Ministry of Health

National Male Circumcision Strategy and Implementation Plan 2010 - 2020


World Health
Organization

Foreword

According to the 2007 ZDHS a reduction in the prevalence of HIV has been noted, however despite the reduction, the prevalence remains high. Approximately 1.2 million people are living with HIV in Zambia and according to projections this number may increase especially with the scale up of antiretroviral treatment. The burden of HIV care is high and continues to increase, hence the need to focus on preventive strategies. To further the response to HIV, male circumcision is one of the important preventive interventions adopted by the Zambian government as part of the comprehensive preventive interventions.

Studies in Uganda, South Africa and Kenya have shown that medical male circumcision reduces the risk of transmission of HIV in men up to 60% in the absence of high risk behaviours. Observational studies and anecdotal evidence has also shown that in countries where the general population male circumcision rate is over 80%, the prevalence of HIV is low.

In Zambia, circumcision is traditionally practiced on a large scale only in North-Western Province, an area with one of the lowest HIV rates in Zambia.

While circumcision is greatly encouraged because of its obvious benefits, care should be taken to ensure that appropriate messages accompany its roll out. It is important that the general public is informed that male circumcision is NOT 100% safe and that It is NOT a permanent condom but should be used in combination with other prevention interventions. Therefore, in our messages it is important to emphasise the role of male circumcision plays as part of the comprehensive prevention interventions package.

The implementation of male circumcision may face challenges, it is therefore, important to ensure that health cadres are adequately trained and equipped not only with counselling and surgical skills but also the skills to engage the traditional and religious establishment.

Scale up will require new and innovative ways of doing things. To achieve the necessary results there is need to recognize the role of the communities in male circumcision and engage them in implementation of activities.

In order to avoid duplication and inequitable provision of services, coordination of implementing partners is cardinal. There are already partners and resources providing services in the field, careful harnessing of these resources and partnership will increase the benefits accrued by target communities for the money spent.

Thank you.

Hon. Kapembwa Simbao, MP

Minister of Health

Acknowledgements

The Ministry of Health recognizes the combined efforts of various stakeholders that have been working in the male circumcision field and participated in formulating this plan.

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Dr Velepi Mtonga

Permanent Secretary

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Context:

In the context of the Public Health Act of 1935, the Ministry of Health recognises male circumcision as an important component of comprehensive male reproductive health services (under the Reproductive Health Policy, 2008) and of comprehensive HIV prevention services (under the HIV and AIDS Policy, 2005).

Goal:

To make high quality, safe male circumcision services accessible and available to all men and boys on a voluntary basis, achieving a male circumcision prevalence of 50% by 2020. To maximize the public health benefit in regard to HIV prevention, the priority targets will be HIV uninfected boys and men, aged 13-39. To optimise the long-term public health benefit, services shall also target at least 80% of male neonates.

Guiding Principles:

- Male circumcision will be an integral part of comprehensive HIV prevention programmes.
- Male circumcision information and services will be integrated into male reproductive health services, such as STI services and family planning, as well as counseling and education on sexuality, gender issues, etc.
- Information about male circumcision will be comprehensive and evidence-based.
- Safe, high quality male circumcision services will be available and accessible in all districts in the country.

Background

Male circumcision has been shown to reduce men's risk of becoming infected with HIV through heterosexual intercourse by at least 50 – 60% and possibly as much as 70% or more. Three randomized clinical trials in Kenya, South Africa and Uganda have shown that men who were circumcised were less than half as likely to become infected with HIV within the trial periods. This finding is supported by over 40 sociological and epidemiological studies which show a strong link between circumcision and reduced HIV prevalence. There are also biological studies of the foreskin which show a high concentration of cells very susceptible to HIV infection, which is one of three potential biological explanations as to why circumcision may reduce HIV acquisition (the other two being a reduction in STIs and a reduction in the likelihood of micro-tears and trauma to the foreskin). Based on the data from the clinical trials, models have estimated that for every six circumcisions done, it is estimated that one HIV infection will be averted. It is estimated that routine male circumcision across sub-Saharan Africa could prevent up to six million new HIV infections and three million deaths in the next two decades.

In addition to the evident reduction in risk of HIV acquisition among circumcised men, male circumcision also provides other health benefits, in particular the reduction of certain sexually transmitted diseases and cancers. Evidence shows that male circumcision reduces some sexually transmitted infections (STI), particularly ulcerative STIs including chancroid and syphilis, as well as balanitis, phimosis, and penile cancer. Circumcision has also been associated with a reduction in penile *human papillomavirus* (HPV) and a reduction in cervical cancer in female partners.

While male circumcision has been shown to reduce the risk of acquiring HIV significantly, male circumcision does not provide complete protection from HIV infection. (Need to develop communication programmes that also address that) While data from the three randomized clinical trials shows that the circumcised men were not significantly more likely to engage in high risk sexual practices after the procedure than the uncircumcised men, and in some of the studies their sexual risk behaviours were reduced, there is still a concern over the need to minimize risk compensation. Therefore, to ensure the maximum benefit, male circumcision services must be provided as part of a package of services that integrates other HIV and STI prevention messages and services. Like all surgical procedures male circumcision should be of a quality that ensures safety of clients against nosocomial infections and the development of complications.

Situation Analysis

In Zambia, HIV prevalence is 14.3%, only about 17% of men are circumcised. Few ethnic groups in Zambia conduct male circumcision as a part of religious and cultural practices.

The Luvale and Lunda of Northwestern Province practice traditional universal male circumcision, though there are small groups who also practice adolescent circumcision in other areas of the country. The relatively small Muslim and Jewish communities also practice male circumcision for religious reasons.

A study on the acceptability of male circumcision in Zambia, conducted prior to the release of the data from the three clinical trials showed that there would be demand for male circumcision, particularly for boys aged 7 - 13 years, provided the procedures were safe, accessible and affordable.

In recent years demand for male circumcision has increased and there are long waiting lists in the few sites that provide this service. This increase in demand for the service could be an indication of high acceptability of the procedure in the population. An immediate concern has been that the increase in demand for circumcision without a commensurate increase in resources could result in clients utilising services provided by untrained or inexperienced practitioners thereby exposing them to risks that include surgical complications and infections.

Clinical male circumcision services (public and private) are not currently readily available or accessible. Until recently, elective circumcision was given low priority in public health institutions. Private sector services, where available, tend to be expensive (often performing circumcision under general anesthesia), and only accessible by those that can afford. Circumcision services have not linked to, or integrated into other HIV prevention efforts or reproductive health programmes that ordinarily would be part of male circumcision for HIV prevention.

A small pilot programme conducted under the Ministry of Health in Lusaka, demonstrated that it is feasible to provide safe, acceptable and affordable male circumcision services in Zambian public health facilities. In this pilot project both physicians and clinical officers provided surgical services. Complication rates were low and compared favourably with those obtained in the three randomized clinical trials. No serious complications were observed.

Specific Objectives

1. To increase the number of health facilities providing safe male circumcision services.
Currently there are 5 facilities in Zambia offering the minimum package of male circumcision services. The need is for a minimum of 100 facilities by the end of year one and 300 by the end of year five, to achieve the goal of 50% prevalence of male circumcision by 2020.

Increase availability and accessibility of male circumcision services

- Preparatory phase will include identification and assessment of sites, site strengthening (infrastructure improvement and refurbishment), and training of providers.
- Quality male circumcision services will be made available within the basic package of health services at all hospitals and at all health centers (ensuring that personnel and infrastructure are adequate), as part of an integrated package of HIV and STI prevention activities as well as in the context of male reproductive health services.
- Services will respond to demand. A full range of services from neonatal through to adult circumcision will be available.
- Accurate and comprehensive information about male circumcision, the potential benefits and limitations, will be incorporated into other health education and particularly HIV and STI prevention programmes, such as HIV counseling and testing sites and other HIV prevention campaigns.
- Focus service delivery scale up beginning with provincial centers in areas with high HIV and low MC prevalence (Western, Lusaka, Copperbelt), then move to districts
- Use a combination of service delivery models: static (integrated and vertical), mobile, holiday, male circumcision camps. Delivery to be provided by public, private and civil society/faith-based providers.

Increasing the skills and quality of Providers:

- Male circumcision services will be offered by a medical doctor, medical licentiate, clinical officer or nurse who has been trained and certified to provide safe, comprehensive male circumcision services.
- Male circumcision will be incorporated in pre-service training of all health professionals (doctors, nurses, clinical officers and others).
- Decentralised and accessible in-service training for all health providers.
- During the period 2010 – 2020 not less than 1,200 providers will be trained to meet the male circumcision targets
- All providers need to be certified and accredited by the appropriate regulatory authorities.
- Traditional and religious practitioners provide culturally important services to their constituent groups. In areas where traditional male circumcision is practiced, the Ministry of Health will collaborate with traditional circumcisers to uphold safer surgical techniques while respecting and adhering to the cultural norms that include life skills and coming of age education. Traditional and religious practitioners of MC will continue to provide culturally acceptable services provided that:

    - They follow appropriate infection prevention and surgical techniques to ensure that there is no added risk of HIV transmission or other infection due to the circumcision procedure.

- They collaborate with trained medical service providers who will provide other male circumcision services like HIV testing and counseling, STI treatment, appropriate STI/HIV preventive education as well as care in the event of complications.

Defining the Minimum Package:

Male circumcision services will be offered in the context of a package of services that includes the following:

- Informed, voluntary consent:
  - Written/documented parental or guardian consent for newborns and children from birth to 6 years old
  - Written/documented parental or guardian consent, with documented oral assent from the client, for children from age 7 to 17 years old
  - Written/documented client consent for any client 18 years old and above
  - Clients under the age 18 who report that they do not have a parent or guardian to provide consent shall be referred to the appropriate resources at the Ministry of Community Development and Social Welfare to provide consent
- Pre-procedure counseling on HIV and STI transmission and risk reduction measures which need to be continued with or without male circumcision
- Pre-procedure counseling regarding the male circumcision procedure, its risks and benefits
- Routine counseling and testing for HIV on an opt-out basis
- Routine treatment of STIs and distribution of condoms
- Point of entry for other men's health services, including counseling on family planning, maternal health, sexuality, gender issues (including gender-based violence, especially HIV-related), and other topics as per the needs and circumstances of the client and / or his parents or guardians, including the provision of relevant IEC materials
- Safe medical services incorporating appropriate pain management, infection prevention, and surgical technique that conform to the national standards and protocols for male circumcision
- Post-operative counseling on medical aspects of post-operative care and follow-up, including reinforcing risk reduction messages and practices such as the need to abstain from sex until the surgical wound is completely healed

2. to increase the number of HIV negative males, including neonates, accessing safe male circumcision services.

Currently there are on average 10,000 males circumcised per year. To reach the national target, there is need to increase the number to 100,000 per year by the end of 2010 and up to 300,000 per year by 2014.

Promotion

Health promotion strategies are cardinal to the effective and efficient implementation of MC programmes. Male circumcision promotion and behaviour change communication programmes will:

- Focus on areas where safe male circumcision services are available or easily accessible, through the referral system, including no missed opportunities for linking men into male circumcision services
- Develop communication materials which are technically accurate and comprehensive. The content of the communication materials will include definitions, benefits and risks, on-going needs for risk reduction, address myths and misconceptions and provide information

on where to go for services.
    - Ensure a balanced message of the benefits of circumcision as well as the continued risks of HIV and STI acquisition and transmission
    - Ensure a balanced message of the benefits of circumcision as well as the risks of the procedure
    - Integrate male circumcision messages with other HIV risk reduction and prevention messages
    - Translate materials into local languages
- Include activities for social mobilisation to build a ground swell of support for male circumcision at community level, including traditional healers, churches, schools; mass media (print and electronic), posters, community radio, drama, use of role models, NHCs and peer counsellors
- Include interpersonal communication and counselling through service providers,
- Include advocacy to policy makers, cooperating partners, community leaders and providers

Implementation Arrangements:

Direction and Oversight

- The Ministry of Health will oversee the provision and quality of male circumcision services in the public sector, and will coordinate with the Medical and Nursing Councils regarding professional conduct as well as private practices service provision.
- The Ministry of Health will establish a Male Circumcision Technical Working Group (TWG) to oversee the male circumcision programme. It will be charged with coordinating activities among stakeholders and overseeing aspects of strategic planning, integration, implementation, supervision, and monitoring and evaluation.
- The Ministry of Health will appoint a focal person for male circumcision.
- The TWG may formulate informal and formal structures to expedite its functioning.
- The Ministry of Health will review these guidelines as necessary particularly when new male circumcision evidence emerges.
- The Medical Council, in consultation with the Ministry of Health, will establish an accreditation process.

Multi-sectoral Response

- In line with the National HIV and AIDS Policy, the promotion, delivery and scale up of male circumcision services will be integrated in all government sectors according to their strategic advantage.
- Male circumcision services will be made available in the public, private and civil society/faith-based sectors according to their strategic advantage.

Monitoring and Evaluation

Monitoring of male circumcision activities will be done through existing systems. Some of the indices that will be monitored include:

- number of procedures done
- number of staff trained
- adverse events

- numbers tested for HIV and outcome of tests
- quality assurance indicators

Impact evaluation will be incorporated into the DHS by measuring the effect of male circumcision on the incidence of HIV.

Research:
Operational research will be carried out and will include:

- Devices and techniques
- Healing and keratinisation
- Service delivery models
- Cost-effectiveness
- Risk compensation and behavioural research

Costing:

It has been estimated that it will cost approximately US$47 per circumcision in Zambia. This figure does not include the training component required to scale up services. Training is estimated at US$16,000 for a two week training course for 16 clinical staff. It is estimated that five such trainings will be required per year, as part of the scale up plan. This will produce an additional 80 MC Service providers per year.

	annual number of circumcisions	*cumulative*	*budget*	*HR need*	*currently have*	*need*	*training cost*	*annual total cost*
2010	100,000	100,000	4,700,000	400	150	250	250,000	4,950,000
2011	150,000	250,000	7,050,000	600	400	200	200,000	7,250,000
2012	200,000	450,000	9,400,000	800	600	200	200,000	9,600,000
2013	250,000	700,000	11,750,000	1,000	800	200	200,000	11,950,000
2014	300,000	1,000,000	14,100,000	1,200	1,000	200	200,000	14,300,000
2015	300,000	1,300,000	14,100,000	1,200	1,200	0	0	14,100,000
2016	300,000	1,600,000	14,100,000	1,200	1,200	0	0	14,100,000
2017	300,000	1,900,000	14,100,000	1,200	1,200	0	0	14,100,000
2018	300,000	2,200,000	14,100,000	1,200	1,200	0	0	14,100,000
2019	300,000	2,500,000	14,100,000	1,200	1,200	0	0	14,100,000
totals			$117,500,000				$1,050,000	$118,550,000