

## Targeted Demand Creation Strategies Increase Uptake of Screening for Hypertension Among Kenyan Men

The clock nears seven in the evening at a bus stop in Nairobi, Kenya. A group of young men wait patiently at the crowded bus station for their ride home. It's been a long day for Kioko, a thirty-four year old father of two boys. While he hasn't been feeling well lately he doesn't have any 'real' symptoms so he figures it must not be anything serious. He's tired but excited to get home to catch-up with his family and kick back to catch the end of the football match.

This is a familiar scenario. Cardiovascular disease (CVD) is the leading cause of adult mortality in Africa, and hypertension (HTN) is a major risk factor for CVD. In Kenya, an estimated 30% of adult men are hypertensive<sup>1</sup>. And yet, health outreach activities and healthcare facilities predominately target and reach women.

Healthy Heart Africa (HHA), launched by AstraZeneca in Kenya, aims to reach 10 million hypertensive patients across Africa in the next ten years. Population Services (PS) Kenya, an HHA partner, works through its *Tunza* social franchise network of 314 private health providers to offer primary care services to over 1.1 million clients annually. The initiative has just completed an 18-month demonstration phase to understand how best to integrate hypertension services into existing healthcare services infrastructures. To date, the program's six partners have screened over 2 million Kenyans, activated over 400 health facilities and trained 3,000 healthcare workers across 31 counties. The program has identified close to 400,000 patients with high blood pressure, and as a result, close to 80,000 are receiving treatment.

Since the launch of the program, there have been some key insights around how to increase the uptake for hypertension screening among Kenyan males. Several strategies are showing promising results:

1. ***Training of community health volunteers to better target men***

PS Kenya developed a program archetype, Kioko, at the onset of the program. Due to the proportionately low uptake of hypertension screening among men compared to women, increased effort was placed on demand creation activities to better target Kioko. Community health volunteers completed a refresher training on improved social profiling of Kioko in an effort to identify his daily activities and presence in the community. CHVs increased education, awareness, and screening activities in male-dominated work places e.g., flower farms, prisons, quarries, and in areas where men are found on their daily commutes. All program partners are working to hire and train additional male CHVs to encourage their male peers through education and outreach activities.

### Meet Kioko

- Male, Age 30 – 35 years
- lives in high population settlement in Nairobi or its outskirts
- Married with 2 children
- Employed and has little disposable income
- Social activities with his peers (football, news and politics)
- Heads home at 7pm to catch the news, catch up with what's happening at home
- Fears: losing his job
- Priorities: health is not top of his mind until a family member gets sick and usually visits the local chemist to get drugs

<sup>1</sup> WHO NCD Country Profiles: Kenya. 2014. Available online at: [http://www.who.int/nmh/countries/ken\\_en.pdf?ua=1](http://www.who.int/nmh/countries/ken_en.pdf?ua=1)

2. **Reaching urban males on their daily commute**

Healthcare facilities and household screening activities predominately reach women, with only 35% of those reached through the program initially being men. In order to reach more males of working age in the area of Kibera (Kenya's largest slum), Amref, a program partner, established a 'walkway' screening location and was established to capture male commuters walking home from work. This was integrated into an existing local health facility -- but one that was not part of the original program. This



*Male clients being screened during a Healthy Heart Africa outreach event in Kajiado, Kenya, September 2016*

facility Kibera is open additional hours in the evening in order to manage the additional footfall. Through this new screening location Amref witnessed a drastic increase of number of males screened. In addition, linkage rates have improved between screening and diagnosis due to evening clinic hours and increased opportunity to engage with patients on a regular basis during their daily routine. Such approaches are now being widely implemented throughout the program to consistently engage more with men.

3. **Leveraging large workplaces to bring treatment to men**

Daily working hours often prohibit attendance at screening activities. However, combining screening activities with outreach clinics at large workplaces ensures patients not only get their blood pressure checked, but also can get treated at the same time by the trained health providers attending the events. This has also allowed us to target workplaces with a workforce representative of Kioko. This has worked well at both informal (factories and quarries) and formal workplaces (teacher meetings) and has resulted in an increased desire for companies to keep their workforce health and supported, with regular outreach clinics now visiting a number of large workplaces, ensuring continuity of care with limited impact on patient commitment.

PS Kenya now reports that 52% of patients screened are men and 48% women, respectively. By implementing targeted strategies to identify men for screening and by meeting Kioko in the course of his daily life, the team experienced a significant increase in uptake of men by the end of the project's demonstration phase as a direct result of the strategies outlined here.