

Research in the Context of Male Circumcision Scale-up in Nyanza Province, Kenya

Robert C. Bailey
Kawango Agot
Emma Llewellyn
Nelli Westercamp

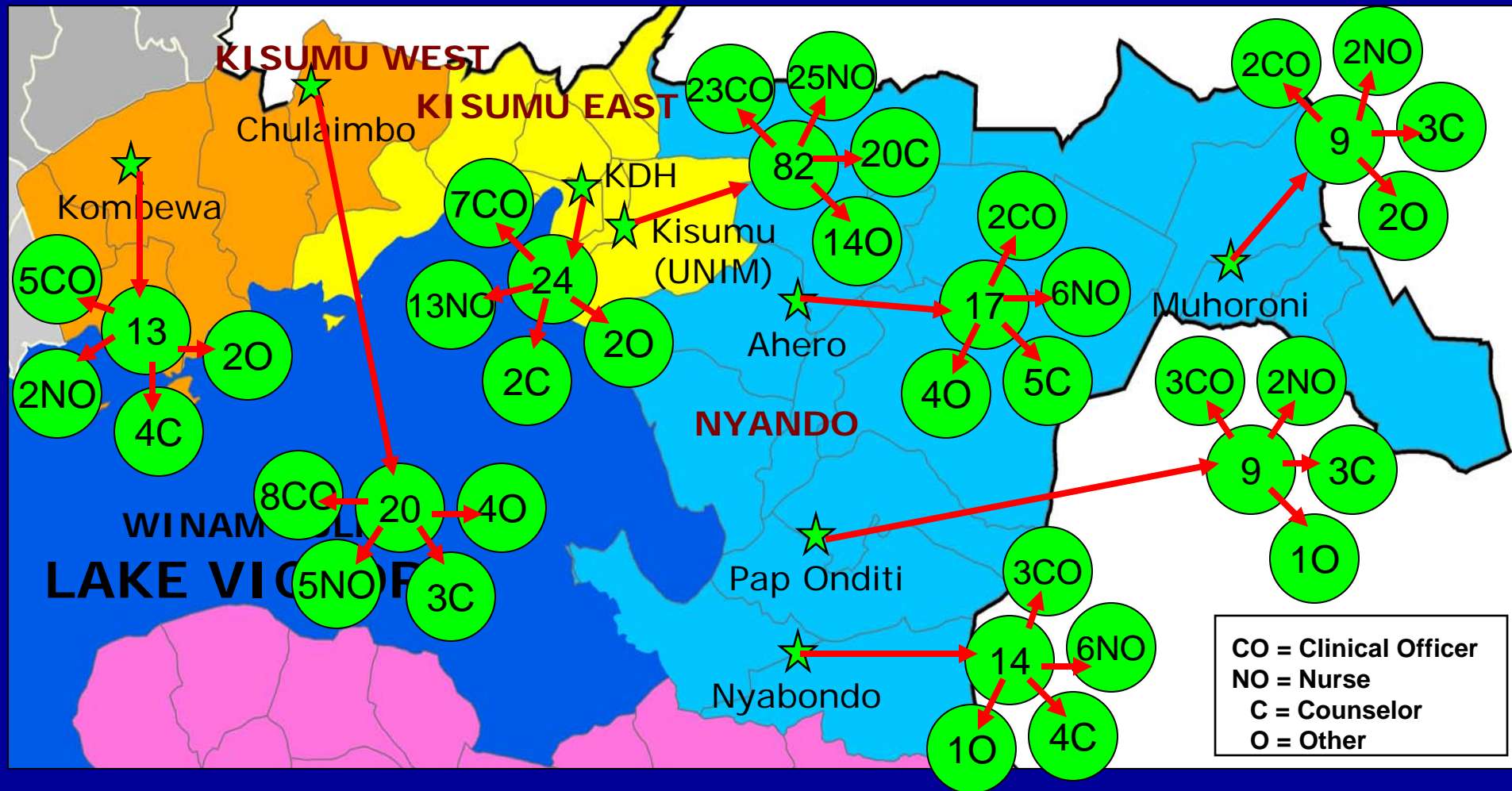
Continuation of UNIM Trial

- Every six months:
 - HIV testing
 - STI testing
 - Behavioral questionnaire
 - Counseling
- Other studies
 - Immune activation in seroconverters vs controls
 - HPV acquisition and persistence
 - Foreskin immunohistochemistry
 - Risk compensation (men and their partners)

MC Training and Service Provision

- UNIM Training and Research Center
 - MC Training Team
 - Train 9 Mobile Training Teams
 - Mobile Training Teams train staff at MOH health facilities and train other partners' staff
 - 16 facilities are research sites
 - Train outreach teams
 - Provide MC services at health facilities with less capacity
 - Train mobile service provision teams
 - Provide MC services in community settings
 - Total teams = 21

Training at Facilities - Examples



Training has been done at 28 facilities. Total of 477 persons trained

28 Facilities have been equipment and supplies provided

MC Service Provision

- Comprehensive Services
 - Integrated with fixed site VCT or home-based VCT
 - STI diagnosis and treatment
 - Couples counseling and testing
 - Pre-op counseling, informed consent
 - Surgery
 - Post-op counseling & follow-up (7 days)
 - Wound care
 - Abstinence from sex for 6 weeks
 - Partner reduction, condom use

MC Service Provision

- Funded by CDC PEPFAR to IMPACT Research and Development Organization (IRDO) and by the BMGF to the MCC
- 8 Districts in Nyanza
- Fixed sites (Hospitals and Health Centers)
 - 16
- Outreach sites
 - 54
- Mobile Teams
 - 17

A Monitoring and Evaluation Study to Assess the Implementation of Male Circumcision

Principle Investigator: Amy Herman-Roloff, MPH, Ph.D. Candidate

Co-Investigators: Robert Bailey, PhD, MPH
Kawango Agot, PhD, MPH
Jeckoniah Ndinya-Achola, MBChB

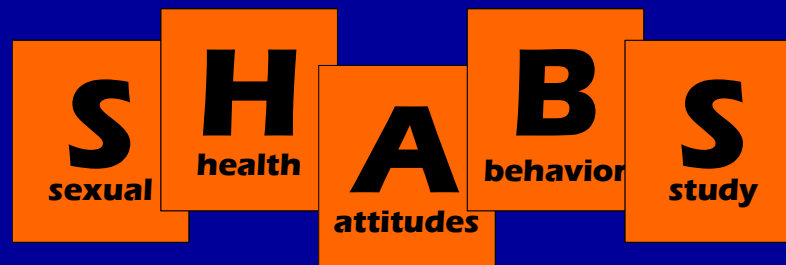
Objectives

- To develop and implement an M&E system to monitor MC uptake and adverse events
 - A passive clinical system that will collect and manage routine clinical data on 3,500 men.
 - An active system that will collect more detailed information from a random, sub-sample of participants (n \approx 2,000)
- To evaluate the clinical evaluation system
 - Compare the sensitivity of the clinical system and the active system in detecting adverse events
- To describe the incidence and characteristics of adverse events
 - Type, severity, relatedness, practitioner type, geographic distribution

Objectives (cont.)

- To assess factors that facilitate and serve as barriers to the uptake of MC
 - Reasons for choosing circumcision
 - Controls: reasons for not choosing circumcision
- Assess the time to resumption of sexual activity after the MC procedure
- Assess satisfaction with the procedure and outcome, including:
 - Appearance
 - Experience at the study facility
 - Sexual satisfaction (self and partner)
 - Perception of social acceptance and desirability

A Prospective Study of Behavioral Risk Compensation Related to MC



Investigators:

Nelli Westercamp, MS, PhD Candidate
Robert C. Bailey, PhD, MPH
Jeckoniah Ndinya-Achola, MBChB
Kawango Agot, PhD, MPH

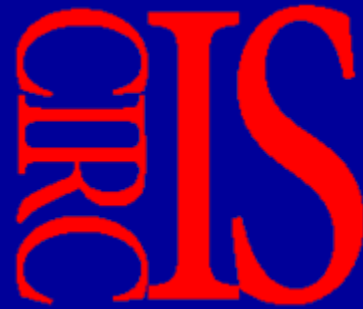
Purpose and Design

- Purpose
 - to evaluate longitudinally risk behaviors in men who get circumcised
- Observational prospective study
- Circumcised and uncircumcised men
 - 1,600 in each group
- Baseline and follow-up at 6, 12, 18 and 24 months

Objectives

- To compare changes in sexual behavior of circumcised vs uncircumcised men baseline to 24 months
- To assess perceptions of HIV risk in circumcised and uncircumcised men at baseline, 6, 12, 18, and 24 months after circumcision.
- To assess sexual function and satisfaction of circumcised males and a sub-sample of their primary partners before and after circumcision.
- To compare sexual function and satisfaction of circumcised and uncircumcised men over time.

Impact of Male Circumcision on Sexual Risk Behaviors and HIV Prevalence in Kisumu, Kenya



The Male Circumcision Impact Study (CIRCIS)

Investigators:

Mathew Westercamp, MS, BSN
Robert C. Bailey, PhD, MPH
Kawango Agot, PhD, MPH
J.O. Ndinya-Achola, MBChB
Craig Cohen, MD - Consultant

Study Design

- Series of three cross-sectional surveys conducted every two years (Years 1, 3, 5)
- Random household sample of 2000 men and women
 - Questionnaires
 - Beliefs about MC and HIV risk
 - Risk behaviors
 - HIV test
 - Genital exam

Objectives

- Assess knowledge and beliefs about MC and HIV risk at baseline, Year 3 and Year 5.
- Assess changes in prevalence of circumcision in the Kisumu community Years 1 - 5.
- Assess associations of beliefs about MC and HIV risk with sexual risk behaviors and with HIV infection.

MCC COMMUNICATIONS

OBJECTIVES AND ACTIVITIES

Objectives:

Proactively address any controversy and misunderstandings and working with media and community leaders to disseminate accurate information on male circumcision

Activities:

- 1) Monitor key issues and stakeholders perceptions
- 2) Outreach to opinion leaders
- 3) Outreach to the media
- 4) Crisis planning and issues management



The Prime Minister, Raila Odinga (middle), Minister for Medical Services, Prof. Anyang' Nyong'o (3rd left) at a community stakeholder's meeting, that featured all MPs from the Luo community, elders, youth, women, and other community groups, held on September 22nd, 2008

- Meeting endorsed male circumcision, with the Prime Minister urging the community to embrace voluntary male circumcision for HIV prevention.

LIKONI

Youth leaders join drive for male cut

Youth leaders from the Luo community yesterday joined the campaign to have their men circumcised to spread awareness of the disease.

STANDARD

Comment and more: www.standard.net/ editorial

Opinion

For fairness and justice.

EDITORIAL / HEALTH

When a stitch in time really saves nine

To cut or not to cut — that is the question as Nyanza politicians from Nyanza take the bull by the horns to disengage age-old customs. Prime Minister Raila Odinga illustrated the gravity of the matter when he led local politicians on Monday to Kisumu to attend a health conference.

Following the bold move, debate is raging on the adoption of circumcision as one of the ways to head off the threat of HIV/AIDS in the region.

And what has inevitably happened is that the debate has degenerated into a battle between the customs of yore and modernity, with the old being the more conservative and the young and educated eager to move on and embrace scientific advances.

However, it is instructive that men develop and adapt to his culture, which must not be static.

Traditionally, across most of the country, save for a few areas including Luo Nyanza, men in their early to late teens underwent a ritual that involved circumcising — the excision of the foreskin in the men's reproductive organ.

Instead, the extraction of one's own ritual — the extraction of the foreskin has, however, been abandoned and the younger generation now enjoy a full smile.

There are those who have seized on the chance afforded by the renewed debate to attack the politics to have the cut, despite reservations from the Luo Council of Elders led by Riaga Ogallo, the chairman.

For with the community saying a life saved is worth more than a life lived, it is worth more to stop the squabbling, however, the leaders must be lauded for embracing the benefits of science.

Indeed, their resolve is successively captured by their promise to go under the knife, as it were, to lead from the front. The media, and indeed the country at large, is watching whether they will carry through their

Poor bear brunt as oil firms remain obstinate

For the first time in a long time, the other costs of crude oil have not been spared either. Already, there have been

"There is only one thing in the world worse than being talked about, and that is not being talked about." (Oscar Wilde, Irish playwright)

Bridging the divide on male circumcision in war on Aids

Prime Minister rallies leaders to embrace practice experts link with lower infections

By WALTER MENYA and DANIEL OTIENO

The decision by a cross-section of Luo Nyanza leaders to support the voluntary medical male circumcision has been hailed as a major breakthrough in the fight against Aids, which has devastated the region.

This week, Prime Minister Raila Odinga led MPs, the Luo Council of Elders and other leaders to talk on male circumcision before they closed ranks.

The Monday meeting was the fourth in a series under the Nyanza Task Force on Male Circumcision and a research team of Prof Kawango Agot and Prof Jeremiah Achola Ndinya. The first three meetings made little headway.

The debate at one time threatened to tear apart the politicians. The Prime Minister supported the made cut for HIV prevention, while the Luo Council of Elders was bent on "preserving the culture".

At the meeting, council chairman Ker Riaga Ogallo said the community had accepted to mobilise members to go for the cut, following the scientific evidence presented by medical experts to the effect that it reduced by up to 60 per cent the risk of contracting HIV.

The Prime Minister said the cut was a bid to bridge the gap between the gap in the community that he said had been the cut. He said: "I will raise a lot of eyebrows that it reduces risk as 60 per cent."

He said: "We must face up to the fact that we are doing it."

He said: "We must face up to the fact that we are doing it."

He said: "We must face up to the fact that we are doing it."



Luo Council of Elders Chairman Meshack Riaga Ogallo (centre) consults with Prime Minister Raila Odinga during a formal meeting on male circumcision at the Luo Council of Elders' headquarters in Kisumu.

and for medical purposes, not a right of passage. He said: "Aids is killing us and we are going to kill it. But do not kill our integrity. Don't kill what makes us Luo."

The PM said Nyanza Province still had the largest number of infections despite spirited campaigns against it. But he maintained that the push for circumcision was an individual issue rather than a communal affair.

The meeting held at the Bon Mbora Labour College in Kisumu saw presentations by medical experts who included Dr Ben Mwanuzi, representing the World Health Organisation and UNAids, Prof Kawango Agot and Prof Ndinya Achola from the Kisumu Randomised Controlled Research and Prof Alfox Oropo of National Aids, STIs Control Programme (Nasocop).

The experts presented data from the sets of research, which indicated that the cut was vital. Mr Odinga said the community should not stigmatise those who accepted the practice, arguing that it would reverse the gains.

Among those who attended were Ministers Anyang' Nyong'o, Peter Oloo, Daniel Aronoi, Shabazz Ochwery, Oburu Oginga, Peter Oloo, Shabazz Ochwery, Oburu Oginga, Peter Oloo, Shabazz Ochwery, Oburu Oginga.

He said: "We must face up to the fact that we are doing it."

He said: "We must face up to the fact that we are doing it."

He said: "We must face up to the fact that we are doing it."

CULTURE

Nyanza men rush to hospital for circumcision

The number of men circumcised by 60 per cent on Monday in Nyanza, Kisumu

NAIROBI STAR Wednesday, 24 September 2008

YOUR VIEW

What is your take on Luo MPs decision to be circumcised?



TOM ONDIEKI, 29, SECURITY GUARD, KANGEMI. It is a good move. As leaders they have set a good example to the rest of the Luo community.



DAVID KIRAGU, 39, BUSINESSMAN, WESTLANDS. They should have even done it long ago. This is a health issue and should be taken serious by every Kenyan.



CAROLINE KAHUNGU, 34, ADMINISTRATOR, CALIFORNIA. Their move is welcome and the rest should follow suit. They should not ignore health matters.

... said there are ones who are turning their backs on the people.

... ON PAGE 12

Private Sector Health Providers Assessment

Investigators:

Lisa Dulli, PhD, MHS

Emily Keyes

John Bratt

Rick Homan, PhD

Mwende Mbondo, DrPH, CHES

Study Design and Purpose

- **Study Design:**
- Cross-sectional study collecting quantitative survey data from private sector health care facility in-charges providers, and observational data for the facilities.
- **Study Purpose:**
- To assess the providers' training needs so that they can adequately provide the services outlined by the WHO minimum package through the examination of their experiences, knowledge and attitudes concerning adult male circumcision and its role in HIV
- To estimate the upfront costs of bringing private health facilities up to meet the minimum medical standards necessary to perform safe, quality MC.
- To measure the average unit cost of providing the MC service package to one client, including overhead, clinician time, supplies and equipment.

Male Circumcision (MC) Service Delivery:

1) MC Provision at Outreach Health Care Facilities

2) Non-Physician Clinicians Performing MC

Investigators:

George Odingo, MPH

Paul Perchal, MA

Melinda Pavin, PhD, MPH

Study Design and Purpose

Study 1: MC at Outreach Services Sites

- Prospective study of the provision of MC performed by trained Clinical Officers working at outreach health facilities.
 - Observation of MC surgical and post-operative procedures
 - MC surgical outcomes at 7-days and 60-days post MC surgery
 - Patient satisfaction with MC services

Study 2: MC by Non-Physician Clinician (NPC)

- Prospective study of the provision of MC performed by non-physician clinicians
 - Observation of MC surgical and post-operative procedures
 - MC surgical outcomes at 7-days and 60-days post MC surgery
 - Patient satisfaction with MC services

Responding to Male Circumcision Human Resource Capacity Development and Training Needs in Kenya

Investigators:

George Odingo, MPH

Paul Perchal, MA

Melinda Pavin, PhD, MPH

Study Design and Purpose

Study Design:

- Desk review of existing human resource and training policies, guidelines, resources and tools
- In-depth interviews with key informants
- Focus groups with sexual and reproductive health (SRH) and HIV program managers and various cadre of health workers.

Purpose of Studies:

- To gather information about the human resource capacity and training needs of the public and private sector in Kenya
- To determine gaps in human resource and training capacities related to male circumcision
- To identify human resource and training barriers/facilitating factors to introducing MC services.

Other Research

- Neonatal circumcision
 - Acceptability in population and by providers
 - Training by cadre
 - Uptake and safety
- Text messages for post-op adherence
- Wound healing in HIV+ and HIV- men
 - Healing process
 - Keratinization process