VMMC PROGRESS AND EXPERIENCE: MALAWI

Meeting On Implementation Of The 2017-2021 Framework For Voluntary Medical Male Circumcision

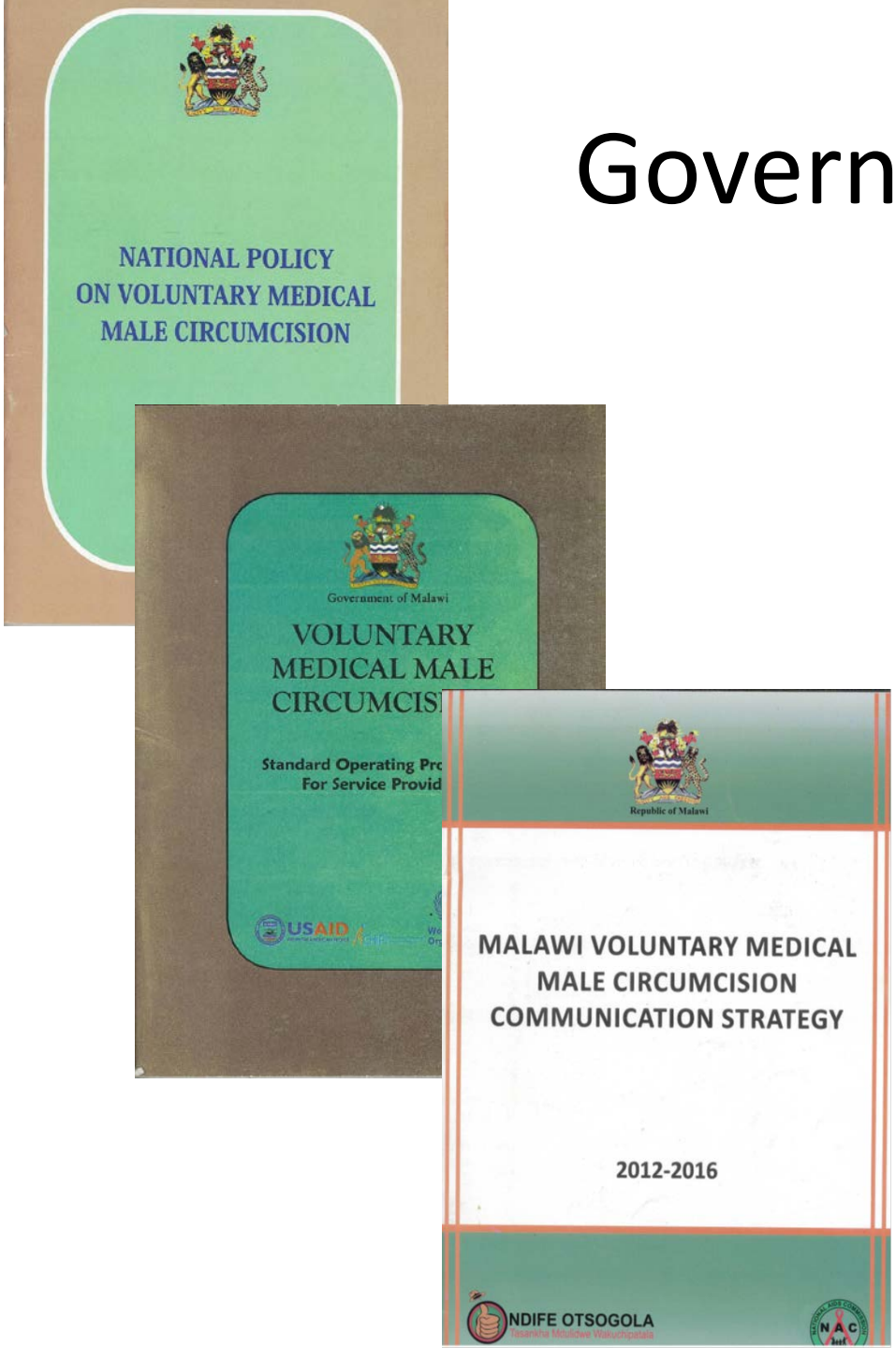
Durban, South Africa

February, 2017

OUTLINE

- Government VMMC Response
- Implementation
- Targets
- Achievements
- Bottlenecks

Government Response



Malawi

Voluntary Medical Male Circumcision Strategy and

National Operations Plan for Scale up

2015 - 2020

VMMC Implementation

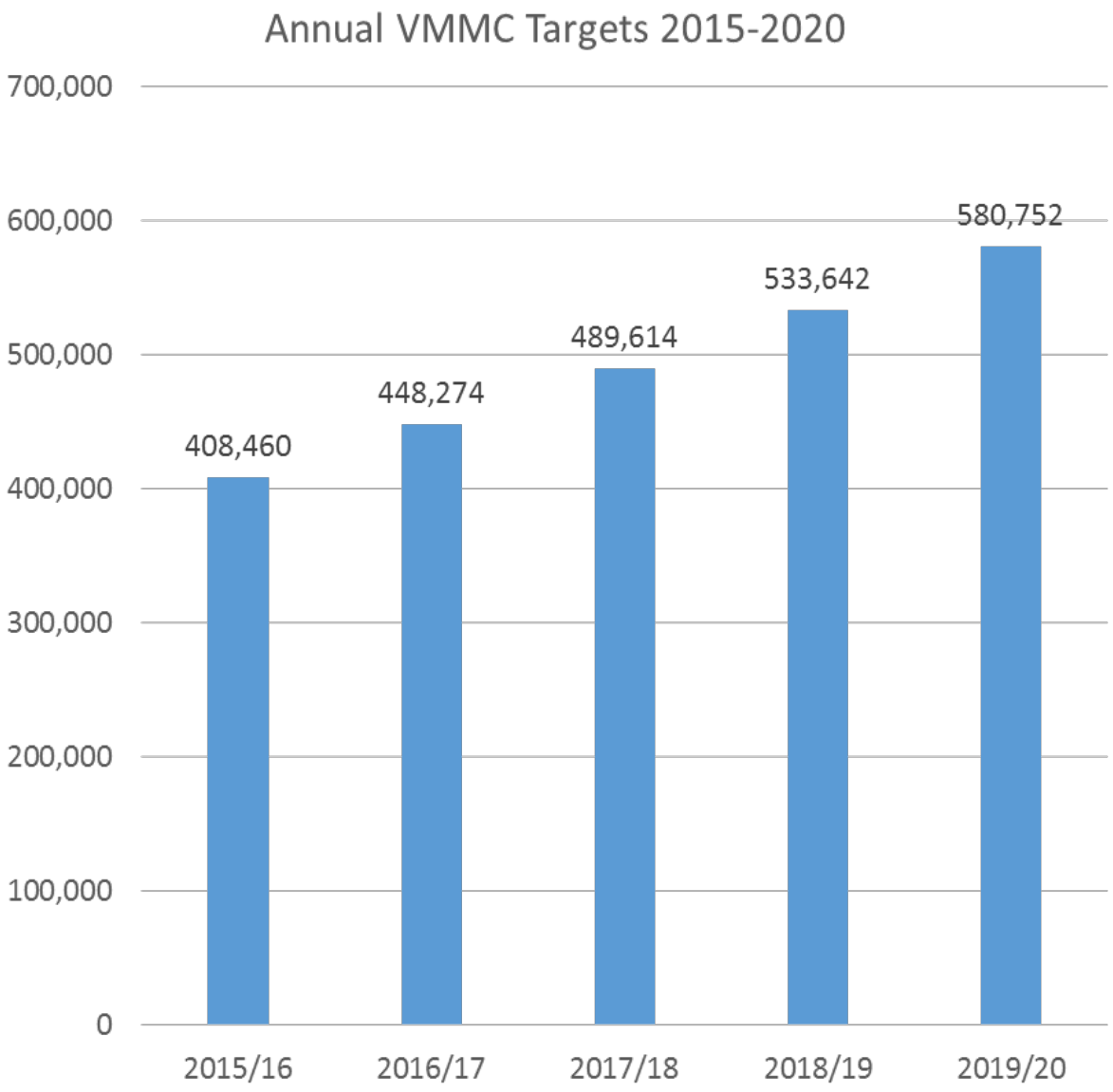
- Overall coordination - MoH and National AIDS Commission (NAC)

- Service delivery
  - Implementation in all 29 districts
    - 8 districts through PEPFAR and implemented by:
      - Jhpiego Sankhani, PSI and (USAID)
      - Jhpiego IQ and CHAM (CDC)
      - Jhpiego and PCI (DoD) in collaboration with Malawi Defense Forces (MDF)
    - 21 districts World Bank supported

TARGETS

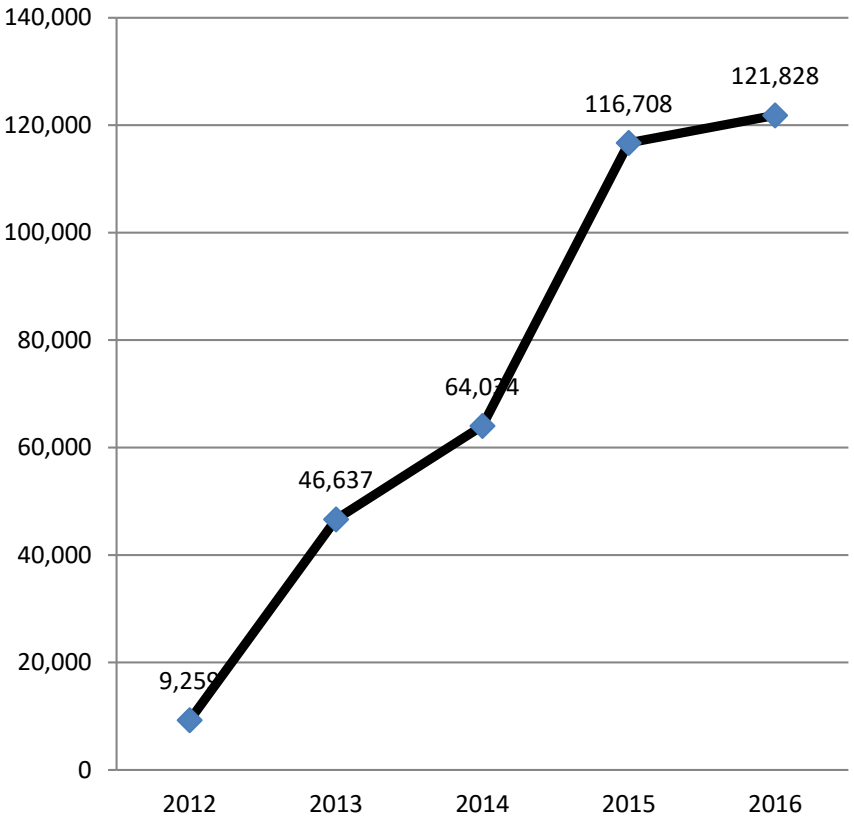
Targets

- ✓ 2,458,727 MCs for 29 districts by 2020
- ✓ 1,300,568 MCs for 14 priority districts
- ✓ Target represents 60% of males aged 10-34 years



ACHIEVEMENTS:

Yearly cumulative number of male circumcisions



Status of providers - National

- Trained = 560
- Untrained = 800+

Updates On Prepex And Shangring Devices

- Senior management gave ago ahead to move into active surveillance with Prepex.
- Communication on tetanus from WHO vaccination halts the whole process
- Awaiting decision on tetanus vaccination
- Shangring study findings to be presented to MoH senior management and thereafter pending move into active surveillance.

Progress on EIMC

- Feasibility and acceptability study conducted and results well received by stakeholders including MOH
- Development of EIMC SOPs completed
- Work in progress on procurement of devices to pilot EIMC
- EIMC to be integrated into the VMMC program
- Introduction of EIMC to offer a unique opportunity to sustain high male circumcision prevalence in the long-term

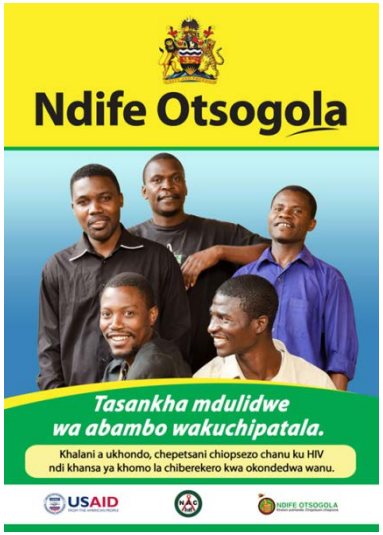
Key Bottlenecks (1)

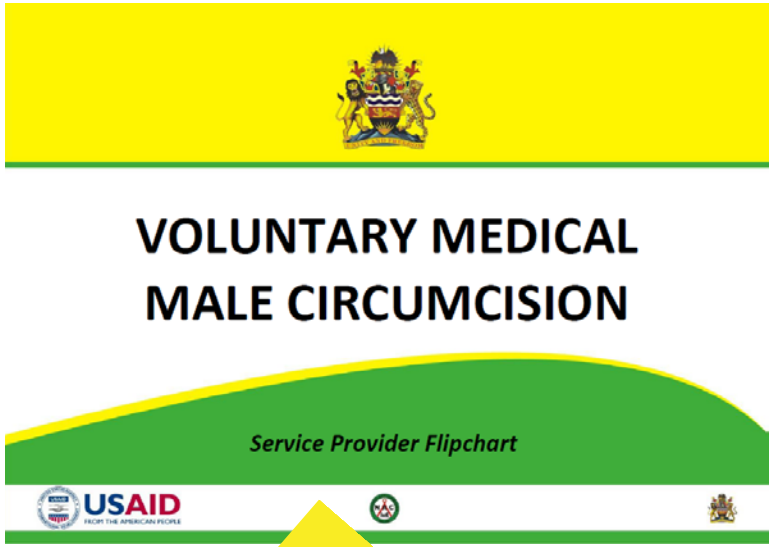
- Service delivery
  - Few implementing partners to cover **all** priority districts
  - Low number of providers to routinely offer VMMC services
    - VMMC services can only be provided by Clinical Officers (COs) and Registered Nurses (RNs)
  - Infrastructural challenges
    - Space
    - Hard to reach areas

Key Bottlenecks (2)

- Demand generation
  - Seasonality on accessing services
    - High turn up during campaign (school holiday)
    - Low turn up during the routine services
- Service delivery barriers
  - Accessibility
  - Cost of travel to service delivery points.
- Data management (partners not submitting data to MOH)
- MC is yet to be integrated into other health service points

Thank You


Ndife Otsogola
Tasankha mdulidwe wa abambo wakuchipatala.
Khalani a ukhondo, chepetsani chiopsezo chanu ku HIV ndi khansa ya khomo la chiberekero kwa okondedwa wanu.
USAID
NDIFE OTSOGOLA


VOLUNTARY MEDICAL
MALE CIRCUMCISION
Service Provider Flipchart
USAID
FROM THE AMERICAN PEOPLE


Ndife Otsogola
Tasankha mdulidwe wa abambo wakuchipatala.
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NDIFE OTSOGOLA


10 NDINGAWAUZE CHIYANI ABAMBO MU MPINGO WATHU ZA MDULIDWEWU?
UTHENGA WOWONJEZERA
Khalani Otsogola
Limbikitsani Mdulidwe wa Abambo Wakuchipatala
UTHENGA
KWA ATSOGOLERI A ZIPEMBEDZO
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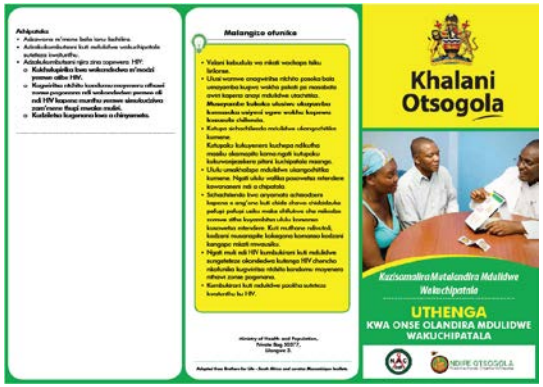
Malangizo ofunika
Khalani Otsogola
UTHENGA
KWA ONSE OLANDIRA MDULIDWE WAKUCHIPATALA
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