



PEPFAR

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

Matching Supply & Demand for VMC Program Efficiency

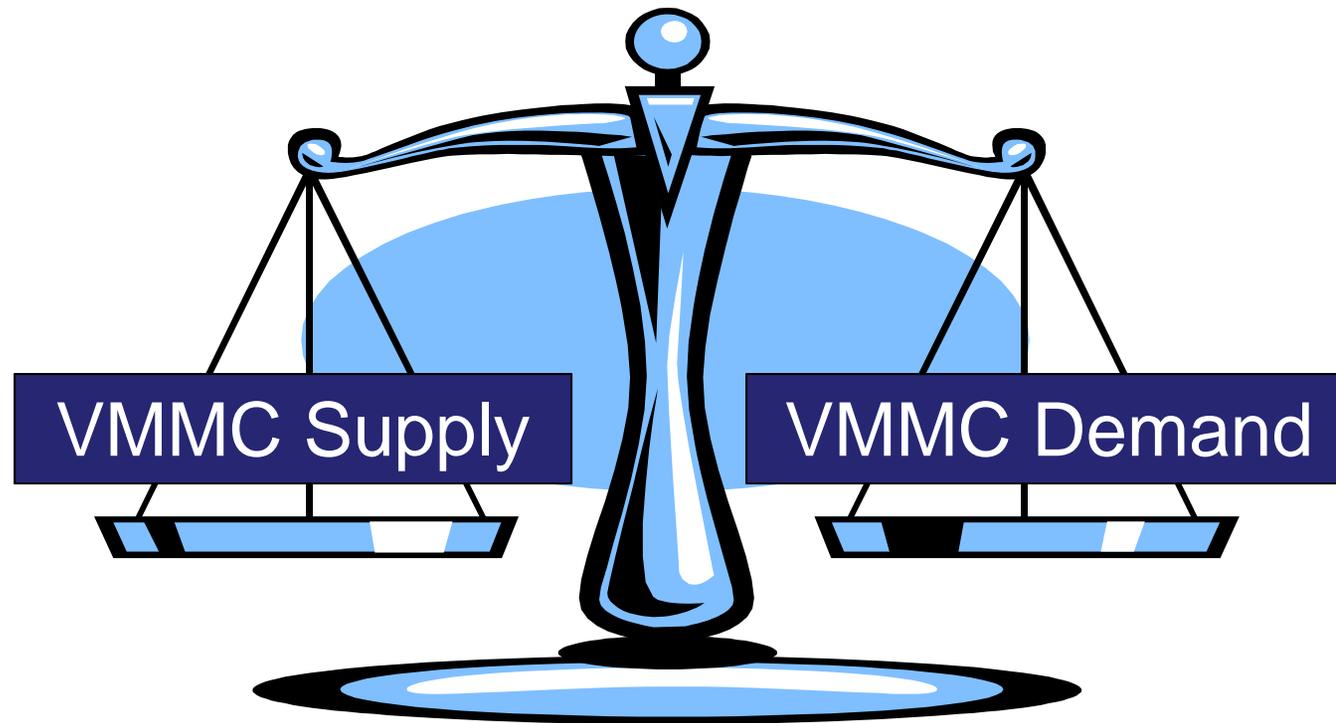
Jason Reed, MD, MPH

PEPFAR Male Circumcision Technical Working Group

CDC Division of Global HIV/AIDS



Supply & Demand - Ideal





Supply & Demand - Experience





VMMC Supply

- Target of 20 million VMMCs requires a most conscientious use of resources
- Conventional approaches inefficient and insufficient
- WHO, PEPFAR, implementers have summarized clinical efficiency best practices from the field – “MOVE” – *Models for Optimized Volume and Efficiency*



MOVE Varies by Country

**Safety & quality
always
supersede
efficiency &
volume**

Clinical Techniques

Faster/simple vs. slower/complex methods
Electrocautery vs. ligating sutures
Alcohol-based gel vs. surgical scrub between cases

1. Efficient use of resources
2. Increased service volume

Task Sharing

Assignment of less-complex tasks to lower credentialed but highly trained health care cadres

Task Shifting

Allowing non-physicians to perform all aspect of MC surgery after training and competency assessment

Logistics

Bundled/disposable vs. individual/reusable supplies
Allocation of multiple surgical bays to surgery team
Patient scheduling/sector booking
Minor surgery vs. major operating theater



Accumulating Benefits

Conventional Approach

- Per surgical team
 - 10/day
 - 50/week for a 5-day work-week
 - 200/month for a 4-week work-month
 - 2200/year for an 11-month work-year

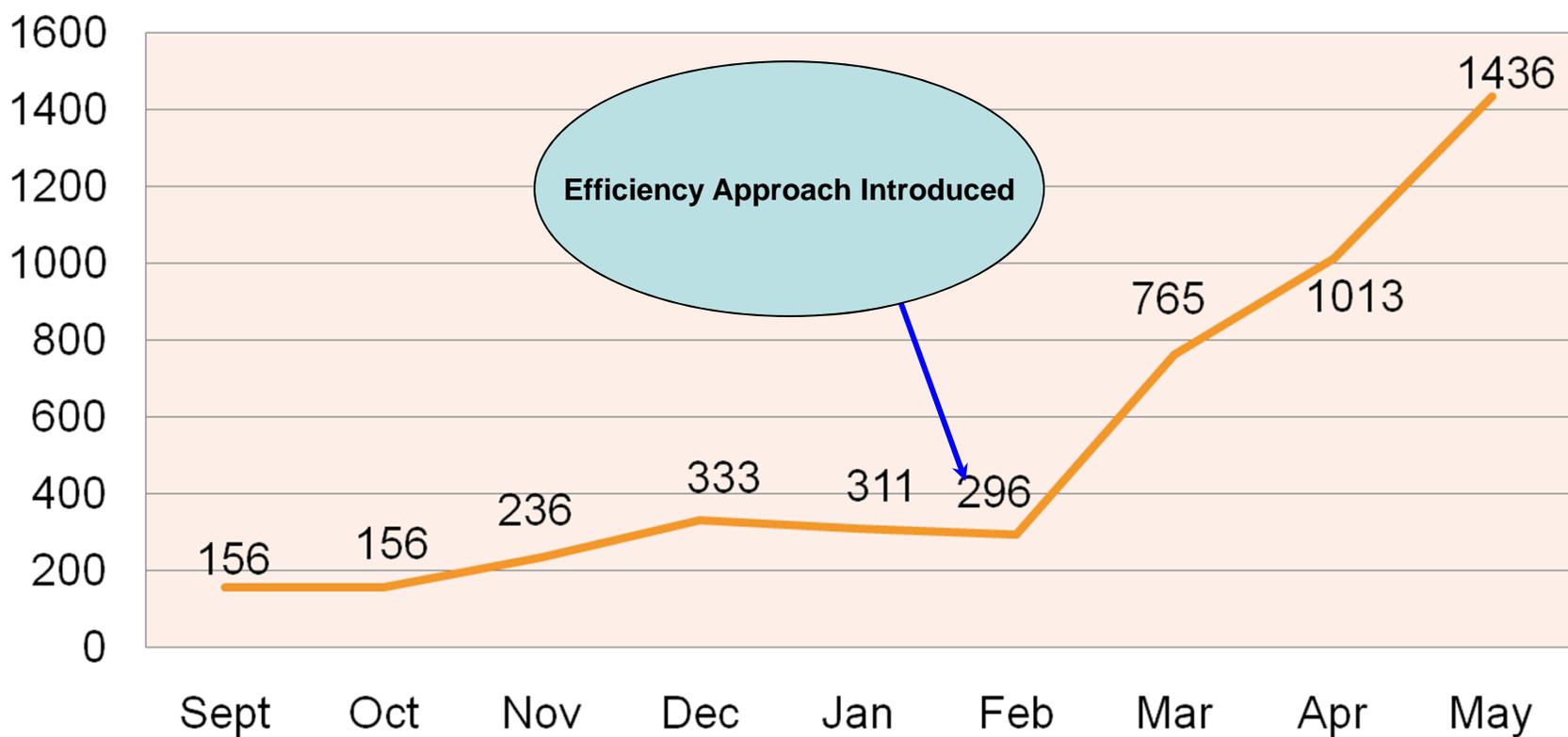
Efficiency Approach

- Per surgical team
 - 40/day
 - 200/week for a 5-day work-week
 - 800/month for a 4-week work-month
 - 8800/year for an 11-month work-year



Tanzania MOVE Pilot

Total: 4702 Circumcisions in Pilot Sites to Date





MOVE... *plus*

- Dedication (regardless of integration)
 - Space
 - Staff
 - Commodities
- Flexibility (space, staff, commodities)
- Circumcision of adults is key and should take priority over all other VMMC PEPFAR funding interests
- Campaigns!



Demand

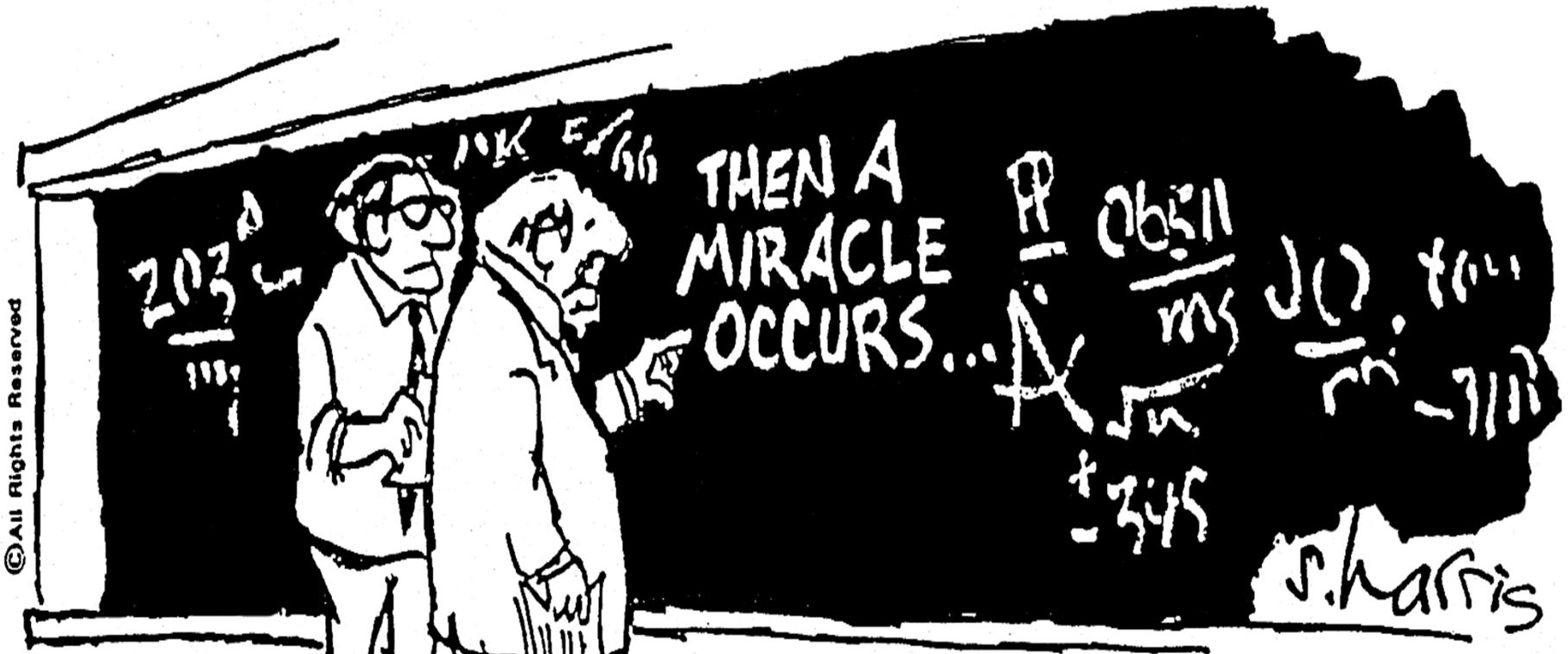
- VMMC Communications Consultation, Durban, South Africa, Sept 22-24, 2010
 - Meeting Report Available at
http://www.aidstarone.com/focus_areas/prevention/resources/technical_consultation_materials/Male_Circumcision_Communication_Meeting_Durban
- Comprehensive assessment of communications state-of-the-art
 - Demand creation
 - Advocacy
 - Counseling
 - Gender



Demand Creation

- Audience segmentation: boys/men, peers, partners, family members, community leaders
- Multiple channels: mass media, interpersonal communication, and advocacy
- Messaging guidelines:
 - Evidence based
 - Actionable
 - Sensitive to context
 - Draw upon realities of target audiences
 - Use visual and verbal language of audiences
 - Entertain and educate
 - Clear and consistent

Supply & Demand ~~Equation~~ Calculus



"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."



Supply & Demand Balance – Clues from TZ

- (1) Tap existing space: local gov't structures *and* USG-funded NGOs in the field
- (2) Utilize existing BCC partners to create adequate VMMC demand
- (3) Decongest service delivery sites by doing pre-/post-op in communities using tents, lower level facilities, and other structures
- (4) Hire additional counselors during campaign periods to remove typical bottleneck point
- (5) Advance schedule clients – so to better match demand with resources
- (6) Effectively manage HR – recognizing extreme conditions of campaigning
- (7) Develop “live” database and so you may have a respond to real-time data
- (8) Local government must clearly be the leaders, for clients and staff



PEPFAR

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

Thank You!

Jason Reed

jreed1@cdc.gov

For further information, please visit:

www.PEPFAR.gov

www.facebook.com/PEPFAR

www.twitter.com/USPEPFAR