

# Co-developing a Targeted Campaign to Testing in (Non-tester) MSM

### A Multi-layered Behavioral Change Intervention

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## **Persistent Late Stage HIV Infections in MSM**



Late HIV diagnosis is made when CD4 count < 350 cells/µL or with an AIDS-defining event, regardless of the CD4 cell count.

#### HIV Transmissie Eliminatie AMsterdam HIV Transmission Elimination AMsterdam

Reference: Stichting HIV Monitoring (SHM). (2022). HIV Monitoring Report 2022. Retrieved from https://www.hivmonitoring.nl/nl/resources/monitoring-report-2022



# Specific Groups are persistently affected by Last Stage Diagnosis

Late-stage HIV diagnosis – origin	MSM
(2019-21)	
Western Europe	33
South America	13
Western Africa	0
Other Europe	8
Caribbean	4
Other	3
Total	61

Reference: Stichting HIV Monitoring (SHM). (2022). HIV Monitoring Report 2022. Retrieved from https://www.hivmonitoring.nl/nl/resources/monitoring-report-2022



# Aim: Increasing HIV Testing in the Last Mile MSM

# Increasing HIV testing uptake in the Last Mile MSM

- > Align risk perceptions in never tested MSM
- Align perceptions around internalized forms of HIV stigma
- Highlight the benefits of regular HIV testing and PrEP, ART (U=U)
- Offer low threshold testing options to discreet MSM

Last Mile MSM:

- Never Tested MSM
- Irregularly tested MSM (> 6 months)



### Behavior Change Wheel Offered A Holistic Framework for Intervention Development



Stages of the Behavior Change Wheel (Michie et al., 2014)



# Stage 1: Mapping of determinants of late diagnosis in MSM (Amsterdam)



**Eliminatie AMsterdam** *HIV Transmission Elimination AMsterdam* 

## Stage 1: Segmentation was crucial to developing a targeted intervention

### B H-TEAM

H-TEAM

### The Last Mile Phase 2



BIO: Ameer is a second-generation Dutch citizen with bi-cultural background from Morocco. He is the only son in a well-established family. His parents hold traditional views regarding homosexuality. Ameer knows that he is gay but struggles to accept himself as gay. He lives with his parents who expect him to get married at some point. To overcome stress, he often engages in flings with guys. These are often unplanned, Very discreet, and with a little conversation. He tries to use condoms as a receiving partner but that's not always possible. He often thought about taking PrEP but never dared to go and request it from GGD as he fears someone from his community might see him there.

#### ATTITUDINAL AND BEHAVIORAL INSIGHTS:

Ameer faces internal stigma related to homosexuality

driven by social/cultural norms of origin that further

» The safety net developed by Ameer his sexual health is not always bulletproof (mainly based on misaligned self-risk perceptions of HIV and STIs)



Ameer

» Sinale

» 23, Amsterdam-West

» Works in a restaurant

intensifies the perceived severity of living with HIV » Ameer fears holding open and honest conversations with his GP/GGD about his sexual health issues.

Since he is very discreet, going to sexual health clinic is not an easy option for him

### B-H-TEAM



#### Joris » 23. Amsterdam » Sinale » VMBO » Customer support

# worker at ikea





Young Bisexual

### The Last Mile Phase 2

BIO: Joris lives in Amsterdam Zuidoost with housemates. He has an outgoing personality, plays soccer, works out regularly and likes to hang out with friends in his free time. Most of his friends are straight. He identifies himself as straight but sometimes likes to have sex with men. He smokes weed and sometimes has sex with drugs.

#### ATTITUDINAL AND BEHAVIORAL INSIGHTS:

» He doesn't see the risk of HIV for himself as HIV is far away.

» He thinks it's hard to live with HIV, both health-wise and socially

» He gathers some information from unauthentic sources and forums like COVID-19 mis-Info-demic

» Joris fears being stigmatized for his sexual orientation in both straight and LGBTQI communities for his sexually fluid behavior as he doesn't like labels

He doesn't expect his GP to discuss his sexual health issues unless there is a health problem

#### FRUSTRATIONS COVID-19 restrictions limited his hook-ups Stigma toward sexual interactions with men No habit to talk about sexual health with GP He doesn't know his HIV status

### H-TEAM

easier for gay guys today

#### The Last Mile Phase 2



BIO: Ben identifies himself as gay and has an outgoing personality. He likes to travel and hang out with friends, often hosting small parties at his place. He invites guys through Grindr, the Chill app, and Scruff. He likes bareback sex and only goes for STI testing at his GP if someone notifies him or if he has a symptom, which is rarely the case. He doesn't like talking about HIV and AIDS, so we don't know his status. Ben had difficult circumstances accepting his sexuality as a gay man, including interaction with his parents in the early 90s.

Ben » 56, Arnsterdam » Single » Senior Manager in a multinational Company	ATTITUDINAL AND BEHAVIORAL INSIGHTS. » Ben has internalized stigma/negativism related to HIV, mainly due to traumatic memories from the 90s. » He developed many traumatic memories by reading reports and articles in the media. Furthermore, he received
WHO? Young Bisexual (User segments) MSM	public health messages mainly based on the fear of getting HIV and dying of AIDS.
WHAT? Irregular and delayed (Current Behavior) testing for HIV	» He uses avoidance of the issue altogether as a coping mechanism.
Campaign Goal) per year KNOWSTATUS use PrEP/ART	» Ben minimizes the risk of HIV acquisition associated with his current sexual behavior.
FRUSTRATIONS » Growing old is not easy » He doesn't know his HIV status and doesn't want to know » Feels envious at times as how much things have become	

#### **HIV Transmissie** Eliminatie AMsterdam

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- An online HIV communication campaign (feasibility)
- Empowering narratives/story-telling rather than stats (impact)
- Visibility of bicultural MSM in the campaign (acceptability)
- Targeted ads through social media to reach non-testers (reach)
- Offer HIV self-testing kits (impact)
- Integrate low-threshold outreach activities (feasibility)

I-TEAM

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# Stage 3: Four Differentiated Sub-Campaigns Implemented





#### Stop met zorgen maken, neem PrEP.

We snappen dat u liever nick dreikt aan die ziekte dei in de jaare 180 en 190 zoveel levens slootwik. Weel veranderd. Dankzig grote medische vooruitgang is hiv nu een virus dat goed onder controle te houden is. Door PrEP te getrukker, kunt u een last van uw schouders laten vallen.

Hulp nodig?



### Testing and treatment is available for everybody.

You are young, healthy and enjoying a life with plenty of sex. And why wouldn't you? Still, it wouldn't hurt to keep your health in check. Regular HIV and STI testing is part of a healthy sexual lifestyle. Treatment for HIV is available for everyone, even if you're undocumented.

Hulp nodig?



# Digital uptake was good given the small size of the epidemic

- •4.4 million video views
- •43.706 clicks to the campaign page
- •Meta engaged people above 25
- •Youtube and TikTok engaged younger people18-24

# •Evaluation Report -> December 2023



# Learnings

### What worked?

- Effective engagement of MSM in the design process increases the acceptability of the intervention and addresses diversity within the target population that complicates the intervention design process
- Strong collaboration between partners (evidence, policy, services, communication) for implementation (H-TEAM)

### What is challenging?

- Persistence of internalized HIV and homosexuality stigma in groups
- Difficulty in measuring effectiveness given small size of epidemic

### Moving Forward:

- The "Last Mile" approach shows promise for broader applications (women, straight men, high-incidence settings).
- As Fast Track Cities get closer to Zero new infections it is imperative to engage with Last Mile MSM which requires tailored approaches for smaller groups



## Thank you

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## **Stage 4: Implementation & Evaluation**

