

“Missing men” or missed opportunity?

Men’s frequent attendance to health facilities and implications for HIV programs

Kate Dovel



What do we know about men's facility attendance?

Very little from sub-Saharan Africa (SSA)!

- Good data on men's use of targeted services
 - HIV, Tuberculosis, and non-communicable diseases
- Limited understanding of men's attendance for any facility visit,
 - including acute care
- Important gap because men's attendance to non-HIV services can impact:
 - Development of scalable, sustainable strategies
 - A holistic, multi-dimensional understanding of men and health

What do we assume?

- Assumptions influence our interpretation of data and prioritized interventions.

Assumptions about men in SSA^{2,3}

Unwilling to attend health facilities

Competing priorities override HIV needs

Do not prioritize their or others' health

Consequences of assumptions:

- Blame men for poor outcomes
(starting to shift!)
- Facility-based strategies underutilized

Objectives

Understand

- Men's attendance to health facilities: Who, why, and when?
- Services received at facility visits: Unmet needs?

Explore

- Implications for HIV testing and treatment programs
 - Across the continuum

Critically Assess

- Implications for the field of men and HIV
 - What other assumptions should be questioned?

Understand Men's facility attendance



Community-representative survey⁴

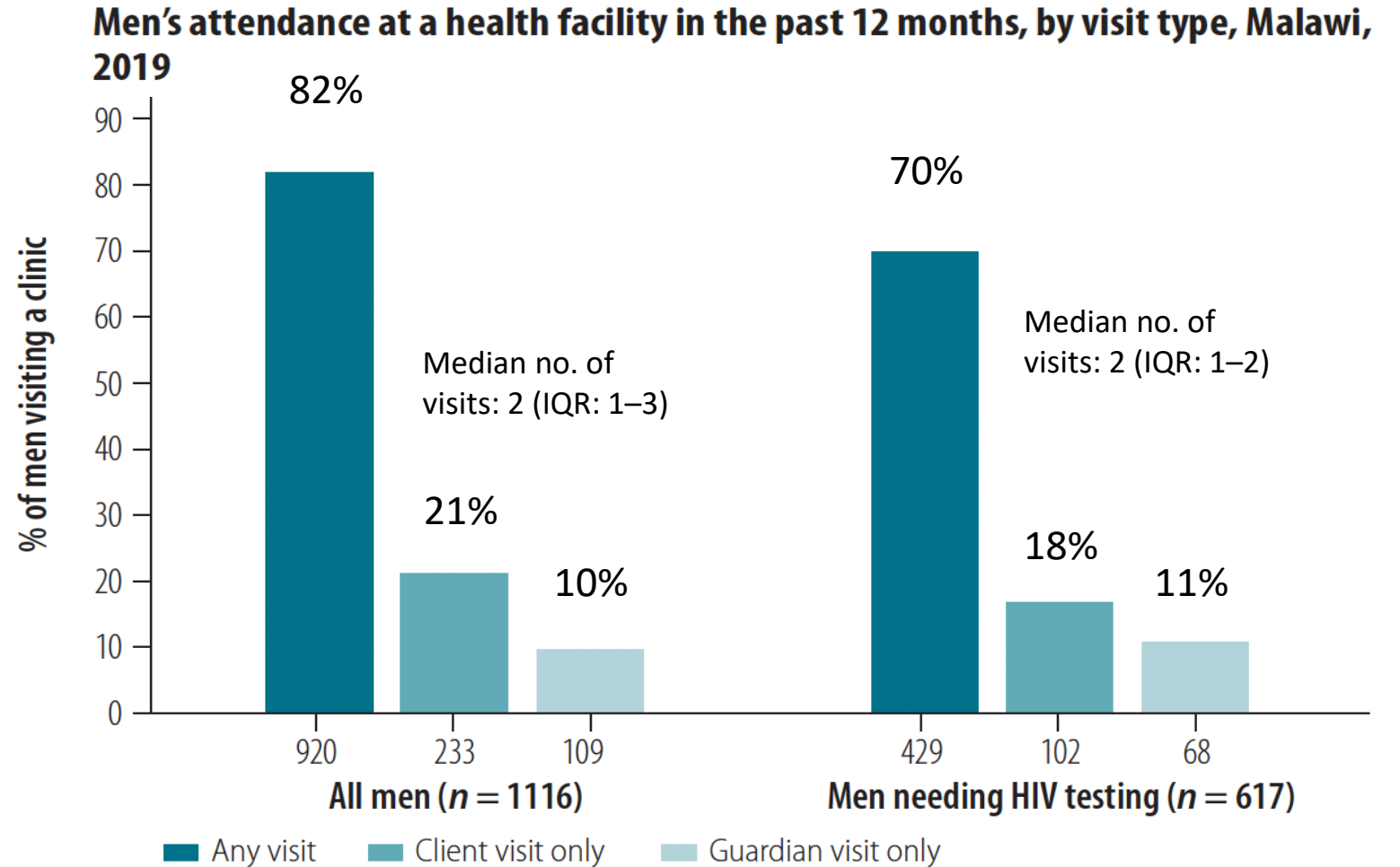
- 36 villages (6 facility catchment areas) in Malawi
 - 1,116 men
- Eligibility Criteria
 - Male, ≥ 15 years
 - Spent 50% of nights in village
 - Never tested HIV+
- Survey: facility visits and quality⁵ in past 12-months
- Data collection: 2019
 - Only 9% of men not found



82% of men attend health facilities within 12-months⁴

Among men needing testing:

- 95% of visits to outpatient department (OPD)
- 48% of visits were guardian visits

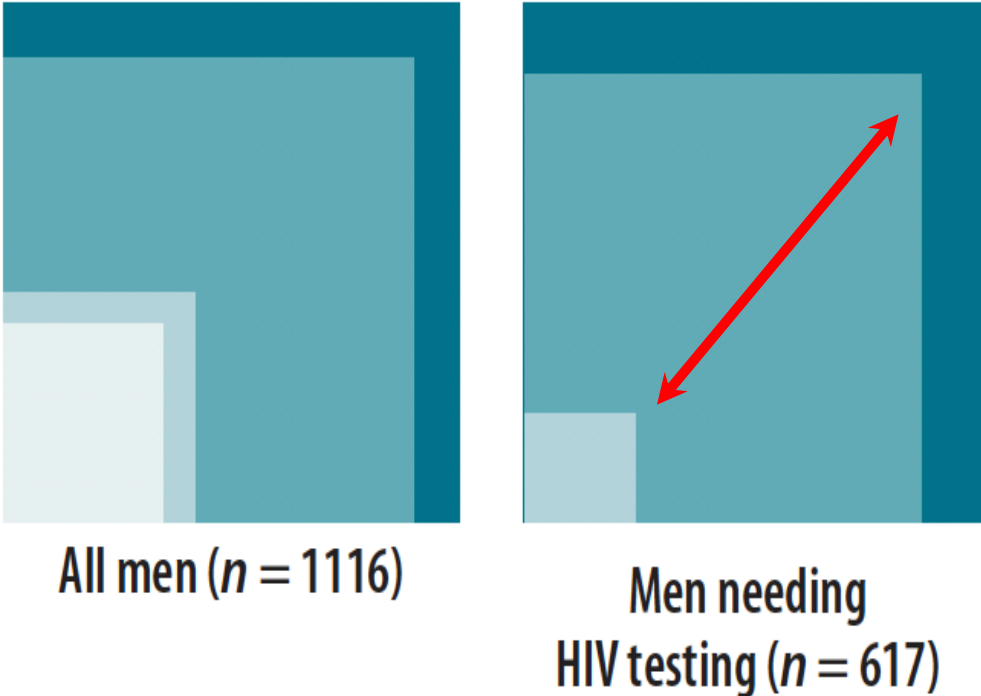


HIV: human immunodeficiency virus.

Note: Any visit also includes men who made both client and guardian visits during the 12-months.

Missed opportunities to engage men at OPD

Percentage of men visiting a health facility in the past 12 months, offered HIV testing and accepted HIV testing⁴



- Study population
- Made a facility visit
- Offered HIV test during a facility visit
- Tested for HIV during a facility visit

Among men in need of testing:

- 7% offered testing services

Reason for not testing:

- 37%: Was not offered
- 23%: Perceived low risk

Additional information on *who* is missed for testing in OPD





diagnostics



Article

Individual- and Facility-Level Factors Associated with Facility Testing among Men in Malawi: Findings from a Representative Community Survey ⁶

Kelvin Balakasi ^{1,*}, Brooke E. Nichols ^{2,3} , Misheck Mphande ¹, Christian Stillson ⁴, Shaukat Khan ⁴ , Pericles Kalande ¹, Isabella Robson ¹, Maria Sanena ¹, Khumbo Ng'ona ⁵, Joep J. van Oosterhout ^{1,6}, Naoko Doi ⁴ and Kathryn Dovel ^{1,6}



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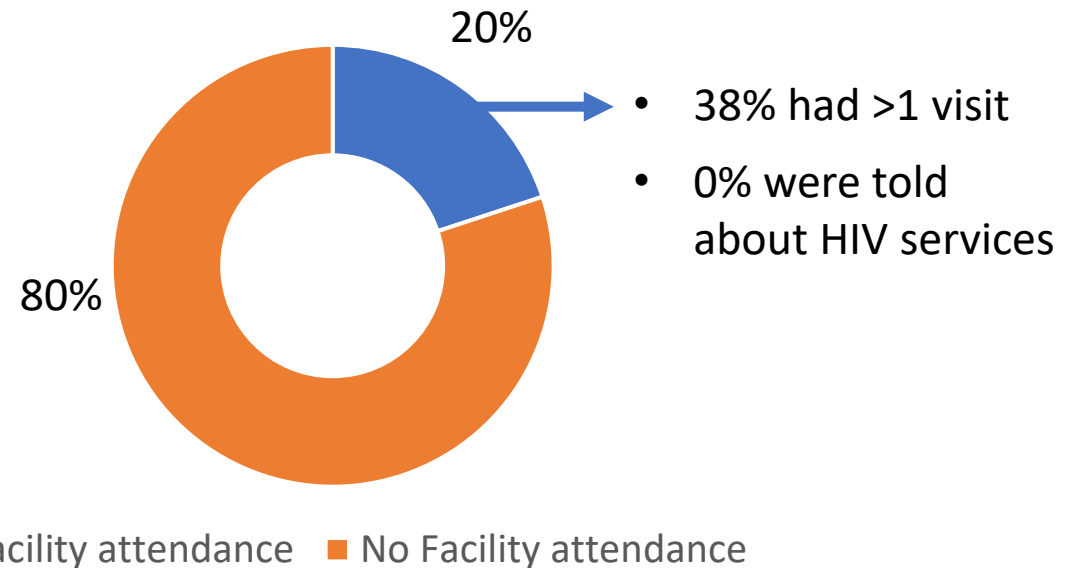
Men living with HIV (but not engaged in care) also frequent OPD

Engage and IDEaL Trials^{7,8}

- Enrolling men living with HIV but not in care
 - Goal: Test interventions to improve ART engagement
- Location: 20 health facilities in Malawi
 - Across all regions
- Data collection: 346 men enrolled
 - Enrollment date: Aug 2021-ongoing

Facility attendance since disengagement

Median time out of care: 3.4 months

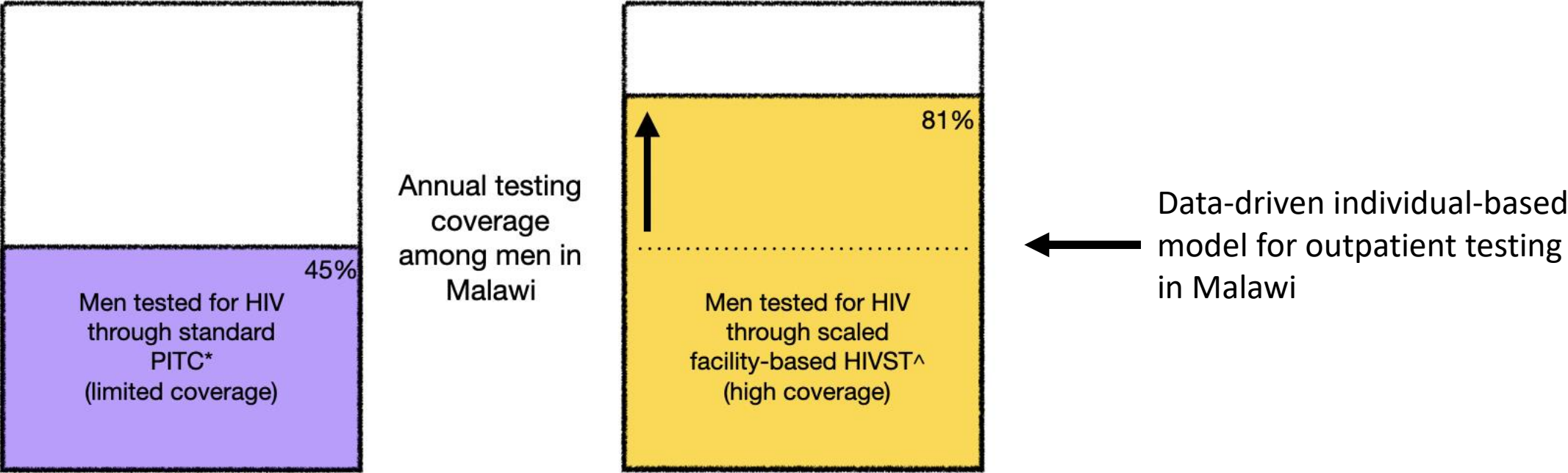


Explore Implications for men's use of HIV services



HIV testing integrated into OPD: greater reach

- Scaled OPD testing can reach most men within 12-months⁹
 - Money saved can be spent on remaining 30% not in facility



*Provider initiated testing and counseling; ^ HIV self-testing

HIV testing integrated into OPD: Potentially equitable¹⁰

- Client visits do not miss subsets of the population
 - (unlike HIV services)

Factors negatively impacting men's use of health services*

General <u>client visits</u> (n=1,116)	Men's <u>HIV Testing</u> ^{11,12,13}
Perceived poor service availability	Age Poverty Low educational attainment Gender norms

**Comparing community survey data on general facility visits to literature on HIV testing*



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Other benefits of services integrated into OPD

- Integrated care can improve patient satisfaction and perceived quality¹⁴
 - If done in timely, client-centered ways
- Men feel engaged and seen
 - Eventually they have to engage in facility-based HIV services!
 - Know that the health system is thinking specifically about them as clients
 - “Welcome back” messaging
- Increased awareness of HIV and ART
 - Bring individuals along with rapidly changing HIV programs



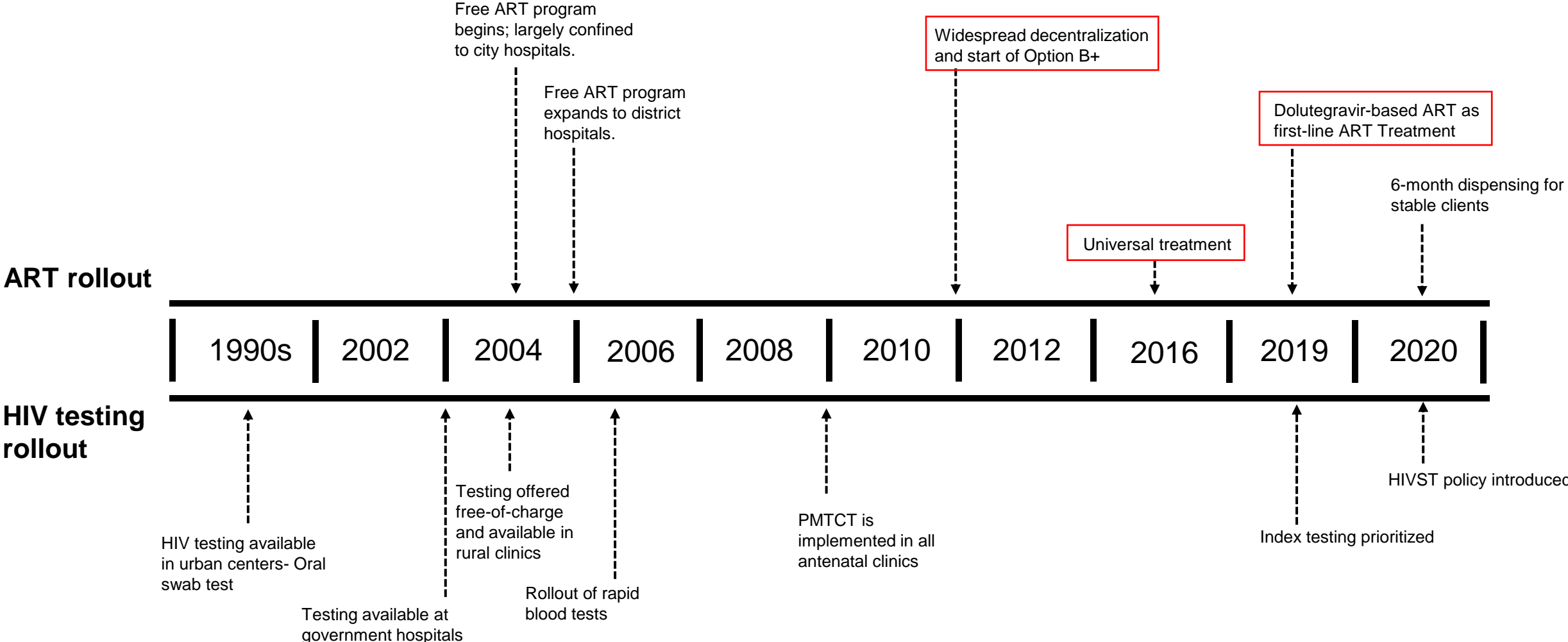
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Rapidly Changing HIV Program in Malawi



Critically Assess Assumptions within the field



Assumptions vs. reality – Are we asking the right questions

- **Research priorities**

- Test unproven/outdated assumptions
- Attain holistic, multi-dimensional data on men

- **What gaps should be addressed?**

- Knowledge/programmatic understanding (*progressing!*)
- Perspectives/theories
 - *Power, intersectionality, gendered organization of health systems*
- Whose voice?
 - *African voices leading priorities, interpretation of data and solutions*

Summary

- Men attend health facilities
 - Men in need of testing
 - Men living with HIV but out of care
- HIV education and strategies to welcome men into HIV services at OPD should be prioritized
- Continued research testing assumptions about men
 - Goal: holistic, multi-dimensional perspectives



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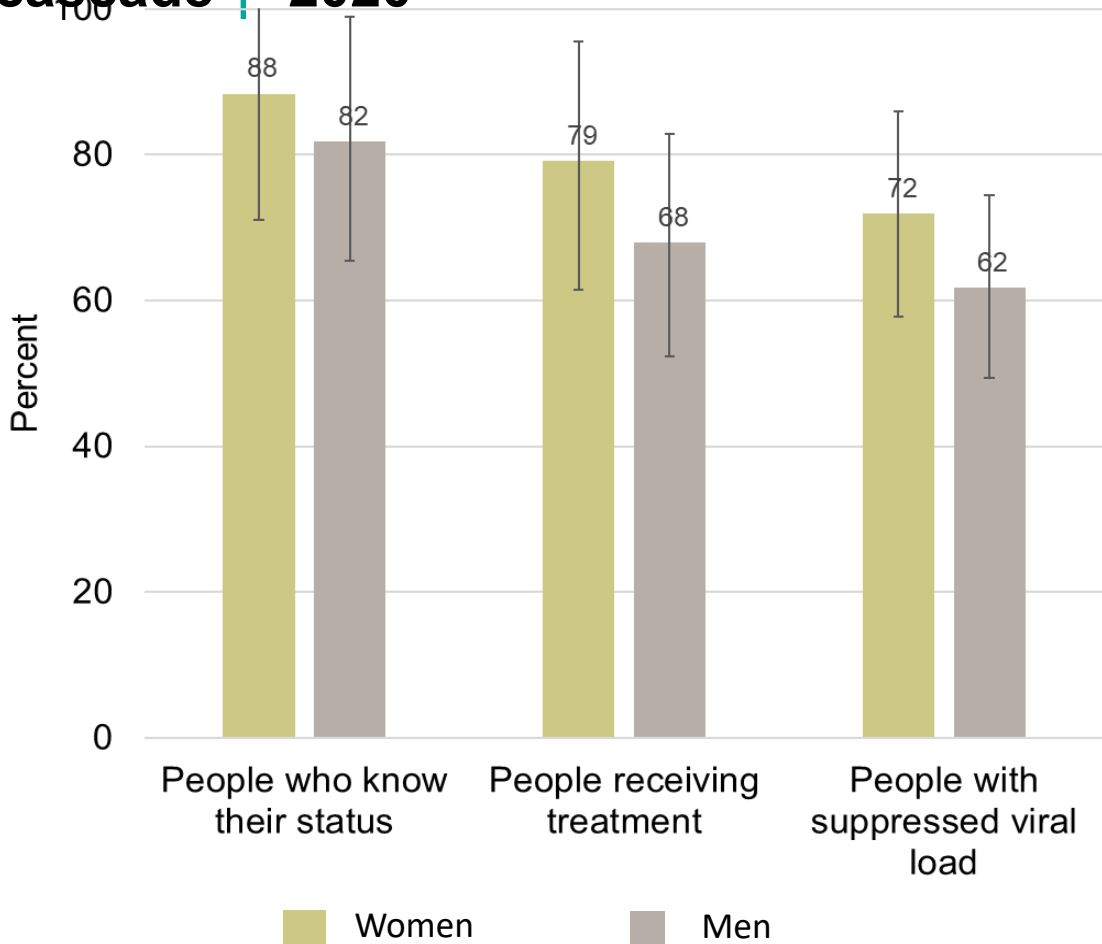
EXTRA



Men are underrepresented across HIV services

Among men and women living with HIV globally, engagement across the treatment cascade | 2020¹

UNAIDS 2020 Data



Men's exclusive attendance to OPD is not surprising

Malawi Health Service Guidelines: Annual recommendations by sex and time required¹⁶

