Prevention Services

August 2014

Voluntary Medical Male Circumcision (VMMC)		
Indicator code: VMMC_CIRC	**1**	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period
Purpose: The total number of males circumcised indicates a change in the supply of and/or demand for VMMC services. Additionally, disaggregations are required and are used to evaluate whether prioritized services have been successful at reaching the intended population (by age, HIV status, and circumcision technique), targets have been achieved, and whether modeling inputs should be adjusted. An additional level of disaggregation below the circumcision technique level is required for follow-up status, since post-operative clinical assessments are part of good clinical care and low follow-up rates may indicate a problem in program quality. The follow-up disaggregation of surgical circumcision also provides denominators for AE rates for indicator "VMMC_AE".		
NGI Mapping:	P5.1.D continuing, same indicator with modified disaggregations; no impact on trend analysis	
PEPFAR Support Target/Result Type:	Both Direct Service Delivery (DSD) and Technical Assistance-only (TA-only) targets and results should be reported to HQ	
Numerator:	**1**	Number of males provided with voluntary medical male circumcision.
Denominator:	N/A	
Disaggregation(s):	**1**	**Age:** <1, 1-9, 10-14, 15-19, 20-24, 25-49, 50+
	1	**HIV Status:** • Number of HIV positive clients (tested HIV positive at VMMC site) • Number of HIV negative clients (tested HIV negative at VMMC site) • Number of clients with unknown HIV status/not tested for HIV on site/indeterminate[12] HIV status/undocumented HIV status
	1	**Technique:** • Number circumcised by device-based technique (Gomco, Mogen Clamp, PrePex, or other WHO-recognized or prequalified medical device for VMMC) • Number circumcised by surgical technique (forceps guided, dorsal slit, sleeve resection)
	1	**Follow-up Status:** • Number of surgically circumcised clients who returned at least once for follow-up care within 14 days of their circumcision surgery • Number of surgically circumcised clients who did NOT return for follow-up care within 14 days of their circumcision surgery
Data Source:	VMMC Register, or client medical records maintained by each program/site/service provider	

[12] Please note: HIV-indeterminate status is defined as the HIV status of an individual in whom the results did not lead to definitive diagnosis, meaning that no clear HIV status (either HIV positive or HIV negative) was assigned (Delivering HIV Test results and Messages for Re-testing and Counselling in Adults. WHO, 2010).

Data Collection Frequency:	Data should be collected continuously at the program/site level as part of service delivery. Data should be aggregated in time for PEPFAR reporting cycles. In addition, USG country teams may request periodic aggregation, e.g. monthly or quarterly, for the purposes of program management and review.

Method of Measurement:

The sum of clients documented as having received VMMC within the reporting period in VMMC Registries or clients' medical records maintained by programs.

Explanation: Males who are provided with circumcision as part of the VMMC for HIV prevention program and in accordance with the WHO/UNAIDS/Jhpiego *Manual for Male Circumcision Under Local Anesthesia*[1], or other WHO normative guidance (in the case of device-based VMMC), and per national standards by funded programs/sites in the reporting period meet the definition for the numerator. Males who are provided with circumcision using a medical device by funded programs/sites in the reporting period also meet the definition for the numerator as long as the device used is recognized or pre-qualified by WHO.

PEPFAR does not provide funding to perform male circumcision under general anesthesia or sedation, and cases of MC under general anesthesia/sedation should not be counted in the indicator. Adolescents (10 years of age and older) and newborns (under 60 days of age) may receive PEPFAR-funded VMMC as long as the procedure is performed using local anesthesia and in accordance with the WHO/UNAIDS/Jhpiego *Manual for Male Circumcision Under Local Anesthesia* or other normative guidance from WHO (in the case of device-based VMMC). For more detailed information on anesthesia for VMMC, reference the PEPFAR VMMC Technical Considerations.

Programs should focus on compiling data for the numerator from MC Registers or client medical records maintained by funded programs/sites. For more detailed information on the VMMC minimum package of HIV prevention services, refer to the PEPFAR VMMC Technical Considerations.

Implications for data collection systems

Implications of the indicator changes on data collection systems are anticipated to be minimal but may require minor updates to forms, registers, and data collection tools. The required disaggregation for follow-up status necessitates a system for documenting and reporting of client-level follow-up, which may be challenging. Existing VMMC registers may already be recording all requisite client-level data, but programs should confirm that these tools accurately reflect the new disaggregation requirements and revise/update registers as needed**.** Note that "circumcision technique" should now be tracked at the client level if multiple techniques are supported by the same implementing partner.

Explanation of Numerator:

Numerator is the number of males provided with voluntary medical male circumcision. This number is comprised of those circumcised within the reporting period and disaggregated by age (required), HIV status (required), and circumcision technique (required). An additional level of disaggregation below the circumcision technique level is required for follow-up status.

Explanation of Denominator:
N/A

Interpretation:

Three randomized controlled clinical trials in sub-Saharan Africa demonstrated a 60% reduction in risk

of female-to-male HIV transmission among men randomized to receive circumcision (compared to uncircumcised controls). This evidence is supported by long-standing ecologic and observational data. Elective medical male circumcision confers a partially protective effect against HIV acquisition for HIV-negative men at risk for acquiring HIV from HIV-positive female sexual partners, and may be particularly beneficial in populations where HIV prevalence is high and male circumcision prevalence is low. For maximal population impact, uptake of male circumcision should be as high and as rapid as safely possible and aligned with national policy.

Programs are required to report on the actual number of males circumcised in accordance with the WHO/UNAIDS/Jhpiego *Manual for Male Circumcision Under Local Anesthesia* or other WHO normative guidance (in the case of device-based VMMC) so that the overall uptake and delivery of the PEPFAR-funded VMMC for HIV prevention services in the country can be monitored, outcomes evaluated, and impact of male circumcision on HIV incidence at a population level can be modeled. Comparing current and previous values of this indicator may reflect newly implemented service delivery or changes in volume of supply and/or demand. When the number of male circumcisions is disaggregated by age and HIV status, it will be possible to adjust inputs used in models to determine impact of male circumcision programs on HIV incidence. Disaggregation by age may be particularly helpful in determining whether age-specific communication strategies are working to create demand in particular age groups. Disaggregation by clinical technique may be helpful to gauge the uptake and acceptability of device-based VMMC. An additional level of disaggregation below the circumcision technique level is required for follow-up status, since post-operative clinical assessments are part of good clinical care and low follow-up rates may indicate a problem in program quality. The follow-up disaggregation of surgical circumcision also provides denominators for AE rates for indicator "VMMC_AE". Non-PEPFAR funded providers also performing MCs within the reporting period are not included in this indicator, and any broader evaluations of population-level uptake will need to be interpreted accordingly.

Services are provided as part of a minimum package of MC for HIV prevention services per national standards and in accordance with the WHO/UNAIDS/Jhpiego *Manual for Male Circumcision Under Local Anesthesia* or other WHO normative guidance (in the case of device-based VMMC).

PEPFAR Direct Support: For detailed definitions of site (facility or mobile services), please see the SITE_SUPP indicator reference sheet.

Direct Service Delivery (DSD)
Individuals circumcised as part of the VMMC for HIV prevention program, will be counted as **directly supported by PEPFAR** when the service receives support that:

1. Is critical to the delivery of the service (such as procurement of commodities, human resource salary support) to the counted individuals.
    - For <u>VMMC</u> this can include: funding of medical instruments, supplies, or medicines needed for the VMMC procedure; or, funding of HCW salaries that provide VMMC services

<u>AND</u>

2. Requires an established presence at and/or routinized, frequent (at least quarterly) technical assistance support (funded or provided by PEPFAR) to individuals providing VMMC services at point of service delivery.
    - For <u>VMMC</u> this can include: training of VMMC service providers; supportive supervision of staff; clinical mentoring of HCW at VMMC sites*; infrastructure/facility renovation; support of VMMC service-related data collection, reporting, data quality assessments (DQA); CQI/EQA of VMMC services at point of service delivery; or

commodities consumption forecasting and supply chain management support.

Both conditions must be met in order to count individuals as directly supported by PEPFAR.

Technical Assistance-only Support (TA-only)
Individuals circumcised as part of the VMMC for HIV prevention program, will be counted as supported by TA-only when the following criterion is met:

1. PEPFAR has an established presence at and/or provides routinized, frequent (at least quarterly) technical assistance support (funded or provided by PEPFAR) to individuals providing VMMC services at point of service delivery.
    - For VMMC this can include: training of VMMC service providers; supportive supervision of staff; clinical mentoring of HCW at VMMC sites*; infrastructure/facility renovation; support of VMMC service-related data collection, reporting, data quality assessments (DQA); CQI/EQA of VMMC services at point of service delivery; or commodities consumption forecasting and supply chain management support

Additional References:

- A Guide to Indicators for Male Circumcision Programmes in the Formal Health Care System. WHO and UNAIDS. December 2009. (http://whqlibdoc.who.int/publications/2009/9789241598262_eng.pdf)
- Manual for Male Circumcision Under Local Anesthesia. WHO/UNAIDS/Jhpiego. December 2009. (http://www.who.int/hiv/pub/malecircumcision/who_mc_local_anaesthesia.pdf)