

## BACKGROUND

- Voluntary medical male circumcision (VMMC) is one of the cornerstones of HIV prevention, reducing the risk of transmission by as much as 60%. VMMC already provides significant protection for millions of men as a component of integrated sexual health services, while curtailing the increasing costs of HIV care and treatment by averting new infections.<sup>1,2,3</sup>
- Progress toward the World Health Organization's (WHO) target of 90% VMMC coverage among males aged 15-29 years circumcision in 14 priority countries by 2021 has steadily increased, with 18.5 million VMMCs completed by the end of 2017.<sup>4</sup>
- VMMC has been identified as one of the 19 best investments to achieving HIV epidemic control, with \$28 saved for every dollar invested, and has therefore been adopted as part of the [UNAIDS Fast-Track Strategy for 2016-2021](#).<sup>3,5</sup>

## I-TECH CAPACITY

I-TECH has extensive VMMC capacity in VMMC **service delivery, quality assurance, training, demand creation, and monitoring and evaluation.**

I-TECH promotes cost-effective, integrated, and safe implementation models that work closely with Ministries of Health (MOHs) to ensure country-ownership and strengthened capacity within existing systems.

I-TECH VMMC results:

- **Eight years of experience** in VMMC service delivery across **four countries**
- **15 years of experience** providing VMMC technical assistance and training across **six countries**
- Directly provided **more than 510,000 VMMC** procedures in four countries as of July 2019, with an **adverse event (AE) rate of less than 2%**



## Service Delivery



I-TECH offers VMMC as part of a full package of HIV prevention services in **Zimbabwe** and **Namibia**, including HIV testing, counseling on how to reduce the risk of acquiring HIV, distribution of condoms, and pre-exposure prophylaxis (PrEP). In addition to performing VMMC services at fixed clinical facilities, I-TECH employs innovative service delivery models including mobile caravans that provide VMMC services in hard-to-reach areas, as well as texting-based follow-up interventions to reduce program staff workload and maintain patient safety.



## Quality Assurance

Quality assurance efforts are a central tenet of I-TECH VMMC programs, and I-TECH is a leader in maintaining client safety through engagement of VMMC stakeholders. I-TECH provides technical assistance (TA) for External Quality Assurance (EQA) in **Mozambique**, with the goal of ensuring VMMC programs are implemented and monitored according to globally recognized best practices. In **Zimbabwe**, a rigorous study of AE identification practices and integrated service delivery resulted in improved VMMC safety and post-operative counseling<sup>6,7</sup>. I-TECH provided TA to the **Botswana** MOH on the development and implementation of a continuous quality improvement plan and a mentoring/supportive supervision system. In **Namibia**, I-TECH leads quality assurance (QA) efforts at supported sites and is currently analyzing AE data to identify and scale-up QA components contributing to sustained program safety.

## Training

Effective provision and utilization of VMMC services requires skilled and motivated health care and demand creation workforces, and sustainable capacity building systems for training and ongoing support. I-TECH uses a systematic approach to build skills and knowledge, as well as foster attitude changes in VMMC health care and demand creation staff in **Namibia** and **Zimbabwe**, and previously **Botswana**, **Malawi**, and **Tanzania**. In **Botswana**, I-TECH trained and provided supportive supervision to 36 MOH physicians who later trained other physicians and nurses on VMMC surgical procedure and pre/post-operative care. This program also trained more than 4,000 health care workers on promoting VMMC to eligible men and parents of male children during its two years of implementation.

## Demand Creation

To increase uptake of VMMC services and ensure alignment of demand and clinical capacity, I-TECH integrates evidence-based demand creation strategies in **Namibia**, **Zimbabwe**, **Mozambique**, and previously **Malawi**. Innovative demand creation strategies continue to show promise in targeting men in the PEPFAR priority age range of 15-29 years. These strategies include: conducting live community radio broadcasts; conducting road shows and “edutainment” events; employing dance troupes at health expos; hosting road shows, soccer tournaments and snooker galas; providing tent-based campaigns; focused one-on-one counseling; “Teen talk” targeted messages for boys as well as “Enhanced Teen Talk” targeted messages for girls; and engaging male champions.



## Monitoring and Evaluation

Monitoring and evaluating VMMC programs is necessary to assess whether programs are implemented as intended with expected impact. I-TECH VMMC programs in **Namibia**, **Zimbabwe**, and **Mozambique** conduct ongoing monitoring that allows for midstream corrections and communication of key findings to managers and leaders who influence programmatic decisions. These efforts allow I-TECH to answer strategic questions concerning selection, effectiveness, and cost of program interventions. With this strategic understanding, I-TECH and its partners, including MOHs, can determine which interventions best achieve targeted impact.

<sup>1</sup>World Health Organization (WHO). New data on male circumcision and HIV prevention: Policy and programme implications. 2007. [http://www.who.int/hiv/pub/malecircumcision/research\\_implications/en](http://www.who.int/hiv/pub/malecircumcision/research_implications/en) (accessed 25 September 2015)

<sup>2</sup>Siegfried N, Muller M, Deeks JJ, Volmink J. Male circumcision for prevention of heterosexual acquisition of HIV in men. *Cochrane Database Syst Rev.* 2009;2:CD003362

<sup>3</sup><http://www.copenhagenconsensus.com/post-2015-consensus/nobel-laureates-guide-smarter-globaltargets-2030>, accessed 25 September 2015.

<sup>4</sup>World Health Organization (WHO). Voluntary medical male circumcision for HIV prevention. 2019.

<https://www.avert.org/professionals/hiv-programming/prevention/voluntary-medical-male-circumcision> (accessed 24 May 2019)

<sup>5</sup>UNAIDS Strategy, 2016-2021. [http://www.unaids.org/en/resources/documents/2015/UNAIDS\\_PCB37\\_15-18](http://www.unaids.org/en/resources/documents/2015/UNAIDS_PCB37_15-18)

<sup>6</sup>*Int AIDS Soc.* 2017 Feb 21;19(1):21394

<sup>7</sup>[Glob Health Action.](http://www.globehelthaction.org) 2018;11(1):1414997