

# ADDRESSING THE HEALTH NEEDS OF MEN AND BOYS: An Analysis of National Policies in Eastern & Southern Africa





HIV/AIDS • GENDER EQUALITY • HUMAN RIGHTS

**Johannesburg Office:**

62 Juta Street, 3rd Floor  
Braamfontein, 2017  
PO Box 31166,  
Braamfontein 2017  
: +27 11 339 3589  
F: +27 11 339 6503

**Cape Town Office:**

Westminster House, 4th Floor  
122 Longmarket Street  
Cape Town 8001  
T: +27 21 423 7088  
F: +27 21 424 5645  
Agincourt Health Centre

**Bushbuckridge Office:**

Agincourt Health Centre  
Bushbuckridge Local Municipality  
Mpumalanga, South Africa  
T: +27 (0) 13 795 5076

**Email address:**

info@genderjustice.org.za

**Web:**

www.genderjustice.org.za

**Facebook**

<http://www.facebook.com/SonkeGenderJusticeNGO>

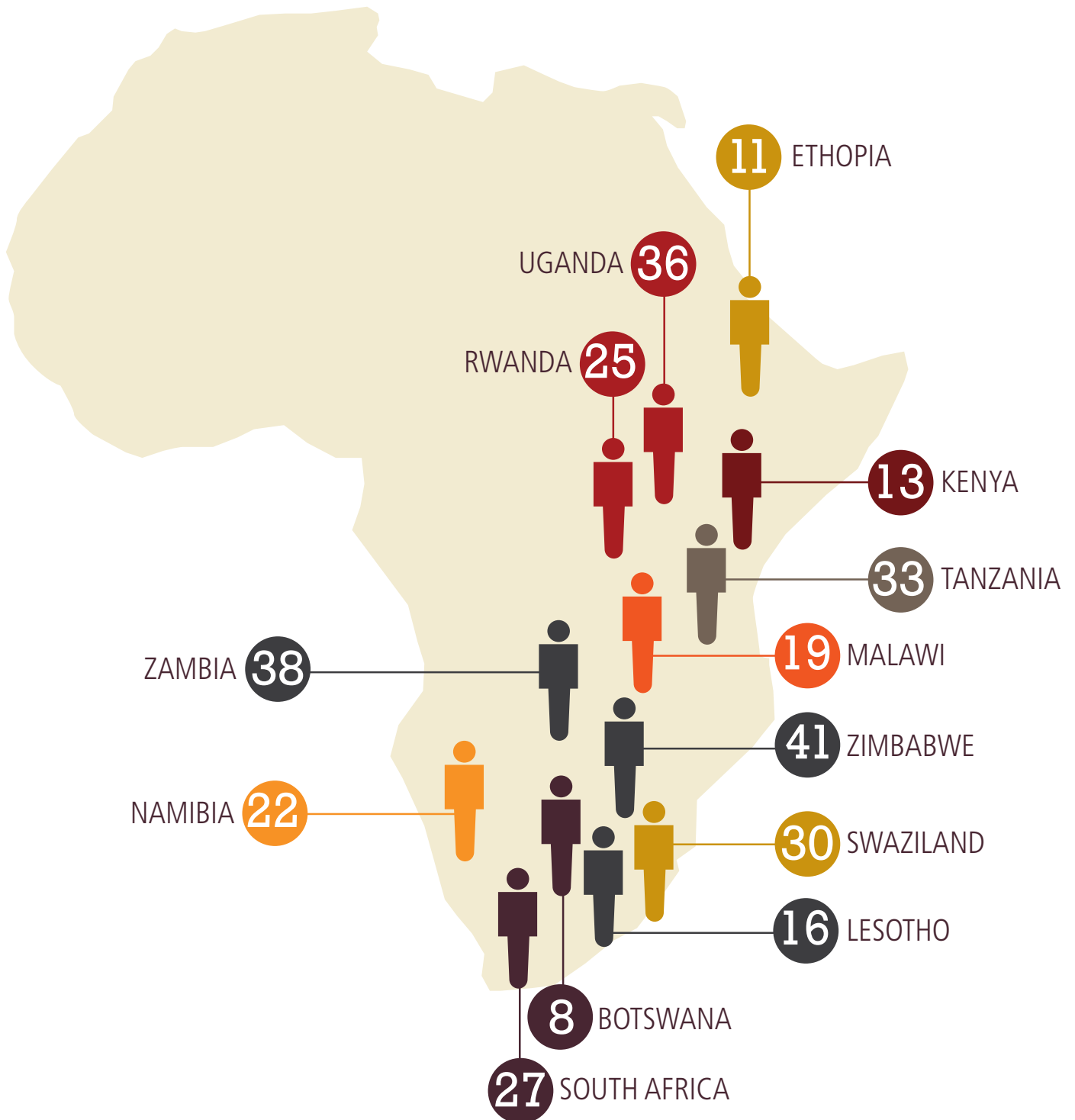
**Twitter**

@SonkeTogether

2017

# table of Contents

INTRODUCTION	5
METHODOLOGY	6
ACRONYMS	7
ANNEX I	44



## PURPOSE

This document provides an overview of national policies with respect to men's health in order to support national level discussions of how to improve health services. This document can be used as part of a literature review or policy or guideline development process. Please note that the findings have been presented in summary form and should not be seen as a definitive review of all possible national policies that relate to health.

## ACKNOWLEDGEMENTS

Commissioned by UNAIDS & WHO. Authored by Laura Pascoe, M.S, PhD and Dean Peacock. With thanks to Karl Dehne and Souad Orhan (UNAIDS), Jonathan Hopkins, Itumeleng Komanyane, Mpiwa Mangwiro, and Angelica Pino (Sonke Gender Justice).

*Suggested citation:* Pascoe, L., & Peacock, D. (2017). Addressing the Health Needs of Men and Boys: An Analysis of National Policies in Eastern & Southern Africa. Commissioned by UNAIDS & WHO. Cape Town, South Africa: Sonke Gender Justice

## DISCLAIMER

All reasonable precautions have been taken by Sonke Gender Justice to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall Sonke Gender Justice or any other organisation linked with this publication be liable for damages arising from its use. This publication does not necessarily represent the decisions or the stated policy of Sonke Gender Justice.

# INTRODUCTION

**A GROWING BODY** of evidence shows that the health needs of men and boys are not specifically addressed, including in Eastern and Southern Africa.<sup>1</sup> In a 2013 article in *The Lancet*, Hawkes and Buse show that all top ten contributors to global disability-adjusted life-years (DALY) such as HIV, cardiovascular disease and road traffic accidents,<sup>2</sup> have greater burdens on men than on women,<sup>3</sup> and yet countries' policies often do not reflect urgent action to address these. As a result, men are dying unnecessarily and additional burden is placed on their partners, families, and the health system.

Critically, addressing the health needs of men is not a zero sum proposition. When men are encouraged and facilitated to recognise and address their own health needs, they're more likely to support women's health—and gender equality more broadly. Substantive work needs to be done, however, to ensure that men's health needs are addressed as part of an integrated health care system, rather than as piecemeal and stand alone efforts for specific services. Policies and services to engage men that are clearly integrated—in the workplace and in communities—will also reach women and strengthen the health system's ability to address the health needs of the broader population.

In order to better understand the current landscape of the degree to which men and boys' health is addressed in Eastern and Southern Africa, this policy review had the following objectives:

- To assess and analyse national health policies and strategies in 13 Eastern and Southern African countries<sup>3</sup> for the degree to which men and boys' health is addressed;
- To provide an analysis of strengths and gaps in policies on addressing the health realities and needs of men and boys in areas of general and mental health as well as HIV and sexual and reproductive health;
- To assess which key populations are prioritised, what strategies are included to address these key populations, and the degree to which policies address the health needs of men and boys within these key populations.

The findings of the policy review are presented for each country in turn. A summary overview of the information presented throughout the document is available in Annex I as a country scorecard for addressing the health of men and boys.

---

<sup>1</sup> Dovel K, Yeatmana S, Watkins S, Poulin M. Men's heightened risk of AIDS-related death: the legacy of gendered HIV testing and treatment strategies. *AIDS*. 2015 29:1123–25. <https://www.ncbi.nlm.nih.gov/pubmed/26035315>; Robertson L, Douglas F, Ludbrook A, Reid G, van Teijlingen E. What works with men? A systematic review of health promoting interventions targeting men. *BMC Health Serv Res*. 2008 8:141 10.1186/1472-6963-8-141

<sup>2</sup> Top ten contributors to global disability-adjusted life-years (DALY): ischemic heart disease, lower respiratory infections, cardiovascular disease, diarrheal diseases, HIV and AIDS, low back pain, malaria, preterm birth complications, chronic obstructive pulmonary disease, road injury. (Hawkes, S., & Buse, K. (2013). Gender and global health: evidence, policy, and inconvenient truths. *The Lancet*, 381(9879), 1783-1787.)

<sup>3</sup> Mozambique is not included in this review as most policies for Mozambique were only available in Portuguese.

# METHODOLOGY

Available national policies relating to health and gender for each country were sought out via an Internet search, and then organised into a database. For each country, national policies, strategies, frameworks and plans covering the following health issues were searched for: health (including health sector strategic plans and policies on specific areas such as non-communicable diseases - NCDs); mental health; gender and/or gender-based violence; HIV, including voluntary medical male circumcision (VMMC) and prevention of mother-to-child transmission of HIV (PMTCT); sexual and reproductive health and rights (SRHR); and adolescent health.

UNAIDS Country Officers were then asked to review the list of policies found and provide a) current status of any policies out of date; b) updated versions of any policies that are available; and c) any additional relevant policies. Each country's compiled national policies were then assessed according to the extent to which they:

- 1)** Provided a situational analysis of men's and boy's health issues and needs;
- 2)** Addressed the health needs of men and boys;
- 3)** Included as a standalone or within existing policies a strategy, policy or operational plan to implement work with men and boys;
- 4)** Had specific targets dealing with the health of men and boys;
- 5)** Detailed specific approaches to address men and boys in the following areas: sexual and reproductive health; HIV including VMMC and male involvement in PMTCT; family planning, maternal, newborn and child health; sexual and gender-based violence (SGBV) prevention and response; and socio-behavioural and structural interventions that specifically sought to engage men for improved gender and health outcomes;
- 6)** Employed innovative strategies to reach men (i.e., mobile services, self-testing, workplace testing, community-based services); and
- 7)** Included specific targets and programmes to address high risk/key populations that are male (i.e. men who have sex with men – MSM; young men and boys), or predominantly male (i.e. prisoners; people who inject drugs – PWID).

While extensive efforts were made to analyse relevant policies, there are some limitations to this review. Some countries had more updated policies but no soft copy available for this review, while others were in the process of updating a policy and did not have a final document available for review. Importantly, this review also excludes laws and policies that affect men's health but are outside of health and gender sectors, such as laws and policies on access to firearms, alcohol, occupational health, criminal justice, prisons, sports and recreation. Additionally, there is no assessment of the extent to which policies, plans or initiatives have been implemented.

# ACRONYMS

<b>AIDS</b>	acquired immunodeficiency syndrome
<b>ANC</b>	antenatal care
<b>ART</b>	antiretroviral therapy
<b>ASRH</b>	adolescent sexual and reproductive health
<b>DALY</b>	disability adjusted life year
<b>eSNF</b>	extended National Multisectoral HIV and AIDS Framework
<b>EIMC</b>	early infant male circumcision
<b>FP</b>	family planning
<b>FSW</b>	female sex worker
<b>GBV</b>	gender-based violence
<b>HAD</b>	health development army
<b>HIV</b>	human immunodeficiency virus
<b>HTC</b>	HIV testing and counselling
<b>MCH</b>	maternal and child health
<b>MDA</b>	male development army
<b>MDR-TB</b>	multidrug resistant tuberculosis
<b>MSM</b>	men who have sex with men
<b>NCD</b>	non-communicable disease
<b>NSP</b>	National Strategic Plan
<b>PEP</b>	post-exposure prophylaxis
<b>PLHIV</b>	people living with HIV
<b>PMTCT</b>	prevention of mother-to-child transmission of HIV
<b>PrEP</b>	pre-exposure prophylaxis
<b>PWID</b>	people who inject drugs
<b>RH</b>	reproductive health
<b>RMNCH</b>	reproductive maternal newborn and child health
<b>SGBV</b>	sexual and gender based violence
<b>SRH</b>	sexual and reproductive health
<b>SRHR</b>	sexual and reproductive health and rights
<b>STI</b>	sexually transmitted infections
<b>TB</b>	tuberculosis
<b>VMMC</b>	voluntary medical male circumcision



# BOTSWANA

## OVERVIEW

Is there a situational analysis of men's and boy's health issues?	Is there a strategy/policy/operational plan to implement work with men and boys?	To what degree is the health of men and boys addressed?	Are there specific targets dealing with the health of men and boys?
Partly. Life expectancy and data on HIV prevalence are sex-disaggregated, and men are mentioned in relation to smoking and its health consequences, but none of the rest of the data on mortality or morbidity is sex-disaggregated.	Partly. There is a male involvement policy for SRH, HIV, and GBV prevention and management which also includes specific language on men's SRH needs.	Somewhat. Specific health needs of men and boys are well recognised as part of strategies and interventions relating to HIV and SRH, but not much beyond that.	Yes. There is a strategic action to “Development of culturally, age and gender sensitive health learning materials” in the Integrated Health Service Plan, and there are specific targets for men's HIV and SRH health needs.

## AREAS OF MEN'S AND BOY'S HEALTH

### 1. Analysis of men's and boy's mortality & morbidity:

Apart from sex-disaggregated data on life expectancy (which shows men die younger than women, at 48.8 and 60, respectively), and HIV (which does not include AIDS-related deaths), data are not sex-disaggregated for mortality and morbidity. Sex-disaggregated data are also not specified in any policies as a necessity for future data collection, apart from indicators that are already sex-disaggregated (such as those for SRH).

**2. Men's general health:** While Botswana's policies overall reflect a clear recognition that gender is a factor in health outcomes for both men and women, men's general health needs are not specifically acknowledged or addressed. There are also no performance measures on men's own specific health needs.

**3. Men's mental health:** Botswana's most up to date National Policy on Mental Health (2003) does not include any gender-specific language, including no specification for the need for sex-disaggregated data from mental health services. The only mention is in

the Integrated Health Sector Plan (2010-2020), which specifies the need to “increase access to integrated STI/HIV and alcohol/substance abuse prevention services” as part of strategic action to scale up VMMC (p. 61).

### 4. Strategies to address men and boys in HIV and SRH:

**SRH:** Botswana's policies—including a specific policy on male involvement in SRH, HIV and GBV prevention and management (2008)—have clear language addressing men's sexual and reproductive health, including specific indicators addressing men. The Integrated Health Service Plan (2010-2020) includes an output to “increase male access and participation in SRH services” (p. 44) and also includes “Proportion of males accessing SRH services” as a district-based indicator (p. 179). Botswana's Sexual and Reproductive Health Policy Guidelines and Service Standards (2015) specifically notes that men tend to under utilise SRH services and should be encouraged to access them, and includes



specifications for services to be available to men including for male infertility, andropause, and cancers of male reproductive organs, as well as including the importance of having “male health workers/male motivators in SRH programmes” (p. 51). Botswana’s HIV policies similarly have specific language on the integration of SRH and HIV services.

**HIV:** Botswana’s health policies recognize that “social norms on masculinity serve as barriers to the uptake of HIV prevention and treatment services (National Strategic Framework for HIV and AIDS, 2010-2017, p. 26). These policies have specific interventions to address and indicators to measure men’s uptake of HIV services including prevention, testing and treatment as well as stigma experienced, and specific language on the need for SRH services to be integrated into HIV services. The Integrated Health Sector Plan (2010-2020) includes indicators on, for example:

- % of women and men aged 15-49 years who received an HIV test in the last 12 months and who know their results (p. 59);
- Proportion of clients attending facilities for HTC services as couples (p. 62); and
- Proportion of eligible people utilizing care and treatment services (stratified by age (infants, children, adults) and gender) (p. 67)

**VMMC:** Botswana’s VMMC strategy is comprehensive, making clear the commitment to provide “safe male circumcision” (SMC) within a comprehensive package of HIV and SRH services, to engage men around changing gender norms and roles and promoting gender equality, and to address “the gender implications of male circumcision as an HIV prevention method” (Safe Male Circumcision Additional Strategy for HIV Prevention: A National Strategy, 2009, p. 17). Botswana’s SMC policy specifies, for example, that:

- “Male circumcision service provision shall be used to address the sexual health needs of men; actively counsel and promote safer and responsible sexual behavior.” (p. 17); and
- “A clear strategy shall be developed to ensure that

*MC services are integrated into strengthened health systems as soon as it is feasible.” (p. 18)*

With the goal of scaling up VMMC for males aged 0-49 years, Botswana’s Integrated Health Sector Plan (2010-2020) also includes an indicator for the number of men circumcised “as part of the minimum package for HIV prevention services” (p. 182).

**Male involvement in family planning, maternal health & SGBV prevention:** Botswana’s HIV and SRH policies also clearly address men’s reproductive health needs and involvement in PMTCT and antenatal services. Botswana’s Integrated Health Sector Plan (2010-2020) includes indicators for:

- Proportion of women attending PMTCT services with male partners (p. 62);
- Proportion of males attending reproductive health (RH) partner companion sessions (p. 179);
- Prevalence of infertility among men women of reproductive age (p. 179)

Botswana’s Sexual and Reproductive Health Policy Guidelines and Service Standards (2015) has a section on men and family planning, specifying that:

*“Condoms, vasectomy as well as FP counselling and education shall be made available to men.” (p. 27)*

**5. Integration of health services:** While primarily included for HIV and SRH services, Botswana’s policies are clear on strategic action to integrate services for men where possible. For example, the Integrated Health Sector Plan (2010-2020) specifies that need to “increase access to integrated STI/HIV and alcohol/substance abuse prevention services” as part of strategic action to scale up VMMC (p. 61).

**6. Innovative health service delivery strategies:** Botswana’s policies include consistent language on involving communities and increasing community participation in provision of health services, including community-based group counseling and support groups for health issues such as smoking and alcohol abuse, and public education in workplaces and in community spaces. However, there is little mention of specific innovative health service delivery strategies for HIV testing or other health services.

## KEY POPULATIONS & OTHER SPECIFIC MALE POPULATIONS:

Botswana's policies refer to the following male-specific key populations and key/vulnerable populations that include a substantial male population: MSM, prisoners, ex-miners, and refugees.. The National Strategic Framework for HIV and AIDS (2010-2017) specifies indicators for MSM, including:

- % reached with HIV prevention programmes;
- % living with HIV;

- % testing for HIV; and
- % using condom for anal sex.

Prisoners are mentioned as a vulnerable group needing additional mental health support in Botswana's National Policy on Mental Health (2003, p. 10), and prisoners and ex-miners are noted as at additional risk for Multidrug Resistant Tuberculosis in Botswana's HIV Clinical Care Guidelines (2016).

## POLICIES REVIEWED:

- *Botswana National Policy on HIV and AIDS.* (2012). Ministry of Health.
- *Botswana 2016 Integrated HIV Clinical Care Guidelines.*(2016). Ministry of Health.
- *Integrated Health Service Plan: A Strategy for Changing the Health Sector for Health Botswana, 2010-2020.* (2010). Ministry of Health.
- *National Health Policy.* (2011). Ministry of Health
- *National Policy on Gender and Development.*(2015). Government of Botswana.
- *National Policy on Mental Health.*(2003). Ministry of Health.
- *Policy Guidance to Male Involvement in SRH, HIV/AIDS and Gender-based Violence Prevention and Management.* (2008). Ministry of Health.
- *Policy Guidelines and Service Standards: Sexual and Reproductive Health.* (2015). Ministry of Health.
- *Safe Male Circumcision Additional Strategy for HIV Prevention: A National Strategy.*(2009). Ministry of Health.
- *The Second Botswana National Strategic Framework for HIV and AIDS, 2010-2017.* (2010). Ministry of Health.



# ETHIOPIA

## OVERVIEW

Is there a situational analysis of men's and boy's health issues?	Is there a strategy/policy/ operational plan to implement work with men and boys?	To what degree is the health of men and boys addressed?	Are there specific targets dealing with the health of men and boys?
<p>Yes. Uses sex-disaggregated data for overall mortality rates and HIV and AIDS-related deaths; acknowledges that young men are disproportionately at risk of dying during adolescence from road traffic accidents and violent injuries, as well as are disproportionately at risk for alcohol &amp; substance abuse.</p>	<p>No specific policy</p>	<p>Minimally. Men are largely absent from policies, with language mostly being either gender-neutral or focused on women.</p>	<p>No</p>

## AREAS OF MEN'S AND BOY'S HEALTH

### 1. Analysis of men's and boy's mortality & morbidity:

Sex-disaggregated data are provided for some health issues, including HIV and AIDS-related deaths. Adult mortality rates are also sex-disaggregated, although mortality rates for children are not. Data in the Adolescent and Youth Health Strategy show young men disproportionately at risk of dying during adolescence from road traffic accidents and violence injuries, as well as being disproportionately affected by alcohol and substance abuse. Although there are some sex-disaggregated data included much of Ethiopia's policies are either female-specific (for pregnant women, young women as a vulnerable group, female sex workers) or include general data that are not sex-disaggregated.

**2. Men's general health:** There is mention in places for the need to, for example, address gender bias as it affects women's access to services (Health

Sector Transformation Plan, 2016-2020, p. 73) and a strategic result to make the health services "gender responsive/women friendly health service delivery" (Health Sector Transformation Plan, 2016-2020, p. 77), but little information about whether or not men's health needs are being met. One of the primary goals of Ethiopia's health policy is to expand and strengthen the predominantly female-staffed Health Development Agency that, while critical for women's health, does little to ensure services are accessible or welcoming to men. There are also no performance measures on male specific health needs.

**3. Men's mental health:** Ethiopia's most up to date Mental Health Strategy (2013-2016) does not include any gender-specific language, including no specification for the need for sex-disaggregated data from mental health services.

#### **4. Strategies to address men and boys in HIV and SRH:**

**SRH:** There is language on addressing men's reproductive health needs in the National Reproductive Health Strategy (2016-2020), but no specific strategies to address this or other SRH needs for men. HIV: Although low male partner testing is noted in Ethiopia's policies, there appear to be no strategies to specifically address this. Men's HIV needs are not clearly addressed in Ethiopia's policies. VMMC: Ethiopia has no clear VMMC strategy. VMMC is mentioned as a priority action in the Adolescent and Youth Health Strategy but there are no indicators to measure this in this strategy or any other policy, including the HIV Strategic Plan. PMTCT: The importance of male involvement in PMTCT is largely absent from Ethiopia's policies, and there are no indicators to measure this, including for partner testing, couples testing, or male attendance to

ANC visits. Male involvement in family planning, maternal health & SGBV prevention: Although there is a little bit of language on the need for male involvement for prevention of unintended pregnancy, GBV, and harmful traditional practices, it is not clearly integrated into policies and there are no indicators to measure male involvement.

**5. Integration of health services:** There is no concrete plan to integrate health services for men.

**6. Innovative health service delivery strategies:** Although Ethiopia's community-based health service delivery programme (Health Development Army, or HDA) is primarily geared towards women, there is some language specifying the importance of Male Development Armies (MDAs) to reach men. There is no language specifying the current situation of MDAs, however, nor specifically how to build them and their role in the overall HDA.

## **KEY POPULATIONS & OTHER SPECIFIC MALE POPULATIONS**

None of the high-risk/key populations included in Ethiopia's health strategies specifically mention men or their health needs, but high risk groups specified in Ethiopia that are predominantly men include: prisoners, long distance truck drivers, and clients of commercial sex workers. Language is very weak on specific indicators or targets for these high-risk groups. MSM and transgender populations are not mentioned in any of Ethiopia's policies.

Apart from acknowledging young men are at greater risk for death from road traffic accidents and violent injuries and are more likely to experience alcohol and substance abuse, there are no specific indicators or priority actions addressing these health issues or any other health issues for young men.

## **POLICIES REVIEWED**

- *HSTP: Health Sector Transformation Plan, 2015-2020. (2015). Ministry of Health.*
- *HIV/AIDS Strategic Plan: 2015-2020 in an investment case approach. (2014). Ministry of Health.*
- *National Action Plan for Gender Equality, 2006-2010. (2006). Ministry of Women's Affairs.*
- *National Adolescent and Youth Strategy, 2016-2020. (2016). Ministry of Health.*
- *National Mental Health Strategy, 2012/13-2015/16. (2012). Ministry of Health.*
- *National Reproductive Health Strategy, 2016-2020. (2016). Ministry of Health.*
- *Policy on HIV/AIDS of The Federal Democratic Republic of Ethiopia. (1998). Ministry of Health.*



# KENYA

## OVERVIEW

Is there a situational analysis of men's and boy's health issues?	Is there a strategy/policy/operational plan to implement work with men and boys?	To what degree is the health of men and boys addressed?	Are there specific targets dealing with the health of men and boys?
Partly. Acknowledges men disproportionately affected by MDR-TB, but doesn't have specific strategy to address this, and does not specify health issues for men elsewhere.	No specific policy	Minimally. Men are recognised as target population for VMMC and other health services attached to VMMC services, but health of men beyond VMMC and HIV testing is not addressed.	A few. Commitment to sex-disaggregated data (but not for mental health); targets for uptake of VMMC and HIV testing.

## AREAS OF MEN'S AND BOY'S HEALTH

### 1. Analysis of men's and boy's mortality & morbidity:

Sex-disaggregated data are provided for some health issues, including HIV and AIDS-related deaths and for tuberculosis; however not provided for other health issues. All policies except for Kenya's Mental Health Policy (2015-2030) specify the necessity of both age- and sex-disaggregated data going forward. Not all data on mortality and morbidity are sex-disaggregated, however. Data at times provide only a partial picture of the issue (i.e. showing higher levels of ART coverage for men, but data reflect a larger pool of eligible women to pull from as a result of Option B+ initiatives), or mention a health issue that disproportionately affects men that is then not addressed (i.e. that men disproportionately struggle with multiple-drug-resistant-TB, or MDR-TB, or that suicide rates are much higher among men than women).

**2. Men's general health:** Kenya's Health Policy (2012-2030) does little to specifically address the health needs of men. There are multiple health issues, such as alcohol and tobacco use, road traffic accidents,

and violent injuries that are not acknowledged to disproportionately affect men and thus strategies to address these conditions do not take gender into account. MDR-TB is recognized as disproportionately affecting men, but there is still no corresponding gender-specific strategy to address it.

**3. Men's mental health:** Kenya's Mental Health Policy (2015-2030) does not include any gender-specific language, including no specification for the need for sex-disaggregated data from mental health services.

### 4. Strategies to address men and boys in HIV and SRH:

**SRH:** Policies include language on needing to address SRH, but little specifically for men's SRH needs apart from STI screening and treatment as part of VMMC.

**HIV:** Kenya's policies provide clear strategies and indicators for condoms, VMMC and HIV testing as part of a comprehensive VMMC package. Kenya's HIV policies specify the need, for example, to provide "sexual partner and family HIV testing"

(Kenya HIV Prevention Revolution Roadmap: Countdown to 2030, 2014-2030, p. 32) and “partner and couples testing, and door-to-door and community-based testing” (Kenya AIDS Strategic Framework, 2015-2019, p. 19). There is nothing gender/sex-specific on enrolment for and adherence to treatment, however.

**VMMC:** Kenya has a policy specifically on VMMC that clearly addresses the HIV-related (and to a lesser degree, sexual and reproductive) health needs of men and boys through provision of VMMC as part of a comprehensive HIV prevention package based on informed consent, HIV testing and counselling, risk-reduction counselling, condom promotion and provision, and STI screening and management. The second of three guiding principles for the VMMC strategy also encourages integration of VMMC into broader health services:

*“Ensure people-centred male circumcision is integrated with adolescent, maternal, neonatal, child and male reproductive health services, HIV treatment and care, vaccination and other relevant services.”* (National Voluntary Medical Male Circumcision Strategy, 2015-2019, p. 7)

This is further emphasized in the section on service delivery:

*“Concerted efforts will be made to integrate VMMC into routine healthcare services whilst mobile and outreach VMMC services will be used to reach special or hard to reach populations or to respond to increased demand.”* (National Voluntary Medical Male Circumcision Strategy, 2015-2019, p. 17)

However, there are no specific indicators to measure or hold health facilities accountable for the integration of VMMC into other health services, and the commitment to scale up early infant male circumcision (EIMC), while arguably cost-effective, raises potential issues around the opportunity lost to reach uncircumcised men in their youth and adult years not just for VMMC but also the additional HIV and SRH services provided in the VMMC comprehensive package of health services.

**PMTCT:** The importance of male engagement in PMTCT is recognized in HIV policies insofar as low male engagement is flagged “in interventions to eliminate mother to child transmission of HIV such as family planning, access to skilled birth delivery, antenatal and post-natal clinic attendance” (Kenya AIDS Strategic Framework, 2015-2019, p. 15), however no specific mechanisms are outlined to rectify this low male engagement, particularly for PMTCT and maternal health.

**Male involvement in family planning, maternal health, & SGBV prevention:** Both Kenya’s Population Policy for National Development (2012-2030) and policy on Adolescent Sexual and Reproductive Health policy (2015) acknowledge low levels of male involvement in family planning and in the prevention of unintended pregnancies and SGBV and call for increased male involvement in these areas.

**5. Integration of health services:** Kenya’s health policies have clear language on integrating health services, though little specific mention of integrated services for men, apart from integrating VMMC into other health services. There are no indicators to measure this, however, and no mention of integrating non-HIV health services into the mobile and outreach service delivery models that will be used to increase access to VMMC. Kenya’s policies’ overall emphasis on integrating health services, including the priority actions to have an “integrated HIV, TB/ SRH prevention response” and “deliver HIV services integrated in the essential health package” (Kenya AIDS Strategic Framework, 2015-2019, p. xiii) as well as to integrate mental health services into other healthcare services will likely also benefit men.

**6. Innovative health service delivery strategies:** Kenya’s policies include specific language on innovative health service delivery strategies such as mobile testing, workplace testing, and outreach services, all of which have been shown to increase men’s access to and likelihood of utilizing health services. So, although men are not specified as a priority population to reach with these service delivery models, men will still greatly benefit from health services being available through these means.

## KEY POPULATIONS & OTHER SPECIFIC MALE POPULATIONS

MSM are considered a key population in Kenya. Mention of sex workers only refers to female sex workers. Additional vulnerable populations that include a substantial male population mentioned in policies include PWID, truck drivers, prisoners, fishing communities, migrants, and sexual partners of sex workers. Although many of these populations are predominantly male (i.e. prisoners, who are 97% male in Kenya), these populations are referred to as a general population and men's specific health needs are not addressed (apart from for MSM).

Kenya's policy on the SRH needs of the adolescent population could be clearer gender-specific sexual and reproductive health information and education provision (i.e. focus is on adolescents as a whole

population, disaggregated mainly only by age, such as: "Support the provision of age-appropriate ASRH information"). The policy either refers to women or is largely gender neutral, including for children and for communicable diseases. Exception is the provision of VMMC included in this policy, but men's SRH needs beyond VMMC are largely absent, except with regards to promoting male involvement in prevention of unintended pregnancy and sexual and gender-based violence. At the end of the document, in the section on "Special Programmes" (Sec227) it promisingly states the need to "Sensitize men, women and youth on their RH rights," but this is the only place that men are specifically mentioned in relation to reproductive health rights.

## POLICIES REVIEWED

- *Kenya AIDS Strategic Framework, 2014/15—2018-19*. (2014). Ministry of Health.
- *Kenya Health Policy, 2012-2030*. (2012). Ministry of Health.
- *Kenya HIV Prevention Revolution Roadmap: Countdown to 2030*. (2014). National AIDS and STI Control Programme, Ministry of Health.
- *Kenya Mental Health Policy, 2015-2030*. (2015). Ministry of Health.
- *National Adolescent Sexual and Reproductive Health Policy*. (2015). Ministry of Health.
- *National Voluntary Medical Male Circumcision Strategy 2014/15 - 2018/19*. (2015). National AIDS and STI Control Programme, Ministry of Health.
- *Sessional Paper No.3 of 2012 on Population Policy for National Development, 2012-2030*. (2012). National Council for Population and Development, Ministry of State for Planning, National Development and Vision 2030.
- *The National Gender and Equality Commission Act, 2011*. (2011). Parliament of Kenya.





# LESOTHO

## OVERVIEW

Is there a situational analysis of men's and boy's health issues?	Is there a strategy/policy/operational plan to implement work with men and boys?	To what degree is the health of men and boys addressed?	Are there specific targets dealing with the health of men and boys?
<p>Yes. Top 10 causes of mortality are sex-disaggregated, data around HIV are sex-disaggregated; there is recognition the males in Lesotho are more likely to have malnutrition; shows that men are more likely to use alcohol and drugs; and states that drinking alcohol is associated with an increased risk of chronic diseases, acute health conditions including injuries and road traffic accidents.</p>	<p>Partly. No specific strategy, but male involvement is mentioned as a specific strategy within the National HIV and AIDS Strategic Plan, 2012-2018.</p>	<p>Somewhat. Specific health needs of men and boys are well recognised as part of strategies and interventions relating to HIV, and strategies to address health overall appear inclusive of men and boys health needs, even if some of these are gender/sex neutral.</p>	<p>Yes. The Lesotho Health Sector Strategic Plan, 2013-2017 includes as part of a guiding principle on gender balance that "Where men have been disadvantaged, special effort will be made to support them" (p. 26). There are also specific targets for men and boys in HIV policies.</p>

## AREAS OF MEN'S AND BOY'S HEALTH

**1. Analysis of men's and boy's mortality & morbidity:** The top 10 causes of mortality are sex-disaggregated in Lesotho's Health Sector Strategic Plan (2013-2017), and there are data showing that males in Lesotho are more likely to have malnutrition and are more likely to use alcohol and drugs. Data around HIV are also sex-disaggregated, apart from for ART coverage.

**2. Men's general Health:** Lesotho's Health Sector Strategic Plan (2013-2017) includes a guiding principle on gender that recognizes: "Where men have been disadvantaged, special effort will be made to support them" (p. 29). However, there are no specific strategies to address men's general health or language in other policies to support this.

**3. Men's mental health:** Lesotho does not appear to have a mental health policy, and data on mental health in Lesotho's Health Sector Strategic Plan (2013-2017) is not sex-disaggregated.

**4. Strategies to address men and boys in HIV and SRH:**

**SRH:** Beyond the package of services attached to VMMC provision, men and boys' SRH is not specifically addressed. HIV: In addition to a strategic priority on embedding gender into HIV prevention initiatives, men are clearly addressed through strategies to increase men's uptake of HIV testing both alone and within partnerships, and most indicators specify sex-disaggregation. Further, Lesotho's NSP (2012-2018) specifically includes



strategy to engage men through peers for HIV treatment:

*“Men will be empowered to offer “men to men” peer referral and support and the referral system will be strengthened.” (p. 30)*

**VMMC:** VMMC is included as a key part of Lesotho’s HIV strategy, and specific language is included to

*“Offer VMMC as part of a minimum package consisting of Social and Behavioural Change communication (BCC), HIV Testing and Counselling (HTC), STI diagnosis and treatment, safer sex counselling, provision of male and female condoms.” (NSP, 2012-2018, p. 31)*

**PMTCT:** Both Lesotho’s NSP (2012-2018) and National Guidelines on the Use of ART for HIV Prevention and Treatment (2016) include specific strategies to test male partners of pregnant women accessing ANC services, and further specifies need for “support for disclosure to partners and family members” (National Guidelines on ART, 2016, p. 33). Male involvement in family planning, maternal health & SGBV prevention: There are very limited strategies to specifically engage men in family planning, maternal health, and SGBV prevention.

**5. Integration of health services:** Although the language does not specify men, the priority action to “Facilitate integration of HTC with other HIV, Sexual Reproductive Health, Non Communicable

Diseases and other health services” (NSP, 2012-2018, p. 39) will also support integrating services that are recognized as critical services for men.

#### **6. Innovative health service delivery strategies:**

Lesotho’s health policies, particularly those on HIV, speak to community-based and other innovative health service delivery strategies. Lesotho’s National Guidelines on the Use of ART for HIV Prevention and Treatment (2016) specifies that:

*“some populations, including men, adolescents, and especially key populations, have low utilization of health care services where they can be reached by facility-based testing approaches. Community-based testing approaches provide opportunities to reach people living with HIV earlier in the course of their HIV disease and engage with populations that may not normally attend health facilities.” (p. 15)*

Lesotho’s NSP (2012-2018) also states:

*“Accessibility will be greatly increased through the utilisation of innovative delivery models, such as household testing and counselling through expert clients (clients who have already been identified as HIV-positive and have granted permission to disclose status, as well as specifically trained for the task), mobile services, and moonlight testing, after-hours services and targeting families of HIV-infected people. Couple counselling will be encouraged as a strategy to enhance HTC uptake in men.” (p. 39)*

## KEY POPULATIONS & OTHER SPECIFIC MALE POPULATIONS

Male-specific key populations and key/vulnerable populations mentioned across Lesotho’s policies that include a substantial male population populations are: MSM, prisoners, migrants/mobile populations (including truck drivers), factory workers and miners (current and retired), transgender people, young boys, PLHIV, and male clients of female sex workers. Specific strategies for condom distribution amongst MSM and female sex workers (FSWs) are included in Lesotho’s NSP (2012-2018), for example, though it is also acknowledged that there are no sufficient data on MSM in Lesotho. Specifications on populations eligible for Pre-Exposure Prophylaxis (PrEP) in the National Guidelines on the Use of ART for HIV Prevention

and Treatment (2016) also include MSM. The target audiences for Lesotho’s Social and Behavioural Change Communication Strategy for HIV and AIDS (2014-2017) are “Youth 10-14 years old; Youth 15-25 years old; Couples (married, cohabiting, non-cohabiting); Men and women of reproductive age; and Key populations (MSM, PLHIV, sex workers, mobile and migrant workers). Young men and boys are also clearly addressed in Lesotho’s School Health and Nutrition Policy (2016). Within young boys, there is a specific mention of “herd boys” and their vulnerabilities of “compromised right to attend school, risky cultural and social practices, reaching services” (NSP, 2012-2018, p. 55). Male sex workers and men over age 50 are not mentioned.

## POLICIES REVIEWED

- *Lesotho Health Sector Strategic Plan, 2012/13-2016/17*. (2013). Government of Lesotho.
- *Lesotho School Health and Nutrition Policy. (2nd draft)*. (2016). Ministry of Education and Training.
- *National Adolescent Health Strategy. (draft outline)*. (2015). Ministry of Health.
- *National Guidelines on the use of ART for HIV Prevention and Treatment, 5th edition*. (2016). Ministry of Health.
- *National HIV and AIDS Strategic Plan, 2011/12—2017/18*. (2015). The Kingdom of Lesotho.
- *Social and Behaviour Change Communication Strategy - HIV and AIDS - 2014-2017. (draft)*. (2014). The Kingdom of Lesotho.



# MALAWI

## OVERVIEW

Is there a situational analysis of men's and boy's health issues?	Is there a strategy/policy/operational plan to implement work with men and boys?	To what degree is the health of men and boys addressed?	Are there specific targets dealing with the health of men and boys?
Partly. Life expectancy, alcohol and tobacco use/abuse and types of cancer are sex-disaggregated, but the rest of mortality and morbidity data are not sex-disaggregated.	No specific policy	Somewhat. Specific health needs of men and boys are well recognised as part of strategies and interventions relating to HIV and SRH, but not much beyond that.	A few. Commitment to sex-disaggregated data, though nothing else for general health. For HIV and SRH there are, including "% of institutions integrating male involvement in SRHR" (SRHR policy, p. 42)

## AREAS OF MEN'S AND BOY'S HEALTH

### 1. Analysis of men's and boy's mortality & morbidity:

Alcohol and tobacco use/abuse are sex-disaggregated in Malawi's Health Sector Strategic Plan (2011-2016), and life expectancy and types of cancer are additionally sex-disaggregated in Malawi's National Action Plan for Prevention and Management of NCDs (2012-2016).

**2. Men's general health:** Men's general health is very poorly addressed in Malawi's policies. Although there is extensive language recognizing the need for gender mainstreaming and gender-responsive approaches to health, these are largely focused on HIV and SRH.

**3. Men's mental health:** Malawi's mental health policy has no mention of men, although promisingly it does state that "It shall seek to be promotive, preventive, curative and rehabilitative, and shall be accessible, without discrimination, to all citizens irrespective of gender, social status or place of residence" (p. 9). There are also specific interventions on alcohol and drug use, however

these do not specify men. There are also a set of indicators for integrating mental health services into antenatal care in Malawi's National Action Plan for Prevention and Management of NCDs (2012-2016), but no mention of men.

### 4. Strategies to address men and boys in HIV and SRH:

**SRH:** Malawi's policies are specifically address men's SRHR, including specifying the need for integration of services. Malawi's SRHR Policy (2009) includes the goal that "development of community SRHR services shall be participatory to ensure that such services meet the needs of men, women and young people as well as being culturally acceptable" (p. 16) and there are specific strategies to "empower men to promote and patronize SRHR services" (p. 16); and "strengthen male and youth friendly FP services" (p. 26).

**HIV:** Malawi's HIV policies are clear on VMMC, reaching men for HIV testing and counselling both as individuals and in a couple,

and integrating HIV and TB services. VMMC is specified as “part of a comprehensive prevention strategy that continues to emphasise multiple concurrent partner (MCP) reduction, condom use, and addresses damaging gender norms/practices” (Malawi VMMC Communication Strategy, 2012-2016, p. 28). Malawi’s NSP (2015-2020) also clearly states:

*“Community wide mobilization to reach at risk men and couples will integrate demand for HTC services with formalized referrals to facility-based HTC, and close the loop on retention, care and support services through community care volunteers.”* (p. 24-25)

The NSP also includes the research priority to assess “the influence of gender in accessing HIV services” (p. 71). Although Malawi’s NSP (2015-2020) includes language on addressing men’s HIV health needs, Malawi’s HIV and AIDS policy (2012-2017) has little mention of men and gender, and both policies could be more specific on addressing men’s health needs with regards to HIV treatment.

**Male involvement in family planning, maternal health, & SGBV prevention:** Both Malawi’s National Reproductive Health Strategy (2006-2010) and SRHR policy (2009) have specific sections on male involvement in reproductive health. They acknowledge that reproductive health services are not male-friendly and outline efforts to rectify this, and there are multiple indicators on the percentage of men accompanying their partners to RH services

(including ANC, delivery, postnatal, PMTCT, and FP), as well as specific language on offering FP options to men, including vasectomy. However, engaging men in SGBV prevention is missing. While the section on GBV in Malawi’s National Gender Policy (2011) does not mention the engagement of men at all (p. 7), Malawi’s National Plan of Action to Combat Gender-Based Violence (2014-2020) includes consistent and clear language on engaging men and boys as a primary strategy for combatting SGBV. In the section on “Roots causes and factors influencing GBV,” it states “The gender perspective on GBV shows that the root causes of GBV lie in unequal power relations between men and women, which ensure male dominance over women” (p. 23). Men and boys are also recognized as potential victims of GBV.

**5. Integration of health services:** Malawi’s policies make clear the importance of both integrating rights-based and gender transformative frameworks and approaches into all health services, and also specify strategies and indicators to integrate specific health services, from basic health to HIV and SRH to male involvement in SRHR. The SRHR policy (2009), for example, includes the following indicator: “% of institutions integrating male involvement in SRHR” (p. 42).

**6. Innovative health service delivery strategies:** Malawi’s NSP (2015-2020) mentions exploring HIV self-testing as an option, but other innovative health service delivery strategies are not mentioned.

## KEY POPULATIONS & OTHER SPECIFIC MALE POPULATIONS

Malawi’s policies, particularly HIV-related policies, clearly address male-specific or predominantly male populations of MSM and prisoners, including recognizing the overlap with MSM and prison populations as a key driver of HIV. Young men and boys are also addressed, including a specific strategy to “strengthen male and youth friendly FP services” (SRHR Policy, 2009, p. 26). Policies also mention key populations that include a substantial male population --refugees, mobile workers, clients of

FSWs, PWID, and transgender people --but there are no specific strategies to address these populations. Malawi’s Mental Health Policy (2001-2006) includes specific sections on special groups (children and adolescents, elderly, drug and alcohol use/abusers), and “victims and perpetrators of violence, aggression, torture, other forms of abuse and disasters” (p. 17), but there is no mention of men/women specifically, apart from a separate section on women with special needs.

## POLICIES REVIEWED

- *Guidelines for the Use of Antiretroviral Therapy in Malawi.* (2008). Ministry of Health.
- *Malawi Health Sector Strategic Plan, 2011-2016.* (2011). Ministry of Health.
- *Malawi National HIV and AIDS Strategic Plan: 2015-2020.* (2015). National AIDS Commission.
- *Malawi Voluntary Medical Male Circumcision Communication Strategy, 2012-2016.* (2012). National AIDS Commission.
- *Mental Health Policy, 2001-2006.* (2001). The Government of Malawi.
- *National Action Plan for Prevention and Management of NCDs, 2012-2016.* (2012). Ministry of Health.
- *National Gender Policy.*(2011). Ministry of Gender, Children, and Community Development.
- *National HIV and AIDS Policy, 2<sup>nd</sup> edition, 2012-2017.* (2013). The Republic of Malawi.
- *National Plan of Action to Combat Gender-Based Violence in Malawi, 2014-2020.* (2014). Ministry of Gender, Children, Disability and Social Welfare.
- *National Reproductive Health Strategy, 2006-2010.* (2006). Ministry of Health.
- *National Sexual and Reproductive Health and Rights (SRHR) Policy.*(2009). Ministry of Health.
- *Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Malawi, Third Revised Version.* (2007). Ministry of Health.



# NAMIBIA

## OVERVIEW

Is there a situational analysis of men's and boy's health issues?	Is there a strategy/policy/operational plan to implement work with men and boys?	To what degree is the health of men and boys addressed?	Are there specific targets dealing with the health of men and boys?
No. HIV prevalence data is disaggregated in National Strategic Framework for HIV and AIDS (2011-2017), but that is it.	No specific policy	Minimally. Namibia does very well on HIV and to some degree SRH, but no other area of men's health.	A few. These are all for HIV-related health issues, and these are extensive, but that is all.

## AREAS OF MEN'S AND BOY'S HEALTH

### 1. Analysis of men's and boy's mortality

**& morbidity:** HIV prevalence data are sex-disaggregated, but no other data are, and a broader situational analysis of men's health is not mentioned.

**2. Men's general health:** Men's general health is not addressed in Namibia's policies. This is despite Namibia's Health Policy Framework (2010-2020) including in its "Principles and Values that: "Attention to gender issues and other social determinants of health will ensure that women and men, boys and girls can enjoy a healthy life and have access to health services according to their specific needs" (p. 4).

**3. Men's mental health:** Men's mental health is not addressed in Namibia's policies. This is despite the first sentence of Namibia's Mental Health Policy (2002) stating: "Mental illness affects everybody regardless of race, colour, gender, age or nationality" (p. 2).

### 4. Strategies to address men and boys in HIV and SRH:

**SRH:** National Gender Policy (2010-2020) includes specific strategies to address the policy's objective to improve women and men's health: "Ensure that men and women have equal access to

*sexual and reproductive health (SRH)-care services, including family-planning and HIV and AIDS treatment."*(p. 28); and

*"Reinforce laws and reforms, and promote practices which seek to eliminate discrimination against women and encourage both men and women to take responsibility for their sexual and reproductive behaviour."* (p. 28)

Namibia's VMMC and HIV policies also include mention of the need to integrate SRH services into VMMC and other HIV service provision, and the National Strategic Framework for HIV and AIDS (2011-2017) includes a sex-disaggregated indicator for reduction of STIs.

**HIV:** There are clear strategies and specific indicators for HIV testing and counselling, VMMC, discordant couples reached, as well as sex-disaggregated indicators on ART and reduction of new HIV infections. The National Strategy and Action Plan for HIV Testing and Counselling (2015-2017) includes a priority area on increasing access to and uptake of HIV testing and counseling by men, with the following text:

*"Generally, men exhibit poor health seeking behaviours, including seeking HTC and sometimes rely on the status of their female partners. Strategies*

*aimed at reaching out to men especially at community level would help address this challenge.” (p. 9)*

While the above addresses men's HIV health needs, it does risk placing the blame only on men, thereby not recognizing the health systems level interventions also needed to increase men's uptake of HTC.

Indicators on men and HIV include:

*95% of men and women aged (15-49) have knowledge of treatment as prevention and of routine testing in health facilities.” (National Strategic Framework for HIV and AIDS, 2011-2017, p. 24); and “% Of women and men (15+ years) eligible for ART who receive ART increases to 95% by 2016/17.” (National Strategic Framework for HIV and AIDS, 2011-2017, p. 45)*

The forward of the National Guidelines for ART (2014), written by Namibia's Minister for Health, states: “Since the beginning of the treatment program, active participation of men remains very poor, with only one third of patients in HIV care and treatment programmes being male. Therefore, once again, I would like to appeal and make a strong call to Namibian men to utilize the available health services for themselves as well as their families, friends and colleagues” (p. 2). However, men are then not addressed in the guidelines

**VMMC:** The VMMC strategy explicitly places emphasis on “generating community-owned leadership in driving a gender-sensitive male circumcision (MC) agenda” (Strategy and Implementation Plan for VMMC Scale Up in Namibia, 2013, p. 23). Clear strategies and specific indicators are included on increasing VMMC uptake, strengthening the referral system from VMMC to HTC, demand creation, as well as ensuring a comprehensive package of VMMC/HIV services for men. For example:

*“450,000 men would have been circumcised as part of the minimum package of MC for HIV prevention services (approximately 50% of uncircumcised men aged 1 and older) between FY2010/11 and FY2015/16.” (Strategy and Implementation Plan for VMMC Scale Up in Namibia, 2013, p. 9)*

**PMTCT:** There are specific targets in the National Strategy and Action Plan for HIV Testing and Counselling (2015-2017) for male partner testing, and one of the key activities included for increasing male involvement in PMTCT is to make services for couples more “friendly”. The National Strategic Framework for HIV and AIDS (2011-2017) includes the following strategy:

*“Improving efficiencies within ANC clinics to provide better and more cost-effective, integrated services addressing wider SRH and primary health care needs for men and women.” (p. 41)*

### **Male involvement in family planning, maternal health, & SGBV prevention:**

Both condoms and vasectomy are specifically noted as family planning options that should be offered to men. The National Gender Policy (2010-2020) also has a specific section on engaging men in SGBV, stating:

*“Work with men - as partners in advocacy - against gender based violence, and promote education, training and awareness-building for male networks aimed at promoting male involvement in preventing GBV.” (p. 31)* No mention of engaging men for SGBV prevention is included in other policies.

**5. Integration of health services:** Namibia's policies are consistent in emphasizing the importance of integrating HIV and SRH services, as well as including some language on linking VMMC services with other health services. Namibia's Strategy and Implementation Plan for VMMC Scale Up in Namibia (2013) has specific language in this regard, stating:

*“In addition to the minimum package of services mentioned above, males presenting for MC services may receive counseling on gender norms and roles, shared sexual decision-making, and improved health for men and women. The expansion of MC in Namibia may provide opportunities for health services to reach population groups who do not typically access existing services (i.e., adolescent and adult males). Linkages to and from MC services will be established with other sexual and reproductive health services and HIV prevention and treatment programs including HTC, ART, PMTCT, STI, family planning and maternal and child health programmes.” (p. 28-29)*

### **6. Innovative health service delivery strategies:**

Namibia's policies include the following specific strategy as part of their efforts to increase male uptake of HIV testing and counseling:

*“Promote innovative approaches to male testing through mobile, outreach and stand alone sites.” (National Strategy and Action Plan for HIV Testing and Counselling, 2015-2017, p. 19)*



## KEY POPULATIONS & OTHER SPECIFIC MALE POPULATIONS

Namibia's policies include mention of the following male-specific or predominantly male key populations: MSM and prisoners (no specific mention of men in this population, despite being vast majority male), with specific indicators to address their HIV-related needs including:

- Key populations overall: "Number of sites providing HTC to key populations" (National Strategy and Action Plan for HIV Testing and Counselling, 2015-2017, p. 12)
- MSM: "Per cent of key populations who are HIV infected (MSM) decreased by FY2016/17" (National Strategic Framework for HIV and AIDS, 2011-2017, p. 12)

- Prisoners: "Proportion of correctional facilities providing HTC services" (National Strategy and Action Plan for HIV Testing and Counselling, 2015-2017, p. 12)

Strategies to address young men and boys are included in Namibia's policies, including a specific strategy to: "Establish a common understanding and redefine concepts of manhood and masculinity through Sexual Reproductive Health education" (National Gender Policy, 2010-2020, p. 28), as well as stating that "special attention to making health services youth and gender friendly, accessible and relevant" (National Strategic Framework for HIV and AIDS, 2011-2017, p. 29).

## POLICIES REVIEWED

- *Guidelines for Implementing National Referral Policy, First edition, March 2015.* (2015). Ministry of Health and Social Services.
- *National Gender Policy, 2010-2020.* (2010). Ministry of Gender Equality and Child Welfare.
- *National Guidelines for Antiretroviral Therapy, Revised 4th edition.* (2014). Directorate of Special Programmes, Ministry of Health and Social Services.
- *National Health Policy Framework, 2010-2020.* (2010). Ministry of Health and Social Services.
- *National Policy for Mental Health. (N.D.).* Ministry of Health and Social Services.
- *National Strategy and Action Plan for HIV Testing and Counselling, 2014/15-2016/17.* (2014). Ministry of Health and Social Services.
- *Revised National Strategic Framework for HIV and AIDS, 2010/11-2016/17, Revised 20th June 2014.* (2014). Government of the Republic of Namibia.
- *Strategy and Implementation Plan for Voluntary Medical Male Circumcision Scale Up in Namibia.* (2013). Ministry of Health and Social Services.





# RWANDA

## OVERVIEW

Is there a situational analysis of men's and boy's health issues?	Is there a strategy/policy/operational plan to implement work with men and boys?	To what degree is the health of men and boys addressed?	Are there specific targets dealing with the health of men and boys?
No. HIV prevalence data is disaggregated, and alcohol consumption for young people, but that is it	No specific policy.	Minimally. Rwanda does very well on HIV and FP, but no other area of men's health.	A few. These are all for HIV-related health issues, but that is all.

## AREAS OF MEN'S AND BOY'S HEALTH

### 1. Analysis of men's and boy's mortality & morbidity:

Little information is provided on men and boys mortality and morbidity. HIV prevalence and alcohol consumption are the only data that are sex-disaggregated.

### 2. Men's general health:

Men's general health is not addressed in Rwanda's policies.

### 3. Men's mental health:

Men's mental health is not addressed in Rwanda's policies. Rwanda's Adolescent Sexual and Reproductive Health and Rights Policy (2011-2015) recognizes that young men consume significantly more alcohol than their female counterparts, but no strategies to address this.

### 4. Strategies to address men and boys in HIV and SRH:

**SRH:** Men's sexual and reproductive health beyond family planning and HIV is not addressed. Details of male involvement in HIV and family planning can be found below.

**HIV:** Clear strategies and indicators to address men's HIV-related health through HIV testing and VMMC, which specifically includes provision of VMMC as part of a comprehensive package of HIV services for men. Men are specifically reached as part of sero-discordant couples, and while

there are no strategies to specifically address men's ART coverage and adherence, the HIV and AIDS National Strategic Plan (2013-2018) specifically recognizes that "ART coverage for eligible women is significantly better than for men" (p. 9).

**VMMC:** Clear and specific language is included on providing VMMC as part of a minimum package of HIV prevention services. PMTCT: Men are specifically included as part of PMTCT strategies, both in terms of couples testing as well as being sensitized as male partners on the benefits of being involved in ANC (HIV and AIDS National Strategic Plan, 2013-2018, p. 34).

**Male involvement in family planning, maternal health, & SGBV prevention:** Men are specifically addressed as part of Rwanda's family planning policies, including specifying the need for vasectomy counseling and service provision as well as condom provision. The family planning policy states that "The MoH has been promoting vasectomy as an option for men, and demand for the procedure is increasing" (p. 10). The need to increase male involvement in maternal health is also mentioned. Men are also addressed as part of SGBV prevention, though no specific indicators are included. Importantly, Rwanda's policy on adolescent SRHR specifically notes services for boys who experience sexual violence:

*“Health workers should understand that sexual violence may also happen to boys and that male clients should receive the same level of clinical care and respect that female survivors receive.” (Adolescent Sexual and Reproductive Health and Rights Policy, 2011-2015, p. 17)*

Rwanda’s National Gender Policy (2010) as well as the National Policy Against Gender Based Violence (2011) also specifically state the need to engage men “in the fight against GBV”, although other

policies do not clearly reflect this and no specific indicators are included.

**5. Integration of health services:** Integration is mentioned as part of the overall plan for health in Rwanda, but there are no specific strategies to address this and no specific mention of integrating services for men.

**6. Innovative health service delivery strategies:** Rwanda’s policies do not specify use of innovative service delivery strategies for men.

## KEY POPULATIONS & OTHER SPECIFIC MALE POPULATIONS

Rwanda’s HIV policies specifically address the following male-specific key populations and key/vulnerable populations that include a substantial male population populations: MSM, sex workers (including male sex workers), mobile populations, prisoners, people who inject drugs, and transgender people including language on getting them to test for HIV and other STIs every 6-12 months. There are data available on MSM and sex workers in HIV policies showing their current HIV prevalence rates. Male sex workers are mentioned as part of the MSM population that is easiest to reach as MSM who are not sex workers are described as secretive and thus difficult to specifically

provide services to. In Rwanda’s 3rd Health Sector Strategic Plan (2012-2018) it recognizes the gender component of many key populations:

*“Interventions targeting key populations, many with a gender connotation: young women 15–24, sex workers and their clients (mobile workers, men in uniforms), men having sex with men (MSM), sero-discordant couples.” (p. 138)*

And includes the following specific indicator:

*“Integrate minimum package of HIV prevention for key population in all health facilities” (p. 157)*

## POLICIES REVIEWED

- *Adolescent Sexual and Reproductive Health and Rights Policy, 2011-2015.* (2012). Ministry of Health.
- *Family Planning Policy.* (2012). Ministry of Health.
- *Family Planning Strategic Plan, 2012-2016.* (2012). Ministry of Health.
- *National Community Health Policy.* (2015). Ministry of Health.
- *National Community Health Strategic Plan, 2013-2018.* (2013). Ministry of Health.
- *National Gender Policy.* (2010). Ministry of Gender and Family Promotion.
- *National Guidelines for Prevention and Management of HIV, STIs, & Other Blood Borne Infections, Edition 2013.* (2013). Ministry of Health.
- *National Mental Health Policy in Rwanda.* (N.D.). Ministry of Health.
- *National Policy Against Gender Based Violence.* (2011). Ministry of Gender and Family Promotion.
- *Non Communicable Diseases Policy.*(2015). Ministry of Health.
- *Rwanda HIV and AIDS National Strategic Plan, 2013-2018.* (2013). Rwanda Biomedical Center (RBC).
- *Third Health Sector Strategic Plan, 2012-2018.* (2012). Ministry of Health.



# SOUTH AFRICA

## OVERVIEW

Is there a situational analysis of men's and boy's health issues?	Is there a strategy/policy/operational plan to implement work with men and boys?	To what degree is the health of men and boys addressed?	Are there specific targets dealing with the health of men and boys?
Partly. Life expectancy, overall adult mortality rates, HIV prevalence and PLHIV currently on ART are sex-disaggregated, but data on top causes of mortality and year lives lost are not detailed and do not mention gender.	No specific policy, but there is a specific section on men in Contraception and Fertility Guidelines, and a section on "youth and men" in the October 2016 version of the NSP)	Somewhat. Specific health needs of men and boys are well recognised as part of strategies and interventions relating to HIV and SRH, but not much beyond that.	A few. These are all for HIV-related health issues, but that is all.

## AREAS OF MEN'S AND BOY'S HEALTH

### 1. Analysis of men's and boy's mortality & morbidity:

South Africa's policies include sex-disaggregated data on life expectancy, overall adult mortality rates, HIV prevalence and PLHIV currently on ART. There is also recognition that young men have higher rates of drug and alcohol abuse than their female counterparts and that men are disproportionately affected by TB, but this language is not consistent across policies and provides little detail.

**2. Men's general health:** Men's general health is not addressed in South Africa's policies.

**3. Men's mental health:** Men's mental health is partly addressed in South Africa's policies. South Africa's National Mental Health Policy Framework and Strategic Plan (2013-2020) recognises the importance of services being gender sensitive and that there are gender differences in the type of mental health issues people suffer. For example, "women are at increased risk of developing depression and anxiety disorders, whereas men

are at increased risk of developing substance use disorders" (p.11). However, the data around specific mental health issues include no mention of gender, and no strategies or indicators to specifically reach men.

### 4. Strategies to address men and boys in HIV and SRH:

**SRH:** South Africa's National Contraception and Fertility Planning Policy and Service Delivery Guidelines (2012) include a specific section with strategies on men and their family planning and broader sexual and reproductive health needs, including the following language:

*"male involvement is important for several reasons: a man has vested interest and partnership in a woman's decision to prevent or plan pregnancies; men are critical partners in terms of STI and HIV prevention – with regard to both condom use and reduction of sexual partners and faithfulness; and there are methods of contraception specifically for men, namely, condoms and vasectomy." (p. 51)*

While this section is clear, it is uncertain how suggested strategies to reach men will be operationalized in other HIV and SRH-related policies for South Africa.

**HIV:** Specific strategies and indicators for HIV testing, couples testing and reaching men in discordant couples, VMMC, ART treatment and linking into continuum of HIV care. Initial drafts of the National Strategic Plan on HIV, STIs, and TB (2017-2022) had clear language on addressing men in the HIV epidemic, but the final draft includes only minimal language on addressing men and boys in relation to VMMC, HIV testing, and community-based ART initiation projects.

**VMMC:** Clear strategy on scaling up VMMC as part of minimum package of HIV services as well as integrating VMMC into other HIV and SRH services and vice versa.

**PMTCT:** There is specific language on getting male partners to test for HIV, but language is not specific or consistent across policies. In the National Consolidated Guidelines for the Prevention of Mother to Child Transmission of HIV (PMTCT) and the Management of HIV in Children, Adolescents, and Adults (2015), for example, there is a specific strategy to employ a “family-centred” approach to HIV prevention and care (including PMTCT) and it does not mention men (only women and children) apart from the need to reach men in discordant couples.

**Male involvement in family planning, maternal health, & SGBV prevention:** As stated in the SRH section above, the National Contraception and Fertility

Planning Policy and Service Delivery Guidelines (2012) clearly specifies how men’s family planning needs should be addressed. South Africa’s policies do not include much in the way of male involvement for maternal health. Although earlier drafts of the National Strategic Plan on HIV, STIs, and TB (2017-2022) included strong and specific language on engaging men around SGBV, much of this was removed in the final draft. Nevertheless, engaging men and boys to improve gender norms, reduce and prevent gender-based violence, and to address social and behavioural change is mentioned in the National Strategic Plan on HIV, STIs, and TB (2017-2022).

**5. Integration of health services:** Many of South Africa’s policies include specific strategies for integration, including HIV and SRH as well as other health services. The National HIV Counselling and Testing Policy Guidelines (2015) state, for example, “HCT alone is of limited value unless it is linked with other services” (p. 11), and there is similar sentiment on integrating FP services with other health services. Integrated services is also a clear theme in South Africa’s National Strategic Plan on HIV, STIs, and TB (2017-2022), with specific goals and strategies to achieve integrated HIV, TB, and STI interventions and services.

**6. Innovative health service delivery strategies:** Detailed information is included on innovative service delivery strategies for HIV testing, in particular, mobile testing, self-testing, home-based testing, community-based testing strategies, and workplace testing. It is also emphasized that such strategies should be used for health services beyond HIV testing and counseling.

## KEY POPULATIONS & OTHER SPECIFIC MALE POPULATIONS

Male-specific key populations and key/vulnerable populations mentioned that include a substantial male population populations in South Africa are: MSM, sex workers (including male and transgender sex workers), PWID, prisoners, miners, and migrant and mobile workers. The National HIV Counselling and Testing Policy Guidelines (2015) includes clear strategies and indicators on reaching key populations for HIV testing, STI testing and treatment, risk reduction strategies and condom provision. There is also a clear

strategy to sensitive service providers to create a more welcoming environment for key populations. Not only do South Africa’s policies include specific language and strategies on the need for gender sensitive SRHR programming—including a specific National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (2014-2019)—but the National Consolidated Guidelines for the Prevention of Mother to Child Transmission of HIV (PMTCT) and the Management of HIV in Children, Adolescents, and

Adults (2015, p. 38) also specifically acknowledges key populations within adolescents. Namely:

- Adolescent males who have sex with men (MSM)
- Adolescents who are sexually exploited and adolescents engaged in sex work
- Adolescents who inject drugs
- Transgender adolescents (male and female)
- Adolescents affected by AIDS (orphans and children of chronically ill caregivers)
- Adolescent clients of sex workers and the partners of these clients

## POLICIES REVIEWED

- *Framework and Strategy for Disability and Rehabilitation Services in South Africa, 2015-2020.* (2015). National Department of Health.
- *National Adolescent Sexual and Reproductive Health and Rights Framework Strategy, 2014-2019. (Draft).* (2015). Ministry of Social Development.
- *National Consolidated Guidelines for the Prevention of Mother to Child Transmission of HIV (PMTCT) and the Management of HIV in Children, Adolescents, and Adults.* (2015). National Department of Health.
- *National Contraception and Fertility Planning Policy and Service Delivery Guidelines.* (2012). National Department of Health.
- *National Department of Health Strategic Plan, 2015-2020.* (2015). Department of Health.
- *National Mental Health Policy Framework and Strategic Plan, 2013-2020.* (2013). National Department of Health.
- *National HIV Counselling and Testing Policy Guidelines.* (2015). National Department of Health.
- *National Strategic Plan for HIV, STIs, and TB, 2017-2022.* (Draft version 1.0 – 13 October 2016). South African National AIDS Council (SANAC).
- *National Strategic Plan on HIV, STIs, and TB: 2017-2022: Strategic Framework.* (Draft – November 2016). South African National AIDS Council (SANAC).



# SWAZILAND

## OVERVIEW

Is there a situational analysis of men's and boy's health issues?	Is there a strategy/policy/operational plan to implement work with men and boys?	To what degree is the health of men and boys addressed?	Are there specific targets dealing with the health of men and boys?
<p>Partly. Life expectancy and data on HIV prevalence, viral load and ART adherence are sex-disaggregated, but none of the rest of the data on mortality or morbidity is sex-disaggregated.</p>	<p>No specific policy, but the Second National Health Sector Strategic Plan (2014-2018) includes a specific strategy to address men's health)</p>	<p>Quite well. There is a specific strategy to provide a "male-tailored Essential Preventive Health service Package" for "health risks reduction, regular screening for NCDs, safe sex and reproductive health, nutrition and household food security, planning for and managing family life, etc" and men's health in relation to HIV and SRH are also well addressed.</p>	<p>A few. While the NHSP (2014-2018) commits to providing a male-tailored health service package, this is not well integrated into the rest of the policy or other policies. There are targets for HIV and SRH, however.</p>

## AREAS OF MEN'S AND BOY'S HEALTH

### 1. Analysis of men's and boy's mortality & morbidity:

Swaziland's policies provide sex-disaggregated data on life expectancy (which shows men die younger—52 years for males, and 55 years for females) and data around HIV. There is also acknowledgement that men are disproportionately affected by TB but other data are not sex-disaggregated. HIV data is more detailed than most other countries, and includes language acknowledging that men tend to have a higher viral load than women and fewer eligible men are on ART in comparison to their female counterparts.

### 2. Men's general health:

Swaziland's Second National Health Sector Strategic Plan (2014-2018) includes a specific strategy on addressing men:

*"Providing a male-tailored Essential Preventive Health service Package (e.g. Health risks reduction, regular screening for NCDs, safe sex and reproductive*

*health, nutrition and household food security, planning for and managing family life, etc)." (p. 18); and*

*"Promoting understanding and practice of health ageing for men and women." (p. 17)*

Additionally, the policy states that "There is evidence of high rates of substance abuse, suicide, violence (including GBV), road traffic accidents and sexual abuse that are affecting health, but are not appropriately addressed." (p. 9)

### 3. Men's mental health:

Men's mental health is not addressed in the policies reviewed, and there does not appear to be a standalone mental health policy.

### 4. Strategies to address men and boys in HIV and SRH:

**SRH:** Men's SRH needs are addressed, including a specific strategy on a gender sensitive SRH

package as part of provision of HIV services (National Policy on Sexual and Reproductive Health, 2013). The SRH policy also includes policy objectives to address both men and women for reproductive cancers, infertility, and sexual dysfunction including dysfunction in ageing male and female populations. Gender differentiated SRH information and education is also stated for youth.

**HIV:** Men are clearly addressed in Swaziland's HIV policies, including specific strategies and indicators for HIV testing, VMMC, addressing higher viral loads among men and the need to link them into care, and reaching men as part of discordant couples. In Annex 2 of the extended National Strategic Framework for HIV (eNSF) on target populations, men are included as a target population. Specifically, the eNSF states that:

*"Expressions of masculinity in Swazi society are characterised by risk taking including engaging in risky sexual behaviour and reluctance to seek health care on time. Programme data reveal only 31% of men aged 15-49 know their HIV status, a sizeable number are not on treatment and only 19% are circumcised. This renders men as not only vulnerable to acquiring HIV, but also increases their risk of infecting their partners. The latter heightened by the high average viral load among males."*(Extended National Multisectoral HIV and AIDS Framework (eNSF), 2014-2018, p. 18)

**VMMC:** The Swaziland Male Circumcision Strategic Operational Plan for HIV Prevention (2014-2018) specifies a clear strategy to scale up VMMC across specific age groups, and includes clear language on providing VMMC as part of comprehensive package of HIV prevention services. Swaziland's policy also specifies the importance of integrating VMMC services with other health services, stating:

*"Combination of dedicated and integrated approaches to maximize public health benefits. While dedicated VMMC services may be essential during the initial phase of scale up, over the long term these services must be carefully integrated into planning for comprehensive HIV prevention and sexual and reproductive health programming and for the health sector's response to HIV."*(p. 11)

**PMTCT:** Addressing men as part of PMTCT and antenatal care is included in the Elimination of new HIV infections among children by 2015 and keeping their mothers alive: National Strategic Framework for Accelerated Action policy (2011-2015). This includes a specific strategy to address men:

*"Encouraging male participation within the MNCH platform by changing health worker attitudes and providing appropriate, male-friendly services."* (p. 20)

#### **5. Male involvement in family planning, maternal health, & SGBV prevention:**

Men are included as a population to be reached for family planning, though there are no specific strategies or indicators around this. The need to engage men around changing harmful notions of masculinity and social and cultural norms is included in Swaziland's policies, but there is no specific language on engaging men for SGBV prevention.

**6. Integration of health services:** Swaziland has clear language on integrating services, including VMMC above but also SRH and HIV and integration of health services overall.

**7. Innovative health service delivery strategies:** Swaziland's policies include clear language and specific strategies on community-based services and increasing reach to hard-to-reach populations, though most of this doesn't specify men as a population.



## KEY POPULATIONS & OTHER SPECIFIC MALE POPULATIONS

Male-specific key populations and key/vulnerable populations mentioned that include a substantial male population populations are: Young men and boys, men over the age of 50, MSM, mobile workers (defined in Swaziland's policies as factory workers, cane cutters (seasonal workers), transport operators, construction workers, long-distance truck drivers and uniformed forces), people who inject drugs, people living with HIV and prisoners. For example, specific strategies exist to address the HIV needs of prisoners, MSM, and mobile workers and include the following indicators:

- *More Inmates, migrant/mobile and people living with disabilities receive comprehensive information about HIV;*
- *% of inmates reached with combined HIV prevention package in the last 12 months has increased to 50% in 2015 and to 80% in 2018;*
- *% of migrant/mobile population reached with combined HIV prevention package in the last 12 months has increased to 45% in 2015 and to 55% in 2018 (eNSF, 2014-2018, p. 63)*

## POLICIES REVIEWED

- *Elimination of New HIV infections Among Children by 2015 and Keeping Their Mothers Alive: National Strategic Framework for Accelerated Action, 2011-2015.* (2011). Ministry of Health.
- *National Gender Policy.* (2010). Swaziland Government (Gender and Family Issues Unit).
- *National Health Policy.* (2008). Ministry of Health and Social Welfare.
- *National Policy on Sexual and Reproductive Health.* (2013). Ministry of Health.
- *Swaziland Male Circumcision Strategic Operational Plan for HIV Prevention, 2014-2018.* (2014). Ministry of Health.
- *Swaziland National Strategy for Social and Behaviour Change Communication, 2009-2014.* (2009). National Emergency Response Council on HIV and AIDS (NERCHA).
- *The Extended National Multisectoral HIV and AIDS Framework (eNSF), 2014-2018.* (2014). National Emergency Response Council on HIV and AIDS (NERCHA).
- *The Second National Health Sector Strategic Plan, 2014-2018. (Final draft).* (2015). Ministry of Health.





# TANZANIA

OVERVIEW			
Is there a situational analysis of men's and boy's health issues?	Is there a strategy/policy/operational plan to implement work with men and boys?	To what degree is the health of men and boys addressed?	Are there specific targets dealing with the health of men and boys?
Partly. Life expectancy and data on HIV are sex disag, and men are mentioned as being more likely to use drugs, but that is it.	Partly. No specific strategy, but male involvement is included as a specific strategy in numerous policies, namely for women's reproductive health.	Somewhat. Specific health needs of men and boys are well recognised as part of strategies and interventions relating to HIV and SRH, but not much beyond that.	Yes for HIV & SRH

## AREAS OF MEN'S AND BOY'S HEALTH

- 1. Analysis of men's and boy's mortality & morbidity:** Tanzania's policies do not provide a specific situational analysis of men and boys' health. The only sex disaggregated data are life expectancy—showing male life expectancy to be 53 years in comparison to female's 56 years—and HIV prevalence. Other health issues, including TB, include no mention of gender.
- 2. Men's general health:** Men's general health is not clearly addressed in Tanzania's policies.
- 3. Men's mental health:** Men's mental health is not clearly addressed in Tanzania's policies. In the National Guidelines for the Management of HIV and AIDS (2015) depression and alcohol and drug abuse are mentioned, but data on alcohol use/abuse has no gender analysis component. It is recognized that men are more likely to use drugs, but there is no specific strategy to address this. Depression is stated as disproportionately affecting women, with no mention of its impact on men.
- 4. Strategies to address men and boys in HIV and SRH:**

**SRH:** Tanzania's policies have clear language and strategies to integrate sexual and reproductive health services (including indicators on STI screening and treatment) into HIV and other health services, and includes mention of addressing male reproductive cancers.

**HIV:** There are clear and specific strategies to engage men in HIV testing, as part of couples testing, reaching discordant couples, for VMMC, male involvement in PMTCT, and there are specific and detailed indicators on ART treatment that are sex disaggregated. For example:

- Number of PLHIV newly initiated on treatment (New on ART) in the past 12 months;
- Percentage of eligible men and women aged 15-19, 20-24 and 25+ years currently receiving antiretroviral therapy (Current on ART);
- Number of men and women aged 15-19, 20-24 and 25+ years in HIV care receiving at least one clinical service during the reporting period on quarterly basis (Current in care);
- Percentage of men and women aged 15-19, 20-24

and 25+ years on second line ART (in accordance with national guidelines) in a given time period;

- Percentage of men and women aged 15-19, 20-24 and 25+ years with HIV known to be on treatment 12 months after initiation of ART (Third Health Sector HIV and AIDS Strategic Plan, 2013-2017, p. 30)

**VMMC:** Clear strategy on scaling up VMMC as part of a minimum package of HIV services. The Third Health Sector HIV and AIDS Strategic Plan, (2013-2017) specifies the need for integrating VMMC into other services and using it as opportunity to reach men with other health services. PMTCT: Includes a male involvement strategy for eMTCT, including specific strategies and indicators such as the percentage of male partners of pregnant women who know their HIV status.

**Male involvement in family planning, maternal health, & SGBV prevention:** Tanzania's policies address men's family planning needs, particularly The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016-2020). This includes activities on conducting FP outreach services for men in the workplace, there is a specific activity for "Trained skilled health care providers to provide male friendly

FP services" (p. 72), and a clear strategy to increase male participation in FP services. Vasectomy is not specifically mentioned, however. There is also a clear strategy to increase male involvement in reproductive, maternal, newborn and child health (RMNCH). While there is language specifying the need to address male norms for GBV prevention, there are no specific strategies to engage men:

*"As for men, certain cultures encourage the notion of masculinity which encourages multiple sexual partnerships, violence, and substance abuse to prove their manhood." (Third Health Sector HIV and AIDS Strategic Plan, 2013-2017, p. 55)*

**5. Integration of health services:** Policies are clear on the need to integrate VMMC with other HIV and SRH services; SRH and HIV services; FP and HIV services; and HIV and general health. There is also specific language on how to integrate efforts to improve health across other ministries.

**6. Innovative health service delivery strategies:** The Third Health Sector HIV and AIDS Strategic Plan (2013-2017) includes specific sections dedicated to laying out strategies for workplace HIV testing and health services and community-based services. Other policies provide complimentary language.

## KEY POPULATIONS & OTHER SPECIFIC MALE POPULATIONS

Key populations are specifically addressed in Tanzania's policies, including a dedicated policy on key populations, the National Guideline for Comprehensive Package of HIV Interventions for Key Populations (2014). In Tanzania male-specific key populations and key/vulnerable populations mentioned that include a substantial male population are: MSM, sex workers (including specific mention of male sex workers), PWID, prisoners, long-distance truck drivers, people with disabilities (of all forms), fishermen communities, and mining communities. There are priority strategies to address these populations around HIV and associated sexual and reproductive health, including "Scale up comprehensive, evidence-based programs to

address the health needs of KP [key populations]"; and "Advocate for an enabling environment to facilitate access to services and promote health seeking behaviour of KPs" (Third Health Sector HIV and AIDS Strategic Plan 2013-2017, p. 35). There are specific indicators on increasing knowledge around HIV infection and STI prevention and treatment, reducing incidence of HIV, and accessing treatment, as well as strategies for social and behavioural interventions for HIV prevention and managing common infections, co-infections and co-morbidities for key populations. There is also language and clear strategies on increasing and improving youth-friendly services, but little mention of gender/sex-specific needs.

## POLICIES REVIEWED

- *Health Sector Strategic Plan III, 2008-2015.* (2009). Ministry of Health and Social Welfare.
- *National Guidelines for the Management of HIV and AIDS, Fifth edition.* (2015). National AIDS Control Programme, Ministry of Health and Social Welfare.
- *National Guideline for Comprehensive Package of HIV Interventions for Key Populations.* (2014). Ministry of Health and Social Welfare.
- *The Health Sector HIV & AIDS Communication Strategy, 2008-2015.* (2008). National AIDS Control Programme, Ministry of Health and Social Welfare.
- *The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania, 2016-2020.* (2016). Ministry of Health, Community Development, Gender, Elderly and Children.
- *Third Health Sector HIV and AIDS Strategic Plan (HSHSP – III), 2013-2017.* (2013). National AIDS Control Programme, Ministry of Health and Social Welfare.



# UGANDA

## OVERVIEW

Is there a situational analysis of men's and boy's health issues?	Is there a strategy/policy/operational plan to implement work with men and boys?	To what degree is the health of men and boys addressed?	Are there specific targets dealing with the health of men and boys?
Partly. Life expectancy, alcohol use, and HIV prevalence sex-disaggregated, but top causes of years of life lost not sex-disaggregated.	There is, but no soft copy available for review. "Uganda's National Male Involvement Strategy and Guidelines"	Somewhat. Elements of men's health risks and issues are touched on (alcohol use, issues of masculinity) and gender is included as a key part of how health is being addressed, but men not specifically mentioned beyond HIV and SRH. But, for HIV and SRH, men are specifically addressed incredibly well (HIV policy).	A few. Commitment to sex-disaggregated data, though nothing else for general health. There are specific targets for HIV and SRH.

## AREAS OF MEN'S AND BOY'S HEALTH

### 1. Analysis of men's and boy's mortality & morbidity:

Life expectancy is sex-disaggregated, showing that men die younger (54 for males, 57, for females). Data on alcohol use is also sex-disaggregated. Data on HIV shows men's mortality and morbidity, including explicit and multiple mentions of masculinity as key driver of HIV epidemic.

**2. Men's general health:** Men's general health is poorly addressed in Uganda's policies. Although there is extensive language recognizing the need to engage men to improve health outcomes and gender equality, this is not reflected in efforts to address men's general health.

**3. Men's mental health:** Uganda does not appear to have a mental health policy, and what does exist on mental health in other policies does not mention men. There is mention of mental health in Uganda's Health Sector Development Plan (2016-2020):

*"Uganda recognizes the right of everyone to enjoy the highest attainable standard of physical and mental health. Irrespective of where one lives, gender, age or socio-economic status being healthy and having access to quality and effective health care services is of fundamental importance for all people." (p. 21)*

### 4. Strategies to address men and boys in HIV and SRH:

**SRH:** The National HIV and AIDS Priority Action Plan (2016-2018) includes multiple specific mentions of SRH under the strategic objective to increase male involvement in HIV prevention, including:

*"Engage men in HIV, sexual and reproductive health programs and interventions and also offer them services" (p. 20); and*

*"Advocate for enactment of appropriate bye-laws for male involvement in HIV prevention and SRH" (p. 20).*

There is also specific mention of engaging young men “Engage boys as peer leaders for SRHR services and support them to overcome tendencies of masculinity that hinder affective use of HIV prevention services” (National HIV and AIDS Priority Action Plan, 2016-2018, p. 10).

**HIV:** Language is included on reaching men for HIV testing and counselling both as individuals and in couples, with a specific strategic objective to “Promote male involvement in HIV prevention for their own health and the health of their partners and families” (NSP, p. 20) and include specific related actions and indicators, particularly on VMMC and HIV testing. The Safe Male Circumcision Policy includes the following guiding principle: “Safe medical male circumcision shall be an integral part of comprehensive HIV prevention services, sexual and reproductive health care services. Traditional and cultural practitioners of male circumcision shall be supported to ensure safety” (Safe Male Circumcision Policy, 2010, p. 5).

**PMTCT:** The policies state that key community PMTCT interventions will include “Promote pro-active male

participation in RH/PMTCT services” (The Integrated National Guidelines on ART, PMTCT, and Infant and Young Child Feeding, 2011, p. 114)

**Male involvement in family planning, maternal health, & SGBV prevention:** The NSP (2016-2020) includes a strategic action to “Establish mechanisms for engaging men and boys in HIV and AIDS and SGBV programming” (p. 30) and the National HIV and AIDS Priority Action Plan (2016-2018) includes an activity to “Involve men and boys in planning, implementation, M&E of anti- SGBV campaigns” (p. 43) as well as the indicator “Percentage of men and women who believe that wife beating is justified reduce by 50%” (p. 32).

**5. Integration of health services:** Integration is mentioned as part of the overall plan for health in Uganda, including a strategic objective to integrate HIV care and treatment within health care programs, including mental health and NCDs (NSP). However, there is no specific mention of men.

**6. Innovative health service delivery strategies:** Uganda’s policies do little to specifically mention innovative health service delivery strategies that may help to increase men’s access to health services.

## KEY POPULATIONS & OTHER SPECIFIC MALE POPULATIONS

Male-specific key populations and key/vulnerable populations mentioned that include a substantial male population are: MSM, sex workers, fisher folk, truckers, uniformed services, prisoners, sero-discordant couples, and PLHIV. They are clearly addressed in HIV policies, including, in the National HIV and AIDS Priority Action Plan (2016-2018) which includes strategic actions to “Expand standardized and targeted combination HIV prevention services for Key populations” (p. 17); “Scale

up key population friendly HIV care and treatment services with peer mobilization and support” (p. 25); “Roll out ‘Test and Treat’ interventions for HIV positive pregnant women, key populations, HIV/TB co-infected persons, HIV discordant couples, and children <15 years” (p. 26); and “Institute and strengthen anti-stigma and discrimination programs for key populations” (p. 35).

## POLICIES REVIEWED

- *Health Sector Development Plan, 2015/16-2019/20. (2015). Ministry of Health.*
- *National HIV and AIDS Priority Action Plan, 2015/16-2017/18. (2015). Uganda AIDS Commission.*
- *National HIV and AIDS Strategic Plan 2015/16—2019/20. (2015). Uganda AIDS Commission.*
- *Safe Male Circumcision Policy. (2010). Ministry of Health.*
- *The Integrated National Guidelines on Antiretroviral Therapy, Prevention of Mother to Child Transmission of HIV & Infant and Young Child Feeding, First edition. (2011). Ministry of Health.*



# ZAMBIA

## OVERVIEW

Is there a situational analysis of men's and boy's health issues?	Is there a strategy/policy/operational plan to implement work with men and boys?	To what degree is the health of men and boys addressed?	Are there specific targets dealing with the health of men and boys?
Partly. Sex-disaggregated data inconsistent across policies, but only includes HIV prevalence, tobacco use, alcohol use; no sex disaggregated data for life expectancy or other health.	Yes. National Male Involvement Strategy and Guidelines.	Somewhat. Specific health needs of men and boys are well recognised as part of strategies and interventions relating to HIV and SRH, and stated efforts to integrate other health issues/needs into HIV and SRH services provided to men, but no specific indicators.	A few. Sex/gender-disaggregated data commitment for HIV-related indicators, and for adolescents.

## AREAS OF MEN'S AND BOY'S HEALTH

### 1. Analysis of men's and boy's mortality & morbidity:

Sex-disaggregated data are provided inconsistently across policies, and only includes HIV prevalence, tobacco use, and alcohol use. Life expectancy and other health data do not have gender/sex-specific data.

### 2. Men's general health:

Men's general health is poorly addressed in Zambia's policies. Sex-disaggregated data are limited and where it is provided it is uneven across policies.

**3. Men's mental health:** Zambia does not appear to have a mental health policy, and there is little mention of mental health in other policies. There are sex-disaggregated data on mental health in the Adolescent Health Strategic Plan (2011-2015), which shows little difference between male and female adolescents with regards to suicidal thoughts and actions.

### 4. Strategies to address men and boys in HIV and SRH:

**SRH:** Clear language is included on addressing men's SRH, including sex-disaggregated indicators on STI testing as well as integrating SRH into HIV and VMMC services. For example:

*"% of males and females and who reported an STI in the past 12 months." (National HIV and AIDS Strategic Framework, 2014-2016, p. 52); and*

*"Implement and integrate tested community based interventions on male involvement for uptake of SRH and HIV services." (National Guidelines for SRH, HIV, and GBV Services Integration, 2015, p. 24)*

**HIV:** Addresses men's HIV-related health through HIV testing and counseling (both as individuals and in couple) and VMMC, including specific indicators for HIV testing and VMMC. Specific language also included on integrating HIV services for men and utilizing innovative service delivery models. However, Zambia's policies have little mention of HIV care and treatment among men.

**VMMC:** VMMC is a key part of Zambia's HIV prevention

strategy. The National Operational Plan for the Scale up of VMMC in Zambia (2016-2020) specifies that “Emphasis will be placed on generating community-owned leadership in driving a gender-sensitive VMMC agenda” (p. 9) and the third pillar of Zambia’s VMMC strategy is to “offer a comprehensive VMMC package of services in an efficient effective and increasingly integrated manner while ensuring highest quality of services” (p. 6). Detailed language is included on how to integrate VMMC services into other HIV and SRH services, as well as how to create demand.

**PMTCT:** Although there is clear language and indicators on male involvement, particularly in the Roadmap for Accelerating Reduction of Maternal, Newborn, and Child Mortality (2013-2016), it is not clear how this male involvement relates to PMTCT. Indicators include:

*“encouraging more male involvement”* (p. 39); and  
*“Promotion of male involvement in health seeking behaviour”* (p. 48)

There is also recognition this is an area for improvement:

*National data reveals that partner testing is low. Few men attend ANC clinics with women due to the lengthy queues at health facilities and the lack of services for men”* (National HIV and AIDS Strategic Framework, 2014-2016, p. 27).

**Male involvement in family planning, maternal health, & SGBV prevention:** The Roadmap for Accelerating Reduction of Maternal Newborn, and Child Mortality (2013-2016) includes male involvement as a cross-cutting issue, including “Encouraging men to take more responsibility in RH and child care” (p. 33). Men’s own family planning needs are also addressed in other policies, including specifying options of condoms and/or vasectomy for men. Further, the National Guidelines for SRH, HIV, and GBV Services Integration (2015) includes clear language on integration SRH, family planning and engaging men for SGBV prevention:

*“The VMMC intervention provides an opportunity to offer men SRH services such as family planning and screening for male reproductive health cancers as well as advocate with them for their involvement in provision of sexual and reproductive health services.*

*Through these guidelines, the VMMC intervention will also be used as an entry for creating awareness and mobilizing men to support programs for GBV prevention and response.”* (p. 16)

**5. Integration of health services:** Service integration, especially integrating services for men and boys in relation to VMMC, is clearly articulated in Zambia’s policies. The National Operational Plan for the Scale up of VMMC in Zambia (2016-2020), for example, includes a specific section on integrating VMMC with other health services:

*“Integration of VMMC services with other health programs at the health facility (FH, MCH, ANC, and SRH), strengthening referral/follow-up systems and investing in infrastructure and refurbishment of facilities to accommodate VMMC services in the long term.”* (p. 32)

The National HIV and AIDS Strategic Framework (2014-2016) includes the following goal for integrated health services:

*“Men’s health services such as prostate cancer or health related issues such as alcohol and drug abuse”* (p. 51)

The National HIV and AIDS Strategic Framework (2014-2016) also includes the following indicator, though not gender/sex-specific:

*“% of priority health policies, regulations, strategies and programmes (e.g. SHI, MCH, SRH, NCDs, GOC, ANC, STI, malaria etc.) integrating HIV.”* (p. 58)

**6. Innovative health service delivery strategies:**

Employed primarily for VMMC and other HIV services, innovative health service delivery strategies include workplace testing, mobile units and community-based services. For workplace services the National HIV and AIDS Strategic Framework (2014-2016) also includes the following indicators:

*“# of public sectors/institutions that have mainstreamed HIV and related gender and human rights issues into their strategic plans aligned to national HIV, health policies”* (p. 60); and *“# of public sector employees (male and female) who have utilized HIV&AIDS related services at the workplace in the last 12 months.”* (p. 60)



## KEY POPULATIONS & OTHER SPECIFIC MALE POPULATIONS

Male-specific key populations and key/vulnerable populations mentioned that include a substantial male population populations are MSM, sex workers and their clients, prisoners, migrants and mobile populations, and miners. Male partners of female sex workers are specifically included as key drivers of the HIV epidemic, but no specific indicators to address this population.

Truck drivers are recognised as clients of sex workers and are thus a key target for condom distribution. Condom distribution, PrEP, and HIV testing and counselling are all health services mentioned for key populations, and TB programmes also specify the need to reach key and vulnerable populations.

## POLICIES REVIEWED

- *Adolescent Health Strategic Plan, 2011 to 2015*. (2011). Ministry of Health.
- *National Health Policy*. (2012). Ministry of Health.
- *National Health Strategic Plan, 2011—2015*. (2011). Ministry of Health.
- *National HIV and AIDS Strategic Framework 2014-2016*. (2014). Ministry of Health, and National HIV/AIDS/STI/TB Council.
- *National Guidelines for SRH, HIV, and GBV Services Integration*. (2015). Ministry of Health.
- *National Male Circumcision Strategy and Implementation Plan, 2010-2020*. (2010). Ministry of Health.
- *National Operational Plan for the Scale Up of Voluntary Medical Male Circumcision (VMMC) in Zambia, 2016-2020*. (2016). Ministry of Health.
- *Roadmap for Accelerating Reduction of Maternal, Newborn, and Child Mortality, 2013-2016*. (2013). Ministry of Community Development, Mother and Child Health; and Ministry of Health.
- *Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection*. (2016). Directorate of Clinical Care and Diagnostic Services, Ministry of Health.





# ZIMBABWE

## OVERVIEW

Is there a situational analysis of men's and boy's health issues?	Is there a strategy/policy/operational plan to implement work with men and boys?	To what degree is the health of men and boys addressed?	Are there specific targets dealing with the health of men and boys?
<p>Yes. The Gender Equality report and most policies include sex-disaggregated data illustrating men and boy's specific health issues, although not for ART coverage or for mental health. The exception is the National Health Strategy, which does not include much sex-disaggregated data.</p>	<p>No specific policy, but most policies have clear language on need to implement work with men and boys.</p>	<p>Somewhat. Specific health needs of men and boys are recognised as part of strategies and interventions relating to HIV and SRH, but not much beyond that. And very few performance indicators that measure health outcomes for men and boys specifically.</p>	<p>A few. Commitment to sex-disaggregated data (though not clear in all policies); targets for uptake of VMMC and HIV testing.</p>

## AREAS OF MEN'S AND BOY'S HEALTH

### 1. Analysis of men's and boy's mortality & morbidity:

The Understanding Gender Equality in Zimbabwe: Women and Men Report (2016) includes sex disaggregated data examining adult men's and women's health and mortality as well as infant mortality (children's mortality was not sex disaggregated). Men's health in relation to HIV and SRH is also provided through sex-disaggregated data. However, little sex disaggregated data is provided in the National Health Strategy.

**2. Men's general health:** Men's general health is poorly addressed in Zimbabwe's policies. Although there is extensive language recognizing the need for gender mainstreaming and gender-responsive approaches to health, these are largely focused on HIV and SRH. Sex-disaggregated life expectancy data shows that men die younger than women (56.2 years to 61.3 years, respectively), for example, but

the majority of data on illness and disease and top causes of mortality are not sex-disaggregated and men are not specifically addressed in strategies to improve health outcomes.

**3. Men's mental health:** Zimbabwe does not currently have a mental health policy available to the public, and where mental health is mentioned in other policies it is not gender/sex-specific.

### 4. Strategies to address men and boys in HIV and SRH:

**SRH:** There is little mention of men's SRH needs – such as STIs or vasectomy – in Zimbabwe policies. HIV: Zimbabwe's policies have clear language and strategies for reaching men with condoms, VMMC, and HIV testing. Policies could be clearer on enrolment for and adherence to ART for men.

**VMMC:** Although Zimbabwe boasts a comprehensive overall strategy for VMMC, it is lacking in key areas. The strategy calls for VMMC to be considered an “emergency programme” and the focus appears to be on securing the most cost-effective means of achieving target numbers of VMMC. There are no clear commitments to provide VMMC as part of a comprehensive package of services or to link VMMC service provision to other health services. There are also no indicators for STI screening, treatment and preventive services, and the only indicators for HIV testing are those for training health providers on HIV testing and counseling. EIMC is also mentioned as a cost-effective strategy without consideration of the missed opportunity to engage men in health as part of VMMC services during adolescence/adulthood.

**PMTCT:** Concrete strategies to increase demand for HIV testing for couples in antenatal and post-natal care, support disclosure of HIV status to partners, and offer family-centred ART services for father, mother and child in ANC and MNCH settings. Male involvement in family planning, maternal health & SGBV prevention: Although

there some language on the need for male involvement for prevention of unintended pregnancy and GBV, it is not clearly integrated into policies and there are no indicators to measure male involvement. There is no mention of vasectomy.

**5. Integration of health services:** Apart from general language on integrating HIV and SRH services on integrating VMMC with other HIV services, there is nothing specific on integrating/linking health services for men. Innovative strategies to reach men for HIV testing should also be utilized/linking into provision of other services for men.

**6. Innovative health service delivery strategies:** Zimbabwe’s National HIV and AIDS Strategic Plan (2015-2018) has specific strategies to reach men, in particular for HIV testing. The policy states that men will be reached through mass media, interpersonal communication, and community mobilisation (p. 40) and to “intensify innovations such as mobile outreach to workplaces, peer-led activities, couples-only days, after-hours and weekends scheduling of HTC services through public-private partnerships” (p. 41) will be implemented.

## KEY POPULATIONS & OTHER SPECIFIC MALE POPULATIONS

Male-specific key populations and key populations which include a large number of men which are mentioned across Zimbabwe’s health policies are: Sex workers and their clients, prisoners, MSM, street children, refugees, and people with disabilities. The language on these populations is not consistent or particularly specific, however, and there is acknowledgment that for many of these populations there aren’t available data (such as for MSM). However, the following indicator is included in Zimbabwe’s National HIV and AIDS Strategic Plan (2015-2018):

*“% key populations, vulnerable and left behind groups reached by prevention programmes (disaggregate by services and gender).” (p. 55)*

In Zimbabwe’s VMMC policy it also specifies that “men at particularly high risk of HIV infection such as mine workers, commercial farm workers, prison inmates and others” (p. 5) should be prioritised for VMMC services.

Zimbabwe’s policies for ASRH includes specific language on gender and recognise young men and boys’ health needs. The National Adolescent Sexual and Reproductive Health Strategy (2016-2020) states that one of the issues raised through evaluations completed in preparation for the strategy was that “efforts to mainstream gender issues in programming and training of peer educators... was negatively skewed towards the girl child. This leaves the boys behind, weakening the strategy” (p. 13). As a result, the strategy, for example, “promotes innovative methods for reaching separate groups of boys and girls with life skills and other ASRH information” (p. 25) and recognises that “There are clear differential impacts of the SRH challenges on adolescent boys and girls and young people. They face unique challenges based on their gender and reproductive roles” (p. 36). The National Guidelines on Clinical Adolescent and Youth Friendly Sexual and Reproductive Health Services Provision (2016) further state:

*“Appropriate branding should make it clear that boys and young men are welcomed and served. The accompanying of a girl by a boyfriend to the clinic can be an important element especially in the decision to seek contraceptive services. Such opportunities also foster shared responsibility for decision-making and offer young men the opportunity to access SRH information, counselling, and other services such as VMMC. It may be necessary to develop clinic programmes designed especially for young males that are sensitive to their values, motivation, feelings, and cultural influences.” (p. 26)*

## POLICIES REVIEWED

- *Accelerated Strategic and Operational Plan, 2014-2018: Voluntary Medical Male Circumcision.* (2014). Ministry of Health and Child Care.
- *National Adolescent Sexual and Reproductive Health Strategy (ASRH) II: 2016-2020. (Final draft).* (2016). The Republic of Zimbabwe.
- *National AIDS Council Gender Policy.* (2008). National AIDS Council.
- *The National Gender Policy, 2013-2017.* (2013). Ministry of Women Affairs, Gender and Community Development.
- *National Guidelines on Clinical Adolescent and Youth Friendly Sexual and Reproductive Health Services Provision (YSFP). (Final Draft).* (2016). Ministry of Health and Child Care.
- *National Health Strategy For Zimbabwe, 2016-2020. (Draft).* (2016). Ministry of Health and Child Care.
- *Understanding Gender Equality in Zimbabwe: Women and Men Report 2016.* (2016). Zimbabwe National Statistics Agency.
- *Zimbabwe National HIV and AIDS Strategic Plan (ZNASP), 2015-2018.* (2015). Ministry of Health and Child Care; and National AIDS Council.

# ANNEX I

## Country scorecard for addressing the health of men and boys

The tables below provide a summary overview of the degree to which policies in each country are addressing the health of men and boys and where there are still gaps.

The key for each of the tables is as follows:

Yes / Included	Partly / Mentioned but not comprehensively	No / Not included
----------------	--	-------------------

### Table 1: Overview

	Is there a situational analysis of men's and boy's health issues?	Is there a strategy/policy/operational plan to implement work with men and boys?	To what degree is the health of men and boys addressed?	Are there specific targets dealing with the health of men and boys?
<b>Botswana</b>	Partly	Partly	Somewhat	Yes
<b>Ethiopia</b>	Yes	No	Minimally	No
<b>Kenya</b>	Partly	No	Minimally	A few
<b>Lesotho</b>	Yes	Partly	Somewhat	Yes
<b>Malawi</b>	Partly	No	Somewhat	A few
<b>Namibia</b>	No	No	Minimally	A few
<b>Rwanda</b>	No	No	Minimally	A few
<b>South Africa</b>	Partly	No	Somewhat	A few
<b>Swaziland</b>	Partly	No	Quite well	A few
<b>Tanzania</b>	Partly	Partly	Somewhat	Yes
<b>Uganda</b>	Partly	There is, but no soft copy available for review	Somewhat	A few
<b>Zambia</b>	Partly	No	Somewhat	A few
<b>Zimbabwe</b>	Yes	No	Somewhat	A few

## Table 2: Areas of men and boys health

Are there specific approaches to address men and boys in the areas of:

	HIV	PMTCT (male involvement in, including HIV testing)	Family planning / contraception	SRH	Mental health (including alcohol and drug abuse disorders and self harm)	Other health (other infectious diseases, NCDs, injuries, road traffic accidents)	Engaging men for SGBV prevention	Behavioural change aimed at transforming gender norms related to SRH and health seeking behaviours
<b>Botswana</b>	Yes	Yes	Yes	Yes	No	No	Partly	Partly
<b>Ethiopia</b>	No.	No	No	Partly	No	No	No	Partly
<b>Kenya</b>	Partly	Partly	No	Partly	No	No	Partly	Partly
<b>Lesotho</b>	Yes	Yes	No	Partly	No	No	Partly	Partly
<b>Malawi</b>	Yes	Yes	Yes	Yes	No	No	Partly	Partly
<b>Namibia</b>	Yes	Yes	Yes	Yes	No	No	Partly	Partly
<b>Rwanda</b>	Yes	Yes	Yes	No	No	No	Yes	Partly
<b>South Africa</b>	Yes	Partly	Yes	Yes	Partly	No	Partly	Partly
<b>Swaziland</b>	Yes	Partly	Partly	Yes	No	Yes	Partly	Partly
<b>Tanzania</b>	Yes	Yes	Yes	Yes	No	No	Partly	Partly
<b>Uganda</b>	Yes	Yes	Yes	Yes	No	No	Yes	Yes
<b>Zambia</b>	Yes	Partly	Yes	Yes	No	No	Partly	Partly
<b>Zimbabwe</b>	Yes	Yes	No	Yes	No	No	Partly	Partly

## Table 3: Maximising health service reach to men and boys

Are there efforts to maximise health service reach to men by:

	Integrating health services for men (HIV and SRH, HIV/SRH with general health)	Scaling up innovative strategies to reach men (i.e. mobile services, HIV self-testing and workplace testing, etc)
<b>Botswana</b>	Yes	Yes
<b>Ethiopia</b>	No	Partly
<b>Kenya</b>	Partly	Partly
<b>Lesotho</b>	Partly	Partly
<b>Malawi</b>	Yes	No
<b>Namibia</b>	Yes	Yes
<b>Rwanda</b>	Partly	Partly
<b>South Africa</b>	Yes	Yes
<b>Swaziland</b>	Yes	Partly
<b>Tanzania</b>	Yes	Yes
<b>Uganda</b>	Partly	Partly
<b>Zambia</b>	Yes	Yes
<b>Zimbabwe</b>	Partly	Yes

# Table 4: Key populations and other specific male populations

Are there specific targets and programmes to address the following male (or predominantly male) populations

	Young men & boys	Men who have sex with Men (MSM)	Male Sex Workers	Male Partners of Female Sex Workers	Mobile Workers (Truck Drivers)	People Who Inject Drugs (PWID)	Men aged 35+	Prisoners	Migrants	Other populations
<b>Botswana</b>	Partly	Yes	No	Partly	No	No	No	Partly	No	Refugees & ex-miners
<b>Ethiopia</b>	Partly	No	No	Partly	Partly	No	No	Partly	Partly	Street children and refugees
<b>Kenya</b>	Partly	Yes	No	Partly	Partly	Partly	No	No	Partly	Fishing populations
<b>Lesotho</b>	Yes	Yes	No	Partly	Yes	No	No	Yes	Yes	Transgender people, PLHIV, factory workers and miners
<b>Malawi</b>	Yes	Yes	No	Partly	Partly	No	No	Yes	No	Transgender people and refugees
<b>Namibia</b>	Yes	Yes	No	No	No	Partly	No	Yes	No	No
<b>Rwanda</b>	Partly	Yes	Yes	No	Yes	Yes	No	Partly	No	Transgender people
<b>South Africa</b>	Yes	Yes	Yes	Partly	Yes	Yes	No	Yes	Yes	Transgender people and key populations within adolescent population
<b>Swaziland</b>	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No
<b>Tanzania</b>	Partly	Yes	Yes	Partly	Yes	Yes	Yes	Yes	No	Transgender people, fishermen, mining communities
<b>Uganda</b>	Yes	Yes	No	No	Yes	No	No	Yes	No	Fisher folk and unformed services
<b>Zambia</b>	Partly	Yes	No	Partly	Partly	No	No	Yes	Yes	No
<b>Zimbabwe</b>	Yes	No	No	Partly	No	No	No	Yes	No	Mine workers, commercial farm workers, prison inmates





**SONKE  
GENDER  
JUSTICE**

HIV/AIDS • GENDER EQUALITY • HUMAN RIGHTS