

ADDRESS TO THE 2011 MSM SYMPOSIUM, 23 MAY 2011, CAPE TOWN

Programme Director

Fellow panelists

Distinguished guests

Good afternoon!

Firstly, let me thank you on behalf of the Minister for the invitation and let me apologise for the absence of the Minister of Health. Unfortunately, he has been called to another meeting. However, he requested me to represent him and asked me to pass his best wishes and his continued support to you. He also asked me to express his thanks to the organisers, ANOVA, for their kind invitation to him to open the symposium.

By way of introduction let me quote three eminent individuals who spoke on the issue of understanding the HIV related risks for men who have sex with men as well as the importance of providing them with services:

"Not only is it unethical not to protect these groups; it makes no sense from a health perspective. It hurts all of us."

Ban Ki-moon, UN Secretary-General

"Empowering MSM and other marginalized groups to protect themselves from HIV is one of the world's most urgent health priorities." Peter Piot, UNAIDS

"it remains an undeniable fact in all regions of the world - including here in the US - that men who have sex with men lack universal access to HIV services" UNAIDS Executive Director Michel Sidibé, speaking at the Forum on HIV, Human Rights and Men Who Have Sex with Men in 2009

Whilst these individuals were not talking about South Africa in particular I think that we will agree that these statements apply equally to us.

This should surprise us given that our Constitution and the Bill of Rights lays the foundation for equal rights for all!

I must acknowledge that we did not know how this epidemic affects MSMs nationally as the only research conducted are small scale and in selected geographic areas. However, these studies, limited as they are, do point to the challenge that we face. I am sure that you are familiar with these studies but I shall mention them for the sake of emphasis.

A study in Durban and Johannesburg found HIV prevalence to be 44% amongst MSMs. A study in Soweto found HIV prevalence to be 10.9%. A third study in Cape Town found a prevalence rate of 25.5%. These are high figures indeed and must raise alarm bells with respect to both prevention and treatment! Professor Laetitia Rispel who was involved in one of these studies is right to argue that: *"MSM continue to face stigma, discrimination and a lack of acceptance from society, including health care workers. This may affect their willingness to seek health care, and to give full and accurate health histories"*.

We must acknowledge that even though we referred to MSM in the current HIV and AIDS National Strategic Plan, we have not done as much as we should to protect and serve this group of South Africans. Together with the MEC for Health of KwaZulu-Natal, the Minister and a small group of officials visited the Avahan Programme funded by the Gates Foundation in India last year. We were impressed with the programme that they have developed that focus on truck drivers, commercial sex workers as well as men who have sex with men. The programme, which is jointly run by the state government in Bangalore, empowers these groups to take responsibility for their health. They know where these communities are active, they run support groups and drop in centres, they

provide health promotion and prevention messaging etc. The Minister has requested that this group works with us (both SANAC and the Department of Health) to see what strategies and practices we can adopt to strengthen our own programmes.

I am however, very glad that NGOs like ANOVA, Health for Men, the Triangle Project and others (I hope I haven't offended anyone by not mentioning them!) have established a range of support systems for MSMs. I think that that the Ivan Toms Centre for Men's Health in Cape Town and the Simon Nkoli Centre for Men's Health in Soweto for examples of good practice that we should consider expanding to other provinces. The newly launched mHealth application to promote safe sex for men who have sex with men is another innovative strategy which links to the need for health promotion campaigns targeting MSMs. The reason that I am mentioning this is that findings from research in Pretoria suggested that risky sexual practices amongst MSM is high with 20% of MSM having unprotected anal sex and 39% had multiple sex partners! In addition, the research found that 30% of MSM did not ever test for HIV but 18% had STI symptoms!

The Population Council who conducted this research made a few suggestions on what should be done, including an HIV testing campaign targeted at MSM, training HIV counsellors and health workers to probe sensitively for same-sex behaviours; to ensure that MSM know that PEP is available to them as well and that STI screening should be part of PEP!

A related issue of course is the provision of PREP! We need to fully understand the implications of PREP and I hope that this symposium will also focus on this.

The Men's sector of SANAC working with Brothers for Life and others, also appears to be taking off. They even have a newsletter which I hope that you get! In their recent issue they announced that Mbulelo Dyasi has been appointed the SANAC Men's Sector Co-ordinator, based at the Sonke Gender Justice Network.

Finally, I wish to propose that the MSM community ensure that the new NSP more fully takes on board issues related to MSM with respect to programmatic issues, that targets are set for all stakeholders to meet and that we find the resources to strengthen services to MSM.

On behalf of the Minister I wish you well and am sure that this symposium will be a great success.

I thank you!