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DISCUSSION GUIDE: EXPANDING VOLUNTARY MEDICAL MALE CIRCUMCISION

The film *In It to Save Lives* is designed to stimulate thought and discussion about the value of voluntary medical male circumcision (VMMC) for HIV prevention. The information in this discussion guide comes directly from materials in the VMMC Resource Packet found on the AIDSTAR-One website (www.aidstar-one.com/vmmc).

What is voluntary medical male circumcision?

VMMC is an important means of preventing HIV transmission. If implemented on a large scale, this voluntary, safe medical procedure can have a major positive impact on the HIV epidemic by averting many new infections for both women and men. Research shows that VMMC on average reduces heterosexual men's risk of acquiring HIV by as much as 60 percent.

VMMC as an HIV prevention approach entails several components. Because VMMC is not fully protective against HIV, and because it may not be sufficiently protective for men who engage in sex with other men, VMMC should be part of a comprehensive HIV prevention package. The World Health Organization (WHO) has established guidelines indicating that medical male circumcision services should include 1) HIV testing and counseling, 2) treatment for STIs, 3) provision of male and female condoms and promotion of their correct and consistent use, and 4) promotion of safer sex practices and risk reduction—along with 5) the circumcision procedure.

Why do many national leaders throughout the world support VMMC?

According to the U.S. President's Emergency Plan for AIDS Relief and the Joint United Nations Programme on HIV/AIDS (UNAIDS), circumcising 20.3 million adult men 15 to 49 years old in East and Southern Africa over the next five years could prevent up to 3.5 million new HIV infections and 386,000 AIDS-related deaths in the next 15 years. Prevention at this level also suggests significant long-term cost savings. Mathematical modeling shows that spending \$1.5 billion to reach 80 percent coverage within this population in the next five years will save \$16.5 billion by 2025. The cost-effectiveness of VMMC is directly related to the pace and scale of implementation: the higher the coverage obtained within the shortest time frame, the bigger the impact.

Does scientific evidence support VMMC as a preventive measure?

Yes. The Cochrane Collaboration, an internationally respected group of medical researchers, reviewed research on VMMC including three rigorous randomized controlled trials. They concluded that additional trials were not needed to establish the effectiveness of VMMC in reducing HIV incidence, and recommended that policymakers add VMMC to their country's portfolio of HIV prevention interventions.

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Which countries should consider national programs to scale up VMMC?

WHO and UNAIDS recommend VMMC in countries and regions with HIV epidemics driven by heterosexual transmission, high levels of HIV prevalence, and low coverage of male circumcision.

Will VMMC overburden health care systems?

VMMC is a one-time procedure that confers a lasting negative effect on HIV acquisition, at limited costs to health care systems. By targeting adult and adolescent men first, VMMC reaches those who are currently or soon to be sexually active, achieving a more immediate impact on HIV transmission. Subsequently, circumcision surgeries for neonates can be integrated into existing health care services. Models demonstrate that if 80 percent of men are reached quickly with VMMC, HIV transmission can be dramatically reduced. Also, circumcision as a preventive measure costs far less than maintaining an HIV-positive individual on antiretroviral drugs for life. WHO has developed guidance for optimizing volume and efficiency for VMMC services. Using this guidance to design and implement VMMC services will allow countries to quickly and cost-effectively provide VMMC to the maximum number of men.

Does VMMC have other benefits for men?

Yes. In addition to reducing HIV risk, circumcision reduces men's chances of acquiring certain sexually transmitted infections, urinary tract infections, and penile cancer. VMMC programs also create opportunities to provide additional sexual or general health information and services to men.

How does VMMC affect women?

Current research has not demonstrated that VMMC directly reduces women's chances of acquiring HIV from their sexual partners, yet in settings where many men are circumcised, it is expected that women and their babies will benefit indirectly. For example, in communities where there are fewer HIV-positive men on average, women are less likely to be exposed to HIV through their sexual partners, and babies are less likely to be exposed to HIV from their mothers. Studies also show that VMMC helps protect women from cervical cancer and a range of sexually transmitted infections.

What do men need to know about male circumcision and HIV?

It is important that men undergoing VMMC understand both the benefits and limitations of the procedure. Circumcision does not confer full protection from HIV—it is one of several prevention behaviors needed for full protection. Sexually active men and women should still use condoms and reduce their number of sexual partners. Medical staff should counsel men undergoing VMMC to abstain from sex for six weeks or until their circumcision has healed completely.

Will men be willing to undergo this surgery?

In the last few years, some countries in sub-Saharan Africa have experienced a strong demand for VMMC services and many men have been circumcised. Increasingly, many uncircumcised men know about the various benefits of circumcision and want to reduce their chances of acquiring HIV. Evidence from some countries also show that women will support their partner's decision to be circumcised, and that many may prefer circumcised sexual partners.

How painful is the procedure, and what is the risk of complications?

Local anesthesia controls the pain during the procedure. Most men report minor pain in the days immediately following the procedure, but over-the-counter pain relievers are sufficient to control the discomfort.

As with any surgical procedure, there are risks associated with VMMC. However, when performed by trained staff in a clean environment, the risks are very low. Among adults, minor complications occur in less than one percent in current VMMC programs in East and Southern Africa.

Wouldn't it be easier to circumcise infants?

To achieve the most significant initial impact, VMMC services should target men who are currently or soon to be sexually active (men aged 15 to 49 years). Once the majority of sexually active men have been circumcised, the focus will shift to making circumcision available to male infants, since the procedure has fewer complications when performed on newborns.