

# Maintaining Voluntary Medical Male Circumcision (VMMC) Services amid COVID-19 Outbreak in Gambella Region, Ethiopia

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## Background

- VMMC reduces the risk of HIV acquisition among men by 60%
- The Gambella region of Ethiopia has the highest HIV prevalence (6%) and low rates of male circumcision (47%)
- ICAP at Columbia University has supported VMMC services in the Gambella region since 2014.
- Routinely collected aggregate programmatic data used to examine the impact of COVID-19 mitigation activities on service delivery and described interventions implemented to maintain service delivery.

## Description

- ICAP supported VMMC services at 19 static and 9 outreach sites including refugee sites in Gambella region
- Ambitious target set for the program year from 24,196 in FY19 to 40,789 in FY20 with an increment by 69%.
- VMMC services were temporarily paused in March 2020 due to the COVID-19 pandemic
- By March 2020, ICAP had achieved only 40.7% (16,604/ 40,789) of the VMMC annual target
- Adopted PEPFAR COVID-19 guidance, developed & distributed standardized SOPs for physical distancing & IPC practice during VMMC service.
- VMMC services resumed at the end of April went through June using adopted innovative strategies & phased-approach weighing risks and benefits on continuous basis

## Lessons Learned

ICAP was able to successfully resume VMMC services using adopted approaches and reached 16,879 males during the last two quarters of the year

- By the end of the year, 82% (33,483/40,789) of the annual target was met
- 77% of circumcision were amongst males in the priority age group (15-29 years)
  - <15 years 10% (3198/33,483)
  - 15-29 years 77% (25681/33,483)
  - > 30 years 14% (4604/33,483)
  - 98% (32811/33,483) returned for a follow up visit within 14 days
  - Overall adverse event rate was 0.39%, similar to the previous years adverse event rate
  - 93% (31072/40,789) received HIV testing and 0.10% (30/31072) tested HIV positive and were linked to care and treatment.

## Adopted Innovative Approaches

- Introduced prior registration and appointment system
- Distribution of Infection Prevention and Control (IPC) supplies
- Triage and screening of VMMC clients and strict adherence to mitigation measures all based on the standardized SOPs
- Disseminated VMMC and COVID-19 awareness and prevention messages using posters, radio announcements and the community mobilizers.
- Conducted continuous onsite mentoring, coaching and supportive supervision visits by RHB (Regional Health Bureau) ,VMMC team and senior MC providers to monitor adherence to standard and transmission precautions

## Conclusions

Modified demand creation approaches, established appointment systems, strict adherence to IPC practices, continuous local context assessment have enabled the maintenance of VMMC services during the COVID -19 pandemic, which is one of the critical HIV prevention strategies. Therefore, VMMC service continues taking in to account the necessary precautions as per the SOP and by closely monitoring COVID-19 progress.

Figure: VMMC performance by month (Oct 1, 2019 - Sept 29, 2020)



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