Rethinking Men’s and Boys’ Healthcare Access and Use

March 17, 2022
IGWG Male Engagement Task Force

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The Male Engagement Task Force (METF) is an information, advocacy, and knowledge exchange network that:

- Examines how to engage men and boys in health promotion and gender equality
- Explores the who/what/where/when/why/how of better reaching and including men and boys while addressing gender dynamics that act as barriers to health
- Focuses on the health areas of family planning and sexual and reproductive health (FP and SRH); maternal, newborn, and child health (MNCH); HIV/AIDS, and prevention and treatment of infectious diseases (e.g., malaria, tuberculosis)
- Considers best, promising, and emerging practices in research and programming in order to improve outcomes across these health areas
Resource Highlight
The DO’s and DON’Ts for Engaging Men and Boys

- Two-pager on important considerations for engaging men and boys in health promotion and gender equity
- Cited as key resource to guide decision-making about programs, policy, media coverage, research, and funding priorities (Example: MenStar Coalition)
- Now available in English, French, Spanish, and Portuguese

https://www.igwg.org/resources/dos-donts-for-engaging-men-boys/
Focus and Objectives

Rethinking Men’s and Boys’ Healthcare Access and Use

Objectives

• Share global research and programming on rethinking men’s and boys’ help-seeking and healthcare access and use.
• Identify best, promising, and emerging practices to facilitate and support men’s and boys’ help-seeking and healthcare access and use, with particular attention to approaches that engage with gender and power dynamics to further health promotion and gender equality.
Presentations and discussions will explore...

- What are **overlooked barriers** to men’s and boys’ help-seeking and healthcare use and access? How can we overcome these barriers?
- What are **missed opportunities** to encourage and support men’s and boys’ help-seeking and healthcare use and access? How can we identify and leverage these opportunities?
- What are **effective program approaches** and strategies at different levels (e.g., facility, mobile, community)?
- What **gender and power dynamics** were identified and addressed in the particular context? And how?
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<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
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<tr>
<td>9:00–9:10 EDT</td>
<td>Welcome and Opening</td>
<td>Courtney McLarnon</td>
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<td>Passages Project, Institute for Reproductive Health at Georgetown University</td>
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<tr>
<td>9:10–9:25 EDT</td>
<td>Opening Remarks</td>
<td>Marcos Nascimento</td>
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<td>Oswaldo Cruz Foundation (Fiocruz)</td>
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<td>9:25–10:00 EDT</td>
<td>Panel #1: Major development and newest thinking around men’s and boys’ healthcare access and use</td>
<td>Julie Pulerwitz</td>
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<td>Population Council</td>
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<td>10:00–10:45 EDT</td>
<td>Panel #2: Emerging innovations and practices for meeting men’s and boys’ needs and priorities around healthcare access and use</td>
<td>Dominick Shattuck</td>
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<td>Breakthrough ACTION, Johns Hopkins Center for Communication Programs</td>
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<td>10:45–10:50 EDT</td>
<td>Closing Remarks</td>
<td>Dominick Shattuck</td>
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<td>10:50–10:55 EDT</td>
<td>Announcements</td>
<td>Courtney McLarnon</td>
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<td>10:55–11:00 EDT</td>
<td>Wrap-up</td>
<td>Courtney McLarnon</td>
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Opening Remarks
Gender, Masculinities, and Health: the Brazilian Experience

Marcos Nascimento, Oswaldo Cruz Foundation (Fiocruz)
Men’s Health: A Framework

- Gender perspective: social and gender norms
- Power dynamics, particularly in sexual and reproductive (SRH) field
- Intersectional approach (e.g., gender, class, race/ethnicity, age, sexual orientation, gender identity, disability)
Background

- Social Movements (1990–2010)
  - National and international agenda
  - Education and communication strategies for male engagement in sexual and reproductive health

  - Men’s health (from a gender perspective)

- Public Policy (2003–2010)
  - Paternity legislation
  - Men’s and women’s health
  - LGBT health and Black population health
Brazil’s National Healthcare Policy for Men (2009)

- Medical associations
- Social movements
- Scholars

One of the few countries with a specific health policy target for men and boys
Brazil’s National Healthcare Policy for Men
- Main Areas of Intervention

- Sexual and reproductive health
- Fatherhood and care
- Violence prevention
- Chronic diseases
Brazil’s National Healthcare Policy for Men - Strategies

- Brazilian health system (SUS)
- Public health campaigns
- Community health workers and health professionals
- Outreach efforts
Fatherhood and Care

• The male prenatal care strategy includes:
  • Male partner involvement in prenatal care
  • Men’s health
  • Legislation (parental leave; companion law)
  • Childcare
Challenges

- Men as “strangers” in health facilities and clinics
- “Gender ideology”; conservatism and backlash
- “Be a man” and the familial perspective
- Structural vulnerability: racism, homophobia, sexism, transphobia
COVID-19 Pandemic

- More than 650,000 people have died in Brazil
- Around 56% were men
- Men and COVID-19
  - Gender and social norms
  - High level of unemployment
  - Precarious work
  - Health-seeking behaviors
  - Mask misuse or refusal
  - Vaccination refusal
COVID-19 Pandemic

- Gender perspective analysis

- Responses to:
  - Gender-based violence
  - Family violence
  - Femicide
  - Sexual and reproductive health issues
  - Social vulnerabilities
  - Intersectional approach
Thank you! Gracias! Merci! Obrigado!

Marcos Nascimento
marcos.nascimento@iff.fiocruz.br
Panel #1

Major developments and newest thinking around men’s and boys’ healthcare access and use (including gender transformation)

Speakers:

• Kathryn Dovel, University of California at Los Angeles (UCLA) and Partners in Hope-Malawi (PIH)
• Stella Abah, WI-HER
• Neeta Bhandari, U.S. Department of State, Office of the Global AIDS Coordinator/President’s Emergency Plan for AIDS Relief (PEPFAR)
Identifying Efficient Linkage Strategies for Men (IDEaL)

Kathryn Dovel, PhD, MPH
University of California at Los Angeles (UCLA)
Partners in Hope-Malawi (PIH)
Outpatient Department (OPD) is an Important Entry Point for Men

Majority of men attend OPD
Community-representative survey with men in Malawi (n=1,116)

Men living with HIV attend OPD
Survey with HIV+ men disengaged from care (n=434)

Facility attendance since disengagement (median time since disengagement: 3.4m)

Among men in need of testing:
• 7% offered testing services

Reason for not testing:
• 37%: Provider did not offer
• 23%: Perceived low risk
Facilitators to Men’s Engagement in Antiretroviral Therapy (ART)

In-depth interviews with men struggling with initiation or retention (n=40)²,³

Most frequently mentioned

- Positive facility experiences

Often mentioned

- Follow-up by healthcare workers
- Exposure to successful ART clients
- Spouse Support
- Male support

Occasionally mentioned

Rarely mentioned

Core building blocks of positive facility experiences (process evaluation of two trials):
- Time efficient services (reduced wait time/wait time utilized for other things)
- Engaging patient-provider interactions (feel respected and heard)
- Motivating and detailed information (don’t demand but explain why)
Identifying efficient linkage strategies for men (IDEaL)

Sources


2. Unpublished, preliminary data

USAID’s Nigeria Integrated Health Program:
Male Engagement in Reproductive, Maternal, Newborn, Childhood, Adolescent, and Nutrition Services in Kebbi State, Nigeria

Stella Abah, Gender, Social Inclusion and Community Engagement, Advisor for IHP in Kebbi State, stella.abah@ihp-nigeria.com
USAID’s Nigeria Integrated Health Program: Male Engagement in RMNCAH+N Services in Kebbi State

**Background**
Gender equality and social inclusion implementation began in January 2021 for antenatal care (ANC) and April 2021 for family planning (FP) in Kebbi.

**Learning Lab Initiative**
- Engaging men as allies and champions of health
- Tackling harmful traditional norms
- Promote male-friendly space in the healthcare facility
- Address couples’ decision-making and women’s autonomy
- Use strong, high-quality indicators

(Reproductive, maternal, newborn, child, and adolescent health plus nutrition = RMNCAH+N)
Proportion of ANC and FP Appointments Attended by Male Partners at Maiyama Primary Healthcare Centers in Kebbi State

- Proportion of Women Accompanied by a Male Partner to ANC
- Proportion of Women Accompanied by a Male Partner to FP
Well-coordinated partnership, bringing together public sector HIV service delivery capacities with private sector consumer-oriented marketing acumen, MenStar is an innovative way of doing business to reach men where they are, with the services they need.

- Chukua Selfie HIVST Campaign (Kenya)
- MINA: A Brand for Men (South Africa)
- MenConnect (South Africa)
- Dablap Meds (South Africa)
- Somos Iguais (Mozambique)

PEPFAR supports innovative approaches; enhances service delivery models; commodity procurement; and efficient testing strategies and facility-based innovations.
Results: Success to Date

Since its launch in 2018, MenStar has reached an additional 2.4 million men with HIV treatment.

94% of those are virally suppressed.

Source: PEPFAR MER Data (TX_NEW and TX_PVLS), Baseline 2018 Q4 – FY21 Q3
To Learn More...

MenStar Coalition Website
http://www.menstarcoalition.org

MenStar Strategy
https://menstarcoalition.org/strategy/

Contact:

Neeta Bhandari, Acting Deputy Director, Private Sector Engagement, U.S. Department of State/PEPFAR:
bhandarin@state.gov

Acronyms
AGYW: adolescent girls and young women
ART: anti-retroviral therapy
ARV: anti-retrovirals
DSD: decentralized service delivery
HIVST: HIV self-testing
PPP: public-private partnership
TLD: Tenofovir, Lamivudine, and Dolutegravir
Panel Discussion

Moderator:
Julie Pulerwitz,
Population Council
Panel #2

Emerging innovations and practices for meeting men’s and boys’ needs and priorities around healthcare access and use

Speakers:

• Ehi Adejo-Ogiri, Jhpiego
• Charlotte Pahe, Population Services Kenya
• Vitumbiko Namondwe and MacBain Mkandawire, Youth Net and Counselling (YONECO)
• Dorcas Manortey, United Nations Population Fund (UNFPA) Ghana
The Big Idea: VALOR

With support from USAID through PEPFAR, the Reaching Impact, Saturation, and Epidemic Control (RISE) program used human-centered design “lite” approaches to develop and test empathy-powered social media messaging, along with virtual navigators to increase uptake of first-time HIV testing, treatment and care among undiagnosed/unlinked Nigerian men 20-34 years.

If we...
- Create resonate creative concepts for social media
- Empathetically connect to men’s deep concern and desires
- Invite men to virtually connect with a person who is knowledgeable and relatable

And we...
- Establish a network of virtual navigators
- Who field questions and screen early in their decision process
- While addressing personal needs and concerns
- Link men to community HTS and self-testing
- In a way that is supportive, empathetic and confidential

Then...
- At-risk untested and unlinked men aged 20-34 will get linked and (re)linked to care

VALOR: Virtually Accelerating Linkage Of Men to Reframed HIV Services
The VALOR Insights & Secret Sauce: Resonant Promise + Reason to Believe

During prototyping men consistently preferred and requested tender depictions of support, joy and love, rather than isolating pictures showing men conquering challenges all alone through brute strength.

<table>
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<tr>
<th>VALOR Insights</th>
<th>So Instead of….</th>
<th>VALOR’s approach…</th>
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<tr>
<td>Men are lonely in their fear, feel ashamed</td>
<td>Minimizing men’s fear by saying “there’s nothing to fear”</td>
<td>Reassures men that feeling nervous is normal</td>
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<td>Isolation is worse than death</td>
<td>Telling men to “Man Up” and face their fear</td>
<td>Promises men that a VALOR guide will be a trusted friend helping them connect with the courage inside them</td>
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<tr>
<td>What matters most: love, friendship, sex, belonging</td>
<td>Pressuring men to protect their families (playing on guilt)</td>
<td>Reassures men that their families will still love them and be safe</td>
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<td>Risk-based, general messaging may imply men are irresponsible and uncaring- men can’t relate</td>
<td>Implying men are at risk because they have been irresponsible</td>
<td>Meets men where they are with empathy and understanding</td>
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<td>Courage is defined as social support. Being supported and loved is courage</td>
<td>Showing images where men are in charge</td>
<td>Depict loving and egalitarian relationships between men and women</td>
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Claim Courage
• **You’re not alone**
• Testing is scary for everyone.
• You will find the courage because our virtual VIP Guides are here to help you.

Keep What Matters
• **You’re Loved: friends and family**
• You will still be loved because new treatment makes it so you cannot transmit the virus to anyone else.

Enjoy Life
• **You Feel Good, Thrive**
• You can continue to have fun and thrive anxiety-free, because the new treatment is so easy; just one pill a day!

“If you massage a man’s ego very well, you can get him to do anything.”
- VALOR focus group participant
VALOR Results: A Snapshot

After three months of small-scale implementation, VALOR reached thousands of men with anti-stigma messages, engaged 920 men via WhatsApp, connected at least 736 men to HIV testing services. 48 men were identified HIV+ and linked to ART care (given a yield of 7%). RISE-Nigeria followed up with VALOR clients and continued the use of VALOR messaging in RISE-supported states.
This presentation was made possible with support from the U.S. President's Emergency Plan for AIDS Relief, through the United States Agency for International Development funded RISE program, under the terms of the cooperative agreement 7200AA19CA00003. The contents are the responsibility of the RISE program and do not necessarily reflect the views of USAID or the United States Government.
**Project Name:** HIV Self-Testing (HIVST) Challenge Fund Project

**Project Goal:** Support the Kenyan government to attain first 95 for HIVST with a focus on at-risk men 20-34 years old.

**Project Objectives**
1. Optimizing distribution and linkage models in the public and private sector that increase uptake of HIVST
2. Create a sustainable supply of HIVST kits (available and accessible)
3. Create an enabling environment for HIVST scale-up and sustainability

**Donor:** Children Investment Fund (CIFF) and Elton John AIDS Foundation (EJAF) **Prime Partner:** PSI

**Project Duration:** 3 years (March 2019 – February 2022)

**Key Performance Indicators**
1. # of kits distributed by the project to users (125% target achieved)
2. # of pharmacies and retail outlets that stock HIVST kits (1, 100)
3. % of men 20-34 reached through the project who report testing positive for HIV using an HIVST and enrolled in ART - 1465 tested positive and started on ART
4. % of HIVST users using linkage tools designed by the project - 86%
5. % of HIVST users who report their test kit outcome - 60%
1. Innovate around service delivery models in the public and private sector that increase uptake of HIVST
   a) Community-based distribution: 7 community-based organizations, workplace distribution, and vending machines
   b) Targeted distribution utilized PEPFAR/DATIM results to determine locations with testing gaps among men
   c) Pharmacy distribution: physical “brick and mortar” pharmacies, online pharmacies

2. Innovate models for linkage to services among at-risk men ages 20-34
   • Support client privacy and efficiently gather opt-in data-import for any follow-on programming
   • Utilize self-reporting on site through phone calls, texts and WhatsApp messages
Results/Impact of Work

HIVST Kits distributed to users between July 2019 and December 2021

Percentage of HIVST kits distributed to men: 77%\n\nMen who reported that they were testing for the first time or had not tested in a period exceeding 12 months:

- Never Tested: 8%
- 0-3 months: 5%
- 4-6 months: 14%
- 7-12 months: 29%
- >12 months: 44%

Testing History of all HIVST Kit Recipients

- Project target: 70% HIVST kits distributed to men
- Prioritize men eligible for HIV testing as per service guidelines in Kenya
- Engaged sales through community-based pharmacies
- Started with 500 pharmacies and grew to 1,100+ pharmacies
- Accounted for one-third of kits distributed by project
Overview:
Boys’ safe spaces and male engagement initiatives serve to promote positive, nurturing and collaborative images of men and boys.

Context and Program Scope:
• Kumphala are pre-existing cultural settings for socialization
• Modified space
  ✓ Deep-rooted patriarchal culture, norms around male dominance and harmful conceptions of masculinity
  ✓ Safe spaces for mentorship and role modelling of positive masculinities

Creating Safe Spaces to Engage Boys in Positive Masculinity for Gender-Based Violence Prevention and Sexual and Reproductive Health and Rights Promotion

Kumphala
Kumphala: Innovation Highlight

- 120 boys mentors and male champions trained
- 896 boys and men participate in safe spaces and male action group sessions
- Kumphala curriculum on positive masculinities used
- Creative engagement using sports (e.g., football drills)

- Safe and confidential access to 24/7 helpline with referral services
  - Psychosocial support
  - Counseling
  - Referral
  - Linkage to services (HTS, STI, etc.)

- Bulk SMS systems available to users for free
- Let’s Chill: mobile site for provision of digital access to SRHR information and services
  - Interlinked with social media platforms like Facebook and WhatsApp
  - Initiate live chat sessions moderated by professional counsellors and health personnel
  - Quiz and campaigns for young people with prize awards, including ‘Let’s Chill’ branded IEC materials (e.g., t-shirts, caps, arm bands)
Kumphala: Impact of Work

Assurance of CONFIDENTIALITY

ACCESS to male-friendly, timely and convenient services

Experience sharing in Male circles for EMOTIONAL support and connection

The Executive Director
Youth Net and Counselling
C/o Youth Leadership Development Centre
P. O Box 471
Zomba, Malawi.
Email: executive@yoneco.org.mw
Website: www.yoneco.org
WAWA ABA Innovation: Bridging unmet FP/SRH gap among adolescents

Dorcas Manortey
Programme & Innovations Assistant, UNFPA Ghana
manortey@unfpa.org / dorcasm021@gmail.com
Project Overview

• High unmet need for FP information and services among adolescent boys and girls ages 15–19 years (61%), much higher than national average (30%) (MHS, 2017)

• COVID-19 exacerbated existing barriers such as proximity to health facilities, attitudes of service providers, and fear of ridicule

• Call for innovation by UNFPA headquarters in 2019

• Prototyped and co-created with over 600 adolescents (including boys)

• Tested of actual platform with users (including boys) in five regions of Ghana
WAWA ABA Innovation is a web-based platform, not an app

It leverages digital technology and maps to aid adolescents (including boys) in finding and accessing FP/SRH services via nearest health facilities, clinics, and pharmacies.

- Maps users to 16,000 health/FP/SRH facilities, including adolescent-friendly services, across Ghana
- AI avatars aid translation from English into four Ghanaian local languages: Ga, Twi, Ewe, and Dagbani
- Collects anonymous responses from users with comments and feedback
- SRH information (YMK App) and GBV support (toll-free number 0800111222)
Impact on Men’s and Boys’ Access to SRH Services

- Wawa Aba dashboard analysis reported the following:
  - Over 120,000 young people have anonymously accessed the platform and used it for their FP/SRH needs
  - Out of registered users, 41% were men/boys

- Web anonymity created the safest space for men and boys to access quality SRH information and services
- 40% of men and boys involved throughout prototype and design phase

Key Learnings

- Partnership with key actors-government, CSOs, youth-led & youth-focused organisations, community leaders, etc.
- Human-centered design facilitated user acceptance and engagement
- Teamwork even in the face of COVID-19 pandemic
Technology remains a powerful tool that can be harnessed to address different barriers to FP/SRH access among men and boys.
Panel Discussion

Moderator:
Dominick Shattuck
Breakthrough ACTION, Johns Hopkins Center for Communication Programs
Closing Remarks
Announcements and Wrap-up

- New resources
- Upcoming events
- METF online community

I wonder who else is working on couple communication in family planning.

I’m writing to share an upcoming event about engaging men in HIV screening.

Does anyone have any resources to share on addressing the mental health needs of young boys?

Thank you!