Research in the Context of Male Circumcision Scale-up in Nyanza Province, Kenya

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Continuation of UNIM Trial

- Every six months:
  - HIV testing
  - STI testing
  - Behavioral questionnaire
  - Counseling

- Other studies
  - Immune activation in seroconverters vs controls
  - HPV acquisition and persistence
  - Foreskin immunohistochemistry
  - Risk compensation (men and their partners)
MC Training and Service Provision

• UNIM Training and Research Center
  – MC Training Team
  – Train 9 Mobile Training Teams
    • Mobile Training Teams train staff at MOH health facilities and train other partners’ staff
    • 16 facilities are research sites
  – Train outreach teams
    • Provide MC services at health facilities with less capacity
  – Train mobile service provision teams
    • Provide MC services in community settings
  – Total teams = 21
Training has been done at 28 facilities. Total of 477 persons trained
28 Facilities have been equipment and supplies provided
MC Service Provision

• Comprehensive Services
  – Integrated with fixed site VCT or home-based VCT
  – STI diagnosis and treatment
  – Couples counseling and testing
  – Pre-op counseling, informed consent
  – Surgery
  – Post-op counseling & follow-up (7 days)
    • Wound care
    • Abstinence from sex for 6 weeks
    • Partner reduction, condom use
MC Service Provision

- Funded by CDC PEPFAR to IMPACT Research and Development Organization (IRDO) and by the BMGF to the MCC
- 8 Districts in Nyanza
- Fixed sites (Hospitals and Health Centers)
  - 16
- Outreach sites
  - 54
- Mobile Teams
  - 17
A Monitoring and Evaluation Study to Assess the Implementation of Male Circumcision

Principle Investigator: Amy Herman-Roloff, MPH, Ph.D. Candidate
Co-Investigators: Robert Bailey, PhD, MPH
Kawango Agot, PhD, MPH
Jeckoniah Ndinya-Achola, MBChB
Objectives

• To develop and implement an M&E system to monitor MC uptake and adverse events
  – A passive clinical system that will collect and manage routine clinical data on 3,500 men.
  – An active system that will collect more detailed information from a random, sub-sample of participants (n≈2,000)

• To evaluate the clinical evaluation system
  – Compare the sensitivity of the clinical system and the active system in detecting adverse events

• To describe the incidence and characteristics of adverse events
  – Type, severity, relatedness, practitioner type, geographic distribution
Objectives (cont.)

• To assess factors that facilitate and serve as barriers to the uptake of MC
  – Reasons for choosing circumcision
  – Controls: reasons for not choosing circumcision

• Assess the time to resumption of sexual activity after the MC procedure

• Assess satisfaction with the procedure and outcome, including:
  – Appearance
  – Experience at the study facility
  – Sexual satisfaction (self and partner)
  – Perception of social acceptance and desirability
A Prospective Study of Behavioral Risk Compensation Related to MC

Investigators:
Nelli Westercamp, MS, PhD Candidate
Robert C. Bailey, PhD, MPH
Jeckoniah Ndinya-Achola, MBChB
Kawango Agot, PhD, MPH
Purpose and Design

• Purpose
  – to evaluate longitudinally risk behaviors in men who get circumcised

• Observational prospective study

• Circumcised and uncircumcised men
  – 1,600 in each group

• Baseline and follow-up at 6, 12, 18 and 24 months
Objectives

• To compare changes in sexual behavior of circumcised vs uncircumcised men baseline to 24 months

• To assess perceptions of HIV risk in circumcised and uncircumcised men at baseline, 6, 12, 18, and 24 months after circumcision.

• To assess sexual function and satisfaction of circumcised males and a sub-sample of their primary partners before and after circumcision.

• To compare sexual function and satisfaction of circumcised and uncircumcised men over time.
Impact of Male Circumcision on Sexual Risk Behaviors and HIV Prevalence in Kisumu, Kenya

The Male Circumcision Impact Study (CIRCIS)

Investigators:
Mathew Westercamp, MS, BSN
Robert C. Bailey, PhD, MPH
Kawango Agot, PhD, MPH
J.O. Ndinya-Achola, MBChB
Craig Cohen, MD - Consultant
Study Design

• Series of three cross-sectional surveys conducted every two years (Years 1, 3, 5)
• Random household sample of 2000 men and women
  – Questionnaires
    • Beliefs about MC and HIV risk
    • Risk behaviors
  – HIV test
  – Genital exam
Objectives

• Assess knowledge and beliefs about MC and HIV risk at baseline, Year 3 and Year 5.
• Assess changes in prevalence of circumcision in the Kisumu community Years 1 - 5.
• Assess associations of beliefs about MC and HIV risk with sexual risk behaviors and with HIV infection.
MCC COMMUNICATIONS
OBJECTIVES AND ACTIVITIES

Objectives:
Proactively address any controversy and misunderstandings and working with media and community leaders to disseminate accurate information on male circumcision

Activities:
1) Monitor key issues and stakeholders perceptions
2) Outreach to opinion leaders
3) Outreach to the media
4) Crisis planning and issues management
The Prime Minister, Raila Odinga (middle), Minister for Medical Services, Prof. Anyang’ Nyong’o (3rd left) at a community stakeholder’s meeting, that featured all MPs from the Luo community, elders, youth, women, and other community groups, held on September 22nd, 2008

- Meeting endorsed male circumcision, with the Prime Minister urging the community to embrace voluntary male circumcision for HIV prevention.
LIKONI

Youth leaders join drive for male cut

Youth leaders from the Luo community yesterday joined the campaign to have their men circumcised to spread awareness.

Opinion

When a stitch in time really saves nine

There is only one thing in the world worse than being talked about, and that is not being talked about.

NAIROBI STAR ● Wednesday, 24 September 2008

YOUR VIEW

What is your take on the recent directive to have men circumcised? It is a good move as leaders have set a good example to the rest of the Luo community.

CAROLINE KAMBURU, 34, ADMINISTRATOR, CALIFORNIA. They move welcome and the locals should follow suit. They should not ignore health matters.

Nyanza men rush to hospital for circumcision

The number of men in hospital on Tuesday was caused by circumcision. The total is.

6

5

Health and Culture

Bridging the divide on male circumcision in war on AIDS

Prime Minister rallies leaders to embrace practice experts link with lower infections

5
Private Sector Health Providers Assessment

Investigators:
Lisa Dulli, PhD, MHS
Emily Keyes
John Bratt
Rick Homan, PhD
Mwende Mbondo, DrPH, CHES
Study Design and Purpose

- **Study Design:**
  - Cross-sectional study collecting quantitative survey data from private sector health care facility in-charges providers, and observational data for the facilities.

- **Study Purpose:**
  - To assess the providers’ training needs so that they can adequately provide the services outlined by the WHO minimum package through the examination of their experiences, knowledge and attitudes concerning adult male circumcision and its role in HIV.
  - To estimate the upfront costs of bringing private health facilities up to meet the minimum medical standards necessary to perform safe, quality MC.
  - To measure the average unit cost of providing the MC service package to one client, including overhead, clinician time, supplies and equipment.
Male Circumcision (MC) Service Delivery:
1) MC Provision at Outreach Health Care Facilities
2) Non-Physician Clinicians Performing MC

Investigators:
George Odingo, MPH
Paul Perchal, MA
Melinda Pavin, PhD, MPH
Study Design and Purpose

Study 1: MC at Outreach Services Sites
- Prospective study of the provision of MC performed by trained Clinical Officers working at outreach health facilities.
  - Observation of MC surgical and post-operative procedures
  - MC surgical outcomes at 7-days and 60-days post MC surgery
  - Patient satisfaction with MC services

Study 2: MC by Non-Physician Clinician (NPC)
- Prospective study of the provision of MC performed by non-physician clinicians
  - Observation of MC surgical and post-operative procedures
  - MC surgical outcomes at 7-days and 60-days post MC surgery
  - Patient satisfaction with MC services
Responding to Male Circumcision Human Resource Capacity Development and Training Needs in Kenya

Investigators:
George Odingo, MPH
Paul Perchal, MA
Melinda Pavin, PhD, MPH
Study Design and Purpose

Study Design:
- Desk review of existing human resource and training policies, guidelines, resources and tools
- In-depth interviews with key informants
- Focus groups with sexual and reproductive health (SRH) and HIV program managers and various cadre of health workers.

Purpose of Studies:
- To gather information about the human resource capacity and training needs of the public and private sector in Kenya
- To determine gaps in human resource and training capacities related to male circumcision
- To identify human resource and training barriers/facilitating factors to introducing MC services.
Other Research

• Neonatal circumcision
  – Acceptability in population and by providers
  – Training by cadre
  – Uptake and safety

• Text messages for post-op adherence

• Wound healing in HIV+ and HIV- men
  – Healing process
  – Keratinization process