



Assessing and enhancing sustainable VMMC services for HIV prevention in East and Southern Africa: Preliminary findings, 2021

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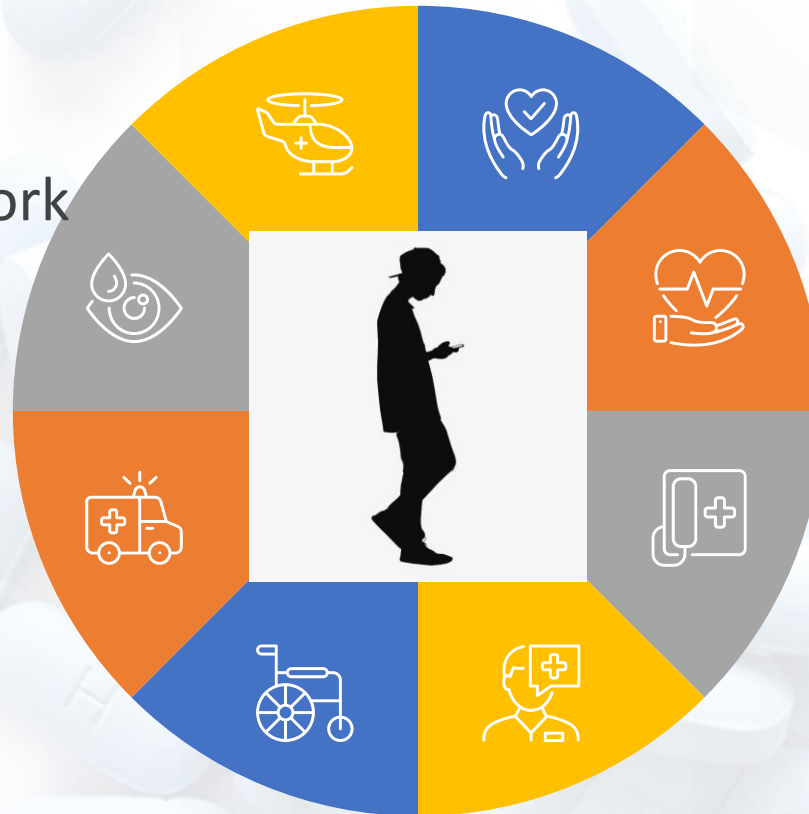
Sustaining VMMC services

New guidelines

2020 guidelines with chapter and framework on sustainability

Vertical vs routine

Moving from vertical towards more integrated, routine services



Durability







Providing VMMC into the foreseeable future as relevant

Snapshot

Having a snapshot on sustainability

Current gap: To move towards sustainability, implementing countries need to understand where they stand in various facets of sustainability, to facilitate experience-sharing between countries and measure progress over time.

Methods

Building block	Component
 Finance	<ul style="list-style-type: none"> Resource allocation and mobilization Purchasing of services Financial risk protection
 Health workforce	<ul style="list-style-type: none"> Health workforce planning Pre-service and continuing education Management, support and supervision
 Strategic information	<ul style="list-style-type: none"> Data collection and management Data quality Data analysis and use Safety monitoring
 Supplies and equipment	<ul style="list-style-type: none"> Norms and standards Procurement, supply and distribution Quality of VMMC supplies and equipment
 Leadership and governance	<ul style="list-style-type: none"> Programme leadership and coordination Accountability, oversight and regulation Inter-sectoral coordination Health sector plans and policies
 Service delivery	<ul style="list-style-type: none"> Access (strategic planning of health services) Reorienting service delivery models Empowering and engaging people Safety and quality
Critical enablers	
<ul style="list-style-type: none"> Adolescent leadership, co-produced health services, local ownership and participation Community engagement and empowerment Multisectoral partnerships Enabling laws and policies 	

- WHO developed a set of 6 self-assessment tools, each based on one of the key health systems building blocks (left).
- Each building block further assessed by the 3-4 components
- Each component broken into 2+ “key component considerations” (KCCs) with one question each, e.g.:

1. Support and supervision systems
2. Active TWG

4-8 KCCs per tool, 37 total

- Each KCC gave criteria for “early”, “intermediate” and “advanced” stages: a **defined vision** of the trajectory. These were KCC-specific, but broadly:

- **Early = essentially very minimal sustainable features**
- **Intermediate = some sustainable features, but much to do**
- **Advanced = Key sustainable features in place; the work needed is to sustain them**

- Distributed early 2021 to VMMC coordinators in 15 VMMC priority countries.
- Asked to fill with “representatives from VMMC national program management, health workers, patient groups, implementing partners, donors, other relevant intersectoral partners of the MOH and others...”

Analysis and data completeness

- Cleaned data, including clarifying answers with respondents
- **Prespecified rules to classify its overall stage on each building block.** In general:
 - “early” if more than two answers were “early”
 - otherwise, “intermediate” unless all answers were “advanced” (making “intermediate” the most likely overall score)
- Performed descriptive analyses:
 - **Which building blocks and KCCs were most often “early” and which “advanced”**
 - Comparisons of number “advanced” between country groups:
 - by region (southern vs. eastern)
 - by program age (launched pre-2008 vs. not)
 - by volume (>1 million done in 2020 vs. not)
 - by program scope (national vs. subnational only)

- **13/15 countries** able to return completed tools by time of analysis
 - South Sudan and Namibia to be added in future
- 12/15 ultimately answered all KCCs
- Denominators based on the 13 participating countries:
 - 6 blocks*13 countries = **78 potential building blocks**
 - 37 KCCs*13 countries = **481 potential KCCs**
- In total, **77/78** building blocks and **473/481** KCCs were answered and staged

Findings: Overall staging by country and building block. Wide variation by building block, and much work left to do overall



Key numbers

- Building block breakdown:
 - **Only 17%** “advanced” (13/77)
 - 57 “intermediate” (74%)
 - 7 “early” (9%)
- More countries “advanced” in Supplies
- More countries “early” in Finance

Country	Finance	Leadership	Service Delivery	Strategic Information	Supplies	Workforce
Botswana	Intermediate	Intermediate	Intermediate	Intermediate	Advanced	Intermediate
Ethiopia	Intermediate	Intermediate	Intermediate	Intermediate	Advanced	Intermediate
Eswatini	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate
Kenya	Early	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate
Lesotho	Intermediate	Intermediate	Intermediate	Intermediate	Advanced	Intermediate
Malawi	Early	Intermediate	Intermediate	Intermediate	Intermediate	Early
Mozambique	Early	Intermediate	Advanced	Intermediate	Advanced	Advanced
Rwanda	Intermediate	Intermediate	Early	Intermediate	Intermediate	Intermediate
South Africa	Advanced	Advanced	Intermediate	Intermediate	Advanced	Advanced
Tanzania	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate
Uganda	Intermediate	Intermediate	Intermediate	Intermediate	Not staged	Early
Zambia	Intermediate	Advanced	Advanced	Intermediate	Intermediate	Intermediate
Zimbabwe	Early	Intermediate	Intermediate	Intermediate	Advanced	Intermediate



very minimal sustainable features



some sustainable features, but much to do



Key sustainable features in place; work needed to sustain them

Findings: Comparing numbers of “advanced” blocks between countries using various groupings



- Building block breakdown:
 - **Only 17% “advanced” (13/77)**

Comparison	Definition	Findings
Region	Eastern vs. Southern	12/13 building blocks self-scored as advanced were in a southern African country
Volume	reporting < or > 1 million VMMCs conducted in 2020	10/13 building blocks self-scored as advanced were in a high-volume country
Age of program	started before vs. after 2008	No notable difference by age (6 advanced blocks in 5 “early” countries; 7 in 8 “late” countries)
Scope of program	National vs. primarily subnational (= Kenya and Ethiopia)	No notable difference by scope (1 “advanced” block among two subnational programs; 12 among 11 national programs)

Findings: Most “advanced” and most “early” KCCs by building block (1/2)

Building Block	KCCs most often “advanced” (# countries/13 total)	KCCs most often “early” (# countries/13 total)	Countries with most “advanced” KCCs (#/total KCCs)
Finance	<ul style="list-style-type: none"> • MC part of national essential package (8/13) 	<ul style="list-style-type: none"> • No diverse mix of funding mechanisms and sources (9/13) • No remuneration of providers for quality MC (6/13) • No harmonization of donor-financed elements with national budget (5/13) 	<ul style="list-style-type: none"> • South Africa (8/8) • Zambia (5/8) • Botswana (4/8)
Health Workforce	<ul style="list-style-type: none"> • Clear mechanisms for provider ongoing training and education (8/13) • National system for supportive supervision (8/13) 	<ul style="list-style-type: none"> • VMMC not a national requirement for pre-service training (5/13) 	<ul style="list-style-type: none"> • South Africa (4/4) • Mozambique (4/4)
Strategic Information	<ul style="list-style-type: none"> • Full country-led safety monitoring system in place (9/13) • Country-owned, high-quality data management/reporting system (8/13) 	<ul style="list-style-type: none"> • No standard data disaggregation by geography (3/13) 	<ul style="list-style-type: none"> • Zimbabwe (4/5) • Mozambique (3/5)

Findings: Most “advanced” and most “early” KCCs by building block (2/2)

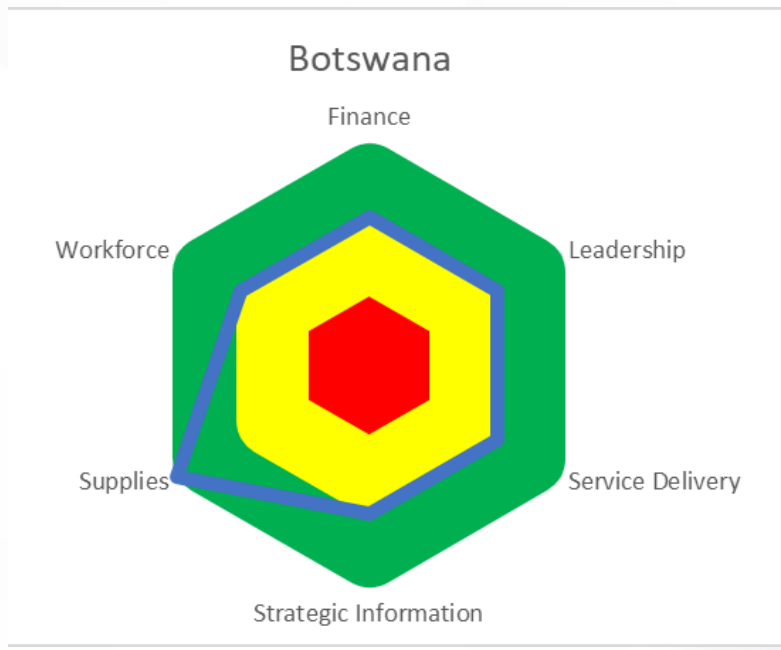
Building Block	KCCs most often “advanced” (# countries/13 total)	KCCs most often “early” (# countries/13 total)	Countries with most “advanced” KCCs (#/total KCCs)
Supplies and Equipment	<ul style="list-style-type: none"> • Waste management system (11/13) • Requirements and specifications for MC equipment/supplies (9/13) 	<ul style="list-style-type: none"> • Procurement and distribution of supplies is still vertical (4/13) 	<ul style="list-style-type: none"> • Botswana, Ethiopia, 3 others (5/5 KCCs)
Leadership and Governance	<ul style="list-style-type: none"> • MC part of national essential package (12/13) • Clear mechanisms for partner coordination (12/13) 	<ul style="list-style-type: none"> • No national VMMC sustainability document, officially launched, fully operational (4/13) 	<ul style="list-style-type: none"> • Zambia (7/7) • South Africa (7/7)
Service Delivery	<ul style="list-style-type: none"> • National quality standards and safety systems in line with WHO/UNAIDS (12/13) • Clear referral systems from VMMC to other services (10/13) • Comprehensive assessment (10/13) 	<ul style="list-style-type: none"> • (no KCC had more than 2/13 countries staged “early”) 	<ul style="list-style-type: none"> • Zambia (7/7) • Mozambique (7/7)

Findings: Other visualization types in full report

Block-level data can hide substantial differences on the KCC level

Radar diagrams:
block-level view of individual countries

Detailed tables for each building block on scoring by KCC across countries



Country	Clear referral systems for VMMC to serve as an entry point to other adolescent services (e.g. mental health, SRH, non-communicable diseases, vaccinations etc.)	Comprehensive assessment of VMMC service delivery based on inclusive characteristics (availability, accessibility, acceptability, contact/use and effectiveness) to inform planning and programming	Mapping of existing service delivery infrastructure and resources... to inform planning and implementation of VMMC services	MC as part of routine platforms at the primary care level	MC services delivered within an integrated package of services	National quality standards and safety systems in line with WHO and UNAIDS global standards for quality healthcare services	Service delivery platforms for reaching adolescents including underserved adolescents in place (...)
Botswana	Green	Green	Green	Green	Green	Green	Green
Eswatini	Green	Green	Green	Green	Green	Green	Green
Ethiopia	Green	Green	Green	Green	Green	Green	Green
Kenya	Green	Green	Green	Green	Green	Green	Green
Lesotho	Green	Green	Green	Green	Green	Green	Green
Malawi	Green	Green	Green	Green	Green	Green	Green
Mozambique	Green	Green	Green	Green	Green	Green	Green
Namibia	Green	Green	Green	Green	Green	Green	Green
Rwanda	Green	Green	Green	Green	Green	Green	Green
South Africa	Green	Green	Green	Green	Green	Green	Green
South Sudan	Green	Green	Green	Green	Green	Green	Green
Tanzania	Green	Green	Green	Green	Green	Green	Green
Uganda	Green	Green	Green	Green	Green	Green	Green
Zambia	Green	Green	Green	Green	Green	Green	Green
Zimbabwe	Green	Green	Green	Green	Green	Green	Green

Country	Are there clear mechanisms for partner coordination at national, district and local level led by MOH?	Are there support and supervision systems in place led by VMMC focal points [...]	Is there a national VMMC sustainability document that is officially launched and fully operational?	Is there a sense that VMMC and its strategic direction is owned and driven by national and local leadership [...]	Is there involvement and engagement of relevant departments of the MOH in implementing, coordinating and overseeing MC activities [...]	Is VMMC for HIV prevention part of the national essential package of health services	Technical working group in the MOH for oversight and review of VMMC or MC performance including quality of services
Botswana	3	1	1	2	2	3	2
Eswatini	3	3	1	2	2	3	2
Ethiopia	3	3	1	3	3	3	3
Kenya	2	1	3	2	2	2	2
Lesotho	3	3	2	2	3	3	3
Malawi	3	3	1	3	2	3	3
Mozambique	3	3	3	1	2	3	3
Namibia	2	2	2	2	2	2	2
Rwanda	3	3	3	3	2	3	3
South Africa	3	3	3	3	3	3	3
South Sudan	2	2	2	2	2	2	2
Tanzania	3	3	3	2	3	3	3
Uganda	3	2	3	3	3	3	2
Zambia	3	3	3	3	3	3	3
Zimbabwe	3	3	3	2	3	3	3

■ very minimal sustainable features
 ■ some sustainable features, but much to do
 ■ Key sustainable features in place; work needed to sustain them

- Nearly identical distributions on building block level, but more yellow above vs. more green below on KCC level
- This arises largely because the block-level criteria for “intermediate” are so broad

Top 4 key messages

- Countries are very geared and motivated to work on sustaining VMMC services
- There is a lot of work, support that remains to be done
- The path to sustainability will differ from country to country with common denominators being health systems and building blocks.
- Moving towards sustainability is a long game. Sustainable funding remains the weakest link and countries will still need support

Next steps

- Early 2022: more detailed data validation calls with countries
- Full report using validated data will also include country-specific two-pagers, and general and country-specific recommendations
- Experience-sharing forums and work on next phase of:
 - Developing and prioritizing actions and joint follow up plans

In other news...

- Newly released WHO technical brief on reaching those at higher risk for HIV with VMMC
- Online at <https://www.who.int/publications/i/item/9789240039797>
- Grateful thanks to all who contributed!
- Please disseminate in your programs and countries

