

POLICY BRIEF

A FRAMEWORK FOR VOLUNTARY MEDICAL MALE CIRCUMCISION:

EFFECTIVE HIV PREVENTION AND A GATEWAY TO IMPROVED ADOLESCENT
BOYS' & MEN'S HEALTH IN EASTERN AND SOUTHERN AFRICA BY 2021

VMMC 2021



*Implementing VMMC 2021
Subregional Meeting,
Durban, February 2017*

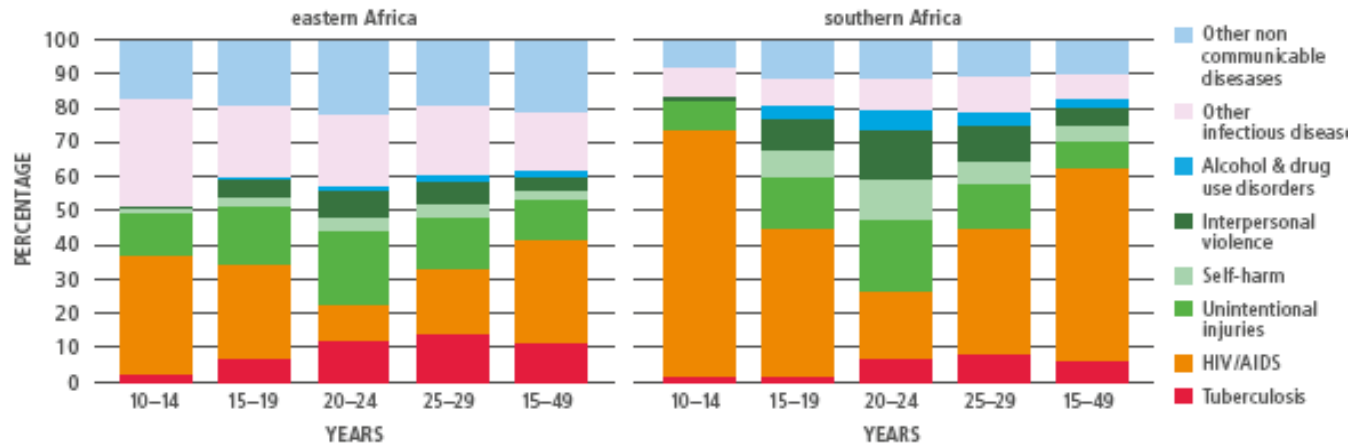
*Julia Samuelson
World Health Organization
HQ/HIV/KPP*



Changed health landscape:

HIV and AIDS remains burden, but related causes of life lost faced by adolescents and men

Figure 1: Years of life lost among men in different age groups in eastern and southern Africa, by cause (2013)



Six causes (HIV, tuberculosis, violence, self-harm, injuries and alcohol or drug misuse) contribute more than 80% of years of life lost among men aged 15-49 years in southern Africa, and more than 60% in eastern Africa.

Source: Prepared by the authors, based on the Global Burden of Disease Study 2013 (3).

- Men not systematically reached with services they need
- Men tend to seek limited care from formal sector
- Gender and masculinity norms underlie many issues

Changed landscape: sustainable development goals

3 GOOD HEALTH AND WELL-BEING



Ensure healthy lives and well-being for all at all ages

- End AIDS by 2030
- Achieve universal health coverage
- Strengthen prevention and treatment of alcohol and substance misuse
- Provide access to affordable vaccines

WHO Global Health Sector Strategies, 2016–2021, for HIV, STIs and viral hepatitis

UNAIDS

5 GENDER EQUALITY



Achieve gender equality and empower all women and girls

- Ensure universal access to sexual and reproductive health and rights
- Eliminate violence and harmful gender norms and practices

Global strategy for women, children and adolescents, 2016–2030

17 PARTNERSHIPS FOR THE GOALS



Revitalize the global partnership for sustainable development

- Ensure policy coherence
- Enhance international support for implementing effective capacity building

The Global Fund: 2017–2022, Investing to end epidemics

GFATM



- A challenge to do things differently
- Look at new institutional arrangements and widen global health architecture
- Engage with other health and non-health SDGs for synergies

Changed goals and targets: **SDG 3.3 by 2030 end the epidemics of AIDS, tuberculosis, malaria and...combat hepatitis and other communicable diseases**



FAST-TRACK
ENDING THE AIDS EPIDEMIC BY **2030**

27% PLHIV not virally suppressed

by 2020 **90-90-90**
Treatment

by 2030 **95-95-95**
Treatment

75% reduction in new infections compared to 2010

500 000
New infections among adults

200 000
New infections among adults

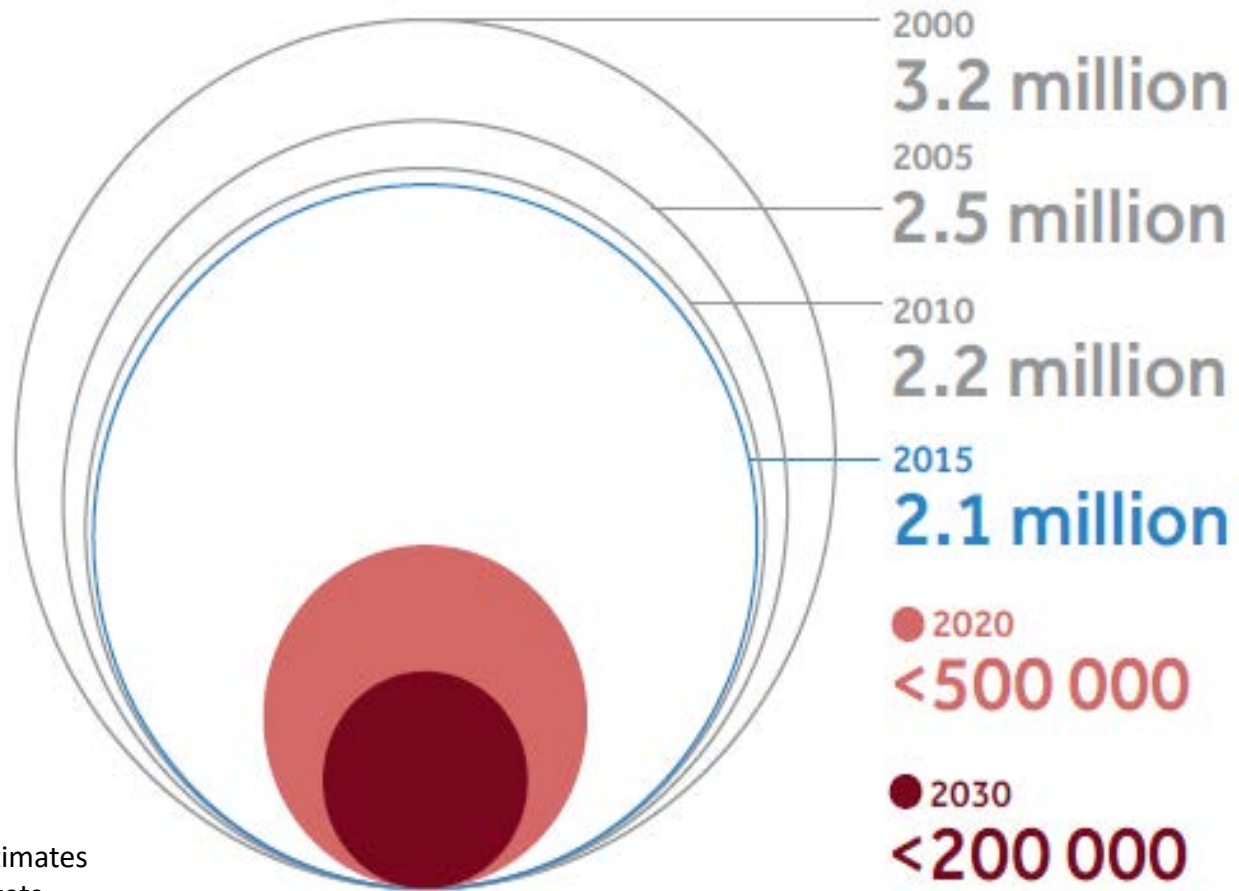
ZERO
Discrimination

ZERO
Discrimination

The UNAIDS multisectoral strategy and the global health sector strategy are built around the same ambitious *Fast Track* targets

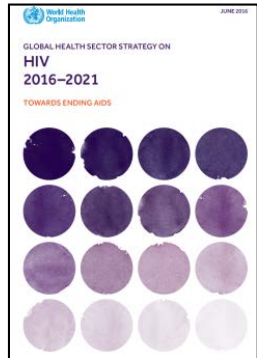


Number of people newly infected with HIV globally



Source: UNAIDS/WHO estimates
Shading shows future targets

“Towards ending AIDS” - 5 strategic health sector directions for 2016-2021



VMMC2021 is aligned with the Global Health Sector Strategy on HIV, 2016 - 2021

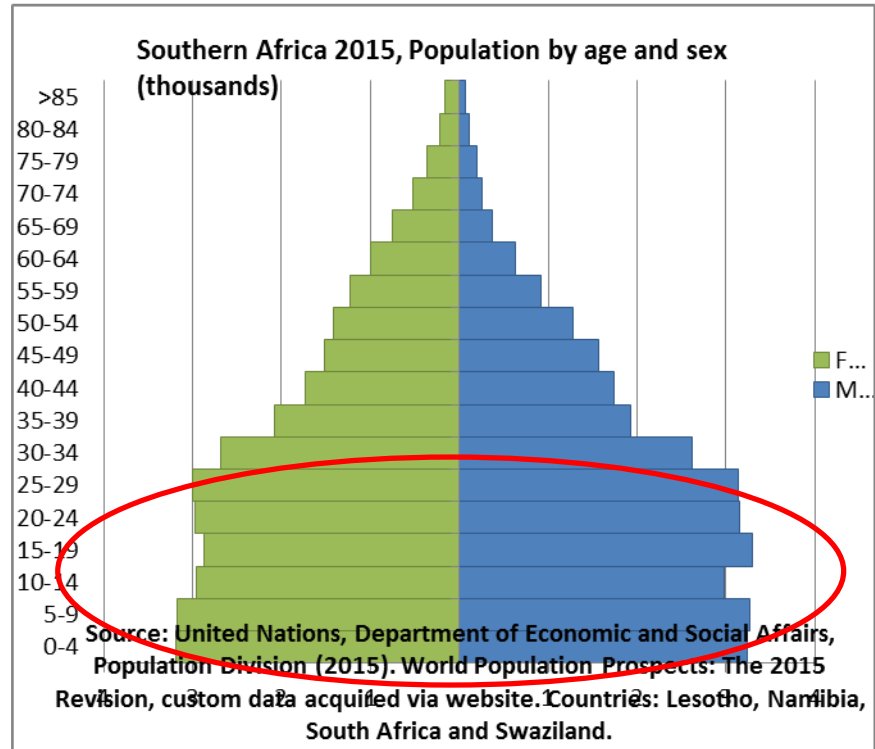
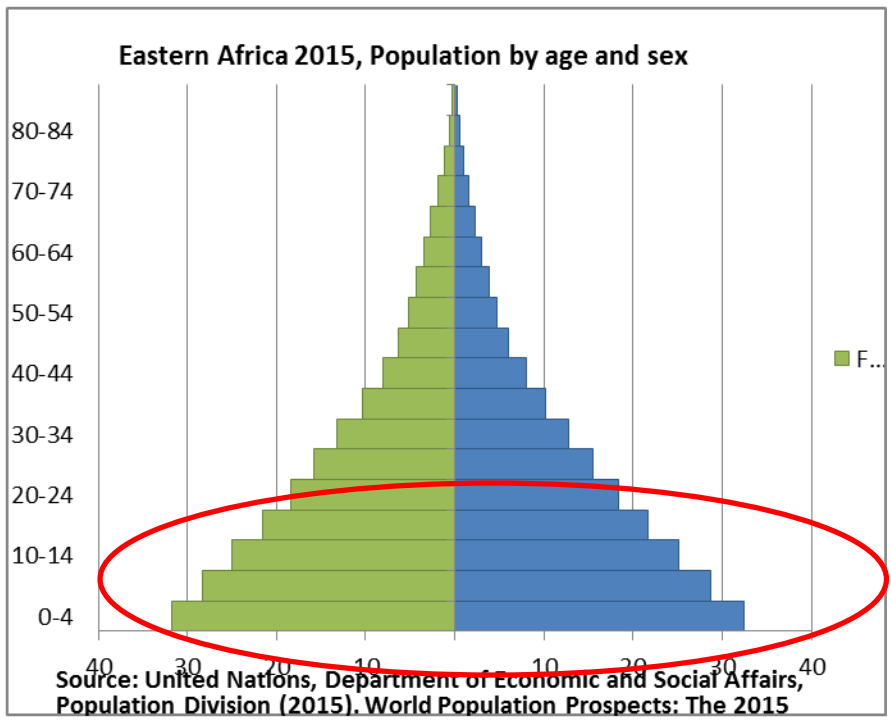
Achieving the prevention goal requires VMMC at 90% coverage

by 2021

- 90% of males aged 10–29-years will have received VMMC services in priority settings in sub-Saharan Africa**
- 90% of 10–29-year-old males will have accessed age-specific health services tailored to their needs**

90% coverage 10 -29 years = 27 million (15 countries)

- higher coverage: 80% to 90% - youth bulge



Principles of the VMCMC2021

- **People-centred approach**
- **Gender based perspective**
- **Enhance partnership**

4 Strategic Directions

**Focused
action for
scale up**

**Policies and
services for
greatest
impact**

**Innovation for
acceleration
and the future**

**Accountability
for quality
and results**

1. Focused action for scale up



Use strategic information to determine 'who' and 'where' to focus and tailor action:

- Epidemiology, modelling, country realities
- More data disaggregation—age, geography
- Location(s) to use as platforms for delivery

Prioritize age and risk groups

- Adolescents, young men and men at higher risk of infection:
 - 15 – 29 years: immediacy of effect
 - 10 – 14 years: near to mid-term strategy
- Infants: Long-term strategy (no impact before years)

People-centered service delivery	Population			
	1. Adolescents		2. Young men	3. Higher risk
	10 – 14 years	15 - 19 years	20 - 29 years	HIV - in sero-discordant relations; STI patients. Uniformed, mobile, miners
Delivery platforms				
Health				
Education: School				
Vocational				
Community:				
Youth, sports				
Traditional				
Social venues				
Occupation				

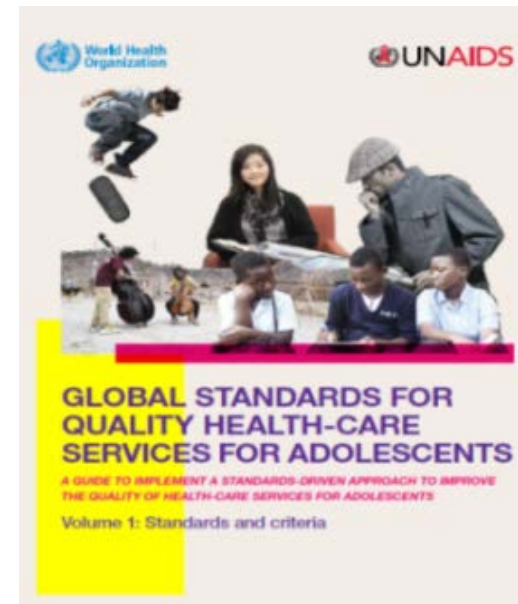
2. Policies and services for impact

Adjust current policies in health and other sectors

- To enhance access - user fees; workforce planning
- To reduce vulnerabilities – alcohol taxation policies, housing policies in mining sector

Transition from VMMC-specific to integrated or linked health services

- Strengthen the capacity and competencies of health and education workforce
- Create collaboration and links between services, other interventions and sectors



2. Policies and services for impact

Offer male-friendly health service delivery approaches that work:

- Campaign, static, mobile
- Relevant to context, age and risk
- Address structural constraints: hours

Expand age- and risk specific essential service packages

- Review and define services and messages
- Address broader issues: gender and masculinity norms, alcohol and drug use
- Ensure safe surgery, injections, infection prevention and control
- Evaluate effectiveness and costs



Source: UNICEF All in To end Adolescent AIDS



3. Innovations for acceleration and the future

Establish health policies to better address specific needs of men and boys

- Add male focus to global and national strategies/policies
- Create supportive policies in other sectors (gender, sports)

Invest in new coalitions and partnerships

- Replicate successes
- Forge partnerships with community, traditional, religious leaders
- Smooth coordination and align activities and communications between programmes and sectors

3. Innovations for acceleration and the future

Use implementation and operational research to improve service delivery

- Effectiveness , efficiency, cost
- Optimise human resources
- Identify innovative training approaches

Create a culture of health-care seeking

- Learn and change Demand generation approaches
- Use effective approaches with mobile apps, social media
- Create institutional and community environments for positive health

Innovate male circumcision methods while assuring safety

4. Accountability for results and quality

Evaluate results including partnership and collaboration

- across health, with other sectors
- global, national, subnational

Ensure one national monitoring system and institutionalize quality assurance

Develop/refine accountability framework and management system

Expand financial resources portfolio and consolidate into national budget and financing analysis



Scaling up VMMC

18 years

10 years

11 years to consensus on potential effect of MMC and need for RCTs

7 years to UNAIDS and WHO Recommendations based on 3 RCTs and observational data

14 million adolescents and men reached - (unofficial estimate) **67%** of target

1989 - 2000

2000 - 2007

2007 - 2016

1999:
Male circumcision and HIV infection:
10 years and counting.
Halperin and Bailey

FEASIBILITY
was
uncertain

Impact ½ million HIAs through 2030

VMMC2021 leading change

Re-position VMMC in the changed landscape

Maximize for HIV prevention

Gateway to men and boys for better health

THANKS to the many



Photo source