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Update on male circumcision policy process in South Africa

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SANAC Civil Society Meeting

7 July 2009

Overview

- NSP mandate for a MC policy
- Key considerations for a MC policy
- Initial steps on MC policy
- Process to date
- Contents of Draft 1 MC policy
- Next steps

NSP KPA 1 - Prevention

- Reduce sexual transmission of HIV
  - Develop a comprehensive package that promotes male sexual health:
    - Convene a multidisciplinary expert working group, including traditional leaders and private practitioners to review the WHO/UNAIDS MC policy and make policy and programme recommendations
    - Conduct research, which is evidence based (medical and scientific knowledge)
    - Endorse MC as an add-on HIV prevention strategy

Importance of a RH package

- MC should be introduced to adolescents and young men as part of a comprehensive reproductive health package that could include: VCT, STI treatment, safer sex messaging and condoms, alcohol counselling etc

- HIV testing should be offered prior to MC but should not be a prerequisite for MC.
  - HIV +ve men can be circumcised
  - Men with advanced HIV should defer MC until treatment established
  - Counselling about delaying sex until after wound healing is essential

Communication strategy

- **Community messaging** is essential to ensure full understanding about what MC offers, and to discourage the use of unsafe MC services

- **Messages must be clear**
  - Partial efficacy (only 60% effective)
  - Sustaining safer sexual practices
  - Delay sexual debut
  - Alcohol abuse
  - Changing gender norms
  - 'Male Morality' e.g. respect of women

- Appropriate media for the **disabled**

[redacted] sensitive

- Messaging must also **target women** who are partners and mothers of sons
- Messaging must explain advantages to women of MC
  - MC in the longer term is also protective against HIV for women,
  - MC protects against HPV and Cervical cancer, and exposure to other STIs
- MC programmes should **not pull funds away from existing programmes targeting women** eg PMTCT, Female condoms
- MC should **not further stigmatise HIV+ve women** by blaming them should a circumcised male become infected

MC rollout in health services

- More than **3 million young men are uncircumcised** in SA
- **Design programmes** with reference to demonstration projects already underway e.g. Orange Farm 5000 MCs in 11 months
- Provide an **integrated package** that embraces services and messages addressing men's sexual health, gender and substance abuse
- Beware of creating demand for MC **without services** being able to respond

Costing and research

- **Modelling and costing** should be undertaken to assess affordability, impact and cost-effectiveness (WHO model available)

- **Sustainable funding** required

- **Research agenda ongoing**
  - Impact on behaviour at community level e.g. use of unsafe MC practitioners
  - Impact of MC on male behaviour
  - Impact on women including HIV +ve women
  - Impact on HIV prevalence over time
  - Operations research
  - Communications research

Traditional MC should be included as part of the broader MC policy

"Embrace traditional and western ways to stop people dying"

- Standardisation of traditional practitioners training
- Regulation
- Monitoring and control of illegal initiation schools
- Demarcation of sacred spaces for initiation schools
- Consideration of surgical technique noting that only full removal of foreskin is efficacious for HIV prevention
- Expanding messaging to embrace broader sexual health and gender issues

"P[illegible] traditional practitioners"

Initial steps on MC

- **Speed in developing policy** is essential as communities are already aware of the data and are seeking safe and unsafe access to MC services
- Develop **urgent communication strategy** informing communities of MC and HIV prevention data and discourage unsafe MC practices
- **Draft National policy addressing medical MC services and activities as part of broader integrated sexual health package, to be ready by end of June 2009**

Initial steps in MC

- Request that the next step is to take **information sharing sessions into communities** through SANAC sectors eg men, women, labour, PWA
- Implement **provincial consultations with traditional practitioners**
- Arrange **consultations with Houses of Traditional Leaders**
- SANAC plenary confirmed way forward based on workshop recommendations including rapid progress towards MC policy
- Reconsider whether there is a role for another national information meeting in March

Process to date

- SANAC meeting – October 2008 mandated consultation with experts on MC – resolutions adopted on the way forward for MC in SA and experts asked to conduct workshops with traditional healers and leaders to assess buy-in for MC,
- SANAC meeting in Cape Town 05th Feb 2009: NDOH mandated to prepare draft policy on MC. MC Task Team set up
- Consultations with stakeholders initiated for the development of draft policy on MC

- DG and PIC Co-Chair conducting consultations with traditional leaders on MC.
- NDOH invites expert to do presentation on MC to the Mx Committee (DG, DDG, CD, D) – set the scene for policy development on MC in SA

Process to date

- April – MC Task Team met to discuss strategy for development of MC policy (TOR's, Narrative team, funding/costing of MC, etc)

- April –MC TT appointed consultants/RHRU to undertake nationwide situational analysis on MC

Policy for safe male circumcision in South Africa

- Foreword
- Acknowledgements
- Abbreviations and Acronyms
- Definitions
- Executive summary

Section A: Introduction and Background
Section B: Situation analysis
Section C: Guiding principles
Section D: Aims and Objectives
Section E: The Male Circumcision Policy
Section F: Monitoring and Evaluation
Section G: Implementation Plan for the MC Policy

References
Annexure A: Evidence
Annexure B: List of guidelines cited in the document

Draft 1 MC policy: Guiding Principles

- Supportive leadership
- Effective Communication
- Effective Partnerships
- Promoting social change
- Protecting Human & Legal Rights
- Sustain programmes and funding

Aim

The aim of this policy is to improve male sexual & reproductive health and reduce new HIV infections (including STI's, penile cancers and other penile complications) through the provision of safe, accessible, sustainable and voluntary male circumcision services in South Africa

Objectives of the MC policy

- Provide a framework for policy makers and implementers to support introduction of safe, accessible, sustainable and voluntary clinical male circumcision services in South Africa
- Integrate safe clinical male circumcision practices with traditional MC practices
- Create an enabling environment for the implementation of safe, accessible, sustainable and voluntary clinical male circumcision services in South Africa
- Mobilise men in accessing MC services
- Introduce safe clinical MC practice in traditional settings
- Introduce and scale up MC services in health facilities

Policy Statement

The Government of South Africa acknowledges the three randomised control trials that have shown explicitly the partial protective effect of MC and recognises MC as an efficacious and additional prevention strategy in the prevention of new HIV infections as alluded to in the NSP 2007 – 2011.

Integration

- MC services will be offered in the context of male sexual & reproductive health services and as part of a comprehensive HIV prevention package including:
  - Access to HIV testing & Counseling
  - Safer sex counselling
  - Behaviour change communication
  - STI diagnosis & treatment
  - Provision of condoms
  - Counseling on the surgical procedure & benefits of MC

Quality Assurance

- Guidelines & minimum standards will be developed in line with best practices & evidenced based protocols as per WHO recommendations

- Effective and efficient supply chain management systems will be employed to ensure hassle free circumcisions

Communication, Advocacy & Social mobilisation

- Will follow the national communication strategy for MC in SA
- The Communication Strategy will consist of key communication messages developed for specific target audiences/populations
- Advocacy strategies will be developed to reach leadership at all levels

Socio-Cultural issues

- SANAC, NDOH and the Government of SA will ensure that MC is promoted & delivered in a culturally appropriate manner that minimises stigma associated with circumcision status

Human rights, ethics and legal issues

- MC will be provided with full adherence to medical ethics and human rights principles & comply with the National legal framework.

- Informed consent, confidentiality and absence of coercion will be assured at all times.

Monitoring and Evaluation (M&E)

- MC specific indicators will be developed
- Needs further discussion with Research sector and RME Technical Task Team
- Development of data collection tools, etc.
- Operational research on safe MC is encouraged

Next steps

- Complete consultations with relevant stakeholders (internal and external)
- Presentation of revised draft policy to MC Task Team & incorporate inputs
- Presentation of revised draft policy to PIC and NHC technical group & incorporate inputs
- Presentation of draft revised policy to SANAC Plenary
- Finalise MC policy