



VMMC in Tanzania: Achieving 80% coverage in Iringa and Njombe Regions

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Objectives of Presentation

- Describe voluntary medical male circumcision (VMMC) program in Tanzania
- Discuss specific regions that have attained 80% VMMC coverage
- Describe the proposed sustainability strategy for Iringa and Njombe Regions



Tanzania VMMC Timeline

VMMC Pilot
2009

National Strategy
2010–2015

Scale-up of VMMC
in 12 regions
2010

EIMC [early infant
male circumcision]
Pilot in one region
2013

National VMMC
Country
Operational Plan
2014–2017

Scaled Services
and Phased
Sustainability
Approach 2015

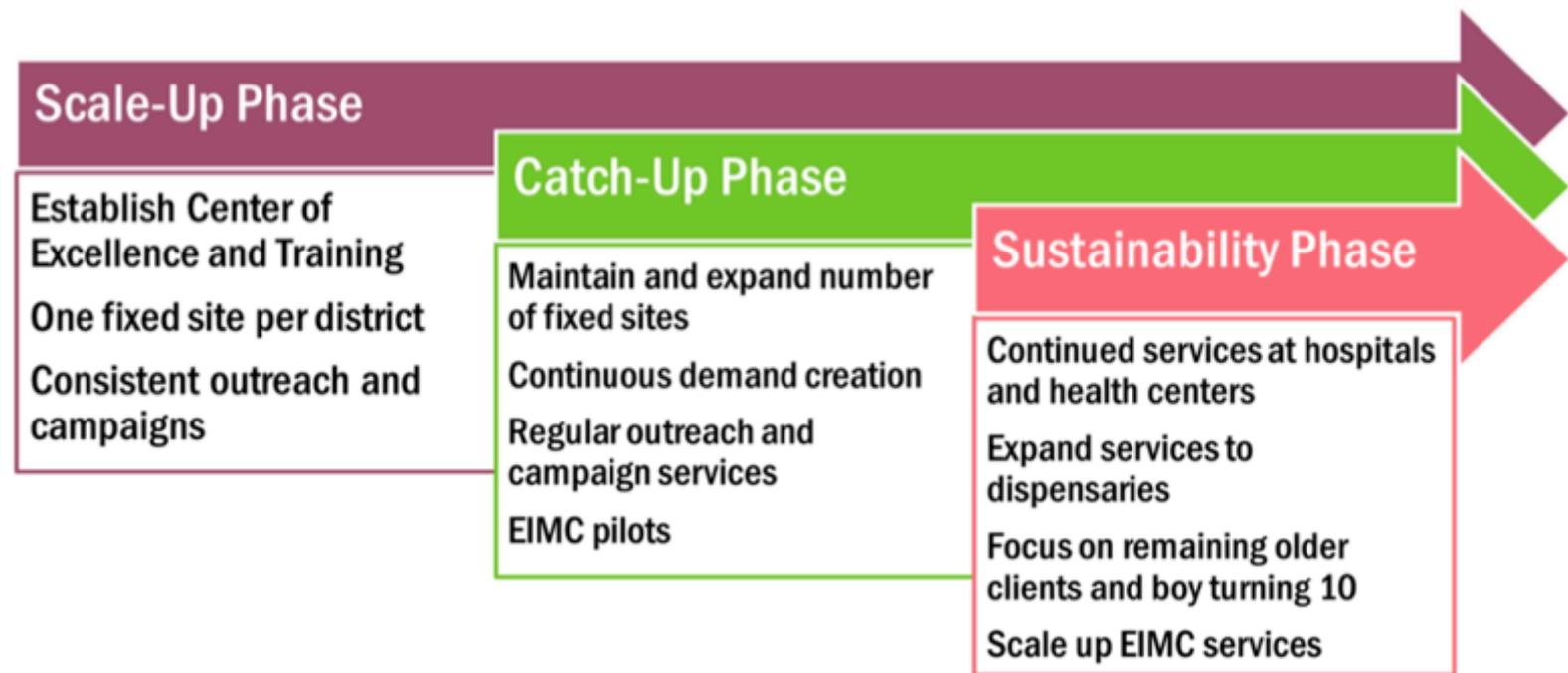


Overview of Male Circumcision in Tanzania

- Tanzania rolled out VMMC starting in 2010 based on the 2010 National VMMC strategy with a goal of scaling up VMMC in 12 priority regions
- Between 2010 and March 2016, 2,050,967 VMMCs have been performed under the MOHCDGEC VMMC program.
- The first five years were considered 'scale up' and 'catch up' focusing on 10- to 34-year-old males
- National VMMC Country Operational Plan has been developed to guide continued scale up and sustainability 2014-2017.



Phases of VMMC Service Delivery in Tanzania

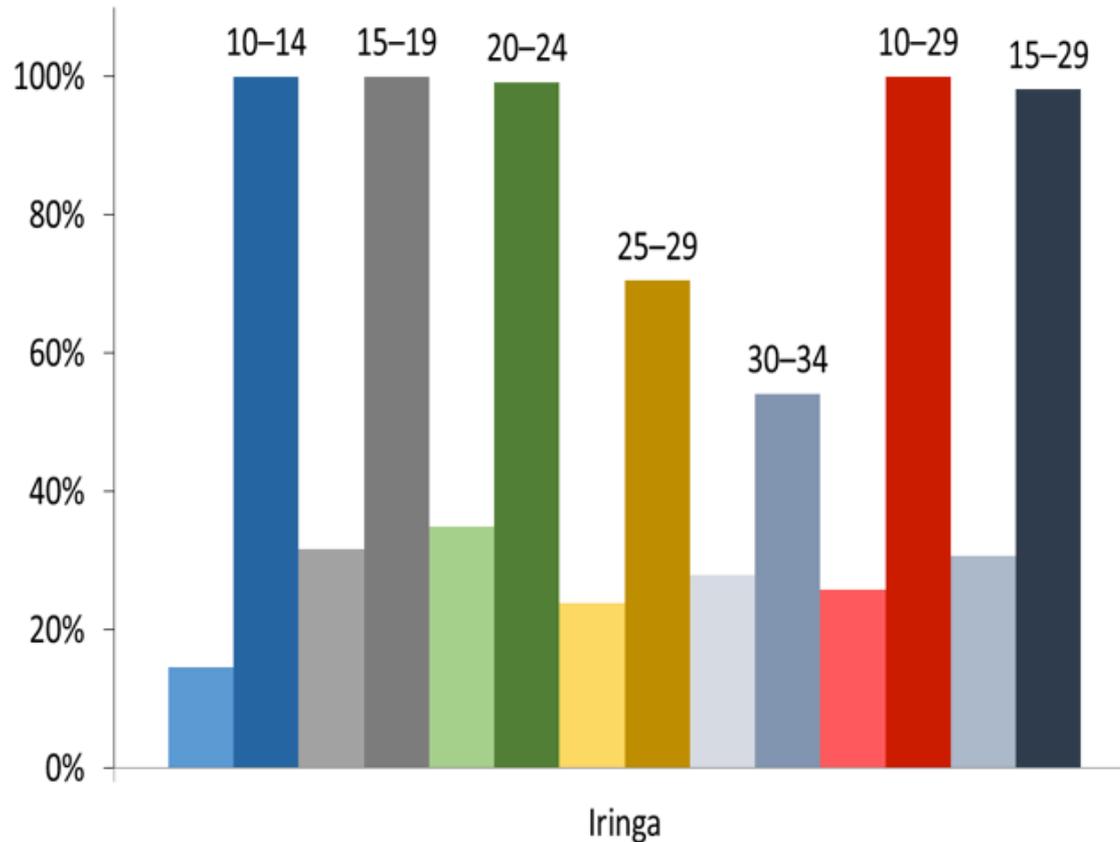


Implementation of VMMC Services During Scale-up and Catch-up

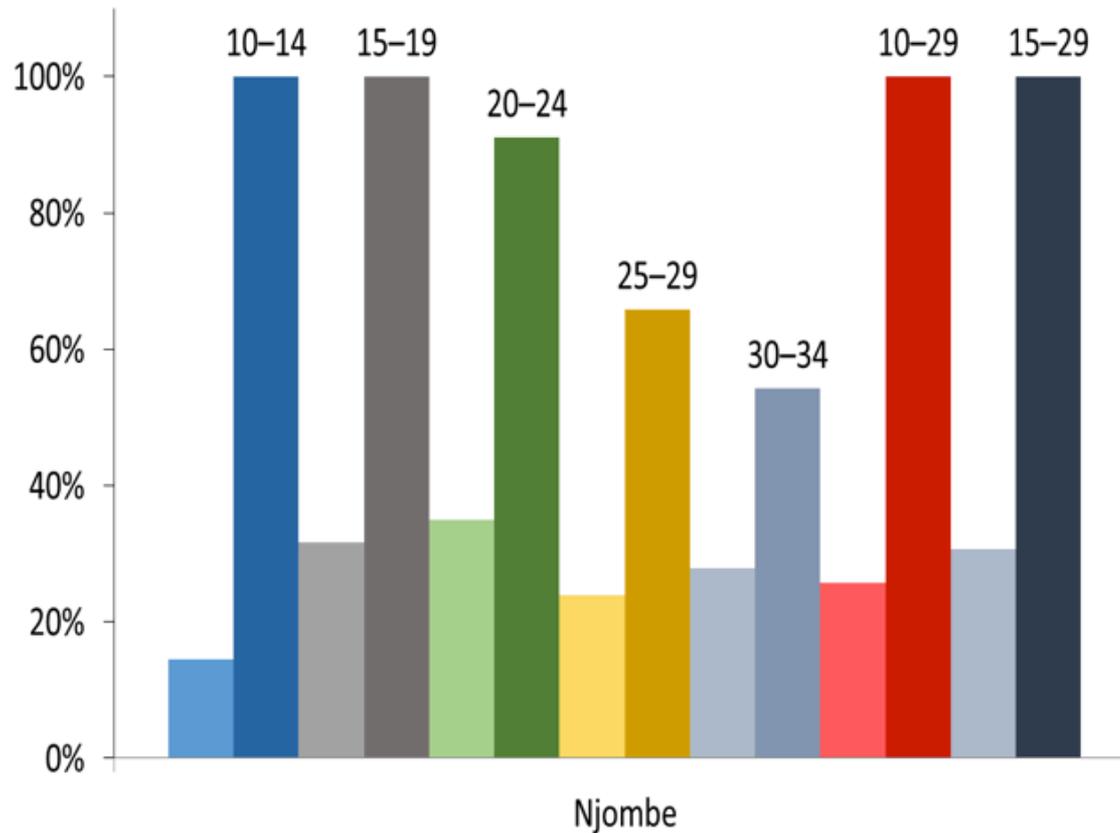
- Static VMMC services are provided by 85 of the 2,553 health facilities in the priority regions.
- 14.7% of the 8,107 health personnel in the priority regions are trained in VMMC services.
- Approximately **73%** of the **2.8** million 2010–2017 VMMC targeted clients have been circumcised (2009–March 2016).
- Coordination of VMMC services is undertaken by the **MOHCDGEC** through the STI [Sexually Transmitted Infection] Unit of the National AIDS Control Program (NACP) **with close advise from** MC technical working group at the national level.
- VMMC services are offered almost exclusively through the public **Health Facilities**



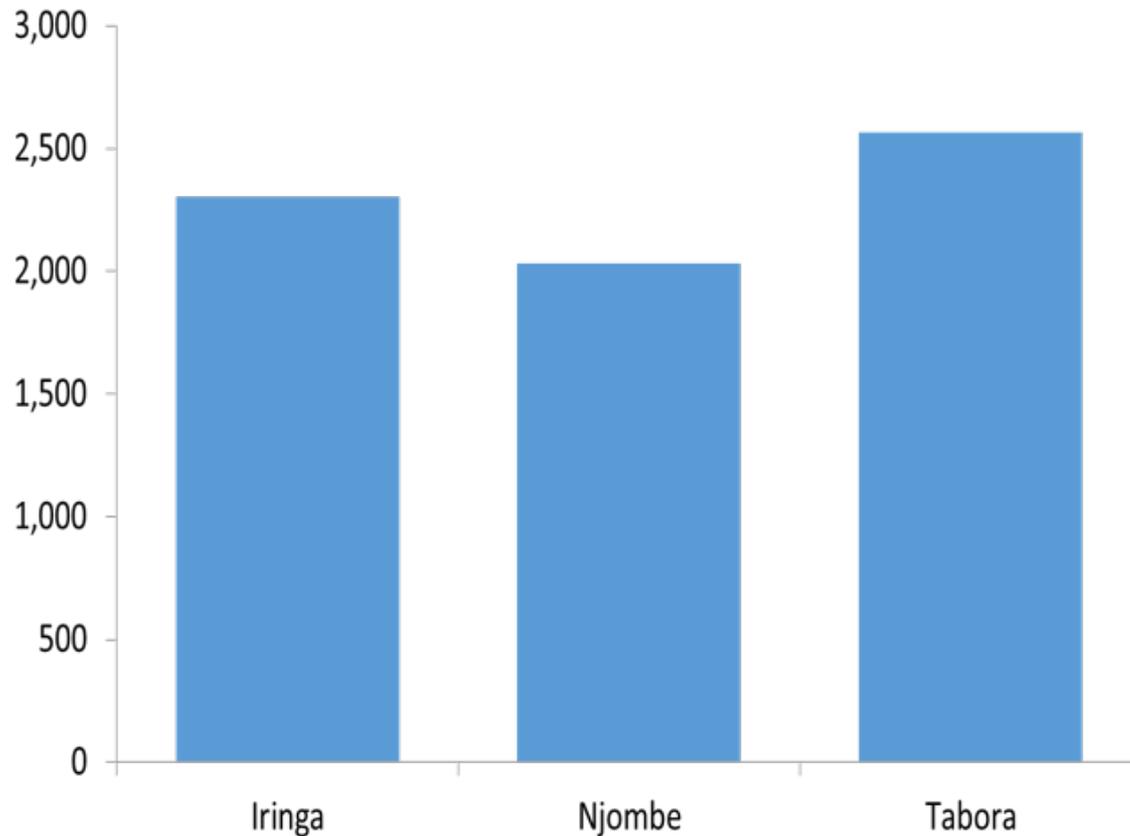
Medical MC prevalence before start of VMMC program (lighter shades) and modeled estimates of coverage by end 2015 (darker shades) - Iringa



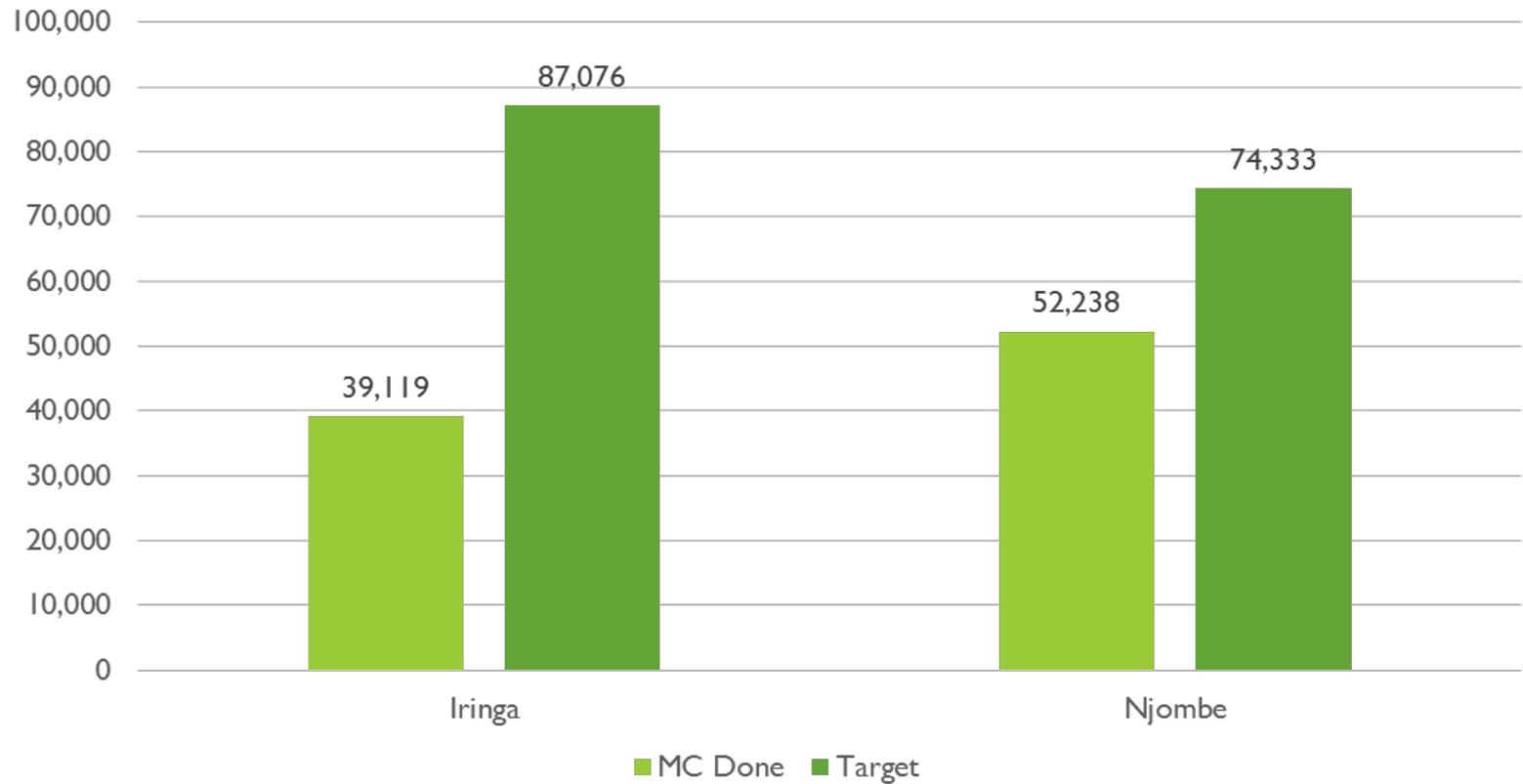
Medical MC prevalence before start of VMMC program (lighter shades) and modeled estimates of coverage by end 2015 (darker shades) - Njombe



HIV infections averted 2016-2030 from scaling up to 80% MC coverage among males ages 15–29 by 2020



Iringa/Njombe Progress vs. “New” Target, 2014–2017



Transitioning to Sustainability

Tanzania's VMMC Country Operational Plan 2014-2017

- Regions that reach or come close to reaching 80% of the target will slowly switch to the sustainability phase.
- Sustainability is characterized by the implementation of VMMC services at the majority of hospitals and health centers in the region and the expansion of service delivery to dispensaries that meet the minimum service delivery criteria.
- These facilities serve any remaining older clients and boys turning 10 years old.
- In addition, it is our intention that EIMC services will be launched and scaled up during the sustainability phase.



Sustainability Strategy for Iringa and Njombe

1

Integrate VMMC service delivery into existing health services

Continue to build region and district capacity and expand number of static sites

Partner and build capacity of CSOs within the regions

2

Focus on adolescents

Campaigns/outreaches to 'catch' clients aging in to services (10 years and above)

3

Scaling up early infant male circumcision in the next 2-3 years



Conclusion

- Significant progress has been made in Tanzania to reach 2.8 million VMMCs, though there is a great variance among the priority regions.
- Of the 13 priority regions, two (Iringa and Njombe) have reached their 80% coverage targets for specific age categories.
- In Tanzania, the sustainability phase is here. Developing clear guidance and a road map on how this phase will be implemented is vital not only for the two saturated regions but also to guide other priority regions as they approach the sustainability phase.
- Iringa and Njombe regions can 'pilot' the sustainability strategy using mixed modalities (adolescents and EIMC) to guide transition strategies for other regions in Tanzania and the region

