Wycliffe Omondi, head of training at the UNIM Research and Training Centre, advises trainees as they practice MC techniques during a training course on MC for HIV prevention.
Picture by Ren Kolka

Male Circumcision for HIV prevention: Lessons from Kenya's experience

Kathleen Shears

When Christine Owaga's husband began to entertain the idea of having the "cut," the couple talked about it. During their first visit to the Rachuonyo District Hospital in western Kenya, the couple found out what they could expect if the male partner opted for circumcision. The counsellor explained the benefits of male circumcision (MC), what happens during the operation, the need to abstain from sex until the wound has healed, and the importance of continuing to take precautions against HIV after circumcision.

Three days later, the couple returned to the hospital for the circumcision. "I wanted my husband to be circumcised just to prevent some sexual infection diseases," Christine said.

Christine's husband is one of more than 20,000 men who have chosen to become circumcised as part of an initiative by the Government of Kenya to improve access to safe and voluntary medical male circumcision (VMMC) for HIV prevention. More than 80 per cent of men in Kenya are already circumcised, but in some provinces circumcision rates are much lower. The government aims to increase access to MC as part of an effort to halve levels of HIV in the country by 2012.

The VMMC programme was established after three landmark studies conducted in Kenya, South Africa and Uganda showed that circumcision reduced a man's chances of acquiring HIV infection by more than half.

"Kenya was one of the first countries in sub-Saharan Africa to put this research into practice," notes Dr Mores Loolpapit of Family Health International (FHI), who is senior manager of the Male Circumcision Consortium (MCC), one of the government's VMMC partners. "With this programme, we have an opportunity to reduce the number of new HIV infections in our country and save many lives."

The consortium is a partnership between FHI, EngenderHealth, and the University of Illinois at Chicago. It is funded by a grant to FHI from the Bill & Melinda Gates Foundation. The consortium supports the government's national VMMC initiative, working in collaboration with a local NGO, the Nyanza Reproductive Health Society, and Kenya's ministries of Public Health and Sanitation and of Medical Services. The MCC also conducts research and training in Nyanza Province in western Kenya.

Picture: Courtesy of FHI

Male circumcision performed under the auspices of the Nyanza Reproductive Health Society in Kenya.

Lessons learned

- There is need for continuous, proactive dialogue with the VMMC programme stakeholders. By listening respectfully and answering people's questions, the programme was able to reassure stakeholders that VMMC was a medical, rather than a cultural, intervention.
- Shifting MC tasks to other providers beside medical officers and organising the tasks involved in the procedure to reduce the time spent on a case will result in a higher volume of circumcisions performed.
- Creating district-level steering committees and identifying officers within the facilities to coordinate MC services encourages local ownership of the programme.
- Introducing provider-initiated counselling dramatically increased the number of VMMC clients getting tested for HIV.

Comprehensive services

The programme began in Nyanza, where its impact is expected to be greatest because the province has high levels of HIV infection and low rates of MC. One study estimates that increasing MC rates to 80 per cent in Nyanza could prevent 900,000 HIV infections over 20 years.

Since the programme was launched last November, more than 500 health care providers have been trained by the Nyanza Reproductive Health Society to provide safe and voluntary MC services at 124 public health facilities. Providers are usually trained in teams composed of a medical or clinical officer, a nurse, a counsellor, and a hygiene officer who is responsible for infection control.

"The training programme ensures that these teams are not just trained in the surgical procedure for MC, but are also given the information and skills necessary to provide circumcision as part of a comprehensive package of HIV prevention services," said Professor Robert C. Bailey of the University of Illinois at Chicago, who helped create the UNIM Research and Training Centre, where most VMMC training takes place.

Offering comprehensive services is critical because MC lowers — but does not completely eliminate — the risk of HIV infection. That is why the VMMC package of services includes counselling that emphasises taking additional precautions against HIV.

To help them follow this advice, MC clients receive HIV prevention counselling and condom supplies. They are tested for other sexually-transmitted infections (STIs) and treated if necessary. They are also encouraged to take advantage of HIV counselling and testing services.

Lessons so far

The VMMC programme is still relatively new. But government officials and their implementing partners have already learned a lot about addressing challenges such as cultural opposition, shortages of health care workers, and integrating services.

One of the first lessons was the need for continuous, proactive dialogue with a range of people who have a stake in the VMMC programme, from local leaders and community members to youth and women's groups. A pivotal meeting brought together local elders and government officials, including Kenya's Prime Minister Raila Odinga. By listening respectfully to opposing views and answering people's questions, the programme was able to reassure many stakeholders that VMMC was a medical, rather than a cultural, intervention.

Meeting the demand for VMMC in a system facing chronic shortages of health care workers is a continuing challenge. Nevertheless, the programme has developed innovative ways to expand access to services. These include providing outreach services at health facilities that do not have the capacity to provide MC regularly, sending mobile teams of providers to offer VMMC services at other venues, and training teams of providers so that they can share some clinical tasks.

Picture: Courtesy of Photoshare

Healthcare workers participate in a counselling role play on MC during a training in Lusaka, Zambia.

Picture by Silas Achar/FHI

Joseph Miruka, who decided to become circumcised during the past year, and his wife, Leya, say couples should make this decision together.

"Shifting MC tasks to other providers beside medical officers and organising the tasks involved in the procedure to reduce the time a surgical team spends on a case will result in a higher volume of circumcisions performed," said Paul Perchal of EngenderHealth, which supports the VMMC work at Rachuonyo District Hospital through the APHIA-II Project. EngenderHealth is conducting an MCC study of the provision of MC by non-physician clinicians. "When people are in short supply, efficient deployment of human resources is the most viable solution."

Introducing new responsibilities in facilities that are already short of staff is always a challenge, and VMMC is no exception. The programme has found that creating district-level steering committees and identifying officers within the facilities to coordinate MC services encourages local ownership of the programme and provides supportive supervision to motivate managers and providers to integrate the new service.

Another early lesson was that introducing provider-initiated counselling dramatically increased the number of VMMC clients getting tested for HIV. With this approach, the provider recommends HIV testing to a client rather than relying on the client to ask about testing. Creating strong linkages to HIV care and treatment services is essential for routine referral of clients who test HIV-positive.

Women and Male Circumcision

Conversations like the one Christine and her husband had before he was circumcised are critical to the success of MC for HIV prevention. Women need to be involved in these decisions and in the counselling that accompanies MC so that couples can work together to practice safer sex post-circumcision and to avoid any negative effects of circumcision.

It is feared that introducing MC could have unintended consequences for women, such as "behavioural disinhibition" (engaging in riskier behaviour in the mistaken belief that MC makes one immune to HIV), sexual coercion, and greater difficulty negotiating safer sex.

At the same time, VMMC services offer exciting opportunities to improve communication between men and women and to strengthen HIV prevention and other health services. The counselling offered to clients and their partners can encourage couples to talk about — and practice — safer sex. Additionally, MC services bring traditionally scarce male clients into health facilities, where counsellors can discourage risky or coercive behaviour and promote healthier relationships between men and women.

Research to improve services

The Male Circumcision Consortium (MCC) conducts research to identify the safest, most effective ways to provide voluntary medical male circumcision as part of a comprehensive package of HIV prevention services.

MCC studies in Kenya's Nyanza Province are assessing behaviour, attitudes and beliefs about male circumcision; evaluating the impact of MC on sexual risk behaviour and the rates of HIV and identifying ways to improve the quality of services and expand access to VMMC. They are also determining how to integrate MC into existing HIV services; assessing the potential for private-sector providers, clinical officers, and nurses to provide safe, high-quality MC services and assessing the introduction, uptake and safety of infant medical MC in selected health facilities.

The results of these studies will help guide the implementation of Kenya's national VMMC programme and will generate knowledge that can be applied in other countries to expand access to MC for HIV prevention. ■

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