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INSIDE THIS ISSUE

Progress in Botswana

Advancing Integration

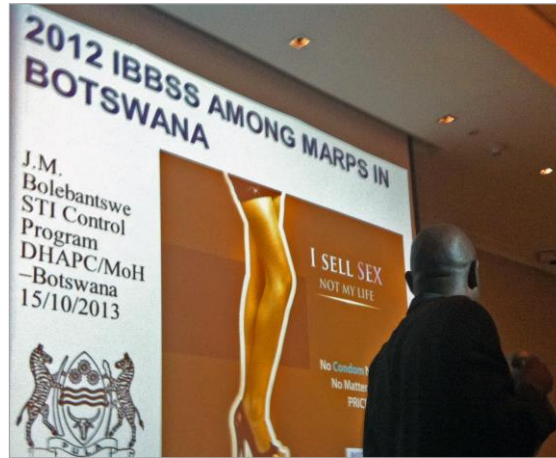
Youth Presentations

Male Engagement Study

Social Media Update

Gender Analysis Brief

The results of the integrated behavioral and biological surveillance survey (BBSS) suggest that both FSWs and MSM could be contributing to the generalized HIV epidemic and are in urgent need of better access to HIV and STI services.

Survey Leads to Progressive Changes in Botswana

Results being presented at a dissemination meeting.

The Botswana Ministry of Health, with support from the Preventive Technologies Agreement (PTA) and technical assistance from FHI 360, set out in 2012 to estimate the population sizes and HIV and sexually transmitted infection (STI) prevalences among female sex workers (FSWs) and men who have sex with men (MSM) in three districts of

Botswana. The research team had a suspicion that the results could be very important for the country, where the estimated HIV prevalence in the general population is one of the highest in the world. Now that the findings are in, the team's suspicion has been confirmed.

The results of the integrated behavioral and biological surveillance survey (BBSS) suggest that both FSWs and MSM (whose behaviors are stigmatized and illegal in Botswana) could be contributing to the generalized HIV epidemic and are in urgent need of better access to HIV and STI services.

"This is an historic study, which for the first time presents findings on HIV and STI disease burden in these key populations," says co-principal investigator Dr. Mike Merrigan of FHI 360. "The study has really raised awareness of this burden and contributed to the government's commitment to expanded action," he says.

The survey results were presented to the National AIDS Council, high-level government officials and wider stakeholder groups between August and October 2013. Botswana's national STI treatment guidelines have since been updated. The new guidelines encourage clinicians to perform anal examinations and collect comprehensive sexual histories for MSM.

The Ministry of Health has also appointed a local nongovernmental organization to provide HIV and STI services directly to key populations, likely starting in 2014. According to co-principal investigator Dr. Taurayi Tafuma of the Ministry of Health, additional policy and programmatic changes based on the results are possible.

CONTINUED FROM PAGE 1

The BBSS uncovered an FSW population of more than 4,000 in the three districts where the survey was conducted. Among FSWs, the HIV prevalence was 61.9 percent, and the prevalences of gonorrhea and chlamydia were both higher than 10 percent. FSWs had a mean of more than seven sex partners per week, and inconsistent condom use was common.

The survey also identified an MSM population of almost 800 in two of the three districts. Among this population, the HIV prevalence was 13.1 percent, and chlamydia was the most prevalent STI (11.3 percent). Risk factors for HIV and STI acquisition and transmission included multiple concurrent partnerships, alcohol use before sex, sex with both men and women, and a lack of awareness that anal sex increases HIV risk.

Advancing the Integration of Family Planning and HIV Programs

On the heels of a PTA-supported supplement of the journal *AIDS* on family planning and HIV, the conversation about integrating these two fields continued during a panel discussion at the November 2013 International Conference on Family Planning in Addis Ababa, Ethiopia.

The journal supplement, published in October 2013, addresses many of the gaps in knowledge that pose obstacles to meeting the contraceptive needs of women and couples living with and at risk of HIV. The panel, which drew upon four articles published in the supplement,

highlighted new evidence to guide funders, policymakers, program planners and program implementers to act on the synergies between the two fields.

“Stronger linkages between family planning and HIV programs are critical to achieving global health and development goals, including recent commitments to expand contraceptive access to women and girls and to create an AIDS-free generation,” says FHI 360’s Rose Wilcher, a guest editor of the journal supplement and moderator of the panel discussion at the conference.

In particular, the panel discussed the U.S. government’s global strategy for meeting the family planning needs of women living with HIV, the need and demand for integrated reproductive health and HIV services in Kenya and Swaziland, advances in the implementation of preconception care for people living with HIV, and how the integration of family planning and HIV services can increase the use of effective contraceptives.

The panel was made up of representatives from the U.S. Agency for International Development (USAID), the London School of Hygiene & Tropical Medicine, the Johns Hopkins Bloomberg School of Public Health, and the University of California at San Francisco.

Abstracts for the articles discussed by the panel, plus abstracts for other articles published in the *AIDS* supplement, are [available here](#).

Youth Featured at International Family Planning Conference

Youth was another popular topic at the November 2013 International Conference on Family Planning, which was attended by a record number of young people ages 18 to 24. The PTA participated by supporting both a poster presentation on promoting integrated health services for youth and an oral presentation on developing youth leaders, transforming gender norms and improving family planning outcomes through peer education. The Interagency Youth Working Group, which FHI 360 facilitates through the PTA, organized a panel discussion on using mobile phones to reach young people with family planning information. After the conference, FHI 360’s research utilization youth team and president emeritus and distinguished scientist Dr. Ward Cates contributed a guest post on The Huffington Post (which was reposted on [FHI 360’s Degrees° blog](#)) to summarize the youth presence at the conference and advocate for a continued focus on the family planning needs of this important population.

Male Engagement Study Ends Successfully

The formative research component of the PTA's male engagement study in Kenya has been completed, with findings that are being used to make recommendations for male engagement in future microbicide programs for women.

Conducted by FHI 360 and the Kenya Medical Research Institute (KEMRI) in Kisumu, Kenya, the study set out to identify the best strategies for engaging men in microbicide programs without disempowering women. Two focus group discussions and 98 interviews with men, women, health care providers and community advisory board members — many of whom had been directly involved in microbicide clinical trials — were conducted to tackle this challenging question.

The study found that most women wanted their partners to endorse microbicide use, yet most did not or would not tell their partners prior to initiating use, or would tell them but still use the product if they objected. Many men said that they should have control over decisions about microbicide use, yet the male partners of trial participants who discovered that their partners were using microbicides without their knowledge did not seem concerned.

“These findings suggest that efforts to engage men in microbicide use should avoid ‘awakening’ patriarchal gender norms, and should support women who want to use microbicides without involving their partners,” says principal investigator Dr. Sidney Schuler of FHI 360. “Often couples would prefer not to directly confront the fact that microbicide use is needed only when women suspect their partners could

be HIV-positive or having sex with other women. Educational campaigns to ‘normalize’ microbicide use should be sensitive to that,” she says.

Within this framework, the researchers recommend strategies to disseminate information about microbicides, including counseling for women to help them communicate effectively about microbicides with their male partners, couples counseling, print materials and community meetings.

In November 2013, 16 social scientists, male engagement experts, and staff from the U.S. Agency for International Development (USAID) convened in Washington, DC, to discuss the male engagement data from qualitative research conducted in conjunction with seven microbicide trials. According to Dr. Schuler, the meeting was extremely collaborative and highly successful.

“By combining the results of our formative research with the discussions from this meeting, we have begun outlining a document detailing programmatic considerations for engaging male partners in future microbicide introduction,” she says. The document is expected to be finalized and disseminated later this year.



The data collection team in Kenya.

Social Media Presence Grows

The PTA has been active on social media in the past few months, including joining Twitter. Connect with the project [here on Twitter](#) for updates on youth, microbicides and other HIV prevention technologies. Recent PTA-supported activities have also been featured on FHI 360's Degrees° blog, including posts on the [potential of microbicides for women](#) and the [integration of family planning and HIV services](#). The latest news from PTA-sponsored youth activities can also be regularly found on the Interagency Youth Working Group's blog [Half the World](#).



NEW RESOURCE

To learn more about this resource, Gender Considerations for Microbicide Introduction, and how the Preventive Technologies Agreement (PTA) is advancing the science of HIV prevention, please visit fhi360.org/projects/preventive-technologies-agreement-pta or write to PTAinfo@fhi360.org.

Gender Considerations for Microbicide Introduction

Strategies to address gender-related barriers to microbicide use could increase communication between partners, improve the quality of relationships and enhance women's power to prevent HIV, suggest the results of two gender analyses supported by the PTA.

The results of the analyses and recommendations on how to use them are summarized in a [new advocacy brief](#) that was distributed at the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) in December 2013 and discussed on FHI 360's [Degrees° blog](#).

PTA staff members conducted the two analyses in 2013: one in Kenya and one with colleagues from Sonke Gender Justice in South Africa. Part of a larger initiative by the U.S. Agency for International Development (USAID) to prepare for microbicide introduction once clinical research identifies an effective product, the analyses explored how gender relations and gender inequality might affect women's microbicide use.

To answer this question, project staff conducted a global literature review, reviewed national HIV and gender policies in Kenya and South Africa, and interviewed more than 30 key stakeholders in each country.

Stakeholders in both countries thought microbicides should be an option for all women, particularly when they experience difficulty negotiating condom use. They warned that marketing only to women at highest risk of HIV infection could stigmatize microbicide products and make it difficult for young women and married women to use them. To maximize access, they recommended offering microbicides free of charge or at subsidized prices at health facilities that women and youth already attend.

Most stakeholders agreed that women should be able to choose whether to tell male partners about microbicide use and thought health care providers should be trained to help women decide whether and how to do so. They acknowledged, however, that support from male partners could facilitate access, acceptance and consistent use of microbicide products.

Recommendations for promoting positive male engagement included educating communities to encourage broad acceptance of microbicides and promoting couples' counseling on microbicides. Couples' counseling can encourage healthy communication between partners and shared responsibility for HIV prevention.

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