

Connecting research to practice: Voluntary medical male circumcision for HIV prevention

FHI 360 leads the Male Circumcision Consortium, a partnership that works to reduce the number of new HIV infections in Kenya, and helped the Kenyan government develop and implement a national VMMC strategy.

FHI 360 experts working to expand access to male circumcision for HIV prevention include clinical, behavioral and social scientists; health economists; health services researchers; communication specialists; and experts in program design and implementation.

Conclusive studies have identified voluntary medical male circumcision (VMMC) as a powerful tool for HIV prevention that could avert millions of HIV infections and save US\$16.5 billion in HIV treatment costs by 2025.¹

FHI 360 works with national health services, community-based and international organizations, and universities to translate VMMC evidence into public health policies and programs through technical support, research and communications.

Technical support to programs

FHI 360 leads the Male Circumcision Consortium (MCC), which works with the Government of Kenya, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and other partners to expand access to and improve the quality of VMMC services. Supported by a seven-year, US\$18.5 million grant to FHI 360 from the Bill & Melinda Gates Foundation, the consortium includes EngenderHealth and the University of Illinois at Chicago, working with the Nyanza Reproductive Health Society.

The MCC partnership is highly successful. Kenya is recognized as an international leader in VMMC services, outpacing other countries in progress toward its national goal — in Kenya's case, 94 percent prevalence of adult male circumcision (MC). Surveys in 2007 and 2012 found that MC prevalence rose from 85 percent to 91 percent nationally and from 48 percent to 66 percent in the priority region of Nyanza.

While FHI 360's work through MCC focuses primarily on Nyanza, lessons learned and experiences inform VMMC efforts in other countries. Staff worked with in-country stakeholders in Uganda to apply the World Health Organization situation analysis tool, which provides information about how to promote VMMC.

In Zambia, FHI 360 supports the government's scale-up of VMMC services through the Zambia Prevention, Care, and Treatment II Partnership (ZPCT II), funded by the U.S. Agency for International Development (USAID), and the Zambia Defense Forces Prevention, Care, and Treatment project, funded by the U.S. Department of Defense. FHI 360 provides technical support to the national MC technical working group, works with the University Teaching Hospital in Lusaka to train trainers and frontline VMMC service providers, and procures surgical instruments. By June 2014, ZPCT II had trained and mentored more than 300 VMMC service providers at 55 health facilities in six of the country's ten provinces, and project-supported sites had performed almost 90,000 male circumcisions out of 600,000 nationwide.

In Mozambique, FHI 360 supports the provision of VMMC services at eight sites in two provinces as part of a project led by Abt Associates and funded by USAID to strengthen HIV/AIDS clinical services. The project began with an extensive needs assessment of the sites, followed by renovations, training, procurement of commodities and demand creation activities to prepare for introduction of VMMC services in August 2014. FHI 360 focuses on the sustainability of the program by relying primarily on Ministry of Health (MOH) staff, offering services within MOH facilities and collaborating with the MOH on joint supervision and quality assurance.

Research to improve services

FHI 360 works with governments and other partners to use research results to improve the reach and impact of VMMC programs. In Kenya, FHI 360 conducted a capacity assessment that helped policymakers make decisions about private-sector involvement. To create effective public health messages, FHI 360 studied how men and women understand the concept of "partial protection" against HIV infection.²

Our research has identified barriers to VMMC for men ages 18 to 35 years and interventions to address those barriers.³ A randomized controlled trial conducted by the Carolina Population

About FHI 360: FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender equality, youth, research, technology, communication and social marketing — creating a unique mix of capabilities to address today's interrelated development challenges. FHI 360 serves more than 70 countries and all U.S. states and territories.



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Center, Impact Research and Development, and FHI 360 is evaluating one such intervention — the effectiveness of giving clients food vouchers to cover financial costs associated with the procedure.

In Uganda, FHI 360 examined how practitioners of traditional male circumcision, clan leaders and health care providers perceive current VMMC programs. The results will inform Ugandan policies and strategies for introducing VMMC services in areas where traditional male circumcision is practiced.

FHI 360 receives support from the Bill & Melinda Gates Foundation to lead studies evaluating two devices that could dramatically increase the efficiency and acceptability of VMMC services. PrePex is a nonsurgical device for MC that eliminates the need for injected anesthesia and suturing. The ShangRing involves a minimally invasive technique that also does not require suturing.

In Kenya and Zambia, FHI 360 led a randomized trial to compare MC performed with the ShangRing with conventional surgical procedures, followed by a larger field study of the device.⁴⁻⁷ Additional ShangRing studies are planned for Zambia and Malawi. We also led the evaluation of the safety, effectiveness and acceptability of the PrePex device in routine service delivery in western Kenya and are conducting a similar study in Zambia.⁸

FHI 360 is paving the way for rapid introduction of new MC devices in VMMC programs. In Kenya, our experts helped design the active surveillance activities for the introduction of PrePex and developed a research-driven communication strategy to promote device-assisted VMMC. This work will help ensure rapid translation of the research into practice as the devices are proven and approved.

Communications to support VMMC acceptance

FHI 360 communication experts promote understanding of how VMMC can prevent HIV. In Kenya, an assessment of information needs guided the development of communication strategies and materials.⁹ FHI 360 provided training to government officials and partners who communicate with the media and helped the Kenya MOH dispel misconceptions about MC. Continued outreach to the more than 60 journalists we trained has resulted in frequent and largely positive and accurate media coverage of VMMC. An independent analysis of VMMC stories 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.

FHI 360 administers the website for the Clearinghouse on Male Circumcision for HIV Prevention, a resource to improve global access to information on VMMC.

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