

# DAY TWO RECAP

## RAPPORTEURS

Kenya

Malawi

Uganda

# SESSION ONE

Focus action for males 20-29  
years and most at risk men

# TOPICS COVERED

- Demand creation : Overview of demand creation strategies
- Two approaches (interpersonal communication and expanding community mobilizers)
- Implementation science research on older men and demand creation
- Market research – Method and implementation

# SUMMARY OF DISCUSSIONS

- HIV test as a barrier : could this be re-evaluated e.g. done after circumcision, Communication about HIV testing should be tailored as per the HIV prevalence
- Need to encourage this group to visit the facility or mobile centers and then offer other HIV services e.g. HTS, PrEP as well as use the opportunities provided by the VMMC programme
- Disagreement on the non-mandatory nature of HIV testing and clarification that the HIV testing will depend on country specific in relation to their HIV prevalence rates
- Cost – not much cost relationship/implications between the different age groups
- Abstaining during the healing period – different messages for the HIV negative and positive clients
- Exclusivity for adult males services vis a vis utilization of the health care system

# SUMMARY OF DISCUSSIONS

- Interpersonal communication is key
- Long lag time to men making decision to get MC, need to minimize this for immediate impact.
- Male priority clinics increase attendance
- Need to offer other services that address chronic conditions

# KEY ISSUES/PRIORITY ACTIONS

- Should HIV testing and linkages to other services e.g. PreP be mandatory in demand creation – Be clear from the beginning because if hidden it could be a setback?
- No consensus on non-mandatory nature of HIV testing with WHO clarification that each country should find ways on each of the approaches and see what works best and at what point is it best to introduce HIV issues
- The cost of the various interventions? No formal studies done but more time spent with older men
- Abstinence during healing period should be emphasized

# SESSION TWO

# Accessing Services

- Evidence on patterns of services used
- Lesotho male friendly men's health service setting
- HIV self testing and VMMC improving uptake and service efficiency
- High Risk men at higher risk through STI services and occupational settings
- VMMC in Ethiopia National defense force
- Policies that affect men's health and address masculinity



# SUMMARY OF DISCUSSIONS

- Concerns on guidelines on HIVST in adolescents (10 yrs and above)
- Majority of estimated AIDS related deaths were among men
- Access to services: various barriers in the health care services
- Time to act on Men's health is NOW!

# KEY ISSUES/PRIORITY ACTIONS

- No policies specifically address men's health in most countries as only three countries globally have male specific policies

# GROUP WORK

## **Young men**

- Since they are an economically viable group, need for concerted efforts to engage employers and trade unions, medical health insurance companies in negotiations for the VMMC uptake for benefits
- Peers/Champions and Traditional/Community influencers have worked but needs strengthening especially in rural areas and through more up to date social media channels
- Further engagement with tertiary institutions is necessary to build the necessary capacities
- Campaigns that include other health aspects are required. These should also target women as key influences over men's health.

# GROUP WORK

## Men most-at-risk

- It is important for countries to define which men are “most at risk” and to understand that while they have some common characteristics there are also differences that have implications for programming
- Countries will need to make a particular effort to obtain strategic information about this group of men who are often not captured/disaggregated in routine health information systems – important for planning and monitoring VMMC and other services
- Increasing VMMC coverage to men most at risk will have both programmatic and policy implications, and will often require significant political and resource commitments
- VMMC can provide an opportunity/entry point to improve access to groups of particularly vulnerable men who often have limited access to services for HIV prevention or other priority health problems

# GROUP WORK

## **Adolescents 10-14 years**

- Demand creation messages and communication within services needs to be different to older adolescents with more focused attention on healthy lifestyles and wellness
- Consent including assent remains a barrier and requires strengthening of policies, protocols and training
- The package is an opportunity to include key aspects of health for this like HPV, TT but also aspects of masculinity
- The education sector remains critical in ensuring the health and wellness of this age group. Further efforts are required to develop school health policies and integrate key components such as VMMC

# GROUP WORK

## Adolescents 15-19 years

- Targeted demand creation will remain important, but countries will need to understand the range of pressures/motivations for adolescent boys to access VMMC – many of these are broader-than-HIV and this should be used to create demand for related ASRH and other services
- As countries move to the next phase of their VMMC programming response it will be important for them to review the minimum package of services and provide these in an integrated way, and strengthen referral/linkages with a range of service providers
- VMMC should be a component of the universal health care package for adolescent boys and can provide an important opportunity/entry point to increasing adolescent boys access to a range of services and interventions, including ASRH, masculinity and health-related behaviours and conditions
- Remember: the list of challenges to increasing adolescents' access to services and interventions is often long – the *real* challenge is to identify and invest in the solutions!

# SESSION THREE

# Focused Action for Adolescents

- Aa-Ha! Adolescent Implementation framework – synergies with VMMC2021 gateway to adolescent boys
- Adolescent SRH and VMMC programme linkages
- Sustainable services for adolescent boys and seasonality considerations
- Demand creation approaches for adolescent boys



# KEY ISSUES/PRIORITY ACTIONS

- Implement workplace activities; staggered release of workers to access interventions
- Implement specific intervention messaging; use of one on one interpersonal communication (IPC)messaging
- Thorough country data review
- Review of existing demand creation strategies
- Explore better multi-sectoral planning
- Optimize existing health services
- Implement age specific aggregated M&E
- Implement national policy review – Innovative health policy
- Implement comprehensive health service package

# Age –specific essential services for adolescents

- Minimum service package: HTS, Condoms, STI management, MC and follow up
- Tetanus Toxoid Vaccination, Uganda’s experience: The threat of tetanus infection negatively impacted on the VMMC output
- Safer sex education, life skills, genital hygiene: This is integrated within the health facility settings and community. However, indicators and tools for monitoring implementation remains a challenge especially for those outside the schools.
- Quality age-specific communications: Whereas adolescents reported having been satisfied with the counselling, they reported having received inadequate information about the services. Providers have difficulty counselling 10-15 years olds.

# SUMMARY OF DISCUSSIONS

- The understanding of HIV has evolved and the advances in HIV prevention and control interventions demand for more disaggregated components of the minimum package;
- Young people are keen on issues of health worker attitude, confidentiality and privacy at health facilities especially if they are not attended to by their peers;
- Testing of young pre-sexual males for HIV. Due to low HIV prevalence in these groups, it may not be cost effective to test them for HIV.

# KEY ISSUES/PRIORITY ACTIONS

- Periodically review and make disaggregated age-appropriate intervention packages;
- There is need to establish youth friendly services;
- Countries to address the issue of HIV testing among sexually naïve youths given the low yields. This is not cost effective.
- Capacity building for the roll out of the various components of the minimum package;

# SESSION FOUR

# SUMMARY OF THE SESSION

## Four topics

- Masculinity
- Linkages to community, vocational and out of school youth
- Role of sports
- Psychosocial programs

# SUMMARY OF DISCUSSIONS

- Inequitable social definitions of manhood, and gender related norms affect men's health and their partners
- There are interventions that can produce positive changes in gender norms and promote HIV prevention – VMMC is a platform for behavioral change
- Male mentorship camps contribute to positive life-long impacts on lives of men
- There is strong evidence that youth involvement in sports enhances VMMC uptake
- Sports model builds confidence among the young people to make the right choices – However coach-player relationship is key
- Psychosocial programs provide a platform to address gaps and demystify myths on gender norms and SRH and increases service uptake;
- Need to address the issue of consent for in school youths below age of consent

# KEY ISSUES/PRIORITY ACTIONS

- Make age-appropriate information packages;
- Capacity building for the roll out of the various positive models;



# GROUP WORK

- Detailed summary to be shared as part of the Report