

POLICY BRIEF

A FRAMEWORK FOR VOLUNTARY MEDICAL MALE CIRCUMCISION:

EFFECTIVE HIV PREVENTION AND A GATEWAY TO IMPROVED ADOLESCENT BOYS' & MEN'S HEALTH IN EASTERN AND SOUTHERN AFRICA BY 2021

VMMC 2021



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KEY MESSAGES

- **HIV remains the single largest cause of years of life lost** among adolescent boys and men of reproductive age in eastern and southern Africa.
- Adolescent boys and men also face a range of other serious health risks, including interpersonal violence, self-harm, and harmful alcohol and drug use. Many of these risks are shaped by harmful gender norms and notions of masculinity that encourage behaviours that compromise the health of men and boys, and of women and girls.
- **Voluntary medical male circumcision (VMMC) is a highly cost-effective intervention for preventing HIV acquisition**; it offers men lifelong partial protection against HIV infection, and other health benefits.
- Few policies and programmes currently focus on improving men's and boys' health-seeking behaviour; such behaviour is generally poor. **VMMC is a potentially important entry point** for providing men and boys with broader, more appropriate health packages, which would also indirectly benefit women and girls.
- **More than 11 million adolescent boys and men have received VMMC services in eastern and southern Africa since 2008**—a success that has prompted WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to launch a new, more holistic framework for action: VMMC2021.
- **The new framework represents a win-win approach for accelerating HIV prevention and improving adolescent boys' and men's health.** It promotes VMMC as part of an essential package of health services for men and boys, using approaches that are tailored for various age groups and locations.
- **The framework sets out a people-centred approach to service delivery.** Appropriate service packages will be offered to individuals in different age groups and with different risk profiles. VMMC services will be delivered from various facility and community-based platforms.
- The framework calls for a sound national accountability framework and management system for an expanded men's and boys' health programme, with VMMC at its core.
- VMMC2021 has two main targets aligned with the UNAIDS fast track goals: **by 2021, 90% of males aged 10–29-years** will have been circumcised in priority settings in sub-Saharan Africa, and **90% of 10–29-year-old males** will have accessed age-specific health services tailored to their needs.
- VMMC2021 seeks to help operationalise the VMMC component of the WHO *Global Health Sector Strategy on HIV, 2016–2021* (GHSS), by offering four strategic directions that are aligned with the GHSS.
- Implementing VMMC2021 will require political leadership, along with systematic partnerships between the health sector and other sectors (e.g. education, sports, labour and entertainment), and strong community mobilization.

1. INTRODUCTION

This document puts forward a framework with new strategic directions for 2016–2021 on voluntary medical male circumcision (VMMC) for HIV prevention as the follow-on to the *Joint Strategic Action Framework 2012–2016 (1)*. It builds on the Joint United Nations Programme on HIV/AIDS (UNAIDS) *Fast-Track strategy to end the AIDS epidemic by 2030 (2)* and WHO's *Global Health Sector Strategy on HIV, 2016–2021*; it also builds on the accomplishment across eastern and southern Africa in delivering one of the most successful approaches to reaching men, by supporting HIV testing and preventing significant numbers of new HIV infections. The importance of VMMC in the new global HIV goals remains key to reducing HIV incidence by 2020 and beyond.

The new directions focus on adolescent boys and men, and take into account a range of physical and psychosocial health issues. They highlight the need for innovative approaches to overcome current barriers to services, increase acceptability,

and address inequalities in access and coverage. Adolescent boys and men are heterogeneous populations, and the contexts vary considerably among countries, requiring national and subnational leaders to adapt and act based on their local settings and communities.

This document will be used to catalyse discussion on the future responses of national programmes to the need for broader reach and impact. It will also be used to inform, both regionally and globally, an action-oriented and operational framework on VMMC and men's health, with overlapping benefits for women's health. Many voices have informed this new framework: programme managers, implementers, clinicians, donors and United Nations (UN) agencies and young people. We look forward to continuing and new collaborations, and greater engagement of young people, to work together to tackle the challenges of the next 5 years and celebrate the successes.

2. A CHANGED LANDSCAPE

2.1 CORE HEALTH ISSUES FOR ADOLESCENT BOYS AND MEN OF REPRODUCTIVE AGE

Despite the significant progress made in the response to HIV in the past three decades, HIV remains the single largest cause of years of life lost among men of reproductive age in eastern and southern Africa (Fig. 1). HIV prevention and treatment services, including VMMC, therefore remain top public health priorities in countries with a high prevalence of HIV infection.

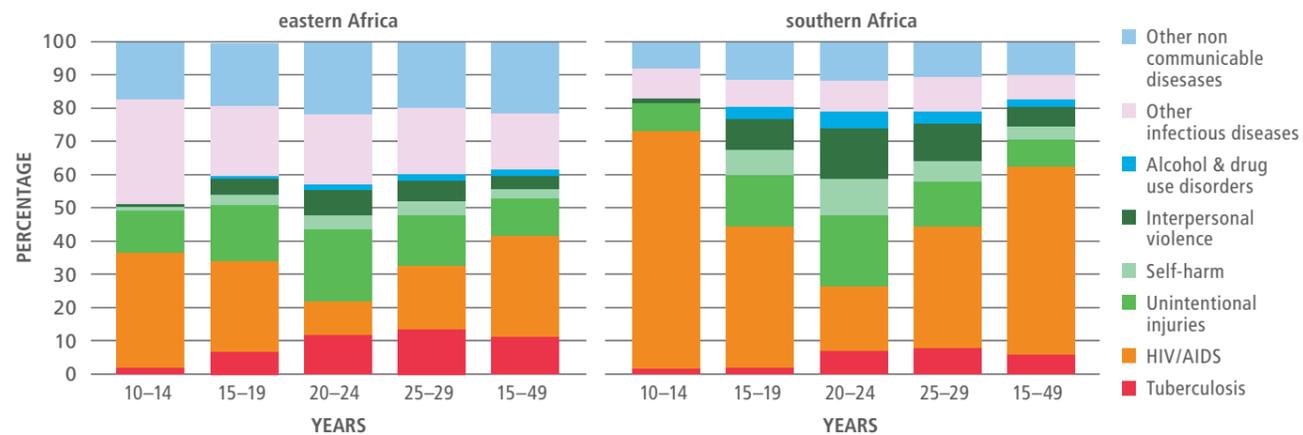
Settings with high HIV prevalence face distinctive challenges, including high burdens of disease among people of reproductive age. Yet boys and men are not being reached systematically with the health services they need.

In addition to HIV, adolescent boys and men face a range of other health issues that vary depending on their age and the societies they live in (3). Nevertheless, the health-seeking behaviour of men and boys is generally poor (4). Indeed, many of the behaviours that put the health of men and boys at risk (including unprotected sex, and use of alcohol and drugs) reflect the same value systems and norms of masculinity that discourage men and boys from accessing health services (5). VMMC services are an important opportunity to specifically reduce men's and boys' risks of acquiring HIV infection while also providing them with the broad range of health information and services they need.

Countries need to transition from an emergency AIDS and VMMC response to new sustainable and routinized approaches that reach adolescents and young adults with wider packages of health services, including VMMC.

Men's gender norms and risk-taking behaviours are closely intertwined with women's health. Studies show that when men equate "manhood" with dominance over women, sexual conquest, and alcohol and drug use, they put themselves and their partners at risk of HIV and other sexually transmitted infections (STIs). Globally, large numbers of women experience physical or sexual violence at the hands of their male partners (6). VMMC services are an opportunity to address the harmful gender and masculinity norms that underpin such behaviour. Engaging boys and men in the design and implementation of such refashioned health programmes, including sexual and reproductive health services, is therefore critical for HIV prevention and for improving the overall health of young men and women (7).

Figure 1: Years of life lost among men in different age groups in eastern and southern Africa, by cause (2013)



Six causes (HIV, tuberculosis, violence, self-harm, injuries and alcohol or drug misuse) contribute more than 80% of years of life lost among men aged 15–49 years in southern Africa, and more than 60% in eastern Africa.

Source: Prepared by the authors, based on the Global Burden of Disease Study 2013 (3).

2.2 A FRAMEWORK THAT ADVANCES HEALTH AND DEVELOPMENT GOALS

The Sustainable Development Goals (SDGs) aim to meet people’s current needs without compromising the prospects of future generations. Preventing new HIV infections supports the achievement of this aim.

HIV prevention, including interventions such as VMMC, links to several health and non-health SDGs, most notably *Good health and well-being* (SDG3), *Gender equality* (SDG5) and *Partnerships for the goals* (SDG17) (see below). SDG4 on education, also pertains closely to the health of men, especially that of adolescent boys and young men.

The current HIV strategies of both UNAIDS and WHO include VMMC as an important HIV-prevention intervention. Similarly, the strategies of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the US President’s Emergency Plan for AIDS Relief (PEPFAR) embrace VMMC as a priority component. Several other global strategies provide opportunities for advancing

VMMC2021, including the *Global strategy for women’s, children’s and adolescents’ health, 2016–2030* (8) (which proposes wider intervention packages for improving the health of adolescents), WHO’s forthcoming *Global framework for accelerated action for the health of adolescents*, WHO’s *Global strategy to reduce harmful use of alcohol* (9) and its’ *Strategy for integrating gender analysis and actions into the work of WHO* (10).

VMMC2021 can also link with or build on other regional and global initiatives that aim to enhance the health of adolescents and young people. Such initiatives include the United Nations Children’s Fund’s (UNICEF’s) *All In initiative*, the United Nations Educational, Scientific and Cultural Organization’s (UNESCO’s) *Eastern and Southern Africa Ministerial Commitment* supporting sexuality education and sexual and reproductive health services for adolescents and young people (11), and PEPFAR’s DREAMS project, which includes VMMC as a key element (12).

Figure 2: The global landscape for voluntary medical male circumcision 2021

Sustainable development goals



<p>3 GOOD HEALTH AND WELL-BEING</p> <p>Ensure healthy lives and well-being for all at all ages</p> <ul style="list-style-type: none"> • End AIDS by 2030 • Achieve universal health coverage • Strengthen prevention and treatment of alcohol and substance misuse • Provide access to affordable vaccines <p>WHO Global Health Sector Strategies, 2016–2021, for HIV, STIs and viral hepatitis</p> <p>UNAIDS Fast-Track Strategy, 2016–2021</p> <p>UNICEF All In to End Adolescent AIDS</p>	<p>5 GENDER EQUALITY</p> <p>Achieve gender equality and empower all women and girls</p> <ul style="list-style-type: none"> • Ensure universal access to sexual and reproductive health and rights • Eliminate violence and harmful gender norms and practices <p>Global strategy for women, children and adolescents, 2016–2030</p> <p>WHO Global Gender Strategy</p>	<p>17 PARTNERSHIPS FOR THE GOALS</p> <p>Revitalize the global partnership for sustainable development</p> <ul style="list-style-type: none"> • Ensure policy coherence • Enhance international support for implementing effective capacity building <p>The Global Fund: 2017–2022, Investing to end epidemics</p> <p>PEPFAR 3.0: Controlling the epidemic: Delivering on the promise of an AIDS-free generation</p>
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Framework for voluntary medical male circumcision 2021: Effective prevention and a gateway to adolescent boys’ & men’s health

AIDS, acquired immunodeficiency syndrome; HIV, human immunodeficiency virus; PEPFAR, President’s Emergency Plan for AIDS Relief; STI, sexually transmitted infection; UNAIDS, Joint United Nations Programme on HIV/AIDS; VMMC, voluntary medical male circumcision

Source: Prepared by the authors based on relevant Sustainable Development Goals (SDGs) and select global strategies (13–15).

2.3 BUILDING ON THE PROGRESS OF VMMC PROGRAMMES

Powerful evidence of the preventive impact of VMMC led WHO and UNAIDS to recommend male circumcision be added as an additional HIV-prevention intervention, particularly in high-burden countries with low prevalence of male circumcision (16)¹. The resulting *Joint strategic action framework to accelerate the scale-up of voluntary medical male circumcision for HIV prevention in eastern and southern Africa 2012–2016 (1)* has guided the actions of ministries of health and other country, regional and global stakeholders for implementing VMMC services.

The target in the 2012–2016 framework was to provide VMMC services to 20 million men by the end of 2016 in the 14 priority countries. By the end of 2015, almost 12 million adolescent boys and men had been circumcised. Implementation of that framework has yielded important lessons, which include the following:

- The strong progress made in several countries towards reaching the framework's targets confirms the feasibility of delivering VMMC and impact at scale.
- VMMC progress has varied substantially by age, with the highest levels of uptake achieved among adolescents; this suggests both the need for age-specific services and opportunities to provide such services.
- VMMC programmes have helped strengthen health systems generally; for example, through policy changes that facilitate shifting or sharing tasks through extensive training support given to mid-level health-care providers for surgery, infection prevention, quality assurance and improvement measures.
- VMMC services have been implemented as part of a combination prevention approach, although the integration of other prevention elements with VMMC services has not been systematically measured, and it is likely that it could be expanded for greater effect.
- Despite positive experiences in involving communities, schools, military services and traditional leaders, national and local ownership of responses has varied and requires strengthening.

In addition, experience to date has confirmed that VMMC is a highly cost-effective HIV-prevention intervention that can reduce the risk of heterosexual transmission of HIV from women to men by about 60% (16), and can also confer additional health benefits². The Copenhagen Consensus group has ranked VMMC in the priority countries among the top HIV interventions that offer the best value for money across all areas of development cooperation over the 2015–30 period (17).

There is a clear need and a great opportunity to boost the impact of VMMC in reducing new HIV infections as part of a holistic approach that improves the overall health of men and boys.

² Recent studies have shed new light on the impact of male circumcision on the risk of human papillomavirus (HPV) infection in men and women. Circumcised men have a lower HPV incidence and higher HPV clearance rates than uncircumcised men; female partners of circumcised men have lower incidence and prevalence of HPV infection and lower HPV viral loads than partners of uncircumcised men (Farley T and Samuelson J. Male circumcision and incidence, clearance and prevalence of human papilloma virus (HPV) infection in men and women: an updated systematic review, Abstract accepted for R4P (Research for HIV prevention), October 2016).

3. OBJECTIVES AND TARGETS

To achieve the prevention targets, responses will simultaneously require a focused and a combination approach, using high-impact interventions to reduce vulnerability and prevent HIV transmission. VMMC2021 has two main targets aligned with UNAIDS Fast-Track targets

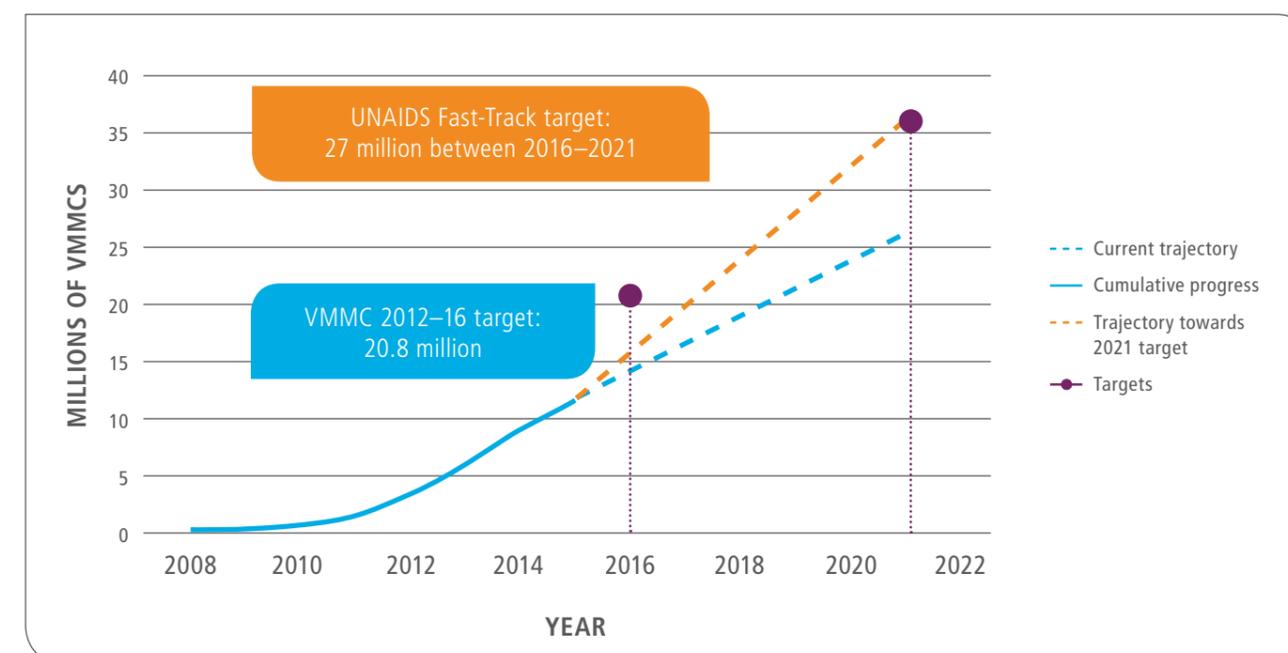
- 90% of males aged 10–29 years will have received VMMC services by 2021 in priority settings in sub-Saharan Africa; and
- 90% of males aged 10–29 years will have accessed age-specific health services by 2021, tailored to their needs.

The first target is based on the Fast-Track target in the UNAIDS 2016–2021 Strategy: “27 million males in high-

prevalence settings are voluntarily medically circumcised as part of integrated sexual and reproductive health services for males” (2)³. This is equivalent to about 90% coverage among males aged 10–29 years in 15 priority countries.⁴ The integration of VMMC services into adolescent boys' and men's health packages may also be required in other selected locations where severe localized, and largely heterosexual, HIV epidemics are occurring, or in the context of enhancing the safety of traditional male circumcision practices.⁵

Achieving the target will require an increase in the annual number of VMMC procedures, from 2.5–3 million during 2013–2015 to 5 million annually.

Figure 3: Actual and projected progress towards voluntary medical male circumcision targets set in 2011



Source: UNAIDS, Joint United Nations Programme on HIV/AIDS; VMMC, voluntary medical male circumcision

The second target refers to tailored, age-specific health packages for adolescent boys and men that address their health and well-being more broadly, beyond VMMC. This includes providing the following alongside the VMMC procedure, as feasible and appropriate:

- a revised minimum service package that, for example, enhances risk reduction counselling, condom promotion and offers HIV testing as relevant, and other elements of combination HIV prevention such as pre-exposure prophylaxis (PrEP) or HIV treatment or referral to these services; and
- other non-HIV-specific services such as relevant vaccinations, alcohol use counselling or interventions that address harmful gender norms.

¹ Fourteen priority countries were identified in Africa: Botswana, Ethiopia (Gambella Province), Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe.

4. PRINCIPLES

VMMC2021 will be positioned to simultaneously achieve targets for HIV incidence reduction and build pathways to other health policies and interventions for adolescent boys and men. The new approach will rest on the following principles, discussed below:

- a people-centred approach to improving the health of adolescent boys and men;
- a new gender discourse; and
- enhanced partnerships.

The essence of the new approach is to link VMMC to other health needs and services for men and boys, and to develop new platforms for adolescent boys' and men's health around VMMC.

A people-centred approach to improving the health of adolescent boys and men

Health policies, programmes, services, delivery and messaging will be tailored around the realities and needs of individuals, their families and their communities. These people and communities will be engaged as active agents and partners in health care, rather than as passive beneficiaries of HIV and other health services.

A new gender discourse

Programmes and services will reflect and address the ways in which the health of men and boys intertwines with that of women and girls. There will be a focus on building a positive culture around health issues that affect men and women; this focus will include addressing harmful alcohol use, improving sex education and sexual and reproductive health services, and enhancing interventions for the prevention of HIV and other STIs. It will also include repositioning VMMC and linking it to interventions that promote positive gender norms and to notions of masculinity that can reduce risk taking and gender-based violence, and encourage positive health-seeking behaviours. Opportunities, skills and resources will be strengthened to enable people to make informed, effective decisions.

Enhanced partnerships

VMMC2021 emphasizes building long-term partnerships to strengthen the means of implementation, with a focus on national and subnational leadership and linkages in the context of revitalized global partnerships.

Systematic linkages will be built across sectors such as schools, youth programmes and networks, traditional leadership structures, sports and entertainment sectors, communities and the formal health sector. Enhanced partnerships between health and education sectors will allow for the provision of VMMC as part of a package of age-specific health and sexuality education services for boys in schools. Where traditional rites of passage are practised, community and traditional leaders will have an important role in promoting adolescent health in ways that include HIV prevention and safe VMMC.

³ The 27 million target through 2021 is in line with the 2016 Political Declaration on Ending AIDS target of having an additional 25 million men and boys circumcised by the end of 2020.

⁴ Due to rapid population growth in eastern and southern Africa, and the incidence impact factor, the target focuses on the age group 10–29 years. Estimates for Ethiopia were not available and are not included here. The new target of 27 million VMMCs applies to 15 countries, with South Sudan having been added to the 14 VMMC priority countries identified in the 2012–16 global framework. In Kenya, only Nyanza province is included.

⁵ This might include specific localized non-circumcising areas in Western and Central Africa, such as areas in the Central African Republic, as well as locations outside sub-Saharan Africa with high HIV prevalence among heterosexual men.

5. STRATEGIC DIRECTIONS

VMMC2021 is structured along four strategic directions that are aligned with the WHO Global Health Sector Strategy on HIV, as discussed in this section:

1. Focused action for scale-up.
2. Policies and services for greatest impact.
3. Innovation for acceleration and the future.
4. Accountability for quality and results.



5.1 STRATEGIC DIRECTION 1: FOCUSED ACTION FOR SCALE-UP

The success of the next phase will depend on more efficient and tailored actions informed by country realities and quality data. Detailed national planning and targets will guide the scale-up, taking into consideration efficiencies and impact by age, risk of HIV infection, location and general health service needs.

VMMC among adolescent boys and men aged 15–29 years has a more immediate effect on HIV acquisition risk, whereas VMMC among adolescent boys aged 10–14 years is mainly an investment in the (not-too-distant) future. The opportunity costs for attracting older cohorts into care

tend to be higher (18), but access to health services should be available for men older than 30 years, whereas active targeting and demand creation specifically for VMMC could focus on adolescent boys and young men.

Early infant male circumcision is likely to become more acceptable and in-demand over time. The current strategic directions place this age group within a long-term strategy that countries should consider. If this service is to be provided, maternal and infant health programmes will be engaged and lead in the provision of safe services.

5.1.1 BUILDING ON THE “NATURAL DEMAND” AMONG ADOLESCENTS

Research shows evidence of a high “natural demand” for VMMC services among adolescent boys in several priority countries (19). Reaching adolescents early with sex and health education, and creating demand for VMMC and providing other effective health services offer powerful opportunities to foster healthy lifestyles.

Creating demand and ensuring large-scale service provision for adolescent boys aged 10–14 years is likely to rely largely on school health programmes. Lessons can be learnt from the initiative to implement human papillomavirus (HPV) vaccination for adolescent girls. For older age groups, service access and delivery will require a mix of different platforms. For those in school and aged 15–19 years, a school-based approach may be applied alongside other platforms for institutionalizing access to VMMC and a wider health service package. Those platforms could include vocational training centres, national youth services, existing community-based youth and sports organizations, youth-friendly health services, and adolescent sexual and reproductive health services. In some countries, building on traditional initiation practices and providing VMMC and wider health education as part of rites of passage may well provide an additional strategic option for this age group.

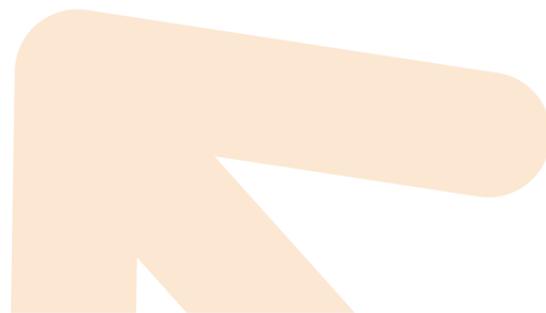
5.1.2 EXPLORING UNFAMILIAR TERRITORY: YOUNG MEN AGED 20–29 YEARS

For VMMC among men aged 20–29 years, sector-specific approaches can be identified for workplace-based health services (e.g. in large mines or in the uniformed services) for both outreach services and the use of incentives to reach men in these age groups. Reaching those aged 20–29 years will provide the greatest efficiency and HIV-prevention

5.1.3 REACHING MEN AT HIGHER RISK BASED ON BEHAVIOUR AND LOCATION

Specific groups of men who are at particularly high risk of acquiring HIV or other STIs must also be reached, irrespective of age. Men in serodiscordant relationships (e.g. those identified in services for preventing mother-to-child transmission of HIV) should be encouraged to be circumcised, to take an HIV test and to adopt additional prevention options such as condoms or PrEP. Military personnel, and mobile workers in mines, construction and transport industries tend to be at higher risk of HIV because of the higher numbers of sexual liaisons; hence, they must be prioritized for health services, including VMMC and other HIV-prevention services.

In modelling studies from several countries, a strong rationale for geographical prioritization was not shown for most countries, based on impact and cost-effectiveness. Prioritizing geographical areas where HIV incidence exceeds the national average could increase the number of HIV infections averted by VMMC programmes. However, high overall service coverage will be required to reach the central VMMC2021 targets (90% of males aged 10–29 years are circumcised and have access to tailored health services).



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5.2 STRATEGIC DIRECTION 2: POLICIES AND SERVICES FOR GREATEST IMPACT

Benefiting from a new emphasis on the health needs of men and boys, and strengthened intersectoral collaboration, HIV programmes will use all existing opportunities to reach the ambitious targets in VMMC2021. Adolescent boys and men must receive the range of effective health promotion and combination prevention services they need. The service

package should be covered in whole or in part through public funding, and must be delivered in a manner that enhances access and uptake. Policy-level synergies will be essential for strengthening the implementation of these services.

5.2.1 POLICY ADJUSTMENTS

Several of the issues affecting the health of adolescent boys and men require policy changes within and across different sectors. For example, ensuring young men’s access to health services requires supportive policies from the education and the health sectors, as well as appropriate legal frameworks regarding age of consent. Joint planning must occur for cross-cutting areas. Some of the required policy changes lie beyond the immediate purview of VMMC and HIV-prevention services. Nevertheless, they can have a positive impact on the health of adolescent boys and men. For example, taxation of alcohol can reduce alcohol consumption, mortality and STI rates (20) while generating tax income, which in turn could help to increase domestic financing of health services. Changes to housing policies in the mining industry can transform single-sex compounds for mine workers into homes for family housing, reducing spousal separation (21).

5.2.2 NEW “INTEGRATED” SERVICE DELIVERY MODELS

Transitioning services from a VMMC-specific approach to a broader perspective that encompasses the overall health needs of boys and men will require new integrated or linked service delivery models. It will also require strengthening the capacity of health and education workers to provide a wider range of services, and closer collaboration between clinics, schools, workplaces, and other service sites and venues that boys and men frequent.

Within the health sector, family planning and sexual and reproductive health services that are currently attended mostly by women and young girls (e.g. antenatal care and prevention of mother-to-child transmission of HIV services) can also function as entry points for providing health information and services that pertain to adolescent boys and men.

5.2.3 MALE-FRIENDLY SERVICE DELIVERY APPROACHES

Service delivery approaches that have attracted large numbers of boys and men to undergo VMMC include:

- school-based campaigns that include basic features such as involvement of school leadership and parents, and early provision of information (22);
- static health clinics in urban settings where populations are big enough to attract large numbers of men and boys (23); and
- mobile services in settings with smaller populations that aim to attract boys and men in sufficient numbers to achieve efficiency and quality.

For many men, working long hours at sites far from home allows little time to seek health care. Lessons from VMMC experiences to date show that settings and service delivery models that are convenient for one particular age group may not be successful for others. Operational policy changes such as extending clinic hours, streamlining patient flows or shifting some services into the communities can ease access and improve uptake. Diversifying testing approaches, including self-testing and community-based testing, may also increase demand and access.

Decisions must be guided by implementation and operational research that incorporates participatory approaches.

Successful examples of linking VMMC with other sexual, reproductive and health programmes that are typically considered to be in “women’s domain” already exist and must be built on. For example, the Family Life Association of Swaziland is integrating VMMC into broader sexual and reproductive health while also increasing uptake of HIV testing and treatment. Its Stepping Stones initiative, which targets both women and men, has been shown to significantly reduce reported risk behaviours in men, including intimate partner violence, transactional sex and problem drinking (24).