

IMPROVING RETENTION IN HIV CARE FOR MSM ENGAGING IN CHEMSEX IN LOW-RESOURCE SOUTH AFRICAN SETTINGS: A MODEL OF CARE

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Background:

MSM engaging in chemsex (MSMC) experience high HIV positivity rates (50%) and low program retention. OUT program data showed that MSMC were significantly less likely (24%) to adhere to antiretroviral treatment compared to other MSM (94%). Limited Africa-specific research on chemsex necessitated the development of a tailored care package aimed at improving retention among MSMC in low-resource settings.

Description:

Between March and December 2024, OUT enrolled 127 MSMC living with HIV across three Johannesburg townships. A structured 10-point questionnaire, based on validated behavioural health instruments, was used to develop individualised treatment plans.

The intervention combined biomedical and non-biomedical services:

Biomedical: Antiretroviral therapy initiation and adherence support.

Psychosocial: Social workers provided mental health counselling, financial advice, HIV and drug education.

Community support: Informal “Buddies” facilitated peer support, chemsex house interventions, advisory groups, and skills workshops.

Effectiveness:

Baseline findings highlighted:

50% tested HIV positive.

mean age: 36 years.

37% completed schooling; 10% employed.

50% screened positive for anxiety, depression, or psychosis

26% reported suicidal ideation.

80% reported harmful alcohol/drug use; 41% polydrug use.

Thematic analysis of psychosocial sessions revealed common concerns, including low self-esteem, unresolved trauma, drug use concerns, and limited knowledge of HIV, drugs, and safer behaviors.

Social exclusion, strained relationships, high unemployment, and poverty were recurrent themes.

The program retained 91% of clients on antiretroviral treatment, demonstrating the effectiveness of individualised interventions.

Conclusion and next steps:

While chemsex provides temporary relief from socio-economic stressors, it heightens HIV vulnerability. This tailored service package significantly improved treatment retention. Future work should define a scalable minimum intervention package for broader implementation in low-resource settings. Conference attendees will gain insights into structuring holistic, community-based care models for high-risk populations.

Presenter Bio

Under David's leadership, OUT's achievements include securing same-sex marriage in South Africa, the first quantitative research on LGBT hate crimes, and the first MSM clinic in 1997. OUT operates in

3 cities, including South Africa's largest MSM program. Dawie holds a Masters' in Education from the University of Witwatersrand.