

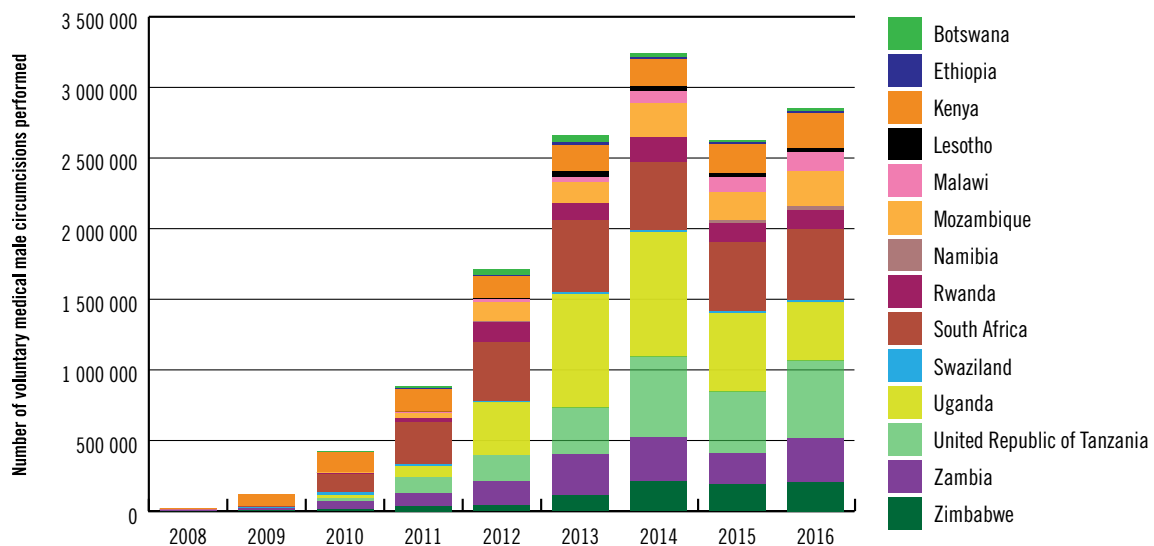
VOLUNTARY MEDICAL MALE CIRCUMCISION FOR HIV PREVENTION IN 14 PRIORITY COUNTRIES IN EASTERN AND SOUTHERN AFRICA

JULY 2017

Key highlights:

- Nearly 15 million voluntary medical male circumcisions (VMMC) have been performed for HIV prevention in 14 countries of eastern and southern Africa during the decade since WHO and UNAIDS recommended (2007) VMMC as an additional HIV prevention intervention (Table 1).
- These 14.54 million voluntary medical circumcisions will avert over half a million new HIV infections through 2030.¹
- In 2016, 2.8 million VMMCs were performed (Fig. 1). From 2015 to 2016, the number of VMMCs performed increased by nearly 9%.
- All countries in the region, with the exception of Uganda and Rwanda, increased the number of VMMCs performed in 2016 compared with 2015 (see Table 1); four countries surpassed or nearly achieved VMMC targets set in 2011.
- The majority of VMMC clients were aged 15 years or older (a priority target age) for the period 2011 through 2016 (data from 12 countries); about 40% were adolescent boys aged 10–14 years.
- Impressive scale up (Fig. 2) occurred, approaching the global 2016 target (set in 2011) of 20.8 million. This achievement is attributed to countries establishing related policies and strategies and partners, such as PEPFAR (USA), providing technical and financial support.

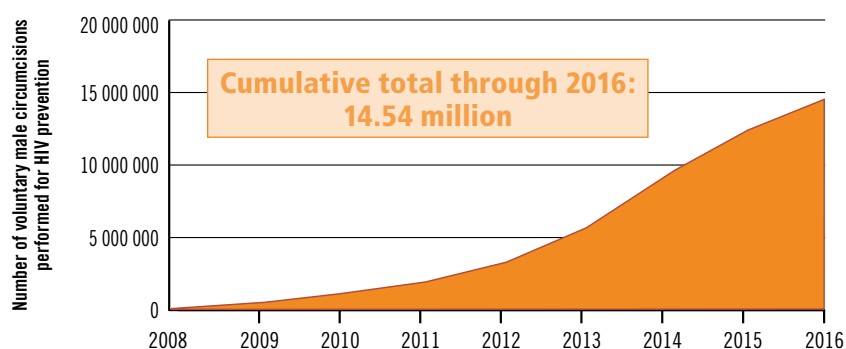
Figure 1. Annual* number of voluntary medical male circumcisions performed in 14 countries in eastern and southern Africa, 2008–2016



Source: Global AIDS Monitoring, UNAIDS/UNICEF/WHO. *Calendar year

- Delivery of VMMC services has stimulated innovative workforce solutions, such as training large numbers of non-physician clinicians on this minor surgical procedure and infection prevention – knowledge and skills that are transferable to other minor surgical procedures and broader infection prevention.
- VMMC services offer a package of prevention interventions (safer sex education, condom education and provision, management of sexually transmitted infections). HIV testing services are also available, though not mandatory; those who test HIV-positive are linked to treatment and care.
- VMMC services also serve as an entry point to other health services. Men and adolescent boys are presenting, for example, for HIV testing or hypertension screening, and may also be offered tetanus-toxoid containing vaccination.

Figure 2. Cumulative number of voluntary medical male circumcisions performed in 14 countries in eastern and southern Africa, 2008–2016



Source: Global AIDS Monitoring, UNAIDS/UNICEF/WHO.

- The routine delivery of male circumcision is now included in other international guidance, for example the World Bank's Disease control priorities² as an essential surgical procedure and in WHO's evidence-based interventions for adolescent health in high HIV burden settings.³
- The *Framework for VMMC: Effective HIV Prevention and Gateway to Improved Adolescent Boys' and Men's Health in Eastern and Southern Africa by 2021* was issued in 2016 to provide strategic directions for the next five years, aligned with global HIV and health goals and strategies.
- Complementary to achieving the UNAIDS 2020 HIV 90-90-90 target providing 73% viral suppression, 90% VMMC coverage among males aged 10–29 years will be required to achieve the Fast Track HIV prevention targets. To attain these goals, VMMC uptake among men must be enhanced.

Table. Annual numbers of voluntary medical male circumcisions in eastern and southern Africa by country, 2008–2016

Country	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Botswana	0	5 424	5 773	14 661	38 005	46 793	30 033	15 722	24 042	180 453
Ethiopia	0	769	2 689	7 542	11 961	16 393	11 831	9 744	10 306	71 235
Kenya	11 663	80 719	139 905	159 196	151 517	190 580	193 576	207 014	243 447	1 377 617
Lesotho	0	0	0	0	10 835	37 655	36 245	25 966	34 157	144 858
Malawi	589	1 234	1 296	11 881	21 250	40 835	80 419	108 672	129 975	396 151
Mozambique	0	100	7 633	29 592	135 000	146 046	240 507	198 340	253 079	1 010 297
Namibia	0	224	1 763	6 123	4 863	1 182	4 165	18 459	27 340	64 119
Rwanda	0	0	1 694	25 000	138 711	116 029	173 191	138 216	137 218	730 059
South Africa	5 190	9 168	131 117	296 726	422 009	514 991	482 474	485 552	497 186	2 844 413
Swaziland	1 110	4 336	18 869	13 791	9 977	10 105	12 289	12 952	17 374	100 803
Uganda	0	0	21 072	77 756	368 490	801 678	878 109	556 546	411 459	3 115 110
United Republic of Tanzania	0	1 033	18 026	120 261	183 480	329 729	573 845	435 302	548 390	2 210 066
Zambia	2 758	17 180	61 911	85 151	173 992	294 466	315 168	222 481	311 792	1 484 899
Zimbabwe	0	2 801	11 176	36 603	40 755	112 084	209 125	188 732	205 784	807 060
Total	21 310	122 988	422 924	884 283	1 710 845	2 658 566	3 240 977	2 623 698	2 851 549	14 537 140

Source: Global AIDS Monitoring, UNAIDS/WHO/UNICEF

ENDNOTES

1 United States Agency for International Development project, Strengthening Opportunities and Access to Resilience, using the Decision Makers' Program Planning Toolkit 2.1 for modelling.

2 Disease control priorities, 3rd edition, Essential surgery Vol 1. Ed Jamison et al, World Bank Group, Washington D.C., 2015.

3 WHO. Global accelerated action for the health of adolescent (AA-Ha!): guidance to support country implementation, 2017.

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PROGRESS BRIEF

MALE CIRCUMCISION
FOR HIV PREVENTION