Quality of Voluntary Medical Male Circumcision Services

Rationale for the Studies
Rapid expansion of voluntary medical male circumcision (VMMC) services in priority countries in eastern and southern Africa raises the question of whether health systems can absorb a high volume of new services while maintaining quality. A related question is whether at-scale VMMC programs provide adequate linkages to HIV testing and quality care and treatment services for HIV-positive clients. Four studies examined how quality services and linkages are achieved during scale-up.

Three of these studies were conducted as part of the President’s Emergency Plan for AIDS Relief (PEPFAR) through USAID Research to Prevention Systematic Monitoring of the Voluntary Medical Male Circumcision Scale-up (SYMMACS), which was designed to assess VMMC scale-up in four priority countries: Kenya, South Africa, Tanzania, and Zimbabwe, with two rounds of data collection (in 2011 and 2012). The fourth was conducted in Lesotho where VMMC services are integrated at all hospitals in the country by PEPFAR through the USAID Maternal and Child Health Integrated Program (MCHIP).

Key Findings
- High levels of service quality can be attained at scale and, in some cases, dramatically improved during the process of scale-up. Surgical technique had the highest quality scores overall, reflecting technical competence of providers, and care and safety in undertaking surgical steps.
- Areas of service with low quality scores included the monitoring of adverse events, external supervision, pre-operative examinations, post-operative counseling, absence of guidelines and emergency equipment, and infection control.
  - Few sites had all necessary equipment and supplies for normal and emergency surgeries, which likely reflects broader health systems needs in commodity procurement.
  - Declines in quality services at both original and new sites reflected a dilution of human resources in scale-up.
- VMMC services contributed to males’ increased knowledge of HIV status. HIV-positive clients who received a CD4 count on-site when seeking VMMC services were more likely to enroll in care and treatment than those whose CD4 count was delayed or who were referred to another facility.

Implications for the Future
As VMMC programs expand service coverage, it is important to maintain quality in all areas of services. These studies suggest that while surgical technique quality is high, we need to move beyond technique and ensure standards of care are met and maintained in terms of adverse event monitoring, patient pre- and post-operative examination and counseling, and infection prevention. In addition, we should prioritize immediate linkages and follow-up to HIV-positive clients, offering CD4 count laboratory tests at VMMC sites if at all possible.