

Global Men and HIV Technical Working Group

Terms of Reference

1. Introduction

There is now increasing evidence demonstrating a men's gap regarding uptake of HIV prevention, testing, treatment, and care services, with data showing that in most countries across different regions, men living with HIV are less likely than women to know their status, less likely to initiate ART, less likely to remain engaged in care, and less likely also to be virally suppressed¹. The most recent global HIV data through 2019 show that progress towards the 90-90-90 targets for men lags at 78-78-88 compared to 86-85-89 for women². These data demonstrate that there is a need to recognize the importance of engaging men in the HIV response if the 2030 goal of ending AIDS as a public health threat is to be attained. Men are diagnosed more often with advanced HIV disease compared to their female peers and ART coverage is considerably lower for men than women globally (68% vs. 55%). Consequently, adult men often have worse HIV-related outcomes compared to women.

Outside sub-Saharan Africa, where epidemics are concentrated in key populations³, men account for two thirds of all adults with HIV but are twice as likely to be undiagnosed as women. For example, men who have sex with men are disproportionately affected by HIV in all regions and have additional barriers to access service including criminalization, violence, human rights abuses, stigma and discrimination. People who inject drugs and prisoners are predominantly male and are similarly affected by HIV with structural barriers to service uptake.

Global reports⁴ have emphasized the need for men focused interventions to reduce these gaps. Since the 2017 UNAIDS publication of "Blind spot: Reaching out to men and boys," the global trend of poorer outcomes across the HIV care cascade for men has gained traction and focus from global normative agencies. Recent WHO guidance⁵ highlights interventions and approaches that can be used to effectively reach men for HIV testing and link them to services.

There are several interventions that are effective in reaching men and linking them to services and can be introduced or scaled up. Greater coordinated efforts are needed to prompt programmes and partners to implement and scale-up these effective strategies for providing comprehensive services for HIV prevention, treatment and care designed to meet the needs of men in many settings. There is the need therefore to mobilize support and strengthen programme action for men for HIV and other needed health services.

It is within this context and recognising the gap in men across HIV prevention, testing and care that a technical working group of stakeholders and partners is needed to support global and country engagement and galvanise action to mitigate the men gap. A key focus of the TWG will be to identify interventions and best practices and support scale up in priority settings. The group will be called the

¹ The Blind Spot – reaching out to men and boys, UNAIDS, 2017

² UNAIDS Global AIDS Monitoring, 2019

³ Key populations are men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and transgender people.

⁴ Blind spot: Reaching out to men and boys. xxx

⁵ IMPROVING MEN'S UPTAKE OF HIV TESTING AND LINKAGE TO SERVICES.

<https://www.who.int/publications/i/item/9789240018938>

Global **Men and HIV Technical** Working Group (MENHT). The perspective of the group will be across the HIV cascade and a duration of 18 months is initially anticipated for this working group.

2. Main objectives

- a. To coordinate activities related to improving outcomes for men across HIV cascade and support advocacy efforts with global partners and key stakeholders
- b. To support development of operational guidance for improving HIV services for men including identifying interventions and review of technical documents
- c. Identify, collect and share best practices, case example and tools for reaching men
- d. Dissemination of WHO as well as other partner guidance, briefs and lessons learned and support scale up of effective interventions including providing technical assistance

3. Approach

The group will comprise interested and engaged individuals and organizations according to their professional experience (i.e., technical, programmatic, civil society, research) from both NGO and governmental sectors; and geographic representation. Men's network representatives and civil society will be part of the working group in line with the global understanding that promotes their meaningful engagement for improved health outcomes. The working group will be coordinated by the UNAIDS and WHO and will include co-chairs from other organizations such as PSI, ILO and IAS who will be responsible for setting up meetings, developing the agenda, identifying speakers, facilitating specific technical actions, communication and information sharing across all working group members while following up on key actions points and decisions from approved minutes. Meetings will be held quarterly and virtually. However, the co-chairs can call meetings outside of the quarterly schedule depending on matters arising. MENHT members interested in taking up the co-chair role will express their interest to the current co-chairs who will invite interest for co-chair role. Members of the MENHT will join the group on a voluntary basis and commit to remain active members of the group by attending at least 50% of the general calls and by participating in at least one core activity for the calendar year. Membership will be reviewed yearly, and a mechanism will be identified at the end of each year to promote adequate turn-over and give the opportunity for new members to join and contribute. The group will work closely and synergistically with other relevant technical working groups.

4. Key Areas of work

- a. Coordinate efforts to address research, policy and implementation gaps related to reaching Men and HIV outcomes.
- b. Support development of global technical and operational guidance and Provide technical support towards the implementation of global guidelines at national and sub national levels.
- c. Review and provide feedback on key documents, strategies and guidelines. The group will periodically identify and peer review key documents including country strategy documents, policy briefs, articles for publication in peer-reviewed journals and provide feedback and advice to ensure they are in line with sound technical and programmatic thinking.
- d. Convene and organise webinars and fora to discuss effective interventions and implementation to improve HIV outcomes for men across the cascade
- e. Contribute to the dissemination of key evidence, documents and global best practices on Men and HIV. The MENHT will service as a platform to share key normative and programmatic documents while disseminating key global best practices through partners.

- f. Collaborate with colleagues and partners working on Men and HIV. This will include reviewing updates on key areas of work and providing a platform for cross agency support and collaboration.
- g. Advocate, promote, catalyse and facilitate the inclusion of Men in HIV guidelines, strategies, research, projects and activities

5. Communication

UNAIDS and WHO will coordinate MENHT activities and communication. MENHT co-chairs will be appointed every 2 years. Communication between MENHT members will occur through quarterly conference calls. Additional calls may be organized ad hoc to discuss specific topics that may require additional discussion. Key materials will be made available to the group in a dropbox folder to ensure timely update and dissemination of MENHT activities and outputs.

6. Proposed list of Global Men and HIV working group members

Chairs

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