Male Circumcision and HIV Prevention: Experience with the Rwanda Defense Forces (RDF)

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Presentation Outline

- Background on HIV/AIDS in Rwanda
- MC Programming within the RDF
  - Rationale
  - Key Activities
- Lessons Learned
Rwanda

Border countries
• Dem Rep of Congo
• Uganda
• Tanzania
• Burundi
HIV/AIDS in Rwanda

HIV Prevalence in Rwanda: 3%

- Married/in Union: 3.1%
- Divorced/separated: 5.1%
- Rural: 2.2%
- Urban: 3%
- General Population: 3%

Prevalence of HIV within the Rwandan Defense Force: 4.5%

Source: RDHS 2005
HIV Prevalence in Rwanda

- Adults and children (ages 0-49) living with HIV: 150,000\(^{(1)}\)
- AIDS deaths (adults and children): 7,800\(^{(1)}\)
- AIDS orphans: 220,000\(^{(1)}\)

\(^{(1)}\) UNAIDS Report on Global AIDS Epidemic 2008
Male circumcision (MC)

Figure 1: An ancient Egyptian relief from Ankhmahor, Saqqara, Egypt (2345-2182 BCE) representing the adult circumcision ceremony (http://en.wikipedia.org/wiki/Image:Egypt_circ.jpg#filehistory)
Male Circumcision

- One of the oldest and most common surgical procedure worldwide
- Undertaken for many reasons – religious, cultural, social and medical
- There is conclusive evidence from observational data and three randomized controlled trials that circumcised men have a significant lower risk of HIV infection
- Demand for safe, affordable MC has increased rapidly
- There is need to adhere to socio-cultural, legal, gender issues as well as risks of the procedure
Male Circumcision

Male circumcision does not provide complete protection against HIV... it only partially reduces risk of HIV acquisition
HIV/AIDS Programming within RDF

• Historical commitment to HIV/AIDS programming
  • 13 years in prevention (military wide)
  • 5 years in HIV care (small caseload)
• 1991 – 1994: Circumcision within RDF for hygienic reasons
• Decentralized medical structure
  • Regional hospitals
  • Medical posts at every command level
Rationale for Working with the RDF: Unique Risk Factors

- Young, sexually active
- Predominantly male
- Away from family loved ones for long periods of time
- Vulnerable to peer pressure
- Highly mobile
- Deployed to areas where HIV rates are higher, increased HIV risk if engage with sex workers
- Stable income - “disposable income”
- Target for commercial or transactional sex
Planned PEPFAR MC activities

- Train providers on Male Circumcision
- Develop tools and guidelines for MC
- Customize appropriate messages to the populations targeted for MC
- Integrate into prevention messaging
- Procure supplies and equipment for MC
- Perform M&E of MC program activities
- Develop indicators for program effectiveness
Lessons Learned/Next Steps

- Strong commitment to MC at highest levels
- Strong interest from the soldiers
- Close collaboration among all stakeholders

**Messaging**
- Address cultural norms/beliefs (eg: conversion to Islam)
- Integrated messaging

- Emphasis on monitoring and supervision
Four most important MC counseling messages

- MC has a preventive effect against HIV, but it is not 100% protective.
- Male circumcision should always be implemented as part of a comprehensive prevention package (including correct and consistent use of male and female condoms, HIV T&C, safer sex practices).
- It is important to know one’s HIV status prior to receiving MC.
- A man must abstain from sexual activity (including masturbation) for the recommended period to allow for complete healing of the MC wound.
Interpersonal Communication
MC Drama/Sketches
Gender involvement
Demonstration on correct and consistent condom use
Strong support from military leadership
MC Supervision
Thank you