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## MCC News

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

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Kenyan Assistant Minister of Finance Oburu Odinga is interviewed after speaking on the health and economic benefits of male circumcision — and about his own circumcision — at an AIDS 2012 session featuring African leaders who serve as champions for male circumcision for HIV prevention.

Photo: © Lisa Russell

### **Special Report: Male Circumcision at the International AIDS Conference**

#### **AIDS 2012 highlights potential, challenges of male circumcision for HIV prevention**

Male circumcision offers lasting protection against HIV infection, suggest the results of a study from Kenya announced at the XIXth International AIDS Conference (AIDS 2012) in July.

These **results** were presented along with additional evidence of the effectiveness

of male circumcision from South Africa at a conference that drew more than 23,000 people to Washington, DC, from 22 to 27 July.

Many speakers at the meeting noted that voluntary medical male circumcision (VMMC) has an important role to play in “turning the tide” of the HIV/AIDS epidemic — the conference theme. But they also acknowledged that scale-up of VMMC services to date has fallen far short of its goals and discussed the challenges countries face as they attempt to expand services to reach millions of men.

### **Sustained effect**

The Kenya study — conducted by researchers from the University of Illinois at Chicago (UIC), the University of Manitoba and the University of Nairobi — followed 1,552 men who had participated in the randomised controlled trial (RCT) of male circumcision for HIV prevention in Kisumu. That trial found that getting circumcised reduces a man’s risk of acquiring HIV by more than half.

After five-and-a-half years of follow-up, circumcised men had a 65 percent reduced risk of HIV infection compared to uncircumcised men. About the same number of HIV infections occurred among the men in the first two years after the start of the trial as in the next three years.

“The fact that these results are consistent over time suggests that the protective effect of male circumcision is sustained at the same levels or possibly higher levels than in the trials,” said Professor Robert Bailey of UIC, who presented the results.

Earlier in the day, Dr. Anthony Fauci, director of the U.S. Institute of Allergy and Infectious Diseases, had cited similar results from a **study in Uganda**. Calling male circumcision for HIV prevention “stunningly effective,” he noted that “it is one of the few prevention interventions that actually get better with time.”

A community-based study in Orange Farm in South Africa, the site of another of the three RCTs, has demonstrated that the protective effect of male circumcision can be sustained at the community level as well as in a study. **New data** from Orange Farm presented at the conference show that, with the provision of free VMMC services from 2008 to 2011, the percentage of men in the township who were circumcised rose from 17 percent to 53 percent, while HIV prevalence dropped from about 15 percent to 12 percent.

Dr. Bertrand Auvert of the University of Versailles and his colleagues used modelling to estimate how much of that decrease could be attributed to VMMC. They found that without the VMMC services, HIV prevalence in Orange Farm

would likely have been 19 percent higher in 2011. Increasing the prevalence of male circumcision in this one community of about 140,000 residents had averted about 1,040 HIV infections over just three years.

### **Challenges to scale-up**

Modellers estimate that achieving, and then maintaining, 80 percent prevalence of circumcision among men ages 15 to 49 in priority countries in sub-Saharan Africa would avert 20 percent of new HIV infections over 15 years, with greater reductions in communities with very high HIV incidence.

But all of the 14 priority countries except Kenya are far from reaching their ambitious goals, according to a **report** released by several organizations just before the conference. By March 2012, the 14 countries were only 8 percent of the way toward providing the 20 million male circumcisions needed to achieve 80 percent coverage. (Kenya is almost halfway toward that goal.)

The challenges facing national VMMC programmes include low demand for male circumcision in some places, misconceptions about the procedure that discourage uptake, shortages of qualified providers, and scarcity of suitable infrastructure and supplies. One **session** explored how the introduction of new devices for performing male circumcision might help address some of these challenges (see story below.)

### **Involving women**

Two presentations by Kenyan researchers focused on the need to involve women in the VMMC process. Timothy Okeyo of the Nyanza Reproductive Health Society (NRHS) reported that in a prospective **study** among men and their female partners after VMMC, the vast majority of the 101 women were satisfied with their partner's circumcision.

The research is part of a larger study of risk behaviour after male circumcision in Kenya's Nyanza Province that is being conducted by researchers from UIC, NRHS, the Impact Research and Development Organization (IRDO) and the University of Nairobi, with support from the Male Circumcision Consortium.

Studies in Kenya and other countries have found no evidence that couples are adopting riskier sexual behavior after VMMC. But in the Nyanza study, 36 percent of the female partners of recently circumcised men said they were now less worried about HIV infection (compared to 16 percent of the men), and 18 percent of the women said they were now more likely to have sex without a condom.

This low perception of risk among women with circumcised partners is one of several reasons why women should be more involved in VMMC, Dr. Kawango

Agot, director of IRDO, said in the closing presentation of a **session** entitled “Male Circumcision: Are we Making the Cut?”

Another reason is early resumption of sex after male circumcision, which may temporarily increase a woman’s risk of HIV infection if she has unprotected sex with an HIV-infected man before his circumcision wound has healed. In studies in Kenya and Zambia, 27 percent to 38 percent of circumcised men reported resuming sex before the recommended six-week healing period.

Most programs focus on demand creation among men. Dr. Agot and her colleagues have proposed operations research on involving women in VMMC.

“We have not come up with a program that brings in men and women together and provides counselling and testing together,” she said. “I think it’s an opportunity we’re missing out on.”

### **Device results prompt preparation for scale-up**

Most of the studies recommended by the World Health Organization (WHO) to evaluate devices for performing circumcision in adult men have been completed for two devices — with promising results — researchers reported at the XIXth International AIDS Conference in Washington, DC.

Both the PrePex device and the Shang Ring are less invasive than surgical methods and dramatically reduce the time needed to perform a male circumcision. They require no stitches, involve minimal bleeding and can be used safely by nurses as well as physicians.

The results presented at the AIDS 2012 conference suggest that both devices could help make voluntary medical male circumcision (VMMC) services more efficient, accessible and acceptable. The cost-efficiency of the procedure will depend on the demand for it and the cost of the device and other commodities.

Speakers at a 24 July **satellite session** sponsored by the U.S. President’s Plan for AIDS Relief (PEPFAR) expressed optimism that the devices could alleviate some of the challenges that have slowed progress toward the goal of preventing millions of HIV infections by circumcising 20 million men in 14 African countries.

### **Progress to date**

WHO, in consultations with technical experts, has defined a “pre-qualification” process for evaluating new male circumcision devices. It requires inspections and audits of manufacturing sites and a series of studies: an initial safety and effectiveness study involving 25 to 100 men; randomised controlled trials (RCTs)

in two countries comparing use of the device to conventional surgery among at least 150 men; and field studies with at least 500 participants each in two countries.

Dr. Jason Reed, senior technical officer for male circumcision programming at the U.S. Office of the Global AIDS Coordinator, reported that only the field studies remain for both of the devices undergoing the pre-qualification process.

One field study of PrePex has concluded in Rwanda and another in Zimbabwe is expected to complete client follow-up in October 2012. Data analysis has begun for field studies of the Shang Ring in Kenya and Zambia, with results expected in late 2012. Another study of the Shang Ring is near completion in Rakai, Uganda, but results have not yet been presented.

The manufacturers of the devices will submit the final results of all these studies for review by the WHO Technical Advisory Group on Innovations for Male Circumcision.

During his presentation at the satellite session, Dr. Reed reiterated a pledge made by Secretary of State Hilary Clinton in her plenary speech at the conference on 23 July. Once such a device has qualified through the WHO process, she said, “PEPFAR is ready to support it right away.”

In the meantime, said Dr. Reed, “we are encouraging countries to move ahead with small implementation pilots” of PrePex. These pilots are planned in at least nine African countries, with PEPFAR funding in Lesotho, Malawi, South Africa, Tanzania and Uganda and with support from the Bill & Melinda Gates Foundation in Kenya, Mozambique, South Africa, Zambia and Zimbabwe.

### **PrePex results**

The safety studies and randomised trials in Rwanda and Zimbabwe showed that PrePex can be used safely by physicians and nurses. The published findings from the studies indicate that few men experienced complications after the surgery. In the Rwanda trial, the rate of complications in Rwanda study was 2.7 percent.

In Rwanda, pain after a PrePex procedure was greatest about one hour after the procedure. Researchers reported at the meeting that this pain can be avoided by applying a 5 percent lidocaine cream before the device is fitted. An advantage of the PrePex procedure is that local anaesthetic does not need to be given by injection.

The studies also found high satisfaction with the device among clients. In the safety study in Zimbabwe, for example, all participants were satisfied with the

procedure and the appearance of their penises 90 days post-circumcision.

Use of PrePex cut the time needed to perform a male circumcision by more than two-thirds. In the Zimbabwe trial, the median time for placement and removal of the device was 4.6 minutes, compared to 15.3 minutes for conventional surgery. (Men need to return to the clinical setting to have PrePex or the Shang Ring removed.)

In the Zimbabwe trial, the time to complete healing from the day of the procedure was the same as that of conventional surgery (42 days). In Rwanda, researchers report that healing took 38 days from the day of the procedure. Comparisons of time to healing have proved problematic in both the PrePex and Shang Ring studies because it is difficult to standardize evaluation of healing among sites.

### **Shang Ring findings**

Preliminary results of the trials conducted in Kenya and Zambia found that VMMC performed with the Shang Ring procedure was as safe as the conventional surgery. No serious complications occurred, and only 3.5 percent of patients in each group experienced moderate complications, which were easily resolved with medical treatment.

Study participants rated the pain they felt after the procedure as low in both the Shang Ring and conventional surgery groups. Significantly more men in the Shang Ring arms of the trials said they were “very satisfied” with the appearance of their circumcised penises, compared to those who had had conventional surgery. Providers who participated in the studies said they preferred using the Shang Ring and found it easier to perform male circumcisions with the device.

Overall, the Shang Ring procedure took about one-third the time of conventional male circumcision surgery. Time to complete healing was about five days longer with the Shang Ring, but there were differences by site in how healing was evaluated, as there were with PrePex.

### **Increasing demand**

The results to date show that providers could perform more male circumcisions in a shorter time using either the PrePex or Shang Ring. But efficiency alone will not accelerate the pace of VMMC scale-up, Merywen Wigley of FHI 360 noted.

“We also must increase the demand, because efficiency is not all that relevant if you don’t have queues of men waiting for the procedure,” she said.

Wigley described the development of a prototype campaign to generate demand for device-assisted VMMC once it becomes available. The campaign focuses not



only on product attributes that might increase uptake, but also on other consumer needs.

The campaign theme, “ReShape your relationship,” and other messages were based on audience research among men and women in Kenya’s Nyanza Province, where awareness about male circumcision for HIV prevention was already high. It revealed that men responded well to messages about benefits other than HIV prevention, such as hygiene, social acceptance and, particularly, having a better relationship with one’s partner.

The messages resonated with men and women when the prototype materials were tested with potential audiences in Nyanza. An unanticipated benefit was that men said the campaign made them want to be more faithful to their partners. One woman noted that the messages encourage couples to talk about VMMC.

“Demand generation is already in place,” Wigley said. “We can build on that to create better, more audience-driven campaigns that are less technical and more responsive to consumer needs.”

## **Male circumcision in the news**

### **Kenyan President commits more resources to the AIDS response**

UNAIDS, 15 August

### **Africa: Nonsurgical circumcision device will be tested to help curb AIDS**

*The New York Times*, August 13

### **Grandfather who took cut never been happier**

*The Standard*, 12 August

### **NGO targets 65,000 in Pokot for male circumcision**

*The Star*, 7 August

### **Circumcision advocate tackles the cringe factor to fight AIDS**

*NBCNews.com*, 26 July

### **Male circumcision tied to lower HIV prevalence**

*ScienceNews*, 25 July

### **Minister encouraged by public’s attitude towards HIV prevention**

*BusinessDay*, 25 July

### **The chief who list a cultural fire in Zambia**

*Mail & Guardian*, 20 July

## Resources

### **A Call to Action on Voluntary Medical Male Circumcision: Implementing a Key Component of Combination Prevention**

In this report, AVAC, the National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK), Sonke Gender Justice and the Uganda Network of AIDS Service Organizations (UNASO) review the evidence of the effectiveness of male circumcision in preventing new HIV infections and summarise the progress to date in bringing VMMC services to scale. The analysis supports their call to action and recommendations on how to achieve rapid scale-up of VMMC for HIV prevention.

### **Male Circumcision at AIDS 2012**

Male circumcision for HIV prevention was highlighted in more than 70 presentations and abstracts at the **XIXth International AIDS Conference** in Washington, DC, from 23 to 27 July 2012. A printable handout of abstracts, presentations, and sessions that include information about male circumcision for HIV prevention is available from **the Clearinghouse on Male Circumcision for HIV Prevention**.

## Correction

The headline for the news brief in the July 2012 issue of the *MCC News* should have read “Journalists receive mentoring on male circumcision coverage.” To download a copy of the issue with the correct the headline, go to:

[http://www.fhi360.org/en/Male\\_Circumcision/MCC/mcc\\_news.htm](http://www.fhi360.org/en/Male_Circumcision/MCC/mcc_news.htm).

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The **Male Circumcision Consortium (MCC)** works with the Government of Kenya and other partners—including the US President’s Emergency Plan for AIDS Relief (PEPFAR), which supports service delivery—to prevent HIV and save lives by expanding access to safe and voluntary male circumcision services. FHI 360 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.

**Please send questions or comments to Silas Achar at: [mccinfo@fhi360.org](mailto:mccinfo@fhi360.org); also, please indicate whether you want to continue receiving this e-newsletter regularly.**