

Clients benefit from corrective surgery



Dr. Hiep Nguyen, team leader, and Dr. F.A. Otieno, a surgeon at Kisumu District Hospital, perform corrective surgery during a surgical mission to Nyanza by the International Volunteers in Urology Medicine.

Photo: Silas Achar/FHI

Zucky Odhiambo, 21, wanted to get circumcised after he learned about the health benefits of the procedure, but one thing held him back.

“When I heard about medical male circumcision and that it could reduce my chances of contracting HIV, I always wanted to go and get circumcised,” he said. “But I had a swelling on my penis, and I was afraid to go.”

Odhiambo finally put aside his fears about the condition he had lived with since birth and sought voluntary medical male circumcision (VMMC) services. Now he is glad that he did. As a result, he was among 46 men who benefited from a recent surgical mission by the International Volunteers in Urology Medicine (IVU Med), sponsored by the World Health Organization (WHO), to perform corrective surgeries for men with congenital penile malformations.

During the routine pre-operative screening for VMMC, Odhiambo had learned that he could not be circumcised until his condition had been treated. He could not afford the corrective surgery, so he concluded that he could never be circumcised. But his VMMC counselor told him that there was hope, because surgeons were coming from the United States to perform free surgeries to treat conditions like his.

Odhiambo happily reports that he was able to obtain the corrective surgery and get circumcised during the surgical mission at Kisumu District Hospital. “I am happy because a condition that made me uncomfortable for long is now corrected and behind me,” he said. “I am even happier that I have now been circumcised as I have always wanted.”

The surgical mission was conducted by 12 volunteer surgeons, nurses, and anaesthetists affiliated with Harvard University’s Boston Children’s Hospital, working in collaboration with surgeons from Nyanza and Nairobi from 27 April to 6 May. The volunteers came to Kenya in response to a request for assistance from the Nyanza and national task forces on male circumcision through the WHO.

“During screening for men who turn out for male circumcision, a number of them were discovered to have treatable penile congenital malformations,” said Dr. Walter Obiero, clinical manager at the Nyanza Reproductive Health Society, who served as the national and provincial task forces’ local liaison for the medical mission.

The identification of 200 men in need of corrective surgery and the lack of adequate capacity among local surgeons to perform the corrective surgeries, Dr. Obiero explained, prompted the invitation to international volunteers. “A number of men who need these corrective surgeries can hardly afford the cost, and it is refreshing to

see WHO and IVU Med come in to help,” he added.

During the mission, surgeons from Nyanza’s Kisumu District and Aga Khan hospitals and Nairobi’s Kenyatta National, University of Nairobi, and Mbagathi hospitals were trained to perform the surgeries, while local nurses learned how to monitor and care for the surgical wounds.

“We are hopeful that this partnership will help in building the capacity of local surgeons to carry forward what has been started,” Dr. Obiero said.

During the first medical mission, most of the patients were treated for the most common form of congenital penile malformation, known as hypospadias, in which the opening of the urethra is on the underside of the penis instead of at the tip.

An IVU team will return to Nyanza in September to work with their Kenyan colleagues. They hope to reach many of the rest of the 200 men who were identified through VMMC services as needing corrective surgery.

The health benefits of VMMC services are not limited to reducing men’s risk of HIV infection. Dr. Obiero notes that the surgical missions, which address in part a national VMMC programme goal of providing reproductive health services to men who ordinarily would not access them, are an example of one of these additional benefits.

“Men have reproductive health needs, but they are either too stigmatised to seek services, or they don’t have access to those services,” he said. “Medical male circumcision has become an important entry point to provide men with essential reproductive health services.”

These services, offered along with medical male circumcision, include voluntary HIV counselling and testing, screening and treatment for sexually transmitted infections, risk-reduction counselling, and provision of condoms with instruction on their use. In the future, the government aims to link men with additional reproductive health services, such as family planning and management of reproductive cancers, through its VMMC programme. ■

More benefits of male circumcision



Dr. Jackson Kioko

Welcome you to this issue of our newsletter

We have completed the first half of the year, and it has been eventful. The year began as we concluded the second Rapid Results Initiative (RRI). It was a major achievement for our programme, as we surpassed our initial goal and circumcised about 50,000 men over 30 working days from November 2010 to January 2011.

Our main goal is not numbers, but impact. We are determined to fight HIV in our communities, and we have conclusive evidence that medical male circumcision, together with other proven HIV prevention strategies, can reduce the number of new infections. But for us to achieve the maximum impact, we must ensure that as many men as possible access voluntary medical male circumcision services.

To achieve this goal, we continue to seek more efficient ways of offering high-quality services. Nyanza has led the way in conducting a clinical trial of male circumcision for HIV prevention and in developing effective models of service delivery. Now Nyanza is privileged to participate in another important trial,

which is assessing the efficacy of an adult male circumcision device known as the Shang Ring. Such medical devices promise to revolutionise the provision of VMMC services.

Meanwhile, more than 270,000 men have sought and received VMMC services in Nyanza. As men have been coming for the services, we found that a number of them were not eligible for circumcision because they had congenital penile malformations.

Unfortunately, most of these men could not afford the medical fees to undertake the corrective surgery required before they could be circumcised; in addition, Kenya has few surgeons who can undertake these specialised procedures. Thus, these men might have been denied the chance to access life-changing male circumcision services.

In a bid to help the men, the Nyanza and national task forces on male circumcision asked the World Health Organization for assistance. This request led to a free medical camp at the Kisumu District Hospital (see page 1). Corrective surgery was performed for 46 men who attended the camp; another camp is scheduled for September. This service is one example of the many health benefits of medical male circumcision.

As we carry on with our efforts into the last half of this year, I am confident that we are making strides in the battle against HIV. We will continue to offer high-quality services to men who choose to be circumcised. I urge men to come out in large numbers to take advantage of this opportunity to protect themselves and their loved ones. ■

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

VMMC in Nyanza: Programme Highlights

- 1 More than 270,000 men have been circumcised in Nyanza Province since November 2008.
- 2 Nyanza's experience has been used as a model for the expansion of voluntary medical male circumcision (VMMC) services to Nairobi, Teso, and Turkana.
- 3 More than 1,620 health care providers have been trained to provide safe male circumcision services.
- 4 Kenya became the first country to train nurses to perform the male circumcision procedure in June 2009.
- 5 The 30-day Rapid Results Initiative campaigns exceeded expectations, reaching 36,000 men and boys in 2009 and 50,000 in 2010 with VMMC services.

Devices could transform delivery of male circumcision

Scientists in Kenya, Rwanda, and Zambia are assessing medical devices for performing adult male circumcision that could revolutionise how the procedure is offered in areas hardest hit by the HIV epidemic.

Homa Bay District Hospital in Kenya's Nyanza Province is one of two trial sites comparing a device known as the Shang Ring with the standard male circumcision procedure among 400 men; the other site is in Lusaka, Zambia. The Shang Ring has been on the market for several years in China, where over 200,000 of the devices have been used.

Two Rwandan trials have evaluated a new device, known as PrePex, among a total of about 200 men. A third device, the Alisklamp, was evaluated in a study among 58 men at Uasin Gishu District Hospital in Eldoret, Kenya. It has been used in Turkey, primarily with preadolescent boys, since 2003.

These devices, which involve no stitches and negligible bleeding, could help countries with limited health infrastructure rapidly expand access to male circumcision for HIV prevention by making the procedure more efficient, more acceptable to clients, and easier to perform.

All three device manufacturers are following a phased approach to studying adult male circumcision devices. The World Health Organization has called for introductory research to establish the safety, effectiveness, and acceptability of these devices in different settings before proceeding with more widespread implementation in sub-Saharan Africa, and it has established an independent advisory committee to systematically review data from such studies.

PrePex

The PrePex system works through a special elastic mechanism, which looks like an o-ring, that fits closely around an inner ring, trapping the foreskin and cutting off its blood supply. The foreskin then dries up and is removed after a week.

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The Alisklamp, PrePex, and Shang Ring adult male circumcision devices (shown above) remain on the penis after the procedure, like the Plastibell device that is widely used in the USA for neonatal male circumcision. But the Plastibell falls off by itself after several days; these devices stay on longer, because adults heal more slowly than infants. The Shang Ring and PrePex are removed on the seventh day after surgery, and the Alisklamp is removed after five to seven days.

Devices

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The PrePex procedure apparently requires no anaesthesia for most men, offering the possibility that properly trained community-based health workers might be able to use the device to perform male circumcisions safely in non-sterile settings.

The results of a small safety study among 50 men in Rwanda were promising. Study participants experienced no complications during the procedure or while wearing the device. One client had some swelling after the device was removed, but that side effect was easily resolved. Afterwards, all the men were able to continue their daily routines.

The second study, a randomised controlled trial, has been completed but the results are not yet published. Larger studies are needed to evaluate the PrePex device.

Shang Ring

The Shang Ring has an outer and inner ring. After the administration of local anaesthesia, the inner ring is fitted at the base of the glans of the penis. The foreskin is turned inside out over the inner ring, and then the outer ring is secured over the inner ring. The two rings form a tight seal around the foreskin, eliminating the need for sutures and preventing bleeding. Next, the foreskin is removed with sterile scissors.

Results from previous studies—including two conducted at Homa Bay District Hospital—suggest that the Shang Ring could help dramatically reduce the time needed to perform male circumcision, from about 20 or 30 minutes to 5 minutes or less. (Administering anaesthesia adds about five minutes to the time needed for both types of procedures.)

In a pilot study published in the 21 February online issue of the *Journal of Acquired Immune Deficiency Syndromes* by EngenderHealth,

Weill Cornell Medical College, and the Kenyan Ministry of Health, all 40 participants said that they would recommend the Shang Ring procedure to others. Eighty percent of the men in this pilot study reported that they were back to work two days after the surgery. Building on the promising results of the pilot study, FHI 360, EngenderHealth, and Weill Cornell Medical College are conducting three additional studies, supported by a grant to FHI 360 from the Bill & Melinda Gates Foundation.

The results of the first study, a safety study among 50 men completed in February, have been presented at several meetings and will be submitted to a journal. In that study all but one of the men were back to work within two days. The second study—the randomised controlled trial—has completed enrolment. Based on preliminary data from this trial, the investigators are preparing to conduct a larger demonstration study involving 1,000 men in Kenya and Zambia.

Alisklamp

The Alisklamp consists of a transparent polycarbonate tube and a white plastic clamp. After local anaesthesia is administered, the tube, which comes in five different sizes, is fitted between the foreskin and the penis. Then the clamp is applied over the foreskin and the surgeon uses a scalpel to remove the foreskin at the base of the clamp.

The study among 58 men in Eldoret found that the device was safe and highly acceptable. Only one of the men experienced a side effect (temporary swelling) related to the procedure. All the study participants reported that they were able to resume routine activities after the procedure, and all said that they would recommend the Alisklamp to other men who wished to be circumcised. Additional studies are needed to compare the Alisklamp with other male circumcision procedures among larger groups of men. ■

VMMC PARTNERS

The following members of the Nyanza Provincial Task Force on Male Circumcision are partners in the national voluntary medical male circumcision (VMMC) programme, which is funded by the Government of Kenya, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. Agency for International Development (USAID), and the Bill & Melinda Gates Foundation.

Additional partners who collaborate with the Nyanza task force as part of their support to the national programme include the Communication for Change (C-Change) Project, the United Nations Children's Fund, and PSI.

APHIAPlus

APHIAPlus began implementing the voluntary male circumcision (VMMC) programme in Nyanza in January 2011 as part of a USAID-funded integrated population and health service delivery project in Western Kenya.

The project will build the capacity of service providers, procure consumable supplies and equipment, support outreach programmes, provide supportive supervision and mentoring to providers, conduct quality improvement activities, and create demand for VMMC and other health services in Homa Bay, Rachuonyo, and Migori districts.

APHIAPlus is led by the Program for Appropriate Technology in Health (PATH). Other partners are the Elizabeth Glaser Pediatric AIDS Foundation, Jhpiego, and World Vision. APHIAPlus succeeds the AIDS, Population and Health Integrated Assistance (APHIA) II Project in Nyanza. It will offer VMMC services in Nyanza till December 2015.

Catholic Medical Mission Board

The Catholic Medical Mission Board (CMMB) has set up 34 facilities that offer voluntary medical male circumcision (VMMC) services in Nyanza Province. CMMB staff has successfully implemented mobile services in schools, ministry of health (MOH) dispensaries, and health centres. From March 2010 to February 2011, the CMMB reached about 30,328 men with VMMC services.

While implementing the VMMC programme, CMMB has learnt that creating more service delivery points and teams can help provide the services to a larger number of clients, that engagement of the public health department results in effective dissemination of male circumcision information, and that community engagement can increase uptake.

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Partners in VMMC for HIV prevention

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Family AIDS Care and Education Services

Family AIDS Care and Education Services (FACES) supports comprehensive VMMC services in Suba, Migori, Nyatike, Kisumu East, and Rongo at health centres and district hospitals.

FACES promotes VMMC services through radio programs, public address systems, and satisfied clients. The use of incentives for those who mobilise new clients has proved effective in increasing uptake of VMMC.

At all FACES sites, VMMC is discussed during health talks in both outpatient departments and convenient care clinics. Clinical teams that disseminate accurate information have helped the programme reach out to many, especially women with HIV-negative husbands.

FACES plans to upgrade two more sites in Rongo and Suba as static VMMC service sites and to use its electronic records system to improve data management, including timely reporting.

Impact Research and Development Organization

The Impact Research and Development Organization (IRDO) is providing VMMC services in Nyando, Kisumu East, Suba, Migori, Rongo, Nyatike, Ndhiwa, and Homa Bay. It uses peer-to-peer approaches, community health workers, and community mobilisers to encourage potential clients to seek VMMC services.

IRDO was the first to introduce nighttime "moonlight" VMMC services to reach those who cannot access the services during the day and the first to use female "champions" to help with mobilisation. The organisation introduced these champions to mobilise more couples to access VMMC services together so that women can benefit from the other HIV prevention services offered along with male circumcision and so that they can understand the need for both sexual abstinence during the healing period and continued practice of safe sex post-circumcision.

Male Circumcision Consortium

The Male Circumcision Consortium (MCC)—composed of FHI 360, EngenderHealth, and the University of Illinois at Chicago, working with the Nyanza Reproductive Health Society—has been conducting studies to help the Government of Kenya strengthen the

implementation of the VMMC programme. The MCC also continues to support the training of health providers in safe male circumcision and to assist in communications to address misconceptions about VMMC.

MCC studies to assess nonphysician clinicians performing male circumcision, private sector involvement in VMMC service provision, and outreach models for delivering VMMC services have been completed, and the findings are being disseminated.

Other completed studies include one designed to monitor and evaluate service provision, as well as research on the acceptability of infant male circumcision, the possibility of using male circumcision as an entry point for male sexual and reproductive health services, and how to communicate the partial protection against HIV offered by male circumcision.

An ongoing study is assessing the impact of VMMC on HIV transmission and risk behaviour, clinical outcomes, and wound healing. Others are testing interventions to strengthen counselling and improve uptake of male circumcision among 18- to 35-year-olds.

Nyanza Reproductive Health Society

The Nyanza Reproductive Health Society (NRHS) has been instrumental in the expansion of male circumcision services in Kenya. So far, it has expanded the VMMC programme to Nairobi, Teso, and Turkana.

NRHS has teams of trainers who train health care workers in VMMC service provision at its Universities of Nairobi Illinois and Manitoba (UNIM) Research and Training Centre and other health facilities. Its training-of-trainers sessions for clinical teams take a total of five days, with the trainees participating in didactic sessions for three days and a practicum for two days.

To improve service provision, NRHS has introduced electrocautery machines in sites with a high volume of clients. These machines enable the clinical staff to apply an electric current to circumcision wounds instead of stitching them, which saves time and reduces the chances of scarring.

NRHS teams spend at least six months in a division. This divisional approach helps them build relationships with the ministries of health staff. NRHS also plans to train partners working in other health areas to provide VMMC services.

news briefs

VMMC expands to Western Province and Rift Valley

Free voluntary medical male circumcision (VMMC) services are now available in Rift Valley's Turkana County and in four divisions in Teso East and West districts in Western Province. In April the ministries of health, in collaboration with the Nyanza Reproductive Health Society, began offering a comprehensive package of VMMC and related HIV prevention services at eight facilities in four districts in Teso and at three locations in Turkana. Service delivery is supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The APHIAplus Project will also help provide these services in Teso and Turkana.

VMMC M&E tools revised

In July the voluntary medical male circumcision programme began using a revised form to collect monitoring and evaluation data. The form was first introduced in January 2010 on a pilot basis to enable providers throughout the programme to report uniform data on service delivery. It has been revised based on feedback from users and the results of data quality assessments and to align it with other recently revised HIV tools. From 30 May to 8 June, the National Aids and STI Control Programme (NASCO), in partnership with PEPFAR and the Male Circumcision Consortium, trained district Aids and STI coordinators, district health and record officers, and facility in-charges from Nyanza, Nairobi, and Rift Valley in the use of the form.

C-Change sponsors communication workshop

District health promotion officers from the 13 districts implementing the voluntary medical male circumcision programme in Nyanza were trained in effective social and behaviour change communication during a 20-24 June workshop. The five-day training workshop was organised by the Nyanza Provincial Task Force on Male Circumcision and sponsored by the Communication for Change (C-Change) Project.