



Strengthening Male Engagement in HIV Prevention, Testing, and Treatment is a Critical Step Toward Curbing the HIV Epidemic

The Challenge

Despite their many social and economic advantages, men face health outcomes that are substantially worse than those of women worldwide.

This disparity is especially pronounced within the context of the HIV epidemic. Data from Population-based HIV Impact Assessments (PHIA), funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC) and supported by ICAP, show that men living with HIV are less likely than women to know their HIV status and to have achieved viral load suppression. Lower rates of HIV testing and treatment success translate to worse health outcomes among men and increased HIV transmission to sexual partners.

These differences have resulted in as much as a ten-year life expectancy gap between men and women living with HIV. Poor

engagement also adversely affects HIV-negative men at risk for HIV infection, whose low HIV testing rates limit access to critical prevention services, including pre-exposure prophylaxis (PrEP).

Barriers to male engagement include gender norms that discourage men from seeking health services and common perceptions that health services—provided by a largely female health work force—prioritize women and children over men. In sub-Saharan Africa in particular, HIV campaigns and services have historically focused on women and children, with less attention to targeted programming for men. Across the globe, men who have sex with men represent a particularly underserved group, whose vulnerability to HIV and poor health outcomes is compounded by stigma, discrimination, and, in many places, criminalization.

Technical Approach

Meaningful male engagement is critical to expanding HIV testing uptake, preventing new HIV infections, and improving the health and wellbeing of men living with HIV and their partners. The benefits of male engagement in antenatal care and HIV testing also extend to better prevention of mother-to-child transmission and infant health outcomes.

ICAP supports ministries of health and national AIDS programs to identify barriers and facilitators to male engagement in HIV services and to design and implement male-friendly services that increase engagement in each step of the HIV prevention and care continua (see Figure 1).

Male-friendly services aim to:

- Reduce stigma as perceived or experienced by males (e.g., by offering multi-disease screening and services)
- Include services for issues specific or important to men (e.g., male sexual health, male circumcision, alcohol dependency counseling)
- Increase convenience and reduce time spent accessing services (e.g., through workplace programs, weekend clinic hours, and fast-tracking male clients)
- Reduce opportunity cost (e.g., by offsetting the cost of time spent through incentives, training, or income-generating activities)
- Support “positive masculinity” (e.g., taking responsibility, supporting family and community, feeling healthy and strong)

National-level support is complemented by intensive technical assistance provided to district-level teams and at health facilities to ensure that policies and practices are aligned—and that data are used to improve programs.

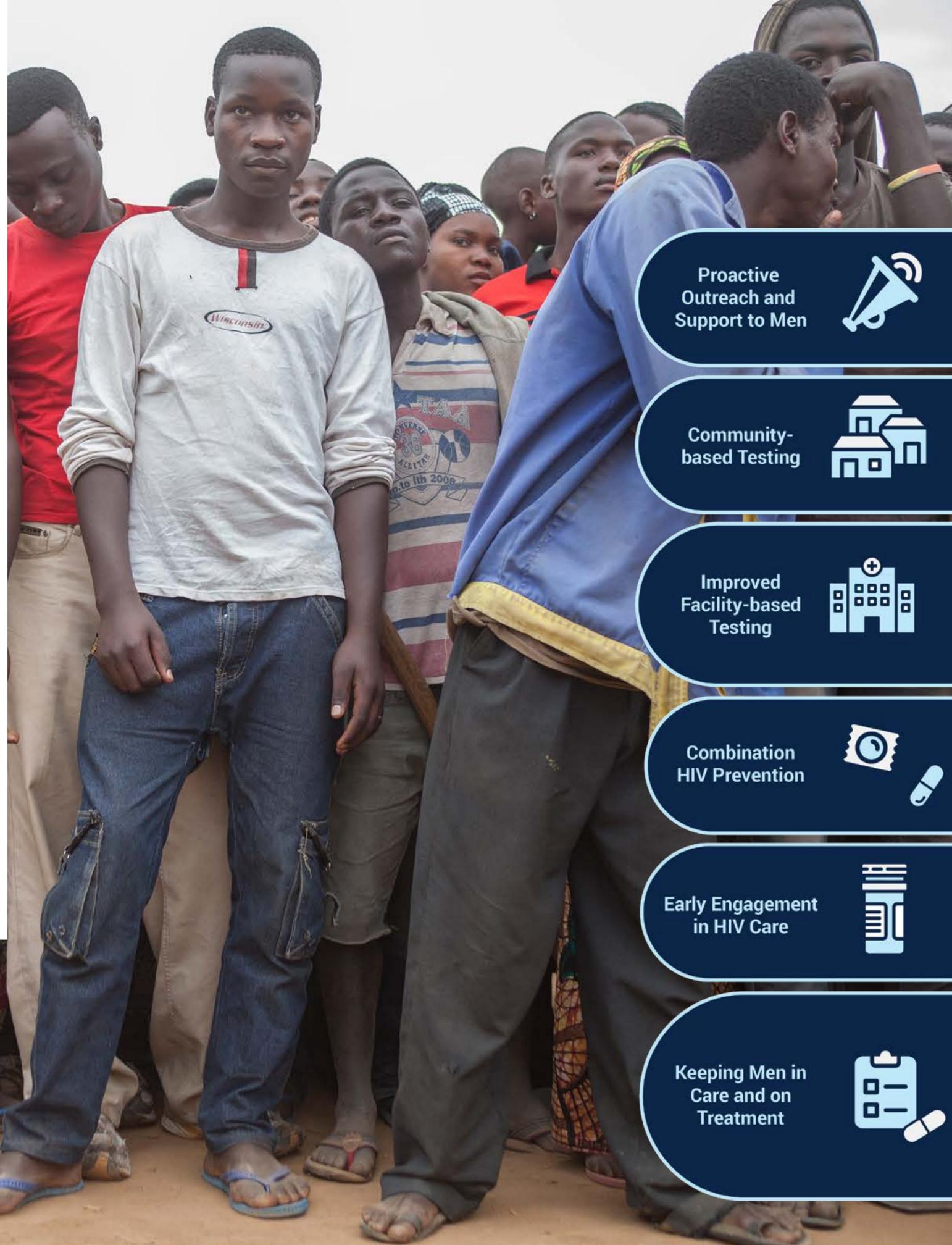
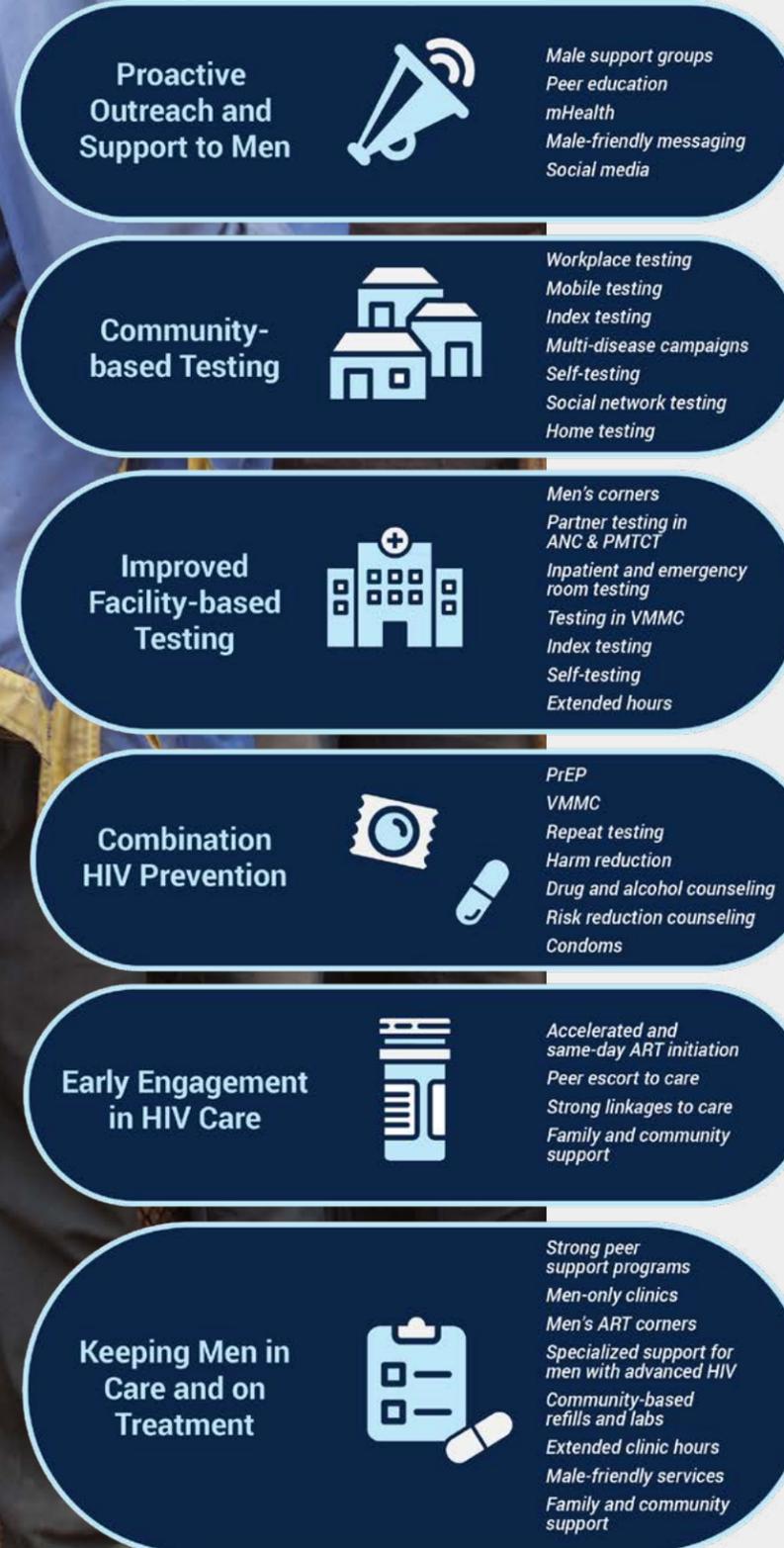


FIGURE 1
Engaging Men Across the HIV Prevention and Care Continua



Locally-appropriate, participatory outreach and support

Strong monitoring and data systems and expanded interoperability of data systems

ICAP in Action

Catalyzing Innovations to Engage Men in HIV Prevention, Care, and Treatment



1 Côte d'Ivoire

Health workers trained on assisted partner notification, extended clinic hours, home-based testing for male household members, and multi-disease campaigns

2 Democratic Republic of Congo

Community and clinic-based, peer-led services for men who have sex with men, including mobilization for HIV testing and PrEP, linkages to clinical care, and community-based adherence support

3 Eswatini

Weekend clinic hours and male-friendly service package for men working in industrial areas; development of data systems to track linkage to care (including a mobile App)

4 Kazakhstan, Kyrgyzstan, and Tajikistan

Integration of HIV, tuberculosis (TB), and medication-assisted therapy services for people who inject drugs (largely men) and provision of nurse-supported adherence counseling at the community level to increase retention and adherence

5 Kenya

Male-friendly, multi-disease (e.g., diabetes, hypertension) screening booths at a major regional hospital to encourage men to access services, reduce stigma around HIV services, promote self-testing, and enhance confidentiality

6 Lesotho

Workplace-based HIV and TB services offered through public-private partnership with TEBA, a labor recruiting company for Basotho miners

7 Mozambique

Male clinics with HIV testing and counseling integrated with less stigmatized health services (e.g., blood pressure monitoring and eye and oral exams) at community health fairs

8 Myanmar

Peer-led demand creation, support to facilities to improve friendliness of services, and pre- and post-test HIV counseling for men who have sex with men

9 South Africa

Peer-led HIV prevention, testing, linkage, and retention services for men who have sex with men

10 South Sudan

Expanded index patient testing by offering transport reimbursements to family members of clients, thus increasing the number of men tested and linked to care

11 Tanzania

Peer-based program for male clients diagnosed with HIV to receive active case management and linkage to HIV care

12 Zimbabwe

Assessed male engagement in community ART refill groups (CARGs) and identified strategies to address barriers, including: incorporating male role models, community leaders, and spouses in community-based services; providing HIV services near the places where men spend time (e.g., workplaces, sporting events); integrating income-generating activities within CARGs; and improving marketing of CARGs in communities

ICAP leverages its experiences working with diverse populations in different settings to support ministries of health to pilot, evaluate, and take promising male engagement programs to scale.

Considerations for Implementation

Poor health outcomes among men at risk for and living with HIV motivate the need for innovative strategies that provide acceptable, accessible, and affirming models of HIV prevention, care, and treatment for men. Several considerations for implementing such strategies are offered below:

1 Differentiated Service Delivery

Differentiated service delivery models offer new opportunities to reach and engage men. These models must continue to be adapted to meet the specific needs of men living with HIV. A major limitation of current differentiated service delivery models for ART is their focus on “stable” patients—i.e., those who are adhering well and are virally suppressed. By design, many people who could benefit the most from services (e.g., newly diagnosed men, men who have fallen out of care, and those who are not virally suppressed)

do not meet the eligibility criteria of most current differentiated service delivery models. Given that early engagement in HIV care is critical to improving the health of people living with HIV, enhanced differentiated service delivery models could, for example, be offered to men newly diagnosed with HIV (including “collapsing the cascade” with same-day ART initiation) to close gaps and increase engagement.

2 Heterogeneity

Men are a heterogeneous group, and services and support need to be designed and delivered with inputs from the groups of men they are intended to reach. Men who have sex with men and adolescent and young men are two groups that are especially vulnerable and underserved. Community-based approaches—including peer-led outreach, peer champions, and community-based testing, PrEP, and ART initiation—are critical to engaging men who have sex with men and other stigmatized and vulnerable groups in care. Approaches

that incorporate psychosocial support, such as teen clubs and peer-led support groups, have been shown to effectively engage adolescents and young men. Sensitization and mentorship of health workers can help to clarify their values and enable them to offer non-judgmental care to men who have sex with men and other vulnerable groups. Addressing structural issues that impede the provision of care to men who have sex with men—including restrictive laws, criminalization, and isolation from the mainstream—is also critical.

3 Mobility

Mobility is a factor for many working men and most health care systems are not set up to adequately meet their needs. Workplace-based services offer a partial solution, but continuity of care presents challenges to engaging and keeping mobile men in care. Strengthening the use of client-held records, such as “health passports,” is a simple strategy to track men’s engagement in care and

basic health information. Innovations to integrate effective unique identifiers for recipients of services—for example using biometric measures such as retinal and fingerprint scanning—could allow programs to longitudinally manage care and monitor prevention services and linkages.





ICAP Publications and Resources

Male Engagement

Latest data from PHIA surveys.

Available at:

<https://phia.icap.columbia.edu/>

CQUIN study: **Male Engagement in Community Antiretroviral Refill Groups: Exploring Barriers and Facilitators to Differentiated Service Delivery in Zimbabwe.**

Study overview and preliminary results available at:

<http://icap.columbia.edu/ptb-cquin-cargs>

ICAP Grand Rounds Webinar. **Strategies to Strengthen Men's Engagement in the HIV Care Cascade in Sub-Saharan Africa.** September 2017.

Abstract available at:

<http://icap.columbia.edu/ptb-gr-men>

El-Sadr W, Harripersaud K, Rabkin M. **Reaching global HIV/AIDS goals: What got us here, won't get us there.** PLOS Med. 14(11): e1002421.

Available at:

<http://icap.columbia.edu/ptb-global-goals>