

# Phakama DIGEST

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**Health Systems Trust's Phakama Digest** profiles the work of the SA SURE Plus Project through in-depth perspectives of implementation activities in the field.

## With men in mind: Strengthening the HIV response through male-centred services

For at least a decade, ART programmes in Southern Africa have reported a disproportionately higher number of women being on treatment compared to men, yet the markedly high rates of HIV infection among adolescent girls and young women (AGYW) in South Africa are fuelled by transmission from male sexual partners who are five to 10 years older.

This was epidemiologically proven in 2016 by scientists from the Centre for AIDS Programme of Research in SA (CAPRISA), who used phylogenetics to link individuals based on the similarity of their viruses and found that teenage girls were acquiring HIV at very high rates from men in their 20s and 30s. This is the reality on which the 2016 UNAIDS guidelines on fast-tracking HIV prevention among AGYW, and engaging men and boys, are grounded.

Understanding why young men tend to resist testing for HIV or starting treatment when diagnosed as HIV-positive, and are more likely to interrupt treatment and be lost to follow-up, is critical for achieving

the UNAIDS 90-90-90 and Fast-track targets for epidemic control.

What do we know about the norms, beliefs, needs, hopes, fears, risk perceptions, motivators and other factors influencing young men's uptake of testing and treatment?

How do we reach more men earlier, and what health system changes are needed for male-centred service delivery? To what extent should our interventions focus on positive masculinities for improving men's health?

Men are a critical group needing ongoing support. Case studies on work within existing gender frameworks to transform HIV service points into places where men are welcomed and affirmed are valuable for the evidence base, so that promising strategies and tools can be replicated or adapted and scaled up.

The following broad overview presents key findings on the delivery of HIV testing services (HTS) to men of all ages.

- The UNAIDS publication *Blind Spot: Reaching out to men and boys*, issued in 2017, points out that because of the challenge of getting men to be tested and enrolled in treatment, more men than women are likely to die due to complications related to HIV, and that gaps in service utilisation contribute to cycles of HIV infection from men to women, from women to men, and from men to men.



- A 2019 scoping review by Hlongwa et al. mapped evidence of interventions in sub-Saharan Africa to increase men's uptake of HIV services. Community-based, home-based, and antenatal care-based HIV services, self-screening and partner testing, along with HIV testing incentives, were found to be well-documented strategies that supported such uptake. To address poor linkage to care, the authors recommend that ART initiation be concluded soon after HIV diagnosis during community testing service sessions. There is also a need for more research aimed at addressing the quality of HIV self-testing kits, and towards improved monitoring of distributed HIV self-testing kits.
- We can learn from the work of the **global MenStar coalition** launched by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in 2018 to increase men's access to HIV services. MenStar seeks to merge public-sector HIV service-delivery capacities with the private sector's consumer-oriented marketing acumen to optimise efforts in reaching men with HIV testing and treatment. It also supports male-orientated strategies for HIV service delivery, such as dedicated men's corners at existing health clinics, expanded clinic hours, and deeper community engagement to reach men.
- One of the key takeaway messages from the 9th South African AIDS Conference held this year was that insightful programming is needed to ensure delivery of holistic HIV services for men at public health facilities and in communities. The Conference's knowledge-sharing and networking events that focused on the dearth of men in HIV service uptake included a forum on facilitating men's access to HIV testing and treatment services, a dialogue entitled 'Listening to men in the HIV response', and notably, a presentation on 'Breaking the

**cycle of transmission: Finding new ways to reach young men with HIV services in South Africa' by Population Services International (PSI).**

The PSI analysis sought to determine how young men think, feel, and make decisions about their health and specifically HIV; how to design HIV messages and services that connect with the concerns and priorities in young men's lives, and the optimal pathways towards changing the decisions and behaviours of different segments of the male population.

The major finding was that men are not stubborn or indifferent in relation to HIV services – their resistance arises from fear, stress, depression, trauma and fatalism. Those who aspire to provide for and protect their families may not have the capacity or means to do so. They may want to be respected, but feel shame about their financial or social situation. Taking treatment is a daily reminder of failure, and of loss of control over their lives and their sense of identity.

For these reasons, HIV service programming should be reframed so that men can perceive treatment as a tool that sets them on a positive life-path. Health workers servicing very busy facilities should be trained and supported to show male clients respect and compassion for their emotional, psychosocial and clinical needs. Our efforts to reach ambitious numbers of male clients for testing must not result in them feeling 'hunted'. The typically rushed and crowded clinic environment is not conducive to assurance of confidentiality or quality of care.

Several sources highlight that intervention planning and implementation must be based on understanding the barriers to and drivers of high-risk young men engaging with HIV services, and determining what service providers can do to close programming gaps

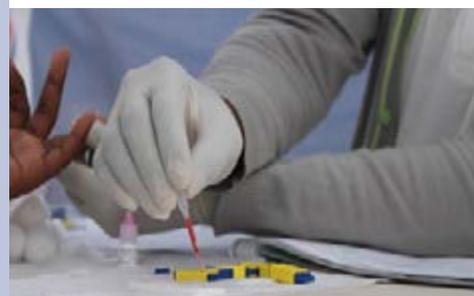
in support of men's health and wellbeing.

It is important to recognise that 'men' are not a uniform group, and their reasons for using or not using HIV services differ across cultures, social classes and contexts. Some might want a general health check, or be concerned about HIV risk and want to protect themselves (perhaps because of lack of condom use or a partner's infidelity), or be acting on a sexual partner's encouragement to be tested.

Barriers to such uptake include discomfort with being attended to by a female nurse or doctor, anxiety about being stigmatised as weak and infected, a high HIV risk perception underpinning a fear of being diagnosed with HIV, and conversely, a low HIV risk perception obviating any necessity to be tested.

We should also not assume that HIV transmission is thoroughly bound up with male dominance over women and thus lose sight of the structural drivers of HIV risk among men. A recent quantitative study of young men's risky sexual behaviours in South Africa's informal settlements reveals that unprotected sex and relations with multiple sexual partners were directly associated with the effects of poverty, traumatic experiences (such as bullying, addiction, male rape, violence and abuse), and gender inequalities, and in turn indirectly through increasing depression and substance use. These issues must be held at the heart of HIV service programming.

**Rather than merely demonising negative masculine traits, we can improve the health of men, women and families by incentivising men's positive health norms and desire for health care, and supporting interventions that reshape male gender roles.**



# SA SURE Plus interventions focusing on men

## Useful resources

In June this year, Health Systems Trust took part in the KwaZulu-Natal Department of Health (KZN DoH) HIV, AIDS and STIs (HAST) Division meeting with civil society organisations to discuss strategies for initiating patients on HIV treatment and retaining them in care. Featuring prominently in these discussions were resolutions issued from the 2018 Men's Parliament. These included dedicated service time-slots for men in and beyond facilities, and destigmatisation of men's social and cultural spaces.

In line with such guidance, the SA SURE Plus project:

- targets male-orientated sites at convenient times,
- tests people at home,
- facilitates HIV self-screening (HIVSS),
- optimises index case partner testing, and
- offers men-only or men-friendly support services through contracted community-based organisations (CBOs) and at facility level.

Community and stakeholder engagement is a core aspect of the project's demand-creation strategy. Successful planning and integration of men's health services has entailed active involvement of izinduna, traditional chiefs, Community Caregivers, War Room representatives, Ward Councillors and Mayors, and collaboration with and among key stakeholders such as the Departments of Education and Social Development and the SA Police Services.

These partners' engagement with our work has been visible through their marketing of and attendance at community Wellness events and

mobile clinic sites. The project has hosted a series of Community Dialogues for knowledge-sharing and marketing of services – providing a forum for men to voice their issues and catalysing individual patient follow-up and referrals.

Boys and young men are targeted for health services through activation of Adolescent- and Youth-Friendly Services (AYFS) programming in clinics, and through mobilisation of HIV prevention, testing and treatment messaging in schools, conducted by the project with its CBO partners.

SA SURE mobile outreach clinics are placed in community settings where boys and men gather – at workplace, study, transport and socialising sites – at times that suit them (after hours on weekdays, and during weekends). As these mobile teams offer a basic package of health services (e.g. blood pressure and diabetes checks, STI and TB screening, and HTS), the vans are perceived not merely as 'HIV testing buses', but as convenient service points that help to raise men's interest in general health promotion. When fully implemented, these mobile clinics will be staffed predominantly by male Lay Counsellors and Nurse Clinicians.

'Could an implant the size of a matchstick save teenage girls from HIV? Find out.' Mia Malan interviews Professor Salim Abdool Karim. 12 June 2019. <https://bhekisisa.org/multimedia/2019-06-12-prep-adolescent-girls-young-women-hiv-prevention-hiv-infection>

UNAIDS. *HIV prevention among adolescent girls and young women – Putting HIV prevention among adolescent girls and young women on the Fast-Track and engaging men and boys*. Geneva: UNAIDS; 2016. [https://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_HIV\\_prevention\\_among\\_adolescent\\_girls\\_and\\_young\\_women.pdf](https://www.unaids.org/sites/default/files/media_asset/UNAIDS_HIV_prevention_among_adolescent_girls_and_young_women.pdf)

Hlongwa M, Mashamba-Thompson T, Makhunga S, Hlongwana K. *Mapping evidence of intervention strategies to improving men's uptake of HIV testing services in sub-Saharan Africa: A systematic scoping review*. *BMC Infectious Diseases*, 2019; 19:496. <https://doi.org/10.1186/s12879-019-4124-y>

The UNAIDS report *Blind Spot: Reaching out to men and boys* can be found here: [https://www.unaids.org/sites/default/files/media\\_asset/blind\\_spot\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/blind_spot_en.pdf)



## Useful resources

SA SURE's Roving Teams and contracted CBO staff are effectively implementing the testing of male sexual partners at household level after hours and on weekends.

Since June 2019, assisted HIVSS has been conducted in uMgungundlovu and eThekweni Districts. The KZN DoH has endorsed community-centred implementation of HIVSS for males and females older than 18, with a special focus on men. By the end of July 2019, 24 909 kits had been issued across both districts; 16 874 clients had accepted them, and 1 041 users had tested positive for HIV and been linked to care.

The project teams report that male clients are responding enthusiastically to this modality, and adolescents in particular have found it easy and convenient.

Men's clinics in uMgungundlovu have proved to be a useful platform for delivering assisted HIVSS, and with the community teams offering services during flexi-

hours and their Nurse Clinicians implementing Universal Test and Treat interventions, 100% linkage to care was achieved in September. In eThekweni, a 66% uptake of HIVSS among men was reported.

This option has helped to increase case-finding and linkage to care, has reduced waiting times for consultations at community sites where pop-up tents have created demand for HIV services, and has worked well as an opt-out strategy for clients.

Five CBOs with a number of male co-ordinators on their staff have been tasked by the project to recruit men-only support groups in its supported districts - Zululand, uMgungundlovu, uThukela, and eThekweni.

To minimise HIV stigma, the groups have been formed with a mix of HIV-positive and HIV-negative men, and the sessions address topics ranging from sexual health issues such as medical male circumcision and erectile dysfunction to diabetes, obesity and nutrition.

Information on the PSI study 'Breaking the cycle of transmission - Finding new ways to reach young men for HIV services in South Africa' can be accessed at: <https://www.hivsharespace.net/blog/breaking-cycle-transmission-finding-new-ways-reach-young-men-hiv-services-south-africa> Also contact the Project Director, Shawn Malone at [smalone@psi.org](mailto:smalone@psi.org) or via +27 (0)81 038 1862

The 2019 JAIDS article by Andrew Gibbs et al. - 'Associations between lifetime traumatic experiences and HIV-risk behaviours among young men living in informal settlements in South Africa: A cross-sectional analysis and structural equation model' - is available from: <https://www.ncbi.nlm.nih.gov/pubmed/30893127>

de Oliveira T, Kharsany AB, Gräf T, et al. *Transmission networks and risk of HIV infection in KwaZulu-Natal, South Africa: a community-wide phylogenetic study.* *Lancet HIV*, 2017; 4(1):e41-e50. DOI:10.1016/S2352-3018(16)30186-2

## SA SURE Lay Counsellor Thami Dlomo ~ a site champion for men's health focus

SA SURE Lay Counsellor Thami Dlomo is doing wonders in supporting men's health at KwaMashu B Clinic in eThekweni Municipality.

In January 2019, 265 men were tested for HIV at the facility through its standard service modality. Dlomo was assigned to this portfolio in February, and since then - working in tandem with a DoH male nurse who conducts medical male circumcision - the number of men

tested per month has increased by over 60%, to 694 in July. All clients found to be HIV-positive have been linked to treatment.

What has led to this improvement in coverage of male clients? Most men are reluctant to take treatment and would rather self-medicate, so convincing them to be tested is challenging.

*(Continued on page 5)*



# SA SURE Lay Counsellor Thami Dlomo

Dlomo begins each day at the clinic by delivering a health talk in the waiting area, stressing the importance of knowing one's HIV status, and educating male and female clients about the benefits of ART as life-saving treatment.

He issues a general invitation to any men present who may wish to visit him in HST's testing station, which is set up on the clinic grounds; this affords male clients the privacy they need for a consultation.

Dlomo started off as a Driver-Mobiliser for the SA SURE project, and this role included community mobilisation and tracing of ART patients lost to follow-up to link them back into care; as these staff cadres became more involved in outreach work, they undertook facilitation of health talks and condom awareness, and became Community Mobilisers.

The project offered them advanced training leading to placement as Lay Counsellors and allocation to an outreach team for delivery of HTS.

Having built his expertise in outreach work, Dlomo's deployment to the KwaMashu B facility in February has been highly beneficial for the project's focus on men. "Male clients feel more comfortable opening up to a man about health issues than they do with female health workers," Dlomo explains. "It's an added advantage that I live in KwaMashu - as a known community member, I'm accessible to men of all ages who need help."

"They know that I can be trusted to protect their confidentiality, and I can arrange appointments at times that suit them for testing, follow-up and adherence counselling."

The first consultation also includes screening for STIs, and Dlomo can prioritise clients who have these conditions to be initiated on treatment by a clinician. He helps in fast-tracking such cases so that the men can avoid long queues, and they feel comfortable about keeping their follow-up appointments. "These men know that they will receive special attention and ongoing counselling from me," he says, "and none of the patients whom I've attended have defaulted on their treatment."



Another key aspect of his work is to ensure that male index patients' partners and biological children are tested and treated if necessary.

This requires a special level of support, as it requires disclosure of one's HIV-positive status, which is not easy. "Once I've advised the man to inform his partner or partners about his status, I note his reactions and body language," says Dlomo. "I coach him in various ways of raising the subject with a partner on the basis of caring about their health and how the pair can motivate each other to take their medication properly."

"I assure him that if he has concerns about disclosing, he can bring his partner to the clinic, and I will counsel them together to guide them through the testing and treatment journey. I explain the window period needed for confirmation of the test results, and the possibility of him and his partner having discordant results."

Dlomo's passion for this work is evident in his thoroughness and deep understanding of how to serve men in the health setting. It brings him fulfilment and a sense of pride to know that ART ensures the health of his patients and their partners and families. "I love helping people, and by giving male clients personalised care, word gets around the community that they will be in safe hands with me."

This is borne out by a 28-year-old patient who has benefitted from Dlomo's services: "He is both a father-figure and a brother, who makes it easy to get what I need at the clinic. I used to be afraid of seeking help at the facility but, because of his support, it's not a 'no-go' area for me now."



# Innovation is the name of the game

We are all aware that South Africa has the world's largest HIV treatment programme and has ambitious targets to reach the 90-90-90 goals by 2020. The CDC team and HST are fully committed to working with the Department of Health towards achieving these goals. This level of commitment is evident in the long hours worked and personal sacrifices made by the HST teams during the February Frenzy, and now in Siyenza, to ensure overall success in HST's supported districts.



We also know that this cannot be achieved without full success in the South African health system's HIV programme. The Government of South Africa is the indispensable partner that is leading this effort. South Africa's data indicate that the country is doing well to ensure that people living with HIV know their status – approximately 85% of people living with HIV (PLHIV) know their status. PEPFAR supported HIV testing services for over 13 million people in South Africa last year. Preliminary data for this period indicate that 1 114 310 people received these services from Health Systems Trust.

A continued focus on linkage to and retention in care is also critical to ensuring success. Through this process, we hope to support these facilities' HIV treatment programmes

to ensure that all South Africans have the opportunity to live longer, healthier, and more productive lives.

While reaching the targets is critical, our focus must go beyond simply implementing different HIV services in the same fashion everywhere. Instead, we should recognise that innovative approaches – that are aligned with the current policies and latest evidence – should be at the core of our actions. We all have to identify best practices to operationalise how we deliver services towards ensuring optimal client care. In addition, innovative approaches that improve performance should be adequately spread throughout HST's programme. An innovation that is not adopted by other facilities is a missed opportunity.

As such, here are a few innovations that have been implemented by PEPFAR partners that may assist in making a difference at your facility.

## **A few tips for data quality and file flow:**

Always review patient files before appointments and after all missed appointments to ensure that the data in the patient files are accurate – incorrect data in patient files and in TIER.Net is a major reason why patients appear to miss appointments.

Confirm the patient's contact information at each visit to ensure that details are accurate to assist with future tracing, if needed.

## **A few tips for retention/tracking and tracing:**

Send SMS reminders in local languages before all appointments and within 24 hours of any missed

appointments; this prevents clients being added to the 'early-missed' list.

Offer extended and weekend hours for all HIV services, and promote these services at every visit so that people are aware that they can receive all HIV services during these hours.

Provide male Linkage Officers and Adherence Counsellors, where possible.

Maximise the Case Management approach – every person living with HIV should be assigned to a Case Manager who will anticipate and address patient-level challenges and prevent missed appointments.

Expand options for all ART patients: increase the number of internal and external pick-up points, ART lockers, adherence clubs, etc.

**by Jonathan Grund**

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