



Do men who have sex with men in sub-Saharan Africa have lower knowledge of HIV status than the national average for all men?

A meta-analysis of estimates in 22 countries

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Background and Methods

Important barriers to prevention among MSM

Background

- Knowledge of HIV Status among those living with HIV (KOS) is a necessary precursor to treatment and viral suppression.
- MSM in Africa may face additional barriers to HIV testing that may affect KOS (e.g. stigma, anti-LGBT legislation).
- Aim: Measure the relative gap in KOS and lifetime HIV testing between MSM and the national average for all men, in sub-Saharan Africa.

Methods

- KOS among MSM from our recent systematic review (Stannah 2019, Lancet HIV)*.
- KOS among all men (15+) produced using our UNAIDS-supported Shiny90 model[†].
- Estimated pooled prevalence ratios[‡] (PR) comparing self-reported KOS among MSM with KOS among all men, by year and region of Africa.
 - Analyses then repeated for lifetime HIV testing.

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2

*We identified data on KOS among 2,490 MSM, and lifetime HIV testing among 21,219 MSM. †Shiny90 synthesizes population-based surveys and HIV testing program data, using data on 176 population-based surveys (2.6 million respondents), and 198 country-years of data. ‡using random effects models.

Knowledge Of Status (KOS) MSM are less likely to report knowing their status

- KOS was twice as low among MSM living with HIV compared to all men*:
 - Overall pooled PR=0.45 (95% CI 0.37–0.54), N=35.
- Observed in all African regions. Most pronounced in Eastern Africa:
 - Pooled PR=0.34 (0.26– 0.45), N=13.



Pooled prevalence ratio comparing KOS among MSM with national estimates among all men

Lifetime HIV Testing

MSM are also more likely to report having ever been tested



 Lifetime testing among all MSM was higher than for all men*:

- Overall pooled PR = 1.84 (1.67–2.03), N=78.
- Observed in all African regions. Greatest difference in Western Africa:
 - Pooled PR = 2.98 (2.68– 3.32), N=29.

Pooled prevalence ratio comparing lifetime HIV testing among MSM with national estimates among all men

Interpretation

Closing gaps in unmet prevention needs

Limitations

- Self-reports of KOS are known to have poor sensitivity and be affected by non-disclosure of HIV status.
- MSM in surveys tend to be young not representative of all MSM
- Surveys on MSM mostly in urban areas with better access to testing. National averages based on both rural and urban data.

Conclusions

- MSM in sub-Saharan Africa may have lower KOS than men in the general population, despite more MSM having ever been tested.
- Lower KOS among MSM may also be explained by • higher HIV incidence due to unmet prevention needs.
- Nevertheless, addressing unmet needs is essential to increasing KOS among this priority population.

PROGRAMMES DE

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