



VMMC Sustainability and Early Infant Male Circumcision

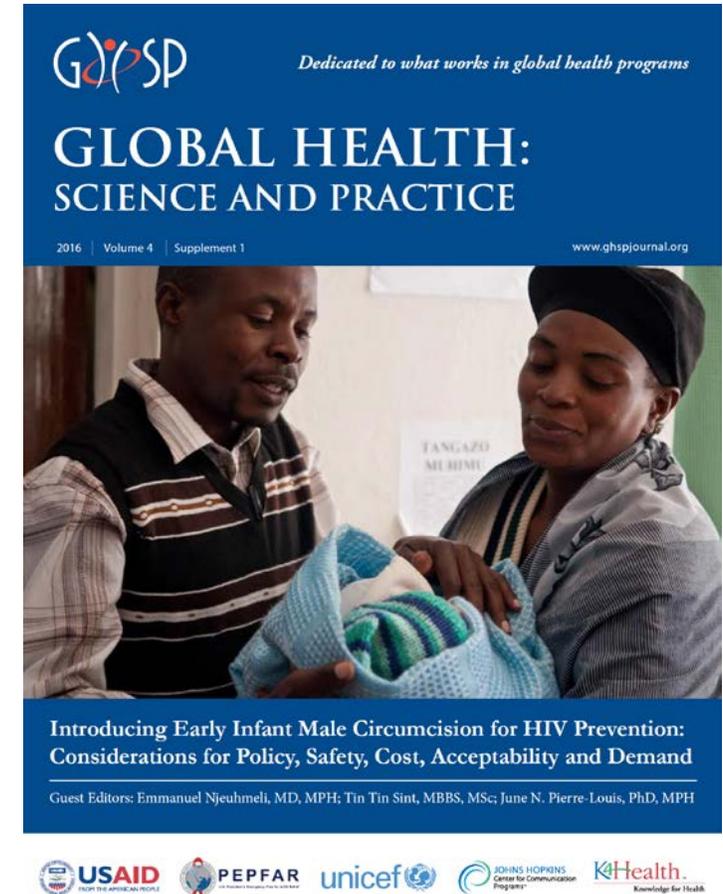
Dr. Tin Tin Sint
HIV section, UNICEF New York



Journal Supplement Theme

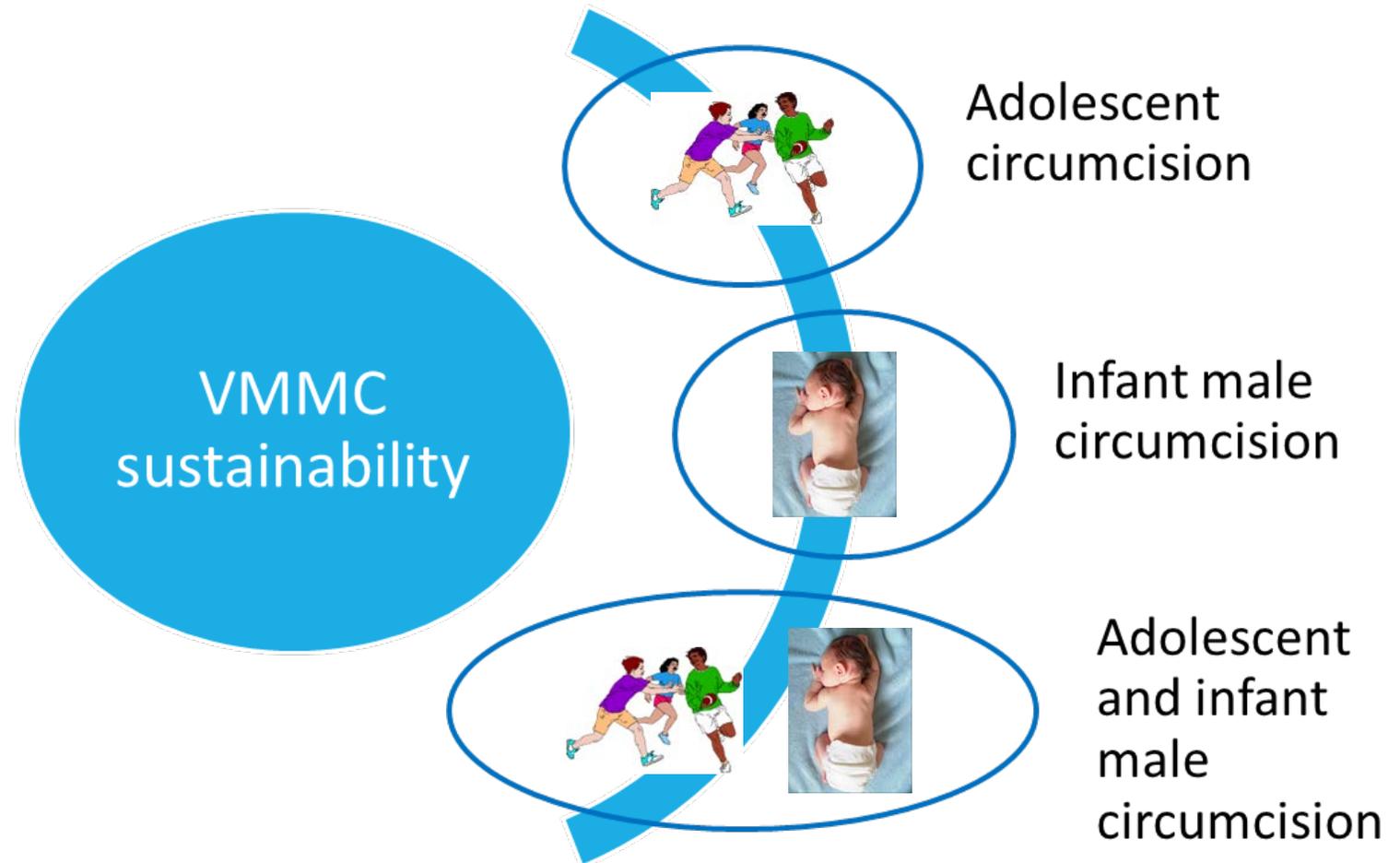
Collection offers insight into a few country experiences with introduction of EIMC services, and highlights importance considerations for policy, service delivery, cost, and demand creation

10 manuscripts: 1 editorial, 2 commentaries, experiences with introducing EIMC from Lesotho, Tanzania, Swaziland, Zimbabwe, and lessons from Cameroon and Senegal



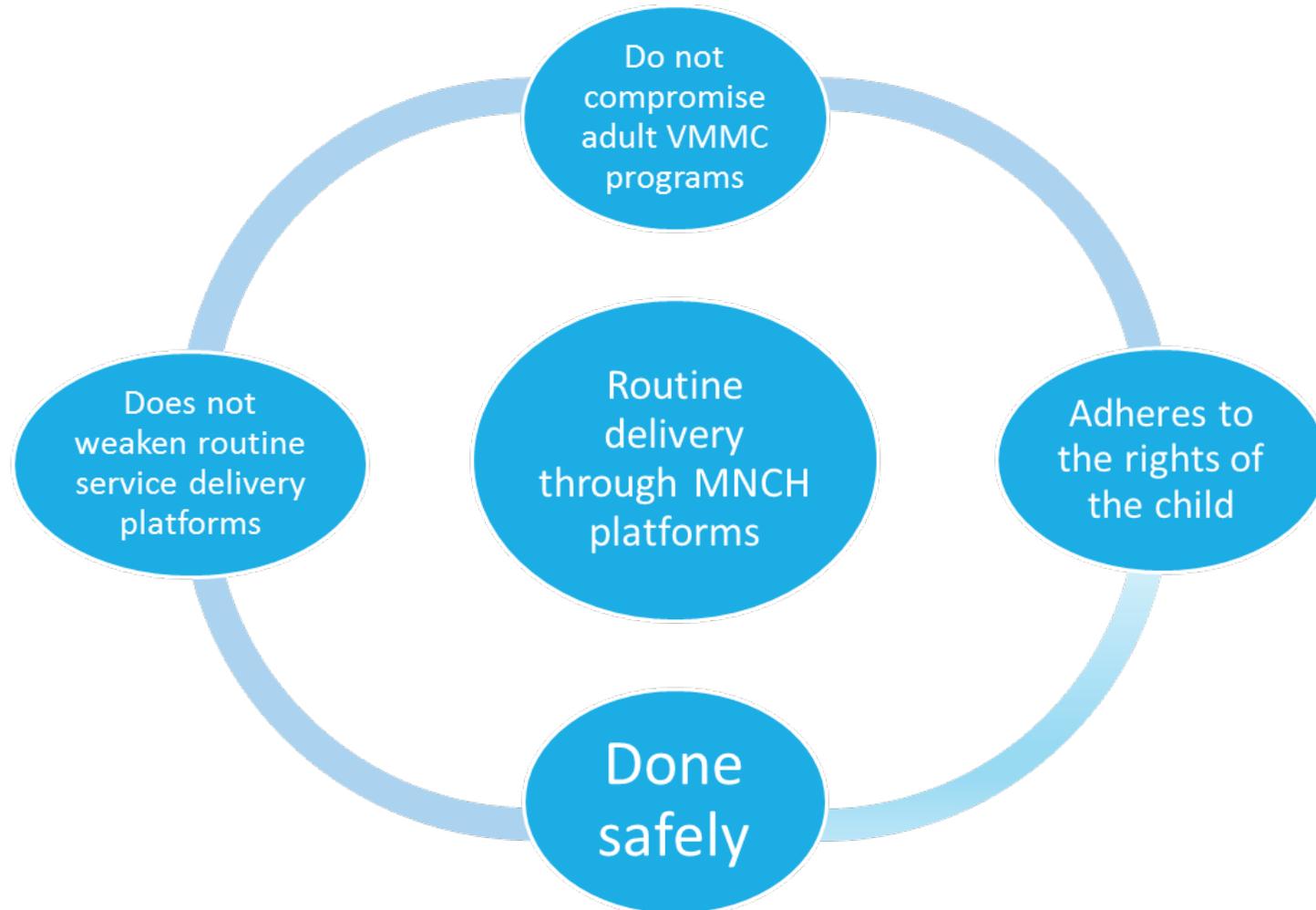
Sustaining Gains and Maintaining HIV Prevention Benefits

Sustainability scenarios



Adapted from : E Njeuhmeli et al.

Successful and Sustainable EIMC Program: Long Term Investment and Key Issues



Source: TT Sint et al.

EIMC in the Context of Cultural Acceptance

Program review from Senegal and Cameroon:

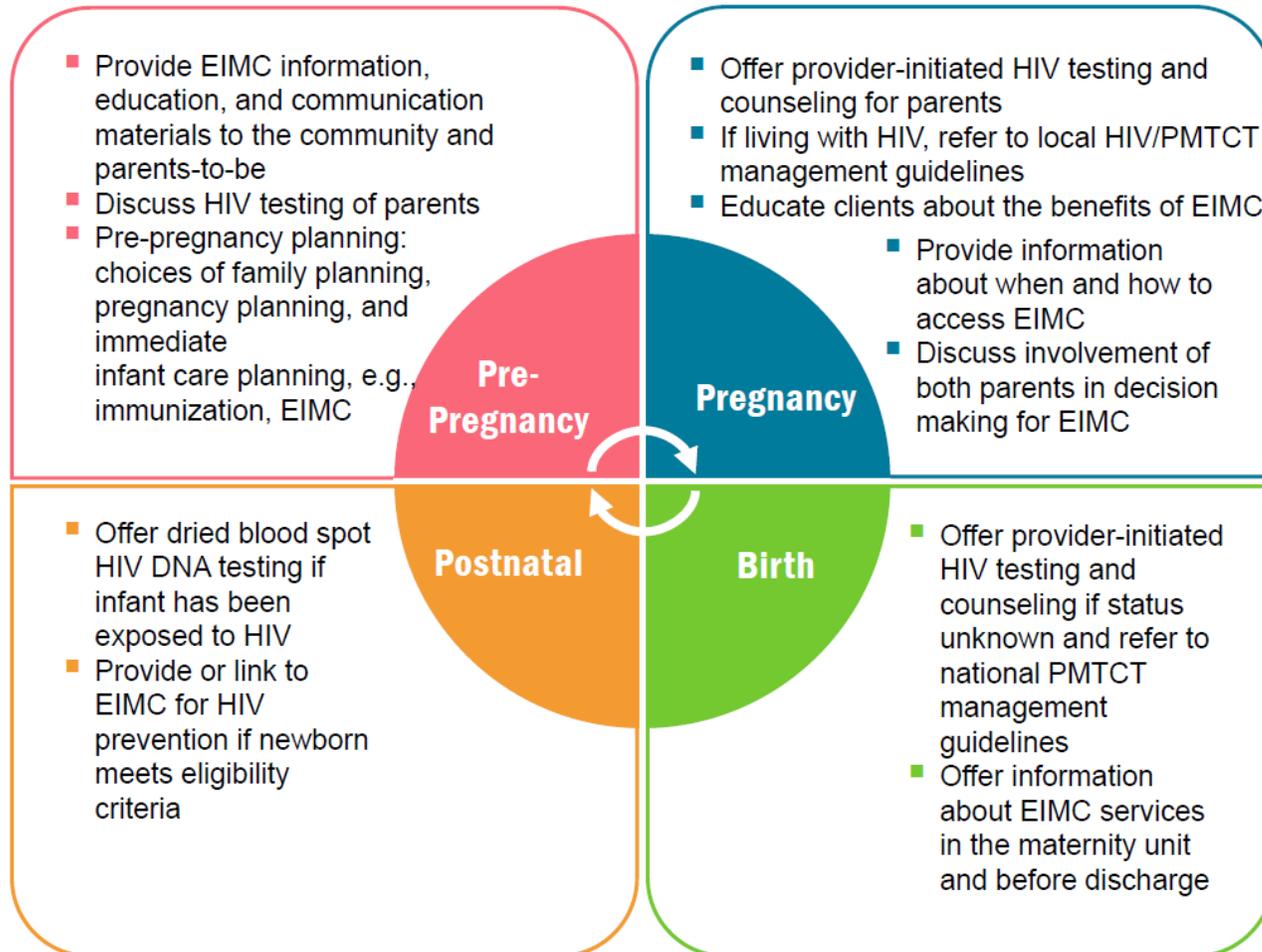
- MC is the norm and almost universal in many West and Central Africa
- 83% of health facilities visited offered EIMC (n=10/12)
- Provided by non-trained health workers, in the absence of national policies, strategies, and guidance
- Provision - driven by demand from the community

Recommendations:

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

Scaling up EIMC in Countries – Swaziland Experience

Swaziland's model of EIMC integration into RMNCH platforms



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

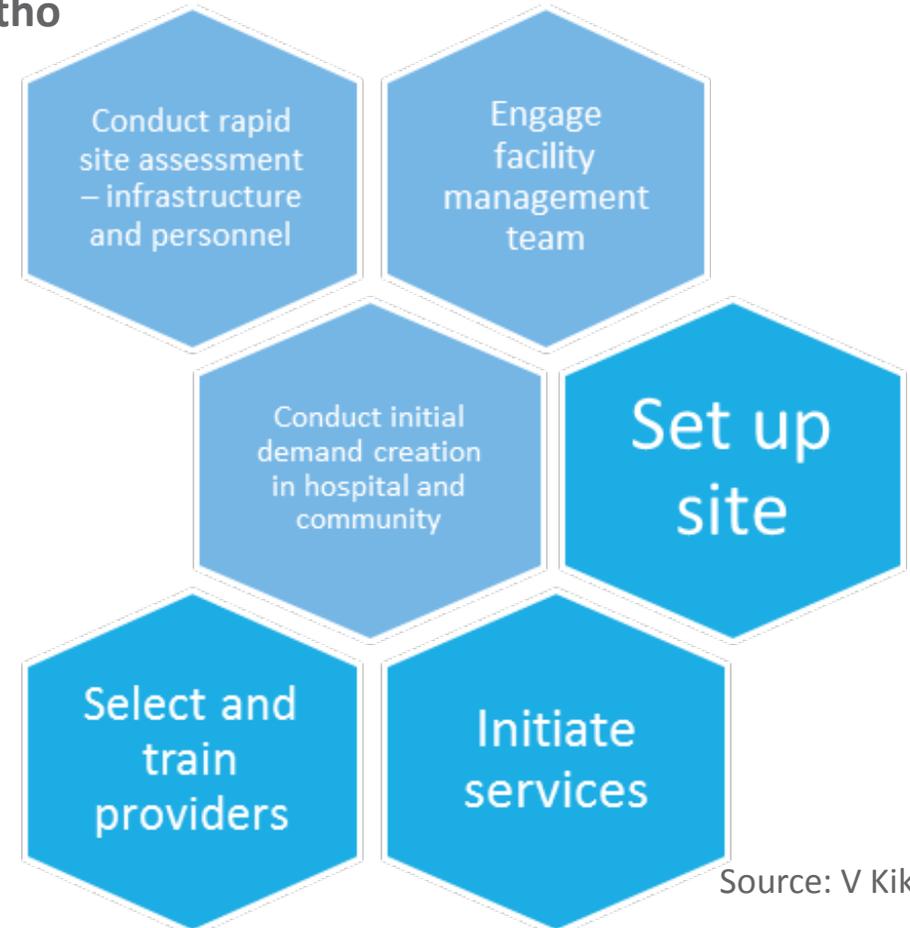
Lesotho (phased introduction):

- 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



Source: V Kikaya et al.

Infant Medical Male Circumcision Using Devices – Findings from Zimbabwe

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)

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

Acknowledgements

USAID

PEPFAR

UNICEF

World Bank

PSI (Zimbabwe)

JHPIEGO/AIDSFree

CeSHHAR (Zimbabwe)

MOHs Kenya, Tanzania,
Zimbabwe

HC3



USAID
FROM THE AMERICAN PEOPLE



PEPFAR
U.S. President's Emergency Plan for AIDS Relief



REPUBLIC OF KENYA



MINISTRY OF HEALTH

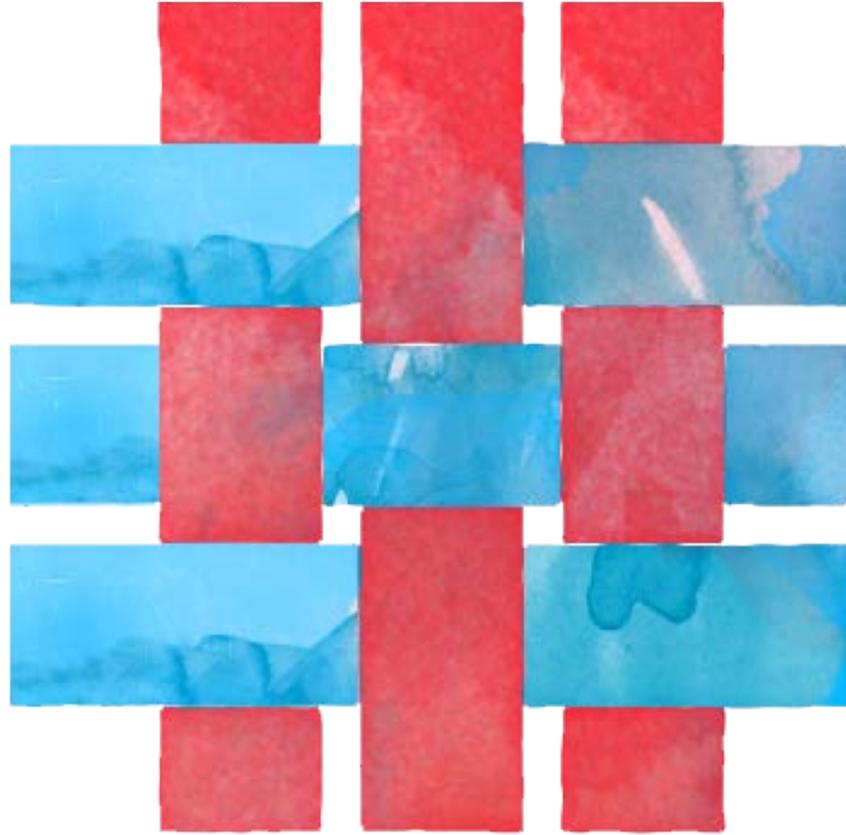




THANK YOU



@unicef_aids



www.childrenandaids.org