

Coordination and Accountability for VMMC Tanzania Experience

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*PEPFAR-WHO Meeting on Accelerating Scale-up of Voluntary Medical
Male Circumcision for HIV Prevention in East and Southern Africa,
25 – 28 September 2012, Johannesburg, South Africa*



**World Health
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Outline

1. Background
2. Evolution of coordination and accountability structures and documents
3. Functionality of Technical Working Group
4. Achievements
5. Challenges
6. Towards improvement

Background

In 2007 when MC was recommended to be one of means to prevent HIV infection, Tanzania was estimated to have:

- Total population of 40 M (National census 2002)
- HIV prevalence 7% among 15-49 with marked regional variation ranging from 2-13.5% (THIS 2003/04)
- Overall MC prevalence of 70% also with regional variation of 26-80% (THIS 2003/04)
- Selection of 8 priority regions based on high HIV prevalence and low MC rates.
- Partners already working in the regions took MC support



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Evolution of MMC coordination and accountability mechanisms in Tanzania

1. In 2006, WHO supported TACAIDS and MOH to convene in-country stakeholders' consultations for preparedness pending further results of RCTs.
2. In 2007, WHO supported MoH to establish TWG whereby MOH nominated members & provided TOR for TWG
3. WHO advocated for inclusion of MC in two major strategic documents
 - i. National Multi-sectoral Strategic Framework for HIV/AIDS 2008-2012
 - ii. Health sector HIV/AIDS Strategic Plan 2008-2012

The National MC Technical Working Group

- Multi-disciplinary representation: Policy/decision makers, Programme managers, Researchers, Academicians, FBO, Private Sector & Development Partners)
- Dynamic composition and TOR adjusted according to stage of the MC programme: e.g. implementing partners and representatives of intervention regions have joined.
- Has been instrumental to-date (advocacy, technical guidance, & entry into the programme)
- Regular meetings held where partners demonstrate alignment to national guidance

Achievements of Coordination & Accountability

1. MOH ownership of VMMC programme
2. Establishment of a dynamic TWG
3. WHO-led initial processes:
 1. Conducting a National Situation Analysis
 2. Development of National MC Strategy & Regional Plans
4. Harmonized national training materials in line with WHO normative guidance
5. WHO is currently working with MOH and partners to finalize harmonized national MC M&E tools



Challenges facing MC coordination and accountability in Tanzania

1. HR shortage: e.g. MC Focal Point is also i/c of other biomedical prevention interventions
2. Inadequate ownership – inertia for mainstreaming MC into national and district plans and budgets
3. Integration of MC into other health services
4. Inadequate private sector action and accountability
5. Alignment – not yet optimal



Towards improved MC coordination and accountability in Tanzania

1. Need for additional dedicated MC staff
2. Strengthening functionality of the TWG: regular meetings & adaptation to maturity of programme
3. Advocacy for mainstreaming MC into national and district plans and budgets.
4. Strengthen MC M&E: rolling out the national MC M&E tools and establishment of the national database.
5. Support MOH to strengthen MC QA&C system



Shukrani kwa kunisikiliza!

'Thank you for your attention'