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MCC News

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

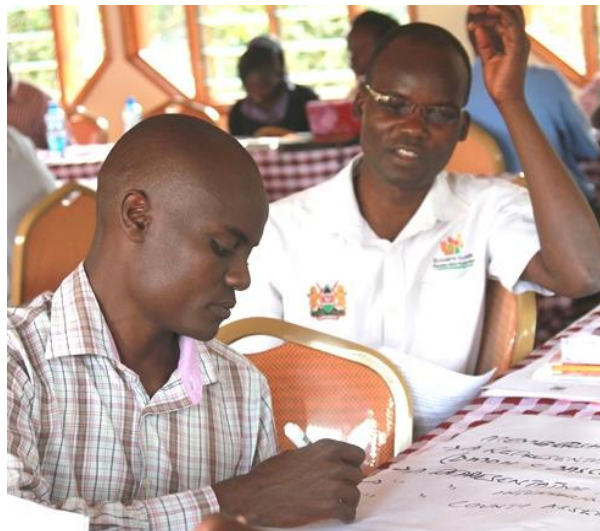
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Members of the Gem Sub-county steering committee develop a work plan at a meeting in Siaya County.

Photo by Silas Achar/FHI 360

New county task forces to coordinate male circumcision

Voluntary medical male circumcision (VMMC) services in four counties in the Nyanza region will be coordinated by task forces modeled after the national and provincial task forces whose efforts have made Kenya an international leader in VMMC for HIV prevention.

The four counties that implement VMMC — Kisumu, Homa Bay, Siaya and Migori — have also established steering committees to coordinate the programme at the sub-county level.

Dr. Martin Sirengo, head of the Ministry of Health's National AIDS and STI Control Programme (NAS COP), believes the county task forces and sub-county steering committees can help develop locally driven solutions to the HIV epidemic.

“To contain HIV, there are cultural issues that need to be addressed,” he says. “Technical people do not have all the solutions, and thus it is important to include other community persons in the steering committees.”

Speaking in Bondo at a meeting held in March to establish a steering committee, Dr. Sirengo said that the counties will manage the provision of VMMC, while the national government will develop policy guidelines, mobilise resources and provide mentorship.

NAS COP will also collect data to monitor and evaluate the implementation of the VMMC programme. It will liaise with the task forces to ensure continued provision of high-quality services.

VMMC progress

Launched in 2008, Kenya's programme is one of the most successful among the 14 eastern and southern Africa countries that are implementing VMMC for HIV prevention. By December 2013, more than 720,000 boys and men had been circumcised, reports NAS COP's programme manager for VMMC, Dr. Athanasius Ochieng'.

Consistent and effective coordination by the national and provincial task forces has contributed to this success, notes Dr. Ochieng'. He adds that coordination is particularly important now because VMMC and other HIV prevention services are among those that were devolved to the counties after the March 2013 general elections.

“A strong coordination structure is crucial during the ongoing transition from the central to devolved county system of government,” Dr. Ochieng' says. “County task forces and sub-county steering committees will play this role.”

The lessons learnt during the first five years will be vital for the new task forces, notes Dr. Charles Okal, Kisumu County AIDS and STI coordinator and former

Nyanza provincial AIDS and STI coordinator.

“Since November 2008, the task force has met regularly monthly,” Dr. Okal says. “It is the team work and partnership between government and implementing partners that has sustained the task force and the VMMC programme over this period.”

Now, he adds, the members of the county task forces must work as team to ensure the continuity of the VMMC programme in their counties.

Moving forward

In March, NASCOP officials, members of the national and provincial (now inter-county) task forces and VMMC implementing partners held a series of meetings with county officials to determine roles and responsibilities and develop mechanisms for coordination.

The task forces are advisory bodies whose mandate is to advise the Ministry of Health on plans for expanding safe, accessible and sustainable VMMC services.

At the county level, the county director of health heads the task force and the county AIDS and STI coordinator (CASCO) is the secretary. Other members of each task force include county health officers from a range of departments, including a focal person for community strategies, and representatives of the VMMC implementing partners in the county.

The composition of the steering committees is similar to that of the county task forces except that they draw members from the sub-county (formerly district) level. The county task forces will convene quarterly meetings for all their sub-county steering committees.

At the Nyanza regional level, the inter-county task force will continue to mentor the county task forces. It will convene quarterly meetings for all representatives of county task forces to discuss regional and inter-county issues.

Some protection seen for women with circumcised partners

A study in South Africa found that women with circumcised partners are less likely to have HIV infection and no less likely to use condoms compared to

women with uncircumcised partners.

The findings, presented at the **2014 Conference on Retroviruses and Opportunistic Infections**, provide evidence that male circumcision offers some protection to men's female partners.

The authors of the study believe that the reduced risk they observed among women with circumcised partners is probably due to lower rates of HIV infection among circumcised men rather than a direct effect on HIV transmission from men to women.

The study consisted of three independent surveys among a total of 5,561 women ages 15 to 49. The surveys were conducted in 2008, 2010 and 2012 in the township of Orange Farm, which had been the site of one of the three randomised controlled trials confirming that male circumcision reduces men's chances of acquiring HIV infection through vaginal sex.

In the surveys, 30 percent of the women who had ever had sex reported having only circumcised partners. More than 22 percent of those women were infected with HIV, compared to an HIV prevalence rate of 36 percent among other sexually active women.

The online publication *Aidsmap* reports that after the scientists controlled for other factors likely to affect the women's risk of acquiring HIV, they found that the reduced risk of HIV infection among women with circumcised partners was small — just 15 percent — but statistically significant.

Male circumcision did not appear to affect the use of condoms during extramarital sex. Among those who reported having sex with someone other than a spouse, the proportion of women who said they had used condoms consistently with those partners was the same whether the man was circumcised or not — about 38 percent.

The results suggest that most — but not all — of the women had an accurate understanding of the protection offered by male circumcision. In the 2010 and 2012 surveys, nine out of ten women said that circumcised men can become infected with HIV. Only 1.6 percent of the women believed that they would be

fully protected from HIV, and 8.6 percent thought they would be partially protected, when having sex without a condom with a circumcised man.

More than 74 percent of women who had had both circumcised and uncircumcised partners preferred sex with circumcised men, and 22 percent had no preference. Fifty-five percent of women thought condom use was easier for men who are circumcised.

Male circumcision in the news

Kenya's battle to end 'sex for fish'

BBC, 17 February

Male circumcision sets pace in fight against Aids

The People, 2 February

Resources

Engaging Local Media in VMMC Scale-Up: A Case Study from Kenya

This case study documents how partners in Kenya coordinated their efforts to achieve ongoing, well-informed media coverage of voluntary medical male circumcision.

Male Circumcision at ICASA 2013

Abstracts on VMMC are available from the 17th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA), which was held in Cape Town, South Africa, 7-11 December 2013.

www.malecircumcision.org

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

The **Male Circumcision Consortium** works with the Government of Kenya and 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@fhi360.org; also, please indicate whether you want to continue receiving this e-newsletter regularly.

