

Voluntary Medical Male Circumcision

TALKING POINTS

DECEMBER 2011

Voluntary medical male circumcision (VMMC) is low-cost procedure that research has proven reduces the risk of female-to-male transmission of HIV by more than 60 percent.¹

By the Numbers

To achieve population-wide prevention benefits of VMMC in Eastern and Southern Africa, 20 million more males need to be circumcised. If this goal is achieved by 2015, approximately than 20 percent of new infections anticipated between 2011 and 2025 will be averted in Botswana, Lesotho, Malawi, Namibia, Rwanda, Swaziland, Uganda, Zambia and Zimbabwe.²

In Kenya alone, 73,000 new HIV infections could be prevented within the next four years if 80 percent of adult males are circumcised by 2015. To achieve this, 860,000 new circumcisions need to be performed.³

Cost Savings

Studies have shown that scaling up VMMC is significantly cost saving. An investment of US \$ 1.5 billion between 2011 and 2015 to achieve 80 percent coverage in southern and eastern African priority countries would result in a net savings of US \$ 16.5 billion.⁴

PEPFAR's Investment

The President's Emergency Plan for AIDS Relief (PEPFAR) invested US \$ 70.9 million in the rapid expansion of VMMC throughout Africa from October 2009 to September 2010, and is continuing to invest in the scale-up of VMMC.⁵ The United States has provided support for three-quarters of the nearly one million male circumcisions for HIV prevention that have been completed in recent years. From 2012 to 2013, PEPFAR announced it will support more than 4.7 million VMMC's in Eastern and Southern Africa.⁶

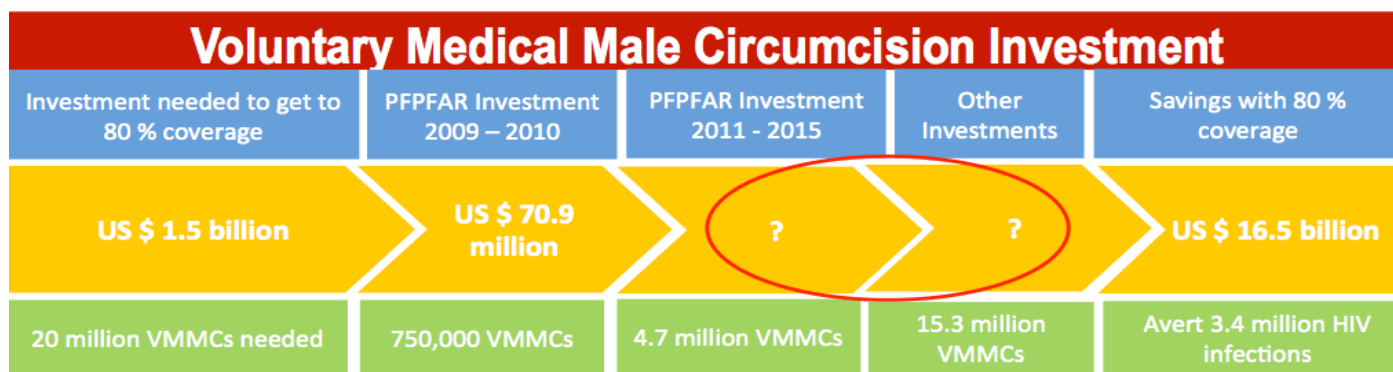
Gaps in Funding and Leadership

As the figure below illustrates, more funds and more political leadership are needed to realize the potential for VMMC. To stay up to date, visit avac.org/malecircumcision and The Medical Male Circumcision Clearinghouse at malecircumcision.org.



Achieving 80% VMMC coverage by 2015, and maintaining it thereafter would avert more than 20 percent of projected new HIV infections in Botswana, Lesotho, Malawi, Namibia, Rwanda, Swaziland, Uganda, Zambia, and Zimbabwe.

Hankins C, Forsythe S, Njeuhmeli E (2011) Voluntary Medical Male Circumcision: An Introduction to the Cost, Impact, and Challenges of Accelerated Scaling Up. *PLoS Med* 8(11): e1001127. doi:10.1371/journal.pmed.1001127



¹ Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United States President's Emergency Plan for AIDS Relief (PEPFAR). *PLoS Medicine*. <http://www.ploscollections.org/VMMC2011>

² UNAIDS and PEPFAR, *PLoS Medicine*.

³ Mahler, Hally, Baldwin Kileo, Kelly Curran, Marya Plotkin, Tigistu Adamu, Augustino Hellar, Sifuni Koshuma, Simeon Nyabenda, Michael Machaku, Mainza Lukobo-Durrell, Delivette Castor, Emmanuel Njeuhmeli, Bennett Fimbo. "Voluntary Medical Male Circumcision: Matching Demand and Supply with Quality and Efficiency in a High-Volume Campaign in Iringa Region, Tanzania. *PLoS Medicine*. (November 2011). Vol. 8, Iss. 11.

⁴ Hankins, Catherine, Steven Forsythe, Emmanuel Njeuhmeli. "Voluntary Medical Male Circumcision: An Introduction to the Cost, Impact, and Challenges of Accelerated Scaling Up." *PLoS Medicine*. (November 2011): Vol. 8, Iss. 11.

⁵ HIV Vaccine & Microbicides Resource Tracking Working Group. Capitalizing on Scientific Progress: Investment in HIV Prevention R&D in 2010. www.hivresourcetracking.org.

⁶ The White House, Office of the Press Secretary. "Fact Sheet: The Beginning of the End of AIDS." (1 December 2011).