





Linking Men to Post-Test Services

Framing remarks

Dr Cheryl Johnson, WHO Global HIV, Hepatitis and STI programmes

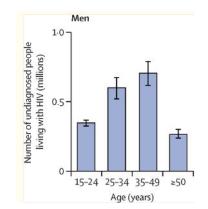


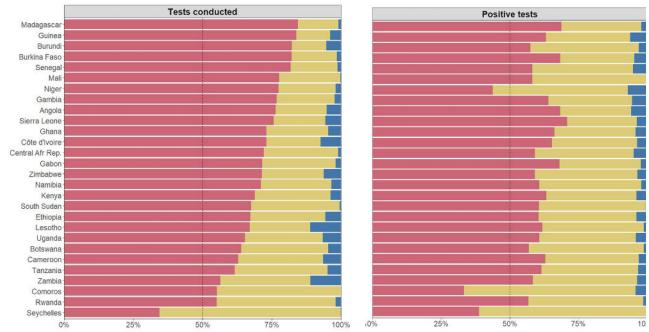
CQUIN dHTS Meeting | July 9 - 12, 2024 – Durban, South Africa

Why focus on men?

- Men (age 30-49) make up the largest absolute number of undiagnosed people with HIV in sub-Saharan Africa (SSA)
- Vast majority not recent infections (> 1 year)
- WHO testing data shows men still less likely to be tested despite high positivity (28 countries in Africa)
- Gaps widening in some settings







Women (15+) Men (15+) Children (<15)

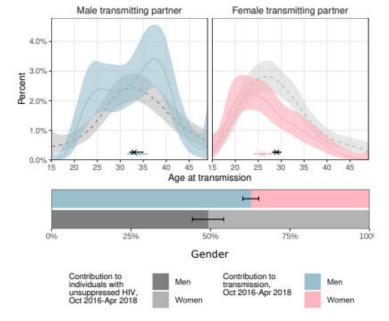
Source: Giguere 2021, Fraser AIDS 2022, Global AIDS Monitoring 2024, WHO 2024 CQUIN dHTS Meeting | July 9-12, 2024



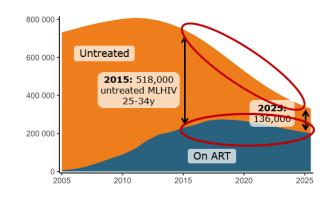
Why focus on men?

- Men with HIV are less likely than women to be diagnosed, on treatment and virally suppressed
 - 72% of men (age 15+) have access to ART compared with 82% of women of the same age
 - Recent data show viral suppression is 1.5–2-fold higher in women than men in some SSA settings
 - Advanced HIV disease and related mortality is high in men due to late diagnosis and treatment
 - HIV affects key populations most a group comprised mostly of men
- Reaching men with HIV is important to preventing new infections in women and achieving global targets
- Systems-level combination prevention for men in southern Africa may be the most efficient strategy for achieving global targets - but gaps are substantial
 - Condoms, VMMC, harm reduction, PrEP/PEP under utilized









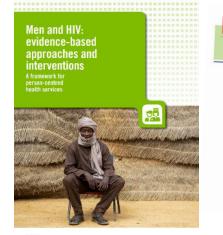


Source: WHO/UNAIDS 2023, WHO 2024, AVAC 2023, Monod 2023, Eaton AIDS 2022 CQUIN dHTS Meeting | July 9-12, 2024

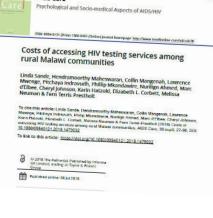
Why gaps among men remain?

- System level barriers
 - Health system and resources often focused on women and children
 - Fewer male-friendly services
 - Limited or outdated HIV education/awareness
- Societal level barriers
 - Social pressures and cultural expectations, e.g. "bread winner"
 - High opportunity costs, e.g. lost wages, work
 - Restrictive laws and policies
- Individual level barriers
 - Self-stigma
 - Fear of losing relationships, respectability or social status
 - No symptoms, feeling healthy

Source: WHO/UNAIDS 2023, Johnson 2021, Sande 2019 CQUIN dHTS Meeting | July 9-12, 2024



(A)UNAIDS



AIDS Care

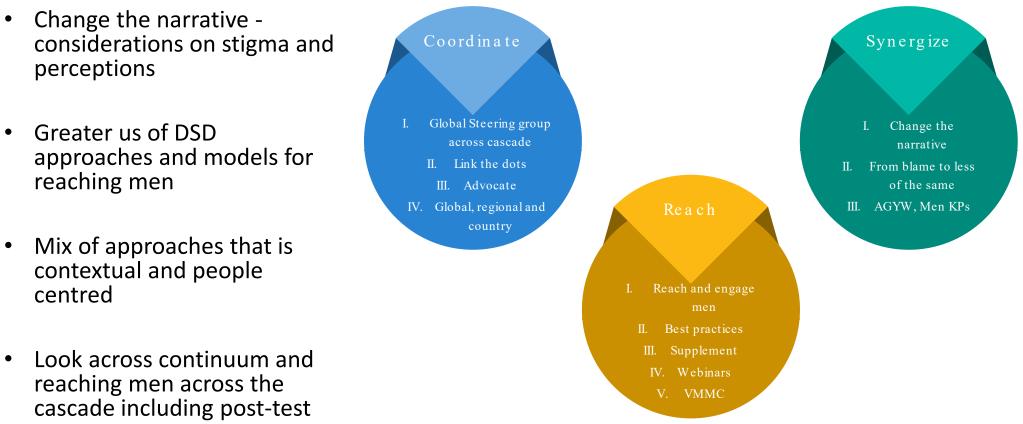
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Men reported spending twice as high as women
Lost income was the highest cost component with men reporting a lost income that is twice as high as women



WHO and UNAIDS strategy for focusing on men and HIV

Priorities

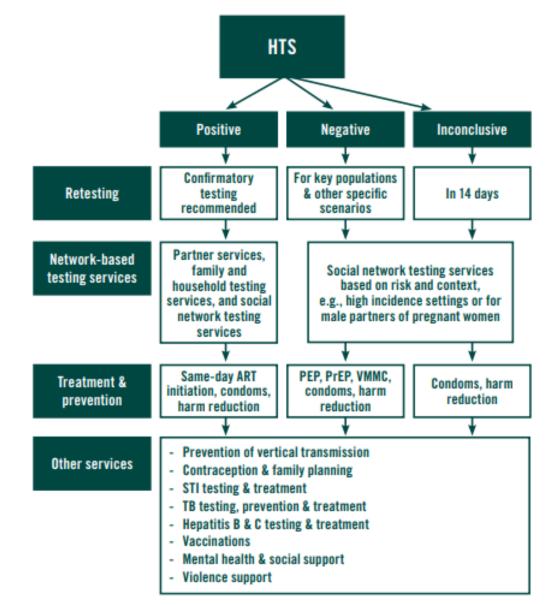




Slide adapted MEHNT, Dr Wole Ameyan WHO

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Recommended post-test pathway



Consolidated guidelines on differentiated HIV testing services July 2024



(World Health Organization

Source: WHO 2024



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Evidence-based principles for reaching men

Access

- Routine offer and entry points for men, e.g. OPD, partner services, self-testing, pharmacies
- Community-centred services, e.g workplace, outreach, places of worship
- Flexible facility-based services, e.g. alternative hours, multi-month dispensing, differentiated care, rapid refills

Quality

- Positive interactions with health workers
- Welcoming and accepting services
- Integrated services including things men care about

Support

- Comprehensive counselling and facility navigation that address men's interests, goals, needs
- Peer-support or -led services
- Virtual interventions

Source: WHO/UNAIDS 2023, WHO 2021, WHO 2022, WHO 2024 CQUIN dHTS Meeting | July 9-12, 2024





Workplace is often a financial sustainable option





Specific recommendations for post-test services for men

Enabling environment and service delivery

- Revised and enabling policies task shifting, aligned age of consent
- Rapid tests/self-tests, same day diagnosis, prevention and care
- Peers and partners
- Virtual interventions (e.g. chatbots)
 - careful design needed as linkage outcomes can be variable
- One-stop shop, co-located, integrated and multi-disease
- Flexible, simple and continuous quality improvement

Messaging

- Referrals with latest information on treatment and prevention options
- U=U messages and education increases testing & linkage in men
- B-Ok bottles
- Clear information on retesting, self-testing and inconclusive results

Linkage services

- Case management, streamlined services, referral, navigation and accompaniment
- Welcome back services and retesting as needed for re-engagement
- Enhanced access to, uptake and effective use of PrEP and PEP (including with self-tests)



Compensation and incentives can be useful in some contexts, but caution needed as effects vary and programmes may need to prioritize UHC/PHC

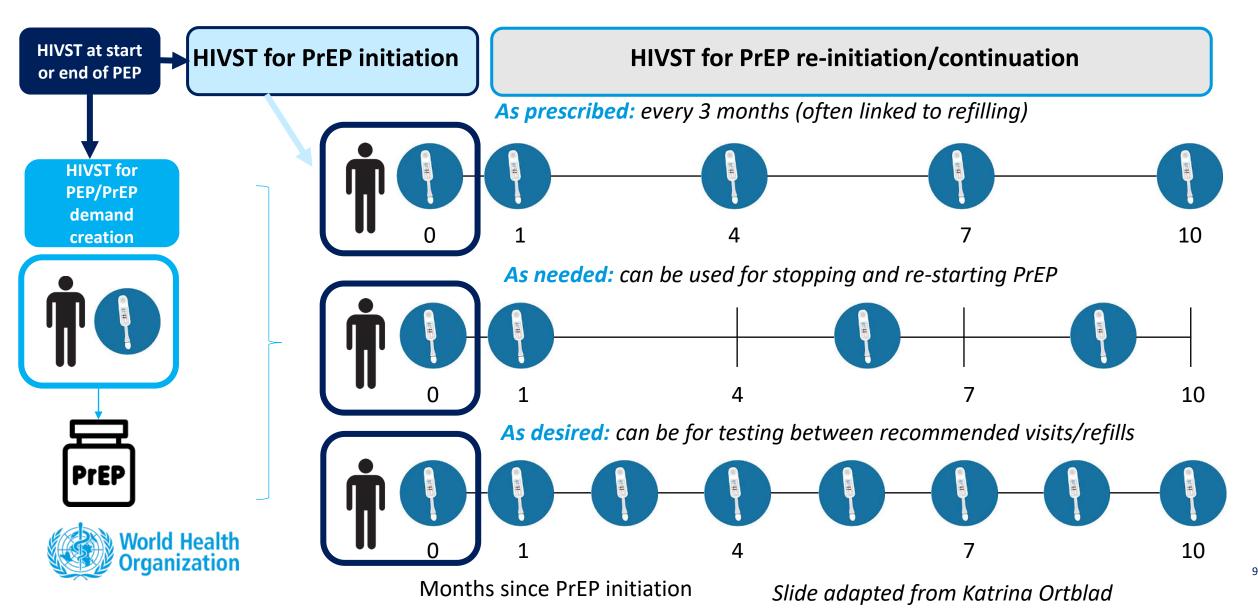
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Source: WHO 2024



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New recommendation: Self-testing for PEP and PrEP



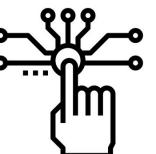
Uptake of new WHO recommendation on HIVST-supported PrEP

- As of May 2024, WHO mapped country uptake of the new recommendation on HIVST-supported PrEP identified the following country reports.
- WHO will continue to follow-up and map experiences across countries to support broader implementation and adoption of current guidance.



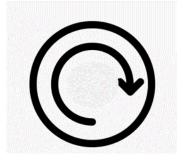
HIVST for PrEP demand creation

Nepal, Zimbabwe, Kazakhstan, Ghana, South Africa, Eswatini, Viet Nam



HIVST for PrEP initiation

Philippines, Eswatini & Thailand



HIVST for PrEP re-initiation

Brazil



HIVST for PrEP continuation

Zambia, Spain, Mozambique, Kenya, South Africa, Viet Nam*



Where do we go from here?



- Evidence-based strategy, principles and interventions for men are there
- Focus on early diagnosis and linkage, welcome back services
- Workplace partnerships and insurance schemes can offer financial sustainable options for men
- U=U messages and adapted interventions hold unique opportunities for men
- Implementation and scaled-up approaches need to be prioritized and should include men in all their diversity
- Don't forget linkage and engagement to prevention – strategic priority





Thank you! For more information on HIV testing services

WHO HIV Testing Services Dashboard WHO 2024 HTS GL

Questions?

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