

Men & HIV

FORUM

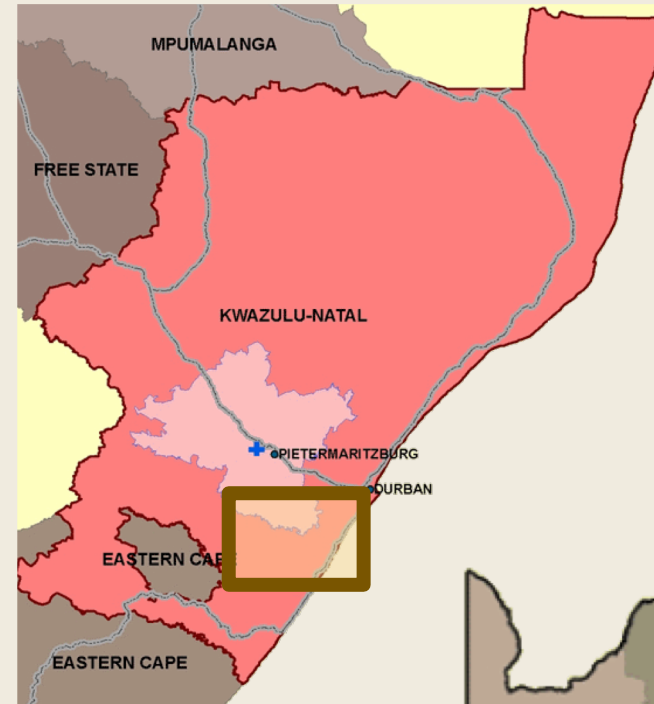
20 July 2019, Mexico City, Mexico

ZWAKALA NDODA: DIAGNOSING, LINKING AND MAINTAINING AFRICAN MEN ON ART IN RURAL SOUTH AFRICA

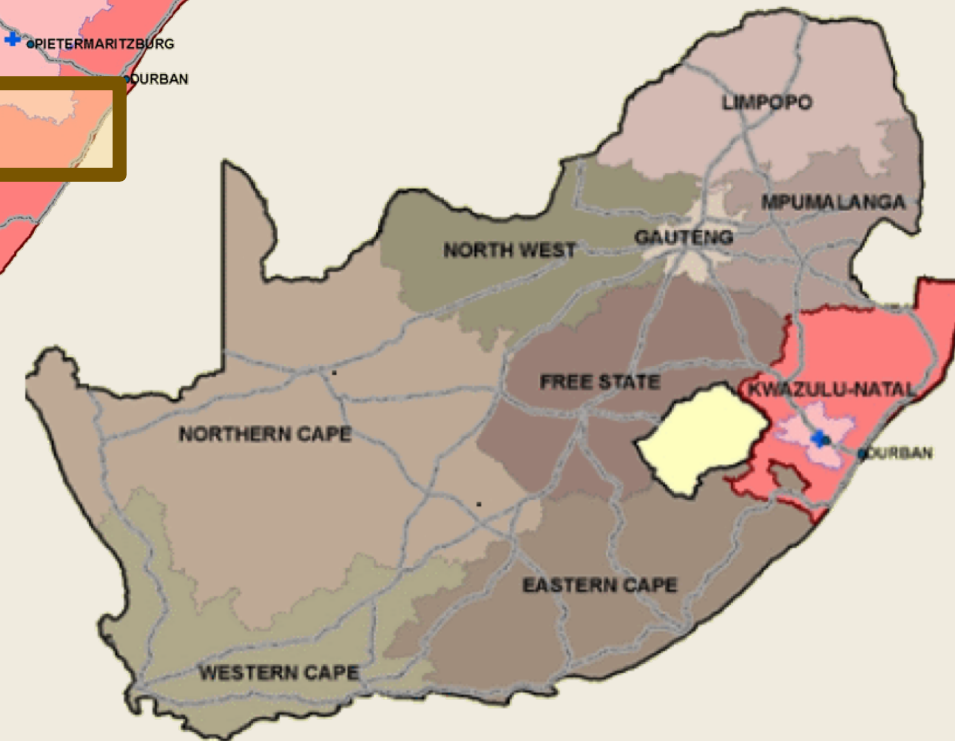
Heidi van Rooyen
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CHALLENGE

- HIV prevention and treatment programmes have a blind spot regarding men
- Substantially fewer men than women in sub-Saharan Africa link to treatment, with a profound impact on morbidity and mortality
- More women than men are on ART, and more men are lost to follow-up
- By focusing on men we reduce both men's and women's vulnerability to and risk for HIV



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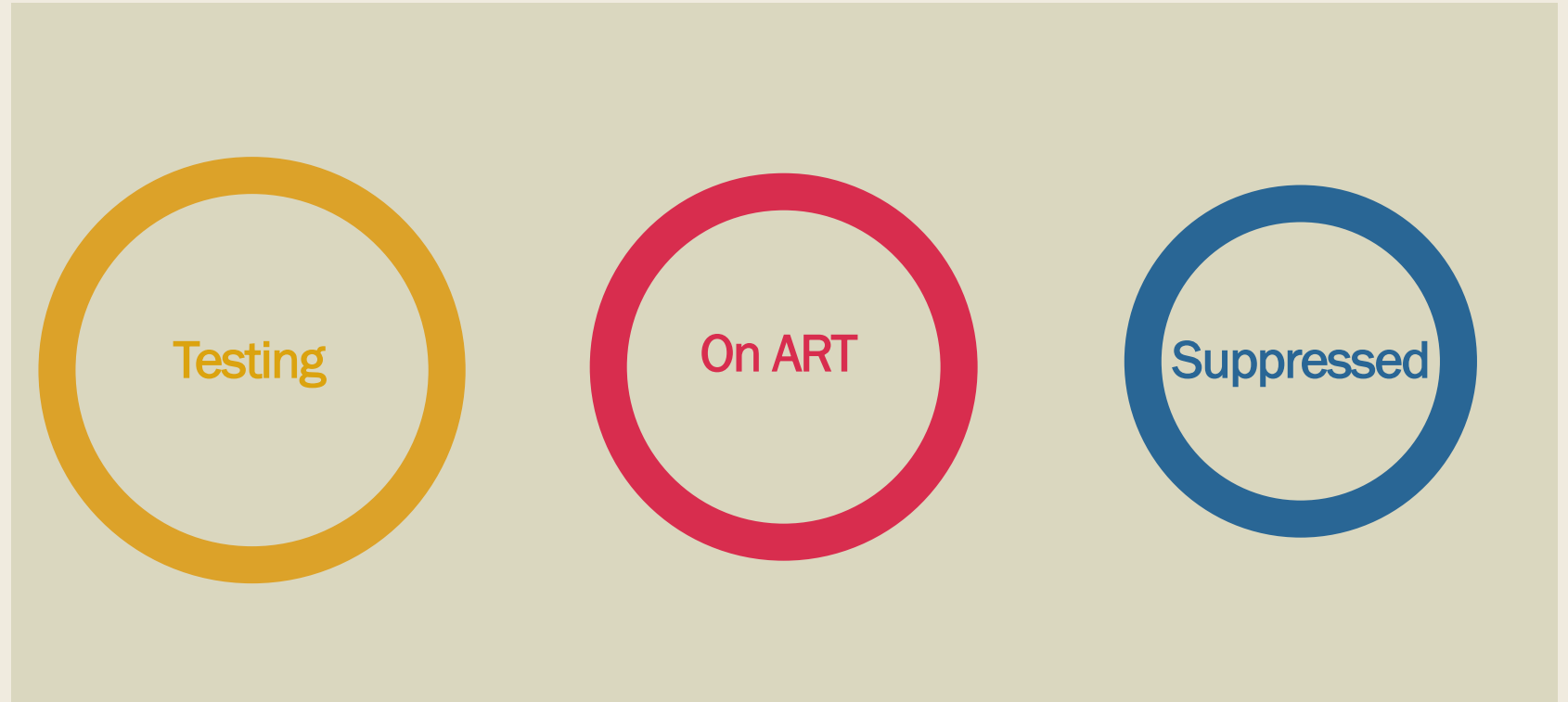


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AND PHYSICS**
Charles University

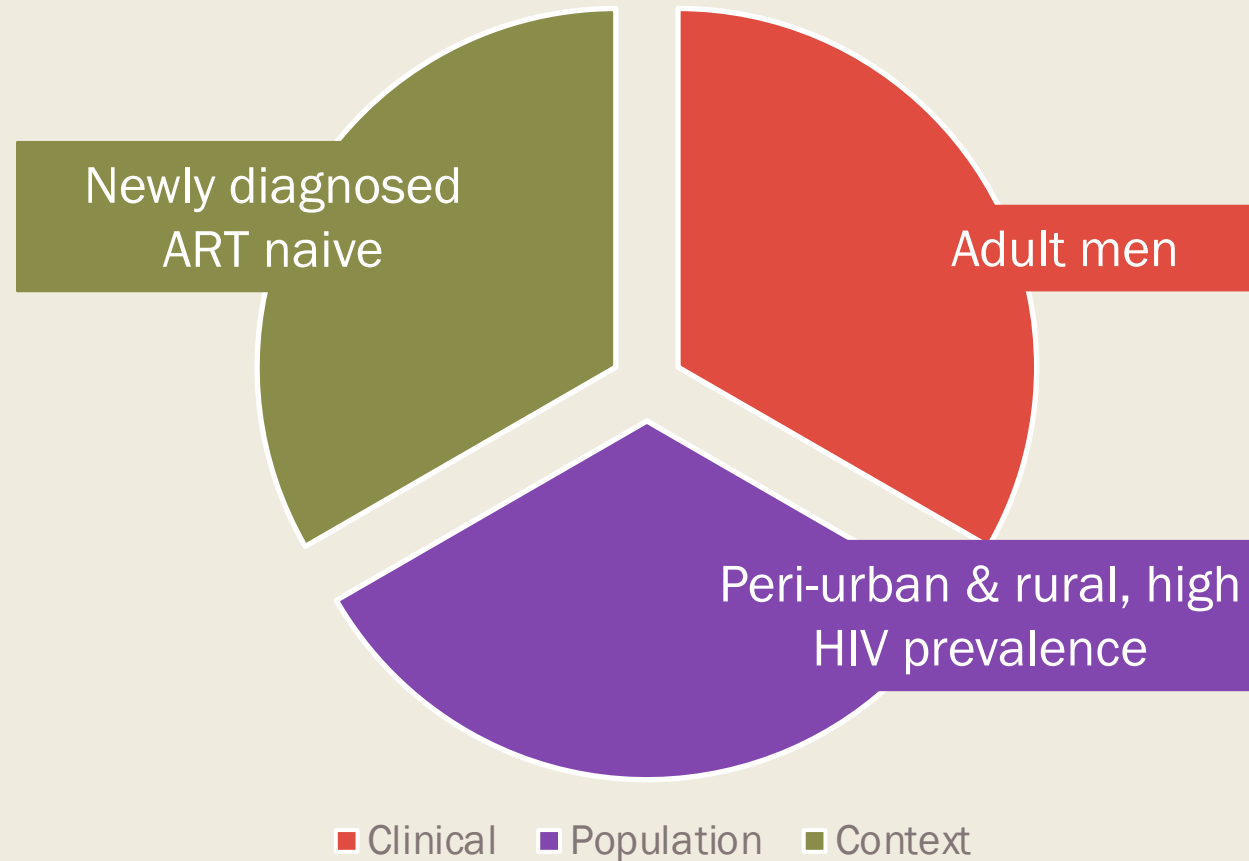
KEY BARRIERS TO MALE ENGAGEMENT INCLUDE SOCIAL AND STRUCTURAL FACTORS

Level	Barriers	Intervention
Individual	<ul style="list-style-type: none"> - Perceptions of masculinity - Fear of testing - Fear of negative consequences e.g. stigma 	<ul style="list-style-type: none"> - Mobilization - Peer counsellors - Male-focused counselling - Messaging targets male gender norms - Incentives to encourage testing
Interpersonal	<ul style="list-style-type: none"> - Gender norms of peers and partners which support masculinity 	<ul style="list-style-type: none"> - Mobilization and messaging that addresses gender norms
Structural	<ul style="list-style-type: none"> - Opportunity costs – transports, lost work opportunities. - Inflexible, fixed facilities - Male-unfriendly spaces - Provider attitudes 	<ul style="list-style-type: none"> - Mobilization and messaging that addresses gender norms - Convenient and accessible mobile testing in male venues - Male-friendly counselling

INTERVENTION - WHERE ON THE CASCADE



INTERVENTION - POPULATION



- Study population: 8 bounded communities (approx. 5,000 men 18 and above)
- Greater Edendale Community, uMgungundlovu District, KwaZulu-Natal, South Africa.

DESCRIPTION OF INTERVENTION

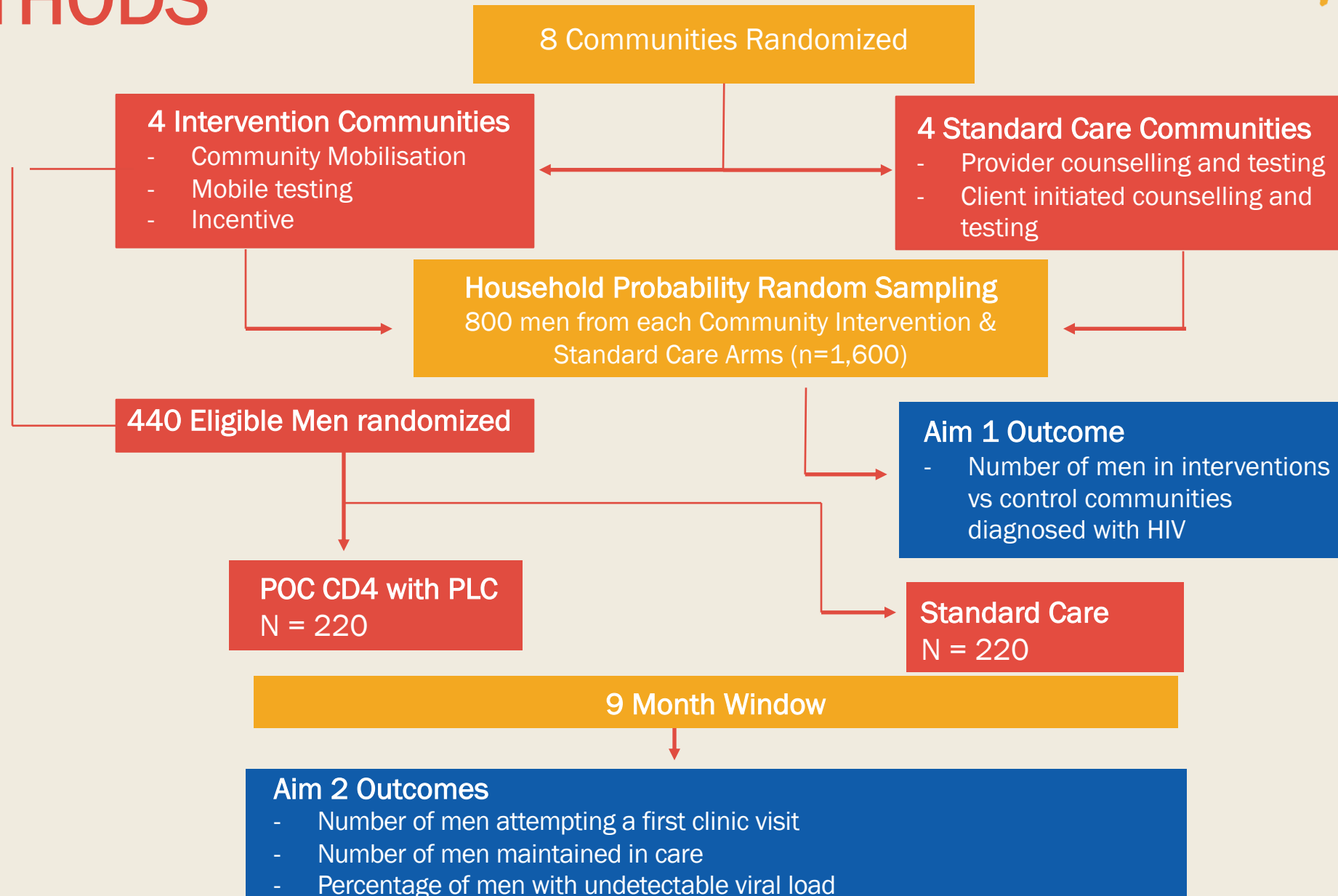
Cluster-randomized trial: HIV testing services (HTS)

- Male-centred community mobilization, mobile testing plus small incentive

Individual Randomized : Linkage to Care

- HIV positive men randomized to:
 - Standard-of-care ART referral OR
 - POC CD4 testing combined with personalised linkage to care

METHODS



INTERVENTION – BUILDING BLOCKS

	Mobilization	Testing	Linkage
WHEN	On-going	Daily	On-going
WHERE	Door-to-door community mobilization	Male centered community venues at high-traffic spots	Direct engagement with participants, linkage to primary health facilities
WHO	Community based Champions (Volunteers)	Lay Counsellors (Study Personnel)	Clinic based Champions (Study Personnel)
WHAT	Mobilisation	Brief male-focused HTS	Facilitated linkage to care

MALE FOCUSED HEALTH SCREENING UTILISATION



7,156

**Men
screened**

Mobilized
for
HTS & NCD
screening



6,989

**98% NCD
uptake**

Men taking up health
screening: blood
sugar, cholesterol,
BMI assessment



6911

**97% HTS
uptake**

Male-focused HTS



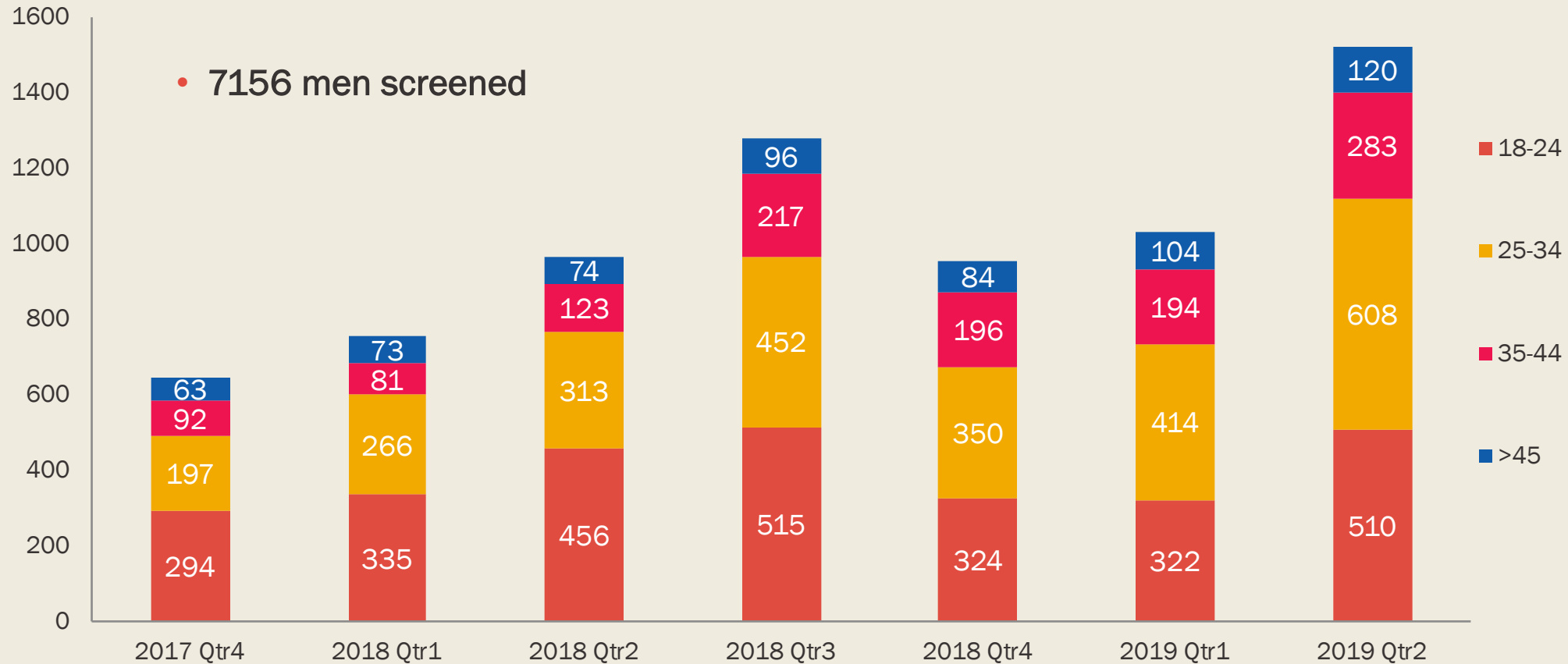
380

**5% HIV
prevalence**

Men testing HIV+

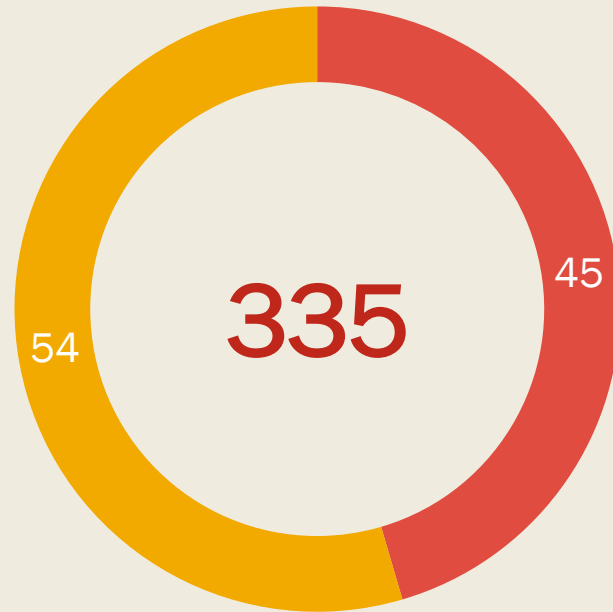
UTILIZATION UPTAKE BY AGE CATEGORY

Screening uptake by age category



LINKAGE OUTCOMES

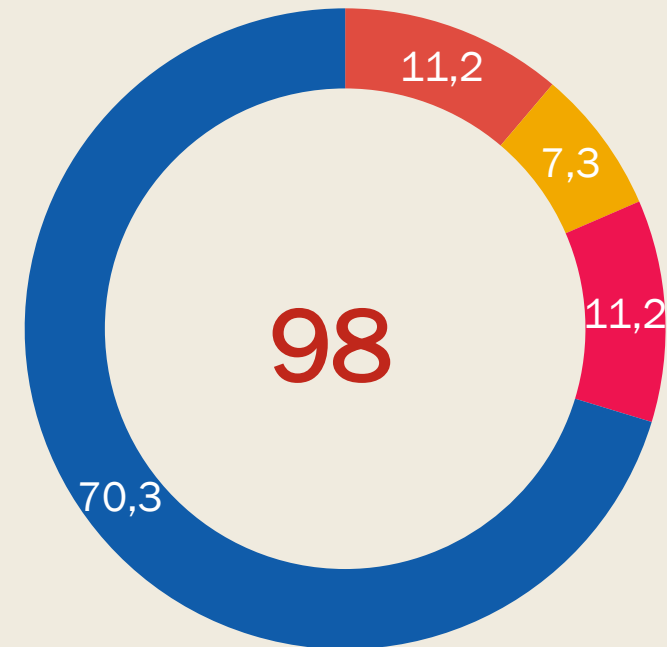
Baseline Viral Load



■ Viral Load >100 ■ Suppressed Viral Load

- 335 viral load results received:
 - 55% suppressed results

Linkage to care



■ In Progress ■ Unable to contact

- 98 ART naïve/ART defaulters randomised to intervention
 - 70.3% linked to care
 - 11.2% loss to follow-up
 - 11.2% in progress

LESSONS LEARNED

- Service times have a significant impact on uptake
 - <10% utilization before noon
 - Peak utilization (59%) after 3pm
- Younger age categories (18-24, 38.5%) more responsive to general mobilization/information sharing/incentive
 - Low prevalence (<1%)
 - Peak prevalence among 35-44, 15.02%
- Targeted peer mobilization more effective reaching older men
- A high higher percentage of men already on ART
- HIV positive men reluctant to be contacted and identified

HOW SHOULD THESE FINDINGS BE USED?

- Address clinic based barriers to male engagement
 - services available at times that suit men
 - services that are tailored for men
 - services that speak to their concerns
- Use peers/early adopter/opinion leaders to mobilize and encourage older men to test and link to care
- Create messaging that talks to men's masculinity barriers