



**HPTN**

HIV Prevention  
Trials Network

# Male involvement in HIV Prevention Trials

## Examples from HPTN071

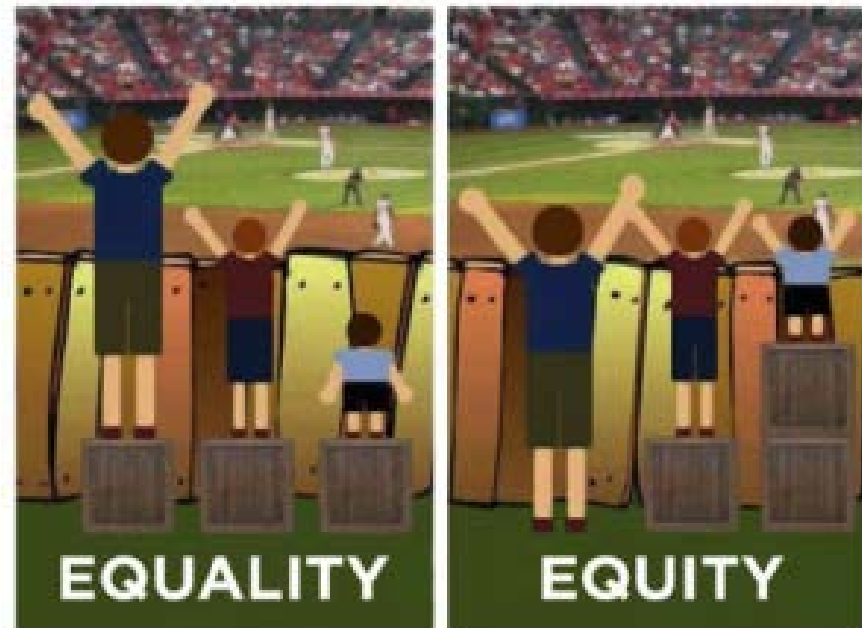
**Helen Ayles**

**London School of Hygiene and Tropical Medicine**

**Zambart, Lusaka, Zambia**

# Introduction

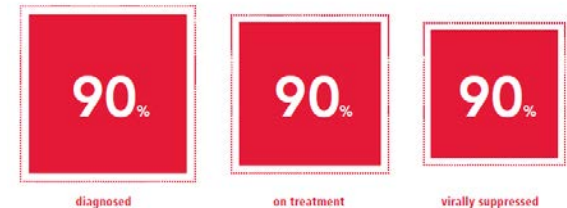
---



*Equity* is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. (WHO)

# Why focus on men?

- “It will be impossible to end the epidemic without bringing treatment to all those who need it” UNAIDS
- Gender dynamics have a large role to play in HIV programming
- There is a risk of “...putting men simply in the role of supporting access to services for their female partners living with HIV rather than caring for their own needs” Croce-Galis What works association

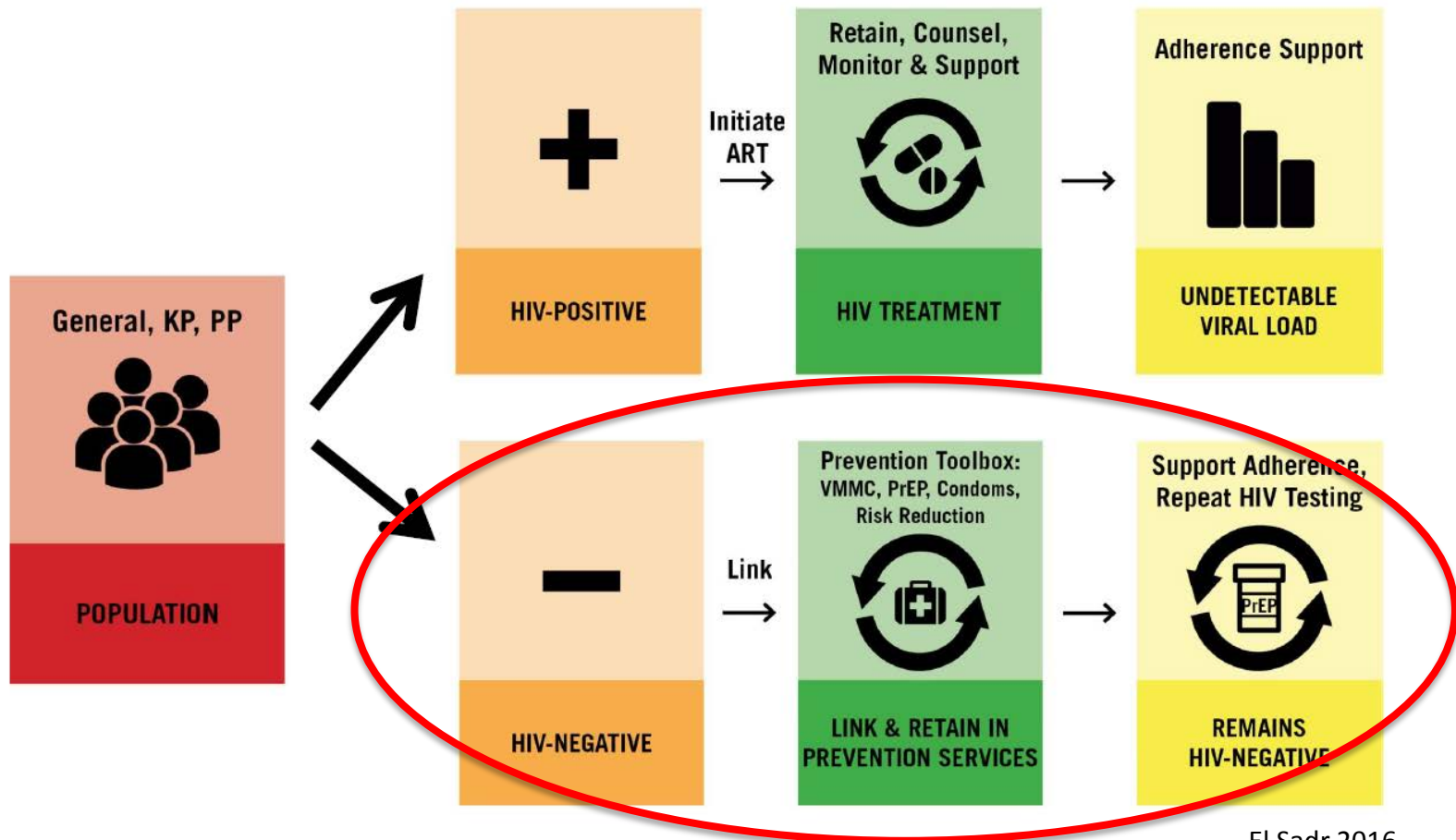


- Men often portrayed negatively in HIV discourse
  - Bringing the virus into relationships
  - Infecting young women
  - Perpetrating GBV
- HIV services are less accessible for men
- HIV may threaten masculinity “real men don’t get sick”
- *“Men usually say that HIV testing is for women”* DiCarlo et al

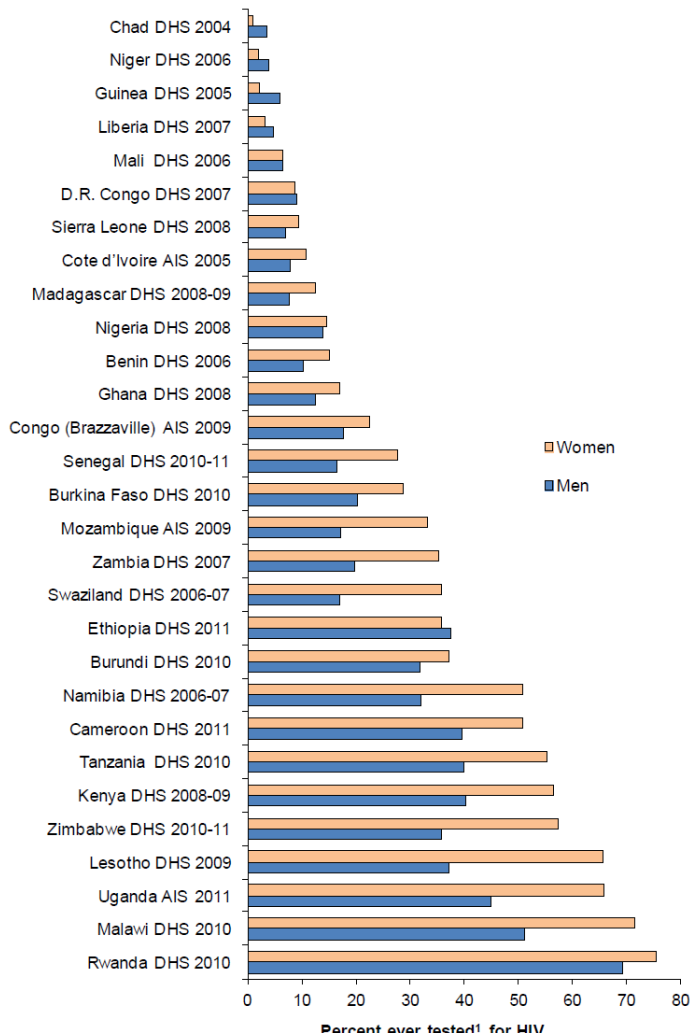
Culture Health and Sexuality 2014



# HIV Care and Prevention Continua



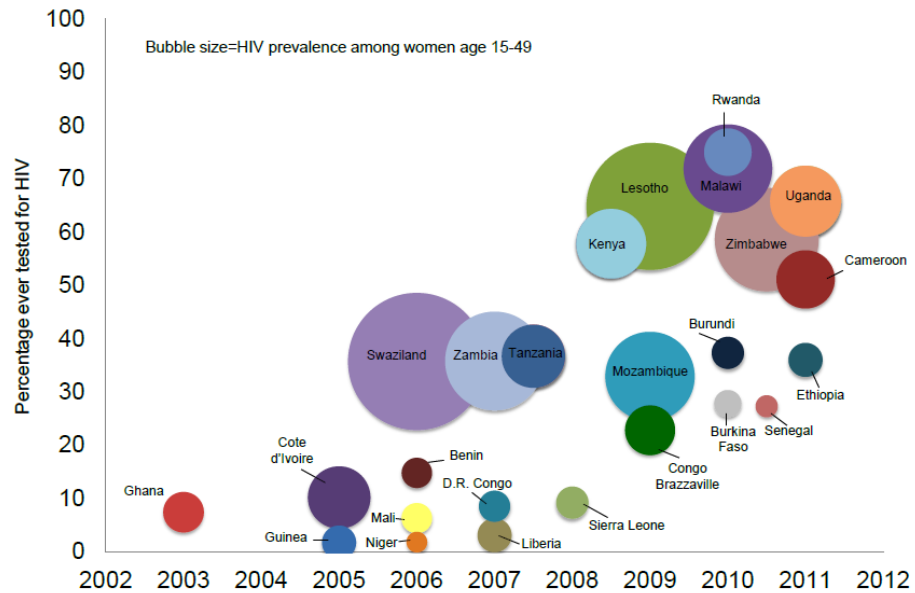
# HIV testing is key



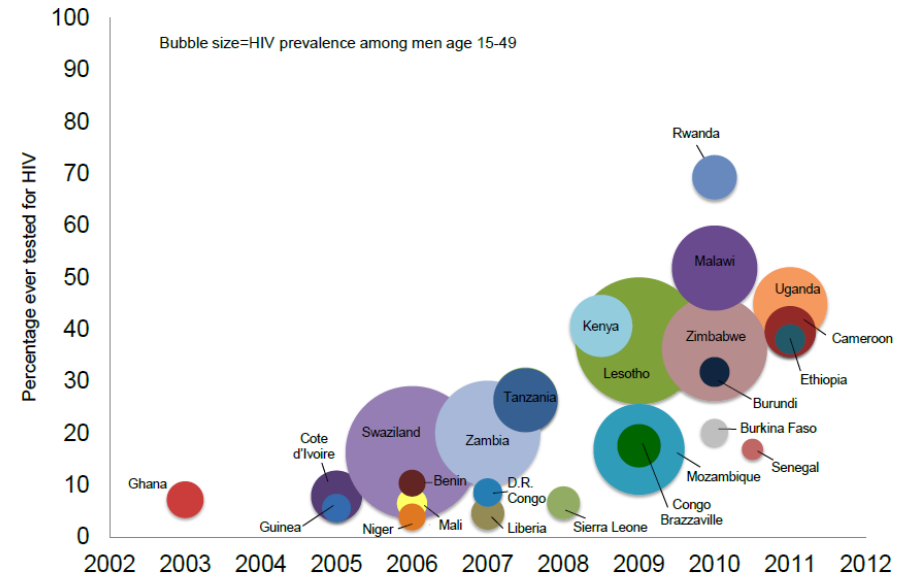
- Data from sub-Saharan Africa shows a large gap in men testing for HIV
- Without knowledge of status it is impossible to access either treatment or prevention of HIV

Demographic patterns of HIV testing uptake in Sub-Saharan Africa. DHS Comparative reports 30. measure DHS 2013

**Figure 6.1 Percentage of women who have ever been tested for HIV by year and women's HIV prevalence**



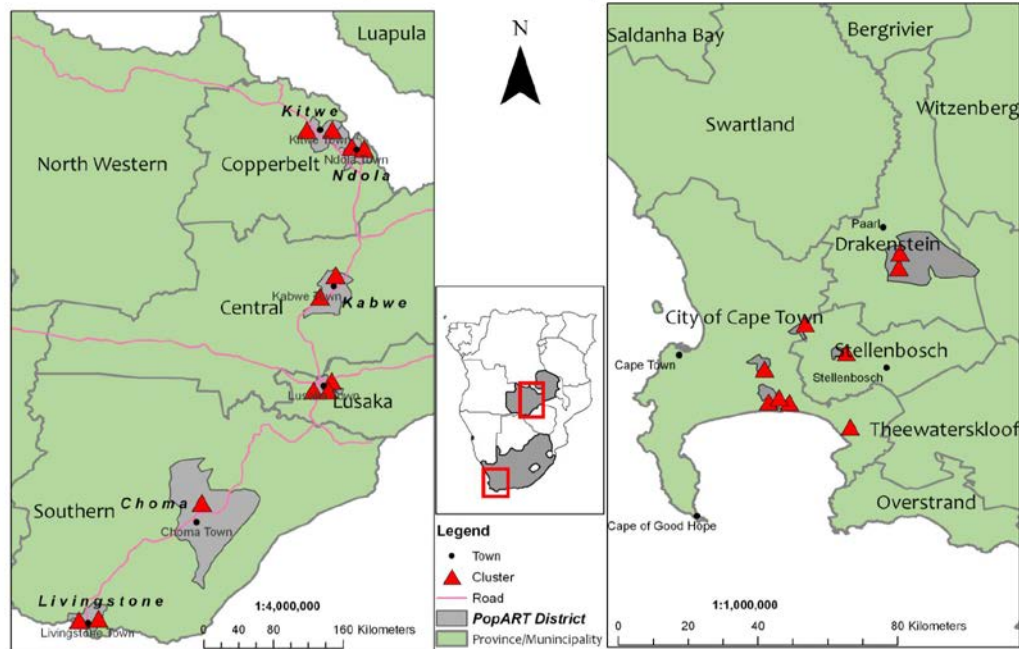
**Figure 6.2 Percentage of men who have ever been tested for HIV by year and women's HIV prevalence**



Demographic patterns of HIV testing uptake in Sub-saharan Africa. DHS Comparative reports 30. measure DHS 2013

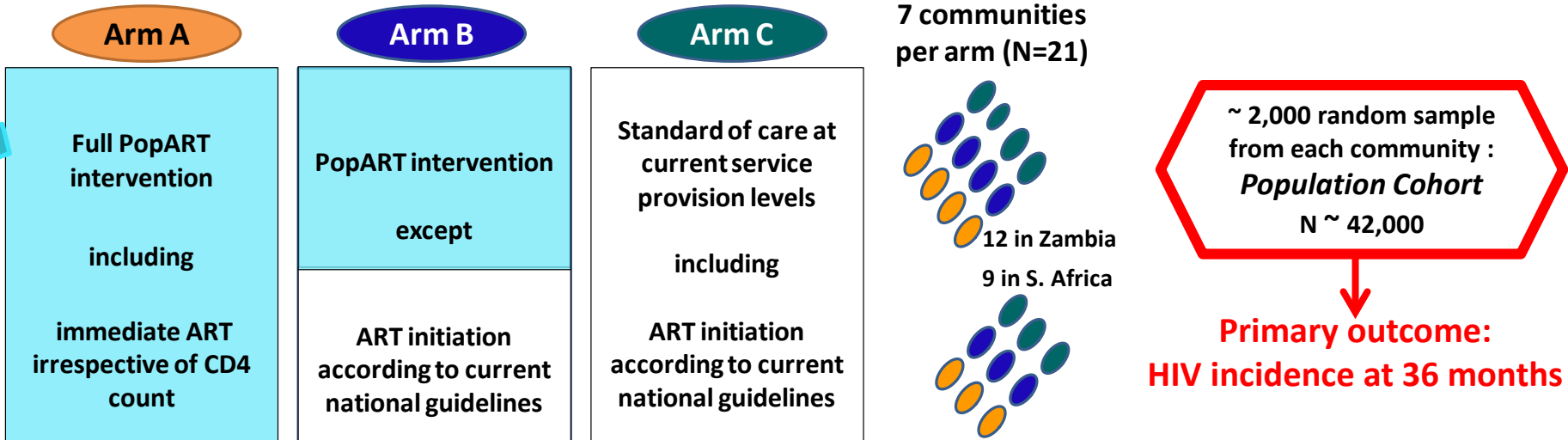
# HPTN071/PopART

- Does a strategy of combination HIV prevention including universal HIV testing and treatment reduce HIV transmission (incidence) at community level?
- Is UTT possible?
  - Uptake of HCT
  - Uptake of ART
  - Time from diagnosis to care
  - Retention in care
  - Adherence/viral suppression
  - Uptake of VMMC
  - Uptake of PMTCT
  - Sexual risk behaviour





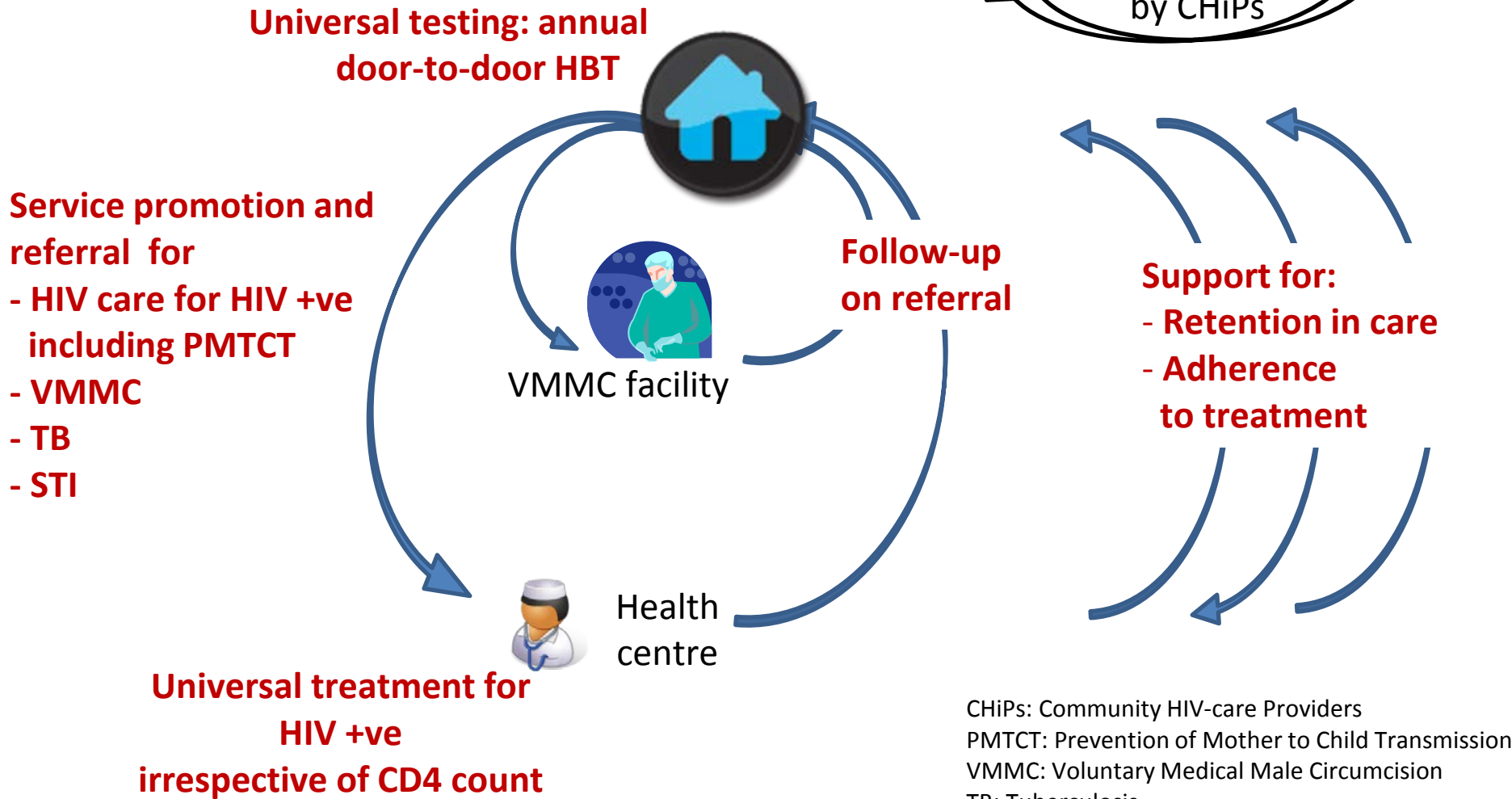
## 3 arm cluster-randomised trial with 21 communities



### PopART intervention package

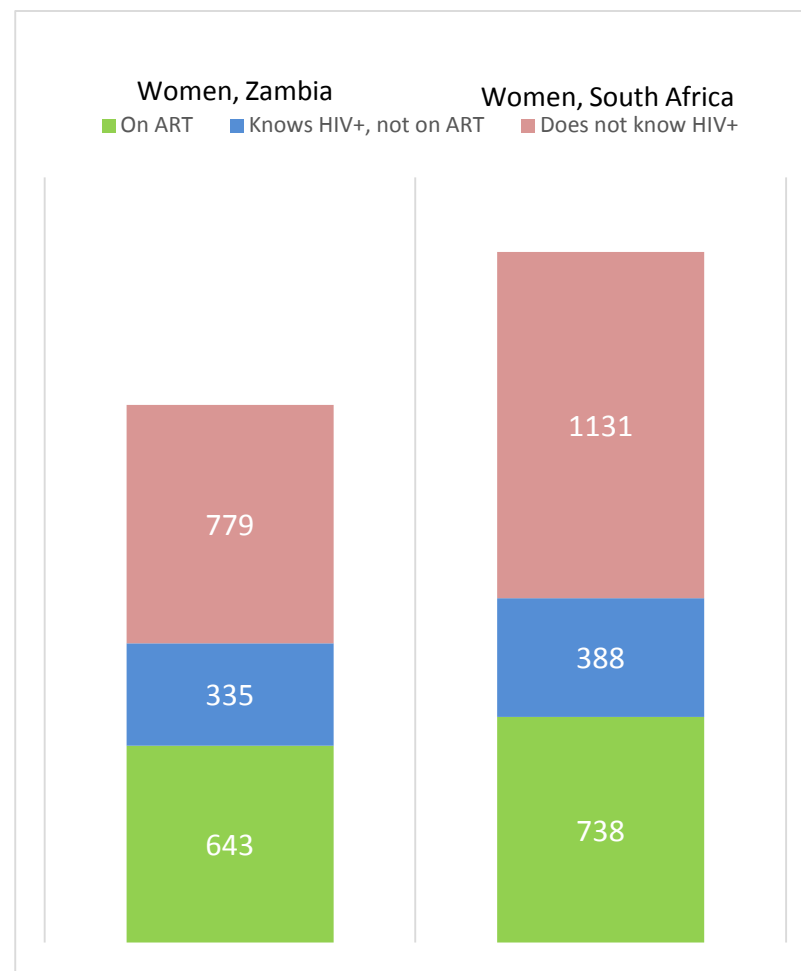
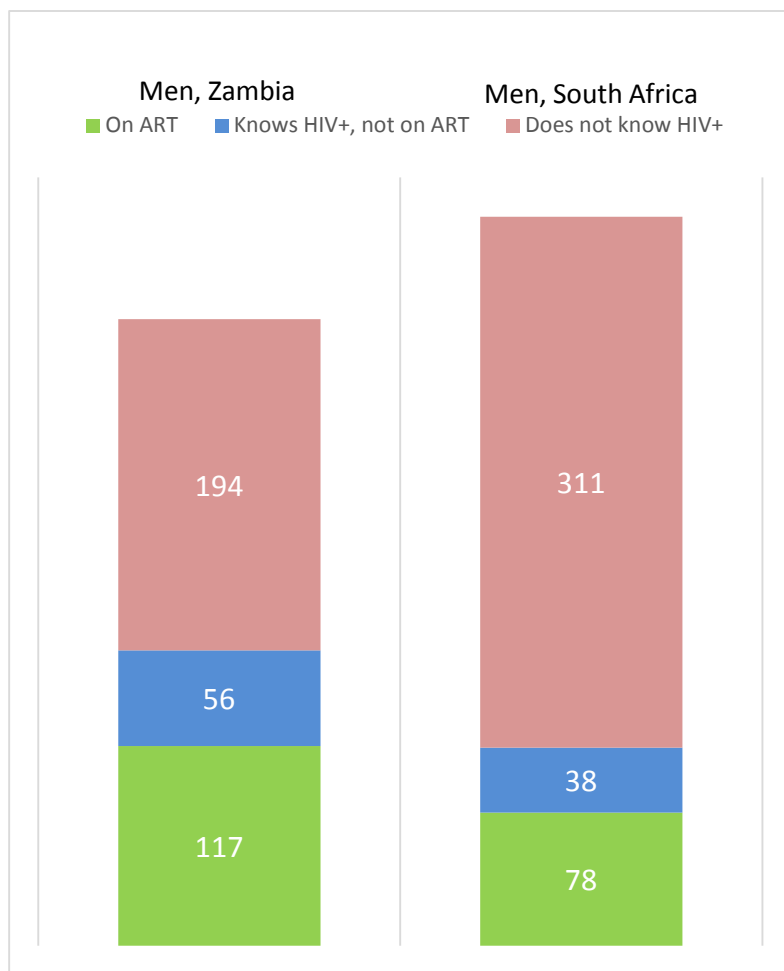
- Annual rounds of Home Based Voluntary HIV Testing by Community HIV-care Providers (CHiPs)
- Health promotion, Active Referral and/or Retention in Care support by CHiPs for the following:
  - Voluntary Medical Male Circumcision (VMMC) for HIV negative men
  - Prevention of Mother to Child Transmission (PMCT) for HIV positive women
  - HIV treatment and care for all HIV positive individuals
  - Promotion of sexual health and TB services
  - Condom provision
- ART irrespective of CD4-count or immune-status provided at the local health centre in Arm A

# PopART Intervention Package



CHiPs: Community HIV-care Providers  
PMTCT: Prevention of Mother to Child Transmission  
VMMC: Voluntary Medical Male Circumcision  
TB: Tuberculosis  
STI: Sexually Transmitted Infections

# Why are we missing the men?



### Men

### Women

**59,558** enumerated

**62,140** enumerated

**45,610** consented (**77%**)

**55,968** consented (**90%**)

**36,369** know HIV status (**80%**)

**47,032** know HIV status (**84%**)

**4,139** HIV-positive (**11%**)

**8,701** HIV-positive (**18%**)

**2,053** referred to HIV care  
[among those never previously  
registered for HIV care,  
1,931/ 1,962 (98%) referred]

**4,144** referred to HIV care  
[among those never previously  
registered for HIV care,  
3,848/ 3,881 (99%) referred]

**44%** initiated ART  
within 6 months  
(estimated from 'survival' analysis)

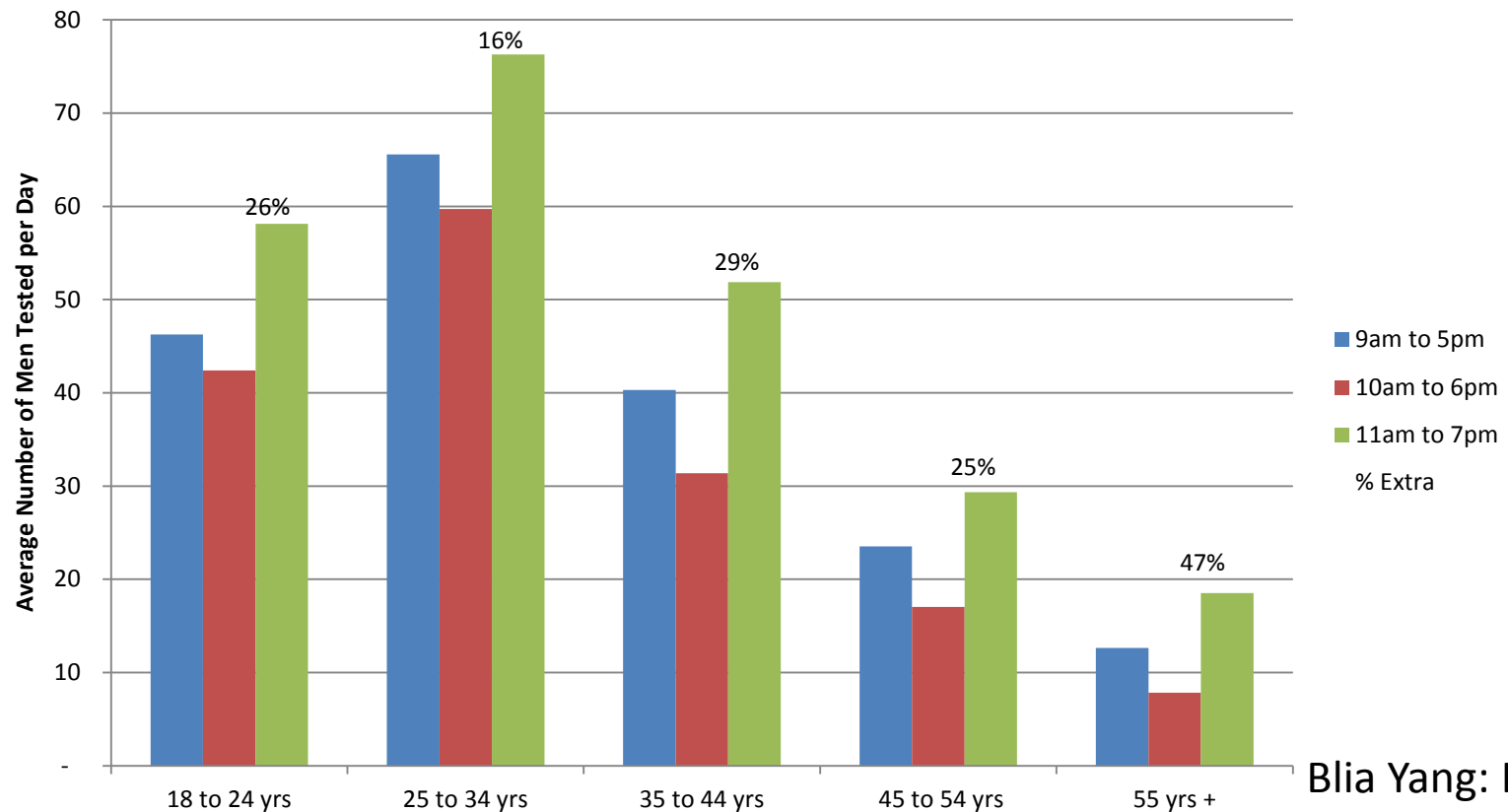
**60%** initiated ART  
within 12 months  
(estimated from 'survival'  
analysis)

**42%** initiated ART  
within 6 months  
(estimated from 'survival' analysis)

**56%** initiated ART  
within 12 months  
(estimated from 'survival' analysis)

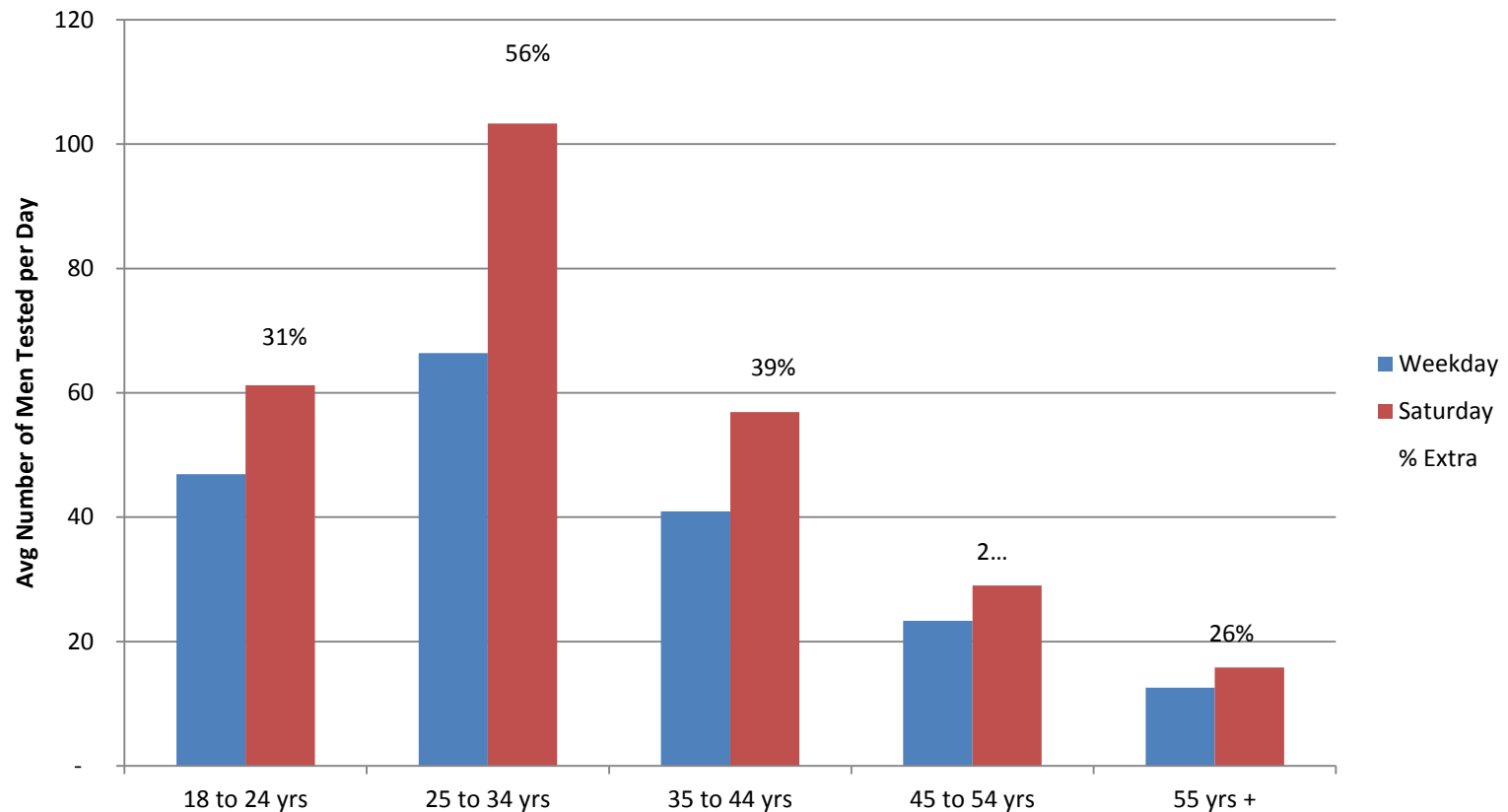
# Men are not home during the day

**16% MORE MEN (25 TO 34 YRS) & 29% MORE MEN (35 TO 44 YRS) ARE REACHED DURING 11AM - 7PM COMPARED TO 9AM - 5PM**

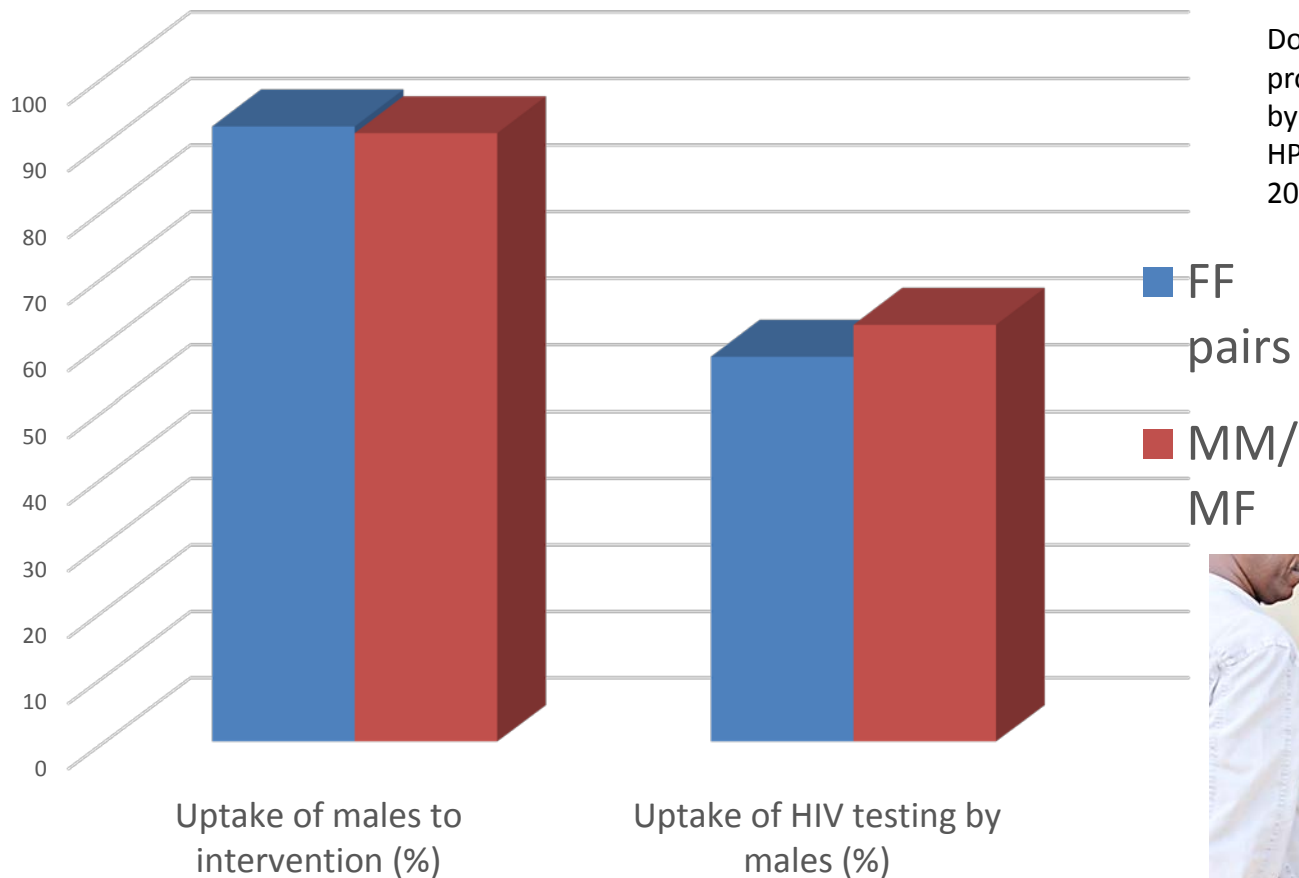


# Find men at a time and day that suits them.....

**56% MORE (25 TO 34 YRS) & 39% MORE (35 TO 44 YRS) ARE REACHED ON A SATURDAY**



# Does having a male provider increase uptake among men?



Does a male Community HIV Care provider increase HIV testing uptake by men? Lessons from the HPTN071/PopART Study. Phiri CROI 2016 Poster 980

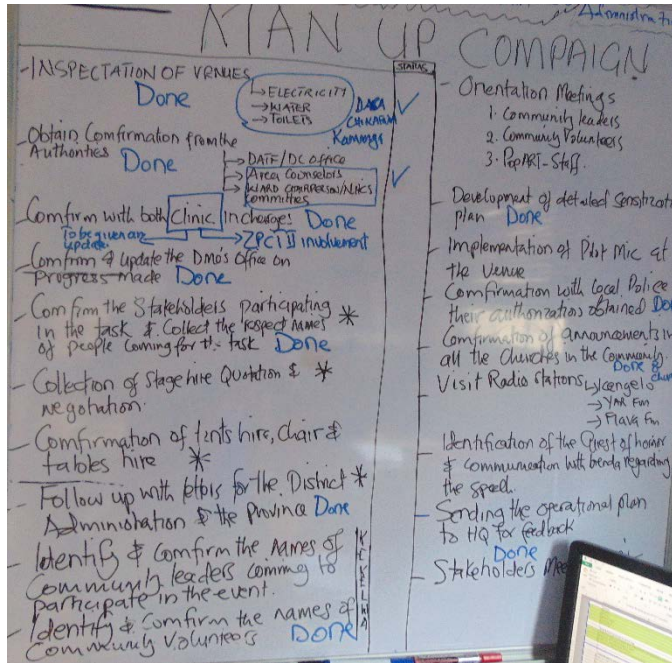


# Strategies to reach more men

- First asked men what they wanted
  - HIV is NOT the most important thing in their lives
  - Other health care issues
  - Male- friendly spaces
  - Interesting activities



# “Man Up”



- Provided a range of health services
- Football matches, performances
- Raffle

# What worked.....what didn't?

- Lots of people came
- Accessed many health services
- Registration of people into their households very challenging and time consuming
- Very costly
- Few additional men and households.....but is value in numbers or in reaching the “last 20%”



- **Local Initiatives**
  - Local campaigns for VCT day etc
  - Following men to work
  - Meeting men at bars

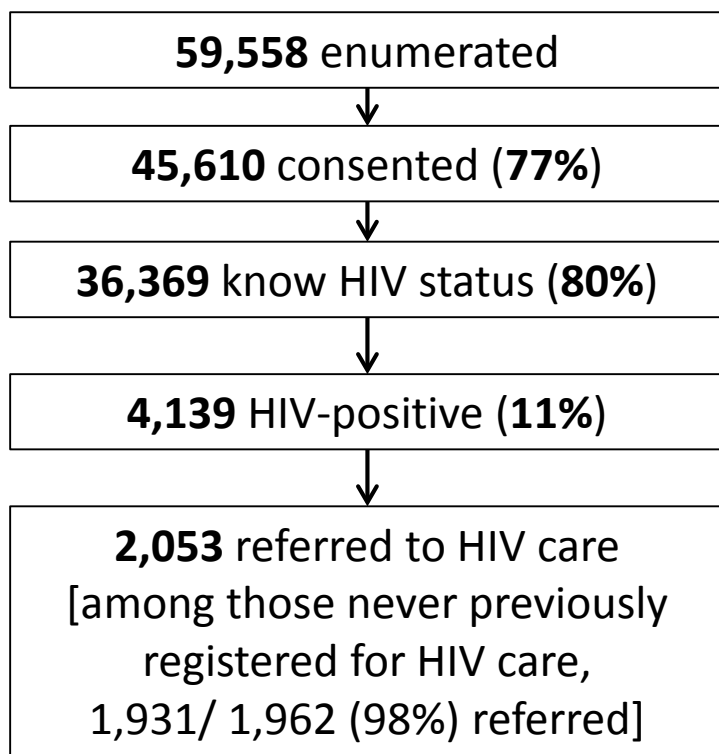


# Linkage to prevention and care

- Women go to the clinic- men generally go less often
- Are clinics men-friendly?
  - “historically and culturally shaped feminisation of health care” (Merten et al. Patient reported barriers and drivers of adherence to antiretrovirals in sub-Saharan Africa: a meta-ethnography TMIH 2010)



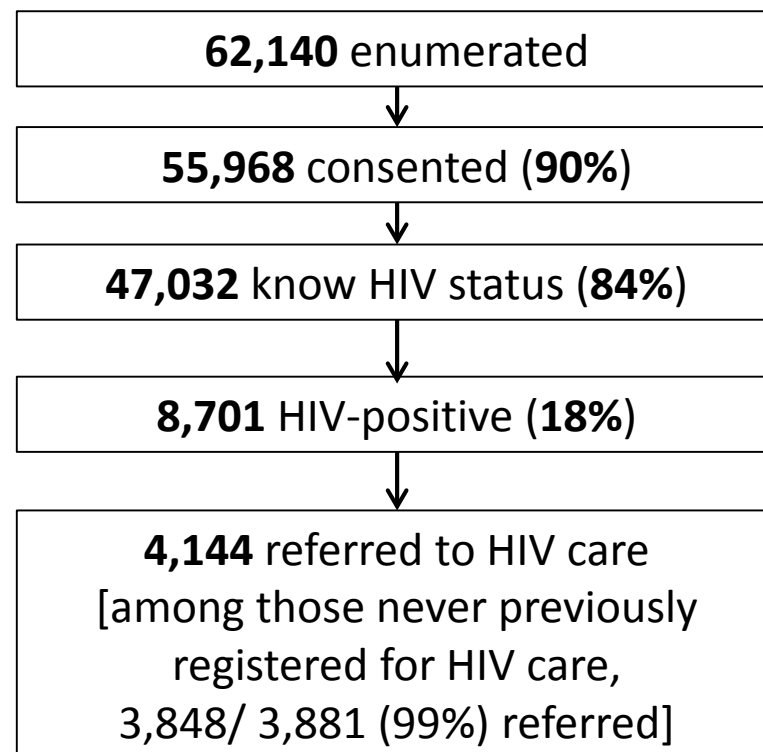
### Men



**44%** initiated ART within 6 months  
(estimated from 'survival' analysis)

**60%** initiated ART within 12 months  
(estimated from 'survival' analysis)

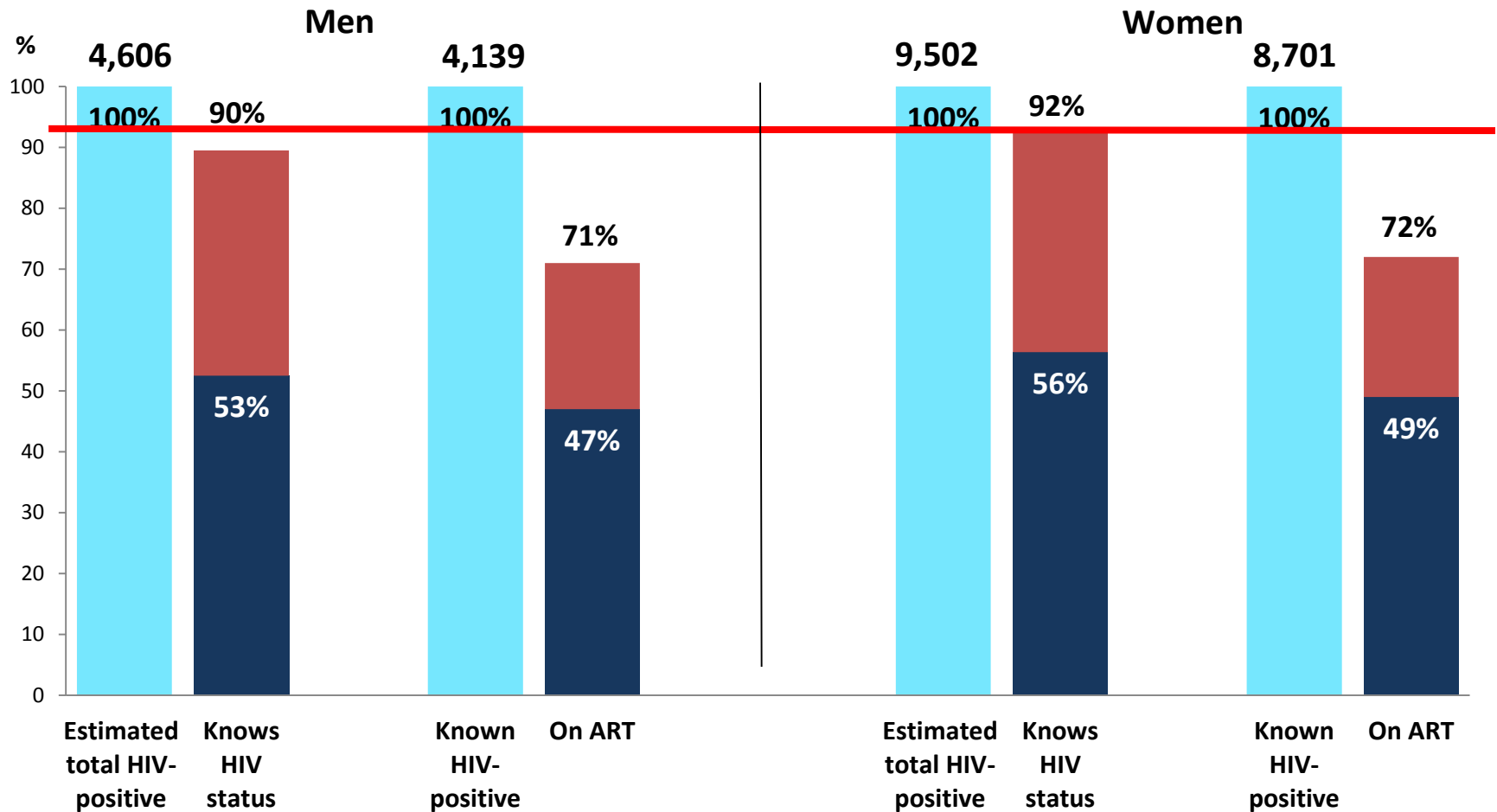
### Women



**42%** initiated ART within 6 months  
(estimated from 'survival' analysis)

**56%** initiated ART within 12 months  
(estimated from 'survival' analysis)

## Reaching for 90-90 Zambia Round 1 HPTN071



# VMMC- a uniquely male preserve

- Men have asked for specific services where they can access testing
- Is VMMC an opportunity?

	Age 18-24 years	Age 25-34 years	Age 35-44 years	Age 45-54 years	Age 55+ years	All 18+ years
<b>Zambia</b>	<b>37%</b> 1014/2744	<b>36%</b> 832/2293	<b>30%</b> 429/1441	<b>24%</b> 179/745	<b>12%</b> 128/1051	<b>31%</b> 2582/8274
<b>SA</b>	<b>24%</b> 153/630	<b>37%</b> 186/502	<b>33%</b> 85/258	<b>37%</b> 105/286	<b>34%</b> 92/272	<b>32%</b> 621/1948

# Summary

---

- We need to remember that gender equity may be as important as gender equality and not allow political correctness to undermine this
- Men matter in their own right and not just as conduits for prevention in women
- We need to make sure that HIV prevention studies are responsive to what men want and change if necessary



# ACKNOWLEDGEMENTS

The HIV Prevention Trials Network is sponsored by the National Institute of Allergy and Infectious Diseases, the National Institute of Mental Health, and the National Institute on Drug Abuse, all components of the U.S. National Institutes of Health.



Slides courtesy of:  
Blia Yang  
Wafaa El-Sadr

The HPTN071 Study team especially:

Sarah Fidler, Sian Floyd, Richard Hayes, Ginny Bond, Musonda Simwinga, Kwame Shanaube, Mwelwa Phiri, Nulda Beyers