MEETING CONCEPT NOTE

Rights, roles and responsibilities of Men in Fast-Tracking the End of AIDS

A proposal for a high-level global meeting on men, gender transformation, and improved use of HIV services to be co-convened by UNAIDS, Sonke Gender Justice and IPPF, on December 10 and 11, 2015 - UNAIDS, Geneva.

Summary:

The upcoming high level meeting on the "Rights, Roles and Responsibilities of Men in Fast-Tracking the End of AIDS", will agree on the key elements to Fast-Track the HIV response among men and boys as a way of improving outcomes for them and their partners.

This discussion will be informed by a collective analysis of how harmful gender norms drive the HIV epidemic among men and women, a review of the current state of the HIV epidemic among men, their access and utilization of HIV services, and whether the health systems are responsive to the needs of men and adolescent boys.

In addition, the meeting will include a review of promising approaches to engage men and adolescent boys to challenge harmful gender norms, which increase both men's and women's vulnerabilities to HIV, and strategies to increase men's access and utilization of HIV services.

Background:

Within the SDGs the commitment to Ending AIDS by 2030 is positioned under Goal 3.3, ‘focusing on ensuring healthy lives and promoting well-being for all, at all ages’. To achieve this, the number of HIV infections and AIDS-related deaths will need to decline by 90% compared to 2010. As we have learned from the MDG implementation, achieving requires action beyond the health sector and across a range of SDGs, in particular action on gender equality and human rights which for the purpose of this discussion require implementation through SDG 5 on Gender Equality and SDG 16 with an emphasis on inclusive societies.

If the HIV response does not step up the pace in the course of the next 5 years, we risk losing the unprecedented progress achieved this far in halting and beginning to reverse the epidemic. However, the gap of where the global HIV response is now, and where it should be, is wide. To ensure that we End AIDS by 2030, UNAIDS has launched the Fast-Track initiative, a location and populations-based approach, aimed at ensuring that resources are mobilized and used strategically for interventions that work, in places where the epidemic is affecting the most.
In addition to continuing important work designed to reach women and girls, men and boys must also be reached and engaged – both as agents of change and as holders of the right to health themselves. Not enough has been done in this regard—to the detriment of men but also women and girls. A significant body of research now provides a solid understanding of the types of programmes and policies needed to transform harmful gender norms and improve men’s access to and use of HIV services. We need to act upon the evidence of these interventions’ effectiveness, and scale up efforts.

This meeting will produce action on two fronts: first, challenge harmful gender norms that negatively affect men’s and women’s health, and secondly, improve health system policies and services so as to better reach men with HIV services.

UNAIDS, Sonke Gender Justice and IPPF will convene a high-level global meeting to bring together researchers, civil society organizations, donors, senior representatives of UN agencies and high-level representatives of member states, with the following objectives:

Objectives

1. To build consensus on what the evidence is saying about men and adolescent boys in the HIV response and the relationship to women’s vulnerability
2. To agree on the core elements required to Fast Track the HIV response among men and adolescent boys while continuing to increase commitments to women and girls.

Rationale

It is widely documented that one of the key drivers of HIV infection is gender inequality and harmful gender norms.(UNAIDS, 2015). With the Sustainable Development Goals in place, it is time to take stock of lessons learned and to press forward with proven strategies that prevent the spread and reduce the impact of HIV in the context of gender inequalities and harmful gender norms.

One of the key dimensions that remains poorly understood regarding the relation between harmful gender norms and risk of HIV, is how harmful norms and notions of masculinity increase the risk and vulnerability among men. Moreover, consensus is lacking to identify which men are most at risk and how to target or fast track the response. Unsurprisingly, men are carrying a burden of the epidemic, largely unattended by the HIV response due to the inadequacy of health systems to address men’s health needs.

Filling in these gaps is important to inform a more effective and inclusive HIV response, and in turn, Fast-Track the End of AIDS by 2030.

What is the current status of the HIV epidemic and its response in terms of reaching men and adolescent boys?

Status of the HIV epidemic among men

Globally, there are approximately 36.9 million [34.3 million – 41.4 million] people living with HIV, out of which approximately 16.9 million [15.7 million – 19.5 million] are men and
adolescent boys older than 15 years, making up nearly 49% of the global population of people living with HIV aged 15+.

In addition, there are approximately 1.7 million [1.6 million – 1.9 million] new HIV infections among people aged 15-49, out of which approximately 890,000 [810,000 – 970,000] are among men, making up 52% of all new HIV infections among people aged 15-49 globally. The modes of transmission and the vulnerabilities and risks among men are highly diverse - with heterosexual men making up the majority of new infections, but with incidence rate and overall HIV prevalence much higher in men from key populations.

Moreover, there were approximately 1.2 million [980,000 – 1.6 million] AIDS-related deaths in 2014, out of which men constituted almost 60%, and made up the majority of AIDS-related deaths in every region of the world.

There is diversity among men that must be taken into account when we plan to address the gap in a comprehensive manner, depending on their age, where they live, what they do for a living, how they interact with their communities, and their sexual orientation. Harmful gender norms, expressed through harmful notions of masculinity, discrimination and stigma against gay men and other men who have sex with men, and gender based violence, play an important role in increasing men’s and women’s vulnerability to HIV.

The HIV response among men and boys

Studies consistently show that men’s HIV testing is lower than women’s in most settings (Cornell et al., 2011). In addition, studies also continue to show that men are often less likely to seek, use and adhere to ARV treatment, tend to have a lower CD4 cell count at treatment initiation with additional complications (Stringer et al., 2006), and a greater likelihood of death while on ART (Pettifor et al, 2004; Taylor-Smith et al. 2010). Where men do access ART, they are more likely to interrupt treatment (Kranzer et al. 2010), and more likely to be lost to follow-up on ART (Ochieng Ooko et al. 2010). Men are found to present later, thus start ART with more advanced HIV disease (Cornell et al. 2009), with additional complications (Stringer et al., 2006).

Men and HIV: between harmful gender norms and inadequate health systems

Evidence overwhelmingly confirms that unequal gender norms contribute in direct ways to men’s and women’s vulnerabilities to HIV. Harmful gender norms and notions of masculinity affect all stages in the HIV cascade of care. Data from more than twelve low and middle income countries find that men with less equitable attitudes toward gender are less likely to present for HIV testing (Baker G, 2003). Unequal gender norms fuel these realities in numerous ways. Socially constructed stereotypes of men as invulnerable misleads potential clients and health providers alike. For some men, the idea that an HIV positive status is a threat to “being a man” serves as a deterrent to testing and treatment (Wyrod R, 2011).

In addition, men’s engagement with health systems is also less likely when health systems and services themselves reflect (and reinforce) prevailing harmful gender norms and assume men do not need and will not access services, and when health facilities are seen as a woman’s domain (Dwadna-Henda N, et al, 2010; Peacock D, et al, 2014). Research by Dovel et al (2015) state that
“institutional supply-side barriers, and not solely masculinity, contribute to men’s lower rates of testing and treatment.”

When we fail to develop policies and programmes that increase men’s access to and use of HIV services, the outcomes are predictable. Men get sick and die unnecessarily. Quite evidently, this is bad for men, but it is also bad for their sexual partners, their families, their communities, and the health systems that serve them. When men do not know their HIV status, they are less likely to change their sexual practices, and are less likely to use condoms. They are also less likely to access treatment and more likely to need ongoing care and support—initially at home where the burden of care is usually borne by women, and then later by public health professionals who attend to men with low CD4 counts who require expensive treatment to restore their health.

To address the “blind spot” of men in the HIV response, it is key to understand what drives men’s vulnerability in the context of HIV, and how harmful notions of masculinity influence their health-seeking behavior. We must identify who and where the men at most risk are and adapt our delivery systems to both tackle harmful norms that drive the epidemic among men, and ensure that HIV services address men’s specific health needs.

**Moving Forward**

In order to effectively address the blind spot of men and HIV, there is a need to shift the global gender and HIV discourse, to one that encourages the engagement of men more broadly in HIV prevention, treatment, care and support, address their own specific HIV needs, enhance access to information and new technologies, as well as challenge assumptions that health, particularly SRH, is solely the responsibility of women. In addition, a greater integration of gender equality and services for men and boys are needed, together with ensuring that services for men and boys are patient-centric and friendly.

**REFERENCE:**

Aluisi A et al. (2011). ‘Male antenatal attendance and HIV testing are associated with decreased infant HIV infection and increased HIV-free survival.’ *Journal of Acquired Immune Deficiency Syndromes,* 56:76–82.


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