



# Critical role of leadership and advocacy in scaling-up VMMC Zimbabwe

Presented by **Getrude Ncube**

National HIV Prevention Coordinator

Ministry of Health and Child Welfare Zimbabwe

**28 September 2012**





# Presentation Outline

- Background VMMC in Zimbabwe
  - Country Leadership for VMMC
  - Involving traditional leaders
  - Political Leadership and Advocacy
  - Next Steps
-

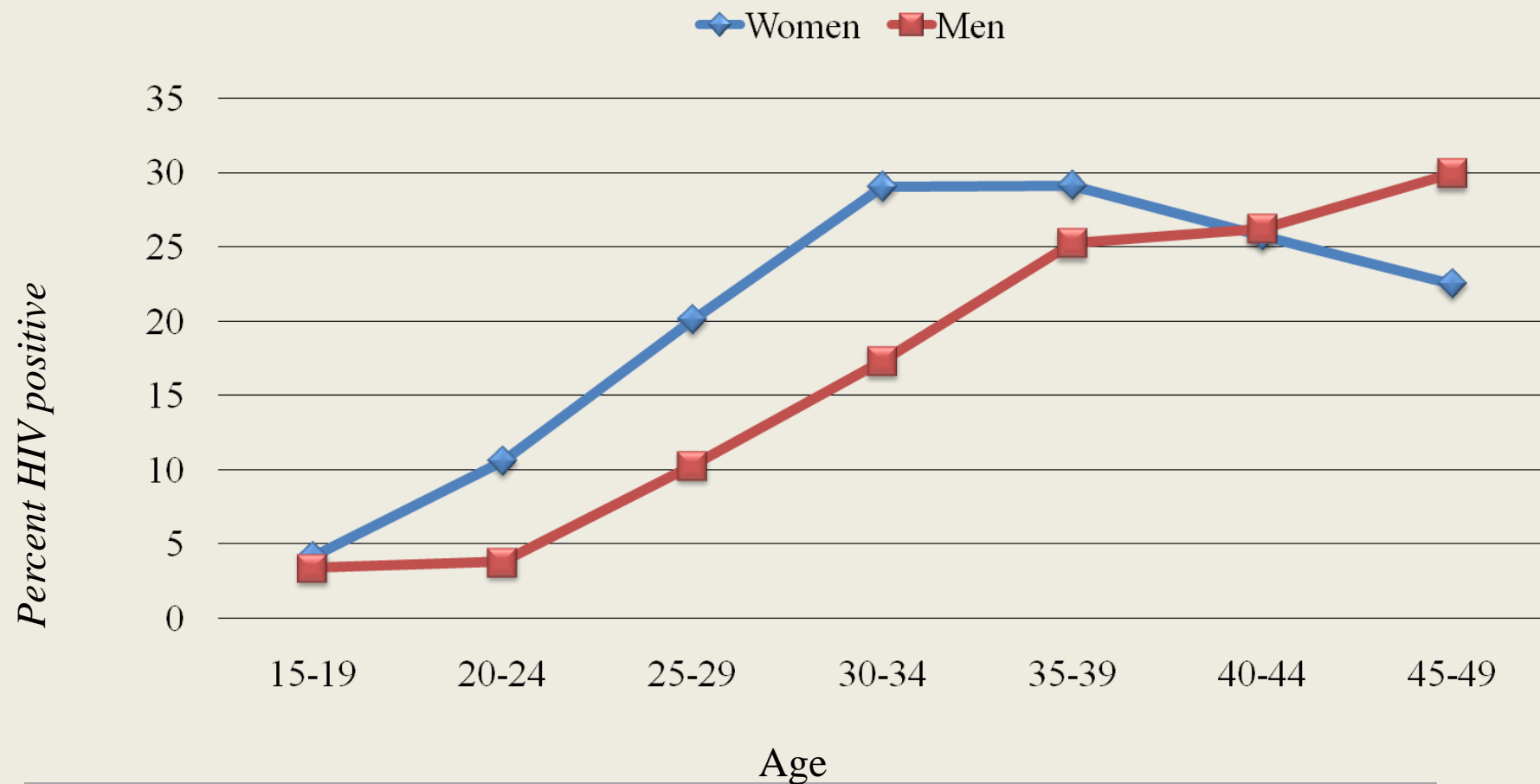
# Background VMMC in Zimbabwe



- Among countries with highest HIV prevalence in the world
- 15% among adults ( 2010/2011 ZDHS), decline from 29 % in 1999
- HIV and AIDS: 47% disease burden of the country
- MC prevalence 9% (ZDHS 2010/2011)
- VMMC started in May 2009
- 85 000 men circumcised through program



# HIV prevalence by age



# Milestones: VMMC in Zimbabwe

- 2007: MOHCW, NAC, UN National Stakeholder consultation to decide on WHO UNAIDS MC recommendations. MC is adopted
- 2009: Launched MC policy
- 2009: Initiation of adult and adolescent MC services in pilot phase
- 2010: MC Strategic Plan (2010 - 2015)
- **Circumcised** 85 000 September 2012



# Country leadership

---



- Systematic leadership engagement process at all levels
  - Broad based stakeholder consultative process and included:
    - Government
    - Traditional leadership
    - Civil society
    - Health regulatory Authorities
    - UN Country and Regional team
    - Uniformed forces
    - Women activists groups
    - Young people
-

# High Level Advocacy with Uniformed Services

---

- High level leaders from ZDF, AFZ, ZRP, NPWL approved VMMC as an additional HIV prevention intervention
- VMMC UF program started in April 2011, BMGF funded
- 6 sites and mobile teams
- UF VMMC program does also support VMMC services for civilian populations





# Portfolio committee on Health and HIV

---

- Induction of new parliamentarians into HIV and AIDS Issues
- Specific emphasis on VMMC
- Key issues were to be introduced VMMC





# Traditional and Religious leaders 2009

- Consultative meeting:
  - Islamic Medical Association.
  - Shangani Traditional leaders and circumcisers
- Explore areas of collaboration and introduce concept of medical male circumcision for HIV prevention



# Traditional Leaders for VMMC

- MC = Passage into adulthood
- MC Camps during winter months in remotest rural areas of the country
- 6000 - 8000 people annually
- Traditional circumcisers requested MOH & its partners to support and provide safe medical circumcision **but:**
  - Not willing to bring clients to hospital procedure to be done in their camps
- **Agreed** on provision of comprehensive MC package
- HTC provided on outreach basis by *New Start* CITC program



# MC Campaigns Shangani in Zimbabwe

---

## Challenges

- Children under 12 years
- Clients testing HIV(+)
- Use of tents (hot & poor lighting)
- Poor water & sanitation
- No female providers!
- Some traditional leaders opposed to medical MC camp
- Traditional MC conducted parallel with medical MC camps





# Lessons Learned

- Male Circumcision is feasible and safe even in remote areas without infrastructure
- High outputs: 1400 MCs in 2 weeks
- Good partnership and collaboration with all partners Government, local NGOs, implementing partner, Communities
- Effective mobilization through traditional leaders
- Traditional leaders
  - Need to respect and understand their cultural practices, traditional rites of passage
  - Excellent advocates
- Positive impact on demand creation for VMMC also among non –Shangani communities



# Zimbabwe Parliamentarians Against HIV/AIDS

- 2001: Zimbabwe Parliamentarians form ZIPAH
- Declaration of commitment of parliamentarians in the fight against AIDS
- May 2004: 40 Members of ZIPAH take up HTC
- March 2012: Re-launch of ZIPAH strategy by President Mugabe, mentioning VMMC as an important HIV prevention strategy
- NAC , MOHCW & NGOs involved in HIV work approached ZIPAH to demonstrate their commitment by public event HTC and VMMC



# Statement of Commitment



- We reaffirm our commitment to WALK the TALK.
- We undertake to cultivate best practices for the role of parliamentarians in addressing the spread and impact of HIV
- We advance our commitment under the umbrella body of Zimbabwe Parliamentarians Against HIV and AIDS (ZIPAH) through practical involvement.



**LEADING COMMUNITIES FOR HIV ACTION**

# Parliamentarians making a smart choice

- The event held in a public park near parliament building
- March through the streets of central Harare
- Speeches from high ranked politicians (Deputy Prime Minister Khuphe, Speaker of Parliament)
- Wide press coverage ( national with interviews of various members of parliament and the public
- 65 Members of parliament were circumcised and 120 members and their families were tested for HIV







# Parliamentarians making a smart choice

---

- [Parliamentarians Making A Smart Choice](#)

# Impact of the event

---

- Call for Action at the IAC in Washington, Honourable Chebundo
- Wide local and international press coverage of the event
- Impact on uptake of VMMC services by “walk-in” clients
- Other public groups intending to follow the example



# Next Steps

---

- **Members of Parliament's role:**
  - Lobby for VMMC in their constituencies
  - Include messages on VMMC in their rally speeches
  - Mobilise other leaders in their constituencies for VMMC





# Acknowledgements

## Colleagues

- Mr. Sinokuthemba Xaba (MOHCW)
- Ms Cynthia Chasokela ( MOHCW)
- Dr Karin Hatzold (PSI)
- Bill Jansen (USAID)
- Dr Sarah Banda (WHO)
- Dr Panganai Dhliwayo
- Dr Godfrey Mutetsi (ZDF)
- Dr Annamore Jamu (ZRP)
- Ms Tsungi Chiwara (MOHCW)

## Partners VMMC

- MOHCW
  - National AIDS Council
  - Uniformed Services Zimbabwe
  - PEPFAR
  - Bill and Melinda Gates Foundation
  - DFID
  - WHO
  - UNFPA
  - PSI
  - JSI/SCMS
-



Together we can make a difference in VMMC

