



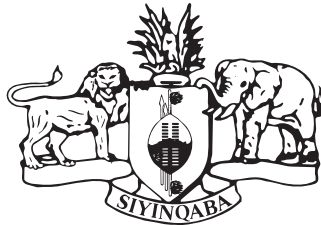
Kingdom of Swaziland

POLICY ON SAFE MALE CIRCUMCISION FOR HIV PREVENTION

15 JULY 2009



**World Health
Organization**



Kingdom of Swaziland

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ACRONYMS AND ABBREVIATIONS

| | |
|--------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| ABC | Abstinence, Be Faithful, Condomise |
| ART | Antiretroviral Therapy |
| ARV | Antiretroviral |
| BCC | Behaviour Change Communication |
| CBO | Community Based Organisation |
| FBO | Faith-Based Organisation |
| FLAS | Family Life Association of Swaziland |
| HIV | Human Immunodeficiency Virus |
| HTC | HIV Testing and Counseling |
| IEC | Information, Education and Communication |
| JAIP | Jerusalem AIDS Project |
| MC | Male circumcision |
| MDG | Millennium Development Goal |
| M&E | Monitoring and Evaluation |
| NGO | Non-governmental Organisation |
| NERCHA | National Emergency Response Council on HIV and AIDS |
| NDS | National Development Strategy |
| NSP | National Strategic Plan |
| OVC | Orphaned and Vulnerable Children |
| PLHIV | People Living with HIV |
| PMTCT | Prevention of Mother to Child Transmission of HIV |
| RCT | Randomized Controlled Trials |
| SMCTF | Swaziland Male Circumcision Task Force |
| SNAP | Swaziland National AIDS Programme |
| STI | Sexually Transmitted Infection |
| UNAIDS | Joint United Nations Programme on HIV and AIDS |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| WHO | World Health Organization |

NATIONAL POLICY DOCUMENT

FOREWORD

Swaziland has one of the most severe HIV epidemics in the world, with an estimated HIV prevalence among pregnant women attending antenatal clinics of 42.0% in 2008. The Swaziland Demographic and Health Survey (2006/7) showed a prevalence rate of 19% for the population aged 2 years and older, and 26% for the adult population of reproductive age (15-49 years). According to the 2006/7 DHS results, the age-sex specific HIV prevalence among the 15-19 year age group was estimated at 10% for females and 2% for males, and the respective prevalence is as high as 49% (females) and 28% (males) for those aged 25-29. With such high HIV prevalence rates, the HIV epidemic is threatening the future survival of Swaziland.

The Government of Swaziland is prioritizing HIV prevention within its national response to HIV and AIDS by adopting a comprehensive HIV prevention approach including male circumcision. A coordinated, multi-sectoral HIV and AIDS National policy was developed in 2006, which includes measures to address prevention, treatment, care and support. The policy commits to implementing evidence-based interventions that can contribute to turning around the epidemic.

Evidence from three randomized controlled trials (Orange Farm, South Africa in 2005; Kisumu, Kenya in 2007; and Rakai District, Uganda in 2007) show that male circumcision can reduce the risk of acquisition of HIV among men by as much as 60% in circumcised men compared to men who are not circumcised. These findings were reviewed by WHO and UNAIDS and the two organizations released recommendations to guide country implementation. WHO and UNAIDS recommend implementing male circumcision to achieve the greatest public health impact in settings of high HIV prevalence and low male circumcision as in Swaziland.

The Government of the Kingdom of Swaziland has therefore developed this policy on male circumcision and HIV prevention to provide a framework to guide policy-makers and public, NGO, FBO and private sector implementers, to ensure the provision of safe, accessible and sustainable male circumcision services.

This policy serves to guide the Male Circumcision response in Swaziland and shall be implemented in the context of the National Health Policy and National Multisectoral HIV and AIDS Policy and Strategy, Health Sector Response Plan, and other relevant Policies and Strategies of Swaziland, and it shall be guided by the principles outlined in the National HIV and AIDS Policy.

The Ministry of Health takes this opportunity to hail the efforts of all those who made the development of this policy document a possibility. I personally urge health care workers, Swazi men and women as partners and mothers to collectively carry the banner of HIV prevention and make a personal decision to ensure that Swaziland succeeds in its fight against HIV.

Mr. B. Xaba

Honorable Minister of Health

ACKNOWLEDGEMENTS

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- MOH leadership in developing this policy in particular and the male circumcision response in general particularly Dr Magagula chairperson of the task force
- Male Circumcision Task Force: MOH – Dr Magagula, Richard Phungwayo, Muhle Dlamini; NERCHA – Faith Dlamini; WHO – Dr Augustine Ntilivamunda, Dr Benjamin Gama; UNAIDS – Thembisile Dlamini; UNICEF – Dr Fabian Mwanyumba; USG/PEPFAR - Christine Stevens; Dr Adam Groeneveld; PSI – Agai Jones, Victoria Masuku; FLAS – Dr Chonzi, Dudu Simelane, Glenda Stanislaw
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- Stakeholders for their participation in informing the policy development

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1. Introduction

1.1. Background

Swaziland has one of the most severe HIV epidemics in the world, with an estimated HIV prevalence among pregnant women attending antenatal clinics of 42.0% in 2008. The Swaziland Demographic and Health Survey (2006/7) showed a prevalence rate of 19% for the population aged 2 years and older, and 26% for the adult population of reproductive age (15-49 years). According to the 2006/7 DHS results, the age-sex specific HIV prevalence among the 15-19 year age group was estimated at 10% for females and 2% for males, and the respective prevalence is as high as 49% (females) and 28% (males) for those aged 25-29. With such high HIV prevalence rates, the HIV epidemic is threatening the future survival of Swaziland.

The Government of Swaziland is prioritizing HIV prevention within its national response to HIV and AIDS by adopting a comprehensive HIV prevention approach including male circumcision. A coordinated, multisectoral HIV and AIDS National policy was developed in 2006, which includes measures to address prevention, treatment, care and support. The policy commits to implementing evidence-based interventions that can contribute to turning around the epidemic.

Evidence from three randomized controlled trials (Orange Farm, South Africa in 2005; Kisumu, Kenya in 2007; and Rakai District, Uganda in 2007) show that male circumcision can reduce the risk of acquisition of HIV among men by as much as 60% in circumcised men compared to men who are not circumcised. These findings were reviewed by WHO and UNAIDS and the two organizations released recommendations to guide country implementation. WHO and UNAIDS recommend implementing male circumcision to achieve the greatest public health impact in settings of high HIV prevalence and low male circumcision as in Swaziland.

The Government of the Kingdom of Swaziland has therefore developed this policy on male circumcision and HIV prevention to provide a framework to guide policy-makers and public, NGO, FBO and private sector implementers, to ensure the provision of safe, accessible and sustainable male circumcision services.

1.2. Country situation analysis on male circumcision for HIV prevention

Swaziland has one of the lowest male circumcision rates in the world, the majority of which are performed for medical reasons. There is however a high level of acceptability of this intervention as reported in a study carried out in the Manzini region in January 2006, which showed that 87% of men surveyed were willing to be circumcised. Media coverage of the 2005 results of the Orange Farm trial in South Africa created new demand for male circumcision. However the health system does not presently have the capacity to meet the growing demand. Currently only doctors may perform male circumcision.

In January 2006, through a National Emergency Response Council on HIV and AIDS (NERCHA) and UNICEF-funded refresher training programme, 50 clinicians were trained to perform male circumcision. A number of pilot male circumcision projects have been held to meet the demand and prepare for scale up of safe male circumcision in Swaziland:

- The Family Life Association of Swaziland (FLAS) started a pilot project in Mbabane urban area in January 2006 and by October 2006, a total of 371 male circumcisions were performed. In the second half of 2007, an average of 40-50 procedures were performed per week in all health facilities in Swaziland.
- The government sponsored three one-day events called “Circumcision Saturdays” in 2006 and 2007, held at Mbabane and Mankayane government hospitals. A total of 135 men were circumcised by a surgical team. These special events were used to train doctors, assess the capacity to conduct a large number of circumcisions; calculate the cost per procedure; and identify ways to integrate HIV testing and counseling into the service provision.
- In 2007 FLAS formed a partnership with the Jerusalem AIDS Project (JAIP) under which teams of surgeons come to Swaziland for two week missions to train doctors and perform circumcisions as part of a male circumcision scale-up strategy. During the first visit in October 2007, 74 males were circumcised. Additionally, some Swaziland Male Circumcision Task Force members were trained to perform neonatal circumcisions

A study conducted in 2006 estimated the unit cost for a comprehensive package of male circumcision services in Swaziland at E376, which includes surgical costs (78.6%); communications (14.5%); HIV testing (3.6%); and pre-and post-operative counseling (3.3%). In preliminary analyses, this package of services has been shown to be cost-effective when compared to other prevention interventions.

Swaziland held a national consultation on male circumcision and HIV prevention in September 2006. The country consultation brought together a wide range of key stakeholders working in the field of HIV and included some traditional and cultural leaders. Key outcomes of this consultation process were the expansion of the previously existing Swaziland Male Circumcision Task Force and the resolution to develop a male circumcision policy for Swaziland.

2. Policy Goal, Objectives and Context

This policy has been informed by the findings of the 3 recently published randomized controlled trials (Orange Farm, South Africa in 2005; Kisumu, Kenya in 2007; and Rakai District, Uganda in 2007), which showed as much as a 60% reduction risk of acquisition of HIV among circumcised men compared to men who are not circumcised, and the WHO and UNAIDS recommendations on the implementation of safe male circumcision.

2.1. Policy Goal and Objectives

The overall goal of this policy is to halt the spread of HIV infection leading to an HIV-free generation in Swaziland.

The purpose is to provide a framework for policy-makers and implementers to support scale up of safe, accessible and sustainable male circumcision as an integral component of the HIV prevention strategy in Swaziland.

Objectives

More specifically the policy seeks to:

- Create an enabling environment for the scale-up of well coordinated safe male circumcision services;
- Increase the number of health facilities providing safe male circumcision services in both the urban and rural parts of Swaziland; and
- Increase the number of men aged 15 -24 years accessing safe MC services.

2.1. Guiding Principles

This policy shall be implemented in the context of the National Health Policy and Second National Multisectoral HIV and AIDS Policy and Strategy, Health Sector Response Plan, and other relevant Policies and Strategies of Swaziland, and it shall be guided by the principles outlined in the National HIV and AIDS Policy, the key relevant ones being:

- Respect for human rights, with full adherence to medical ethics and human rights principles. Informed consent, confidentiality and absence of coercion will be assured.
- Compliance with national and international declarations signed and ratified by the Government of Swaziland.
- Integration with other HIV prevention, care, treatment and support, and reproductive health services.
- Involvement of all key stakeholders, including communities, and services shall therefore be provided taking into account the Swazi socio-cultural context.
- Use of an evidence-based approach to guide safe male circumcision programming and service provision.

2.2. Scope of application

The policy shall apply to Government and all other stakeholders in the public, NGO, FBO and private sectors involved in programming of safe male circumcision for HIV prevention in the country. In particular all relevant Government ministries and bodies, local and international NGOs and FBOs, private health practitioners, stakeholders and other partners are required to adhere to the enunciated policy. The policy shall complement and synergize with the National HIV and AIDS Policy and shall be revised as new information on male circumcision and HIV prevention becomes available in Swaziland.

The policy measures outlined in this document shall be used to guide the development of the national strategic and implementation plan, programme implementation, quality assurance procedures in the context of service delivery, and resource mobilization for safe male circumcision.

3. Male Circumcision Policy Statements

The Government of the Kingdom of Swaziland recognizes male circumcision as an effective and additional prevention intervention in the fight against HIV and AIDS in formulating this policy.

The policy addresses a number of aspects such as: who shall be prioritized for the intervention to have the required public health impact ; cadres of healthcare workers to provide the male circumcision services; the type of facilities where services shall be provided; integration of male circumcision with other health services; costing; quality assurance; monitoring and evaluation; communications and advocacy surrounding male circumcision and HIV prevention; human rights, ethics and legal issues; and socio cultural considerations.

3.1. Target population

3.1.1. Male circumcision services, as part of the national comprehensive HIV prevention package, shall be available to boys and men of all age groups who voluntarily request the service. However, HIV negative boys and men shall be the focus of the program to maximize the public health benefit in regard to HIV prevention. The following shall be specific priority target age groups:

- Boys and men 15 to 24 years;
- Neonates, as a strategy to ensure long term sustainability of the programme.

3.2. Service providers

3.2.1. Male circumcision services shall be offered by registered surgeons and medical doctors who are trained and deemed competent to provide safe, comprehensive male circumcision services.

3.2.2. Task shifting strategies targeted at nurses and midwives shall be a key component of enhancing the numbers of service providers.

3.2.3. Expatriate health providers or teams shall be considered as a means to meet the high demand for services due to the scarcity of health care providers in Swaziland. In such instances these providers would be approved by the Swaziland Male Circumcision Task Force and registered by the relevant health professional councils; be oriented to conduct services with adherence to the local protocols and guidelines and provide services according to the recommended Swaziland minimum quality assurance standards. As much as possible, such providers or teams should include training and capacity building as a key component of their activities.

- 3.2.4. All safe male circumcision providers shall be certified by the Swaziland Male Circumcision Task Force.

3.3. Facilities

- 3.3.1. The minimum level within the health system at which safe male circumcision can be performed is the lowest level where:
- Minor surgery is currently being performed and is meeting National safety and quality standards
 - Appropriate resuscitation equipment is available
 - Staff is appropriately trained and competent
 - Facility is in compliance with sterilisation standards for infection control, and
 - Provisions for patient referral are in place.
- 3.3.2. Hospitals, health centres and clinics that meet the above minimum criteria can be equipped and brought -up to standard to meet the minimum quality assurance standards for safe male circumcision service delivery.
- 3.3.3. The Swaziland Male Circumcision Task Force shall be responsible for the accreditation of health facilities.

3.1. Integration

- 3.4.1. Male circumcision services shall be offered as part of a comprehensive HIV prevention package. The recommended minimum package includes:
- Behavioural Change communication
 - Access to HIV testing and counseling;
 - STI diagnosis and treatment;
 - Safer sex counseling
 - Promotion and provision of condoms; and
 - Male circumcision surgical procedure as described in the national guidelines and protocols.
- 3.4.2. Where feasible, male circumcision should be added to existing HIV prevention, and sexual and reproductive health services. All male circumcision sites should provide the comprehensive minimum package of services.
- 3.4.3. Male circumcision should be used as an entry point to reach males with wider sexual and reproductive health services and support for optimum benefit.

3.2. Costing

- 3.5.1. In line with other public health and HIV interventions such as the provision of antiretroviral therapy, male circumcision for HIV prevention shall be provided free in public health facilities and at a minimal cost in private facilities.
- 3.5.2. Costing for programming and service delivery should include elements of a comprehensive package of male circumcision services which consists of communications, HIV testing and counselling, pre-and post-circumcision information and education, and behavioural counseling and training, in addition to the actual surgery.
- 3.5.3. Additional technical and financial resources should be mobilised from the government budget as part of the commitment of the Government to the Abuja Declaration and the Millennium Development Goals, and from other bilateral and multilateral funding mechanisms.
- 3.5.4. Efficient use of current resources is required and measures shall be put in place to ensure this and also to ensure that male circumcision does not divert resources from other essential interventions.

3.3. Quality assurance

- 3.6.1. National Guidelines and Protocols shall be developed to guide clinical practice. Such protocols and guidelines shall be used in line with WHO recommended techniques.
- 3.6.2. Minimum standards for safe male circumcision services will be developed in line with WHO guidance for the delivery of safe quality services. These standards shall guide the setting up and provision of safe male circumcision services and shall include: guidance on supervision and management of services; the minimum package of services; competency of providers; information provision; assessment, care and follow up of clients; availability of drugs, supplies and equipment; continuity of care, referral systems; monitoring and evaluation.
- 3.6.3. Male circumcision shall be performed under local anaesthesia in order to expand services to as many facilities and providers as possible. General anaesthesia shall only be administered in special circumstances as determined by specialists/service providers.
- 3.6.4. Certification and regulation of all service providers shall be done within the medico-legal framework and the governing bodies such as the Swaziland Nursing Council, and the Swaziland Medical and Dental Council.
- 3.6.5. Effective supply chain management systems shall be put in place to ensure timely distribution of safe male circumcision equipment, materials and consumables.

3.4. Communication and advocacy

- 3.7.1. In order to support the promotion of safe male circumcision as a new HIV prevention intervention, a national male circumcision

communication strategy shall be developed and shall be a component of the national BCC strategy.

- 3.7.2. The communication strategy shall promote community dialogue and debate on this issue and highlight appropriate local messaging and effective mobilization of mass media. It shall also address misinformation on male circumcision and ensure accurate information for decision making for various partners and community groups.
- 3.7.3. Key communication messages shall be developed to target specific groups/populations:
- 3.7.4. Barriers to communication between generations (parents and children) on issues of sex and sexuality should be addressed as they are critical. Women and girls should also be involved in discussions of and decisions on male circumcision
- 3.7.5. Advocacy strategies shall be developed to reach leadership at all levels in Swaziland to promote appropriate policies and programmes for the acceleration of the scale up of male circumcision services.

3.5. Human Rights, Ethics and Legal Issues

- 3.8.1. The Government of Swaziland shall ensure that safe male circumcision is provided with full adherence to medical ethics and human rights principles and comply with the national legal framework. Informed consent, confidentiality and absence of coercion should be assured.
- 3.8.2. For neonates, infants and minors, informed consent shall be sought from, parent(s) or guardian(s) (including care-givers and social workers). They will be given sufficient information regarding the benefits and risks of the procedure in order to determine what is in the best interests of the child. As minors become competent to make decisions, their views should be increasingly taken into account and informed, non-coerced assent should be sought.
- 3.8.3. HIV testing and counseling shall be routinely recommended and offered on a voluntary basis to all men prior to circumcision, but refusal to take an HIV test is not grounds for denial of the service. All HIV positive men will be referred to HIV and AIDS care and treatment services.
- 3.8.4. Effective social and behavioural communication strategies shall be put in place to avoid the emergence of stigma and discrimination with respect to either circumcised or non-circumcised males.
- 3.8.5. An enabling environment shall be put in place for safe male circumcision through the involvement of all key stakeholders, and

consultation for male circumcision should include discussion with sexual partners.

3.6. Socio-Cultural Issues

- 3.9.1. Scaling up of male circumcision shall be sensitively handled, with respect shown for Swazi culture and gender implications. The Government of Swaziland shall ensure that male circumcision is promoted and delivered in a culturally appropriate manner that minimizes stigma associated with circumcision status.
- 3.9.2. Government shall ensure engagement and participation of key opinion leaders in communities and the socio-cultural implications of safe male circumcision programmes.
- 3.9.3. The need for ongoing consultation and social mobilization should not hold back policy implementation. However, operational research into the socio-cultural meanings and impacts of male circumcision shall be carried out to guide programming.

4. Monitoring and evaluation

Standard monitoring and evaluation indicators related to the goal and objectives of safe male circumcision programming shall be developed. These shall include supply at service delivery point, behaviour change, demand and socio cultural issues. Others are quality indicators which include HIV testing and counseling and management of adverse events.

The target numbers to be reached in each target group shall be established and assessed according to epidemiological and demographic data. Standardized data collection, interpretation and dissemination systems shall be developed and need to be maintained.

In line with the “Three Ones Principles”, the monitoring and evaluation system for safe male circumcision shall be integrated into the existing national monitoring and evaluation system. The database shall be developed to capture data from all sectors, including the private sector. Operational research on safe male circumcision and HIV prevention shall be encouraged and supported. This shall include formative research and evaluation of different models of service delivery.

5. Institutional Arrangements

The Government of Swaziland intends to move fast and in a strategic manner with the implementation of male circumcision for HIV prevention in the country. It shall provide the required leadership in the planning and implementation of safe male circumcision scale-up, in mobilization and efficient use of resources, ensuring transparent accountability.

5.1. The Ministry of Health

The Ministry of Health (MOH) leads the health sector HIV and AIDS response and shall therefore also lead the implementation of this safe male circumcision policy. Specifically, the MOH shall focus on:

- Provision of technical guidance and support on safe male circumcision services;
- Provision of safe male circumcision services through the public health system;
- Coordination of the provision of safe male circumcision by all partners, including those in the public, NGO, FBO and private sectors; and
- Documentation of best practices through regular monitoring and evaluation of safe male circumcision services and programmes.

The Swaziland National AIDS Programme (SNAP) within the MOH shall be directly responsible for coordinating the planning and implementation of safe male circumcision services, ensuring that services are linked with and where possible integrated with other HIV and AIDS, and reproductive health services. The Ministry of Health and Social Welfare shall expand the human resource capacity of SNAP to ensure that it can carry out these additional tasks.

5.2. The National Emergency Response Council on HIV and AIDS

The National Emergency Response Council on HIV and AIDS (NERCHA) coordinates the multi-sectoral response to HIV and AIDS. It shall work with the Ministry of Health and mobilize adequate resources to scale up safe male circumcision services.

5.3. Swaziland Male Circumcision Task Force

Under the leadership of the Ministry of Health and Social Welfare, and working closely with NERCHA, the Swaziland Male Circumcision Task Force shall provide specific technical guidance to strengthen the preparedness of the country to scale up safe male circumcision. Oversight of male circumcision policy and programmes shall however be the responsibility of MOH, with SNAP being directly responsible.

Membership of the Swaziland Male Circumcision Task Force shall include representatives of health service providers, policy makers, people living with HIV, partners in the health sector, traditional sector, media and civil society. The Swaziland Male Circumcision Task Force shall form committees as needed. Currently two key committees are the Clinical Committee and the Communication and Advocacy Committee.

The Clinical Committee shall be responsible for:

- Coordinating development of guidelines and protocols of safe male circumcision service provision including; the required standards for equipment and facilities; surgery and anaesthesia; and the minimum service package.

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- Outlining the standardised training of doctors and other cadres of health workers,
 - Accrediting health facilities and certifying of medical personnel
 - Facilitating development of strategies for scaling up safe male circumcision services through models such as: Male Circumcision special days; public-private partnerships; and international cooperation.

The Communication and Advocacy Committee shall be responsible for:

- Undertaking high level advocacy with political, cultural and opinion leaders.
- Developing and monitoring implementation of a social and behavioural change strategy for safe male circumcision services reaching into all communities and actively involving community partners
- Coordinating communication and advocacy activities of partners and ensuring effective collaboration, and consistency of messaging.

