90-90-90 Targets Workshop

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Missing Link - Reaching and Linking Men to Health and HIV Services

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Men have been the missing link from the HIV agenda in generalized epidemics

- Focus on women and girls
- Negative or stigmatizing discourse
- Criminalization of risk behaviours
  - MSM
  - Drug use
Why focus on men?

Sources: Data for Malawi, Swaziland, Zambia and Zimbabwe are from Population-based HIV Impact Assessments conducted 2015-2017. All other countries are estimates from a UNAIDS special analysis, 2017. The methods for this analysis are described in the annex on methods of the UNAIDS report Ending AIDS: progress towards the 90-90-90 targets (2017).

* Age ranges are 15-64 years for Malawi and Zimbabwe, 15 years and older for Swaziland and 15-59 years for Zambia. All other countries are all ages.
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
- Masculine norms may encourage risk behaviour
  - Alcohol use
  - Multiple partners
  - Gender inequality
- Masculine norms may also encourage poor health behaviour
  - Alcohol use
  - Smoking
  - Drug use
  - Poor health seeking behaviour
- 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
First find your men....!

- Men are NOT
  - In your health services
  - Often home
- Men may be
  - At work
  - In “male spaces”
What do we know works?

• Mobile testing, campaigns or hubs may be more appealing to men than health services or door-to-door (#THPEC296)

• Self-testing may be a good strategy for testing hard to reach groups

• Workplace testing may work in some settings
Campaigns and male spaces

- Campaigns
  - SEARCH multi disease campaigns achieved high uptake of testing and treatment in men
  - “Man up!” popular male campaigns

- Male Spaces
  - VMMC uniquely male preserve
    - “Male mentoring camps”
    - Sports initiatives
  - Male clinics
HIV Self-testing

- Several studies show self testing reaches men
  - In communities
  - Via workplace for lorry drivers
  - Via secondary distribution from partners
    - ANC
    - Community (#WEPEC174)
Sessions at this meeting

- WEAE01 Reaching men: Yes we can!
- TUBS01 Lessons from the UTT Trials
  - How did they reach men
Linking men to care

• Health facilities are often not male friendly
  – Long waiting times
  – Interfere with employment opportunities
  – May be actively homophobic

• Successes
  – Male centred facilities
  – Longer opening hours
  – Appointment systems
.... linkage to care can be as good as for women
But retention and viral suppression may be worse
Worse health outcomes?

- Men account for 58% of HIV–related deaths
- Co-morbidities may also be higher
  - Increased alcohol and drug use
  - Increased smoking and cardiovascular risk
  - Increased TB
HIV Prevention

• VMMC
  – Uniquely male space- are we capitalizing on this enough?
  – Issues of “manhood” with traditional circumcision and ongoing risks

• PrEP
  – Mostly being used for MSM in western settings
  – How can we expand for other high risk men

• Harm reduction strategies
  – Hampered by discriminatory legislation
FIGURE 18
PERCENTAGE OF MALE INJECTING DRUG USERS WHO RECEIVED OPIOID SUBSTITUTION THERAPY, SELECTED COUNTRIES, BY REGION, 2015–2016
Take home messages?

• We have identified this as a problem and now have some strategies to address the problem
• More needs to be done especially to reach higher risk men
• Challenge is how to ensure equitable access for all

For everyone