

**ICAP Collaborative PMTCT and Pediatric HIV Strategic Planning Workshop
In Partnership with Tygerberg Children's Hospital, South Africa and S2S**

Title:	Circumcision: Linking prevention to PMTCT and Family-focused care
Country:	New York
Host Name/Title:	Elaine Abrams, Director MTCT-Plus
Session Goal:	To review data on the efficacy of circumcision for prevention of heterosexual HIV transmission and to consider ways to link prevention services with PMTCT and family-focused HIV care and treatment services.
Learning Objectives:	<ol style="list-style-type: none"> 1. To describe the results of recently completed studies about the efficacy of circumcision for the prevention of heterosexual HIV transmission. 2. To examine the implications of these study findings on the implementation of family-focused HIV care and treatment programs 3. To assess the feasibility of introducing circumcision counseling and referral in the context of partner and family-focused testing for HIV. 4. To propose strategies to introduce circumcision as an effective prevention strategy on a program level in the context of family-focused HIV services
Instructional Method(s):	<ul style="list-style-type: none"> • Lecture format with open-ended question and answer period • Small group work
Session Description (with times):	<p>1-40 minutes</p> <ul style="list-style-type: none"> • Dr. Abrams will provide a review of recently published studies and new findings presented at the 15th annual CROI conference in February 2008. The review will focus on efficacy and safety of male circumcision for the prevention of heterosexual HIV transmission. • During the talk participants will be able to ask questions to clarify scientific and technical points. The activity will conclude with an open-ended question and answer period to address questions prompted by the lecture <p>40-75 minutes</p> <p>Participants will be divided into two groups.</p> <ul style="list-style-type: none"> • Group 1 will focus on circumcision and PMTCT programs. Participants will briefly discuss the availability of safe circumcision services in ICAP supported communities and outline steps that will need to be taken to increase access to services. Participants will then be asked to develop counseling messages around male circumcision (assuming availability of services) for <ol style="list-style-type: none"> 1. the pregnant/postpartum women 2. her male partner • Group 2 will focus on circumcision and pediatric programs. Participants will be asked to develop counseling messages around male circumcision for the parents of HIV infected and exposed children receiving care in pediatric programs <p>Participants will be encouraged to role play the counseling messages once they are developed if time allows</p> <p>76-90 minutes: Participants will be brought back into a large group to:</p> <ul style="list-style-type: none"> • Summarize small group discussions around circumcision availability as well as counseling messages. • Share differences and similarities between messages from both groups will be highlighted. • Support materials will be identified for future development. • The host will summarize and close the session.

Pre-session Activities:	Participants should acquaint themselves with the availability of services for safe circumcision in ICAP-supported regions.
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Session notes and summary

Session name: Circumcision: Linking prevention to PMTCT and Family-focused care

Note taker name: Ruby Fayorsey

Major Discussion Points and/or Conclusions:

1. Ecological studies have shown that countries with high male circumcision (MC) rates have low HIV prevalence, those with low circumcision rates have high HIV prevalence.
2. Three RCT from Uganda, SA and Kenya showed that MC decreased HIV acquisition in uninfected males. Protective effect: 50-60% decrease risk of HIV transmission.
3. Small study from Rakai, Uganda, did not show protective effect of MC on HIV transmission from infected male to uninfected female partner. On the contrary, there was a slight increase in transmission especially during the first weeks after circumcision. No evidence at this time that MC protects uninfected female from HIV acquisition.
3. Does male circumcision cause disinhibition? There are concerns about sexual disinhibition which may lower the expected protective effect. However, if it did, it would lower the protective effect of circumcision on HIV transmission. Still need intensive risk reduction counseling and additional preventive measures- continued condom use after circumcision.
4. MC is acceptable, cost effective and can be safely performed on a large scale. It is currently the most effective preventive tool we have available except for PMTCT, need to make it safe and available.

Group assignments – participants were divided into two groups and given questions to answer on a flip chart.

Group 1

Is male circumcision available in your programs?

Outline steps to increase availability?

Develop counseling messages around circumcision to be given in the context of PMTCT (for pregnant/post partum woman, her uninfected partner)

Is male circumcision available?

Varies a lot amongst countries and within countries. In Nigeria it is available in hospitals for infants; young child, and preadolescent in the community

Mozambique- available in hospital for young children, older children ritual MC is available

Kenya – available in hospitals, home circumcision is also performed by nurses

Lesotho-availability varies, mostly ritual circumcision

Outline steps to increase availability in your settings?

- Give priority to male if he has HIV test done in ANC
- Pay surgeons and nurses to perform procedure
- Make circumcision available on Sundays

- Include male circumcision as part of PMTCT training
- Increase knowledge in the community

Develop counseling messages to be given in the context of PMTCT for the pregnant /postpartum woman, and her uninfected partner

- Involve local doctors to be advocates of circumcision
- Community message-meet with community leaders, bill boards, radio etc (Get tested, if you are negative get circumcised, use condoms)
- Individual-Benefit of decreased HIV transmission, benefit of knowing your status, early treatment
- Provide incentives for men to be circumcised
- Involve lay providers

Group 2

Is male circumcision available in your programs?

Outline steps to increase availability?

Develop counseling messages around circumcision to be given in the context of mother and her exposed infant and adolescent

Is male circumcision available?

In South Africa MC is available in hospitals but you have to pay for it. Only ritual MC is routinely done

Nigeria-MC is available in HC setting for infants and community for older males as part of ritual/sexual initiation

Tanzania- available in Health care settings for young infants and young males

Lesotho- Only ritual MC is available

Mozambique- available in hospital for young children, older children ritual MC is available

Outline steps to increase availability in your settings?

- Policy- national level to mandate free circumcision for all males who desire it
- Cultural-target traditional leaders and community leaders, sensitization of community, advocates for change, decrease stigma
- HCW – male HCW should be proponents of the message, advocates for change
- Religion -religious leaders should be spreading message to communities

Develop counseling messages to be given in the context of mother and her exposed infants and adolescents

- Benefits to male and family (decrease HIV transmission, decrease risk of some STIs, he will live longer to look after family, be able to provide for family)
- Benefits to the community(decreased HIV transmission and ultimately decreased prevalence in community)
- Universal infant male circumcision- decrease incidence of UTI in infant males < 1 year of age
- Go to where the men are- bars, male clubs, golf course; targeted male marketing- men magazines, DVDs,
- Male friendly clinics-men friendly services
- Workplace programs to advertise male circumcision
- Youth friendly clinics for adolescents
- Early life skills in school for adolescents

Agreed Upon Next Steps:

Participants agreed to begin the discussion around benefits of circumcision for uninfected men with country leadership. In countries where circumcision has been adopted as a national policy will work with sites to start counseling clients and make it available to those desiring it.

Other Comments:

The women currently bear most of the responsibility of the health of the family; can we take the message directly to the men? Go to where the men are?

New message: Get tested, if negative get circumcised, use condoms.