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Issue 8

## MCC News

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

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Provincial Commissioner Francis Mutie speaks at the launch of the Rapid Results Initiative in Kisumu, calling on health care workers to “redouble their efforts.”

*Photo courtesy FHI*

## Nyanza mobilises for rapid results

On 9 November provincial health officials and their partners launched an ambitious effort to accelerate the provision of voluntary medical male circumcision (VMMC) for HIV prevention and meet the rising demand for this service in Nyanza Province.

This Rapid Results Initiative (RRI) will increase access to VMMC by mobilising all qualified health care providers to offer the service at government health facilities, mission hospitals, and selected outreach sites from 9 November to 20 December. Health officials expect to circumcise about 30,000 men through the initiative.

Speaking at the launch of the RRI, Nyanza Provincial Commissioner Francis Mutie praised the accomplishments of the VMMC programme in Nyanza, which has trained more than 700 health workers and circumcised more than 40,000 men in the past year.

“We are proud that Nyanza has taken the lead not only in Kenya, but in Sub-Saharan Africa, in implementing VMMC for HIV prevention,” he said. “This has been possible due to the combined efforts and support of political and local leaders, elders, the media, community members and many health care providers dedicated to slowing the spread of HIV.”

Nevertheless, Mutie added, more needs to be done. The goal of the national VMMC programme is to provide circumcision to 80 percent of uncircumcised men in Kenya (about 1.1 million men) by 2013. About half of those men are expected to be from Nyanza, which has the lowest rate of male circumcision in the country.

If Nyanza meets this goal, an estimated 900,000 HIV infections could be prevented, among men and women, over 20 years.

“The sooner we provide comprehensive VMMC services to men who wish to become circumcised, the more HIV infections we will prevent,” he explained. “That is why we are redoubling our efforts to make VMMC available through the Rapid Results Initiative.”

VMMC is being offered in government health facilities and mission hospitals and at selected mobile sites, such as schools, throughout Nyanza.

All VMMC services are offered free of charge under the safest conditions. Clients who choose to become circumcised receive the full package of HIV prevention services, which includes counselling about the procedure and other HIV prevention measures, condom supplies, testing for sexually transmitted infections (STIs), STI treatment, if necessary, and the opportunity to receive HIV counselling and testing.

The initiative is coordinated by the Provincial Task Force on Male Circumcision for HIV Prevention, which is made up of representatives of the provincial health ministries and all of the development organisations working with government to expand access to VMMC in Nyanza.

The task force has arranged to expand access to these services in 11 districts. The public is being informed of the specific venues through various media.



A march through Kisumu helped publicise the launch of the Rapid Results Initiative.

*Photo by Silas Achar*

## **Kenya's programme serves as model for Africa**

Health officials and programme managers from four African countries visited Kenya during the week of 9-13 October to learn first hand from the experience of the country's voluntary medical male circumcision (VMMC) programme.

The visit by teams from Botswana, Swaziland, Tanzania, and Mozambique was the first in a series sponsored by the World Health Organization (WHO) and other agencies to encourage health officials from African countries to share their experiences in the implementation of male circumcision for HIV prevention.

The visitors toured various project sites in Nyanza, which is the first province to implement the VMMC programme in Kenya. They also met with members of the national and provincial task forces on male circumcision to discuss the challenges their programmes face and the lessons learned so far.

The visitors remarked on how innovative the programme was, noting its efficient use of limited space and the training of clinical officers and nurses, as well as physicians, to perform circumcisions. They were also impressed by the strong community support that the programme enjoys, even though Nyanza is predominantly a non-circumcising community, and by the collaboration between the government and its implementing partners.

Dr. Luke Nkisi of the Bill & Melinda Gates Foundation, which is one of the sponsors of the exchange, said that the foundation and the other sponsors plan to bring VMMC implementers together annually through learning visits and regional meetings. “We are working together with other donor agencies to avoid duplication of efforts in programmes,” he said.

## **Male circumcision and women’s risk of HIV**

The available data are not sufficient to determine whether circumcision of male partners directly reduces women’s risk of acquiring HIV, scientists conclude in a [review](#) published in the November 2009 issue of *The Lancet Infectious Diseases*.

This meta-analysis of the data from seven studies showed little evidence of a direct effect. The most rigorous of the studies, a randomised controlled trial, was unable to recruit enough serodiscordant couples (couples with one HIV-positive partner and one HIV-negative partner) to detect a protective effect against the virus. The six observational studies produced inconsistent results, likely because of the limitations of this type of study.

The authors write that women will benefit indirectly from male circumcision as a result of reduced exposure to HIV and some other sexually transmitted infections, and this benefit will increase over time as more men seek additional protection against HIV by becoming circumcised.

In Nyanza Province, for example, mathematical models estimate that if 80 percent of uncircumcised men became circumcised over 10 years, HIV prevalence would drop from 22 percent to 10 percent among women and from 17 percent to 7 percent among men. About 900,000 HIV infections—among both women and men in Nyanza—would be averted over 20 years.

## **Male circumcision in the news**

### **The million man cut**

*PlusNews*, 18 November 2009

### **The foreskin surface area matters in HIV/AIDS prevention**

*Daily Monitor*, 21 October 2009

## Resources

### **Pioneering HIV Prevention Strategies in Rural Kenya: a Case Study of Marie Stopes International's Male Circumcision Outreach Project**

This case study describes a pilot project that used a new outreach model to provide male circumcision services to more than 5,300 men and adolescents in Nyanza Province in western Kenya from June 2007 to December 2008. It includes recommendations for other programmes seeking to expand access to male circumcision.

### **Implications of Medical Male Circumcision for Women: e-Discussions Summaries and Recommendations**

Evidence has shown that medical male circumcision can be an effective HIV prevention strategy, but questions remain about the implications of this strategy for women. This report summarises a series of electronic discussions about those questions held on four different e-forums from 7 August to 30 September 2009. It also makes recommendations for planning future e-discussions about male circumcision and other ways of encouraging dialogue on male circumcision through the **Clearinghouse on Male Circumcision for HIV Prevention**.

**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.

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