FOLLOW-UP TO THE THEMATIC SEGMENT FROM THE 51st PCB MEETING

HIV and men, in all their diversity: How can we get our responses back on-track?
Background to the 51st PCB Thematic Segment

- At 49th PCB, theme titled "HIV and men, in all their diversity, how can we get our responses back on track?" was proposed by: Guyana and WHO

- PCB working group comprised of the NGO delegation, UN agencies/cosponsors, donor partners supported and guided preparation of the thematic session and provided input into
  - the background paper
  - collection of country best practice case studies,
  - the agenda
  - selection of speakers

- The thematic session was chaired by WHO
Background to the 51st PCB Thematic Segment

• The thematic segment, which was hybrid in nature, brought together diverse participants from all regions of the world and included:
  – Political and global leaders including in scientific research, public health, human rights
  – Men in all their diversity
  – Civil society and community experts
  – Government representatives
  – Joint Programme leaders
  – Implementing partners

• During the session, speakers provided reflections and examples that stressed the relevance of the recommendations included in the thematic segment’s background note. These recommendations inform the PCB’s upcoming decisions.
Key messages from the Thematic Segment

Why men?
Why men?

- Meaningfully involving men is essential to achieving the 2030 goal of ending AIDS.
- Men need to be in the picture for their own sake and for the sake of their partners, families and communities.
- Reducing HIV incidence in men will
  - reduce HIV rates among their sexual and injecting drug use partners,
  - lead to further declines in the vertical transmission of HIV and
  - promote healthy child survival.
- Shifting the structural and economic inequalities, gender norms, stigma and health exclusions which men experience will benefit all excluded communities.
- the inclusion of men must be accomplished without diverting funds and resources from work with other vulnerable populations.
Turning the tide – rationale for including men

1. HIV testing, treatment and care cascade data highlights the men gap.

2. HIV programme data show men are left behind in HIV services.

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. Men missing in policies and health workforce composition points to need for more male friendly services.
Men lag compared to women across the testing, treatment and viral load suppression cascade (15+ years, 2021, %)

- **Percentage of people living with HIV who know their status**: Men 82%, Women 89%
- **Coverage of people living with HIV who are on treatment**: Men 70%, Women 80%
- **Percentage of people living with HIV who are virally suppressed**: Men 65%, Women 74%

Source: Global AIDS Monitoring 2021; UNAIDS epidemiological estimates, 2022
The gap in ART coverage of men and women receiving ART shows regional variation (%)

Source: Global AIDS Monitoring 2022; UNAIDS epidemiological estimates, 2022
Key messages from the Thematic Segment
Including suggestions on the way forward
1. Acknowledge that men are lagging on HIV services and that they are diverse

Many male populations that are affected by HIV are not sufficiently included in the HIV response and many of them intersect with each other:

- Poorer men
- Majority world and indigenous men
- Heterosexual men
- Clients of sex workers
- Male sex workers
- Gay men and other men who have sex with men
- Drug users
- Transgender men
- Men with disabilities
- Prisoners and people in closed settings
2. Do men have poor health seeking behaviour? Changing the narrative

- Men do seek health services - question is, are health systems designed to serve 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 to reach men already engaged with the health system.

• **Take every opportunity to screen for HIV among men**

Kathryn Dovel *et al.*, 2021, Frequency of visits to health facilities and HIV services offered to men, Malawi
3. Deliver integrated, safe and male friendly HIV services to address gaps in testing, prevention and treatment, and provide comprehensive health care

- Male friendly health services
- Clinics hours that work for men and boys
- Community outreaches to places at times where men are
4. Advocate for Men and Boy community leadership and accountability

- The inclusion of communities of men and boys affected by HIV, in all their diversity in:
  - national strategic planning,
  - setting of policies
  - Be part of programmes implementations and service provision
  - monitoring of programmes

- Strengthening national HIV strategies through specific approaches to reach men in all their diversity to address gaps in testing, prevention and treatment
5. Address the clear gaps in quality of data and policy to inform programming for men and boys: Framework for ESA

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

- **Strategies**
  - **Structural enablers**
    - Improve access to health for men & boys and decrease vulnerability
  - **Prevention**
    - Prevent HIV among men & boys
  - **Testing**
    - Diagnose more men & boys living with HIV
  - **Treatment & Adherence**
    - Increase proportion of men & boys accessing & adhering to ART

- **Key components**
  - **Ensure required social, economic, legal and policy structures in place**
  - **Provide combination prevention for men & boys**
  - **Expand targeted community-based testing (e.g. mobile, work, home)**
  - **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)**

- **Results**
  - **Prevention**
    - 90% men in high-prevalence settings access combination HIV prevention
    - 90% men use condoms during sex with non-regular partner
    - 90% of men aged 15–29 circumcised (in 14 high-prevalence countries)
    - 95% of men living with HIV
  - **Treatment & Adherence**
    - 95% of men living with HIV on ART
6. Strengthen coordination and alignment to address the Men and HIV agenda at global, regional and country level

The Global Men and HIV Technical Working Group (MENHT)

- 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
Conclusions

• When we think ending AIDS, we must think HIV and men,
  - think diverse and understand the ‘variety’ of and implications for service delivery for different groups of men.
  - think heterogeneous and think differentiated models for services.
  - let us challenge stereotypical thinking and let us challenge the narratives.
  - think context, think local - the best solutions are local and remember they are diverse across regions, countries and even in a single country, differences exist at sub-national levels and one size does not fit all.
  - think the key to success is consultations and co-creation with and delivery of identified solutions with affected communities themselves – community-led responses.
  - think partnerships, think inclusion and implementation.
  - think gender equality benefits men and women.

• When you think men, think ALL men
1. Background note on thematic segment on men and HIV 52nd PCB

2. Follow-up on thematic segment on men and HIV 52nd PCB
Thank you
Coverage of people receiving ART among WOMEN compared to MEN (AGED 15+ YEARS), from 2010 – 2021 (%)

Source: Global AIDS Monitoring 2021; UNAIDS epidemiological estimates, 2022

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

- HIV incidence is declining faster in men than in women,
- The proportion of transmission from men is increasing,
- Transmissions from men are shifting to older ages,
- Gender gaps in population-level viral suppression are increasing,
- Men aged 25-40 should be the focus of treatment for prevention,
- Men contribute more to transmission than the viral population load suggests,
- Closing the suppression gap in men could avert half of the infections in women,
Coming up! A framework for engaging men with evidence-based interventions!

Overarching objectives of the WHO Men’s Framework

Person-centered Framework
A person-centered 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-centered 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-centered services for men in SSA

- Building from 2021 ESA framework for action
- Led by WHO, the framework makes provision for engaging men with evidence-based interventions focusing on sub-Saharan Africa

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