



# Expanding Effective HIV Prevention, Care and Treatment for Men who have Sex with Men in **South Africa**



## BACKGROUND

Men who have sex with men (MSM) worldwide are disproportionately impacted by HIV. South Africa is no exception—while exact data is scarce, an estimated 13 to 49 percent of MSM are HIV-positive, a rate nearly five times higher than their non-MSM counterparts.<sup>1</sup> High HIV prevalence can be attributed to a combination of individual, social, and structural risk factors. Yet comprehensive, quality prevention services targeting MSM remain inadequate. MSM are also not engaged in HIV care and treatment in proportion with their need in either metropolitan or low-density and rural areas. Persistent stigma and discrimination, including in health care settings, routinely keep MSM from accessing services. Despite concerted efforts, health care workers continue to operate within a predominantly heteronormative environment, and are not yet able to meet fully MSM-specific clinical needs or provide sufficiently culturally sensitive, relevant, acceptable, and confidential services. Cultural stigma prevents many MSM from self-identifying as men who have sex with men and seeking needed services, particularly from LGBT-focused organizations.

In South Africa, policies and public health programs have evolved to respond more closely to the needs of MSM. The National Strategic Plan on HIV, STIs and TB (2012-2016) encourages the scale-up of efforts to target key populations at high risk of HIV, including MSM. Targeted efforts are beginning to show results: the number of MSM tested for HIV and the number of MSM reporting correct and consistent use of condoms and compatible lubricant are on the rise,<sup>2</sup> yet HIV prevalence among MSM remains high. The South African National AIDS Council-led South African National LGBTI HIV and Human Rights Plan is a further commitment by the Government of South Africa to MSM programming in the coming years.

ICAP has partnered with South Africa's Department of Health since 2004 to provide technical assistance and implementation support for HIV services, training and education, and research.

## WHAT WAS ACHIEVED

Through this project, ICAP contributed significantly to an increased number of MSM knowing their HIV status and seeking appropriate, non-judgmental care and treatment. This, in turn, advanced the Government of South Africa's goal of reducing new HIV infections by 50 percent by 2020, PEPFAR's goal of an AIDS-free generation, and UNAIDS' 90-90-90 strategy. From September 2012 to June 2016, ICAP:

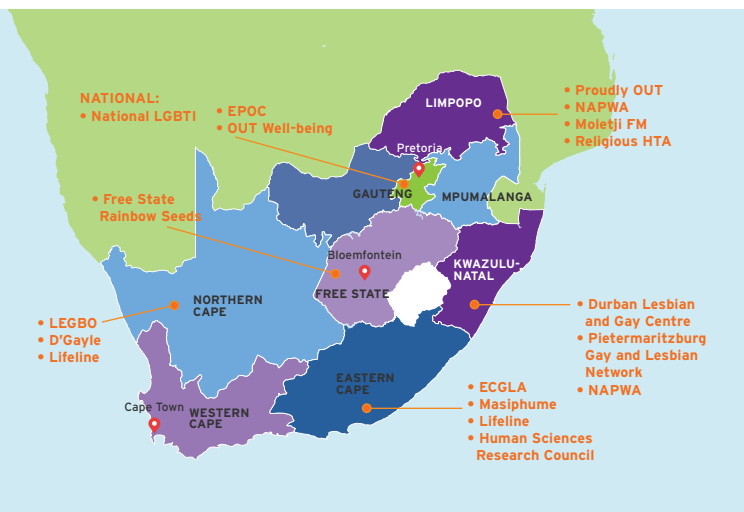
- Reached nearly 42,200 first and repeat MSM contacts with HIV prevention interventions
- Distributed nearly 1.1 million HIV prevention commodities (male condoms, female condoms, and condom-compatible lubricant)
- Provided nearly 11,300 MSM with HIV testing; diagnosed over 1,400 HIV-positive MSM who did not know their status, and nearly 450 MSM were documented as successfully linked to facilities to access care and treatment.
- Trained nearly 3,000 health care workers and nearly 490 clinicians across five regions to provide sensitive and culturally competent care and support to MSM. Nearly 215 master trainers were trained at regional training centers, and 24 health facilities were supported to expand and strengthen clinical services for MSM.
- Equipped nearly 80 peer outreach workers with the skills and competencies to provide prevention services, including 20 peer outreach workers to provide HIV counseling and testing, through training and mentorship.
- Strengthened 17 organizations to carry forward elements of ICAP's work in five provinces.
- Distributed nearly 34,700 information, education, and communication materials

*"There is still a lot of stigma and discrimination against MSM in society and in health services. As a result, many men choose not to engage in care and are ultimately at great risk."*

Lindiwe Mothemane,  
ICAP Key Population Regional Manager  
in Limpopo Province

<sup>1</sup>University of California, San Francisco (2015). Report of the South Africa Men-Who-Have-Sex-with-Men Data Triangulation Project. San Francisco: UCSF, Global Health Sciences.

<sup>2</sup>Ibid.



**Figure 1**  
**The MOSAIC Men’s Health Initiative worked closely with these community partners to implement program activities across six regions.**

## PROJECT SUMMARY

From 2011 to 2016, with support from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC), ICAP partnered with South Africa’s Department of Health to implement the HIV Prevention Services for High Risk Underserved Populations project (operating under the project name “Mosaic Men’s Health Initiative”), contributing to the expansion of HIV prevention and care services for MSM in South Africa. Building on the strong relationships established in South Africa since 2004, ICAP partnered with national, provincial and district departments of health to pursue three interconnected objectives:

- Prevent new HIV infections among MSM through high-impact combination prevention interventions (i.e., behavioural, biomedical, and structural), including new interventions once they are proven efficacious.
- Develop and promote a comprehensive package of HIV prevention services for HIV-infected MSM, which includes better integration into care and treatment programs.
- Increase the capacity of non-governmental and community-based organizations and the national and provincial Departments of Health to implement quality prevention programming and provide appropriate and sensitive health services for key populations.

At the height of the program, the intervention was working in six of South Africa’s nine provinces (see Figure 1). In March 2015, ICAP narrowed its focus to three high-yield districts in two provinces (KwaZulu Natal and Gauteng provinces) in alignment with the PEPFAR 3.0 resource investment in strategic, high-need geographic areas to achieve the greatest impact. Over five years, ICAP reached nearly 42,200 first and repeat MSM contacts with HIV prevention interventions, provided HIV counseling and testing to nearly 11,300 MSM, and distributed nearly 1.1 million HIV prevention commodities.



**Ayanda Mhletywa:**  
**Peer Outreach Worker**

ICAP’s peer outreach workers are MSM themselves or people known to the MSM community. They have become trusted sources of information and support in the

communities where they work.

Ayanda Mhletywa is a 42-year-old peer outreach worker supporting the Ekurhuleni District in Gauteng since July 2014. He has spent countless hours conducting community outreach, reaching MSM with prevention messages, providing “on-the-go” HIV counseling and testing at events or hotspots, leading support groups, and helping HIV-positive MSM to link to care and treatment services and ensure retention in care. Ayanda was promoted in February 2015, increasing his responsibilities to include coordinating program activities in his district and assisting with data capture.

He is proud of his work in the community, especially with people like the client who believed MSM could not infect each other with HIV. The man was given information around HIV transmission and why men are at risk of infecting each other. His HIV test was positive and Ayanda helped him to successfully connect with care and treatment services. “I think we have made a breakthrough in reducing stigma related to HIV as more people are accessing our services.”



**Peer outreach workers provide HIV prevention resources at a local tavern in Limpopo Province.**

## CORE PROJECT APPROACHES

Working in close partnership with the national, provincial, and district DOH and community organizations, ICAP targeted efforts to reach MSM with the services they need when and where they need them, and to improve the capacity and sustainability of partners through the following approaches.

### Identifying MSM Through Peer Outreach

In each district, ICAP peer outreach workers broke down districts down into well-defined zones, mapping where MSM congregate (specific hair salons, beaches, taxi ranks, bars/clubs, truck stops, train stations, community events), and targeting outreach activities in these areas. Peer outreach workers also used community events where MSM might congregate as opportunities to mobilise and engage MSM and provide prevention services. Peer outreach workers mapped out the best days and times to reach MSM, for example holding outreach events and campaigns in the evenings, weekends, and on public holidays when working MSM would be available. Peer outreach workers were provided with performance-based stipends to encourage and reward their identification of large numbers of MSM.

### MSM-Tailored HIV Prevention Services

Peer outreach workers provided a comprehensive package of evidence-based behavioral, biomedical, and structural HIV prevention services to the MSM identified in the targeted areas. Some of the most effective solutions included:

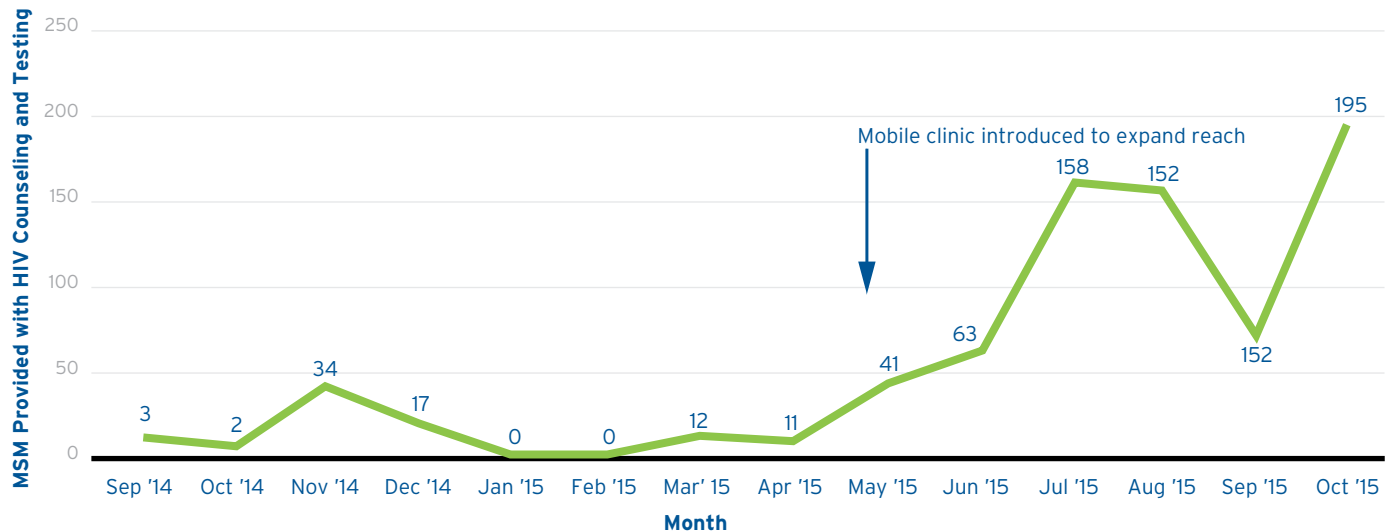
- Risk profiling and one-on-one risk-reduction strategies with individual MSM, including identification of personal risk factors and strategies to address them. Peer outreach workers tracked MSM who received risk profiling and revisited them routinely to ensure that those who tested negative get retested at regular intervals and receive other appropriate prevention services when needed.

- Peer education and health promotion targeted towards the specific needs of MSM in MSM-friendly environments, addressing MSM-specific safer-sex topics in a healthy, positive way to encourage acceptance without judgment.
- Creation and distribution of tailored information and educational materials related to MSM-specific concerns, including information on substance use and the sexually-transmitted infections (STIs) most commonly affecting MSM. These materials were used as a resource for all MSM engaged, including for MSM who didn't have time for in-depth risk reduction conversations or who were hesitant to visit clinics.
- Peer outreach workers distributed safer-sex commodities, including a variety of types of condoms and condom-compatible lubricant.
- Outreach activities were enhanced by the use of "Health Smart," a series of text messages sent to MSM to increase the uptake of HIV counseling and testing services and increase safer sex practices.



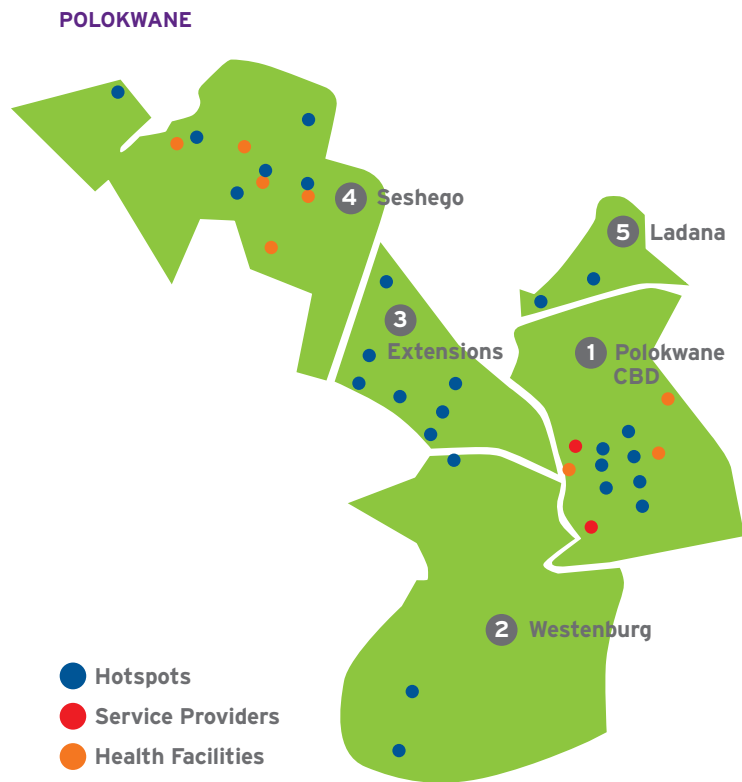
Mobile testing at a Gay Pride event in Ekurhuleni.

**Figure 2**  
uMgungundlovu District: Increased access to HIV tests through mobile testing and mobile clinics



**Figure 3  
Hotspot Mapping in Polokwane**

An example of hotspot mapping conducted by ICAP staff and peer outreach workers. The team identified areas with potential high numbers of MSM and few service providers. The maps were used to target outreach activities, including HIV prevention and testing interventions.



| Zone | Area          | Hotspots                             | Service Providers         | Health Facilities                     |
|------|---------------|--------------------------------------|---------------------------|---------------------------------------|
| 1    | Polokwane CBD | H1: Gambler's Tavern                 | S1: SANCA                 | F1: Buite Clinic                      |
|      |               | H2: Yellow's Tavern                  | S2: Correctional Services | F2: Polokwane Hospital                |
|      |               | H3: Die Hook Tavern                  |                           | F3: Rethabile Community Health Centre |
|      |               | H4: Blue Moon Tavern                 |                           |                                       |
|      |               | H5: Jacky's Salon                    |                           |                                       |
|      |               | H6: Maite's Salon                    |                           |                                       |
|      |               | H7: Gusty's Salon                    |                           |                                       |
| 2    | Westenburg    | H8: Shell Truck In (Truck Stop)      | None                      | None                                  |
|      |               | H9: Meropa Truck In                  |                           |                                       |
| 3    | Extensions    | H10: Elvis Tavern                    | None                      | None                                  |
|      |               | H11: MmakaTsoga Tavern               |                           |                                       |
|      |               | H12: GaMotswala Tavern               |                           |                                       |
|      |               | H13: Mzantsi Tavern                  |                           |                                       |
|      |               | H14: Mokewena Tavern                 |                           |                                       |
|      |               | H15: Sefako Tavern                   |                           |                                       |
|      |               | H16: One Big Tavern                  |                           |                                       |
| 4    | Seshego       | H17: Phasha Tavern                   |                           |                                       |
|      |               | H18: DJ                              | None                      | F4: Seshego Zone 1 Clinic             |
|      |               | H19: Chicco                          |                           | F5: Seshego Zone 2 Clinic             |
|      |               | H20: BM Corner                       |                           | F6: Seshego Zone 3 Clinic             |
|      |               | H21: Tshidi Tavern                   |                           | F7: Seshego Zone 4 Clinic             |
|      |               | H22: Mofula                          |                           | F8: Seshego Hospital                  |
| 5    | Ladana        | H23: Catch Up Zone                   |                           |                                       |
|      |               | H24: Vivo Inn (Truck Stop)           | None                      | None                                  |
|      |               | H25: Traffic Department (Truck Stop) |                           |                                       |

### Bringing HIV Testing to MSM Through Mobile Testing

In South Africa, an estimated 27 percent of MSM have never been tested for HIV,<sup>3</sup> between 88 and 94 percent of HIV-positive MSM are unaware of their status,<sup>4</sup> and following the first HIV test as many as 43 percent of those tested are not retested as recommended.<sup>5</sup>

ICAP used a mobile testing strategy to quickly reach MSM identified by peer outreach workers. ICAP trained peer outreach workers to provide "on-the-spot" lay counseling and testing in mobile clinics, expanding the reach of HIV testing services to areas far from clinics and providing alternatives to clinics that are not yet MSM-friendly. People were also offered HIV testing at community sites and referred or accompanied to user-friendly clinics. Peer outreach workers also screened for tuberculosis (TB) and STIs and provided information on post-exposure prophylaxis in accordance with ICAP-developed standards of care. After testing, MSM received a series of "JustTested" text messages to reinforce the counseling provided by the peer outreach worker.

### Linking HIV-Positive MSM to Care and Treatment

Peer outreach workers supported HIV-positive MSM in a range of Positive Health, Dignity and Prevention (PHDP) activities, including successfully connecting them to local HIV care and treatment services and other health services. ICAP implemented a peer navigation strategy in which outreach workers accompanied clients to a clinic rather than just providing a referral letter. ICAP also established and led support groups for HIV-positive MSM facilitated by peer outreach workers and ICAP staff, including four support groups in Polokwane Correctional Centre.

<sup>3</sup> Nel, J.A., Yi, H., Sandfort, T.G.M. et al. HIV-untested men who have sex with men in South Africa: the perception of not being at risk and fear of being tested. *AIDS and behavior*. 2013; 17: 51. doi:10.1007/s10461-012-0329-4.

<sup>4</sup> Sandfort TGM, Knox J, Collier KL, Lane T, Reddy V. HIV testing practices of South African township MSM in the era of expanded access to ART. *AIDS and behavior*. 2015;19(3):561-574. doi:10.1007/s10461-014-0843-7.

<sup>5</sup> Siegler A.J, Sullivan PS, de Voux A, et al. Exploring repeat HIV testing among men who have sex with men in Cape Town and Port Elizabeth, South Africa. *AIDS care*. 2015;27(2):229-234. doi:10.1080/09540121.2014.947914.

**Increasing MSM-friendly care:** Prevention of new infections amongst MSM and care for HIV-positive MSM depends on a culturally and clinically competent cadre of health care workers ready and capable of providing a comprehensive package of health services to the MSM population. ICAP promoted this approach through activities that included:

- **Sensitization training** and follow-up mentoring at primary health facilities to become more friendly to key populations and to offer culturally-sensitive, relevant, and acceptable services for key populations. ICAP worked with a consortium of organizations to develop and facilitate integrated sensitization training in which health care workers explore

### HIV-Positive MSM Support Group in the eThekweni District

In the eThekweni District, the MSM support group is an example of a sustainable collaboration between ICAP, the local clinic, and the community. The Samkees Saloon, a hair salon in Umlazi, hosts the monthly HIV-positive MSM support group. The group is facilitated by an ICAP clinical nurse, and supported by staff from the Umlazi clinic who have received sensitization training from ICAP. The salon staff also received training and promote ICAP's MSM HIV prevention services, referring clients to ICAP for HIV counseling and testing. While ICAP no longer provides direct support, the support group continues to meet regularly.

### An MSM-Friendly Clinic and Key Population Champion in Limpopo Province

Seshego Zone 4 Clinic in the Capricorn District of Limpopo Province, a rural and culturally conservative province, is an unlikely place to find an MSM-friendly clinic and environment. Its success can be attributed to strong support by the facility's late manager, Sr. Thandi Sathekge, who actively supported and integrated the program into the routine activities of the clinic, as well as the enthusiastic key population champion at the clinic, Sr. Jacky Rammabi. A clinical nurse practitioner, Sr. Rammabi compiled monthly statistics on MSM services, established an MSM support group, and ensured that health education was offered on topics inclusive of key populations. All the staff at the clinic, from the security staff to the facility manager, took part in sensitization training, helping to ensure that all clients are offered non-judgmental services at the clinic.

their personal values, attitudes and prejudices and identify how these may impact their ability to approach patients, explore human sexuality and sexual behavior, and identify risk factors and vulnerabilities among key populations. ICAP collaborated with partners to develop an integrated key populations sensitization training manual for health care workers to guide further training.

- **Clinical competency training** and follow-up mentoring for clinic staff on topics specific to MSM's sexual health and well-being, including sexual history taking for MSM patients, anal examinations, management of sexually transmitted infections, psychosocial support, and management of HIV/TB using ICAP-designed training manuals.
- **Training of DOH trainers** at the regional training centers in five provinces for a wider, more sustainable reach.

### Strengthening Local Capacity to Support MSM

ICAP worked with partners at the national and community level to strengthen the support provided to MSM.

- ICAP regularly convened a **cross-sectoral group of stakeholders** from the health and psycho-social, civil society and government sectors (including the office of the premier and health, social development, and correctional services) to present progress, challenges, and learn from one another's experiences. These sessions helped facilitate DOH and mainstream involvement in and support of MSM initiatives, and to increase access to health services.
- At the **policy level**, ICAP took part in the technical working groups developing the *National Guidelines for HIV Prevention, Care and Treatment for Key Populations in South Africa (2015-2016)* and the *South African National LGBTI HIV and Human Rights Plan*. ICAP is also an active member of the SANAC Gauteng LGBTI Sector.
- At the **organizational level**, ICAP directly supported its implementing partners to incorporate programming for MSM prevention services, and improve their program management including monitoring, evaluation, and outcomes. ICAP also supported implementing partners to examine and compare their peer and education outreach programming against quality standards or processes provided by similar programs.

*"The training was an eye-opener to me. I could learn to welcome and treat MSM just like any other clients and to also take their sexual history in a way that does not offend them."*

Training participant and clinical nurse,  
Limpopo

## LESSON LEARNED

- Peer outreach initiatives, when designed and incentivized correctly, can dramatically increase reach within key populations. Targeting MSM hot spots, bringing testing closer to MSM with mobile clinics, and holding HIV testing events to coincide with existing events and at times that work for MSM, increased uptake.
- Setting targets for peer outreach workers on increasing the percentage of MSM identified as HIV-positive helped to increase the numbers of MSM tested overall, amplifying the results of the project.
- Collaboration with the Department of Health and other PEPFAR partners increased the reach of community events and campaigns, and ensured minimal duplication of efforts. Implementing partners supported one another's initiatives and divided the zones in the district amongst themselves in order to maximize resources.
- HIV testing reaches the largest numbers of people when it is routinely offered to individuals as part of small group HIV prevention interventions, such as health seminars or MSM dialogues.
- Actively assisting HIV-positive MSM to connect with services via peer navigation is significantly more effective than simply developing the referral pathways and documentation.
- Identifying "champions" of MSM/key populations within a district can help to sustain the momentum and focus on key populations between trainings and mentoring.
- Providing sensitization and clinical competency training, followed by onsite mentoring of health care workers at health facilities, enhances access to MSM-friendly health services. However, these efforts must be ongoing to create a sustainable change among service providers.



An ICAP-trained health care worker leads a condom demonstration at an MSM-friendly clinic in Limpopo.

## THE WAY FORWARD

The high HIV prevalence amongst MSM and other key populations in South Africa is now part of the national agenda, with the National LGBTI HIV and Human Rights Plan guiding partners working within this sector. Targeted structural, biomedical and behavioral interventions remain necessary to continue to prevent HIV transmission. Mobile testing and peer outreach are recognized as effective strategies to reach MSM where they are with the services they most need.

Through this project, ICAP has helped advance the discussion around MSM, and key populations more generally. ICAP developed a cadre of trained peer outreach workers that can continue outreach into the MSM community, and implemented an effective mobile testing approach that can be scaled-up to reach greater numbers of MSM countrywide. Key organizations working on MSM issues have stronger, more effective programming skills to continue to serve MSM in their communities, thanks to support from ICAP. ICAP will remain committed to ensure transitioning of key and effective models of HIV prevention, care and treatment service delivery to the Department of Health and implementing partners. ICAP will also continue to advocate that health care staff and facilities are MSM-friendly and offer MSM-specific services to encourage MSM to access HIV testing in ever larger numbers. In order to sustain health care worker sensitization, ICAP will support the incorporation of the integrated sensitization training program in pre-service training curricula of nurses. ICAP also hopes to carry out an evaluation to assess the impact of the clinical competence and sensitization trainings, envisioning the regional training centers taking the lead in conducting future trainings at the clinic level.

## ABOUT ICAP

ICAP was founded in 2003 at Columbia University's Mailman School of Public Health. Now a global leader in HIV and health systems strengthening, ICAP provides technical assistance and implementation support to governments and non-governmental organizations in more than 21 countries. ICAP has supported work at more than 5,200 health facilities around the world. More than 2.2 million people have received HIV care through ICAP-supported programs and over 1.3 million have begun antiretroviral therapy.

**Online at [icap.columbia.edu](http://icap.columbia.edu)**

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