Male engagement in HIV testing, treatment and prevention in East and Southern Africa: a framework for action

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Background

- Men and boys are less likely to test for HIV, and they access treatment later than women
- Men and boys belonging to a sexual and/or criminalized minority or to any vulnerable group have worse rates of testing and accessing treatment
- Higher engagement of men and boys will have a positive impact on their own health and on that of women

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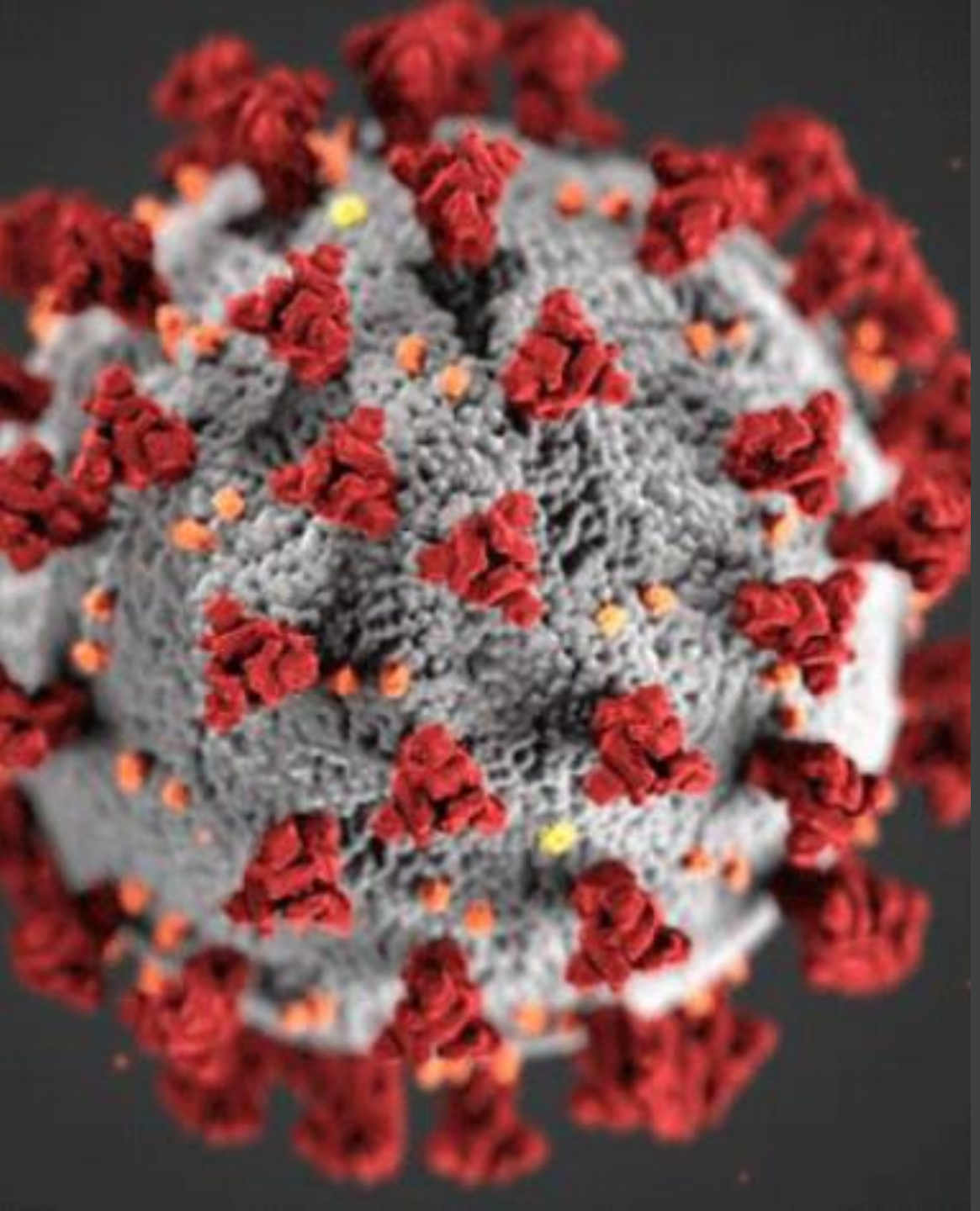

Increased burdens: COVID-19

- Vulnerabilities heightened by an epidemic (social, physical)
- Stigma and discrimination
- Impact on men (work, health seeking behaviour)
- Impact on women (including GBV)

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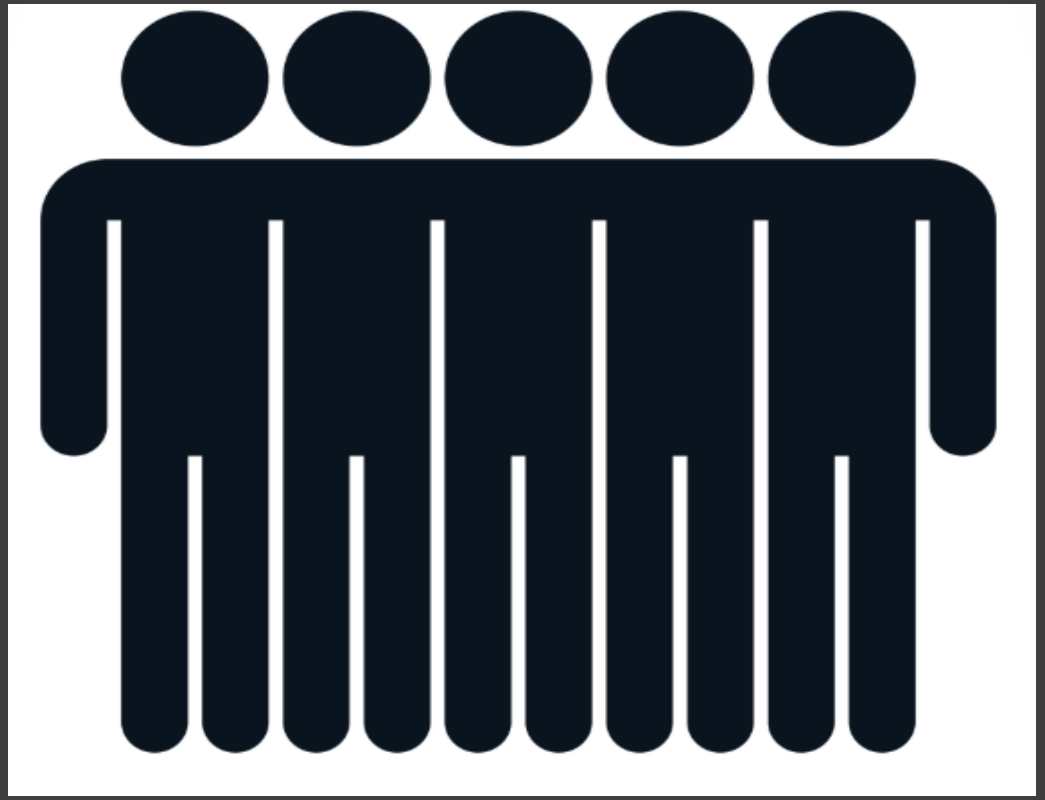
Pathways to analysing and documenting gaps and working models on male engagement



- UNAIDS , Co-sponsors and stakeholders have been at the forefront of male engagement both in the HIV response and on challenging gender norms that prevent men and boys from fully enjoying their right to health
- Since 2019, UNAIDS collaborated with Sonke Gender Justice, Promundo, WHO and UN Women:
    - Analyzing and documenting effective male engagement
    - A **regional consultation** on 'Accelerating Men's HIV service uptake and delivery in ESA' in 2019;
    - The **male engagement framework** presented to you today
    - A **clearinghouse** collecting all relevant resources on male engagement in the HIV response, looking at boys and men in all their diversity (www.menandhiv.org).

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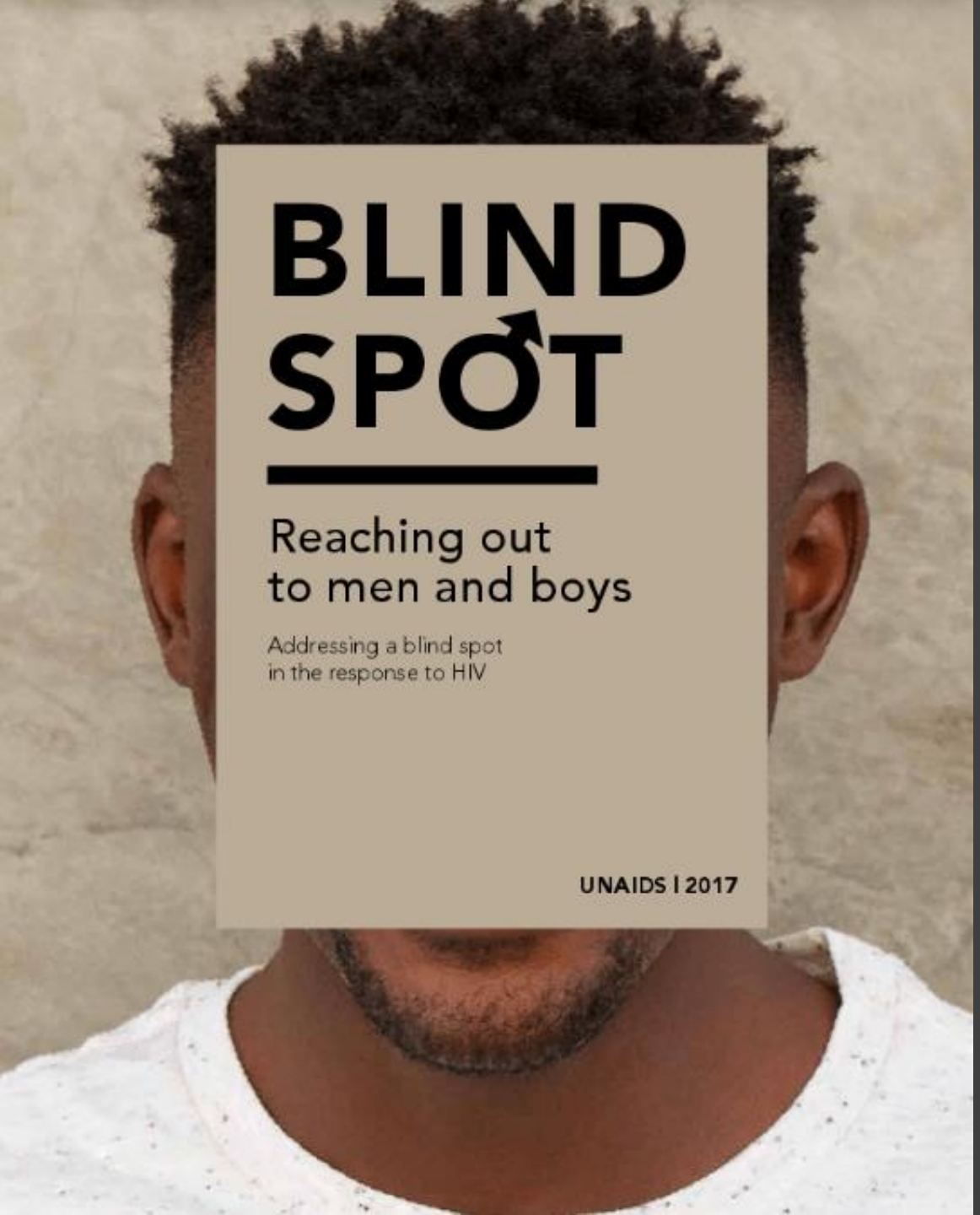

The Framework for Action: Overview

- Men's low uptake for HIV related services is driven by a range of multi level factors.
- Whilst some barriers are the product of prevailing gender norms, focusing only on gender norms is an oversimplification.
- Men tend to lack the universal entry points to health systems that women generally have.

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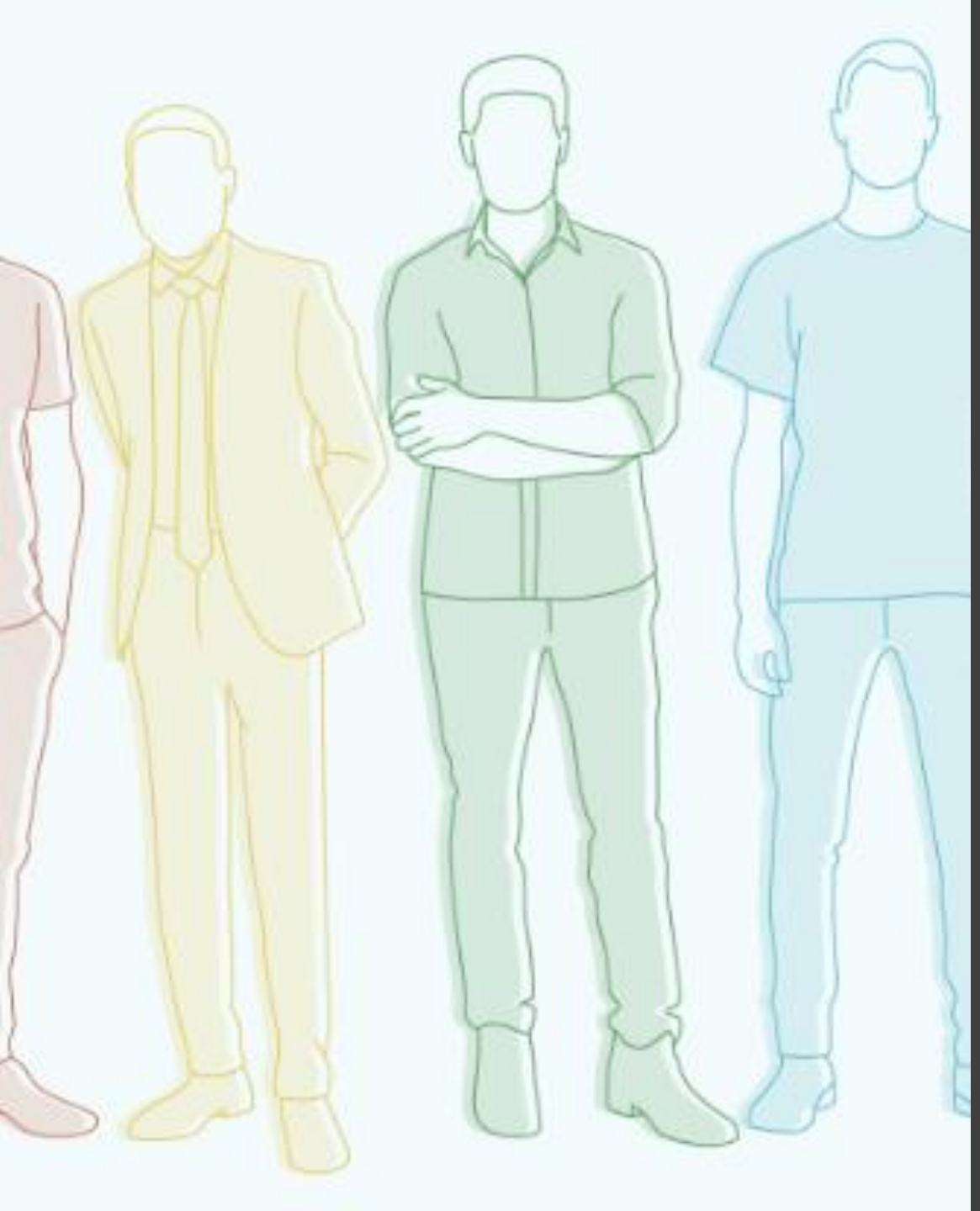
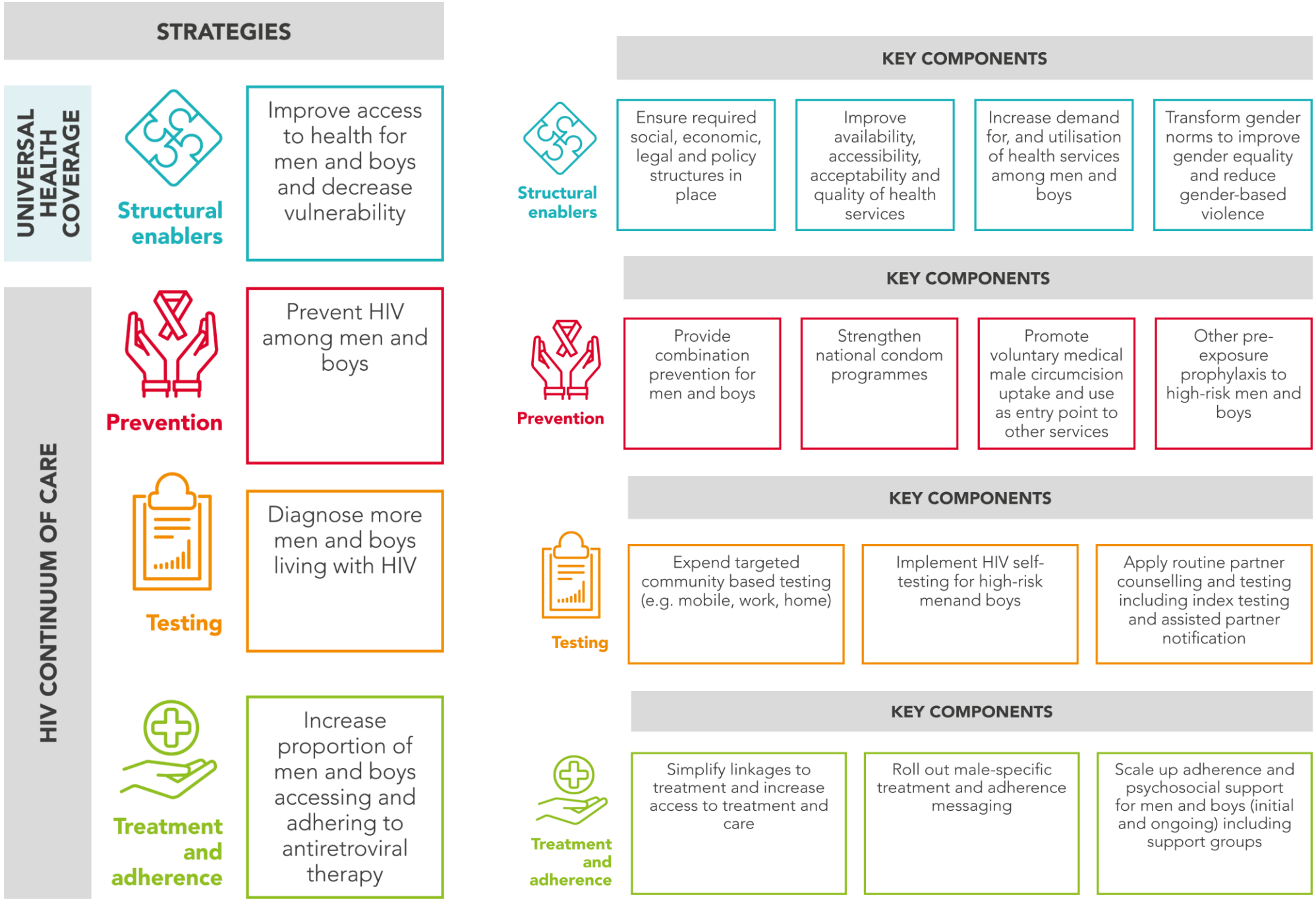


The Framework for Action: Content

- The current status of the HIV epidemic among men and boys in the region;
- A framework for engaging men and boys in the HIV response that sheds light on structural enablers;
- Role of gender norms and how to transform their harmful influence;
- How to increase prevention, testing and treatment among men and boys , specifically in all their diversity.


STRATEGIES
UNIVERSAL HEALTH COVERAGE
HIV CONTINUUM OF CARE
Structural enablers
Improve access to health for men and boys and decrease vulnerability
Prevention
Prevent HIV among men and boys
Testing
Diagnose more men and boys living with HIV
Treatment and adherence
Increase proportion of men and boys accessing and adhering to antiretroviral therapy
KEY COMPONENTS
Structural enablers
Ensure required social, economic, legal and policy structures in place
Improve availability, accessibility, acceptability and quality of health services
Increase demand for, and utilisation of health services among men and boys
Transform gender norms to improve gender equality and reduce gender-based violence
KEY COMPONENTS
Prevention
Provide combination prevention for men and boys
Strengthen national condom programmes
Promote voluntary medical male circumcision uptake and use as entry point to other services
Other pre-exposure prophylaxis to high-risk men and boys
KEY COMPONENTS
Testing
Expend targeted community based testing (e.g. mobile, work, home)
Implement HIV self-testing for high-risk menand boys
Apply routine partner counselling and testing including index testing and assisted partner notification
KEY COMPONENTS
Treatment and adherence
Simplify linkages to treatment and increase access to treatment and care
Roll out male-specific treatment and adherence messaging
Scale up adherence and psychosocial support for men and boys (initial and ongoing) including support groups

PRIORITY GROUPS

An age population differentiated approach focusing on men and boys with the highest HIV incidence/prevalence, for example:

Adolescent boys (10-19 years old)	High-risk young men (20-34 years old)	High-risk older men (35-49 years old)	Male key populations (men who have sex with men, transgender people, sex workers, people who inject drugs, people in prisons)	Other groups of vulnerable men (migrant, workers, truck drivers, fisherfolk, refugees, uniformed forces, etc.)

TARGETS				
	Prevention	90% men in high-prevalence setting access combination HIV prevention	90% men use condoms during sex with non-regular partner	90% of men aged 15-29 circumcised (in 14 high-priority countries)
	95-95-95	95% of men living with HIV know their status	95% of men living with HIV who know their status on treatment	95% of men living with HIV on treatment with indetectable viral load
	Social enablers	Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence	Less than 10% of people living with HIV and key populations experience stigma and discrimination	Less than 10% of countries have punitive legal and policy environments that deny or limit access to services
	Structural barriers	Achieve universal health coverage to all (SDG 3.8)	Ensure universal access to sexual and reproductive health and rights (SDG 5.6)	Eliminate all forms of violence against all women and girls (SDG 5.2)
	Impact	80% reduction in new HIV infections among men by 2025 (2010 baseline)	75% reduction in AIDS-related deaths among men by 2025 (2010 baseline)	

The Framework for Action

- What it is: a possible implementation process step by step.
- What it is not: a toolkit, that countries can take as is and use directly.

- Accompanied by clearing house: https://menandhiv.org/

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