Reaching Men: HPTN 111

17 June 2024

Dr. Zubair Lukyamuzi

MU-JHU Research Collaboration, Kampala, Uganda





Presentation Highlights

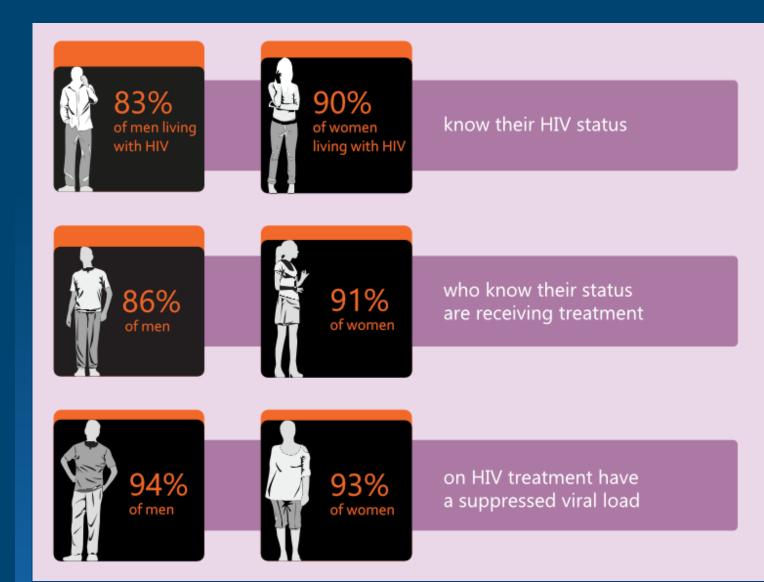


 HIV prevention & care services inadequately reach heterosexual men

 It is possible to reach men through community safe spaces that are comfortable & convenient for meaningful engagements, such as barbershops

Barbershops & barbers may be leveraged to advance HIV prevention & care services in men

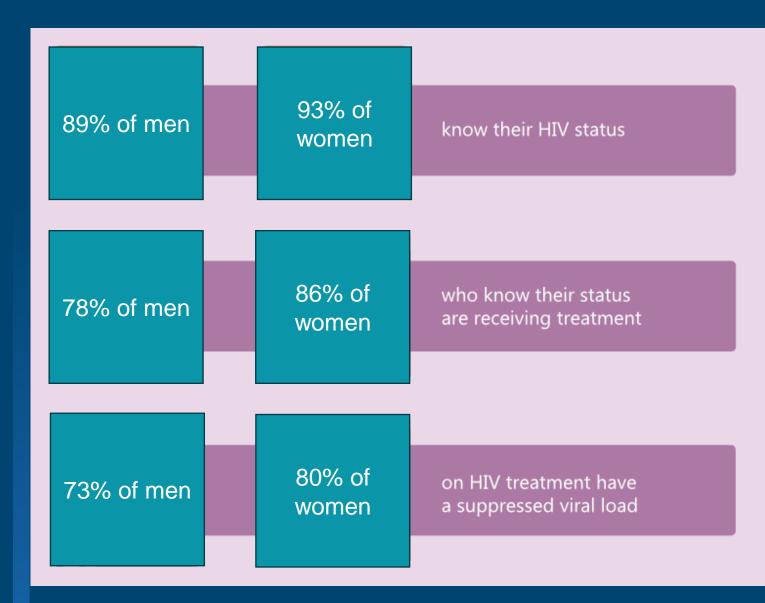
Globally, Men Lag in the HIV Response





https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/adolescent-boys-and-men

Men Lag in the HIV Response in East & Southern Africa







- In Uganda, men living with HIV are 3 times less likely to know their status compared to women
- HIV incidence in Kalangala Islands, Uganda is ≈8 times higher (2.3%) than the national incidence.

Men are More Engaged if Models of Care are Differentiated



Home-based

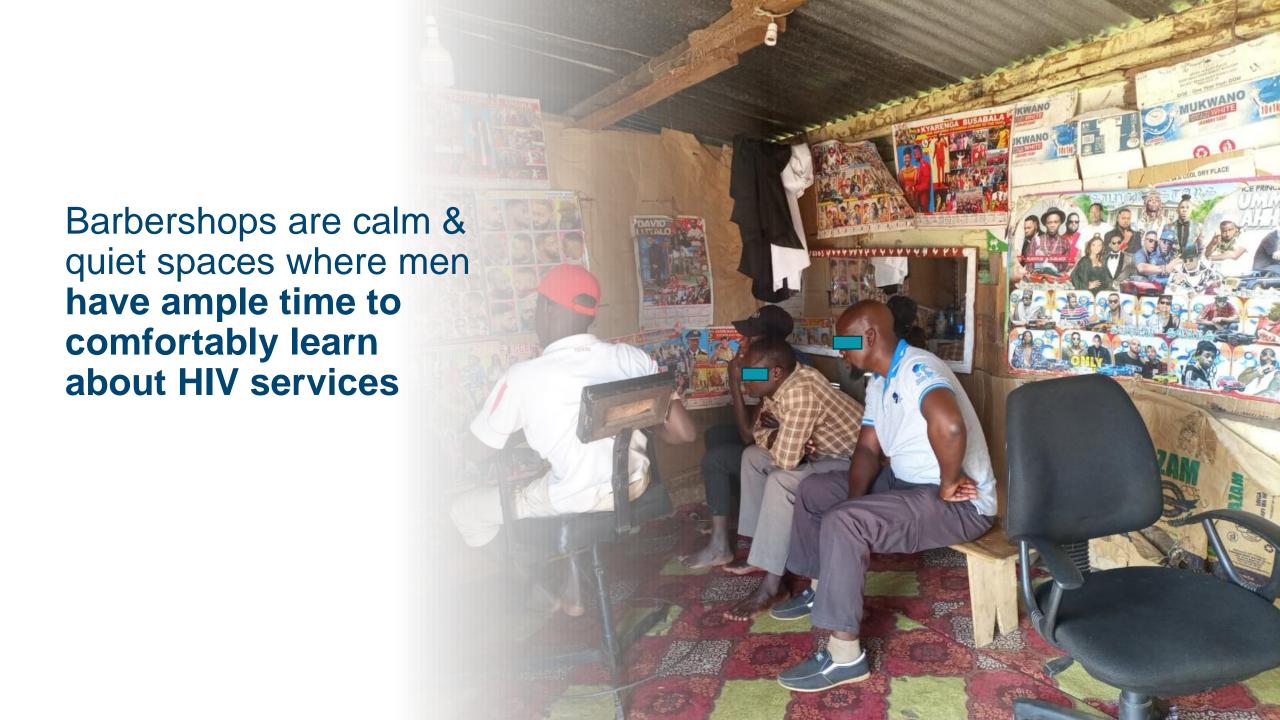


Communitybased



At place of work





HPTN 111

Feasibility and
Acceptability of a
Barbershop Based
HIV Prevention
Initiative Among
Heterosexual Men in
Kalangala Islands,
Uganda: A Cluster
Randomized Trial



HPTN 111 Overview



 Primary objective: Assess feasibility & acceptability of a barbershop based HIV prevention initiative

 Design: 18 barbershops randomized (2:1) to deliver an HIV prevention intervention to clients or provide the standard of care

• **Population:** Heterosexual men ≥ 16 years, behaviorally vulnerable to HIV in the Kalangala Islands, Uganda (N=250)

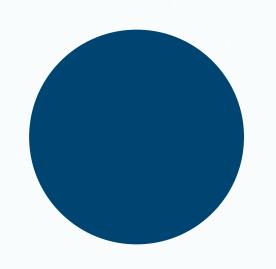
Study Location





- MU-JHU Clinical Research Site (Kampala, Uganda)
- HPTN 111 Study Location (Bugala island, Kalangala, Uganda)





Study Preparation

Entry into Kalangala, Barbershop assessments



Entry in Kalangala

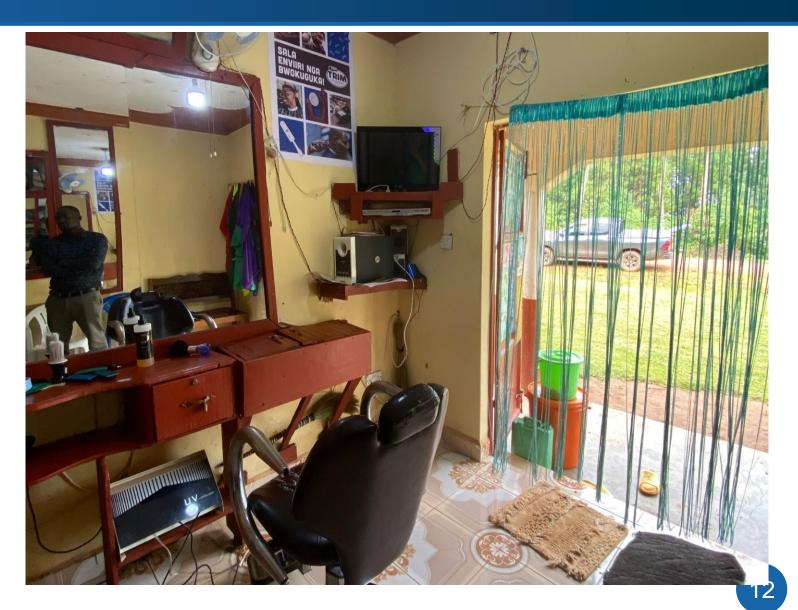
- Engaging the district health team (DHT)
- Introduction to the district leadership through the DHT
- Permission to enter the district/island
- Identifying the study site/space

Identifying Barbershops



Choosing shops to partner with:

- Assessed 46 shops in 24 towns for space and willingness to conduct the study
- Began building rapport with individual barbers





Community Engagement & Sensitization

Stakeholder engagement, barber engagement

Stakeholder & Barber Engagement



Key stakeholders engaged:

- fishing community
- palm oil plantation workers
- Motorcyclists

Knowledge exchanged:

- Community drivers of HIV on the Island
- Study team local HIV statistics & prevention options

Barbers were also engaged separately



Barbers are the key implementers of the intervention in HPTN 111

During engagement, they realized opportunities & challenges for the initiative



Key Opportunities



- Acquiring knowledge about HIV prevention
- Gaining more respect/trust from the community
- Contributing to HIV prevention efforts in the community

Expected Challenges



- Initial lack of trust by the community
- Negative attitude from customers who might be living with HIV



Study Status

Recruitment, ongoing lessons

We Have Witnessed High Interest of Barbers & Men to Participate Which Has Enabled Faster Recruitment

18 barbershops

18 barbers

208 men





Lessons Learnt



 Adequate community engagement & preparation activities are important for successful study implementation & good community reception

 Interest from barbers & their clients may reflect an unmet need for HIV prevention in this community

 Need to be flexible in the study implementation due to changes in fishing seasons, heavy rains, water transport, tight palm oil growing schedules.



HPTN 111 team

Acknowledgments



 Overall support for the HIV Prevention Trials Network (HPTN) is provided by the National Institute of Allergy and Infectious Diseases (NIAID), Office of the Director (OD), National Institutes of Health (NIH), National Institute on Drug Abuse (NIDA), the National Institute of Mental Health (NIMH), and the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) under Award Numbers UM1Al068619-17 (HPTN Leadership and Operations Center), UM1Al068617-17 (HPTN Statistical and Data Management Center), and UM1Al068613-17 (HPTN Laboratory Center).

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













Thank You











