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Preventing HIV through Safe Voluntary Medical Male Circumcision for Adolescent Boys and Men in Generalized HIV Epidemics: recommendations and considerations

21, 24, 25 August 2020

World Health Organization Regional Office for Africa | COVID-19 RESPONSE

WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR AFRICA SUPPORTS THE COVID-19 RESPONSE

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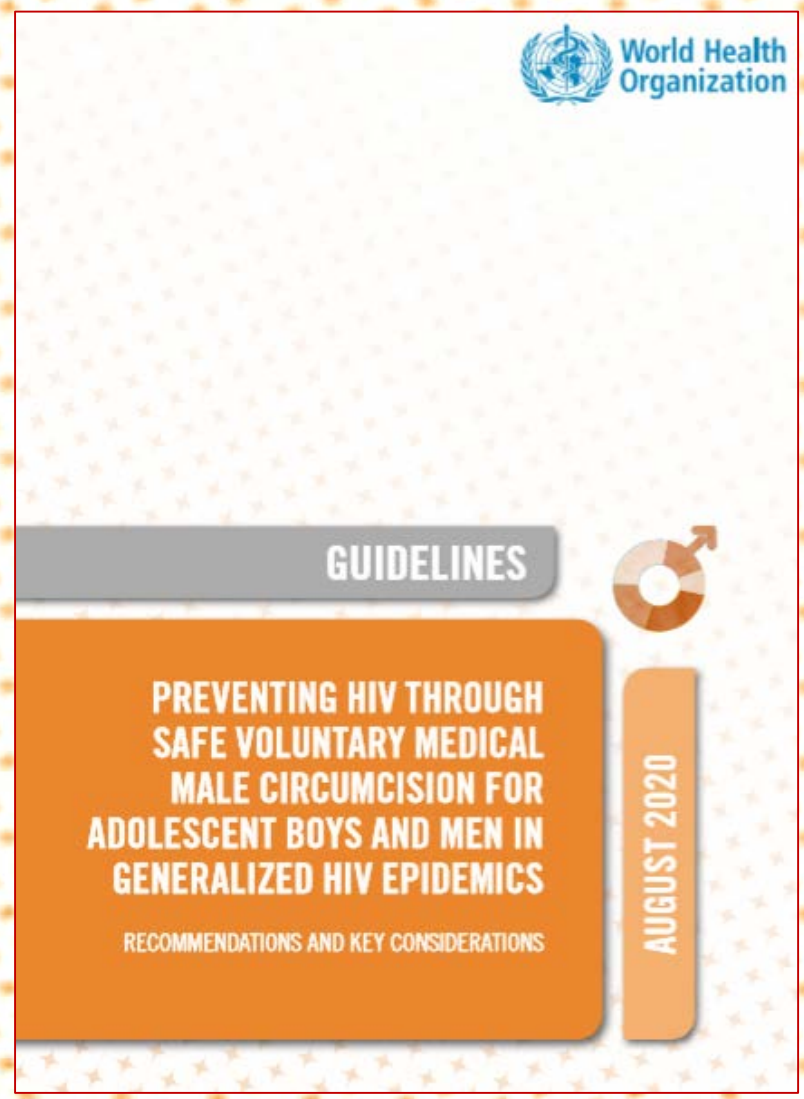

24 August 2020 Session 3

Part 1.
Enhancing uptake of VMMC among adult men

Part 2.
Transitioning to adolescent-focused, sustainable VMMC services

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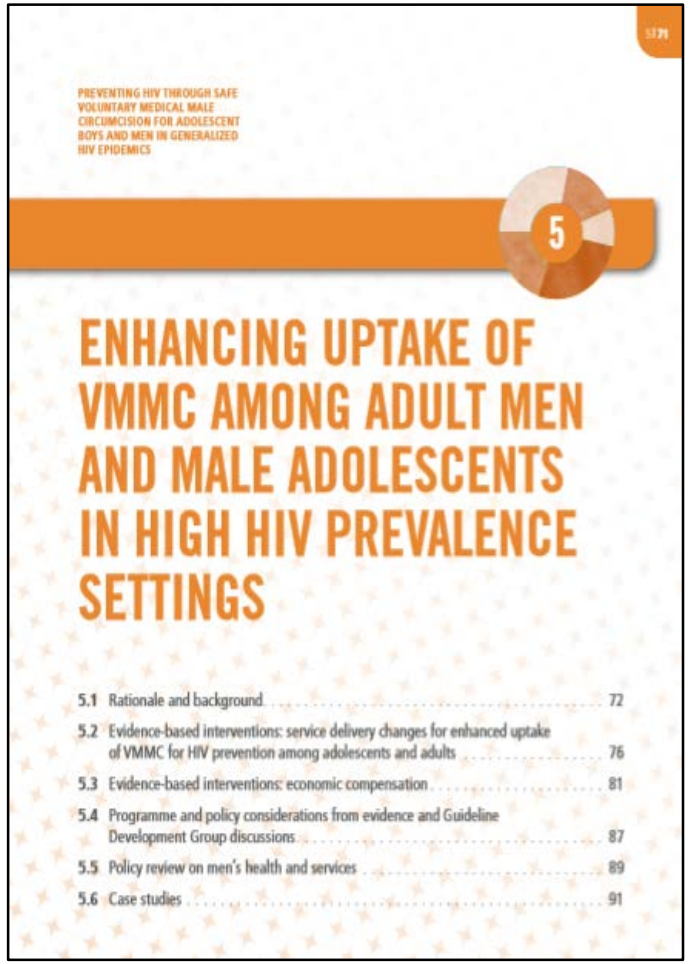
Agenda – Part 1

Moderator: Lycias Zembe	
Time	**Topic and presenter**
14.35 – 14.40	Opening remarks – **Rachel Baggaley**
14.40 – 14.50	Summary of included interventions, case studies, and framework for achieving effective service coverage – **Julia Samuelson**
14.50 – 15.05	Review of peer reviewed evidence on service delivery interventions and economic compensation – **Caitlin Kennedy**
15.05 – 15.15	Policy for men's health and case studies on enhancing uptake – **Wole Ameyan**
15.15 – 15.20	Programme considerations on evidence-based interventions – **Chitembo Lastone**
15.20 – 15.30	Questions and Answers
Break 15.30 – 15.35	



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Opening remarks

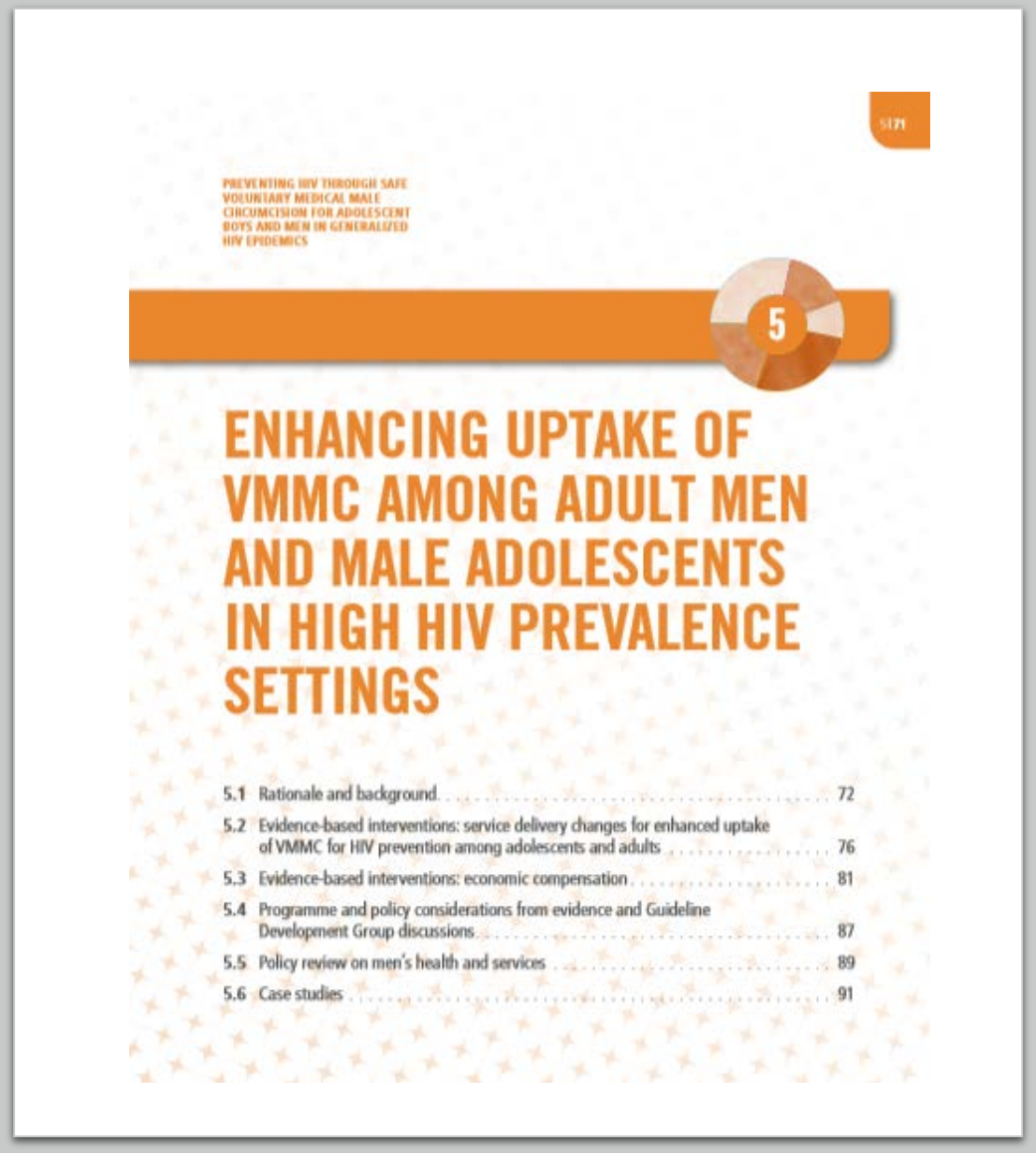
Rachel Baggaley
Coordinator
Testing, key populations and prevention
WHO Global HIV, Hepatitis, and STIs Programmes

Summary of included interventions, case studies, and framework for achieving effective service coverage

Julia Samuelson
Nurse epidemiologist
Global HIV, Hepatitis, and STIs and
WHO Taskforce on Nursing and
Midwifery

Rationale and background

- To reach 2030 HIV prevention targets in ESA, there is a need to increase VMMC uptake among adult men, including those at higher risk of heterosexually acquired HIV
- Early programme efforts focused on generating demand
- More strategic approaches needed that address demand and supply barriers, and align with achieving universal health coverage (that is, people have access to needed health services)
- A framework for achieving service coverage health interventions
- Evidence base: peer-reviewed evidence on specific interventions: service delivery and economic compensation
- 11 case studies with evidence



PREVENTING HIV THROUGH SAFE VOLUNTARY MEDICAL MALE CIRCUMCISION FOR ADOLESCENT BOYS AND MEN IN GENERALIZED HIV EPIDEMICS

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ENHANCING UPTAKE OF VMMC AMONG ADULT MEN AND MALE ADOLESCENTS IN HIGH HIV PREVALENCE SETTINGS

Achieving effective service coverage for impact

The process to achieve effective service coverage for a target population

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Summary framework of interventions to address barriers along the pathway to service delivery uptake

Awareness, knowledge, intent and self-efficacy	
Individual-level barriers	• lack of or inadequate information on VMMC benefits and the procedure • incorrect information or myths about VMMC • the fact that VMMC provides only partial protection • risk prioritization: limited perception of HIV risk, and HIV prevention not their priority concern • for older men, circumcision to reduce HIV risk not of value *(103, 138)* • unclear level of benefit for bisexual men • uncertainty or hesitance
Community/ household-level barriers	• limited social cohesion, family support • limited partner support
Interventions addressing these barriers	• Home visits by lay counsellors to HIV-negative men and support for clinic linkage *(137, 301)* • mHealth – SMS messages to HIV-negative men including follow-up after home visits and referrals *(301, 335, 336)* • dedicated and trained interpersonal communication agents (a component of multiple studies) • information provided on health and wellness (for example, general HIV prevention, improved hygiene, HPV reduction and cervical cancer risk reduction for female partners) *(38, 298, 306)* (Case 6) • offering VMMC onsite to clients at sexual health clinics *(337)* • education and mobilization through sporting groups and using educational games *(124, 137)* (Cases 1, 9) • peer promotion by circumcised men *(124, 137, 302, 306)* (Cases 1, 2, 4) • partner engagement in sexual and reproductive health education *(302, 306)* • engagement of partners, family members and peers *(301)* (Case 6) • engagement of religious leaders *(338)* (Case 6) • diverse multimedia and mass communication *(302)*

Summary of selection of evidence-based interventions included

Scoping of literature:

2 types of interventions with 3 or more comparative studies:

- service delivery
- financial / economic compensation

2 systematic reviews based on PICO questions:

P: population
I: intervention
C: comparator
O: outcomes

Among uncircumcised men,

1. do service delivery changes (school, community or facility) increase VMMC uptake?
2. should economic compensation be provided for accessing VMMC service compared with no compensation, to increase uptake of VMMC?

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Enhancing uptake of VMMC among adult men: key considerations from comparative evidence

No specific recommendations were made as

- limited evidence
- varied types of interventions in diverse settings
- context-specific considerations

Both service delivery interventions and economic compensation interventions:

- increased uptake
- addressed access barriers
- service delivery interventions also addressed:
  - awareness, self-efficacy and acceptability barriers

Service delivery innovations:

Consider approaches to best suit a population using 'closer to client' and person centred delivery changes

Economic compensation:

-Fixed amount including transport vouchers

-Multiple considerations needed before use

- community engagement and input
- specific context
- broader health system perspective

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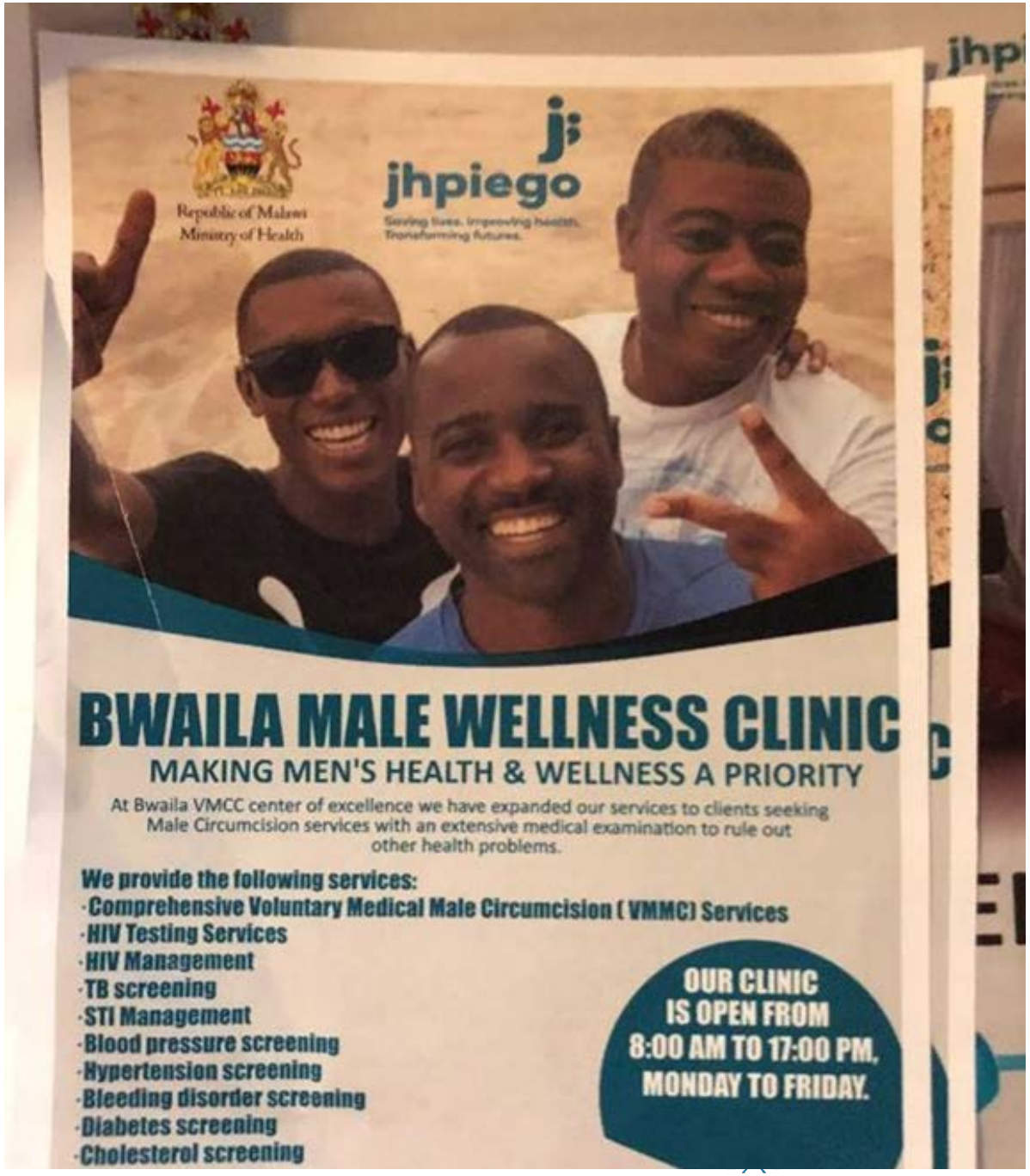
Peer-reviewed evidence on service delivery interventions and economic compensation

Caitlin Kennedy, Associate Department Chair and Director, Social and Behavioral Interventions Program,
John Hopkins Bloomberg School of Public Health

Systematic review on service delivery changes: definitions

Defined as changes to the ways in which VMMC services are provided and could include

- improved training of providers
- changes to the physical space
- changes to the structure of health services
- providing additional information, education, or communication services (either at the time of VMMC or during follow-up)
- co-location of VMMC with other health services (such as hypertension or diabetes screening or services)



Service delivery changes: included studies

- **9 included studies:**
  - 4 RCTs, 5 observational studies
- **Countries:**
  - South Africa, Tanzania, Uganda, Zambia, Zimbabwe
- **Time period:** 2009-2016
- **Age:**
  - mostly over 20 years except in school-based studies
- **Outcomes**
  - All studies measured VMMC uptake

Wide range of interventions, grouped into 3 broad categories:

1. **Community-based, including home-based interventions**
2. **School-based interventions**
3. **Facility-based interventions**

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Study intervention descriptions – Randomized trials

Study	Location	Service delivery intervention
Community-based		
Barnabas 2016	South Africa, Uganda (rural)	Following home-based HIV testing services (HTS), different VMMC referral/reminder approaches: Intervention 1: VMMC text message reminders Intervention 2: Lay counsellor follow-up home visits to promote VMMC
Wambura 2017	Tanzania (rural)	Intensified demand-creation intervention package, PLUS outreach 'parent' and satellite sites, service facility changes to increase privacy, engagement and education of female partners
Facility-based		
Weiss 2015	Zambia (urban)	Spear and Shield: recruited after HTS at community health centers. Four session group-based comprehensive educational program, Peer mentoring/coach who has undergone VMMC. Engagement/invitation to female partners. Training of health care providers.
School-based		
Kaufman 2016	Zimbabwe (urban)	Trained "coach" (circumcised man aged 18-30) facilitated interactive game, personal story, discussion; coach followed up with students and facilitated transport

Study intervention descriptions – Observational studies

Study	Location	Service delivery intervention
Community-based		
Ashengo 2014	Tanzania, Zimbabwe (rural)	**VMMC campaign: high volume VMMC services with task-shifting and increased promotional activities**, for a short time period; **at fixed sites and outreach sites at facilities and clinics, clinics at workplaces**
Hellar 2015	Tanzania (rural)	**Intervention 1: VMMC outreach campaign into new communities and do 1–3 week bursts of intense high-volume mobile/facility VMMC services with increased promotional activities** **Intervention 2: mobile VMMC services target hard-to-reach areas** often in non-facility settings
Mahler 2015	Tanzania (rural)	**GIS to strategically plan and implement mobile outreach / campaign services**
School-based		
Montague 2014	South Africa (rural)	**Phased approach of school-based VMMC promotion and service access.** **Community sensitization meetings. In-school VMMC awareness sessions, teacher liaison, and VMMC coordinators.** **Schedule optimization Peer recruitment**. **Post-op services provided in-school. HIV positive linked to care.**
Miiro 2017	Uganda (urban)	**Soccer-based promotion: mentor/coach** served as a MC champion, accompanied students to MC clinic, and provided follow-up

Results: Uptake of VMMC

	Number of participants who accepted VMMC/Total participants		Effect
No. of studies	**Service-delivery interventions**	**Comparison group**	**Relative risk (95% CI)**
Community-based – RCTs			
2 [a,b]	106/226 (46.9%)	62/224 (27.7%)	RR 1.67 (1.29 to 2.14)
Community-based – Observational			
3	Studies were not pooled, but generally reported more circumcisions associated with service-delivery interventions.		
Facility-based - RCTs			
1	161/389 (41.4%)	96/396 (24.2%)	RR 1.71 (1.38 to 2.11)
School-based - RCTs			
1	37/304 (12.2%)	17/371 (4.6%)	RR 2.66 (1.53 to 4.62)
School-based - Observational			
2 [f]	16/69 (23.2%)	6/58 (10.3%)	RR 2.24 (0.94 to 5.36)

Evidence to decision

Factor	Explanation/evidence	Judgment
Quality of evidence	High to moderate quality evidence from four RCTs suggests service delivery interventions are associated with improved uptake of VMMC. Low quality evidence from five additional observational studies shows similar results.	**Although evidence was of high to moderate quality, the heterogeneity of service delivery approaches and settings makes a recommendation difficult.**
Benefits and harms	A wide range of service delivery interventions are acceptable and increase uptake in VMMC services in various settings.	**Although evidence was of high to moderate quality, the heterogeneity of service delivery approaches and settings made it impossible to make a global recommendation that benefits outweigh harms.**

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Evidence to decision

Factor	Explanation/evidence	Judgment
Acceptability	Six acceptability studies suggested interventions were generally considered useful and were perceived to help men choose to get circumcised.	**Most service delivery approaches were considered acceptable.**
Resource use and cost	11 cost studies showed that service delivery interventions may create economies of scale and efficiencies when scaled up.	**There was mixed evidence regarding costs and resource use.**
Equity and ethics	An investment in service delivery approaches may make it easier for some boys and men to access VMMC services, but this has to be weighed against interventions that have broader health outcomes and benefits, especially considering the global universal health coverage agenda.	**Uncertain**
Feasibility	Service delivery interventions are generally feasible in research, with high uptake across settings and populations, and high HIV testing within VMMC services with few adverse events.	**Uncertain beyond a research/pilot project setting**

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Systematic review on economic compensation: definitions

Defined as economic compensation interventions, financial incentives, or demand-side financial incentives for potential VMMC clients. These could include:

- providing money or gifts (in-kind compensation) in exchange for completing at least some component(s) of VMMC (e.g. counseling for VMMC, undergoing the VMMC procedure)
- reimbursement for costs associated with VMMC (e.g. travel to the circumcision facility, lost wages for time off work during or after the procedure)
- providing the opportunity to earn rewards in the form of lotteries or other systems

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Economic compensation: Included studies

- **8 included studies:**
  - 6 RCTs - moderate to low quality evidence
  - 2 observational studies - very low-quality evidence
- **Countries:**
  - Kenya (2), Malawi, South Africa, Tanzania, Uganda, Zambia, Zimbabwe
- **Age:**
  - mostly over 18 years except one targeting adolescent male secondary school students
- **Outcomes:**
  - All studies measured increased uptake

Wide range of interventions:

1. **lotteries**
2. **food/transport vouchers: fixed and variable amounts**
3. **lowering the end-user's price of VMMC services**
4. **conditional cash transfers**
5. **cash payment for VMMC referral**
6. **non-monetary gifts**

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Uptake of VMMC: RCTs overall

Study name		Intervention n/N (%)	Control n/N (%)	Risk ratio	Lower limit	Upper limit	Z-Value	p-Value
Thirumurthy 2014	Voucher	34/377 (9%)	6/370 (1.6%)	5.561	2.363	13.090	3.929	0.000
Thirumurthy 2016	Lottery+Voucher	36/610 (5.9%)	4/299 (1.3%)	4.411	1.585	12.279	2.842	0.004
Thornton 2016	Subsidy	12/378 (3.2%)	0/170 (0%)	11.280	0.672	189.413	1.683	0.092
Wilson 2016	Cash	31/1000 (3.1%)	6/1000 (0.6%)	5.167	2.165	12.329	3.701	0.000
Overall		113/2365 (4.8%)	16/1839 (0.9%)	5.233	3.126	8.760	6.295	0.000

Statistics for each study

Risk ratio and 95% CI

(One study was not combinable in meta-analysis as it presented a difference-in-difference analysis, and one study was considered too heterogeneous to combine in meta-analysis.)

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Evidence to decision

Factor	Explanation/evidence	Judgment
Quality of evidence	Moderate to low quality RCT evidence indicated economic compensation interventions are generally associated with improved uptake of VMMC. Very low-quality evidence from two additional observational studies showed no effect	Although evidence from RCTs was of moderate to low quality, **heterogeneity of service delivery approaches and settings made a recommendation difficult.**
Benefits and harms	The Guideline Development Group thought that, in the context of the broader health needs, priorities and universal health coverage, providing economic compensation for a single HIV prevention intervention could have serious negative consequences.	**Uncertainty about whether benefits outweighed the harms.**

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Evidence to decision

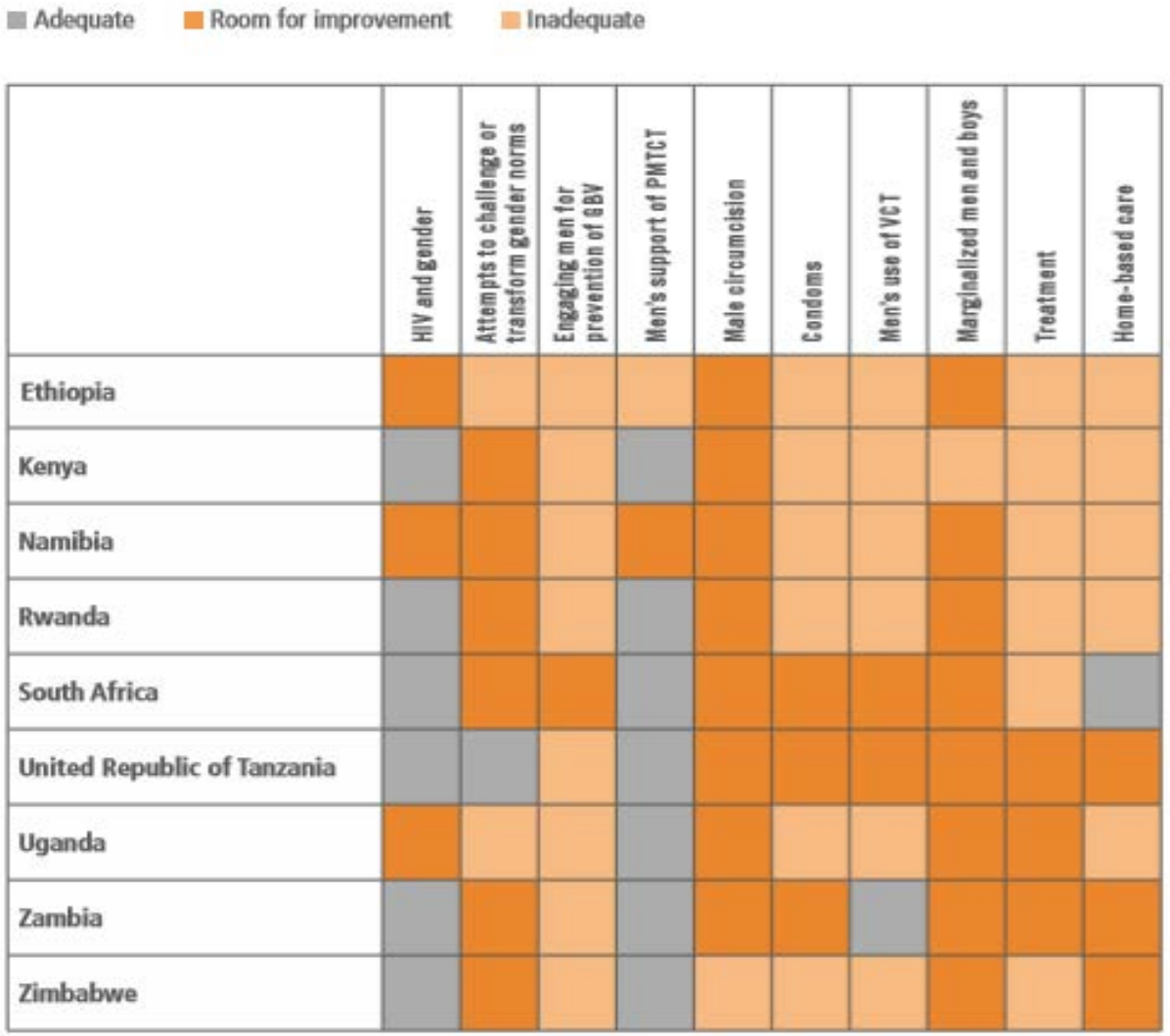
Factor	Explanation/evidence	Judgment
Acceptability	Six studies suggested incentives generally acceptable, valued for addressing key barriers. However, some study participants felt that they were not sufficiently motivating or were unnecessary, and one suggested that they might raise community suspicions.	**Uncertain; largely acceptable to those receiving compensation/incentives but some concerns from communities and providers.**
Resource use and cost	One study found a programme cost of US $91 per additional circumcision and cost per HIV infection averted of US$ 450 – $ 1350 – a high overall cost per additional VMMC performed, although the offset of other costs for demand creation is unknown.	**Uncertain; cost data mixed**
Equity and ethics	The Guideline Development Group thought that compensation could increase equity among men, for example, in rural areas for whom transport costs were a barrier or lost wages. However, singling out economic compensation for VMMC as opposed to a range of other health needs could increase inequity.	**Overall, the Guideline Development Group did not think that economic compensation would increase equity more broadly, and ethical considerations did not favour this intervention.**
Feasibility	The intervention has been successfully implemented in multiple research settings.	**Uncertain; although feasible in research, it is unknown in practical settings.**

Policy for men's health and case studies on enhancing uptake

Wole Ameyan
Technical Officer, Adolescent HIV
WHO Global HIV, Hepatitis and STIs Programmes

Policy scan on men's health – 2017

Fig. 5.2. Results of a men's health policy scan by Sonke Gender Justice



GBV = gender-based violence; NSP = national strategic plan; PMTCT = prevention of mother-to-child transmission; VCT = voluntary counselling and testing.

Source: World Health Organization Regional Office for Africa, 2017 *(334)* based on Pascoe 2017 *(333)*.

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Key points about men's health

- Men's health requires urgent attention – for everybody's sake.
- Improving men's and boys' health should enhance – not detract from – women's health and Health for All.
- Low use of health services reflects gender norms, structural drivers, policies and political will.
- A growing number of policies and programmes are improving men's health – in the few countries where they exist.
- Develop and implement policies and programmes that shift gender norms, improve men's access to services and address structural drivers of men's ill health

Image: Jhpiego Tanzania

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Case studies selection process and results

In 2019 WHO opened a call for case studies on interventions on the uptake of VMMC.

Received 16 case studies.

Each case study was evaluated by two reviewers based on pre-established criteria

11 cases were selected for inclusion in these guidelines - Annex 5.2.

Most examples involve multiple interventions that address multiple barriers.

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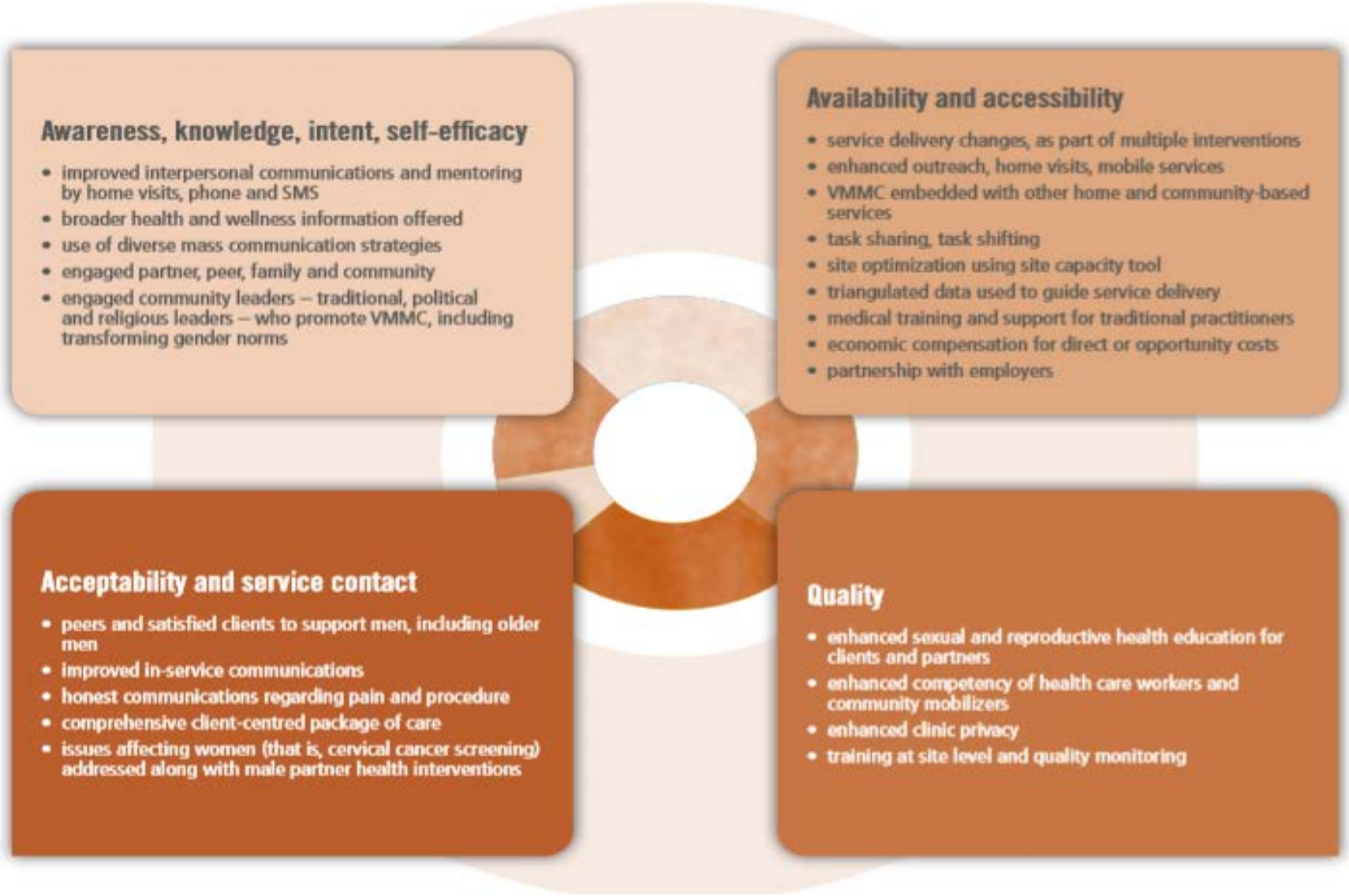
Interventions to enhance VMMC uptake: from systematic review and case studies



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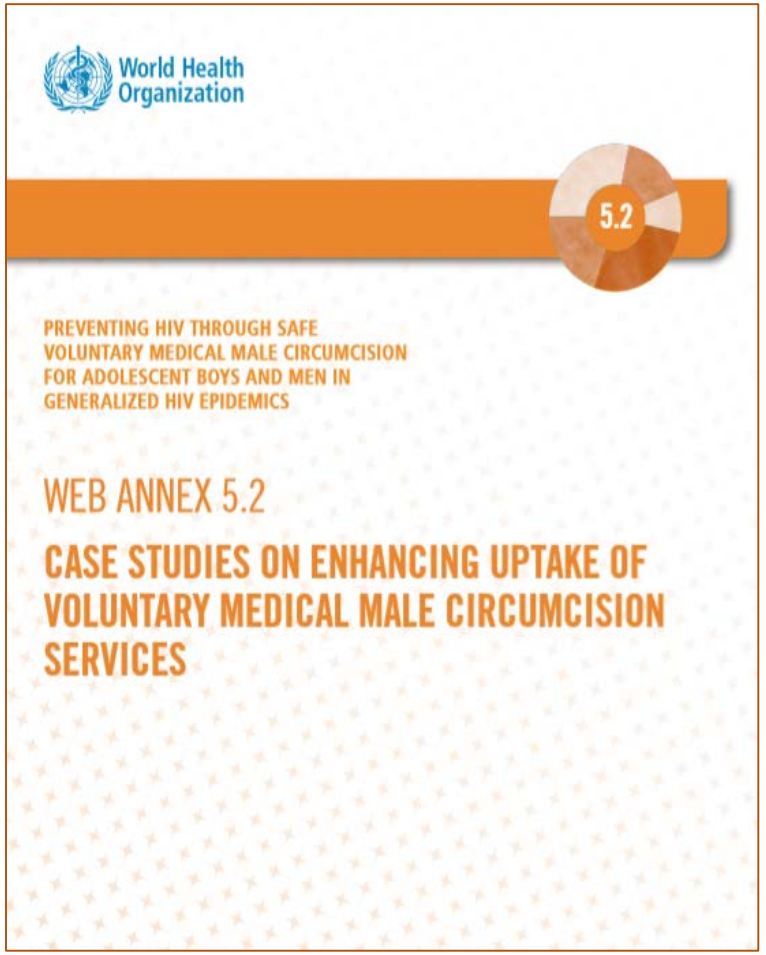
Share your case studies and best practice examples



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New studies

www.malecircumcision.org

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Programme considerations on evidence-based interventions

Dr Chitembo Lastone
HIV Programme Officer
WHO Zambia


Image: Jhpiego Zambia

Programme considerations on evidence-based interventions: Broad considerations

- Understand and respond to **local context**. Engage with communities and tailor interventions
  - Different subpopulations have **various needs** and these change over time.
- Move towards a more **people-and person-centred approach** that is age- and gender-appropriate.
- Address both **supply and demand simultaneously**, interventions need coordination between stakeholders, including ministries of health and partners
- **Multi-component/faceted interventions** on the pathway to effective service coverage

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Programme considerations: service delivery

- Consider approaches **most suitable to the (sub)populations and their contexts**
  - including barriers and facilitators to connect with services and accept VMMC
- To improve access to services, **reorient** models of service delivery
  - including to reach men in community settings.
- Strive for **quality** improvement and safety.
- Enhance the **competency** of health care providers.
- **Integrate** and expand VMMC into a package of services relevant to the life course and health needs of men
  - sexual and reproductive health education;
  - tuberculosis testing and treatment;
  - engaging partners as relevant

Image: Jhpiego Tanzania

Programme considerations: economic compensation

- First address **availability and quality** of services.
  - Compensation or other demand-side interventions will not overcome problems of supply and quality.
- **Identify what barrier(s)** compensation would address for specific populations and whether compensation will be most effective and equitable way to facilitate men's access
- Consider the **potential expectations** generated by compensation for one specific health intervention.
- Policies on financial compensation should be **explicit and clear.**
- **Stakeholder and community engagement** critical for deciding on use of compensation; if introduced, its nature and amount. Ethical decision-making frameworks could support decision making
- **Human rights perspectives**:
  - use framework for cash transfer programmes

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Research needs for enhancing uptake

- Identify **current barriers** to VMMC uptake among men, including those at higher risk of HIV infection.
- **Assess the effect of interventions** to increase uptake among men, including using programme data.
- Determine other men's services to add, including services for both younger and older men. **Assess preferences, feasibility,** cost and contribution to universal health coverage.
- **Share the findings** of service delivery research and lessons learnt.

Image Jhpiego Tanzania

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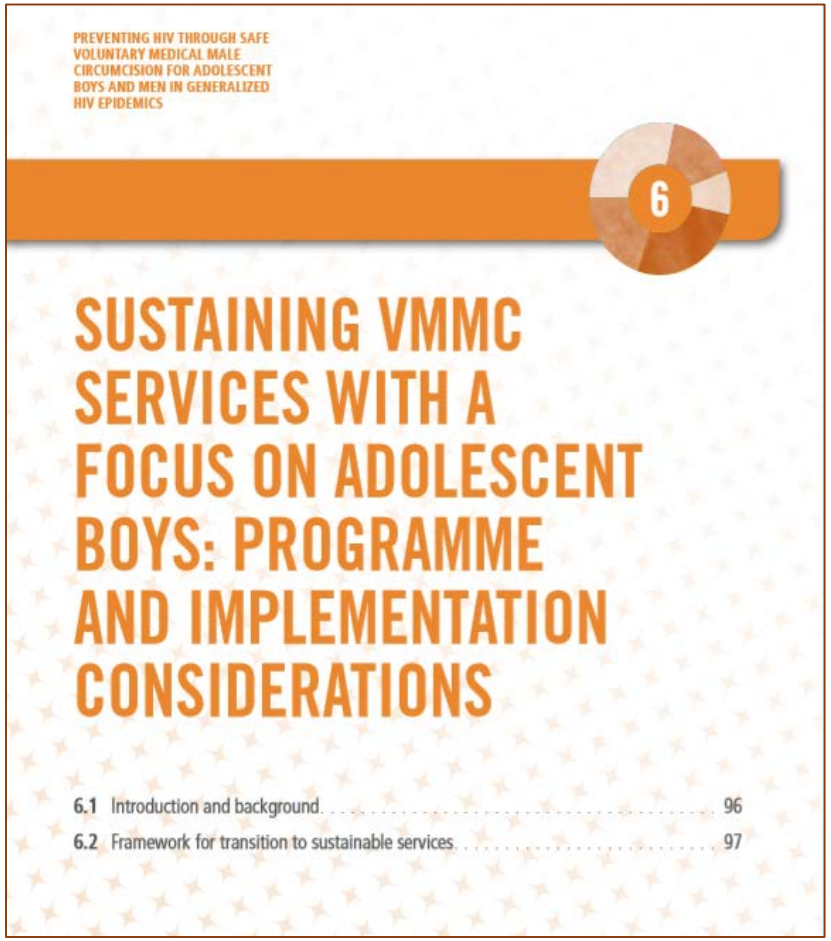
Questions or comments?


Away from the
screen break

Agenda – Part 2

Moderator – Lycias Zembe	
Time	**Topic and presenter**
15.35 – 15.50	Introduction, principles, and framework for sustainability – **Wole Ameyan**
15.50 – 16.15	National program perspectives – **Sinokuthemba Xaba, Zimbabwe MOH** **Albert Kaonga, Zambia MOH** **Ambrose Juma, Kenya MOH**
16.15 – 16.25	Questions and Answers
16.25 – 16.30	**Wrap up – Frank Lule**
End of series	



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Principles and framework for sustaining VMMC services with a focus on adolescent boys

Wole Ameyan
Technical Officer, Adolescent HIV
WHO Global HIV, Hepatitis and STIs Programmes

Programmatic considerations for sustaining VMMC with a focus on adolescent boys

Objective:
to support national ministries of health and partners as they transition VMMC service delivery

FROM current donor-driven, predominantly vertical approach

TO country-owned, integrated, adolescent-focused approach that can be provided sustainably.

With synergies with other essential services, programmes and across the health system

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Principles[1] underlying the chapter

1 **Adolescent-focused**	Programmes may focus on adolescents as a sustainable, effective, and acceptable approach towards wellbeing that maximizes **near-term impact on the epidemic** [3]
2 **Embedded within routine systems**	VMMC integration has the potential to enable efficiencies and **spur relationships** with adolescent programs, a small, but emerging aspect of health systems[4]
3 **High quality and people-centered**	Services should put **people and communities**, not diseases, at the **center of health systems**, empowering people to take charge of their health, supported with education and support [2]
4 **Widely Accessible Services**	In alignment with UHC principles, all people should have **access to necessary, affordable, and effective health services** (including prevention)[1]
5 **Co-produced**	A key consideration for adolescent leadership includes meaningful involvement and engagement as leaders and stakeholders in VMMC at national, district and community levels.

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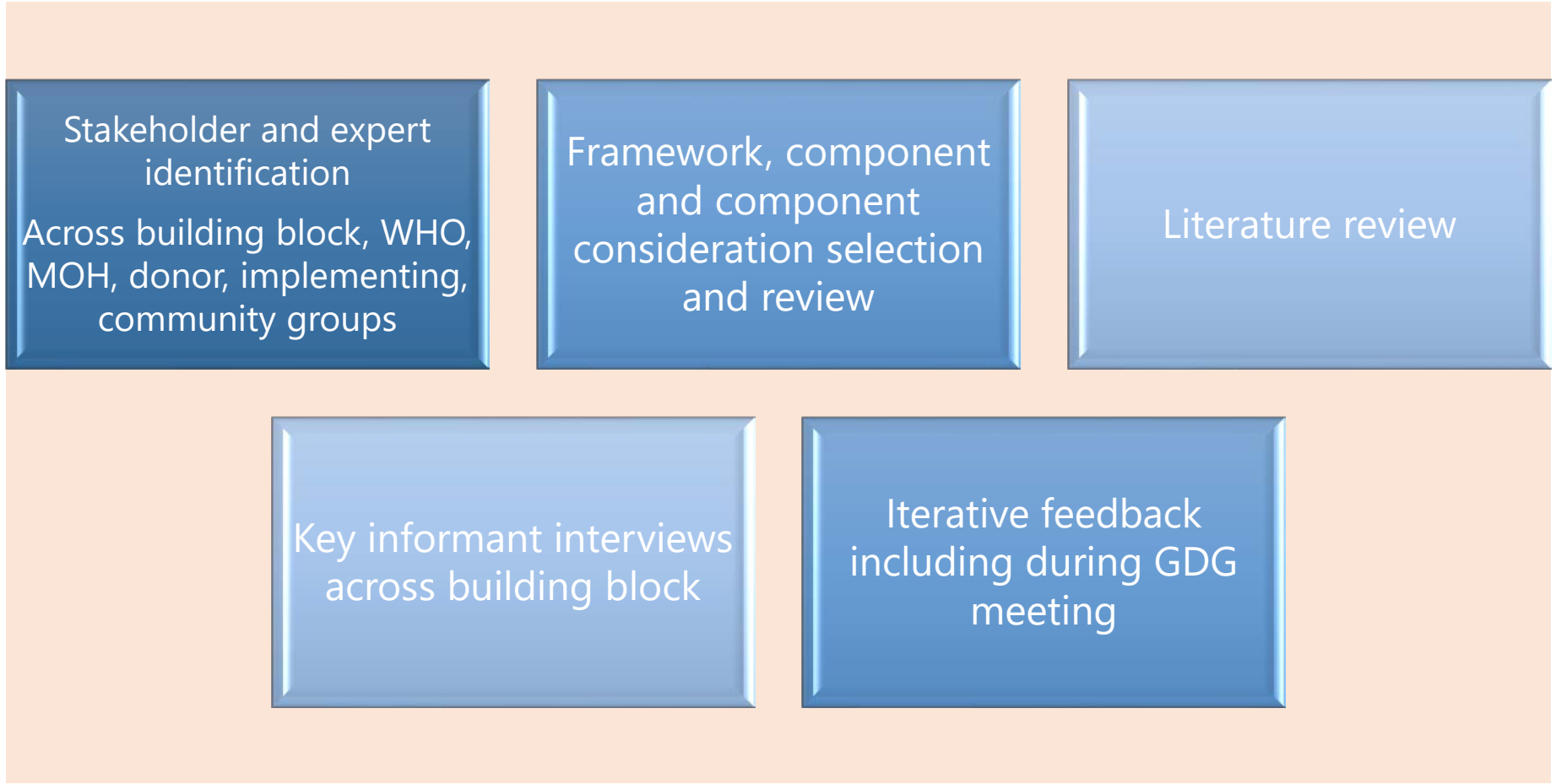
Methodology



See full list of contributors in the guidelines

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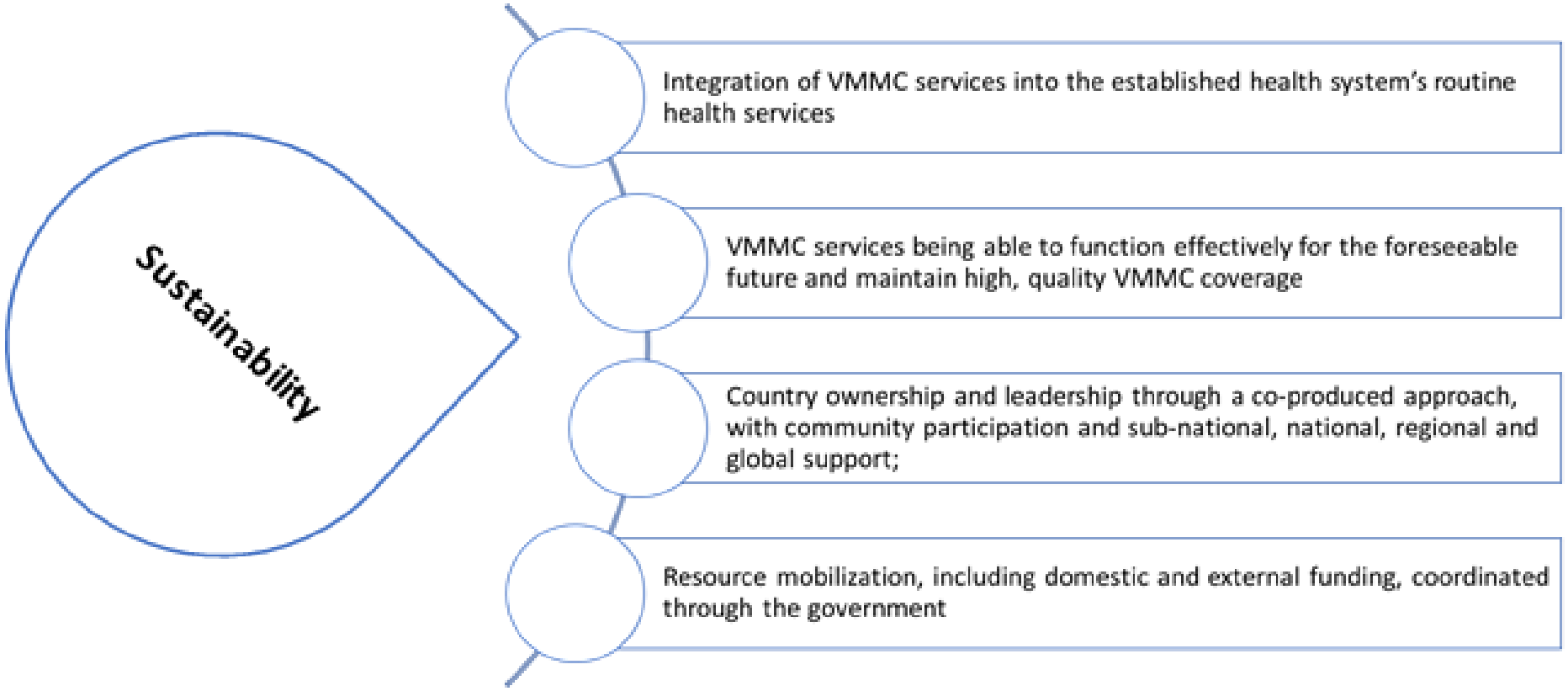
Sustainability

No universally agreed definition of sustainability; its meaning depends on context, setting and situation.



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Health Systems Building Blocks Framework: VMMC relevant components

Building block	Component
 Finance	• Resource allocation and mobilization • Purchasing of services • Financial risk protection
 Health workforce	• Health workforce planning • Pre-service and continuing education • Management, support and supervision
 Strategic information	• Data collection and management • Data quality • Data analysis and use • Safety monitoring
 Supplies and equipment	• Norms and standards • Procurement, supply and distribution • Quality of VMMC supplies and equipment
 Leadership and governance	• Programme leadership and coordination • Accountability, oversight and regulation • Inter-sectoral coordination • Health sector plans and policies
 Service delivery	• Access (strategic planning of health services) • Reorienting service delivery models • Empowering and engaging people • Safety and quality
Critical enablers	
• Adolescent leadership, co-produced health services, local ownership and participation • Community engagement and empowerment • Multisectoral partnerships • Enabling laws and policies	

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Finance: key considerations and actions

Finance

- Raise and budget funds for healthcare to enable access and protect against financial catastrophe or impoverishment.
- Achieving universal health coverage and use of an integrated mix of services in an effective and efficient manner.

Components	Key component considerations
Resource allocation and mobilization	• **VMMC inclusion into a national essential package of interventions** • **Reliance upon international donor funding, with inadequate funding from domestic sources.** • **Resource estimation for VMMC completed as a part of the national health plans** • **Harmonization of donor-financed elements of the VMMC budget with the national MOH budget** • Efficiency and appropriate mix of interventions to fund VMMC
Purchasing of services	• **Public financial management (PFM) that is flexible enough to adjust to the demand of services.** • **Payment of service providers for effective delivery of quality, safe and people-centered services** • Ready availability of information on VMMC services.
Financial risk protection	• **Financial risk protection for all adolescents**, especially coverage for subgroups of most vulnerable adolescents, such as out of school youth. This would include updating nascent prepayment systems involving pooling of financial risks.

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Health workforce: key considerations and actions

Health workforce

- Readily available, competent, responsive and productive health workforce to provide VMMC services.
- Ensure adequate management of entry into and exits from the health workforce and improve the distribution and performance of existing health workers.

Components	Key component considerations
Health workforce planning	• **Integration of VMMC into national health workforce planning** • **Health workers are trained more broadly and their skills optimized to provide VMMC and other health services to support the broader needs of the health system** • System for addressing skill mix, distribution and retention of health workers who offer VMMC services, including issues such as workload, staff burnout and turnover, and rural coverage
Pre-service and continuing education	• **Inclusion of VMMC as part of national pre-service training and continuing education requirements, across all cadres who might provide elements of VMMC services.** • Continuing education and competency requirements for all cadres of VMMC service providers • **National health education and training courses on adolescent health that address and integrate VMMC**
Management, support, and supervision	• **Supportive supervision for adolescent-friendly and responsive care** by health care workers offering VMMC services (e.g. medical officers, clinical officers, nurses and others) • **Integration of VMMC within national, district and local structures for health worker management** • Patient safety systems that permit learning from adverse events and quality improvement

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Strategic information: key considerations and actions

Strategic information

- To ensure sustainability of VMMC, country programmes must transition from vertical and parallel strategic information structures to more integrated, country owned, and less donor dependent structures and systems for data collection and use.

Components	Key component considerations
Data collection and management	• Developing **efficient VMMC data collection methods, that take advantage of electronic information systems and move away from paper-based data collection** • Data management and reporting systems that **encourage country-level data ownership and reduce parallel systems across various donor and implementing agencies**
Data analysis and usage	• Data analysis planning, relevant disaggregation especially by age and geography • Use of data for reporting, planning, logistics management, evaluation and quality assurance purposes. This would include facility-level mechanisms for data use and feedback
Data quality	• **Procedures for routine data quality checks, to reduce duplication of data entry and data flows**
Safety monitoring	• **Improvements in VMMC safety monitoring systems, including routinization within national systems** • **a multi-level surveillance system for monitoring AEs.**

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Supplies & equipment: key considerations and actions

Supplies & Equipment

- A well-functioning health system ensures equitable access to essential medical products and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.
- The implementation of sustainable VMMC services requires a durable logistics system, involving commodity procurement, supply chain management, human resources, waste management and proper storage, including storage of wastes as appropriate.

Components	Key component considerations
Norms, standards and policies	• National set standards for quality of VMMC supplies and assurance of continuous procurement **without disruption** • **Standard guidelines and implementation strategies to support rational use of VMMC supplies and equipment**
Procurement and distribution	• **National procurement systems for VMMC supplies and equipment** • National systems of supply and distribution for VMMC supplies and equipment
Quality	• **Quality of VMMC equipment and supplies, including male circumcision devices** • waste management that addresses segregation, storage, transport, treatment and disposal of all relevant health care waste categories

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Leadership & governance: key considerations and actions

Leadership & Governance

- Effective leadership from ministries and at higher levels of government should foster sustainable, adolescent-responsive policies and programmes.

Components	Key component considerations
Programme leadership and coordination	• **Country leadership & coordination to ensure programme ownership is paramount and prominent** • **Programme engagement with sub-national and local leaders** • Partnership structure for MOH-led VMMC delivery to ensure coordination, advocacy, implementation, reporting and quality assurance of VMMC services • **Engagement of relevant MOH departments in implementation, coordination and oversight**
Accountability, oversight and regulation	• **Systems for support and supervision of VMMC led by MOH via health focal point** • **VMMC focal point or coordinator in the MOH at different operational levels** • **Technical working group in the MOH** for oversight and review of VMMC performance • Assessment and revision of key regulations including on scope of practice
Intersectoral coordination	• Platforms to support effective inter-sectoral linkages, partnerships and coordination (e.g. finance, youth, education)
Health sector plan and policies	• **Integration of VMMC into the Essential Package of Health Services** • **Inclusion of VMMC in the national health strategy** and operational plan • Development &Implementation of relevant task distribution; task shifting and task sharing plans

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Service delivery: key considerations and actions

Service delivery • Good health services are those which deliver effective, safe, and quality health interventions to those that need them, when and where needed, within the tenets of an integrated, people-centered framework. • Within the context of the sustainability of MC, services for MC need to be routinized as part of the health system service delivery structure.	
Components	**Key component considerations**
Access	• Comprehensive assessment of VMMC service delivery based on inclusive characteristics • **Mapping of existing service delivery infrastructure and resources necessary to deliver VMMC in community-based and health-facility settings to inform planning and implementation of services** • **Demand creation activities specific to context and intended audience.**
Reorienting service delivery models	• **VMMC services made a part of routine primary care and delivered as part of an integrated or linked package of services**, including with routine adolescent health services and essential minor surgical services • **Varied service delivery platforms for reaching adolescents with adolescent-friendly care** • Clear referral systems from VMMC to other adolescent services; • Use of digital technology to support continuity of information and patient tracking
Empowering and engaging people	• Empowering and engaging individuals, families, communities, informal service providers • **Reaching the underserved and marginalized**
Safely and quality	• National quality standards and systems in line with WHO and UNAIDS global standards • **Standardized surgical protocols focused on patient safety (i.e. surgical systems strengthening)** • **Adverse event reporting that is aligned with national systems**

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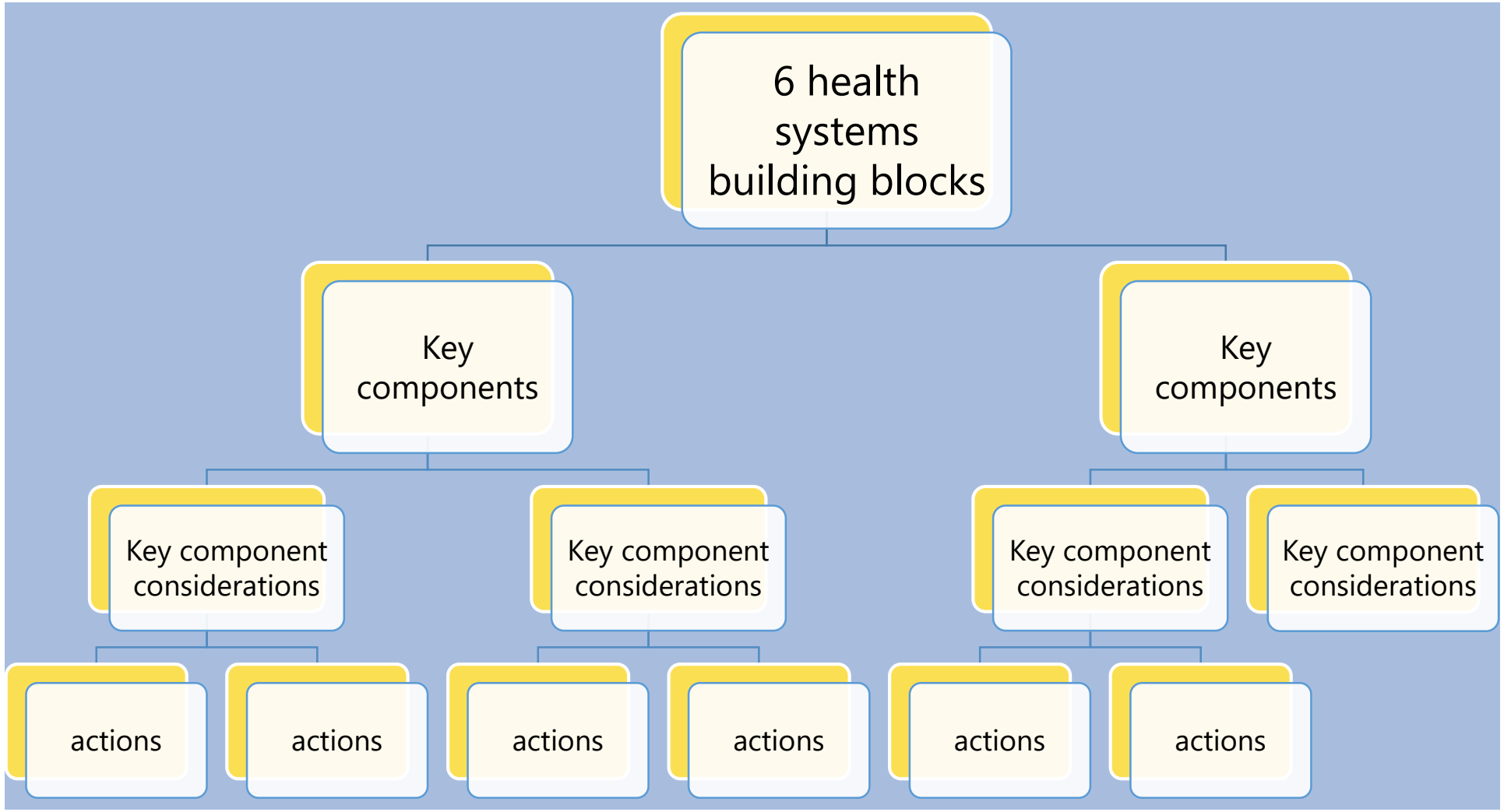
Critical enablers

- Adolescent and youth leadership and participation
- Community engagement
- Multisectoral partnerships
- Enabling laws and policies

World Health Organization

Overview of approach - transitioning to sustainability



Moving from policy to practice and from actions to activities

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Key messages

- Services for adolescents are a next step in the progressive transition to sustained VMMC coverage.
- Planning for sustainable VMMC services requires attention to six WHO building blocks of health systems and critical enablers.
- Countries should take a prominent role in the mobilization, allocation and administration of resources.
- Support and supervision should be person-centred, with focus on enhancing adolescent-friendly, integrated services.
- Country leadership, ownership and effective collaboration with partners are essential at all levels – national, district and local.
- Partnering with community organizations and networks can increase access for adolescents.

World Health Organization

National programme perspectives

Sinokuthemba Xaba (Zimbabwe MOHCC)
Albert Kaonga (Zambia MOH)
Ambrose Juma (Kenya MOH)

Discussion questions

1. Describe briefly the work of the ministry of health in sustaining VMMC services? (2 minutes)

2. The WHO framework on sustainability is based on 6 health systems building blocks. From your country work, which has been the most challenging building block and why? (3 minutes)

3. What is needed to move this forward? What are your key asks? (2 minutes)

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Questions or comments?

YOUR FEEDBACK REQUESTED

TYPE IN CHAT WINDOW NOW

1. **Would you like more information on any of the topics covered today? Please specify.**

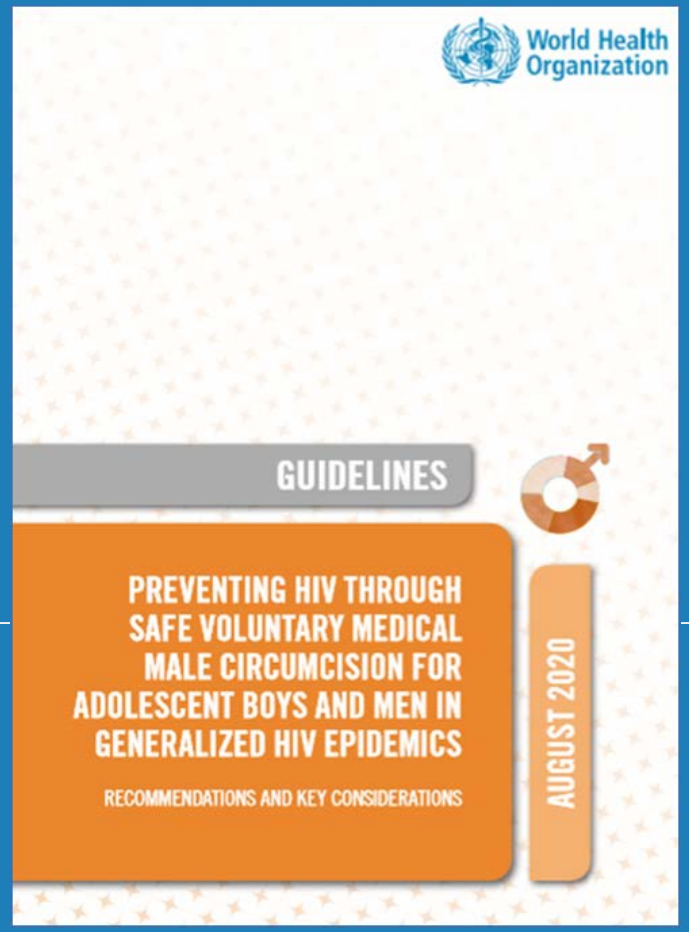
2. **Would additional technical resources or tools assist you in implementing VMMC to reflect these updates? Please specify.**

Project ECHO

World Health Organization

Wrap up

Frank Lule
Medical Officer HIV, Hepatitis, TB
WHO AFRO



https://www.who.int/publications/i/item/preventing-hiv-through-safe-voluntary-medical-male-circumcision-for-adolescent-boys-and-men-in-generalized-hiv-epidemics-guidelines

End of teleEcho series

Thank you!