Voluntary Medical Male Circumcision (VMMC)

PEPFAR’s Financial Support & Technical Considerations

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Presentation Overview

- PEPFAR’s financial commitment to VMMC programs
- Productivity of PEPFAR-supported partners
- Technical Considerations
Financial Support for VMMC

PEPFAR Annual Funding for VMMC

USD in Millions

Country Operating Plan (COP) Funds by U.S. Government Fiscal Year
Financial Support for VMMC

PEPFAR Annual Funding for VMMC

Country Operating Plan (COP) Funds by U.S. Government Fiscal Year
Program Productivity

Annual Number of VMMCs by PEPFAR-funded Partners

* 2012 estimate is speculative; actual FY 2012 data not available until PEPFAR 2012 Annual Program Reports received and validated, November 2012
Program Productivity

Annual Number of VMMCs by PEPFAR-funded Partners

<table>
<thead>
<tr>
<th>Year</th>
<th>Cumulative</th>
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<tbody>
<tr>
<td>2007-2009</td>
<td>292,100</td>
</tr>
<tr>
<td>2010</td>
<td>866,300</td>
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<tr>
<td>2011</td>
<td>1,908,700*</td>
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<tr>
<td>2012</td>
<td>*</td>
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Technical Considerations

Annually updated set of instructions and recommendations provided to PEPFAR-supported implementing partners that guides the use of PEPFAR funds in the implementation of programs
Technical areas addressed:

1) Minimum package of services
2) Training requirements
3) Safety & quality of programs
4) Communications
5) HIV testing/counseling & linkages to care/treatment
6) Supply chain issues
7) Monitoring & reporting of indicators
8) Volunteerism
9) Circumcision methods/techniques that are/are not funded by PEPFAR
10) Annual operating plans
11) Two-pronged implementation assistance
Technical areas addressed:

1) Minimum package of services
2) Training requirements
3) **Safety & quality of programs**
4) **Communications**
5) **HIV testing/counseling & linkages to care/treatment**
6) Supply chain issues
7) Monitoring & reporting of indicators
8) **Volunteerism**
9) **Circumcision methods/techniques that are/are not funded by PEPFAR**
10) **Annual operating plans**
11) Two-pronged implementation assistance
Safety & quality of programs

- Quality assurance (QA): ongoing system for monitoring safety/quality

- Emergency preparedness: medical supplies & equipment for handling life-threatening complications must be on site, and staff trained in their use always present during circumcision procedures

- General anesthesia/sedation: PEPFAR funds may not be used to support VMMC under general anesthesia/sedation
Communications

- Demand creation communications
- PEPFAR’s Media Toolkit
- Advocacy strategies
- Risk reduction communications to prevent risk compensation
- Sexual and reproductive health & healthy male norms communications
- Monitoring of communications programs
HIV testing/counseling & linkage to care

- Provider initiated HIV testing/counseling (PITC) preferred
- Active referral of HIV-positive clients to care & treatment program
- Counseling HIV-positive clients about male circumcision
HIV testing/counseling & linkage to care

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☑ Though VMMC is not recommended for HIV prevention purposes for HIV-positive clients, *male circumcision (funded by PEPFAR) should not be withheld based solely on an HIV-positive status.*
Volunteerism

- Written informed consent from all clients
- Reimbursement of travel expenses – allowed*
- Incentives for community mobilizers – allowed*
- Monitoring of mobilizers to prevent coercive practices
- Overtime compensation for providers
PEPFAR funds – restrictions by method

- Funds only for surgical techniques in WHO Manual
- Funds only for medical devices Pre-qualified by WHO
- No funds for non-medical methods (traditional methods) and no training of traditional circumcisers
Annual Operating Plans

- Countries encouraged to draft yearly planning document
  - Improved coordination and accountability of PEPFAR programs and other stakeholders to MOH
Thank You!

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