90-90-90 Targets Workshop

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Sponsored by

International Association of Providers of AIDS Care
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Global Network of People Living with HIV
International AIDS Society
Men and HIV: An Unexplored “Key Population” Frontier to Attain 90-90-90 and HIV Epidemic Control

Helen Ayles, LSHTM & Zambart
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

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 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?

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

**Men**
- 59,283 enumerated
- 45,399 consented (77%)
- 36,398 know HIV status (80%)
- 4,138 HIV-positive (11%)
- 2,053 referred to HIV care
  [among those never previously registered for HIV care, 1,933/1,964 (98%) referred]

**Women**
- 61,847 enumerated
- 55,703 consented (90%)
- 47,089 know HIV status (85%)
- 8,702 HIV-positive (18%)
- 4,144 referred to HIV care
  [among those never previously registered for HIV care, 3,850/3,883 (99%) referred]

42% initiated ART within 6 months
(estimated from 'survival' analysis)

55% initiated ART within 12 months
(estimated from 'survival' analysis)

41% initiated ART within 6 months
(estimated from 'survival' analysis)

53% initiated ART within 12 months
(estimated from 'survival' analysis)
When we find them they test
....and when they test they do link to services
But retention and viral suppression may be worse.
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

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Diane Havlir
Wafaa El-Sadr