



PREVENTION TREATMENT & CARE
MSM SYMPOSIUM

AIDS
PRIORITIES

23 – 25 May 2011
The Vineyard Hotel & Conference Centre

Day 1		Day 2		Day 3	
	0745-0945	SATELLITE A ADDRESSING MALE TO MALE SEX IN A CLINICAL SETTING		SATELLITE B PEP for MSM	
	0900-1030	PLENARY 1		PLENARY 2	
	0900-0930	The burden of HIV, the status of prevention sciences & human rights contexts among MSM in Africa		STIs and MSM: a top, front and bottom approach	
	0930-1000	Preventing & HIV in MSM in Africa		From Silence to Response-LGBTI Issues in South Africa & beyond borders	
	1000-1030	HIV prevention & treatment needs of transgender individuals		MSM Couples & HIV	
	1030-1100	TEA		TEA	
	1100-1300	PREVENTION 1		TREATMENT & CARE 2	
	1100-1125	HIV Prevention needs for South African MSM		pills, personality & powders - clinical challenges in MSM mental health	
	1125-1150	Using technology in working with MSM		Opportunistic Infections in MSM	
	1150-1215	Mental Health and MSM Youth		Anal cancer & MSM	
	1215-1240	Male sex workers: highlighting health & human rights concerns		Hepatitis among MSM	
	1240-1300	Discussion		Discussion	
	1300-1400	LUNCH		LUNCH	
	1400-1700	TREATMENT & CARE 1		MSM RESEARCH IN SA	
	1400-1420	Challenges in HIV care for MSM		1400-1420	HIV subtypes circulating in MSM in Cape Town
	1420-1440	Prevention for Positives		1420-1435	The Future of HIV prevention among MSM in Africa
	1440-1500	Tea with Crystal		1435-1450	Men who have sex with men in Africa
	1500-1515	Discussion		1450-1505	Understanding HIV risk and prevention among MSM in CPT
	1515-1545	TEA		1505-1520	HIV Interventions for MSM in South Africa
	REGISTRATION			1520-1535	Sexuality, Scientific Cultures & the Politics of Classification in SA
	1545-1700	TOP2BTM TALK SHOW: What does South Africa need for MSM services? Panel Discussion		1535-1550	So how MANY South African men have sex with men?
	1630-1800			CLOSING	
	OPENING SESSION				
		Foyer	Plenary room	Board room	
	1700-1730	Poster viewing	Stories: MSM CSWS	MSM & HIV in the media	
	1730-1800	Poster viewing	Stories: MSM in townships	Mainstreaming services for MSM	
	1800-2000				
	Anova Welcome Function				

THE AIDS PRIORITIES SEMINARS

The AIDS Priorities symposia series is presented by the Anova Health Institute, with additional support from the President's Emergency Plan For AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID).

These symposia provide a forum for the dissemination of state-of-the-art knowledge on relevant topics in HIV/AIDS for practitioners and health service managers and are held several times a year in venues across the country. This fifth symposium on "Prevention, Treatment and Care of MSM" has been convened by a programme committee headed by Dr James McIntyre, Executive Director of Anova Health Institute.

Welcome Message

On behalf of the organizing committee of the AIDS Priorities; TOP2BTM MSM Symposium, a very warm welcome!

This year, we are focusing on some of the challenging areas that drive the HIV epidemic and shape our response to it. Our distinguished panel of speakers will address difficult but relevant issues for HIV prevention and care programmes.

We hope that you will participate actively in the discussions, and enjoy the next 2 days.

Anova Health Institute Conference Organising Committee:

Dr James McIntyre
Mr Glenn De Swardt
Ms Helen Struthers
Mrs Heather Humphreys
Ms Jennifer Bowman

LIST OF SPEAKERS

Stefan Baral Johns Hopkins School of Public Health	Mmapaseka “Steve” Letsike OSISA & SANAC
Linda-Gail Bekker Desmond Tutu HIV Foundation	David Lewis National Institute for Communicable Diseases
Chris Beyrer Johns Hopkins Bloomberg School of Public Health	Melissa Meyer Anova Health Institute
Sipho Dlamini University of Cape Town	Oscar Radebe Anova Health Institute
Kirstin Dunkle Emory Rollins School of Public Health	Anita Radix Callen-Lorde Community Health Center
Kirk Fiereck Columbia University	Kevin Rebe Anova Health Institute
Zukiswa Fipaza Population Council	Vasudhevan Reddy Human Sciences Research Council
Neliswa Gogela Groote Schuur Hospital	Andrew Scheibe Desmond Tutu HIV Foundation
Johan Hugo Health4Men	Rob Stephenson Rollins School of Public Health, Emory University
Gordon Isaacs SWEAT	Kevin Stoloff Groote Schuur Hospital
Geoff Jobson Anova Health Institute	Patrick Sullivan Emory University
Gregory Jonsson Chris Hani Baragwanath Hospital	Claire Warden Groote Schuur Hospital
Tim Lane University of California, San Francisco	Carolyn Williamson University of Cape Town

LIST OF CHAIRPERSONS

Francis Akpan Gauteng Department of Health and Social Development	Olga Mashia USAID
Juanita Aarendse Western Cape Department of Health	James McIntyre Anova Health Institute
Gaston Djomand Centers for Disease Control	Gavin Robertson Perinatal HIV Research Unit
Ashraf Grimwood Kheth Impilo	Dean Solomon Kheth Impilo
John Imrie Africa Centre for Health & Population Studies	Helen Struthers Anova Health Institute
Mzwamadoda Lwana Anova Health Institute	Carlos Toledo Centre for Disease Control
Eva Marumo National Department of Health	Melinda Wilson USAID

SATELLITE SESSION A: ADDRESSING MALE-TO-MALE SEX IN A CLINICAL SETTING

Mr Glenn de Swardt & Dr Kevin Rebe (Anova Health Institute, Health4Men)
Discussing sexual behaviour in a clinical setting can be uncomfortable for service providers. This session will provide a frank overview of MSM identities and sexual behaviours, including an introduction to colloquial terminologies used by MSM. Participants will also be guided in taking a sexual history from MSM patients.

SATELLITE SESSION B: PEP FOR MSM

Dr Michael Laurino (Anova Health Institute, Health4Men), Dr Elizabeth Mbizvo (Population Council)

A practical overview of PEP which will enable participants to manage MSM presenting for PEP in a consistent, safe and evidence-based manner. Guidelines, protocols and research papers will be provided so that participants can immediately and confidently provide PEP within their clinics. Includes time for discussion and audience participation will be encouraged.

SATELLITE SESSION D: STORIES OF MSM LIVING IN TOWNSHIPS

Mr Mzwandile Mpongwana (Anova Health Institute, Health4Men)

Meet four of Health4Men's Ambassadors: MSM living in township areas around Cape Town, talking about HIV and responsible sex in their communities, and the impact of homophobia on their lives. They will also introduce you to the Ukwazana (*getting to know each other*) programme.

SATELLITE SESSION E: MSM AND HIV IN THE MEDIA

Ms Melissa Meyer (Anova Health Institute, HIV/AIDS In The Media Project)

Exploring coverage on how MSM and HIV are portrayed in the print media, this session will include sharing and discussing the results of a news monitoring study and highlight examples of "good" and "bad" coverage. The *HIV/AIDS and the Media Project* is a partnership between the Wits Journalism Programme and the Anova Health Institute. *Note: limited space available.*

SATELLITE SESSION F: MAINSTREAMING SERVICES FOR MSM

Mr Glenn de Swardt (Anova Health Institute, Health4Men)

This session will highlight opportunities and challenges related to mainstreaming MSM services in the public sector in South Africa. Meet special guest, Prof Vanessa Burch (Deputy Head and Chair of Clinical Medicine at UCT) authority in healthcare training. *Note: limited space available.*

DAILY PROGRAMME

Day 1: Monday 23 May 2011

1630-1800 OPENING PLENARY SESSION		
Chairpersons: <i>Juanita Arendse & Melinda Wilson</i>		
	Dr James McIntyre <i>Executive Director, Anova Health Institute & Honorary Professor, School of Public Health & Family Medicine, University of Cape Town</i>	Welcome and Opening Remarks; Introduction to Top2Btm
	Dr Aaron Motsoaledi <i>Hon. Minister of Health of South Africa</i>	Official Conference Opening
	Dr Chris Beyrer <i>Director, Center for Public Health and Human Rights & Professor of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore</i>	Time to Act: Responding to the HIV Pandemic Among MSM.
1800-2000	Anova Health Institute Welcome Function <i>Splash Cafe, Vineyard Hotel</i>	

DAILY PROGRAMME

Day 2: Tuesday 24 May 2011

0745-0845	SATELLITE A	
	Mr Glenn de Swardt , <i>Anova Health Institute</i> Dr Kevin Rebe , <i>Anova Health Institute</i>	Addressing male-to-male sex in a clinical setting (including taking a sexual history)

0900-1030	SESSION 1: PLENARY SESSION 1	
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Chairpersons: James McIntyre & Olga Mashia		
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0900-0930	Dr Stefan Baral <i>Center for Public Health and Human Rights, Johns Hopkins Bloomberg School of Public Health, Baltimore</i>	The burden of HIV, the status of prevention sciences & human rights contexts among MSM in Africa
0930-1000	Prof Linda-Gail Bekker <i>Desmond Tutu HIV Foundation, Cape Town</i>	Preventing HIV in MSM in Africa
1000-1030	Dr Anita Radix <i>Callen-Lorde Community Health Center, Brooklyn, New York</i>	HIV prevention & treatment needs of transgender individuals

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1030-1100	TEA	
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1100-1300	SESSION 2: HIV PREVENTION	
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Chairpersons: Gavin Robertson & Carlos Toledo		
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1100-1125	Prof Vasu Reddy	HIV Prevention needs for South African MSM
1125-1150	Dr Patrick Sullivan	Using technology in working with MSM
1150-1215	Dr Greg Jonsson	Mental Health and MSM Youth

1215-1240	Dr Gordon Isaacs	Male sex worker – group work narratives – highlighting health & human rights concerns	
1240-1300		Discussion	
1300-1400 LUNCH			
1400-1515 SESSION 3: TREATMENT & CARE 1			
Chairpersons: Dean Solomon & Francis Akpan			
1400-1420	Dr Oscar Radebe	Challenges in HIV care for MSM	
1420-1440	Dr Kevin Rebe	Prevention for Positives	
1440-1500	Dr Johan Hugo	Tea with Crystal	
1500-1515		Discussion	
1515-1545 TEA			
1545-1700 SESSION 4: Top2Btm TALK			
	Dr James McIntyre <i>Facilitator</i>	Panel Discussion and Interactive Dialogue: What does South Africa need for MSM services?	
	Foyer	Plenary room	Board room
1700-1730	Poster viewing	Stories: MSM CSWs Gordon Isaacs	MSM & HIV in the media Melissa Meyer
1730-1800	Poster viewing	Stories: MSM in townships Mzwandile Mpongwana	Mainstreaming services for MSM Glenn de Swardt

DAILY PROGRAMME

Day 3: Wednesday 25 May 2011

0745-0845	SATELLITE B	
	Dr Elizabeth Mbizvo <i>Population Council</i> Dr Michael Laurino <i>Anova Health Institute</i>	PEP for MSM

0900-1030	Session 5: PLENARY SESSION 2	
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Chairpersons: Helen Struthers & Eva Marumo

0900-0930	Dr David Lewis <i>Head, STI Reference Centre, National Institute for Communicable Diseases, National Health Laboratory Service, South Africa</i>	STIs and MSM: a top, front and bottom approach
0930-1000	Steve Letsike <i>OSISA & SANAC LGBTI Sector and SANAC Women Sector, South Africa</i>	From Silence to Response-LGBTI issues in South Africa & beyond borders
1000-1030	Dr Rob Stephenson <i>Rollins School of Public Health, Emory University, Atlanta</i>	MSM Couples & HIV

1030-1100	TEA	
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1100-1300	SESSION 6: TREATMENT & CARE 2	
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Chairpersons: Ashraf Grimwood & Gaston Djomand

1100-1125	Dr Kevin Stoloff	Pills, personality & powders - clinical challenges in MSM mental health
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1125-1150	Dr Siphon Dlamini	Opportunistic Infections in MSM
1150-1215	Dr Claire Warden	Anal cancer & MSM
1215-1240	Dr Neliswa Gogela	Hepatitis among MSM
1240-1300		Discussion
1300-1400	LUNCH	
1400-1550	SESSION 7: MSM RESEARCH IN SOUTH AFRICA	
<i>Chairpersons: John Imrie & Mzwamadoda Lwana</i>		
1400-1420	Prof Carolyn Williamson	HIV subtypes circulating in MSM in Cape Town: 1990s compared to 2010
1420-1435	Mr Kirk Fiereck	Sexuality, Scientific Cultures & the Politics of Classification in South Africa
1435-1450	Mr Geoff Jobson	Towards understanding HIV risk and prevention among MSM in Cape Town
1450-1505	Dr Andrew Scheibe	HIV combination prevention research among MSM in South Africa
1505-1520	Dr Tim Lane	HIV Interventions for MSM in South Africa
1520-1535	Dr Kristin Dunkle	So how MANY South African men have sex with men?
1535-1550	Ms Zuki Fipaza	Men who have sex with men in Africa
1550 -1600	CONFERENCE CLOSING	
	Mr Glenn de Swardt	Closing

SPEAKERS

Stefan Baral is a physician epidemiologist who is a member of the faculty in the Department of Epidemiology at the Johns Hopkins School of Public Health. Stefan completed the majority of his medical education and training in Canada at McGill University followed by certification by the Royal College of Physicians and Surgeons of Canada at the University of Toronto in Public Health Medicine. Stefan has been involved with a series of global initiatives focused on HIV among MSM including projects with the World Bank, amfAR MSM Initiative, Global Fund, and the United Nations Development Program (UNDP).

Stefan has led data collection characterizing HIV epidemiology and associated risk factors in numerous countries in Southern, Eastern, and Western Africa including Malawi, Namibia, Botswana, South Africa, Nigeria, Senegal, Lesotho, Zambia, Guinea-Bissau, Swaziland, The Gambia, Zimbabwe as well as in parts of Asia. He is also funded to demonstrate the feasibility of and evaluate a combination HIV prevention strategy for MSM in Malawi by the Research 2 Prevention Program funded by USAID. Lastly, Stefan is the lead for a small grants program that has funded HIV prevention among MSM in South Africa, Kenya, and Senegal.

Linda-Gail Bekker, MBChB, DTMH, DCH, FCP(SA), PhD., is Deputy Director of the Desmond Tutu HIV Centre at the Institute of Infectious Disease and Molecular Medicine, UCT and Chief Operating Officer of the Desmond Tutu HIV Foundation. She is a physician scientist with a keen interest in HIV, Tuberculosis and related diseases. Her doctoral work focused on the host response to Tuberculosis both with and in the absence of HIV co-infection. Subsequently her research interests have expanded to include programmatic and action research around antiretroviral roll out and TB integration, prevention of HIV in a women, youth and men who have sex with men. She has contributed to a number of publications emanating from the HIV Centre on topics relevant to the South African HIV and TB epidemics. In her role in the Foundation, she is passionate about community development and engagement and actively explores new and innovative ways to tackle the challenge that is HIV.

Chris Beyrer M.D., M.P.H., is Professor of Epidemiology, International Health and Health, Behavior and Society at the Johns Hopkins Bloomberg School of Public Health. Since joining the Hopkins faculty in 1997, he has served as Director of the JHU Fogarty AIDS International Training and Research Program, which provides training in HIV/AIDS prevention, treatment, and care for providers from Africa, Asia, and the Former Soviet Union. He is the founder and Director of the Center for Public Health and Human Rights at Johns Hopkins, which is engaged in research, teaching, and policy work on public health and human rights issues. He also serves as Associate Director for Public Health of the Johns Hopkins Center for Global Health, a consortium of the Schools of Medicine, Public Health, and Nursing. Dr. Beyrer has an undergraduate degree in History from Hobart & Wm. Smith Colleges, did his medical school training at the State

University of New York, Downstate Medical Center in Brooklyn, NY, and did his public health and infectious diseases training at Johns Hopkins. He currently has HIV/AIDS program or training activities in Thailand, China, Burma, India, Vietnam, Kazakhstan, Russia, Malawi, Uganda, Ethiopia, and South Africa.

Sipho Dlamini is originally from Kwa-Zulu Natal, graduated from the University of Cape Town with MBChB in 2002. He did his internship at Chris Hani Baragwanath Hospital in Johannesburg which was followed by community service at a rural hospital in northern Kwa-Zulu Natal, Benedictine hospital in the town of Nongoma, where he was exposed to the devastating effects of HIV infection in a rural community. At the end of 2004 he moved to another rural Hospital, Hlabisa, also in rural northern Kwa-Zulu Natal, his main area of work there was being programme Manager of ARV clinic, for the hospital and district. His brief was to setup and run ARV clinics in hospital and the surrounding clinics in the district. It was during this time that further interest in HIV medicine developed. At the end of 2005 he moved back to Cape Town to begin his training as a medical specialist which was successfully completed in 2009. To pursue his interest in HIV medicine and Infectious Disease he has taken up a training post as a Senior Registrar in the department of Infectious Disease & HIV Medicine with Groote Schuur Hospital and the University of Cape Town at the end of which he will be an Infectious Disease Specialist. He is currently in my 14th month of a 24 month training programme. His main interest currently is HIV medicine and drug induced liver injury in patient on ART and TB therapy.

Kristin Dunkle, MPH PhD is an Assistant Professor in the Department of Behavioral Sciences and Health Education and an investigator at the Center for AIDS Research at the Rollins School of Public Health at Emory University in Atlanta, USA. She holds an MPH in International Health (2000) and a PhD in Epidemiological Science (2003) from the University of Michigan. She began her public health career in 1996 while serving as a full time volunteer at People Opposing Women Abuse and part-time at the Gay and Lesbian Counseling hotline in Johannesburg. These experiences led her to pursue graduate training in public health, and she has worked in South Africa ever since. Her work has helped establish and explain the links between violence and HIV risk among both women and men in South Africa. Her current research focuses on explaining the multiple connections between gender inequality, homophobia, poverty, violence, and sexual health risks.

Kirk Fiereck is a doctoral candidate at Columbia University's Graduate School of Arts and Sciences and has presented and published on the subjects of sexuality, gender, the cultures of public health and biomedicine, and biocapital in sub-Saharan Africa. A range of interdisciplinary influences marks his intellectual development, including academic training in the natural sciences (B.S. in biochemistry from the University of Minnesota – Twin Cities, College of Biological Sciences), public health (M.P.H. from the Johns Hopkins Bloomberg School of Public Health), and the social sciences (M.Phil. and Ph.D. candidacy in Sociomedical Sciences – medical anthropology from Columbia University's

Graduate School of Arts and Sciences). His current scholarly interests are diverse, but are particularly focused on the ethnography of biomedicine and public health as increasingly integrated and mutually reinforcing epistemic cultures of circulation and as forms of expertise in postcolonial contexts. The proposed paper is developed out of a preliminary analysis of the author's ethnographic fieldwork that he has collected examining the intersections of culture, science and the shifting political economy of sexuality and gender in postcolonial South Africa.

Zukiswa Fipaza (Zuki) holds a BA degree in Social Sciences from the University of Durban Westville. She is a Program Officer and came to the Population Council in 2007 from the National Institute for Occupational Health where she worked on research projects including assessing mortality rates in South Africa, elimination of silicosis in the mining industry in South Africa, and South Africa's Census 2001. Currently, her portfolio within the Council specifically focuses on most-at-risk populations (MARPS) and she has been instrumental in developing and completing multi-province research projects amongst MSM and migrants. She is currently coordinating a two year intervention program aimed at strengthening services for sexual and reproductive health and rights for migrants in the Inner City of Johannesburg, in cooperation with the City of Johannesburg Department of Health. In addition, she works closely with the South Africa Country Director and other Senior Management on communications, fundraising, and office wide strategic efforts.

Neliswa Antoina Gogela was born in Rural Eastern Cape and graduated CUM LAUDE MEDUNSA (2002). Neliswa is a Specialist physician and has now started sub-speciality training in Hepatology at the Liver Centre, Department of Medicine at Groote Schuur Hospital. Her previous work in the Eastern Cape, appointments as a medical officer in infectious diseases and medical registrar in the Division of Hepatology brought about her interest in viral hepatitis. At the Liver Centre, she was involved in and was taught the management of a large clinical cohort of patients with viral hepatitis B and C infection.

She envisages a clinical research career that has begun with her hepatology sub-speciality training and MMed (medicine) programme to be completed in the next year. She has also enrolled for the MPH (Clinical Research) with the University of Cape Town beginning February 2011. Her MMed research work will investigate the prevalence of chronic HCV infection in men who have sex with men and have HIV infection. The hope is to document the prevalence of HIV-HCV co-infection in this population and show what the risk factors involved could be.

Johan Hugo is currently the Senior Medical Officer at the Ivan Toms Centre for Men's Health in Woodstock, Cape Town which is the clinical arm of Health4Men, a project of the Anova Health Institute. He has a special interest in sexual health and more specifically in male/MSM sexual health. Before joining Health4Men, He was in private practice and worked as a Senior Medical Officer for The Student Wellness Service at The University of Cape Town for

5 years. He graduated in 1999 from The University of Pretoria after which he worked in Paarl and in the UK.

In 2010 he successfully obtained a Dip HIV Man (SA) and also spent a month at Johns Hopkins University Post graduate Summer School. He is passionate about what makes people tick and would like to obtain a Masters degree in Sexual Health through Sydney University in the future.

Gordon Isaac's professional career spans over forty years in the field of Clinical Social Work, and training. After completing a four year degree in Social Work (with distinction in psychiatry for social workers) at the University of the Witwatersrand, he opened the first Crisis Clinic in Johannesburg. – Thereafter he read for his Master's and PhD, at UCT, - where he was professor and head of department. He was also head of counseling at the Trauma Centre for violence and torture, in Cape Town. Currently, he is the psycho-social coordinator of Sweat's outreach and development program (Cape Town) and provides training, supervision and support to staff and service users, and is a part time lecturer at the South African College of Applied Psychology, where he lectures in: Crisis and Trauma Counseling, and Human Sexuality and HIV.

Geoff Jobson is a researcher with Anova Health Institute. His current work focuses on HIV prevention among men who have sex with men, HIV positive men and masculinities, and adolescent HIV services. He has published work on masculinities, masculinities and HIV in the media, and task-shifting and HIV.

Gregory Jonsson is a senior psychiatrist at Luthando Psychiatric HIV clinic, Chris Hani Baragwanath Hospital. Luthando Psychiatric HIV clinic provides holistic multidisciplinary care to mentally ill patients with HIV. A fully integrated service is offered to patients where ART and mental health visits are provided for by one mental health care practitioner. A huge focus of intervention is on psychosocial rehabilitation provided for in the form of multiple community projects.

Tim Lane, PhD, MPH, is an Assistant Professor at the University of California, San Francisco (UCSF) Center for AIDS Prevention Studies, specializing in social and behavioural aspects of HIV epidemiology and prevention among MSM in sub-Saharan Africa. He is currently the Principal Investigator of Health Empowerment, a community-based trial of a social-structural HIV intervention for South African MSM. This research collaboration with Anova Health Institute is funded by the National Institute of Allergy and Infectious Disease (NIAID) in the US. His prior research with Anova and the Perinatal HIV Research Unit includes the Soweto Men's Study, an HIV-prevalence survey of MSM in Soweto. In addition to his work in South Africa, Dr Lane is also conducting a HIV prevalence survey of MSM in Mozambique sponsored by the US Centers for Disease Control (CDC).

He completed his doctoral degree in African social history from Stanford University in 1999, and a Master's degree in Public Health from the University of California, Berkeley in 2003. He currently serves on the board of directors of the International Gay and Lesbian Human Rights Commission (IGLHRC).

Mmapaseka "Steve" Letsike is a young feminist, LGBTI activist, Human and Women's Rights Defender. She is the current chairperson of the South African National AIDS Council Women's Sector [SANACWS], the interim chairperson of SANAC LGBTI Sector and working as the Programme Associate in the HIV and AIDS Unit at the Open Society Initiative for South Africa [OSISA], she also serves on the National Hate Crime working group and Sexual Offences working group amongst other policy working group she is working with. Prior to OSISA, Steve worked with the Gauteng Provincial-Department of Social Development on their Youth Programme focusing various socio-economic and political thematic areas. In 2003-2004 Steve then joined OUT LGBT Well-being working in the field of Sexual health and Right and community development Programmes and then later she head OUT's Advocacy Programme for 2 years before joining OSISA. Steve completed her course on Project Management with African Pearl- Management Development and Investment. She is currently Studying Bachelor of Arts on Human and Social Science with specialization on Development Studies with University of South Africa. She is a dynamic, energetic young woman who always puts her issues in a bigger political and social context.

David Lewis is Head of the Sexually Transmitted Infections Reference Centre at the National Institute for Communicable Diseases of the National Health Laboratory Service in Johannesburg, South Africa. He holds honorary professorial appointments at the Universities of the Witwatersrand and Cape Town (South Africa), and the London School of Hygiene and Tropical Medicine (UK). Professor Lewis has worked in the field of STIs since 1989, both as a clinician and a microbiologist. Prior to arrival in South Africa, he was the lead clinician for the MSM clinical service at Guy's and St. Thomas' NHS Trust and retains his interest in men's sexual health. His current work involves both HIV/STI research and STI surveillance in Southern Africa. He recently played a leading role in STI guideline revisions in South Africa, Namibia and for the Southern African Development Community (SADC). In collaboration with the World Health Organisation, he is leading the development of the African Gonococcal Antimicrobial Susceptibility Programme (Afro-GASP) in several sub-Saharan countries. Professor Lewis is Board Member for the International Society for STD Research (ISSTD), the International Union against STIs' (IUSTI) Director for the IUSTI-Africa region, an Assistant Editor for *Sexually Transmitted Infections* and a Joint Editor for 'Sexual Health'.

Melissa Meyer coordinates the HIV/AIDS and the Media Project, a partnership between the Anova Health Institute and the Journalism and Media Studies Programme at the University of the Witwatersrand. After completing a degree in Journalism (University of Johannesburg) she developed a keen interest in

the political management of the HIV epidemic and pursued it with a MA in Political Studies (UJ). In 2009 She co-authored a book with Pieter Fourie, titled: The Politics of AIDS Denialism: South Africa's failure to respond (Ashgate). She is passionate about the nexus of the media and South Africa's HIV epidemic and hopes to continue promoting healthy HIV coverage.

Oscar Lebo Radebe graduated with a medical degree MBChB from Wits University in 2002; he currently holds a Senior Medical Advisor position within Anova Health Institute in the Health4Men program. He is currently under a fellowship program linked with FPD and has been awarded PEPFAR fellow of the month of February 2011. He has been working in the field of HIV/AIDS program since 2006, working closely with the department of health providing technical advice and training to their staff. He has acquired his extensive knowledge through working with experts in the field of HIV/AIDS and exposure to research studies. This has given him the skills and ability to manage HIV across board. His main key areas interests are training and sensitization of healthcare workers about clinical management of MSM and the main key drivers of risky sexual behavior among black MSM.

Anita Radix is the Director of Research and Education at the Callen-Lorde Community Health Center in New York, a center that primarily serves the lesbian, gay, bisexual and transgender communities and people living with HIV/AIDS. She completed her initial medical training in the West Indies and her residency and fellowship in internal medicine and infectious diseases at the University of Connecticut. She holds graduate degrees in public health and epidemiology from Cambridge University. Prior to her current position she was a Director of Public Health in the Netherlands Antilles. Dr. Radix' current research interests involve studying the impact of transphobia and homophobia on access to HIV services in the Caribbean. She is a consultant for the Pan American Health Organization for health issues related to sexual and gender minorities and provides trainings on transgender/MSM health care issues to medical providers in the USA and the West Indies. She recently co-authored the revised Callen-Lorde cross-gender hormone protocols, which are used widely throughout the USA and internationally, especially in resource limited settings.

Kevin Rebe MBChB, has specialised in Internal Medicine at UCT and sub-specialised in HIV and Infectious Diseases under the guidance of Prof Gary Maartens / UCT. He obtained his diploma in HIV Management. He has spent 6 years working at GF Jooste hospital which has the highest in-patient HIV and TB case load of all Western Cape emergency hospitals. While there, he co-founded the Infectious Diseases rapid response unit together with Prof Graeme Meintjes and initiated the hospital's ART program. He has been with Anova Health Institute since 2008 and is the Medical Director of Health4Men and the Ivan Toms Centre for Men's Health in Cape Town. His main interest has been the clinical management of HIV infected patients at community hospital level. His major interest has always been prevention and treatment of

HIV and other STIs among men who have sex with men. He particularly enjoys working with stigmatised communities such as MSM commercial sex workers and drug users.

Vasu Reddy is a Research Director in the Human and Social Development Research Programme of the Human Sciences Research Council (HSRC). He leads a directorate on Diversity, Culture, Identity, Gender and Social Cohesion. Before joining the HSRC he was Head of Gender Studies at the University of KwaZulu-Natal (Howard College Campus). He has undergraduate and postgraduate degrees from the Universities of Natal and Witwatersrand, and a PhD in Gender Studies (University of KwaZulu-Natal). He has published in several South African and Northern indexed journals and has edited several special editions of journals in the area of gender, sexuality, language and poverty. He is the recent co-editor of *From Social Silence to Social Science: Same-Sex Sexuality, HIV & AIDS and Gender in South Africa*, HSRC Press, 2009) and co-author of *The Country We Want to Live in: Hate crimes and homophobia in the lives of black lesbian South Africans* (HSRC Press, 2010). With Theo Sandfort he was SA PI on an AMFAR funded project titled *Minority Stress, Social Support, and Sexual Risk in South African MSM*. He is currently the SA PI on an NIMH Funded Project with Theo Sandfort (Columbia University) titled *HIV and Sexual Risk in African MSM in Tshwane Townships* entering the quantitative phase. Vasu is Board Chair of OUT LGBT (Pretoria), co-founder and Board member of the Durban Lesbian and Gay Centre, and a Board member of Behind the Mask.

Andrew Scheibe is a medical doctor and one of the programmes managers for the Men's Division at the Desmond Tutu HIV Foundation. He was one of the co-investigators for the iPrEX trial and is involved in several projects among MSM, including health worker training, advocacy and building links with MSM researchers, advocates and services providers locally and abroad. Andrew is also completing his Masters Degree in Public Health (Health Economics) at the University of Cape Town.

Rob Stephenson MSc PhD is Assistant Professor of Global Health in the Rollins School of Public Health, Emory University, Atlanta, USA. Trained as a demographer and epidemiologist, his research focuses on sexual health and sexual risk-taking among vulnerable groups. His current research focuses on the intersections between violence and sexual-risk taking among MSM in the US and South Africa and the role of minority stress in shaping both the experience of violence and sexual risk. Stephenson is also working on projects, in US, Namibia and South Africa, to examine how heterosexual models of couples-based HIV testing can be adapted for same-sex male couples in these settings. He is also involved in research examining how structural factors shape sexual risk among MSM, particularly MSM youth.

Kevin Stoloff studied medicine at the University of Cape Town, completing his degree in 1994. He trained as a psychiatrist in the St Marys' Rotation in London, and at the University of Cape Town.

He currently works in HIV Mental Health in the Department of Psychiatry and Mental Health at UCT, and is an honorary lecturer in the department. He is the project manager of an HIV Mental Health Screening Project which is being piloted in Langa, trains primary healthcare workers in “Mental Health in HIV”, and runs a Mental Health Clinic at the Ivan Toms Mens' Health Centre in Woodstock in Cape Town. He also provides a specialized HIV Neuropsychiatry Service to the Infectious Diseases Clinic at G F Jooste Hospital. He has an interest in psychopharmacology, addictions, and the mental health of men who have sex with men (MSM.)

Patrick Sullivan, Ph.D. is an Associate Professor of Epidemiology, Emory University's Rollins School of Public Health. He also serves as an investigator at Emory's Center for AIDS Research (CFAR). Working in conjunction with the National Institutes of Health, the purpose of Emory's CFAR program is to support a multi-disciplinary environment that promotes basic, clinical, epidemiologic, behavioral and translational research in the prevention, detection and treatment of HIV infection and AIDS. His research focuses on behavior and disease surveillance, specifically with relation to HIV/AIDS. Previously, he worked as an epidemiologist for the Centers for Disease Control and Prevention in its Behavioral and Clinical Surveillance Branch, implementing HIV research studies and surveillance systems to meet critical local, state and national HIV prevention needs. He graduated from the University of Tennessee-Knoxville.

Claire Warden is a General Surgeon with an interest in colorectal surgery. Completed undergraduate and postgraduate training at the University of Cape Town. Currently employed at Groote Schuur Hospital (University of Cape Town). Interests: research related to colonic stents for colon carcinoma and teaching.

Carolyn Williamson, PhD, is a Professor and the Head of the Division of Medical Virology, University of Cape Town. She received her PhD in 1988 from the Department of Microbiology, University of Cape Town, where she worked on insect viruses as biological control agents of agricultural pests. Since then Carolyn has worked on viral diseases at the National Institute for Communicable Diseases, Johannesburg and then for the South African Institute for Medical Research, Cape Town. In 2000, she was appointed Associate Professor in the Department of Medical Microbiology, University of Cape Town and in 2009 was promoted to Professor in the Division of Medical Virology, University of Cape Town. Carolyn leads a research group on HIV Diversity and Pathogenesis, which is involved in elucidating properties of recently transmitted virus, and understanding HIV evolution in response to cellular and antibody immune pressure. This research is relevant to understanding of HIV pathogenesis, and informs the design and evaluation of HIV-1 Vaccines. She was a principal investigator on the SAAVI DNA/MVA candidate HIV-1 vaccines which are now in early clinical trial. She has over 70 peer-reviewed publications in international journals.

POSTER ABSTRACTS

DEVELOPING RECTAL MICROBICIDES IN AFRICA - THE ADVOCACY NEEDED TO MAKE IT HAPPEN

Authors:

Brian Kanyemba¹, Andrew Scheibe¹, Jim Pickett², Ben Brown¹, Barbara Friedland³, Linda-Gail Bekker¹

1. **Desmond Tutu HIV Foundation, South Africa**
2. **Jim Pickett, AIDS Foundation Chicago**
3. **Barbara Friedland , Population Council USA**

Background

Anal sex is practiced globally yet few HIV prevention strategies address the risks associated with unprotected anal intercourse (UAI). Risk of HIV transmission through UAI is 10 times greater than for penile-vaginal sex. Rectal microbicides (RM) may prove to be part of an effective strategy to target HIV transmission through UAI. Exceptional advocacy is required to facilitate the development of safe, effective RMs.

What advocacy is being done to allow for RM development?

With over 1000 members, and representation from most Sub-Saharan African countries, the International Rectal Microbicide Advocates (**IRMA**) have been mobilizing for RMs to be included in a comprehensive HIV prevention package. **Project ARM** (Africa for Rectal Microbicides), aims to develop community awareness around anal sex, anal health and RMs in Africa. In order to ensure broad participation in research activities and well informed community input an African **Rectal Microbicide Satellite Session** at the 2011 ICASA Conference in Addis Ababa, Ethiopia and a **RM advocacy video have been planned for implementation in Africa during 2011 as part of Project ARM.**

The **Satellite Session will** bring together African scientists, community advocates, prevention experts, members of the LGBT and human rights organizations and commercial sex workers to advocate around, and develop strategy for RM development in Africa. **The RM advocacy video** will provide education on anal intercourse and create awareness around RM development in African. The target audience consists of community members and prevention advocates in Africa. Video screening is aimed for the ICASA satellite session, and will be used to lay the foundation for further advocacy work around RMs in Africa.

The way forward

IRMA, through Project ARM and advocacy will facilitate the inclusion of Africa research sites for RM development and hopefully to complement an HIV prevention on anal intercourse.

FINDING MEN WHO HAVE SEX WITH MEN (MSM) TO ACCESS THE SIMON NKOLI HEALTH4MEN CENTRE.

Authors:

David Motswagae, Gerhard Lombard, Sibongile Dladla, Helen Struthers, James McIntyre
Health4Men: Anova Health Institute Johannesburg.

Background

Accessing healthcare services for Men-who-have-sex-with-men (MSM) is challenging, especially in black communities, characterised by stigma and discrimination, where MSM are a hidden, hard-to-reach target group, MSM exclusion from national HIV campaigns has led to ignorance and misconceptions amongst MSM.

Methods

The Simon Nkoli Health4Men Centre was established in 2009 to cater for the health needs of MSM in Soweto. An outreach team is promoting the free clinic services to MSM, going into the community to educate, providing condoms and lubricants, HIV & STI pamphlets and clinic referral/appointment cards with a unique number for each client to present at the clinic, which assists in tracking success/failure of outreach methods and areas. Several methods are used to reach MSM: informal community talks on gender sensitisation and MSM behaviour; liaising with DoH to integrate appropriate MSM messaging, partnering with local MSM stakeholders, and information dissemination through 23 MSM-friendly taverns/clubs community newspapers, radio and television, and student networks.

Results

The outreach team reached 1205 gay identifying MSM, 32 bisexuals, 2,356 straight and 6 "After 9's" in 15 months. The unique outcome is that 20% of initially "straight identifying men later identified as MSM, most of them married or in a heterosexual relationship, but also with a male sexual partner. The non-judgemental and non-discriminating clinic environment enables the clients to eventually feel free to express their true sexual practices.

Conclusion

A good base of community mapping is necessary to ensure that MSM respond to clinical services. An outreach team is crucial to the success of MSM programs to inform and educate about services catering to MSM needs and to include this marginalized group in HIV prevention and treatment programs.

THE IMPACT OF TRAINING HEALTHCARE WORKERS IN PSYCHOSOCIAL AND MEDICAL MANAGEMENT TO IMPROVE HEALTH CARE & SERVICES FOR MEN WHO HAVE SEX WITH MEN: Soweto Health4men Clinic & Pretoria Out/Health4Men Clinic

Authors

Lebo Oscar Radebe¹, Gerhard Lombard¹; Dawie Nel²

1] Health4Men: Anova Health Institute Johannesburg

2] OUT (Pretoria)

Background

Despite a renewed global focus on the HIV epidemic amongst men-who-have-sex-with-men (MSM), prevention messaging in Africa has targeted heterosexuals, and the vulnerability of MSM to HIV and sexually transmitted infections (STI's) has been largely ignored. This group is not easy to access: due largely to stigma and discrimination by healthcare providers, whose routine training does not provide skills concerning MSM psychosocial and medical management. The Health4men -and OUT/Health4men specialized centres provide HIV & STI prevention and management, with specific MSM focus. A major obstacle implementing such programmes is discussing sexuality and behaviour.

Methods

This three-day training, conducted by a team of one medical doctor and two facilitators experienced in MSM and AIDS issues, is a dual format model including gender sensitization and medical management of specific clinical diseases typically affecting MSM . Content addresses myths and belief systems that may be barriers to comprehensive services for MSM and an approach to taking a sexual history and clinical management of MSM, including antiretroviral treatment. In each session case studies are a critical part of the training practical side and a follow up mentoring programme is included to improve skills of the attendees.

Results

In the last quarter of 2010, H4M/OUT trained in:

- Gauteng: 120 nurses and counsellors and 20 intern (junior) doctors,
- North West Province: 135 HCT Counsellors,
- Rwanda: 40 nurses and doctors.

Preliminary self-reporting data from clients and healthcare workers is that the training has improved their clinical skills and approach and given a better understanding about MSM issues.

Conclusion

Our experience in South Africa and Rwanda has shown the benefits of structured training programmes for health workers on gender sensitivity and MSM focused care, which is a valuable intervention for health services.

SENSITIZATION TRAINING TO HEALTH CARE PROVIDERS TO UNDERSTAND THE HEALTH CHALLENGES EXPERIENCED BY LGBTI AND MSM CLIENTS.

Authors:

Delene van Dyk and Jay Matlou
Health 4 Men / OUT Wellbeing

Background

The purpose of the intervention is to assist Health Care Providers to understand the unique health challenges of sexual minorities, especially MSM clients and to debunk the myths and stereotypes, which hinders their appropriate medical and psychological assessment, treatment and care.

Methods

This one-day training covers three main themes. The session starts with an experiential exercise and discussion on **“Identities”**, which leads to understanding stereotypes. The second theme is called **“Binaries & Boxes”**. By using a four quarter grid, the four areas of Human Sexuality are discussed. It includes Sex (biological concept), Gender (social construct), Sexual Orientation and Sexual Practices. It is in this the last quarter; Sexual Practices that body parts and pleasure, desire and fantasies are discussed. MSM are linked with the three preceding quarters, giving understanding that the sexual identity of an MSM could be any of the three sexual orientations currently known. The last theme covers **“Secrets”** an experiential exercise and discussion that assists trainees to understand “coming out” or sharing of personal information and its challenges. The content might not be new to the trainees, but the style in which it is presented, is very insightful.

Results

More than 1000 Health Care Providers have been sensitized the past 3 years, in Gauteng, the North West Province and Rwanda, with very positive results. The latest was the training of 65 Nurses from the City of Johannesburg. Trainees are mentored and supported afterwards.

Conclusions

To ensure the mainstreaming of affirmative health services to MSM, this model of sensitization training is of utmost importance. It proved to be an extremely powerful intervention.

USING HIV RESEARCH AS A MEANS OF CAPACITY BUILDING IN THE MEN WHO HAVE SEX WITH MEN (MSM) COMMUNITY

Authors:

Martha Qumba, Ben Brown · Desmond Tutu HIV Foundation

Background

In 2008, the Desmond Tutu HIV Foundation (DTHF) began recruitment for an HIV prevention research study with the MSM community in Cape Town. Recruitment for this study often took place in areas where there are mostly low income earners and little to no programming occurred for MSM. Some of the recruitment methods used included peer referrals, Internet Outreach, go finding the MSM in certain communities and community building activities.

Lessons Learned

Community activities provided the best means of recruitment for this study but also provided a unique opportunity to engage MSM community in hard to reach areas. These activities again provided an opportunity for communities to be aware of HIV research studies for MSM. All community activities were led by two staff members, a recruiter and a manager. Weekly community evening meetings were held and HIV related issues were discussed. A register with their names was circulated to assist in retention. Over time, these recruitment activities became sustained weekly programming in three independent communities.

Activities evolved to include sporting events such as netball tournaments, awareness programming, drag beauty pageants, and regular subject oriented debates. Over time, group members began to take leadership roles and began to come up with their own ideas for discussion and activities. Ultimately, these recruitment strategies developed into sustainability community development programs that assisted with building the capacity of the group members.

Recommendations

Using community-based activities unrelated to research is not only an effective method of educating potential participants but is also a means of building overall capacity and knowledge within the community. Future research studies should design community engagement programming within their outreach and recruitment frameworks in order to improve the lives of MSM.

CIRCUMCISION STATUS AND RISK OF HIV INFECTION AMONG MEN WHO HAVE SEX WITH MEN: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background

Previous systematic reviews found inconsistent effects of male circumcision on HIV acquisition in men who have sex with men (MSM). However, a number of new studies have become available in the three years since the last systematic review. We aimed to evaluate male circumcision for preventing HIV acquisition in MSM.

Methods

In March 2011 we conducted a comprehensive literature search for studies that assessed the effects of male circumcision on HIV acquisition in MSM. Two authors independently assessed study eligibility and methodological quality, and extracted data. We conducted meta-analysis using the random-effects or fixed-effects models as appropriate.

Results

We found no randomised controlled trial and included 20 observational studies with 65,784 participants. The pooled effect estimate for HIV acquisition was not statistically significant (odds ratio [OR] 0.86, 95% CI 0.70 to 1.06) and showed significant heterogeneity ($I^2=53%$). In a subgroup analysis (Figure 1), the results were statistically significant in studies of men reporting an insertive role (OR 0.27, 95% CI 0.17 to 0.44) but not in studies of men reporting a receptive role (OR 1.20, 95% CI 0.63 to 2.29).

Conclusions

Current evidence suggests that male circumcision may be protective among MSM who practice primarily insertive anal sex, but the role of male circumcision overall in the prevention of HIV infection among MSM remains to be determined. Therefore, there is not enough evidence to recommend male circumcision for HIV prevention among MSM at present. Further research should be of high quality, and further explore interaction with the predominant sexual role.

SEXUAL VIOLENCE AMONG SOUTH AFRICAN MSM: HEALTH RISKS & HEALTHCARE OPPORTUNITIES

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³University of Cape Town, Cape Town, South Africa

Background Increasing evidence suggests that South African Men Who Have Sex with Men (MSM) face an alarming risk of male-male sexual violence victimization.

Methods To investigate the prevalence of sexual violence among MSM and corresponding health outcomes, including STI history, substance use behaviors and health-seeking behaviors, the researchers drew on data from a population-based household survey of men aged 18 to 49 in three neighboring districts in the Eastern Cape and KwaZulu-Natal provinces of South Africa. Statistical analyses were performed with questionnaire data from 1,737 men, 94 (5.4%) of whom reported a history of consensual sex with another man. Pearson's chi was used to test bivariate associations between categorical variables and male-male sexual violence victimization among MSM, while odds ratios were estimated using binomial logistic regression.

Results 34.41% of MSM reported a history of male-male sexual violence victimization, while 10.87% of MSM reported a history of male-male sexual violence perpetration. Compared to MSM who did not report a history of sexual violence victimization, MSM sexual violence victims were more likely to report a history of STI symptoms, drinking alcohol at least twice a week, and binge drinking at least once a week. Additionally, an overwhelming majority (74.49%) of MSM sexual violence victims reported having sought support from either a doctor or a counseling professional during emotional difficulties.

Conclusions The study findings suggest that MSM sexual violence victims face elevated sexual health and substance use risks, and underscore the need and opportunity for healthcare professionals to offer appropriate treatment and care.

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