Zimbabwe Policy Guidelines on Voluntary Medical Male Circumcision

PRIMARY HEALTH CARE
A HEALTHY NATION
MINISTRY OF HEALTH & CHILD CARE
ZIMBABWE

Zimbabwe
Policy Guidelines on
Voluntary Medical Male Circumcision

Ministry of Health and Child Care

Foreword

Zimbabwe has continued to register HIV and AIDS decline in both the incidence and the overall prevalence owing to the immense contributions by different stakeholders in the National response to HIV and AIDS. Zimbabwe has taken a further step in consolidating these gains by introducing Male Circumcision as another HIV prevention intervention to complement already existing interventions

In June 2007 the Ministry of Health and Child Care convened a National Stakeholder meeting in Kadoma to generate a national consensus on male circumcision following the evidence from the randomised control trials in Uganda, Kenya and South Africa and subsequent statement from the World Health Organisation and United Nations Joint Programme on AIDS, that male circumcision reduced the risk of female to male transmission of HIV This policy document is one of the agreed outputs of the Kadoma meeting.

This policy recognizes the connectedness of the male circumcision intervention with all other HIV prevention efforts that the country is already implementing. It is very important therefore that all male circumcision providers countrywide recognize our policy position that male circumcision **must be provided as part of a comprehensive** national HIV prevention package and not offered in isolation.

Male circumcision shall also not compete nor divert resources from other health programmes making it critical that additional resources be mobilized for male circumcision provision and overall health systems strengthening. The Ministry of Health and Child Care e will play a central role in coordinating activities for male circumcision.

This policy defines male circumcision as a procedure that should comply fully with the medical ethics in its provision yet simplified enough to reach out to as wide coverage as possible for the public health benefits to be realized. It further recognizes male circumcision as a medical intervention that should be provided **only by qualified personnel** and appropriately resourced health facilities. The quality of male circumcision should therefore be commensurate with all surgical procedures provided in health care settings. The policy also provides guidance on the male circumcision quality assurance and standards of care. Male circumcision as an intervention for healthy individuals should therefore not make any males sick from the procedure

Despite this approach the Ministry acknowledges that there are communities that have already been practicing male circumcision for religious and cultural reasons, this policy also provides guidance on possible linkages with these communities so that they access quality and safe services from facilities nearest to them, where this is not feasible it also gives guidance on how services can be provided to such communities

It is further acknowledged that behaviour dis-inhibition is a potential threat to the overall HIV prevention programme and therefore the policy also provides some key minimum messages that guard against such problems which all stakeholders in male circumcision provision should always address.

Male circumcision has always been provided by doctors however this policy also provides a framework for incorporation of other health providers to enable services to reach out to as many males as possible including neonates.

Finally the Ministry calls upon all stakeholders to support the introduction and subsequent roll out of Male Circumcision services in the country as an additional HIV prevention intervention.

An HIV free generation is possible and Male Circumcision is one of the important pieces towards this goal: Lets all play our part we owe to ourselves and to all future generations of this Country

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MINISTER OF HEALTH AND CHILD CARE

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List of Abbreviations and Acronyms

CPZPZ	College of Primary Care Physicians of Zimbabwe
FBO	Faith Based Organization
FGM	Female Genital Mutilation
GUD	Genital Ulcer Disease
HIV	Human immunodeficiency virus
HSV-2	Herpes simplex virus type 2
HTC	HIV Testing and Counseling
JHPIEGO	The Johns Hopkins Program for International Education in Gynecology and Obstetrics
MC	Male Circumcision
MDPC	Medical and Dental Practitioners Council of Zimbabwe
MOHCC	Ministry of Health and Child Care
MSM	Men who have Sex with Men
NAC	National AIDS Council
NBCS	National Behaviour Change Strategy 2006-2010
NGO	Non-Governmental Organization
RCT	Randomized Controlled Trial
RHC	Rural Health Centre
SRH	Sexual and Reproductive Health
STI	Sexually transmitted infection
UNAIDS	Joint United Programme on HIV/AIDS
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UTI	Urinary tract infections
WHO	World Health Organization
ZAN	Zimbabwe AIDS Network
ZCPHP	Zimbabwe College of Public Health Physicians
ZDHS	Zimbabwe Demographic and Health Survey
ZIMA	Zimbabwe Medical Association
ZINA	Zimbabwe Nurses Association
ZNATHA	Zimbabwe National Traditional Healers Association

I. BACKGROUND

Definition

Male circumcision is the surgical removal of the fold of skin that covers the head of the penis *(foreskin or prepuce)*. Globally male circumcision is widely practised for a variety of reasons including religious, cultural and medical reasons. Currently, around two thirds of African men are circumcised, mainly for religious and cultural reasons. ZDHS 2010-11 estimates that 10% of men in Zimbabwe are circumcised.

Research evidence

Several studies have indicated that male circumcision reduces the incidence of Sexually Transmitted Infections (STIs) such as syphilis, chancroid, Herpes Simplex Virus 2 (HSV-2), Genital Ulcer Disease (GUD) among men, and bacterial vaginosis, trichomonias and bacterial vaginosis in their female partners[1,2]. In addition, male circumcision eliminates the occurrence of posthitis, phimosis and paraphimosis. It also reduces the chances of occurrence of urinary tract infections in infants, balanitis, penile cancer and cervical cancer among female partners. In sub-Saharan Africa the geographical regions where men are more commonly circumcised overlap with areas of lower HIV prevalence. Although other risk factors for heterosexual HIV transmission are similar in sub-Saharan African countries with high levels of male circumcision (>80%), they generally have HIV prevalence levels well below those of countries where circumcision is less common (<20%).

In addition to the observational evidence, there is now compelling evidence from research trials that male circumcision is efficacious in reducing sexual transmission of HIV from women to men. Three randomised controlled trials (RCT) have conclusively demonstrated that circumcised men have a significantly lower risk of becoming infected with HIV. The results of studies in South Africa, Kenya and Uganda have proved convincingly that male circumcision can reduce sexual transmission of HIV by around 60%. The conclusions from the studies have lead to the official adoption of male circumcision by the WHO and UNAIDS as an additional intervention in HIV prevention. For countries with high HIV prevalence and low levels of male circumcision, WHO and UNAIDS recommended to make male circumcision services widely available.

Zimbabwe is experiencing a severe, generalized heterosexually driven HIV epidemic. Within the Zimbabwe National Strategic Plan -2010- 2015, several HIV prevention strategies have been adopted. The focus is on promoting safer sexual behaviour as outlined in the National Behavioural Change Strategy (NBCS) and on a package of health sector interventions such as prevention of mother to child transmission of HIV (PMTCT), HIV testing and counseling (HTC), blood safety and others as outlined in Zimbabwe's Health Sector HIV Prevention Strategy. HIV prevalence has declined significantly over the past decade from 29.3 % (1998) to 15.6 % (2007) according to the National HIV and AIDS Estimates. The decline was attributed to a combination of mortality and behaviour change, particularly reduction in partners and high levels of condom use with casual partners. Despite these reductions in risk, heterosexual

[1] WHO/UNAIDS, "Male circumcision: Global trends and determinants of prevalence, safety and acceptability"
[2] Weiss HA, et al; Singh-Grewal D, et al; Moses S, et al; Wiswell TE, et al; Agarwal SS, et al; American Academy of Pediatrics; Dodge OG, et al; Nasio JM, et al ; Cook LS, et al.

transmission of HIV remains the main driver of HIV transmissions. Therefore additional changes and new strategies are required to further reduce HIV incidence.

Epidemiological modeling indicates that male circumcision will reduce but not eliminate the risk of HIV infection at the population level. Therefore promotion of safer sexual practices will still be required as male circumcision should only complement existing effective HIV prevention strategies. Like for any new effective HIV prevention or treatment intervention, there is a potential that reduction in perceived risk may result in an increase in risk sexual behaviour[3]. While the three randomized control trials did not find significant levels of risk compensation, this aspect requires careful monitoring and needs to be addressed in male circumcision programming.

As for any surgical procedure, there are risks associated with circumcision. The problems generally occur during or soon after the procedure. They include pain, bleeding, haematoma, infection at the site of the circumcision, increased sensitivity of the glans penis for the first few months after the procedure, irritation of the glans, meatitis[4], injury to the penis and adverse reaction to the anaesthetic used during the circumcision. These complications are uncommon when circumcision is performed by well trained, experienced health care personnel in adequately equipped facilities. Data from controlled trials show that under such conditions few procedures result in complications[5'6]. The complications are usually readily manageable and rapidly resolved.

Male circumcision in Zimbabwe

It is estimated that around 10% of Zimbabwean men are currently circumcised. Male circumcision is undertaken

- for religious reasons among Chewa and Muslims, who constitute approximately 1% of the population (concentrated in Harare);
- for cultural/traditional reasons in specific groups, which represent a relatively small size of the population such as the Xhosa/"Fengu" of Ntabazinduna, Tonga of Binga, Venda and the Tshangani of Chiredzi and Mberengwa as part of initiation rites of passage to manhood;
- and for medical reasons.

Male circumcision is reported to be generally uncommon among the majority Shona and Ndebele groups. In the only study on male circumcision acceptability in Zimbabwe conducted in Harare (2004), 45% of respondents expressed a wish to be circumcised if the practice was confirmed to reduce the risk of contracting HIV or STIs and if it was performed safely and is affordable[7]. The current demand for male circumcision in Zimbabwe is not clear. However, it is likely to increase as information on the efficacy of male circumcision in HIV prevention becomes more widely known.

Policy development process

In 2007, the National AIDS Council (NAC) in collaboration with the Ministry of Health and Child Care (MOHCC) convened a large-scale stakeholder consultation, which recommended considering male circumcision as a public health intervention. Following this meeting the

[3] "Risk compensation" or Behavioural dis-inhibition
[4] Inflammation of the opening of the urethra
[5] Laumann, E.O., Masi, C.M., and Zuckerman, E.W., Circumcision in the United States. Prevalence, prophylactic effects and sexual practice. JAMA, 1997. 277(13): p. 1052-7.
[6] Rizvi, S.A., Naqvi, S.A., Hussain, M., and Hasan, A.S., Religious circumcision: a Muslim view. BJU Int, 1999. 83 Suppl 1: p. 13-6.
[7] Halperin et al, 2005.

MOHCW initiated a comprehensive situation analysis, which was shared in another stakeholder meeting convened by the MOHCW in 2008. In this meeting it was proposed to develop a policy on male circumcision and a Steering Committee on male circumcision was constituted. This policy is built on findings from the comprehensive situation analysis and the recommendations from stakeholders meetings. In addition global research evidence and global policy recommendations have been considered.

II. POLICY STATEMENT AND GUIDELINES

1. Goal of the Policy

To reduce the incidence of HIV infection, other STIs, penile and cervical cancer through provision of safe and voluntary male circumcision services.

2. Main Objective of the Policy

To provide a framework for the provision of safe, accessible, voluntary and sustainable male circumcision services in a way that safeguards the human rights of individuals and communities.

3. Guiding Principles

Implementation of male circumcision as an intervention in the prevention of HIV infection shall be guided throughout by the following principles:

1. Development and expansion of male circumcision services will **be based on a human rights based approach** to ensure that the procedure can be carried out safely, confidentially, under conditions of informed consent and without coercion or discrimination.
2. Male circumcision services shall be delivered in a culturally **sensitive manner with respect for traditional cultural and religious values and beliefs** to minimize stigma that may be associated with circumcision status.
3. Male circumcision shall not be offered in isolation but **as part of a comprehensive HIV prevention as well as sexual and reproductive health package** that includes promotion of safer sex practices, treatment for sexually transmitted infections and any measures that may be required to minimize behavioural dis-inhibition.
4. The service **should not interrupt other health services or divert resources** from other **primary health care services**.
5. In the case of **male circumcision in children or minors**, all service delivery activities and choices **shall be in the best interest of the child**.
6. Male circumcision services shall be delivered in a way that **women's rights are fully respected, benefits for women** fully realized and risk **of harm to women is minimized**.
7. Further **development of male circumcision services should be informed by evidence** from monitoring and evaluation and appropriate operations research.

8. **HIV and AIDS is an emergency in Zimbabwe**. Thus benefits and risks of promoting and scaling up male circumcision services shall be balanced against this reality.

4. Service Delivery

The key considerations in the provision of male circumcision services are the overall approach, safety, accessibility and human rights.

4.1. Overall approach to provision of male circumcision services

Male circumcision services shall be part of a comprehensive HIV prevention package and be provided in the framework of existing and related health services. The broader package shall include information about the risks and benefits of the procedure, counseling about the need to adopt and maintain safer sex practices, access to HIV testing and counselling, condom promotion and provision, and the management of sexually transmitted infections.

To facilitate sustainability of male circumcision, the service shall be delivered as an integral part of male Sexual and Reproductive Health (SRH) services and HIV services.

Male circumcision as an additional entry point for male SRH and HIV prevention services

Male circumcision services shall be provided alongside other male SRH services. Thereby, male circumcision will become an additional entry point for increasing male participation in HIV prevention services such as:

a. Information and counselling on sexual intercourse, health problems related to the reproductive system and safer sexual behaviours such as
    - Reduction in the number of sexual partners;
    - Provision of male and female condoms and promotion of their correct and consistent use;
    - Delaying onset of sexual activities;
b. Diagnosis and management of sexually transmitted infections;
c. HIV Testing and Counselling (HTC) and referral for treatment care and support;
d. Family planning services;
e. Where feasible and appropriate provision of cervical cancer screening for female partners.
f. Any other emerging prevention methods.

All persons who take up male circumcision services shall be offered the services listed above. While information and counseling and, STI diagnosis/management will be a pre-condition for proceeding with the male circumcision procedure, the provision of male circumcision services shall not be conditional on the client accepting the other services.

Provision of male circumcision services will be integrated into existing package of Health care service delivery at our health institutions. The strengthening of capacity in male circumcision service delivery shall contribute to strengthening the overall capacity of existing facilities in provision of surgical and counseling services. In the short term, vertical stand alone programmes that provide the above minimum package of services will be acceptable, in order to accelerate access to male circumcision. Where such an approach has been found necessary, it shall include a clear strategy to ensure that the service is integrated into existing services as soon as possible. In the long-term, approaches towards integrating male circumcision into maternal and neonatal health service delivery should be explored.

4.2. Management and Coordination of male circumcision for HIV prevention

Male circumcision services shall be delivered in partnership with the public sector, funding partners, NGOs, the private sectors as well as traditional and religious practitioners of male circumcision. Effective coordination of such stakeholders is necessary to ensure effective use of available resources, and to ensure activities are in accordance with national policies and priorities. The roles of key stakeholders shall be as follows:

The role of the Ministry of Health and Child Career (MOHCC)

The Ministry of Health and Child Welfare has the mandate to set standards for the provision of quality, accessible and affordable health care in Zimbabwe. It shall have overall responsibility for the provision of male circumcision services and ensuring professional, technical, and administrative excellence as male circumcision services are expanded.

The MOHCW shall

- establish an operational strategy that includes the appropriate communication, operational standards and quality control and human and financial resources required for effective implementation of male circumcision. The strategy shall be implemented in partnership with other stakeholders, including the community.
- establish and enforce standards for the training of health staff for task shifting for the performance of male circumcision.
- facilitate the effective coordination and management of VMMC programmme at the various levels in accordance with the general organisation of the Ministry.
- in liaison with traditional and religious male circumcision practitioners explore opportunities to provide safe medical circumcision within traditional and religious contexts or explore other forms of collaboration with traditional practitioners of MC.
- establish, convene and chair the multi-sectoral Steering Committee and shall develop technical guidelines and training material to ensure delivery of safe male circumcision services.

The role of the National AIDS Council

The National AIDS Council (NAC) is mandated by the *National Aids Council Of Zimbabwe Act (Act 16/1999)* to coordinate HIV prevention, treatment care and support in Zimbabwe. The Council shall be responsible to ensure integration of male circumcision into the overall national HIV and AIDS strategy. It shall be a member of the Male Circumcision Steering Committee and spearhead the appropriate multi-sectoral communication strategy targeting communities.

The Role of Zimbabwe National Family Planning Council

The Zimbabwe National Family Planning Council (ZNFPC) shall be the National Male Circumcision Training centre. In accordance with the ZNFPC Act it shall incorporate male circumcision services as part of the reproductive health programmes and services for men offered at its facilities.
In consultation with MOH and CC –AIDS and TB Programme actively participate in the designing of national training programmes which shall be reviewed from time to time.
The ZNFPC shall develop itself to be a centre of Male Circumcision excellence in the country and be a pilot and testing site for various VMMC innovations as may be introduced from

time to time as part of the evidence generation exercise to inform the Ministry of Health and Child`s Care in the future scale up of the programme in the country

The role of traditional and religious practitioners

Traditional and religious practitioners shall have the responsibility to ensure that traditional and religious customs do not endanger life through complications of circumcisions, or spread of HIV and other infections through unsafe circumcision operations. Traditional and religious practitioners shall use their influence to promote HIV prevention through appropriate messages during the rituals of passage to manhood. Such messages shall be prepared jointly by the traditional and religious practitioners, MOHCC, NAC and other technical partners.

The role of cooperating partners

Included among these partners are the United Nations Country Team (UNCT), international funding partners, international NGOs and other co-operating partners.

Partners involved in male circumcision shall assist the MOHCC in mobilizing resources for and delivery of a safe and efficient male circumcision service as well as delivery of appropriate messages. They shall operate within the framework of the Zimbabwe National Strategic Plan on HIV and AIDS including its sub-strategies as well as these male circumcision policy guidelines.

The role of civil society

Faith based organizations (FBOs), non-governmental organizations (NGO) and other civil society groups will play a critical role in terms of information-sharing, communication and advocacy based on this male circumcision policy at decentralized levels.

Furthermore, some civil society organizations may be involved in implementation of male circumcision programmes. This may include service delivery, communication and advocacy activities including community mobilization as outlined in the Zimbabwe National Strategic Plan on HIV and AIDS including its sub-strategies as well as these male circumcision policy guidelines.

National Male Circumcision Steering Committee

A National Male Circumcision Steering Committee shall be established with representation from key stakeholders, to oversee the development and implementation of the male circumcision programme in line with national policy. The National Male Circumcision Steering Committee will serve as an advisory body to the MOHCC and partners in the context of male circumcision.

The functions and composition of the Steering Committee are listed in Annex 3 respectively.

Similar structures maybe developed at provincial and district level to enhance effective programme coordination. This may entail broadening the function of existing committees to include male circumcision issues .

4.3. Ensuring safety: Minimum standards for performing safe male circumcision

The safety of male circumcision depends on the setting[8], equipment and expertise of the provider. Potential complications of male circumcision include pain, bleeding, haematoma, swelling, wound infection, anaesthesia-related adverse events, delayed wound healing, excessive skin removal, insufficient skin removal, problems with urination and problems with appearance. To avoid such complications and ensure the safety of circumcisions, the following specific action shall be taken:

a) All circumcisions, with the exception of those described in b) below, shall be carried out and monitored by approved, adequately trained and qualified doctors clinical officers and nurses l under conditions approved by the Ministry of Health and Child Care.
b) For male circumcisions that are part of the traditional rite of passage to manhood, or for religious purposes arrangements shall be made between the MOHCC and traditional and religious elders for such male circumcisions, including post circumcision care of the wound, to be carried out by appropriately trained and qualified health personnel as far as possible.
c) Where the above is not feasible, other modes of collaboration between the MOHCC and traditional circumcisers shall be explored. This may include sharing of information on risks implied in unsafe male circumcision and information on measures to increase safety of male circumcision in a non-medical setting.

The MOHCC shall develop and distribute technical guidelines and minimum standards for health facilities in which male circumcision is practiced. Such minimum standards will include:

- Capacity to perform hygienic operations
- Confidentiality
- Minimum equipment for performance of male circumcision and
- Minimum training for and qualification to perform male circumcision
- Permitted techniques for circumcising infants, adolescents and adults.

The MOHCC shall develop, supervise and enforce standards for training, certification and accreditation of health workers and institutions as well as traditional and religious practitioners in order to guarantee standards of care[9].

The accreditation system, established for purposes of vetting health facilities for the performance of male circumcision shall be based on:

- Suitability of premises;
- Technical capacity of staff;
- Availability of equipment for male circumcision;

A quality assurance system and a referral system for the management of post operative adverse events and complications shall be established and enforced. Male circumcision programme managers and managers of health institutions shall ensure that facilities are appropriately equipped and that practitioners possess the necessary skills and training.

Minimum skills requirements for health workers to provide male circumcision services shall include (but not be limited to) level of skills and competencies in the following:

- Basic information and counselling skills in the areas of:
    - Male SRH
    - Male circumcision and HIV

[8] E.g. Aseptic clinical settings versus untrained poorly equipped service providers in some traditional settings
[9] To be adapted from WHO recommendations

- Confidentiality
- Counselling
- Informed consent

- Male circumcision practice basics including
  - Penis anatomy - knowledge of penile anatomy
  - Local Anaesthesia
  - Male circumcision techniques - infants, children, adolescents and adults
  - Standard surgical techniques including the circumcision devices Post-operative care
  - Management of surgical complications
  - Management of device related adverse events
  - Equipment and supplies management

Community health workers, community care workers and other community workers shall be empowered to communicate basic information on MC. This may include the following issues:

- Male SRH
- Male circumcision as part of a comprehensive HIV prevention package
- Availability of MC services in the district/province
- Basic information on complications, provision of pain killers and referral of men with post-operative complications to service delivery points
- Benefits of male circumcision to both men and women

4.4. Ensuring access to male circumcision services

The situation analysis of Male Circumcision in Zimbabwe carried out to inform development of this policy suggests that Male Circumcision service availability and accessibility are limited in the country. Although a large number of facilities exist at all four levels of the health care system - namely rural health centres (RHC)/rural hospitals, district hospitals, provincial hospitals and central hospitals - with a potential for providing male circumcision services, there are a number of other factors limiting service delivery capacity and access. Zimbabwe has not retained a sufficiently large number of health workers, which led to an unfavourable health worker/population ratio. In addition, the situation analysis found inadequacy of equipment from district levels and below. Only medical doctors were legally permitted to perform male circumcision. As a consequence, male circumcision was found to be practically inaccessible to the majority of Zimbabwean men at the time of development of this policy. It is the reason that the broadening the scope of nursing practice was initiated
In this context the MOHCW will adopt the following strategies to promote access to male circumcision services:

Decentralisation of male circumcision services

Male circumcision services shall be provided at all levels of the public health care system from rural health centre to central hospital level and in the private sector, if the respective facilities meet the accreditation requirements.

Infrastructural modifications of premises, appropriate training of health workers and legal provisions[10] shall be made to enable all levels of health care facilities to offer safe male circumcision services. Initially services may start at levels that are most ready, on the

[10] RHC are manned by nurses, who are currently not trained nor legally permitted to perform operations, including male circumcision.

understanding that the aim is to provide the services at all levels. A phased approach to implementation shall be used in the process of developing service delivery capacity and to ensure that lessons learnt can be adequately reflected in the process of scaling up.

Regulatory Framework - Broadening the Scopes of Practice

In order to scale up and decentralize male circumcision service delivery, nurses and midwives are by this policy allowed to perform Voluntary Medical Male circumcision procedure at all levels of health care delivery system in Zimbabwe upon successful completion of the prescribed course of training in male circumcision. The following grades of nurses will require appropriate competency based training and certification to enable them to provide VMMC and other related services with full protection by the Nurses Council : Registered General Nurses, Midwives, Peadiatric Nurses, State Certified Nurses, Traumatology Nurses and Primary Care Nurses

- The Health Professions Council Act Chapter 27:19 Part VII clause 1a, and e) has sufficient provisions for the nurses and midwives to take on added responsibilities that include voluntary medical male circumcision. The Advanced Clinical Nurse by virtue of their training provide circumcision services. Mentorship and supervision to ensure adherence to safety standards and quality of care remain central to the provision of circumcision services by both nurses and doctors. In the broadening of the scope of nurses practice it should be emphasized that there should be no compromise in quality of services and as such ;
- Agreed standards for recruitment and training of the new types of health workers shall be implemented and enforced throughout the implementation period of the VMMC programme
- Provision of good management, support, supervision, adequate checks and balances, and political commitment must be initiated and sustained throughout the lifespan of the programme consistent with the overall MOHCC objective of provision of quality health care services to the people of Zimbabwe

Standardized male circumcision procedures

The MOHCC shall establish standard options for performing male circumcision including equipment and technical assistance needs. Simple and, wherever possible, disposable devices for conducting children adolescent and adult Male Circumcision on a large scale will be considered as and when they become available.

Cost of male circumcision

The current cost of male circumcision is such that the majority of those in need would not afford and would therefore be denied access to male circumcision. It can be expected that for the majority of Zimbabweans, the cost of a male circumcision procedure in the private sector will remain a substantial barrier to accessing the service in the foreseeable future.

To address this barrier to access:

- Given the large expected benefits of male circumcision on the national public health, male circumcision services for adults and adolescents in public institutions shall be provided either free of cost to the public or at minimal and affordable cost;
- In the case of infants, circumcision before discharge from maternity shall be performed free of charge in public institutions; when new evidence becomes available regarding the best

time for circumcising this shall still be provided free of charge should evidence direct that it is better and or more feasible to circumcise after the infant has been discharged from hospital after delivery

- All medical aid societies shall provide medical aid cover for male circumcision recognizing that in the medium and long-term MC will be cost-effective compared to providing.

4.5. Managing religious, social and cultural values and norms in Male Circumcision practice

To ensure safety of male circumcision while preserving positive religious social and cultural values and norms the MOHCW will work closely with traditional leaders of socio-cultural and religious groups that traditionally practice male circumcision. This collaboration will include establishing modalities for increasing safety of male circumcision among groups practicing male circumcision for traditional and religious reasons. This will include

- involvement of health sector service providers in the performance of safe male circumcision services in a way that is acceptable to the respective socio-cultural and religious groups;
- strengthening the role of traditional and religious practitioners in the context of HIV prevention and sexual and reproductive health including by integration of HIV prevention messages into traditional ceremonies for passage into adulthood.

The National AIDS Council shall co-ordinate and encourage efforts of partners to engage communities practicing traditional rituals of passage to manhood and womanhood to incorporate communication and activities that contribute towards HIV prevention and to strengthen their counseling on sexual and reproductive health issues.

4.6. Target group for male circumcision service provision for the achievement of maximum public health benefit

The majority of Zimbabwean men in all the country's geographic areas is not circumcised and therefore is currently not benefiting from the protective effect of male circumcision. Since it may not be possible to provide male circumcision services to all interested men during the first phases of the roll-out, prioritization will be required in the creation of demand. Prioritization of specific age groups in the creation of demand or provision of male circumcision services shall reflect the public health benefit arising from provision of the service. In the short-term, the public health benefit will be more immediate, if male circumcision services are provided to men within and immediately before the ages of highest levels of new HIV infections. In the long-term, it shall be ensured that all young men are offered male circumcision services before they become sexually active.

On the basis of the above considerations, targeting shall be as follows:

- All geographic areas shall be targeted for promotion of male circumcision.
- Male circumcision shall be encouraged and promoted in all age groups.
- In an effort to make immediate impact on the HIV epidermic priority shall be given to men aged 13-49 with a particular emphasis on men reaching ages with the highest incidence of new HIV infections, i.e. men aged 20-29 years.
- In the medium to long term all infants/neonates will need to be considered.
- Also to be prioritized are men at particularly high risk of HIV infection such as mine workers, commercial farm workers, prison inmates and others.

- All initial prioritization will be relaxed over time as services are expanded so that all males of all ages have access to male circumcision.

5. Communication and Advocacy

The Ministry of Health and Child Care, the National AIDS Council, civil society and co-operating partners shall ensure access to accurate information. This shall entail broad community engagement, initially to introduce, and later to scale up male circumcision services.

Specifically the following shall be undertaken:

- A phased communication campaign shall be launched to provide clear, consistent and accurate messages on male circumcision to the entire population. This will also include targeted messages for men, women and young people.
- Messages shall be carefully designed and culturally sensitive, delivered in local language and symbols, Braille and sign language where appropriate, and be appropriate to the particular level of development and understanding of the population groups for which they are designed.
- The campaign shall be an integral part of other communication efforts under the Zimbabwe National Strategic Plan for HIV and AIDS including its sub-strategies on HIV prevention.
- Accurate information about the *partial protective effect* of male circumcision for men, as well as the risks and benefits associated with the procedure shall be clearly articulated in order to safeguard the gains of the behavioural HIV prevention programmes in the light of potential risk compensation associated with male circumcision.
- Male circumcision information shall as far as possible be combined with information on benefits of reduction in the number of sexual partners, correct and consistent use of the male and female condom as well as delayed sexual debut.
- In the case of infants and young children, parents shall be provided with clear understandable information on the benefits and risks of male circumcision in infancy versus at older ages.

Communication on male circumcision shall be provided by a wide range of individuals and organizations including parents, teachers, peers, community-based organizations, family planning clinics, youth-friendly services staff, physicians, nurses and other health care professionals. All opportunities shall be taken to provide information through venues such as churches, youth centres, outpatient clinics, family planning clinics, STI and HIV clinics and schools.

No communication effort on male circumcision shall neglect the following:

- Clear articulation of the benefits and risks of male circumcision.
- The fact that male circumcision does not provide complete **(but only partial)** protection against HIV infection and other HIV prevention options, in particular safer sexual practices, should be used concurrently.
- The fact that circumcised men can still get infected with HIV.
- The fact that circumcised men, if HIV-positive, can infect their sexual partners and should use condoms in all sexual contacts.
- The principle that promoting and providing safe male circumcision does not replace other interventions to prevent heterosexual transmission of HIV but provides an additional strategy.

Furthermore, communication efforts shall be clear on what is known and what is not known about male circumcision. In this context, they shall consider the following

- It is not known whether male circumcision reduces the sexual transmission of HIV from men to women. The limited data currently available on this question does not suggest a direct HIV prevention benefit for women. Women benefit indirectly from male circumcision, because a reduction in new HIV infections among men will result in a smaller number of men who transmit HIV to their female partners. Furthermore, the incidence of cervical cancer is lower in female partners of circumcised men.
- Resumption of sexual relations before complete wound healing may increase the risk of acquisition of HIV among the recently circumcised HIV-negative men. Early resumption of sexual activity may also increase the risk of HIV transmission to female partners of recently circumcised HIV-positive men.
- Men who undergo circumcision should abstain from sexual activity for at least six weeks after the operation. Ideally, medical inspection should be conducted to check that wound healing is complete. Thereafter, other HIV prevention strategies, including reduction of partners as well as the correct and consistent use of male and female condoms, should be practiced.

Civil society organizations shall be involved in communication and advocacy including on issues of care for men who have undergone male circumcision.

6. Human Rights considerations in access to Male Circumcision

Ensuring non-discrimination in access to services

A key consideration in the provision of male circumcision services is the issue of non discrimination in access to services. No person shall be denied male circumcision services on non-medical grounds such as race, religion, ethnic origin, sexual orientation; or belonging to particular population groups such as prisoners, MSM or male sex workers. The following specific human rights issues are highlighted as they are most likely to arise during service delivery.

Protecting women in the context of male circumcision

Providers of male circumcision services shall at all times monitor and prevent possible negative outcomes of male circumcision on women. Such negative outcomes include:

- Unsafe sex resulting from behavioural dis-inhibition due to perceived absence of risk following male circumcision;
- Sexual violence related to male circumcision;
- Confusion of male circumcision with female genital cutting/mutilation;
- Increased risk of passing HIV infection to female partners during the healing stage of the operation

HIV-positive men

Circumcision of men living with HIV is not recommended in view of the increased risk of passing HIV infection to female partners during the healing stage of the operation. Men living with HIV shall receive adequate explanation and counseling on why male circumcision is not recommended for men living with HIV.

Whilst the circumcision of men living with HIV shall be discouraged, HIV positive men shall not be denied circumcision but, where medically indicated male circumcision shall be provided to all men irrespective of their HIV status. All men need to receive clear information and thorough counseling on the increased risk of transmission of HIV from men living with HIV to women, if sexual relations are resumed before wound healing.

Protecting and promoting the rights of the child

According to the laws of Zimbabwe a child is anyone under the age of 18 years. In the case of male circumcision in children all programming shall be in the best interest of the child. Boys who are able to participate in decisions that affect them shall have the right to be involved and have a say in decisions about their circumcision. All boys below the legal age of consent shall give their accent after which the parent or legal guardian signs the consent form which shall be translated to all the local languages as necessary

Ensuring voluntary and informed consent

According to the laws of Zimbabwe, no adolescent or adult should be subjected to a medical procedure, unless he or the legal guardian in the case of a minor has agreed to the procedure. The same shall apply in the case of male circumcision. In line with this general medical legal provision, the following shall apply:

- *Adult men:*
    - Male circumcision shall be carried out only after informed consent has been obtained. In this regard all information necessary for informed consent in the context of male circumcision shall be made available to those concerned, as a fundamental human right.
    - There shall be no mandatory male circumcision. Adult men and adolescents shall not be coerced to undergo circumcision and they shall not be stigmatised nor discriminated against if they choose not to be circumcised[11].
    - There shall be no material incentives to men to undergo circumcision

- *Infants[12] and young children[13]*
    - In the case of infants and young children, informed consent will be obtained from parents or the child's legal guardian.
    - In the absence of both, consent shall be obtained from the primary caregiver.
    - Children, who have the capacity to appreciate the risks and benefits associated with male circumcision, should be counselled about the risks and benefits in a language they can understand, and should be involved in the decision to be or not to be circumcised.
    - All decisions shall be based on the best interest of the child.

- *Older children and Adolescents[14,15]*
    - According to the laws of Zimbabwe, children and adolescents under the age of legal majority cannot give legally valid informed consent. Accordingly a parent or legal guardian shall accompany an adolescent and provide informed consent for circumcision. At the same time, health care workers shall make every effort to obtain the consent of the adolescent.

[11] Mandatory or coerced circumcision is a violation of, among others, a right to dignity, bodily integrity, and personal autonomy.
[12] Infant means a child who is one year old or less
[13] According to the laws of Zimbabwe a child is anyone under the age of 18 years.
[14] Adolescents are young people who are between childhood and adulthood, uusually between ages 10-19 years
[15] Epidemiological studies demonstrate conclusively that this age group is most vulnerable to HIV infection, as well as to other sexually transmitted infections, and early or unplanned pregnancies

- Health workers shall ensure all adolescents are counselled about the risks and benefits in a language they can understand, and that they are involved in the decision to be circumcised.
- Children who have the capacity to appreciate the risks and benefits associated with the procedure should be appropriately counselled and involved in the decision.
- All health services provided to adolescents should be kept confidential.

Confidentiality

Confidentiality implies non-disclosure of private or personal information without consent. Privacy over personal health matters is a basic human right. In the context of male circumcision the issue of confidentiality requires a number of specific considerations.

Zimbabwean laws require that all medical consultations and treatment be performed under conditions of confidentiality. However, in certain communities that traditionally circumcise as part of the rites of passage to manhood the fact of being circumcised is a source of pride and evidence of belonging and it is expected that families and the boys involved will want the new status of the boy to be known. In such circumstances the following policy position shall apply: In general male circumcision shall be accorded the same degree of confidentiality as any other medical procedure in accordance with the laws of Zimbabwe in respect of medical ethics. Where male circumcision is performed as part of a rite of passage to manhood disclosure of the circumcision status shall be left to the discretion of the families and the boys concerned.

III. Implementation arrangements

Financial resource needs

Two key issues need to be factored into the funding policy for male circumcision in Zimbabwe:

- Financial resources for health care in general and specifically for HIV and AIDS are insufficient. Therefore even though the expansion of male circumcision is expected to have marked impact on public health, it is important that resources are not drawn away from those already earmarked for ongoing health services.
- Sustainability of male circumcision as a strategy is critical. Therefore although contribution from funding partners and other external sources of funding is highly needed, caution needs to be exercised against overdependence on donor funding as this will render the programme vulnerable to the risk of collapse when such funding is discontinued.

In the process of financial and technical resource development and mobilization in the context of health system strengthening, care shall be taken to ensure that resources are not removed from other areas of health care delivery. New additional resources will be mobilised through increased national allocation to the health sector, international donors and the national private sector. To ensure that cost is not a significant barrier to access to male circumcision, user fees shall not be the key source of funds for the service.

Resource mobilisation shall include:

- Repackaging of essential information on the evidence of male circumcision and HIV prevention for the purpose of briefing leaders, key stakeholders and opinion leaders;
- Securing the commitment of national leadership, demonstrated through appropriate funding for male circumcision;
- Partnership between the public sector, parastatals, the private sector, funding partners, Faith Based Organisations and Non Governmental Organisations.

A costed national male circumcision action plan shall be developed as a basis for resource mobilisation.

Monitoring, evaluation, documentation and research

Male circumcision programmes for HIV prevention will require continuous monitoring and regular evaluation to ensure the objectives are achieved and lessons documented to facilitate safe, effective and human rights-based scale up. Research will be necessary to ensure evidence based policy decisions, service expansion and effective service delivery. To achieve the above the following policy guidelines shall apply:

- The implementation and impact of the male circumcision services shall be evaluated regularly to further inform programme development and scaling up.
- Appropriate data collection tools shall be designed and integrated in the existing health information management system. Periodic reviews shall be done as necessary in accordance with appropriate policies and regulations that guide the management Health information.
- Implementation experiences shall be adequately documented. Best practices and lessons learnt shall be disseminated to stakeholders and inform the review of this policy and the national action plan on male circumcision.
- There shall be a Male Circumcision research agenda and financial provision for research in order to further inform programme development and scaling up.

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V. ANNEXES

Annex 1: Evidence from research

Annex 2: Policy development process

Annex 3: Terms of Reference of National Male Circumcision Steering Committee