

Project IQ Webinar Series

Making Sense of Sustainability, Globally and Locally

May 22, 2019



VMMC scale-up is advancing rapidly across East and Southern Africa, increasing the urgency of finding next-step strategies for sustaining high MC coverage in the long term once it has been achieved.

Planning for VMMC sustainability requires determining a way forward in several dimensions, including: leadership, systems, financing, and strategic information.



Today's objectives

- Introduce the World Health Organization vision and guidance for sustainability of VMMC services
- Share country applications and experiences in approaching sustainability
- Share existing sustainability materials developed by countries as examples of possible next steps



Agenda

Introduction

TBC

Sustaining Voluntary Medical Male Circumcision for HIV prevention services

Wole Ameyan Technical Officer, Adolescent HIV WHO

Q&A

Zimbabwe's approach to VMMC sustainability

Sinokuthemba Xaba VMMC Coordinator MOHCC Zimbabwe

Q&A

Transitioning to sustainability in Kenya – an overview

Elijah Odoyo-June Public Health Specialist CDC Kenya

Q&A/Discussion/Closure





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Sustainability

The need for sustainability of voluntary medical male circumcision (VMMC) services has been recognized since the World Health Organization and UNAIDS made their 2007 recommendation for VMMC for HIV prevention.

That recommendation described a long term maintenance phase to follow



New sustainability Web Page:

https://www.malecircumcision.org/sustainability

Although experience with fully sustainable VMMC services does not yet exist, many initiatives are underway to explore some of these issues. This page offers a forum for sharing countries' information and experiences, to inform each others' journeys toward sustainability. A wide range of resource types are included. Some are final documents, but others are interim reports on initiatives in progress. New resources will be added as they become available.

Clearinghouse on Male Circumcision FOR HIV PREVENTION

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Sustainability

The need for customability of valuatory madical male size unacide on (VMMC) services has Draft WHO chapter on sustaining VMMC service 20 May 2019 for feedback to

> Programme and operational considerations on sustaining voluntary medical male circumcision services with a focus for adolescent boys

1. Introduction & Background

Medical male circumcision was recommended by WHO and UNAIDS in 2007 as an additional HIV prevention intervention in settings of high HIV burden and low male circumdision prevalence where impact on the epidemic would be greatest 12. This recommendation was based on a consistent finding in numerous clinical studies that showed male circumcision reduced men's risk of becoming infected with HIV through heterosexual intercourse by as much as 60% 3-5. A public health approach to implementing this recommendation implied progressively expanding access to safe MC services within the context of ensuring universal access to comprehensive HIV prevention, treatment and care services.

Voluntary medical male circumcision (VMMC) implementation has made remarkable progress since 2007 in priority countries of East and Southern Africa, scaling up from nascent pilot projects to performing more than four million circumcisions in 2017. Cumulatively between 2008 and 2017, 18.6 million voluntary circumcisions for HIV prevention have been performed in the 14 priority countries in Eastern and Southern Africa, averting an estimated 230,000 new HIV infections 4. As countries approach initial targets of 80% coverage among adolescents and adult men, and continue to strive for higher coverage of 90%, national programmes are now faced with identifying how to maintain this coverage over the longer term.

Integrated people-centred health services which emphasis putting people and communities, not diseases, at the centre of health systems, and empowering people to take charge of their own health rather than being passive recipients of services, have been identified as crucial 7. The population group(s) to focus on for sustaining coverage will affect decisions on actions and resources use. The two main population groups to focus on would be adolescents and/or infants. To date, the highest VMMC uptake has been among adolescents * reflecting a 'natural demand' and acceptability of MC during adolescence *9. Adolescent health is a top priority for the African region, given the large proportion of the population currently or entering into this age group which is or will become sexually active in the near future 10. VMMC service delivery has already demonstrated an ability to reach adolescent boys - a group rarely reached but with unique health service needs. A repackaging of services may thus also be needed

The infant-age group would need to be reached through different health programmes (particularly maternal and child health) and stakeholders; careful consideration will be needed regarding risks and benefits, acceptability, as well as ethics and human rights. Until high coverage has been reached among infants, adolescent MC services will still be needed. This guidance thus focuses only on the adolescent age group as a next step in the progressive transition

Service delivery approaches will need to be reconsidered, as VMMC delivery to date has been predominantly through vertical approaches with implementing partners supporting national programmes. This chapter of the guideline offers countries with programmatic and operational considerations for transitioning from the current VMMC service delivery approaches to locally informed, sustainable approaches with an adolescent focus. A health system building blocks framework is used¹¹ to assess issues and opportunities to enhance the sustainability of VMMC services.

Section 1 provides some background information. Sections 2, 3, 4 and 5 provide brief contextual information regarding the objectives, audience, principles, and methodology for the chapter respectively.

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Programme and operational considerations for sustainability posted online for feedback. Email comments to Wole Ameyan:

ameyanw@who.int

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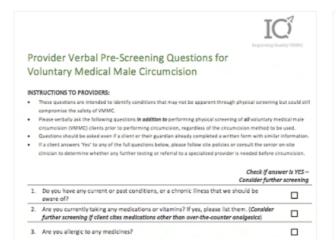
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In Pursuit of the Pivot Reaching and Serving Clients Aged 15-29 Years

August 24, 2016





Project IQ Webinar Series

A Healthy Obsession with Safety: Improving Programs through

Management and Reporting of **Adverse Events**



3 Questions for Safe Injections



Did you wash your hands?



Are you using a new needle and syringe EVERY TIME you access a vial?



is there any possibility that the vial is contaminated, spoiled, or expired?





Managing Adverse **Events of Voluntary** Medical Male Circumcision (VMMC)

> An orientation for non-VMMC providers

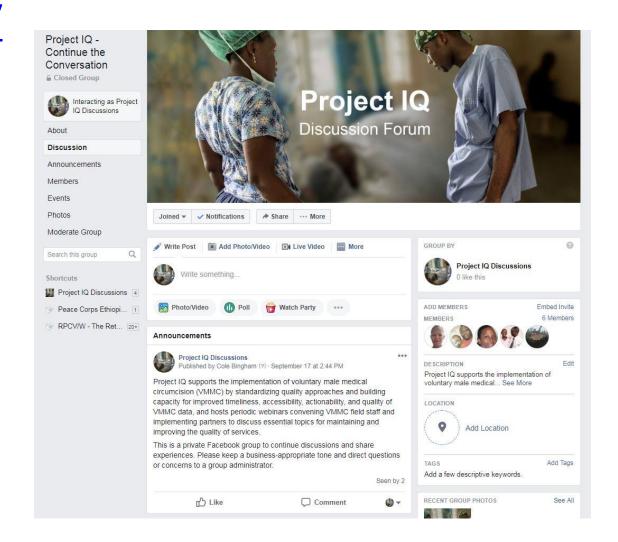




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2



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