

ZIM embarks on pilot Male Circumcision exercise

.....as nation scales up HIV prevention strategies

By Orirando Manwere

ZIMBABWE has officially adopted Male Circumcision (MC) as part and parcel of its ongoing efforts to further scale up HIV prevention strategies which have seen the country recording a marked decline in HIV prevalence to the current 13,7 % over the past four years.

Male circumcision is the surgical removal of the foreskin covering the head of the penis and has been scientifically proven to reduce the chances of men getting infected with HIV during intercourse by 60 %.

Surgery is provided by medical doctors, using sterilized pre-packed MC kits and guided by the minimum standards for safe male circumcision developed for Zimbabwe.

A back up service to address complicated cases and any adverse events is in place.

However, male circumcision does not provide complete protection from HIV infection and men who are circumcised still need to protect themselves and their partners by reducing the number of overlapping sexual partners, using condoms correctly and consistently ,knowing their HIV status or abstaining from sex.

Male circumcision is being conducted at sites are at Spilhaus , Zimbabwe National Family Planning Council (ZNFPC) in Harare, Bulawayo Eye Clinic in Bulawayo and Mutare Provincial Hospital in Mutare .Karanda Hospital in Mt Darwin will soon offer MC services following the training of staff and delivery of equipment.

By the end of September, a total of 1291 men had been circumcised at the three centres, according to Ministry of Health and Child Welfare officials.

The Ministry of Health and Child Welfare is leading the implementation of MC with technical and financial assistance from Population Services International while NAC leads the overall coordination of the national response to HIV.

Other agencies involved include civil society, UN Agencies (United Nations Population Fund (UNFPA) , the World Health Organization (WHO) ,the church, and traditional circumcisers.

Male circumcision was identified by the Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) as one potential service-based HIV prevention intervention.

. Zimbabwe is generally a non-circumcising country but has pockets of traditionally circumcising ethnic and religious communities such as the Xhosa, VaRemba, Chewa, Tshangani, Tonga and Moslems..

The first stakeholder consultation meeting on MC coordinated by the Ministry of Health and Child Welfare was held in 2007 with support from the United Nations Population

Fund (UNFPA).

Since it was imperative to understand the benefits of the HIV prevention programme from male circumcision, a mathematical modeling workshop was held and highlighted the following factors:

- Circumcising men aged between 20 to 29 years could lead to a greater reduction in HIV incidence.
- In the long-term, circumcising infants or boys (younger than 19 years of age) could lead to greater reductions in incidence; but no impact for the first 20 years
- Men being circumcised should be encouraged to test for HIV infection – but no substantial dangers of increased incidence if infected men are circumcised
- HIV incidence could be reduced by 25% to 35% if 50% of men were circumcised
- MC on its own, is not expected to lead to the terminal decline of the HIV epidemic
- MC can operate synergistically with other types of prevention interventions and should be accompanied by a renewed focus on promoting reductions in sexual risk behaviour
- the impact of MC expected to develop slowly over several decades, no short-term national targets for reduced HIV prevalence among young men and women

A male circumcision situation analysis (feasibility and acceptability) was later conducted and results disseminated during MC stakeholders meeting in 2008. A Steering committee and three technical working groups were created at the same meeting.

In preparation for the introduction of MC, the local team participated in capacity development regional trainings in Uganda and South Africa. A tool to assess the readiness of a health facility to introduce or expand provision of male circumcision services as part of a comprehensive HIV prevention program and a draft MC policy were developed.

A national training of trainers (TOT) was conducted for 18 national trainers comprising of surgeons, nurses and counselors. The training materials for the program were adapted from WHO Training guidelines and more service providers were trained from four learning sites. The central level training site was established at Spilhaus Clinic.

The number circumcised males is expected to reach 2000 by December 2009. Latent demand can be described as very high as 700 males have volunteered to be circumcised when offered MC through HIV counseling and testing centres.

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NB., click here to view and download a Media factsheet on MC and a recent regional workshop report

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