

Male Circumcision as a prevention strategy for HIV infection in South Africa



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Advise:



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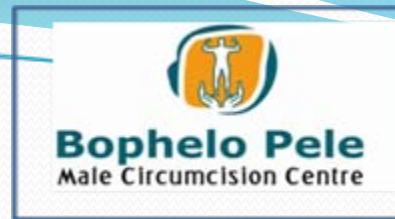


R. JUDD

In South Africa?

- Bophelo Pele Male Circumcision Project (Orange Farm)
- PSI – SFH Stand-alone clinic in Pietermaritzburg, Boom street
- Training provided for medical staff in KZN
- KZN camps?
- Policy and National Guidelines –
 - SANAC
 - Technical Task Team, Mr. Dayanund Loykissoonal, Acting Director, Prevention Strategies, NDOH





Objectives:

- To fulfil an ethical obligation from the anRS 1265 Male Circumcision Trial – by offering free and safe MC to the community (Orange Farm, South Africa) where the trial was done – **Almost done?**
- To extend the service delivery to areas neighboring Orange Farm, still using the same High Volume Site
- To establish OF as a centre of excellence offering training in a high volume site
- ~~To establish a MC program in a community~~ **Done**
- To evaluate the impact of implementation

General information to the community

Community advisory board

CAB: Local NGO's, Political structures, local leaders, scientists, interested parties

Community meetings – Extended to new areas



Recruitment Outreach activities

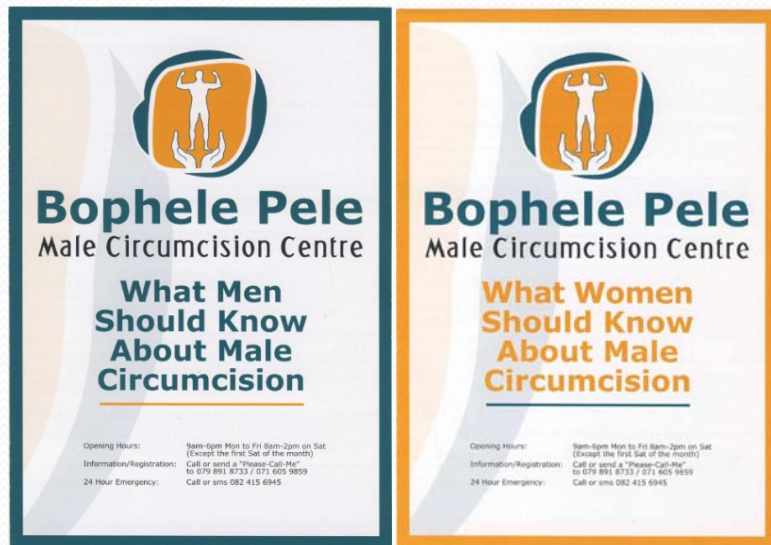
- Schools, churches, community leaders –
- **Neighboring communities**
- Local radio station: Thetha FM **Wider area**
- Local GPs – **New areas**
- In the clinics (STI patients)
- **National Communication Roll-out**



Door-to-door outreach

Outreach activities

Pamphlets are distributed



A Mobile speaker system is used



Extended to new areas

Inclusion activities at Outreach centres



- Information session, anyone can attend, parents, spouses, partners
 - Safe sex messaging
 - Section on MC
 - Partial protection for men only
 - 6-week period of abstinence
 - Individual counselling
- ~~VGT~~ **HCT** is recommended and offered
- CD4 count test (on site) → ARVs
- Paper work (minimum) for Inclusion, including Informed consent – **Paper work and consent have been standardised to be the same as will be used Nationally**



~~Wait 3 days before surgery!~~
~~(7 days for smokers!)~~
No waiting period!

Surgery

WITS Urology Department Study Site

- Started with 2 surgery rooms
- Need for High Volume high quality models
- Dr. Dino Rech and Dr. Sean Doyle developed
- 7 beds, in one room divided by curtains
- 1 doctor, 4 aux nurses, 1 suture nurse = 10 MC per hour
- Maximum capacity with 3 doctors = 150+ per day



- **Training of clinicians, Doctors and Nurses**
- **6 day training course - proposed for Doctors**
- **Doctors trained for 2 partner programmes as well as Public Service Doctors**

Surgery

WITS Urology Department Study Site

- HIV+ participants are also
Circumcised
- Cost: ZAR 400 approximately
- Surgical kits developed and used
- Monopolar electrocautery used
- There is a follow-up visit 2-3
days after surgery
- **Nurses in Public Primary Health Care
facilities will be trained to do
Follow-up**
- Emergency response for participant after surgery – **Emergency rooms**
- The rate of AE is 2.0% (187/9290). Ten participants (0.1%) were hospitalized.



National scale-up for South Africa

Role of Chaps – Anova (Orange Farm Team) in roll-out

Consultations on policy

- National Medical Male Circumcision Guidelines
- Implementation Guidelines
- Specialised MC and men's health sites, and integrated services

Start-up teams

- Partners sites
- Public facilities – District Hospitals

Training

- Specifically Clinician training
- Centres of excellence

New sites

- ?

Ongoing Research



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