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REACHING MEN: ADDRESSING THE BLIND SPOT IN THE HIV RESPONSE

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ABSTRACT

Globally, men are less likely than women to access human immunodeficiency virus (HIV) testing, treatment, and care, and consequently experience disproportionate HIV-related mortality. To address men's underutilization of HIV services, efforts are needed on two fronts: challenging the regressive gender norms that discourage men from seeking health services, and developing improved health system policies, programs, and service delivery strategies to ensure better provision of HIV services to men. It has long been understood that harmful gender norms make women vulnerable to HIV, and this understanding should expand to include the way these norms also put men at risk. This paper presents the data concerning men and HIV, explores the impact of gender norms, examines national and international policy developments, and chronicles the evolution of men's place in the HIV response. It does so in part by tracing the efforts of Sonke Gender Justice, a South African nongovernmental organization working across Africa, that it promotes the engagement of men in the fight against the dual epidemics of gender inequality and HIV.

Over the last decade, a growing body of research has indicated that men are underrepresented in human immunodeficiency virus (HIV) testing, treatment, and care. Men tend to seek testing and treatment late, often with severely compromised immune systems, and they die at disproportionately high rates.[1–5] Men's underutilization of HIV services is the consequence of individual and societal factors that define masculinity in ways that discourage health-seeking behaviour, as well as the consequence of healthcare systems that do not adequately address the needs of men.

There now exists a strong body of evidence about what works to engage men to improve their access to HIV services. Unfortunately, efforts to meaningfully implement these findings have been far too limited. This is particularly the case in contexts such as sub-Saharan Africa, where HIV is primarily a heterosexually driven epidemic, and for which the need for HIV services has been vast. This failure to get men into HIV services in the midst of an otherwise robust scale-up of services has been aptly described as a "blind spot" in the HIV response.[2]

As we show below, this blind spot has undermined the global AIDS response, contributing to lost lives and untold grief. Not only have men suffered from preventable illness and death, but there have also been wide-reaching consequences for men's sexual partners, for women and families, for communities, and for public health systems. If the HIV epidemic is to be successfully halted, inclusive strategies that reach all actors, including men and boys, are urgently needed.[4,6] Governments must develop poli-cies and programs that meet the HIV-related needs of men and boys whose diversity coincides with a

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range vulnerabilities to HIV, including vulnerabilities among adolescents, men who have sex with men (MSM), heterosexual men, inmates, migrant populations, injecting drug users, and so on.

This paper presents data on the gender-related dynamics of health service utilization in HIV, details the role of harmful gender norms, and chronicles the evolution of men's place in the HIV response. We explore these issues in part through a closer look at the efforts of Sonke Gender Justice (Sonke), a South African nongovernmental organization working across Africa to promote gender justice, prevent gender-based violence, and reduce the spread and impact of HIV. The authors have worked for and with the organization. Sonke has an extensive track record of policy and legislative development and advocacy at the local, national, and global levels in these areas, situating it as a key player through which to examine efforts to address men in the HIV response. Sonke, together with many partner organizations, aims to ensure that commitments are made and action is taken to effectively engage men in the HIV response – for everyone's sake.

GENDER AND THE STATE OF THE HIV EPIDEMIC

Nearly 37 million people are living with HIV globally, and 17.1 million of them are unaware of their HIV positive status.[7] Despite the 34% decrease in the rate of new infections since 2000, HIV incidence in 2014 still accounted for more than 5,000 new infections daily, with 70% of these occurring in sub-Saharan Africa.[7] AIDS-related deaths claimed 1.2 million lives in 2014 alone.[7] Against this overwhelming backdrop, persistent advocacy for access to HIV treatment over the last few decades has nevertheless yielded results that few thought possible: more than 40% of those living with HIV were on treatment as of mid-2015.[7]

The global HIV response has reached an historic moment because the possibility of ending the AIDS epidemic is now within reach. To achieve this, the UNAIDS commitment to "leave no one behind" has never been more critical.[8] Central to this inclusive approach is an understanding of the complex ways that harmful gender norms increase vulnerabilities to HIV – for women and girls to be sure, but also for men and boys.

As is now well-documented, societal gender norms, together with biological susceptibility, contribute in direct ways to women and girls' vulnerabilities to HIV infection.[9–13] In sub-Saharan Africa, for example, adult women comprise 59% of adults living with HIV, and young women aged 15–24 in the region are twice as likely as their male counterparts to become infected.[14] These vulnerabilities are the consequences of discriminatory gender norms that limit women and girls' decision-making power concerning their bodies and their lives. In addition to other adverse health outcomes, these limitations put women and girls at risk of contracting HIV. The last three decades have witnessed important gains by women's rights advocates, who have helped make gender equality a global priority in the context of HIV, as evidenced in a range of international, national, and local policies and programs focused on women and HIV.

It is also now clear that addressing the impact of gender on women alone is not enough to mount an effective response to the HIV epidemic. Women are disproportionately at risk of becoming infected with HIV at an earlier age than their male counterparts, but men comprise half of the global population living with HIV and, significantly, men make up more than half of both new adult infections and AIDS-related deaths.[15] In fact, when disaggregated by sex, rates of AIDS-related mortality between 2004 and 2014 reveal that there has been a faster decline in mortality for women than for men (66% and 49% declines, respectively).[16] Amongst the adolescent population, deaths amongst young women have, encouragingly, declined by 33% between 2004 and 2014, but men of the same age are dying at a higher rate now than they were in 2004.[16] In nearly all countries across Eastern and Southern Africa, men access antiretroviral treatment later and less often than women; men with HIV consequently have a 37% increased risk of death compared to women.[16]

Shortfalls for men occur throughout the HIV treatment cascade or the stages of HIV health services from initial diagnosis to achieving and maintaining viral suppression. For instance, amongst adolescents aged 15–24 globally, only 10% of males know their HIV status compared to 15% of females.[17] HIV positive men are less likely to access HIV healthcare than

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positive women, and even when they are linked into care, men are more likely to get lost to treatment and followup.[18]

Notably, the International Men and Gender Equality Survey (IMAGES) completed across seven low- and middle-income countries found that men with less gender-equitable attitudes toward women were also less likely to seek HIV testing,[19] demonstrating yet another reason to challenge inequitable gender norms and ensure that policies and health systems work to overcome them.

To understand this, a look at the relevant scholarship of the last few decades is instructive. Many researchers have made the case that dominant constructions of masculinities play an important role in men's poor health outcomes.[20–22] Such constructions equate sexual risk-taking, a belief in sexual entitlement to women, toughness, alcohol use, and an aversion to expressions of weakness – including health-seeking behaviour – with manhood.[23–28]

These constructions of masculinity are reinforced by social pressure but, importantly, they do not alone arbitrate men's life course, nor are they uniformly embraced by all men alike.[29] Furthermore, the underlying causes for men's low uptake of HIV services do not fall at the feet of individual men alone, but are also attributable to structural factors that inhibit men's engagement with the HIV cascade of care. These include exclusionary language in laws and policies (discussed below), limited availability of affordable services and accessible hours for working people, and a need for welcoming and sensitive approaches at clinics to the health needs of men and adolescent boys, especially among vulnerable populations.

Sonke's work has aimed to address these concerns, building upon work done in the 1990s and 2000s by organizations like Panos, EngenderHealth, Planned Parenthood South Africa, International Planned Parenthood Federation, and many others,[20,22] all of which endeavoured to include men in the global HIV response in different ways. Also, during this time, the international community developed instruments that addressed gender, health, and human rights in new detail. Below, we situate efforts to include men within the context of international-level responses to HIV, examining in detail the international instruments that lie at the intersection of gender and HIV.

GLOBAL COMMITMENTS CONCERNING HIV AND GENDER

Attention to gender and HIV on the world stage focuses predominantly on the need to improve women's rights in order to effectively address HIV. Of course, women's human rights were not always central to the HIV agenda, nor were the ways in which gender norms put women at risk immediately apparent. It was not until the 1990s that links between women's human rights and HIV were expressly articulated in international instruments. Here we contextualize this development and outline the need for a more robust articulation of men's gender concerns and health rights in human rights law.

Building upon successes concerning women's human rights and health in the 1990s, the 2001 UN Declaration of Commitment on HIV/AIDS drew needed political attention to gender-related topics such as women's vulnerability to infection, the impact of HIV on women as caretakers, the particular needs of pregnant women, the economic impact of disease on women and families, and the need to address socio-political realities that diminish a woman's ability to realize her right to health.[30,31]

As the global response to HIV evolved, it both utilized and expanded international human rights norms concerning women's equality and health in groundbreaking ways. Moreover, findings about the link between women's empowerment and HIV outcomes helped reinforce the imperative for a human rights-based response to public health crises globally.[32]

Also, in the 2000s, a well-articulated set of norms related to the "right to health" more broadly flourished in the international human rights cannon. Through instruments developed in this decade, the international community unequivocally recognized that the right to health and the rights of women go hand-in-hand; one cannot be fully realized without the other.[33]

For women, binding and nonbinding human rights instruments have therefore provided an important normative framework for addressing the gender dimensions of HIV.[34,35] A rights-based approach now frames the analysis of the disease at the international policy level. For instance, one UN expert group concluded that the spread of HIV and its detrimental effect on

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families, communities, and countries was a product of women's lack of equal rights at all levels.[36]

Progress on this score continues. In 2010, UNAIDS launched their Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV and AIDS.[37] Since then, both "The Global Fund Strategy 2012-2016: Investing for Impact"[38] as well as the UNAIDS 2011-2015 Strategy "Getting to Zero"[39] include the promotion of women's equality as a key component of the plans. Grantors, too, are on board with the imperative to reach women and girls. The Global Fund to Fight AIDS, Tuberculosis and Malaria[38]; the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); and the DREAMS partnership between PEPFAR and the Bill and Melinda Gates and Nike Foundations each have initiatives targeting women and girls.[40]

None of this notable progress should imply that the battle against HIV for women has been won; far from it. For this reason, attention to gender continues, but must also broaden, reaching both women and men. This expansion should build upon the engagement of men as first articulated in the 1994 Cairo Platform which sought to "promote gender equality in all spheres of life, including family and community life and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles."[30]

Since the Cairo Platform, a number of other international instruments have provided states with a mandate to develop gender-transformative programs and policies aimed at engaging men and boys. "Gender-transformative" refers to an approach that fosters critical examination of gender norms and gender-inequitable attitudes and works to reshape gender relations to be more equitable.[41] Language in these international instruments has included men and boys in the context of family, reproductive health, violence, and health equity. States made international commitments in a range of instruments and their follow-up documents, including the Programme of Action of the World Summit on Social Development (1995)[i], the Beijing Platform for Action (1995)[ii], the twenty-sixth special session of the General Assembly on HIV/AIDS (2001)[iii], the United Nations Commission on the Status of Women (CSW) reports in 2004 and 2009, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Ac-tion Framework on Women, Girls, Gender Equality and HIV,[42] the UNAIDS Operational Plan for Action Framework,[42] and others.

As important as the language about men and boys has been, a close examination of these instruments reveals a limited, predominantly "instrumentalist" approach: one that only includes men in the context of their responsibility to improve women's access to health and rights.[43] Of course, it is vital to recognize the important role men have to play in the realization of women's equality and health, and such language should remain. But when men and boys are *only* included in rights instruments vis-a-vis their impact on women and girls, the approach is unduly limiting. Gender scholars and many civil society actors have begun to move away from this narrow approach, but international documents that address gender equality, health, and HIV/AIDS far too often limit themselves to an instrumentalist approach concerning the inclusion of men and boys.[29,44]

For instance, the Political Declaration on HIV/AIDS (2006) mentions men and boys only once:

> increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection and take all necessary measures to create an enabling environment for the empowerment of women and strengthen their economic independence; and in this context, reiterate the importance of *the role of men and boys* [emphasis added] in achieving gender equality. (U.N. General Assembly, 2006, A/Res/60/262, Paragraph 30)

In this unnecessarily narrow articulation, human rights language that treats men only as holders of privilege leaves out those men who, like many women, are disempowered by intersecting forms of discrimination including race, ethnicity, nationality, class, sexuality, disability, and so on. Silence in the HIV instruments about the real vulnerabilities that some men face also

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i See paragraphs 7, 47 and 56 of the Programme of Action of the World Summit for Social Development, and paragraphs 15, 49, 56 and 80 of the outcome of the twenty-fourth special session of the General Assembly on Further Initiatives for Social Development.

ii See paragraphs 1, 3, 40, 72, 83b, 107c, 108e, 120 and 179 of the Beijing Platform for Action.

iii See paragraph 47 of the Declaration of Commitment on HIV/AIDS: "Global Crisis – Global Action".

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risks reinforcing inaccurate and regressive notions of men's invincibility. The instrumentalist approach is particularly worrisome in the context of HIV to which, in many parts of the world, MSM and gender non-conforming men have been particularly vulnerable. The 2011 Political Declaration of Commitment on HIV, which built on previous declarations from 2001 and 2006, was the first of this trio to mention MSM. It represents an important step, but remains limited in scope, as it only focuses on the inclusion of MSM in national prevention strategies, rather than offering any meaningful articulation of their rights.

Understanding men and boys as both agents of gender transformation and as holders of health rights themselves is the next step in the evolution of gender-based HIV work. This step should of course build upon – and not supplant – critical work with women and girls. Making the case to engage men for gender equality and health equity has, however, met resistance, including from some (though far from all, or even most) women's rights organizations. These tensions are briefly outlined in the following section.

THE CASE TO ENGAGE MEN – AND RESISTANCE TO IT

The idea that social constructions of gender etch inequitable power dynamics into intimate relationships, workplaces, and systems of governance in ways that privilege men is well accepted by those working on gender from a range of perspectives. Less acknowledged, however, are the impacts of intersecting forms of discrimination such as race, class, nationality, sexuality on men's experiences, and the importance of not lumping men into one homgeneous group. Indeed, some resistance to work engaging men and boys for gender equality seems premised on stereotypes of men themselves as uniformly aggressive, uncaring, and unchanging. Men are perceived to have little to contribute toward the solution; indeed, they are "the problem." Those using this lens see efforts to engage men as a diversion from more legitimate work with women to advance women's rights.[45–48]

But rigid ideas about men come at a cost. Neither men nor women benefit when men are portrayed as a monolithic perpetrator class.[43,49] Indeed, a growing body of literature demonstrates that gender roles and relations are not fixed, vary widely, are fluid and can and do sometimes change quickly.[25,50–52] Failure to recognize this can undermine efforts to mobilize men around the concern they feel for women in theirlives, about whom they care deeply. It also ignores the political solidarity that motivates many men to support women's rights, out of a commitment to fairness and equality. Scolding approaches that only stereotype men are unlikely to succeed.

Because patriarchal norms reinforce male dominance over women, it is often assumed that men only benefit from it; men's struggles against the confines of masculinity expectations are often overlooked.[53] Intense social pressure to engage in aggressive and risk-taking behaviour means that men are much more likely than women to be killed at the hands of other men, to die from road traffic accidents, to engage in alcohol and substance abuse, and to commit suicide.[54,55] A 2013 analysis found that all top ten contributors to global disability-adjusted life years (DALYs) have greater burdens on men than they do on women.[5]

Additionally, the simplistic portrayal of men as aggressors is often presented in relation to one-dimensional portrayals of women as passive victims in need of rescue, which some women's rights advocates and gender scholars have critiqued as reinforcing the very stereotypes feminism seeks to upend.[44,56]

Specifically, limiting men to a singular, antagonistic identity can impede efforts to address the role gender norms play in increasing both women and men's vulnerability to HIV and AIDS. Two examples illustrate this: the slow roll-out of medical male circumcision and the failure to effectively engage men in prevention of mother to child transmission of HIV (PMTCT) policies and programs.

Despite substantive and compelling evidence that voluntary medical male circumcision (VMMC) reduces the risk of HIV infection by more than 60%,[57–59] and despite recommendations issued in 2006 by the World Health Organization that countries should implement national VMMC campaigns, there was a marked lack of political will to support the initial roll-out of safe and affordable circumcision services in African countries.

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This hesitation centred on two primary concerns. First, there was a concern about "risk compensation," meaning that men would perceive VMMC as an alter-native to safer sex practices, including condom use, and would thus engage in riskier sexual behaviour as a result of being circumcised. Second, there was fear that investing in VMMC would divert already limited funding for HIV prevention interventions away from women.[60] However, there was little to no evidence that risk compensation was occurring on a scale that would offset the gains offered by VMMC, nor was there recognition that uptake of VMMC could lessen the burden of HIV prevention for women.

In another context, assumptions concerning men's unsupportive behaviour led very few prevention of mother-to-child transmission (PMTCT) programs to engage with men, despite strong evidence that involving men in PMTCT actually improves outcomes for mothers and children and gets men into HIV services.[61–63] In the South African context, for example, this was illustrated by the absence of the words "men," "man," "male," "father," "parent," "fatherhood," and "dad" in the otherwise detailed 2010 South African National PMTCT Guidelines.[64]

Critically, stereotypes about men can obscure intersecting forms of discrimination such as race, class, sexuality, and disability that complicate many men's individual experiences and healthcare access.[29,65] For example, while HIV is primarily transmitted via heterosexual intercourse in regions disproportionately affected by HIV, unprotected same-sex intercourse can put men at risk across the globe. The needs of gender non-conforming men, gay men, and other MSM re-main neglected when shame, stigma, and fear keep them from accessing HIV services. Particularly in the global south, too little has been done to reach out to men whose sexual orientation and/or gender identity do not comport with a heterosexual, masculinized ideal.[66] Furthermore, while the needs of vulnerable populations such as injecting drug users, inmates, and migrant workers have been clearly identified, there has been relatively little that meaningfully attends to the fact that these key populations are disproportionately male.[67]

The next section uses the experience of Sonke Gender to illustrate the evolution of work concerning men and HIV, drawing on both history and current debates to point the way forward for achieving gender equality and improving health for all.

SONKE GENDER JUSTICE'S APPROACH

Just as the organization describes itself, Sonke Gender Justice is a South African based, nongovernmental organization established in 2006 that works across Africa to strengthen government, civil society, and citizen capacity to promote gender equality, prevent domestic and sexual violence, and reduce the spread and impact of HIV. Using a human rights-based approach, Sonke envisions "a world in which men, women and children can enjoy equitable, healthy and happy relationships that contribute to the development of just and democratic societies."[16]

Sonke was founded in response to the pressing need to challenge destructive models of masculinity and to support men to take a visible stand against men's widespread violence against women in a country with the largest number of people living with HIV in the world. Initially, Sonke's primary organizational strategy consisted of community-based efforts to engage men and boys in in-depth workshops and other group-level interventions to promote gender equality and reduce the impact of HIV via a gender-transformative approach. This helped build a groundswell of engaged individuals and continues to be an important component of Sonke's work. Sonke's interventions, including One Man Can, Tsima, Brothers for Life, and MenCare campaigns have demonstrated the effectiveness of gender-transformative work with men.[68–71]

At the same time, there emerged growing recognition within Sonke that community education and behaviouralist approaches alone would never reach enough people to effect widespread change. The organization, in partnership with women's rights organizations and many others in South Africa and globally, thus expanded its strategies to include policy development, legislative advocacy, and, more recently, impact litigation.

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This included advocating for language on male engagement for gender equality in key HIV policies and Strategic Plans at the global, regional, and national levels. Sonke and others began to monitor the implementation of commitments made by UN agencies and state governments and to press multilateral agencies and donors to engage men in the HIV response. They hoped that influencing the priorities of these agenda-setting institutions would catalyze ambitious change in global commitments and targets, funding streams, and country action.

During this time, a unified recognition of the importance of addressing men in the HIV response waxed and waned. In pressing for it consistently, Sonke has occasionally met resistance. As noted, a few women's rights organizations perceive work to engage men and boys as detracting from efforts to advance gender equality, which they believe should focus predominantly or nearly exclusively on working with women and girls. Of course, resistance is an inevitable outgrowth of changing the way problems are framed and addressed, even from within social and political movements with shared goals. When expressed thoughtfully, critique is also an invaluable tool for growth and progress. Sonke was built upon feminist principles from the outset and collaborates effectively with other feminist organizations and scholars around the world. The criticisms faced by Sonke have required that it meaningfully engage with these critiques, resulting in a more carefully considered resolve to include men and boys in ways that advance health and gender equality for all.

ENGAGING UNAIDS AND UNDP

In its work at the international level, Sonke has worked frequently with two agencies of the United Nation's (UN), UNAIDS and UNDP. UNAIDS, the agency established to co-ordinate the UN's response to HIV, asked Sonke co-founders to serve as advisers to the development of the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV ("the Framework") and the Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV ("the Agenda"), launched in 2010.

Sonke and its partner organizations got specific action items and timeframes on male involvement into the Framework. For example:

> Men must work with women for gender equality, question harmful definitions of masculinity and end all forms of violence against women and girls. Men's responsibility for children and the care of their families is key to HIV prevention work, as is their involvement in mitigating the effects of the epidemic. Changes in the attitudes and behaviours of men and boys, and in unequal power between women and men, are essential to prevent HIV in women and girls.[42]

The Agenda aimed to provide support and strategic guidance to national partners to address each country's HIV epidemic, including the development of National Strategic Plans on HIV and AIDS. Securing language on engaging men and boys in a gender-equitable AIDS response in the Agenda was therefore key to building state-level accountability. Notably, the Agenda included multiple mentions of the need to cultivate partnerships and joint convenings between organizations working with men and boys and those working for women's rights, including networks of women living with HIV.[42]

Following the development of the Agenda, the UN Interagency Working Group on Women, Girls, Gender Equality and HIV (represented by UNDP, UNFPA, UNAIDS, UN Women and WHO), in collaboration with Sonke, the MenEngage Alliance, ATHENA and the International Center for Research on Women (ICRW), convened three comprehensive, hands-on global and regional consultative meetings between 2010 and 2012. In addition to reviewing the National Strategic Plans generally, the meetings aimed to assess these plans' attention to gender inequality, gender-based violence, and engaging men and boys for gender equality.

In advance of the meetings, a range of organization undertook deliberate analysis of the various plans. Specifically, UNFPA commissioned Sonke to complete a review of National Strategic Plans in 16 countries across five global regions to examine the extent to which these policies committed to working with men and boys for gender equality.[72] This review found that, while most countries engaged a gendered

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perspective when framing their approach to addressing HIV, very few countries had substantive strategies for how to effectively transform harmful gender norms. Another review of National Strategic Plans[iv] from 13 African countries[v] rated five countries' plans as "inadequate" in terms of identifying the need to transform harmful gender norms to reduce the spread and effects of HIV. Strategic Plans from six countries were rated as "needing improvement" in this area, while only two – Tanzania and South Africa – had "adequate" policies. Most plans acknowledged the importance of gender within HIV work, but few included work with men. This limited conception of gender as "something relevant only to women was evident in almost all Strategic Plans reviewed. Few plans highlighted the need to increase men's uptake of testing and treatment services. Encouragingly, the need to involve men in PMTCT processes was often included, but without a clear articulation of how to engage men.

Overall, the Strategic Plan reviews were instrumental in intensifying the commitment to address the intersection of harmful gender norms and HIV and to engage men and boys in this work. They led to concrete discussion about the integration of specific and evidence-based strategies within new or soon-to-be revised National Strategic Plans.[18]

Importantly, these developments were also aligned with ongoing in-country efforts to advance women's rights and address the intersections between gender inequality and HIV. A 2012 follow-up assessment demonstrated that the meetings had a "catalytic effect on thinking, policy and practice" about the intersections of gender-based violence, gender inequality, and HIV, and the need to engage men and boys as positive agents of change.[73] Concrete state-level action was undertaken across dozens of countries. Despite these gains, they represent only partial success for two reasons. First, the recognition of the Promundo, and others, the paper provides practical guidance to policymakers and program managers on how to engage men – primarily heterosexual men, though there is some discussion of MSM – to address harmful masculinity norms related to HIV, including social and behaviour change in men, VMMC, voluntary HIV counselling, testing, and treatment, and ending violence against women.

Interestingly, the development of the document again illustrated an issue that often emerges concerning efforts to engage men in the HIV response, specifically that men are irredeemably "the problem." Despite the evidence cited above that VMMC offers significant protection against HIV transmission for men and their sexual partners, early drafts cautioned against widescale roll-out of it, stating: "Once outside the clinical trial setting, it is unclear whether or not and by how much the benefits of male circumcision might be offset by an increase in risk behaviour." In other words, men receiving the protective benefit of VMMC might stop taking other steps to keep them-selves and their partners safe from HIV.

Sonke worked with other women's rights organizations and with advocates of VMMC to address these concerns, which stemmed from a concern for women but which, given the absence of clear evidence of risk compensation, an offset may also have been informed by stereotypes of men in the global south as irresponsibly reckless. In the end, the UNDP paper successfully made the case for the importance of wide scale VMMC roll-out, while including modified, inclusive language that emphasized the importance of gender equality messaging and comprehensive HIV prevention education as two key components of the roll-out.

SOUTH AFRICA'S NATIONAL STRATEGIC PLAN ON HIV, STIS, AND TUBERCULOSIS

Sonke's work in its home country to strengthen the South African National Strategic Plan on HIV, STIs and Tuberculosis (2012-2016) sheds light on state-level challenges. The South African HIV Strategic Plan was an ambitious strategy, aiming to reduce new HIV infections by 50% and get more than 80% of those eligible on antiretroviral treatment. It was developed through a consultative process by the South African National AIDS Council (SANAC), made up

iv In some cases other HIV related policies were also analysed, such as condom or PMTCT policies.

v Ethiopia, 2009- 2011; Kenya, 2010- 2013; Malawi, 2010-2012; Mozambique, 2010-2014; Namibia, 2011- 2016; Rwanda, 2009- 2012; Sierra Leone, 2011-2015; South Africa, 2012-2016; Swaziland, 2009-2014; Tanzania, 2008- 2012; Uganda, 2008- 2012; Zambia, 2011-2015; Zimbabwe, 2011- 2014.

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of government and civil society representatives. Sonke convened the Men's Sector of SANAC and analyzed the draft plan, finding, as usual, inadequate attention to individual, societal, and structural factors inhibiting the men's use of HIV services. Also missing was the need to encourage men to become more involved in HIV-related care work and to challenge regressive masculinity norms which position care work as "female work," and thus less valued and desirable.

Sonke and the SANAC Men's Sector pressed for changes, and the final Strategic Plan recognized that gender norms "discourage men from accessing HIV, STI and TB services, contribute to violence against women, multiple partnerships and ...encourage alcohol consumption."[72] It called for a "comprehensive national social and behavioural change communication [strategy that] must serve to increase demand and uptake of services, to promote positive norms and behaviours and to challenge those that place people at risk."[72] It also emphasized:

> Testing and screening services must take place at multiple settings to reach all populations, including homes (by trained community health workers), workplaces, schools and tertiary institutions, social grant distribution points, and correctional facilities. [HIV testing and counseling] services must also be made available through mobile services in communities (*e.g.,* sporting events, taxi ranks and malls) and for sex workers and their clients at sex work venues and locations.[72]

This recommendation is particularly important, acknowledging as it does men's limited use of services due to institutional barriers that can be addressed, as research confirms, by moving services out of the clinic and into the community.[8]

Stronger language in a guiding government document, however, does not by itself bring about action. This is particularly the case in South Africa where fractious gaps stubbornly remain between policy and reality; monitoring the implementation the National Strategic Plan has therefore been essential.

BREAKTHROUGH AT THE GLOBAL LEVEL THROUGH UNAIDS PARTNERSHIP

Encouragingly, 2015 saw notable progress at the international level. Sonke and other MenEngage Alliance members, including the International Planned Parenthood Federation (IPPF) and the Ugandan nongovernmental organization Mama's Club, a member of the ATHENA Network, lobbied UNAIDS staff who ultimately agreed that the success of UNAIDS' ambitious "90-90-90" goals (90% tested, on treatment, and virally suppressed) required far better engagement with men. Sonke also met with The Global Fund to Fight AIDS, TB and Malaria, which came on board and agreed to support Sonke's proposal to convene a high-level global consultation on men and HIV.

UNAIDS commissioned a global discussion paper on men and HIV, and UNAIDS' Eastern and Southern Africa regional office asked Sonke to produce an ex-tensive scholarly literature review on the state of men in the AIDS response and evidence-based strategies to improve it. These data, never previously gathered together, appeared to lend a sense of urgency within UNAIDS to the task of better engaging men,[73,74] and the former served as the basis for the draft *Eastern and Southern Africa Regional Framework for Action to Involve More Men and Boys in HIV and SRHR Programs*.[16]

Progress was uneven, however. The proposed 2016-2021 UNAIDS Strategy still had recurring weaknesses, namely that its language on men predominantly recognized men only in their instrumentalist capacity as partners to women (outside of important attention also paid to MSM). Sonke argued for reframing the approach, noting also that the draft failed to address the structural and institutional barriers that hinder men's access to HIV services. UNAIDS then strengthened the language on men, gender equality and health access and, encouragingly, recognized men's disproportionate vulnerability concerning delayed HIV testing, poorer treatment adherence, and subsequent mortality.

Meanwhile, Sonke and IPPF pressed UNAIDS to follow through on their commitment to convene a high level consultative meeting on men and HIV and to invite influential leaders, which ultimately included Executive Directors and other senior staff of UNAIDS and the GFATM, as well as WHO, UN Women, UNFPA, UNICEF, UNESCO, Ministers of Women's Affairs, and other senior government officials from nearly

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a dozen countries. Bilateral aid partners, representatives from permanent missions to the UN, and dozens of civil society activists from all over the world, were also in attendance, including key women's rights partners such as the ATHENA Network, International Community of Women Living with HIV, Pan African Coalition of Positive Women, Together for Girls, the YWCA, and others.

In the lead up to the December 2015 meeting, there emerged evidence to suggest that traction stemming from the event might be lost in the midst of competing UNAIDS priorities and political resistance, especially from some women's rights groups with whom UNAIDS works closely and who remained skeptical of the value of engaging men. Sonke and IPPF made explicit that the meeting would focus on improving men's access to HIV services *and* strengthening their support for gender equality (as has long been Sonke's mission), not only the former. Sonke engaged with women's rights advocates and sought their active participation in the convening. All of this was bolstered by new data demonstrating unambiguously that men were faring poorly in the HIV response, which was covered extensively by media including the UK Guardian, Reuters and others.[54,75]

The high-level meeting overlapped with International Human Rights Day, allowing the opportunity to emphasize that engaging men and boys would advance fundamental human rights to equality and health. As hoped for, the convening led to a UNAIDS-endorsed Global Platform for Action which includes calls to action on (1) collecting and utilizing better HIV data on men and boys; (2) expanding men's and adolescent boys' access to people-centred health services; (3) promoting positive social norms – in particular through policy frameworks and comprehensive sexuality education – to advance gender equality and improve the health of women and men, and girls and boys; and (4) embedding these efforts in the HIV response through legal frameworks, strategic alliances, scaled-up funding and the engagement of young people as beneficiaries, partners, and leaders.

The Platform for Action was launched by UNAIDS, Sonke, and IPPF at the International AIDS Conference held in Durban, South Africa in July 2016. It has since been shared with UNAIDS' UN partner organizations and with UN member states across the world. It now forms the basis for a regional campaign developed by UNAIDS for roll-out in 21 countries in East and Southern Africa. Sonke and its partner organizations continue to support and monitor roll-out to ensure that the UN, national governments, and bilateral partners follow through with these commitments.

While there are still significant challenges ahead, these successes hopefully foretell a growing recognition of the need to address men in the HIV response. For instance, a recent call for proposals under PEPFAR's multimillion dollar DREAMS initiative not only recognized men as an important population to engage for gender equality and in order to end HIV amongst women, but it explicitly focused on the need to link men into HIV services.[76] This acknowledgement of men's specific health needs in the HIV response represents a vital step in the ambitious global imperative to end the AIDS epidemic.

CONCLUSION

As it stands, men are inadequately addressed in the global struggle against HIV, and in order to mount an effective response, this needs to change. International commitments to transform men's gender and HIV-related attitudes and practices have been in place since the mid-1990s, with national plans and policies following suit. However, too many of these instruments fail to recognize the limitations on men's access to care. They often employ an exclusively instrumentalist approach to engaging men, which can perpetuate reductive, static stereotypes of men—in particular men of the global south.

Addressing the blind spot around men in the global HIV response requires urgent action on two fronts: challenging the regressive gender norms that discourage men from seeking health services, and developing improved health system policies, programs, and service delivery strategies that ensure better provision of HIV services to men. Importantly, such action stands to benefit not just men - in all their diversity - but many other hard to reach populations, including

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rural populations, women who are not accessing pregnancy-related care, sex workers and many others. These goals are also symbiotic with global efforts to promote gender equality and improve HIV outcomes for women and girls.

The health needs of men, in all their diversity, must be addressed through individual, institutional, and governmental strategies. Ensuring that action is taken to expand and carry out commitments to engage men and improve their access to HIV services is a slow, challenging process, but a necessary one if the HIV epidemic is to be finally halted. Civil society actors, like Sonke and its many partners, have a critical role to play in supporting and holding to account the range of duty bearers who must persist in the evolving, complex fight to end HIV and ensure human rights for all.

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