

Medical Male Circumcision to Men's Health



South African Integrated National Men's Health Strategy

The Global Men and HIV Technical Working Group (MENHT)

Webinar Series: Episode #1

28th July 2021

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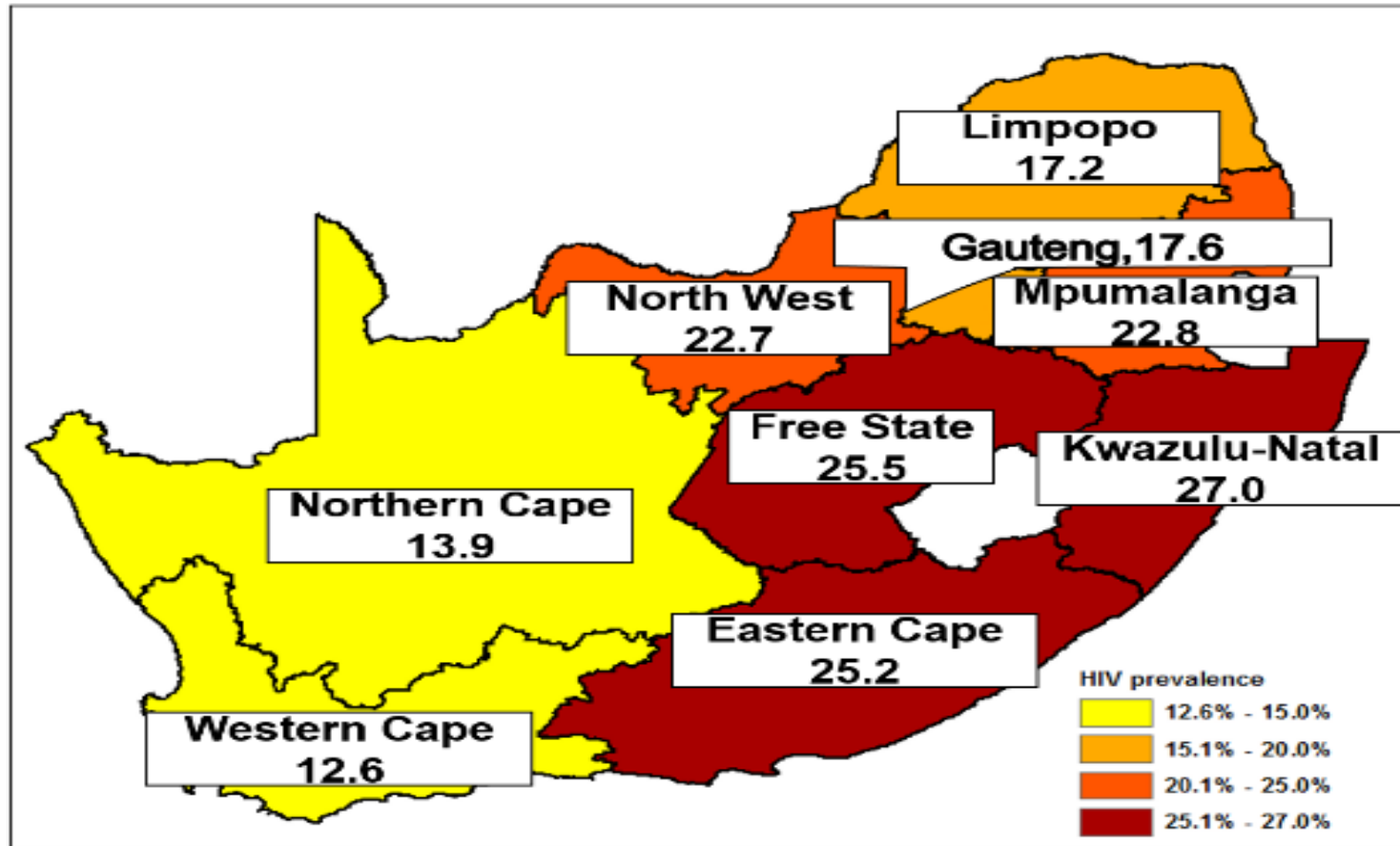
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HIV Prevalence Among Adults (15-49 Years), By Province



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Goal & Objectives



MMC Programme

Goal: Reduce the incidence of HIV in the general population as part of combination HIV prevention

Objective/s

- Perform high quality high volume medical circumcisions nationally (as per NSP)
- Increase and build capacity of the national MMC programme using the on- line training hub (OTH)
- Create demand for priority age band (15-34) to ensure immediacy and magnitude of impact

Men's Health Programme

Goal: Every man and boy supported to live a long and healthy life

Objective/s

- Empower and support all men and boys to optimise their own and each other's health and wellbeing across all stages of the life course
- Strengthen the capacity of the health system to provide quality preventative care for men and boys
- Build the evidence base for improving the health and wellbeing of men and boys



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MMC and Men's Health



- MMC is already part of Men's health
 - Sexual and reproductive health
 - Biased towards HIV services
 - HTS
 - CDs- STIs and TB screening
 - Vital signs (blood pressure)
 - To qualify for circumcision
- Prime focus: Circumcision for HIV prevention
- Refer males for other services
 - Outcome Unknown



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Through MMC Program we found:



- Males presenting with:
 - Hemophilia
 - Hypospadias
 - Phymosis
 - STIs (Ulcerative & Discharge)
 - Erectile Dysfunction
 - Diabetes/Hypertension
 - Bypassed health system with some of these medical conditions/Diseases



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MMC Data: Evidence base for Men's health

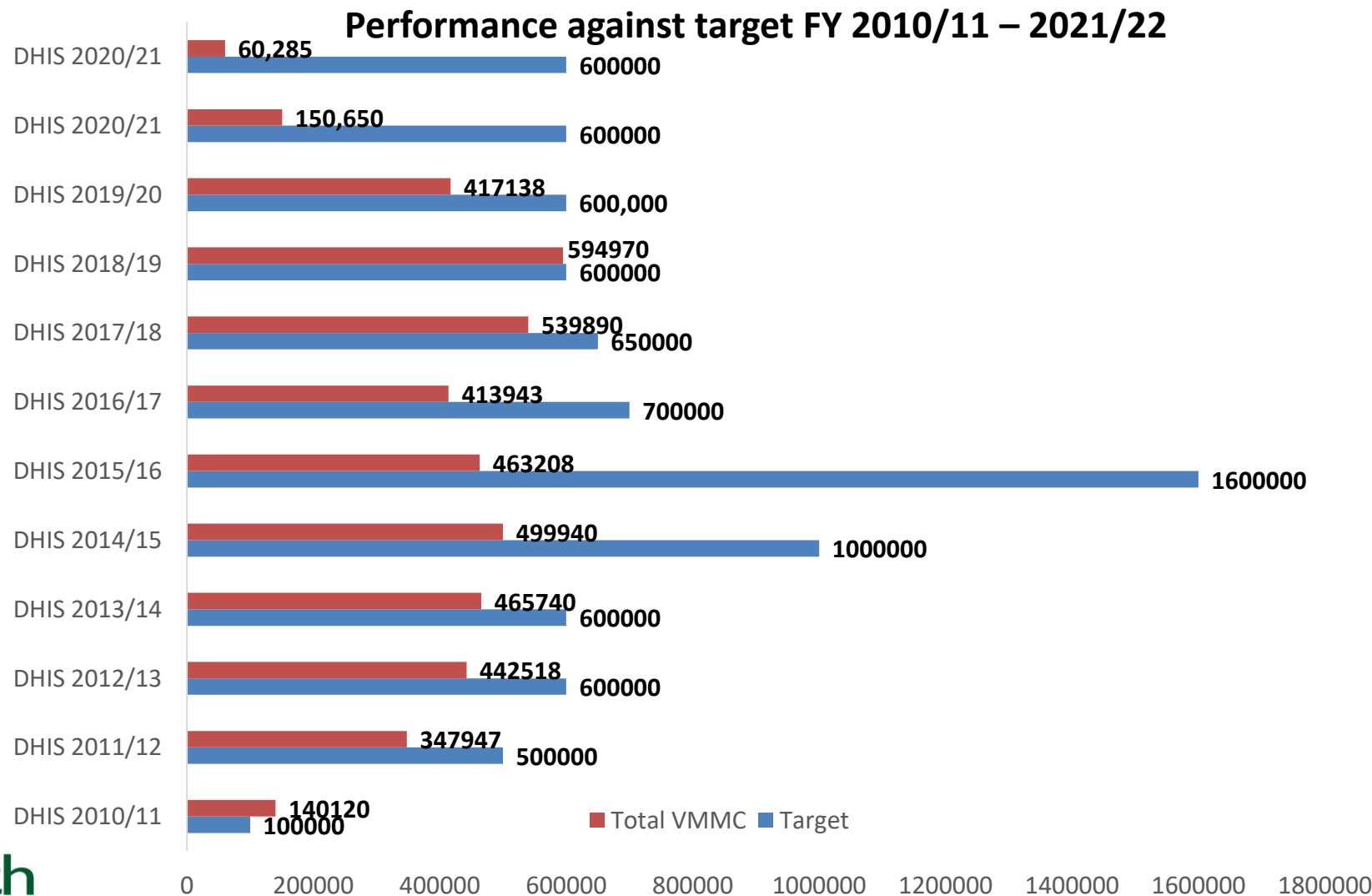


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VMMC historical FY performance based on DHIS reporting (4 536 349).



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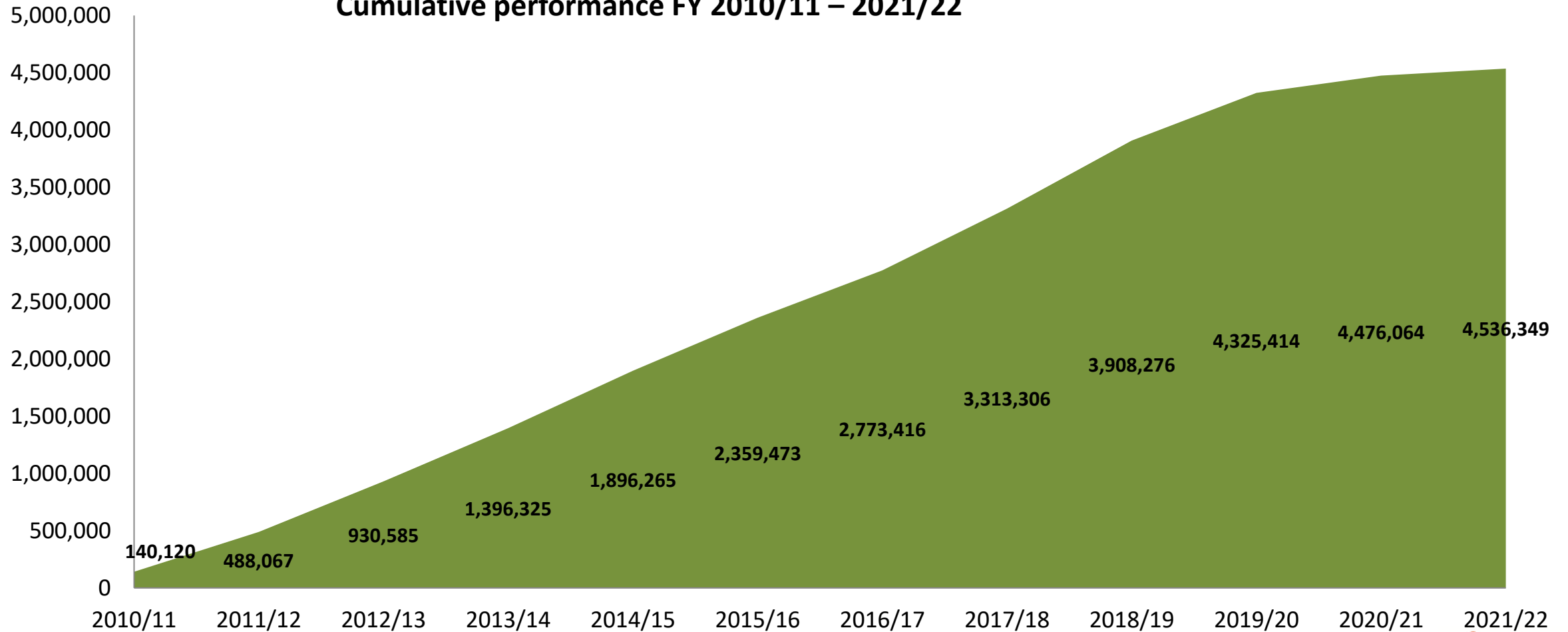
Source: DHIS (MMC-T included from Fy20/21)



Cumulative VMMC performance has documented >4.5 mil VMMCs since programme inception in 2010.



Cumulative performance FY 2010/11 – 2021/22



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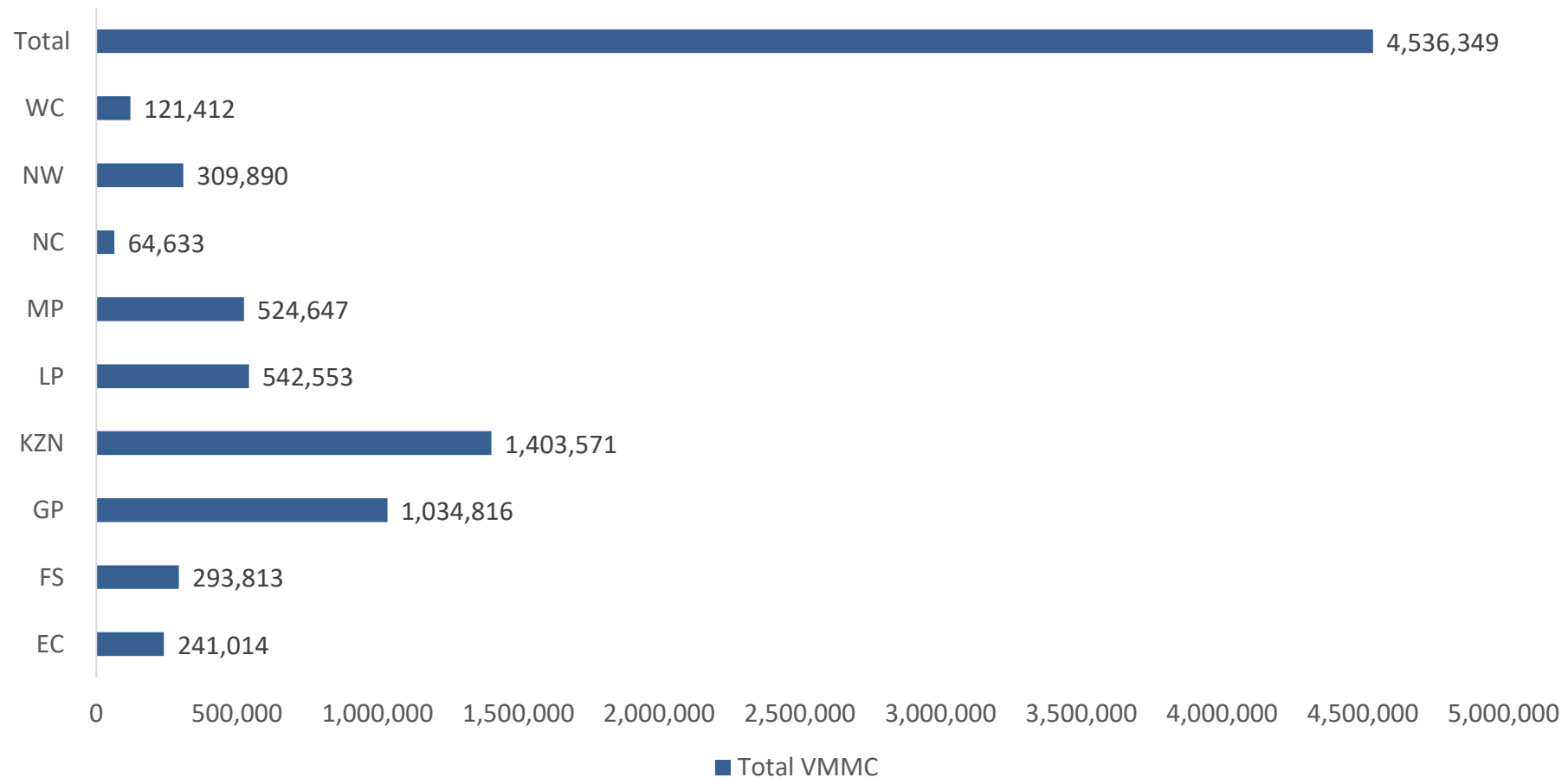
Source: DHIS



Provincial VMMC performance since programme inception in 2010 (4 536 349).



VMMC performance per province FY 2010/11 – 2021/22



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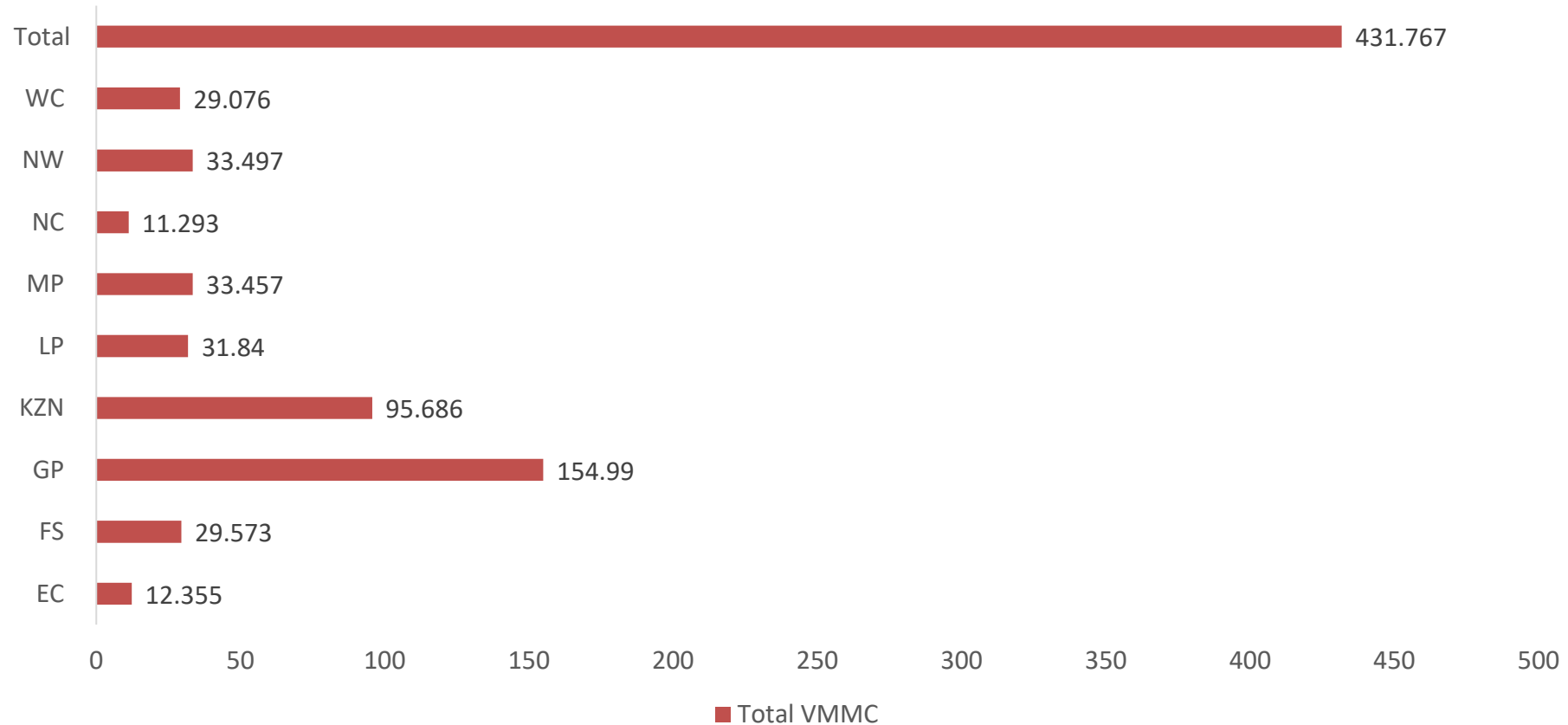
Source: DHIS



Private sector VMMC performance has documented >431 thousand VMMC's since programme inception in 2010



Historical data of all private sector VMMC (Metropolitan, Discovery and GEMS) FY 2010/11 – 2020/21



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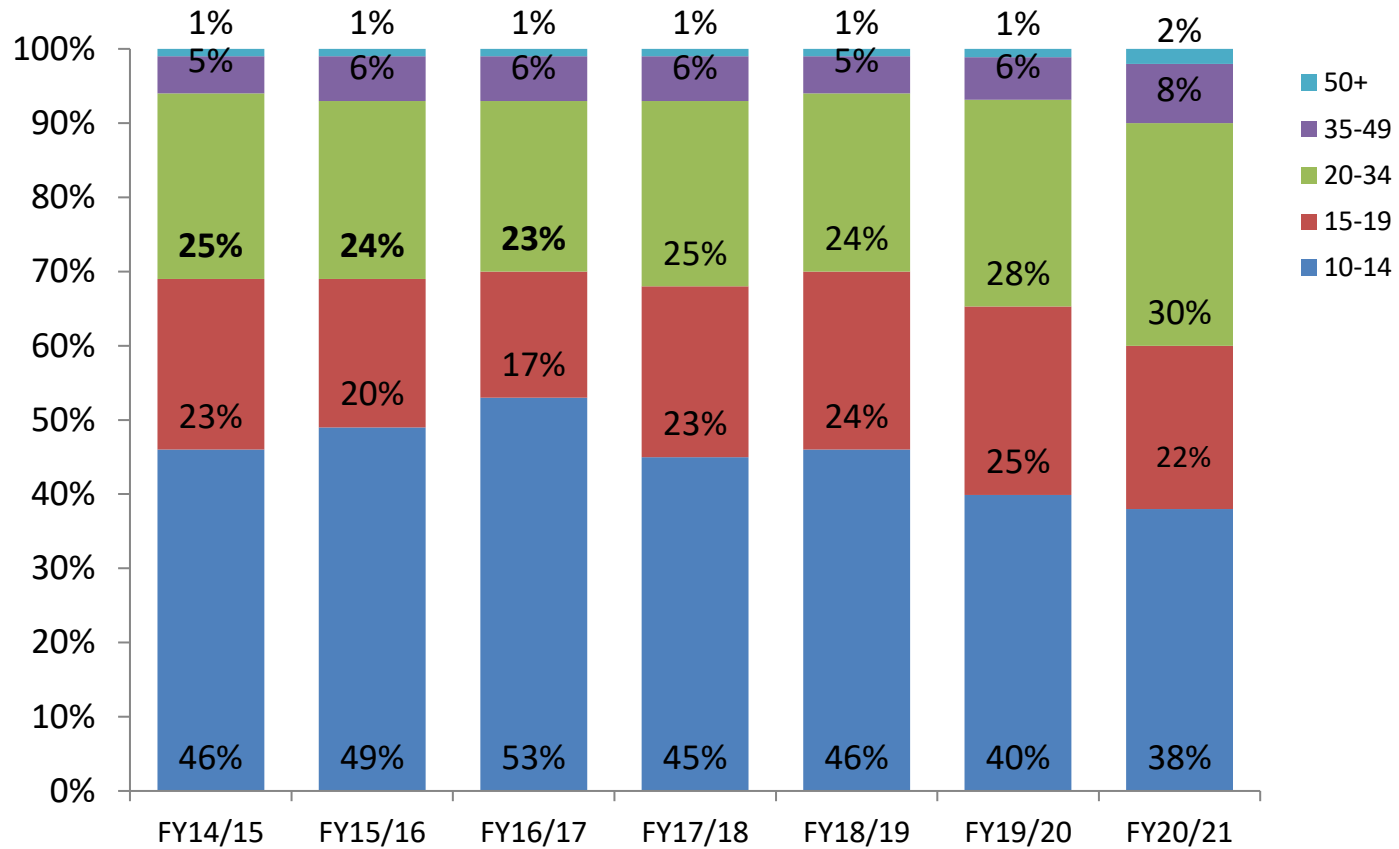
Source: DHIS



Proportion of MMCs by age groups



Proportion of MMCs by age groups



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Question



- Why didn't we offer these 4.5m men/males comprehensive health services?
- What if we offered them comprehensive health services?



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Patient Flow for MMC service:



1 
Patient Registration


Group Counselling

3 
HIV Testing


4 
Individual MMC counselling

5 
Health Screening, (STI; NCD; TB;)


▼▲ Repeat counselling ----- Referrals ----- Treatment ----- Referrals -----

6 
Pre-op preparation

7 
MMC surgical procedure

8 
Post-operative care

9 
Follow up care / AE reporting

10 
Data capturing and data reporting/ keeping credible source documents



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What Men Want (**Landscape Analysis 2019)



- Quick and efficient services
- Personalized service
- Discuss personal issues (especially SRH) with male providers
- One stop services (supermarket approach)

** Desk Review and Key informant interviews



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What Men Don't Want (**Landscape Analysis 2019)



- Waiting in long queues with females and children
- Sent from pillar to post for health services
- Discuss SRH with female health staff

** Desk review and KII



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Why MMC as a Gateway



- Dedicated/Stand alone high volume sites nationally
- Infrastructure
- Well equipped sites
- Already providing part of Men's health
- Men/males accessing MMC services in high volumes
- Men asking for more services through MMC
- MMC programme has a plethora of service delivery partners(PEPFAR IPs and RT35/transversal contracted partners



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South African National Integrated Men's Health Strategy

Strategy and Implementation Plan



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Background: Strategy Development

- The Strategy was developed to align with the:
 - findings from the Landscape analysis on men's health service (2019)
 - existing South African health policies and strategies



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Strategy Focus



- The focus of the Strategy is on increasing effectiveness, reach and impact of existing initiatives, whilst specifically targeting men and boys.
- The Strategy leverages existing resources and builds on what is currently in place by adding preventative, screening, referral and retention initiatives to existing service delivery platforms.



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Strategy Goal



Every man and boy is supported to live a long healthy life



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Strategy Objectives and Action Areas



Objective	Action areas
<p>1. Empower and support all men and boys to optimise their own and each other's health and wellbeing across all stages of the life course.</p>	<ul style="list-style-type: none"> a. Recognise and value the diversity of men and boys b. Reduce stigma associated with health seeking behaviours c. Increase health literacy, including understanding d. Address structural and systemic barriers to good health
<p>2. Strengthen the capacity of the health system to provide quality preventative care for men and boys</p>	<ul style="list-style-type: none"> a. Improve knowledge and capacity of health care workers to deliver male-centred services across the life course c. Engage with men and boys to reduce barriers to accessing the health system d. Engage men and boys in prevention and early detection activities
<p>3. Build the evidence base for improving the health and wellbeing of men and boys</p>	<ul style="list-style-type: none"> a. Improve data availability b. Track the Strategy implementation progress



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5 Guiding Principals of the Strategy

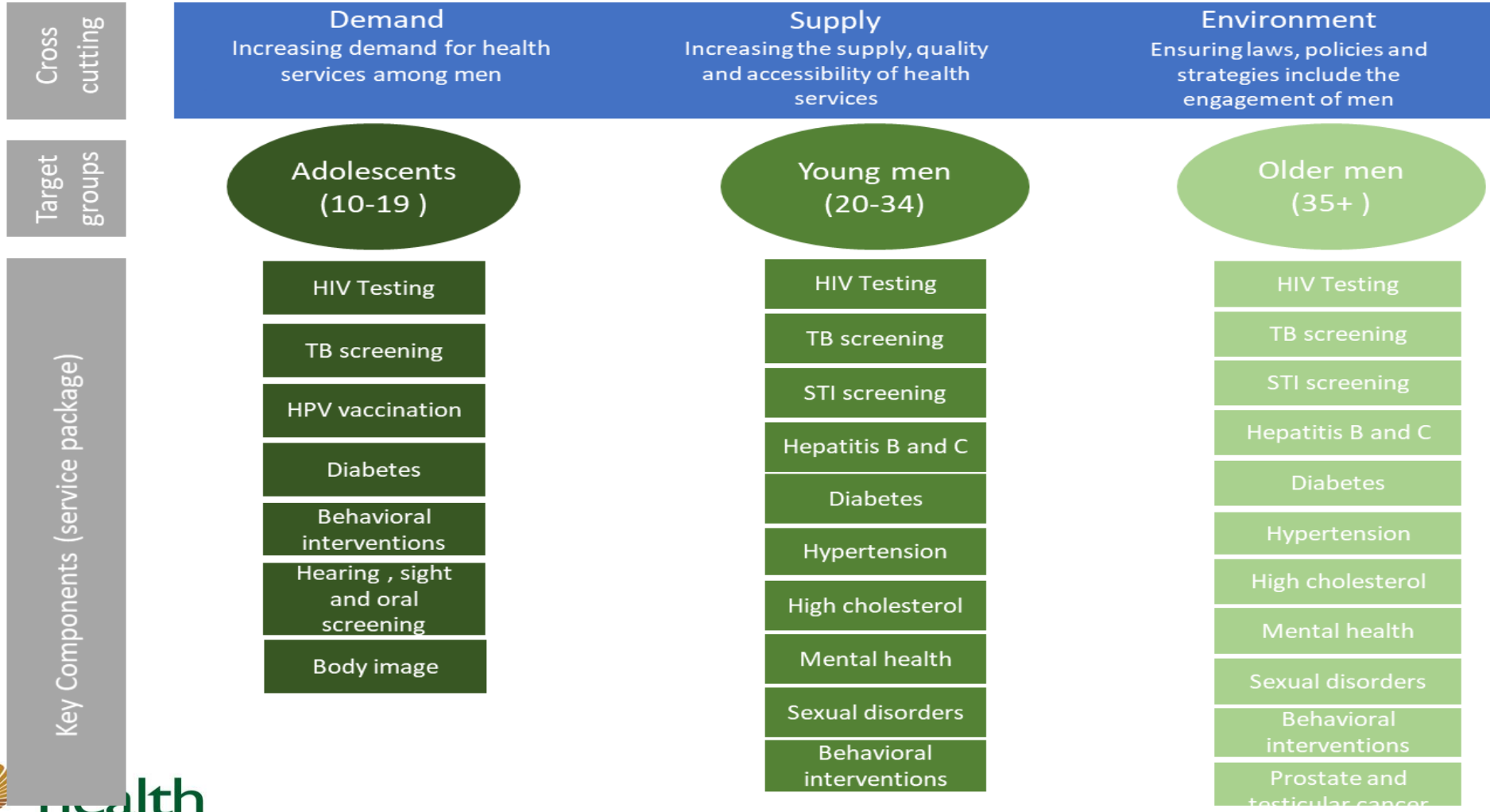
Guiding principles	What does this mean?
Acknowledge the influence of gender on health	<ul style="list-style-type: none"> • Highlight the significance of gender as a key determinant of men's health and wellbeing • Address gender inequality faced by men in accessing and utilising the health service
Provide male-centred information, programmes and services	<ul style="list-style-type: none"> • Prioritise men as a neglected population • Ensure men's needs and preferences are included in the design, delivery, promotion and continuous improvement of programmes and services • Prioritise programmes and services for men who are most at risk of NCDs • Set ambitious targets and create and implement male-focused strategies designed to make meaningful progress towards these targets
Build on what we already have	<ul style="list-style-type: none"> • Find, evaluate, share best practice models of male-centred programmes • Align actions with relevant national strategies and frameworks • Use existing programs targeting men, such as VMMC, as an entry point for the delivery of integrated comprehensive men's health services
Focus on prevention	<ul style="list-style-type: none"> • Focus on prevention first – from primary prevention through to early diagnosis and intervention • Take a life course approach to prevention, adapting information and activities to men and boys at different life stages • Recognise that prevention goes beyond the individual and extends to the creation of healthy environments and communities
Deliver integrated service packages and messaging	<ul style="list-style-type: none"> • Improve referral systems within and between facilities such that men can access a broad range of services within their communities. • Develop and implement policies, protocols and other tools and procedures to help institutionalise services as part of care delivery • Develop integration plans that address facility infrastructure as well as documentation systems • Create synergies and linkages with health platforms, based on age and risk profile.



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Minimum Basic Package



Service Delivery Package to be offered in the Integrated Men's Health Programme

Screening	Treatment	Referrals	Psychosocial support
Weight (BMI); BP; diabetes HIV; STI TB Health and lifestyle Mental health SRH (+ infertility, dysfunction) COVID-19 Cancers (Prostate; testicular)	Provision of ART TB NCD (referrals) Chronic care	Within the facility (urology, cancers, sexual dysfunction, as needed) To higher levels of care, other facilities as needed Community-based services Immunization (COVID-19 when available)	Counselling Support groups Linkages to support initiatives Linkage to community support initiatives



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Basic Service Package



The choice of interventions for the basic package of services can vary by site but should be based on the following three criteria:

- Effective services that can be delivered successfully based on site characteristics, e.g. staff complement and medical equipment.
- Specific diseases – based on current and future disease burden, the top ten conditions affecting men, its effects on individuals and its social impact.
- Long term sustainability of services - as donor support decreases, government must improve its ability to provide a basic package of health services for men.



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Intersectoral Partnerships and Collaboration



Key Stakeholders and Partners	Engagement with the Strategy
Government Departments	<p>Ensure linkages and collaboration with all government departments to remove systemic barriers to service delivery.</p> <p>Leverage opportunities, across the life course, to improve health and well-being of men and boys.</p> <p>Cross-sector approaches to address the complex relationships between the health of men and boys and education, social development, economics, social determinants of health etc.</p>
Department of Health	<p>Engage with men and boys to remove systemic barriers to access and improve the health and wellbeing of men and boys.</p> <p>Ensure well-trained and skilled health care workers.</p> <p>Ensure the availability of supplies, commodities, infrastructure needs</p> <p>Establish functional referral services and networks.</p>
VMMC programme	<p>Ensure the design and creation of culturally safe, inclusive, accessible and appropriate integrated programmes that use VMMC as an entry point to care for integrated men's health</p>
NGOs and CBOs	<p>Play a vital role in contributing to the health and wellbeing of men and boys.</p> <p>Ensure alignment with the Strategy to inform their own organisational strategy development and programme priorities and providing ongoing health promotion, education, advocacy, as well as resource development</p>
FBOs	<p>Leverage traditional circumcision services to offer additional services such as biomedical health services, health education and promotion and linkages to other services, health facilities to create follow-up systems to encourage re-engagement in care.</p> <p>Develop effective medication access systems either by supported caregiver medication pick-ups, or via clinic or community health worker deliveries, etc.</p>
Researchers and technical experts	<p>Provide an ongoing opportunity to build the existing evidence-base and capacity to conduct operational research in men's health and wellbeing.</p> <p>Drawing on this Strategy, the development of research objectives that explore critical issues across the life course and provide an opportunity to document promising and best practices within the context of the Strategy.</p>
Men and boys	<p>Men and boys form a diverse group and have a unique experience of health and the health system. They play a crucial role in their own and each other's health and wellbeing.</p> <p>Men and boys should engage meaningfully and actively with the Strategy to ensure their voices are heard in the implementation of the policies, programs, and services</p>



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Will Men's health swallow/dilute MMC



- No

Why?

- MMC will be offered as part of men's health (prevention stream)
- Men's health programme will ensure sustainability of the MMC programme
- May also drive the demand for MMC
 - Offering all men MMC who comes for men's health service

MMC will initially act as a gateway for men's health but eventually Men's health will subsume MMC



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Do we need to scale down MMC?

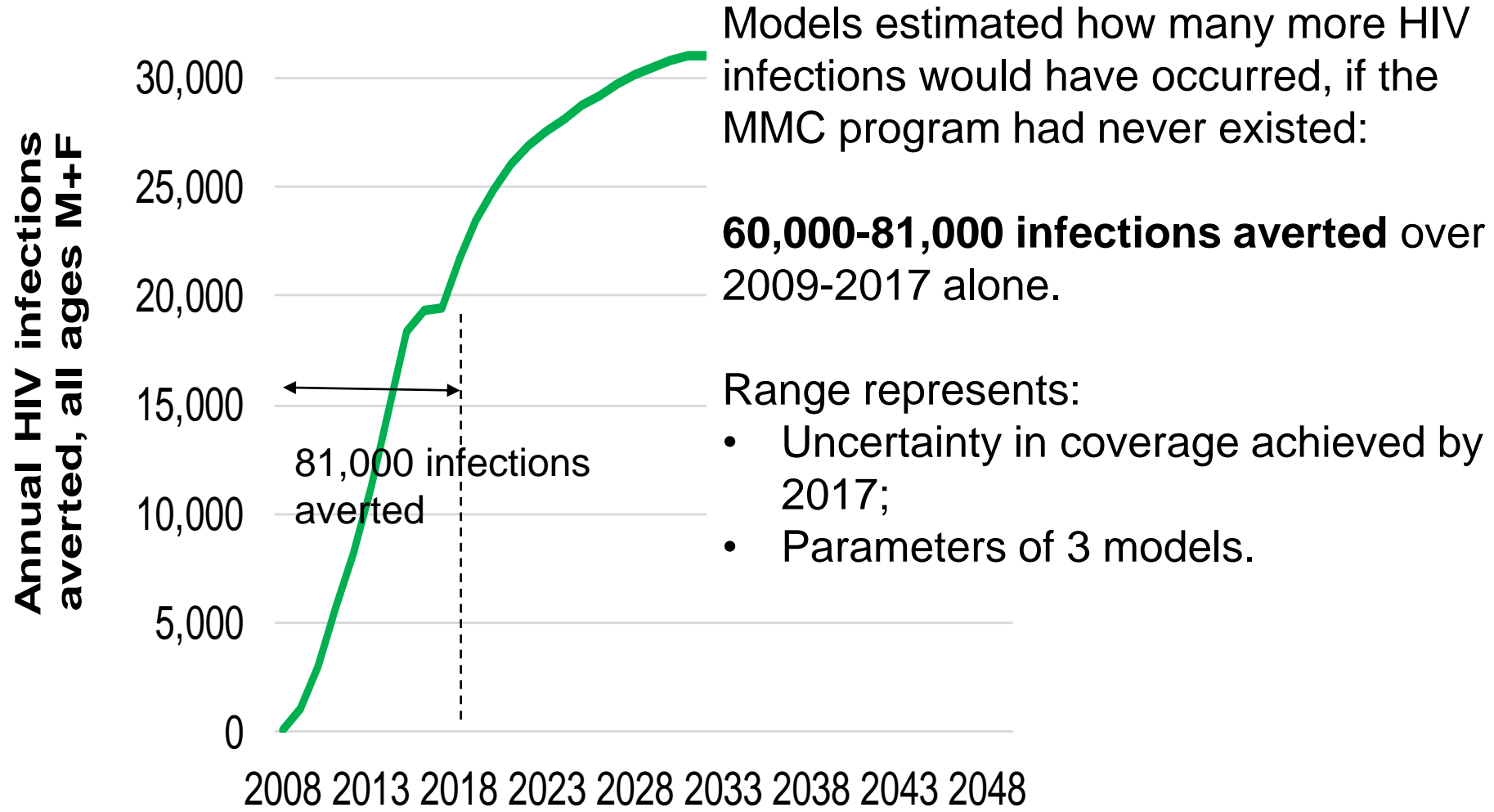


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The MMC program has already had impact

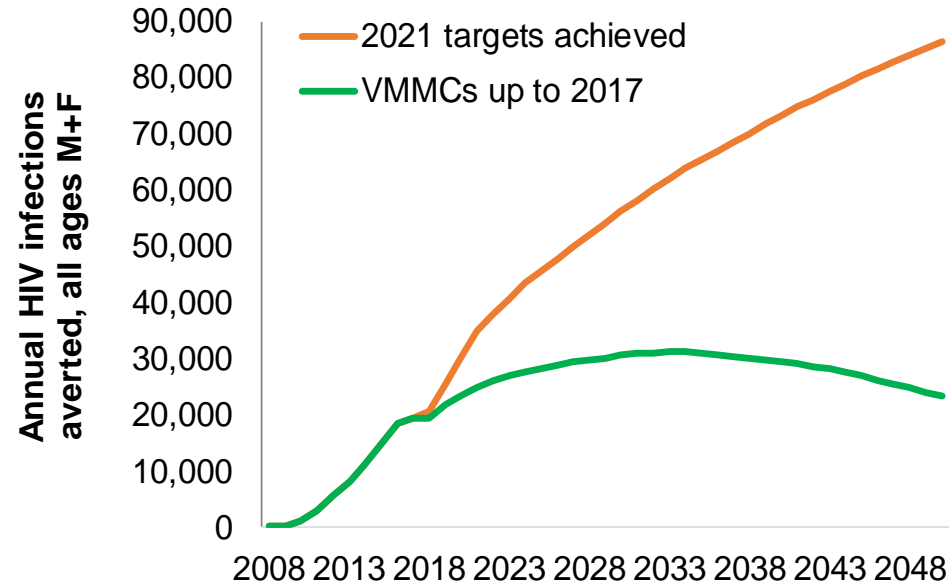


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Achieving 2021 MMC program targets will provide even greater benefits, and push incidence down



Achieving MMC program targets by 2021 will avert **167,000 – 192,000 new infections** (3-5% of all new infections, across 3 models) by 2021, and **up to 2.1million new infections (12-16%)** by 2050.



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Key next steps



- Migration of MMC programme towards Men's Health
 - Men's health site readiness assessments (Done)
 - Development of men's health guidelines (In process)
 - Conduct Men's health pilot projects (20 sites in 4 provinces)
- Use data from Pilot project to role out of men's health nationally



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Implementation of the Strategy

Planning (Oct - Dec 2020)

- Step 1: Set up a core team**
- Step 2: Conduct provincial assessments to identify site selection for pilot and for the broader implementation plan**
- Step 3: Identify bottlenecks and gaps**

Implementation Pilot (Oct 21– Mar2022)

- Step 4: Address implementation gaps and bottlenecks**
- Step 5: Phased facility implementations**

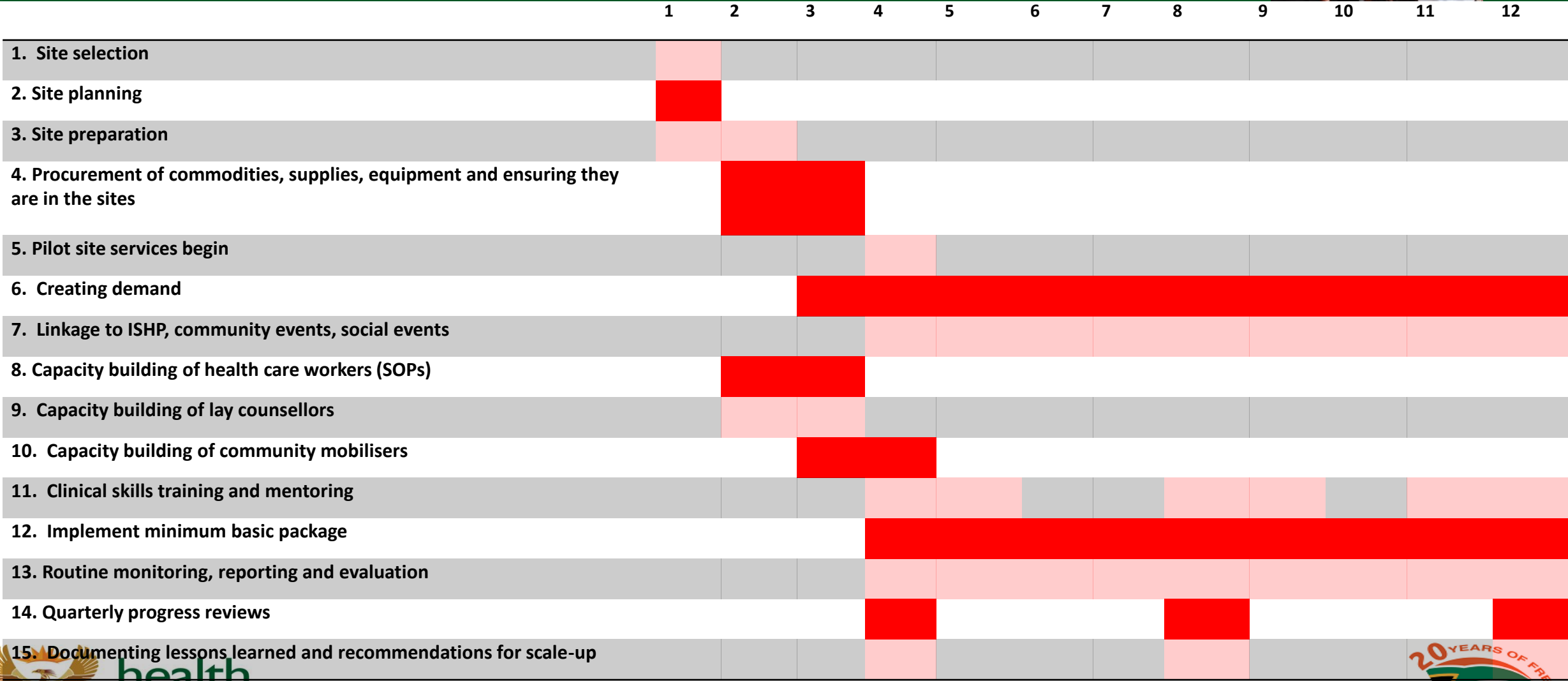
Expanded Roll out (April22–)

- Step 6: Track progress, ongoing monitoring and feedback into the implementation approach**

Planning phase has been completed.
Implementation of pilot to begin in Oct2021; with expanded implementation from April 2022
Continuous and ongoing monitoring of implementation phase



Timeline





THANK YOU



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