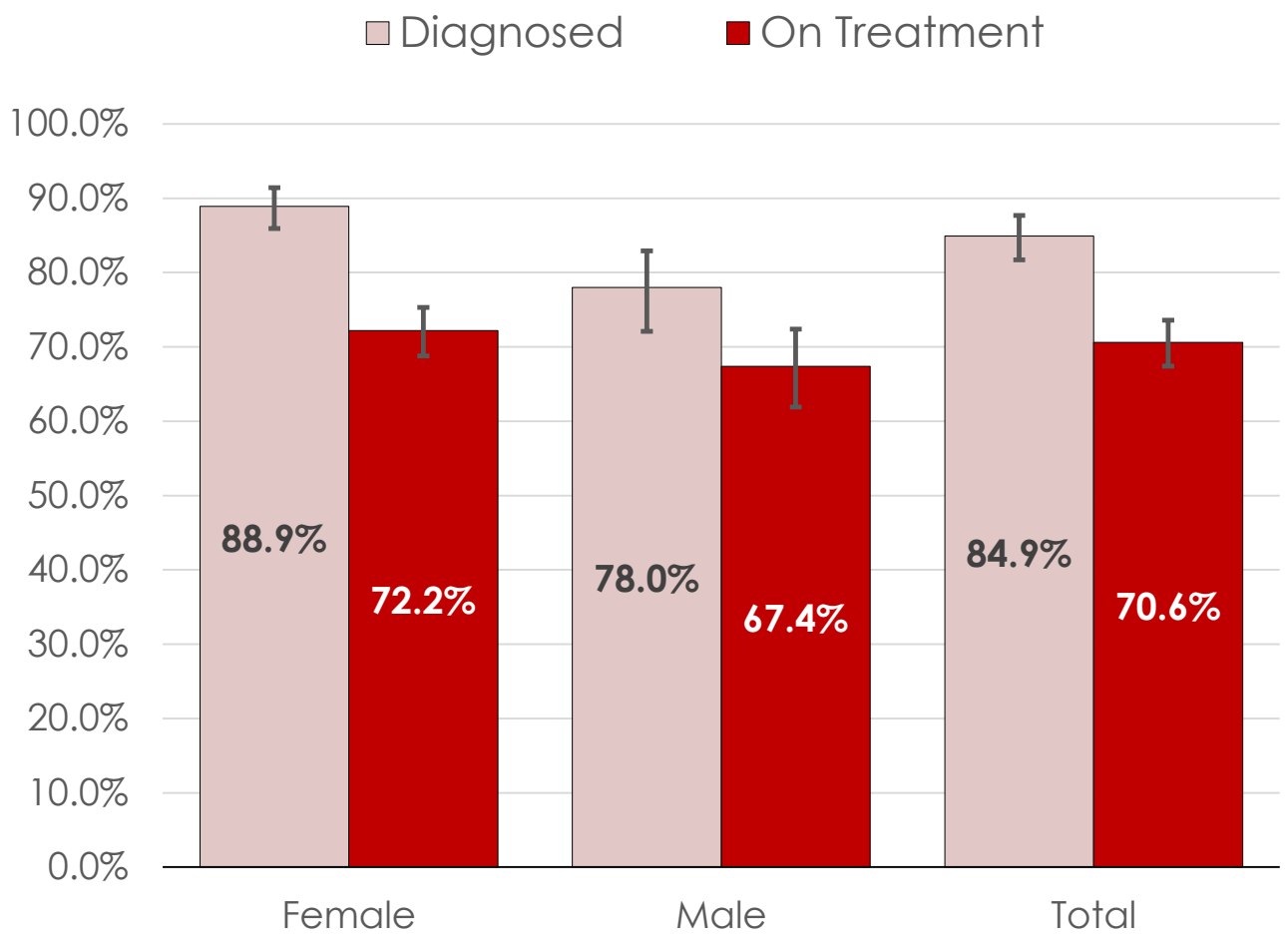
Breaking the Cycle of Transmission:

Increasing uptake of HIV testing, prevention and linkage to treatment among young men in South Africa.

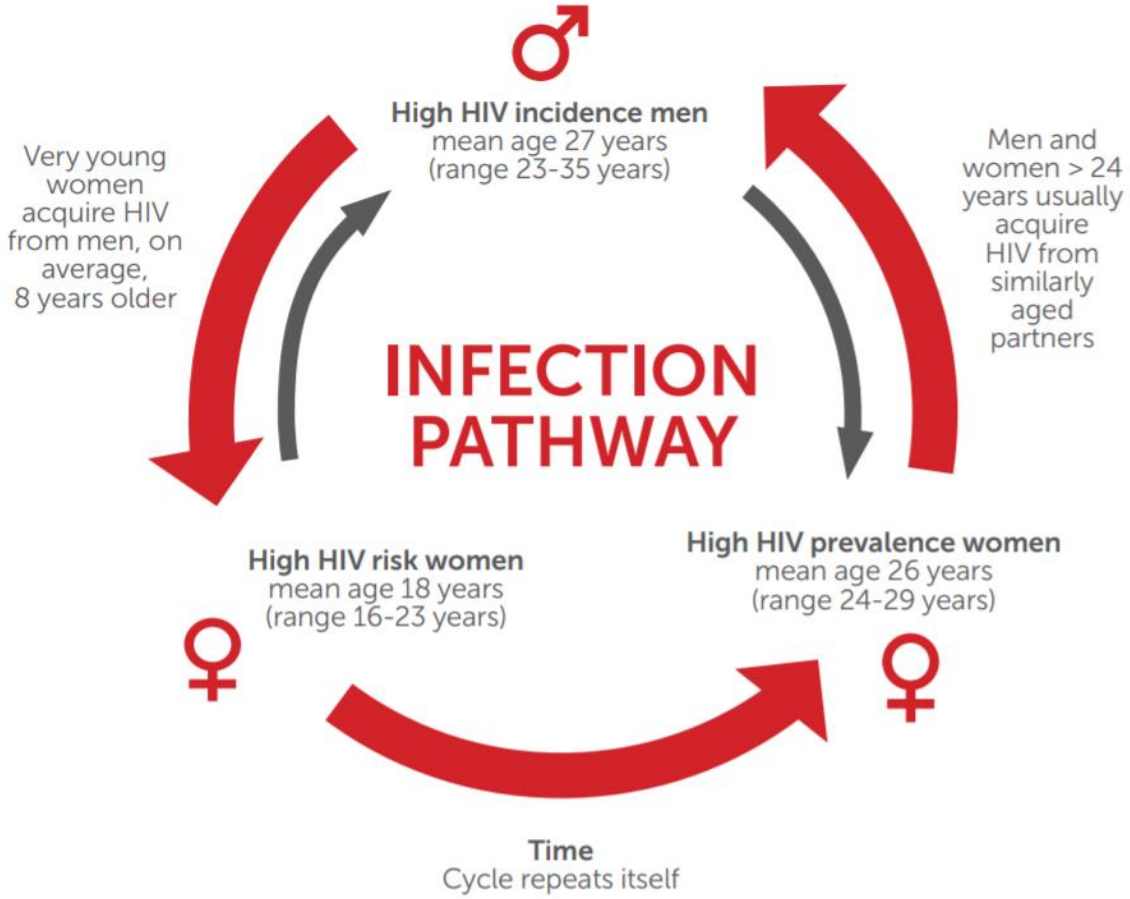
Design and Prototyping
October 2019

psi Ipsos match boxology

The challenge: Young South African men are less likely to be diagnosed and treated and are transmitting HIV to younger female partners



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: Support South African stakeholders in reaching young 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?

We have completed the research phase and are now moving into design and piloting

Ethnography: Participant led observational method

Patient Pathways + Provider Archetyping: Framing journeys through care systems

Segmentation: Quantifying journeys and clustering different group pathways

Designing and piloting new interventions and monitoring to see whether we are moving the needle

QUALITATIVE RESEARCH

QUANTITATIVE RESEARCH

PILOTING

We have engaged more than 2000 men and 67 healthcare providers in KwaZulu-Natal and Mpumalanga provinces

Qualitative phase

(n=76 men aged 25-34, 67 providers)

- Mix of HIV-positive (linked and not linked) and HIV-negative men, in 'high-risk, hard-to-reach' areas
- Ethnographic shadowing and in-depth interviews
- By male interviewers in isiZulu and siSwati

Quantitative phase

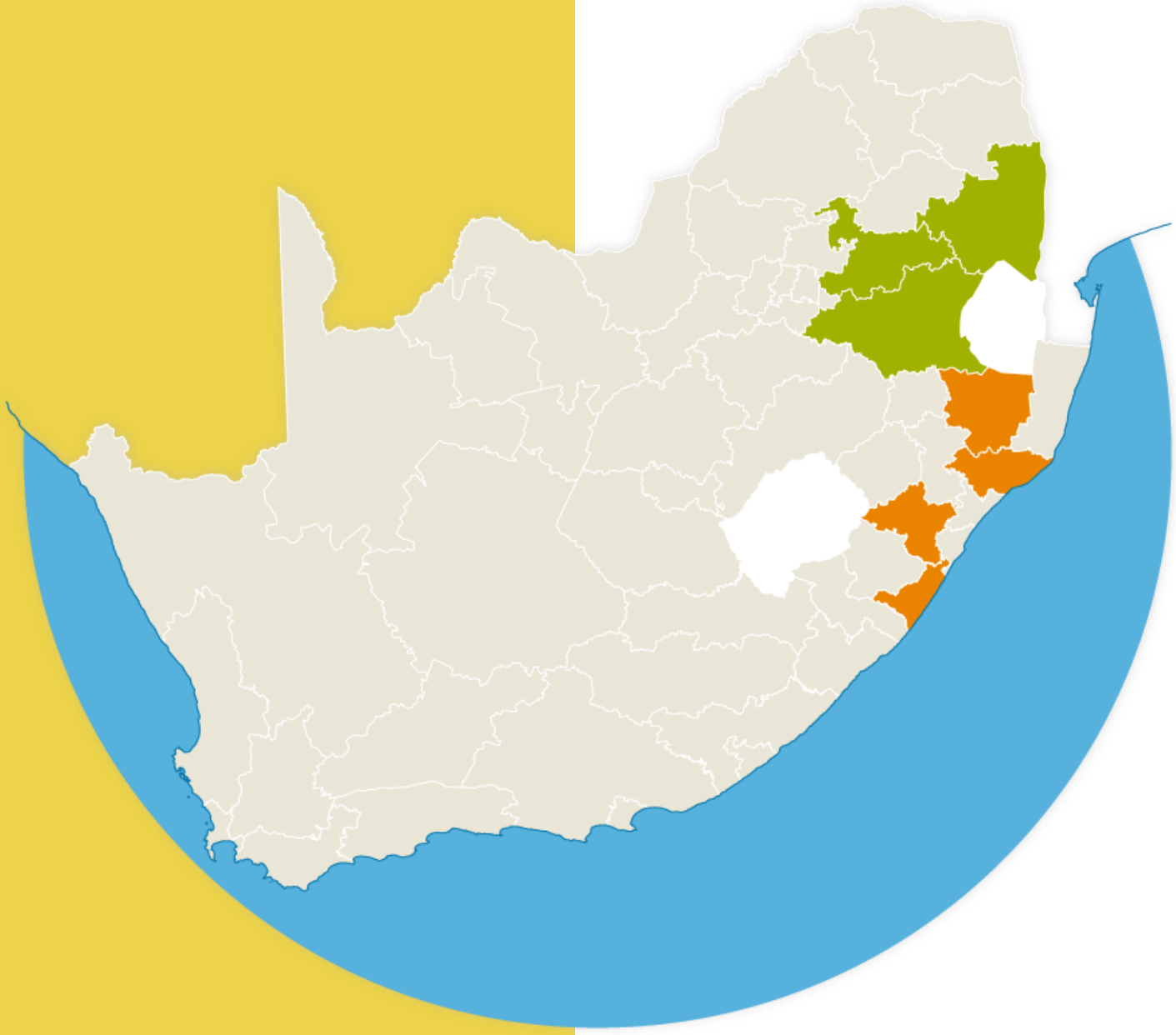
(n=2019 men aged 20-34)

- One-hour tablet-based survey
- By male interviewers in isiZulu and siSwati

Design phase

(n=60 men aged 20-34)

- Three-day design workshop
- By male facilitators in a mix of English and isiZulu or siSwati



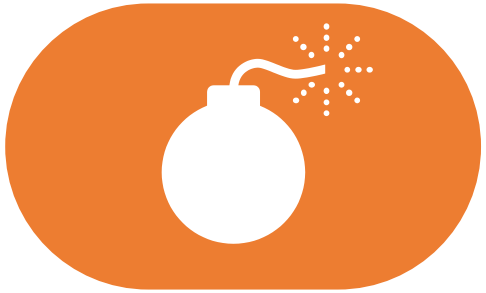
The qualitative research pointed to various barriers and challenges

ANTICIPATED LOSS WITH NO CORRESPONDING GAIN

FEAR, NOT INDIFFERENCE

UNPROCESSED GRIEF AND TRAUMA

TESTING POSITIVE MEANS LIFE COLLAPSES



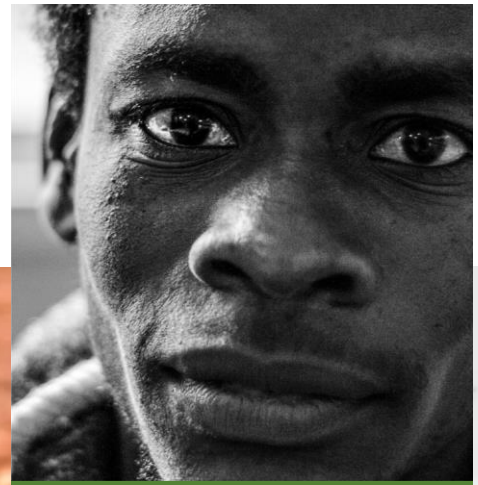
DISCLOSURE EXPECTED TO LEAD TO SOCIAL DEATH

EXPERIENCE OR EXPECTATION OF NEGATIVE CLINIC/ PROVIDER INTERACTION

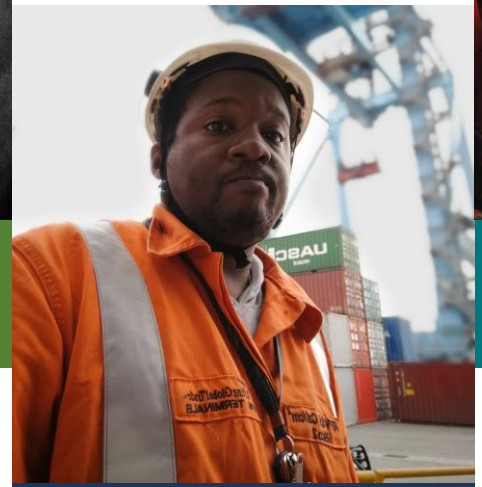
The quantitative research enabled identification of five segments

Mr Rose
25%

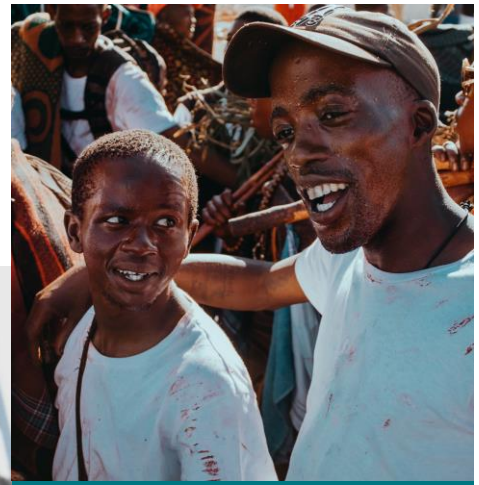
Mr Grey
16%



Mr Green
15%



Mr Blue
22%



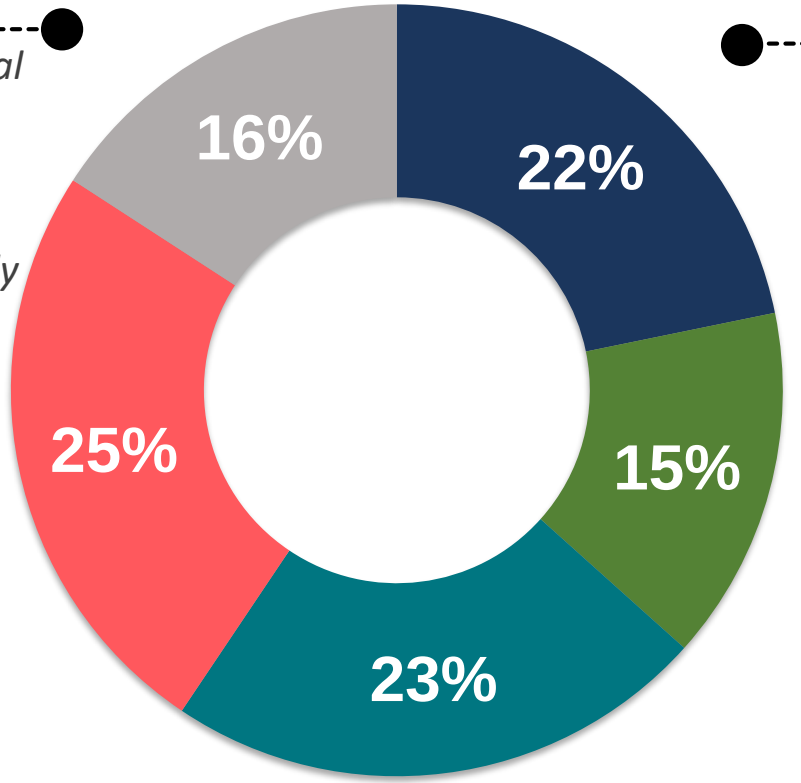
Mr Teal
23%

Mr. Grey

A traditional, community-oriented, often rural man, with a low level of education, low HIV knowledge, high level of fear of HIV, and a traditional concept of gender, but a positive outlook and a sense of responsibility to family and community. Fears that HIV would diminish his standing with family and community.

Mr. Blue

Older, more educated and more stable, but with a bleak outlook on life, few meaningful connections or sources of motivation, and problematic alcohol use linked to impulsive behaviour, and negative views of the health system. Fears that having HIV would be yet another burden in a burdensome life.



Mr. Rose

Young, fun-loving, and optimistic, with a high level of HIV knowledge and progressive views on gender, but also a higher number of sexual partners. In denial about his level of risk and concerned that an HIV diagnosis would mean 'the end of the party'.

Mr. Green

Disconnected and pessimistic, with a low level of education, very low HIV knowledge, high levels of depression, problematic use of alcohol, a traditional concept of gender, higher rates of intimate partner violence, and negative views of healthcare. Fears HIV as yet another failure in life.

Mr. Teal

Young, responsible, engaged in his community, optimistic about the future, and open about sexual health and health-seeking, with progressive views on gender. Fears an HIV diagnosis would turn him from 'the good guy' into 'the bad guy'.

Eureka workshops

To kick off the design process, we held three collaborative solutioning workshops with a total of 60 men, focused on prioritizing barriers, brainstorming ideas and developing solutions.

Barriers

INDIVIDUAL

Fear of…

Loss of Identity

Loss of respect and status

Loss of fun and pleasure

Loss of support and connection

Loss of privacy

Loss of control/autonomy

HEALTH SYSTEM

Under-resourced /understaffed clinics

Negative provider attitudes & behaviors

Donor and government focus on targets

Administrative and reporting burdens

COMMUNITY/ SOCIETY

Association of HIV and ART with trauma, taboos, weakness and death

Stigmatizing attitudes towards people with HIV

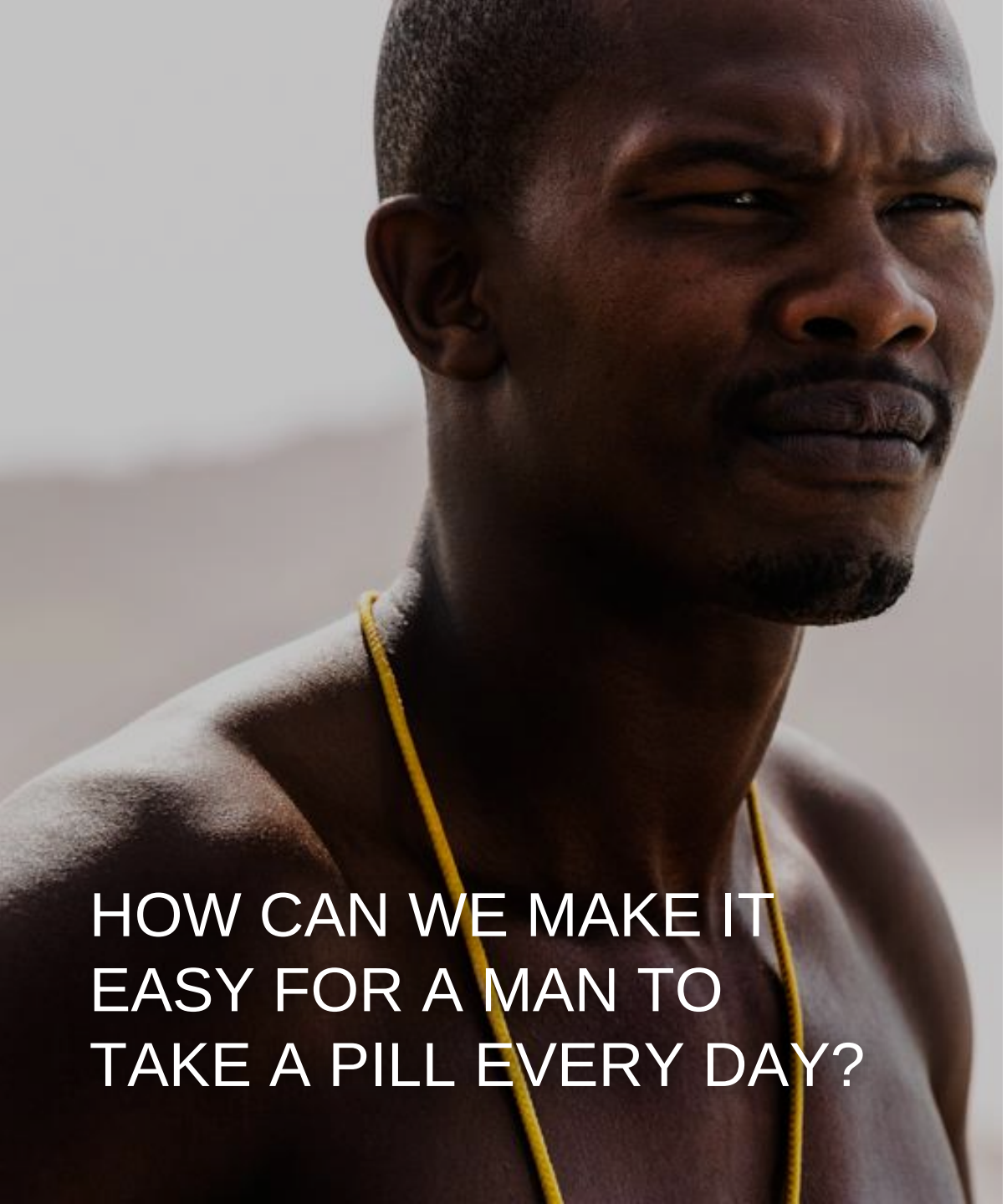
Outdated/inaccurate information about HIV transmission, including U=U

So what can we do?

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

1 Flip the treatment narrative

FROM A DAILY REMINDER THAT…	TO A DAILY REMINDER THAT…
I'm a failure	*I'm winning!*
I'm weak	*I'm powerful!*
I'm sick	*I'm fine!*
I've lost control	*I'm in charge!*
I'm damaged goods	*I'm back to normal--the same person I always was!*
I'm a danger to my partner	*I'm safe and desirable!*
I'm a problem	*I'm part of the solution!*
I'm ashamed	*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!

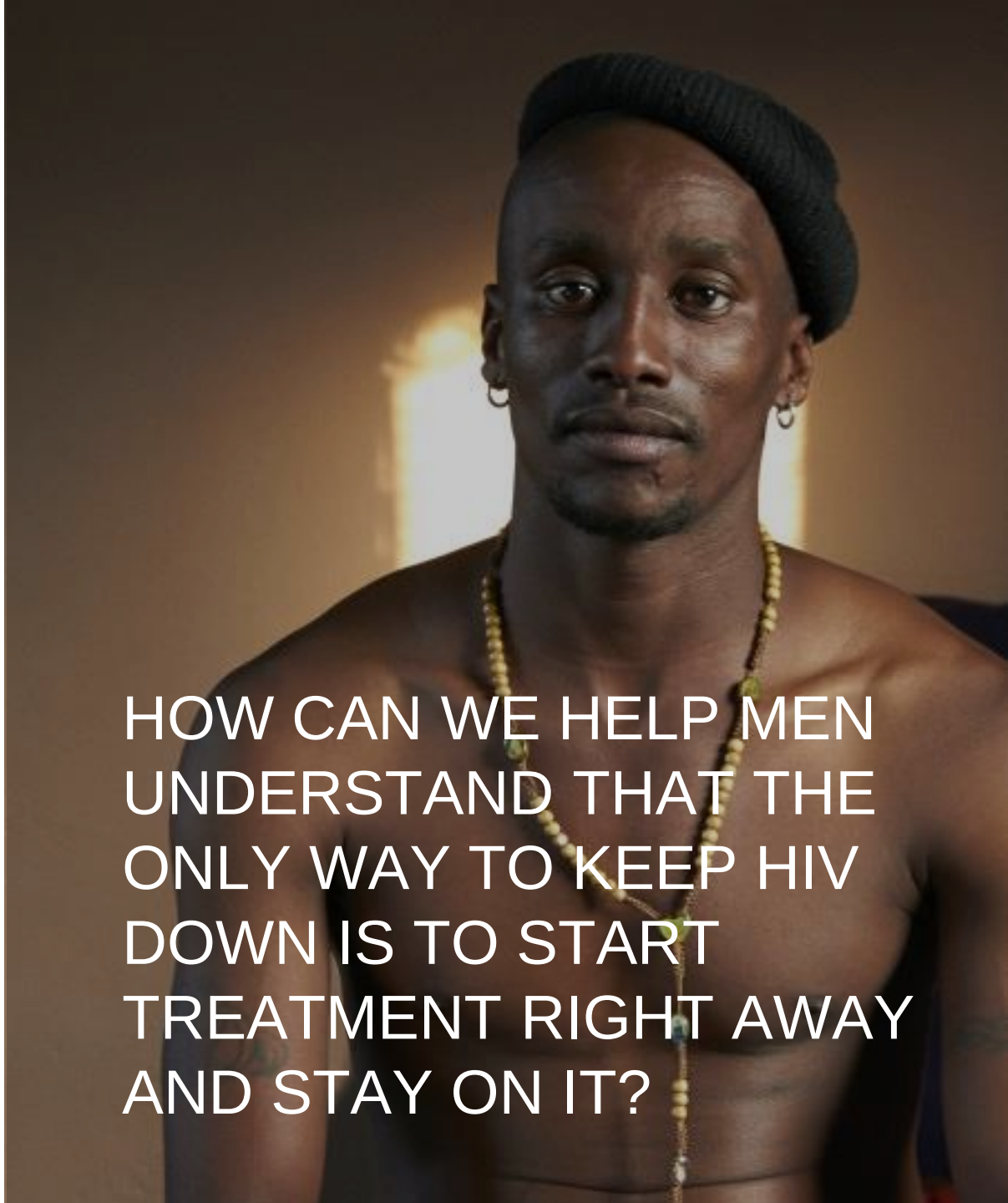
Hit that thing!

What it is

A single-minded communication campaign that reinforces the concept of U=U and embeds a simple and memorable mnemonic that is already part of the local 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 intuitively
- Gives treatment a positive connotation, making it a weapon to defeat HIV



Shaya daai ding!

Hit that thing!

Lends itself to various forms of expression, ideally reaching saturation and becoming an everyday phrase.

(Think: ‘Just do it’, ‘Don’t leave home without it’, etc.)

Messages on beer bottles

Ten-second radio spot reminders

6am:
[rooster crows]
Shaya daai ding!
12pm:
[restaurant noise]
Shaya daai ding!
5pm:
[car horns]
Shaya daai ding!
9pm:
[crickets]
Shaya daai ding!

Messages on t-shirts, hats, etc.

Squeeze-back ads during games where a football morphs into a pill

2 Make HIV a collective challenge

Many men feel that they are left to deal with HIV alone, and that having HIV is treated as a personal failure rather than a public health problem.

For others, HIV has largely fallen off the radar. 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.

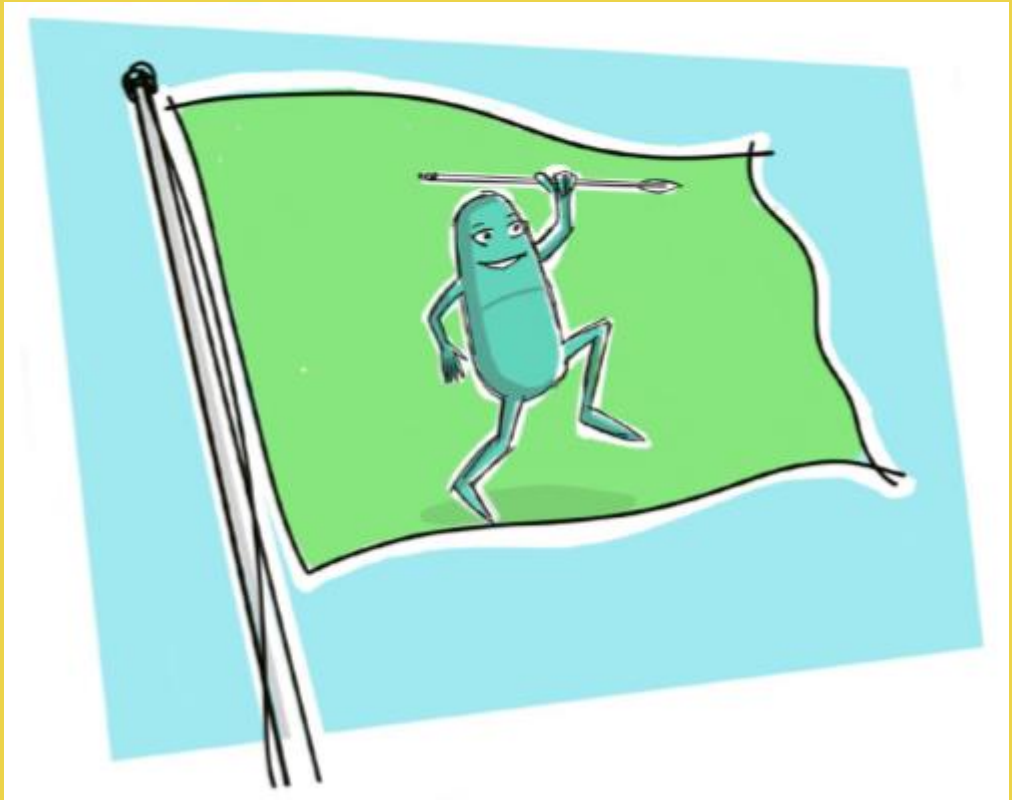
Getting to 'community viral suppression' is a collective endeavor.

Kasi lama kasi

My hood is *the* hood

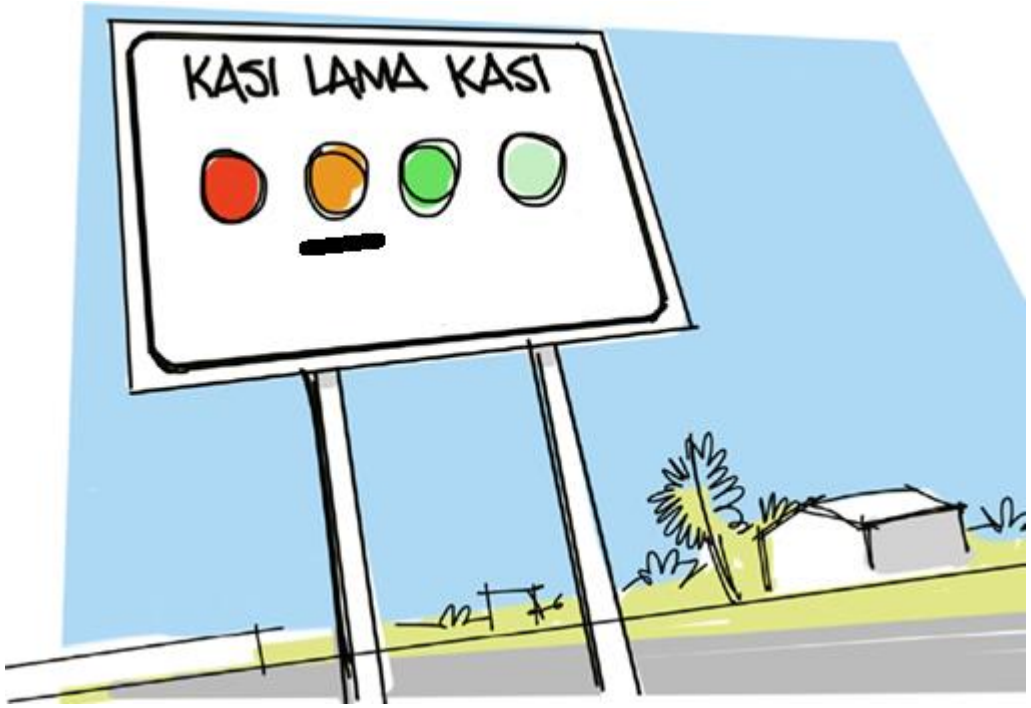
What it is
An initiative to reframe HIV as a community challenge, galvanize communities around a common cause, harness community identity and pride, and inspire all community members to take action

Why it resonates
- Reframes HIV as a collective challenge rather than putting all of the burden on the individual
- 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 who has HIV and is on treatment part of the solution, not part of the problem
- Takes clinic testing and treatment targets and makes them everyone's targets



The first step is to use billboards, newspapers, radio spots, and other high-visibility ways to communicate the status of a community's HIV response in a simple, impactful, attention-catching way.

The measures would be the percentage of people with HIV who are on treatment and the percentage on treatment who are virally suppressed and therefore not able to transmit, reinforcing U=U.



The second step is to mobilize leaders and influencers to join in a campaign to encourage everyone in the community to test and, if positive, start and stay on treatment.

The goal is to get the community to 'green' status by diagnosing everyone who has HIV and getting them onto effective treatment, thereby bringing the 'community viral load' to zero.

3 Help men feel they are not alone

Treatment leaves many men feeling alone, afraid, ashamed.

They often feel they have no one they can trust or talk to.

Many think living with HIV will mean social death.

But men also said they might take advice on treatment from a man who is taking it.

They also embraced sports metaphors, which sparked associations with winning, belonging and pride.

Coach Mpilo

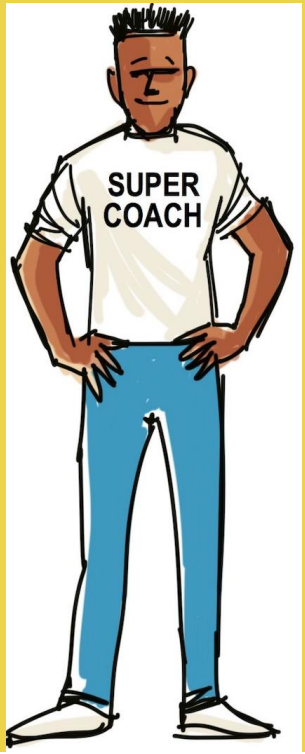
Reframes the HIV counsellor as a coach and mentor

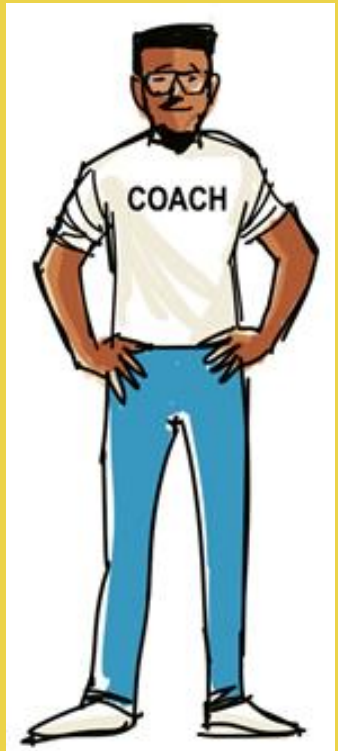
What it is

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

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





I'm a Super Coach. My job is to recruit 20 men with HIV, 'skill them up' to be coaches, and support them in reaching men. I find them mainly through adherence clubs. It's a full-time job. But I was doing this kind of work before, so I feel like I have a head-start.

I'm a Coach. I mentor 20 men in my community, sharing my experience navigating life as a man with HIV. Some come to me on their own; others are referred from the clinic. We have a contract setting out expectations. After 6 months of adherence I begin stepping back, but I'm always there if they need me. I do get a stipend, but I do it because I enjoy being part of the solution to HIV.

COACH MPILO

You=YouTube

Real men
Real experiences
Real solutions

What it is
A video library with stories, advice and 'life hacks' from men living with HIV, including interviews, testimonials and discussion groups as well as other self-generated content. Men might access these videos directly, or they might serve as a resource for coaches, nurses, counsellors, etc.

Why it resonates
- Gives newly diagnosed men a non-threatening, fully private and anonymous way to seek guidance and information
- Helps them reimagine a positive future
- Shows them they are not alone

How do I break this to my friends?

4 Improve the healthcare experience

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.

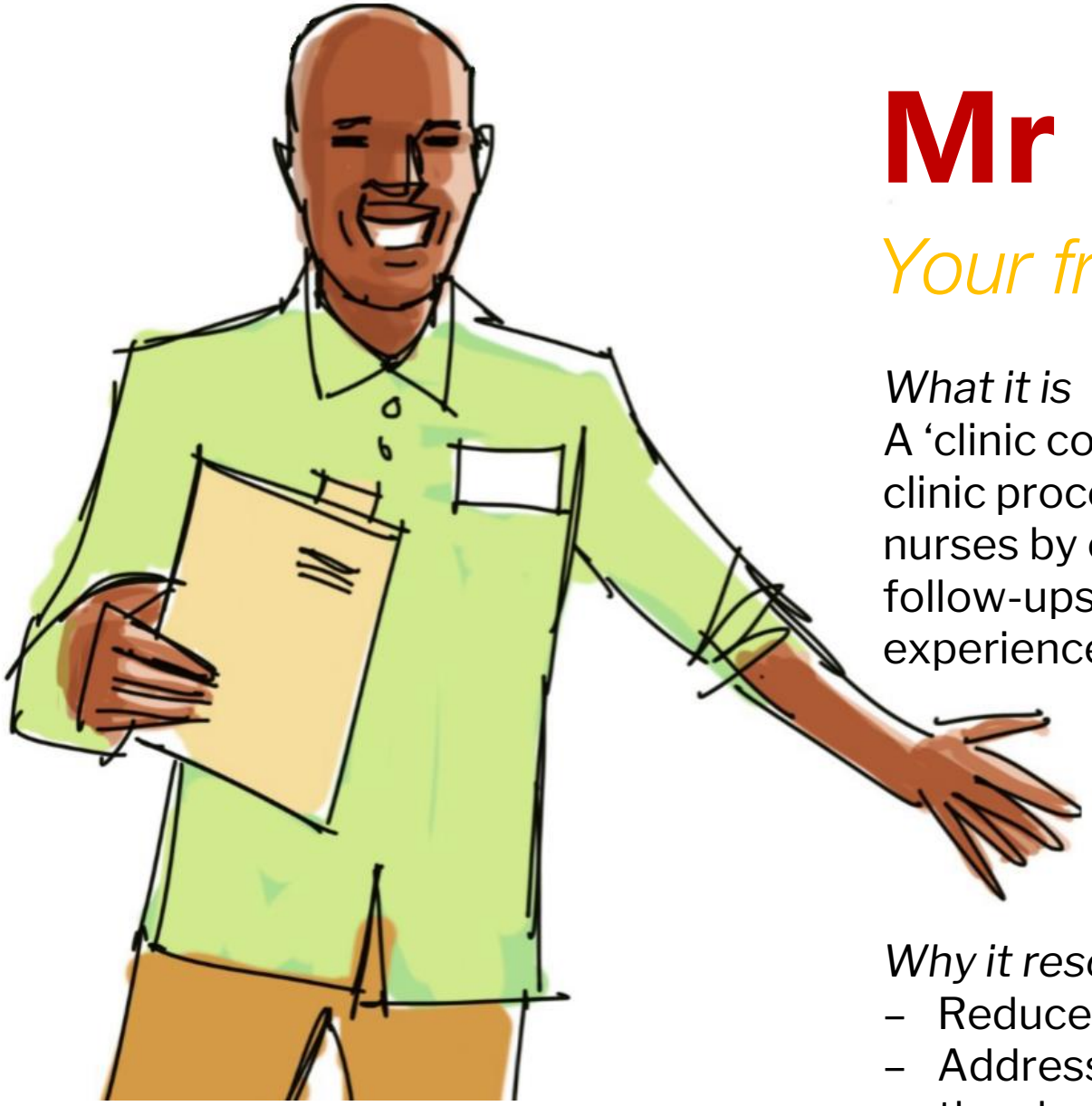
Wait times can be long and unpredictable.

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.



Mr Mpilo

Your friend at the clinic

What it is

A ‘clinic concierge’ who can help men understand and navigate the clinic process and also relieve some of the administrative burden on nurses by organizing patient files, sending reminders, making follow-ups, etc., resulting in a more friendly and streamlined experience.

Why it resonates

- Reduces the anxiety of men presenting at the clinic
- Addresses the uncertainty and unfamiliarity that many men feel if they have not been to a clinic for some time

Health Express

Come a little closer

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 already being rolled out in some places, broadened in scope and tailored to men’s preferences and needs.

Why it resonates

- A fast, 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' to them

Acknowledgements

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Thank you!

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