



# Optimizing HIV Testing for Men: Where Are We and What's Next?

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# Outline

- Why Optimize Testing for Men?
- Current Gaps in Testing Men
- Where Are We: Regional Perspective
- Where Are We: Local Perspective, Malawi Case Study
- Key Purposes for HTS
- WHO-Recommended Proven HTS Approaches for Men
- SNS Cascade in General Population Targeting Men
- Targeted Community HTS for Men
- What Next - How Do We Move Forward?

# Why Optimize Testing for Men? Widening gap on ART coverage between men & women over years, Globally.

"Global HIV data shows that Men living with HIV are less likely than women to know their status, less likely to initiate ART, less likely to remain engaged in care, and less likely also to be virally suppressed"

*Source: Global Men and HIV TWG, WHO & UNAIDS*

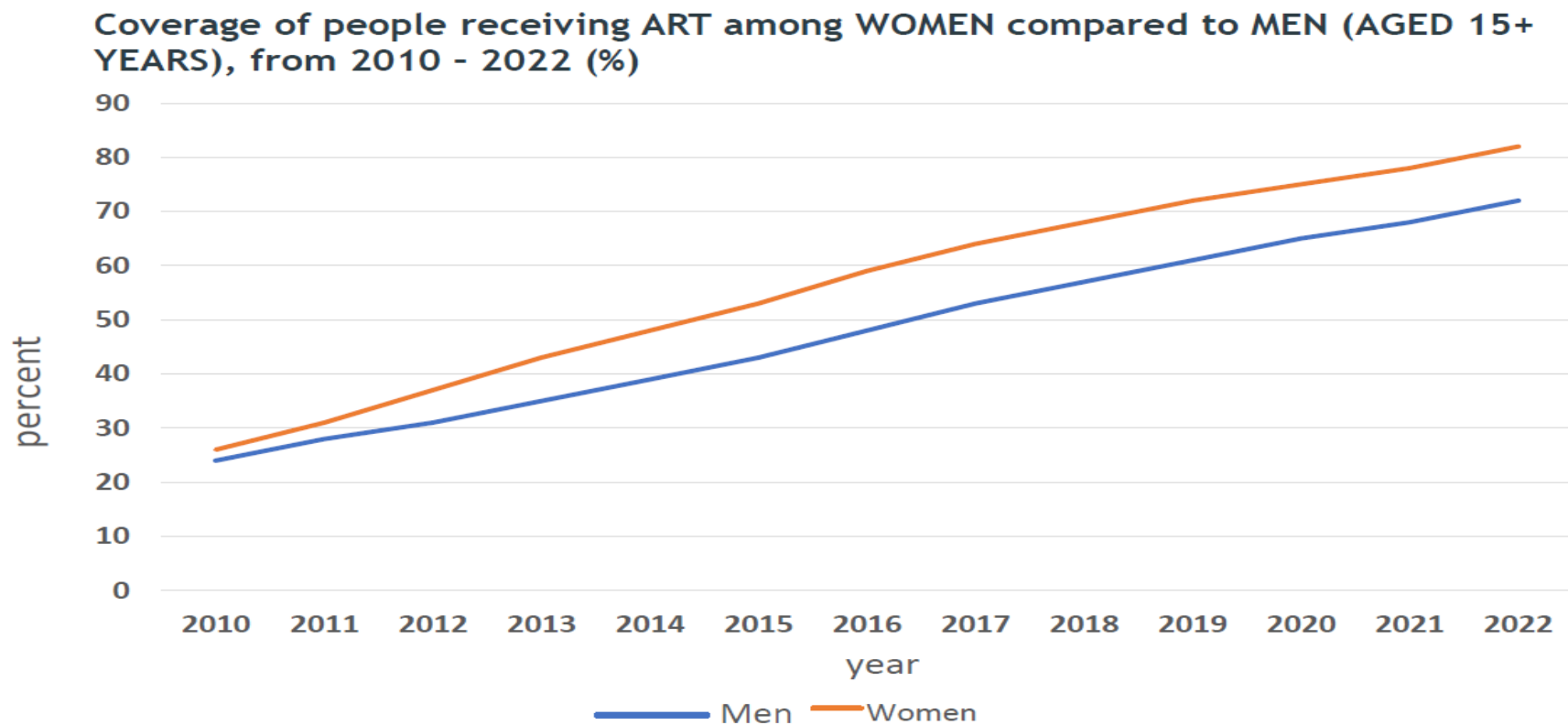
## **WHO Policy Brief, 2021**

**In high HIV burden settings**, efforts are needed to test more men in both general and key populations.

**In low HIV burden settings**, HTS should prioritize men: from key populations; with STIs; with confirmed or suspected TB; whose partners have HIV; have HIV-related symptoms or indicator conditions.

# Why Optimize Testing for Men? Widening gap on ART coverage between men & women over years, Globally -2

## Widening gaps across the 95-95-95



Source: Global AIDS Monitoring 2021; UNAIDS epidemiological estimates, 2023

# Current Gaps in Testing Men-1

- Global cascade estimates shows that men lag behind at 83-86-94 compared to 90-91-93 for women.
- Globally, men accounted for 53% of total new HIV infections among adults in 2022.
- Outside of SSA, men and boys accounted for 70% of HIV infections.
- In SSA, HIV cascade data shows that men are less likely than women to:
  - know their HIV status (87% for men vs 91% for women)
  - initiate treatment (78% for men vs 85% for women),
  - reach viral suppression (72% for men vs 79% for women).

Source: UNAIDS data, 2023

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# Current Gaps in Testing Men-2

**Structural and cultural barriers:** Men's mobility and gender norms that value risk-taking and discourage health-seeking behaviors can contribute to lower participation in HIV testing. Men may also test "by proxy", believing their wives' HIV test results are their own.

**Key populations:** HIV testing efforts often don't reach people at greatest risk, such as men who have sex with men, sex workers, people who inject drugs, transgender people, and people in prisons.

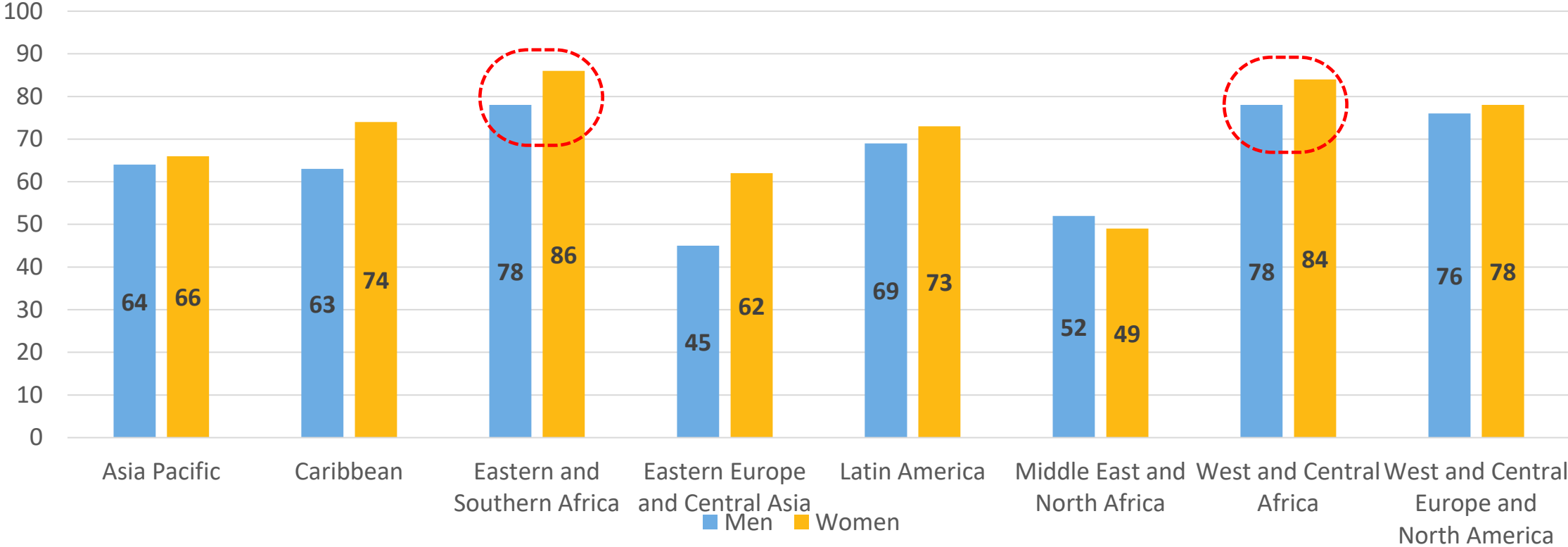
**Young people:** Young people may avoid medical care until they develop advanced symptoms.

Source: UNAIDS epidemiological estimates, 2023

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# Where Are We: Regional Perspective – Higher ART coverage among females than men across regions

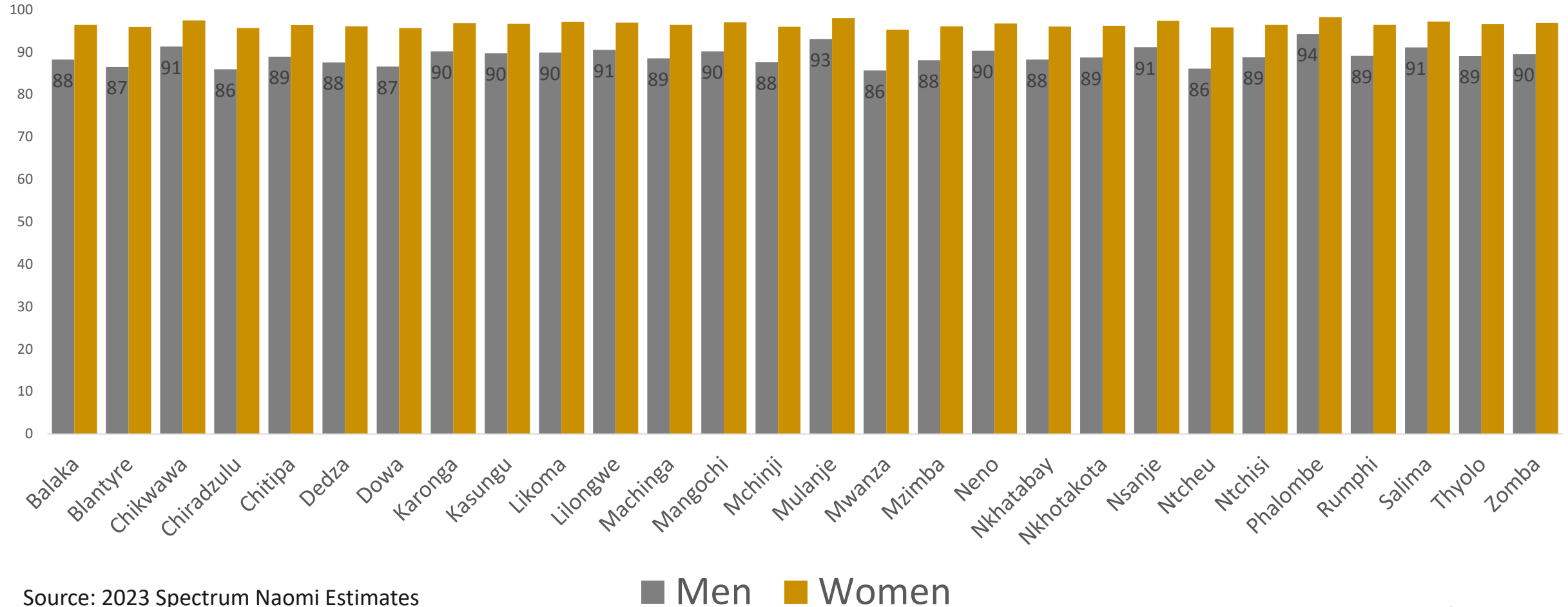
Coverage (%) of men and women receiving ART across regions in 2022



Source: UNAIDS epidemiological estimates, 2023



# Where Are We? Local Perspective – Malawi Case study, HIV treatment coverage by district



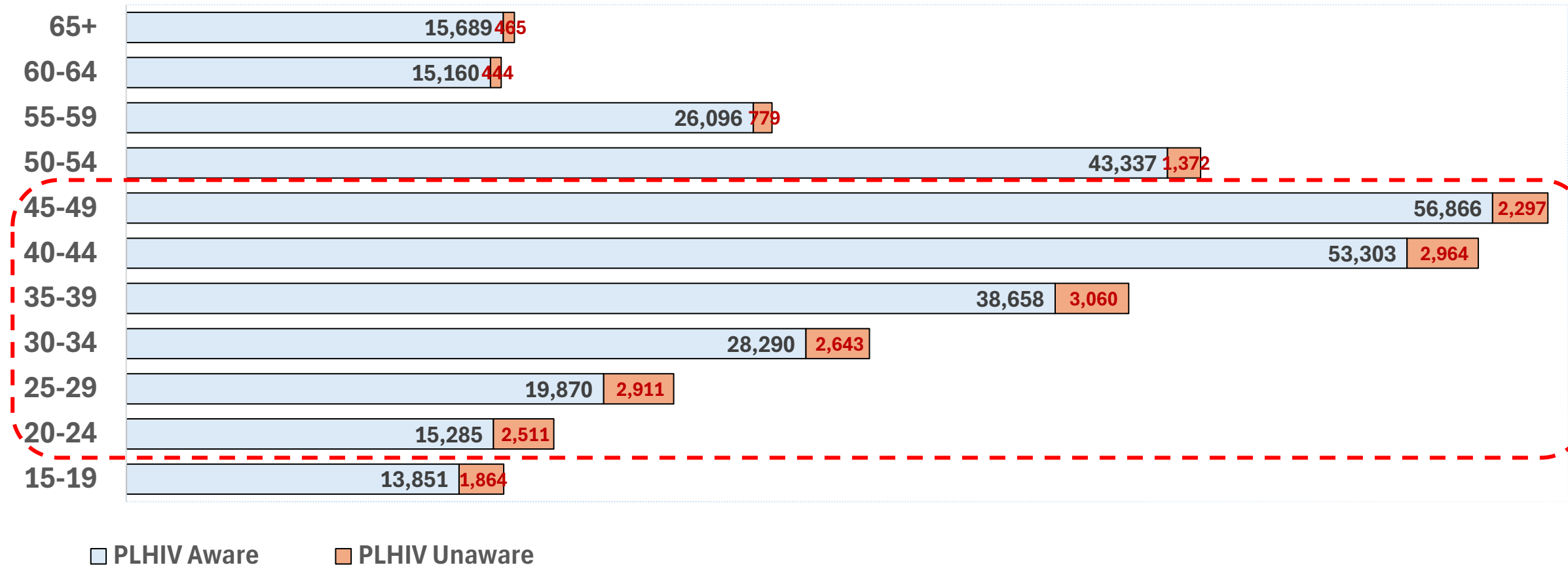
Source: 2023 Spectrum Naomi Estimates



# Where are we? Local Perspective - Malawi Case study

An estimated 77% of the 21,310 undiagnosed PLHIV males in Malawi are 20-49 year olds

PLHIV Men by Age



Source: 2023 Spectrum Naomi Estimates

## Key Purposes for HTS:

- Case finding and linkage to treatment
- Testing for prevention - Routine testing of individuals participating in prevention services (i.e., PrEP, PMTCT, DREAMS, VMMC)
- Re-engagement to HIV treatment

A strategic mix of differentiated HTS are necessary to reach and maintain epidemic control



# WHO-Recommended Proven HTS Approaches for Men

- Facility-based testing
- Community-based testing
- HIV self-testing
- Provider-assisted referral – (assisted partner notification)
- Social network-based approaches
- Linkage to treatment and prevention
- Differentiated HIV testing services

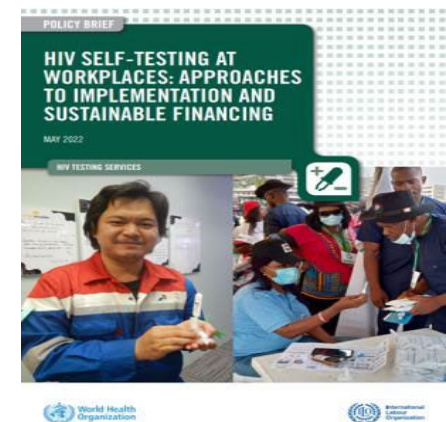
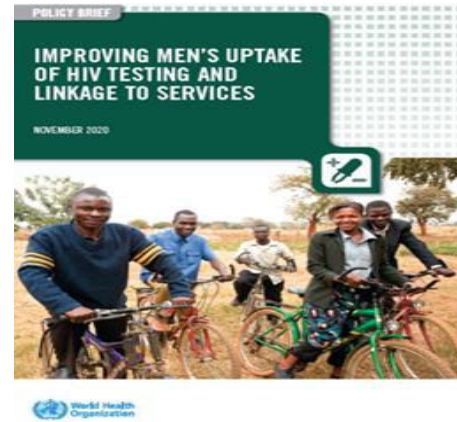
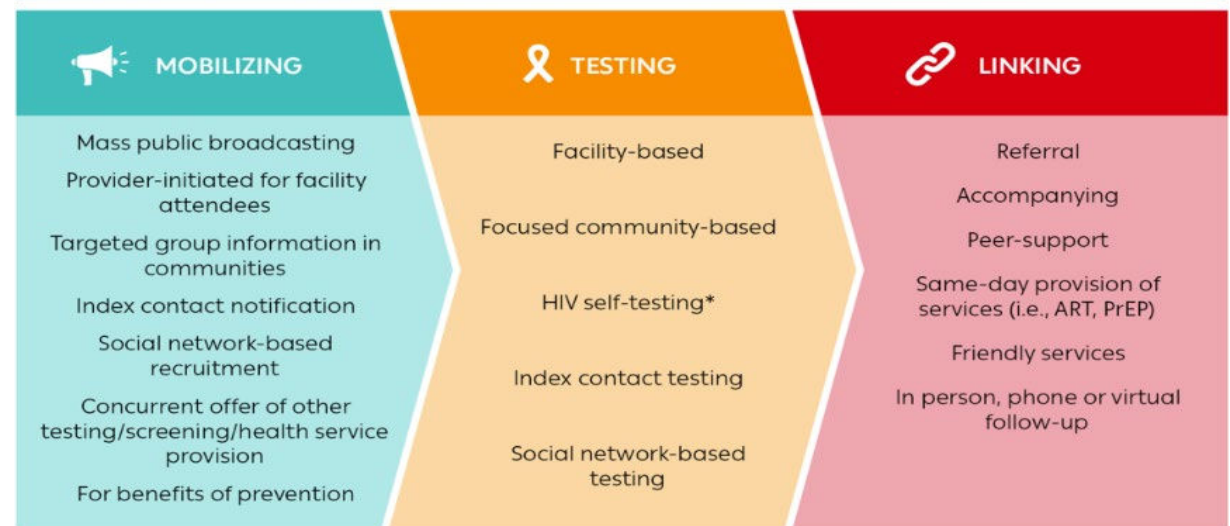
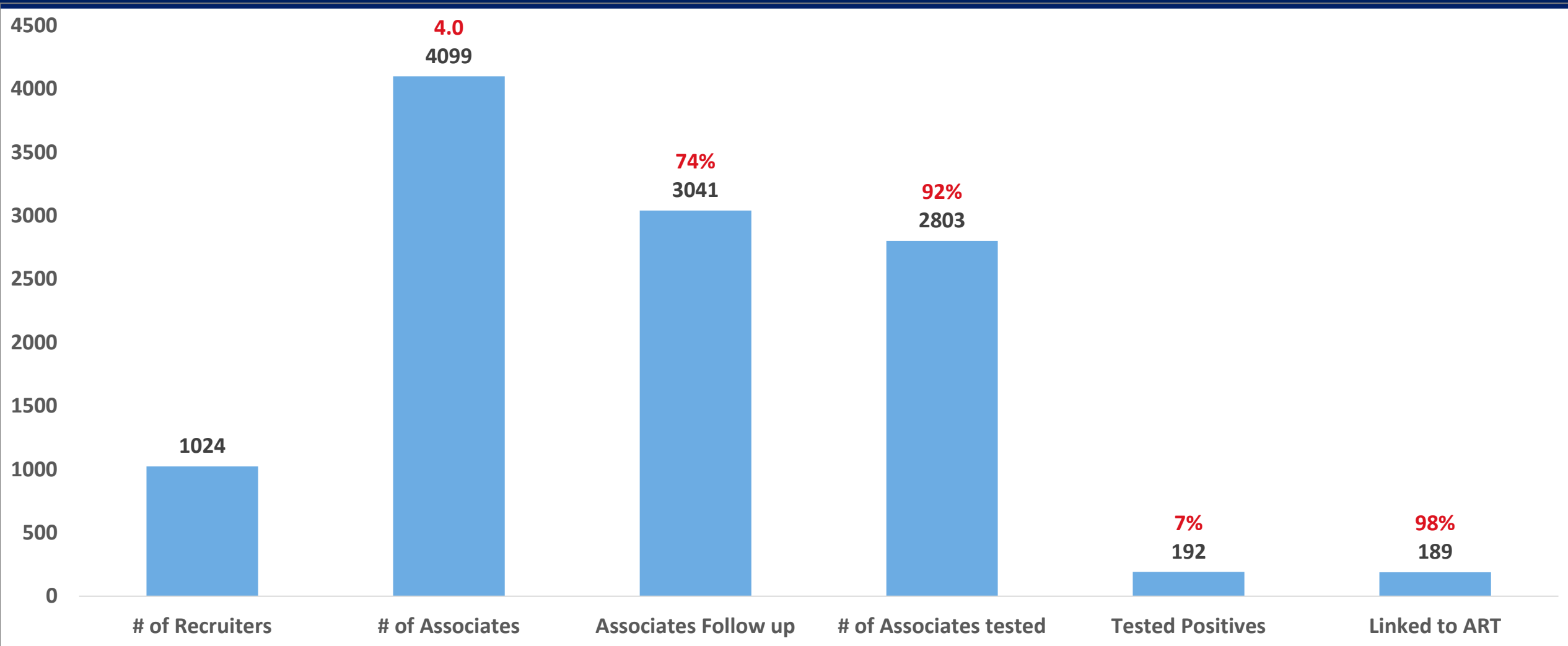


Figure 2: Three components of differentiated HIV testing services

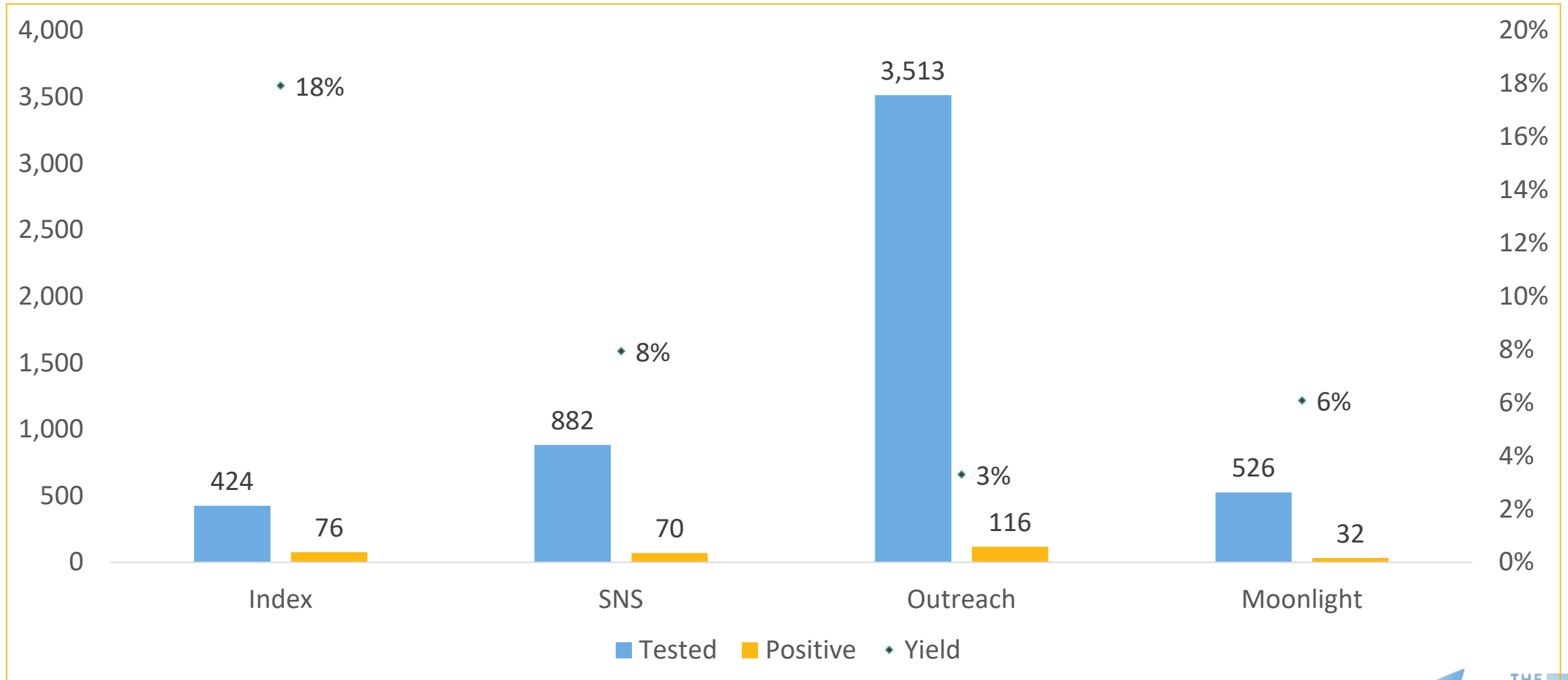


\* Self-testing is a testing modality that can be used in all testing approaches, including within health facilities and in the community.

# SNS Cascade in general population targeting men (FY 24 Q2). High yield HTS modality



# Targeted community HTS for men (FY24 Q2), Testing & Positive contribution by Modality



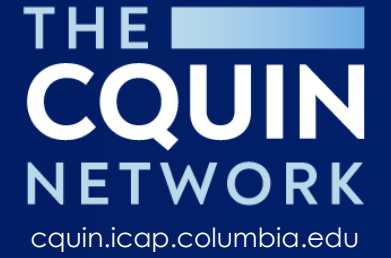
# What next?

## How do we move forward?

Strategies,  
SOPs  
checklists?

Implementation?

Monitoring  
&  
Evaluation  
tools?



# Thank You!

