Rationale for including the Service Delivery Area 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%.i,ii,iii
- WHO and UNAIDS, recommends that male circumcision should now be recognized as an efficacious intervention for HIV prevention.iv
- 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.v
- Data on whether male circumcision provides any protection 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 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 and UNAIDS 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

Target population

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: 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 target 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 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

**Key activities to consider**

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


- ‘Operational guidance for scaling up male circumcision services for HIV prevention’ (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.

<table>
<thead>
<tr>
<th>Box 2. Key elements of a programme offering male circumcision services:</th>
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| • 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 |

Some of the proposed activities for a programme 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/coordinate with regional and global partners.
2. **Conduct an analysis of the situation.** Gather information to describe the situation, analyse and share with appropriate audiences. Develop clear recommendations; based on the information, clarify the regulatory environment. Involve various stakeholders in the analysis and discuss broadly for advocacy and educational opportunities. The following link leads to the situation analysis toolkit developed for this purpose:


Elements to be considered in the situation analysis:

a. attitudes, beliefs, practices and sociocultural aspects of male circumcision

b. policy and regulatory framework: accessibility of services including actual cost of circumcision and fees for service, providers and sites that can offer MC, informed consent. The following link leads to a legal and regulatory self-assessment tool:


c. health system readiness and the scale of intervention required to increase rates of male circumcision: trained providers, necessary commodities, logistics, underlying quality, information systems.

3. **Plan and implement an advocacy strategy.** Call upon champions and use the national task force to implement the strategy. Provide information on potential cost and impact. Conduct stakeholder workshops and other sessions to discuss issues. Mobilize professional associations Identify key audiences, develop and provide clear evidence/messages in easy-to-understand formats for different audiences.

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;

<table>
<thead>
<tr>
<th>Example of goal and objectives that cover the Service Delivery Area</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Objectives:</td>
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<tr>
<td>1. To increase the number of males accessing safe male circumcision services in a target area</td>
</tr>
<tr>
<td>2. To increase the number of health facilities providing safe male circumcision services in a target area</td>
</tr>
<tr>
<td>3. To increase the number of facilities that offers all components of the minimum package of care for male circumcision services.</td>
</tr>
</tbody>
</table>
- 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, supply chain management, 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 NGO sector providers. Mobilize additional resources to support the service delivery.

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

7. **Develop human resources.** Assess the human resource situation including training needs and constraints; identify opportunities for task shifting; 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.


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. Further details at: [http://www.who.int/hiv/pub/malecircumcision/indicators/en/index.html](http://www.who.int/hiv/pub/malecircumcision/indicators/en/index.html)
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 some of those suggested in the publication in point 10 above by WHO/UNAIDS.

- 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 target 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 prior to 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 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 Service Delivery Areas / 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;
- 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 programmes for men, reaching 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

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. 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), 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 include Marie Stopes, Population Services International (PSI), Family Health International (FHI), and Jhpiego. Key funders are PEPFAR (USAID and CDC) and Gates Foundation.

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

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

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

- 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.


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