



MINISTRY OF HEALTH

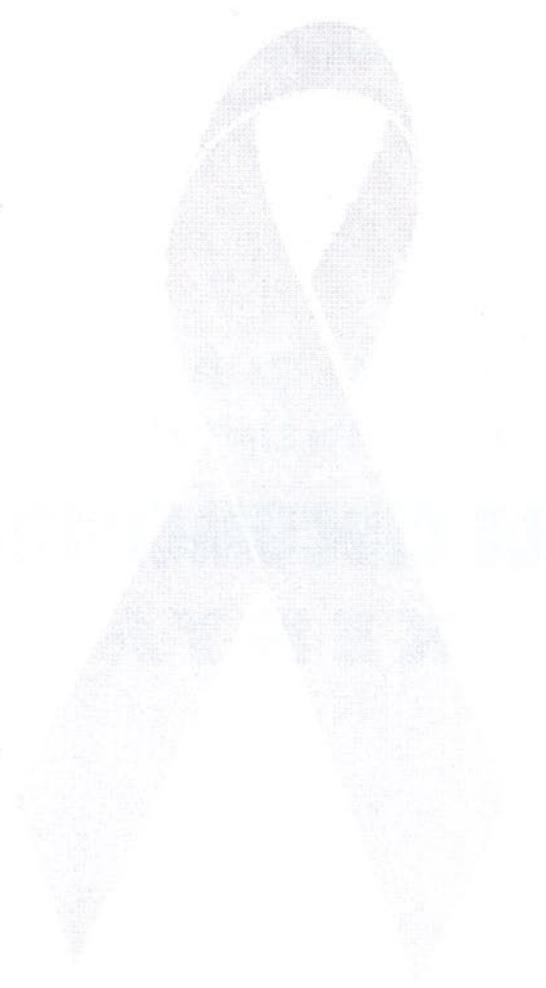
**NATIONAL GUIDANCE  
FOR VOLUNTARY  
MALE CIRCUMCISION  
IN KENYA**





Republic of Kenya

**NATIONAL GUIDANCE  
FOR VOLUNTARY  
MALE CIRCUMCISION  
IN KENYA**



# EDITORS

Dr. Ibrahim Mohammed	-	NASCOP
Dr. Peter Cherutich	-	NASCOP
Dr. Naomi Bock	-	CDC
Dr. Kawango Agot	-	UNIM
Mr. Charles Mwai	-	NACC
Dr. Rex Mpazanje	-	WHO

## Suggested Citation

National AIDS/STD Control Programme: National Guidance for Voluntary Male Circumcision in Kenya. Ministry of Health, Republic of Kenya: 2008

## **ACKNOWLEDGEMENTS**

The development of this guidance document has been possible through the efforts of many people and organizations. The Ministry of Health sincerely appreciates the efforts of the Male Circumcision Taskforce in the preparation of this document.

We appreciate the input from professional organizations, the United Nations and World Health Organization, individuals and heads of many health divisions and departments within the Ministry, international partners, religious bodies and all those who took time to review the drafts of this guidance document.

Finally we would like to thank other people who have contributed directly or indirectly to the process including the secretarial and support staff that ensured the preparation, typing, printing and binding of this document.

## FOREWORD

The Ministry of Health recognizes that heterosexual transmission is the most common mode of transmission of HIV in our set-up and the government priorities should reflect this reality. The Ministry has been at the forefront in scaling up prevention and treatment programmes for HIV/AIDS. As we seek to diversify the prevention efforts, we wish to welcome the publication of the studies indicating that male circumcision offers some protection against HIV acquisition.

We are confident that this intervention will be a new addition to our prevention strategies to reduce the incidence of HIV, but recognize that it is not fully protective.

The aim of this guidance document is to provide a broad policy framework for the integration of Male Circumcision into the existing prevention programmes. It is our belief that partners and all implementers will be guided by this document to provide male circumcision in a manner that is voluntary and provides the individual with appropriate information regarding the role of male circumcision in reducing the risk of HIV infection.

I would like to acknowledge all those who put in their efforts to the success of this document. The Centers for Disease Control (CDC) and Family Health International come up for special mention for technical and financial input to this document. I will not forget to thank officials from the Ministry of Health and members of the Male Circumcision Task Force for their immense contribution.

We look forward to the successful fulfillment of objectives as set out in this guidance document and hope that the scaling up process is accelerated for the good of our population.



**James W. Nyikal, MBS**  
**Director of Medical Services**  
**September 2007**

## **TABLE OF CONTENTS**

INTRODUCTION	1
Background	1
Situation Analysis	2
POLICY STATEMENT	3
Goal	3
Purpose	3
Guiding Principles	3
COORDINATION OF MALE CIRCUMCISION	4
The role of the Ministry of Health	4
The role of the National AIDS Control Council	5
The role and obligation of partners	5
The National Male Circumcision Taskforce	5
IMPLEMENTATION OF SAFE MALE CIRCUMCISION SERVICES	7
REFERENCES	8

# INTRODUCTION

## Background

Male circumcision is the surgical removal of the foreskin of the penis. It is one of the oldest and most common surgical procedures worldwide, undertaken for religious, cultural, social, and medical reasons. Approximately 30% of adult men worldwide are circumcised. In sub-Saharan Africa, about two-thirds of men are circumcised.

Over 45 observational studies have found a significant association between male circumcision and HIV infection. Recently, three randomized controlled trials in African men have demonstrated that male circumcision reduces the risk of HIV acquisition by approximately 60%<sup>1,2,3</sup>. Studies of human foreskin tissue have also demonstrated that the foreskin is highly susceptible to uptake of HIV<sup>4</sup>. In addition, male circumcision has been shown to reduce the incidence of genital ulcer disease, and infection with human papilloma virus, the agent that causes penile cancer in men and cervical cancer in female partners of uncircumcised men<sup>5</sup>. Chlamydia infection, which can cause infertility, is also more common in the female partners of uncircumcised men<sup>5</sup>.

Based on the results of the three clinical trials and other accumulated evidence showing that male circumcision reduces the risk of HIV acquisition, the World Health Organization (WHO) and UNAIDS issued recommendations on male circumcision and HIV prevention in March 2007. They stated that, "the efficacy of male circumcision in reducing female to male HIV transmission has now been proven beyond reasonable doubt," and that male circumcision should be considered as part of a comprehensive HIV prevention package<sup>6</sup>.

In recognition of the above recommendations the Ministry of Health has developed this guidance document for male circumcision in Kenya. The guidance document will provide a framework to ensure safe, accessible, sustainable male circumcision services through guidance to policy makers and implementers.

## SITUATION ANALYSIS

Male circumcision is practiced by many communities in Kenya. In addition to religious reasons, circumcision often serves as a rite of passage. Data from the 2003 Kenyan Demographic and Health Survey shows that 84% of Kenyan men are circumcised. A lower proportion of men age 15 to 19 are circumcised (72%) than those at older ages (minimum 84%). This could indicate a decline in the practice; however, it is more likely that some men do not go through the circumcision process until after age 20. More than 90% of men are circumcised in North Eastern, Eastern, Coast, and Central Provinces; more than 80 percent in Nairobi, Rift Valley and Western Provinces. In Nyanza the prevalence of male circumcision overall is 46%, although there is wide variation within districts ranging from 17% to 99%. Nationally, HIV prevalence among adults is estimated at 5.1% with a significant proportion of new infections occurring among sexually active young adults. HIV prevalence exhibits similar regional variations with a low of <1% in North-Eastern province peaking at 18% in Nyanza.

The Government of Kenya has facilitated the development of the Kenya National HIV/AIDS Strategic Plan, the National Health Sector Strategic Plan II and other strategic documents jointly agreed upon by stakeholders within Government, civil society, the private sector and development partners. These documents form a basis for the scaling up of HIV prevention, care and treatment and the strengthening of health care delivery in Kenya.

## **POLICY STATEMENT**

Male circumcision reduces the risk of acquiring HIV by 60% and is an effective intervention for reducing the risk of HIV and sexually transmitted infections; therefore, safe, voluntary male circumcision alongside other HIV prevention strategies should be promoted in Kenya.

### **Goal**

To reduce the incidence of HIV infections to help create an AIDS free generation.

### **Purpose**

To provide a framework for safe, accessible and sustainable male circumcision services.

### **Guiding Principles**

- Ensure that male circumcision is performed by well-trained practitioners in antiseptic settings under conditions of informed consent, confidentiality, risk reduction counseling, and safety.
- Ensure that male circumcision is promoted and delivered to males of all ages in a manner that is culturally sensitive to minimize stigma that may be associated with circumcision status.
- Ensure that male circumcision does not replace other known effective HIV prevention methods and is always considered as part of a comprehensive prevention package.
- Ensure that community and individual education programs provide sufficient and correct information on the partial protection provided by male circumcision and the continuing need for other HIV and sexually transmitted infection prevention measures.

- Ensure that appropriate laws, regulations and supervisory mechanisms are developed so that male circumcision services are accessible and provided safely without discrimination.
- Establish a Male Circumcision Task Force, appointed by the Minister of Health, to advise on the management of integrated reproductive and sexual health and HIV prevention programs providing male circumcision services.
- Strengthen health systems to ensure that male circumcision programmes do not interrupt or divert resources from other primary health care services.
- Improve the general health care service delivery through adequate and appropriate strengthening of other health care programmes.
- Ensure the monitoring and evaluation of male circumcision services for quality control and planning purposes.
- Ensure operations research to strengthen male circumcision services and to implement effective, comprehensive HIV prevention programs in the context of sexual and reproductive health.

## **COORDINATION OF MALE CIRCUMCISION**

### **The role of the Ministry of Health**

The Ministry of Health (MOH) has the mandate to provide quality, accessible and affordable health care in Kenya. It has been instrumental in the provision of safe male circumcision services but on a limited scale. Current resources however cannot meet the anticipated demand. The Ministry of Health shall establish an operational strategy that includes the appropriate resources required for scale up. This strategy shall be implemented jointly with partners..

The Ministry shall convene the multi-sectoral taskforce and shall develop guidelines for safe male circumcision services.

## **The role of the National AIDS Control Council**

The National AIDS Control Council is mandated by an Act of Parliament to coordinate HIV Prevention, Care and Treatment in Kenya. The Council shall be responsible to ensure stakeholders involvement and participation in male circumcision interventions. It shall be a member of the Male Circumcision Taskforce and spearhead the appropriate communication strategy targeting communities.

## **The role and obligation of partners**

Partners involved in delivery of male circumcision services shall assist the Ministry of Health in mobilizing resources for efficient service delivery. They shall operate within framework of the National Health Sector Strategic Plan II and shall ensure that male circumcision is promoted as an added strategy to other HIV prevention efforts.

## **The National Male Circumcision Taskforce**

The National Male Circumcision Taskforce will serve as an advisory body for the MOH within the national health structure.

## **Functions of the Taskforce**

- Advise the MOH on plans and development programs for expanding safe, accessible, sustainable male circumcision services for the country
- Encourage collaboration between the MOH, other relevant national and international organizations and professional associations
- Ensure professional, technical, and administrative excellence as male circumcision services are expanded

- Promote pre/in-service education of relevant health personnel
- Review Male Circumcision guidelines regularly to accommodate any new and relevant developments
- Ensure accurate and appropriate dissemination of information to individuals, communities and the media regarding male circumcision services.
- Ensure that male circumcision is promoted within the context of the overall improvement of health care services.
- Perform any other tasks as prescribed by the Minister of Health.

The composition of the Taskforce shall be as follows:

- Chairperson — The Director of Medical Services or his nominee Members representing the following positions and institutions:
- Head, Department of Preventive and Promotive Health Services
- Head, Department of Curative Services
- Head, Division of Health Promotion
- Head, Division of Reproductive Health
- Head, Division of Child Health
- Director, National AIDS and STD Control Program
- Chief Executive Officer, National AIDS Control Council
- Chief Executive Officer of the National Council for

## Population and Development

- Representative of the University of Nairobi
- Chairpersons of professional associations
  - National Nurses Association of Kenya
  - Clinical Officers Association
  - Surgical Society of Kenya
  - Kenya Medical Association
  - Association of Public Health Officers of Kenya
- Representatives of Health Donor Working Group
- Representative of the Catholic Medical Mission Board.
- Representative of the Consortium of the Universities of Nairobi, Illinois and Manitoba (UNIM) project.
- Representative of the UN agencies (WHO, UNICEF, UNAIDS, UNFPA)
- Representative of the Kenya Medical Research Institute (KEMRI)
- Representative of the Family Health International

## **IMPLEMENTATION OF SAFE MALE CIRCUMCISION SERVICES**

Guidelines for the delivery of safe male circumcision services shall be developed in consultation with community and religious leaders, health care providers and managers, relevant national regulatory agencies and United Nations agencies. These guidelines will provide the operational framework for male circumcision services and a detailed guidance on service delivery

## REFERENCES

1. Auvert B, Taljaard D, Lagard E, Sobingwi-Tambekou J, Sitta R, Puren A. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 Trial. *PLoS Med* 2005:e298. Epub 2005.
2. Bailey RC, Moses S, Parker CB, Agot K, Maclean I, Krieger JN, Williams CFM, Campbell RT, Ndinya-Achola JO. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. *Lancet* 2007; 369:643-56.
3. Gray RH, Kigozi G, Serwadda D, Makumbi F, Watya S, et al. Male circumcision for HIV prevention in Rakai, Uganda: a randomized trial. *Lancet* 2007; 369:657-66.
4. Patterson BK, Landay A, Siegel JN, Flener Z, Pessis D, Chaviano A, et al. Susceptibility to human immunodeficiency virus-1 infection of human foreskin and cervical tissue grown in explant culture. *Am J Pathol.* 2002 Sep;161(3):867-73.
5. Castellsague, X., Peeling, R.W., Franceschi, S., de Sanjose, S., Smith, J.S., Albero, G., Diaz, M., Herrero, R., Munoz, N., and Bosch, F.X., Chlamydia trachomatis infection in female partners of circumcised and uncircumcised adult men. *Am J Epidemiol*, 2005. 162(9): p. 907-16.
6. WHO/UNAIDS Technical Consultation on Male Circumcision and HIV Prevention: Research Implications for Policy and Programming, Montreaux, Switzerland. March 2007



**NATIONAL GUIDANCE  
FOR VOLUNTARY  
MALE CIRCUMCISION  
IN KENYA**

**The Ministry of Health acknowledges funding and technical assistance in the preparation of this document from the Centres for Disease Control and Prevention (CDC) and Family Health International (FHI)**



National AIDS/STD Control Programme (NAS COP)  
P.O. Box 19361, Nairobi, Kenya  
Tel: +254 20 2729502, 271 4972  
Fax: +254 20 2710518  
Email: [headnascop@aidskkenya.org](mailto:headnascop@aidskkenya.org)