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# **JOINT ACTION FRAMEWORK 2012 - 2016**

To Accelerate Scale-Up of  
Voluntary Medical Male Circumcision for  
HIV Prevention in Southern and Eastern Africa

**Joint Strategic Action  
Framework to Accelerate the  
Scale-Up of Voluntary Medical  
Male Circumcision for HIV  
Prevention in Eastern and  
Southern Africa**

2012–2016



# Purpose and Approach

- 5-Year joint strategy among diverse global, regional and county-level stakeholders to accelerate MC scale-up
- To guide key stakeholders to collaborate and cooperate towards common goals: country ownership, expanded coverage, contribute to getting to '0' infections
- Covers “catch-up” phase (i.e., reach optimal coverage for adult males) and “sustainability” phase (i.e., reach adolescents as they age in, and integrate routine offer of MMC in early infant care)

# Rationale

- Three clinical trials in ESA demonstrated VMMC reduced female-to-male transmission by 60%
- Benefits confirmed in populations based study in Orange Farm, RSA (reduced incidence among circumcised males by 76%)
- Offers lifelong, substantial, but partial, protection
- Potential long-term benefit for women by reducing number of HIV+ men
- Cost savings: 80% VMMC coverage in 14 priority countries would save US\$20 billion through 2025 and reduce HIV incidence by 30-50%

# Current Situation

- Modest scale-up in most countries at about 7% towards 80% target (est. 1,451,505 VMMC's by end of 2011 in priority countries)
- Progress in most countries on developing programmes including national policies and strategies
- Leadership and advocacy for MMC visible
- Normative guidance and tools available
- Financial and technical support made available through diverse organizations

# Participating Stakeholders

- National Programmes
- Civil Society
- Bill & Melinda Gates Foundation
- PEPFAR (e.g., CDC, USAID, DOD, OGAC)
- UNAIDS
- World Bank
- WHO

# Linkages with other frameworks: will facilitate achieving goals of other strategies

- 2011 Political Declaration – pledge to promote VMMC in priority countries and to position prevention as “cornerstone” of response
- UNAIDS Strategy 2011-2015 – towards zero new infections
- WHO HIV Strategy 2011-2015 – recognizes VMMC as core strategy for scale-up
- PEPFAR Five-Year Strategy – increased investments in VMMC
- Gates Foundation HIV Strategy – expand efforts to reduce new infections in SSA, including VMMC

# Strategic Vision

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*Voluntary medical male circumcision is established as a social norm for neonates, adolescents and adults, and acts in synergy with other HIV prevention strategies to move towards zero new infections in countries with generalized epidemics where the prevalence of male circumcision is low.*



World Health  
Organization



# Strategic Goal

*By 2016, countries with generalized HIV epidemics and low prevalence of medical male circumcision have*

- (a) Offered VMMC to at least 80% of adult men, and*
- (b) Established a sustainable national programme that provides male circumcision services to all newborn and at least 80% of adolescents and young men.*



# Underlying Principles

- *Country leadership and ownership*
- *Human rights* (VMMC is safe, voluntary and based on informed consent)
- Recognition of *gender* dimensions in planning and implementation (including taking advantage of VMMC to accelerate gender-transformative responses)
- *A comprehensive package of services*
- *Combination of dedicated and integrated approaches to maximize public health benefits*



# Strategic Pillars

- Leadership and advocacy
- Country implementation
- Innovations for scale-up
- Communications
- Resource mobilization
- Monitoring and evaluation
- Coordination and accountability



# Strategic Pillar 1: Leadership and Advocacy

- Engage VMMC champions at global, regional and country levels
- Leadership and engagement by Ministries of Health and Finance
- Leadership and engagement by regional bodies (and by regional offices of partners)
- Peer-to-peer leadership within region
- Develop joint advocacy strategy (e.g., key messages, etc.)
- Support technical/programme officers
- Support grassroots advocacy
- Strategically use key events to build support for VMMC scale-up

# Strategic Pillar 2: Country Implementation

- Expand VMMC service access (e.g., agreement on timing and pace of scale-up, optimal expansion and service delivery approaches, plans for catch-up and sustainability, commodity procurement and supply management, quality assurance, tailored training initiatives, technical assistance)
- National assessments (e.g., progress and capacity assessment, quantification of capacity-building needs, regional meetings annually)

# Strategic Pillar 2: Country Implementation (Cont' d)

- Country-specific operational plans (e.g., plans for catch-up and sustainability phases, estimation of resource needs, steps to maximize synergies between VMMC and other services)
- Community engagement/mobilization/preparation and demand creation (e.g., engagement of key community gatekeepers, South-South “best practice” sessions, resource mobilization for community education and mobilization, grassroots community mobilization, engagement of key groups such as women, girls, young people)



# Strategic Pillar 3: Innovations for Scale-Up

- Technologies and devices (e.g., research studies, technical review, normative guidance, demand estimation, favourable pricing, roll-out, advocacy, communications, review of costs and benefits, adverse event surveillance)
- Human resources and other innovations (e.g., implementation and evaluation of model programmes, documentation of best practices, task-shifting and task-sharing, country-specific human resource assessments, other innovations)



# Strategic Pillar 3: Innovations for Scale-Up (Cont' d)

- Access (e.g., transportation, flexible service delivery)
- Promoting further innovation (operational and implementation research to improve service delivery and link VMMC with other services)





# Strategic Pillar 4: Communications

- Country-specific communications assessment
- Agree on key messages for scale-up
- Use media and social networking
- Implement innovative communications tools and strategies (e.g., SMS messaging)
- Document best practices
- Grassroots communications strategies

# Strategic Pillar 5: Resource Mobilization

- Country-specific estimates of resource needs, resource availability, and economic impact
- Optimize available financing channels to support scale-up
- Seek financing from private sector and health insurance options
- Regional resource mobilization



# Strategic Pillar 6: Monitoring and Evaluation

- Country-specific M&E assessments and capacity-building
- Routine reporting on progress in scale-up (using standard national and global frameworks)
- Use data to improve programmes
- Incorporate VMMC in other relevant services
- Annual progress report by WHO and UNAIDS
- Evaluate impact of VMMC
- Periodic reviews and assessments of operational research priorities
- Adverse event surveillance
- Document best practices
- M&E technical assistance from international and regional partners

# Strategic Pillar 7: Coordination and Accountability

- Partners to agree on joint milestones and expected results
- Obtain agency commitments within individual agencies
- Accountability: establish agreed indicators and metrics to measure progress
- Convene periodically by conference call and face-to-face
- Strengthen national MC task forces
- Conduct joint missions where indicated

# Roles and responsibilities

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- Provides partner specific roles and responsibilities under each pillar