







# The Remaining 37%: How Male Circumcision (MC) in Zambia is Contributing to the First 90

Project presence

by: Lola Aladesanmi, Joseph Banda, Makuzi Nyambe, Chilochibi Chiziba, Haswell Molombo, Hilda Shasulwe, Omega Chituwo, James Zulu, and Kwame Asiedu affiliates: Jhpiego, Johns Hopkins University Affiliate; Centers for Disease Control and Prevention Zambia; Ministry of Health Zambia

#### HIV and Male Circumcision in Zambia

- HIV prevalence in Zambia in 2016<sup>1</sup>
- Among persons aged 15–59 years, the prevalence is 12.3% (females 14.9%, males 9.5%).
- Male circumcision prevalence<sup>2</sup>
- Prevalence of male circumcision among males aged 15-49 years is 22%.
- Knowledge of HIV status among persons aged 15-59 years<sup>1</sup>
- 62.8% of HIV-positive males and 70.0% HIV-positive females report knowing their status.
- Historically, men are less likely to seek health care services than women.
- Men often await pregnancy-related HIV test results from their partners before getting tested.
- HIV testing services (HTS) through voluntary medical male circumcision (VMMC) programs
- VMMC programs provides HTS before circumcision—a unique opportunity to reach the remaining 37% of men living with HIV but who do not yet know their status.

Sources: <sup>1</sup> Ministry of Health Zambia. 2017. Zambia population-based HIV impact assessment 2016: first report. PHIA ICAP website. http://phia.icap.columbia.edu/wp-content/uploads/2017/11/FINAL-ZAMPHIA-First-Report\_11.30.17\_CK.pdf. [Published December 2017.] Accessed May 23, 2018. <sup>2</sup> Central Statistical Office, Ministry of Health Zambia, ICF International. 2014. Zambia demographic and health survey 2013–14. The DHS Program website. https://www.dhsprogram.com/pubs/pdf/fr304/fr304.pdf. Accessed May 23, 2018.

## Background

- Jhpiego is implementing a 5-year VMMC project funded by the Centers for Disease Control and Prevention through the United States President's Emergency Plan for AIDS Relief (PEPFAR).
- Jhpiego provides VMMC services in Lusaka, Southern, Central, Copperbelt, and Western Provinces—which have the highest HIV prevalence rates (13–16%).
- The project has supported 151 health facilities:
- Clients receive HIV tests (prior to circumcision).
- HIV-positive clients are linked to care and treatment.
- VMMC project team conducted a retrospective analysis of routine data:
- One goal was to describe the HTS uptake among men in VMMC settings.
- A second goal was to describe the contribution of HTS done in VMMC settings toward the national progress in performing HTS—using data from District Health Information System.

### **Description of the Program**

- Analysis of routine data from VMMC service delivery points in Jhpiego-supported facilities (see Table 1)
- Over 90% (92,729/99,729) of VMMC clients got an HIV test (except in Lusaka Province where it was 83%).
- HIV testing yield is quite low (0.4%), as is expected from VMMC programs.
- Linkage-to-care rates are also suboptimal at just 34%.
- Analysis of routine data (national Health
- Management Information System from all service delivery points in all facilities in the five provinces (see Table 2)
- 28% (353,739/1,250,244) of HIV tests for men were done through VMMC services.
- 5% (4,958/93,747) of the new diagnoses for men were made through VMMC services.
- HIV testing yield is quite low (1.4%), as is expected from VMMC programs.
- Linkage-to-care rates are not accurate in the national data and are not presented here.

# Table 1. Analysis of routine data from VMMC service delivery points in Jhpiego-supported facilities

Province	# VMMC # Tested for # HIV posit clients HIV (%) (%)		# HIV positive (%)	# Linked to care and treatment (%)	
Central	10,983	10,061 (91.6%)	88 (0.8%)	26 (30%)	
Copperbelt	41,604	40,674 (98%)	190 (0.4%)	44 (23.1%)	
Lusaka	24,120	20,092 (83.3%)	42 (0.2%)	25 (59.6%)	
Southern	20,532	19,219 (93.6%)	106 (0.5%)	46 (43.4%)	
Western	2,690	2,683 (99.8%)	6 (0.2%)	4 (66.7%)	
Total	99,929	92,729 (92.8%)	432 (0.4%)	145 (33.6%)	

Notes: HIV testing services (HTS), voluntary medical male circumcision (VMMC)

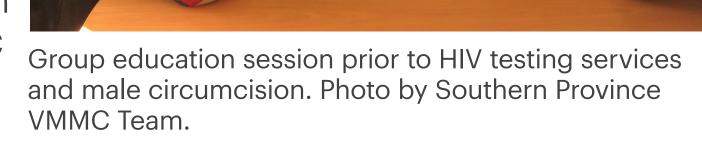
# Table 2. Analysis of routine national Health Management Information System data from all service delivery points in all five provinces

Province	# males tested for HIV at all SDPs	# HIV positive at all SDPs (%)	# males tested for HIV in VMMC SDPs	# HIV positive in VMMC SDPs (%)	% HIV tests done on males in VMMC	% New diagnoses from VMMC SDPs
Central	218,822	15,408 (7%)	82,041	1106 (1.3%)	37.5%	7.2%
Copperbelt	320,987	25,732 (8%)	100,519	2103 (2.1%)	31.3%	8.2%
Lusaka	285,322	31,884 (11.2%)	75,381	788 (1%)	26.4%	2.5%
Southern	251,249	11,689 (4.7%)	59,850	597 (1%)	23.8%	5.1%
Western	173,864	9,034 (5.2%)	35,948	364 (1%)	20.7%	4%
Total	1,250,244	93,747 (7.5%)	353,739	4958 (1.4%)	28.3%	5.3%

Notes: HIV testing services (HTS), voluntary medical male circumcision (VMMC), service delivery points (SDPs)

#### **Lessons Learned**

- VMMC services in Zambia presents an opportunity to provide HTS for men
- Over 90% of VMMC clients are receiving HTS.
- One-third of all HIV tests for males are done in VMMC service delivery points.
- Just over 5% of all new HIV diagnoses in males were made at VMMC service delivery points.
- The sheer proportion of men being tested through VMMC programs is worthy of note, especially considering the low circumcision coverage in the country.



- The low linkage-to-care rates (34%) observed can reduce the potential impact of providing HTS through VMMC services.
- Therefore, strengthening linkage-to-care systems will improve the impact of providing HTS in VMMC settings on the HIV care cascade.
- However, the high coverage rates of testing among men cannot be impactful without an effective linkage strategy and may become a missed opportunity to contribute to reaching the remaining 37% of males living with HIV but who do not know their status.

### **Next Steps**

- Scaling up VMMC services is crucial for increasing access to HTS for men.
- HIV-positive clients must be linked to care and treatment immediately, inline with the new test and treat strategy through the following:
- Comprehensive group education
- One-on-one sessions for clients to discuss VMMC and HTS
- Treatment literacy—importance of early treatment, partner notification, and testing
- Same day antiretroviral therapy linkage using active referrals
- Effective community tracking and follow-up systems
- Deployment and consistent use of linkage registers



Group education session prior to HIV testing services and male circumcision. Photo by Southern Province VMMC Team.