

CALL TO ACTION **FOR VOLUNTARY MEDICAL MALE CIRCUMCISION**

The job is not done yet – Accelerating VMMC for HIV prevention

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Investment in voluntary medical male circumcision for HIV prevention (VMMC) programmes in the 15 key priority countries in Eastern and Southern Africa is an investment in the health and well-being of communities, nations and our collective future.

The time is now to unite, mobilise, and advocate for continued prioritised funding, sustained commitment, and strategic integration of VMMC into national

and global prevention strategies. As part of the Sustainable Development Goals (SDGs) to ensure healthy lives and promote well-being for all and end the HIV and AIDS epidemic, countries must act with urgency to ensure that gains made are not lost and the vision of ending AIDS is realised. We implore stakeholders to do their part and work together to realize the following priorities:

1 LEADERSHIP AND GOVERNANCE

- *Ministries of finance and health* must take ownership of VMMC programs and fully embed VMMC into their domestic plans and funding mechanisms.
- *Governments* must monitor policy implementation, programmatic progress, and financial commitments and report these in an annual VMMC Leadership Scorecard.
- *Civil society* must spearhead efforts culminating in a concrete social compact.

2 FUNDING AND SUSTAINABILITY

- *Multilateral funding agencies* must urgently prioritise increased funding to pre-COVID-19 levels, from the current \$167 million **to at least \$250 million per annum**. An additional dedicated fund for innovation and research should be established to guide and promote novel approaches to VMMC for greater efficiency and effectiveness over the next five years. HIV prevention and sexual and reproductive health (SRH) targeted at young men should include a component of VMMC to augment existing VMMC funding.
- *Ministries of finance and health* must commit to an incremental increase in domestic funding for VMMC over the next two fiscal years, with a clear timeline and milestones for implementation.
- *The private sector* must actively participate as a significant partner in co-funding VMMC commodities and create mechanisms that tap private medical insurance as means for sustainable funding.



For more information, email vmmctruth@avac.org and visit www.hivpreventioncoalition.unaids.org/populations-programmes/adolescent-boys-men.

3 HEALTH SERVICE DELIVERY*

- *Ministries of health* must fast-track and strengthen the implementation of differentiated service delivery as a client-centred approach. Strengthening training for clinicians is also imperative to ensure safe services and progress toward targets for VMMC in the next five years.
- *Multilateral agencies* must bolster VMMC programmes with support and technical expertise to build local capacity and ensure quality services and implementation of best practices.
- *Civil society* must take the lead in community-based initiatives that advocate for VMMC, ensuring accessibility for men and boys where they are.

4 GLOBAL AND REGIONAL ADVOCACY

- *Multinational agencies* must take a leading role in global-level advocacy, creating compelling advocacy materials to ensure that VMMC remains prominent on the global agenda.
- *Civil society organisations* must continue to hold governments and funding agencies accountable to their commitments and engage with communities to raise awareness and boost demand creation for VMMC.

5 PARTNERSHIP AND COLLABORATION

- *The VMMC Steering and Coordinating Group and the VMMC Global and Sub-Regional Stakeholders Groups*, comprised of government, NGOs, funding partners, implementing partners, community leaders, and private sector partners must coordinate efforts and share resources. At the national and sub-national level, collaboration must be forged among community leaders, traditional leaders, religious leaders, and influential figures to help gain and maintain their support and endorsement for VMMC.

6 INNOVATION AND COMMODITIES

- *Manufacturers, distributors, and health ministries* must collaborate, meet the demand for services, and ensure a robust supply chain management system crucial to ensuring a steady and reliable supply of medical devices and commodities for VMMC services.
- *The use of World Health Organization (WHO) prequalified male circumcision devices* is recommended as an additional method.
- *Multilateral funding agencies* must maintain their support of research initiatives focused on assessing new device-based methods, investigating efficacy, safety, efficiency and acceptability of new methods for VMMC.
- *Ministries of health* must support piloting, adoption, and swift expansion of newly approved devices, in order to provide a broader array of options for men undergoing VMMC.

7 COMMUNICATION AND DEMAND CREATION

- *Ministries of health* must lead and collaborate with key stakeholders to develop impactful and meaningful communication campaigns.
- *Civil society organisations* must actively engage with communities, especially young men, to increase awareness, address concerns and dispel myths and misconceptions surrounding VMMC.

8 STRATEGIC INFORMATION AND ACCOUNTABILITY

- *Governments* must continue to invest resources into running and managing information systems to inform continuous course correction and evaluation of VMMC programmes. Regular updates on progress and challenges should be disseminated at both national forums and on a global scale.

* UNAIDS estimates the annual resource requirements for voluntary medical male circumcision (VMMC) in high-prevalence settings across low- and middle-income countries (LMICs) to be \$199 million in constant 2019 US dollars for the year 2025. Adjusted for inflation, this amounts to approximately \$250 million annually for 2025.