

A HOPE for HIV prevention in virtual MSM communities

The spectacular development of the internet in the past two decades and enormous prospects for its continuing growth are transforming social life. Such unprecedented transformation is affecting not only forms of communication that have always been public, but also those typically more covert, such as interactions in hidden and stigmatised communities.¹ These changes are very relevant to some sexualities, including men who have sex with men (MSM), for whom the internet is increasingly becoming a not only a way to arrange sexual interactions but also the fabric of a community not restricted by geographical boundaries.²

Many MSM relate to others solely through the internet (including mobile applications) and often that is (willingly or not) the only means by which they plan sexual encounters.³ In that sense, although internet-based strategies are becoming crucial in supporting or delivering many public health interventions,⁴ those focused on HIV prevention among MSM are not just using technology to reach people, they are operating through the very social glue of this community.

In Lima, Peru, HIV prevention among MSM has been ongoing for nearly two decades, but the promotion of HIV testing has traditionally been weak—low numbers of people testing for HIV are the main determinant of low viral suppression among local MSM.⁵ Hence, interventions such as Harnessing Online Peer Education (HOPE) described by Sean D Young and colleagues⁶ in *The Lancet HIV* could produce clear shifts in our response. This beautifully designed study used Facebook groups to test the role of peer-leaders in stimulating desired practices related to HIV, such as HIV testing and increased condom use. It showed us a few things. First, social media popular among MSM can deliver low-cost interventions that can increase HIV testing. Second, this strategy does not necessarily affect other practices, possibly in relation to different degrees of novelty and different consistency requirements—MSM have been advised to use condoms for more than two decades, a practice that requires long-term consistency and is slowly losing terrain among newer generations of MSM. Third, quality internet-based trials of social and behavioural interventions can be designed and implemented.

Resource limitations did not affect study feasibility or quality, but defined its short duration. Whether this

strategy can retain longer term interest among users, and sustain regular HIV testing, is unclear. The role of one's HIV testing history could not be ascertained within reasonable time in this online survey; further studies should assess such a role to further understand this process.⁷ Finally, the possibility that non-disclosing HIV positive participants were counted as failures in both groups, thus diluting the effect, is a limitation not only of this study, but also of many internet-based studies.⁸ Testing participants directly, however, not only would have yielded a different sample, but it would also have made it impossible to assess intervention effects on spontaneous HIV testing. Gains in spontaneity associated with use of a more so-called natural setting for this population, characterised by its straightforwardness and confidentiality in which social desirability is less likely to occur,⁹ might compensate for many limitations.

Replicability of this intervention by regular community-based organisations in a way that reproduces the nuanced role peer leaders achieved here requires effort, because sustained persuasion implies a reasonable balance in interactions with participants that is neither intrusive nor detached.⁶ Although a challenge, young people in Peru, including MSM, seem very comfortable with virtual technologies,¹⁰ including social media, and, with time, implementers can improve their strategies to train peer leaders in the art of persuasive peer communication. Moreover, focused initiatives, possibly supported by the health sector, could help the customised design of these groups, so that they, although allowing for implementer-level adaptation, do deliver what they should.

Finally, there is important merit in this creative and sensible study, and prompt implementation of this programme should be promoted to improve Lima's meagre testing practices among MSM at very low costs, provided creativity remains in the picture. Notwithstanding, new studies should not only address questions this study left unanswered, but recognise that virtual social networks and interactions are becoming a key expression of quickly changing MSM communities, where various kinds of culturally appropriate, unobtrusive, participatory strategies to address HIV prevention and sexual health promotion should be identified.^{11,12}



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I declare no competing interests.

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