



HIV/AIDS • GENDER EQUALITY • HUMAN RIGHTS

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PROMOTING RIGHTS, ACTION & ACCOUNTABILITY



Blind spots in the struggle against HIV and Aids?

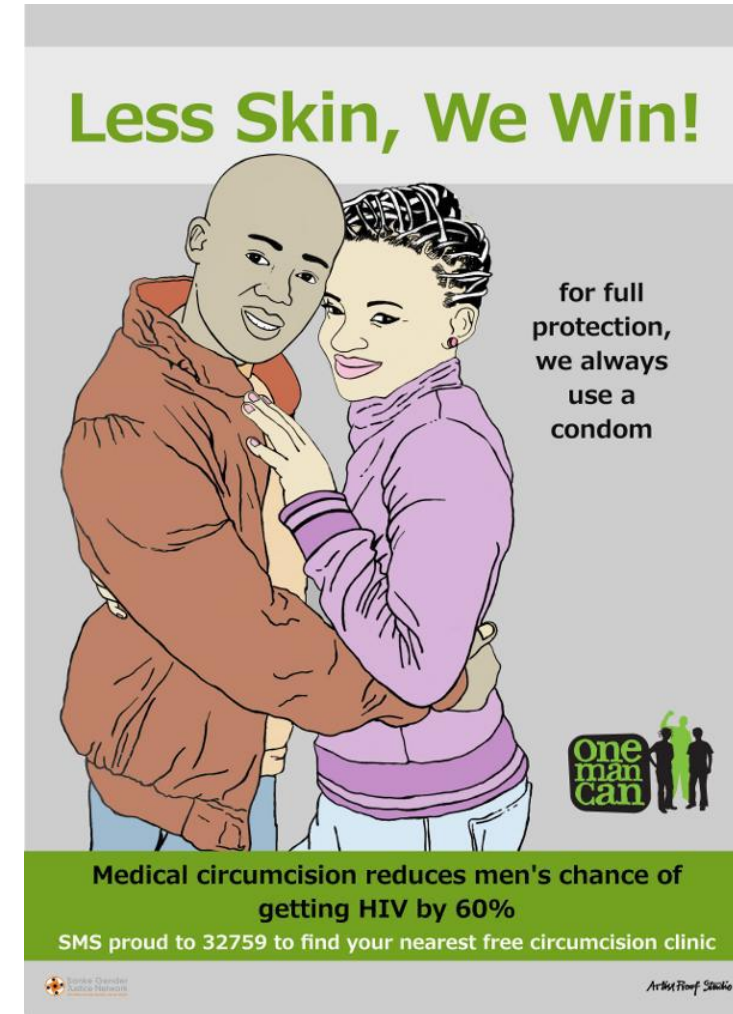
Angelica Pino, Programmes Director

PATA 2019 Summit

Johannesburg, 17 October 2019

IN THIS PRESENTATION

- It takes two to tango: Where are the boys in the SRHR space?
- Men and HIV - To get to zero we must get to men
- Intersection between GBV and SRHR and HIV
- Some promising ideas/programmes



DEMOGRAPHICS AND DATA: MISSING THE MARK ON AVAILABLE INFORMATION ON BOYS AND SRHR

- There are almost half a billion people living in Eastern and Southern Africa of which **23.8% are adolescent boys and young men aged between 10 and 34** – this equals 117 million people.
- **However, there is limited focus or information on boys and SRHR:** “Whilst a variety of data does exist that measures the various sexual and reproductive health and rights needs of adolescent boys and young people, most of this data is collected through population based surveys and is not routinely collected. Also, either due to a lack of disaggregation or a lack of reporting, **the data does not cover the full range of SRHR needs of adolescent boys and young people, especially when it comes to STIs, CSE, and prevention and treatment of sub-fertility and infertility, sexual function and satisfaction, and common risk factors**” (A *brief situational analysis of adolescents boys and young men’s SRHR in East and Southern Africa*’ by Jonathan Hopkins – Sonke/UNFPA research underway).

WHERE DO WE FIND BOYS AND YOUNG MEN IN THE SRHR SPACE?

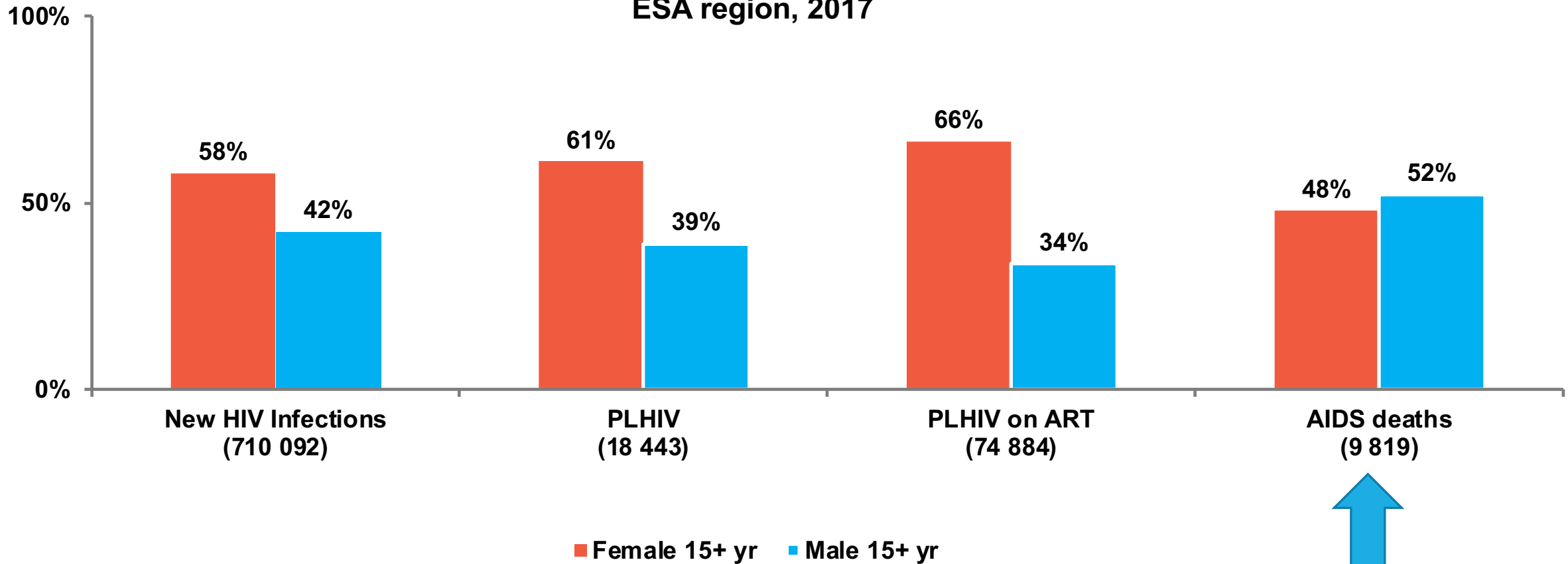
Some presence

- Contraception
- Family planning
- Pre-natal care, safe delivery and post-natal care
- Reproductive tract infections, STIs
- **HIV (PrEP, condoms, VMMC, HTC, treatment)**
- Comprehensive sexuality education
- Male cancers
- Prevention and treatment of sub-fertility and infertility
- Sexual function and dysfunction

Very little presence

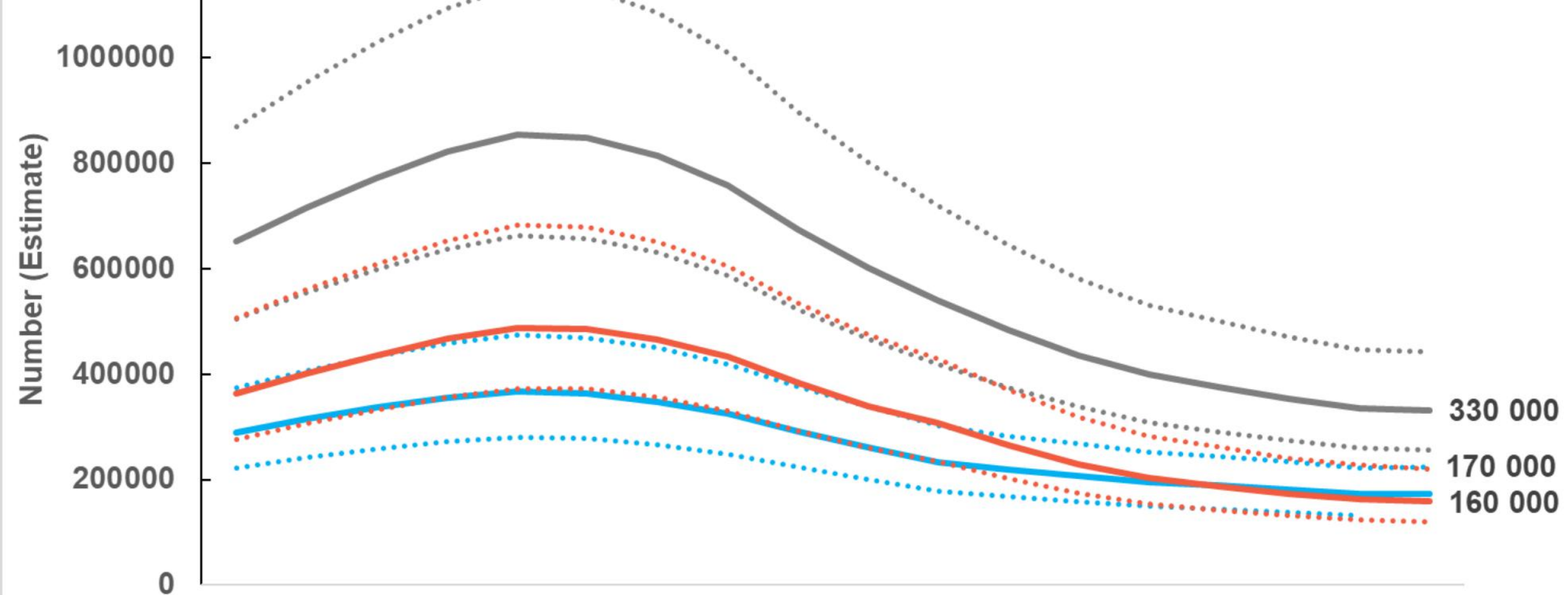
- Supporting safe abortion and abortion care
- Harmful traditional practices (FGM, forced child marriage)

HIV and ART estimates, Males and Females 15+ yr, ESA region, 2017



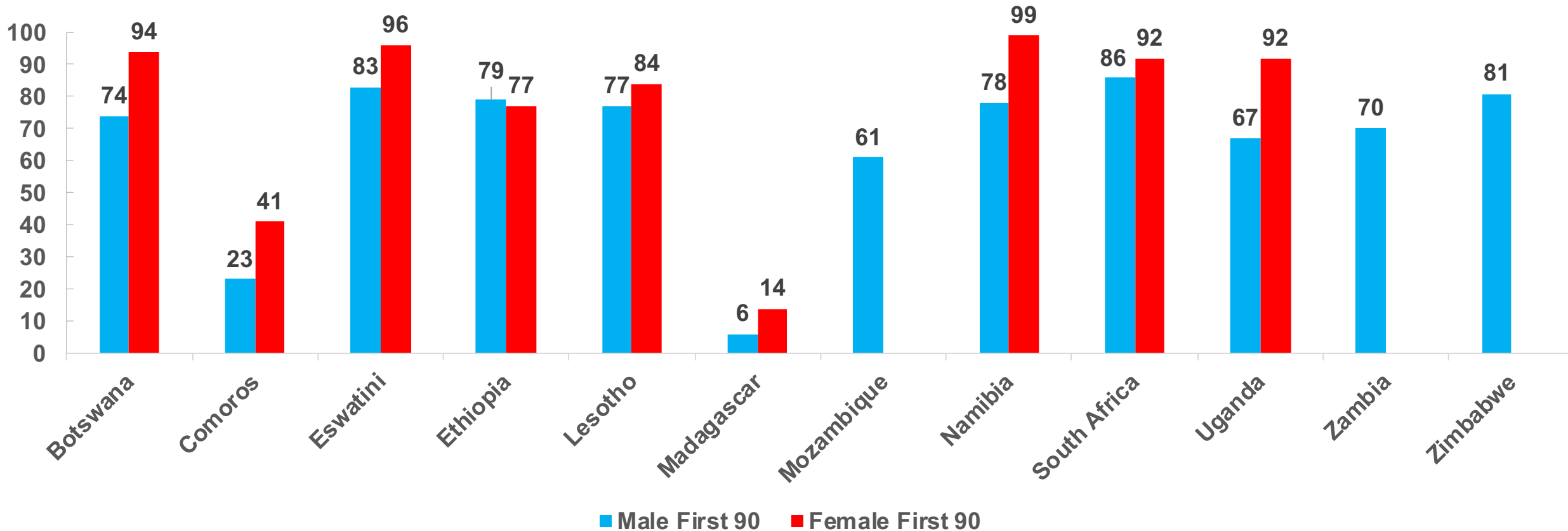
THERE ARE DIFFERENCES IN THE HIV EPIDEMICS AND ART COVERAGE AMONG MEN AND WOMEN IN THE ESA REGION OVERALL

**TO GET TO ZERO
WE MUST GET TO
MEN**

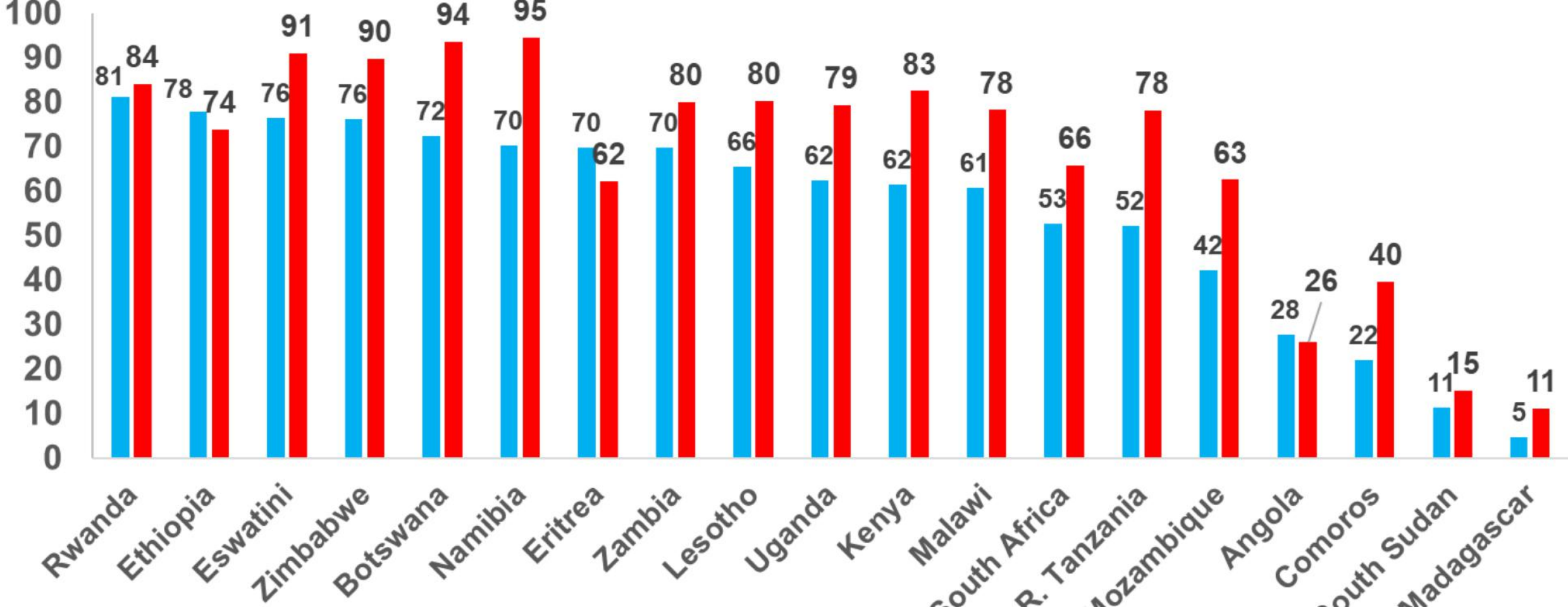


**MORE FEMALES ARE GETTING INFECTED... BUT 110 000 MORE MALES
DIED AIDS-RELATED DEATHS THAN FEMALES**
AIDS-RELATED DEATHS DECLINED MORE RAPIDLY AMONG GIRLS AND WOMEN
(48%) THAN AMONG BOYS AND MEN (26%) BETWEEN 2010 AND 2017, SO THAT
NOW THE **MAJORITY (52%) OF ALL ADULT DEATHS WERE AMONG
MALES 15+ IN 2017**

Males and Females who are aware of their HIV status, Countries in ESA, 2017

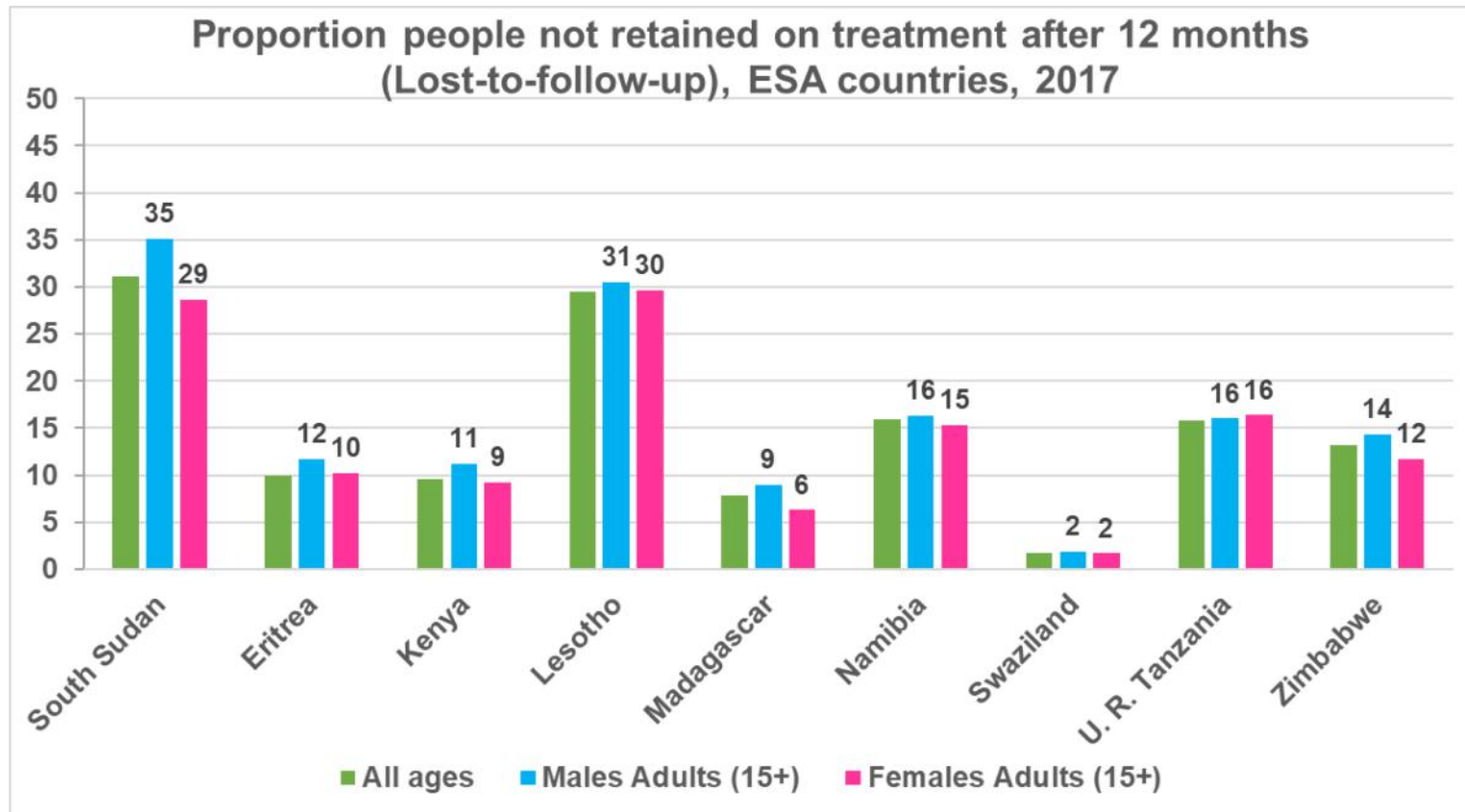


THE 1ST 90% IN ESA COUNTRIES: A **HIGHER PROPORTION OF WOMEN THAN MEN ARE BEING TESTED** AND ARE AWARE OF THEIR STATUS IN MOST COUNTRIES WITH AVAILABLE DATA

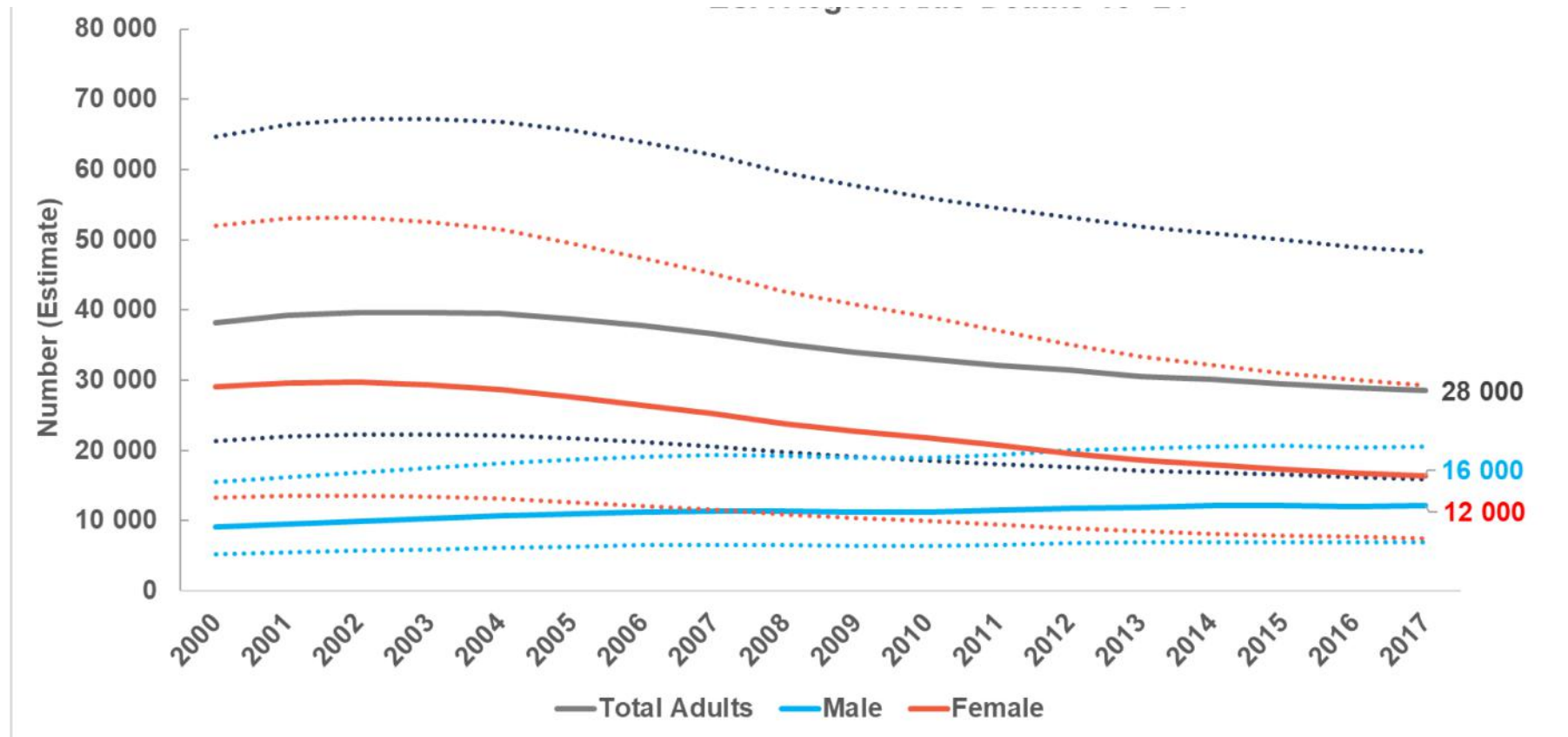


THE 2ND 81% IN ESA COUNTRIES: SIGNIFICANT DIFFERENCES EXIST IN ART COVERAGE AMONG WOMEN AND MEN. **MORE WOMEN THAN MEN ARE RECEIVING ANTIRETROVIRALS** IN MOST COUNTRIES ACROSS THE REGION (AVERAGES OF 68% AND 56%, RESPECTIVELY)

GENERALLY MORE MEN ARE LOST TO TREATMENT FOLLOW UP THAN WOMEN IN COUNTRIES IN ESA WITH AVAILABLE DATA



AIDS-RELATED DEATHS AMONG YOUNG PEOPLE: THEY DECLINED FROM 2010 TO 2017 AMONG ADOLESCENT GIRLS AND YOUNG WOMEN (15-24 YEARS) WHILE THEY **INCREASED AMONG ADOLESCENT BOYS AND YOUNG MEN**



GENDER MATTERS IN THE HIV RESPONSE!

- Men are less likely to get tested than women
- Low male testing and treatment rates increase HIV transmission to female partners
- Men are not accessing antiretroviral treatment as much as women
- Men have a lower CD4 when they start treatment
- Men are more likely to interrupt treatment or be lost to follow-up
- Consequently, men are less likely to achieve viral load suppression – so that the preventive effect of treatment is not being realized
- Young people have low knowledge and significant risk behavior

ANOTHER BLIND SPOT? INTERSECTION BETWEEN GBV AND HIV

The links between GBV and HIV are now well documented:

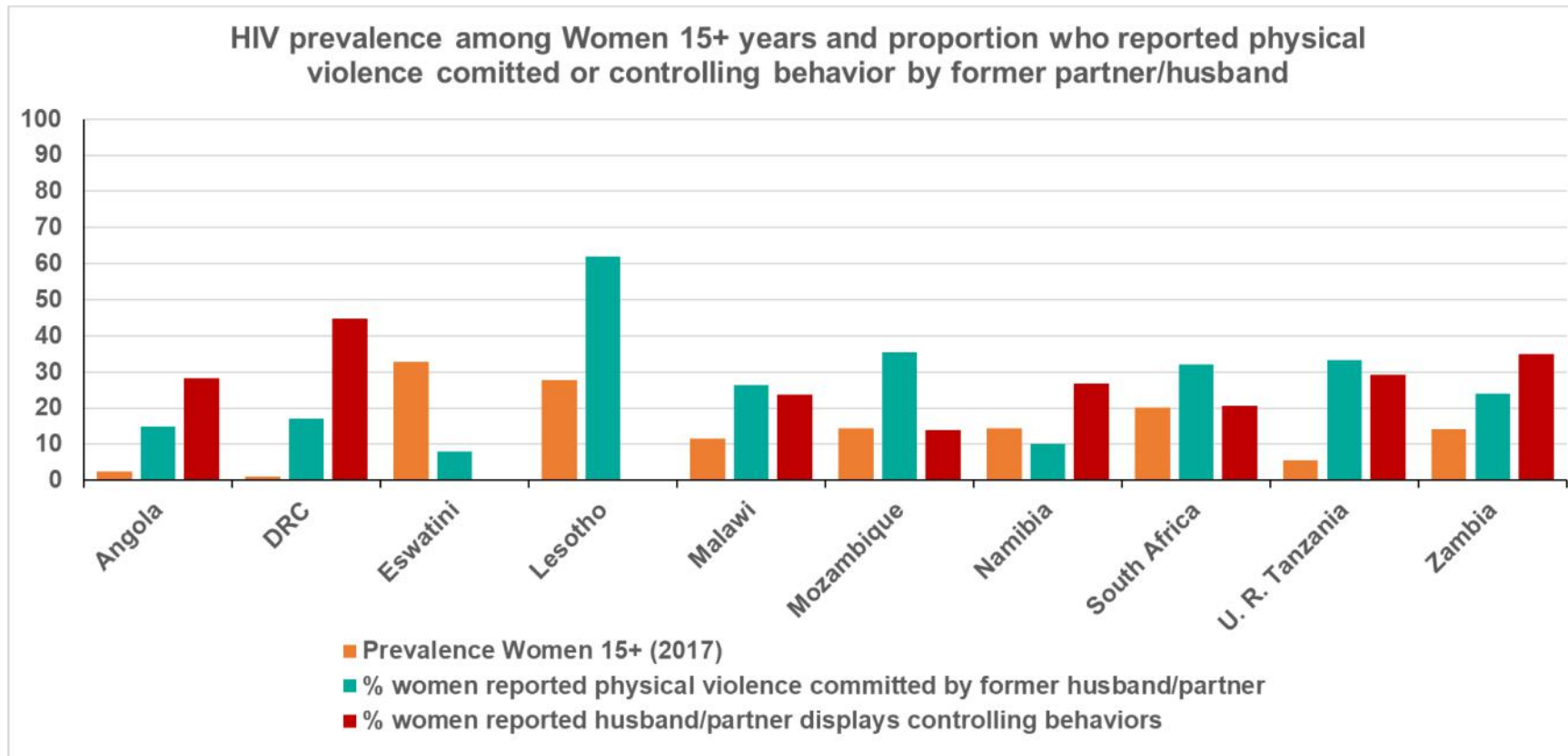
- Common risk factor for GBV and HIV – gender inequality being central
 - Women exposed to violence in childhood or who make early sexual debut (often coerced) - high risk of IPV or HIV
 - Men who have experienced or witnessed violence in childhood – harmful use of alcohol, concurrent partnerships and perpetration of VAW and increased risk of HIV infection
 - Condoning violence and social or gender norms and cultural practices legitimising male control over women – less access to health information

ANOTHER BLIND SPOT? INTERSECTION BETWEEN GBV AND HIV

- VAW as an indirect factor for increased HIV and a barrier to uptake of HIV services
 - Women in abusive relationships are less likely to negotiate condom use and practice safe sex
 - Women victims of violence stigmatised – hence less likely to seek HIV services
 - Women living with HIV exposed to IPV – risk of no adherence to ART
- Sexual Violence as a direct risk factor for HIV - stranger rape; repeated rape in intimate partner relationship
- VAW as an outcome of HIV status – sterilisation; intimate partner violence

GENDER NORMS AND INEQUALITY IN POWER RELATIONS EXACERBATE HIV TRANSMISSION: DESPITE 15/19 COUNTRIES IN ESA WITH DOMESTIC VIOLENCE AND SEXUAL OFFENCES LAWS, ON AVERAGE ABOUT A THIRD OF WOMEN REPORTED PHYSICAL VIOLENCE OR CONTROLLING BEHAVIOR FROM PARTNERS

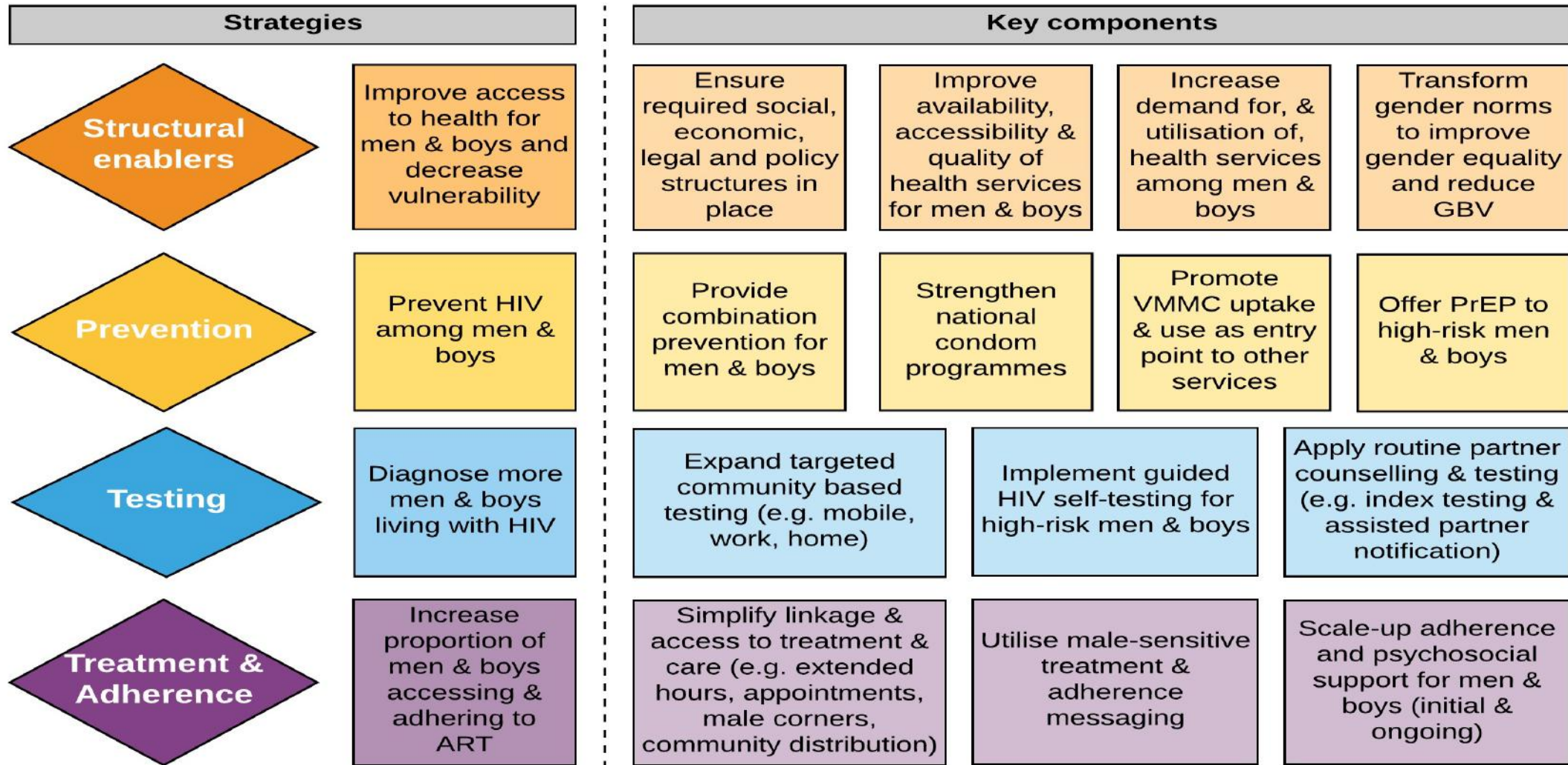
(SOURCE: PREPARED BY RST ESA SI HUB BASED ON GAM 2017, COUNTRY DHS AND WHO MULTI-COUNTRY STUDY ON WOMEN'S HEALTH AND DOMESTIC VIOLENCE AGAINST WOMEN, 2005)



WHAT CAN WE DO? MEN IN THE HIV RESPONSE

- Address the complex, multi-level factors contribute to men's low uptake for HIV-related services:
 - Some barriers are the product of prevailing gender norms – such as masculinity equating illness with weakness and men viewing clinical settings as female spaces – **focusing only on gender norms is an oversimplification.**
 - **Men lack the universal entry points to health systems** that women generally have which is compounded by a lack of extended opening hours and facility-based service delivery models which hinder access to men who work outside their communities during the day.
 - Health-system hindrances go beyond the service delivery level and a broader supportive enabling environment needs to be intentionally created, including laws, policies and health strategies.
 - In most countries, **men are largely missing from public health strategies** and there is therefore little mention of strategies or activities to improve their access to health and HIV services.
- Unaid, Promundo, Sonke and MenEngage Africa - Fast-Track Acceleration Plan provides the foundation for country-led movement towards ending new HIV infections & AIDS-related deaths among men. This plan builds on the UNAIDS Global Platform for Action on Men and HIV.

Goal: By 2025 reduce new HIV infections & AIDS-related deaths among men & boys & decrease HIV vulnerability



WHAT CAN WE DO? ADDRESSING THE LINKS BETWEEN GBV AND HIV

- Empowering women and girls through integrated multi-sectoral approaches (economic empowerment; cash transfers; property and inheritance laws)
- Transforming cultural and social norms related to gender (community education and mobilisation on norms change; communication campaigns, etc.) – Strong emphasis on gender transformation approaches targeting men and boys. Examples: Stepping Stones; SASA!; Sonke's One Man Can; Sonke's Tsimba
<https://genderjustice.org.za/project/community-education-mobilisation/tsimba-treatment-as-prevention/>
- Integrating VAW and HIV services
- Promoting and implementing laws and policies to VAW, gender equality and HIV

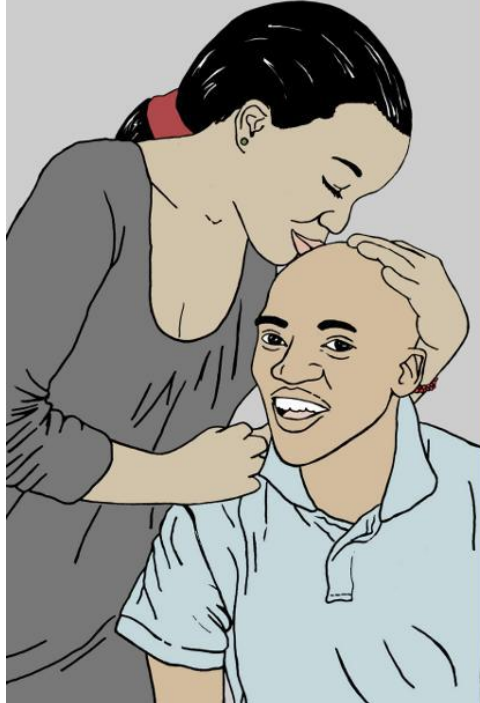
INTEGRATING VAW AND HIV SERVICES

- Addressing violence in HIV-reduction counselling – at risk populations for instance
- Addressing violence in HIV testing and counselling, PMTCT, treatment and care services: identification of signs of violence; counselling; teaching partner communication skills, ensuring safety of victims, monitoring patients, etc.
- Providing comprehensive post-rape care including HIV PEP
- Addressing HIV in services for survivors of violence.

For more information: **WHO 16 Ideas for Addressing VAW in the context of the HIV epidemic – A programming tool**

https://www.who.int/reproductivehealth/publications/violence/vaw_hiv_epidemic/en/

THANK YOU




Clean is Sexy
#nuffsaid

Why?

- medical
circumcision
reduces the
chance of
getting
- STIs
- cancer of the
penis
- HIV
- cancer of the
cervix

SMS proud to
32759 to find
your nearest
free circumcision
clinic

**one
man
can**


Arbit Proof Studio