UNAIDS

51st meeting, UNAIDS Programme Coordinating Board, 13-16 December 2022

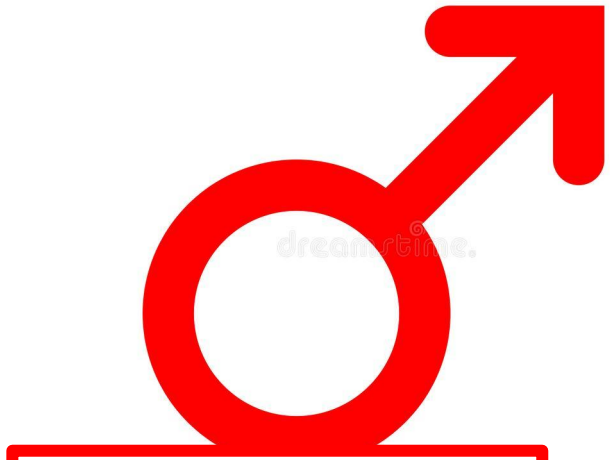
"HIV and men, in all their diversity" Why focus on men?

UNIVERSITI MALAYA

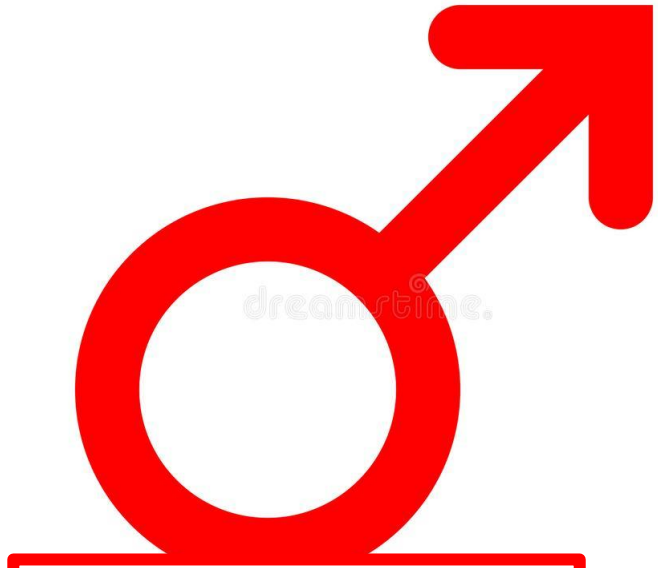
ceria
CENTRE OF EXCELLENCE FOR RESEARCH in AIDS
University Of Malaya

IAS

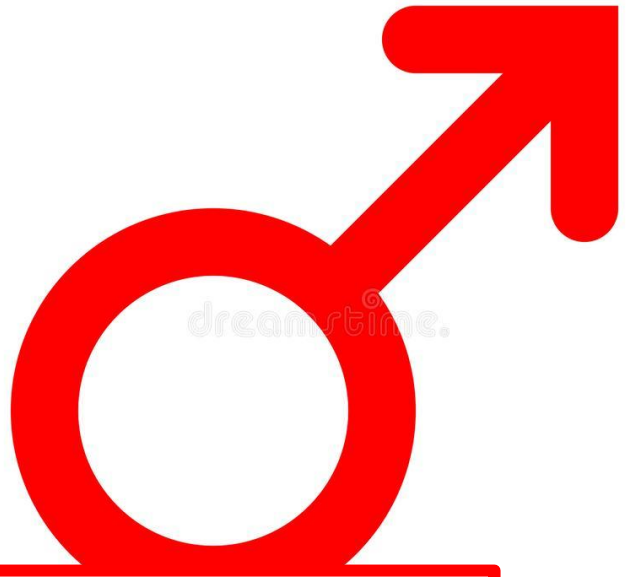
Compared to Women



740 000 more men living with HIV who do not know their HIV status

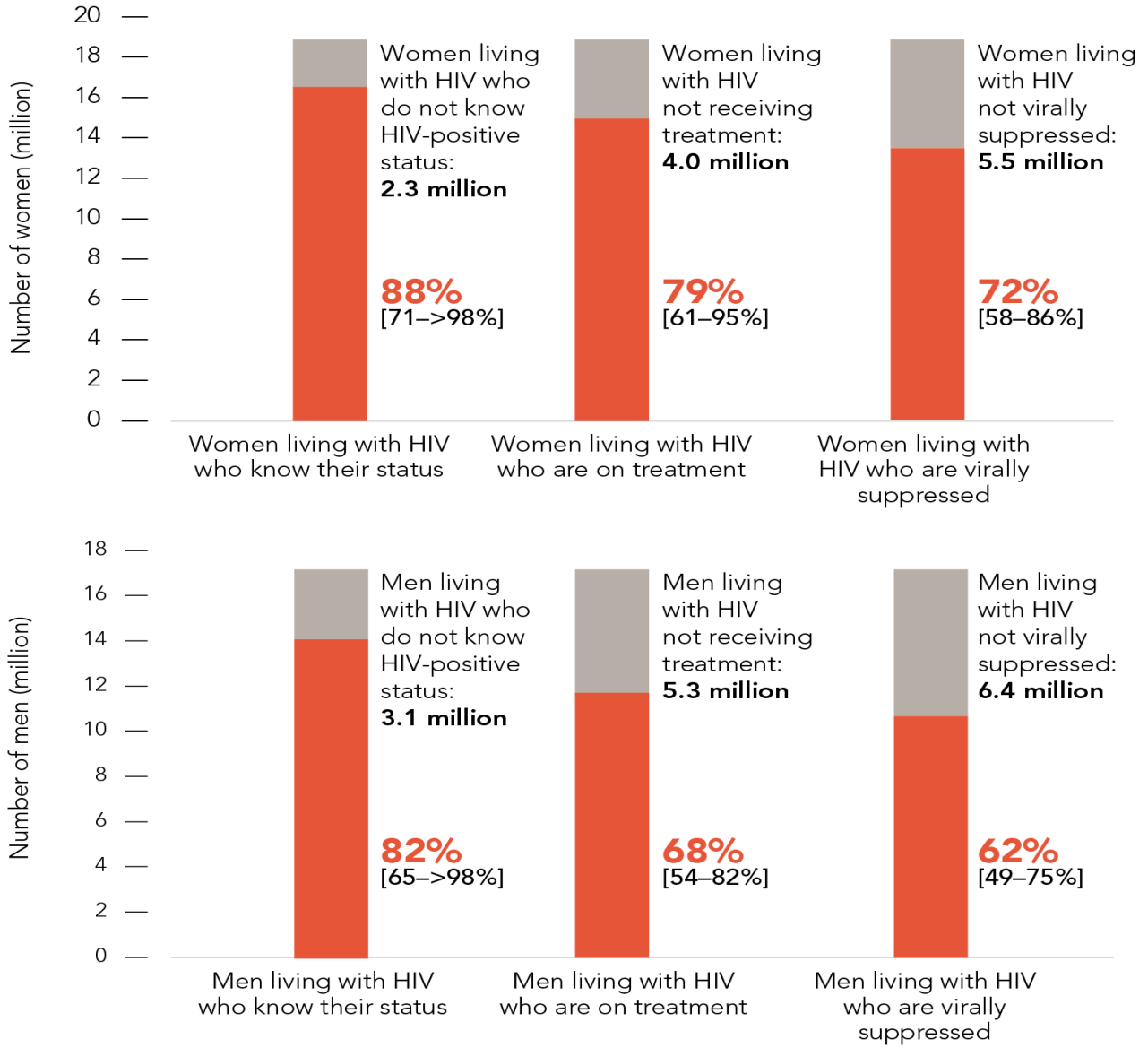


1.3 million more men who are not on treatment



920 000 more men who are not virally suppressed.

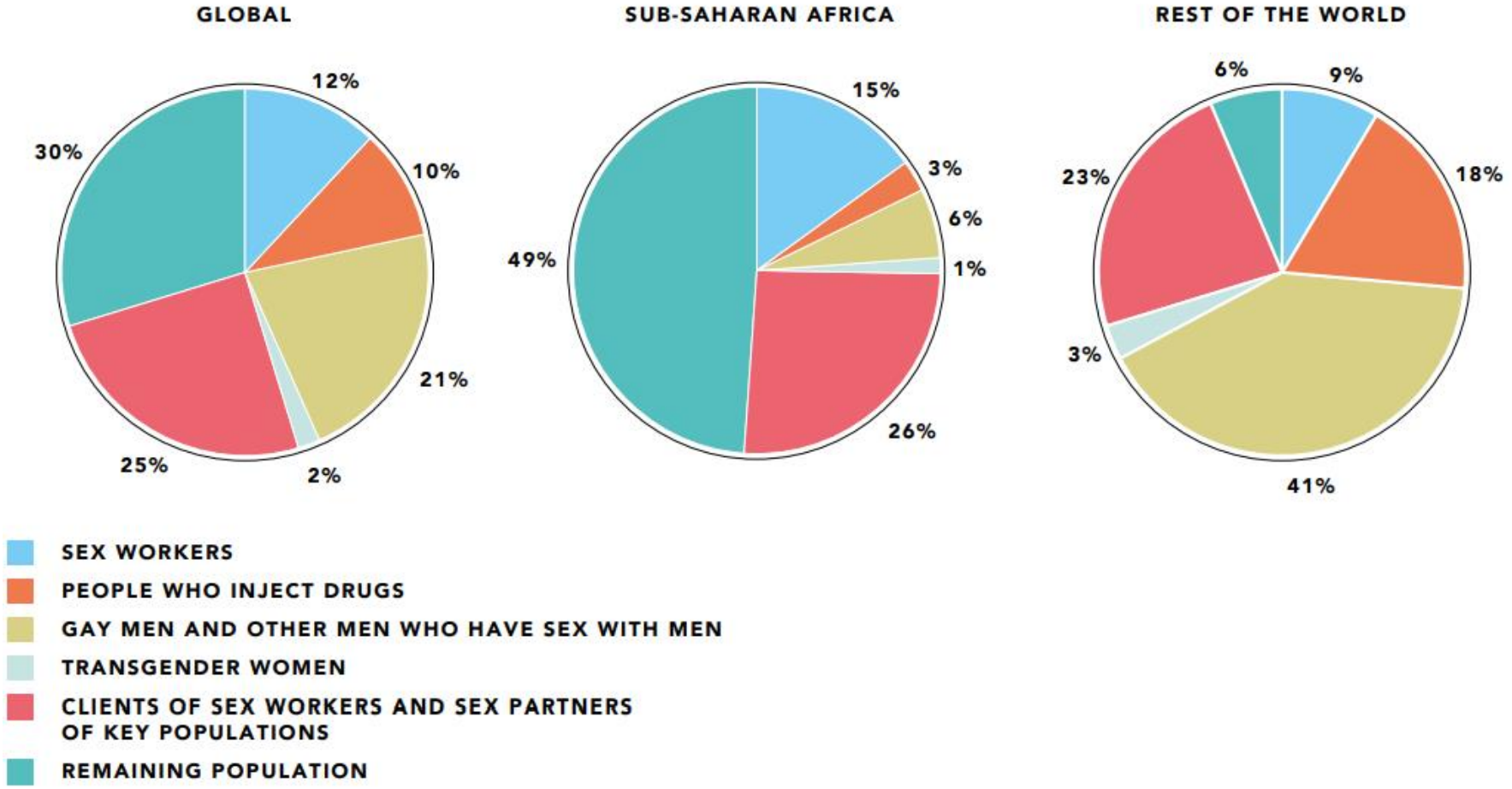
HIV testing and treatment cascade, women (aged 15+ years) compared to men (aged 15+ years), global, 2020



Source: UNAIDS special analysis, 2021.

Men of Manual Campaign for body image acceptance (Picture: Manual.)

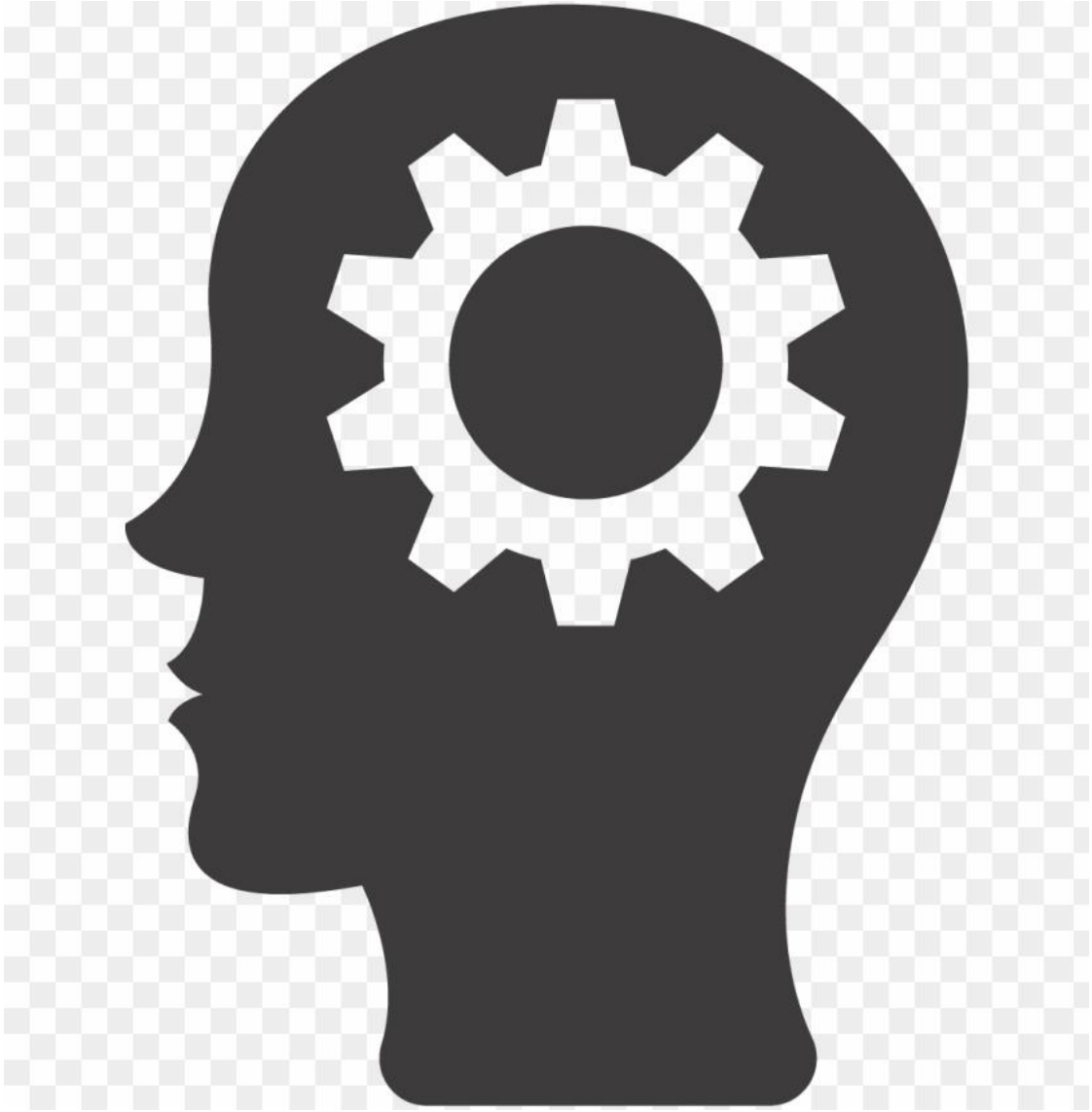
Distribution of acquisition of new HIV infections by population, global, sub-Saharan Africa and rest of the world, 2021



Source: UNAIDS special analysis, 2022 (see Annex on Methods).

Note: Due to variations in the availability of data from one year to the next, we do not provide trends in this distribution. See Annex on Methods for a description of the calculation.

UNAIDS

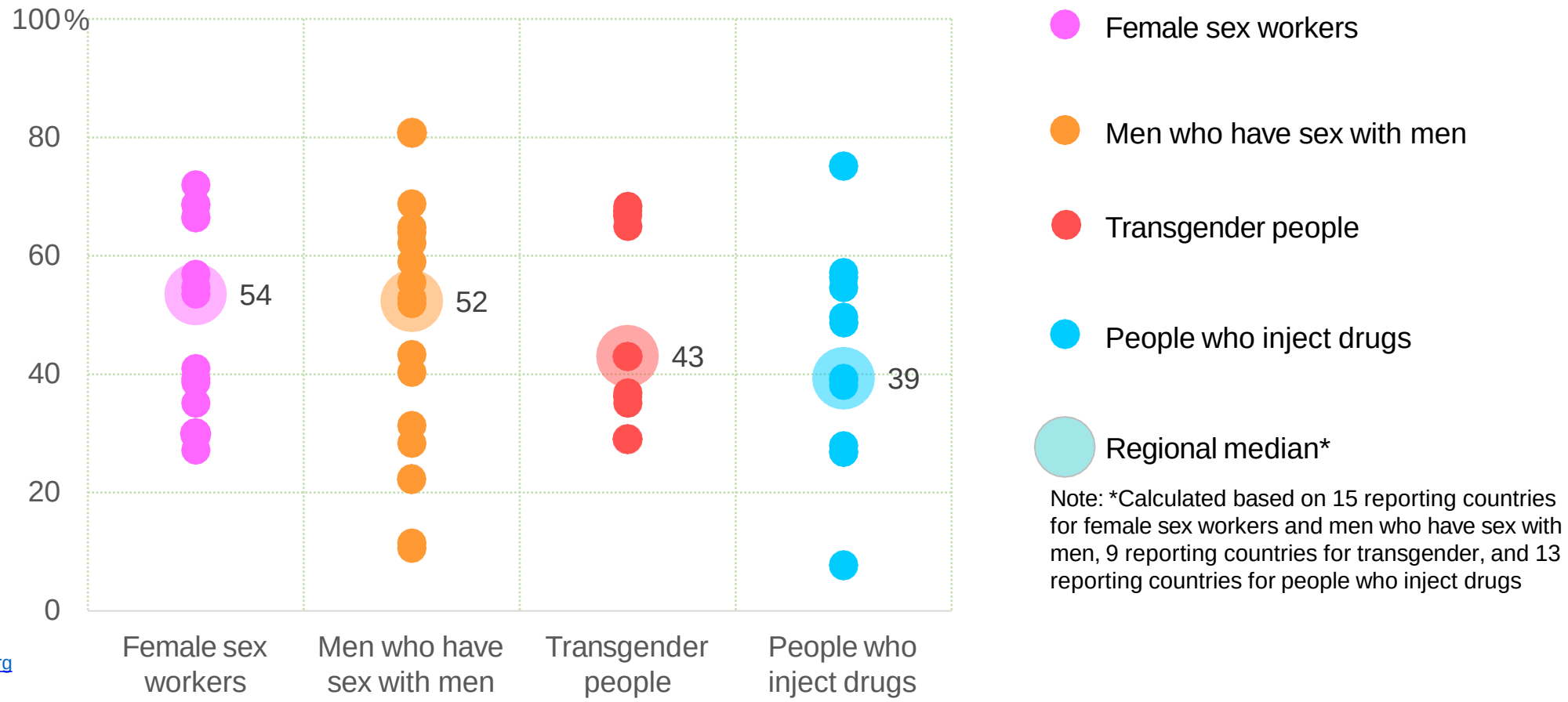


< 50% men in all of Asia-Pacific and sub-Saharan Africa have basic knowledge of HIV

HIV AND AIDS DATA HUB FOR ASIA-PACIFIC
EVIDENCE TO ACTION

HIV testing is the entry point for prevention and treatment but about half of key populations do not know their HIV status

HIV testing coverage among key populations in Asia and the Pacific, 2016-2020



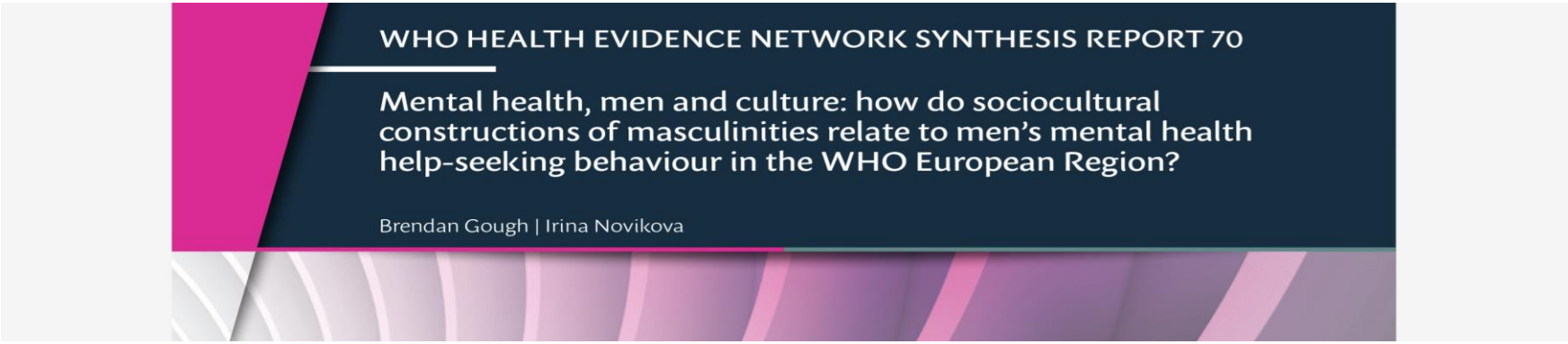
Note: *Calculated based on 15 reporting countries for female sex workers and men who have sex with men, 9 reporting countries for transgender, and 13 reporting countries for people who inject drugs

Source: Prepared by www.aidsdatahub.org based on Global AIDS Monitoring (GAM) Reporting

85% of 155 countries surveyed have policies or laws relating to sexuality education, with considerably more countries reporting policies to mandate delivery at secondary education level than at primary level.

However, the existence of policy and legal frameworks do not always equate to comprehensive content or strong implementation.

Are men less likely to seek help?



- Key sociocultural barriers to men's help-seeking pertaining to masculinity norms
  - **self-reliance, difficulty in expressing emotions and self-control.**
- Wider community, societal and cultural challenges to men's help-seeking and well-being
  - **economic insecurity, inequality and limited health- and social-care provision – especially for marginalized groups**
- Men are able to display vulnerability and seek help with trusted people (eg family members, peers and specialists) and within trusted communities.

JOURNAL OF HOMOSEXUALITY
https://doi.org/10.1080/00918369.2018.1525946

Routledge
Taylor & Francis Group

"You Have to Keep Yourself Hidden": Perspectives From Malaysian Malay-Muslim Men Who Have Sex With Men on Policy, Network, Community, and Individual Influences on HIV Risk

Sin How Lim, PhD[a], Shan-Estelle Brown, PhD[b], Stacey A. Shaw, PhD[c], Adeeba Kamarulzaman, FRACP[d], Frederick L. Altice, MD [e], and Chris Beyrer, MD[f]

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Stigma Regarding HIV and Sexual Identity as Barriers to Accessing HIV Testing and Prevention Services Among Gay and Bisexual Migrants in Australia

Steven P. Philpot[1] · Limin Mao[2] · Donatella Cifali[3] · Cherie Power[4] · David J. Templeton[1,5,6] · Sharon Robinson[7,8] · Rick Varma[1,9] · Andrew E. Grulich[1] · Eithandee Aung[1] · Benjamin R. Bavinton[1]

Accepted: 10 October 2022

Abstract

Introduction Stigma is a significant contributor to the HIV diagnosis disparities experienced among migrants who are gay and bisexual men (GBM) living in high-income countries.

Methods We conducted interviews with 24 migrant GBM in Australia diagnosed with HIV from 2017 onwards, who since their diagnosis had become well-connected to sexual health services and participation in research. Interviews were conducted between October 2018 and December 2019. We aimed to identify how HIV and sexual identity stigmas were barriers to accessing HIV testing and prevention.

Results These stigmas were deeply embedded into social, cultural, and institutional settings in participants' countries of origin, resulting in poor HIV literacy, reluctance to access HIV-related services, including HIV testing, and fears of being identified as gay/bisexual publicly. Underpinned by internalised stigma, these fears and poor outcomes often persisted after moving to Australia. Other barriers to accessing HIV-related services in Australia included apprehension about a potential HIV-positive result and the possibility of visa cancellation, concerns about confidentiality, and a lack of confidence and support in navigating the healthcare system, including how to access pre-exposure prophylaxis.

Conclusion Addressing these multifaceted HIV testing and prevention barriers requires policies, systems, and interventions that increase health literacy about HIV testing, prevention, and treatment; build trust and confidence when navigating

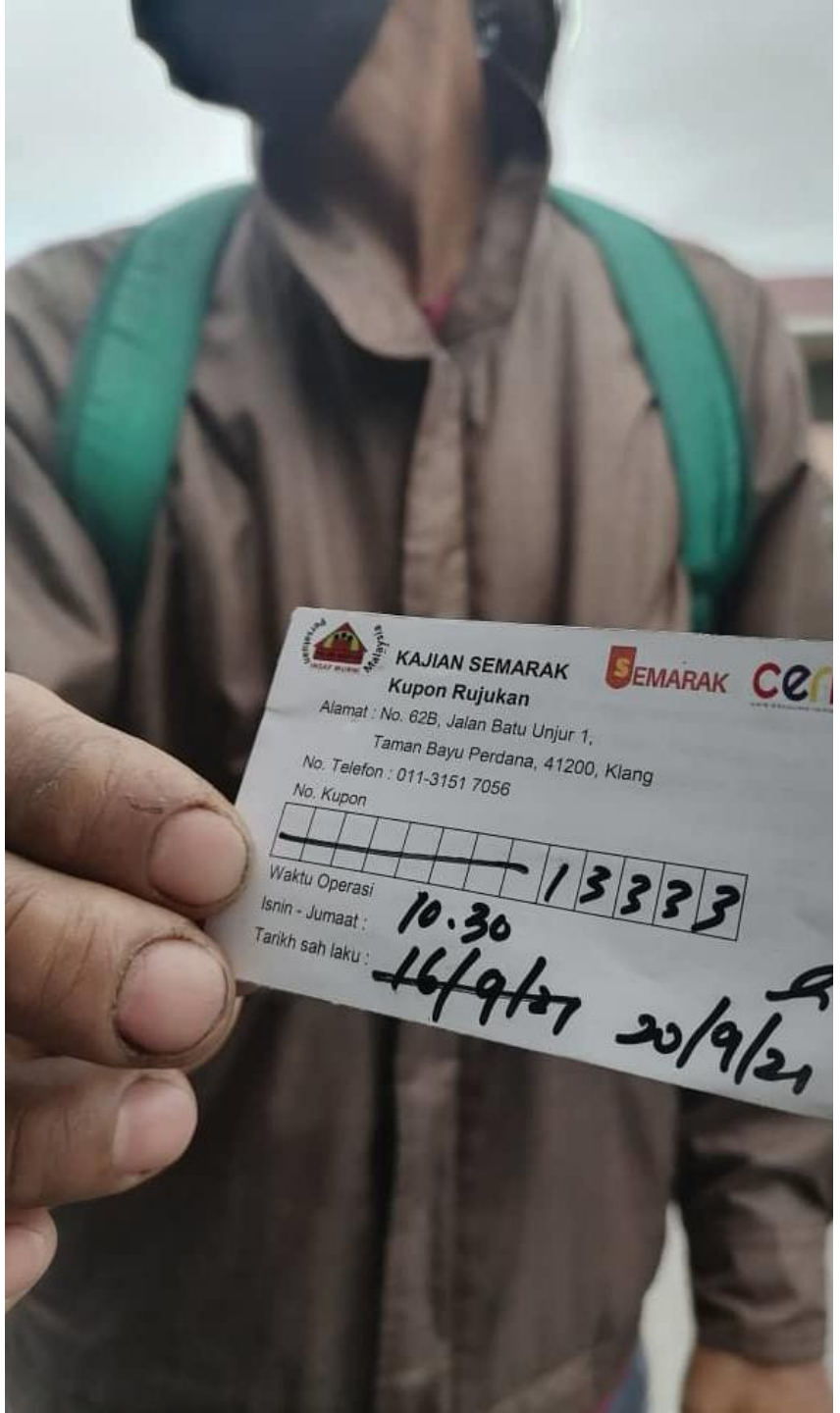
Table 2 Barriers to HIV testing in the country of origin

Barrier	Quote excerpt
Fear, shame, embarrassment, or concern about being exposed as gay/bisexual	*You have that kind of fear to go access that sort of place. You feel like people will discrimination [sic]. You walk in the building, people will judge you. Like you are gay or you are like carry some STI (25, Northeast Asia)*
Low perception of risk due to infrequent sex, frequently using condoms, or being in a monogamous relationship	*I never thought I should do HIV testing. Because I have protected sex most of the time. I was ignorant. I was healthy and I never thought that it would happen to me (64, Southeast Asia)*
Lack of availability, visibility, and accessibility of health services (for example, waiting up to half a day to get a test, having to pay for it, or lack of confidentiality)	*Probably because it [HIV testing] is not very seen back in my country. That's why people like are less educated for that stuff. And the people who are in charge of that did not really make people know about it. There's no ads at all and there's, you don't know where is the testing (21, Southeast Asia)*
Anxiety about already having acquired HIV and preferring not to find out	*I never test because truly, I was very scared. I just worried about positive status. So I didn't want to get a test (33, Northeast Asia)*

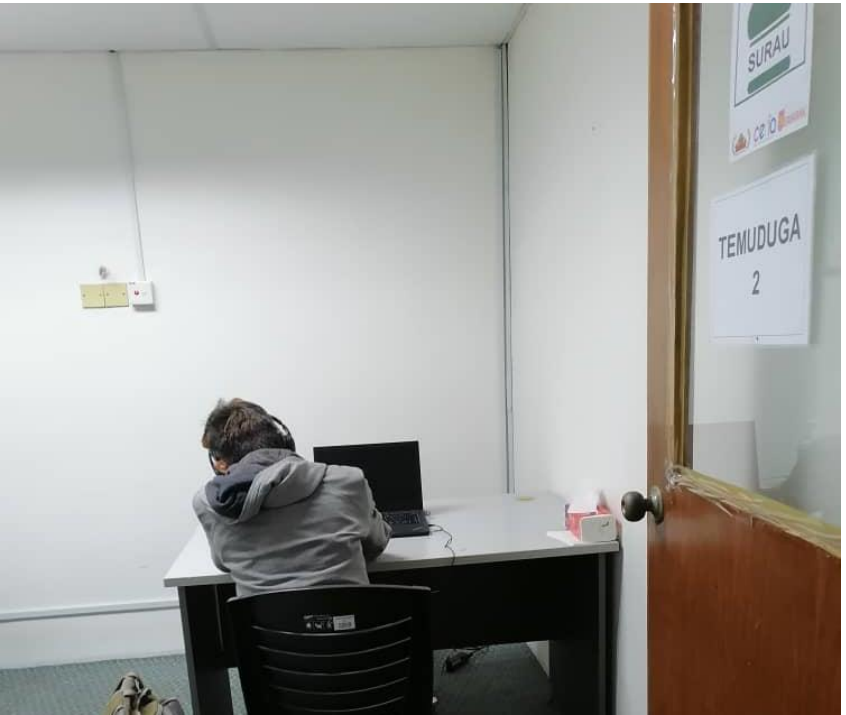
Table 3 Barriers to HIV testing in Australia

Barrier	Quote excerpt
Continued fear of HIV testing	*Because I'm shy to go to the clinic in [country of origin]. Even if it says it's a like secret [confidential] clinic, but still you have to meet people in there. So I feel shame, shy and scared. And even now [in Australia], when I go to the sexual-health centre, have to sit in the waiting room, and I'm very shy. It's hard for me to sit there (44, Southeast Asia)*
Competing interests associated with migrating, such as study, housing, and work, which deprioritised sexual health	*The first months I was worried on other things like my study, maybe how I handle the situation here in Australia the first time that I moved to another country. So I wasn't really like focus on this (25, Latin America)*
Fear of losing a visa	*I didn't take the test before'cause I was really worried about my visa stuff. I felt at the time that, if I got positive, that would be a really huge problem to my visa (25, Latin America)*
Low perception of risk due to frequently using condoms, having infrequent anal sex, or not seeing oneself as part of an "at-risk" (homosexual) population	*When I'm in Australia, apart from my partner, I don't have any other sexual contact. So I don't test because you don't have the behaviour (50, Northeast Asia)*
Continued anxiety about already having acquired HIV and preferring not to find out	*There's a niggling fear that, "What if …" You probably want to just be an ostrich and bury your head in the sand and not think about it'cause it's not gonna go away and what if it happens? What if worst fears come true? So you don't want to put yourself in that position (39, South Asia)*
Lack of knowledge of the available services in Australia, often among participants who were Medicare ineligible	*I never got tested in Australia because I think you have to go to the GP, ask the doctor, "Hey, I want to get tested," and pay and maybe there would be stigma? Now I know that you can always walk to a sexual clinic and get tested. Before that, I didn't know. Otherwise, I walk to the sexual clinic straight away (64, Southeast Asia)*


UJIAN
SARINGAN
HIV & HEP C
DILARANG
MEMBUANG
SAMPAH
NO LITTERING


KAJIAN SEMARAK
Kupon Rujukan
Alamat : No. 62B, Jalan Batu Unjur 1,
Taman Bayu Perdana, 41200, Klang
No. Telefon : 011-3151 7056
No. Kupon
13333
Waktu Operasi
Isnin - Jumaat : 10.30
Tarikh sah laku : 16/9/21
20/9/21
SEMARAK


TEMUDUGA
1


SURAU
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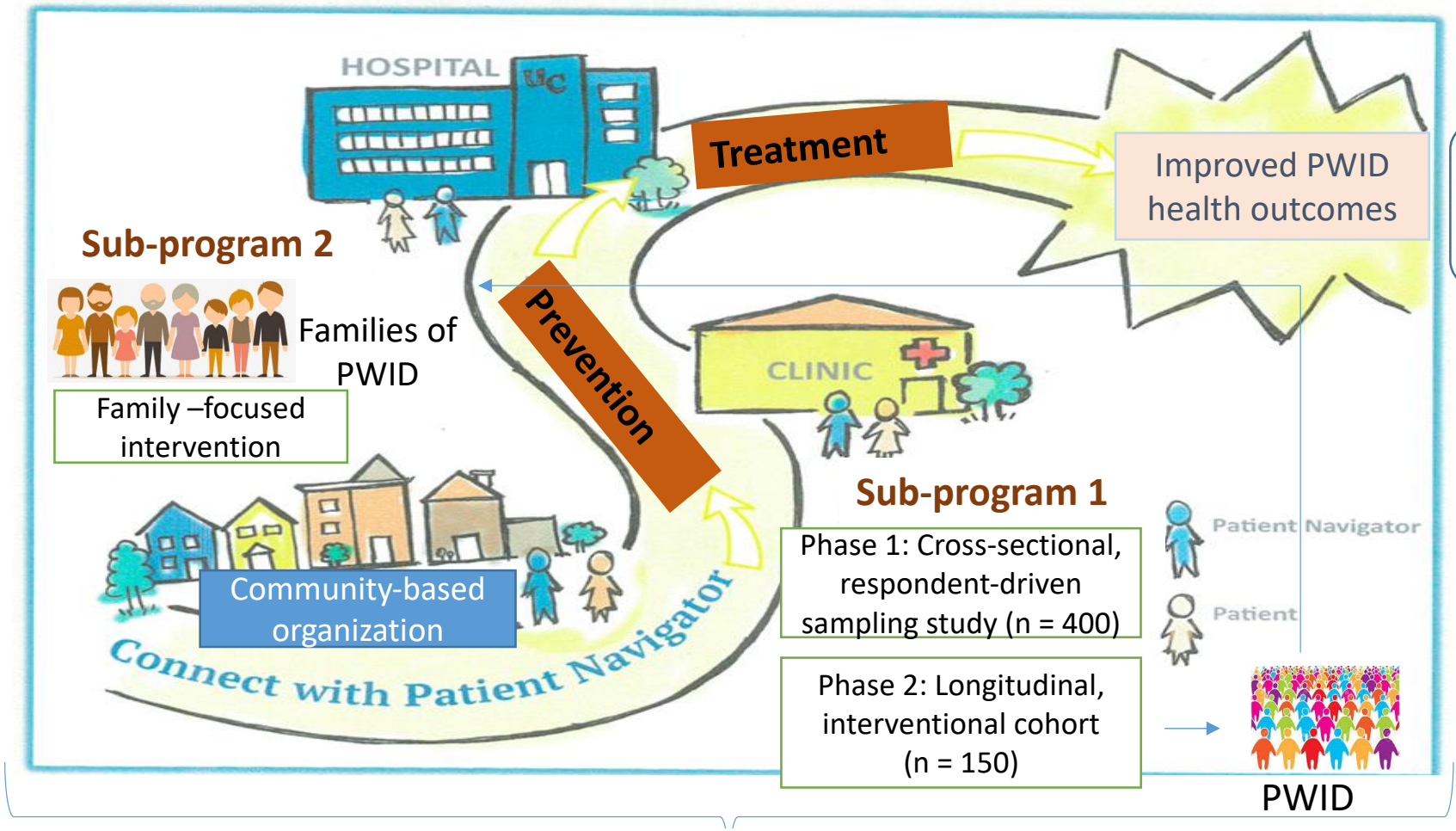
2

A study to engage Malaysian People Who Inject Drugs (PWID) to Comprehensive HIV Services (SEMARAK)



Comprehensive Treatment and Prevention

HIV services consider a patient's social, economic and family priorities as important facets of health

- Needle and Syringe Exchange Program
- Medication Assisted Therapy for substance use
- Treatment for HIV and HIV-related comorbidities
- Social support and family-focused interventions

Optimizing the role of local community-based organizations in linking PWID to appropriate services though a patient navigation model

Sept 2021 – March 2022

407 participants

- **382 males**, 25 females
- Median age: 43 years old
  Min: 18 - 93 years old

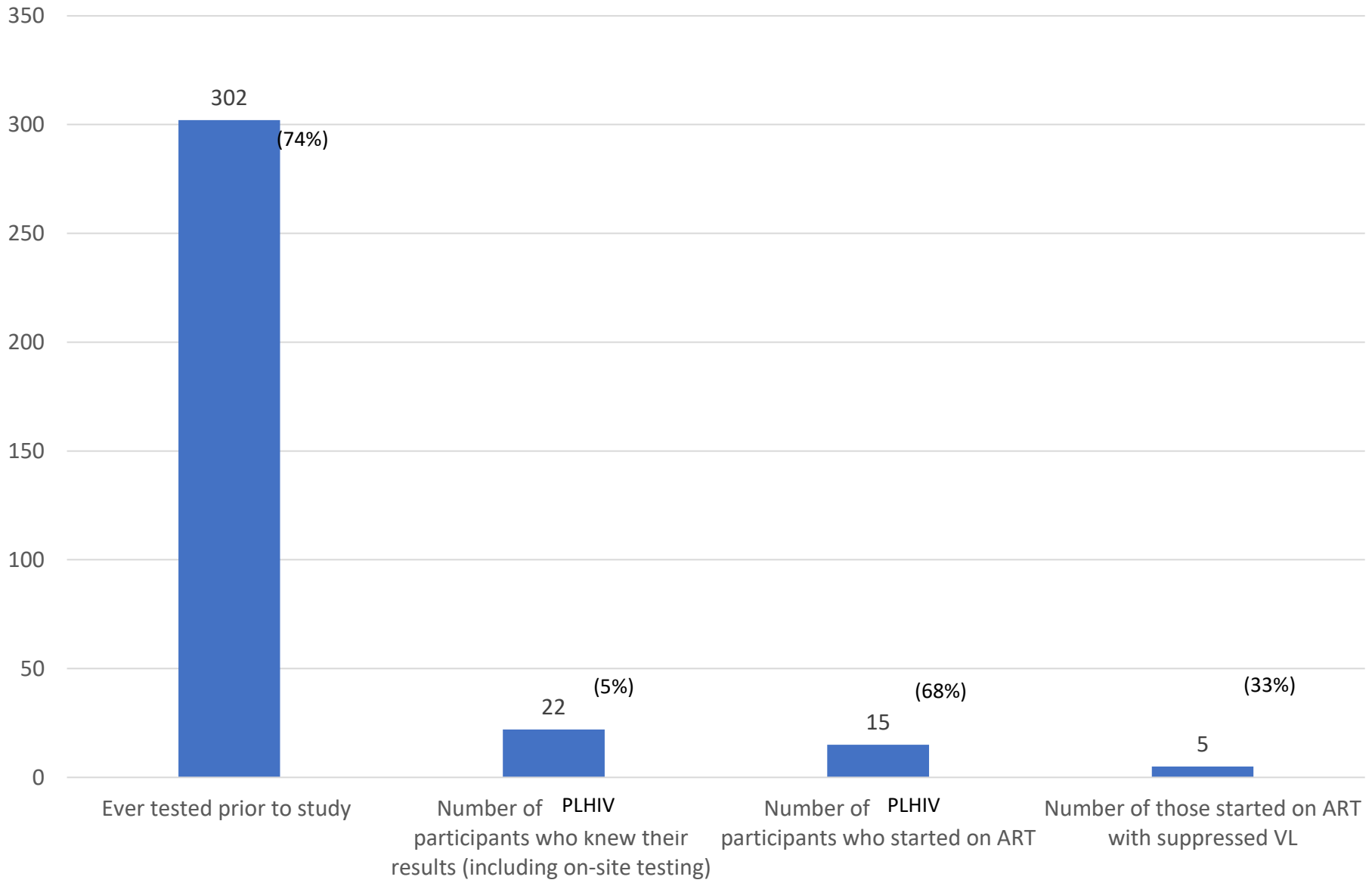
HIV, Drug Use & The Criminal Justice System

	# Participants who have even been in these settings	Average number of times in these settings (times)
Lock-ups	381 (94%)	9
Prisons	340 (84%)	6
Compulsory drug detention centers (CDDCs)	184 (45%)	2

HIV, Drug Use & The Criminal Justice System

Experience with criminal justice system	N (%)
Rushed injection for fear of police	182 (46)
Experienced confiscation of injecting equipment by the police	141 (35)
Have ever been beaten up or tortured by police	198 (50)
Avoided carrying injecting equipment for fear of the police	216 (54)

HIV Treatment Cascade



apcom.org
Equity. Dignity. Social Justice.

A qualitative scoping review of sexualised drug use (including Chemsex)
of men who have sex with men and transgender women in Asia

International Journal of Drug Policy
Volume 61, November 2018, Pages 31-37
ELSEVIER

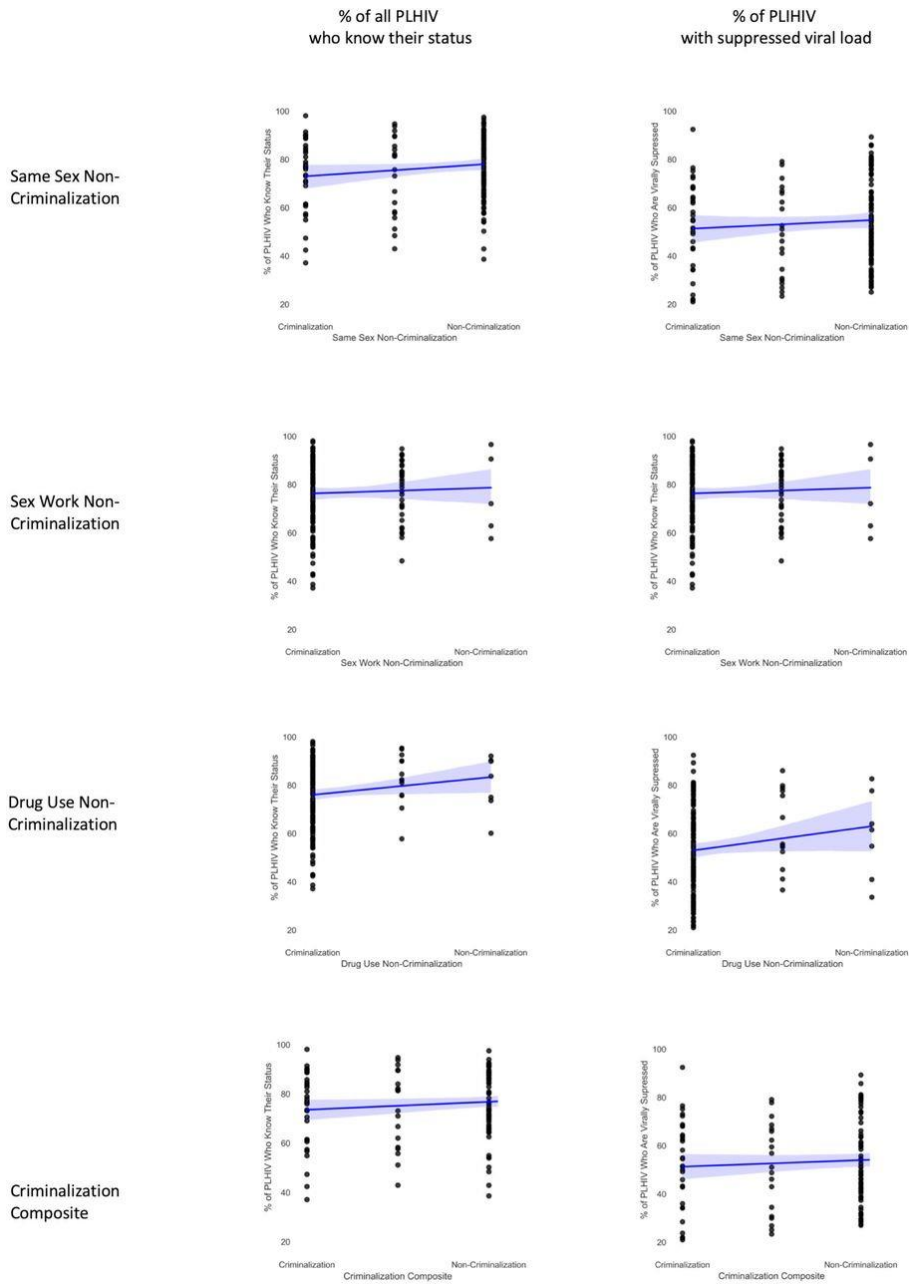
Research Paper

Chemsex among gay, bisexual, and other men who have sex with men in Singapore and the challenges ahead: A qualitative study

Rayner Kay Jin Tan [a], Christina Misa Wong [b], Mark I-Cheng Chen [a, d]

Participants reported that it was common to encounter chemsex among GBMSM in Singapore as it could be easily accessed or initiated using social networking phone apps. Enhancement and prolongation of sexual experiences, fear of rejection from sexual partners and peers, and its use as a means of coping with societal rejection were three main reasons cited for engaging in chemsex. The impact of punitive drug laws on disclosure and stigmatisation of GBMSM who use drugs were reported to be key barriers towards addressing chemsex.

HIV service outcomes under criminalisation.



Criminalisation	Knowledge of HIV Status	VL Suppression levels
Same Sex	11%	8%
Sex Work	10%	6%
Drug Use	14%	14%
All three	18-24% worse outcomes	

Matthew M Kavanagh et al. BMJ Glob Health 2021;6:e006315

BMJ Global Health

What Works?


MAKING SERVICES WORK FOR MEN
A 10-STEP GUIDE TO DEVELOPING MALE-FRIENDLY HEALTH SERVICES
COME SAY G'DAY


Harm Reduction Supplies
Safer Injection kits
Safer Smoking Supplies
Safer Sex Supplies
(Condoms and Dental Dams)
Naloxone Kits
Free of charge
Available at:
Thompson Clinic
677-1777
&
Public Health
Office 677-6350


PrEP
BETTER THAN A CONDOM
99+%
PrEP
Condom
PrEP WORKS

Conclusion

- Men generally are not well-served by sexual and reproductive health services, which tend to focus mainly on women’s reproductive health.
- Health systems seldom provide male-focused entry points or health education
- Men in key populations face particular challenges in accessing HIV prevention services, including discrimination, harassment and denial of health services.

PrEP Far More Effective Than Sexual Abstinence In HIV Prevention: HIV Groups

By CodeBlue | 7 December 2022

PrEP is 99% effective in preventing HIV infection via sexual contact and 74% effective in reducing HIV transmission via injection drug use, say MAF, MAC, and MASHM.

(From left to right) Universiti of Malaya associate professor of infectious diseases Dr Raja Iskandar Shah Raja Azwa, UMMC deputy director Dr Mohd Salleh Yahaya, and Malaysian AIDS Foundation chairperson Prof Dr Adeeba Kamarulzaman at the World AIDS Day Celebration, organised by the Malaysian AIDS Foundation and University of Malaya Medical Centre (UMMC) on December 1, 2022. Picture courtesy of UMMC.

TRENDING

MOH To Make HIV Prevention Drug Available For Free

HIV Groups Slam Discriminatory LGBTQ Portrayal At MOH's World AIDS Day Event

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Conflicts / Disclosures

None

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Nor Akma, Data Analyst
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Naga Devi, Research Assistant
Nishaan Raman, Research Assistant
Jayanthi Venugopal, Research Assistant
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