



Improving Quality VMMC

## *Project IQ Webinar Series*

# **Making Sense of Sustainability, Globally and Locally**

May 22, 2019



VMMC scale-up is advancing rapidly across East and Southern Africa, increasing the urgency of finding next-step strategies for sustaining high MC coverage in the long term once it has been achieved.

Planning for VMMC sustainability requires determining a way forward in several dimensions, including: leadership, systems, financing, and strategic information.

# Today's objectives

- Introduce the World Health Organization vision and guidance for sustainability of VMMC services
- Share country applications and experiences in approaching sustainability
- Share existing sustainability materials developed by countries as examples of possible next steps

# Agenda

**Introduction**

TBC

**Sustaining Voluntary Medical Male  
Circumcision for HIV prevention services**

Wole Ameyan  
Technical Officer, Adolescent HIV  
WHO

**Q&A**

**Zimbabwe's approach to VMMC  
sustainability**

Sinokuthemba Xaba  
VMMC Coordinator  
MOHCC Zimbabwe

**Q&A**

**Transitioning to sustainability in Kenya –  
an overview**

Elijah Odoyo-June  
Public Health Specialist  
CDC Kenya

***Q&A/Discussion/Closure***

HOME > KEY TOPICS > SUSTAINABILITY

## Sustainability

The need for sustainability of voluntary medical male circumcision (VMMC) services has been recognized since the World Health Organization and UNAIDS made their 2007 recommendation for VMMC for HIV prevention. That recommendation described a long-term maintenance phase to follow.

Looking for additional resources?

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**RESOURCE  
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**New sustainability Web Page:**  
<https://www.malecircumcision.org/sustainability>

Although experience with fully sustainable VMMC services does not yet exist, many initiatives are underway to explore some of these issues. This page offers a forum for sharing countries' information and experiences, to inform each others' journeys toward sustainability. A wide range of resource types are included. Some are final documents, but others are interim reports on initiatives in progress. New resources will be added as they become available.

## Sustainability

The need for sustainability of voluntary medical male circumcision (VMMC) services has been a key focus of UNAIDS and the Clearinghouse. That recommendation was based on the initial scale-up, the need for maintenance and programmatic support as long as the

Although experience from many initiatives offers a forum for sharing best practices and lessons learned, each others' journeys are included. Initiatives in

National VMMC (Zimbabwe)

Draft WHO chapter on sustaining VMMC service 20 May 2019 for feedback to [ameyanw@who.int](mailto:ameyanw@who.int)

Programme and operational considerations on sustaining voluntary medical male circumcision services with a focus for adolescent boys

1. Introduction & Background  
Medical male circumcision was recommended by WHO and UNAIDS in 2007 as an additional HIV prevention intervention in settings of high HIV burden and low male circumcision prevalence where impact on the epidemic would be greatest<sup>1,2</sup>. This recommendation was based on a consistent finding in numerous clinical studies that showed male circumcision reduced men's risk of becoming infected with HIV through heterosexual intercourse by as much as 60%<sup>3-5</sup>. A public health approach to implementing this recommendation implied progressively expanding access to safe MC services within the context of ensuring universal access to comprehensive HIV prevention, treatment and care services.

Voluntary medical male circumcision (VMMC) implementation has made remarkable progress since 2007 in priority countries of East and Southern Africa, scaling up from nascent pilot projects to performing more than four million circumcisions in 2017. Cumulatively between 2008 and 2017, 18.6 million voluntary circumcisions for HIV prevention have been performed in the 14 priority countries in Eastern and Southern Africa, averting an estimated 230,000 new HIV infections<sup>6</sup>. As countries approach initial targets of 80% coverage among adolescents and adult men, and continue to strive for higher coverage of 90%, national programmes are now faced with identifying how to maintain this coverage over the long term.

Integrated people-centred health services which emphasize putting people and communities, not diseases, at the centre of health systems; and empowering people to take charge of their own health rather than being passive recipients of services, have been identified as crucial<sup>7</sup>. The population group(s) to focus on for sustaining coverage will affect decisions on actions and resources use. The two main population groups to focus on would be adolescents and/or infants. To date, the highest VMMC uptake has been among adolescents<sup>8</sup> reflecting a 'natural demand' and acceptability of MC during adolescence<sup>9,10</sup>. Adolescent health is a top priority for the African region, given the large proportion of the population currently or entering into this age group which is or will become sexually active in the near future<sup>11</sup>. VMMC service delivery has already demonstrated an ability to reach adolescent boys – a group rarely reached but with unique health service needs. A repackaging of services may thus also be needed.


The infant-age group would need to be reached through different health programmes (particularly maternal and child health) and stakeholders; careful consideration will be needed regarding risks and benefits, acceptability, as well as ethics and human rights. Until high coverage has been reached among infants, adolescent MC services will still be needed. This guidance thus focuses only on the adolescent age group as a next step in the progressive transition.

Service delivery approaches will need to be reconsidered, as VMMC delivery to date has been predominantly through vertical approaches with implementing partners supporting national programmes. This chapter of the guideline offers countries with programmatic and operational considerations for transitioning from the current VMMC service delivery approaches to locally informed, sustainable approaches with an adolescent focus. A health system building blocks framework is used<sup>12</sup> to assess issues and opportunities to enhance the sustainability of VMMC services.

Section 1 provides some background information. Sections 2, 3, 4 and 5 provide brief contextual information regarding the objectives, audience, principles, and methodology for the chapter respectively.

on (VMMC) and prevention. e to follow that policy makers services for

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Programme and operational considerations for sustainability posted online for feedback. Email comments to Wole Ameyan: [ameyanw@who.int](mailto:ameyanw@who.int)

# Project IQ Resources Web Page:

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



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### Project IQ Webinar Series

**In Pursuit of the Pivot**  
Reaching and Serving Clients Aged  
15-29 Years

August 24, 2016



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### Provider Verbal Pre-Screening Questions for Voluntary Medical Male Circumcision

#### INSTRUCTIONS TO PROVIDERS:

- These questions are intended to identify conditions that may not be apparent through physical screening but could still compromise the safety of VMMC.
- Please verbally ask the following questions **in addition** to performing physical screening of **all** voluntary medical male circumcision (VMMC) clients prior to performing circumcision, regardless of the circumcision method to be used.
- Questions should be asked even if a client or their guardian already completed a written form with similar information.
- If a client answers "Yes" to any of the full questions below, please follow site policies or consult the senior on-site clinician to determine whether any further testing or referral to a specialized provider is needed before circumcision.

*Check if answer is YES –  
Consider further screening*

1. Do you have any current or past conditions, or a chronic illness that we should be aware of?
2. Are you currently taking any medications or vitamins? If yes, please list them. *(Consider further screening if client cites medications other than over-the-counter analgesics)*
3. Are you allergic to any medicines?



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### Project IQ Webinar Series

**A Healthy Obsession with Safety:**  
Improving Programs through  
Management and Reporting of  
Adverse Events



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### 3 Questions for Safe Injections



Did you wash your hands?



Are you using a new needle and syringe EVERY TIME you access a vial?



Is there any possibility that the vial is contaminated, spoiled, or expired?



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### Managing Adverse Events of Voluntary Medical Male Circumcision (VMMC)

**An orientation for  
non-VMMC providers**



**Injection Safety For  
VMMC Service  
Delivery**


# Join our Facebook group!

<https://www.facebook.com/groups/666932990357027/>

The screenshot shows the Facebook group page for "Project IQ - Continue the Conversation". The page is a closed group. The header features a banner image of two healthcare workers in a clinical setting, with the text "Project IQ Discussion Forum" overlaid. Below the banner are navigation options: "Joined", "Notifications", "Share", and "More". The main content area includes a "Write Post" section with a "Write something..." prompt and options for "Add Photo/Video", "Live Video", and "More". Below this is an "Announcements" section with a post from "Project IQ Discussions" published by Cole Bingham on September 17 at 2:44 PM. The post text reads: "Project IQ supports the implementation of voluntary male medical circumcision (VMMC) by standardizing quality approaches and building capacity for improved timeliness, accessibility, actionability, and quality of VMMC data, and hosts periodic webinars convening VMMC field staff and implementing partners to discuss essential topics for maintaining and improving the quality of services. This is a private Facebook group to continue discussions and share experiences. Please keep a business-appropriate tone and direct questions or concerns to a group administrator." The post has 2 likes and 0 comments. On the right side, there is a "GROUP BY" section for "Project IQ Discussions" with 0 likes. Below that is an "ADD MEMBERS" section showing 6 members. The "DESCRIPTION" section states: "Project IQ supports the implementation of voluntary male medical..." with a "See More" link. The "LOCATION" section has an "Add Location" button. The "TAGS" section has an "Add Tags" button. At the bottom, there is a "RECENT GROUP PHOTOS" section with a "See All" link.



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