

**CLINICAL MANUAL**

**MALE CIRCUMCISION FOR HIV PREVENTION**

**MANUAL FOR MALE  
CIRCUMCISION UNDER  
LOCAL ANAESTHESIA  
AND HIV PREVENTION  
SERVICES FOR ADOLESCENT  
BOYS AND MEN**

APRIL 2018



**World Health  
Organization**



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## ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
CDC	US Centers for Disease Control and Prevention
COSECSA	College of Surgeons of East, Central and Southern Africa
HIV	human immunodeficiency virus
IMEESC	Integrated management for emergency and essential surgical care
<i>Manual</i>	<i>Manual for male circumcision under local anaesthesia and HIV prevention services for adolescent boys and men</i>
PEPFAR	US President's Emergency Plan for AIDS Relief
PSI	Population Services International
SSI	surgical site infection
UNAIDS	United Nations Programme on HIV/AIDS
US	United States
VMMC	voluntary medical male circumcision
WHO	World Health Organization

## PREFACE

Male circumcision has been performed on adolescent boys and men for many years, primarily for religious and cultural reasons, such as a rite of passage to mark the transition to adulthood. In 2007, due to consistent and compelling scientific evidence that men who are circumcised have a 60% reduced risk of acquiring HIV transmitted through heterosexual contact, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) recommended male circumcision as an additional option for HIV prevention. Countries with generalized HIV epidemics were considered priority for implementing this additional HIV prevention option. Other recommendations issued in 2007 stated the following:

- Male circumcision should be delivered as part of a minimum package that includes: information about risks and benefits, counselling on safer sexual practices, access to HIV testing services and condoms and management of sexually transmitted infections.
- Male circumcision is provided with full adherence to medical ethics and human rights principles, including informed consent and confidentiality.
- Supervision systems for quality assurance should be established along with referral systems to manage complications.

Male circumcision has also been shown to provide additional benefits, such as reducing the transmission of some sexually transmitted infections, for example—the human papillomavirus.

To support implementation of safe, quality medical male circumcision services, WHO partnered with Jhpiego and other stakeholders to draft the 2009 *Manual for male circumcision under local anaesthesia*, which has been widely available online since its publication. At the time it was written, experience in performing male circumcision services in countries with a generalized HIV epidemic predominantly came from research settings, and the provision of circumcision services was not standardized. Complication rates following traditional male circumcision were reportedly high, but the true incidence of complications was unknown.

Between the issuance of the 2007 WHO and UNAIDS recommendation on male circumcision for HIV prevention and 2016, more than 14 million adolescent boys and men, in 14 countries in East and Southern Africa, have been circumcised through public health programmes that offer male circumcision services. The new 2018 edition—*Manual for male circumcision under local anaesthesia and HIV prevention services for adolescent boys and men (Manual)*—takes into account lessons learnt from providing male circumcision services to millions of adolescent boys and men, as well as relevant new recommendations on various aspects of care. Although adverse events or complications from male circumcision have been rare, particular attention has been taken to amend every section of the 2018 *Manual* in light of reported events so that risk may be reduced even further. New surgical male circumcision methods that have been reviewed for efficacy and safety, including the use of devices prequalified by WHO, are also addressed in the *Manual*, although the reader is referred to the device-specific manufacturer's instructions for use for details. Lastly, this version reflects the need for more person-centred services, so greater emphasis is placed on adolescents compared to the first edition because adolescents represent a large number of the individuals seeking male circumcision.

This *Manual* is primarily intended for nonsurgical, qualified providers and for trainers who are involved in the provision of male circumcision services for HIV prevention and other health benefits in East and Southern Africa. In this *Manual*, the description of techniques was written targeting the skills of this midlevel provider. A secondary audience for use of this *Manual* may be providers, globally, who undertake medical male circumcision procedures on males with normal anatomy and without contraindications—that is, primarily for reasons other than HIV prevention.

A major objective of this *Manual* is to support male circumcision clinics and providers in providing high-quality services and reducing the risk of adverse events to as low a level as possible. The *Manual* has a special emphasis on preventing the rare but serious life-threatening adverse events related to bleeding, infection (including tetanus) and anaesthesia.

The *Manual* is one of many documents and guidelines to assist countries implement programmes for safe male circumcision services within their HIV and sexual and reproductive health programmes. Most documents are available on the Clearinghouse on Male Circumcision for HIV prevention's website ([www.malecircumcision.org](http://www.malecircumcision.org)) and the WHO's website (<http://www.who.int/hiv/en/>).

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