

Global Men and HIV Technical Working Group (MENHT)

Webinar Series - Episode #1

Welcome

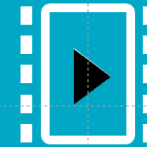
Date: 28 July 2021

Time: 13h30 – 15h00 CET

HOUSEKEEPING



You'll get
the **slides**
via email



You'll get a
recording
within 24h



Tell us your
interests in a **poll**
after the webinar



Global HIV data shows that 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 suppressed

The Global Men and HIV Technical Working Group (MENHT)

Webinar Series - Episode #1

Draft Agenda

1. Welcome and introduction, MENHT and why men and HIV – Lycias Zembe, UNAIDS, Geneva
2. Highlights on some key documents on men and HIV - Wole Ameyan, WHO, Geneva
3. Developing a Men's Health Strategy, example from South Africa - Loykissoonal Dayanund, South Africa National Department of Health, South Africa
4. Men are not so hard to reach: Lessons from the Coach Mpilo pilot - Shawn Malone, PSI, South Africa
5. MenStar Coalition - MINA men's health campaign - Rodney Knotts, USAID, Southern Africa
6. Q&A - All
7. Closing – Wole Ameyan, WHO, Geneva



Wednesday 28 July 2021



14:00 - 15:30 CEST



MENHT Webinar - [Zoom Link](#)

Meeting ID: 94979651421 | Passcode: 291603



Global Men and HIV Technical Working Group (MENHT)

March 24 2021



Global HIV data shows that 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 suppressed

Launch of the Men and HIV Global Technical Working Group (MENHT)

Draft Agenda

1. Welcome, introductions and terms of reference for MENHT – Wole Ameyan, **WHO**
2. Policy brief on Men's testing and upcoming work – Muhammad Jamil and Syed Afsar, **WHO**
3. Enhancing VMMC uptake among men – call for case studies. Stephanie Davis, **Consultant, WHO**
4. IAS 2021 updates – Anna Grimsrud, **IAS, Switzerland**
5. Upcoming events and webinars – Lycias Zembe, **UNAIDS**
6. Updates from members (work and events) - ALL
7. Closing and next steps – Lycias Zembe, **UNAIDS**



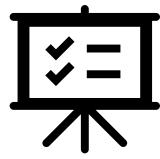
24 march 2021

14:00 - 15:30



MENHT Virtual Launch - Zoom Link
Meeting ID: 947 2670 5428 | Passcode: 126825





- To **coordinate** activities related to improving outcomes for men across HIV cascade and support advocacy efforts with global partners and key stakeholders
- To **support development** of operational **guidance** for improving HIV services for men including identifying interventions and review of technical documents
- Identify, collect and **share best practices**, case example and tools for reaching men
- For **dissemination** of **guidance**, briefs and **lessons learned** and support scale up of effective interventions including providing technical assistance



About MENHT

A standing body of stakeholders and partners to support global and country engagement and galvanize action to mitigate the men gap

MENHT Webinar Series – Episode #1

28 July 2021

Global Men and HIV Technical Working Group (MENHT)

Why men and HIV

What the data and research says about men and HIV services

Lycias Zembe

Technical Officer

Global HIV Prevention Coalition Secretariat

UNAIDS | Geneva





Presentation outline

- 1 2020 – a very unusual year
- 2 Overview – why a focus on men and HIV
- 3 Global HIV estimates and programme data on men and HIV, including the global AIDS report 2021
- 4 Scientific research on HIV transmission dynamics
- 5 Male friendly services – health workforce

2020 – a very unusual year



End year for Fast-Track targets

- Uneven progress among and within countries and communities
- Significant advancement in sub-Saharan Africa and the Caribbean
- Growing epidemics in parts of Latin America, EECA, and MENA

UN HLM on HIV and AIDS & new Global AIDS Strategy

- Conflict and post-conflict situations in WCA, MENA and EECA
- Climate change effects in ESA and AP
- Venezuela humanitarian and refugee crisis
- Migration

COVID-19 crisis and impact on HIV services

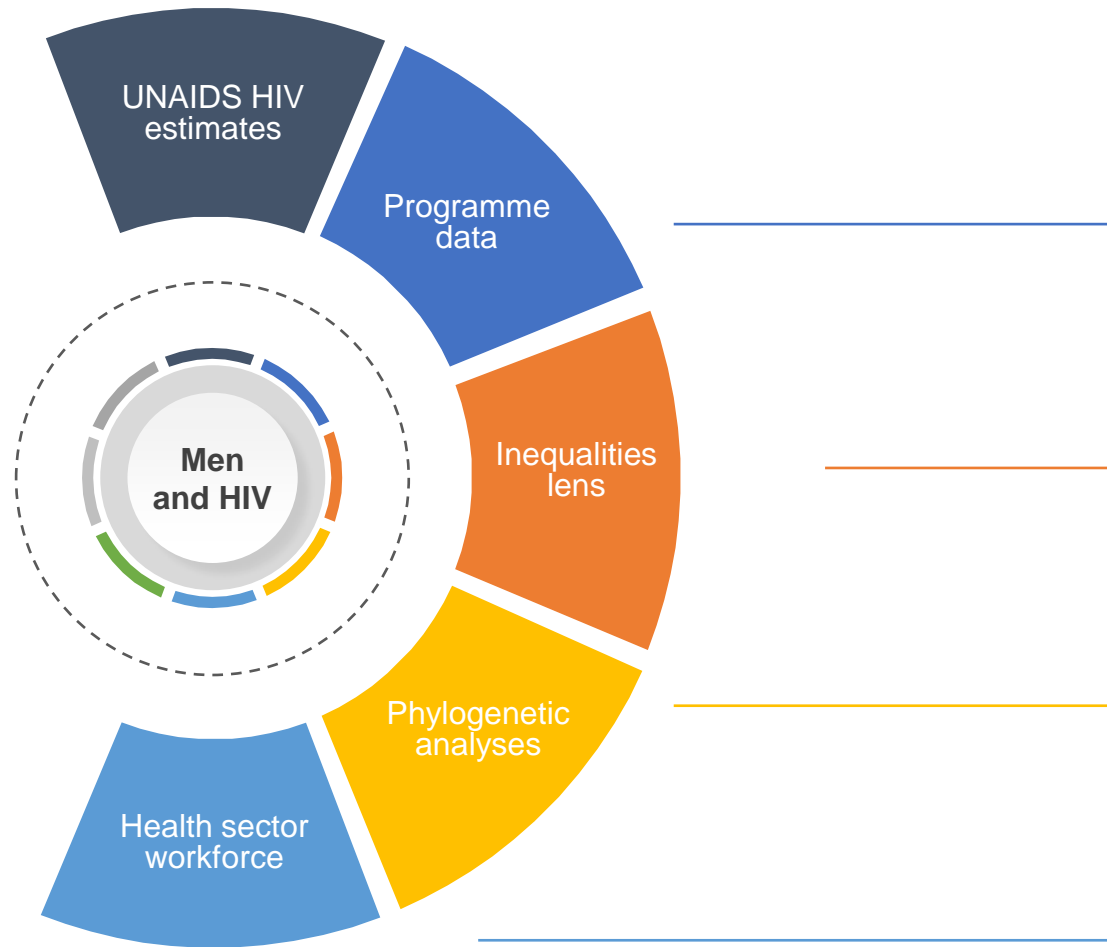
- Disrupted economic and social development
- Stretched national systems
- Exacerbated vulnerabilities
- Deepened inequalities
- A setback to global HIV response
- A push to innovate

Humanitarian situations

- Inclusive
- Evidence informed
- A roadmap to end inequalities and end AIDS



Why a focus on men and HIV



1

HIV services cascades data disaggregated by gender highlights the men gap.

2

HIV programme data show men are left behind in HIV services for example modelling done on HIV testing trends from a recent Lancet publication

3

Men access to HIV services often lie along the fault lines of inequalities

4

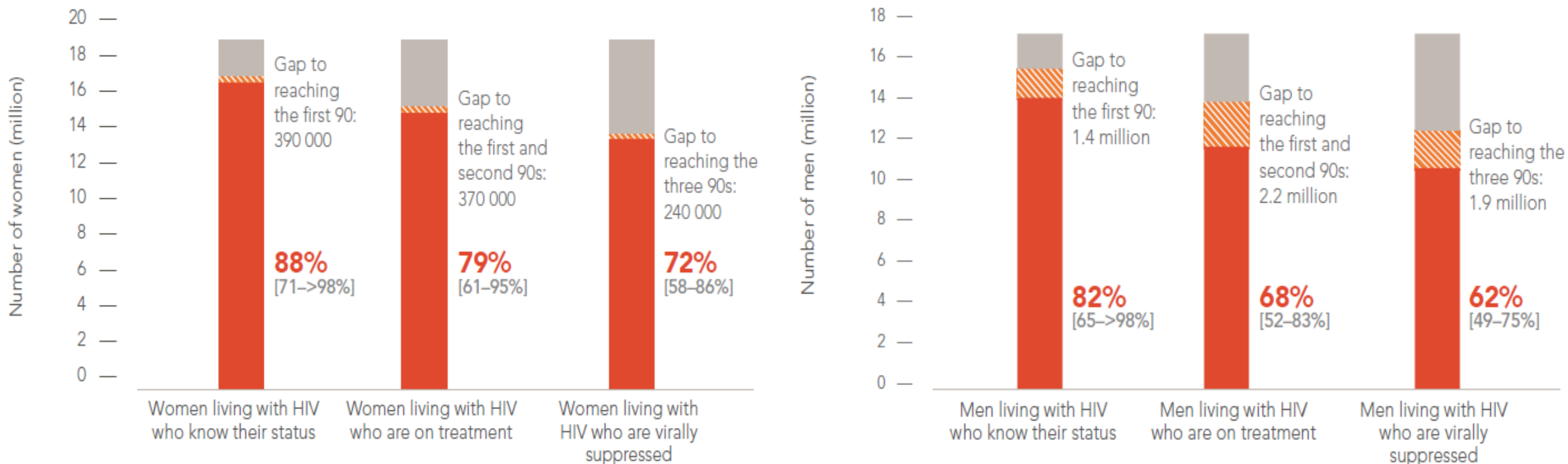
HIV transmission dynamics modelling may inform targeted prevention interventions

5

Male friendly services – health workforce.

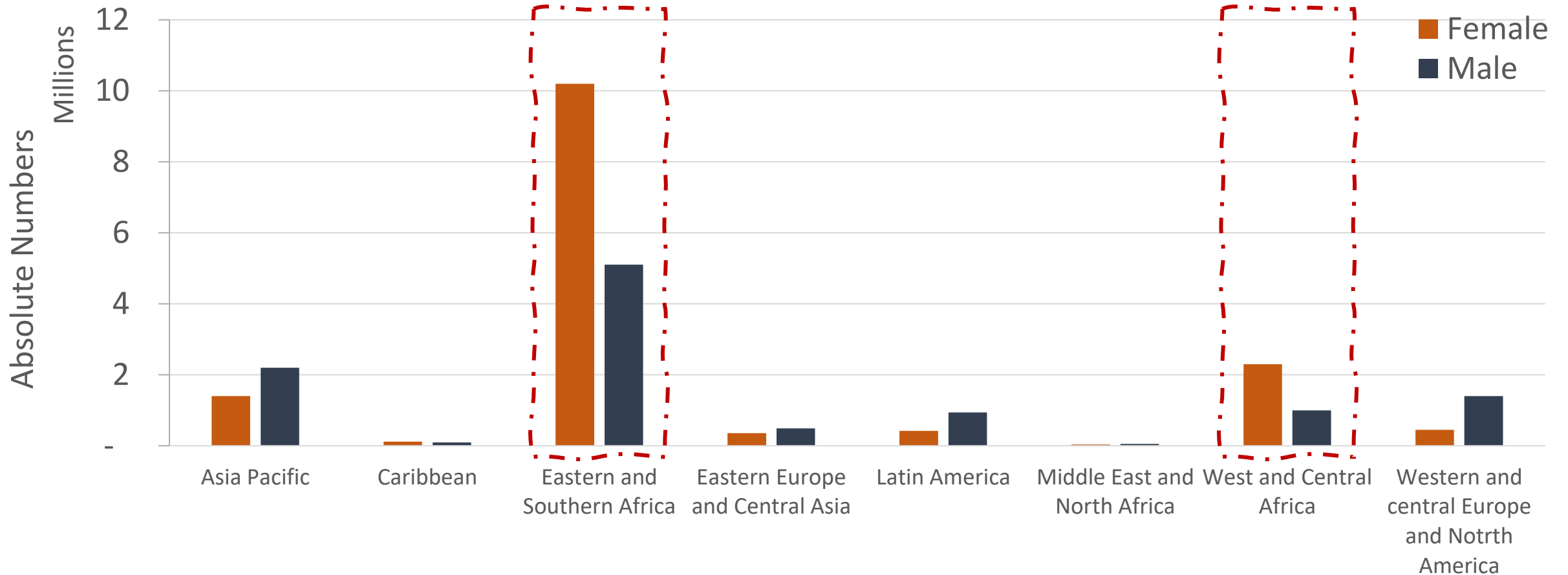
HIV testing and treatment: missing men living with HIV

HIV TESTING AND TREATMENT CASCADE, WOMEN (AGED 15+ YEARS) COMPARED TO MEN (AGED 15+ YEARS), GLOBAL, 2020



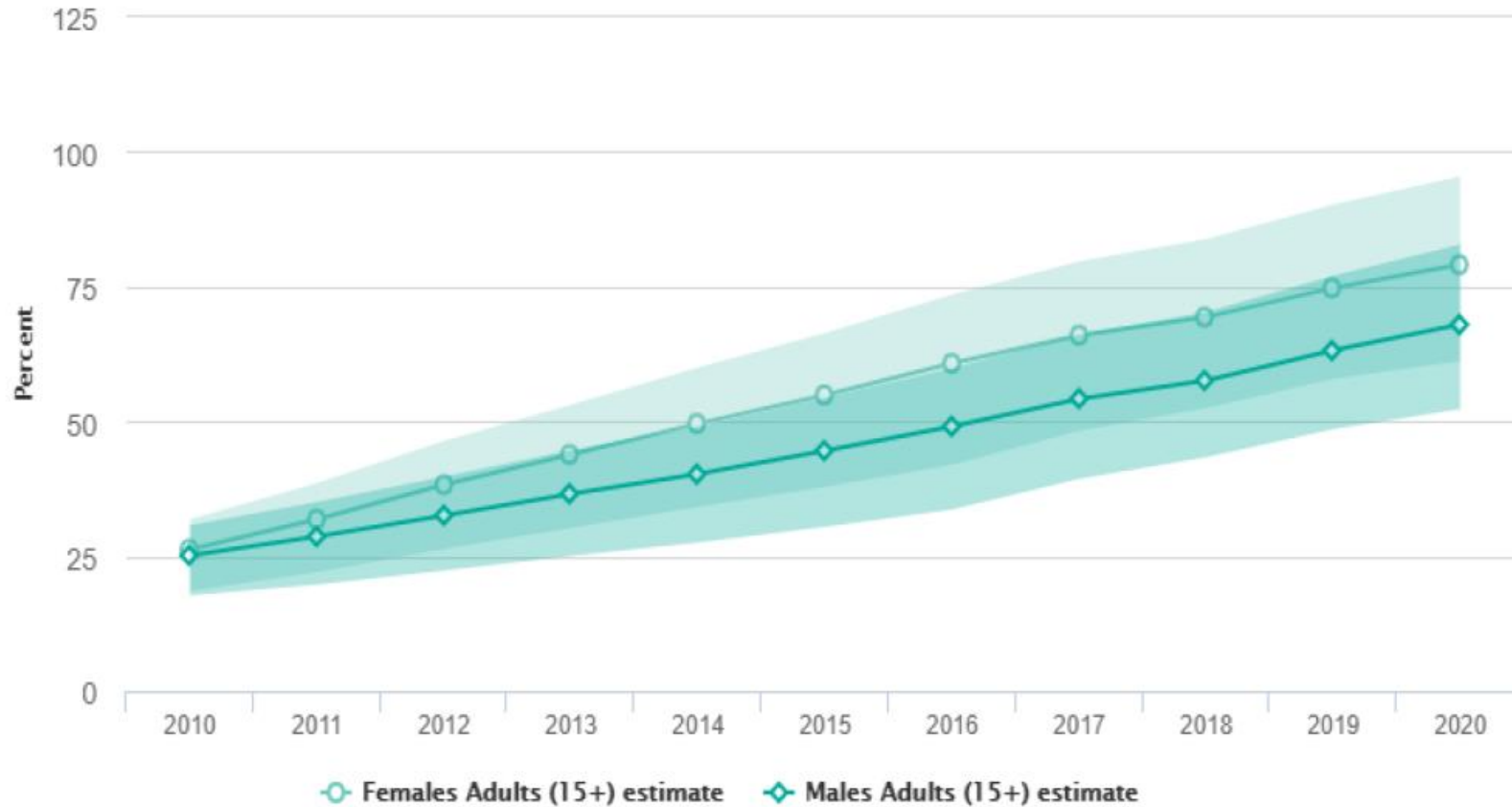
The Gap is not the same across the regions

PERCENTAGE OF PEOPLE LIVING WITH HIV RECEIVING ART, WOMEN (AGED 15+ YEARS) COMPARED TO MEN (AGED 15+ YEARS), 2020



That gap is widening!

COVERAGE OF PEOPLE LIVING WITH HIV RECEIVING ART



- Intensify test and treat efforts to have men on treatment and close the widening sex gap on ART coverage

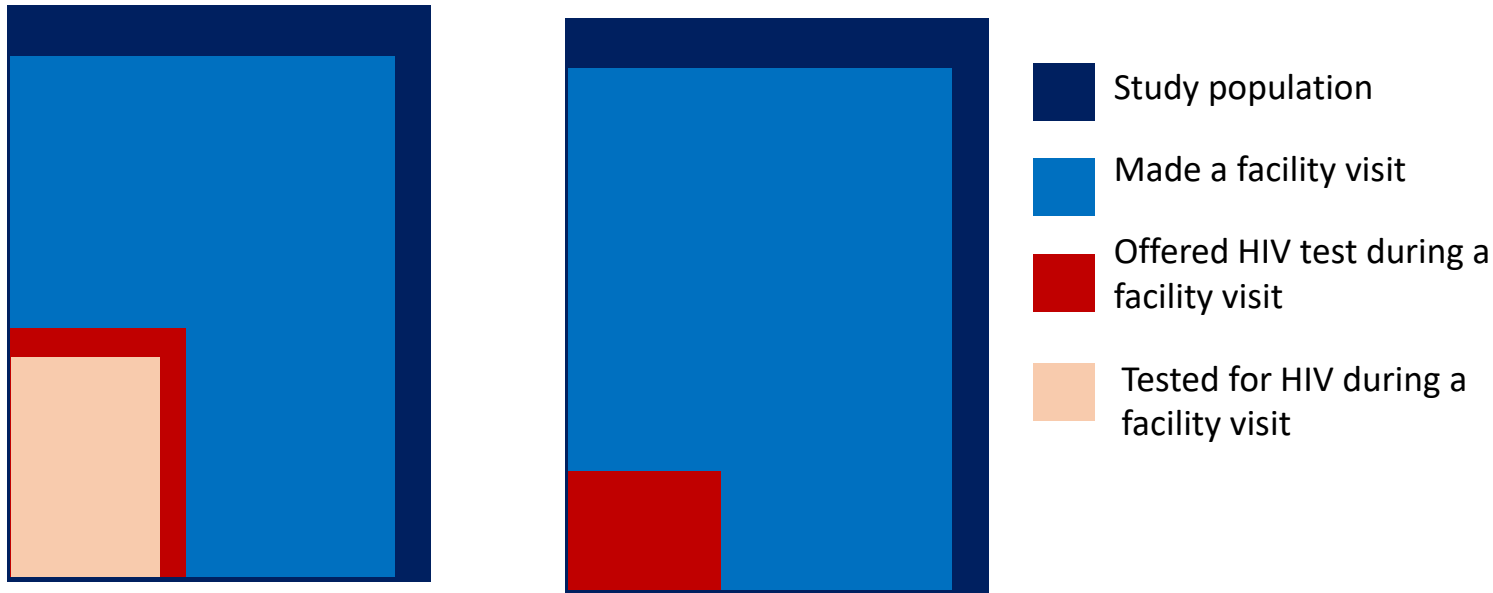
HIV transmission analyses point to the need to intensify efforts on reaching men with HIV prevention and SRHR services

- For men HIV transmission happens mostly in the 25–40-year-age band
- Most HIV transmissions happens during early/acute infection phase, most likely before diagnosis
- HIV transmissions happen mostly within communities
- Need for more **intensive test and treat** programmes for **men aged 25-40**
- Data also suggest that **pre-exposure prophylaxis services** should also be considered, particularly for men
- Both **recently infected** individuals and individuals with **chronically unsuppressed HIV** require attention: **more frequent testing** to avert transmission from recent infections and **efforts to retain people in care** to avert transmission from chronic infection

Missed opportunities for reaching men with HIV testing in Malawi

All men
(*n* = 1116)

Men needing HIV testing
(*n* = 617)

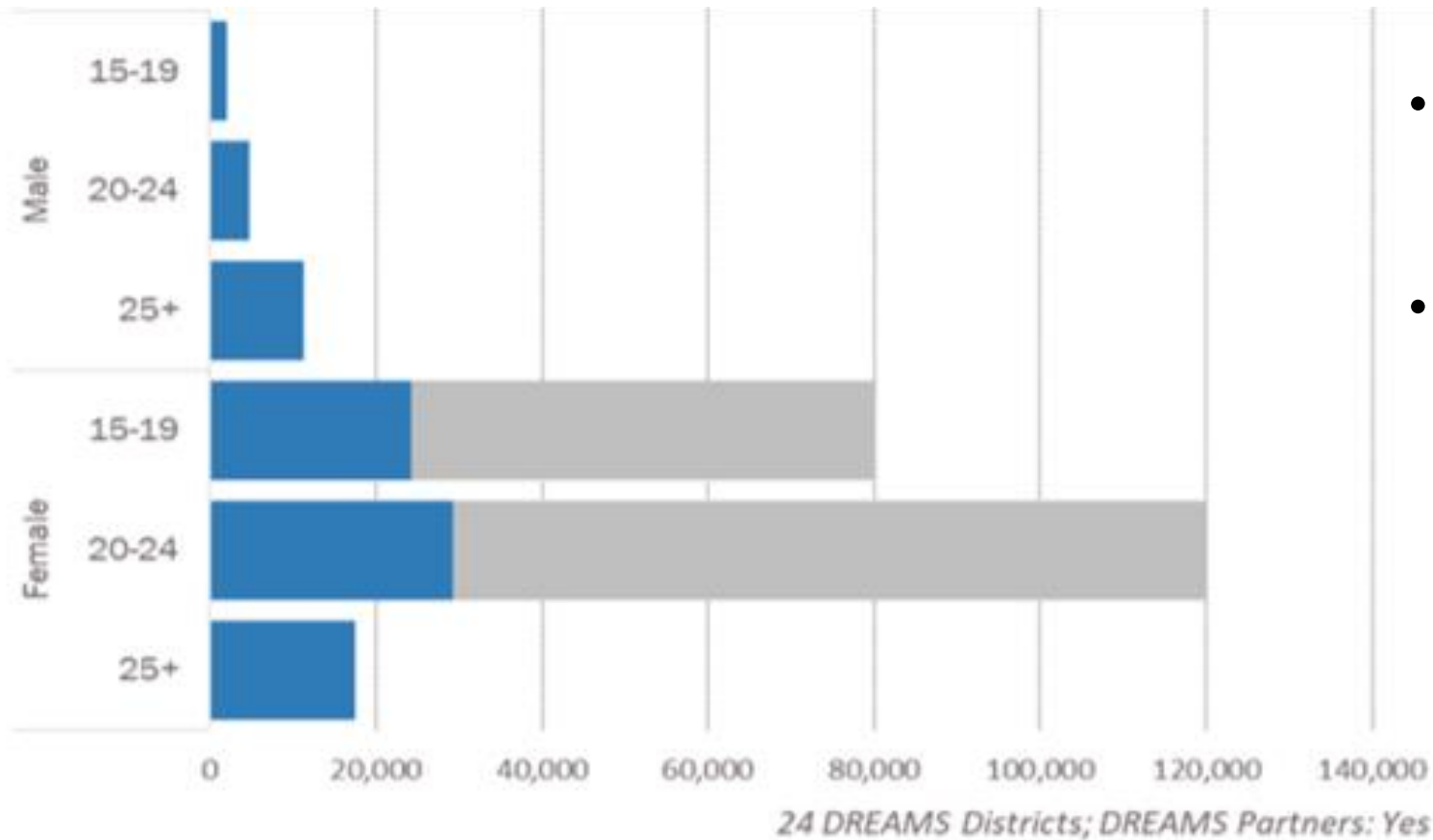


- Contrary to common beliefs about men, most Malawian men made a health facility visit in the past 12 months.
- Despite frequent facility visits, men were rarely offered HIV testing services.
- This highlights missed opportunities to engage men already present at health facilities.

Re-drawn from Kathryn Dove *et al.*, 2021, Frequency of visits to health facilities and HIV services offered to men, Malawi

- **Increased coverage of routine screening services at outpatient departments and for male guardians could improve programmatic efficiencies**

Men also have less access to other prevention services including PrEP



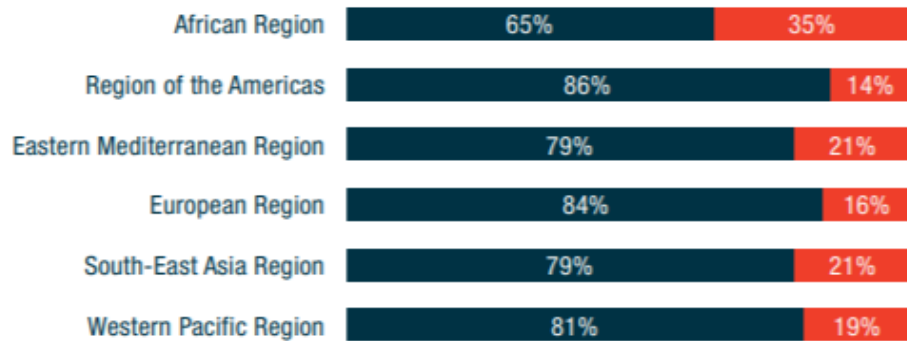
- Men have less access to testing, treatment and viral load monitoring
- But also to the full prevention package

PEPFAR South Africa, January-March 2021, New PrEP initiates by age and sex versus targets

Male friendly health workforce - distribution of physician and nurses by gender

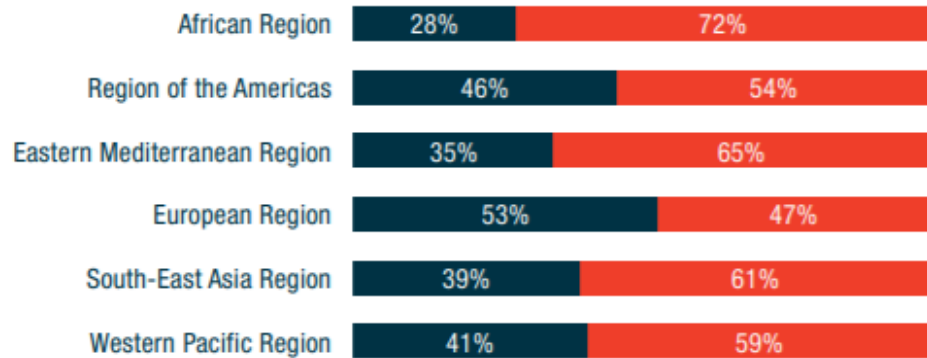
Nurses: percentage of female and male

■ Female ■ Male



Physicians: percentage of female and male

■ Female ■ Male

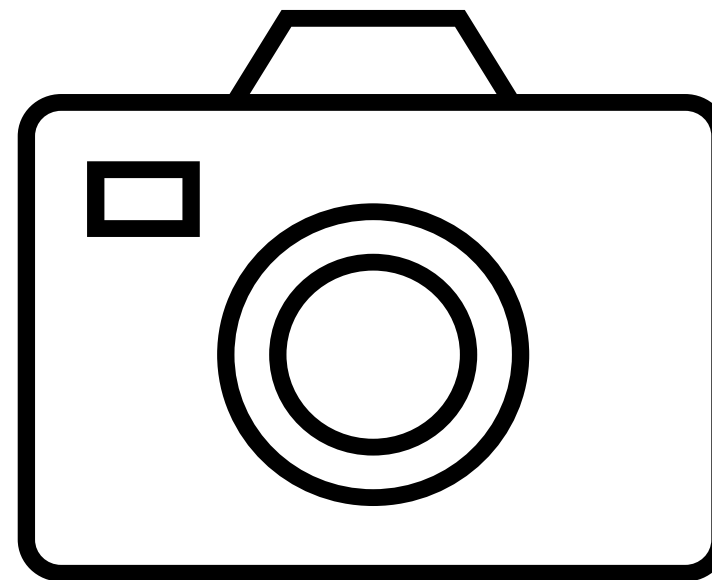


Source: Data from NHA for 91 countries for physician data and 61 countries for nursing data.



- Male health care professionals
- Clinics hours that work for men and boys
- Community outreaches to places at times where men are

2021 GLOBAL AIDS UPDATE REPORT



CONFRONTING INEQUALITIES

Pandemic response lessons from 40 years of fighting AIDS

The inequalities lens provides some analysis for men gap in HIV services

Putting men in global policies and guidelines



Wole Ameyan

Global HIV, Hepatitis and STI Program

WHO Geneva

28 July 2021

The trickle-down effect of men missing in global policies and strategies implies they would be missing in country plans and implementation



Global policies and strategies

Include as part of guidelines, policy and technical briefs, global strategic documents



Country support plans

Support context relevant national men's policies and strategic plans



Advocacy

Advocating for men seen as being done at the expense of women

Include as part of global and country guidelines, policy and technical briefs, global strategic documents

Promote positive advocacy

Positive advocacy – Not combat advocacy. Make the case through data, Human rights, Global solidarity, Synergy and Collaboration



- A. Data**
We must show through data, through logic the gaps and rationale
- B. Human rights**
Right to health should know no gender, race, sexuality or location
- C. Global solidarity**
Global community with global targets, reaching targets depend on synergy and collaboration
- D. Synergy and Collaboration**
Synergy across the cascade, across the life course and across populations

A Whole of cascade approach to guidelines and policies – recent from WHO

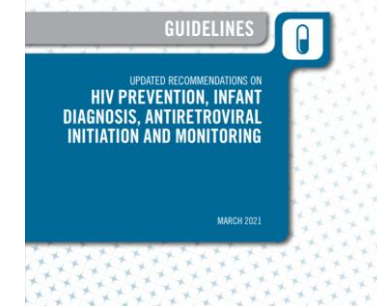
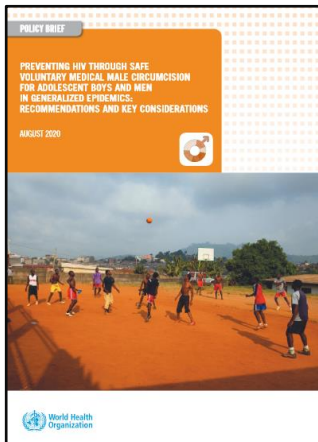
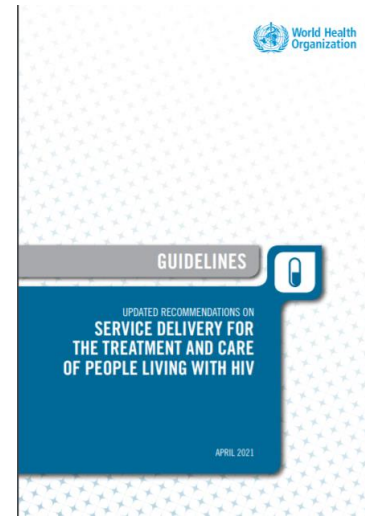
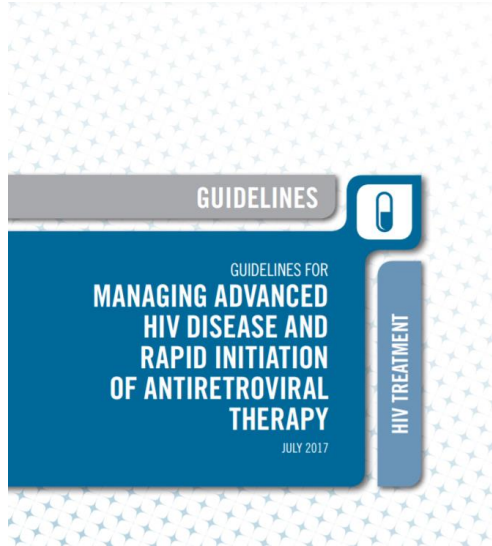
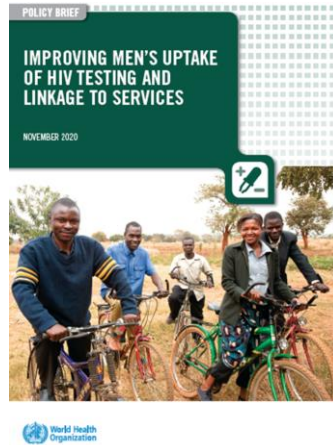
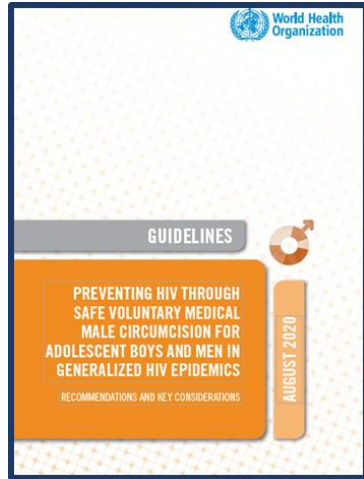
Prevention

Testing

Treatment

Service delivery

JIAS JOURNAL OF THE INTERNATIONAL AIDS SOCIETY Open Access



A Whole of cascade approach to guidelines and policies – upcoming



Upcoming WHO and ILO Brief: HIV Self-Testing at Workplaces: Approaches to Implementation and Sustainable Financing

Awareness, knowledge, intent and self-efficacy	
Individual-level barriers	<ul style="list-style-type: none"> • lack of or inadequate information on VMMC benefits and the procedure • incorrect information or myths about VMMC • the fact that VMMC provides only partial protection • risk prioritization: limited perception of HIV risk, and HIV prevention not their priority concern • for older men, circumcision to reduce HIV risk not of value (103, 138) • unclear level of benefit for bisexual men • uncertainty or hesitance
Community/ household-level barriers	<ul style="list-style-type: none"> • limited social cohesion, family support • limited partner support
Interventions addressing these barriers	
<ul style="list-style-type: none"> • Home visits by lay counsellors to HIV-negative men and support for clinic linkage (137, 301) • mHealth – SMS messages to HIV-negative men including follow-up after home visits and referrals (301, 335, 336) • dedicated and trained interpersonal communication agents (a component of multiple studies) • information provided on health and wellness (for example, general HIV prevention, improved hygiene, HPV reduction and cervical cancer risk reduction for female partners) (38, 298, 306) (Case 6) • offering VMMC onsite to clients at sexual health clinics (337) • education and mobilization through sporting groups and using educational games (124, 137) (Cases 1, 9) • peer promotion by circumcised men (124, 137, 302, 306) (Cases 1, 2, 4) • partner engagement in sexual and reproductive health education (302, 306) • engagement of partners, family members and peers (301) (Case 6) • engagement of religious leaders (338) (Case 6) • diverse multimedia and mass communication (302) 	

Enhancing uptake of VMMC among men who are vulnerable



UNAIDS - Framework for action for male engagement in HIV testing, treatment, and prevention in Eastern and Southern Africa

	Strategies	Key components				
UHC	Structural enablers	Improve access to health for men & boys and decrease vulnerability	Ensure required social, economic, legal and policy structures in place	Improve availability, accessibility, acceptability & quality of health services	Increase demand for, & utilisation of, health services among men & boys	Transform gender norms to improve gender equality and reduce GBV
HIV Continuum of Care	Prevention	Prevent HIV among men & boys	Provide combination prevention for men & boys	Strengthen national condom programmes	Promote VMMC uptake & use as entry point to other services	Offer PrEP to high-risk men & boys
	Testing	Diagnose more men & boys living with HIV	Expand targeted community based testing (e.g. mobile, work, home)	Implement HIV self-testing for high-risk men & boys	Apply routine partner counselling & testing including index testing & assisted partner notification	
	Treatment & Adherence	Increase proportion of men & boys accessing & adhering to ART	Simplify linkages to treatment & increase access to treatment & care	Employ male specific treatment & adherence messaging	Scale-up adherence and psychosocial support for men & boys (initial & ongoing)	
	Prevention	90% of men in high-prevalence settings access combination HIV prevention	90% of men use condoms during sex with non-regular partner	95% of men living with HIV	90% of men aged 15–29 circumcised (in 14 high-priority countries)	95% of men living with HIV on



WHO 4-pronged focus for Men (GISE)

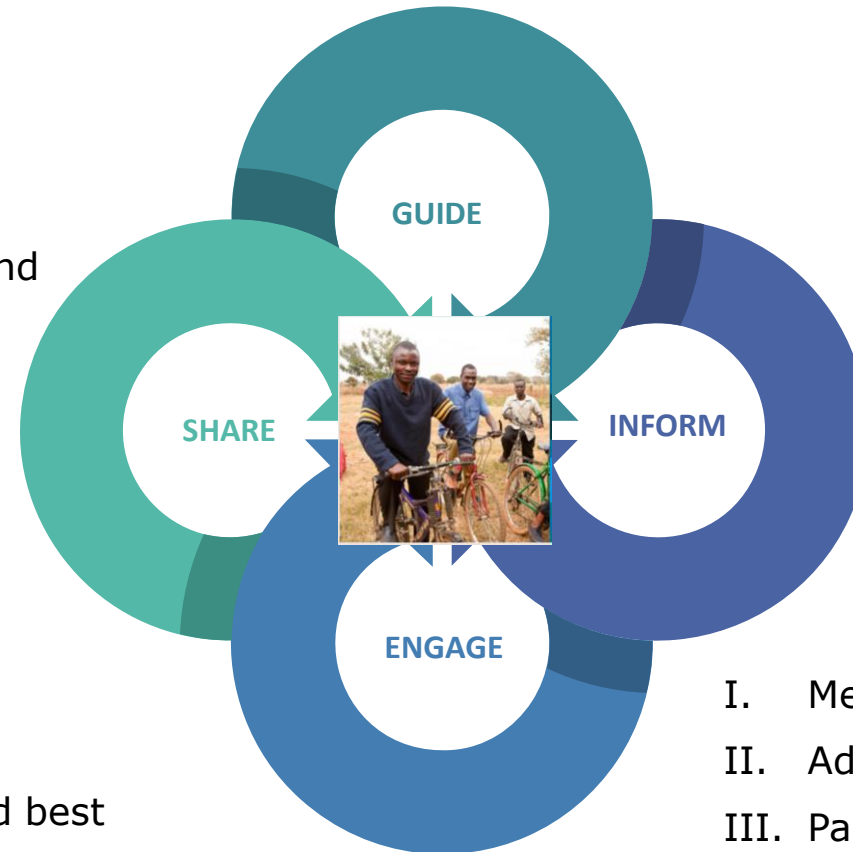
Guidance

- I. Support evidence and research
- II. Develop technical documents and guidance
- III. Identify and prioritize gaps
- IV. Develop new guidance
- V. Lead and convene

- MENHT

Share

- I. Identify evidence backed best practices and share
- II. Cross border learning
- III. SD models



Inform country technical support

- I. Disseminate
- II. Country support – men’s strategies and activities
- III. Capacity building webinars

Engage

- I. Meaningful engagement of men
- II. Advocacy
- III. Partnerships
- IV. With women, AGYW, KPs, vulnerable

QUESTIONS