

Innovative Approaches for Eliminating Mother-to-Child Transmission of HIV

Male Study Circles: Men as Change Agents in Malawi

Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women (OHTA), a UNICEF-supported initiative with funding from the Governments of Norway and Sweden, aimed to accelerate access to Option B+ for the elimination of mother-to-child transmission in Côte d'Ivoire, the Democratic Republic of the Congo, Malawi, and Uganda. Option B+ is an approach recommended by the World Health Organization in which all pregnant and breastfeeding women living with HIV are offered treatment with antiretrovirals for life regardless of their CD4 count.¹

The OHTA Initiative's primary focus was to strengthen the capacity of the primary health care system to deliver lifelong HIV treatment to pregnant and breastfeeding women; create demand for programmes aimed at preventing mother-to-child transmission (PMTCT), increasing uptake and timely utilization of PMTCT programmes by women, and retaining women in care; and strengthen monitoring and evaluation for decision making to improve service delivery.² The OHTA Initiative was implemented between 2012 and 2017 through in-country implementing partners.

“Since we started giving messages about PMTCT we haven’t heard about a child getting HIV from their parents and no deaths from HIV. Our programme is helping people.”

— Male study circle participant, Malawi

WHO's recommendation to provide lifelong treatment of pregnant and breastfeeding women living with HIV was informed by Malawi's experience with decentralizing PMTCT services and initiating all pregnant and breastfeeding women living with HIV on antiretroviral therapy (ART) in 2009.⁵ Better service delivery and improved uptake, adherence, and retention in care are essential to the achievement of universal access to lifelong ART for people living with HIV, and innovative approaches are often required. Programmes that engage men as fathers, partners, change agents, and clients of health information and services are important in addressing PMTCT. However, in sub-Saharan Africa, male partner involvement in PMTCT is generally low, and the majority of pregnant women across these countries attend maternal health services unaccompanied by their spouses.⁶ Male involvement has been shown to increase attendance at antenatal care (ANC) visits, increase ART initiation, and increase the retention



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of pregnant women living with HIV on ART.⁷ Male involvement has also been shown to reduce the number of pregnant women who acquire HIV.⁷ Therefore, male partner involvement strategies have been identified as a promising practice to support PMTCT outcomes.⁸

The OHTA Initiative supported the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), in collaboration with the Ministry of Health (MOH) and District Health Offices, to implement male study circles to both improve linkages between the community and facility and promote women's utilization of ANC and PMTCT services. The male study circle programme was implemented by EGPAF between 2013 and 2017 and includes 188 male study circles in 81 sites in three districts, including: Dedza, Mzimba North, and Mzimba South. Lessons learned from the implementation of male study circles under the OHTA Initiative can be used to inform future PMTCT programming and global efforts to achieve universal access to lifelong ART.

Crucial progress has been made in recent years in scaling up treatment and PMTCT programming in Malawi. Between 2010 and 2016, new HIV infections and AIDS-related deaths have decreased by 39 per cent and 47 per cent, respectively, and the country has achieved an unprecedented decline in the number of children acquiring HIV – from 17,000 new HIV infections among children in 2010 to 4,300 in 2016.³ Despite these accomplishments, in 2016, there were an estimated 36,000 new HIV infections among the total population and 4,100 AIDS-related deaths among children 0 to 14 years old.⁴ Additionally, although 84 per cent of pregnant women living with HIV were receiving ART, more than 4,000 children were newly infected with HIV in 2016, and less than half (49 per cent) of children living with HIV were on treatment.³

“We used the chiefs as gatekeepers. The chiefs were responsible for assembling their men. This may be why the circles are still strong, because the chiefs are always there.”

— EGPAF study circle coordinator, Malawi

What Are Male Study Circles?

Each male study circle consisted of approximately 10 to 25 men who were husbands and fathers from the community and one circle facilitator – also from the community – who met to discuss reproductive health issues and encourage men in their communities to support the health and well-being of their families. The objective of the male study circles was to create an interactive forum for men to share experiences, learn from one another, and educate other men in their communities about sexual and reproductive health and the importance of male involvement. Most male study circles met once a week for approximately one to two hours. During male study circle meetings, participants discussed health indicators in the community, challenges they have encountered and priorities for supporting male involvement and PMTCT. Meetings were often dynamic and participatory, with participants facilitating dramatizations on various HIV topics for the other participants.

Health facility staff male study circle participants a roster of all pregnant women in the community. Male study circle participants then conducted home visits to speak with these women's male partners to promote their support and participation in early ANC, facility deliveries, family planning, and HIV partner testing and adherence to ART. Male study circle participants also provided referral slips to the health facility when necessary and distributed condoms. In addition to reaching pregnant couples, they leveraged community events such as football games, funerals, and market days to facilitate health talks. Local village chiefs also often participated in male study circle meetings in order to stay abreast of current health trends in the community. These chiefs were key in sensitizing the community to the programme by informing families about the role of male study circles and the importance of early ANC and facility deliveries.

Male study circle participants were also tasked with reporting on various topics. Every month male study circle participants



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and a Health Surveillance Assistants (HSA) participated in facility data review meetings where they reviewed indicators reported by the male study circle on topics such as facility deliveries, family planning, ART, early ANC, postnatal ANC, HIV testing and counselling, couple counselling, PMTCT counselling, and ART adherence. Additionally, several male study circle participants represented the programme in quarterly data review meetings with an HSA and Health Advisory Committee (HAC) members. During these meetings, they reviewed ART adherence information for the community as a whole in order to assess progress and determine topics for future health talks with the community. The HSA then shared the information discussed with the health facility.

“I don't think Malawi would be talking about male participation without UNICEF.”

— MOH Staff, Malawi

Recruitment and Motivation of Study Circle Participants

Two to three men per community were recommended and recruited by health facility staff and the village chief to be male study circle facilitators. Study circle facilitators were then trained by EGPAF and district health teams and tasked with recruiting additional men in their community to join the male study circle. Men were motivated to participate in the programme by a desire to teach and support families in their communities, serve as a male champion in their community, attend trainings, and receive small incentives such as lunch or refreshments during the male study circles.

“I love this work and think this [male study circles] can be an agent of change. Having a group makes it easy to spread messages. I want to spread the concept to other areas.”

— EGPAF Staff Member, Malawi

Training and Supervision of Male Study Circle Participants

The male study circle facilitators received an initial three-day training, led by EGPAF and District Health Teams. The training covered topics such as HIV prevention and transmission, partner testing, ART adherence, safe motherhood, and other sexual and reproductive health topics. Other participants of the male study circle learned from their peers and the HSA during male study circle meetings. An HSA from the MOH worked closely with each male study circle to review progress, lead training sessions, and facilitate discussions during the male study circle meetings.

Outcomes of the Male Study Circles

Over the course of three years, male study circle participants have distributed more than 17,000 condoms and provided more than 7,220 referrals to health facilities for services related to HIV testing, ART adherence, ANC, and family planning.² Additionally, throughout the course of the programme, male study circle participants have:

- Strengthened community-facility linkages through data review meetings
- Encouraged male partner involvement in ANC, family planning, and facility delivery
- Nurtured a supportive community environment for PMTCT
- Provided men with a safe and informal environment to discuss health information
- Improved men's knowledge regarding the importance of ANC, HIV testing, ART adherence, and PMTCT

Essential Components and Factors for Success

Several factors were identified as essential to the success of male study circles including:

Individual:

- Male study circle participants were motivated to support male involvement and health in their community and gain additional knowledge

Interpersonal:

- Male study circle participants and men in the community received peer-to-peer support and learning

Community:

- The village chief and community leaders recruited male study circle participants and primed the communities for male study circles

Facility:

- Coordination between male study circle participants, HSAs, and HAC members to review and discuss community-level data helped to ensure relevant information is fed back to the facility

Structural:

- Coordination between EGPAF, HSAs, and male study circle facilitators and participants helped to ensure ongoing monitoring of progress
- HSAs provided continuous support and supervision during male study circle group meetings and data review meetings

“We don’t receive resistance when we go to people’s houses because the chief told the village that there are men going around talking about these issues. [They said] Don’t be surprised when they come.”

— Male study circle participant, Malawi

Considerations for Scale-Up and Sustainability

Through the OHTA Initiative, male study circles played a critical role in strengthening PMTCT outcomes, increasing male involvement, and improving community-facility linkages. Several factors should be weighed when considering replicating or scaling up this programme nationally or in other settings.

- **Incentives:** Male study circle participants are volunteers. Non-monetary incentives such as refreshments during meetings, T-shirts and certificates for participation should be considered to maintain motivation.
- **Distance:** Distance to male study circle meeting locations should be considered when deciding where to meet, as some men may have to travel long distances to attend. Rotating the meeting location or providing small incentives, such as a bicycle or transportation reimbursement, could be considered.
- **Culture:** In some communities, it may not be appropriate for male study circle participants to conduct home visits if a man is not home. In these instances, strategies to reach men at community events should be considered.

“The community is key to achieve the third 90 [of UNAIDS’ 90-90-90 target]”.

— EGPAF Staff Member, Malawi

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Methodology for Documenting Male Study Circles as a Promising Practice

The Johns Hopkins Center for Communication Programs (CCP) supported the documentation of this promising practice. Information and data were collected through a desk review of existing OHTA Initiative documents, including annual reports, partner reports, and presentations. Site visits by CCP and project staff were also conducted, including interviews and focus group discussions among implementing organizations, Ministries of Health, and programme implementers.

For more information about the OHTA Initiative, visit <http://childrenandaids.org/optimizing%20HIV%20treatment%20access>.

For more information about UNICEF’s HIV and AIDS programme, visit childrenandaids.org.

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