



# Improving HIV Testing Uptake by Men Through Adoption of Men-Only Clinics in Lesotho

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# Outline

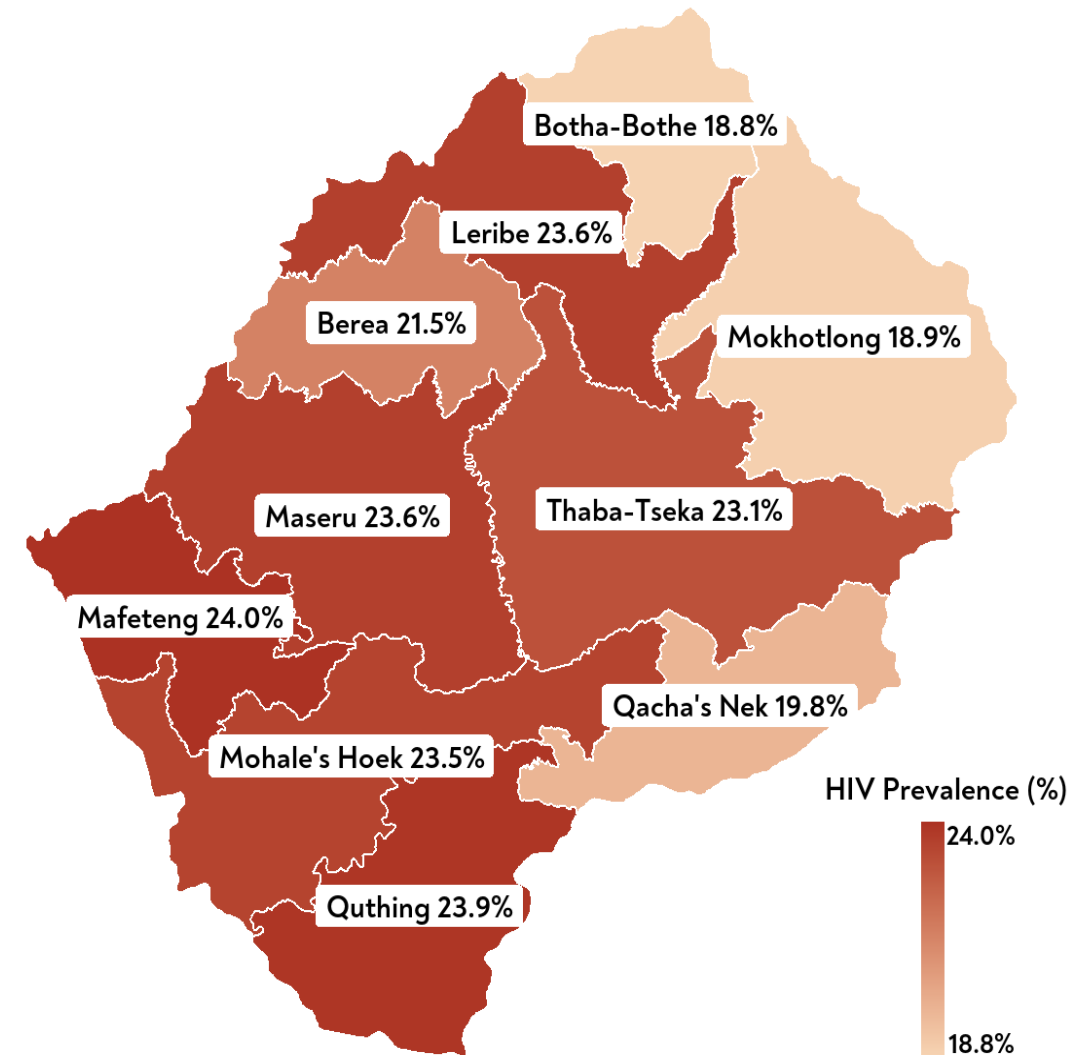
- **Lesotho HIV demographics**
- **Why men-only clinics? What did the intervention plan to address?**
- **Steps in setting up men-only clinics in Lesotho**
- **Results**
- **Challenges and actions taken**
- **Next steps**

# Introduction: Lesotho HIV Demographics

## Background

### Country Demographics (LePHIA 2020)

- **Population:** 2.142 million people
- **HIV prevalence** is high- 21.1% (about 280,000 PLHIV)
- Approximately 7,700 **new HIV infections** annually.
- Progress towards attaining the UNAIDS 95- 95- 95 HIV targets
  - **94%** people knowing their HIV status,
  - **88%** on Antiretroviral Therapy (ART) and
  - **97%** achieving viral suppression.



# Why Men-Only Clinics? What Did the Intervention Plan To Address?

- Men have poor health seeking behaviour (Di Carlo: 2014; Galdas: 2005)
- Those who seek care do so very late (Lubega et al: 2015)
- Men often present late with advanced disease and higher mortality rates.
- Men often find the environment at health facilities more “women and child friendly” and most health workers are female
- Health facilities only provide services during business hours
- Community health services are available when men are at work
- There are long queues at facilities, which is challenging for working men
- Men are mobile, and many cross borders to South Africa to seek for employment

# Why Men-Only Clinics?: What Did We Plan To Do?

MOH put in place interventions to break health services access barriers for men through:

- Dedicating / Gazetting **facility and community clinic areas** (spaces) for men
- Adopting **flexi-hours for men**: Provide services during morning, evening, and weekend hours
- Set appointments to reduce long waiting hours for men
- Provide integrated services including HIV testing, STI treatment, PrEP initiation, and HIV treatment

# Steps Followed in Setting Up Men-Only Clinics in Lesotho

- Focus group discussions were conducted in **April 2017** to:
  - Identify reasons for not seeking services at health facilities
  - Understand the perception of “male friendly” services
- In **June 2017**, seven (7) public, high-volume health facilities located at high transit places were selected to provide male-friendly services
- **By end of 2023**, 43 clinics were established
- Enhanced mobilization for Community outreaches through radio programs, community partners, and index testing modality to mobilize men

*The Focus was and is on men 24 years and older, but males aged 15-23 years are included at clinics where there are no adolescent clinics*



*Photo shared with verbal consent from participants*

# Integrated Package for Men Friendly Services

**Male** nurses and counsellors were hired and trained to provide;

## HIV/STI Testing and Linkage

- HIV prevention counselling, relationship counselling
- STI screening and treatment
- HIV testing

## HIV Prevention and Health Promotion

- Condom distribution
- Provision/referral for PrEP/PEP
- Referrals for voluntary medical male circumcision
- Counselling on penile and prostate cancer & education on eMTCT

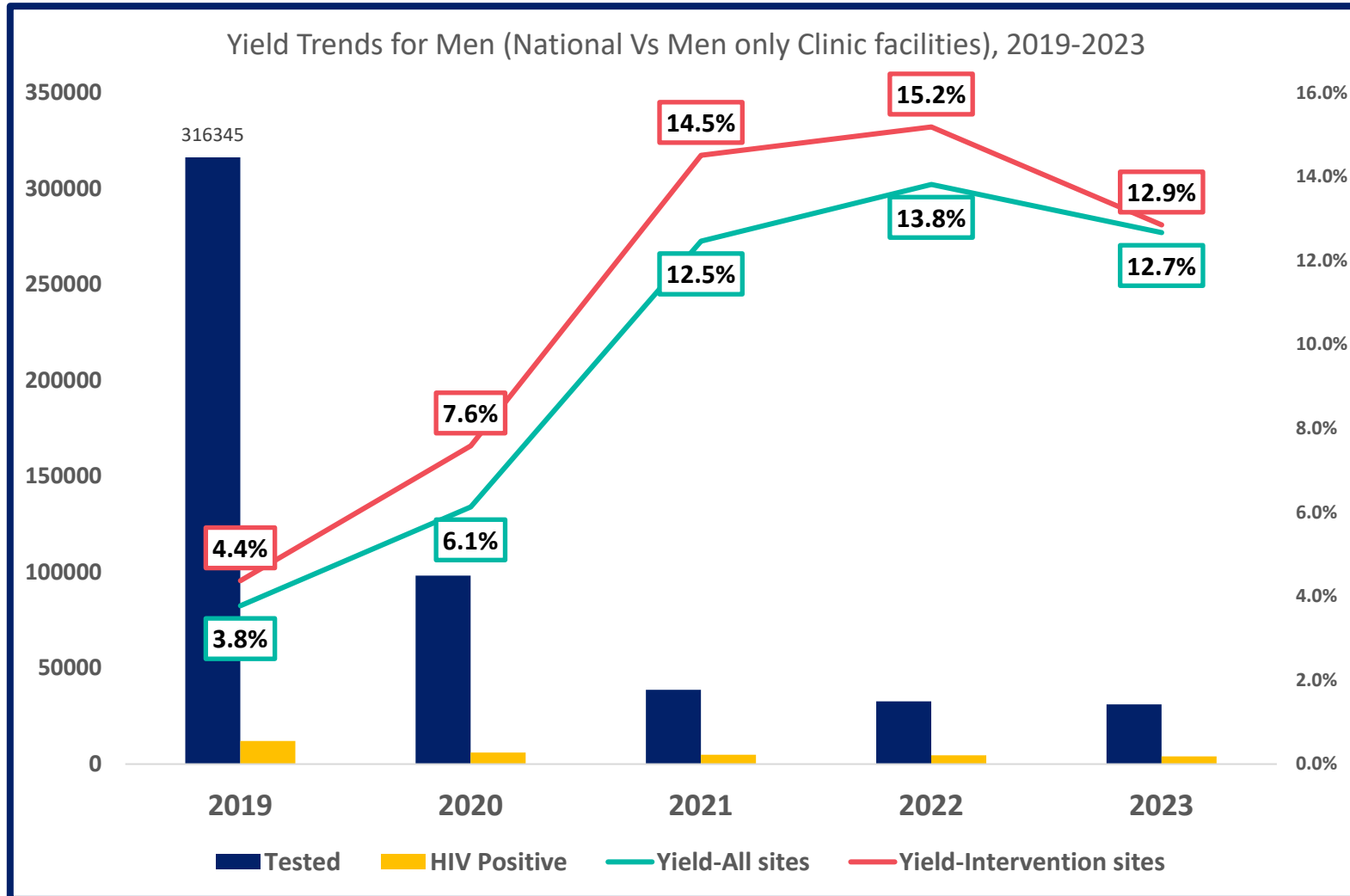
## Care, Treatment and Support

- ART initiation, adherence counselling and follow up
- Screening and treatment of opportunistic infections and other co-morbid conditions



**The means of transport include equine hire to deliver services and to make follow ups**

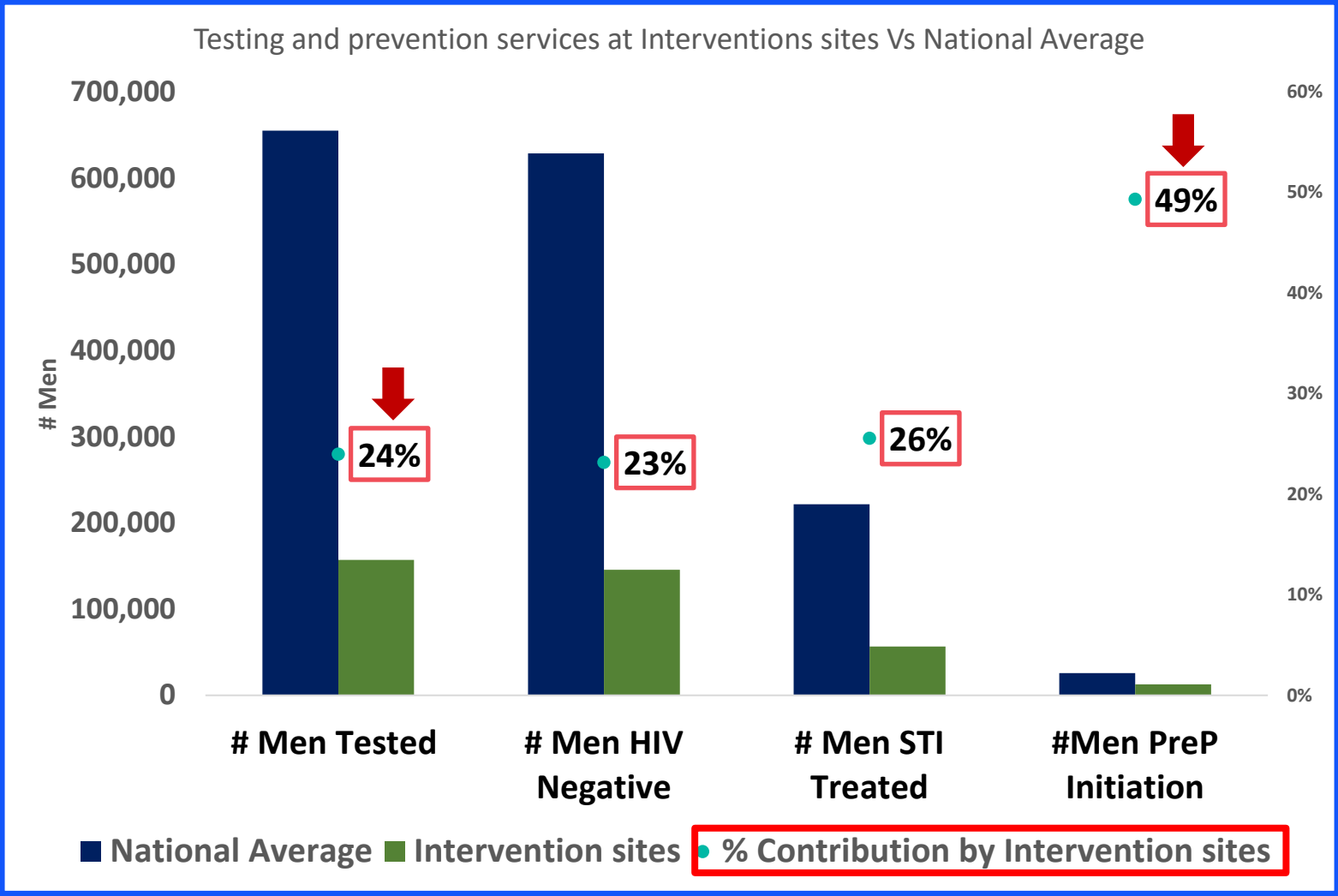
# Results-1: Between 2019-2023, 516,938 Men Were Tested for HIV at 43 Intervention Sites, Identifying 31,217 HIV Positive Men



- Better yield among intervention sites compared to national average
- Reduction in total numbers tested was partly due to the COVID-19 pandemic, and use of HIVST
  - *Only those with a reactive HIVST are tested using the professional algorithm*
- The absolute numbers of HIV positive men identified declined, partly due to saturation



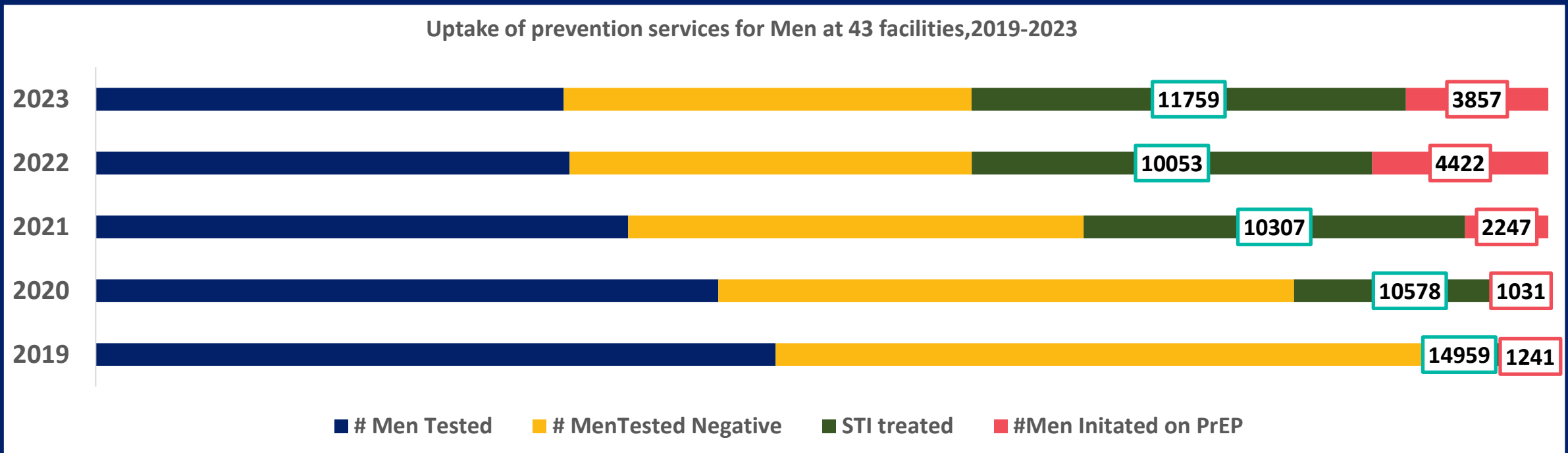
# Results-2: Between 2019-2023, Intervention Health Facilities Contributed 49% of all PrEP Initiation in Lesotho, Despite Contributing Only 24% of the Testing Volume.



- **9%** (12,798/145,595) of HIV Negative men at intervention Health Facilities were initiated on PrEP Vs **4%** for the national average (25,941/628,490)
- **Note:** Intervention Health Facilities represent only **16%** (n=43) of the total HIV testing facilities in Lesotho (N=264)

Data Source-DHIS2

# Results-3: At the 43 Intervention Health Facilities, Between 2019-2023, 57,625 Men Were Diagnosed and Treated for STIs. 12,798 (9%) Were Initiated on PrEP



**Observations:**

- A reduction in total number of Men tested over time due to introduction of HIVST as a test for triage, and COVID-19 pandemic
- Increase in uptake of STI treatment over the years
- Increase in uptake of PrEP uptake over the years

# Lessons Learned Scaling Up Men-Only Clinics in Lesotho

## Best Practices (User satisfaction reports)

- Improved HIV/STI case finding and linkage to treatment
- Improved uptake of prevention services (Intervention sites Vs National Average)
- Men receive acceptable services that would otherwise not be received at the general OPD settings
- ***Iron sharpens Iron***- Promising results when Male service providers attend to Men

## Challenges

1. **Coverage gap:** Plan-Enhance demand creation activities targeting men
2. **Men are mobile:** *Plan*-strengthen inter country (Cross border) collaboration with South Africa

# Country Plans for Men-Only Clinics

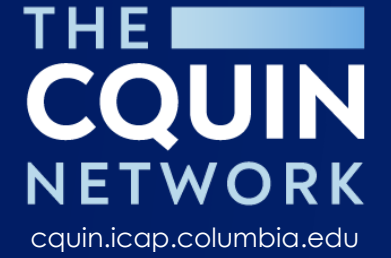
Since inception, the intervention has been implemented in 43

Health facilities:

- Five (5) more sites to be activated this year making a total of 48
  - This will make a coverage of 18% (48/264) of testing facilities
- Scale up is resource driven, targets are made upon availability of funds
- Scaling up with fidelity- engage more male nurses at these clinics

# Acknowledgements

- Ministry of Health
- PEPFAR
- Global Fund
- IP - EGPAF the facility partner supporting the MOH at the men's clinic
- ICAP-CQUIN

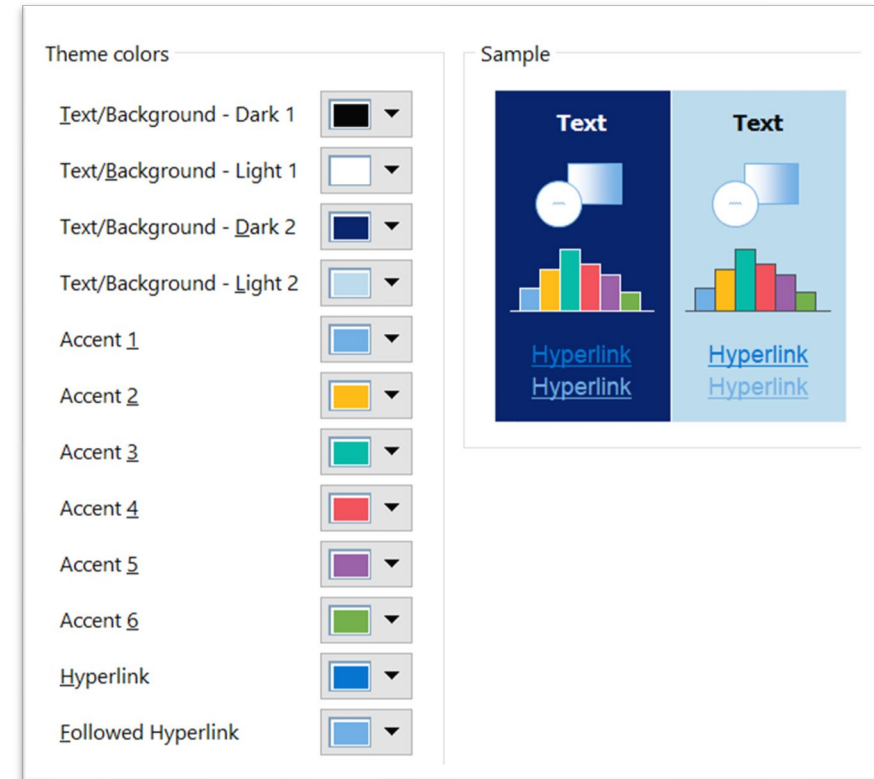


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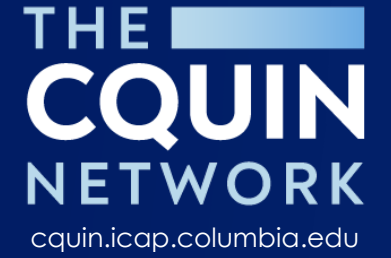












# Thank You!

