

Men & HIV

FORUM

20 July 2019, Mexico City, Mexico

**MEN AND HIV – WHAT THE DATA TELLS US
TO SUCCEED 90/90/90 MUST BE ACROSS ALL AGES,
GENDER AND RISK GROUP**

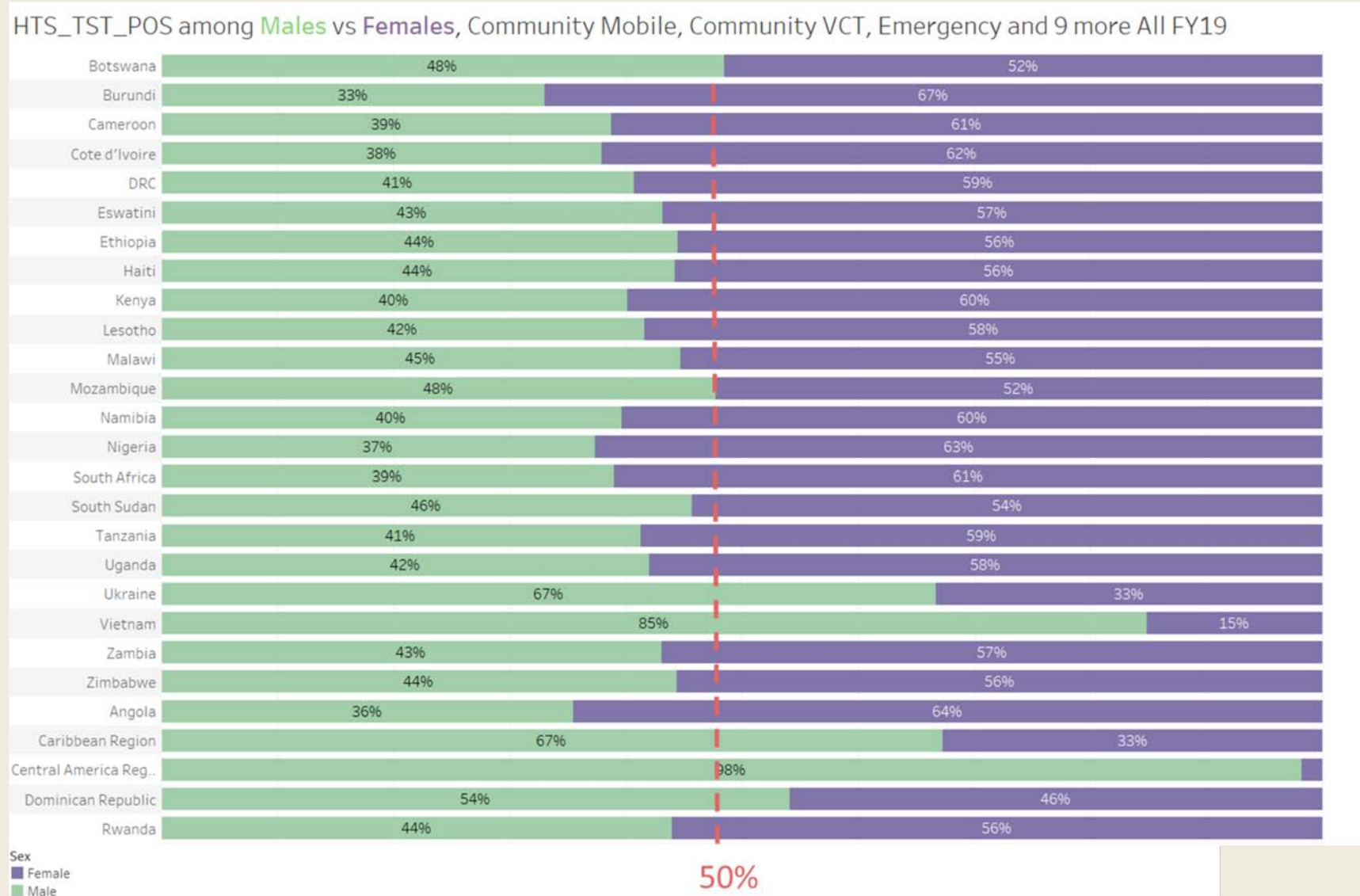
Deborah Birx

Special thanks to the incredible PSE team at OGAC

We are **NOT** adequately **REACHING**
at-risk **MEN** ages **24-35** with testing
or treatment services

There are 8,779,357 women and only 4,640,899 men in treatment in PEPFAR-supported facilities

FINDING POSITIVES: MAJORITY OF PEPFAR COUNTRIES STILL IDENTIFY SUBSTANTIALLY MORE HIV POSITIVE WOMEN THAN MEN

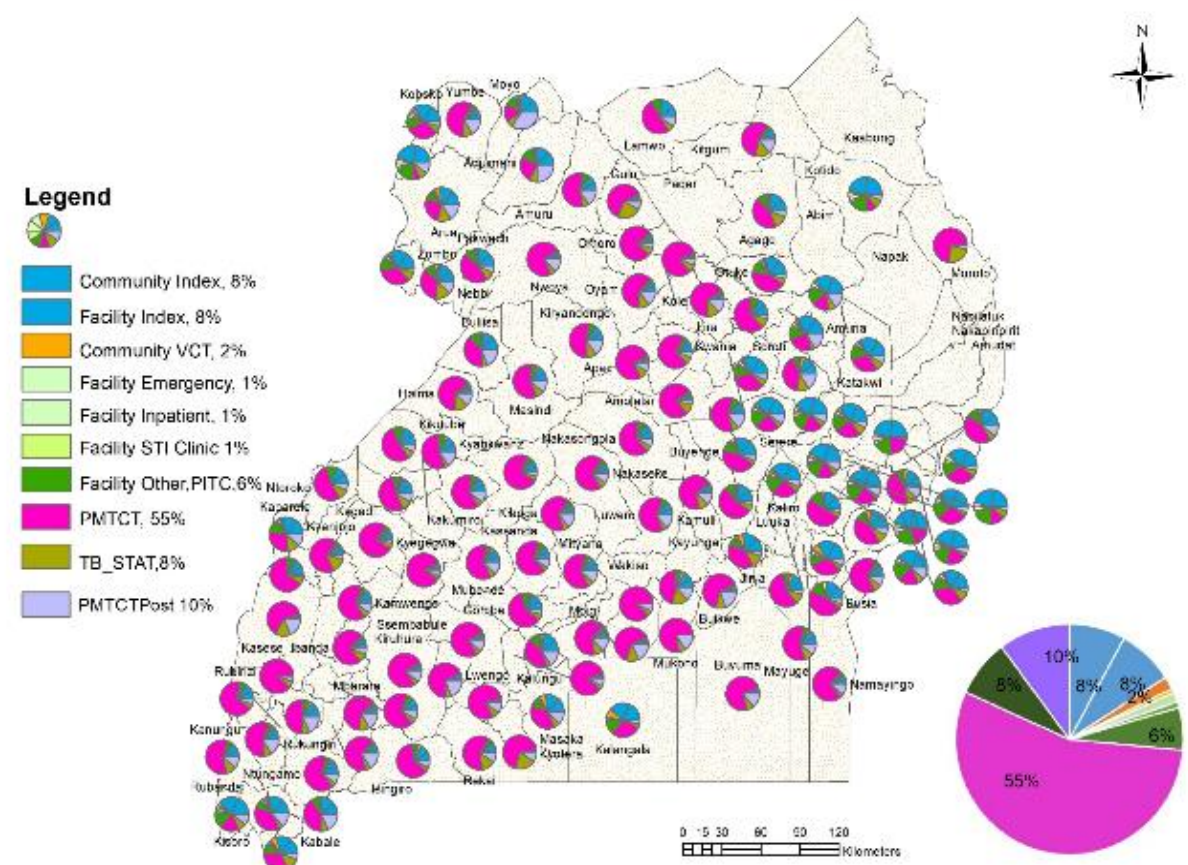
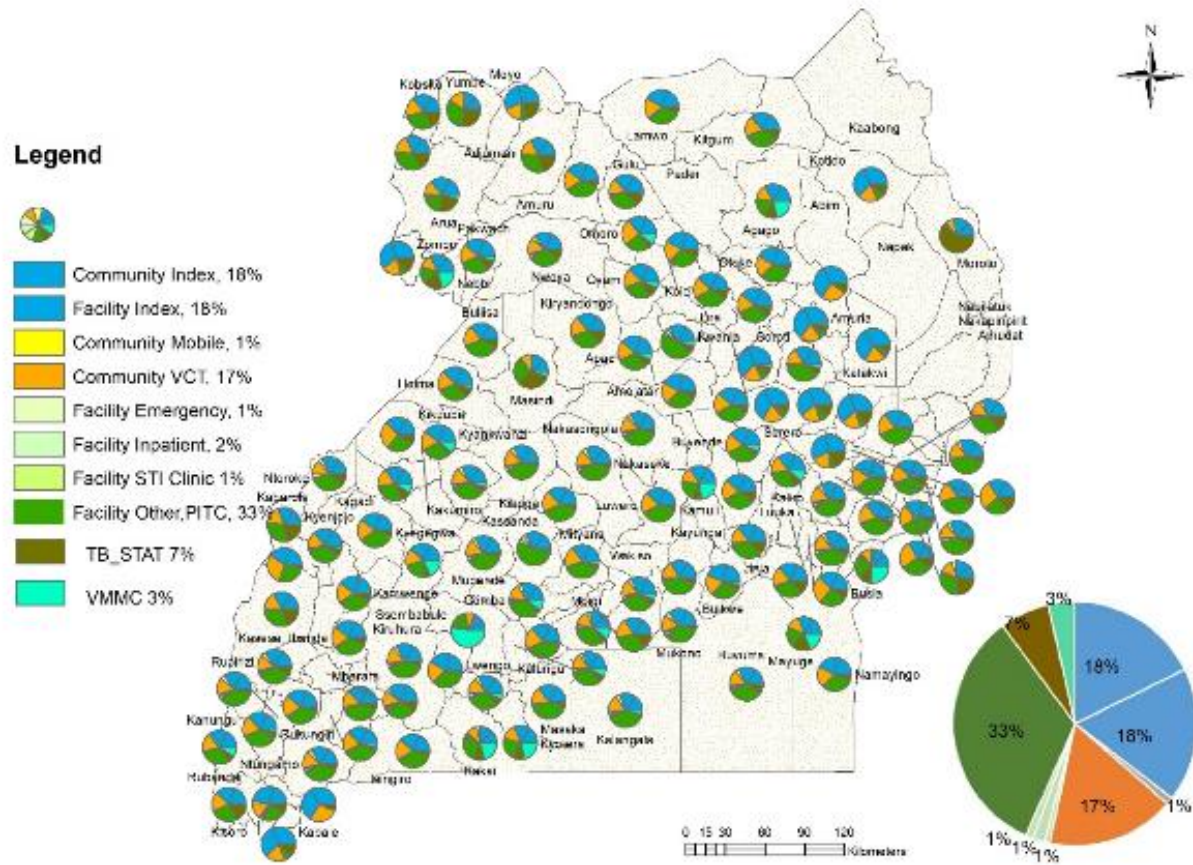


Index testing accounts for 32% of the positives targets.

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Proportion of Males 15+ identified by modality

Proportion of Females 15+ identified by modality



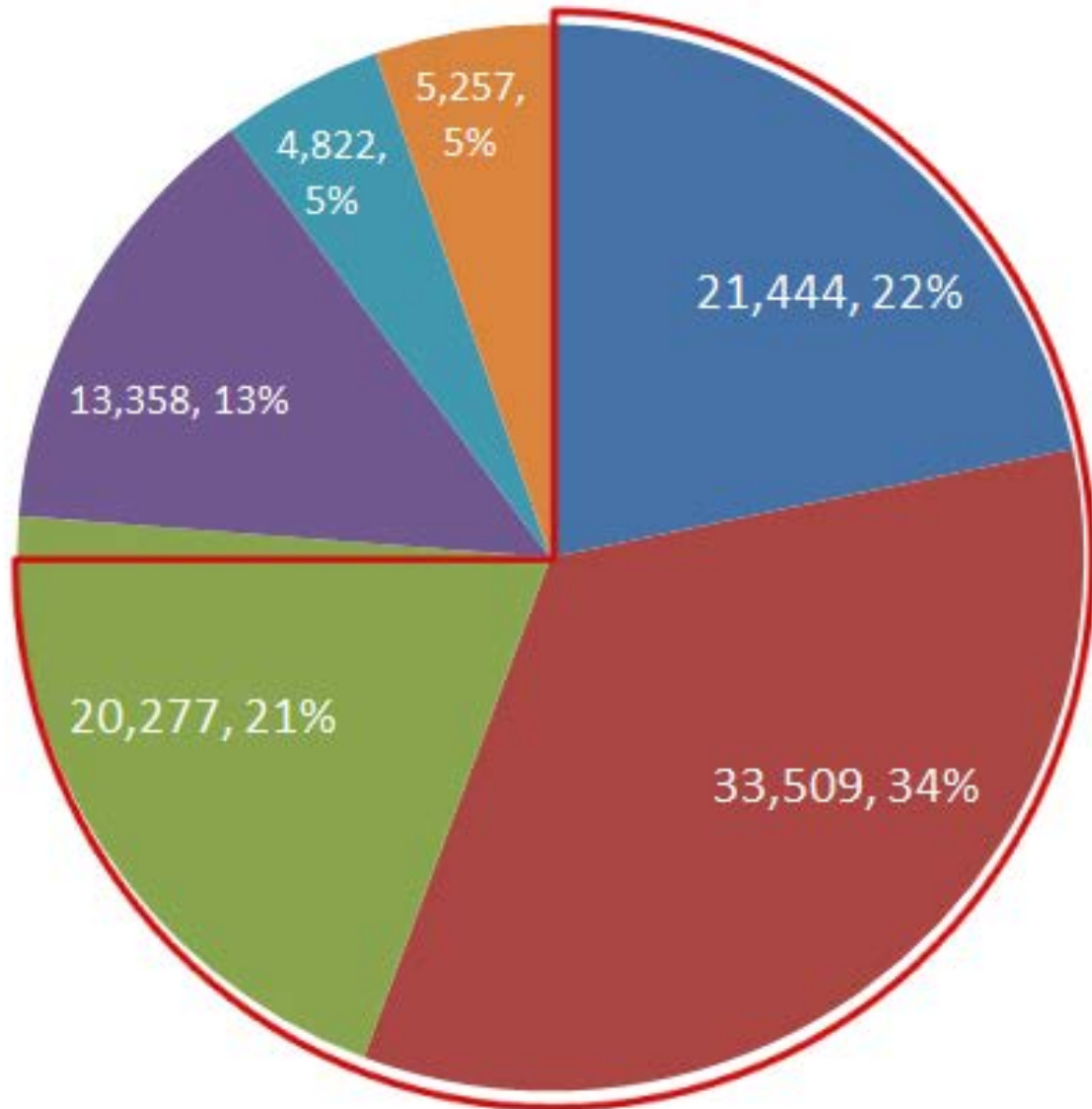
Uganda : Who are we missing in treatment ?

Need to also focus efforts on children

Age	Sex	PLHIV	On Treatment	On Treatment
<10	Female	33,845	19,945	59%
<10	Male	34,899	18,536	53%
10-19	Female	55,863	37,068	66%
10-19	Male	37,938	23,145	61%
20-29	Female	191,563	184,565	96%
20-29	Male	84,177	56,300	67%
30-39	Female	244,765	246,242	101%
30-39	Male	157,202	122,223	78%
40-49	Female	173,370	168,392	97%
40-49	Male	138,140	110,934	80%
50+	Female	119,007	100,442	84%
50+	Male	107,315	77,770	72%
		1,378,085	1,165,562	85%

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2_95	3_95
>=90%	>=85%
80%-89%	75%-84%
70%-79%	65%-75%
<70%	<65%

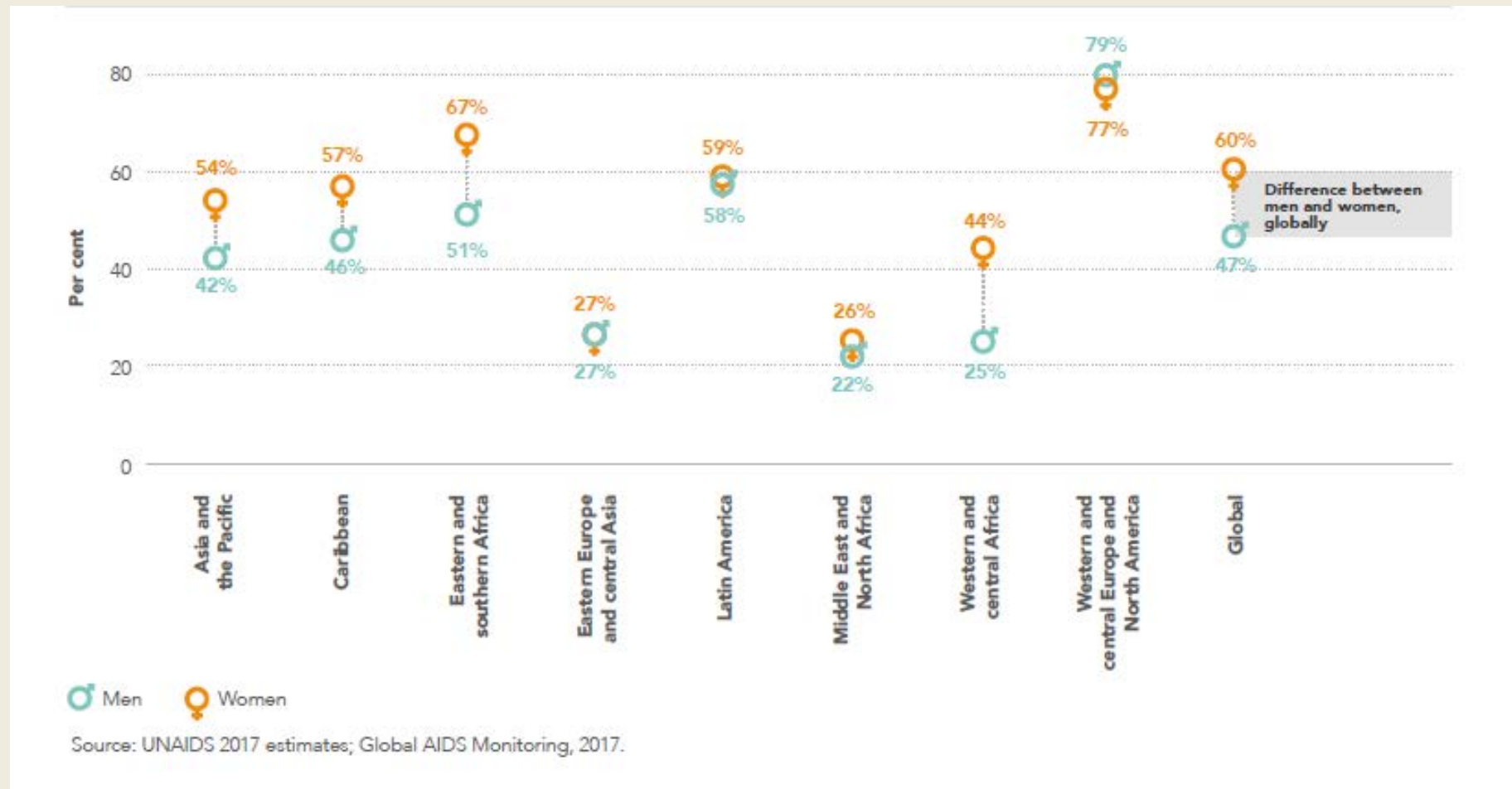
BOTSWANA : ADULT MALES VS ADULT FEMALES



- Male Not Diagnosed
- Male Not on ART
- Male Not Virally Suppressed
- Female Not Diagnosed
- Female Not on ART
- Female Not Virally Suppressed

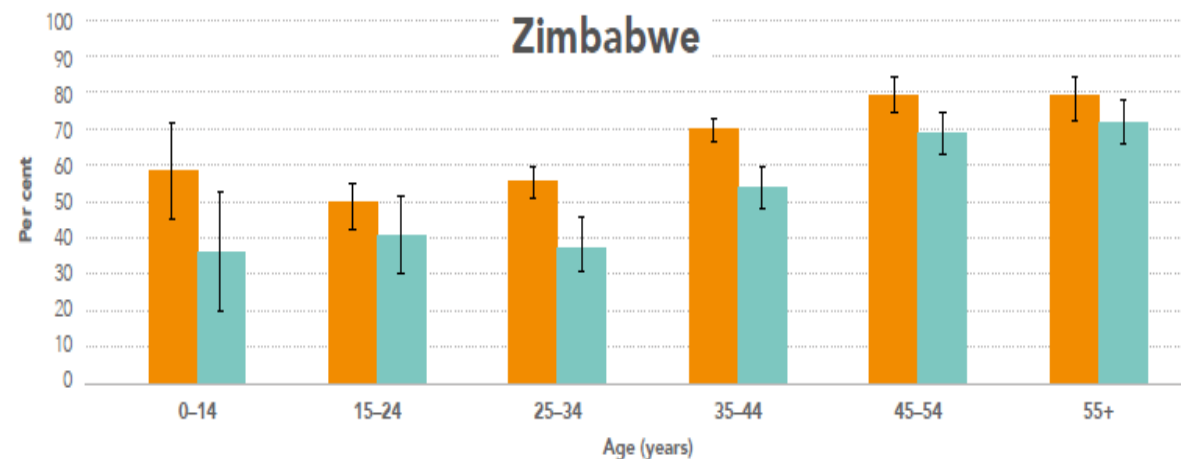
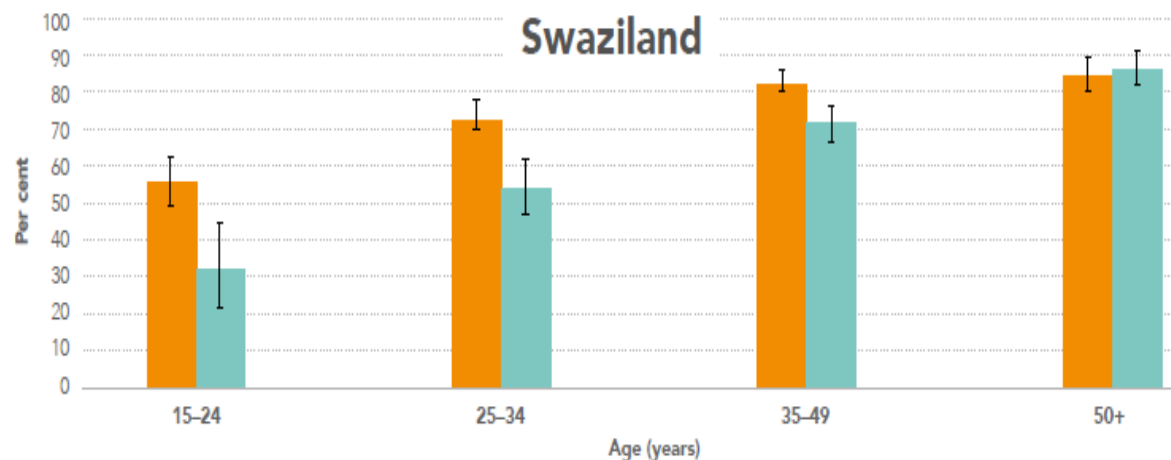
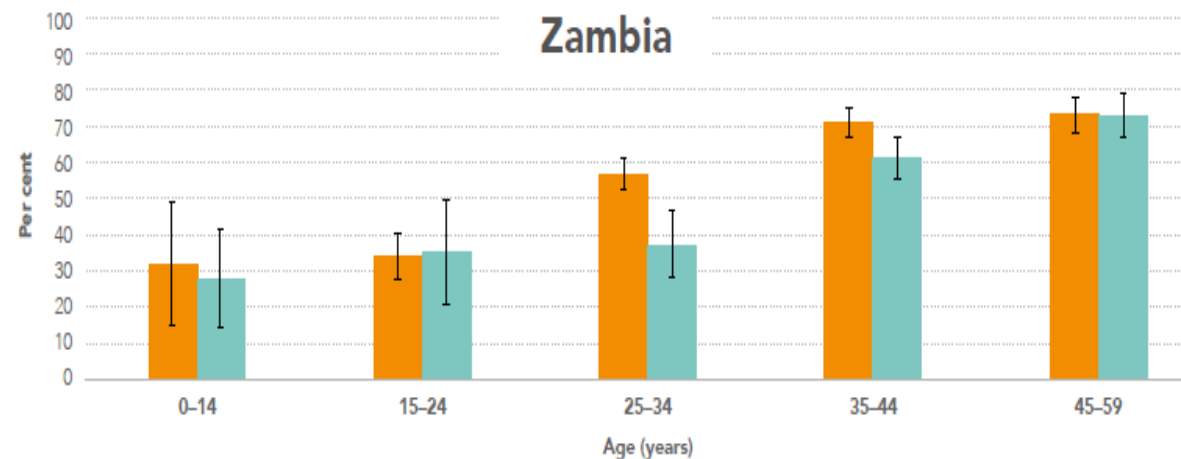
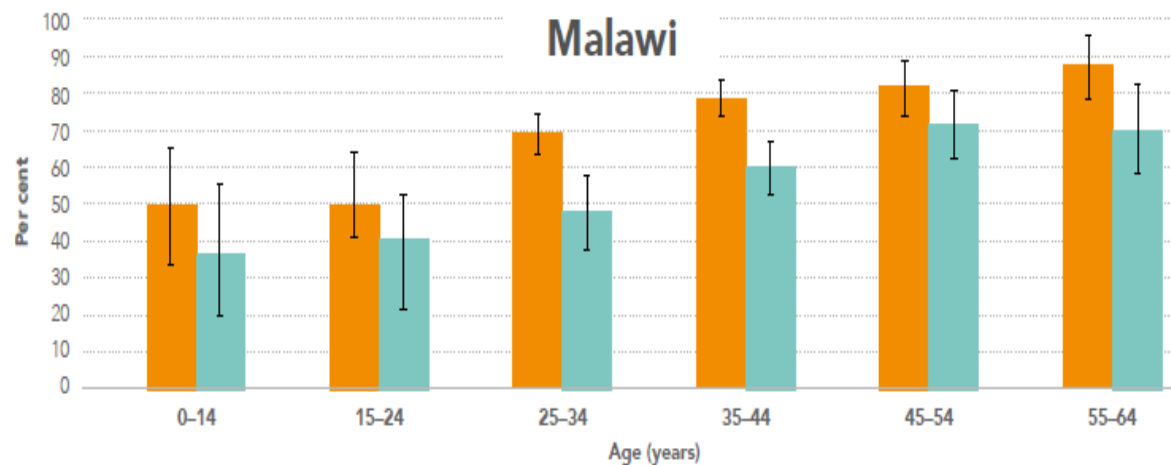
TREATMENT: FEWER MEN THAN WOMEN ARE ON HIV TREATMENT ACROSS THE WORLD

COVERAGE OF ANTIRETROVIRAL THERAPY AMONG ADULTS (AGED 15 YEARS AND OLDER),
BY SEX, GLOBAL AND BY REGION, 2016



VIRAL SUPPRESSION: FEWER MEN THAN WOMEN ARE VIRALLY SUPPRESSED

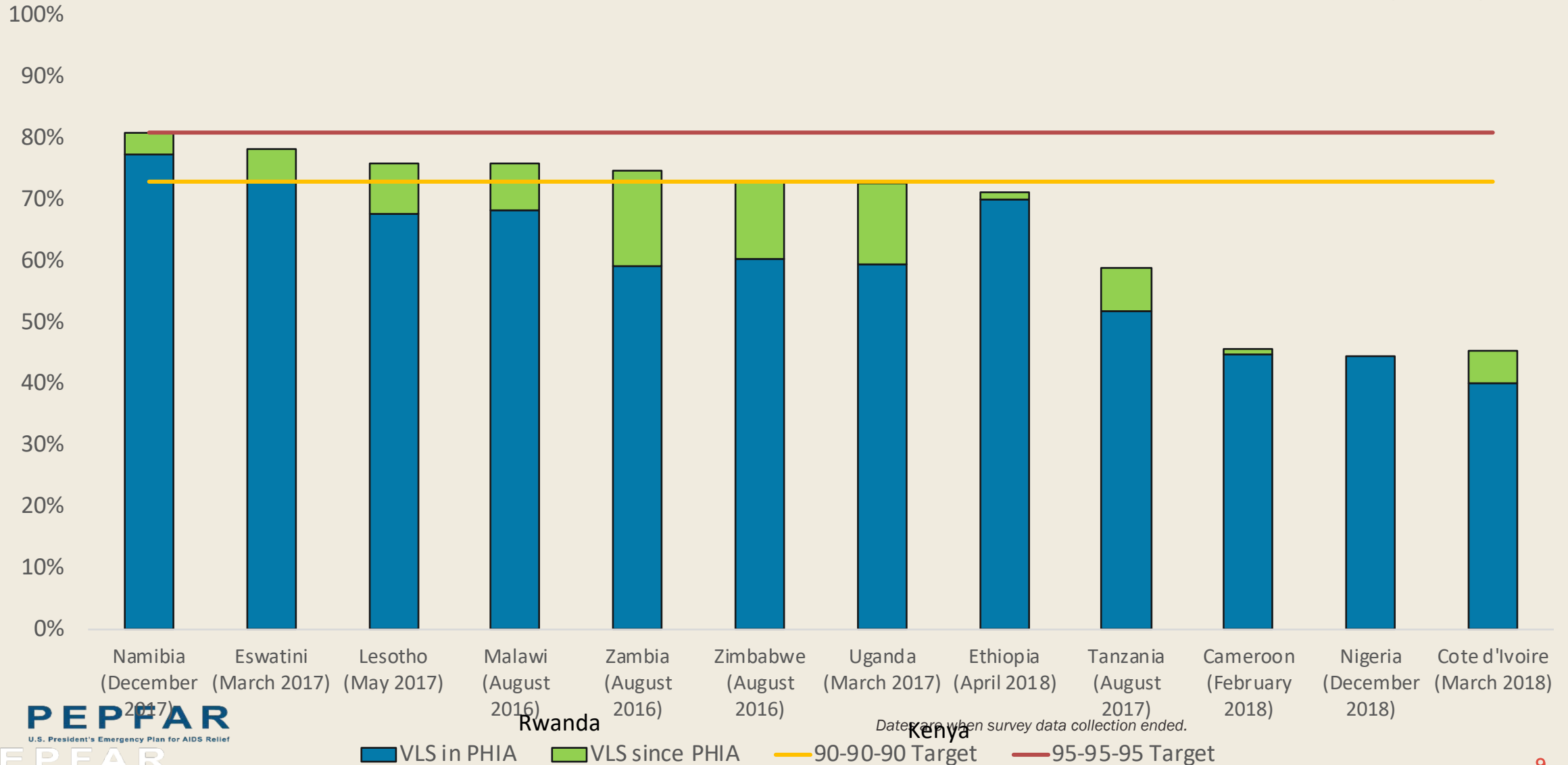
PEOPLE LIVING WITH HIV WHO ARE VIRALLY SUPPRESSED, BY AGE AND SEX, FOUR COUNTRIES, 2015–2017



Women Men

Source: The Malawi Population-Based HIV Impact Assessment (MPHIA), 2015–2016; The Zambia Population-Based HIV Impact Assessment (ZAMPHIA), 2016; The Zimbabwe Population-Based HIV Impact Assessment (ZIMPHIA), 2015–2016; The Swaziland Population-Based HIV Impact Assessment (SHIMS2), 2016–2017

Viral Load Suppression – in other words the virus cannot be transmitted to others in the community



ACROSS THE CASCADE

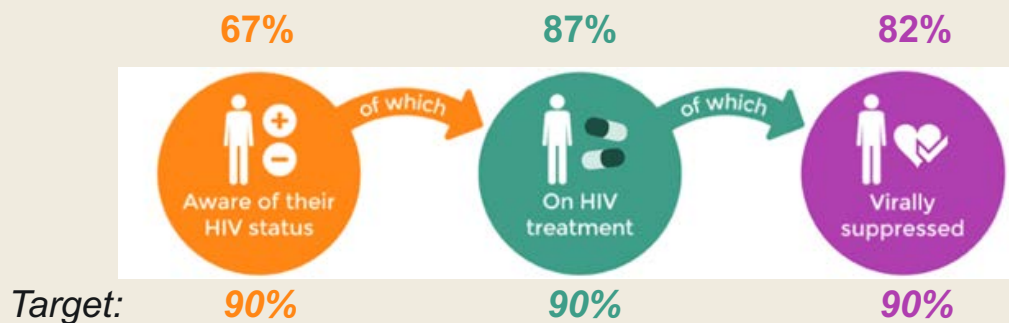
CHALLENGES IN REACHING MEN ACROSS THE CLINICAL CASCADE IS COUNTRY-SPECIFIC



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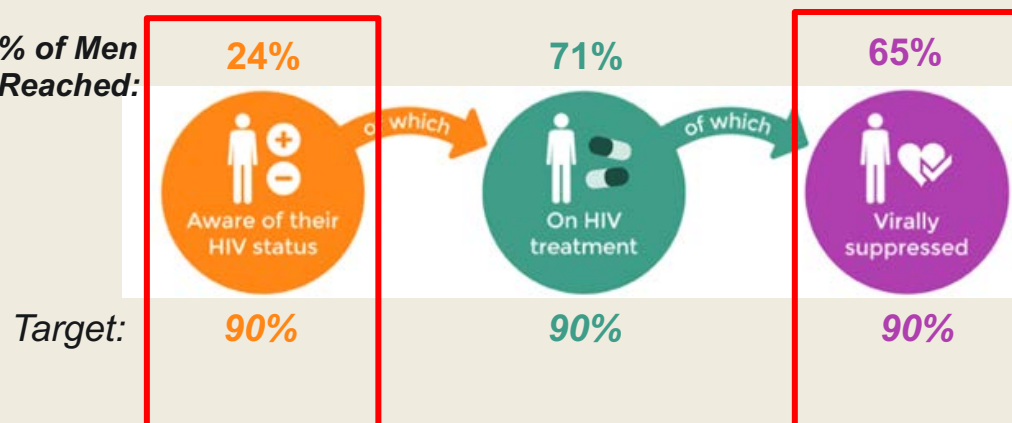
Uganda*

% of Men Reached:



Cote d'Ivoire****

% of Men Reached:



* PHIA 2016-2017

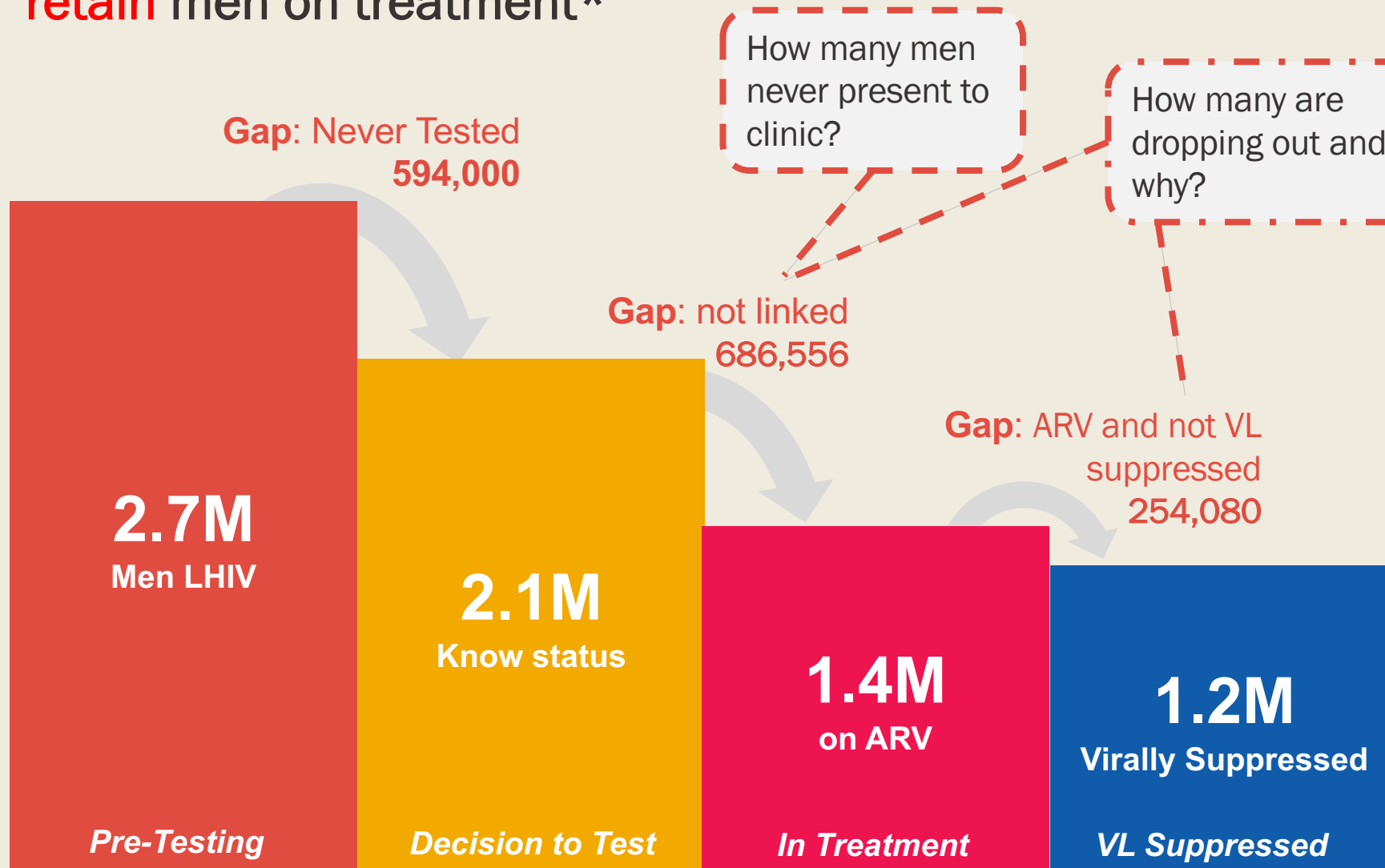
** HSRC 2017

****UNAIDS 2018; shown as % of PLHV in 2017

**** PHIA 2017-2018

Example:

Clinical Cascade in South Africa: we need to **link** and **retain** men on treatment*



* Based on HRSC data, 2017

ACROSS THE CASCADE: EVEN IN THE HIGHEST PERFORMANCE

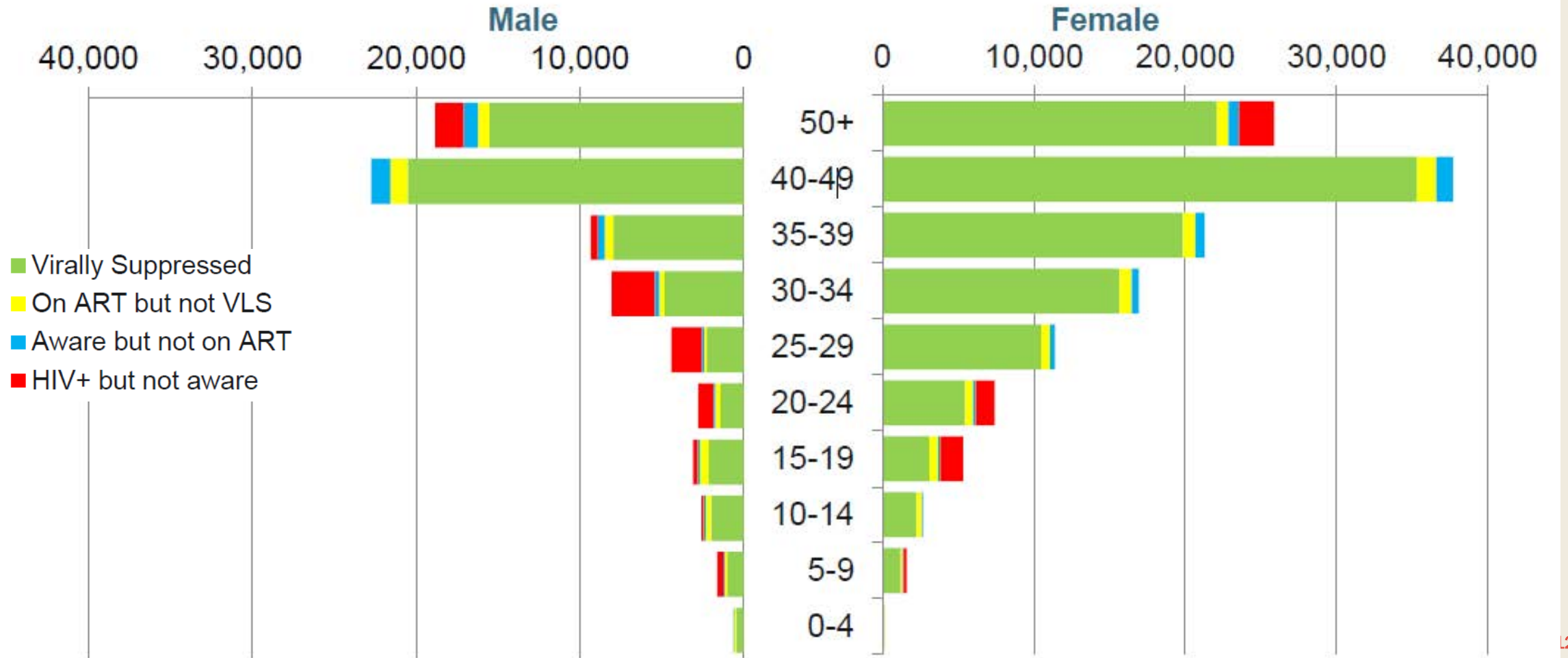
NAMIBIA

MEN 25 TO 34 HAVE THE HIGHEST GAP IN HIV AWARENESS



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NAMIBIA HIV + POPULATION "PYRAMID"



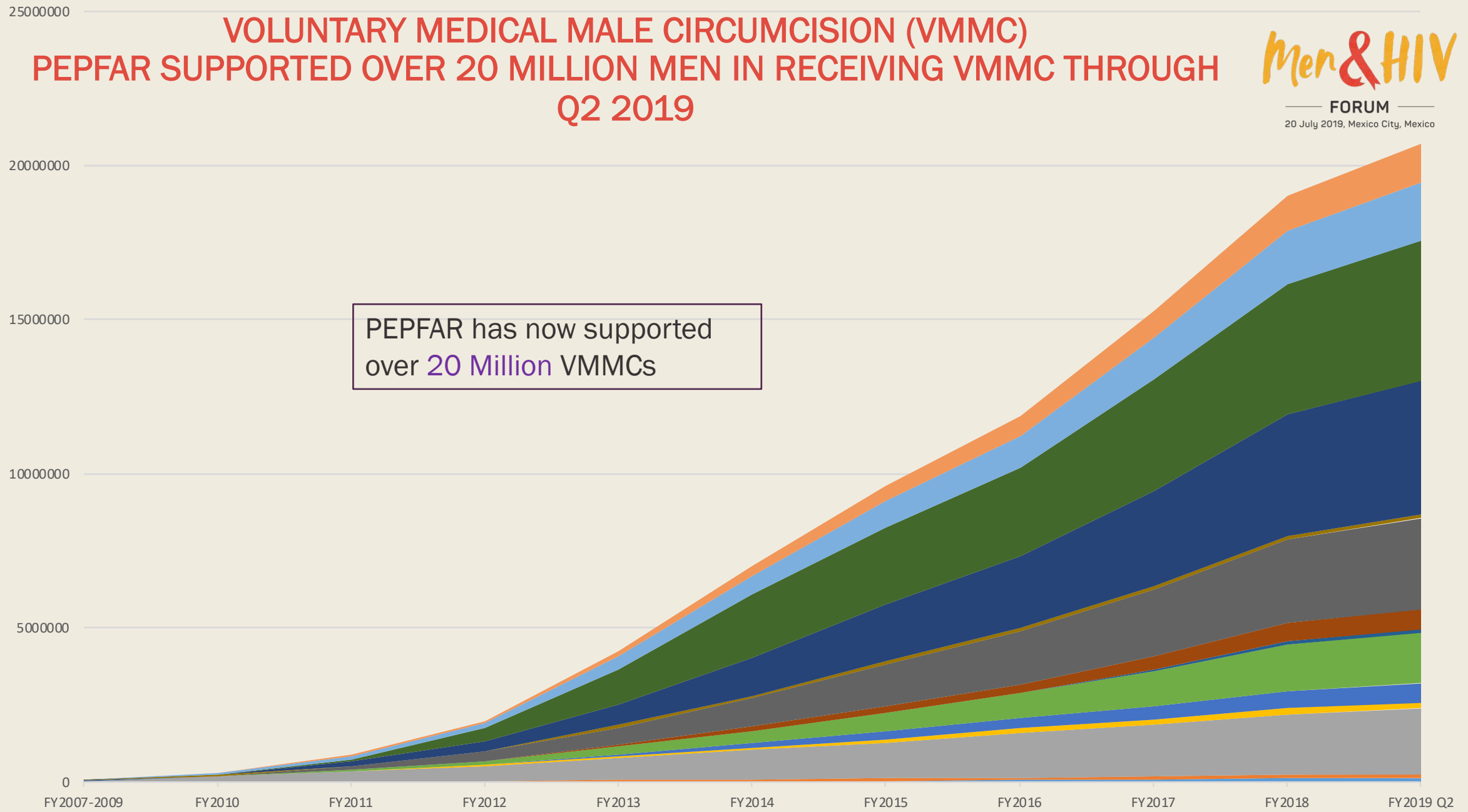
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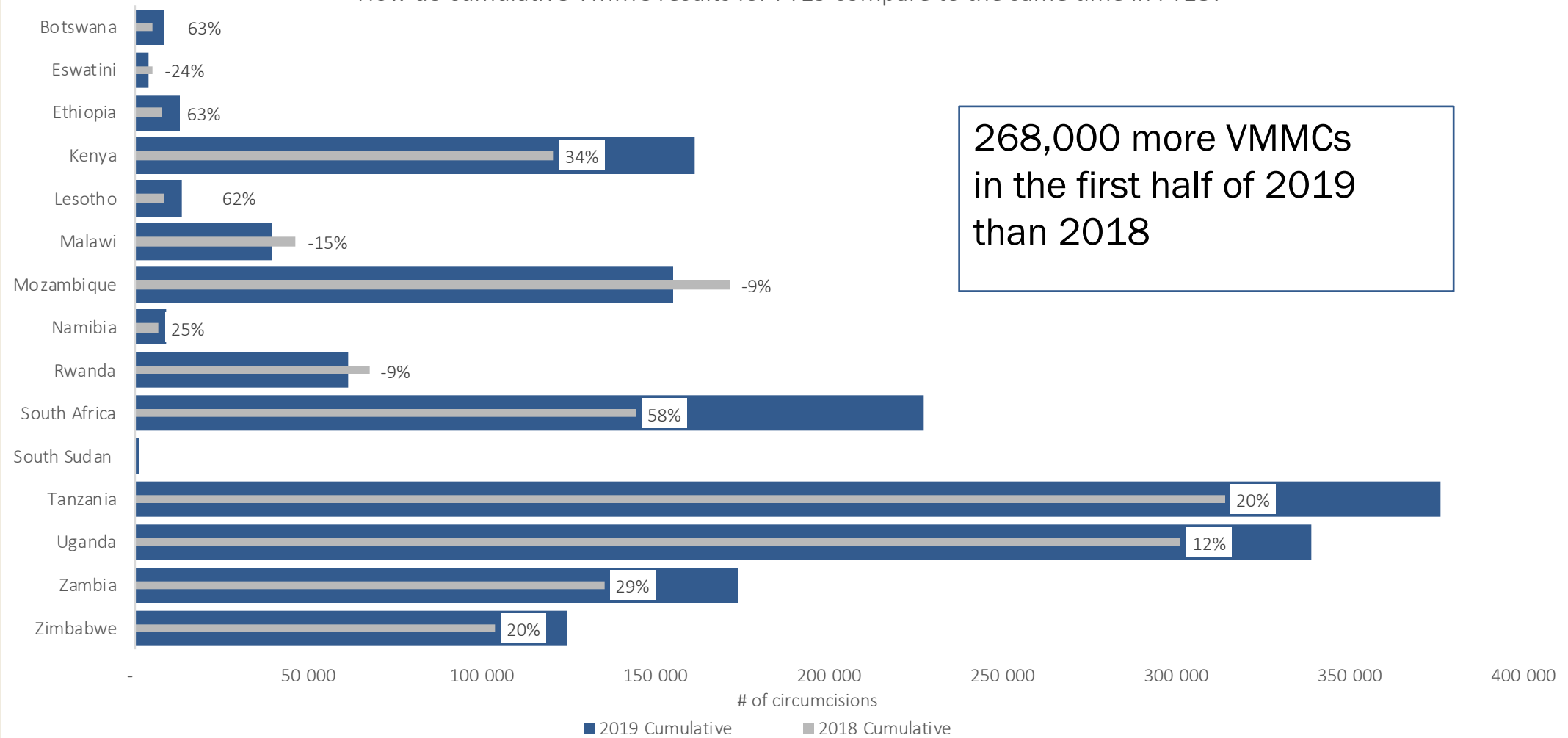
PREVENTION

VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC) PEPFAR SUPPORTED OVER 20 MILLION MEN IN RECEIVING VMMC THROUGH Q2 2019



VOLUNTARY MEDICAL MALE CIRCUMCISION: PEPFAR IS ON TRACK FOR 3.8M MORE VMMCS IN FY19 COMPARING Q2 BY YEAR

How do cumulative VMMC results for FY19 compare to the same time in FY18?

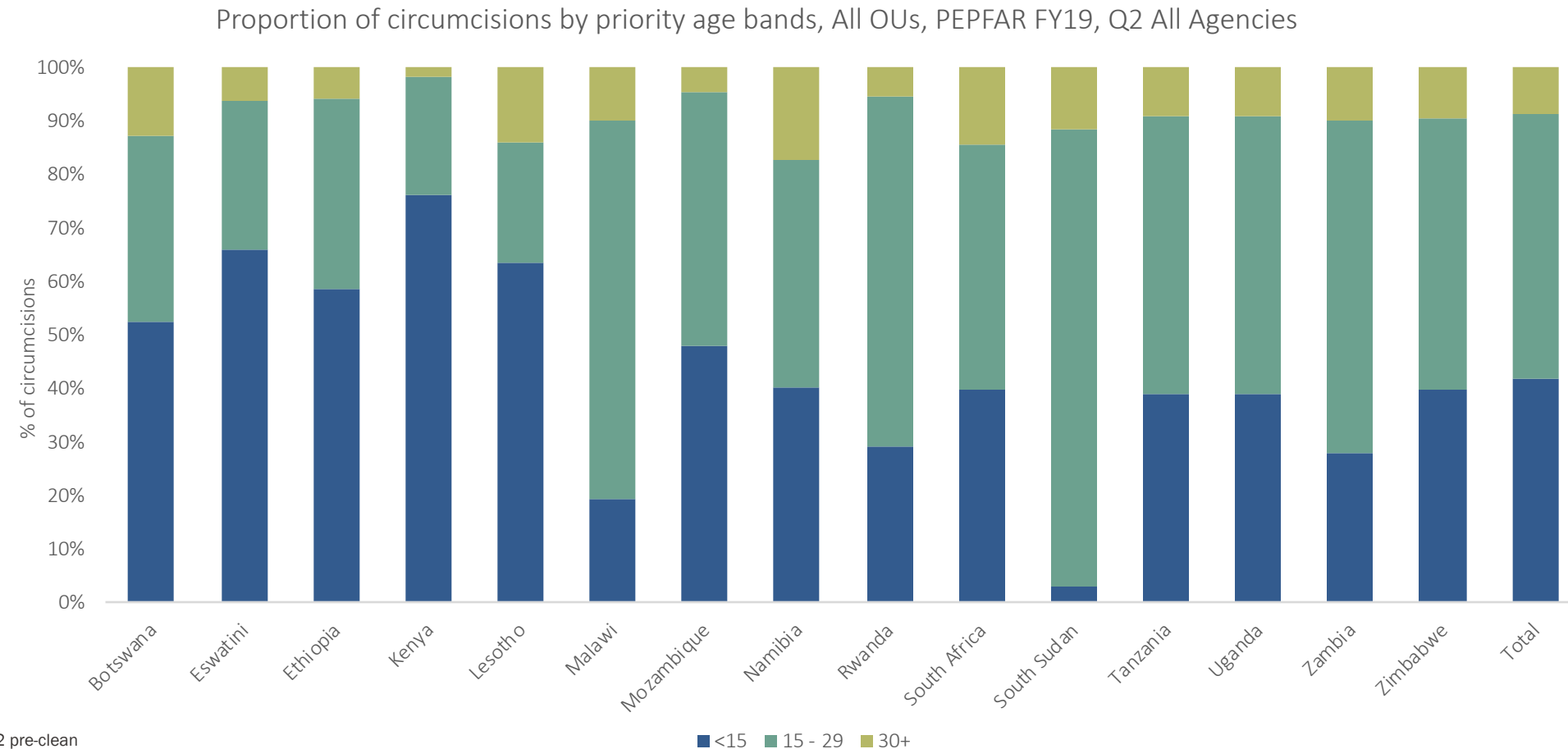


VOLUNTARY MEDICAL MALE CIRCUMCISION

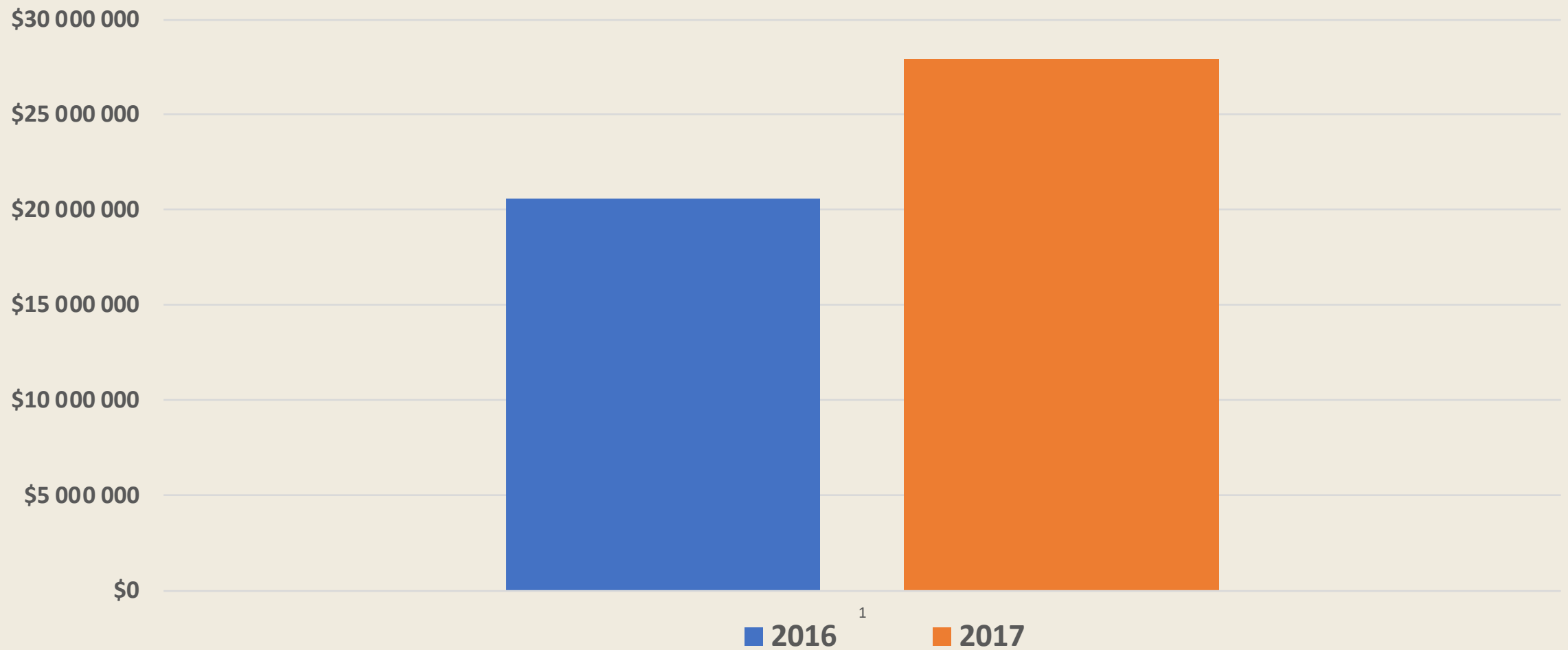
VMMC RESULTS BY PRIORITY AGE BANDS: INCREASING PROPORTION IN 15+ AGES

49% of VMMCs in FY19 Q1+Q2 were in the 15-29 age band

58% of VMMCs in FY19 Q1+Q2 were in males over 15 years



CONDOMS: THERE WAS AN INCREASE IN PROCUREMENT OF MALE AND FEMALE CONDOM/LUBRICANTS IN CY2016 AND CY2017



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INTERVENTIONS DESIGNED TO IMPROVE OUTCOMES AMONG MEN

UGANDA: ANALYZING THE DATA – OLDER MEN NEED TO BE TARGETED WITH HIV SERVICES

Who do we still need to find?

Distribution by Age	Estimated PLHIV 2018			PLHIV Currently on ART			Current ART Coverage			Remaining PLHIV that need ART		
	Estimated Male PLHIV	Estimated Female PLHIV	Total PLHIV	Males on ART	Females on ART	Total PLHIV on ART	Males	Females	Overall	Males	Females	Overall
<1	1,575	1,560	3,135	691	747	1,438	44%	48%	46%	884	813	1,697
1-4	13,971	13,442	27,413	6,029	6,361	12,390	43%	47%	45%	7,942	7,081	15,023
5-9	19,353	18,844	38,196	11,816	12,837	24,653	61%	68%	65%	7,537	6,007	13,543
10-14	20,611	20,410	41,020	12,554	14,192	26,746	61%	70%	65%	8,057	6,218	14,274
15-19	17,327	35,453	52,780	10,591	22,876	33,467	61%	65%	63%	6,736	12,577	19,313
20-24	29,055	77,089	106,144	18,431	71,061	89,492	63%	92%	84%	10,624	6,028	16,652
25-29	55,121	114,474	169,596	37,869	113,504	151,373	69%	99%	89%	17,252	970	18,223
30-34	75,306	126,272	201,579	57,742	129,738	187,480	77%	103%	93%	17,564	(3,466)	14,099
35-39	81,896	118,493	200,389	64,481	116,504	180,985	79%	98%	90%	17,415	1,989	19,404
40-44	76,610	98,635	175,246	59,406	94,209	153,615	78%	96%	88%	17,204	4,426	21,631
45-49	61,529	74,735	136,264	51,528	74,183	125,711	84%	99%	92%	10,001	552	10,553
50+	107,315	119,007	226,322	77,770	100,442	178,212	72%	84%	79%	29,545	18,565	48,110
All Ages	559,671	818,414	1,378,085	408,908	756,654	1,165,562	73%	92%	85%	150,763	61,760	212,523



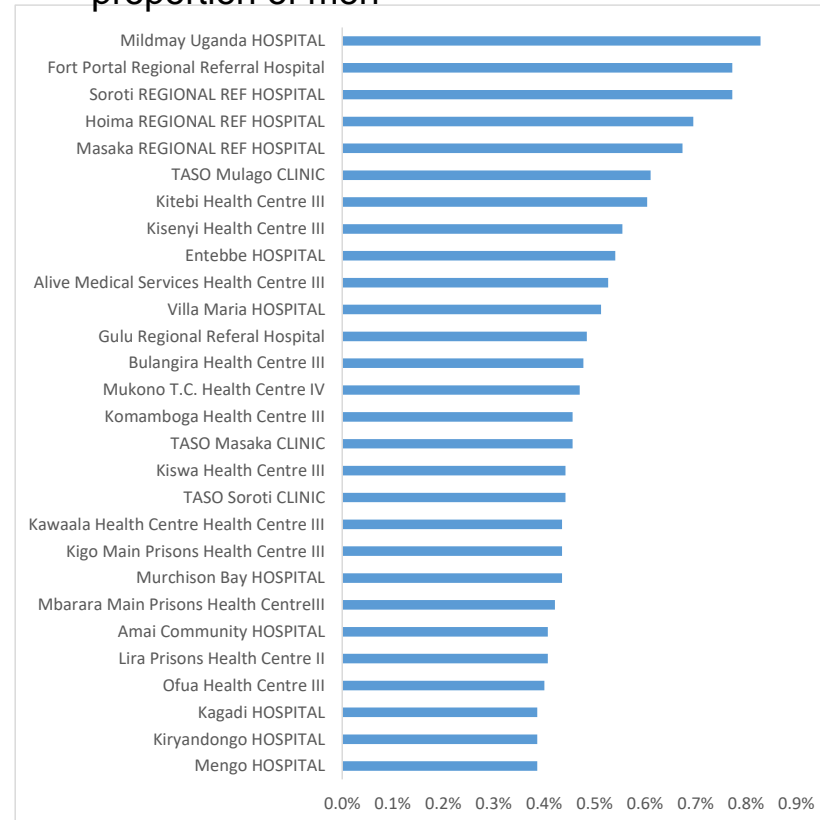
What programs are effectively diagnosing these groups and can be scaled?

UGANDA: STRATEGIES FOR CASE-FINDING AMONG MEN

Strategies for improving case identification for men from high performing sites to be scaled to all districts

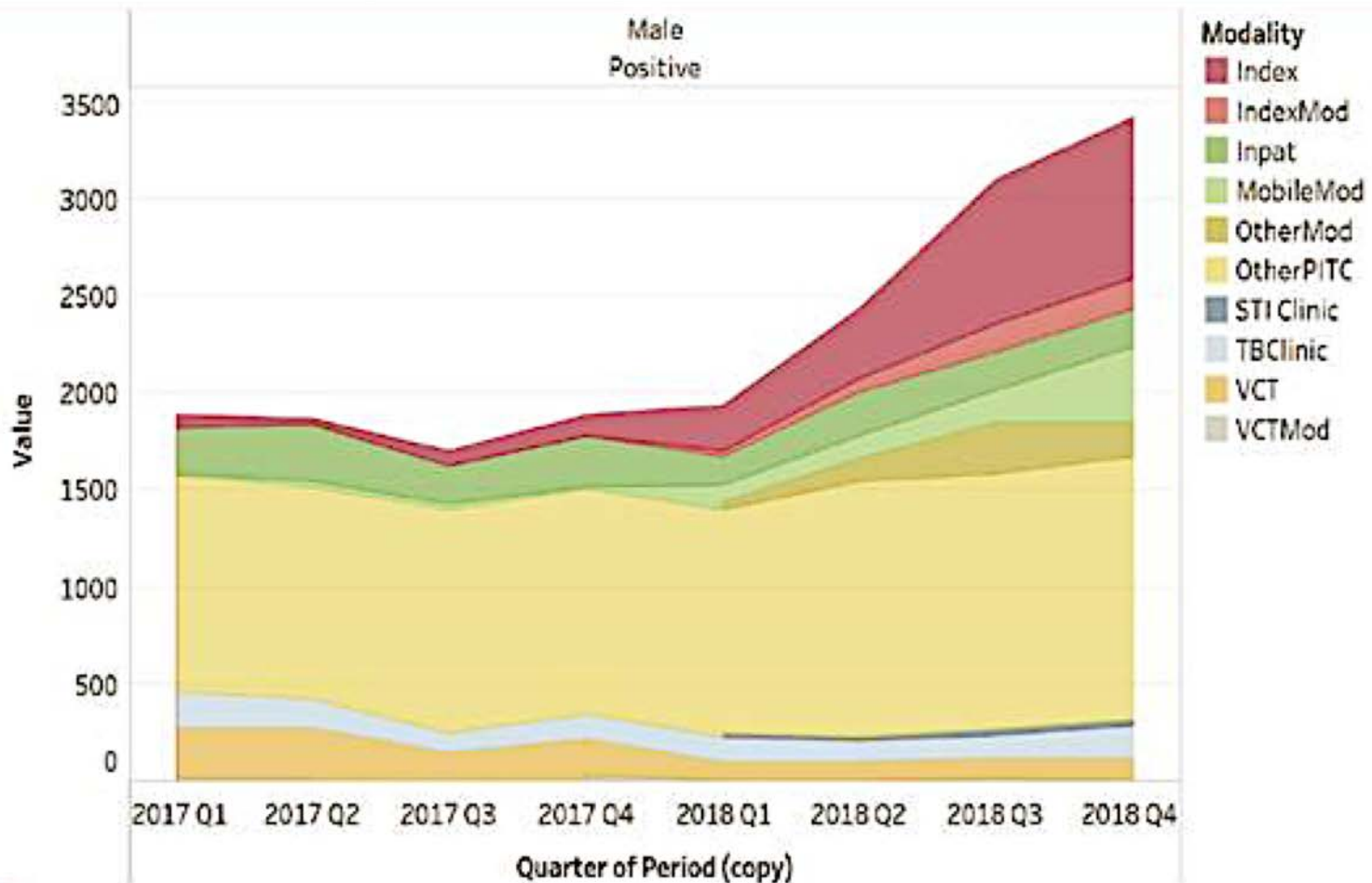
- Flexible testing hours
 - weekends
 - after work
- Targeted community testing at male dominated areas
- Work place testing
- Use of male champions and peers to mobilize men
- Index client testing – APN is prioritized for women

Top performing facilities finding greatest proportion of men



DRC: FINDING MEN USING INDEX TESTING (CONT'D)

Finding Men Using Index Testing (DRC) – their percentage of men as Tx current went from 39% to 44% using index testing



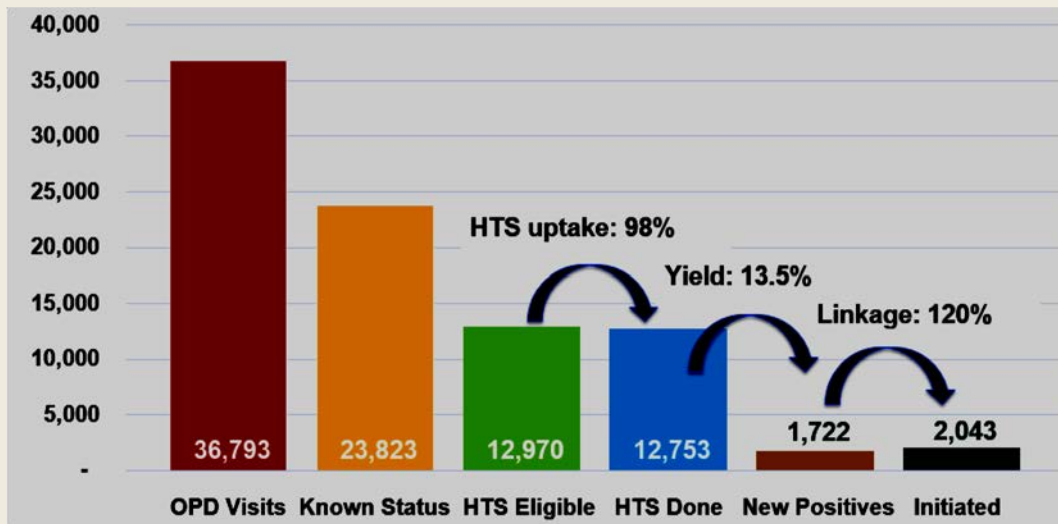
LESOTHO: ANALYZING THE DATA – FEWER MEN ARE ON TREATMENT THAN WOMEN

Distribution by Age	Estimated PLHIV 2018			PLHIV Currently on ART			Current ART Coverage			Remaining PLHIV that need ART		
	Estimated Male PLHIV	Estimated Female PLHIV	Total PLHIV	Males on ART	Females on ART	Total PLHIV on ART	Males	Females	Overall	Males	Females	Overall
<01	277	269	546	385	376	761	139%	140%	139%	(108)	(107)	(215)
01-04	1,103	1,073	2,176	1,539	1,506	3,045	140%	140%	140%	(436)	(433)	(869)
05-09	2,671	2,693	5,364	1,924	1,890	3,814	72%	70%	71%	747	803	1,550
10-14	3,391	3,412	6,803	2,020	1,985	4,005	60%	58%	59%	1,371	1,427	2,798
15-19	3,333	6,115	9,448	2,069	2,969	5,038	62%	49%	53%	1,264	3,146	4,410
20-24	5,650	14,227	19,877	2,746	7,862	10,608	49%	55%	53%	2,904	6,365	9,269
25-29	11,635	23,727	35,362	6,390	16,527	22,917	55%	70%	65%	5,245	7,200	12,445
30-34	19,008	30,354	49,362	13,114	26,365	39,479	69%	87%	80%	5,894	3,989	9,883
35-39	22,375	30,880	53,255	17,921	29,266	47,187	80%	95%	89%	4,454	1,614	6,068
40-44	20,106	25,286	45,392	16,729	22,374	39,103	83%	88%	86%	3,377	2,912	6,289
45-49	15,244	17,857	33,101	11,437	14,463	25,900	75%	81%	78%	3,807	3,394	7,201
50+	30,571	37,320	67,891	20,314	31,275	51,589	66%	84%	76%	10,257	6,045	16,302
Total	135,364	193,213	328,577	96,588	156,858	253,446	71%	81%	77%	38,776	36,355	75,131

LESOTHO: REACHING MEN THROUGH MEN'S TESTING CORNERS

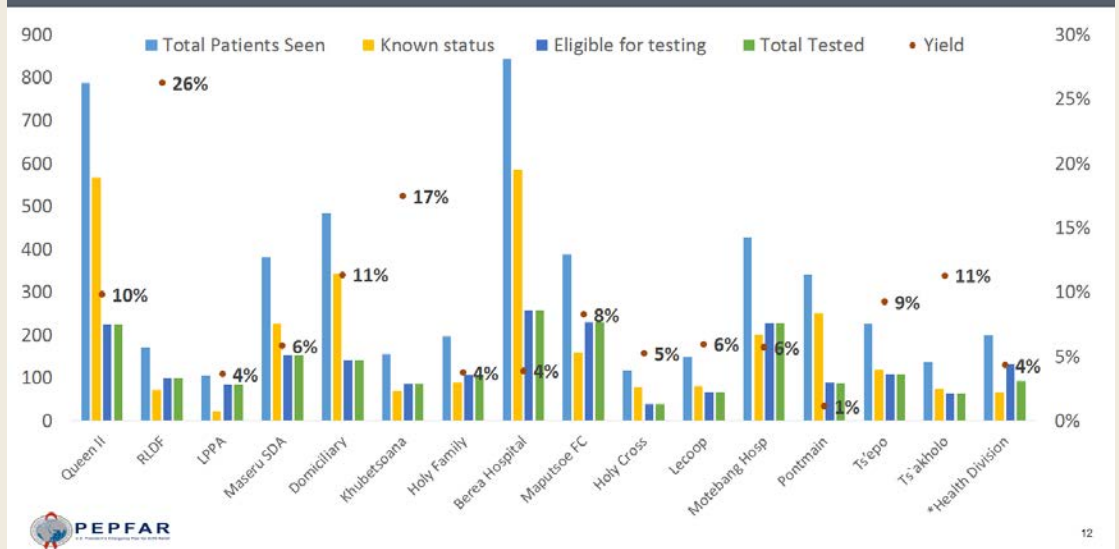
Male-friendly Clinics in Lesotho

- Comprehensive men's clinics at selected **high volume** health facilities
- Provides a **male-friendly environment** that encourages men to get tested for HIV, and therefore be identified as HIV positive and linked to care and treatment services
- Uses **male nurses and counselors** specially trained to provide services to men
- Includes provision of **extended clinic hours**



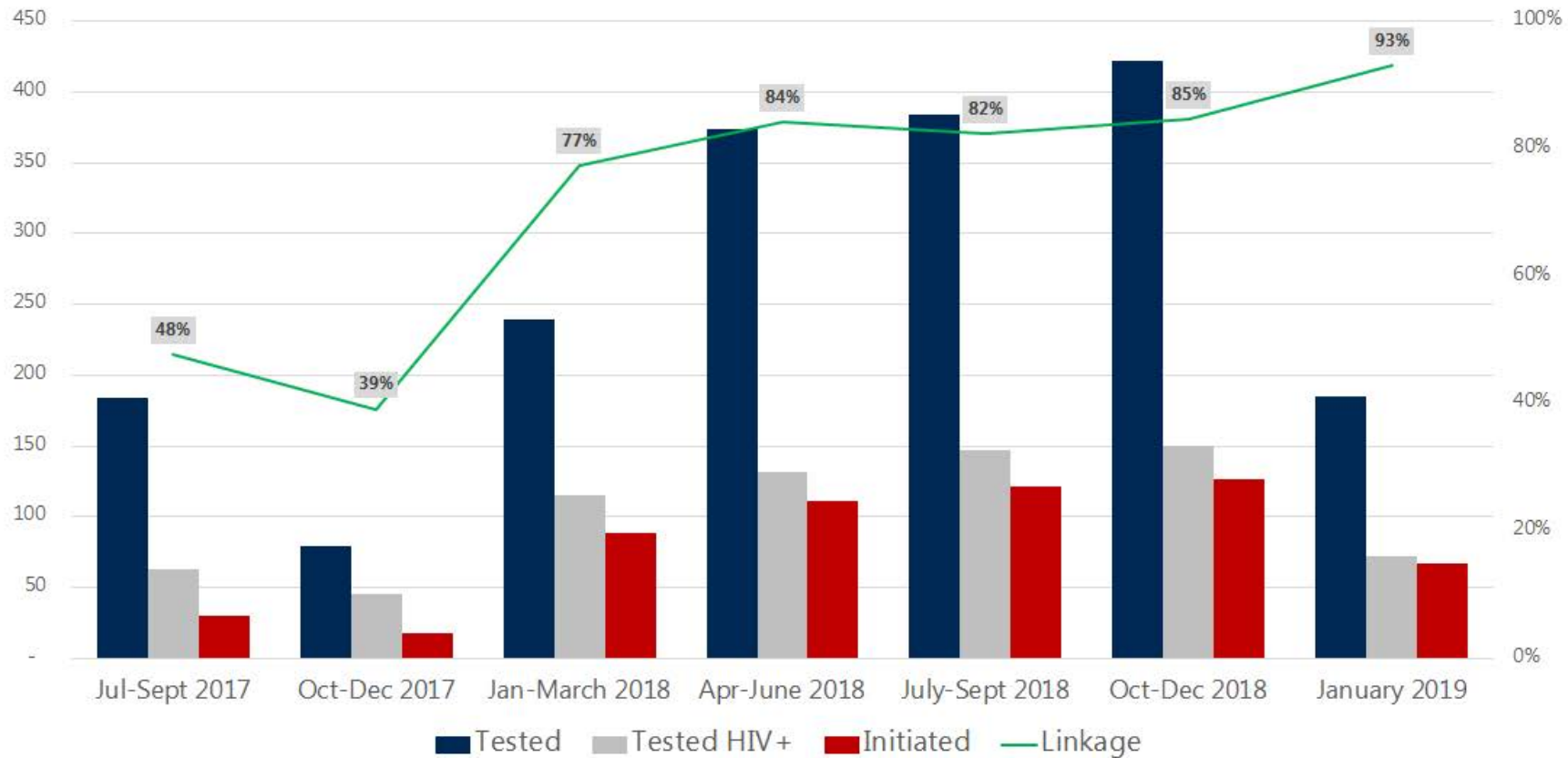
HTS Uptake: 98%
Yield: 13.5%

High Case Identification in the Men's Clinics (Jan FY19)

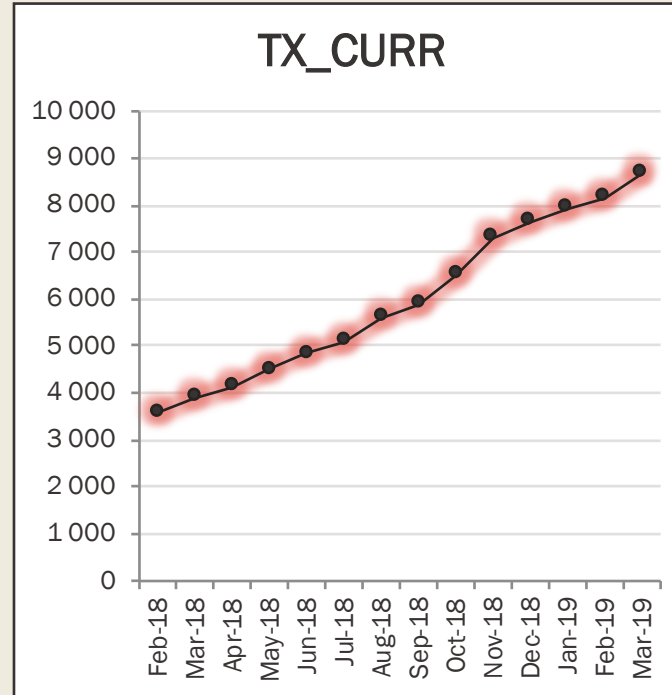
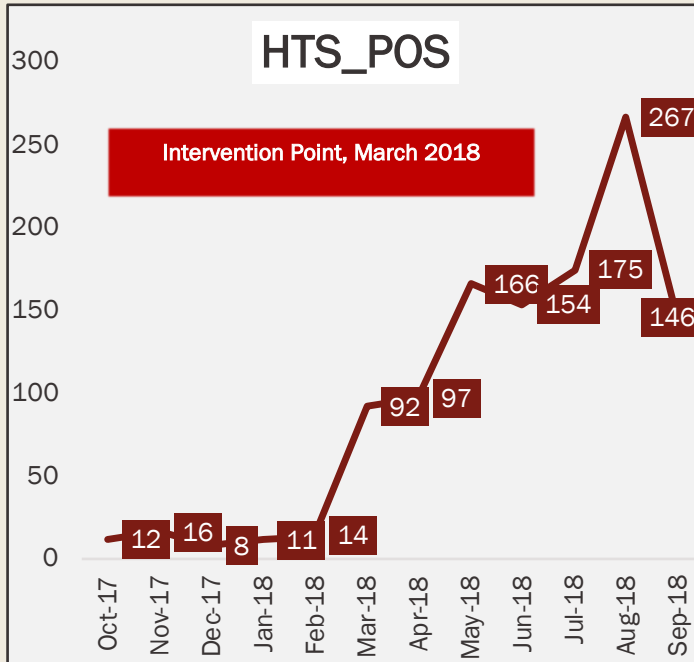


ZAMBIA: IMPROVING LINKAGE AMONG MEN

USG Response: Weekend & Evening Clinics Improve Linkage for Males 15-34



ZAMBIA: CIRCLE OF HOPE - BOOSTING 95-95-95 FOR MEN THROUGH OUTREACH POSTS IN HIGH GAP AREAS



Outpost in Market - no signs to indicate HIV services



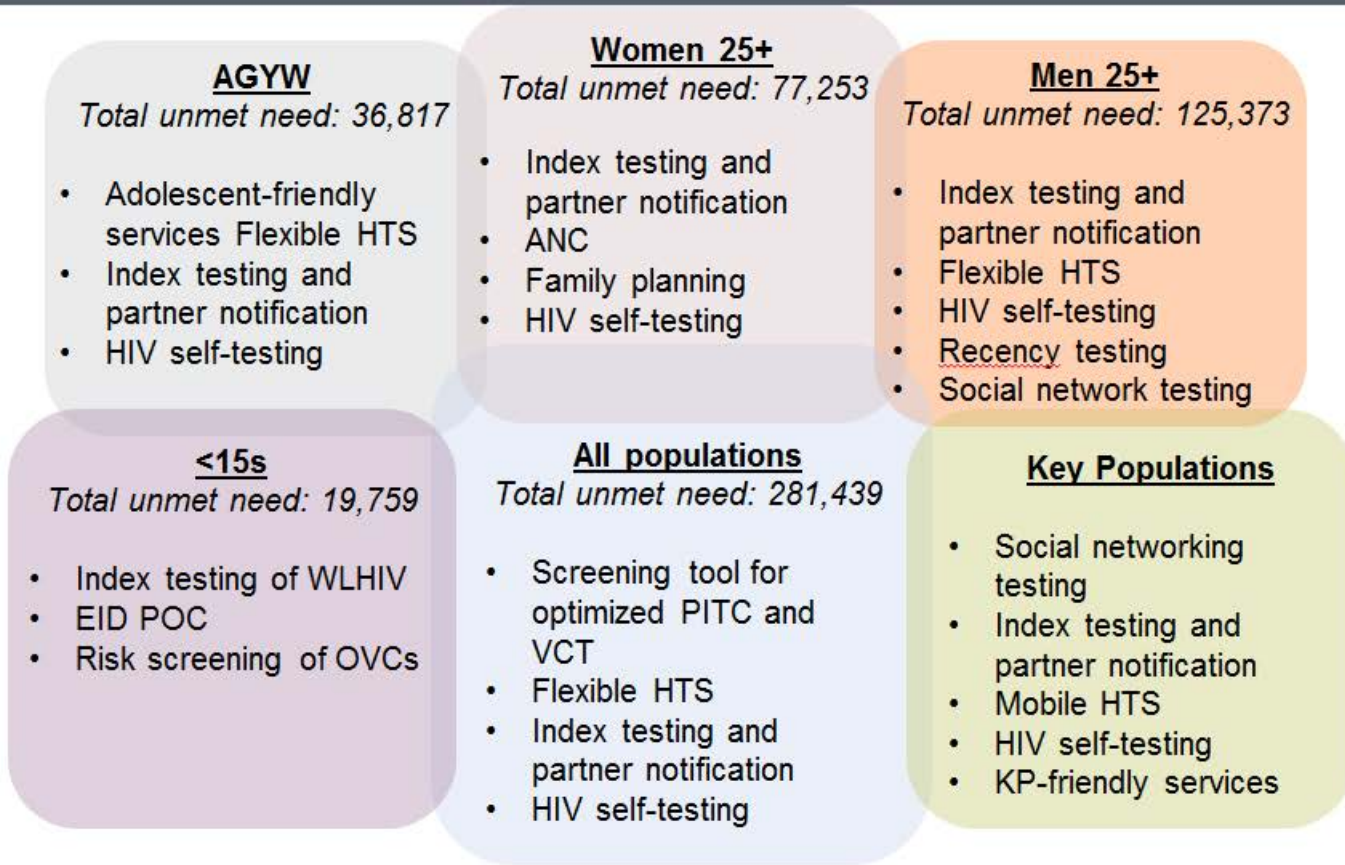
Pastor lead of 30 churches explains social pre-screen, expert clients, beneficiaries; CHWs describe why it works

- Decentralized service delivery** – HIV testing, ART initiation, phlebotomy, in community;
- Community mapping** identifies hot spots;
- Each community **post staffed by team of 6** (counselor/tester, ART initiator, 4 local CHWs)

- Non-descript posts** embedded in busy setting with minimal branding;
- 'Expert clients'** sustain community trust;
- Daily feedback** to team on progress;
- incentives** via mobile phones, quarterly awards

ZAMBIA: FINDING MEN USING DIFFERENTIATED CASE FINDING STRATEGIES

One Size Does Not Fit All: Differentiated Case Finding

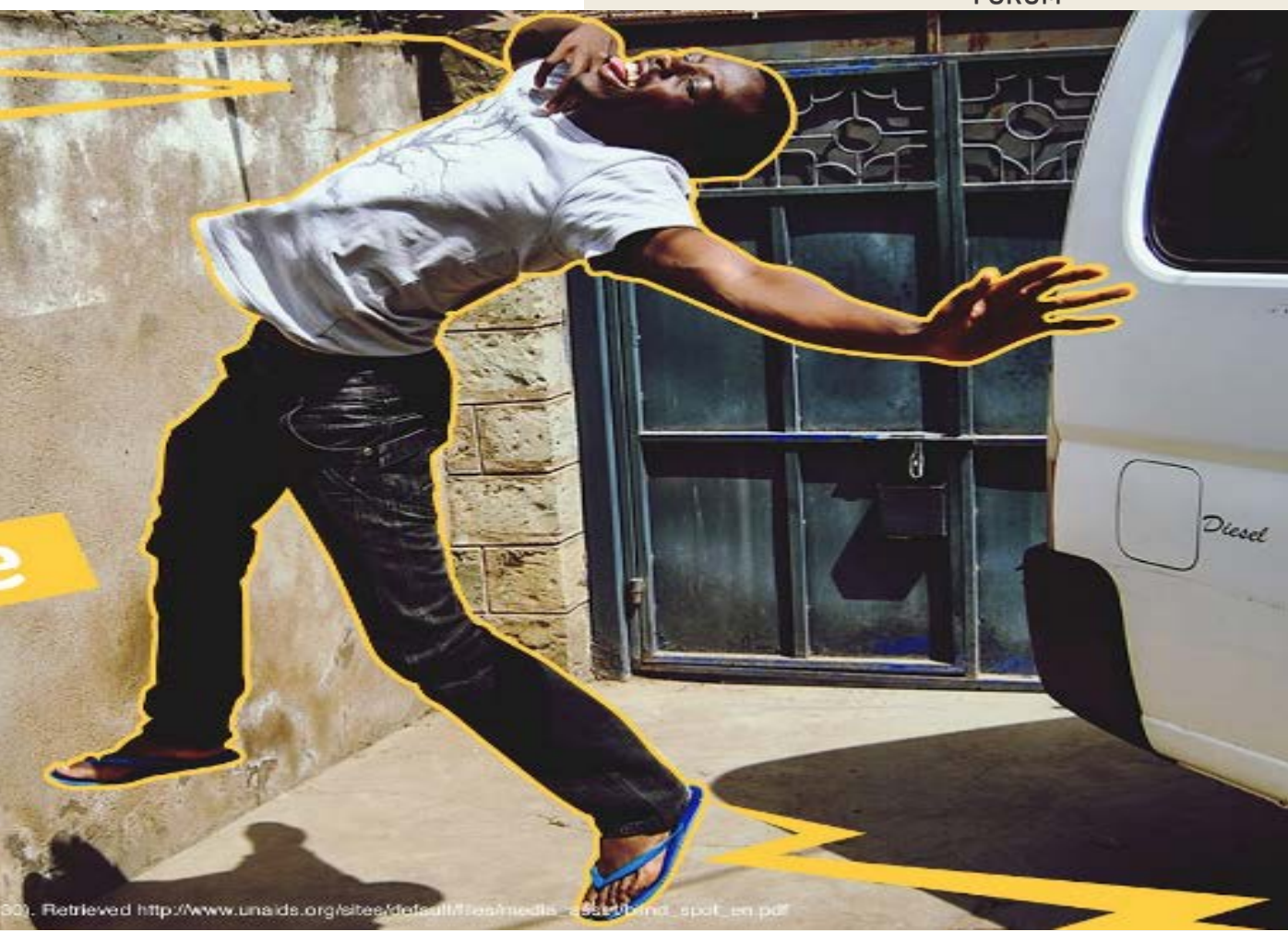


Recency testing to identify recent infections



HIV case-finding strategies

To eliminate
HIV for all,
we cannot ignore
men and boys.



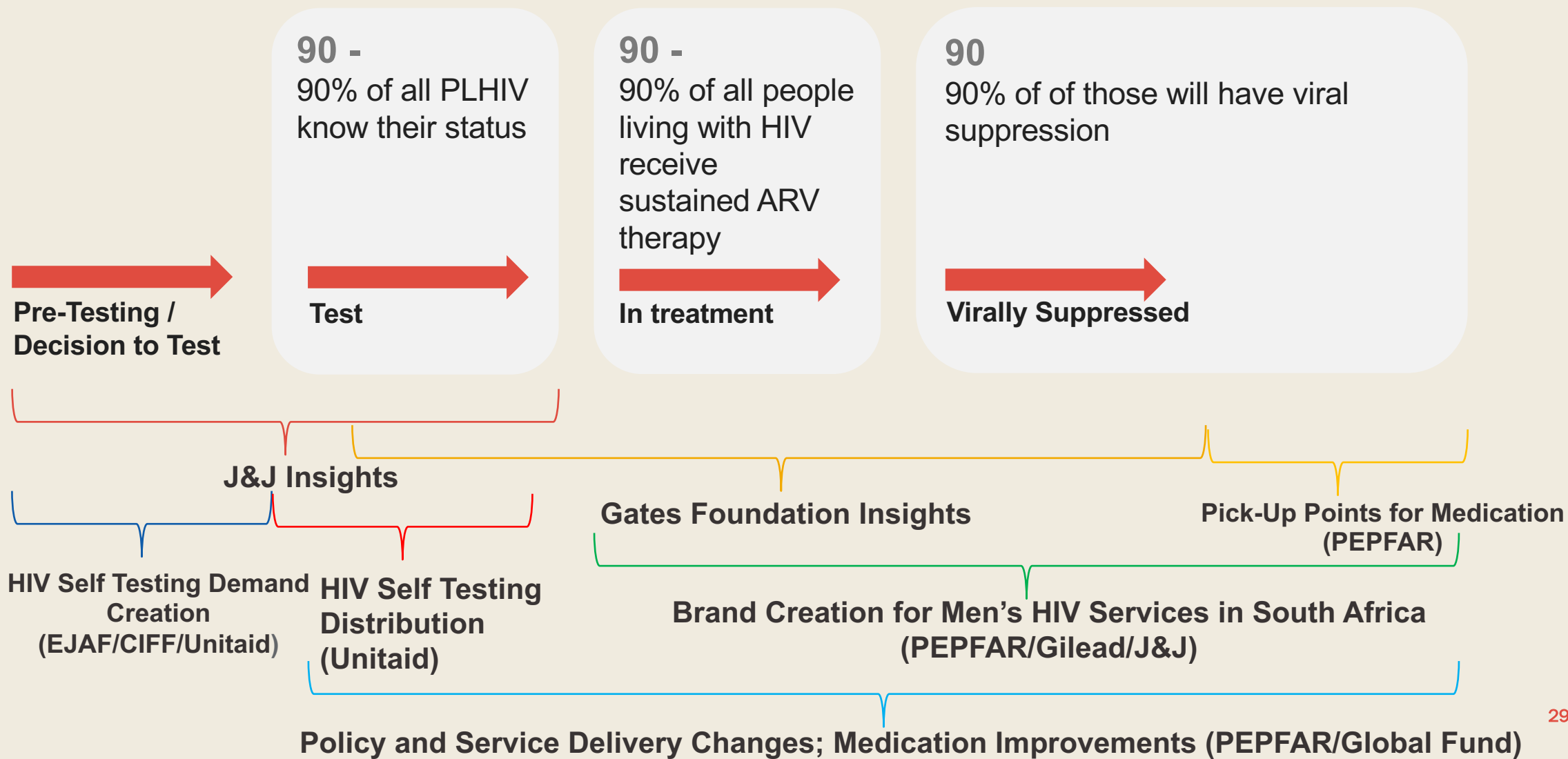
Addressing a blind spot in the response to HIV — Reaching out to men and boys (Publication). (2017, November 30). Retrieved http://www.unaids.org/sites/default/files/media_asset/blind_spot_en.pdf

WHAT IS THE MENSTAR COALITION?

The MenStar Coalition was launched by the [Elton John AIDS Foundation \(EJAF\)](#), [the U.S. President's Emergency Plan for AIDS Relief \(PEPFAR\)](#), [Unitaid](#), [The Global Fund to Fight AIDS, Tuberculosis and Malaria \(GF\)](#), [the Children's Investment Fund Foundation \(CIFF\)](#), [Johnson & Johnson \(J&J\)](#), and [Gilead Sciences](#) at the International AIDS Society Conference in Amsterdam in July, 2018

The MenStar Coalition will reach an additional **1 million men with HIV treatment**, and support over **90%** of men in this age group to be **virally suppressed** to effectively interrupt HIV transmission.

MenStar is a coordinated effort to clearly understand obstacles and differentiate treatment for men



Coordinated Client Centered Approach Starts with Insights and Guides Demand Creation and Supply Side Strategies

INSIGHTS Generation to Uncover Obstacles and Opportunities



Photo: Final Mile, Kenya

INTEGRATED STRATEGIES

DEMAND CREATION

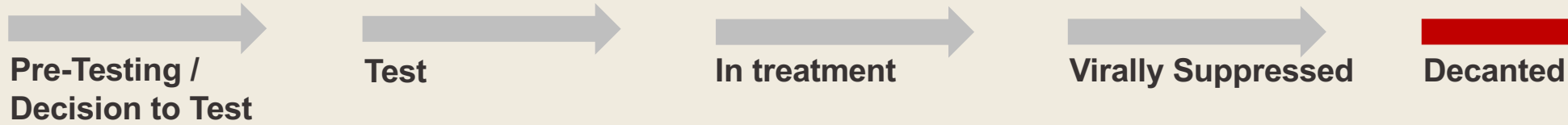
- Data analytics to prioritize areas of greatest need
- Consumer marketing approach to demand generation, including overarching brand, segmented messages, and communication campaign strategy

SUPPLY SIDE STRATEGIES

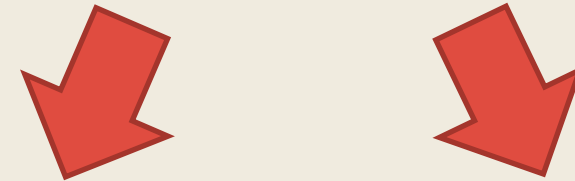
- Optimized testing to reach men where they are (i.e. targeted self testing)
- Facility-based changes to make service delivery more male friendly (i.e. expanded hours, shorter wait times, men's corners, compassionate counseling)
- Decongest facilities by offering convenient pick-up points for drugs for stable patients
- Accelerate use of best in class new drug regimens to increase adherence to ensure a client centered approach



EXAMPLE: DECANTING/ALTERNATIVE PICK UP POINTS IN SOUTH AFRICA



- Decanting is the act of moving stable chronic patients from clinics to alternative pick up points for the collection of medication
- The DUAL benefits of Decanting:
 1. enhances patient convenience by improving access to medication and adherence
 2. eases overcrowding at healthcare facilities with high patient volumes
- Pick up points outside of government clinics are more flexible and operate longer hours
- Decanting is effective (ex. South Africa, only 1% of clients have exited the decanting program)



A nighttime panoramic view of Mexico City, Mexico, showing illuminated buildings and streets. The text is overlaid on the image.

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THANK YOU