MSI Innovations

Pioneering HIV prevention strategies in rural Kenya: a case study of Marie Stopes International's male circumcision outreach project

MARIE STOPES INTERNATIONAL

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SUMMARY

The HIV epidemic continues to grow, in spite of global efforts to prevent the disease. Millions of people die each year of preventable HIV infections. It is projected that 60 million new HIV infections will occur by 2015, if current rates are not reversed.[1]

In 2006, new research confirmed for the first time that male circumcision could reduce the risk of HIV infection for heterosexual men by up to 60%.[2-4] Marie Stopes International (MSI) responded quickly to these significant findings by pioneering a new outreach model for male circumcision (MC) provision in Western Kenya and the Nyanza Province, a region with the lowest MC rates and the highest HIV infection rates in the country. MSI was the one of the first organisations to deliver this critical HIV prevention service directly to Kenyans living in remote and rural areas. Responding to evidence that MC could potentially avert up to three million deaths in 20 years if all sexually active men in sub-Saharan Africa were circumcised, MSI now plans to bring this innovative outreach model to Malawi, Zambia and Swaziland.

Introduction

Comprehensive and targeted HIV prevention is key to slowing or reversing the global HIV epidemic. In December 2006, the results from three separate studies confirmed male circumcision (MC) as, "*the first new biomedical HIV-prevention strategy in over a decade*".[5] The potential impact on preventing the spread of HIV by expanding the provision of male circumcision is substantial. Mathematical modelling has shown that, if all sexually active men were circumcised in sub-Saharan Africa, a region with the highest HIV-infection rates in the world, six million new HIV infections and three million HIV-related deaths could be prevented over the next 20 years.[6]

In the light of these compelling research findings, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) issued a joint recommendation to the global public health community, urging organisations to integrate MC services into existing country-level HIV/AIDS prevention programmes.[7] In response, MSI launched a pioneering MC mobile outreach pilot project in Western Kenya and the Nyanza Province in June 2007, working through local Partner Marie Stopes Kenya (MS Kenya).

As MSI was already a leading provider of long-term and permanent family planning methods in rural and hard-to-reach areas in Kenya, the team was able to act quickly to deliver MC services to the Nyanza Province and Western Kenya. With nearly two decades of experience in Kenya providing paramedicalised family planning[i] to remote communities through existing private and government health posts, MSI was able to develop their MC outreach model efficiently. Between June 2007 and December 2008, MSI circumcised 5,344 men and adolescents throughout the Nyanza Province and in Western Kenya – an average of 20 circumcisions per day.

In sub-Saharan Africa, cultural hurdles, financial constraints and a shortage of skilled practitioners pose serious challenges to the expansion of MC services.[8] This paper illustrates how MSI's successful pilot project offers a promising model of MC service provision and HIV prevention in rural and hard-to-reach areas of sub-Saharan Africa and beyond, preventing the spread of HIV and potentially saving thousands of lives.

Bringing HIV prevention services to communities in need

In Kenya, 7.8% of the population – or 1.4 million adults – are living with HIV/AIDS. Every year, there are 150,000 HIV-related deaths.[9] Nyanza Province, home to the traditionally non-circumcising Luo ethnic group, has the highest HIV prevalence rates in the country at 15.4%.[9] By 2007, overwhelming evidence gathered from the Kisumu randomised control trial in Kenya had pushed MC from research into practice.[3] In response, MSI launched an innovative MC mobile outreach project in Nyanza and neighbouring Western Kenya.

For the past two decades, MSI has provided comprehensive sexual and reproductive health (SRH) services in Kenya, including the delivery of surgical family planning services to rural and hard-to-reach communities. MSI's ability to bring SRH services to remote areas has relied on close collaboration with local private medical institutions and government-run health posts. The success of these local health partnerships is demonstrated by the scale of MSI's work to date. In the past four years, MSI provided over 140,000 safe sterilisation procedures to women in the Nyanza Province alone.

These long-standing partnerships with local leaders and community health workers enabled MSI to overcome resistance to circumcision in areas of Nyanza and Western Kenya where this is not a traditional practice. Furthermore, as part of a national Male Circumcision Consortium, MSI helped to build support among key government stakeholders for scaled-up MC services. In 2008, 86% of MC service recipients came from traditionally non-circumcising ethnic groups, demonstrating the success of MSI's culturally appropriate MC outreach strategies and its MC sensitisation campaign.

The MC mobile outreach model built on existing practices within MSI used to deliver surgical family planning services to remote, low-resource settings. The five-person outreach team brought with them the necessary medical equipment and

Fact box

- MSI provided 5,344 MCs to men and boys in the Nyanza Province and Western Kenya through mobile outreach between June 2007 and December 2008
- the five-person mobile outreach team consisted of two nurses, one HIV voluntary counselling and testing (VCT) counsellor, one healthcare assistant and one driver/nursing aid
- through a community sensitisation initiative, MSI reached over 100,000 individuals in Nyanza Province with information about MC and HIV prevention messages
- if all sexually active men in sub-Saharan Africa were circumcised, some six million new HIV infections and three million HIV-related deaths could be prevented in the next 20 years.

FOOTNOTES

[i] *"Paramedicalised family planning" consists of training health workers and health technicians to provide surgical family planning services such as male and female sterilisations and intrauterine device (IUD) insertions. Paramedicalisation is a necessary strategy to deliver family planning services to remote and rural populations in resource-poor countries where there are drastic shortages of doctors and nurses.*

temporary water supplies to perform safe and sterile MCs in health posts, schools and community buildings. They worked closely with local community health workers both during and after the MC service visit to track any complications and ensure follow-up care when necessary. Visiting 20 sites per month, MSI provided 5,344 free MC procedures between June 2007 and December 2008.

The pilot project targeted both sexually active and non-sexually active men and adolescents[ii]. MSI screened all potential clients for sexually transmitted infections (STIs) before performing the surgery, in addition to giving all participants HIV prevention education and counselling afterwards. In cases where HIV-positive men wanted to be circumcised, the outreach team provided the service only when these men met specific physical health criteria and agreed to extensive post-procedure HIV prevention counselling.

MSI's comprehensive service provision and quality of care kept complication rates to a minimum. An integrated research study of 240 pilot project participants found that the competence of the MC provider and the use of the forceps-guided technique contributed to an extremely low complication rate of 1.3%.[10 iii] These results show that it is possible to train outreach team members quickly to deliver safe

MC outreach at a glance

At each outreach site the team provided clients with the following services free of charge:

- forceps-guided method of circumcision using local anaesthetic in a sterile surgical setting[iv]
- information on the MC procedure, wound care, HIV testing and HIV prevention counselling, provided in a confidential setting
- individual counselling and informed consent for the MC procedure, including for minors with consenting guardians
- STI diagnosis and treatment
- discharge counselling on wound care and STI prevention
- condoms.

MC procedures in places where health resources are lacking. This "task-shifting" of simple, low-risk surgical procedures to nurses and paramedical personnel is key to future MC outreach projects, given the significant shortage of doctors in rural and remote areas of sub-Saharan Africa.

Conclusion

MSI's pilot project offers a successful model for the rapid expansion of MC services in hard-to-reach rural areas – a model that is easy to replicate and has the dramatic potential to reduce HIV infection rates in sub-Saharan Africa and beyond. The MC mobile outreach model shows what is possible through an innovative integration of HIV prevention strategies within an existing network of SRH health services. MSI will now bring mobile MC services to remote areas of Malawi, Zambia and Swaziland to help prevent the spread of HIV.

Recommendations

Countries that wish to scale up access to MC services should consider the following recommendations:

- develop outreach models to bring services directly to individuals living in remote and rural areas
- work with existing national health infrastructures by training medical and paramedical personnel to deliver safe MC procedures
- develop a comprehensive HIV prevention strategy that includes condom distribution, HIV prevention education and capacity building of health workers at the local level
- work closely with local leaders to ensure MC services are culturally appropriate, thus improving community acceptance of the services.

FOOTNOTES

[ii] No one who requested MC services was refused, provided they met the necessary health criteria and were able to give informed consent (or had consent provided by a legal guardian). In communities where circumcision is part of traditional "coming of age" rites of passage, MSI provided MC services on request to boys aged 8–13. The target of the MC outreach project was sexually active men and adolescents aged 13–29.

[iii] In a study among 1,007 males in Western Kenya, Bailey et al. found that 25% of circumcised males experienced an "adverse event" as a result of poor training, lack of appropriate clinical settings, and inadequate patient follow-up (Bailey et al., 2007).

FOOTNOTES

[iv] The forceps-guided technique is a "simple step-by-step procedure, which can be learnt by surgeons and surgical assistants who are relatively new to surgery. It can be used in clinics with limited resources, and it can be done without an assistant." From WHO/UNAIDS/Jhpiego, Manual for male circumcision under local anaesthesia, http://www.who.int/hiv/pub/malecircumcision/who_mc_local_anaesthesia.pdf

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Web resources

Male circumcision for HIV prevention clearinghouse
http://www.malecircumcision.org

UNAIDS recommendations on male circumcision as HIV prevention
http://www.unaids.org/en/PolicyAndPractice/Prevention/MaleCircumcision

Male circumcision situation analysis toolkit
http://www.who.int/hib/pub/malecircumcision/sa_toolkit

WHO/UNAIDS/Jhpiego Manual for male circumcision under local anaesthesia
http://www.who.int/hiv/pub/malecircumcision/who_mc_local_anaesthesia.pdf

Male circumcision quality assurance: a guide to enhancing the safety and quality of services
http://www.who.int/hiv/pub/malecircumcision/qa_guide

Marie Stopes International Research and Metrics Team publications
http://www.mariestopes.org/Health_programmes/Research.aspx

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