CALL TO ACTION

FOR VOLUNTARY MEDICAL MALE CIRCUMCISION

THE JOB IS NOT DONE YET

Accelerating VMMC for HIV Prevention

UPDATED APRIL 2024

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ACKNOWLEDGEMENT

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A VMMC champion in Mombasa proudly urges others to get circumcized. Photo credit: Violet Otindo

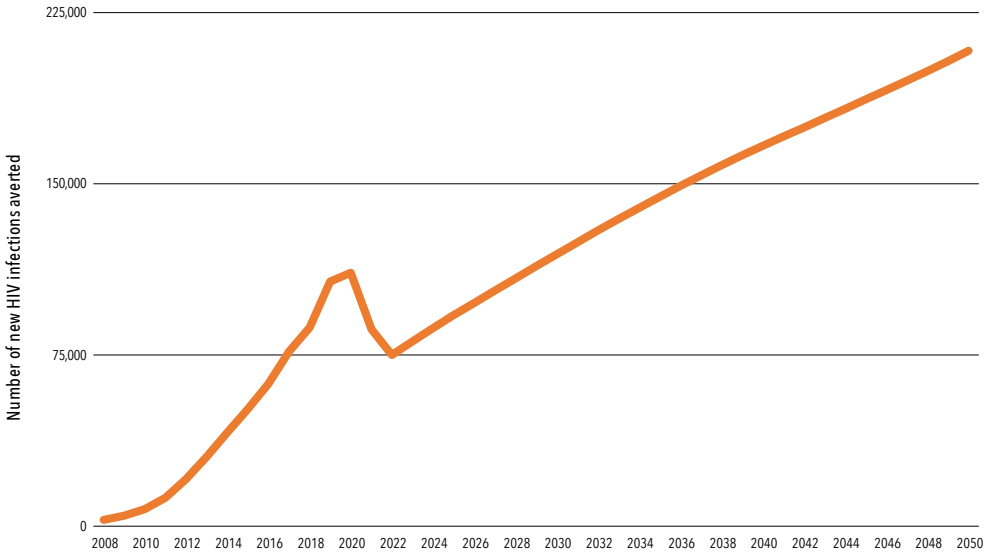
INTRODUCTION

In the pursuit of a future without HIV and AIDS, voluntary medical male circumcision (VMMC) remains an integral component of the arsenal in HIV prevention, offering a cost-effective and scientifically proven intervention that holds immense potential in curbing the acquisition of HIV.

Scientific evidence has unequivocally demonstrated that VMMC significantly reduces the risk of HIV acquisition in men, making it a vital strategy in HIV prevention efforts.[1-3] VMMC is estimated to have averted 615,000 new infections by 2020, and is projected to prevent 1.6 million infections by 2030 and 4.9 million by 2050.[4] Recent evidence shows that VMMC continues to be cost-effective in 68% of settings across Africa. Whilst modelling studies anticipated VMMC would most likely be cost-effective in settings with higher HIV incidence, VMMC proved to be cost-effective in 62% of settings with HIV incidence of less than 1% in men aged 15-49 years.[5] The evidence is clear: continued and sustained implementation of VMMC has the potential to save millions of lives and bend the curve of the epidemic. Since VMMC was recommended by WHO and UNAIDS in 2007 as key to HIV prevention in high-prevalence settings, about 35 million men have accessed services across the 15 VMMC priority countries in Eastern and Southern Africa.[6-7] For countries with generalized epidemics and low MC prevalence, VMMC is one of the most impactful and cost-effective primary HIV prevention interventions available, second only to condoms. Despite this impressive achievement, more is needed to reach the 90% target by 2030. In addition, VMMC is a critical entry point for reaching men and boys that must be leveraged to improve their health and wellbeing.

The impact of providing VMMC services

HIV infections averted by VMMCs conducted to date and overtime



- **615,000 new HIV infections were averted between 2008 and 2020 by the 29.5 million circumcisions conducted during that period–one infection averted for every 48 VMMCs.**
- **Through 2030 we estimate that almost 1.6 million infections will be averted.**
- **If we extend the analysis to 2050, the total number of infections averted rises to 4.9 million.**

Source: Special analysis by Avenir Health
VMMC and estimates data source: UNAIDS Global AIDS Monitoring, 2021 (see https://aidsinfo.unaids.org/).
Countries with available data: Botswana, Eswatini, Kenya, Lesotho, Mozambique, Rwanda, South Sudan, United Republic of Tanzania, Zambia, Zimbabwe.

CALL TO ACTION FOR VOLUNTARY MEDICAL MALE CIRCUMCISION

The job is not done yet – Accelerating VMMC for HIV prevention

Investment in voluntary medical male circumcision for HIV prevention (VMMC) programmes in the 15 key priority countries in Eastern and Southern Africa is an investment in the health and well-being of communities, nations and our collective future.

The time is now to unite, mobilise, and advocate for continued prioritised funding, sustained commitment, and strategic integration of VMMC into national and global prevention strategies. As part of the Sustainable Development Goals (SDGs) to ensure healthy lives and promote well-being for all and end the HIV and AIDS epidemic, countries must act with urgency to ensure that gains made are not lost and the vision of ending AIDS is realised. We implore stakeholders to do their part and work together to realize the following priorities:

1 LEADERSHIP AND GOVERNANCE

- *Ministries of finance and health* must take ownership of VMMC programs and fully embed VMMC into their domestic plans and funding mechanisms.
- *Governments* must monitor policy implementation, programmatic progress, and financial commitments and report these in an annual VMMC Leadership Scorecard.
- *Civil society* must spearhead efforts culminating in a concrete social compact.

2 FUNDING AND SUSTAINABILITY

- *Multilateral funding agencies* must urgently prioritise increased funding to pre-COVID-19 levels, from the current $167 million ***to at least $250 million per annum***. An additional dedicated fund for innovation and research should be established to guide and promote novel approaches to VMMC for greater efficiency and effectiveness over the next five years. HIV prevention and sexual and reproductive health (SRH) targeted at young men should include a component of VMMC to augment existing VMMC funding.
- *Ministries of finance and health* must commit to an incremental increase in domestic funding for VMMC over the next two fiscal years, with a clear timeline and milestones for implementation.
- *The private sector* must actively participate as a significant partner in co-funding VMMC commodities and create mechanisms that tap private medical insurance as means for sustainable funding.

3 HEALTH SERVICE DELIVERY*

- *Ministries of health* must fast-track and strengthen the implementation of differentiated service delivery as a client-centred approach. Strengthening training for clinicians is also imperative to ensure safe services and progress toward targets for VMMC in the next five years.
- *Multilateral agencies* must bolster VMMC programmes with support and technical expertise to build local capacity and ensure quality services and implementation of best practices.
- *Civil society* must take the lead in community-based initiatives that advocate for VMMC, ensuring accessibility for men and boys where they are.

4 GLOBAL AND REGIONAL ADVOCACY

- *Multinational agencies* must take a leading role in global-level advocacy, creating compelling advocacy materials to ensure that VMMC remains prominent on the global agenda.
- *Civil society organisations* must continue to hold governments and funding agencies accountable to their commitments and engage with communities to raise awareness and boost demand creation for VMMC.

5 PARTNERSHIP AND COLLABORATION

- *The VMMC Steering and Coordinating Group and the VMMC Global and Sub-Regional Stakeholders Groups,* comprised of government, NGOs, funding partners, implementing partners, community leaders, and private sector partners must coordinate efforts and share resources. At the national and sub-national level, collaboration must be forged among community leaders, traditional leaders, religious leaders, and influential figures to help gain and maintain their support and endorsement for VMMC.

6 INNOVATION AND COMMODITIES

- *Manufacturers, distributors, and health ministries* must collaborate, meet the demand for services, and ensure a robust supply chain management system crucial to ensuring a steady and reliable supply of medical devices and commodities for VMMC services.
- *The use of World Health Organization* (WHO) prequalified male circumcision devices is recommended as an additional method.
- *Multilateral funding agencies* must maintain their support of research initiatives focused on assessing new device-based methods, investigating efficacy, safety, efficiency and acceptability of new methods for VMMC.
- *Ministries of health* must support piloting, adoption, and swift expansion of newly approved devices, in order to provide a broader array of options for men undergoing VMMC.

7 COMMUNICATION AND DEMAND CREATION

- *Ministries of health* must lead and collaborate with key stakeholders to develop impactful and meaningful communication campaigns.
- *Civil society organisations* must actively engage with communities, especially young men, to increase awareness, address concerns and dispel myths and misconceptions surrounding VMMC.

8 STRATEGIC INFORMATION AND ACCOUNTABILITY

- *Governments* must continue to invest resources into running and managing information systems to inform continuous course correction and evaluation of VMMC programmes. Regular updates on progress and challenges should be disseminated at both national forums and on a global scale.

* UNAIDS estimates the annual resource requirements for voluntary medical male circumcision (VMMC) in high-prevalence settings across low- and middle-income countries (LMICs) to be $199 million in constant 2019 US dollars for the year 2025. Adjusted for inflation, this amounts to approximately $250 million annually for 2025.

Investment in VMMC programmes is an investment in the health and well-being of communities, nations and our collective future.

To realise the full potential of VMMC and achieve the commitments made over the last decade, the HIV response must counteract dwindling funding, and compromised sustainability. The impact of dwindling funding for VMMC has become more pronounced in the aftermath of the COVID-19 pandemic, compounded by the diversion of resources to DREAMS programs for adolescent girls and young women. Rather than viewing these new innovations as conflicting priorities, it is crucial to view the entire prevention spectrum as an opportunity for synergistic and accelerated HIV prevention efforts.

In regions grappling with high HIV burden, securing adequate financial resources is a necessity. High-burden countries in Africa continue to bear the brunt of the epidemic, and it is these very regions that require urgent and focused attention. Sustaining VMMC requires a strategic, comprehensive approach that encompasses not only funding, and implementation, but ongoing support and maintenance of programmes. Efforts to ensure sustainability must prioritise country leadership and ownership, increased funding, integration within existing healthcare systems, strengthening the implementation of differentiated service delivery, engagement and leadership of civil society and communities, demand creation, reliable access to commodities, continued investment in innovation in research, development and implementation science, and rigorous monitoring and evaluation.

Investment in VMMC programmes is an investment in the health and well-being of communities, nations and our collective future.

Men in Mafeteng, Lesotho, receiving mobile VMMC services. VMMC is an entry point for reaching men and boys and meeting men where they are is critical to scaling up VMMC and other health services. Photo credit: Polo Matlalane Motsoari Jhpiego Lesotho

This call to action is a clarion call to unite, mobilise, and advocate for continued prioritised funding, sustained commitment, and strategic integration of VMMC into national and global prevention strategies. As part of the Sustainable Development Goals (SDGs) to ensure healthy lives and promote well-being for all and end the HIV and AIDS epidemic, we call on countries to act with urgency to ensure that the gains made are not lost and the vision of ending AIDS is realised.

We implore stakeholders to work together specifically in the following key areas:

We implore civil society organisations to take a central role and continue to mobilise and rally communities behind VMMC.

1 LEADERSHIP AND GOVERNANCE

Strong leadership and governance at all levels are fundamental for the implementation and maintenance of VMMC programmes. We urge governments to set a precedent and demonstrate strong leadership by implementing policies and healthcare environments that promote and ensure the longevity of VMMC programmes. To this end, governments must take ownership of VMMC programs and fully integrate VMMC into their domestic plans and funding mechanisms.

We implore civil society organisations to take a central role and continue to mobilise and rally communities behind VMMC.

As a tangible demonstration of commitment, we propose the creation of an annual VMMC Leadership Scorecard to monitor policy implementation, programmatic advancements, financial commitments, and civil society-led social compacts aimed at advancing VMMC.

1.1 Ministries of Finance and Health

- VMMC programmes should be owned by governments and fully embedded into national plans from development, to funding, and through to implementation and longevity of programmes.
- Governments should monitor policy implementation, programmatic progress, and financial commitments and report these on the annual VMMC Leadership Scorecard.

1.2 Civil Society

- Civil society should spearhead efforts to foster support for VMMC within communities, culminating in a concrete social compact that solidifies civil society leadership and ownership for VMMC.

2 FUNDING AND SUSTAINABILITY

We urge multilateral funding agencies and international organisations to honour their commitments to funding and supporting VMMC programmes until the targets set a decade ago are realised. Taking action now and maintaining proactive efforts are crucial to realise the demonstrated cost-effectiveness of this intervention within the next five years.

We call upon governments to contribute their share by committing to an incremental increase in domestic funding for VMMC over the next five years. Consistent funding from both domestic and international sources is vital to guarantee the maintenance and sustainability of VMMC programmes.

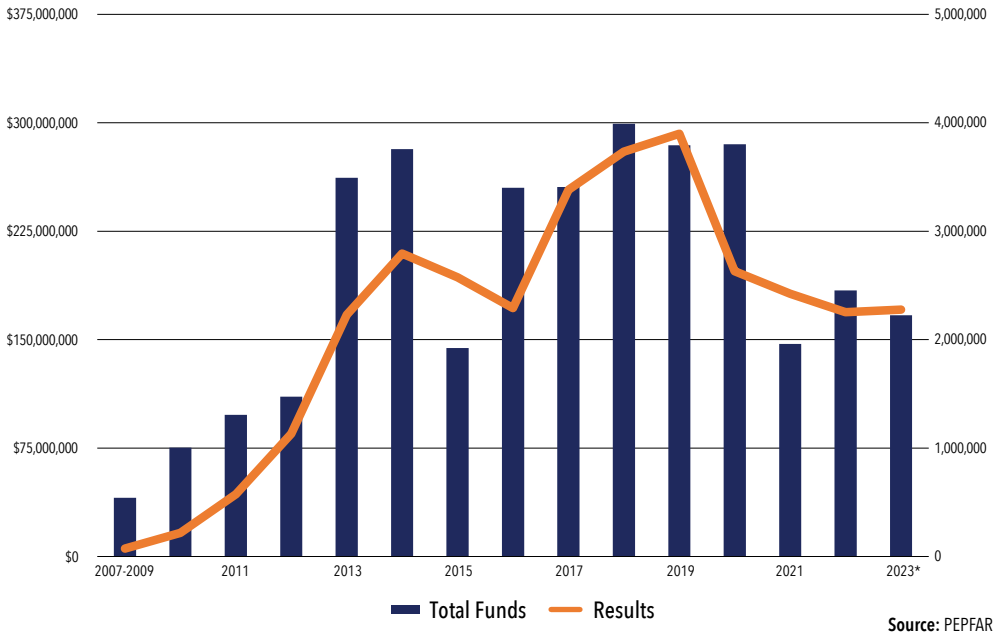
2.1 Multilateral funding agencies

- Multilateral funding agencies should urgently review the current funding for VMMC, and prioritise increased funding to pre-COVID-19 levels. This requires funding to increase from the current $167 million ***to at least $250 million per annum,*** with a focus on allocating higher funding to countries with lower coverage.

Declining funding for VMMC services

VMMC has been de-prioritized as evidence by:

- **Declining outputs since 2019**
- **Drastic reduction in PEPFAR funding from $300 million in 2018 to $147 million in 2021 (a 51% decline)**
- **Going forward, VMMC must be funded at Pre-2020 levels**



Source: PEPFAR

* UNAIDS estimates the annual resource requirements for voluntary medical male circumcision (VMMC) in high-prevalence settings across low- and middle-income countries (LMICs) to be $199 million in constant 2019 US dollars for the year 2025. Adjusted for inflation, this amounts to approximately $250 million annually for 2025.

Simultaneously, it is crucial to sustain support for countries approaching the 90% coverage targets.

- An additional and dedicated fund for innovation and research should be established to guide and promote novel approaches to VMMC for greater efficiency and effectiveness over the next five years.
- Funding mechanisms for health programmes, including HIV prevention and sexual and reproductive health (SRH) targeted at young men and boys, should include a component of VMMC to augment existing VMMC funding.

Consistent funding from both domestic and international sources is vital to guarantee the maintenance and sustainability of VMMC programmes.

2.2 Ministries of finance and health

- VMMC programmes should be owned by governments and fully integrated into national plans encompassing development, funding, implementation and the long-term continuity of programmes.
- Ministries of Finance and Health should take the lead in the development of sustainability plans tailored to their national context and constraints.
- Governments should actively reassess and prioritise the incorporation of VMMC into national budgets even in the face of limited domestic resources.
- Governments should commit to an incremental increase in domestic funding for VMMC over the next five fiscal years, with a clear timeline and milestones for implementation.

2.3 Private sector

- The private sector must actively participate as a significant partner in co-funding VMMC commodities as part of their contribution to preventing HIV.
- Medical insurance has shown potential as an additional source of funding. Ministries of health and service providers should engage with and create mechanisms that foster collaboration and tap into private medical insurance as means for sustainable funding.

3 HEALTH SERVICE DELIVERY

Efficient and accessible person-centered health services for men helps to determine the success of VMMC programmes. We strongly advocate for ministries of health and implementing agencies to champion and expedite the integration of VMMC as part of a broader package of services supporting men's health. Integrating VMMC will maximise its cost-effectiveness and promote a holistic approach to engaging men and providing them with health services.

Additionally, we urge health ministries to collaborate closely with civil society organisations and communities to implement and firmly establish VMMC within community-based initiatives. These initiatives should seek to reach men where they are and encourage them to take up VMMC.

3.1 Ministries of Health

- Ministries of health should lead in the development and implementation of evidence-informed policies to enhance access to VMMC within health facilities.
- Ministries of health should also fast-track and strengthen the implementation of differentiated service delivery as a client-

Newly trained VMMC providers in Uganda ready to receive clients. Photo credit: Stephen Mugamba

centred approach. This is an important step in simplifying and improving access to VMMC and other HIV prevention services for men.

- Strengthening training for clinicians is imperative to ensure safe services and progress toward targets for VMMC in the next five years.

3.2 Multilateral agencies

- Multilateral agencies should bolster VMMC programmes with support and technical expertise to build local capacity and ensure quality services and implementation of best practices.

3.3 Civil society

- Civil society should take the lead in community-based initiatives to advocate for VMMC ensuring accessibility for men where they are. These initiatives should be linked to tangible social compacts that establish accountability for both communities and civil society in VMMC.

4 GLOBAL AND REGIONAL ADVOCACY

We call upon influential stakeholders and advocates to unite and amplify the importance of VMMC on global and regional platforms. This can be done by strengthening civil society networks that advocate for funding of VMMC. We recommend the establishment of a VMMC Advocacy Forum with clear objectives aimed at holding multinationals and governments accountable while promoting the advancement of VMMC globally and regionally. By increasing awareness and advocating for evidence-based policies we can secure support from other critical stakeholders and empower communities to embrace VMMC.

4.1 Multinational agencies

- Multinational agencies should take a leading role in global-level advocacy, creating compelling advocacy materials to ensure that VMMC remains a prominent item on the global agenda.

4.2 Civil society organisations

- International and national civil society organisations should continue to hold governments and funding agencies accountable to their commitments.
- Engage with communities to raise awareness and boost the uptake of VMMC among young men who are most at risk.

By increasing awareness and advocating for evidence-based policies we can secure support from other critical stakeholders and empower communities to embrace VMMC.

A robust supply chain management system is crucial to ensuring a steady and reliable supply of medical devices and commodities for VMMC services.

5 PARTNERSHIP AND COLLABORATION

Collaboration lies at the heart of sustainable progress. We encourage all stakeholders, organisations, and governments to forge partnerships that leverage each other's strengths and expertise. Together we can synergise efforts to reach young men aged 15-29 years, support their uptake of VMMC, strengthen VMMC programmes, and optimize the potential of this intervention.

We propose reinforcing the VMMC Steering and Coordinating Group and the VMMC Global and Sub-Regional Stakeholders Groups, comprised of government, NGOs, funding partners and their supporting implementing partners, community leaders, and private sector partners. These groups will coordinate efforts and share resources. Additionally, we advocate for the organisation of a bi-annual/annual VMMC Summit to bring stakeholders together, assess progress, share best practices, and update strategies to align with the dynamic landscape of HIV prevention.

At the national and sub-national level, we must foster collaboration with community leaders, traditional leaders, religious leaders, and influential figures to help gain and maintain their support and endorsement for VMMC. This can significantly increase acceptance and uptake among young men. Together, we can share knowledge, resources, and best practices to magnify our impact.

6 INNOVATION AND COMMODITIES

A robust supply chain management system is crucial to ensuring a steady and reliable supply of medical devices and commodities for VMMC services. We call upon manufacturers, distributors, and health ministries to collaborate, meet the demand for services, and ensure that there are no disruptions at all levels of service delivery.

The use of World Health Organisation (WHO) prequalified male circumcision devices is recommended as an additional method of male circumcision in the context of HIV prevention, provided they are used by adequately trained healthcare professionals in environments equipped with surgical backup facilities and the necessary expertise specific to the device.

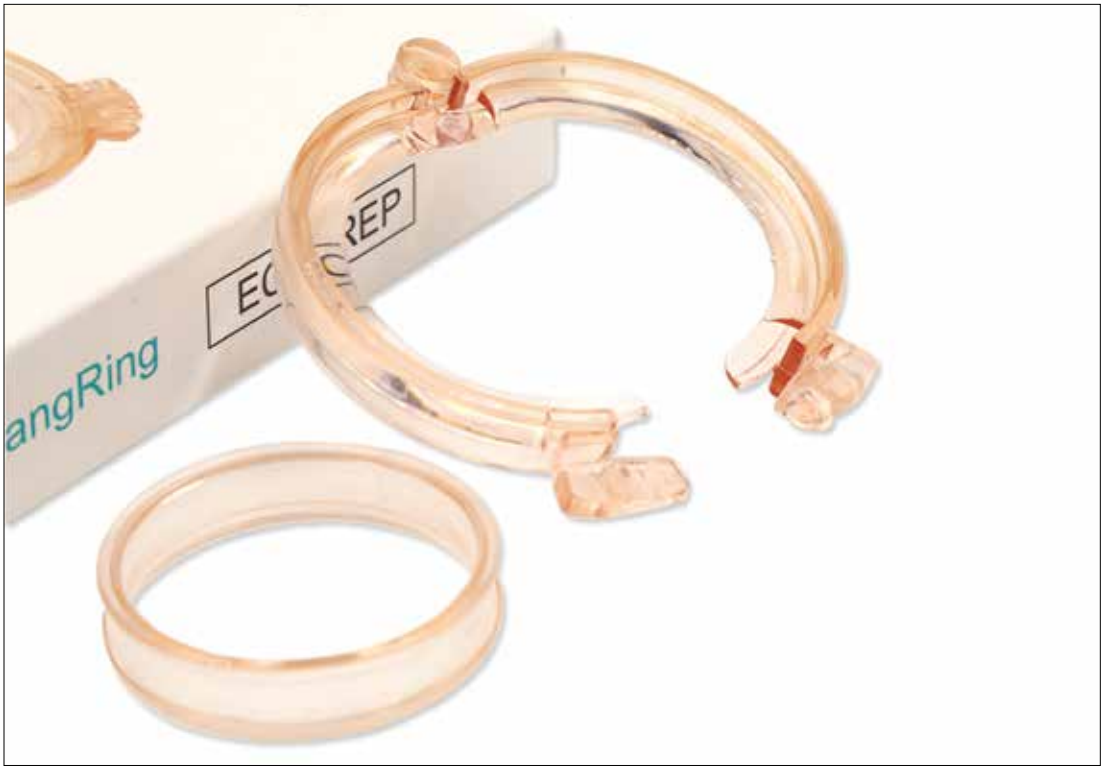
We recommend the creation of a VMMC Innovation Incubator programme within the WHO group responsible for overseeing VMMC devices. This incubator will take charge of developing and testing of new circumcision devices and techniques. Adequate resources will be allocated to fund promising projects, with the goal of expediting regulatory approvals and enabling market entry for successful innovations within 24 months of initial funding. This initiative will contribute to the expansion of choices for men undergoing circumcision.

6.1 Multilateral funding agencies

- Multilateral funding agencies should maintain their support of research initiatives focused on assessing new device-based methods, investigating efficacy, safety, efficiency and acceptability of new methods for VMMC in men.

6.2 Ministries of health

- Ministries of health should support piloting, adoption, and swift expansion of newly approved devices, in order to provide a broader array of options for men undergoing VMMC.



Different men might choose different ways of getting circumcised, so innovations like the Shang Ring are needed to expand options.

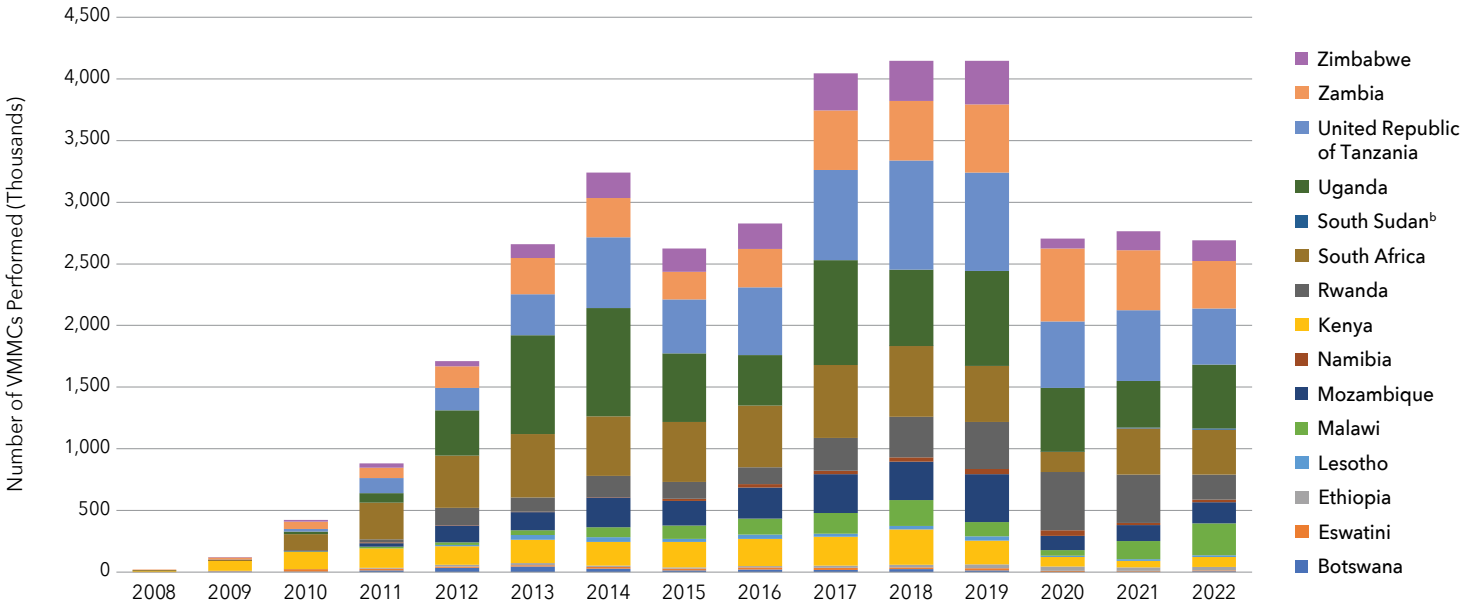
7 COMMUNICATION AND DEMAND CREATION

Effective communication strategies, rooted in social and behaviour change communication (SBCC) theory and evidence, are vital for generating demand and raising awareness about VMMC. We advocate for the execution of data-driven SBCC campaigns specifically directed at males aged 15-29 years in communities with the lowest circumcision rates and highest HIV prevalence. Through the development and implementation of targeted demand-creation campaigns using diverse mediums such as radio, television, social media, and community outreach, VMMC implementers can address myths and misconceptions and educate communities and young men about the benefits of VMMC and the availability of services.

7.1 Ministries of health

- Ministries of health should lead and collaborate with key stakeholders to develop impactful and meaningful communication campaigns.

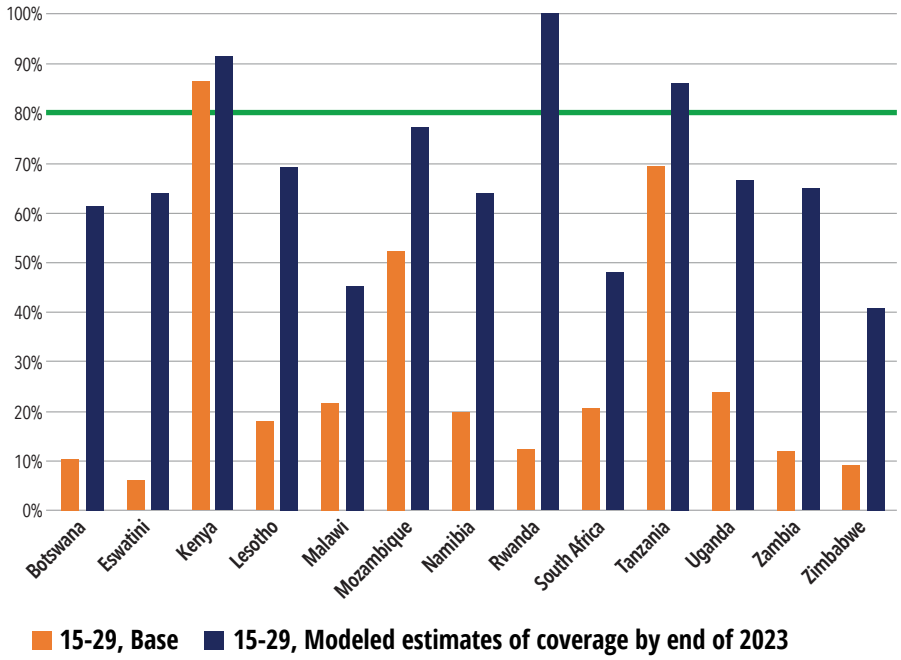
Progress on VMMC across countries



a Countries with available data: Botswana, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.
b South Sudan commenced its VMMC programme later in 2017 and reported its data for the first time in 2018.

Source: UNAIDS Global AIDS Monitoring, 2023 (https://aidsinfo.unaids.org/)

Uneven progress on VMMC across countries



Source: The VMMC Decision-Makers' Program Planning Toolkit 2 (DMPPT 2), threeMC 2024 version, http://www.vmmcipt.org/2024_3MC/, data extracted on March 29, 2024.

7.2 Civil society organisations

- Actively engage with communities, especially young men, to increase awareness, address concerns and dispel myths and misconceptions surrounding VMMC. Use the engagements to emphasise the long-term benefits of VMMC in safeguarding our communities against HIV transmission and its role in realising the dream of ending AIDS.

Total MC coverage (15-49) at end of 2023

Country	MC Prevalence 2022	Coverage increase from baseline
Botswana	53%	40%
Eswatini	48%	41%
Kenya	94%	6%
Lesotho	56%	38%
Malawi	41%	20%
Mozambique	73%	20%
Namibia	55%	34%
Rwanda	78%	69%
South Africa	44%	24%
Tanzania	84%	14%
Uganda	61%	39%
Zambia	44%	38%
Zimbabwe	28%	20%

Source: The VMMC Decision-Makers' Program Planning Toolkit 2 (DMPPT 2), threeMC 2024 version, http://www.vmmcipt.org/2024_3MC/, data extracted on March 29, 2024.

Investment Profile for HIV Programs

Country	Domestic funding
Botswana	49%
Eswatini	56%
Ethiopia	15%
Kenya	No info
Lesotho	40%
Malawi	1%
Mozambique	5%
Namibia	61%
Rwanda	15%
South Africa	81%
South Sudan	No data
Tanzania	12%
Uganda	14%
Zambia	9%
Zimbabwe	12%

Source: Data derived from PEPFAR COP22 resources

8 STRATEGIC INFORMATION AND ACCOUNTABILITY

Reliable, timely and accurate monitoring and evaluation systems are at the core of accountability for programme impact. We implore governments to continue to invest resources into running and managing information systems to inform continuous course correction and evaluation of VMMC programmes. We strongly endorse the utilisation of advanced data analytics and visualisation tools to track programme outcomes. DMPPT 2 (http://www.vmmcipt.org/) is now open to the public, and MC coverage can now be visualized at https://naomi-spectrum.unaids.org/ — both important tools for transparently communicating progress with the public and ensuring accountability among all stakeholders. Regular updates on progress and challenges should be disseminated at both national forums and on a global scale, such as the VMMC Steering and Coordinating Group and the VMMC Global and Sub-Regional Stakeholders Groups, as well as any other relevant forums.

Civil society advocates from Kenya, South Africa, Zambia and Zimbabwe discussing importance of accountability in the development of additional HIV prevention options Photo credit: AVAC

CONCLUSION

As we continue to confront HIV and AIDS, the urgency for action in VMMC is more crucial than ever. VMMC is a proven, cost-effective intervention with the potential to save lives and move us towards ending AIDS. However, challenges persist, including dwindling funding, especially in the aftermath of COVID-19. Our response must be strategic, unified, and immediate.

Governments are urged to embed VMMC into national plans and funding mechanisms, with civil society continuing to lead and mobilise communities. Multilateral agencies and the private sector should honour commitments, review funding, and explore co-funding avenues. Ministries of health must champion VMMC integration into broader men's health packages, employing differentiated service delivery and community initiatives to reach men.

Global and regional advocacy, facilitated by the VMMC Steering and Coordinating Group and VMMC Global and Sub-Regional Stakeholders Groups, is crucial. An 'VMMC Innovation Incubator' is proposed for expedited development of new techniques. Communication targeting young men is essential, with ministries of health and civil society leading impactful campaigns. Strategic information and accountability, utilising advanced data analytics, and transparent sharing of progress are vital.

This is a call to unite, mobilise, and advocate for continued funding, sustained commitment, and strategic integration of VMMC. As we pursue the Sustainable Development Goals and the end of the HIV and AIDS epidemic, the time to act is now. Together, let us forge a path towards a healthier future.

A man in Kariobangi, Kenya, receiving information about the benefits of circumcision. Making VMMC services accessible to men like him is important to their access to other health services. Photo credit: Violet Otindo

End Notes:

1 Bailey RC, Moses S, Parker CB, Agot K, Maclean I, Krieger JN, et al. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomized controlled trial. Lancet. 2007;369:643–656.

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3 Auvert B, Taljaard D, Lagarde E, Sobngwi-Tambekou J, Sitta R, Puren A. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 Trial. PLoS Med. 2005;2:e298.

4 Avenir special analysis on VMMC impact, 2023, Avenir Health.

5 Bansi-Matharu et al A. Cost-effectiveness of voluntary medical male circumcision for HIV prevention across sub-Saharan Africa: results from five independent models. Lancet Glob Health. 2023 Feb;11(2):e244-e255. doi: 10.1016/S2214-109X(22)00515-0. Epub 2022 Dec 20. Erratum in: Lancet Glob Health. 2023 Apr;11(4):e504. PMID: 36563699; PMCID: PMC10005968.

6 World Health Organization. 2020. "Preventing HIV Through Safe Voluntary Medical Male Circumcision for Adolescent Boys and Men in Generalized HIV Epidemics: Recommendations and Key Considerations." Geneva. Available from: https://www.ncbi.nlm.nih.gov/books/NBK562464/.

7 AIDSInfo. Prevalence of Male Circumcision. https://aidsinfo.unaids.org/.

For more information, email vmmctruth@avac.org and
visit www.hivpreventioncoalition.unaids.org/populations-programmes/adolescent-boys-men.