



MAKING MALE CIRCUMCISION SERVICES IN AFRICA SAFE AND AVAILABLE

Programmatic Implications from a Pilot Project in Zambia

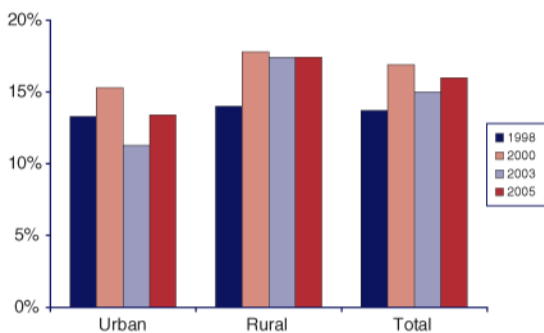
HIV/AIDS SITUATION IN ZAMBIA

- 10.3 million population
- 36% urban
- > 70% below the poverty line
- 16% HIV prevalence
- 18% among women, 13% among men
- 23% in urban areas, 11% in rural areas
- 16% of men are circumcised
- 75% of men in North Western Province are circumcised

MALE CIRCUMCISION (MC) IN ZAMBIA

- Existing demand for services
- Low priority given to "elective" MC services; long wait lists
- No standardized approach to MC techniques or package of services
- Rare opportunity to provide men with other reproductive health (RH) services

Percentage of Zambian Men Reporting Being Circumcised
Zambian Sexual Behavior Surveys (1998–2005)

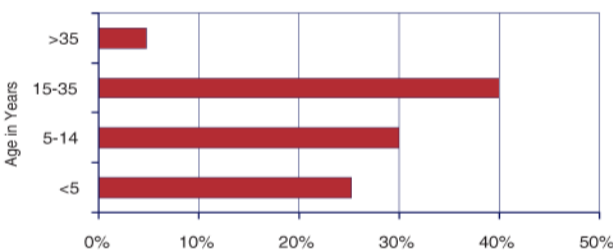


MC PILOT ACTIVITIES

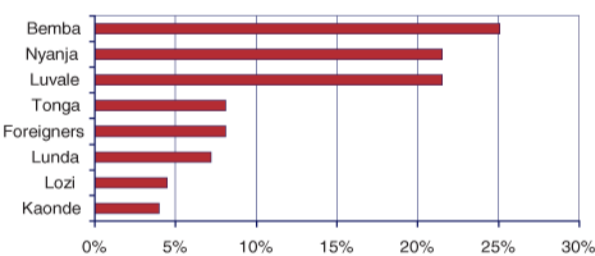
- Stakeholders' meeting of public, private and traditional practitioners
- Acceptability study
- Technical working group formed
- Site assessments
- Site strengthening
- Standardized training materials
- Patient education materials
- Study tour to Kisumu, Kenya
- One-day MC health education event
- MC and male RH training course for 18 health care providers from seven provinces

MC SERVICES

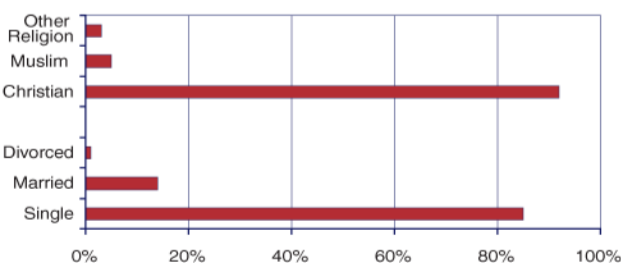
Age Distribution of MC Clients



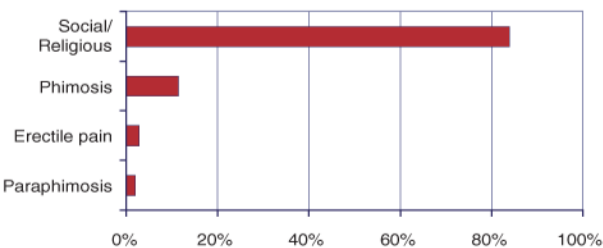
Tribe of MC Clients



Other Characteristics of MC Clients



Primary Reason for Circumcision



Zambia—2004 Sentinel Surveillance
Women of reproductive age (15–44)
attending antenatal clinic at sentinel sites



MC/MALE RH LEARNING RESOURCE PACKAGE

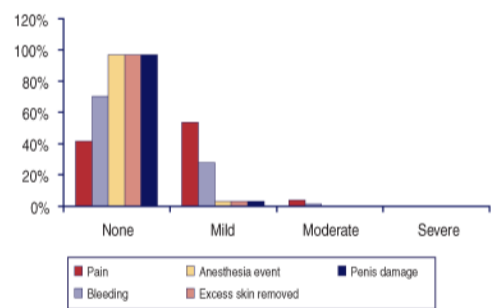
Module Topics:

- Overview of MC (including information on local practices in Zambia)
- Anatomy and pathophysiology of the penis
- Male RH needs
- Education and counseling for MC (including informed consent)
- Facility requirements for MC
- Client assessment for MC
- Preoperative management for MC
- Anesthesia for MC
- Surgical MC technique (dorsal slit method)
- Record keeping for MC
- Identification and management of MC complications
- Infection prevention

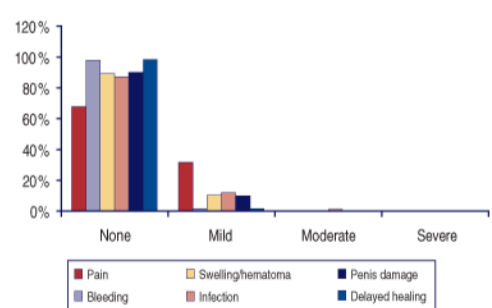
Sample MC/Male RH Learning Resource Package and Patient Education Materials



Adverse Events During Surgery



Adverse Events at <1 Month Follow-Up



CONCLUSIONS

- There is an unmet need for MC and male RH in Zambia
- Constraints to medical MC services include:
 - Shortage of skilled providers
 - Perception of MC as elective and non-emergency (low priority)
 - Lack of dedicated space for health education, counseling and surgery
 - Shortage of surgical instruments and consumable supplies
 - High cost, especially in the private sector
 - Inadequate infection prevention practices
- Removal of some access barriers led to a 3- to 4-fold increase in number of MC procedures at the service sites

RECOMMENDATIONS FOR SCALE-UP

- Maintain a strong focus on a package of services, including counseling and linkages to other RH services
- Services should be male-friendly (e.g., establish weekend and afternoon sessions)
- MC services need to be prioritized
- Service providers need to be motivated
- Mobile MC services could be planned to coincide with student holidays and/or traditional circumcision "season"

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