





Newsletter May 2024

Choice for HIV Prevention for MEN

Welcome to the MOBILE MEN internal newsletter. We send this every three months to give study members updates on progress. Please send any photos or news items that you would like us. Also, please send to any stakeholders who may be interested.

MOBILE MEN Inaugural Consortium Meeting

The first MOBILE MEN consortium meeting was hosted at the Garden Hilton in Durban, on the 19th - 21st February 2024, as an opportunity for project partners to meet face to face, review results of the rapid assessment and to prepare for the clinical study. The meeting included clinicians, pharmacists, researchers, statisticians, health economists, modellers, social scientists, grant, and project managers. We finalized critical details of the programme, educated each other about different aspects of implementation science and outlined next steps for all work packages.



Training and knowledge exchange

Our dedicated knowledge exchange programme aims to improve capacity in all institutions using expertise both within and external to the consortium. A mapping exercise to identify strengths and gaps among consortium partners was conducted early in the programme and highlighted the depth of expertise of different partners for different aspects of the work. At the consortium meeting in Durban, sessions were held to address some of the identified gaps, including presentations on implementation science, health economics, modelling, and rapid qualitative data collection. Training and peer support on key methods required for Mobile Men, including qualitative and quantitative data collection and analysis, have been embedded in the programme. We plan to repeat the mapping exercise to evaluate the impact of our programme on capacity strengthening in the key areas. For questions, contact Emily Webb: Emily.Webb@lshtm.ac.uk.

Rapid Assessment Update

The Rapid Assessment phase is well underway to identify key risk groups of men, optimise engagement and develop the clinical trial with the needs of MOBILE MEN prioritised. This work is due to complete with reports and feedback provided before the clinical study starts. Repeat rapid assessments will occur throughout the programme.

	Site 1	Site 2	Site 3	Site 4
KwaZulu- Natal	Taxi rank completed	Petrol station completed	Trucking rest stop completed	Farming completed
Eastern Cape	Taxi rank completed	Trucking completed	Construction site completed	Trucking
Masaka	Fishing completed	Fishing completed	Trucking stop	Fishing islands

<u>Africa Health Research Institute, KwaZulu-Natal (KZN), South Africa</u>: Four sites were investigated as potential recruitment sites for the trial. Based on this the taxi rank and trucking rest stop were the most viable options. Preliminary findings reveal that mobile men were vaguely aware of PrEP, and they do not have sufficient information/knowledge to make informed choices whether to use it or not. Lastly, the mobile men also reported non consistent condom usage and sexual encounters with multiple partners therefore placing them at a higher risk of acquiring HIV.



Uganda Virus Research Institute, Masaka, Uganda: We have conducted rapid assessments in two of four planned sites. The two fishing communities provide good potential as recruitment sites for the trial. Initial findings suggest that economic and social lives of the community depend largely on the fishing seasons. During good seasons, alcohol consumption and commercial sex are common, with inconsistent condom use reportedly common. While awareness of different HIV prevention options is high, PrEP is a relatively new addition but those who know about it prefer the injectable type because of its convenience. The community members seem excited about PrEP and for the men who do not want to use condoms, this is a welcome innovation. However, the trial needs to address the problem of high STIs in the study communities which are likely to increase if PrEP is perceived as a magic bullet against all STIs.





Desmond Tutu Health Foundation, East London, South Africa: Following community engagement with a variety of men's health-focused stakeholders, the team identified three sites to assess across the Buffalo City Metro. Preliminary evidence suggested that the trial would be best situated in the Highway Taxi Rank at Mdantsane township. Men here had a lack of knowledge/awareness about PrEP, strong preferences for unprotected sex and seldom accessed nearby healthcare facilities. These health risks were exacerbated by broader societal beliefs that encouraged increasingly younger men to secure wives and be involved with multiple sexual partners as a demonstration of manhood, putting men and their multiple sexual partners at risk of contracting HIV. Compared to the other tax ranks, the Highway Taxi rank site had practical factors such as the availability of space, strong safety and security measures and the taxi rank manager's support to access the site.



Site visits

Berna and Julie visited DTHF and AHRI clinical sites in April. They were shown the mobile clinics, data collection pathways, labs, and pharmacies. The site initiation visits for South Africa will occur in June attended by Julie and the UVRI team. A site visit to Masaka is planned for September 2024.

Clinical trial update

Ethics submissions:

	Submitted	Ethics comments	Status V3.0 submission
AHRI	Nov 2023	Jan 2024	Submitted v3.0 2.5.2024
Eastern Cape	Sept 2023	Jan 2024	Responded to ethics on v2.0
Masaka	Nov 2023	Dec 2023	Submitted v3.0 23 rd April

<u>Independent oversight</u>: An external advisory group comprising international stakeholders was held at the CROI conference 2024 and provided valuable suggestions for HIV testing, social science and more. The oversite committees (IDMC and TSC) have been formed, and meetings planned for July/August.

<u>Cabotegravir availability:</u> ViiV healthcare are kindly providing CAB-LA for the study.

Estimated start dates: South Africa July 2024, Uganda Sept/Oct 2024

Reminder of trial design



More information

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