Favorable Human Resource Policies to Scale up VMMC: 
*The Zimbabwe Experience*

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Presentation Outline

- Health Care Delivery System in Zimbabwe
- Human Resource Challenges
- Steps taken for changes in Human Resource Policies
- Recommendations
Zimbabwe Health Care Delivery System

Population 13M
HIV Prevalence 15%

Central hospitals
5
Many Specialist doctors and nurses

Provincial hospitals
8
Few Specialist doctors and nurses

District hospitals
65
2 doctors and nurses

Rural health centers
1540
No doctor only RGNs and primary care nurses

70% of the population lives in the rural areas

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Human resources challenges

- Inequitable distribution of personnel vs. population.
- Static staff establishment not consistent with population growth and dynamic disease patterns.
- High staff attrition to other sectors and countries
National VMMC Targets

Requirements to fill gap and reach 2015 MC target:
- 45,000 monthly circumcisions/1,500 daily circumcision
- Implied Human Resources Needs: 150 VMMC dedicated doctors performing 10 MCs/day for 20 days/month for 25 months

Circumcision Gap

1.125 m

2009 – Oct 2013 results
0.175 m

2015 Target
1.3 m
(80% of men in 13-29 age group)

Men between 13-29 eligible for circumcision
VMMC Service delivery

• Since adoption of VMMC in 2009 the programme has been dependent on doctors for the surgical method.
• However, services have to be made available even at rural level where currently doctors are not available.
• The majority of the rural population receive health services from the nurses.
• The current human resource capacity to perform VMMCs in Zimbabwe (considering the number of available doctors) is insufficient to reach the required targets.
• Broadening the Scope of work (SOW) of nurses to perform the surgical and device procedure of VMMC would increase the capacity and ensure the required coverage of services and the required outputs.
Look and Learn Visits to Zambia and Kenya to address HR challenges

- MOHCC, PMD, PSI, Nursing Council of Zimbabwe, Health Professions Authority, NAC, WHO, University of Zimbabwe visited Zambia and Kenya to:
  - To learn how the Kenya & Zambia MOH VMMC programme is organised and implemented
  - To understand how the Kenya & Zambia MOH has transitioned from a Doctor led to a nurse led VMMC program.
  - To explore the policy implications of allowing nurses to perform surgical MC services
Progress in Broadening the Scope of Work for Nurses

- Feedback on the look and learn visit shared with the
  - Permanent Secretary for Health and the top management team
  - Male Circumcision Steering Committee
  - Nursing Council of Zimbabwe
  - Review of the curriculum for different nursing cadres
    - Registered General nurses
    - Theatre Nurses
    - Midwives
    - Nurse anaesthetists
    - Clinical Nursing Officers
  - Primary Care Nurse
- Health Professions Authority (an umbrella body of the regulatory of the health professions)
**Trial Results and Lessons Learnt to inform policy**

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<th>Category</th>
<th>Details</th>
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<td><strong>RGN Training</strong></td>
<td>• 17 Registered General Nurses (*RGN) trained in device placement and removal-803 men circumcised</td>
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<td>• 20 RGN trained in forceps guided surgical method-100 men circumcised</td>
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<td><strong>PCN Training</strong></td>
<td>• 11 Primary Care Nurses(*PCN) trained in device placement and removal</td>
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<td>• 300 men circumcised</td>
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<td><strong>Safety Considerations</strong></td>
<td>• PrePex device circumcision is safe in the hands of RGN and PCN in Zimbabwe</td>
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<td>• Surgical method is safe in the hands of RGNs</td>
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<td>• Low rate of adverse events</td>
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<td><strong>MC Eligibility and Alternatives</strong></td>
<td>• 5.6% of the males who participated in the study not eligible for PrePex device circumcision</td>
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<td>• Hence, they needed alternative methods</td>
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*RGN – trained for 3 years
*PCN – upgraded and trained for 18 months
Steps Taken to Change HR Policy

1. Policy Review
   - National VMMC Policy reviewed to specify which nursing cadres to perform MC

2. Evidence-based restructuring
   - Results of PrePex trials have informed the policy change in the scope of practice for RGN and PCN
   - Look and Learn visits to other countries
   - Training curriculum for the different nursing cadres reviewed to incorporate the conventional and device method of MC

3. Regulatory arrangements
   - Long negotiation process for change of personnel responsibilities across different professional regulating bodies
Recommendations

1. Need for evidence based decision making
2. Need for clearer process for reassigning tasks/responsibilities to other cadres especially in high impact interventions as MC.
3. Need for regional advocacy meeting with medical and nurses regulating bodies for revision and broadening of scope of work of professions e.g. nurses and doctor
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ALL OUR VMMC PARTNERS
I Thank you