



 IAS 2021



Ensuring men are not missed from health systems: Facility- and community-based HIV programming in Malawi

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

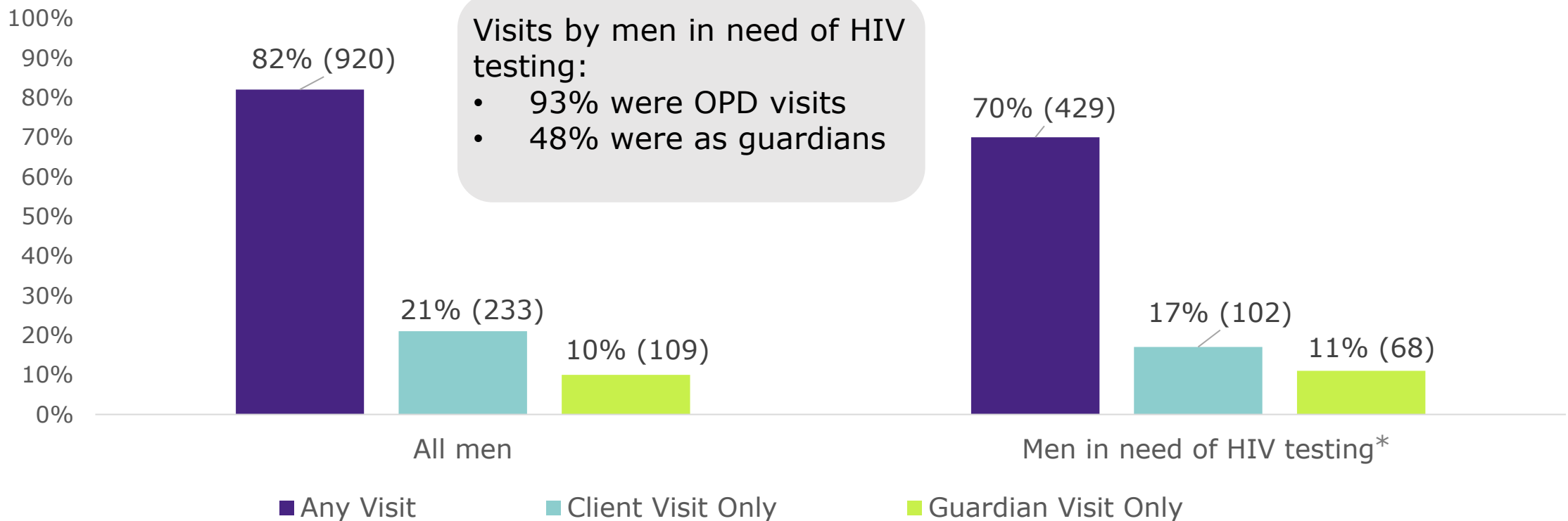
Kelvin Balakasi
Partners in Hope, UCLA
Malawi

Interventions to reach men at outpatient departments – HIV self-testing



Men **DO** attend health facilities

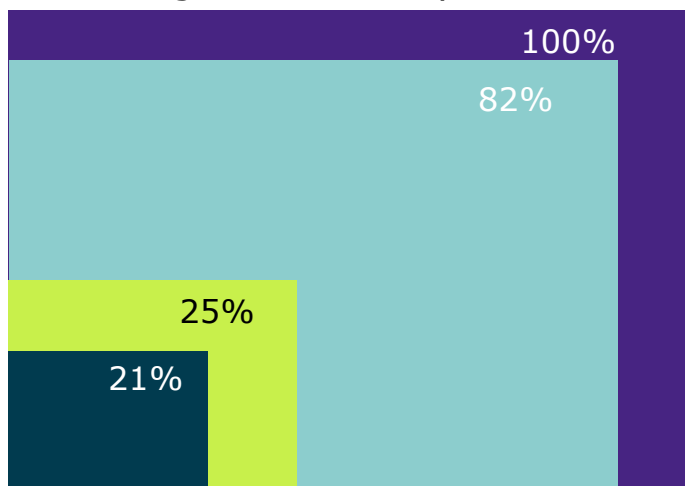
Men's attendance to health facilities in previous 12 months among all men ($n = 1,116$) and men needing HIV testing ($n = 617$), Malawi, 2019



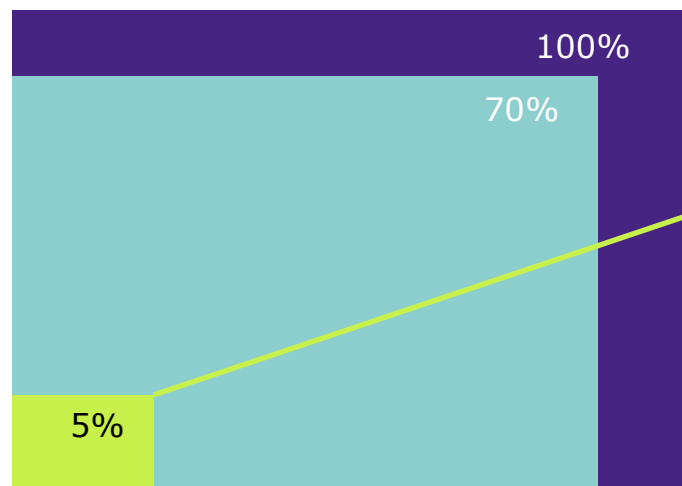
But are not tested when they attend

Missed opportunities for being offered HIV testing among men, for all men ($n = 1116$; panel A) and men in need of HIV testing ($n = 617$; panel B), Malawi, 2019

A. Among all men sampled







B. Among men in need of HIV testing



5% of men in need of HIV testing offered testing in past 12-months

Dovel et al., WHO Bull, 2021

-  Study population
-  Made a facility visit in the past 12-months
-  Offered HIV test during a facility visit in the past 12-months
-  Tested for HIV during a facility visit in the past 12-months

At outpatient departments, being offered testing is the greatest predictor of actual testing (aOR: 42; 95% CI: 15–119)

Balakasi et al., Diagnostics, 2021

HIVST at outpatient departments reaches men

Key findings

Distributing HIV self-test (HIVST) kits at outpatient departments dramatically increases

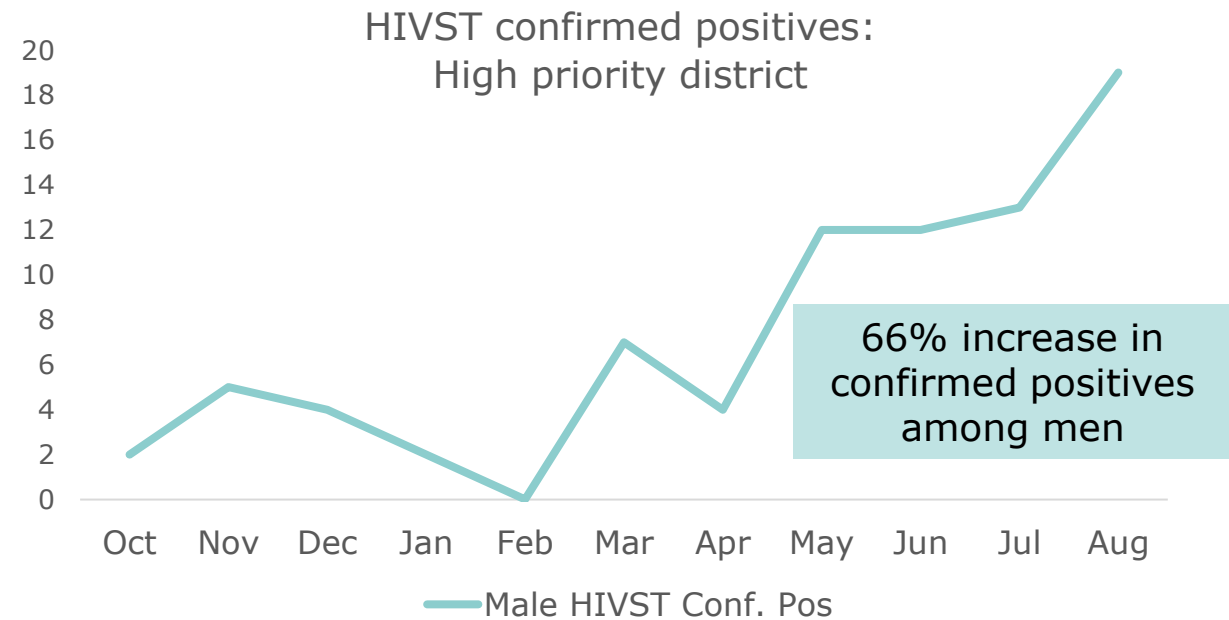
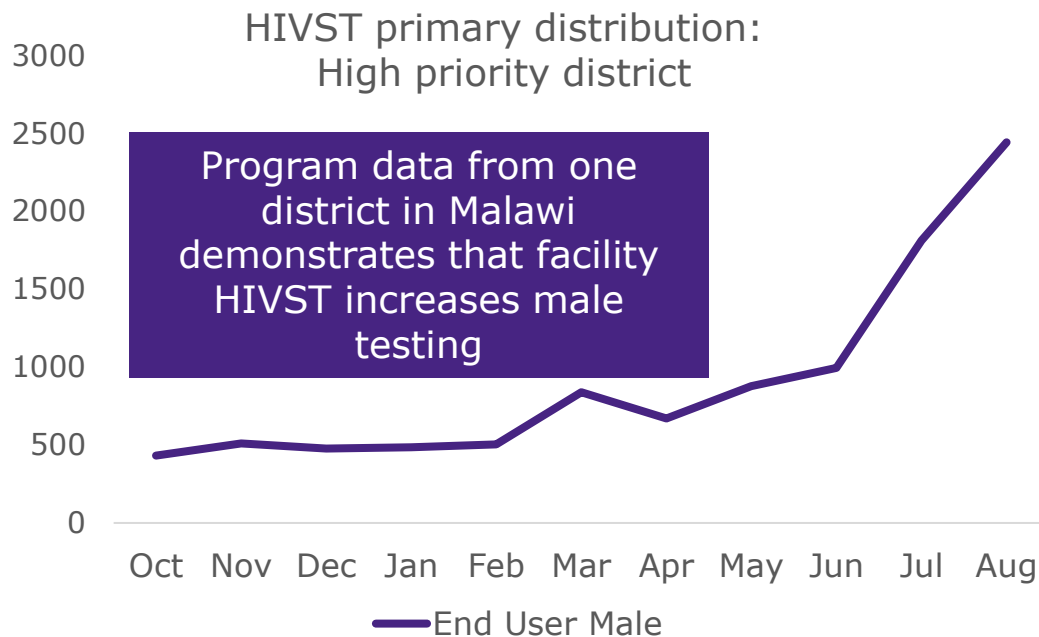
- Proportion of men offered HIV testing
- Proportion actually testing (~**200%** increase in clinical and implementation trials)

Strategy

While individuals wait for outpatient services provide

- Group HIV testing education
- Demonstration of HIVST kits
- Private distribution and areas (rooms or booths) for HIVST kit use and/or interpretation
- Health care workers available to provide support in HIVST use or linkage to additional services

Routine implementation of facility HIVST reaches men



Desired interventions among men who test positive for HIV with HIVST

Data Collection: In-depth interviews with 16 men who tested+ with HIVST and 11 of their female partners

Key Finding: Men were interested in targeted services for ART initiation, with male counselling and outside facility services seen as the most needed interventions

Intervention	Intervention method	Location	HCW Cadre	HCW Sex
Male targeted counseling	In person 1-on-1	Private, client choice	Higher level cadre (not HIV+ volunteer)	Mixed preference
Peer mentorship	In person 1-on-1, phone, or combination	Private, client choice	Community HCW, HIV+ volunteer	Male
Outside facility ART services	1-on-1, group distribution if private	Private, 'neutral' location	High level cadre	No preference
Facility navigation	In person 1-on-1	ART clinic, flexible hours	Community HCW or HIV+ volunteer	Mixed preference

Interventions to increase men's engagement non-acute health services

Health system doesn't target men

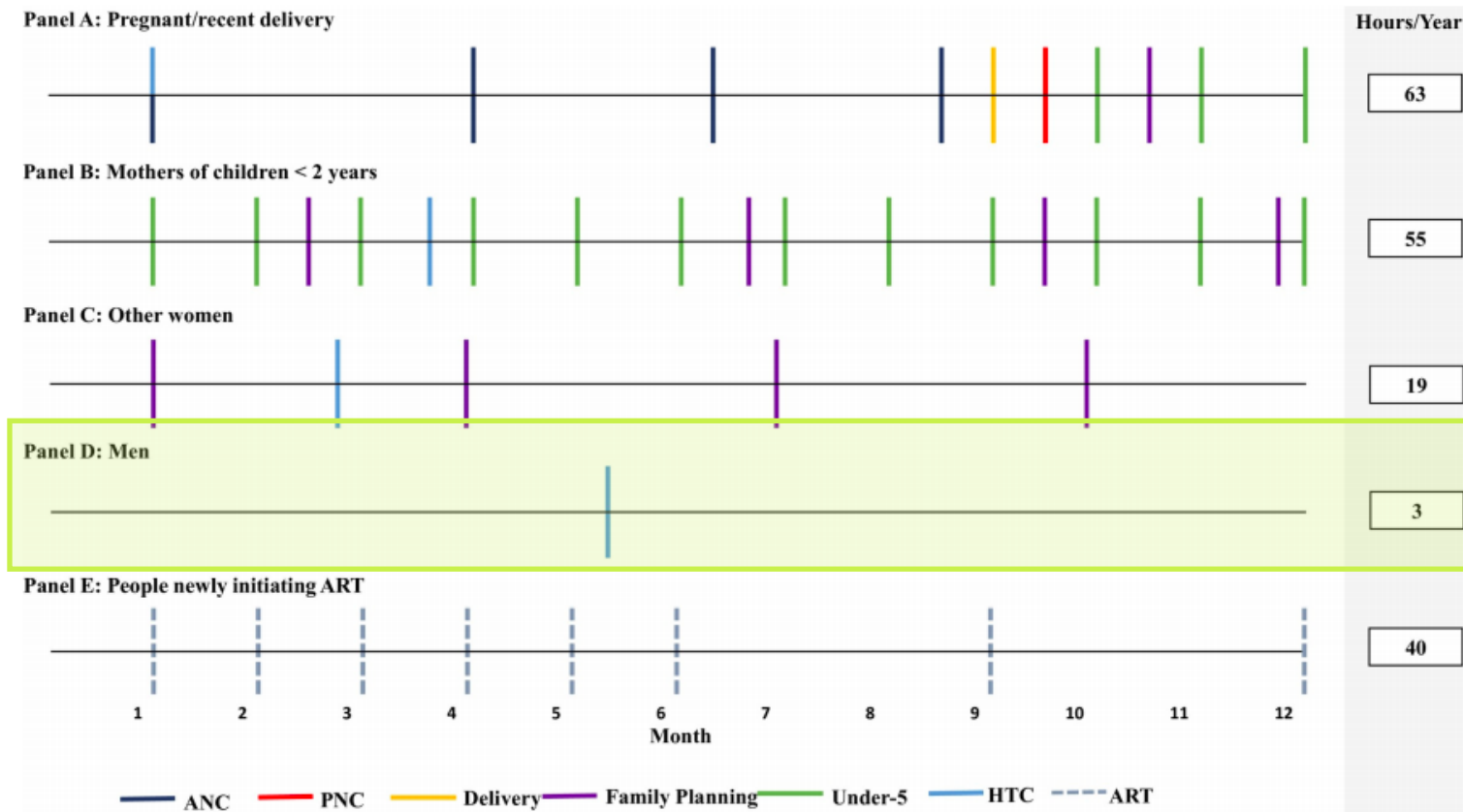


Fig 3. Annual recommended frequency of services and estimated time required by subpopulation. Visit frequency estimated based on national guidelines. Annual time required to meet guidelines is estimated from TLT calculations of median time required per service type (Table 1).

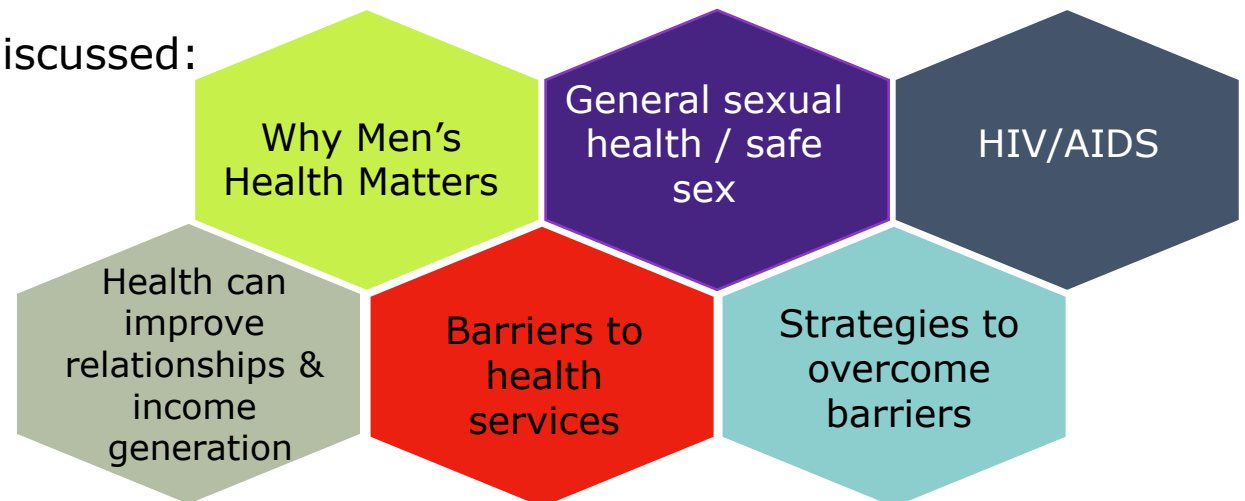
Community-based 'Men's Spaces'

Objective: Develop a male-specific event to increase men's knowledge and awareness of their own health needs, brainstorm barriers and solutions to facility engagement, and help men feel seen by the health system

Ultimate Goal: Increase men's engagement in non-acute services (including HIV)

Structure: Male only, one-time event (~2hrs); Small group (~20-30 per event); health education and discussion (interactive); HIV self-testing and NCD services offered

Health topics discussed:

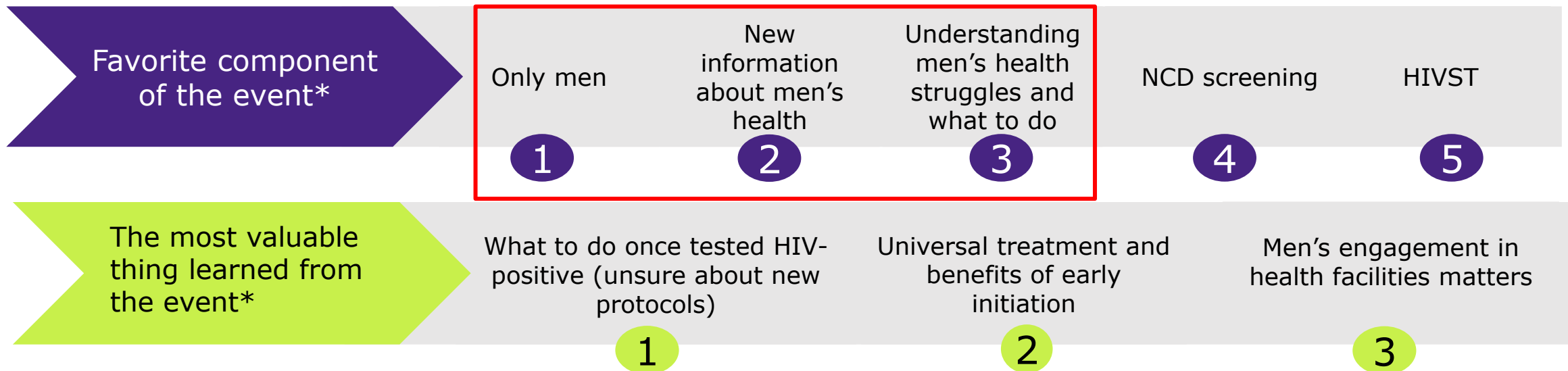


Pilot: 7 events, 183 men

Data: Exit survey with men, observation, medical charts

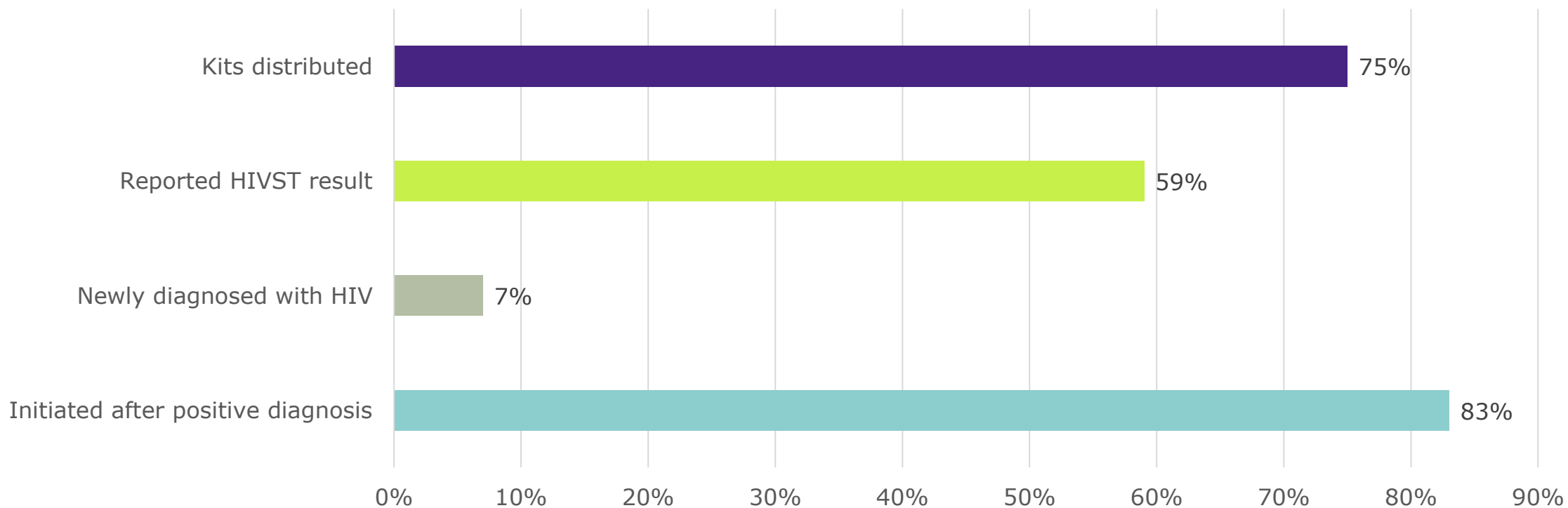
Outcomes of community-based 'Men's Spaces'

Highly acceptable among all men who attended. 100% of men would attend Men's Spaces again and recommend the event to friends.



* Values indicate the most common response given. Responses were similar across all age categories.

HIV self-testing at Men's Spaces



Next steps: Facility-based men's spaces

Objective: Pilot an abbreviated version of men's spaces + men's clinic (~45 min) within outpatient department spaces

Justification: Less cost, increased scalability, men are already there

Pilot: 4 health facilities over 3-months

Data: Medical records, health care worker daily reports, observation data

Preliminary Outcomes:

- Highly acceptable
- Favourite components: **only men**, reduced wait-time, friendly staff, felt **important/a priority** since most programs target women
- HIV Testing uptake varied by facility – higher for sites that included HIVST



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Thank you for your time

Funding

- United Kingdom Department for International Development (DFID) grant number: 300380
- USAID Cooperative Agreement: AID-OAA-A-15-00070
- UCLA CFAR grant AI028697, the UCLA AIDS Institute
- National Institute of Health Fogarty International Center K01-[TW011484-01](#)
- Bill and Melinda Gates Foundation (INV-001423)

The content is solely the responsibility of the authors and does not necessarily represent the official views of funders

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