VMMC in Tanzania: Moving Toward Sustainability

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Objectives of Presentation

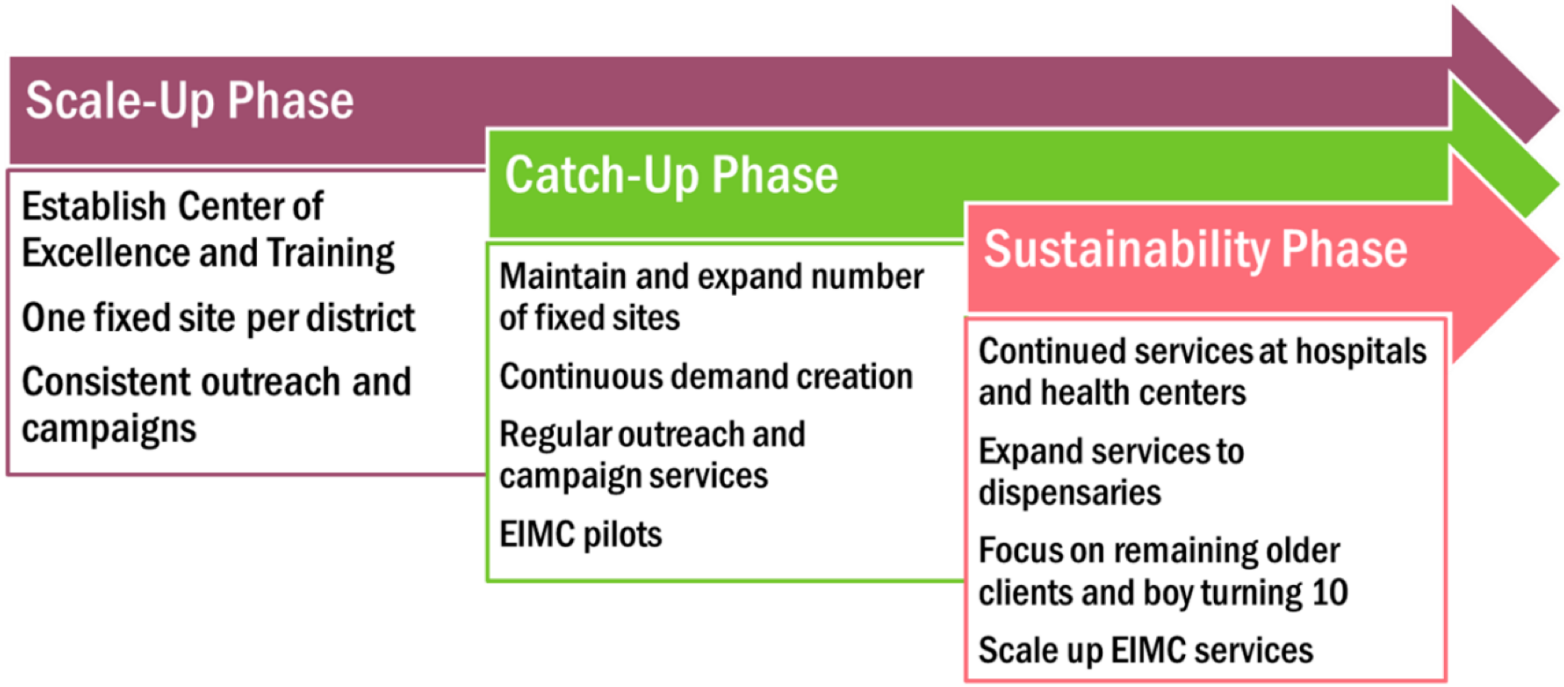
- Describe voluntary medical male circumcision (VMMC) program in Tanzania
- Discuss specific regions that are approaching 80% VMMC coverage
- Describe the three pronged pilot sustainability strategy for Iringa and Njombe Regions

Tanzania VMMC Timeline

Overview of Male Circumcision in Tanzania

- Tanzania rolled out VMMC starting in 2010 based on the 2010 National VMMC strategy with a goal of scaling up VMMC in 12 priority regions
- Between 2010 and 2015, more than 1 million VMMCs have been performed under the MOHSW VMMC program.
- The first five years is considered 'scale up' and 'catch up' focusing on 10- to 34-year-old males
- New National VMMC Country Operational Plan has been developed to guide continued scale up and sustainability 2014-2017.

Phases of VMMC Service Delivery in Tanzania



Implementation of VMMC Services during Scale-up and Catch-up

- Static VMMC services are provided by 85 of the 2,553 health facilities in the priority regions.
- 14.7% of the 8,107 health personnel in the priority regions are trained in VMMC services.
- Approximately 53% of the 2 million 2010–2015 VMMC targeted clients have been circumcised (2009–March 2015).
- Coordination of VMMC services is undertaken by the MOHSW through the STI [Sexually Transmitted Infection] Unit of the National AIDS Control Program (NACP) and the MC technical working group at the national level.
- VMMC services are offered almost exclusively through the public sector

VMMC Progress in Priority Regions

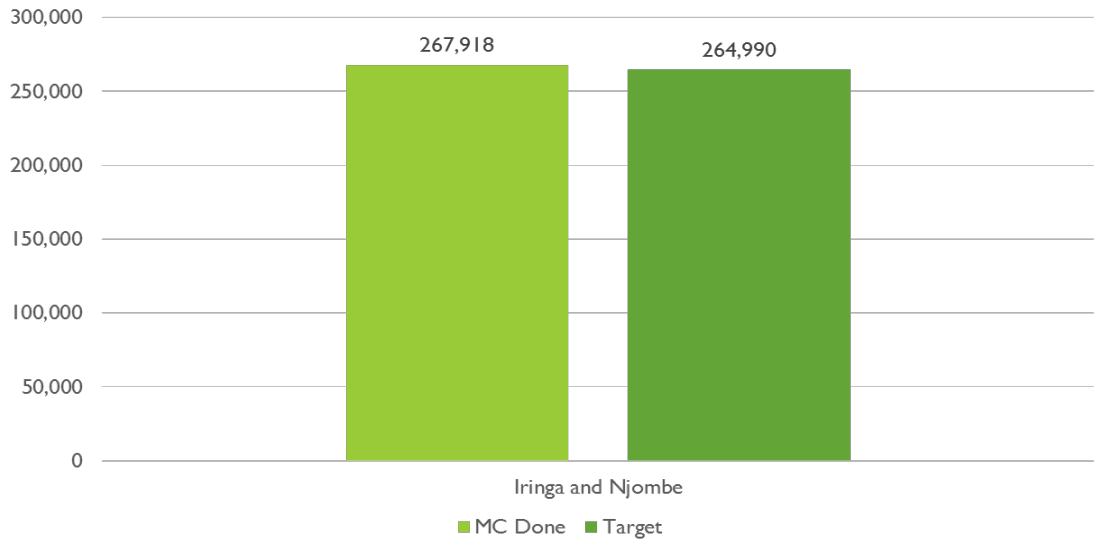
Region	2009	2010	2011	2012	2013	Totals
Kagera	965	3,452	15,050	10,701	40,587	70,755
Shinyanga			16,902	24,819	43,941	85,662
Simiyu		469	26,875	8,815	45,761	81,920
Mwanza			2,648	10,801	31,825	45,274
Tabora			1,173	22,008	61,645	84,826
Rukwa			3,977	11,849	23,713	39,539
Katavi					400	400
Iringa	390	25,647	14,168	29,796	52,459	122,460
Njombe			33,342	18,624	22,637	74,603
Rorya					12,987	12,987
Geita				10,239	11,755	21,994
Mbeya		6,492	20,682	26,595	70,795	124,564
Military		405	3,105	3,635	14,277	21,422
Cum Totals	**1,355**	**36,465**	**137,922**	**177,882**	**432,782**	**786,406**

Two regions are approaching saturation (80% coverage)

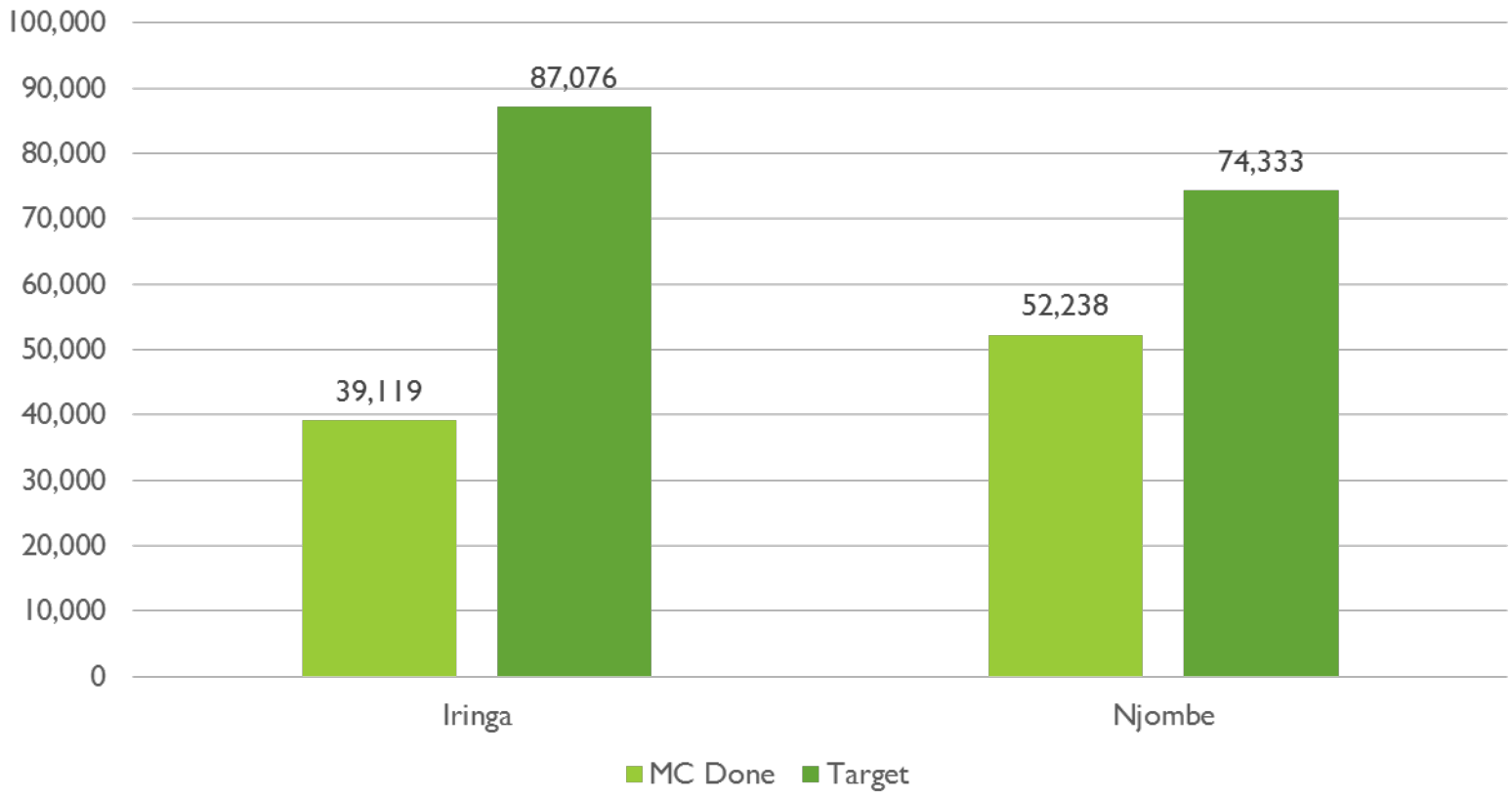
Iringa and Njombe regions are approaching 80% coverage of male circumcision.

The majority of 10-24 year olds in these regions have been circumcised.

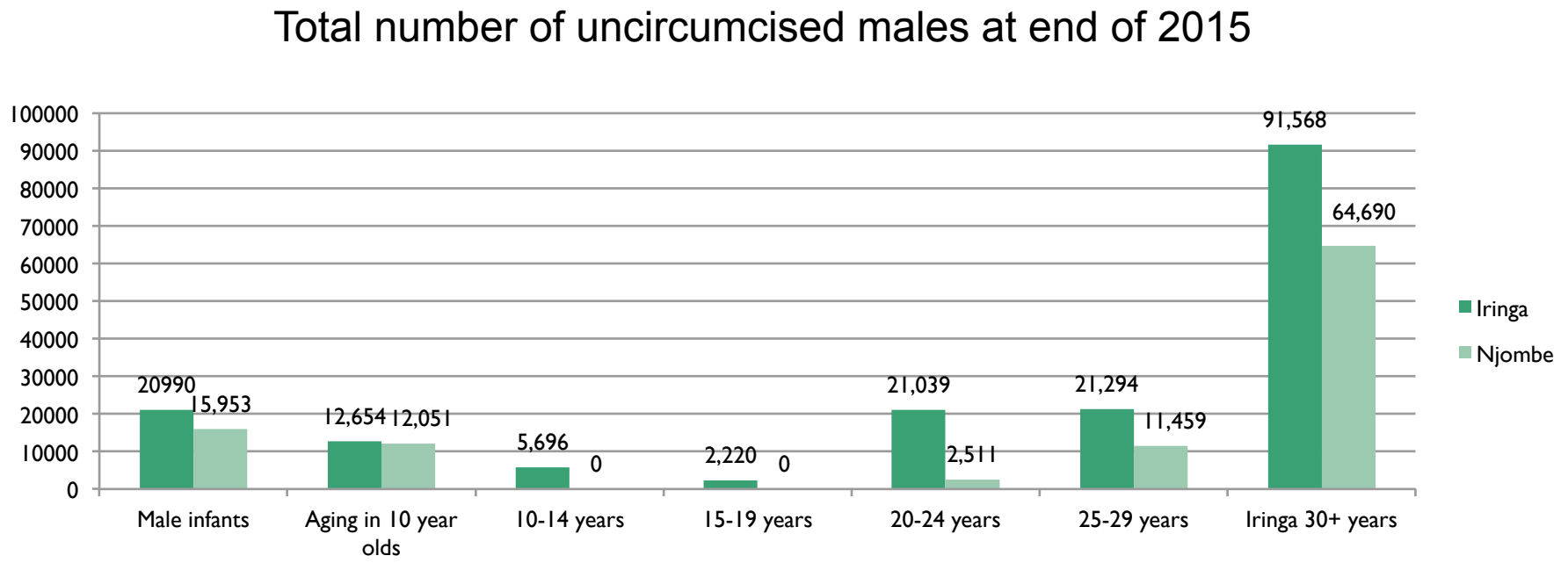
VMMC Progress vs. "Old" Targets, 2010–2013



Iringa/Njombe Progress vs. "New" Target, 2014–2017



Who is left to circumcise in Iringa and Njombe Regions?



Transitioning to Sustainability

Tanzania's VMMC Country Operational Plan 2014-2017

- Regions that reach or come close to reaching 80% of the target will slowly switch to the sustainability phase.
- Sustainability is characterized by the implementation of VMMC services at the majority of hospitals and health centers in the region and the expansion of service delivery to dispensaries that meet the minimum service delivery criteria.
- These facilities serve any remaining older clients and boys turning 10 years old.
- In addition, it is our intention that EIMC services will be launched and scaled up during the sustainability phase. The EIMC program will aim to cover 80% of male newborn infants annually by 2020.

Multi-prong Sustainability Strategy for Iringa and Njombe

Prong 1

- Integrate VMMC service delivery into existing health services
- Continue to build region and district capacity and expand number of static sites
- Partner and build capacity of CSOs within the regions

Prong 2

- Focus on adolescents
- Campaigns/ outreaches to 'catch' clients aging in to services (10 years and above)

Prong 3

- Scaling up early infant male circumcision in the next 2-3 years

Prong 1: Transitioning VMMC Service Delivery

- Increase the number of static service delivery sites
- Support region/district led outreaches and mobile services (no large-scale campaigns needed)
- Transition M&E services to be implemented solely by MOHSW
- Shift commodities to 'reusable' and integrate into current national supply chain system
- Continue to build capacity of regions and districts in forecasting and implementing VMMC services with a focus on EIMC and adolescents
- Transition supportive supervision and quality assurance activities to be supported and implemented solely by MOHSW

Prong 2: Focus on Adolescents

Catch 'aging in' clients

Create demand for services among adolescents using targeted messages and linking with schools and youth activities

Provide age-appropriate risk reduction counseling through separate group education.

- review counseling tools to incorporate adolescent-specific messages,
- provide on-the-job training to all VMMC providers on adolescent-friendly services, and
- institute client satisfaction feedback ("smiley cards").

Further investigation of the adolescent experience in VMMC services is still needed.

Prong 3: Scaling up EIMC Services

- EIMC pilot was started in Iringa Region in 2013.
- Over 2,500 EIMCs have been conducted in eight pilot sites in Iringa Region.
- Pilot uses an integrated model where EIMC services are offered as part of reproductive child health services
- Operational research completed that can inform EIMC scale up

What's next for EIMC?

- EIMC operational research indicates:
  - Integrated service delivery model is appropriate, though it does increase the workload of providers
  - There are pervading myths and misconceptions around EIMC that will require targeted counseling, education and messages to ensure uptake of services within the community
  - Fathers are an important decision maker; methods to engage fathers in their son's health services are needed.
- Pilot and research results are being reviewed by national technical working groups to decide on next steps

Conclusion

- Significant progress has been made in Tanzania to reach 2 million VMMCs, though there is a great variance among the priority regions.
- Of the 12 priority regions, two (Iringa and Njombe) are rapidly approaching their 80% coverage targets.
- In Tanzania, the sustainability phase is here. Developing clear guidance and a road map on how this phase will be implemented is vital not only for the two saturated regions but also to guide other priority regions as they approach the sustainability phase.
- Iringa and Njombe regions can 'pilot' the sustainability strategy using mixed modalities (adolescents and EIMC) to guide transition strategies for other regions in Tanzania and the region