



MSM in Sub-Saharan Africa

A neglected but significant population for prevention research.

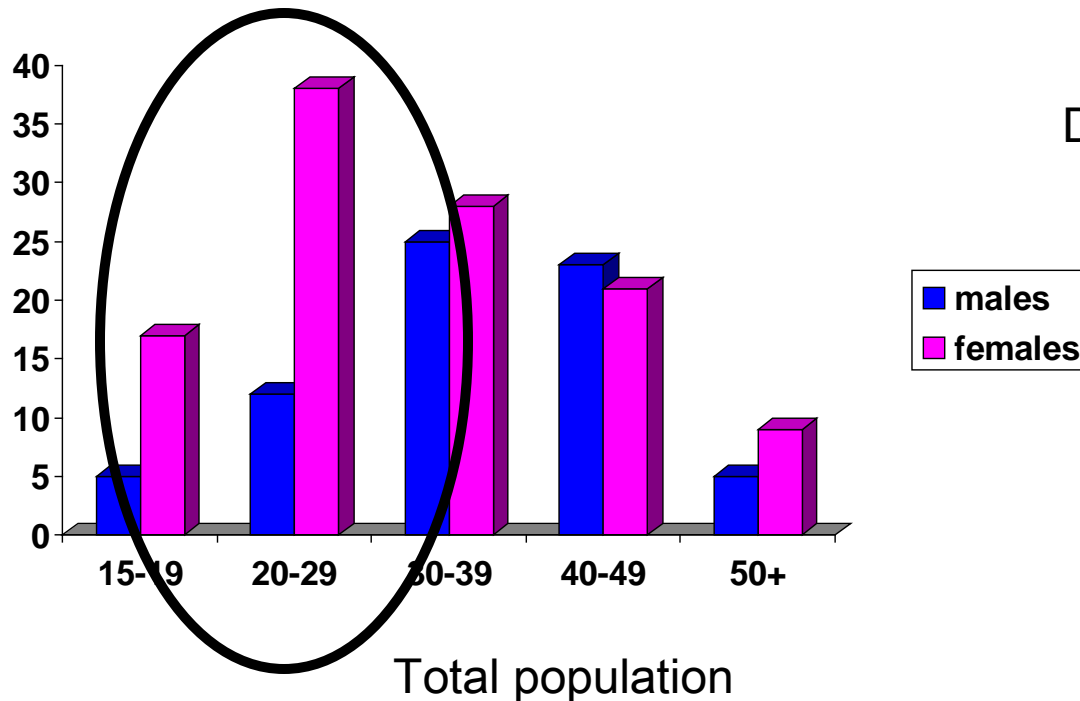
Linda-Gail Bekker
The Desmond Tutu HIV Foundation



Desmond Tutu HIV Foundation

Masibambane Ngezandla

Hyperendemic Scenarios



Southern Africa:

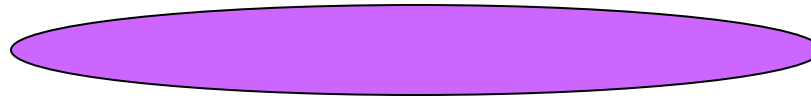
Adult population : >15%

Drivers include early sexual debut,
inconsistent condoms,
transgenerational sex



More than half infections in women/ girls

LOW LEVEL EPIDEMICS

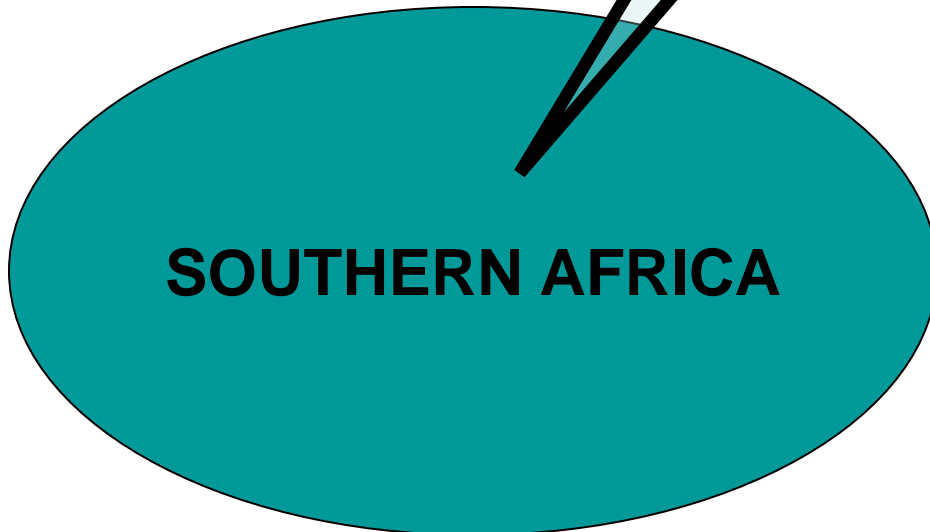


CONCENTRATED EPIDEMICS



HYPERENDEMIC

GENERALISED EPIDEMICS

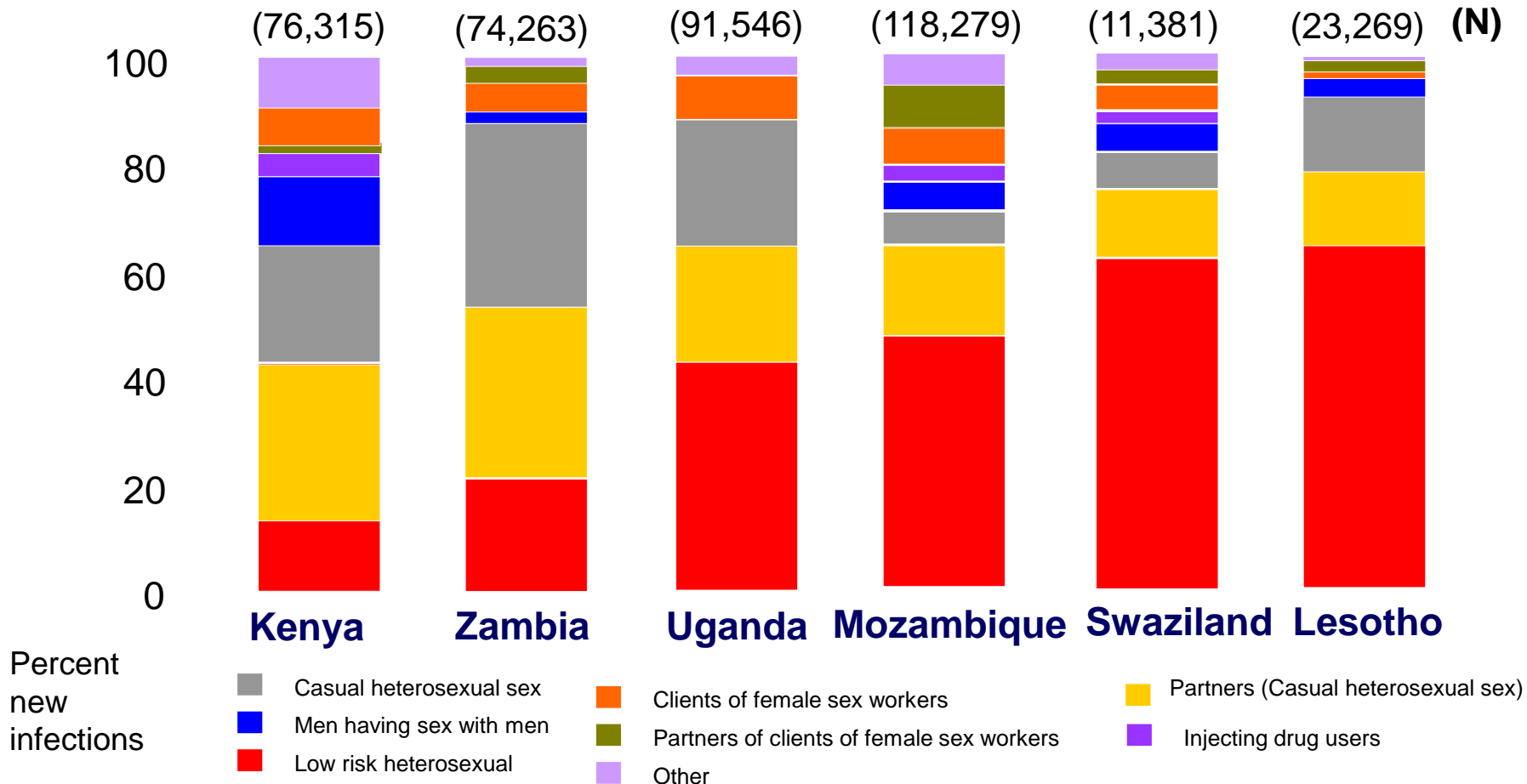


Ungass reporting : 2008



35/52 African countries were unable to report any information relating to MSM indicators

HIV Incidence by modes of transmission

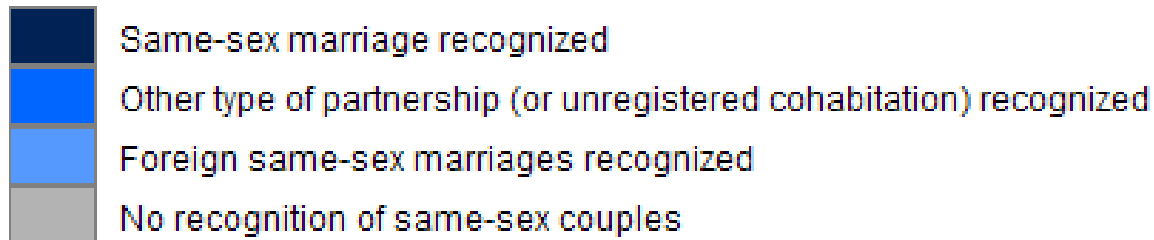


Sources: Kevin De Cock, PEPFAR Implementers MEETING 2009
Draft results from Know your Epidemic project

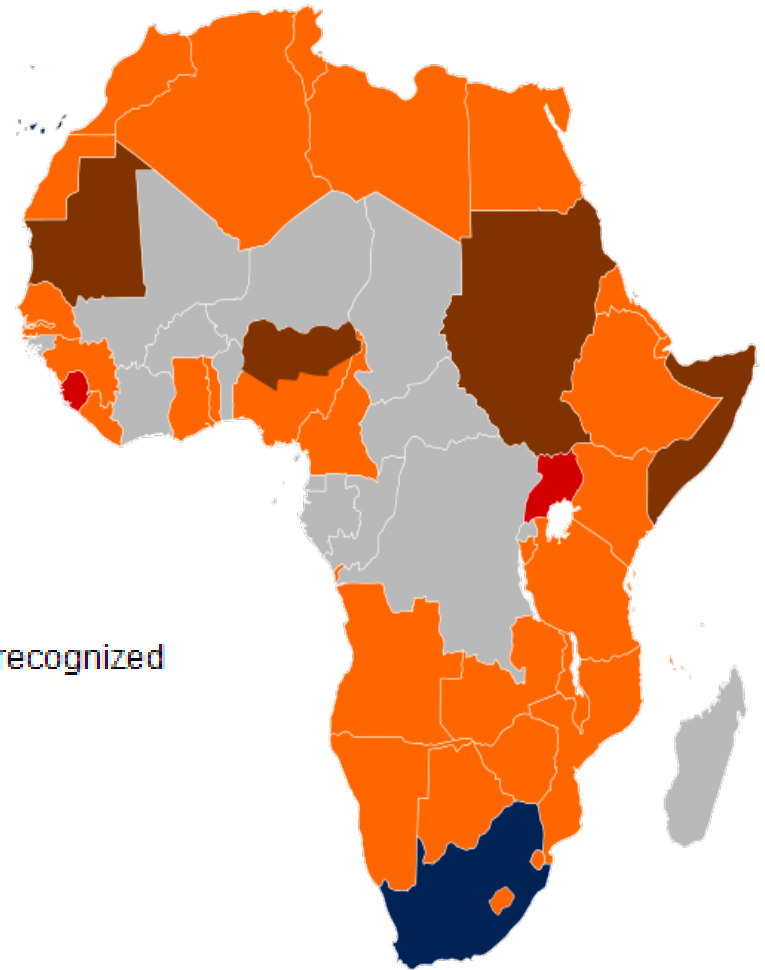
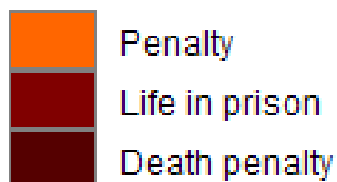
The Challenge of Politics and Discrimination

- Homosexuality is outlawed in 38 African countries.
- In 13 nations homosexuality is either legal or there are no laws pertaining to it.
- Providing MSM focused services, or enrolling MSM into studies in these countries becomes a major challenge

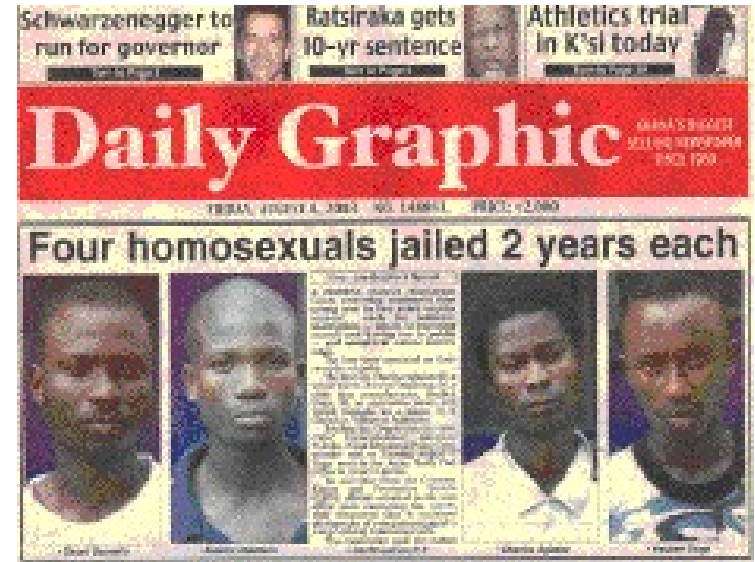
Homosexuality legal



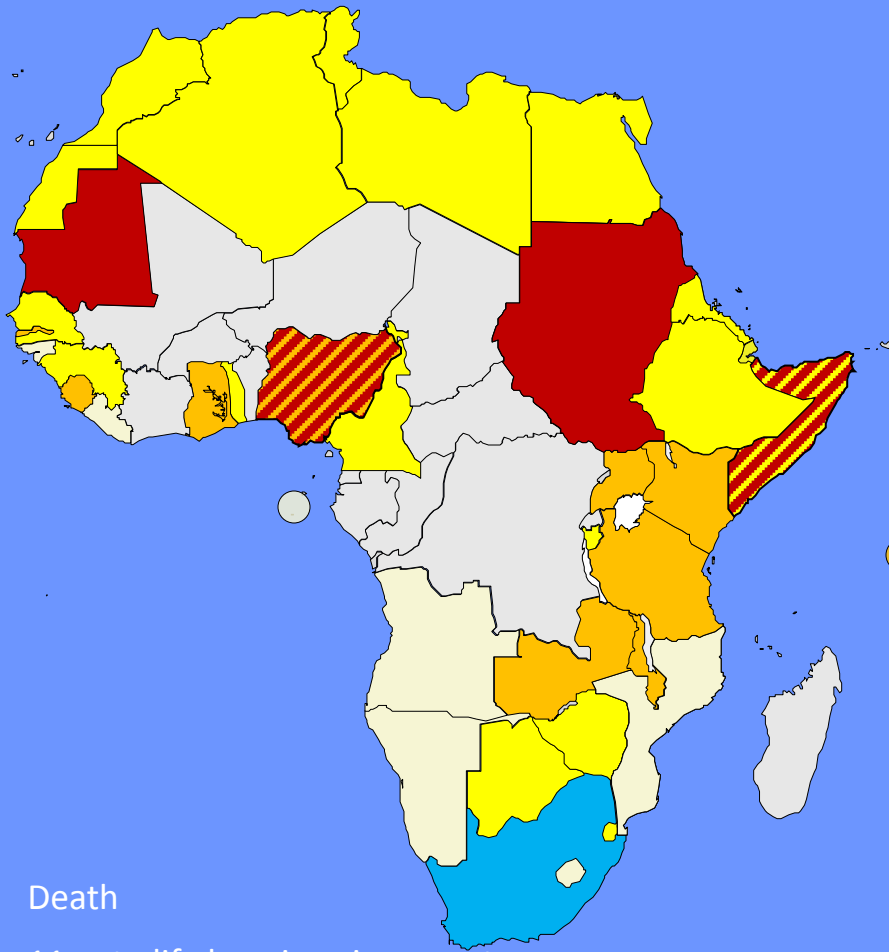
Homosexuality illegal



Criminalization

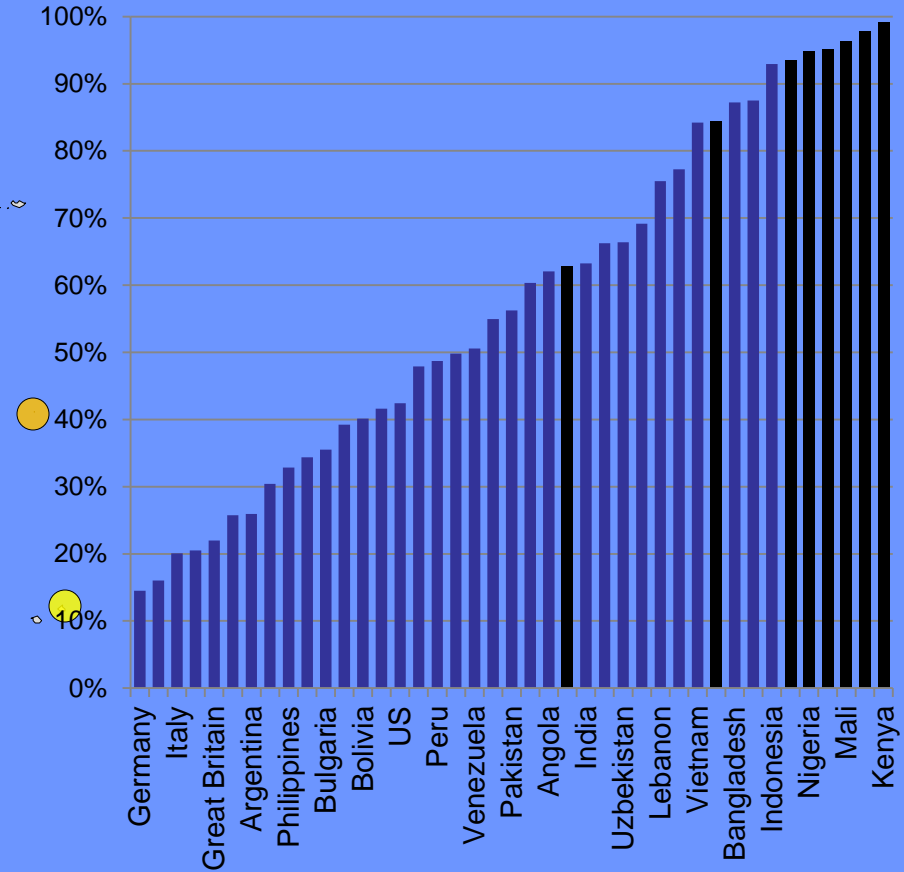


Law



Public Opinion

“homosexuality is a way of life society should not accept”



Sources: Ottoman, LGBT 2009
 Pew Global Attitudes Survey 2002

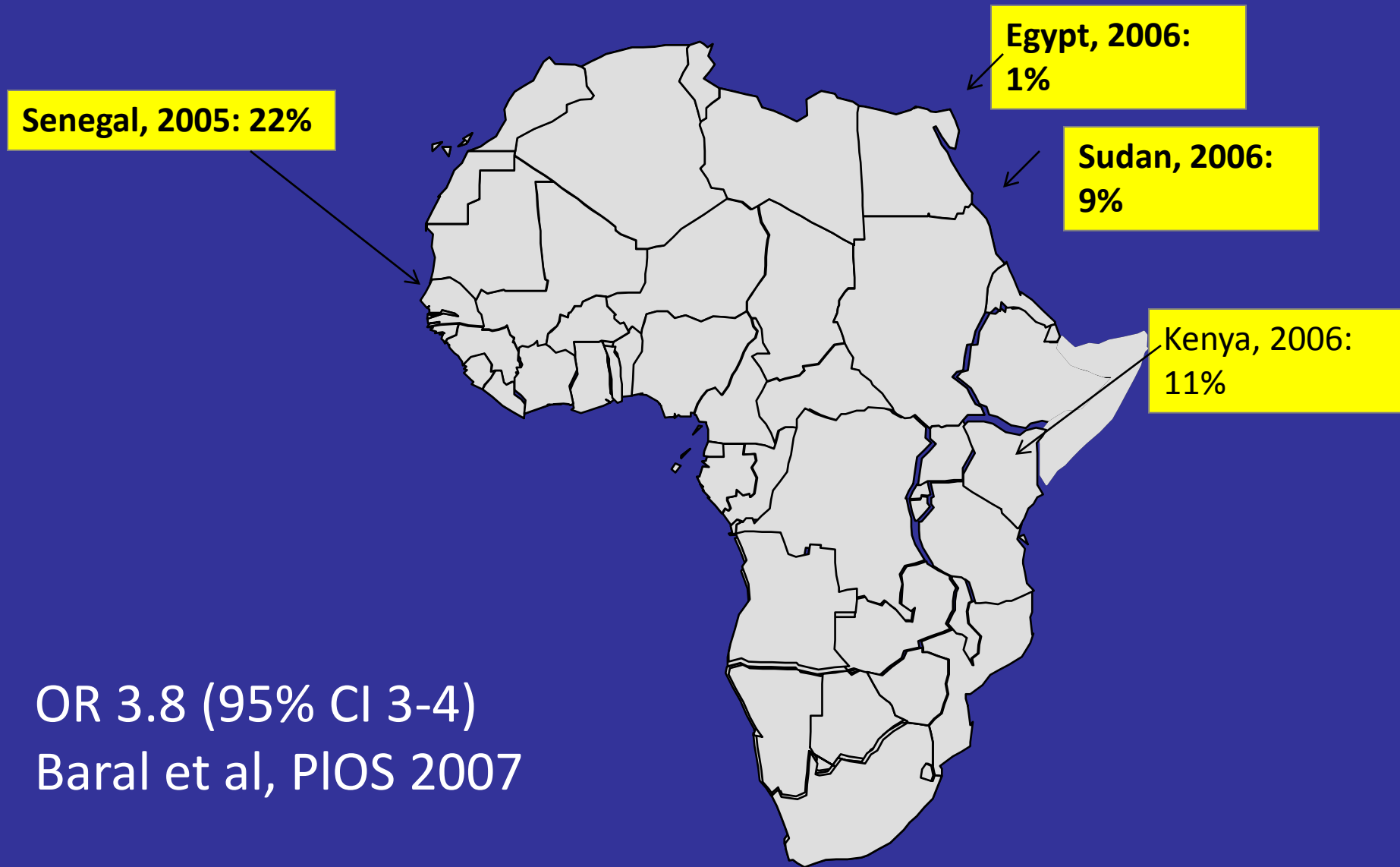
- Death
- 11 yr to life long imprisonment
- 1 to 10 yr imprisonment
- Imprisonment, unstated duration
- No specific law
- Protective legislation

Homoprejudice

- Deputy President Zuma (2006):
- Same sex marriage was "a disgrace to the nation and to God":
"When I was growing up, an ungqingili (a homosexual) would not have stood in front of me. I would knock him out."



Studies with HIV-testing & MSM, 2000-2006



OR 3.8 (95% CI 3-4)
Baral et al, PLOS 2007

Structural Risks Across Africa

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Page last updated at 17:56 GMT, Monday, 4 May 2009 18:56 UK

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'Gay man' disinterred in Senegal

The body of a man believed to be homosexual has twice been dug up from a Muslim cemetery in Senegal.

The man, in his 30s, was first buried on Saturday before residents of the western town of Thies dug up his body and left it near his grave. police sav.



Gay Nigerians face Sharia death

Eighteen men have been remanded in prison following their arrest for alleged sodomy in northern Nigeria, the state-owned news agency, Nan, reports.

The men were arrested in a hotel in north-eastern Bauchi State, which is governed by the Islamic Sharia law.



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Kunda warns homosexuals

VICE-President George Kunda has warned citizens against practising homosexuality saying the act is unChristian and culprits are liable before the law.

Mr Kunda said the Government was aware that there were some prominent people in society who were practising homosexuality but further urged the public with information of some actors of the vice to report them to the relevant wings.

He said this in Parliament yesterday during the vice-president's question time when he responded to a question from Chadiza Member of Parliament, Allan Mbewe (MMD). Mr Mbewe had asked whether it was appropriate for people in a Christian nation to be practising homosexuality.

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Shock at Senegal gay jail terms

The jailing in Senegal of nine gay men for eight years over "indecent conduct and unnatural acts" has been condemned by an international gay rights group.

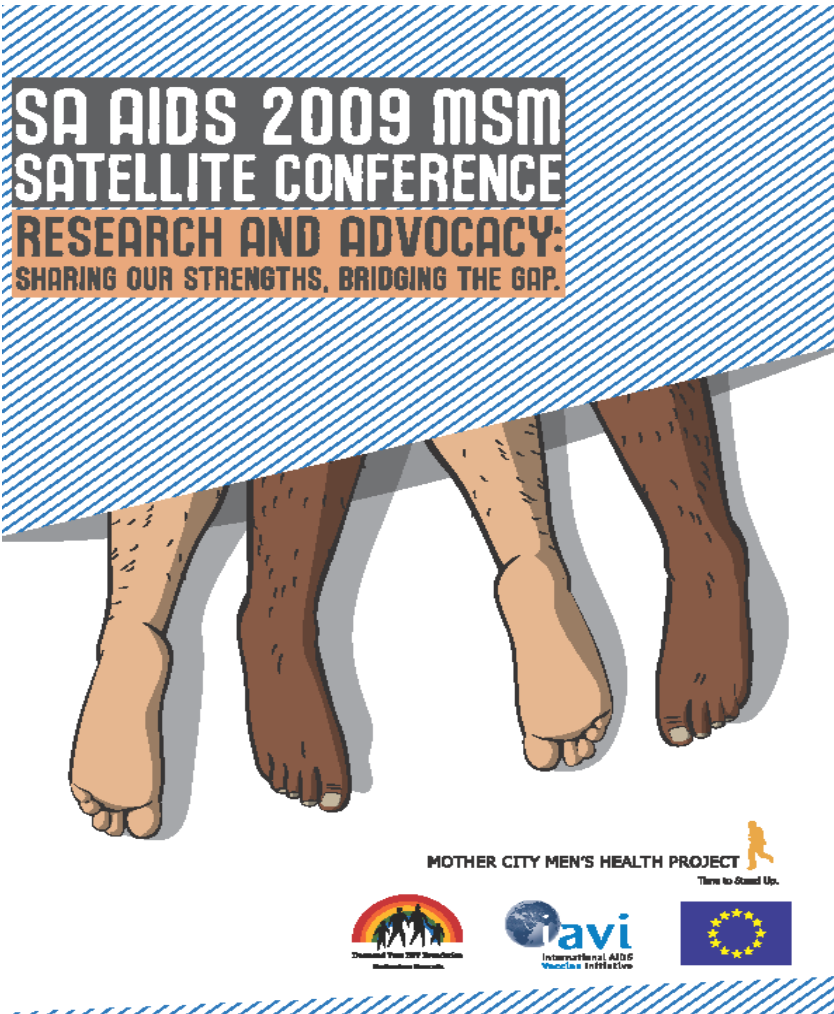
Homosexual acts are illegal in Senegal but the International Gay and Lesbian Human Rights Commission (IGLHRC) told the BBC it was "shocked by the ruling".

The judge added three years to a five-year sentence, saying the men were also members of a criminal group.



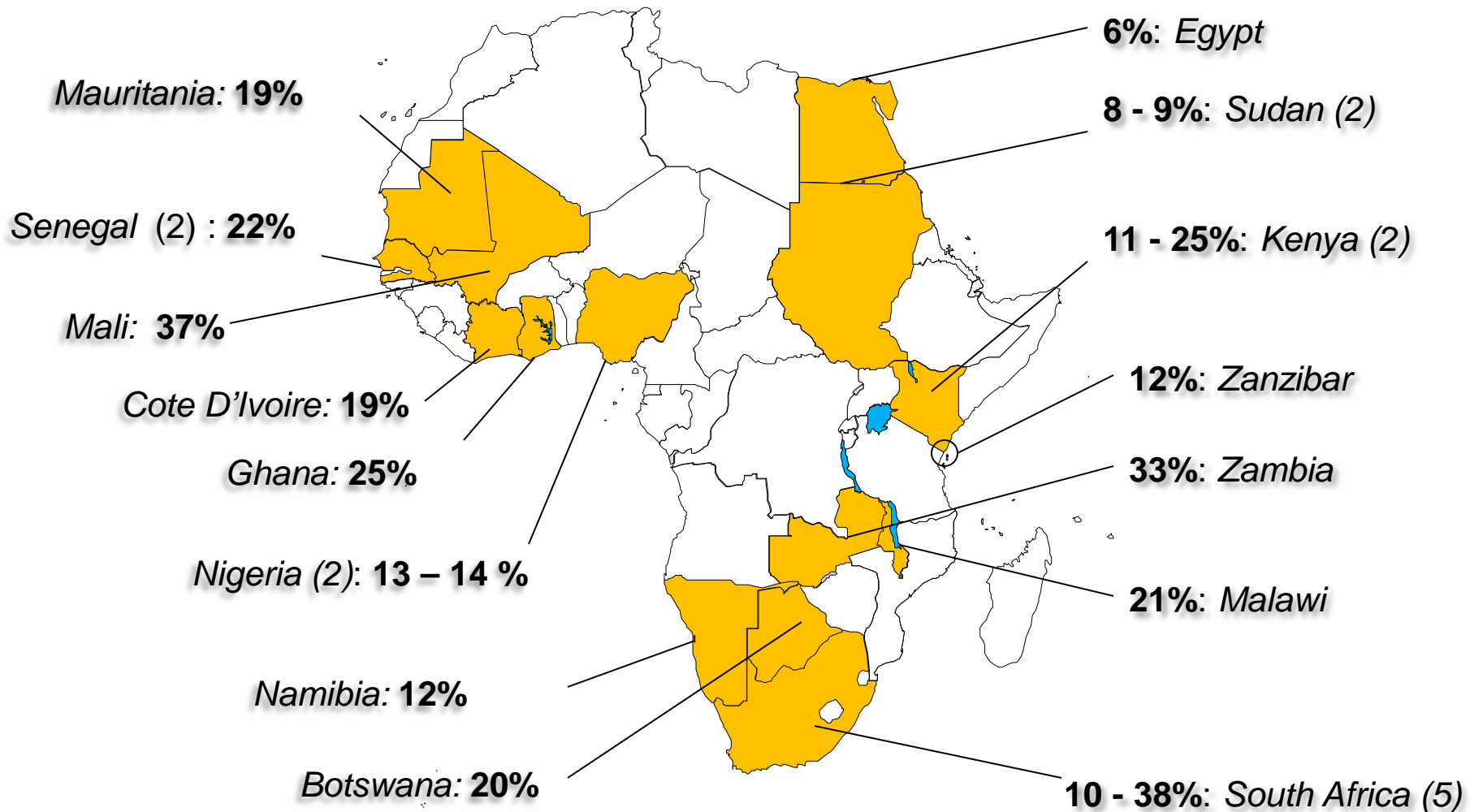
The men belonged to a group set up to fight HIV and Aids

MSM action in Africa



Advocacy meeting at
ICASA/SA AIDS:
in Dakar: 2008.
in Durban : 2009
in CT: 2011
in Addis : 2011

Studies with HIV-testing & MSM, 2000-2008



Data from 4 sites in SADC

- Namibia
 - The Rainbow Project (TRP)
- Botswana
 - Botswana Network on Ethics, Law and HIV/AIDS (BONELA)
- South Africa
 - DTHF
- Malawi
 - Center for Development of People (CEDEP)



Sexual concurrency, bisexual practices, and HIV among MSM in 4 S African countries

Chris Beyrer	JH school of public health
Stefan Baral	Center for Public Health and Human Rights, JHU
Gift Trapence	Center for the Development of People, Blantyre, Malawi
Felistus Motimedi	Botswana Network on Ethics, Law, and HIV/AIDS
Eric Umar	Department of Community Health, University of Malawi, College of Medicine, Blantyre, Malawi
Scholastika lipinge	HIV/AIDS Coordinator, University of Namibia, Windhoek, Namibia
Friedel Dausab	The Rainbow Project, Windhoek, Namibia

Methods : Epi probe with simple questionnaire and oroquik anonymous testing

*Supported by the Open Society Institute Southern Africa
and The Sexual Health and Rights Program, OSI*

4 sites : Results

Characteristic	Malawi	Namibia	Botswana	RSA
Age	25	24	26	26
HIV prevalence	21.4	12.4	19.7	26
>30 yrs	35	31	46	36 (township)

4 sites : Results

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4 sites: Risk Behaviour

risk	Malawi	Namibia	Botswana	RSA
H-S	6.5	19.4	3.4	1
Gay	41	48	67	77
Bisex	53	29	29	18
Trans	0	3	1	5
# partner	3.9	2.9	2.8	4
range	(0-52)	(0-30)	(0-24)	(0-75)
M and F	63	50	43	17
IVDU	12	8	3.4	2.5

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Cape Town Township study



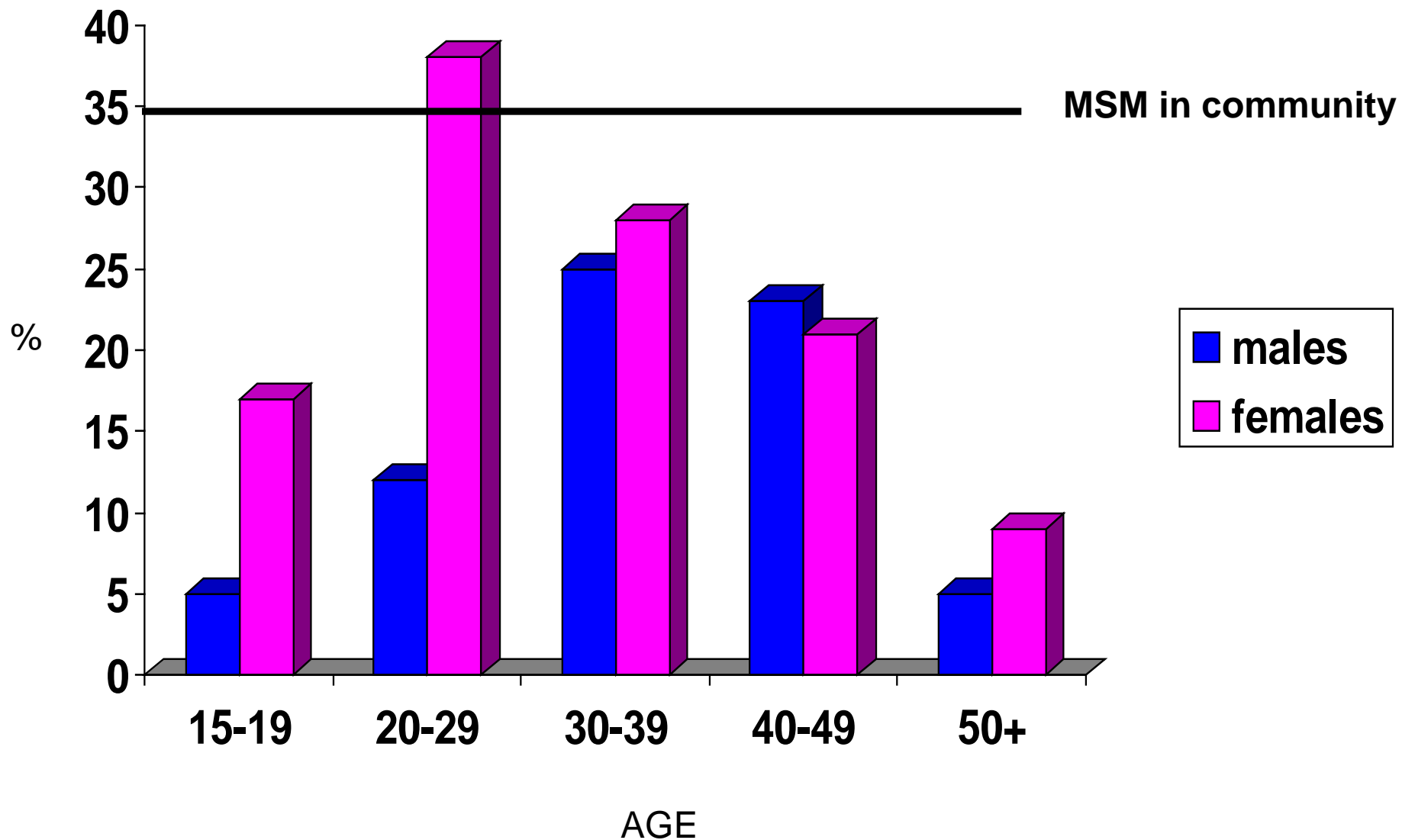
200 MSM in informal venues in Nyanga, Khayelitsha and Athlone and Mitchells Plain

Oraqwick HIV prevalence

Short questionnaire



HIV Prevalence : CT township



SA: HIV prevalence



Univariate associations :

older than 26 years old ($p < 0.05$), unemployed ($p < 0.05$), less educated ($p < 0.05$), received money for casual sex ($p < 0.05$), not always wearing condoms with men (< 0.05), reporting > 5 male partners in previous 6 months ($p < 0.01$), having been blackmailed ($p = 0.06$).

SA: HIV prevalence



Independent associations:

unemployment (aOR=3.4, 95% CI=1.5-7.5, $p<0.01$),

higher age (aOR=3.5, 95% CI 1.6-7.8, $p<0.01$),

less condom use with men (aOR 2.2, 95% CI=1.0-4.7),

less educated (aOR=4.0, 95% CI 1.3-12.5, $p<0.05$),

blackmailed (aOR 3.7, 95% CI=1.2-11.3),

and more male partners (aOR=2.5, 95% CI=1.0-6.3, $p=0.06$).

Bisexual practices in SA study

Reported by 17.1%

8% reported having a regular female partner.

Associated with:

always wearing condoms ($p < 0.001$),
not having disclosed sexual orientation
($p < 0.05$),

received money for casual sex with a man
($p < 0.05$)

a lower prevalence of HIV ($p < 0.05$).

Bisexual concurrency reported by 5% and
associated with being older than 26 ($p = 0.05$).

Lessons from the Soweto Men's Study

PERINATAL HIV
RESEARCH UNIT

UCSF
AIDS
Research Institute

SIMON NKOLI CENTRE FOR
MEN'S HEALTH



Soweto Men's Study (2008)

- Objectives:
 - Describe MSM population characteristics
 - Estimate seroprevalence
 - Determine social/behavioral predictors of HIV infection
- Recruitment: Respondent Driven Sampling (RDS)
 - Behavioral questionnaire
 - VCT and HIV rapid testing
- Prevention packs: condoms, lubricant, information
- HIV+: CD4, referral to PHRU clinic for care / ART

Soweto men's study: Results

- N=378 (including 15 seeds)
- Soweto MSM population estimates:
 - 16.1% gay-identified
 - 33.6% bisexual-identified
 - 43.2% straight-identified
- Crude sample HIV prevalence: 23.9%
- Adjusted HIV prevalence estimates:
13.2% overall; 34.0% gay-identified



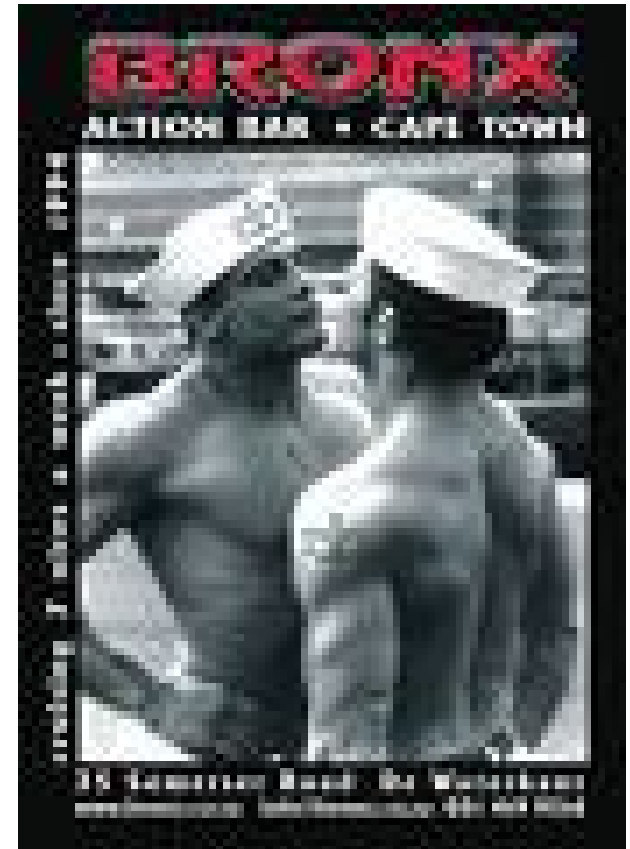
Soweto MSM risk factors for HIV

Variable	OR (95% CI)
Age >25	3.8 (3.2-4.6)
Income<R500	1.4 (1.2-1.7)
Gay ID	2.3 (1.8-3.0)
Unprotected RAI	4.4 (3.5-5.7)
3-5 partners (6 months)	1.9 (1.4-2.6)
Buy drugs/alcohol for male partner	3.9 (3.2-4.7)
Regular female partner	0.2 (0.2-0.3)
Circumcised	0.2 (0.1-0.2)

MSM Prevalence studies in down town Cape Town

542 self-identified MSM at 37 venues in Cape Town

- HIV prevalence 10,4%
- 77% self identified as “gay”
- HIV infection associated with previous STI diagnosis and known HIV+ve partner
- 9% bisexual



Feasibility of Recruiting MSM for Clinical Research in “Small Town” South Africa–The Aurum Institute’s Experience

- The Aurum Institute has been conducting epidemiologic and clinical studies among persons at high risk of HIV in Rustenburg (NW Province) since 2008.
- The prevalence of MSM behaviour was **6.3%** in a **representative** household survey of Rustenburg, conducted in 2008.
- Rustenburg, with a pop’n of **~400,000** and **6.3% MSM prevalence**, the estimated MSM pop’n is estimated at **~25,000**
- Given this surprisingly high proportion of MSM in community, **we initiated active recruitment of MSM to an existing cohort** study.



Results of Initiative to recruit MSM for Clinical Research in Rustenburg, South Africa–The Aurum Institute’s Experience

In 2009, we hired an MSM recruiter, which substantially improved screening of MSM for our cohort study.

In a 7-mo period...

- **138** MSM were contacted in the field (vs. 0 prior to MSM initiative)
- **82** MSM came to the research centre (vs. 2 prior)
- **58** MSM screened for cohort study (vs. 2 prior)
- Incidence estimates still underway, but 2 of the 3 HIV seroconversions observed to date among men were among MSM.

Key challenges of enrolling MSM were ...

- MSM more likely to be HIV-positive at baseline
- MSM more likely to fear HIV testing (and therefore lower proportion agreed to screen (70% study uptake among MSM vs. ~100% for others who came to research centre)
- MSM more likely to report condom use, and therefore, less likely to screen eligible for our particular cohort study

*For further information, please contact
Mary Latka, PhD, MPH mlatka@auruminstitute.org*



Context, IAVI-supported studies, Mombasa

Population: 1 million

Multiple ethnic and religious groups

Local economy reliant on sea port and international tourism

MSM and MSM sex work reported in anthropology literature in 1960-80s

Adult HIV prevalence (coast): *Gill Shephard, 1987*
7.9%

Kenya AIDS Indicator Survey, 2009

21% of new HIV infections attributed to 'MSM & men in prison'

Kenya Mode of Transmission Model, 2008



Context: Mombasa MSM & FSW cohorts

Started 2005

Peer recruitment to

1. HIV negative high risk cohort
2. HIV positive cohort

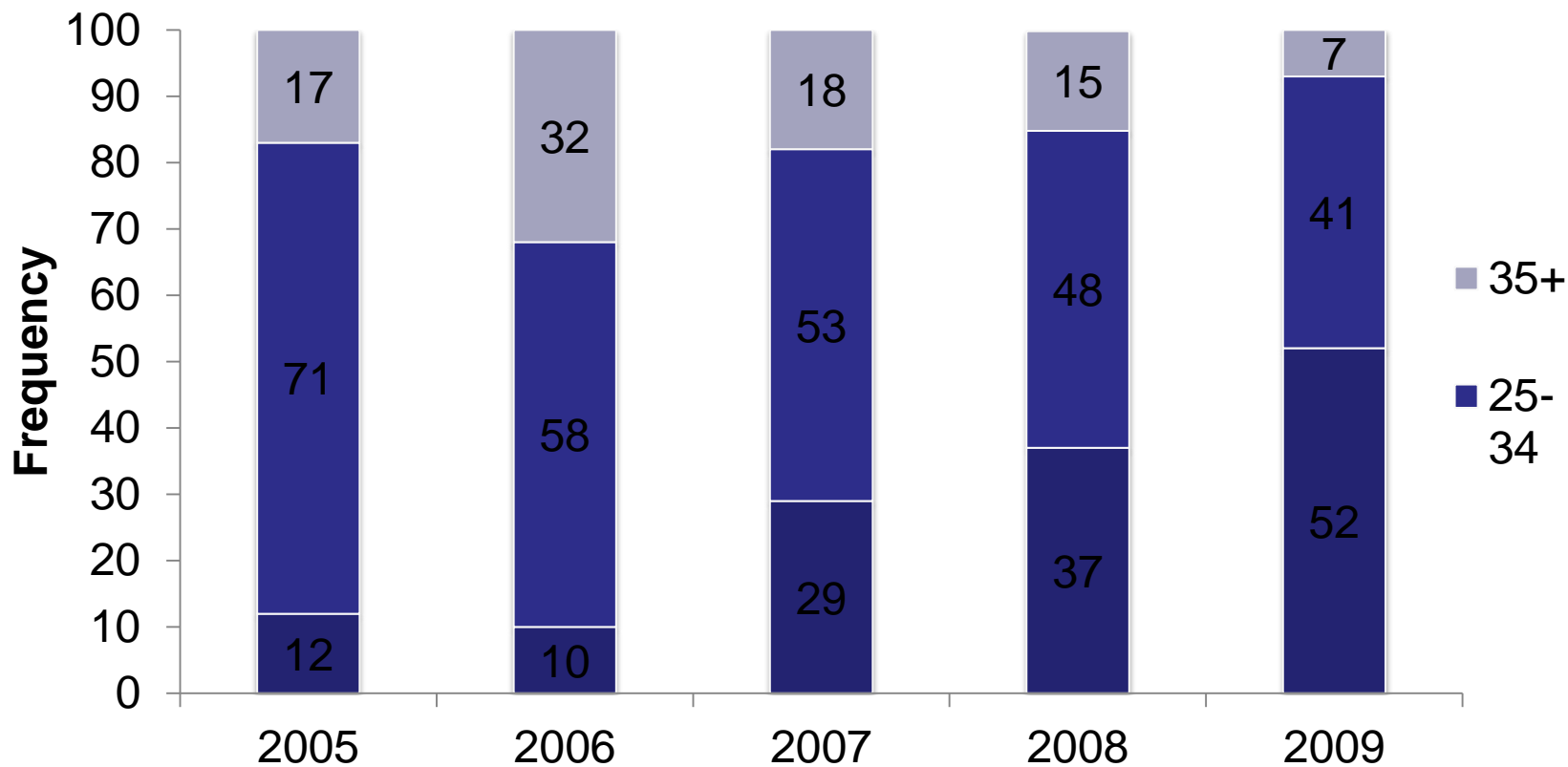
Three monthly Follow up

- Recall of sexual behaviour, condom use, IV drug use, and sex work
- STI & HIV testing
- Risk reduction counselling & provision of free condoms / lubricants



KEMRI-IAVI-clinic, Mtwapa

Age distribution, and number tested by year, 705 MSM, 2005-10, Kilifi, Kenya



N tested

24

192

166

141

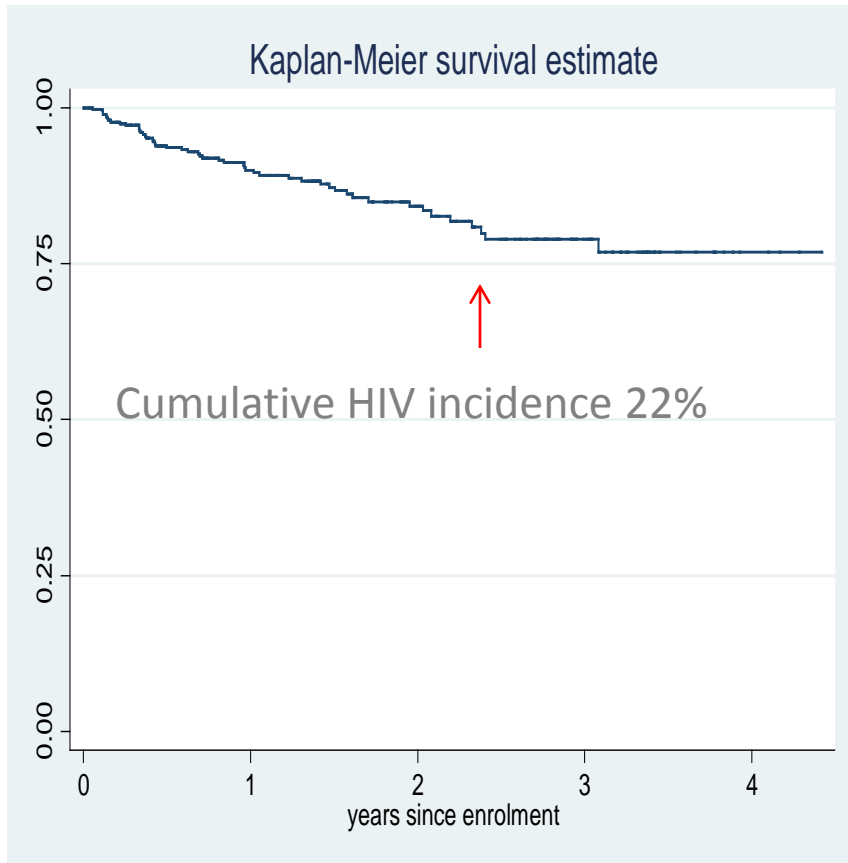
182*

HIV prevalence [2005-09]: 20.3% (95% CI: 17.4 -23.5)

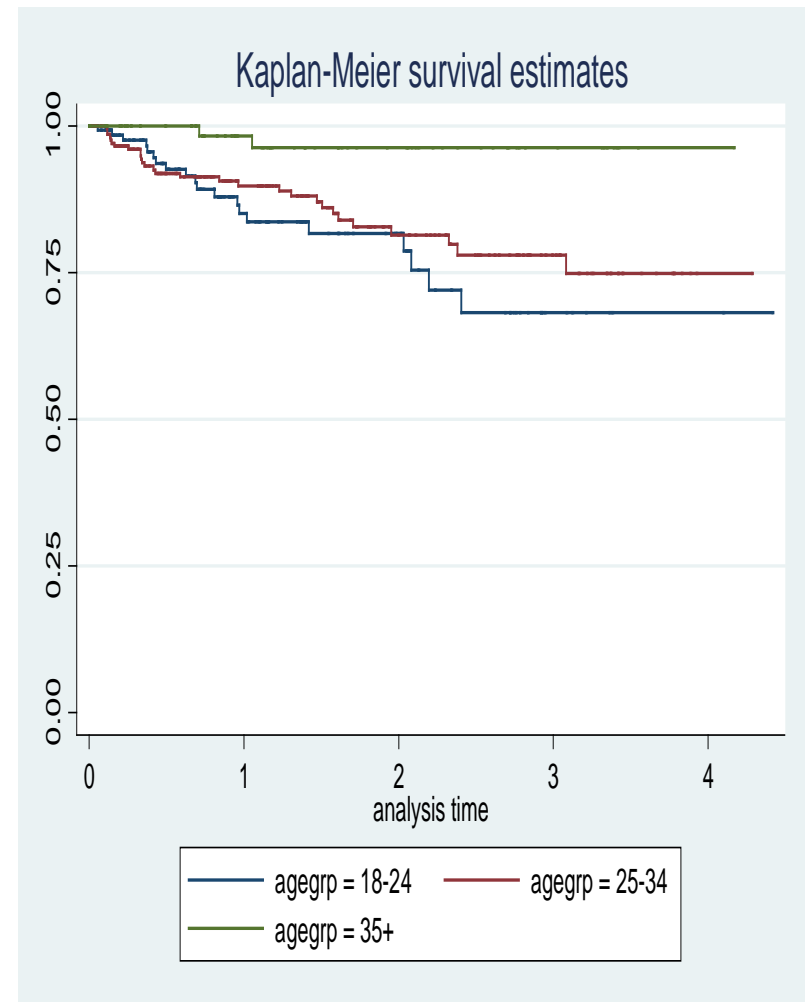
*including n=25, Q1, 2010

HIV incidence in MSM, and by age group, Kilifi

number of SC = 51



HIV incidence density =
8.9 /100 PYO (95% CI:6.8 - 11.7)



Evaluation of HIV Type 1 Strains in Men Having Sex with Men and in Female Sex Workers in Mombasa, Kenya

Sodsai Tovanabutra,¹ Edward J. Sanders,^{2,3} Susan M. Graham,^{2,4} Mary Mwangome,²
Norbert Peshu,² R. Scott McGlelland,⁴ Allan Muhean,² Jacqueline Grossier,¹ Matt A. Price,⁵
Jill Gilmour,⁵ Nelson L. Michael,¹ and Francine M. McCutchan^{1*}

- Compared viral strains in MSM and female sex workers
- Both acute and prevalent samples
- Full length genomic sequencing
- Collaboration with Francine McCutchan (USA)

Conclusion: MSM viral strains

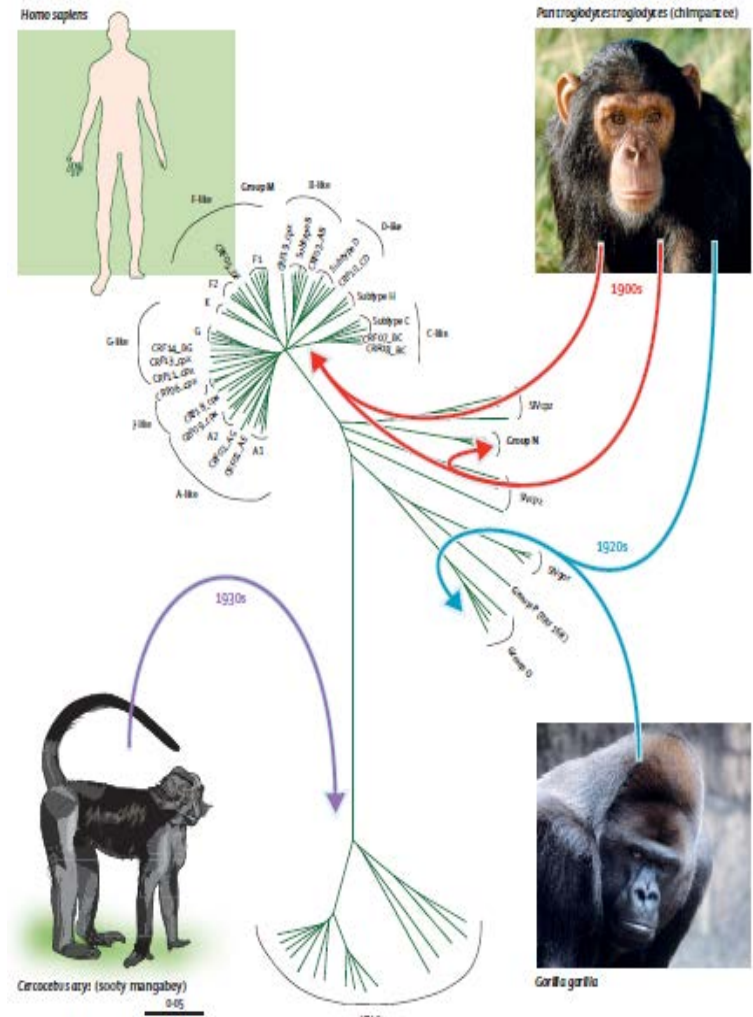
- MSM epidemic is connected to local, Kenyan epidemic
- High proportion of recombinant, dual infections, and novel strains
- New strains arising in MSM could easily bridge to much larger hetero-sexual community

Tracking spread of HIV using sequences

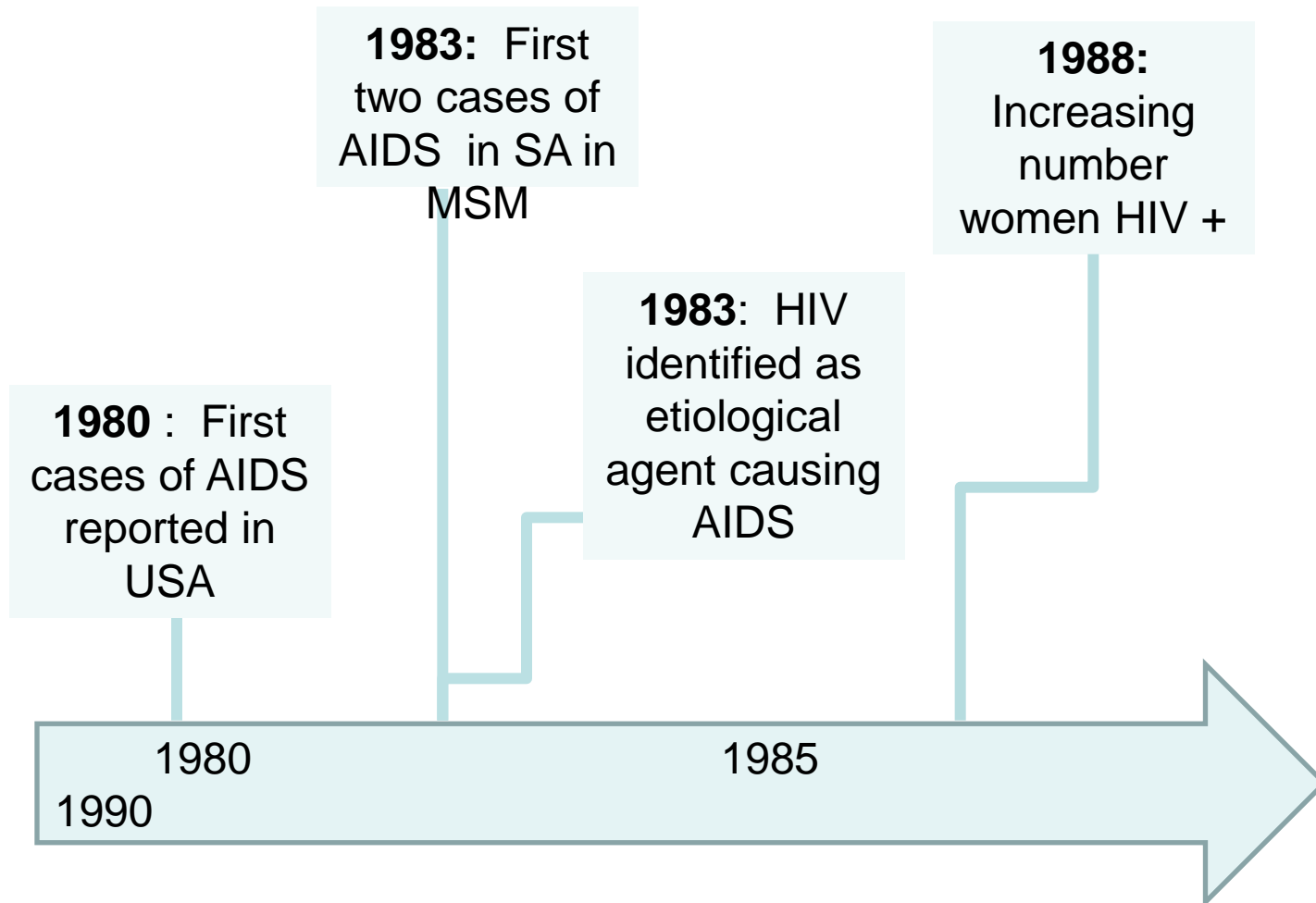
By analyzing the viral sequence we can:

- Determine where HIV originated
- Track its global dissemination
- Identify transmission networks

Every time HIV replicates, it introduces **changes/mutations** into its genome. The HIV sequence **within an individual is unique** and, outside of analysis very close to time of transmission, no two HIV sequences from different individuals are identical .



HIV-1 epidemic in South Africa: Timelines

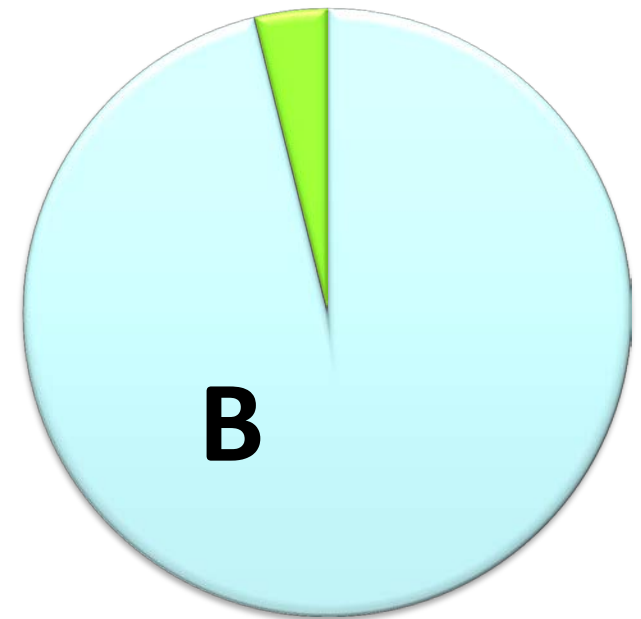


Subtype Distribution: 1986-1993

Heterosexual



MSM



Subtype

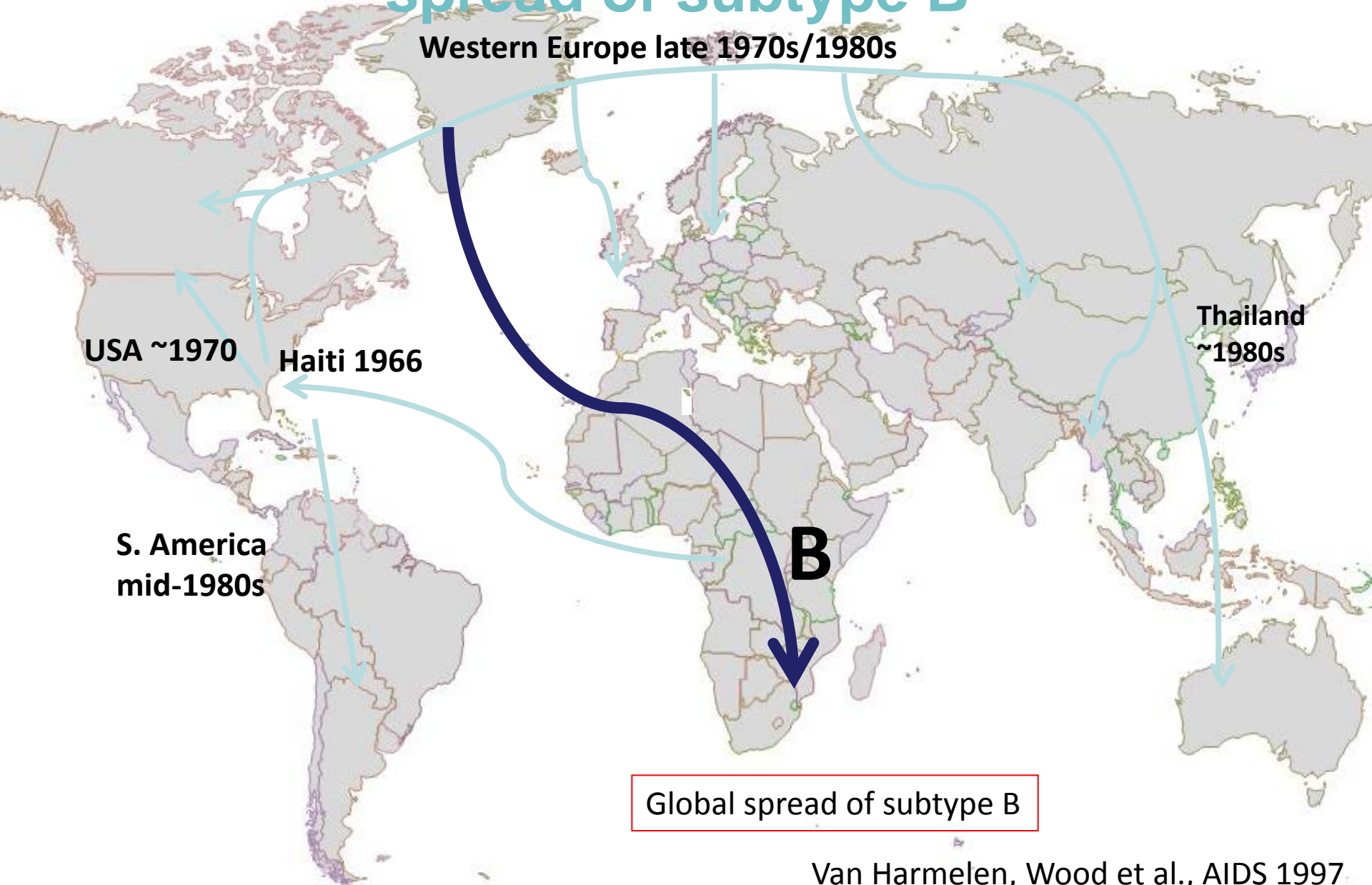
■ B

■ C

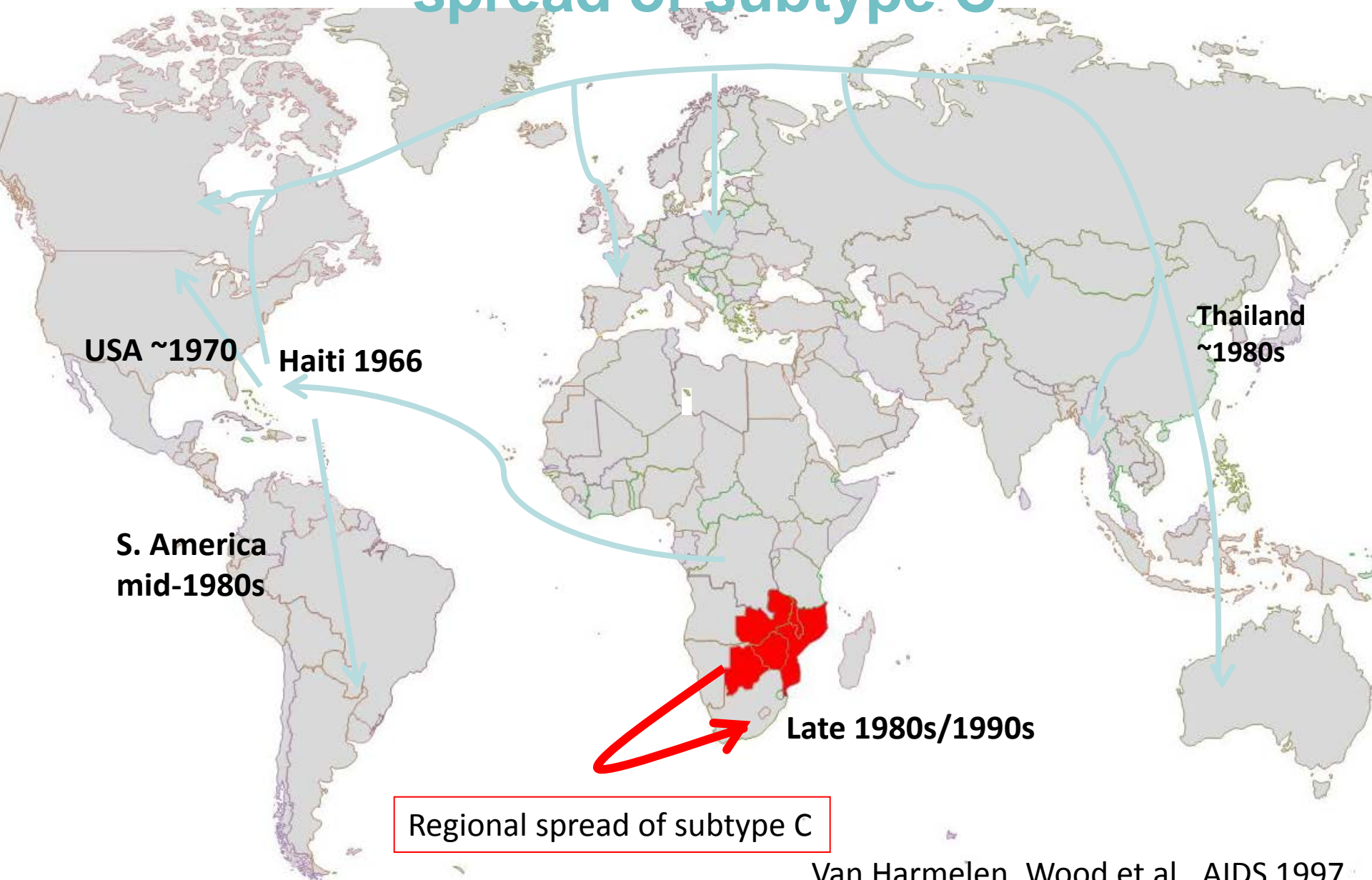
■ D

■ E

First MSM epidemic in South Africa: Global spread of subtype B



Second heterosexual epidemic: Region spread of subtype C

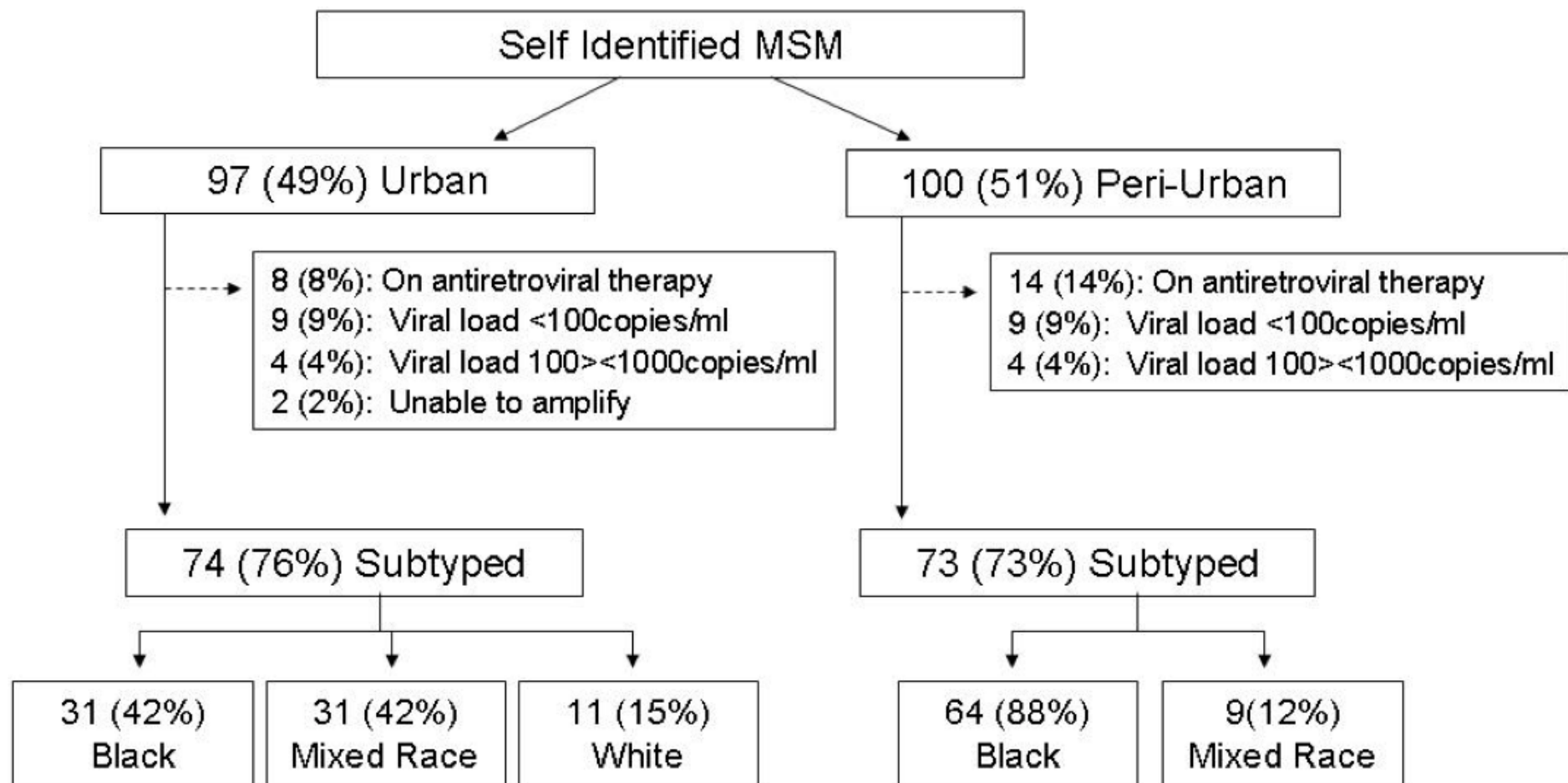


Exploratory Study to Determine Identity, Social Networks and Circulating HIV Clades Among Men-Who-Have-Sex- With-Men (MSM) in Cape Town

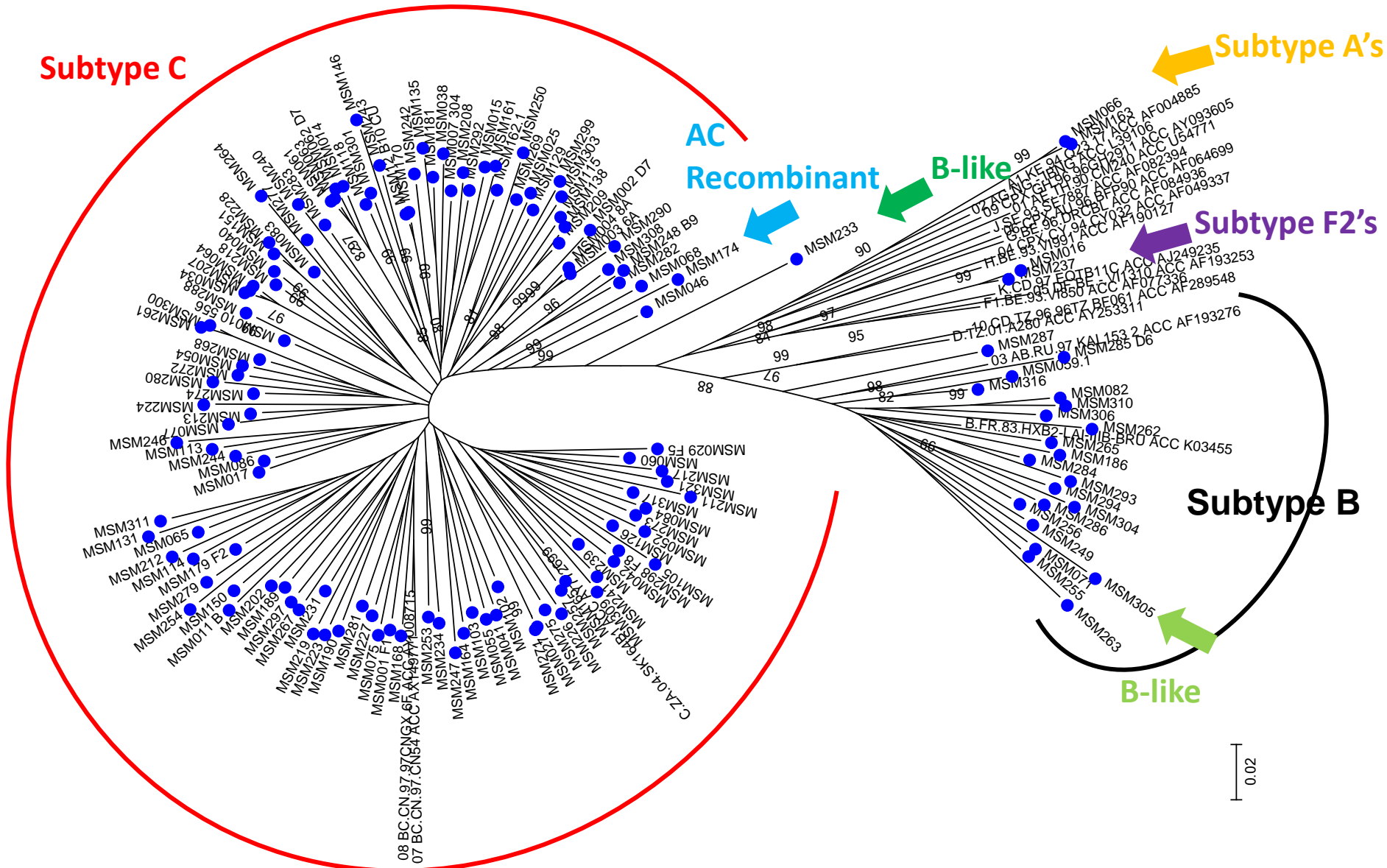
Carolyn Williamson and Desmond Tutu HIV
Foundation



UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

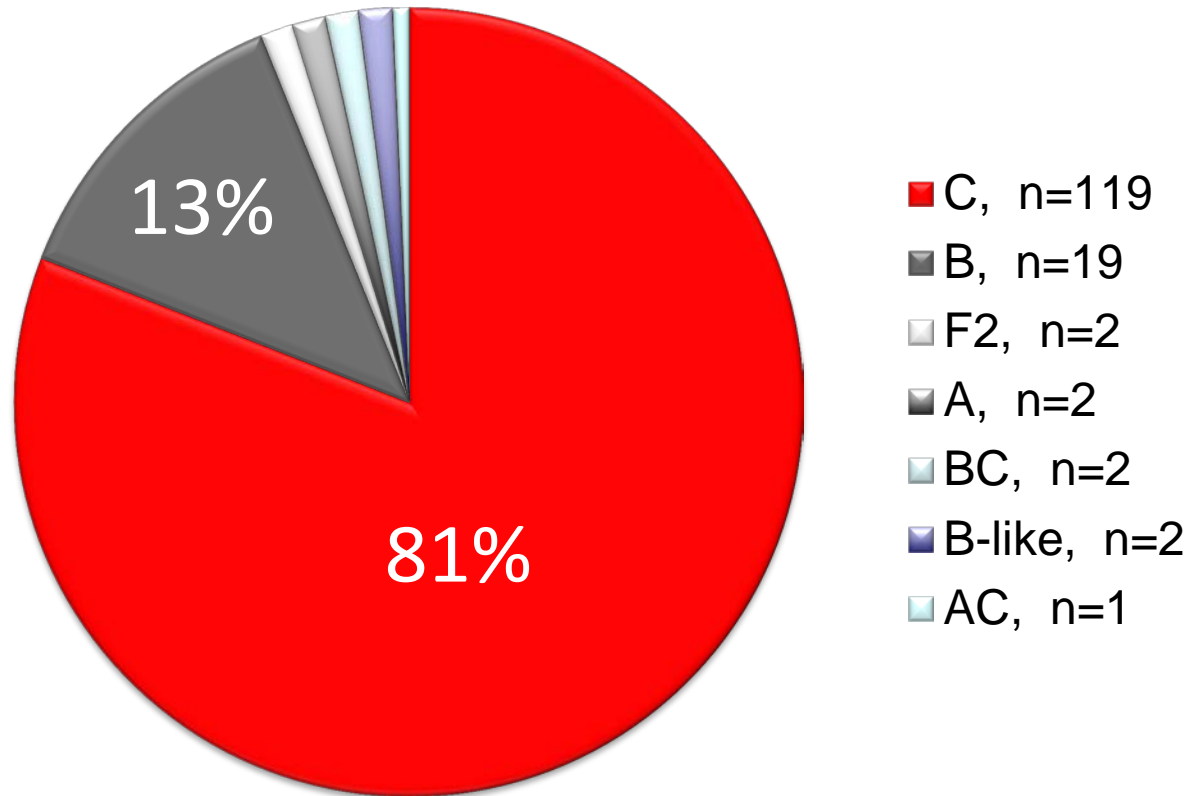


Subtypes in MSM in Cape Town



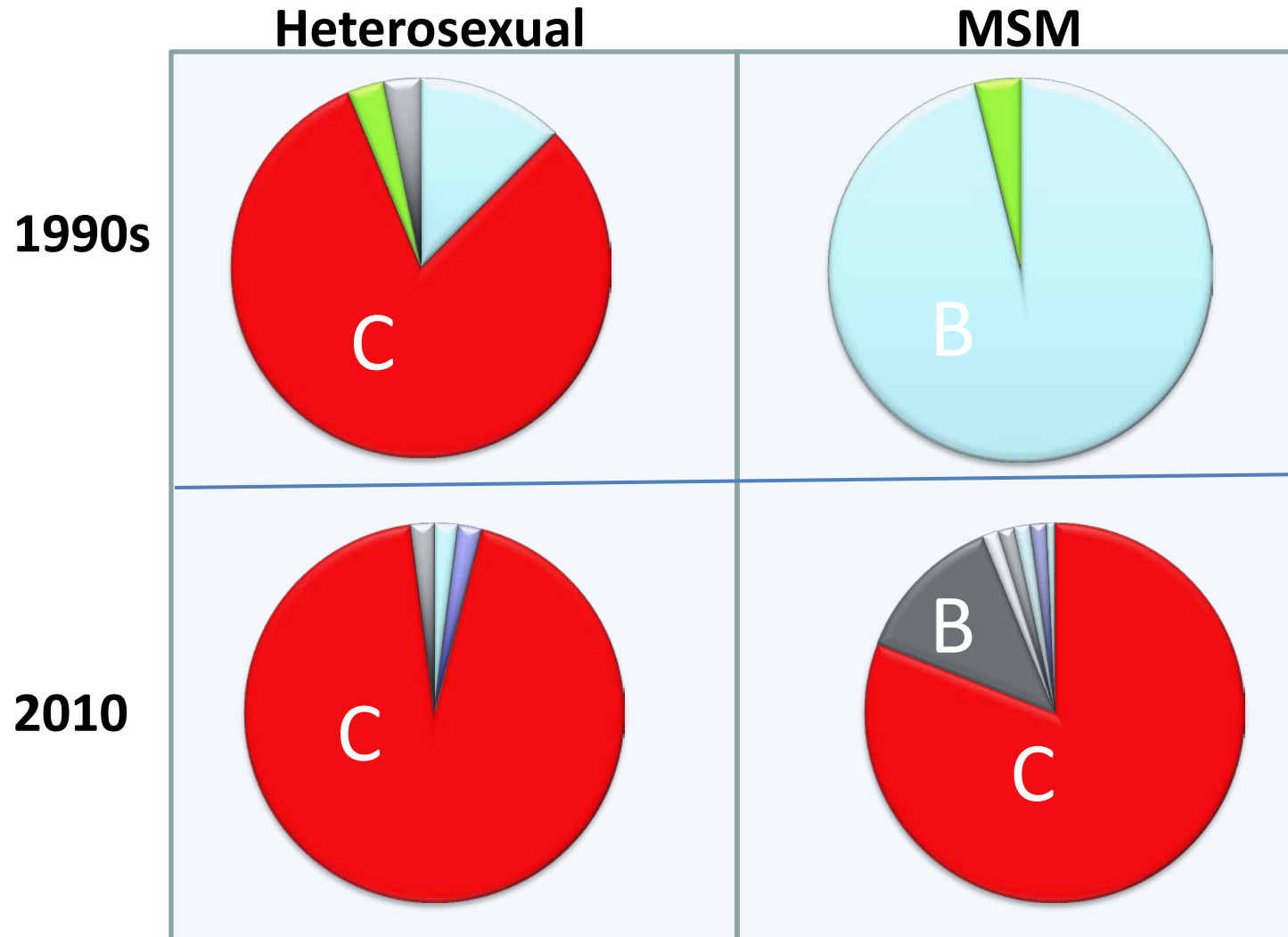
Maximum Likelihood Tree of 147 MSM HIV-1 Gp160 with 19 subtype reference sequences.

Cape Town MSM Subtype Distribution (2010)



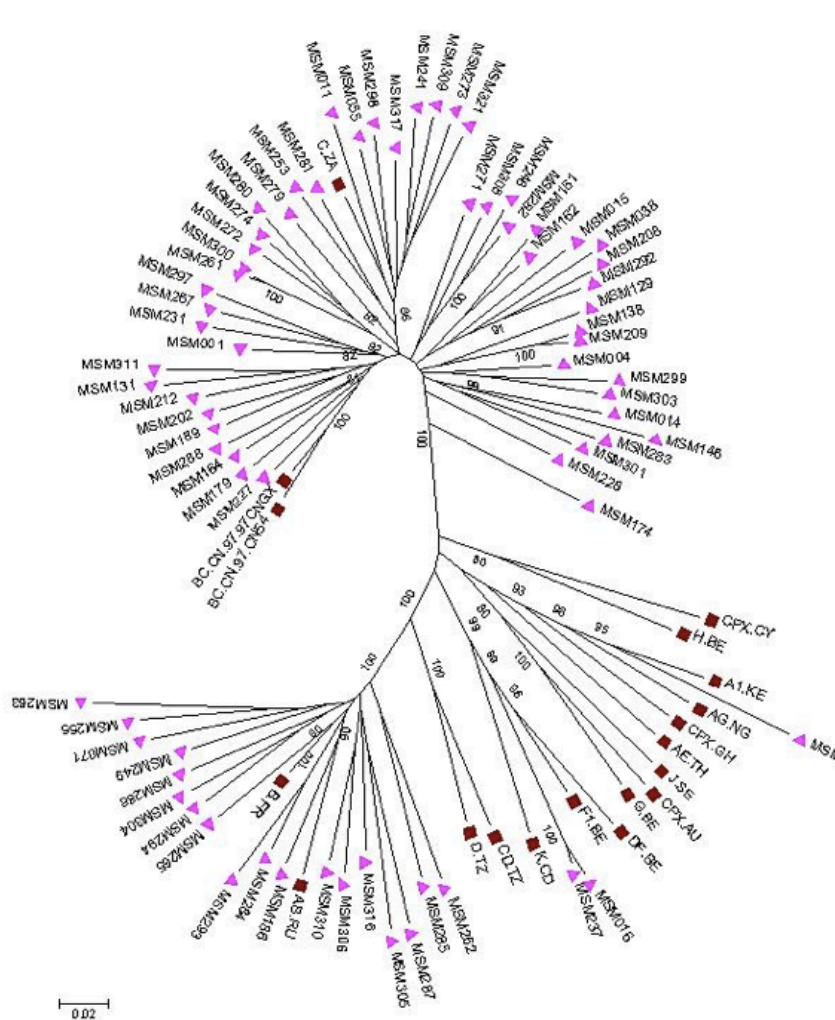
Changing patterns

(Note: cohorts not matched)

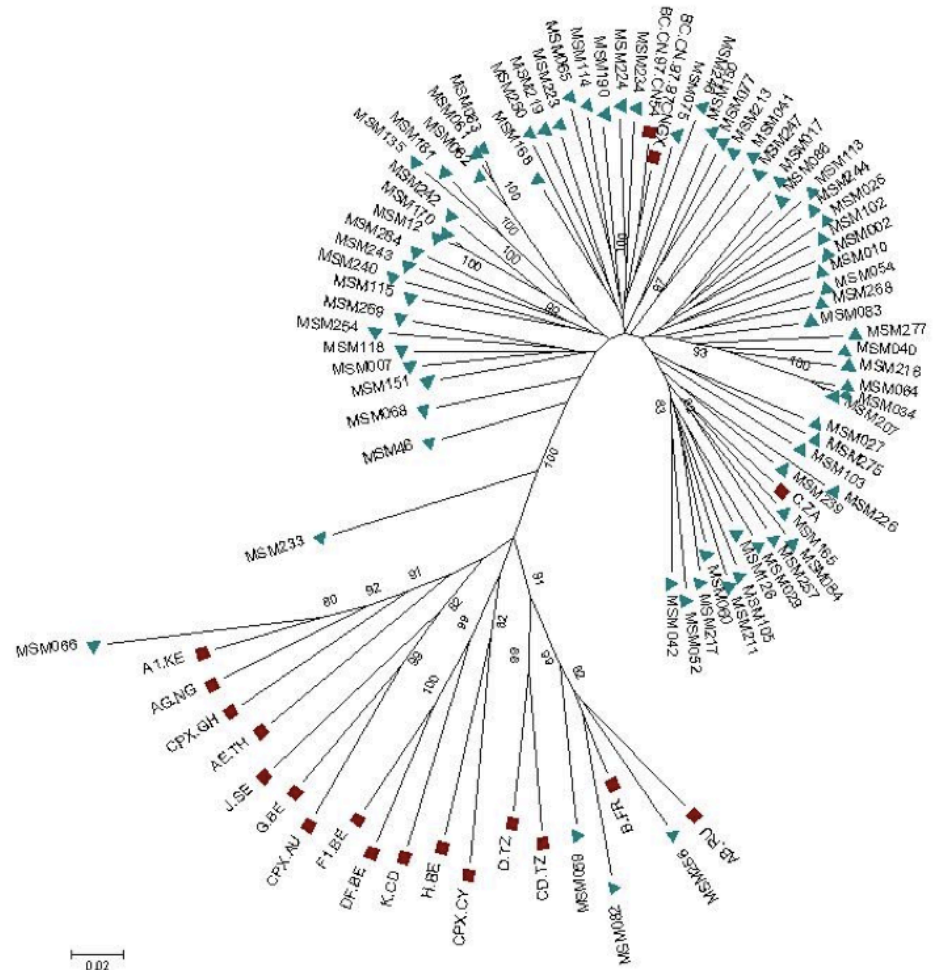


Location in CT

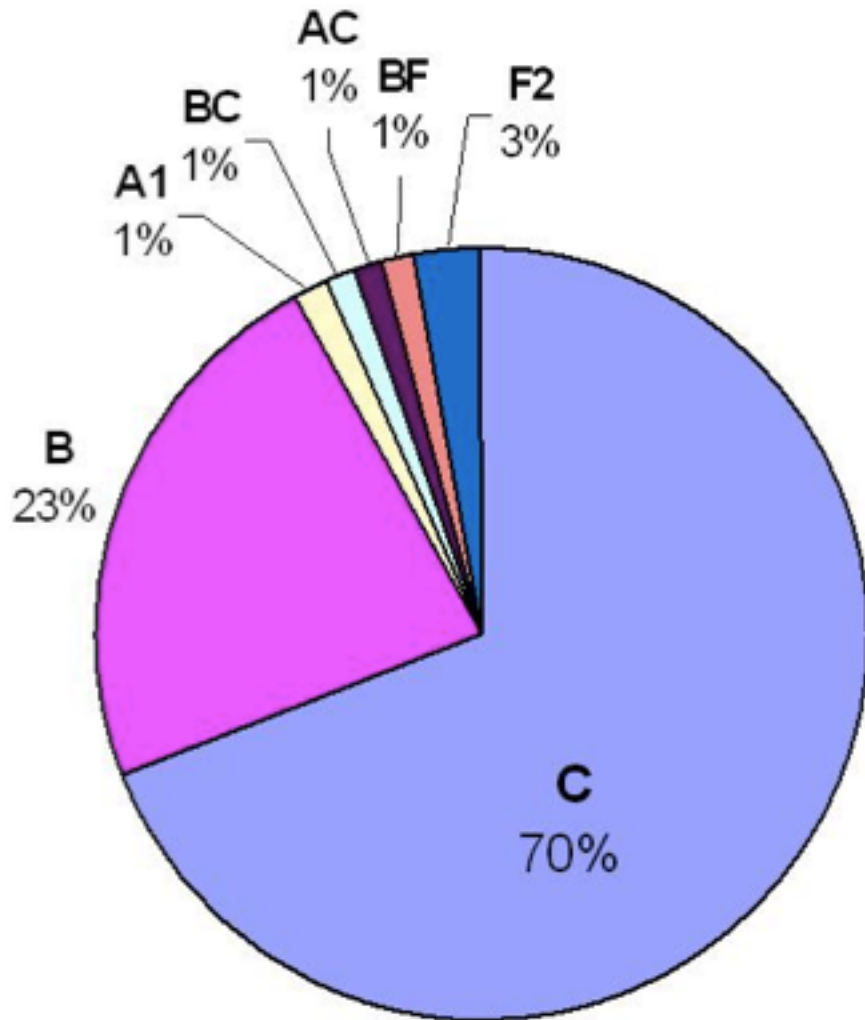
Urban MSM



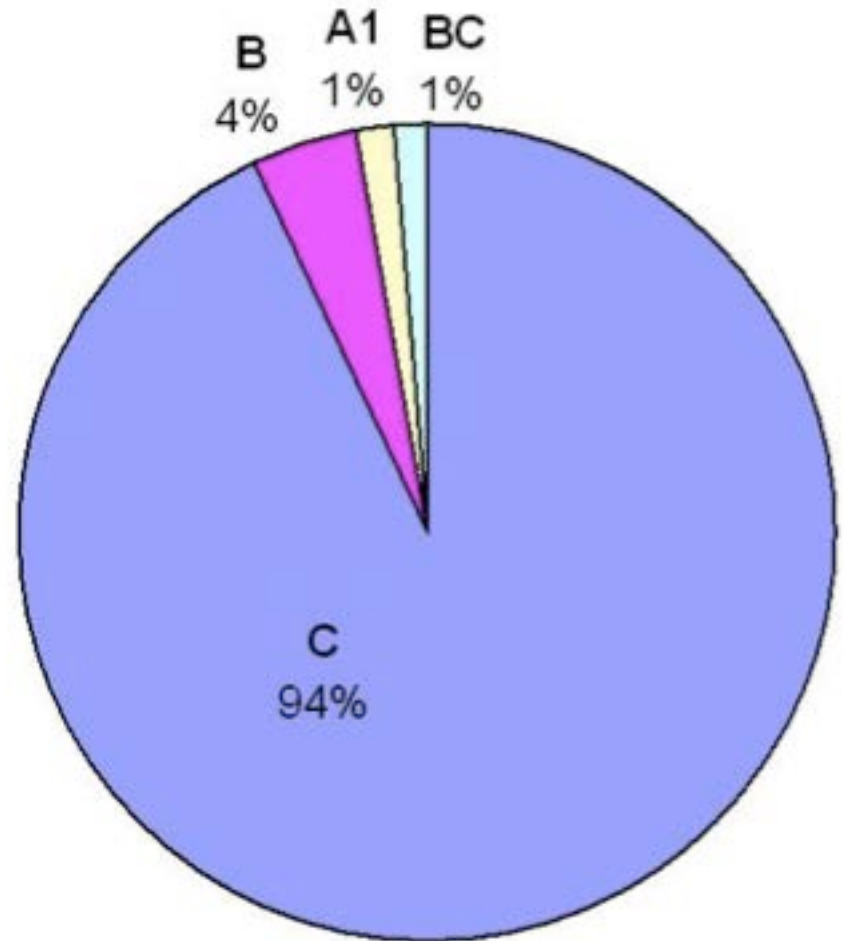
Peri-urban MSM



Urban MSM

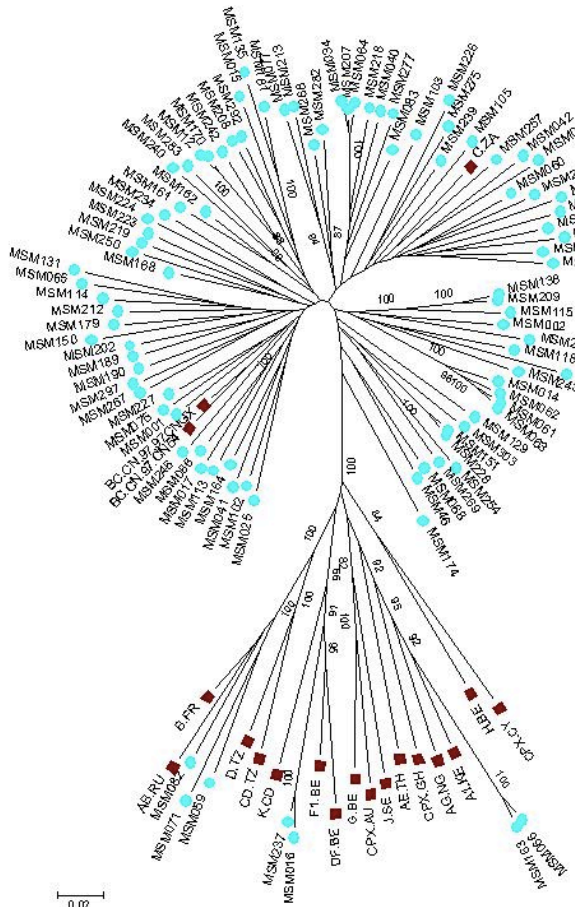


Peri-urban MSM

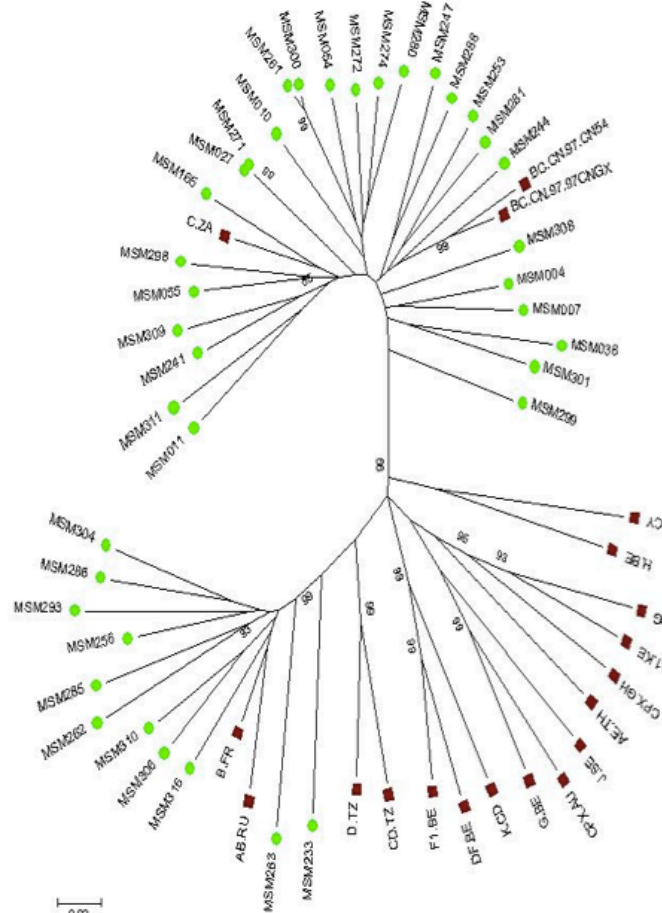


Clade by race

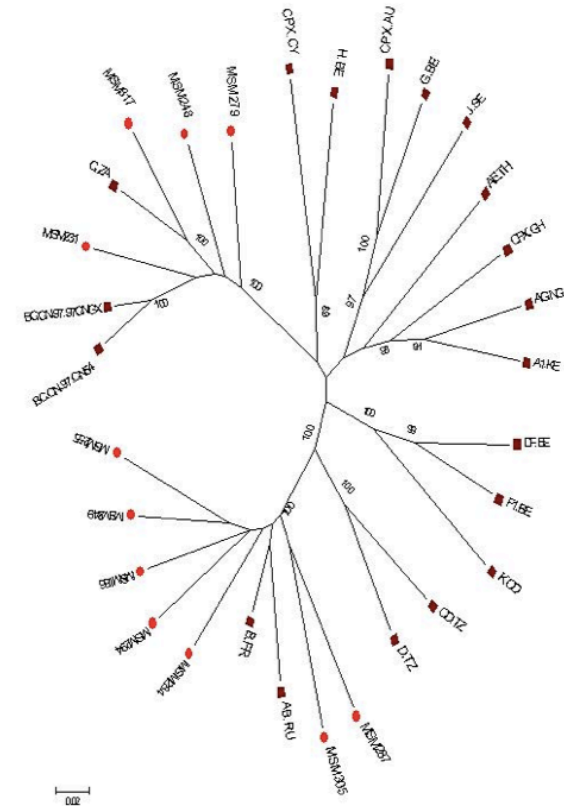
SA Black



SA Coloured

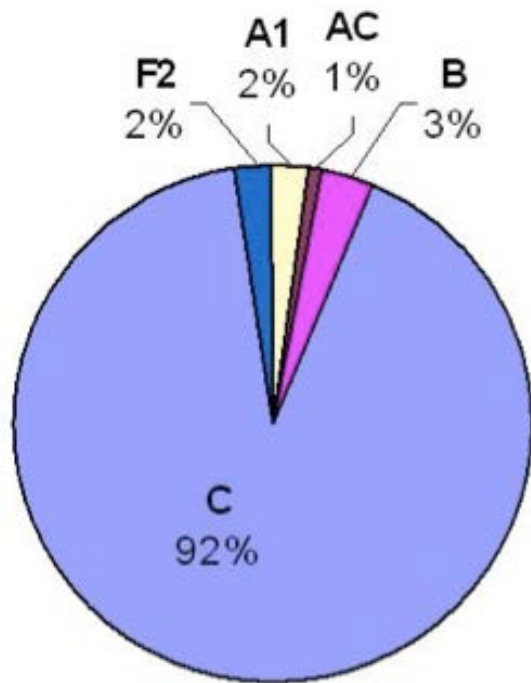


SA White

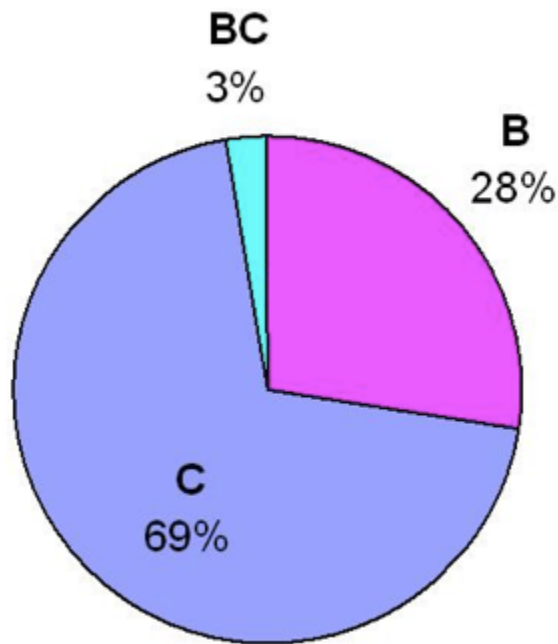


Clade by race

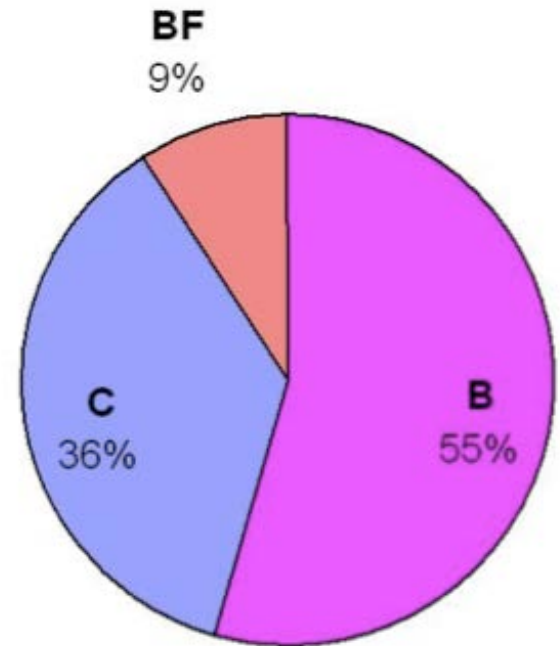
SA Black



SA Coloured



SA White



Conclusions



- MSM in Cape Town engage in sex with women.
- Genotyping data showed that there is bridging between the generalized heterosexual and concentrated MSM HIV epidemics in Cape Town.
- For vaccine trials it is important to know subtype circulating as this may impact on vaccine efficacy

Conclusions

- Higher diversity of subtypes circulating in MSM in Cape Town compared to heterosexual infection which is >95% subtype C.
- 20% of infection in MSM were not due to subtype C, 13% comprised of subtype B.
- Sequencing information is also useful to define local transmission patterns. No obvious evidence of extensive local spread although some linked clusters were identified.

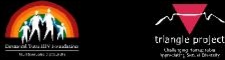


PREP

CAN A PILL A DAY
**PREVENT
HIV?**

FOR INFORMATION ON THIS NEW AND
EXCITING **HIV PREVENTION STUDY**

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All participants will be compensated for their time and transport.





PrEP Initiative / Iniciativa PrEx

Sponsored by

NIH/NIAID/DAIDS

with co-funding by the

Bill & Melinda Gates Foundation

and drug donated by

Gilead Sciences

The Global PrEP Study

Enrolling (★), Invited (☆), January 2008



Number of Participants	3000
Number of Sites	11

The PrEP Study: Safety, Efficacy, Behavior, and Biology



Gladstone Institute
of Virology and
Immunology



Desmond Tutu HIV Foundation
Masibambane Ngezandla



The PrEP Study: Safety, Efficacy, Behavior, and Biology

Sponsored by NIH/NIAID/DAIDS

with co-funding by the

Bill and Melinda Gates Foundation

and drug donated by

Gilead Sciences



BILL & MELINDA
GATES *foundation*

Background

- The Global iPrEx Study Design
 - Double blind, placebo controlled
 - Safety and efficacy
 - Once a day, daily oral use of an ARV drug for HIV prevention
- Study medication
 - Tenofovir 200 mg. Emtricitabine 300 mg

Background (cont.)

- Study population
 - 2,499 men and transgender women who have sex with men at 11 sites
 - Rio de Janeiro (2), Brazil
 - Sao Paulo (1), Brazil
 - Guayaquil (1), Ecuador
 - Lima (2), Peru
 - Iquitos (1), Peru
 - Cape Town (1), South Africa
 - Chiang Mai (1), Thailand

PrEP study Cape Town: Background






- “Chemoprophylaxis for HIV Prevention in Men”
- Safety and efficacy of Truvada® in preventing HIV
 - high-risk MSM in greater Cape Town
 - Launched in Dec 2008
- Multiple recruitment strategies to reach diverse population
 - SMS advertising campaign
 - LGBT-venue fieldwork
 - Community recruiters
 - Referrals
 - Passive Internet recruitment

**CAN A PILL A DAY
PREVENT
HIV?**

FOR INFORMATION ON THIS NEW AND
EXCITING **HIV PREVENTION STUDY**

SMS "Info" at no cost to 30060 or
e-mail MCMHP@hiv-research.org.za

All participants will be compensated for their time and transport.

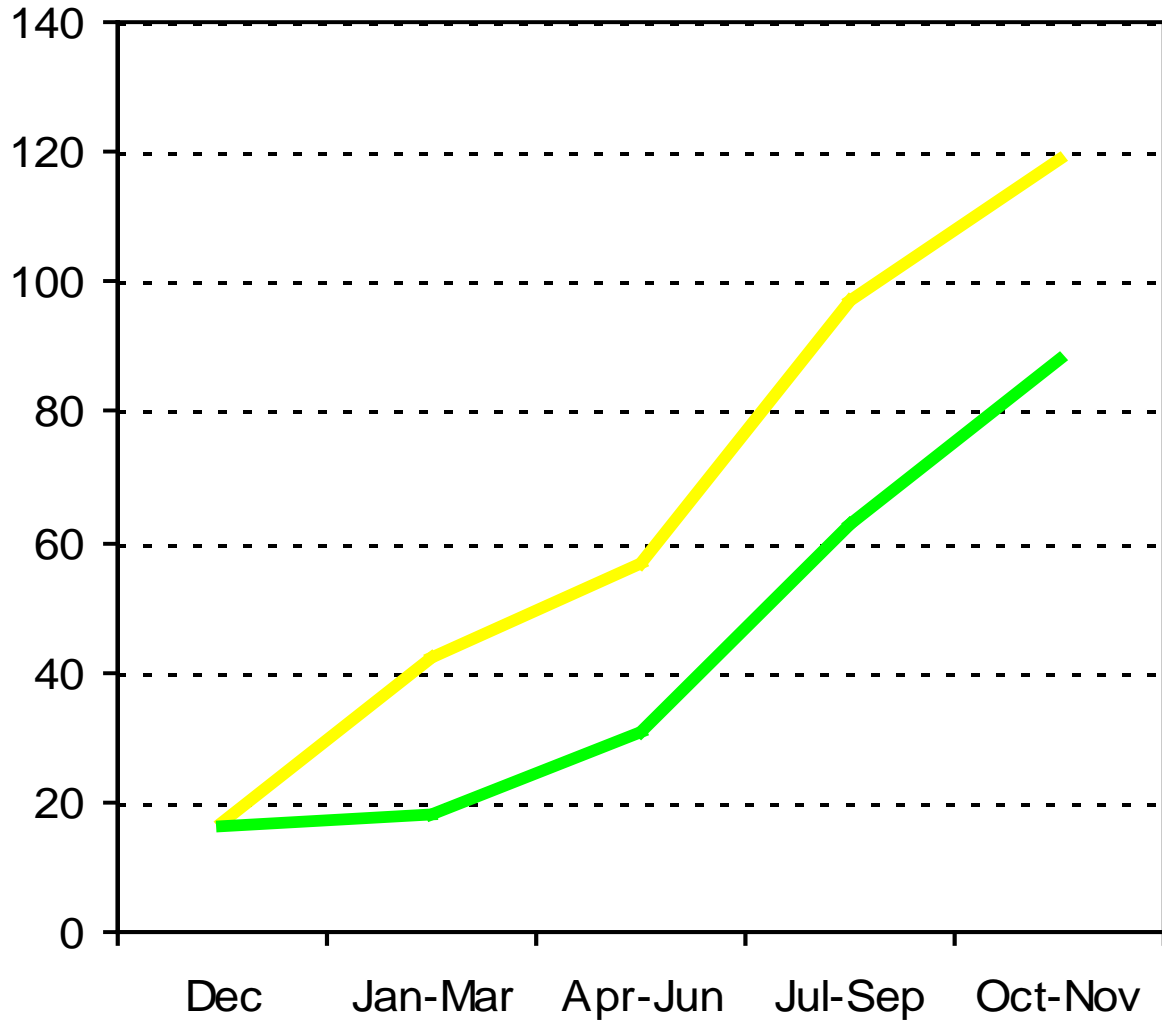


IPrEx – Cape Town

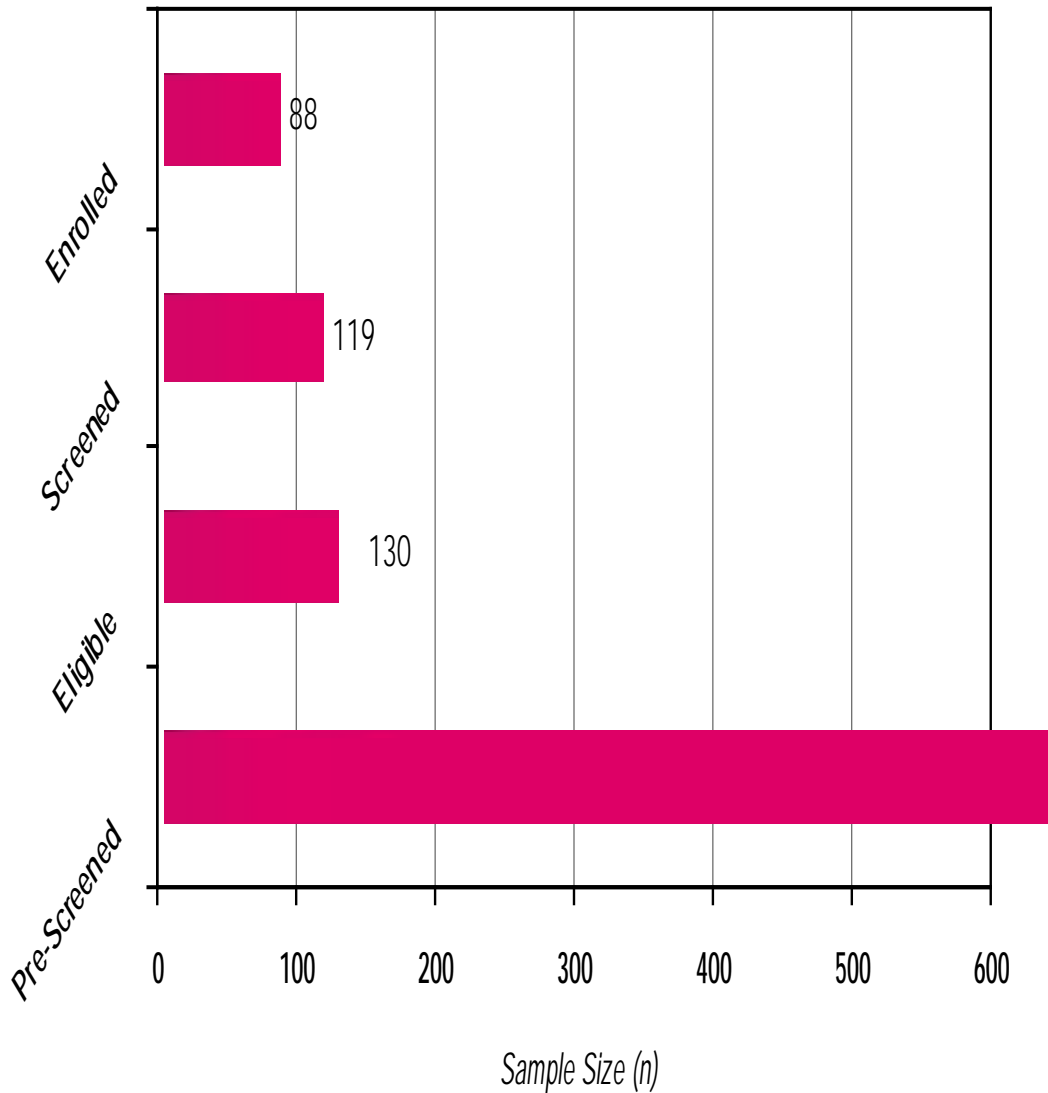
Enrollment:

Initiated : Jan 09

Halted : Oct 09



PrEP study Cape Town: Recruitment



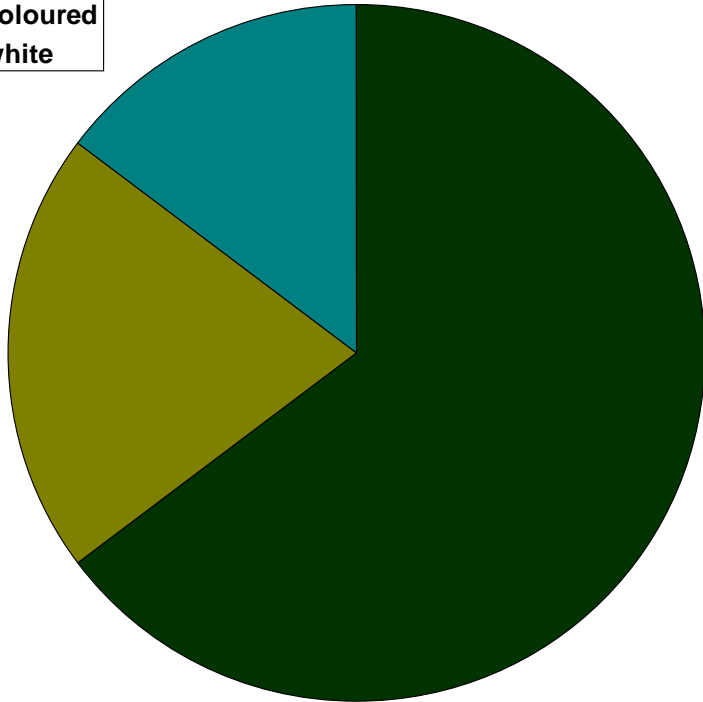
Challenges:

- HIV negative and traceable township MSM

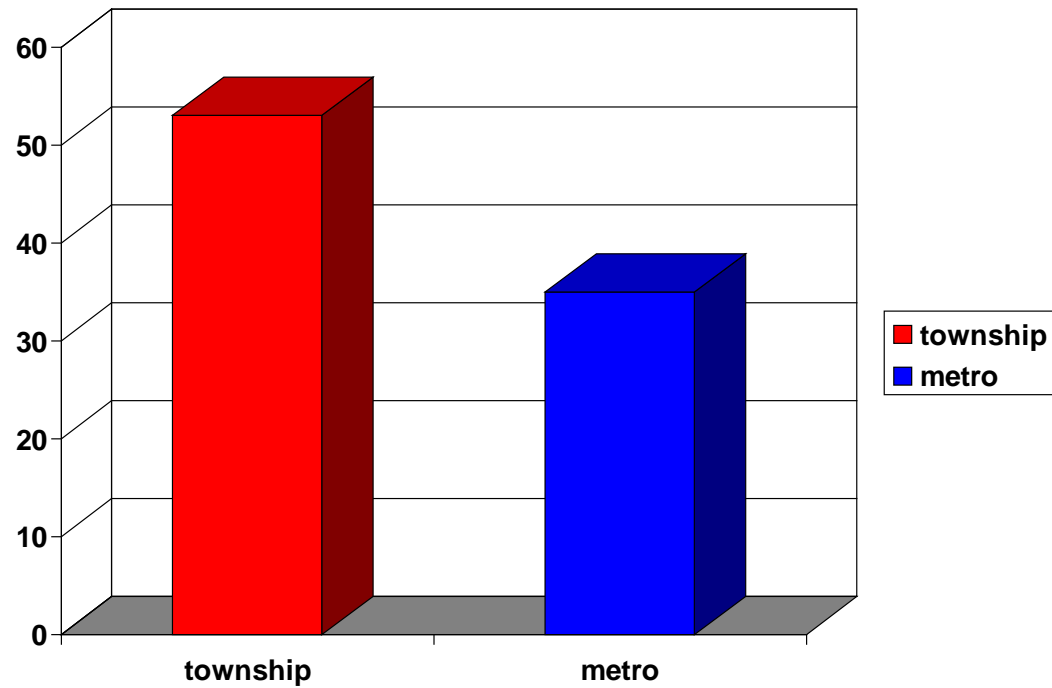
Solutions:

- Prescreen
- More targeted recruitment campaign
- Employ an army of well networked peer recruiters!
- Must engage community fully

Race



Location







Background

- Study results
 - iPrEx showed that daily use of oral PrEP provided 44% additional protection in preventing HIV infection
 - All participants received comprehensive HIV prevention services

iPrEx Open Label Extension

iPrEx Ole

iPrEx Next Steps

- iPrEx Open Label Extension
 - Aimed at providing additional safety data regarding long-term PrEP use among those rolling over from the active arm

iPrEx Next Steps (cont.)

- Rationale:
 - Information about PrEP efficacy might decrease perception of HIV risk
 - Risk compensation: increased risk behavior (decreased use of condoms or more sex partners)
 - information about PrEP safety and efficacy may increase pill use and drug exposure

iPrEx Next Steps (cont.)

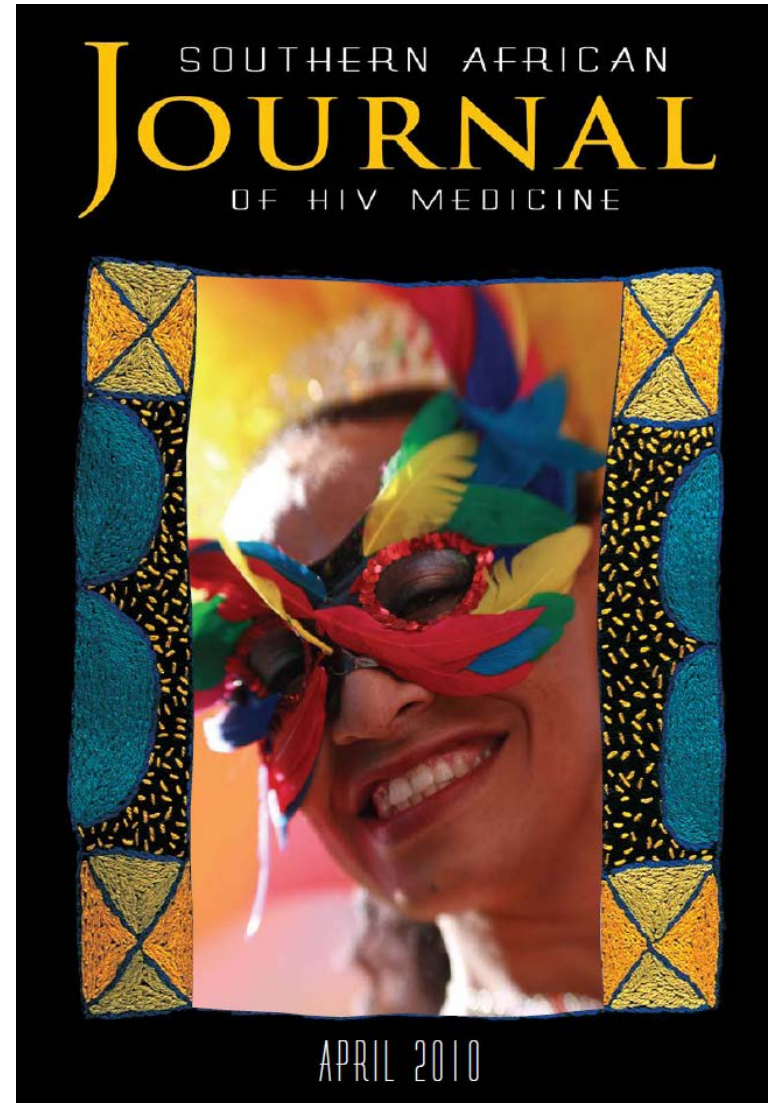
- Study Implementation
 - Every participant enrolled in the blinded phase will be unblinded
 - Invited to enroll in the Open Label Extension
 - HIV (-) participants will be offered Truvada®
 - HIV (+) participants will receive HIV Viral Load and CD4 count monitoring and Referrals of ART treatment when needed

iPrEx Open Label Extension

- The iPrEx Open Label Extension will provide unique opportunities to address questions about how information about PrEP safety and efficacy might affect risk behavior and pill use
- Cape Town : 55 of 88 MSM have enrolled

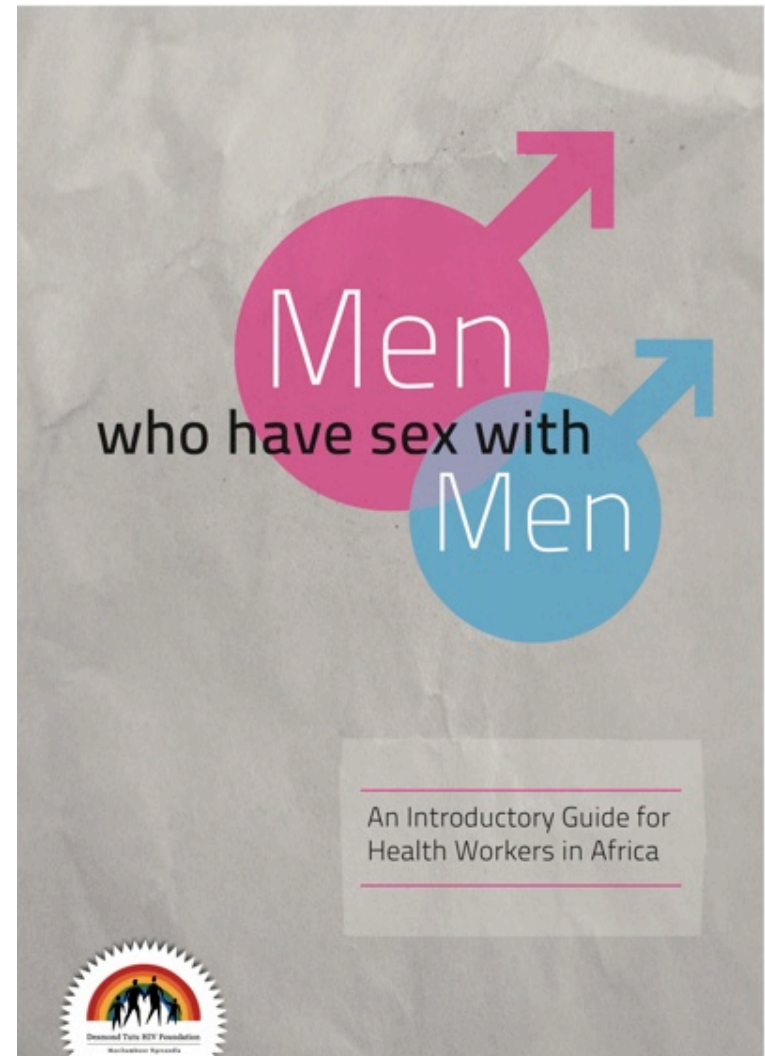
MSM Africa : What is still needed?

- Activism and advocacy
- Serious community engagement
- More research
- Better services



MSM Sensitivity Training For Health Workers

- >450 HIV Counselors, trainers, and coordinators trained 2010
- Now extended to on-line education in partnership with Kilifi team.
- French and Portuguese translation underway.

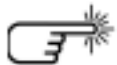


Lubricants

IRMA lube survey



- Internet-based
 - SurveyMonkey with e-promotion
 - Ran 29 weeks in 2007
- 6 languages (EN/FR/SP/POR/GER/TUR)
- 8,945 Responses from 107 countries
 - 6,273 reported AI within the past 6 months (70.1%)
 - 911 women,
- 428 AI in past 6 mos.
- Analysis by UCLA



Health4men: A Novel Urban Clinical Service Targeting Men Who Have Sex With Men (MSM)

**HEALTH
4MEN**
top to bottom



USAID
FROM THE AMERICAN PEOPLE

**PERINATAL HIV
RESEARCH UNIT**



ANOVA
HEALTH INSTITUTE

**IVAN TOMS CENTRE FOR
MEN'S HEALTH**

**SIMON NKOLI CENTRE FOR
MEN'S HEALTH**



You are invited to the controversial and ground-breaking event...

'TAKING A RISK FOR SAFER SEX'

A photo exhibition of naked Cape Town men

The series of more than 50 specially-commissioned photos will be exhibited from 17 - 25 July 2009, coinciding with the IAS (International Aids Society) Conference taking place in Cape Town.

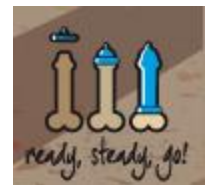
The exhibition aims to increase awareness around safer sex issues among the gay community. Proceeds from the auctioned art will go to Play Nice, a non-profit organisation that promotes responsible sex among men.

The auction will commence at 8pm on Monday, 20 July 2009 following an address by internationally-acclaimed expert on men's sexual health, Professor Ken Mayer of Brown University at 7 pm.

WHERE: Adam & Eve (formerly The Loft Lounge), Napier St, De Waterkant

CONTACT: Glenn de Swardt - 021 425 6463 - glenn@health4men.co.za

Health4Men is a partnership between Anova Health Institute, PHRU and the Western Cape Department of Health.



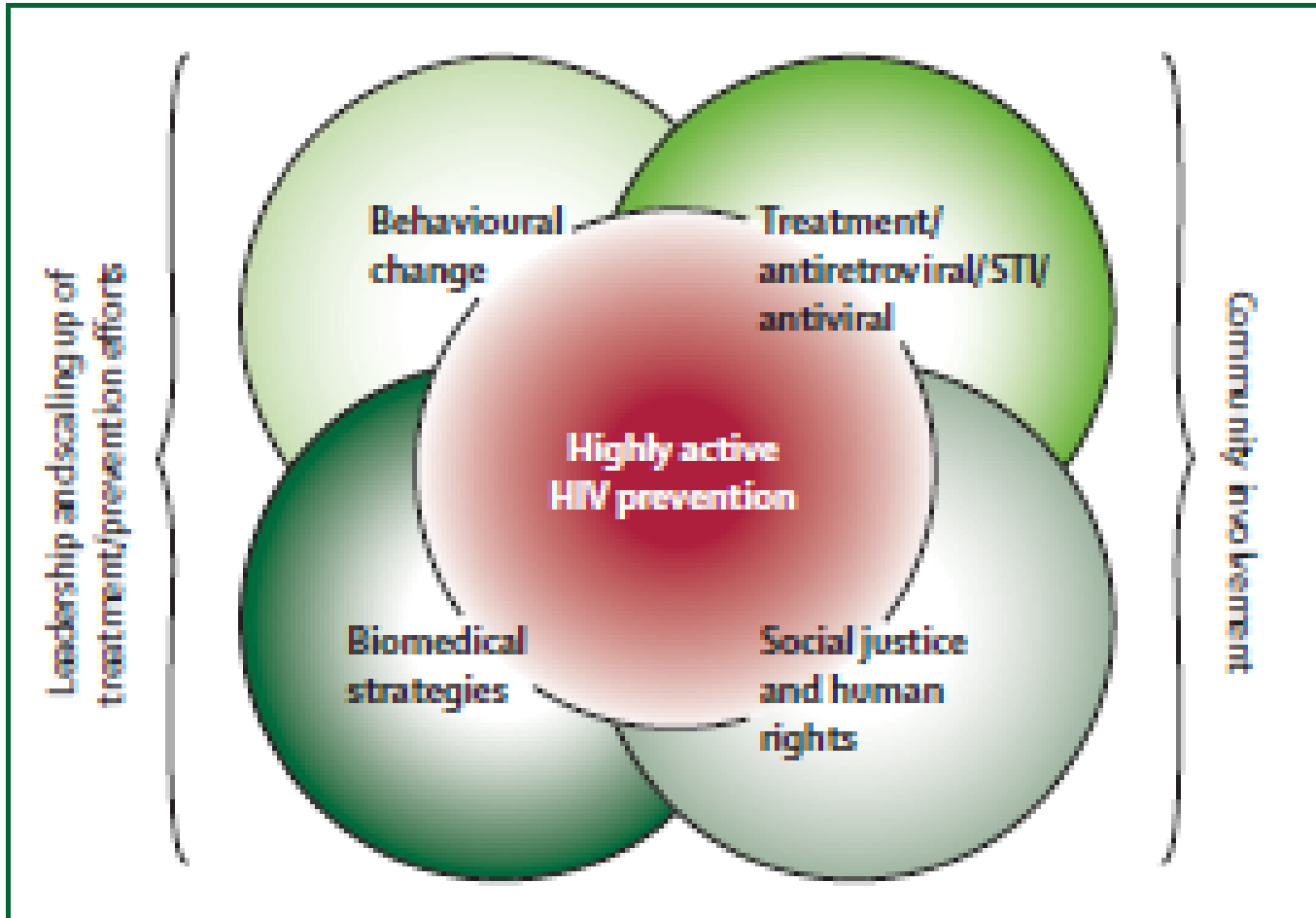
**AVOIDING
AIDS
AS EASY AS...**

A BSTAIN
B E FAITHFUL
C ONDOMISE



Highly active HIV prevention.

A term coined by Prof K Holmes, University of Washington School of Medicine, Seattle, WA, USA.⁵



From Coates T et al 2008.

Targeted Prevention Packages





Advanced Topics in Combination HIV Prevention Research with Men who have Sex with Men (MSM) in Africa.

AIDS International Training and Research
Program Workshop.
22-24 March 2011



MSM package

- HCT
- ART
- PREP
- MSM Services
- Condoms and lube
- Education
- Psychosocial support
- Microfinancing
- Job skills
- Legal and human rights
- RM



MSM package?



Which ingredients?

Interaction?

MP3 II

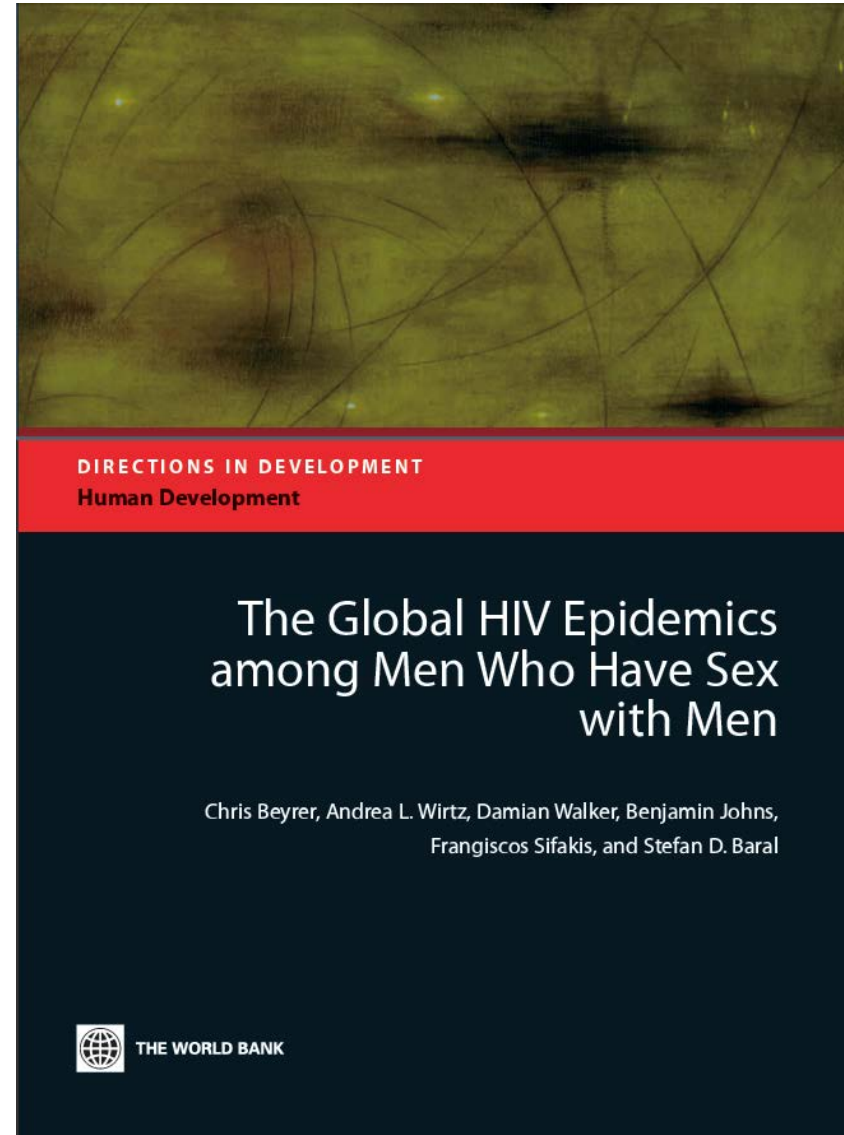


Prevention Packages for MSM in Southern Africa

Emory University
Desmond Tutu HIV Foundation
Johns Hopkins University
University of California, Los Angeles

Literature Review

- Lead: Stefan Baral, JHU
- Builds on previous review of prevention literature in MSM for World Bank
- Utilizes the HASTE system for classification
- 1900+ documents archived



Literature Review -- Dissemination

The screenshot displays the Emory CFAR website. The header includes the Emory University logo and the text "Center for AIDS Research". A navigation bar contains links for "ABOUT CFAR", "CFAR CORES", "FOR RESEARCHERS", "FOR STUDENTS & VOLUNTEERS", and "CFAR LINC'S". The main content area is titled "MSM Online Research Database" and includes a "Coming soon!" notice. A detailed table of contents is provided, listing sections such as "Content", "Article", "Study", "Survey", "User Experience", and "Output". On the right side, there are three promotional banners: "find a research collaborator", "Groups & Meetings", and "request CFAR services". A sidebar on the left lists "Prevention Science", "Specific Aims", and "Self-service Options". At the bottom, there is a footer with contact information and a copyright notice for 2011 Emory University.

- Via Emory CFAR Prevention Sciences Core website
- Faceted search
- Links to PDF documents
- Portal for updates?

Figure 4. Proposed standard of care and enhanced services in a CHPI for MSM in Africa. I: individual; P: partner-level; C: community *pending trial results

Standard of care activities	
<u>Service</u>	<u>Type (Level)</u>
HIV testing	Biomedical (I)
Risk reduction counseling	Behavioral (I)
Condoms/WBL	Biomedical (I)
STI screening/treatment	Biomedical (I)
ARV referral for HIV+	Biomedical (I)
Circumcision evaluation	Biomedical (I)
<u>Preexposure prophylaxis*</u>	Biomedical (I)
"Enhanced" activities	
<u>Service</u>	<u>Type (Level)</u>
Couples VCT	Behavioral (P)
Linkage to care	Behavioral (I)
Training of medical providers	Behavioral (C)
LGBT sensitization	Behavioral (C)
Promote LGBT-supportive care locations	Biomedical (C)
Community development	Behavioral (C)
SMS for HIV/STI screening	Biomedical (I)

RECTAL MICROBICIDES



Most anal intercourse around
the world is unprotected.

**MEN & WOMEN
DEMAND
RECTAL MICROBICIDES**

Finally :

- MSM in SSA represent a concentrated epidemic within a generalized epidemic
- HIV rates are higher than HS background
- Men **CAN** be reached and **WILL** volunteer
- Authentic community engagement key.



MSM present a new and exciting opportunity to engage our African communities more comprehensively and enhance the diversity and scope of our prevention research agenda.

Final word:

“I would never worship a homophobic God.”



Archbishop Emeritus Desmond Tutu

The Washington Post

Acknowledgments

- DTHF Mens Division (Ben Brown, Andrew Scheibe, Earl Burrell, Keren Middelkoop)
- Cape Town IPREX team
- PHRU (Glenda Gray, Sibongile Dladla, Tim Lane)
- Anova (James McIntyre, Helen Struthers)
- IPREX Team
- Robert Grant (Gladstone inst)
- Chris Beyrer, Stefan Baral (OSISA)
- IAVI (Pat Fast, Maaza Seyoum)
- Eduard Sanders (IAVI, US Military HIV Research Program)
- Aurum Institute (Gavin Churchyard, Mary Latke)
- Carolyn Williamson and Viral Diversity Lab
- Health4men (Kevin Rebe, Glenn De Swaart)
- Jim Pickett and IRMA
- Ian Mc Gowan and MTN