

# Men & HIV

— FORUM —

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## REACHING MEN AND ENGAGING THEM IN HIV CARE: LESSONS FROM MALAWI

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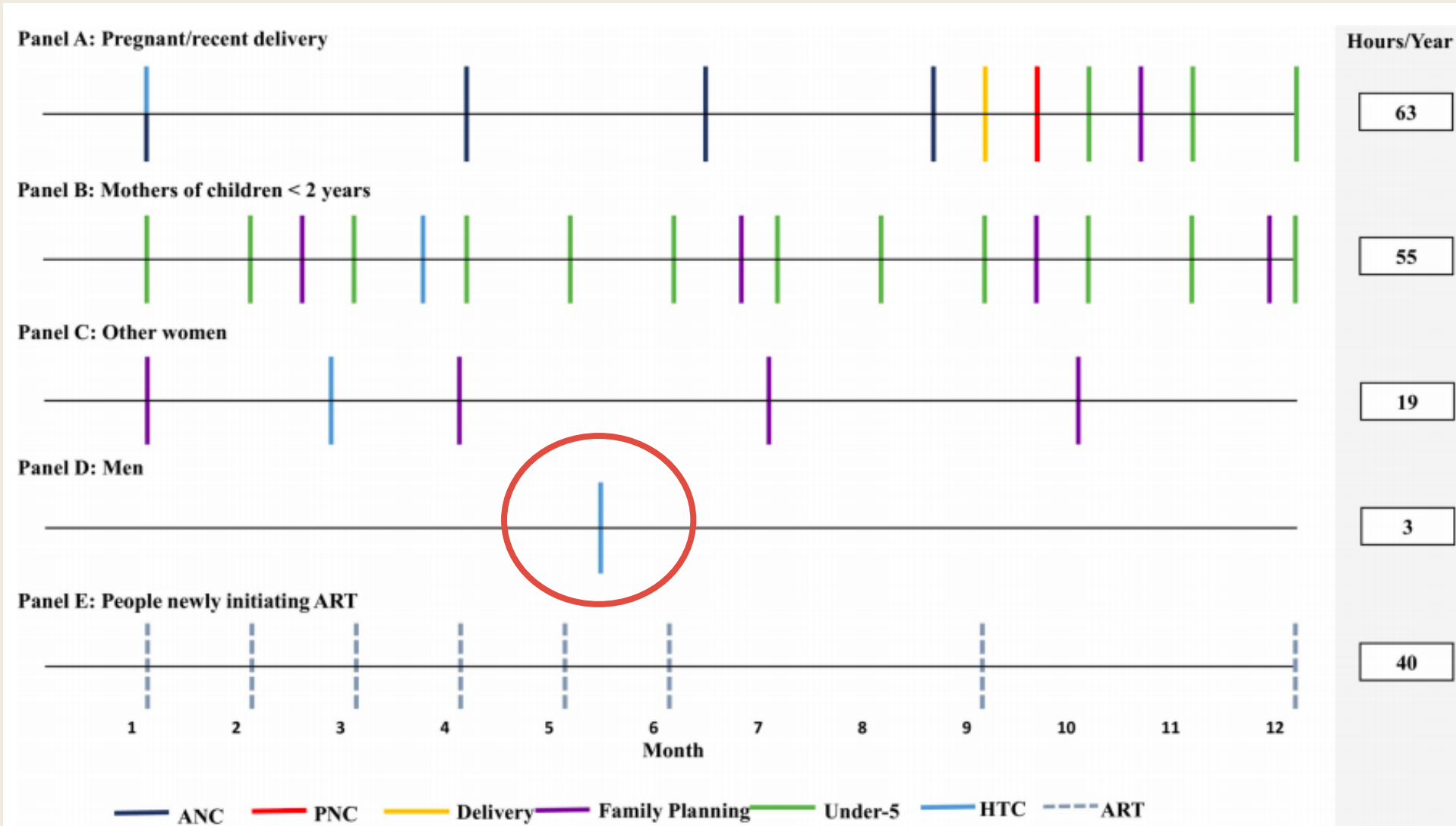
# CHALLENGE

- Men comprise 70% of HIV-related deaths in some high burden countries<sup>1</sup>
  - Barriers: inconvenient hours, long wait-times, lack of privacy, unwanted disclosure<sup>2</sup>
  - Even when men come to facilities, they are often not tested<sup>3</sup>



# LIMITED ENTRY POINTS FOR MEN

## MALAWI ANNUAL RECOMMENDATIONS BY SEX AND TIME REQUIRED<sup>4</sup>



Women: 5-17 visits/yr

Men: 1 visit/yr  
HIV testing only

Fig 3. Annual recommended frequency of services and estimated time required by subpopulation. Visit frequency estimated based on national guidelines. Annual time required to meet guidelines is estimated from TLT calculations of median time required per service type (Table 1). 5

# TWO RANDOMIZED CONTROL TRIALS - IMPACT OF HIVST ON UPTAKE OF TESTING, LINKAGE AND ART INITIATION AMONG MEN IN MALAWI

## Primary distribution within Outpatient Department (OPD STUDY)

- Ensuring testing coverage when men do come to facility
- Making facility testing more appealing to men
- Preparing men for future testing<sup>5</sup>

Compared to:

1. Standard provider initiated testing and counseling (PITC)
2. Optimized PITC



## Secondary distribution within ART clinics (INDEX STUDY)

- Reaching men at home
- Outreach with minimal health system cost
- Reaching men at high-risk
- Acceptable to women living with HIV<sup>6</sup>

Compared to:

1. Standard partner referral slips

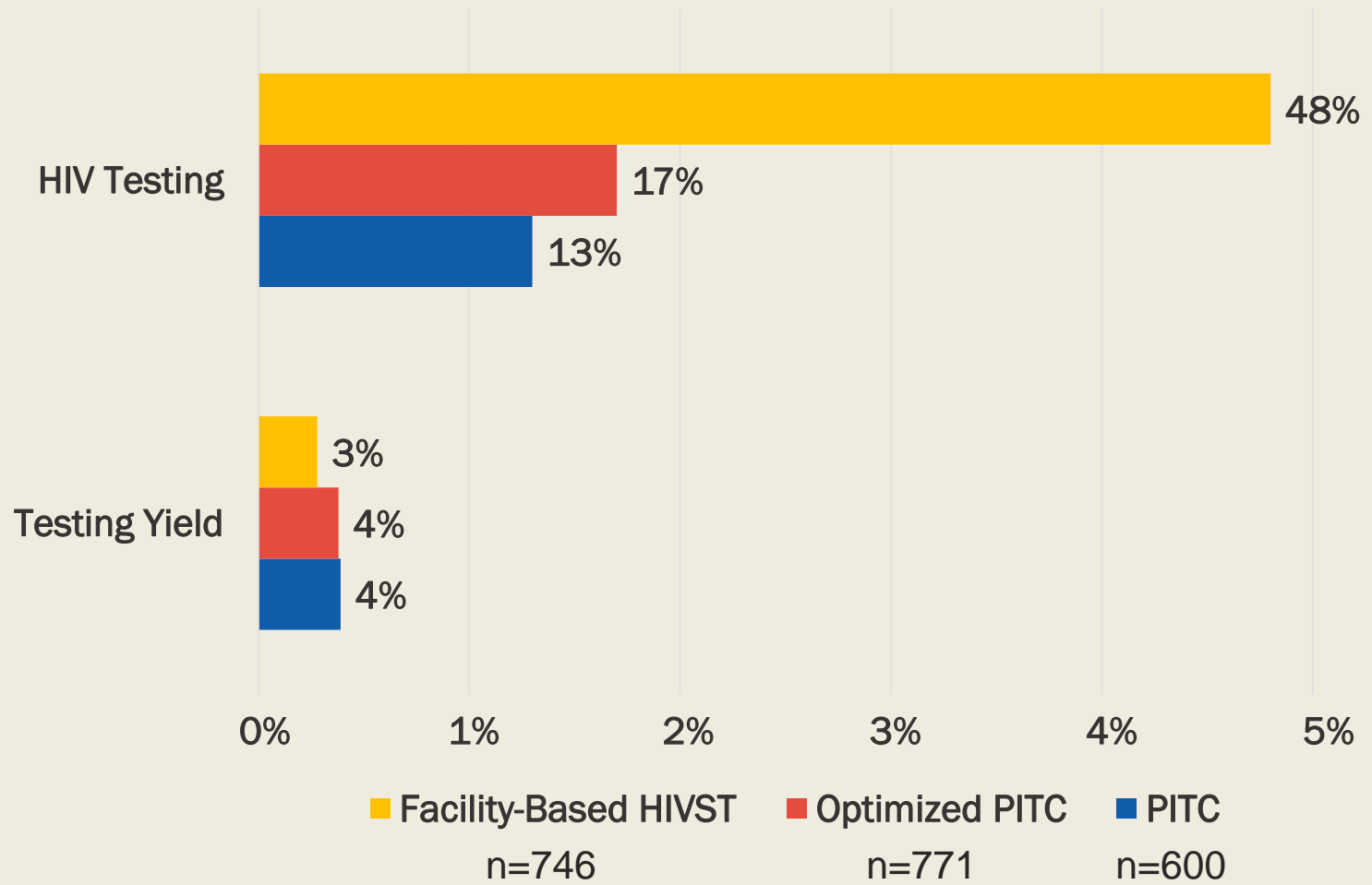
# INTERVENTION – BUILDING BLOCKS

	OPD HIVST STUDY	Index HIVST STUDY
WHEN	During OPD clinic hours	During ART clinic hours
WHERE	OPD clinic - Kits used in OPD waiting spaces - Private spaces provided for interpretation	ART clinic - Kits taken home to partner - ART client reports kit use when returning to facility
WHO	Primary distribution by lay cadres	Secondary distribution by lay cadres (ART clients were given HIVST to take home to partners)
WHAT	Group HIVST demonstration by lay cadre Distribution of HIVST to those in OPD	Individual HIVST demonstration for ART client by lay cadre Distribution of HIVST to ART client

# METHODS

	OPD HIVST	Index HIVST
DESIGN	Non-blinded cluster randomized trial (15 health facilities)	Non-blinded randomized trial (3 health facilities)
ARMS	<u>Facility</u> randomization: 1:1:1 1. Standard PITC 2. Optimized PITC 3. Facility-based HIVST	<u>Individual</u> randomization 1:2.5 1. Standard Partner Referral Slips 2. Index HIVST
ELIGIBILITY	Adult OPD patients (>15 years)	ART Client (new and established) Adult ( $\geq 15$ years) Partner: (reported by ART client)
OUTCOMES	HIV testing (primary outcome), positivity rate, ART initiation at 3 months  <i>Note: self report, chart review</i>	HIV testing (primary outcome), positivity rate, ART initiation at 6 months  <i>Note: secondary report, chart review</i>

# OPD TESTING FOR MEN: RESULTS FOR MEN ATTENDING OPD (N=2116) <sup>7</sup>



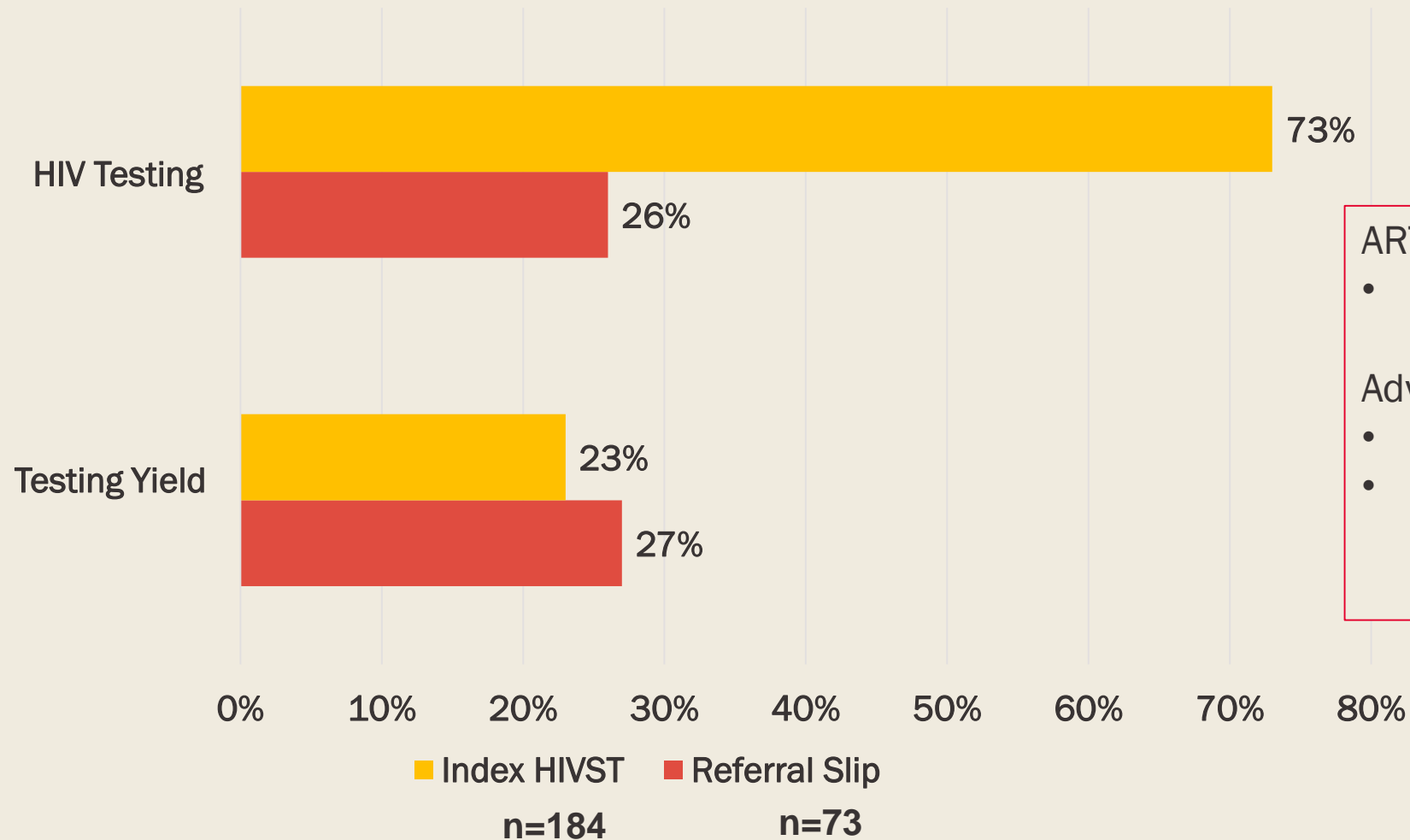
ART Initiation:

- HIVST: 8/10; Optimized PITC: 5/5; PITC: 3/3

Adverse events:

- ALL men able to read HIVST
- NO men reported coercion to test

# INDEX TESTING FOR MEN: RESULTS FOR MEN GIVEN THE INTERVENTION (N=257)<sup>8</sup>



### ART Initiation:

- HIVST: 7/32; Referral Slip: 4/5

### Adverse events:

- 10% men unable to read HIVST
- 1.5% female ART clients reported being yelled at due to HIVST

# LESSONS LEARNED

Successes of HIVST for Men	OPD HIVST	Index HIVST
Increased testing coverage	✓□	✓□
Increased # new positives identified	✓□	✓□
Increased # initiating ART	✓□	
Usable (can read and interpret results)	✓□	—
Low risk of adverse events	✓□	✓□



# HOW SHOULD THESE FINDINGS BE USED?

- HIVST should be integrated as part of routine care to reach men
- Ensure high quality demonstrations and clear instructions within secondary distribution

## NEXT STEPS

- Support implementation of HIVST
- Implement novel strategies to improve ART initiation within Index HIVST
- Assess acceptability of Index HIVST within different contexts (low disclosure, unstable relationships)

# THANK YOU

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## ACKNOWLEDGMENTS

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