

# ENGAGING MEN IN TB CARE IN SOUTH AFRICA: A POLICY BRIEF

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## KEY MESSAGES

- Men are a key affected population at increased risk for acquiring TB, for poor engagement in TB care and for poor TB outcomes.
- Potential strategies to address this problem range from tailored services that target the ‘missing men’, such as community outreach and men’s clinics, to more general health systems improvements that make TB services more male-friendly and people-centered.
- The right strategy requires a careful balance between i) treatment and prevention, between ii) innovation and ‘getting the basics right’, and between iii) male-specific and more generalized TB services.

## INTRODUCTION AND METHODS

We conducted a rapid review, grounded in systematic review techniques, of the relevant quantitative and qualitative literature, and integrated the review findings with information from 7 key informant interviews [1]. There is limited evidence on strategies to better engage men in TB care specifically (both in South Africa and globally), but there are lessons we can draw on from interventions for men living with HIV and other health problems.

## THE PROBLEM OF MALE INEQUITY IN TB HEALTH CARE

Across a range of global socioeconomic and health system contexts, men tend to suffer an inequitable burden from TB, including higher TB incidence, delayed diagnosis, and higher rates of treatment interruption, discontinuation and mortality. This makes men a “key affected population” at increased risk for TB, for poor engagement in TB services, and poor TB outcomes (23). Patterns of gendered inequities in TB care is often country -specific and therefore we need sex-disaggregated epidemiological and surveillance data to better understand the health challenges facing men living in South Africa.

## THE FACTORS DRIVING MALE INEQUITY IN TB HEALTH CARE

The most common explanation for these inequities is that masculinity-the local gender norms and behaviours that determine what it means to be a man-is responsible for the poor health seeking behaviour of men. Though masculine norms are important, this

view can oversimplify the complex set of factors driving men’s health inequities in TB care. There is a complex interplay between masculine norms at the individual and community level and structural factors related to labour patterns and poverty. There are also important health service and systems obstacles that act as disincentives for men to seek health care in good time and remain engaged in care.

## WHAT CAN BE DONE TO REDUCE MALE INEQUITIES IN TB HEALTH CARE?

Table 1 able at the end of this brief summarises some of the key interventions that have been evaluated for improving the engagement of men in TB, HIV, and related health services. The first section reviews ‘demand-side interventions delivered outside health facilities that are meant to improve the ability and motivation of men to seek out health services. The second section reviews health system-based interventions to improve the access, supply and quality of health services for men. The interventions in this section move along a spectrum from tailored, male-specific strategies to more general health service improvement strategies. More details on these and other potential interventions can be found in the full review on which this review is based.



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## WHAT TO CONSIDER WHEN DEVELOPING A STRATEGY TO BETTER ENGAGE MEN IN TB HEALTH CARE

1. No one strategy can address this problem—a suitable and sustainable mix of approaches is required. Every response to a complex problem like men's engagement with the health services requires a mix of strategies suited to local epidemiological patterns, available health system and community resources, the existing organisation of services, competing policy priorities, and cultural and political preferences.
2. Finding the right mix also requires a careful balance between i) treatment and prevention, between ii) innovation and 'getting the basics right', and between iii) male-specific and more generalized TB services.
  - i. Recent modelling suggests that interventions to increase access to and improve TB treatment may not be sufficient—a combination of health service and structural interventions to address poverty as a key driver of TB and in turn improve primary TB prevention will be required to rein in the epidemic.
  - ii. We need tailored, innovative strategies for TB and men that can address local hotspots, key subgroups of missing men, and critical barriers to screening, testing and treatment initiation and completion. At the same time, men will also be helped if we work on 'getting the basics right', not only in TB control but also in HIV programmes and in health system more generally.
  - iii. Targeted services such as multi-purpose men's clinics, or special opening hours for men can be critical in better engaging high-risk and hard-to-reach sub-populations of men, especially in TB hotspots. However, a lot can still be done in the general primary care services to make them more male-friendly. Providing male-friendly or male-centred care is not mysterious or complex—it is simply people-centred care rooted in principles of trust, empathy, respect and equality.
3. The policy invisibility of men's inequitable burden of TB needs to be addressed, while taking into account the political dilemmas of policy work on men. There is a critical lack of policy attention to men's distinctive health care burdens, needs and preferences. This invisibility leads to a lack of needed funding and effective policy formulation.

This gap stems in part from a political dilemma—we are often uncertain how to talk about men and men's health—in relation to women and women's health—without undermining key progressive health and feminist political commitments. It is critical to think through and effectively manage this political dilemma in order to succeed in developing progressive and sustainable policy approaches to the health needs of men.

### Acknowledgements

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### References

1. Leon N and Colvin C. 2019. Review of male-centred care in South Africa, Africa, and other Middle-income countries. A report prepared for the TB Think Tank, National Department of Health, South Africa.



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STRATEGY	HOW IT WORKS/POTENTIAL AREAS OF IMPACT	IMPLEMENTATION CONSIDERATIONS
<b>IMPROVING DEMAND FOR HEALTH SERVICES AMONG MEN</b>		
<p><b>1. Community-based Advocacy, Communication, and Social Mobilization (ACSM)</b> Spectrum from individual/peer-focused support to broad-based awareness and mobilisation around TB and related health issues.</p>	<ul style="list-style-type: none"> <li>Increased awareness, knowledge, motivation, support, and referral for care.</li> <li>Expanded and more gender-transformative approaches may be more durable in changing gender norms and men's health seeking behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>High acceptability and uptake among men</li> <li>Costs varies, but can be high</li> <li>Requires community partners with capacity and resources</li> <li>May be hard to evaluate</li> </ul>
<p><b>2. Structural interventions</b> Social protection mechanisms, such as incentives and social grants, to motivate careseeking and limit potentially catastrophic costs for the poor and vulnerable.</p>	<ul style="list-style-type: none"> <li>Incentives can motivate people to seek access to health care</li> <li>Social grants can reduce risk of catastrophic costs associated with poverty or loss of earnings.</li> </ul>	<ul style="list-style-type: none"> <li>May be costly, but potentially cost-effective in the long run.</li> <li>Requires intersectoral collaboration</li> <li>Requires infrastructure for administering the incentives and/or social grants</li> </ul>
<b>IMPROVING SUPPLY, ACCESS AND QUALITY OF TB CARE SERVICES FOR MEN</b>		
<p><b>Facility-based, designated male health care service</b> Standalone male-clinics or extended clinic hours for males only. Services are geared to deliver TB and other health services exclusively to men and typically require male-only clinical staff and support workers.</p>	<ul style="list-style-type: none"> <li>Responds to men's expressed preferences for clinic staff and spaces that are male-oriented.</li> <li>Increase motivation to seek and remain in care.</li> <li>Could increase male coverage for TB care</li> </ul>	<ul style="list-style-type: none"> <li>High acceptability among men</li> <li>Feasibility and sustainability concerns due to shortage of male nurses and added costs</li> <li>May be strategic in high-burden TB 'hotspots'</li> </ul>
<p><b>Male-friendly service delivery programmes</b> Adaptation of existing health care services to target increased access for males, through, for example, extended clinic hours or Saturday clinics, and/or having designated male-health care workers to attend to male clients.</p>	<ul style="list-style-type: none"> <li>Responds to men's expressed preferences for clinic staff and spaces that are male-oriented.</li> <li>Extended services accommodate common male labour patterns.</li> <li>Increase motivation to seek and remain in care.</li> </ul>	<ul style="list-style-type: none"> <li>High acceptability among men</li> <li>More feasible and less costly than stand-alone male clinics</li> <li>May be strategic in high-burden TB 'hotspots'</li> </ul>
<p><b>Community outreach TB services targeted to men</b> Looking for places where men congregate and bringing TB preventive and treatment services to them, e.g. through workplace/prison programmes, in taverns and sports clubs, and at home (door to door services).</p>	<ul style="list-style-type: none"> <li>Overcomes access barriers by bringing services closer to where men live and work.</li> <li>Increases coverage and referral to care for men who may not otherwise access health care services.</li> </ul>	<ul style="list-style-type: none"> <li>High acceptability among men</li> <li>Uncertain feasibility and sustainability</li> <li>Requires infrastructure and multi-sectoral partnerships</li> </ul>
<p><b>Community-based outreach TB services for general population</b> These are community-based, door-to-door or event-based outreach activities for TB screening and testing, aimed at the general population (rather than men specifically). E.g., home-based and/or mobile TB screening and testing, World TB day or other community-events, interventions using peers and community health workers, mobile TB services.</p>	<ul style="list-style-type: none"> <li>Allows increase in coverage in general population while also increasing the chances of coverage in those communities of the "missing men" in TB case detection.</li> <li>Allows for linkage to care to health services of those men who may not otherwise have accessed health services.</li> </ul>	<ul style="list-style-type: none"> <li>High acceptability among men</li> <li>Generally feasible, uncertain sustainability</li> <li>Requires infrastructure and capacity for community-based service delivery.</li> </ul>
<p><b>Outreach to other health providers (GPs, pharmacies, NGOs, FBOs, THPs)</b> Public-public or public-private partnerships with other health care providers to provide TB care services, and/or improve coordination between health and community services.</p>	<ul style="list-style-type: none"> <li>Overcomes access barriers and reduces potential dropping out of care, and promotes continuity of care and community-based support for patients</li> </ul>	<p>Increase TB awareness and referrals to the public sector services. Requires infrastructure and multi-sectoral collaboration.</p>
<p><b>Expanded and improved TB/HIV/ART services</b> These are the usual recommended TB control strategies, but with an increased focus on integration of TB and HIV prevention and care services, and especially prioritizing the expansion of the ART programme as a key TB control strategy.</p>	<ul style="list-style-type: none"> <li>Overcomes access barriers and improves outcomes by bringing TB services directly to HIV-infected patients in one programme and vice versa.</li> <li>Improves clinical management of TB/HIV multi-morbidity and reduces chances for drop-out</li> <li>Expanding ART uptake: reduces risk of acquiring TB, improves case-finding and treatment outcomes, and reduces mortality.</li> </ul>	<ul style="list-style-type: none"> <li>High potential for impact on morbidity and mortality</li> <li>High feasibility and sustainability as it builds on existing programmatic platforms</li> </ul>
<p><b>Integrate TB services with existing male-focused services</b> Providing TB screening and testing services to all males when they access other male-focused health care services like STI and VMMC services</p>	<ul style="list-style-type: none"> <li>Overcomes access barriers by using existing male-focused services to engage males in TB care</li> </ul>	<ul style="list-style-type: none"> <li>High feasibility and sustainability as it builds on existing programmatic platforms</li> </ul>
<p><b>Sex-disaggregated TB health information</b> Improved health information to better understand gendered patterns across the TB cascade</p>	<ul style="list-style-type: none"> <li>Makes gender-specific patterns of TB risk and burden more visible.</li> <li>Allows interventions to be measured in terms of its impact on men and women.</li> </ul>	<ul style="list-style-type: none"> <li>Requires revision of the routine health information systems for TB</li> <li>Requires co-ordination of information systems changes across the health system</li> </ul>
<p><b>Improve staff awareness and responsiveness for appropriate male (and patient)-centered care</b> Training and value-clarification workshops and support for staff to increase staff awareness of male health needs, men's experience of stigma, and how to better engage men in health care.</p>	<ul style="list-style-type: none"> <li>Addresses expressed needs of men for better patient-provider interaction and more responsive engagements with health care workers, whether female or male.</li> <li>Increases staff awareness of male health care needs</li> <li>Motivates staff to be more responsiveness to the health care needs of men</li> <li>Increases staff ability to better support and enhance men's linkage to care.</li> </ul>	<ul style="list-style-type: none"> <li>High acceptability to male clients</li> <li>Feasible and sustainable as it deals with capacity building of existing staff</li> <li>Requires ongoing training and clinical support and quality improvement monitoring</li> </ul>