Male Engagement in Primary Health Care - Maputo's Experience

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## Maputo City Profile

### Indicators

<table>
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<th>Indicator</th>
<th>Performance</th>
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<tr>
<td>Total population</td>
<td>1,130,319</td>
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<td>Districts</td>
<td>7</td>
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<td>Number of Health facilities</td>
<td>42</td>
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<td>Coverage of health facilities in the strategy</td>
<td>57% (24)</td>
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<td>Patients under ART</td>
<td>168,886</td>
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<td>HF with Champion Man Strategy</td>
<td>24</td>
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**Maputo HIV prevalence:** 16.9%

**Mozambique HIV prevalence:** 13.2%
It is a satisfaction that Maputo City is part of this family where together we strive to achieve the same goal: 90-90-90 and zero stigma and...
Contextualization

Current situation

• Men have very low rates of care and treatment, leading to high rate of HIV morbidity and mortality;
• Men talk less about their feelings and rarely seek help due to gender norms and taboos;
• Weak presence of men in care and treatment in the health facility, while women are still dependent on men;
• Not a friendly environment for men at the maternal and child health care – they are always asked “Where the mother is?”.

Why engage men?

• Health indicators of men/boys are lower when compared to women/girls;
• 52% of HIV new infections occur in men aged 15-49 years (UNAIDS, 2016);
• ART coverage in 2020 among men (>15 years) was 62%, compared to 73% among women (National HIV report 2020);
• More men die from preventable causes such as malaria, TB, HIV, cardiovascular diseases, accidents and injuries.
Priority interventions defined

• Promote friendly services for men and couples in health facilities including at workplace;
• Promote the use of health services by men and couples through the transformation of social norms affecting the use of health care;
• Promote the participation of men as a partner in PMTCT program;
• Increase knowledge about the use and adherence to health care by men, through the implementation of communication strategies to change behavior.

Basic principles for implementing activities

• Health promotion;
• Recognition of HIV/AIDS as a problem of both genders;
• Non-discrimination;
• Gender equality;
• Social dialogue;
• Confidentiality;
• Prevention.
Activities implemented
1. At the Health facility level

- Lectures and morning sessions specially tailored to and involving men;
- Identification of male engagement focal point responsible for coordinating male related activities;
- Development of terms of reference for the male engagement focal point.
- Introduction of quarterly meetings to discuss the male engagement strategy. Meeting participants included labor sector, health facility focal points, health partners, civil society, and government officials.
1. At the Health facility level – cont.

- Distribution of information, education and communication material related to male engagement, in all health facilities;

- Massification of the partner testing strategy;

- Implementation of integrated male health care in the health facilities;

- Identification of Men Engaged in HF;

- Creation of informative corners for man in all HF;
2. At the community level

• Training of community activists in HIV;
• Champion men trained;
• Individual and collective discussions with Men in neighborhoods in places of greatest concentration of Men;
• Provision of health services focused on men.
3. At workplace level

- Signing of a MoU with National Confederation of Economic Association (CTA) to support implementation of male engagement activities in the already identified workplaces;
- Wide dissemination of the Male engagement strategy through the National Radio and in the public institutions (CFM, G4S; EDM, Petromoc, ADM);
- Ongoing dissemination of the strategy in collaboration with the city health partners and local associations fighting against HIV;
- In undisclosed institutions prevention services are being offered such as (Counseling, screening for STI, BP measure and many more).
4. At other levels

- Meeting with religious leaders and civil society;
- Training of activists who are Churches members;
- Participation in television programs; Advocacy messages on radio, televisions, social networks.
Performance of indicators
Partners at PMTCT

PMTCT - Total male partners present at Antenatal appointment

Source: DHIS2 - SISMA
Partners at PMTCT

PMTCT- Male partners tested

Source: DHIS2 - SISMA
Fast-Track Cities 2022 • October 11-13, 2022
Partners at PMTCT

PMTCT- Male partners tested positive at Antenatal appointment

Source: DHIS2 - SISMA.
Total of men tested

Positivity Rate

- 2018: 7%
- 2019: 7%
- 2020: 6.1%
- 2021: 5.3%

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<tr>
<th>Year</th>
<th>Tested</th>
<th>Positives</th>
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<tbody>
<tr>
<td>2018</td>
<td>90,587</td>
<td>6,343</td>
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<tr>
<td>2019</td>
<td>92,145</td>
<td>6,464</td>
</tr>
<tr>
<td>2020</td>
<td>109,378</td>
<td>6,688</td>
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<tr>
<td>2021</td>
<td>121,919</td>
<td>6,470</td>
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Results

- Improvement in men's participation in health care;
- Improvement in the involvement of men in the care of his family;
- Reduction of new infections;
- Improvement in HIV testing of man and early start of antiretroviral treatment;
- Empowerment of men in health care.
Results

• Improved perception of positive paternity and follow-up of women in health care;

• Improvement in the knowledge of male duties and rights within the health facility;

• Improved knowledge regarding gender equality;

• Improvement in the demand for prevention services (Counseling and testing, Condoms, PrEP, Voluntary Male Medical Circumcision, etc.).
Perspectives

1. Expansion of friendly services for Men and Couples in all health facilities.

2. Implementation of communication strategies to change behavior.
Lessons learned

1. Inclusion of men in antenatal consultations.

2. Creation of informative corners of man.
Obrigada, Khanimambo,
Gracias, Thank You!