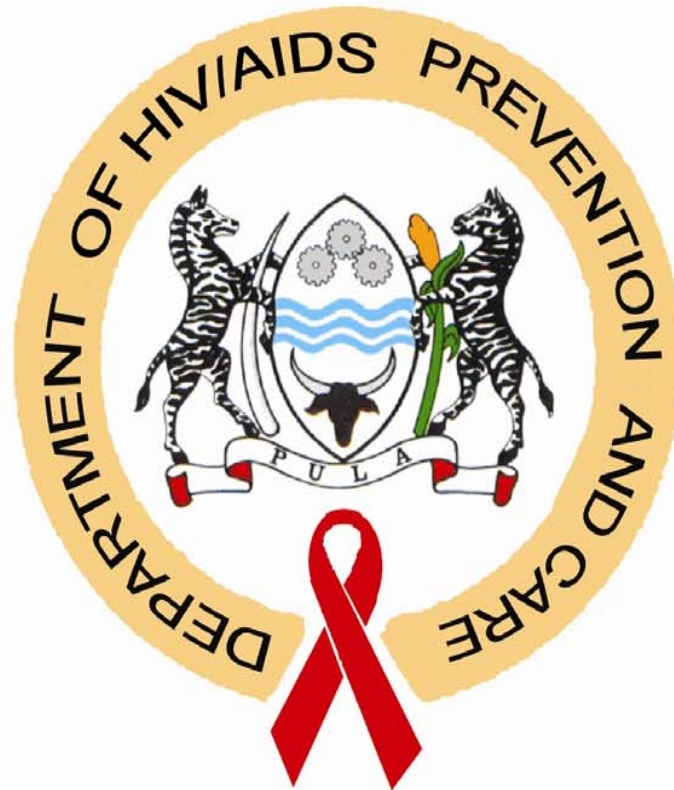


**SAFE MALE CIRCUMCISION UPDATE  
MEETING JUNE 2009 NAIROBI KENYA**



**BOTSWANA SAFE MALE CIRCUMCISION  
ADDITIONAL STRATEGY  
FOR HIV PREVENTION**

# INTRODUCTION

The Botswana MC Strategy focuses on:

1. Increasing the prevalence of MC among HIV Negative males aged 0-49 years to 80%.
2. Addressing issues pertaining to:
  - i). MC capacity building including skill building in clinical management of MC Services
  - ii) Behavior Change Interventions Communication
  - iii) Research, Monitoring, Evaluation and Documentation.

# Safe MC Service package

- Counseling
- STI screening
- HIV Testing
- Safe MC procedure
- Follow up



# OPPORTUNITIES FOR SCALING UP MC IN BOTSWANA

The following opportunities exist and they provide a conducive environment for scaling up MC:

- Strong political will and support to MC by government and development partners.
- High acceptance of MC in the population
- Existence of good infrastructure and health systems that could enable scaling up of MC services
- All hospitals are already performing MC albeit at a small scale
- Availability of strong programs at facility (e.g. RHT, ANC) and community levels (e.g. CHBC).

# CHALLENGES

The MC strategy faces the following challenges:

- Ensuring availability of adequate, qualified, skilled and motivated doctors and nurses capable of conducting high quality MCs.
- Maintaining a sustainable and long-term effort.
- Ensuring the population gets the right messages about MC and does not lead to behavior disinhibition.
- Ensuring access to the hard-to-reach populations.



# Coordination

- **MOH through DHAPC will be the lead agency**
- STI Control Program- administratively responsible.
- Directorate of Clinical Services through hospitals will provide actual Safe MC services
- Ministry of Local Government – will also be part of the effort through various clinics.
- Reference Group – Advice on Policy issues; Fund Rising
- TWG – Advice on Implementation and Research
- District level coordination – District STI focal person

# Rollout of Safe MC Services

- MC will be scaled up in a phased manner.
- The initial phase: scaling up in facilities already performing MC (32 hospitals and a Clinic in Gaborone)
- An additional 5 clinics which already have operating theatres will be assessed and improved to provide MC.
- Gradually more clinics including private institutions will be assessed to start offering MC.
- All clinics will be expected to provide a follow up support for uncomplicated cases



# SMC IMPLEMENTATION PROGRESS 2009

## COORDINATION:

- ✓ Good Financial support response - all partners WHO, PEPFER, ACHAP compliment government efforts.
- ✓ Recruitment: coordinator recruited: Process to recruit 4 doctors to support clinics under recruitment on going.
- ✓ Additional 26 doctors for hospitals to be recruited end of the year.
- ✓ Official scale up started 1<sup>st</sup> April 2009 with official correspondence from DPS to all government facilities & Health districts.
- ✓ 28 out of 32 Public facilities for SMC services involved Phase 1 are functional & scaling (# of SMC per month up to 60/facility )
- Booking in high volume facilities up to December 2009.



# SMC IMPLEMENTATION PROGRESS -2

## MEDIA CAMPAIGN/ COMMUNITY SENSITIZATION:

- ✓ Interim IEC Strategy developed
- ✓ Media briefing conducted (editors & journalists)
- ✓ Multi Media campaign through radio, TV, new papers on SMC awareness started in April 09 (4months)

## Sensitization done:

- ✓ Youth organizations
- ✓ FBOs,
- ✓ Traditional healers
- ✓ Men Sector
- ✓ Full Council meeting briefing on SMC on going

# SMC TRAINING PROGRESS

- ✓ SOPs in place
- ✓ SMC guidelines and training materials developed, pre-tested, at printing stage.
- ✓ 2 initial workshops conducted, 50 HCPs trained (doctors, nurses, counselors)
- ✓ Next training planned in June 8<sup>th</sup> 2009
- ✓ Quality assurance package & ME framework & tools final drafts in place

# **SMC RESEARCH PROGRESS**

**4 SMC RESEARCHES  
ON - GOING**



# 1- HEALTH FACILITY NEEDS ASSESMENT - SMC ROLL OUT

Conducted in September - December 2008 by JHIPIEGO with fund support/collaboration from BOTUSA involving 35 hospitals, 6 clinics and 17 Private clinics

## **Objectives:**

- ✓ Asses capacity & Identify gaps related to infrastructure, training, supply chain management and quality assurance and M/E
- ✓ Asses beliefs & attitude of HCPs towards SMC scale up.
- Data collection is complete, currently at data analysis stage.

# 2-NEONATAL CIRCUMCISSION FEASIBILITY STUDY

A GoB/BOTUSA/BHP collaborative study

4 Districts Hospitals involved

✓ **Phase I:** Acceptability Study: Assess acceptance of Neonatal circumcision for mothers delivering male babies.

[COMPLETED, results High acceptance rate of mothers to circumcise their male born child in Botswana > 90%]



# Neonatal SMC feasibility study – cont: Phase 2

## **PRIMARY OBJECTIVE:**

- Ascertain actual parental uptake / acceptance of infant male circumcision in Botswana,
- Ascertain the feasibility and safety of infant male circumcision in Botswana,
- Ascertain the parental satisfaction with the results of circumcision in their male infants

## **SECONDARY OBJECTIVE:**

- Determining parental factors associated with uptake of circumcision of their male infants,
  - Evaluating the safety and outcomes associated with two different male infant circumcision techniques: Mogen clamp versus Plastibell and
  - Evaluating the cost of this intervention.
- Enrolment for Phase 2 study started in April 2009



# 3-COMMUNITY KAP STUDY

- At initial stage supported by ACHAP

## Objective:

- ✓ To generate information that will guide the development of comprehensive communication strategy to support implementation of the National SMC strategy in Botswana.
- Currently recruiting the consultant for the study implementation.

# 4-SMC OPERATIONAL RESEARCH- Public Health Evaluation

- At the stage of protocol development with support/collaboration from BOTUSA/CDC
- Intended to be 5 year cohort following SMC clients in 3 phases, in 2 selected districts.

## OBJECTIVES:

Phase 1: To assess demand, uptake, safety,

Phase 2: To evaluate changes in high risk sexual behavior among circumcised males aged 15-49 yrs

Phase 3: To evaluate changes in HIV incidence pre-post SMC implementation

# **PUBLIC-PRIVATE PARTNERSHIP**

**ON SMC SCALE UP IN BOTSWANA**



# OPPORTUNITIES FOR SMC SCALE UP EXPANSION TO Private Medical Doctors

- Most PMDs have worked in the government and have conducting minor surgery on regular basis & understand MOH policies
- Most PMDs understand the burden of HIV in the country and are ready to respond to when consulted.
- Almost all private facilities offer RHT including pre, post and follow up counseling
- Most PMDs trained in HIV issues (STIs HAART, RHT)
- Selected private facilities provide ARV treatment and supportive care ( outsource ) and provide report to MOH on regular basis.

# CURRENT MC IN PRIVATE PRACTICE

- MC is conducted in private facilities
- Medical AID Scheme cover only MC related to medical indications
- Policy restricts MC to surgeons only hence high cost and wide disparity- P1000-P 6000 depending on outpatient/inpatient care.
- About 54 PMDs from various clinics and Private Hospital had performed MC by 2007.



# SMC STRATEGY –PMDs & MEDICAL AID Schemes

- Sensitization workshops were conducted for both Medical AID Schemes and Executive committee for PMDs
- The letter requesting their support on SMC scale up has been written by the PS MOH.
- Two negotiation meetings have been conducted with major Medical AID Schemes to consider support SMC as HIV prevention strategy hence expand coverage to their members.
- Positive support



# SMC STRATEGY –PMDs & MEDICAL AID Schemes ct.

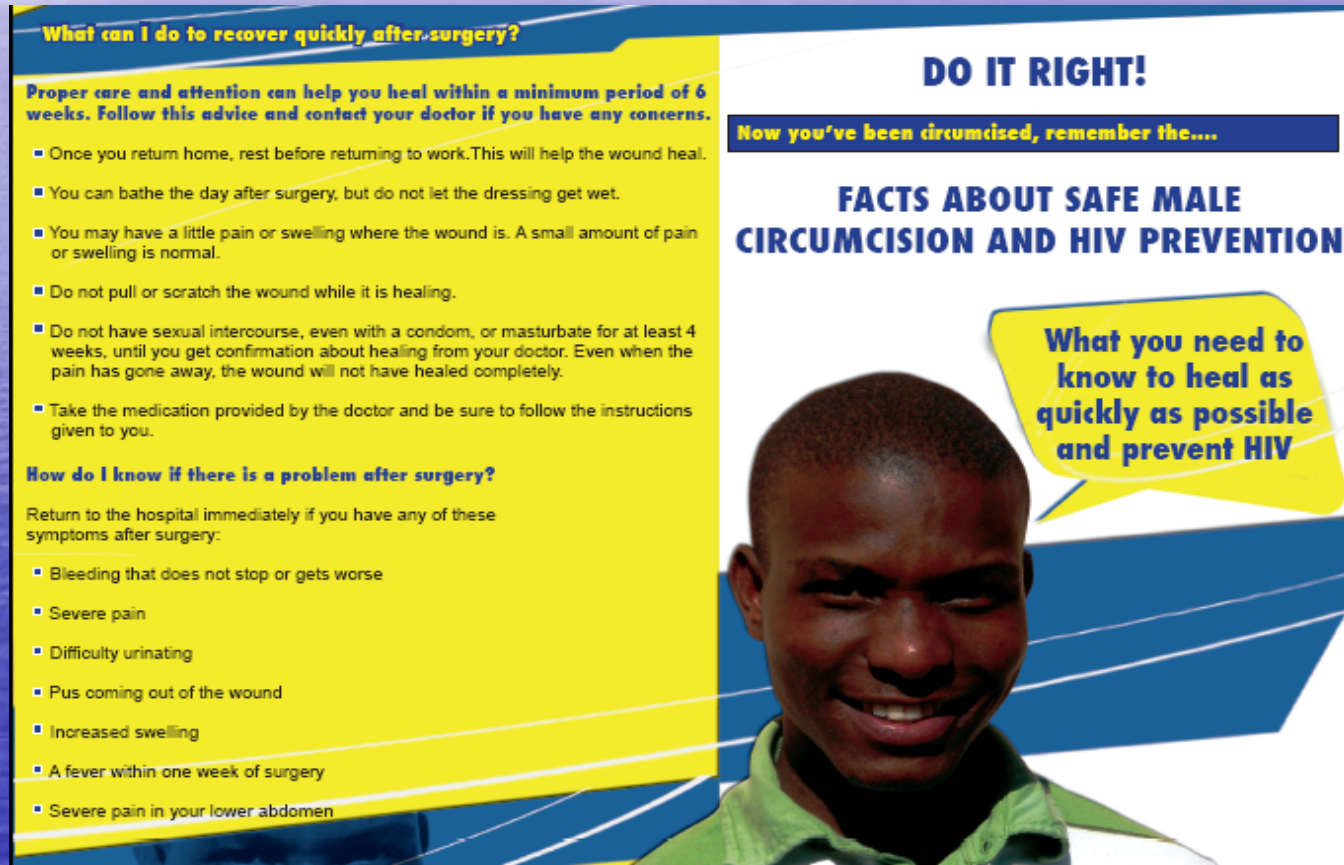
- Need for policy review with Medical AID Scheme boards/managements to accommodate GPs and prevention indication to MC.
- DHAPC to present options that will assist to reduce the cost of MC
- Asses the private facilities in terms required standards
- To introduce SOPs and monitoring frame work for PMDs
- Engaging interested partner to support the scale up expansion to PMDs. (Recently ACHAP has been supporting strengthening STI quality service delivery in private facilities).
- Currently PMDs are ready to scale up and demand of services to them is increasing

# WAY FORWARD

- Finalize HF needs assessment and develop 5yr operational & roll out plan
- Procure necessary equipments as roll out and demand picks
- Recruit HR as per facility needs
- Finalize and agree on PMDs modalities & options for roll out expansion
- Finalize Evaluation research protocol
- Train on quality assurance
- Facilitate Implementation of all planned SMC researches



# SMC messages



**What can I do to recover quickly after surgery?**

Proper care and attention can help you heal within a minimum period of 6 weeks. Follow this advice and contact your doctor if you have any concerns.

- Once you return home, rest before returning to work. This will help the wound heal.
- You can bathe the day after surgery, but do not let the dressing get wet.
- You may have a little pain or swelling where the wound is. A small amount of pain or swelling is normal.
- Do not pull or scratch the wound while it is healing.
- Do not have sexual intercourse, even with a condom, or masturbate for at least 4 weeks, until you get confirmation about healing from your doctor. Even when the pain has gone away, the wound will not have healed completely.
- Take the medication provided by the doctor and be sure to follow the instructions given to you.

**How do I know if there is a problem after surgery?**

Return to the hospital immediately if you have any of these symptoms after surgery:


- Bleeding that does not stop or gets worse
- Severe pain
- Difficulty urinating
- Pus coming out of the wound
- Increased swelling
- A fever within one week of surgery
- Severe pain in your lower abdomen

**DO IT RIGHT!**

Now you've been circumcised, remember the....

**FACTS ABOUT SAFE MALE CIRCUMCISION AND HIV PREVENTION**

What you need to know to heal as quickly as possible and prevent HIV





# SMC Messages cont.....

Now that you have made the decision to be circumcised, there are two more safe choices you need to make:

## 1. Waiting to resume sexual activity

Firstly, you must commit to abstaining from all sexual activity while your wound heals. Your penis will take at least 6 weeks to heal after the surgery, and it is critical that you refrain from all sexual activity while you are healing. This includes sex with a condom and masturbation.

If you have sex before you are fully healed, you will increase your risk of contracting HIV if you are negative or of transmitting HIV to your partner if you are positive. Resuming sex too early will also delay the healing process.

The doctor will review you and confirm that the wound has completely healed and will let you know that it is safe for you to resume sexual activity.

For the facts on safe male circumcision, pick up a brochure at your nearest health facility



## 2. Continuing to protect yourself and your partner from HIV

Secondly, remember that circumcision is not a complete protection against HIV and other sexually transmitted infections.

If you are negative, circumcision will provide you with some protection against HIV but you can still get HIV.

If you are positive, you being circumcised does not reduce your partner's risk of getting HIV.



**Circumcision is like a goalkeeper, it can't defend alone against HIV. After circumcision don't forget the other defenders who protect you:**





Thank you for listening