



HPTN

HIV Prevention
Trials Network

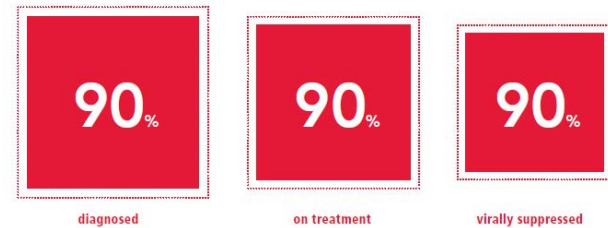
Engaging Men in HIV testing: What works?

Experience from HPTN071

Helen Ayles
Zambart, Zambia
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Why focus on men?

- “Men are being left behind in the push to 90-90-90, in turn affecting the lives of women and children” UNAIDS report 2017
- Why do we only talk about men in relation to preventing infections in women?
- Are men a “key population”?
 - Key to the epidemic
 - Key to the response



TREATMENT COVERAGE LOWER AMONG MEN

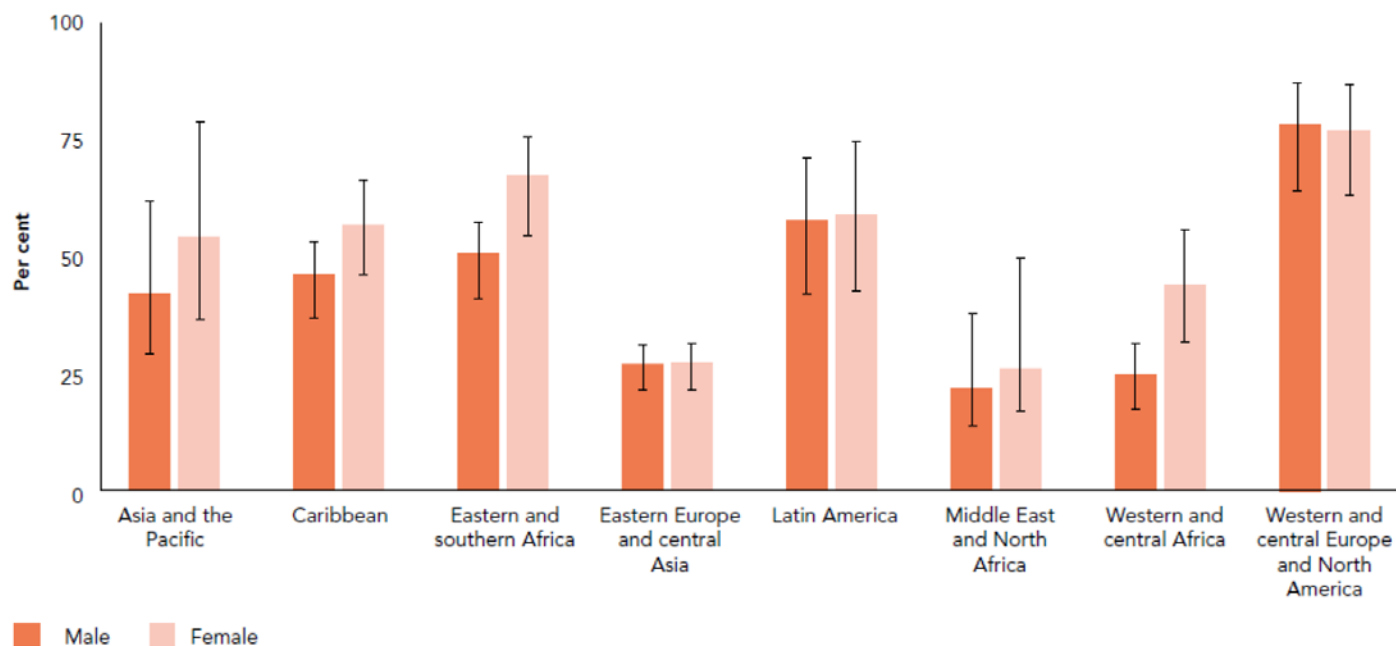


Figure 3.17. Antiretroviral therapy coverage among adults living with HIV aged 15 years and older, by sex, by region, 2016

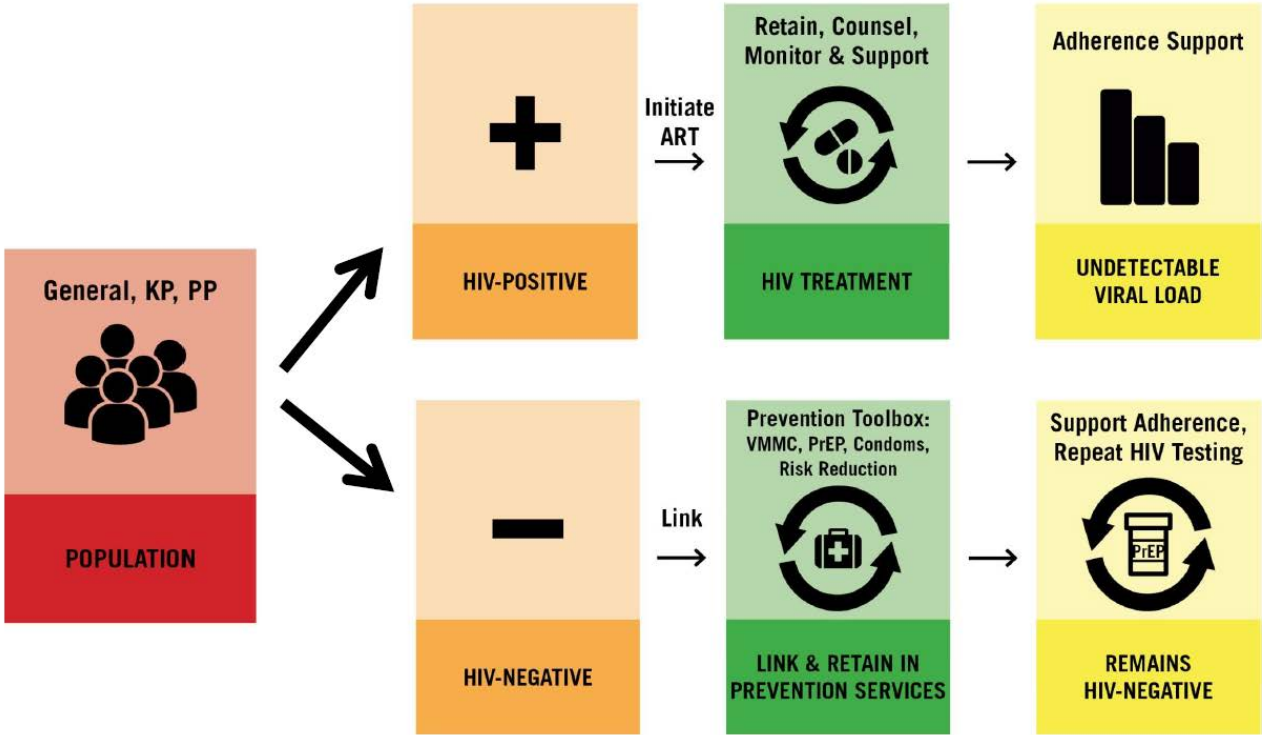
Source: Global AIDS Monitoring, 2017. UNAIDS 2017 estimates.

What are the barriers for men?

- 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



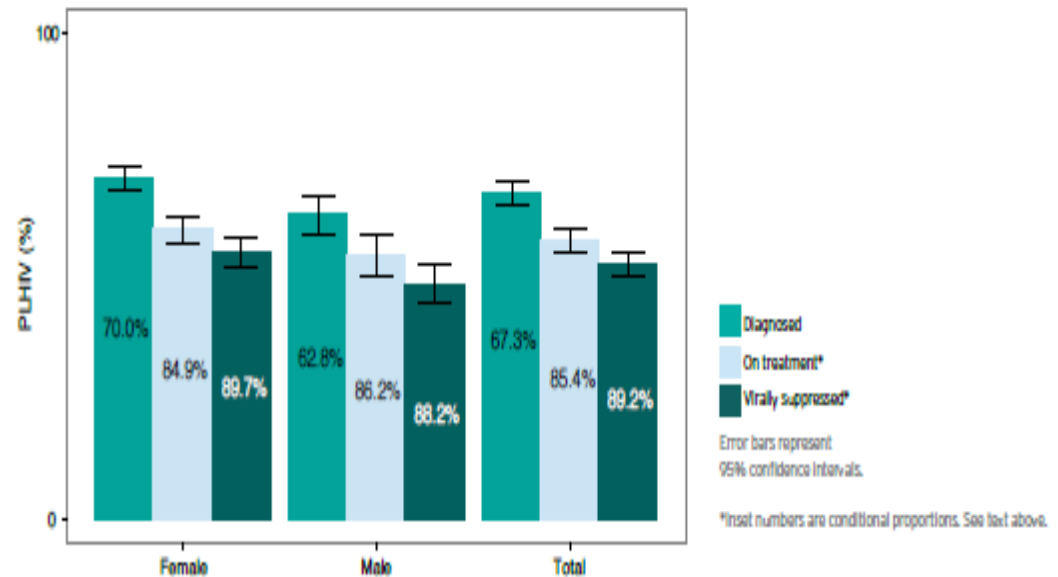
HIV Care and Prevention Continua



The Case of Zambia -ZAMPHIA

Overall men:

- Less likely to know their status
- As likely to get onto ART
- Less likely to be virally suppressed



Why are we missing the men?

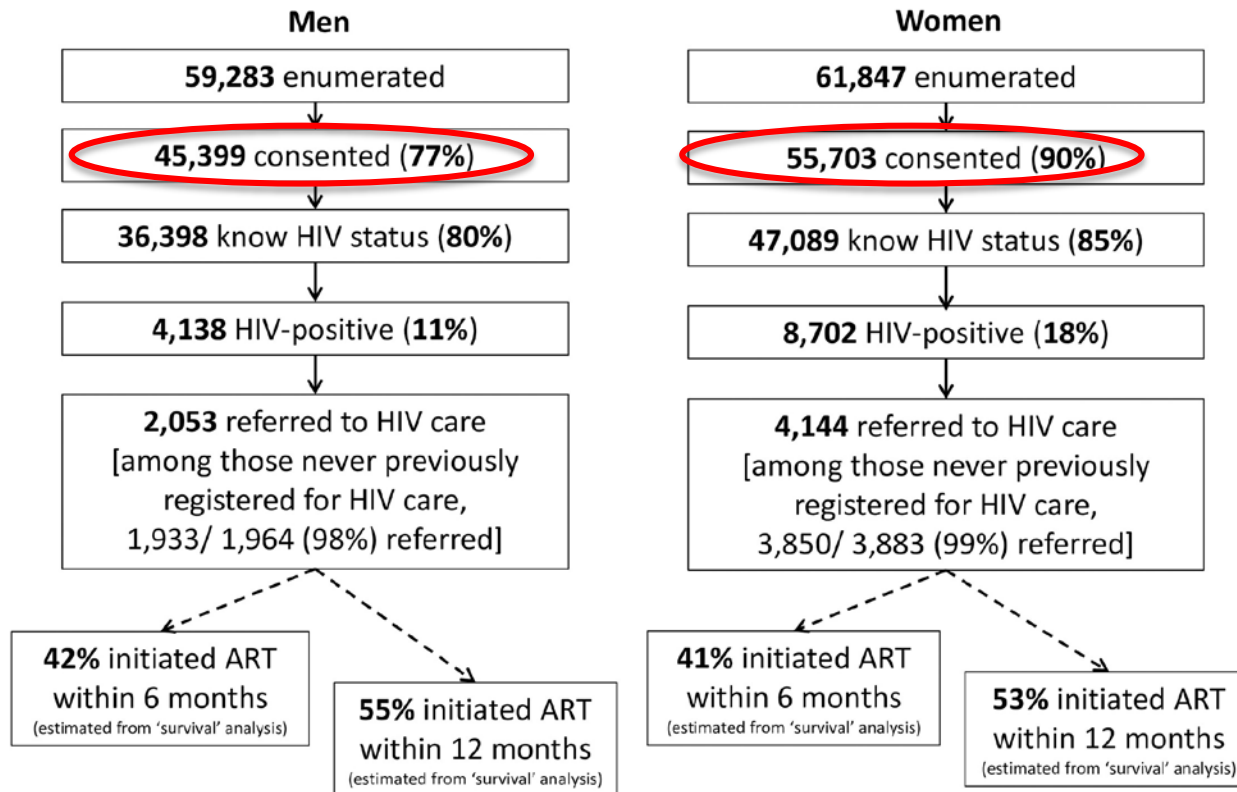
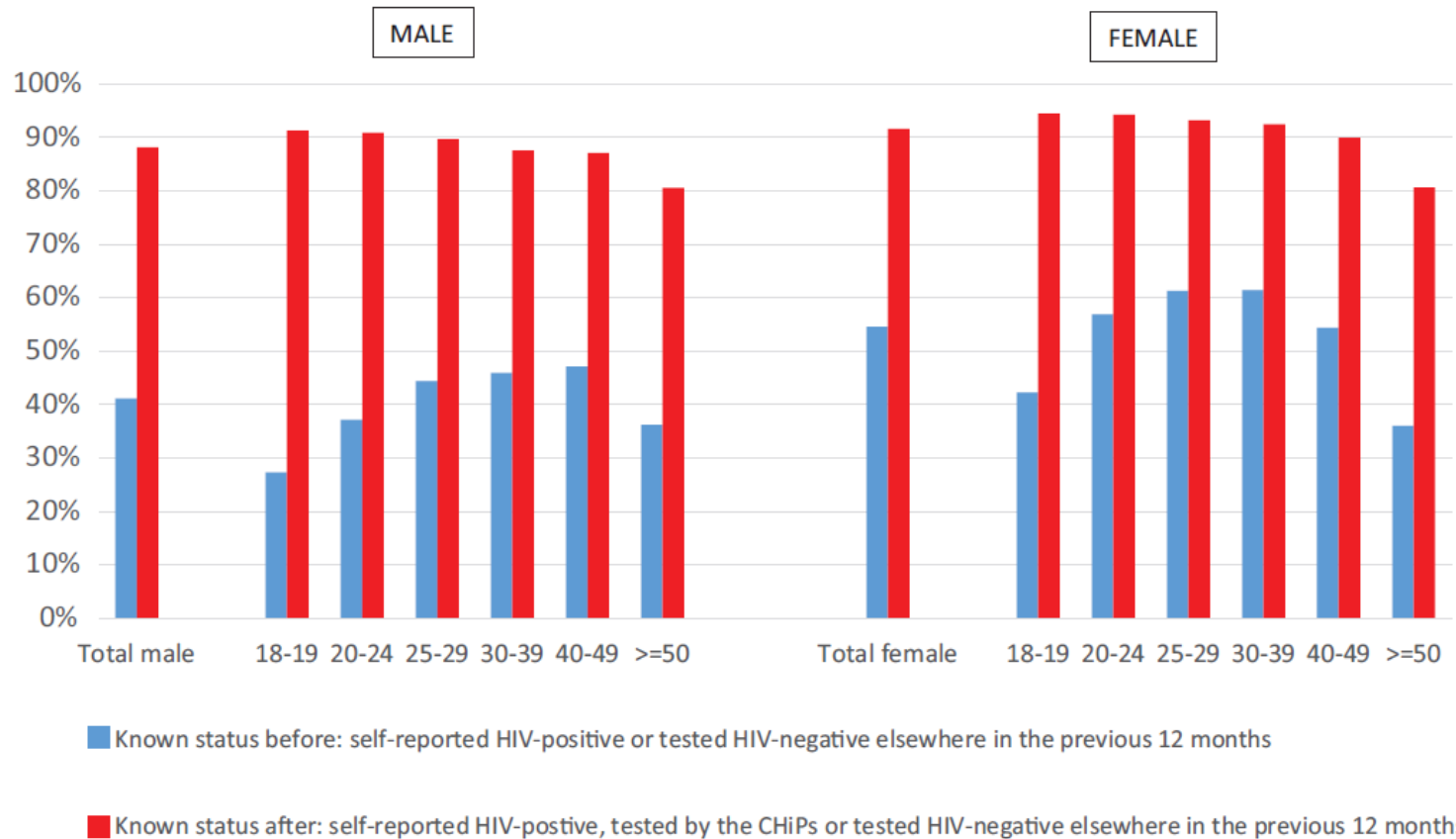


Fig 2. Cascade of care from enumeration of household members through ART initiation during the first annual round of the PopART intervention. ART, antiretroviral therapy.

When we find men they test.....



....and when they test they do link to services

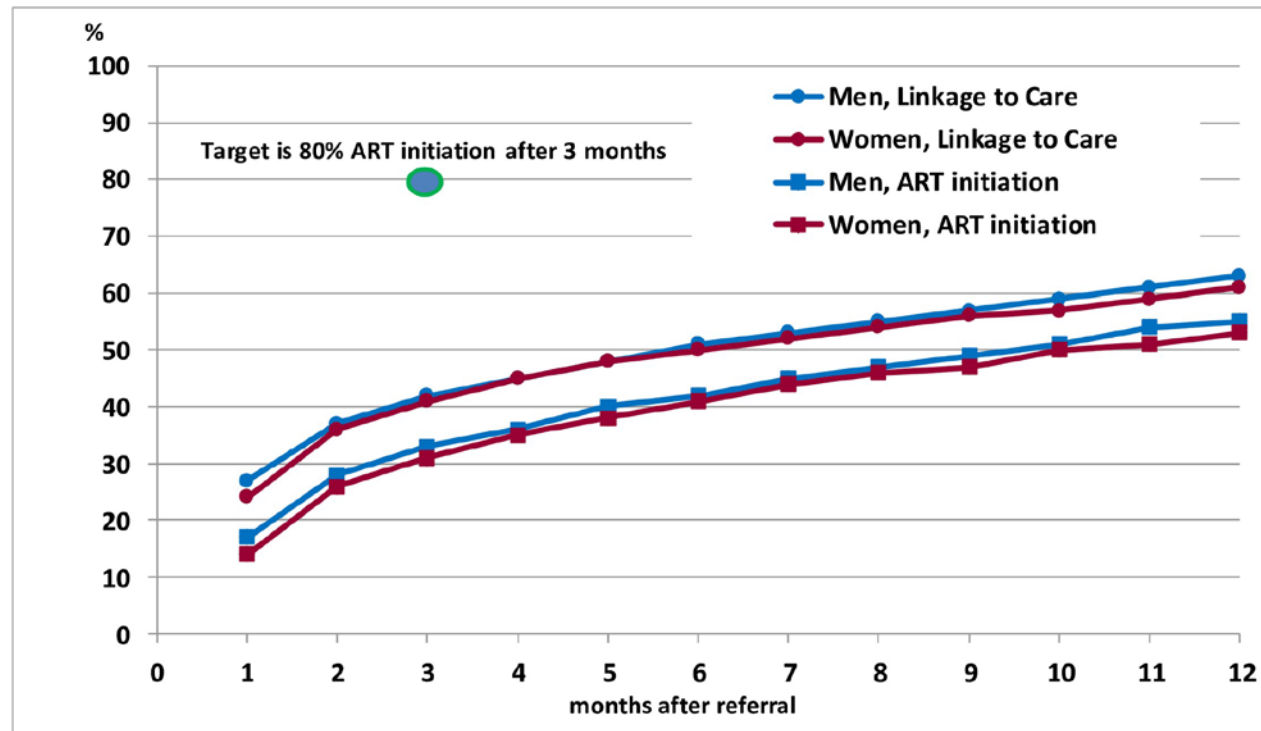


Fig 3. Time from referral to linkage to care and ART initiation during the first annual round of the PopART intervention. Survival curves showing cumulative proportions linking to care or initiating ART following referral by community HIV-care providers. ART, antiretroviral therapy.

How do we engage the men?

- Male Spaces
 - VMMC uniquely male preserve
 - Male campaigns
 - Male clinics

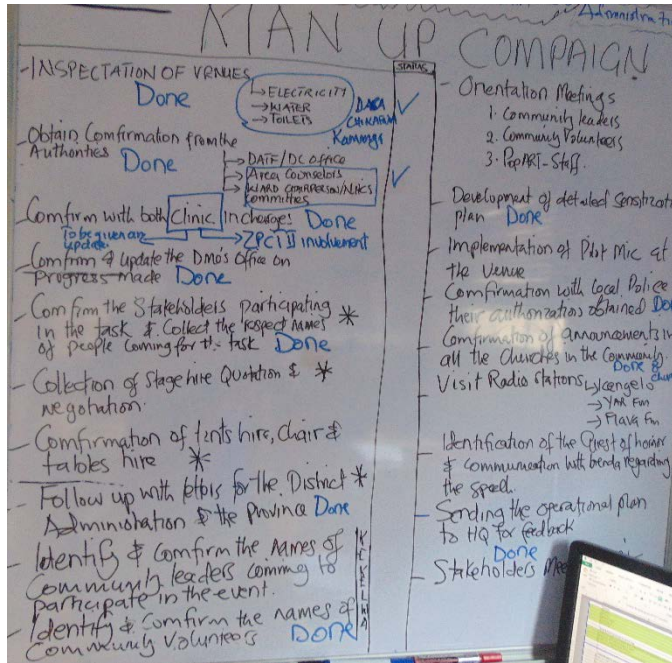
- New initiatives

HIV-ST *“HIV-self testing is for the men.....”*

- Painless/bloodless
- Secondary distribution by women at ANC/FSW/community



“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
- 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

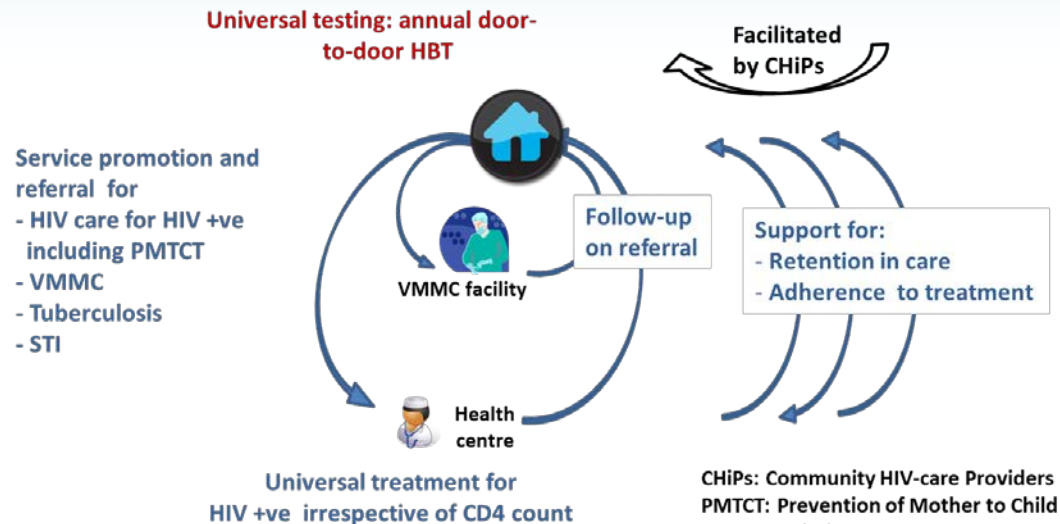
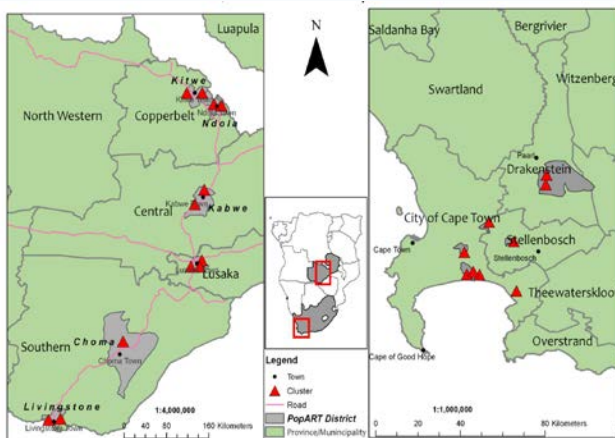


Is HIV self-testing a solution?

- Previous studies have found that certain groups seem to be reached more with HIV self-testing
 - Men
 - Youth
 - Key populations
- Secondary distribution using women to reach men has been successfully used
 - Mostly ANC and from HIV-ve women
- Could self testing help us?

HPTN071 (PopART) Trial

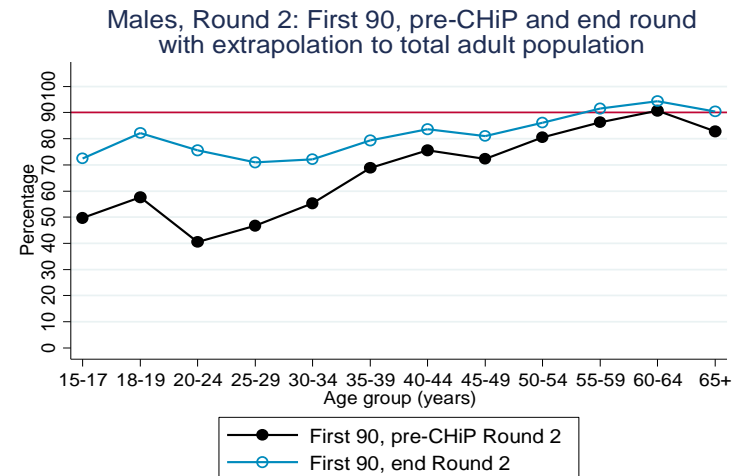
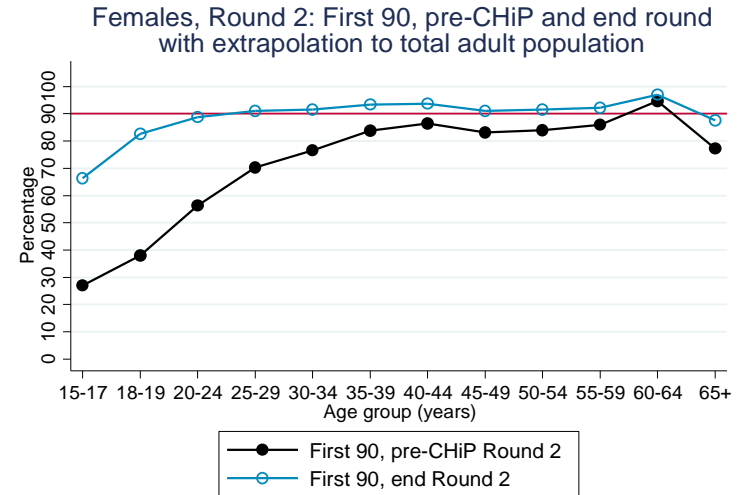
HPTN071 (PopART) is a cluster randomised trial being conducted in 21 urban communities in Zambia and South Africa (population ~ 1m) to investigate whether a combination HIV prevention package including **Universal HIV testing and treatment** can reduce HIV incidence at community level



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

Ancillary Background

- HPTN071 has been very successful in attaining the first 90 in urban mobile populations
- However testing gaps remain
 - Men
 - Young adults
 - Most mobile individuals
- To address these gaps we piloted offering oral HIV self-testing (HIV-ST) in addition to standard HIV testing services (HTS)

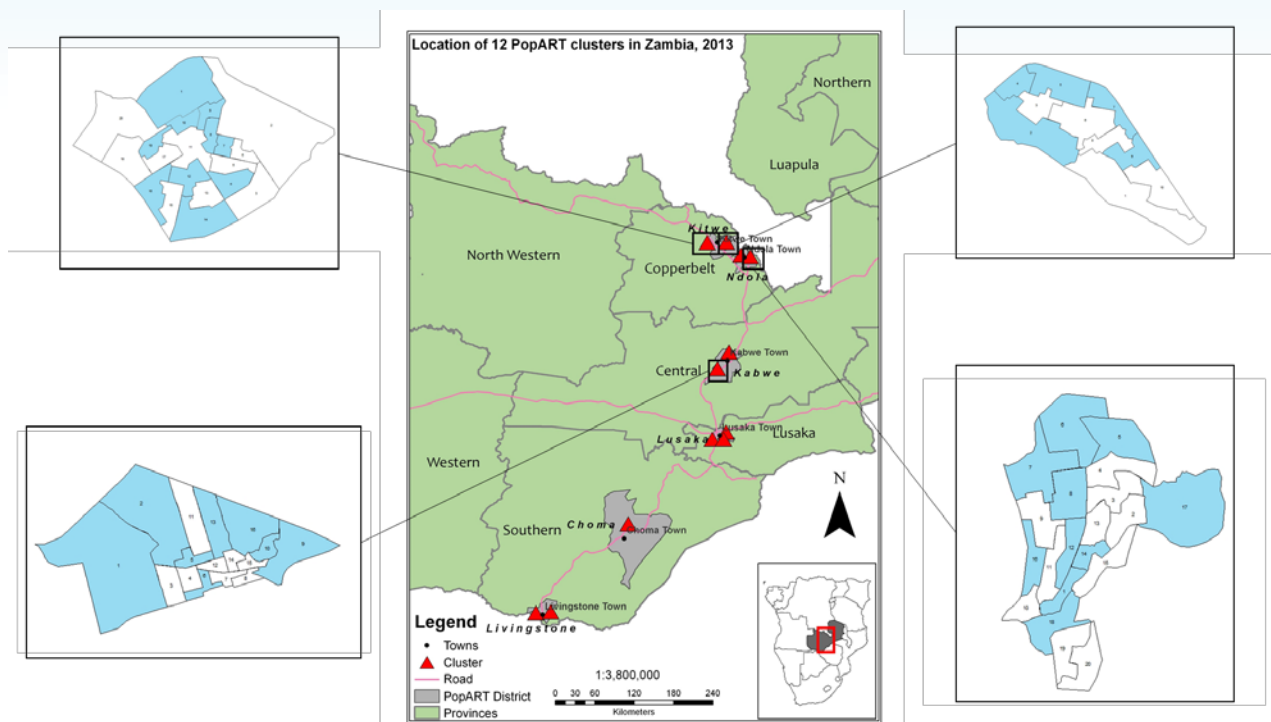


Design and Outcome

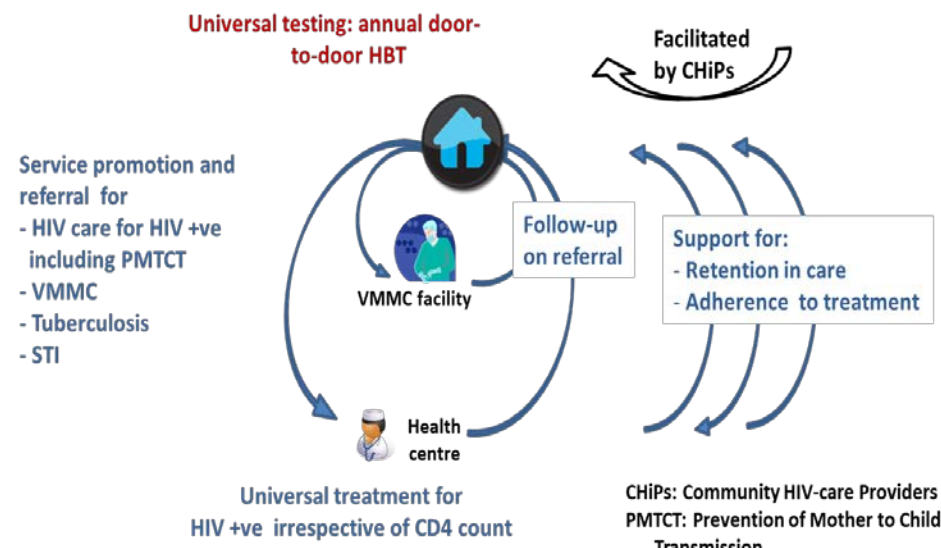
- Two-arm cluster randomised trial, with unit of randomisation being zones within a community covered by a pair of lay counsellors (CHiPs)
- Primary outcome was the proportion of resident adolescents and adults (aged 16 years and older) who know their HIV status.
 - We define knowledge of HIV status as an individual self-reporting knowing their HIV-positive status or accepting an offer of HTS from the lay counsellor.
- Predefined subgroup analyses
 - Sex
 - Age group (16-29 Vs 30+)

Methods

- Four of the HPTN071 (PopART) intervention communities in Zambia were included in this pilot
- These four communities had a total of 66 Community HIV Provider (CHiP) zones
- Zones were randomly allocated to continue with the standard PopART intervention or to offer a choice of HTS including oral HIVST

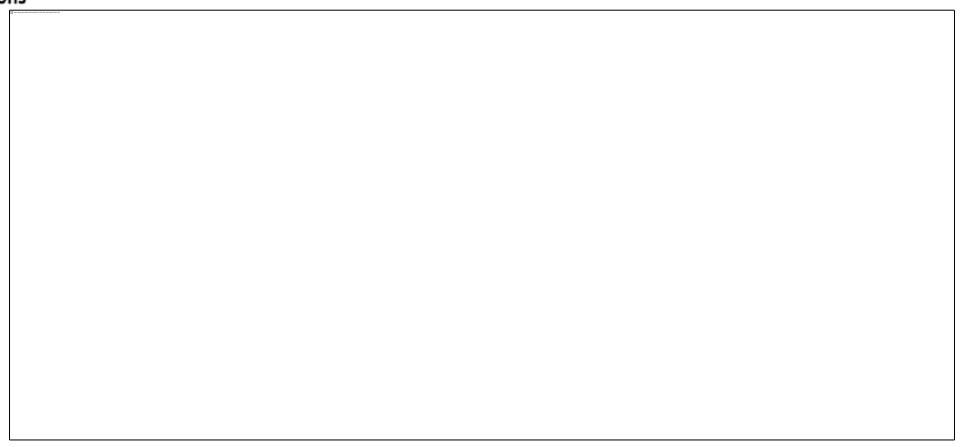
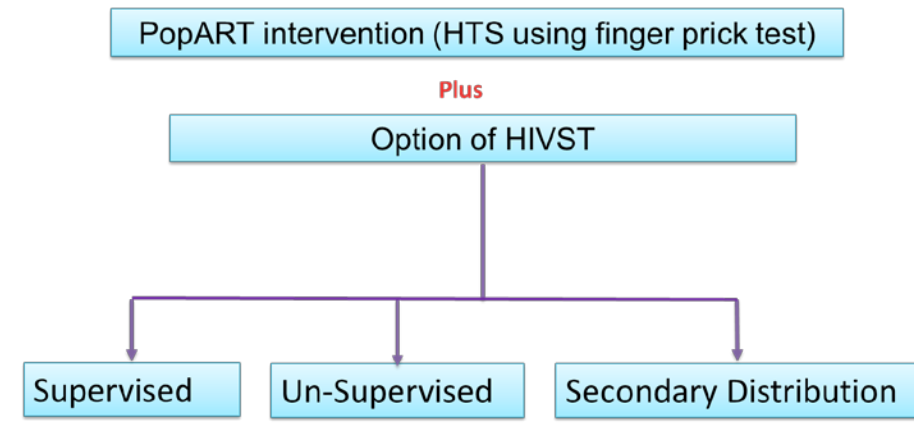


Standard of care arm

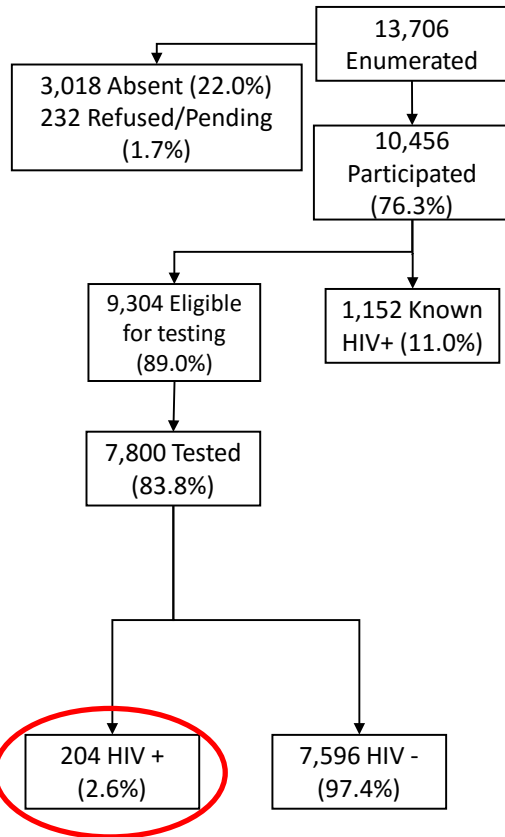


ChiPs: Community HIV-care Providers
PMTCT: Prevention of Mother to Child Transmission
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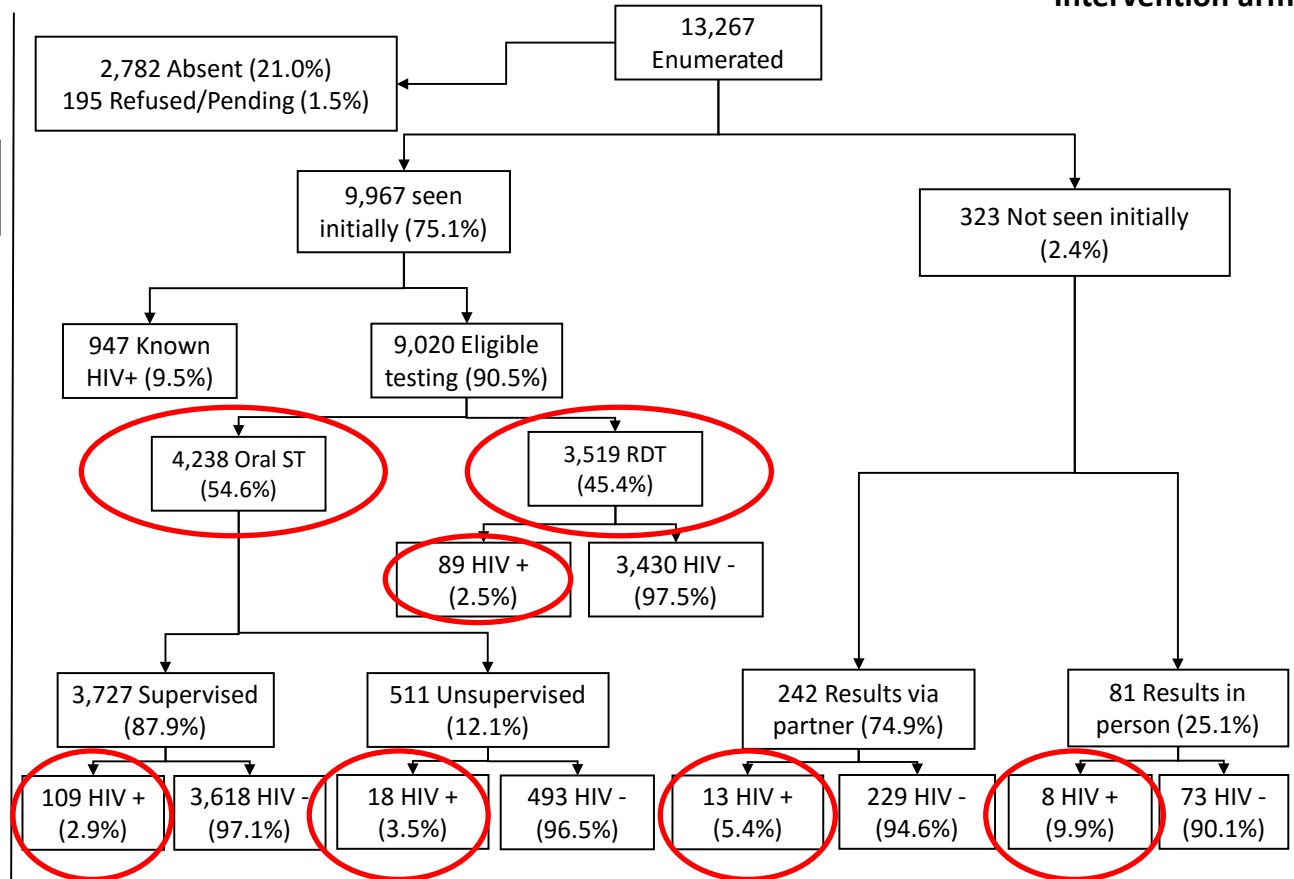
Intervention arm



Control arm



Intervention arm



Knowledge of HIV status

	Standard of Care % (n/N)	HIV-ST % (n/N)	Adjusted OR (95% CI)	P-value
Overall	65.3 (8,952/13,706)	68.0 (9,027/13,267)	1.30 (1.03, 1.65)	0.03
Males	55.1 (3,571/6,486)	60.4 (3,843/6,368)	1.31 (1.07, 1.60)	0.009
Females	74.5 (5,381/7,220)	75.1 (5,184/6,899)	1.05 (0.86, 1.30)	0.62
Young adults (16-29)	70.2 (4,917/7,002)	73.5 (4,972/6,769)	1.31 (1.05, 1.63)	0.02
Older adults (30+)	60.2 (4,035/6,704)	62.4 (4,055/6,498)	1.22 (0.98, 1.52)	0.07
Resident in R1 and R2, and not previously tested in R1 or R2	20.6 (117/567)	29.7 (173/583)	1.76 (1.25,2.48)	0.001

Qualitative Findings (40 IDI & 11 FGD, 91 participants)

Acceptable for:

- Previously tested HIV-negative
- Busy and mobile people
- Married men
- Living with partner
- Key Population e.g. sex worker
- Higher social class
- Formally employed

- Reduced clinic based barriers to HTS i.e. stigma, congestion
- Enhanced confidentiality
- Convenience and control
- Empowerment from knowing how to test

Summary of key findings

- HIVST **increased** knowledge of HIV status among :
 - General population of adults aged ≥ 16 years
 - Men
 - Younger adults (aged 16 to 29)
 - Those previously NOT tested in round 1 and 2 of intervention.
- HIVST was acceptable and safe
 - Few social harms were reported
 - No self harm
- Secondary distribution was feasible and led to increased couple testing

Implications of findings

- We have extended the offer of HIV-ST to all Zambia PopART intervention sites for
 - Those who refuse standard testing
 - Absent household members (adults only)
- Zambia has adopted HIV-ST as part of its national policy
 - Costed roll out plan being developed
 - Global Fund request contained 100,000 HIV-ST for this year
 - PEPFAR also expanding HIV-ST

With thanks to:

- All research participants and their families
- The 4 research communities and their religious, traditional, secular and civil leadership structures
- Volunteers in the community advisory board structures
- All of the CHiPs workers and field researchers



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The content is solely the responsibility of the author and does not necessarily represent the official views of the National Institutes of Health.

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Conflicts of Interest: None to declare