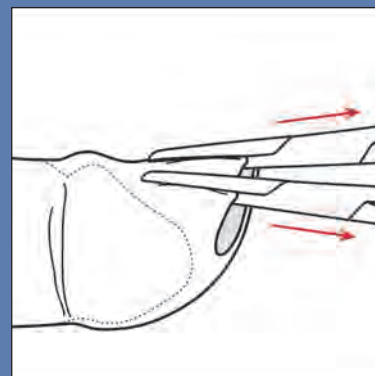
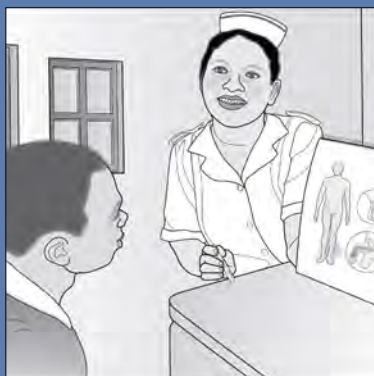


MALE CIRCUMCISION FOR HIV PREVENTION

CLINICAL MANUAL

MANUAL FOR MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA AND HIV PREVENTION SERVICES FOR ADOLESCENT BOYS AND MEN

APRIL 2018



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World Health
Organization

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ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
CDC	US Centers for Disease Control and Prevention
COSECSA	College of Surgeons of East, Central and Southern Africa
HIV	human immunodeficiency virus
IMEESC	Integrated management for emergency and essential surgical care
<i>Manual</i>	<i>Manual for male circumcision under local anaesthesia and HIV prevention services for adolescent boys and men</i>
PEPFAR	US President's Emergency Plan for AIDS Relief
PSI	Population Services International
SSI	surgical site infection
UNAIDS	United Nations Programme on HIV/AIDS
US	United States
VMMC	voluntary medical male circumcision
WHO	World Health Organization

PREFACE

Male circumcision has been performed on adolescent boys and men for many years, primarily for religious and cultural reasons, such as a rite of passage to mark the transition to adulthood. In 2007, due to consistent and compelling scientific evidence that men who are circumcised have a 60% reduced risk of acquiring HIV transmitted through heterosexual contact, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) recommended male circumcision as an additional option for HIV prevention. Countries with generalized HIV epidemics were considered priority for implementing this additional HIV prevention option. Other recommendations issued in 2007 stated the following:

- Male circumcision should be delivered as part of a minimum package that includes: information about risks and benefits, counselling on safer sexual practices, access to HIV testing services and condoms and management of sexually transmitted infections.
- Male circumcision is provided with full adherence to medical ethics and human rights principles, including informed consent and confidentiality.
- Supervision systems for quality assurance should be established along with referral systems to manage complications.

Male circumcision has also been shown to provide additional benefits, such as reducing the transmission of some sexually transmitted infections, for example—the human papillomavirus.

To support implementation of safe, quality medical male circumcision services, WHO partnered with Jhpiego and other stakeholders to draft the 2009 *Manual for male circumcision under local anaesthesia*, which has been widely available online since its publication. At the time it was written, experience in performing male circumcision services in countries with a generalized HIV epidemic predominantly came from research settings, and the provision of circumcision services was not standardized. Complication rates following traditional male circumcision were reportedly high, but the true incidence of complications was unknown.

Between the issuance of the 2007 WHO and UNAIDS recommendation on male circumcision for HIV prevention and 2016, more than 14 million adolescent boys and men, in 14 countries in East and Southern Africa, have been circumcised through public health programmes that offer male circumcision services. The new 2018 edition—*Manual for male circumcision under local anaesthesia and HIV prevention services for adolescent boys and men (Manual)*—takes into account lessons learnt from providing male circumcision services to millions of adolescent boys and men, as well as relevant new recommendations on various aspects of care. Although adverse events or complications from male circumcision have been rare, particular attention has been taken to amend every section of the 2018 *Manual* in light of reported events so that risk may be reduced even further. New surgical male circumcision methods that have been reviewed for efficacy and safety, including the use of devices prequalified by WHO, are also addressed in the *Manual*, although the reader is referred to the device-specific manufacturer's instructions for use for details. Lastly, this version reflects the need for more person-centred services, so greater emphasis is placed on adolescents compared to the first edition because adolescents represent a large number of the individuals seeking male circumcision.

This *Manual* is primarily intended for nonsurgical, qualified providers and for trainers who are involved in the provision of male circumcision services for HIV prevention and other health benefits in East and Southern Africa. In this *Manual*, the description of techniques was written targeting the skills of this midlevel provider. A secondary audience for use of this *Manual* may be providers, globally, who undertake medical male circumcision procedures on males with normal anatomy and without contraindications—that is, primarily for reasons other than HIV prevention.

A major objective of this *Manual* is to support male circumcision clinics and providers in providing high-quality services and reducing the risk of adverse events to as low a level as possible. The *Manual* has a special emphasis on preventing the rare but serious life-threatening adverse events related to bleeding, infection (including tetanus) and anaesthesia.

The *Manual* is one of many documents and guidelines to assist countries implement programmes for safe male circumcision services within their HIV and sexual and reproductive health programmes. Most documents are available on the Clearinghouse on Male Circumcision for HIV prevention's website (www.malecircumcision.org) and the WHO's website (<http://www.who.int/hiv/en/>).

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- Illustrators: Timothy Hargreave, Gillian Kidd and Kimberly Battista of Battista Illustration

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SUMMARY OF NEW AND UPDATED CONTENT

TOPIC	NEW OR UPDATED CONTENT
Title	The title changed to <i>Manual for male circumcision under local anaesthesia and HIV prevention services for adolescent boys and men</i> .
Population focus	<p>Clinical and surgical procedures described in the <i>Manual for male circumcision under local anaesthesia and HIV prevention services for adolescent boys and men (Manual)</i> are only for adolescent boys and men; information on infant and child circumcision is not in this <i>Manual</i>, but a reference to it is provided.</p> <p>This <i>Manual</i> places a greater emphasis on adolescent boys because they represent the large number of males seeking circumcision. Chapter 2 provides new content on addressing adolescents and providing male friendly services.</p>
Better definition of the various roles in the circumcision clinic	The second edition includes clearer definition of the roles of the various providers in the circumcision team. These include education, counselling, screening, surgery and surgical assisting, postprocedure and follow-up care and recognition of other needs that may require referral to other services.
Patient safety	As in the first edition, client safety remains paramount. In this second edition, there is improved description of roles and responsibilities to clarify and reinforce safety and accountability.
Education and counselling (Chapters 1, 2 and 6)	The <i>Manual</i> expands the list of messages to convey at each point of service (see Table 6.1 in Chapter 6) and provides expanded information on the package of additional services.
Items needed for emergencies (Chapter 3)	Chapter 3 now includes a list of items needed in case of an emergency during a conventional or device-based surgical circumcision procedure.
Infection prevention and control (Chapters 5, 7 and 9)	<p>Contents in Chapters 5 and 7 were extensively revised to align with the World Health Organization's (WHO's) current infection prevention and control recommendations (including hand hygiene and surgical hand preparation). Revisions include more details that emphasize correct hand hygiene practices and an updated surgical hand rubbing technique (see Fig. 7.8 in Chapter 7). Also in Chapter 7, Fig. 7.9 details how to put on surgical gloves, and Fig. 7.10 details how to take off surgical gloves. Related hand hygiene content align with each other.</p> <p>The <i>Manual</i> recommends that the skin in the client's genital area be prepared a minimum of three times before the procedure (see Section 9.3.1 in Chapter 9).</p> <p>The <i>Manual</i> discusses safety-engineered syringes in line with WHO's recommendations, which shift to the use of such injury-protection supplies, and offers considerations</p>

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