

Male Circumcision and HIV Prevention: Experience with the Rwanda Defense Forces (RDF)

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Presentation Outline

- Background on HIV/AIDS in Rwanda
- MC Programming within the RDF
 - Rationale
 - Key Activities
- Lessons Learned



Rwanda

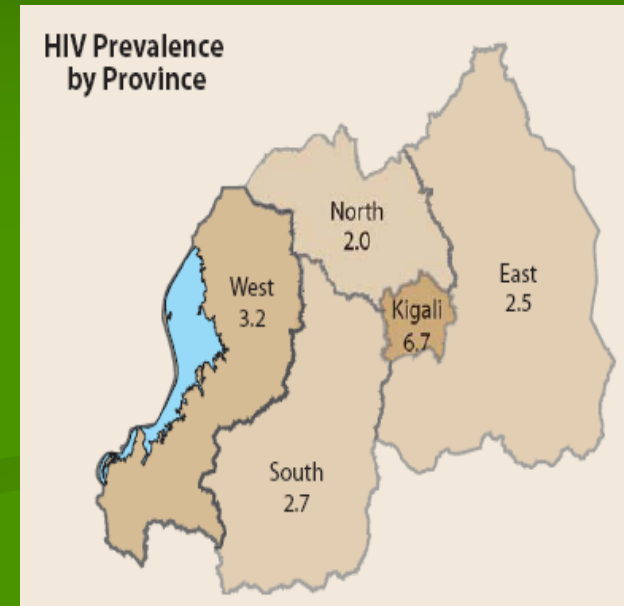
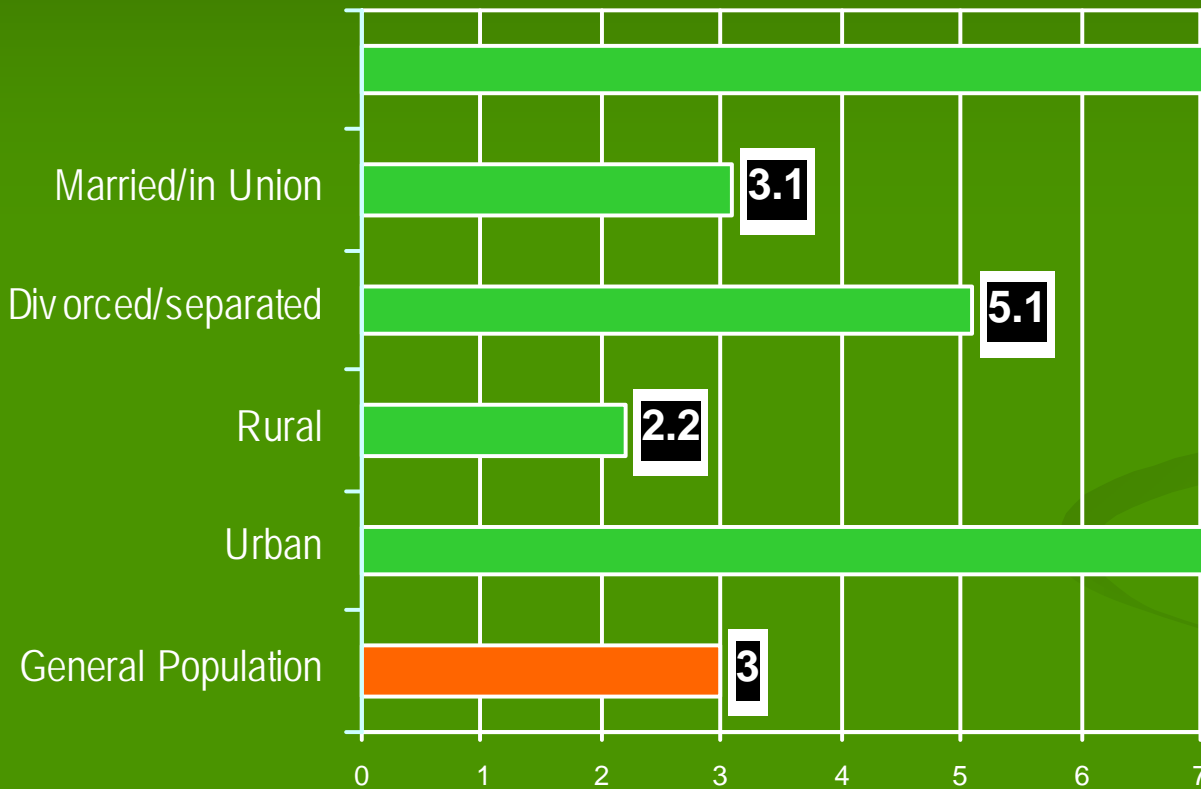
Border countries

- Dem Rep of Congo
- Uganda
- Tanzania
- Burundi



HIV/AIDS in Rwanda

HIV Prevalence in Rwanda: 3%



Prevalence of HIV within the Rwandan Defense Force: 4.5%

Source: RDHS 2005



HIV Prevalence in Rwanda

- ❑ Adults and children (ages 0-49) living with HIV: 150,000⁽¹⁾
- ❑ AIDS deaths (adults and children): 7, 800⁽¹⁾
- ❑ AIDS orphans: 220,000⁽¹⁾

(1) UNAIDS Report on Global AIDS Epidemic 2008



Male circumcision (MC)

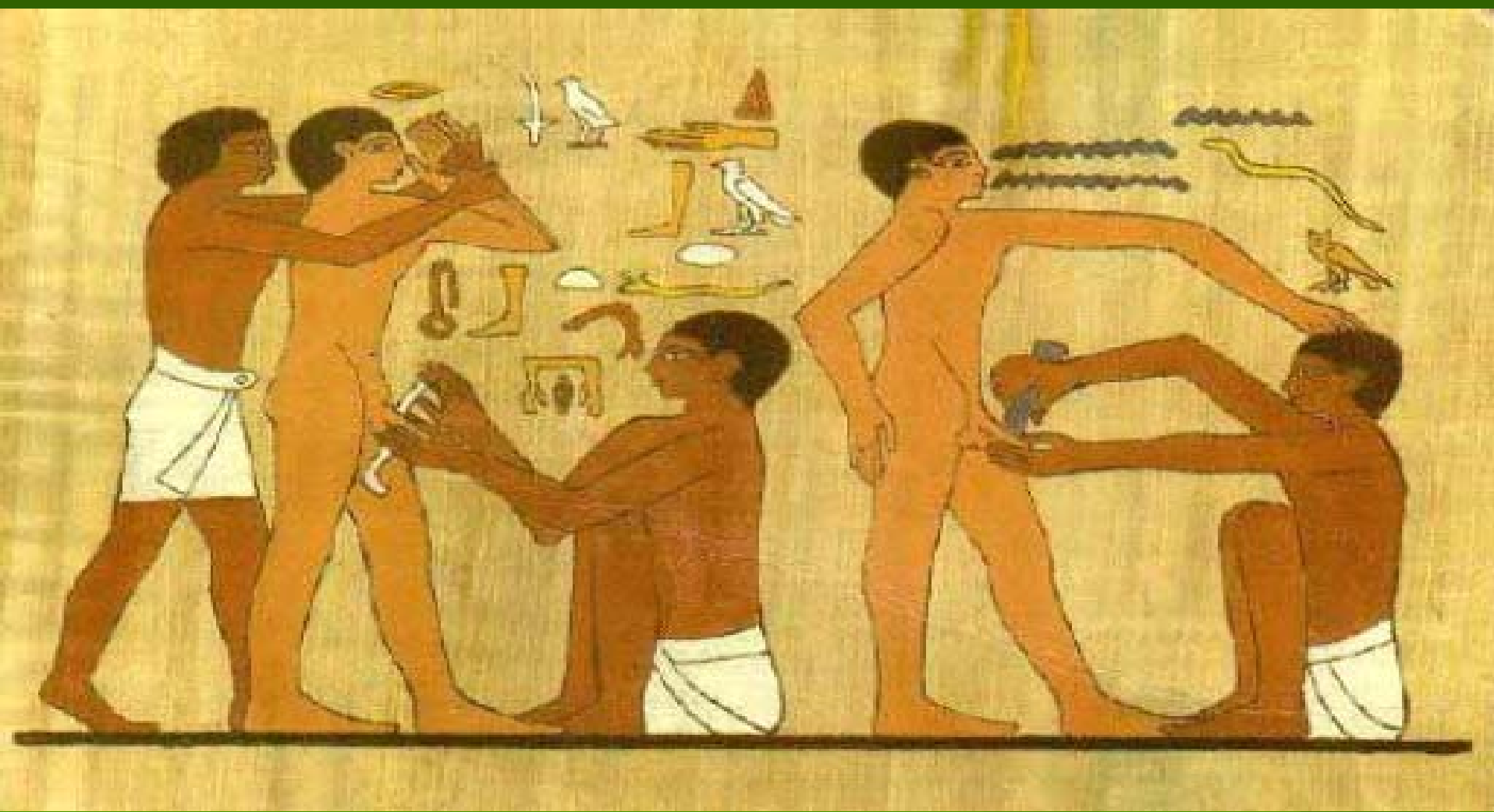


Figure 1 : An ancient Egyptian relief from Ankhmahor, Saqqara, Egypt (2345-2182 BCE) representing the adult circumcision ceremony (http://en.wikipedia.org/wiki/Image:Egypt_circ.jpg#filehistory)



Male Circumcision

- One of the oldest and most common surgical procedure worldwide
- Undertaken for many reasons – religious, cultural, social and medical
- There is conclusive evidence from observational data and three randomized controlled trials that circumcised men have a significant lower risk of HIV infection
- Demand for safe, affordable MC has increased rapidly
- There is need to adhere to socio-cultural, legal, gender issues as well as risks of the procedure



Male Circumcision

Male circumcision does not provide complete protection against HIV... it only partially reduces risk of HIV acquisition

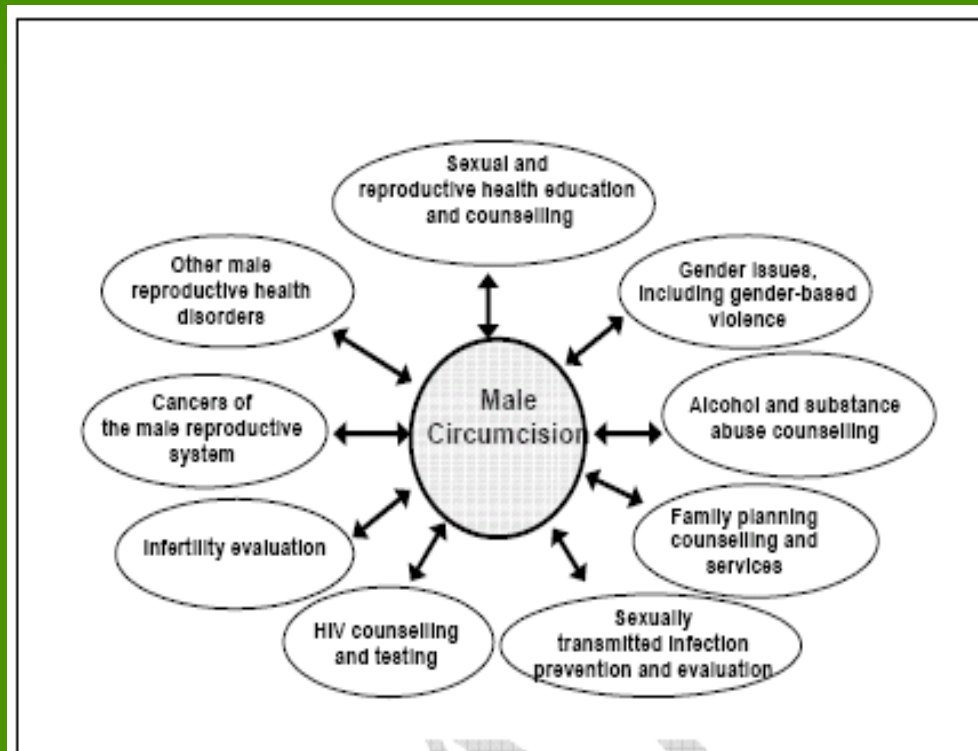


Fig 2-1: Male circumcision as an entry point to male reproductive health services



HIV/AIDS Programming within RDF

- Historical commitment to HIV/AIDS programming
 - 13 years in prevention (military wide)
 - 5 years in HIV care (small caseload)
- 1991 – 1994: Circumcision within RDF for hygienic reasons
- Decentralized medical structure
 - Regional hospitals
 - Medical posts at every command level



Rationale for Working with the RDF: Unique Risk Factors

- Young, sexually active
- Predominantly male
- Away from family loved ones for long periods of time
- Vulnerable to peer pressure
- Highly mobile
- Deployed to areas where HIV rates are higher, increased HIV risk if engage with sex workers
- Stable income - “disposable income”
- Target for commercial or transactional sex



Planned PEPFAR MC activities

- Train providers on Male Circumcision
- Develop tools and guidelines for MC
- Customize appropriate messages to the populations targeted for MC
- Integrate into prevention messaging
- Procure supplies and equipment for MC
- Perform M&E of MC program activities
- Develop indicators for program effectiveness



Lessons Learned/Next Steps

- Strong commitment to MC at highest levels
- Strong interest from the soldiers
- Close collaboration among all stakeholders
- Messaging
 - Address cultural norms/beliefs (eg: conversion to Islam)
 - Integrated messaging
- Emphasis on monitoring and supervision



Four most important MC counseling messages

- MC has a preventive effect against HIV, but it is not 100% protective
- Male circumcision should always be implemented as part of a comprehensive prevention package (including correct and consistent use of male and female condoms, HIV T&C, safer sex practices)
- It is important to know one's HIV status prior to receiving MC
- A man must abstain from sexual activity (including masturbation) for the recommended period to allow for complete healing of the MC wound



Interpersonal Communication



MC Drama/Sketches



Gender involvement



Demonstration on correct and consistent condom use



Group counseling



Strong support from military leadership



MC Supervision





Thank you