PEAK Urban

Expanding the reach of Key Population HIV/AIDS programming: Urban health development among Lesbian, Gay, Bisexual, Trans, Intersex and Queer communities in "safe spaces" across Cape Town

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This research brief draws attention to the current pragmatic use of community-based "safe spaces" as a critical health intervention among Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ) citizens in urban Cape Town, South Africa. These safe spaces are primarily healthcare spaces that also approach socio-economic development from within HIV/AIDS frameworks. However, as HIV/AIDS prevention, treatment and care in South African cities are skewed heavily toward Men who have Sex with Men (MSM), interventions are needed to better prioritise access to comprehensive care among citizens who self-identify as part of LGBTIQ communities. By acknowledging LGBTIQ citizens as stakeholders in global and African health systems, this brief positions the use of safe spaces as one urban development pathway that can link and sustain access to lifesaving HIV/AIDS-related treatment, prevention and care in South African cities.

Introduction

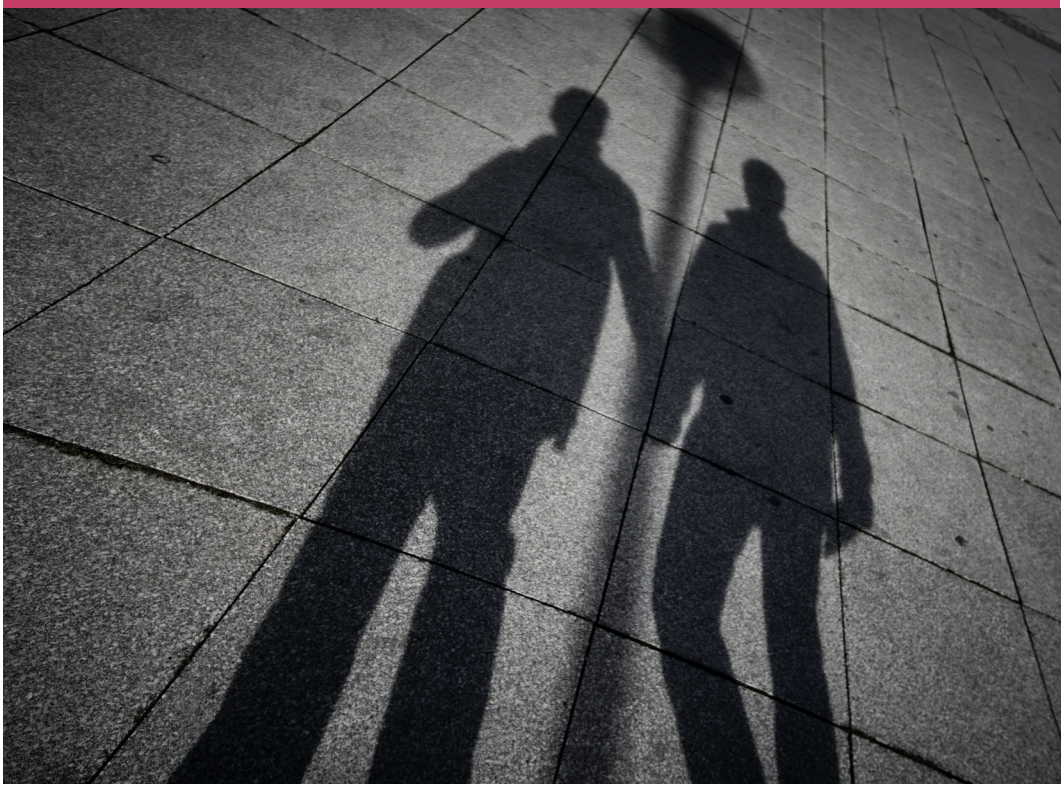
South Africa's National LGBTIQ HIV Plan (2017-2022) is a milestone in the country's response to HIV, AIDS, sexually transmitted infections (STIs) and tuberculosis (TB) for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) people (SANAC, 2017). The policy plan is one of the first in Africa to prioritise lifesaving peer-driven and community-based HIV/AIDS prevention, treatment and healthcare interventions for LGBTIQ citizens, as part of Key Population (KP) programmes.

Key Population programmes

- Trans people
- Women who have Sex with Women
- Men who have Sex with Men
- Sex workers
- People who use drugs
- Inmates, prisoners or detainees

Vulnerable populations

- Lesbian, Gay, Bisexual, Trans, Intersex and Queer
- Asylum seekers, refugees and undocumented foreigners
- People living in informal settlements



Key Population (KP) programmes are critical interventions that fast-track access to healthcare for those most vulnerable to HIV/AIDS, in order to achieve epidemic control across local and global scales. To treat, prevent and significantly reduce new infections, KP programming has been deployed in so-called hotspot areas, in places where HIV/AIDS is densely concentrated and widespread across general (heterosexual) populations. KP programming is therefore one way in which LGBTIQ citizens are accessing HIV/AIDS interventions – especially those who receive marginal attention in healthcare systems, as is predominantly the case in South Africa and the rest of Sub-Saharan Africa. Such programming is important because it directly targets those who are most often ignored or marginalised in community or other heteronormative spaces such as clinics or hospitals.

In order to control HIV/AIDS, global health strategies related to the Paris Declaration, the Joint United Nations Programme on HIV/AIDS for Fast-Track Cities, and the UN Sustainable Development Goals collectively aim to "ensure health and wellbeing", and to "leave no one behind" by making cities inclusive, safe, sustainable and resilient (Parnell, 2016; Schalkwyk et al., 2021). As part of this fast-track approach, African cities have been responsive, to varying degrees, in initiating and sustaining uptake and rollout of HIV/AIDS interventions, especially via KP programmes. This urban focus acknowledges that cities are socio-ecological centres in which economic, political, legal, cultural, educational and health systems are concentrated, and where large numbers of people living with HIV/AIDS are located. However, historical inequalities, such as socio-economic marginalisation and spatial segregation, remain part of everyday urban experiences for many people living outside developed spaces or central business districts. In South Africa, the historic outcomes of colonial and Apartheid systems of marginalisation and spatial segregation are still most evident within and between cities, challenging and reinforcing the extent to which LGBTIQ citizens can take up or adhere to KP programmes, and achieve health and wellbeing in urban spaces.

Critical psychosocial and spatial approaches are required to better understand how people targeted for engagement in KP programmes navigate urban health systems in South Africa. "Safe spaces", conceptualised as peer-driven and community-based interventions, have gained traction as important socio-ecological systems, based on engagements in KP programmes. Safe spaces are of primary importance for reflecting, acknowledging and responding to systemic, social and structural dynamics influencing uptake and adherence to KP programmes. They can help reinforce current local and global political priorities aimed at instituting integrated, comprehensive, holistic and sustained states of urban health. Deeper engagements are needed to better acknowledge and integrate these safe spaces, to extend targeted responses via KP programming, and to more directly promote treatment, prevention and healthcare among LGBTIQ citizens in South Africa.

In order to investigate how urban health policies and priorities helped generate new types of HIV/AIDS responses associated with KP programming in marginalised Cape Town, we conducted key informant interviews between 2018 and 2020, with LGBTIQ-related non-governmental organisations' (NGOs) staff (n= 8) and with gay, bisexual, trans and queer citizens who participated in MSM and other KP programmes (n=29). All interviews were transcribed verbatim and analysed for core themes (Hassan & Tucker, 2021).

Summary of results

• There are critical opportunities to fast-track and expand urban health programming in Cape Town, based on the changing and emergent lived experiences associated with clinical and social engagements that have been taking place more often between LGBTIQ citizens.

• Safe spaces are emerging as important peer-led and community-based activities instituted by and among LGBTIQ citizens. Used to promote community gatherings in townships, safe spaces are urban networks or hubs aimed at promoting and navigating health-seeking attitudes, behaviours and opportunities. However, as urban health interventions, they face significant conceptual and pragmatic challenges, as well as offering opportunities, which signal a need to expand and better integrate LGBTIQ safe spaces in cities.

• The social construction and location of safe spaces, as peer-led by people living in townships, positions them as critical urban hubs that are expanding the public health approach to take into account socio-economic, cultural and political knowledge exchanges, skills development and other forms of social capital among LGBTIQ communities. There is therefore a critical need to better prioritise the emergence and expansion of LGBTIQ safe spaces in South African cities, in order to control HIV/AIDS comprehensively and sustain community health and wellbeing.

Key Population programming: an expanding "safe space" approach

Stakeholders' understanding and use of safe spaces as an urban health intervention or approach in South Africa are primarily based on HIV/AIDS research associated with KP programming and LGBTIQ-related NGOs in large cities. Conceptual and pragmatic urban health challenges and opportunities are evident in current safe spaces associated with KP programmes.

In South African HIV/AIDS policies, in lieu of an official policy definition, safe spaces vary in purpose and form, and are framed predominantly in public health, "psychosocial" and "empowerment" interventions (SANAC, 2016). Safe spaces are outcome-based – for example, for community organising and networking, sharing information and education, and skills building for personal and professional development. Pragmatically, safe spaces are important because they help underpin the sustainability of urban health and wellbeing, providing opportunities for support, where disclosures and discussions of HIV/AIDS-related experiences are shared. These discussions are also framed around broader psychosocial and socio-spatial experiences in Cape Town regarding LGBTIQ stigma, discrimination and violence.

Cape Town is an ideal location to critically examine and further develop our understanding and utility of safe spaces, due to large-scale donor aid allocated for HIV/AIDS interventions and specifically KP programming in the city. For more than a decade, Cape Town and locally based NGOs have evolved as centres of specialisation and clinical excellence for KP programming, primarily for MSM, and to lesser degrees among trans women and sex workers.

Groups still significantly neglected by current public health interventions in Cape Town include Women who have Sex with Women (WSW), Lesbian, Gay and Queer women, Transgender men, People who Inject Drugs,

Intersex people, and asylum seekers, refugees or undocumented foreigners. In the absence of appropriate and comprehensive health coverage for underserviced KPs in Cape Town's townships, research is beginning to uncover the ways Lesbian, Gay, Bisexual, Trans and Queer women and sex workers, for example, engage at times with safe spaces prioritised by MSM programmes (Hassan & Tucker, 2021; Hassan & Tucker, 2020). There is therefore a critical need to better understand, engage with and prioritise community initiatives between LGBTIQ people as linkage opportunities to healthcare. For example, there are opportunities to formally expand MSM programmes to include not only current engagements with Gay, Bisexual, Queer and other men who engage in anal sex, but also sex workers and Lesbian, Bisexual, Trans and Queer women in safe spaces. An expanding KP safe space, for example, can link standardised health and social services packages to LGBTIQ citizens in townships, to better prioritise uptake and adherence to HIV/AIDS-related and KP-specific interventions. However, funding priorities and resource allocations for KP programming currently limit opportunities to expand the scope for collective or LGBTIQ community engagements across such programmes. This is due to a structured focus on KP-specific pragmatics that are heavily skewed toward MSM.

The emergence of KP-driven expansions of safe spaces in Cape Town generates a need to further understand and develop KP integration programming in low- and middle-income locations. For example, peer-led and township-based safe spaces can provide potentially important pathways to reinforce and further develop social urban hubs in prioritised areas with communities of LGBTIQ citizens who already organise and socialise together.

A critical urban health development framework is appropriate to standardise and guide KP programme expansions, in order to make cities more inclusive, safe, resilient and sustainable – especially for LGBTIQ citizens at risk and most vulnerable to HIV/AIDS in urban Africa.

Key findings

1) Socio-spatial experiences in urban space: LGBTIQ absent in KP programming

Currently, fast-tracking of global-local HIV/AIDS responses is based on quantitative data metrics that intend to monitor and evaluate international priorities, and targeted goals or indicators to achieve epidemic control (Schalkwyk et al., 2021).

Partners funded to implement KP programmes, primarily LGBTIQ-related NGOs in contexts of urban South Africa, are also obliged to regularly report on the rollout and uptake of HIV/AIDS prevention and treatment interventions. For example, data-metric frameworks revolve around the number of new or repeat HIV tests administered, the uptake of anti-retroviral therapy used to treat infections, Pre-Exposure Prophalaxis (PrEP) to prevent infections, and the number of infected persons who adhere to treatment and achieve sustained viral suppression.

Qualitative inquiry into engagements with KP-related monitoring and evaluation frameworks revealed an array of conflicting attitudes, positionalities or rationalities in relation to rollout and uptake of KP programming across Cape Town. For example, goals or indicators that directly respond to highly prevalent and historically rooted LGBTIQ-related socio-spatial inequalities in townships across Cape

Town and South Africa are only marginally accounted for in funded KP programming and related monitoring and evaluation frameworks. Common experiences among LGBTIQ citizens in townships include police brutality, murder or manslaughter, rape and intimate partner violence, social isolation and exclusion, restricted mobility, suicidal ideation, mental health challenges, substance use and abuse, informality such as being unsheltered or unemployed, and general precarity (SANAC, 2017). Such adverse and unacknowledged urban LGBTIQ experiences influence the burden of disease in cities by contributing to significant delays in preventing and sustaining engagement with vital healthcare systems.

Empirical, grounded and updated qualitative understanding is necessary to provide deep insights into the attitudes, positionalities or rationalities that construct urban health responses. Such understanding can be used purposively as part of data frameworks in KP programming. Safe spaces are well positioned to reflect, explore, catalogue and critically engage socio-spatial health complexities, namely LGBTIQ citizens' health-seeking and adverse health experiences associated with the rollout and uptake of KP programming. Safe spaces can also represent or reveal important emergent pathways to better contextualise LGBTIQ community health in rapidly urbanising contexts.

Critical and pragmatic scope is needed to acknowledge LGBTIQ people as citizens, and to recognise their experiences as prevalent in low- and middle-income spaces and places, especially in rapidly urbanising African contexts. By focusing on LGBTIQ citizens' health-seeking attitudes and behaviours, KP programming can reinforce and actualise integrated responses to HIV/AIDS, using peer-led and community-based processes as part of urban health systems.

2) Peer-led safe spaces to sustain urban health responses

Traditionally, safe-space gatherings are led by township-based community members and are affiliated with LGBTIQ-related NGOs and their funded KP programmes. Such relational linkages between LGBTIQ, NGOs and funded KP programmes have reinforced the role of people who participated in MSM programmes in Cape Town as community representatives. LGBTIQ representation via community role models, leaders or activists has also resulted in increased social visibility and mobility, and improved urban policy development.

NGO-related health and human rights training initiatives – for example, those related to sex characteristics, sexual orientation, gender identities and expressions – have been leveraged to promote HIV/AIDS treatment, prevention and care in townships. Critical to safe spaces, community leaders and other members act as HIV peer-educators, lay-counsellors and healthcare workers. Those who participate in safe spaces have also acted as advisory board and steering committee members for HIV-related clinical and socio-behavioural research, representing LGBTIQ citizens in their respective wards, mayoral committees and civil society organisations. Strategic engagement via participatory processes with NGOs and safe space members has also contributed to local, provincial, national and international policies, urban development plans and integrated guidance documents – for example, from the South African National AIDS Council (SANAC, 2017).

Engagements between NGOs' KP programmes and safe-space leaders, their elected secretary or treasurer and community members are maintained via regular gatherings in the townships where LGBTIQ citizens live. For example, MSM-led and township-based safe spaces have been important linkages to promote HIV-related campaigns via social events such as sports tournaments or drag pageants, health activism and human rights workshops, seminars and conferences.

Such organisational agency in contexts of townships with low socio-economic status and resource deprivation has contributed to safe spaces' access to basic resources such as food and other refreshments, transport to NGOs or events, and venue space during group gatherings. This organisational agency and capacity have further developed safe spaces as micro-financing initiatives, aimed at collecting and securing funds from community-based stakeholders for basic provisions and running costs. Other safe spaces have registered with the Department of Social Development as NGOs themselves, modelling a trajectory to sustained peer-led and community-based organisational independence in townships. In these ways, opportunities to forge organisational solidarities with local and international health, political and economic stakeholders are constantly emerging in townships across Cape Town.

Inquiry is required to better understand how to standardise education, skills training and urban development as part of KP programming. For example, initiatives promoting language command, typing and computer training, CV and proposal writing, financial management and grant application are highly sought-after among people who participate in MSM programmes, to help secure administrative skills and organisational autonomy, and promote dignity (Hassan & Tucker, 2021).

The extent to which safe spaces are pragmatic depends on the current and future scope of NGOs and their KP programmes, in partnerships with LGBTIQ communities, to alleviate burdens of disease and promote states of health.

3) Integrating communities: Expanding KP programming

Since LGBTIQ citizens live in close proximities and gather in contexts of severe resource-restriction when engaging with safe spaces, some KP programmes have limited the extent to which safe spaces can be shared as urban health hubs for LGBTIQ communities (Hassan & Tucker, 2021).

Collective or community engagement between LGBTIQ citizens in township-based safe spaces presents critical opportunities to further expand KP programming, by providing linkages to people currently underserviced by HIV/AIDS interventions. For example, all KP programmes include standardised health and core service packages. Core health packages include peer-led outreach, HIV, STI and TB screening, prevention, care and treatment, and sexual and reproductive health services. Additional health services differ across KP-specific programming – for example, PrEP is prioritised for MSM and Trans people, but not currently for intersex people or WSW (see SANAC, 2017), based on these groups' epidemiological risk profiles. Collective engagement among LGBTIQ in KP-related safe spaces can be capitalised on to further conceptualise and integrate linkages between standardised packages and additional services, especially among people still located at the peripheries of critical healthcare systems.

Safe spaces associated with NGOs' KP programmes are best positioned to accommodate clinical intersections evident and emerging among and between LGBTIQ citizens, and to address socio-spatial dynamics. In terms of these dynamics, discussions around sex characteristics, sexual orientation, and gender identities and expressions that take place in safe spaces can be better leveraged and incorporated in KP programmes, to effectively link with and engage LGBTIQ citizens, leading to collective programming to treat and prevent HIV/AIDS. In this sense, safe spaces can become mechanisms that affirm health and human rights among LGBTIQ communities, to

further navigate urban decision-making when developing, implementing and reporting on KP programming.

Acknowledging and critically engaging with LGBTIQ safe spaces as part of urban health systems can better reveal pathways for developing and achieving healthy, inclusive and sustainable South African cities.

Implications from research findings

1. Sensitised and critical attention is necessary to reveal lived realities among LGBTIQ citizens, using urban health approaches in South Africa. Based on the lived experiences, attitudes and behaviours associated with those prioritised for HIV/AIDS interventions, such insights may better contextualise processes of adoption, adaption and implementation of health policies and KP programmes. For example, in order to overcome socio-spatial inequalities, conceptual and pragmatic insights into current KP programming can highlight and challenge silences regarding sex characteristics, sexual orientations, gender expressions and identities. Stakeholders can strategically use grounded qualitative inquiry, in addition to metric data, to inform pragmatic KP-related responses regarding how individuals with same-sex desire and gender diversities inhabit and engage with urban health processes. Deeper engagement between LGBTIQ-related positionalities, the spaces they inhabit and KP-related urban health processes can further reinforce the right to health and education, and to define and determine the terms of uptake and sustained adherence to HIV/AIDS interventions.

2. Inquiry is needed into KP models and expansion pathways, and could be useful as an initial step in contexts of severe resource restriction and limited prioritised or targeted access to HIV/AIDS interventions. Community and collective approaches to expanding KPs targeting LGBTIQ citizens, using peer-led and community-based-approaches, can potentially institute safe spaces as comprehensive and holistic one-stop service stations and social hubs for support around health, education, human rights and economic development.

3. Using and strengthening peer-led and community-based safe spaces requires technical support in order to sustain KP programming. Linkages between NGOs, LGBTIQ citizens, and government or other political representatives can be strengthened by promoting and reinforcing local and international policy agreements. For example, LGBTIQ engagement with the UN Sustainable Development Goals at community level in South Africa is currently poorly developed.

Sources

This brief was based on empirical findings and theoretical propositions from the following journal articles:

Hassan, N. R. and Tucker, A. (2021). "We have to create our own community": Addressing HIV/AIDS among Men who have Sex with Men (MSM) in the Neuropolis. Transactions of the Institute of British Geographers, 46(3), 598-611.

Hassan, N. R., Swartz, L., Kagee, A., De Wet, A., Lesch, A., Kafaar, Z., and Newman, P. A. (2018). "There is not a safe space where they can find themselves to be free": (Un) safe spaces and the promotion of queer visibilities among township males who have sex with males (MSM) in Cape Town, South Africa. Health & Place, 49, 93-100.

Tucker, A., and Hassan, N. R. (2020). Situating sexuality: An interconnecting research agenda in the urban global south. Geoforum, 117, 287-290.

References:

Parnell, S. (2016). Fair cities: Imperatives in meeting global sustainable developmental aspirations. In Rethinking Sustainable Cities (pp.107-144). Policy Press.

South African National AIDS Council [SANAC]. (2017). The South African National LGBTI Plan, 2017-2022. **https://sanac.org.za/wp=content/uploads/2017/06/LGBTI_HIV-Plan_final.pdf**

van Schalkwyk, C., Dorrington, R. E., Seatlhodi, T., Velasquez, C., Feizzadeh, A. and Johnson, L. F. (2021). Modelling of HIV prevention and treatment progress in five South African metropolitan districts. Scientific reports, 11(1), 1-10.

About us

The PEAK Urban programme aims to aid decision-making on urban futures by:

1. Generating new research grounded in the logic of urban complexity;

2. Fostering the next generation of leaders that draw on different perspectives and backgrounds to address the greatest urban challenges of the 21st century;

3. Growing the capacity of cities to understand and plan their own futures.

In PEAK Urban, cities are recognised as complex, evolving systems that are characterised by their propensity for innovation and change. Big data and mathematical models will be combined with insights from the social sciences and humanities to analyse three key arenas of metropolitan intervention: city morphologies (built forms and infrastructures) and resilience; city flux (mobility and dynamics) and technological change; as well as health and wellbeing.

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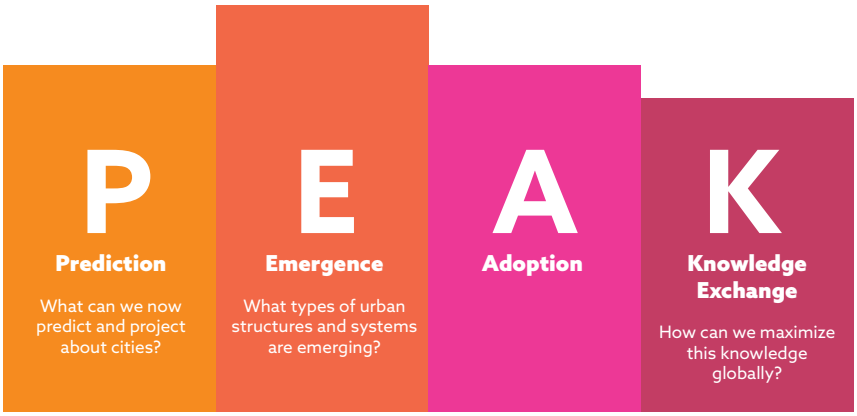
Our framework



The PEAK Urban programme uses a framework with four inter-related components to guide its work.

First, the sciences of **Prediction** are employed to understand how cities evolve using data from often unconventional sources.

Second, **Emergence** captures the essence of the outcome from the confluence of dynamics, peoples, interests and tools that characterise cities, which lead to change.

Third, **Adoption** signals to the choices made by states, citizens and companies, given the specificities of their places, their resources and the interplay of urban dynamics, resulting in changing local power and influencing dynamics.

Finally, the **Knowledge** component accounts for the way in which knowledge is exchanged or shared and how it shapes the future of the city.

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