VMMC PROGRESS AND EXPERIENCE: MALAWI

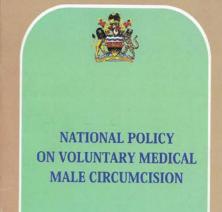
Meeting On Implementation Of The 2017-2021
Framework For Voluntary Medical Male Circumcision

Durban, South Africa

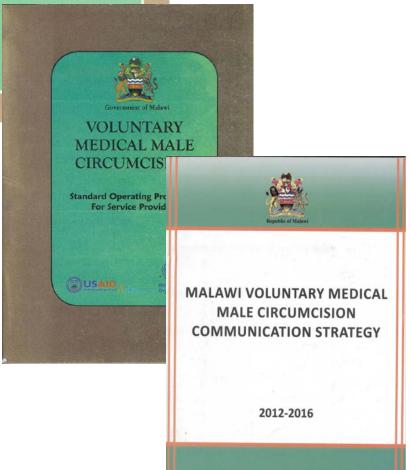
February, 2017

OUTLINE

- Government VMMC Response
- Implementation
- Targets
- Achievements
- Bottlenecks



Government Response



NDIFE OTSOGOLA

Malawi

Voluntary Medical Male Circumcision Strategy and

National Operations Plan for Scale up

2015 - 2020

VMMC Implementation

 Overall coordination - MoH and National AIDS Commission (NAC)

- Service delivery
 - Implementation in all 29 districts
 - -8 districts through PEPFAR and implemented by:
 - Jhpiego Sankhani, PSI and (USAID)
 - Jhpiego IQ and CHAM (CDC)
 - Jhpiego and PCI (DoD) in collaboration with Malawi Defense Forces (MDF)
 - -21 districts World Bank supported

TARGETS

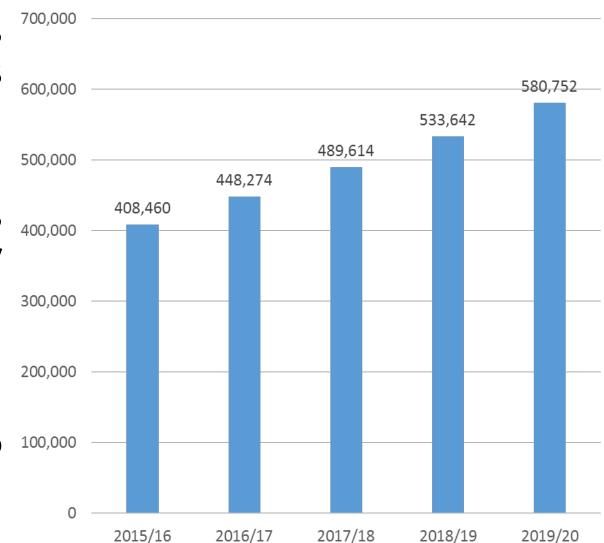
Targets

✓ 2,458,727 MCs for 29 districts by 2020

✓ 1,300,568 MCs for 14 priority districts

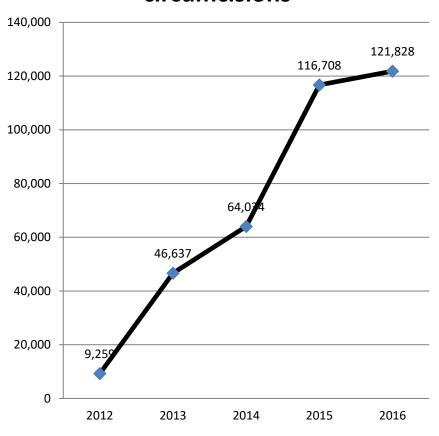
✓ Target represents 60% of males aged 10-34 years

Annual VMMC Targets 2015-2020



ACHIEVEMENTS:

Yearly cumulative number of male circumcisions



Status of providers - National

- Trained = 560
- Untrained = 800+

Updates On Prepex And Shangring Devices

- Senior management gave ago ahead to move into active surveillance with Prepex.
- Communication on tetanus from WHO vaccination halts the whole process
- Awaiting decision on tetanus vaccination
- Shangring study findings to be presented to MoH senior management and thereafter pending move into active surveillance.

Progress on EIMC

- Feasibility and acceptability study conducted and results well received by stakeholders including MOH
- Development of EIMC SOPs completed
- Work in progress on procurement of devices to pilot EIMC
- EIMC to be integrated into the VMMC program
- Introduction of EIMC to offer a unique opportunity to sustain high male circumcision prevalence in the long-term

Key Bottlenecks (1)

- Service delivery
 - Few implementing partners to cover <u>all</u> priority districts
 - Low number of providers to routinely offer VMMC services
 - VMMC services can only be provided by Clinical Officers (COs) and Registered Nurses (RNs)
 - Infrastructural challenges
 - Space
 - Hard to reach areas

Key Bottlenecks (2)

- Demand generation
 - Seasonality on accessing services
 - High turn up during campaign (school holiday)
 - Low turn up during the routine services
- Service delivery barriers
 - Accessibility
 - Cost of travel to service delivery points.
- Data management (partners not submitting data to MOH)
- MC is yet to be integrated into other health service points

Thank You



Khalani Otsogola

