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An Integrated Service Delivery Model for Scaling Up Voluntary Medical Male Circumcision in Lesotho

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Background

At 23%, Lesotho has the third highest HIV prevalence in the world. To tackle this burden, the Ministry of Health (MOH) is prioritizing high-impact, evidence-based HIV interventions including Voluntary Medical Male Circumcision (VMMC). Implementation evidence suggests that the type of VMMC service delivery model is important for high uptake. An integrated model using the existing public health system structures for scaling up VMMC in Lesotho was piloted to investigate feasibility, demand for VMMC and uptake of HIV testing.

Methods

Four public hospitals were selected for the pilot (March–September 2012). The pilot was designed and implemented by the MOH and the Maternal and Child Health Integrated Program (MCHIP) led by Jhpiego and funded by the U.S. Agency for International Development (USAID).

Demand creation activities included only displaying posters announcing availability of VMMC services (twice a week). Most clients learned about the service by word-of-mouth communication.

Training courses were held for nurses, doctors and counselors at these facilities using the World Health Organization/UNAIDS/Jhpiego manual. Scale-up feasibility was assessed by measuring demand, numbers of male circumcisions performed and rate of HIV testing among VMMC clients.

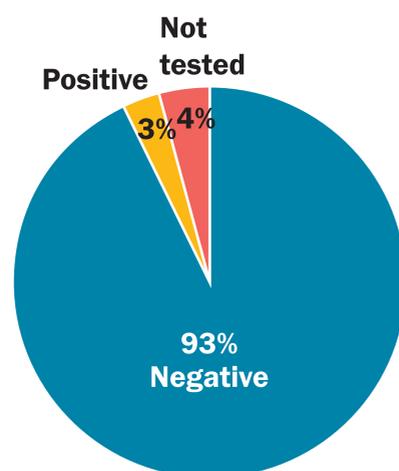
Result

All four facilities were successfully capacitated to provide VMMC services twice a week. Demand at all facilities was very high. Clients were booked up to several weeks in advance. Between March and September 2012, 6,960 clients (over 80% between 15 and 24 years) were voluntarily circumcised. The rate of moderate adverse events was reported at 1.8%, and 96% of clients agreed to undergo HIV testing. HIV positive rate was 3% of total clients (representing 3.8% of total tested clients).

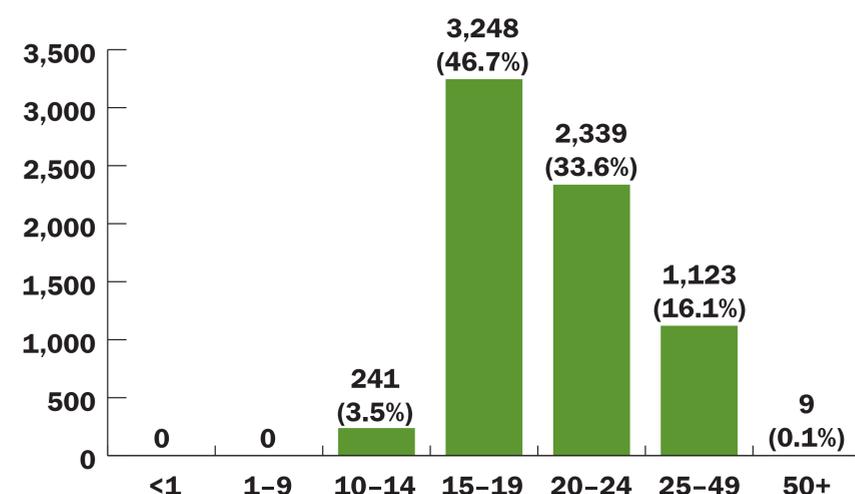
Conclusion

VMMC provided through existing health system structures is a successful method of ensuring high service uptake in Lesotho. The number achieved represents an important increase—compared with the total 400 VMMCs that were conducted in these sites during 10 months prior. VMMC provides an important access point for HIV testing and counseling for this high-risk group (males 15–24 years old). Challenges include addressing the shortage of doctors in Lesotho, and ensuring that current health system structures continue to accommodate the high demand. This integrated model also avoids cultural antagonism found among traditionalists in Lesotho.

Number of males circumcised as part of the minimum package of VMMC for HIV prevention services	Total	6,960
	<1 year	0
	1–9 years	0
	10–14 years	241
	15–19 years	3,248
	20–24 years	2,339
	25–49 years	1,123
50+ years	9	
Number of clients circumcised who experienced one or more moderate or severe adverse event(s) within the reporting period	Moderate	130
	Severe	0
HIV status among VMMC clients	Negative	6,454
	Positive	250
	Not tested	256



Number of Males Circumcised as Part of the Minimum Package of VMMC for HIV Prevention Service



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