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The path to person-centred care for men in sub-Saharan Africa

Men and HIV in sub-Saharan Africa: Men as patients, peers in service delivery and healthcare providers

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The path – key takeaways

1. Recognizing that men want and deserve services

2. Adapting health systems and community structures to welcome men to care

3. Providing services to men when they come to health facilities

4. Ensuring men have access to services across the HIV care continuum... and beyond

**Person-centered
care for men in sub-
Saharan Africa**

1. Men want and deserve HIV and other health and social services

- Men are vulnerable to and are affected by HIV, health and social issues.
 - HIV and other health interventions must not leave men behind.
- Intensify social mobilization reaching out to men and boys with health messages
 - Create HIV awareness at non-health sessions (sports, religious settings and cultural events)

Worse health outcomes for men are *not* an HIV specific problem

For example:

- South Africa TB data shared by Andrew Medino-Marino
 - Men have a higher TB incidence and a higher TB prevalence than women
 - For every 1 case of TB in women, there are 1.62 cases in men
- COVID-19 deaths
 - The ratio of deaths in males to females is 1.21:1 in high-income countries, and 2.8:1 in low-income countries (Hawkes et al, Lancet Global Health, June 2021)

2. Adapting health systems and community structures to welcome men to care

- Data from Coach Mpilo
 - Men who work in the health care system

Yesterday I was a hero and that is because I managed to find a young man who was lost – Coach Mpilo in South Africa

- In a study from Malawi (Phiri K et al, 2021) the odds of initiating ART was higher among men who:
 - Received social support (adjusted OR [AOR]=4.61)
 - Trusted that accessing ART would not lead to unwanted disclosure (AOR=1.71)
 - Trusted that they won't be turned away from ART services (AOR= 12.36)

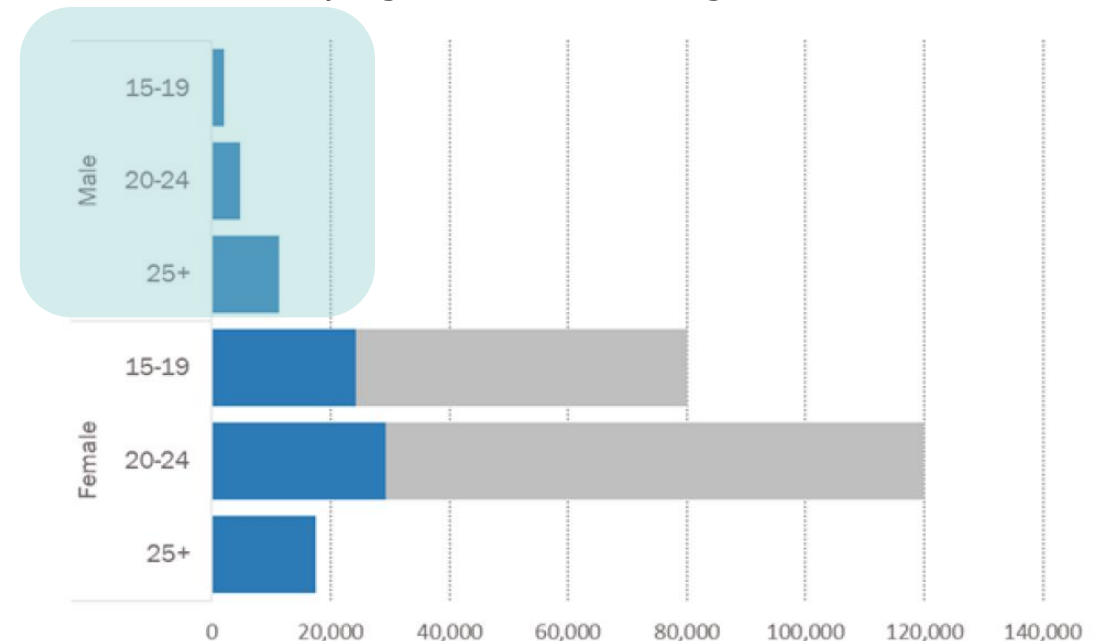
3. Providing services to men when they come to health facilities

- In data from Malawi, presented by Kelvin Balakasi, of men who are at health facilities - **Only 14% of visits had HIV testing offered, 17% of visits resulted in HIV testing**
- In data from South Africa, presented by Rodney Knotts, we need to address that “men often find nurses intimidating and anticipate a negative experience in the clinic” (*Breaking the cycle of transmission, South Africa*)

4. Ensuring men have access to services across the HIV care continuum

- Men have less access to testing, treatment and viral load monitoring
- But also to the full prevention package
- Increase access to PrEP for men in high-HIV burden areas

PEPFAR South Africa, January-March 2021, New PrEP initiates by age and sex vs targets



4. Ensuring men have access to services across the HIV care continuum – including for re-engagement



- Interventions should be adapted to the needs and lifestyles across men's lifespan
 - HIV care is not linear. Men need understanding providers and flexible services to promote re-engagement in care
- Provide motivational counseling (U=U and benefits of early initiation)
 - The individual benefits to HIV treatment, care and support must be explained clearly to the men
 - Peers/peer counselors can be especially motivating
 - As outlined by Rodney Knotts - MINA, Coach Mpilo, B-OK



4. Ensuring men have access to services including and beyond HIV

- Person-centered care is needed
 - Address individual needs of men (broadening the scope of DSD beyond antiretroviral therapy)
- Better integrate HIV into other health services to minimize stigma and tackle other structural barriers (including time taken to access services)
 - HIV services within the broad range of health services especially the screening and treatment for sexual and reproductive health and non-communicable diseases
- Recognize and be responsive to the diversity among men
 - Appreciate the diversity (age, education, employment, income, rural, urban)