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Gay men and other men who have sex with men in West Africa: evidence from the field

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This paper presents a synthesis of lessons learned from field experiences in HIV prevention, treatment and care services for men who have sex with men in the four contiguous West African countries of the Gambia, Guinea-Bissau, Guinea-Conakry and Senegal. Service provision for men who have sex with men in these countries is contextualised by the epidemiology of HIV, as well as the socio-political environment. These countries share notable commonalities in terms of social structures and culture, though past approaches to the needs of men who have sex with men have varied greatly. This synthesis includes three distinct components. The first focuses on what is known about HIV epidemiology among men who have sex with men in these countries and provides an overview of the data gaps affecting the quality of service provision. The second aspect describes the HIV prevention and treatment services currently available and how organisations and strategies have evolved in their approach to working with men who have sex with men. Finally, an examination of the political and cultural climate highlights socio-cultural factors that enable or impede HIV prevention and treatment efforts for men who have sex with men. The review concludes with a series of recommendations for impactful research, advocacy and service provision to improve the health and human rights context for men who have sex with men in West Africa.

**Keywords:** men who have sex with men; HIV/AIDS; human rights; West Africa; health services

Introduction

The dynamics of the HIV epidemic in West Africa are significantly different from what has been observed in Southern and Eastern Africa (Baral et al. 2009; UNAIDS 2010). Fortunately, the prevalence of HIV among all reproductive age adults has not reached double-digit percentages in West Africa, although the HIV burden among most at-risk populations has been significant. Emerging data suggest that these epidemics are more akin to the HIV epidemics of Asia and Latin America, where men who have sex with men and female sex workers play an important role (Beyrer et al. 2010a).

West Africa includes both generalised epidemics, where HIV prevalence is consistently higher than 1% in antenatal clinics, and concentrated epidemics, where prevalence is consistently higher than 5% in at least one most at-risk population but less
than 1% in antenatal clinics (UNAIDS and WHO 2000). However, new modes-of-
transmission studies from the region are suggesting that this is a false dichotomy, with
significant transmission in both the general population and in most at-risk groups
(ONUSIDA 2010). For example, a study in Ghana demonstrated that 41% of all new
infections were attributable to men who have sex with men, female sex workers or
injecting drug users and their partners (Bosu and Yeboah 2010). Similarly, in Nigeria the
modes of transmission survey found that nearly one quarter of all new infections were
attributable to most at-risk populations and specifically that about one tenth of new
infections were attributable to men who have sex with men (Nigerian Federal Ministry of
Health and FHI 2008). In Senegal, assuming that 3% of men engage in same-sex practices,
roughly 20% of HIV infections would be attributable to men who have sex with men (van
Griensven 2007; van Griensven and Sanders 2008). And with limited social acceptance of
same-sex practices driving high rates of bisexual concurrency, these epidemics are not
isolated from the general population (Beyrer et al. 2010b).

Men who have sex with men have been understudied and underserved in the
characterisation and response to the HIV epidemic across the world, but especially in
Africa (Reddy, Sandfort, and Rispel 2009; Smith et al. 2009). Men who have sex with men
have been excluded from national surveillance systems and questions about same-sex
practices are not included in Demographic and Health Surveys (DHS). Indeed,
surveillance and service provision for men who have sex with men in most West African
countries is still in its infancy, with a dearth of both information on HIV among men
who have sex with men and of programmes and services addressing their unique
HIV-prevention and treatment needs. Despite the fact that same-sex sexual practices have
been known to make men more vulnerable to HIV since the earliest days of the epidemic,
a recent review demonstrated that only 14 of 118 studies conducted between 1984 and
2007 that measured behavioural risk factors for contracting HIV-1 among sub-Saharan
African men asked whether they had sex with men (Smith et al. 2009). The underlying
reason for this is that same-sex practices are considered a social and cultural taboo across
West Africa. Homosexuality is criminalised in 36 African countries, including 9 of 16
countries in West Africa (ILGA 2007). In a 2007 Pew Global Attitudes Survey, African
countries reported some of the least tolerant attitudes toward homosexuality in the world.
A total of 92% of over 8000 sub-Saharan Africans surveyed stated that homosexuality
should be ‘rejected’, and that number reached 97% in Senegal (Kohut, Wike, and Menasce
Horowitz 2007).

This omission of men who have sex with men from systematic HIV-surveillance
systems has restricted the ability to assess the epidemiology of HIV among men who have
sex with men in Africa, forcing researchers and programme implementers to rely on a
small set of studies, including ones with limited sample sizes and methodological rigour.
The United Nations General Assembly Special Section on HIV/AIDS reporting system,
managed by UNAIDS, represents an attempt to learn more about men who have sex with
men. However, as recently as 2008, 35 out of 52 countries in Africa had no data available
or chose not to report on men who have sex with men. Even where countries did report on
men who have sex with men, there is limited standardisation of the quality of the data used
for these inputs (amfAR 2008).

The intention behind this paper is to present a review of available data as well as
lessons learned from conducting research and providing services for men who have sex
with men in four contiguous West African countries (Senegal, the Gambia, Guinea-Bissau
and Guinea) with similar sociocultural and religious contexts (Club du Sahel et de l’Afrique
de l’Ouest 2007) but differing responses to otherwise comparable HIV
epidemics. While the historical public health response to men who have sex with men, and HIV more broadly, has differed significantly between these countries, analysing them together provides insight into the outcomes of these different responses in otherwise similar social contexts in terms of existing programmes, community infrastructure and the availability of epidemiological data.

Methods
This paper brings together published and unpublished data characterising the epidemiology, social and policy environments, and coverage of HIV prevention, treatment and care services for men who have sex with men in four countries of West Africa. A team based in Senegal has active collaborations focused on service provision in eight West African countries and completed consultations with stakeholders in the four focus countries here. Stakeholders consulted for this analysis included community and governmental actors working with men who have sex with men or more broadly with most at risk populations (MARPS). Consultations were semi-structured, with key themes addressed including understanding what data were available related to men who have sex with men in each country, including for the burden of HIV among men who have sex with men, characterising the existing prevention programmes and community interventions for men who have sex with men, and describing the social and structural challenges affecting men who have sex with men. The consultations were intended to harness all unpublished surveillance and programmatic data for men who have sex with men in these countries.

A total of 70 men who have sex with men were interviewed: in Senegal, 15 men who have sex with men leaders of 11 formal and non-formal men who have sex with men associations countrywide; in Guinea, 20 men who have sex with men living in Conakry and enrolled by Fraternité Médicale Guinée (FMG); in Guinea Bissau, 20 men who have sex with men leaders living in Bissau, Bubaque and Gabu; and, in the Gambia, 15 men who have sex with men leaders in the Greater Banjul Area. Separately, non-governmental organisations (NGOs) working with men who have sex with men and/or other MARPS were consulted. In Senegal and Guinea, two NGOs working with men who have sex with men in each country were consulted, and in the Gambia and Guinea Bissau, one NGO working with men who have sex with men in each country was included. Government health providers were consulted only in Senegal and Guinea, where the Ministry of Health and National AIDS Secretariat have organised a response or have expressed a future commitment to addressing the sexual health needs of men who have sex with men. Funding organisations were consulted, including UNAIDS country offices and UNDP programme offices in each country. Separately, a comprehensive review of the peer-reviewed literature in both French and English language was completed using PubMed, EMBASE, Global Health, SCOPUS, PsycINFO, Sociological Abstracts, CINAHL, Web of Science, JSTOR, Revue.org and POPLine, with the following subject headings or key words: ‘Africa’, ‘Western’ Medical Subject Headings (MeSH) and ‘homosexuality’ (MeSH). Separately, the Development Experience Clearinghouse was searched for work supported by the United States Agency for International Development in the region. Google and Bing search engines were used with a similar search strategy in English, French, and Portuguese to harness relevant non-peer-reviewed literature pertaining to men who have sex with men in West Africa. Data collection from both bibliography and interviews were organised to respond to the same aforementioned four themes as the consultations.

The data collection and analysis process was guided by a directed content analysis approach. The framework for analysis was based on understanding the structural
limitations to the provision of effective HIV-prevention programmes in each county, with a cross-country analysis facilitating the characterisation of recurrent themes across the region as well as unique contexts.

Results

The majority of published studies on HIV among men who have sex with men, programme implementation reports and advocacy documents in this region come from Senegal, the only country in this group of four that has developed a significant evidence base on HIV epidemiology among men who have sex with men. The country has the most robust and well-established response to HIV among men who have sex with men of these four countries and the region of West Africa more broadly.

In Senegal, according to DHS data, men who have same-sex practices are at 50-fold risk of HIV infection compared to all men of reproductive age. HIV-prevalence studies among men who have sex with men in Senegal have consistently demonstrated high rates among men who have sex with men, from 2004 (22.4%) to 2007 (21.8%) (Toure Kane et al. 2009; Wade et al. 2005, 2010). However, given sampling methods, these studies have limited generalisability to the broader population of men who have sex with men in Senegal. A recent evaluation of 119 men who have sex with men participating in an HIV-prevention programme in Dakar in 2011 completed by the authors, highlighted an HIV prevalence of 37%. According to DHS data, Senegalese men of reproductive age in the general population have an HIV prevalence of just 0.5%, indicating a highly concentrated HIV epidemic akin to what is observed in other regions such as Latin America and Asia and in contrast to what is observed in Southern and Eastern Africa (Beyrer et al. 2011). Definitive HIV-prevalence studies among men who have sex with men in other countries have not been carried out, though some are underway. While surveillance for HIV among men who have sex with men is at an earlier stage in the Gambia, Guinea Bissau and Guinea, research projects led by authors of this manuscript are ongoing. Preliminary results from this bio-behavioural research suggest that the highly concentrated epidemic among men who have sex with men observed in Senegal is also the case in each of these three countries.

On a national level, men who have sex with men are increasingly gaining recognition as an important vulnerable group requiring specific study and service provision in response to the HIV epidemic. The Senegalese National Strategic Plan (2011–2015) specifically mentions men who have sex with men, with the goal of reaching more than 3000 men who have sex with men in 2015. In Guinea, the current plan (2008–2012) vows to focus attention on MARPS. After the political and social crises in Guinea during 2009 and 2010, national coordination of the response is regaining leadership. There has been a renewed engagement with men who have sex with men, as seen by the implementation in 2011 of one of the first men who have sex with men population-size estimate studies within these countries. In the Gambia, the current National Plan (2009–2014) also recognises men who have sex with men as an important population for the understanding of the epidemic, and the National AIDS Secretariat, the government body coordinating the national response, has recently completed an integrated bio-behavioural surveillance study among men who have sex with men. Interestingly, although Guinea Bissau has decriminalised homosexuality, continuing stigma and silence about sex between men mean that men who have sex with men are not specifically mentioned in the current strategic plan (2007–2011), which has significant adverse implications for resource allocation and the political will to work with this population.
Diversity of sexual expression

The expression men who have sex with men is an umbrella term that encompasses different realities all over the world, and in West Africa a diversity of same-sex sexual expressions and sexual networks has flourished despite stigmatisation and repression of same-sex sexualities (Awondo 2009; GALZ 2008; Khan and Khan 2006).

In Senegal, there are some men who have sex with men who are openly gay, while others are more closeted (Teunis 2001). Gay men in Senegal tend to self-identify as branché, a French colloquial expression for a trendy person. The expression goor jiggen, meaning literally ‘man-woman’ is the term used by the general population as a derogatory term to describe men who have sex with men. And while these men sometimes have feminine characteristics, they often do not show this openly for justified fear of violence. The formal distinction between two groups ibbi (or oubi) meaning ‘open’ and yoos (or yauss) meaning ‘fallen women’ (while ibbi tend to use feminine pronouns when describing each other, and also tend to be receptive partner during anal intercourse, yoos tend to self-identify as heterosexual and tend to be the insertive partner during anal intercourse) is becoming increasingly complex, with a growing diversity of sexualities, gender identities and subsequent expressions (Ndiaye et al. 2011).

However, active bisexuality remains relatively common alongside concurrent relationships with girlfriends or wives (Niang et al. 2003; Teunis 2001). A population known as maam maré, denoting older men who have sex with men above the age of 40, is also emerging, adding more diversity to what was already known. This population has exhibited a higher prevalence of HIV and STIs compared to younger men who have sex with men (Groupe ELIHOS 2010). Notably, the first groups of men who have sex with men working with NGOs in the 1990s were primarily comprised of older men, though, increasingly, work with men who have sex with men has involved younger and more educated men (Enda Santé 2009; Wade et al. 2010).

There has as yet been no formal qualitative assessment of the taxonomy of men who have sex with men in the other three countries. Programmatic data suggest, however, that given shared languages and cultures, there are consistencies in sexual expression among men who have sex with men in these countries. Men who have sex with men in all four countries report high rates of active bisexuality, though it is unclear whether men who have sex with men maintain relationships with women to uphold social relationships or because these men identify as heterosexual or bisexual.

In Senegal, nearly one-third of respondents reported having had vaginal intercourse in the past month; in the Gambia, several men who have sex with men respondents in the Behavioural Surveillance Survey (BSS) (Jallow 2010) were married and half reported having at least one female partner in the past six months. In Guinea Bissau, 10% of respondents were married and the vast majority reported having had sex with women. Results from a preliminary study in Guinea, using capture-recapture methodology at 8 venues (from a list of 61) in Conakry, estimate a population of slightly over 600 men who have sex with men in the capital (GUIAD 2011). This research, which was coordinated by the National Aids Secretariat, the Ministry of Health and UNAIDS country office, gave limited new information about social characteristics and sexual behaviours. Of men who have sex with men included in the study, 64% were more than 25 years old and 14.8% were married. The men who have sex with men described by this study represent a men-who-have-sex-with-men population that is openly going to gay sites and has the financial means to access these sites. These limited data points are being used as groundwork for future research and also informing pilot interventions in the country.
Sex work among men who have sex with men

In Guinea Bissau and the Gambia, preliminary studies using snowball sampling suggest that a high proportion of men who have sex with men interviewed are involved in sex work, a significant part of which may be a response to demand from tourists. However, given that these studies used convenience sampling, generalisability is limited. Specifically, generalisability of the level of sex work is likely limited because the men who have sex with men that present for research in small countries like the Gambia and Guinea-Bissau are easier to come into contact with. In 2010, all 55 men who have sex with men who took part in Gambia’s BSS reported having engaged in transactional sex in the last 30 days and only 11% reported using a condom consistently with commercial partners (Jallow 2010).

Anecdotally, some men who sell sex in the Gambia have been called ‘bumsters’, a term that broadly includes men who sell sex to both men and women, primarily in areas frequented by tourists (Nyanzi et al. 2005). Bumsters present themselves as unofficial tour guides and cultural ambassadors to tourists, but it appears that a high proportion of them also sell sex as one of their services. With the sampling methods used in the 2010 BSS, bumsters who sold sex to men were likely over-represented, explaining the high levels of sex work reported in the study. A pilot study in Guinea Bissau in 2010 reported that 31 out of 47 men who have sex with men identified as exclusively heterosexual but commonly sold sex to men (Enda Sante´ Guine´ Bissau 2010). In a study in Senegal, 26.5% \((n = 133)\) of men reported having sold sex to men and 0.8% \((n = 4)\) reported having sold sex to women in the month preceding the survey (Wade et al. 2010). There has been no study of sex work among men who have sex with men in Guinea. Overall, there is a need to better characterise sex work among men who have sex with men in each of the countries, including the actual prevalence as well as potential prevention measures, to ensure high rates of condom and lubricant use during sex.

The evolution of HIV interventions for men who have sex with men

Interventions targeting men who have sex with men in the Gambia, Guinea, Guinea Bissau and Senegal have striven to improve access to health services. The HIV epidemic has highlighted the specific needs of this population, though these needs still remain under-documented and under-addressed. Senegal has encountered numerous difficulties over the last few years in enacting human-rights-oriented health interventions with men who have sex with men. Although interventions and service delivery programmes are generally piloted in capital cities or other large urban areas, it is imperative that such programmes are scaled up in small cities or rural areas where the needs of men who have sex with men remain completely unmet. There is a general assumption among service providers that it is more efficient to provide services in urban settings, given increased access to populations at risk. However, in these West African countries, there is significant mobility of people between countries and between rural and urban settings (Dramé 2010). Social networks transcend urban settings and in order to be effective, programming for men who have sex with men has to achieve improved coverage in all areas where these men may live. The violence targeting men who have sex with men has been more prominent in urban settings as compared to rural ones, increasing the likelihood that men escape these contexts by temporarily migrating to more rural areas.

Senegal: a strong response in jeopardy

Where services are available, the uptake of services among men who have sex with men in Senegal has been consistently high. The limits of both provision and uptake of services is
most associated with the significant stigma and volatile political situation regarding men who have sex with men and homosexuality in the country. Despite this socio-political context, a number of HIV programmes specifically for men who have sex with men do exist in Senegal and are active throughout the country. The largest of these programmes, called Prevention and Treatment of Vulnerable Groups, is financed through the Global Fund and implemented by a partnership between the Alliance Nationale Contre le Sida (ANCS) and Enda Santé in collaboration with men who have sex with men organisations in the country. Under this umbrella programme, a package of interventions have been put in place, including capacity building among men who have sex with men organisations, training of peer educators, prevention and risk-reduction education, Voluntary Counselling and Testing (VCT) services, condom distribution, psychosocial support and medical follow-up for men who have sex with men living with HIV, medical referrals, support groups and income-generation programmes. In addition to this programme, there are a number of smaller programmes for men who have sex with men delivered by various NGOs. While there is broad geographic coverage of these programmes, and they have demonstrated effectiveness in decreasing high-risk sexual practices and prevalence of STIs, coverage needs to be scaled up if these programmes are to decrease HIV incidence and eventually HIV prevalence among Senegalese men who have sex with men. Theoretically, these reductions in risk behaviour and STI infections should have slowed the spread of HIV among men who have sex with men (Wade et al. 2010).

Groups of men who have sex with men played a crucial role in the fight against HIV in Senegal, particularly through the formation of men who have sex with men associations across the country. As of 2012, there are nine formal men who have sex with men organisations active in HIV prevention in Senegal, including four in Dakar, two in Thiès and one each in Saint-Louis, Kaolack and Ziguinchor. Each has at least 50 members and some have several hundred members. These groups have evolved from their inception as a loose network of friends into more formal organisations that offer peer education, HIV prevention materials and activities, help with accessing treatment and advocacy for issues pertaining to men who have sex with men and HIV. They have also worked in partnership with researchers to mobilise Senegalese men who have sex with men to participate in studies. This community leadership is undoubtedly one of the reasons why there have been more and larger studies conducted in Senegal on HIV among men who have sex with men than in almost any other country in West Africa, and why the efforts of NGOs to reach men who have sex with men with prevention and treatment programmes have been relatively successful.

The Gambia: pilot initiatives amid strong stigmatisation

Homosexuality is illegal and highly stigmatised in the Gambia (Niang et al. 2004). These two factors have limited the quantity and quality of HIV-prevention or -treatment programmes specifically for men who have sex with men. There are no government-sponsored programmes targeting men who have sex with men and any work done by NGOs is limited and done with extreme circumspection to ensure safety of participants and staff. Non-governmental organisations occasionally hold small workshops directed at young men or bumsters, but targeting men who have sex with men with services is recognised as unsafe by both the community of men who have sex with men as well as existing NGOs active in the country. In addition, there are currently no formal social networks of men who have sex with men or men who have sex with men’s rights organisations in the Gambia. Men who have sex with men may participate in programmes
designed for the general population, such as condom distribution programmes, government-provided anti-retroviral therapy and support groups for people living with HIV. However, programmes addressing their specific needs, such as water-based lubricant distribution, men who have sex with men-specific support groups, or education on HIV transmission between men are, by and large, not available. In addition, the degree to which stigma, discrimination and human rights violations impact their ability to partake in existing HIV services is unknown.

Guinea: discreet interventions operating under the silence of taboo

In contrast to the regular government or media denouncements of the Gambia or Senegal, silence reigns over the issue of men who have sex with men in Guinea, which presents service providers with its own challenges. Although there are many projects dedicated to the needs of other vulnerable groups, such as sex workers, the HIV-related needs of men who have sex with men are only beginning to be addressed given the level of stigma targeting organisations serving these men. Fraternité Médicale Guinée (FMG) and Enda Santé began a project in 2008 targeting vulnerable groups, called Borders and Vulnerabilities to HIV/AIDS in West Africa. The project has served men who have sex with men in Conakry since 2010 and more recently added services in Kamsar in 2011. Modelling the successes of community-based interventions in Senegal, the project seeks to support the formation of networks among men who have sex with men and train leaders in HIV education. So far, FMG offers treatment, care and support to a small group of 20 men who have sex with men in Conakry. Separately, a domestic Guinea NGO called Guinea Assistance and Development (GUIAD) has been working with men who have sex with men, providing referrals and VCT services in Conakry since 2008.

Guinea Bissau: the gap between progressive legislation and service provision

Although Guinea Bissau has decriminalised homosexuality, this favourable legal environment has not facilitated the proliferation of programmes directed at men who have sex with men, highlighting the reality that decriminalisation in the absence of social change is not enough. Despite the fact that more than 10 NGOs are working on HIV/AIDS in Guinea Bissau, only Enda Santé has a programme that specifically supports men who have sex with men. This programme began in 2010 to provide information, treatment and condoms to men who have sex with men in the cities of Bissau and Bubaque, reaching 117 men who have sex with men in 2011. These very first interventions have built links with men who have sex with men populations, enabling future research to better understand their specific needs. Encouragingly for the future of such services, a coordinated national response to HIV among men who have sex with men had its beginnings in similar pilot interventions.

Structural challenges

Together, these four West African countries share a social environment generally bound by cultural norms that are hostile toward sexual minorities. Despite shared attitudes, significant differences exist between countries in laws relating to homosexuality and their application and interpretation, as well as in the role of local media or religious authorities in influencing public opinion.
Senegal

Stigma and discrimination against men who have sex with men are common in Senegal and men who have sex with men are often subject to violence and human rights violations. Article 319 of the Senegalese Penal Code criminalises ‘improper or unnatural acts with a person of the same sex’ with one to five years in prison and a fine of approximately US$200 to $3300. Although technically someone must be caught in the act of sex to be arrested under this law, usually men are arrested on simple suspicion or after anonymous tips to law enforcement officers. Following the ICASA conference in Dakar in December 2008, the Senegalese police made several high-profile arrests of prominent men who have sex with men activists and HIV educators. Nine men were arrested based on possession of HIV-prevention materials targeting men who have sex with men. They were sentenced to five years in jail under article 319, and an additional three years for ‘conspiracy’, and served time in jail before being released through a court of appeals.

These arrests had direct negative consequences for HIV prevention, as documented through a qualitative study in 2009. Leaders of men who have sex with men associations reported they were forced to stop providing HIV-prevention services to the community for fear of attracting attention. Men reported not wanting to attend HIV-prevention talks, seek out condoms or collect their anti-retroviral medication for fear of attracting attention. Nascent men who have sex with men organisations providing peer education on HIV dissolved and did not regain membership for some time (Poteat et al. 2011). Even many service providers and medical professionals who worked non-exclusively with men who have sex with men attempted to hide this fact from friends and family for fear of being stigmatised, and in some cases halted their work with men who have sex with men for fear of violence. Although the effects of stigma and violence on HIV-prevention efforts among marginalised populations have been well established worldwide, this was the first study to document the effects of increased arrests and harassment of men who have sex with men in an African country.

Muslim religious authorities have a strong influence in Senegal, with approximately 95% of Senegalese following Islam. The Collective of Senegalese Islamic Organizations has been particularly vocal in decrying, in a press release dated February 7th, 2008, the ‘recent escalation in this insidious homosexual campaign ... which gravely threatens to undermine our moral values and our country’s stability’. A prominent Imam and member of parliament led violent protests in Dakar after the nine men who have sex with men HIV educators were released in February 2009, calling for the death penalty as prescribed by a strict interpretation of Islam. These statements from religious leaders reversed some of the gains made by a multi-sectoral response to HIV that in many cases had been characterised by collaboration with religious officials on delivering messages on behaviour change and condom usage.

Frequent media coverage of men who have sex with men has also been mostly homophobic and incendiary (Dramé et al. 2010). Multiple media exposés of homosexuals, such as a story in the tabloid Icône in February 2008 on a ‘gay wedding’, have resulted in popular outrage, arrests, death threats and several Senegalese men being forced to flee the country into neighbouring states.

Gambia

In The Gambia, article 144 of the Criminal Code penalises ‘carnal knowledge of any person against the order of nature’, including anal sex, oral sex or ‘any other homosexual act’, with up to 14 years in prison. In addition to penalties officially enshrined in the
criminal code, the Gambian president made a speech in May 2008 ordering all homosexual Gambians to leave the country within 24 h, and stated that he would behead any homosexual left in the country. He also promised to conduct sweeps of hotels and lodges and close down any that were found to be housing homosexuals. Since then, he has repeatedly and regularly spoken out against homosexuals, stating that homosexuality is un-Islamic and detrimental to the peace and stability of the Gambia. Since 2008, several men have been arrested for ‘unnatural offences’ under article 144, though the majority of cases have been of European tourists or expatriates engaging in child molestation, which is frequently conflated in the media with homosexuality.

Several religious leaders have expressed support of President Jammeh’s views against homosexuals, most notably the Supreme Islamic Council of the Gambia, which issued a statement thanking the president for ‘leading the battle against homosexuality in Africa’ and congratulated him on his ‘principled stand’. The outspoken government opposition toward men who have sex with men has made working with men who have sex with men extremely difficult. Guinea shares several sociocultural realities with the Gambia but presents its own unique cultural challenges in working with men who have sex with men.

**Guinea**

Although Article 325 of the Guinean Penal Code states that ‘any indecent act or act against nature committed with an individual of the same sex’ is punishable by up to three years of imprisonment and a fine between US$15 to $150, there have been no recent arrests made on the basis of this law. Rather than the sensationalist media frenzy over homosexuality seen in many African countries, mention of homosexuality is almost never made in Guinean media outlets, perhaps due to the completely taboo nature of homosexuality in Guinea. Religious leaders, although generally against homosexuality, have not made the same sort of high-profile statements condemning homosexuals that have resounded in other countries, and they seem to stay mostly quiet on the subject. However a work conducted by World Bank reported that:

> Homosexuals are sometimes the victims of severe hate crimes. The stigma and fear associated with homosexuality forces men who have sex with men to keep their sexual behavior secret and deny their sexual risk, thereby increasing their own risk, as well as the risk of their partners – female or male. (Ligiéro and Kostermans 2004, 17)

Just across the border in Guinea-Bissau, progressive laws have fostered a calmer sociopolitical environment for men who have sex with men, yet, similarly, stigma and silence have shackled efforts to conduct research or enact interventions with this population.

**Guinea Bissau**

Homosexuality was decriminalised in Guinea-Bissau in 1993 with the repeal of the Portuguese Penal Code. In 2005, the Bissau-Guinean parliament also passed a law ensuring care, support and treatment for HIV, regardless of sexual orientation or any other factor. Guinea-Bissau also signed the United Nations 2008 declaration supporting decriminalisation of homosexuality and condemning violence, discrimination and harassment based on sexual orientation. In contrast, Senegal, Guinea-Conakry and the Gambia signed the opposing declaration stating that homosexuality was a personal choice and that decriminalisation of homosexuality would lead to legalisation of other practices such as paedophilia. As a result of the government position, men who have sex with men
are mostly free from police harassment and arrest resulting from their sexual orientation. Despite these important legal protections, men who have sex with men still face challenges in Guinea-Bissau in terms of stigma and homophobia, and most men who have sex with men do not openly disclose their sexual orientation. Some of these barriers for men who have sex with men accessing services have been overcome in Senegal by capacity building among men who have sex with men themselves as providers of HIV-prevention education and materials and service referrals through the development of men who have sex with men organisations. The situations in these two countries demonstrate that although decriminalisation may be a critical step in effective service provision, it is not a sufficient.

Moreover, these countries also demonstrate that service provision can take place even when laws criminalising homosexuality have not yet been repealed, by supporting men who have sex with men themselves.

Moving forward
The four countries included in this assessment seem to share a similar pattern of HIV epidemics among men who have sex with men, although the quality of data characterising the burden of disease varies significantly. Moreover, there is significant variation in the magnitude of the epidemic and the availability of prevention, treatment and care responses. The size of these countries, the distribution of major ethnic groups across all four countries and the high population mobility within and between countries, constitute critical challenges to any research and sustainability of HIV interventions. Moreover, high population mobility in this region affects access to and continuity of healthcare, suggesting that a greater collaboration between multiple actors, sectors and countries in the region is necessary to effectively address HIV prevention and treatment (Dramé 2010). The analysis presented here identifies additional barriers to HIV-prevention services for men who have sex with men given the often volatile political and social environments in West Africa, highlighting the need for a flexible strategy.

The information presented in this paper represents the efforts of several domestic West African researchers and service providers. It is likely that these experiences and findings do not apply in all West African settings or to all men who have sex with men in each of these countries. However, the novelty of extracting lessons learned from building services in difficult contexts as well as an understanding of appropriate ways forward is an important contribution to understanding men who have sex with men’s vulnerability to HIV in Africa.

Moving forward will require increased epidemiological research and comprehensive prevention approaches addressing biomedical, behavioural and structural components. The research agenda for men who have sex with men and HIV needs to be broadened and strengthened in order to be in line with the level of risk that these men carry. Understanding the local context is crucially important in crafting a response that arises from the needs of West African men who have sex with men, rather than simply transplanting programmes from other cultures where the situation is dramatically different. The limited existing research is a manifestation of the significant under-investment in the needs of West African men who have sex with men in what appear to be concentrated HIV epidemics. This lack of investment in organisations working with men who have sex with men is in part due to the rigidity of funding mechanisms that will only award grants to organisations registered with national governments, even under governments who criminalise or discriminate against men who have sex with men. Targeted service delivery in Senegal, the Gambia, Guinea and Guinea-Bissau has been severely impeded by all of these challenges.
The research agenda needs to be comprehensive and include improved surveillance to better characterise HIV prevalence, HIV incidence, the relative contribution of HIV among men who have sex with men to the overall epidemic and the overlap between epidemics among men who have sex with men and the general population using phylogenetic studies. Social and sexual network research is also crucial to better understand the network dynamics among men who have sex with men in these settings, the relationship to HIV acquisition and transmission and opportunities for introduction and diffusion of prevention programmes. With this knowledge base, service providers can improve the development, implementation and evaluation of novel interventions able to meet men who have sex with men-specific needs.

From a programmatic perspective, there is a need to acknowledge and include men who have sex with men in national frameworks/strategic plans, country coordinating mechanisms and other national-level bodies where advocacy can result in national change. In addition, there is a need for community systems strengthening, including capacity building among men who have sex with men to build organisations for peer-based education, outreach and advocacy. Sensitisation and training with actors such as medical practitioners, journalists and government is vital if there is to be an environment conducive to increased uptake of evidence-based HIV-prevention services for men who have sex with men. Finally, partnerships between academia, service providers and men who have sex with men communities are necessary for research to be both relevant and meaningful to the community and useful in terms of advocating for improved services and social contexts.

Men who have sex with men in developed countries still shoulder a disproportionate burden of HIV, highlighting the high HIV acquisition and transmission risks associated with anal intercourse. However, researchers, service providers, men who have sex with men organisations and funders have had some success in advocating for the rights of men who have sex with men, resulting in improved social contexts for these men in many high-income countries. Although we can draw lessons from these successes, given the more volatile and repressive political contexts in the countries of West Africa, strategies employed in the Global North are unlikely to be successful in West Africa. These strategies must be locally adapted and include a significant focus on structural contexts to achieve meaningful coverage of services. Sensitising traditional communities with widespread stigma against homosexuality is a long-term, active process that must be sustained and ongoing. Similarly, ongoing advocacy campaigns with government and religious leaders in the West African context must be locally developed and implemented if change is to be sustainable.

The field of HIV prevention is rapidly evolving, with a transition from single-tiered HIV-prevention programmes to multi-tiered combination HIV-prevention approaches, including biomedical, behavioural and structural approaches (Beyrer et al. 2011; Merson et al. 2008). The majority of interventions implemented for men who have sex with men in Senegal, for example, have focused firstly on risk behaviours and secondarily on structural barriers. Combination HIV-prevention programmes need to supplant this older model of prevention. Decreasing HIV incidence rates among these men likely necessitates the integration of biomedical interventions such as treatment as prevention, oral pre-exposure prophylaxis and rectal microbicides (Grant et al. 2010; McGowan 2011). However, these approaches will have limited effectiveness if these men continue to live in fear and live hidden and with limited access to healthcare services. Despite setbacks and challenges, the movement to foster the health and human rights of men who have sex with men in West Africa is becoming increasingly robust, giving hope that successful combination HIV-prevention interventions will one day be the norm for men who have sex with men in these
countries. In order to continue fuelling this growth, the time for meaningful investment into research and the development of innovative programmes specific to the local landscape is now.

Note

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Résumé

Cet article présente une synthèse des leçons tirées de l’expérience de terrain en matière de prévention, de traitement et de soins du VIH pour les hommes qui ont des rapports avec des hommes (HSH) dans les quatre pays limitrophes d’Afrique de l’Ouest que sont la Gambie, la Guinée-Bissau, la Guinée-Conakry et le Sénégal. Dans ces pays, la dispensation des services aux HSH est contextualisée par l’épidémiologie du VIH ainsi que par l’environnement socio-politique. Ces pays ont des points communs notables en matière de structures sociales et de culture, bien que les approches passées pour répondre aux besoins des HSH aient beaucoup varié de l’un à l’autre. Cette synthèse est basée sur trois composantes distinctes. La première est centrée sur la connaissance de l’épidémie du VIH parmi les HSH dans ces pays et donne une vue d’ensemble des lacunes existantes dans les données, qui affectent la qualité de la dispensation des services. La seconde est une description des services de prévention et des traitements du VIH actuellement disponibles et de l’évolution des méthodes de travail des associations avec les HSH. Enfin, une analyse du climat politique et culturel souligne l’importance des facteurs socio-culturels qui facilitent ou entravent les efforts de prévention et de traitement du VIH pour les HSH. La conclusion de l’article consiste en une série de recommandations pour une recherche efficace, le plaidoyer et la dispensation des services pour améliorer l’environnement de la santé et des droits humains des HSH en Afrique de l’Ouest.

Resumen

Este artículo presenta un resumen de los aprendizajes en cuanto a la prevención, el tratamiento y los servicios de atención de VIH orientados a hombres que tienen sexo con hombres (HSH). Los mismos han sido obtenidos a partir de experiencias sobre el terreno en cuatro países contiguos de África Occidental: Gambia, Guinea-Bissau, Guinea-Conakry y Senegal. En estos países, el contexto de la oferta de servicios para los HSH está dado por la epidemiología de VIH y la situación sociopolítica, ya que comparten notables aspectos en común en términos de estructura social y de cultura, aunque los métodos para atender las necesidades de los HSH han variado ampliamente respecto al pasado. Esta recopilación se enfoca en tres aspectos distintos. El primero se centra en lo que en estos países, se sabe hoy en día sobre la epidemiología de VIH entre los HSH, ofreciendo a la vez una visión general de las lagunas existentes en los datos, las cuales repercuten en la calidad de la oferta de servicios. El segundo aspecto describe las metodologías de prevención de VIH y los servicios de atención actualmente existentes, al mismo tiempo que indica cómo han evolucionado las organizaciones y los servicios en sus métodos de trabajo con los HSH. Por último, un análisis de la situación política y cultural esclarece los factores socioculturales que facilitan o impiden la prevención de VIH, así como la implementación de servicios de tratamiento para los HSH. El artículo concluye enunciando una serie de recomendaciones a ser tenidas en cuenta para la investigación, la incidencia y la oferta de servicios, cuyo posible impacto puede mejorar la salud y el contexto de derechos humanos para los HSH de África Occidental.