



90-90-90 Targets Workshop

July 22-23, 2017 • Paris

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Men and HIV: An Unexplored “Key Population” Frontier to Attain 90-90-90 and HIV Epidemic Control

Helen Ayles, LSHTM & Zambart

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Why focus on men?

- “Men are being left behind in the push to 90-90-90, in turn affecting the lives of women and children”
UNAIDS report 2017
- Why do we only talk about men in relation to preventing infections in women?
- Are men a “key population”?
 - Key to the epidemic
 - Key to the response



TREATMENT COVERAGE LOWER AMONG MEN

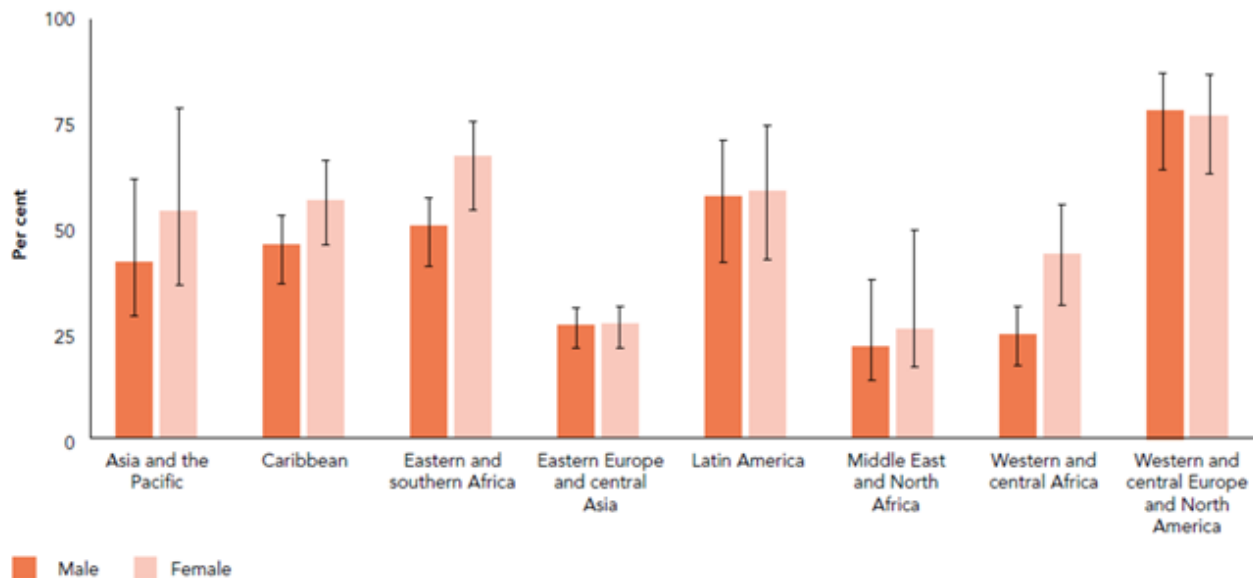


Figure 3.17. Antiretroviral therapy coverage among adults living with HIV aged 15 years and older, by sex, by region, 2016

Source: Global AIDS Monitoring, 2017. UNAIDS 2017 estimates.

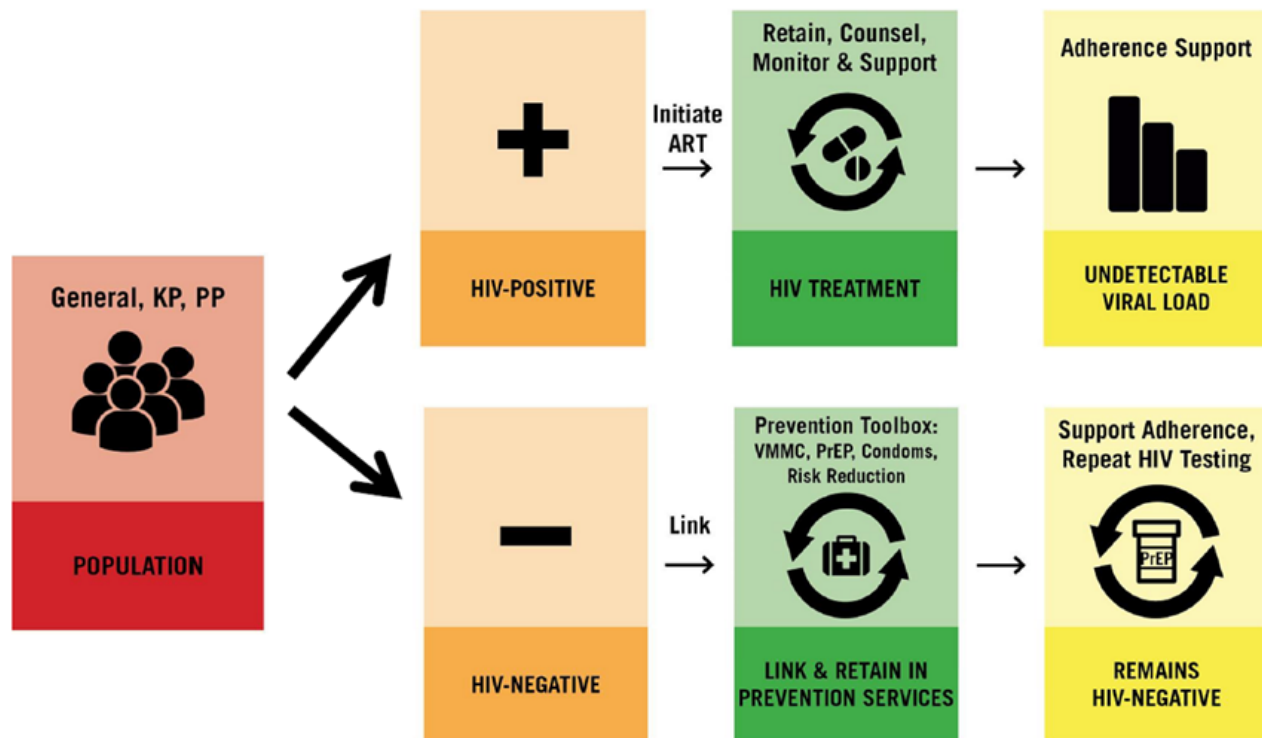


What are the barriers for men

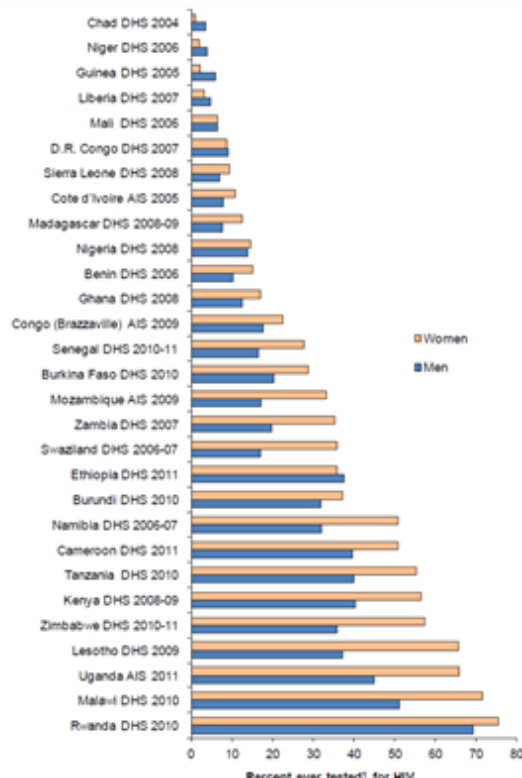
- Men often portrayed negatively in HIV discourse
 - Bringing the virus into relationships
 - Infecting young women
 - Perpetrating GBV
- HIV services are less accessible for men
- HIV may threaten masculinity “real men don’t get sick”
- *“Men usually say that HIV testing is for women”* DiCarlo et al Culture Health and Sexuality 2014



HIV Care and Prevention Continua



HIV testing is key

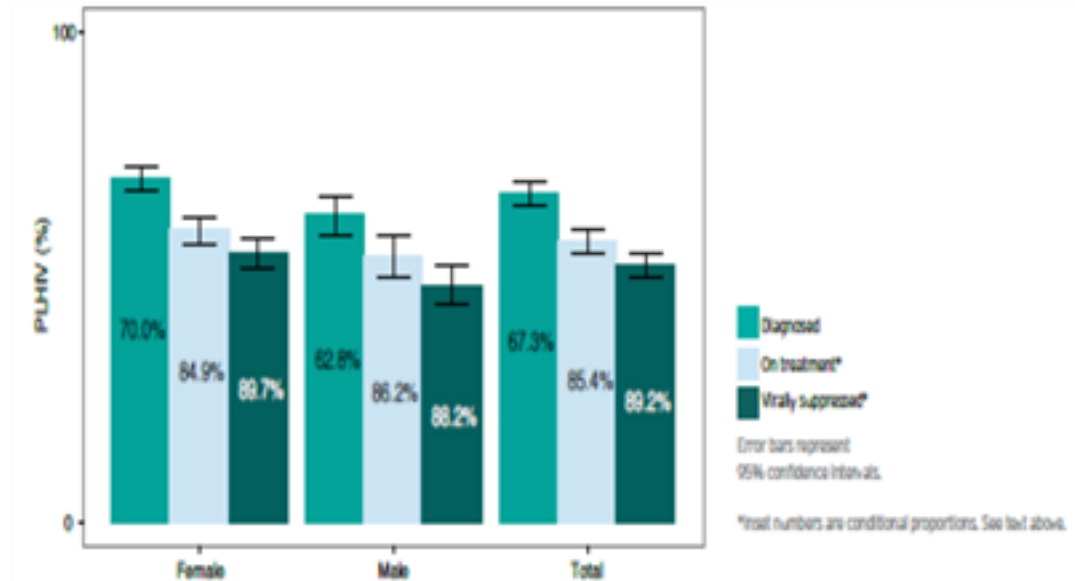


- Data from sub-Saharan Africa shows a large gap in men testing for HIV
- Without knowledge of status it is impossible to access either treatment or prevention of HIV

The Case of Zambia -ZAMPHIA

Overall men:

- Less likely to know their status
- As likely to get onto ART
- Less likely to be virally suppressed



Why are we missing the men?

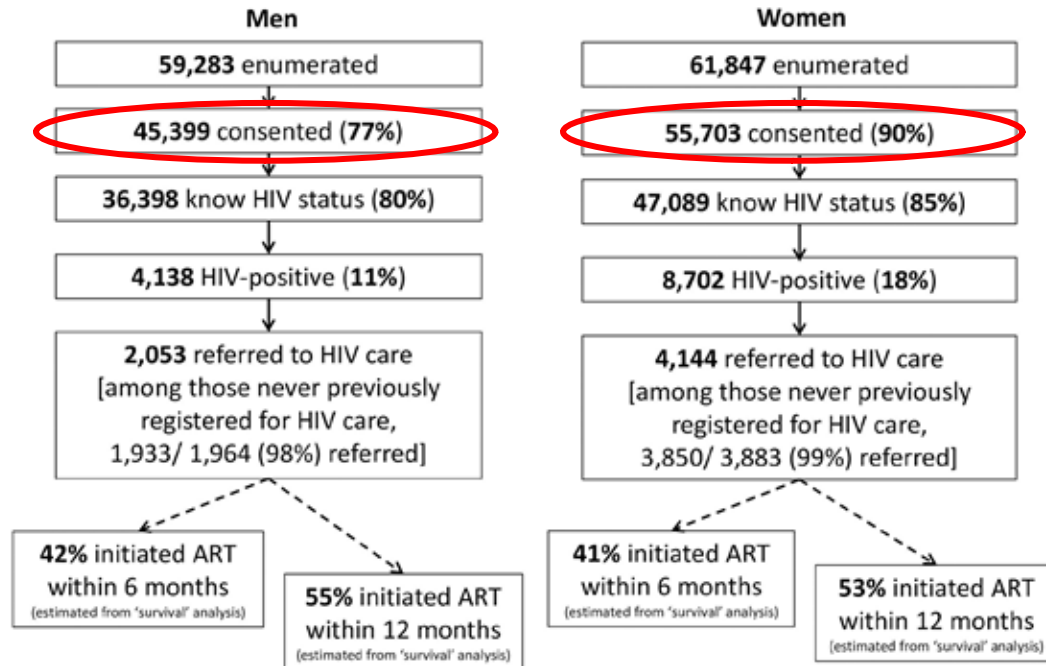
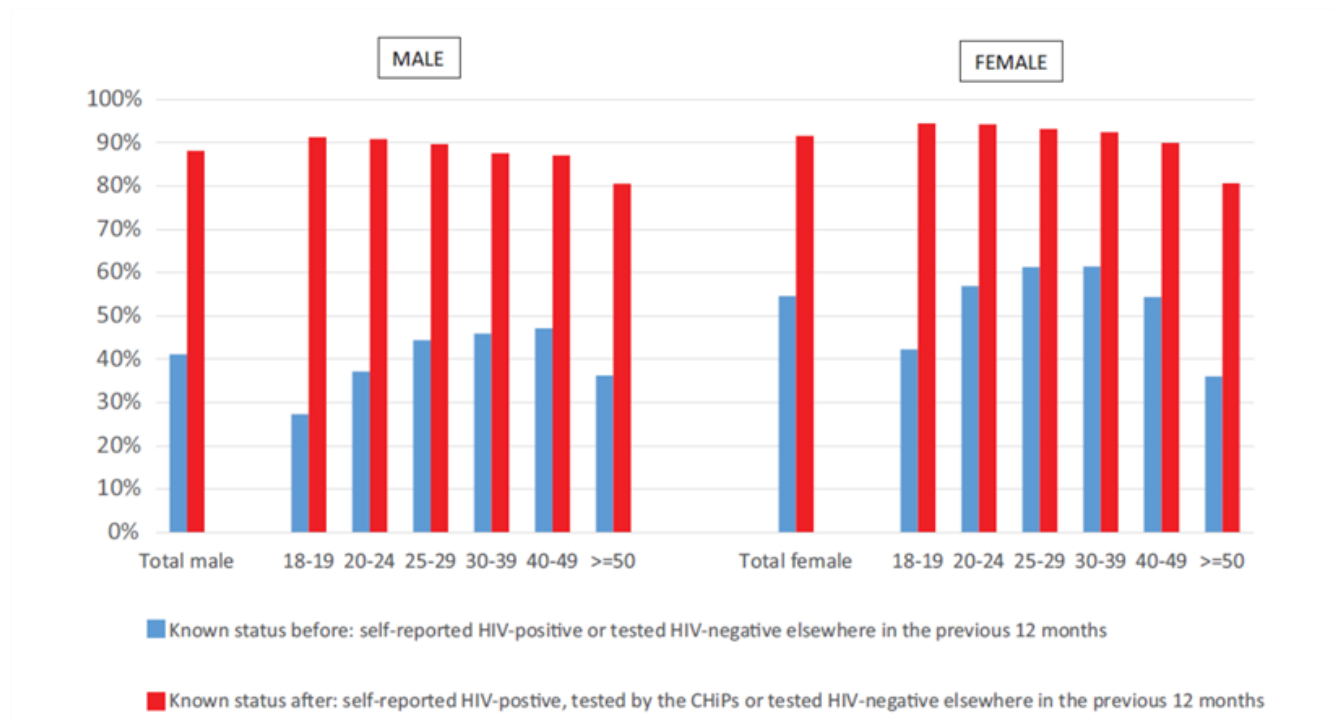


Fig 2. Cascade of care from enumeration of household members through ART initiation during the first annual round of the PopART intervention. ART, antiretroviral therapy.

When we find them they test



Shanaube, K et al AIDS 2017

....and when they test they do link to services



PLOS MEDICINE

Findings from Zambia after one year of the PopART universal testing and treatment intervention

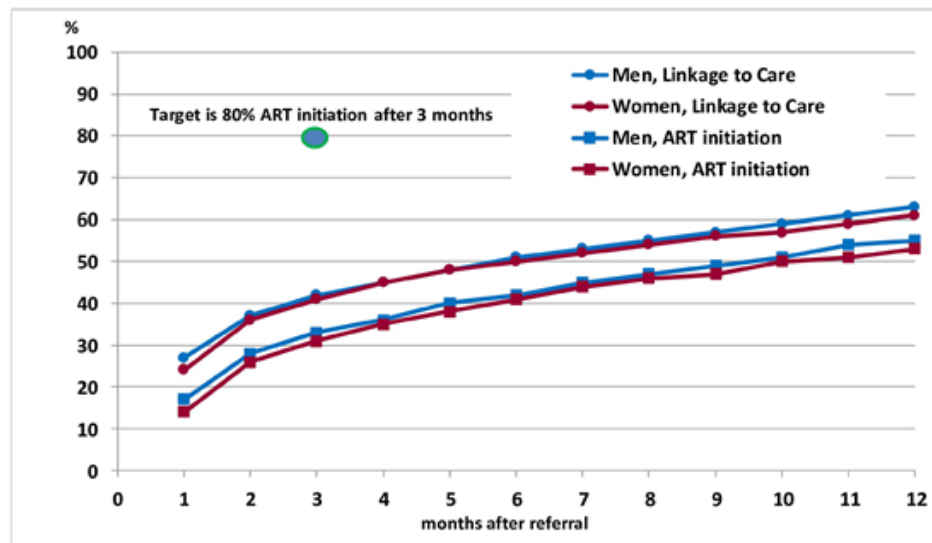


Fig 3. Time from referral to linkage to care and ART initiation during the first annual round of the PopART intervention. Survival curves showing cumulative proportions linking to care or initiating ART following referral by community HIV-care providers. ART, antiretroviral therapy.

<https://doi.org/10.1371/journal.pmed.1002232.g003>

But retention and viral suppression may be worse

MEN LESS LIKELY THAN WOMEN TO HAVE SUPPRESSED VIRAL LOADS

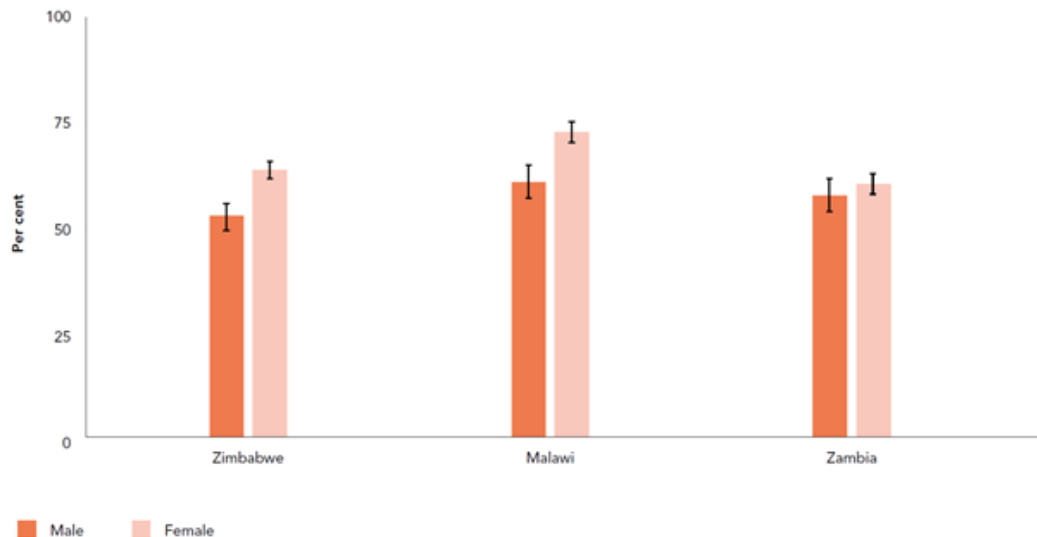


FIGURE 3.18. PERCENTAGE OF ADULTS (AGED 15-59 YEARS) LIVING WITH HIV WHO ARE VIRALLY SUPPRESSED, BY SEX, MALAWI, ZAMBIA AND ZIMBABWE, 2015-2016

Source: Malawi population-based HIV impact assessment (MPHIA), 2015-2016. Summary sheet: preliminary findings. New York: PHIA Project; December 2016. Zambia population-based HIV impact assessment (ZAMPHIA), 2015-2016. Summary sheet: preliminary findings. New York: PHIA Project; December 2016. Zimbabwe population-based HIV impact assessment (ZIMPHIA), 2015-2016. Summary sheet: preliminary findings. New York: PHIA Project; December 2016.

How do we find the men?

- “Missing men” (TUPD01, Maillot Room 13.00-14.00)
- Male Spaces
 - VMMC uniquely male preserve
 - “Male mentoring camps”
 - Male campaigns
 - Male clinics
- New initiatives
 - HIV-ST “*HIV-self testing is for the men.....*” (TUAC0406LB)
 - Painless/bloodless
 - Secondary distribution by women at ANC/FSW/community

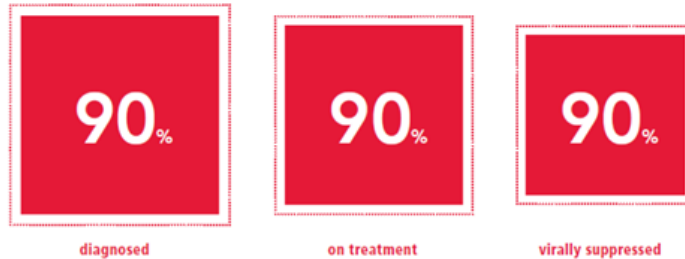


How do we keep them on treatment?

- Making treatment available at times that suit men
 - Male friendly clinics in Khayelitsha
 - Differentiated models of care
 - Adherence clubs
 - Delivery of ART

Take home messages?

- We need to remember that gender equity is important and not allow political correctness to undermine this
- Men matter in their own right and not just as conduits for reaching women
- We need to make sure that HIV services are responsive to what men want and change if necessary



For everyone

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