Progress and experiences from Kenya's VMMC Program 2008-2016

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Meeting on Implementing the 2017 - 2021 Framework for VMMC

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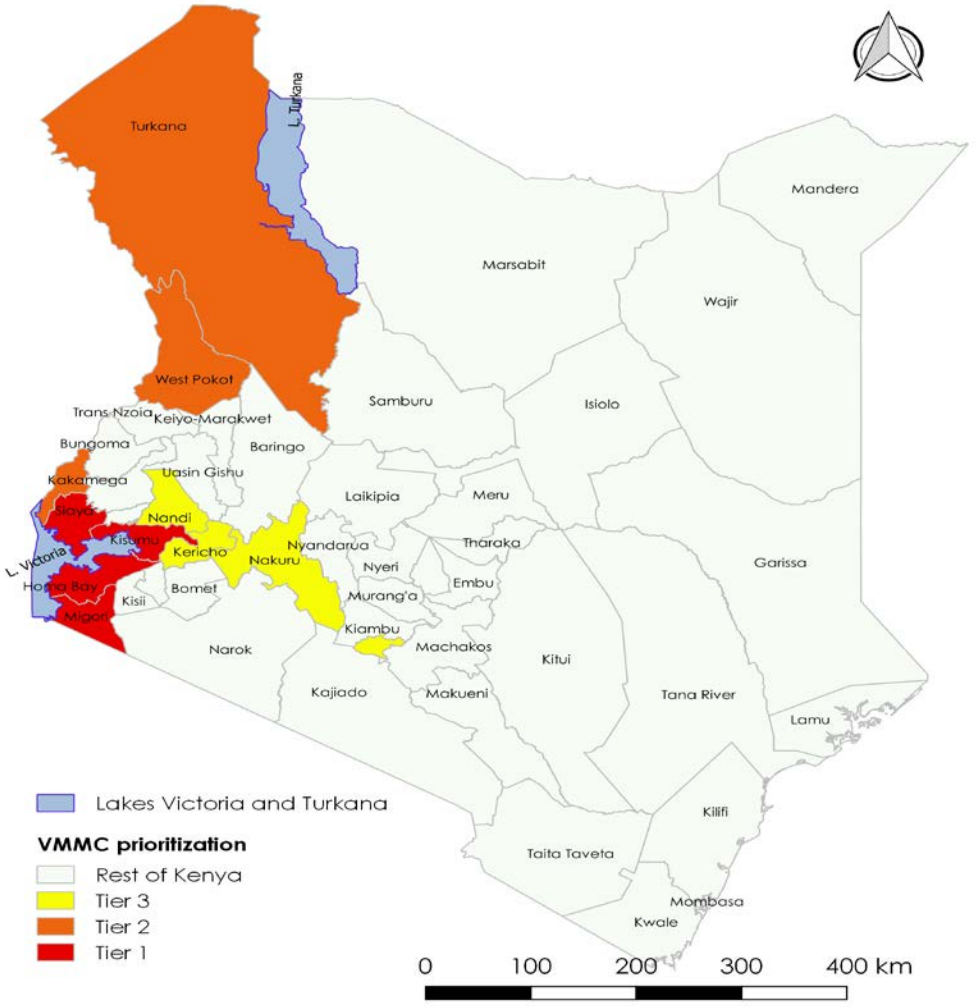
Introduction

- Kenya is a circumcising country. MC coverage >91%
- VMMC done in non-circumcising areas since 2008
- Cumulatively, about 1.4 Million MC done
- Saturation or near saturation in VMMC priority counties
- Transitioning from catch up to sustainable phase through a mixed approach (10-14yo and 15-29yrs)

VMMC Priority counties



Kenya's phase approach to VMMC

		Emphasis	Achievement/Target
Phase 1 Catch up	2008-2013	Catch MC for 15-49yo	792,391 (92.2%); target 860,000
Phase 2 Medium term	2014-2019	Sustain high coverage in 15-29 yo Expand MC for 10-14yo Introduce EIMC	Target 1,001,757 by 2019
Phase 3 Long term	2019 & beyond	EIMC (0-60days) Prioritize 10-14yo	TBD

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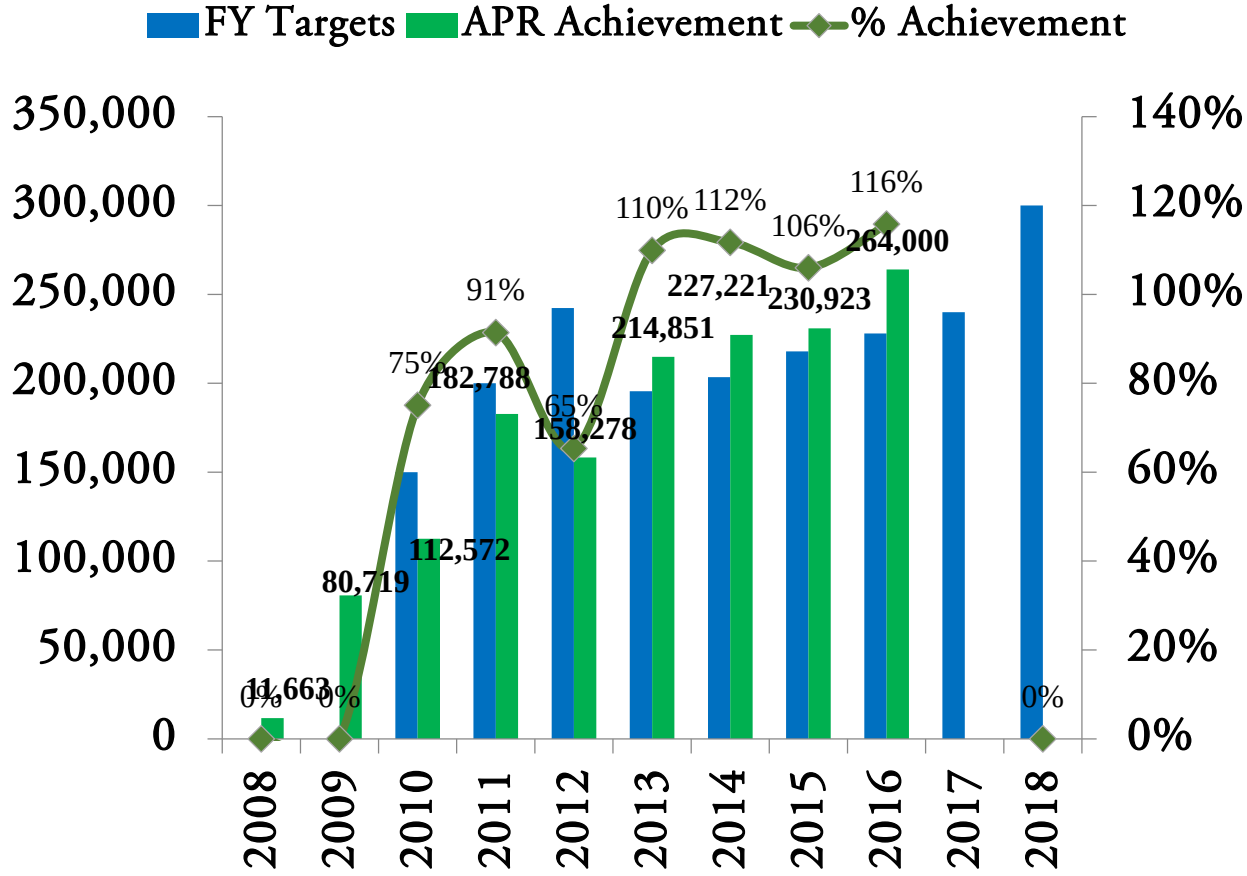
VMMC target achievement 2008-2016

- About 1.4 million VMMCs done, coverage > 91%;
- 80% coverage may have been achieved in men 15-24yo but is lower in 25+yo
- Program annual output of about 260,000MC and declining

Transitioning to sustainable phase with expanding services to 10-14yrs



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Results of Kenya's VMMC Impact evaluation

1. VMMC program has already had impact
2. Benefits will grow significantly in the future
3. VMMC is efficient. The number of VMMC required to avert one new infection could be as low as 5-15
4. VMMC will avert future treatment costs
5. VMMC is remains will have a significant contribution towards achieving Fast-Track goals by 2030

Critical success factors

1. Stakeholder engagement with cultural and political gatekeepers- Luo Council of Elders
2. Leadership by Ministry of Health
3. Development of a national strategy with clear subnational targets
4. Innovations for demand creation and service delivery models-
   - Static, Outreach, Mobile, Moonlight,
   - RRI
   - Engagement of satisfied clients as peer mobilizers
   - Involvement of females (spouses, siblings, mothers)

DMMPT2 Modelling to determine MC coverage by age bands and counties

JUSTIFICATION	FINDINGS	POSSIBLE EXPLANATIONS
Gauge Kenya VMMC program performance	Results suggest over 100% MC coverage for some age bands in some counties but there has been no corresponding decline of VMMC in these age groups	-Replacement -Migration -Reporting errors

- Outstanding data issues not resolved therefore target setting for 2017/2018 is based on our Knowledge of service delivery capacity and demand
- This approach will be maintained until we see diminishing demand consistent with saturation or until we get reliable coverage results based on community survey (Hopefully 2017-2018)

Priority Areas

- Sustain gains made during the first phase.
  - Innovative demand creation to increase VMMC uptake by older men 25+yrs
  - Inclusion of Pre adolescent 10-14 yrs. for VMMC services.
  - Survey to validate coverage estimates by age bands in priority counties
- Enhance quality and safety of VMMC services.
  - Mitigation of tetanus risk through clean wound care and TTCV
  - Compliance with safety standards –No MC for boys 1-9ys, No FGD for boys 10-14, enhanced screening
- Introduction of Devices.
  - To stimulate incremental demand especially amongst older men.
  - Bridging study of Shang Ring in HIV +ve men
- Integration of VMMC services into routine services.
  - Pilot sustainable models of VMMC in Migori and Siaya.
  - Establishing and finding Center of excellence to handle rare and serious AEs (costly)

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