Transition And Sustainability Plan For The Zambia Voluntary Medical Male Circumcision (VMMC) Programme

APRIL 2019

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Foreword

Ministry of Health (MoH) has placed emphasis on prioritizing prevention strategies that contribute towards the reduction of new HIV infections. One of these strategies is Voluntary Medical Male Circumcision (VMMC). Evidence from various research studies has shown that male circumcision reduces chances of contracting HIV in heterosexual men by approximately 60%. In view of these facts, MoH, in collaboration with cooperating partners, developed the National Operational Plan for the scale-up of VMMC (2016-2020). The overall goal for this phase of implementation is to circumcise 1.985 million males between the ages of 10 – 49 with a focus on those between 15 – 29 years who are understood to be the age group that will provide the highest impact on new HIV infections.

Cumulatively, the VMMC programme has performed over 2 million MCs from 2009 to 2018, showing an upward trajectory in annual volumes since inception in 2009. Other successes include the strong leadership and coordination at national and sub national levels and successful Male Circumcision campaigns in the quest to achieve the 2020 targets. The impact evaluation of the VMMC performance, conducted by Avenir Health (2018), has shown that the program has helped to avert 26,000 new HIV infections with circumcisions conducted from 2009 to 2017. Since VMMC provides lifetime partial protection, the impact and savings in costs will grow in the future, as those already circumcised pass through the ages of highest HIV incidence

While the VMMC Program has made significant progress toward achieving its scale up goals, the program has faced challenges such as campaigns service delivery model which account for over 75% of the total numbers including implementing partner-dependent service delivery and resource constraints. The VMMC program has been heavily supported by partners and we remain indebted to the unwavering partnership. While policy, leadership, infrastructure and human resource support for VMMC have been largely from Ministry of Health, a sizable portion of resources for implementation have been through external donor and partner support. As the Donor support declines due to shifting priorities and changing HIV landscape, there is need to plan for the integration of all aspects of the VMMC program within the Ministry of Health framework. Transitioning the MC program from relatively vertical to a routine program will be a key milestone in advancing the country's move to a sustainable program in the context of epidemic control.

It is therefore, expected that all stakeholders and cooperating partners in the HIV response shall be fully committed to the programme and to implement strategies developed within this Transition and Sustainability Plan. The Ministry of Health remains assures its unequivocal leadership at all levels for the success of this transition sustainability plan.

Dr Kennedy Malama

Permanent Secretary Technical Services

MINISTER OF HEALTH

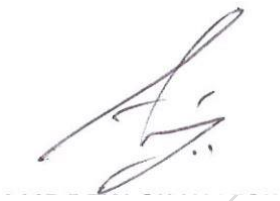
Acknowledgement

The Ministry of Health wishes to acknowledge with gratitude the valuable contribution of a large number of individuals and organisations who contributed to the development of this Transition and Sustainability Plan for the Zambia VMMC Programme. The Ministry wishes to express special thanks and appreciation to the members of the VMMC Technical Working Group (TWG) for their invaluable contribution in providing not only policy and technical guidance but also administrative oversight during the process.

The Ministry further wishes to thank various stakeholders and cooperating partners for their meaningful participation and contributions. Their participation and contributions have helped to improve the quality and comprehensiveness of this document.

Further, the Ministry would like to express special thanks to the National HIV/AIDS/STI/TB Council (NAC), AIDS Healthcare Foundation, Bill and Melinda Gates Foundation, Centre for Disease Control (CDC), Clinton Health Access Initiative (CHAI), Centre for Infectious Disease Research in Zambia (CIDRZ), Catholic Relief Services (CRS), Global Health Supply Chain-Procurement & Supply Management (GHSC-PSM), Jhpiego, Society for Family Health (SFH), UNAIDS, USAID District Coverage for Health (DISCOVER-Health), USAID Supporting an AIDS-Free Era (SAFE) and WHO for their support in providing technical and financial assistance to support the development of this document.

Finally, I want to express my gratitude to the staff of the Ministry of Health VMMC team for their dedication, commitment and collaboration during the entire process. Without their support the Transition and Sustainability Plan for the Zambia VMMC Programme would not have been possible.



Dr Andrew Silumesii
Director Public Health
Ministry of Health

Acronyms

AE	Adverse Events
AIDS	Acquired Immune Deficiency Syndrome
CSC	Central Stores Centre
DHIS	District Health Information System
DHO	District Health Office
DMPPT	Decision Makers Programme Planning Tool
DQA	Data Quality Audit
EAMC	Early Adolescent Male Circumcision
EIMC	Early Infant Male Circumcision
eLMIS	electronic Logistic Management Information System
EM	Essential Medicines
EQA	External Quality Audit
GF	Global Fund
GRZ	Government of Republic of Zambia
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IEC	Information Education and Communication
IP	Implementing Partner
IPC	Inter-Personal Communication
LMIS	Logistic Management Information System
MC	Male Circumcision
MOE	Ministry of Education
MOF	Ministry of Finance
MOH	Ministry of Health
MSL	Medical Stores Limited
MTEF	Medium Term Expenditure Framework
NASF	National AIDS Strategic Framework
NCD	Non-Communicable Diseases
NHI	National Health Insurance
NHSP	National Health Strategic Plan
NOP	National Operational Plan
PEPFAR	President's Emergency Plan for AIDS Relief
PPP	Public-Private Partnership
QIDU	Quality Improvement through Data Use
SCC	Stock Control Card
ToT	Training of Trainers
TWG	Technical Working Group

VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

Definitions for the Transition and Sustainability VMMC Plan

Adverse Events- untoward medical result from VMMC

Baseline Analysis- A baseline analysis is a way of measuring the starting point of a project, in order to measure subsequent impact and progress, as well as identify gaps and establish a starting point for the next phase of work.

Data Utilisation- the rate at which a team utilises the data it has at its disposal.

Demand Generation-driving awareness and/or interest in VMMC services.

Integration-VMMC is included in comprehensive HIV prevention package, as well as in basic services provided by MOH.

Logistics System-the detailed organisation and implementation of the Supply Chain system

Maintenance Phase-for VMMC, this is the phase at which the program is easily sustained through circumcising only those who age into the designated cohorts, instead of needing a broad spectrum approach.

Monitoring and Evaluation-the process of reviewing aspects of the VMMC programme in a data driven approach, with the ultimate goal of improving future outcomes.

Procurement- the act of obtaining VMMC commodities for service delivery

Quantification- measuring the quantity of VMMC commodities for the purpose of adequate resource allocation

Resource Mobilisation- the process of getting resources, in the case of VMMC, these resources are primarily financial.

Routinisation-VMMC services being available on a regular basis in a health facility that meets the needs of the potential clients being serviced by that facility

Sensitisation-this is the process through which those who currently are unaware of VMMC and/or its benefits are made aware, with the ultimate aim of increasing support and demand for the program.

Service Delivery-the process of providing VMMC services to clients.

Supply Chain-the process whereby VMMC commodities move from procurement to clients at the point of service

Sustainability-The Sustainability of the VMMC programme for Zambia can be defined as increasing

country ownership to ensure the continuity of the VMMC programme by addressing specific geographical and population transition needs regarding finance, institutionalisation and service delivery.

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Executive Summary

The Voluntary Medical Male Circumcision (VMMC) programme in Zambia plays an integral part of the country's HIV prevention strategy. Although the programme has seen significant success in recent years, there remains an important next step to fulfil: the transition to sustainability of the programme. To begin planning for sustainability, the country conducted some preliminary baseline analyses, including saturation analyses, held a Sustainability Stakeholder meeting in September 2018 to review progress against the current National Operational Plan and begin the sustainability conversation, a Sustainability Plan Validation meeting in December 2018 and a Sustainability Plan Finalisation meeting in March 2019. All pillars from the National Operational Plan were thoroughly reviewed; activities were set on a National and Provincial level to begin the transition to sustainability. This document highlights those activities, the working definition and the strategy for sustainability for the VMMC programme. This document will serve as a dynamic guide intended to be used actively, and will lay the foundation for the next National VMMC Operational Plan.

This document follows a clear structure: (1) Development of the Sustainability Plan; (2) Strategic Vision; and (3) Realising the Strategic Vision. Within the first section discussing the development of the plan, analyses are reviewed, as well as the National Operational Plan Pillars. In the National Operational Plan, the pillars reviewed in the Sustainability Stakeholders meeting were six: Leadership & Advocacy, Governance & Coordination, Service Delivery, Communication and Demand Generation, Monitoring and Evaluation, and Resource Mobilisation. After the Sustainability Validation meeting in December 2018, an additional pillar, Supply Chain, was separated from the other pillars to make the total number of pillars seven in the "Realising the Strategic Vision" section of the document. This section highlights some key activities that will happen in the short, medium and long term to realise outcomes that contribute to the Strategic Vision.

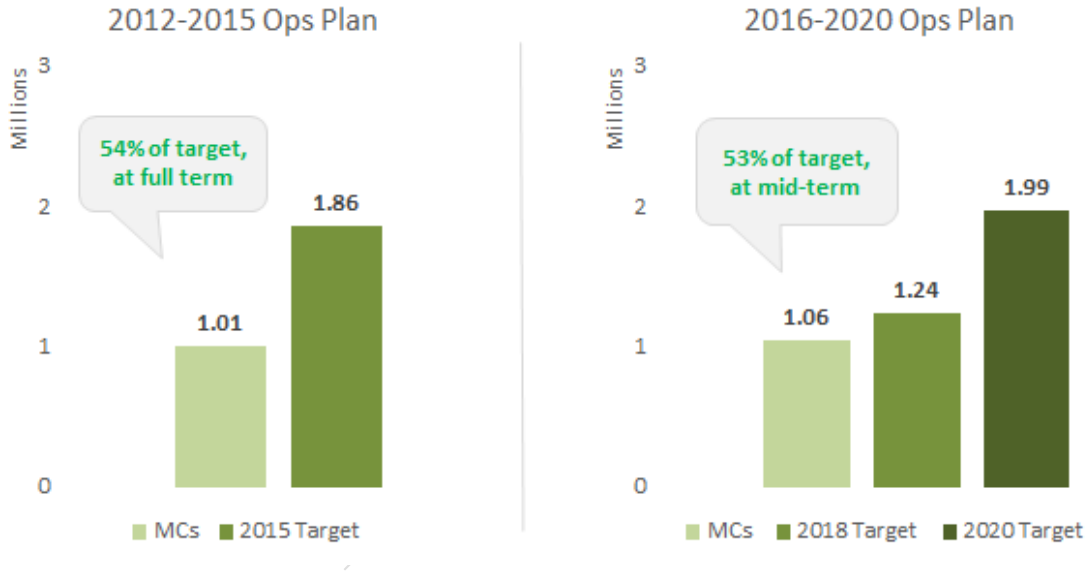
The current programmatic vision for transition for Zambia defines sustainability as ensuring the continuity of the public health intervention in order to continue to avert new HIV infections by institutionalising VMMC service delivery into the essential health package, providing VMMC services in line with the essential health package policies, and increasing effective financial resource mobilisation. All of the pillars fall within these three broad categories, and by strengthening coordination and leadership, increasing program routinisation and integration, improving the health system, increasing support for EIMC and EAMC, and lowering cost and increasing domestic financing this transition can successfully occur. Following the roll-out of this document, more in-depth baseline analyses can occur, and the short-term sustainability activities can begin immediately, as the country prepares for the next VMMC National Operational Plan in 2021.

Introduction

Zambia's VMMC programme has had significant success in scaling up service delivery in recent years; over 2 million men have been circumcised in 8 years (2010-2018). In 2018, Zambia achieved over 100% of the annual target. The country is on track to reach the VMMC National Operational Plan 2016-2020 target of 1.98 million men circumcised, having already circumcised 1.2 million since 2016 began.

The chart below illustrates that whilst at the midpoint of the current National Operational Plan, over 60% of the 2020 target has been achieved; compared with the 2012-2015 National Operational Plan, where the programme only reached approximately half of the target during the entire four-year period. This illustrates the progress the programme has already made in achieving set targets.

Figure I. Target Progress



Current models estimate that the programme has already averted approximately 26,000 new HIV infections; these estimates posit that as much as 780,000 new HIV infections will be averted by 2030 if these 2020 targets are met[1].

Given this progress and given the directive in the National Operational Plan, it is imperative that the programme plans for sustainability to maximise the biomedical prevention intervention for epidemic control. The purpose of this sustainability plan is to: (1) outline Zambia's current progress to sustainability; (2) present Zambia's National strategic vision for sustainability; and (3) provide the tools necessary to plan for the transition to sustainable activities, on both the national and subnational levels.

In order to begin planning for sustainability, the first national VMMC programme sustainability meeting was held from 19-20th September 2018. This meeting brought together sixty professionals from all the

[1] Avenir VMMC Impact Evaluation Meeting Oct 17-19 2018.

ten provinces; including Provincial Health Directors and coordinators, implementing partners and cooperating organizations. Further, the meeting was attended by the Director of Public Health, the Director of Health Promotions and Social Determinants and the Director of Clinical Care from the national level to ensure ownership of the programme going forward. Accordingly, the meeting created a working definition of sustainability for the VMMC programme in Zambia, as well as began the outline of this Sustainability Plan.

Development of the Transition and Sustainability Plan

The government of Zambia through the MoH set out the target of reaching 1.98 million uncircumcised boys and men in 5 years in order to contribute to reduction in HIV transmission, as part of the comprehensive HIV prevention strategy. While the programme is on track to meet quantitative MC targets, with significant progress on activity milestones, there are still some gaps - which are expected as the programme is only halfway along the plan's five-year timeline. In order to fully comprehend the Zambia VMMC Programme's pillar by pillar implementation, a stakeholder meeting was convened to analyse achievement, challenges and gaps in the National Operational Plan Pillars, review international documents/research papers on health programme transition standards, as well as begin the national conversation on sustainability. As a result, the VMMC Programme Strategic Vision was developed, and the planning process toward 2020 began.

Baseline Analysis

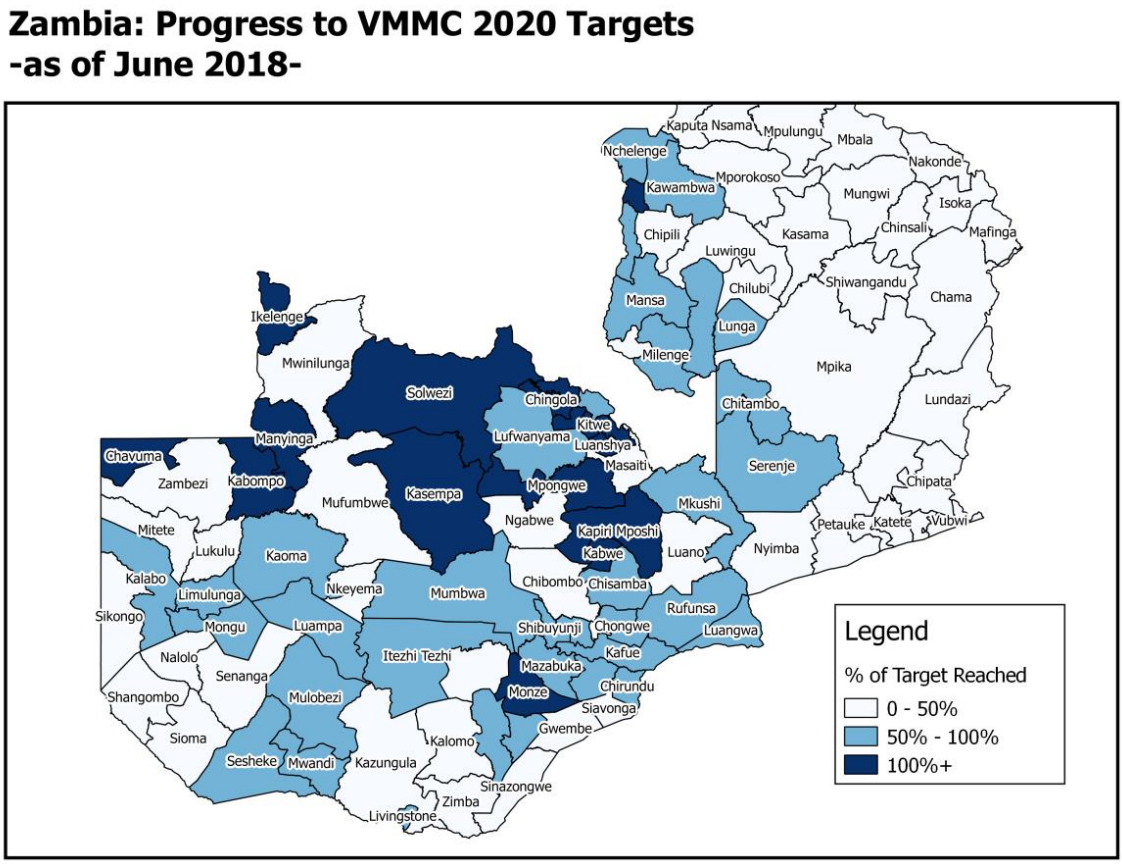
To begin the baseline analysis process, Zambia conducted several quantitative and qualitative analyses and reviews, to start providing national, provincial, district and community level insights regarding sustainability. In order to gather information on national MC operational plan pillar implementation, a quantitative and qualitative baseline analysis process was undertaken. This included: saturation analyses, qualitative interviews and discussions during the sustainability stakeholder meeting, as well as an impact evaluation which provided national, provincial and district level insights. This analysis of programme pillars implementation is essential in determining our progress against the HIV/AIDS epidemic, and to plan for future programming. Further baseline analyses will be conducted at the subnational level in preparation for a Transition Assessment Dashboard tool, which will be utilised by the programme going forward into the transition and sustainability phase.

Saturation Analysis

The first work done at national level was to determine progress of the Zambia VMMC programme through the saturation analysis. The Saturation Analysis looked at the number of VMMCs reported in the HMIS against targets to see which areas of the country are performing better than others. The 2016-2020 National Operational Plan outlined specific targets by age at national, provincial and district level, and these targets helped the programme to map progress towards 2020 goals. These targets were determined using the Decision Makers Programme Planning Tool (DMPPT) model, which accounted for population growth and distribution; as well as HIV incidence and age distribution. These targets were

tailored to achieve 90% circumcision coverage for high-risk age groups, while still providing some coverage to all ages 10-49. Therefore, progress against these targets was a useful measure of VMMC coverage for the country.

Figure II. Map of Target Progress



As seen from the map above, progress against targets was determined and displayed visually, to give all stakeholders an overview of the areas of the country requiring greater attention, as well as which areas are on-track to reach their 2020 targets. By June 2018, halfway through the 2016-2020 National Operational Plan, we would expect all districts to have reached 50% of their overall target; however, the map shows some districts are behind that 50% goal. It is due to this variance that it's necessary to develop geographically-specific sustainability plans.

Qualitative Interviews & Stakeholder Discussions

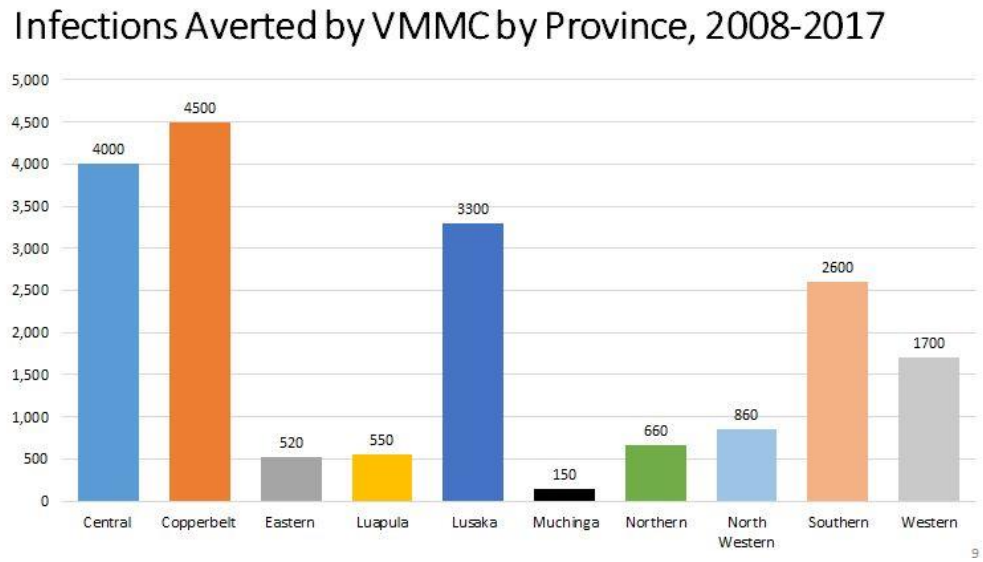
During the course of the VMMC sustainability stakeholder meeting, one-on-one interviews were conducted with representatives in 7 out of 10 of the provinces, to get a better sense of the variance in needs. While the national level shows on-track progress to reaching the 2020 goals, the provinces

reviewed different stages of pillar implementations which were more complex in context. The interviews highlighted some key differences between the provinces, such as in the pillar of governance and coordination, a disparity in the concentration of implementing partner support impacting resource distribution, and for the leadership and advocacy pillar, some provinces are more easily able to achieve circumcision advocacy and leadership because they have a traditionally circumcising community. These specific contexts must be taken into consideration for developing a plan for MC programme sustainability. Whilst provinces such as Copperbelt have already achieved 2020 targets, other provinces, such as Muchinga, still have a long way to go. Therefore, planned activities also varied, with some provinces discussing EIMC (Early Infant Male Circumcision), and other provinces highlighting the need to strengthen basic infrastructure.

Impact Evaluation

The VMMC Programme Impact Evaluation illustrated use of the National Operational Plan Pillar Implementation Science. The evaluation gave an overview of the direct impact that the VMMC programme has already had toward epidemic control, and what impact we can expect the programme to continue to have in the future. Because VMMC is a one-time procedure that provides partial protection for the entire sexual life of the male, it is a cost-effective biomedical HIV prevention intervention that continues to avert new infections over time.

Figure III. HIV Infections Averted by Province



As seen from the figure above, the VMMC programme has averted around 19,000 HIV infections. This is distributed by province, and is based not only on number of MCs done and the population of that region, but also by the HIV incidence rate for that province.

Figure IV. Impact of VMMC Programme

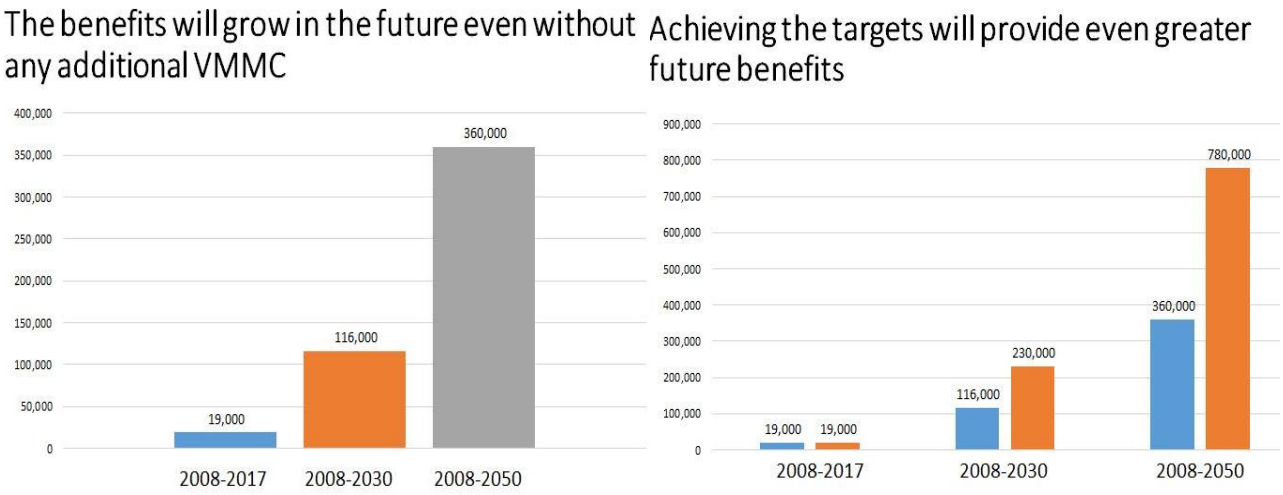


Figure IV shows exponential increase over time as the country program attains 80% MC prevalence rates among priority groups of uncircumcised boys and men. This will also have a secondary benefit for the female population as more men who remain HIV negative it will reduce the infection pool, resulting in reduced transmission.[2]

Through all of these assessments, it was clear that the VMMC programme was already having impact, and that there were some activities still needed to ensure the long-term sustainability of the programme, both on the national and provincial levels. Additional planned activities will be outlined in the rest of this document.

National Operational Plan Pillar Progress

Given that this Sustainability Plan is a supplemental document to the National Operational Plan for the scale up of VMMC in Zambia (2016 -2020), it is essential that the country analyses progress against all the pillars in the National Operational Plan.

The National Operational Plan has 8 Pillars

1. Leadership and Advocacy
2. Governance and Coordination
3. Service Delivery
4. Communication and Demand Generation
5. Monitoring and Evaluation
6. Implementation Science
7. Resource Mobilisation

[2] Ministry of Health, Zambia. Zambia Population-based HIV Impact Assessment (ZAMPHIA) 2016: Final Report. Lusaka, Ministry of Health. February 2019.

8. Sustainability and Early Infant Male Circumcision

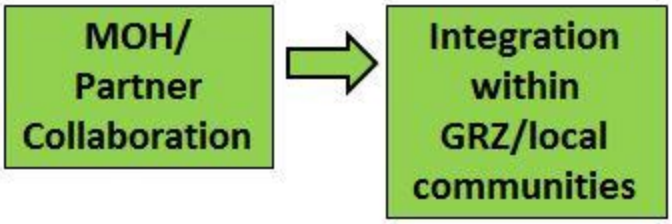
During the VMMC Sustainability stakeholder meeting in September 2018, the team focused on (1) Leadership and Advocacy; (2) Governance and Coordination; (3) Service Delivery; (4) Communication and Demand Generation; (5) Monitoring and Evaluation and (6) Resource Mobilisation. During the stakeholder meeting these pillars were discussed in depth, and posters created; with the findings for these sections summarised as follows.

Pillar I: Leadership and Advocacy

Objective of the VMMC National Operational Plan (2016-2020): To increase and sustain programme visibility and priority at both national and subnational level and garner multi-sectoral support from key stakeholders.

Great progress has been made in leadership and advocacy for the VMMC programme. When the VMMC national programme was launched in 2010, there were few support systems for VMMC at the national and subnational levels. As of 2018, the programme has an established system led and owned by the Ministry of Health at all levels. During the transition and sustainability period, it's therefore imperative that the programme will draw lessons from the scale up phase of the leadership and advocacy pillar. The main analysis findings on this pillar are highlighted below:

Where are we coming from?	Where are we now?	Where do we want to go?
Pillar I: Leadership and Advocacy		
• Absence of national policy framework for VMMC • Limited leadership and advocacy structure and advocacy programmes	• Development and approval of national MC policy framework and operation plans for VMMC (National Operational Plan guides the programme and VMMC is included in the NHSP and NASF) • Inclusion of VMMC into comprehensive HIV prevention strategy under National AIDS Council • Established collaborations with political and traditional leaders for advocacy • Implementing partners collaboration in demand creation	The Health System, partners and community leaders support an integrated VMMC programme by ➢ Promoting VMMC as part of the overall HIV prevention strategy in the community and on the national and sub-national levels ➢ Advocating partnerships between MOH, other GRZ ministries, communities and the private sector (PPP as well as the private health sector) ➢ Activating VMMC champions in all the provinces

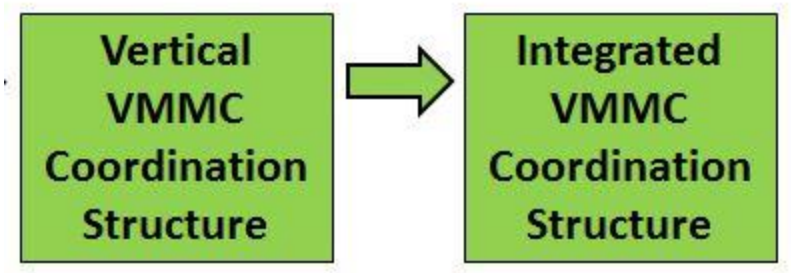


Pillar II: Governance and Coordination

Objective in the VMMC National Operational Plan (2016-2020): To build sufficient technical and strategic capacity to coordinate and manage a growing VMMC programme with strong linkages between national and subnational levels.

The current National Operational Plan has defined governance and coordination roles and functions for the VMMC programme. However, there is still need for additional work to ensure sustainability in these areas. Coordination structures need to be fully operational, with policies to make the programme more routine and integrated. Additionally, the Ministry needs to oversee the private sector MCs done. Below is a chart, detailing points discussed in the Sustainability meeting in September 2018:

Where are we coming from?	Where are we now?	Where do we want to go?
Pillar II: Governance and Coordination		
• MC surgical procedure approved to be undertaken by medical officers in hospital operating theatres • WHO provided guidance on the public health benefits of MC in HIV prevention	• MoH approved the implementation plan that expanded MC as part of public health intervention • MoH guideline on governance and coordination was outlined in National Operational Plan for the scale up of VMMC in Zambia • Ministry of Health is responsible for the programme (with partner support) • National TWGs established to coordinates the program implementation • Inclusion of VMMC activities in national MTEF • Partners support VMMC Coordinator position at provincial level	The Health System supports an integrated coordination structure by ➢ Coordinating MC intervention as part of routine health services at approved health centre level ➢ ***Coordinating stakeholders for procurement (supply chain)*** ➢ Assessing staff in Annual Performance and Assessment on VMMC indicators ➢ Securing VMMC funding under HIV services in the MTEF ➢ Engaging other ministries, workplaces and traditional leaders to understand that MC is a part of routine service in health facility ➢ Linking MC services to men and adolescent health services at health facility level



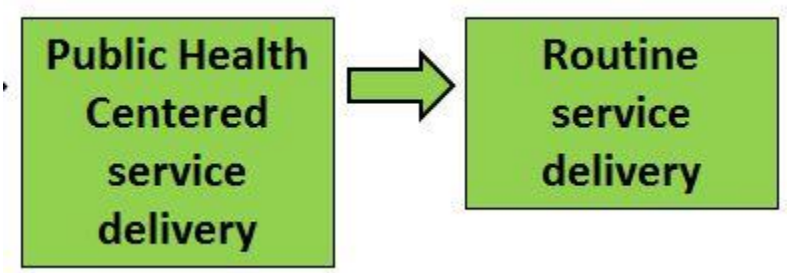
Pillar III: Service Delivery

Objective in the VMMC National Operational Plan (2016-2020): To offer a comprehensive VMMC package of service in an efficient, effective and increasingly integrated manner while ensuring the highest quality of services.

The service delivery pillar encompasses training, equipment, medical supplies and actual service provision of MC to target population. Since the launch in 2010, the VMMC program has achieved by establishing service delivery systems for provision of safe and quality male circumcision service to the target population. To reach the service delivery objective, a number of strategies were implemented: over 1600 providers were trained, including clinical officers and nurses to increase the provider pool, training materials were developed, the surgical procedure moved to dorsal slit, the MC commodity packaging was standardised, and the accreditation system for quality assurance and streamlining practices in infection prevention standards was established. In the future, the VMMC programme will focus on EAMC and EIMC, improve tracking of trained providers, and provide more efficient management of the supply chain, to name a few priorities. The table below summarises progress under this pillar:

Where are we coming from?	Where are we now?	Where do we want to go?
Pillar III: Service Delivery		
• Limited surgical equipment and supplies for public health program • Only medical officer approved to perform surgical procedure • Surgical skills training was limited to pre service in medical schools • Only 1st and 2nd level medical facilities approved to perform surgical procedures • MC largely done in	• Over 2million VMMCs conducted • Surgical sets, operating beds, supplies procured • Task-shifted the skills to clinical officer and nurses • In service training introduced and over 1600 health care worker trained • Approval of lower level health facility approved for surgical MC services • Standardised MC consumable packages to facilitate service delivery in lower level health	The Health system supports adequate mentorship/training and routine service provision by: ➢ Providing In-service and pre-service training for VMMC and EIMC ➢ Focusing on EAMC and EIMC ➢ Providing monthly targets for each district (referral of care for outreach areas) ➢ Integrating/centralizing supply chain management owned by government ➢ Removing allowances attached to service provision ➢ Engaging the community to determine service delivery models relevant for each district/geography

traditional settings in circumcising communities • No age group focus	facilities • Transitioned traditional circumcision to medical circumcision in circumcising community to ensure safety and quality • Age targeted: 10-49, with a focus on 15-29 years	➢ Implementing sustainable Service Delivery models, such as workplace VMMC as part of a larger HIV prevention workplace policy or providing flexible hours to meet men's needs at sites ➢ Engaging private sector to provide VMMC services in line with national guidance and report back to government



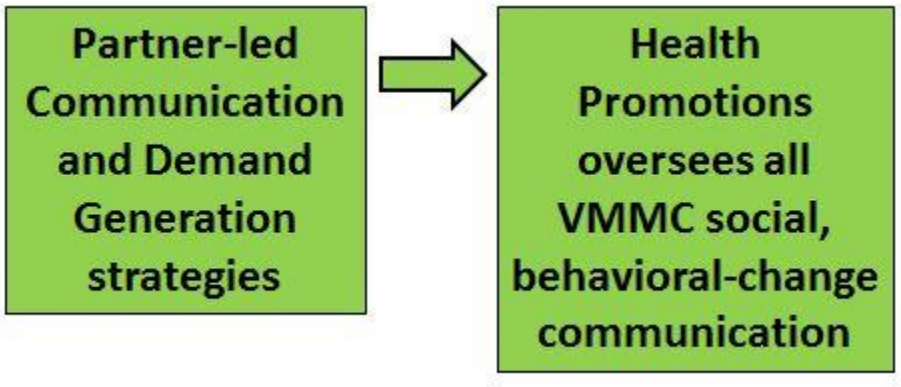
Pillar IV: Communication and Demand Generation

Objective in the VMMC National Operational Plan (2016-2020): To increase demand and meet the targets for VMMC in the most effective (core) age groups through a targeted, market/client-based approach.

Acceptability studies have demonstrated the progress made under the communication and demand generation pillar. Under this pillar, a communication strategy guideline, mass media adverts, mid media programs and IEC campaign materials were approved for use in Zambia. Implementing partners continue to utilise mid-media communication approaches and train community health volunteers as mobilisers in order to increase demand for VMMC. The table below shows progress under this pillar:

Where are we coming from?	Where are we now?	Where do we want to go?
Pillar IV: Communication and Demand Generation		
• MoH Health Promotion had no policy guide on VMMC behavioural change communication • Absence of IEC/ All available IEC in English	• MoH approved Communication strategy • Health Promotion unit responsible for approval of IEC materials for technical accuracy and comprehensiveness • Identification of program Ambassadors, Champions approved	The Health System, Chiefs, Religious Leaders, Community leaders and partners support an integrated, Ministry-led communication and demand generation approach that focuses on health promotion by ➢ Linking VMMC to other programmes, such as NCDs, men's clinics, youth programmes, etc. to leverage resources for demand generation and entry points for HIV prevention ➢ Introducing cooperative instead of allowances for community mobilisers ➢ Supporting the engagement of community members about VMMC and ensuring circumcisions are done medically and reported

	by the Health Promotion unit	to MOH ➢ Creating and utilising innovations for demand generation approaches ➢ Ensuring that the directorate of Health Promotions and Social Determinants oversees VMMC communication and demand generation



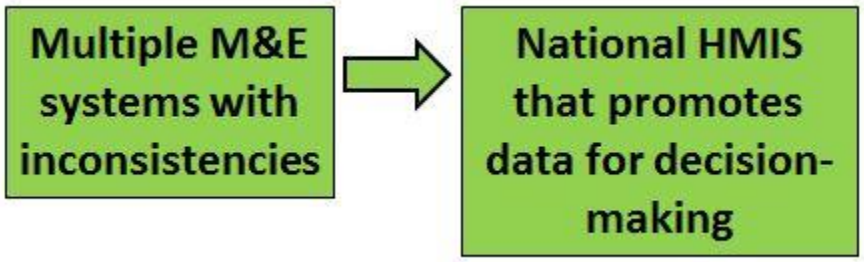
Pillar V: Monitoring and Evaluation

Objective in the VMMC National Operational Plan (2016-2020): To reduce data discrepancies between HMIS and PRS from 37% to below 5% and develop HMIS/DHIS2 system into a self-sufficient, reliable source of VMMC.

The VMMC programme has made tremendous progress on the monitoring and evaluation pillar since 2010 when the programme was launched. Under this pillar focus was on the following activities: developing reporting tools and indicators, client cards, integrating indicators in the national HIMS, training health care workers in the use of reporting tools and filling of all MC records. Assessing progress on the above strategies, the programme has achieved by training health workers, standardising reporting tools and integrating indicators in HIMS since 2016. Although the HMIS is now the primary reliable source of data for the VMMC programme, quality improvements (such as AE reporting) are still needed, as well as a movement towards data for decision-making. More staff also need to be trained in data management, and eventually the use of SmartCare for VMMC data will mean real-time data entry for immediate use. The table below summarises achievement under this pillar:

Where are we coming from?	Where are we now?	Where do we want to go?
Pillar V: Monitoring and Evaluation		
• Standard surgical registers in operating theatres • Absence of programme indicators in national reporting system (HIMS) • Absence of standardised national reporting tools i.e. registers and client cards	• MoH approved programme indicators in the HMIS • Standardised data collecting i.e. registers and client cards • National M&E has integrated MC program in Data quality activities system	The Health System supports one accurate M&E system that ensures data quality and maximizes data utilisation by ➢ Strengthening surveillance of AE reporting by providing case reviews at various levels, including provincial oversight ➢ Improving Data Quality controls ➢ Incorporating private facilities in reporting VMMC data ➢ Integrating training for health workers in

	• Programme performance assessments have strengthened safety and quality monitoring for national MC program monitoring	data management in all facilities ➢ Utilising data for decision making e.g. developing dashboards for real information that can be used to make decisions ➢ Increasing capacity to include MC research topic by sponsors ➢ Introducing the use SmartCare to improve filing of client records

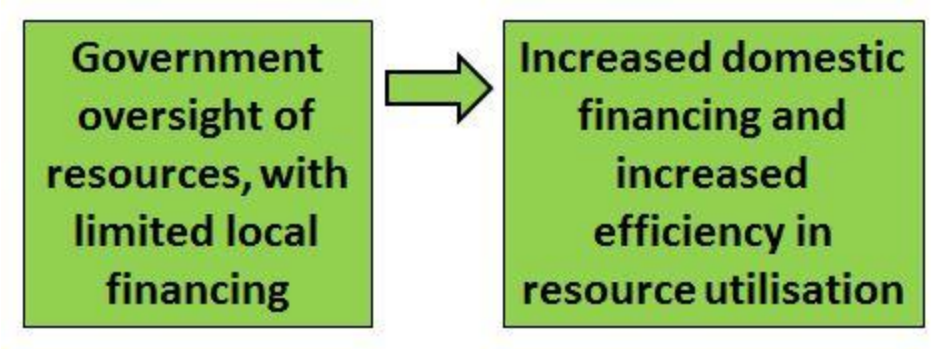


Pillar VI: Resource Mobilisation

Objective in the VMMC National Operational Plan (2016-2020): To mobilise sufficient financial resources to cover the programmatic funding gap while also ensuring efficient and effective use of existing resources.

The Ministry has provision for VMMC funding, however, because of high partner contributions, there has been little need to utilise the Ministry's funding. Health financing for an integrated HIV prevention program will continue to be a priority going into the sustainability phase, especially as partners may reduce funding in the future. Ideas regarding resource mobilisation for sustainability are found below in the sustainability poster details:

Where are we coming from?	Where are we now?	Where do we want to go?
Pillar VI: Resource Mobilisation		
• Funding through PEPFAR for program scale up in the initial phase	• MoH leads coordination for resource mobilisation through implementing partners • MoH decentralised some of the programme planning and budgeting under Global Fund & CDC • PEPFAR continues to support program scale up	The Health System supports an increase in domestic financing and an efficient use of resources by ➢ Strengthening integrated planning and budgeting for HIV prevention with MC as part of the package of basic Health Care ➢ Utilising all local avenues available to support the programme, such as making use of PPP/Social cooperate responsibility ➢ Cementing the inclusion of VMMC in the National Health Insurance (NHI) basic benefits package ➢ Ensuring that Private Health Insurance includes VMMC in basic benefits package in line with the NHI standards ➢ Prompting MOH and MOF to include more financial resources for VMMC



World Bank Checklist for Transition

In addition to reviewing the pillars from the National Operational Plan and conducting analyses, it was helpful to review global 'best practices' for determining Zambia's readiness for sustainability. The World Bank has a *Checklist for Transition Planning of National HIV Responses* which emphasised the importance of evaluating readiness for transition based on three main criteria: (1) Financing (2) Governance/ Institutionalisation and (3) Service Delivery transition. Given the work in the Stakeholder Sustainability Meeting, each of these criteria was approached with a national strategy below.

Financing VMMC

Currently, the programme has a few funding sources, mostly external donors who either provide funding directly to the Ministry of Health (MoH) or indirectly through technical and implementing partners. Local funding from the MoH itself is limited, with a VMMC budget of $81,000 USD out of the approximately $20 million USD total funding for VMMC in 2018. The below chart reflects the estimated funder budgets for VMMC between 2018-2020.

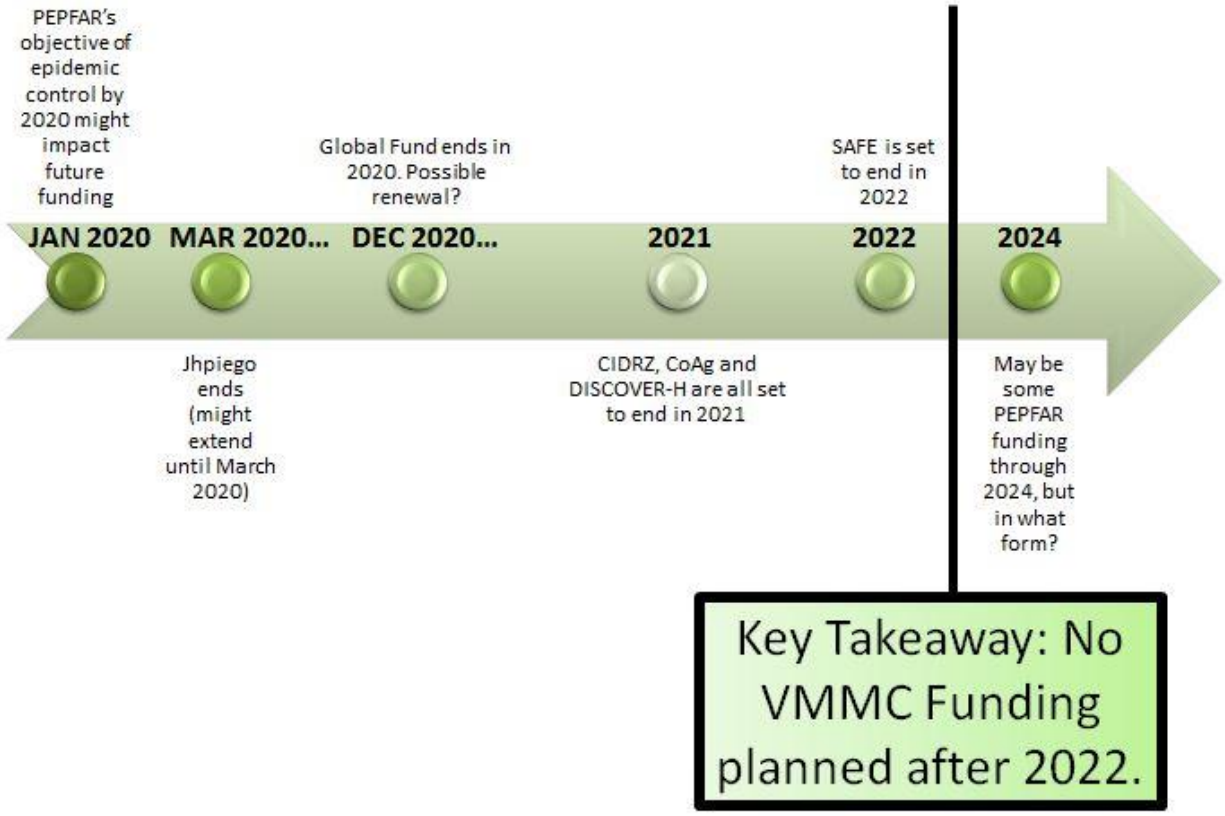
Figure V. Funding

FUNDING (Budgeted)	2018	2019	2020	Notes
PEPFAR	$18,320,585	$18,320,585	$18,320,585	Sourced from PEPFAR Country Office- this assumes Zambia will receive the extra funding in 2019 and 2020 that they received in 2018
GF - SSF	$1,631,936	$1,631,936	$1,631,936	Budgeted by GF
Gates - CHAI	$657,498	$747,000	$243,000	Sourced from MCDMCH/BMGF
Zambia GRZ	$81,000	$81,000	$81,000	MOH budgeted (Yellow Book sourced)
Total Funding	**$20,691,019**	**$20,691,019**	**$20,691,019**	

Over 98% of the estimated VMMC budget for 2018 was from external sources (GF and PEPFAR). The main funder, PEPFAR (89%), only provides annual awards; which introduces an element of instability as funding is not guaranteed, and there is no budget visibility beyond 1-2 years. Although the US

government has earmarked funding for PEPFAR through 2024[3], countries are expected to reach epidemic control by 2020, at which point there may be a review of funding priorities[4]. It is therefore imperative to consider the sustainability of programme financing, not only to increase country ownership, but also for the long-term viability of the programme. Below is the visual of current known data regarding partner funding timelines.

Funding Timeline for Partners



However, in order to sustain the VMMC public health approach there is need to seek ways of reducing the cost associated with service delivery. For instance of the over $20M in yearly program funding, less than 20% of this resources is earmarked for supplies and commodities which are an essential

[3] PEPFAR Reauthorization: Side-by-Side of Existing and Proposed Legislation. Kellie Moss and Jennifer Kates, KFF.org. https://www.kff.org/global-health-policy/issue-brief/pepfar-reauthorization-side-by-side-of-existing-and-proposed-legislation/

[4] The goal of the 2020 Targets of 90-90-90 will mean epidemic control for Zambia and other PEPFAR countries. This focus has meant more limited materials and planning for post-2020 work. However, there is general acknowledgement that more work will need to be done even after epidemic control: https://www.cgdev.org/blog/controlling-hivaids-epidemic-2020-will-not-end-us-responsibilities-severely-affected-countries

component to ensure safety and quality of MC service. The remaining 80% of the resources is spent on structural improvements of health facilities, human resources support, national school holiday campaign support, communication and behavioural change activities and national coordination activities. An important health financing mechanism in the future will be the National Health Insurance (NHI) as it operates on resource pooling. It's envisioned that when Zambia rolls out the first phase of an NHI plan, there will be coverage for public health intervention services such as MC surgical procedures. As the program activities become more integrated in the Medium-Term Expenditure Frameworks (MTEFs) on the subnational level this will also ensure continual funding for VMMC in the future.

National Strategy 1- Financing

To ensure the coordination and increased localization of various financing mechanisms going into the maintenance phase[5] for VMMC, that reinforces efforts to implement national health policies and strategic plans at the subnational level.

Institutionalisation and Governance of the VMMC Programme

Although VMMC has already had a well-documented impact on national HIV infections, there is still more work to do to integrate and fully mainstream it at all levels of health care system. Under the *Ouagadougou Declaration on Primary Health Care and Health Systems in Africa*, to achieve leadership and governance for health it includes institutionalising intersectoral action for improving health determinants; updating comprehensive national health policy in line with the Primary Health Care (PHC) approach and other regional strategies; updating the national health strategic plan to ensure integrated management; and providing comprehensive essential health services. The MoH has already initiated steps for institutionalising the MC program by updating the national health policy, and by ensuring the health strategy plan includes national direction on its delivery. As part of intersectoral action for institutionalising biomedical HIV prevention activities, MoH has established collaboration with other line ministries on improving health determinants such as school health programs, workplace HIV policy and health promotion information communication on overall vision for comprehensive HIV prevention. To reach sustained program institutionalisation there is still a need to define MC as part of the comprehensive essential services at desired health care levels for the country.

When VMMC is included as part of the comprehensive essential services nationally, leadership at all levels of the health care system will be responsible to deliver the service. It's anticipated that the subnational level of the health care system will lead in implementing operation plans for nationally approved comprehensive essential health services, and that by decentralising key programmatic components such as trainings will ensure the programme maximises efficiency and effectiveness.

[5] Maintenance phase: the period in which large-scale VMMC service delivery is no longer necessary, because the male HIV-negative population is already mostly circumcised, i.e. saturation levels above 80% of the population. In this phase, yearly circumcisions will only reflect new males aging into the target cohort, in this case EIMC (males born) and EAMC (males reaching age 10 who were not circumcised in EIMC).

National Strategy 2-Institutionalisation

To implement a phased, subnational approach to institutionalise the VMMC programme, primarily by ensuring that the VMMC programme is a part of the comprehensive essential health services package.

Health Service Delivery

As recommended in the *Ouagadougou Declaration on Primary Health Care and Health Systems in Africa implementation framework*, service delivery is the ultimate goal of the health system in improving people's health. This goal is achieved by providing comprehensive, integrated, equitable, quality and responsive essential health services. Therefore in order to sustain the VMMC programme, its delivery needs to be organised and managed in as effective and affordable manner as possible through review of the essential health package for universal coverage. Additionally essential health packages will be tailored to each geographic location, but nationally will prioritise adolescent's male reproductive health as an entry point. The essential health package will take into account the referral system as the new services such as Early Infant Male Circumcision (EIMC) are added. Health service providers are the core of every health system and are central to advancing health, and their numbers, quality and distribution correlate with positive outcomes of health service delivery. As the programme becomes part of the essential health services, there is a need to strengthen the capacity of training institutions to scale up their production and retention of health care workers who can deliver the comprehensive health service package. This will also include improving systems for the management and stewardship of the health workforce to improve recruitment, utilisation, task-shifting and performance at all levels of the health system. Additionally, M&E data needs to be utilised on the facility-level, to improve targeting as well as data management and ensure data for decision-making.

National Strategy 3-Service Delivery

To provide VMMC as part of a comprehensive, integrated, appropriate and effective essential health service package.

Strategic Vision

The progress made in implementing the National Operational Plan Pillars helps to shape the beginning of an institutionalised VMMC programme in the national essential health service package. The question of "where do we want to go?" helps link global guidance to local implementation. The key themes from each pillar progress review on "where do we want to go?" are as follows:

I. Leadership and Advocacy- MOH will lead in supporting an **integrated** VMMC programme by including VMMC at all levels of the health system by making VMMC a part of the essential health service package

II. Governance and Coordination- MOH will continue to provide policy and legal framework for VMMC, governing and coordinating the **integration** of voluntary outpatient procedures, commodities and supplies the essential health services package

III. Service Delivery- Service delivery will be organised and managed as an **essential health service package** and as an effective and affordable health intervention

IV. Communication and Demand Generation- The VMMC Programme will consolidate and expand the use of Health Promotions Directorate to address determinants of health, **promote health awareness** and foster the adoption of healthier lifestyles (social determinants of health)

V. Monitoring and Evaluation- The National Health information system will continue to provide relevant and good quality data in a timely manner to allow the processing of indicators at all level so as to ease the processes of collecting, analysing and reporting data and maximizes **data utilisation**

VI. Resource Mobilisation- The Health System supports an increase in **domestic financing** and an **efficient use of resources**

These key themes of institutionalisation (**Integration**), providing a **comprehensive essential health package** (including **Mentorship/Training**), **health promotion**/ health awareness, good quality data, processing of indicators (**Data Utilisation**), and **Increasing Domestic Financing and Utilisation of Resources** will be discussed in greater detail in "Realising the Strategic Vision".

Working Definition for Sustainability

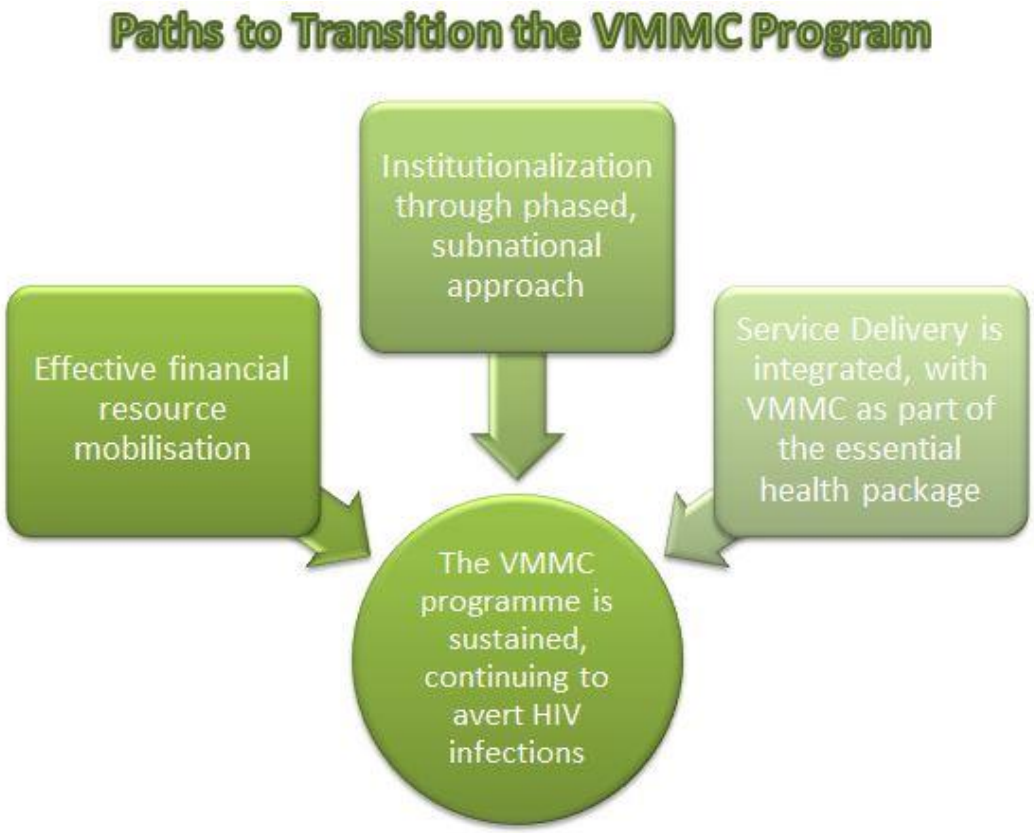
Globally, a sustainable VMMC programme is defined as "one whose local stakeholders maintain high circumcision prevalence after the initial scale-up—generally by incorporating either early infant male circumcision (EIMC), early adolescent VMMC, or both, into routine newborn and adolescent service delivery systems."[6] Although this definition focuses exclusively on service delivery, it is important to note that a sustainable VMMC programme is a maintenance phase programme: focused on mostly one age group that does not necessitate large-scale demand generation or training of providers outside the primary healthcare system. Additionally, in line with the Male Circumcision Implementation and Strategy Plan 2010-2020, which states that "male circumcision will be an integral part of comprehensive HIV prevention programmes", it is essential that the VMMC programme be integrated and supported within the larger framework of HIV prevention services.

To include the World Bank's checklist for Transition Planning, as well as the concepts highlighted in the Stakeholder Sustainability meeting in Zambia, the analyses conducted, the Male Circumcision Implementation and Strategy Plan 2010-2020, and considering the objectives for sustainability proposed in the VMMC National Operational Plan 2016-2020, Zambia's working definition for Sustainability is below.

The Sustainability of the VMMC programme for Zambia can be defined as ensuring the continuity of the public health intervention in order to continue to avert new HIV infections by institutionalising

[6] Scaling Up and Sustaining Voluntary Medical Male Circumcision: Maintaining HIV Prevention Benefits
Emmanuel Njeuhmeli, Marelize Gorgens, Elizabeth Gold, Rachel Sanders, Jackson Lija, Alice Christensen, Francis Ndwiga Benson, Elizabeth Mziray, Kim Seifert Ahanda, Deborah Kaliel, Tin Tin Sint, Chewe Luo
Global Health: Science and Practice Jul 2016, 4 (Supplement 1) S9-S17; DOI: 10.9745/GHSP-D-16-00159

VMMC service delivery into the essential health package, providing VMMC services in line with the essential health package policies, and increasing effective financial resource mobilisation.



As illustrated in the figure above, this transition process will occur by

- *Strengthening coordination and leadership (Pillars I & II)*
- *Moving from segmentation to integration (Pillars I & II) and moving from campaign-dependent to routinisation-focused (Pillar III)*
- *Lowering cost, and increasing local funding (Pillar VII)* - resource mobilisation is usually a top priority for transitioning programmes. Even though Zambia is not set to immediately lose VMMC funding, continuing to strive for greater efficiency and local resources will safeguard the programme.
- *Improving systems of service delivery and the overall health system (Pillar III, IV, V & VI)*
- *Increasing support for an EIMC and EAMC-centred programme (Pillar III)* - targeted demand populations become even more important as a program heads toward a maintenance phase.

Vision to 2020

This Transition and Sustainability plan exists to fulfil the objective outlined in the 2016-2020 National Operational Plan's *Pillar VIII: Sustainability and Early Infant Male Circumcision*, providing "a comprehensive, evidence-based transition and sustainability plan covering all pillars of the programme" in Zambia. This document will provide a phased approach to transitioning the public health intervention to be a part of the essential package of health services, with a primary focus on the short-term phase. However, these short-term activities should help lay the groundwork for the comprehensive national essential package of health services under the National Health Strategy Plan for sustainability.

In the 2016-2020 National MC Operational Plan, scaling up of EIMC was seen as the primary measure of sustainability for the program. With reference to countries that have higher MC prevalence rate among men, EIMC has ensured sustainability of the prevention intervention. Although Zambia conducted pilot studies to guide policy on EIMC, it has not yet been scaled up. Additionally, there are limitations to introducing EIMC as measure of sustainability such as: potential increase in AEs for less experienced practitioners, the cost of commodities, and a lower impact on HIV incidence rate reduction in the short term. Although EIMC will continue to be researched and funded in specific regions, it is important to ensure implementation of the larger vision for sustainability, including EAMC.

This sustainability plan outlines the strategy behind specific sustainability activities that will be implemented on every level, from National to Provincial to District. **The 2020 vision for the VMMC programme is to achieve the 2016-2020 targets**, translating to 90% circumcision coverage for targeted males in Zambia, **and that the programme will have begun sustainability activities in preparation for the maintenance phase** and ensuring the country reaches its aim to have epidemic control of HIV by 2020. Therefore, the sustainability phase that will begin in 2021 will be focused on maintenance of the programme, and thus this Sustainability Plan will bridge the gap to that new phase, beginning the sustainability transition in a gradual manner.

Realising the Strategic Vision

In order to realise the Strategic Vision to 2020 for the VMMC program, the National Operational Plan Pillars have been further sub-divided into specific visions for the short, medium and long term. Properly planning for sustainability is the first step to seeing the VMMC programme in Zambia transitioned financially, institutionally, and in service delivery, and this Sustainability Plan helps in planning by highlighting key focus areas for each pillar, as well as charting approximate timing. The only new pillar added to the National Operational Plan Pillars is Supply Chain, given its importance in maintaining safe and quality care through commodity provision. Further, once the baseline analyses tools have been finalised, additional recommendations will be included as an addendum to this document.

Sustainability Pillars

These are the pillars as finalised in the Sustainability Validation meeting in December 2018, and are subject to change either during the course of this current Plan, or in the next National Operational Plan

beginning in 2021. These National Operational Plan Pillars were based on the WHO Building Blocks and were adapted to fit the current Zambia VMMC context. Within these next subsections, key themes will be highlighted for each pillar, as well as a national vision for short, medium and long-term in achieving the Strategic Vision for these pillars.

- *Pillar I & II: Leadership & Advocacy and Governance & Coordination*- updating the national health strategic plan to ensure integrated management, and providing comprehensive essential health services including VMMC
- *Pillar III: Health Service Delivery*- providing VMMC as a comprehensive, integrated, appropriate and effective essential health service
- *Pillar IV: Communication & Demand Generation*- promoting health strategies to empower communities to adopt healthier lifestyles
- *Pillar V: Monitoring & Evaluation*- Data Quality and Data Utilisation
- *Pillar VI: Supply Chain*-Integrating/Centralising Supply Chain (instituting a transparent and reliable system for the procurement of health commodities)
- *Pillar VII: Resource Mobilisation/Health Financing*- providing comprehensive health financing policies and plans (Increasing Domestic financing and Utilisation of Resources)

Pillar I & II: Leadership & Advocacy and Governance & Coordination

The first two pillars, Leadership & Advocacy and Governance & Coordination are combined because they both focus on policy review and guidance that will facilitate institutionalising the VMMC programme. Drawing from the National Operational Plan Pillar Progress, the "Where do we want to go?" is answered below. Many themes came out of the discussions of these pillars, but the primary theme for these pillars in terms of sustainability was *Integration*. The one other idea that stood out to stakeholders was supply chain (underlined below), and it was deemed so essential to the sustainability plan it has been drawn out as a separate pillar (see Pillar VI: Supply Chain).

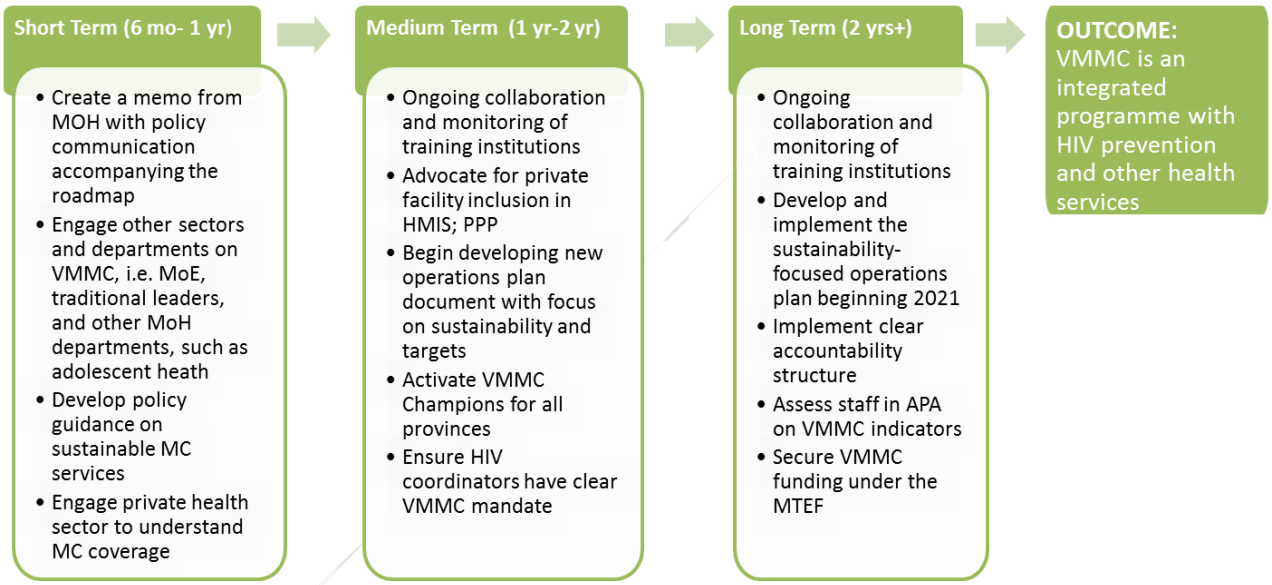
Where do we want to go?
Pillar I: Leadership and Advocacy
The Health System, partners and community leaders support an integrated VMMC programme by ➢ Promoting VMMC as part of the overall HIV prevention strategy in the community and on the national and sub-national levels ➢ Advocating partnerships between MOH, other GRZ ministries, communities and the private sector (PPP as well as the private health sector) ➢ Activating VMMC champions in all the provinces
Pillar II: Governance and Coordination
The Health System supports an integrated coordination structure by ➢ Coordinating of MC intervention as part of routine health services at approved health centre level ➢ ***Coordinating stakeholders for procurement (supply chain)*** ➢ Assessing staff in Annual Performance and Assessment on VMMC indicators ➢ Securing VMMC funding under HIV services in the MTEF ➢ Engaging other ministries, workplaces and traditional leaders to understand that MC is a part of routine service in health facility ➢ Linking MC services to men and adolescent health services at health facility level

Integrated Health Services

WHO defines Integrated Health services as "the organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money." (Technical Brief No.1, May 2008). In the context of VMMC Service delivery, integration is the process through which VMMC is fully part of the whole range basic services provided by the Ministry of Health. By expanding the service delivery as part of a larger context will benefit potential clients and ensure the longevity of the programme.

Integration in the context of MC activities is about more than funding by local, existing structures, it is about making VMMC a part of routine services, collaborating with other ministries, and ensuring that training for the programme occurs when other health training occurs. Integration is about making the VMMC programme accessible at all level of health care systems so that people get the care they need, when they need it. Thus, the strategy for this is multi-fold and outlined below.

Figure VI. Pillar I & II: Integration



Pillar III: Service Delivery

Service delivery encompasses the day-to-day realities of the programme, and is the most on-the-ground component of sustainability that will lead to the programme success. This section has been divided into two key sub-themes: human resources for health and comprehensive, integrated, appropriate and effective essential health services, as brought out by the "where do we want to go?" review. Although there are other areas that are essential to the successful implementation of service delivery for a programme, these two themes are the most relevant for sustainability planning.

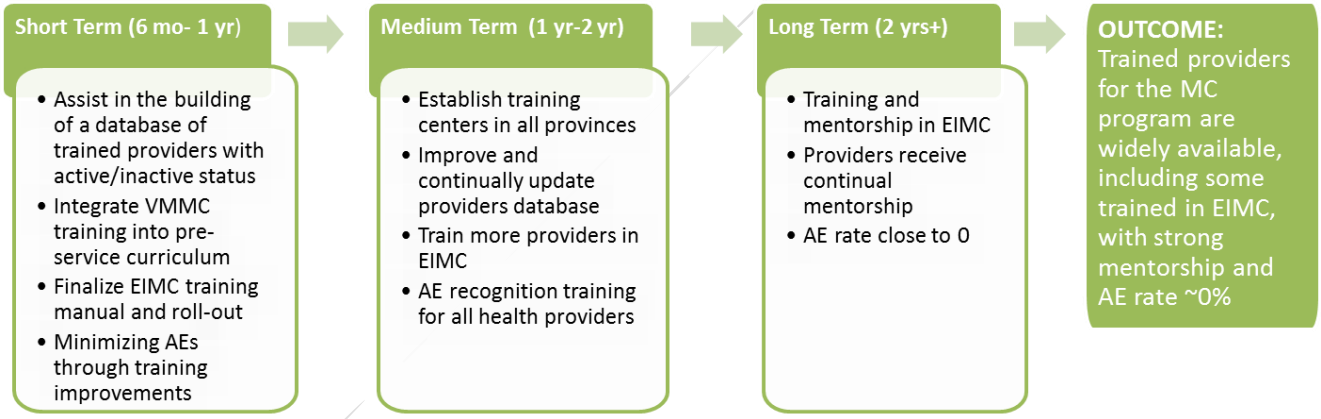
Where do we want to go?
Pillar III: Service Delivery
The Health system supports adequate mentorship/training and routine service provision by: ➢ Providing In-service and pre-service training for VMMC and EIMC ➢ Focusing on EAMC and EIMC

- Providing monthly targets for each district (referral of care for outreach areas)
- Integrating/centralizing supply chain management owned by government
- Removing allowances attached to service provision
- Engaging the community to determine service delivery models relevant for each district/geography
- Implementing sustainable Service Delivery models, such as workplace VMMC as part of a larger HIV prevention workplace policy or providing flexible hours to meet men's needs at sites
- Engaging private sector to provide VMMC services in line with national guidance and report back to government

Human Resources for Health Management

Central to providing integrated health service is management of human resources for health at all level of health system. As the programme becomes part of the essential health services package, there is need to strengthen the capacity of training institutions to scale up their production of health care workers who can deliver the comprehensive health service package at each level of care. For sustainability, it is vital to strengthen management of trained human resource for health at all levels of care so as to plan for those who need training as well as to create the systems to monitor and continuously train new needs.

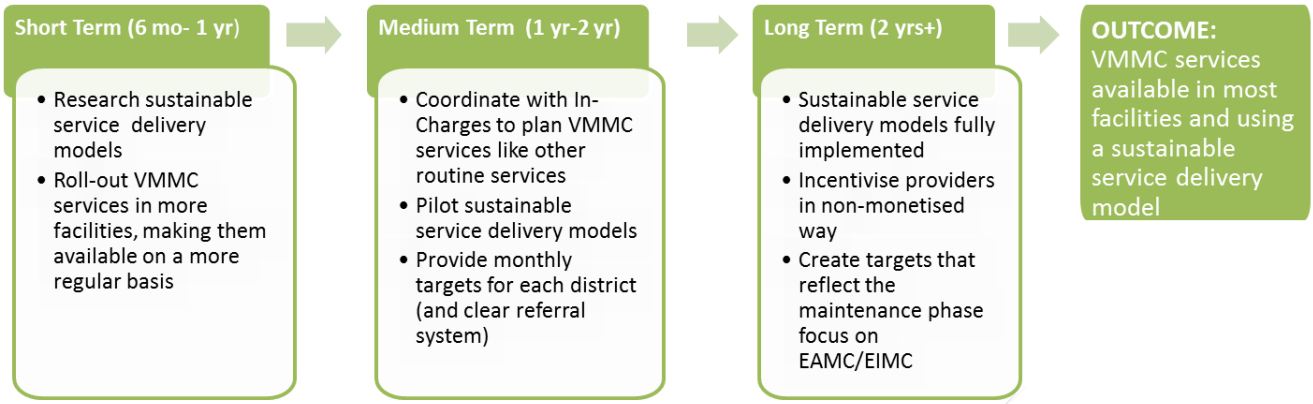
Figure VII. Pillar III: Human Resources for Health Management



Comprehensive, integrated, appropriate, and effective essential health services

Integrated health service delivery is the final step for many facilities in going from a population -group - specific program to a sustainable programme: ensuring the MC activities are available and streamlined with all other health activities. This aspect will be owned primarily on the smallest-unit level— the facility —but will need the support of policy and resources from other levels, to provide a platform for integration. Based on the guidance in the policy document integrated health service package that includes MC may not be offered at some health facilities but they will still contribute by linking people to the next level of care through clear referral system.

Figure VIII. Pillar III: Comprehensive, integrated, appropriate, and effective essential health services



Pillar IV: Communication & Demand Generation

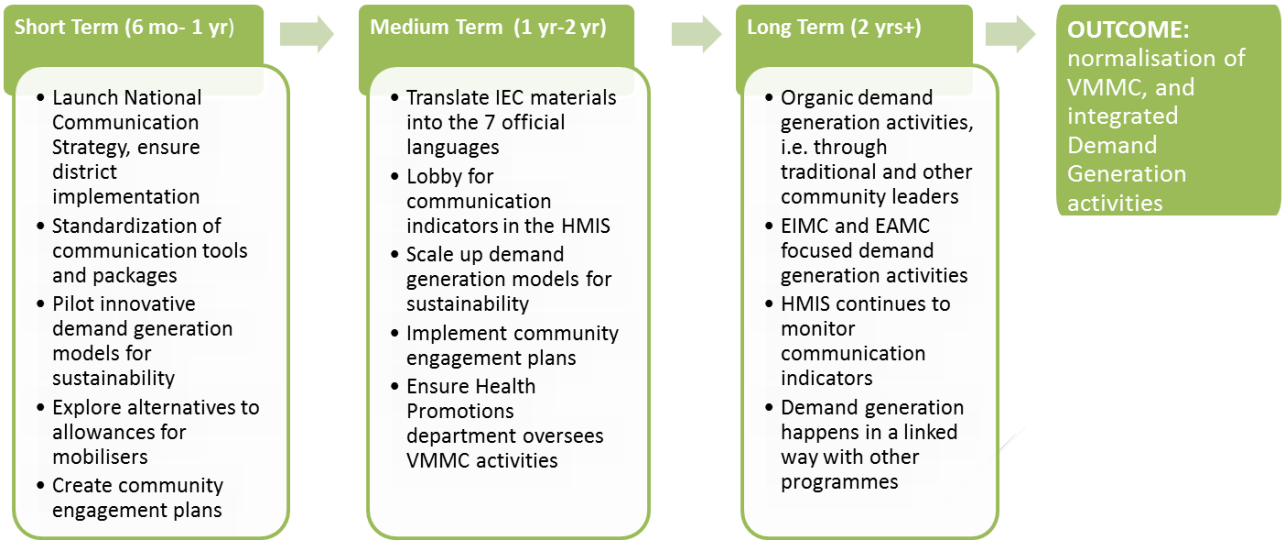
The MoH has strengthened health promotion in ensuring that communities adopt healthier lifestyles. Therefore, the primary sub-theme for sustainability for communication and demand generation revolves around reorienting the health service delivery system to improve community access and utilisation; and use health promotion strategies to empower communities to adopt healthier lifestyles, as seen from the "Where do we want to go?" section below.

Where do we want to go?
Pillar IV: Communication and Demand Generation
The Health System, Chiefs, Religious Leaders, Community leaders and partners support an integrated, Ministry-led communication and demand generation approach that focuses on health promotion by ➢ Linking VMMC to other programmes, such as NCDs, men's clinics, youth programmes, etc. to leverage resources for demand generation and entry points for HIV prevention ➢ Introducing cooperative instead of allowances for community mobilisers ➢ Supporting the engagement of community members about VMMC and ensuring circumcisions are done medically and reported to MOH ➢ Creating and utilising innovations for demand generation approaches ➢ Ensuring that the directorate of Health Promotions and Social Determinants oversees VMMC communication and demand generation

Health Promotion

The IPSOs study and national SBCC guideline proposed approaches for health education in VMMC to centre on self-efficacy and human centred design so as to enhance behavioural change. This is in line with WHO's definition of Health promotion which is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment (WHO). This means health promotion activities must be human centred so as to address the needs of health service recipients in a particular community.

Figure IX. Pillar IV: Health Promotion



Pillar V: Monitoring & Evaluation

Since 2013, the national health information system has incorporated indicators and provided data collecting tools on MC services at all levels. In 2017 a national approved patient card was rolled out to all health facilities providing the service in the country. These and other interventions have been conducted to strengthen the national health information management system (HMIS).

Despite these milestones, there is a need to provide continuous quality improvements in order for the HMIS to become the most reliable source of VMMC data. Good quality data is a vital aspect for monitoring programme performance and planning. This pillar highlights a few key sub-themes, good quality data and data use, as seen from the "Where do we want to go?" section below. In sustainability, ensuring the structures for data quality and data use will be vital to the VMMC programme long-term viability.

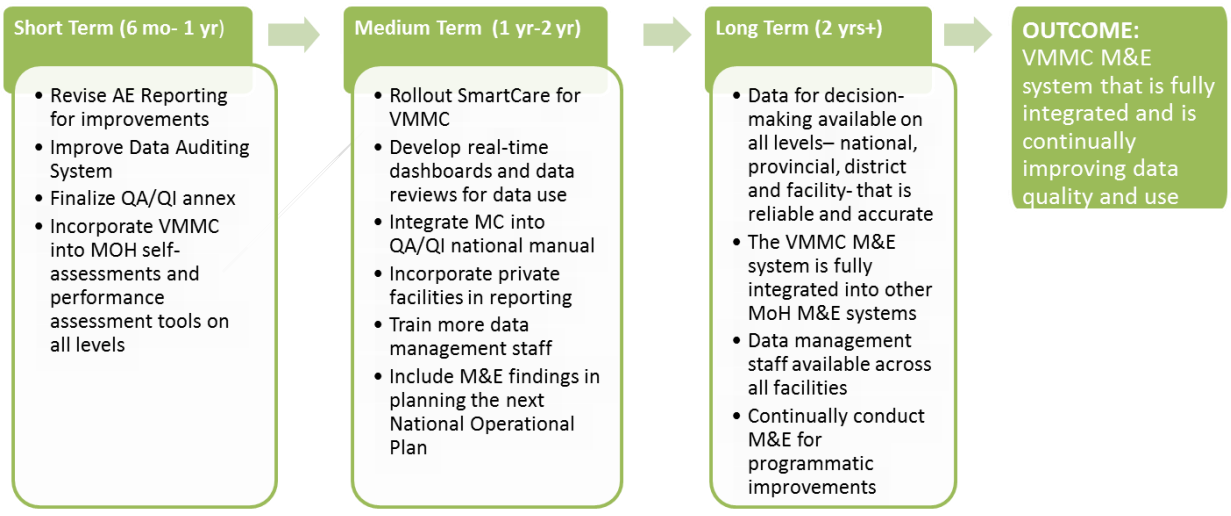
Where do we want to go?
Pillar V: Monitoring and Evaluation
The Health System supports one accurate M&E system that ensures data quality and maximizes data utilisation by ➢ Strengthening surveillance of AE reporting by providing case reviews at various levels, including provincial oversight ➢ Improving Data Quality controls ➢ Incorporating private facilities in reporting VMMC data ➢ Integrating training for health workers in data management in all facilities ➢ Utilising data for decision making e.g. developing dashboards for real information that can be used to make decisions ➢ Increasing capacity to include MC research topic by sponsors ➢ Introducing the use SmartCare to improve filing of client records

Data Quality & Data Utilisation

Data Quality is an area in which the VMMC programme currently needs to be strengthened. Data quality refers to accurate, reliable, consistent and timely information. This means there is a need for routine data practices, such as data verifications, data audits, review meetings etc. These will help ensure data management practices are adhered. For sustainability, data quality should eventually be monitored outside of the VMMC programmatic space, and indicators of VMMC data quality should be evaluated for all personnel connected to the programme. The focus for data quality will be the VMMC data set which includes HIV testing services in VMMC, Number of MCs and Adverse Events. Data quality will provide a platform for the programme to make quality decisions which will lead to efficient and effective outcomes.

Increased Data Utilisation will drive the demand for increased data quality. Decision making at various levels will prompt consistent data quality checks to improve overall information for programme interventions. Improvements in data quality, as well as in data use, will help the overall VMMC programme improve; enabling the M&E team, as well as leadership, to make informed decisions regarding targeting, allocating resources, and coordinating activities. For example, to follow-up on Adverse Events (AEs) adequately might require more detailed data elements and indicators not currently captured in the HMIS. Areas to focus on for increased data utilisation are: incorporation of VMMC indicators into the self-assessment and performance assessment tools of MoH, and quality improvement projects in VMMC via QIDU (Quality Improvement through Data Use). These quality improvement projects will increase data use as well as data quality, with projects implemented at the district and facility level. Other platforms for increased data use are the development and use of dashboards, use of scorecards and monitoring charts/graphs in HMIS.

Figure X. Pillar V: Data Quality and Use



Pillar VI: Supply Chain

Supply Chain ordinarily falls within the Service Delivery pillar. However, in the Zambia VMMC programme, supply chain has been an ongoing challenge in both scale-up as well as in envisioning a

more sustainable programme. In the Validation Meeting held in December 2018, there was a proposal to highlight Supply Chain as a key pillar distinct from other components of the programme. Currently in Zambia, the supply chain is mainly managed by partners and needs to transition to be fully run by the Ministry of Health. In August 2015, an assessment of the VMMC logistics management information system was conducted.

The lessons learnt from the 2015 assessment included:

- A **robust logistics system** and strengthened leadership assists in supply chain coordination
- **Visibility** in supply chains is key to enhancing supply chain coordination
- **Standardised logistics systems** improve accessibility to primary health care needs and reduce wastage where there are multiple supply chain players.
- Integrating commodity management into one logistics management information system (LMIS) results in a standardised approach to commodity management at health facilities, as well as an increase in ability to track commodities, and thus, an increase in the likelihood a commodity was in stock.
- A system run on the GRZ-approved national logistics system provides assurance of **country-ownership** and **sustainability.** This system provides a platform for **demand driven resupply for both GRZ and IPs**

Given this background, the Supply Chain section will highlight five key areas at the national level:

1. Product Selection- A standard product list will be developed which will be adhered to across the country for the VMMC Programme. This will take into consideration quality, effectiveness, safety and cost effectiveness. This will be reviewed every other year to cater for changes within the Programme.
2. Quantification- MoH and partners will collaborate to quantify national need at annual forecasting meetings, which will include supply and procurement planning. Forecasts will be reviewed during periodic review meetings. National pipeline monitoring and management will be the responsibility of the MoH. The MoH will take the lead in the Forecasting and Quantification (F&Q) for national programme needs.
3. Procurement- The programme will allow for procurement of commodities through the government and different cooperating partners, based on the national need determined by the F&Q process. Procurement coordination and national pipeline monitoring will be led by the MoH, supported by partners, to ensure the correct products are available in country and are ready for distribution when needed.
4. Tracking/Monitoring Distribution (at procurement level) - Medical Stores Limited (MSL) stores and distributes commodities to health facilities. In the interim, 75% procurement will be stored and distributed by MSL.
5. Commodities Storage- this will need to be managed on the national level, provincial level, district level and facility level to be sure of product quality and quantity.

At Provincial level, supply chain activities will vary and will reinforce national and district plans by:

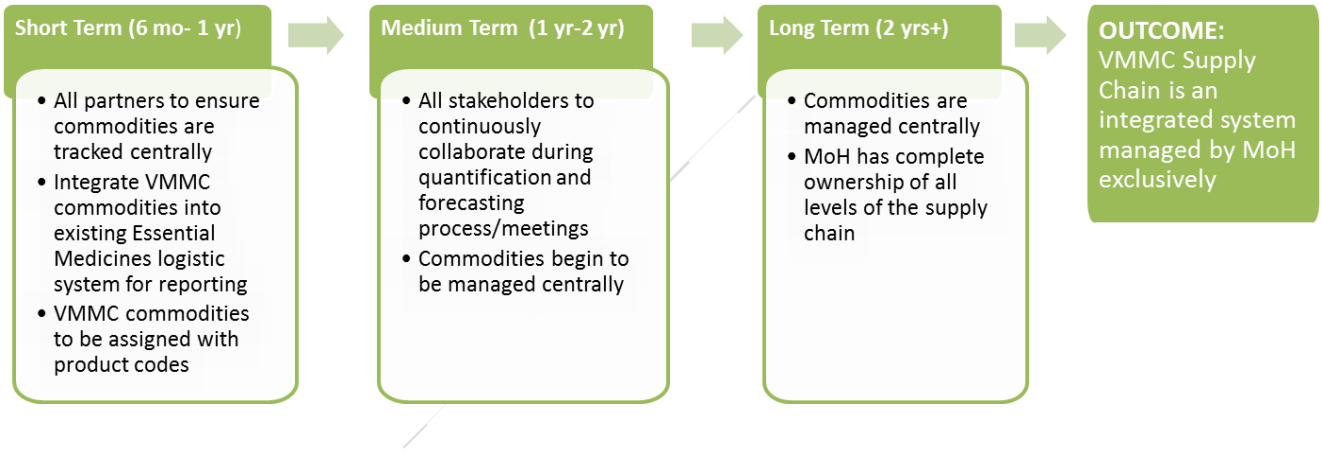
- Receiving quarterly feedback reports from the MSL - CSC on provincial essential medicines logistics performance
- Providing technical support to DHOs in the province
- Conducting supervision visits to the DHO and Levels 1, 2 and 3 facilities in the province
- Supervising DHOs to address essential medicines logistics reporting and distribution issues

The district will manage all pharmaceutical services in the DHO and the District Pharmacist and stores keeper shall start managing VMMC logistics in the district.

The two key "Where do we want to go?" themes that came out of the Governance & Coordination Pillar and the Monitoring & Evaluation Pillar were:

- ***Coordinating stakeholders for procurement (supply chain)***
- ***Integrating/centralizing supply chain management owned by government***

Figure XI. Pillar VI: Supply Chain



Pillar VII: Health Financing/Resource Mobilisation

In terms of funding, additional funds have been raised in the current Global Fund cycle, although there is still an estimated gap in funding for VMMC, the progress against targets suggests the costs of circumcision has been reduced, as the programme continues to achieve its targets. The concept of resource mobilisation is therefore focused on increasing domestic financing for VMMC and using resources efficiently as the programme transitions to sustainability, see "Where do we want to go?" section below.

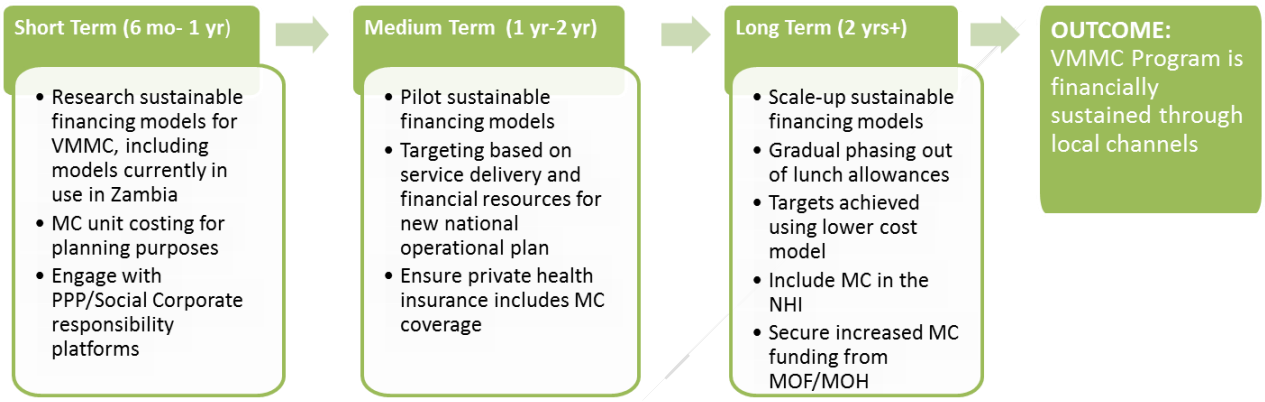
Where do we want to go?
Pillar VI: Resource Mobilisation
The Health System supports an increase in domestic financing and an efficient use of resources by ➢ Including VMMC as part of the package of basic Health Care and as part of the National Health Insurance (NHI) ➢ Utilising all local avenues available to support the programme, such as making use of PPP/Social cooperate responsibility

- Ensuring that Private Health Insurance includes VMMC in basic benefits package
- Prompting MOH and MOF to include more financial resources for VMMC

Increasing Domestic Financing and Utilisation of Resources

Financing VMMC in the long-term is generally the first thing that comes to mind when stakeholders discuss sustainability. Although it is an essential part, there are other aspects to consider, particularly in terms of structuring a programme. Some interesting ideas are just in the inception phase, but will have a significant impact on financing the VMMC programme. Below is the plan for the short, medium and long term for VMMC in terms of increasing domestic financing and utilisation of resources.

Figure XII. Pillar VII: Budgeting/Financing VMMC



Next Steps

To enter this next phase, this document will need to be made accessible to all VMMC stakeholders. As noted previously, this document is a live document and is subject to change, with a finalised, evidence-based sustainability strategy to be rolled out during the next National Operational Plan.

All the activities for the short term should commence immediately, in order to fulfil the outcomes below and begin the transition to sustainability for the VMMC programme in Zambia. The detailed activities by pillar are listed on the next page.

Outcomes

All Pillars: Short-term Activities

These activities are all set to happen in the next 6 months- 1 year.

- Pillar I & II: Leadership & Advocacy and Governance & Coordination
- Pillar III: Service Delivery
- Pillar IV: Communication & Demand Generation
- Pillar V: Monitoring & Evaluation
- Pillar VI: Supply Chain
- Pillar VII: Resource Mobilisation

PILLAR	Short-term activities (6 months- 1 year)
I & II	Create a memo from MOH with policy communication accompanying the roadmap
I & II	Engage other sectors and departments on VMMC, i.e. MoE, traditional leaders, and other MoH departments, such as adolescent heath
I & II	Develop policy guidance on sustainable MC services
I & II	Engage private health sector to understand MC coverage
III	Assist in the building of a database of trained providers with active/inactive status
III	Integrate VMMC training into pre-service curriculum
III	Finalize EIMC training manual and roll-out
III	Minimizing AEs through training improvements
III	Research sustainable service delivery models
III	Roll-out VMMC services in more facilities, making them available on a more regular basis
IV	Launch National Communication Strategy, ensure district implementation
IV	Standardization of communication tools and packages
IV	Pilot innovative demand generation models for sustainability
IV	Explore alternatives to allowances for mobilisers
IV	Create community engagement plans
V	Revise AE Reporting for improvements
V	Improve Data Auditing System
V	Finalize QA/QI annex
V	Incorporate VMMC into MOH self-assessments and performance assessment tools on all levels
VI	All partners to ensure commodities are tracked centrally
VI	Integrate VMMC commodities into existing Essential Medicines logistic system for reporting
VI	VMMC commodities to be assigned with product codes
VII	Research sustainable financing models for VMMC, including models currently in use in Zambia
VII	MC unit costing for planning purposes
VII	Engage with PPP/Social Corporate responsibility platforms

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