HCW Sensitivity to Enable PrEP for MSM
Definition: Key Populations

- **Key populations** are:
  - Defined groups who, due to specific higher-risk behaviours, are at increased risk of HIV irrespective of the epidemic type or local context.

- **Barrier to accessing HIV care and treatment**
  
- **Vulnerable populations** are:
  - Groups of people who are particularly vulnerable to HIV infection in certain situations or contexts.
  - These populations are not affected by HIV uniformly across all countries and epidemics.

Key populations are recognised **internationally**.

- **Men who have sex with men**
- **Prison populations**
- **People who inject drugs**
- **Sex workers**

- **Vulnerable populations** are:
  - **Adolescents and young women**
  - **Scholars**
  - **Immigrants**
  - **Others**
Key Populations

TOTAL POPULATION

PEOPLE WHO INJECT DRUGS

MEN WHO HAVE SEX WITH MEN

TG

SEX WORKERS

PRISONERS
Vulnerable Populations in South Africa

Specific groups have HIV prevalence above national average (12.2%). They include:

- Black women aged 20–34 years (HIV prevalence 31.6%)
- People co-habiting (30.9%)
- Black men aged 25–49 years (25.7%)
- Disabled persons 15 years and older (16.7%)
- High-risk alcohol drinkers 15 years and older (14.3%)
- Recreational drug users (12.7%)

HIV Prevalence in South African MSM

- Marang Mens Study (2012-13)
  - Durban 48.2%
  - Cape Town 22.3%
  - Johannesburg 26.8%

- Mpumalanga Mens Study (2014)
  - Gert Sibande 28.3%
  - Ehlanzeni 13.7%

National HIV prevalence SA men (15-49yrs) 14.5%
Multiple Barriers Impact on MSM Care

Tucker et al, 2012; MSMGF 2012

- STRUCTURAL
  - LEGAL
  - DISCRIMINATION
  - VIOLENCE
  - NO JOBS
  - POVERTY
  - EDUCATION
  - LACK OF ACCESS

- COMMUNITY
  - CULTURAL
  - ANXIETY
  - STIGMA
  - RIDICULE
  - FAMILY
  - EXTORTION
  - RELIGIOUS
  - DRUG USE
  - BLACKMAIL
  - DEPRESSION

- PERSONAL
  - FINANCIAL
  - HEALTH SERVICE
  - HEALTH SKILLS DEFICIT
  - POOR SELF WORTH

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Stigma

A strong negative feeling and disapproval connected to a person because of a characteristic they possess. Sometimes we have layers of several stigmas. Examples of stigma include:

- being HIV positive
- being addicted to drugs
- having an abortion
- being homeless
- having a criminal record
- having a medical condition such as TB or epilepsy

An indication that there may be a stigma is when we gossip about someone or avoid being with someone.
International Stereotypes
Myths about MSM

- MSM are effeminate - you can spot them
- Gay men chose to be gay - they can change
- Gay men are sexually interested in children
- MSM are promiscuous and highly sexed
- MSM have psychological problems - they can be cured
- Bisexual men need to have sex with both men and women to feel satisfied
- A straight man will never have sex with another man
Challenges to Address

- KP activities seen as unAfrican, unChristian
- Majority of MSM also have sex with women (MSMW) and identify as heterosexual
- Confluence of key populations – sex work, transactional sex, refugees, transgender people, mental health challenges
- Substance abuse – harm reduction programme visibly absent and often no OST
- Gaining trust, meaningful engagement
- Funding and sustainability
- Lack of political will (CSW PrEP)
Clinical Challenges to Address

- Barriers to KP individuals seeking health care include endemic prejudice and related stigma, analphobia and discrimination – also within the public health system.

- MSM and other KPs not a homogenous group – share a range of common *behaviours* (which are often clandestine and denied) as opposed to sharing an *identity*.

- Asymptomatic STIs and MDR gonorrhoea.

- Substance abuse.

- HCV and HIV co-infection.

- Mental health disease burden.
Legal Issues & Obligations

- South African Constitution 1994
  - No discrimination on Grounds of Sexual Orientation (Bill of Rights)

- Declaration of Geneva:

  I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
HCW stigma can be a major barrier to access
- Weak health care systems
- Lack of sensitivity and competence
- Health providers on MSM:
  - “They don’t come to us…”, “They don’t tell us…”
- MSM Health consumers on HCWs:
  - “They laugh at us…”, “They tell everyone…”
Prejudice and Healthcare

- Attitudes, stereotypes, myths and prejudice can create barriers to access and use of healthcare.
- Negative attitudes affect the way health workers engage and communicate with patients.
- Barriers to using health services weaken the fight against the HIV epidemic and result in poorer health outcomes for the community.

Do you have sex with women, men or both?
Can I examine your anus to exclude STI’s?
Let’s meet Nurse Thandi

“Hello everybody, my name is Thandi Mbili, I am a registered nurse and I work in a busy community clinic. I have been in my current job for 3 years. I like it here but sometimes I get very frustrated with patients, sometimes they make me angry especially if they won’t listen.

Sometimes I wish I could work in paediatrics so that I would only see children and wouldn’t have to work with adults who do stupid things and then come to the clinic for help. What I dislike most is rude people or people who just complain. I think I need some leave.”
We visit Nurse Thandi’s clinic!

There are 14 people sitting in the clinic waiting room to see Nurse Thandi.

A deaf 72 year-old woman  
An alcoholic  
A policeman  
A homeless HIV positive man  
A Nigerian businessman  
A sex worker  
A rich housewife  
A mature man and his young girlfriend  
A pregnant teenager  
A Muslim woman with two children  
A man with severe depression  
A young man who belongs to a gang  
A gay man  
A man who is dressed like a woman
Creating the Right Environment

- Make all patients feel equally welcome
  (Not a “gay-identified” space)

- Privacy for consultation
  (Concern about disclosures of sexuality and status)

- Use patient’s name, gender pronouns (TG)
  (Use their terms, not ours... Ask when not sure!)

- Posters addressing diverse sexual health needs of men
  (No breastfeeding posters)

- Monitor your own response AND the colleagues you supervise
The Health4Men Model

“At Health4Men they understand me. I am not ashamed of my sexual health.”
Simon

Go to h4m.mobi

STAY INFORMED

Use your cell phone to get topical HIV and STI-related info at your fingertips.
FOR MEN WHO HAVE SEX WITH MEN
Discreet & confidential information instantly!
Post a question if you don’t find the information you’re looking for!
h4m.mobi

HEALTH 4 MEN connect

UKWAZANA

PROMOTING MEN’S SEXUAL HEALTH AND CHALLENGING PREJUDICE

HEALTH 4 MEN top to bottom

RESPECT YOURSELF. RESPECT YOUR PARTNER.
YOU ARE WORTH IT!
Core Key Population Services Identified by WHO

- HIV screening and treatment regardless of CD4 count
- Management of HIV related illness
- Appropriate counselling and support
- Prevention – PEP and offer PrEP
- Prophylaxis
  - IPT / Fungal / Co-trimoxazole
- STI prevention, screening and treatment
- Malaria prevention (specific provinces)
- Vaccination e.g. hepatitis B, pneumococcal, flu
- Integrated TB services – South Africa
Testing Recommendations

- Need to shift HIV testing promotion from one-off model, to **Repeated, Routine, Health Maintenance Behaviour**

- Public health research from ‘ever’ testing, to assessment of ‘repeat’ testing

**HCT Recommendations for KPs:**

- Test regularly according to sexual risk
- Sensitive and competent (“Not who is the man & who is the woman in this relationship…”)
- Effective risk reduction counselling
- Linkage to care (both positives and negatives)
- Promote couples counselling
- Use technology (e.g. Find a clinic or home-based testing)
STIs Are A “Hook”

STIs may \( \uparrow \) HIV disease burden:
- Disrupt mucosal barriers
- Cause sub-endothelial inflammation
- Increase viral load
- Marker for risky sexual behaviours

Provide additional services
- Risk assessment for HIV
- HIV testing and linkage to care
- Screen for alcohol and substance use
- Screen for mental health problems

Build clinical relationships
Asymptomatic STIs

- Syphilis
- Hepatitis and other sexual viruses
- HIV

- The majority of gonorrhoea and chlamydia infections are symptomatic in MSM
- 1 in 4 screened positive for ASTI (In Press)

ASTI Treatment Guidelines

**CDC (and various USA & EU guidelines)**

- Yearly syphilis
- PCR screening of pharynx, anus and urethra based on sexual history

**WHO: Presumptive STI treatment for at risk MSM**

- Reported UAI in the last year **PLUS**
- Partner with an STI **OR**
- Multiple partners
The Empiric Syndromic Approach to STI Treatment

New Syndromic Guidelines:
Replace cefixime with ceftriaxone
Replace doxycycline with azithromycin

This is the current approach advocated by the SA Department of Health.

Not addressing STIs among MSM:
No syndrome if asymptomatic
No determination of GC resistance
Little consideration of non-urethral infection sites
No monitoring of LGV and other STIs
qHPV Vaccination for Men

Current recommendations:

- All men age <21 years
- MSM or those who have a compromised immune system (including HIV) <26 years
- All SW should also receive HPV vaccine

What about sexually active older KPs?
What about those with prior HPV?
Too little too late?
Why Cervarix?
Why systematically exclude the highest risk groups?
Hepatitis C (HCV)

- IV drug use (other drug use?)
- Sexual spread during unprotected anal sex
- Much worse outcomes if HIV and HCV co-infected
- No vaccine and often no accessible cure
- Up to 85% of infections become chronic
- Re-infection can occur
- New Hep C PIs unobtainable
Condoms
...and Lube!

- Appropriate lubricant:
  - Water-based?
  - Rectal toxicity
  - Osmolality

- Utilise peer educators, ambassadors, Men Of Action project, shebeen, innovative IEC messaging, leveraging mHealth and e-Learning etc.

Using lubricants for >80% of anal sex acts is significantly associated with decreased [condom] failure rates in the insertive model
ARV-based Preventions

- Post exposure prophylaxis (PEP)
- Pre exposure prophylaxis (PrEP)  
  (Note: this is not available in government facilities)
- Early treatment ARVs (TasP)
PROUD Study UK

- 545 MSM
- Immediate or delayed
- Efficacy = 86% (90% CI: 58–96% P = 0.0002)
- Number Needed to Treat = 13 (90% CI: 9 – 25)
- There was no difference in the rate of STIs other than HIV

IPERGAY France

- 400 high risk MSM
- Sex-based dosing (4 or more doses)
- Efficacy = 86% (95% CI 40-99%, P = 0.002)
- Number needed to treat for 1 year to prevent 1 infection = 18.
- Also stopped early by DSMB because of high efficacy
- Very sexually active
- Did they not get almost daily dosing by default?
Depression, Anxiety and Substances

- Result of living in a criminalised or stigmatised environment
- Heteronormativity
- Self-worth and self esteem
Challenges with harm reduction programmes

- Lack of community knowledge about the benefits of harm reduction services
- Fear of legal prosecution
  - Needle exchange is illegal in many settings
  - One participant arrested with H4M IDU pack
- Lack of detox and rehab referral services
- Lack of sponsored OST
- High mental health disease burden
- Difficulty employing and managing people with active addiction lifestyle or in recovery as outreach workers
HIV Positive IDU in a Small Town
HIV Positive MSM in a Small Town
Health4Men Mobile

Answered By Our Experts

Health4Men Resources
Get the latest fact sheets and info on men’s sexual health

Click here to ask an expert

We’d Love To Know

Would you consider going on PrEP?

- Yes! It’s proven to prevent HIV infection
- I’m not sure if I need it
- No, not for me
- What is PrEP?
Last year my boyfriend got sick, while urinating something like a discharge came out from his penis. He consulted a doctor and the doctor said it was dirt. It was dealt with.

Now this year it starts again, he feel pain when he urinate. This time he accuse me of sleep around and I’m not sick. What can be the cause?

Thank you for your question. It sounds to me like your boyfriend most likely had a discharge, which is a sexually transmitted infection (STI). He was treated. I am not sure if you were treated? It is always important to to treat the sexual partner/s too. Gay men can have asymptomatic STIs; this means they have no symptoms.

My suggestion: make sure that you both get treated at the same time.

Hope this helps.

Regards

H4M
Thank You

SA HIV Clinicians Society
PEPFAR / USAID
Elton John Foundation
Anova Health Institute

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