

# News

June 2010 Issue 15

## **MCC News**

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

#### In this issue:

Kenyan team supports Swaziland's male circumcision programme

MCC at International AIDS Conference

Male Circumcision in the News

Resources



Beaforn Mosoti, a nurse with the NRHS, prepares a client for circumcision at the Piggs Peak Hospital, Swaziland.

Photo courtesy of the theatre staff in Swaziland

# Kenyan team supports Swaziland's male circumcision programme

Six nurses from the Nyanza Reproductive Health Society (NRHS) spent 25 days in Swaziland helping provide medical male circumcision for HIV prevention to 406 clients at three major district hospitals.

The nurses, along with three doctors from Ethiopia, were in Swaziland from 19 May to 13 June to support the expansion of the country's male circumcision programme. They divided themselves into three teams to provide the services at Mankayane, Raleigh Fitkin Memorial (RFM), and Piggs Peak hospitals.

Jhpiego Swaziland and Jhpiego Kenya collaborated to support this volunteer programme established by the Swazi government to bolster the limited number of

health care providers offering male circumcision services in the country.

Team member Beaforn Mosoti is one of the NRHS's most experienced nurses and trainers. During the past two years, she has circumcised more than 500 men and trained more than 100 health care providers in the provision of safe male circumcision for Kenya's voluntary medical male circumcision (VMMC) programme.

Mosoti said the experience in Swaziland provided an opportunity for health care providers from the two countries to share their skills. The Kenyan team gave practical guidance to their counterparts, drawing on the lessons from the first year-and-a-half of Kenya's VMMC programme.

The Kenyan nurses and Ethiopian doctors comprised the second team of providers to visit Swaziland since the government began offering comprehensive male circumcision services for HIV prevention in April 2010. The Kenyan nurses served as surgical assistants, because the Swazi programme—unlike Kenya's—allows only medical officers to perform the surgery.

In Kenya, medical officers, clinical officers, and nurses provide male circumcisions. The VMMC programme has been training and deploying nurses to perform the routine surgery since 17 June 2009, when the government adopted this policy to increase access to VMMC services.

This Kenyan model of task shifting has enabled the country's VMMC programme to circumcise more than 120,000 men and boys from October 2008 to May 2010.

Dr. Walter Obiero, clinical manager for NRHS, described the venture as highly successful. As a result, he reported, the Swazi government has requested an additional 35 volunteer health care providers from Kenya to support the program in August 2010.

Most Swazi men are not circumcised, and the government believes that male circumcision can help reduce the country's HIV prevalence rate, which is one of the highest in the world. More than one out of four people ages 15 to 49 in Swaziland is infected with HIV.

"We have calculated that approximately 120,000 HIV-negative Swazi men are in danger of becoming HIV-positive," said Dr. Vusi Magagula, the deputy director of health and chairman of the Swaziland Circumcision Task Force. "The task force has set out to circumcise as many of these men as possible in the next three to five years."

In 2007, the prevalence of HIV among women attending antenatal clinics in Swaziland exceeded 39 percent. About 100, 000, or 10 percent, of the children in the country are orphans. High rates of HIV have contributed to making Swaziland's average life expectancy the lowest in the world at 31.6 years.

#### MCC at International AIDS Conference

The Male Circumcision Consortium (MCC) will be well represented at the International AIDS Conference in Vienna, Austria, next month, with eight abstracts on MCC-supported research accepted for oral or poster presentations during the 18-23 July conference (see table, below).

In addition, Dr. Mores Loolpapit and Isaac Oguma of FHI/MCC, along with Dr. Kawango Agot of Impact Research and Development Organisation and Dr. Walter Obiero of the Nyanza Reproductive Health Society, are among the co-authors of an abstract on the roll-out of Kenya's voluntary medical male circumcision programme that will be presented by NASCOP's Dr. Peter Cherutich. Dr. Obiero will also be one of the speakers at a July 21 satellite session on scaling up male circumcision sponsored by PSI and FHI.

Prof. Robert Bailey of the University of Illinois at Chicago will also present data from a male circumcision cohort study that UNIM is conducting with funding from the Division of AIDS of the United States National Institutes of Health. This study continues to follow 1500 men who participated in the randomised trial in Kisumu, and Prof. Bailey will present data on the impact of male circumcision on HIV and STI acquisition after 66 months of follow-up.

MCC at the XVIIIth International AIDS Conference		
Title	Type	Primary Author
Rollout of voluntary medical	Oral poster	Peter Cherutich,
male circumcision for HIV	discussion	NASCOP
prevention in Kenya: one year		
and counting		
Engaging the private health sector	Poster	Lisa Dulli, FHI
in Nyanza Province Kenya to		
reach men with VMMC for HIV		
prevention: What will it take?"		
Medical male circumcision for	Poster	Amy Herman-
HIV prevention in Kenya: A		Roloff, UIC/NRHS
study of service provision and		
adverse events		
Comparing adverse event rates of	Poster	George Odingo,
male circumcision services		EngenderHealth

performed in static and outreach public health facilities in Nyanza, Kenya		
Addressing the human resource capacity development and training needs for male circumcision in Nyanza	Poster	George Odingo, EngenderHealth
Reasons men seek male circumcision in Nyanza, Kenya	Poster	Melinda Pavin, EngenderHealth
A random household survey of male circumcision and HIV in Kisumu, Kenya	Oral presentation	Matthew Westercamp, UIC/NRHS
Factors associated with the circumcision decision: baseline results from the risk compensation study in Nyanza Province, Kenya	Poster	Nelli Westercamp, UIC/NRHS

#### Male circumcision in the news

Why men refuse circumcision *PlusNews*, 15 June 2010

Awareness of male "cut" high in Nyanza Daily Nation, 31 May 2010

#### Resources

Progress in Male Circumcision Scale-up: Country Implementation Update Compiled by the World Health Organization and the Joint United Nations Programme on HIV/AIDS, this is the latest progress report on male circumcision programmes in countries identified as priorities because they have high HIV prevalence and low rates of male circumcision. It includes a new section on male circumcision research in the 13 countries.

## Scaling up Male Circumcision Programmes in Eastern and Southern Africa Region Country Update

These presentations were made during a meeting held in Arusha, Tanzania, 8-10 June 2010 where countries that are implementing male circumcision programmes shared lessons and explored opportunities for overcoming the challenges of scale-up.

Consultation to Review Manufacturing, Clinical and Regulatory Requirements for Male Circumcision Devices to Support Programme

### **Expansion in High HIV Incidence Settings in Africa**

This is the report of a meeting held in Nairobi 11-12 March 2009 to review the current knowledge on male circumcision devices and their potential to support rapid programme scale-up in areas with a high incidence of heterosexually acquired HIV infection.

#### The Clearinghouse on Male Circumcision for HIV Prevention

Developed by the World Health Organization, AVAC, and FHI, this 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 and other partners to prevent HIV and save lives by expanding access to safe and voluntary male circumcision services. Family Health International (FHI), EngenderHealth, 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.