Favorable Human Resource Policies to Scale up VMMC:
The Zimbabwe Experience

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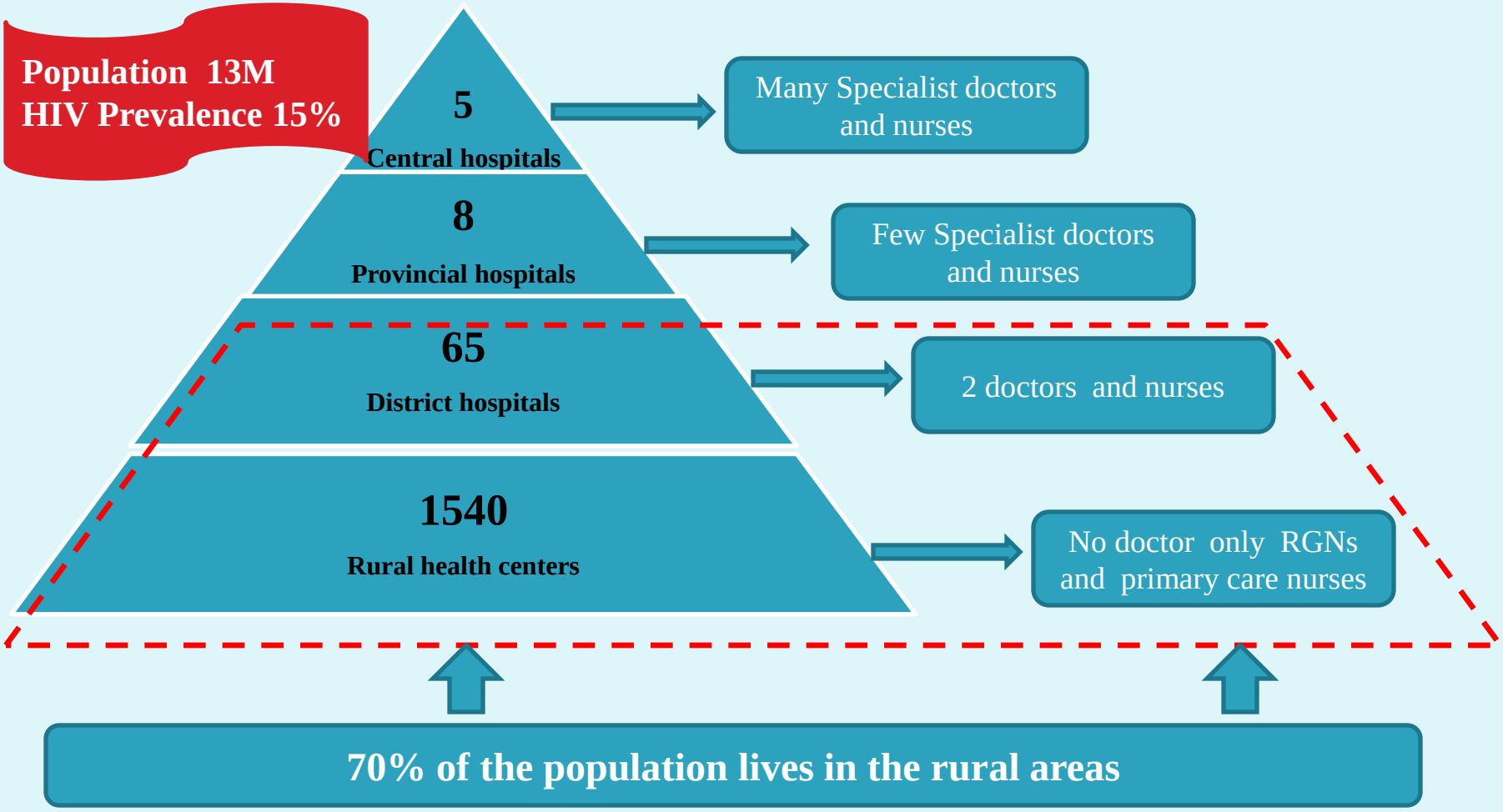
WHO Meeting on Male Circumcision

13 November, 2013-Entebbe Uganda

Presentation Outline

- Health Care Delivery System in Zimbabwe
- Human Resource Challenges
- Steps taken for changes in Human Resource Policies
- Recommendations

Zimbabwe Health Care Delivery System



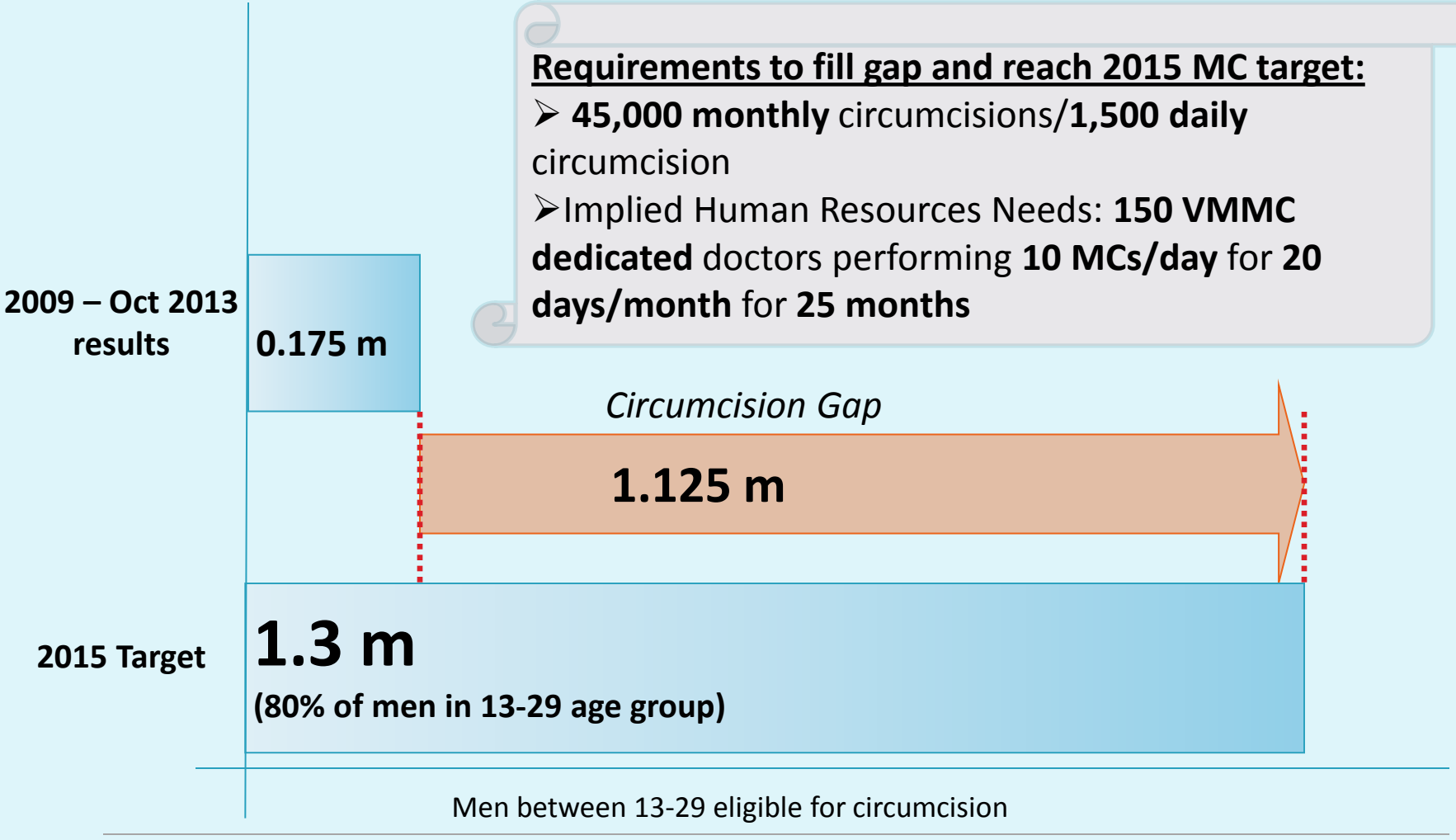
Human resources challenges

- Inequitable distribution of personnel vs. population.
- Static staff establishment not consistent with population growth and dynamic disease patterns.
- High staff attrition to other sectors and countries

National VMMC Targets

Requirements to fill gap and reach 2015 MC target:

- **45,000 monthly** circumcisions/**1,500 daily** circumcision
- Implied Human Resources Needs: **150 VMMC dedicated** doctors performing **10 MCs/day** for **20 days/month** for **25 months**



VMMC Service delivery

- Since adoption of VMMC in 2009 the programme has been dependent on doctors for the surgical method.
- However, services have to be made available even at rural level where currently doctors are not available
- The majority of the rural population receive health services from the nurses
- The current human resource capacity to perform VMMCs in Zimbabwe (considering the number of available doctors) is insufficient to reach the required targets
- Broadening the Scope of work (SOW) of nurses to perform the surgical and device procedure of VMMC would increase the capacity and ensure the required coverage of services and the required outputs

Look and Learn Visits to Zambia and Kenya to address HR challenges

- MOHCC, PMD, PSI, Nursing Council of Zimbabwe, Health Professions Authority, NAC, WHO, University of Zimbabwe visited Zambia and Kenya to:
  - To learn how the Kenya & Zambia MOH VMMC programme is organised and implemented
  - To understand how the Kenya & Zambia MOH has transitioned from a Doctor led to a nurse led VMMC program.
  - To explore the policy implications of allowing nurses to perform surgical MC services

Progress in Broadening the Scope of Work for Nurses

- Feedback on the look and learn visit shared with the
  - Permanent Secretary for Health and the top management team
  - Male Circumcision Steering Committee
  - Nursing Council of Zimbabwe
  - Review of the curriculum for different nursing cadres
    - Registered General nurses
      - Theatre Nurses
      - Midwives
      - Nurse anaesthetists
      - Clinical Nursing Officers
    - Primary Care Nurse
  - Health Professions Authority (an umbrella body of the regulatory of the health professions)

Trial Results and Lessons Learnt to inform policy

RGN Training	• 17 Registered General Nurses (*RGN) trained in device placement and removal-803 men circumcised • 20 RGN trained in forceps guided surgical method-100 men circumcised
PCN Training	• 11 Primary Care Nurses(*PCN) trained in device placement and removal • 300 men circumcised
Safety Considerations	• PrePex device circumcision is safe in the hands of RGN and PCN in Zimbabwe • Surgical method is safe in the hands of RGNs • Low rate of adverse events
MC Eligibility and Alternatives	• 5.6 % of the males who participated in the study not eligible for PrePex device circumcision • Hence, they needed alternative methods

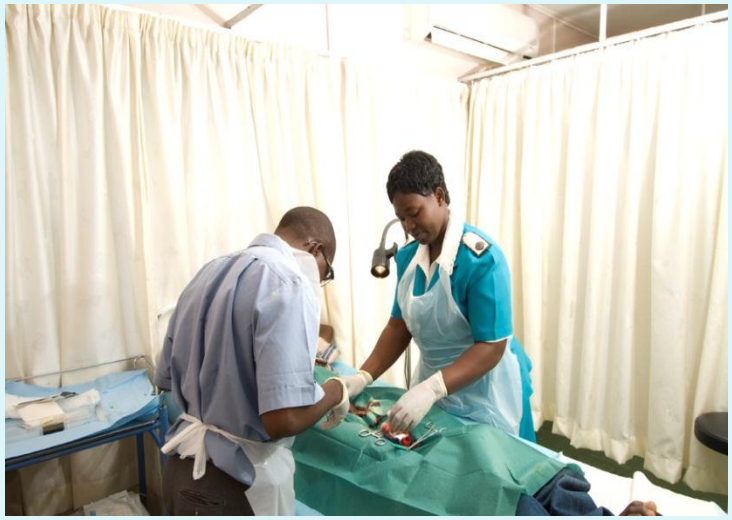
*RGN – trained for 3years
*PCN –upgraded and trained for 18months

Steps Taken to Change HR Policy

1. **Policy Review**
   - National VMMC **Policy reviewed** to specify which nursing cadres to perform MC
   -
2. **Evidence-based restructuring**
   - The **results of PrePex trials** have informed the policy change in the scope of practice for RGN and PCN
   - **Look and Learn visits** to other countries
   - **Training curriculum** for the different nursing cadres reviewed to incorporate the conventional and device method of MC
3. **Regulatory arrangements**
   - Long **negotiation process** for change of personnel responsibilities across different professional regulating bodies

Recommendations

1. Need for evidence based decision making
2. Need for clearer process for reassigning tasks/responsibilities to other cadres especially in high impact interventions as MC.
3. Need for regional advocacy meeting with medical and nurses regulating bodies for revision and broadening of scope of work of professions e.g. nurses and doctor



ACKNOWLEDGEMENTS

DIRECTOR OF NURSING SERVICES

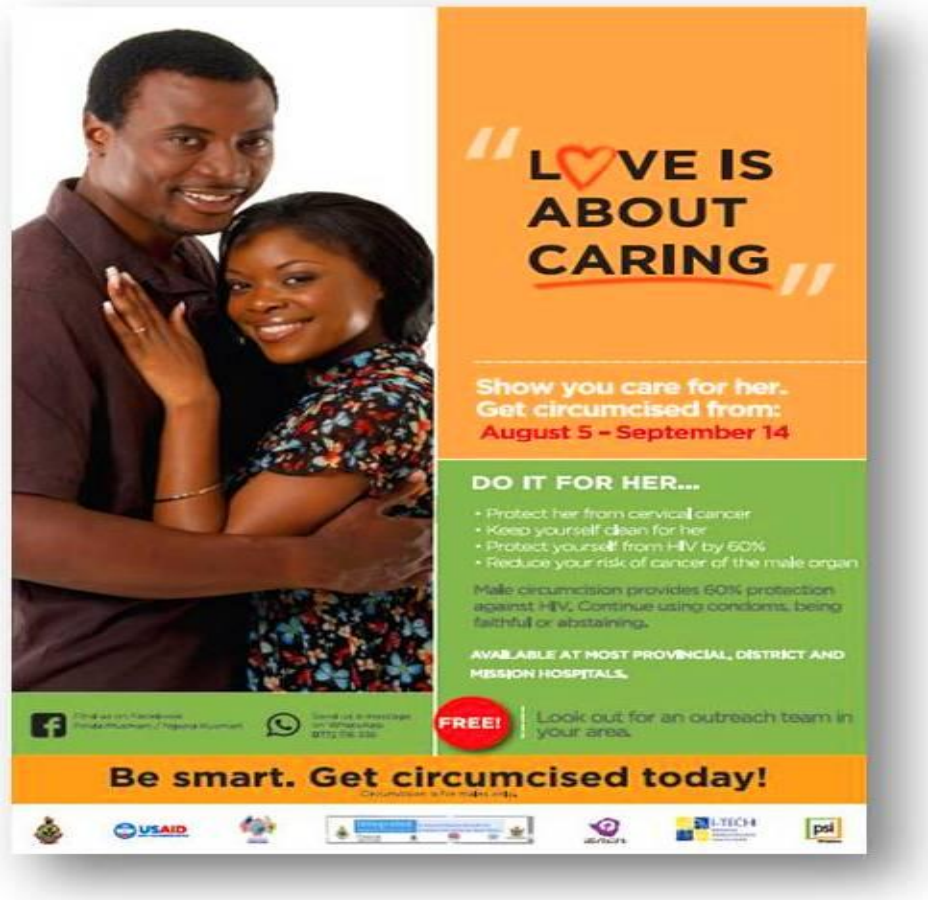
REGISTRAR OF NURSES COUNCIL

SECRETARY GENERAL OF HPA

NURSES WHO PARTICIPATED IN THE STUDIES

ALL OUR VMMC PARTNERS

I Thank you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August 5 – September 14
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• Keep yourself clean for her
• Protect yourself from HIV by 60%
• Reduce your risk of cancer of the male organ
Male circumcision provides 60% protection against HIV. Continue using condoms, being faithful or abstaining.
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FREE!
Look out for an outreach team in your area.
Be smart. Get circumcised today!
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