

Breaking the Cycle of Transmission

Improving uptake of testing, prevention and treatment among men in South Africa



*Men & HIV TWG Webinar
28 July 2021*

Our goal: Support South African stakeholders in understanding and reaching more men



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

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

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

We employed a range of approaches to better understand and reach men



Ethnography: Participant led observational method

Patient Pathways + Provider Archotyping: 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

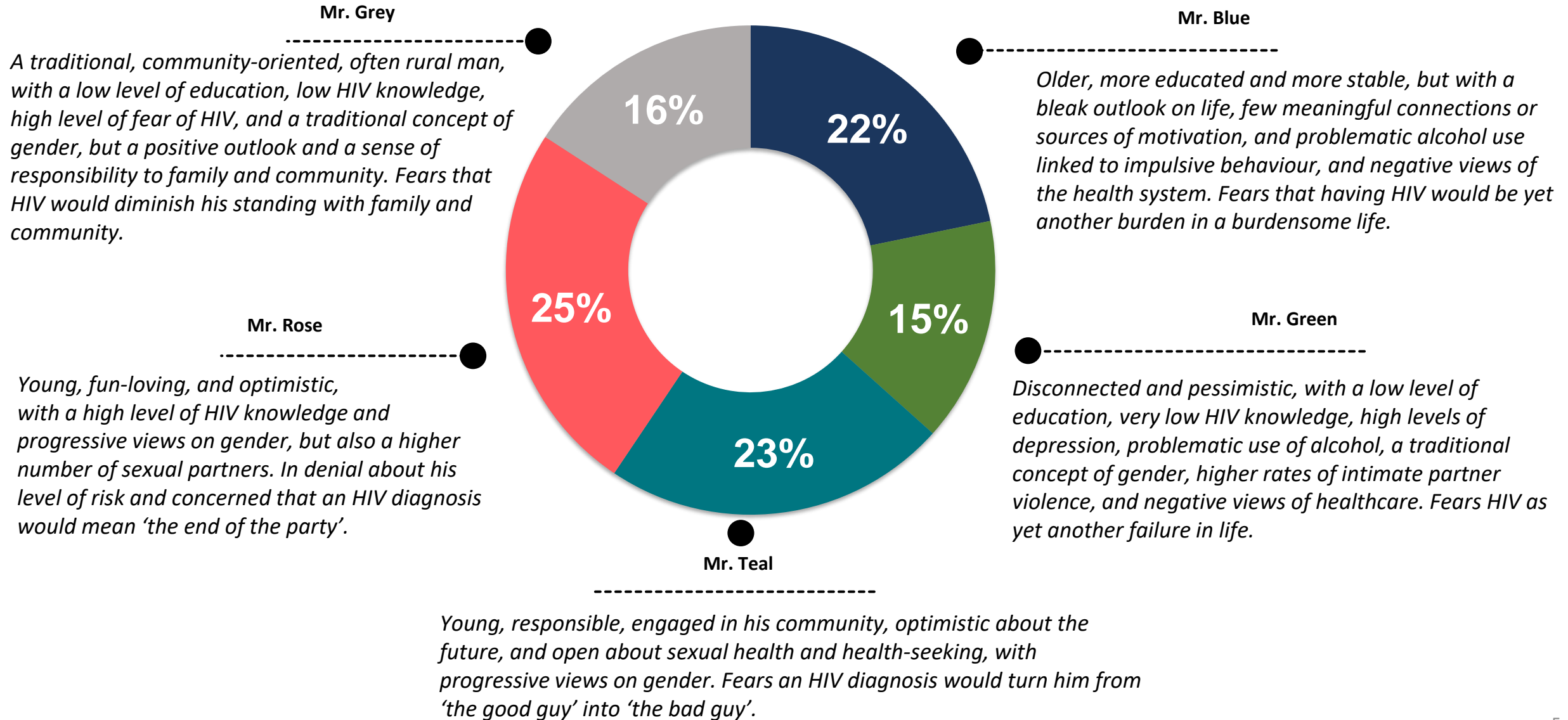
QUANTITATIVE RESEARCH

PILOTING

The qualitative research surfaced various barriers and challenges

Providers often think...	But men told us...
Men are stubborn and indifferent.	They are anxious and afraid, to the point of paralysis.
Men have plenty of sources of support available to them.	They have no one they trust enough or feel safe enough to talk to about HIV.
Men should know that HIV is no longer a death sentence.	They anticipate physical, social and/or sexual death due to HIV, and the latter two are even worse than the first.
Treatment will save your life, so men should embrace it.	They associate treatment with loss, not gain. For many, it is a reminder of failure and a marker of disease.
They are caring and compassionate.	They are intimidated by the clinic and anticipate a negative provider interaction.
They are helping men by being proactive.	They often feel hunted and coerced, and they want to remain in control of decisions about their health.
They are providing counseling and guidance, but men just refuse to follow it.	They experience counseling as scripted and didactic, rather than speaking to their personal fears and barriers.

The quantitative research showed how men's fears play out differently



What did men tell us they wanted?

The men in the design workshops generated more than 20 solution concepts.

Solutions converged around four broad themes.

1

Change the story on living with HIV

2

Make HIV everyone's problem to solve

3

Give men the right source of support

4

Improve the healthcare experience

**I CAN HELP
YOU GET
BACK IN
THE GAME**



LET ME HELP YOU STAY ON YOUR MEDS.

Having the courage to get tested is great. Knowing that HIV is not the end of the world is even better. I know because I've been there. I took charge of my health, stayed on my meds and asked for support. Today, I'm doing better than ever. And if you let me, I'll show you how you can deal with it too.

Contact me

No judgement. Private. Confidential.
Take my number and let me help you.



Coach Mpilo

What it is

- A reimagined peer navigator / case manager model
- Employs men stable on treatment as ‘coaches’ of newly diagnosed men and men lost to follow-up (‘players’)

Why it resonates with men

- Breaks the isolation and paralysis that many men feel at diagnosis
- Gives men someone they can relate to and feel safe talking to
- Gives men living proof that a man can have HIV and live a normal life
- Helps coaches reframe and reclaim their own identity

Coach Mpilo gives a man living proof that everything is going to be OK.

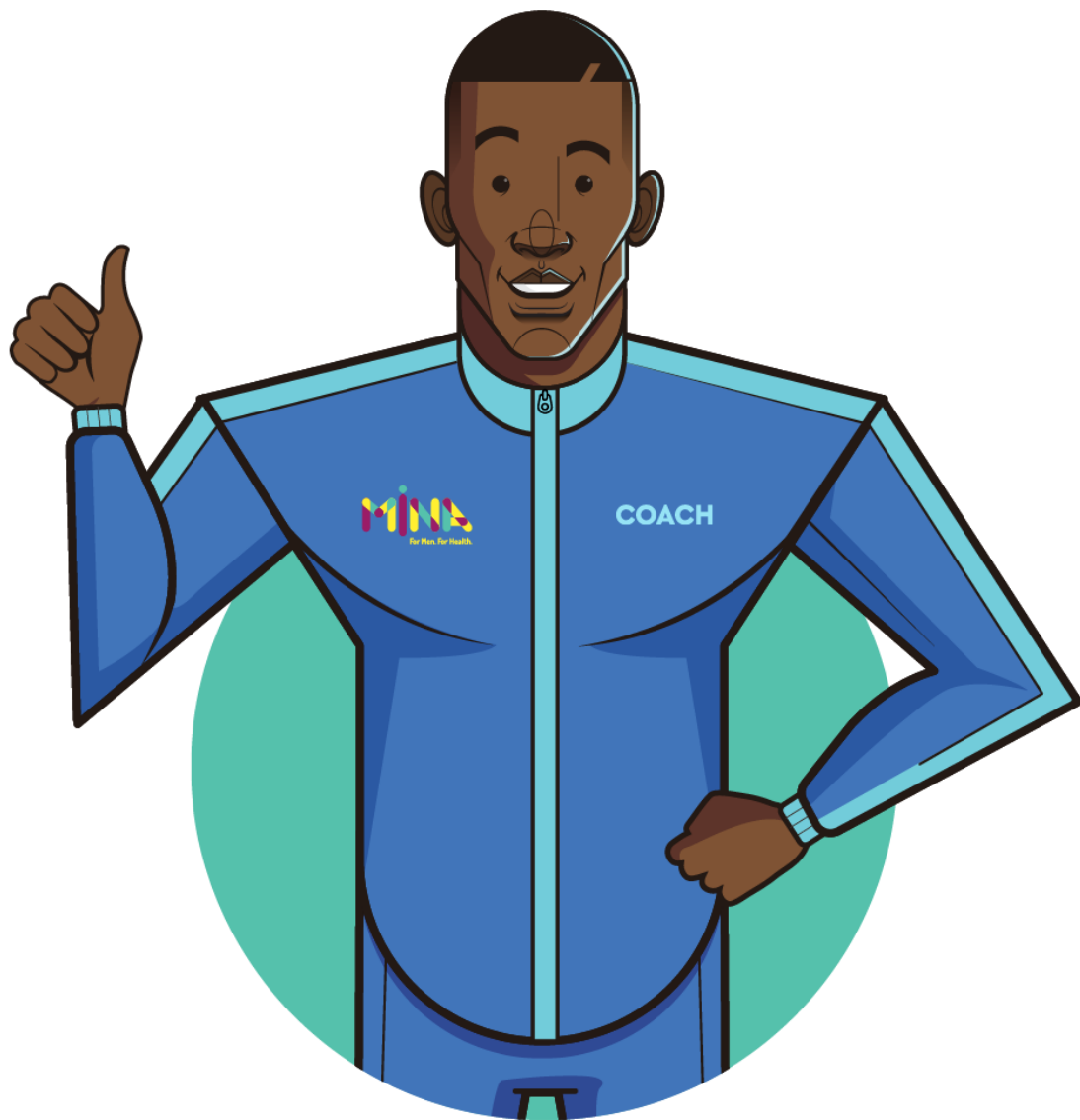


**LET'S TACKLE
THIS TOGETHER**

Coach Mpilo

Other benefits

- **Rapid-response**—coaches can be recruited in any community, trained in 4 days, and immediately deployed.
- **Low-cost**—coaches are paid a modest salary and transport/data stipend and otherwise require minimal infrastructure or support.
- **Relieves pressure on clinic staff**, who can refer challenging cases to a coach.
- **Reduces stigma** among family and community members by providing living proof that a man with HIV can thrive on treatment.
- **Leverages the power of peer outreach**, used in key pops programs for years.
- **Puts MLHIV at the forefront** of the response (“nothing about us without us”).



Piloting Coach Mpilo

We piloted and evaluated the Coach Mpilo model in three districts over 7 months.

- March to September 2020
- 3 districts – Ugu (KZN), Ehlanzeni and Gert Sibande (MPU)
- 63 coaches supporting 70 clinics
- 3848 men with a coach (avg 61 men/coach, range 25-100)

What was the process?

- Coaches are recruited, trained, linked to a clinic, and deployed in their communities.
- Clinics refer men to a coach and give coaches the roster of men who have missed appointments. Coaches also connect with men through community outreach.
- Coaches engage one-on-one with each man and support him in addressing whatever barriers he is facing.
- Within 3-4 months, most men become stable on treatment.
- As men overcome their barriers, support tapers off, though coaches still check in periodically and remain available.

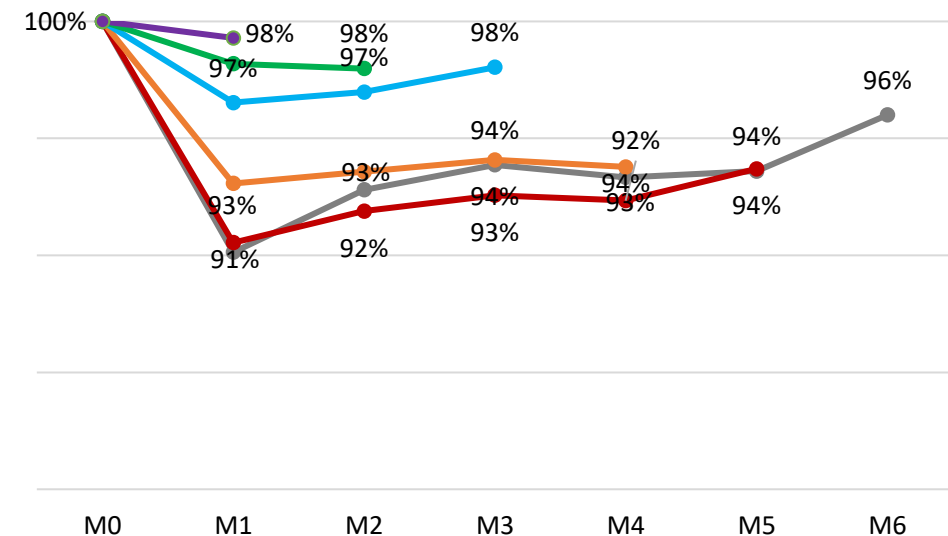
Men in the pilot reported high levels of linkage and retention

Reached		On ART		Retained	
3848 men accepted the support of a coach		3811 men (99%) linked, returned or maintained		3653 men (96%) retained at endline	
1387 newly diagnosed men	2461 previously diagnosed men	99% of newly diagnosed men	99% of previously diagnosed men	97% of newly diagnosed men	95% of previously diagnosed men

At pilot endline (Sep 2020), 3653 of 3848 men (96%) were reported as current on ART. Retention ranged from 94-99%, varying modestly by cohort but not significantly.

	Number on treatment by cohort and month of piloting							
	Mar	Apr	May	Jun	Jul	Aug	Sep	At pilot endline
March cohort	375	338	348	352	350	351	360	
Retention		90%	93%	94%	93%	94%	96%	96%
April cohort		888	804	816	822	820	832	
Retention			91%	92%	93%	92%	94%	94%
May cohort			996	927	932	937	934	
Retention				93%	94%	94%	94%	94%
June cohort				662	639	642	649	
Retention					97%	97%	98%	98%
July cohort					496	487	486	
Retention						98%	98%	98%
August cohort						279	277	
Retention							99%	99%

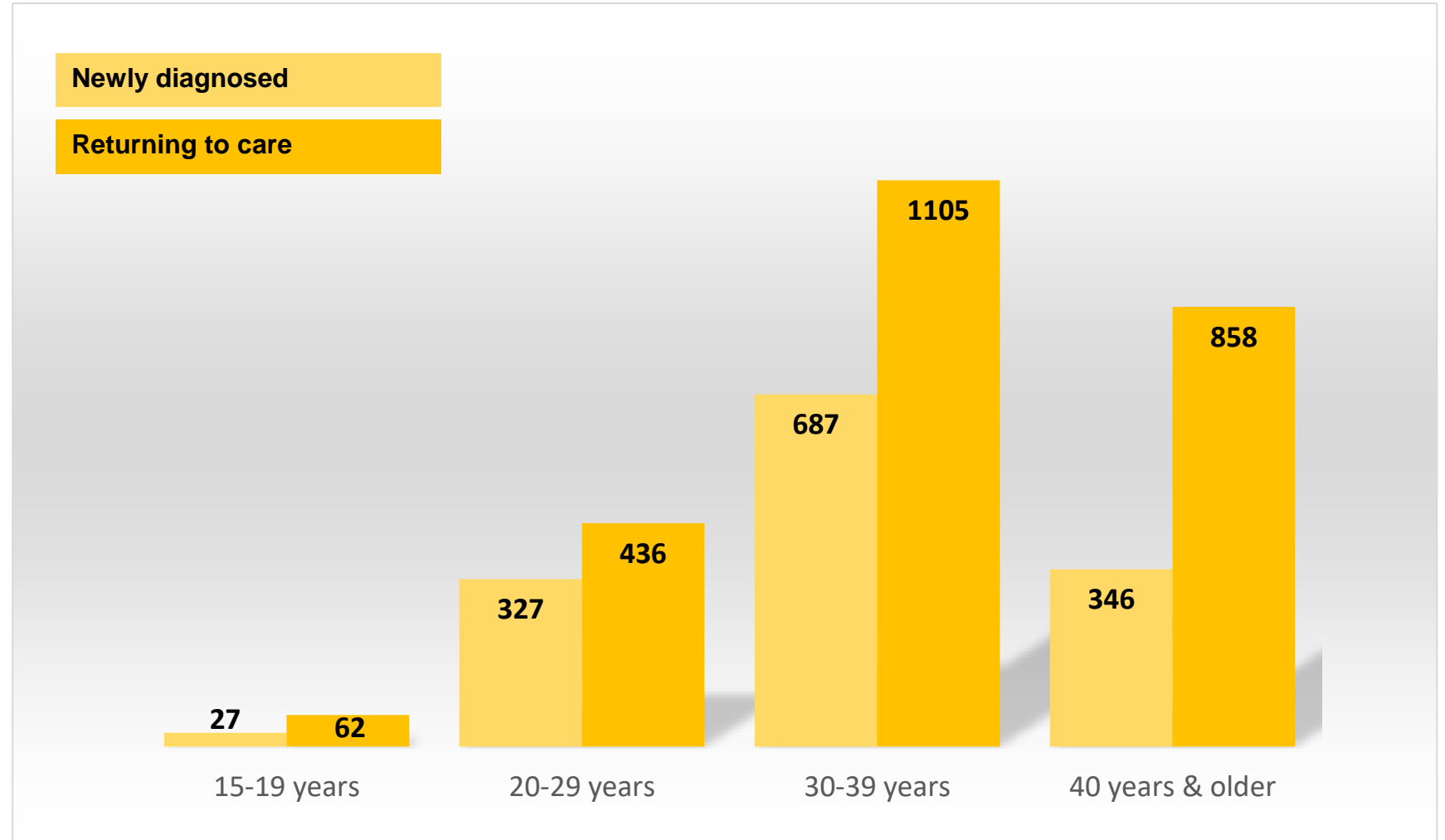
Retention by Cohort over Time



Coaches reached more older men than expected

Although the pilot targeted men 20-35, we found that the model was also appealing to older men.

We are doing further analysis on why we reached relatively fewer younger men and whether the model may need to be further adapted to their needs.



Men are not 'hard to reach' when given the right support



“When I first saw the Coach Mpilo poster in my community I didn’t believe it. I called the number on the poster and two days later I met coach. I couldn’t believe that a guy could live so openly with HIV and look so good.”
- Client in Ugu

Coaches can help men to face their biggest fear: Disclosure

*"After Coach helped me disclose to my girlfriend, she was proud of me because it showed that I cared for her and that I was concerned about her health. She accepts me and HIV now."
- Client in Gert Sibande*

*"I am enlightened as I did not know how disclosure would lighten my load of keeping my status a secret."
- Client in Ugu*



Coaches can help to reduce stigma and misconceptions



“At first the families are wary, but my healthy appearance, knowledge of HIV and relaxed vibe quickly put them at ease.” – Coach in Gert Sibande

*“A lot of people do not believe I have HIV when I tell them I am a coach. They tell me I’m lying, that I am too strong to have HIV.”
– Coach in Ehlanzeni*

Coaches also benefit, though the job brings pressures as well



*“Finding out I was to be a coach gave me so much courage. I know there is so much light after the diagnosis. I hope to share this light with others.”
- Coach in Ehlanzeni*

“I feel powerful, and I am ready to bring change to my community. I am glad that this program has turned my bad story into a great story that will help other men.” – Coach in Ugu

“Yesterday I was a hero and that is because I managed to find a young man who was lost.” – Coach in Gert Sibande

Nurses see the coach as an ally and a resource



*"Because Coach Mpilo is here, they can go to the communities and bring men back. The coaches are listened to. They are bringing men back to care."
– Clinic operations manager, Ugu*

*"We are utilizing coaches in everything to do with HIV-positive men. They have cleared waiting lists for ART."
– Sub-district manager, Ugu*

"When I see a coach talking to a man, I know he is saying things to him that it is impossible for us to say. They listen to the coach and respond... We are surprised—maybe we need to change the way we speak to men." – Nurse, Ugu

Implementers see coaches as a valuable addition to the team



“We are utilizing coaches in everything to do with HIV-positive men. They have cleared waiting lists for ART.”- BroadReach sub-district manager, Ugu

Risks, limitations, and potential adaptations of the model

Risks

- Trying to turn non-MLHIV into coaches
- Recruiting the wrong men as coaches
- Overloading coaches with too many players
- Coaches being sidetracked in the clinic
- Coaches becoming too associated with the clinic rather than the client
- Coaches experiencing burn-out

Limitations

- Longer-term retention among men supported by a coach not yet known.
- Greater reach among older men than younger men.
- Reliance on clinic referrals over community outreach

Potential adaptations

- Coaches supporting HIV testing, including HIVSS and index testing
- Coaches supporting TB screening and treatment
- Coaches supporting PrEP uptake and continuation
- Coaches supporting mental health and wellness
- Coaches as adherence club facilitators (group model)
- Coaches as a chronic medication distribution channel
- Workplace coaches
- Virtual coaches

Coach Mpilo resources

A toolkit to support partners on planning and roll-out, is available at www.coachmpilo.co.za

We can also provide training and technical assistance on the model, at no cost.



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