Incentivised HIV-testing - the experience of the "Men on the Side of the Road" project -

Charles Maisel (Indlu Yegazi HIV/AIDS project)
It was found that unemployed black males within this target group only 30% had gone for a test and knew their status, mostly because they were already ill.

This prompted the fact that within this target group prevention was definitely not working.

This prompted the assumption that if so few knew their status are the aids statisticians correct in their numbers when most of the test data come from women!
The Team

“MSR
“Desmond Tutu HIV centre
“Broccoli Project
The detractors

"Everyone Else! Including W/Cape provincial representatives at the Health Department.

"Quote: "People need to test on their own, we can't treat them like animals."

""
“MSR would organise a maximum 40 people a day for testing through the TUTU mobile tester.

“Broccoli project would use biometrics to provide the incentive and track the testers.

“Desmond TUTU HIV project at UCT would provide the counselling and referrals to clinics as per their normal model as well as look at general health and TB
All results and data on individuals who tested were only accessible by Desmond Tutu HIV Foundation while everyone else was given broad statistical data only.
What was groundbreaking about the approach?

1. Targeted group of men only!
2. Biometrics used for HIV testing
3. Incentive given to all who tested
4. Data on every individual (who tested)
"1. 100% of unemployed black males tested ie: everyone who was asked to test for an incentive did test.

2. The demand for testing far exceeded the supply (more on this later!)/The story of Nyanga

3. The tipping point incentive was R50 as a food voucher from Pick n Pay."
4. 67% of unemployed black males went for their first test through the program.

5. The HIV positive rate was 28%-35% in some areas in the Western Cape (more on this later).

6. No one objected to the biometrics.

7. 500 men tested overall.
Implications: “Everyone can and should test”

1. It is possible to test most people in South Africa through an incentive program OR even drivers’ licenses, or marriage licenses, or there is a will.
“Prevention is not working”

"2. The results show that prevention is not working" most men were just too lazy to test!"
“There is no stigma.”

“3. The results show that the stigma so often talked about is humbug and has caused and continues to cause problems with HIV testing.”
“Demand will exceed supply”

The demand for testing far exceeded the supply. Everyone did test the hospital, clinic system, and cost of drugs is unsustainable. This is a paradox as the system would just break down on cost alone. What this shows is that if the story of Nyanga.

“Demand will exceed supply”
The size of the problem is probably a lot higher than that based on the testing mostly of women. Statistics are often flawed as they are based on skewed data.
“Biometrics is vital”

“To run a successful incentive-based program, biometrics is vital because then there is no duplication and people can be tracked. In many other testing programs, there is no tracking which often leads to duplication and skewed statistical results.”
“The average cost of the incentive was R50 and given as a voucher with a retailer.

“50 million people testing once a year is (2.5 billion) and tracking them all.

“The cost of treating 10 million + people at R1,000 pm for 20 years is (120000000000 that’s trillions) which is completely unsustainable.
If everyone did test (which is possible) and we had to treat everyone (which is bankrupt but at least we would know), then we would treat everyone and the country be technically bankrupt but at least we would know! The paradox!