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Nyanza Mobilises for Rapid Results



Provincial Commissioner Francis Mutie speaks at the opening of the Rapid Results Initiative in Kisumu.

On 9 November provincial health officials and their partners launched an ambitious effort to accelerate the provision of voluntary medical male circumcision (VMMC) for HIV prevention and meet the rising demand for this service in Nyanza Province.

This Rapid Results Initiative will increase access to VMMC by mobilising qualified health care providers to offer the service at government health facilities, mission hospitals and selected mobile sites from 9 November to 20 December. By doing so, they hope to circumcise about 30,000 men.

Speaking at the launch of the initiative, Provincial Commissioner Mr. Francis Mutie praised the accomplishments of the VMMC programme in Nyanza, which has trained more than 700 health workers and circumcised about 40,000 men in the past year. "We are proud that Nyanza has taken the lead not only in Kenya but in sub-Saharan Africa in implementing VMMC for HIV prevention," he said.

Nevertheless, Mutie added, more needs to be done. The goal of the national VMMC programme is to provide circumcision to 80 percent of uncircumcised men in Kenya (about 1.1 million men) by 2013. About half of those men are expected to be from

Nyanza, which has the lowest rate of male circumcision in the country and a high HIV prevalence rate.

If Nyanza meets this goal, an estimated 900,000 HIV infections could be prevented, among men and women, over the next 20 years.

"The sooner we provide comprehensive VMMC services to men who wish to become circumcised, the more HIV infections we will prevent," Mutie explained. "That is why we are redoubling our efforts to make VMMC available through the Rapid Results Initiative."

VMMC will be offered in government health facilities and mission hospitals and at selected mobile sites, such as schools, throughout Nyanza. All VMMC services are offered free of charge, under the safest conditions, as part of a comprehensive package of HIV prevention services.

The initiative is coordinated by the Provincial Task Force on Male Circumcision for HIV Prevention, which is made up of representatives of the provincial health ministries and all of the development organisations working with government to expand access to VMMC in Nyanza. ■

Kenya's Programme a Model for Africa

Just a year after its launch in November 2008, Kenya's voluntary medical male circumcision (VMMC) programme has become a model for other African countries that are beginning to roll out the provision of male circumcision for HIV prevention.

Health officials and programme managers from Botswana, Swaziland, Tanzania and Mozambique, who toured various VMMC sites in Nyanza Province in mid-October, remarked on how innovative Kenya's programme was and said they were impressed by the strong community support it enjoys.

The tours were part of a learning visit to Kenya sponsored by the World Health Organization (WHO) and other donors. It was the first in a series of planned visits to encourage health officials from various African countries to share experiences in the implementation of male circumcision for HIV prevention.

Lessons from Nyanza

Dr. Bennet Fimbo, head of the Information and Communication Unit of the National AIDS Control Council in Tanzania, said he was impressed with the progress made by the Kenyan programme and particularly by its efficient use of limited space.

Dr. Fimbo also noted the strong community support for the programme in Nyanza, despite the predominance of non-circumcising communities in the region. More than 40,000 men were circumcised in Nyanza during the first year of the programme.

Seventy percent of Tanzanian men are circumcised for traditional, religious or medical reasons, Dr. Fimbo said. Unfortunately, the country lacks the resources to expand access to medical male circumcision for HIV prevention.

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Kenya's Programme a Model for Africa

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Dr. Thabo Phologolo, the chief health officer in Botswana, attributes Kenya's progress to the strong partnerships he observed among the government, development partners and other stakeholders.

"The project is localised, and I am happy to see that it's the local nongovernmental organisations (NGOs) that are the chief implementers of the project," he said.

Botswana is a traditionally non-circumcising society, and less than 20 percent of the male population is circumcised. Increasing the male circumcision rate will be a challenge due to the limited supply of health care providers, Dr. Phologolo reported, but his trip to Kenya has given him some ideas about how to expand access to male circumcision for HIV prevention.

After witnessing how Kenyan providers are using limited space and resources to provide the service, Dr. Phologolo hopes to implement these lessons in his country.

Jessica Greene, the technical services director for Population Services International in Swaziland, said that Kenya's experience offered many lessons for the Swazi male circumcision project, which began just three months before the learning visit.

"The concept of nurses and clinical officers offering the circumcision service is a lesson worth taking home," she said.

Dr. Luke Nkisi of the Bill & Melinda Gates Foundation, which is one of the sponsors of the exchange, said that the foundation and the other sponsors plan to bring VMMC implementers together annually through learning visits and regional meetings. "We are working together with other donor agencies to avoid duplication of efforts in programmes," he said. ■



Jessica Greene, Swaziland, (left) and Dr. May Bukuku, Tanzania, (right) were two of the visitors from four African countries who observed every aspect of Kenya's male circumcision programme.

Nyanza Leads in Voluntary Medical Male Circumcision Efforts



Dr. Jackson Kioko

In 2003, Kenya declared total war against HIV/AIDS. Since then, we have focused on strategies to increase awareness of how individuals can protect themselves from HIV, to change behaviour and to help people living with HIV have quality lives.

The behaviour change message is captured in the acronym ABC—**A**bstinence, **B**eing faithful, and correct and consistent **C**ondom use. HIV testing and counselling is also part of this package of prevention measures, to help couples know their HIV status and adopt safer behaviours.

More recently, voluntary medical male circumcision has joined these proven HIV prevention methods as another important weapon against HIV.

The Government of Kenya adopted this new strategy and launched the voluntary medical male circumcision programme one year ago. Nyanza Province has been given the opportunity to lead not just Kenya, but the whole of sub-Saharan Africa, in implementing this important new intervention against HIV.

As we reflect on the first year of this programme, I can confidently say

that positive gains have been made. These advances have been made possible through the joint efforts of the government, development partners, political and local leaders, elders, the media, health care providers and many community members dedicated to fighting HIV/AIDS.

It is not possible to mention every individual who has contributed immensely to this programme. However, I would like to acknowledge the Prime Minister of Kenya, the Right Honourable Raila Odinga, and the Nyanza members of Parliament, who dedicated their time to understand the link between male circumcision and HIV protection and showed leadership by recommending male circumcision to the community.

More effort is still needed. The sooner we can provide male circumcision services to men who want to be circumcised, the more HIV infections we shall prevent. By the end of 2013, we aim to provide services to over 80 percent of the uncircumcised men in Nyanza.

These men will be offered not just male circumcision, but a comprehensive package of HIV prevention services, because male circumcision does not offer complete protection against HIV infection. It reduces—but does not eliminate—a man's chances of becoming infected. Therefore, male circumcision must be used with other HIV prevention strategies: abstinence, being faithful, and correct and consistent use of condoms.

I am sure that with these efforts, we are steadily working towards achieving an HIV-free society. ■

Dr. Jackson Kioko, Provincial Director of Public Health and Sanitation

VMMC in Nyanza: Programme Highlights

- 1 More than 50,000 men have been circumcised.
- 2 Voluntary medical male circumcision (VMMC) services can be accessed at more than 124 health centres across 11 districts.
- 3 More than 700 health workers have been trained to offer safe VMMC services.
- 4 A provincial task force coordinates the implementation of VMMC in Nyanza.

Male Circumcision: Evidence-Based HIV Prevention

Just one year ago, the Government of Kenya officially launched voluntary medical male circumcision (VMMC) as an additional strategy for preventing HIV. Since then, more than 40,000 men have been medically circumcised at 124 private and public health facilities across Nyanza, the first province to implement the VMMC programme.

Under the government's programme, male circumcision is offered as part of a comprehensive package of HIV prevention services that promotes the use of VMMC along with other effective measures against the virus, such as abstaining from sex, being faithful to one uninfected partner, and correct and consistent use of condoms.

This programme is founded on groundbreaking research conducted in Kisumu by the Universities of Nairobi, Illinois and Manitoba (UNIM) Project and by other scientists working in Rakai, Uganda, and Orange Farm, South Africa. The three clinical trials among uncircumcised HIV negative men at these sites showed that getting circumcised dramatically reduces men's chances of becoming infected with HIV.

In fact, these studies found that male circumcision reduced the risk of a man contracting HIV by at least 60 percent. Improved hygiene and lower chances of suffering from penile cancer were additional benefits.

Male circumcision is also expected to benefit women by reducing their exposure to HIV infection as well as their risk of contracting other sexually transmitted infections and cervical cancer.

The release of the results of the clinical trials is considered a milestone in HIV prevention research, marking the first major breakthrough since the finding in 1999 that the antiretroviral drug nevirapine can be used to prevent mother-to-child transmission of HIV.

Based on the scientific evidence, the World Health Organization (WHO) recommends that a country implement free or low-cost



Voluntary male circumcision is performed by well trained health care providers as part of Kenya's evidence-based HIV prevention programme.

male circumcision if a high percentage of its population is uncircumcised and if HIV is widespread and its transmission is predominantly heterosexual. The most affected countries are in southern Africa and, to a lesser extent, eastern Africa.

WHO also recommends that male circumcision should be part of a comprehensive HIV risk-reduction programme that includes HIV prevention education, HIV counselling and testing, provision of condoms and promotion of correct and consistent condom use, and diagnosis and treatment of other sexually transmitted infections.

It is important to note that male circumcision does not offer complete protection against HIV infection and should not replace promotion of safer sexual practices, such as: delaying the onset of sexual relations, abstaining from sex, reducing penetrative sex, having fewer partners, knowing one's HIV status and that of one's partner, and using male or female condoms correctly and consistently.

The WHO recommendations are clear on the safety of voluntary male circumcision, indicating that circumcision should be provided by trained personnel in a safe and hygienic manner, with medical follow-up to prevent and treat complications.

"After circumcision, men must abstain from sexual relations for at least six weeks after surgery, to ensure that their wounds have healed," states the WHO recommendations. ■

Partnerships Towards Eliminating HIV/AIDS

APHIA II Nyanza

APHIA II Nyanza is a consortium comprised of AED - Academy of Educational Development, CHAK - Christian Health Association of Kenya, EngenderHealth, PATH - Program for Appropriate Technology in Health and IDCCS - Inter Diocesan Christian Community Service. The project works with the ministries of public health and sanitation and medical services to promote the adoption of healthier behaviours among Nyanza residents.

Through integrated communication, advocacy and mobilisation activities, APHIA II, supports voluntary medical male circumcision in 10 sites in Nyando, Rachuonyo, Rongo and Homa Bay districts. They work together with EngenderHealth/MCC who conduct operations research.

Catholic Medical Mission Board (CMMB)

The Catholic Medical Mission Board, a leading US-based Catholic charity focused exclusively on global healthcare, has implemented VMMC in Nyanza since June 2008 in collaboration with faith-based hospitals.

The CMMB supports the provision of VMMC services by supplying surgical equipment and instruments, training service providers, and providing technical assistance and supportive supervision.

Its partners are faith-based hospitals in Karungu, Migori, Tabaka, Asumbi, Kendu Bay, Nyabondo, Kisumu, Chiga, Maseno, Lwak (Asembo) and Nyangoma.

In addition to providing the comprehensive HIV prevention package with VMMC, the CMMB also takes a family-centred approach, offering the girl siblings of its VMMC clients HIV counselling and testing, reproductive health education and information on HIV/AIDS.

EngenderHealth

EngenderHealth is a core partner in the Male Circumcision Consortium (MCC), with extensive experience in reproductive health and HIV/AIDS services for both men and women.

The organisation's specific role in VMMC implementation in Nyanza Province is conducting operations research through the sites supported by APHIA II Nyanza for HIV interventions in Homa Bay, Rongo, Rachuonyo and Nyando districts.

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5 District health management teams and development partners have formed steering committees to coordinate district-level activities.

6 Several models of outreach have been developed and refined to expand access to VMCC.

7 Community members and community leaders have provided ideas and support for VMMC through stakeholder meetings and consultations.

8 VMMC services are guided by key documents from the National Task Force on Male Circumcision: national guidelines for VMMC in Kenya, a strategic plan, service delivery guidelines, a communication plan, and a monitoring and evaluation plan.

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This work builds on EngenderHealth's solid experience in operations research on the introduction of new technologies and its core expertise in introducing and supporting the rollout and scale-up of new surgical reproductive health services.

EngenderHealth is also incorporating male circumcision into the wide range of approaches, tools and curricula that it has developed for men's reproductive health.

FACES

Family AIDS Care and Education Services (FACES), the Kenya Medical Research Institute (KEMRI) and Research Centre Training Programme (RCTP) supports the provision of male circumcision for HIV prevention, along with provider-initiated HIV counselling and testing, at public health facilities and through mobile outreach services.

Currently FACES offers these services at three sites in Migori District and two sites in Rongo District. FACES is a non-governmental organisation that provides treatment, care and support to people living with HIV and their families, conducts research on HIV, and offers HIV prevention and family planning services.

Impact Research and Development Organisation

Impact Research and Development Organisation (Impact-RDO) provides programme oversight and administers funding for the Nyanza Reproductive Health Society (NRHS), which is charged with the responsibility of implementing VMMC services in Nyanza.

IMPACT-RDO provides this support as the prime partner in the Male Sexual Health Program (MSHPP) of the US Centers for Disease Control. Under the MSHPP, the NRHS delivers services and builds the capacity of government and mission health facilities to provide VMMC by training staff and providing equipment and supplies in the target districts.

Impact-RDO also provides VMMC services at four Tuungane youth centres in Suba, Siaya, Nyando, Kisumu East, Rarieda, Bondo and Kisumu West districts. Its community monitors in Suba district have followed up 1000 post-VMMC clients.

Male Circumcision Consortium (MCC)

The Male Circumcision Consortium (MCC) aims to reduce the number of new HIV infections in Kenya and save lives by improving and expanding the provision of safe, voluntary male circumcision services.

Family Health International, EngenderHealth and University of Illinois at Chicago, working

with the Nyanza Reproductive Health Society, are partners in the consortium which is funded by a grant to FHI from the Bill & Melinda Gates Foundation.

MCC supports the development and implementation of a national male circumcision strategy. It is also expanding the male circumcision research and training centre in Kisumu to train more providers in VMMC.

MCC research is underway to assess the impact of VMMC on HIV transmission and risk behaviours, to monitor clinical outcomes, and to identify the best ways to deliver VMMC services in different settings.

In Nyanza, the MCC supports the offices of the provincial directors of public health and sanitation and of medical services, who coordinate provision of male circumcision services.

The MCC works within the framework of the National Guidance for Voluntary Male Circumcision in Kenya. It supports activities in Kisumu East, Kisumu West, Nyando, Homa Bay, Rachuonyo and Rongo districts.

Marie Stopes Kenya

Marie Stopes International is using its existing infrastructure of family planning clinics, to provide male circumcision services in both urban and rural Nyanza. The organisation works in Kisumu East, Kisumu West, Nyando, Siaya and Bondo districts. Marie Stopes has developed and tested a new outreach model to provide male circumcision services in Nyanza.

Nyanza Reproductive Health Society

The Nyanza Reproductive Health Society (NRHS) has been instrumental in the expansion of male circumcision services in Kenya by building on its experience with the randomised controlled trial (RCT) of VMMC in Kisumu, its close relationships with provincial and national Ministry of Health agencies, and the capacity at the Universities of Nairobi, Illinois and Manitoba (UNIM) clinic.

The NRHS' role in the VMMC programme in Nyanza is to build the capacity of service providers and to deliver safe, voluntary medical male circumcision services for HIV prevention.

In addition to its training activities, the NRHS has 16 mobile VMMC teams that directly provide comprehensive male circumcision service in smaller health facilities and within communities. By the end of October 2009, these mobile teams, in collaboration with the Ministry of Health staff trained and supported by NRHS, had performed over 30,000 circumcisions.



The Tuungane Youth Centre theatre group performs a male circumcision sensitization drama.



Providers perform male circumcisions during outreach conducted at a school.



A march through Kisumu streets helped publicise the launch of the Rapid Results Initiative.



Prime Minister Raila Odinga's endorsement of male circumcision for HIV prevention at a September 2008 stakeholders' meeting was a pivotal moment for the programme.

All photos by Silas Achar/Family Health International

Memorable Quote

"As Africans, we believe that *'mwacha mila ni mtumwa'* (he who deserts his culture is a slave), but I must declare that culture has no bearing on the subject we are deliberating on today. In this age, whether to circumcise or not should be an individual rather than a communal choice. What I highly recommend is that individuals be allowed to make choices in practices that have health consequences."

— Prime Minister of the Republic of Kenya Raila Amollo Odinga during the Second Stakeholders' Meeting on Voluntary Medical Male Circumcision for HIV Prevention at the Tom Mboya Labour College on 22 September 2008