

POLICY BRIEF

# A FRAMEWORK FOR VOLUNTARY MEDICAL MALE CIRCUMCISION:

EFFECTIVE HIV PREVENTION AND A GATEWAY TO IMPROVED ADOLESCENT  
BOYS' & MEN'S HEALTH IN EASTERN AND SOUTHERN AFRICA BY 2021

VMMC 2021



*Implementing VMMC 2021  
Subregional Meeting,  
Durban, February 2017*

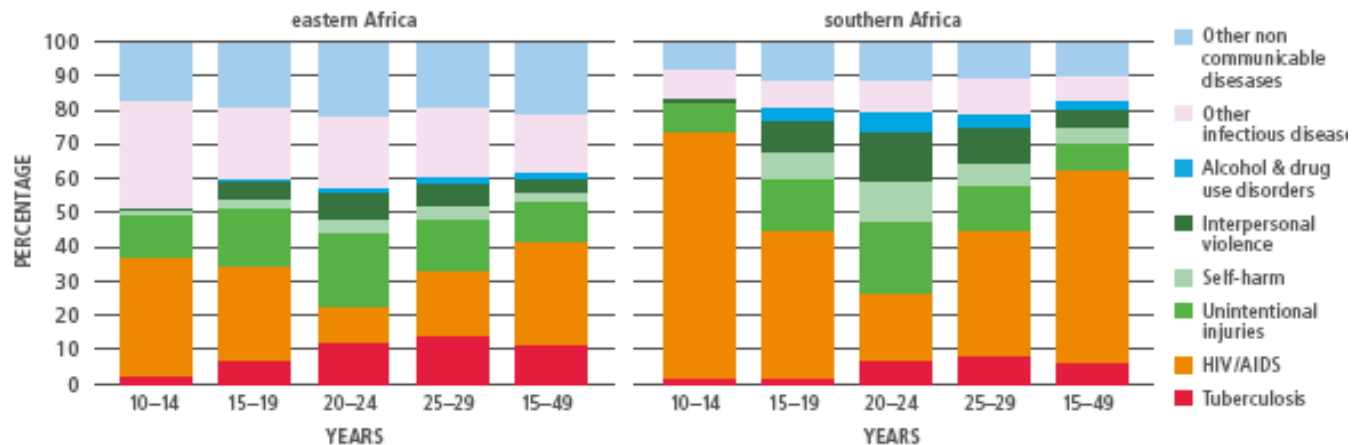
*Julia Samuelson  
World Health Organization  
HQ/HIV/KPP*



## Changed health landscape:

**HIV and AIDS remains burden**, but related causes of life lost faced by adolescents and men

**Figure 1: Years of life lost among men in different age groups in eastern and southern Africa, by cause (2013)**



Six causes (HIV, tuberculosis, violence, self-harm, injuries and alcohol or drug misuse) contribute more than 80% of years of life lost among men aged 15-49 years in southern Africa, and more than 60% in eastern Africa.

Source: Prepared by the authors, based on the Global Burden of Disease Study 2013 (3).

- Men not systematically reached with services they need
- Men tend to seek limited care from formal sector
- Gender and masculinity norms underlie many issues

# Changed landscape: sustainable development goals

**3 GOOD HEALTH AND WELL-BEING**



Ensure healthy lives and well-being for all at all ages

- End AIDS by 2030
- Achieve universal health coverage
- Strengthen prevention and treatment of alcohol and substance misuse
- Provide access to affordable vaccines

WHO Global Health Sector Strategies, 2016–2021, for HIV, STIs and viral hepatitis

UNAIDS

**5 GENDER EQUALITY**



Achieve gender equality and empower all women and girls

- Ensure universal access to sexual and reproductive health and rights
- Eliminate violence and harmful gender norms and practices

Global strategy for women, children and adolescents, 2016–2030

**17 PARTNERSHIPS FOR THE GOALS**



Revitalize the global partnership for sustainable development

- Ensure policy coherence
- Enhance international support for implementing effective capacity building

The Global Fund: 2017–2022, Investing to end epidemics



- A challenge to do things differently
- Look at new institutional arrangements and widen global health architecture
- Engage with other health and non-health SDGs for synergies

# Changed goals and targets: **SDG 3.3 by 2030 end the epidemics of AIDS, tuberculosis, malaria and...combat hepatitis and other communicable diseases**



**FAST-TRACK**  
ENDING THE AIDS EPIDEMIC BY **2030**

**27% PLHIV not virally suppressed**

by 2020 **90-90-90**  
Treatment

by 2030 **95-95-95**  
Treatment

**75% reduction in new infections compared to 2010**

**500 000**  
New infections among adults

**200 000**  
New infections among adults

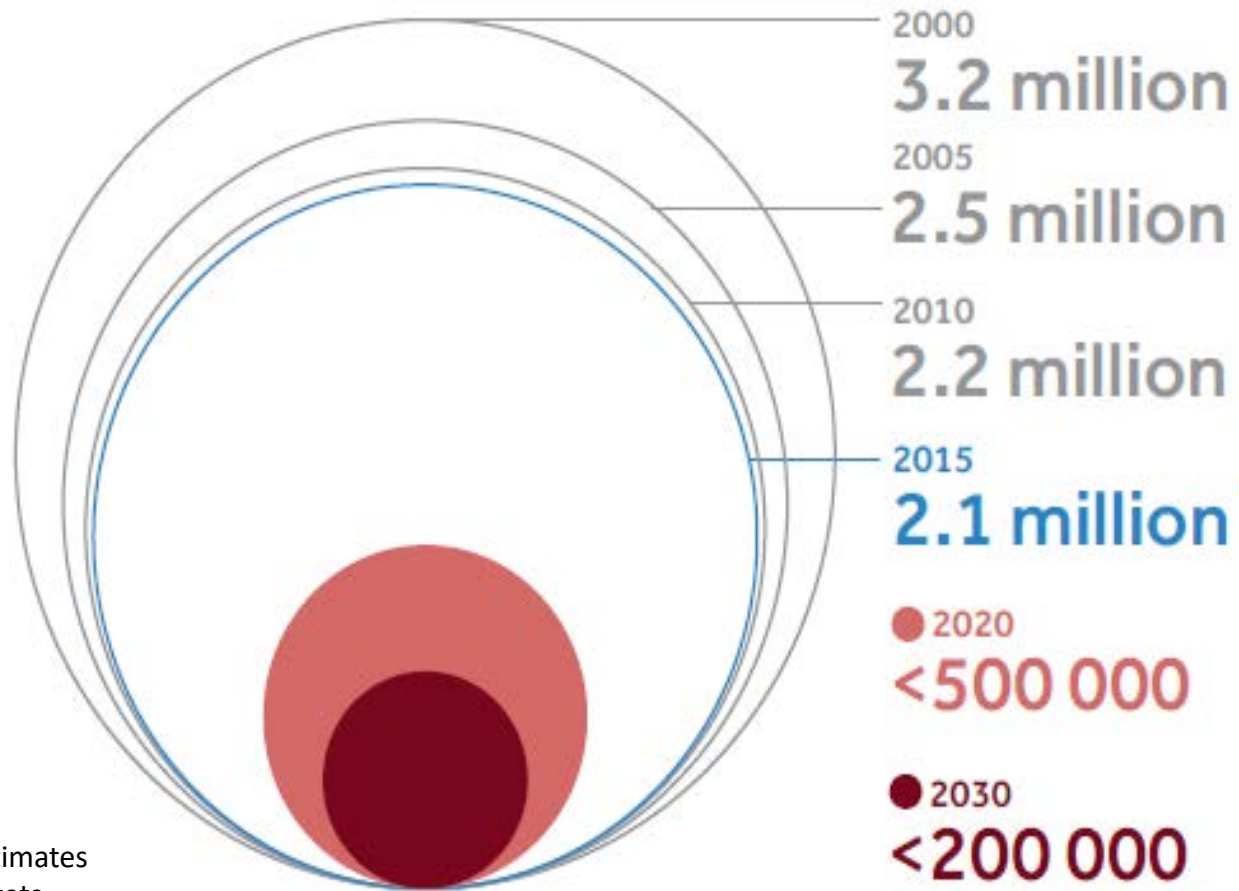
**ZERO**  
Discrimination

**ZERO**  
Discrimination

**The UNAIDS multisectoral strategy and the global health sector strategy are built around the same ambitious *Fast Track* targets**

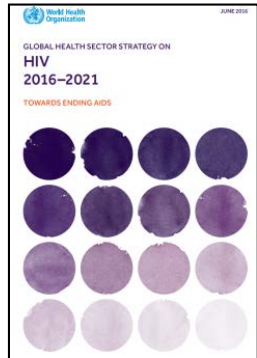


# Number of people newly infected with HIV globally



Source: UNAIDS/WHO estimates  
Shading shows future targets

# “Towards ending AIDS” - 5 strategic health sector directions for 2016-2021



**VMMC2021 is aligned with the Global Health Sector Strategy on HIV, 2016 - 2021**

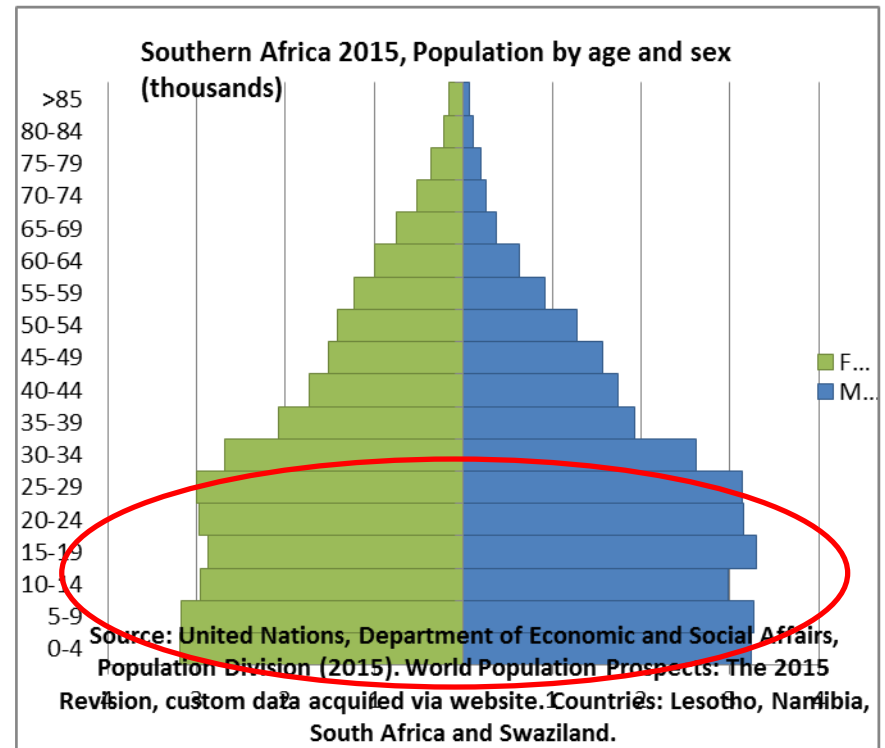
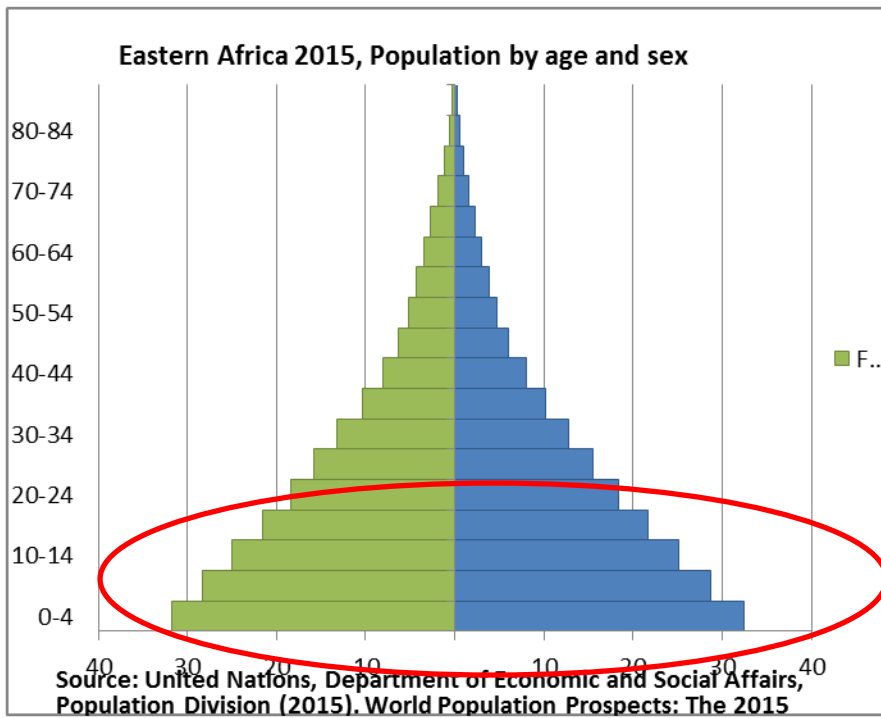
# **Achieving the prevention goal requires VMMC at 90% coverage**

**by 2021**

- 90% of males aged 10–29-years will have received VMMC services in priority settings in sub-Saharan Africa**
- 90% of 10–29-year-old males will have accessed age-specific health services tailored to their needs**

# 90% coverage 10 -29 years = 27 million (15 countries)

- higher coverage: 80% to 90% - youth bulge





# Principles of the VMCMC2021

- **People-centred approach**
- **Gender based perspective**
- **Enhance partnership**

# 4 Strategic Directions

**Focused  
action for  
scale up**

**Policies and  
services for  
greatest  
impact**

**Innovation for  
acceleration  
and the future**

**Accountability  
for quality  
and results**

# 1. Focused action for scale up



**Use strategic information to determine 'who' and 'where' to focus and tailor action:**

- Epidemiology, modelling, country realities
- More data disaggregation—age, geography
- Location(s) to use as platforms for delivery

**Prioritize age and risk groups**

- Adolescents, young men and men at higher risk of infection:
  - 15 – 29 years: immediacy of effect
  - 10 – 14 years: near to mid-term strategy
- Infants: Long-term strategy (no impact before years)

People-centered service delivery	Population			
	1. Adolescents		2. Young men	3. Higher risk
	10 – 14 years	15 - 19 years	20 - 29 years	HIV - in sero-discordant relations; STI patients. Uniformed, mobile, miners
<b>Delivery platforms</b>				
<b>Health</b>				
<b>Education: School</b>				
<b>Vocational</b>				
<b>Community:</b>				
<b>Youth, sports</b>				
<b>Traditional</b>				
<b>Social venues</b>				
<b>Occupation</b>				

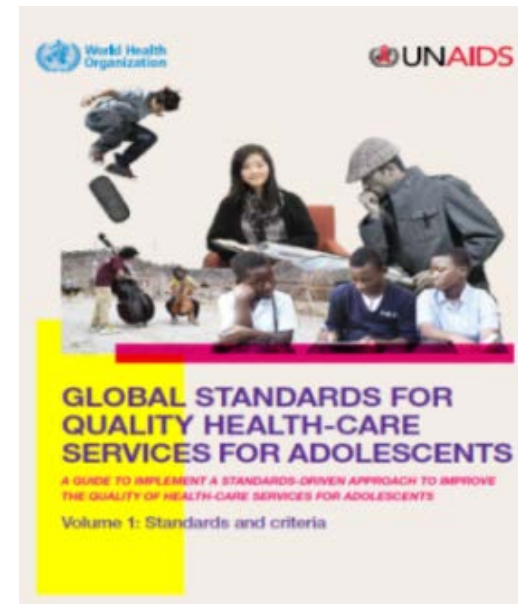
## 2. Policies and services for impact

### Adjust current policies in health and other sectors

- To enhance access - user fees; workforce planning
- To reduce vulnerabilities – alcohol taxation policies, housing policies in mining sector

### Transition from VMMC-specific to integrated or linked health services

- Strengthen the capacity and competencies of health and education workforce
- Create collaboration and links between services, other interventions and sectors



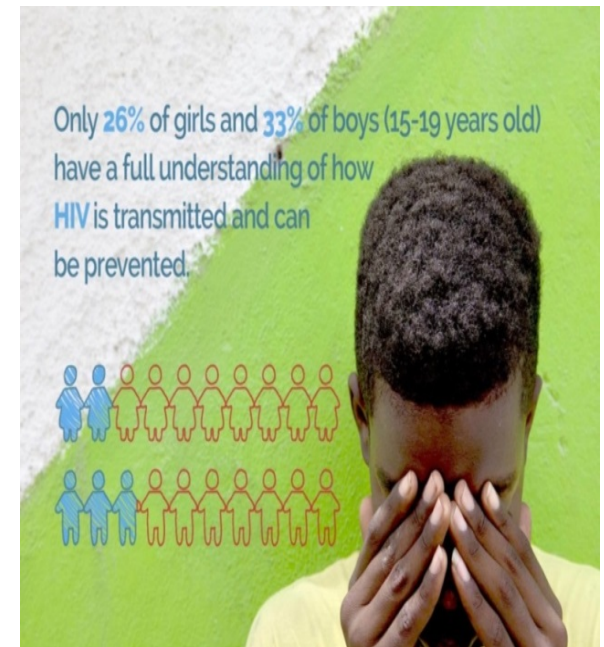
## 2. Policies and services for impact

### Offer male-friendly health service delivery approaches that work:

- Campaign, static, mobile
- Relevant to context, age and risk
- Address structural constraints: hours

### Expand age- and risk specific essential service packages

- Review and define services and messages
- Address broader issues: gender and masculinity norms, alcohol and drug use
- Ensure safe surgery, injections, infection prevention and control
- Evaluate effectiveness and costs



Source: UNICEF All in To end Adolescent AIDS



### **3. Innovations for acceleration and the future**

#### **Establish health policies to better address specific needs of men and boys**

- Add male focus to global and national strategies/policies
- Create supportive policies in other sectors (gender, sports)

#### **Invest in new coalitions and partnerships**

- Replicate successes
- Forge partnerships with community, traditional, religious leaders
- Smooth coordination and align activities and communications between programmes and sectors

### **3. Innovations for acceleration and the future**

**Use implementation and operational research to improve service delivery**

- Effectiveness , efficiency, cost
- Optimise human resources
- Identify innovative training approaches

**Create a culture of health-care seeking**

- Learn and change Demand generation approaches
- Use effective approaches with mobile apps, social media
- Create institutional and community environments for positive health

**Innovate male circumcision methods while assuring safety**



## 4. Accountability for results and quality

### **Evaluate results including partnership and collaboration**

- across health, with other sectors
- global, national, subnational

### **Ensure one national monitoring system and institutionalize quality assurance**

### **Develop/refine accountability framework and management system**

### **Expand financial resources portfolio and consolidate into national budget and financing analysis**



# Scaling up VMMC

**18 years**

**10 years**

**11 years** to consensus on potential effect of MMC and need for RCTs

**7 years** to UNAIDS and WHO Recommendations based on 3 RCTs and observational data

**14 million** adolescents and men reached - (unofficial estimate) **67%** of target

**1989 - 2000**

**2000 - 2007**

**2007 - 2016**

1999:  
Male circumcision  
and HIV infection:  
10 years and  
counting.  
Halperin and Bailey

**FEASIBILITY**  
**was**  
**uncertain**

**Impact ½ million**  
**HIAs through**  
**2030**

# VMMC2021 leading change

**Re-position VMMC in the changed landscape**

**Maximize for HIV prevention**

**Gateway to men and boys for better health**

**THANKS to the many .....**



Photo source