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MCC News

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

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A nurse assists a clinical officer to perform a male circumcision at the UNIM Research and Training Centre in Kisumu. The government has decided to allow nurses to be trained to provide the minor surgery.

Photo by Silas Achar/FHI

Nurses to improve access to circumcision

More men will soon have access to safe medical male circumcision due to a change in the government policy that authorised only clinical officers and medical officers to perform the minor surgery.

Trained nurses may now provide male circumcision, Director of Medical Services Francis Kimani announced in a 17 June circular to provincial health officials and the national and provincial task forces on male circumcision.

“This directive could have a huge impact on our ability to meet the demand for voluntary medical male circumcision,” said Dr. Mores Loolpapit, senior manager of the Male Circumcision Consortium. “Training nurses will bring the service into the communities, to the health centres and dispensaries.”

Policy review

The government adopted voluntary medical male circumcision as a key strategy for HIV prevention and launched the programme in November 2008, aiming to halve the HIV prevalence rate by 2013.

Since that time, more than 20,000 men have been circumcised in Nyanza. But to achieve its goal, the government needs to reach 1 million men with the male circumcision services.

“The government has a role of ensuring that all provinces reach and sustain male circumcision rates of over 80 percent in order to accelerate the attainment of our target of reducing HIV infection rate by 50 percent in the next four years,” said Dr. Kimani.

Government officials realised that they would not be able to reach that goal relying only on medical officers and clinical officers, who are in short supply in most parts of the country, and decided to review the cadres of health providers that could perform male circumcisions.

EngenderHealth, which is conducting a Male Circumcision Consortium study on the provision of male circumcision by non-physician clinicians, including nurses, sponsored training for nurses in the provision of circumcision in early 2009. Since then, these trained nurses have been performing the surgery on a pilot basis, and their work has proved as good as that of the clinical officers and medical officers, reports George Odingo, research officer for EngenderHealth and the Male Circumcision Consortium.

A gender issue?

The Nyanza Reproductive Health Society (NRHS) and the EngenderHealth-led APHIA II Nyanza Project have been training nurses to assist medical officers and clinical officers as they perform male circumcisions, based on the Kenyan government’s clinical manual. Now the nurses will be retrained to perform the procedure themselves.

Most — but not all — of the nurses are women. Some people have questioned whether having a woman perform the procedure would be acceptable to men seeking circumcision.

But Caroline, a clinical officer at a hospital in Nyando District, emphasises that health officers are trained to provide services for both men and women. She received training in male circumcision services from the NRHS team last year. Since then, she has performed more than 100 male circumcisions.

Many of Caroline's male circumcision clients were surprised to find that a woman was going to perform the procedure. But after being assured that she was trained to provide the service, the men had no objections. "They don't care," she said. "They just want to be circumcised."

If a man prefers to be circumcised by a male health officer or male nurse, he can be referred to another facility or to outreach services. But for those who are not concerned about the gender of their provider, trained nurses will soon make it easier for men to obtain circumcision services.

Safe and voluntary medical male circumcision is being provided as part of a comprehensive strategy for HIV prevention alongside other proven methods, including abstinence, being faithful to one partner or having fewer sexual partners, correct and consistent use of condoms, and diagnosis and treatment of sexually transmitted infections.

Male circumcision's benefit to women is indirect

Circumcision of HIV-infected men did not reduce HIV transmission to their uninfected female sexual partners over two years in a randomised controlled **trial** among 159 couples in Uganda (*The Lancet*, 17 July 2009). The trial was undertaken because an earlier observational study had suggested that partners of HIV-positive men were less likely to acquire HIV if the men were circumcised.

The results suggest, but do not confirm, that HIV-infected men who resume sex before the wound from a circumcision has healed may be at increased risk of transmitting the virus. "Strict adherence to sexual abstinence during wound healing and consistent condom use thereafter must be strongly promoted," the authors write.

Because circumcision offers men such strong protection against HIV, it will benefit women indirectly by reducing their exposure to the virus. A **commentary** on the study also published in *The Lancet*, notes that women with circumcised partners are at decreased risk of several sexually transmitted infections.

The authors of both articles support the recommendation of the World Health Organisation (WHO) and the Joint United Nations Programme on HIV/AIDS

(UNAIDS) that HIV testing should be encouraged for all men requesting circumcision, but the procedure should not be refused to HIV-positive men. Excluding men who test positive for HIV or who refuse to be tested could lead to stigmatisation of those men and would deny them the other health benefits of male circumcision, including reduced risk of genital ulcer disease.

Does resuming sex too soon affect circumcised men's risk of HIV?

Male circumcision has been shown to dramatically reduce men's risk of acquiring HIV from a woman, but what if a man resumes having sex too soon after the operation? If his wound has not healed, will he actually be at greater risk of HIV infection?

A combined **analysis** of data from the three randomised controlled trials of male circumcision for HIV prevention that were conducted in Kenya, South Africa and Uganda found no association between early sex after circumcision and HIV acquisition by men. The number of men who became infected with HIV after circumcision was so small, however, that the study did not have the statistical power to completely rule out increased risk of HIV infection with early resumption of sex.

None of the men who reported early resumption of sex had become infected with HIV three months post-circumcision, and men who reported resuming sex early were not more likely to be HIV-positive after three and six months compared to men who did not report early sex. The studies in Kisumu, Kenya, and Rakai, Uganda, also collected data on wound healing, and found no link between incomplete wound healing and HIV seroconversion at six months.

Most men followed the study counselors' instructions and delayed resuming sex after the surgery. In the Kisumu and Rakai trials, more than 94 percent of the men reported being sexually abstinent 42 days post-circumcision.

As WHO and UNAIDS recommend, Kenyan men who are circumcised for HIV prevention are instructed not to resume having sex until after the wound from the surgery has completely healed.

The analysis was published online ahead of print in the 31 July issue of the journal *AIDS*. The lead authors are from the University of Chicago at Illinois, a Male Circumcision Consortium partner.

Circumcision does not reduce risk of 3 non-ulcerative STIs

Male circumcision did not reduce the risk of acquiring three sexually transmitted infections (STIs) — those that cause gonorrhoea, chlamydial infection and

trichomoniasis — among men in a **study** in Kisumu published online ahead of print in the 1 August issue of the *Journal of Infectious Diseases*.

The study analysed data on these non-ulcerative STIs among men participating in one of the three randomised clinical trials (RCTs) that confirmed male circumcision's protective effect against HIV infection. The analysis was conducted by researchers from the University of Nairobi, Illinois and Manitoba (UNIM) Project in Kisumu and the three universities that give the project its name, as well as the US-based research organisation RTI International.

Analysis of data on ulcerative STIs from the two other male circumcision RCTs, which were conducted in **South Africa** and **Uganda**, showed that circumcision offers men partial protection against human papillomavirus and herpes, but not against syphilis.

Male circumcision in the news

South Africa seen to lag in HIV fight

The New York Times, 19 July 2009

AFRICA: Male circumcision slowly taking off

PlusNews, 23 July 2009

For women, circumcised partner may be better lover

ABC News, 20 July 2009

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Country Experiences in the Scale-up of Male Circumcision in the Eastern and Southern Africa Region: Two Years and Counting

This report of a sub-regional consultation, sponsored by WHO and UNAIDS and held in Windhoek, Namibia, 9-10 July 2009, summarises progress reports, lessons from programme experience, and priorities for the next year from nine countries.

Progress in Male Circumcision Scale-up: Country Implementation Update, July 2009

Compiled by WHO and UNAIDS, this table offers an update on the progress made in implementing male circumcision programmes in 12 countries in sub-Saharan Africa.

Evaluation of Impact of Adult Male Circumcision Programs on HIV Incidence and Prevalence: Current Research, Gaps in Knowledge and Recommendations for Additional Research

This report summarises a roundtable discussion convened by the Forum for Collaborative HIV Research, in collaboration with the Bill & Melinda Gates Foundation, WHO and UNAIDS, in October 2008. The purpose of the meeting was to discuss the best ways to measure the potential impact of male circumcision programmes at the population level in different settings.

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.