

VOLUNTARY MEDICAL MALE CIRCUMCISION FOR HIV PREVENTION IN 14 PRIORITY COUNTRIES IN EAST AND SOUTHERN AFRICA

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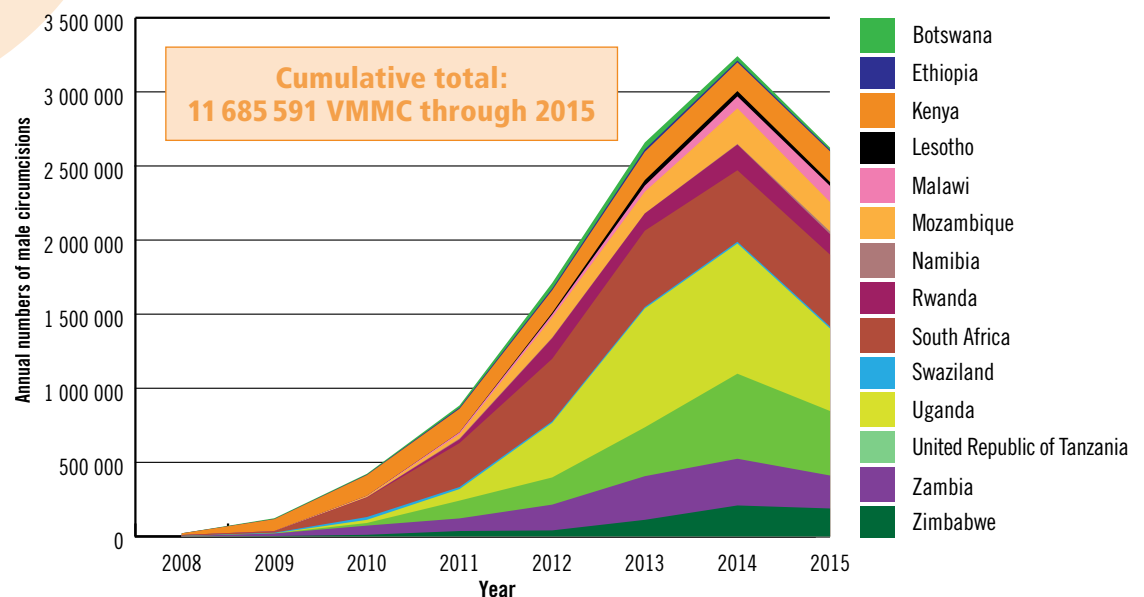
Key highlights of voluntary medical male circumcision (VMMC) programmes:

- Nearly 11.7 million cumulative VMMCs were performed through 2015. Since 2008, 11 685 591 VMMCs had been performed for HIV prevention in the 14 priority countries of east and southern Africa (Fig. 1). Among these, 2.2 million were carried out in 2015 alone, attaining 56% of the global VMMC target of 20.8 million, set in 2011.
- The majority (61%) of VMMCs performed were among the prime target population of males aged 15 years and older, based on 2015 age-disaggregated reporting from 10 countries.
- Countries are attaining and surpassing targets. In 2015, Ethiopia (Gambella province), Kenya and the United Republic of Tanzania surpassed their targets set in 2011.

The cumulative number of VMMCs performed in four other countries—Mozambique, South Africa, Uganda and Zambia—attained more than 50% of VMMCs targeted.

- Overall numbers of VMMCs performed declined from 2014 to 2015. While five countries in the region—Kenya, Malawi, Namibia, South Africa and Swaziland—showed an increase in the number of VMMCs performed in 2015 compared with 2014, all other countries in the region reported decreases over the same period. The declines in the number of VMMCs carried out in 2015 may be attributed to supply-side factors such as reductions in external and domestic funding for VMMC, limited numbers of health-care workers available to perform VMMC and to demand-side factors.

Figure. Annual number of voluntary medical male circumcisions performed for HIV prevention in 14 countries in East and Southern Africa, 2008–2015



- The 11.7 million VMMCs are projected to avert 335 000 HIV infections by 2025 and nearly half a million infections by 2030. Importantly, under the UNAIDS Fast Track approach, VMMC is projected to avert 16% of HIV infections, with condom use for those with multiple partners projected to avert 37% and effective ART use an additional 37%.^{1,2}
- VMMC services provide a much needed entry point for reaching adolescents and men with other HIV prevention and health services, including HIV testing; and for linking those who test positive to treatment and care, safer sex education, condom education and provision,

sexually transmitted infections management and other local and age-relevant health services such as tetanus-toxoid-containing vaccination.

- VMMC continues to be accepted and demanded. Despite an overall 19% decrease in the number of VMMCs performed in 2015 compared with 2014, uptake by over 2.5 million men during the past three years demonstrates the continued acceptability of VMMC in east and southern Africa. The nearly 400% increase in the annual number of VMMCs performed since 2010, when scale-up began to take off, reaffirms the feasibility and the potential

for further expansion of this highly effective intervention for reducing men's heterosexual acquisition of HIV. As countries shift from reaching early acceptors of VMMC to reaching later acceptors who act in response to different motivational approaches, innovative approaches are needed to sustain increases in VMMC.

ENDNOTES

1 United States Agency for International Development (USAID) Project Strengthening Opportunities and Access to Resilience (SOAR), using Decision Makers Program Planning Toolkit (DMPPT) 2.1 for modelling and Global AIDS Response Progress Reporting for numbers of VMMCs

2 Stover J, Bollinger L, Izazola JA, Loures L, DeLay P, Ghys PD et al (2016). What is required to end the AIDS epidemic as a public health threat by 2030? The cost and impact of the fast-track approach. PLoS ONE 11(5): e0154893, doi:10.1371/journal.pone.0154893

Table. Annual numbers of voluntary medical male circumcisions in east and southern Africa by country, 2008–2015

Country	2008	2009	2010	2011	2012	2013	2014	2015	Total	% progress towards 2011 targets
Botswana	0	5 424	5 773	14 661	38 005	46 793	30 033	15 722	156 411	45
Ethiopia	0	769	2 689	7 542	11 961	16 393	11 831	9 744	60 929	152
Kenya	11 663	80 719	139 905	159 196	151 517	190 580	193 576	207 014	1 134 170	132
Lesotho	0	0	0	0	10 835	37 655	36 245	25 966	110 701	29
Malawi	589	1 234	1 296	11 881	21 250	40 835	80 419	108 672	266 176	13
Mozambique	0	100	7 633	29 592	135 000	146 046	240 507	198 340	757 218	71
Namibia	0	224	1 763	6 123	4 863	1 182	4 165	18 459	36 779	11
Rwanda	0	0	1 694	25 000	138 711	116 029	173 191	138 216	592 841	34
South Africa	5 190	9 168	131 117	296 726	422 009	514 991	482 474	485 552	2 347 227	54
Swaziland	1 110	4 336	18 869	13 791	9 977	10 105	12 289	12 952	83 429	45
Uganda	0	0	21 072	77 756	368 490	801 678	878 109	556 546	2 703 651	64
United Republic of Tanzania	0	1 033	18 026	120 261	183 480	329 729	573 845	435 302	1 661 676	121
Zambia	2 758	17 180	61 911	85 151	173 992	294 466	315 168	222 481	1 173 107	60
Zimbabwe	0	2 801	11 176	36 603	40 755	112 084	209 125	188 732	601 276	31
Total	21 310	122 988	422 924	884 283	1 710 845	2 658 566	3 240 977	2 623 698	11 685 591	56

Source: Global AIDS Response Progress Reporting from national programmes, UNAIDS/UNICEF/WHO

It is important to continue to grow the coverage of VMMC to attain the new 2020 Fast Track target of 90%, which goes beyond the 80% coverage target set in 2011. In 2015, funding gaps for VMMC had already been reported in most countries of the subregion and these are projected to increase in the coming years. In the context of reduced available resources, there is a need to achieve greater programmatic efficiencies, innovate and increase commitment.

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PROGRESS BRIEF

MALE CIRCUMCISION FOR HIV PREVENTION