



Southern African HIV Clinicians Society 3rd Biennial Conference

13 - 16 April 2016
Sandton Convention Centre
Johannesburg

**Our Issues, Our Drugs,
Our Patients**

www.sahivsoc.org
www.sahivsoc2016.co.za

Definition: Key Populations

- **Key populations are:**

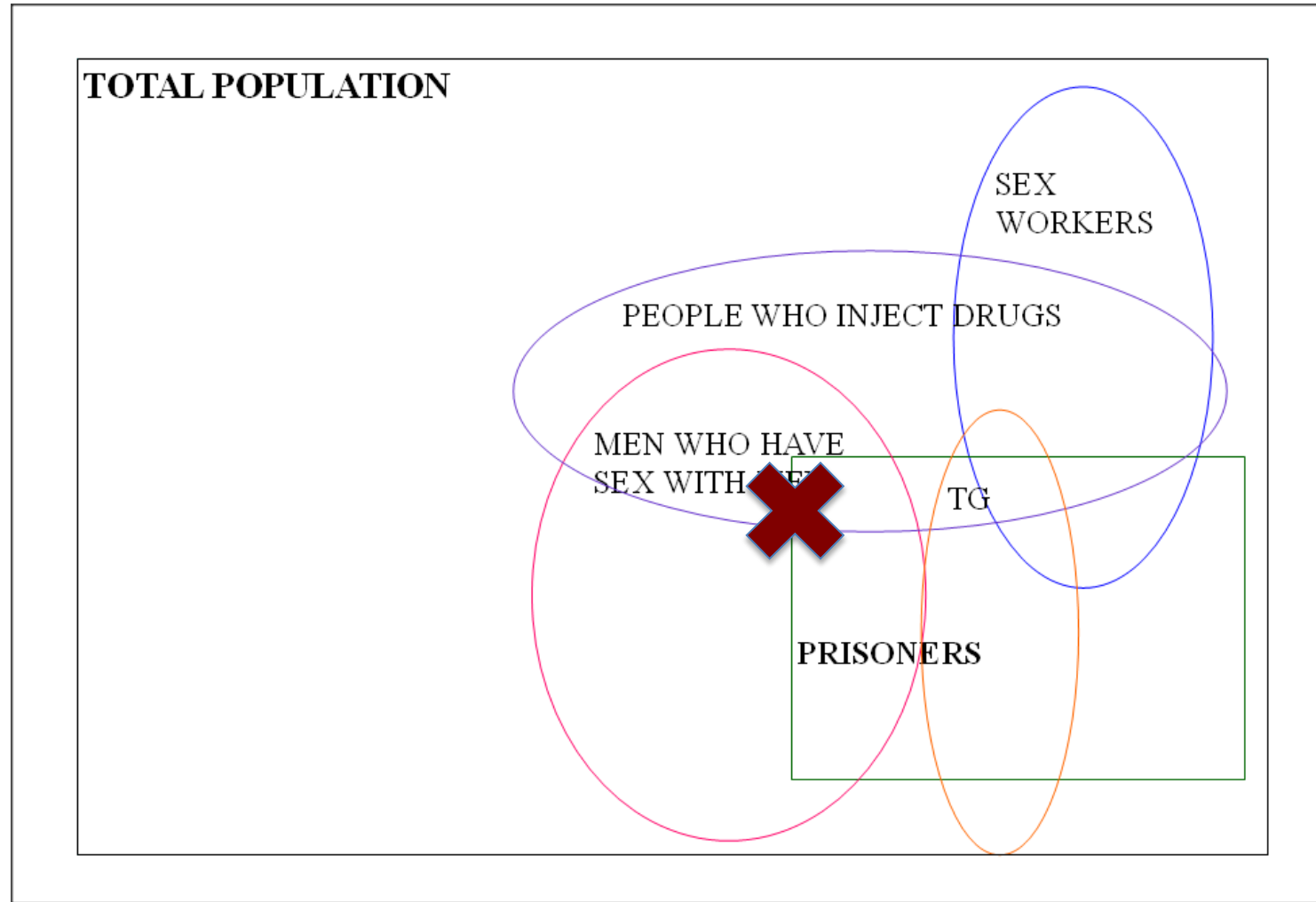
Men who have sex with men
Prison populations
People who inject drugs
Sex workers

Key populations are recognised *internationally*.

- **Vulnerable populations are:**

Adolescents and young women
Scholars
Immigrants
Others

Key Populations



Vulnerable Populations in South Africa

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

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

HIV Prevalence in South African MSM

- Marang Men's Study (2012-13)

- Durban 48.2%
- Cape Town 22.3%
- Johannesburg 26.8%

- Mpumalanga Men's Study (2014)

- Gert Sibande 28.3%
- Ehlanzeni 13.7%

He looks gay, I should buy him a drink

He looks MSM, I should buy him a drink



National HIV prevalence SA men (15-49yrs) 14.5%

Challenges to Address

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



Laura Lopez Gonzalez / Health-e News

Clinical Challenges to Address

- Barriers to KP individuals seeking health care include endemic prejudice and related stigma and discrimination – also within the public health system
- MSM and other KP's not a homogenous group – share a range of common *behaviours* (which are often clandestine and denied) as opposed to sharing an *identity*
- Asymptomatic STIs and MDR gonorrhoea
- Substance abuse
- HCV and HIV co-infection
- Mental health disease burden

Legal Issues & Obligations

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

I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;



2016

The Health Worker is from/of the Community

- May have the same attitudes, prejudices, discomforts, thinking, religion or faith.
- May or may not be aware of them.
- Those things affect their work.

Health Care Workers (HCW)

Or why KP individuals don't trust HCWs:

- HCW stigma can be a major barrier to access
- Weak health care systems
- Lack of sensitivity and competence
- Health providers on MSM:
 - “They don't come to us...”, “They don't tell us...”
- MSM Health consumers on HCWs:
 - “They laugh at us...” , “They tell everyone...”

Prejudice and Healthcare

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

Do you have sex with women, men or both?

Can I examine your anus to exclude STI's?



2016

Creating the Right Environment

- Make *all patients* feel equally welcome
(Not a “gay-identified” space)
- Privacy for consultation
(Concern about disclosures of sexuality and status)
- Use patient’s name, gender pronouns (TG)
(Use their terms, not ours... Ask if/when not sure!)
- Posters addressing diverse sexual health needs of men
(No breastfeeding posters)
- Monitor your own response AND *the colleagues you supervise*

Appropriate Health Messages

NEW



ARTICLE, HIV

HIV 101

HIV is similar to a rerun of your favourite TV series. You think you know what it's all about, but when you keep watching, you notice that there's a whole bunch of stuff you missed the first time around.

NEW



ARTICLE, HIV

YOUR RESULTS

If you've just found out you're HIV-positive, you may feel overwhelmed, fearful, and alone. Know that you are far from alone. Countless people and resources are available to help you.

HOT



ARTICLE, HEALTH & SAFETY

WHEN CUM GETS IN YOUR EYE

Many gay guys appreciate a good load of cum.



2016

Core Key Population Services Identified by WHO

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



Testing Recommendations

AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV

Publication details, including instructions for authors and subscription information:
<http://www.tandfonline.com/loi/caic20>

Exploring repeat HIV testing among men who have sex with men in Cape Town and Port Elizabeth, South Africa

Aaron J. Siegler^a, Patrick S. Sullivan^a, Alex de Voux^a, Nancy Phaswana-Mafuya^b, Linda-Gail Bekker^{ac}, Stefan D. Baral^d, Kate Winskell^e, Zamakayise Kose^b, Andrea L. Wirtz^d, Ben Brown^c & Rob Stephenson^e

- Need to shift HIV testing promotion from one-off model, to Repeated, Routine, Health Maintenance Behavior
- Public health research from 'ever' testing, to assessment of 'repeat' testing.

HCT Recommendations for KP's:

Test regularly according to sexual risk

Sensitive and competent (“Not who is the man & who is the women in this relationship...”)

Effective risk reduction counselling

Linkage to care (both positives and negatives)

Promote couples counselling

Use technology (e.g. Find a clinic or home-based testing)

STI's Are A "Hook"

STIs may ↑ HIV disease burden:

- Disrupt mucosal barriers
- Cause sub-endothelial inflammation
- Increase viral load
- Marker for risky sexual behaviours

Provide additional services

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

Build clinical relationships

IGUSHUWA
Do you know what you're getting?
You **cannot** tell if a person has a sexually transmitted infection just by looking at him - he may have a nasty gift for you.
Always practice responsible sex.

Chlamydia
Gonorrhoea
Herpes
Syphilis
Chlamydia
Gonorrhoea
Herpes
Syphilis
Gonorrhoea
Herpes
Syphilis

For more information please get in touch with one of our Health4Men ambassadors in your area
(021) 421 6127

HEALTH4MEN
ANOVA
USAID
UKWAZANA

The Empiric Syndromic Approach To STI Treatment

New Syndromic Guidelines:

Replace cefixime with ceftriaxone

Replace doxycycline with azithromycin

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

Not addressing STIs among MSM:

No syndrome if asymptomatic

No determination of GC resistance

Little consideration of non-urethral infection sites

No monitoring of LGV and other STIs

qHPV Vaccination for Men

HPV commonest STI seen at the Ivan Toms Clinic in Cape Town
80% prevalence in recent study in MSM (submitted for publication)

Current recommendations:

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

What about sexually active older KP?

What about those with prior HPV?

Too little too late?

Why Cervarix?

Why systematically exclude the highest risk groups?



2016

Hepatitis C (HCV)

- IV drug use (other drug use)
- Sexual spread
- 11/41 (25%) drug-using MSM in Cape Town screened positive for Hep C IgG
- Most infected
- No
- Up to 85% of infected become chronic
- Re-infection can occur
- New Hep C PI's unobtainable.

HIV Treatment For KPs

- Sensitive and appropriate HIV screening
- CD4 monitoring pre-ART
- (VL monitoring on ART)
- **ARV Treatment**

Appropriate HIV screening / HCT

- Sensitivity from counselor
- Able to take a sexual history
- Understands normal range of sexual behaviours including anal sex
- Able to identify risks of HIV transmission
- Able to counsel about risk reduction

- Earlier treatment for prevention given high transmissibility of HIV during unprotected anal sex



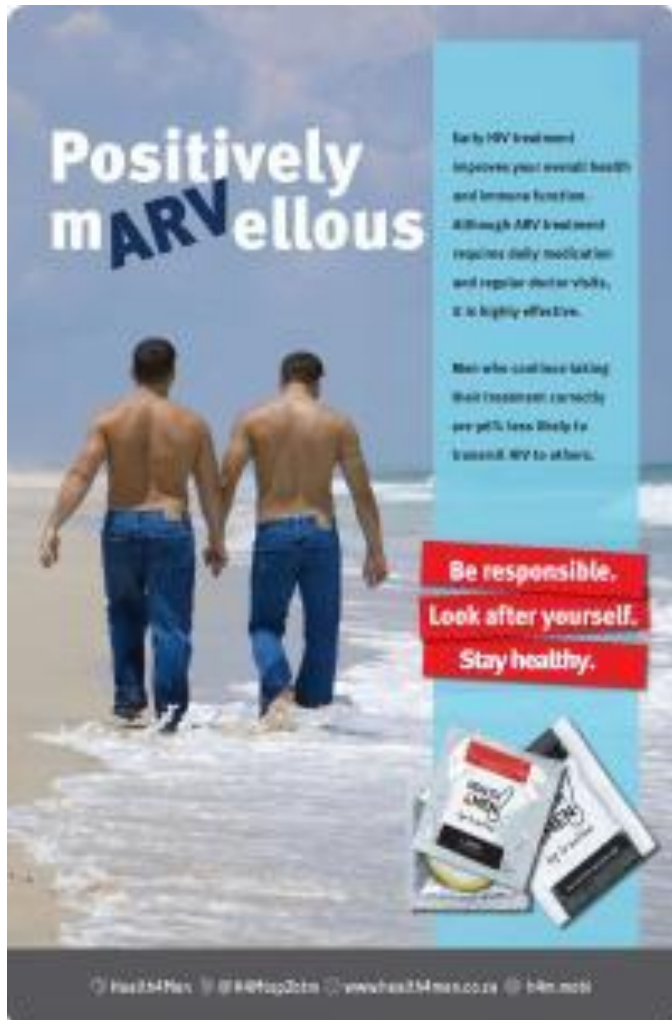
Condoms ...and Lube!

- **Appropriate lubricant:**
 - Water-based?
 - Rectal toxicity
 - Osmolality
- Utilise peer educators / Ambassadors, Men Of Action project, shebeen, inovative IEC messaging, leveraging mHealth and e-Learning etc...

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



ARV-based Preventions



Positively mARvellous

Early HIV treatment improves your overall health and immune function. Although ARV treatment requires daily medication and regular doctor visits, it is highly effective.

Men who consistently take their treatment correctly are 96% less likely to transmit HIV to others.

**Be responsible.
Look after yourself.
Stay healthy.**

Has24Men | @Has24Men | www.has24men.co.za | 0800 000 000

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

Post Exposure Prophylaxis (PEP)

Already used for:

- PMTCT
- Post needle stick
- Post rape
- After possible sexual exposure



PEP (Post-Exposure Prophylaxis)

🕒 23 Jun 2015

Post-Exposure Prophylaxis (usually called PEP) is a course of ARVs (antiretroviral tablets used to treat HIV) given to someone who is HIV negative after he...

Four Early Trials Demonstrating PrEP Efficacy in Diverse Geographic and Risk Populations

Study, population	PrEP agent	# of HIV infections		PrEP efficacy (95% CI) publication
		PrEP	placebo	
Partners PrEP Study Heterosexual couples Kenya, Uganda (n=4758)	TDF/FTC	13	52	75% (55-87%)
	TDF	17		67% (44-81%) Baeten et al. N Engl J Med 2012
TDF2 Study Heterosexuals Botswana (n=1219)	TDF/FTC	10	26	62% (16-83%) Thigpen et al. N Engl J Med 2012
Bangkok Tenofovir Study (BTS) IDUs Thailand (n=2413)	TDF	17	33	49% (10-72%) Choopanya et al. Lancet 2013
iPrEx MSM Brazil, Ecuador, Peru, South Africa, Thailand, US (n=2499)	TDF/FTC	36	64	44% (15-63%) Grant et al. N Engl J Med 2010

PROUD Study UK

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

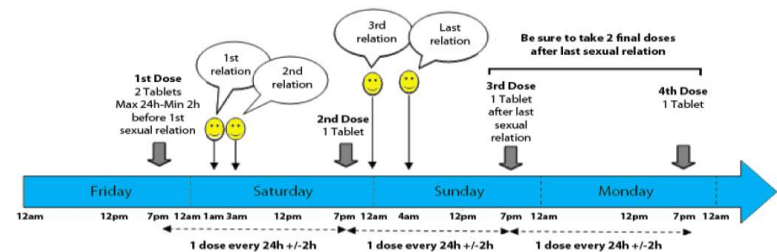
2800 MSM in UK newly infected with HIV in 2013

Protection offered against HIV by PrEP

86%

IPIRGAY France

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



86%



2016

Concerns About PrEP Delivery for KP

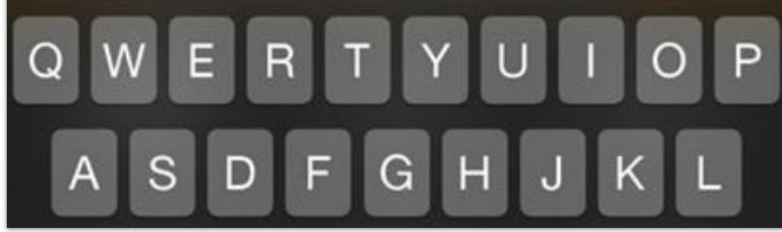
- Who pays? (DOH keen but not financially committed)
- Bundling with other services (e.g., FP for women or HAST clinics, doctor or nurse driven)
- Community delivery systems need exploration
- Must minimise frequent visits and costs
- Risk screening for targeting (e.g. condomless anal receptive sex)
- Adherence monitoring?
- Evidence for scale up:
 - Good for MSM
 - Medium for CSW and IDU
 - Not so good for adolescents and young women

Today
01:50 I get that, for sure. I'm on PrEP though, so I don't have to worry about HIV

01:52 That's also a new drug, something else will go wrong with it, just like all other pharmaceuticals. Side effects, and just like flu shots. You're injecting yourself with HIV a little every day.

01:52 Hahaha that's totally not true at all

+ Send



15 Likes 18 Comments



4:51 AM

I couldn't resist ...



39 Likes 6 Comments



Like



Comment



News Feed



Requests



Messenger



Notifications



More

WE



2016

Depression, Anxiety and Substances

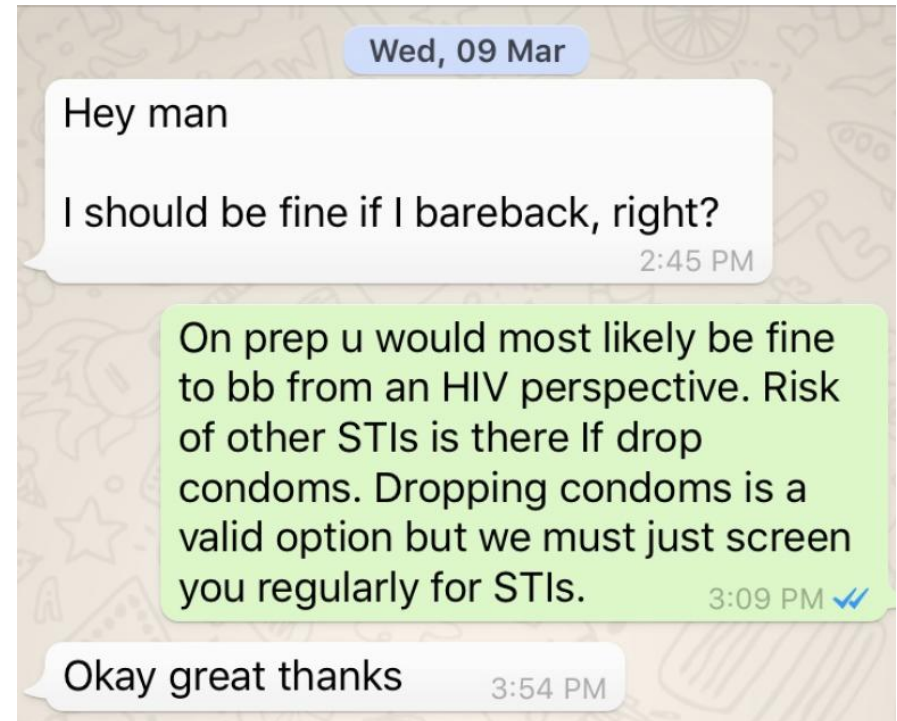
- Result of living in a criminalised or stigmatised environment
- Heteronormativity
- Self-worth and self esteem



Challenges with harm reduction programmes

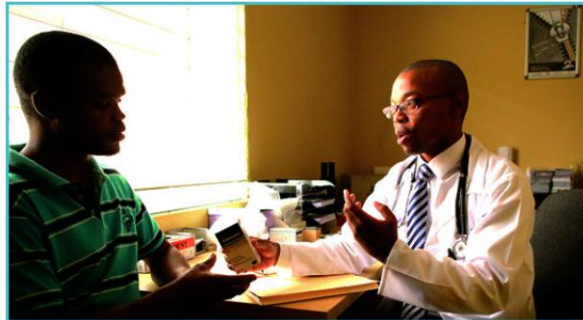
- Lack of community knowledge about the benefits of harm reduction services.
- Fear of legal prosecution
 - Needle exchange is illegal in many settings
 - One participant arrested with H4M IDU pack
- Lack of detox and rehab referral services.
- Lack of sponsored OST.
- High mental health disease burden.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

Using Technology and Social Media



Health4Men Mobile

Answered By
Our Experts



Click here to
ask an expert



Health4Men Resources

Get the latest fact sheets and
info on men's sexual health

[Click Here](#)

We'd Love
To Know

Would you consider
going on PrEP?

- Yes! It's proven to prevent HIV infection
- I'm not sure if I need it
- No, not for me
- What is PrEP?



2016

Did I make my boyfriend sick

Last year my boyfriend got sick,while urinating something like a discharge came out from his penis.He consulted a doctor and the doctor said it was dirt.It was dealt with.

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

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

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

Hope this helps

Regards

H4M



None of the clinic in Jhb can assist with prep

None of the clinics in JHB can provide Prep? Please help!

Asked on February 5, 2016 5:34 pm

27 views

[Add comment](#)

The very exciting PrEP demonstration project started in Cape Town towards the end of 2015. The second phase of this project will happen in Jhb and hopefully be up and running before the middle of 2016.

There will definitely be GP's in Jhb that know enough about PrEP, but unfortunately you will have to buy it privately.

Answered on February 5, 2016 5:35 pm



how do I prepare my body for anal sex if its my 1st time engaging in anal sex

I have been dating my partner for a year and I want to have sex with him but it's my first time. How do I prepare my body for the pain how is it done and how to go about advising him how to do it please

Asked on January 19, 2016 11:00 am

172 views

Thanks for your question. This is something we often get asked and the topic is definitely too large to cover properly here. We will make sure that we post some information on our website soon.

There are a few tips that might help. The helps when planning anal sex if you take things slowly with a partner that you really trust in an environment where you won't be disturbed. The aim is to relax the anal muscles of the partner who will be penetrated (the bottom) so that sex is comfortable and enjoyable. Lots of lube should be used and the anal muscles of the bottom should be relaxed by stretching slowly during foreplay. Fingers or a small dildo can be used. Once the bottom is ready for penetration, more lube should be applied in and around the anus, (the penetrating partner (top) should wear a condom and add lots of lube). It is better for the bottom to control the speed and depth of penetration when new to the game. Sitting on or straddling the top partner will allow the bottom to control things according to his comfort level.

Many guys worry about the cleanliness of the anus for anal sex. Guys who bottom are often very worried about faces in the anus and rectum. Usually, the anus and rectum are empty of faces; if full, you get a signal to your brain to go to the toilet. Some guys rinse out the anus and rectum with plain, warm water. This is known as douching. It is not strictly necessary but some guys prefer it.

This is just the tip of the iceberg. Watch our websites for more info on this topic.

<http://www.health4men.co.za/resources/07/02/anal-sex/> and <http://www.wethebrave.co.za>

HIV Positive MSM in a Small Town



HIV Positive IDU in a Small Town



Thank You

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

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