

Assessing and enhancing sustainable voluntary medical male circumcision services for HIV prevention in East and Southern Africa:

A landscape report of voluntary medical male circumcision priority countries



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ABBREVIATIONS AND ACRONYMS

AE	adverse event
BB	building block
KCC	key component consideration
MENHT	Men and HIV Technical Working Group
MoH	ministry of health
TWG	technical working group
VMMC	voluntary medical male circumcision
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization



INTRODUCTION

Male circumcision reduces men's risk of acquiring HIV through sex with women by approximately 60%. In East and Southern Africa, voluntary medical male circumcision (VMMC) has been a WHO-recommended HIV combination prevention intervention since 2007 (1-3). Between 2008 and the end of 2021, 32 million men and boys underwent VMMC in the 15 priority countries (4). More and more countries and subnational areas are thus approaching high population coverage with VMMC, a milestone which has been expected to mark a transition from a rapid, high-volume "catchup phase" to a "maintenance phase" (5). This maintenance phase has been variously envisioned as lower-volume, integrated into national health systems, nationally owned rather than donor-driven, and ultimately sustainable for as long as VMMC remains an efficient tool for HIV prevention.

This concept of long-term sustainability has been a consideration in WHO guidance for years (5,6) but has recently become a more prominent and urgent focus. This is due not only to progress towards high circumcision coverage, but also because of uncertainty around the duration of donor funding. Several VMMC implementing countries have now developed national VMMC sustainability plans or sustainability-focused documentation (7-10), with others in process. Sustainability is now a technical consideration in donor guidance (11) and a focus of the forthcoming WHO and UNAIDS progress report on the 2017-2021 Framework for VMMC (12,13); and operational

research on sustainable service models has begun to emerge (14,15).

The urgent need to scale up VMMC services is crucial. The drive towards more sustainable ways of delivering VMMC services should not take anything away from the urgent need to scale up VMMC services. Sustainability rather should reinvigorate, enhance scale up, align with other health interventions, support health systems, plug wastage, and help improve on our current messaging on VMMC.

However, substantial barriers remain. There is a lack of consensus on what sustainable programmes should look like, and on guidance for processes to follow towards sustainability.¹ To begin to address these gaps, WHO developed a set of VMMC sustainability metrics with corresponding assessment tools for national programmes. These are based on the existing framework of the WHO core health system building blocks (BBs) (3,16).

This report provides the findings from the baseline implementation of these tools in 15 VMMC priority countries in 2021. It is intended for VMMC national programme leaders and implementing and global partners. Its goals are to describe the baseline status of national VMMC programmes with respect to sustainability, identify programme strengths and weaknesses, and lay out a preliminary vision of the path towards sustainability.

Introduction: key messages

- Sustainability is a crucial goal for VMMC programmes, but there is a lack of consensus on the pathway to sustainability.
- This report provides findings from a baseline sustainability self-assessment by the 15 priority VMMC countries to help programmes identify strengths and weaknesses and plan their next steps towards sustainable VMMC services.
- The urgent need to scale up VMMC services is crucial. Sustainability should help reinvigorate, enhance scale up, align with other health interventions, support health systems, plug wastage, and help improve on our current messaging on VMMC.

¹ A key existing sustainability metric, the PEPFAR sustainability index dashboard (SID), is a health system-level tool for tracking countries' overall HIV responses. It is not intended to capture the granularity that VMMC programme managers and implementers would use to advance their VMMC programmes.

DEVELOPMENT AND IMPLEMENTATION OF ASSESSMENT TOOLS

The basis of the tools was the WHO health systems BBs (16). They were developed as part of the process of updating the WHO 2020 VMMC guidelines (3), and they reflect the WHO VMMC sustainability framework described in those guidelines. This framework, developed in 2020 was validated first through a WHO expert review group and further through an expert advisory group via a webinar in July 2018.

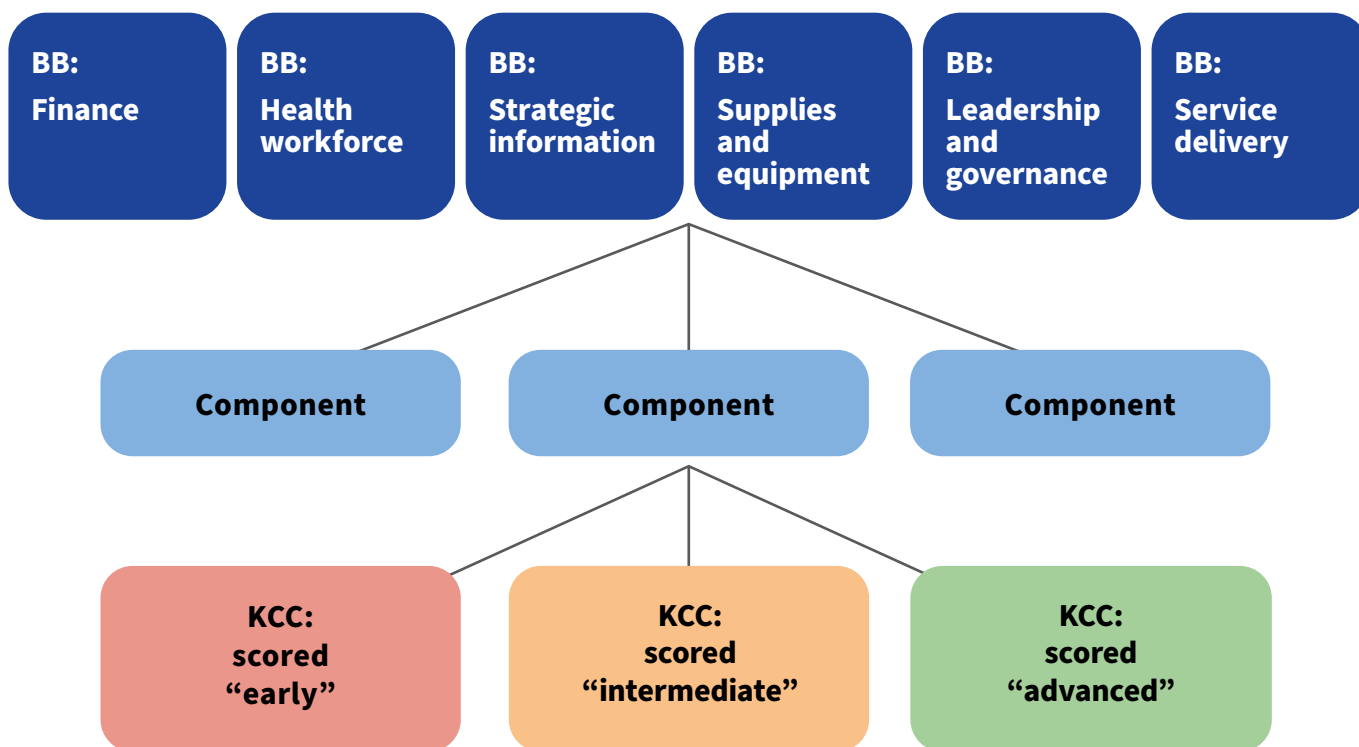
The tools themselves were developed through a subsequent process that began with a literature review encompassing existing guidance documents, published literature, and technical reports on VMMC, HIV, person-centred care, and adolescent health. Then, in August and September 2018, a consultative process was conducted via interviews and discussions with experts for each BB, programme managers from ministries of health, donors, implementing partners, researchers, and civil society. A VMMC sustainability subcommittee was also engaged to refine and add to the tools before finalization. Assessment tools were then revised after review by appropriate WHO departmental staff. Findings

were synthesized to develop a detailed outline and shared at the WHO Guidance Development Group (GDG) meeting in November 2018.

One tool was developed for each of the six BBs: Finance, Leadership and Governance, Service Delivery, Strategic Information, Supplies and Equipment, and Health Workforce (Annex 1). Each BB was divided into two or more key components and further divided into two or more key component considerations (KCCs). There were 4–8 KCCs per tool, making 37 KCCs in total. Each included criteria for early, intermediate, and advanced stages provided a defined vision for what the trajectory and final outcome within each KCC should be (Figure 1).

In general, KCCs were to be scored “early” if they had essentially no sustainable features; “intermediate” if they had some sustainable features, but much left to do; and “advanced” if all key sustainable features were in place, with work needed to maintain them.

Figure 1: Structure of sustainability self-assessment tools



The tools were piloted in Kenya in 2019, at a workshop led by the Kenya VMMC programme. After finalization, they were developed as part of the WHO VMMC 2020 guidelines process and implemented as part of a global process to assess progress towards the UNAIDS/WHO 2016–2021 VMMC Framework (12). Country VMMC programme managers led the assessments for their national programmes in consultation with a diverse group consisting of representatives from VMMC national programme management, health workers, patient

groups, implementing partners, donors, other relevant intersectoral partners who were requested in the tools to supply consensus answers based on the criteria provided and with justification where possible.

After completion and submission of each country’s completed tools, they were reviewed for completeness and cleaned, and follow-up questions and clarification were sought.

Each country programme's overall stage on each BB was then classified based on prespecified rules. In general, a BB was staged as early if more than two KCCs were early, advanced if all KCCs were advanced, and intermediate in any other case. Both the KCC-level data and the derived BB-level data were then abstracted into a purpose-built Excel dashboard tool to generate descriptive analysis and graphics.

In April 2022, virtual data validation webinars were conducted with groups of national stakeholders from each priority country, led by national VMMC programme managers. These covered any final revisions to submitted scores as well as feedback on the scoring tools, views on which areas have seen the most progress, national priorities for sustainability, and visions for a sustainable programme.

Development and implementation: key messages

- A consultative process with a wide range of stakeholders was used to develop a set of six sustainability self-assessment tools based on the six WHO health system BBs (BBs): finance, leadership and governance, health workforce, strategic information, supplies and equipment, and service delivery.
- Each BB was divided into key components and multiple key component considerations (KCCs), each with a specific question and criteria for self-scoring as early, intermediate, or advanced.
- VMMC programme managers filled these tools in consultation with key national stakeholders.

Analysis of findings

On the BB level, the analysis included determining which BBs were most often scored early and advanced, and whether any clusters of development patterns were notable among countries. It also included exploratory comparisons of numbers of advanced BB designations between sets of countries grouped by: region (East vs Southern Africa), programme age (reported any VMMC achievements before 2008 vs none), volume (over vs. under 1 million VMMCs

reported in 2020), programme scope (national vs primarily subnational/limited to certain areas), and World Bank 2021–2022 country group classification by per capita gross national income (low income vs lower-middle or upper-middle income) (17).

On the KCC level, the analysis included determining which KCCs were most commonly self-scored early and advanced, and which countries self-scored advanced on the KCCs where others most often self-scored early.

Key analyses

- Which BBs were most often scored early and advanced
- Whether countries with certain characteristics had more early or advanced BB scores
- In each BB, which KCCs were most often scored early and which countries self-scored advanced and could be examples for others

RESULTS

This section covers the completeness of the data received, overviews of results at the BB and KCC levels, and results of comparisons between countries by region, volume, scope, and income.

Data completeness and validation

All 15 VMMC-implementing countries returned completed tools. BB-level data were complete except for one tool not filled by one country. When KCCs were not scored by countries, but comments were provided, the comments were used to score the KCCs when possible. This resulted in totals of:

- 89 BBs with stages scored, among 90 distributed (6 BBs to each of 15 countries), and
- 548 KCCs with stages scored, among 555 distributed (37 to each of 15 countries)

The self-scored data were successfully validated at BB and KCC level by all 13 countries that had initially submitted data, with only one making changes that are captured in the data

presented here. Eight countries submitted the written responses covered in the National Stakeholder Reactions section.

BB-level overview

Because of the stringent requirements for an overall advanced designation, the majority of BBs were intermediate (61/89), followed by advanced (16/89), and early (12/89), with one BB not scored. The distributions of scores across countries and BBs are shown in Table 2, and some patterns can be seen. Far more countries were staged as advanced in Supplies (seven) than the other BBs, followed by Leadership with three countries. Similarly, more countries were staged early in Finance (five), followed by three in Workforce.

Six countries had at least one BB designated early, and only two countries had two or more. Conversely, eight countries had at least one BB designated advanced, but the most advanced BBs self-scored by any country was four.

Table 1: VMMC programme sustainability staging by country and BB, 2021

Country	Finance	Leadership	Service Delivery	Strategic Information	Supplies	Workforce
Botswana	Intermediate	Intermediate	Intermediate	Intermediate	Advanced	Intermediate
Ethiopia	Intermediate	Intermediate	Intermediate	Intermediate	Advanced	Intermediate
Eswatini	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate
Kenya	Early	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate
Lesotho	Intermediate	Intermediate	Intermediate	Intermediate	Advanced	Intermediate
Malawi	Early	Intermediate	Intermediate	Intermediate	Intermediate	Early
Mozambique	Early	Intermediate	Advanced	Intermediate	Advanced	Advanced
Namibia	Intermediate	Advanced	Intermediate	Advanced	Advanced	Intermediate
Rwanda	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate
South Africa	Advanced	Advanced	Intermediate	Intermediate	Advanced	Advanced
South Sudan	Early	Early	Early	Early	Early	Early
Uganda	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate	Early
United Republic of Tanzania	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate
Zambia	Intermediate	Advanced	Advanced	Intermediate	Intermediate	Intermediate
Zimbabwe	Early	Intermediate	Intermediate	Intermediate	Advanced	Intermediate

■ Advanced
 ■ Intermediate
 ■ Early

Countries did not fall into clear clusters of overall stages and varied widely in their patterns of development across BBs (see Figure 2).

BB-level comparisons by country characteristics

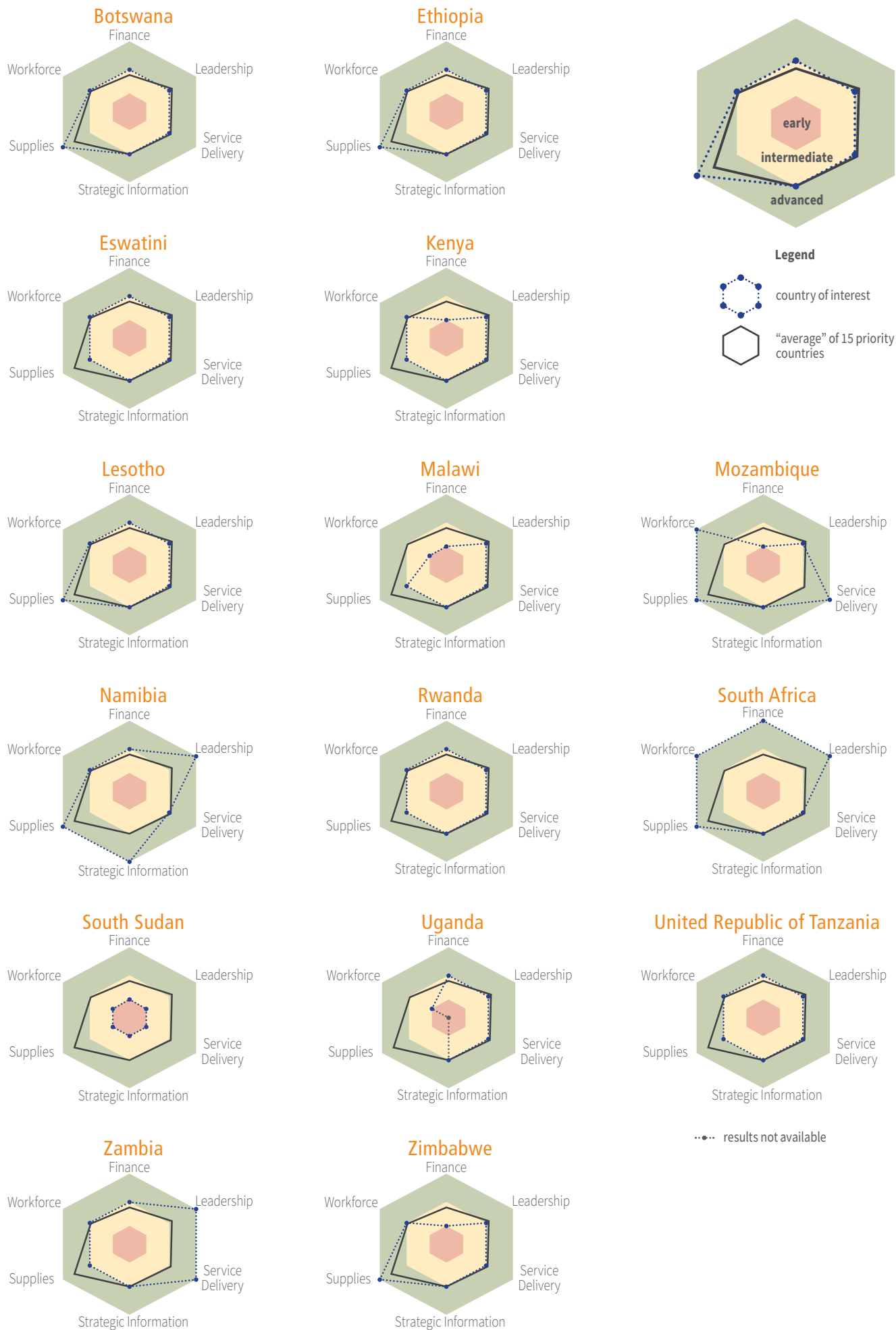
These comparisons elicited some notable results:

- **Geography:** All but one of the BBs self-scored as advanced (15/16) were in a country in Southern rather than East Africa (Botswana, Eswatini, Lesotho, Malawi, Namibia, Mozambique, South Africa, Zambia, or Zimbabwe). Early designations were skewed by one southern African country that reported six early BBs.
- **Volume:** The six countries reporting over 1 million VMMCs in 2020 (Mozambique, South Africa, Uganda, United Republic of Tanzania, Zambia, Zimbabwe) also had the majority (10/16) of advanced BB stages.
- **Programme age:** When compared based on their first year reporting VMMC achievements to WHO (4), there was no notable difference between countries reporting VMMCs by 2008 (Eswatini, Kenya, Malawi, South Africa, Zambia, with six advanced BBs among five countries) and those beginning later (10 advanced BBs, among 10 countries).
- **Programme scope:** The two national programmes that are entirely or mostly confined to specific subnational regions, Ethiopia and Kenya, did not score themselves markedly different from the others, with one early and one advanced score between them.
- **Based on the World Bank classification** (see page 2), six countries were grouped as lower-income (Ethiopia, Malawi, Mozambique, Rwanda, Uganda, South Sudan); six countries grouped as lower-middle income (Eswatini, Kenya, Lesotho, United Republic of Tanzania, Zambia, Zimbabwe) and three countries grouped as upper-middle income (Botswana, Namibia, South Africa). Overall, the countries grouped as either lower-middle income or upper-middle income had the majority (12/16) of advanced designations, while those grouped as lower-income had the majority (11/12) of early designations (though South Sudan accounted for six of the 11 early designations). The only advanced Finance designation was also in the upper-middle income country of South Africa.

Results overview: key messages

- All VMMC priority countries participated, and data completeness was high.
- About 2/3 of BBs were scored intermediate, though over half of KCCs were scored advanced.
- All countries had two or more early or intermediate BBs.
- Southern and higher-income African countries, and older VMMC programmes reported more advanced BB scores than East and lower-income African countries and newer VMMC programmes.
- For most BBs, a small subset of KCCs was responsible for most of the early scores: for example, programmes reliant on a single funding source, lack of a national VMMC sustainability plan, and VMMC not included in pre-service training. Even for these KCCs, though, some countries self-scored advanced (Table 2).

Figure 2: Patterns of self-scoring across all domains, 2021 baseline



KCC-level overview

In contrast to the BB-level findings, out of the 548 KCCs with scored stages, the majority (285) were scored advanced, 167 intermediate, and 96 early. A key finding on this level was

that within most BBs, few KCCs were much more likely than others to be scored early. These are shown in Table 2, along with the countries which self-scored advanced in these KCCs and could potentially serve as examples.

Table 2: KCCs in each BB with the most early designations, and the countries self-scoring advanced on them

Building block	KCCs designated early by the most countries	Fraction of all early KCCs in this BB	Countries self-scoring advanced on this KCC
Finance	Focus on diverse mix of mechanisms and strategies to fund MC	9/41	South Africa
	Remuneration of service providers for effective delivery of quality, safe, and people-centred VMMC services	7/41	Ethiopia, Rwanda, South Africa, others
	Harmonization of donor-financed elements of the VMMC budget with the national MoH budget	6/41	Rwanda, South Africa, Zambia
Leadership	National VMMC sustainability document that is officially launched and fully operational	5/13	Kenya, United Republic of Tanzania, Zimbabwe, others
Service Delivery	<i>(None scored early by more than two countries)</i>		
Strategic Information	Data disaggregated by geography	3/7	Eswatini, Mozambique, Zimbabwe
Supplies	Procurement and distribution of VMMC supplies and equipment part of national procurement and supplies systems	5/11	Botswana, Rwanda, South Africa, Zimbabwe, others
Workforce	VMMC part of national pre-service training requirements for cadres being prepared to work in the health care sector with tasks to deliver VMMC in their scope of practice	8/15	Kenya, Mozambique, South Africa
	Country-level health workforce plan is based on projected estimates of the number of clients, including clients who will need VMMC	5/15	Ethiopia, Mozambique, Rwanda, South Africa

Detailed score findings by BB

This section provides details on the KCC-level findings within each BB. Each BB is covered by a subsection which identifies the KCCs that were most often scored advanced and early. The countries that self-scored advanced in each KCC are listed as potential examples for others.

For programme leaders, the subsections covering BBs in which their programmes had many early scores, and BBs that are their own priority areas to improve, may be particularly helpful.

BB 1: Finance

The Finance BB's KCC-level findings are summarized in Figure 3. Notable patterns include:

- advanced designations: The most commonly cited advanced achievement was incorporating VMMC into a national essential package of interventions.

- early designations: The most commonly cited areas meeting early criteria were:
 - o VMMC programmes remaining reliant on external donor funding
 - o service provider compensation schemes which were rigid and did not reward effective delivery of quality, safe, and people-centred VMMC services (that is, no pay-for-performance structures)
 - o national health budgets which were not harmonized with donor-financed elements of the VMMC programme (that is, donor contributions remaining mostly off-budget, in addition to making up the majority of VMMC costs)
- countries that self-scored advanced across multiple KCCs in this BB were Botswana, South Africa, and Zambia (see Figure 3).

Figure 3: VMMC programme sustainability staging by country and KCC, Finance BB, 2021 baseline survey

Country	Demand-side barriers addressed through demand-oriented financial incentives	Financial risk protection for all adolescents	Focus on diverse mix of mechanisms and strategies to fund MC	Harmonization of donor-financed elements of the VMMC budget with the national MoH budget	National essential package of interventions	Public financial management (PFM) flexible enough to adjust to the demand of services	Remuneration of service providers for effective delivery of quality, safe, and people-centred VMMC services	Resource estimation
Botswana	Advanced	Intermediate	Intermediate	Intermediate	Advanced	Advanced	Early	Advanced
Eswatini	Intermediate	Intermediate	Early	Intermediate	Advanced	Intermediate	Early	Intermediate
Ethiopia	Early	Advanced	Intermediate	Early	Intermediate	Intermediate	Advanced	Intermediate
Kenya	Early	Early	Early	Early	Early	Early	Early	Early
Lesotho	Intermediate	Intermediate	Early	Intermediate	Intermediate	Intermediate	Early	Intermediate
Malawi	Intermediate	Advanced	Early	Early	Advanced	Intermediate	Early	Advanced
Mozambique	Early	Early	Early	Early	Early	Early	Early	Early
Namibia	Early	Advanced	Intermediate	Intermediate	Advanced	Intermediate	Advanced	Advanced
Rwanda	Early	Intermediate	Intermediate	Advanced	Advanced	Advanced	Advanced	Advanced
South Africa	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
South Sudan	Early	Advanced	Early	Early	Early	Early	Early	Early
Uganda	Advanced	Intermediate	Early	Early	Advanced	Intermediate	Intermediate	Intermediate
United Republic of Tanzania	Intermediate	Intermediate	Early	Intermediate	Advanced	Intermediate	Advanced	Intermediate
Zambia	Intermediate	Advanced	Intermediate	Advanced	Advanced	Intermediate	Advanced	Advanced
Zimbabwe	Intermediate	Early	Early	Intermediate	Early	Intermediate	Advanced	Intermediate

Advanced Intermediate Early

BB 2: Leadership and governance

KCC-level findings within the Leadership BB are summarized in Figure 4. Notable patterns include:

- The majority of KCC designations were advanced for most countries.
- Advanced designations: The most commonly cited advanced achievements were:
 - clear, MoH-led mechanisms for partner coordination at national, district, and local levels, and
 - incorporating VMMC into the national essential package of health services (This KCC is nearly identical to the KCC in Finance which also was most commonly scored advanced.)
- “Early” designations: The most commonly cited area meeting early criteria was the lack of a national VMMC sustainability plan.
- Multiple countries self-scored highly on this BB. Countries that self-scored advanced across multiple KCCs in this BB with Namibia, South Africa and Zambia self-scoring advanced on all KCCs (see Figure 4).

Figure 4: VMMC programme sustainability staging by country and KCC, Leadership BB, 2021 baseline survey

Country	Clear mechanisms for partner coordination at national, district, and local level led by MoH	Support and supervision systems in place led by VMMC focal points and with active synergy with other HIV and health focal points at MoH	National VMMC sustainability document that is officially launched and fully operational	A sense that VMMC and its strategic direction is owned and driven by national and local leadership or external partners or a mix of both	Involvement and engagement of relevant departments of MoH in implementing, coordinating and overseeing MC activities	VMMC for HIV prevention part of the national essential package of health services	Technical working group in the MoH for oversight and review of VMMC or MC performance including quality of services
Botswana	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Eswatini	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Ethiopia	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Kenya	Intermediate	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Lesotho	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Malawi	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Mozambique	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Namibia	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Rwanda	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
South Africa	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
South Sudan	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Uganda	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
United Republic of Tanzania	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Zambia	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Zimbabwe	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced

■ Advanced
 ■ Intermediate
 ■ Early

BB 3: Service delivery

KCC-level findings within the Service Delivery BB are summarized in Figure 5. Notable patterns include:

- Advanced designations: The most commonly cited advanced achievements were:
 - o national quality standards and safety systems implemented within routine national systems, in line with WHO and UNAIDS global standards for quality health care services, followed by;
 - o clear referral systems for VMMC to serve as an entry point to broader adolescent services (for example, mental health, sexual and reproductive health, non-communicable diseases, vaccinations, etc.) which are routine, not a separate feature of the VMMC programme; and
 - o use of comprehensive service delivery assessments based on inclusive characteristics (availability, accessibility, acceptability, contact/use and effectiveness) to inform VMMC planning and programming, done within the context of broader national health planning.
- “Early” designations: there were few among the KCCs of this BB.
- Countries that self-scored advanced across multiple KCCs in this BB were Mozambique and Zambia (see Figure 5).

Figure 5: VMMC programme sustainability staging by country and KCC, Service Delivery BB, 2021 baseline survey

Country	Clear referral systems for VMMC to serve as an entry point to other adolescent services [...]	Comprehensive assessment of VMMC service delivery based on inclusive characteristics [...] to inform planning and programming	Mapping of existing service delivery infrastructure and resources necessary to deliver VMMC in community-based and health facility settings to inform planning and implementation of VMMC services	MC as part of routine platforms at the primary care level	MC services delivered within an integrated package of services	National quality standards and safety systems in line with WHO and UNAIDS global standards for quality health care services	Service delivery platforms for reaching adolescents, including underserved adolescents in place [...]	Use of digital platforms and technology for delivery of MC services, including continuity of information, tracking quality, facilitating patients' empowerment, and reaching geographically isolated communities
Botswana	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Eswatini	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Ethiopia	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Kenya	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Lesotho	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Malawi	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Mozambique	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Namibia	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Rwanda	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
South Africa	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
South Sudan	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Uganda	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
United Republic of Tanzania	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Zambia	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced
Zimbabwe	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced	Advanced

Advanced Intermediate Early

BB 4: Strategic information

KCC-level findings within the Strategic Information BB are summarized in Figure 6. Notable patterns include:

- Advanced designations: The most commonly cited advanced achievements were:
 - o country-led safety monitoring and surveillance systems in place with policies, procedures, reporting forms, review, and response procedures defined; and
 - o country-owned VMMC data management and reporting systems that provide quality information that is

acceptable to both the national government and multilateral organizations.

- Early designations: The most commonly cited area meeting early criteria was the use of country-specific, non-standardized age bands for data disaggregation by age, with a lack of electronic age calculation.
- Countries that self-scored advanced across multiple KCCs in this BB were Mozambique and Zimbabwe.

Figure 6: VMMC programme sustainability staging by country and KCC, Strategic Information BB , 2021 baseline survey

Country	Are VMMC data collection systems paper based or electronic?	Are VMMC data management and reporting systems donor owned and driven or country owned and driven	Data disaggregated by geography	Data disaggregation by age	Safety monitoring/ surveillance systems
Botswana	Intermediate	Advanced	Intermediate	Advanced	Intermediate
Eswatini	Intermediate	Intermediate	Advanced	Advanced	Intermediate
Ethiopia	Intermediate	Intermediate	Intermediate	Intermediate	Advanced
Kenya	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate
Lesotho	Intermediate	Intermediate	Intermediate	Intermediate	Advanced
Malawi	Intermediate	Advanced	Early	Intermediate	Intermediate
Mozambique	Advanced	Intermediate	Advanced	Intermediate	Advanced
Namibia	Advanced	Intermediate	Advanced	Advanced	Advanced
Rwanda	Intermediate	Advanced	Intermediate	Intermediate	Advanced
South Africa	Advanced	Intermediate	Early	Intermediate	Advanced
South Sudan	Intermediate	Early	Intermediate	Early	Intermediate
Uganda	Early	Advanced	Intermediate	Intermediate	Advanced
United Republic of Tanzania	Intermediate	Advanced	Intermediate	Intermediate	Advanced
Zambia	Intermediate	Advanced	Early	Advanced	Advanced
Zimbabwe	Intermediate	Advanced	Advanced	Advanced	Advanced

■ Advanced
 ■ Intermediate
 ■ Early

BB 5: Supplies and equipment

KCC-level findings within the Supplies BB are summarized in Figure 7. Notable patterns include:

- Advanced designations: The most commonly cited advanced achievements were:
 - o waste management systems that address all disposal stages of all relevant health care waste categories, as part of comprehensive facility waste management plans and in compliance with existing national waste management standards; followed by
 - o About half (7/15) of countries self-scored as advanced in all KCCs of this BB.
- Early designations: The most commonly cited area meeting early criteria was vertical procurement and distribution systems for VMMC supplies and equipment (not incorporated into national systems).
- Many countries self-scored as advanced in all KCCs of this BB.

Figure 7: VMMC programme sustainability staging by country and KCC, Supplies BB, 2021 baseline survey

Country	Are there integrated, country strategic guidelines and implementation plans to support rational use of VMMC supplies and equipment?	Are there set minimum requirements and recommended specifications (as relevant) on supplies/equipment to perform a safe medical male circumcision and are these part of national surgical guidance on safe surgical procedures?	Are VMMC quality standards available and integrated into national standards for quality of supplies?	Procurement and distribution of VMMC supplies and equipment part of national procurement and supply systems?	Waste management system that addresses segregation, storage, transport, treatment, and disposal of all relevant health care waste categories
Botswana	Advanced	Advanced	Advanced	Advanced	Advanced
Eswatini	Intermediate	Intermediate	Early	Early	Intermediate
Ethiopia	Advanced	Advanced	Advanced	Advanced	Advanced
Kenya	Early	Intermediate	Intermediate	Early	Advanced
Lesotho	Advanced	Advanced	Advanced	Advanced	Advanced
Malawi	Intermediate	Advanced	Intermediate	Early	Advanced
Mozambique	Advanced	Advanced	Advanced	Advanced	Advanced
Namibia	Advanced	Advanced	Advanced	Advanced	Advanced
Rwanda	Advanced	Early	Advanced	Advanced	Advanced
South Africa	Advanced	Advanced	Advanced	Advanced	Advanced
South Sudan	Early	Intermediate	Early	Early	Early
Uganda	Advanced	Advanced	Advanced	Advanced	Advanced
United Republic of Tanzania	Intermediate	Advanced	Advanced	Early	Advanced
Zambia	Advanced	Advanced	Advanced	Intermediate	Advanced
Zimbabwe	Advanced	Advanced	Advanced	Advanced	Advanced

Advanced
 Intermediate
 Early

BB 6: Health workforce

KCC-level findings within the Health Workforce BB are summarized in Figure 8. Notable patterns include:

- Advanced designations: The most commonly cited advanced achievements were:
 - o clear national requirements and processes for continuing education and re-training for VMMC service providers, with capacity-building activities at national and district levels, aligned with reported needs and with other relevant services (for example, surgery); followed by
 - o a national system for regularly available supportive supervision of service providers, integrated within broader ministry structures for health worker management, support, and supervision.
- Early designations: The most commonly cited area meeting early criteria was lack of a national preservice VMMC training requirement for relevant cadres of health care workers.
- Countries that self-scored advanced across multiple KCCs in this BB were Mozambique and South Africa.

Figure 8: VMMC programme sustainability staging by country and KCC, Health Workforce BB, 2021 baseline survey

Country	Continuing education and retraining requirements for VMMC service providers	Country-level health workforce plan is based on projected estimates of the number of clients, including clients who will need VMMC	Is VMMC part of national preservice training requirements for cadres being prepared to work in the health care sector with tasks to deliver VMMC in their scope of practice?	National system for supportive supervision of service providers
Botswana	Advanced	Intermediate	Early	Intermediate
Eswatini	Intermediate	Early	Intermediate	Advanced
Ethiopia	Advanced	Advanced	Early	Advanced
Kenya	Intermediate	Early	Advanced	Intermediate
Lesotho	Advanced	Intermediate	Intermediate	Advanced
Malawi	Early	Early	Early	Intermediate
Mozambique	Advanced	Advanced	Advanced	Advanced
Namibia	Advanced	Advanced	Early	Advanced
Rwanda	Advanced	Advanced	Early	Advanced
South Africa	Advanced	Advanced	Advanced	Advanced
South Sudan	Intermediate	Early	Early	Intermediate
Uganda	Intermediate	Early	Early	Early
United Republic of Tanzania	Advanced	Intermediate	Intermediate	Advanced
Zambia	Advanced	Intermediate	Intermediate	Advanced
Zimbabwe	Intermediate	Intermediate	Early	Advanced

Advanced Intermediate Early

National stakeholder reactions to findings: scores, tools, and national priorities

This subsection summarizes national stakeholder responses obtained from eight countries' written follow-up responses requested during virtual data validation exercises. It encompasses feedback on the scoring tools, views on which areas have seen the most progress, national priorities for areas to develop towards sustainability, and visions for a sustainable programme.

Current priorities: The majority of countries (10/15) did not have any BBs designated early overall, but all had KCCs designated early and intermediate. Generally, the priorities

they described were a subset of these, a mix of current early and intermediate KCCs. Recurring priority areas were:

- developing a national sustainability document
- incorporating VMMC into preservice training for appropriate cadres
- increasing domestic financing for VMMC
- improving integration of VMMC within routine service; use of e-learning (including ECHO) (18)
- adding early infant male circumcision (EIMC) to the national programme. (Please note: Current WHO guidelines recommend VMMC for HIV prevention for adolescent boys 15 and older.)

- Notable unique priorities included:
- improving community-level demand creation
- developing innovative methods for high-volume circumcision
- expanding task shifting, and
- strengthening programme leadership on the subnational level.

Progress: Independent of current score, countries reported significant progress in a wide variety of areas encompassing all of the BBs, without any patterns of common answers. Specific achievements reported included:

- service integration and decentralization
- integrating VMMC delivery into traditional practices
- task shifting
- increasing national-level VMMC staffing
- shifting from paper-based to electronic data capture
- development of processes and documents for government contracting with local organizations and private practitioners to perform VMMC.

Strategies cited as potentially useful for other countries included:

- use of village health workers and established community organizations for demand creation
- service delivery within traditional practices (for example, ceremonies)
- development of national demand creation and sustainability strategies which could be used by other countries (South Africa)
- establishment of "men's health corners" and "adolescent corners".

Final vision: For many country respondents, final visions for a sustainable programme were described again for the areas where progress was desired. The major theme that emerged was integration into the broader health system, spanning not only service delivery but also commodity procurement, strategic information, and demand creation. Other recurring cross-cutting visions for sustainability included affordability, accessibility, acceptability, local and national ownership at all levels, and again, stable domestic financing.

Stakeholder reactions: key messages

- Country representatives validated self-scored data, with minimal changes.
- National priorities for developing programme sustainability generally fell in areas included in the tools and scored as either early or intermediate, but not all KCCs with those scores were priorities.
- The most common priority areas were developing a national sustainability document, incorporating VMMC into preservice training for appropriate cadres, adoption of e-learning platforms, increasing domestic financing for VMMC, and improving integration of VMMC within routine services.
- Countries reported having already made substantial progress across a wide variety of areas encompassing all six BBs.
- Cross-cutting themes in national visions for sustainability included integration into national systems across multiple BBs, affordability, and increased domestic financing.

COUNTRY-LEVEL BRIEFS: 2021 BASELINE SUSTAINABILITY FINDINGS AND CONSIDERATIONS

This section provides programme managers and implementing partners in each country with a concise summary of baseline findings that can be shared with stakeholders and inform the VMMC programme's strategic and investment decisions. Each country brief reports national sustainability scores across BBs and identifies specific KCCs that can be strengthened within each BB, along with other

countries that scored early and advanced on those BBs. It also summarizes the views of country respondents on current national priorities for sustainability, areas of recent progress, and long-term visions for a sustainable VMMC programme. When countries did not provide feedback in one of these areas, a summary of common themes reported across countries is provided and labeled instead.

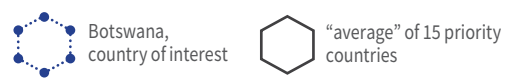
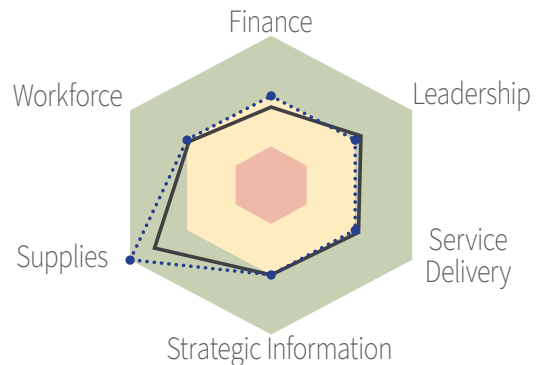
Country-level baseline sustainability findings and considerations

Botswana

This brief summarizes national findings from WHO's 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), or advanced (green).

The table below shows key component considerations (KCCs) within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components may be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

Botswana vs. international average
VMMC programme sustainability scores, 2021



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Finance (intermediate)	<ul style="list-style-type: none"> Remuneration of service providers for quality and equity 	<ul style="list-style-type: none"> Mozambique, Rwanda, others 	<ul style="list-style-type: none"> Eswatini, Kenya, others
Leadership (intermediate)	<ul style="list-style-type: none"> Bringing current stand-alone support and supervision systems under MoH leadership and incorporating them into existing processes for related health areas Developing a national sustainability document Ensuring regular participation by VMMC in the MoH technical working group for oversight of performance and quality 	<ul style="list-style-type: none"> Eswatini, Zambia, others Kenya, others Namibia, South Africa, Zambia, others 	<ul style="list-style-type: none"> Kenya Malawi, others South Sudan
Service Delivery (intermediate)	<ul style="list-style-type: none"> Integrating the referral process from VMMC to other adolescent services into routine referral systems 	<ul style="list-style-type: none"> Mozambique, South Africa, Uganda, others 	<ul style="list-style-type: none"> (Intermediate): Eswatini, Kenya, South Sudan
Strategic Information (intermediate)	<ul style="list-style-type: none"> Putting safety monitoring/surveillance systems in place 	<ul style="list-style-type: none"> Rwanda, South Africa, Zambia, others 	<ul style="list-style-type: none"> None
Workforce (intermediate)	<ul style="list-style-type: none"> Making VMMC a national requirement for preservice training of relevant health care workers and cadres 	<ul style="list-style-type: none"> Kenya, South Africa, Mozambique 	<ul style="list-style-type: none"> Malawi, Namibia, Rwanda

National stakeholder views: priorities, progress, and visions for sustainability

- For areas without country-specific responses, common response themes are provided and labeled.
- Current national stakeholder priorities: Integration of VMMC services into the national health system and decentralization of services towards lower-level facilities.

Training more nurses and increasing domestic funding remain important obstacles.

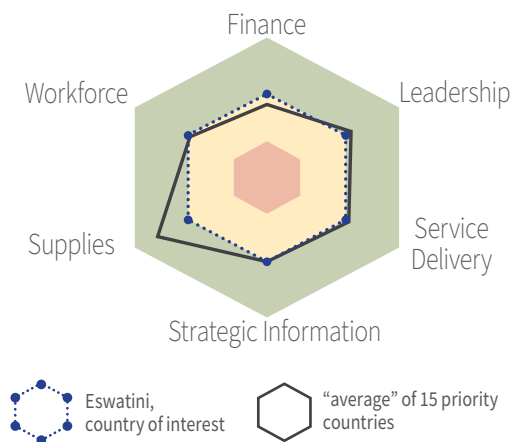
- Areas of recent progress: Botswana continues to broaden use of reusable instruments.
- National long-term vision for a sustainable programme: Major themes across countries were integration into the broader health system across multiple BBs, affordability, accessibility, acceptability, local and national ownership at all levels, and stable domestic financing.

Country-level baseline sustainability findings and considerations Eswatini

This brief summarizes national findings from WHO's 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), or advanced (green). Eswatini is near the international average of approximately intermediate in all BBs.

The table below shows key component considerations (KCCs) within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components might be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

**Eswatini vs international average
VMMC programme sustainability scores, 2021**



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Finance (intermediate)	<ul style="list-style-type: none"> Broadening funding sources, increasing domestic funding Remuneration of service providers for quality and equity 	<ul style="list-style-type: none"> South Africa Mozambique, Rwanda, others 	<ul style="list-style-type: none"> United Republic of Tanzania, others Eswatini, Kenya, others
Leadership (intermediate)	<ul style="list-style-type: none"> Developing a national sustainability document Ensuring regular participation by VMMC in the MoH technical working group for oversight of performance and quality 	<ul style="list-style-type: none"> Kenya, others Namibia, South Africa, Zambia, others 	<ul style="list-style-type: none"> Malawi, others South Sudan
Service Delivery (intermediate)	<ul style="list-style-type: none"> Basing MC planning process on mapped current infrastructure, resources, and needs Integrating the referral process from VMMC to other adolescent services into routine referral systems 	<ul style="list-style-type: none"> Mozambique, Zambia, others Mozambique, Uganda, others 	<ul style="list-style-type: none"> Eswatini, Malawi, South Sudan <i>Intermediate:</i> Kenya, others
Strategic Information (intermediate)	<ul style="list-style-type: none"> Bringing safety monitoring under national leadership 	<ul style="list-style-type: none"> Rwanda, South Africa, Zambia, others 	<ul style="list-style-type: none"> Botswana
Supplies (intermediate)	<ul style="list-style-type: none"> Developing quality standards for VMMC supplies Integrating procurement into national system 	<ul style="list-style-type: none"> Rwanda South Africa, others 	<ul style="list-style-type: none"> United Republic of Tanzania, others Malawi, others
Workforce (intermediate)	<ul style="list-style-type: none"> Including VMMC needs in national workforce planning Integrating and implementing continuing education 	<ul style="list-style-type: none"> South Africa, others Zambia, others 	<ul style="list-style-type: none"> Kenya, others Malawi

National stakeholder views: priorities, progress, and visions for sustainability

- Current national stakeholder priorities: Developing a national sustainability plan, an Adverse Event surveillance system, a provider remuneration system rewarding quality and equity, clear referral pathways to adolescent services, a provider training and skills maintenance system run by surgical teams, and quality standards for VMMC supplies.
- Areas of recent progress: Task shifting and adding national VMMC staff.
- National long-term vision for a sustainable programme: Service integration into facilities, device-based circumcision, preservice training, and VMMC data integration into existing systems.

Country-level baseline sustainability findings and considerations

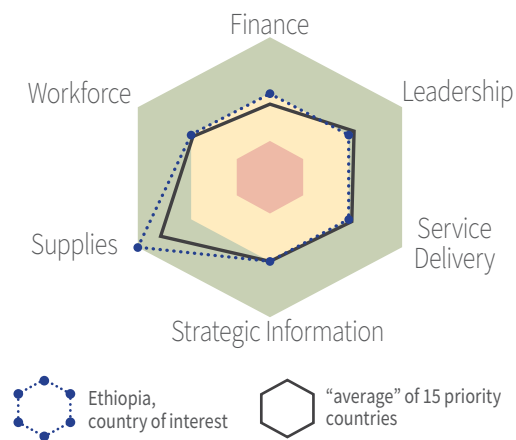
Ethiopia

This brief summarizes national findings from WHO's 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), or advanced (green).

Ethiopia is near the international average of intermediate in most BBs, and ahead in Supplies.

The table below shows key component considerations within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components might be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

Ethiopia vs international average VMMC programme sustainability scores, 2021



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Finance (intermediate)	<ul style="list-style-type: none"> Addressing demand-side barriers via financial incentives Capturing donor contributions in national budget Implementing national essential interventions package 	<ul style="list-style-type: none"> Uganda, others South Africa, others Malawi, others 	<ul style="list-style-type: none"> Kenya, others Malawi, others Zimbabwe, others
Leadership (intermediate)	<ul style="list-style-type: none"> Developing a national VMMC sustainability document 	<ul style="list-style-type: none"> Kenya, others 	<ul style="list-style-type: none"> Malawi, others
Service Delivery (intermediate)	<ul style="list-style-type: none"> Implementing platforms, including non-facility platforms, for reaching adolescents, including underserved adolescents 	<ul style="list-style-type: none"> Rwanda, Uganda, others 	<ul style="list-style-type: none"> Ethiopia, South Sudan
Strategic Information (intermediate)	<ul style="list-style-type: none"> Developing a unified, high-quality, country-owned data management and reporting system 	<ul style="list-style-type: none"> Botswana, Malawi, South Africa, others 	<ul style="list-style-type: none"> South Sudan
Workforce (intermediate)	<ul style="list-style-type: none"> Instituting VMMC training as a national preservice training requirement for appropriate cadres 	<ul style="list-style-type: none"> Kenya, Mozambique, South Africa 	<ul style="list-style-type: none"> Ethiopia, Malawi, Uganda, others

National stakeholder views: priorities, progress, and visions for sustainability

- Current national stakeholder priorities: Developing a VMMC sustainability plan.
- Areas of recent progress: Respondents stated that progress has been made across all BBs.

- National long-term vision for a sustainable programme: After circumcising the remaining clients aged 15 years and over, this included a demand creation system strengthened and integrated with national health communication systems, and expanded facility-based service provision.

Country-level baseline sustainability findings and considerations

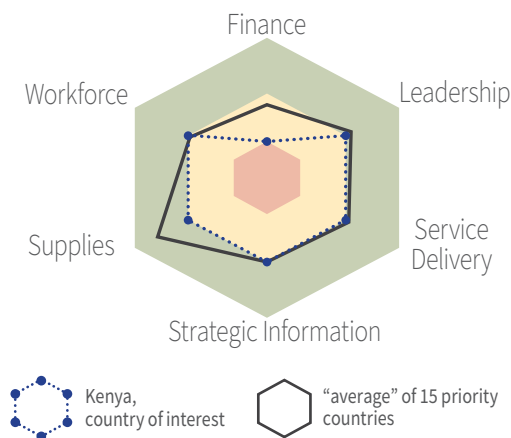
Kenya

This brief summarizes national findings from WHO's 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), or advanced (green).

Kenya is near the international average of intermediate in most BBs and behind in Finance.

The table below shows key component considerations (KCCs) within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components might be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

Kenya vs international average
VMMC programme sustainability scores, 2021



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Finance (early)	<ul style="list-style-type: none"> All KCCs 	<ul style="list-style-type: none"> Namibia and Rwanda (most KCCs); South Africa (all KCCs) 	<ul style="list-style-type: none"> Malawi, Mozambique, South Sudan, Zimbabwe (all KCCs)
Leadership (intermediate)	<ul style="list-style-type: none"> Developing provider support and supervision systems that are led by MoH VMMC staff and integrated or synergetic with other MoH supervision systems MoH leadership of partner coordination mechanisms Fully incorporating VMMC in an implemented national essential services package Full VMMC involvement in MoH service oversight technical working group (TWG) 	<ul style="list-style-type: none"> Eswatini, Rwanda, Zambia, others Most countries Most countries Most countries 	<ul style="list-style-type: none"> Botswana, Kenya South Sudan South Sudan South Sudan
Service Delivery (intermediate)	<ul style="list-style-type: none"> Implementing platforms, including non-facility platforms, for reaching adolescents, including underserved adolescents Adoption of digital platforms and technology Integrating the referral process from VMMC to other adolescent services into routine referral systems Use of comprehensive programme assessment findings to inform VMMC planning 	<ul style="list-style-type: none"> Rwanda, Uganda, others South Africa, others Mozambique, Uganda, others Mozambique, Rwanda, others 	<ul style="list-style-type: none"> Ethiopia, South Sudan Kenya, Malawi, others Intermediate: Botswana, others Intermediate: Malawi, South Sudan, others
Strategic Information (intermediate)	<ul style="list-style-type: none"> All scored intermediate 	<ul style="list-style-type: none"> Namibia (all KCCs), Zimbabwe (most KCCs) 	<ul style="list-style-type: none"> Ethiopia, Lesotho (most KCCs)
Supplies (intermediate)	<ul style="list-style-type: none"> Developing integrated country guidelines and plans on rational use of supplies and equipment Integrating procurement into the national system Integrating minimum VMMC supply/equipment specifications into national supply quality standards 	<ul style="list-style-type: none"> Lesotho, Rwanda, others South Africa, others Rwanda 	<ul style="list-style-type: none"> South Sudan Malawi, others United Republic of Tanzania, others
Workforce (intermediate)	<ul style="list-style-type: none"> Including VMMC needs in national workforce planning Integrating and implementing continuing education Integrating national provider supportive supervision system into other MoH supervision systems 	<ul style="list-style-type: none"> South Africa, others Zambia, others Uganda 	<ul style="list-style-type: none"> Malawi, others Malawi, others Most countries

National stakeholder views: priorities, progress, and visions for sustainability

For areas without country-specific responses, common response themes are provided and labeled.

- Current national stakeholder priorities: Common priorities across countries included incorporating VMMC into preservice training for appropriate cadres, increasing domestic financing for VMMC, and improving integration of VMMC within routine services, among others.

- Areas of recent progress: In Kenya some progress had been made in multiple areas, including moving towards a broadly accepted target achievement data collection system.
- National long-term vision for a sustainable programme: Major themes across countries were integration into the broader health system across multiple BBs, affordability, accessibility, acceptability, local and national ownership at all levels, and stable domestic financing.

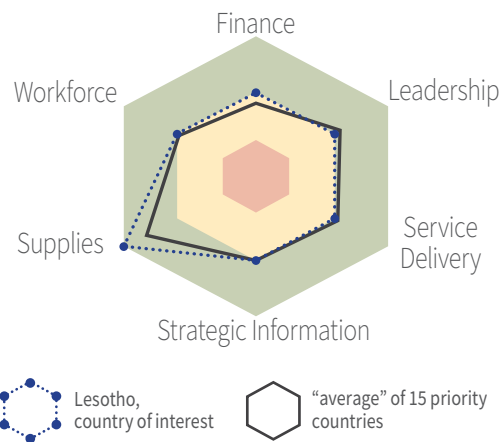
Country-level baseline sustainability findings and considerations

Lesotho

This brief summarizes national findings from WHO's 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), or advanced (green). Lesotho is near the international average of "intermediate" in most BBs, and ahead in Supplies.

The table below shows key component considerations (KCCs) within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components might be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

Lesotho vs international average
VMMC programme sustainability scores, 2021



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early, or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Finance (intermediate)	<ul style="list-style-type: none"> Broadening funding sources, increasing domestic funding Remuneration of service providers for quality and equity 	<ul style="list-style-type: none"> South Africa Mozambique, Rwanda, others 	<ul style="list-style-type: none"> United Republic of Tanzania, others Eswatini, Kenya, others
Leadership (intermediate)	<ul style="list-style-type: none"> Launching and implementing national VMMC sustainability document 	<ul style="list-style-type: none"> Kenya, others 	<ul style="list-style-type: none"> Malawi, others
Service Delivery (intermediate)	<ul style="list-style-type: none"> Fully integrating VMMC within HIV and non-HIV services Implementing platforms, including non-facility platforms, for reaching adolescents, including underserved adolescents 	<ul style="list-style-type: none"> Zambia, others Rwanda, Uganda, others 	<ul style="list-style-type: none"> United Republic of Tanzania Ethiopia, South Sudan
Strategic Information (intermediate)	<ul style="list-style-type: none"> Developing a unified, high-quality, country-owned data management and reporting system 	<ul style="list-style-type: none"> Botswana, Malawi, others 	<ul style="list-style-type: none"> South Sudan

National stakeholder views: priorities, progress, and visions for sustainability

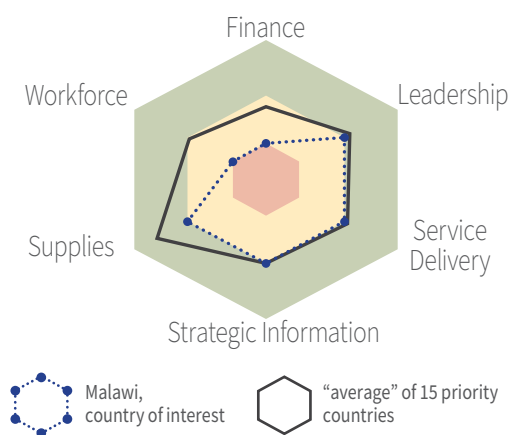
- Current national stakeholder priorities: The major priority indicated was upgrading data collection systems to achieve fully electronic data capture. Other priorities were enhancing demand creation at the community level, as well as in-service and preservice training.
- Areas of recent progress: These included nationwide rollout of VMMC services and provider training.
- National long-term vision for a sustainable programme: Full active leadership of the programme by the MoH, including resource allocation, and service delivery fully integrated in a comprehensive service package and available in all facilities.

Country-level baseline sustainability findings and considerations Malawi

This brief summarizes national findings from WHO's 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), or advanced (green). Malawi is near the international average of approximately intermediate in most BBs, and behind in Workforce and Finance.

The table below shows key component considerations (KCCs) within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components might be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

**Malawi vs international average
VMMC programme sustainability scores, 2021**



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early, or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Finance (early)	<ul style="list-style-type: none"> Broadening funding sources, increasing domestic funding Capturing donor contributions in national budget Remuneration of service providers for quality and equity 	<ul style="list-style-type: none"> South Africa South Africa, others Mozambique, others 	<ul style="list-style-type: none"> United Republic of Tanzania, others Kenya, others Eswatini, others
Leadership (intermediate)	<ul style="list-style-type: none"> Developing a national VMMC sustainability document 	<ul style="list-style-type: none"> Kenya, others 	<ul style="list-style-type: none"> Botswana, others
Service Delivery (intermediate)	<ul style="list-style-type: none"> Basing MC planning process on mapped current infrastructure, resources, and needs Adoption of digital platforms and technology Use of comprehensive programme assessment findings to inform VMMC planning 	<ul style="list-style-type: none"> Mozambique, Zambia, others South Africa, others Mozambique, Rwanda 	<ul style="list-style-type: none"> Eswatini, South Sudan Kenya, others South Sudan
Strategic Information (intermediate)	<ul style="list-style-type: none"> Geographic disaggregation: linking records to residence Bringing safety monitoring under national leadership 	<ul style="list-style-type: none"> Namibia, others Rwanda, others 	<ul style="list-style-type: none"> Zambia, others Botswana
Supplies (intermediate)	<ul style="list-style-type: none"> Integrating procurement into national system 	<ul style="list-style-type: none"> South Africa, others 	<ul style="list-style-type: none"> Kenya, others
Workforce (early)	<ul style="list-style-type: none"> All 	<ul style="list-style-type: none"> Mozambique, South Africa (all KCCs) 	<ul style="list-style-type: none"> Uganda (most KCCs)

National stakeholder views: priorities, progress, and visions for sustainability

For areas without country-specific responses, common response themes are provided and labeled.

- Current national stakeholder priorities: Common priorities across countries included incorporating VMMC into preservice training for appropriate cadres, increasing domestic financing for VMMC, and improving integration of VMMC within routine services, among others.

- Areas of recent progress: Autoclaves are now available in all hospitals for reusable instruments.
- National long-term vision for a sustainable programme: Major themes across countries were integration into the broader health system across multiple BBs, affordability, accessibility, acceptability, local and national ownership at all levels, and stable domestic financing.

Country-level baseline sustainability findings and considerations

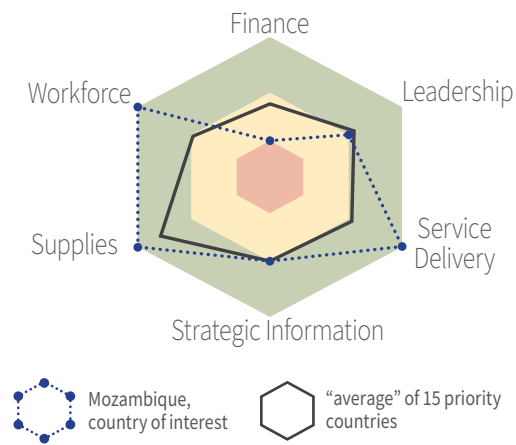
Mozambique

This brief summarizes national findings from WHO's 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), or advanced (green).

Mozambique is ahead of the international average in Workforce, Supplies, and Service Delivery, and behind in Finance.

The table below shows key component considerations (KCCs) within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components might be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

Mozambique vs international average
VMMC programme sustainability scores, 2021



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Finance (early)	<ul style="list-style-type: none"> All KCCs 	<ul style="list-style-type: none"> South Africa (all KCCs) 	<ul style="list-style-type: none"> Kenya (all KCCs)
Leadership (intermediate)	<ul style="list-style-type: none"> Bring strategic direction under national leadership 	<ul style="list-style-type: none"> Namibia, South Africa, others 	<ul style="list-style-type: none"> South Sudan
Strategic Information (intermediate)	<ul style="list-style-type: none"> Move towards electronic calculation of age 	<ul style="list-style-type: none"> Namibia, Zambia, others 	<ul style="list-style-type: none"> South Sudan

National stakeholder views: priorities, progress, and visions for sustainability

- Current national stakeholder priorities: Securing domestic financing for the programme; programme leadership by the MoH at national, subnational and local levels; and incorporation of circumcision in some provider training courses.
- Areas of recent progress: Partial transition of six facilities to domestic financing, movement towards electronic data systems, inclusion of VMMC into preservice training, and AE reduction.
- National long-term vision for a sustainable programme: This focused again on providing at least partial support from the domestic budget, as well as on service integration.

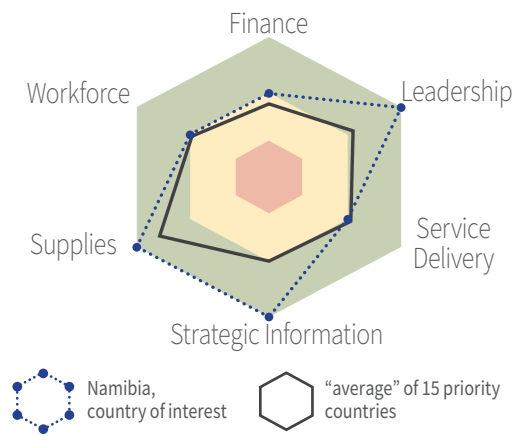
Country-level baseline sustainability findings and considerations Namibia

This brief summarizes national findings from WHO’s 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), or advanced (green).

Namibia is ahead of the international average in Leadership, Strategic Information, and Supplies.

The table below shows key component considerations (KCCs) within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components might be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

**Namibia vs international average
VMMC programme sustainability scores, 2021**



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Finance (intermediate)	<ul style="list-style-type: none"> Addressing demand-side barriers via financial incentives 	<ul style="list-style-type: none"> Uganda, others 	<ul style="list-style-type: none"> Kenya, others
Workforce (intermediate)	<ul style="list-style-type: none"> Instituting VMMC training as a national preservice training requirement for appropriate cadres 	<ul style="list-style-type: none"> Kenya, Mozambique, South Africa 	<ul style="list-style-type: none"> Ethiopia, Malawi, Uganda, others

National stakeholder views: priorities, progress, and visions for sustainability

Country-specific responses were not provided. Common response themes across countries are below.

- Current national stakeholder priorities: Common priorities across countries included incorporating VMMC into preservice training for appropriate cadres, increasing domestic financing for VMMC, and improving integration of VMMC within routine services, among others.
- Areas of recent progress: Countries reported progress across all BBs, with common areas including service

integration and decentralization, integrating VMMC delivery into traditional practices, task shifting, increasing national-level VMMC staffing, shifting from paper-based to electronic data capture, and development of processes and documents for government contracting with local organizations and private practitioners to perform VMMC.

- National long-term vision for a sustainable programme: Major themes across countries were integration into the broader health system across multiple BBs, affordability, accessibility, acceptability, local and national ownership at all levels, and stable domestic financing.



Country-level baseline sustainability findings and considerations

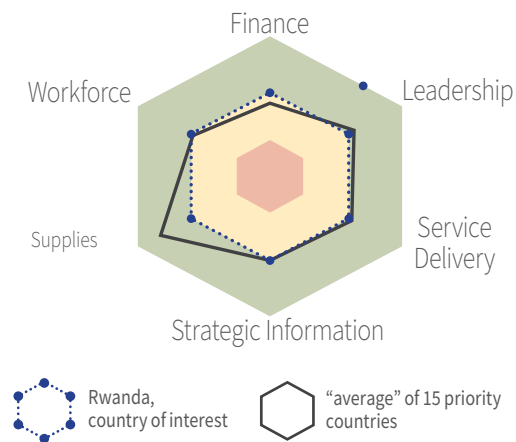
Rwanda

This brief summarizes national findings from WHO's 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), or advanced (green).

Rwanda is near the international average of approximately intermediate in all BBs.

The table below shows key component considerations (KCCs) within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components might be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

Rwanda vs international average
VMMC programme sustainability scores, 2021



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Finance (intermediate)	<ul style="list-style-type: none"> Addressing demand-side barriers via financial incentives Broadening funding sources, increasing domestic funding 	<ul style="list-style-type: none"> Uganda, others South Africa 	<ul style="list-style-type: none"> Kenya, others United Republic of Tanzania, others
Service Delivery (intermediate)	<ul style="list-style-type: none"> Decentralizing services to routine primary care platforms Implementing platforms, including non-facility platforms, for reaching adolescents, including underserved adolescents Fully integrating VMMC within HIV and non-HIV services 	<ul style="list-style-type: none"> Lesotho, Zambia, others Uganda, others Zambia, others 	<ul style="list-style-type: none"> None; Kenya, Uganda, others (intermediate) Ethiopia, others United Republic of Tanzania
Supplies (intermediate)	<ul style="list-style-type: none"> Developing minimum VMMC supply/equipment specifications 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> United Republic of Tanzania, others
Workforce (intermediate)	<ul style="list-style-type: none"> Instituting VMMC training as a national preservice training requirement for appropriate cadres 	<ul style="list-style-type: none"> Kenya, Mozambique, South Africa 	<ul style="list-style-type: none"> Ethiopia, Malawi, Uganda, others

National stakeholder views: priorities, progress, and visions for sustainability

- Current national stakeholder priorities: These were partially aligned with the potential areas for growth listed above. They included raising more programme funding from the national health budget, developing a national sustainability document, instituting electronic client records, and incorporating VMMC into preservice training for nurses.

- Areas of recent progress: The most notable is Service Delivery, with achievements such as integration of VMMC into the comprehensive health services package, decentralization of services to lower-level health facilities, and coverage of VMMC by community-based health insurance.
- National long-term vision for a sustainable programme: This centers around affordability, accessibility, acceptability, and local ownership at all levels.

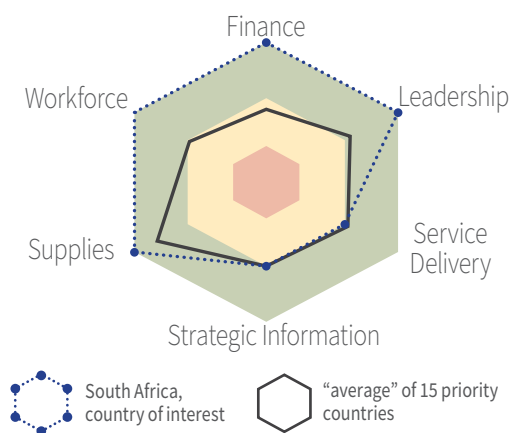
Country-level baseline sustainability findings and considerations South Africa

This brief summarizes national findings from WHO's 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), or advanced (green).

South Africa is ahead of the international average of intermediate in most BBs.

The table below shows key component considerations (KCCs) within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components might be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

**South Africa vs international average
VMMC programme sustainability scores, 2021**



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Service Delivery (intermediate)	<ul style="list-style-type: none"> Decentralizing services to routine primary care platforms 	<ul style="list-style-type: none"> Lesotho, Zambia, others 	<ul style="list-style-type: none"> None; Kenya, Uganda, others (intermediate)
Strategic Information (intermediate)	<ul style="list-style-type: none"> Geographic disaggregation: linking records to residence 	<ul style="list-style-type: none"> Namibia, others 	<ul style="list-style-type: none"> Zambia, others

National stakeholder views: priorities, progress, and visions for sustainability

- Current national stakeholder priorities: Incorporation of innovative device-based circumcision methods to facilitate high-volume services, task shifting, and provision of VMMC within integrated services through the national Men's Health plan.
- Areas of recent progress: Strengthening funding management capacity as a step towards domestic

programme funding, development of processes for contracting local implementers and private practitioners, provision of VMMC within traditional ceremonies, and development of a national VMMC demand creation strategy.

- National long-term vision for a sustainable programme: This was based on the National Department of Health's definition of VMMC sustainability: "the routine provision of... services within a holistic and comprehensive health care model contributing towards universal health coverage".

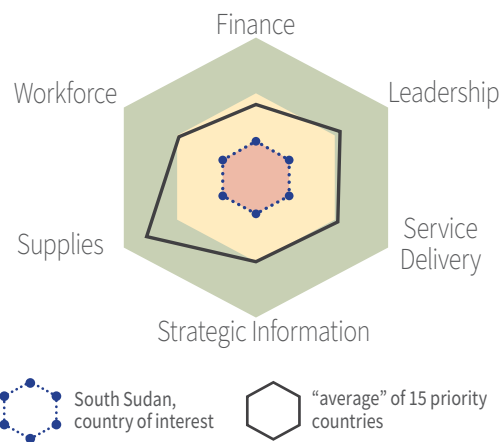
Country-level baseline sustainability findings and considerations

South Sudan

This brief summarizes national findings from WHO's 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), and advanced (green). South Sudan is behind the international average in all BBs.

The table below shows key component considerations (KCCs) within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components might be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

South Sudan vs international average VMMC programme sustainability scores, 2021



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Finance (early)	<ul style="list-style-type: none"> Almost all KCCs 	<ul style="list-style-type: none"> South Africa (all KCCs) 	<ul style="list-style-type: none"> Kenya, Mozambique (all KCCs)
Leadership (early)	<ul style="list-style-type: none"> Almost all KCCs 	<ul style="list-style-type: none"> Namibia, Zambia (all KCCs) 	<ul style="list-style-type: none"> Botswana, Kenya (most KCCs early or intermediate)
Service Delivery (early)	<ul style="list-style-type: none"> Basing MC planning process on mapped current infrastructure, resources, and needs Implementing platforms, including non-facility platforms, for reaching adolescents, including underserved adolescents Adoption of digital platforms and technology 	<ul style="list-style-type: none"> Mozambique, Zambia Uganda, others South Africa, others 	<ul style="list-style-type: none"> Eswatini, others Ethiopia, others Kenya, others
Strategic Information (early)	<ul style="list-style-type: none"> Developing a unified, high-quality, country-owned data management and reporting system Move towards electronic calculation of age in standardized increments 	<ul style="list-style-type: none"> Botswana, Malawi, others Namibia, Zambia, others 	<ul style="list-style-type: none"> None None
Supplies (early)	<ul style="list-style-type: none"> Almost all KCCs 	<ul style="list-style-type: none"> Mozambique, Zimbabwe, others (all KCCs) 	<ul style="list-style-type: none"> Eswatini (all KCCs early or intermediate)
Workforce (early)	<ul style="list-style-type: none"> Instituting VMMC training as a national preservice training requirement for appropriate cadres Including VMMC needs in national workforce planning 	<ul style="list-style-type: none"> Kenya, Mozambique, South Africa South Africa, others 	<ul style="list-style-type: none"> Ethiopia, Malawi, Uganda, others Malawi, others

National stakeholder views: priorities, progress, and visions for sustainability

Country-specific responses were not provided. Common response themes across countries are below.

- Current national stakeholder priorities: Common priorities across countries included incorporating VMMC into preservice training for appropriate cadres, increasing domestic financing for VMMC, and improving integration of VMMC within routine services, among others.
- Areas of recent progress: Countries reported progress across all BBs, with common areas including service

integration and decentralization, integrating VMMC delivery into traditional practices, task shifting, increasing national-level VMMC staffing, shifting from paper-based to electronic data capture, and development of processes and documents for government contracting with local organizations and private practitioners to perform VMMC.

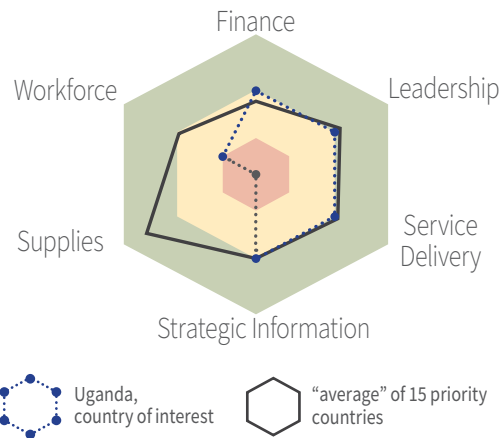
- National long-term vision for a sustainable programme: Major themes across countries were integration into the broader health system across multiple BBs, affordability, accessibility, acceptability, local and national ownership at all levels, and stable domestic financing.

Country-level baseline sustainability findings and considerations Uganda

This brief summarizes national findings from WHO's 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), and advanced (green). Uganda is near the international average of approximately intermediate in most BBs, behind in Workforce, and unscored in Supplies.

The table below shows key component considerations (KCCs) within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components might be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

**Uganda vs international average
VMMC programme sustainability scores, 2021**



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Finance (intermediate)	<ul style="list-style-type: none"> Broadening funding sources, increasing domestic funding Capturing donor contributions in national budget 	<ul style="list-style-type: none"> South Africa South Africa, others 	<ul style="list-style-type: none"> Kenya, others Kenya, others
Leadership (intermediate)	<ul style="list-style-type: none"> Developing provider support and supervision systems that are led by MoH VMMC staff and integrated or synergetic with other MoH supervision systems Full VMMC involvement in MoH service oversight technical working group 	<ul style="list-style-type: none"> Eswatini, Rwanda, Zambia, others Most countries 	<ul style="list-style-type: none"> Botswana, Kenya South Sudan
Strategic Information (intermediate)	<ul style="list-style-type: none"> Moving towards full electronic client data capture 	<ul style="list-style-type: none"> Mozambique, South Africa, others 	<ul style="list-style-type: none"> None
Supplies (not submitted)	<ul style="list-style-type: none"> Gaining transparency into supply processes to move towards integration 	N/A	N/A
Workforce (early)	<ul style="list-style-type: none"> Instituting VMMC training as a national preservice training requirement for appropriate cadres Including VMMC needs in national workforce planning Developing a provider supportive supervision system 	<ul style="list-style-type: none"> Kenya, Mozambique, South Africa South Africa, others None 	<ul style="list-style-type: none"> Ethiopia, Malawi, Uganda, others Malawi, others Most countries

National stakeholder views: priorities, progress, and visions for sustainability

Country-specific responses were not provided. Common response themes across countries are below.

- Current national stakeholder priorities: Common priorities across countries included incorporating VMMC into preservice training for appropriate cadres, increasing domestic financing for VMMC, and improving integration of VMMC within routine services, among others.
- Areas of recent progress: Countries reported progress across all BBs, with common areas including service

integration and decentralization, integrating VMMC delivery into traditional practices, task shifting, increasing national-level VMMC staffing, shifting from paper-based to electronic data capture, and development of processes and documents for government contracting with local organizations and private practitioners to perform VMMC.

- National long-term vision for a sustainable programme: Major themes across countries were integration into the broader health system across multiple BBs, affordability, accessibility, acceptability, local and national ownership at all levels, and stable domestic financing.

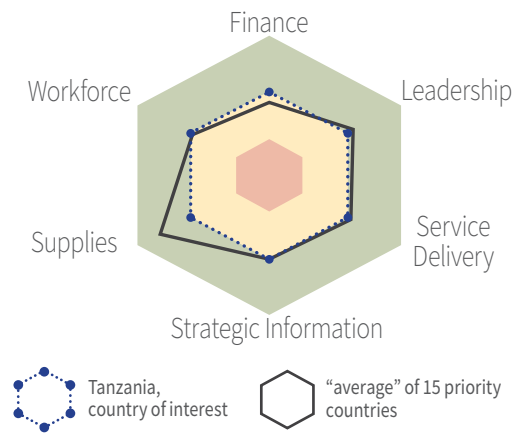
Country-level baseline sustainability findings and considerations

United Republic of Tanzania

This brief summarizes national findings from WHO's 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), and advanced (green). United Republic of Tanzania is near the international average of intermediate in all BBs.

The table below shows key component considerations (KCCs) within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components might be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

United Republic of Tanzania vs international average VMMC programme sustainability scores, 2021



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Finance (intermediate)	<ul style="list-style-type: none"> Broadening funding sources, increasing domestic funding 	<ul style="list-style-type: none"> South Africa 	<ul style="list-style-type: none"> Kenya, others
Leadership (intermediate)	<ul style="list-style-type: none"> Bring strategic direction under national leadership 	<ul style="list-style-type: none"> Namibia, South Africa, others 	<ul style="list-style-type: none"> South Sudan
Service Delivery (intermediate)	<ul style="list-style-type: none"> Fully integrating VMMC within HIV and non-HIV services 	<ul style="list-style-type: none"> Zambia, others 	<ul style="list-style-type: none"> None
Supplies (intermediate)	<ul style="list-style-type: none"> Integrating procurement into national system Integrating national guidelines and plans on rational use of VMMC supplies and equipment into broader surgical guidelines 	<ul style="list-style-type: none"> South Africa, others Lesotho, Rwanda, others 	<ul style="list-style-type: none"> Kenya, others South Sudan

National stakeholder views: priorities, progress, and visions for sustainability

For areas without country-specific responses, common response themes are provided and labeled.

- Current national stakeholder priorities: Common priorities across countries included incorporating VMMC into preservice training for appropriate cadres, increasing domestic financing for VMMC, and improving integration of VMMC within routine services, among others.

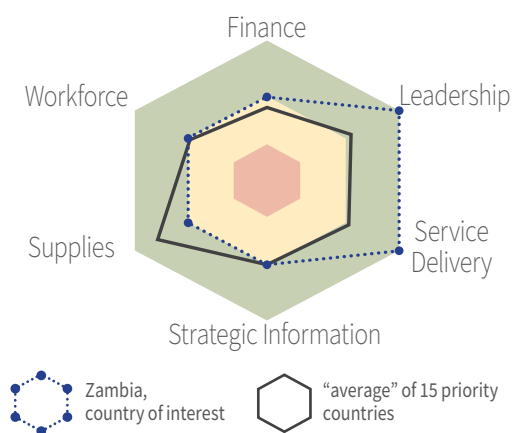
- Areas of recent progress: Some districts now contribute health funding towards the VMMC programme.
- National long-term vision for a sustainable programme: Major themes across countries were integration into the broader health system across multiple BBs, affordability, accessibility, acceptability, local and national ownership at all levels, and stable domestic financing.

Country-level baseline sustainability findings and considerations Zambia

This brief summarizes national findings from WHO's 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), and advanced (green). Zambia is near the international average of approximately intermediate in most BBs, and ahead in Leadership and Service Delivery.

The table below shows key component considerations (KCCs) within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components might be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

Zambia vs international average VMMC programme sustainability scores, 2021



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Strategic Information (intermediate)	<ul style="list-style-type: none"> Moving towards linkage of MC data to client residence, to improve geographic strategic information 	<ul style="list-style-type: none"> Mozambique, Zimbabwe 	<ul style="list-style-type: none"> Malawi, South Africa

National stakeholder views: priorities, progress, and visions for sustainability

- Current national stakeholder priorities: The areas identified above as early, as well as adopting a centralized commodity management system, increasing domestic financing, and integration of service delivery, quality, and safety monitoring into existing health systems.

- Areas of recent progress: Adoption of devices to facilitate VMMC, progress in integration with other HIV services and adolescent health programmes, development of a policy on preservice training, and adoption of an electronic training platform.
- National long-term vision for a sustainable programme: This focused on country ownership to ensure the continuity of the programme in a way that addresses the varying subregional population needs.

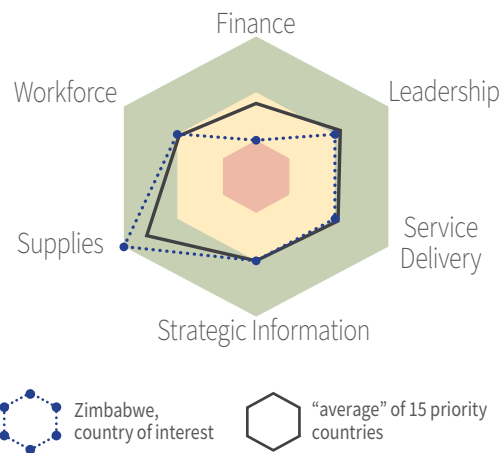
Country-level baseline sustainability findings and considerations

Zimbabwe

This brief summarizes national findings from WHO's 2021 VMMC programme sustainability self-assessment exercise. The figure shows scores on each of the six WHO health system building blocks (BBs): early (red), intermediate (yellow), and advanced (green). Zimbabwe is near the international average of intermediate in most BBs, behind in Finance, and ahead in Supplies.

The table below shows key component considerations (KCCs) within each BB which national stakeholders self-scored as relatively early. These are potential areas for growth. Only BBs with at least one early or intermediate KCC appear in the table. The listed countries self-scored as advanced in these components might be useful resources for lessons learned. Those scored early may be useful sources of mutual experience-sharing as they grow together.

Zimbabwe vs international average VMMC programme sustainability scores, 2021



Potential areas for growth by BB, with country examples

Building block (overall score)	Areas for growth: components either scored early or scored early in comparison with other countries	Programmes self-scoring advanced	Programmes self-scoring early
Finance (early)	<ul style="list-style-type: none"> Broadening funding sources, increasing domestic funding Capturing donor contributions in national budget Incorporating VMMC in national essential interventions package 	<ul style="list-style-type: none"> South Africa South Africa, others Malawi, others 	<ul style="list-style-type: none"> Kenya, others Malawi, others Kenya, Mozambique, others
Service Delivery (intermediate)	<ul style="list-style-type: none"> Implementing platforms, including non-facility platforms, for reaching adolescents, including underserved adolescents Integrating VMMC quality and safety systems and standards into broader MoH systems 	<ul style="list-style-type: none"> Uganda, others Most countries 	<ul style="list-style-type: none"> Kenya, others South Sudan
Workforce (intermediate)	<ul style="list-style-type: none"> Use of comprehensive programme assessment findings to inform VMMC planning, within broader national HIV and adolescent health planning 	<ul style="list-style-type: none"> Mozambique, Rwanda 	<ul style="list-style-type: none"> South Sudan

National stakeholder views: priorities, progress, and visions for sustainability

- Current national stakeholder priorities: Instituting results-based financing, increasing domestic funding, incorporation of VMMC in the national essential package of interventions, financial risk protection for adolescents, and strengthening the leadership and workforce domains.
- Areas of recent progress: Adoption of electronic records, piloting a new circumcision device, and overall improvement of service delivery.
- National long-term vision for a sustainable programme: This was described as achieving “the managerial, financial and operational ability to deliver [VMMC]. . . through conformity to social norms, local ownership rendering the programme affordable, accessible and acceptable. . . ; [and] strengthening health systems through supporting subnational facilities to provide sustainable VMMC services”.

STRATEGIC DIRECTIONS

This section covers steps to improve programme sustainability across all BBs and in a focused way for the most challenging BBs.

Enhancing sustainability across all BBs

- Experience-sharing:
 - o for many BBs, early scores are clearly concentrated in one or two KCCs, and yet in most cases, at least one country self-scored advanced in those same KCCs (see Table 2). These countries could be a source of useful experience for those few KCCs which have the widest potential impact. In addition to countries self-scoring advanced, those with unique practices (for example, cost-sharing for some clients) could be useful contributors. Some degree of virtual screening may be needed first.
 - o similarly, for the common national priority areas identified by multiple countries, there are other countries that self-scored as advanced in those areas and could share their experiences. For example, several countries have completed the national process of developing and formally adopting a VMMC sustainability plan and would be in a position to share useful practices and lessons learned.
 - o an experience-sharing forum for these areas would then need to be organized. It could include national decision-makers outside the VMMC programme, and even outside the MoH, with authority in the relevant domains (for example, finance and human resource management).
- Tool revision: An organized process should be used to revise and expand the tools before their next circulation. Feedback provided by countries has included useful recommendations for revising the sustainability scoring tools for the next round of self-assessment. Key comments included:
 - o the Leadership tool should capture community-level engagement for sustainable demand creation, such as attitudes and roles of traditional and local leaders vis-à-vis the programme.
 - o the Leadership tool should also capture the legislative and regulatory environment for VMMC.
 - o the current tools are geared primarily towards countries with nationwide VMMC programmes, and some questions may need clear instructions on how to adapt them for programmes that are only or primarily subregional.
 - o some respondents also suggested areas for clarification of tool wording and for revisiting some staging criteria.

Potential overall steps: key messages

- Multi-country efforts could focus on the small subset of KCCs that were self-scored as early by many countries (Table 2).
- Experience-sharing forums could be organized to present the experiences and lessons learned of countries that self-scored advanced in these KCCs.
- Tools should be revisited based on national stakeholder feedback before the next circulation.

Specific steps for challenging BBs

Some BBs were scored early more often than others, and these areas may also be the least tractable and least amenable to experimentation.

The weakest BB is Finance. While this may also be the last area in which sustainability is achieved or required, shortfalls in Finance could degrade the achievements already made in other areas in ways that could be difficult to reverse (for example, even a temporary inability to fund the programme can lead to skill loss and deactivation of TWGs). Finance deserves prioritization for these reasons.

The early designations in this BB are heavily concentrated in two KCCs: “developing a diverse mix of funding sources...” and “remuneration of service providers for effective delivery...”. These KCCs are clear targets for strengthening efforts. In addition to the general steps above, steps for developing a diverse mix of funding sources could include:

- Focused expert consultation: Inviting recommendations from experts from the multilateral network, for example, experts in domestic and diverse financing, perhaps from the World Bank; technical experts in other public health services who have institutional memory of undergoing similar transitions, including in other regions; and national MoH and Ministry of Finance (MoF) representatives.
- VMMC duration modeling: An exercise to incorporate country engagement in current computer models projecting how long VMMC will continue to be a cost-efficient public health intervention. This could engage not only donors and modelers, but also national MoFs and health sector decision-makers outside the HIV domain who would take interest in a wider set of outcomes (like prevention of cervical cancer and sexually transmitted infections.) If national governments are thus equipped to determine their likely goal duration for VMMC services, and what future changes might affect it, they would be better positioned to plan technical aspects and budgets.

- Cost reduction: Developing a research agenda on service delivery changes to bring down VMMC unit costs while maintaining quality.

For remuneration of providers based on quality of care, more information about the current situation may first be needed. Of 15 countries submitting data for the progress review on implementation of the UNAIDS 2016–2021 Framework for Voluntary Medical Male Circumcision (12), only four reported that VMMC performance was included among providers' performance criteria. However, this answer may not capture externally provided financial incentives or those for NGO staff. Incentives also vary: they may reward volume alone, or also quality, equity, and other criteria.

More operational guidance may also be needed in this area, which is sometimes termed "pay for performance", and is framed by WHO as the strategic purchasing of health services. It is a diverse field of operational science in which results vary by incentive structure. High-level policy aspects are addressed in a recent WHO policy brief (19), covering areas such as collecting accurate performance data and building combined incentives that promote multiple elements of quality. Translational materials on how countries might apply, and perhaps are already applying, these principles to VMMC programmes could be of value.

The other BB often self-scored as early overall was Workforce. The majority of early scores fell in two KCCs: inclusion of VMMC in provider preservice training, and full inclusion of VMMC needs in national health workforce planning. (For preservice training, two of the countries submitting early scores commented that they were developing preservice training.)

Steps to advance these areas could include:

- Clarifying issues in preservice training: This could include a "light-touch" further investigation into issues around VMMC in preservice training, with a plan for experience-sharing based on results. Countries self-scoring early could be asked about current barriers, especially in the era of hybrid virtual/in-person training. Those self-scoring advanced could be asked about experiences and lessons learned, especially around new providers maintaining or refreshing skills that may have been unused while finishing training.
- Defining VMMC workforce needs: Engagement between national VMMC TWGs, experienced VMMC surgeons, and persons charged with MoH staffing assignments, could develop a clear definition of adequate workforce management to enable VMMC to continue. This might include, among other things:
 - o the minimum number of procedures each lead provider must perform per time interval to maintain skills, and how to ensure provider reassignments facilitate this;
 - o the minimum staffing criteria to ensure a site remains able to perform VMMCs; and
 - o whether new tracking systems would be needed to incorporate these constraints into staff assignment processes.
- Experience-sharing on workforce allocation: Countries performing high VMMC volumes which self-scored advanced in inclusion of VMMC needs in national health workforce planning (Mozambique, South Africa) may be able to provide more information on how they are addressing this issue.

LIMITATIONS

The most substantial limitation of this exercise is the use of subjective self-report for scoring. This includes the possibility of differences between countries in interpretation of and approach to the questions. A contributing factor is that few of the data sources or other means of staging verification that were requested in the tools to improve objectivity were provided. This may be unsurprising, as most of the covered content would fall within the personal expert knowledge of

national VMMC coordinators. However, it may particularly limit the usefulness of comparisons across countries.

Another limitation is that the score cutoffs for BBs were such that the majority of possible response patterns fell in the intermediate category, while the other categories captured only the extremes. Moving the cutoffs (for example, advanced overall if only one or two KCCs are not advanced) might provide more balanced data.

Limitations: key messages

- Scores were based on subjective self-report, which may be less useful for comparing across countries than for one country to track its scores over time.
- Scoring cutoffs resulted in the majority of BBs scoring intermediate, concealing wide variations in KCC-level scoring.

CONCLUSIONS

The findings from this baseline exercise provide an overview of sustainability among VMMC programmes in priority countries. Most BB designations were intermediate, demonstrating that in most areas, countries still have work to do. Conversely, all but one BB had at least one country self-designating as advanced, meaning that examples of promising practices are available and may be useful paths for improvement. Southern Africa (vs East Africa), countries with higher-income, and those with older and higher-volume VMMC programmes scored the majority of the advanced designations. The pattern seen with volume may confirm the value of experience, and income is an expected predictor of resources available to maintain services.

The findings also provide clarity on which health system BBs (Finance and Workforce), and which of their components, are currently most challenging for developing sustainable VMMC programmes. For WHO and UNAIDS, it may be possible to draw on the multilateral development network for recommendations in these areas. For countries, there appear to be many opportunities for experience-sharing in these areas. For all stakeholders, the tools provide a more defined vision of development towards sustainability, for consideration and feedback, than was available previously.

The path to sustainability will differ from country to country. This global landscape assessment provides a foundation for programme leaders to understand their current situations, identify gaps, and take deliberate steps towards sustainability.

REFERENCES

1. WHO. New data on male circumcision and HIV prevention: policy and programme implications. Meeting report on WHO/UNAIDS Technical Consultation on Male Circumcision and HIV Prevention: Research Implications for Policy and Programming. Montreux, 6–8 March 2007 (<https://apps.who.int/iris/handle/10665/43751>).
2. UNFPA and UNAIDS. HIV prevention 2020 road map: accelerating HIV prevention to reduce new infections by 75%; 2020 (https://www.unaids.org/sites/default/files/media_asset/hiv-prevention-2020-road-map_en.pdf, accessed 25 October 2021).
3. Preventing HIV through safe voluntary medical male circumcision for adolescent boys and men in generalized HIV epidemics: recommendations and key considerations. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/978-92-4-000854-0>).
4. IN DANGER: UNAIDS Global AIDS Update 2022. Geneva: Joint United Nations Programme on HIV/ AIDS; 2022. (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).
5. World Health Organization, UNAIDS. Joint Strategic Action Framework to Accelerate the Scale-Up of Voluntary Medical Male Circumcision for HIV Prevention in Eastern and Southern Africa. Clearinghouse on Male Circumcision for HIV Prevention; 2011 (<https://www.malecircumcision.org/resource/joint-strategic-action-framework-accelerate-scale-voluntary-medical-male-circumcision-hiv>, accessed 25 October 2021).
6. World Health Organization and UNAIDS. A framework for voluntary medical male circumcision: VMMC 2021 Policy Brief (<http://apps.who.int/iris/bitstream/handle/10665/246234/WHO-HIV-2016.17-eng.pdf?sequence=1>, accessed 25 October 2021).
7. Zambia Ministry of Health. Transition and sustainability plan for the Zambia Voluntary Medical Male Circumcision (VMMC) Programme. Clearinghouse on Male Circumcision for HIV Prevention; 2019 (<https://www.malecircumcision.org/resource/transition-and-sustainability-plan-zambia-voluntary-medical-male-circumcision-vmmc>, accessed 25 October 2021).
8. Zimbabwe Ministry of Health and Child Care. Zimbabwe Sustainability Transition Implementation Plan: 2019-2021. Clearinghouse on Male Circumcision for HIV Prevention; 2019. (<https://www.malecircumcision.org/resource/zimbabwe-sustainability-transition-implementation-plan-2019-2021>, accessed 25 October 2021).
9. South Africa Department of Health. Voluntary Medical Male Circumcision Strategy and Implementation Plan 2020-2024: transitioning towards sustainability; August 2020.
10. United Republic of Tanzania Ministry of Health. Sustainability in action: integrating VMMC into primary health care. Presentations delivered at AIDSFree webinar 25 September 2019. Clearinghouse on Male Circumcision for HIV Prevention (<https://www.malecircumcision.org/resource-bundle/sustainability-action-integrating-vmmc-primary-health-care-webinar>, accessed 25 October 2021).

11. President's Emergency Plan for AIDS Relief. PEPFAR 2021 country and regional operational plan (COP/ROP) guidance for all PEPFAR countries (<https://www.state.gov/wp-content/uploads/2020/12/PEPFAR-COP21-Guidance-Final.pdf>, accessed 25 October 2021).
12. Ncube B, Davis SM. Progress report on global implementation of UNAIDS/WHO VMMC Framework for Voluntary Medical Male Circumcision: 2016-2021. Forthcoming.
13. UNAIDS and World Health Organization. A framework for voluntary medical male circumcision: effective HIV prevention and a gateway to improved adolescent boys' & men's health in Eastern and Southern Africa by 2021 (<https://apps.who.int/iris/handle/10665/246234>).
14. Makoni TM, Thekkur P, Takarinda KC, Xaba S, Ncube G, Zwangobani N, et al. Linkage of voluntary medical male circumcision clients to adolescent sexual and reproductive health (ASRH) services through Smart-LyncAges project in Zimbabwe: a cohort study. *BMJ Open* 2020;10:e033035. doi:10.1136/bmjopen-2019-033035 (<https://bmjopen.bmj.com/content/bmjopen/10/5/e033035.full.pdf>).
15. Davis SM, Owuor N, Odoyo-June E, Wambua J, Omanga E, Lukobo M, et al. Making voluntary medical male circumcision services sustainable: Findings from Kenya's pilot models, baseline and year 1. *PLoS ONE*. 2021; 16(6): e0252725 (<https://doi.org/10.1371/journal.pone.0252725>).
16. World Health Organization. Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. 2007 (<https://apps.who.int/iris/handle/10665/43918>).
17. World Bank Country and Lending Groups. (<https://blogs.worldbank.org/opendata/new-world-bank-country-classifications-income-level-2022-2023>).
18. Africa CDC. Extension for Community Healthcare Outcomes (ECHO) (<https://africacdc.org/programme/public-health-information-systems/extension-for-community-healthcare-outcomes-echo/>, accessed 3 May 2022).
19. World Health Organization. Purchasing health services for universal health coverage: how to make it more strategic? (<https://www.who.int/publications/i/item/WHO-UCH-HGF-PolicyBrief-19.6>).



ANNEX: BB SELF-ASSESSMENT TOOLS

These tools are the product of a desk review of relevant building block information and qualitative discussions with members of the interagency VMMC sustainability subcommittee and experts representing each of the building blocks as well as with relevant WHO departments, all listed in the acknowledgements section.

We attach as an annex only for the purpose of information.

ASSESSMENT TOOL – ASSESSING AND ENHANCING SUSTAINABLE VOLUNTARY MEDICAL MALE CIRCUMCISION SERVICES FOR HIV PREVENTION IN EAST AND SOUTHERN AFRICA

Assessment – Health System Building Block: Finance

Sustainability statement:

“Just because there is a rationale for a service to be free of charge and a priority with its own dedicated funding does not mean it should require its own parallel structures for data, health personnel, supply chain, trainings, supervision etc.”

Total number of questions: 8

Estimated time to complete: 50 minutes

Note: In filling out this tool, please have the main goal of sustainability in mind as captured by the sustainability statement above.

Instructions for use

- Please note that the use of this tool is to be flexible and explorative rather than fixed and qualitative. Please read and respond based on your understanding and in discussion with cross cutting stakeholders beyond VMMC and reflecting the six building blocks.
- The questions in the table are a guide so take a moment to understand the component and questions and respond. Please refer to supporting documents (WHO 2020 VMMC guidelines, chapter 6)
- Each question would be best answered by a diverse group consisting of representatives from VMMC national programme management, health workers, patient groups, implementing partners, donors, other relevant intersectoral partners of the MOH and others deemed relevant in your setting. Indicate names and institutions.
- Please aim for an as accurate a measure as possible. Go through each question, affirm an understanding of the question
- In selecting a marker, go for less if not sure of more. For instance, if you are tilting towards advanced for a question but not certain as you do not think you are fully advanced, drop down to intermediate and same for intermediate to early.
- Please think of this as less of an assessment but a tool to highlight critical actions needed for a sustainable VMMC programme.
- The comments section is very important. Please fill in with a short narrative on what informed your marker and show links to documents that verify your responses.
- Date of assessment:

Component	Key factors or questions to guide in determining marker	Markers			Insert final marker (early, intermediate, advanced)	Comments and means of verification
		Early	Intermediate	Advanced		
Resource allocation and mobilization	National essential package of interventions	MC not part of the national essential package of interventions	MC included as part of the national essential package of interventions, but package not yet implemented	MC part of the national essential package of interventions. Package already being implemented nationally.		
	Resource estimation	Resource estimation and costing not always done	Resource estimation and costing done for MC but remains separate from broader national health costing	Resource estimation and costing of delivering MC done within national health plans using integrated tools such as the OneHealth Tool		
	Harmonization of donor-financed elements of the VMMC budget with the national MOH budget	High share of costs mostly off-budget. Donor financed elements mostly off-budget	Reduced share off budget but still costs exists both off- and on-budget	Increased share of the costs being domestically funded, donor financed elements all on-budget		
	Focus on diverse mix of mechanisms and strategies to fund MC including through national health budgets, general taxation, earmarked tax, external multilateral funds, bilateral funds, voluntary contributions, and direct payments	Mostly external support and donor funded	A fair mix of external and country resources.	Resources for MC are mostly financed through national health budgets		
Purchasing of services	Public financial management (PFM) flexible enough to adjust to the demand of services	Rigid PFM system that does not adjust to the demand	Increased flexibility of PFM. However, allocation of resources for MC is not completely owned by the Ministry of Health	Flexible reallocation of resources for MC is led and owned by MOH. Constant reallocation of funds to meet the objectives set by the ministry of health on MC		
	Remuneration of service providers for effective delivery of quality, safe and people-centred VMMC service delivery	Rigid budget line item that does not promote effective delivery	Payment methods which are more output oriented, allowing for a growing number of services provided	Payment methods that combine multiple incentives, encouraging effectiveness, quality but also equitable distribution of service provision		
	Demand-side barriers addressed through demand-oriented financial incentives	No attention paid to demand-side barriers (e.g. transport, opportunity costs, etc.)	Economic compensation proposed but not risk-nor income-adjusted	Economic compensation scheme in place, proposing compensations which are risk- and income-adjusted		
Financial risk protection	Financial risk protection for all adolescents	Out of pocket payments at point of use.	Services free at point of use. However, indirect and opportunity costs still exist. Prepaid and pooled funding do not exist and where they do exist do not cover all adolescents	MC services for all adolescents especially subgroups of most vulnerable adolescents are covered by prepaid and pooled funding. Out of pocket payment removed, financial risk protection measures (e.g. waivers, vouchers) designed, implemented and in place to mitigate indirect and opportunity costs		

Insert final score for this building block. Note that an overall final score of ADVANCED can only be attained if ALL the questions are responded to in the category advanced. An overall final score of INTERMEDIATE can be attained if at least 6 of the 8 questions are scored a minimum of intermediate. An overall final score of EARLY can be attained if least 2 or more questions are responded to in the category early.

Overall final score:

ASSESSMENT TOOL – ASSESSING AND ENHANCING SUSTAINABLE VOLUNTARY MEDICAL MALE CIRCUMCISION SERVICES FOR HIV PREVENTION IN EAST AND SOUTHERN AFRICA

Assessment – Health System Building Block: Leadership and Governance

Sustainability statement:

“Just because there is a rationale for a service to be free of charge and a priority with its own dedicated funding does not mean it should require its own parallel structures for data, health personnel, supply chain, trainings, supervision etc.”

Total number of questions: 7

Estimated time to complete: 50 minutes

Note: In filling out this tool, please have the main goal of sustainability in mind as captured by the sustainability statement above.

Instructions for use

- Please note that the use of this tool is to be flexible and explorative rather than fixed and qualitative. Please read and respond based on your understanding and in discussion with cross cutting stakeholders beyond VMMC and reflecting the six building blocks.
- The questions in the table are a guide so take a moment to understand the component and questions and respond. Please refer to supporting documents (WHO 2020 VMMC guidelines, chapter 6)
- Each question would be best answered by a diverse group consisting of representatives from VMMC national programme management, health workers, patient groups, implementing partners, donors, other relevant intersectoral partners of the MOH and others deemed relevant in your setting. Indicate names and institutions.
- Please aim for an as accurate a measure as possible. Go through each question, affirm an understanding of the question
- In selecting a marker, go for less if not sure of more. For instance, if you are tilting towards advanced for a question but not certain as you do not think you are fully advanced, drop down to intermediate and same for intermediate to early.
- Please think of this as less of an assessment but a tool to highlight critical actions needed for a sustainable VMMC programme.
- The comments section is very important. Please fill in with a short narrative on what informed your marker and show links to documents that verify your responses.
- Date of assessment:

Component	Key factors or questions to guide in determining marker	Markers			Insert final marker (early, intermediate, advanced)	Comments and means of verification
		Early	Intermediate	Advanced		
Sustainability plans and policies	Is there a national VMMC sustainability document that is officially launched and fully operational?	There is not yet a national VMMC sustainability document	There is a national VMMC sustainability document but not yet launched or not yet fully operational	Yes, there is a national VMMC sustainability document which is now fully operational		
	Is VMMC for HIV prevention part of the national essential package of health services	VMMC is not a part of the national essential Package of Health Services	VMMC not currently a part of the national essential Package of Health Services. However, there are already plans in place to include MC	VMMC is an integral part of the national essential Package of Health Services		

Component	Key factors or questions to guide in determining marker	Markers			Insert final marker (early, intermediate, advanced)	Comments and means of verification
		Early	Intermediate	Advanced		
Programme leadership and coordination	Is there a sense that VMMC and its strategic direction is owned and driven by national and local leadership or direction is more driven by external partners or a mix of both?	Country programme and strategic direction is driven by donor and funding organizations (e.g. financing, implementation, etc.)	Mixed country and donor ownership of the programme	Country programme and strategic direction is paramount and prominent. Country policies, procedures and structures in place; increasing country funding of VMMC; donor and VMMC funds reflected in country budget		
	Are there clear mechanisms for partner coordination at national, district and local level led by MOH?	VMMC programme and coordination is led by donors and implementing partners	MOH has a partial role in the leadership of MC shared with donor, implementing partners	VMMC programme and coordination is fully and actively led by MOH with coordination mechanisms with partner, as well as district and local level coordination mechanisms in place		
	Is there involvement and engagement of relevant departments of the MOH in implementing, coordinating and overseeing MC activities e.g. broader HIV programme, adolescent health, sexual and reproductive health, surgical services, behaviour change, Infection prevention and control, safety etc.	No or very minimal involvement or engagement of other MOH departments.	There is engagement of some departments of MOH. However, this engagement is not holistic and does not involve all relevant departments	All relevant departments of the MOH engaged in implementing, coordinating and overseeing MC activities		
Accountability, oversight and regulation	Are there support and supervision systems in place led by VMMC focal points and with active synergy with other HIV and health focal points at MOH? E.g. periodic joint support and supervision visits with HIV programme that has VMMC as part of terms of reference	Support and supervision system either not in place or it exists but is separate to other HIV and health supervision systems	Plans for joint support and supervision system in place but not yet started.	Support and supervision system in place and led and coordinated by MOH. VMMC focal points take the lead but with active collaboration and synergy with other health focal points including adolescent health focal point in the Ministry of Health		
	Technical working group in the MOH for oversight and review of VMMC or MC performance including quality of services	There is no national technical working group at the level of the MOH providing programmatic oversight to all programmes OR there is but VMMC is not routinely part of this group.	There is a national health technical working group at the level of the MOH providing programmatic oversight to all programmes and VMMC is often invited to participate with this group.	There is a national health technical working group at the level of the MOH providing programmatic oversight to all programmes and VMMC is a standing member of this group.		

Insert final score for this building block. Note that an overall final score of ADVANCED can only be attained if ALL the questions are responded to in the category advanced. An overall final score of INTERMEDIATE can be attained if at least 5 of the 7 questions are scored a minimum of intermediate. An overall final score of EARLY can be attained if at least 2 or more questions are responded to in the category early.

Overall final score:

ASSESSMENT TOOL – ASSESSING AND ENHANCING SUSTAINABLE VOLUNTARY MEDICAL MALE CIRCUMCISION SERVICES FOR HIV PREVENTION IN EAST AND SOUTHERN AFRICA

Assessment – Health System Building Block: Service Delivery

Sustainability statement:

“Just because there is a rationale for a service to be free of charge and a priority with its own dedicated funding does not mean it should require its own parallel structures for data, health personnel, supply chain, trainings, supervision etc.”

Total number of questions: 8

Estimated time to complete: 50 minutes

Note: In filling out this tool, please have the main goal of sustainability in mind as captured by the sustainability statement above.

Instructions for use

- Please note that the use of this tool is to be flexible and explorative rather than fixed and qualitative. Please read and respond based on your understanding and in discussion with cross cutting stakeholders beyond VMMC and reflecting the six building blocks.
- The questions in the table are a guide so take a moment to understand the component and questions and respond. Please refer to supporting documents (WHO 2020 VMMC guidelines, chapter 6)
- Each question would be best answered by a diverse group consisting of representatives from VMMC national programme management, health workers, patient groups, implementing partners, donors, other relevant intersectoral partners of the MOH and others deemed relevant in your setting. Indicate names and institutions.
- Please aim for an as accurate a measure as possible. Go through each question, affirm an understanding of the question
- In selecting a marker, go for less if not sure of more. For instance, if you are tilting towards advanced for a question but not certain as you do not think you are fully advanced, drop down to intermediate and same for intermediate to early.
- Please think of this as less of an assessment but a tool to highlight critical actions needed for a sustainable VMMC programme.
- The comments section is very important. Please fill in with a short narrative on what informed your marker and show links to documents that verify your responses.
- Date of assessment:

Component	Key factors or questions to guide in determining marker	Markers			Insert final marker (early, intermediate, advanced)	Comments and means of verification
		Early	Intermediate	Advanced		
Access (strategic planning of health services)	Comprehensive assessment of VMMC service delivery based on inclusive characteristics (availability, accessibility, acceptability, contact/use and effectiveness) to inform planning and programming	MC planning and programming not systematically informed by comprehensive needs assessments	Comprehensive assessment of MC services done as a vertical and separate activity and not within the context of broader national HIV and adolescent health planning and programming	Comprehensive assessment of MC services done within the context of broader national HIV and adolescent health planning and programming		
	Mapping of existing service delivery infrastructure and resources necessary to deliver VMMC in community-based and health facility settings to inform planning and implementation of VMMC services	Planning and implementation of MC services not based on clear process of assessment of infrastructural and resource needs	Mapping of existing service delivery infrastructure and resources for MC done to inform planning and implementation of VMMC services, but as a separate vertical process	Mapping of existing service delivery infrastructure and resources for MC done to inform planning and implementation of VMMC services, within broader national health systems and processes		

Component	Key factors or questions to guide in determining marker	Markers			Insert final marker (early, intermediate, advanced)	Comments and means of verification
		Early	Intermediate	Advanced		
Reorienting service delivery models	Service delivery platforms for reaching adolescents including underserved adolescents in place (e.g. in and out of school, community-based platforms, digital platforms, faith-based platforms)	National service delivery platforms still only facility based	There is still an overwhelming reliance on facility-based platforms with emerging non-facility platforms	Service delivery platforms are delivered within routine facility and out of facility platforms including in districts and localities		
	MC services delivered within an integrated package of services	MC services are delivered in a vertical manner and as one separate intervention	MC services delivered only within the context of HIV services	MC delivered within a comprehensive packaging of services defined by means of a participatory and transparent process and that takes into consideration the diverse cultural and age-sensitive needs of clients including adolescents		
	MC as part of routine platforms at the primary care level	MC services are delivered at higher levels of care and not at primary care level	MC services are delivered at only a few primary care outlets but not enough to absorb demand.	MC services are a routine part of primary care services with a family and community-based approach		
	Clear referral systems for VMMC to serve as an entry point to other adolescent services (e.g. mental health, SRH, non-communicable diseases, vaccinations etc.)	MC services delivered as one separate intervention with no linkages to other adolescent health interventions	There are referral mechanisms in place, but these are separate for MC and not part of routine referral services.	There are routine referral mechanisms in place for connection to broader adolescent health interventions.		
	Use of digital platforms and technology for delivery of MC services including continuity of information, tracking quality, facilitating patients' empowerment and reaching geographically isolated communities	Digital platforms and technology are currently not being used for MC service delivery	Digital platforms and technology are a part of MC service delivery but not within routine national service delivery processes	Digital platforms and technology are an integral part of MC services as well as other services in the integrated package of care all within routine national service delivery processes		
Safety and quality	National quality standards and safety systems in line with WHO and UNAIDS global standards for quality healthcare services	Quality standards and systems not in place	MC quality standards and systems in place, separate and not part of routine national systems	Quality standards and systems in place and implemented within routine national systems		

Insert final score for this building block. Note that an overall final score of ADVANCED can only be attained if ALL the questions are responded to in the category advanced. An overall final score of INTERMEDIATE can be attained if at least 6 of the 8 questions are scored a minimum of intermediate. An overall final score of EARLY can be attained if least 2 or more questions are responded to in the category early.

Overall final score:

ASSESSMENT TOOL – ASSESSING AND ENHANCING SUSTAINABLE VOLUNTARY MEDICAL MALE CIRCUMCISION SERVICES FOR HIV PREVENTION IN EAST AND SOUTHERN AFRICA

Assessment – Health System Building Block: Strategic Information

Sustainability statement:

“Just because there is a rationale for a service to be free of charge and a priority with its own dedicated funding does not mean it should require its own parallel structures for data, health personnel, supply chain, trainings, supervision etc.”

Total number of questions: 5

Estimated time to complete: 50 minutes

Note: In filling out this tool, please have the main goal of sustainability in mind as captured by the sustainability statement above.

Instructions for use

- Please note that the use of this tool is to be flexible and explorative rather than fixed and qualitative. Please read and respond based on your understanding and in discussion with cross cutting stakeholders beyond VMMC and reflecting the six building blocks.
- The questions in the table are a guide so take a moment to understand the component and questions and respond. Please refer to supporting documents (WHO 2020 VMMC guidelines, chapter 6)
- Each question would be best answered by a diverse group consisting of representatives from VMMC national programme management, health workers, patient groups, implementing partners, donors, other relevant intersectoral partners of the MOH and others deemed relevant in your setting. Indicate names and institutions.
- Please aim for an as accurate a measure as possible. Go through each question, affirm an understanding of the question
- In selecting a marker, go for less if not sure of more. For instance, if you are tilting towards advanced for a question but not certain as you do not think you are fully advanced, drop down to intermediate and same for intermediate to early.
- Please think of this as less of an assessment but a tool to highlight critical actions needed for a sustainable VMMC programme.
- The comments section is very important. Please fill in with a short narrative on what informed your marker and show links to documents that verify your responses.
- Date of assessment:

Component	Key factors or questions to guide in determining marker	Markers			Insert final marker (early, intermediate, advanced)	Comments and means of verification
		Early	Intermediate	Advanced		
Data collection and management	Are VMMC data collection systems paper based or electronic?	Largely paper based data collection and record management systems	Mixed system: <ul style="list-style-type: none"> • Paper at source • Electronic upstream 	Fully electronic system which includes data quality checks: <ul style="list-style-type: none"> • Electronic data entry at source Electronic data transfer and analysis that results in real-time reporting and availability of information 		
	Are VMMC data management and reporting systems donor owned and driven or country owned and driven	Largely donor information management and reporting	Parallel systems both requiring separate data entry: <ul style="list-style-type: none"> • Country system • Donor system 	Country owned system that provides quality country-level information that is acceptable to the national government and multi-lateral organizations		

Component	Key factors or questions to guide in determining marker	Markers			Insert final marker (early, intermediate, advanced)	Comments and means of verification
		Early	Intermediate	Advanced		
Data analysis and usage	Data disaggregation by age	Country specific non-standardised age bands	Parallel age bands: <ul style="list-style-type: none"> Country-specific age bands Donor-specific age bands 	Electronic calculation of age based on DOB and date of MC procedure that allows standardised 5-year age band reporting		
	Data disaggregated by geography	MC record is linked to the closest health facility where the procedure was carried out, including all outreaches	MC record is linked to the specific site where the procedure was carried out (e.g. Health Facility, outreach, workplace, school, etc.)	Dual MC record linkage to: <ul style="list-style-type: none"> Specific site where the procedure was carried out Physical residence of the MC client 		
Safety monitoring	Safety monitoring/ surveillance systems	Limited or no safety monitoring/ surveillance systems in place	Donor safety system in place with limited country staff participation and capacity to review and respond to adverse events	Full country led safety monitoring system in place with policies, procedures, reporting forms, review and response procedures defined and in place		

Insert final score for this building block. Note that an overall final score of ADVANCED can only be attained if ALL the questions are responded to in the category advanced. An overall final score of INTERMEDIATE can be attained if at least 3 of the 5 questions are responded to in the category intermediate. An overall final score of EARLY can be attained if 2 or more questions are responded to in the category early.

Overall final score:

ASSESSMENT TOOL – ASSESSING AND ENHANCING SUSTAINABLE VOLUNTARY MEDICAL MALE CIRCUMCISION SERVICES FOR HIV PREVENTION IN EAST AND SOUTHERN AFRICA

Assessment - Health System Building Block: Supplies & Equipment

Sustainability statement:

“Just because there is a rationale for a service to be free of charge and a priority with its own dedicated funding does not mean it should require its own parallel structures for data, health personnel, supply chain, trainings, supervision etc.”

Total number of questions: 5

Estimated time to complete: 45 minutes

Note: In filling out this tool, please have the main goal of sustainability in mind as captured by the sustainability statement above.

Instructions for use

- Please note that the use of this tool is to be flexible and explorative rather than fixed and qualitative. Please read and respond based on your understanding and in discussion with cross cutting stakeholders beyond VMMC and reflecting the six building blocks.
- The questions in the table are a guide so take a moment to understand the component and questions and respond. Please refer to supporting documents (WHO 2020 VMMC guidelines, chapter 6)
- Each question would be best answered by a diverse group consisting of representatives from VMMC national programme management, health workers, patient groups, implementing partners, donors, other relevant intersectoral partners of the MOH and others deemed relevant in your setting. Indicate names and institutions.
- Please aim for an as accurate a measure as possible. Go through each question, affirm an understanding of the question
- In selecting a marker, go for less if not sure of more. For instance, if you are tilting towards advanced for a question but not certain as you do not think you are fully advanced, drop down to intermediate and same for intermediate to early.
- Please think of this as less of an assessment but a tool to highlight critical actions needed for a sustainable VMMC programme.
- The comments section is very important. Please fill in with a short narrative on what informed your marker and show links to documents that verify your responses.
- Date of assessment:

Component	Key factors or questions to guide in determining marker	Markers			Insert final marker	Comments and means of verification
		Early	Intermediate	Advanced		
Norms and standards	Are there integrated, country strategic guidelines and implementation plans to support rational use of VMMC supplies and equipment?	Standard guidelines are either not available or are still in development	Standard guidelines exist but are stand alone for VMMC	Standard guidelines exist and are part of a national and integrated guideline to support rational use of VMMC supplies and equipment		
	Are there set minimum requirements and recommended specifications (as relevant) on supplies/ equipment to perform a safe medical male circumcision and are these part of national surgical guidance on safe surgical procedures?	No set minimum requirements and recommended specifications to perform a safe medical male circumcision	Minimum requirements for equipment and recommended specifications to perform a safe medical male circumcision are set and available but are stand alone for VMMC or are donor requirements not national requirements	Minimum requirements for equipment and recommended specifications to perform a safe medical male circumcision are set and available and these are also part of national safe surgical guidelines		

Component	Key factors or questions to guide in determining marker	Markers			Insert final marker	Comments and means of verification
		Early	Intermediate	Advanced		
Procurement and distribution	Procurement and distribution of VMMC supplies and equipment part of national procurement and supplies systems?	Procurement and distribution of VMMC supplies and equipment are vertical and stand alone	Procurement and distribution of VMMC supplies and equipment are a mix of vertical and integrated approaches, including development of ad hoc quantifications (forecast and supply plan)	Procurement and distribution of VMMC supplies and equipment are quantified under a national, annual quantification (forecast and supply plan), integrated and fully part of national systems of procurement, supply and distribution systems		
Quality	Are VMMC quality standards available and integrated into national standards for quality of supplies?	National standards for quality of supplies are either not available or are still in development	National standards for quality of supplies has been developed, but VMMC supply is stand alone and not part of national system for quality.	National standards for quality of supplies are set by a regulatory authority which include all VMMC-related supplies.		
	Waste management system that addresses segregation, storage, transport, treatment, and disposal of all relevant health care waste categories	National standard waste management systems at service delivery points do not exist or still in development or donor-supported vertical waste management services only are in place.	National waste management systems at service delivery points exist but are stand alone for VMMC and not integrated as part of a broader standard waste management system.	Waste management systems at service delivery points exist as part of comprehensive facility waste management plan and comply with existing national standards for waste management.		

Insert final score for this building block. Note that an overall final score of ADVANCED can only be attained if ALL the questions are responded to in the category advanced. An overall final score of INTERMEDIATE can be attained if at least 3 of the 5 questions are scored a minimum of intermediate. An overall final score of EARLY can be attained if 2 or more questions are responded to in the category early.

Overall final score:

ASSESSMENT TOOL – ASSESSING AND ENHANCING SUSTAINABLE VOLUNTARY MEDICAL MALE CIRCUMCISION SERVICES FOR HIV PREVENTION IN EAST AND SOUTHERN AFRICA

Assessment - Health System Building Block: Health Workforce

Sustainability statement:

“Just because there is a rationale for a service to be free of charge and a priority with its own dedicated funding does not mean it should require its own parallel structures for data, health personnel, supply chain, trainings, supervision etc.”

Total number of questions: 4

Estimated time to complete: 45 minutes

Note: In filling out this tool, please have the main goal of sustainability in mind as captured by the sustainability statement above.

Instructions for use

- Please note that the use of this tool is to be flexible and explorative rather than fixed and qualitative. Please read and respond based on your understanding and in discussion with cross cutting stakeholders beyond VMMC and reflecting the six building blocks.
- The questions in the table are a guide so take a moment to understand the component and questions and respond. Please refer to supporting documents (WHO 2020 VMMC guidelines, chapter 6)
- Each question would be best answered by a diverse group consisting of representatives from VMMC national programme management, health workers, patient groups, implementing partners, donors, other relevant intersectoral partners of the MOH and others deemed relevant in your setting. Indicate names and institutions.
- Please aim for an as accurate a measure as possible. Go through each question, affirm an understanding of the question
- In selecting a marker, go for less if not sure of more. For instance, if you are tilting towards advanced for a question but not certain as you do not think you are fully advanced, drop down to intermediate and same for intermediate to early.
- Please think of this as less of an assessment but a tool to highlight critical actions needed for a sustainable VMMC programme.
- The comments section is very important. Please fill in with a short narrative on what informed your marker and show links to documents that verify your responses.
- Date of assessment:

Component	Key factors or questions to guide in determining marker	Markers			Insert final marker (early, intermediate, advanced)	Comments and means of verification
		Early	Intermediate	Advanced		
Pre-service and continuing education	Is VMMC part of national pre-service training requirements for cadres being prepared to work in the health care sector with tasks to deliver VMMC in their scope of practice	VMMC is not a national requirement for pre-service training of relevant health care cadres and health workers	VMMC is planned as part of national requirement for pre-service training of relevant health care cadres and health workers but not yet implemented	VMMC is a national requirement for pre-service training of relevant health care cadres and health workers and it is being implemented during the accreditation of health education and training institutions		
	Continuing education and re-training requirements for VMMC service providers	No mechanisms in place for assessment and response to need for continuing education and ongoing competency certification for VMMC service providers	Mechanisms for continuing education and training requirements for VMMC service providers in place, and harmonized with other relevant areas such as surgery and patient safety but not systematically implemented for all MC service providers or they are stand alone and not part of national systems	Clear national mechanisms (including for recertification) to involve VMMC service providers for their ongoing training and education needs, and conduct capacity-building activities at national and district levels that are aligned with reported needs and with relevant services (e.g. surgery, patient safety, quality)		
Management, support and supervision	National system for supportive supervision of service providers	There are no supportive supervisory systems in place or these are available but they are led vertically and not integrated with ministry of health	There are supportive supervisory systems in place not, integrated with the Ministry of Health, but they are stand alone for VMMC	There are regularly available supportive supervisory systems, they are integrated within broader ministry health-worker management, support, and supervision structures		
Health workforce planning	Country-level health workforce plan is based on projected estimates of the number of clients including clients who will need VMMC	There is a health workforce plan, but it does not yet take VMMC into consideration	There are workforce plans that include for VMMC, but they are stand alone and not reflected in the national health workforce plan/ strategy	VMMC needs are fully considered in the national health workforce plans		

Insert final score for this building block. Note that an overall final score of ADVANCED can only be attained if ALL the questions are responded to in the category advanced. An overall final score of INTERMEDIATE can be attained if at least 3 of the 4 questions are scored a minimum of intermediate. An overall final score of EARLY can be attained if least 2 or more questions are responded to in the category early.

Overall final score:



For more information, contact:

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<https://www.who.int/hiv/pub/malecircumcision/en/>

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