Safety First: Remarkable Improved Quality of Care Despite Rapid Scale Up of a Five Years VMMC Program in Lesotho

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Background

Three randomized controlled trials have determined unequivocally that voluntary medical male circumcision (VMMC) reduces risk of male-to-male HIV transmission by approximately 40%.

Mathematical modeling forecasts that scale-up of male circumcision to 80% coverage by 2025 stands to avert as many as 240,000 HIV infections in 14 sub-Saharan African countries.

Lesotho adopted VMMC as a priority HIV prevention strategy in 2012, thus the inception of the VMMC program.

With funding from USAID/the President’s Emergency Plan for AIDS Relief (PEPFAR), Jhpiego has been working closely with the Lesotho Ministry of Health (MOH) to:

- Support and strengthen MOH capacity to scale up VMMC services through training of service providers;
- Gradually scale up facility-based VMMC and early infant male circumcision (EIMC) services in selected clinics and health facilities throughout Lesotho; and
- Increase demand for VMMC and BMC services.

The rate of moderate and severe adverse events should be below 2%.

Typically, AEs are assessed and documented when clients who have been circumcised return for follow-up visits as instructed.

A study conducted in Kenya indicated higher AE rates in clients who were circumcised and did not return for follow-up (Reed et al. 2012).

Focusing on clinical service/care outcomes, programs are advised to implement mechanisms through which health care services will be systematically monitored and evaluated for access, quality, and continuity of care.

Jhpiego introduced different strategies to ensure that these aspects perform better, resulting in better quality of care for our clients and ultimately increasing the number of clients coming to Jhpiego-supported VMMC service centers.

World Health Organization VMMC Minimum Package of Services

- Group education on VMMC and HIV
- Individual VMMC and HIV counseling (risk assessment/reduction)
- HIV counseling and HIV testing services (opt-out)
- Pre-operative physical exam (screening for medical and anatomical conditions)
- Circumcision by trained VMMC “surgeons”
- Post-operative review (counseling, on emergency signs, abstinence, and wound care; condom promotion and distribution)
- Two post-operative follow-up visits (48 hours, 7 days) (continuum of care and counseling)

Methodology

We conducted a retrospective review of the VMMC client database from September 2012 to September 2016.

We evaluated follow-up and adverse event rates.

Reported follow-up and AEs were categorized and reviewed by fiscal years; their trends were summarized.

We included the follow-up and AE outcomes for both fixed sites and outreach sites.

Results

A total of 129,192 clients were circumcised during the review period. Of these, 92,641 (70.8%) clients returned for at least one follow-up visit.

The follow-up rate dropped in the second year but improved gradually over time through 2016.

AE rates dropped gradually from 1.9% in FY12 to 0.2% in FY16.

Quality aspect of VMMC services: Follow-up rates

Summary

With higher follow-up rates, the program exploits eradication of preventable AEs (wound infection, wound gaping secondary to masturbation or early resumption of sexual intercourse, tetanus infection) resulting from clients not returning for review. During follow-up visits, clients normally receive more counseling about wound care, abstinence, hygiene, and not using any remedies on their wounds. So, when clients visit our service centers, their visits become good vehicles for evaluation, access, and care.

Conclusions

Our review revealed an initial reduction in follow-up rates in hospitals that improved by gradual improvement through Year 5 (2016).

All rates also declined in Year 3 (2013), which may have been due to high loss to follow-up; however, AE rates have remained low as follow-up rates have improved through 2016.

Both clinical and demand creation teams need to take into account clients’ satisfaction and care to ensure greater quality of services and perceived safety, especially as interpreted by the community, e.g., few or no AEs, being followed-up and advised, which will increase demand for services from the community.

Each client who is well cared for and counseled is a potential mobilizer of the next potential VMMC client.

We recommend trainings on key messages about VMMC services to every person who will be involved in the program, regardless of the cadre, as targeted communities need accurate, appropriate information before and after accessing VMMC services.

The proper use of every possible channel that will deliver important messages and practices will help to improve and maintain quality of services and care to our clients.

FIGURE 1: Mobile VMMC Information booths

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<td>Outreach sites</td>
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Quality aspect of VMMC services: Adverse event rates

Summary, continued

Launching services, especially campaigns where many clients are expected to be served—at these gatherings, information about VMMC is shared widely (while stressing key messages);

Training of peer educators and community mobilizers (volunteers)—these are persons who pass key on VMMC information and messages closer to the communities and targeted clients;

Training of journalists and media specialists—these are key people to receive messages about VMMC, together with key messages about the services;

Aggressive community education to trained nurses and counselors—in highly populated areas and through radio programs, our trained staff stresses key messages about VMMC.