Increasing HIV Testing Among Men

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Lessons from Cross-Cutting Right to Care Programmes
Lesson 2

Act Accordingly
Lesson 3

Context is King
Collaboration between DSD partners, NDOH, DOH, CBOs, CHWs, WBOTs, Civil Society. If you're working in health, you're working in the relationship industry.

Know your audiences, their social norms, perceived masculinity and how this influence their behaviour. This requires deep work on hyper-localised levels.

Use dynamic GIS mapping to identify population density, demographics and other variables for a targeted approach. Map places of interest to men in order to reach men where they need services.

Community-based scale-up and peer-to-peer support networks. PLHIV play a vital part in programme design and/or as community ambassadors.

Making it easy for men to access health. Men-only days and extended operating hours, confidential help-line. Under a strong, relatable men's-health brand. Any marketing approach / brand identity needs to be scalable and applicable across the cascade.
Summary of Key Points

6. No generic messaging. Targeted at addressing barriers, focus on enablers.

7. Train health-care workers in behaviour science to understand the subtlety of language and tone.

8. Think differently about the same problem: assisted HIV self screening targeting adult men showed a positivity yield of 11.2% as compared to 6% for the facility HTS.

9. HTS in non-health settings. The testing of 37,500 men as part of pre-screening for customary male initiation process in the Eastern Cape.
THANK YOU