MAKERERE UNIVERSITY

Infectious Diseases Institute

College of Health sciences, Makerere Univeristy

Investing in the Future: Impacting Real Lives

INFECTIOUS DISEASES INSTITUTE

IDI
TECHNICAL BRIEF

E-AMAKA PROJECT

(Expanded Adult Male Medical Circumcision in Kampala)

BACKGROUND

In 2008, the World Health Organization (WHO) recognized empirical evidence which showed voluntary medical male circumcision (VMMC), provided by trained health workers in properly equipped settings, reduces the risk of heterosexually acquired HIV infection in men by approximately 60%.

WHO recommended that the VMMC provides only partial protection, thus it should be only one element of a comprehensive HIV package which includes:

1. Provision of HIV testing and counselling services,

2. Treatment for sexually transmitted infections,

3. Promotion of safer sex practices

4. Provision of male and female condoms
5. Promotion of their correct and consistent use.

Between 2010 and 2015, 11.7 million cumulative VMMCs were performed in 14 priority countries, including Uganda, which has circumcised 5 million males from 2010 to date.

In Uganda, several partners including the Infectious Diseases Institute (IDI), received funding from PEPFAR through the US Centers of Diseases Prevention and Control (CDC) designed and implemented the Expanded Adult Male Medical Circumcision in Kampala (EAMAKA) project to fast track safe male circumcision (SMC) gains in West Nile, Uganda. IDI received the highest targets of all PEPFAR partners.

The gap which EAMAKA was responding to, was that only 24.9% of Ugandan men aged 15-59 years were circumcised, despite existing socio-cultural drivers like the Islamic faith (97% attribution) and the Eastern Uganda Imbalu ethos (54.7% attribution) .

APPROACHES THAT MADE EAMAKA SUCCESSFUL

A. Alignment with National SMC policies. In 2010, the Ministry of Health took the lead role in formulating the SMC policy and its strategic plan. It also ensured harmonized implementation of minimum standards at certified SMC sites and integrated the PEPFAR requirements. IDI participated in the revision of SMC guidelines, 2019.

B. A holistic approach to Health Systems Strengthening. EAMAKA not only conducted SMC, but also provided holistic health systems strengthening (HSS). IDI supported critical infrastructure improvements of supported facility surgical theatres, provided capacity building through training to over 170 health workers on the provision of HIV comprehensive services, surgical and device male circumcision, quality improvement, demand creation.

C. Project specific Supply chain Logistics Officers: Each supported health facility is a site with a population catchment of (on average) 5000-10000 males. EAMAKA achieved circumcision of 120,000 men at different sites in Uganda between 2014 and 2018 in part due to an effective dedicated logistics teams. These supported SMC teams' requirements for disposable or re-usable SMC procedure kits, anesthetics, analgesics, consumables, disinfectants and emergency response equipment.

D. Creating Roving Medical Teams. Hinging on the MoH SMC policy recommendation for task shifting among health workers, the EAMAKA project recruited nurses, trained deployed them alongside expert Clinical Officers (COs). Under the supervision of the COs, the nurses expanded the reach of SMC services to the hard to reach areas with the COs in mobile (roving) teams.

E. Fixed Service Contracts: Accelerated HIV epidemic control is EAMAKA's goal, which required engaging private healthcare sector entities to carry out SMC at a fixed cost. This strategy compensated for performance deficits in public facilities, expanded reach to private healthcare seekers, reduced HR and logistics costs, and lowered cost in wage bill by fixing the unit cost per circumcision.

F. AMAKA-specific database: A web-based EAMAKA database, hosted by METS, was sponsored by CDC for data transmission in real time. This database currently supports all CDC VMMC implementing partner project outputs and is tracked daily.

G. Strategic Stakeholder Engagements: EAMAKA engaged faith-based institutions, religious and political leaders and women groups to advocate for VMMC.

H. Project specific monitoring and evaluation indicators: Key performance indicators were developed and reviewed by all stakeholders. This made it easy to implement and achieve targets in a holistic HSS approach.

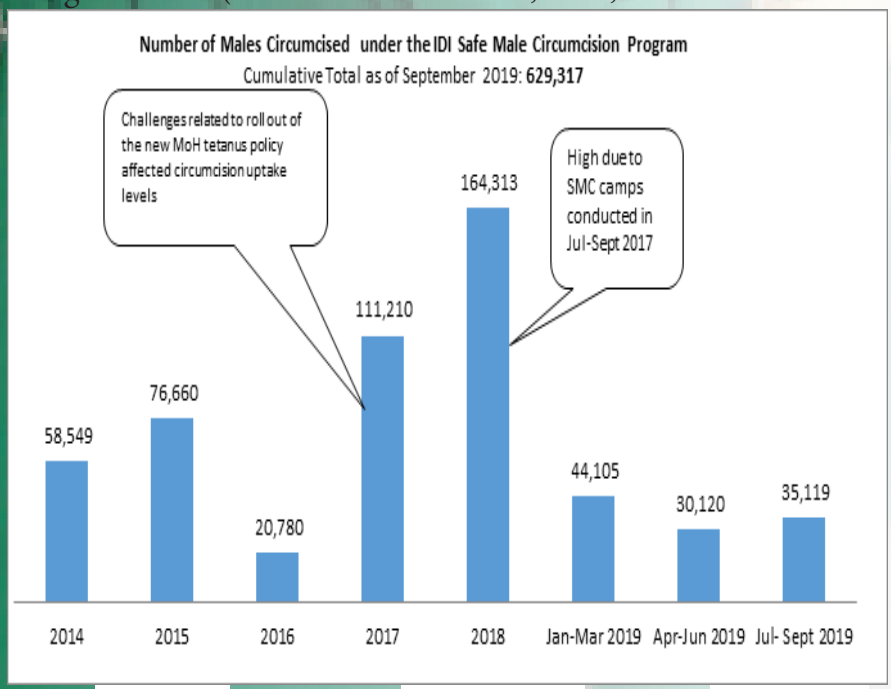
I. Comprehensive HIV awareness and Behavioral Change Communication at SMC mobilization service points: aside from the circumcision procedure, other VMMC services provided by EAMAKA include health education, individual counselling for HIV testing, Tetanus Toxoid vaccination, screening for STIs and existing medical conditions, referring HIV positive males for care and treatment, mobilizing SMC eligible males (with no current illness, STIs, anatomical abnormalities).

J. A center of excellence (COE). Kisenyi HCIV as a CoE has provided an ideal platform for EAMAKA to test models for improvement of service quality and project performance. The CoE has a credible long term institutional memory of evidence based applications, field practices, adverse events management and data to inform best practices.

K. Correct Counselling: Pain and myths are a major deterrent to VMMC. Correct Counselling addressed the fear of erectile function, sterility and pain. In addition, post-service emergency care including a 24/7 help-line for VMMC clients mitigated fear, negative communication and adverse events.

L. Boosting Health workers: VMMC dedicated teams were deployed, to support resident public facility health workers. This is in cognizance of the requirement of dedication to the provision of circumcision on top of other high patient load services e.g. HIV care and treatment, out-patients etc. that overwhelm resident staff levels.

M. VMMC surgical training: IDI trained MoH clinical staff to strengthen their expertise on dorsal slit surgical procedures and adverse events management with good clinical practice.



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