MALE CIRCUMCISION CONSORTIUM

MCC MALE CIRCUMCISION CONSORTIUM News

July 2010
Issue 16

MCC News

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

In this issue:

Peter Cherutich, head of HIV prevention for the Kenya National AIDS/STI Control Programme, gives a presentation about male circumcision at the International AIDS Conference.
Photo by Merywen Wigley, FHI

Special Report: Male Circumcision at the International AIDS Conference

Study finds male circumcision offers sustained protection

Male circumcision's protective effect against HIV infection appears to be a lasting one, researchers from the Universities of Nairobi, Illinois, and Manitoba (UNIM) Project reported at the XVIIIth International AIDS Conference in Vienna, Austria.

Results from their ongoing study, presented during a 23 July "late-breaker" session of the most recent HIV research findings, revealed a 66 percent reduced risk of HIV infection among circumcised men compared to uncircumcised men after four-and-a-half years of follow-up.

The study follows a cohort of about 1,500 men who participated in the randomised

controlled trial of male circumcision that was conducted in Kisumu. That trial, and similar trials in South Africa and Uganda, showed that that being circumcised reduces a man's chances of acquiring HIV infection from a female partner by about 60 percent.

"In the follow-up study, we found that this protective effect is clearly sustained, and possibly even strengthened, over time," said principal investigator Prof. Robert Bailey of the University of Illinois at Chicago, who presented the results in Vienna.

The three randomised trials were stopped early after 18 or 24 months of follow-up when it became clear that male circumcision offered men significant protection against HIV infection, leaving open the question of whether that protective effect is sustained over time.

Prof. Bailey and his colleagues at the UNIM Project have been conducting the follow-up study, with funding from the Division of AIDS of the United States National Institutes of Health and the Canadian Institutes for Health Research, to find out whether male circumcision offers long-term protection against HIV.

In Kenya 767 circumcised men and 785 uncircumcised men who had participated in the trial agreed to take part in the follow-up study and be tested for HIV and other sexually transmitted infections twice a year. At 54 months, 1,469 of the 1,552 men remained in the study.

Male circumcision highlighted at Vienna conference

Kenya's voluntary medical male circumcision (VMMC) programme drew worldwide attention after Microsoft founder Bill Gates gave a speech at the XVIIIth International AIDS Conference in Vienna, Austria, calling for the expansion of cost-effective HIV prevention strategies such as male circumcision.

In a keynote speech on July 19, Gates cited the example of Kenya's Rapid Results VMMC campaign to illustrate cost-effectiveness in HIV prevention. And throughout the 18-23 July conference, Kenya's programme continued to be at the forefront of discussions about male circumcision.

Cost-effective prevention

Making the most of the resources available for HIV prevention in a time of global economic crisis was one of the themes of speeches by Gates and former US president Bill Clinton.

The first step, Gates said, is to scale up interventions, such as male circumcision

and prevention of mother-to-child transmission, that are "cheap, effective, and easy to apply." He added that these two interventions are so cheap and effective that it is more expensive *not* to pursue them.

Gates cited Kenya's experience with the Rapid Results Initiative on male circumcision as an example of cost-effective HIV prevention. "In a single month last year in Kenya, 36,000 men were circumcised, and this cost 1.4 million dollars," he said. "If these men had not been circumcised, and later some of them became infected with HIV at the prevailing rate for uncircumcised males in that country, treating them would have cost the government over ten times as much."

Modelling studies suggest that cost-effectiveness increases with the speed at which male circumcision programmes are rolled out, because faster scale-up leads to greater impact—not only for men, but also for women through reduced exposure to HIV. The sooner these programmes can reach a large proportion of the uncircumcised men and begin reducing HIV infections on a wide scale, the more lives will be saved, explained Dr. Jason Reed of the US Centres for Disease Control and Prevention at a satellite meeting on male circumcision sponsored by FHI and PSI.

In Swaziland, for example, reaching the programme's goal of circumcising 80 percent of uncircumcised men in five years would avert about 64,000 new HIV infections in men and women over 15 years. But if that goal could be achieved in one year, male circumcision would prevent 88,000 new infections in that time.

Lessons from scale-up

The FHI-PSI satellite meeting and several conference sessions provided opportunities to discuss the challenges programmes face as they expand access to medical male circumcision, including staff shortages, misperceptions that male circumcision provides complete protection from HIV, and difficulties in mobilising men once the "early adopters" have been circumcised. Participants shared lessons they had learned about addressing these challenges in African countries such as Kenya, South Africa, and Zimbabwe.

After his presentation about Kenya's experience in scaling up VMMC services, Dr. Peter Cherutich of the National AIDS/STI Control Programme (NASCOP) was asked how Kenya had been able to circumcise so many men and boys in a relatively short time. (At least 120,000 men and boys have taken advantage of Kenya's free VMMC services since October 2008.)

Dr. Cherutich, head of HIV prevention at NASCOP, emphasized the role of strong government leadership and partnerships between government agencies and nongovernmental organisations. "Having people from the government and the

partners who dedicate 100 percent of their time to VMMC scale-up has been important," he said.

The government's leadership enabled Kenya to become the only country in sub-Saharan Africa so far to train nurses to perform male circumcisions. This policy decision was essential to expanding access to the surgery in a country with chronic shortages of physicians and clinical officers.

In South Africa's and Zimbabwe's programmes, male circumcision must be performed by a physician or clinical officer, but the surgeons and nurses share other tasks to improve the reach and efficiency of male circumcision services. In both countries teams of health care providers work together in open-plan operating theatres on the circumcision of several clients at a time.

In Zimababwe, this model of service delivery has increased the number of circumcisions that a five-person team can perform in an hour from one or two to eight to 10. Likewise, in South Africa, more efficient organisation of the surgical process, task shifting, and use of standardised male circumcision kits has enabled three teams of one doctor and four nurses each to perform up to 150 circumcisions a day.

In a presentation at the conference and a 20 July **article** in the journal *PLoS Medicine,* the researchers who carried out the randomised controlled trial of male circumcision in South Africa reported on the subsequent experience of the "Bophelo Pele" project at the trial site in Orange Farm. From January 2008 to November 2009, 14,011 men—almost 40 percent of uncircumcised adult males in the community—had been circumcised, and the rate of complications after surgery was low at 1.8 percent.

"This study demonstrates that a quality AMC [adult male circumcision] roll-out adapted to African low-income settings is feasible and can be implemented quickly and safely according to international guidelines," the authors of the study concluded.

Male circumcision in the news

600 men and boys undergo cut in AIDS war
Daily Nation, 26 July

Bill Gates maps the way to more effective HIV prevention
Aidsmap, 21 July

Rolling out male circumcision requires community engagement, task

shifting and streamlined procedures
Aidsmap, 21 July

Gel and circumcision: New anti-HIV tools for women
Earth Times, 21 July

African men line up to lose their foreskins to prevent AIDS, studies show
Bloomberg, 20 July

Gates, Clinton Call For Cost-Effective Strategies in AIDS Fight
The Wall Street Journal, 19 July

Great Strides in the AIDS Response—and a Need to Continue Moving Forward Together
Huffington Post, 16 July

Resources

Progress Report on Kenya's Voluntary Medical Male Circumcision Programme 2008-09: Summary
This report summarises the challenges, achievements, and lessons learned from Kenya's experience in expanding access to male circumcision for HIV prevention. It is a summary of a longer report on the Kenyan programme that will be available in the coming months.

Quality Assurance for Male Circumcision Services Training Package, 2010
This training package is designed to help facility and programme managers conduct workshops on quality assurance and facilitate the provision of safe, high-quality male circumcision services.

38 million by 2015: Strategies for the Scale-up of Male Circumcision Services
Presentations are available from this meeting, which was organized by FHI and PSI as a satellite session at the XVIIIth International AIDS Conference in Vienna.

CAPRISA 004 Tenofovir Gel Trial Results
This groundbreaking study found that the use of a gel containing the antiretroviral drug tenofovir reduced women's risk of acquiring HIV infection and genital herpes. A press release, fact sheets, videos, and other materials describe the trial and explain the results.

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), EngenderHealth, 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@fhi.org**; also, please indicate whether you want to continue receiving this e-newsletter regularly.