Technical Guidance Note for Global Fund HIV Proposals

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Male circumcision

Rationale for including male circumcision in the proposal

WHO and UNAIDS recommend male circumcision for HIV prevention in generalized epidemics, in particular in Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, the United Republic of Tanzania, Uganda, Zambia and Zimbabwe.[1,2] HIV proposals in these countries should include activities related to male circumcision for HIV prevention.

- Three randomized clinical trials show that male circumcision performed by well-trained medical professionals is safe and reduces the risk of acquiring HIV infection by approximately 60%.[3,4,5]
- One study in South Africa demonstrates a population-level reduction in prevalence and incidence 3 years after initiation of male circumcision services in this community.[6]
- Based on data from clinical trials, models estimate that routine male circumcision across sub-Saharan Africa could prevent up to 6 million new HIV infections and 3 million deaths in the next two decades.[7]
- Data on whether male circumcision provides any protection of or additional risk to men's female or male partners are inconclusive.
- Male circumcision does not give men complete protection against HIV infection; therefore, male circumcision should never replace other known methods of HIV prevention but should always be considered as part of a comprehensive HIV prevention package.
- To ensure the greatest possible benefit, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) recommend a minimum package of services that integrate other HIV and sexually transmitted infection (STI) prevention messages and services (see Box 1).

Box 1. WHO and UNAIDS recommended minimum package for male circumcision services

- HIV testing and counselling;
- active exclusion of symptomatic STIs and syndromic treatment where required;
- provision and promotion of male and female condoms;
- counselling on risk reduction and safer sex;
- male circumcision surgical procedures performed as described in the WHO/UNAIDS/Jhpiego *Manual for male circumcision*, under local anaesthesia.

1 *HIV in the WHO African region: Progress towards achieving universal access to priority health sector interventions – 2011 update.* WHO Regional Office for Africa, 2011.

2 *New data on male circumcision and HIV prevention: Policy and programme implications – conclusions and recommendations.* WHO/UNAIDS Technical Consultation on Male Circumcision and HIV Prevention. Montreux, Switzerland, 6–8 March 2007 (http://libdoc.who.int/publications/2007/9789241595988_eng.pdf).

3 Auvert B et al. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 trial. *PLoS Medicine*, 2005;2:e298.

4 Gray RH et al. Male circumcision for HIV prevention in men in Rakai, Uganda: A randomised trial. *Lancet*, 2007;369:657–666.

5 Bailey RC et al. Male circumcision for HIV prevention in young men in Kisumu, Kenya: A randomised controlled trial. *Lancet*, 2007;369:643–656.

6 Auvert B et al. Effect of the Orange Farm (South Africa) male circumcision roll-out (ANRS-12126) on the spread of HIV. Abstract presented at the International AIDS Society Conference, July 2011.

7 Williams BG et al. The potential impact of male circumcision on HIV in sub-Saharan Africa. *PLoS Med*, 2006;3:e262.

Focus population

Geographically, priority should be given to countries, regions and districts with low male circumcision prevalence, high HIV prevalence and predominantly heterosexual HIV epidemics.

Population- and age-specific focuses can be:

- **Reactive:** Those who are already demanding services.
- **Proactive:** Consider local epidemiology, age of sexual debut, age of traditional circumcision, cost and impact.

Consideration should be given to both short-term and long-term strategies, which may focus on different groups:

- **Short-term strategies** should aim to catch up with large numbers of adolescents and men who are already sexually active.
- **Longer-term strategies** should consider routine sustainable services for neonates or younger cohorts before they become sexually active.

For further guidance regarding the impact of different strategies in various epidemiological contexts, see the *Decision-makers' programme planning tool for male circumcision scale-up* (http://www.futuresinstitute.org/pages/MaleCircumcision.aspx).

Key activities to be considered

The following documents provide comprehensive guidance for the development of a Global Fund proposal:

- *New data on male circumcision and HIV prevention: Policy and programme implications – conclusions and recommendations*. WHO/UNAIDS Technical Consultation on Male Circumcision and HIV Prevention. Montreux, Switzerland, 6–8 March 2007 (http://libdoc.who.int/publications/2007/9789241595988_eng.pdf).
- *Operational guidance for scaling up male circumcision services for HIV prevention*. Geneva, World Health Organization and Joint United Nations Programme on HIV/AIDS (http://www.who.int/hiv/pub/malecircumcision/op_guidance/en/index.html). This guidance suggests key activities within each of the essential elements (see Box 2) to be undertaken in scaling up services.

Box 2. Key elements of a programme offering male circumcision services

- leadership and partnership;
- situation analysis;
- advocacy;
- enabling policy and regulatory environment;
- strategy and operational plan for national implementation;
- quality assurance and improvement;
- human resource development;
- commodity security;
- social change communication;
- monitoring and evaluation.

The proposed activities for a programme to operationalize services include the following:

- **Enhance leadership and partnership:** Establish a task force with a clear focal point with responsibility to guide the process of planning for scale-up and overseeing implementation. Identify leaders and champions at different levels. Work and coordinate with regional and global partners.
- **Conduct an analysis of the situation:** Gather information to describe the situation, and analyse and share this information with appropriate audiences. Develop clear recommendations based on the information, and clarify the regulatory environment. Involve various stakeholders in the analysis and discuss broadly for advocacy and educational opportunities. For the situation analysis toolkit developed for this purpose, see http://www.malecircumcision.org/programs/documents/Situation_Analysis_Toolkit_MC_Final.pdf. Elements to be considered in the situation analysis include:
  - attitudes, beliefs, practices and sociocultural aspects of male circumcision;
  - policy and regulatory framework (e.g. accessibility of services, including actual cost of circumcision and fees for service, providers and sites that can offer male circumcision, informed consent). For a legal and regulatory self-assessment tool, see http://data.unaids.org/pub/Manual/2008/20081119_jc1631_unaidsregulatory_selfassessment_en.pdf;
  - health system readiness and the scale of activity required to increase rates of male circumcision (e.g. trained providers, necessary commodities, logistics, underlying quality, information systems).
- **Plan and implement an advocacy strategy:** Call upon 'champions' (opinion leaders) and use the national task force to implement the strategy. Provide information on potential costs and impacts. Conduct stakeholder workshops and other sessions to discuss issues. Mobilize professional associations. Identify the key audiences, and develop and provide clear evidence and messages in easy-to-understand formats for different audiences.
- **Address policy and regulations so they enhance a supportive environment:** Review existing or related policies and regulations to determine their relevance to male circumcision. Identify changes that may be needed and develop a strategy to achieve these changes. Inform stakeholders about findings of reviews and involve them in the development of new and revised policies. See http://www.malecircumcision.org/programs/documents/unaidsregulatory_selfassessment_en.pdf.
- **Develop a strategy and operational plan for national implementation:** Ensure the national strategy reflects the guiding principles of national policy and either complements or is part of the existing HIV prevention strategy. Key components to be addressed in the national scale-up strategy include:
  - objectives and achievable activities, focus populations, service delivery strategies and male circumcision coverage (see Box 3);
  - social change communication, information, education and communication, and advocacy;
  - resource availability, including health-care providers, facilities and readiness, and supply chain management;
  - quality assurance, including training and supervision;
  - increasing demand for services and access to services;
  - programme management and coordination, phases of implementation, roles and responsibilities of partners, costing, resource mobilization, supply chain management, and monitoring and evaluation.
- **Consider service delivery approaches:** Clearly define the services and the standards they should meet. Develop tools and work with sites to achieve standards. Consider how to capitalize on private and nongovernmental organization providers. Mobilize additional resources to support the service delivery.
- **Implement quality assurance mechanisms:** Develop policies that support a quality approach to implementing services. Use the WHO *Male circumcision quality assurance guide* (http://www.who.int/hiv/pub/malecircumcision/qa_guide/en/index.html) for guidance in setting up the programme. Establish male circumcision quality assurance standards, communicate these standards, and work with stakeholders to implement the standards in all male circumcision services. Organize quality teams at the facility level and build their capacity for self-assessment and to implement action plans. Introduce to providers the WHO *Male circumcision quality assessment toolkit* (http://www.who.int/hiv/pub/malecircumcision/qa_toolkit/en/index.html) to support facility quality improvements. Enhance supportive supervision and give feedback to facilities.

- **Develop human resources:** Assess the human resources situation, including training needs and constraints. Identify local options and opportunities for task shifting. Develop or adapt clinical protocols, conduct training, establish systems to ensure the transfer of learning from training sites to service delivery sites, and monitor progress of trainees. Incorporate principles of efficiency, as outlined in the WHO *Considerations for implementing models for optimizing the volume and efficiency of male circumcision services* (http://www.malecircumcision.org/programs/documents/mc_MOVE_2010_web.pdf).
- **Improve commodity security:** Analyse the need for commodities based on national protocols and guidelines, considering all elements of the male circumcision "minimum package". Ensure items are included in national essential medicines lists and in procurement and logistics systems. Set up logistics systems to ensure adequate initial stocks of specific needs well in advance, and determine initial stock recommendations to accommodate expected demand and reorder levels.
- **Implement social change communications:** Develop a plan for social change communication as part of the national male circumcision and HIV prevention strategy. Develop appropriate messages for focus audiences, and test and monitor these messages. Develop job aids for health-care providers and client information and materials. See the WHO *Male circumcision and HIV prevention in eastern and southern Africa: Communications guidance* (http://www.who.int/hiv/pub/malecircumcision/comm_guide/en/index.html) for further details.
- **Implement monitoring and evaluation:** Develop a monitoring and evaluation framework as part of existing HIV-related health information systems, with key indicators and measurements to track the progress of the programme and to plan for continuous assessment and operational research, incorporating the framework as much as possible into routine national health information systems. Analyse the data collected and give useful feedback to stakeholders at all levels of service delivery so that activities to address gaps can be implemented and to ensure that services are compliant with regulation and policy. For further details, see http://www.who.int/hiv/pub/malecircumcision/indicators/en/index.html.

Box 3. Example of goal and objectives that cover the service delivery area

Goal: To accelerate the prevention of HIV transmission through the provision of safe, affordable and accessible male circumcision services as part of a comprehensive HIV prevention strategy.

Objectives:

- To increase the number of males accessing safe male circumcision services in a focus area.
- To increase the number of health facilities providing safe male circumcision services in a focus area.
- To increase the number of facilities that offer all components of the minimum package of care for male circumcision services.

Suggested key indicators

Indicators measure achievement or reflect change connected to male circumcision services. To determine what change has taken place, these indicators must be compared with what was planned and with a baseline value. The indicators listed here are some of those suggested in the WHO/UNAIDS *A guide to indicators for male circumcision programmes in the formal health care system* (http://www.who.int/hiv/pub/malecircumcision/indicators/en/index.html):

- percentage of population aged 15–49 years with correct knowledge of male circumcision for HIV prevention;
- number of males registered to receive male circumcision surgery;
- proportion of males circumcised in the focus population;

- number of circumcisions performed according to national standards within specified time period;
- number and percentage of males circumcised who experienced at least one moderate or severe adverse event during or following surgery within the reporting period;
- number and percentage of males circumcised reporting sexual activity before wound healing.

Costing

Costing and resource mobilization efforts go hand in hand with developing the strategy and operational plan. The process for development of the operational plan should involve investigating and determining the needs for resources, the resources available, the resource gaps and the sources of funding. The *Decision-makers' programme planning toolkit for male circumcision scale-up* (http://www.futuresinstitute.org/pages/MaleCircumcision.aspx) or other costing tools can be used to ensure that the operationalization of the selected strategies is both feasible and cost-effective. A male circumcision programme should not take resources away from other programmes, such as those for reproductive health, but should be used to strengthen and provide linkages to such programmes.

Linkages with other service delivery areas and programmes

Linkages with other key components for HIV prevention include the main "minimum package" programmes:

- HIV testing and counselling, including couples testing and counselling;
- diagnosis and treatment of STIs;
- condom programming;
- sexual and reproductive health;
- linkages with youth programmes, infection prevention and control, including injection safety, and blood safety.

Addressing gender, human rights and equity

The expansion of safe male circumcision services provides an opportunity to strengthen and expand HIV prevention and sexual health services for men, including a population that is not normally reached by existing services. Policy-makers and programme managers should maximize the opportunity that male circumcision programmes afford for education and behaviour change communication, promoting shared sexual decision-making, gender equality, and improved health of women and men. See also the WHO *Information package on male circumcision: implications for women* (http://www.who.int/hiv/pub/malecircumcision/infopack_en_5.pdf).

Some key issues from the UNAIDS *Safe, voluntary, informed male circumcision and comprehensive HIV prevention programming: Guidance for decision-makers on human rights, ethical and legal considerations* (http://www.who.int/hiv/pub/malecircumcision/guide_decision/en/index.html) are highlighted here. Countries should ensure that male circumcision services are carried out safely, under conditions of informed consent, and without coercion or discrimination. Communities where male circumcision is introduced have a right to clear and comprehensive information about what is known and not known about male circumcision and HIV prevention. Men opting for male circumcision have the right to receive full information on the benefits and risks of the procedure. Where male circumcision is provided for minors (young boys and adolescents), the child should be involved in the decision-making and should be given the opportunity to provide assent or consent, according to his evolving capacity. Parents who are responsible for providing consent should be given sufficient information regarding the benefits and risks of the procedure in order to determine what is in the best interests of the child or adolescent.

Key implementing partners

The Interagency Task Team for Male Circumcision for the Prevention of HIV includes WHO, UNAIDS, the United Nations Population Fund and the United Nations Children's Fund. Implementing partners include Marie Stopes, Population Services International, Family Health International and Jhpiego. Key funders are the United States President's Emergency Plan for AIDS Relief (United States Agency for International Development and United States Centers for Disease Control and Prevention) and the Bill & Melinda Gates Foundation.

Type and sources of technical assistance that may be required during implementation

Policy, strategy, programme operations, training and quality assurance, and monitoring and evaluation are areas for which technical assistance may be needed. The following resources may be useful:

- *Male circumcision for HIV prevention publications*. Geneva, World Health Organization, 2011 (http://www.who.int/hiv/pub/malecircumcision/en/).
- The Clearinghouse on Male Circumcision for HIV Prevention (http://www.malecircumcision.org) is a collaborative effort to generate and share information resources with the international public health community, civil society groups, health policy-makers and programme managers.

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