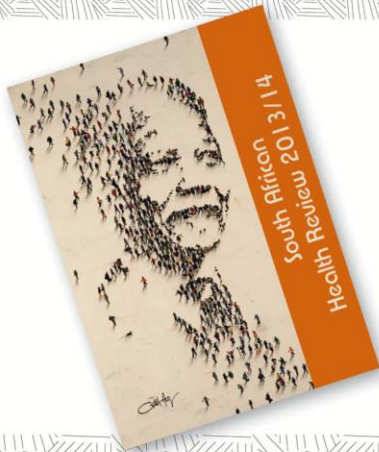




HEALTH SYSTEMS TRUST



VOLUNTARY MEDICAL MALE CIRCUMCISION IN SOUTH AFRICA: CHALLENGES AND OPPORTUNITIES

SAHR KWIK SKWIZ SERIES

This KWIK SKWIZ:



summarises Chapter 12 of the 2013/14 South African Health Review.

- Studies have shown a link between circumcision and low HIV prevalence, and further confirmed the effectiveness of Voluntary Medical Male Circumcision (VMMC) as a biomedical prevention intervention for the reduction in HIV risk acquisition in men.
- The first randomised controlled trial (RCT) testing for the efficacy of VMMC in a high HIV prevalence area was conducted in Johannesburg, South Africa, and convincingly demonstrated that medical male circumcision reduces the risk of HIV infection for men by 53 to 60 per cent. Additional studies have found that VMMC offers durable protection, with prevention benefits documented five years after circumcision.
- With our high HIV prevalence rate, South Africa has been identified as one of the 14 priority countries in southern Africa for VMMC scale-up, with an ambitious target goal of 4.3 million MMCs by 2016 to achieve an impact on the HIV epidemic.
- The implementation plan for the national VMMC programme 2011/12–2025/16, led by the National Department of Health (NDoH) and supported by various international donors, includes among its objectives:
 - » increasing access to VMMC services across the country;
 - » focusing on the establishment of high-volume sites and capacity-building;
 - » integrating safe medical circumcision into traditional practices;
 - » incorporating VMMC in an integrated package of health services; and
 - » increasing demand for circumcision through media and social mobilisation.
- The NDoH Annual Performance Plan for 2013/14–2015/16 demonstrated significant progress towards the target of 4.3 million MMC (80 per cent coverage). Achievement thereof hinges upon multiple variables associated with individual, religious, cultural and other attitudes and perceptions in different population sub-groups.
- Challenges in implementing HIV prevention interventions on a large scale are manifold, especially considering the inherent complexities of the epidemic, and the social and economic contexts in which these interventions are rolled out.

- In considering VMMC scale-up, the following important issues should be considered in closing the gap between evidence and application:
 - » VMMC communication strategies to create awareness and increase acceptability in uncircumcised men and minimise risk compensation in circumcised men
 - » The role of traditional male circumcision
 - » The supply of healthcare resources and optimising the impact of VMMC
 - » Neonatal and infant circumcision
- Recent PEPFAR-modelled data for South Africa show that the most cost-effective strategy for VMMC scale-up in the short run is to target the age group with the highest incidence, i.e. ages 25 to 29. However, in the long term, targeting younger age groups will be more effective in decreasing incidence.
- In South Africa, widespread coverage of VMMC will be an effective tool in gaining control of the spread of the epidemic. However, to engage the widely varying social, cultural and economic contexts of different people in the country, it is vital that South Africa continues to pursue a combined prevention and treatment approach. Modelling studies have shown that combination treatment and prevention strategies will be at least as effective and will cost less.
- Addressing human resource limitations for VMMC scale-up have resulted in a growing emphasis on the introduction and use of non-surgical circumcision devices in South Africa. These devices offer the advantages needed to accomplish national circumcision targets. However, cost is a key concern for the roll-out of these devices.

SOURCE:

Govender K, George G, Muccheuki C, Strauss M. Voluntary Medical Male Circumcision in South Africa: challenges and opportunities. In Padarath A, English R, editors. South African Health Review 2013/14. Durban: Health Systems Trust; 2014.

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