

Men & HIV

— FORUM —

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**REACHING MEN AND ENGAGING THEM IN CARE:
LESSONS FROM HPTN 071 POPART STUDY**

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HPTN 071 (POPART) STUDY

- Largest HIV prevention trial ever conducted
- Community-randomized trial (2013-2018), 21 urban communities in Zambia and South Africa were arranged in 7 matched triplets and randomized to:
 - Arm A (full PopART intervention including universal ART),
 - Arm B (PopART intervention with ART per local guidelines)
 - Arm C (standard of care).
- PopART combination prevention intervention: annual rounds of home-based HIV testing by Community HIV-care Providers (CHiPs) who supported linkage to care, ART adherence and other HIV services
- Share PopART experience with men in Zambia

POPART EXPERIENCE IN REACHING MEN

- Rates of contacting and consent for PopART were lower for men than women
 - Fewer men reach than women
 - 1-year intervention – 23% men not contacted compared to 10% of women
 - Lower consent from men than women
 - 91% of women consented to intervention compared to 83% of men
- Men were less likely to know their HIV status
- Specific gaps in reaching young adults and mobile populations

WHAT DO MEN WANT?

Conducted a rapid needs assessment

- Focus group discussions
- Adult community advisory boards
- Feedback from field staff
- *Insaka* meetings with men's groups e.g. taxi drivers

A COMBINATION OF INTERVENTIONS

- Introduction of HIV self-testing (HIVST)
 - Expansion of HIVST to other study communities
- Implementation of community hubs
- Implementation of Male Campaigns (Man Up)
- Other local initiatives

HIV SELF-TESTING (HIVST)

- Piloted in 2017 for the duration of 3 months, in 4 communities
- In 33/66 CHiP's zones, oral self-testing (HIVST) was offered in addition to standard finger-prick test (HIVFP)
- Participant could test in presence of CHiP or at a later moment
- Oral self-tests could be left for (absent male) partner
- Results of the self-test collected in a later follow-up visit

PILOT RESULTS OF HIVST

	Standard of care % (n/N)	HIVST % (n/N)	Adjusted OR (95% CI)
OVERALL	65.3 (8,952/13,706)	68.0 (9,027/13,267)	1.30 (1.03-1.65)
Men	55.1 (3,571/6,486)	60.4 (3,843/6,368)	1.31 (1.07-1.60)
Young adults (16-29 years of age)	70.2 (4,917/7,002)	73.5 (4,972/6,6769)	1.31 (1.05-1.63)
Resident in R1 and R2, and not previously testing in R1 or R2	20.6 (117/567)	29.7 (173/583)	1.76 (1.25-3.48)

HIVST reached more men (than the standard of care) and those who had not previously tested

COMMUNITY BASED HUBS *POST POPART*

- Established to continue provision of HIV related services & close the gap for men
- 63% of clients at hubs were male, 88% were aged ≥ 18
- 61% lived in the community during PopART
- **Hub provided testing to 38% of men missed by home-based service delivery**

MAN UP CAMPAIGN

What worked, what didn't

- Reached a lot of people (~5% of the male adult population)
 - Most men attending were already seen during door-to-door activities
- Costly – but is value in numbers or in reaching the “last 20%”
- 35.8% of men who visited tested for HIV

Two-day campaign in five PopART communities to increase uptake of PopART intervention by men

Multiple health services offered – blood pressure, diabetes screening, prostate cancer screening, eye checks, family planning, VMMC, PopART intervention

LESSONS LEARNED

- Engage men!
 - What do they want, **when** do they want services
 - Men willing to be engaged and test when you find them and at a time and place that suits them
- We reached 70-80% of men, but with intensive efforts
- Self-testing increased the knowledge of status especially among men, young people, and participants that repeatedly declined finger-prick testing
- Man-up campaign contributed minimally to uptake of testing in men
 - Improved visibility and acceptability of the study in the community
- There is no one-size-fits all solution - combination of complementary strategies is needed

NEXT STEPS

- Zambia has adopted HIV-ST as part of its national policy
- Using a Human Centered Approach/ participatory methods and involve men in the design of interventions that reflect their needs
- Men's peer groups- intervention design and delivery