



For immediate release; July 12, 2012

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**African and US AIDS Advocates Issue a Call to Action Ahead of
the International AIDS Conference Urging Global Leaders
to Make Voluntary Medical Male Circumcision a Priority**

*African Advocates Launch Movement to Build Support for Voluntary Medical Male Circumcision
in Key Countries and Establish www.TruthAboutVMMC.org*

New York, NY – African and US AIDS advocates today issued *A Call to Action on Voluntary Medical Male Circumcision: Implementing a Key Component of Combination Prevention*, a new report calling for rapid scale-up of voluntary medical male circumcision (VMMC) and providing detailed recommendations to increase VMMC rates and prevent millions of HIV infections in African countries in the next decade. The report was jointly developed by AVAC, based in the US; the National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK); Sonke Gender Justice Network (Sonke), in South Africa; and the Uganda Network of AIDS Service Organizations (UNASO).

“Voluntary medical male circumcision is one of the most effective HIV prevention tools available today. Countries where VMMC can have an impact should be acting to ensure access—and advocates should be demanding accountability,” said Mitchell Warren, executive director of AVAC. “At this moment in the epidemic, there are few things that could do more to reduce the human and economic toll of HIV. When the AIDS community gathers this month in Washington, we need to refocus on this inexpensive, one-time intervention that offers men life-long partial protection against HIV.”

Research shows that VMMC could help significantly reduce heterosexual transmission of HIV in key African countries. Long-term follow-up from clinical trials conducted in Africa suggests that VMMC reduces a man’s risk of sexually acquiring HIV from an HIV-positive female partner by as much as 75 percent. Modeling research indicates that achieving 80 percent VMMC coverage among men ages 15-49 in 13 key African countries by 2015 would avert up to 3.36 million new HIV infections by 2025. Meeting this target would also avert \$16 billion in future direct AIDS prevention and treatment costs.

The authors note that, given slow progress to date, meeting global targets by 2015 may no longer be possible, representing a major missed opportunity.

“Even if we cannot achieve 80 percent VMMC coverage in all priority countries by 2015, each of these countries should issue a clear timeline for when they will meet their targets,” said Nelson Otwoma, National Coordinator of NEPHAK. “My own country, Kenya, provides a positive example. This essential prevention strategy cannot be allowed to stall as it has for some time in many countries.”

Slow progress punctuated by important successes

The report focuses on VMMC scale-up in 14 African nations (including the addition of Ethiopia, a PEPFAR country) with high HIV prevalence and low coverage of male circumcision. Overall, 1.5 million circumcision procedures have been performed in these countries to date, according to the US-funded PEPFAR program, representing only about 7.7 percent of the estimated 20 million procedures that would achieve 80 percent circumcision coverage among men between ages 15 and 49.

“Circumcision campaigns have barely gotten off the ground in many of the countries where they could help turn the epidemic around,” said Bharam Namanya, Executive Director of UNASO. “That’s unconscionable when we know that voluntary medical male circumcision could prevent so many infections – and do so more affordably than almost any other method.”

The report identifies several major barriers to progress. At the global level, funding for VMMC campaigns remains woefully inadequate. An estimated \$1.5 billion over five years will be needed to achieve 80 percent coverage in priority African countries. While this represents a tiny share of current global AIDS funding, current funding commitments for VMMC fall far short.

Insufficient leadership in some African nations is also a significant problem. Relatively few political and community leaders at the national or local levels have become vocal champions for male circumcision, although there have been notable exceptions. Partly as a result, most priority countries still do not have viable VMMC implementation plans in place, and efforts to address stigma, misinformation and logistical challenges have been limited.

“Leadership has always made the difference between winning and losing the battle against AIDS, and it’s no different with voluntary medical male circumcision,” said Desmond Lesejane, Sonke deputy director. “In the few places where leaders have helped make it a national priority and a social norm, we’re seeing impressive increases in male circumcision rates. Where they haven’t, it’s no surprise that we see stigma and inaction.”

The report notes a handful of important success stories, including a large-scale VMMC campaign in Kenya’s Nyanza province. Thanks to close partnerships between health workers and leaders in the region’s Luo community, circumcision rates have climbed from 45 percent in 2008 to above 70 percent today.

Global Call to Action Ahead of the International AIDS Conference

The report includes a comprehensive set of recommendations to address the major barriers to VMMC scale-up. Among these are the following:

- By the end of 2012, all priority African countries should have detailed national VMMC implementation plans in place.
- PEPFAR, by far the largest funder of VMMC efforts, should quickly allocate the resources necessary to meet its stated commitment to support 4.7 million circumcisions. At the same time, Europe and middle-income donors must step up their VMMC investments and close the remaining funding gap.

- Researchers and the World Health Organization should quickly evaluate and approve new devices that may eliminate the need for surgery and reduce the costs and complications of male circumcision in some settings.

The report's full recommendations, available online at www.avac.org/VMMCcalltoaction will be the focus of discussions at the International AIDS Conference in Washington, including a forum *Call to Action for Voluntary Medical Male Circumcision for HIV Prevention* (www.avac.org/VMMCsatellite) with African leaders and health experts on July 23.

African coalition seeks to advance VMMC campaigns

To help achieve the report's vision, a growing coalition of more than 300 African scientists, nurses, doctors, counselors, advocates, artists and journalists has begun working to counter stigma and misinformation about VMMC in African countries, and to pressure African leaders to act. The group, known as *Africans Telling the Truth about VMMC*, was initially established in response to widespread misinformation about the procedure.

"The story of male circumcision and AIDS is an African story: it's largely thanks to African scientists, nurses, doctors, and men and women at risk that we have this powerful option," said Richard Hasunira of HEPS Uganda, a member of the coalition. "We'll certainly need the support of the global community to succeed in scaling up VMMC. But in the end, Africans must continue to lead."

Members of the coalition will be working to promote the importance of VMMC as part of a comprehensive approach to HIV prevention, and to help establish the procedure as a cultural norm through its website, www.TruthAboutVMMC.org, and Facebook Page (www.facebook.com/africansformalecircumcision), and through media appearances and events in African countries where VMMC scale-up is a priority.

Separately, this week, a coalition of Ugandan advocates including Hasunira and HEPS Uganda released an analysis and strong critique of progress in bringing VMMC to scale in Uganda. The report, *Too Little, Too Late*, calls on the nation's government to take greater ownership of VMMC efforts and calls for steps to overcome barriers to progress. The report is available online at www.avac.org/toolittletooslow.

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About AVAC: Founded in 1995, AVAC is a non-profit organization that uses education, policy analysis, advocacy and a network of global collaborations to accelerate the ethical development and global delivery of AIDS vaccines, male circumcision, microbicides, PrEP and other emerging HIV prevention options as part of a comprehensive response to the pandemic. More information at www.avac.org.