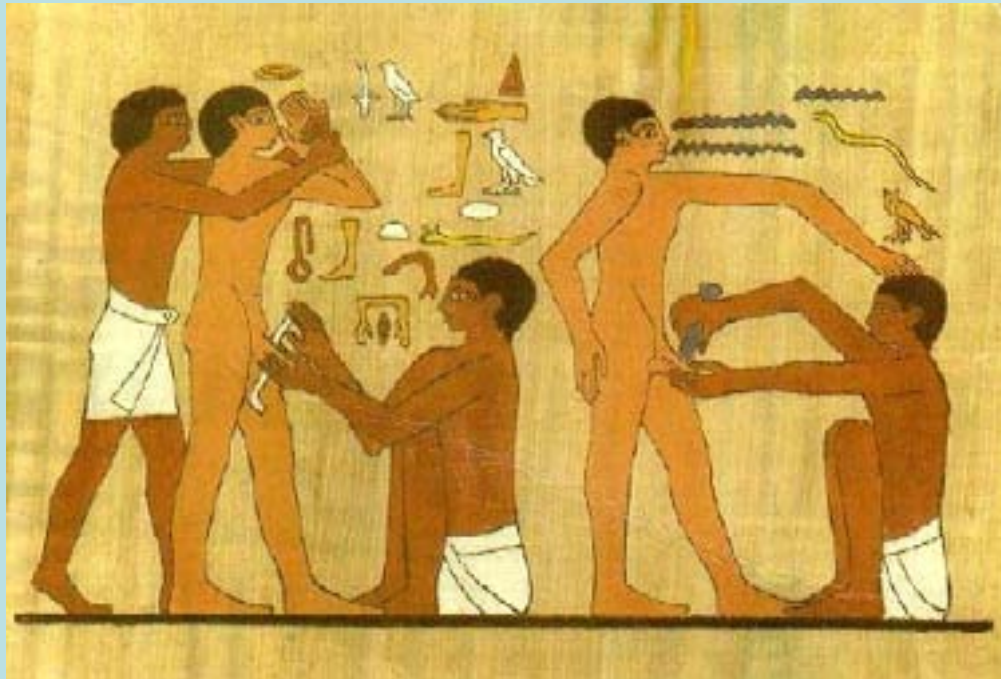


Male Circumcision for HIV Prevention: Country Implementation Update



Dr. Kim Eva Dickson, WHO, Geneva

Overview

- Background
- WHO/UNAIDS Recommendations
- UN Support Actions
- Country Implementation Update
- Opportunities and Challenges

Background

- About 30% of males globally are circumcised mainly for religious, cultural or social reasons
- HIV infection is less prevalent in areas where male circumcision is common
- Three randomized controlled trials among men in Kenya, Uganda and South Africa demonstrated 60% lower incidence of HIV infection in circumcised men

WHO/UNAIDS Consultation

- In March 2007, WHO/UNAIDS convened an international consultation and subsequently released policy and programme recommendations on MC and HIV prevention
- Eleven conclusions and recommendations were detailed outlining key areas identified by the expert consultation



WHO/UNAIDS Recommendations

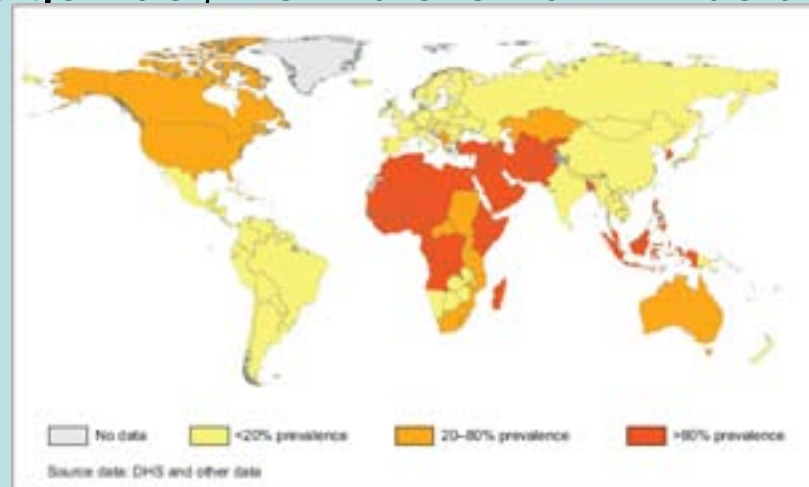
- The recommendations cover; communication, socio cultural, human rights, gender, programming, health systems, resource mobilisation, HIV positive men, and research issues
- Promoting male circumcision should be recognized as an **additional**, important strategy for the prevention of heterosexually acquired HIV infection in men
- Male circumcision should be provided with full adherence to medical ethics and human rights principles, including informed consent, confidentiality, and absence of coercion

WHO/UNAIDS Recommendations

- Male circumcision should never replace other known methods of HIV prevention and should always be considered as part of a comprehensive HIV prevention package
- Health services should be strengthened to increase access to safe male circumcision services
- Male circumcision performed by well-trained medical professionals in properly equipped facilities is safe

Recommendations

- Also countries with high prevalence (>15%), generalized heterosexual HIV epidemics and low rates of male circumcision should consider urgently scaling up access to male circumcision services
- As a result thirteen 'priority' countries have been identified: Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe



UN Support Actions

UN Agencies under the leadership of WHO have a joint work plan:

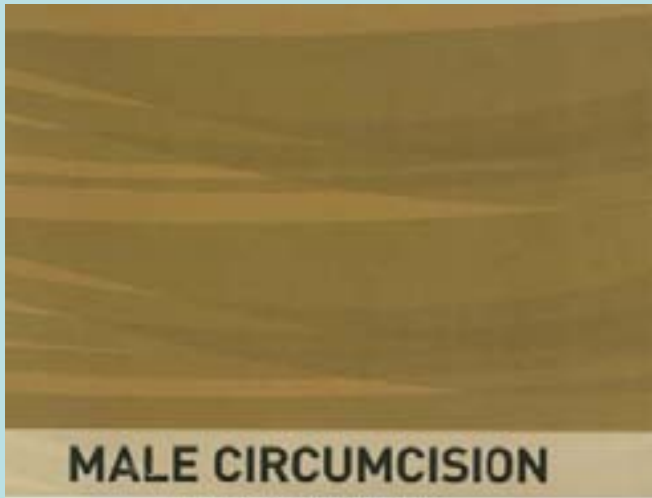
- The goal of the UN partners joint work plan on male circumcision is to assist countries to make evidence-based policy and programme decisions to **improve the availability, accessibility and safety** of male circumcision and reproductive health services as an integral component of **comprehensive HIV prevention strategies**

UN Support Actions

The objectives are to:

1. Set global norms and standards
2. Provide technical support to countries
3. Conduct high level advocacy and develop global communication strategies and messages
4. Coordinate the setting of global research priorities, and develop systems for monitoring and evaluation of male circumcision services

Information and Advocacy



MALE CIRCUMCISION
INFORMATION PACKAGE



Male circumcision: Africa's unprecedented opportunity

Male circumcision is a surgical procedure to remove part or most of the foreskin (skin) on the penis. It is one of the most effective ways to reduce the risk of HIV transmission to men by approximately 60 per cent.

The greatest potential impact of HIV infection was shown through the remarkable decline in the number of new HIV infections reported in sub-Saharan Africa between 2000 and 2007 in three countries in West Africa.

Male circumcision is particularly significant for gender equality as it is the procedure, apart from condoms, that is unique to men and is under their control. Men have an enormous responsibility to give the procedure to the women in their lives as part of their HIV prevention strategy, such as reducing the number of sexual partners, to protect the number of women who are not circumcised.

Male circumcision has the potential to avert about 5.7 million new HIV infections and 3 million deaths over 20 years in sub-Saharan Africa.

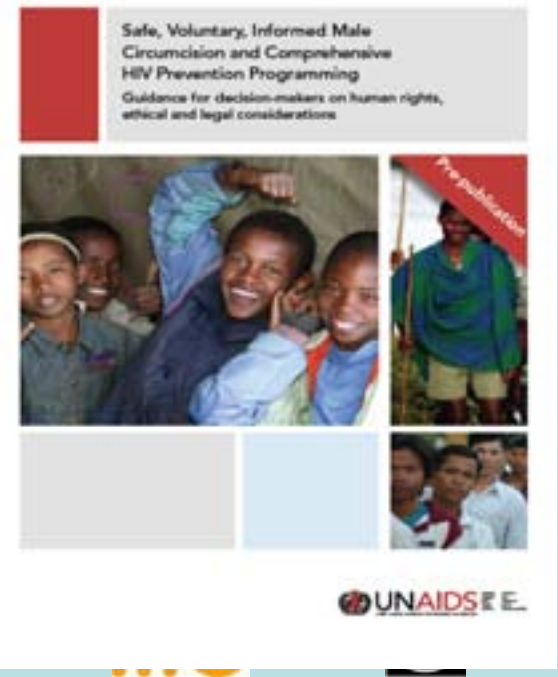
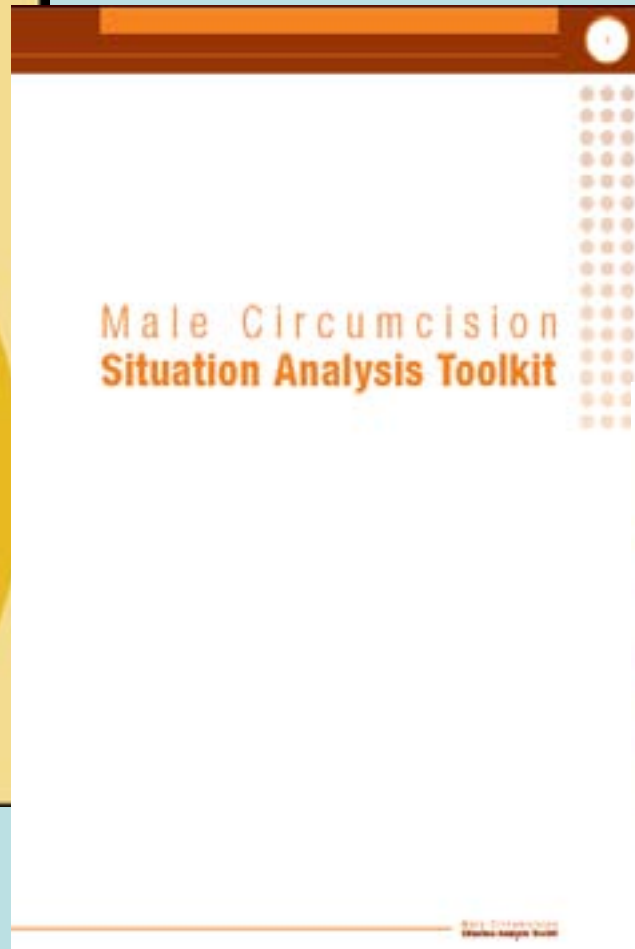
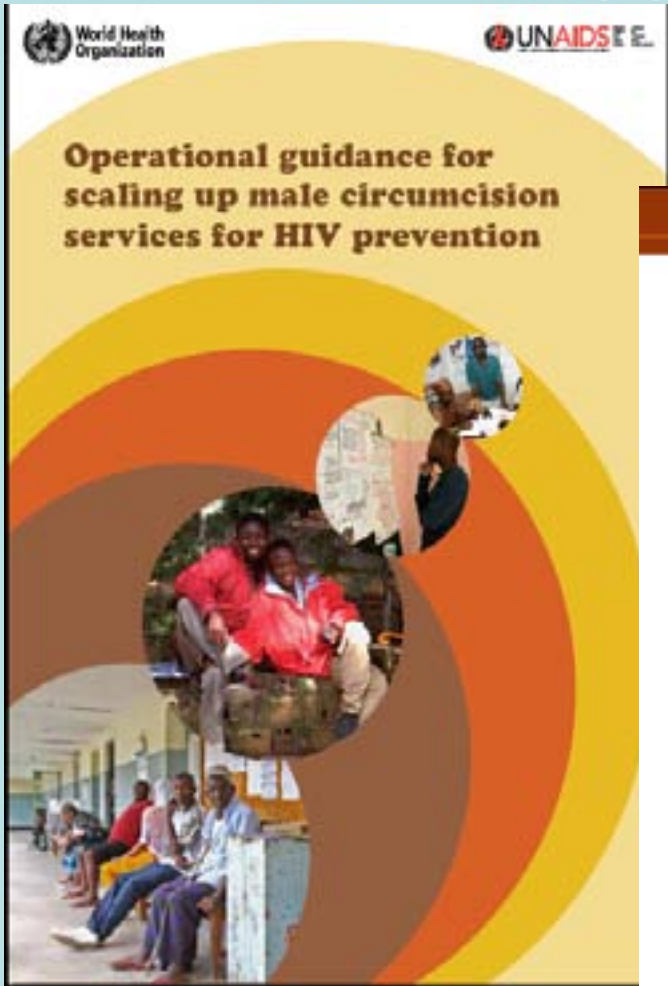
With just over 50 per cent of the world's population, sub-Saharan Africa has the largest number of people living with HIV. In 1 million in 2008, countries in the region recorded over 1.5 million new infections and the deaths of 2.7 million adults and children.

07 Male circumcision: Global trends and determinants of prevalence, safety and acceptability

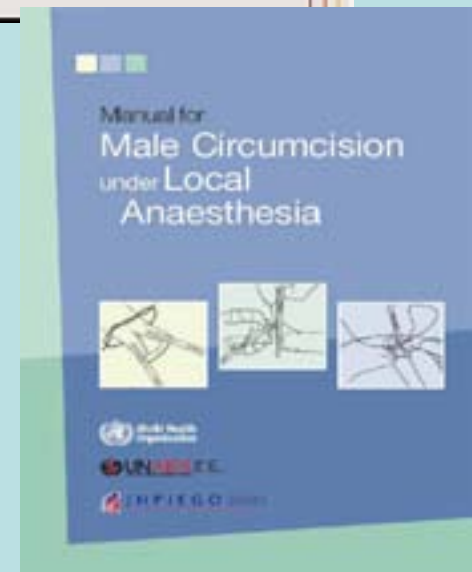
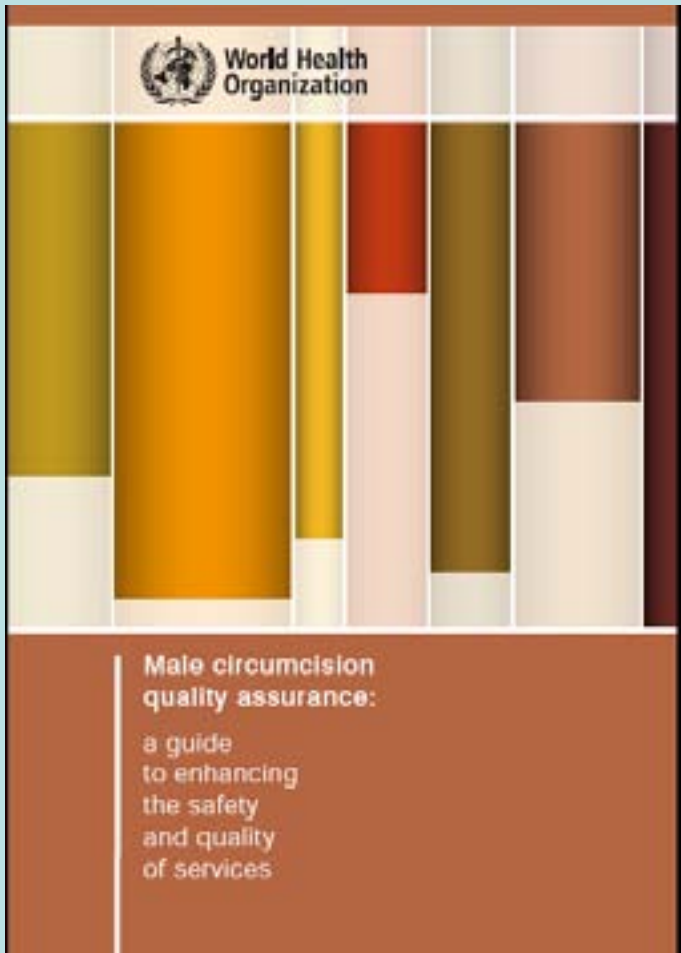
World Health Organization | UNAIDS E.E.



Tools and Guidance



Tools and Guidance



Clearinghouse on Male Circumcision

for HIV Prevention



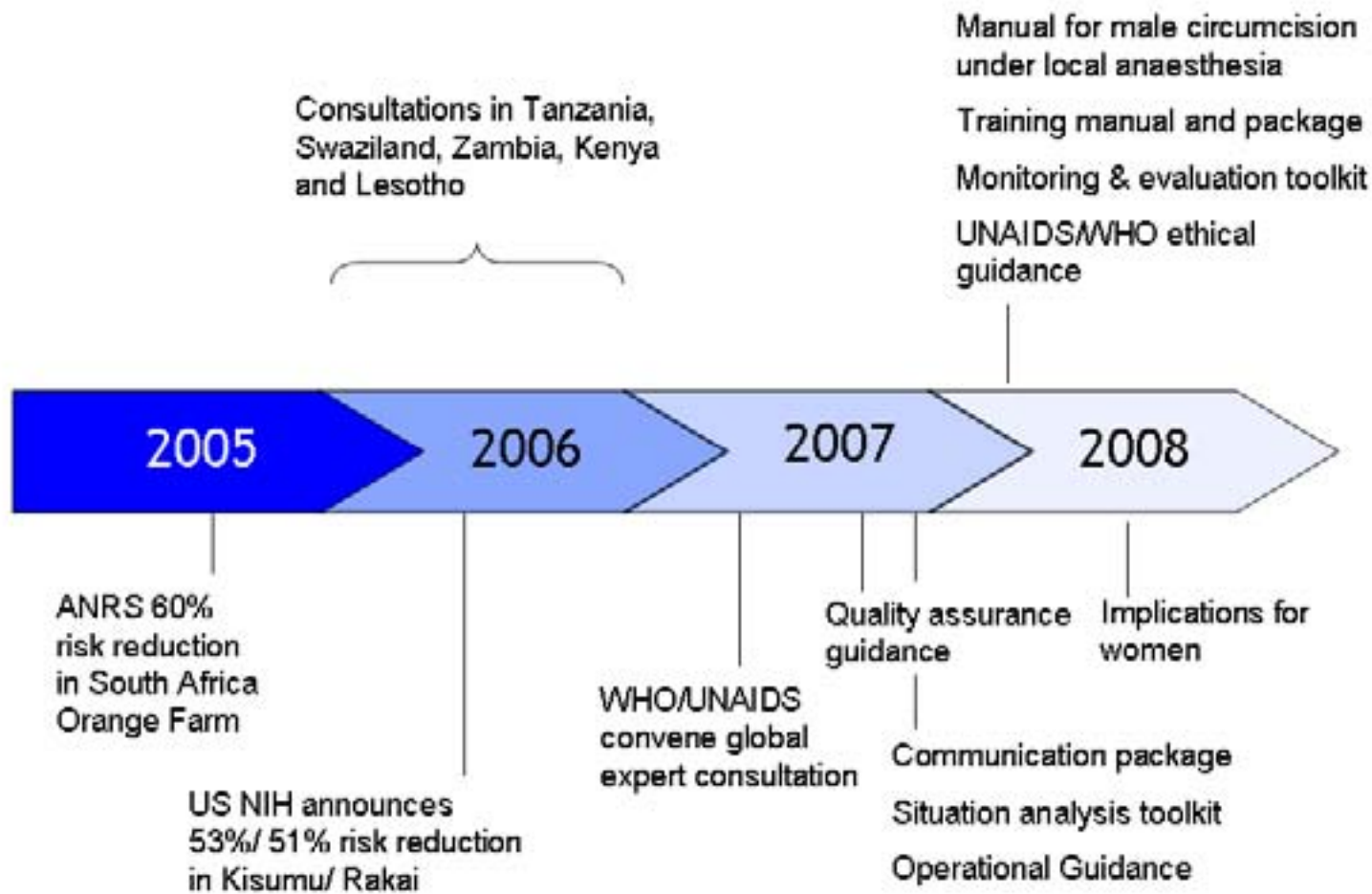
www.malecircumcision.org

Developed by the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the AIDS Vaccine Advocacy Coalition (AVAC), and Family Health International (FHI)

www.malecircumcision.org

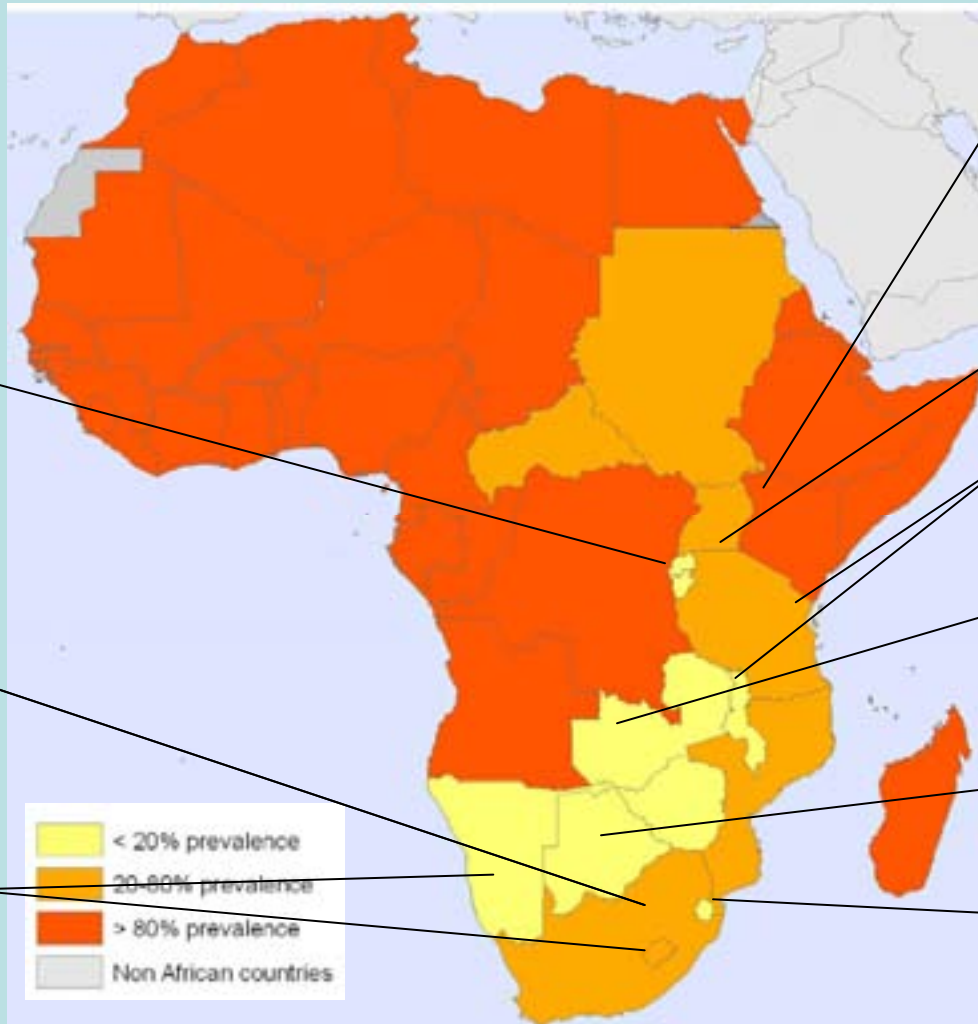
- Database of scientific abstracts and full-text articles
- Inventory of research activities on male circumcision
- Tools and guidelines
- Evidence-based protocols and guidelines
- Compendium of better and best practices
- User-friendly summaries of advocacy issues and civil society engagement
- An opportunity to sign up for an RSS feed
- A global mechanism for exchanging and integrating information on MC programs and associated services

Landmark Events and UN Actions



Progress made on Male Circumcision up to 2009

Male circumcision prevalence at country level, 2006



Rwanda
Implementing national MC programme in young adults (university and military)

South Africa
Situation analysis, policy development

Lesotho, Namibia
Situation analyses, policy development, communication strategy

Kenya
Policy, strategy, Manual and clinical guidelines Quality Assurance guide WHO MC Collaborating Centre (CC) process

Uganda
Situation analysis, policy development, WHO MC CC

Tanzania, Malawi
Situation analysis

Zambia
National and regional trainings, draft policy, WHO MC CC

Botswana
Situation analysis, strategy, communication, M&E, QA

Swaziland
Policy, strategy Implementation plan Quality Assurance



Innovations

- MC MOVE – Models for Optimizing the Volume and Efficiency of MC services
- Volunteer programme
- MC Devices
- Partnerships for progress

Opportunities....

- Increasing political support in countries
- Leadership and coordination of the UN
- Donor support and interest: GFATM, PEPFAR, Gates
- More implementing partners working on MC therefore technical support more available
- Increasing demand



..... and Challenges

- Human resource and health systems constraints in Africa
- Ensuring the integration with other programmes
- How to rapidly scale up to maximise impact
- Communication
- Role of traditional providers
- Implications for women

Acknowledgements

- Country Male Circumcision Task Forces
- UN Male Circumcision Working Group, Geneva
- UN Inter Agency Working Group (IATT)
- Implementing partners supporting MC roll out in countries

Countries are moving.....

We need to work together to maximise impact

