

Preventing New HIV Infections in Young Men: Voluntary Medical Male Circumcision (VMMC)

VMMC is a one-time, low-cost intervention shown in randomized, controlled trials to reduce men's risk of HIV by approximately 60 percent, with the prevention effect maintained for life. Male circumcision has the potential to prevent millions of new infections and save millions of lives and billions of dollars in averted HIV treatment costs. Importantly, the procedure brings men, some for the first time since childhood, into health services.

PEPFAR is targeting men ages 15–29 for VMMC to maximize the preventive benefits, with expanded inclusion of the 10–14 year-olds as saturation is reached in the older age groups. Maximum benefit is seen when circumcision is done before sexual debut, and the most immediate benefits are obtained by focusing on the 15–29 age group. Further, by prioritizing high HIV transmission areas among the 14 priority countries with low background circumcision rates, PEPFAR partners are maximizing efficient and timely implementation to reduce HIV incidence.

As of the end of FY 2018, cumulatively, PEPFAR has supported more than 18.9 million VMMC procedures in eastern and southern African countries, exceeding the ambitious goal of 13 million PEPFAR-funded VMMCs by

more than 2 million, set at the 2015 United Nations General Assembly Sustainable Development Summit. PEPFAR supported 3.88 million VMMC procedures in FY 2018 alone, 46 percent in the 15–29 age groups (Figure 24). Early modeling has suggested that achieving 80 percent coverage of VMMC among males 15–49 years old in the 14 priority countries would prevent millions of HIV infections and save billions of dollars.

Scaling up VMMC to achieve a coverage of at least 80 percent in 15–29-year-old

men is a key PEPFAR focus and requires continued efforts at improved target setting, demand creation (where appropriate), and efficiency, all of which rely on better site-level data (Figure 25). PEPFAR is implementing innovative solutions to address barriers to VMMC uptake, including increased staffing capacity and training to meet the annual seasonality of the intervention. In 2017, a PEPFAR-funded tool was shown to effectively optimize site utilization in Mozambique, matching demand for VMMC with staff capacity. Paired with GIS mapping, this



USAID and South African government officials gathered on May 25, 2018 in Durban to celebrate the 1 millionth VMMC in the province of Kwazulu Natal.

tool led to marked increases in VMMC in the provinces where it was used. After the success in select provinces in Mozambique, these methodologies have been shared throughout PEPFAR VMMC, and gains have been seen in additional districts in Mozambique over the past year.

In Zimbabwe, aggressive expansion of outreach-based VMMC services and a “hybrid” service model, where roving full-time VMMC specialists fill short-term personnel gaps and provide capacity-building mentorship at government VMMC sites, have resulted in dramatic growth for the PEPFAR VMMC program, which has demonstrated continual growth, culminating in 159,243 circumcisions performed in FY 2016, 227,299 in FY 2017, and 268,495 in FY 2018. Enhanced partner management that includes weekly target setting and reporting of results has also contributed to the program’s enhanced performance.

In summer 2017, South Africa launched a highly successful acceleration plan to rapidly improve VMMC through increased partner management, weekly reporting and monitoring, increased engagement with traditional and community influencers, expanded service delivery, and refined age band targeting. This strategy led to record numbers of VMMC, with 460,668 performed in FY 2017 and 518,104 in FY 2018.

Figure 24: PEPFAR Cumulative VMMC Results, FY 2009–2018

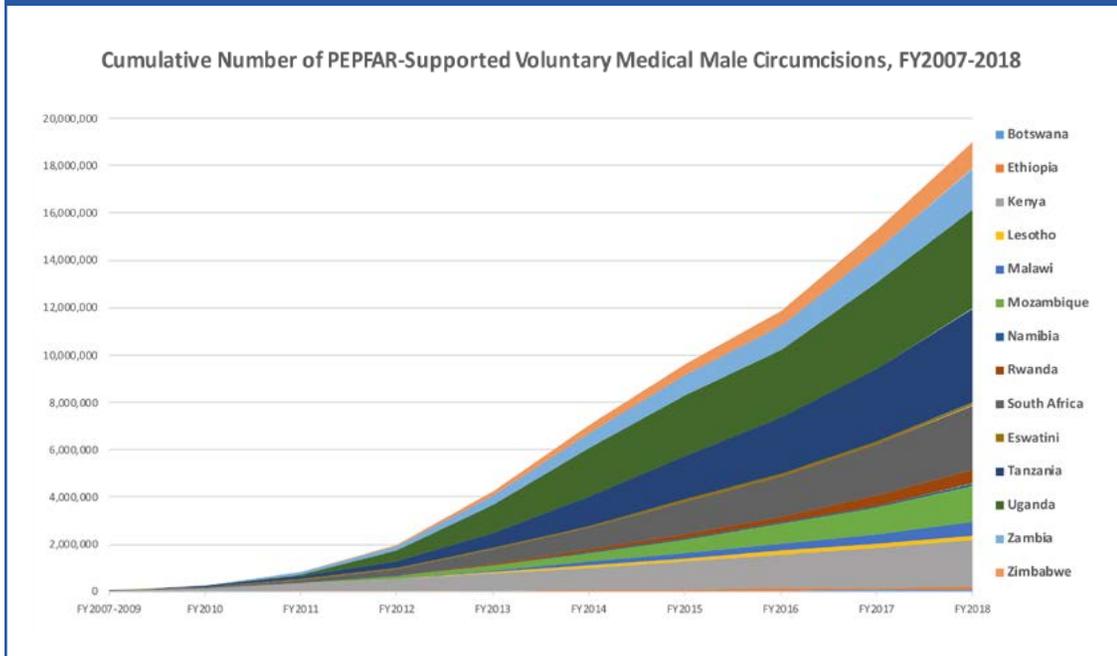


Figure 25: Number of Circumcisions by Priority Age Band and Priority Country, FY 2018

