Practical approaches and case-based models for reaching men and boys with integrated HIV services

World Health Organization

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Abbreviations and acronyms

ANC	Antenatal Care
ART	Antiretroviral Treatment
DSD	Differentiated Service Delivery
HCW	Health Care Workers
HIVST	HIV Self-Testing
MSM	Men who have Sex with Men
NCD	Non-Communicable Disease
OPD	Outpatient Department
PCC	Person-Centred Care
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PrEP	Pre-exposure Prophylaxis
PWID	People Who Inject Drugs
SRH	Sexual and Reproductive Health
VMMC	Voluntary Medical Male Circumcision

Definitions

The below definitions apply to the terms used in this document. They may have a different meaning in other contexts.

Community engagement: A collaborative, iterative process that actively involves community members as equal partners in identifying health priorities and developing, implementing, and evaluating strategies to improve health outcomes. Community engagement promotes shared decision-making, builds on existing strengths, and fosters sustainable strategies through collaboration, capacity building, and empowerment.

Differentiated Service Delivery (DSD): A person-centred approach that simplifies and adapts HIV services across the cascade to reflect the preferences and expectations of various groups of people living with HIV (PLHIV) while reducing unnecessary burdens on the health system.

Entry points for health services: Strategically designed initial access points or services where populations can gain health education, access to a variety of comprehensive services, and generally serve to normalize health-seeking behaviors in a given population.

Evidence-based interventions: Health service strategies empirically validated through research to effectively achieve specific health outcomes. Evidence-based interventions should be continuously refined, based on emerging epidemiological evidence and context-specific considerations.

Evidence-informed decision-making: A systematic approach that integrates the best available research evidence with contextual factors, including public opinion, equity, feasibility, affordability, sustainability, and stakeholder acceptability. It employs structured methods to identify, appraise, and utilize evidence throughout decision-making processes, enhancing transparency and replicability in implementation.

Gender: Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.

Gender Norms: Social expectations and beliefs about how men, women, and gender-diverse individuals should behave. Males are traditionally socialized to value specific traits: including physical toughness and strength, a high tolerance for pain, emotional stoicism, sexual prowess, economic independence, and are expected to fulfill roles as providers and protectors of families.

Gender Transformative Interventions: Approaches that actively challenge and change harmful gender norms to promote equality.

Health Systems Focused: Focused on strategies and Interventions that optimize and build upon existing health system structures and processes, while strategically integrating community approaches and complementary efforts as needed and feasible.

Key populations: Key populations are groups that have a high risk and disproportionate burden of HIV in all epidemic settings. They frequently face legal and social challenges that increase their vulnerability to HIV, including barriers to accessing HIV prevention, treatment and other health and social services. Key populations include Men who have Sex with Men (MSM), People Who Inject Drugs (PWID), people in prisons and closed settings, sex workers and transgender people.

Men as Clients: Recognizing and addressing men's specific health needs and barriers to accessing care.

Men as Partners/Supporters: Engaging men to support and promote the health of their partners, families, and communities.

Person-Centred Care (PCC): Health services that respect individual preferences, needs, and values, ensuring patients guide health service interactions.

Primary health care: A whole-of-society approach to health that aims to maximize the level and distribution of health and well-being through three components: (a) primary care and essential public health functions as the core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities.

Provider Behavior Ecosystem Map: A thinking tool to help healthcare providers understand and consider diverse factors that influence their behavior, think more holistically about provider behavior change and design, implement, and evaluate more supportive, effective provider behavior change (PBC) initiatives

Scaling up of health interventions: Deliberate efforts to increase the impact of evidence-based health service innovations to benefit more people and to foster policy and program development on a lasting basis.

Self-care: The ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health worker.

Service Integration: Health services that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation, and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course. (Male-focused packages of services based on needs should consider a lifespan approach).

Sex: Biological characteristics that are typically categorized as male or female, but there are variations of sex characteristics called intersex.

Universal health coverage: Access for all people to the full range of quality health services they need, when and where they need them, without financial hardship. Universal health coverage encompasses the continuum of essential health services, from health promotion to disease prevention, treatment, rehabilitation and palliative care across the life-course

A range of groups exercise at the sports field in the Colombo suburb of Kolonnawa, Sri Lanka. © WHO / Conor Ashleigh

Executive summary

Globally, men are less likely than women to use HIV services across the HIV cascade, resulting in worse HIV outcomes for men *(1)*. Sub-Saharan Africa, has the largest absolute number of men with unmet needs of HIV services – an estimated 980,000 men across Eastern/Southern and Western/Central Africa are unaware of their HIV status, and an estimated 1.9 million have unmet needs related to HIV treatment *(2)*. Sex differences in HIV service outcomes has significant impacts for both men and women. Men face up to twice the risk of AIDS-related morbidity and mortality compared to women *(3-5)*, with slower declines in mortality rates *(2)*. Women could experience increased risk of HIV infection as a result of men's suboptimal engagement in HIV care – reducing gaps in viral suppression for men could halve new HIV infections among women *(6)*. Improving the HIV response for men is essential to support men's well-being while simultaneously reducing HIV risk experienced by women.

There is ample evidence on strategies that improve HIV outcomes for men. In 2023, WHO published "*Men and HIV: evidence-based approaches and interventions. A framework for person-centred health services*" *(7)* that summarized key person-centred care strategies to effectively reach men across the HIV service cascade and related health services. This framework aligns with the principles of primary health care (PHC) and universal health care (UHC) (see definitions) and advocates for an integrated, people centered, whole-of-society approach that meets the needs of men and other populations, and addresses broader, underlying factors and determinants of health with people and communities at the heart of health care and systems. The WHO Framework highlights three core components of person-centred care (PCC) for men's HIV and related services *(7)*:

- **Easy access to services:** Flexible, efficient services that accommodate client schedules
- **Quality, discrimination-free services:** Respectful, tailored interactions increasing satisfaction and coverage
- **Supportive services:** Addressing barriers outside health facilities (e.g., disclosure support, counseling)

"

The challenge remains:

How can the benefits achieved in successful pilot projects be expanded to serve HIV programmes, more equitably and sustainably? *(12).*

Yet translation of evidence to practice remains limited, particularly in resource constrained settings *(8)*. There are limited examples of policies explicitly include men's use sexual health services *(9,10)*, including HIV services. Stakeholders face challenges in translating evidence to practice and scale of services due to a lack of consolidated, accessible evidence, practical prioritization tools, and real-world case studies *(11)*.

This Implementation Brief builds off and aligns with the WHO Men and HIV Framework to provide key considerations for implementing and scaling evidence-based HIV interventions for men. The document incorporates insights from current research, real-world case examples of men's strategies, and implementation experiences of men's health policies. While the document focuses on sub-Saharan Africa, many of the highlighted approaches may be beneficial beyond the region.

The Implementation Brief is organized around three overarching objectives:

1. Provide overarching considerations on how to optimize strategies to engage men across the HIV cascade
2. Synthesize specific person-centred care case examples, strategies and implementation insights for each
3. Describe evidence-based approaches and attributes for informed decision making around scaling men's HIV services

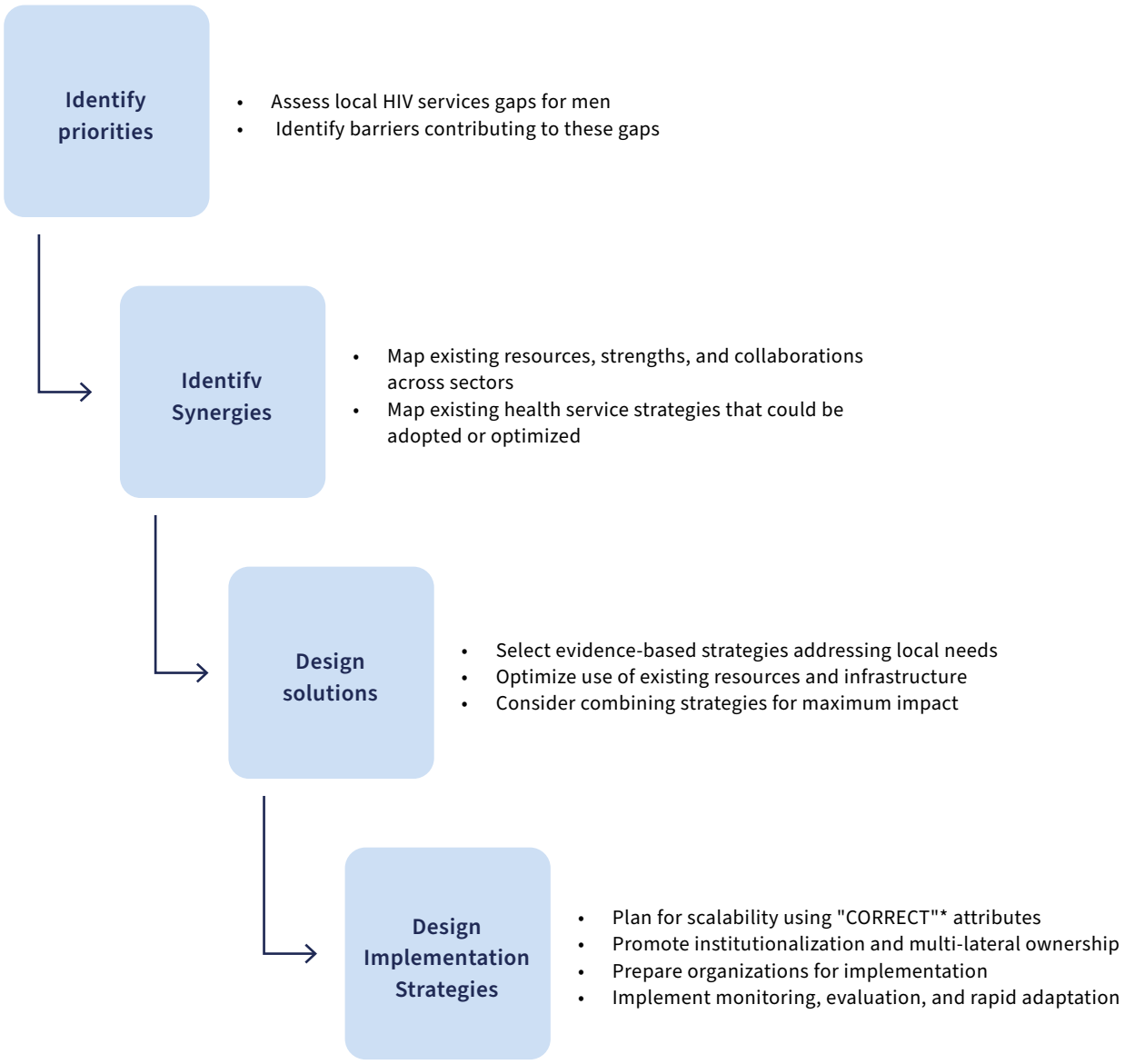
Overarching considerations on how to best engage men across the HIV cascade should:

- **Include men's voices** in strategy design and adaptation

- Consider **universal applicability vs targeted and population-specific** tailoring
- Address the **unique needs** of sub-populations of men and men in their diversity
- Optimize **multi-sectoral collaborations**
- Promote **kind, empathetic interactions** between healthcare workers and their clients
- Create **inviting, inclusive, welcoming** health service environments
- **Combine strategies** effectively while maintaining simplicity
- Recognize and **avoid stereotypes** and promote **positive, honest interactions** with an enabling environment

The document also describes evidence-based approaches for making informed decisions around what interventions or strategies to pilot and/or scale for men. Effective implementation of evidence-based strategies for men requires careful consideration of local circumstances. A cornerstone of successful scale-up is to determine what strategies (or combination of strategies) are best tailored to local needs, resources and local context. **Fig 1** provides a summary of steps that can inform locally relevant decisions around men's HIV services *(13).*

Fig 1. Approaches for strategically developing scalable men's HIV strategies *(12,13)*



*CORRECT stands for credible, observable, relevant, relative advantage, easy, compatible, and testable.
Source: Approach adapted from the WHO Evidence, policy, impact: WHO guide for evidence-informed decision-making, 2022; and the WHO, ExpandNet Nine steps for scaling-up strategy, 2010.

"CORRECT" attributes (described under "Design Implementation Strategies") describe key attributes of health service strategies that are well positioned to be scaled and sustained in real-word settings *(12)*. Key attributes include:

- **Credible** in that they are based on sound evidence and/or advocated by respected persons or institutions
- **Observable** to ensure that potential users can see the results in practice
- **Relevant** for addressing persistent or sharply felt problems
- **Relative advantage** over existing practices so that potential users are convinced the costs of implementation are warranted by the benefits
- **Easy** to install and understand rather than complex and complicated
- **Compatible** with the potential users' established values, norms and facilities; fit well into the practices of the national programme
- **Testable** so that potential users can see the intervention on a small scale prior to large-scale adoption

The effective implementation and scale of evidence-based men's interventions can improve men's engagement in HIV services, ultimately contributing to better health outcomes for men and their communities. Successful scaling requires strategic planning that strengthens, rather than overburdens, health systems. Additional implementation science, rapid assessments and increased south-to-south learnings are needed to continue moving evidence to practice.

Men have diverse experiences and identities, with specific but diverse health needs. It is important that we recognize and reach men in all their diversity, paying particular attention to vulnerable groups of men, including male members of key populations. Often people have multiple intersecting identities, some that are criminalized or face extensive discrimination. Whilst this implementation brief provides some examples and reference to key populations, specific guidance and more information on evidence based approaches for reaching male key populations can be found in WHO Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations.

Community event in Botswana © ACHAP

Introduction

Background

Decades of evidence show that men lag behind women regarding use of HIV services and HIV outcomes, along with other health outcomes *(14,15)*. Men represent the majority of individuals living with uncontrolled HIV, advanced HIV, and who experience HIV-related mortality *(2,15,16)*.

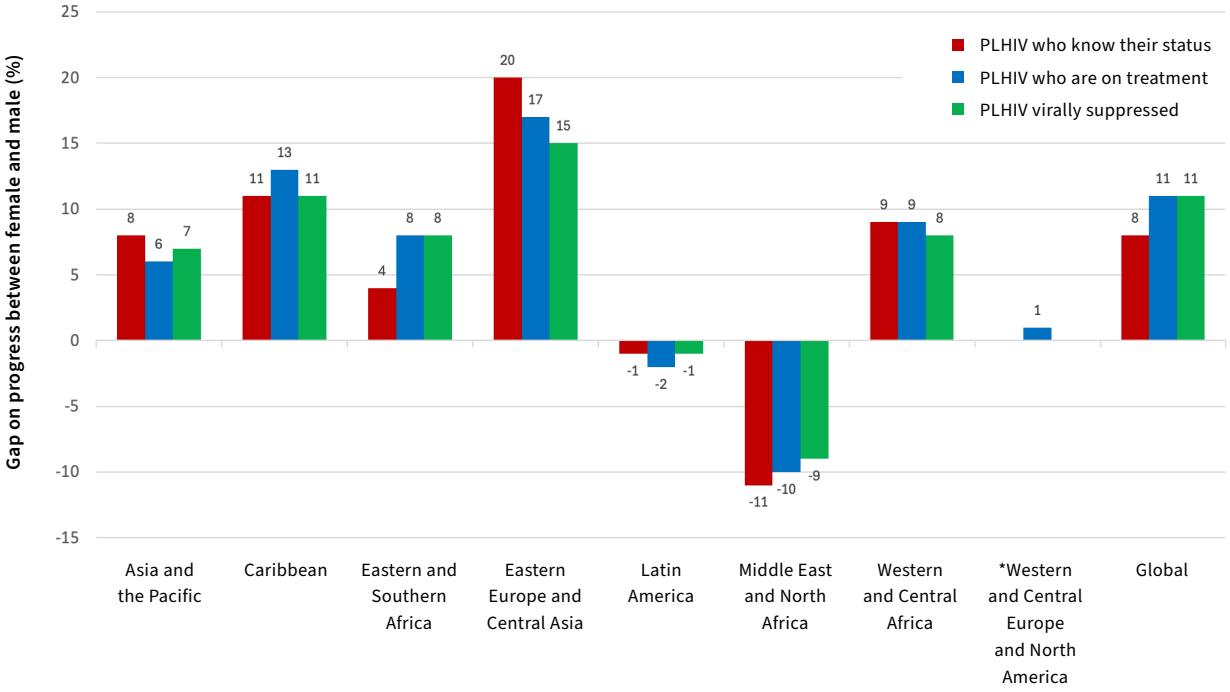
Men (15+) globally are less likely than women (15+) to know their HIV status (83% for men vs 91% for women), be on antiretroviral treatment (ART) once identified as living with HIV (72% for men vs 83% for women) and reach viral suppression (67% for men vs 78% for women) *(2)*.

Men are at increased risk of treatment interruption, repeat treatment interruptions, and long durations out of care compared to women *(1)*.

The HIV burden among men cuts across different countries and regions. Outside of Sub-Saharan Africa, there is a growing number of new HIV infections among adult men and the number adult men living with HIV not receiving ART *(2)*. Sub-Saharan Africa has the largest absolute number of men with unmet needs of HIV services (nearly 980,000 men across Eastern/Southern and Western/Central Africa are unaware of their HIV status, while 1.9 million are in need of HIV treatment services) *(2)*. **Fig 2** shows sex differences in HIV outcomes across the HIV service treatment cascade by region *(2)*.

An overview of why men have worse HIV outcomes can be found in the WHO's Men and HIV Framework *(11)*.

Fig 2. Regional assessment of progress towards the 95-95-95 targets, by sex *(2)*



Source: Further analysis of UNAIDS epidemiological estimates, 2024

Why sex differences in HIV services matter for the HIV response

Sex differences for HIV and related services have stark implications for both men and women.

According to data from sub-Saharan Africa, the proportion of men with advanced HIV disease was more than twice that of women *(17)*.

Since 2010, AIDS-related mortality had declined by 54% among women and girls, but only by 43% among men and boys *(2)*. HIV-related illness and death among men disrupt familial and community structures and increase poverty and instability among already vulnerable populations.

Increasing men's use of HIV services across the cascade is essential to improving HIV outcomes for women and girls *(18)*. Higher rates of uncontrolled HIV among men contribute higher rates of new infections among young women. In eastern and southern Africa,approximately 260,000 women were newly infected with HIV in 2023 compared to approximately 140,000 men *(15)*.

A recent study in the region showed that reducing sex differences in viral suppression could half the number of new HIV infections among women *(6)*.

Growing evidence shows that early in the HIV epidemic, rapid declines in HIV infection among men were largely due to rapid increases in ART coverage and reduced population-level viremia among women, along with increased Voluntary Medical Male Circumcision (VMMC), reducing risk of HIV exposure among men *(19)*. Increasing men's HIV care access will protect women, just as women's early HIV treatment reduced men's infection risks. To attain epidemic control across the region, concerted efforts are needed to address the sex differences in HIV services, which includes engaging men across the HIV cascade at scale - doing so will benefit everyone.

Current framework for engaging men in HIV services

There is a growing evidence base on what strategies improve men's use of HIV services. In 2023, WHO published "*Men and HIV: evidence-based approaches and interventions. A framework for person-centred health services*", which promoted core evidence-based strategies to meet men's unique needs for HIV and related services *(7)*. This framework, which is well situated within the principles of primary health care (PHC) and universal health care (UHC) (see definitions) advocates for an integrated, people centered, whole-of-society approach that meets the needs of men and other populations, and addresses broader, underlying factors and determinants of health with people and communities at the heart of health care and systems.

The Men and HIV Framework summarizes person-centred care (PCC) strategies to address barriers experienced by men across the HIV service cascade, and related health services (see **Fig 3**).

Remaining gaps

While evidence-based approaches to improve men's engagement with HIV services are increasingly available, translation of evidence to practice remains limited, particularly in resource constrained settings *(8)*. There are limited examples of policies to explicitly include men's use of sexual health services *(9,10)*, including HIV services. It is imperative that national programs scale evidence-based strategies that support men's HIV services, but translating evidence to practice in real-world settings is slow and challenging.

In general, there is limited information about how to translate evidence to practice, and even less to inform scale-up of services *(11)*. Stakeholders often lack consolidated, synthesized evidence that's easily accessible and practical tools to help stakeholders determine which evidence-based strategies to prioritize for scaling up. There is also a dearth of case studies documenting real-world experiences scaling services for men and lessons learned. This leaves stakeholders without the necessary resources and insights to effectively translate evidence-based practice into large-scale, high-quality programming. Providing resources for stakeholders to move evidence to practice and fostering a strong political commitment for investing in men's health are essential for the successful implementation and sustainability of these interventions at scale *(20)*.

Fig 3. WHO Men and HIV Framework *(7)*: Summary of overarching strategies to engage men along three core pillars of the person-centred care framework

Access

1. **Routine entry points,** including offering screening and testing and other reproductive and sexual health services when men routinely engage with health systems, such as during outpatient and emergency department visits (frequented by men) and during partner's pregnancy.
2. **Community-centred services** that offer services at diverse community-based venues, such as work and faith-based organizations.
3. **Flexible facility-based services** that offer differentiated services, such as multimonth dispensing (MMD), and rapid refills.

Quality

1. **Positive interactions with health care workers (HCWs)** promoted through HW sensitization to men's needs, HCW training and job aids on how to best interact with men as clients, and male-friendly spaces.
2. **Integrated services** that maximise time men already spend at health facilities can facilitate holistic care and ensure confidentiality and anonymity.

Support

1. **Comprehensive counselling and facility navigation** that address men's unique needs, interests and life goals.
2. **Peer services** that provide ongoing support and ongoing relationships to men, who often have limited male social support.
3. **Virtual interventions** that can maintain connections and provide ongoing support for men, regardless of their physical location.

Source: WHO. Men and HIV: Evidence-based approaches and interventions. A framework for person-centred health services, 2023.

Objectives

This Implementation Brief is aligned to the WHO Men and HIV Framework. The brief aims to provide practical guidance on how to scale evidence-based PCC strategies for men, as outlined in the WHO framework.

While it is recognized that successful scaling up is a complex, multifaceted process, this document aims to provide important principles, practical examples and operational considerations for scaling evidence-based interventions that reach men.

This document highlights existing strategies to reach men, practical examples and lessons learned from real-world implementation, and how health policies have incorporated men's health. While the Brief focuses largely on sub-Saharan Africa, guidance may apply to other settings. The document is also aligned with the Joint United Nations Programme on HIV/AIDS led framework for action for male engagement in HIV testing, treatment and prevention in eastern and southern Africa.

The brief has three specific objectives (see **Fig 4**):

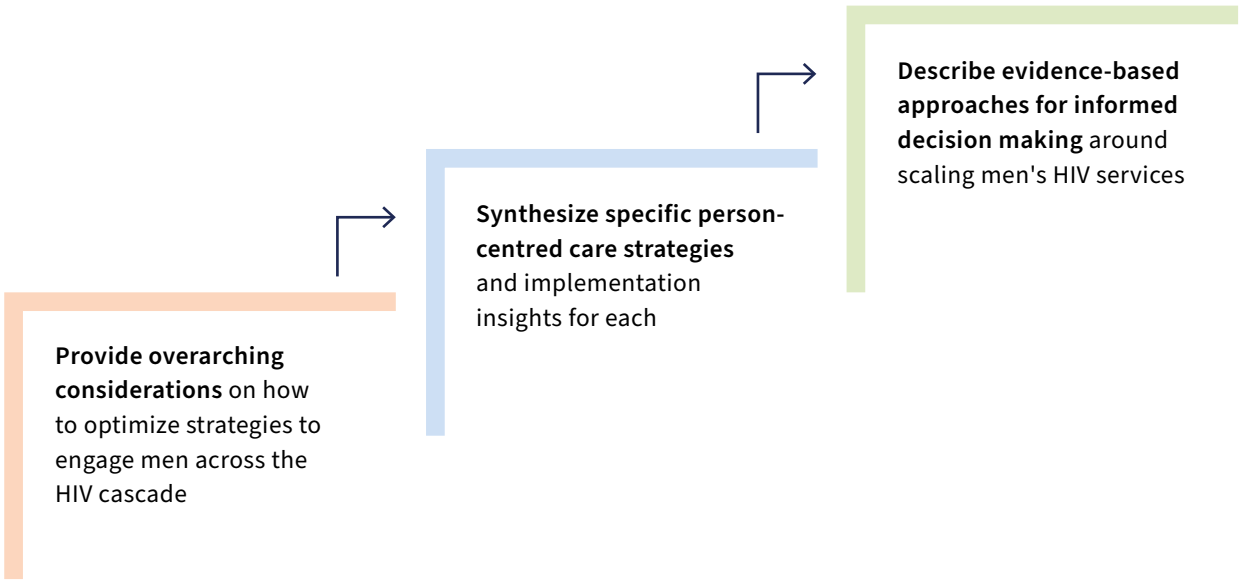
Target Audience

The Implementation Brief is intended for regional, national and local programs to optimize HIV services for men at scale. Most of the evidence is drawn from sub-Saharan Africa because most of the evidence is from this region but is likely to apply across a diverse range of geographic locations.

The document may be of interest to the following audiences:

- Managers of health programmes within Ministries of Health and other institutions
- Managers and clinical leads of health facilities
- Clinicians and other health service providers
- World of work actors: governments, employers and trade unions
- People living with HIV and community-based organizations
- International and bilateral agencies and organizations that provide financial and technical support to HIV and/or sexual health programmes
- Researchers generating evidence around sexual health, HIV and related services

Fig 4. Objectives of the WHO Men and HIV Implementation Brief



Approach to Developing the Implementation Brief

The WHO *Men and HIV Framework* provided a basis for the comprehensive review of evidence-based interventions for men. Several platforms were used to gather implementation considerations for men's strategies: 1) case examples were submitted for the Implementation Brief, with specific responses about lessons learned and recommendations for scale; 2) literature review on lessons from the field and field notes specific to men's interventions; and 3) feedback from key stakeholders. Key considerations for taking men's strategies to scale were developed by examining existing WHO guidelines and recommendations on pathways to scale and researching specific considerations for HIV programs. After drafting the brief, the document was peer reviewed by a diverse group of experts, including public health professionals, program managers, researchers and community representatives.

The main body of the Implementation Brief is split into three sections, following the overarching objectives of the document:

1. Provide overarching considerations on how to optimize strategies to engage men across the HIV cascade
2. Synthesize specific PCC strategies and implementation insights for each
3. Describe evidence-based approaches for informed decision making around scaling men's HIV services

Objectives 2 and 3 provide tangible, practical case examples of evidence in practice from within sub-Saharan Africa. Each case example has a summary statement in the text and is also linked to a full 1-page description of the case example located in **Appendix E**. The 1-page descriptions in **Appendix E** provide details about the implementation strategy, impact and lessons learned for each case example.

Men have diverse experiences and identities, with specific but diverse health needs. It is important that we recognize and reach men in all their diversity, paying particular attention to vulnerable groups of men, including male members of key populations. Often people have multiple intersecting identities, some that are criminalized or face extensive discrimination. Whilst this implementation brief provides some examples and reference to key populations, specific guidance and more information on evidence based approaches for reaching male key populations can be found in WHO Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations.

Guiding Principles

The Implementation Brief draws on several overarching principles, drawing from the WHO Men and HIV Framework which described how HIV and related health service interventions for men should be conceptualized to be effective, equitable and operational within existing health systems.

Guiding Principles from the WHO Men and HIV Framework *(7)*

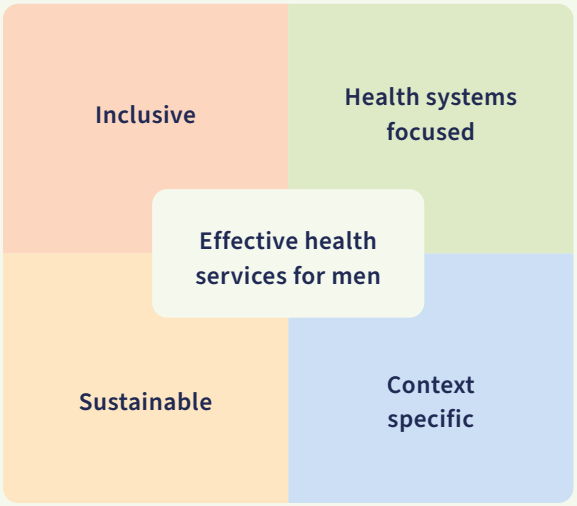
Inclusive health systems: All populations should have access to quality health services tailored to their needs. Overarching strategies should minimize barriers, address underlying behavioral drivers, and be co-designed with the end-users, while addressing providers' biases. Community engagement throughout the development and implementation of men's services is essential to achieving inclusive services and overarching environments. Using participatory approaches to engage communities throughout the design and scale processes enhances strategies' ability to be responsive to the unique needs and preferences of diverse community members.

Sustainable: A sustainable, integrated approach within country-owned health systems is crucial, utilizing existing structures and informed by community engagement and health system capacity.

Context specific: Strategies should be tailored to the local context and adaptive, informed by the needs of men in the area (through active community feedback), local epidemiology, social and structural factors that influence health, health system capacity, allowing flexibility to address changing needs and epidemiological trends.

The WHO Men and HIV Framework (and this Brief) is **health systems focused:** the goal is to support health systems to deliver accessible, quality services through a public health approach that prioritizes sustainability and scalability. The overarching tools provided in this brief that may help decision makers and programmers take key strategies for men to scale.

Fig 5. Overarching principles for WHO's Men and HIV Framework *(7)*



Source: WHO. Men and HIV: Evidence-based approaches and interventions. A framework for person-centred health services, 2023

The Implementation Brief also using **guiding principles for scaling health interventions.**

Scaling health interventions is defined as deliberate efforts to increase the impact of evidence-based health service innovations to benefit more people and to foster policy and programme development that can be sustained *(11)*.

This definition emphasizes the importance of local context, evidence-based approaches, sustainability, and human rights in the process of scaling up health innovations.

We adapted **guiding principles for scaling interventions** from the WHO's document "*Practical guidance for scaling up health service innovations*" developed by ExpandNet and WHO *(11)*. ExpandNet/WHO has developed tools and resources to support policy-makers, programme managers and those providing technical assistance with the scaling-up task through that are available on the ExpandNet website http://www.expandnet.net *(21)*. Further descriptions are provided in **Appendix A**.

There are six underlying features critical to understanding health intervention scale up:

Guiding Principles for Scaling HIV Interventions *(11)*

Evidence-Based: Scaled-up interventions should be backed by local evidence about the impact of the intervention.

Feasible: Scaling interventions requires identifying strategies that are feasible within local context and optimize existing resources.

Deliberate efforts: Scaling up is a guided process, not a spontaneous diffusion of ideas. It requires intentional planning and execution to ensure successful implementation and sustainability on a larger scale.

Institutionalized: The focus is to build sustainable institutional capacity to scale and sustain new strategies. This includes developing political support, securing human and budgetary resources (as needed), and prioritizing ongoing monitoring and evaluation necessary for successful large-scale programmes and policies.

Respect for human rights, equity and gender perspectives*:* Scaling up should be grounded in the values of human rights and guided by person-centred approaches *(12)*. Attention should be given to the needs and rights of vulnerable populations and men in all their diversity, ensuring quality health services are accessible to all in a way that promotes equality and non-discrimination.

Innovative: Impactful scale up should be tied to some form of innovation, which is in addition to standard services within the local setting and are expected to improve health service use and/or health outcomes. Innovations usually include a combination of multiple strategies and implementation processes to have a comprehensive approach required to address complex health challenges. Existing or well-known best practices or models that have not been used in a specific location or applied in a specific way could be considered innovations.

VMMC campaign in the United Republic of Tanzania © ACHAP

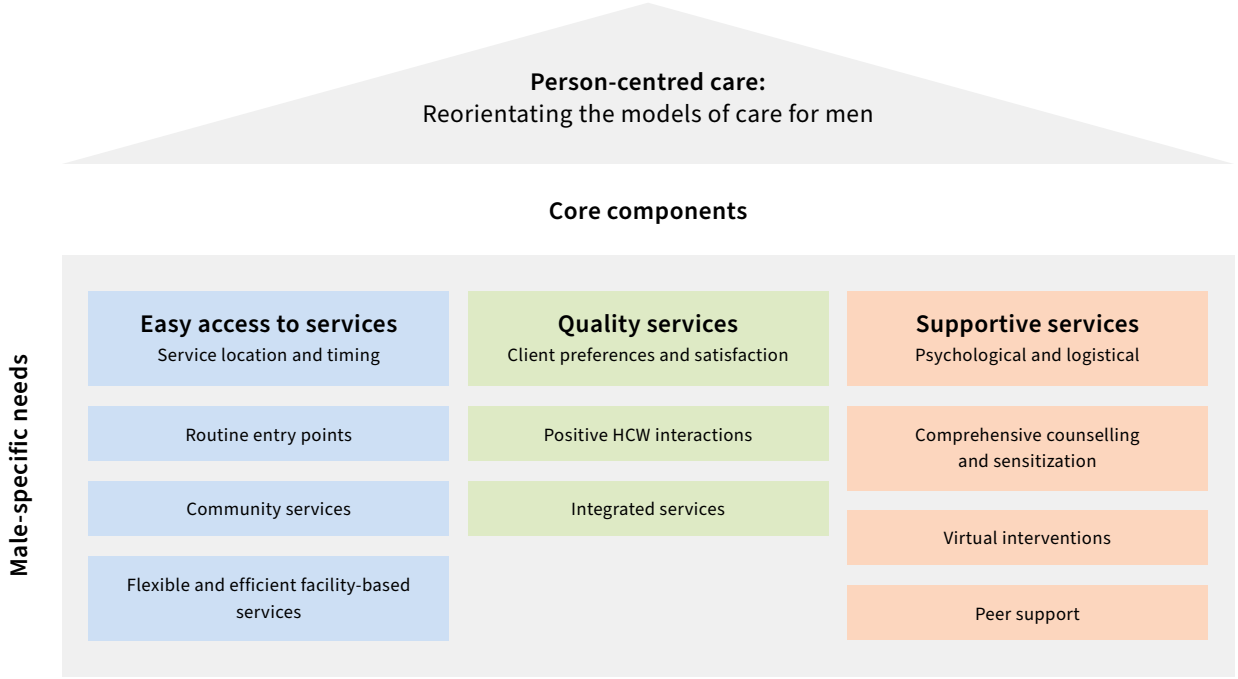
Overarching considerations to optimize strategies that engage men across the HIV cascade

The WHO Men and HIV Framework highlights the importance of PCC approaches *(22)*. The Framework highlights three core components of person-centred services for men (see **Fig 6**):

- **Easy access to services:** Flexible and efficient services that accommodate time-limitations related to men's work schedules.
- **Quality and discrimination-free services:** Accurate and holistic services with respectful and tailored client-HCW interactions that increase client satisfaction and service coverage.
- **Supportive services:** Short- or long-term support tailored to address remaining barriers to care, often that are outside the health facility. Examples of supportive services include assistance with status disclosure, counselling and ongoing peer support.

Community engagement and human-centred design should be incorporated across all core components of PCC. For example, community engagement can be central to linkage strategies within Easy Access to Services, creating safe spaces and positive HCW interactions within Quality Care (including behavior change interventions that target HCWs), and supporting and leading interventions to reduce stigma and foster gender transformation within Supportive Services.

Fig 6. WHO Men and HIV Framework *(7)*: Person-centred care framework for identifying health service interventions for men



Source: WHO. Men and HIV: Evidence-based approaches and interventions. A framework for person-centred health services, 2023

The following overarching implementation insights that should be considered across all PCC strategies:

1. Include men's voices in designing and adapting HIV strategies to ensure proper contextualization. Effective male engagement strategies need to be grounded in local men's realities to be relevant to their needs, priorities, and opportunities. Including men and local communities as active participants in strategy design and implementation also promotes ownership and responsibility for HIV outcomes and overall sustainability of the strategy. Early and frequent engagement empowers men to be advocates within their communities. Human-centred design approaches recognize that meaningful insights and solutions can only be generated through co-design with the affected populations and their communities. Simple strategies to gather men's insights include small group consultation, survey, and co-design workshops.

2. Consider if the strategy is universally applicable or needs population-specific tailoring. Many of the PCC strategies that work for men work for all clients, especially for populations that have historically been underrepresented in health systems. Identifying and optimizing synergies between strategies that work for men and other populations is a strength. Separate services such as male specific clinics may be beneficial in some settings, but often require additional infrastructure and personnel that limit scale and sustainability, reducing overall impact.

Table 1 provides a description of the unique needs for men that may be considered for any universal PCC strategy to promote positive outcomes for men.

3. Consider the unique needs of sub-populations of men who have higher risk of HIV infection and/or poor use of services. Some interventions may not work for all men. Men at higher risk of poor service engagement may require additional and targeted efforts. Such populations may include Men who have Sex with Men (MSM), People Who Inject Drugs (PWID), men in prisons or other closed settings and other populations such as adolescent boys, mobile and migrant men and men in areas affected by extreme climate. These populations face varying levels of marginalization, stigma and structural violence that create additional barriers to HIV and other services. Additional and targeted strategies may be required for these high-risk populations.

4. Optimize multi-sectoral collaborations: Engaging stakeholders across health systems, communities and community organizations throughout the scaling process can support alignment of priorities, joint ownership, and collaboration that directly builds on existing strengths described above. Even priority strategies exclusively embedded within health systems will benefit from community perspectives, buy-in and support to facilitate efficacy and sustainability.

5. Promote kindness, empathy and respectful interactions between Health Care Workers (HCW) and clients/caregivers. The ways that HCWs behave and interact with clients directly impact quality of care, client health seeking behavior and ultimately health outcomes *(23)*. Evidence shows that when clients feel valued and heard by HCWs, they are more likely to engage in and continue their care.

Equipping health care workers with the resources needed to positively engage men as clients and caregivers may be an essential step to promoting kind, respectful and non-judgmental interactions.

Health care workers often have limited experience with men as clients, hold their own stereotypes and biases about men as clients *(24)* and in some settings may experience resistance from men as clients, especially if interacting with a female health care worker. Ensuring HCWs are adequately supported with the tools to engage men and **regular monitoring and feedback on quality of services** provided is an important step to ensuring quality uptake and implementation of any intervention.

The Provider Behavior Ecosystem Map can help stakeholders and decision makers understand what is influencing HCW behavior and potential strategies to support HCW behavior change (23).

Simple, low-cost strategies to equip health care workers to engage men include:

- ***Job Aids*** can provide important nudges to promote healthcare worker behavior change, such as promoting non-judgmental, empathetic interactions and asking about the unique experience of male clients and caregivers. Job aids can range from simple reminders/nudges about ensuring health education activities include topics relevant to men, to locally specific strategies to increase men's satisfaction with clinic interactions and create an open, trusting relationship with male clients.

- ***Peer-to-peer learning*** among health care workers on interaction strategies that work with men in local settings. Peer-to-peer learning among health care workers builds off job aids described above and provides more dynamic, ongoing learning and nudges that are adapted and motivated by real-time, local experiences. Peer-to-peer learning can be low cost by utilizing free online platforms, digital applications, or text messaging for HCWs to share experiences, as well as utilizing existing in-person meeting opportunities to exchange experiences and insights in person.
- ***Sensitization training*** for health care workers can be essential. Ideally sensitization and skill building can have dedicated sessions and repeat opportunities for practicing new skills. In absence of resources for more extensive training, programs may consider adding a "Men as Clients" component to existing trainings and/or supervision and support strategies for health care workers.

6. Provide inclusive and welcoming environments for health services. It is important to challenge the perception of health facilities as "women's spaces" by incorporating welcoming messaging for men at entry points and services they frequently use. These approaches can help normalize men's healthcare-seeking behavior, improve HCW interactions with men, and help men feel more comfortable as both clients and caregivers/partners in health settings.

Strategies to promote inclusivity include displaying health materials that feature men, facilitating meaningful interactions with healthcare staff, and providing tailored counseling that addresses individual priorities.

Simple, low-cost strategies to promote inclusive messaging for men as clients include, but are not limited to:

- Posters and other educational materials that ***depict men as clients*** and caregivers (i.e., men can see themselves are part of the clinic clientele)
- Health education talks that include ***topics that are relevant to men's priorities*** and daily experiences, such as 1) how men's health contributes to earning potential; 2) strategies to prepare for upcoming farming or other income generation seasons, including health screening and prescription refills; 3) strategies to prepare children for a strong future and successful schooling, such as regular immunizations, antenatal care (ANC), family planning, etc.
- Include health education strategies that do not *solely* rely on activities viewed as ***"women's activities"***, such as educational songs. Examples include men's corners within the health facility, health education topics that impact all populations (including men) and engaging male health educators and counselors.

7. Combine strategies effectively but keep it simple. PCC strategies often work best when combined with one another. Community and client input on needs and preferences should guide health systems in selecting context-appropriate, scalable strategy combinations. This may involve interventions that span the HIV service cascade or combine different PCC strategies such as increased entry points, tailored counseling, and virtual interventions.

When combining (or layering) interventions, consider prioritizing local needs, simplicity and feasibility.

It is recommended to select 2-4 strategies that hold the most promise, to promote scalability and sustainability of the programme. **Table 2** provides an overview of PCC interventions that may be combined with one another, depending on the unique needs and barriers to HIV services experienced in local contexts.

Table 1. Considerations to ensure universal PCC strategies meet men's unique needs

PCC strategy that is Good for Everyone	Specific Considerations for Men
Easy Access to Services	
Routine entry points	Include entry points for HIV education and screening services where men frequent, based on current patterns of service utilization. Strategies to help clients feel welcome/sense of belonging may differ by population. Ensure men are represented in graphics for any educational materials. Consider incorporating health education topics that are of interest to men. Depending on local context, specific messaging welcoming men and other traditionally underrepresented populations as clients and caregivers/partners may be needed.
Flexible and efficient facility services	Consider if any special accommodations are required for work and travel (should be offered to anyone with work/travel constraints but is likely to affect men).
Community services	Include locations and community partners that resonate with men and their routine areas of congregation.
Self-care services	Include distribution locations where men frequent. Include messaging and graphics that resonate with men to promote use of self-care services and linkage to additional services.
Quality Services	
Positive HCW interactions	Equip HCWs with tools to positively engage traditionally underrepresented populations (including men as clients and caregivers). This includes provider skill building and job aids around interpersonal communication strategies that are tailored to men's unique needs and experiences. Provide inclusive and welcoming messages that affirm men and other traditionally underrepresented populations as clients and caregivers.
Integrated services	Consider expanding integration of HIV services to other health services where men frequent. Provide health service packages that address men's needs.
Supportive Services	
Comprehensive counseling, peer support, community sensitization	Culturally sensitive and appropriate messaging may vary by population. Person-centred counseling that is tailored to individual client experience may improve comprehension and facilitate informed decision making. Use dissemination strategies and community partners that resonate with men. Include men as peer supporters. Provide positive role models through personal stories of vulnerability, courage and support. Support men to disclose to close male friends, family and mentors for social support (not solely sexual partners).

Table 2. PCC interventions for linking barriers to evidence-based strategies for men's use of HIV services

Male-specific barrier	Evidence-based strategy
Limited exposure to HIV services: • Limited HIV testing and linkage • Limited re-engagement opportunities for treatment after default	**Routine entry points** • Integrated HIV services and health education at facility entry points where men frequent (outpatient, emergency, child wellness services) • Secondary distribution of screening tools HIV Self-Testing (HIVST) and/or HIV education and Welcome Back materials **Community outreach events** (ensuring strong linkage to ongoing services) • Health education and services offered at locations where men frequent (workplaces, markets, sporting and religious events)
Feeling out of place at facilities and unsure how to navigate health services	**Inclusive and welcoming environment** for men at key entry points, including areas for: • Men as clients (HIV, outpatient, NCD and emergency services) • Men as caregivers (child wellness, family planning and antenatal services) Male friendly spaces and inclusive, welcoming messaging Facility navigation services
Limited health literacy and/or motivation	**Comprehensive communication / counseling** • Tailored to men's unique needs and motivations • U=U messaging as a cornerstone of men's HIV testing and treatment communication strategies and counseling • Communication campaigns targeting men that are relevant to men's priorities and support positive gender norms and gender equity messaging **Peer support opportunities** • Male specific health talks in clinic waiting spaces • Male specific adherence groups • Peer mentorship
Long wait-times, frequent facility visits and rigid HIV service appointment schedules	**Flexible and efficient services,** using DSD models • Reduce visits through HIVST (where appropriate); multi-month dispensing; and community services (where existing infrastructure exists) • Reduce time required through fast-track pick-ups, integrated services, and after hour services (for limited settings)
Negative interactions with HCWs	**Promote kind, respectful interactions:** • Kind interactions • Equitable interactions • Private interactions • Equip HCWs to engage men as clients (sensitization and tools/job aids

Lack of social support and role models	**Disclosure counseling and support** • To sexual partners and other key support systems like relatives and male friends/mentors **Peer support opportunities** • Male specific health talks in clinic waiting spaces • Male specific adherence groups • Peer mentorship **Community champions** • Religious, sports or traditional leaders as champions • Media campaigns and/or grass roots community-based campaigns
Harmful gender norms	**Counseling, peer support and community sensitization on harmful gender norms** • Combination with virtual interventions may be helpful • Health systems- and community-level change may be most effective
Stigma	**Integrated services to protect privacy** • Multi-disease screening services • Chronic care management services (NCD + HIV) • General outpatient services **Virtual interventions and peer support** **Community sensitization and mobilization strategies**
Mobility that limits access to services, continuity of supportive services and social support	**DSD models for care** • Virtual counseling and support • Multi-month dispensing • Emergency refills that allow ART clients who are traveling to access ongoing treatment refills at any health facility

Person-centred care strategies and implementation insights

Below we summarize key strategies for the three core components of PCC services and provide tangible, practical "tips" for how specific strategies scan be implemented within routine health services, moving evidence to practice.

After describing overarching strategies within each of the core components of PCC services, we provide a summary of real-world case examples where the strategy has been implemented. Each case example is linked to **Appendix E** where the case example has a 1-page description about the implementation strategy, impact and lessons learned.

Easy Access to Services

Evidence-based strategies to improve men's access to HIV services include:

1. Increase routine entry points for men into health systems. Studies show that the men attend health facilities for acute care, and a smaller portion as caregivers *(25-29)*. In these settings, strategies implemented within healthcare facilities have the potential to reach many men and can be highly scalable. Men should have multiple entry points for gaining health education and accessing health services, including HIV services.

Facility-based entry points are essential as they both increase men's comfort with the healthcare system and create more engagement opportunities, ultimately enhancing the quality and frequency of men's interactions with health services *(30).*

Potential entry points include:

- **Outpatient departments (OPDs) and general health services:** Positive experiences with any health service increases use of HIV services in the future *(31-33)*. Outpatient services can act as an ideal "catch all" for engaging men in an array of services and providing positive experiences with the health system.
- **Non communicable disease (NCD) clinics *(34,35):*** Routine access to non-HIV screening and services can save lives *(31,35,36)* and help men become comfortable with the role of a client. Incorporating HIV education and services within NCD clinics may increase men's exposure to services, increase privacy and reduce stigma.
- **Sexual and Reproductive Health (SRH) services *(37,38):*** Providing men with routinely offered sexual and reproductive health services can improve their own well-being and that of their families *(37)*. It can also act as an entry point for HIV risk counseling and HIV services and can increase men's general comfort level discussing sexual health and accessing sexual health services.
- **Child wellness and other caregiver roles:** Men care about the well-being of their children, other family members, and their social networks *(39)*. In some settings, men frequently attend facilities as caregivers *(25)* and want to be more engaged in the health and well-being of their partners and family *(40-48)*. Welcoming and actively acknowledging men as caregivers can help men become comfortable with health systems and change norms around health facilities as "women's spaces" *(30,49)*.
- **Men as partners:** WHO promotes active engagement of male partners for the benefit of baby, mother and male partner *(50-52)*. Men should be invited, welcomed and engaged in holistic services, both for the wellbeing of both partners. Male partner involvement can play a critical role in women's use of SRH services. Explicitly providing educational materials for male partners and, when desired by female clients, directly engaging male partners may improve women's use of services and act as an

entry point for men *(53,54)*. Potential entry points for men as partners and/or caregivers include:

- *ANC and postnatal care settings*
- *Family planning, cervical cancer screening and other SRH services*
- *Well baby clinics*

Ensuring the above entry points have **health education and services directly targeting men,** where feasible, can improve men's use of services and overall engagement in their partners' and families' health.

It is essential that any partner/caregiver engagement strategies engage women's voices to ensure any additional engagement for men does not compromise quality of services for women and children, nor women's autonomy over her own health and health care.

Research shows that **simply increasing provider effort to actively offer HIV services to men attending clinics can also improve service coverage among everyone, including men** *(55)*. For example, models suggest that testing more men for HIV at outpatient clinics can greatly increase overall testing rates among men at a population level *(26)*. Providing education and offering support for retention and re-engagement in HIV prevention and treatment services may also be possible, although less evidence is available.

Integrating services within routine entry points may not be feasible in all settings. Low-cost strategies to incorporate HIV education and services into routine entry points include:

- incorporating health education talks and posters
- providing referrals to additional health services and community resource
- distributing and linking male clients, caregivers and partners to self-care strategies such as self-screening tools and virtual education and support systems.

Practical tips for entry points

- Consider entry points that men frequent and/or that promote men as caregivers and partners.
- Incorporate specific strategies to make men feel welcome (low-cost options include health literacy and education topics men care about; visualizations of men as clients and caregivers).
- Entry points should be closely linked to additional, ongoing services as needed.
- Incorporate health system and client flow adjustments to facilitate quality implementation of health education and offering additional services within routine entry points (see **Appendix B** for example improvement strategies)

Case examples – entry points

HIVST among outpatients and caregivers to increase HIV testing, Malawi *(56)*

Men in Malawi attend outpatient departments but are rarely offered HIV testing when at the clinic. Incorporating HIVST into outpatient clinic waiting spaces can improve men's access and use of HIV testing. Offering HIVST at outpatient waiting spaces significantly increased HIV testing uptake, especially among men and adolescents, without adverse events. Key lessons include the efficiency of HIVST in high-volume settings, its acceptability among clients, and the need for enhanced post-test counseling strategies. The intervention demonstrated potential for scale-up in resource-constrained settings to improve HIV testing coverage among men.

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2. Provide flexible and efficient services as part of routine services. *Facility-based DSD models* can support flexible and efficient services for men. Services should be easily accessible and flexible to meet the changing needs of clients. Men face unique challenges with frequent and long facility visits due to work and travel obligations *(32,58-61)*.

WHO promotes differentiated services for all populations based on clinical presentation and unique needs, including those re-engaging in care *(62).*

Differentiated models should be explored for Pre-exposure Prophylaxis (PrEP), *(63)* although more evidence on effective PrEP strategies for general male populations is needed.

Facility-based DSD options include:

- **Reduced wait-times** can be promoted through **integrated services** (such as offering HIV testing when men access non-HIV services) *(64)*, and fast-track refills for ART clients *(65)*.
- **Reduced number of facilities visits** for services across the treatment cascade can be beneficial. Strategies include **HIV self-testing** distributed at facility visits or from sexual or social networks *(66)*; **multi-month dispensing** *for ART clients (67,68); and* **emergency refills** that allows ART clients who are traveling to access ongoing treatment refills at any health facility.
- **Evening and weekend hours** show mixed levels of personnel cost but can improve men's use of services *(69-74)*.

3. Community-based services can facilitate the use of HIV services among men who do not attend health facilities. Options include:

- **Workplace services** are important for male populations and may be particularly useful for mobile and migrant workers who find it difficult to access facility-based services in new or unfamiliar communities *(59,75)*. Locations for informal employment (such as fishing or some agricultural activities) should be considered.
- **Community /mobile services** where men gather, such as sporting events, religious institutions, and trading centres, and specific venues including bars, transport routes and other outdoor centers may be especially useful for men who face additional challenges for facility attendance (such as young men), and for health services where high service coverage is essential for epidemic control and/or health outcomes *(76-80).* However, community services often more costly than facility-based services and may not be sustainable within national healthcare funding constraints *(81)*.
- **Youth/adolescent services** provided at schools and other locations where youth frequent. Adolescent boys and young men rarely frequent health facilities and may particularly benefit from outreach services. Programs may target young men in locations they frequent (such as school, sporting events and religious venues) and provide important health education, support for positive gender norms and integrated HIV prevention and screening services as appropriate based on their age categories *(82,83)*.

Practical tips for entry points

- Coordinate and align with existing community infrastructures, priorities and leadership
- Provide active and ongoing linkage to facility-based services (as needed)
- Prioritize offering services at locations where men already frequent
- Consider offering holistic health literacy, education and health services, when possible
- Incorporate gender norms transformation messaging that normalize self-care for men and challenge stigma

Case examples – community and network based services

Social Network Strategy for HIV Testing, United Republic of Tanzania (the) *(84)*

Social Network Strategy for HIV Testing (SNS) is an evidence-based approach to provide services to persons at high risk for HIV infection. The project designed a scale up and improvement plan to strengthen implementation of SNS across multiple regions of the United Republic of Tanzania and resulted in increased coverage across health facilities and increased HIV testing among men. Key lessons include the feasibility of a low-cost SNS model in resource-limited settings and the importance of healthcare worker training and engagement of local healthcare workers.

HIV Prevention among Male Partners of Female Sex Workers, Zimbabwe *(85)*

The intervention aimed to improve HIV prevention and care outcomes among male sexual partners of female sex workers (FSWs) by implementing a differentiated HIV intervention within an existing FSW program. Using Male Engagement Champions, context-specific service delivery, and community engagement, the project successfully increased access to and uptake of HIV services for male sex partners. Key lessons include the importance of community-led approaches, stakeholder engagement, and adaptability to local contexts.

Reaching Formal and Informal Workers, Mozambique *(86)*

Since 2021, Mozambique has implemented workplace-focused programmes to increase men's access to HIV services through social mobilization campaigns for HIV prevention, testing and referral to additional services and treatment. The interventions are rooted in mobilizing workers from small and medium enterprises and informal sectors through peer education, mobile brigades, and health fairs, providing access to HIV services as well as integrate other non-HIV services. The programme has reached almost 73,000 workers with HIVST, the majority were male, and nearly all workers who tested HIV-positive link to treatment. Key lessons include the effectiveness of workplace-based interventions, the importance of integrating multiple health services to reduce stigma, the high acceptability of HIVST for informal workplaces, and the value of close collaboration with local workers, employers, and community groups for high participation and successful service delivery.

Faith- and Community-Led Services, Zambia *(87)*

The Faith- and Community-Led Community Post Model (CP Model) in Zambia addresses barriers to HIV care for men through decentralized, community-based service delivery. Employing trusted faith and community leaders, the model provides comprehensive, stigma-free care in convenient locations. The intervention has demonstrated significant success in increasing HIV testing, treatment, and retention rates among men. Key lessons include the importance of community engagement, integration with existing health systems, and the model's adaptability to various health services beyond HIV care.

4. **Self-care and virtual interventions.** *Self-testing* and other forms of self-care and through **virtual interventions** can improve access, client agency over one's own health, and general satisfaction with services.

Self-care strategies and technologies can be combined and layered with numerous other strategies for reaching men.

HIV self-testing (HIVST) can promote testing coverage in most settings and is recommended for use among **clients accessing facility- or community-based services, community and workplace distribution points,** for starting or continuing **PrEP,** and to **promote testing through sexual and social networks** ***(66).***

Virtual Interventions can facilitate health education, counseling and providing nudges for services utilization *(88)*. Virtual interventions may be especially beneficial to traditionally underserved male populations who have very little interaction with health facilities, including highly mobile individuals and men who have sex with men.

Incorporating linkage strategies to health facilities and HCW support is crucial for virtual interventions.

Virtual interventions may be most effective when layered with other strategies, such as peer mentorship, distribution of HIVST, and kind, welcoming interactions with HCWs.

Practical tips for entry points

- Integrate self-care strategies throughout the HIV treatment cascade. Self-care options may include:
  - Testing: Promote HIV self-testing (HIVST) and self-sampling alongside other self-care options for PrEP and condoms
  - Treatment engagement: Offer self-scheduling and appointment reminders
  - Navigating barriers to HIV services: Provide self-assessment tools and resource guides
  - Treatment adherence: Introduce medication reminders and self-monitoring apps
- Provide clear, culturally appropriate instructions and support materials
  - Use simple language, illustrations, and video tutorials
- Integrate HIVST and other self-care strategies into existing health systems and community outreach
  - Train healthcare workers and community volunteers on self-care strategies
  - Establish clear referral systems for additional support and linkage to services
- Explore diverse distribution channels for self-care tools (social and sexual networks, pharmacies, workplaces, online platforms, vending machines)
- Leverage digital technologies when possible, including for follow-up and linkage services

Case examples – self care and virtual interventions

Digital dispensing to increase HIV testing and prevention services, United Republic of Tanzania (the) *(89)*

Digital dispensing machines (i.e., vending machines) dispensed HIV self-testing (HIVST) and condoms at convenient locations to increase uptake of services among underserved populations, particularly men and adolescents/young people. Dispensing machines were in convenient locations and showed dramatic increase in dispensing of HIVST and acceptability / peer referrals for HIV testing. Key lessons include the importance of stakeholder engagement for machine security and the potential for technology adaptation to meet user needs. Implementers should consider policy support for technology adaptation and ensure strong community involvement.

Virtual Interventions to Improve HIV Testing, Mali, Thailand and Nepal *(90)*

FHI 360 implemented an online outreach and reservation application (ORA) platform in Mali, Nepal, and Thailand from 2017 to 2021, adapting to local contexts to support community HIV outreach. Online demand creation was also used. The intervention utilized popular social media applications, paid advertisements, and online influencer promotions. This approach effectively reached priority populations, increased first-time testers, and achieved higher HIV positivity rates compared to traditional outreach. Key lessons include the feasibility, affordability, and potential impact of virtual platforms for HIV service delivery, especially in reaching individuals who do not access traditional services.

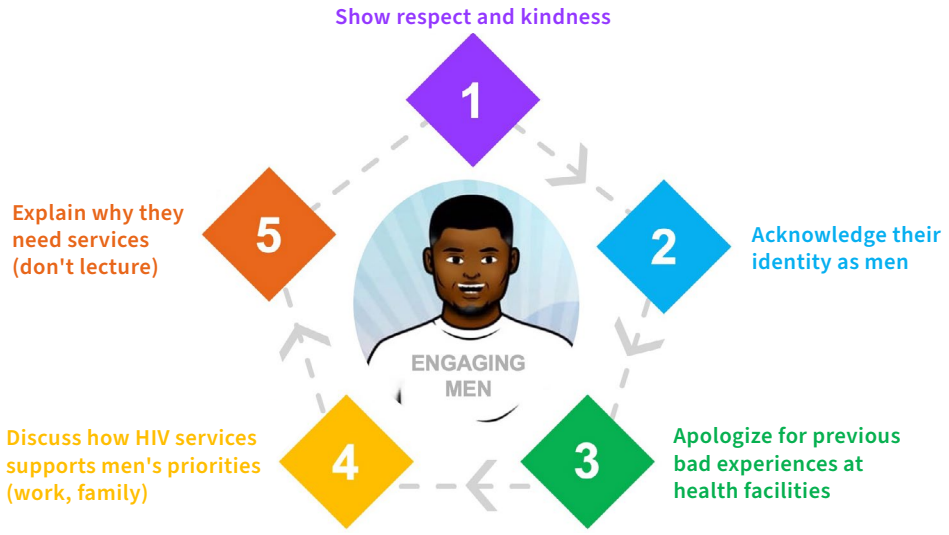
Quality Services

Evidence-based strategies to improve quality HIV services for everyone, including men, include:

1. **Support positive interactions with clients**

- **Kind, respectful and reciprocal relationships with HCWs** improve everyone's satisfaction and use of health services, including men *(91-94)*. The goal is to show clients that they are valued as people, build trust with HCWs and promote positive, empowering experience with health systems. For example, ART re-engagement efforts are more effective if they are welcoming, show empathy, are non-judgmental and speak directly to men's concerns *(92,95)*.
- Foster **men's sense of belonging within health system** through two mechanisms
  - **Equip HCWs with tools needed to engage with men as clients.** HCWs may be less comfortable engaging men as clients and feel unsure how to promote positive interactions (24,96). Providing HCWs with clear job aids and tools about the unique needs of men can facilitate positive engagement *(97-99)*.
  - **Male-friendly spaces within facilities** that are primarily occupied by men can improve men's sense of belonging and ownership over health services *(100)*. Activities should be based on local context and need – low-cost options may be considered. Distinct male-only clinics may not be needed. Simple strategies such as male-specific health talks or waiting spaces in the same clinic may be sufficient to encourage men's attendance at lower cost.

Fig 7. Job aid for healthcare workers to support positive engagement with male clients *(92)**



*Developed from four focus groups with 20 HCWs who specialize in men's engagement across Malawi
Source: Hubbard J, et al. Core components of male-specific care: Malawi perspectives. AIDS Impact Conference, 2023

Practical tips for positive interactions with clients

Ensure there is sufficient buy-in among HCWs and they have been adequately equipped to offer quality services. Strategies often include:

- Provide a clear, practical description of how quality services will improve outcomes that matter to HCWs (including client engagement, HCW job satisfaction, etc.)
- Provide opportunities for HCWs to observe quality service in practice, where possible
- Provide HCWs with tools, job aids, and routine monitoring and feedback on the quality services being asked of them
- Implementing quality services in overwhelmed and under resourced settings is challenging. Listen to HCW concerns and co-develop strategies to address concerns in feasible ways
- The Provider Behavior Ecosystem Map can help stakeholders and decision makers understand what is influencing HCW behavior and potential strategies to support HCW behavior change *(23)*

2. Provide integrated, holistic services where possible. Combining HIV services with other health services offers holistic services and can promote privacy and confidentiality *(101,102)*. "One-stop-shop" services increase men's use of HIV services and can offer a range of services such as circumcision and screening and treatment for non-communicable diseases (NCDs.) *(103,104)*.

Practical tips for integrated, holistic services

Integrated services require thoughtful planning and monitoring. Practical tips for developing effective integrative services for men include:

- Design a comprehensive service package
  - Include HIV services, NCD screening, mental health support, and sexual health services
  - Incorporate male-specific health concerns (e.g., prostate health, erectile dysfunction)
- Utilize a life stage approach to identify age specific services and information needed within integrated services, including those across physical, emotional and social spheres.
- Integrate mental health and substance use services
  - Offer screening and counseling for depression, anxiety, and substance use
  - Address stigma around mental health issues in men
- Train HCWs in male-specific health issues
  - Educate on men's health concerns and communication preferences
  - Address provider biases and promote gender-sensitive care
- Create a male-friendly environment
  - Design waiting areas and consultation rooms in ways that are inclusive of male clients (without excluding other populations, if services are offered for everyone)
  - Use male-inclusive health education materials
- Ensure communities are aware of the integrated services available – develop targeted sensitization and outreach messages as needed

Case examples – positive interactions with clients and integrated, holistic services

Kind and Tailored Male-Specific Interactions for ART retention, Malawi *(105)*

Men who struggle to engage in HIV treatment require welcoming and kind interactions to return to care. A simple male-counseling curriculum was developed for men who are living with HIV but not in care to provide kind, tailored counseling. The intervention was compared against more costly home-based ART distribution strategies and a Stepped intervention. All interventions had strong ART engagement and 6-month retention outcomes, with male-counseling alone being the most cost-effective. Key lessons included that kind and motivating interactions with healthcare workers were critically important for men. Scale-up should include ongoing monitoring and quality assurances for healthcare workers to implement tailored counseling consistently and with high quality.

Holistic Men's Clinic, Zambia *(106)*

The Men's Clinic model offers integrated HIV and non-HIV services, including NCD screening, male sexual health, and mental health care, all delivered by male-only staff in a male-friendly environment. Key to its success is the integrated service package, male-only staffing, robust community engagement strategies, and adaptive implementation approaches. The model employs multiple outreach strategies, including workplace programs, HIV self-testing distribution, mobile clinics, and extended hours to reach men where they are. The intervention has improved HIV testing and linkage to HIV care and boosted male involvement in maternal and child health services. Key lessons include the importance of male-specific service integration, community-tailored outreach strategies, continuous staff capacity building, and real-time monitoring and support systems for successful implementation and scale-up of men's health interventions.

Integrating HIV and Schistosomiasis Testing and Treatment for Fishermen, Malawi *(107)*

Mobile populations such as fishermen are at increased risk of poor HIV outcomes. Fishermen also face high rates of untreated schistosomiasis. Integrating HIV and schistosomiasis testing and treatment services through mobile beach clinics may improve access for fishermen. Three interventions were compared: integrated mobile beach clinics alone; beach clinics + peer education; and beach clinics + peer distributed education materials and HIVST distribution through peer fishermen networks. All interventions showed high rates of HIV testing and treatment, with peer distributed materials and HIVST having the lowest cost per HIV test completed. Key lessons included the effectiveness of mobile beach clinics in reaching hard-to-access mobile populations such as fishermen, the potential of HIVST and other secondary distribution strategies in combination with other interventions, and the importance of integrating multiple health services to reduce stigma and increase uptake. Scale-up should include ongoing training for peer educators and integration within existing health systems.

Supportive Services

Supportive services that provide tailored, ongoing and often intensive care can be critical for men. The provision of role models and social support is crucial and is often missing for men. Evidence-based strategies to improve supportive services for everyone, including men, include:

1. Provide Comprehensive sensitization, counseling and mentorship

- **Male-tailored counselling** that addresses men's lived experiences, individual priorities and needs can increase men's confidence navigating barriers to care, feel seen and valued by the health system, and develop personal relationships with HCWs. It can also increase motivation for ongoing use of health services if men can see how their timely use of services contributes to personal priorities and life goals. Male-tailored counseling can take place in group settings such as clinic waiting spaces or community events or one-on-one. Empathetic and engaged counselors can also act as role models and peer supporters for men, helping to overcome prior negative experiences with health facilities and provide needed social support *(92)*.
- Provide **communication sensitization campaigns** for men, in partnership with community leaders and community organizations. Campaigns that are delivered by institutions that men respect and directly speak to men's priorities can improve men's overall awareness of health behaviors and health services and may nudge men to use available services. Campaigns may also feature prominent men who can act as role models of positive health seeking behavior.
- **Peer mentor models** can provide needed social support and practical examples of how to navigate various barriers to HIV services and other concerns in the local context *(95)*. Peer mentor models may provide one-on-one support or may be offered in group settings, such as teen clubs or male only support groups. Peer mentorship can provide local, relatable role models for men, demonstrating strength in vulnerability and fulfilling needs for social support.

Practical tips for comprehensive sensitization, counseling and mentorship

- Communication and counseling messages should relay non-judgmental and easy-to- understand narratives and incorporate stigma reduction.
- Based on experiences in eastern and southern Africa, a summary of messaging that resonates with men is provided in **Table 3.**
- Specific messaging that resonates with men's priorities and needs is highly contextual and should be co-developed with men themselves, highlighting men's own voices from the local setting. A detailed strategy for developing male-specific messaging can be found here *(108)*. Visualizations to accompany core messaging may be beneficial. Steps include: 1) assess gaps in current messaging for men based on existing evidence and local context, 2) engage men to develop new messaging and visualizations; 3) pilot and get feedback from the target male population (see **Appendix C** for a detailed description of how to develop a male-specific ART counseling curriculum, findings and final curriculum topics from Malawi *(108)*.
    - Frequency and duration of counseling may vary by local context and by individual male client. Some men may desire regular sessions to build trust with their HCW and address more complex barriers to care; others might only need one or two sessions. (Studies from Malawi and South Africa suggest that men living with HIV wanted an average 3 counseling sessions *(92,96)*).

Table 3. Overarching Messages that Resonate with Men in Eastern and Southern Africa

Engagement with the Health System	
• **Go to the clinic** for health screenings and as soon as you feel sick so you can stay healthy and pursue your goals. • As men, taking care of ourselves by going to the clinic helps us live strong, healthy, productive, and happy lives. **When healthy you can realize your dreams** of earning money, caring for your families, and being a role model and leader for your family and community. • Clinic used to be mainly used by women and children, but **clinics are for everyone.** Men are welcome and wanted in the clinic. It is just as important for men to take care of their health.	• We know providers can be rude sometimes and sometimes health services are poor. **We are sorry if you and your family had bad experiences.** Everyone has a right to quality services. • It may feel hard to tell a nurse about your questions or concerns, but they can only help you if you are open with them. **You have a right** to speak up for yourself and make sure all your questions are answered
Men as Partners/Caregivers	
• **Be there for your loved ones** by accompanying them to health visits. Your presence shows you care and can make a big difference in their health journey. • When you go to the clinic with your family member or friend, **take the opportunity to check on your own health too.** It's a smart way to care for yourself while caring for others. • **Your health matters to those who depend on you.** By using health services when you're at the facility, you're setting a great example and ensuring you'll be there for your family in the long run.	• **Ask questions and get involved** in your family's healthcare. The more you know, the better you can support your loved ones and make informed decisions about your own health. • **Being a strong partner or caregiver starts with taking care of yourself**. Don't hesitate to speak with a healthcare provider about your own health needs during these visits.
Testing	
• Testing for HIV can feel hard. It's normal to feel anxious. But **it's better to know than not to know, so that you can take action.** • There are healthcare workers and others who **care about how you are feeling** and **want to support you** through the testing journey.	• Whether you test positive or negative, **you're going to be fine**. We now have easier ways for people to stay HIV-negative, and it's also easy to live with HIV now if you find out you have it.
Prevention	
• **You have a choice** of several options for preventing HIV. You can change what method you use at any time so that it works best for you. • **Condoms** are still a great option, since they prevent HIV and other STIs. They can make men, and their partners feel safe and cared for. Condom promotion can emphasize men's role in shared responsibility for sexual health in a partnership.	• **PrEP** is now available in many places, which is a once-a-day pill that is very effective at preventing HIV but does not protect you from other STIs.

Treatment Adherence

- **Taking ART regularly** helps men succeed at their jobs and build a strong future for themselves and their families
- Treatment is now **easy to take.** For most people, it's just one pill a day with **almost no side effects.**
- Taking ARTs for life is good for you. **New ART regimens work WITH you and FOR you, not against you.**
- Even if you feel healthy, start taking ART right away and keep taking it every day. HIV can hurt your immune system without you knowing it, even for strong and seemingly healthy men. **Without taking ART it is hard to plan for your future.**
- Your facility may make it **easy to access ART** through various distribution options like multi-month dispensing, fast-track pickup and/or community distribution, depending on your health.

Treatment: U=U

- **Undetectable viral load** empowers men to protect their sexual partners and ensure zero risk of transmitting HIV to their sexual partner(s) and minimal risk of transmitting HIV vertically to their children
- Daily treatment can lead to undetectable viral load so that HIV cannot harm you or others. **You're 'back to normal'** and can live the same type of life as someone who does not have HIV.
- Men worry that HIV will stop them from reaching their dreams. But taking ART even when feeling healthy allows us to **live our lives just as if we were HIV-negative**.

Welcome Back Messaging

- What matters is that you have come back. **I am so happy that you returned!**
- We are all human! **Do the best that you can.** The important thing is that you keep trying to take ART every day. Be patient with yourself and **keep trying.**
- Let's **understand barriers** you personally experience and what we as healthcare workers and you as the client can do to help **overcome barriers**. **Developing action plans and engaging your support system** can help.

Case examples – positive interactions with clients and integrated, holistic services

Social Network Strategy for HIV Testing, United Republic of Tanzania (the) *(84)*

Social Network Strategy for HIV Testing (SNS) is an evidence-based approach to provide services to persons at high risk for HIV infection. The project designed a scale up and improvement plan to strengthen implementation of SNS across multiple regions of the United Republic of Tanzania and resulted in increased coverage across health facilities and increased HIV testing among men. Key lessons include the feasibility of a low-cost SNS model in resource-limited settings and the importance of healthcare worker training and engagement of local healthcare workers.

HIV Prevention among Male Partners of Female Sex Workers, Zimbabwe *(85)*

The intervention aimed to improve HIV prevention and care outcomes among male sexual partners of female sex workers (FSWs) by implementing a differentiated HIV intervention within an existing FSW program. Using Male Engagement Champions, context-specific service delivery, and community engagement, the project successfully increased access to and uptake of HIV services for male sex partners. Key lessons include the importance of community-led approaches, stakeholder engagement, and adaptability to local contexts.

Male Coaches to Improve ART Retention, South Africa *(109)*

There are few sources of support to help men overcome social, emotional, practical and structural barriers to HIV treatment. The Coach Mpilo model is a peer-led case management approach that employs men living well with HIV to support other men facing barriers to care. The intervention has demonstrated exceptional success in linkage and retention rates among men. Key lessons include the power of leveraging shared experience and the importance of developing models that are adaptable, rapid-response, low-cost, culturally contextualized, and rooted in the local community. Implementers should consider the model's potential for adaptation to other health concerns and sub-populations.

Gender Transformation, Psychosocial Support and Community Services to Improve HIV Services for Men, Eswatini *(110)*

Eswatini implemented a male-focused HIV prevention and care strategy to address higher HIV incidence among men. The approach utilized gender-transformative programming, safe spaces for psychosocial support, and community-based, on-site sexual and reproductive health services. Key lessons include the importance of tailoring interventions to local contexts, engaging multiple stakeholders, and integrating services with existing health systems. Incorporating gender transformative strategies benefited men and promoted positive impacts on women and girls. The strategy demonstrated success in increasing HIV knowledge and service uptake among men and boys.

Other Resources on Evidence-Based HIV Strategies:

See the below WHO documents for further guidance on specific HIV service delivery considerations.

- **Innovative HIV Testing Strategies:** WHO consolidated guidelines on differentiated HIV testing services *(66)*
- **Re-engagement Strategies for PLHIV:** WHO policy brief on Supporting re-engagement in HIV treatment services *(62)*
- **Self-testing at workplace:** HIV self-testing at workplaces: approaches to implementation and sustainable financing *(111)*
- **Viral load thresholds and viral load testing approaches:** The role of HIV viral suppression in improving individual health and reducing transmission *(112)*
- **Reducing HIV-related stigma:** Ensuring quality health care by reducing HIV-related stigma and discrimination *(113)*
- **Enhancing uptake of voluntary medical male circumcision among adolescent boys and men at higher risk for HIV:** Evidence and case studies *(114)*
- **HIV self-testing in the workplace:** *Policy brief (115)*
- **Focus on key populations in national HIV strategic plans in the African region:** *Report (116)*
- **Virtual interventions in response to HIV, sexually transmitted infections and viral hepatitis.** *Implementation Brief (88)*

Evidence-based approaches and steps for informed decision making around men's HIV services

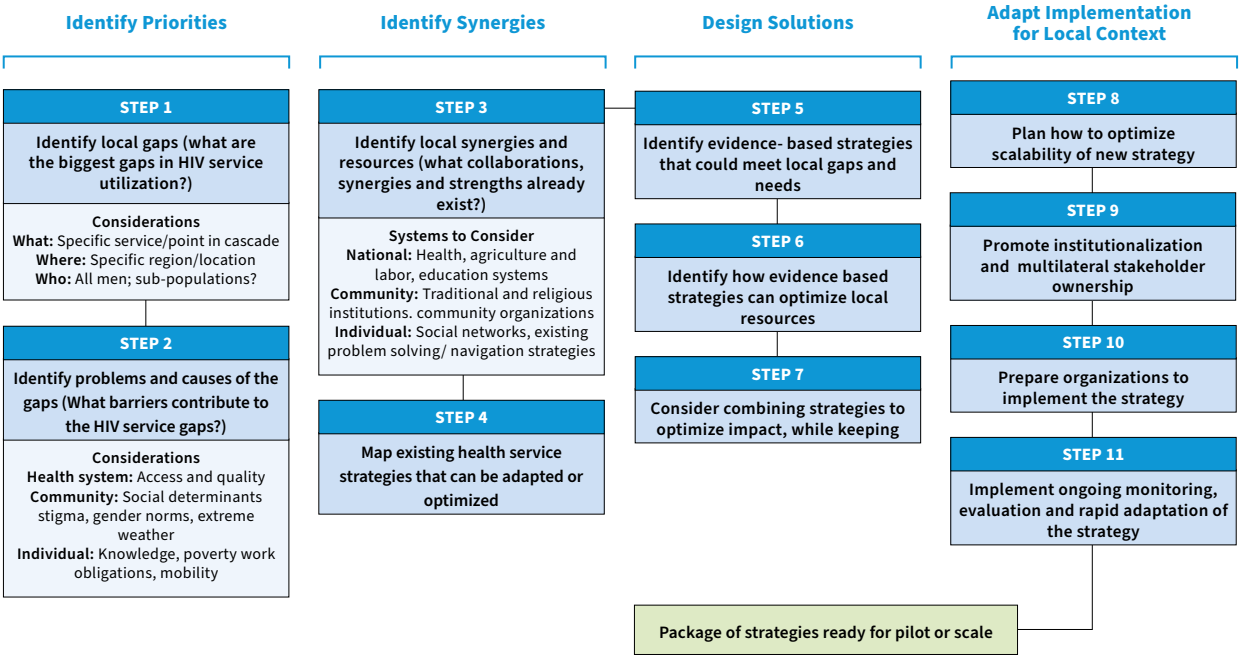
Strategic planning around evidence-based strategies to engage men must be informed by local contexts. Not all interventions are needed in each setting. Key to successful scale is being able to determine what intervention (or package of strategies) are best fit for the local needs and context.

This process can be efficiently executed using existing data, resources, and rapid assessments where necessary, ensuring a timely and feasible approach to implementation planning.

Below we summarize evidence-based approaches or considerations that can inform what strategies are taken to scale for men (see **Fig 8**). Considerations are adapted from the WHO guidance *"Evidence, policy, impact: WHO guide for evidence-informed decision-making" and the WHO, ExpandNet "Nine steps for scaling-up strategy" (12,13).*

After describing the overarching approach, we provide a summary of several real-world case examples of men's HIV services being adapted within HIV policy and scaled. Each case example is linked to **Appendix E** where the case example has a 1-page description about how policies were adapted, key stakeholders and players, and lessons learned.

Fig 8. Approaches and steps for strategically developing scalable men's HIV strategies *(12,13)*



Source: Figure adapted from the WHO Evidence, policy, impact: WHO guide for evidence-informed decision-making, 2022, and the WHO, ExpandNet Nine steps for scaling-up strategy, 2010.

Identify Priorities

Focusing on a limited number of strategies that address the most pressing priorities for men's HIV services may support successful scale up and ongoing implementation. Identifying high priority concerns should be informed by evidence of HIV service gaps, equity considerations, and discussion with key stakeholders *(13)*. The following steps can help identify local HIV-related service gaps, barriers to services and ultimately priority needs for the local context.

Step 1: Identify Local Gaps *(What are the biggest gaps in HIV service utilization?)*

Decision makers may use existing data to assess where within the HIV service cascade (testing, prevention, treatment and viral suppression) men experience the greatest unmet need. HIV program data and nationally representative surveys, such as the population-based HIV impact survey (PHIA) can be used to assess gaps in HIV service utilization. Priority HIV services may differ widely by local context. In some cases, all men may experience gaps in service coverage, while in others only specific sub-populations of men or specific geographic areas may experience service gaps.

Key considerations include:

- **What HIV services show the greatest gaps for men?** i.e., testing, prevention, treatment initiation, viral suppression or multiple services.
- **What geographical areas experience the greatest gaps in HIV service utilization for men?** i.e., regional, district or facility-level focus.
- **Who experiences the greatest gaps in HIV service utilization?** i.e., are there notable gaps among all men or specific sub-populations of men? When considering sub-populations, it is important to consider both the absolute number of men impacted and the proportion of men impacted.

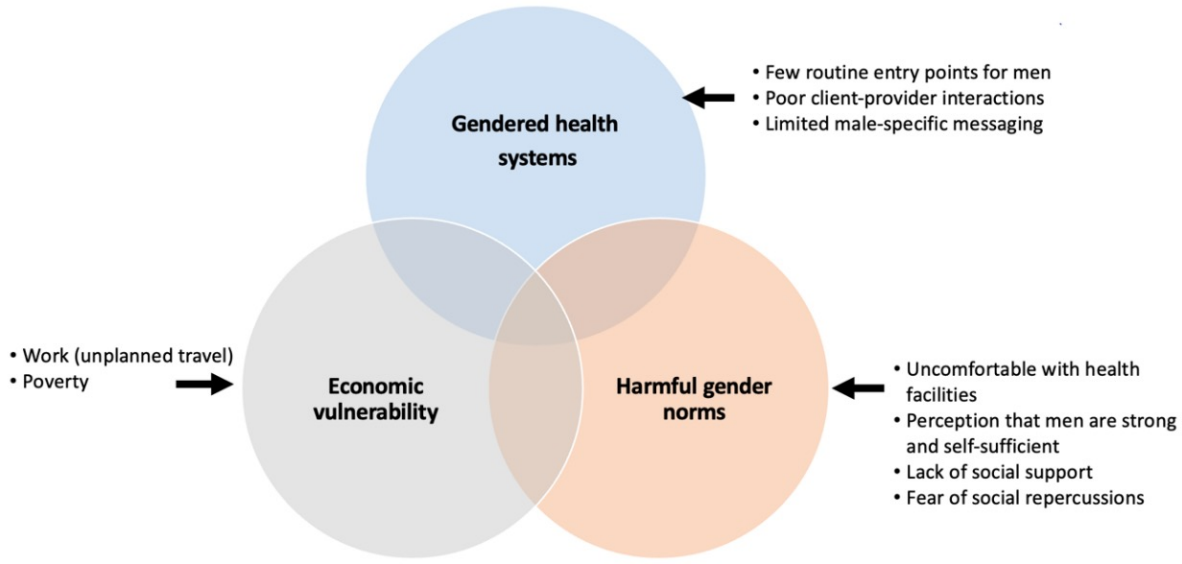
Step 2: Identify Problems and Causes of Gaps *(What barriers contribute to the HIV service gaps?)*

It is critical to understand health system and socio-behavioral factors that contribute to HIV service gaps for men locally. Existing evidence can inform this, as well as discussions with local stakeholders, civil society groups and men themselves to understand what unique multi-level challenges contribute to HIV service gaps in their setting. An overarching example of the type of barriers that may be present in local contexts are described in **Fig 9** (drawn from the *WHO Men and HIV Framework*).

Once barriers are identified, key considerations include:

- Is this barrier experienced **only by men or by all clients?**
- Are there **sub-populations of men or geographical areas** who are impacted most by this barrier?

Fig 9. Contributing factors to men's health outcomes, adapted from the WHO's Men and HIV Framework *(7)*



Source: WHO. Men and HIV: Evidence-based approaches and interventions. A framework for person-centred health services, 2023

Identify Synergies

Building on existing strengths and synergies across health and community systems optimizes resources and promotes scalability and sustainability. The following step can help identify synergies across systems to inform what HIV-related men's strategies are most feasible and likely to be supported within the local context.

Step 3: Map existing health service strategies that can be adapted or optimized to better engage men. Health systems already have existing strategies that engage a large proportion of men. Scalability may be facilitated by first mapping existing services, how existing services align with local priorities, and how such services can be optimized.

Step 4: Identify local synergies and resources *(What collaborations, synergies and strengths already exist?)*

Understanding and engaging stakeholders across multiple sectors can support alignment of priorities, joint ownership, and collaboration.

Ideally, stakeholder mapping and mapping existing resources, strengths and synergies should take place early.

Stakeholders can include decision-makers and policy-makers, implementing organizations, researchers in the field, civil society groups and leaders from health, education, religious and other local institutions *(13)*. Resources also exist within men themselves and should be considered.

Examples of institutions and systems that may be included are:

National Systems:

- Health systems, including non-HIV departments (health facility, district and national level)
- Agriculture, environment and climate, and other labor systems
- Education systems

Community Systems:

- Traditional and religions institutions / leaders
- Educational systems
- Community organizations and other groups

Individual:

- Consider individual men's strengths, available resources, and existing strategies to navigate barriers to HIV services already present among men and their social networks

Design Solutions

Strategies should be selected based on 1) fit with local gaps and needs and 2) ability to optimize existing strengths and infrastructure within health and community systems. There are several steps to consider when designing solutions for men:

Step 5: Identify evidence-based strategies that could meet local gaps and needs **(Steps 1 and 2).**

Drawing from evidence-based strategies and lessons already learned from others is essential. Linking local gaps and needs to evidence-based strategies that directly address local needs and barriers can optimize strategy impact. See **Table 3** for examples of needs matched with intervention strategies.

Step 6: Identify how evidence-based strategies can optimize local resources (Step 5).

Leveraging existing health and community systems' strengths, priorities, and infrastructure, while engaging multi-sector stakeholders, optimizes resources, promotes sustainability, and fosters collaborative ownership.

The following question can help identify if and how evidence-based strategies can fit within local systems:

- **How do evidence-based strategies identified in Step 4 align with Local Synergies (from Step 2)?**
  - What additional resources are required?
    - Are these feasible?
    - Are these sustainable?
      - IF NO: Can the strategy be simplified? Should another strategy be considered?

Step 7: Consider combining strategies to optimize impact, while keeping simplicity in mind.

Stakeholders may consider layering strategies, whereby a small number of interventions that align with local priorities and local strengths are scaled quickly. More resource intensive interventions may be added after a slower pilot process (either for everyone or for sub-populations of men who may need additional tailored and ongoing support).

Adapt Implementation Strategies for Local Context

This section is adapted from the "*Nine steps for developing a scaling-up strategy"* guidance published by WHO and expandnet *(12)*. We synthesize key steps to implementing new or adapted strategies at scale. Below is a highly condensed version of the original steps outlined by WHO and expandnet. The full detailed steps can be found here (https://media.expandnet.net/file/root/expandnet-who-nine-step-guide-published.html) and detailed worksheets for each step can be found here (https://media.expandnet.net/file/root/ninestepsworksheets-6-1-2021.html).

Step 8: Plan how to optimize scalability of new strategy

Evidence-based strategies require adaptations to ensure they are tailored to the local needs and context.

The below "CORRECT" attributes describe key attributes of health services strategies that are most likely to be successfully scaled and sustained in real-word settings *(12)*. **Appendix D** provides a list of practical questions and potential actions for each key attribute of scalable health service strategies. By answering these questions, health systems can create a clear plan to further adapt interventions, plan steps for scale and plan communication and engagement strategies across stakeholders and implementers.

- **Credible** in that they are based on sound evidence and/or advocated by respected persons or institutions
- **Observable** to ensure that potential users can see the results in practice
- **Relevant** for addressing persistent or sharply felt problems
- **Relative advantage** over existing practices so that potential users are convinced the costs of implementation are warranted by the benefits
- **Easy** to install and understand rather than complex and complicated
- **Compatible** with the potential users' established values, norms and facilities; fit well into the practices of the national programme
- **Testable** so that potential users can see the intervention on a small scale prior to large-scale adoption

Step 9. Promote institutionalization and multi-sectoral stakeholder ownership.

Ultimately, the goal is to embed contextually relevant, evidence-based strategies into routine practice. It is essential to consider how to facilitate multi-sectoral stakeholders' long-term ownership and to institutionalize strategies within the existing systems. Building on efforts from **Step 2,** the implementation plan may incorporate strategies for continued stakeholder engagement and ownership.

Opportunities for stakeholders to visit demonstration sites can help them understand implementation considerations within routine care and potential impact.

Step 10. Prepare organizations to implement the strategy

New or adapted strategies often require some level of preparation and additional monitoring to promote fidelity and quality of implementation.

An initial assessment of organizational needs for implementation and/or scale may be helpful.

Table 4 summarizes potential gaps within organizations that need to be filled for scale up and potential actions needed. In some cases, a team dedicated to preparing local organizations for scale up activities may be beneficial. Such teams often are tasked with ensuring additional capacity building is completed (when needed) and routine monitoring, evaluation and adaptations occur after rollout.

Table 4. Potential gaps in organizational capacity for scale up and potential actions *(12)*

Areas where capacity is needed to implement new strategies	**Potential actions, if needed**
Buy-in to the new strategy / perceived need	Identify champions/leadership for strategy
Leadership/coordination	Develop protocols for coordination and monitoring
Technical skills Training Monitoring/evaluation	Identify strategies for training / building technical skills and ongoing monitoring/evaluation, as needed Identify strategies for routine feedback on implementation of new strategy
Logistics/supplies Physical space and equipment Staff or HCWs to implement strategy	Identify opportunities for mobilizing / resource sharing

Source: WHO, ExpandNet. Nine steps for scaling-up strategy, 2010

Step 11. Implement ongoing monitoring, evaluation and rapid adaption of the strategy.

Ongoing monitoring, evaluation and responsive adaptations are critical to successful scale up, including implementation fidelity, quality, and ensuring intended outcomes are achieved.

Ideally monitoring and evaluation strategies for men's services will be embedded within larger monitoring and evaluation frameworks and processes to promote sustainability.

Integration of systems also allows lessons learned to translate throughout the health system (not siloed for a men's specific project only). Key monitoring and evaluation considerations include:

What relevant indicators should be monitored?

- **Use existing service statistics** for monitoring to the extent that they provide relevant and reliable information
- **Collect additional data** to evaluate outcomes/ impact as needed
- **Create simple procedures** for tracking implementation and impact
- What **changes are needed to improve implementation** or impact?
- **Conduct rapid qualitative studies or informal discussions** to gain insight into the process and barriers of expansion
- **Use results from monitoring and evaluation** to rapidly adjust the intervention or the implementation strategy

Below are several case examples of policies that incorporate men's health into HIV policy and/or at scale. Each case example is linked to **Appendix E** where the case example has a 1-page description about how policies were adapted, key stakeholders and players, and lessons learned.

Case examples – incorporating men's strategies in policy and at scale

National Male Engagement Guidelines, Mozambique *(117)*

Mozambique implemented a male-focused health clinic model to address gender disparities in HIV outcomes and overall men's health. The initiative redesigned service delivery to create a one-stop care approach for men. Key lessons include the importance of leadership from the National Health Service, stakeholder engagement, and leveraging existing resources. The model demonstrated significant improvements in HIV testing, treatment initiation, and management of other health conditions among men.

VMMC as an Entry Point for Men's Health Strategy, Botswana *(120)*

Botswana implemented a human-centred design approach to revitalize its Voluntary Medical Male Circumcision program, using VMMC as an entry point for comprehensive men's health services. The initiative, led by the Ministry of Health, focused on targeted messaging and community mobilization. Key lessons include the importance of stakeholder engagement, integration with existing health systems, and the use of peer navigators. The strategy significantly improved VMMC uptake and access to other health services for men.

Differentiated Service Delivery (DSD) For Men Toolkit, Zambia *(118,119)*

The Zambia DSD For Men Toolkit aimed to introduce users to DSD strategies for men (including Men's Clinics and community posts), monitoring and evaluation strategies, and demand creation strategies. At the same time the DSD Through Virtual Platforms Guide, 2022, was released, a policy guidance on virtual interventions for health where the development processes, implementation process and self-assessment messages can be shared. Key strategies were scaled widely and showed positive results. Key lessons include the importance of strong coordination between the Ministry of Health and implementing partners, the need for sustainable funding, and the value of community engagement. Implementers should consider local context, capacity building, and integration with existing health systems for successful scale-up.

Men during a dialogue at Nceka © Kwakha Indvodza Organization

Conclusion

Men's health matters. Sex differences in service utilization that delay realizing the 95–95–95 targets continue to be a barrier to ending AIDS and to improving community and individual health outcomes. Men's lagging use of HIV services have negative consequences for men and women. Immediate and sustained action is required.

It is crucial that health systems evolve to become inclusive spaces that cater to all populations, explicitly including men.

To do so, practical considerations around implementation and scale are required.

Evidence-based interventions are available to increase men's use of services. These largely fall within one or more of three core pillars of person-centred care for health services *(7)*. Strategies that address one or multiple of these core pillars are good for everyone, including men:

- **Easy access to services**: Flexible, efficient services that accommodate client schedules
- **Quality, discrimination-free services**: Respectful, tailored interactions increasing satisfaction and coverage
- **Supportive services**: Addressing barriers outside health facilities (e.g., disclosure support, counseling)

What is now required is to implement evidence-based strategies in routine care, prioritizing fidelity, quality and scalability.

"

The challenge remains:

How can the benefits achieved in successful pilot/experimental projects be expanded to serve more people, more equitably and more lastingly?

While pilots and HIV service research often benefit from special resources, routine implementation of evidence-based strategies often require translation of evidence to practice within extensive system constraints, with limited financial and human resources. Stakeholders and health systems more broadly must balance ambitious goals with practical limitations in resource-constrained settings. Successful scaling requires strategic planning that strengthens, rather than overburdens, health systems. This guide offers a systematic approach to developing such strategies.

Additional implementation science and rapid assessment efforts are needed to continue building evidence on how to effectively move evidence to practice. Increased dissemination of lessons learned in local contexts, as well as south-to-south learning, are also essential to advancing health systems and specific strategies that reach men.

Rather than blaming men for poor health seeking behavior, it would be more effective to build sustainable health systems that incorporate and welcome men as clients, caregivers and partners.

Men need, are willing and deserve to have access to services. The effective implementation and scale of evidence-based interventions for men can improve men's engagement in HIV services, ultimately contributing to better health outcomes for men and their communities.

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EPI support team member Soumaila, 29, is pictured at the Reference Health Center of Ménaka on 19 December 2022 in Mali © WHO / UNICEF / Fatoumata Diabaté

Appendix A

Description of ExpandNet/WHO products on the science and practice of scaling up

ExpandNet/WHO has developed tools and resources to support policymakers, programme managers and those providing technical assistance with the scaling-up task. A book entitled Scaling up health service delivery: from pilot innovations to policies and programmes, published by WHO in 2007, presents the ExpandNet conceptual framework for scaling up and case studies that analyze the expansion of health service innovations in public sector programmes in Africa, Asia and Latin America *(121).* A short guide entitled "Nine steps for developing a scaling-up strategy" can assist practitioners by providing a methodology for strategic planning. It complements the current, more comprehensive practical guidance document. These and other resources are available on the ExpandNet website http://www.expandnet.net.

Appendix B

Description of strategies to increase the feasibility of using primary care or outpatient settings for routine entry points for HIV services *(122)*

Table 1. Overview of HTS Improvement Domains and Implementation Strategies Generated Following Meetings with Clinic and District Management and Staff

Improvement Domain	Rationale (Baseline Findings)	Potential Implementation Strategy
Adjust HTS timing by promoting HTS at reception and in the waiting area	Baseline analysis shows that HTS is usually offered during the consultation near the end of the clinic visit when the client has already spent hours at the clinic.	Adjust patient flow in the facility in the acute section, e.g., registration > vitals > HTS > consultation. Adjusting counselor schedules in the facility to ensure that there is a counsellor on duty whenever the clinic is open. Add additional HTS working space to allow for increased HTS uptake and to better promote privacy and norms among clinic staff.
Strengthen HTS promotion through talks given in the waiting area	Despite high acceptance rates once testing is offered, in the baseline findings, only 10% of patients were offered HTS during a clinic visit.	Group promotion of HTS at waiting area by counselors discussing benefits and processes of testing and treatment initiation. Health talk given by clinic staff every 3 hours with a planned topic guide. Ensure to mention availability and benefits of HTS.
Counselor management to empower, acknowledge, and motivate counselors on their work	Counselors were not included in facility meetings and therefore may not feel valued as part of the facility team.	HTS review meetings among counselors, HTS staff representatives, and the facility manager to review HTS data, progress, current implementation challenges, and practical solutions. Appoint a rotating team leader amongst the counselors. Primary responsibilities include creating a duty roster, ensuring complete data capture, and presenting progress toward targets at HTS review meetings. Appoint an HTS champion who helps promote and support HTS among clinic staff.
Reward system for the facility and counselors for meeting targets	Clinic-based rewards for reaching HTS targets will increase awareness of HTS goals and HTS improvement efforts.	Bolster counselors' motivation through certificates for being team leaders, completing training, and being counselor of the month.

Appendix C

Description of steps to develop male-specific ART counseling curriculum, findings and final curriculum topics from Malawi *(108)*

Table 1. Step by Step development of male-specific counselling curriculum

CDC Guidance on Adaptation of EBI	Steps Completed by Our Team
1. Assess needs of the population	1. Scope review on specific needs of men for ART engagement
2. Select the intervention to be modified	2. Review MoH ART counselling materials against specific needs of men from Step 1
3. Make adaptions needed based on the initial	3. Adapt MoH counselling materials based on Steps 1 and 2
4. Pilot the adapted intervention	4. Pilot the adapted curriculum with men 5. Review the finalized curriculum with stakeholders and implementors
5. Implement the adapted intervention	6. Implement the final adapted curriculum

Table 2. Barriers for facilitators affecting men's ART (re-)initiation and retention on ART in Malawi

No	Theme	Barrier/Facilitator	Description
1	Masculinity	Barrier/Facilitator	Expectations, norms and roles influence men's decisions about starting treatment, disclosing their status and remaining in care.
2	Men as economic pillars/ competing interests	Barrier	Men see themselves as economic pillars, they want to see the value of ART in their income-generating activities.
3	Limited ART knowledge/ Side effects	Barrier	Knowledge gaps on TASP, side effects and flexibility about taking ART.
4	Good health	Facilitator	Men want to have good health to maintain their strong physical appearance and reputations in the community.
5	Gendered service provision preferred gender matching service provider	Barrier/Facilitator	Men are less familiar with health systems / Men would use the services if provided by HCWs of their own gender.
6	Autonomy	Facilitator	Men want to be engaged in and have ownership over their HIV care.
7	Social support/guardian support	Facilitator	Men perform better on treatment if they have a role model, and support, especially from a fellow man.
8	Self-compassion	Facilitator	Clients who have self-compassion are likely to have better adjustment to treatment, less stress, positive health seeking attitudes, and are more likely to disclose status and practice safe sex.

Table 3. Barriers for facilitators affecting men's ART (re-)initiation and retention on ART in Malawi

Theme	Male-Specific Modification
New Themes	
How treatment contributes to men's goals	We work with men to frame their possible future goals based on their health. Prior to this, men argued that ART engagement competed with business and agriculture priorities. We discuss how HIV services contribute to their key goals. We employ motivational interviewing skills to discussing ART as an integral component of achieving goals.
Feeling healthy on ART knowledge	We explicitly acknowledge challenges to taking ART when feeling healthy and ask men to reflect on their own experience. We discuss how taking ART while feeling healthy will prevent disruption of earning prospects and support strong business and better families, using local analogies and graphics that resonate with Malawian men.
Navigating health system	We discuss barriers men have experienced when seeking health services at facilities and discuss how to overcome them, and notably, to report poor services. We address the pre-existing discord between HCWs and men.
Self-compromise/patience for lifelong treatment	We normalize the fact that men may forge a dose, feel guilty and panic. We highlight the importance of returning to care as soon as possible. We discuss alcohol use and fears about long-term treatment adherence. We acknowledge individual concerns about competing responsibilities, fear of disclosure, and treatment fatigue, and stress that such fears are normal.
Modified Themes	
Status disclosure to male friends/ family	Beyond disclosure to their sexual partners, we highlight the importance of disclosing to their male social support system. We discuss who is important to them, how to disclose to other men, and how to get social support for ART disclosure.
Treatment as prevention	In addition to the general treatment as prevention message, we provide a detailed description about how treatment as prevention works, men's role in preventing vertical transmission, and how these concepts contribute to men's roles as provider and building a stronger future.
Understanding ART (Side effects)	MOH counseling simply describes potential side effects and tells clients to report to clinic if they persist. We focus on the changes in ART regimen including that the new dolutegravir regimen has fewer side effects than the older regimens.

Appendix D

Illustration of questions and recommended actions related to the scalability of a health strategy, following the CORRECT attributes.

Original table available here: https://media.expandnet.net/file/root/expandnet-who-nine-step-guide-published.html *(12)*.

Table 1. Illustration of questions and recommended actions related to the scalability of the innovation

Attribute	Key questions	If necessary, find ways to:
Credibility	1. Have results of pilot testing the innovation been documented? 2. How sound is the evidence? 3. Is further evidence/better documentation needed? 4. Has the innovation been tested in the type of setting where it will be scaled up?	Document results in clear and concise ways that can be readily shared with key stakeholders. Collect further evidence. Test the innovation in a realistic setting.
Observability	1. How observable are results?	Provide opportunities for stakeholders to see results in pilot/experimental or demonstration sites.
Relevance	1. Does the innovation address a felt need, persistent problem or policy priority?	Express clearly what needs are addressed. Finds ways to better communicate its relevance to policy makers and other stakeholders.
Relative Advantage	1. Does the innovation have relative advantage over existing practices? 2. Is it more cost-effective than existing practices or alternatives?	State and communicate its advantage. Establish costs and assess cost-effectiveness.

Ease of transfer/ installation	1. What degree of change from current norms, practices and level of resources is implied in the innovation? 2. What is the level of technical sophistication needed to introduce the innovation? 3. Does the innovation have the potential for creating conflict in the user organization? 4. Were major additional human or financial resources and commodities needed to introduce the innovation?	Simplify/streamline the innovation but ensure that the essential components are maintained during scale up. Anticipate and minimize such conflict. Identify where/how such resources can be mobilized through existing channels.
Compatibility	1. Is the innovation compatible with current values or services of the user organization? 2. Will it be difficult to maintain the basic values of the innovation as expansion proceeds? 3. Will changes in logistics need to be made to accommodate the innovation? 4. Which components will need local adaptation to be relevant for changes in local context?	Package the innovation in ways that enhance compatibility. Build indicators into the monitoring system to assess this and plan to actions needed to maintain values. Identify ways which minimize the changes that must be made. Identify needed local adaptations while ensuring the essence of the innovation remains intact.
Testability	1. Can the user organization test the innovation in stages without fully adopting it?	Expand the innovation incrementally.

Appendix E

We included one page per case example, highlighting details about the intervention, staff and training and key lessons learned around integration, scale (if applicable) and community engagement. A summary of each case example is provided within the Implementation Brief and organized by the core components of PCC services for men.

Easy Access to Services

Case examples that provide routine entry points, community-centred services and/or flexible facility-based services

- Male partner engagement in pregnancy and infancy, Zimbabwe
- HIVST among outpatients and caregivers to increase HIV testing, Malawi
- Social Network Strategy for HIV Testing, United Republic of Tanzania (the)
- HIV Prevention among Male Partners of Female Sex Workers, Mozambique
- Faith- and Community-Led Services, Zambia
- Digital Dispensing to Increase HIV Testing and Prevention Services, United Republic of Tanzania (the)
- Reaching Male Workers with HIV Self-Testing, Mozambique
- Virtual Interventions to Improve HIV Testing, Mali, Thailand and Nepal

Male partner engagement in pregnancy and infancy, Zimbabwe *(57)*

Location: Zimbabwe
Organization: Organization for Public Health Interventions & Development (OPHID)
Target Population: Male partners of pregnant women (men only)
Services: Prevention, testing, linkage, and retention
PCC Strategy: Improved quality services and supportive services

Summary: The Mbereko+Men model aimed to increase male involvement in Prevention of Mother-to-Child Transmission (PMTCT) services. The intervention utilized community-based education sessions to engage men and women in complementary activities to increase men's support of their pregnant and breastfeeding partners. The project significantly increased male participation in antenatal care and HIV testing. Key lessons include the importance of community ownership, integration with existing health systems, and the potential benefit of linking the intervention with livelihood initiatives.

Intervention Description: Mbereko+Men is a 10-session curriculum that focuses on increasing male support throughout pregnancy and breastfeeding, emphasizing HIV prevention, testing, and retention in care. The program also aims to improve men's support for women and babies, coparents' equitable, informed health decision-making, and ultimately, maternal mental health and care-seeking for maternal and newborn health services. Male partners are actively invited, and groups formed in community locations where men frequent. The model also involves broad community sensitization, separate gender-synchronized components for men and women, and utilizes Action Birth Cards (ABC) as a guide. Community cadres facilitate discussions in various settings, including workplaces and community meetings. The intervention also includes TB, mental health, and NCD screening for male partners.

Impact:
- 1724 groups were formed, with 4438 male partners completing group sessions
- More than 5000 men reached with broader community sensitization strategies
- Over 80% of male partners at participating facilities were exposed to intervention materials
- Monthly numbers of male HIV testing doubled, from 900 to 1800 across facilities pre-post intervention
- Improved coparent relationships, women's mental health and men's support for PMTCT

Staffing and Training:
- Staff: Trained community lay cadres
- Training: Community lay cadres received one day training and continuous mentorship and support during routine monthly meetings by an experienced community HIV services nurse who provided oversight

Community Engagement:
- Initial model was co-created with communities based on PMTCT outcomes and missed appointments
- Conduct community sensitization and ongoing engagement with local leadership
- Disseminate information, education, and communication materials at strategic community locations

Integration Strategies:
- Intervention integrated into the community care and treatment programs for HIV and NCDs
- Collaborate with health facilities for referrals and follow-ups
- Consider linking with social protection initiatives (e.g., Income Generating Projects)

Monitoring and Evaluation:
- Monthly electronic data collection of the men's intervention and MoH monitoring tools for PMTCT-related program data

Source: Comrie-Thomson L, Webb K, Patel D, Wata P, Kapamurandu Z, Mushavi A, et al. Engaging women and men in the gender-synchronized, community-based Mbereko+Men intervention to improve maternal mental health and perinatal care-seeking in Manicaland, Zimbabwe: A cluster-randomised controlled pragmatic trial. J Glob Health. 12:04042.

HIVST among outpatients and caregivers to increase HIV testing, Malawi *(56)*

Location: Malawi
Organization: Partners in Hope
Target Population: All clients and caregivers attending outpatient departments (men and women)
Services: HIV testing
PCC Strategy: Easy access to services

Summary: Men in Malawi attend outpatient departments but are rarely offered HIV testing when at the clinic. Incorporating HIVST into outpatient clinic waiting spaces can improve. HIVST significantly increased HIV testing uptake, especially among men and adolescents, without adverse events. Key lessons include the efficiency of HIVST in high-volume settings, its acceptability among clients, and the need for enhanced post-test counseling strategies. The intervention demonstrated potential for scale-up in resource-constrained settings to improve HIV testing coverage.

Intervention Description: Facility-based HIVST was implemented in outpatient department waiting spaces. It involved a 10-minute health talk on HIV testing importance, a 15-minute OraQuick HIVST demonstration with group pre-counseling, kit distribution for use in waiting areas, private spaces (cardboard booths) for result interpretation, and optional post-test counseling. One study staff member facilitated the process. Participants who tested positive were referred for confirmatory testing and same-day ART initiation. The intervention was compared to standard PITC and optimized PITC with additional provider training and morning HIV testing.

Impact:
- 51% of outpatients in HIVST group tested for HIV vs. 13-14% in PITC groups
- Doubled the absolute number of newly diagnosed HIV-positive individuals
- Increased testing among men, adolescents, and high-risk groups

- 68% of newly diagnosed individuals in HIVST group-initiated ART within 3 months
- High acceptability: 99% of HIVST users would use the same method again
- No reported coercion in HIVST group

Staffing and Training:
- Train staff on HIVST demonstration and distribution
- Ensure availability of HIV counselors for assistance and confirmatory testing
- Provide training on integrating HIVST results into routine consultations

Community Engagement:
- Conduct meetings with local leaders and stakeholders before implementation
- Develop appropriate messaging to address misconceptions about HIVST
- Engage male champions to promote HIVST among peers

Integration Strategies:
- Incorporate HIVST into existing outpatient flow
- Establish clear referral pathways for confirmatory testing and ART initiation
- Integrate HIVST kit distribution with other health education activities in waiting areas

Monitoring and Evaluation:
- Implement exit surveys to assess testing uptake and acceptability
- Conduct chart reviews to track ART initiation among those testing positive
- Monitor for adverse events, including coercion
- Regularly review linkage to care rates, especially for vulnerable groups like adolescents

Source: Dovel et al. Effect of facility-based HIV self-testing on uptake of testing among outpatients in Malawi: a cluster-randomised trial. The Lancet Global Health. 2020 Feb 1;8(2):e276-87. https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30534-0/fulltext

Social Network Strategy for HIV Testing in the United Republic of Tanzania *(84)*

Location: Dar es Salaam, United Republic of Tanzania (the)
Organization: Amref Health Africa Tanzania
Target Population: Everyone (men and women)
Services: Testing and linkage
PCC Strategy: All pillars

Summary: Social Network Strategy for HIV Testing (SNS) is an evidence-based approach to provide services to persons at high risk for HIV infection. The project designed a scale up and improvement plan to strengthen implementation of SNS across multiple regions of the United Republic of Tanzania and resulted in increased coverage across health facilities and increased HIV testing among men. Key lessons include the feasibility of a low-cost SNS model in resource-limited settings and the importance of healthcare worker training and engagement of local healthcare workers.

Intervention Description: The Social Network Strategy for testing begins with identifying clients or peers to list their networks for HIV testing. The project implemented both healthcare worker-driven and peer-driven SNS models in facility and community settings. Seeds (initial recruiters) were identified and counseled to list men and other at-risk populations within their networks for HIV testing services. The approach integrated HIV self-testing and direct tracing by healthcare workers when appropriate. Non-HIV services, including family planning and STI treatment, were offered to HIV-negative clients. The project also engaged communities in mapping hotspots where vulnerable populations could be easily reached.

Impact:
- Number of health facilities implementing SNS increased from 71 (34%) to 112 (51%)
- Number of men tested increased (805 in Q1 to 2153 in Q3), with a two-fold increase in number of men identified as living with HIV
- Number of young men (20-24 years) tested increased (123 (2 in Q1/Q2 combined to 503 in Q3)

Staffing and Training:
- Staff: Existing healthcare workers (mainly clinicians and nurses)
- Training: In person training of core staff, followed by one-day virtual refresher training with more HCWs and peers. Engage regional and council-level health management teams in ongoing supervision and mentorship

Community Engagement:
- Map hotspots where men and other vulnerable populations can be easily found
- Integrate SNS within community-based HIV testing platforms, such as HTS mobile and index testing

Integration Strategies:
- MoH developed the SNS training package for health care workers along with the national HTS training package
- Implement SNS alongside ongoing outpatient, comprehensive treatment services, and reproductive and child health services
- Incorporate SNS into HIV testing registers and the national monthly reporting tools
- Offer non-HIV services (e.g., family planning, GBV services, STI treatment) to HIV-negative clients

Monitoring and Evaluation:
- Weekly, Monthly and Quarterly monitoring of key indicators via national reporting tools, monthly/quarterly data verification, and weekly/monthly WhatsApp tracking platforms

Source: Kundy, Joseph B. Scaling up of Social Networking Strategy to Improve Men Uptake of HIV Testing Services. "Results from Amref Health Africa Tanzania Supported Si. Amref Tanzania.

HIV Prevention among Male Partners of Female Sex Workers, Zimbabwe *(85)*

Location: Zimbabwe
Organization: The Centre for Sexual Health HIV and AIDS, Zimbabwe
Target Population: All men (men only)
Services: Testing and prevention. Referrals for ART, NCDs, reduction of risky behavior, and mental health services
PCC Strategy: Easy Access to Services

Summary: The intervention aimed to improve HIV prevention and care outcomes among male sexual partners (MSPs) of female sex workers (FSWs) by implementing a differentiated HIV intervention within an existing FSW program. Using Male Engagement Champions, context-specific service delivery, and community engagement, the project successfully increased access to and uptake of HIV services for MSPs. Key lessons include the importance of community-led approaches, stakeholder engagement, and adaptability to local contexts.

Intervention Description: The intervention utilized multiple strategies to reach MSPs, including: 1) Male Engagement Champions approach, where MSPs were trained to engage and refer peers for HIV services; 2) engagement of FSWs to leverage their connections with MSPs; 3) context-specific service delivery model offering services during weekends, outside regular hours, and within venues frequented by MSPs. The project involved communities in mapping high-risk venues using the Priority for Local AIDS Control Efforts (PLACE) method and incorporated feedback from MSPs, key informants, and FSWs throughout implementation.

Impact:
- 1,762 MSPs referred for HIV services and 86% (1,524) linked to services
- 71% (1,080/1,524) uptake of HIV testing (3% tested HIV positive)
- Among those eligible for PrEP (84%; 878/1,048), 72% (752/878) started PrEP
- 19,482 condoms distributed to MSPs reached

Staffing and Training:
- Staff: Peer MSPs (Male Engagement Champions), outreach workers, nurse counselors
- Training: Three-day training for MECs on demand creation, mobilization, and HIV prevention. Refresher training every six months. Ongoing mentorship and support to MECs.

Community Engagement:
- Involve communities in mapping to identify high-risk venues
- Incorporate feedback from MSPs, key informants, and FSWs to rapidly adapt strategy
- Collaborate with venue owners to ensure service accessibility

Integration Strategies:
- Collaborate with local healthcare facilities for linkage to care and treatment
- Engage with community-based organizations and other implementing partners for complementary services

Monitoring and Evaluation:
- Establish feedback loops from communities and stakeholders to support continuous improvement
- Regularly validate high-risk venues to ensure viability
- Conduct weekly data collection and review on: HTS, PrEP initiation, ART, STI screening and treatments, condom and lubricant distribution

Source: Mutevedzi F, Zitha S, Musemburi S, Matambanadzo P. Workers with HIV prevention interventions: Learnings from a demonstration project in 3 districts in Zimbabwe. AIDS 2024. Available from: https://plus.iasociety.org/sites/default/files/2024-09/e-poster_1476.pdf

Faith- and Community-Led Services, Zambia *(87)*

Location: Zambia
Organization: Circle of Hope
Target Population: Everyone (men and women)
Services: All services, NCD, mental health, alcohol services
PCC Strategy: Easy access to services, Quality services

Summary: The Faith- and Community-Led Community Post Model (CP Model) in Zambia addresses barriers to HIV care for men through decentralized, community-based service delivery. Employing trusted faith and community leaders, the model provides comprehensive, stigma-free care in convenient locations. The intervention has demonstrated significant success in increasing HIV testing, treatment, and retention rates among men. Key lessons include the importance of community engagement, integration with existing health systems, and the model's adaptability to various health services beyond HIV care.

Intervention Description: The CP Model utilizes three key strategies: 1) WHERE - unbranded Community Posts located in community hotspots; 2) WHO - trusted faith and community leaders as volunteer outreach workers; and 3) HOW - person-centred care using the R.E.C.I.P.E. approach (Responsible, Empathetic, Compassionate, Integrity, Passion, and Ethical). The model provides comprehensive HIV services along with other primary health care services, including STI treatment, VMMC, cervical cancer screening, and NCD screening. Community Posts are integrated into existing health systems and led by local faith and community leadership, ensuring cultural relevance and sustainability.

Impact:
- Increase in HIV testing and linkage to care for both men and women
- 310% increase in men on treatment from 2018 to 2022 (3,320 to 13,579), with similar numbers for women (5,351 to 18,955)
- 12-month retention for men ranged from 93%-97%
- Expansion to 140 Community Posts in Zambia by 2024, with 40 fully operated by the government

Staffing and Training:
- Staff: Peer counselors, lay counselors, and local faith/community leaders
- Training: Two-week training with site visits. Six-month virtual technical assistance post-launch and daily training on customer care approaches

Community Engagement:
- Co-created strategy with communities
- Engage key business, faith, and traditional leaders in hotspot areas

- Conduct regular community feedback sessions
- Utilize local faith and community volunteers for outreach and linkage to care

Integration Strategies:
- Coordinate with health facilities for seamless referrals
- Adapt the model to address emerging health priorities in communities

Monitoring and Evaluation:
- Routine Ministry of Health and PEPFAR HIV indicators
- Community feedback meetings every three-months
- Customer care assessment every six-months

Source: Community-Led Efforts Successfully Combat AIDS In Sub-Saharan Africa, Report Shows. [cited 2024 Oct 14]. Available from: https://www.forbes.com/sites/jenniferlotito/2023/12/14/community-led-efforts-successfully-combat-aids-in-sub-saharan-africa-report-shows/

Digital Dispensing to Increase HIV Testing and Prevention Services, United Republic of Tanzania (the) *(89)*

Location: United Republic of Tanzania (the)
Organization: HJF Medical Research International (HJFMRI)
Target Population: Everyone (men and women)
Services: HIV testing and prevention services
PCC Strategy: Easy access to services

Summary: Digital dispensing machines (i.e., vending machines) dispensed HIV self-testing (HIVST) and condoms at convenient locations to increase uptake of services among underserved populations, particularly men and adolescents/young people. Dispensing machines were in convenient locations and showed dramatic increase in dispensing of HIVST and acceptability / peer referrals for HIV testing. Key lessons include the importance of stakeholder engagement for machine security and the potential for technology adaptation to meet user needs. Implementers should consider policy support for technology adaptation and ensure strong community involvement.

Intervention Description: The intervention aimed to address barriers to HTS access, such as privacy concerns and stigma, by providing a discreet and convenient testing option. The intervention deployed vending machines to dispense HIVST kits and condoms in locations convenient for key and vulnerable populations. The project collaborated with government officials, community members from key populations, and local business owners to identify ideal machine locations and ensure security. Peers from key population subgroups were oriented on machine features and conducted routine refills. The machines were integrated with the local health system, sourcing supplies from nearby health facilities.

Impact:
- 2,178 clients accessed 4,866 HIVST kits in 6 months (62% of HIVST users were men)
- Increased access to HIVST for young men (age 25-29) and key populations such as men who have sex with men and men who inject drugs
- Positive interactions with digital dispensing increased peer referrals and demand

Staffing and Training:
- Staff: Peers and lay counselors sensitize others to the machines and monitored stock status and refill
- Training: One-day orientation for peers. Ongoing support and mentorship

Community Engagement:
- Worked with government officials and members of key and vulnerable populations
- Engaged business owners to identify machine locations and provide additional security where needed
- Gather feedback from peers and users for continuous improvement

Integration Strategies:
- Peers were attached to existing local key population organizations
- Supplies were sourced from nearby health facilities
- Consider potential for machine adaptation to offer ART and health education

Monitoring and Evaluation:

- Weekly and monthly reports on age, sex, type of product accessed, time and day of access and machine location

Source: Kinemo A, Franks J, Mihayo, Emmanuel, Mahiti, Macdonald. Automated Condom Distribution for HIV Prevention, Mwanza, Tanzania, 2021–2023. 2024. Available from: https://www.croiconference.org/wp-content/uploads/sites/2/posters/2024/1250.pdf

Reaching Formal and Informal Workers, Mozambique *(86)*

Location: Mozambique
Organization: International Labour Organization (ILO), Employers' organization/Business Coalition (ECOSIDA)
Target Population: Workers in formal and informal sectors, young men (men and women)
Services: HIV testing and counseling, condom distribution, NCD screening, gender-based violence support, and stigma reduction
PCC Strategy: Easy access to services

Summary: Since 2021, Mozambique has implemented workplace-focused programmes to increase men's access to HIV services through social mobilization campaigns for HIV prevention, testing and referral to additional services and treatment. The interventions are rooted in mobilizing workers from small and medium enterprises and informal sectors through peer education, mobile brigades, and health fairs, providing access to HIV services as well as integrate other non-HIV services. The programme has reached almost 73,000 workers with HIVST, the majority male, and nearly all workers who test HIV-positive link to treatment. Key lessons include the effectiveness of workplace-based interventions, the importance of integrating multiple health services to reduce stigma, the high acceptability of HIVST for informal workplaces, and the value of close collaboration with local workers, employers, and community groups for high participation and successful service delivery.

Intervention Description: The program utilizes several approaches to increase access to HIV-related services, focusing on the male workforce: 1) *Mobilization Campaigns:* Awareness-raising at the workplace and in communities through mobile clinics and peer educators; 2) *Mobile Brigades:* Teams visiting companies, informal markets, and other hotspots to conduct HIV prevention activities, voluntary testing, and provide health services; 3) *Health Fairs:* Organized at workplaces and community hotspots, offering HIV testing and other health services for non-communicable diseases, like cancer and diabetes screenings. Activities are conducted in partnership with local community groups, people living with HIV and cultural organizations, using a participatory approach with testimonies and peer support. HIV services are integrated with non-HIV services such as NCD screening, gender-based violence support, and stigma reduction.

Impact:

- Between 2021 and 2024 ~ 73,000 workers accessed HIV self-testing services in their workplaces, 73% were male
- 3.5% of those tested were HIV positive, with an estimated 15% being first time testers. 99% of positive tested men were linked to treatment
- HIVST in workplaces was highly acceptable because it offers greater confidentiality in the workplace
- Offering non-HIV health services in workplaces provided additional health benefits and reduced stigma and discrimination around HIV testing

Staffing and Training:

- Routine health service providers support health fairs and mobile brigades
- Additional training is required for peer educators and counselors

Community Engagement:

- The programme collaborates closely with local workers, employers, community groups, and organizations of people living with HIV, ensuring high participation in awareness and testing activities

Integration Strategies:

- The intervention is integrated with workplace structures and community health services, linking individuals to care and treatment through referrals
- Monitoring and Evaluation:
- Participation, service delivery, and client satisfaction

Source: Mozambique | International Labour Organization. 2024. International Labour Organization (ILO), Employers' organization/Business Coalition (ECOSIDA). Reaching Formal and Informal Workers, Mozambique. Available from: https://www.ilo.org/reaching-men-through-hiv-self-testing-informal-economy-small-and-medium

Virtual Interventions to Improve HIV Testing, Mali, Thailand and Nepal *(90)*

Location: Mali
Organization: Family Health International 360 (FHI 360)
Target Population: Everyone (men and women)
Services: HIV testing
PCC Strategy: Easy access to services, Supportive services

Summary: FHI 360 implemented an online outreach and reservation application (ORA) platform in Mali, Nepal, and Thailand from 2017 to 2021, adapting to local contexts to support community HIV outreach. Online demand creation was also used. The intervention utilized popular social media applications, paid advertisements, and online influencer promotions. This approach effectively reached priority populations, increased first-time testers, and achieved higher HIV positivity rates compared to traditional outreach. Key lessons include the feasibility, affordability, and potential impact of virtual platforms for HIV service delivery, especially in reaching individuals who do not access traditional services.

Intervention Description: The intervention implemented an online reservation application (ORA) platform tailored to each country's context, needs, and resources. It utilized popular social media applications based on internet coverage and usage patterns. Online demand creation strategies included periodic paid advertisements and promotions through online influencers. The ORA streamlined the journey from online outreach to offline service uptake with automated SMS appointment reminders and follow-up by outreach staff for missed appointments. This model was designed to reach priority populations and individuals who do not routinely access traditional HIV services.

Impact:

- 69% of ORA-booked appointments were first-time testers
- Higher HIV positivity rates compared to traditional outreach
- Significant contribution to overall prevention, testing, and case-finding goals
- Decreased cost per HIV diagnosis through ORA as compared to traditional outreach
- Improved efficiency in client journey from outreach to service uptake

Staffing and Training:

- Staff to manage ORA and online influencers
- Ensure staff are proficient in using social media and the ORA platform
- Provide ongoing support for adapting to evolving technologies

Community Engagement:

- Identify and collaborate with online influencers relevant to target populations
- Develop targeted social media content and advertisements
- Engage with online communities frequented by priority populations

Integration Strategies:

- Integrate ORA with existing HIV services
- Establish clear referral pathways from virtual outreach and physical service delivery points

Monitoring and Evaluation:

- Track key metrics: people reached, tested, diagnosed, and associated costs
- Monitor appointment booking and attendance rates through the ORA system
- Conduct periodic reviews to adapt strategies based on performance data

Source: FHI 360. Virtual HIV interventions: a budgeting and programming aid. Version 2. Durham (NC): FHI 360; 2022. Available from: https://www.fhi360.org/wp-content/uploads/2024/02/resource-going-online-budgeting-guide.pdf

Quality Services

Case examples that provide positive interactions with health care workers and/or integrated, holistic services

- Kind and Tailored Male-Specific Interactions for ART Retention, Malawi
- Holistic Men's Clinic, Zambia
- Integrating HIV and Schistosomiasis Testing and Treatment for Fishermen, Malawi

Kind and Tailored Male-Specific Interactions for ART retention, Malawi *(105)*

Location: Malawi
Organization: Partners in Hope
Target Population: Men not engaged with HIV treatment (men only)
Services: ART Service Delivery
PCC Strategy: Supportive Services

Summary: Men who struggle to engage in HIV treatment require kind and tailored interactions when returning to care. A simple male-counseling curriculum was developed for men who are living with HIV but not in care. The intervention was compared against more costly home-based ART distribution strategies and a Stepped intervention. All interventions had strong ART engagement and 6 month retention outcomes, with male-counseling alone being the most cost-effective. Key lessons included the critical importance of kind and motivating interactions with healthcare workers for men, and the need for ongoing monitoring and quality assurances for healthcare workers to implement tailored counseling well.

Intervention Description: Men currently out of ART care received 1-4 male-specific counseling sessions in the community (i.e., location of their choice), delivered by a trained male lay counselor who specialized in engaging male clients. The curriculum was adapted from Ministry of Health counseling materials to address men's specific concerns, priorities, and motivations, and to facilitate open and honest conversations with counselors. Language and imagery were co-developed with men to resonate with men in Malawi. Participants accessed ART as the local health facility – the same counselor provided facility navigation.

Impact:

- ART (re)initiation: 92% across arms, no differences by intervention
- 6-month retention in ART services: 83% across arms, no difference by arm
- 26% experienced treatment interruption of >28 days within 6 months
- Men valued kind interactions and male-specific counseling more than home-based services
- Lay counselors often formed lasting, trusting relationships with male clients

Staffing and Training:

- Staff: One lay cadre male counselor per facility hired specifically as men's experts, although they contributed to other facility needs when possible
- Training: 3-day training on men's unique needs and male-specific counselling curriculum. Monthly peer-to-peer check ins and review quality of recorded counseling sessions

Community Engagement:
- Male-specific curriculum was co-developed with men from communities served

Integration Strategies:
- Lay counsellors provide outreach and counselling for clients as part of routine care and incorporated male-specific curriculum into what would be existing counselling sessions
- Future strategies should consider training all counselors (not just a male specialist) and focusing on tailored counseling for all (not just men)

Monitoring and Evaluation:
- Weekly monitoring of implementation and monthly monitoring for quality was conducted
- The amount of training and ongoing supervision/support required to change healthcare worker behavior is challenging for full scale-up. Considerations for how to include quality counseling measures into routine supervision may be helpful

Source: IMPROVING RE-INITIATION IN CARE AMONG MEN WITH HIV IN MALAWI: TWO RANDOMIZED TRIALS - CROI Conference. 2023 [cited 2024 Oct 14]. Available from: https://www.croiconference.org/abstract/improving-re-initiation-in-care-among-men-with-hiv-in-malawi-two-randomized-trials/

Holistic Men's Clinic, Zambia *(106)*

Location: Lusaka District, Zambia
Organization: Center for Infectious Disease Research in Zambia (CIDRZ)
Target Population: All men (men only)
Services: Comprehensive HIV services; non-HIV services (NCD screening, male sexual health, mental health)
PCC Strategy: Integrated services, positive interactions with HCWs, male-specific counseling services

Summary: The Men's Clinic model in Lusaka demonstrates the potential for targeted, male-specific interventions to improve HIV service uptake and overall health engagement among men. Key to its success is the integrated service package, male-only staffing, community engagement, and adaptive implementation strategies.

Intervention Description: Men's Clinics are designated places manned by qualified Health Personnel offering a wide range of services which enable men to openly interact with fellow men, with special focus on sexual reproductive health and HIV testing, prevention and treatment services. The Clinics include men's sexual health services, mental health, and NCD services. Multiple outreach strategies were used (workplace programs, HIVST distribution, mobile clinics, extended hours).
Impact:
- Improved linkage to HIV care (maintained above 95%)
- Increased number of men (25-49) accessing HIV testing services
- Increased HIV positivity yield (16% to 24%)
- Enhanced male involvement in Maternal and Child Health services (20% male partner involvement to 50%)

Staffing and Training:
- Staff: Male-only staff across all cadres (counselors, clinicians, nurses, pharmacy, data personnel)
- Training: Three-day training package on reaching men, the Men's Clinic Model, and customer care. Ongoing mentorship and real-time support via WhatsApp groups

Community Engagement:
- Meetings with local leaders (civic, traditional, religious, youth) to increase buy-in
- Focus groups with Neighborhood Health Committees
- Utilize existing men's traditional forums in rural areas

Integration Strategies:
- Prioritize sites where men are likely to be found
- Adapt clinic model to offer all services under one roof or in a fast-tracked manner
- Recruit local psychosocial or peer counselors familiar with the community

- Implement clear M&E processes and data-driven problem-solving
- Have ongoing capacity building efforts for staff (technical assistants and mentorship)
- Utilize community venues and media for demand creation among men

Monitoring and Evaluation:
- Monthly and quarterly data monitoring
- WhatsApp groups for real-time expert support and timely management

Source: Zulu, James, J. C Mwate, Vlahakis N, Mwanza MW, Savory T, Bolton C, et al. The impact of men's clinics on HIV testing and linkage to treatment in men aged 15 and above from 2019–2023: A case study of men's clinics in Lusaka urban district, Zambia. Center for Infectious Disease Research in Zambia (CIDRZ).

Integrating HIV and Schistosomiasis Services for Fishermen, Malawi *(107)*

Location: Malawi
Organization: Malawi Liverpool Welcome Trust (MLW)
Target Population: Fishermen (men only)
Services: HIV and schistosomiasis testing and treatment
PCC Strategy: Easy access to services, integrated services, self-care

Summary: Mobile populations such as fishermen are at increased risk of poor HIV outcomes. Fishermen also face high rates of untreated schistosomiasis. Integrating HIV and schistosomiasis testing and treatment services through mobile beach clinics may improve access for fishermen. Three interventions were compared: integrated mobile beach clinics alone; beach clinics + peer education (PE); and beach clinics + peer distributed education (PDE) materials and HIVST distribution through peer fishermen networks. All interventions showed high rates of HIV testing – PDE materials and HIVST had the lowest cost per HIV test. Key lessons included the effectiveness of mobile beach clinics in reaching hard-to-access mobile populations such as fishermen, the potential of HIVST and other secondary distribution strategies in combination with other interventions, and the importance of integrating multiple health services to reduce stigma and increase uptake. Scale-up should include ongoing training for peer educators and integration within existing health systems.

Intervention Description: The cluster randomized trial implemented mobile beach clinics in 45 fishing communities, offering HIV testing, schistosomiasis treatment, and referrals for ART and VMMC. The mobile beach clinic arm provided informational leaflets and clinic services. The PE arm added trained peer educators to explain services and encourage uptake. The PDE arm further included distribution of education materials HIV self-test kits by peer educators. All arms offered presumptive praziquantel treatment for schistosomiasis. Services were provided for 28 days in each community, with outcomes measured at day 28.

Impact:
- 85-88% of fishermen tested for HIV across all arms
- PDE arm reduced active schistosomiasis prevalence (14% vs 17% in mobile beach clinic alone)
- PE arm marginally increased ART initiation/VMMC scheduling (16.7% vs 13.2% in SOC)
- High acceptability of hypothetical PrEP use across all arms (65-79%)
- Cost per fishermen tested for HIV lowest in PDE arm

Staffing and Training:
- Engage HIV providers, laboratory technicians, and data collectors for mobile beach clinics
- Train peer educators on service explanation and HIV self-test kit distribution: 2-day training

Community Engagement:
- Community sensitization and community leaders buy-in prior to implementation
- Select beach clinic locations in consultation with community leaders
- Involve boat team representatives (i.e., leaders among the fishing community)

Integration Strategies:
- Combine HIV and schistosomiasis services to reduce stigma and increase uptake
- Offer presumptive schistosomiasis treatment alongside HIV testing

- Establish referral pathways to nearby health facilities for ART and VMMC
- Integrate services with existing public health facility systems for follow-up care

Monitoring and Evaluation:
- Track HIV testing, schistosomiasis prevalence, ART initiation, VMMC scheduling, and cost
- Implement quality assurance measures, such as re-reading 10% of microscopy slides

Source: Choko et al. Combined interventions for the testing and treatment of HIV and schistosomiasis among fishermen in Malawi: a three-arm, cluster-randomised trial. The Lancet Global Health. 2024 Oct 1;12(10):e1673-83.

Supportive Services

Case examples that provide comprehensive counseling, peer support services, community sensitization and/or virtual interventions for continued support

- Brotha 2 Brotha: Sexual and Reproductive Health Clubs for Adolescent Boys and Young Men (ABYM), Zimbabwe
- Male Champions to Improve ART Retention, Mozambique
- Male Coaches to Improve ART Retention, South Africa
- Gender Transformation, Psychosocial Support and Community Services to Improve HIV Services for Men, Eswatini

Brotha 2 Brotha: Sexual and Reproductive Health Clubs for Adolescent Boys and Young Men (ABYM) in Zimbabwe *(123)*

Location: Zimbabwe
Organization: Zimbabwe Community Health Intervention Research Behavioral Change
Target Population: Adolescent boys and young men (ABYM, age 10-24, men only)
Services: Referrals to all HIV services + education/referrals on GBV, mental health, NCD and drug/substance use
PCC Strategy: Easy to Access Services; Supportive Services

Summary: Brotha 2 Brotha is a mentorship program targeting ABYM aged between 10-24 years, a population often missed by sexual and reproductive health programmes. The program offers sexual and reproductive health rights (SRHR) information and referrals through ABYM clubs that provide sport-centred activities. The intervention demonstrated success in increasing HIV testing uptake, condom distribution, and linking participants to employment opportunities. Key lessons include the importance of cultural sensitivity, peer influence, and integrating services.

Intervention Description: The project provides mentor-led sport-centred clubs for ABYM, with two different clubs for age groups 15-19 and 20-24 years. The project employed trained male mentors to lead clubs of 25 ABYM each. The clubs use a standardized manual covering topics over 12 months, such as self-awareness, sexuality, use of HIV and other services, gender norms and reduction of gender-based violence, and responsibility. Activities took place in community venues conducive to sports and included referrals for various health services. Sporting tournaments were offered in collaboration with organizations who provided onsite health services including HIV testing, VMMC, PrEP and mental health education. The project also provides mentorship for economic empowerment through skills training and entrepreneurship support.

Impact:
- 70 mentors reached over 3,500 ABYM with the 12-month curriculum
- 66% of participants tested for HIV upon joining a club, 850,069 condoms distributed
- Reduced sexual risk behavior through promotion of condom use and PrEP
- Linkage of ABYM to employment opportunities and income-generating projects
- Many ABYM who previously dropped out of school returned to school

Staffing and Training:
- Staff: Mentors are community role models who can lead sports-centred activities
- Training: 3-5 days for initial training. Ongoing training for mentors to stay updated on current topics/services

Community Engagement:
- Conduct needs assessments with ABYM to identify gaps and challenges that increase HIV vulnerability
- Involve key stakeholders in recruitment of ABYM
- Recruitment process engages all key community stakeholders
- Engage parents and guardians (parental consent for young boys), while promoting an enabling environment for ABYM

Integration Strategies:
- Integrate within primary health care facilities for supplying HIVST and condoms and for referrals
- Collaborate with other community projects and local schools for additional services and referrals

Monitoring and Evaluation:
- Monthly and quarterly measures of mentees reached, mentees referred for HIV and other services

Source: Chikanya W. Brotha 2 Brotha: Mid-Term Evaluation. Zimbabwe Community Health Intervention Research Behavioural Change Programme; 2024.

Male Champions to Improve ART Retention, Mozambique *(124)*

Location: Tete District, Tete Province, Mozambique
Organization: Assoiacao Nacional Para o Desenvolvimento Auto-sustentado (ANDA)
Target Population: Adult men aged 25-49 (men only)
Services: Retention + economic strengthening
PCC Strategy: Easy to access services, Supportive services

Summary: The "Male Champion" strategy implemented a case management model with peer supporters to improve men's adherence and retention in ART. The intervention aims to eliminate barriers by using life examples to provide support and practical problem solving to men on adherence and retention. The intervention demonstrated success in linking men to HIV care, improving adherence and retention, and increasing viral suppression among participants. Key lessons include the effectiveness of peer support in overcoming barriers to care and the importance of integration within existing health systems. Implementers should ensure community ownership, consider linking with livelihood initiatives, and be prepared to adapt the follow-up cycle based on local needs and resources.

Intervention Description: The Male Champion strategy employs a case management approach for men, focusing on patient-centred counseling and other activities to enhance men's connection and retention with HIV services. Referrals are made for numerous services and Male Champions (mentors) identify and disseminate success stories about men who managed to eliminate experiences barriers to care. Male Champions meet with mentees for a minimum of 3 months. Champions provide peer support, using personal experiences to promote health and well-being. In addition to individual support, community radio stations and health committees support the dissemination of messages and identification of men needing support.

Impact:
- Increased linkage to treatment
- Improved ART retention, adherence and viral suppression among men
- Greater male responsibility for family health regarding HIV
- Development of new mentors from previously mentored individuals

Staffing and Training:
- Staff: Peers, men living with HIV and in stable health
- Training: 10-day training for male champions – 5 days theoretical content, 3 days practical application of strategies learned and 2 days on monitoring and evaluation. Ongoing support and supervision

Community Engagement:

- Male champions were from the same communities as the men in the program. Mentored individuals from the same community can become mentees
- Identify and share success stories of men overcoming barriers using community radio

Integration Strategies:

- The intervention is integrated into psychosocial support services within health units and managed by Community Based Organizations

Monitoring and Evaluation:

- Monthly measurement of number of men entering case management and why, and how long they remained in the follow-up approach

Source: Rungo, Fernando V. Success Story of Male Champion Caetano Bechane. Associação Nacional Para o Desenvolvimento Auto-sustentado (ANDA).

Male Coaches to Improve ART Retention, South Africa *(109)*

Location: South Africa
Organization: Population Services International
Target Population: All men (men only)
Services: Initiation and retention
PCC Strategy: Supportive services

Summary: There are few sources of support to help men overcome social, emotional, practical and structural barriers to HIV treatment. The Coach Mpilo model is a peer-led case management approach that employs men living well with HIV to support other men facing barriers to care. The intervention has demonstrated exceptional success in linkage and retention rates among men. Key lessons include the power of leveraging shared experience and the importance of developing models that are adaptable, rapid-response, low-cost, culturally contextualized, and rooted in the local community. Implementers should consider the model's potential for adaptation to other health concerns and sub-populations.

Intervention Description: Coach Mpilo is a peer-led case management model that trains and employs men living well with HIV as coaches for men struggling with engaging or remaining in HIV care. Coaches, who are stable on treatment and open about their HIV status, provide empathetic, one-on-one support for approximately six months, helping clients overcome social, emotional, structural, and practical barriers to care. The approach leverages coaches' lived experiences to build trust and relatability. While primarily focused on HIV testing, linkage, and retention, coaches also offer basic information on other health issues and refer clients to additional support services as needed. The model was developed through participatory design workshops involving the target audience and various stakeholders.

Impact:

- 97% linkage and 97% ART retention over three years in routine implementation, compared to standard South African HIV programs that show 75% of men living with HIV are on treatment and ART disengagement as high as 50% within the first year
- Enhanced wellbeing and sense of purpose among coaches

Staffing and Training:

- Staff: Peers, men living with HIV and in stable health who are from the local community
- Training: Four-day training for male coaches. Ongoing support and supervision

Community Engagement:

- Coaches come from the same communities as the men in the program
- Some men who receive support from a coach subsequently become coaches
- Some coaches share success stories of men overcoming barriers using community radio

Integration Strategies:
- Each coach is linked to a health facility and works closely with the facility team.
- The intervention is integrated into psychosocial support services within health units and managed by Community Based Organizations

Monitoring and Evaluation:
- Monthly measurement of number of men entering case management and why, and their linkage and retention outcomes

Source: Malone, Shawn. The Mpilo Project: Co-creating a new model of person-centred care with healthcare providers in South Africa.

Gender Transformation, Psychosocial Support and Community Services to Improve Men's Use of HIV Services, Eswatini *(110)*

Location: Eswatini
Organization: Kwakha Indvodza
Target Population: All men and boys (men only)
Services: All HIV services, screening for sexual reproductive health and STIs, NCDs, and mental health needs
PCC Strategy: Easy access to services, Supportive services

Summary: Eswatini implemented a male-focused HIV prevention and care strategy to address higher HIV incidence among men. The approach utilized gender-transformative programming, safe spaces for psychosocial support, and community-based, on-site sexual and reproductive health services. Key lessons include the importance of tailoring interventions to local contexts, engaging multiple stakeholders, and integrating services with existing health systems. Incorporating gender transformative strategies benefited men and promoted positive impacts on women and girls. The strategy demonstrated success in increasing HIV knowledge and service uptake among men and boys.

Policy Description: The intervention adopted a male engagement strategy linked to the Men of Tomorrow curriculum. It involved mapping men based on demographics and interests, with trained personnel meeting them in male-centric settings. The approach offered safe spaces for psychosocial support, mentoring, and skills development. Community-based, on-site sexual and reproductive health services were provided through outreach partners and mobile clinics. The strategy also included referrals for other health, mental health, and social services as needed.

Scale-up / Impact:
- 2300 men engaged in programming, with 1,230 accessing HIV testing services and 79 enrolled in PrEP
- Increased HIV knowledge and service uptake among men and boys
- Expanded reach to include boys in programs primarily targeting girls and young women
- Increased provision of mobile clinic services at workplaces
- Implemented gender-transformative approaches to avoid negative impacts on women

Staffing and Training:
- Staff: Health care workers and peers
- Training: Train personnel in male-centric engagement strategies, gender-transformative programming, and psychosocial support

Community Engagement:
- Collaborate with partners targeting girls/women to align content and service packages
- Involve religious and traditional leaders for community buy-in
- Develop male-centric engagement strategies tailored to local context
- Engage male champions from peer groups to influence norms and behaviors
- Create safe and inclusive environments for men to discuss health issues

Integration Strategies:

- Offer on-site services utilising mobile clinics and outreach partners through improved partner coordination
- Establish referral systems for additional health and social services
- Integrate intervention with existing community organizations and health systems

Monitoring and Evaluation Strategies for Sustainable Scale-Up:

- Track service uptake continuously through self-reporting and clinic data
- Develop appropriate indicators to measure changes in men's attitudes, behaviors, and practices
- Conduct daily assessments of knowledge and attitudes during sessions
- Continuously monitor service uptake and barriers to access

Source: Mhazo, Mary, Churchyard, Tom, Diamini, Gift. Gender Norms and Gender Equity as Behavioural Drivers for Health Services Uptake by Men in Eswatini. Available from: https://orwh.od.nih.gov/sites/orwh/files/docs/N5_Mhazo_GH_CRS_508c.pdf

Policies on Men's HIV Services

Case examples that describe men's policies and/or scaled strategies, and what promoted buy-in, scale and sustainability within local contexts

- National Male Engagement Guidelines, Mozambique
- Differentiated Service Delivery (DSD) For Men Toolkit, Zambia
- VMMC as an Entry Point for Men's Health Strategy, Botswana

National Male Engagement Guidelines, Mozambique *(117)*

Location: Mozambique
Organization: Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO)
Target Population: All men (men only)
Services: All HIV services, reduction of risky behavior, NCD and mental health services
PCC Strategy: All Pillars

Summary: Mozambique implemented a male-focused health clinic model to address gender disparities in HIV outcomes and overall men's health. The initiative redesigned service delivery to create a one-stop care approach for men. Key lessons include the importance of leadership from the National Health Service, stakeholder engagement, and leveraging existing resources. The model demonstrated significant improvements in HIV testing, treatment initiation, and management of other health conditions among men.

Policy Description: The intervention established dedicated male clinics offering comprehensive health services, including HIV care, chronic disease management, and mental health support. It involved adapting the Essential Service Provision Package by age group, revising facility workflows, and creating a male-friendly environment. The policy framework included developing monitoring and evaluation instruments, creating tailored IEC materials, and capacity building for healthcare providers. The approach integrated services within existing health systems, aligning with MOH guidelines while enhancing service delivery for men.

Scale-up / Impact:

- Training of 128 healthcare providers and 20 community leaders
- 28% increase in men attending the clinic over two years
- 170% increase in HIV testing among men, with 124% increase in newly identified HIV-positive cases
- 539% increase in PrEP enrollments
- Significant increases in diagnoses and management of various non-HIV health conditions

Strategies for Successful Buy-in across Multi-Lateral Partners:

- Secure support from district and provincial health directorates
- Engage national-level entities for guidelines
- Partner with experienced organizations for technical support
- Collaborate with communities for information dissemination and engagement

Strategies for Successful Scale-Up:

- Establish effective communication channels with all stakeholders
- Strategically redistribute healthcare providers to ensure adequate staffing
- Develop and implement targeted training programs for health providers
- Clearly define service packages and develop standardized procedures. Key activities included:
  - Adaptation of Essential Service Provision Package by age group
  - Revision of facility workflows to accommodate male-specific services
  - Development of tailored information, education and communication materials
  - Strong community engagement and outreach strategies

Monitoring and Evaluation Strategies for Sustainable Scale-Up:

- Track key indicators disaggregated by age
- Integrate reporting with existing ministry systems
- Regular review of health outcomes across various conditions
- Assess community impact and unintended outcomes

Source: Amade, Carlos, Jaramillo, Alicia, Macaringue, Lisete, Macache, Lelia, Muquinge, Humberto, Mwandi, Zebedee. Closing the gender gap: Did the male clinic increase the uptake of health services in Mozambique?

Differentiated Service Delivery (DSD) For Men Toolkit, Zambia *(118,119)*

Location: Zambia
Organization: Centre for Infectious Disease Research in Zambia, CIDRZ
Target Population: All men (men only)
Services: All HIV services, sexual reproductive health and STI services as an entry point for HIV services, NCD and mental health services offered where possible
PCC Strategy: All Pillars

Summary: The Zambia DSD For Men Toolkit aimed to introduce users to DSD strategies for men (including Men's Clinics and community posts), monitoring and evaluation strategies, and demand creation strategies. At the same time, the DSD Through Virtual Platforms Guide, 2022, was released. Key strategies such as men's clinics, community posts and virtual interventions were scaled widely and showed positive results. Key lessons include the importance of strong coordination between the Ministry and implementing partners, the need for sustainable funding, and community engagement. Implementers should consider local context, capacity building, and integration with existing health systems for successful scale-up.

Policy Description: The DSD toolkit introduced three main interventions: Stand Alone Men's Clinics, Fast Track Men's Clinics and digital health interventions. Clinics provided integrated HIV testing, prevention, and treatment services, along with management of NCDs, STIs, and other men's health conditions. Services were offered in male-friendly spaces, often with extended hours or weekend availability. A training package for how to offer male friendly services was concurrently developed and targeted at health care providers and community health workers. The initiative also included a digital intervention through WhatsApp and social media for sensitization and education about available services for men and demand creation. Implementation was guided by a national DSD taskforce and involved feasibility assessments, structural modifications, and comprehensive training for healthcare providers and community health workers.

Scale-up / Impact:

- 152 Men's Clinics and 131 Community Posts implemented
- 286,217 men sensitized through digital interventions
- 2,419,117 men tested (Jan 2021 - June 2023), with 135,433 tested HIV positive (38% of all positives identified)

Strategies for Successful Buy-in across Multi-Lateral Partners:
- Engage civil society organizations in model adaptation and implementation
- Coordinate through a national DSD taskforce with regular meetings
- Involve implementing partners in workplan development and funding discussions
- Secure high-level engagement with funding agencies to improve support

Strategies for Successful Scale-Up:
- Conduct feasibility assessments to identify suitable implementation sites
- Develop comprehensive training packages for healthcare providers
- Integrate men's services with existing health systems and infrastructure
- Utilize digital platforms and social media for sensitization and education
- Ensure flexibility in service delivery models to accommodate local contexts
- Provide monthly support meetings for implementing facilities to discuss implementation highlights, share experiences and lessons learnt and share solutions to common barriers
- Include DSD activities in national funding applications for long-term sustainability

Monitoring and Evaluation Strategies for Sustainable Scale-Up:
- Conduct regular (monthly/quarterly) data collection and analysis, disaggregated by age
- Establish provincial taskforce teams for ongoing progress reviews
- Implement client satisfaction surveys and operational assessments

Source: WHO SI Dashboard. Available from: https://whosi.vercel.app; Vlahakis N. HIV Differentiated Service Delivery Strategic Initiative ZAMBIA. 2023 Dec 12.

VMMC as an Entry Point for Men's Health Strategy, Botswana *(120)*

Location: Botswana
Organization: African Comprehensive HIV/AIDS Partnerships (ACHAP)
Target Population: All men (men only)
Services: All HIV services, screening for sexual reproductive health and STIs, NCDs, and mental health needs
PCC Strategy: Easy access to services, Quality services

Summary: Botswana implemented a human-centred design approach to revitalize its Voluntary Medical Male Circumcision (VMMC) program, using VMMC as an entry point for comprehensive men's health services. The initiative, led by the Ministry of Health, focused on targeted messaging and community mobilization. Key lessons include the importance of stakeholder engagement, integration with existing health systems, and the use of peer navigators. The strategy significantly improved VMMC uptake and access to other health services for men.

Policy Description: The Men's Health Strategy used VMMC as an entry point, integrating human-centred design in community mobilization and creating barrier-targeted messaging specific to men. The strategy included training health education personnel, utilizing peer navigators, and establishing dedicated service delivery teams. The approach emphasized convenience for clients through mobile solutions and strong coordination across all levels. The policy framework integrated VMMC services with screening for NCDs, STIs, and other health conditions, creating a comprehensive men's health package.

Scale-up / Impact:
- Integration of human-centred design within the national training curriculum for VMMC demand creation
- Increase in VMMC from 29% in FY21 to 101% in FY23
- 93% of targeted males circumcised in FY24
- Enhanced linkage to HIV testing and ART programs
- Improved access to other health services beyond VMMC

Strategies for Successful Buy-in across Multi-Lateral Partners:
- Comprehensive stakeholder engagement to kickstart this initiative
- Important to have collaborations across ministry, funder and implementing partners
- Collaborate with community groups and male-dominated workplaces
- Utilize peer approach, especially in hard-to-reach areas

Strategies for Successful Scale-Up:

- Create dedicated service delivery and demand creation teams
- Establish strong coordination and logistics systems across all levels
- Integrate management and supervision within existing health system structures
- Allow flexibility in resource allocation to meet local demands
- Clearly define service packages and develop localized strategies such as:
  - Human-Centred Design for community mobilization
  - Barrier-targeted messaging tailored to local context
  - Peer navigator system, especially for hard-to-reach populations
  - Strong linkage mechanisms to other health services (e.g., HIV testing, ART)

Monitoring and Evaluation Strategies for Sustainable Scale-Up:

- Embed monitoring within existing monitoring systems as much as possible
- Ensure data reconciliation between community outreach and facility-based services
- Regular and rapid review and adaptation of strategies based on monitoring feedback

Source: Peck ME, Ong KS, Lucas T, Prainito A, Thomas AG, Brun A, et al. Effects of COVID-19 Pandemic on Voluntary Medical Male Circumcision Services for HIV Prevention, Sub-Saharan Africa, 2020 - Volume 28, Supplement—December 2022 - Emerging Infectious Diseases journal - CDC. [cited 2024 Oct 15]; Available from: https://wwwnc.cdc.gov/eid/article/28/13/21-2455_article

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