Recommendations for the Amendment of Lesotho VMMC Policy Strategy and Implementation Plan 2012/2013-2016/2017

Amendment of Lesotho VMMC Policy

Lesotho VMMC Advocacy Coalition

BACKGROUND

Lesotho is land locked mountainous country with the second highest HIV prevalence of 25.3 percent. In 2007, World Health Organisation (WHO), introduced voluntary medical male circumcision (VMMC) as one of the key interventions to fight HIV but it was only introduced in 2012 in Lesotho as one of the combination prevention interventions. In the same year, the Lesotho VMMC Policy Strategy and Implementation Plan 2012/2013-2016/2017 was developed as a guidance tool for VMMC service provision, communication and advocacy. The efforts of all the people who worked hard in the development of this tool have been recognised – owing to the fact that they managed to develop a document for VMMC (such a cultural sensitive issue in Lesotho then and now.)

For starters, with the guide of the policy, Jhpiego and the Ministry of Health have managed to celebrate the mark of 100 000 medically circumcised clients by 2015 and they continue to enjoy the achievement totaling 129 000 by end of 2016. Furthermore, they have managed to earn a recognisable score in terms of client satisfaction, as documented in the Client Satisfaction Study (2015). They have also achieved notable introduction of VMMC into traditional circumcision, though there's still a way to go to achieve integration of the two methods. There's also a long way to go to achieve the Ministry of Health's target of 350,000 procedures by 2018. Through the period of 2012/2013 - 2015/2017, there have been challenges.

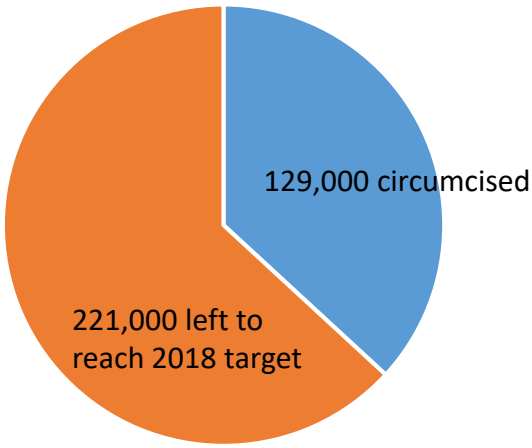
KEY CHALLENGES TO LESOTHO'S VMMC POLICY

*** Key challenges were identified by the VMMC Advocacy Coalition, made up of civil society and VMMC implementers*

- Lack of fully supported and functioning VMMC Technical Working Group;
- Limited community ownership as VMMC is seen as an imposed foreign project introduced and implemented without or with little community involvement;
- Pressure from funders to reach targets can interfere with quality service delivery;
- Limited wider participation in VMMC efforts by Labour, Education, other ministries;
- Cultural sensitivity around VMMC as Basotho men, mostly in the rural areas, are still practicing traditional circumcision. VMMC is not the cultural norm. (Traditional circumcision prevalence in Lesotho varies among regions between 20 and 80 percent.);
- Lack of new VMMC targets to accommodate new UNAIDS goals and plans to sustain new targets along with plans for early infant circumcision.
- Minimal accurate and consistent media coverage on the benefits of VMMC

STATEMENT

With 129 000 men circumcised so far and 221 000 left to reach the 2018 target of 350,000, there is urgent need to unlock the barriers in order to achieve this target while also maintaining safety and quality of the VMMC program. UNAIDS has an added target of circumcising 27 million men in designated African countries by 2021 as part of its plan to end AIDS by 2030. This would entail a great increase in Lesotho's target over the current one.



VMMC, as one of the key HIV prevention interventions recommended by WHO/UNAIDS, is mainly hindered in Lesotho due to lack of cultural familiarity and minimal interest from government gatekeepers in Lesotho.

The current VMMC Policy Strategy as a guiding tool is not inclusive of wider stakeholder engagement with ministries such as Labour and Education. Importantly, an aim of UNAIDS/WHO new VMMC 2016-2021 Framework is to amend VMMC policies to ensure wider access of VMMC services.

Any delay or negligence in amending the current Lesotho VMMC Policy Strategy may result in failure to reach targets. Subsequent events could include loss of funding, loss of confidence in relevant stakeholders and country's VMMC program, and lack of country's contribution to the control of HIV/AIDS by 2030.

The Advocacy Coalition is willing to help the Ministry of Health and its partners to implement recommendations below into practice.

KEY RECOMMENDATIONS

1. The Ministry of Health should increase its support for the VMMC Technical Working Group
2. The Ministry of Health should ensure wider stakeholder participation
3. Ministry or Health should prioritize quality assurance in VMMC programs over VMMC targets
4. Ministry of Health should create an enabling environment within government for wider access to VMMC services
5. Ministry of Health should oversee integration of VMMC with traditional circumcision
6. Ministry of Health should plan for VMMC program sustainability while aligning with UNAIDS' new circumcision targets
7. Ministry of Health should align with the new WHO/UNAIDS' VMMC 2021 Framework for integration of VMMC and health services
8. Ministry of Health should support communication, media and advocacy for VMMC awareness and demand creation campaigns

KEY RECOMMENDATIONS (IN DETAIL)

1. **The Ministry of Health should increase its support for the VMMC Technical Working Group**
    - The Working Group is the backbone of VMMC guidance for VMMC service provision in Lesotho. The Ministry of Health should ensure that there is wider stakeholder representation of people with skills, knowledge and passion including HIV activists, health practitioners and community representatives such as those who have been medically and traditionally circumcised.
    - The MoH should ensure that the working group has the resources and support it needs to organize regular meetings to discuss challenges, opportunities and strategy.
    - The MoH, the Working Group and its partners should conduct a Knowledge, Attitudes, Practices and Coverage (KAPC) survey to widen clientele, identify challenges and implement recommendations.
    - The Ministry should appoint a body to monitor the VMMC Technical Working Group to ensure productivity.

2. **The Ministry of Health should ensure wider stakeholder participation**
    - The MoH should hold consultations with wider stakeholders such as representatives from other ministries, young people, HIV/AIDS stakeholders, church leaders, women, political leaders and traditional leaders on benefits and concerns about VMMC issues.
    - Entryways for community involvement, participation and ownership should be made clear.
    - There should be a clear strategy on the role of women as mothers, sisters, guardians, partners, etc in VMMC programming.

3. **Ministry or Health should prioritize quality assurance in VMMC programs over VMMC targets**
    - There should be continuous, maintained, monitored and standardised capability of level for doctors and nurses who provide VMMC services to ensure that there is continuous quality VMMC service provision.
    - There should be a standardised method to verify a consent form in an effort to ensure that only people eligible for VMMC get the services so as to minimise injuries, legal actions and bad publicity.

4. **Ministry of Health should create an enabling environment within government for wider access to VMMC services**
    - Ministry of Health should develop clear strategies for how to work with Ministry of Education, Ministry of Labour, Ministry of Tourism, Environment and Culture, Factories management and Construction management to ensure that at-risk, migrating populations like factory workers, construction workers, and students can access VMMC services without obstructing production and earnings or obstructing school-work.
    - MoH should develop clear strategies on how minority groups like people living with disabilities should access VMMC services without any stigma or discrimination.
    - MoH should decentralize VMMC services through existing and identified health centres and continuous outreach to ensure equal access of VMMC services for all eligible males.

5. **Ministry of Health should oversee integration of VMMC with traditional circumcision**
    - MoH should work with traditional circumcisers and leaders to develop clear strategies for traditional initiates to access VMMC services without obstructing or threatening culture. (The MoH should be the overseer of the integration process but not be part of the process of integration to avoid conflicting priorities.)

- A Technical Working Group specifically meant for this integration should be created, inclusive of traditional circumcisers and leaders, and should advise the Minister on which actions to take so as to speed up the process.

6. **Ministry of Health should plan for VMMC program sustainability while aligning with UNAIDS' new circumcision targets**
   - The government should devise other funding options should current PEPFAR funding reduce or stop. This will help for easy transition to long-term sustainability.
   - Many countries are working on integrating VMMC in public hospitals and health centres for sustainability and equal access of VMMC service. Lesotho should also explore this strategy.
   - The Ministry should work with PEPFAR and other key stakeholders to develop new targets and budget needs based on UNAIDS' new goal of 27 million circumcisions by 2021. MoH should develop clear information and strategies on early infant male circumcision (EIMC), as a path to transitioning into VMMC sustainability.
   - NAC and Ministry of Health should plan on the development of a new policy post-2017 inclusive of all policy recommendations here.

7. **Ministry of Health should align with the new WHO/UNAIDS' VMMC 2021 Framework for integration of VMMC and health services**
   - MoH should adopt the WHO/UNAIDS VMMC 2021 Framework. It aims for "90 percent of males ages 10 to 20 will have been circumcised in priority settings in sub-Saharan Africa and 90 percent of 10 to 29-year-old males will have accessed health services tailored to their needs." This is a departure from the original strategy to circumcise 15-49 year-olds through vertical VMMC programs with no linkages to health services.
   - To implement VMMC 2021 requires the leadership of the MoH, along with systematic partnerships between the health sector and other sectors (e.g. education, sports, labour and entertainment), and strong community mobilization.

8. **Ministry of Health should support communication, media and advocacy for VMMC awareness and demand creation campaigns**
   - The MoH should create an IEC Working Group to develop messages to be pre-tested with wider audience (age, cultural background, gender etc) and recommendations from those pre-test should be analysed critically for better decision-making.
   - The MoH should support health advocacy initiatives led by civil society since they are complimentary to its work. Unnecessary gatekeeping between civil society and key government departments and/or leaders should be eliminated.
   - The MoH should identify national champions, and others from central villages or catchment areas, whose responsibility is to be a link between the community and the VMMC service providers. They should ensure all year round momentum of conveying VMMC messages.
   - The media should be capacitated with up-to-date VMMC information to intensify demand creation and advocacy.