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

Using Campaign Mode Service Delivery for Efficient Voluntary Medical Male Circumcision Scale-Up

Anne Goldzier Thomas, PhD

Department of Defense HIV/AIDS Prevention Program

PEPFAR Male Circumcision Task Force

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Overview

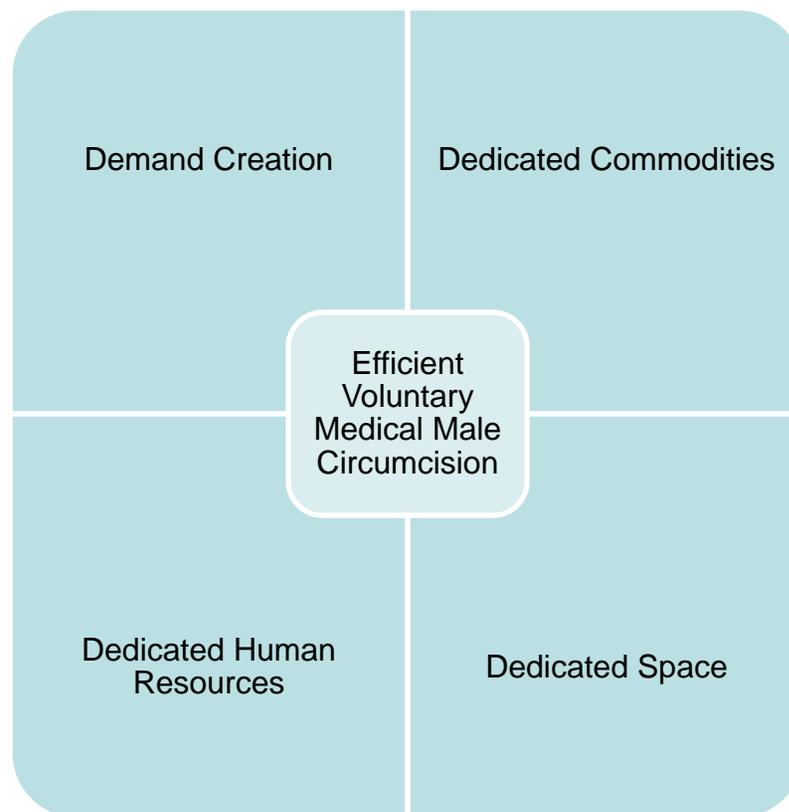
- Rationale for Campaign Mode Service Delivery
- Planning for campaigns
- Demand creation for VMMC campaigns
- Dedicated facilities
- Dedicated teams
- Dedicated commodities
- Linkages to HIV care and treatment
- Monitoring service delivery





Rationale

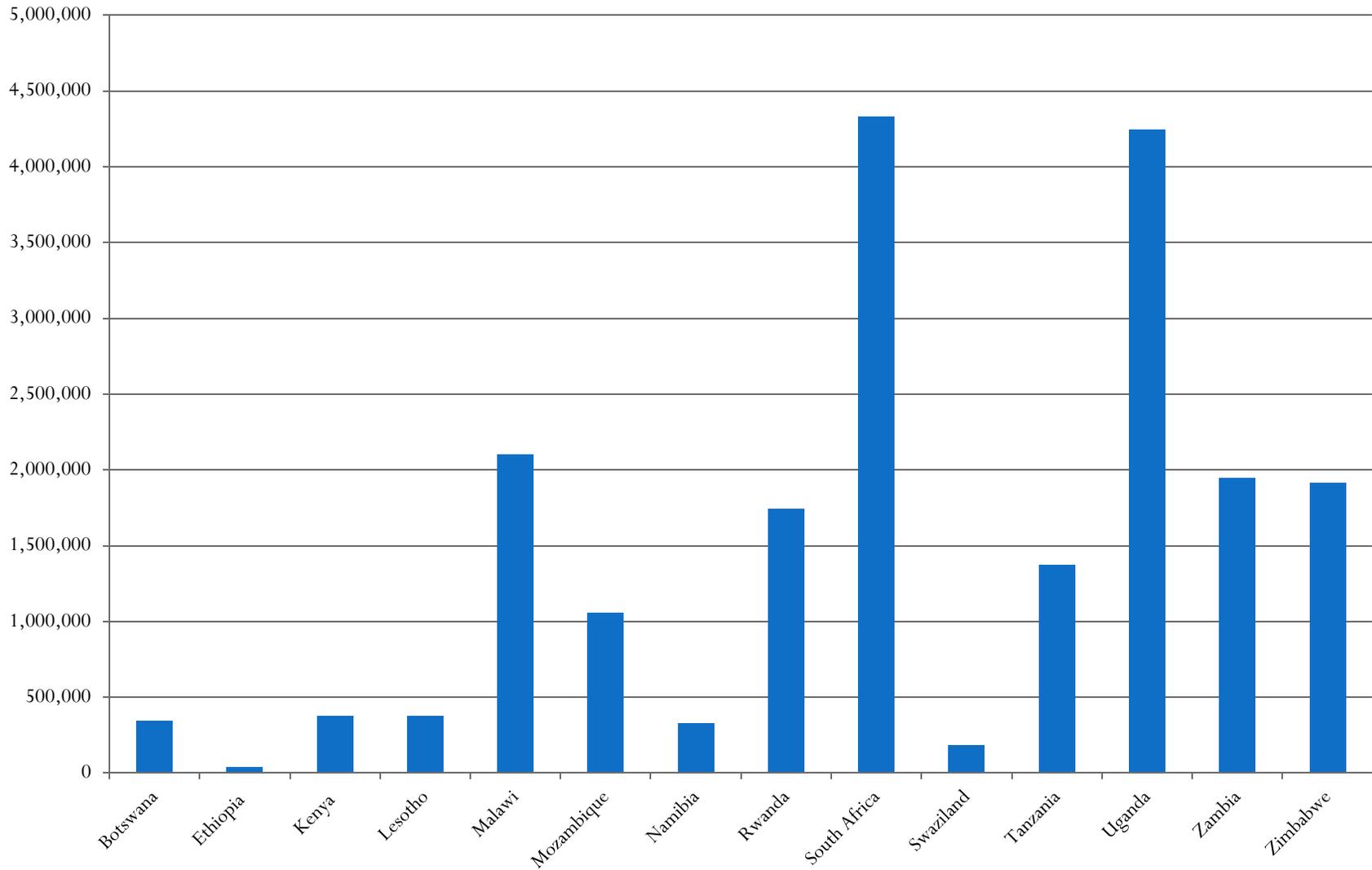
- In order to scale up VMMC to the levels needed to make an impact on the HIV epidemic, the service delivery models must be flexible enough to reach large numbers relatively quickly
 - Campaigns require the availability of dedicated human resources, space and commodities
 - Campaigns create demand, bring VMMC services to where they are needed, when they are needed, and with adequate resources to meet the demand





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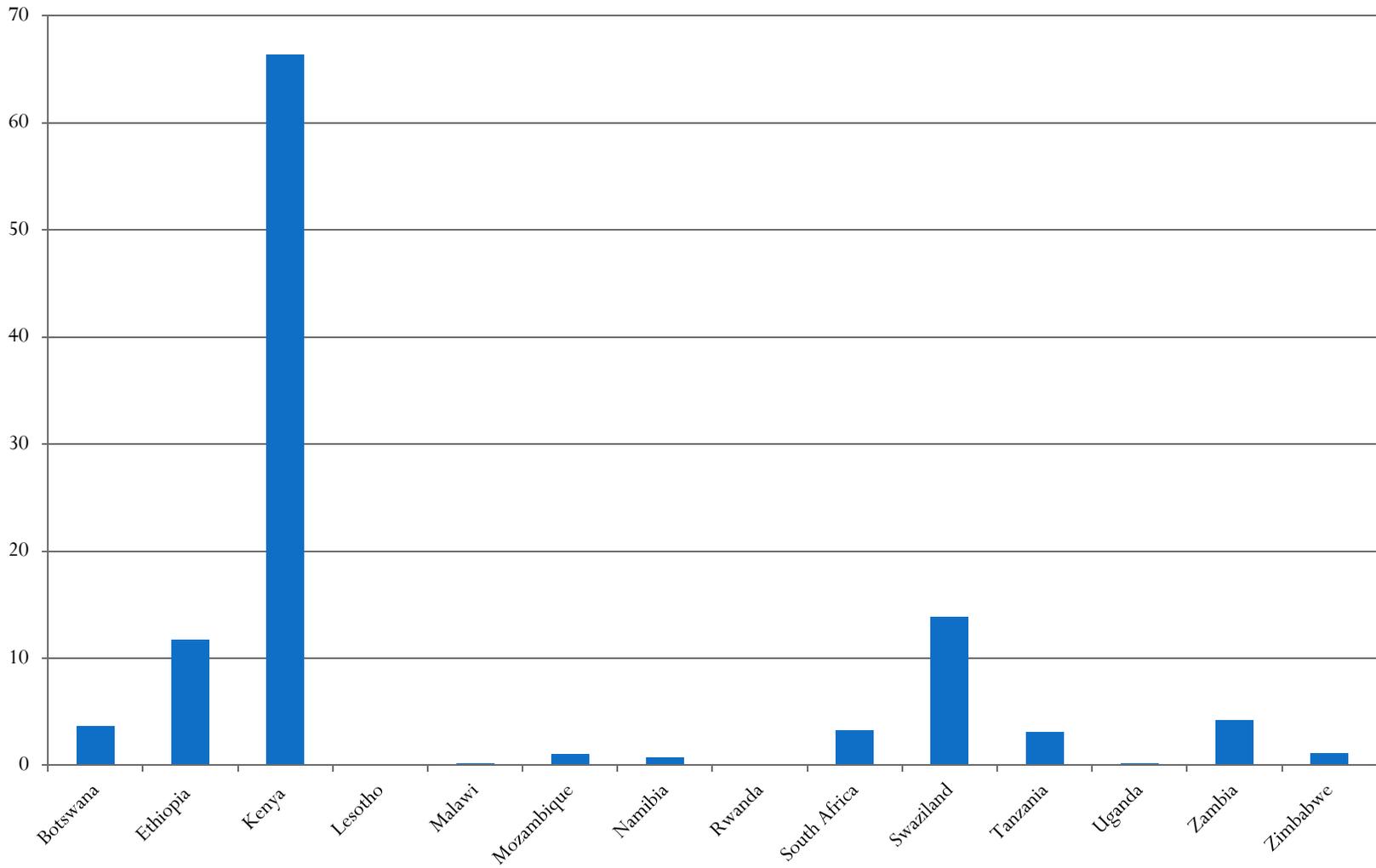
Number of VMMC needed for 80% coverage





Percent of 80% target for VMMC reached @ April 2011

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Planning for VMMC campaigns

- Coordinated planning is essential
- Where are VMMC services needed?
- What human and space resources are available?
- Demand creation is essential
- Campaigns may have different waves or themes
 - university students, school breaks, large male populations
- Adverse events management
- Commodities logistics
- Travel and accommodation logistics



Demand creation for VMMC campaigns

- Mass media
- Small media
- Interpersonal communication
- National and local leaders
- Employers
- Mothers
- Wives
- Girlfriends





Space requirements per Team

	1 Team		2 Teams		3 Teams		6 Teams	
	Space		Space		Space		Space	
VCT space	5 x (2x2)	20	10 (2x2)	40	15 (2x2 m)	120	30 x (2x2 m)	240
Reception	1 (8x8)	64	2 (8x8)	128	3 (8x8 m)	384	6 (8x8 m)	768
Surgery	1 (6x6)	36	2(6x6)	72	3 (6x6 m)	216	6 (6x6 m)	432
Recovery	1 (6x3)	18	2(6x3)	36	3 (6x3 m)	108	6 (6x3 m)	216
Staff/Break	1 (6x3)	18	2 (6x3)	36	3 (6x3 m)	108	6 (6x3 m)	216
Total Space		156 m2		312 m2		936 m2		1872 m2

- Different configurations will be better in specific settings
 - Based on number of functioning teams
 - Ancillary to existing medical space
 - Schools / churches
 - Water / electricity

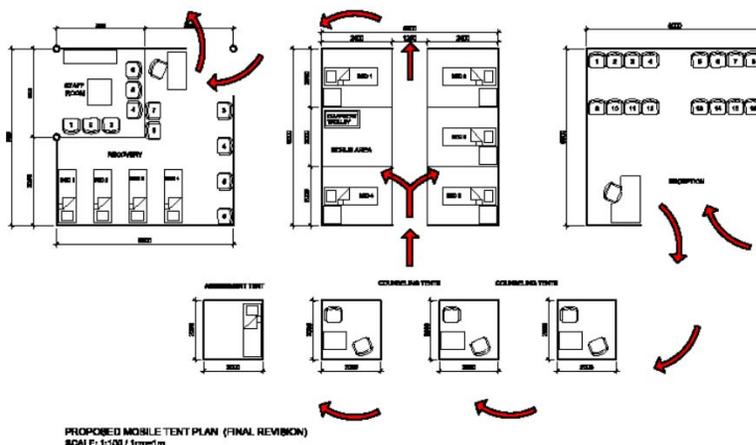


Efficient vs inefficient minor surgical space

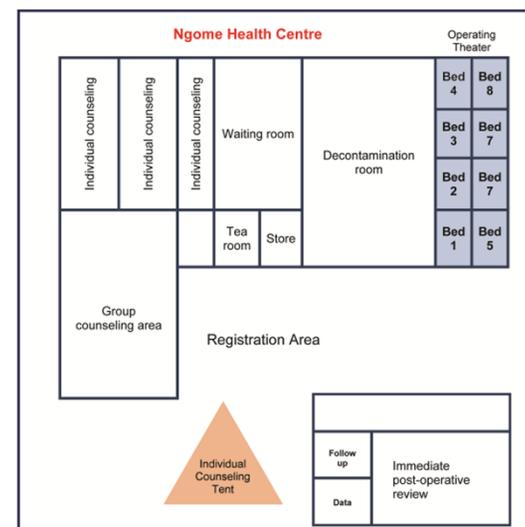


Dedicated fixed, temporary or mobile facilities

Campaign style VMMC can be performed in fixed or mobile sites, but in order to be most efficient the space must be laid out to maximize patient flow: registration, group education, individual counseling and consent, HIV testing, history & physical, MC surgery, recovery, and follow-ups



PROPOSED MOBILE TENT PLAN (FINAL REVISION)
SCALE: 1:100 / 1cm=1m





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Reaching hard to reach populations



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Pre-Op Cor





Temporary Space





Dedicated teams





Dedicated equipment and supplies





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Linkages to HIV care and treatment

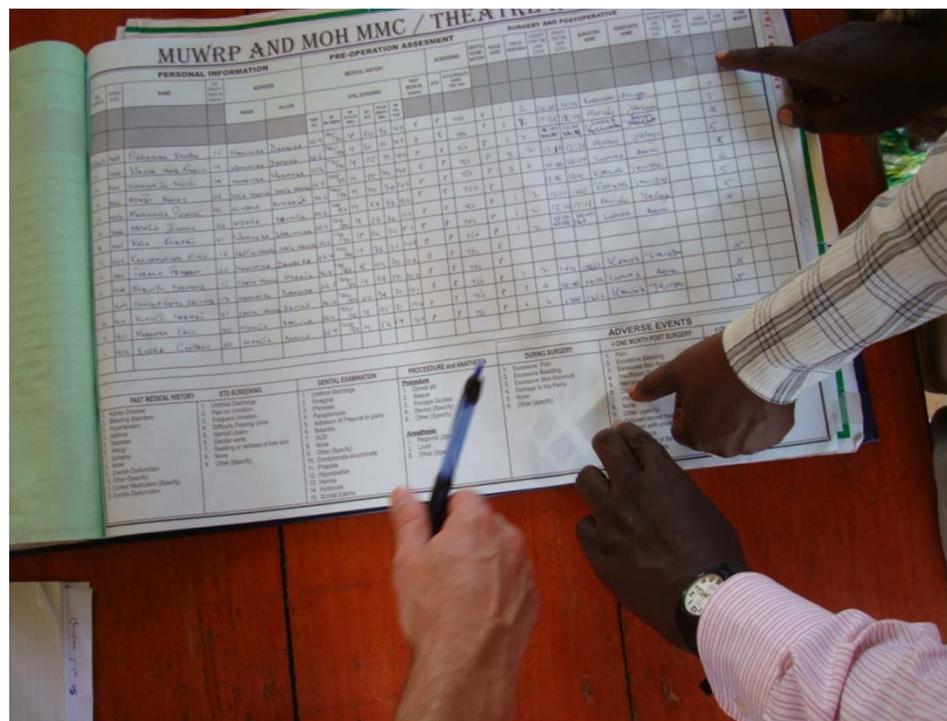
- Availability of HIV testing in VMMC settings will increase the number of men who find out they are HIV +
- VMMC Campaigns can provide tight linkages with HIV care and treatment
- On-site rapid CD4 testing can support surgical decision making
- Healthcare personnel and “Expert Clients” can be stationed at high volume VMMC sites to ensure appropriate entry to care and treatment





Monitoring service delivery

- Monitoring is the backbone of high quality, efficient service delivery
- Paper or electronic based systems can provide key program support to ensure quality, effective, and efficient programming





Lasting Benefits

- Campaign service delivery mode allows clinic staff to attend to their regular duties and not divert human resources or facilities
- Health planning capacity is improved
- Infrastructure is matched to available human resources
- Precedent is set for appropriate task sharing/shifting in human resource limited settings
- Planning capacity for commodities is improved
- Reporting capacity and collaboration is improved
- The number of people newly infected with HIV is reduced leading to healthier populations



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