Breaking the Cycle of Transmission:

Increasing uptake of HIV testing, prevention and linkage to treatment among young men in South Africa.
The challenge: Young South African men are less likely to be diagnosed and treated and are transmitting HIV to younger female partners.

<table>
<thead>
<tr>
<th></th>
<th>Diagnosed</th>
<th>On Treatment</th>
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<tbody>
<tr>
<td>Female</td>
<td>88.9%</td>
<td>72.2%</td>
</tr>
<tr>
<td>Male</td>
<td>78.0%</td>
<td>67.4%</td>
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<tr>
<td>Total</td>
<td>84.9%</td>
<td>70.6%</td>
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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 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. 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. 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. 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. 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. 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’.
We are now moving into design and piloting of solutions.

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
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 safe and desirable!
I’m part of the solution!
I’m proud!
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

HOW CAN WE MAKE IT EASY FOR A MAN TO TAKE A PILL EVERY DAY?
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!

HOW CAN WE HELP MEN UNDERSTAND THAT THE ONLY WAY TO KEEP HIV DOWN IS TO START TREATMENT RIGHT AWAY AND STAY ON IT?
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

Messages on t-shirts, hats, etc.

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!

Squeeze-back ads during games where a football morphs into a pill
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 are unaware that an estimated 7 million South Africans have HIV and that 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 people with HIV are on effective treatment, community viral load is low, therefore HIV risk is also low.

Getting to a low ‘community viral load’ is a collective endeavor.
Kasi lama kasi

**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.
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—having a coach, being part of a team, etc.
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
- 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 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.

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.
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?
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.
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
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
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

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?
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