

Scaling Up HTS Coverage Among Men: Lessons from Tanzania



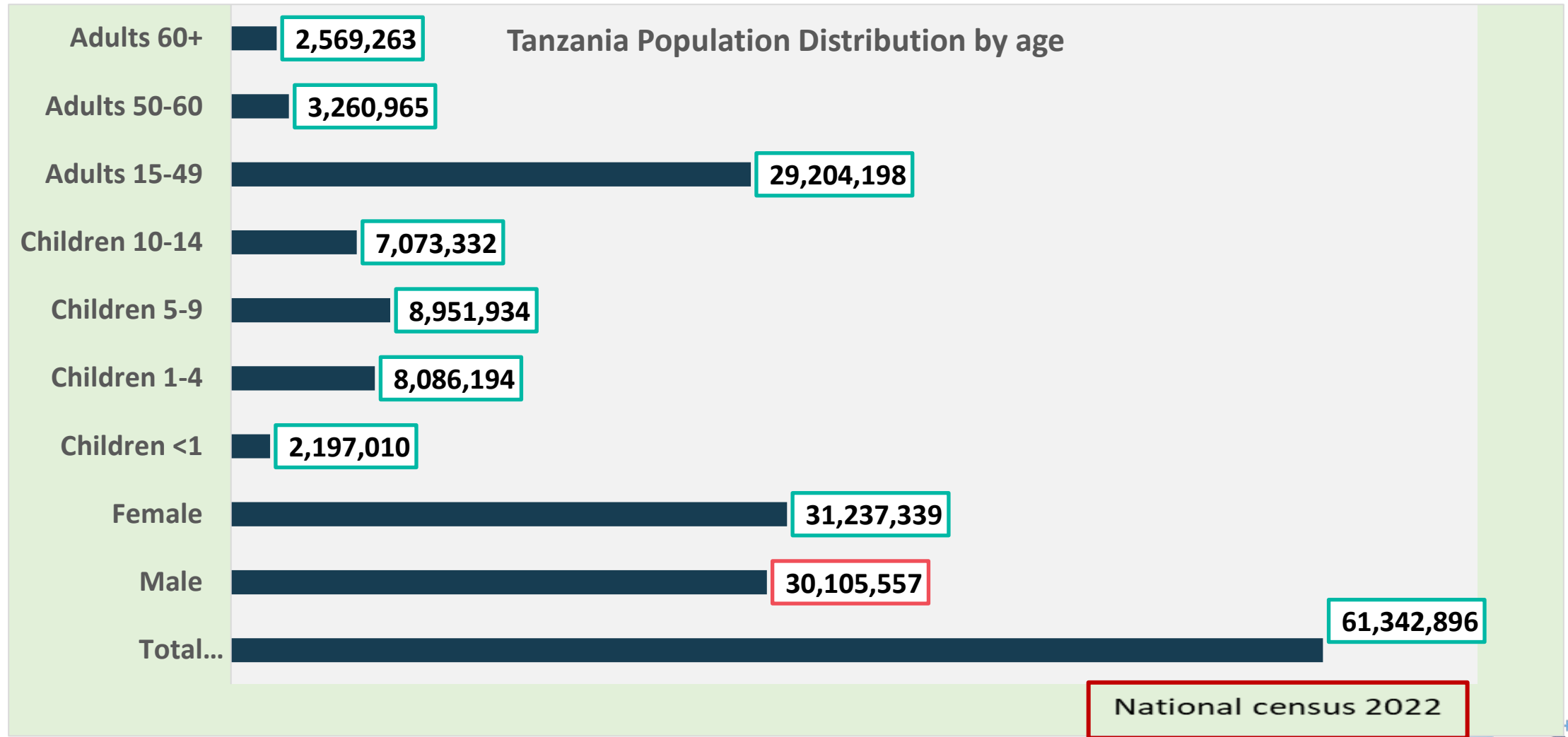
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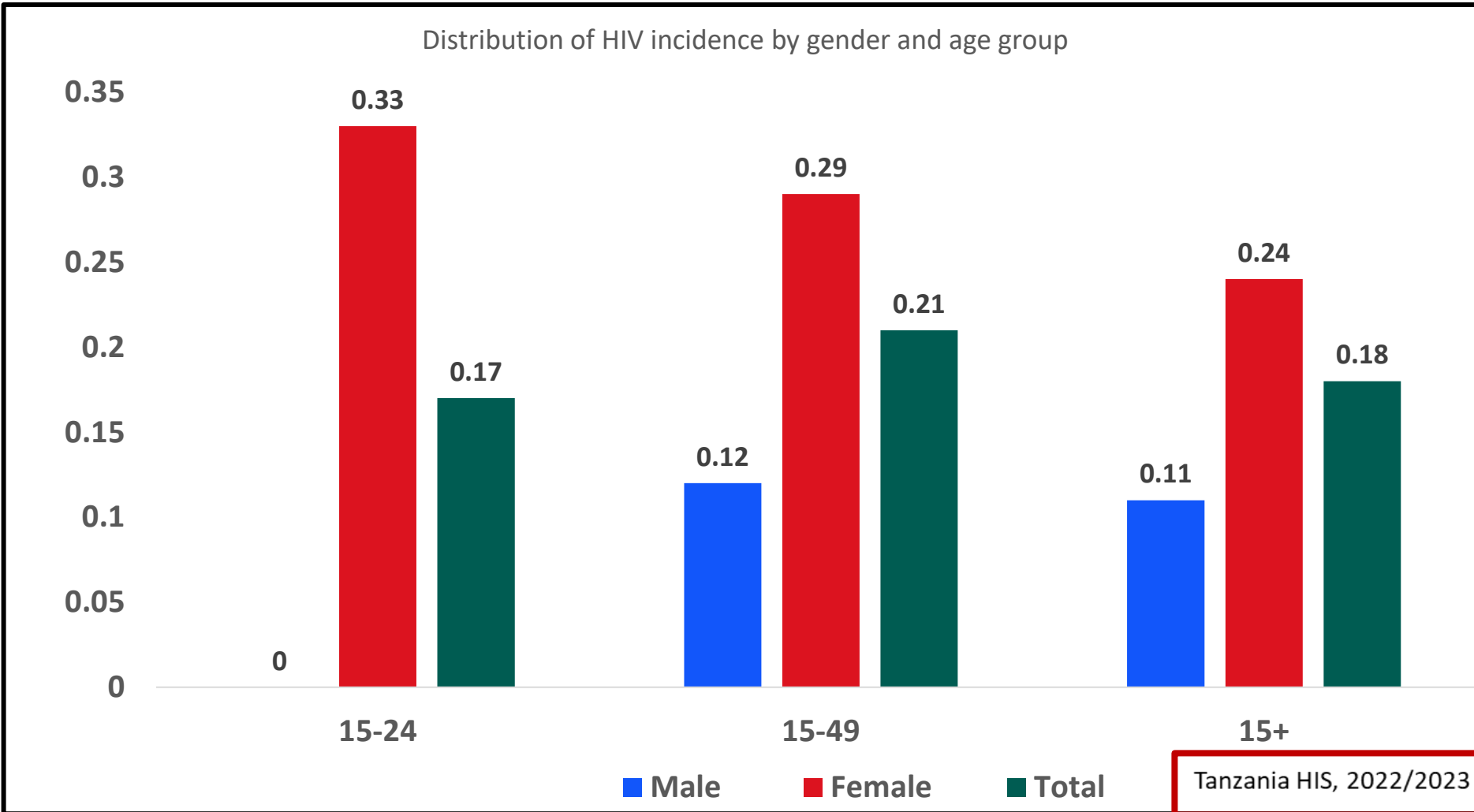
Outline

- Introduction-Tanzania HIV demographics
- Existing gaps in testing men
- The interventions were put in place
- What were the results of the interventions
- What challenges were faced and how were they addressed
- What are the next steps?

Tanzania Population Distribution by Age (Census, 2022)

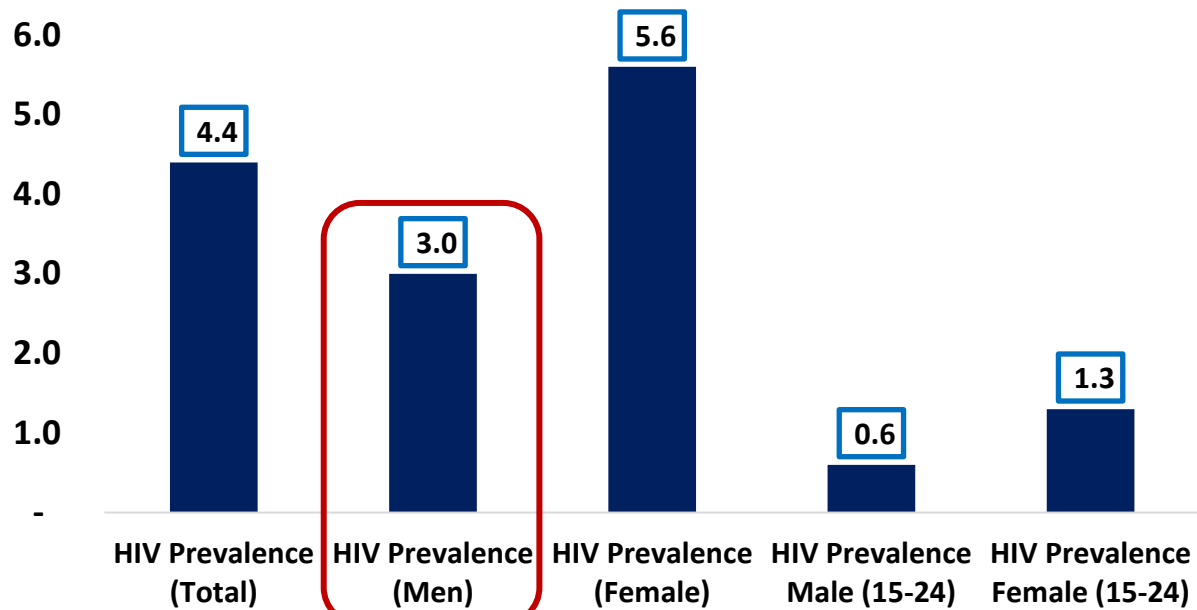


Distribution of HIV incidence by gender and age group (HIS, 2022/2023)



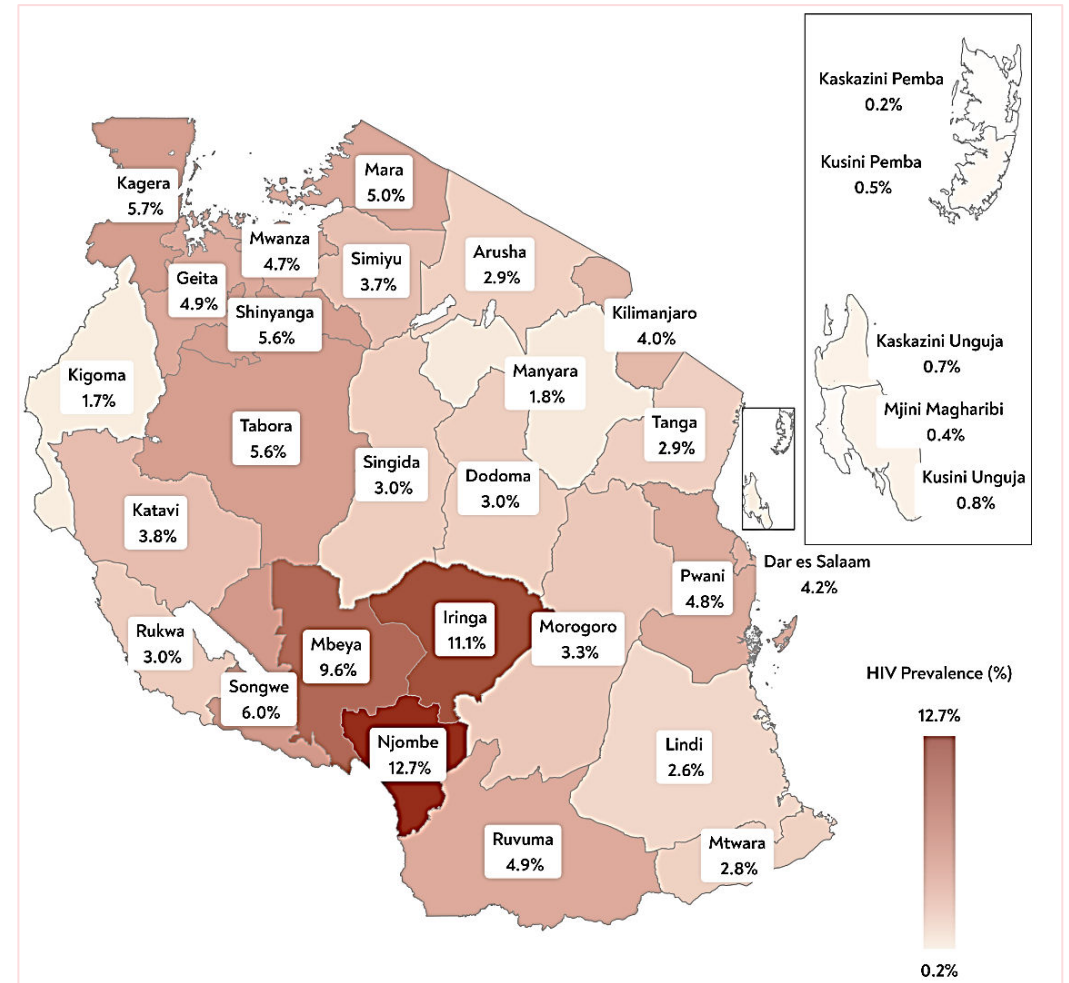
- Among women, HIV incidence is highest in the (15-24) age group-AGYW
- Among Men, incidence is highest in the 15-49 age bracket

Tanzania HIV Prevalence (THIS, 2022)



Country HIV prevalence of 4.4%:

- Females - 5.6%
- Males - 3%
- Across regions ranges between 1.7% (Kigoma) to 12.7% (Njombe)



Tanzania HIS, 2022/2023

Existing gaps in reaching and testing Men

- Poor mobilization strategies targeting men
- Low uptake of HTS among of men
- Low linkage rates for Men testing HIV positive
- Fragmented services - Testing not directly linked to prevention
- No systematic risk profiling and deliberate linkage to prevention services for those at risk of acquiring HIV
- Inadequate HRH resulting in task shifting
- Poor health seeking behavior among men

What has been done to address these gaps-Since 2018

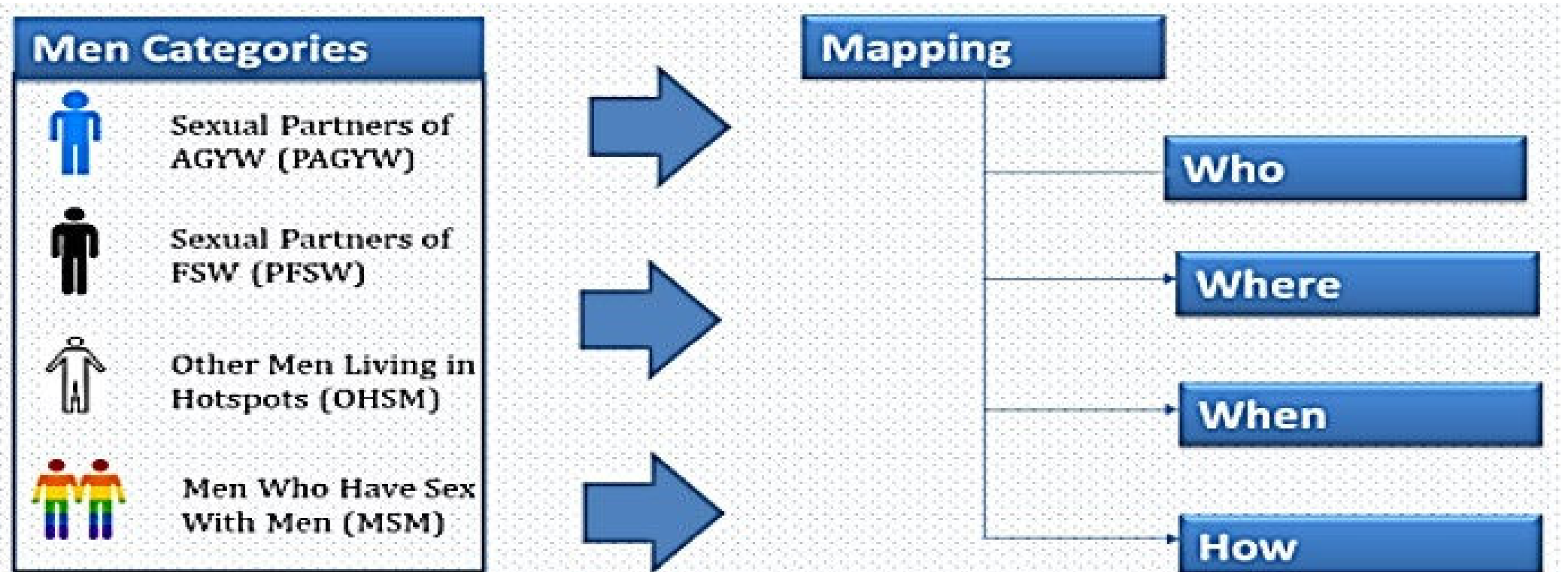
- Established **routine joint HIV testing-HIV prevention campaigns**
 - ❖ Workplaces, informal sector, hard-to-reach communities mining areas, fishing camps, and plantation workers
- **Expanded workplace programs for men**
 - ❖ Community and workplace testing, targeting key and priority populations
- **Integrated multi-disease screening for men** including spouses of PMTCT clients
 - ❖ Prostatic cancer screening
 - ❖ NCDs screening

What has been done to address these gaps (2)





- **Engaged male community leaders (Gate keepers)**
 - ❖ Mobilize men to participate in SRH
 - ❖ Recruit and train men to serve as both peer motivators and influencers
- **Initiated and scaled up male friendly services**
 - ❖ Paired ART clinic visits/Refills for Women in PMTCT program with that of their spouses
 - ❖ ***Mwanaume Jitambue initiative*** successfully piloted and established in 4 of the 26 regions of the country

Integrated testing and prevention services for men

Categorizing men into KP and PP categories as a precursor to designing integrated testing and prevention services using a DSD approach



Mobilizing men at community and facility levels

 WHEN	Depending on mobilization strategy	Daily, and Periodic: At community events, social events, anytime virtually
 WHERE	Location for HTS demand creation	At community, Workplace, and Health facility, Media
 WHO	Which cadres support HTS demand creation	CHWs, HCWs, men champions and peers
 WHAT	What activities promote HTS uptake among men	Mass media campaign, social media, posters, TVs, dramas, men champions

Adapted from www.differentiatedservicedelivery.org

Mobilizing men for HTS at places of work



**Furaha
yangu!**

**ni kumudu
maisha**

“Nimepima VVU na kuanza ARV mapema”

ARV zinaniwezesha kuwa
dereva wa maisha yangu

Pima | Jitambue | Ishi



**Furaha
yangu!**

ni kuheshimika

“Nimepima VVU na kuanza ARV mapema”

ARV zinaniweka
karibu na watu wangu

Pima | Jitambue | Ishi



**Furaha
yangu!**

ni mafanikio





“Nimepima VVU na kuanza ARV mapema”

ARV zinaniwezesha
kufikia ndoto zangu

Pima | Jitambue | Ishi







Testing at male friendly entry points

 WHEN	Availability of HTS Services	87% of Health facilities - 24/7 through different entry points Community - Flexi hours at community entry points
 WHERE	Location of HTS activities	At the HTS clinic and Community Community: hotspot, workplace (fishing, mining, transport corridor)
 WHO	Which cadres offer HTS for men	HTS provider lay or professional including peers
 WHAT	Testing	Counseling, risk profiling, model mix HTS (Optimized PITC, Index testing, SNS, HIVST)

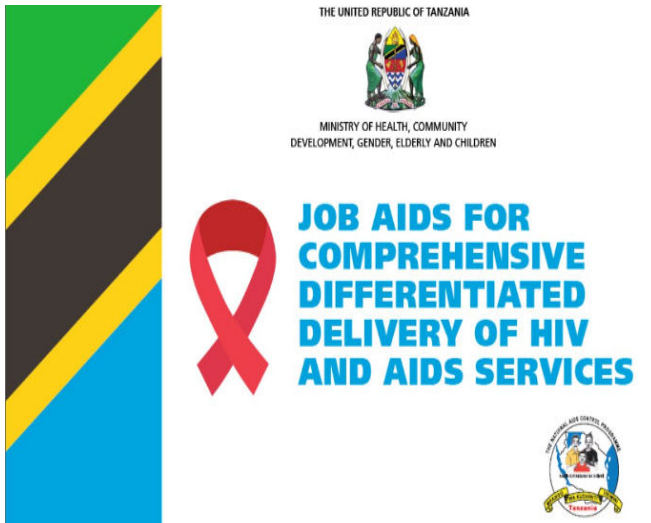
Adapted from www.differentiatedservicedelivery.org

Linking to treatment and combination prevention

 WHEN	Time period for linkage Frequency of tracing/follow up	Same day ART initiation Same day linkage to combination prevention services
 WHERE	Location of linkage activities	HTS clinic, or co-located services within the same facility At referral sites, away from the testing facility/testing point, post-test clubs
 WHO	Which cadres support linkage to?	HTS providers: Testers, counsellors, linkage facilitators, peer navigators, peer supporters
 WHAT	What activities support linkage?	Escorted referrals, linkage to case management, referral/provision of combination prevention services- PrEP, VMMC, condoms, HIVST, harm reduction, etc.

Adapted from www.differentiatedservicedelivery.org

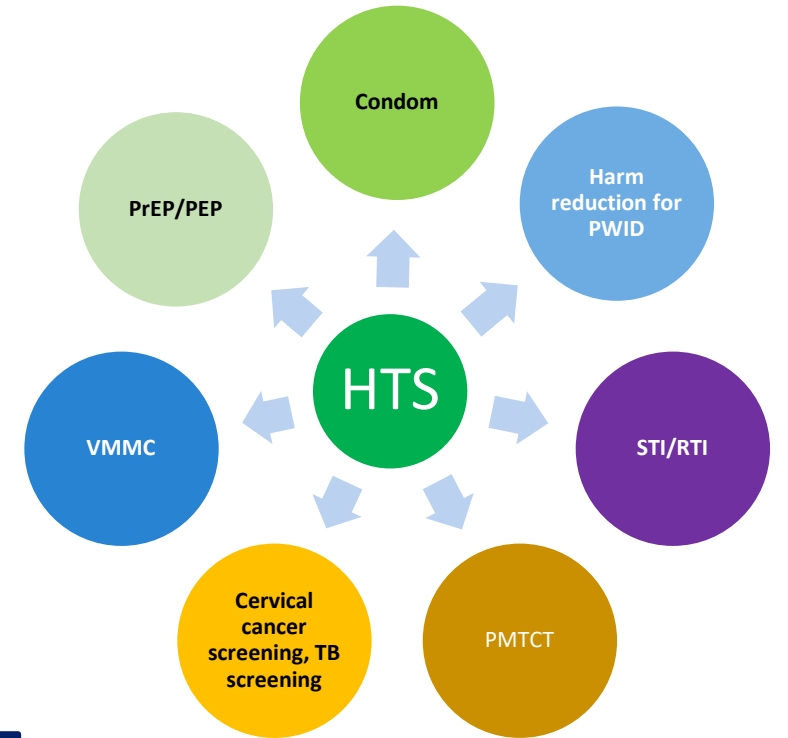
Scale up of HTS uptake among men in Tanzania involved multi-pronged approaches



Adoption of policies that promote DSD approach to HTS

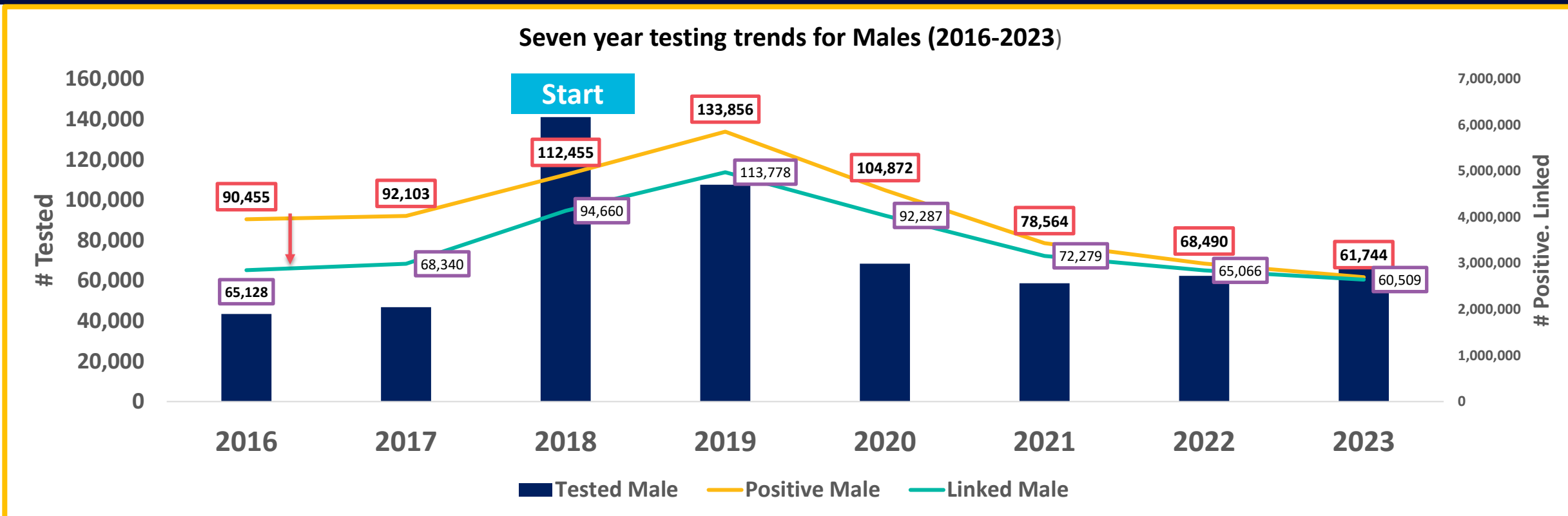


Establishment of safe spaces for youth targeting young men-Integrated services offered
 Services include Games, skilling, counseling, HIV Testing, prevention and referral



Offering male friendly services, integrated with other services

Trends in male HIV case identification 2016 to 2023

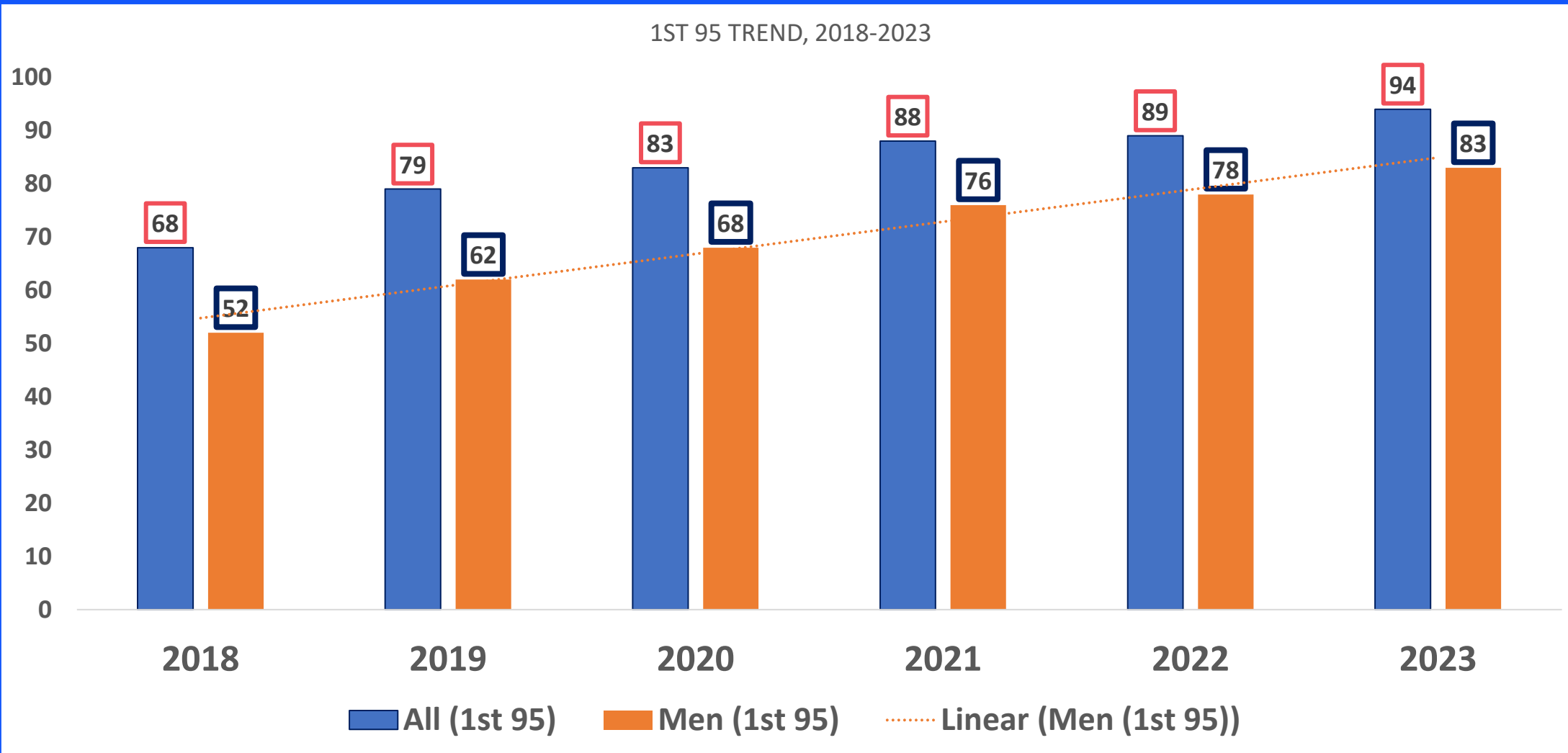


Since 2016, male HIV case identification improved as well as improved linkage to treatment depicted through a reduction in the **trend line gap** between HIV positive males and those initiating ART.

Note: The nations HIS disaggregates this data by testing modality, and population category

Tanzania HMIS

Strategic case finding efforts have led to a 31% increase in knowledge of status for Men, from 52% in 2018 to 83% in 2023, compared to a 26% change among females



Tanzania HMIS

Challenges and Solutions

Challenges faced during the scale up of HTS uptake among Men include:

- Inadequate health workforce to ensure maximum coverage of HIV testing according to set standards.
- Inadequate infrastructure to support HTS.
- Insufficient resource to support extending hours
- Stigma and discrimination on Service delivery

Solutions to the encountered challenges

- Capacity building of providers on HTS and task-sharing using community health care workers.
- Focused investment on risk/less reached population
- Improving the community outreaches, mobile testing
- Strengthen engagement of community structures and posttest clubs

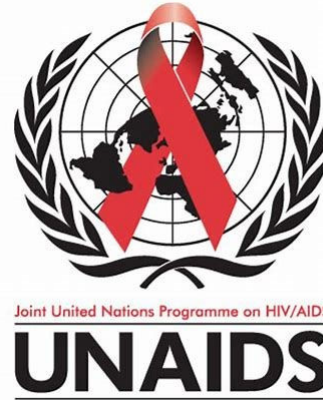
Next Steps

- Scale up implementation of population-specific case-finding strategies for Men; e.g., *Mwanaume Jitambue* Initiative (from 4 to 26 regions)
- Implementation with fidelity-HIV case finding approaches for Men
- Adapt and incorporate alternative/new virtual HTS service delivery models and approaches for Men
- Strengthen use of local epidemiological and granular program data to inform robust data-driven HTS programming for men and timely decision making
- Sustain promotion of male involvement in health care services such ANC, PNC, FP, RCH
- Scale-up integration of HTS within men-targeted services such as VMMC, mobile, home-based, or workplace health services
- Define and offer combination prevention interventions for men

Acknowledgement



**World Health
Organization**



- **ICAP/CQUIN**
- **Implementing Partners**

**Thank
You!**

