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Issue 4

MCC News

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

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Joshua Osoo (left) counsels a client seeking male circumcision services. With provider-initiated counselling, counsellors recommend HIV testing to the client during such sessions. Photo by Silas Achar/FHI.

With new approach, more men learn their HIV status

The number of clients deciding to get tested for HIV has increased in the last month following the introduction of provider-initiated counselling and testing (PITC) as part of voluntary medical male circumcision (VMMC) services.

Since the Nyanza Reproductive Health Society (NRHS) began using this approach in April 2009, almost 100 percent of all adult VMMC clients at the UNIM Research and Training Centre have agreed to be tested. Similar results have also been witnessed at the field sites where VMMC is provided.

HIV counselling and testing is one of the strategies being implemented in Kenya, along with VMMC, as part of a comprehensive package of HIV prevention measures. Other strategies include the promotion of abstinence, having fewer sex partners, and correct and consistent use of condoms.

PITC has been used by providers to encourage patients seeking other clinical services to get tested for HIV. It was adopted because only a small percentage of VMMC clients were getting tested with the traditional approach of HIV voluntary counselling and testing (VCT).

The main difference between the two approaches is that PITC is provider initiated, while VCT depends on a client seeking the service. With both approaches, the decision to get tested and to receive the results is completely voluntary.

PITC is offered when a client comes to the clinic for male circumcision services. During the pre-VMMC counselling that is offered to all male circumcision clients, the provider takes the initiative to inform the client about HIV counselling and testing and to recommend that he go for testing.

The client may decide not to follow that recommendation. Although HIV testing is encouraged, clients are not required to get tested before they can be circumcised.

Joshua Osoo, head counsellor at the UNIM Research and Training Centre, clarifies that PITC complements and does not replace VCT, because the two approaches are used in different contexts. Both have a role to play in increasing the number of Kenyans who know their HIV status.

PITC is being implemented at the UNIM centre and in a few field sites. It will be introduced at other sites after more counsellors receive training in the PITC approach.

Though it is still too early to term the young approach a success, Osoo is confident that PITC will help the Kenyan programme achieve its target of having 80 percent of all VMMC clients get tested for HIV.

The Kenya AIDS Indicator Survey (KAIS) of 2007 found that only 36 percent of Kenyan adults had been tested for HIV at least once. Four out of five of those who have never been tested for HIV are living with the virus but do not know that they are infected.

Cochrane review confirms effectiveness of male circumcision

A systematic review of the three randomised controlled trials of male circumcision for HIV prevention, published in the influential Cochrane Library, concluded that they provide strong evidence that male circumcision reduces the acquisition of HIV in heterosexual men.

Previous Cochrane reviews — conducted before the results of the trials were available — had determined that there was insufficient evidence to recommend male circumcision as an HIV prevention intervention.

But after analyzing the results from the trials conducted in Kenya, Uganda and South Africa, scientists from the South Africa’s Cochrane Center concluded that the evidence is now complete. No further research is needed to establish the effectiveness of male circumcision in reducing HIV risk among heterosexual men, they wrote.

The authors recommend including male circumcision in current HIV prevention guidelines, but add that “further research is required to assess the feasibility, desirability, and cost-effectiveness of implementing the procedure within local contexts.”

The Cochrane Collaboration is an international network of researchers seeking to improve decisions about health care through systematic reviews of the effects of interventions.

Male circumcision in the news

Foreskin or no foreskin, men get it on, study says

The Times (South Africa), 26 April 2009

Resources

Operational Guidance for Scaling Up Male Circumcision

This document from the World Health Organisation and the Joint United Nations Programme on HIV/AIDS offers practical guidance to help policy makers, programme managers, technical support agencies, and donors scale-up male circumcision services.

www.malecircumcision.org

The Clearinghouse on Male Circumcision for HIV Prevention is an online global resource on male circumcision research, programme implementation, documentation, and information.

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), the University of Illinois at Chicago, and EngenderHealth 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.