Critical role of leadership and advocacy in scaling-up VMMC Zimbabwe

Presented by Getrude Ncube
National HIV Prevention Coordinator
Ministry of Health and Child Welfare Zimbabwe
28 September 2012
Presentation Outline

• Background VMMC in Zimbabwe
• Country Leadership for VMMC
• Involving traditional leaders
• Political Leadership and Advocacy
• Next Steps
Background VMMC in Zimbabwe

- Among countries with highest HIV prevalence in the world
- 15% among adults (2010/2011 ZDHS), decline from 29% in 1999
- HIV and AIDS: 47% disease burden of the country
- MC prevalence 9% (ZDHS 2010/2011)
- VMMC started in May 2009
- 85,000 men circumcised through program
HIV prevalence by age

Source ZDHS 2010-11
Milestones: VMMC in Zimbabwe

• 2007: MOHCW, NAC, UN National Stakeholder consultation to decide on WHO UNAIDS MC recommendations. MC is adopted
• 2009: Launched MC policy
• 2009: Initiation of adult and adolescent MC services in pilot phase
• 2010: MC Strategic Plan (2010 - 2015)
• Circumcised 85 000 September 2012
Country leadership

- Systematic leadership engagement process at all levels

- Broad based stakeholder consultative process and included:
  - Government
  - Traditional leadership
  - Civil society
  - Health regulatory Authorities
  - UN Country and Regional team
  - Uniformed forces
  - Women activists groups
  - Young people
High Level Advocacy with Uniformed Services

• High level leaders from ZDF, AFZ, ZRP, NPWL approved VMMC as an additional HIV prevention intervention

• VMMC UF program started in April 2011, BMGF funded

• 6 sites and mobile teams

• UF VMMC program does also support VMMC services for civilian populations
Portfolio committee on Health and HIV

- Induction of new parliamentarians into HIV and AIDS Issues
- Specific emphasis on VMMC
- Key issues were to be introduce VMMC
Traditional and Religious leaders 2009

• Consultative meeting:
  – Islamic Medical Association.
  – Shangani Traditional leaders and circumcisers

• Explore areas of collaboration and introduce concept of medical male circumcision for HIV prevention
Traditional Leaders for VMMC

- MC = Passage into adulthood
- MC Camps during winter months in remotest rural areas of the country
- 6000 - 8000 people annually
- Traditional circumcisers requested MOH & its partners to support and provide safe medical circumcision **but:**
  - Not willing to bring clients to hospital procedure to be done in their camps
- **Agreed** on provision of comprehensive MC package
- HTC provided on outreach basis by *New Start* CITC program
MC Campaigns Shangani in Zimbabwe

Challenges

- Children under 12 years
- Clients testing HIV(+)
- Use of tents (hot & poor lighting)
- Poor water & sanitation
- No female providers!
- Some traditional leaders opposed to medical MC camp
- Traditional MC conducted parallel with medical MC camps
Lessons Learned

• Male Circumcision is feasible and safe even in remote areas without infrastructure
• High outputs: 1400 MCs in 2 weeks
• Good partnership and collaboration with all partners Government, local NGOs, implementing partner, Communities
• Effective mobilization through traditional leaders
• Traditional leaders
  – Need to respect and understand their cultural practices, traditional rites of passage
  – Excellent advocates
• Positive impact on demand creation for VMMC also among non – Shangani communities
Zimbabwe Parliamentarians Against HIV/AIDS

- 2001: Zimbabwe Parliamentarians form ZIPAH
- Declaration of commitment of parliamentarians in the fight against AIDS
- May 2004: 40 Members of ZIPAH take up HTC
- March 2012: Re-launch of ZIPAH strategy by President Mugabe, mentioning VMMC as an important HIV prevention strategy
- NAC, MOHCW & NGOs involved in HIV work approached ZIPAH to demonstrate their commitment by public event HTC and VMMC
Statement of Commitment

• We reaffirm our commitment to WALK the TALK.

• We undertake to cultivate best practices for the role of parliamentarians in addressing the spread and impact of HIV.

• We advance our commitment under the umbrella body of Zimbabwe Parliamentarians Against HIV and AIDS (ZIPAH) through practical involvement.
Parliamentarians making a smart choice

- The event held in a public park near parliament building
- March through the streets of central Harare
- Speeches from high ranked politicians (Deputy Prime Minister Khuphe, Speaker of Parliament)
- Wide press coverage (national with interviews of various members of parliament and the public)
- 65 Members of parliament were circumcised and 120 members and their families were tested for HIV
Parliamentarians making a smart choice

- Parliamentarians Making A Smart Choice
Impact of the event

- Call for Action at the IAC in Washington, Honourable Chebundo
- Wide local and international press coverage of the event
- Impact on uptake of VMMC services by “walk-in” clients
- Other public groups intending to follow the example
Next Steps

• Members of Parliament’s role:
  
  – Lobby for VMMC in their constituencies
  
  – Include messages on VMMC in their rally speeches
  
  – Mobilise other leaders in their constituencies for VMMC
Acknowledgements

Colleagues
- Mr. Sinokuthemba Xaba (MOHCW)
- Ms Cynthia Chasokela (MOHCW)
- Dr Karin Hatzold (PSI)
- Bill Jansen (USAID)
- Dr Sarah Banda (WHO)
- Dr Panganai Dhliwayo
- Dr Godfrey Mutetsi (ZDF)
- Dr Annamore Jamu (ZRP)
- Ms Tsungi Chiwara (MOHCW)

Partners VMMC
- MOHCW
- National AIDS Council
- Uniformed Services Zimbabwe
- PEPFAR
- Bill and Melinda Gates Foundation
- DFID
- WHO
- UNFPA
- PSI
- JSI/SCMS
Together we can make a difference in VMMC