

Reducing stigma and improving HIV outcomes among key populations in Senegal



Can integrated stigma mitigation interventions reduce stigma and contribute to improving prevention and treatment outcomes among cis gender men who have sex with men and transgender women?

A CRITICAL PROBLEM

Stigma was identified early on as a driver of the HIV pandemic and potentially the most difficult aspect to address, and its elimination remains a key UNAIDS pillar to controlling the epidemic.

For cisgender men who have sex with men (cisMSM) and transgender women, both HIV-related stigma as well as sexual behavior stigma are driven by negative societal perceptions of same sex practices. Overall, stigma limits sexual and gender minorities' engagement in HIV prevention, care and treatment services.¹⁻⁵ Moreover, stigma appears to be associated with higher numbers of sexual partners, limited condom and condom-compatible lubricant use and partner concurrency.⁶

Despite the documented experience of stigma and its impact on HIV risk and service uptake among key populations across sub-Saharan Africa, including among cisMSM and transgender women, there remains relatively limited evidence on effective stigma mitigation approaches for these populations.

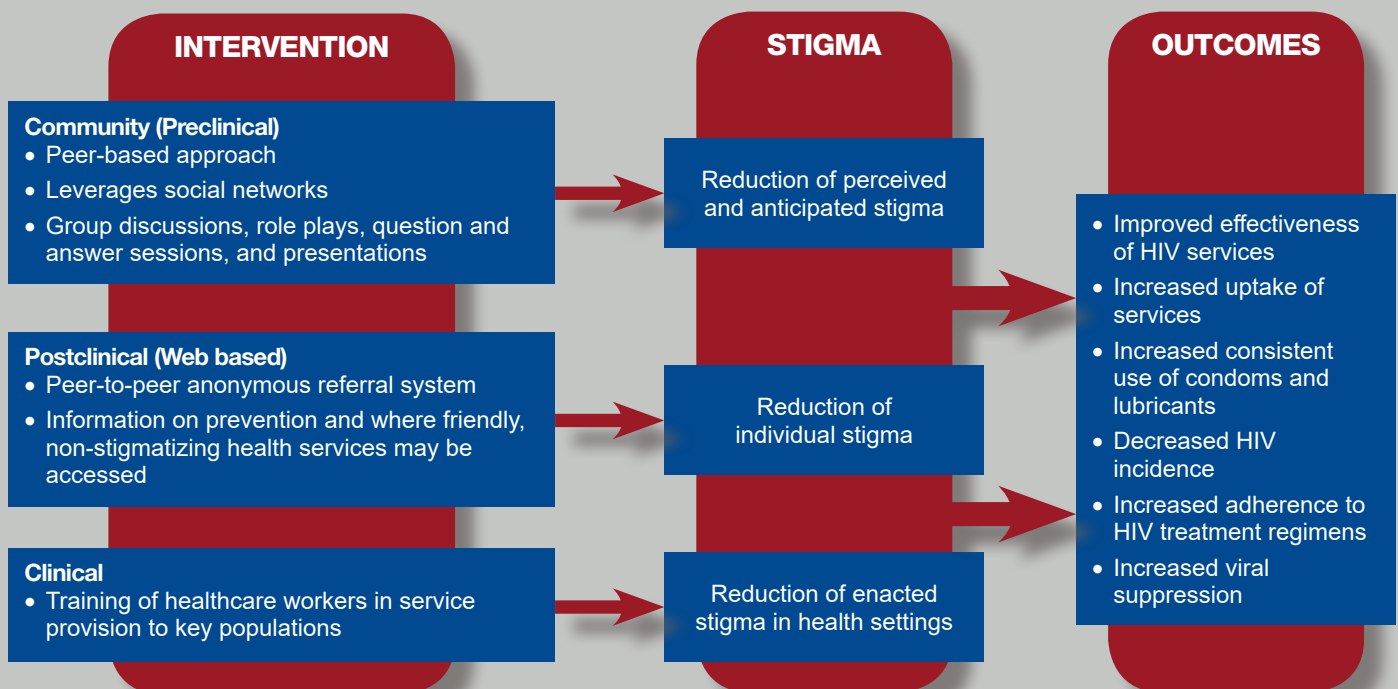
SPOTLIGHT ON SENEGAL

- Among the first countries in sub-Saharan Africa to support broad access to antiretroviral therapy (ART).⁷
- Relatively low HIV prevalence among adults of reproductive age (0.4%).⁸
- Key populations experience a disproportionately high burden when compared to adults of reproductive age, with a prevalence estimate of 23.5% among cisMSM and transgender women in Senegal.⁹

THE HIV PREVENTION 2.0 (HP2) STUDY

The study team developed and evaluated a set of integrated interventions aimed at reducing stigma among key populations in order to improve HIV prevention and treatment outcomes (Figure 1). This brief focuses on findings related to stigma, viral suppression and HIV incidence from a cohort of cisMSM and transgender women followed over a 2-year period.

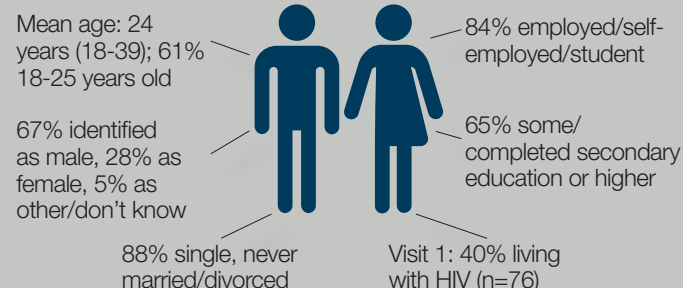
Figure 1 Our integrated stigma mitigation intervention framework for key populations



EVALUATING INTEGRATED STIGMA MITIGATION INTERVENTIONS

Study participants at enrollment

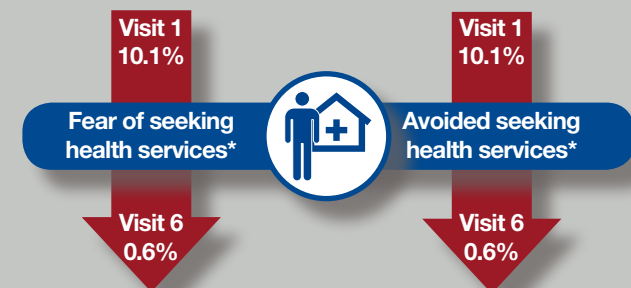
191 cisMSM and transgender women from 3 Senegalese cities (Dakar, Mbour and Thies). Data collected approximately every 3 months for at least 6 visits over 24 months.



RESULTS

Stigma mitigation interventions can improve stigma outcomes.

Among the cohort of cisMSM and transgender women, two measures of anticipated healthcare stigma significantly decreased over time.



*p<0.001

There were also reductions in perceived healthcare stigma, although this was not as consistent or as large over time. Enacted stigma in the healthcare setting did not significantly reduce among cohort participants.

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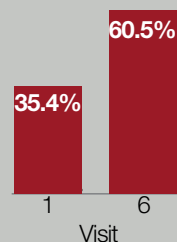
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Viral suppression increased significantly over the 2-year period.

At the first visit, more than 95% of the 76 participants living with HIV reported they were on treatment. This remained high over the course of the study.

Yet, only 35% of the cohort living with HIV at baseline were virally suppressed at visit 1. This improved significantly (p=0.035), although never reaching the UNAIDS target of 90% viral suppression by visit 6.

UNAIDS target:
90% virally suppressed



HIV incidence was lower than anticipated.

10 of 108 cisMSM and transgender women who were HIV negative at the first visit seroconverted over the course of the study. This represents an HIV incidence of 5.4 per 100 person years (95%CI 2.7–10.7) or a 4.6% annualized incidence rate.

These figures are lower compared to:

- HIV incidence of 15.9 per 100 person years in a MSM cohort in neighboring Abidjan, Cote d'Ivoire from 2013 to 2015;¹⁰ and
- 16% annualized incidence in a non-intervention cohort among MSM in Dakar, Senegal from 2011 to 2012.¹¹

EVIDENCE TO ACTION

Both the World Health Organization and UNAIDS have recommended increasing efforts to reduce stigma affecting key populations as critical to an effective HIV response and obtaining epidemic control.¹² The results of this implementation science study demonstrate that alongside engagement in a stigma reduction intervention, HIV outcomes improved among cisMSM and transgender women. These data suggest the potential of stigma mitigation efforts to contribute to positive effects in both HIV prevention and treatment among MSM in Senegal.

Given decreases in certain forms of stigma and not others, understanding how stigma fosters HIV acquisition and transmission risks may provide insights to optimizing stigma mitigation interventions for key populations.



The implementation research project, *HIV Prevention 2.0 (HP2): Achieving an AIDS-Free Generation in Senegal* (AID-OAA-A-13-00089), was funded by the United States Agency for International Development (USAID) under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). This assistance is from the American people. The views expressed in this publication do not necessarily reflect the views of the United States Government. The research was carried out by Johns Hopkins University.

Published in November 2018.

Suggested citation: Johns Hopkins University, USAID, and Project SOAR. 2019. "Reducing stigma and improving HIV outcomes among key populations in Senegal." Washington, DC: USAID.