

Evaluating the impact of STIs and HIV preventive interventions targeting men who have sex with men in Senegal

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Project ELIHoS, ANRS 12139

Context : Homosexuality and HIV in Africa

- In Africa, HIV transmission is mainly heterosexual
- Homosexuality is illegal in most countries
 - ⇒ Research on homosexuality and HIV is rare
 - ⇒ No prevention targeted towards men having sex with men (MSM)

Senegal : a first epidemiological survey in 2004

Investigators : Emmanuel Lagarde (INSERM, France)
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Funder : ANRS, project 1282

- 463 MSM
- Recruited through the snowball referral method
- 4 sites in Senegal : Dakar, Thiès/Mbour, Kaolack, Saint-Louis

[Wade *et al.*, *Aids*, 2005, 19(18): 2133-2140]

- HIV : 21.5 % (vs 1% in the general population)
- Active Syphilis : 4.8 %
- HSV 2 : 22.3 %
- Chlamydia : 4.1%
- Gonorrhoea : 5.4 %

- 94.1 % of MSM reported having also sex with women
- In the month preceding the survey :
 - 24 % : one unprotected insertive anal intercourse.
 - 20 % : one unprotected receptive anal intercourse
 - 18 % : one unprotected heterosexual intercourse

Reaction of the health authorities in Senegal:

No HIV prevention among MSM can compromise the global fight against HIV/Aids in Senegal

⇒ 3 interventions targeting MSM developed in 2005

- A specific access to health care program for STIs and HIV in devoluted health centers.
- A campaign among MSM to raise awareness to sexual risks
- An appeal in defence of MSM targeting decision makers

■ **Main objective :**

Evaluate the effects of the HIV prevention interventions targeting MSM developed since 2005 in Senegal

■ **Specific Objectives:**

- Measure the evolution of HIV and STIs prevalence among MSM.
- Measure the access to prevention program and to care for MSM
- Identify factors facilitating or restraining HIV prevention among MSM
- Identify efficient elements and obstacles in the 3 prevention interventions conducted since 2005

Project ELIHoS : Ethical constraints

- Avoid endanger the surveyed population :

Research supported by the Senegalese Health authorities, but concerns illegal and stigmatised practises

⇒ Needs to be strictly anonymous

⇒ No follow-up

⇒ No attempt to find-out the 2004 respondents

⇒ **A renewed cross-study, 3 years after 2004**

- A surveyed population difficult to reach :
random sample impossible

⇒ **Snowball referral method**

- Three sites :
 - Dakar : *capital of Senegal*
 - Thiès / Mbour : *seaside tourist area*
 - Saint-Louis : *medium-sized town (northern part)*
- Two components :
 - Quantitative survey
 - Qualitative survey

Project ELIHoS : quantitative part

- A cross-study :
 - Face-to-face close-ended behavioral questionnaire
 - Clinical exam.
 - Blood and urine samples :
HIV, Syphilis, HSV2, HVC, HVB, Chlamydia and Gonorrhea.

- 500 MSM
 - recruited through the snowball method, via peer leaders
 - Dakar : 300
 - Saint-Louis : 100
 - Thiès/Mbour : 100

Project ELIHoS : quantitative part (2)

- *Comparison between the 2004 and 2007 situations :*
 - Comparison between the 2004 and 2007 figures :
 - Prevalences
 - Main behavioral indicators : similar questions in both questionnaires
 - Analysis of the sub-group of respondents who participated both survey (if enough)

Project ELIHoS : qualitative part

- Observations on MSM environments.
- Observations on organization of prevention campaigns
- In-depth individual interviews among opinion leaders key informants, program responsables
- In-depth interviews among MSM.
 - 10 having participated the 2004 survey, tested in 2004 and HIV +
 - 10 having participated the 2004 survey, tested in 2004 and HIV negative
 - 10 having participated the 2004 survey, refused to be HIV-tested in 2004
 - 10 who did not participate the 2004 survey
- In-depth interviews among female sexual partners of MSM

Project ELIHoS

Quantitative survey will allow us to measure :

- Evolution of HIV and STIs prevalence
- Evolution of knowledges and attitudes / sexual risks
- participation to programs
- access to HIV counseling and testing and to care
- risk behaviors
- + Analyse factors related to risk behaviors (included participation to prevention programs)

Qualitative survey will allow us to understand :

- which contexts are related to risky behaviors
- reduction risk strategies
- how MSM perceive the interventions (success or failure points in prevention and access to care).
- + Explore a possible evolution of the acceptance of MSM in the society (stigmatisations, violences,...).

Project ELIHoS : calendar

2007 : qualitative and quantitative surveys.

2008 : analysis and publications

⇒ No results yet !

- Not an intervention essay
- An attempt to evaluate effects of 3 interventions developed by PNLs and NGOs among MSM in Senegal, **with a Before/After design.**

Limitations :

- The 2004 survey has not been planned in this way
 - 2 Snowball samples : not representative, not independent, not matched
 - The interventions and the evaluation program are not coordinated
- Double approach qualitative/quantitative needed
- Studying MSM in Senegal : an at-risk population, an at-risk survey
- ⇒ **Making the best possible use of the data we are able to collect**

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