



**Elizabeth Glaser
Pediatric AIDS
Foundation**

EGPAF-Lesotho Implements a Differentiated Services Delivery Model to Enhance Men's Use of Health Services in HIV Programs

EGPAF IN LESOTHO

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), seeks to end pediatric HIV and AIDS and enhance maternal, neonatal, and child health through implementation of HIV prevention, care, and treatment programs; advocacy; and research. EGPAF began collaborating with Lesotho's Ministry of Health (MOH) in 2004 and currently supports 175 sites in 10 districts to implement a comprehensive package of HIV and TB services. We advocate at the national level to inform health policies. We also conduct operations research to inform effective HIV and AIDS interventions.

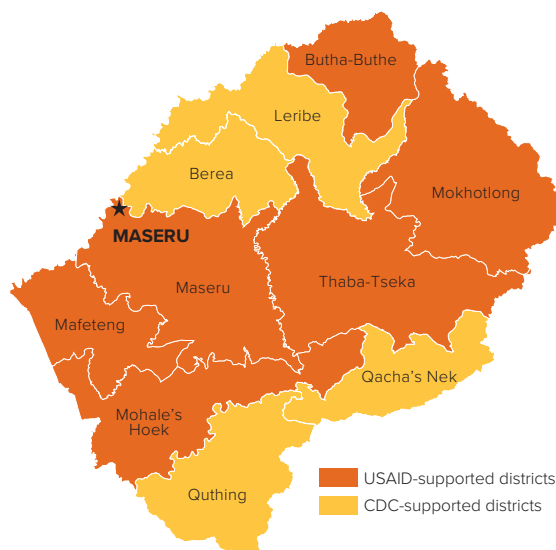
DIFFERENTIATED MODELS OF CARE

With more than 25% of the general adult population in Lesotho living with HIV,¹ EGPAF-Lesotho has worked with the MOH to introduce and scale-up differentiated HIV care models. Differentiated service delivery models individualize patient care, optimize use of health care resources, and enable effective scale-up of Treatment for All, including reaching priority populations, traditionally underserved by the health system. Differentiated models currently in use in Lesotho include: multi-month antiretroviral therapy (ART) dispensing; community ART support groups; extended and more flexible clinic hours; community-based ART initiation; community outreach; adolescent health corners; border clinics; workplace services; key populations services; men's clinics; prison services; and tertiary institution satellite clinics and outreaches.

MEN'S HEALTH PROGRAM

BACKGROUND

Although women are disproportionately affected by HIV in Lesotho (30% vs. 19% prevalence), by ages 35-39, the prevalence gap between both genders narrows significantly. By ages 40-44, both genders reach over 45% prevalence.¹ Only 77% of HIV-positive males know their status compared to 85% of females.¹



Adult males are less likely to be reached by provider-initiated and community-based HIV testing approaches (widely used in Lesotho). Health facilities customarily operate during normal hours and service providers are mostly female. The majority of middle-aged and mobile men rarely visit clinics and are not usually home at the time of community-based testing campaigns. Culturally, some Basotho men do not feel comfortable being in the same waiting room with women and children. Even when sick, men often present late to access clinical care. Men are less likely to utilize traditional facility-based HIV and health services and have thus not benefited as greatly from the Treatment for All policy now in place in the country, compromising Lesotho's ability to reach 90-90-90 targets² and furthering the HIV epidemic in adolescent girls and young women.

INTERVENTION DETAILS

Through the U.S. President's Emergency Plan for AIDS Relief

¹ Lesotho Population-based HIV Impact Assessment (LePHIA), 2017.

² The Joint United Nations Programme on HIV/AIDS. 90-90-90 - An ambitious treatment target to help end the AIDS epidemic. January 2017.

(PEPFAR) supported Determined, Resilient, Empowered AIDS-free, Mentored and Safe (DREAMS) initiative, EGPAF introduced comprehensive men's clinics at select high-volume health facilities to scale-up use of Treatment for All among men. EGPAF worked with the MOH to design the program and held focus group discussions to get an understanding of what "male-friendly services" would entail. EGPAF identified space in supported health facilities to establish men's clinics, which started functioning in June 2017. Male nurses and counsellors were recruited and trained using a curriculum developed with support from EQUIP through ANOVA and through the support of the MOH. Male staff provide services to men in an environment where male clients feel comfortable, addressing one of the key barriers of access.

The package of services being provided includes routine opt-out HIV provider-initiated testing and counseling; same-day ART initiation for those testing HIV-positive; TB screening, prevention, diagnosis, and treatment; pre-exposure and post-exposure prophylaxis (PrEP and PEP); sexually transmitted infections (STI) screening and treatment; HIV prevention counseling; counseling on partner/family HIV testing and the importance of antenatal care and prevention of mother-to-child HIV transmission (PMTCT); psychosocial support and ART adherence counseling; and referral.

Men's clinics also provide comprehensive primary care services, which was an intentional approach to avoid HIV-related stigmatization of clinics. An appointment system

was also implemented, along with extended clinic hours (to early mornings, evenings, and weekends) making clinic services more accessible to men with jobs. Multi-month ART dispensing for stable clients was also implemented, as was outreach to surrounding communities and villages to mobilize men for services.

RESULTS TO DATE

To date, data indicate a great number of men are presenting for services. A high HIV positivity (upwards of 12%), high uptake of ART, and a low HIV testing decline rate have been reported. Men who were not eligible for ART, but knew of their status before Treatment for All implementation presented at these clinics in large numbers. Some men have begun bringing their female partners for testing, which has also established a platform for PrEP initiation in the case of sero-discordance.

From June 2017 to October 2018, the men's health program saw 54,094 clients at eight clinics (see Figure 1). **Additional services provided through the men's clinics from June 2017 to October 2018 include:**

- 5,093 men treated for STI
- 1,122 men referred for voluntary medical male circumcision
- 346 men initiated on PrEP
- 53,662 men screened for TB

NEXT STEPS

EGPAF is currently scaling up the men's health program to all 10 districts in Lesotho to a total of 35 sites across the country.

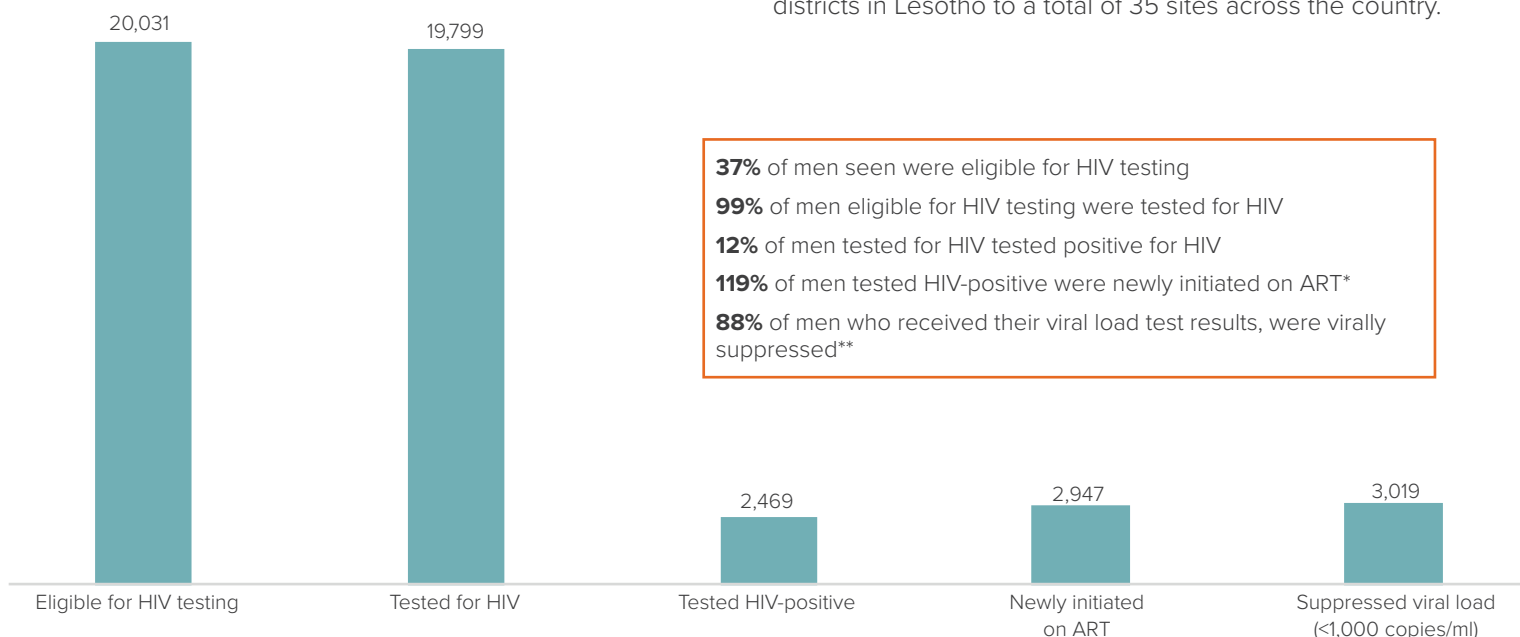


Figure 1. HIV Testing Cascade at Eight Men's Clinics (June 2017-October 2018)

* This figure is above 100% because it includes those initiated under Treatment for All that already knew their HIV status

**Figure calculated by taking number of clients with a suppressed viral load (<1,000 copies/ml) (3,019) and dividing it by the number of clients that received viral load results (3,418)

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