

**Challenges in HIV care
for MSM**
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Objectives

- ❑ Human challenges : sexual identity vs sexual behavior / practices
- ❑ Cultural norms and religious belief systems
- ❑ Systems challenges : Health systems vs government Policies / Protocols / Guidelines for treatment & care of HIV in MSM
- ❑ HIV prevention strategies among MSM
- ❑ ART challenges among MSM population



MSM?



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MSM?

- Definition :**Men who have Sex with Men (MSM)** is a term that defined by behavior rather than identity, and thus intended to be inclusive of all adult males who engage in consensual male to male sex, including those self-identifying as gay, bisexual, or heterosexual in their sexual orientation, and including individuals who are biologically male regardless of gender identity.

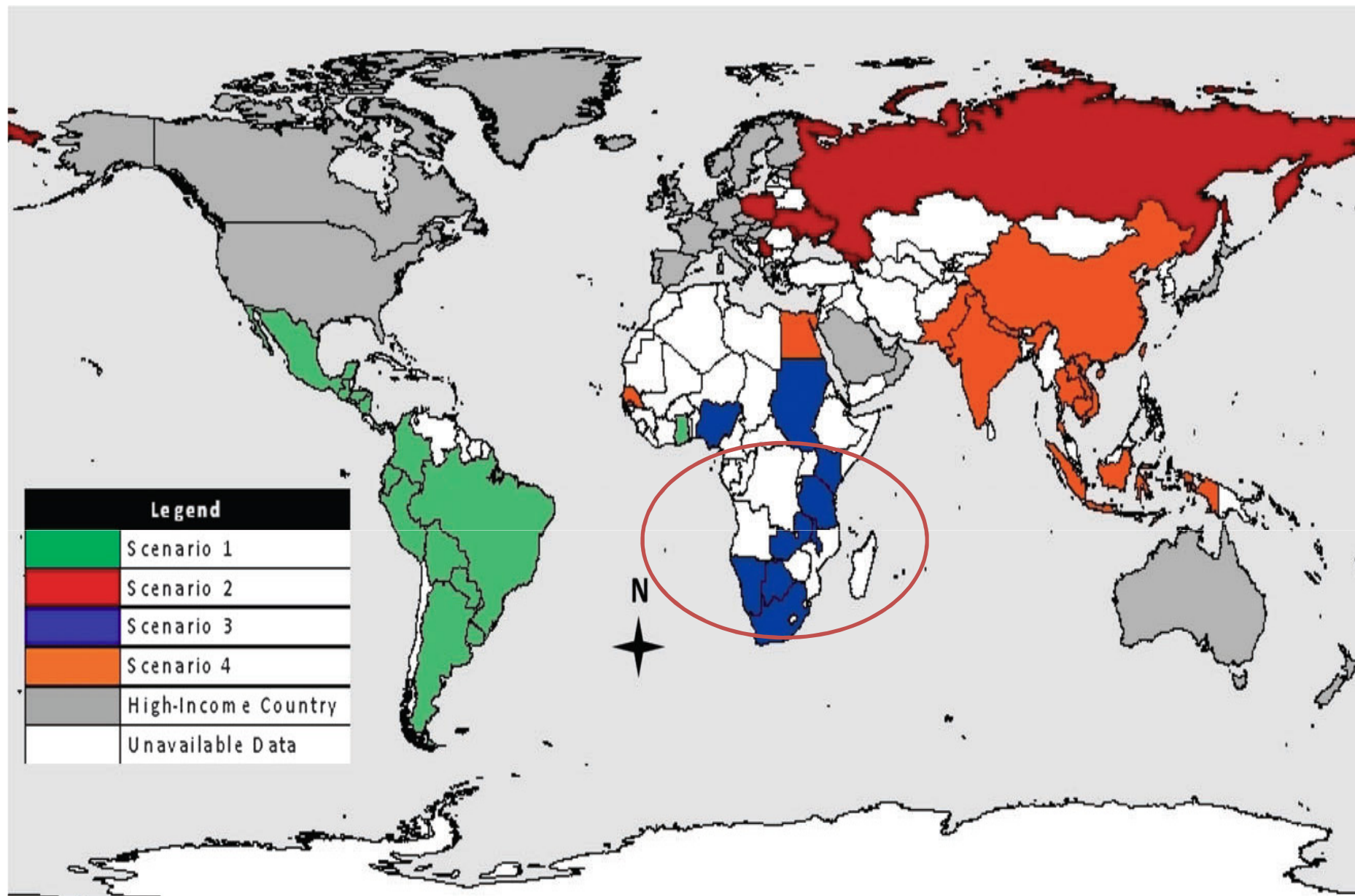


Figure 3. Map of the 4 algorithm-generated scenarios of global human immunodeficiency virus prevalence among men who have sex with men in low- and middle-income countries, 2000–2009.

Chris Beyrer, Stefan D. Baral, Damian Walker, Andrea L. Wirtz*, Benjamin Johns, and Frangiscos Sifakis



Identify true MSM?



WHY MSM ?

Men who have Sex with Men (MSM) IN NSP

- *MSM risky behaviour seem to influence HIV epidemic among the general population in the country.*
- *MSM has also not been considered to any great extent in national HIV and AIDS interventions.*
- *Biologically, MSM who practice receptive anal intercourse have an elevated risk for HIV infection.*

WHY MSM?

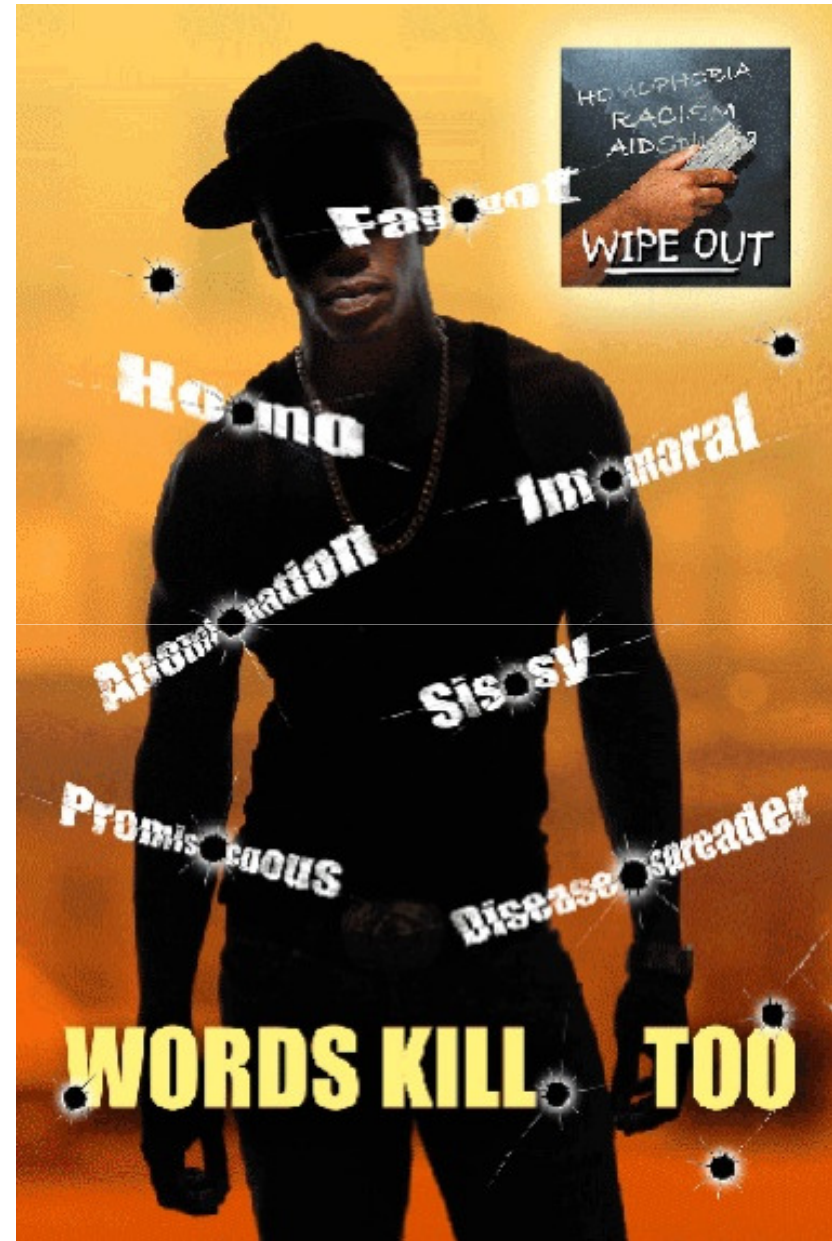
- *MSM practices are also likely to occur in particular institutional settings such as prisons, often underpinned by coercion and violence.*
- *MSM behaviours and sexualities are wide ranging and include bisexuality, and the HIV epidemic amongst MSM and the heterosexual HIV epidemic are thus interconnected.*

To be Gay in Soweto



Solidity and substance A portrait of Edgar's wedding ring, which formed part of an exhibition in mid-2008 of gay, lesbian and transsexual people in Johannesburg. For gay men during apartheid wearing a wedding ring meant you were straight or in the closet. (Zethu Mathebani, Gay and Lesbian Memory in Action)

The Insecurities and Challenges of Black Gay Men



MSM Diversity

- Hidden MSM populations who do not identify with “gay culture”
- Don’t assume heterosexuality among your patients
- Situational sex (e.g. Prisons, gangs)
- Huge variation in knowledge
- Huge variation in expectations of treatment



Diversity in Men





Cultural challenges in MSM



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Cultural Norms

- Cultural diversity : in South African context, 11 official languages and cross cultural diversity
- Cultural laws do influence how we implement MSM focus services
- MSM services are easily acceptable in the urban and semi-urban areas
- MSM activities are not discussed in all cultural structures .

Systems challenges

- NSP (2007-2011) has had little focus on LGBTI sector
- The focus has been on advocacy and sexual & reproductive rights
- MMC (medical male circumcision) seem to be leading over MSM as priority area
- Government services do not effectively report on MSM indicators

EPIDEMIC RESPONSE

- ❑ Inadequate data about the prevalence of HIV among MSM in South Africa
- ❑ UNGASS report has provided some sense of understanding in the response to the surging epidemic among MSM
- ❑ Know your epidemic to respond to it with appropriate interventions



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South African Response

- Male circumcision
- Prostate Ca screening
- MEN & Abuse
- Erectile dysfunction



- ?MSM risky behaviour
- Prevention strategies to reduce the prevalence of HIV
- Advocacy for rights of LGBTI group
- Early ART initiation & support



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New focus

- (LGBT) Sector within the South African National AIDS Council (SANAC).
- Consultation submission leading to formalize the sector within SANAC
- MSM will be represented at all level within SANAC structures

HIV prevention among MSM

- Fewer options for MSM clients
- Some effective strategies not available
 - Lube and the female condom (FC2)
- Some strategies not effective
 - Male circumcision may only benefit one partner
 - Microbicides
- Some strategies not “culturally appropriate”
 - Male circumcision in Europe

HIV prevention among MSM

- Poor messaging around prevention for MSM
- Fewer options for MSM clients(lubes & condoms)
- Circumcision alone does not effective prevention strategy
- The use of condoms has remained low or inconsistent
- Poor insight to high risk of anal HIV & STI transmission

HIGH prevalence of STI & Hepatitis

- Hepatitis A, B and C
- Human Papilloma virus(HPV), Syphilis ,
Gonorrhoea
- Human Simplex Virus

COST

- Vaccine become very costly for prevention on the MSM program ie. Hep A ,B & HPV
- There is no sustainability to integrate into DOH program
- STI treatment and lab investigations can become costly

Treatment and Care challenges?



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WHEN TO START HAART ?

CD4 cell count
Viral load level
Clinical stage (WHO 3 + 4)
HIV-related disease (ITP)
Age of patient
Psychological readiness

CD4<350
VL>100 000
WHO 3 and 4

**? START
EARLIER ?**

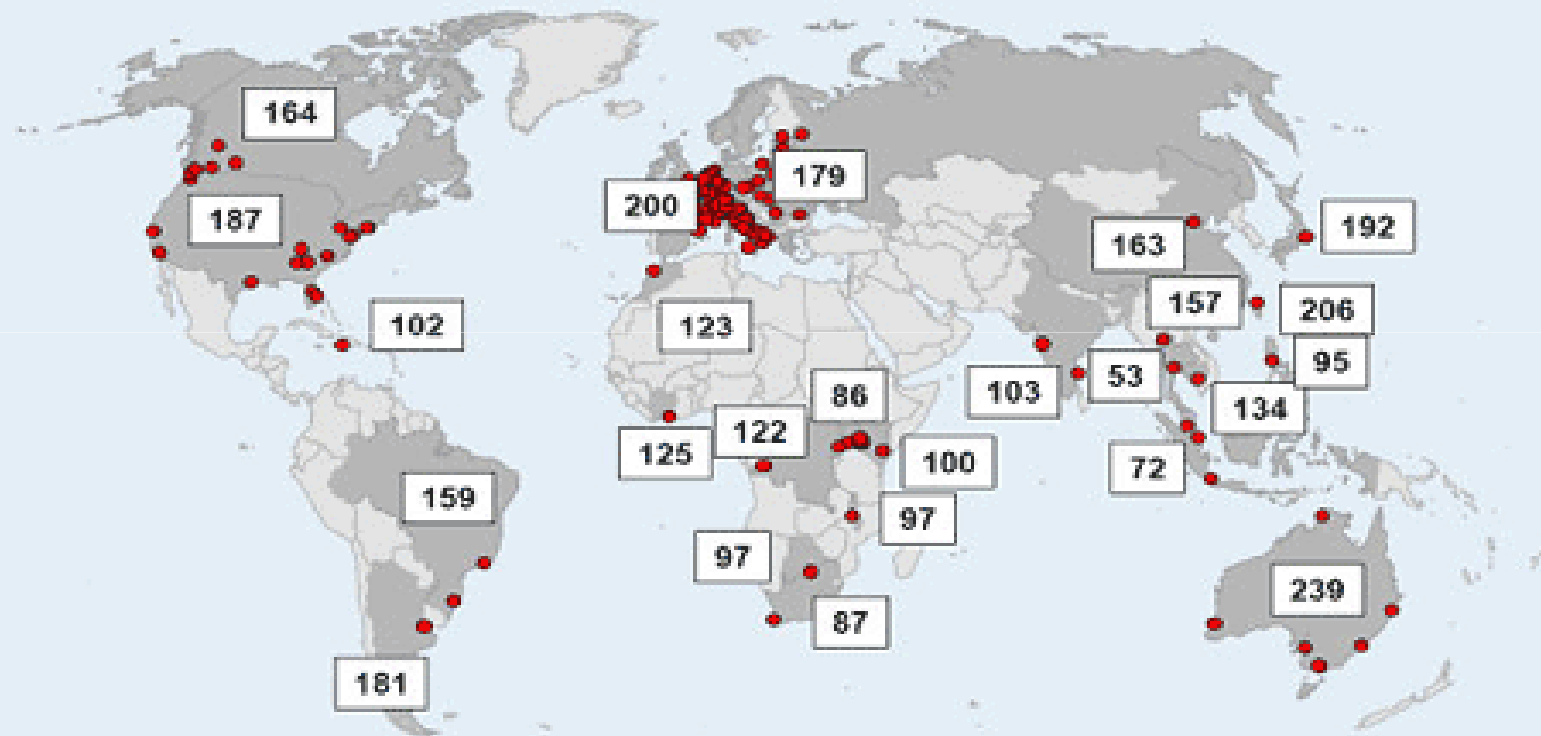


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CD4 count at start of ART, 2003-2005

42 countries, 176 sites, 33,008 patients



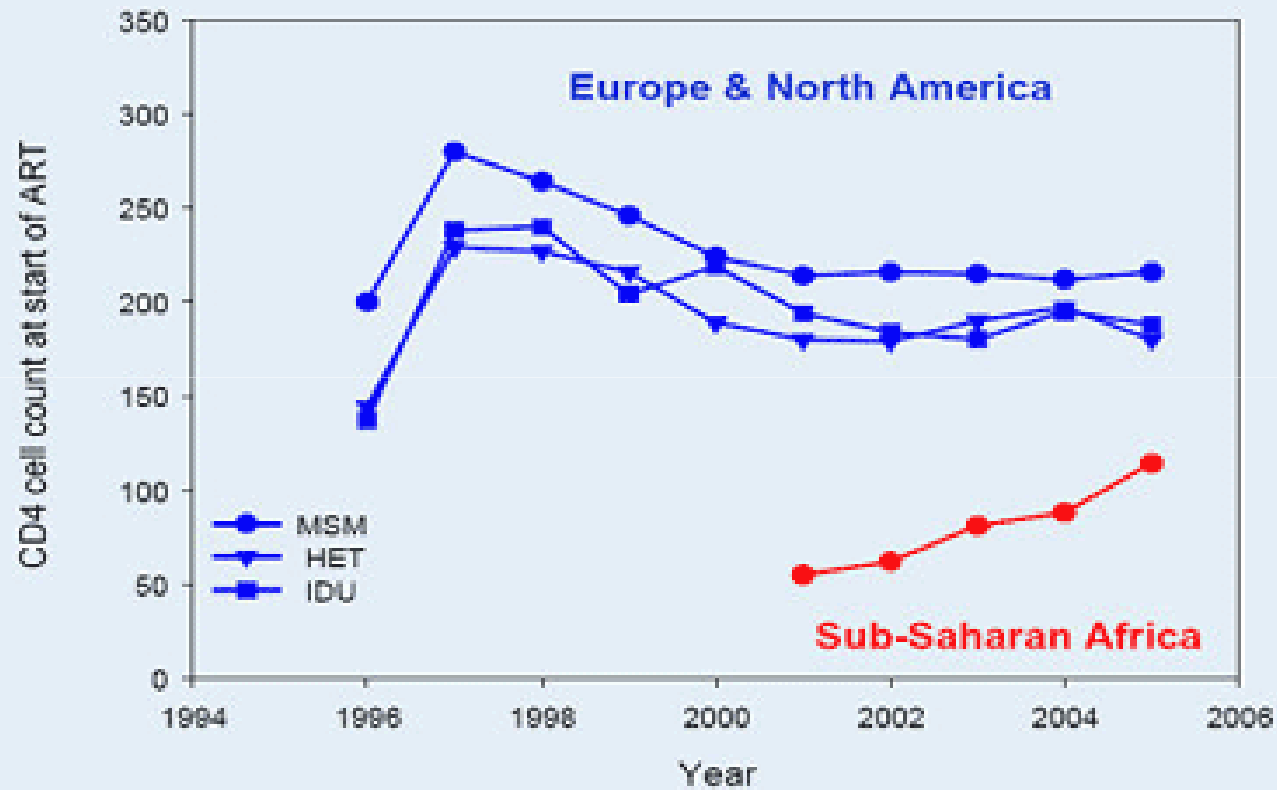
Numbers are median CD4 counts

CROI 2007 - CD4 at start - 10

Egger M. 14th CROI 2007; Abstract 62.

ART Cohort Collaboration. <http://www.art-cohort-collaboration.org>

Median CD4 counts at start of ART Trends over time



CROI 2007 – CD4 at start – 11

Egger M. 14th CROI 2007; Abstract 62.

ART Cohort Collaboration. <http://www.art-cohort-collaboration.org>

HIV Treatment For MSM according to DOH

- **First line**
 - Tenofovir OR AZT
 - 3TC
 - Efavirenz or Nevirapine
- **Second Line**
 - AZT or TDF
 - 3TC
 - Aluvia (Lopinavir/Ritonavir)
- **HAART = 3 ARVs from at least 2 different classes
(e.g. 2 NRTIs + 1 NNRTI)**



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Side Effects

- Body image is important in the MSM group
- Side effect profile of most drugs unbearable ie. Lipodystrophy with D4T
- IV drug users at high risk for drug-drug interaction



Poor adherence

- There is high level of mental health problems from depression to anxiety
- They often affect adherence to treatment
- The history might reveal a long history of stigma and discrimination
- The coping mechanism becomes alcohol and drug abuse.

- **Poor adherence to**
- **antiretroviral therapy**
- **increases the risk of**
- **incomplete viral suppression,**
- **disease progression**
- **and death.**

Parienti J-J, Bangsberg DR, Verdon R, Gardner EM. Better Adherence with Once-Daily Antiretroviral Regimens: A Meta-Analysis. *Clin Infect Dis* 2009;48:484-8

? COMBINATION DRUGS



20 to 30 tablets a day



One tablet once a day!

Adherence problems

- Single daily dosing
- Combination therapies
- Addressing and reducing side effects
- Reducing impact on lifestyle
- DOH-Truvada is the only approved drug for PMTCT

CONCLUSION

- Challenges are not obstacles to find better ways of addressing MSM issues
- Training of healthcare workers or service providers to sensitize them on MSM issues
- Consultation meetings with key structures such as DOH, SANAC to formalize a LGBTI sector

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