TOWARD HIV EPIDEMIC CONTROL: LESSONS FROM RESEARCH TO PRACTICE

REACHING MEN AND YOUTH (ADOLESCENTS/AGYW)

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CONTRIBUTING FACTORS TO THE FAILURES OF THE CURRENT HIV PROGRAMMES

- South Africa is the number one unequal society in the world
- Sky rocketing levels of unemployment amongst youth
- Broken health system affects ART initiation and roll-out of other services
- Comorbidities such as cardiovascular diseases, diabetes and other chronic diseases
- Enough resources to respond to HIV but poorly coordinated
- Target driven programming compromises quality and lacks ubuntu
CONTRIBUTING FACTORS CONTINUES...

- Deaths are due to undiagnosed HIV; late diagnosis; treatment failure or loss to follow up
- Drug stock outs and stock in not out
- 60% of people currently hospitalized were previously on ART
- TB claims at least 80% of people living with HIV, mostly men
### HIV EPIDEMIC CONTROL

<table>
<thead>
<tr>
<th>Year</th>
<th>PLHIV (millions)</th>
<th>Annual Deaths</th>
<th>Cumulative Deaths</th>
<th>New Infections (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>2.36</td>
<td>84000</td>
<td>158 000</td>
<td>577 (peak)</td>
</tr>
<tr>
<td>2017</td>
<td>7.33 (7.9)*</td>
<td>89 000</td>
<td>3 473 338</td>
<td>271</td>
</tr>
</tbody>
</table>

Source: Thembisa Version 4.1
* SABSSM 5 2018
HISTORY OF HIV INFECTIONS

• 577 000 HIV new infections in 1998
• New infections have declined by more than 50% since 1998
• 100 000 new infections occurred in young women in 2017
INFECTION PATHWAY
AFRICA CENTRE IDENTIFIED PHYLOGENETICALLY LINKED HIV TRANSMISSION NETWORKS IN HLABISA

Very young women acquire HIV from men, on average, 8 years older

High HIV incidence men
Mean age 27 years (range 23-35 years)

High HIV risk women
Mean age 18 years (range 16-23 years)

When teen women reach mid-20s they continue the cycle

High HIV prevalence women
Mean age 26 years (range 24-29 years)

Men and women > 24 years usually acquire HIV from similarly aged partners

HSRC data showed 2nd 90 is our biggest challenge
REACHING MEN

• Emotional sensitivity of men and internal stigma prevents men from accessing health services
• Most men are bread winners therefore they prioritize income before their health
• Staff attitudes also drive men out of health care facilities
• Lack of mentorship programs for young men
• Current men structures have been stigmatized we need to explore neutral spaces and organize differently
REACHING MEN CONTINUES….

• Men believe in structures therefore we should invest in establishing more men structures such as isibaya samadoda and other spaces outside of HIV structures

• Resolutions from the Men’s parliament in October 2018, include:
  - proposed happy hour services for men in and out of health facilities;
  - issues of GBV in communities;
  - **we need to mobilize men for men’s health**;
  - holistic approach looking at men’s programmes, not single issue driven campaigns
Possible avenues of reaching men

- Takuwani Riime (‘let us stand up together’), has been an organizing force behind man spaces.
- Organized men’s national and provincial parliament gatherings.
- This initiative have been launched by Deputy President DD Mabuza in 2018, during the men’s parliament gathering in Cape Town.
- All districts and local Municipalities are mandated to facilitate men’s parliament gatherings
- Main aim of the men’s parliamentary gatherings is depoliticizing and destigmatizing men’s spaces
- Private public partnerships are necessary e.g. Anglo American in partnership with Takuwani Riime educated and tested more than 3500 men in May 2019, in North West
REACHING YOUTH AND AGYW

- Woman centered approaches to realize comprehensive sexual and reproductive health right for young women
- Demonizing and antagonizing ‘blessers’ will not yield expected results
- Young people want inclusive and meaningful consultation on policy development regarding their issues
- Review impact of interventions that target adolescent girls and young women (Zazi, Dreams, SheConquers, etc)
- Great innovative initiatives such as youth friendly health care services, happy hour, Fastrack young people, Chill zone.
- Invest in youth to lead and facilitate these youth initiatives interventions and also invest on youth lead organizations, nothing about us without us
• Substance abuse remains a big problem and the leading cause for young people to default on treatment

• No one size fit all point of care, let young people have choices where and when to collect treatment

• Peer to peer lead psychosocial support

• Strengthening of high education based programmes i.e. holistic approach intervention (First thing first, graduate alive)

• Youth clubs school based programmes lead by young people

• Intervention for 14 to 24 years of age its late – focus should be as early as 9 years of age
REACHING YOUTH …..

- Biomedical interventions are great but our problems are beyond that
- Invest on behavioral change (not enough investment)
- People centered approach (people are not numbers)
- Our language is missing target groups (scientific language) leaving people behind
- Proper implementation of comprehensive sexuality education in schools
- Non-judgemental HIV messaging (sex positive)
- Comprehensive package of care for HIV negative people (leaving no one behind)
- Lack of social marketing of women centered HIV prevention tools (PrEP, Female condoms, PEP)
Thank You

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