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MCC News

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

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Providers perform a male circumcision procedure at Simenya Dispensary in Ugenya.

Photo by Tom Otieno

Male circumcision helps prevent HIV **After five years, the evidence is even stronger**

Five years ago this month, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) released **recommendations** on male circumcision for HIV prevention, stating that “the efficacy of male circumcision in reducing female-to-male HIV transmission has now been proved beyond a reasonable doubt.”

That is still true today. Over the past five years, the evidence has mounted that voluntary medical male circumcision (VMMC) offers men substantial protection from acquiring HIV through vaginal sex.

The WHO/UNAIDS recommendations were based on the results from three randomised controlled trials, conducted in Kenya, Uganda and South Africa, which showed that getting circumcised reduces a man's chances of becoming infected with HIV by about 60 percent.

“These results spurred us to action, because they were from randomised controlled trials, which are considered the ‘gold standard’ of scientific evidence, and because the effect was so marked in all three countries,” explains Dr. Peter Cherutich, deputy director and head of HIV prevention for the National AIDS/STI Control Programme (NASCOP).

Since then, programmes to provide access to VMMC and related HIV-prevention services have been established in 14 priority countries in eastern and southern Africa. More than 1 million men have availed themselves of the benefits of male circumcision, which include partial protection against HIV and several other sexually transmitted infections (STIs), as well as reduced risk of genital cancers among men and their female partners.

Kenya is at the forefront of this effort. The Kenyan programme has provided VMMC services to more than 400,000 clients, reaching more men and boys than any other national programme.

Meanwhile, follow-up studies in Kenya and Uganda have found that male circumcision's protective effect against HIV in a population is sustained and may even become stronger over time. The risk of HIV infection among circumcised men was reduced by 67 percent after 4.5 years in Kenya and by 73 percent after 4.8 years in Uganda.

Equally encouraging, notes Dr. Cherutich, are recent results confirming that this level of HIV protection can be achieved outside the relatively controlled setting of a clinical trial. A study found that providing VMMC in a South African township reduced the rate of new HIV infections among circumcised men by 76 percent in three years. A similar study is underway in Kenya's Nyanza Province, with results expected in 2013.

While VMMC is recognized as a proven intervention to reduce female-to-male transmission of HIV infection, there is not enough evidence to determine whether male circumcision directly affects male-to-female transmission of HIV.

A recent study in five African countries, which followed women whose male partners were HIV-positive, found that circumcision of the male partner appeared to lower a woman's risk of becoming infected. And a modelling study estimates that VMMC could reduce women's risk of acquiring HIV through vaginal sex by

42 percent.

It is important to note that one study in Rakai, Uganda, found that the female partners of HIV-positive men may be at increased risk of acquiring the virus during the first six weeks after the surgery if a couple resumes sex before the wound from a male circumcision has healed.

“This finding is a critical reason for couples to follow the recommendation to abstain from sex for six weeks post-circumcision, so they can avoid a temporary increase in their risk of HIV infection,” says Dr. Athanasius Ochieng’, VMMC programme manager for NASCOP.

Overall, male circumcision indirectly benefits women because it helps prevent HIV infection in men and thus reduces women’s exposure to the virus. Another modelling study suggests that reaching, and then maintaining, 80 percent prevalence of male circumcision among men ages 15 to 49 in the 14 priority countries could prevent 3.4 million HIV infections in men *and* women by 2025, saving an estimated Ksh. 1.32 trillion (US\$16.5 billion) in HIV treatment costs.

Achieving that level of VMMC coverage will require effective communication and outreach as well as high-quality health services, notes Dr. Cherutich. Several studies supported by the Male Circumcision Consortium have revealed that misconceptions about VMMC make many men reluctant to go for circumcision.

“There is a lot of misinformation circulating about VMMC, in communities and on the Internet,” he said. “That’s unfortunate, because this is an intervention that can literally help save lives. We need to make sure that people have the facts about VMMC for HIV prevention, so they can make informed choices based on the best scientific evidence.”

WHO–UNAIDS recommendations: VMMC for HIV prevention

This month marks the fifth anniversary of the recommendations on voluntary medical male circumcision for HIV prevention. In March 2007, the World Health Organization and the Joint United Nations Programme on HIV/AIDS recommended expanding access to VMMC in geographic areas with low levels of male circumcision and high rates of heterosexually acquired HIV infection. The procedure was to be offered as part of a comprehensive package of HIV-prevention services, because male circumcision does not offer men complete protection against HIV.

Kenya’s programme, for example, provides risk-reduction counseling, condoms and instruction on their use, the offer of HIV counseling and testing, and screening and treatment for sexually transmitted infections along with the male circumcision procedure. These services are available for free to men and their female partners.

Text messages provide modest boost in clinic attendance

Sending men daily text messages to remind them to return for follow-up after getting circumcised resulted in a moderate improvement in attendance, a study in Nyanza Province found.

Clients who receive voluntary medical male circumcision (VMMC) services in Nyanza are advised to return seven days after the surgery so that providers can monitor wound healing, detect and treat adverse events, and reinforce risk-reduction counselling. But a high proportion of the men do not return for a follow-up visit.

Researchers from the Kenya Medical Research Institute, the University of Washington and the University of Illinois at Chicago conducted a randomised controlled trial in Kisumu and Kisumu West to determine whether sending inexpensive short-message-service text messages would increase attendance at follow-up visits. They presented their results on 6 March at the 19th Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle, Washington.

The trial involved 1,200 VMMC clients 18 years and older who owned mobile phones. Half of the participants were randomly assigned to receive daily text messages for seven days after the surgery, while half received the standard post-circumcision instructions. Sixty-five percent, or 387, of the men who received text messages returned for follow-up, compared to 60 percent (356) of the men in the comparison group.

The trial also found that the main factors associated with failure to return for follow-up were being employed, having to spend more than Ksh. 100 (US\$1.25) to travel to and from a clinic, and having a low level of education.

The researchers concluded that combining text messages with interventions such as subsidies for transport costs, messages tailored for less educated men, and after-hours service provision to improve access for employed men could help increase post-operative follow-up attendance.

Male circumcision in the news

Kenya: Voluntary Male Circumcision to Begin in Teso Friday

Nairobi Star, 14 March

Clinical Trial Sparks Male Circumcision Programs to Prevent HIV Infection

Show Me the Evidence, Spring 2012

Resources

Voluntary Medical Male Circumcision Communication Toolkit (Luo)

This collection of communication materials, tools and guidance documents is now available in Luo. The toolkit was developed to help create and sustain demand for male circumcision in Kenya and to reinforce that while the procedure reduces risk for men, it does not offer them complete protection against HIV and must be combined with other prevention measures.

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@fhi360.org; also, please indicate whether you want to continue receiving this e-newsletter regularly.