World Health Organization

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Operational guidance for scaling up male circumcision services for HIV prevention

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Abbreviations

AIDS	acquired immunodeficiency syndrome
FHI	Family Health International
HIV	human immunodeficiency virus
HPV	human papilloma virus
M&E	monitoring and evaluation
MOH	ministry of health
NGO	nongovernmental organization
PSI	Population Services International
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

Introduction

In 2007 it was estimated that 33.2 million people were living with the human immunodeficiency virus (HIV) and that there were 2.5 million new infections during the year.[1] Discovering ways to prevent the transmission of HIV is of primary concern to health care authorities worldwide.

Male circumcision has been shown to reduce men's risk of becoming infected with HIV through heterosexual intercourse by at least one-half, and possibly by as much as two-thirds. Three randomized clinical trials have shown that men who were circumcised were less than half as likely as uncircumcised men to become infected with HIV during the trial periods.[2,3,4] This finding is supported by over 40 sociological and epidemiological studies showing a strong link between circumcision and reduced HIV prevalence.[5,6,7,8] Moreover, studies of the foreskin show a high concentration of cells that are very susceptible to HIV infection,[9] which is one of three potential biological explanations as to why circumcision may reduce HIV acquisition (the other two being a reduction in sexually transmitted infections (STIs) and a reduction in the likelihood of micro-tears and trauma of the foreskin). Based on the data from the clinical trials, models have estimated that routine male circumcision across sub-Saharan Africa could prevent up to six million new HIV infections and three million deaths in the next two decades.[10]

In addition to the evident reduction in the risk of HIV acquisition among circumcised men, male circumcision also provides other health benefits, notably reduced incidences of some STIs, particularly ulcerative STIs, including chancroid and syphilis, as well as of balanitis, phimosis and penile cancer.[11,12,13] Circumcision has also been associated with a reduction in penile human papillomavirus (HPV), and in cervical cancer in female partners,[14] although the evidence for this may not be conclusive.[15,16,17] Male circumcision services could also provide a rare opportunity to reach adolescent boys and young men with reproductive health information and services. A comprehensive package of services, which affords these clients

the opportunity to benefit from integrated male reproductive health services, should therefore be considered in the context of implementing and scaling up male circumcision services.

In March 2007, WHO and UNAIDS convened an international consultation to review the results of the three randomized controlled trials and other evidence, discuss the policy and programme implications, and make public health recommendations. Eleven recommendations were made to guide country programming. Countries with low male circumcision rates, high HIV prevalences and predominantly heterosexual epidemics were encouraged to scale up male circumcision programmes as part of their national HIV prevention strategies. The Montreux Recommendations address the issues of partial protection, communication, sociocultural sensitivities, human rights, gender, programming, health systems, resource mobilization, HIV-positive men and research gaps.

Male circumcision does not give men complete protection against HIV infection. Furthermore, data on whether male circumcision provides any protection or additional risk to men's female or male partners are inconclusive. Data from the three randomized clinical trials showed that circumcised men were not significantly more likely to engage in high-risk sexual practices after the procedure than uncircumcised men, and in some studies their sexual risk behaviours were reduced. However there is still a concern over the need to minimize risk compensation. In order to ensure the greatest possible benefit, therefore, male circumcision services should be provided as part of a package of services integrating other HIV and STI prevention messages and services within the framework of existing human resources. Emphasis should be placed on effectively counselling clients about the need to continue protecting themselves and their partners against HIV after circumcision, and on the importance of allowing the penis to fully heal before sexual activity is resumed. Male circumcision is a surgical procedure and should therefore be provided as a safe medical service conforming to national quality standards and minimizing risks of complications, including the transmission HIV through unsafe medical practices and inadequate prevention of infection.

Given the strong evidence supporting the scale-up of male circumcision, and in response to the WHO/UNAIDS Recommendations, this document attempts to provide a programmatic operational guide for countries wishing to implement and scale up male circumcision services efficiently, safely and effectively.

Purpose of the operational guidance

Who should use this guidance?

This document can be used in countries or regions at various stages of scaling up, ranging from considering how to scale up to being in the process of doing so. It is intended to provide operational and programmatic guidance to decision-makers, programme managers and technical support agencies, and could also provide useful guidance to funders. It is relevant to the scaling up of programmes in both the public and private sectors.

How to use the guidance

This document outlines the processes to be undertaken in the scale-up of male circumcision services. The essential components provide the key steps for scale-up. Guidance is provided on *what* needs to be done for effective scale-up. Comprehensive guidance on *how* to undertake the steps requires reference to other key tools and guidelines on male circumcision for HIV prevention. All the WHO and UNAIDS tools referred to in this document can be found on the WHO and UNAIDS web sites. Links are provided to facilitate reference. All the documents can also be found on the Male Circumcision Clearinghouse www.malecircumcision.org

Essential components for operationalizing male circumcision services

Key elements in the operationalization of male circumcision services identified in this document include:

1) leadership and partnerships
2) situation analysis
3) advocacy
4) enabling policy and regulatory environment
5) strategy and operational plan for national implementation
6) quality assurance and improvement
7) human resource development
8) commodity security
9) social change communication
10) monitoring and evaluation

The introduction and/or scale-up of new services is not an entirely linear progression. There is a logical sequence for the key elements but the approach is not completely stepwise, i.e. every country does not necessarily have to complete the numbered steps in succession. It may be preferable to execute some elements simultaneously.

Moreover, all countries are not at the same stage in the process of implementing or scaling up male circumcision services. Each country has to assess its current status, identify gaps and proceed accordingly.

1. Leadership and partnerships

Clear leadership and partnerships are essential to a successful programme, particularly one involving many different sectors of the community and players. Recognizing leadership, developing partnerships and identifying champions facilitate the development and implementation of a national male circumcision programme. The process of undertaking a situation analysis, developing a strategy and implementing other aspects of this operational guidance helps to identify leaders and the need for different partners to be involved at the various stages of programme development and implementation.

Leadership

A programme of male circumcision for HIV prevention should preferably be country-led with full ownership by government. Government leadership and the involvement of civil society, NGOs, private sector service providers and other key stakeholders are critical to achieving a broad understanding of and support for the introduction and scale-up of male circumcision services.

Since male circumcision is primarily a health service, the programme should be led by the ministry of health (MOH) and have the full collaboration and support of the national AIDS control programme. This provides legitimacy and helps to ensure the quality of services and long-term sustainability. MOH leadership and support are necessary not only where the public sector is involved but also where the private and NGO sectors provide and expand male circumcision services. Regardless of the level of government involvement it is essential that government be kept appraised of the development and implementation of the programme by all participating sectors.

A national committee or task force should be established to lead and coordinate the scale-up of male circumcision activities, or this responsibility can be delegated to an existing committee. A focal person in the ministry of health should be designated to lead this group.

Leadership is required at the national, provincial, district and community levels and from different sectors of the community, including government and civil society. Such leadership helps with advocacy, sets rules and regulations for scale-up and/or mobilizes external assistance, defines minimum training requirements and skills, prioritizes the programme, allocates resources and creates and sustains momentum. Where national leadership is missing or inadequate, stakeholders may be able to galvanize action at the provincial or local levels. In turn, this may generate action at the national level.

National and local champions have a crucial role to play in galvanizing action, changing social attitudes and norms, and creating a sustainable programme (Box 1). In the absence of high-level political commitment, other champions in positions of leverage can be important in the development and implementation of a successful programme.

Box 1. Political leader and champion

On 19 November 2007 the ex-President of Botswana, Festus Mogae, who was Chair of the National AIDS Council, was reported in a local newspaper as having encouraged the exploration of various innovations to fight against the spread of HIV/AIDS. He referred specifically to the inclusion of male circumcision as an HIV prevention intervention. He added that the people of Botswana needed to be consulted on this matter and that the appropriate messages and positive behaviour changes needed to be put in place so as to avoid reversing the gains that had been made in the fight against HIV/AIDS in the country. This high-level political endorsement for male circumcision as a public health intervention is an important factor in galvanizing action for the scale-up of male circumcision in Botswana.

Partnerships

The scale-up of male circumcision services requires actions at many levels and across different sectors. Partnerships facilitate advocacy for the scale-up of male circumcision and bring resources, knowledge and experience from other programme areas. Possible technical partners for a male circumcision programme include bilateral agencies, international and national NGOs, the private health-care sector, and professional bodies (nursing, midwifery, paediatric and surgical associations). Partnerships should be formed to ensure that a comprehensive programme is implemented. The different partners can address different aspects of the essential components based on their respective mandates and strengths.

Other partners more relevant for advocacy, political support and ensuring an equitable male circumcision programme include civil society groups, human rights advocates, HIV prevention advocates, women's health advocates and the traditional sector (traditional health-care providers, healers and circumcisers). The nature of the partnerships depends on local contexts and needs, and does not necessarily involve all of the categories of partners mentioned above in all aspects of the programme. Traditional practitioners are vital stakeholders in some countries, and therefore their role in programme scale-up should be carefully considered.

Clear strategies should be devised for reaching target populations when a programme is being developed and implemented. Young people's groups should be involved, as should women as partners and parents.

Key issues

- The full involvement of the ministry of health and the national AIDS council is critical.
- Political leadership is required at different levels and must be nurtured.
- All opportunities for partnerships to expand male circumcision services should be utilized.
- Involvement of the community and community leaders is important.

- Broad-based cross-party political support is essential for building a sustainable programme.
- Partnerships should be developed with key stakeholders, including community leaders, women's groups and young people's groups.

Key actions for consideration

- Identify leaders, partners and champions at different levels.
- Create a task force to guide the process of planning for scale-up and oversee the implementation of a national male circumcision programme. The group should include a broad range of representatives from various ministries, donor organizations and cooperating partners, together with key civil society representatives from academic, NGO, religious and traditional sectors, and networks of people living with HIV.
- Identify a clear focal person at national level to oversee and be responsible for the male circumcision programme.

Key tools and guidelines

- Male circumcision information pack
  http://www.who.int/hiv/pub/malecircumcision/infopack/en/index.html
- Male circumcision: Africa's unprecedented opportunity
  http://www.who.int/hiv/pub/malecircumcision/africa_opportunity/en/index.html
- WHO strategic approach to the introduction of new reproductive health technologies
  http://www.who.int/reproductive-health/strategic_approach/documents.html

2. Situation analysis

A situation analysis is an essential first element allowing the determination of the current status of male circumcision activities in-country and enabling the way forward to be mapped. Some countries may have completed all parts of a situation analysis and know where they stand; others may have completed some elements and need to fill certain gaps; and others may not have begun. It is not necessary to have all the information suggested in order to move forward. Some elements of the information gathered through situation analysis may occur in parallel with other steps in the process. Each country and/or programme should determine when it has enough information to move forward, even as additional information is being gathered.

Developing local ownership of programmes at the national, regional and district levels and in the community is essential for the successful introduction and sustainability of services and should be nurtured at the first opportunity. The situation analysis is a participatory process that leads to an informed policy, strategy and operational plan. It should engage key stakeholders (e.g. community and political leaders, programme managers and service providers) in all aspects of programme design. There are three primary areas of focus in a situation analysis for a service such as male circumcision:

1) attitudes, beliefs, practices and sociocultural aspects of male circumcision;
2) policy and regulatory framework;
3) health system readiness.

They lead to a useful synthesis of information in an analysis of strengths, weaknesses, opportunities and threats (SWOT analysis). These areas can be used to guide programme development and implementation. It is not necessary to address all areas at once; they can be tackled as required.

Some information undoubtedly exists and can be gathered through desk reviews and key informant interviews. However, data-gathering for specific questions is usually required by means of site visits and

observations, interviews, surveys and focus group discussions. The situation analysis toolkit contains useful information, guidance and tools on the different elements of a situation analysis for male circumcision.

Attitudes, beliefs, practices and sociocultural aspects of male circumcision

Included here is the perception of acceptability of male circumcision by different groups, including potential clients, family members, partners, spouses, parents, service providers and other influential people. It is important to know people's beliefs and understanding about circumcision and to be aware of potential stigmatization associated with the procedure. There may be differences of opinion and practice regarding the age at which circumcision is performed (neonate, young child, adolescent or adult), and these matters should therefore be specifically investigated.

The sociocultural aspects of male circumcision, particularly those surrounding any current or historical traditional circumcision practices, are important in determining effective strategies for either attempting to modify the practices or for taking advantage of them (e.g. strengthening the education component of coming-of-age ceremonies) in developing a strategy for implementing and scaling up male circumcision services.

Box 2. Work across the traditional and clinical male circumcision services

"In Chogoria, central Kenya, where male circumcision is traditionally practised, a hospital-based male circumcision programme had developed an in-depth preventive health education initiative for adolescent boys. The initiative is a culturally sensitive adaptation of the traditional one- to two-week period of seclusion following male circumcision. If further adopted, this approach may have the potential to reach a large number of adolescent boys in Kenya."

AIDSMark. *Male Circumcision: Current Epidemiological and Field Evidence; Program on Policy Implications for HIV Prevention and Reproductive Health.* Conference Report. Washington, DC: USAID; 2003.

Where circumcision services are provided, whether informally (e.g. in a traditional setting) or through the formal health system, it is important to know who seeks the services (age, ethnic or religious group, etc.), why they seek them, the clinical methods, who the providers are, what training they have had, the context (camp setting, at home individually, at a clinic, etc.), the costs and fees, what additional services may be incorporated (education, counselling, STI diagnosis and treatment, etc.), and the outcomes (frequency of adverse events, etc.).

Policy and regulatory framework

Many elements of the policy and legal framework governing health services such as male circumcision and comparable voluntary outpatient procedures will already be in place. A situation analysis will determine what relevant policies and regulations exist and how they might influence decisions on male circumcision. This would include policies governing who can provide minor surgical procedures under local anaesthesia, the level of the health system at which they can be performed and under whose authority, as well as policies concerning quality control and aspects of medical ethics, e.g. voluntary consent, age of consent and decision-making by parents and guardians on behalf of children. It would extend to legal and regulatory issues concerning traditional health practices and practitioners. There may be legal and regulatory issues to investigate with respect to necessary commodities, e.g. if surgical male circumcision kits are going to be produced or if specific medical devices are to be imported or manufactured.

Health system readiness

Many levels of formal health systems may be able to provide male circumcision services with little additional investment, as this is a relatively simple outpatient surgical procedure. However, the availability of trained personnel, necessary commodities, existing underlying elements of quality (counsellors, counselling skills, infection prevention practices, etc.), space, medicines,

supplies and equipment, supply chain management, record-keeping and information systems, and adequate follow-up, should all be investigated in order to see what investments may be required for the introduction of safe, quality, comprehensive male circumcision services at different levels of the health system. This may encompass public sector services, private or NGO services, mobile services or even community-based or traditional services, depending on the vision and needs of different countries. Understanding the context in which services can be offered will help to inform strategic decisions on where to prioritize investments in equipment and infrastructure, whether efforts at task-shifting are required, and what types and level of training are needed to develop the necessary human resources, etc. Such understanding will also inform decisions on designing and integrating appropriate supervision and quality improvement, health management information systems and monitoring and evaluation efforts.

It is important to investigate and understand the policy and implementation of HIV testing and counselling as it would impinge on the provision of male circumcision services. This includes the acceptability of provider-initiated testing and counselling and its potential impact on programme acceptability and delivery.

Once a situation analysis has been conducted it is important to give feedback to stakeholders and to widely disseminate the information collated.

Key issues

- Implementing a situation analysis is an important method for creating stakeholder support, engaging leaders and ensuring informed policies and programmes.
- Attitudes, beliefs and practices concerning male circumcision should be investigated and understood with a view to informing policy and strategic and operational plans.
- The policy and regulatory framework should be investigated to determine how existing policies and regulations might facilitate or hinder the scale-up of male circumcision for HIV prevention.
    - It is critical to determine the readiness of the health system to support the scaling up of male circumcision.

Key actions for consideration

- Involve various stakeholders and reputable local researchers or research institutions.
- Discuss broadly with stakeholders both to obtain an initial advocacy and education opportunity and to ensure that you identify many available information sources.
- Develop a timeline and strategy and tools for filling information gaps.
- Gather the information, analyse it and package it in a way that makes it useful and digestible for the desired audience or audiences (i.e. brief executive summary, full reports, presentations, etc.).
- Develop clear recommendations and guidance based on the information collected.
- Clarify the pertinent policy and regulatory environment concerning the provision of male circumcision services.
- Identify specific policy or regulatory changes that might be needed and develop an advocacy strategy aimed at achieving those changes.
- Disseminate the results to key stakeholders.

Key tools and guidelines

- Male circumcision situation analysis toolkit
  http://www.who.int/hiv/pub/malecircumcision/sa_toolkit/
- WHO strategic approach to the introduction of reproductive health technologies
  http://www.who.int/reproductive-health/strategic_approach/documents.html

3. Advocacy

Advocacy plays a crucial role from the outset of any programme for the introduction or scale-up of male circumcision, building support for key decisions on policy and male circumcision activities and encouraging high-level leadership. There is a need for advocacy throughout the scale-up process, overlapping with aspects of communication on social change.

Advocacy at the international, national and community levels is an important mechanism for generating national support and encouraging consensus on the expansion of male circumcision for HIV prevention.

A high-level coordinating group or task force with the appropriate leadership is a very important tool for advocacy and implementation. The national task force or committee should lead advocacy efforts. In addition, other government sectors such as the ministries of youth, child welfare, social welfare, education, cultural affairs, local government and defence, and the uniformed services, should be involved, and advocacy efforts should be targeted on them. Politicians are an important target for advocacy, irrespective of whether formal legal and policy changes are required, with a view to preventing the issue of male circumcision, which could be controversial, from becoming unnecessarily politicized.

The health professionals who are to provide services should become advocates themselves, but the influence of other health personnel and administrators should not be underestimated. They can be either advocates or obstacles and it is critical, therefore, to provide them with information and motivation enabling them to become advocates. They can influence clients and can affect decisions about such matters as the use of facilities and the allocation of funds. Written materials may be helpful but are frequently ineffective; better results are often achieved with simple orientation activities.

The introduction of male circumcision on a scale that would generate population-level health outcomes requires broad societal acceptance. Consequently, wide support in civil society is necessary. It is important to target journalists and media representatives both to gain support for advocacy efforts and to prevent misrepresentation of circumcision. Representatives of traditional, religious, ethnic and other influential groups at the national, local and community levels are very important targets for educational and advocacy efforts.

A circumcision programme could have an unforeseen impact on various sectors of the population, including women, young people and vulnerable subgroups such as people with HIV infection. It is therefore important that their representatives and advocates be involved in developing and delivering advocacy messages surrounding male circumcision.

It is important to determine key audiences for advocacy so that messages can be developed which directly meet the needs and interests of these audiences. The key messages that highlight critical information can then be developed. The messages should be based on the evidence available but should also use local information and data obtained from the situation analysis. Groups that may oppose male circumcision should be included in the targeting of advocacy efforts. Advocacy is required before programme scale-up can begin and at all stages of implementation.

Key issues

- Beliefs, stigmatization and discrimination associated with circumcision status.
- Involvement of key stakeholders, including women, young people and religious and traditional leaders.
- The need for broad-based social support to achieve social changes and adoption.
- Tailoring the advocacy strategy according to the local context, using local data from the situation analysis where possible.

Key actions for consideration

- Identify a strong champion or leader(s).
- Use the national task force or committee to lead advocacy efforts.
- Plan an advocacy strategy
- Provide clear evidence on male circumcision in easily digestible formats for different audiences, e.g. fact sheets for lay audiences, fact sheets and briefing papers for journalists and media representatives, and detailed briefing papers for technical audiences.
- Identify key audiences and determine critical advocacy messages.
- Provide data on potential strategies, costs and expected impacts using tools such as the decision-makers' programme planning tool.
- Conduct stakeholders' meetings, sensitization workshops and other interactive sessions so that people can discuss questions and voice concerns.
- Incorporate discussions on male circumcision into ongoing meetings for key audiences, e.g. district, regional or provincial health managers.
- Mobilize professional associations to educate and advocate among their members.
- Produce clear guidance from top authorities (e.g. ministry of health, national AIDS council) and disseminate it widely.
- Involve groups who practise traditional or religious circumcision and reach out to groups that specifically oppose circumcision.
- Develop a strategy for addressing general issues of misinformation, stigmatization and discrimination around circumcision.

Key tools and guidelines

- WHO/UNAIDS. New data on male circumcision and HIV prevention: policy and programme implications
  http://libdoc.who.int/publications/2007/9789241595988_eng.pdf
- Male circumcision information package
  http://www.who.int/hiv/pub/malecircumcision/infopack/en/index.html
- Safe, voluntary, informed male circumcision and comprehensive HIV prevention programming - Guidance for decision-makers on human rights, ethical and legal considerations
  http://data.unaids.org/pub/Manual/2007/070613_humanrightsethicallegalguidance_en.pdf
- Male circumcision decision-makers' programme planning tool
  http://www.futuresinstitute.org/pages/MaleCircumcision.aspx
- Male circumcision and HIV prevention in Eastern and Southern Africa: Communications guidance
  http://data.unaids.org/pub/Manual/2008/20080515_mc_hivprevention_eastern_southern_africa_en.pdf
- Male circumcision: Africa's unprecedented opportunity
  http://www.who.int/hiv/pub/malecircumcision/africa_opportunity/en/index.html

4. Enabling policy and regulatory environment

The relevant policies governing basic public health and surgical services should support the provision of comprehensive male circumcision services of high quality in a way that will make them widely accessible and available. If this policy framework is not in place it may be necessary to focus efforts on either revising specific elements of existing policies so as to address gaps, or, in some cases, on introducing a specific new policy. Because policy formulation and approval can be difficult and time-consuming it is important to note that a new dedicated policy is often unnecessary if the basic elements of an enabling environment allow the scale-up of accessible and acceptable male circumcision services.

The national policy should establish the overall goal and outline the guiding principles of the programme and will be reflected in the national strategy (Box 3).

Box 3. Goal and guiding principles of a national male circumcision policy

Goal

- To accelerate the prevention of HIV transmission through the provision of safe, affordable and accessible male circumcision services as part of a comprehensive HIV prevention strategy.

Guiding principles

- Male circumcision is provided with full adherence to medical ethics and human rights principles. Informed consent, confidentiality and absence of coercion should be assured.
- Appropriate laws, regulations and policies are developed so that male circumcision services are accessible and provided safely and without discrimination.
- Male circumcision services are delivered as part of a comprehensive HIV prevention strategy.
- Male circumcision services are provided with due consideration for the sociocultural context and legal framework of the community.

The provision of comprehensive male circumcision services involves policy, regulatory and human rights issues broader than the provision of surgical circumcision. A policy, regulatory or legal framework should be in place to govern medical ethics, e.g. confidentiality, discrimination and stigmatization, provision of information, voluntary consent, age of consent, and other human rights considerations. The policy may also cover issues of quality assurance, e.g. the certification/accreditation of facilities and providers in the public and/or private sectors, processes for investigation of abuse and recourse or procedures in cases of malpractice.

Policy issues relating to quality assurance may include questions such as the following:

- What cadre of health professional will provide the services?
- At what level of the health care system will the services be provided?
- What package of services will be provided and will medical kits be used?

The policy and regulatory issues around essential medicines and supplies also needs to be considered.

Additional policy and regulatory issues may affect desired ancillary or complementary services. A minimum package of services should be established in line with the WHO minimum package. This would include the provision of HIV testing and counselling as part of circumcision services, or issues concerning the targeting and provision of circumcision services to specific groups, or the failure to provide these services to other groups. There may be specific legislation, policies, regulations or laws in place concerning the provision of traditional or community-based health services or of relevant information and education in different settings, e.g. reproductive health education in schools.

Determining the cost of male circumcision services may be influenced by existing policy, depending on whether male circumcision is seen as part of a basic health package or whether it is priced in line with other minor outpatient services or other preventive services. The mix of public and private services also affects both cost and accessibility.

The clarification and dissemination of the relevant policies are vital steps that are often overlooked. Approaches can include the publication of documents or summaries, the use of written communications to decision-makers and providers (e.g. guidance from the health ministry or professional associations), orientation activities, stakeholder meetings and/or presentations at meetings of target groups.

Key elements of a male circumcision policy are summarized in Box 4.

Box 4. Key elements of a national male circumcision policy

- Goal
- Guiding principles
- Policy statements relating to:
  - » Equitable access to services
  - » Medical ethics: informed consent, confidentiality, non-discrimination
  - » Target population
  - » Integration with other services
  - » Quality assurance
  - » Cost
  - » Communication and advocacy
- Institutional responsibilities

Key issues

- Key elements should be addressed and clarified in the policy.
- National policies and regulatory issues concerning HIV testing and counselling.
- Potential issues with the use of HIV test status results in decision-making about the provision or targeting of services.
- Policies and regulations governing or protecting traditional and cultural practices.
- Dissemination of the new policy or clarifying and highlighting provisions in existing policies.

Key actions for consideration

- Review existing or related policies and regulations to determine relevance for male circumcision.
- Identify specific policy or regulatory changes that might be needed and develop a clear strategy for achieving them.
- Disseminate information on the policy and regulatory environment and on any pending actions and expected changes.
- Inform stakeholders about the findings of reviews and involve them in the development of new policies.
- Ensure that ongoing monitoring and evaluation and continual assessment activities incorporate the means to ensure that services are compliant with the regulatory and policy framework.

Key tools and guidelines

- Male circumcision situation analysis tool kit
  http://www.who.int/hiv/pub/malecircumcision/sa_toolkit/
- Safe, voluntary, informed male circumcision and comprehensive HIV prevention programming - Guidance for decision-makers on human rights, ethical and legal considerations
  http://data.unaids.org/pub/Manual/2007/070613_humanrightsethicallegalguidance_en.pdf
- Legal and regulatory self-assessment tool for male circumcision in sub-Saharan Africa
  http://data.unaids.org/pub/Manual/2008/20081119_jc1631_unaidsregulatory_selfassessment_en.pdf

5. Strategy and operational plan for national implementation

As countries prepare to scale up the implementation of male circumcision services, sound national strategies and operational plans are essential for decision-makers, managers and collaborating partners, as both guides and advocacy tools. They serve as a means for coordinating efforts, working efficiently, mobilizing and ensuring the necessary resources for scale-up, and communicating with stakeholders at various levels. They also serve to outline a plan that can help to put the other key elements into context and ensure that the various parts are proceeding in tandem, e.g. ensuring that efforts to generate demand for the service match the scale-up of capacity to meet demand.

In the light of the situation analysis and the policy and regulatory framework, this is the critical stage for setting strategic directions, doing the necessary costing and resource mobilization, and developing a concrete operational plan and approaches to scale-up for achieving the desired results.

The national strategy should reflect the goal and the guiding principles of the national policy and specific objectives should be developed to meet the policy goal. Programme objectives could be:

- to increase the number of health facilities providing safe male circumcision services;
- to increase the number of HIV-negative males accessing safe male circumcision services.

The strategy and operational plan would normally have specific subsections concerning many of the key elements included in this guide: advocacy; any required policy work; human resource development; quality assurance; social change communication; monitoring and evaluation; and continual research (Box 5).

Box 5. Key components of a national male circumcision scale-up strategy

- Objectives
- Target population
- Service delivery strategies
- Male circumcision coverage
- Social change communication
- Information, education and communication
- Advocacy
- Available human resources
- Facility availability and readiness
- Quality assurance
- Increasing demand for services
- Access to services
- Supply chain management
- Phases of implementation
- Programme management and coordination
- Roles and responsibilities of partners
- Costing
- Resource mobilization
- Monitoring and evaluation
- Research

Consideration should be given to both short-term and long-term strategies. Short-term strategies aim to catch up with large numbers of adolescents and men who are already sexually active, while long-term strategies provide routine sustainable services for neonates or younger cohorts before they become sexually active. Strategies must answer key questions related to adapting and/or adopting the WHO-recommended minimum package of services, e.g. the ways in which to integrate specific aspects of the service, e.g. HIV counselling and testing or linkages to other reproductive health services. It is also necessary to clarify where and how services should be provided, e.g. in public, private and/or NGO facilities, mobile units, etc., and how the formal health services may interact with traditional and informal health services.

The operational plan is a road map guiding those who are going to implement the strategy in a timely and efficient manner. This is where issues of the timing and phasing of activities have to be outlined. Specific timelines and benchmarks should be established and the roles and responsibilities of different partners and intermediaries should be clarified. The development of the operational plan is shaped according to the strategy, but as the operational plan becomes concrete it may require changes in strategy. For example, if the cost of the operational plan far exceeds the availability of resources a change of strategy may be required.

The costing and resource mobilization efforts go hand-in-hand with developing the strategy and operational plan. The process for development of the plan should involve investigating and determining the needs for resources, the resources available, the resource gaps and the sources of funding. It is essential to use the decision-makers' programme planning tool or other costing tools to ensure that the operationalization of the selected strategies is both feasible and cost-effective. Costing the operational plan identifies resource requirements for guiding resource mobilization efforts or for informing the team of a need to alter the strategy. A male circumcision programme should not take resources away from other programmes, e.g. reproductive health programmes, but should be used to strengthen and provide linkages to such programmes and services. Decisions on integrating male circumcision services with other male reproductive health services can also be made.

The overall plan can be developed all at once or each subsection can be developed individually. In the latter case all the subsections must come together at some point and be harmonized. Preparing service sites, procuring commodities and preparing the human resources should all go hand-in-hand. In turn, these aspects must be closely aligned with work on demand generation, advocacy, quality and performance improvement systems, and monitoring and evaluation efforts.

Key issues

- Ensure that the national strategy complements or is part of the existing HIV prevention strategy.
- A broad participatory approach should be used to define the aim and objectives for implementing and scaling up male circumcision efforts.
- The national strategy and operational plan objectives and activities must be feasible and achievable. While they may be used as advocacy and resource mobilization tools, and may include broad aspirational goals, they should not be unattainable.
- The envisioned male circumcision services should encompass the WHO recommended minimum package.
- Strategic decisions must be made about the scope and scale of services to be offered, the types of services, the service delivery channels, the service providers, the integration of male circumcision with other reproductive health services and other HIV prevention services, the rate of scale-up, and other matters.

Key actions for consideration

- Involve key stakeholders in meetings and workshops to develop the strategy and operational plan.
- The male circumcision task force should lead a group of stakeholders to define the specific objectives and strategies, which should then be translated into concrete operational plans, identifying specific activities, estimated costs, timelines, measurements and responsibilities.
- Accurately estimate the costs and mobilize the necessary resources to ensure that the plan is realistic and that it can be implemented without cutting corners.
- Apply a realistic time frame to avoid undue delays and costs.
- Incorporate a system for monitoring and evaluating the implementation and execution of the strategy and operational plan (Is the country following the plan?) as well as the outputs and impact.

Key tools and guidelines

- Decision-makers' programme planning tool
  http://www.futuresinstitute.org/pages/MaleCircumcision.aspx
- Male circumcision and HIV prevention in Eastern and Southern Africa: Communications guidance
  http://data.unaids.org/pub/Manual/2008/20080515_mc_hivprevention_eastern_southern_africa_en.pdf
- Male circumcision information package
  http://www.who.int/hiv/pub/malecircumcision/infopack/en/index.html
- A guide to indicators for male circumcision programmes in the formal health care system
  http://www.who.int/hiv/pub/malecircumcision/indicators/

Service delivery approaches

Determination of the major approaches to delivering services is a key part of developing the national strategy and operational plan and is based on the situation analysis. For effective scale-up, leveraging all existing service delivery sectors is important.[18]

Male circumcision services can be provided at all levels of care. For the successful expansion of these services it is vital to establish a system for the identification, assessment, selection and preparation of service delivery sites such as private or public sector facilities, community-based facilities, tents or mobile vans. WHO recommends that facilities for safe male circumcision services meet the following minimum conditions.

- Minor surgery is currently performed.
- Appropriate equipment for resuscitation is available.
- Staff are appropriately trained and competent or staff are available and willing to be trained.
- There is compliance with requirements for sterilization and infection control.

These considerations do not preclude setting up services at the primary care level, in remote settings or in mobile units. Public and private sector partnerships are encouraged. The minimum package of services should be provided on site and it is essential to ensure that every site meets all the standards outlined in the guidance.

Standard tools for facility assessment and preparation are useful in simplifying the process of identifying new expansion sites. It is useful to combine an assessment and preparation visit with on-site orientation ensuring that all staff understand the evidence and national policies around male circumcision, enabling them to support the services and become advocates.

Mobile male circumcision services can be provided safely and feasibly. Significant experience can be drawn from the field of family planning and the lessons learnt over many years with mobile services for vasectomy and mini-laparotomy, particularly in Asia. In this connection the following points are important.

- The mobile services should meet the same minimum standard as fixed services.
- An on-the-ground presence is important for mobilizing and organizing clients in advance.
- It is essential to have a system for monitoring and following up patients after the mobile team has left, and particularly for identifying and managing any complications.

Different service delivery approaches should also find ways to address gender issues and involve women. Male circumcision services could establish linkages with other programmes that address gender norms and masculinity and provide other male sexual health services.

Box 6. Marie Stopes mobile services for male circumcision

Following the compelling evidence on the efficacy of male circumcision in reducing HIV/AIDS infection rates and the strong WHO/UNAIDS recommendations that male circumcision be considered as part of the strategies adopted by countries in HIV/AIDS prevention, Marie Stopes Kenya was the first organization to pilot a mobile service provision project in June 2007 in Nyanza and Western Kenya. The goal was to increase the rates of safe, affordable procedures for males aged 14–30 years as part of a comprehensive HIV/AIDS prevention package for rural and marginalized communities in Western Kenya. Nyanza is a non-circumcising region with an HIV incidence rate that is 13% above the national average. The pilot phase of the project has been running for 12 months.

Before a procedure is performed, informed consent with a signature or thumbprint is obtained alongside the screening and treatment of STIs, HIV education and condom distribution. Post-procedure instruction and the treatment of complications are also provided. The project team consists of five field personnel (two medical, two care assistants and one community health worker). It is supported at the central office by two persons providing overall project management and administrative assistance. Twenty sites are visited per month, one day per week being set aside for community sensitization. Approximately 300 procedures are performed per month, free to the outreach client. The cost of each procedure has been estimated at US$ 28. A total of 3640 procedures have so far been performed, and only ten adverse events have been reported (0.27%).

The key project implementation requirements have been: space for confidential counselling, surgery and, where necessary, postoperative recovery; trained staff including counsellors, medical personnel to conduct surgery, community educators to conduct outreach and follow-up (who were compensated for taking on these responsibilities); sterile surgical equipment and supplies including gauze, gloves, bandages and other commodities. In addition, an outreach vehicle and basic administrative items have been helpful.

Some of the challenges encountered in project implementation have been as follows

- Poor road infrastructure in rural areas.
- Lack of skilled/trained personnel at the sites to handle follow-up and postoperative complications.
- The Marie Stopes Kenya team meeting the increased demand for male circumcision in most camps.
- De-linking male circumcision from culture, traditions, attitudes and beliefs in clients' perspectives.
- Combining voluntary counselling and testing with male circumcision on the same day was a
- disincentive for some clients (stigma associated with voluntary counselling and testing).
- Strong opposition and resistance from community elders, local leaders, scholars and peers.

Lessons learnt include: introducing and scaling up this type of intervention takes time (outreach condom distribution, surgical procedures, etc.); traditions, beliefs and attitudes towards male circumcision play a critical role in intervention acceptability; groups strongly opposed to male circumcision exist in most communities and may mount vocal opposition and physical resistance to its implementation; this can be mitigated through collaboration, consultation and networking with government, stakeholders, community gatekeepers, and site teams, such efforts being critical to programme performance; prior experience with rural outreach programmes is crucial to programme success; the safety of male circumcision clearly depends on the setting and the expertise of the provider (clinical setting, aseptic conditions and well-trained, adequately equipped providers); as with other medical and surgical procedures, male circumcision raises human rights issues and should not be performed on anyone without their informed consent or the consent of parents or guardians.

Reference - Marie Stopes Kenya – Male Circumcision project team

Key issues

- Site selection and preparation are critical prior to training or initiating services.
- Quality must be ensured for public, private and NGO services and providers.
- Orientation and training on male circumcision should be included for all staff (not just those providing male circumcision services) as part of the process of site assessment, selection and preparation.
- Consideration should be given to the potential for diverting resources, personnel and activities from other services.

Key actions for consideration

- Taking into account the evidence, situation analysis and national strategy, develop a model or models for the provision of comprehensive male circumcision services. (There may be more than one model because of differing settings or delivery channels.)
- Clearly define the services and ensure that they meet the recommended standards.
- Develop tools and systems for site assessment, selection and preparation.
- Ensure that sites are committed to providing male circumcision services before investing in them. Consider using a form, agreement or memorandum of understanding.
- Work with sites to plan for adequate space, client flow, record-keeping, reporting and linkages to other services.
- Consider how best to capitalize on the private and NGO sectors through innovative schemes, e.g. franchising or accreditation. This can also help to ensure service standards and network-wide marketing.
- Mobilize additional resources and achieve more efficient use of resources.
- Implement more innovative service delivery strategies such as weekend or after-hours services and task-shifting.

Key tools and guidelines

- Male circumcision quality assurance: a guide to enhancing the safety and quality of services
  http://www.who.int/hiv/pub/malecircumcision/qa_guide
- WHO/UNAIDS/Jhpiego Manual for male circumcision under local anaesthesia
  http://www.who.int/hiv/pub/malecircumcision/who_mc_local_anaesthesia.pdf
- The WHO strategic approach to strengthening reproductive health policies and programmes
- http://www.who.int/reproductivehealth/strategic_approach/strategicapproach.pdf

6. Quality assurance and improvement

Countries should establish systems for monitoring the safety and quality of male circumcision services. *Male circumcision quality assurance: a guide to enhancing the safety and quality of services* outlines recommended male circumcision service standards, criteria and a minimum package of services to be provided. It also outlines the roles and responsibilities of national and district programme managers and facility managers and staff for implementing safe services of high quality and provides guidance on the planning of a national quality assurance programme.

A minimum package of services (Box 7) should be available in all facilities providing male circumcision. It should be discussed and agreed upon as part of the development of a male circumcision policy and strategy. The implementation and monitoring of the minimum package at facility level should be part of the quality assurance process.

Box 7. Minimum package for male circumcision services

- HIV testing and counselling
- Active exclusion of symptomatic STIs and syndromic treatment where required
- Provision and promotion of male and female condoms
- Counselling on risk reduction and safer sex
- Male circumcision surgical procedures performed as described in the WHO/UNAIDS/Jhpiego Manual for male circumcision under local anaesthesia

These services could be offered in different locations within the same facility. However, systems and processes should be established to facilitate easy client flow and referral from one point to another. More comprehensive packages could be offered, depending on the facility and the prevailing problems within the community. For example, male circumcision services targeted on young boys could offer counselling on the improvement of gender norms and roles or on drug abuse. In communities where there is much violence against women, counselling or the raising of awareness on this issue could be included.

Service standards and criteria

Standards define the desired performance for a health care system or service and provide the basis for measuring quality. The service standards for male circumcision define the necessary elements of providing safe care of high quality. Clear guidance is given as to what is expected of each facility providing services. The standards are system-based, i.e. they are designed to encompass all the elements of service delivery which affect the quality and outcome of male circumcision. The WHO-recommended standards address inputs and processes for male circumcision services (Box 8).

Box 8. Recommended male circumcision service standards

Standard 1. An effective management system is established to oversee the provision of male circumcision services.

Standard 2. A minimum package of male circumcision services is provided.

Standard 3. The facility has the necessary medicines, supplies, equipment and environment for providing safe male circumcision services of good quality.

Standard 4. Providers are qualified and competent.

Standard 5. Clients are provided with information, education and counselling on HIV prevention and male circumcision.

Standard 6. Assessments are performed to determine the condition of clients.

Standard 7. Male circumcision surgical care is delivered according to evidence-based guidelines.

Standard 8. Infection prevention and control measures are practised.

Standard 9. Continuity of care is provided.

Standard 10. A system for monitoring and evaluation is established.

The WHO standards should be reviewed for their applicability in the country and facilities concerned. They can be adopted as written unless there are some distinct cultural or legal variations that require revision. Once the standards have been agreed at national level a plan has to be developed for disseminating and communicating them all the way down to facility level. There should also be a plan to support facilities to meet and maintain the standards. Someone in the health ministry should be clearly designated to lead this endeavour. Mechanisms should be developed to provide consistent support, follow-up and motivation to facilities that undertake to implement the standards.

Clinical protocols and guidelines

Clinical protocols and guidelines are essential for ensuring that health-care providers give care and treatment based on current evidence. They help to simplify supervision and quality assurance tasks. Irrespective of where providers have been trained, they should all use the same standard methods and follow the same protocols. The selection of a standard surgical approach that is simple, safe and effective, requiring minimal specialized skills, helps to reduce the probability of complications and allows the possibility of appropriate task-shifting to lower levels of service providers. The WHO surgical manual provides technical information on the recommended surgical methods for providing male circumcision services.

These protocols and guidelines should drive the development of training materials and supervision tools and the determination of commodity requirements and requisite systems. This is also where the context of providing male circumcision services is decided, and how the minimum package of services is provided.

Key issues

- Existing supervision and quality assurance support systems may be weak.
- It is necessary to achieve scale-up without compromising quality.
- Quality teams need the skills, tools, time and motivation to assess standards, identify gaps and develop/implement solutions.
- It is necessary to assess whether providers are meeting the minimum standards and whether the quality assurance system is working.
- The improvement of the quality of male circumcision services can be used to improve the general quality of care in a facility.
- It is necessary to ensure that the standards effectively indicate the desired level of quality while being realistic and feasible.
- An effective referral system has to be implemented for complicated cases and adverse events.
- Systems have to be established for implementing and monitoring the use of protocols and guidelines.

Key actions for consideration

- Review and implement *Male circumcision quality assurance: a guide to enhancing the safety and quality of services*.
- Review, adapt or adopt and communicate the male circumcision standards.
- Develop policies that support a quality approach to implementing male circumcision services.
- Establish aims, objectives and guiding principles for quality assurance and improvement which are in line with the national strategy.
- Organize quality teams at the facility level and build their capacity to conduct self-assessments based on the standards.
- Provide supportive supervision.
- Use the quality assurance tools to identify gaps and implement action plans for making improvements.
- Monitor progress towards meeting the standards.
- Ensure that all the appropriate aspects of the minimum package for male circumcision are included.
- Develop and actively disseminate the relevant guidelines and orient providers on them.
- Develop or adapt complementary tools for clear guidance, i.e. procedural checklists, sample records and reporting forms.

Key tools and guidelines

- Male circumcision quality assurance: a guide to enhancing the safety and quality of services
  http://www.who.int/hiv/pub/malecircumcision/qa_guide
- Male circumcision quality assessment toolkit
  http://www.who.int/hiv/pub/malecircumcision/qa_toolkit
- WHO/UNAIDS/Jhpiego Manual for male circumcision under local anaesthesia
  http://www.who.int/hiv/pub/malecircumcision/who_mc_local_anaesthesia.pdf
- Guidance on provider-initiated HIV testing and counselling in health facilities
  http://whqlibdoc.who.int/publications/2007/9789241595568_eng.pdf
    - National HIV counselling and testing guidelines
    - National STI counselling and syndromic treatment guidelines

7. Human resource development

It is vital to develop skilled personnel who can provide safe male circumcision services of high quality in accordance with the policy and the national clinical protocols and guidelines. The *Male circumcision training package* provides essential tools complementing the *Manual for male circumcision under local anaesthesia* to assist in implementing competence-based training in male circumcision skills. Additional materials may be needed for complementary skills, depending on the package of services to be offered. *Male circumcision quality assurance: a guide to enhancing the safety and quality of services* outlines the key competences, including the attitudes, knowledge and skills that are needed, regardless of the level or category of person required to provide male circumcision services, and suggests methods for assessing competence.

Task-shifting to allow non-physician providers to perform male circumcision as well as to provide other components of the minimum package is recommended as a strategy for increasing the availability of services. Leveraging and training private and NGO providers should also be considered.

When considering the competences necessary for the male circumcision programme, the age of the clients must be taken into consideration, as the procedure and requirements of care differ between neonates, adolescents and adults. Age-specific care competences include calculating age-specific dosages of medication for local anaesthesia, and counselling and communication appropriate to the different age groups. The assessment of competence ensures that all providers can perform their assigned duties and responsibilities. Assessments can be conducted in facilities by approved trainers. Some countries may certify staff who fulfil the established requirements. Countries should determine how to provide a continuous assessment or review of specific competences, as the maintenance of competences depends on how often tasks are performed.

The level of human resources should have been clarified as part of the situation analysis. The specific cadre of providers to be trained should be identified and the plans for training should be developed as part of the strategic and operational planning process. Putting in place the necessary network of clinical trainers, clinical training sites, mechanisms for the transfer of learning from the training site to the service delivery site, and the monitoring of training are all vital steps in the smooth implementation of a national training plan for scaling up services.

The development of training materials and training programmes to build the necessary human resources must be part of the national plan and should be aligned to the clinical protocols and guidelines. A central training site or reference training centre should be established to allow for the build-up of expertise and appropriate management of complications.

Key issues

- It is necessary to identify personnel who can be trained and to develop appropriate training materials and courses.
- Human resource constraints and the management of human resources have to be considered.
- There may be institutional opposition to task-shifting.
- Private sector providers may be engaged by the public sector to ensure standardized training and the delivery of high-quality services.
- It is necessary to establish the competences required of providers, to assess these competences after training, and to find ways of achieving ongoing support and continuous assessment of competences.

Key actions for consideration

- Assess the human resource situation and constraints and identify opportunities and actions for effective task-shifting in order to achieve results efficiently.
- The technical team that developed or adapted the clinical protocols and guidelines should be joined by experienced trainers and persons familiar with the design and development of training tools and systems to review and adopt such tools.

- Clearly define the target of training for all the requisite skills and components of the agreed minimum package of services, and determine the specific needs of targeted trainees.
- Flexible training options should be developed to include in-service, after-hours and weekend training.
- Establish the competences required of trainees before they can be certified as competent.
- Ensure proper trainee selection by developing training standards and a process for the selection of trainees.
- Establish systems and capacities to ensure the transfer of learning from the training site to the service delivery site (follow-up by trainers, on-site mentoring, etc.).
- Consider using a training information system to track scale-up efforts and identify gaps or redundancies.
- Monitor progress in training and trainees according to the proposed scale-up plan.
- Periodically review the human resource situation and needs.

Key tools and guidelines

- WHO/UNAIDS/Jhpiego Manual for male circumcision under local anaesthesia
  http://www.who.int/hiv/pub/malecircumcision/who_mc_local_anaesthesia.pdf
- Guidance on provider-initiated HIV testing and counselling in health facilities
  http://whqlibdoc.who.int/publications/2007/9789241595568_eng.pdf
- Male circumcision quality assurance: a guide to enhancing the safety and quality of services
  http://www.who.int/hiv/pub/malecircumcision/qa_guide
- National HIV counselling and testing guidelines
- National STI counselling and syndromic treatment guidelines

8. Commodity security

Countries considering scale-up of male circumcision services generally have inadequate budgets and are therefore faced with difficult choices about prioritizing expenditures. They often have weak systems of procurement, distribution and stock management, and some countries may adopt approaches requiring specialized equipment or devices that have to be procured and distributed.

The national clinical protocols and guidelines should clearly outline the necessary medicines, supplies and equipment, encompassing all aspects of the minimum package of services to be delivered. Programmes must be prepared to adequately prioritize and procure stock or provide commodities to meet the minimum standards for service provision. (For more information on commodities, see: WHO/UNAIDS/Jhpiego *Manual for male circumcision under local anaesthesia* and *Male circumcision quality assurance: a guide to enhancing the safety and quality of services*.)

Key commodities should be incorporated into lists of national essential medicines and equipment and in the procurement and distribution systems used by service delivery sites. If competing priorities are an issue for surgical supplies, consideration should be given to the possibility of developing a standard disposable or reusable male circumcision kit containing essential materials (scalpel blades, syringes, anaesthetic, gauze, suture material, etc.). Planning for adequate supplies is essential for all aspects of the service, e.g. client education materials, medical records, reporting forms and infection prevention commodities.

There must be adequate stocks to meet expected demand before any service is initiated, together with systems for monitoring and replenishing them. It is particularly important to avoid unnecessary disruption when a new service is being started and new demand is being generated.

Key issues

- Health systems in developing countries often have weak systems of procurement, distribution and stock management.
- Carefully consider the advantages and disadvantages of using existing systems for procurement and distribution of basic commodities, taking into account competing priorities and experience in terms of availability and stockouts (cost, sustainability, standardization, etc.).
- All aspects of the minimum package should be taken into account when considering commodity requirements and requisite procurement and logistics systems.
- The strengthening of logistics and commodity management is required for programme scale-up.

Key actions for consideration

- Analyse the need for commodities based on the national clinical protocols and guidelines, taking into consideration all components of the minimum package of services to be provided.
- Ensure that necessary items are accounted for in the requisite national essential medicines, equipment and supplies lists, national protocols and other procurement and logistics systems.
- Prepare any specific needs well in advance and ensure adequate initial stocks for scale-up, e.g. male circumcision kits, client education materials, record forms.
- Determine initial stock recommendations for sites so as to accommodate expected demand, and reorder levels and systems to ensure a regular supply of requisite commodities.

Key tools and guidelines

- Managing drug supply: The selection, procurement, distribution, and use of pharmaceuticals
  http://www.msh.org/resource-center/managing-drug-supply.cfm
- Male circumcision quality assurance: a guide to enhancing the safety and quality of services
  http://www.who.int/hiv/pub/malecircumcision/qa_guide
- Male circumcision quality assessment toolkit
  http://www.who.int/hiv/pub/malecircumcision/qa_toolkit/

9. Social change communication

Social change communication may be used to foster a favourable political environment, generate acceptance and demand, and support services of high quality for male circumcision. Successful social change communication will lead to different societal norms whereby almost all men are circumcised before they engage in sexual activities.

Efforts will be required at various levels and will undoubtedly overlap with advocacy efforts throughout the process of implementing and scaling up male circumcision services. A plan for social change communication should be developed in the context of the overall national strategy and operational plan for scaling up male circumcision services. Information and guidance on these matters is given in *Male circumcision and HIV prevention in Eastern and Southern Africa: Communications guidance*. Eight steps for effective communication are outlined in this document and in Box 9 below.

Box 9. Eight steps to effective communication on male circumcision

1. Conduct a situation analysis
2. Set goals and objectives
3. Segment key audiences
4. Develop key messages
5. Identify communication channels
6. Identify key partners for collaboration
7. Develop and pre-test tools and materials
8. Monitor and evaluate progress

Development of key messages

A number of key messages should be developed for broad use with key audiences. The following key messages (Box 10) have been developed for use in all contexts and should be considered for local adaptation.

Box 10. Key messages for male circumcision communication

Male circumcision works

Scientific evidence clearly shows that male circumcision reduces the risk of HIV infection in men by about 60%.

Male circumcision does not replace other methods of HIV prevention

Whether circumcised or not, men are at risk of HIV infection during sexual intercourse. In order to further reduce their risk of infection it is important that they limit their number of sexual partners, use condoms consistently and correctly, and seek prompt treatment for sexually transmitted infections.

Healing period

Newly circumcised males should abstain from sex for at least six weeks to ensure that the penis is fully healed, as they could be at increased risk of infection during this time.

Safety

Circumcision should be performed in health facilities with appropriately trained providers, proper equipment and aseptic conditions.

Informed choice

Evidence-based information on male circumcision should be made available so that adult and adolescent males and the parents of male children can make an informed decision on whether to go ahead with the procedure.

In addition to promoting key messages, programme managers should be prepared to correct misinformation that may arise during scale-up. Clarity in messaging and the anticipation of potential problem areas are essential for effective communication. The following areas of concern, previously raised in connection with male circumcision scale-up, should be addressed in programmes.

Male circumcision and female genital mutilation/cutting

It is important to clearly distinguish between male circumcision and female genital mutilation/cutting. The latter must be discouraged as a harmful practice with no health benefits.

Importance of continued adherence to HIV prevention

Some men and their partners may relax their attitude towards safer sex after circumcision. Action to limit partner numbers and use condoms correctly and consistently is still required alongside other HIV prevention approaches.

Circumcision and HIV-positive men

There is no evidence that circumcising men already living with HIV will reduce the likelihood of HIV being transmitted to their sexual partners. It is therefore important to encourage all men seeking male circumcision services to be tested so that they will know their HIV status.

Environmental and societal

There is a need for communication at high levels to support advocacy efforts and to provide decision-makers and the general population with accurate messages and information about male circumcision. Targeted messaging may focus on decision-makers, traditional and religious leaders, other influential people, health-care providers and managers, communities and individuals. Job aids for counsellors and providers, handouts for patients and other materials can support these efforts at the service delivery level. Standard messages and approaches to community mobilization, e.g. aids for peer educators or community drama groups, can contribute to the generation of demand.

Individual

In order to support male circumcision services, information should be targeted to various audiences including parents of neonates, young boys, adolescents and adults, and must include women as well as men. Specific materials may be necessary for parents, young boys, adolescents and adults. Specific messages aimed at involving and informing women and other family members, addressing potential issues of stigmatization and discrimination, and correcting misconceptions and misinformation should all be part of an overall plan for social change communication.

Recognizing that countries will seek to focus on different age ranges, the following broad categories are important primary audiences for male circumcision:

- Adolescent males
- Young adult males
- Adult males
- Parents (especially of neonates and young boys)

All should be exposed to broad HIV prevention messages that include the benefits of limiting the number of sexual partners, knowing one's HIV status and using condoms consistently and correctly, seeking prompt treatment for sexually transmitted infections, avoiding penetrative sex, and reducing the number of sexual partners. In addition, adolescent males should be encouraged to delay starting sexual relationships.

Secondary audiences include:

- **Women –** can encourage their male sexual partners, sons or other male relatives to be circumcised. Women also should be targeted to ensure they also fully understand risks around male circumcision and HIV prevention. Women in stable relationships should be invited to participate in preoperative counselling to ensure mutual commitment to the avoidance of sex until healing is complete.
- **Families –** make decisions affecting the well-being of their children during infancy, childhood and adolescence. They need to understand both the health benefits of male circumcision and the importance of safe circumcision procedures.
- **Circumcised males –** need to be reminded that although circumcised they are still at risk of HIV infection.
- **Health-care providers –** need to have comprehensive knowledge about male circumcision and its relationship to HIV and be able to manage questions and enquiries. A later section of this document offers more detail.

Male circumcision for HIV prevention should be placed in the context of broader HIV prevention programmes. Messages about male circumcision should therefore be integrated into other HIV prevention programmes, and additional HIV prevention messages and services should be incorporated into male circumcision services.

Communication efforts should be planned from the outset to focus not only on information and demand generation but also on support for quality services. Adequate attention should be paid to appropriate communication materials and messages for clients before, during and after their procedures.

Key issues

- Consider the needs for high-level advocacy and information and for communication at the community and individual levels and within the service delivery setting.
- How to include women and family members and not restrict targeting to men and adolescent boys.
- Always consider male circumcision services in the context of comprehensive HIV prevention activities.
- Myths and misconceptions regarding male circumcision may pre-exist in communities and therefore influence attitudes and behaviours.

Key actions for consideration

- Develop a plan for social change communication as part of the national strategy and operational plan.
- Use information from the situation analysis and other sources to determine specific target groups and messages.
- Identify the various stakeholders and target messages at them directly.
- Identify myths and misconceptions and develop messages that address them.
- Test messages appropriately before putting them in place.
- Develop job aids for health providers and other communication agents, and produce and disseminate them in adequate quantities.
- Develop client educational and support materials to support informed decision-making, voluntary consent and post-procedure behaviours.

Key tools and guidelines

- Male circumcision and HIV prevention in Eastern and Southern Africa: Communications guidance
  http://data.unaids.org/pub/Manual/2008/20080515_mc_hivprevention_eastern_southern_africa_en.pdf
- Male circumcision information package
  http://www.who.int/hiv/pub/malecircumcision/infopack/en/index.html

10. Monitoring and evaluation

Monitoring and evaluation (M&E) must be an ongoing element of any service delivery programme. If properly implemented it provides continuous feedback to the planning, management and improvement of implementation and scale-up of services. M&E should cover all aspects of a programme for which improvement is desired. Both the demand for and the supply of male circumcision services should be included. Examples of issues to be considered are whether: the national strategy and plan are being followed; clients are seeking services (along with an understanding of who the clients are); services meet minimum standards; services are being delivered to clients in appropriate numbers; attitudes and behaviours are changing as desired or expected; the changes are having an impact on HIV prevalence/incidence at the client and population level. Some issues may be determined directly by the programme, whereas others may be addressed by working with different M&E or surveillance systems, e.g. population-level impact may best be determined through other national population-based surveys.

M&E provides ongoing information on the programme. It is usually based on a framework of specific indicators measuring the performance, outcome and impact of services over time. The WHO/UNAIDS approach is of this kind, placing the indicators in an action framework based on the concepts of demand and supply of services, and allowing the user to understand the reasoning for each suggested indicator and how it fits into the larger picture of an entire male circumcision programme.

Programmes may choose to gather information that goes beyond what might be considered standard M&E, e.g. on client and community perceptions, changes in sexual attitudes or behaviour after circumcision, the impact of the programme on overall perceptions and stigmatization concerning HIV/AIDS, and attitudes and practices around HIV/AIDS prevention.

M&E systems should not be overly burdensome to the service delivery system. Wherever feasible the use of existing systems of data collection and analysis should be encouraged, in line with the "Three Ones" principles. The M&E framework and system should build on and use data generated through other aspects of the programme, e.g. the training information system, the performance and quality improvement system or the supervision system. Decisions about what kind of data to collect and how to collect them should always be predicated on how they will be used. Data should only be collected if there is a clear prospect and plan for their analysis and utilization.

In addition to M&E, operational research is important for a new programme such as male circumcision. While the evidence supporting male circumcision is strong, there is little experience of its large-scale introduction into areas where it is not a routine practice, and there is little documentation available from those countries where it is. It is therefore necessary to learn much about the effectiveness and efficiency of the varying types of service delivery programmes that are being developed. Operational research can provide such information.

Key issues

- Ensure that the M&E plans are linked to the goals and objectives identified in the strategic and operational plans.
- Ensure that there are mechanisms for using the data collected and for feeding the results back to service delivery sites and decision-makers
- Do not overburden health workers or the system by collecting data that will not be used or useful, or by utilizing data collection systems and approaches that are duplicative or overly complicated.
- Ensure that resources are sufficient to carry out the M&E plans.

Key actions for consideration

- Develop an M&E framework with key indicators and measurements to track the progress of the programme; select only indicators that are needed to generate the desired information.
- Plan for continuous assessment (and operational research) so as to ensure that quality is maintained and to learn from the process of scaling up in a timely way that will enhance future programme decisions.
- Capitalize on the data generated through the programme (facility and client records, quality assurance programmes) and existing data collection systems, and use opportunities to incorporate male circumcision aspects into other types of surveys and studies (e.g. sexual behaviour studies, demographic and health surveys).
- Analyse any data collected and ensure that they are compiled in a useful form and fed back to facilities, decision-makers and advocates.
- Consider operational research and special studies that will enhance understanding of the male circumcision programme and scale-up and will generate information that might lead to innovations and improvements in the original strategy and plan.

Key tools and guidelines

- A guide to indicators for male circumcision programmes in the formal health care system
  http://www.who.int/hiv/pub/malecircumcision/indicators/

References

1. UNAIDS. *AIDS epidemic update*. Geneva: Joint United Nations Programme on HIV/AIDS; 2007.

2. Bailey R, et al. Male circumcision for HIV prevention in young men in Kisumu, Kenya: A randomised controlled trial. *Lancet Infect Dis* 2007;369:643-56.

3. Gray R, et al. Male circumcision for HIV prevention in men in Rakai, Uganda : A ramdomised trial. *Lancet Infect Dis* 2007;369:657-66.

4. Auvert B, et al. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 Trial. *PLoS Med* 2005;2(11):e298. Epub 25 October 2005.

5. Siegfried N, Muller M, Volmink J, Deeks J, Egger M, Low N, et al. HIV and male circumcision – a systematic review with assessment of the quality of studies. *Lancet Infect Dis* 2005:5:165-73.

6. Siegfried N, et al. Male circumcision for prevention of heterosexual acquisition of HIV in men. *Cochrane Database Syst Rev* 2003;3:CD003362.

7. Weiss HA, Quigley MA, Hayes RJ. Male circumcision and risk of HIV infection in sub-Saharan Africa: a systematic review and meta-analysis. *AIDS* 2000;14(15):2361-70.

8. Nagelkerke NJD, Moses S, de Vlas SJ, Bailey RC. Modeling the public health impact of male circumcision for HIV prevention in high prevalence areas in Africa. *BMC Infectious Diseases* 2007;7:16.

9. Patterson BK, Landay A, Siegel JN, Flener Z, Pessis D, Chaviano A, et al. Susceptibility to human immunodeficiency virus-1 infection of human foreskin and cervical tissue grown in explant culture. *Am J Pathol* 2002;161(3):867-73.

10. Williams BG, Lloyd-Smith JO, Gouws E, Hankins C, Getz WM, et al. The potential impact of male circumcision on HIV in sub-Saharan Africa. *PLoS Med* 2006;3(7):e262. Epub 2006 July 11.

11. Weiss HA, Thomas SL, Munabi SK, Hayes RJ. Male circumcision and risk of syphilis, chancroid, and genital herpes: A systematic review and meta-analysis. *Sex Transm Infect* 2006;82(2):101-9. Discussion p. 10.

12. Lavery L, Rakwar JP, Thompson ML, Jackson DJ, Mandaliya K, Chohan BH, et al. Effect of circumcision on incidence of human immunodeficiency virus type 1 and other sexually transmitted diseases: a prospective cohort study of trucking company employees in Kenya. *J Infect Dis* 1999;180:330-6.

13. Schoen EJ, Oehrli M, Colby C, Machin G. The highly protective effect of newborn circumcision against invasive penile cancer. *Pediatrics* 2000;105:E36.

14. Castellsagué X, Bosch FX, Muñoz N, Meijer CJLM, Shah KV, de Sanjosé S, Eluf-Neto J, Ngelangel CA, Chichareon S, Smith JS, Herrero R, Moreno V, Franceschi S, the International Agency for Research on Cancer Multicenter Cervical Cancer Study Group. Male circumcision, penile human papillomavirus infection, and cervical cancer in female partners. *N Engl J Med* 2002;346:1105-12.

15. Van Howe RS. Human papillomavirus and circumcision: A meta-analysis. *J Infect* 2007;54(5):490-6.

16. Castellsagué X, Albero G, Cleries R, Bosch F. HPV and circumcision: A biased, inaccurate and misleading meta-analysis. *J Infect* 2007;55(1):91-3.

17. Van Howe RS. Reply to "HPV and circumcision: A biased, inaccurate and misleading meta-analysis". *J Infect* 2007;55(1):93-6.

18. WHO. *Male circumcision quality assurance: A guide to enhancing the safety and quality of services*. Geneva: World Health Organization; 2008.

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