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FROM THE AMERICAN PEOPLE

MINA **For Men. For Health**

Global Men and HIV Technical Working
Group Webinar Series

Wednesday, 28 July 2021



TOPICS COVER

- 1- BACKGROUND: HOW WE DEVELOPED MINA
 - 2- REVIEW OF THE BRAND
 - 3- IMACT TO DATA
 - 4- NEXT STEPS FOR THE BRAND
-



TOPICS COVER

1- BACKGROUND: HOW WE DEVELOPED MINA

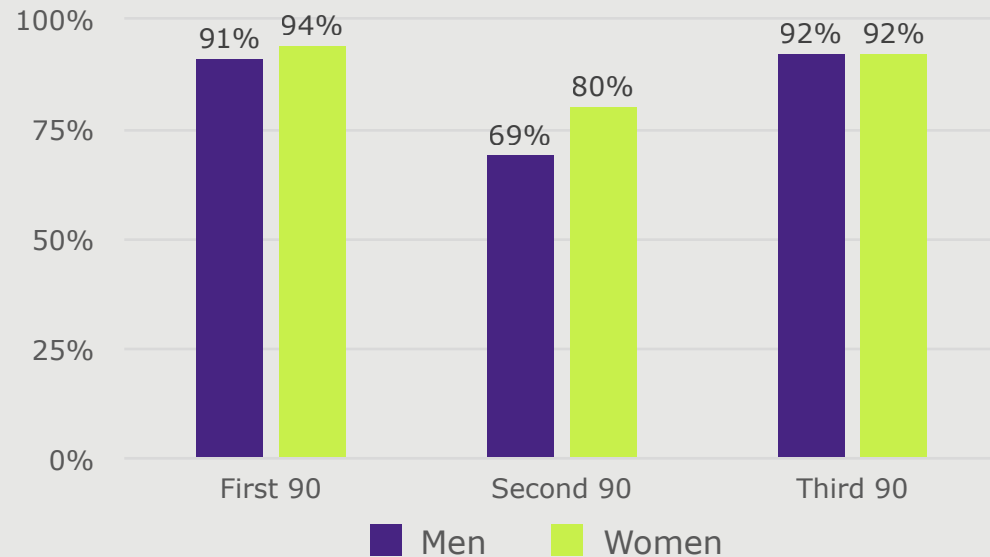
2- REVIEW OF THE BRAND

3- IMACT TO DATA

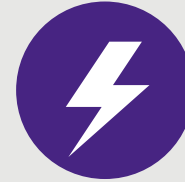
4- NEXT STEPS FOR THE BRAND

WE ARE MISSING AND MISREADING MEN

Progress towards 90-90-90 targets among those 15 + years of age, 2019



Source: aidsinfo.org, data from 2019



Men may appear stubborn and indifferent, but many are anxious and afraid to the point of paralysis



Men want and need support but often have no one they trust or feel safe talking to



Many men associate treatment with loss —a reminder of failure and a marker of stigma



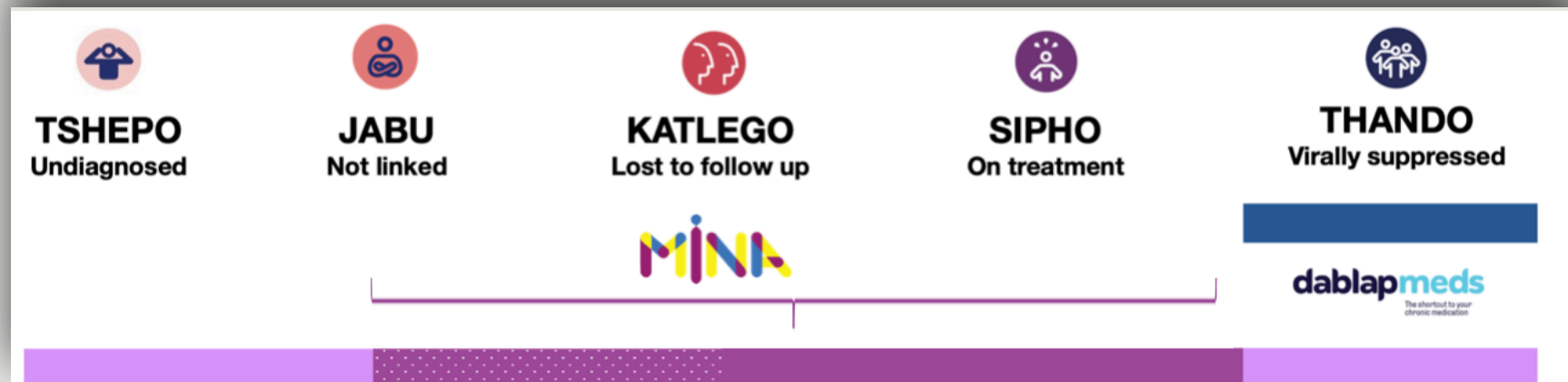
Men often find nurses intimidating and anticipate a negative experience in the clinic

Source: *Breaking the cycle of transmission*, PSI, Ipsos, Matchboxology

CURRENT STRATEGIC MARKETING APPROACHES SUPPORT NATIONAL HIV CASCADES IMPROVEMENTS BY TARGETING MLHIV ACROSS 3 COMMON ARCHETYPES AND WITH DABLAPMEDS TARGETING ALL ELIGIBLE CHRONIC PATIENTS (INCLUDING PLHIV) CAN RUN TWO LINES

In South Africa, Project Last Mile is supporting PEPFAR and NDoH to apply this strategic marketing capability to two high need areas:

- 1.PLHIV:** Retaining and increasing the number of people living with HIV on life-saving treatment to reach U=U — starting with men under MINA while plans are in place to support women over 30 years old.
- 2.CCMDD:** increasing the number of stable patients moving out of the public clinic system into the CCMDD network for routine pick up of ARVs and chronic medications.



This work is done in collaboration with PEPFAR, USAID, CDC, the NDoH, MenStar Coalition, and through engagements with civil society and district/national support partners

MINA IS A MASTER BRAND SOLUTION TO SPEAK TO ALL MEN LIVING WITH HIV





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BRAND FILM



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OVERVIEW: INITIAL COMPARATIVE ANALYSIS IN 103 MINA FACILITIES ACTIVE IN JAN-MAR 2021 (Q2)

- Note: This initial comparative analysis is to support ongoing monitoring of MINA, to understand initial testing and treatment trends in facilities with MINA activated vs not activated.

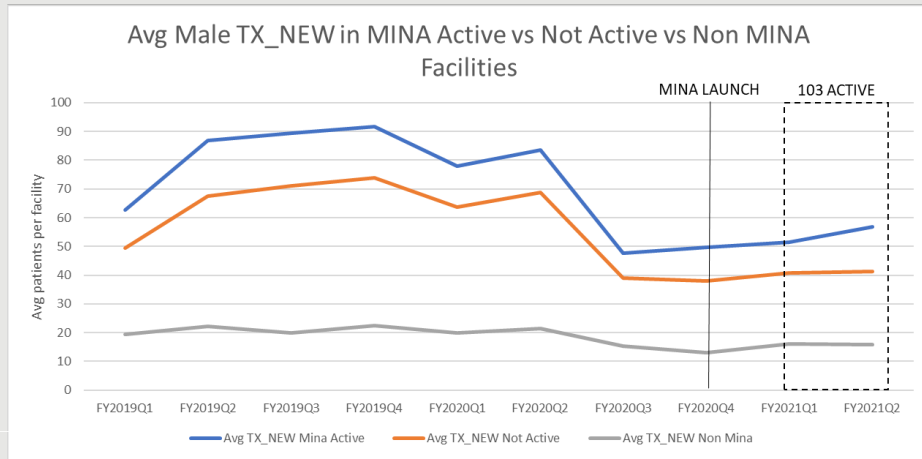
Key considerations for the data included in this deck:

- This is not meant to serve as an evaluation of the MINA campaign, this comparative analysis approach is from a monitoring perspective to understand trends till date from available data in the quarter after MINA activated below-the-line in facility, and above-the-line on national media.
- This analysis is not meant to suggest or attribute impact solely to the campaign. A further difference-in-difference analysis and 'deep dive' quant/qual evaluation of MINA are planned to further understand if/ where MINA impacted men's health-seeking behaviours.
- The difference-in-difference analysis is being conducted by a 3rd party M&E partner (Ipsos) and will be delivered as part of NMM's Q3 report end of July. However, this comparative analysis is to show initial results from our ongoing monitoring of the MINA roll-out.

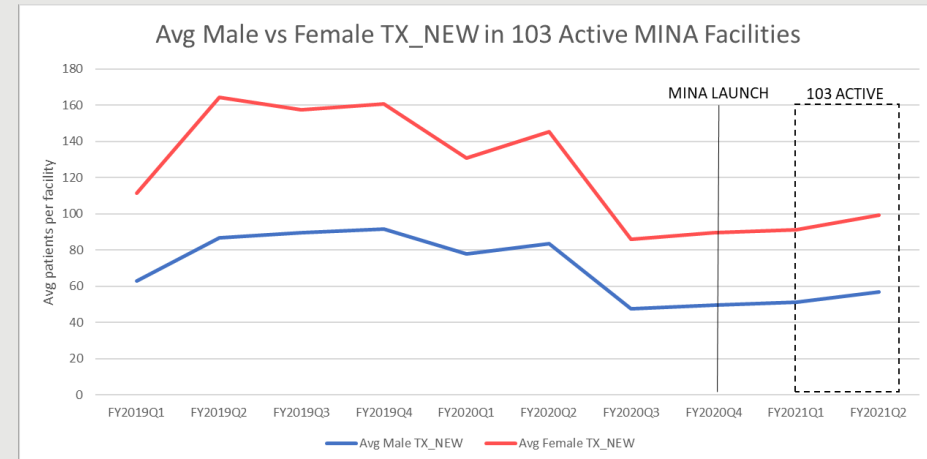


The number of men starting treatment increased more in Active MINA facilities compared to Not Active / Non MINA facilities, and compared to woman in Active facilities in Jan-Mar 2021

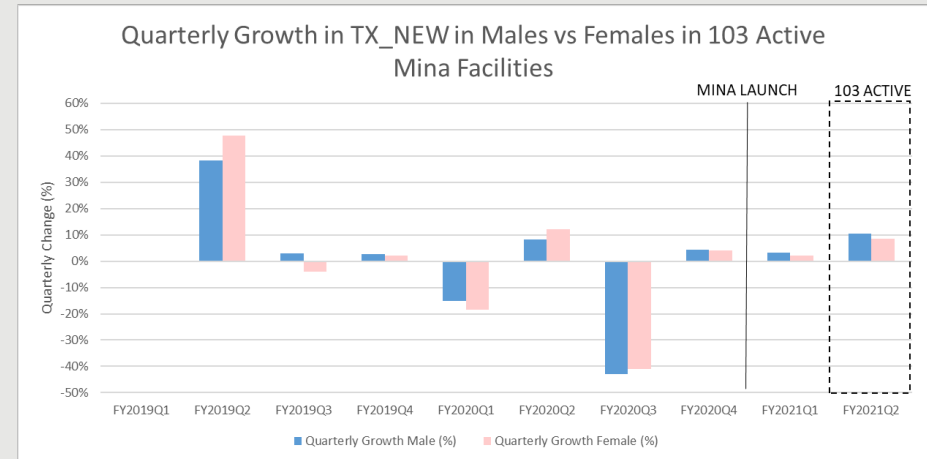
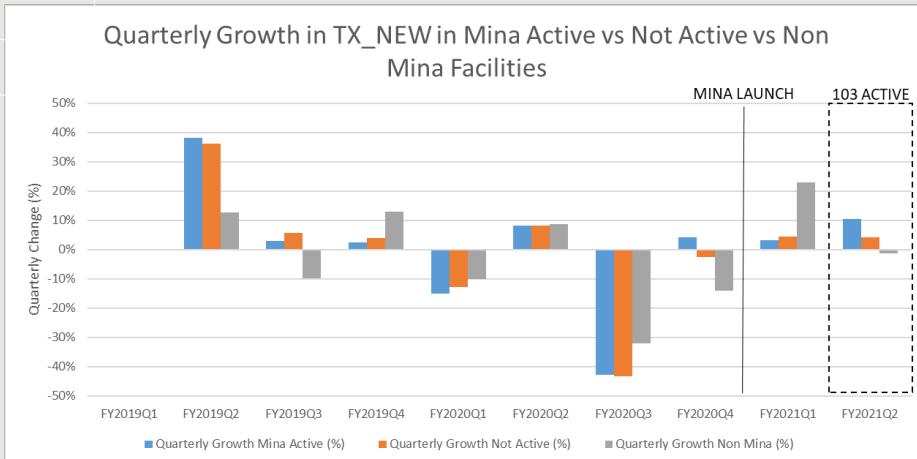
Males in Mina Active vs Not Active vs Non Mina Facilities 9 Districts with Active Facilities



Male vs Female in Active MINA facilities 103 Active Facilities



- MINA ACTIVE
- MINA NOT ACTIVE
- NON MINA



- MALE
- FEMALE

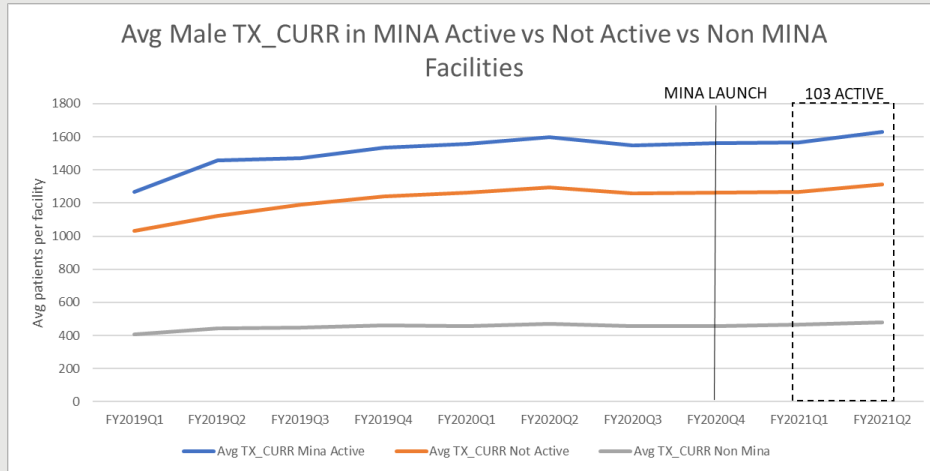
Highest growth in men's initiation rates in active MINA facilities since FY19Q2

Historically, men's initiation rates were lower than women's in active MINA facilities, except quarter after MINA activated

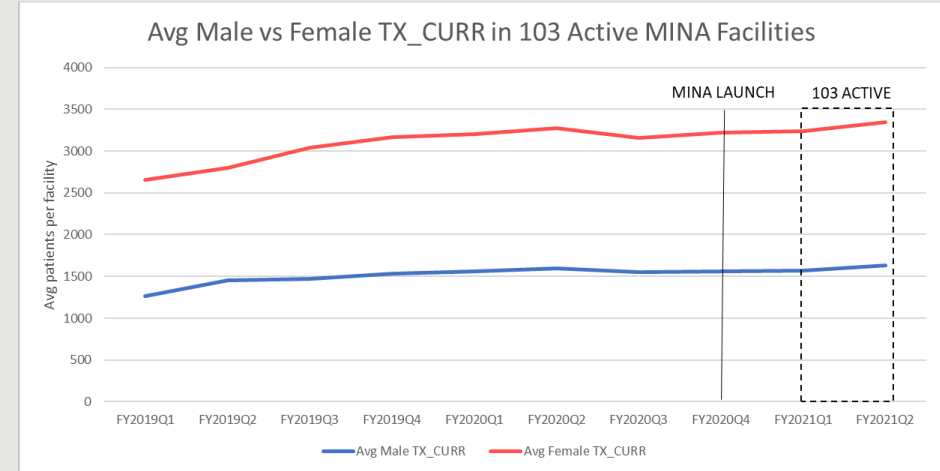


The overall number of men on treatment increased more in Active MINA facilities compared to Not Active /Non MINA facilities, and compared to woman in Active facilities in Jan-Mar 2021

Males in Mina Active vs Not Active vs Non Mina Facilities 9 Districts with Active Facilities

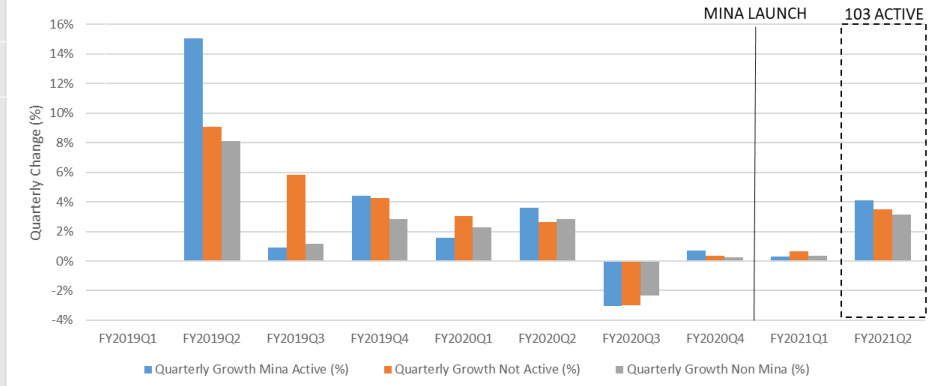


Male vs Female in Active MINA facilities 103 Active Facilities

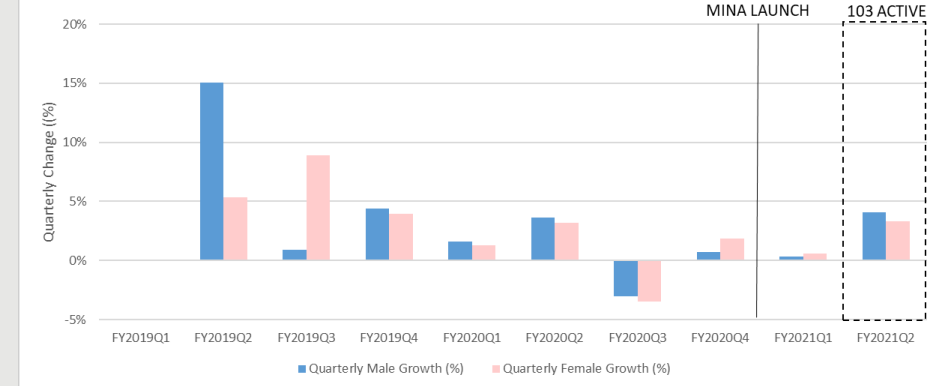


- MINA ACTIVE
- MINA NOT ACTIVE
- NON MINA

Quarterly Growth in TX_CURR in Mina Active vs Not Active vs Non Mina Facilities



Quarterly Growth in TX_CURR in Males vs Females in 103 Active Mina Facilities

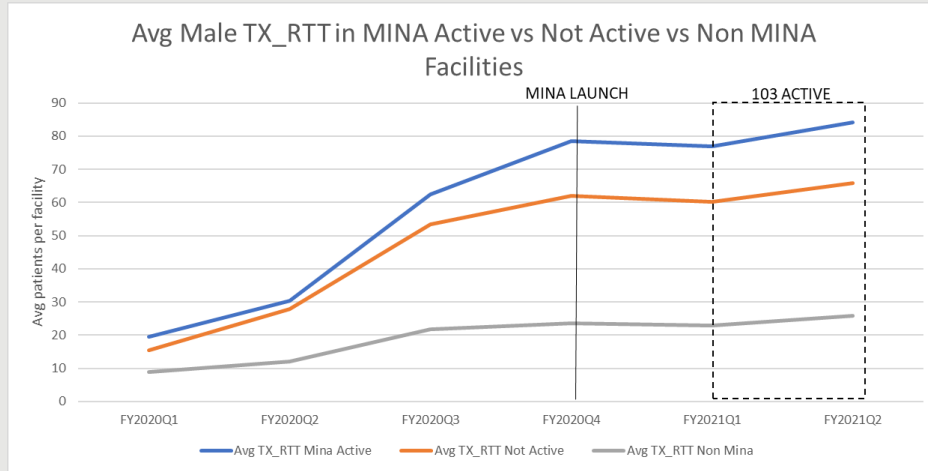


- MALE
- FEMALE

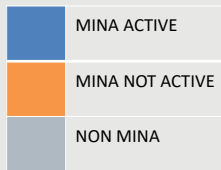
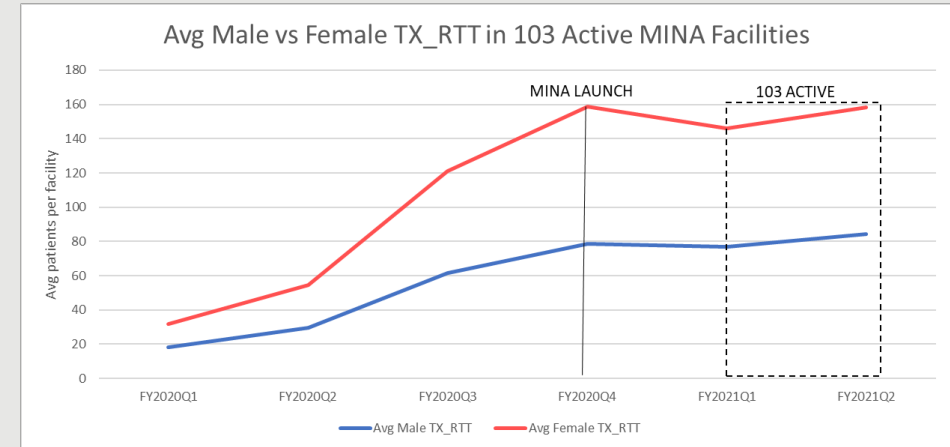


The number of men returning to treatment increased slightly more than woman in Active MINA facilities in Jan-Mar 2021

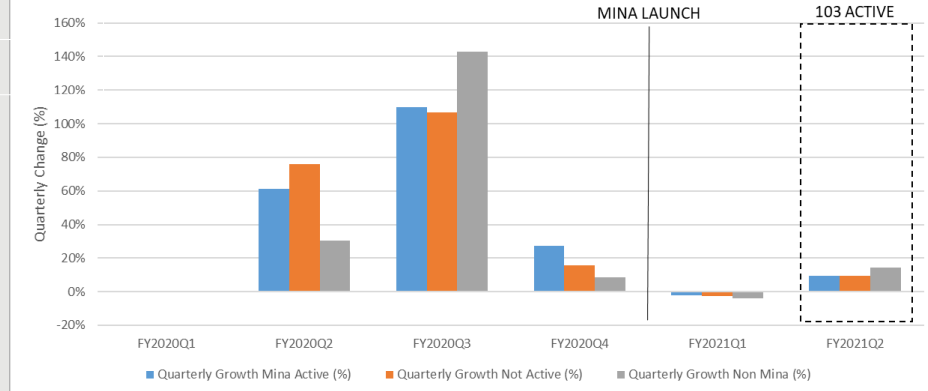
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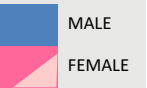
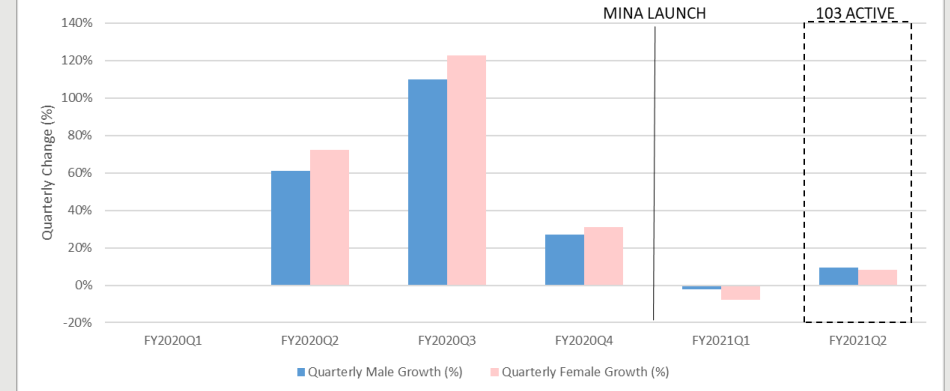
Male vs Female in Active MINA facilities 103 Active Facilities



Quarterly Growth in TX_RTT in Mina Active vs Not Active vs Non Mina Facilities



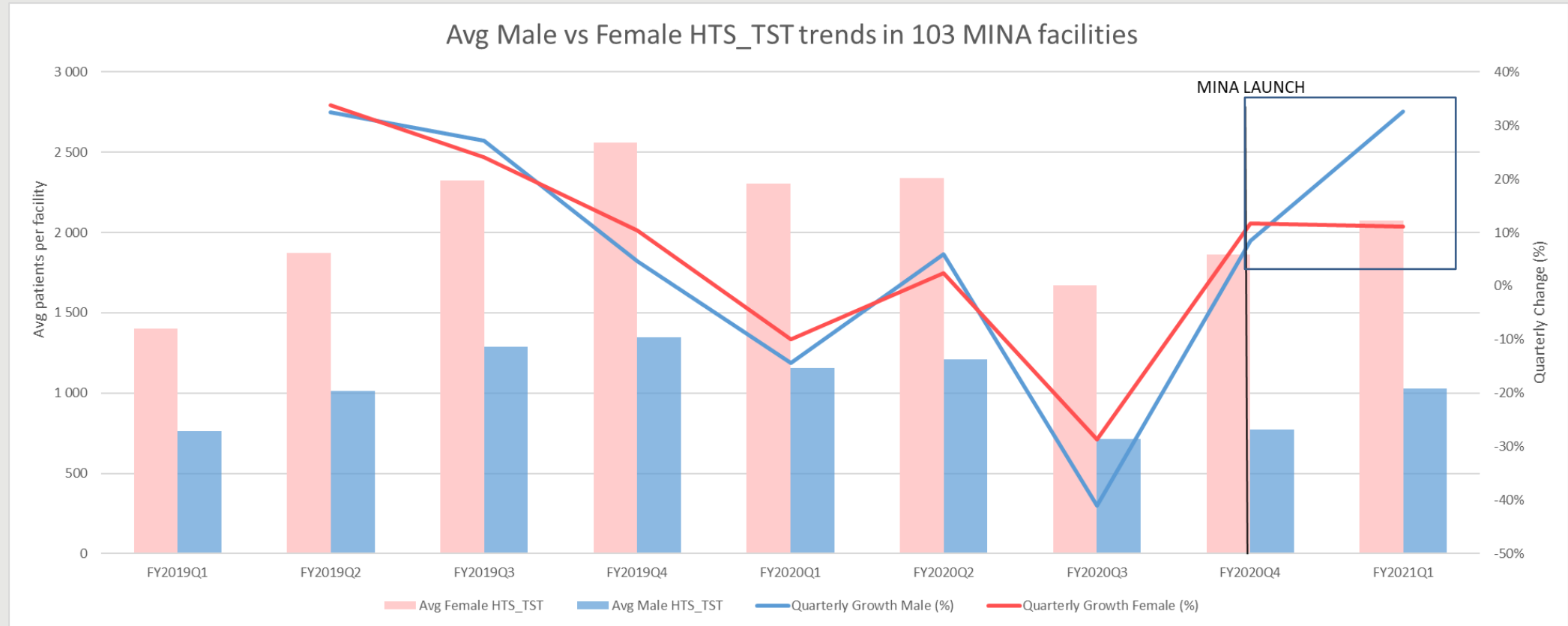
Quarterly Growth in TX_RTT in Males vs Females in 103 Active Mina Facilities





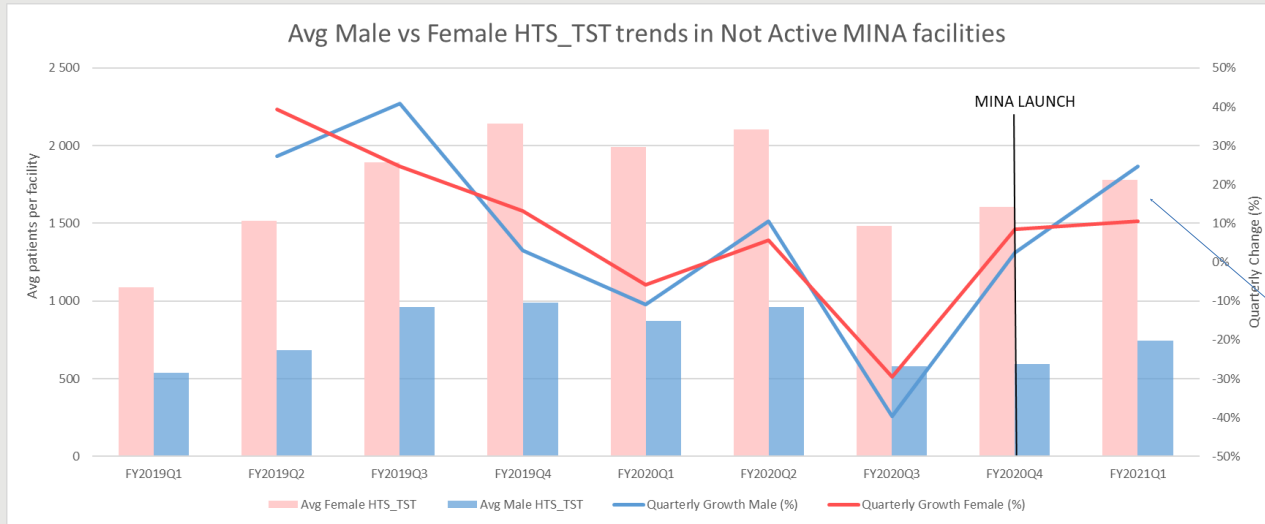
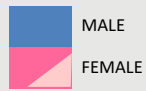
Following the MINA launch in there was a notable increase in the number of men being tested in the 103 MINA Facilities, compared to previous quarters where testing in men and woman followed similar trends

~30% more growth in quarter than women's testing in 103 Active MINA facilities

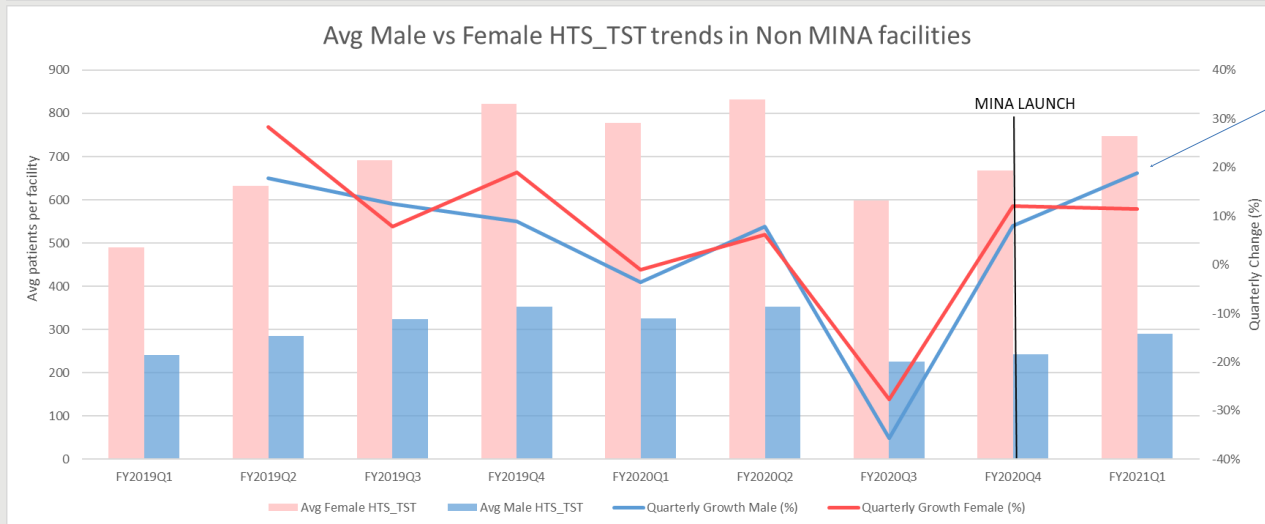




Non MINA and Not Active MINA Facilities also had an increase in men's testing in the quarter after the MINA campaign launch, but 20% less growth than active MINA clinics



Important to note that MINA Not Active and Non-Mina facilities also had more growth in men than women's testing - although growth was lower than facilities with MINA active at ~10%.

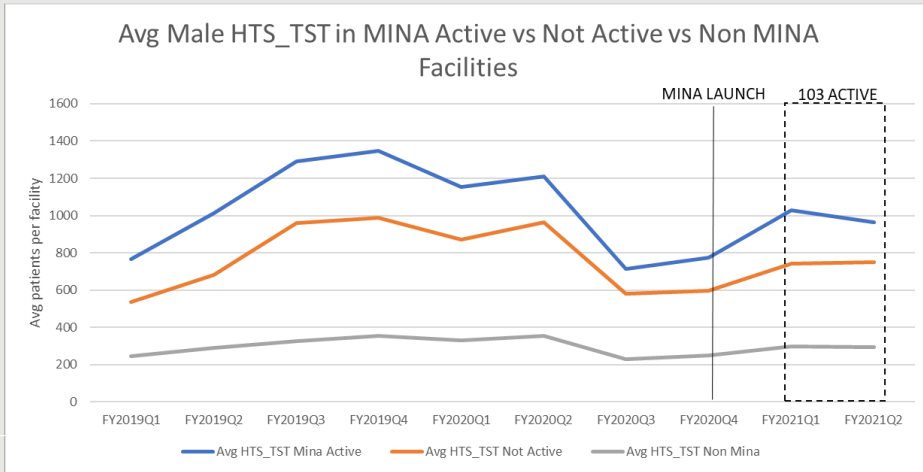


This could also have been influenced by the national media campaign for MINA.

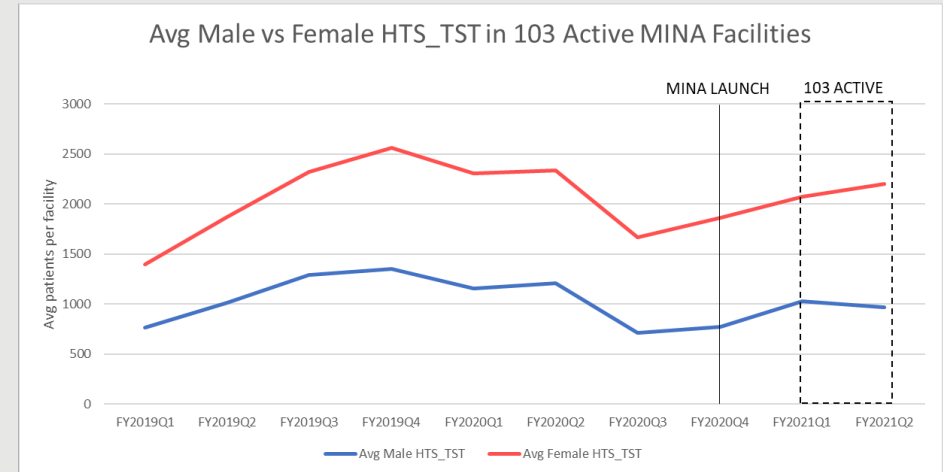


However, men's testing did decline in Jan-Mar 2021 in Active MINA facilities compared to Not Active/Non MINA facilities, and compared to woman in Active facilities

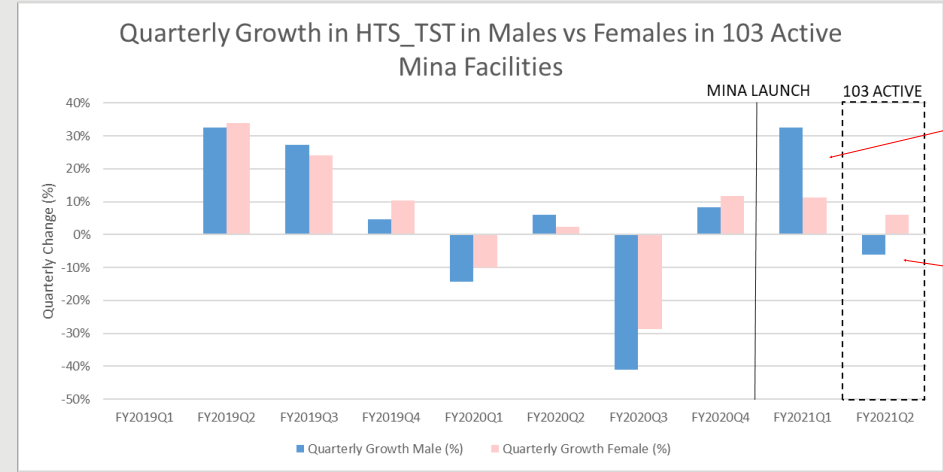
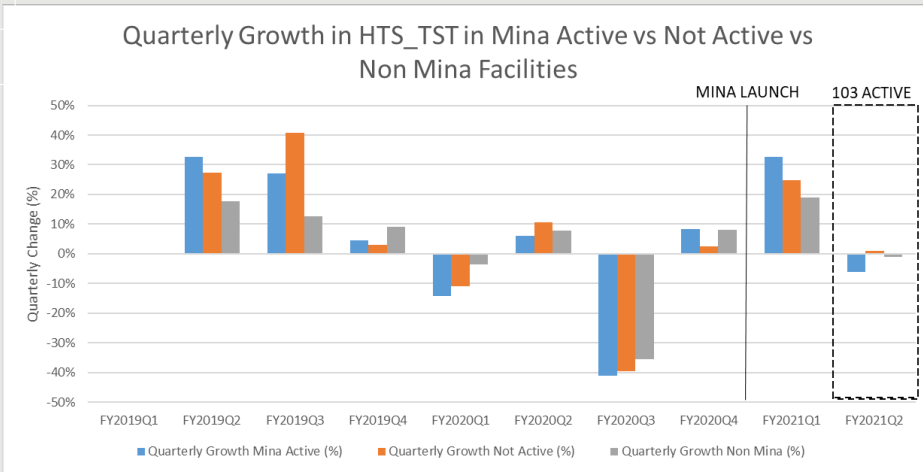
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- MALE
- FEMALE

Q1 Jump, after MINA media launch

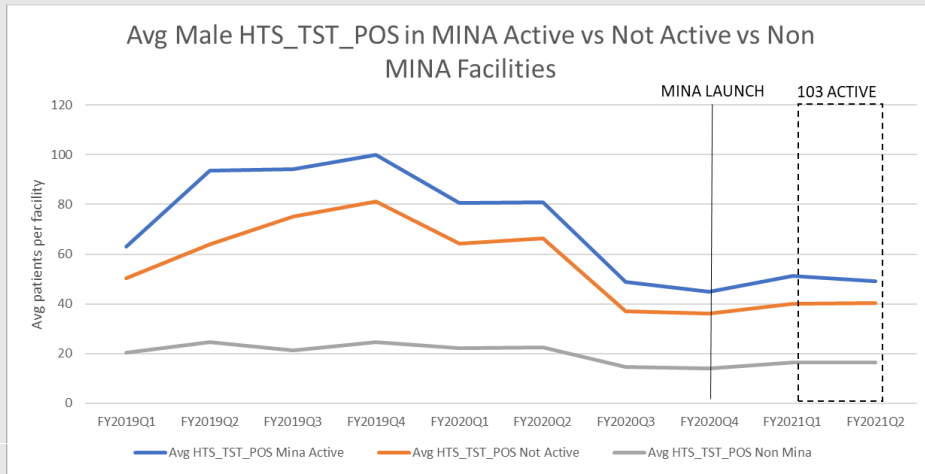
Slight decline in Q2, MINA media paused over holidays from Dec - Jan

Historically, testing trends have had ebbs/flows per quarter – so this may also be expected

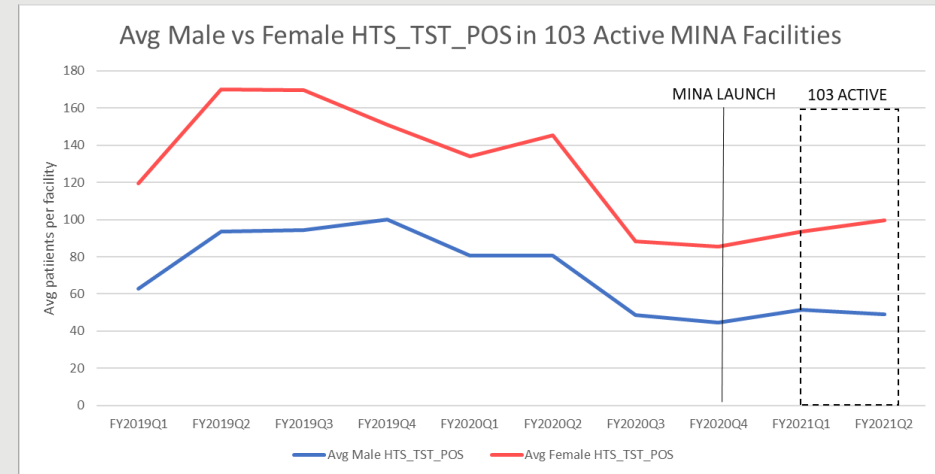


The number of men testing positive also decreased in Active MINA facilities compared to Not Active/Non MINA facilities, and compared to woman in Active facilities in Jan-Mar 2021

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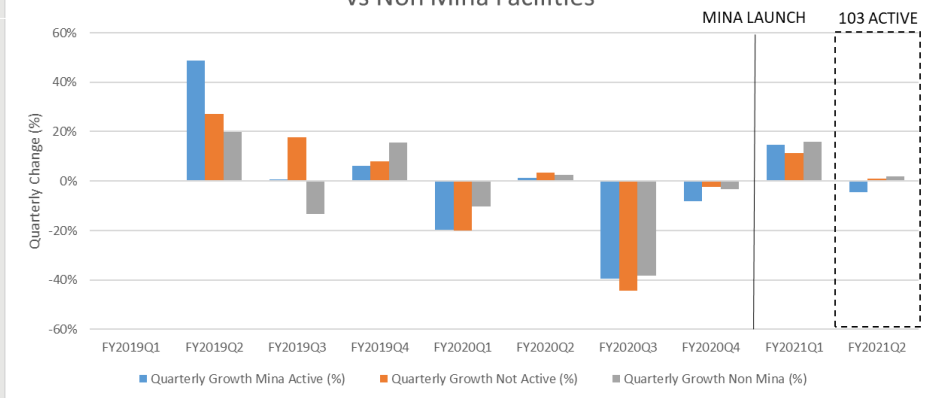


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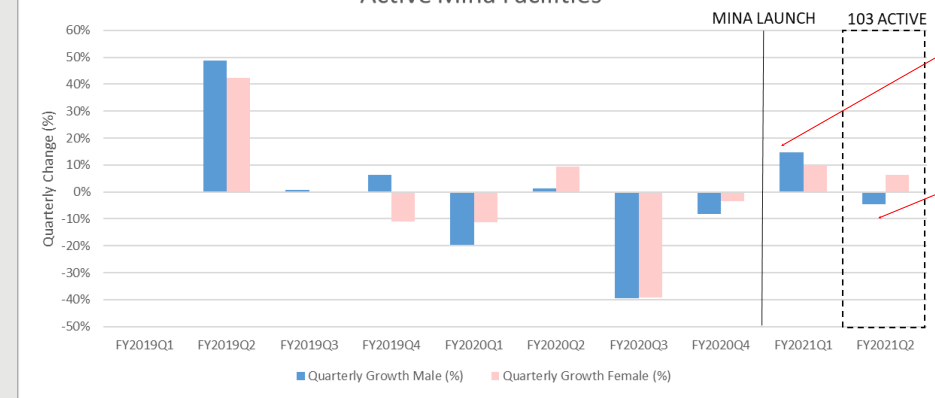


- MINA ACTIVE
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Quarterly Growth in HTS_TST_POS in Mina Active vs Not Active vs Non Mina Facilities



Quarterly Growth in HTS_TST_POS in Males vs Females in 103 Active Mina Facilities



- MALE
- FEMALE

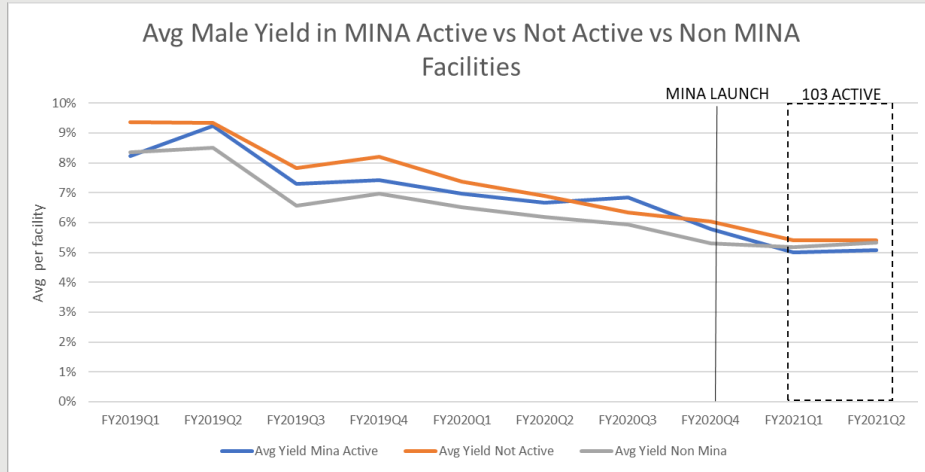
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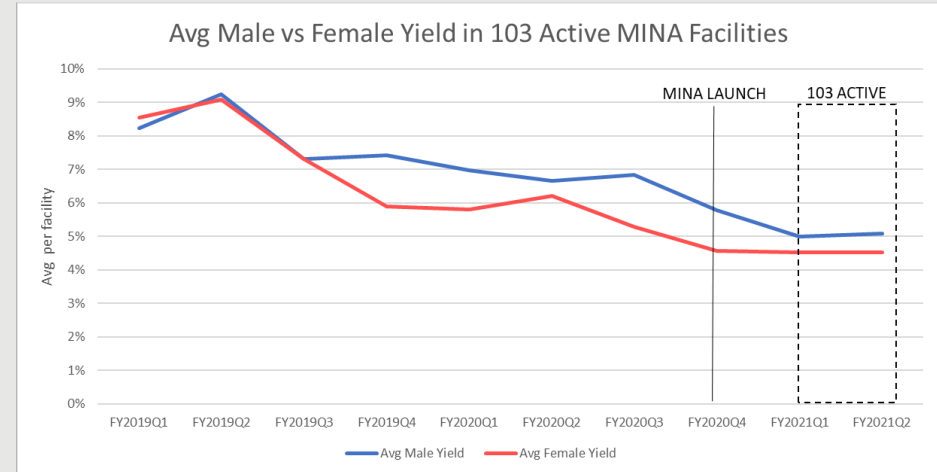


However, Avg Yield per facility increased slightly more for men than woman in Active MINA facilities in Jan-Mar 2021

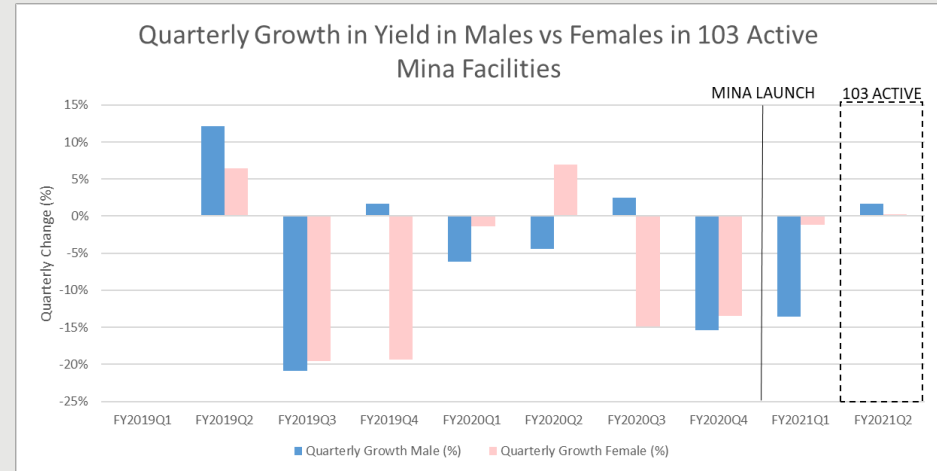
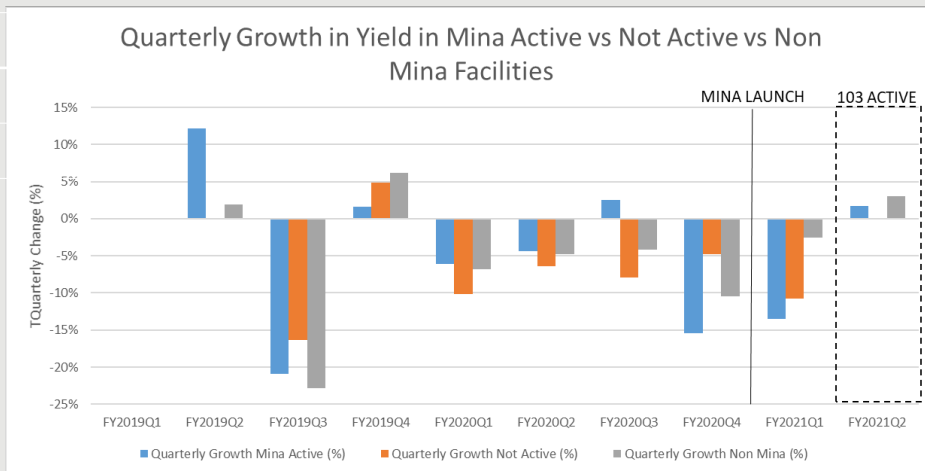
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OUR VISION AND ULTIMATE GOAL: U=U

U=U

1 DEFINITION + MESSAGING CONSTRUCT*



EMPOWERING PLHIV TO ACHIEVE AND MAINTAIN VIRAL SUPPRESSION TO ACHIEVE 90-90-90 TARGETS

HOW DO WE GET THERE?

ENSURING THAT ALL MESSAGING OBJECTIVES ARE MET, SO CLIENTS ARE AWARE, EDUCATED, AND MOTIVATED TO REACH THE NEW STATUS

WHAT?

AWARENESS

- What is U=U?
- Not necessarily the medical term but U=U means...

EDUCATION

- How is it achieved?
- What are the key steps and concepts?
- What do I need to know?

WHY?

MOTIVATION

With 1 pill a day, my life can return to normal.

There is 0 risk of me transmitting HIV if I achieve and maintain my New Status.



THANK YOU!

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