



Choice for HIV Prevention for MEN

Welcome to the MOBILE MEN newsletter. We send this to give the team and stakeholders updates on progress.

TOP NEWS

1. The rapid assessment of communities is complete
2. The MOBILE MEN Clinical Trial has started
3. Recruitment is going extremely well
4. Men are using the HIV self-test
5. No-one has declined PrEP so far
6. Men are using event driven PrEP

Rapid Assessment Results and recommendations to clinical trial

Round 1 of the Rapid Assessment phase is complete and submitted for publication. The work found that there was interest among men who travel for work to use PrEP and informed sites about strategies for recruitment and engagement with the men. Repeat rapid assessments will occur throughout the programme.

	Settings to find men who are mobile for work			
	Site 1	Site 2	Site 3	Site 4
KwaZulu-Natal	Taxi rank	Petrol station	Trucking rest stop	Farming
Eastern Cape	Taxi rank	Trucking resting stop	Construction site	Trucking
Masaka	Fishing landing site	Fishing landing site	Trucking stop	Fishing islands

Africa Health Research Institute, KwaZulu-Natal (KZN), South Africa: 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.



The new AHRI mobile van in KwaZulu-Natal



Uganda Virus Research Institute, Masaka, Uganda: Rapid assessments in four sites was conducted with two fishing communities identified to be 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 increase, 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.



The Masaka social science team travelling to the fishing islands

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 taxi 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.



The DTHF Eastern Cape team with new mobile clinic



Site visits

Site visits were carried out ahead of initiation of the clinical trial, led by UVRI, Uganda. The most recent visit was carried out in Masaka where we are awaiting site activation.



The Masaka team

Clinical trial

DTHF, Eastern Cape opened in August, followed by AHRI, KwaZulu-Natal in September and Masaka is due to open in October 2024. Recruitment at both South African sites is going extremely well, all men recruited have taken up PrEP and there is high uptake of the finger-prick HIV self-test. Recruitment rates are affected by weather and work patterns. Videos showing men how the CAB-LA injection is given and how to carry out the HIV self-test have proved useful. Visits are sometimes split, so that men can carry on with their work. In depth interviews are starting.

The Time-and-Motion sub-study is underway which will enable accurate costing of staff time for health economic analysis. We are aiming to have 10-20 data collection points for each staffing cadre. *The HIV synthesis model*, which will be used for the cost-effectiveness analysis, is being updated to account for male mobility and its link to sexual behaviour, as well as including effects of event-driven oral PrEP and CAB-LA PrEP.

	Eastern Cape South Africa	KwaZulu-Natal South Africa	Masaka Uganda
Screened	115	45	
Randomised to PrEP arm	97(84%)	43(98%)	
Refused PrEP	0	0	
HIV self-test done at week 2	50/83	11/11	

Training and knowledge exchange

A Mobile Men PhD project opportunity is advertised as part of the Khulani Siphile Siphuhle PhD Training Program (KiSS-TP) which is providing PhD training in partnership with University of Cape Town and the University of California Global Health Institute. Study team members continue to exchange knowledge through shared activities. For questions/suggestions, please contact Emily Webb: Emily.Webb@lshtm.ac.uk.

More information

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