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FROM THE AMERICAN PEOPLE

AIDS Free
Strengthening High Impact Interventions
for an AIDS-free Generation

Sustainability in Action: Integrating VMMC into Primary Health Care

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VMMC Sustainability Snapshot

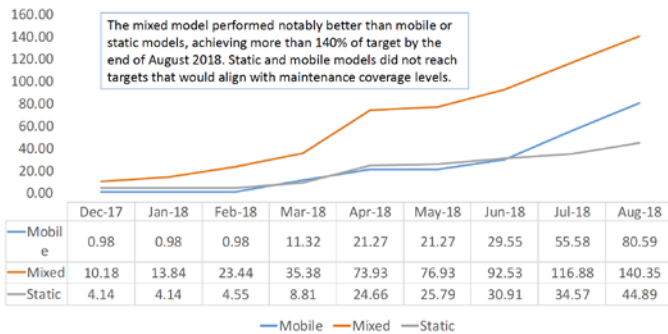
	Global (WHO)	Zimbabwe	Kenya	Tanzania
Approach	Global guidance on sustaining VMMC services	Conduct baseline assessment in all districts; national level responsible for monitoring over time	Conduct pilot to assess sustainability models of VMMC service delivery	Reframe implementation approaches to be sustainable while building local capacity
Objective(s)	Support national ministries of health and partners as they transition to sustainable VMMC service delivery	National guidance to transition VMMC services to sustainable implementation	Identifying cost efficient and sustainable models to maintain circumcision coverage in Western Kenya	Build capacity of regions, districts & facilities to implement VMMC services sustainably
Sustainability Guidance Document	Chapter on sustainability due in December 2019	Sustainability Transition Implementation Plan 2019-2021	Policy guidelines for sustaining medical male circumcision services in Kenya	National VMMC Sustainability Roadmap
Age Focus	Early adolescents (10-14 years old)	Scale-Up: Males 10-29 years old Maintenance: Early adolescents (10-14 years old)	Early adolescents (10-14 years old)	Early Infant Male Circumcision (EIMC) Early Adolescent Male Circumcision (EAMC)
Implementation Modality	N/A	Outreach Static Mobile	Static Mobile Mixed	Integrated EIMC Mixed EAMC





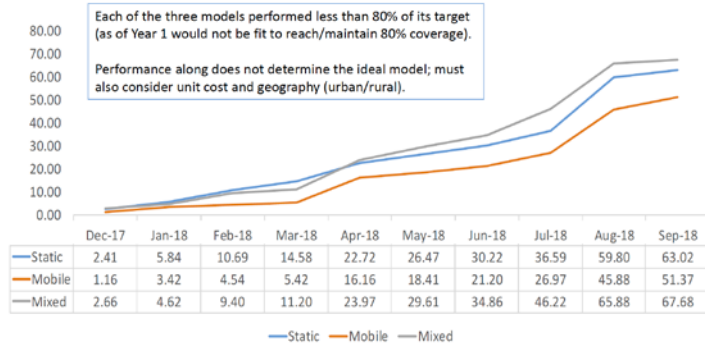
Kenya's Models of Sustainable Implementation

Migori cumulative monthly VMMC uptake (% of target) among resident 10-14 year olds, by model



- **Static**—general clinicians stationed in health facilities offer VMMC to clients who present at facility.
- **Mixed**—providers offer a mix of year-round static services with periodic rapid results initiative (RRI)-type demand creation and services at opportune times in the school year.
- **Mobile**—a single dedicated VMMC team is responsible for maintaining VMMC coverage in a large area.
- Targets were set for each model, by county

Siaya cumulative monthly VMMC uptake (% of target) among resident 10-14 year olds, by model



Source: ProjectIQ, Source: ProjectIQ Webinar Series, 22 May 2019

<https://www.jhpiego.org/projectiq>





WHO Development of VMMC

Objectives

Delivering male circumcision for HIV prevention:

Objective: to support national ministries of health and partners as they transition VMMC service delivery;

From the current donor-driven, predominantly vertical approach



To a country-owned, integrated, adolescent-focused approach that can be provided sustainably.

With synergies with other essential services and programmes

Principles underlying the chapter

- 1 Widely Accessible Services** In alignment with UHC principles, all people should have **access to necessary, affordable, and effective health services** (including prevention)¹
- 2 High quality and people-centered** Services should put **people and communities**, not diseases, at the **center of health systems**, empowering people to take charge of their health, supported with education and support²
- 3 Adolescent-focused** Programmes may focus on adolescents as a sustainable, effective, and acceptable approach towards wellbeing that maximizes **near-term impact on the epidemic**³
- 4 Embedded within routine systems** VMMC integration has the potential to enable efficiencies and **spur relationships** with adolescent programs, a small, but emerging aspect of health systems⁴

¹ http://www.who.int/healthsystems/universal_health_coverage/en/

² <http://www.who.int/news-room/factsheets/detail/essential-services-for-people-centred-health-care>

³ Models to Inform Fast Tracking Voluntary Medical Male Circumcision in HIV Combination Prevention: report from World Health Organization and UNAIDS meeting, 23–24 March 2016. Geneva, Switzerland: World Health Organization; 2017

⁴ Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation. Summary. Geneva: World Health Organization; 2017





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AIDSFree Tanzania Process

Jenna Metz





From Buzzword to Action – Implications for Programming

- ✓ Plan for sustainability
- ✓ Codesign projects
- ✓ Link to national priorities
- ✓ Map out sustainability milestones and actions
- ✓ Meet with stakeholders often and at all levels
- ✓ Weigh risks versus benefits on sustainability actions when making implementation decisions

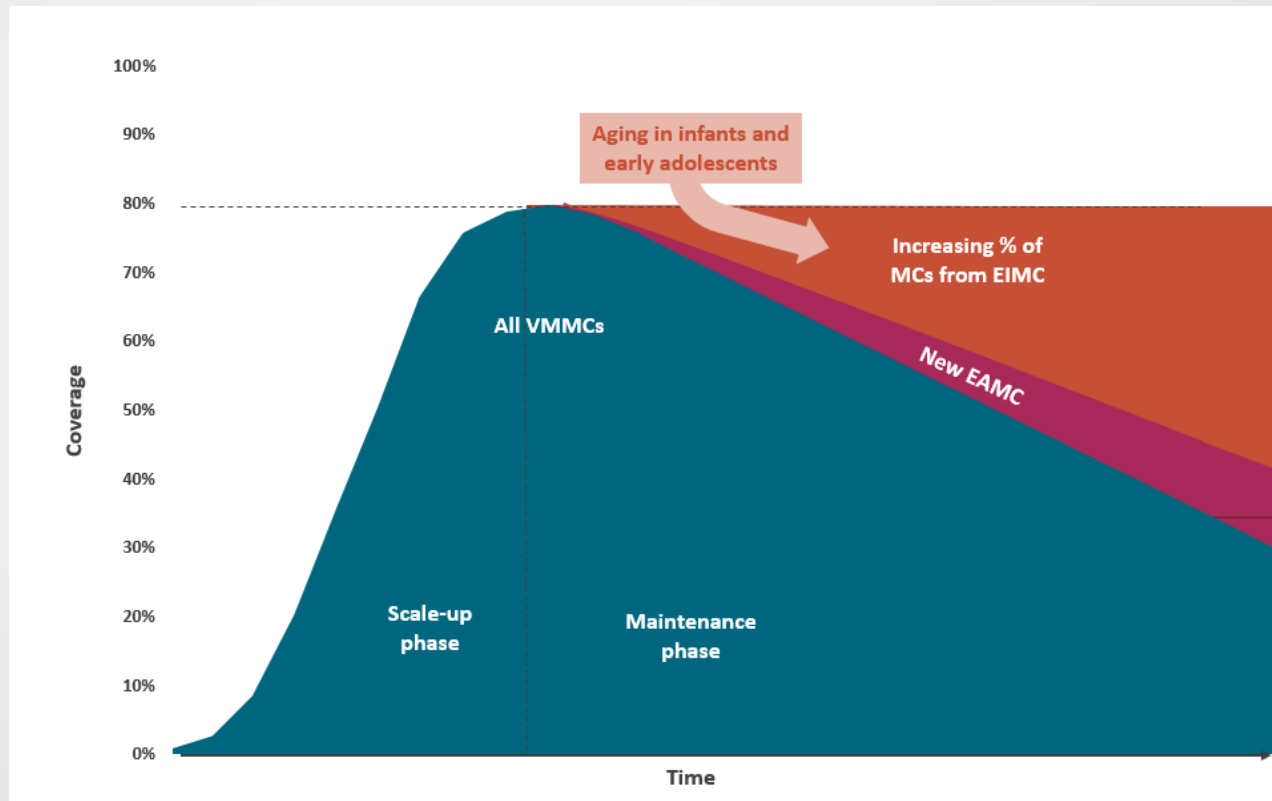


Local Partner
Transition





Tanzania's Sustainability Model





Evolution of Sustainability Mindset

2015

Oh, sustainability... so this means your support is ending when?

District Medical Officer, Njombe

- Donor driven targets
- VMMC led by Jhpiego
- Viewed as stand alone program

2019

Jhpiego has taught us something big...even as other donor funded projects leave they should set up sustainability measures to avoid collapse of the projects.

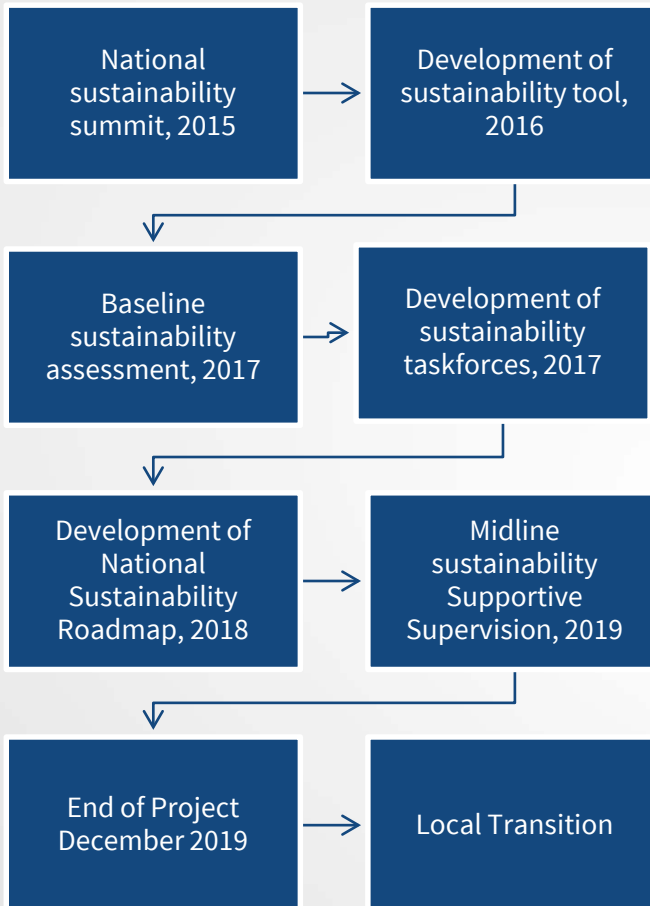
Asst. Regional Planner, Iringa

- Regional and District task forces
- Outreach and services led by facilities

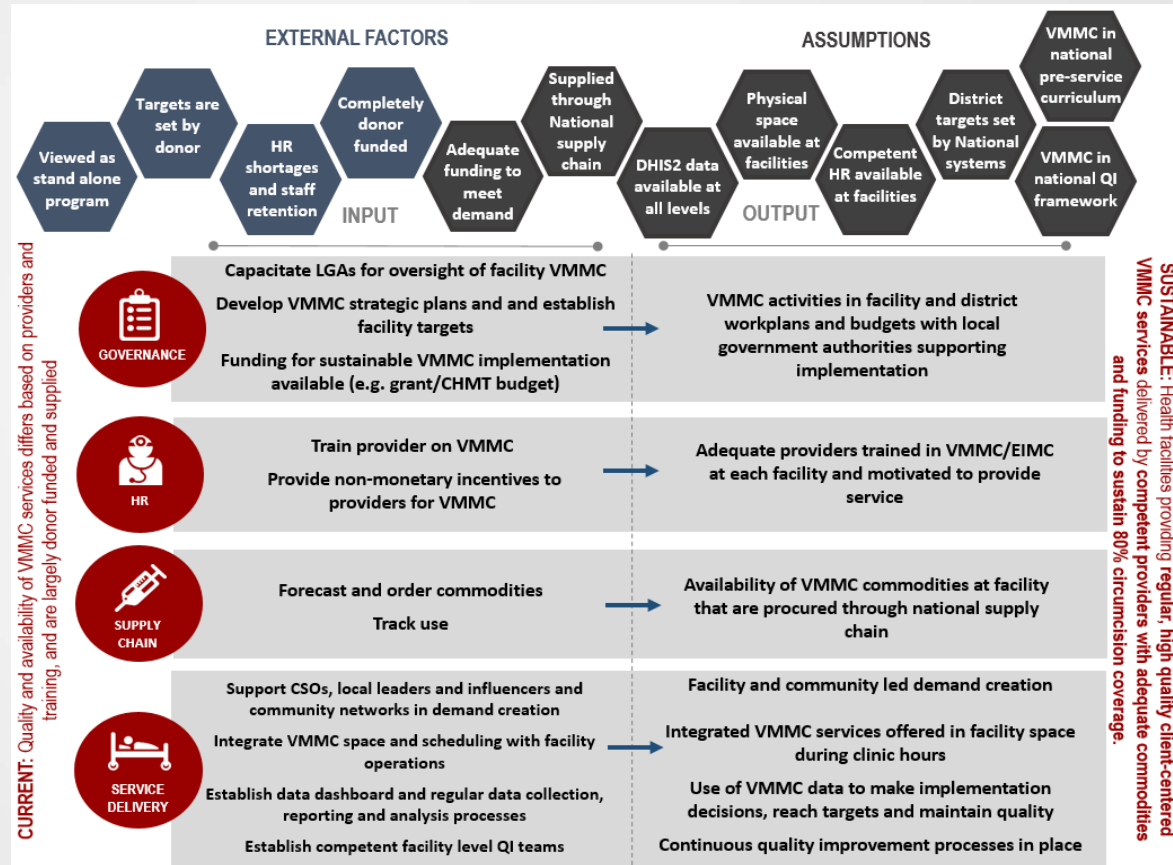




Road to Sustainability: 2015 to Now



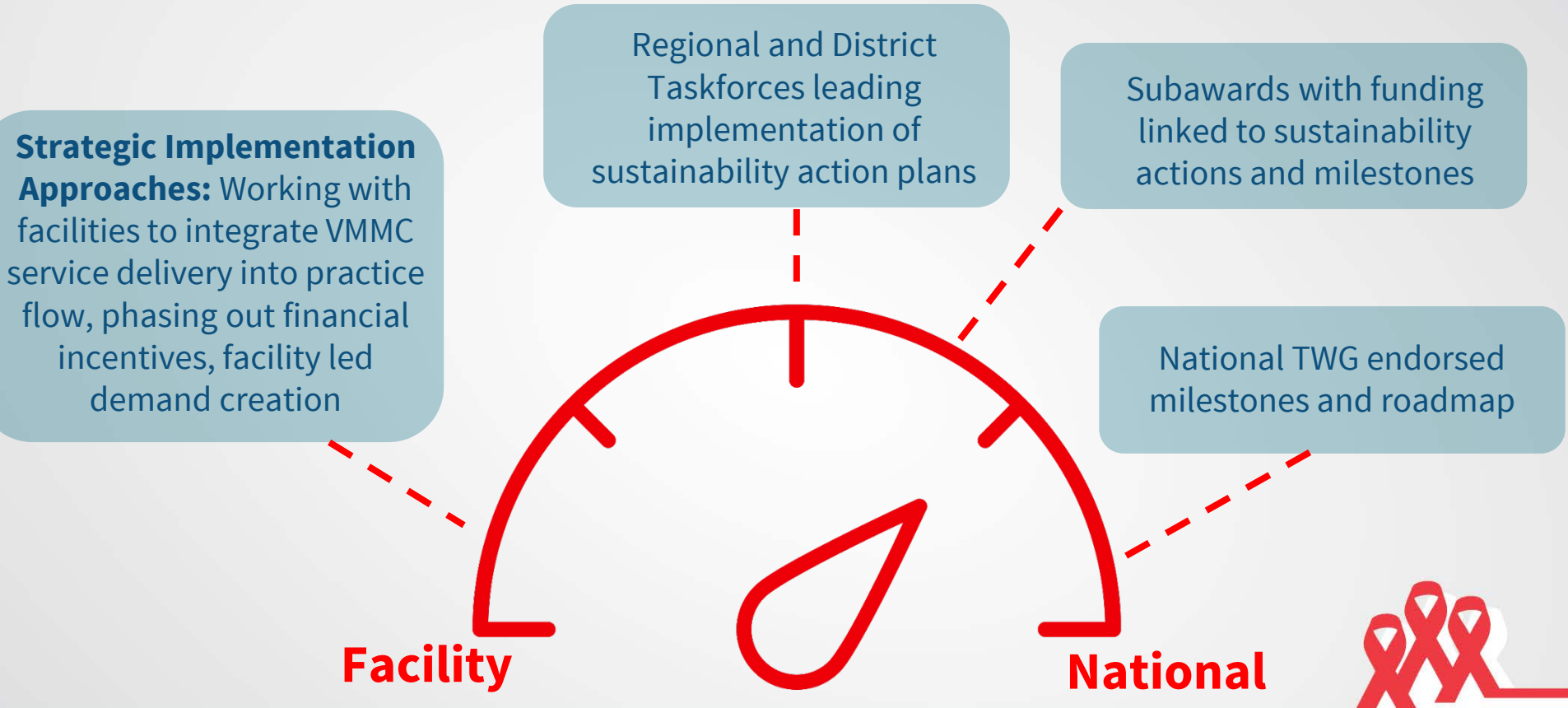
Sustainability Theory of Change





What moved the needle?

Sustainability-minded decisions at all levels





Defining Sustainability: Milestones and Action Plans

Goal and Milestones:



Milestone 1:

Regular forum for stakeholders to meet on sustainability is initiated

Milestone 2:

Assessment of current status and sustainability action plans with clear goals developed

Milestone 3:

Sustainability action plans implemented, monitored and challenges addressed

Sustainability Goal:

Regional and District MOH managing VMMC/EIMC budgeting and service delivery



Action	Responsible			
	National	Regional	District	Facility
1. Policy developed that mandates VMMC/EIMC services be provided as part of health services that are developed, planned, and implemented by the entire workforce and regulates how to sustain VMMC/EIMC interventions at each level.				
2. Clearly define health insurance or cost sharing funding mechanism to fund VMMC/EIMC and EIMC (since it is a one-time procedure per client). Involve political, religious, and other influential leaders as necessary.				





Sustainability Pivot: Integrated Services at Facilities

- National tools integrated sustainability indicators
- Sustainability indicators led by our champions at facilities
- Got into the weeds of implementation
- Use MOH providers with nonmonetary REWARDS
- Fostered innovation
- Informed key decision makers
- Met often and regularly with taskforces
- Checked in with facilities





Sustainability in Action: Community Led Demand Creation

- **Sustainability Challenge:** *Because client numbers were dwindling, a shift was needed to continue to create demand while aiming for sustainable demand creation.*
- **Sustainable Solution:** Focus on existing networks using local knowledge and champions, and building capacity of CSOs. Program uses volunteer community advocates, local leaders, and local institutions, building their capacity to create demand for EAMC/EIMC.





Sustainability in Action: Providers' Ownership of Services

- **Sustainability Challenge:** *phase-out of financial incentives caused a noticeable drop-off in number of clients served.*
- **Sustainable Solution:** a non-monetary reward system at health facilities offering VMMC and EIMC services to reward providers when they achieve specific benchmarks.

