



GUIDANCE FOR DEVELOPING A NATIONAL MALE ENGAGEMENT STRATEGY FOR HIV PREVENTION

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SOUTH *TO SOUTH*
LEARNING NETWORK



INTRODUCTION

Globally, new HIV infections have declined by 39%, from 2.1 million in 2010 to 1.3 million in 2023. While this is a tremendous achievement, the world is off track to meet the 2025 target of fewer than 370,000 new infections. Combination prevention interventions are not reaching the most vulnerable people, slowing progress. Along with key populations and adolescent girls and young women, focused efforts are needed among other populations left behind, including men and boys. Several priority HIV prevention indicators for men and boys are below target (Table 1).

Table 1. Progress on Priority HIV Prevention Indicators for Men and Boys¹

Indicator	2025 Target	2023 Status
<i>Men and boys aged 15 years and over in 15 priority countries have access to voluntary medical male circumcision (VMMC)</i>	90%	67%
<i>Men aged 15–49 years report condom use with non-regular partner</i>	80%	56%
<i>HIV treatment cascade for men aged 15 years and over</i> <small>(% living with HIV who know their status, % who know their status who are on treatment, % of those on treatment who are virally suppressed and therefore unlikely to pass on HIV to partners)</small>	95-95-95	83-86-94

There is widespread agreement about the need to engage men and boys in health programming.^{2,3,4} Doing so will help meet men’s own health needs and wellbeing, support the health and wellbeing of their intimate partners and families, and create a more enabling environment for better sexual and reproductive health and rights and gender equality for all.

A dedicated Male Engagement Strategy can help address gender-related barriers and accelerate HIV prevention towards the 2030 targets. Indeed, gender-related barriers are often not adequately addressed in National Strategic Plans or HIV Prevention Roadmaps. Guidance is needed to support countries with developing a Male Engagement Strategy for HIV Prevention.

ABOUT THIS GUIDANCE

This guidance document is about how to develop a Male Engagement Strategy for HIV prevention. It was developed by Insight 2 Implementation (i2i), the evidence to action arm of the South-to-South Learning Network (SSLN). The SSLN currently supports 15 African countries to strengthen shared learning and promising practices in HIV prevention.

This guidance may be used by decision-makers at national level (i.e., National AIDS Councils, HIV Prevention Units in Ministries of Health, Prevention Technical Working Groups), sub-national level (i.e., District Health Management Teams, Provincial Departments of Health), or programme/project level (i.e., civil society organisations working on HIV prevention) who wish to develop a Male Engagement Strategy for HIV prevention. In other words, this guidance may be used to develop a National Male Engagement Strategy; sub-national strategy for specific province, state, district, or municipality; or project-level strategy for an organisation.

While this guidance is framed in terms of HIV prevention it may have applicability to health planning more generally. Countries may find it useful to adapt this guidance to develop Male Engagement Strategies for gender-based violence, sexual and reproductive health, maternal health, non-communicable diseases, and others. A country’s context should inform this decision.

Male Engagement Strategies should be high-level documents. Developing an action plan or standard operating procedure—including specific service packages—can be a subsequent, more detailed, exercise.

Engagement as a concept is considered very broadly in this guidance. It includes engagement in services, decision-making, leadership, advocacy, research, support to partners and families, and other aspects of HIV prevention.

BOX 1: QUALITIES OF A GOOD MALE ENGAGEMENT STRATEGY

- ▶ Informed by an HIV-related gender assessment or gap analysis (See Part I)
- ▶ Focused on specific sub-populations of men and boys (See Part II)
- ▶ Developed through open consultation that centres lived experiences (See Part III)
- ▶ Based on evidence of impact and effectiveness (See Part IV)
- ▶ Considers men in their different roles in family and society (See Part IV)
- ▶ Addresses harmful gender norms, roles, and power dynamics (See Part IV)
- ▶ Implemented and coordinated relevant working group (See Part V)
- ▶ Monitored through a comprehensive results framework (See Part VI)
- ▶ Costed, with a resource mobilization plan for sustainable financing (See Part VII)

PART I: UNDERSTANDING THE COUNTRY CONTEXT

A critical building block to a Male Engagement Strategy is a relevant gender-related assessment. These foundational assessments elucidate the specific context, inequalities, gender-related barriers, enabling factors, and other elements that are necessary to understand how to effectively engage men and boys in HIV prevention. Examples of relevant assessments include:

- ▶ An HIV Gender Assessment, using the UNAIDS Gender Assessment Tool ([online here](#))
- ▶ The Adolescent Boys and Men Prevention Self-Assessment Tool (PSAT) (on request)
- ▶ A characterisation study on male sexual partners of girls and young women ([online here](#))
- ▶ An Integrated Biological and Behavioural Surveillance Survey (IBBS) ([online here](#))

Many countries will already have this information available. Recent HIV Gender Assessments have been conducted in 9 SSLN countries, and others in the Global Prevention Coalition (Box 2).⁵ Kenya has completed the Adolescent Boys and Men PSAT (Box 3).⁶ Male sexual partners have been characterised in Eswatini, Kenya, Mozambique, South Africa, and Uganda.^{7,8,9,10} IBBS studies have been done among long-distance truck drivers, mineworkers, mobile traders, uniformed service personnel, and other priority sub-populations of men and boys, in countries such as Liberia, Mozambique and South Africa.^{11,12,13,14}

In addition, it is recommended that all countries complete the SSLN Male Engagement Checklist ([online here](#)) before or as part of developing a National Male Engagement Strategy. This Checklist will help stakeholders determine where there are specific gaps in male engagement and quickly assess potential areas of focus for the Male Engagement Strategy. This includes things like whether national programmes include men as family planning users, whether there is a welcoming health facility environment for men seeking sexual health services, and the availability of support groups, e.g., for men living with HIV, tailored to their needs. The Checklist may be applied by the relevant working group leading the strategy development.



BOX 2: RWANDA

Rwanda's 2023 HIV Gender Assessment notes gaps in the National Strategic Plan for gender-related issues for men and boys. It recommends specific male engagement strategies based on evidence from randomised controlled trials. The Assessment also describes how HIV programmes can align with the revised National Gender Policy, which prioritises male engagement.



BOX 3: KENYA

In 2024, Kenya completed the Adolescent Boys and Men (ABM) PSAT. The PSAT helped identify information gaps, including the need to conduct a boys' rites of passage assessment to understand how to engage with traditional leaders and community gatekeepers. The PSAT revealed a lack of ABM-tailored services. Following the PSAT, the country plans to revive the ABM Technical Working Group.

PART II: DEFINING PRIORITY POPULATIONS

Closely linked to the country context, it is essential to define the specific sub-populations of men and boys who should be prioritised for engagement in HIV prevention. Countries should consider their epidemiological profile to determine populations of men and boys that have elevated vulnerability to HIV. One should also analyse progress towards targets and prioritise the engagement of men and boys who have lower levels of prevention coverage and use. It may also be important to identify men and boys in influential roles that could help prevent HIV among their partners, communities or peers. Equity is another important factor, especially in decision-making and leadership. For instance, it may be important to strengthen the engagement of men and boys from rural areas.

Below is a non-exhaustive list of potential types of sub-populations of men and boys that could be included in a Male Engagement Strategy. These should be further defined based on country context:

- ▶ Men living with HIV
- ▶ Men with wives or partners who access HIV services
- ▶ Men with occupations that cause them to be away from home or otherwise place them at risk
- ▶ Men who face specific barriers accessing HIV services
- ▶ Men who experience social or economic marginalisation
- ▶ Men in influential or decision-making roles in communities

Men and boys from key populations—such as men who have sex with men, men who use drugs, men deprived of liberty, transgender men, and men who sell sex—are clearly important to engage in HIV prevention. The barriers they face are unique and complex, including stigma and discrimination, criminalisation, and other human rights violations. Men from key populations require a different set of engagement strategies compared to other vulnerable men and boys in the general population. For this reason, it is recommended that male engagement strategies do *not* try to address key populations as well. Countries should develop dedicated strategies for HIV prevention among key populations using trusted access platforms.¹⁵

PART III: CENTERING LIVED EXPERIENCES

Male engagement is essential in the development of the strategy itself. Once priority populations are identified, men and boys from those groups should be given a forum to articulate the barriers they face, the solutions they offer, and how they wish to be engaged in HIV prevention. The strategy should reflect the lived experiences and engagement preferences of men and boys in the given context.

Countries should consult men and boys in their diversity through key informant interviews and focus group discussions, ideally through established networks already working with men and boys such as trade unions, associations, or civil society organisations (Box 4). A national consultation including government, technical agencies, implementing partners, funding partners, the private sector, civil society, and priority populations should be convened to validate the strategy. Feedback to stakeholders about implementation progress is also key.



BOX 4: SOUTH AFRICA

South Africa's annual Men's Parliament provides a platform to discuss social challenges such as masculinity, patriarchy, the socialisation of the boy child, gender-based violence, gender inequality, harmful cultural norms, safe spaces for men, among other topics. Fora like these can be leveraged for consultation on national male engagement strategies.

“Engaging men is a health and development issue. When we are engaging men in terms of promoting them to access health services, we want to create a healthy society”

– Gift Dlamini, Programme Manager at Kwakha Indvodza, Eswatini¹⁶

PART IV: SELECTING EVIDENCE-BASED STRATEGIES

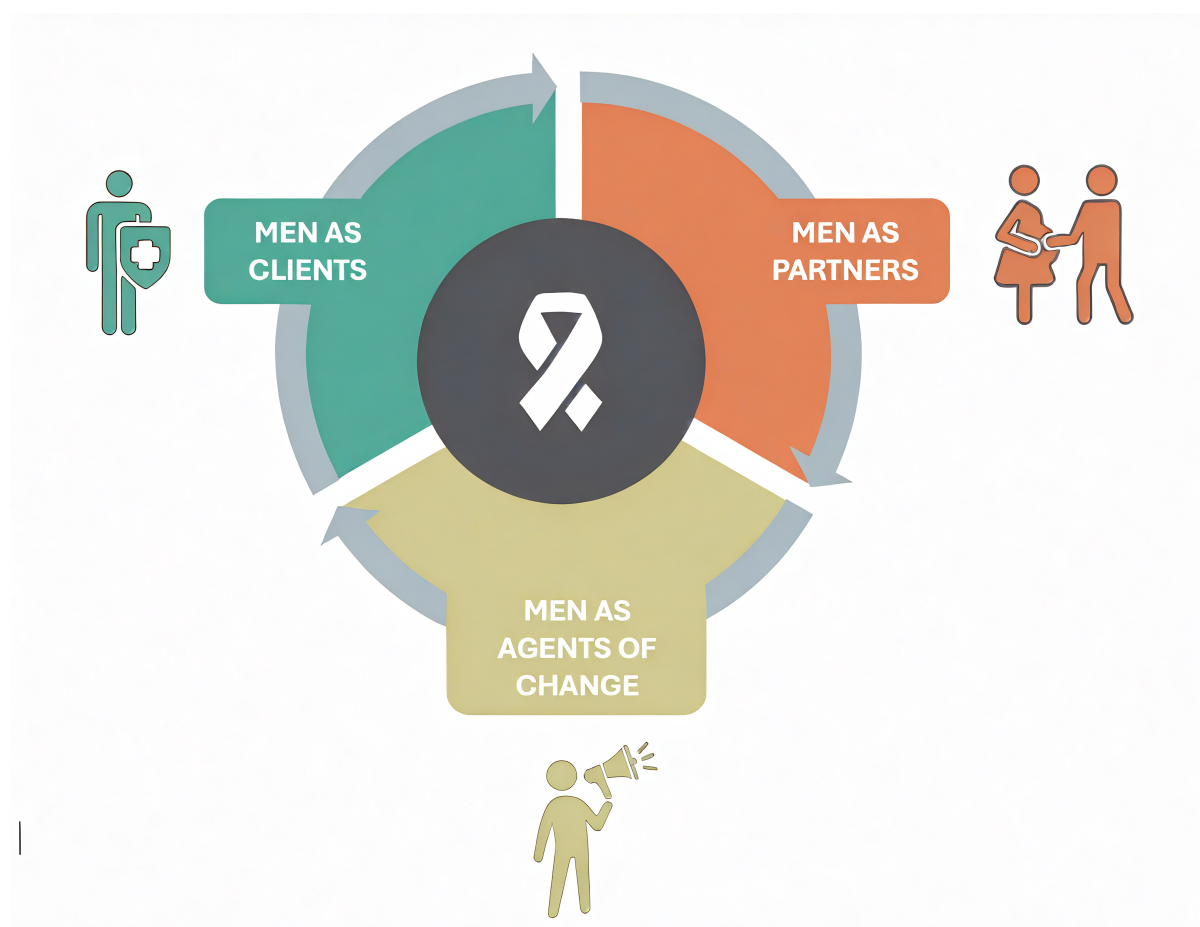
Countries should select strategies and approaches to engage men and boys in HIV prevention based on evidence of impact and effectiveness, and that align with the expressed needs and priorities of men and boys.

A 2025 systematic review of reviews synthesised evidence from 35 systematic reviews (covering over 900 primary articles), identifying common lessons and key components of comprehensive male engagement programming to improve service uptake and outcomes related to HIV and sexual and reproductive health and rights.¹⁷ Stakeholders are encouraged to consult this.

The i2i / SSLN Male Engagement Framework offers a menu of strategies based on this latest evidence of “what works” (Annex 1). Countries are encouraged to consult this framework as a reference for their strategies.

It is important to consider engaging men in their different roles: (1) **as clients** who seek health services, (2) **as partners** who offer support and companionship, and (3) **as agents of change** who show leadership in their communities.

Figure 1. Male Engagement Framework, Considering Men in Their Different Roles



Countries should seek to layer and combine engagement strategies. Evidence shows that multi-level, multi-component interventions are consistently more effective than stand-alone interventions.¹⁸

Countries should also intentionally reach out to and engage men and boys as key participants. Evidence shows that *only* reaching men second-hand is *not* effective, e.g., via their female partners or health providers (e.g., via PMTCT invitation letters).¹⁹


Additional evidence-based strategies for male engagement in HIV prevention have been published by the World Health Organization (WHO) in 2023, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2022.^{20,21} Countries may wish to consult these tools.

Countries may also consult various clearing houses on male engagement where the latest evidence is collated.²²

PART V: LEADING IMPLEMENTATION

The same group that is charged with developing the Male Engagement Strategy should also oversee its implementation. Depending on the country context, the leadership for this may be integrated with other strategies—such as an HIV Prevention Roadmap—or separated. Countries may choose to leverage existing structures to oversee the implementation of the strategy, or establish new ones. Male Engagement Strategies may be overseen by National AIDS Councils, Men and Boys Technical Working Groups, or other structures. MenEngage Platforms exist in several SSLN countries.²³ This platform is facilitating male engagement in decision-making for Global Fund HIV grants in Namibia (Box 5).

Coordination among stakeholders will be key. It may be strategic for certain line ministries to be involved, depending on the priority sub-populations for the strategy. Along with Ministries of Health, those who may have an interest in male engagement in health services may include Ministries of Defence, Ministries of Labour, Ministries of Mineral Resources, Ministries of Transport, among others.



BOX 5: NAMIBIA

Namibia's Men Engage Platform is a Movement of 16 Civil Society Organizations, Government and Development partners in Namibia working collaboratively to engage men and boys for the promotion of Gender Equality. They have elected a representative to the Global Fund Country Coordinating Mechanism (CCM), who serves as the Co-Chair representing men as a constituency. They facilitate male engagement in HIV Global Fund grants in Namibia.


PART VI: MONITORING PROGRESS

To monitor progress with Male Engagement in HIV prevention, the strategy needs a set of indicators that feed into a results framework. This should not be overly complex. Countries may consider 5-8 core indicators to help benchmark engagement outcomes. Ideally, targets should be outcomes oriented.

As part of Global AIDS Monitoring (GAM), a new indicator was added in 2024 to capture gender-responsiveness of HIV services: Percentage of health facilities providing gender-responsive HIV services (Indicator 4.3). Part of the rationale for this indicator is that gender-responsive HIV services have been demonstrated to increase male engagement in HIV prevention services.²⁴ Countries should consider tracking GAM Indicator 4.3 in their Male Engagement Strategies.

Several countries include indicators for men as partners, such as Uganda and Mozambique (Box 6).²⁵ Malawi's National Male Engagement Strategy has 25 indicators, most of which are process indicators, such as number of awareness campaigns and number of legal frameworks reviewed. As a key outcome by 2030, Malawi aims to ensure that at least 3 million men access HIV, gender-based violence, and sexual and reproductive health and rights services.

Community-led monitoring (CLM) can also be used to assess implementation of Male Engagement Strategies. CLM data can be an important compliment to national M&E or survey data. For National Male Engagement Strategies, it is important to empower and support priority sub-populations to lead CLM work.






BOX 6: MOZAMBIQUE

Mozambique's National Male Engagement Strategy 2017 has several key indicators to track progress. These are:


- ▶ Total male partners present at Antenatal appointment
- ▶ Total male partners tested for HIV at Antenatal appointments
- ▶ Total male partners tested positive at Antenatal appointment

Table 2. Example Indicators for National Male Engagement Strategies for HIV Prevention

Role/Domain	Example Indicator	Indicator Origin
<p>MEN AS CLIENTS</p> 	Percentage of health facilities providing gender-responsive HIV services	GAM Indicator 4.3
	Men and boys aged 15 years and over in 15 priority countries have access to voluntary medical male circumcision (VMMC)	Global AIDS Strategy 2021-2026
	Men aged 15–49 years report condom use with non-regular partner	Global AIDS Strategy 2021-2026 & Uganda National Strategy for Male Involvement 2019
<p>MEN AS PARTNERS</p> 	Total male partners present at Antenatal appointment	Mozambique’s National Male Engagement Strategy 2017
	Total male partners tested for HIV at Antenatal appointments	Mozambique’s National Male Engagement Strategy 2017
	Proportion of men/boys who would inform their partners to seek treatment if they (men/boys) ever get STI	Uganda National Strategy for Male Involvement 2019
	Proportion of women who report support from their partners to access SRHR/HIV/TB services during pregnancy	Uganda National Strategy for Male Involvement 2019
<p>MEN AS AGENTS OF CHANGE</p> 	A national working group on male involvement/ participation established and functional	Uganda National Strategy for Male Involvement 2019
	Proportion of districts with functional male involvement/ participation committees.	Uganda National Strategy for Male Involvement 2019
	Proportion of communities with functional male action groups at parish level	Uganda National Strategy for Male Involvement 2019
	Number of gate keepers trained to champion male engagement models	Malawi National Male Engagement Strategy 2023-2030
	Number of male dialogues sessions conducted per district to engage men and boys in the fight against gender-based violence	Zimbabwe Male Engagement Strategy for HIV, SRHR and GBV 2023

PART VII: RESOURCING THE STRATEGY

If the Male Engagement Strategy can be costed, this is helpful for mobilising resources. Malawi's National Male Engagement Strategy is costed, which helped the country use the National Male Engagement Strategy as a basis for investment in Global Fund Grant Cycle (GC) (Box 7).²⁶



BOX 7: MALAWI

In Malawi's Global Fund grant for Grant Cycle 7, the National Male Engagement Strategy 2023-2029 serves as a basis for investment in the tailored for NSP application modality. The country included \$314,470 in its funding request for reducing human rights and gender-related barriers. Part of this funding was prioritised for dissemination and implementation of the National Male Engagement Strategy.

To finance Male Engagement Strategies, countries could look to gender-focused bi-lateral and multi-lateral partners. For instance, there are several interventions in the Global Fund's Modular Framework that relate directly to male engagement in HIV prevention (Table 3). Another example is L'Initiative, which aims to ensure that 75% of their projects include at least one objective related to reducing gender inequalities.²⁷ A donor mapping may be useful to conduct.

Along with donor funding, domestic investments should also be leveraged. Countries in Southern Africa are increasingly leveraging government and the private sector investment for workplace programmes, voluntary medical male circumcision, and other male engagement activities.²⁸

Table 3: Male Engagement Interventions in the Global Fund's Modular Framework²⁹










Module	Intervention
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Condom and lubricant programming for male sexual partners of AGYW in high HIV incidence settings
	HIV prevention communication, information and demand creation for male sexual partners of AGYW in high HIV incidence settings
	Pre-exposure prophylaxis (PrEP) programming for male sexual partners of AGYW in high HIV incidence settings
	Sexual and reproductive health services, including STIs, hepatitis, post-violence care for AGYW & male sexual partners in high HIV incidence settings
	Voluntary medical male circumcision
Prevention Package for Other Vulnerable Populations (OVP)	All interventions for this module may apply to priority populations of men and boys, if defined as OVP by the country.
Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B	Prevention of incident HIV among pregnant and breastfeeding women –Partner testing and engagement.
	Retention support for pregnant and breastfeeding women (facility and community) – Community mobilisation to boost male involvement in partner's antenatal care services
Reducing Human Rights-related Barriers to HIV/TB Services	Eliminating stigma and discrimination in all settings – including workplace settings as well as emergency and humanitarian settings.



For more information:
contact i2i at info.i2i@genesis-analytics.com
or visit the i2i website at
<https://www.hivinterchange.com/i2i/insight-2-implementation>

ANNEXES

Annex 1. i2i / SSLN Male Engagement Framework

 SOUTH TO SOUTH LEARNING NETWORK <small>The HIV Prevention Interchange</small>		<h2 style="margin: 0;">ENGAGING MEN AND BOYS: RECOMMENDED STRATEGIES</h2>		<small>Tobi, your i2i ambassador</small> Insight 2 Implementation 
	as clients 	as partners 	as agents of change <small>Creating an enabling environment for SRHR</small> 	
 Policy and normative level	<input type="checkbox"/> Approaches to expand awareness of availability and need for services <input type="checkbox"/> National SRHR programs include men as family planning users	<input type="checkbox"/> Approaches to shift gender normative environment to support male involvement in partner's SRHR <input type="checkbox"/> National SRHR-related programmes include men as allies and partners, rather than as barriers	<input type="checkbox"/> Mass media and other approaches to promote more equitable gender power dynamics, counter gender-based violence <input type="checkbox"/> Legislation related to sexual and gender-based violence is in place and enforced	
 Community and health facility level	<input type="checkbox"/> Community-based options complement facility services <input type="checkbox"/> Convenient and non-judgemental health facility environment for men seeking SRHR services	<input type="checkbox"/> Welcoming health facility environment for male partners <input type="checkbox"/> Community Health Worker implementation of education and couples counselling	<input type="checkbox"/> Community mobilisation beyond small group programming <input type="checkbox"/> School-based gender transformative programming	
 Couple level	<input type="checkbox"/> Strategies to increase women's knowledge and support for men/boys' SRH services <input type="checkbox"/> Options for men to engage in services alongside their partners	<input type="checkbox"/> Couples counselling by specially trained, acceptable staff using well established techniques <input type="checkbox"/> Invitation from facilities or from men's partners (but not as the only strategy implementation)	<input type="checkbox"/> Strategies to build couple communication and conflict resolution skills <input type="checkbox"/> Both men/boys and women/girls are included in group programming	
 Individual level	<input type="checkbox"/> Support groups, e.g. for men living with HIV, tailored to their needs <input type="checkbox"/> Approaches to change gender attitudes that influence men and boys' engagement as clients	<input type="checkbox"/> Strategies to increase detailed knowledge about partners' health and communicate specific ways men should be involved <input type="checkbox"/> Strategies to change gender attitudes that influence men's engagement as partners	<input type="checkbox"/> Evidence-based gender transformative group programming of sufficient duration <input type="checkbox"/> Approaches to counter inequitable gender attitudes related to violence and controlling power dynamics	
Cross-cutting principles from evidence reviews <ul style="list-style-type: none"> Implement strategies across multiple levels and perspectives, for greater impact Design strategies to be person-centered, responsive to men's unique needs Protect and respect the safety and autonomy of women and girls; track carefully Ensure socio-cultural contextualization of intervention design, partnered with communities Tailor and carefully design for vulnerable population sub-groups Conduct monitoring, evaluation, and learning activities directly with men/boys 				
<small><i>Based on a systematic review of reviews conducted by Ann Gottert and Julie Pulerwitz (co-leads), Chantalle Okondo, Renay Weiner, Jesse Werner, Grace Muguro and Sarah Magni</i></small>				

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<input type="checkbox"/>	Conduct relevant assessment(s) of male engagement in HIV prevention in your country
<input type="checkbox"/>	Define priority sub-populations of men and boys for your country context
<input type="checkbox"/>	Consult men and boys about in developing and reviewing the strategy
<input type="checkbox"/>	Convene a national multi-stakeholder workshop to gain consensus on strategic direction
<input type="checkbox"/>	Develop national male engagement strategy document, including indicators and costing
<input type="checkbox"/>	Identify or establish a relevant structure to lead the implementation of the strategy
<input type="checkbox"/>	Mobilise resources for the strategy from domestic and international partners
<input type="checkbox"/>	Monitor implementation through routine M&E and community-led monitoring
<input type="checkbox"/>	Feedback to stakeholders about progress and revise / update the strategy as needed

Annex 4. Example Male Engagement Strategies

- ▶ [Malawi National Male Engagement Strategy for Gender Equality, Gender Based Violence, HIV and Sexual Reproductive Health Rights 2023-2030](#)
- ▶ [Mozambique National Male Engagement Strategy 2017](#)
- ▶ [Uganda Guide for Male Engagement on HIV & AIDS at the Workplace: Redefining Masculinity in the Prevention of HIV 2021](#)
- ▶ [Uganda National Strategy for Male Involvement / Participation in Reproductive Health, Maternal, Child, Adolescent Health and Rights, Nutrition Including HIV/TB 2019](#)
- ▶ [Sierra Leone National Male Involvement Strategy for the Prevention Of Sexual And Gender-Based Violence 2020](#)
- ▶ [South Africa 3rd National Men's Parliament Programme of Action 2023-2025](#)
- ▶ [Zimbabwe Male Engagement Strategy for HIV, Sexual Reproductive Health and Rights \(SRHR\) and Gender-Based Violence \(GBV\) 2023](#)

Annex 5. Example Terms of Reference for Developing Male Engagement Strategies

- [Example TORs: South Sudan National Male Engagement Strategy on Gender Equality, SRHR and HIV Interventions 2022](#)
- [Example TORs: Rwanda National Male Engagement Framework on HIV](#)

Annex 6. Further Reading / Additional Technical Resources

- ▶ [WHO \(2023\) Men and HIV: evidence-based approaches and interventions: A framework for person-centred health services.](#)
- ▶ [UNAIDS \(2022\) Male engagement in HIV testing, treatment and prevention in eastern and southern Africa — A framework for action.](#)
- ▶ [SSLN \(2023\) SSLN & Sycona Webinar | Understanding boys & men as clients, partners and agents to change to improve HIV prevention and SRH](#)
- ▶ [SSLN \(2024\) Male Engagement Programming Checklist](#)

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