CASE STUDY
TOGO

IMPROVING ACCESS TO HIV PREVENTION MESSAGES AND SERVICES AMONG MEN WHO HAVE SEX WITH MEN IN TOGO
In 2006, with support from the Global Fund, PSI conducted a small qualitative study to explore the HIV-related knowledge, attitudes and practices of young men who have sex with men (MSM) in Lomé, Togo. The study found that among interviewees, consistent condom use was low and most men did not believe they were at risk of HIV infection. This low perception of personal risk was described as linked to a belief among MSM in Lomé that HIV is contracted by having sex with women. Men in the study also reported that stigma was a significant barrier to accessing HIV prevention products and services, such as condoms, water-based lubricants and HIV counseling and testing (CT), and that MSM do not identify with HIV prevention programs designed for the general population. Findings from this study demonstrated to the Togolese government and the Global Fund that MSM were an important population whose needs were not being met by current HIV prevention programs and services.

With support from the government, Global Fund and the Dutch Strategic Alliances with International NGOs (SALIN) grant program, PSI launched a small program in 2007 to reach MSM in Lomé with HIV prevention messages and products, referrals to appropriate HIV CT services, psychosocial counseling, and diagnosis and treatment of sexually transmitted infections (STI).

**USING SOCIAL NETWORKS TO REACH MSM**

In Togo, male-to-male sexual activity is highly stigmatized and homophobia prevents most MSM from freely expressing their sexual identity, except with trusted peers. To overcome this barrier, PSI recruited and trained 17 young men to serve as peer educators and reach MSM with HIV prevention messages and products. Using their social networks, these men are able to reach other MSM to share HIV prevention messages and provide discreet distribution channels for condoms and sexual lubricants, two important HIV prevention products that men in the study reported difficulty accessing. Each month PSI-supported peer educators reach more than 300 men and distribute over 2,000 condoms and 70 tubes of water-based lubricant.

Peer education activities are complemented by the sponsorship of social activities, such as monthly movie nights. While these events are intended to provide men with an opportunity to socialize in a safe and accepting environment, PSI uses these gatherings to further promote HIV prevention messages and products.

Overtime, the peer education component of the program has adopted new strategies to reach even deeper into MSM networks. To reach MSM who are married to women and have children—those men that are arguably the most difficult to reach—the program recruited three MSM who are married to women and trained them to share HIV prevention messages with other married MSM. While integrated into the larger peer education program, these MSM peer educators work very discretely to provide important HIV prevention messages and products to a segment of the population that does not openly associate with other MSM.

**KEY FINDINGS:**

- 32% reported having 2 or more concurrent male partners
- 48% had had sex with a woman prior to first male sex
- Only 21% reported consistent condom use with male partner
- Reasons for condom non-use: trust in partner, condoms not available, lack of pleasure with condom, partner refusal, negative beliefs

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**IMPROVING ACCESS TO HIV CT SERVICES**

Since March 2008, PSI has collaborated with a local organization, Espoir Vie Togo (EVT), to provide mobile HIV CT services to MSM. Counselors from EVT were trained by PSI in the particular needs of MSM and how best to counsel and support these men.
The mobile HIV CT program are complemented by mobilization efforts to highlight the importance of knowing one’s HIV status, address stigma toward people living with HIV, and reinforce HIV prevention messages. Mobile CT services are offered during social events, including private parties and PSI-sponsored movie nights. By offering mobile services in conjunction with social events, peer promoters are able to create a more relaxed atmosphere where men do not feel undue pressure to undergo HIV CT. In just three months, the mobile HIV CT program served 79 men, of which 29 (36.7%) tested positive for HIV. This outcome is consistent with findings from studies that have found MSM populations often experience higher HIV prevalence than the general population. Men who tested positive were referred to EVT centers for follow-up care and counseling.

Building Capacity, Expanding Access

When PSI launched its MSM program in 2007 no local MSM associations existed in Togo. Today, three nascent organizations have grown from efforts supported by PSI. These groups continue to collaborate with PSI, receiving technical and program development guidance. In coming years, these organizations will likely play an important role in local efforts to improve the national government’s strategy to meet the needs of MSM and fight discrimination against MSM by the broader society.

Recently, PSI expanded the reach of its MSM program by establishing peer education teams in towns outside Lomé. Since early 2009 PSI has supported peer education teams in Kara, Kpalimé and Aného to reach MSM in those areas with HIV prevention messages, MSM-sensitive services and products. More recently, PSI expanded its collaboration with EVT in these towns to provide mobile HIV CT in conjunction with peer education activities.

Lessons Learned and Recommendations

Since launching its MSM program in 2007, PSI has learned valuable lessons in the implementation of MSM programs in Africa. These lessons include:

1. **Engaging local MSM communities and/or associations in program design, message development, and program implementation (including monitoring) is crucial.**

   The support and feedback PSI receives from these associations helps ensure that materials and approaches are well received and builds trust between PSI and MSM.

2. **Employing community-based participatory research methods is essential to understanding MSM while building their trust and facilitating access for subsequent program activities.**

   PSI used peer-driven research approaches to involve MSM in the process and facilitate uptake for program activities. This approach built trust between PSI and MSM while collecting the information necessary to inform program activities and messages.

PERSONAL STORY: SERGE FINDS A VOICE

Serge is a peer educator based in Lomé and has served the PSI MSM program since February 2009.

“Being a peer educator has given me more confidence in life; I feel that I can be more open with myself. It has also shown me the importance of getting tested [for HIV]. I was tested for HIV three months ago. I know my status and I know how to take better care of myself. I hope that people look up to me for having the courage to live a healthy life.

“I have also gained a certain amount of respect from the community by being and living a good example. I have learned so much from speaking with others in this community. I finally feel comfortable in my own skin.

“By being a peer educator I have learned how to better protect myself. I am honored to be in a position to help my brothers. It is my passion to help other men, to understand their risks and motivate them to change their behavior.

I was able to encourage and help someone get tested. He tested positive and I still go with him to his follow-up consultations. We both play important roles in each others lives. For the first time in my life I feel I can make a difference.”
Developing a referral system for HIV prevention and other services must be centered on the development of sensitive providers.

Just like everyone else, MSM in Togo are reluctant to seek services from providers that judge and/or discriminate against them. Expanding the number of providers who are sensitive to the specific needs of MSM helps to expand the network of accessible services.

Establishing condom and lubricant distribution channels that respond to the needs of the population is especially important with MSM.

In Togo, MSM are most comfortable with peer-driven distribution as a strategy to improve their access to HIV prevention products. Rather than training hundreds of vendors to be more sensitive to MSM, PSI supports peer educators who conduct targeted promotion and distribution of condoms and lubricant—economizing project funds and responding to the preferences of these men.

Empowering leaders in the MSM population requires significant time and effort but has the potential to maximize the sustainability of program efforts.

This also builds individual self-confidence and contributes to the efficacy of HIV programming, particularly with respect to mobilizing MSM for HIV testing, healthy decisions and developing local responses to harassment and stigma.

Assuring security and privacy is an important consideration for MSM interventions.

Since every man is different, PSI must be sensitive to confidentiality needs of every individual. The program takes special precautions to guard the privacy of all beneficiaries, thereby ensuring their comfort and continual involvement in the program.

Recruiting peer educators who represent the diversity of the local MSM population enables the program to reach all sectors population.

PSI found that by only recruiting peer educators who identify as “gay” the program did not adequately reach hidden sectors of the MSM population. To address this deficiency, PSI supports peer educators from hidden sectors of the MSM population, including men who are married with children or those who engage in sex work, to reach sectors of the MSM population that are more difficult to identify.

PSI’s work in Togo is but one of many programs working to meet the HIV prevention needs of MSM in Africa. Currently, PSI collaborates with one MSM association each in Namibia and Swaziland to reach MSM with HIV prevention messages and products, such as condoms. In Mozambique, PSI is carrying out a qualitative study, similar to the study conducted in Togo, to develop a knowledge base that can be used to design an effective MSM intervention in that country.

PSI supports HIV prevention programs for MSM in over a dozen countries in Africa, Asia, Latin America and Eastern Europe. To learn more about PSI and our MSM programs, visit www.psi.org.

PSI is a leading global health organization with programs targeting malaria, child survival, HIV and reproductive health. Working in partnership within the public and private sectors, and harnessing the power of markets, PSI provides life-saving products, clinical services and behavior change communications that empower the world’s most vulnerable populations to lead healthier lives. www.psi.org