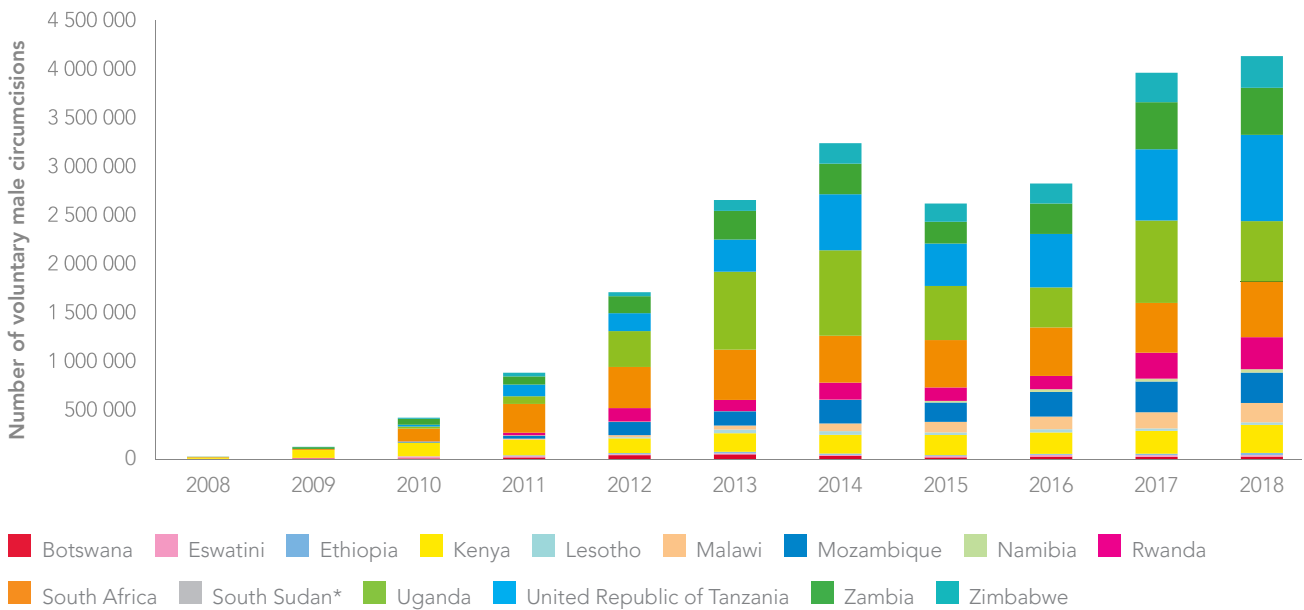


FIGURE 3.16 Annual number of voluntary medical male circumcisions, 15 priority countries, 2008–2018

*South Sudan has only recently initiated a pilot voluntary medical male circumcision programme, and data were reported for the first time in 2018. This is the reason for low numbers.

Source: 2019 Global AIDS Monitoring.

Momentum continues on voluntary medical male circumcision

HIV remains a top cause of years of life lost among adolescent boys and men of reproductive age in eastern and southern Africa. Adolescent boys and men also face a range of other serious health risks, including interpersonal violence, self-harm, and harmful alcohol and drug use. Many of these risks are shaped by harmful gender norms and notions of masculinity that encourage behaviours that compromise the health of men and boys, and of women and girls. However, few policies and programmes in the region focus on improving men's and boys' health-seeking behaviour.

Voluntary medical male circumcision (VMMC) is an entry point for providing men and boys with broader, more appropriate health packages to improve their health outcomes, and also to indirectly benefit women and girls.

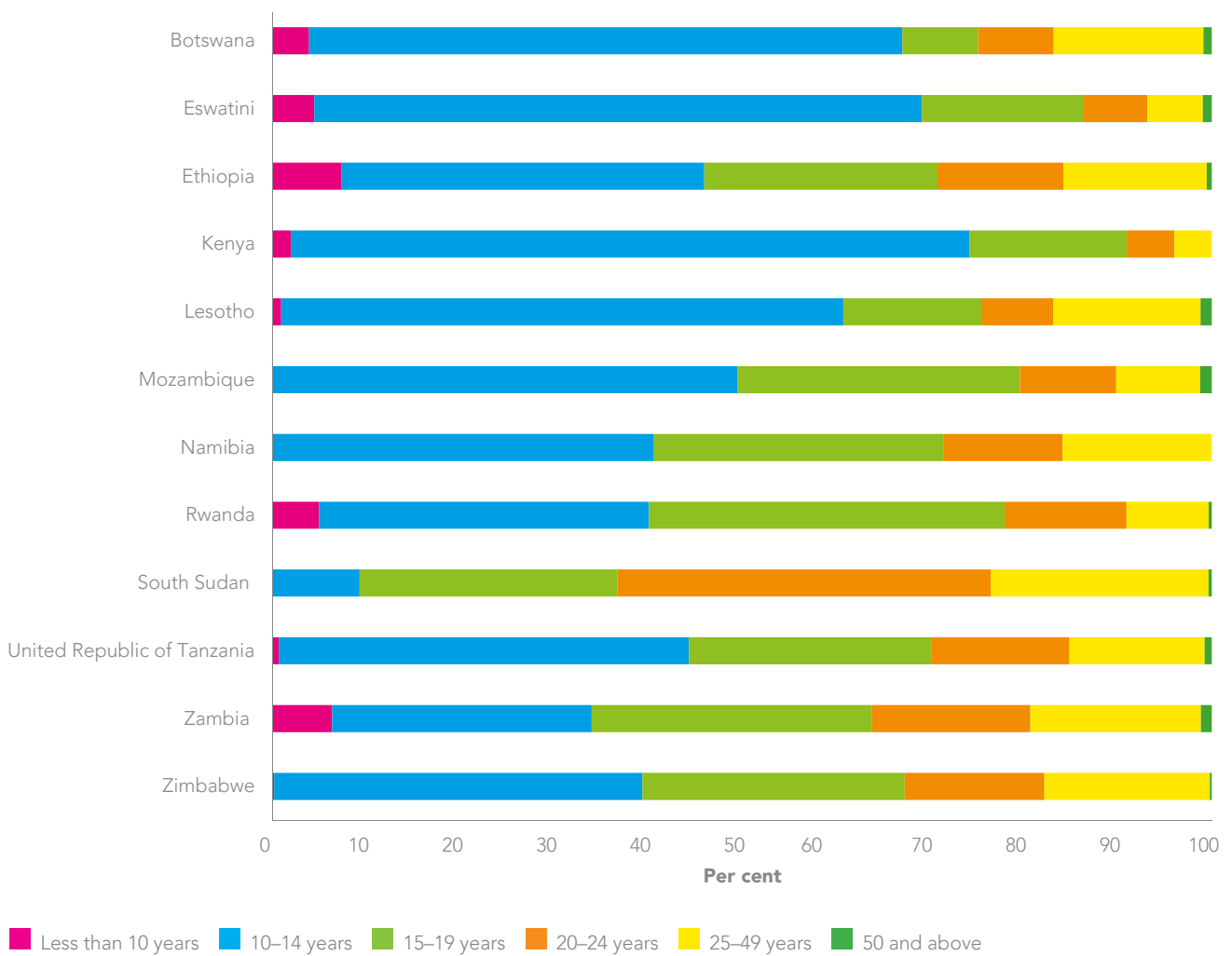
VMMC can have a major impact on the HIV epidemics in high-prevalence settings. VMMC services incorporate a package of prevention interventions, including safer sex education, condom education and provision, HIV testing and STI management. They are also being used as an entry point to other health services for men and adolescent boys, such as hypertension screening.

There has been progress towards the 2020 target of 25 million additional circumcisions for HIV prevention. About 11 million have been performed in 15 priority countries in eastern and southern Africa since the beginning of 2016. In 2018 alone, about 4.1 million voluntary circumcisions were performed among males of all ages, a slight increase from the 4 million conducted in 2017 (Figure 3.16). The rate of scale-up differs by country.

In areas with low population coverage of VMMC, the focus should be on older adolescents and sexually active men to make an immediate impact on HIV incidence. In areas where the prevalence of circumcision among sexually active men is already high, a focus on services for adolescent boys is needed to maintain high coverage levels and reap other health benefits.

Improvements have been made in the reporting of age-disaggregated programme data. In 12 priority countries where data were available in 2018, 84% of VMMCs were among adolescent boys and young men (aged 10–24 years), a priority age group for this intervention (Figure 3.17). Almost half (43%) were among adolescent boys aged 10–14 years. This proportion varies by country. ■

FIGURE 3.17 Proportion of voluntary medical male circumcisions, by age group, 12 priority countries, 2018



Source: 2019 Global AIDS Monitoring.



Bophelo Pele Male Circumcision Centre, Orange Farm, South Africa.
Credit: UNAIDS/Melanie Hamman

ACHIEVING IMPACT WITH COMMUNITY MOBILIZERS FOR VOLUNTARY MEDICAL MALE CIRCUMCISION

VMMC is an important component of combination prevention in places that have a high prevalence of HIV infection in the general population. When combined with other HIV prevention interventions and high coverage of antiretroviral therapy, VMMC can lead to steep reductions in the number of new HIV infections.

Committed and effective community mobilizers are the linchpin of successful VMMC programmes. They inform potential clients about the procedure and its benefits, answer personal questions, and provide assurance and support to the boys and men who opt for medical circumcision. Trust often plays a major role in those decisions.

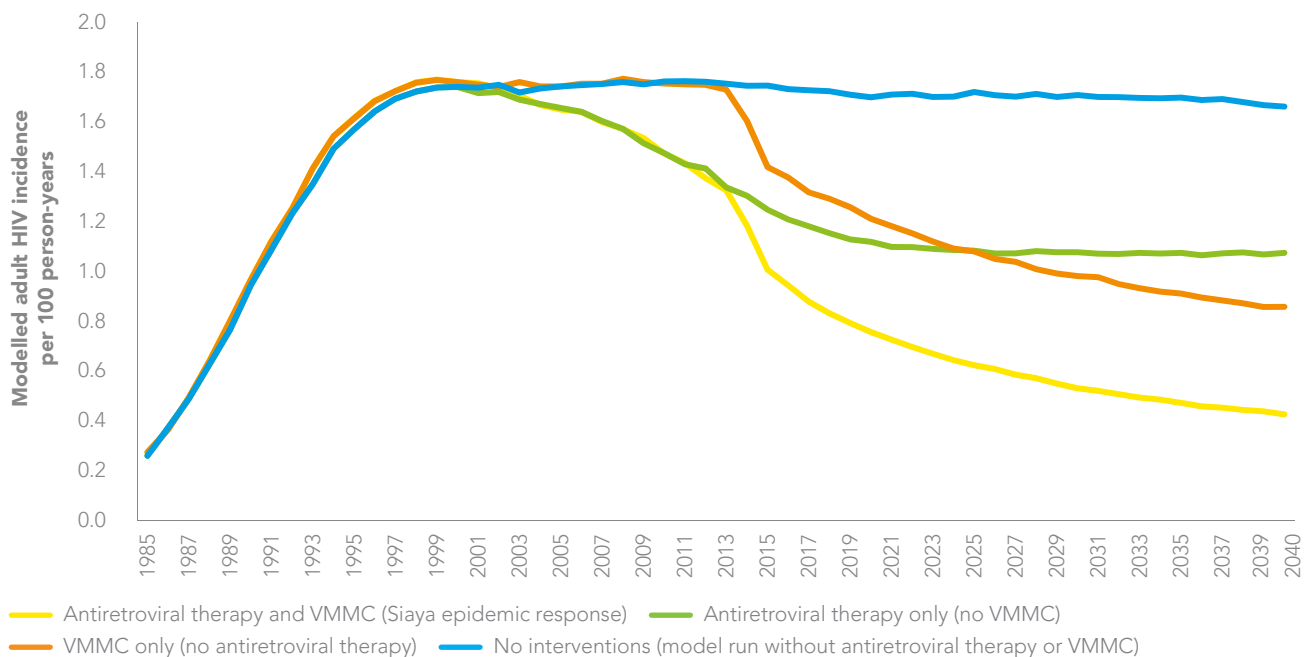
“When I first heard of VMMC during a community meeting, I was so scared to go for it,” recalled Thoko

Blandy, a 20-year-old who lives in Chikwawa district in southern Malawi. “I still believed in the rumours that many of my peers said—that it was a very painful process. I told myself that circumcision was not for me” (61).

That apprehension diminished, however, when a community mobilizer carefully explained the benefits of VMMC and answered Mr Blandy’s questions. “I became less worried about the pain and decided to go to the clinic for the service,” he said.

Mr Blandy’s experience was so positive that he decided to become a community mobilizer himself. He joined an AIDSFree programme to provide VMMC services to tens of thousands of men not only in Chikwawa, but also in Thyolo and Zomba, two other southern districts in Malawi.⁵

FIGURE 3.18 Modelled declines in HIV incidence with/without antiretroviral therapy and voluntary medical male circumcision (VMMC) in Siaya County, western Kenya, 1985–2040



Source: Bershteyn A, Akullian AN, Klein DJ, Jewell BL, Mutai KK, Mwalili SM. Scale-up of ART and VMMC explains a two-fold decline in HIV incidence in western Kenya. Conference on Retrovirology and Opportunistic Infections (CROI), Seattle, 4–7 February 2019. Abstract 1087.

⁵ The AIDSFree Project is funded by PEPFAR through USAID.

VMMC is a cost-effective, one-time intervention that provides lifelong partial protection against female-to-male HIV transmission (62, 63). The risk of women and girls acquiring HIV is reduced when fewer men and boys are living with HIV, and over time, the intervention can have a powerful impact on the incidence of HIV among both men and women (64).

The impact of VMMC is particularly strong when combined with high coverage of antiretroviral therapy. In Siaya and Homa Bay counties, as many as one in four adults (aged 15–49 years) were estimated to be living with HIV in 2016. Longitudinal surveillance of a community in Siaya, however, showed optimistic trends, even in this very hard-hit region: HIV incidence fell by 49% among people aged 15–64 years between 2012 and 2016, during which time antiretroviral therapy and VMMC coverage increased considerably (65).

Recent mathematical modelling concluded that this decline—and similar observed declines in HIV incidence elsewhere in Siaya and Homa Bay—could be attributed to the scale-up of antiretroviral therapy and VMMC, without which incidence would have remained stable at high levels (1.7 new infections per 100 person-years among adults aged 15–49 years). Treatment was the predominant cause of incidence declines, especially within the first few years, with the role of VMMC increasing over time and becoming the dominant driver of incidence declines by 2025 (Figure 3.18). Similar trends were found in other high-prevalence counties in western Kenya (66).

Providing tools and support to community mobilizers

The importance of community mobilizers with solid technical knowledge of VMMC and strong interpersonal skills is clear. In southern Malawi, nine out of 10 VMMC clients reported hearing about VMMC from a community mobilizer, according to an assessment of VMMC activities in three districts (67). Uptake among younger age groups stayed low, however: in 2017, only about one third of the almost 25 000 men who sought VMMC services in the three districts were aged 15–29 years. Modeling data have shown that reaching those aged 10–29 years with VMMC services would facilitate quicker epidemic control.

TABLE 3.1 Voluntary medical male circumcisions performed, total and by age, AIDSFree Mozambique Project, Manica and Tete provinces, Mozambique, 2015–2017 fiscal years

	2015 (fiscal year)	2016 (fiscal year)	2017 (fiscal year)
Target	65 054	62 166	95 296
Circumcisions performed	21 824	35 389	100 636
Percentage of target achieved	34%	57%	105%
Percentage of total circumcisions on young men aged 15–29 years	48%	50%	58%
Percentage of total circumcisions on men aged 15 years and older	48%	54%	60%

Source: USAID, PEPFAR. Systematically coordinating VMMC supply and demand: a success story. Washington (DC): USAID; October 2018.

The Malawi assessment revealed some basic shortcomings. Community mobilizers like Mr Blandy often lacked the basic means to do their job well, such as transport to cover the long distances between villages, badges and caps to lend credibility to their work, and pamphlets and other explanatory materials. Procedures for following up with men who had expressed interest in the services also were found to be confusing (61). The Malawi project began introducing a series of improvements in early 2018.

Informing the changes was a similar earlier experience in the Mozambican provinces of Manica and Tete. More careful selection and deployment of community mobilizers, more attention to interpersonal skills, more frequent engagements with local community leaders, improved team-based incentives and strengthened coordination were among the changes that had increased the number of adolescents and men using VMMC services almost fivefold (21 824 to 100 636) from 2015 to 2017 in those two provinces (Table 3.1) (68).

EQUIPPING COMMUNITY MOBILIZERS IN MALAWI

Much of the success seen in Malawi's Chikwawa, Thyolo and Zomba districts stemmed from programme changes that enabled community mobilizers to use their skills and experiences to the full and become effective champions of VMMC services. The improvements included:

- **Selecting and assigning mobilizers so they match the profiles of prospective VMMC clients.**
- **Strengthening the interpersonal and communication skills of mobilizers and equipping them with the resources they need to earn credibility and do their jobs well.**
- **Using satisfied VMMC clients as mobilizers to inspire trust and allay misconceptions.**
- **Introducing two-pronged remuneration—a fixed monthly salary and performance-based pay for teams of community mobilizers—to boost incentives and retention, and to reduce the need for monitoring by supervisors.**
- **Improving coordination between service delivery and demand creation staff.**
- **Collecting and analysing data to see which sites are underperforming to identify implementation issues and adjust the deployment of mobilizer teams and other resources accordingly.**
- **Involving mobilizer teams in planning their activities to make the best use of people's time and resources.**

To foster greater trust, the Malawi programme decided that at least 30% of community mobilizers had to be satisfied clients themselves. Training was enhanced, with a greater focus on communication skills. Mobilizers also received bicycles, cell phone airtime, ID badges and branded attire.

It was also clear that older men were reluctant to discuss VMMC services and related matters with younger men, so more effort went into matching mobilizers and prospective clients by age. The project also added a team-wide performance-based bonus to the monthly stipends received by mobilizers. Supportive supervision by community mobilization assistants was stepped up, and coordination was strengthened between the teams who drum up demand and those who provide the VMMC services.

The changes quickly achieved substantial improvements in the three districts. The project met its annual performance targets for the first time in 2018, and it was exceeding its quarterly coverage targets by the end of the year. Age-targeting also improved. Prior to the AIDSFree intervention, only 34% of men undergoing VMMC in the three targeted districts were in the priority age group of 15–29 years; this rose to 54% in 2018 (Figure 3.19) (61). All of this was achieved without compromising the quality of services.

Unlocking the potential of community mobilizers to achieve and sustain high levels of VMMC uptake is crucial for reducing HIV incidence in the high-burden countries of eastern and southern Africa. Malawi, for example, saw a 20% increase in the number of VMMC procedures carried out in 2018 compared with 2017 (when more than 165 000 circumcisions were performed). When combined with high levels of treatment coverage and viral suppression, the impact of VMMC can be enormous, as seen in western Kenya. ■

FIGURE 3.19 Total number of voluntary medical male circumcisions and percentage of clients aged 15–29 years, Chikwawa, Thyolo and Zomba districts, Malawi, 2017–2018



Source: Musiige A, Kawale J, Twahirwa W, Chilemba A, Sakanda S, Mwandi Z et al. Increasing uptake of VMMC: lessons from AIDSFree Malawi. Arlington (VA): Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project; 2019.

