PEPFAR

U.S. President's Emergency Plan for AIDS Relief

CHAPTER ONE.

INTRODUCTION & BACKGROUND TO EDITION 2

PEPFAR'S BEST PRACTICES FOR VOLUNTARY MEDICAL MALE CIRCUMCISION SITE OPERATIONS

A Service Guide for Site Operations

Acknowledgments

This publication is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with the U.S. Agency for International Development (USAID) under the Cooperative Agreement Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project, number AID-OAA-A-14-00046. AIDSFree is implemented by JSI Research & Training Institute, Inc. with partners Abt Associates Inc., Elizabeth Glaser Pediatric AIDS Foundation, EnCompass LLC, IMA World Health, the International HIV/AIDS Alliance, Jhpiego Corporation, and PATH.

We are eternally grateful to Dr. Tigistu Adamu Ashengo of Jhpiego and Dr. Emmanuel Njeuhmeli of USAID, who developed the first edition of this manual.

The second edition was developed under the leadership of Dr. Valerian L. Kiggundu (USAID) and Mr. Jonathan Grund (CDC). Special thanks are given to the Male Circumcision Technical Working Group, who edited and contributed to the development of both the first and second editions.

Special appreciation is given to the AIDSFree staff members who coordinated with different authors, agencies and organizations to support the development of this document, including providing editing and graphic design support.

Finally, we are most grateful to the men who stepped forward to receive male circumcision for HIV prevention; the Ministries of Health from the 14 priority countries, and the implementing partners who generously shared the best practices that have been used throughout this document.

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CHAPTER 1.
Introduction & Background to Edition 2

This document provides implementing partners supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with a collection of the best resources available for sites providing voluntary medical male circumcision (VMMC) for HIV prevention. This version is Edition 2; Edition 1, released in 2013, focused on assisting implementing partners and site staff with opening new VMMC service locations. The first version covered all aspects of the planning, launch, and oversight of daily operations at the site level. Given the maturation of VMMC programs since 2012, Edition 2 focuses on optimizing management of existing service locations, though chapters still remain for those establishing new sites. The primary intended audience for Edition 2 remains site-level staff, with different chapters most relevant to different staff positions.

Optimized management includes renewed attention to safety and quality of the services provided; technological innovation and efficiencies in service delivery techniques; and strategies for the age pivot (to males aged 15 to 29 years) and the geographical pivot (to DREAMS districts and non-DREAMS scale-up districts with high HIV burden and low male circumcision prevalence) to contribute to epidemic control, to name a few. [See **PEPFAR DREAMS**].

DREAMS was launched on World AIDS Day in December 2014 and is an ambitious $385 million public-private partnership to reduce HIV infections among adolescent girls and young women in 10 sub-Saharan African countries. The goal of DREAMS is to help girls develop into **D**etermined, **R**esilient, **E**mpowered, **A**IDS-free, **M**entored, and **S**afe women. Girls and young women account for 71 percent of new HIV infections among adolescents in sub-Saharan Africa. The 10 DREAMS countries (Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe) account for nearly half of all the new HIV infections that occurred among adolescent girls and young women globally in 2014.

Since 2013 standards of care have changed, and new PEPFAR policies have been introduced covering issues like tetanus risk mitigation, age requirements for certain surgical techniques, and enhanced adverse event (AE) reporting requirements. Two medical devices, PrePex and ShangRing, have also been prequalified by the World Health Organization (WHO) for use by VMMC programs since the release of Edition 1. These updated/new topics are covered in this revised version. In addition to an update of the technical content, this document gives attention to increasing utilization by enabling web-based and mobile access. While the print version appears much the same, the e-platforms have been designed for "point-and-click" functionality, so that resources are more readily available to the broadest possible audience of VMMC sites and staff.

As in the first edition, the second edition has included new best practices of VMMC service provision from across the 14 priority countries. These have been summarized and placed in the respective chapters.

In addition, each chapter is designed as a stand-alone resource covering all aspects of the respective topic, including:

- **Chapter Goals:** States the objectives of the chapter.
- **What Users Need to Know:** Summarizes the most important information and referenced documents with links (online version) or directions (printed version) to the tools/instruments/resources.
- **Frequently Referenced Information:** Additional relevant content embedded into the body of the text.
- **For Additional Information:** Provides additional details on the topic for those who want more.
- **Tools, Instruments and Guidance Documents:** Lists all the resources referenced in the chapter.
- **Case Studies:** Provides program examples where applicable.
- **References:** Lists the manuscripts cited in the chapter.

The printed version of this guide will be made available on the AIDSFree website. The tools, instruments, and guidance documents referenced throughout are available on the web through links that take you directly to the information of interest.

The array of materials referenced in this collection have been sourced from Joint United Nations Programme on HIV/AIDS (UNAIDS) and WHO guidance, the PEPFAR Voluntary Medical Male Circumcision Technical Working Group (VMMC TWG), and the experiences and materials from existing VMMC programs in Southern and Eastern Africa.

The scope of this document is limited to establishing and supporting quality VMMC services for HIV prevention at the facility or VMMC site level. The necessary steps involved in scaling up VMMC services at the national, regional, and district levels are beyond the scope of this document. For a more comprehensive view of the key steps in scaling up VMMC services at the above site (national VMMC program), see **WHO Operational Guidance for Scaling Up Male Circumcision Services for HIV Prevention**.

BACKGROUND

VMMC reduces men's risk of acquiring HIV through heterosexual intercourse by approximately 60 percent.[1] As more men get circumcised, fewer will become infected with HIV. VMMC indirectly protects men's female sexual partners from HIV because HIV-negative men cannot infect their female sexual partners. The indirect protection for women is substantial; modeling at levels of 80 percent circumcision coverage shows an approximately equal number of HIV infections will be averted in women as in men after 15 years (Njeuhmeli, Forsythe, Reed, et al. 2011). However, for HIV-positive men, VMMC does not reduce their risk of transmitting HIV to their sexual partners. Furthermore, if men who are already HIV-positive become circumcised, it will not reverse their HIV-positive status.

WHO and UNAIDS determined 14 VMMC priority countries which all have high HIV burden and low male circumcision prevalence (WHO and UNAIDS 2007). These countries are all in Eastern and Southern Africa (Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania,

[1] Auvert, Taljaard, Lagarde, et al. 2005; Bailey, Moses, Parker, et al. 2007; Gray, Kigozi, Serwadda, et al. 2007; Mehta, Li, Moses, et al. 2012; Kong, Kigozi, Ssempija, et al. 2011; Gray, Kigozi, Kong, et al. 2012; Mehta, Moses, Agot, et al. 2013.

Uganda, Zambia, and Zimbabwe) and are scaling up VMMC, with 11.7 million men and boys circumcised by the end of 2015. According to VMMC modeling presented at the 2016 International AIDS Conference in Durban, South Africa (Njeuhmeli 2016), these VMMCs are projected to avert a total of 450,000 infections by the end of 2030, even assuming that countries achieve UNAIDS 90-90-90 targets for scaling up ART. And if the 14 priority countries continue to scale up VMMC to reach 80 percent coverage by 2020 and maintain coverage at this level thereafter, these VMMCs will avert an additional 470,000 HIV infections by 2030, bringing the total HIV infections averted up to 922,000 (Ibid.).

In addition to the reduction in risk of HIV acquisition among circumcised men, VMMC provides other health benefits to men and to women. Evidence shows that VMMC reduces some sexually transmitted infections (STIs), particularly ulcerative STIs, including chancroid, herpes, and syphilis, as well as balanitis, phimosis, and penile cancer.[2] One of the primary benefits of VMMC for female partners is its association with a reduction in penile human papillomavirus (HPV), which is associated with cervical cancer in female partners (Castellsagué, Bosch, Muñoz, et al. 2002; Wawer, Tobian, Kigozi, et al. 2011).

Although VMMC has been shown to significantly reduce men's risk of acquiring HIV via heterosexual intercourse, VMMC does not provide complete protection from HIV.[3] Because VMMC provides only partial protection from acquiring HIV, it is necessary for circumcised males to minimize any potential increased risky sexual behaviors following VMMC provision (known as risk compensation). Risk compensation, however, has not been shown to increase following circumcision.[4]

In order to ensure that VMMC is provided as part of a comprehensive HIV prevention package, WHO recommends that all VMMC clients receive the minimum package of services [See **WHO Manual for Male Circumcision Under Local Anaesthesia, 1st edition**], including:

- Offering of HIV testing services (HTS)
- Screening and treatment for STIs
- Promotion and provision of male and female condoms
- Promotion of safer sex practices and risk reduction counseling
- Male circumcision (surgical or device removal of the foreskin).

In addition to WHO's minimum package of services, PEPFAR also recommends VMMC program components that ensure high-quality VMMC services, including:

- Identifying and implementing active referral and linkages of HIV-positive men to HIV care and treatment and STI services
- Assuring voluntarism and informed consent.

[2]Weiss, Thomas, Munabi, et al. 2006; Tobian, Serwadda, Quinn, et al. 2009; Auvert, Blake, Maseko, et al. 2012; Nasio, Nagelkerke, Mwatha, et al. 1996; Johnson, Sherman, Ssempiija, et al. 2009; Gray, Serwadda, Tobian, et al. 2009; Pintye, Baeten, Manhart, et al. 2014; Mahiane, Legeai, Taljaard et al. 2009; Hernandez, Wilkens, Zhu, et al. 2008; Castellsagué, Bosch, Muñoz, et al. 2002; Auvert, Sobngwi-Tambekou, Cutler, et al. 2009; Gray, Serwadda, Kong, et al. 2010; Wiswell and Hachey 1993.

[3]Auvert, Taljaard, Lagarde, et al. 2005; Bailey, Moses, Parker, et al. 2007; Gray, Kigozi, Serwadda, et al. 2007.

[4]Westercamp, Agot, Jaoko, et al. 2014; Mattson, Campbell, Bailey, et al. 2008; Gray, Kigozi, Kong, et al. 2012; Harper 2016; Maughan-Brown and Venkataramani 2012; Riess, Achieng, Otieno, et al. 2010; Abbott, Haberland, Mulenga, and Hewett 2013.

As VMMC programs continue to mature, some aspects of VMMC are taking on new importance: for example, demand creation to balance supply and demand, continuous quality improvement to ensure high quality and safety of VMMC services, and follow-up and tracking/monitoring of adverse events. The majority of men seeking VMMC are uninfected with HIV. It will be important to tailor messages to help HIV-negative men remain uninfected while HIV-positive men identified at VMMC sites are appropriately referred and linked to HIV care and treatment and STI services.

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ABBREVIATIONS

AE	**adverse event**
HIV	**human immunodeficiency virus**
HPV	**human papillomavirus**
HTC	**HIV testing and counseling**
PEPFAR	**U.S. President's Emergency Plan for AIDS Relief**
STI	**sexually transmitted infection**
UNAIDS	**Joint United Nations Programme on HIV/AIDS**
VMMC	**voluntary medical male circumcision**
VMMC TWG	**PEPFAR Voluntary Medical Male Circumcision Technical Working Group**
WHO	**World Health Organization**

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