



Designing solutions: From segmentation to design

ICASA 2019 satellite

Closing the gap on reaching men: Time for action

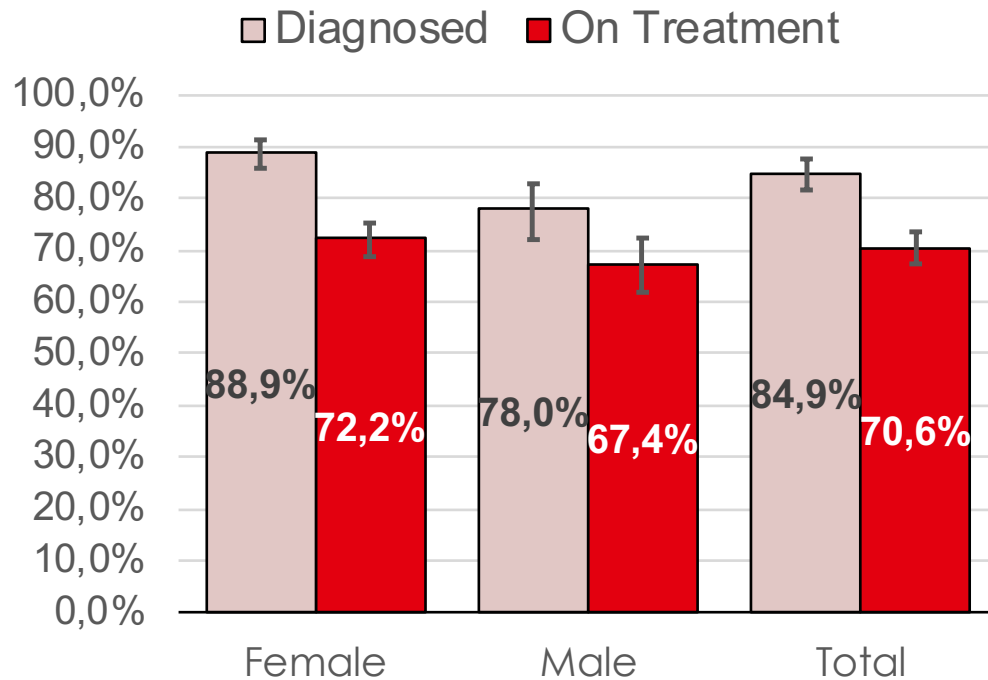
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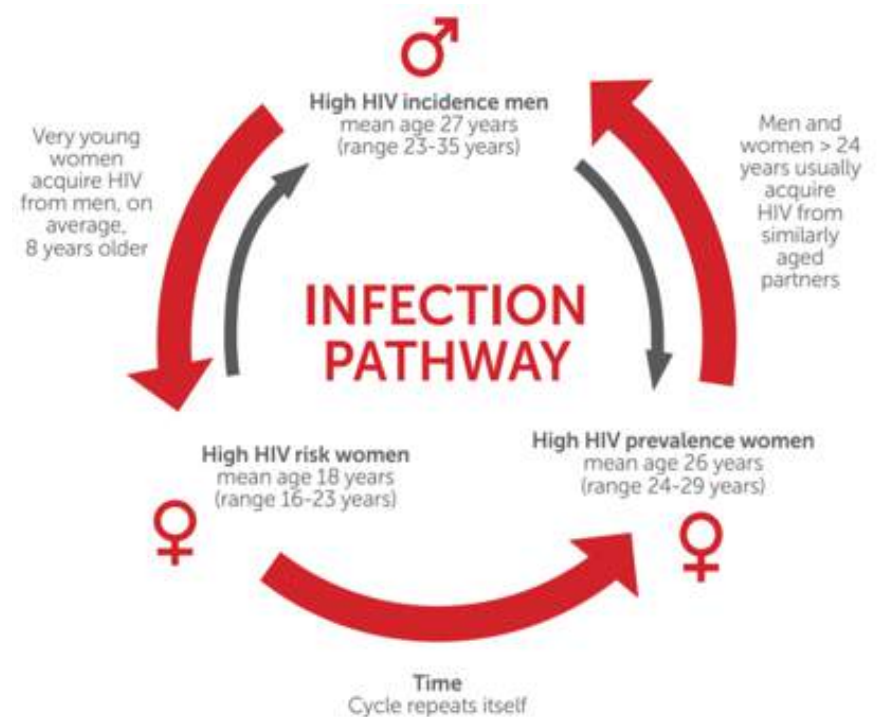




The challenge: Men are less likely to test and link to treatment and become part of a cycle of transmission



Source: Fifth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, (SABSSM V),



Source: South African National Strategic Plan on HIV, TB and STIs 2017-2022



The goal: Do better in understanding and reaching men



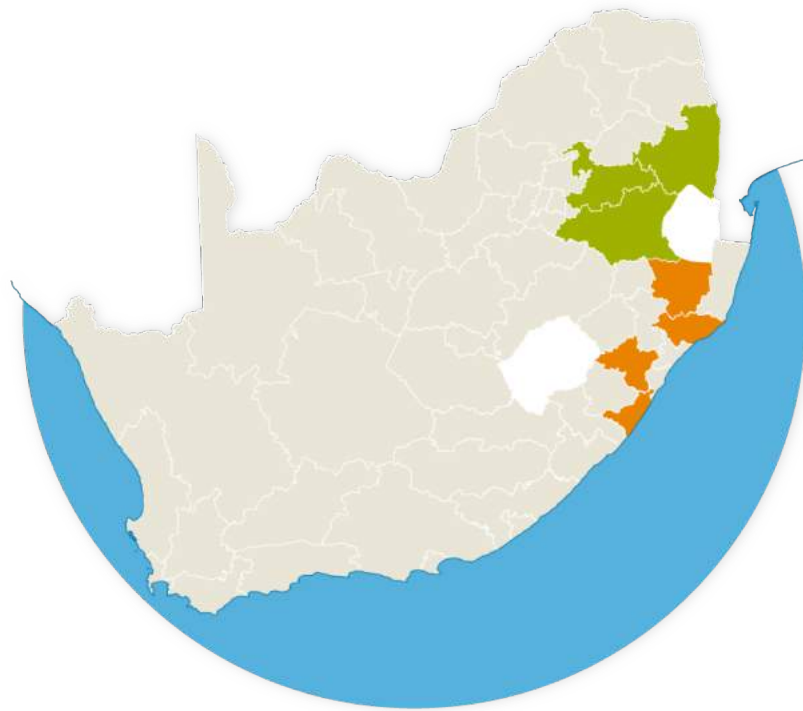
How can we better ***understand young men's decisions and behaviours*** around HIV testing, prevention and treatment?

How can we ***identify different segments*** of young men to enable better tailoring/targeting?

How can we ***reach each segment more effectively*** with HIV prevention, testing and treatment?



To do that, we spoke directly to more than 2000 men



Ethnography

n=76 men aged 25-34, 67 healthcare providers

In-depth interviews

n=76 men aged 25-34, 67 healthcare providers

Quantitative survey

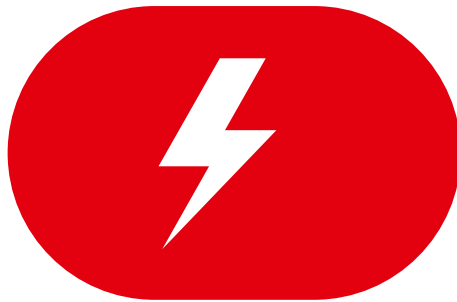
n=2019 men aged 20-34

Design workshops

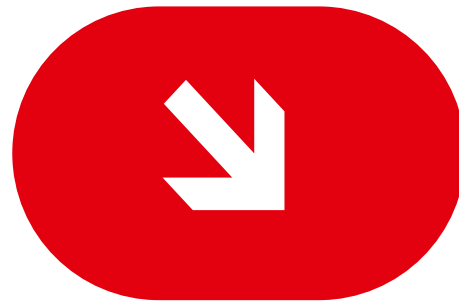
n=60 men aged 20-34, segments Green & Rose



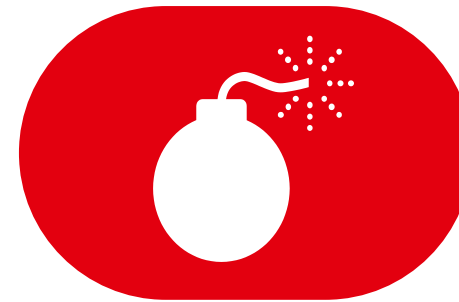
The qualitative research identified overarching barriers



**Fear, not
indifference**



**Anticipated
loss with no
corresponding
gain**



**Disclosure
expected to
lead to social
death**



The quantitative research identified five segments of men, based on their particular fears and barriers



Mr Rose
25%



Mr Grey
16%



Mr Green
15%



Mr Blue
22%



Mr Teal
23%



Design workshops



- Three days of participatory design work:
 - Prioritizing barriers
 - Brainstorming ideas
 - Developing and refining solutions.
- 60 men from the Green and Rose segments (20 per workshop)
- Other stakeholders with potential insights on men



What did men tell us to do?

1. Flip the treatment narrative
2. Make HIV a collective challenge
3. Help them feel they are not alone
4. Improve their experience of healthcare



1. Flip the treatment narrative

FROM A DAILY REMINDER THAT...

I'm a failure

I'm weak

I'm sick

I've lost control

I'm damaged goods

I'm a danger to my partner

I'm a problem

I'm ashamed

TO A DAILY REMINDER THAT...

I'm winning!

I'm powerful!

I'm fine!

I'm in charge!

I'm back to normal--the same person I always was!

I'm a safe and desirable partner!

I'm part of the solution!

I'm proud!



Mpilo *Life*

What it is

An informal renaming/rebranding of ARVs with a different name

Why it resonates

- Moves away from a meaningless English technical acronym to a word with local emotional resonance
- Counters the underlying association of HIV with sickness and death
- Immediately communicates the value or benefit of taking your pill
- Gives treatment a positive connotation



Shaya daai ding! *Hit that thing!*

What it is

A communication campaign that reinforces the concept of U=U and embeds a simple and memorable mnemonic that is already part of the vernacular

Why it resonates

- Speaks to men's desire to feel strong, powerful, in control of HIV
- Puts U=U into language that men can understand and connect with





2. Make HIV a collective challenge

Many men feel that HIV is treated as a personal failure and individual burden rather than a public health problem.

For other men, HIV seems invisible. They don't know that more than 7 million South Africans have HIV and that more than 4 million are already on treatment.

In reality the strongest predictor of a man's HIV risk is the area where he lives!

In a community where everyone with HIV is on effective treatment, community viral load is low, therefore HIV risk is also low.

Getting to 'community viral suppression' is a collective endeavor.



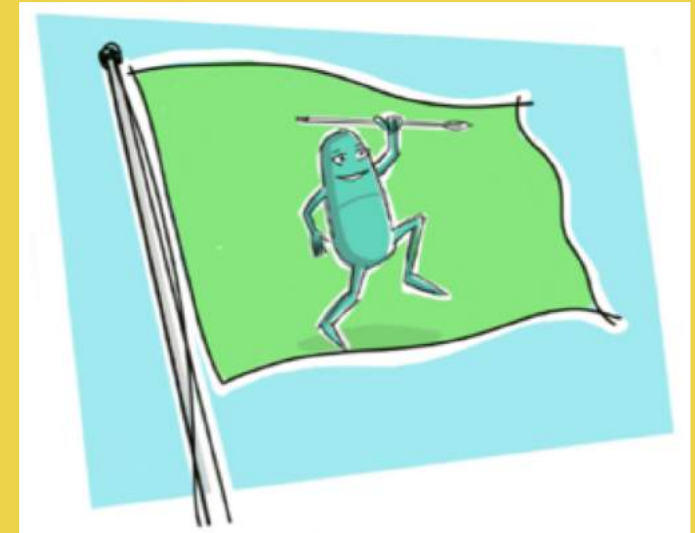
Kasi lama kasi *Our kasi is tops*

What it is

A campaign to reframe HIV as a community challenge, harness community identity and pride and galvanize communities around a common cause

Why it resonates

- Turns stigma and peer pressure into peer support and encouragement—'help our kasi get to 100%!'
- Frames treatment as success—'it's not whether you have HIV, it's whether you're on top of it'
- Makes someone with HIV who is on treatment part of the solution rather than 'a problem'
- Makes clinic targets everyone's targets





3. Help men feel they are not alone

Treatment leaves many men feeling alone, afraid, ashamed.

Many report that they have no one they can trust or talk to.

They often anticipate that living with HIV will mean social death.

But men also said they might take advice from a man who has HIV and has 'made it through' the testing and treatment journey.

Men in the workshops also embraced sports metaphors, which sparked feelings of winning, belonging and pride.



Coach Mpilo

What it is

A reframing of the HIV counsellor or case manager as a coach and mentor who provides empathetic guidance and support borne out of personal experience, from the point of diagnosis to the point of viral suppression

Why it resonates

- Breaks the isolation and paralysis that many men feel at the moment of diagnosis
- Gives newly diagnosed men someone they can relate to and feel safe and comfortable opening up to
- Helps newly diagnosed men reimagine a positive future
- Helps coaches to reframe and reclaim their identity as valued and respected members of the community



4. Improve men's experience of healthcare

Many men either anticipate or have had a negative experience of the clinic.

The clinic can be an unfamiliar space that men feel incompetent in navigating.

Wait times can be long and unpredictable.

Some healthcare providers think of men as 'the problem', which then reflects in their interactions.

Getting more men into treatment will mean making the healthcare experience more pleasant and convenient.

For some, this means making the clinic a more pleasant and familiar space.

For others, it may mean taking services out of the clinic and into other spaces that are more familiar and appealing.



Health Express

What it is

A one-stop health ‘tuck shop’ offering HIV testing and treatment as well as other health services, located near places where men already congregate—taxi ranks, car washes, sports facilities, etc. Potentially an expansion of the ‘pick-up point’ model, broadened in scope and tailored to men’s preferences and needs.

Why it resonates

- A convenient, inconspicuous alternative to the clinic for men who are clinic-averse
- Makes it easier for men to overcome their barriers to health-seeking





Behind the Mask

What it is

A way for nurses to share their own experiences around gaining insight into men's mindsets and barriers and learning to take a different and more effective approach.

This could take various forms—podcasts, short video testimonials, workshops, even WhatsApp groups.

Why it resonates

- Leverages nurses' own experiences and insights on reaching men, rather than lecturing
- Brings an empathetic lens to the challenges that nurses also face

How might we...

...help nurses change the narrative on HIV?

...help nurses see the fear beneath a man's mask?

...help nurses see men as needing compassion?

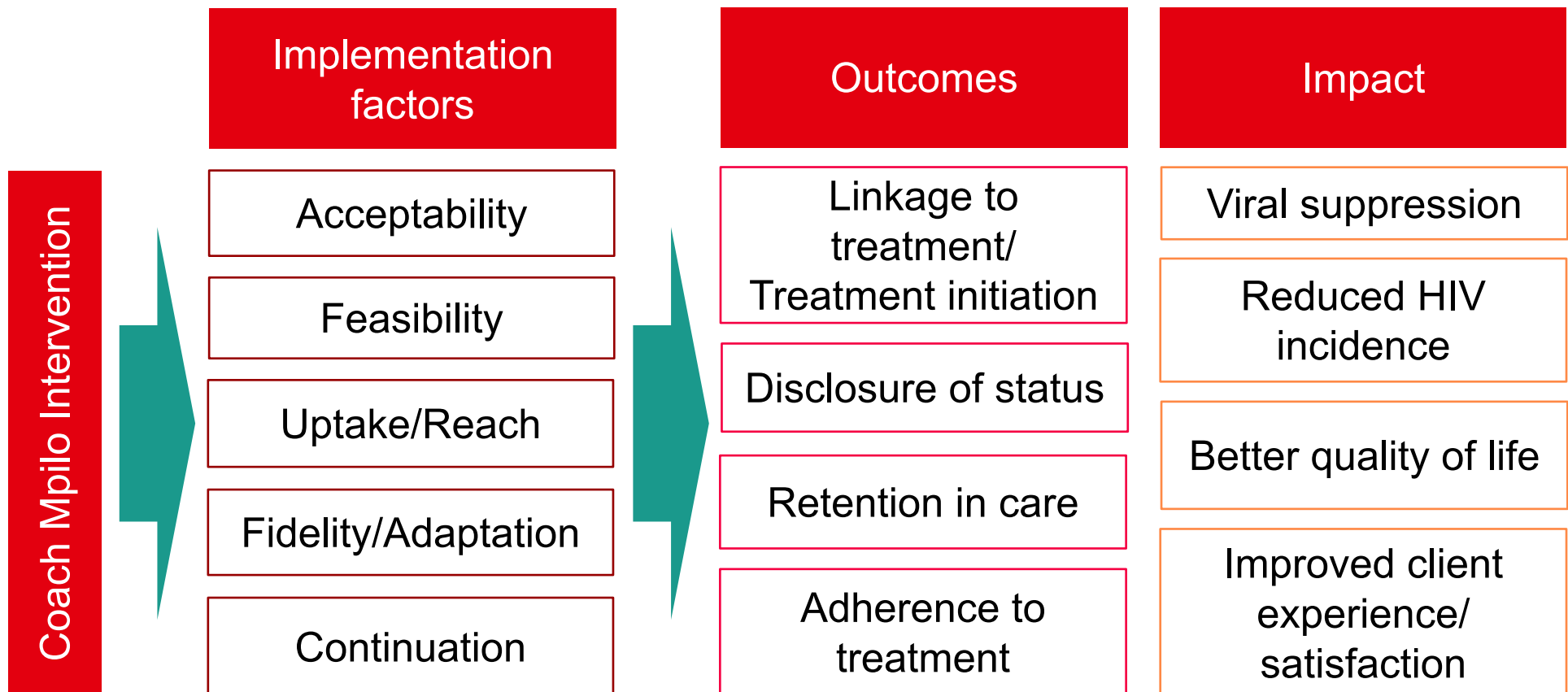
...make the work environment for nurses more supportive and satisfying?

...help nurses feel appreciated and rewarded for good work?

...amplify small wins to boost nurses' sense of achievement?



Next up: Piloting and evaluation





Acknowledgements

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