

7. Implementation of WHO Minimum Package of Services and Appropriate Linkages

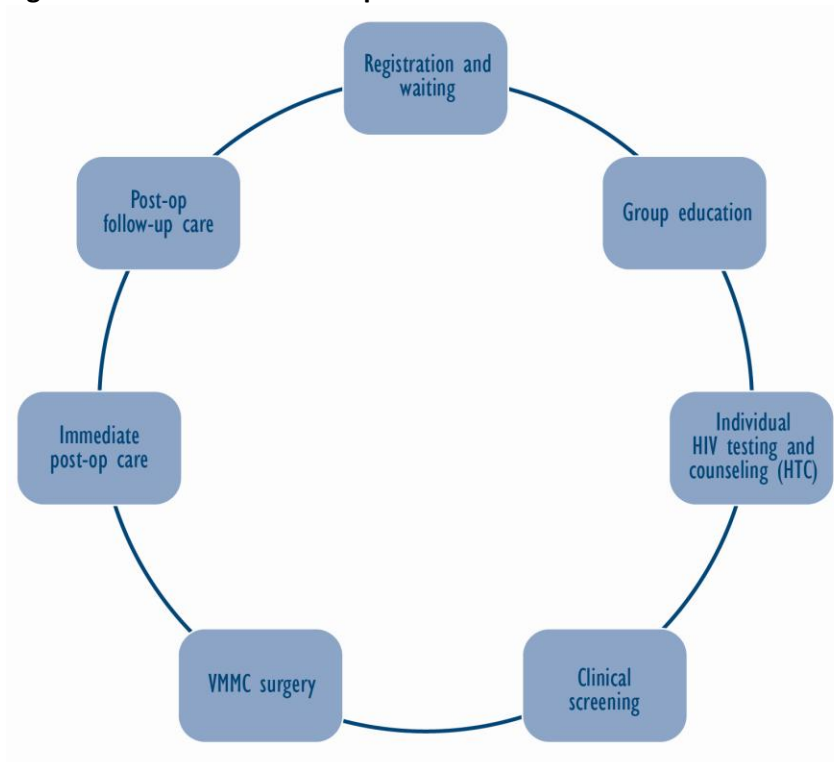
Implementation of WHO Minimum Service Package

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Useful Tool	Appendix 4: Checklist on VMMC Counseling
Useful International Guidance Documents	<p>10 Guidance on Provider-Initiated HIV Testing and Counseling (PITC) in Health Facilities</p> <p>11 Guidelines for the Management of Sexually Transmitted Infections (STIs)</p> <p>8 WHO Manual for Male Circumcision under Local Anesthesia</p>

Objective(s): To ensure that services are being implemented according to the WHO-recommended package of services (see Figure 5)

Figure 5: Recommended Components of VMMC



All VMMC programs should offer WHO's minimum package of services. WHO specifies that VMMC must be part of a comprehensive package of services, including:

- HTC (offer of) (see GUIDANCE DOCUMENT 10 and Appendix 4)
- Screening and treatment for STIs (see GUIDANCE DOCUMENT 11)
- Provision of male and female condoms, and promotion of their correct and consistent use
- Promotion of safer sex practices and provision of risk reduction counseling

- VMMC surgery (surgical removal of the foreskin) (see GUIDANCE DOCUMENT 8)

In addition to WHO's minimum package of services, PEPFAR also recommends including:

- Active linkages of HIV-positive clients from VMMC sites to HIV care and treatment programs

VMMC represents a rare and valuable opportunity to provide HIV testing and counseling (HTC) to men and, if necessary, to link them to care. When men seek VMMC services, it provides an ideal opportunity to address some aspects of sexual and reproductive health. Additionally, because many of the males accessing VMMC services are adolescents, VMMC provides a forum to educate young males about a variety of sexual health issues.

HTC in the facility and in the community can contribute to demand creation for VMMC services. It is important to capitalize on this opportunity by ensuring that HTC facilities are referring eligible clients to VMMC services.

As part of the WHO-recommended minimum package of services, PITC should be offered as part of the VMMC program (see GUIDANCE DOCUMENT 10). Implementers should adhere to WHO guidance on PITC, including the minimum standards of pre-test information, informed consent (see Section 14), post-test counseling based on serostatus, maintaining confidentiality, and use of point-of-care rapid HIV testing algorithms, as appropriate. In addition, it is important—as part of the WHO minimum package of services—to develop strong linkages to HIV care and treatment for clients who test HIV-positive. QA systems for HTC components should be in place to ensure high-quality HTC services in these settings, including systematic laboratory-based HTC results validation procedures.

Men who test HIV-positive as part of the VMMC program should be referred promptly to a care and treatment site for evaluation and appropriate antiretroviral therapy (ART), when clinically indicated. This may require that sites develop and implement novel mechanisms to facilitate and confirm successful linkage to care (e.g., escorting clients from the VMMC center to the ART center, or enabling staff to register clients for ART at the VMMC center). The limits of the protective benefits of VMMC should be explained to HIV-positive men and their partners, and if a client requests VMMC anyway (for reasons other than HIV prevention) and is healthy enough and is clinically fit (i.e., his CD4 count is above the treatment initiation threshold), VMMC should be made available to him.

If men test HIV-negative as part of the VMMC program services, they can be counseled and given specific information about how to protect themselves from HIV infection. Services for these men should include the provision of condoms and risk-reduction counseling.

VMMC should be recommended to all HIV-negative males who receive HTC services in any setting, especially those men who are at high risk of HIV acquisition from heterosexual sex (e.g., STI clinic clients and those in discordant partnerships). It is especially important for program staff to follow up actively with males whose circumcision procedure has been deferred because of an STI. It is crucial that VMMC programs develop routine systems to follow up with these males, who show evidence of having had unprotected sex, to ensure that they return to the VMMC facility for circumcision immediately following their STI treatment. VMMC programs should also give particular priority to HIV-negative males in HIV-discordant partnerships.

Case Study—Zimbabwe’s Linkage to HIV Care and Treatment

In Zimbabwe’s national program, HTC is offered routinely to all clients accessing VMMC services, and all male HTC clients who test negative are offered and referred to VMMC. Uptake of HTC has been nearly universal. All clients testing HIV-positive receive a point-of-care CD4 cell count offered at the HTC unit, and are referred with their results to public and private providers for HIV-related treatment and care services. VMMC providers have established direct links to referral centers. All referral information is entered into referral registers at the VMMC sites as well as at the referral centers. Over 90% of the referred clients could be followed up. These clients have been successfully accessing treatment, care, and support services to which they were referred by the VMMC sites.