services. National programmes should endeavour to remove legal obstacles to practising homosexuality, increase sensitivity to the health needs of men who have sex with men, improve access to health services and build programmes to intensify HIV preventive behaviours in this population through improved access to condoms and lubricants and by creating a cultural norm of safer sex. Programmes should also consider using STI services targeted to men as a gateway to improve HIV prevention, treatment and care for men who have sex with men.

At the same time, countries should seize the HIV prevention potential of antiretroviral therapy by accelerating scale-up of HIV treatment and taking steps to implement the 2013 WHO antiretroviral guidelines (discussed in section 4).

Major resources should be directed towards critical enablers and development synergies that reduce vulnerability and enhance the effectiveness, efficiency and reach of HIV prevention efforts. Such approaches should include legal reform, stigma reduction, legal services, rights literacy, sensitization of police and training of health care workers. Among the many populations who could benefit from critical enablers and development synergies, such funding is notably important for sex workers, men who have sex with men and other marginalized groups at high risk of HIV.

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**Rapidly scaling-up voluntary medical male circumcision in the United Republic of Tanzania**

Benefiting from strong political commitment, strategic focusing of services, innovative marketing strategies and implementation of recommended human resource strategies, the United Republic of Tanzania has recorded rapid progress in its quest to deliver voluntary medical male circumcision services to at least 80% of previously uncircumcised adult men. By circumcising 1.4 million men, it is projected that the United Republic of Tanzania could avert 200 000 new HIV infections by 2025.

The circumcision campaign in the United Republic of Tanzania prioritizes scale-up in the Iringa and Njombe regions, where HIV prevalence (estimated at 16%) is three times the national average. Only one in three men in these regions has been circumcised. Geographic information systems and other methods have been used to track service uptake and to identify areas where scale-up is lagging, enabling programme implementers to reallocate human and financial resources as needed.

The United Republic of Tanzania has had enormous success in mounting time-limited campaigns that reach large numbers of men with circumcision services. A six-week campaign in Iringa in 2010 performed more than 10 000 circumcisions, exceeding the campaign target by 72%.36

Scale-up of voluntary medical male circumcision has been aided by implementation of task-shifting in service settings, reducing demands on the limited number of surgeons. According to the US Agency for International Development, nurses account for 70% of the 200 health providers working on circumcision scale-up.

Results achieved in recent years have been impressive, demonstrating the feasibility of rapid scale-up. As programmatic scale-up accelerated, the annual number of men circumcised in the United Republic of Tanzania rose from 1 033 in 2009 to 183 480 in 2012.