



Reaching Men Across the HIV Cascade: Data, Insights and Approaches

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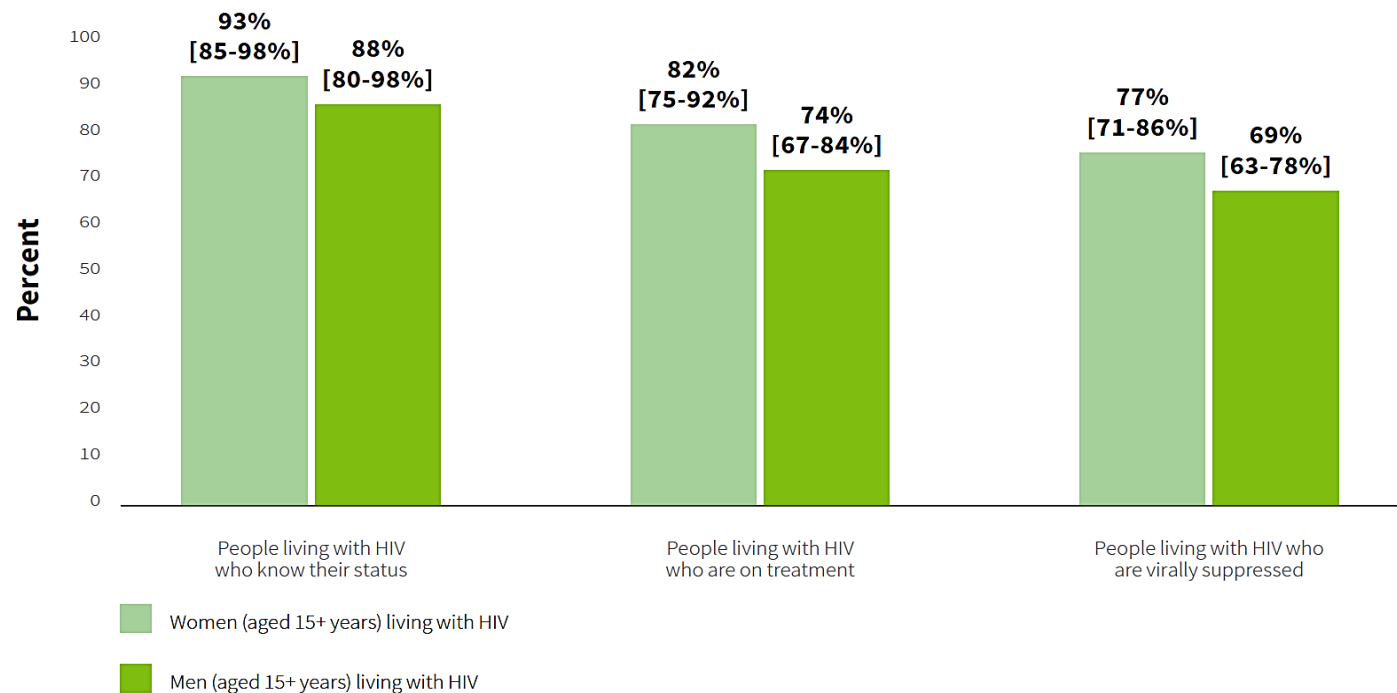
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We need to reach more men to reach epidemic control

Despite significant progress in recent years, men remain:

- Less likely to test for HIV
- Less likely to start treatment
- Less likely to stay on treatment
- Less likely to reach virological suppression
- More likely to die of AIDS-related causes

HIV testing and treatment cascade, women (aged 15+ years) compared to men (aged 15+ years), eastern and southern Africa, special analysis, 2022



Source: *Men and HIV: Evidence-based approaches and interventions—a framework for person-centred health services*, WHO, 2023

Men's strategies are often limited to practical barriers. We need approaches that address the whole person.

Practical

- Distance to the clinic/cost of transport
- Clinic waiting times
- Clinic operating hours
- Migration/mobility
- Treatment habit formation

Informational

- Misconceptions about ART side effects
- Misconceptions about alcohol and ART
- Misconceptions about physical changes from ART

Social/relational

- Fear of stigma and disclosure
- Lack of social support
- Discordancy/fear of transmission
- Anticipation of poor treatment at the clinic

Emotional

- Mental health issues (depression, anxiety)
- Negative emotional associations with HIV (guilt, shame, weakness, inadequacy, etc.)
- Fear of sickness and death
- General aversion to the clinic

What do men need to overcome those barriers?

Men and HIV: Evidence-based approaches and interventions, developed by WHO and UNAIDS in 2023, provides a helpful schematic:

- Access
- Quality
- Support

A practical implementation guide that supplements the framework will be released in the coming months.



Strategies for improving access

Making clinic services more flexible and convenient

- Block appointment systems
- Extended hours
- Dedicated days/times for men
- Separate waiting area for men
- Multi-month dispensing / fewer clinic visits

Leveraging other clinic entry points

- Training and supporting providers outside the chronic stream on sensitively offering HIV testing (including HIVST) to men presenting at the clinic for other reasons
- Bundling HIV testing with screening for TB, NCDs, etc.
- Placing HIV testing demand creation materials in all areas of the clinic

Moving services into the community

Community-based HIV testing, ART initiation, ART delivery, VL testing

Contracting with private doctors

Use of mobile clinics (particularly in remote areas)

HIV self-testing

More decentralized ART collection points

Decanting of eligible clients

Offering digital self-care options

- Stepped-care models
- Static websites
- Hotlines
- Chatbots
- Referral to a provider

Strategies for improving quality

Improving HIV literacy and strengthening patient agency

- Multi-channel campaigns on ‘the new HIV story’
- Training and job aids for providers on communicating the new HIV story clearly and accurately

Improving the patient-provider relationship

- Holistic person-centered care models
- Job aids and training on male engagement strategies

Strategies for improving support

Providing peer-led support

- Training and deployment of male nurses
- Peer support from another man living with HIV
- Peer support from another man regardless of HIV status
- Prioritisation of gender balance when recruiting for vacant positions

Improving counselling

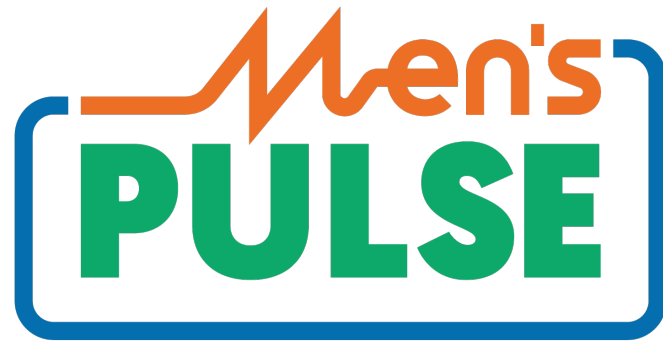
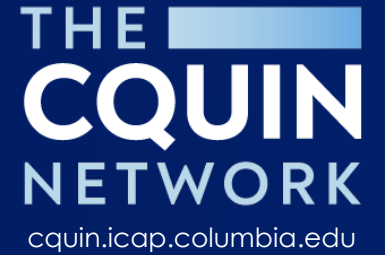
- Job aids that facilitate conversation on key concepts
- Training on motivational interviewing
- Enhanced adherence counselling guides and checklists

Overarching considerations

- What got us here will not get us there--closing the remaining gap will require 'last-mile' solutions grounded in behavioral insights.
- Sustainability does not mean sustaining an intervention forever but rather sustaining it until it has served its purpose.
- Interventions that really move the needle may require additional resources to implement, but only for a defined period (e.g., getting men through the first six months).
- Low-cost or cost-neutral interventions may move the needle more incrementally but can also be strategic in the context of an overall strategy.
- While there is not yet a solid evidence base for AI-powered digital self-care interventions we should start thinking about how they might fit into our strategy.



Thank You!



Promoting Upscaling
of Last-Mile Solutions
for Engaging Men

