Applying a design-thinking approach for male-friendly ART services: lessons learnt from Blantyre, Malawi

Astrid Berner-Rodoreda[1], Esther Ngwira[2], Boniface Chione[3], Till Bärnighausen[1], Florian Neuhann[1]

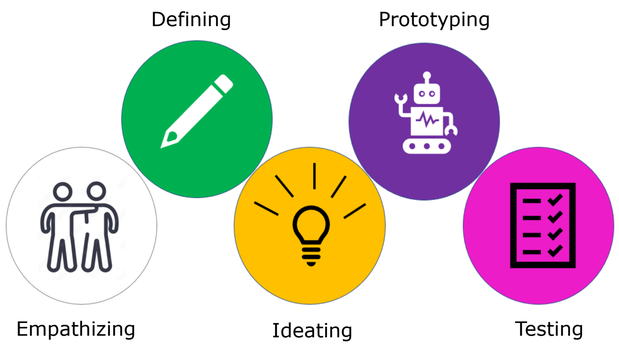
[1] Heidelberg Institute of Global Health, Heidelberg, Germany
[2] Lilongwe University of Agriculture and Natural Resources, Lilongwe, Malawi
[3] Lighthouse Trust, Blantyre, Malawi

Global Health/Gender Context

- Men's utilization of health- and HIV-facilities lags behind women's
- Need to design male-friendly HIV delivery services in Malawi

Design Thinking

- 5 iterative stages



How did we apply this?

Empathizing

Understanding men's treatment issues through in-depth interviews with

- men on ART
- men in the community
- health care providers

So, most men would opt to go for work than come to the facility and waste their time.
(Female health stakeholder)

Honestly, it's not a good service for young people… we (youth) are like being subjected to older people's settings…
(Man on ART, 26 years)

Defining the Problem

- Men are breadwinners and busy
- Men suffer from stigma and do not want to be seen at an ART clinic
- The clinic setting is boring for men

Guiding Question

How might we maintain men on ART and facilitate viral load suppression (VLS) when men do not want to spend much time at health facilities or do not want to be seen there?

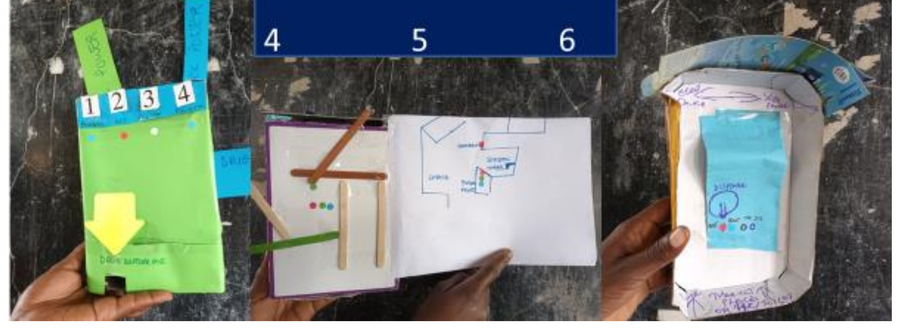
Ideating

Recommendations	Ideas for Improvement
Improved facility delivery	Separate sections (gender, age) Offering entertainment (bawo, pool-table, sport on TV) Refreshments or incentives (money, food) Longer opening times, fast service, less open space
Alternative service delivery	Offering ART where men feel comfortable: clubs, bars, churches, workplaces, headman's office Community agents ART dispenser machine
Additional suggestions	Injections or longer-lasting ART Different packaging to avoid rattling of pills Tool for monitoring adherence: charts, reminders Sending partner to collect pills

Prototyping Workshops

ART dispenser (n=2) and community agent (n=2)

- men on ART at health facility (n=6)
- men in communities (n=6)



- Informing men about the study
- Men sharing their experience of health facilities
- Individual reflection: brain-dumping ideas on cards
- Presenting cards to the group; clustering cards
- Selecting partner and working on model in pairs

Lessons from Prototyping

General

- Good interaction; designing with men works
- Men in community more solution-orientated (e.g., solar energy) and more adventurous with material
- Choose venue carefully; avoid echoey halls
- Close proximity of teams renders recording and transcribing difficult

Sampling

- Careful in mixing older and younger men in teams

Materials

- Participants need encouragement to use the materials

Group dynamics

- Participants "correct" each other
- Pairs can see what others are doing and tend to copy

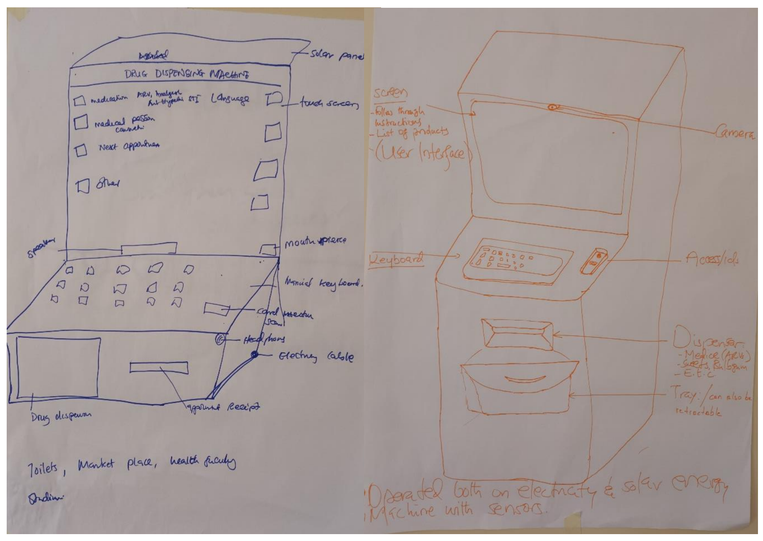
Making model implementable

Deliberate Workshop

- representatives from all groups (n=8)

Questions to discuss:

- What products should this machine offer?
- What features should it have?
- How should men access products?
- How should the machine operate?
- Where should it be placed?



Lessons from Deliberative Workshop

Group Dynamics

- Service providers often better educated; tend to dominate the workshop
- Select participants who can "hold their ground"
- Avoid mixing clients and health workers

Voting

- Indicating preference with sticky points was time-consuming; explore other methods

Experience

- Participants reticent to adopt novel unfamiliar ideas (e.g., telemedicine)

Time-Frame

- Final drawing of prototype needs more time (plan workshop for three hours)

I think, it will be very, very helpful
(R1)

This will be ideal.. It provides the solution (R4)

Conclusion

- Design-thinking works in Sub-Saharan African setting
- Participants enjoy method and create interesting models

but attention should be paid to

- group dynamics and selecting participants
- recording group work in a confined space
- planning sufficient time for the workshops

Testing

requires further funding and political buy-in.

Presented at AIDS 2024, the 25th International AIDS Conference