

# Technical Guidance for Global Fund HIV Proposals

Broad Area

**PREVENTION**

Intervention Area

**Male Circumcision**

Working document

Updated- February 2009

## Rationale for including in the proposal

Three randomized clinical trials have shown that male circumcision performed by well-trained medical professionals was safe and reduced the risk of acquiring HIV infection by approximately 60%.<sup>1,2,3</sup> WHO, therefore, recommends that male circumcision should now be recognized as an efficacious intervention for HIV prevention.<sup>4</sup> This finding is supported by over 40 sociological and epidemiological studies showing a strong link between circumcision and reduced HIV prevalence.<sup>5,6,7,8</sup> Studies of the foreskin show a high concentration of cells that are very susceptible to HIV infection<sup>9</sup>, which is one of three potential biological explanations as to why circumcision may reduce HIV acquisition (the other two being a reduction in sexually transmitted infections (STIs) and a reduction in the likelihood of microtears and trauma of the foreskin). Based on the data from the clinical trials, models have estimated that routine male circumcision across sub-Saharan Africa could prevent up to six million new HIV infections and three million deaths in the next two decades.<sup>10</sup>

Male circumcision is a surgical procedure and should therefore be provided as a safe medical service conforming to national quality standards and minimizing risks of complications. Male circumcision

<sup>1</sup> Auvert B, Taljaard D, Lagarde E, et al. [Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 trial](#). *PLoS Medicine* 2005;2(11):e298.

<sup>2</sup> Gray, RH, Kigozi G, Serwadda D, et al. [Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial](#). *The Lancet* 2007;369:657-666.

<sup>3</sup> Bailey RC, Moses S, Parker CB, et al. [Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial](#). *The Lancet* 2007;369:643-656.

<sup>4</sup> WHO/UNAIDS Technical Consultation on Male Circumcision and HIV Prevention: Research Implications for Policy and Programming (2007: Montreux, Switzerland)

<sup>5</sup> Siegfried N, Muller M, Volmink J, Deeks J, Egger M, Low N, et al. HIV and male circumcision – a systematic review with assessment of the quality of studies. *Lancet Infect Dis* 2005;5:165-73.

<sup>6</sup> Siegfried N, et al. Male circumcision for prevention of heterosexual acquisition of HIV in men. *Cochrane Database Syst Rev* 2003;3:CD003362.

<sup>7</sup> Weiss HA, Quigley MA, Hayes RJ. Male circumcision and risk of HIV infection in sub-Saharan Africa: a systematic review and meta-analysis. *AIDS* 2000;14(15):2361-70.

<sup>8</sup> Nagelkerke NJD, Moses S, de Vlas SJ, Bailey RC. Modeling the public health impact of male circumcision for HIV prevention in high prevalence areas in Africa. *BMC Infectious Diseases* 2007;7:16.

<sup>9</sup> Patterson BK, Landay A, Siegel JN, Flener Z, Pessis D, Chaviano A, et al. Susceptibility to human immunodeficiency virus-1 infection of human foreskin and cervical tissue grown in explant culture. *Am J Pathol* 2002;161(3):867-73.

<sup>10</sup> Williams BG, Lloyd-Smith JO, Gouws E, Hankins C, Getz WM, et al. The potential impact of male circumcision on HIV in sub-Saharan Africa. *PLoS Med* 2006;3(7):e262. Epub 2006 July 11.

does not give men complete protection against HIV infection, therefore, male circumcision should never replace other known methods of HIV prevention and should always be considered as part of a comprehensive HIV prevention package. To ensure the greatest possible benefit, WHO/UNAIDS recommends a minimum package of services that integrate other HIV and STI prevention messages and services (see Box 1).

#### **Box 1. WHO Recommended minimum package for male circumcision services**

- HIV testing and counseling
- Active exclusion of symptomatic STIs and syndromic treatment where required
- Provision and promotion of male and female condoms
- Counseling 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

Emphasis should be placed on effectively counseling clients about the need to continue protecting themselves and their partners against HIV after circumcision and on the importance of allowing the penis to fully heal before sexual activity is resumed. Data on whether male circumcision provides any protection or additional risk to men's female or male partners are inconclusive. 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: Research Implications for Policy and Programming* Montreux, 6 – 8 March, 2007 at:

[http://libdoc.who.int/publications/2007/9789241595988\\_eng.pdf](http://libdoc.who.int/publications/2007/9789241595988_eng.pdf)

- *Operational guidance for scaling up male circumcision services for HIV prevention*, WHO and UNAIDS, January 2009 at:

[http://www.who.int/hiv/pub/malecircumcision/op\\_guidance/en/index.html](http://www.who.int/hiv/pub/malecircumcision/op_guidance/en/index.html)

### **Elements to be considered in the situation analysis**

There are three primary areas of focus in a situation analysis for male circumcision services:

1) attitudes, beliefs, practices and sociocultural aspects of male circumcision: understand the determinants and scale of current male circumcision practices in a country (number of male circumcisions carried out, at what age, where and by whom) including regional or tribal differences; determine the cultural acceptability and willingness of a population to support and come forward for male circumcision, and the potential to undermine existing protective behaviours and prevention strategies that reduce the risk of HIV transmission.

2) policy and regulatory framework: accessibility of services including actual cost of circumcision and fees for service; are male circumcision activities provided within the existing HIV prevention programmes or other health programmes; which cadres of health care professionals may provide these services; what current mechanisms are in place for quality assurance including infection control; current policies regarding medical ethics and protocols such as informed consent, confidentiality, HIV testing and counseling, and other care protocols, condom programming and provisions.

3) health system readiness and the scale of intervention required to increase rates of male circumcision: the capability and willingness of management and facilities to provide the service,

perception of demand for the service and mechanisms to increase demand, perception of the ability to meet current and future demand, attitude of health workers and management; availability of supplies, equipment, and skills required; components of the minimum package of services already provided; the capacity to perform safe male circumcision within various clinical settings and the capacity gaps; the capacity to create 'space' in staff workloads and facility capacities without negatively impacting on other service provision; the need and means to work with traditional male circumcision providers to ensure that male circumcisions currently performed for cultural reasons are performed in a safe, humane, and culturally-acceptable manner.

The following link leads to the situation analysis toolkit developed for this purpose:

[http://www.malecircumcision.org/programs/documents/Situation\\_Analysis\\_Toolkit\\_MC\\_Final.pdf](http://www.malecircumcision.org/programs/documents/Situation_Analysis_Toolkit_MC_Final.pdf)

## Target populations

Target populations should be determined and prioritized based on the HIV epidemic in the country and the prevalence and patterns of male circumcision. Consideration should be given to both short-term and long-term strategies which may target different groups. Short term strategies should aim to catch up with large numbers of adolescents and men who are already sexually active, while longer term strategies should consider routine sustainable services for neonates or younger cohorts before they become sexually active.

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

Population / age specific targets:

- Reactive: those who are already demanding services
- Proactive:
  - Adolescents (15 -18 years). Consider local epidemiology, age of sexual debut, age of traditional circumcision
  - High risk groups e.g. truck drivers, uniformed services, STI patients, sero-discordant couples.
  - In the long term consider neonates through Maternal and Child Health services

For further guidance see: *The decision maker's tool helps to guide planning in regards to impact of different strategies in various epidemiological contexts* at:

<http://www.futuresinstitute.org/pages/MaleCircumcision.aspx>

## Example of goal and objectives

A national strategy should reflect the goal and guiding principles of national policy. Specific objectives should be developed to meet the policy goal. Examples of goal and objectives are:

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:

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

## Suggested main activities

The '*Operational guidance for scaling up male circumcision services for HIV prevention*' ([http://www.who.int/hiv/pub/malecircumcision/op\\_guidance/en/index.html](http://www.who.int/hiv/pub/malecircumcision/op_guidance/en/index.html))

outlines the processes to be undertaken in scaling up services. Key elements and proposed activities to operationalize services include:

1. 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 with regional and global partners.
2. Conduct an analysis of the situation. Gather information to describe the situation, analyse and share with appropriate audiences.
3. Plan and implement an advocacy strategy. Call upon champions. Identify key audiences, develop and provide clear evidence/messages in easy- to-understand formats for different audiences. Conduct stakeholder workshops and other sessions to discuss issues.
4. Address policy and regulations so they enhance a supportive environment. Review existing or related policies and regulations to determine relevance for male circumcision. Identify changes that might be needed and develop a strategy to achieve these. Inform stakeholders about findings of reviews and involve in development of new/revised policies.
5. Develop a strategy and operational plan for national implementation. Ensure that the national strategy reflects guiding principles of national policy and complements or is part of the existing HIV prevention strategy. Key components to be addressed in national scale up strategy include:
  - objectives and achievable activities, target population, service delivery strategies, male circumcision coverage;
  - social change communication; information, education and communication, advocacy;
  - resource availability including health care providers, facilities and readiness; 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, monitoring and evaluation.
6. Implement quality assurance mechanisms. Develop policies that support a quality approach to implementing services. Use the WHO *Male Circumcision Quality Assurance Guide* to provide guidance for setting up the programme. ([http://www.who.int/hiv/pub/malecircumcision/qa\\_guide/en/index.html](http://www.who.int/hiv/pub/malecircumcision/qa_guide/en/index.html)) Establish male circumcision quality assurance standards, communicate these and work with stakeholders to implement in all male circumcision services. Organize quality teams at facility level and build their capacity for self assessment and to implement action plans. Introduce to providers the WHO *Male circumcision quality assessment toolkit* to support facility quality improvements

([http://www.who.int/hiv/pub/malecircumcision/ga\\_toolkit/en/index.html](http://www.who.int/hiv/pub/malecircumcision/ga_toolkit/en/index.html)). Enhance supportive supervision and give feedback to facilities.

7. **Develop human resources.** Assess the human resource situation including training needs, develop or adapt clinical protocols, conduct trainings, establish systems to ensure the transfer of learning from training sites to service delivery sites, monitor progress of trainees.
8. **Improve commodity security.** Analyse the need for commodities based on national protocols and guidelines, considering all elements of male circumcision 'Minimum Package'. Ensure that items are included in national essential medicines lists, and procurement and logistics systems. Set up logistics systems to ensure adequate initial stocks of specific needs well in advance, determine initial stock recommendations to accommodate expected demand and reorder levels.
9. **Implement social change communications.** Develop a plan for social change communication as part of national strategy. Develop appropriate messages for targeted audiences, test and monitor. Develop job aids for health care providers and client information and materials. The WHO *Male circumcision and HIV prevention: communications guidance* provides further details. Available at: [http://www.who.int/hiv/pub/malecircumcision/comm\\_guide/en/index.html](http://www.who.int/hiv/pub/malecircumcision/comm_guide/en/index.html)
10. **Implement monitoring and evaluation.** Develop a monitoring and evaluation framework with key indicators and measurements to track progress of programme, plan for continuous assessment and operational research incorporating as much as possible into routine national health information systems. Analyse data collected and give useful feedback to stakeholders at all levels of service delivery that leads to interventions to address gaps and to ensure that services are compliant with regulation and policy.

## 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 to what was planned and to a baseline value. The indicators listed here are from a forthcoming publication by WHO / UNAIDS and are in line with other WHO/UNAIDS male circumcision documents and guidance.

- Percentage of population aged 15-49 years with correct knowledge of male circumcision for HIV prevention (population based or other representative survey)
- Number of males registered to receive male circumcision surgery (health facility surveys)
- Proportion of males circumcised in the target population (survey)
- 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 prior to wound healing

## Approach to 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 tool 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, e.g. reproductive health programmes, but should be used to strengthen and provide linkages to such programmes.

*Decision-makers' Programme Planning Toolkit for Male Circumcision Scale-up*  
<http://www.futuresinstitute.org/pages/MaleCircumcision.aspx>

## Linkages with other SDAs / programmes

Linkages with other key components for HIV prevention include the main 'Minimum Package' programmes; HIV testing and counseling, diagnosis and treatment of sexually transmitted infections, condom programming, sexual and reproductive health; and also linkages with youth and HIV, injection safety, blood safety.

## Addressing gender, human rights and equity

The gender implications of male circumcision as an HIV prevention method must be addressed. Policy makers and programme developers have an obligation to monitor and minimize potential harmful outcomes of promoting male circumcision as an HIV prevention method such as unsafe sex, sexual violence, or conflation of male circumcision with female genital mutilation. The expansion of safe male circumcision services provides an opportunity to strengthen and expand HIV prevention and sexual health programmes for men, it also provides a means to reach 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 both women and men. See also *Information package on male circumcision: Implications for women*, at: [http://www.who.int/hiv/pub/malecircumcision/infopack\\_en\\_5.pdf](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* are highlighted here, further details at: [http://www.who.int/hiv/pub/malecircumcision/guide\\_decision/en/index.html](http://www.who.int/hiv/pub/malecircumcision/guide_decision/en/index.html). Countries should ensure that male circumcision services are carried out safely, under conditions of informed consent, and without coercion or discrimination. Such measures should already be features of good medical care. 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), there should be involvement of the child in the decision-making, and the child 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, the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNFPA, UNICEF. Implementing partners including Marie Stopes, PSI and Family Health International (FHI), and JHPIEGO.

## Type and sources of technical assistance which might be required during implementation

The following links lead to many resources which can be of assistance:

- <http://www.who.int/hiv/pub/malecircumcision/en/>
- [www.malecircumcision.org](http://www.malecircumcision.org) The Clearinghouse on Male Circumcision for HIV Prevention 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.

