

POLICY BRIEF

A FRAMEWORK FOR VOLUNTARY MEDICAL MALE CIRCUMCISION:

EFFECTIVE HIV PREVENTION AND A GATEWAY TO IMPROVED ADOLESCENT
BOYS' & MEN'S HEALTH IN EASTERN AND SOUTHERN AFRICA BY 2021

VMMC 2021



*African Health Professions
Regional Collaborative*

6 – 8 July 2017

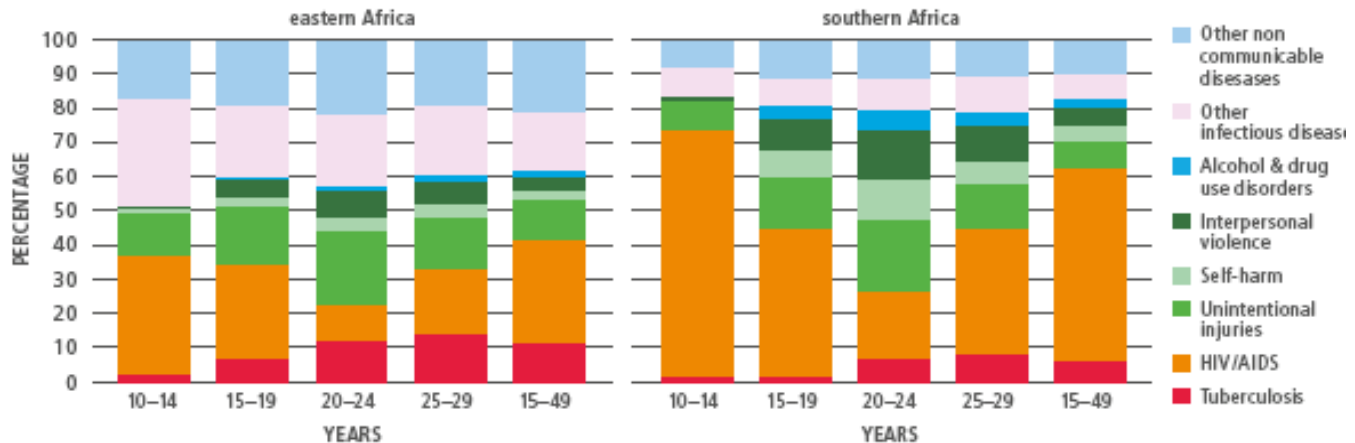
*Julia Samuelson
World Health Organization
HIV/Key Populations and
Innovative Prevention*



Changed health landscape:

HIV and AIDS remains burden, but related causes of life lost faced by adolescents and men

Figure 1: Years of life lost among men in different age groups in eastern and southern Africa, by cause (2013)



Six causes (HIV, tuberculosis, violence, self-harm, injuries and alcohol or drug misuse) contribute more than 80% of years of life lost among men aged 15–49 years in southern Africa, and more than 60% in eastern Africa.

Source: Prepared by the authors, based on the Global Burden of Disease Study 2013 (3).

- Men not systematically reached with services they need
- Men tend to seek limited care from formal sector (start treatment later)
- Gender and masculinity norms underlie many issues

Changed landscape: sustainable development goals

3 GOOD HEALTH AND WELL-BEING



Ensure healthy lives and well-being for all at all ages

- End AIDS by 2030
- Achieve universal health coverage
- Strengthen prevention and treatment of alcohol and substance misuse
- Provide access to affordable vaccines

WHO Global Health Sector Strategies, 2016–2021, for HIV, STIs and viral hepatitis

UNAIDS

5 GENDER EQUALITY



Achieve gender equality and empower all women and girls

- Ensure universal access to sexual and reproductive health and rights
- Eliminate violence and harmful gender norms and practices

Global strategy for women, children and adolescents, 2016–2030

17 PARTNERSHIPS FOR THE GOALS



Revitalize the global partnership for sustainable development

- Ensure policy coherence
- Enhance international support for implementing effective capacity building

The Global Fund: 2017–2022, Investing to end epidemics

GFATM



- A challenge to do things differently
- Look at new institutional arrangements and widen global health architecture
- Engage with other health and non-health SDGs for synergies

Changed goals and targets: **SDG 3.3 by 2030 end the epidemics of AIDS, tuberculosis, malaria and...combat hepatitis and other communicable diseases**



FAST-TRACK
ENDING THE AIDS EPIDEMIC BY **2030**

27% PLHIV not virally suppressed

by 2020

90-90-90

Treatment

by 2030

95-95-95

Treatment

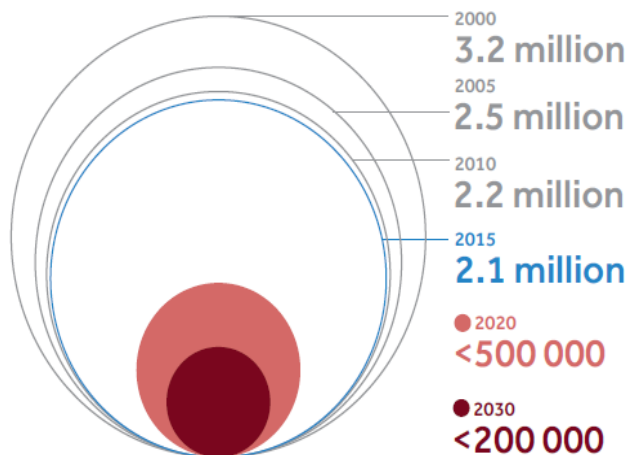
75% reduction in new infections compared to 2010

500 000

New infections among adults

200 000

New infections among adults



ZERO

Discrimination

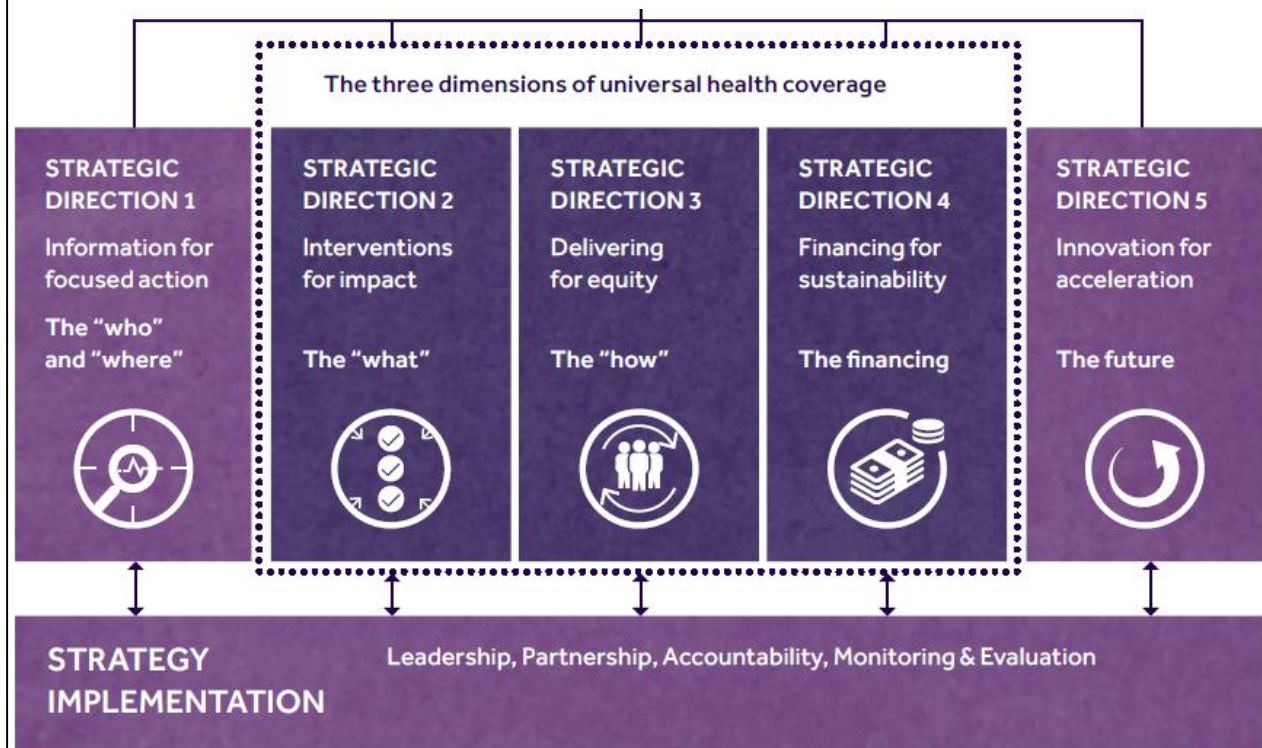
ZERO

Discrimination

“Towards ending AIDS” – WHO Global Health Sector Strategy on HIV, 2016-2021 Endorsed 2016 by World Health Assembly



5 strategic health sector directions



'How' to deliver: a foundation of zero discrimination

June 2017: WHO and UNAIDS statement on eliminating discrimination in health care setting

What is discrimination in health care?

- denial of health care services
- provision of misinformation
- lack of privacy
- breach of confidentiality
- test or treat without consent
- third party authorization requirements

What interventions for prevention impact

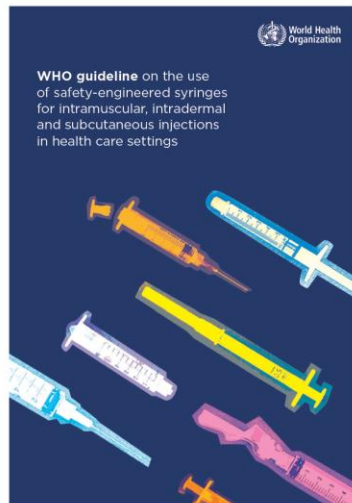
Many evidence-based HIV prevention options www.who.int/hiv/

Sexual transmission

- **Condom and lubricants**
- **Behavioural change interventions**
- **Voluntary medical male circumcision**
as part of package of services for males in high prevalence settings
- **Sexually transmitted infections prevention**

Health care settings

- **Blood safety**
- **Injection safety**



Other antiretroviral- related prevention

- ARV prevention: Pre-exposure prophylaxis (PrEP)
- Prevent mother to child transmission
- Test and treat
- Post-exposure prophylaxis (PEP)

Substance use related harm reduction

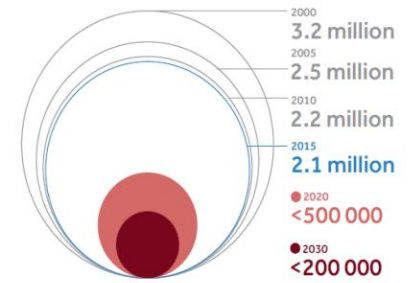
- Needle and syringe programmes
- Opioids substitution therapy and other dependence treatment
- **Overdose prevention and management naloxone**



Overlap with sexual and reproductive health interventions

- Contraception
- Cervical cancer screening, HPV vaccination

Achieving the prevention goal requires male circumcision coverage at 90% in 15 priority countries

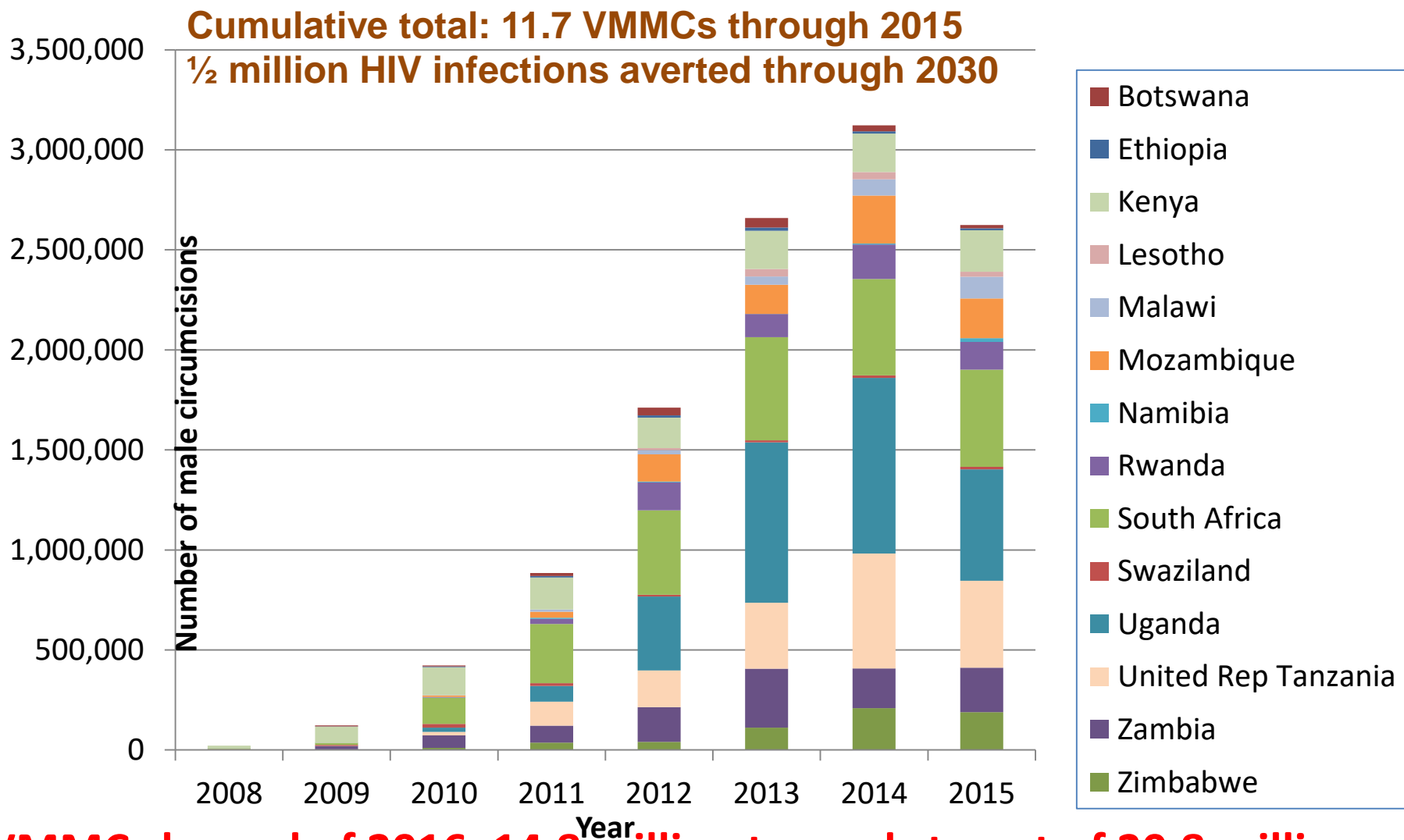


by 2021

- 90% of males aged 10–29-years will have received VMMC services in priority settings in sub-Saharan Africa
- 90% of 10–29-year-old males will have accessed age-specific health services tailored to their needs
- 90% coverage in 15 ESA countries means ~27 million circumcision in 15 countries through 2021

Building on progress

Annual number of voluntary medical male circumcisions performed for HIV prevention in 14 countries in East and Southern Africa, 2008–2015

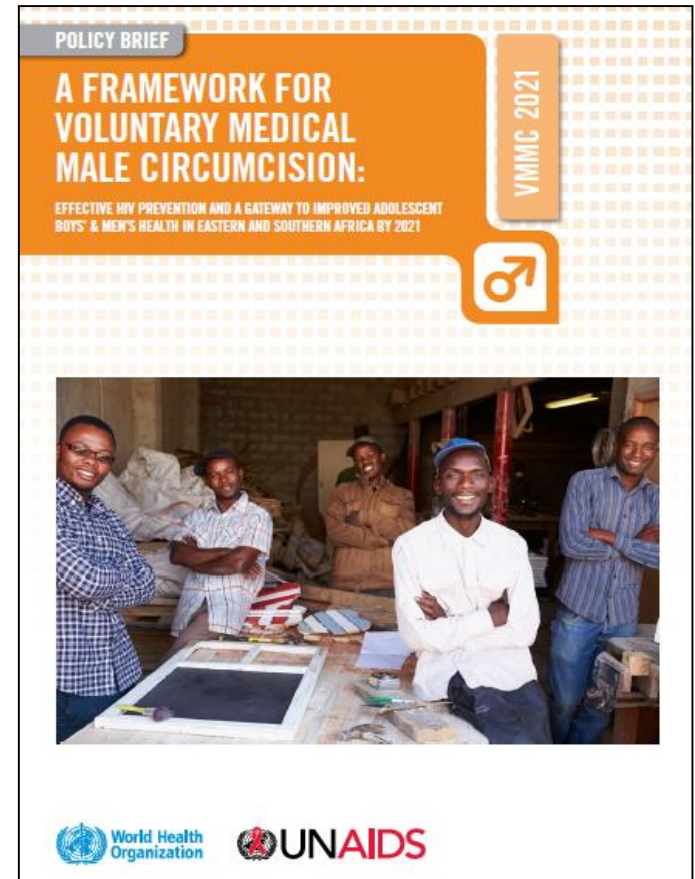


VMMCs by end of 2016: 14.8 million towards target of 20.8 million

*Framework on voluntary medical male circumcision:
effective HIV prevention and a gateway to improved adolescent's
boys' and men's health
in eastern and southern Africa by 2021*

Principles

- People centred approach
- Gender based perspective
- Enhance partnership



4 Strategic Directions

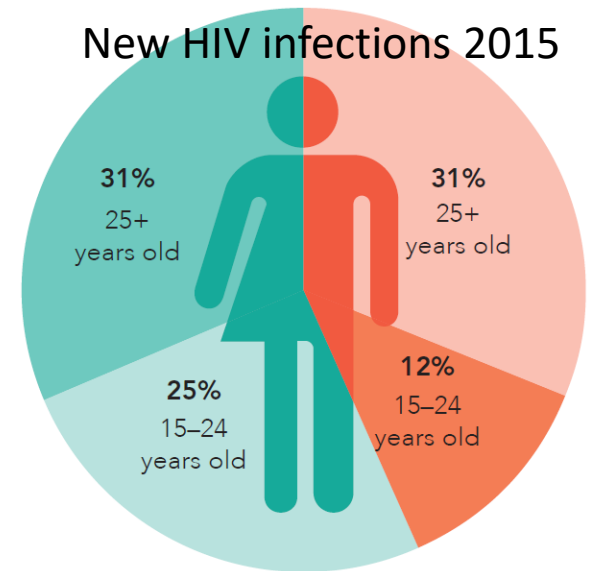
**Focused
action for
scale up**

**Policies and
services for
greatest
impact**

**Innovation for
acceleration
and the future**

**Accountability
for quality
and results**

1. Focused action for scale up



Use strategic information to determine 'who' and 'where' to focus and tailor action:

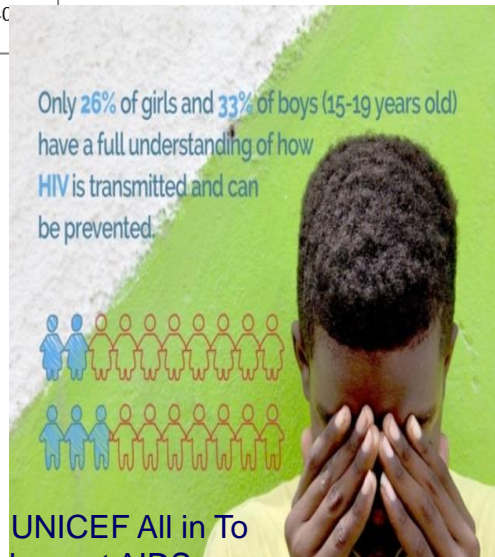
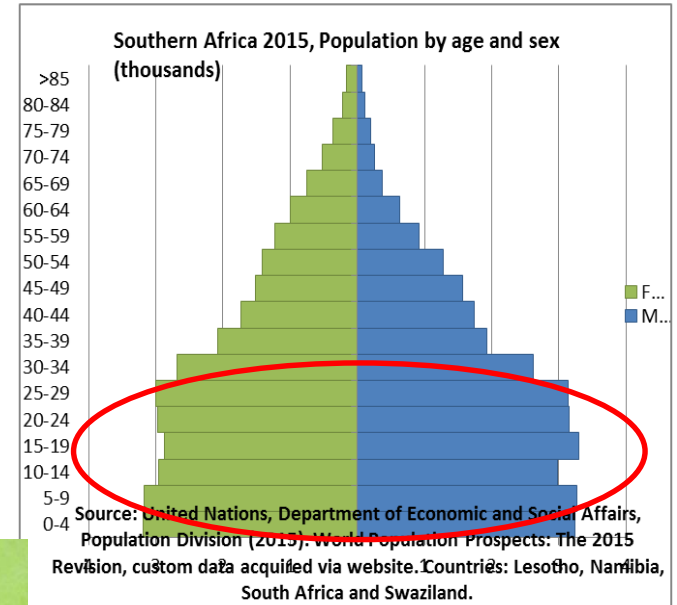
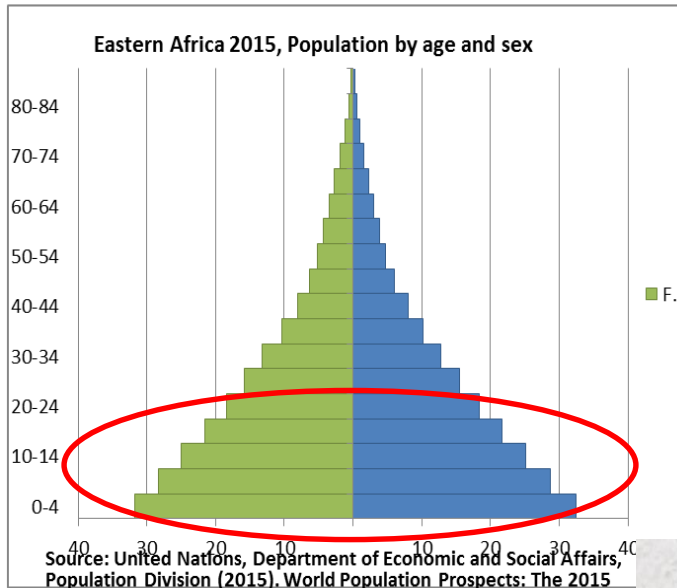
- More precise data — good quality records and reports
- Platforms for delivery — document experiences

Who: Prioritize age and risk groups

- Adolescents, young men:
 - 15 – 29 years: immediacy of prevention effect
 - 10 – 14 years: near to mid-term strategy
- Men at higher risk of infection – STI patients, mobile men

90% coverage 10 - 29 years

Youth bulge so
increasing numbers of adolescents and young adults



Source: UNICEF All in To end Adolescent AIDS

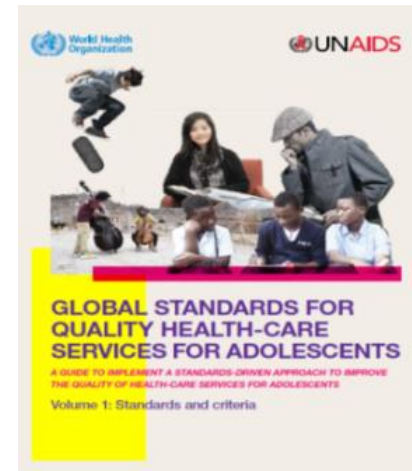
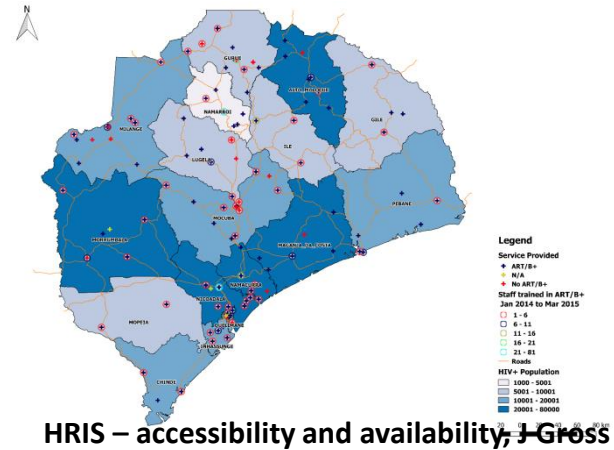
2. Policies and services for impact

Adjust current policies

- *Enhance access to services – workforce optimization and planning*

Transition from VMMC-specific to integrated or linked health services

- *Strengthen capacity and competencies*
 - *of health and education workforce*
 - *for adolescent and male friendly services*
- *Enhance collaboration and links between*
 - *services SRH and HIV;*
 - *other interventions and sectors:*
 - *comprehensive sexuality education, sports*



**YOUNG PEOPLE TODAY
READY FOR TOMORROW!**

Why adolescents and young people need comprehensive sexuality education and health services in Eastern and Southern Africa

2. Policies and services for impact

Offer male-friendly health service delivery approaches that are:

- Relevant to context, age and risk
- Address structural constraints:
 - operational policies such as hours
 - static, mobile delivery

Expand age- and risk specific essential service packages

- *Address broader needs:*
 - gender and masculinity norms, alcohol and drug use
- *Ensure safe surgery and injections, infection prevention and control*

HOW: People-centred service delivery	Who: Priority SubPopulations		
	1. Adolescents 10 – 14 years	2. Young men 15 - 19 years	3. Higher risk 20 - 29 years HIV Negative in sero-discordant relations; STI patients; uniformed, mobile, miners
Delivery platforms	<i>Which approaches work by age and risk?</i>		
Health			
Education: School			
Vocational			
Community:			
Youth, sports			
Traditional			
Social venues			
Occupation			

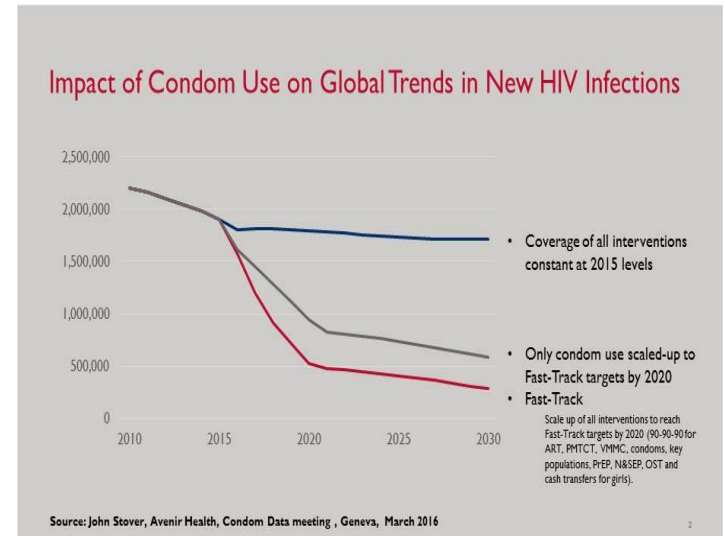
How to Handrub?



Deliver minimum service package - unique opportunity

- **HIV testing services***
- **Safer sex information and counselling**
- **Condom education and promotion and provision**
- **STI management**

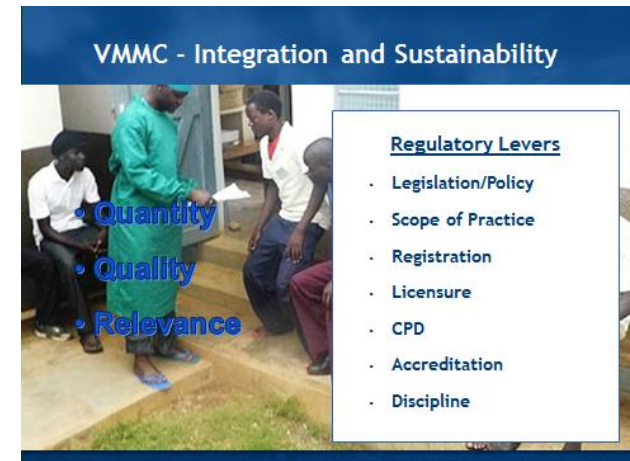
- **HIV testing: Not mandatory for VMMC, if HIV positive does not reduce risk of transmission to partners**
- **Linkages – to and from other services**
 - **HIV Self Testing (HIVST)**



3. Innovations for acceleration and the future

Invest in coalitions and partnerships

- *Replicate successes –*
 - *ARC collaborative as model*
- *With community, traditional, religious leaders*
 - *wound care practices, gender*
- *Coordinate and align activities and communications between programmes and sectors*
 - **The Global AA-HA! 'Accelerated Action for the Health of Adolescents': Implementation Guidance, 2017**
 - **Global essential and emergency surgery**



3. Innovations for acceleration and the future

Use implementation and operational research to improve service delivery

- *Optimise roles of human resources in different settings*
- *Identify innovative training approaches*

Create a culture of health-care seeking

- *Learn and change – quality care enhances demand*
- Use effective approaches with mobile apps
- Create institutional and community environments for positive health



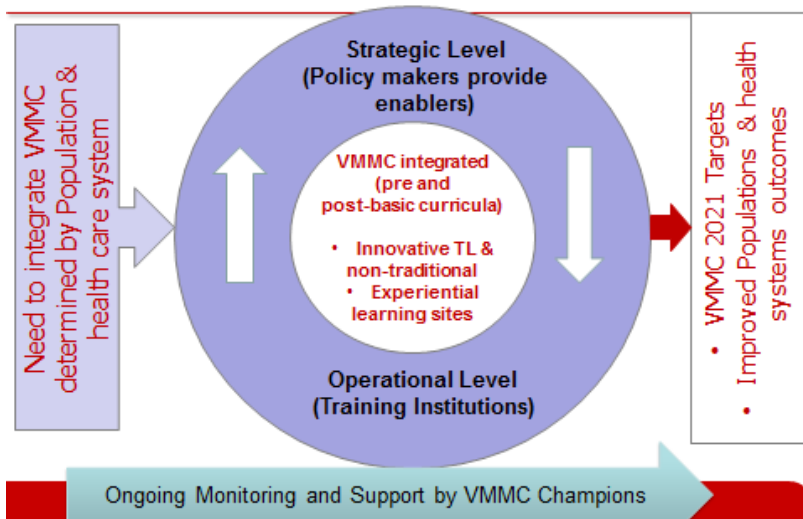
4. Accountability for results and quality



Evaluate results including partnership and collaboration

Ensure one national monitoring system, safety monitoring and institutionalize quality assurance

Institutionalising VMMC into Training in a Nutshell



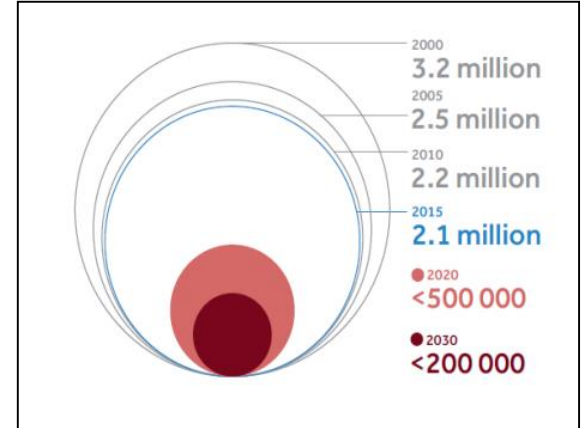
Source: F Mtshali

No.	Quality Standards Areas	Fas Manzini	CHAPS Wabantse	Hlatikhulu	Litsembe Letfu	Wkhava Hospital
1	Leadership and Planning	79.6	58.3	54.0	61.6	37.5
2	Management systems	86.1	74.4	71.7	89.3	76.2
3	Monitoring and Evaluation	71.4	80.2	41.9	78.8	70.7
4	Registration, group education and IEC	Not ass	72.2	Not ass	72.2	Not ass
5	Individual counselling and HIV testing	Not ass	97.6	Not ass	97.6	Not ass
6	Infrastructure, supplies, equipment and environment	90.6	87.9	84.2	89.4	90.2
7	Male circumcision surgical procedure	Not ass	Not ass	Not ass	Not ass	Not ass
8	Infection prevention	88.5	100	56.0	91.5	52.6
Grand Total		Not calculated – not all areas assessed				

Nurses and midwives – prevention leaders, implementers and change agents for adolescent boys and men's health

- **Institutionalize VMMC into health system**
 - HRH availability through information, authorization and regulation
 - Education - pre-service, in-service, innovative education approaches
 - Assure quality and apply quality improvement techniques
 - Monitor safety –coordinate with relevant programmes (surgery, Infection Prevention);
- **Clinical**
 - Deliver high quality minimum service package and other relevant services
 - Delivery approaches – propose and test; enhance linkages b/t interventions
 - Enhance competencies to deliver effective interventions:
 - Adolescent friendly services
 - Infection prevention and control
 - Gender
 - Male friendly services
 - Minor surgical skills
 - Discrimination free
- **Achieve targets** –enhance uptake– data quality for programming
- **Partner within and beyond nursing and health:** education, youth, communities

'everything is impossible until it is done' –
Nelson Mandela



Thank you

www.who.int/hiv

Photo sour