

Men & HIV

— FORUM —

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**COMMUNITY MOBILIZATION TO ENGAGE MEN:  
THE TSIMA PROJECT**

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# HIV TESTING AND CARE CONTINUUM – SOUTH AFRICA

## In SA National Survey<sup>1</sup> 2012

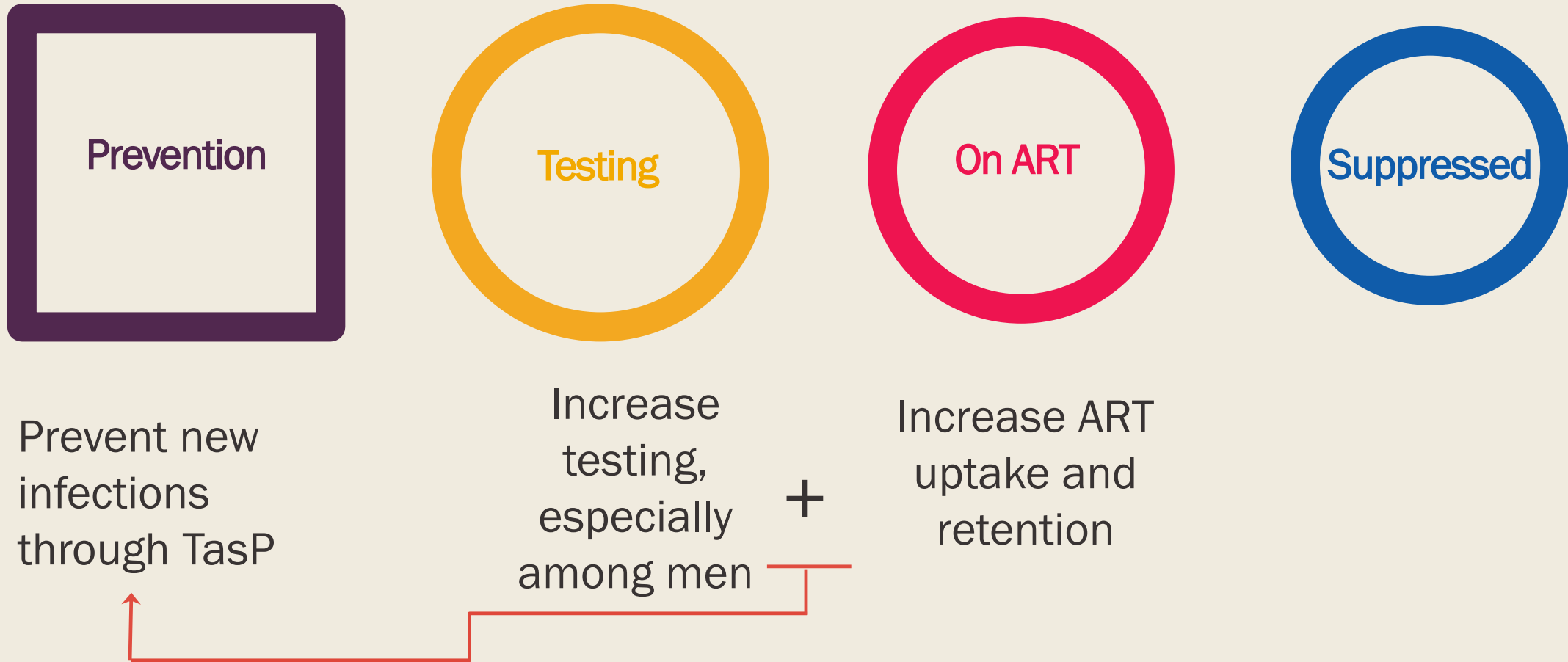
- 78% adults ever tested
  - About 40% in past year
- Known status (15+ years):
  - 38% men & 55% women
- ART exposure (31.2%)
  - 25.7% men & 34.7% women
  - Approx ½ of eligible adults on ART

## Social & structural barriers

- HIV-related stigma and fear of disclosure
- Fears around treatment side effects
- Gender norms that discourage men from engaging in care
- Lack of community awareness about the benefits of HIV care and treatment
- Tackling social barriers requires a community response.

**Challenge – to mobilize around HIV Treatment as Prevention (TasP) to increase the proportion of men and women tested, linked, and suppressed**

# TARGETING THE HIV CARE CONTINUUM

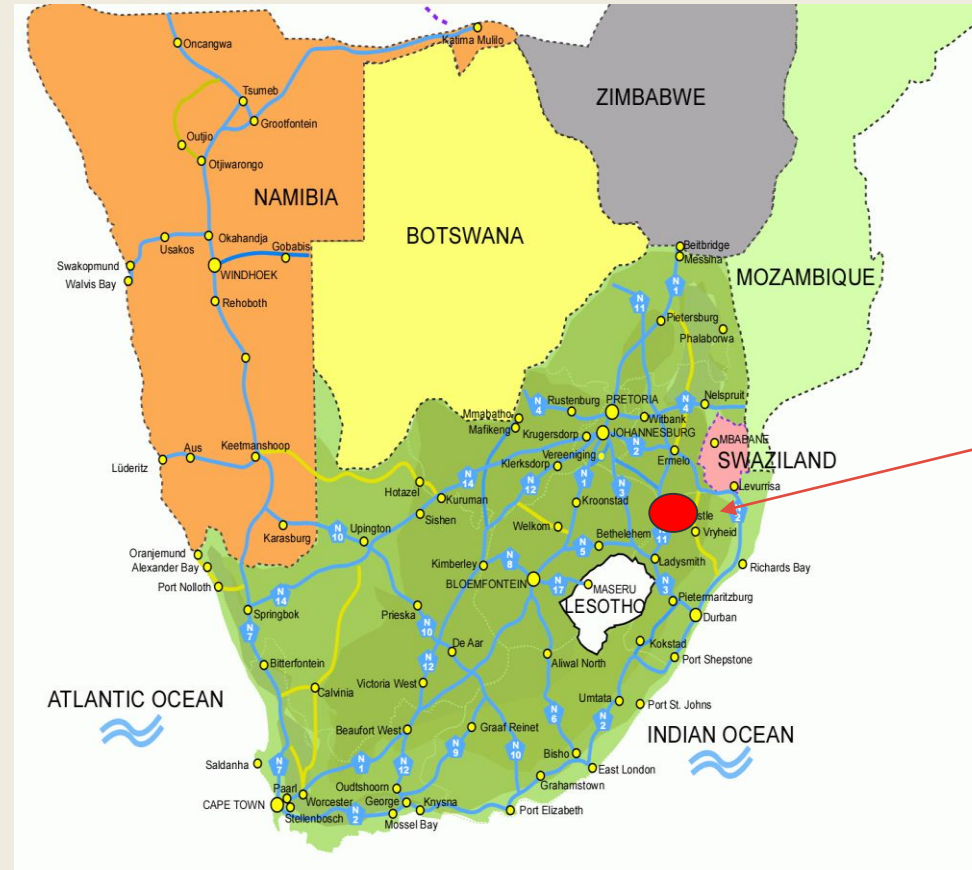


Data from formative research noted little awareness around TasP, but heavy interest in ART for prevention it's potential to spur testing interest.

# INTERVENTION – SITE & POPULATION

Rural, high HIV prevalence area in Mpumalanga, South Africa

Targeted adult men & women, ages 18-49



31 rural villages in Agincourt, South Africa – part of the MRC/Wits Rural Public Health and Health Transitions Research Unit

- Wits Agincourt is a health and demographic surveillance site – population of approx. 115,000
- HIV prevalence of 45% among those 35-39 years of age<sup>1</sup>

<sup>1</sup> Gomez-Olive FX, et al. AIDS Care 2013

# TSIMA INTERVENTION

## Activating TasP through community mobilization



### Project Partners



# INTERVENTION – ACTIVITIES MAPPED TO COMMUNITY MOBILIZATION (CM) DOMAINS

| ACTIVITIES                          | Shared concerns | Community conscious | Leadership           | Orgs/ Networks | Collective Action | Social cohesion |
|-------------------------------------|-----------------|---------------------|----------------------|----------------|-------------------|-----------------|
| 2-day small group & brief workshops | x               | x                   | x (leaders workshop) |                |                   | x               |
| Ambush theater                      | x               | x                   |                      |                |                   |                 |
| Door-to-door outreach               | x               | x                   |                      |                |                   |                 |
| Digital stories screening           | x               | x                   |                      |                |                   |                 |
| Engaging leadership                 |                 |                     | x                    | x              |                   |                 |
| Establishing CATs                   |                 |                     | x                    | x              |                   | x               |
| Community Murals                    |                 |                     |                      |                | x                 | x               |
| Soccer tournaments                  |                 |                     |                      |                | x                 | x               |
| Support groups PLHIV                | x               | x                   |                      |                |                   |                 |
| Community fun days                  | x               | x                   |                      |                | x                 | x               |
| Young women's groups                | x               | x                   |                      |                |                   |                 |
| Men's events w/ testing             | x               | x                   |                      |                | x                 | x               |

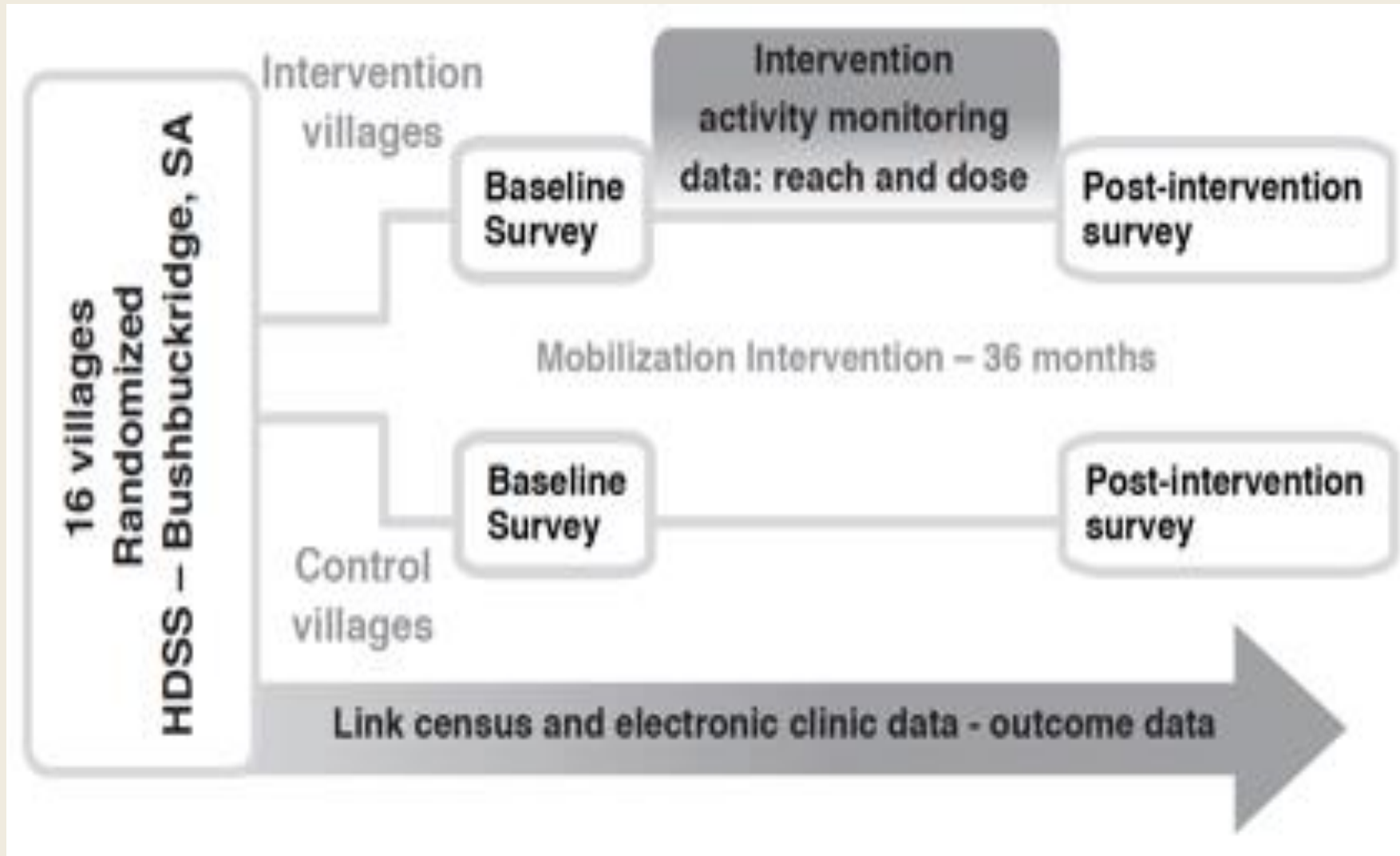
Teams:

- 2 mobilizers per village; 2 managers
- Established & trained Community Action Teams (CATs) in each village.

Activity mix:

- Addressed the CM domains and identified social barriers
- Six workshop themes across five curricula

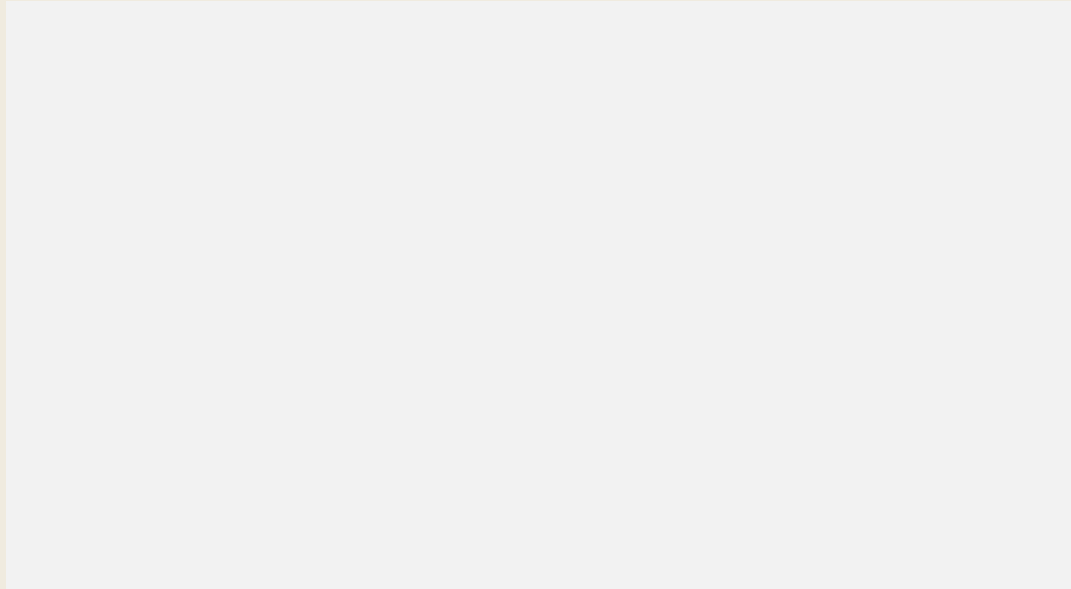
# CLUSTER RANDOMIZED TRIAL



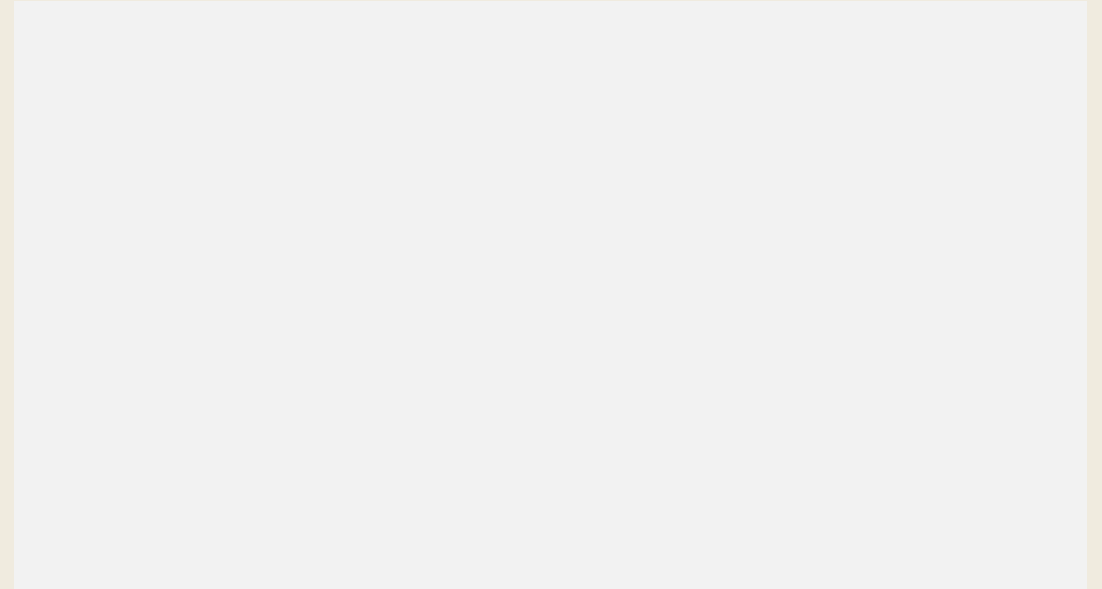
- Data collected via all local, public clinics
- All clinics offer HIV testing and treatment
- Outcomes: HIV testing, linkage, retention among intervention vs. control village residents

# RESULTS FOR MEN

## Men testing in the past 12 months



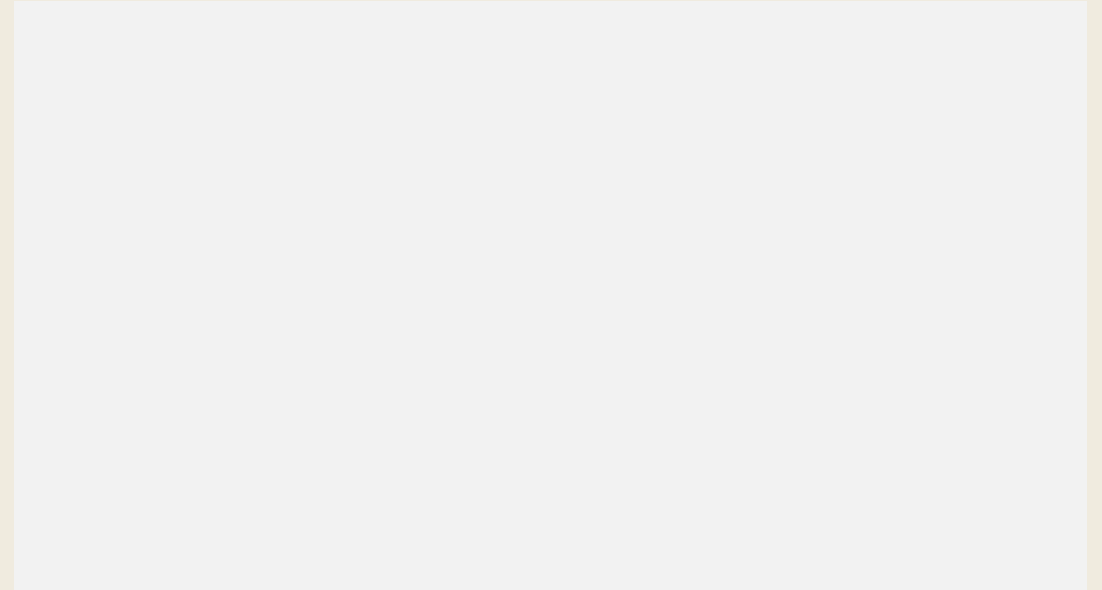
## Test positivity among men



# MEN ARE NOT ACCESSING HCT AT CLINICS

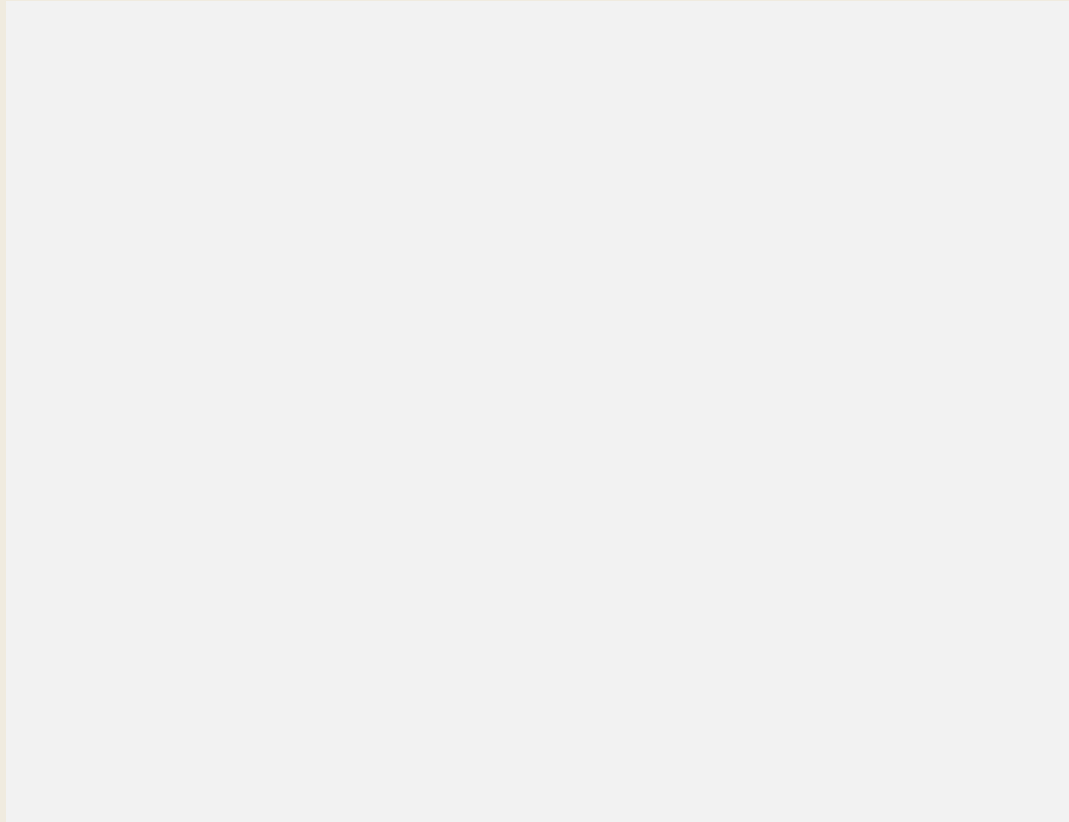
Testing uptake by HCT type and sex – 6 months

Clinic quality assessment



# LESSONS LEARNED

## 90-90-90 Indicators by sex, Agincourt 2017



Men half as likely as women to know their HIV status.

## Why don't men test?

- Is it norm of masculinity – men don't go to test as might appear ill?
  - Mostly seems not to be the driving factor.
  - Men want to test, uptake is high when convenient
- Is it structural – systems and clinic barriers?
  - Men and women rated clinics similarly – experience is positive once they go
  - **But most don't go to the clinic**
  - Wait times – 2 hours on average (57% said that was too long)
  - Lack of place for men in health service?

# INFORMING NEXT STEPS

- Demand creation (mobilizing) part of the solution, but not sufficient to make large scale change alone
- Can only get so far increasing community demand for testing in the clinic environment, we **need community-based supply solutions**
- Venue-based and community-based testing may appeal to more men
- During intervention, men requested male-targeted, male-delivered programming
- Evidence for scale-up of **HIV self-screening**
  - very high uptake documented for new and infrequently testing men, including in South Africa

# ACKNOWLEDGEMENTS

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- Kathleen Kahn, Rhian Twine, Xavier Gomez-Olive <sup>3</sup>
- Dean Peacock & Dumisani Rebombo <sup>4</sup>
- Julie Pulerwitz, Nicole Haberland, Ann Gottert <sup>5</sup>
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<sup>1</sup> University of California, San Francisco; <sup>2</sup> University of North Carolina; <sup>3</sup> MRC/ University of the Witwatersrand –Agincourt Unit;

<sup>4</sup> Sonke Gender Justice; <sup>5</sup> Population Council; <sup>6</sup> Harvard SPH