VMMC Program Performance

Ministry Of Health

Zambia

Durban 2017
Team members

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Zambia Profile

- **Population:** 15 million
- **Prevalence of HIV**
  15 to 59 years is 12.3 percent
- **Annual incidence of HIV**
  15 to 59 years is 0.66%

- **Male Circumcision prevalence:** Twenty-two percent (22%) of men aged 15-49 are circumcised, a rise from 13% in 2007

- **One province (NW) traditionally practise male circumcision (78%)**

*Source: The Zambia Population-Based HIV Impact Assessment (ZAMPHIA), 2016; ZDHS 2013/14*
Cumulative VMMC Programme Performance

- 2007: 304
- 2008: 2,758
- 2009: 19,681
- 2010: 83,285
- 2011: 167,889
- 2012: 341,881
- 2013: 636,347
- 2014: 951,515
- 2015: 1,173,996
- 2016: 1,479,227

Graph showing the cumulative number of VMMC procedures performed from 2007 to 2016.
Zambia achieved 73% of the target
Adverse events were about 1.5%
HTS- VMMC 2016

- Positivity rate: 1.1
- Testing Rate: 74.6
Successes

The 2016 performance against target was impressive

- Harmonization of the Partner Reporting System and national HMIS
- Improved Coordination among implementing partners led to resource leveraging
- Robust community demand generation activities that led to increased MC uptake
- Launched Operational plan 2016-2020
- PEPFAR award for improved programme performance
Lessons Learned

• Involvement of traditional & community, youth as well as women still key
• Improved planning for VMMC services earlier in the year with implementing partners and funding agencies improved service provision
• Regular Technical Working Group meetings improved program performance
• Geographic & age group focusing was key to improving VMMC uptake
• Task shifting was key to improved service provision
Lessons learnt

Task shifting

Launch of VMMC plan with Chief Madzimawe
Lessons learned

VMMC campaign launch
Challenges

• Competing work tasks by VMMC providers limits VMMC service provision
• Inadequate Infrastructure – competition for space in health facilities
• Reporting of AEs varies across the programme
• Inadequate resources for provision of both outreach and ‘static’ VMMC services in districts
• Data capturing tools do not adequately disaggregate data by age group
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