JOINT PEPFAR-WHO MEETING ON ACCELERATING THE SCALE- UP OF VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC) FOR HIV PREVENTION IN EAST AND SOUTHERN AFRICA
25-28 SEPTEMBER 2012

VMMC Implementation strategies, successes and challenges: Malawi

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Presentation outline

- Background
- Implementation approach
- Key interventions and processes
- Successes & Challenges
- Recommendations

Background

- Population: 14.1 million
- National HIV prevalence: 10.6% (urban 17.4%) and rural 8.9%).
- 21% circumcised male population MC situation analysis 2010.
- Prevalence is highest in Southern Region at 14.5% against 7.6% for Central and 6.6% for Northern region
- National VMMC target: 2.1 million over 5yrs

MC by HIV Prev. by Region

North

HIV Prevalence **6.6%**,
MC prevalence **5.0 %**

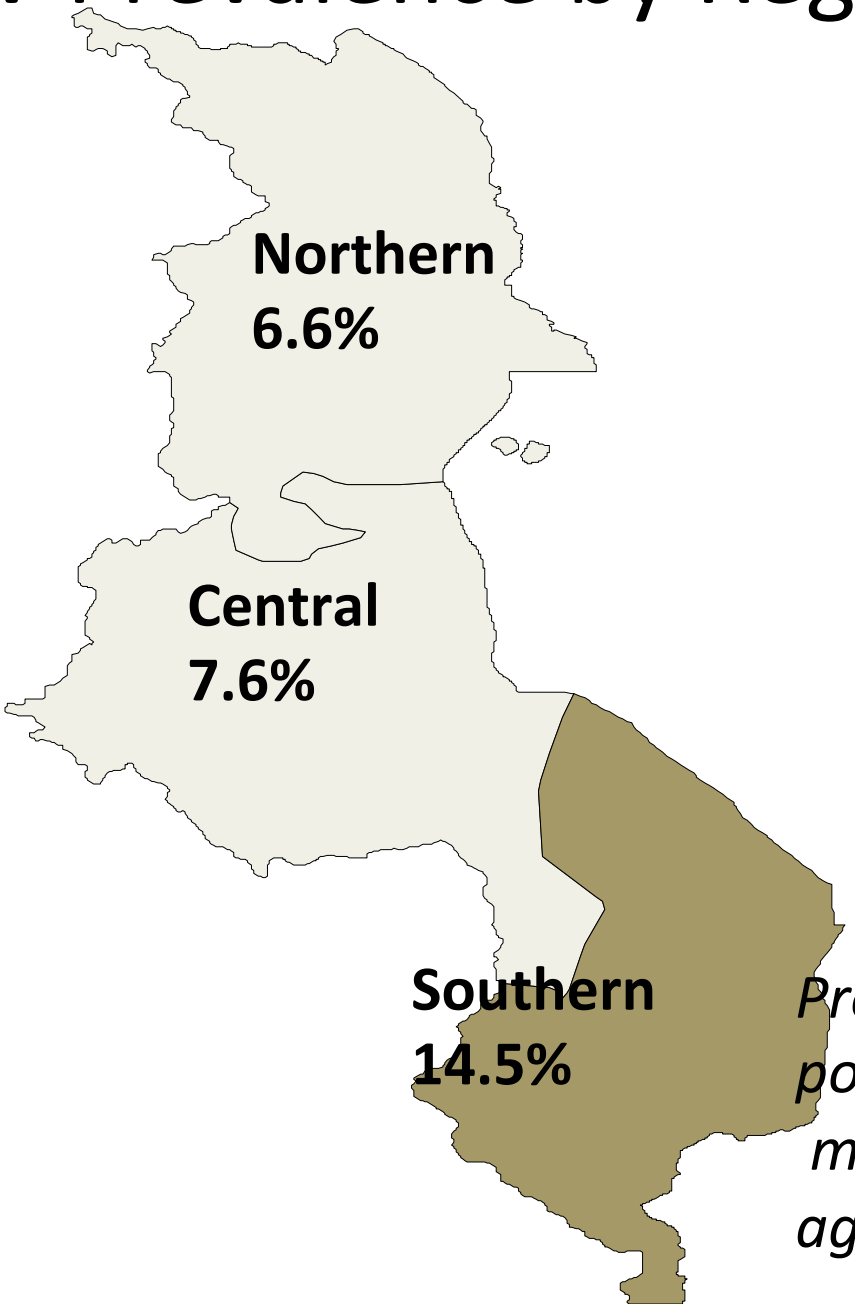
Centre

HIV Prevalence **7.6%**
MC Prevalence **12.2 %**

South

HIV Prevalence **14.5 %**
MC Prevalence **33.0 %**

HIV Prevalence by Region



Proportion of HIV positive men and women aged 15-49

Implementation approach

- Phased approach
  - Started with 9 pilot districts out of 28 with 2 model sites
  - Task shifting (Nurses & Clinicians)
  - Districts prioritised for saturation, based on impact assessment study
  - VMMC social mobilization campaigns
  - Efficiency models

Other Considerations

- HIV and MC prevalence in the area
- Expected demand for medical MC services
- Facility type/level
- Existing infrastructure and equipment
- Availability of skilled human resources
- Adequacy of emergency services in case of severe adverse events
- Level of interest of the concerned managers and service providers, etc.

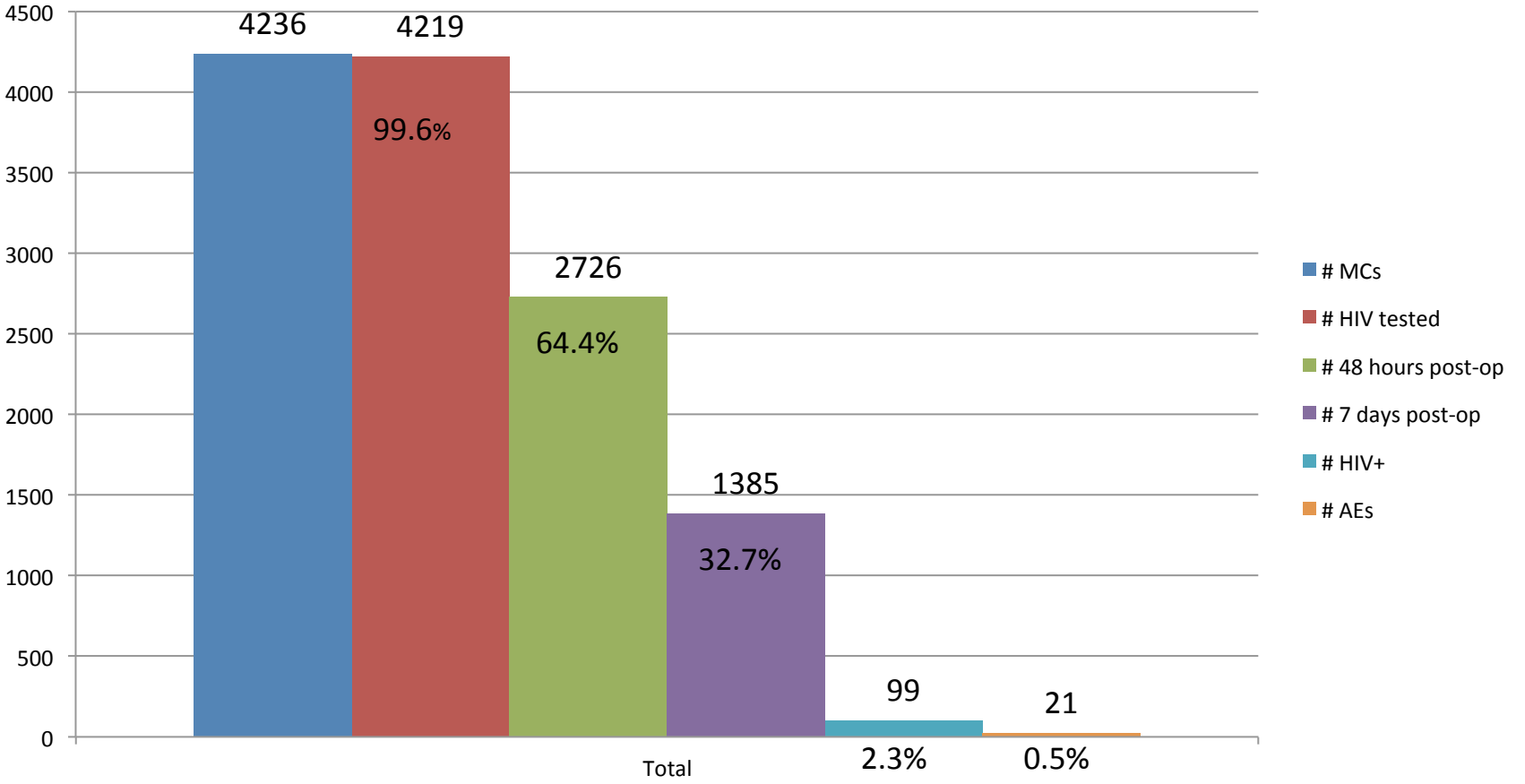
Key interventions/processes

- Accreditation of District Hospitals and Community Rural Hospitals
- All sites utilized MOVE principles;
  - disposable kits used at outreach sites and reusable kits at hospitals (courtesy of BLM).
  - Diathermy utilization
- Provision of VMMC based on minimum package

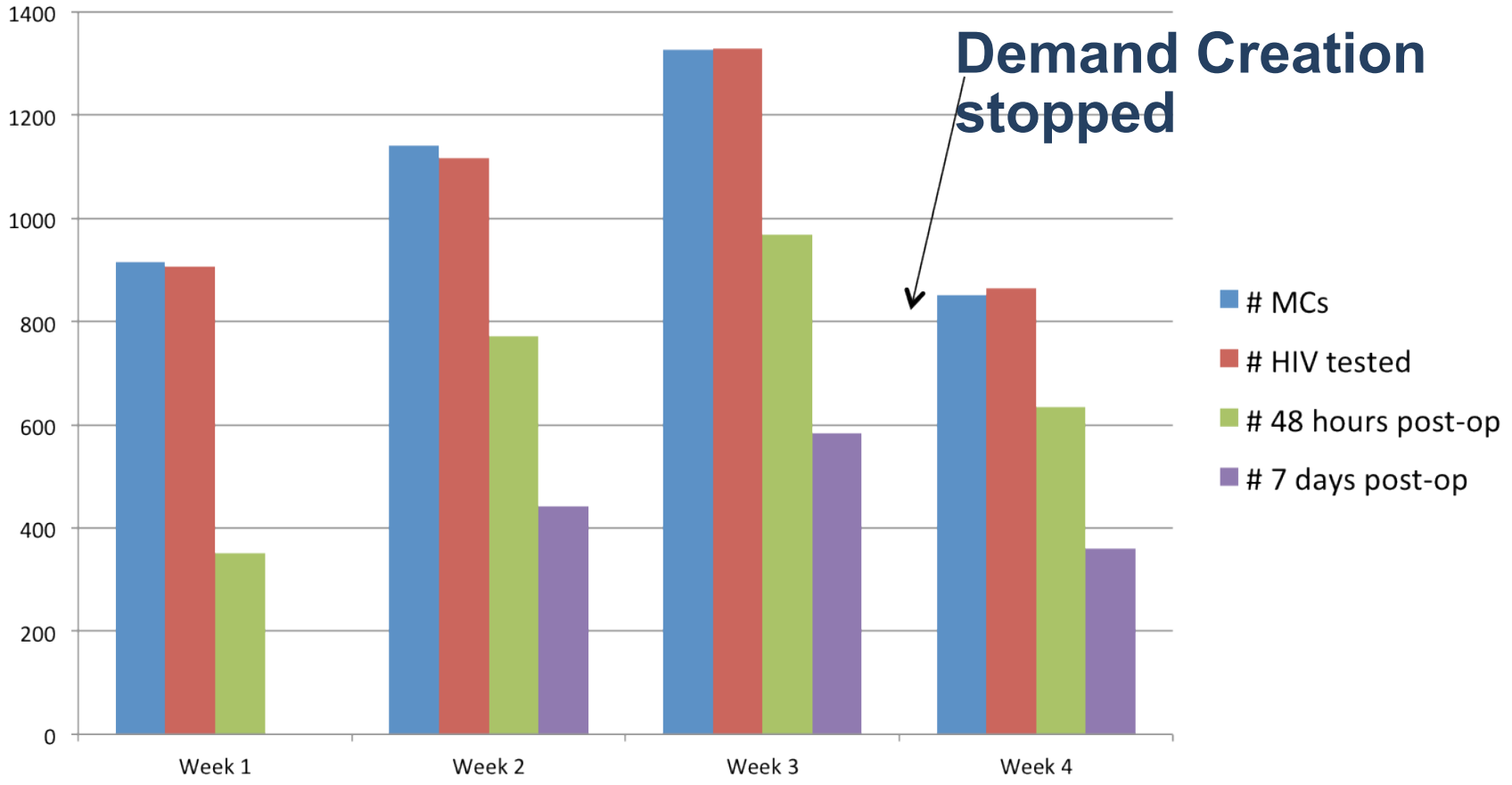
Key interventions/processes cont'd

- Community Mobilization led by Health Education Unit (HEU) , PSI and BRIDGE II. Additional demand creation activities in week 2 by Jhpiego
  - Drama Groups and HEU band (led by HEU)
  - Open days and video van shows (led by PSI)
  - Mobile video van shows (led by BRIDGE II)
  - Extended IPC outreach at village level; school talks (Jhpiego)

Results


4500
4000
3500
3000
2500
2000
1500
1000
500
0
4236
4219
99.6%
2726
64.4%
1385
32.7%
99
2.3%
21
0.5%
Total
MCs
HIV tested
48 hours post-op
7 days post-op
HIV+
AEs

Results by week



Successes/Lessons learnt

- MOVE principles fully embraced by week 2 of campaign
  - Surgical efficiencies mastered
  - Immediate recognition that HTC/screening can be the biggest bottleneck to client flow; team readjusted and began client intake earlier.
- Daily site debriefings, review of results, and adjustments for next day made

Successes cont'd

- Although slow to start, effective communication at community level
  - Hard to reach areas learning about VMMC for the first time; demand for services grew resulting in decision to open a outreach site
- Although target not reached, lessons learned are invaluable

Challenges

- Short time for MCHIP to plan the campaign (4 months)
- Lengthy lead time for procurement of supplies (at least a 6 months
  - 90% of essential supplies/equipment procured outside Malawi
- Need to transport clients to sites
  - Trucks were hired to transport clients on high volume days, however logistics and liability were major concerns
  - Some clients were unhappy due to long waiting times with no provision for lunch.

Challenges cont'd

- Most of the respondents to the services were youth almost 98%
- No campaign exit strategy
- Although good partnership between communication partners established, activities not centrally coordinated
  - Confusion over partner coverage
  - Communication not ideal

Recommendations (1)

- Focus on outreach/mobile sites that are closer to the community to achieve higher impact
- Conduct HTC and booking of clients at community level up to 1-2 weeks in advance to reduce bottlenecks at facility
- Make provision to rapidly shift from one site to another based on demand

Recommendations (2)

- If unable to have mobile sites, consider transporting clients to sites, however:
  - Consider other logistics carefully
    - Lunch to all clients?
    - Provision of transport late at night?
    - keeping clients overnight (Day can end ~8pm)?
- If mobile sites is an option, consider how to manage 48hr and 7 day post op clients

Recommendations (3)

- Demand creation activities should be led by one partner to ensure accountability
- All partners involved in communication should participate in daily team debriefs and weekly management debriefs with DHMT
- Small teams of IPC extension workers have most impact and should start at least 2 weeks prior to campaign
- Inter-space large events (open days, band, drama)

Recommendations cont'

- A deliberate effort should be made to accommodate needs of adults

- An exit strategy should be drawn for campaigns to mop up laggards and allow enough time for follow up to six weeks

Acknowledgements

- National AIDS commission,
- Ministry of Local government and Rural Development
- Pilot and Model sites (Dedza & Mulanje DHOs)
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- Banja Lamtsogolo (Marie Stoppes Intl.
- Bridge II Project
- PSI

I THANK YOU FOR YOUR ATTENTION