Programmatic considerations on use of devices for adult male circumcision for HIV prevention

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Adoption and scale-up

Both adoption and implementation need to be planned

Lessons from scale up of VMMC

• Presence of a national focal point, policy and implementation strategy/plan
• Phased implementation starting with pilot sites
• Ongoing multi-stakeholder engagement
• Sustained high-level political support
• Readiness of the health system to adopt and deliver services
Phased Implementation

• Assess frequency of AEs in routine settings
• National programmes should lead and coordinate, engaging with multiple stakeholders
• System readiness to adopt device(s), ensure safe services and ability to balance supply and demand
• Pilot studies and projects inform use in each country context
Policies & Regulations

• Pre-market approval, licensing and importation
• Manufacturer’s post-market surveillance
• Cadres of health workers authorized to use the devices
• Level of health care system where devices may be used
Safety monitoring and reporting

National M&E activities with device use include:

• post-marketing surveillance
• active surveillance during initial introduction
• incorporation into routine monitoring, reporting
• other programme monitoring and evaluation