Voluntary Medical Male Circumcision in Military Populations: September 2012 Update

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Combination Prevention in Militaries

**Behavioral**
- Peer education programs
- Drama groups
- Change norms re condoms
- Adherence to treatment
- PLWHA programs
- Gender norms

**Structural**
- Policy
- Leadership support at all levels of organization
- Strategic Information
- Strong linkages to care/treatment

**Biomedical**
- VMMC
- Condoms
- PMTCT
- HIV testing
- Point of Care CD4
Why VMMC in Militaries?

- Mostly male sexually active – “mobile men with money”
- Age 18+ with most in lower age groups
- Likely to be HIV negative on entry to military
- They are opinion leaders
- Nationally representative populations
- Service delivery scheduling can be coordinated
- Access to follow-up care is available
- Monitoring is relatively easy
- Can incorporate into other male focused prevention and men’s health issues
- Collaborative relationship with Ministry of Health
3 + 1 D’s = Efficient VMMC

Efficient Voluntary Medical Male Circumcision

Dedicated Human Resources
Dedicated Commodities
Demand Creation
Dedicated Space

Monitoring

PEPFAR
Demand Creation and Scheduling

- Recruits at boot camp – recruit training
  - Voluntary
  - Campaign - style
  - Duties can be lightened post MC for acute healing
  - Ideal - schedule at least 6 weeks before graduation

- Active duty personnel
  - MC campaigns
    - Coordinate scheduling by medical corps
  - Routine clinic procedure
  - Mobile service delivery to bases
  - Women: ANC clinic, PMTCT

- Civilians utilize military health care sites ~ 80%
Dedicated Space
Dedicated Teams
VMMC Supplies
Military Program Update (1)

• Botswana:
  – Comprehensive HV prevention program: evidence-based planning; VMMC; condoms, HTC; civil – mil collaboration; Point of Care CD4; ART
  – SEKWATA Campaign: prevention social marketing; mobile
  – Southern Accord: outreach to 4 rural communities
  – Electronic Health Information System (HIS)

• Ethiopia
  – Fixed sites and campaigns at recruit training centers

• Kenya
  – Started program in 2010. KDF has 7 fixed sites; education at bases; challenge with rotation of trained staff
Military Program Update (2)

• Lesotho
  – Site, staff, supplies ready; LDF sensitized; starting this week

• Malawi
  – 967 MC to date; Leadership promoting VMMC; policy; Will roll out to all sites

• Mozambique
  – 14,669 VMMC at fixed sites - October 2010 to August 2012; A military MC campaign is at the last stages of preparation

• Namibia
  – 2 fixed sites; HR; 426 VMMC to date; community counselors trained; leadership sensitized to support VMMC
Military Program Update (3)

- **Rwanda**
  - >20,000 cumulative VMMC to date; HR capacity-building including trainer of trainers; task shifting and sharing, M&E, quarterly supervision

- **South Africa**
  - Still at planning stage; 3 fixed sites in 3 provinces. started. NGO will support program

- **Swaziland**
  - Fixed site; drama group education; leadership review meetings; MC “census”; planning outreach services; electronic VMMC reporting
Military Program Update (4)

• Tanzania
  – 6 TPDF and 1 JKT fixed sites and campaigns; HR; task sharing; high client demand; high HIV testing; >5,800 total VMMC, with >2000 during the 2nd half FY 2012
  – Addressing increased demand among men aged 25 – 34yrs including priority services, special hours/ days, and weekend services.

• Uganda
  – 7,300 VMMC done in one year with 10,000 HIV testing done in static clinics and mobile surgical camps
Military Program Update (5)

- Zambia
  - Started in 2009 at one fixed site, now have 16 fixed sites; readying for mobile services with tents; partnering with NGOs. Approximately 5,500 VMMC to date. 2015 target is 36,000; partnering with national campaigns; challenges with space and commodities that are being addressed with tents and dedicated supplies.

- Zimbabwe
  - Uniformed services program with Police and Military started in 2011. The military has 5 fixed sites. All sites have outreach teams. Approximately 15,000 men have received VMMC through this program.
Linkages to HIV Care and Treatment

- Availability of HIV testing in VMMC settings is increasing the number of men who find out they are HIV +
- On-site rapid CD4 testing is supporting surgical decision making
- Healthcare personnel and “Expert Clients” are stationed at high volume VMMC sites to ensure appropriate entry to care and treatment
Sustained Benefits of Campaigns

• Campaign service delivery mode allows clinic staff to attend to their regular duties and not divert human resources or facilities
• Health planning capacity is improved
• Infrastructure is matched to available human resources
• Precedent is set for appropriate task sharing/shifting in human resource limited settings
• Planning capacity for commodities is improved
• Reporting capacity and collaboration is improved

• The number of people newly infected with HIV is reduced leading to healthier populations
Opportunities

- Continue scale up of military programs
- Participate in VMMC device implementation studies
- Implement Electronic Health Information Systems
- Continue to strengthen care/treatment linkages
- Partner with Ministries of Health for civilian community outreach, shared training, “borrow” staff, quality assurance
- Partner with NGOs for training, IEC materials, technical support, set up for services
- “South – South” partnering with other militaries
Thank You!

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