

ENHANCING CLIENT SAFETY BY HEIGHTENING SURVEILLANCE OF NOTIFIABLE ADVERSE EVENTS IN THE VOLUNTARY MEDICAL MALE CIRCUMCISION PROGRAM IN ZAMBIA

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Introduction

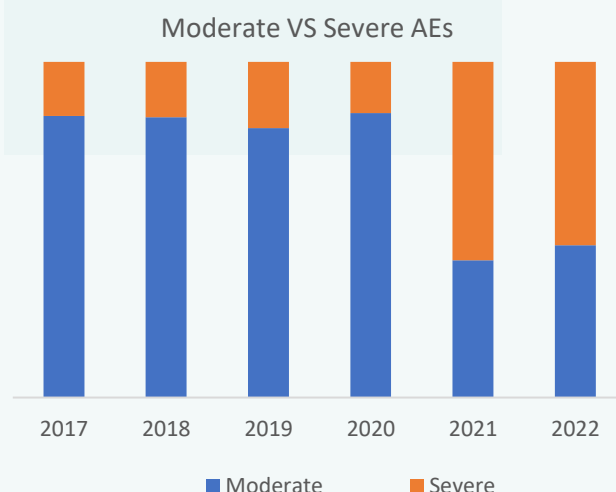
Voluntary Medical Male Circumcision (VMMC) has been shown to be effective in reducing the acquisition of HIV by 60% (UNAIDS, 2007). Zambia began scaling up VMMC for HIV prevention in 2009. Since the program's inception, more than 4 million males have been circumcised. Male Circumcision (MC) Prevalence in Zambia according to ZDHS, 2018 was at 32% and only increased to 34.1% in 2021 (ZAMPHIA 2021). There has been greater acceptability of VMMC by the Ministry of Health (MoH) with the inclusion of MC indicators into the Health Management Information System (HMIS) to track progress and inform decisions. However, adverse events (AE) indicators capture only classification according to severity (moderate or severe) and not according to type. The HMIS reports are generated at the end of the month. Hence, this raises the question; what types of severe AEs occur in the VMMC program in Zambia? How much time does it take for the providers to manage the AE?. This abstract highlights the significance of a real-time surveillance system of AEs for client safety

Materials & Methods

In order to collect real-time data, on the time of occurrence and type of adverse event, MoH developed an adverse event tracker. The tracker has two modes of access; the android mode which supports the offline platform in case of poor network and the Live/online mode via the web interface for areas with stable internet. Providers have been trained on how to report using the tracker. At provincial and national levels AE task force teams have been formed to respond to emergencies. System-generated notifications pop up as e-mails and text messages. Using the AE tracker the reports are summarized

Results

In 2021 when the tracker was launched 1,600 adverse events were reported in the tracker, representing a 0.03% AE rate, of which 24 were severe and classified as bleeding and infection (MoH VMMC AE Tracker 2021). Provincial teams were alerted in real-time and managed to resolve the AEs. The national task force team followed up to ensure safety and adherence to quality standards.



Conclusions

The adverse events surveillance system has improved the management of notifiable AEs in the VMMC program. An orientation package on the management of AEs has been developed to equip providers with knowledge and skills. This has been a game changer to enhance client safety in the program.

References

Zambia Population-based HIV/AIDS Impact Assessment (2021)

Zambia Demographic and Health Survey (2018)

Ministry of Health Voluntary Medical Male Circumcision Adverse Events tracker (2021)