
**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.

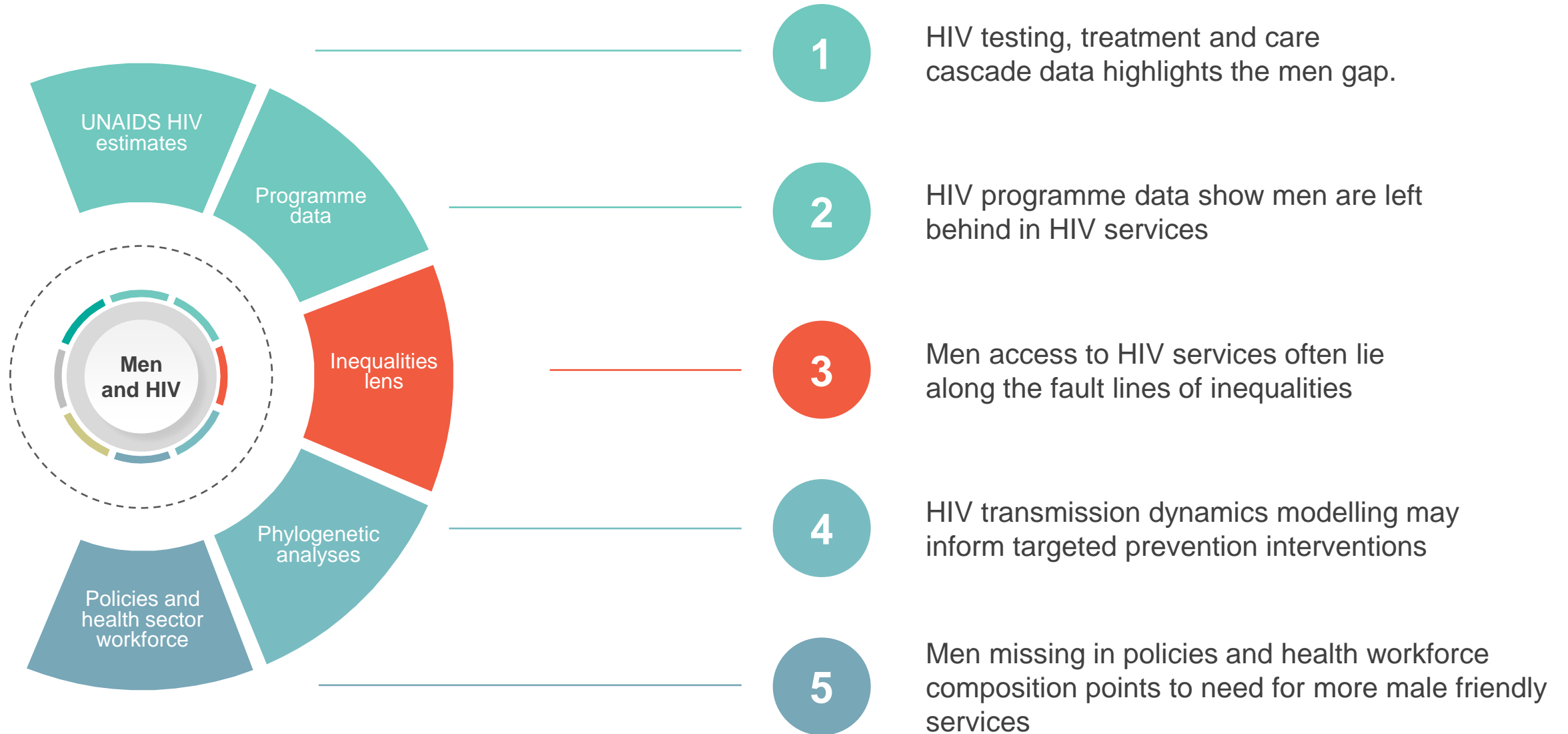
Key messages from the Thematic Segment

Why men ?

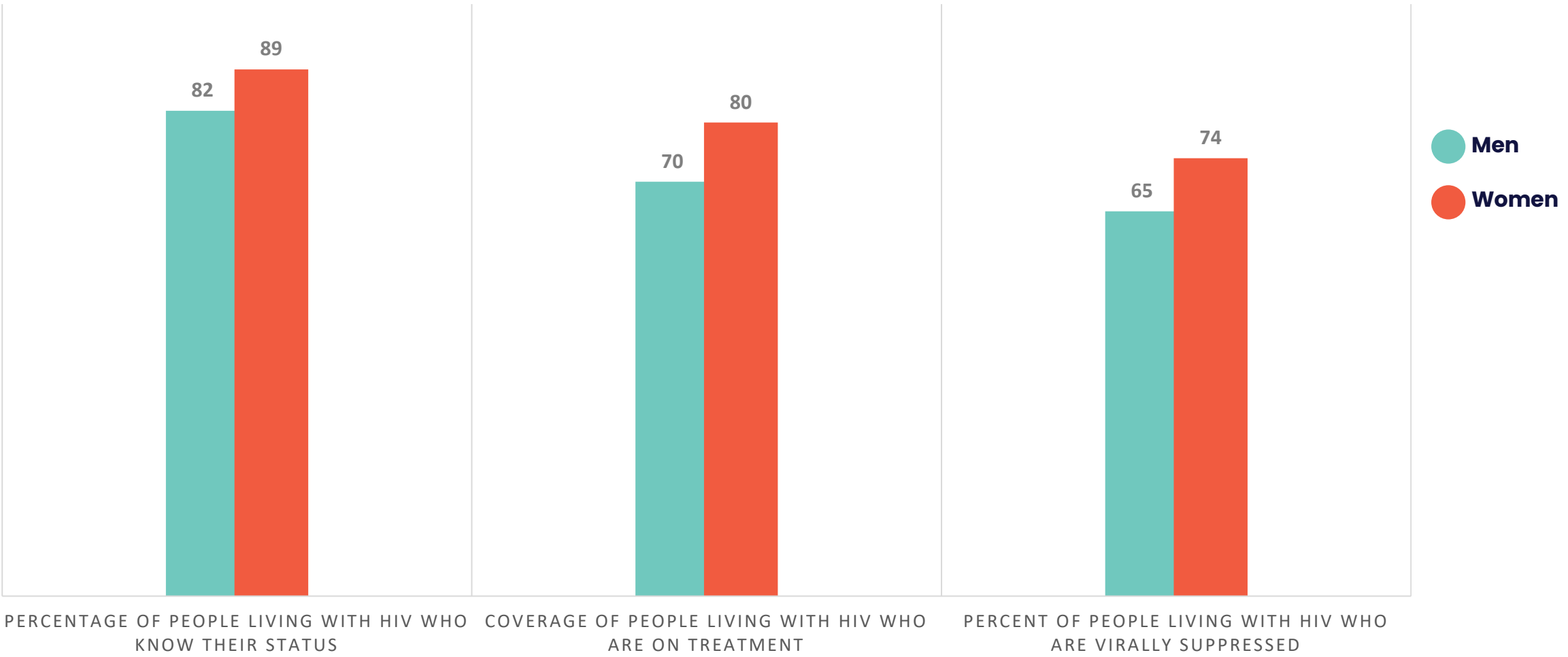
Why men ?

- 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

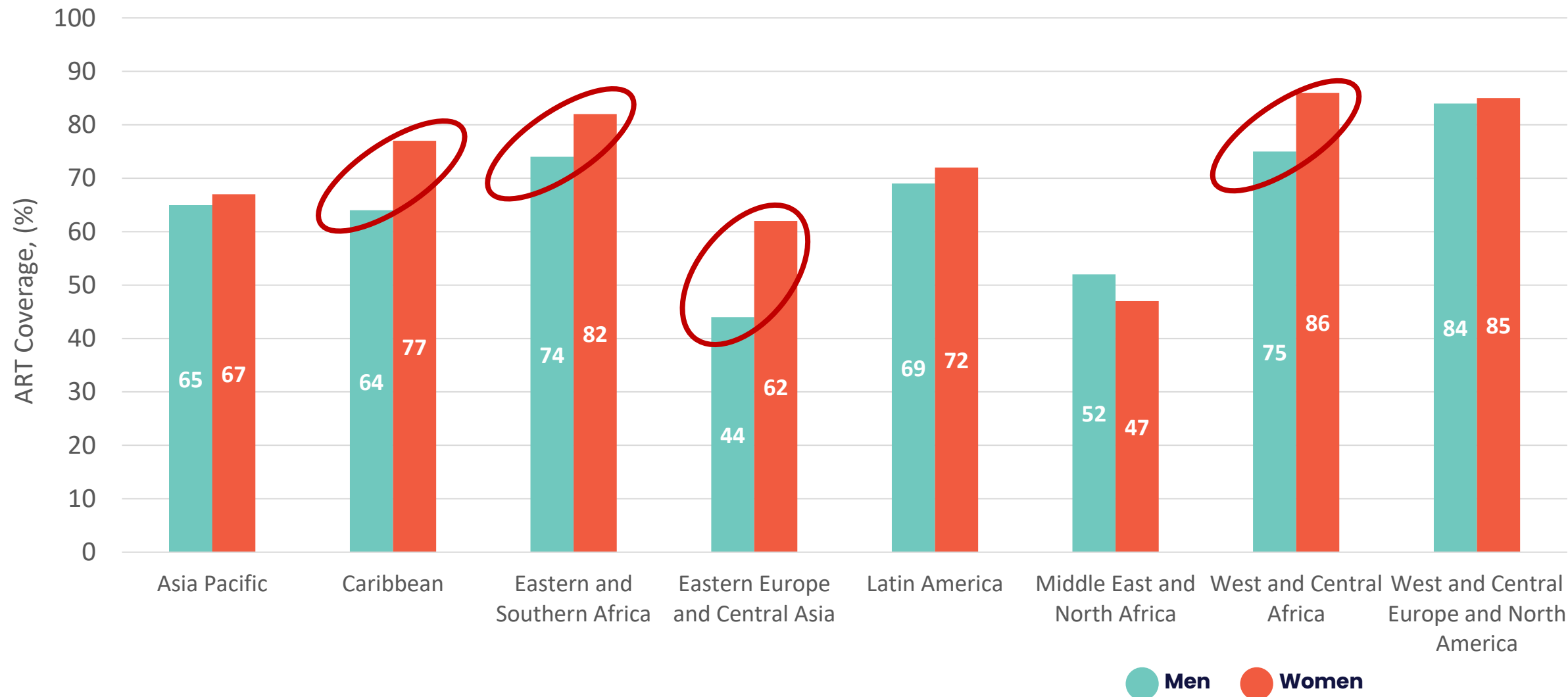


Men lag compared to women across the testing, treatment and viral load suppression cascade (15+ years, 2021, %)



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

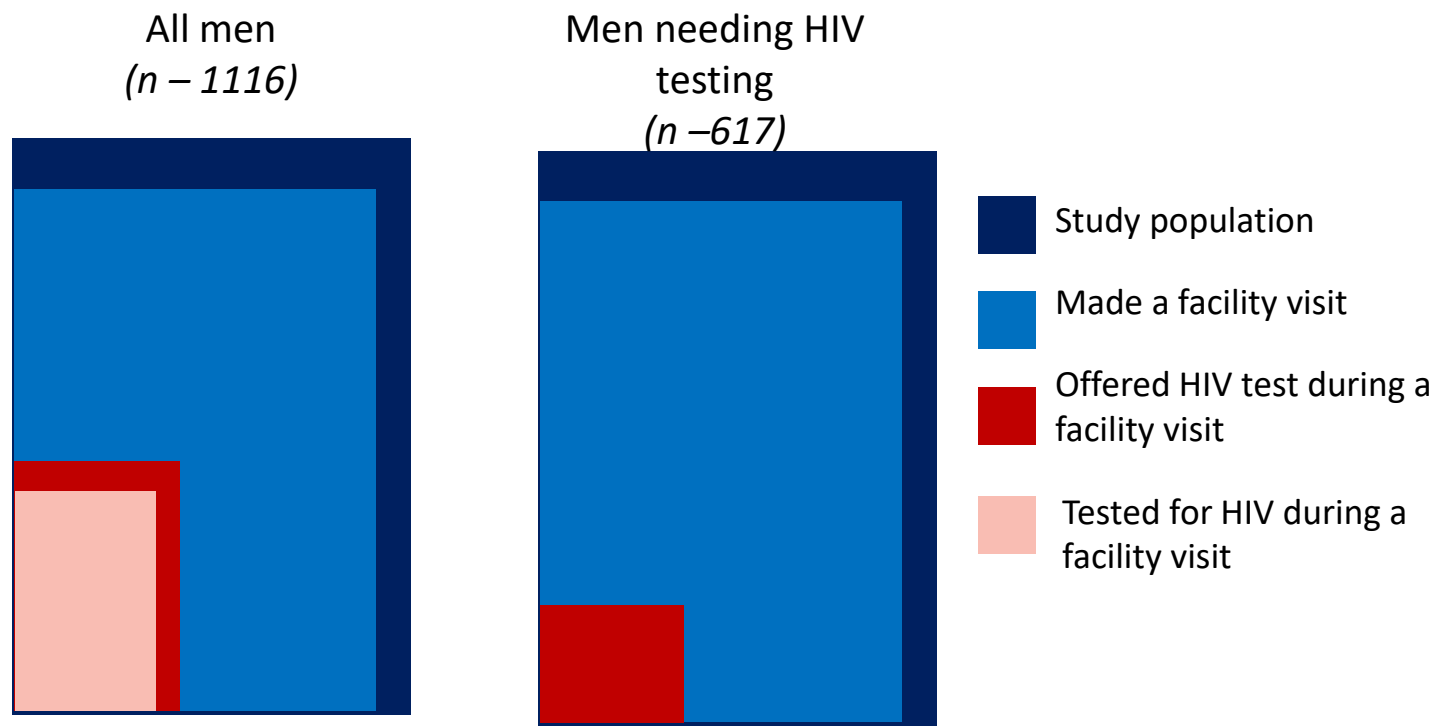
1. Acknowledge that men are lagging on HIV services and that they are diverse



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.

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

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

3. Deliver integrated, safe and male friendly HIV services to address gaps in testing, prevention and treatment, and provide comprehensive health care



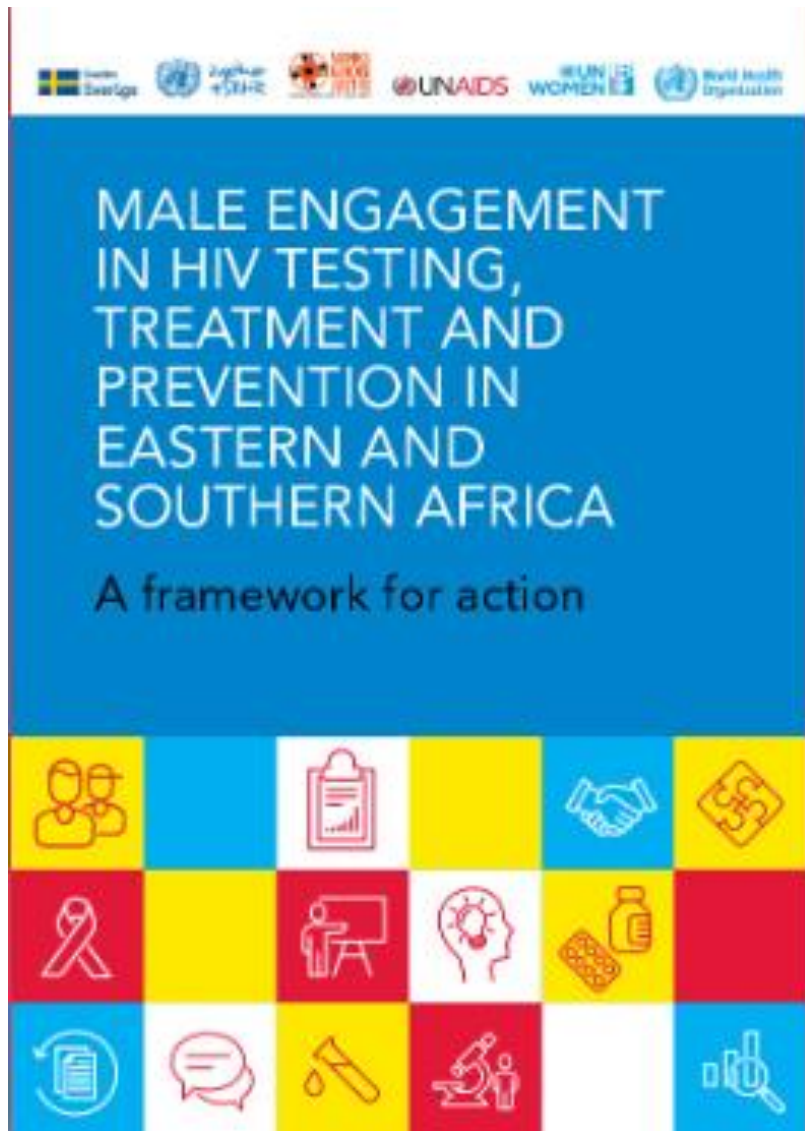
- Male friendly health services
- Clinics hours that work for men and boys
- Community outreaches to places at times where men are

4. Advocate for Men and Boy community leadership and accountability

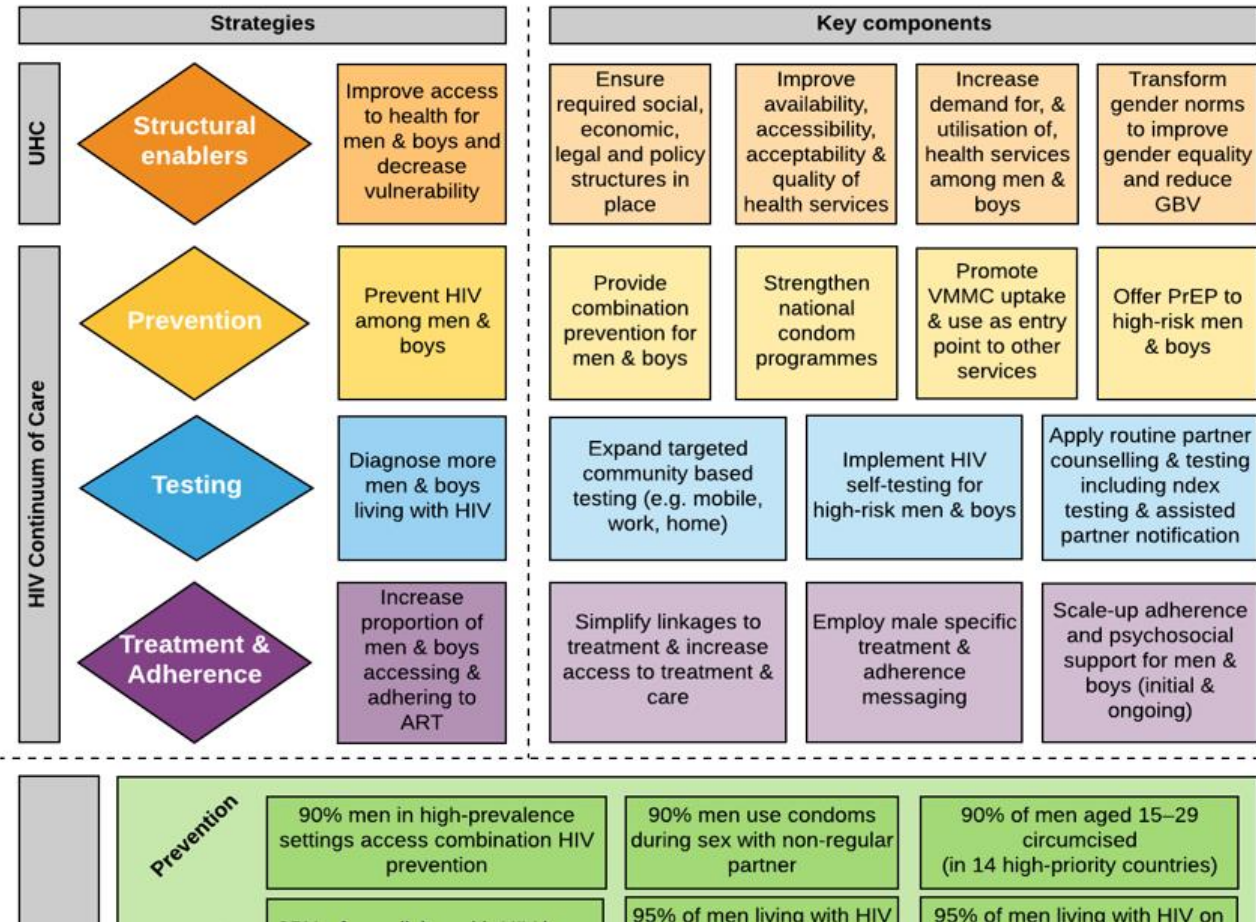


- The inclusion of communities of men and boys affected by HIV, in all their diversity in:
 - national strategic planning,
 - setting of policies
 - Be part of programmes implementations and service provision
 - monitoring of programmes
- Strengthening national HIV strategies through specific approaches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



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



About MENHT

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



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



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

Available related documents

Agenda item 10

UNAIDS/PCB (51)/22.38

THEMATIC SEGMENT BACKGROUND NOTE

**HIV and men, in all their diversity:
How can we get our responses back
on-track?**



13–16 December 2022 | Chiang Mai, Thailand
UNAIDS Programme Coordinating Board
Issue date: 23 November 2022

Agenda item 3

UNAIDS/PCB (52)/23.6

FOLLOW UP TO THE THEMATIC SEGMENT

**HIV and men, in all their diversity:
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24-26 June 2023 | Geneva, Switzerland
UNAIDS Programme Coordinating Board
Issue date: 17 May 2023

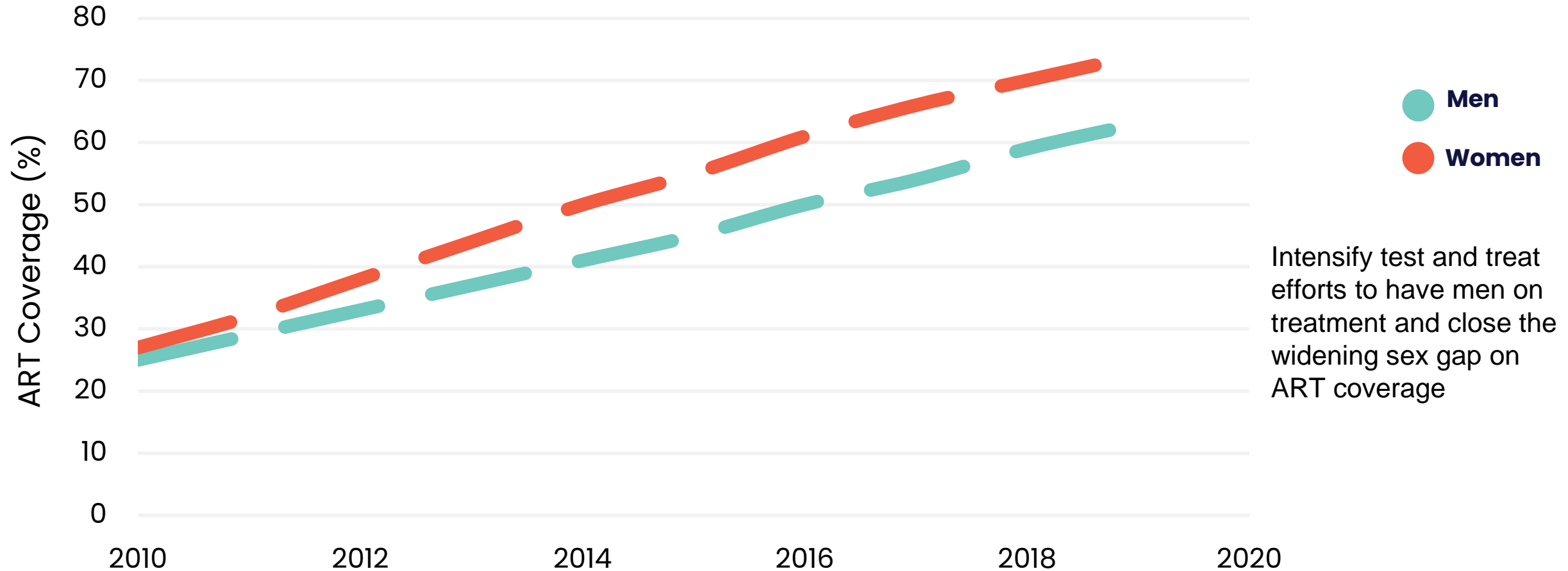
[1. Background note on thematic segment on men and HIV 52nd PCB](#)

[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 (%)



HIV transmission analyses point to the need to intensify efforts on reaching men with HIV prevention and SRHR services



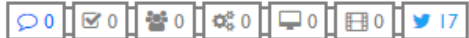
[View current version of this article](#)

Growing gender disparity in HIV infection in Africa: sources and policy implications

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, John Santelli, Nelson K. Sewankambo, Simon EF Spencer, Joseph Ssekanvu, Laura Thomson, Maria J Wawer, David Serwadda, Peter Godfrey-Faussett, Joseph Kagaayi, M Kate Grabowski, Oliver Ratmann
Rakai Health Sciences Program and the PANGEA-HIV consortium

doi: <https://doi.org/10.1101/2023.03.16.23287351>

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.



[Abstract](#) [Full Text](#) [Info/History](#) [Metrics](#) [Preview PDF](#)



THE PREPRINT SERVER FOR HEALTH SCIENCES

Demographics of people who transmit HIV-1 in Zambia: a molecular epidemiology analysis in the HPTN-071 PopART study

Matthew Hall, Tanya Golubchik, David Bonsall, Lucie Abeler-Dörner, Mohammed Limbada, Barry Kosloff, Ab Schaap, Mariateresa de Cesare, George MacIntyre-Cockett, Newton Otecko, William Probert, Oliver Ratmann, Ana Bulas Cruz, Estelle Piwovar-Manning, David N Burns, Myron S Cohen, Deborah J Donnell, Susan H Eshleman, Musonda Simwinda, Sarah Fidler, Richard Hayes, Helen Ayles, Christophe Fraser the HPTN 071 (PopART) Phylogenetics protocol team and the PANGEA consortium

doi: <https://doi.org/10.1101/2021.10.04.21263560>

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.

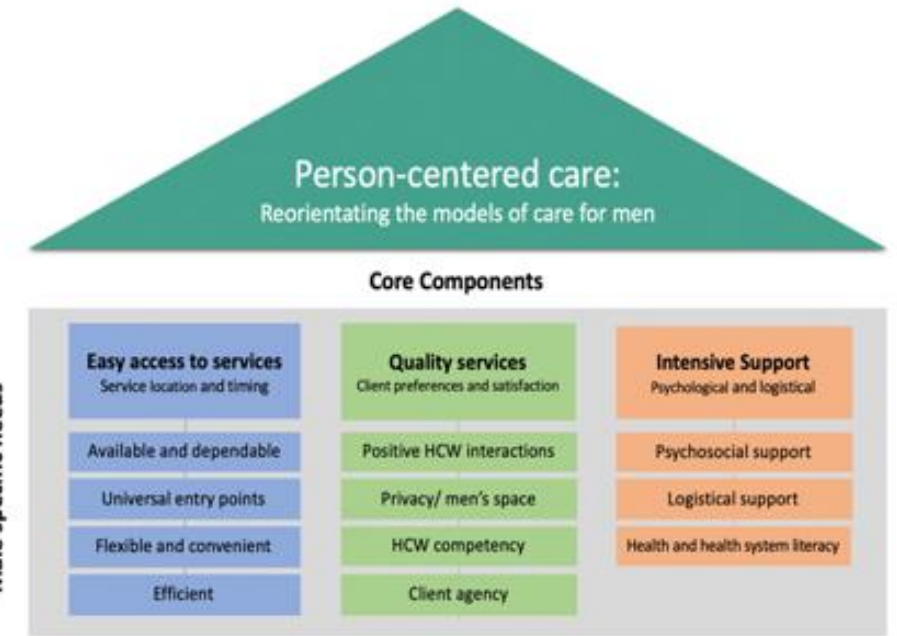
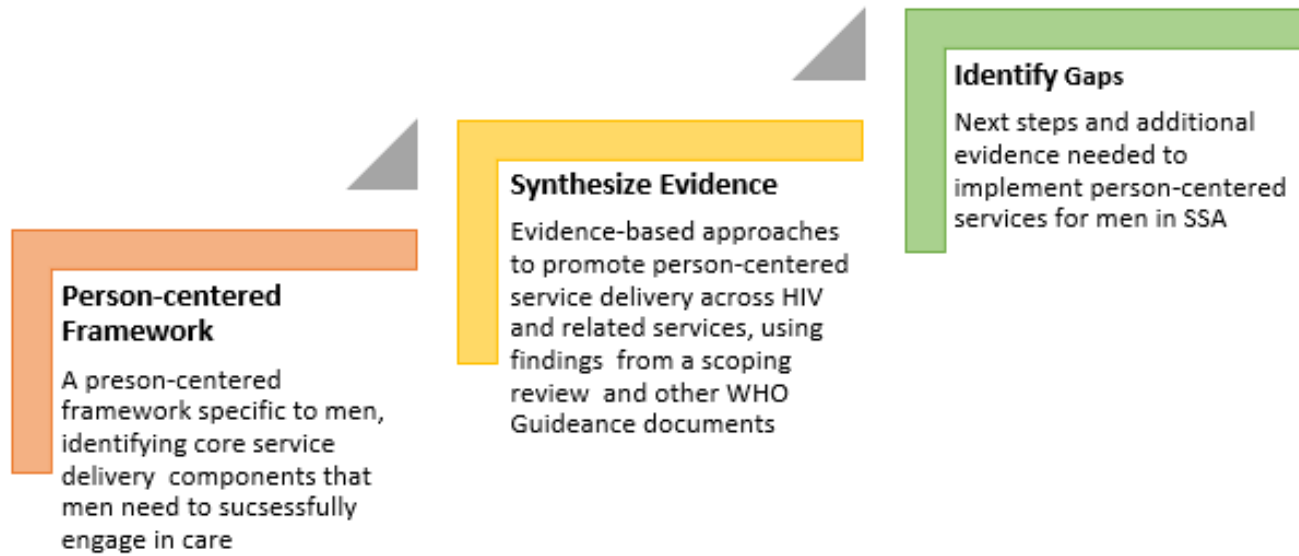


[Abstract](#) [Full Text](#) [Info/History](#) [Metrics](#) [Preview PDF](#)

- 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



- 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