

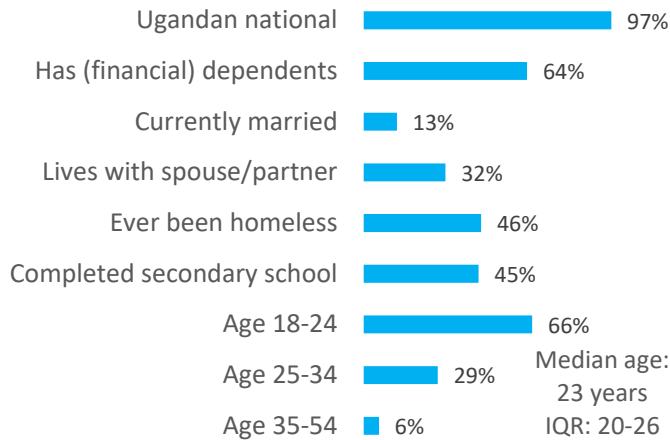


Crane 3 Survey Summary – Men Who Have Sex with Men Kampala, Uganda, 2022

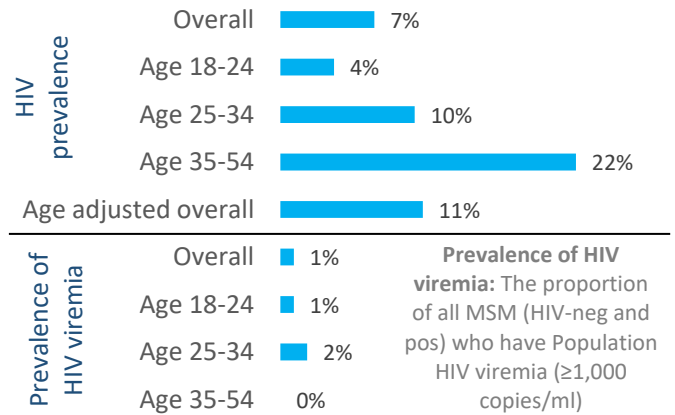


Survey Methods: This respondent-driven sampling survey took place from January to December 2022 using a single survey office in Kampala with the objective to measure major HIV Key Population programme outcomes. Participants were enrolled men who have sex with men (MSM, 18+ years) resided in greater Kampala and reported anal sex with other men in the last six months. Data were collected through audio computer-assisted self-interviews; venous blood was tested for HIV, viral load, CD4 and active syphilis. Sample size was 1425 participants; estimates are weighted unless stated otherwise. *Note: Interquartile range (IQR) refers to the middle half of those who responded. *Indicates small sample sizes.*

Demographics



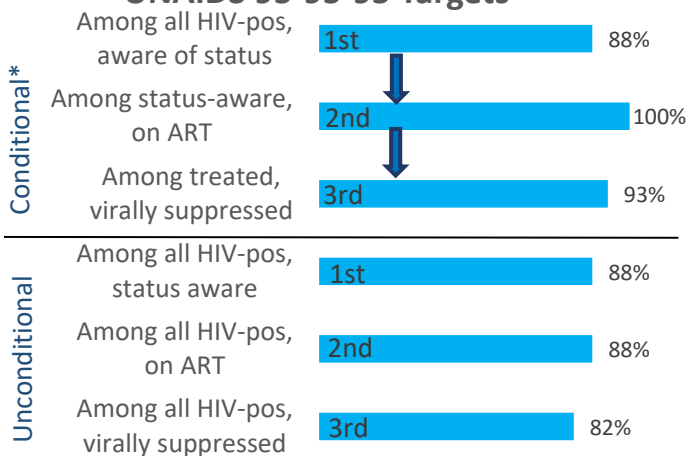
HIV Prevalence and Population HIV Viremia



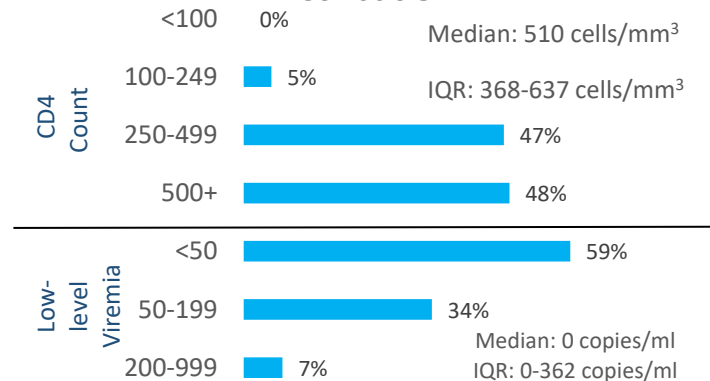
Two-thirds of MSM were 18-24 years old, average age was 24 years. Almost half had completed secondary school, almost half reported ever having been homeless, nearly all were Ugandan nationals, and one in eight were married.

One in 14 MSM were living with HIV and HIV prevalence increased with age. HIV prevalence was also calculated to reflect the age distribution in the population, age-adjusted HIV prevalence is closer to one in ten. Only 1 in 100 MSM had unsuppressed HIV (population viremia).

UNAIDS 95-95-95 Targets



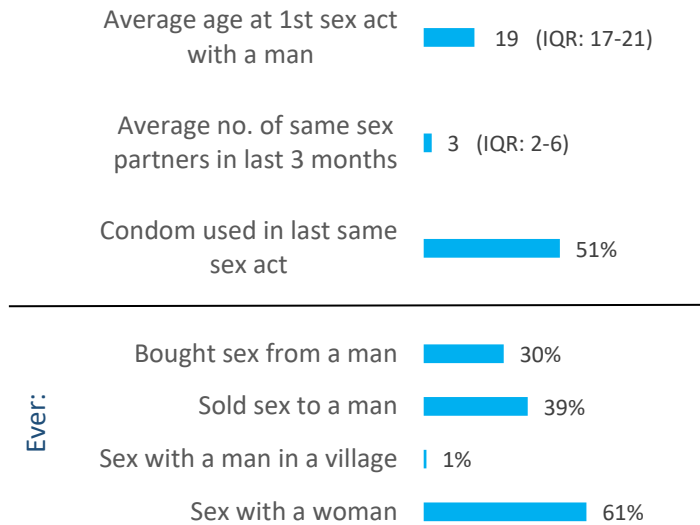
CD4 Count & Low-level Viremia Distribution



HIV status awareness and treatment uptake were based on self-report and/or being virally suppressed. Of MSM living with HIV, nine out of ten knew their positive status and eight out of ten were virally suppressed (< 1000 copies/ml).

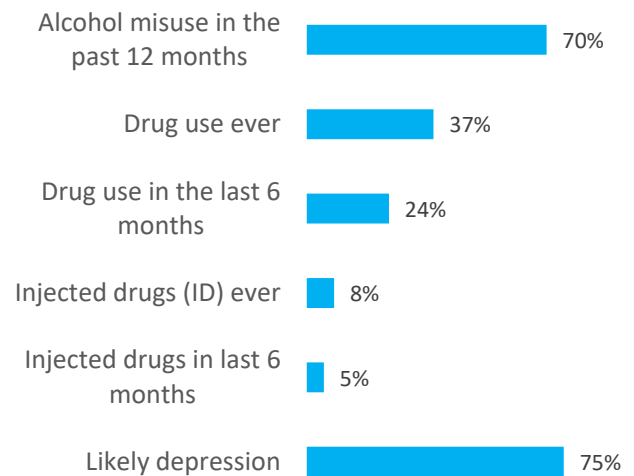
Almost half of MSM living with HIV had CD4 counts of 500 cells/mm³ or more, suggesting good immune status. Among virally suppressed MSM (< 1000 copies/ml), almost three-fifths had viral loads less than 50 copies/ml.

MSM Characteristics



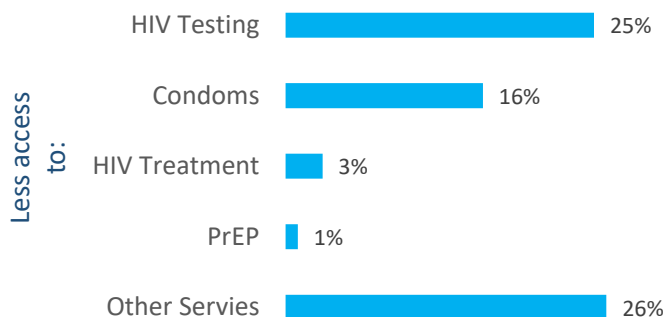
On average, MSM had first sex with a man at age 19. Three in ten reported ever buying sex from a man and two in five reported ever selling sex. On average, MSM had three sex partners in the last three months; half used a condom in their last sex act; nearly two-thirds reported sex with women.

Alcohol, Drug Use, Depression



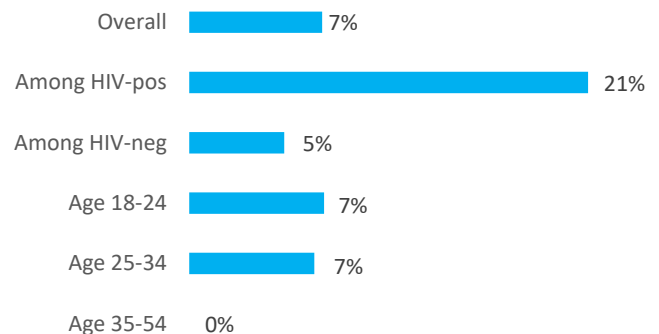
Over two-thirds of MSM screened positive for alcohol misuse, determined by frequency and quantity of alcohol use. Three-quarters reported symptoms associated with depression. Within the last six months, one in four reported drug use and one in 20 reported injection drug use.

COVID-19 Impact



One-quarter of MSM reported decreased access to HIV testing and other clinical services due to COVID-19. One in six also reported decreased access to condoms. Decreased access to HIV treatment and PrEP was not widely reported.

Active Syphilis Prevalence

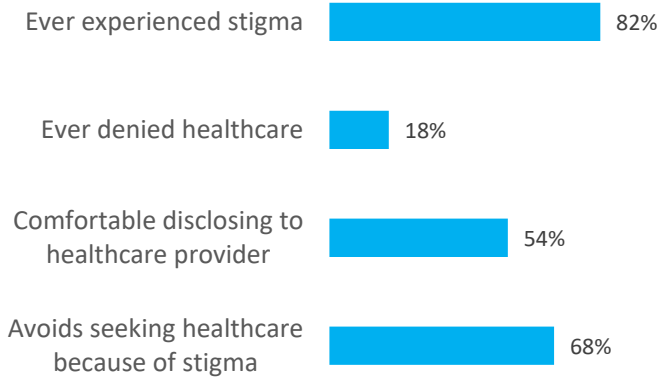


Among some MSM tested, rates of active syphilis were low. One in five MSM with HIV, tested positive for active syphilis. Syphilis was less common in HIV-negative persons. Active versus prior syphilis infection was determined by antibody testing.

Population size estimate: Using this survey and two separate rounds of sampling at hotspots (three source capture recapture), we estimated the Kampala MSM population size at 9,900 (4,700-17,500), or 1.9% of the general male population ages 18-59 years (95% confidence interval).

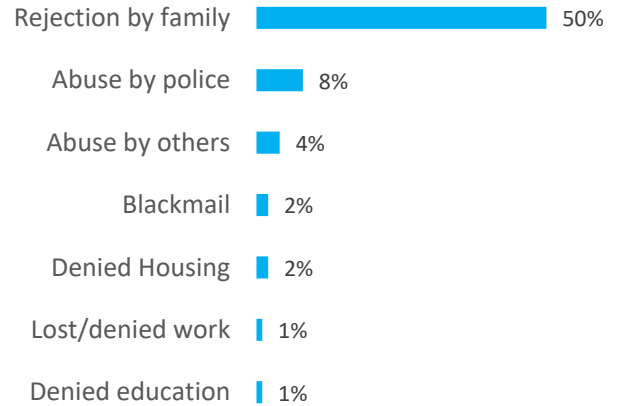
Crane 3 Survey Summary: HIV Prevention Men Who Have Sex with Men in Kampala, Uganda, 2022

Healthcare Stigma due to Sex with Men



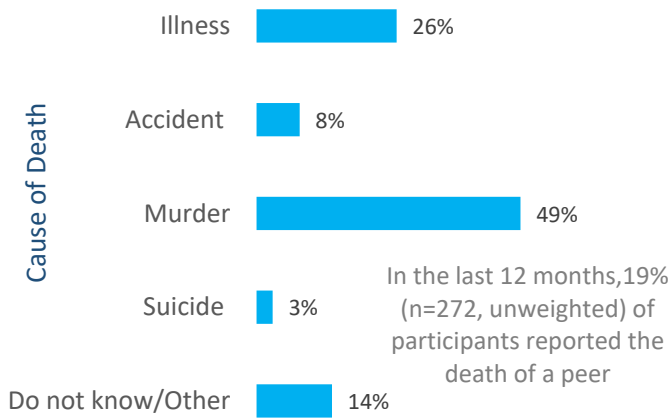
Eight out of ten MSM reported experiencing healthcare-related stigma in some form. Two-thirds avoided seeking healthcare, and about half felt comfortable disclosing sex with men to healthcare workers. Two in ten reported being denied healthcare because they had sex with men.

Stigma, Discrimination & Abuse



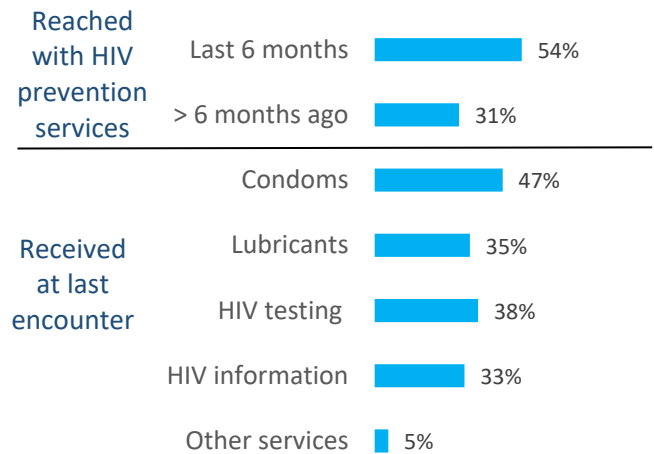
Half of MSM reported rejection by family because they had sex with men. One in ten experienced abuses by police; other forms of stigma, discrimination, and abuse were less commonly reported.

Mortality among Peers



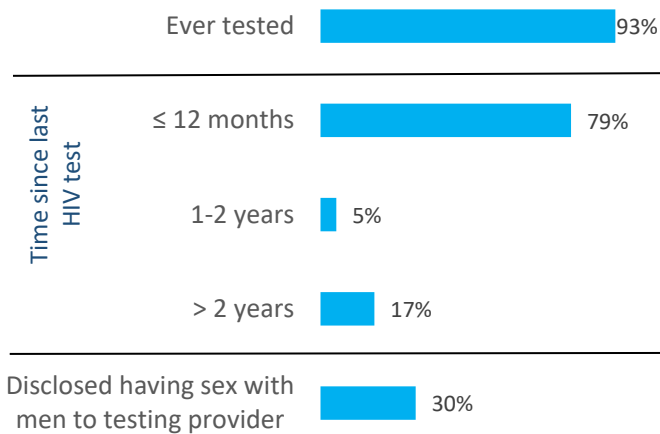
A total of 272 MSM reported deaths among one or more of their known peers within the last 12 months. "Murder" accounted for half of reported deaths among peers, and illness accounted for one-quarter. Deaths from accidents or suicide were less commonly reported.

Outreach Services



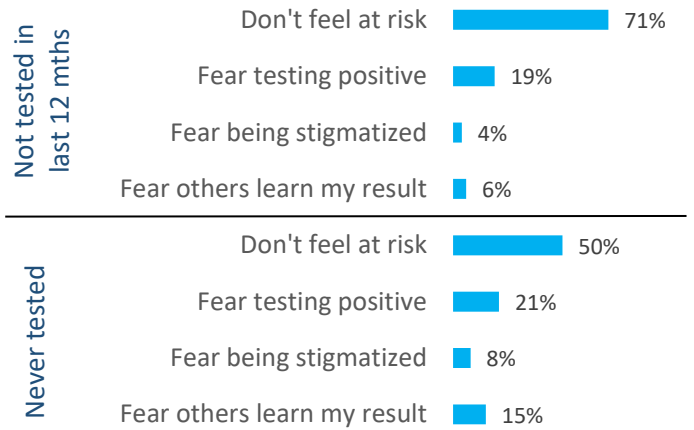
Most MSM had been reached with outreach prevention services; more than half within the last six months. Condoms were most frequently received, followed by HIV testing services, HIV information, and lubricants.

HIV Testing



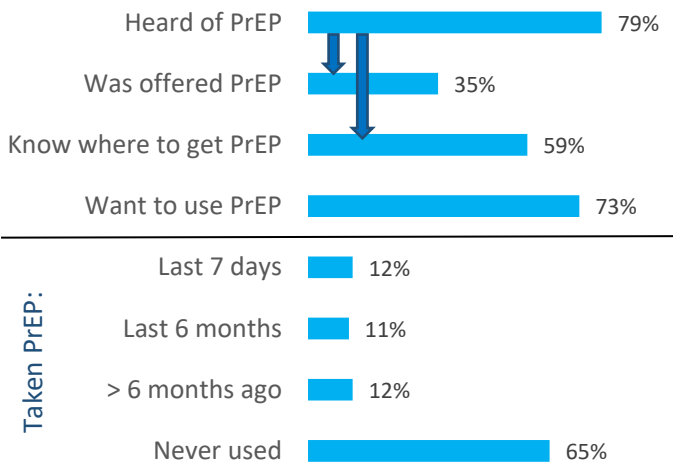
Almost all MSM had tested for HIV, and four out of five had tested in the last 12 months. Only one in three MSM disclosed having sex with men to their testing provider.

Reason for Not Testing for HIV



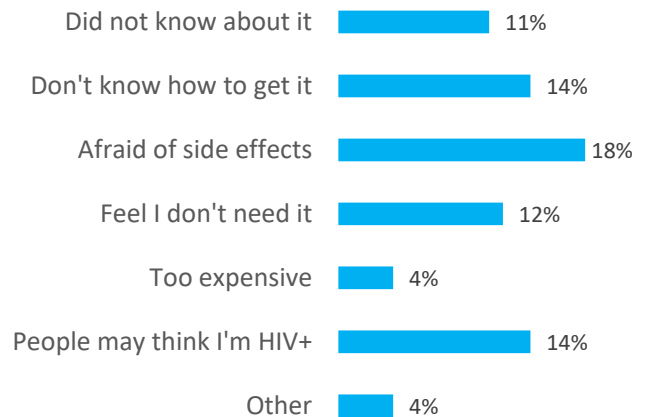
Among MSM not aware of their positive HIV status and not tested in the past 12 months, more than two-thirds did not test as they did not feel at risk. Other reasons included fear of testing positive or other people learning their result.

Pre-Exposure Prophylaxis (PrEP)



Eight out of ten MSM had heard of PrEP; of these, about one-third were offered PrEP and three in five knew where to find PrEP. Among HIV-negative MSM not already on PrEP, almost three-quarters reported wanting PrEP. Among HIV-negative MSM who had heard of PrEP, one in ten had used PrEP in the last 7 days but nearly two-thirds had never used PrEP.

Reasons for Not Taking PrEP in the Last 6 Months



Reasons for not taking PrEP were many, including being afraid of side effects, not knowing how to get PrEP, fear that people will think they are HIV positive, feeling they don't need PrEP, and not knowing about PrEP.

The **Crane Survey** is a collaboration of the Population Council, Makerere University/School of Public Health, Centers for Disease Control and Prevention (CDC), Infectious Diseases Institute, and Ministry of Health.

Funding: This survey has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the CDC under the terms of #GH002127.

Disclaimer: The mark "CDC" is owned by the U.S. Dept. of Health and Human Services (HHS), is used with permission and is not an endorsement by HHS or CDC. The findings and conclusions are those of the authors and do not necessarily represent the official position of the funding agencies. The results presented here should be considered preliminary and are subject to change.

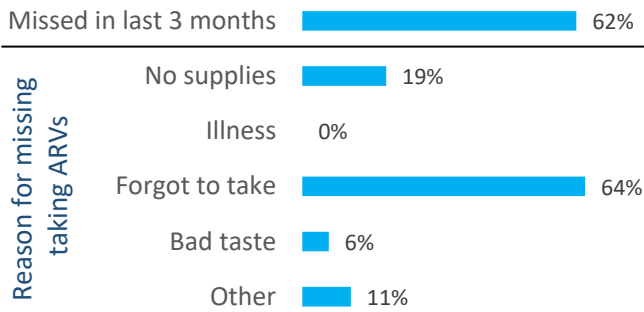
Version date: 02-Nov -2023.

Crane 3 Survey Summary: Care and Treatment Men Who Have Sex with Men in Kampala, Uganda, 2022

Viral load testing: Among HIV-positive MSM aware of their HIV-positive status, 77%* stated that their viral load (VL) had been measured in the prior 12 months. Of these, 47%* had received and understood their VL results.

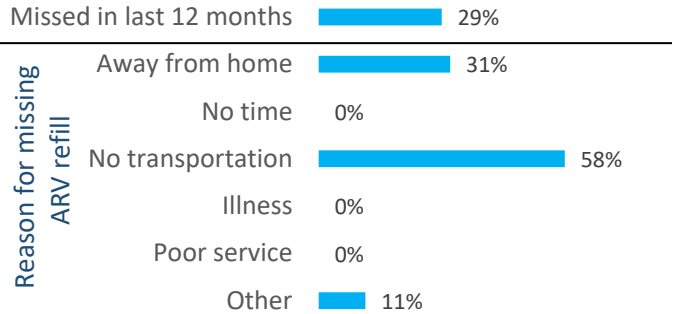
Food insecurity: 52% of MSM living with HIV reported they do not have enough food.

Missed ARV Dose(s)



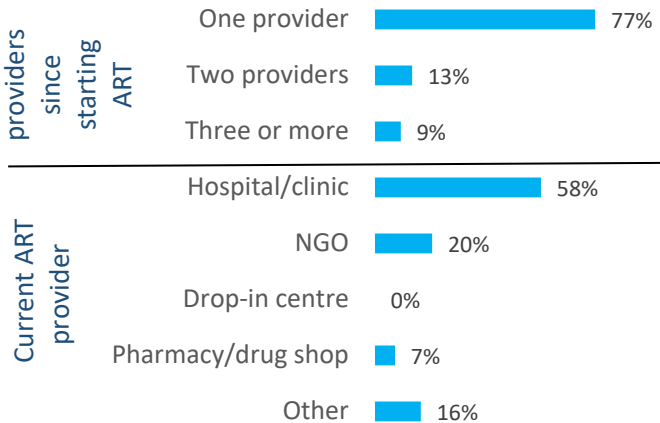
Nealy two-thirds of MSM on ART reported sometimes missing their ARVs in the last 3 months; the most frequent reasons included forgetfulness and having run out of drug supplies.

Missed ARV Refill



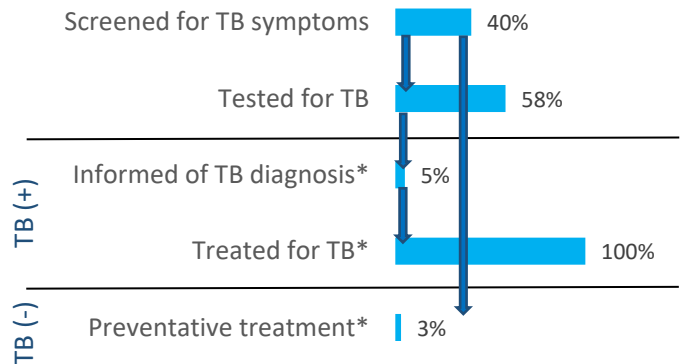
One in three MSM on ART missed refilling their ARVs in the last 12 months, mostly due to a lack of transportation or being away from home.

Select ART Characteristics



Among MSM on ART, one-quarter had switched ART providers at least once. Most received ART from hospitals and clinics or NGOs.

Tuberculosis (TB) Among HIV Positive MSM



Among MSM living with HIV, 2 in 5 were screened for TB symptoms; out of which, about 3 in 5 were tested for TB. Of these, 1 in 20 received a positive TB diagnosis. Very few of those with TB negative results received TB preventative treatment.