Health4Men

ANOVA
HEALTH INSTITUTE

PEPFAR

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
FROM THE AMERICAN PEOPLE

USAID
Health4Men

- Established in 2008 as a project of the Anova Health Institute, in partnership with the South African Department of Health, and in response to the NSP.
- The brief was to develop MSM-focused HIV response sexual health expertise and provide services in South Africa.
- Grown to encompass a wide array of supply side and demand side activities.
Direct Clinical Services

• Provides direct clinical services, in partnership with the Department of Health, having established Africa’s first Centre of Excellence (CoE): Ivan Toms Centre for Men’s Sexual Health, in Cape Town

• Second CoE established in Yeoville, which supports Zola and Chiawelo in Soweto

• Today in Johannesburg and Cape Town, over 20,000 clients are registered at the two CoEs and supported sites
Institutionalising MSM competent services

- Trained and mentored 282 sites in 30 health districts South Africa
- Trained over 4000 health workers and support staff, with over 2000 clinicians who have also been mentored
- Training and mentoring allows for embedding of knowledge and skill
- Supported by 12 Regional Leadership Sites and 25 nurse mentors across 9 provinces
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Efficacy of Tailored Clinic Trainings to Improve Knowledge of Men Who Have Sex with Men Health Needs and Reduce Homoprejudicial Attitudes in South Africa

Andrew Tucker, PhD; Jose Liht, PhD; Glenn de Swardt; Clarissa Arendse; James McIntyre, FRCOG; and Helen Struthers, PhD

Table 3. Change in MSM Knowledge and Homoprejudice Score at Baseline and Post-Training

<table>
<thead>
<tr>
<th>Group</th>
<th>Baseline</th>
<th>Post-training</th>
<th>P</th>
<th>Baseline</th>
<th>Post-training</th>
<th>P</th>
<th>Baseline</th>
<th>Post-training</th>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
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<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
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<tr>
<td>All (global sample)</td>
<td>6.44</td>
<td>2.55</td>
<td>9.82</td>
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<td>8.45</td>
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<td>Clinicians</td>
<td>6.88</td>
<td>2.52</td>
<td>10.23</td>
<td>1.03</td>
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<td>83</td>
<td>8.45</td>
<td>2.75</td>
<td>13.31</td>
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<td>Clinic support staff</td>
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<td>2.55</td>
<td>9.51</td>
<td>1.44</td>
<td>&lt;0.001</td>
<td>113</td>
<td>36.36</td>
<td>18.14</td>
<td>28.79</td>
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<td>Age</td>
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<tr>
<td>18 to 29 years</td>
<td>5.92</td>
<td>2.67</td>
<td>9.88</td>
<td>1.53</td>
<td>&lt;0.001</td>
<td>6</td>
<td>7.17</td>
<td>0.75</td>
<td>13.00</td>
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<td>30 to 39 years</td>
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<td>2.25</td>
<td>9.76</td>
<td>1.19</td>
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<td>18</td>
<td>8.06</td>
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<td>40 and above</td>
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<td>9.83</td>
<td>1.36</td>
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<td>58</td>
<td>8.67</td>
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<td>13.41</td>
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<td>Education</td>
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<td>Less than Standard 8/Grade 10</td>
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<td>8.97</td>
<td>2.54</td>
<td>13.43</td>
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<td>2.45</td>
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<td>1.25</td>
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<td>71</td>
<td>8.49</td>
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<td>2.76</td>
<td>9.70</td>
<td>1.55</td>
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<td>12</td>
<td>8.17</td>
<td>3.69</td>
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<td>Population group</td>
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<td>54</td>
<td>7.80</td>
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<tr>
<td>Colored</td>
<td>6.92</td>
<td>2.60</td>
<td>9.95</td>
<td>1.28</td>
<td>&lt;0.001</td>
<td>25</td>
<td>9.40</td>
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<tr>
<td>White</td>
<td>8.45</td>
<td>2.02</td>
<td>10.45</td>
<td>0.93</td>
<td>&lt;0.010</td>
<td>4</td>
<td>11.25</td>
<td>3.77</td>
<td>13.75</td>
</tr>
</tbody>
</table>
Holistic activities

- Work also with WSW, Trans*, Sex Workers, PWID
- Clinic training now includes all Key Populations
- Significant psychosocial and biomedical research
- Support for national guidelines development
- Mass media campaigns wethebrave.co.za
- Outreach
- Private sector work
Anova Global Programmes
Anova Global Programmes

• Draws on Anova’s significant experience in South Africa
  – MSM
  – SW
  – PWID
  – Trans*

• Aims to develop and strengthen HIV and sexual health services for Key Populations in the wider region
Anova Global Programmes

• Working with a range of international partners to conduct:
  – Operational research
  – Clinician and clinical support staff training
  – Peer educators / lay counsellors training
  – Clinical site assessments
  – Outreach programme strengthening
  – Communication campaign support
  – Tool development to improve M&E processes
  – mHealth platform development for MSM from Swahili and French speaking countries
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Anova Global Programmes

• In collaboration with the International HIV/AIDS Alliance created the Afya Academy
• Grown out of our earlier training programmes and country work
• Identified that training must:
  – Be holistic
  – Be provided by trainers who are actively engaged with KP health programmes in Africa
  – Focus not only on what needs to be done, but also on offering solutions to complex locally-specific challenges
EQUIP

• Developing and delivering innovative strategies and tools to ensure EQUIP-supported countries can rapidly reach their 90-90-90 targets
• Five Consortium partners addressing
  – Test and Start roll out
  – Differentiated models of ART Delivery
  – Increasing testing yield, ART initiation, retention and viral suppression
  – Key Populations and PrEP
  – Viral load monitoring
In an ideal world...

- Locate KP populations
- Encourage HIV testing
- Differentiated HCT inc. mobile, moonlight and self testing
- Facility based HIV testing
- HIV positive
  - Condom, lube, needle exchange
  - Initiate ART
- HIV negative
  - Condom, lube, needle exchange
- PrEP
- Adherent on ART
In the real world... specific KP barriers

Policy barriers

Discrimination and lack of competency at public health facilities

KPs clandestine due to social discrimination
  - Locate KP populations
  - KP not self-identified

Fear of losing KP social grouping/clients if HIV positive
  - Encourage HIV testing

Differentiated HCT inc. mobile, moonlight and self testing
  - HIV positive
    - Condom, lube, needle exchange
    - Initiate ART
    - Loss to follow up especially acute due to KPs being clandestine and lack of health facility competency
  - HIV negative
    - Facility based HIV testing
    - Loss to follow up especially acute due to KPs being clandestine and lack of health facility competency

Operational/policy barriers to harm reduction and lube
  - Condoms, lube, needle exchange

Operational/policy barriers to PrEP
  - PrEP

Operational/policy barriers to PrEP
  - PrEP

Loss at referral due to fear of discrimination at clinics
  - Encourage HIV testing

Facility based HIV testing

Fear of losing KP social grouping/clients if HIV positive
  - Encourage HIV testing

Loss at referral due to fear of discrimination at clinics
  - Encourage HIV testing
KPs clandestine due to social discrimination
KP not self-identified
Fear of losing KP social grouping/clients if HIV positive

Discrimination and lack of competency at public health facilities

Loss to follow up / referral especially acute due to KPs being clandestine and lack of health facility competency

Operational / policy barriers to harm reduction and lube
Operational / policy barriers to PrEP
EQUIP solutions

- KPs clandestine due to social discrimination
- KP not self-identified
- Fear of losing KP social grouping/clients if HIV positive
- Discrimination and lack of competency at public health facilities
- Loss to follow up / referral especially acute due to KPs being clandestine and lack of health facility competency
- Operational / policy barriers to harm reduction and lube
- Operational / policy barriers to PrEP

- Offer TA to existing organisations to better target KPs using networked, geographic approaches, moonlight outreaches etc
- Offer specific training to KP peer educators on ways of locating and engaging KPs on need to undergo HIV testing, treatment, adherence or PrEP
- Creation of ‘Test and Linkage’ KP counsellors
- Offer home testing kits for KPs linked to Track and Trace M&E

- KP competency training, mentoring and on-going TA at identified and suitable health clinics; explore community-based initiation of care and ARV distribution

- Innovative tracking and trace systems, using both paper-based and electronic mechanisms
- Training on M&E systems
- Offer TA on developing and running KP Adherence Clubs

- Engagement with health structures to motivate for KP focus
- Offer innovative ways of providing commodities including lube and needle exchange
- Motivate for PrEP policy approval
- Support national KP guidelines development