Research to Practice

Combination HIV Prevention Interventions for Men Who Have Sex with Men (MSM) in Malawi

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R2P
Research to Prevention
Outline

• Malawi Context for MSM
• Methods Overview
  – Use of respondent driven sampling for accrual into cohort
• Results
• Utilization
HIV among MSM in Malawi

![Graph showing HIV prevalence among MSM and Men (15+) in Malawi](image-url)
Arrests of MSM in Malawi, 2010

- Limited Disclosure of Same Sex Practices to Family or Health Care Workers (~15%)
  - Challenging for traditional approaches to trial recruitment
Study Objective

• Assess the feasibility of:

1. Accruing participants into a cohort using respondent driven sampling of MSM in Blantyre
   • Characterize unbiased estimates of the epidemiology of HIV and syphilis as well as the associations of prevalent HIV and syphilis infections among MSM

2. Using a community-driven peer-based model to sustain retention of MSM over 12 months
   • Achieve >= 90% Retention of MSM over 12 months
   • Assess the incidence of HIV among MSM in Blantyre
   • Provide training to health care centers in Malawi to be more clinically and culturally competent in addressing the needs of MSM in Blantyre
Study Methods

• Follow Up
  – Inclusion Criteria
    • Planning on remaining in Blantyre for following 12 months
    • Willing to provide mobile number and pseudonym
    • HIV-uninfected participants
  – Accrual
    • Offered accrual during second RDS-related study visit
    • Accrued until 100 in the cohort
  – Visits
    • 0, 3, 6, 9, 12 Months

• Intervention
  – Health Sector Intervention
  – Enhanced Peer Education Services
Results

• Retention at one year was 99% (99/100) with 7 incident HIV infections
  – Approximate HIV incidence of 7.1 (95%CI 2.0-12.0%)

• Increased utilization of trained health providers, peer educator visits, and condoms and condom compatible lubricants

• Study site is being utilized frequently for HIV prevention needs among study participants
Utilization

- Government Engagement
- Funding
- Dissemination
- New Initiatives
Utilization

• Government Engagement
  – Our local team met with new President of Malawi, Joyce Banda, to discuss programming for men who have sex with men including barriers to programming including stigma, discrimination, and criminalization. This likely, in part, contributed to call for decriminalization of same-sex practices in Malawi.
  – Parliament in Malawi requested policy briefs based on this research calling for the decriminalization of same-sex practices
  – Ongoing Supreme Court Challenge for Decriminalizing Same-Sex Practices using these data

• Funding
  – Director of NAC approaches our Malawian colleagues after they presented at IAS 2012 asking for a letter of intent to fund prevention programming for MSM. In February of 2013, CEDEP was funded for HIV prevention for MSM by the NAC.
  – CEDEP has played a major role in the CCM with a significant key population component included in the new application
Utilization

• Dissemination
  – Two oral presentations in September, 2013 at Malawi College of Medicine national research conference which will be attended by Minister of Health and Principal Secretary
  – IAS 2012 – one late breaker oral abstract, two poster presentations
  – IAS 2013 – one oral presentation
  – One peer-reviewed manuscript published in the Journal of International AIDS Society (baseline data) and one in press (BMC Public Health)

• New Initiatives
  – A “Key Populations” Program has been launched at the Malawi College of Medicine with two doctoral students doing research on men who have sex with men
  – Clinics that received health care training to increase competency have requested further training
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