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MCC News

An e-newsletter about male circumcision for HIV prevention in Kenya

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Speaking at the 16th International Conference on AIDS and STIs in Africa, UNAIDS Executive Director Michel Sidibé helps launch a strategic framework for action on male circumcision for HIV prevention.

Photo by Silas Achar

ICASA 2011

Kenya offers lessons for scale-up

Sub-Saharan African countries could prevent millions of HIV infections by accelerating the expansion of voluntary medical male circumcision (VMMC) services in the next five years.

This message was emphasised by the speakers at a 4 December session on VMMC for HIV prevention sponsored by the Male Circumcision Consortium (MCC) and Kenya's National AIDS/STI Control Programme (NASCO) at the 16th International Conference on AIDS and STIs in Africa (ICASA).

The need to hasten scale-up of VMMC services was also a major theme of the 4-8 December conference in Addis Adaba, Ethiopia, where many experts pointed to male circumcision as an important key to HIV prevention.

During the conference, leaders from international organisations announced a framework to spur and coordinate rapid expansion of VMMC services in 14 countries in eastern and southern Africa. The framework was developed by the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the US President's Emergency Plan for AIDS Relief (PEPFAR), the Bill & Melinda Gates Foundation and the World Bank in consultation with national ministries of health.

In interviews with news media at the launch, UNAIDS Executive Director Michel Sidibé cited Kenya's experience as a model for rapid expansion of VMMC services. The MCC-NASCOP session, held two days earlier, provided an opportunity to discuss the lessons from Kenya's experience with VMMC scale-up.

A call to action

Dr. Ying-Ru Lo of WHO's Department of HIV/AIDS opened the MCC-NASCOP session with a call to action.

“If we want to see the impact of male circumcision in reducing new HIV infections, then we need to reach about 20 million men in the next five years,” she said.

Circumcising more than 20 million boys and men ages 15 to 49 years in priority countries in eastern and southern African countries would avert an estimated 3.36 million new HIV infections by 2025, resulting in a cost savings of about US\$ 16.5 billion, Dr. Lo said.

Since 2008, however, just over 1 million men have been circumcised in the 14 countries identified by WHO and UNAIDS as priorities because they have high prevalence of heterosexually transmitted HIV and low rates of male circumcision. Most programmes have reached only a small fraction of the uncircumcised men in these countries.

One exception is Kenya, where the government's programme has circumcised more than 350,000 men and boys in the past three years.

Lessons learnt

Dr. Mores Loolpapit, associate director at FHI 360 and senior manager of the MCC, attributed Kenya's progress to political will, strong leadership by the

government at all levels, timely financial support from donors and effective technical support by partners for all components of the VMMC programme.

“Service delivery resources alone are not enough,” Dr. Loolpapit said in a presentation about the lessons from Kenya’s experience with VMMC scale-up. “Specific resources are needed to support the critical components to enable effective leadership by government.”

The types of support that have made a difference, he explained, are staff dedicated to the programme, assistance in producing policies and other guidance documents, effective coordination, provision of VMMC services by nongovernmental partners as well as government health workers, and assistance in communications and dissemination of information to provide a supportive environment for VMMC and promote its adoption.

This assistance was supported by the U.S. President’s Fund for Aids Relief (PEPFAR) and the MCC, which is funded by a grant to FHI 360 from the Bill & Melinda Gates Foundation. FHI 360, EngenderHealth and the University of Illinois at Chicago, working with the Nyanza Reproductive Health Society, are partners in the consortium.

Sustaining demand

Although Kenya’s progress is impressive, the national programme has provided VMMC services to only about half the 15- to 49-year-old clients it aims to reach by 2013.

Dr. Kawango Agot, director of the Impact Research and Development Organization, spoke about creating demand for VMMC services. She said that new and creative approaches are needed to reach men who were not early adopters of VMMC in Kenya.

“We can train providers and put services in place, but without getting queues of men out of the door, we cannot reach the efficiencies and targets we seek,” Dr. Agot said.

Women play a critical role in mobilising men for circumcision services, she added. She urged programmes to develop strategies that meaningfully involve women.

Another lesson from Kenya’s experience, Dr. Agot said, is that messages about VMMC should go beyond the focus on HIV prevention and embrace other benefits of the procedure, such as hygiene, that might have particular appeal for older men. In Kenya, men older than 25 have been slower than their younger counterparts to adopt male circumcision for HIV prevention.

Transforming programmes

Dr. Peter Cherutich, NASCOP deputy director and head of HIV prevention, said that the male circumcision devices that are being assessed in Kenya and other countries have the potential to transform VMMC programmes by making the procedure even safer, more acceptable and easier to perform.

However, he emphasised, the devices must be introduced not just as surgical tools but in the context of comprehensive VMMC services for HIV prevention. The results of **studies of two of these devices**, the Shang Ring and PrePex, were presented at the conference on 8 December.

NASCOP Director Nicholas Muraguri, who moderated the session, also sounded a note of optimism. “It can be done, and Kenya is an example that it is possible for us to scale up VMMC for HIV prevention,” he said.

Studies of devices yield promising results

As calls for expanding male circumcision services in sub-Saharan Africa countries intensify, new medical devices could provide the link that helps these countries reach millions of men and meet their ambitious goals for HIV prevention, researchers say.

Promising results from studies of two of these devices for performing adult male circumcisions were presented at the 16th International Conference on AIDS and STIs in Africa (ICASA) on 8 December. With both of the devices — the Shang Ring and PrePex — no stitches are required, making the procedure easier to perform and potentially safer and more acceptable to clients.

The Shang Ring study was a randomised controlled trial, conducted at Nyanza’s Homa Bay District Hospital and the Society for Family Health’s New Start YWCA Male Circumcision Centre in Lusaka, Zambia, to compare the use of the device with conventional surgery. At each site, 198 men seeking male circumcision were randomly assigned to be circumcised by surgeons using either the Shang Ring or the conventional technique.

Preliminary results of the trial show that rates of complications from the surgery were low and similar in both groups. All complications experienced with the Shang Ring were mild or moderate and were resolved with conservative management.

Study participants were asked to rate the pain they experienced in the 48 hours after the surgery on a 10-point scale. These “pain scores” were also similar — and low, ranging from 0.3 to 1.2 after two days — in the two groups. At the 60-day

follow-up visit, more follow-up visit, more men in the Shang Ring group reported being satisfied with the cosmetic appearance of their penises compared to the men in the conventional surgery group.

Use of the Shang Ring reduced the average time it took to perform the procedure from 20 minutes to 7 minutes in Kenya and 6.5 minutes in Zambia. Five out of six clinicians reported that they had a strong preference for the Shang Ring and found it easier to use; none preferred the conventional technique. All of the procedures in Zambia and about half of the procedures in Kenya were performed by nurses or clinical officers rather than physicians.

Another presentation at the conference reported on an assessment of the safety and effectiveness of male circumcision performed by Rwandan nurses using the PrePex device. Ten nurses who had no prior experience performing male circumcisions were trained for three days and then used the device to circumcise 590 men in a procedure that required no injected anaesthesia.

All of the procedures were performed successfully, and only two resulted in device-related complications. (Moderate or mild complications were also reported in two cases where clients removed or partially removed the device.) There were no serious complications, and all were resolved easily.

The researchers concluded that PrePex has the potential to facilitate rapid, safe scale-up of male circumcision performed by health care providers who are not physicians, pointing out that this is “an imminent need in sub-Saharan Africa, where physicians are a limited resource.”

Both the PrePex and Shang Ring studies are part of a series of assessments designed to establish the safety, effectiveness and acceptability of adult male circumcision devices in different settings before proceeding with more widespread implementation in sub-Saharan Africa. The World Health Organization has established an independent advisory committee to systematically review data from these studies.

Experts analyse adoption of male circumcision

Kenya is the only country on track to reach its goals for male circumcision coverage, according to an **analysis** published by *PLoS Medicine* 29 November 2011 in a **collection** of nine articles about voluntary medical male circumcision (VMMC).

By the end of 2010, more than 550,000 men and boys had been circumcised in 13 of the countries identified as priorities for VMMC scale-up in eastern and southern

Africa. But that total represents only about 3 percent of the 20.3 million male circumcisions needed to prevent millions of HIV infections.

Kenya's national VMMC programme has reached more than 350,000 men and boys with VMMC services in about three years.

The authors found that potential predictors of a country's early adoption of VMMC included having a national policy, a focal person, an operational strategy and a pilot project with government involvement.

But the analysis found that early adoption did not necessarily result in rapid scale-up. Looking at Kenya's experience, the authors noted that "the most successful national programme also exhibited country ownership and sustained leadership at all levels, in addition to the adoption of a national policy and strategy to translate the research into a viable programme."

Male circumcision in the news

18,000 boys, men in Migori circumcised

The Star, 19 December

Kenya: Helping women to end sex-for-fish culture

PlusNews, 19 December

Obama on AIDS: 'We can beat this disease'

CBS News, 1 December

Case Study: Kenya's uphill battle to overcome deep taboos

Financial Times, 30 November

Resources

Live Coverage of ICASA on FHI 360's Degrees Blog

News summaries, links to media coverage and interviews with conference participants are provided through FHI 360's live coverage of the 16th International Conference on AIDS and STIs in Africa (ICASA).

www.malecircumcision.org

Developed by the World Health Organization, AVAC, and FHI 360, the Clearinghouse on Male Circumcision for HIV Prevention Web site is a comprehensive source of information and resources about male circumcision for HIV prevention.

The Male Circumcision Consortium (MCC) works with the Government of Kenya other partners—including the US President's Emergency Plan for AIDS Relief (PEPFAR), which supports service delivery—to prevent HIV and save lives by expanding access to safe and voluntary male circumcision services. FHI 360 and the 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.

Please send questions or comments to Silas Achar at: mccinfo@fhi.org; also, please indicate whether you want to continue receiving this e-newsletter regularly.