



Wambura Mwita
National Institute for Medical Research
Mwanza, Tanzania



Background - 1

Following the results from the 3 trials AND Recommendation by WHO/UNAIDS

- A consultative meeting on MC
 - Evidence on the protective effect of MC
 - Issues around MC within the country
 - Strategies for follow up for programming

Resolutions of the Meeting

- Consensus among stakeholders on MC as an additional HIV intervention
- Steps to be taken in promoting MC
- Conduct situation analysis to collect detailed information on the missing info (gaps)
- Two Committees should be formed to oversee the operationalization
 - National Taskforce Committee
 - National Technical Working Group
- Formulation of legal, regulatory policy framework

Progress -1

- Action plan was prepared to guide scale-up efforts
- National Leadership for MC scale up has been established
 - Two Committees were formed
 - A focal person at the MoH
 - Political Leadership very supportive
- A Situation Analysis (SA) for MC in Tanzania is on-going
 - SA is conducted in 3 Regions in Tanzania
 - This includes policy reviews and other regulations

Progress -2

- Preparations are on-going for MC roll-out demo sites
 - In 3 Regions of Tanzania
 - Implementation to start as soon as SA results are finalised
- MC included in the R9 application to Global fund for HIV,
 TB and Malaria
- MC Guidelines for Health Practitioners have been drafted and training started
 - In the 3 sites prepared for MC roll-out demo sites

OR Needs –Uptake of MC

- What is the level of H/F based MC uptake in different communities?
 - Mobilisation
 - Reach different age groups
 - Communication strategy in different communities
 - Are the H/F able to meet the demand for MC?

OR Needs –Effectiveness of Counselling Sessions

- What's the level of adherence to counselling?
 - Time to resume sexual activity
 - Behavioural disinhibition
- How do we increase adherence to counselling messages?

OR Needs –Safety

- What are the adverse events and its frequency?
 - Severity
 - Related to MC procedure
 - AE rates per MC service provider
 - Physicians
 - Non-Physicians
 - Do the EA decrease with experience?
 - The performance of the referral system

OR Needs –Task Shifting/Task Sharing

- How does introduction of MC affect provision of other services at facility levels?
 - Not only MC, but a package for HIV prevention

- Can non-physician provide safe MC?
 - How can we ensure that quality services are provided and standards are monitored as the services are expanded?

OR Needs - Impact

- Cost-effectiveness and Population-level impact
 - Will perceived benefits of MC increase the demand for MC?
 - How will the H/F cope with increased demand?