

ICAP's men who have sex with men (MSM) initiative in South Africa

Ensuring access to comprehensive HIV prevention services for MSM in South Africa through a community of practice

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Background

The MOSAIC Men's Health Initiative led by ICAP in South Africa is a five-year project to support access to HIV prevention services to men who have sex with men (MSM). By focusing on prevention of HIV among MSM, a key population at high risk for HIV infection, in a country with one of the world's highest HIV/AIDS burdens, the project makes a significant contribution to the PEPFAR goal of preventing 12 million new HIV infections.

MSM in South Africa constitute a population at disproportionate risk for HIV infection as compared to the general male population. Recent studies show that **HIV prevalence is higher among MSM than men in the general population: ranging from 10.4–49.5% in MSM compared to 11.6–15.5%¹ among those aged 15–49 in the general population.²** Factors associated with high HIV prevalence in MSM include individual behaviors, limited availability and access to effective biomedical and behavioral prevention interventions, a lack of advocacy and social mobilization at the national, provincial, and community levels; and structural factors, including the absence of appropriate MSM-specific health services, due in part to pervasive stigma and discrimination against MSM.

The high HIV prevalence among MSM fuels South Africa's HIV epidemic and, coupled with a paucity of prevention efforts for MSM, especially in rural and peri-urban populations, undermines national efforts to control HIV. Resources to address HIV and sexually transmitted infections (STI) among MSM and their partners do not match their disease burden. MSM are severely stigmatized and discriminated against in daily life; in some communities they are subject to harassment and even violence when their sexual preference becomes known. Thus, MSM remain hidden and isolated, reducing their access to needed information, education, and support for risk reduction, and increasing the likelihood of risky behavior. The few non-governmental organizations (NGO) providing MSM services are situated in large urban areas, leaving those residing in peri-urban and rural areas without access to MSM-specific services.

ICAP Project Goals

- Enhance efforts for prevention of HIV infection through the integration and coordination of evidence-based technologies and interventions (i.e., behavioural, biomedical, and structural).
- Promote a comprehensive package of services for HIV-infected MSM, which includes better integration into care and treatment programmes.
- Increase the capacity of Department of Health (DOH) and service providers to implement quality programming for MSM.

Strategies and Activities

A **situational analysis** was conducted by ICAP in 2012 which identified limited scope and coverage of MSM-focused services in the provinces.

Strategies to identify stakeholders and to establish **Communities of Practice (COP)** were developed and implemented based on findings from the situational analysis. Representatives from government, civil society and the MSM community were invited as members of the COP.

ICAP led the process of developing **formalized organizational structures and guidance documents to prioritize areas of focus for each member**. COP members meet every three months and meetings are facilitated by ICAP regional coordinators and DOH representatives. ICAP first focused on establishing client referral and knowledge sharing networks between the COP members. This was followed by capacity building and peer-based prevention services (Figs. 1 & 2).

The key strategic areas that ICAP focuses on include:

- Promotion of safer behaviors, particularly through peer education and condom and lubricant promotion
- Provision of STI management and care services.
- Strengthening of advocacy, research and communication systems.
- Capacity building through skill development.

Achievements

- As of September 2013, **five regional COPs have been established**. In addition to DOH representatives, 11 MSM-focused organizations; 13 psychosocial and substance use organizations; seven sex worker-focused organizations, and 18 HIV-related organizations are participating COP partners. Since inception, **373 COP partner staff members have received MSM sensitivity training**.
- Implementation of peer-based outreach activities.
- Provision of appropriate commodities and targeted information, education & communication (IEC) materials. (Fig 3)
- Increased visibility of MSM services.
- Increased access to tailored services for MSM.
- In the past year, the number of MSM contacted by outreach workers increased from **830 to 9471** and **HIV counseling and testing from 100 to 573**.

Conclusion

By strengthening community systems through a COP to prevent the transmission of HIV, and by promoting HIV counseling and testing to identify MSM with HIV infection early and link them to HIV care and treatment services, the ICAP MOSAIC Initiative is contributing to prevention within the MSM population, a population at high risk for HIV infection in a country with one of the world's highest HIV/AIDS burdens.



Figure 1: Combination prevention strategies and activities
"Rights-based, evidence-informed & community-led"

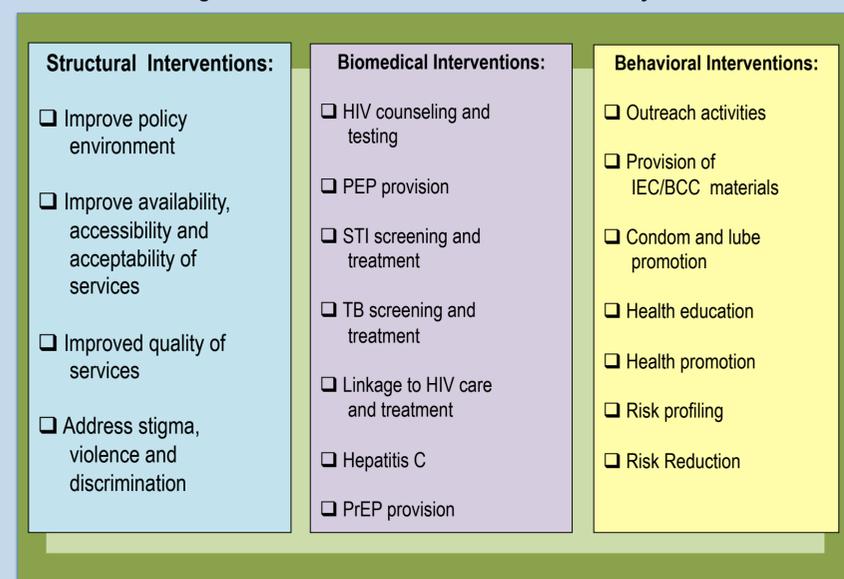


Figure 2: Continuum of care services for MSM

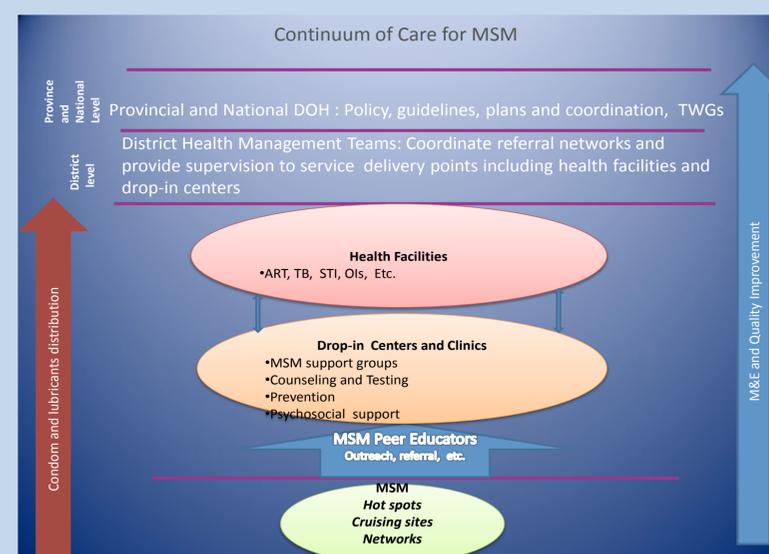
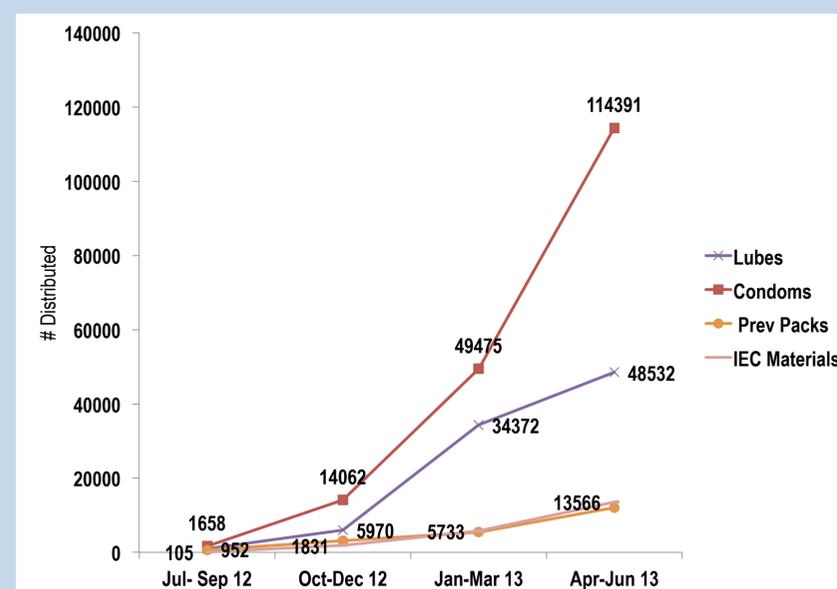


Figure 3: Summary of outreach activity outputs conducted in 6 program sites, 2011-2013



References:
¹HIV prevalence and risk practices among men who have sex with men in two South African cities. J Acquir Immune Defic Syndr.
²Lane T, Raymond HF, Dladla S, Rasethi J, Struthers I, McFarland W, McIntyre J. High HIV prevalence among men who have sex with men in Soweto, South Africa: Results from the Soweto men's study. [Published online ahead of print August 7, 2009]. AIDS Behav. 2001 April;15(3):626-634.