

Male Circumcision in Zambia: *National Operational Plan for Scale-up*



PEPFAR/WHO/UNAIDS Consultative Meeting

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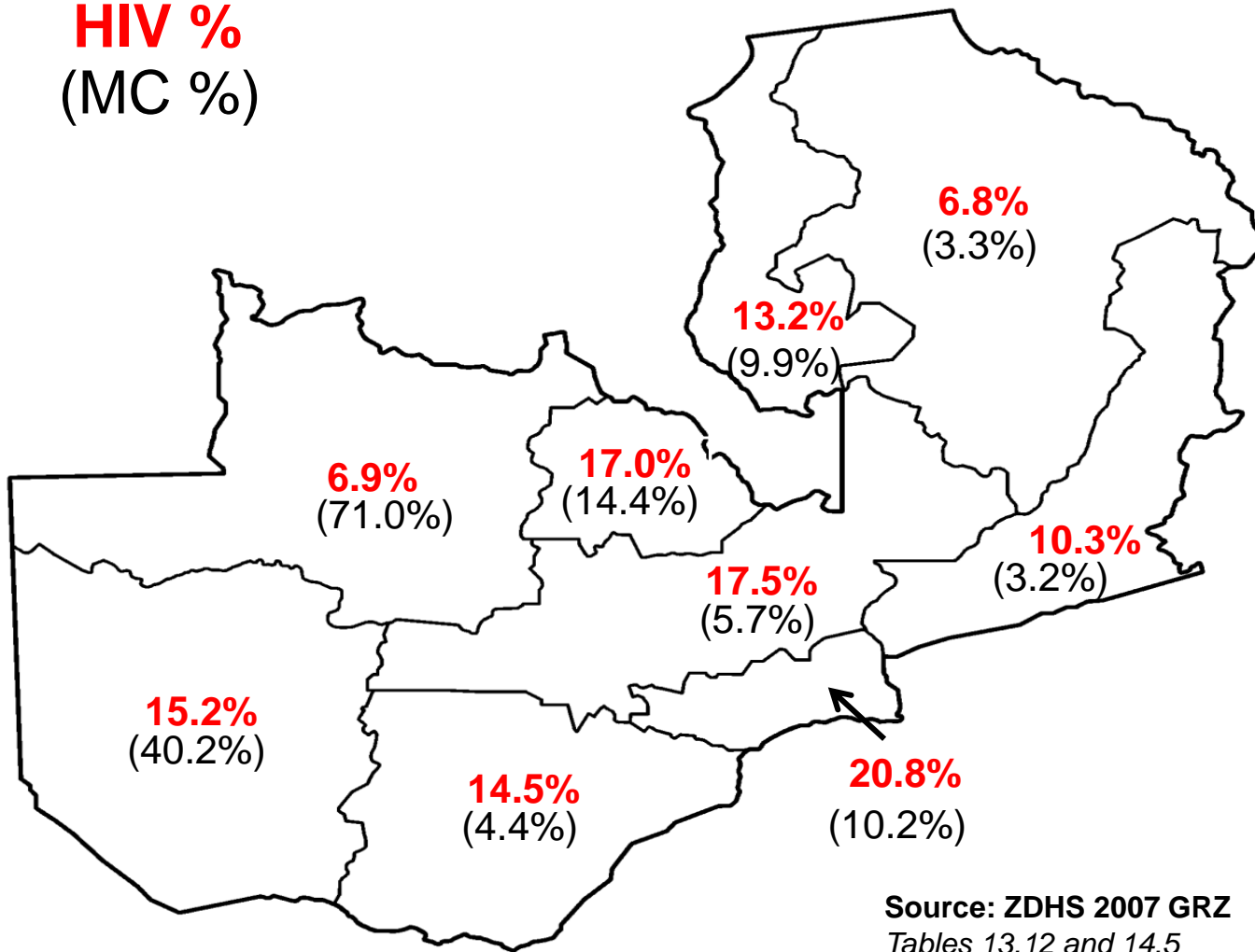
Ministry of Health

Background

- Zambia's high HIV prevalence (14.3%) and low MC adoption rates (13%) make it an environment where VMMC can have a significant public health impact.
- Ministry of Health (MoH) adopted VMMC as one of the key prevention interventions of its comprehensive HIV prevention strategy in June 2009.
- In 2011, Zambia revised its target to reaching universal coverage of adult males 15-49 by 2015.
- In order to achieve this aggressive target, we realized that we needed an operational plan to which all stakeholders could align.

MC in Zambia – Baseline

HIV %
(MC %)



Source: ZDHS 2007 GRZ
Tables 13.12 and 14.5

Target

To achieve universal coverage by reaching **1.949M HIV-negative adult males by 2015**

Impact

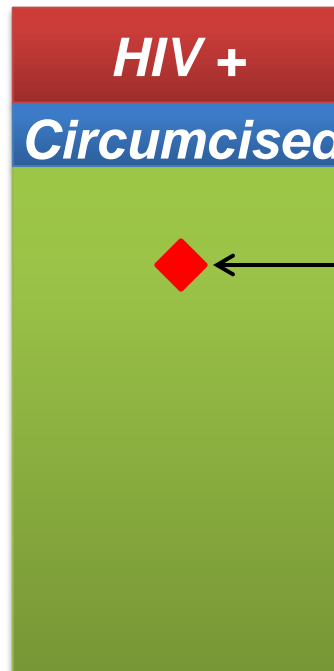
This is expected to avert **339,632 HIV infections (29.9%)** and create a net savings of **USD 1.7 billion (2011-2025)**

Target Setting Methodology

Target setting - Example

*Total Adult Male
population*

*Eligible
population*



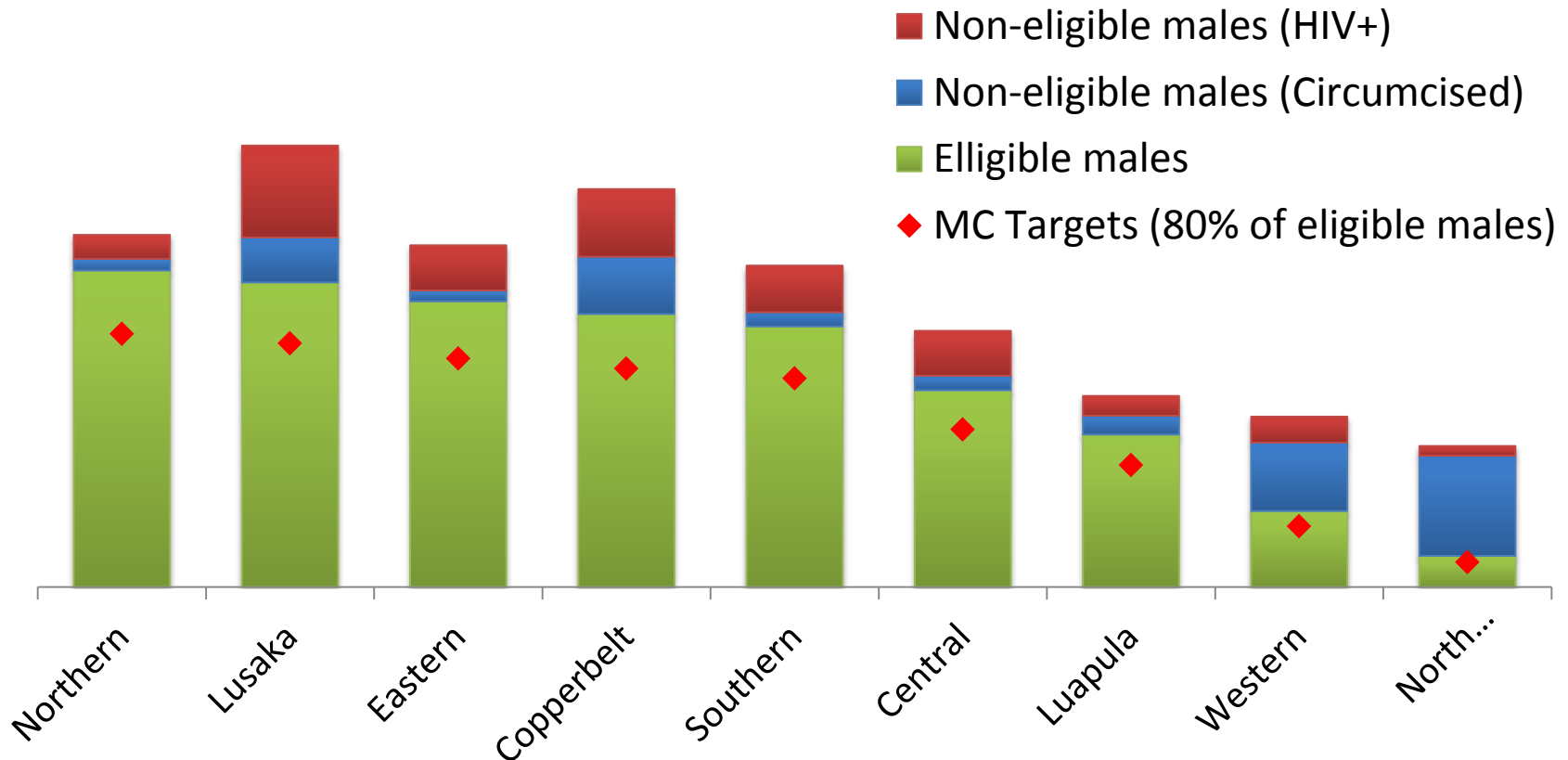
*Target (80% of eligible
population)*

Province A

- This implies that while HIV-positive men may receive VMMC, they are not included in the 80% target

Provincial Targets (2012-2015)

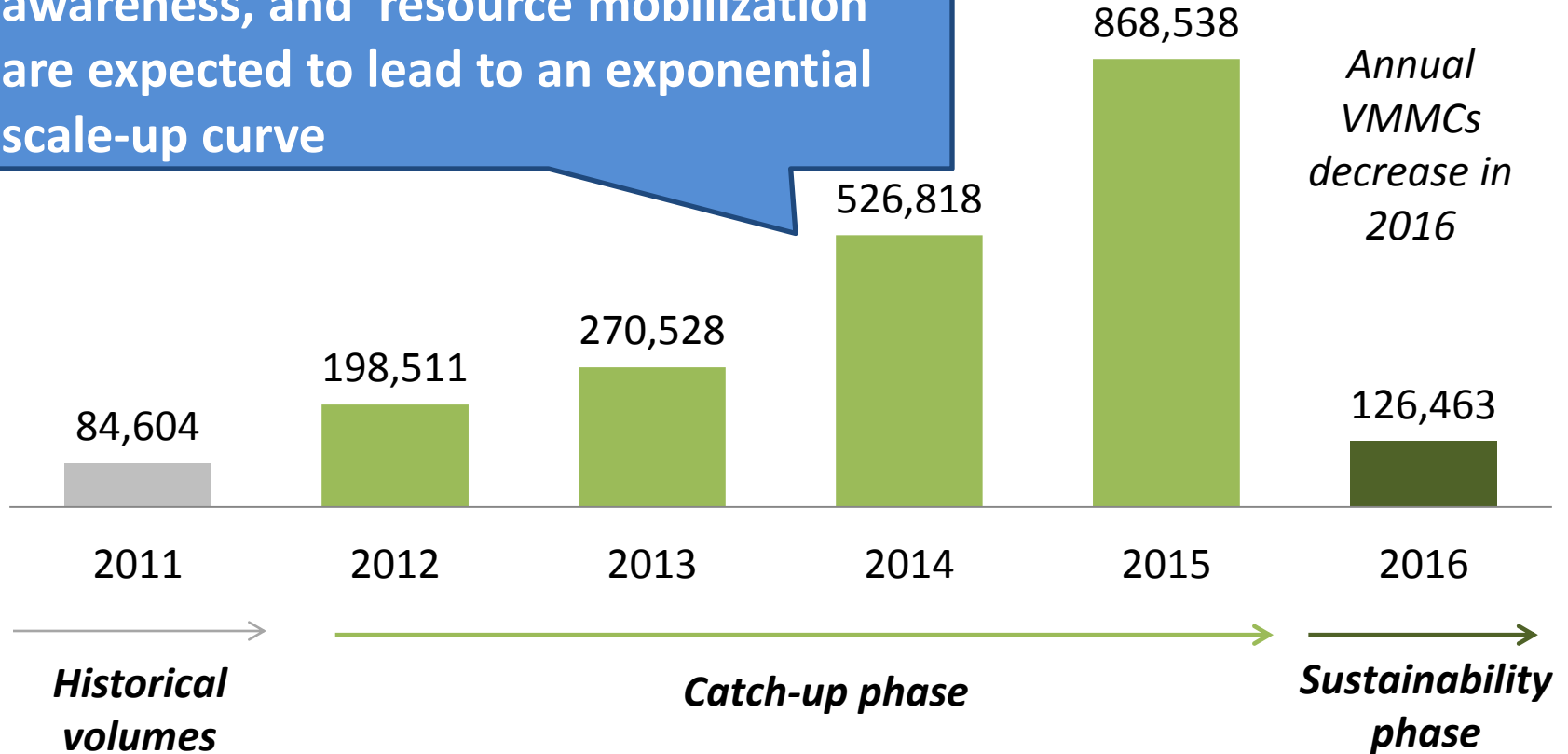
Eligible Population and Targets by Province Men Aged 15-49 Years (2012-2015)



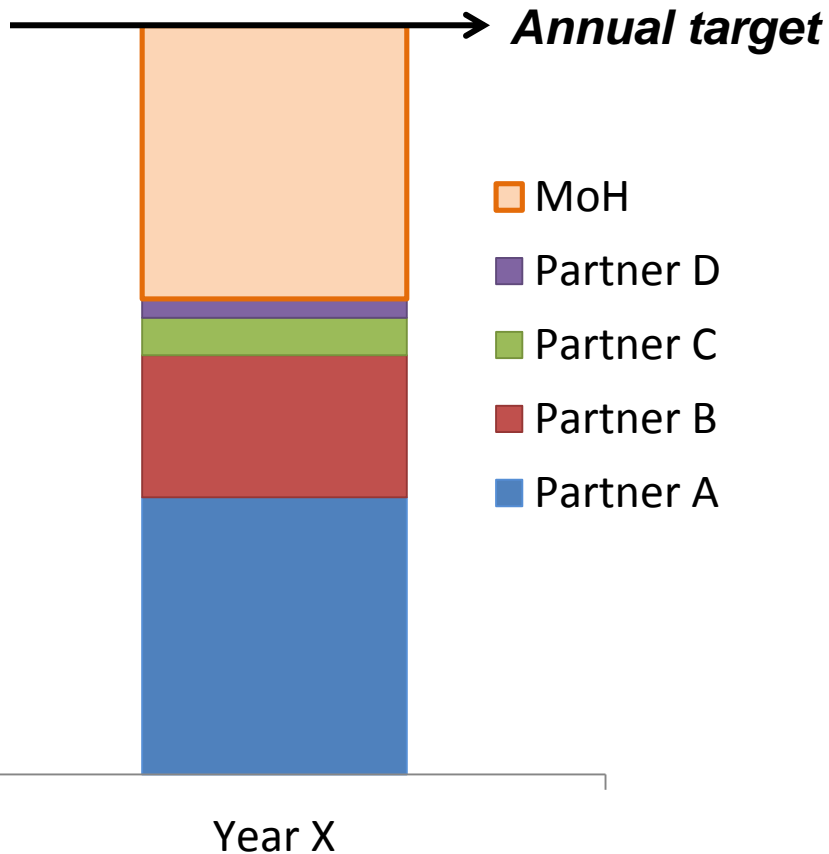
Developing Annual Targets

Provincial and district targets are broken down into annual targets based on an exponential scale-up curve

Improved human resource capacity, programme efficiency, community awareness, and resource mobilization are expected to lead to an exponential scale-up curve

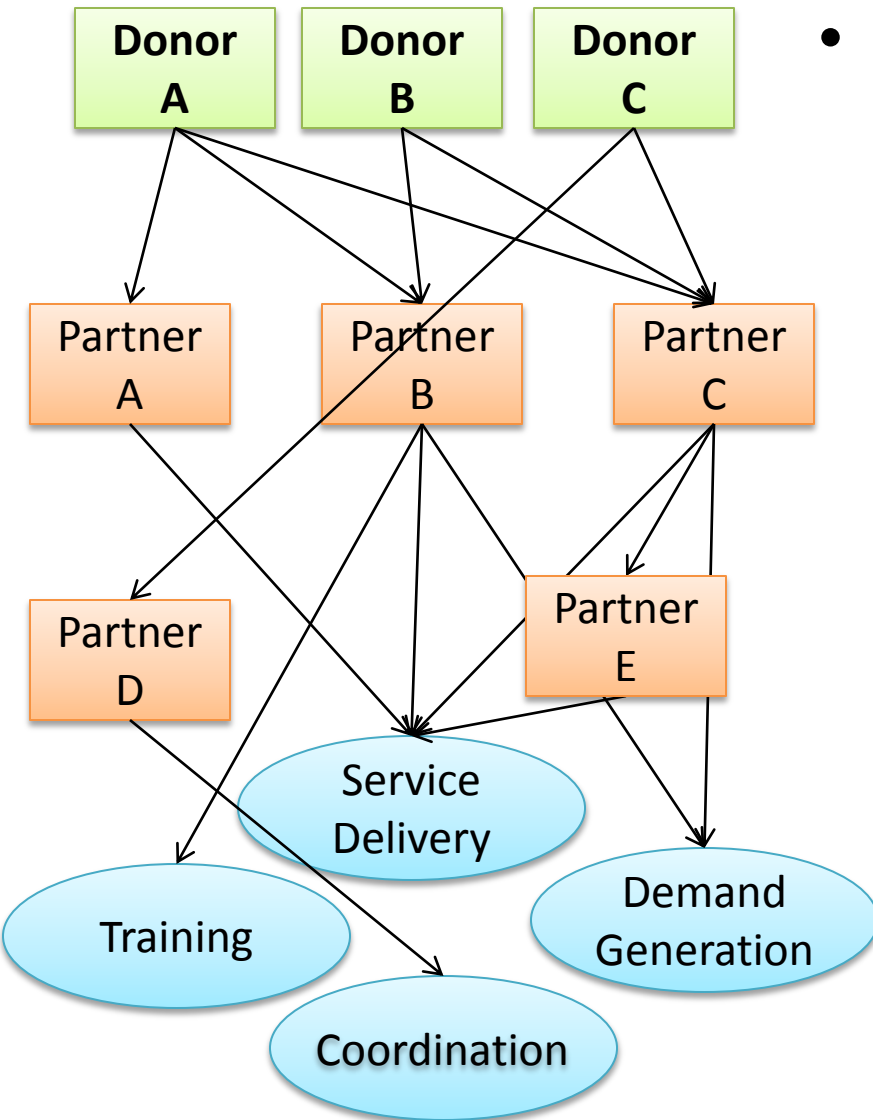


Assessing Annual Targets



- Annual national targets can now be compared to the donor-funded targets of implementing partners
- This has uncovered a significant gap in the annual resources required to achieve 5 year targets
- Quantifying this gap on an annual basis improves our ability to advocate for resources during annual MOH and donor budgeting processes

Strategic Direction – Where we started



- When the National VMMC Program was launched in 2009, the service delivery landscape was already crowded by:
 - Multiple donors; funding
 - 5 implementing partners; to achieve
 - Disparate targets; through
 - Different service delivery models

Strategic Direction – Where we are



Country Operational Plan for the scale-up of Voluntary Medical Male Circumcision in Zambia , 2012-2015

- Includes annual targets at the district level

National Voluntary Medical Male Circumcision (VMMC) Communication and Advocacy Strategy, 2012-2015

- Provides key VMMC messages for each target group



Country Operational Plan – 8 Pillars

Pillar 1: Leadership & advocacy

Pillar 2: Governance & coordination



Developing the
Operational Plan directly
supports Pillars 1&2

Pillar 3: Service delivery of VMMC

Pillar 4: Communication & demand generation

Pillar 5: Monitoring & evaluation

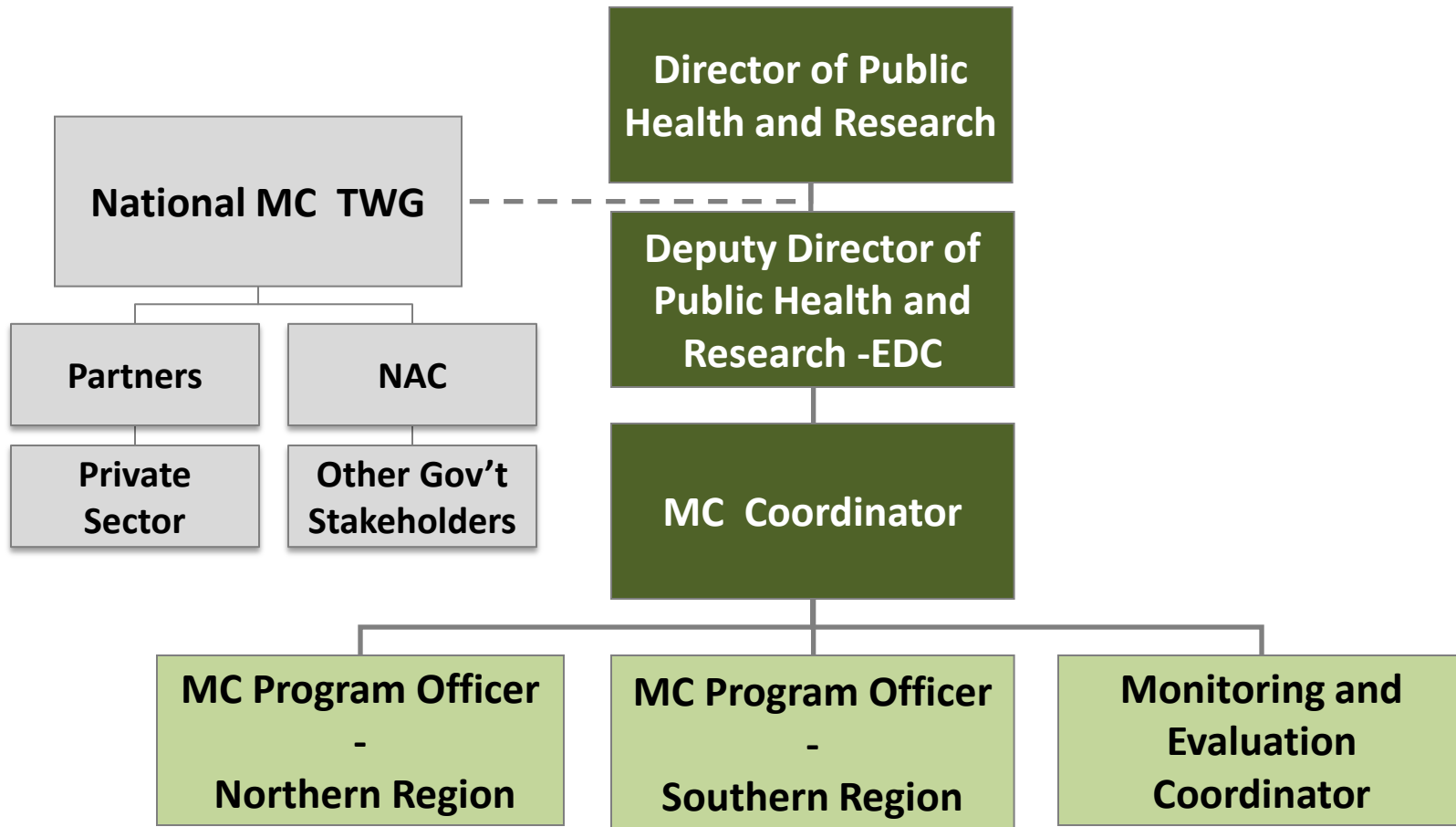
Pillar 6: Implementation science

Pillar 7: Resource mobilization/Costing VMMC scale-up

Pillar 8: Early infant male circumcision (EIMC)

Pillar 2 – Governance and Coordination

Governance structure of VMMC in Zambia – National level



Pillar 3 – Service Delivery

The National Operational Plan:

- Categorizes facilities into one of four levels (A-D) based on availability of resources required for MC; and
- Defines efficient service delivery models for each level

Facilities able to provide dedicated VMMC service days without supplementary staff or equipment

Level A

Level B

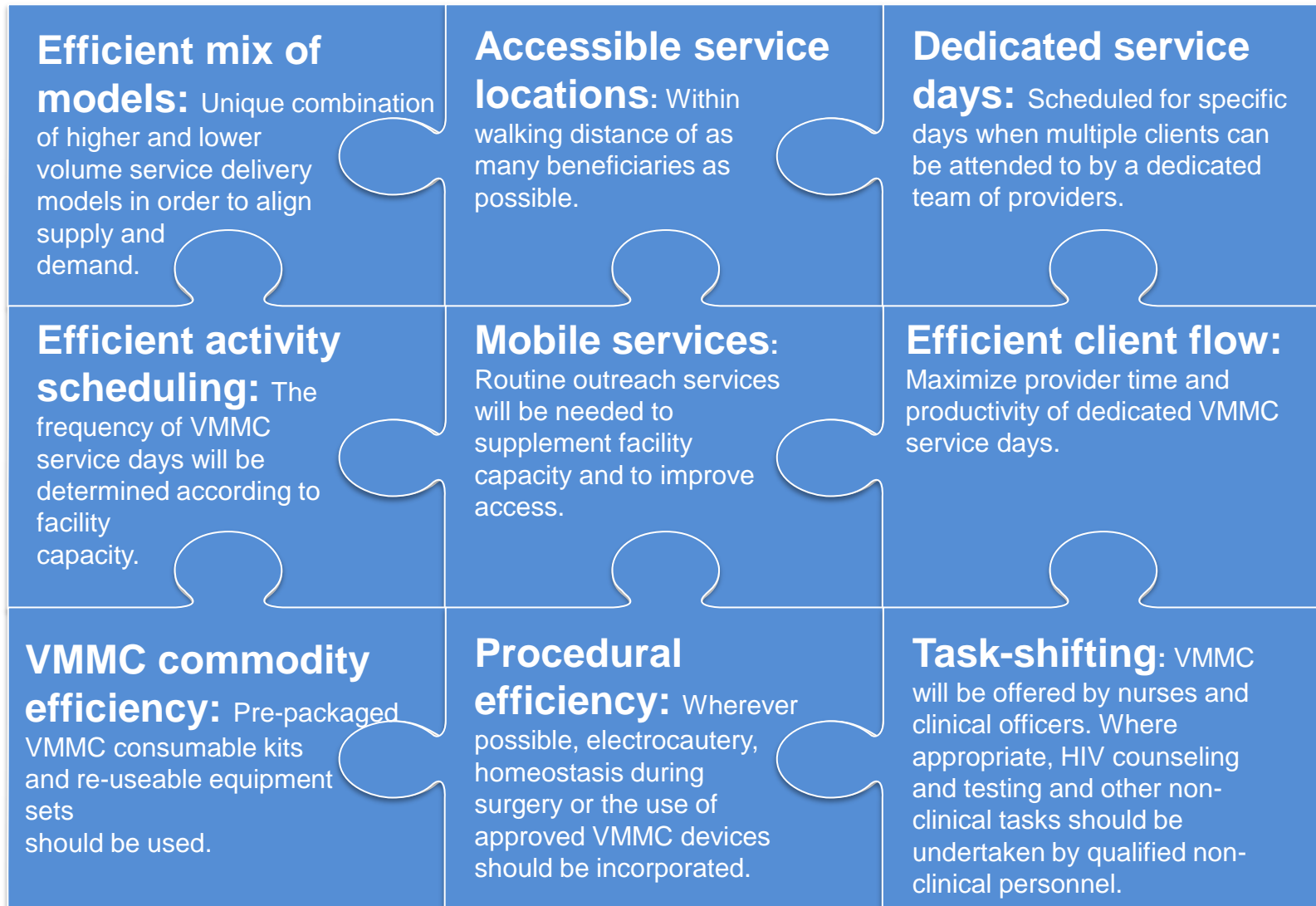
Facilities requiring outreach staff and mobile equipment to provide dedicated VMMC service days

Level C

Level D

Pillar 3 – Service Delivery

Zambian model for optimizing the volume and efficiency of VMMC services...



Operational Plan – Costing

Area	Total Cost (2012-2015), USD Million					Unit cost per MC, USD
	2012	2013	2014	2015	Total	
Service Delivery	\$23.3	\$18.4	\$45.3	\$73.9	\$160.8	\$86.25
Governance & Coordination	\$4.2	\$4.0	\$4.3	\$4.4	\$16.9	\$9.04
Advocacy & Demand Generation	\$2.8	\$2.3	\$3.5	\$5.0	\$13.7	\$7.36
M&E/Implementation Science	\$1.6	\$1.0	\$1.1	\$1.3	\$5.0	\$2.67
Total	\$31.9	\$25.6	\$54.2	\$84.5	\$196.4	\$105.32

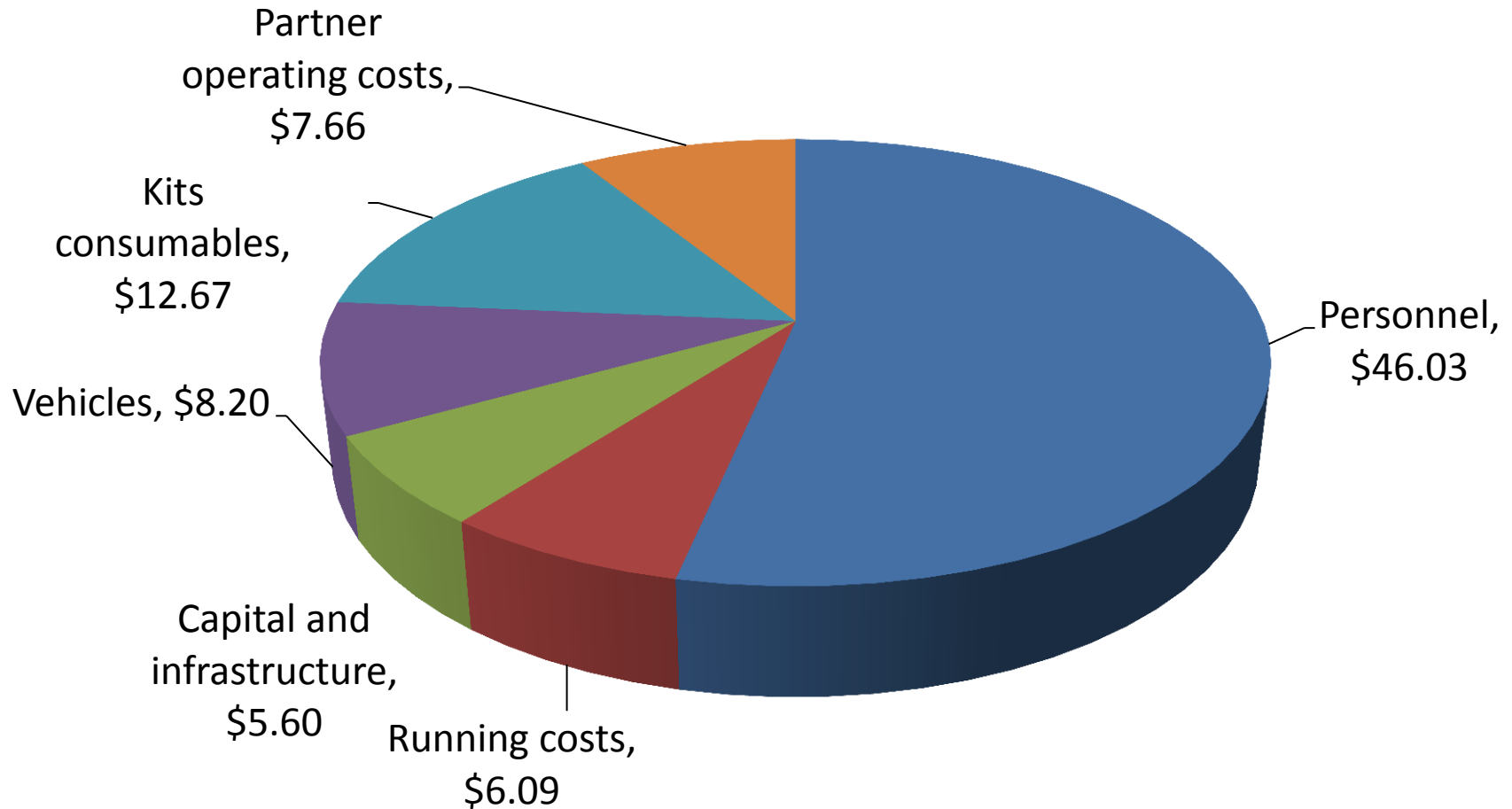
Operational Plan – Costing

Operational plan resource envelope, USD million

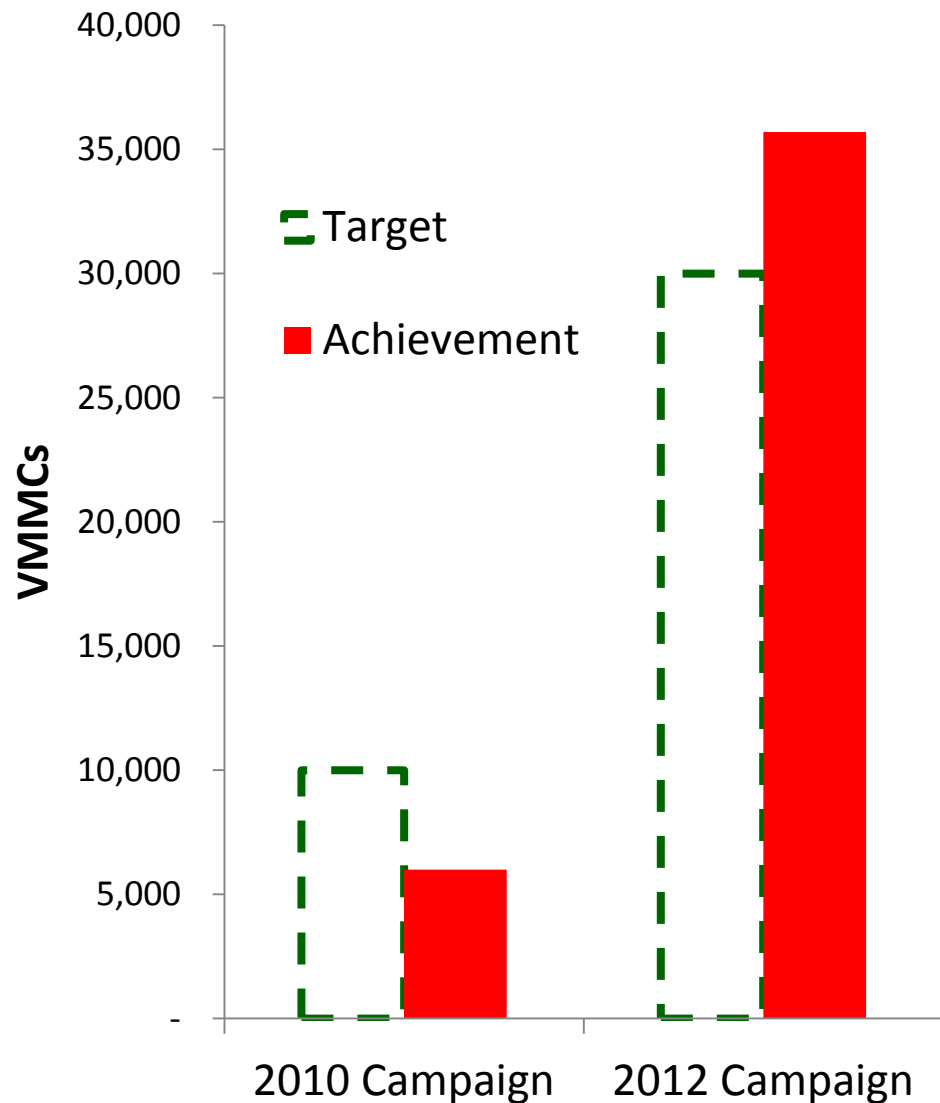
	2012	2013	2014	2015	Total
Required resources	\$31.9	\$25.6	\$54.2	\$84.5	\$196.4
Available resources					
GRZ	\$3.9	\$4.8	\$8.2	\$13.0	\$29.9
USG	\$5.0	\$16.0	\$16.0	\$16.0	\$53.0
Global Fund	\$0.8	\$0.8	\$0.8	\$0.8	\$3.0
Total	\$9.7	\$21.6	\$25.0	\$29.8	\$85.9
Funding Gap	\$22.2	\$4.0	\$29.2	\$54.7	\$110.5

Operational Plan – Unit Costing

Unit cost of Service Delivery - \$86.25



Results to date – August Campaign



- The Hon. Minister of Health launched the August campaign on National TV with the **target of 30,000 VMMCs**
- The PS sent official letters to all provinces requesting that **MoH staff support partners** and make providers available
- MoH and partners **shared costs** to support a national media campaign
- As of August 31st, **over 45,000 MCs had been completed!**

What worked?

- **Strong MoH leadership** – Launch by Hon. Minister, Official letter announcing campaign to Provinces and Districts.
- **Media Involvement** – Media Launch held to sensitize TV and Radio personalities.
- **Coordination and between MoH and partners** – MC TWG planning sub-committee, Cost sharing for mass media, and demand generation.



What Zambia is still working on...

- **Resource mobilization**

- The financial gap in Operational Plan funding will need to be addressed through a combination of increased resources and improved program efficiency.

- **Develop a National Workplan**

- We need to develop an Annual National Workplan which integrates the activities of all stakeholders and is aligned to the National Operational Plan.

- **Implementation of National M&E System**

- National M&E tools have been developed, and a revised version of the National HMIS which includes MC indicators is being rolled out.



Zikomo!
Thank-you!