PROGRESS BRIEF

WHO PROGRESS BRIEF

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

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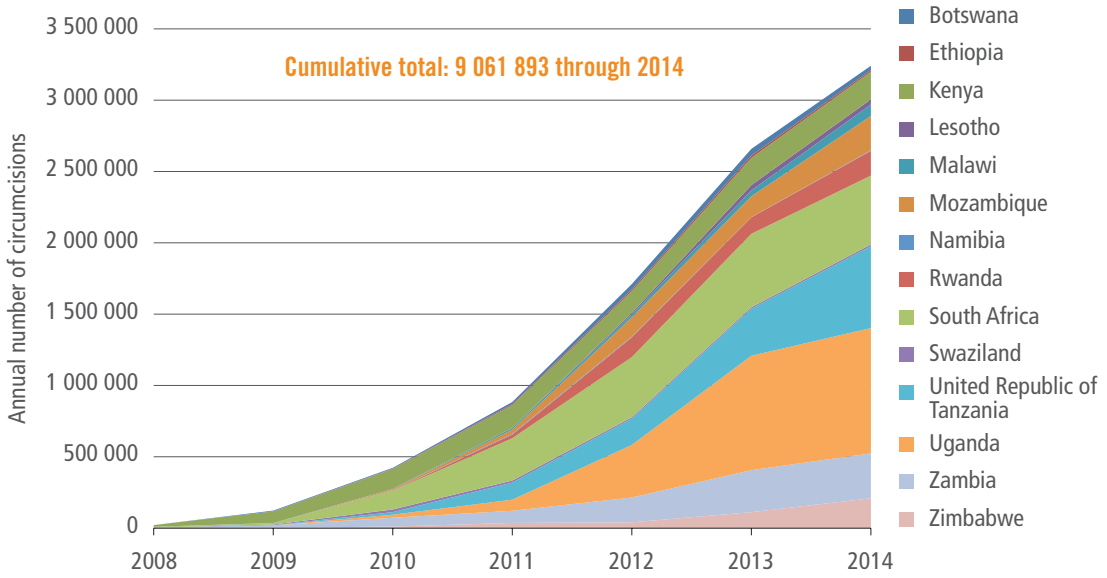
World Health Organization

The remarkable expansion to nearly 9.1 million voluntary medical male circumcisions (VMMC) performed for HIV prevention through 2014 in priority countries of East and Southern Africa shows the feasibility of scaling up this intervention. Among the 9.1 million, more than 3 million were performed in 2014 alone.

Key highlights of VMMC programmes

- During 2014 in 14 priority African countries, 3 240 977 males were circumcised; a 22% increase from 2013 and a 750% increase from the annual number of circumcisions performed just four years ago in 2010.
- This exponential scale up since the 2007 WHO and UNAIDS recommendation translates to approximately 44% coverage, based on the 20.8 million VMMCs that are needed to achieve 80% coverage and avert an estimated 3.4 million HIV infections by 2025.
- As expected, the pace in numbers of VMMCs performed has levelled off in many countries (Figure), as programmes reach their capacity and demand for the service evolves.
- Progress across countries varied with Ethiopia (Gambella province), Kenya and United Republic of Tanzania reaching over 80% coverage. Mozambique and Uganda reached between 50–79% coverage. Six countries increased the annual number of VMMCs performed compared with 2013.
- Among the ten countries that reported data by age group, 61% of VMMCs were conducted among males aged 15 years and older. Although age disaggregated reporting has improved, differences in the age groups used across countries limit assessments on progress.
- Further roll-out of innovative methods of VMMC enables greater choice and programmatic reach. Along with the currently prequalified elastic collar compression device method, a collar clamp device has been added to the list of WHO prequalified devices for VMMC.

Figure. Annual numbers of voluntary medical male circumcisions performed for HIV prevention in 14 countries of East and Southern Africa, 2008–2014



Source: Global AIDS Response Progress Reporting from national programmes, WHO/UNAIDS/UNICEF.

Table. Annual numbers of voluntary medical male circumcisions in East and Southern Africa by country, 2008–2014

Country	2008	2009	2010	2011	2012	2013	2014	Total	% progress towards targets set in 2011
Botswana	0	5 424	5 773	14 661	38 005	46 793	30 033	140 689	41
Ethiopia	0	769	2 689	7 542	11 961	16 393	11 831	51 185	128
Kenya	11 663	80 719	139 905	159 196	151 517	190 580	193 576	927 156	108
Lesotho	0	0	0	0	10 835	37 655	36 245	84 735	23
Malawi	589	1 234	1 296	11 881	21 250	40 835	80 419	157 504	8
Mozambique	0	100	7 633	29 592	135 000	146 046	240 507	558 878	53
Namibia	0	224	1 763	6 123	4 863	1 182	4 165	18 320	6
Rwanda	0	0	1 694	25 000	138 711	116 029	173 191	454 625	26
South Africa	5 190	9 168	131 117	296 726	422 009	514 991	482 474	1 861 675	43
Swaziland	1 110	4 336	18 869	13 791	9 977	10 105	12 289	70 477	38
United Republic of Tanzania	0	1 033	18 026	120 261	183 480	329 729	573 845	1 226 374	89
Uganda	0	0	21 072	77 756	368 490	801 678	878 109	2 147 105	50
Zambia	2 758	17 180	61 911	85 151	173 992	294 466	315 168	950 626	49
Zimbabwe	0	2 801	11 176	36 603	40 755	112 084	209 125	412 544	22
Total	**21 310**	**122 988**	**422 924**	**884 283**	**1 710 845**	**2 658 566**	**3 240 977**	**9 061 893**	**44**

Source: Global AIDS Response Progress Reporting from national programmes, WHO/UNAIDS/UNICEF.

As the pace of scale-up has varied across countries, sufficient resources remain essential to reach even more men and reduce the risk of HIV infection. For those countries achieving high VMMC coverage levels, programmes will need to pivot to sustainable approaches within broader prevention.

2015 MILESTONE

A milestone will occur in 2015 when the East and Southern African subregion reaches the target mid-point of 10.4 million VMMCs, representing an impressive achievement in public health mobilization. Continued focus on VMMC scale up is essential as evidence on longer-term efficacy and estimated reductions in community HIV incidence reinforces the original randomized controlled trials findings. Furthermore, VMMC remains a unique opportunity to link men with relevant health care services such as HIV testing. Sufficient resources to reach at least 80% VMMC coverage must be available for this one-time, long-term efficacious intervention for both individual and public health HIV prevention, while preparing for VMMC sustainability within broader prevention programming.

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