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Issue 2

## MCC News

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

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Wycliffe Omondi, head of training at the UNIM Research and Training Centre, advises trainees as they practice male circumcision techniques during a training course on male circumcision for HIV prevention. Photo by Ren Kolka

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### Centre Leads in Building Providers' Capacity

Since March 2008, the Nyanza Reproductive Health Society (NRHS) has trained more than 400 healthcare providers to offer safe, voluntary male circumcision services at health facilities throughout Nyanza Province.

The NRHS works with the Male Circumcision Consortium — a partnership between Family Health International, EngenderHealth, and the University of Illinois at Chicago — to support the Government of Kenya's initiative to improve services and expand access to male circumcision for HIV prevention nationwide.

Most of the training is conducted at the University of Nairobi, Illinois and Manitoba (UNIM) Research and Training Centre in Kisumu, site of one of the

three landmark studies that validated male circumcision as an effective strategy in reducing the spread of HIV. NRHS also has five mobile training teams who conduct training at selected public health facilities.

The training programme ensures that circumcision providers are not just trained in the surgical procedure for male circumcision, but are also given the information and skills necessary to provide circumcision as part of a comprehensive package of HIV prevention services. The training usually involves a team composed of a medical or clinical officer, a nurse, a counsellor, and a hygiene officer. Based on the Kenyan government's clinical training manual, the programme consists of two days of classroom learning followed by six to eight days of practical training.

During the practical sessions each clinical trainee observes two circumcision procedures and assists with another before performing the surgery with the assistance of a trainer. The trainee then performs 20 more circumcisions under supervision and is evaluated using a competency-level checklist.

To be rated competent, a medical or clinical officer must complete 20 circumcisions and a nurse must assist with 20 of the procedures. They must demonstrate that they have mastered the surgical guidelines, client screening, and the counselling skills to inform clients of the risks and benefits of circumcision. A counsellor must be able to offer in both group and individual settings pre- and post-test HIV counselling, as well as counselling about proper wound care, delay of resumption of sex until full wound healing, the partially protective effect of circumcision, and HIV risk reduction. A hygiene officer must demonstrate the ability to sterilize the surgical theatre and equipment properly and to package and store the instruments correctly.

Some providers receive an additional week of training to enable them to train others in male circumcision for HIV prevention. These trainers then work in mobile teams, travelling to different facilities to build the capacity of healthcare providers.

NRHS staff members conduct quarterly quality assurance visits to ensure that former trainees maintain high-quality standards. Emma Llewellyn, project coordinator of the Society's male circumcision programme, reports that the majority of the circumcisions done in Nyanza have been performed by personnel trained either at UNIM or by the NRHS training teams.

## **Male Circumcision May Protect Men from HPV**

Male circumcision may reduce men's chances of becoming infected with human

papillomavirus (HPV), according to two studies published in the 1 January 2009 issue of the *Journal of Infectious Diseases*.

But scientists say more evidence is needed to confirm that male circumcision offers some protection against HPV, a sexually transmitted infection that can cause penile cancer in men and cervical cancer in women.

One **study** analyzed data on HPV prevalence among 637 circumcised men and 627 uncircumcised men participating in a randomised controlled trial (RCT) of male circumcision for HIV prevention in Orange Farm, South Africa.

The results showed that compared to the uncircumcised men, the circumcised men were 34 percent less likely to be infected with one of the types of HPV that have been linked with a high risk of cervical cancer. These findings did not change when the study accounted for other factors that could affect the risk of HPV, such as age, marital status, HIV status, or sexual behavior.

**The second study**, which analyzed HPV prevalence by circumcision status among 463 men from two US cities, also found evidence that male circumcision offers partial protection from HPV. But this was an observational study (a type of study design that yields less definitive results than an RCT), and only 16 percent of the participants were uncircumcised.

Other observational studies on HPV and male circumcision have not produced consistent evidence of a protective effect, Dr. Ronald Gray and his colleagues note in a **commentary** published in the same issue of the journal. Therefore, they conclude, it would be premature to promote circumcision for HPV prevention in men and as a way to protect their female sex partners from infection.

Analyses of HPV data from the randomised trials of male circumcision and HIV prevention conducted in Kisumu, Kenya, and Rakai, Uganda, are expected to help answer the question of whether male circumcision protects men from penile HPV infection.

## **HIV Conference Highlights Male Circumcision**

Members of the Male Circumcision Consortium (MCC) gave five presentations at the 2009 Annual Meeting of the University of Nairobi Collaborative Centre for Research and Training in HIV/AIDS/STIs, which took place in Nairobi January 26-30.

The results of an extended follow-up of men in the Kisumu male circumcision trial, presented by Prof. Robert Bailey of the University of Illinois at Chicago, show that the protective effect of circumcision against HIV infection was sustained over more than three years. By 42 months, the risk of becoming infected with HIV was reduced by 64 percent among circumcised men, compared to a 59 percent reduction at 24 months.

Dr. Mores Loolpapit of Family Health International reported on progress in rolling out the national male circumcision programme. By the end of 2008, the national programme had officially been launched by the Ministry of Health and two essential documents — the *National Guidance for Voluntary Male Circumcision in Kenya* and *A Clinical Manual for Male Circumcision under Local Anaesthesia* — had been developed. In addition, several research studies had received clearance and had begun by January 2009.

Two of the presentations examined studies carried out in 2009 to guide the introduction of the national programme, beginning in Nyanza Province. Emma Llewellyn of the Nyanza Reproductive Health Society presented the findings of an assessment of the province's health facilities and the resources available for comprehensive male circumcision services. Meeting the expected demand for male circumcision will require allowing nurses to perform the procedure, according to an assessment of human resource capacity and training needs presented by George Odingo of EngenderHealth.

The final MCC presentation by Dr. Mwendu Mbondo of FHI described a planned study to assess the feasibility of involving private health facilities in providing circumcision services and the actual cost of the service. The five presentations generated a great deal of interest and some thought-provoking discussions among meeting participants.

## **Resource**

### **New Web Site on Male Circumcision for HIV Prevention**

The World Health Organization, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the AIDS Vaccine Advocacy Coalition (AVAC), and FHI launched a new Web site — the Clearinghouse on Male Circumcision for HIV Prevention — on 23 February. The Web site; [www.malecircumcision.org](http://www.malecircumcision.org), is a collaborative effort to generate and share information resources with the international public health community, civil society groups, health policy makers, and programme managers.

Please send questions or comments to [mccinfo@fhi.org](mailto:mccinfo@fhi.org).