Voluntary Medical Male Circumcision

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.1,2,3

- 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 2017.4

- 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. 3,5

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.

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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. 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.

7Glob Health Action. 2018;11(1):1414997