Establishing sustainable programmes:

Linking Voluntary Medical Male Circumcision (VMMC) for HIV prevention & other adolescent health interventions
Adolescents - Background

- Adolescents (10-19 years) are a key target population for HIV prevention, including MC\(^a\)
- Many adolescents are not yet sexually active\(^b,c\)
- Adolescence is a time for development of values & reflection on social norms\(^d\)
- Access to age appropriate and accurate SRH information & services positively correlates with the development of healthy sexual behaviours\(^e\)
Background II

• Currently adolescent have poor access to information, skills and services to improve their sexual and reproductive health

• Feedback from countries indicates lack of adequate messaging for adolescents on VMMC

• Minimum VMMC package already contains the ASRH interventions:
  
  I. HTC, STIs management
  
  II. Provision and promotion of correct and consistent use of condoms

  III. Age-appropriate counselling on risk reduction, including reducing number and concurrency of sexual partners, delaying/abstaining from sex, and provision and promotion of correct and consistent use of condoms.
Rationale for this project - strengthening ASRH-MC linkages

The Joint Strategic Action Framework for Accelerating Implementation of VMMC supports this:

- UNAID/WHO VMMC strategy Goal (part b): Establish sustainable national programmes that provide VMMC services to all infants up to 2 months and at least 80% of male adolescents

  - This could be through combination of **dedicated** and **integrated approaches** to maximize public health benefits.
  
  - VMMC services must be carefully integrated into planning for comprehensive HIV prevention and sexual and reproductive health programming.

  - **Country Implementation Pillar**: identify approaches to integrate and expand VMMC services for adolescent males.
Rationale II

• **MC: opportunity to provide SRH services to adolescents**
  - During points of interaction with MC service providers: pre, intra, and post operatively

• **ASRH: opportunity to link to MC**
  - **Providing MC messages** during ASRH education sessions will have the advantage of sensitizing and informing adolescent girls about MC and protective effects.
  - **Potential to provide MC** on sites where ASRH information is being provided
Goal and Objectives of the project

Goal of the WHO/PEPFAR adolescent SRH/MC linkage project:
To strengthen the linkages between MC & SRH interventions for adolescents

Objectives:

I. **Stimulate demand for MC** services among adolescent males through enhanced linkages with ASRH interventions

II. **Improve knowledge**, attitudes, and behaviours of adolescents toward MC and SRH

III. Long term: **improve ASRH outcomes** (including gender outcomes) among young men
How are we going to do this? Programme Options and Support Materials for Linking MC & ASRH

- WHO had developed a programmatic options and support material (POSM) document.
- **Three implementation options** to link MC and ARSH interventions are outlined.
- It proposes **content** that can be adapted for local use in health and education packages\(^a,b\).
- Also includes content **addressing gender norms for boys**;
  - Already been adapted for use in Africa and Asia.
  - Positive evaluation results of gender components & materials\(^1\).
Programme Options

Three options for delivering the ASRH educations and services are proposed:

Package A: Basic package (health facility)
- Provide accurate info on HIV/AIDS and basic SRH information
- Can be delivered pre, intra, & post MC procedure to individual or groups by trained clinical or non-clinical staff
- Engages adolescents in questioning gender norms

Package B: Semi-expanded package (health facility, community settings)
- Can be provided in different settings
- Covers topics under Basic Package, plus discussion on sexuality
- Can also be implemented before, during, and after surgery

Package C: Expanded package (community setting)
- Possible if contact with clients can be prolonged
- Covers topics under Basic Package, plus emphasis on sexuality & gender norms
### An overview of the content package for the ASRH education interventions

<table>
<thead>
<tr>
<th>Main Themes</th>
<th>Specific Content</th>
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</thead>
</table>
| **I. Bio-psycho-sexual development** | ✓ Basic human rights (HR), incl. sexual rights  
✓ Men’s and women’s anatomy  
✓ Genital health and hygiene  
✓ Emotional and sexual development and its associated myths, fears, and challenges  
✓ Sexuality, sexual identity and sexual orientation  
✓ Male identity formation  
✓ Traditional gender roles and stereotypes |
| **II. Prevention of negative health outcomes** | ✓ Basic fertility, contraceptive methods, unintended pregnancy prevention  
✓ Safe sex, STI and HIV prevention  
✓ Violence, including gender-based violence (GBV), prevention  
✓ Substance use prevention  
✓ Link between gender roles and health-risk behaviours  
✓ Health seeking behaviours  
✓ Inter-personal communication skills, including how to discuss condom use and VCT (Voluntary Counselling and Testing) with partners  
✓ Social change/health promotion project development and advocacy |
| **III. Relationships during adolescence** | ✓ Intimate relationships  
✓ Support networks  
✓ Gender-related power dynamics  
✓ Adolescent childbearing/abortion  
✓ Fatherhood |
### Menu of MC messages can be added to ASRH packages

<table>
<thead>
<tr>
<th>Objective of Message</th>
<th>Focus Area</th>
<th>10-15yrs boys and girls</th>
<th>16-24yr Males</th>
<th>Older Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase uptake &amp; demand for VMMC</td>
<td>Target topics Health Benefits of MC</td>
<td>HIV prevention information messages</td>
<td>HIV prevention information messages</td>
<td>Cervical Cancer</td>
</tr>
<tr>
<td>Promote health benefits &amp; dispel misinformation on VMMC</td>
<td>Messages linking good genital hygiene and MC</td>
<td></td>
<td>Messages linking good genital hygiene and MC</td>
<td>Safety of procedure</td>
</tr>
<tr>
<td>Target females to provide support for their male partners</td>
<td>Target topics for addressing misinformation on MC</td>
<td></td>
<td>Messages addressing Issues of Pain</td>
<td>Safety of procedure</td>
</tr>
<tr>
<td></td>
<td>Safety of procedure</td>
<td></td>
<td>Messages addressing Issues of Pain</td>
<td>Safety of procedure</td>
</tr>
<tr>
<td></td>
<td>Messages addressing Issues of Pain</td>
<td></td>
<td>No reduction of sexual pleasure following procedure</td>
<td>No proven incidences of association with GBV resulting from reduced negotiating power of the woman on safe sex.</td>
</tr>
<tr>
<td>Change attitude &amp; behaviours relating to possible risk compensation following VMMC</td>
<td>Messages specific at the procedure</td>
<td>Wound Care</td>
<td>General Wound Care</td>
<td>Abstinence following procedure</td>
</tr>
<tr>
<td></td>
<td>Wound Care</td>
<td></td>
<td>Masturbation and healing.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Masturbation and healing.</td>
<td></td>
<td>Abstinence following procedure</td>
<td></td>
</tr>
<tr>
<td>Messages reinforcing other HIV prevention strategies)</td>
<td>General HIV prevention messages</td>
<td>Delaying sexual debut</td>
<td>Consistent use of condoms</td>
<td>Consistent use of condoms</td>
</tr>
<tr>
<td></td>
<td>Consistent use of condoms</td>
<td></td>
<td>Regular testing for HIV and other STIs</td>
<td>Regular testing for HIV and other STIs</td>
</tr>
<tr>
<td></td>
<td>Regular testing for HIV and other STIs</td>
<td></td>
<td>Overlapping or concurrent sexual partners</td>
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</tr>
</tbody>
</table>
Strategies for Implementation

Using experiences learned from Kenya and Tanzania, integration of MC services and ASRH has occurred through:

- **Establishment of referral networks**: MC clients at health facilities referred to nearby centres where adolescents receive SRH information & services and vice versa.

- **ASRH education packages** provided in health facilities either by the health workers providing MC package or by educators/counsellors providing ASRH education.

- **Mobile outreach MC services** to places where adolescents congregate to get SRH information/services e.g. youth centres, adolescent health corners, churches & schools.

- **Community partnerships**: organizations providing ASRH and/or MC services partner with communities to provide information on risk reduction, HIV prevention & gender norms during TMC ceremonies.
Overview of proposed activities in Rwanda and Zimbabwe

- **Preparations:**
  - Discussions with MoH ASRH & HIV/MC programmes
  - Securing participation of stakeholders in country

- **Mapping** ASRH & MC services to identify:
  - types of services provided; population age-group targeted; service providers providing the services, where service are provided in order to identify possible site(s) for field testing linkages, partners & MOH programmes involved

- **Develop appropriate menu** of interventions to be used in MMC & ASRH sites

- **Adaptation/development** of existing materials to support intervention in field test sites

- **Field testing**:
  - Develop protocol for field testing the materials and linkages
  - Field testing of materials and linking

- **Long-term** evaluation of linkages programme
THANK YOU

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• Rachel Baggaley