

Policies for VMMC in 14 priority countries of east and southern Africa

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Overview

- I. Global guidance related to VMMC policy
- II. Online review of VMMC authorization in priority countries
- III. Gaps in authorization of health workforce for VMMC
- IV. Recommendations



WHO and UNAIDS Guidance on VMMC Policy

- **VMMC Framework 2016-21**
 - Strategic direction 2: Policies and services for greatest impact
 - Integrated, publicly financed, minimum health services package attracting males
 - Implies progress with universal primary health care in the 14 priority countries

- **2007 Recommendations**
 - “Health systems in developing countries are weak and there is a shortage of skilled health professionals.” Thus, the importance of strengthening systems & workforce.

- **2007 Guidance on Human Rights, Ethical and Legal Considerations**
 - Voluntary, Accessible, Acceptable, Quality, Safe, Non-discriminatory, and Private
 - Health workforce professional regulation (e.g., scopes of practice; codes)
 - Traditional religious practitioners (e.g., Eastern Cape Province law in RSA)
 - Age of Consent (ages 0-9, 10-17, 18+ and whether independent/joint)

Methods for Online Review

- <https://www.malecircumcision.org/policies-programmes/national-policies-and-strategies> (documents from Botswana, Kenya, Swaziland, Uganda, and Zambia)
- Google searches for “country name” and “circumcision policy (guideline) (plan) (strategy)”, “task sharing policy”, “health package”. Also searched Ministry of Health websites.
- Searched legal database of African Regulatory Collaborative (ARC) Knowledge Gateway as well as Nursing Council websites
- ***Who is authorized to conduct VMMC in 14 priority countries?***

Authority to Perform VMMC in 14 Priority Countries of Africa

Country	Nurse Scope of Practice	VMMC Policy, Plan, Strategy	Task Sharing Policy	Minimum Health Services Package
Botswana	?	MD, Theatre Nurse	Draft with MoH	VMMC included (2010)
Ethiopia	?	?	?	VMMC NOT included (2005)
Kenya	Not explicit	MD, CO, Nurse	Draft (MO, Nurse, Midwife, CO)	VMMC included (2014)
Lesotho	?	?	?	?
Malawi	Not explicit	MD, CO	?	VMMC NOT included (2004)
Mozambique	?	MD, Nurse	?	?
Namibia	Yes (WHO 2013); Revised since 1999?	MD, Nurse? Midwife?	?	?
Rwanda	Not explicit	MD, Nurse (WHO 2013)	?	VMMC included (2011); MD only
South Africa	Yes (WHO 2013); Per SANC last revised '91	MD	?	?
Swaziland	?	MD, Nurse? Midwife?	?	VMMC included (2010)
Tanzania	Not explicit	MD, Nurse	MO, AMO, CO, CA, Nurse, NO, ANO	VMMC included (2013)
Uganda	?	MD	?	VMMC included (2010)
Zambia	?	MD, ML, CO, Nurse	?	VMMC included (various)
Zimbabwe	Yes (WHO 2013)	MD, Nurses	MD, Nurse	?

Gaps and Highlights

- No clear policy authorizing Task Shifting (non-MD primary provider) in Ethiopia, Lesotho, Namibia, South Africa, Swaziland & Uganda
- Found no Nursing Scope of Practice that explicitly includes VMMC. However, all 7 found may implicitly authorize VMMC.
- 7 of 9 countries' Minimum Health Service Package includes VMMC
- Tanzania Task Sharing Policy authorizes 7 cadres to perform VMMC

Recommendations

- Data are only from an online review conducted in February 2017. Additional sources available in-country should be consulted (e.g., job descriptions, schemes of service, scopes of practice for Non-Physician Clinicians such as clinical officers).
- If interested in Age of Consent, see our AIDS Law Brief for VMMC in Tanzania <https://globalhealth.washington.edu/pepfar-policy-monitoring>
- Monitor VMMC policy passage and implementation across all priority countries
- **Countries should consider explicitly authorizing VMMC task sharing:**
 - Ethiopia, Lesotho, Namibia, South Africa, Swaziland, and Uganda

Thanks for your attention.

Questions or comments?

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