



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

Male Champions: Men as Change
Agents in Uganda

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

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

“This male involvement, I think is helping us in the PMTCT outcomes, because once they [the couple] test together and they know what their status is, then it helps us as health workers to talk to them and see how they can have their treatment done according to schedule. ... Some discordance happens, but it helps to bring these two people together and then they are taken through the treatment process.”

— District Health Official, Uganda

Crucial progress has been made in recent years in scaling up treatment and PMTCT programming in Uganda. Between 2010 and 2016, new HIV infections and AIDS-related deaths in Uganda have decreased by 47 per cent and 56 per cent, respectively, and the country has achieved an unprecedented 82 per cent decline in the number of children acquiring HIV.³ Despite these accomplishments, in 2016, there were an estimated 52,000 new HIV infections among the total population and 5,800 AIDS-related deaths among children 0 to 14 years old.⁴ Additionally, although more than 95 per cent of pregnant women living with HIV were receiving ART, more than 4,600 children were newly infected with HIV in 2016, with only 30 per cent of HIV-exposed infants tested before two months of age.³

Better service delivery and improved uptake, adherence, and retention in care are essential to the achievement of universal access to lifelong antiretroviral therapy (ART) for people living with HIV, and innovative approaches are often required. Programmes that engage men as fathers, partners, change agents, and clients of health information and services are important in addressing PMTCT. However, in sub-Saharan Africa, male partner involvement in PMTCT is generally low, and the majority of pregnant mothers across these countries attend maternal health services unaccompanied by their spouses.⁵ Male partner involvement has been shown to increase attendance at antenatal care (ANC) visits, increase ART initiation and increase retention of pregnant women living with HIV on ART.⁶ Male partner involvement programmes have also been shown to reduce the number of pregnant women who acquire HIV.⁶ Therefore, male partner involvement programmes have been identified as a promising practice to support PMTCT outcomes in Uganda.⁷



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In Uganda, male partner involvement programmes, such as the use of male champions and community dialogue meetings, aim to increase uptake of ANC and PMTCT services among women and their partners. Male champions and community dialogue meetings were implemented in eight districts in Uganda – Bushenyi, Ibanda, Isingiro, Kabale, Kanungu, Kiruhura, Mitooma, and Rukungiri. The OHTA Initiative supports the Ministry of Health in implementing and overseeing the programme, and EGPAF assists in implementation through site identification, monitoring and evaluation, data collection, and training. Lessons learned from the implementation of male champions under the OHTA Initiative can be used to inform future PMTCT programming and global efforts to achieve universal access to lifelong ART.



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“Men are not aware that they are essential in supporting women during antenatal, in supporting women in going for deliveries, in supporting their families going for immunizations. For sure, they think it’s the woman’s responsibility as long as they provide food, they provide money, they give all those other things. So in a dialogue ... it is a discussion of what they know, of how we can change, of what is needed, and the goodness of it.”

– Health Facility Staff Member, Uganda

What Are Male Champions?

Male champions aimed to prevent maternal-to-child transmission by encouraging men to accompany their female partners to ANC visits, receive HIV testing, and increase men’s knowledge regarding the importance of their involvement in ANC, PMTCT, and facility deliveries. Furthermore, male champions assisted men in providing support to their pregnant partners, and becoming involved in maternal, newborn and child health (MNCH)/PMTCT care. Male champions conducted home visits with men and couples in their communities to provide health information and encourage men to attend

community dialogue meetings. Male champions also followed up with men who did not accompany their partners to ANC visits. Additionally, male champions worked with VHT members to identify pregnant women and their partners at the community level to encourage them to attend ANC visits. Each male champion was equipped with a bicycle to facilitate follow-up visits in the community and a manual to implement individual and group education sessions on the importance of ANC, facility deliveries, HIV testing, male involvement, nutrition, and birth spacing.

Male champions, VHTs, and health facility workers worked with community leaders to facilitate community dialogue meetings. Community dialogue meetings provided information on various topics including the importance of ANC, facility deliveries, HIV testing, and breastfeeding. Basic services such as HIV testing and counselling, blood pressure testing, and weight management were also provided at the community level during dialogue meetings. Implementation of dialogue meetings varied depending on each site. Some meetings were open to men and women while others invited only men or separated the men and women for certain topics. All men were invited to attend community dialogue sessions; however, the primary focus was on men whose partners were pregnant.

Under the project, health facilities also began providing a male service package in order to encourage men’s sustained health care-seeking behaviour and participation in ANC. The male service package included basic services such as health education; couple HIV counselling and testing; screening for non communicable diseases and sexually transmitted infections; and referrals for voluntary medical male circumcision. The male health service package was provided by facility health workers, VHTs, and male champions at the facility. The package was advertised through community

awareness campaigns, using radio and posters. Additionally, men who accompanied their female partner to ANC visits and were tested with them, received a certificate, and in some sites couples who attended services together were given priority in line. Although couples who attended ANC together were given priority in some sites, this practice was not recommended by the OHTA Initiative. Practices such as these can result in negative consequences such as women attending with men who are not their partner and further stigmatizing women who are not able to attend with their partner.⁸ Male involvement should not be a requirement for women to receive care.

Recruitment and Motivation of Male Champions

Male champions were identified and recruited through VHT members and facility health workers, and most male champions were already VHT members. Male champions were existing users of basic health care services, including participating in MNCH services. Requirements for a man to be a male champion included being able to read and write, being a father himself, having no criminal record, and being in good standing in the community. Male champions were often motivated by a sense of volunteerism and activism to support the health of their communities, and by providing a healthy example for other men. Furthermore, male champions were motivated by trainings, the respect they received from community members, and incentives such as bicycles and transportation reimbursements. In addition, male community members were motivated to participate in the programme by receiving the male health service package at the health facility.

“I felt I needed to help other men whose families were not performing in the same way as mine. I am using my life and family as an example. Relatives, friends, and other people’s children were not growing properly because of malnutrition. I should take up the role of teaching others how to feed their children properly.”

– Male champion, Uganda

Training and Supervision of Male Champions

All male champions received a four-day training facilitated by EGPAF and District Health Officers. Trainings included

information on various health topics such as ANC, HIV testing, nutrition, and birth planning. The trainings also included instructions on engaging male clients, implementing community mobilization, and integrating elements of gender into maternal, newborn, and child health. Male champions were supervised by health workers during dialogue meetings to ensure that accurate health information was provided. Additionally, EGPAF provided supervision support in the form of monthly review meetings between VHTs, health workers, and male champions to ensure linkages between the community and health facilities. Since 2014, the programme recruited, trained, and equipped 385 male champions in the eight districts.⁹

Outcomes of Male Champions

In all eight districts, male partner HIV testing, knowledge, and support for ANC and PMTCT increased.² Additionally, male champions provided individual and group education to approximately 800 households.¹⁰ Throughout the course of the programme, the male champion programme:

- Increased access to health services for men at the community level through the provision of basic health services during dialogue meetings
- Encouraged male partner participation in ANC by providing the male health service package, free of charge, at the health facility
- Strengthened men’s knowledge on the importance of ANC, male involvement, HIV testing, and facility delivery
- Nurtured a supportive community environment for PMTCT
- Strengthened community-facility linkages through community dialogue meetings

Essential Components and Factors for Success

Several factors were identified as essential to the success of the male champion programme, including:

Individual:

- Male champions were motivated to improve the health of their communities and to receive community recognition, training, and small incentives such as bicycles
- Men were motivated to accompany their female partners by receiving the male health service package, free of charge, a certificate, and priority in line

Interpersonal:

- Male champions provided peer-to-peer education and encouragement for men to attend ANC visits and HIV testing

Community:

- Community dialogue meetings offered in community sites such as schools, churches, or houses provided convenient and informal education to community members
- Provision of male basic health services at the community level encouraged men's health care-seeking behaviour
- Community awareness campaigns promoted the male health service package
- VHTs and facility health workers identified and recruited male champions

Facility:

- VHT and facility health workers facilitated community dialogue meetings
- Provision of non-monetary, sustainable incentives, such as certificates and basic health services, for men who participated in facility services encouraged men's attendance at ANC visits

Structural:

- Coordination structure between VHT members, facility health workers, and male champions identified men for follow-up
- Provision of bicycles and transportation reimbursement for male champions ensured mechanism for them to conduct follow-up and home visits

“We have seen that the idea of a community dialogue works and does well. ... the idea of a male champion works very well.”

– Health Facility Staff Member, Uganda

Considerations for Scale-Up and Sustainability

Through the OHTA Initiative, male champions strengthened community-facility linkages, engaged male partners to attend ANC visits and supported PMTCT activities. Several factors should be weighed when considering replicating or scaling up

this programme nationally or in other settings.

- **Unintended consequences:** Practices such as prioritizing couples who attend services together or providing an incentive for women to attend with male partners can negatively impact those who are not able to attend with male partners. A woman who is already stigmatized because she is living with HIV could be further stigmatized if she does not have a male partner and may be motivated to ask a man who is not her partner to accompany her to the facility to receive the incentive. Unintended consequences such as these need to be carefully monitored alongside intended results in order to continue improving the implementation and impact of male partner involvement approaches.
- **Recognition:** Consider providing male champions with something they can use to easily identify themselves in communities such as an ID badge or uniform T-shirt to strengthen their credibility and community trust.
- **Supply Chain:** Supply chain management should be addressed to ensure a consistent stock of critical ART medications, HIV test kits, and basic health supplies to ensure supplies are available to meet demand.
- **Location:** Consider facilitating dialogue meetings alongside other popular community events such as sporting events to sustain participation and increase the number of participants.
- **Adaptability:** The male champion activities and community dialogue meetings should be tailored for each site to address the unique context of the community.



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Methodology for Documenting the Male Champion as a Promising Practice

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

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

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

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