

Scale-Up of Voluntary Medical Male Circumcision for HIV Prevention in Africa

Update on Priority Countries—July 2014

Voluntary medical male circumcision is rapidly becoming one of the most important science-based strategies for preventing HIV in eastern and southern Africa. Nearly 6 million men and boys have chosen the procedure—three-quarters in the past two years. Countries have demonstrated the feasibility of reaching large numbers of men by building public trust and expanding medical capacity.

Despite this achievement, countries now face major challenges in maintaining momentum. Action is needed to close a looming resource gap and deploy innovations to improve service efficiency and ensure men at highest risk of HIV exposure have access. The return on investment would be tremendous: scale-up of voluntary medical male circumcision is a crucial step toward an HIV-free generation.

Dramatic increase in African men choosing medical circumcision

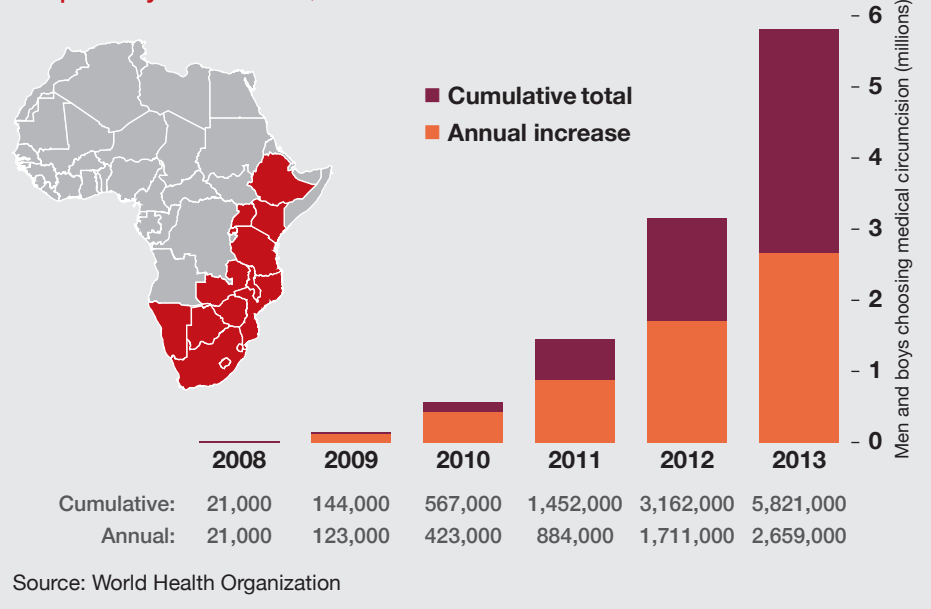
Nearly 6 million men and boys reached as demand grows annually

Over the past five years an estimated 5.8 million men and boys in 14 priority African countries have chosen medical circumcision, according to new data from the World Health Organization, representing a dramatic increase in availability and acceptance of the procedure. Three-quarters of these circumcisions were performed in the past two years, including 2.7 million in 2013.

Focus on priority countries

The following African countries have high rates of heterosexual HIV transmission and historically low levels of male circumcision coverage (nationally or sub-nationally), and are priorities for scale-up: Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

Voluntary medical male circumcisions performed in 14 priority countries, 2008–2013



Countries demonstrate feasibility, promise for preventing HIV

The rapid increase in men and boys choosing medical circumcision in eastern and southern Africa demonstrates the feasibility of the procedure as an HIV prevention strategy. Social acceptance is growing, and countries are investing in medical infrastructure and capacity.

Country targets

To fully realize the HIV prevention promise of voluntary medical male circumcision, countries are setting national targets for attaining high coverage. Voluntary medical male circumcision is a one-time procedure with lifetime benefits, and its impact will be greatest if roll-out happens quickly.

A high-impact, cost-saving HIV prevention strategy

Attaining near-universal coverage of voluntary medical male circumcision could change the course of the HIV epidemic in Africa. Modeling research projects that reaching 80% coverage in 14 priority countries within five years, and then maintaining this level of coverage for another 10 years, would:

- ▶ Prevent more than 3 million HIV infections—equivalent to nearly a quarter of the infections otherwise expected to occur in this period;
- ▶ Save more than US\$16 billion in future health care costs that would have been needed for HIV treatment.

Health benefits of voluntary medical male circumcision

- **Reduced HIV risk for men:** Clinical studies have shown that voluntary medical male circumcision reduces female-to-male sexual HIV transmission by 60%. When performed by a trained provider, the procedure is safe.
- **Benefits for women:** Reducing new HIV infections in men reduces their female partners' exposure to HIV.
- **Access to other health services:** Men who choose medical circumcision can access HIV testing and other health screenings, and be linked to treatment and care if needed.

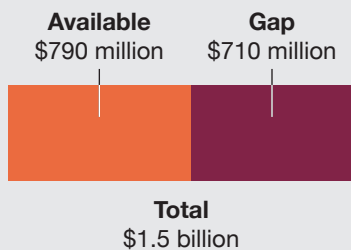
Stepping up the pace of voluntary medical male circumcision

Countries must close a resource gap

Achieving 80% coverage of voluntary medical male circumcision in 14 priority African countries would mean reaching a total of more than 20 million men, or approximately three times more than the number currently reached.

However, a working group of international partners warns of a major funding shortfall: through 2016, an estimated US\$790 million will be available for voluntary medical male circumcision in the 14 priority countries yet \$1.5 billion is needed to achieve 80% coverage—a resource gap of \$710 million.

Voluntary medical male circumcision resource needs



Additional investment needed by 2016 for 80% coverage in 14 priority countries
Source: Global VMMC Resource Group

Service innovations hold promise to accelerate scale-up

▶ Introducing new technologies:

Non-surgical devices could make circumcision easier to perform and offer men a choice of procedures. For example, PrePex was prequalified by the World Health Organization in 2013 as a device for adult voluntary medical male circumcision that eliminates the need for anesthesia and suturing. For new devices to have impact, their costs will need to be affordable.

▶ Expanding provider capacity:

Countries with shortages of doctors are expanding the number of health workers trained to perform voluntary medical male circumcision according to the highest standards.

▶ Meeting community needs:

Culturally sensitive approaches are needed to build community support for voluntary medical male circumcision. Diverse values and other factors shape the decision to be medically circumcised.

▶ Reaching those at highest risk:

While striving to make voluntary medical circumcision broadly accessible, countries should take special steps to reach men and boys at highest risk of HIV exposure. This will ensure efficient and effective use of resources.

New study: men reduce HIV risk behaviors after choosing medical circumcision

With the introduction and scale-up of any biomedical HIV prevention option, a valid question is whether its uptake will lead users to adopt riskier behaviors, thereby offsetting the HIV prevention benefits. This question has been raised for voluntary medical male circumcision.

A new long-term study in Kenya adds to the body of evidence suggesting that voluntary medical male circumcision does not lead men to adopt riskier behaviors. In fact, the study—which was conducted among more than 3,000 men over two years—found that men reduce their HIV risk behaviors after choosing medical circumcision. The results are forthcoming in the journal *AIDS and Behavior*:

- **Increased condom use:** In the study, newly circumcised men reported increased condom use up to two years following the procedure. This is consistent with previous research that found circumcised men consider condoms more comfortable and easier to use.
- **Declines in casual sex, partners:** Newly circumcised men also reported declines in other HIV risk behaviors, including less frequent casual sex, less frequent transactional (paid) sex and fewer sexual partners.

Global action for an HIV-free generation

In 2011, UNAIDS, the World Health Organization, U.S. President's Emergency Plan for AIDS Relief (PEPFAR), World Bank, Bill & Melinda Gates Foundation and other global partners launched an action framework to help scale up voluntary medical male circumcision for HIV prevention in eastern and southern Africa. The framework supports national efforts to increase acceptance and availability of the procedure.

Now that voluntary medical male circumcision has been demonstrated to be a feasible HIV prevention strategy, accelerating the pace of scale-up must be a top priority for achieving an HIV-free generation. The investment offers excellent value: if more men can access and choose medical circumcision, millions of HIV infections will be averted and billions of dollars in health care costs will be saved.

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For more information:
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