



Strategies for and Implication of Implementing Workplace HIV Testing Programs to Reach Men

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Filling the Gaps: Best Practices and Innovations for HIV Programming
17 May 2018, Pretoria

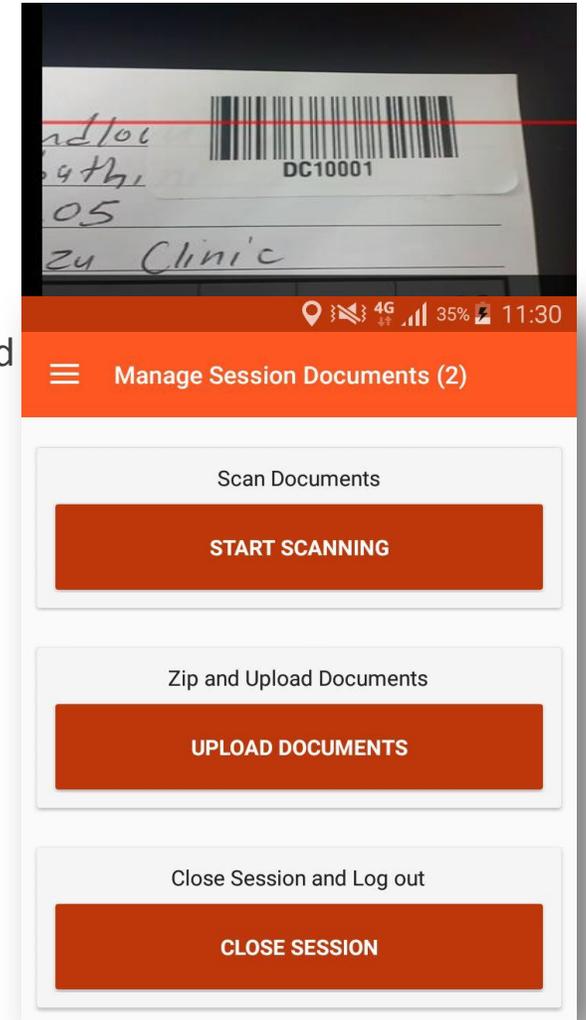


Background

- Reaching men with HIV testing services (HTS) is required to achieve 90-90-90 targets. Although men have a lower overall HIV prevalence than their female counterparts (14% vs. 24%), identifying HIV-positive males is critical to achieving epidemic control.
- CareWorks has implemented workplace programs under PEPFAR since 2012.
 - Target population of these workplace services: 5 M's - **M**obile, **M**igrant and/or **M**arginalised **M**en with **M**oney
 - Male-dominated industries (Mining, mining-related construction, engineering, etc)
- In South Africa, the mining sector is a key driver of male employment. Offering workplace HTS can be a method of enfranchising men into HTS and treatment programs.
 - The Mining Charter mandates annual and universal HTS to mine workers.
- Programmatic challenges emerge when implementing these types of HTS programs:
 - PEPFAR yield targets are adversely impacted when HTS is targeted at men.
 - Annual and universal HTS provision; yield sacrifices must be considered.

Data Methods

- Only routine HTS programmatic data was analyzed and presented.
 - No secondary data was collected.
- All data collection/processing is POPI compliant.
 - Clients provide informed consent for HTS as well as data sharing with Contact Centre and Linkage Officers.
- Data is captured on paper-based forms by trained lay counsellors.
 - Forms are scanned and uploaded to CareWorks head office in real time using the Mobile Care App.
- Barcoded data collection tools allow for creation of individual patient records --- used for patient tracking and cohort monitoring.



Data Methods

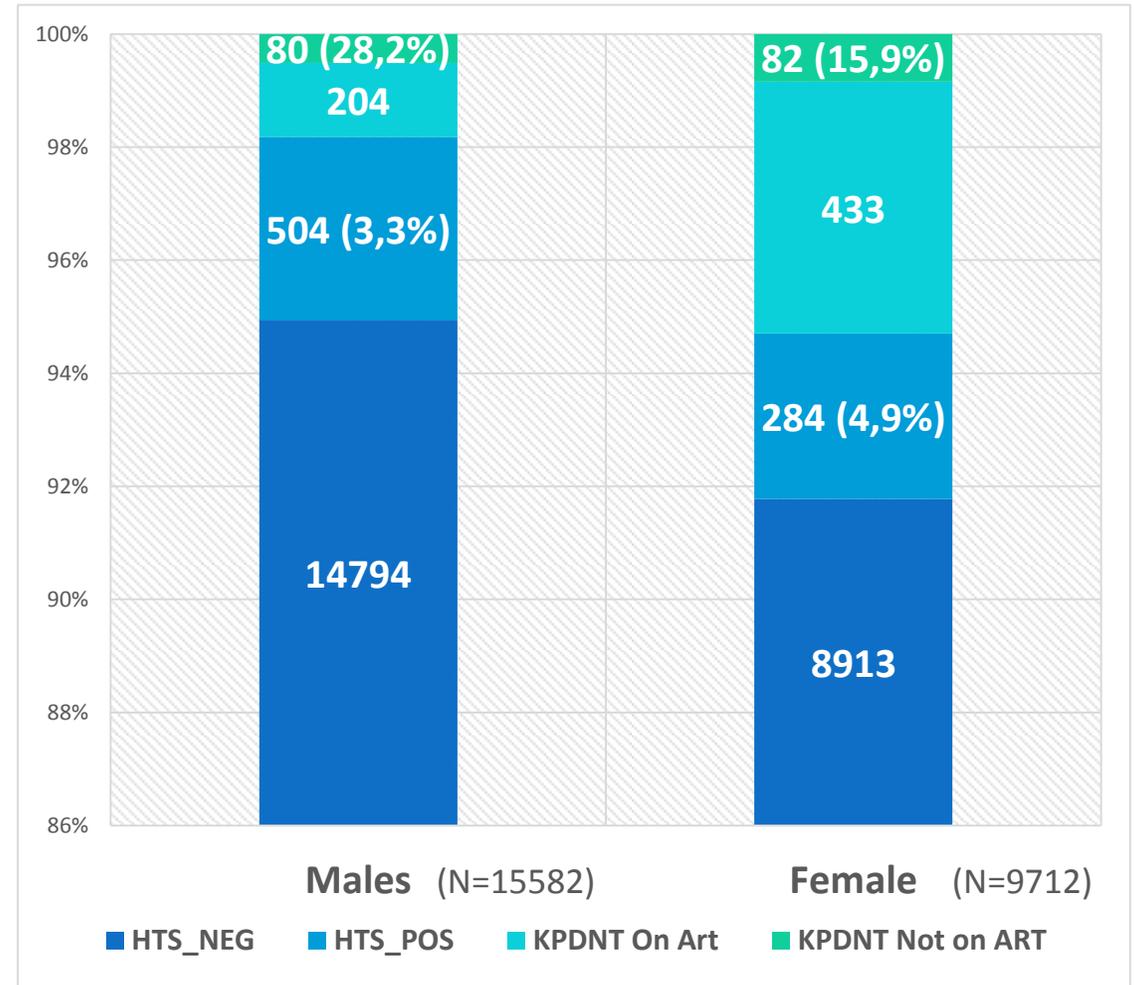
- As employers provide paid time-off to attend HTS, all employees participate in HIV education and HTS.
- During pre-test counseling, known positives not requiring HTS are identified and reported separately. Their self-reported ART status is documented.
- All new and known positives (not on ART) are pro-actively linked to ART services by CareWorks Linkage Officers and the Contact Centre.
- New positives were disaggregated from self-reported known positive (recorded as known positives did not test (KPDNT)).
- HTS yield was analyzed in relation to male participation, and the number of new and known positives identified.



Key Results

Between October 2016 and September 2017, CareWorks provided workplace HTS to **24 495** individuals in North West, Limpopo and Mpumalanga Provinces.

- 62.5% of those accessing workplace HTS were male
- 74% of these males were under 35 years of age
- A total of 955 new positives were identified (3.9% yield).
 - 504 new males positives (3.3% yield)
 - 451 new female positives (4.9% yield)
- In addition the program identified 799 known positives (162; 20% not on ART)
 - 284 KPDNT males (28% not on ART)
 - 515 KPDNT females (16% not on ART)



Conclusion and Recommendations: Scalability

- Workplace testing is a strategy that can be scaled-up in districts with low male participation in community and facility HTS.
- Workplace programs can be implemented in all PEFPAR-supported districts, particularly those areas with male-dominated industries, such as; mining, construction, manufacturing and road-freight.
- When programs include a high proportion of men (50%+), yield targets must be adjusted accordingly. Maintaining a high-yield is not possible in workplace settings where universal and annual HTS is implemented.
- New male-dominated workplaces that have not previously implemented HTS should be continuously identified to maintain a sufficient yield to justify program investments.
- Providing DoH ART through workplace occupational health centers should be considered to increase linkage rates, as working males are reluctant to take time off from work to access DOH ART services.

Conclusion and Recommendations: Costing

- Workplace programs are partnerships! Although identifying new PLHIV is a priority for PEPFAR partners, the priorities for employers are to;
 - satisfy industry compliance by ensuring all employees are offered HTS
 - ensure that HIV services do not interfere with operations and productivity/financial bottom-line.
- Workplace HTS programs must be able to provide HTS to the entire workforce within a short period of time, requiring a HTS team that is:
 - flexible
 - professional
 - efficient
 - able to work non-traditional hours under stressful conditions.
- Enfranchising males in HTS, particularly through workplace programs, is more labor and resource-intensive than providing community-based HTS.

Summary of Key Points

- There is a need to establish separate yield targets for males and females, to avoid the risk of programs only targeting females to achieve target yields.
 - Workplace programs in **male dominated** industries will inherently have a lower yield.
- Establishing and maintaining access to male-dominated workplaces is key to identifying male PLHIV who may not be identified otherwise, and for ensuring working males are linked to ART and prevention services, such as MMC.
 - Obtaining and maintain buy-in from employers is time consuming, but once established, eliminates the need for demand generation activities.
- There is a need to focus on identifying known positives not on ART and linking these PLHIV to ART
 - What are we doing as a PEPFAR partner about KP not linked to Care?



Thank you!



CareWorks

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