VMMC Sustainability and Early Infant Male Circumcision

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Collection offers insight into a few country experiences with introduction of EIMC services, and highlights importance considerations for policy, service delivery, cost, and demand creation.

10 manuscripts: 1 editorial, 2 commentaries, experiences with introducing EIMC from Lesotho, Tanzania, Swaziland, Zimbabwe, and lessons from Cameroon and Senegal.
Sustaining Gains and Maintaining HIV Prevention Benefits

Sustainability scenarios

VMMC sustainability

Adolescent circumcision

Infant male circumcision

Adolescent and infant male circumcision

Adapted from: E Njeuhmeli et al.
Successful and Sustainable EIMC Program: Long Term Investment and Key Issues

- Does not compromise adult VMMC programs
- Routine delivery through MNCH platforms
- Adheres to the rights of the child
- Done safely

Source: TT Sint et al.
Program review form Senegal and Cameroon:

• MC is the norm and almost universal in many West and Central Africa
• 83% of health facilities visited offered EIMC (n=10/12)
• Provided by non-trained health workers, in the absence of national policies, strategies, and guidance
• Provision - driven by demand from the community

Recommendations:

• National policy, guidelines, and pre-service training - to improve systematic provision
• Data collection tools - to improve quality and safety of services

Source: E Kenu et al.
Medical Circumcision of Male Infants: Pilot in Tanzania

Background of Iringa
- 29% adult male circumcision and 15.7% adult HIV prevalence rate (2009)
- As of Dec ’14 - 272,740 adult MC performed (over the 264,990 regional target)
- EIMC piloted as VMMC coverage sustainability

Pilot
- 8 sites in Iringa district (April ‘13 to December ‘14)
- More than 2,000 male infants were circumcised (16.4% of all male births in the facilities)
- Age of infant at circumcision and follow-up attendance rates varied
- Safety was high – 0.4% overall adverse event
- Fathers are key decision makers

Source: M Amuri et al.
Scaling up EIMC in Countries – Swaziland Experience

Background:
• First country to introduce national EIMC
• Trained providers performed more than 5,000 EIMCs in 11 health care facilities (2010-2014)

Lessons learned:
• EIMC program needs
  ✓ inclusion of stakeholders within and outside of HIV prevention bodies
  ✓ robust support from facility, regional, and national leadership, and
  ✓ Informed demand
• Rapid scale-up of VMMC and EIMC has the potential to avoid more than 56,000 HIV infections and save US$370 million in the next 20 years.

Source: L Fitzgerald et al.
Scaling up EIMC in Countries – Lesotho Experience

Background:
• Adult VMMC services started in 2012
• Piloted EIMC services as a component of broader HIV prevention strategy and reduce need for future adult MCs
• Services to be implemented as integrated with maternal, newborn, and child health (MNCH) activities

Lesotho (phased introduction):
• 592 infants were circumcised (bet. Sept ‘13 & March ’15)
• Facilitating factors: strong MOH support, collaboration with stakeholders, and donor funding

Challenges:
• Gaining consent from family members other than mothers and parents
• Providers’ expectations of compensation
• Limited human resources - only doctors authorized to perform EIMC

Key steps to introduce EIMC services during national scale-up in Lesotho

- Conduct rapid site assessment – infrastructure and personnel
- Engage facility management team
- Conduct initial demand creation in hospital and community
- Select and train providers
- Initiate services

Source: V Kikaya et al.
3 articles on perspective of parents and health care workers; safety, acceptability and feasibility; and comparative cost analysis

- Leading parental concerns - fear of harm, penile injury, and pain
- Procedure using devices is safe and outcome satisfactory
- Cost - important factor in decision-making for sustainability approach and scaling up programs
- AccuCirc - safe, feasible and acceptable, and cost less (mid-wives US$38.87-US$33.72 vs. doctors US$49.77)

Source: W Mavh et al.; C Mangenah et al.
Conclusion

• Prevention is a cornerstone of the momentum towards ending AIDS by 2030 (UNAIDS Fast Track)
• VMMC is a proven effective prevention intervention, as part of a combined prevention package
• Integrating a one-time surgical intervention with long-term benefits into routine health care packages is not straightforward
• National governments should look at local data and decide on sustainability strategy
• EIMC will contribute to sustaining gains made from adult VMMC

Source: C Luo
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