDS with co-funding by the Bill and Melinda Gates Foundation and drug donated by Gilead Sciences
Background

• The Global iPrEx Study Design
  – Double blind, placebo controlled
  – Safety and efficacy
  – Once a day, daily oral use of an ARV drug for HIV prevention

• Study medication
  – Tenofovir 200 mg. Emtricitabine 300 mg
Background (cont.)

• Study population
  – 2,499 men and transgender women who have sex with men at 11 sites
    • Rio de Janeiro (2), Brazil
    • Sao Paulo (1), Brazil
    • Guayaquil (1), Ecuador
    • Lima (2), Peru
    • Iquitos (1), Peru
    • Cape Town (1), South Africa
    • Chiang Mai (1), Thailand
PrEP study Cape Town: Background

• “Chemoprophylaxis for HIV Prevention in Men”
• Safety and efficacy of Truvada® in preventing HIV
  - high-risk MSM in greater Cape Town
  - Launched in Dec 2008
• Multiple recruitment strategies to reach diverse population
  - SMS advertising campaign
  - LGBT-venue fieldwork
  - Community recruiters
  - Referrals
  - Passive Internet recruitment
IPrEx – Cape Town

Enrollment:
Initiated : Jan 09
Halted : Oct 09
Challenges:

- HIV negative and traceable township MSM

Solutions:

- Prescreen
- More targeted recruitment campaign
- Employ an army of well networked peer recruiters!
- Must engage community fully
Background

• Study results

  – iPrEx showed that daily use of oral PrEP provided 44% additional protection in preventing HIV infection

  – All participants received comprehensive HIV prevention services
iPrEx Open Label Extension

iPrEx Ole
iPrEx Next Steps

• iPrEx Open Label Extension
  – Aimed at providing additional safety data regarding long-term PrEP use among those rolling over from the active arm
• Rationale:
  – Information about PrEP efficacy might decrease perception of HIV risk
  – Risk compensation: increased risk behavior (decreased use of condoms or more sex partners)
  – Information about PrEP safety and efficacy may increase pill use and drug exposure
iPrEx Next Steps (cont.)

• Study Implementation
  – Every participant enrolled in the blinded phase will be unblinded
  – Invited to enroll in the Open Label Extension
    • HIV (-) participants will be offered Truvada®
    • HIV (+) participants will receive HIV Viral Load and CD4 count monitoring and Referrals of ART treatment when needed
iPrEx Open Label Extension

- The iPrEx Open Label Extension will provide unique opportunities to address questions about how information about PrEP safety and efficacy might affect risk behavior and pill use

- Cape Town: 55 of 88 MSM have enrolled
MSM Africa: What is still needed?

- Activism and advocacy
- Serious community engagement
- More research
- Better services
MSM Sensitivity Training For Health Workers

- >450 HIV Counselors, trainers, and coordinators trained 2010
- Now extended to online education in partnership with Kilifi team.
- French and Portuguese translation underway.
Lubricants

IRMA lube survey

- Internet-based
  - SurveyMonkey with e-promotion
  - Ran 29 weeks in 2007
  - 6 languages (EN/FR/SP/POR/GER/TUR)
- 8,945 Responses from 107 countries
  - 6,273 reported AI within the past 6 months (70.1%)
  - 911 women,
- 428 AI in past 6 mos.
- Analysis by UCLA

rectalmicrobicicides.org
Health4men: A Novel Urban Clinical Service Targeting Men Who Have Sex With Men (MSM)
You are invited to the controversial and ground-breaking event...

‘TAKING A RISK FOR SAFER SEX’
A photo exhibition of naked Cape Town men

The series of more than 50 specially-commissioned photos will be exhibited from 17 – 25 July 2009, coinciding with the IAS (International Aids Society) Conference taking place in Cape Town.
The exhibition aims to increase awareness around safer sex issues among the gay community. Proceeds from the auctioned art will go to Play Nice, a non-profit organisation that promotes responsible sex among men.
The auction will commence at 8pm on Monday, 20 July 2009 following an address by internationally-acclaimed expert on men’s sexual health, Professor Ken Mayer of Brown University at 7 pm.

WHERE: Adam & Eve (formerly The Loft Lounge), Napier St, De Waterkant
CONTACT: Glenn de Swardt – 021 425 6463 – glenn@health4men.co.za

Health4Men is a partnership between Anova Health Institute, PHRU and the Western Cape Department of Health.
AVOIDING AIDS AS EASY AS... ABSTAIN BE FAITHFUL CONDOMISE
Highly active HIV prevention.

A term coined by Prof K Holmes, University of Washington School of Medicine, Seattle, WA, USA.5

From Coates T et al 2008.
Targeted Prevention Packages

- CSW
- IDU
- MSM
- PMTCT

Young women
Advanced Topics in Combination HIV Prevention Research with Men who have Sex with Men (MSM) in Africa.

AIDS International Training and Research Program Workshop.
22-24 March 2011
MSM package

- HCT
- ART
- PREP
- MSM Services
- Condoms and lube
- Education
- Psychosocial support
- Microfinancing
- Job skills
- Legal and human rights
- RM
MSM package?

- Which ingredients?
- Interaction?
Prevention Packages for MSM in Southern Africa

Emory University
Desmond Tutu HIV Foundation
Johns Hopkins University
University of California, Los Angeles
Literature Review

• Lead: Stefan Baral, JHU
• Builds on previous review of prevention literature in MSM for World Bank
• Utilizes the HASTE system for classification
• 1900+ documents archived
Literature Review -- Dissemination

- Via Emory CFAR Prevention Sciences Core website
- Faceted search
- Links to PDF documents
- Portal for updates?
Figure 4. Proposed standard of care and enhanced services in a CHPI for MSM in Africa. I: individual; P: partner-level; C: community *pending trial results

<table>
<thead>
<tr>
<th>Standard of care activities</th>
<th>Type (Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV testing</td>
<td>Biomedical (I)</td>
</tr>
<tr>
<td>Risk reduction counseling</td>
<td>Behavioral (I)</td>
</tr>
<tr>
<td>Condoms/WBL</td>
<td>Biomedical (I)</td>
</tr>
<tr>
<td>STI screening/treatment</td>
<td>Biomedical (I)</td>
</tr>
<tr>
<td>ARV referral for HIV+</td>
<td>Biomedical (I)</td>
</tr>
<tr>
<td>Circumcision evaluation</td>
<td>Biomedical (I)</td>
</tr>
<tr>
<td>Preexposure prophylaxis*</td>
<td>Biomedical (I)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>“Enhanced” activities</th>
<th>Type (Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couples VCT</td>
<td>Behavioral (P)</td>
</tr>
<tr>
<td>Linkage to care</td>
<td>Behavioral (I)</td>
</tr>
<tr>
<td>Training of medical providers</td>
<td>Behavioral (C)</td>
</tr>
<tr>
<td>LGBT sensitization</td>
<td>Behavioral (C)</td>
</tr>
<tr>
<td>Promote LGBT-supportive care locations</td>
<td>Biomedical (C)</td>
</tr>
<tr>
<td>Community development</td>
<td>Behavioral (C)</td>
</tr>
<tr>
<td>SMS for HIV/STI screening</td>
<td>Biomedical (I)</td>
</tr>
</tbody>
</table>
RECTAL MICROBICIDES

Most anal intercourse around the world is unprotected.
MEN & WOMEN
DEMAND
RECTAL MICROBICIDES
Finally:

- MSM in SSA represent a concentrated epidemic within a generalized epidemic
- HIV rates are higher than HS background
- Men **CAN** be reached and **WILL** volunteer
- Authentic community engagement key.
MSM present a new and exciting opportunity to engage our African communities more comprehensively and enhance the diversity and scope of our prevention research agenda.
Final word:

“I would never worship a homophobic God.”

Archbishop Emeritus Desmond Tutu
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• IAVI (Pat Fast, Maaza Seyoum)
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• Jim Pickett and IRMA
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