



# Initiation of Voluntary Medical Male Circumcision (VMMC) at One Hospital in Lesotho Increases New HIV Diagnoses and Uptake of ART among Men

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## Introduction

- Early identification of HIV and treatment initiation at higher CD4 counts improve outcomes and reduce transmission.
- WHO and UNAIDS recommend male circumcision for HIV prevention programs as part of a comprehensive package that includes education, condom promotion, HIV counseling and testing, and STI treatment.
- Lesotho has one of the highest HIV prevalence rates in the world, estimated at 23% among adults.
- In Lesotho, data indicate that HIV testing and counseling (HTC) rates for men aged 15–49 years are low, at approximately 30%.
- Public sector VMMC services were launched in February 2012 in district hospitals.

## Background

- Between March and December 2012, over 9,500 men (75% of whom were aged 15–24) were medically circumcised at six district hospitals in Lesotho.
- 97% of VMMC clients accept HIV testing.
- HIV positivity among VMMC clients is 5%.

## Objective

- This paper describes the potential role of VMMC as an entry point to improve the identification of HIV-positive men and ensure their active referral and linkage to care and treatment in the Lesotho program.

## Methods

- VMMC program data at Mafeteng district hospital were collected from March through December 2012.
- Aggregated HIV testing data were collected from the VMMC clinic and other services within the hospital.
- Data were reviewed to identify HIV-positive VMMC clients who enrolled in treatment services; VMMC clients testing positive for HIV were traced to ascertain whether they: 1) presented at the ART clinic; 2) had a CD4 count; and 3) enrolled in treatment.
- Clients who were not found enrolled in treatment at Mafeteng hospital were traced through phone calls to ascertain if they enrolled in treatment in another facility.



Clients waiting for VMMC services outside Scott hospital.



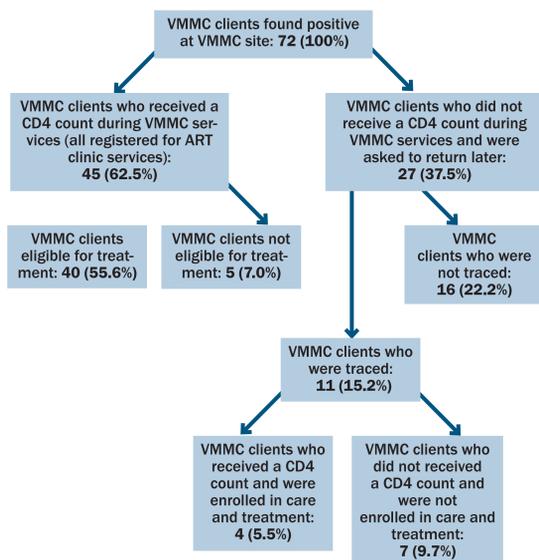
Young clients ready for VMMC service at Mafeteng hospital.

## Results

- A total of 1,906 clients were tested for HIV at VMMC services at Mafeteng hospital between February and December 2012.
- Testing in the VMMC clinic represented 65% of all males tested at Mafeteng hospital during the time period.
- Out of 446 male clients who tested HIV-positive in the hospital, 16% were tested at the VMMC site. Of these, 23 were aged 25–29 (32%) and 19 were aged 30–34 (26%).

Demographics of Clients Who Tested Positive at VMMC Site (n=72)		
	n	%
<b>DISTRICT OF ORIGIN</b>		
Mafeteng	57	(79.1%)
Maseru	12	(16.7%)
Thaba Tseka	1	(1.4%)
Mohales'hoek	1	(1.4%)
Berea	1	(1.4%)
<b>MARITAL STATUS</b>		
Single	34	(47.2%)
Married	35	(48.6%)
Divorced	2	(2.8%)
Widowed	1	(1.4%)
<b>EMPLOYMENT STATUS</b>		
Employed	36	(50%)
Unemployed	36	(50%)

- All 72 VMMC clients who tested positive were referred to the ART clinic for a baseline CD4 count; 45 (62.5%) of these clients received their CD4 count on the same day.
- Mean CD4 count result was 302 [195–685].
- 40 (88%) were eligible for treatment (CD4 count less than 350 as per Lesotho national guidelines) at the time of their test results.
- 27 clients were unable to receive an immediate CD4 count due to a temporary stock-out of reagents. These clients were referred to other district hospitals for CD4 count or were asked to return at a later date.
- 27 clients who did not receive a CD4 count when they tested positive did not return to Mafeteng hospital.
- These clients were traced through phone calls:
  - 16 phone numbers were not available.
  - Of 11 clients contacted, four reported to have received a CD4 count elsewhere and to be enrolled in treatment; seven reported that they had not had a CD4 count by the time they were contacted.



Counselor Mr. Tsasanyane providing group education prior to individual HIV testing and VMMC procedure.

## Discussion

- This review suggests that VMMC clients who test positive for HIV and receive a CD4 count on the day of diagnosis are more likely to enroll in HIV care and treatment.
- Hospital staff who are trained in both ART adherence counseling and VMMC counseling contribute to the success of referral and linkage to care.
- Regular review of VMMC data and follow-up of HIV-positive VMMC clients can support linkages to HIV care and treatment.
- These findings suggest that high HIV prevalence settings may benefit from point-of-care CD4 technology within the VMMC site.
- Given that VMMC clients return for follow-up visits 2 and 7 days postoperatively, VMMC services provide multiple opportunities to ensure that newly diagnosed men are linked with HIV care and treatment services.

## Limitation

- Limited data presented from one hospital.

## Conclusion

- All VMMC clients who tested positive for HIV and who received a CD4 count on the testing day were initiated on ART.
- Providing VMMC services in a district hospital offering the continuum of care has the potential to increase diagnoses and treatment uptake among men, but requires an investment in follow-up and adequate communication between VMMC and ART clinics.
- In high HIV prevalence settings such as Lesotho, investing in PIMA CD4 devices at integrated VMMC clinics is likely to increase male enrollment in treatment.

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