

# **Sustaining Voluntary Medical Male Circumcision for HIV prevention services**

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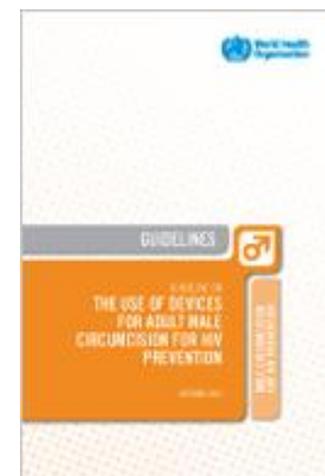
**World Health  
Organization**

# Outline

Topic
Background
Principles and objectives
Methods
Approach and framework for transitioning to sustainability
Assessments tools
Key operational considerations
Case examples, resources and tools
Next steps and conclusions

# Background

- WHO is updating and developing new VMMC guidance on:
  - The 2007 recommendation on VMMC for HIV prevention
  - The 2013 recommendation on device-based methods
  - Younger aged adolescents: safety, acceptability, and maintaining high coverage
  - Enhancing uptake among men
- Guidance will include a chapter on sustaining VMMC services
  - This is the focus of today's presentation

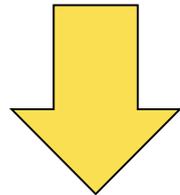


# Objectives

## Delivering male circumcision for HIV prevention:

**Objective:** to support national ministries of health and partners as they transition VMMC service delivery;

**From** the current donor-driven, predominantly vertical approach



**To** a country-owned, integrated, adolescent-focused approach that can be provided sustainably.

With synergies with other essential services and programmes

# Methods

- Framework selection and vetting
- Proposal and review
- Key informant interviews
  - key informants in each of the building blocks (MoH; UN agencies; PEPFAR agencies; implementing partners and youth groups civil society)
  - 20 formal interviews with HSS experts
- Literature review
- Iterative feedback and engagement with the countries and partners

# Principles underlying the chapter

- 1 Widely Accessible Services**

In alignment with UHC principles, all people should have **access to necessary, affordable, and effective health services** (including prevention)<sup>1</sup>
- 2 High quality and people-centered**

Services should put **people and communities**, not diseases, at the **center of health systems**, empowering people to take charge of their health, supported with education and support<sup>2</sup>
- 3 Adolescent-focused**

Programmes may focus on adolescents as a sustainable, effective, and acceptable approach towards wellbeing that maximizes **near-term impact on the epidemic**<sup>3</sup>
- 4 Embedded within routine systems**

VMMC integration has the potential to enable efficiencies and **spur relationships** with adolescent programs, a small, but emerging aspect of health systems<sup>4</sup>

<sup>1</sup> [http://www.who.int/healthsystems/universal\\_health\\_coverage/en/](http://www.who.int/healthsystems/universal_health_coverage/en/)

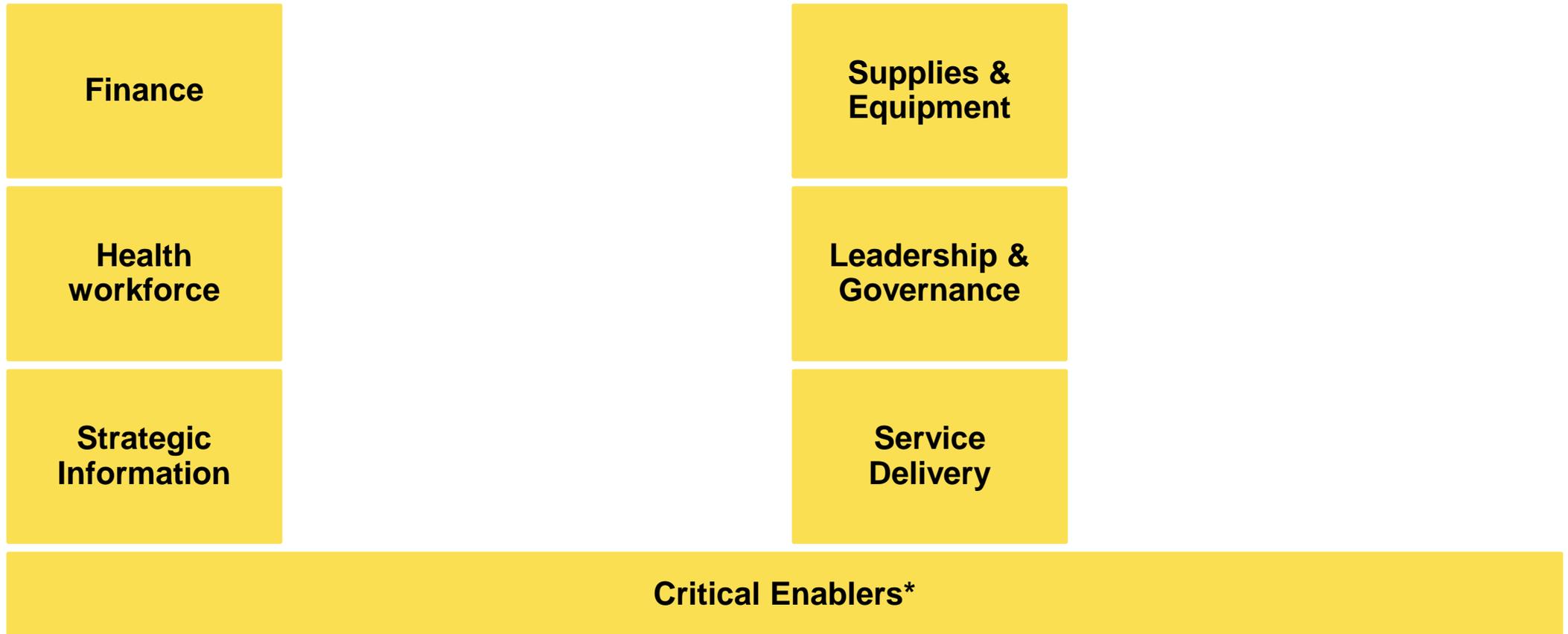
<sup>2</sup> <http://www.who.int/servicedeliverysafety/areas/people-centred-care/ipchs-what/en/>

<sup>3</sup> Models to Inform Fast Tracking Voluntary Medical Male Circumcision in HIV Combination Prevention: report from World Health Organization and UNAIDS meeting, 23–24 March 2016. Geneva, Switzerland: World Health Organization; 2017

<sup>4</sup> Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation. Summary. Geneva: World Health Organization; 2017

# Framework:

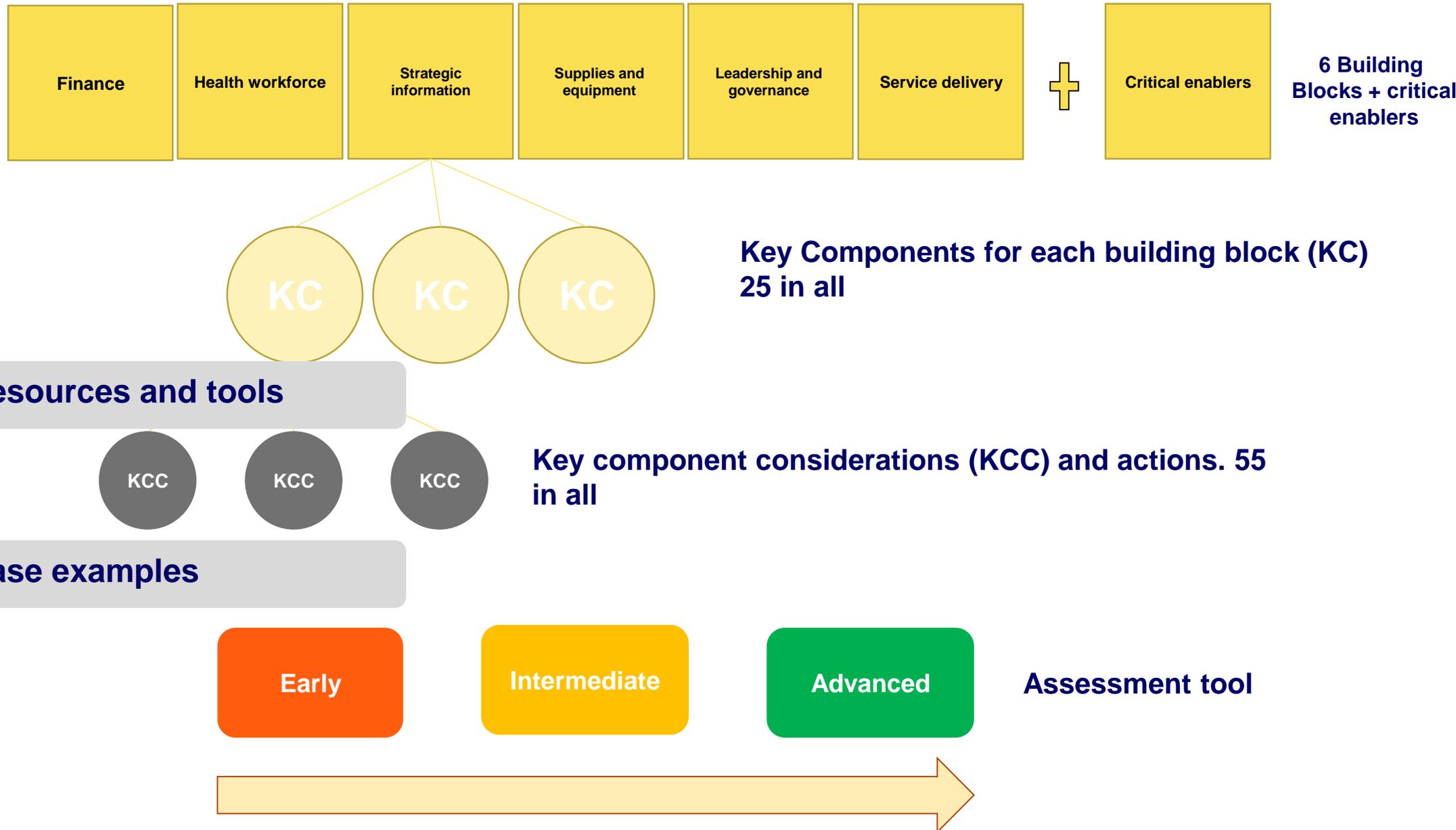
## WHO Health System Building Blocks



Source: "Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action." Geneva: World Health Organization. 2007

\* A seventh category, critical enablers, was added because it encompasses important areas to consider that support all the buildings blocks without necessarily fitting into a specific block

# An overall approach for transitioning to sustainability



# Health Systems Building Blocks Framework: VMCC relevant components

Building Block	Component	Building Block	Component
<b>Finance</b>	<ul style="list-style-type: none"> <li>• Resource allocation and mobilization</li> <li>• Purchasing of services</li> <li>• Financial risk protection</li> </ul>	<b>Supplies &amp; Equipment</b>	<ul style="list-style-type: none"> <li>• Norms and standards</li> <li>• Procurement, supply and distribution</li> <li>• Quality of MC supplies and equipment</li> </ul>
<b>Health workforce</b>	<ul style="list-style-type: none"> <li>• Health workforce planning</li> <li>• Pre-service and continuing professional education</li> <li>• Management, support and supervision</li> </ul>	<b>Leadership &amp; Governance</b>	<ul style="list-style-type: none"> <li>• Programme leadership and coordination</li> <li>• Accountability, oversight, and regulation</li> <li>• Inter-sectoral coordination</li> <li>• Health sector plans and policies</li> </ul>
<b>Strategic Information</b>	<ul style="list-style-type: none"> <li>• Data collection and management</li> <li>• Data quality</li> <li>• Data analysis and use</li> <li>• Safety monitoring</li> </ul>	<b>Service Delivery</b>	<ul style="list-style-type: none"> <li>• Access (strategic planning of health services)</li> <li>• Reorienting service delivery models</li> <li>• Empowering and engaging people</li> <li>• Safety and quality</li> </ul>
<b>Critical Enablers*</b>			
<ul style="list-style-type: none"> <li>• Adolescent leadership and participation</li> <li>• Community engagement</li> </ul>		<ul style="list-style-type: none"> <li>• Multisectoral partnerships</li> <li>• Enabling laws and policies</li> </ul>	

Source: "Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action." Geneva: World Health Organization. 2007

\* A seventh category, critical enablers, was added because it encompasses important areas to consider that support all the buildings blocks without necessarily fitting into a specific block

# Pilot Assessment Tools

- Will enable an assessment of current status within each building block, the key components and key considerations
  - early, intermediate or advanced status.
- Objective – move from early or intermediate to advanced, sustainable status.
- Contains key markers for each consideration at early, intermediate or advanced status.
- Key components and considerations sourced through health systems experts and key informants and literature including the Global Accelerated Action for the Health of Adolescents (AA-HA!), 2017).

# Example of markers for building block: Leadership



Health System building block	Component	Key component considerations	Markers		
			Early	Intermediate	Advanced
Leadership	Programmes leadership and coordination	Programme ownership	Programme is driven by donor and funding organisations (e.g. financing, implementation etc)	Mixed country and donor ownership of the programme	Country leadership and coordination role is paramount and prominent. Country policies, procedures and structures in place; increasing country funding of VMMC; donor and VMMC funds reflected in country budget



# Example of criteria for building block: Service delivery

Health System building block	Component	Key component considerations	Markers		
			Early	Intermediate	Advanced
Service delivery	Access (strategic planning of health services)	Comprehensive assessment of VMMC service delivery based on inclusive characteristics (availability, accessibility, acceptability, contact/use and effectiveness) to inform planning and programming	MC planning and programming not systematically informed by comprehensive needs assessments	Comprehensive assessment of MC services done as a separate activity and not within the context of broader HIV and adolescent health planning and programming	Comprehensive process of MC services done within the broader context of national HIV and adolescent health planning and programming
		Mapping of existing service delivery infrastructure and resources necessary to deliver VMMC in community-based and HF settings to inform planning and implementation of VMMC services	Planning and implementation of MC services not based on clear process of assessment of infrastructural and resource need	Mapping of existing service delivery infrastructure and resources for MC done to inform planning and implementation of VMMC, but as separate vertical process	Mapping of existing service delivery infrastructure and resources for MC done to inform VMMC within broader national health systems and processes

# Example of criteria for building block: Strategic Information

Health System building block	Component	Key component considerations	Markers		
			Early	Intermediate	Advanced
Strategic information	Data collection and management	VMMC Data collection	Paper record management systems	Mixed system <ul style="list-style-type: none"> <li>• Paper at source</li> <li>• Electronic upstream</li> </ul>	Fully electronic system <ul style="list-style-type: none"> <li>• Electronic data entry at source</li> <li>• Electronic data transfers and analysis</li> </ul>
		VMMC data management and reporting	Donor information management and reporting only	Parallel systems both requiring separate data entry <ul style="list-style-type: none"> <li>• Country system</li> <li>• Donor system</li> </ul>	Mature country system that provides quality country-level information that is acceptable to donors

# Draft VMMC Sustainability Chapter Outline

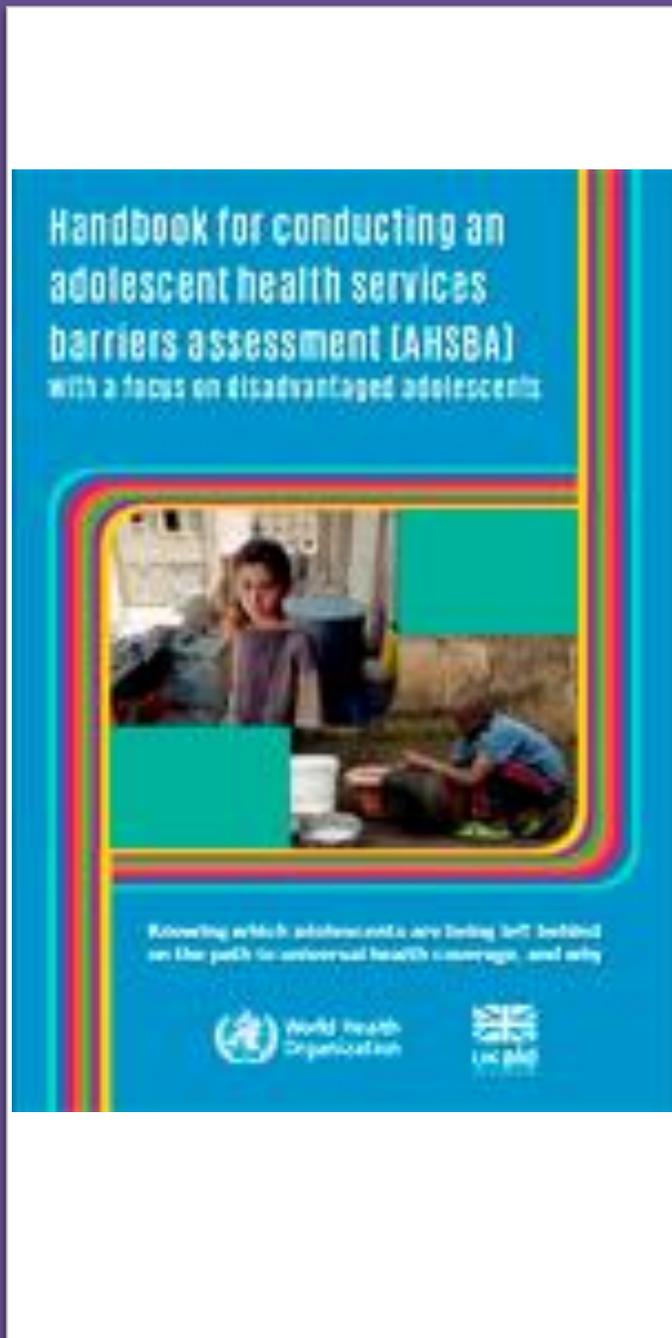
1. Introduction
2. Objectives and key principles
3. Methods
4. Framework for transitioning
  - a. Key definitions
  - b. Health systems approach
  - c. Conceptual framework and process for sustainability
  - d. Assessments
  - e. key issues and actions for sustainability
5. Key operational considerations
  - a. Planning
    - a. Context setting, multisectoral stakeholder engagement
    - b. Setting goals and objectives
    - c. Needs assessment
    - d. Theory of change
  - b. Implementation
    - a. Identifying barriers and facilitators
    - b. Set priorities
    - c. Identify levels of change
    - d. Implementation plan
  - c. Monitoring and evaluation
6. Case examples
7. Conclusion
8. Annexes and tools



# Key operational considerations

- Highlights key considerations for implementation. Some of these will include:
  - Multisectoral stakeholder engagement
  - Goal and objective setting
  - Theory of change
  - Needs assessment
  - Priority setting
  - Identifying levels of change
  - Developing an implementation plan
  - Communicating the plan
  - Monitoring and evaluation
- Will refer to tools and resources

# Case examples, resources and tools



- Case examples, tools
  - Policy guidelines for sustaining MC services
    - Kenya (draft)
    - Zimbabwe
- Resources
  - AHSBA
    - **adolescent health services barriers assessment**
      - Tanzania
      - Others coming

# Key points

- Provide direction, not prescriptive
- Adaptable to national contexts
- Engagement of stakeholders from the beginning
- Build from where you are according to country status
- Ongoing learning, participatory, collaborative process at global and national levels
- Feedback and inputs still sought



# Next steps

- Draft is available for comments.
- Feedback to: [ameyanw@who.int](mailto:ameyanw@who.int)
- Piloting the assessment tools
- Guidance including the chapter to be ready December, 2019.