The Ministry of Health in collaboration with the World Health Organization and other partners launched the Country Operational Plan for the Scale-up of Voluntary Medical Male Circumcision (VMMC) for 2012-2015 at a breakfast meeting which was held on 21st June 2012. The Training Guide for Male Circumcision under Local Anaesthesia in Adults and Adolescents and the National Male Circumcision and Advocacy and Communication Strategy for 2012-2015 were also part of the package of strategic documents which were launched.

In his launch statement, the Deputy Minister of Health, Dr. Patrick Chikusu stated that the launch of the strategic documents for the scale up of VMMC was a clear indication of government’s commitment to the implementation of HIV prevention strategies. He said that Male Circumcision had become a core intervention in HIV prevention strategies in Zambia since 2009. Dr. Chikusu said that government had revised the national VMMC targets to be in line with those of global and regional targets aimed at achieving 80% universal coverage among HIV-negative adult men by 2015. He said that in the first phase of implementation of the VMMC national scale-up plan, services would be increased to achieve 80% coverage, specifically to achieve the target of 1.9 million VMMCs between 2011-2015. Dr. Chikusu said that reaching this target could prevent an estimated 340,000 new HIV infections by 2025. He appealed for support from various partners for resources required to implement the scale-up plan in order for the country to achieve the set targets.

Speaking at the same function, the US Ambassador to Zambia, Mr. Mark Storella commended the government for the increase recorded in VMMCs conducted from 304 in 2007 to 84,604 in 2011. However, he said that more effort was needed to increase the numbers in order to meet the national targets particularly by creating demand for the services. He said that Male Circumcision was a proven strategy for HIV prevention particularly when it is used in combination with other strategies including condom use, PMTCT, and treatment. (Cont. on page 2)
He called for investments in social and cultural change to allow for more demand creation by engaging traditional and religious leaders. Mr. Storella said that the US government was happy with the targets which were set in the national scale-up plan and that it would continue to support government through PEPFAR and the Clinton Foundation. He also recognized the important role the Bill and Melinda Gates Foundation was playing in supporting HIV programmes in Zambia. Mr. Storella said that it was crucial to ensure that each year’s targets were achieved, particularly by strengthening the services through provision of skilled workers and equipment.

The WHO Representative, Dr. Olusegun Babaniyi stated that the impact of male circumcision in reducing the risk of HIV transmission was recognized by WHO and UNAIDS in 2007 and that it was therefore widely recognized as one of the most effective evidence-based strategies for HIV prevention. Dr. Babaniyi stated that the launch of the strategic documents on VMMC in Zambia would facilitate the effective scale up of evidence based services. He called for implementation of communication strategies to increase demand for services and emphasized the need for equitable allocation of resources by all stakeholders in line with district level targets based on epidemiological information.

Speaking at the same function, Mr. Jan Willem Van Den Broek, Country Director, Clinton foundation Health Access Initiative (CHAI) said that Male Circumcision was one of the strongest investments in countries with a high HIV prevalence and that it could avert 3.4 million new infections by 2025. He said that the VMMC scale-up plan was evidence because government conducted a capacity assessment for Male Circumcision services in the country with support from CHAI which formed a foundation for the plan. Mr. Jan Willem Van Den Broek said that although the national targets were ambitious, they were achievable. He said that the VMMC guidelines would reduce delays in service delivery.

The Male Circumcision programme in Zambia was established in 2009. The country’s target is to achieve 80% coverage by 2015. The target for 2015 is 868,538 VMMCs from 84,604 which was achieved by the end of 2011. A total of 196.4 Million USD is needed to implement the plan between 2012 and 2015 for service delivery, governance and
Figure 1: VMMCs performed in Zambia to date

Figure 2: Operational Plan - Annual VMMC Targets

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