



NATIONAL VMMC PROGRAMME

8th SA AIDS Conference

ICC, Durban

13-15 June 2017

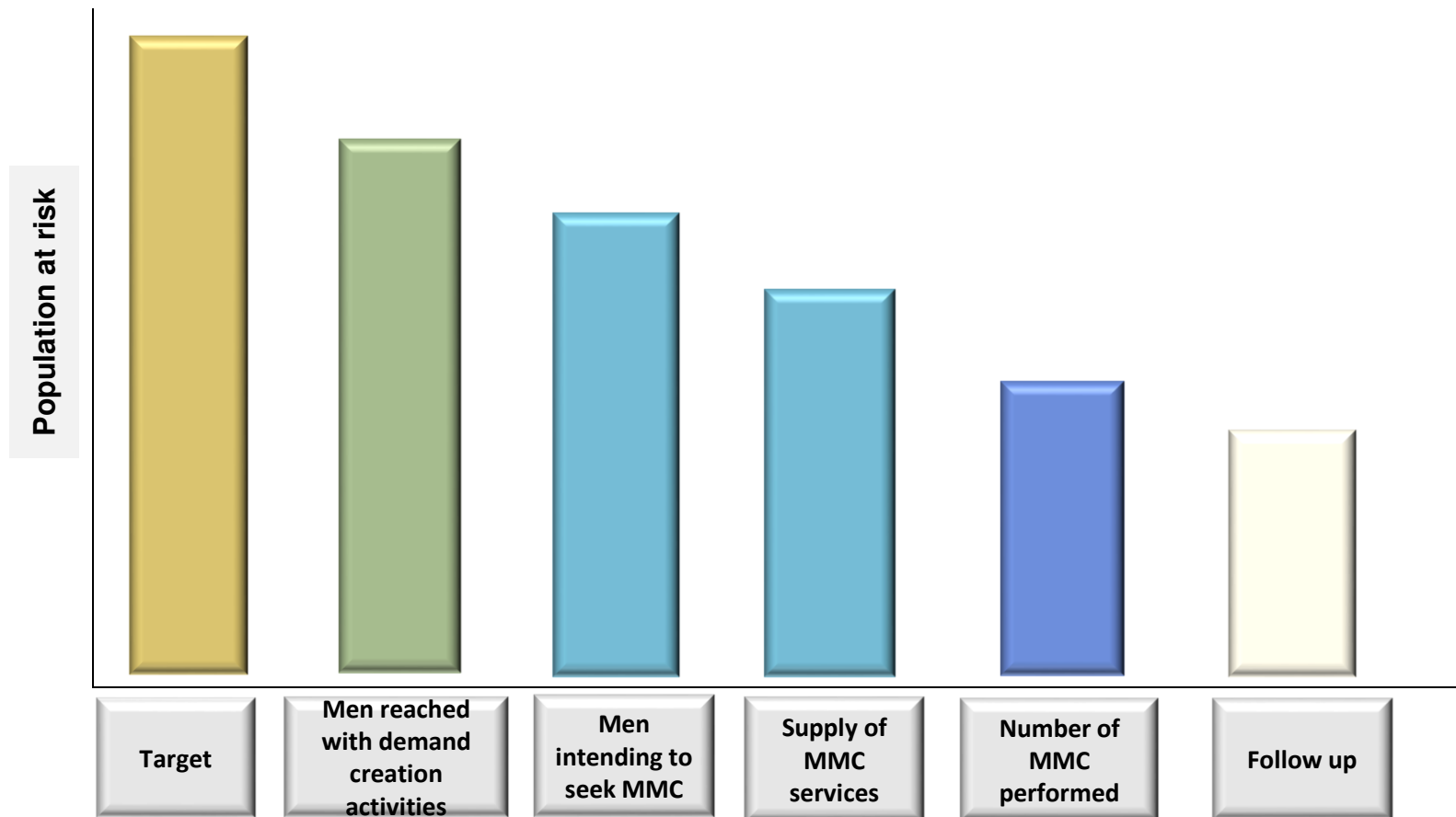
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INTRODUCTION/BACKGROUND



- Three randomized controlled trials in three countries have shown unequivocally that MMC reduce the risk of HIV acquisition in heterosexual males by as much as 60%
- National Strategic Plan goal for MMC: **“to contribute to the reduction of HIV incidence by scaling up MMC to reach 80% of HIV negative men between 15-49 years, by end March 2017.”**
- Translates to a total of **4.2 MMCs by March 2017**
As per DMPPT Tool
- By March 2017: **> 3 million MMCs** performed. Approx. 71% cumulative target met
- **MC prevalence: >47%**

MMC Cascade



MMC Programme



MMC programme, Targets & scale up

- ❖ MMC part of combination HIV prevention programme
- ❖ MMC scaled up to meet the 2017-2022 target of 2,5m
- ❖ Systematic scale up using different strategies
- ❖ Volume optimization, quality of services and increasing efficiency

90 90 90 Targets

90% of all PLWH must know their HIV status

90% of all eligible receive ART

90% of all on ART are virally suppressed

Quality assurance

- ❖ Institutionalization of quality assurance principles
- ❖ Implementation of CQI programme at all sites
- ❖ Development and use of standardised QA tools

Target population



- Population: All eligible males presenting for MMC (10-49 years)
15-49 will be actively targeted
- **20-34 will be prioritized** (immediate impact) and require intensive demand creation
- 15-19 prioritized after the 20-34
- 10-14: do circumcise, but no active demand creation

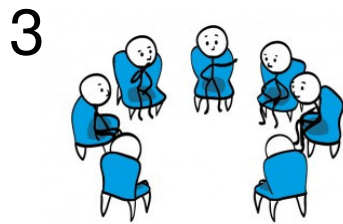
Patient Flow for MMC service – varies from site to site



1 Patient Registration



2 HIV testing services



3 Group MMC Counselling



Individual MMC counselling



Health Screening, (STI; NCD; TB;)

▼▲ Repeat counselling ----- Referrals ----- Treatment ----- Referrals -----



6 Pre-op preparation



7 MMC surgical procedure



8 Post-operative care

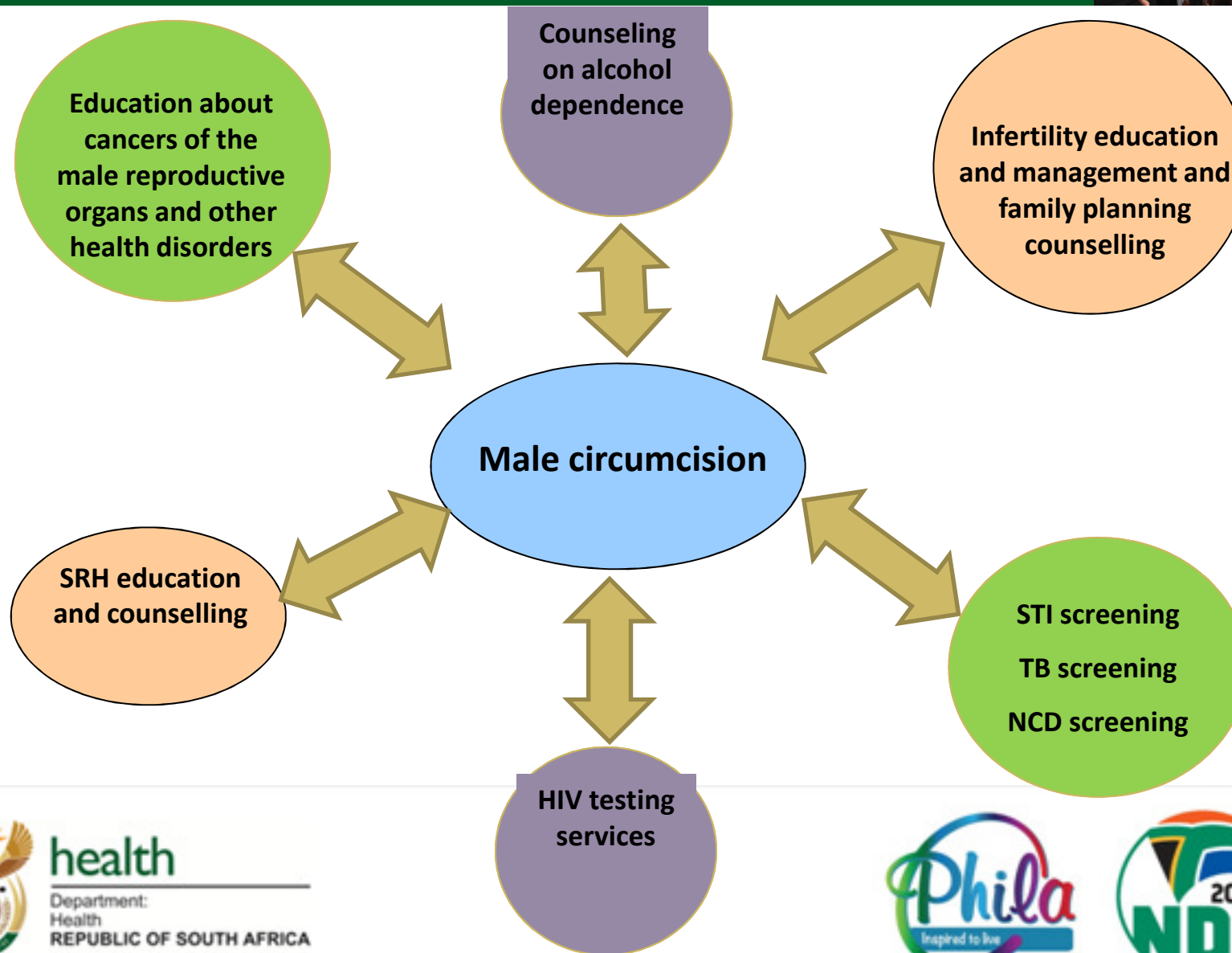


9 Follow up care / AE reporting

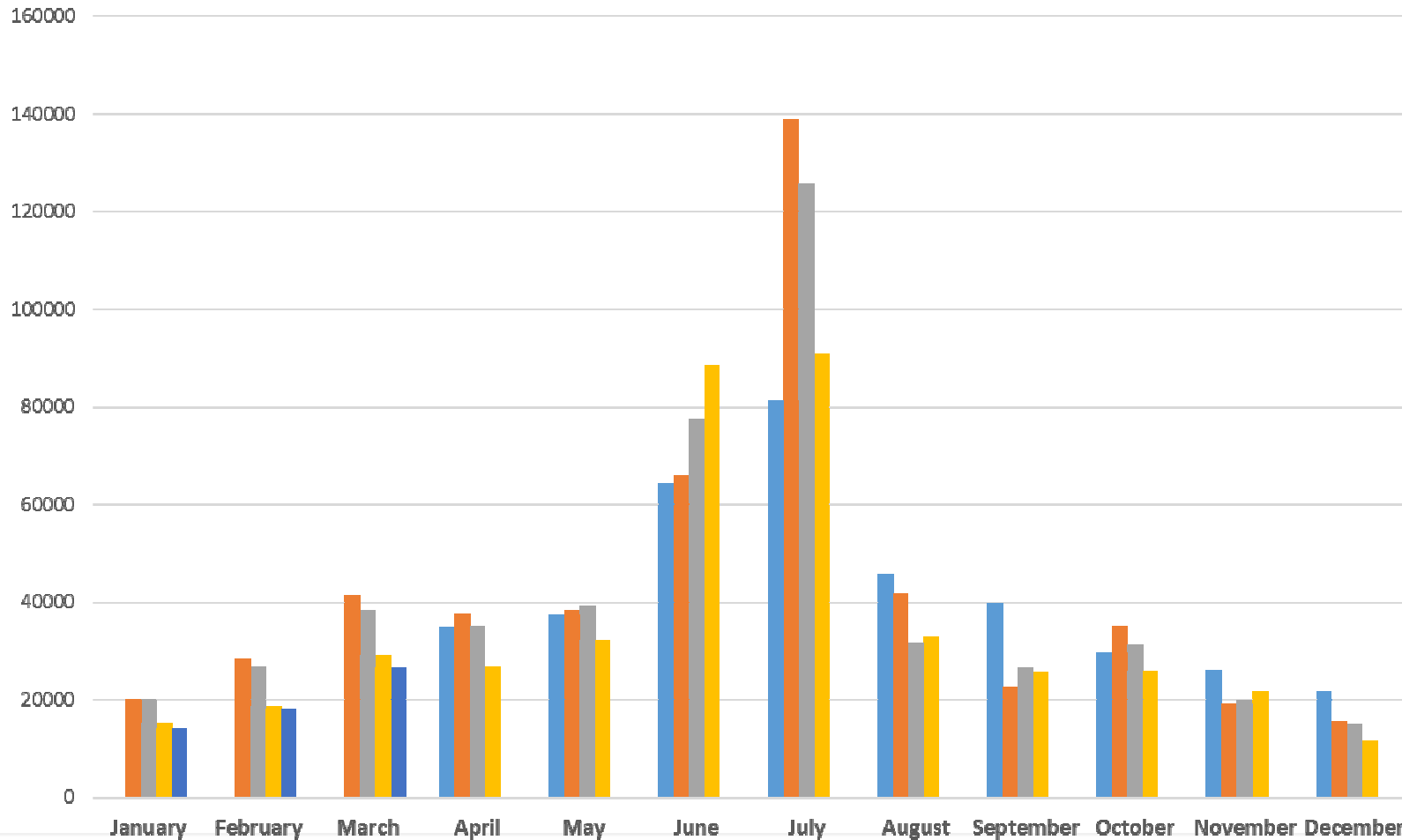


10 Data capturing and data reporting/ keeping credible

MMC and linkage with other health services



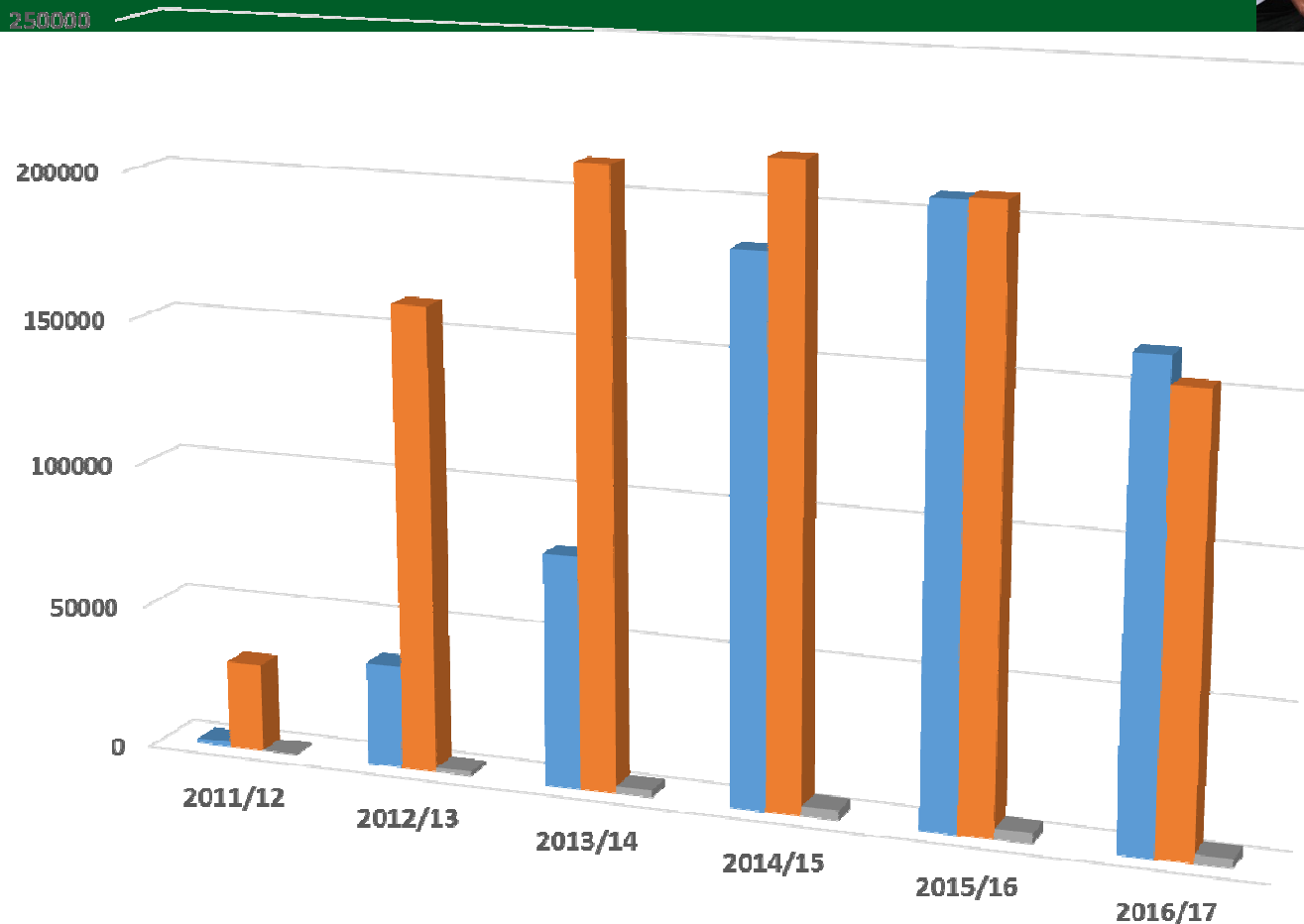
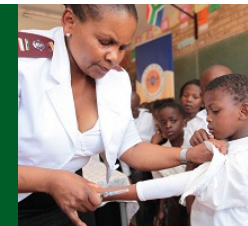
National Performance of VMMC Programme for the past 4 years



■ 2013 ■ 2014 ■ 2015 ■ 2016 ■ 2017



MMCs Per Age group 2011-Date



■ 10-14 ■ 15-49 ■ 50*

Links with Private Sector



- Medical AID Schemes (Metropolitan Health, GEMS and Discovery Health)
 - MMC data from GP's

Integration with Traditional / Religious Sector



- Faith based organization
 - Partnership with Shembe Church
- Traditional Male Circumcision
 - Partnership with Traditional Leaders

MC in traditional settings



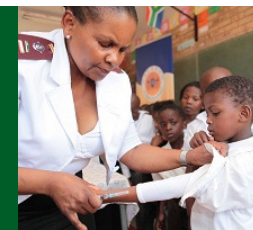
- TMC: important role in programme
- Explore possible models of collaboration
 - **Aim: improve health outcomes**
- Use TMC as entry point for HIV prevention
- Guidelines recommend
 - Health screening – all initiates (health professional)
 - Have clear referral pathways – for those with medical problems
 - Encourage medically trained Dr's and nurses to assist (surgical removal and wound care)
 - Raise awareness at community level on these issues

Revised MMC guidelines



- Provides all stakeholders with guidance for provision of safe, effective and accessible MMC services.
- They are aligned to existing HIV policies and strategies of the National Department of health

MMC and HIV



Known HIV+ve

- MC will not reduce risk of transmission to partner
- Do not turn away client
- Explain that MMC is to prevent HIV
- **Clinician** to recommend MC (total health status)
- Opportunity to support
 - Adherence, VL, retention in care,
- Clear, known referral pathway

Newly diagnosed HIV+ve

- Explain that MMC is to prevent HIV
- Link to HIV care and treatment
- Can come back for MC with recommendation of **clinician**
- Clear, known referral pathway

Surgical procedure



- Forceps guided surgical technique - detailed
- Adults and adolescents
- MC of infants and children
 - Dorsal slit surgical method and devices
- Post-operative care

Service Delivery (Supply)



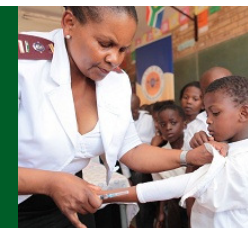
- APP (MTEF) – 17/18 (650K); 18/19 (600K); 19/20 (550K)
- Secure Partners to cover (24) PEPFAR transitioned districts.
- GP contracting
- PEPFAR (CDC/USAID) – service delivery contracts
- Medical Devices (PrePex)
- Traditional & Faith Based Sector

Demand Creation



- **Mass Media (Electronic / Print)**
 - TV / Radio Adverts, Social Media platforms
 - Billboards , airtime vouchers, IEC Material
- **Social Mobilization**
 - MMC Champions and Ambassadors (Celebrities)
 - “Boots on the ground”/ Foot Soldiers
- **Captured audiences**
 - Correctional services, military

Demand Creation Partners



Materials

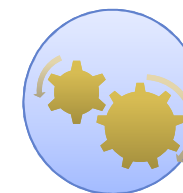
Materials used include:

- Posters
- Flipcharts
- Billboards (short term)
- Pamphlets/Leaflets
- Public Service Announcements (PSA) for radio
- Branded taxis, caps, bags, t-shirts, water bottles, towels
- Branded condoms
- Condom demonstrator

One GP created their own materials (self funded)

GPs also mentioned the use of bulk messages

Promising practices



Branded condoms with messaging



M&E of materials

- Unique code
- WhatsApp/SMS before calling



Targeting women through



Quality Assurance



- Quality Assurance, Quality Improvement And External Quality Assessment
- Continuous quality Improvement
 - CQI is an integral part of the way services are performed and ensures understanding of the systems using evidence-based changes for better outcomes

Data and Quality Assurance



- **SOPs (MMC Data working practice guidelines)**
- **MMC Facility Register**

Acknowledgement



- Provincial counterparts
- Developmental partners :PEPFAR (CDC, USAID), WHO, UNAIDS)
- Gates Foundation
- CHAI
- All Implementing Partners/NGO's





THANK YOU