

SIBANYE: It's in the pack, a comprehensive HIV prevention programme for MSM

In this study, *Nancy Phaswana-Mafuya* and a team evaluated the acceptability and uptake of a combination package of biomedical, behavioural, and community-level interventions that focused on HIV prevention and services for men who have sex with men (MSM) and trans-women who have sex with men in South Africa.

The prevention package offered to MSM throughout the 12-month follow-up period included condom choices with an assortment of styles, sizes, features, and condom-compatible lubricant choices with discreet packaging.

It also contained risk reduction counselling, couples voluntary HIV counselling and testing (CVCT), individual HIV counselling and testing, sexually transmitted infection (STI) screening and treatment, linkage to care

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for persons living with HIV infection, and pre-exposure prophylaxis (PrEP) for eligible persons. Participants could choose which services to use from this package, except for individual HIV/STI screening, which were mandatory for participation. The uptake of these services was tracked over 12 months.

Throughout the study, post-exposure prophylaxis (PEP) for HIV-negative men with an exposure at high risk for HIV transmission was available as standard of care.

Healthcare providers received training to do community-level interventions. The providers delivered sexual health services to MSM and lesbian, gay, bisexual and transgender (LGBT) persons. Health workers and study staff were made aware of the sensitive nature of the study and efforts were made to mobilise communities to improve health literacy and uptake of prevention services among MSM and trans-women.

Study visits occurred at the onset (baseline) of the study and again at three, six and twelve months. The 12-month study visits were conducted at the Desmond Tutu HIV Foundation's research clinic in Cape Town and at three public clinics in Port Elizabeth. Participants who were on PrEP also had additional visits.

Study sample

The study population was male at birth, aged 18 years and older, who self-reported that they had anal intercourse with a man in the past year; were current residents of Port Elizabeth or Cape

Town; were willing to provide contact information; and had a phone.

Participants were recruited through community events, at venues where MSM and trans-women are known to congregate, online, and by participant referral.

Participants were to be followed for one year and approximately 20% of those were to be living with HIV infection. Any additional participants who were living with HIV at the onset of the study completed the baseline visit and were referred for care if necessary, but did not attend any follow-up visits. The study was designed to enrol and follow 200 MSM and trans-women: 100 each in Cape Town and Port Elizabeth.

Study design

This pilot study was a longitudinal cohort study of MSM and trans-women, with a prospective follow-up period of one year for each participant. Following consent, a baseline visit included a self-administered survey, a clinical exam including an assessment for circumcision and STIs, and testing for HIV and other STIs, creatinine, AST/ALT and phosphorus levels, and drug screening.

Outcomes

The primary study outcomes were enrolment and retention in the cohort, the uptake of the prevention interventions, and incident HIV/STI infections. Retention in the cohort was measured by tracking the proportion of enrolled participants who attend all subsequent study visits.



The uptake of prevention interventions, such as PrEP, was measured by calculating the proportion of the MSM and trans-women eligible for intervention who choose to initiate or use it. Incident HIV/STI infection was defined as seroconversion during follow-up among those who are uninfected at a previous visit. Seroconversion is the time period during which HIV or other infections develop and become detectable in the blood.

Results

Enrolment at the Cape Town (CPT) site began in February 2015 and at the Port Elizabeth (PE) site in May 2015. Overall, 292 participants were enrolled at baseline with a mean age of 26 years.

Of the 292 enrolled baseline participants, 167 (80 in CPT; 87 in PE) were HIV negative and 34 (20 in CPT; 14 in PE) were HIV-positive and were followed over time. The remaining 91 were living with HIV infection during their first visit and were not followed afterwards. Of the group that were followed over time, 165 identified themselves as black African, 32 were coloured, and four were white.

There were 178 participants who identified as male, 8 as female and 7 as transgender. HIV prevalence among those enrolled, including those not followed over time, was 43% (30% in CPT; 51% in PE).

Among the 167 HIV-negative participants, 135 (60 in CPT; 75 in PE) were eligible for and interested in PrEP, 82 (45 in CPT; 37 in PE) started PrEP, and 68 (35 in CPT; 33 in PE) continued PrEP until the study closed.

Ninety-six percent (96%) of participants requested additional condoms after their baseline visit with 23 641 condoms distributed over the study period. Four participants utilised couples voluntary counselling and CVCT services, and three utilised PEP services. Among those living with HIV at their baseline visit, the percentage on antiretroviral therapy increased from 35% at baseline to 82% at the 12-month visit.

Of the 201 participants in the prospective cohort, 88% completed 3-month visits, 86% completed 6-month visits, and 87% completed 12-month study visits, with no significant difference in retention by site. Nine new HIV infections were identified among participants in the prospective cohort: six in Cape Town

(8.75 infections per 100 person-years) and three in Port Elizabeth (4.03 infections per 100 person-years).

The results showed that participants found the package acceptable and demonstrated the feasibility of recruiting and retaining a cohort of MSM in public health settings in South Africa.

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