

A man and a woman are riding a blue motorcycle in a rural, dusty environment. Both are wearing bright yellow caps and high-visibility yellow vests over their clothing. The man is driving, and the woman is seated behind him. In the background, there are simple buildings with corrugated metal roofs and some trees under a cloudy sky.

MENHT (Global Men and HIV Technical Working Group) Webinar Series

Episode #8

Putting men in global policies and guidelines: A distraction or an imperative?

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An intro: A distraction or an imperative?

2

The impediments. What is stopping us?

3

The solutions: What can we do? A framework for reaching men and boys

4

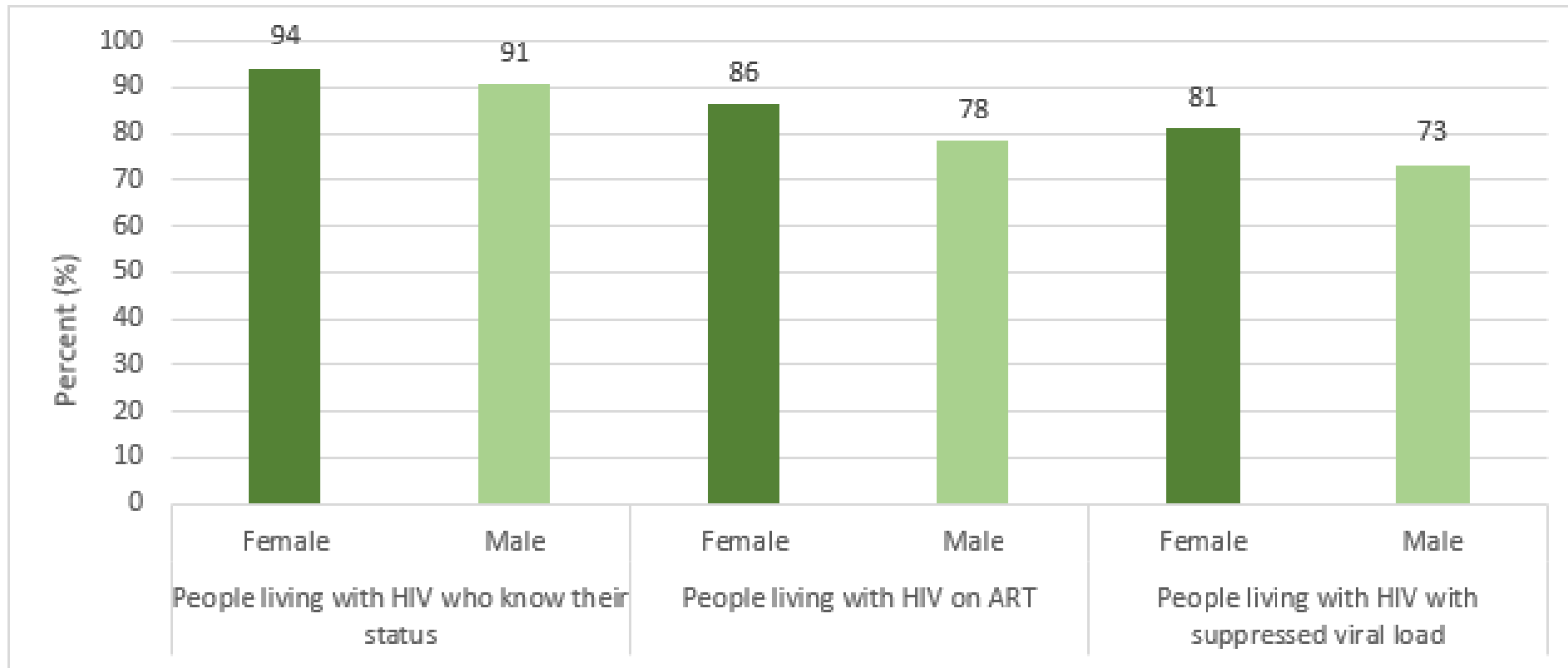
Conclusion

A distraction or an imperative?



Clear gaps across the 95-95-95

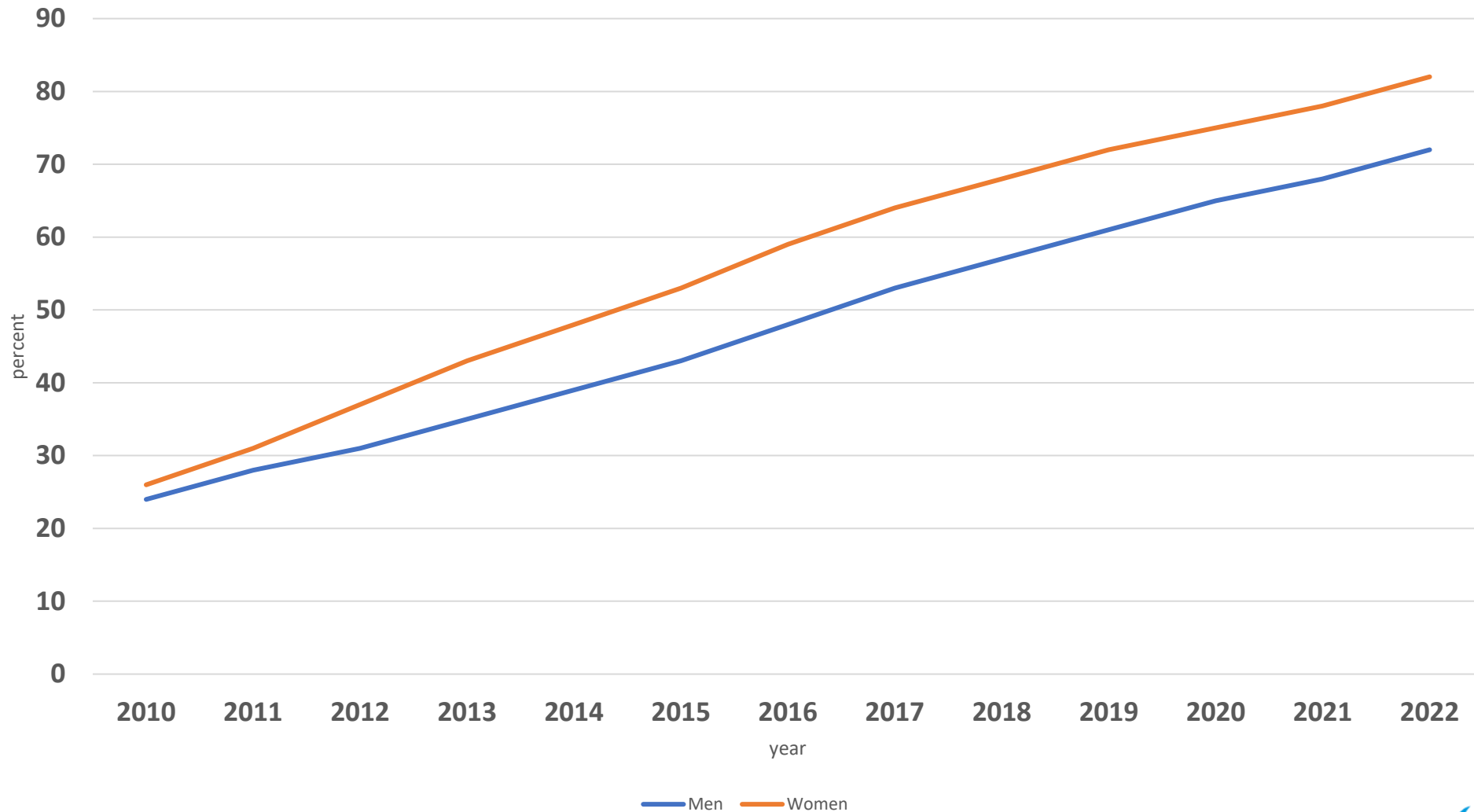
HIV Testing and Treatment Cascade among WOMEN compared to MEN (AGED 15+ YEARS), 2022 (%)



Source: UNAIDS epidemiological estimates, 2023

It is a case of widening gaps across the 95-95-95

Coverage of people receiving ART among WOMEN compared to MEN (AGED 15+ YEARS), from 2010 – 2022 (%)

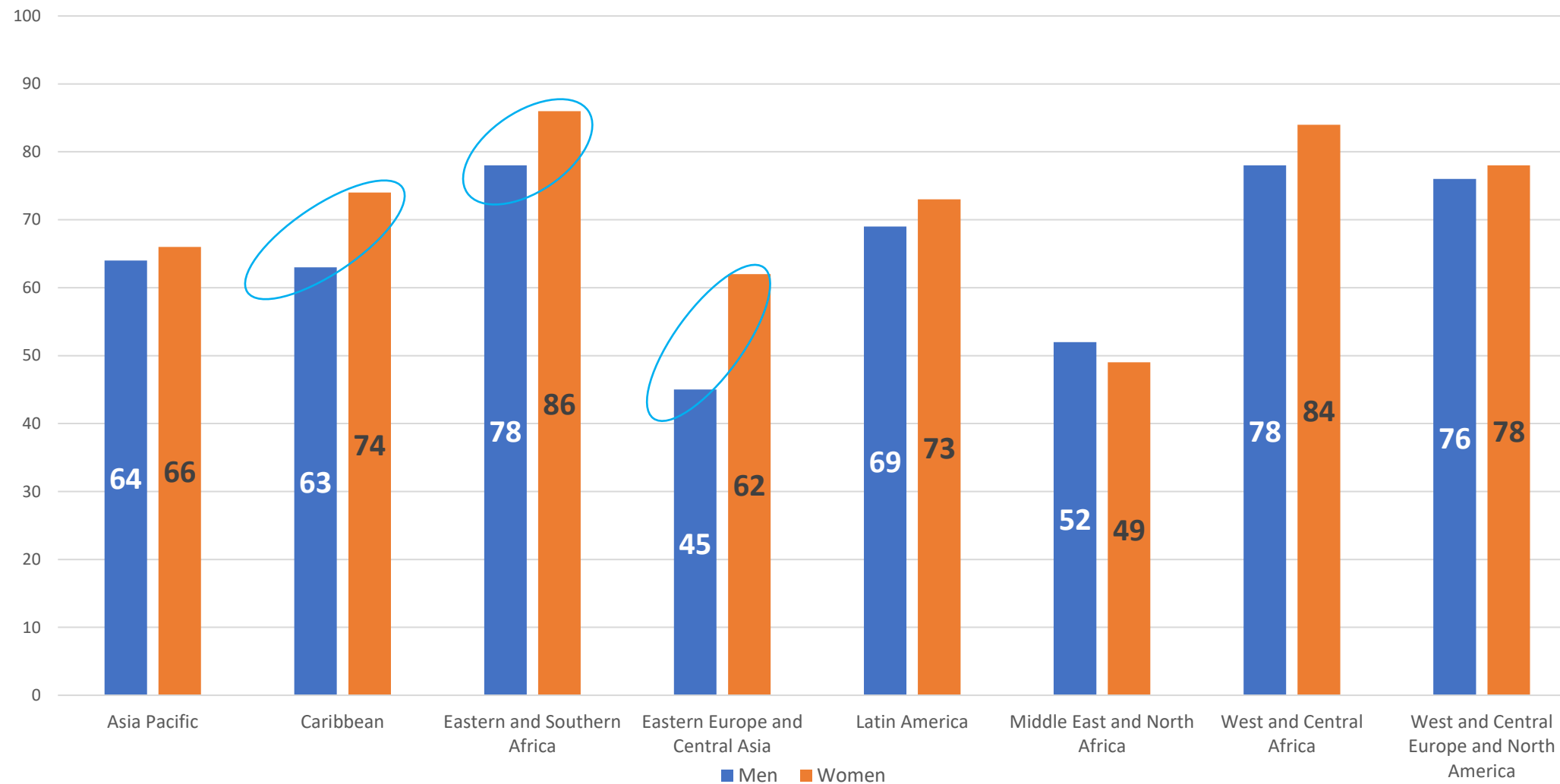


Intensify test and treat efforts to have men on treatment and close the widening sex gap on ART coverage

Source: UNAIDS epidemiological estimates, 2023

Regional averages unmask real gaps

Coverage (%) of men and women receiving ART across regions in 2022



Source: UNAIDS epidemiological estimates, 2023

Closing gender disparities in viral suppression could avert half of new female cases



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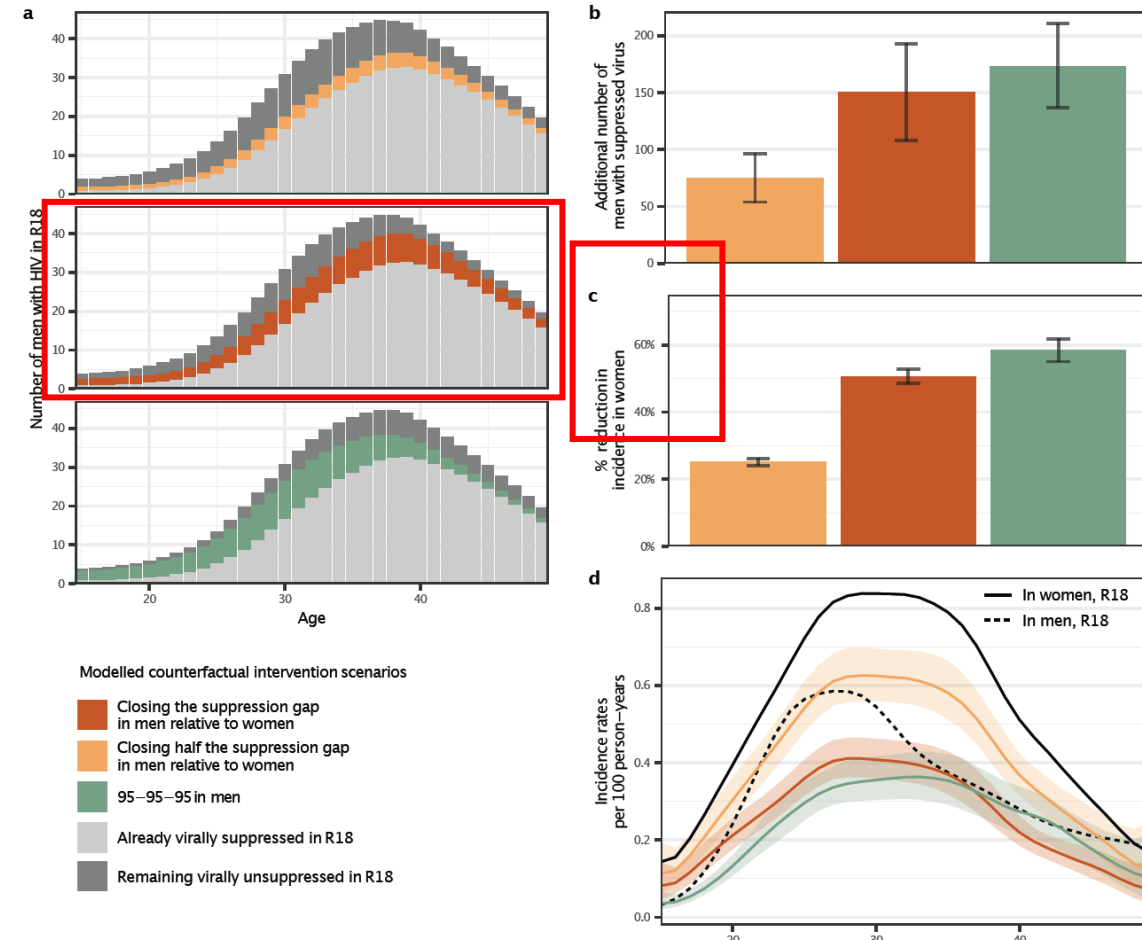
Article | Open access | Published: 05 December 2023

Longitudinal population-level HIV epidemiologic and genomic surveillance highlights growing gender disparity of HIV transmission in Uganda

Mélodie Monod, Andrea Brizzi, Ronald M. Galiwango, Robert Ssekubugu, Yu Chen, Xiaoyue Xi, Edward Nelson Kankaka, Victor Ssempijja, Lucie Abeler-Dörner, Adam Akullian, Alexandra Blenkinsop, David Bonsall, Larry W. Chang, Shozen Dan, Christophe Fraser, Tanya Golubchik, Ronald H. Gray, Matthew Hall, Jade C. Jackson, Godfrey Kigozi, Oliver Laeyendecker, Lisa A. Mills, Thomas C. Quinn, Steven J. Reynolds, Rakai Health Sciences Program & PANGEA-HIV consortium + Show authors

Nature Microbiology 9, 35–54 (2024) | Cite this article

- **Closing gender gap in viral suppression** could have reduced infections in women by one half
- **Men aged 25-40** should be the focus of treatment for prevention, likely the quickest pathway to rapidly reducing incidence among women



Burden goes beyond HIV

STIs and Hepatitis

Men have higher incidences of gonorrhoea, syphilis, trichomoniasis and hepatitis C

TB

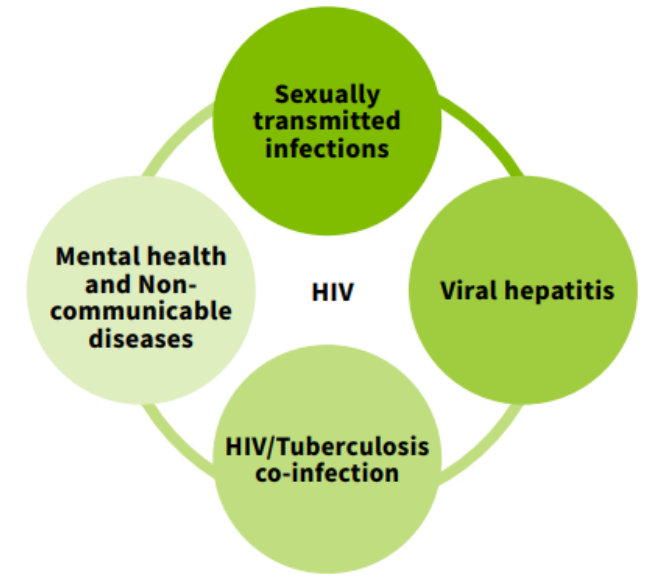
In low- and middle-income countries (LMICs), TB prevalence among men is over twice as high as among women.

TB is the leading cause of death among people living with HIV. **Men living with HIV are nearly twice as likely to die from TB**

Advanced HIV disease

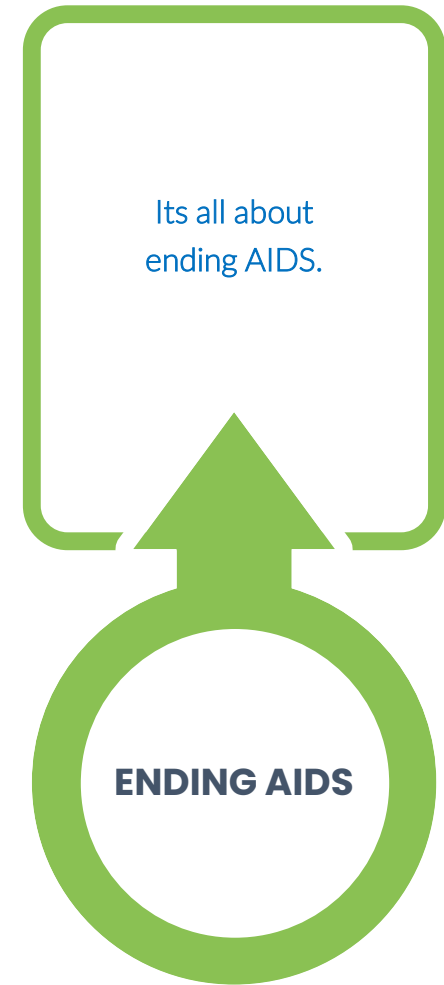
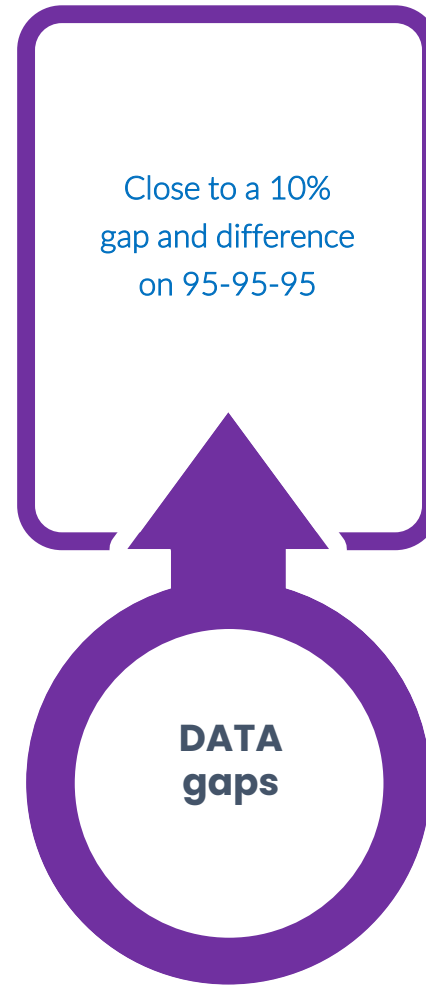
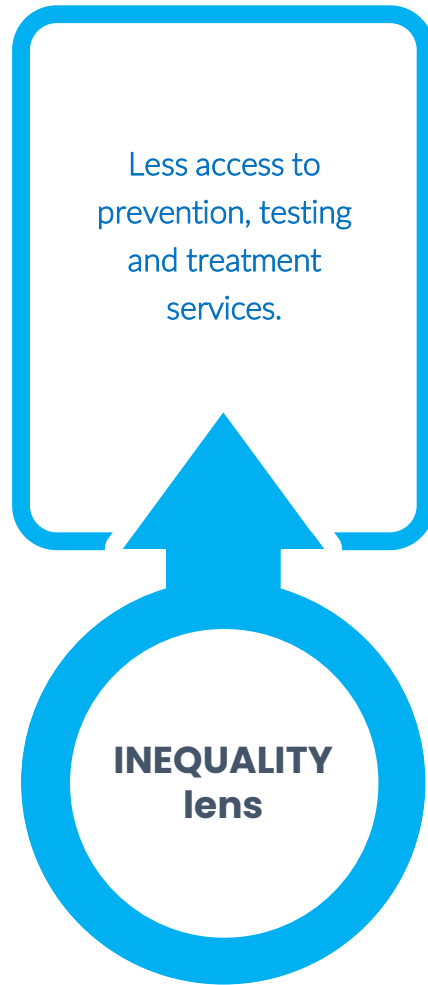
Men twice as likely to have advanced HIV disease contributing to onward transmission, risk of opportunistic infections and high mortality among men

HIV and related health needs for men



© WHO / Michael Duff

Shifting the tide – The TIDE rationale for a focus on men



The impediments. What is stopping us?



Male barriers to HIV services

Stigma or “social reputation”

- Stigma drives men’s worries and concerns about confidentiality at testing sites, limits access to services (Fleming PJ et al, 2014; Pugh LE, 2022; Dovel K,2020).

“Not at risk”

- Gender norms that confer entitlements and characterize ideal female behaviour drive men’s perceptions that their female partners are “good” and therefore do not have HIV (Beia T, 2021; Dovel K, 2020)

Lack of service entry points and inflexible facility services.

- Men lack routine entry points or expected touchpoints between themselves and the health system(Nardell MF, 2022; Coursey K, 2022).

Negative interactions with HCWs

- Negative interactions with HCWs can deter anyone from seeking future health services, including men

Assumptions on peer support

- Men may lack social connection and support with other men, especially for support related to HIV and related conditions.

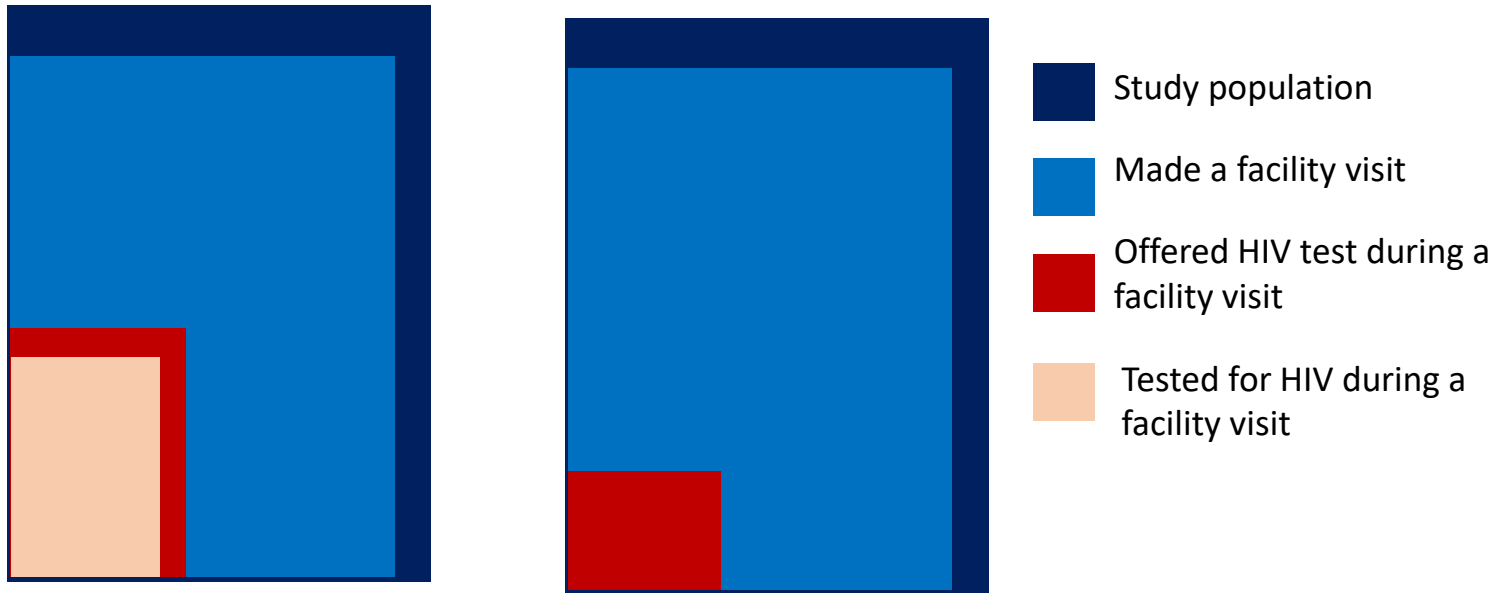
Siloed services

- Male health beliefs and health seeking factors common across many health conditions (inc NCD, mental health) leading to late presentation, higher morbidity and mortality

Changing the narrative - Poor health seekers or poor health services?

All men
($n = 1116$)

Men needing HIV testing
($n = 617$)



- Men do seek health services. Question is, are health systems designed to receive men?
- Of all the men in study, 85% of those offered testing accepted
- Among men in need of HIV testing who had attended a health facility, only 7% were offered HIV testing.
- Highlights missed opportunities missed opportunities to reach men already engaged with the health system.

Kathryn Dovel *et al.*, 2021, Frequency of visits to health facilities and HIV services offered to men, Malawi

- **Deliberate efforts to offer screening services to men should be prioritized as could improve programmatic efficiencies**

The solutions: What can we do?





Men and HIV: evidence-based approaches and interventions

A framework for
person-centred
health services



Overarching objectives of the WHO *Men's Framework for action*

Person-centred framework

A person-centred framework specific to men, identifying core service delivery components that men need to successfully engage in care

Synthesize evidence

Evidence-based approaches to promote person-centred service delivery across HIV and related services, using findings from a scoping review and other WHO guidance documents

Identify gaps

Next steps and additional evidence needed to implement person-centred services for men in sub-Saharan Africa

A person-centred care framework for identifying health service interventions for men

Person-centred care:
Reorientating the models of care for men

Core Components

Male-specific needs

- Easy access to services**
 - Service location and timing
 - Routine entry points
 - Community services
 - Flexible and efficient facility-based services

- Quality services**
 - Client preferences and satisfaction
 - Positive HCW interactions
 - Integrated services

- Supportive services**
 - Psychological and logistical
 - Comprehensive counselling and sensitization
 - Virtual interventions
 - Peer support

Barriers and solutions to men's use of HIV and related services

Supportive services

Male-specific barrier

Solution

Limited health knowledge

Men may have poor knowledge and motivation related to HIV and related conditions, services available to prevent or treat conditions, and how to navigate health facilities to successfully access health services.

Comprehensive counselling and facility navigation

Comprehensive counselling tailored to men's particular concerns (namely, wage earning, sexual partners, children, lifestyle, etc.) and needs. Provide opportunities for men related to other men through peer support mechanisms (namely, 1:1 peer mentorship and adherence groups).

Lack of male-to-male support

Men may lack social connection and support with other men, especially for support related to HIV and related conditions.

Peer services

Peer support is crucial for many people living with HIV. Counselling and ongoing support from other men can provide meaningful relationships and connections for men.

Mobility and inconsistent facility attendance

Men commonly have work demands that require mobility and the inability to attend facilities regularly.

Virtual interventions

Virtual interventions can provide consistent support and adherence reminders while not requiring men to be physically present.

Person centered

1

Male friendly services

2

Adaptable and integrated

3

Quality and judgement free

4

Quality services

Male-specific barrier

Solution

Negative interactions with HCWs

Negative interactions with HCWs can deter anyone from seeking future health services, including men. HCWs may be ill equipped to navigate men as clients and the circumstances (work demands or unexpected travel) that leads to delayed health-seeking behaviour.

Positive interactions with HCWs

Positive HCW interactions are based on kindness and respect in order to support men. Therefore, it is important to strengthen HCWs' competency to provide responsive services in which men's preferences and opinions are valued and their agency and empowerment are bolstered.

Siloed services

Services for HIV and related conditions are rarely offered to men when they make non-HIV facility visits.

Integrated services

Maximize services offered to men when they do attend health facilities by offering HIV and related services and related education/ counselling activities at emergency and outpatient departments.

HIV and related services are often siloed or offered near departments focused on ANC and children under five years of age. As a result, men often face increased risk of unwanted disclosure because men attending those departments could only be accessing HIV or related services.

Integrate HIV and related conditions within general services where possible to facilitate holistic care and ensure confidentiality and anonymity.

Easy access

Male-specific barrier

Solution

Lack of service entry points

Men lack routine entry points or expected touchpoints between themselves and the health system, whereby all men are recommended to seek services across the life course (i.e., marriage, pregnancy of partner or ageing).

Routine entry points

Increase the number of opportunities men have to engage with health services as clients, maximize potential entry points for men, including outpatient and emergency room departments, sexual and reproductive health services, and antenatal care (ANC) and childcare visits.

Facility services

Long wait times, travel time and cost related to attending health facilities can conflict with work demands for men, especially mobile and primary wage-earning men.

Community services

While most men attend health facilities, community services provide convenient access points those who are unable to attend primary health care settings and can help reduce cost and concerns of stigma.

Inflexible services

Frequent facility attendance and limited service delivery strategies can restrict men's income generation opportunities and risk unwanted disclosure.

Flexible and efficient facility-based services

DSD strategies can improve use of services. Considerations for DSDs should consider ways to minimize time required to access services and maximize flexibility and client autonomy for service delivery strategies (i.e., self-test strategies, reduced wait times and/or reduced number of visits).

Package of evidence-based interventions available for men from WHO guidelines on services for HIV, STIs, TB and other services

1. HIV Prevention

- VMMC (in 15 priority countries)
- Condoms and condom-compatible lubricants
- Pre-exposure prophylaxis (PrEP) for people at substantial ongoing risk of HIV infection
- Post-exposure prophylaxis (PEP) following suspected recent exposure
- Harm reduction (needle and syringe programmes, opioid agonist maintenance treatment (OAMT) and naloxone for overdose management)

2. HIV Testing Services

- Facility-based testing
- Community-based testing
- HIV self-testing (in communities and facilities)
- Provider-assisted referral (assisted partner services)
- Social network-based approaches
- Linkage to prevention and treatment
- Differentiated HIV testing services

3. HIV Treatment and Care

- Linkage from HIV testing to enrolment in care
- ART initiation
 - Rapid ART initiation
 - Same day ART initiation
- Support for adherence, retention and re-engagement in care
- Advanced HIV disease package
 - Package of interventions including screening, treatment and prophylaxis for major opportunistic infections
 - * Intensified adherence support interventions
- Differentiated service delivery and people-centred care

4. Sexually transmitted infection (STI) services

- STI awareness and quality counselling*
- STI prevention**
 - Condoms and condom-compatible lubricants
 - Human papillomavirus vaccine for adolescent boys (in countries with sufficient resources)
 - Post-exposure prophylaxis
- STI case management (prioritizing men with symptoms or sign of STIs and contacts of persons of STIs)
 - Diagnosis (laboratory diagnostic tests, including RDTs, or syndromic management where resources are limited)
 - STI treatment (including compliance and follow-up)
 - Partner services and linkage to care
- Targeted STI screening (testing) and treatment
- Differentiated service delivery encouraged

5. Hepatitis B and C

- Counselling on risk factors and comorbidities-including alcohol use
- Hepatitis B vaccination (for KP and others at high risk of exposure)
- Universal hepatitis B testing (in endemic and high-risk populations and as part of HIV PEP)
- Hepatitis C testing (in endemic and high-risk populations including re-testing among people with ongoing high-risk behavior (such as men who inject drugs or have sex with men)
- Linkage to prevention, care and treatment services.
- HBV and hepatitis C virus (HCV) treatment
 - Hepatitis C present: provide curative treatment with pan-genotypic direct-acting antivirals (DAAs)
 - Hepatitis B present: lifelong treatment where eligible
- Simplified and differentiated service delivery encouraged

6. TB/HIV

- TB screening
 - Screen for TB disease at each visit to a health facility for men with HIV
- TB prevention
 - TB preventive treatment for men who do not have TB disease as part of a comprehensive package of HIV care
- HIV testing among people with presumed and diagnosed TB
- TB treatment of all people living with TB, including drug-susceptible and drug-resistant TB, including for those clinically diagnosed
- Early initiation of ART among people with HIV-associated TB
 - Cotrimoxazole preventive treatment
- Integrated delivery of care for men with HIV-associated TB including through differentiated service delivery

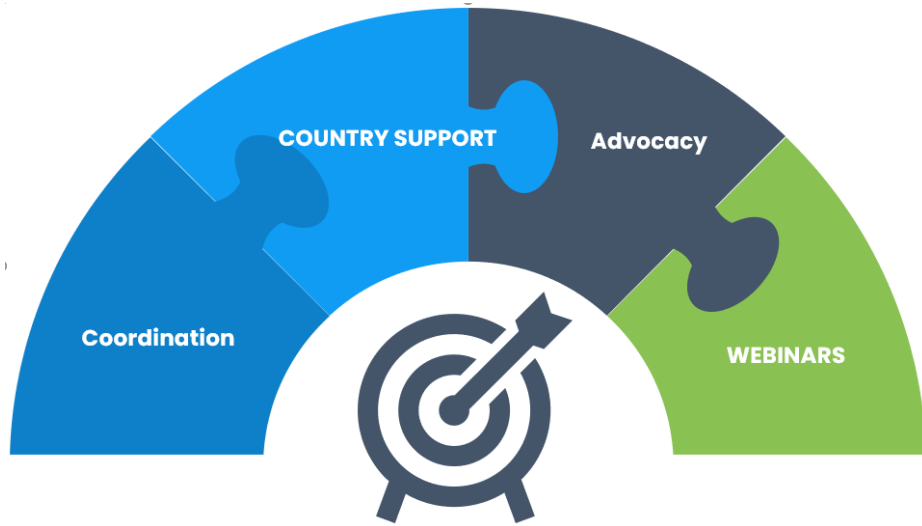
7. Broader health interventions

- Mental health
- Noncommunicable diseases (NCDs)
- Anal health
- Screening and treatment for hazardous and harmful alcohol and other substance use
- Comprehensive sexual and reproductive health services



Plugging the coordination gap

Global Men and HIV Technical Working Group (MENHT)



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 Grimmerud, IAS, Switzerland
5. Upcoming events and webinars – Lycias Zembe, UNAIDS
6. Updates from members (work and evening) – 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

COORDINATION

platform to coordinate efforts and promote synergies

ADVOCACY

Put joint advocacy efforts together at major global events and conferences,

COUNTRY SUPPORT

Support country work, inputs in country plans, share best practices

MENHT

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



To end AIDS: All roads lead to men

Men in all their diversity



Adolescent girls and young women bear a disproportionate burden of new infections but what are the sources of those new infections?

Men are the center of key population driven epidemics and bear the main burden of at least 4 of the 5 key population groups

All roads lead to men to end the epidemic and sustain elimination. We must focus on men for their own sake and for others

What really is the **PATH** to sustainably reducing new HIV infections and ending AIDS?

Are we towing an evidence-based path or are we distracted by other paths?

