



# News

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Issue 48

## MCC News

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

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### In this issue:

**Partners Assess MCC Contributions**

**Male Circumcision Does Not Promote Risky Sexual Behaviour**

**Male Circumcision in the News**

**Resources**

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Geoffrey Menego listens to a colleague during a meeting of the Nyanza Provincial Task Force on Male Circumcision.

Photo by Silas Achar/FHI 360

### Partners assess MCC contributions

A project that supported the government of Kenya to expand voluntary medical male circumcision services (VMMC) and reach more than 792,000 boys and men in the past six years ends in August 2014.

From September 2007 to August 2014, the Male Circumcision Consortium (MCC) worked with the Government of Kenya, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and other partners to develop and implement a strategy for scaling up VMMC services to reduce the number of new HIV infections in Kenya and save lives.

Many of those partners agree that the MCC's role as secretariat of the government's national and provincial task forces on male circumcision was critical to the VMMC programme's success.

“MCC was instrumental in forming the Nyanza Provincial VMMC Task Force that spearheaded the rollout of VMMC from the start, when the ground was shaky, to the present when we are firmly on solid ground,” said Professor Kawango Agot, director of Impact Research and Development Organization (IRDO). “I believe that without MCC, Kenya would not have led the rest of Africa in VMMC rollout.”

Funded by a seven-year grant to FHI 360 from the Bill & Melinda Gates Foundation, the MCC included FHI 360, EngenderHealth and the University of Illinois at Chicago (UIC), working with Nyanza Reproductive Health Society (NRHS).

As the MCC drew to a close, its partners in the VMMC programme noted the project's contributions to coordination, guideline development, training, stakeholder engagement, research and communication.

### **Coordination and guidelines**

The MCC's partnership with the government helped provide direction and coordination for the VMMC programme in Nyanza and throughout Kenya, says Dr. Charles Okal, Kisumu County AIDS and STI coordinator and former Nyanza provincial AIDS and STI coordinator.

Dr. Athanasius Ochieng', former VMMC programme manager at the National AIDS and STI Control Programme (NAS COP), agrees. “The government provides policy direction and infrastructure,” he explained. “However, our partners help in implementation of services, and therefore there is need to have a coordinated approach. The MCC has helped to ensure this.”

The MCC has convened the task forces regularly — monthly at first and later quarterly — since the programme began in 2008. “MCC brought together the MOH leadership, community stakeholders and implementing partners at one table to plan, execute, monitor and celebrate the achievements of the programme,” said

Professor Agot of IRDO.

MCC Senior Manager Mathews Onyango notes that the task force approach championed by the MCC is now considered a “best practice.” He adds that “it is now being applied in scaling up interventions to address other health issues, such as prevention of mother-to-child transmission of HIV, tuberculosis and leprosy, and HIV/AIDS care and treatment.”

To further support the scale up of VMMC, the MCC also worked with the government and other partners to develop programme guidelines. These included guidelines on providing male circumcision under local anaesthesia, programme monitoring and evaluation guidelines, a quality assessment tool and a communication strategy.

### **Capacity building and training**

The University of Nairobi, Illinois and Manitoba (UNIM) Research and Training Center of the Nyanza Reproductive Health Society (NRHS) in Kisumu was the site of one of the three randomised clinical trials that showed conclusively that medical male circumcision reduces a man’s chances of becoming infected with HIV through vaginal sex.

Starting in 2007, in preparation for the launch of Kenya’s VMMC programme, the MCC supported the expansion of UNIM to train providers in VMMC service provision, build the capacity of health facilities and monitor clinical outcomes.

With that support, UNIM became a national VMMC training center. By December 2013, through direct training and training of trainers, UNIM had trained 3,159 VMMC providers.

### **Research studies**

The results of 17 operational research studies conducted by the MCC partners have been disseminated in various forums and discussed with task force members so that they could inform the scale up of VMMC in Kenya.

For example, a study on the safety of adult medical circumcision provided by non-physician clinicians influenced a change in government policy to allow trained nurses to perform the procedure. The government is considering the results of MCC assessments of the safety and acceptability of the PrePex and Shang Ring

devices as it determines whether to introduce them into the VMMC programme. And MCC studies have assessed the feasibility and acceptability of introducing early infant male circumcision services in health facilities as the national programme transitions from focusing on adult men to males of younger ages.

MCC-supported research has also assessed the impact of the VMMC programme to date. The Circumcision Impact Survey, a series of household surveys conducted in Kisumu from 2008 to 2013, found that the percentage of men in Kisumu who are circumcised nearly doubled during the first five years of Kenya's programme. And researchers from UIC recently published results showing that men did not engage in riskier sexual behaviour after circumcision ([see story below](#)).

Dr. Elijah June Odoyo, currently the technical lead for VMMC at the US Centers for Disease Control and Prevention (CDC) in Nairobi, says that through these studies and dissemination of their results, "the MCC has cultivated a culture where evidence guides programming."

### **Engaging stakeholders**

In 2009, an assessment of information needs guided the development of communication strategies and materials. Initially, the introduction of VMMC services met with resistance, because the majority ethnic group in Nyanza — the Luo — do not have a tradition of male circumcision.

To address concerns and clarify misconceptions about VMMC, the MCC organised meetings to engage elders, local leaders, women's and youth groups and other local stakeholders in a dialogue about male circumcision for HIV prevention. These efforts bore fruit, and the Luo Council of Elders and then Prime Minister Raila Odinga asked the community to embrace male circumcision to help reduce the high prevalence of HIV in the Nyanza region.

Each year, the MCC convened a large meeting of local stakeholders in Nyanza to update them on the programme, address concerns and questions, and discuss innovative ideas for VMMC scale up.

### **Media engagement**

Surveys show the media is an important source of health information for many Kenyans. The MCC partnered with Internews Kenya and trained more than 60

journalists in reporting on VMMC. Continuous outreach to these journalists, through channels such as this newsletter, briefings, phone calls and one-on-one meetings, has helped encourage frequent, balanced and accurate media coverage of VMMC.

“The MCC consistently provided accurate and timely information,” said Dickson Odhiambo, a journalist and former reporter for the *People Daily* newspaper. “This enabled us to publish accurate information to the public and help the programme in achieving its goals.”

An independent analysis of stories about VMMC in print media, conducted for PEPFAR, found that Kenya was the only country in eastern and southern Africa where none of the coverage over nine months in 2012 was negative.

### **Lessons learnt**

The Ministry of Health has many other programmes competing for its attention, notes Dr. Ojwang’ Lusi, Kisumu county director of health services and chairperson of the Nyanza Intercounty Task Force on Male Circumcision. Having a partner such as the MCC that was dedicated to supporting the implementation of the VMMC strategy, he says, helped ensure that this new HIV prevention intervention received priority attention.

“MCC harnessed the potential of every VMMC partner, bringing them together to have a common referral point in the form of the task force,” Dr. Lusi said.

Dr. Lusi notes that such coordination may be more challenging now that the new county governments are assuming responsibility for VMMC implementation and the MCC is ending. He hopes that one of the enduring lessons of the MCC will be continued attention to coordinating the work of all VMMC implementing partners.

### **Male circumcision does not promote risky sexual behaviour**

Men do not engage in riskier behaviours after they are circumcised, according to a **study** conducted in Nyanza, Kenya.

Although three clinical trials have shown that male circumcision significantly reduces men’s chances of acquiring HIV infection through vaginal sex, concerns remain that promoting male circumcision for HIV prevention might lead to

decreases in condom use or increases in other risky sexual behaviour.

This potential effect, known as “risk compensation,” could diminish the effectiveness of voluntary medical male circumcision (VMMC) programmes.

The new study, published online July 21 in the journal *AIDS and Behavior*, is the first population-level study of risk compensation associated with adult male circumcision over time.

With support from the Male Circumcision Consortium, principal investigator Nellie Westercamp and colleagues from the University of Illinois at Chicago (UIC), the University of Nairobi and Impact Research and Development Organization conducted the study from 2008 to 2010 among 3,186 uncircumcised men. Half of the men were circumcised shortly after their baseline assessment, and half chose to remain uncircumcised.

The men, ages 18 to 35, were assessed every six months for two years. They were asked about their perceived risk of acquiring HIV, sexual behaviours and condom use.

Sexual activity increased equally in the circumcised and uncircumcised men, particularly among those 18 to 24 years old. But despite an increase in sexual activity, all other sexual risk behaviours declined in both study groups, and condom use increased. Risky behaviours, which included engaging in sex in exchange for money or gifts, sex with a casual partner, or having multiple sex partners, declined considerably among both groups.

Men who were circumcised often perceived they had reduced their risk of acquiring HIV. Thirty percent considered themselves high-risk before circumcision, while just 14 percent considered themselves so after. The proportion of uncircumcised men who considered themselves at high risk also dropped, from 24 percent to 21 percent. However, these differences in perception of risk did not translate into differences in risky behaviour over the two years of the study.

The study "provides the best evidence to date that concerns about risk compensation should not impede widespread implementation of voluntary male medical circumcision programmes," said the study's senior author, Robert Bailey, professor of epidemiology at UIC.

## **Male circumcision in the news**

### **Men, take a step to stop spread of AIDS**

*The Star*, 15 August

### **New HIV rate 20% lower in women with circumcised partners**

IAS, 28 July

### **Male cut doesn't increase promiscuity, study reveals**

*The Standard*, 25 July

### **AIDS circumcision campaign boosted by new evidence**

AFP, 21 July

## **Resources**

### **Scale Up of Voluntary Medical Male Circumcision for HIV Prevention in Africa**

An update on the progress toward scale-up of voluntary medical male circumcision (VMMC) in 14 priority countries documents a dramatic increase in African men choosing medical male circumcision from 2008 to 2013. This two-page fact sheet also describes what needs to be done to step up the pace of scale-up so that the full potential of VMMC for HIV prevention can be realized.

### **Engaging the Kenyan Media to Inform the Public about Male Circumcision for HIV Prevention**

The MCC's media engagement strategy enabled the project team to build and maintain relationships with journalists, respond quickly to misinformation and encourage accurate, balanced reporting on voluntary medical male circumcision in Kenya. This report describes the strategy, its implementation and the results.

### **Voluntary Medical Male Circumcision at AIDS 2014**

Voluntary medical male circumcision (VMMC) was highlighted in more than 80 presentations and abstracts at the 20th International AIDS Conference (AIDS 2014) in Melbourne, Australia, from 20 to 25 July.

### **Safety, Effectiveness and Acceptability of the PrePex Device for Adult Male Circumcision in Kenya**

This MCC-supported study among 427 men ages 18 to 49 in Nyanza, Kenya, assessed the safety, effectiveness, and acceptability of the PrePex device for adult

medical male circumcision in routine service delivery.

**[www.malecircumcision.org](http://www.malecircumcision.org) — New Demand Creation Resources**

Dozens of resources from the former Creating Demand for Voluntary Medical Male Circumcision (VMMC) website are now available on the **Clearinghouse on Male Circumcision for HIV Prevention**. They include materials from **demand creation campaigns** in priority countries, case studies of **promising practices** in VMMC demand creation, and a **video** and **reports** on a regional meeting held last year in Zambia. To receive regular updates from the Clearinghouse, click **here**.

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The **Male Circumcision Consortium** works with the Government of Kenya and 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](mailto:mccinfo@fhi360.org); also, please indicate whether you want to continue receiving this e-newsletter regularly.**