

## International Rectal Microbicides Working Group (IRMWG)

### Monthly Teleconference

June 25, 2007

**32 Participants:** Cary Alan Johnson and Joel Nana (International Gay and Lesbian Human Rights Campaign), Marc-André LeBlanc (IRMWG Secretary, Global Campaign for Microbicides, Canada), Robert Reinhard (San Francisco, USA), Jessica Terlikowski (AIDS Foundation of Chicago, USA), Whitney Brown (AIDS Foundation of Chicago, USA), Jim Pickett (IRMWG Chair, AIDS Foundation of Chicago, USA), Bola (AIDS Foundation of Chicago) Elena K (USA), Manju Chatani (AMAG, Ghana), Emily Rigmont (AIDS Action Committee, USA), Rowena Johnston (amfAR, USA), Cindra Feuer (USA), Charles Price (UCLA, USA), Ronald Johnson (AIDS Action, USA), Kim Mulji (IRMWG Treasurer, Naz Foundation, UK), Rick Jones (IRMWG SC, GNP+, Amsterdam), Olivier Jablonski (AIDES, Paris), Phil Curtis (AIDS Project LA), Terry Saunders (USA), Jon Fuchs (San Francisco Public Health), Marco Gomez (Toronto), Jim Merrell (AIDS Foundation of Chicago), Monica Ruiz and XXX (amfAR), XXX and YYY (SEICUS, USA), Stephanie Tillman (Alliance for Microbicide Development), Judith XXX (USA), Doreen Hardy (USA), Jerry Galea (IRMWG SC, UCLA, Peru).

1. Jim welcomed participants and thanked AIDS Action for sponsoring this call as well as Cary Alan Johnson and Joel Nana for presenting.

2. Mr. Johnson presented on HIV/AIDS and same-sex practising people in Africa, using his slides as guide. Supplementary information to the slides is included below.

Introduction: The report prepared by IGLHRC reflects on a silent epidemic in Africa; one that has the potential of undoing all the good work currently underway. There was a conscious decision to use the term “same-sex practising” because there is no unifying term across Africa, and while many people do identify with terms such as gay, lesbian or bisexual, many do not.

Slide 2: What percentage of these lives are same-sex practising people? That question cannot be answered because there is a lack of research on transmission and same-sex practices in Africa.

Slide 3: The point of this slide is to show that UNAIDS did not collect data on MSM in Africa.

Slide 4: This is based on covenants and treaties that have been ratified.

Slide 6: The project included several trips to Africa and a review of legislation and policies.

There is a disproportionate impact on same-sex practising people, as shown incidentally and thru the few existing studies. For example, in Senegal, while the epidemic has a prevalence of about 1% in the general population, that rate reaches 20% among MSM in Dakar. We see similar numbers in Ghana, where MSM in the capital have 26% prevalence rates of HIV, while the prevalence in the general population is at 3%. Same-sex practising people represent a pocket of high prevalence, even within countries with relatively low prevalence. Some think that rates could be as high as 50% in countries with higher prevalence rates, such as South Africa.

Slide 7: There is virtually no work done on the vulnerabilities of women who have sex with women in Africa. We also need to recognize that a high percentage of MSM also have sex with women.

Slide 9: Sex that happens in the context of unstable housing tends to be furtive, thus increasing the risk of transmission. MSM are often chased away by neighbours, and therefore have greater risk of unstable housing.

Slide 10: This is just an example. There are many similar stories from the report. Women told they cannot have an STI because they are lesbians, but that if they do, then it should teach them a lesson, that they deserve it. Same-sex practising people are less likely to seek treatment, and are therefore under-treated, which increases HIV vulnerability.

Slide 11: There are actually great programs implemented by churches, mosques, but those implemented by conservative faith-based organizations do not serve same-sex practising people well.

There is confusion over lube. Many are slow to include them in programs targeted to MSM. Access is a challenge. Single use sachets are very difficult to get. They are only produced in South Africa, and there is no supply chain. Big tubes are usually too expensive for users.

Many PEPFAR officers want to implement effective programs, and US-funded programs were until recently the only ones targeting MSM. There are obstacles to finding NGOs willing to implement such programs. They are afraid of the policies in place in their country, and many NGOs for MSM have limited capacity to take on funding.

Slide 14: These are examples of some of the positive work going on.

Slide 16: There are laws used against same-sex practising people in 2/3 of African countries, many of them inherited from colonial days. But other more vague laws (e.g. debauchery in Egypt) are used as well. Until these laws are repealed, funders will hesitate, organizations will hesitate to demand funds, and programs will stay underground.

We need more research to find out how prevalent same-sex practices are in Africa, what are the power dynamics, what is the impact of gender, class, ethnicity, and how do we best implement HIV prevention programs?

Slide 17: Four African countries, including Senegal and Nigeria, have specific language in their national AIDS strategies that mention same-sex practicing people.

In talking to funders, there is some willingness to listen to the challenges, but not much willingness to change. We need pressure to change donors and government policies and programs. There is potential in supporting organizations on the ground, and in building capacity.

## **Discussion**

Global Fund: Do they fund any specific MSM programs in Africa? Not to our knowledge. WE need to encourage countries to look at their prevalence data (like Ghana, as mentioned earlier), and also to ensure better representation on the Country Coordinating Mechanisms (CCMs) that prepare the proposals to the GF, to better reflect such realities.

Stigma: Perhaps we could address the issue of unprotected anal intercourse as an issue related to behaviour, separate from identity, as a way to circumvent some of the stigma. The problem is that when addressing anal intercourse, there is a strong taboo with the act, which many see as an issue of pleasure rather than reproduction.

Condoms: The religious right and the focus on the ABC have effectively pushed condoms out of reach, so there is certainly an issue with access.

Microbicides: Are microbicides among gay men in Africa of interest? While there are currently no clinical trials now running in Africa, because most of the work is pre-clinical, it would be great to have links to groups in Africa that could be interested in the issue. AmfAR recently funded some small research projects.

Faith-based organizations: We mostly contacted FBOs that are more open, so in that sense perhaps the perspectives in the report are a bit skewed. It is clear that there is much more work to do.

### **3. Announcements:**

- Many thanks again to AIDS Action, Cary and Joel for this call!!!
- Some participants on this call seem to be new to IRMWG; please join the listserv by sending a message to Jim at [jpickett@aidschicago.org](mailto:jpickett@aidschicago.org)
- The lube survey closes July 31. We already have over 5,000 responses from over 90 countries. We would love to have more responses from Africa, so please send out a notice and links to the survey through your networks! [www.irmwg.org](http://www.irmwg.org)