

Putting men in global policies and guidelines



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What we know - The trickle-down effect of men missing in global policies, strategies, country plans and implementation



Global policies and strategies

Men still missing from global policy and 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

Men missing in global policies and strategies:

- Health systems still are not modelled/designed to engage men
- Toxic generalizations hamper what really matters, and the evidence base of what truly works
- Stigma or “social reputation” and societal expectations drives men’s worries

What we have - whole of cascade approach to guidelines and policies


Recent from WHO and UNAIDS

Prevention

Testing

Treatment

Service delivery




World Health Organization

TECHNICAL BRIEF

WHAT'S THE 2+1+1?

EVENT-DRIVEN ORAL PRE-EXPOSURE PROPHYLAXIS TO PREVENT HIV FOR MEN WHO HAVE SEX WITH MEN: UPDATE TO WHO'S RECOMMENDATION ON ORAL PREP

JULY 2019





GUIDELINES

PREVENTING HIV THROUGH SAFE VOLUNTARY MEDICAL MALE CIRCUMCISION FOR ADOLESCENT BOYS AND MEN IN GENERALIZED HIV EPIDEMICS

RECOMMENDATIONS AND KEY CONSIDERATIONS

AUGUST 2020

World Health Organization

TECHNICAL BRIEF

HIV SELF-TESTING SERVICES

HIV SELF-TESTING AT THE WORKPLACE

NOVEMBER 2018

More than 9 million people globally — 25% of all people with HIV — do not know their HIV status.

Despite considerable scale-up of HIV testing services, many people are left behind, particularly men, adolescents, young women, and members of key populations. Without further scale-up of strategies that make HIV testing services more convenient and appealing to those in need, it will be difficult to reach the United Nations 90–90–90 targets for 2020 — the first of which is diagnosing 90% of all people with HIV.

HIV self-testing (HIVST) is a testing option recommended by WHO that can be used to reach as yet undiagnosed populations. According to the latest reports¹, 59 countries have adopted HIVST policies as of June 2018, and many others are developing them.

What is HIV self-testing?

HIV self-testing is a process in which a person collects his or her own specimen (oral fluid or blood), using a simple rapid test and then performs an HIV test and interprets the result, often in a private setting, either alone or with someone he or she trusts.

Report reactive HIV test
Advise to go to further HIV testing or diagnosis centre
Advise linkage to relevant HIV prevention services

Report HIV negative
Reinforce ongoing prevention messages

WHO recommends offering HIVST as an additional approach to testing that complements and creates demand for existing HIV testing services.


A reactive (positive) self-test result is not equivalent to an HIV-positive diagnosis. Reactive results of self-tests need to be followed by further testing by a trained provider, starting with the first test in the validated national testing algorithm.

Nonreactive results should be considered negative. However, people who have had potential HIV exposure within the preceding 6–12 weeks may be in the "window period", when the test may be nonreactive. They should perform another self-test in 14 days or seek retesting at a facility.

WHO recommends those at high ongoing risk retest at least every year. Retesting is important to carefully craft messages to encourage retesting among people who will benefit, for example, members of key populations and link them to HIV prevention such as condoms, harm reduction, voluntary medical male circumcision and pre-exposure prophylaxis.

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Source: WHO guidelines on HIV self-testing and partner notification (2018)







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POLICY BRIEF

IMPROVING MEN'S UPTAKE OF HIV TESTING AND LINKAGE TO SERVICES

FEBRUARY 2021






World Health Organization

GUIDELINES

CONSOLIDATED GUIDELINES ON HIV PREVENTION, TESTING, TREATMENT, SERVICE DELIVERY AND MONITORING: RECOMMENDATIONS FOR A PUBLIC HEALTH APPROACH

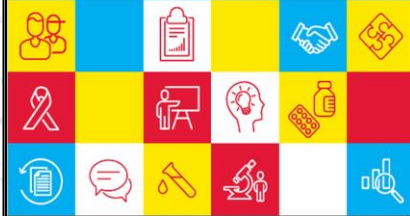


JULY 2021




World Health Organization

MALE ENGAGEMENT IN HIV TESTING, TREATMENT AND PREVENTION IN EASTERN AND SOUTHERN AFRICA

A framework for action

World Health Organization



What we need – Men at the center to develop & implement interventions

- Design interventions should be guided by understanding men and men's health seeking behaviors following the science and data
- Address barriers to HIV services:
 - More focused and strategic outreach to reach men at higher risk (ie HIV self-testing, self care)
 - Index and partner notification
 - Workplace models in male work sectors and those employing men with higher risk profiles (ie truckers, miners, uniform workers)
 - Integrate HIV and mental health interventions
 - Integrate HIV and NCD interventions
- Provide differentiated men friendly services
- Use lessons from VMMC programmes to engage men
- Scale up prevention programs with a person-centred approach, involving men in all their diversity
- **Listen to and empower communities!**

