

November 2010  
Issue 20

## MCC News

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

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Giant puppets marched through the streets of Kisumu during a procession marking the launch of the 2010 Rapid Results Initiative.

*Photo by Beatrice Oyugi*

## Rapid Results Initiative Launched in Nyanza

The 2010 Rapid Results Initiative (RRI)—an intensive effort to meet the anticipated high demand for male circumcision during the school holidays—is under way at more than 200 sites in Nyanza Province, with the goal of reaching 41,000 men and boys in 30 days.

During the first RRI in November-December 2009, the government's voluntary medical male circumcision (VMMC) programme served 37,000 men and boys in 30 days.

“The government and its partners will work together with all the available resources to make VMMC widely accessible in 11 districts in Nyanza,” said

Nyanza Provincial Commissioner Francis Mutie in a statement read at the 18 November launch of the 2010 RRI by Kisumu East District Commissioner Mabeya Mogaka. Dr. Jackson Kioko, the provincial director of public health and sanitation, also helped launch the event in a ceremony at the Jomo Kenyatta Sports Grounds.

The 2010 RRI will boost participation in the VMMC programme by increasing access to the services and widely promoting their use.

VMMC services are being offered free of charge in more than 170 health facilities and at many other sites in the 11 districts of Luo Nyanza: Kisumu East, Kisumu West, Nyando, Homa Bay, Rongo, Rachuonyo, Suba, Migori, Bondo, Rarieda, and Siaya.

This year's RRI builds on the lessons learned from last year's initiative, with even greater emphasis on bringing the services closer to communities and communicating the benefits of VMMC for HIV prevention.

Mutie asked the citizens of Nyanza to support the 2010 RRI. "I especially urge men ages 15 to 49 years of age to heed this call," he said, explaining that men in this age group can benefit most from male circumcision because they tend to be sexually active and are therefore most at risk of acquiring and transmitting HIV.

About 47 percent of clients during the 2009 RRI were younger than 15. Circumcision will help protect these boys from HIV in the future, but it will not have an immediate effect on Kenya's HIV epidemic because most of them are not yet sexually active.

That is why the 2010 RRI includes special efforts to encourage men and teens who are older than 15 to seek VMMC services. Satisfied clients from this age group will talk to their peers about the benefits of medical male circumcision, and the programme will redouble its efforts to make VMMC available at convenient times and locations. The services will be offered at night, for example, to make it easier for men who work during the day to seek VMMC.

The VMMC programme has also learned that women play a critical role in encouraging their partners to become circumcised. During this year's RRI, the programme is engaging women who accompanied their husbands when they went for "the cut" to help mobilise clients. These women, explains Dr. Kioko, will "encourage men to discuss the procedure with their partners and to make the decision together."

This year's RRI will help the government reach its ambitious goals of providing

male circumcision and related HIV prevention services to 426,500 men and boys in Nyanza by 2013 and to 1.1 million men nationwide by 2014. Achieving these goals would prevent an estimated 900,000 HIV infections in men and women over 20 years.

Since September 2008, more than 180,000 men have been circumcised in Nyanza alone.

Male circumcision services are offered as part of a comprehensive package of HIV prevention services that includes risk-reduction counselling, the offer of HIV counselling and testing, the provision of condoms, and screening and treatment for sexually transmitted infections.

The partners collaborating with the ministries of health to implement the 2010 RRI are the Nyanza Reproductive Health Society (NRHS), IMPACT Research and Development Organization, Family AIDS Care and Education Services, the Catholic Medical Mission Board, the AIDS Population and Health Integrated Assistance (APHIA) II Nyanza Project, the Male Circumcision Consortium (which consists of FHI, the University of Illinois at Chicago, and EngenderHealth, working with NRHS), PSI, the C-Change Project of the Academy for Educational Development, and the United Nations Children's Fund (UNICEF).

### **New estimates suggest greater impact on HIV**

Projections of the impact of male circumcision on the HIV epidemic in sub-Saharan Africa may have underestimated the number of HIV infections that could be prevented by at least 40 percent, suggests a **study** published in advance online by the journal *Sexually Transmitted Infections*.

Earlier studies that modelled the impact of male circumcision lacked information on the rate of HIV transmission from circumcised men to women, as well as HIV transmission rates during the healing period after the procedure.

Timothy Hallett of the Imperial College, London, and his colleagues from Weill Cornell Medical College, New York, USA, and Fred Hutchinson Cancer Research Center, Seattle, USA, adapted models of the effect of male circumcision interventions on HIV incidence in Kenya and Zimbabwe. The data they applied to these models was pooled from studies that had assessed the rate of male-to-female HIV transmission after male circumcision and the effects of wound healing on transmission rates.

The findings suggest that from two years after the procedure (when the effect becomes apparent in studies) the rate of HIV transmission from circumcised men

to women is reduced by 46 percent.

The modellers found that the potential long-term benefits of male circumcision for HIV prevention were greatest for women. Their results also suggest that an increase in HIV transmission and acquisition during wound healing is unlikely to have a major effect on the population-level impact of male circumcision interventions.

Nevertheless, the authors of the study emphasise that it is still very important to counsel individuals about the potential for increased risk of HIV transmission until the wound from a male circumcision procedure has completely healed.

### **Male circumcision in the news**

#### **Kenya: More men to be circumcised over Christmas holidays in Western Kenya**

*Jaluo dot KOM*, 19 November 2010

#### **Kenya: Efforts intensified for more men to be circumcised within Nyanza Province**

*Jaluo dot KOM*, 10 November 2010

#### **Kenya: Counselling key to success of male cut**

*PlusNews*, 2 November 2010

### **Resources**

#### **Accreditation of Sites for Provision of Male Circumcision Services for HIV Prevention (Zambia)**

These guidelines and assessment tools were created to guide the assessment of public and private health facilities that provide male circumcision services in Zambia to ensure that all sites meet specific accreditation standards.

#### **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. 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.

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