

Differentiated Approaches to Mobilize Men for HTS: Key Challenges, Considerations and Innovations

Dr. Jonah Maswai
US Department of Defense, Kenya
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Outline

- **Progress towards epidemic control & the gaps pertaining to men in the cascade**
- **Why the gaps?**
- **What are some of the innovations to bridge the gaps?**

Epidemic Control: >73% Community VLS is Achievable

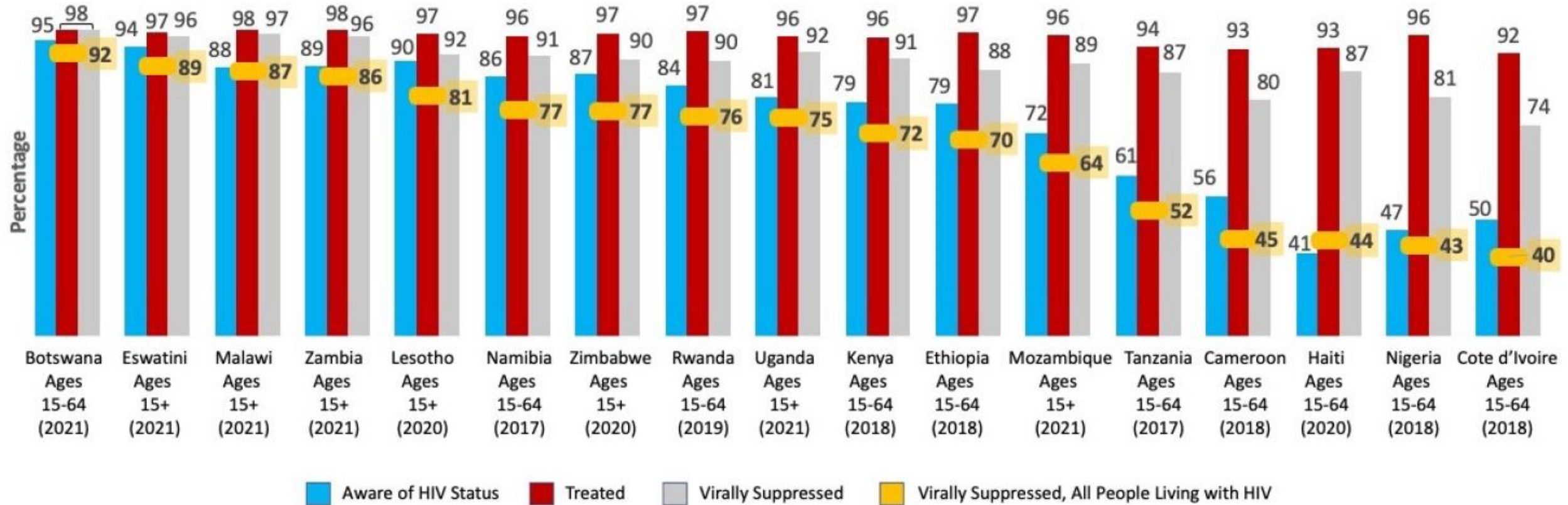
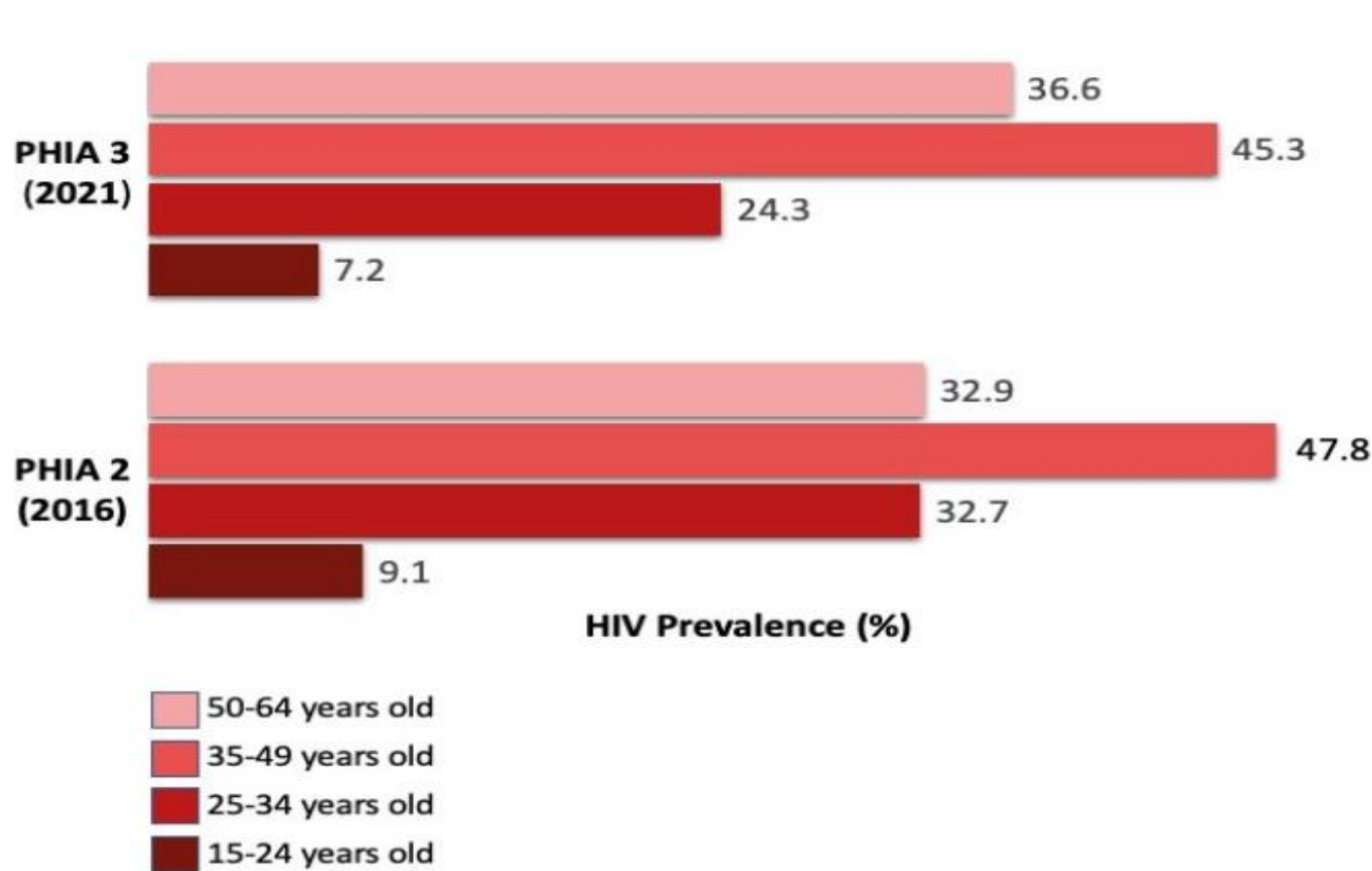


Fig: Progress towards UNAIDS 95-95-95 targets among adults (15 years of age and older) across select countries in Southern, Eastern, and Western Africa.

Equity in Progress Toward 95-95-95: Men Lagging Behind

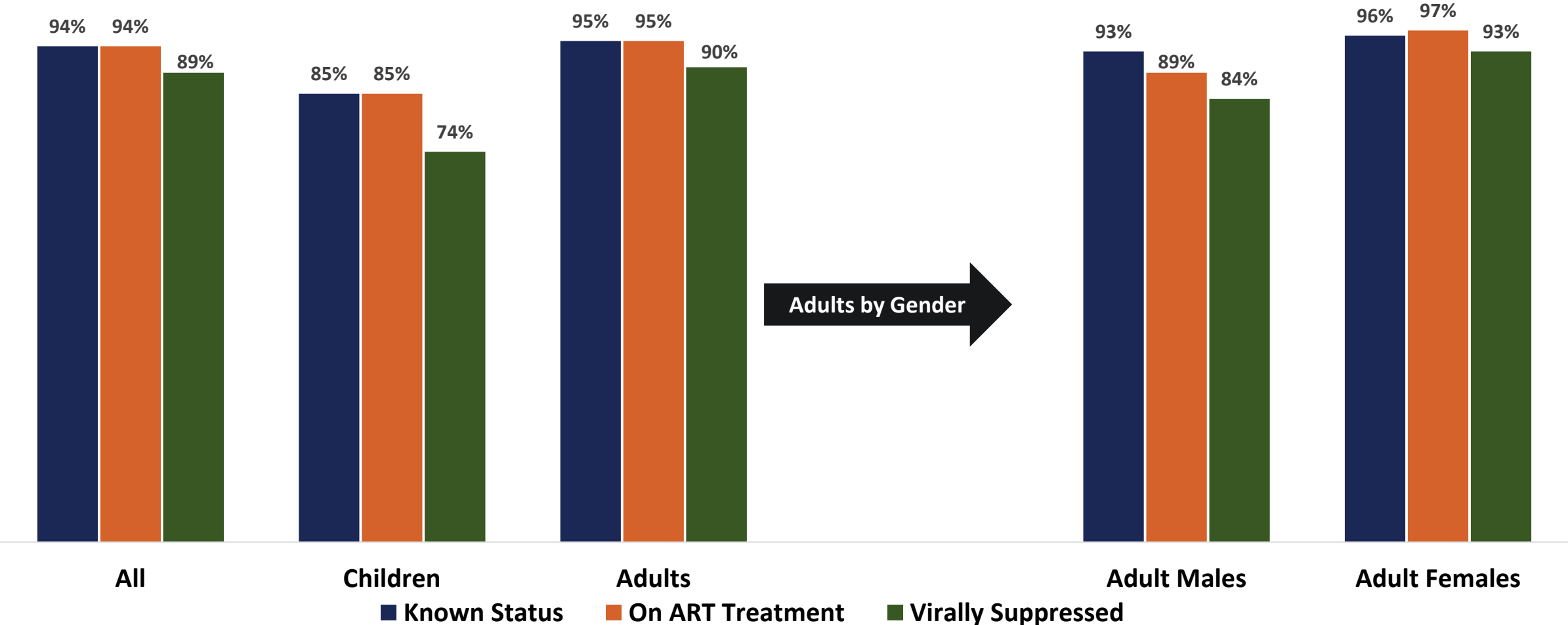


PHIA 3 (2021)		
Age	Male	Female
50+	97-98-99	97-100-99
35-49	93-97-97	98-98-97
25-34	75-87-96	93-97-95
15-24	93-96-(87)	84-97-91
PHIA 2 (2016)		
Age	Male	Female
50-64		
35-49	85-90-92	95-90-94
25-34	69-84-85	91-86-91
15-24	60-(92)-(58)	76-84-81
() Estimates based on a denominator of 25-49 are included in parentheses and should be interpreted with caution.		

Fig: Eswatini - HIV Impact and Progress Toward Health Equity Reaching 95-95-95 Targets

Gaps in Kenya's Coverage and Progress Towards 95-95-95 Targets: Men Left Behind

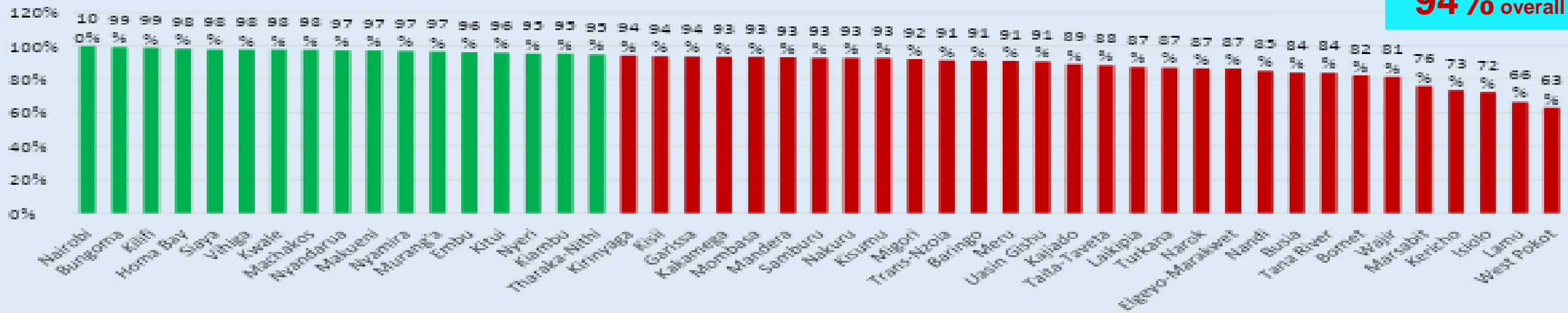
Fig: Progress towards 95-90-86 coverage (2022)



Heterogenous: Kenya Example - Case Finding in Men 15+ Shows Some Geographies Left Behind

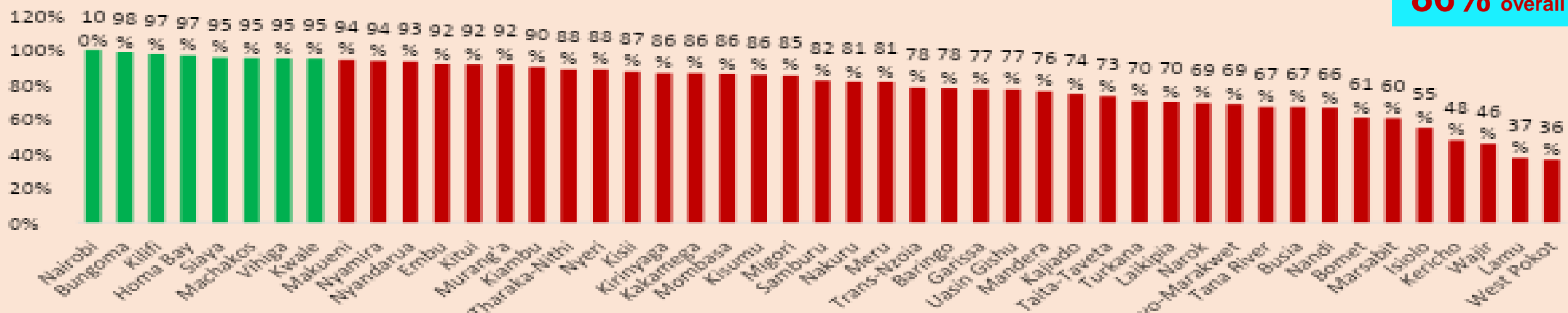
First 95 Coverage - 25+ Years Males

94% overall



First 95 Coverage - 15-24 Years Males

86% overall



Source – Estimates 2023

Reaching All Populations is Essential to Achieving Stabilized Epidemic Control

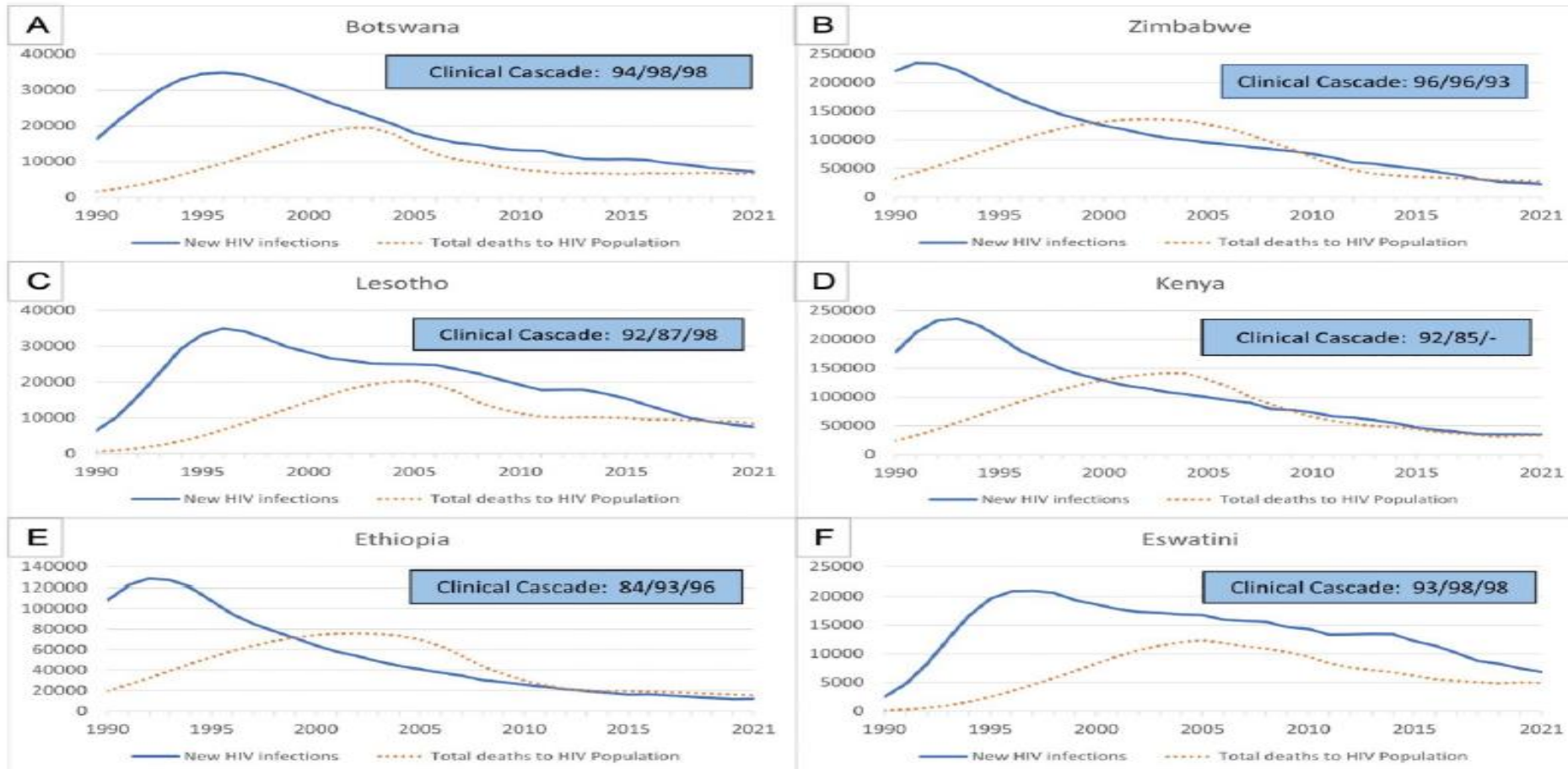
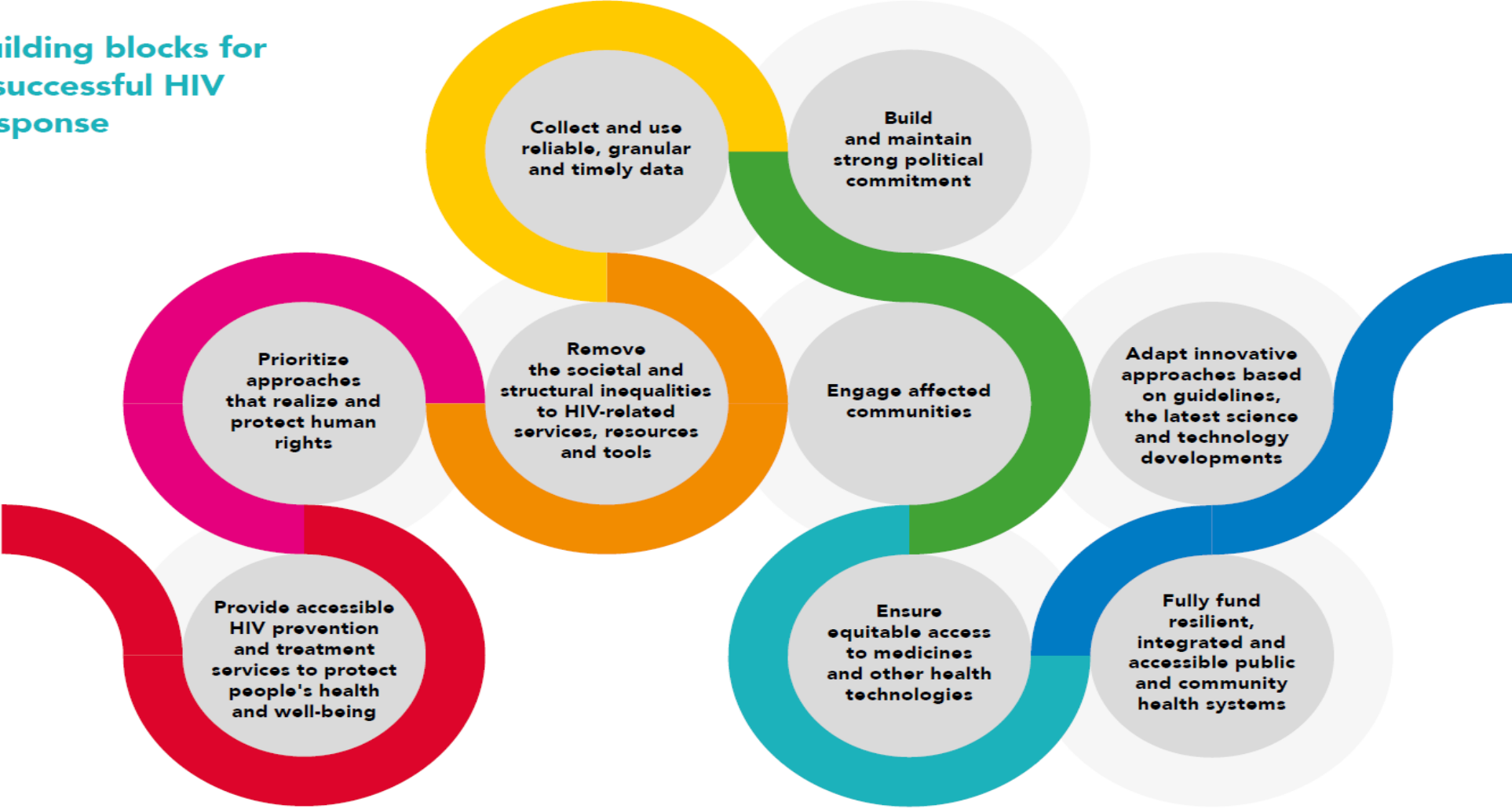


Fig: Countries That Have a Stabilized HIV/AIDS Epidemic and Have Reached the 73% Population Viral Load Suppression Target

These 6 countries have stabilized HIV/AIDS epidemics, as shown by a trend of decreasing HIV incidence and total all-cause mortality among the HIV+ population. They also have an estimated VLS of at least 73% among all PLHIV.

UNAIDS 2023: The Path that Ends AIDS - Address Access, Inequalities, and Engage Affected Communities

Building blocks for a successful HIV response



Key Point 1: Mobilizing Men is Essential for Epidemic Control

- While we celebrate nearing and achieving 95-95-95 in many countries, there is still work to do - especially when it comes to keeping new infections low in the face of the youth bulge.
- PHIA 2 results reveal gaps in equitable services: In all countries with a recent follow-up PHIA, **males in all age groups** are further from the 95 targets than females in similar age bands.
- Identifying programs that effectively serve each age/sex population is critical to decreasing incidence and mortality: a sustained response against HIV/AIDS requires programming that is **adaptive to changing cultural and social norms**.
- Data reveals that we must consider the different level of services that aging populations need and **implement effective and sustainable programs that reach men** and younger age groups.

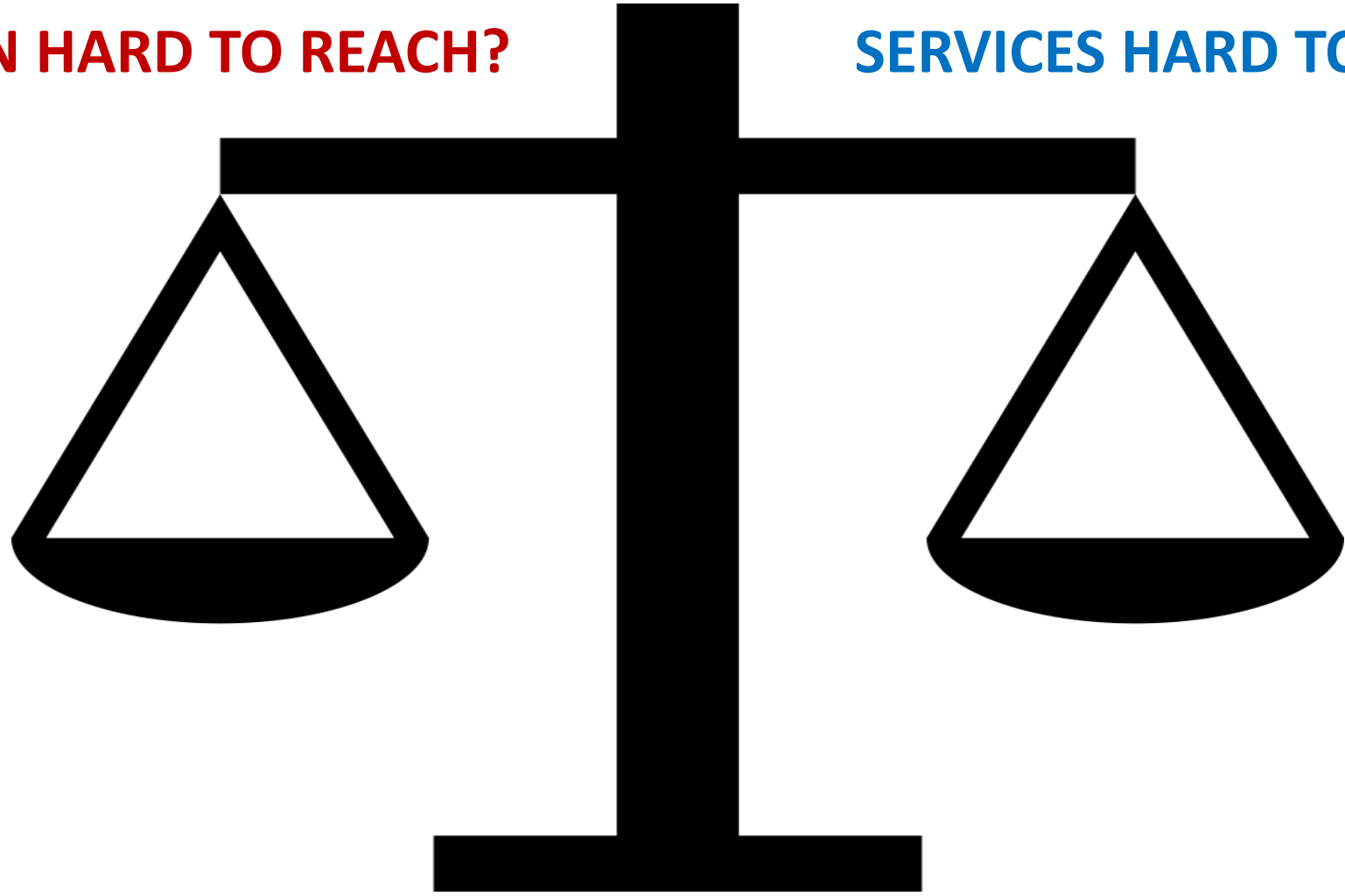
$$f(x) = a_0 + \sum_{n=1}^{\infty} \left(a_n \cos \frac{n\pi x}{L} + b_n \sin \frac{n\pi x}{L} \right) \cdot \bullet \bullet \bullet$$

**Are men this
HARD TO REACH?**

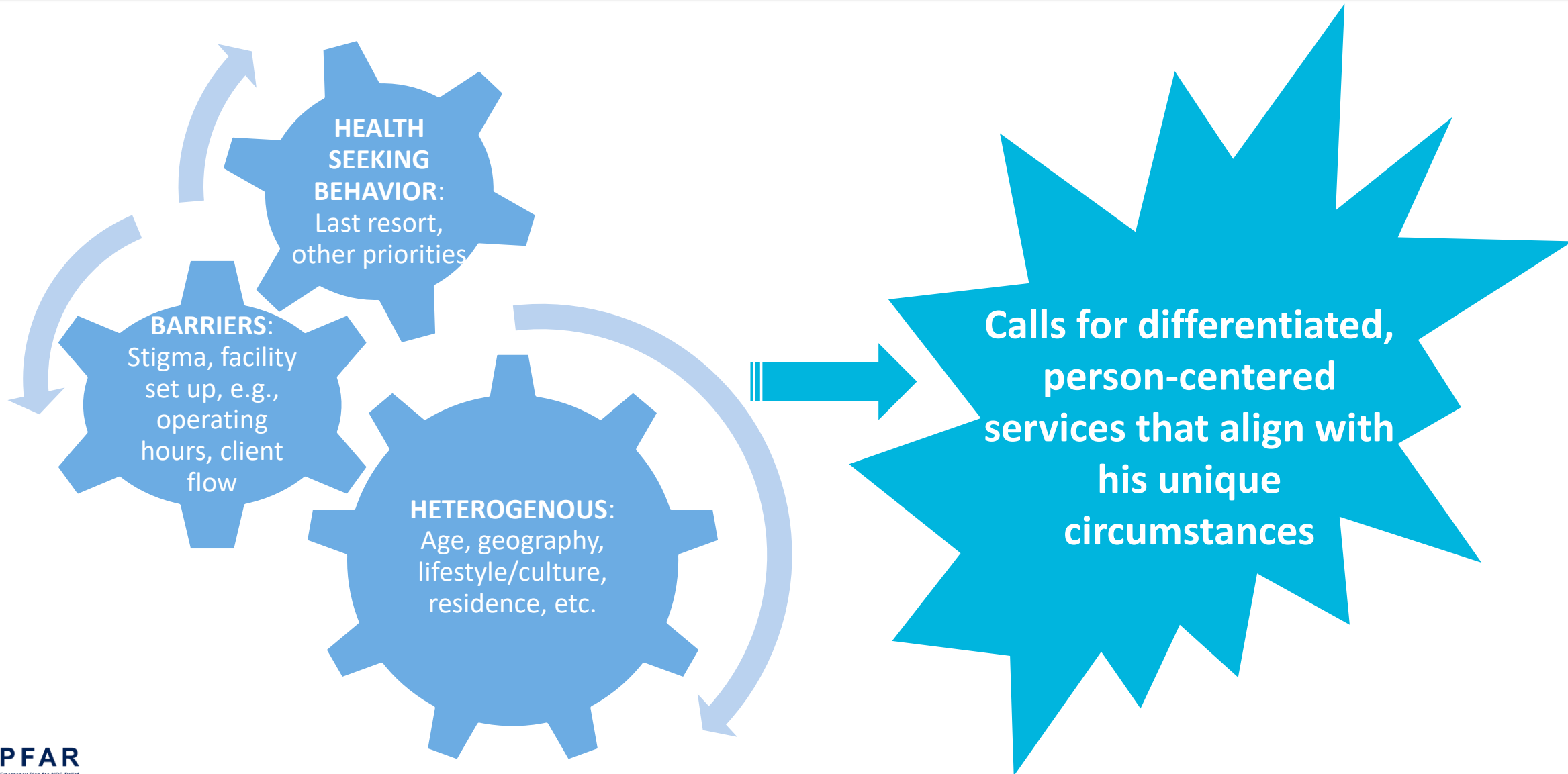
Hard to Reach Men vs. Hard To Access Services

MEN HARD TO REACH?

SERVICES HARD TO ACCESS?



Key Point 2: Men Have Heterogenous Needs - No One-Size-Fits-All



Differentiated Approach: Outreaches with Service Integration



Differentiated Approach: Outreaches for Pastoralists - Men Engagement



Differentiated Approach: Reaching Men Where They Are



Community Outreaches: ACSM (Lolgorian Goldmines)

Opinion Leaders Engagement



Public Discussions



Military Context: Testing Strategies and Challenges

Testing Strategies in the Military

Testing approaches

- HTS in Military offered to troops and their dependents
- HTS at recruitment and in-service
- Approved HIV testing policy

HTS Strategies:

- Similar strategies as in general population i.e., client and provider-initiated counselling and testing for case finding and prevention
- Index Testing - newly identified, viremia
- Targeted testing based on eligibility screening for risk at all service delivery points
- TB testing – testing for all clients with TB symptoms
- Voluntary Counselling and Testing
- HIV Self Testing - for partners of PMTCT mothers and higher ranks
- PMTCT - as recommended in the national guidelines.

Unique Challenges

	Challenges	Mitigation Measures
1	Tracking all ICT contacts with no access to barracks	Referral to nearest facilities, however sometimes it's not possible to confirm
2	Fidelity in execution of eligibility screening due to lack of dedicated screeners (lay cadres)	<ul style="list-style-type: none">• Trainings, on-the-jobs trainings and mentorship• Use of machine learning in EMR HTS module• Involve clinicians
3	HIVST stock outs (national) and accountability- unable to meet demand	Public-private partnerships
4	Data gaps due to staff turn over	Implementation of EMR with fidelity

Take Home

- 1. HIV epidemic control by 2030 is feasible; but we need to ensure no population is left behind**
- 2. Men are lagging behind in epidemic control across the cascade, starting with 1st 95**
- 3. Are men hard to reach or are services hard to access?**
- 4. Need to align strategies to men's lifestyle – person-centered services**
- 5. There are great innovations/ examples of what has worked – including in this conference....**

Thank You!

