



Way Forward Kenya: Integration of VMMC in routine Health care by 2019

Francis Ndwiga Benson MSc/MBA, PhD(c)

VMMC Program Manager, NASCOP

PEPFAR Webinar on VMMC and Sustainability
July 9, 2015

Background

- Kenya rolled out VMMC in October 2008 through publication of the first VMMC strategy (2008-2013).
- The goal was to increase national VMMC coverage from 85% to 94% by circumcising 860,000 men (15-49 years).
- The main geographical areas of focus was Nyanza region where HIV prevalence was/is high and MC coverage low.
- The first five years was the ‘catch up phase’ : we intended to net as many uncircumcised high risk men as possible.

Background con' t

- The focus was in the following areas:
 - I. Advocacy: Getting buy-ins from the highest policy level and community gate keepers (e.g. LCE).
 - II. Structural and manpower preparations: procurement of equipment, refurbishment of facilities, and training of staff (in service).
 - III. Communications - geared to change norms, mobilize clients for services and address myths and misconceptions .

Background con' t

- The five years of implementation was very successful:
 - I. Kenya achieved high level political commitment.
 - II. Media coverage was fair and balanced.
 - III. Trained over 3000 providers and refurbished over 500 facilities country wide to provide VMMC.
 - IV. Programme geographical expansion beyond Nyanza to other regions (Busia, Turkana, Nairobi and parts of Rift Valley and Coast).

Background con' t

- Key Success in the First Phase: 2008/13
 1. Programme targeted 860,000 men, nearly 800,000 received VMMC as a package for HIV prevention.
 2. National VMMC coverage increased from 85% to 92% .
 3. Nyanza region registered the highest increase in VMMC coverage: from 48% to 66% .

VMMC AND SUSTAINABILITY

What next...!!.

Kenya is in process of rolling out the 2nd national VMMC strategy 2014/19.(phase two)

- The focus of the second VMMC strategy are:
 - Maintaining momentum on the ‘catch up’ to mop up all adult men who need VMMC.
 - Begin phased roll out of EIMC as a component of MNCH.
 - Increase VMMC coverage to at least 80% in all regions and to 95% nationally.
 - Safety of all MCs and integration of HIV risk reduction counseling and HTC in TMC.
 - Lowering adult and adolescent target age to 10 yrs from 14 years.

INTEGRATION OF VMMC INTO ROUTINE HEALTH CARE SYSTEM IN KENYA

- The overarching goal of the 2nd VMMC strategy 2014-2019 is to achieve integration of VMMC into the essential health package, **ensure local and sustainable financing for VMMC.**
- Because of unpreparedness of Kenya's health system, VMMC operated mainly as a parallel program during the first phase.
- Funding for VMMC has also been heavily depended on external donors – mainly WB, PEPFAR, BMGF, GF.

Opportunities and strategies for VMMC integration into routine health care

1. Devolution:

- From 2013, Kenya adopted devolved system of government.
- Governance structure and most services including health services have been devolved to counties.
- In the devolved context, the county governments are responsible for service provision while national government is responsible for policy and standards.
- **Strategy:** county Level governments engagement to ensure their ownership of VMMC, add VMMC to their plans and allocate it appropriate targets and budget.
- County governments, through CHMTs will manage, coordinate and monitor VMMC .

Opportunities and strategies for VMMC integration into routine health care (cont' d)

2. EIMC and adolescents VMMC:

- As part of the second VMMC strategy, rolling out EIMC (0-60 days old males).
- EIMC services will be provided as part of MNCH package – i.e integrated from the beginning.
- Lowered the targeted age group for adolescent VMMC to 10 yrs where VMMC demand is highest.
- Need to consider Boys aged 61 days to 9 years to receive VMMC as soon as they turn 10 years is necessary.

Opportunities and strategies for VMMC integration into routine health care (cont' d)

3. Sustainable financing:

- National Health Insurance Fund (NHIF): included MC as a part of services paid for through the expanded NHIF.
- Advocacy for exchequer funding of VMMC as part of essential healthcare service(County Level HIV programming).
- Funding of VMMC by employers for their employees and corporate funding(Private sector Contribution).
- Minimum user fee and fee waiver system for those who cannot afford (Public sectors).

Opportunities and strategies for VMMC integration into routine health care (cont' d)

4. VMMC devices Cost (options)

- Devices are likely to simplify VMMC, require less time and not require minimum investment in-terms of infrastructure.
- Training requirement for service providers on devices is likely to be shorter /cost less.
- Supply chain, storage and maintenance of devices is also likely to be less complex .
- Thus, health providers will be able to offer device based VMMC alongside other health services as part of out patient routine services.

Opportunities and strategies for VMMC integration into routine health care (cont' d)

5. Pre service training

- Going forward, we have started the process of integrating MC in the **pre-service curriculum** .
- In the past, VMMC training has targeted practicing health providers, which is less efficient and costly.
- All trained health providers will be able to provide VMMC services in their stations.
- In addition, VMMC has been included in the HIS and facilities have a reporting requirement for VMMC indicator.
- Further, VMMC has been included in performance contract of managers, facilities and health provider – increasing the motivation to offer and report on VMMC.

Conclusions

- Even though we are on the right path of integration, there are still a number of bottle necks:
 - VMMC is largely considered non emergency by health providers , there are many other competing conditions (priority)
 - Our health system is still resource constraint and external funding is still needed(PEPFAR Reprogramming funding approach)
 - Adequate resources and time is required for coordination and advocacy to ensure that integration happens(allocation)
- National programme is currently on a robust engagement with county governments to support VMMC activities