

Discussion guide

PROJECT TITLE:

Community mobilization of men who have sex with men (MSM) in Montreal: towards the implementation of combination HIV prevention strategies.

projetmobilise.org

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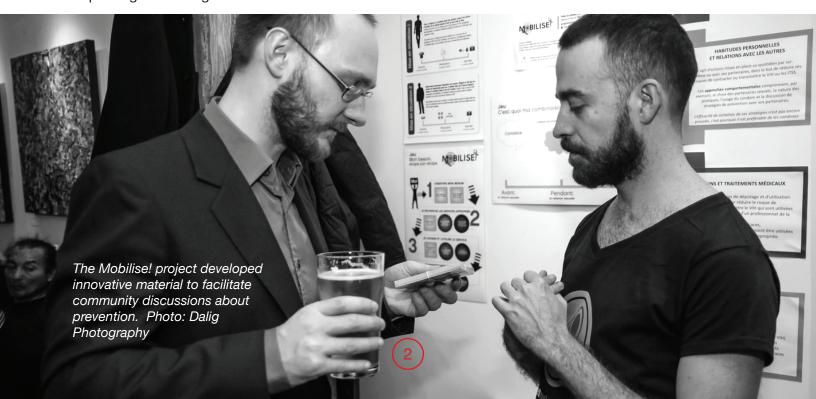
THE MOBILISE! PROJECT

Mobilise! is a project by, for and with gay and bisexual men and other men who have sex with men (gmMSM), be they cisgender or transgender and regardless of their HIV status. Based in Montreal, the project aims to reduce the transmission of HIV and other sexually transmitted and blood-borne infections (STIs) using a combination prevention approach (the different ways to prevent HIV and STIs, in addition to condoms). To achieve this, Mobilise! has been working directly with gbMSM and also with prevention and health care workers.

To better understand the realities of gbMSM and hear the voices of people from diverse communities, we began the *Mobilise!* project with the creation of "community teams". One or two peer researchers known as "team leaders" led each team discussion. After a training session, leaders recruited 6 to 8 people from their personal networks to participate in a discussion activity. Participants exchanged views on prevention, sex, health, and barriers in access to different prevention options. Team leaders documented the discussion in a short report and shared their experiences at community events. The discussions held by our community teams shaped the development of this guide.

We also carried out an online survey to better understand what gbMSM in the Montreal area know about prevention strategies and their experiences in accessing health services. Over 1000 participants responded to the questionnaire. The information collected through the survey has allowed us to better understand the prevention strategies that gbMSM are using and the barriers they face in access to services.

Mobilise! has also brought together an intersectoral coalition of community, medical, institutional and academic stakeholders in Montreal with an interest in gbMSM health. The coalition has developed a joint declaration of consensus on the actions needed to optimize access to sexual health services for gbMSM communities in Montreal with the aim of ending the HIV epidemic. Through their participation in Mobilise!, coalition members have shown a commitment to working for social change aimed at improving health in gbMSM communities.



The Mobilise! project's overall goals are to:

- Produce and distribute informational material on combination prevention to diverse communities of gbMSM
- Foster discussions on knowledge and use of combination prevention among gbMSM
- Reduce barriers in access to prevention and health services for gbMSM in the greater Montreal area
- Develop a consensus on priorities for action and concerns to communicate to decision-makers in order to reduce the HIV epidemic

WHAT IS COMBINATION PREVENTION?

New ways to prevent HIV other STIs in addition to condoms

Over the past few years, a range of new prevention options such as such as the use of medication and rapid HIV testing have become available that can be combined to suit to each person's individual needs and circumstances. Combination prevention refers to a number of medical or behavioural methods that can be used before, during or after sex or in day-to-day life to reduce risk.

Wider initiatives to improve the social context and increase access to services also play a role in prevention. A combined approach to HIV and STI prevention can reduce the risk of infection.

What does combination prevention involve?

A range of strategies can be used at different times to reduce the risk of HIV transmission, each offering a different level of protection. While some approaches work much better than others, none of them are considered 100% effective. Their effectiveness can vary depending on how they are used and in what context. In addition, only a few strategies protect against both HIV and other STIs. Finding the strategies that suit your needs and preferences and using them together as a "combination" can help you to have the best possible protection.

 Medical care and treatment: These strategies include testing and the use of medication (e.g. PEP, PrEP) to reduce the risk of contracting or transmitting HIV. To be effective, these biomedical approaches must be used consistently and appropriately.

- Personal habits and relations with others: These approaches include condom use and other strategies that you adopt on your own or with sexual partners to reduce the risk of contracting or transmitting HIV or other STIs. Although beneficial, behavioural approaches need to be used in combination with other approaches to have a significant impact.
- Social context: Included here are various actions carried out on a social or political level
 to change social attitudes, improve the healthcare system, or address other issues (e.g. the
 media, families). These social and structural approaches help to create an environment
 favourable to preventing HIV and other STIs.



Discussion activity using the initial version of the Mobilise! prevention strategy cards

WHAT IS A COMMUNITY DISCUSSION ABOUT COMBINATION PREVENTION?

A community discussion about combination prevention allows participants to exchange information and ideas on HIV and STI prevention and access to sexual health services. The activity involves holding a semi-structured discussion (approx. 2 hours) facilitated by one or two pre-designated leaders. Information to help leaders hold this type of discussion can be found in this guide and on the projectmobilise.org website.

A community discussion on combination prevention aims to:

√ inform others about the various prevention strategies that are available.

- √ raise awareness that prevention can be done in different ways and at different times.
- √ break down myths and preconceptions about HIV and STI prevention.
- √ provide a safe space to talk about the challenges of HIV prevention and the use
 of health services
- √ share tips for accessing health services tailored to participants' needs.

WHAT KIND OF ACTIVITY TO ORGANIZE?

The discussion activity you organize can take any form. You can set it up as an event in and of itself, or as a discussion that takes place before or after a regular activity that you do with friends (sports team, board game night, bowling, karaoke, going to the movies or out to a club, etc.). We recommend a group of 6 to 8 people to ensure all participants can contribute to the discussion. Here are a few examples to inspire you:

- during a get-together at someone's house or another location where you and your friends like to meet up (choose a place where the music isn't too loud so that everyone can follow the discussion)
- a brunch, lunch, or dinner
- a "bring your own wine" night
- a themed costume night
- a pyjama party where everyone brings pillows, blankets, popcorn
- a picnic in a park
- a special event at a community organization to which you belong
- a discussion after watching a film or reading a graphic novel that deals with topics related to sex or sexual health
- a discussion using an online forum (it can be live all the participants agree to meet at a certain time – or time-delayed – ask your questions and give the participants a few days to respond)

Use your imagination! The possibilities are endless. Make sure the atmosphere is warm and relaxed.

You will also need to ensure you have

- 1. at least two hours to spare
- 2. a location and environment that are conducive to discussion
- informed your participants about the objectives of the activity before it starts, namely to discuss HIV and STI prevention strategies and access to sexual health services.

TIPS FOR ENCOURAGING PARTICIPATION

It might be difficult to find participants who are interested in getting involved, out of fear that their knowledge or skills are too limited or because they feel uncomfortable discussing sexuality and risk. Directly approaching individual people and explaining the benefits of participating is sometimes more effective than sending out a general invitation.

There is no need to focus solely on HIV. Your discussion activity can cover a variety of topics related to sex and pleasure, for example drug and alcohol use, interpersonal relationships, quality of health services, etc.

It's important to be inclusive with respect to HIV status. The ultimate goal of the discussion is to help participants maintain good sexual health, no matter whether they are positive, negative or don't know their HIV status.

HOW THE DISCUSSION KIT WORKS

The discussion kit contains four key components that can assist you in organizing and holding your activity: a facilitation guide, a set of prevention strategies game cards, a timeline, and a set of prevention strategy fact sheets.

1. The facilitation guide

The facilitation guide (pages 11-13) includes a list of topics to cover and suggested questions to facilitate the discussion. You can follow each step or just use it as inspiration and organize the meeting in your own way. The guide is divided into three sections:

The first part provides an introduction to the discussion with two short ice-breaker questions.

The second part focuses on participants' knowledge, use, and experiences in accessing different HIV and STI prevention strategies. There are a quite a few strategies and it's not necessary to go through them all. Focus on those that most interest your participants.

The third part contains some open questions about the future of HIV and STI prevention. This is an opportunity for participants to share their ideas on community needs and access to health services. The activity concludes with this discussion.

2. Prevention strategy game cards

We created educational "game cards" to visualize and explain 25 different prevention strategies. One side of the card features a cartoon-style image that represents the strategy; the other side gives a short definition. The strategies have been grouped into four colours based on their effectiveness in reducing HIV transmission. It is important to note that other STIs were not taken into consideration in the evaluation of effectiveness and most of the strategies are not effective in reducing STI transmission.



GREEN – These strategies have been proven effective in preventing HIV transmission. They can be used alone, but since none of them are 100% perfect, it's often a good idea to combine more than one together.



YELLOW – The effectiveness of these strategies is low or uncertain and often depends on a variety of other factors. Combining them with other strategies is recommended.



GRAY – These strategies do not have a direct impact on HIV transmission, but include different practices and contexts that promote good sexual health and contribute to the implementation of other strategies.



BLACK – These strategies are not yet available in Canada or are still under development.

Participants might think of other strategies that were not included in the cards – feel free to have them add their own ideas. The cards can be used in a number of ways, for example, the discussion leader can show the cartoon side of each card and have participants guess the name of the strategy, or each participant can draw a card and present that strategy to the group. The group can also be divided into two, with each small group guessing the name of as many strategies as possible by looking at the cartoon side, etc. The main purpose of the cards is to provide information and foster discussion about the range of strategies that are available!

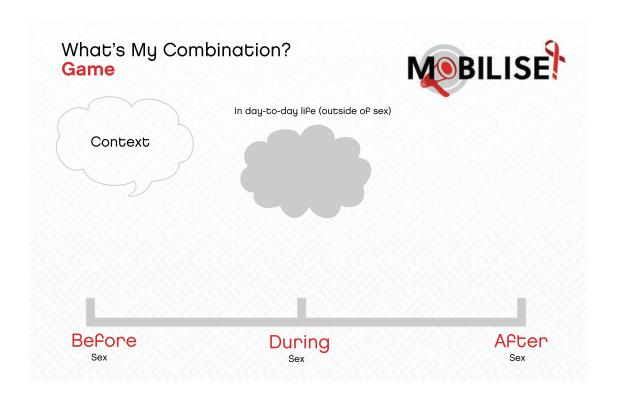
3. The timeline

The timeline (also called the "What's my combination?" game) helps to illustrate the contexts and times when a given a strategy can be used. The game works as follows: first, ask participants chose a context (e.g. a one-night stand, regular partners, a couple); then, invite them to place cards for this context on the timeline to represent the different prevention strategies that could be used before, during, or after sex or in day-to-day life (independently of sexual activity).

Some strategies can be placed at more than one location on the timeline (e.g. HIV testing can be done before or after sex, or independently of sex if a person has a regular testing routine). The game serves to illustrate how various strategies can be combined at different times.

It can be played by the whole group, in subgroups, or individually (plan to have several copies) with the option of sharing or not sharing the results with other participants. You can repeat the game by choosing more than one context.

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4. Prevention strategy fact sheets

This reference document includes a fact sheet for each of the 25 strategies. The fact sheets explain how each strategy works and provide basic information about its effectiveness, acceptability, and accessibility in Canada. As with the game cards, the fact sheets are grouped according to their effectiveness in reducing HIV transmission. Going through the fact sheets before facilitating a discussion can help ensure you have a sufficient understanding of each of strategy. There's no need to remember everything or give a formal presentation on each one. You can refer to the fact sheets if questions come up during the discussion. They're also available on the projectmobilise. org website.

TIPS FOR LEADING A GOOD DISCUSSION

As a facilitator, your responsibilities include:

- explaining the objectives of the activity to the group
- giving instructions on how the discussion will proceed
- facilitating discussion and reflection on the topics that are covered
- answering participants' questions to the best of your ability using the materials provided
- encouraging participants to respect the confidentiality of any personal information that is shared and fostering a climate of respect and non-judgment

Some tips on how to facilitate your activity are outlined below. Remember: smiling and being empathetic will help you be a good facilitator!

1. Use an ice-breaker!

Start the meeting by introducing yourself and explaining why you decided to hold this discussion. What motivated you? What was it about this type of activity that interested you?

If there are people in the group who do not know each other, use a quick exercise to break the ice. For example, you can ask people about their expectations for the discussion, or invite them to take turns asking a general question to the person on their right.

2. Set the stage

We recommend that your activity last a maximum of two hours. If you expect to go longer, add a fifteen-minute break to the schedule. Start by give a step-by-step overview of how the discussion will proceed. Let people know approximately how long it will last and explain the objectives: to discuss sex between men, HIV and STI prevention strategies and access to sexual health services. Be open to suggestions from the group. Giving participants the chance to provide input will help to ensure that everyone agrees on the agenda and will facilitate the exchange of ideas.

With the help of the discussion kit materials, set the stage by taking a few minutes to go over some key concepts: What do we mean by "prevention strategy"? Does everyone have a basic understanding of HIV? What do we mean when we talk about "combining" different prevention strategies together? While there is no need to be exhaustive, it's important to ensure to the best of your ability that the information discussed during the activity is accurate.

3. Foster a climate of trust and openness

Right off the bat, make it clear that there are no wrong answers. Every perspective is relevant and deserves to be heard. It's possible that some questions or subjects will bring up strong feelings or reactions. As facilitator, you need to emphasize the importance of respecting everyone's ideas without judgment. Similarly, it's important to avoid asking sensitive questions that could violate a person's dignity or privacy (e.g. sexual orientation, HIV status, how an HIV-positive person became infected, etc.). Values can differ from one community to another, but all perspectives must be respected even if they are different from your own.

Given the nature of the topics being discussed, it is possible that participants could disclose sensitive information. Emphasize that all personal information participants share over the course the activity must remain confidential. If necessary, go around the table and ask each participant to agree not to repeat anything personal they may hear to others outside the group.

Community mobilization depends on everyone being treated equally. We suggest that you try to reduce any power differentials between you and the members of your team by recognizing and valuing the knowledge that each participant brings to the table. To do this, let participants express themselves in their own words and make their own choices about the terms and concepts that best describe their reality.

Turn your activity into a moment for learning, respect, empathy, participation, and inclusion.

4. A few tips for the facilitator

If participants misunderstand or misinterpret any of the questions in the facilitation guide, feel free to reframe the questions in your own words. Take the time to define any of the terms or expressions more than once if necessary. Giving examples is also a great way to clarify an idea!

Some people will be more willing to talk than others. To make sure that everyone's voice is heard, you can suggest dividing into small groups of two or three to discuss a particular subject, then ask each small group to give a short summary. This is helpful if you have participants who are less inclined to speak in front of a group.

Keep an eye on the time throughout the activity. Don't be afraid to cut a discussion short to leave enough time for the remaining questions. If a particular topic leads to lively discussion that tires participants out or if you are losing their attention, take a break.

While it's important to have a well-planned activity, there may be suggestions from other people in your group that help achieve the goals of the discussion. Be open to team work and collaboration!

5. Use the materials in the discussion kit as needed

It's possible that the participants might be shy about expressing themselves, that the discussion will become boring, or that the conversation will constantly get off track. When these situations arise, using the timeline and prevention strategy game cards can help structure and facilitate the discussion. You're not obligated to use them, but they can help participants to visualize their ideas and reflect on the issues being discussed. You can use them as-is or develop your own approach. If you do want to use them, make sure you understand how they work before the activity begins and that you have enough copies for everyone in the group to play.

6. At the end of the activity

Don't forget to thank everyone and remind participants that more information is available on the projetmobilise.org web site. Some participants may also be inspired to organize an activity of their own!

Have a great discussion!

FACILITATION GUIDE

At the start, remember to explain...

- o the purpose of the meeting
- the notion of confidentiality
- o Ithe importance of respecting each person's opinions

PART 1: INTRODUCTION (ICE BREAKERS)

For each question, go around the table to let each person answer. Give a quick summary of people's comments at the end.

When I say "sex", what word comes to mind?

When I say "HIV and STI prevention", what word comes to mind?

PART 2: PREVENTION STRATEGIES

There are a number of ways in which the transmission of HIV and other STIs can be prevented. These "prevention strategies" include physical items or tools as well as habits and behaviours that can be used to reduce the risk of contracting or transmitting HIV through sex.

1. Information sources

What are your sources of information about HIV and STI prevention strategies?

2. Knowledge of the different strategies

Which prevention strategies do you know about? What do you generally do to reduce risk?

3. Acceptability of various strategies

Distribute the prevention strategy cards among the participants and let them comment on them and use them as inspiration to answer the questions below. If necessary, use the Prevention Strategy Fact Sheets to answer any questions that come up. Mention that the colours represent 4 types of strategies, grouped according to how effective they are at reducing the risk of HIV transmission. Explain that effectiveness in reducing the transmission of other STIs has not been taken into account in grouping the cards in this way (most of the strategies are not effective for STI prevention).

For each strategy, use the following questions to facilitate the discussion.

What do you think of this strategy, either for yourself or for someone else who might want to use it? What are its advantages and disadvantages?

What have you heard about this strategy or what have you read? Have you heard people in the community criticizing it or saying great things about it?

What difficulties did you encounter (or could you encounter) in accessing this strategy? Do you have any tips for overcoming these difficulties?

Strategies that are effective in preventing HIV transmission

Taking PrEP (preexposure prophylaxis)

Using a physical barrier (condom, dental dam, glove) and lubricant during sexual contact

Adapting your sexual practices to the viral load of any HIV-positive partners who are involved

Taking antiretroviral treatment (if you are HIV-positive)

Taking PEP (postexposure prophylaxis)

Combining your biomedical strategy with those of your partners (biomed-matching)

Strategies whose effectiveness is low or uncertain

Serosorting

Strategic positioning

Making an agreement with your regular partner (negotiated safety)

Withdrawal before ejaculation

Adopting low-risk practices

Having fewer sexual partners

Refraining from sex

Conditions that are favourable to sexual health

Changing how you drink or use drugs

Getting tested regularly for HIV

Getting tested regularly for STIs

Communicating in a proactive way with your partners

Being circumcised

Informing your partners if you have an STI

Using social and health services

Advocating for better access to services

Advocating for better laws and policies

Strategies not available in Canada or still in development

Using an HIV self-test

Using microbicides

Getting vaccinated against HIV

4. Using a combination of strategies

Invite participants place prevention strategy cards on the timeline according to when each strategy comes into play: before, during, or after sex, or as part of day-to-day life (place these strategies in the "cloud" shown floating above the timeline). Some strategies can be located in more than one place.

No prevention strategy is 100% effective. Putting a strategy into practice can also be harder than we expect. Which prevention strategies do you currently combine in order to reduce the risk of HIV transmission?

What would be your ideal combination?

Would you use another combination in a different situation?

Does this combination also reduce the risk of transmitting other STIs? If not, are there strategies you would want to add to your combination to reduce the risk for other STIs?

PART 3: FUTURE CONSIDERATIONS

In light of today's discussion, what messages would you like to communicate to service providers (hospitals, medical clinics, community organizations, etc.) about HIV prevention in your region?

Which prevention strategies or combination of strategies should be made a priority?

Which sexual health needs would you like to see addressed?

What changes need to be made to the services that are being offered?

Give everyone a warm thank you for participating in the discussion.

