

Early Infant Male Circumcision Services for HIV Prevention: A Gateway for Fathers to Receive HIV Testing Services in Iringa Region, Tanzania

Michael Machaku¹, Kanisiusy Ngonyani¹, E. Alice Christensen¹, Mary Drake¹, Augustino Hellar¹, Abdallah Maganga¹, Thomas Maokola¹, Mariam Mohamed², Robert Salim³, Gissenge Lija³, Jeremiah Mushy³, Erick Mlanga⁴

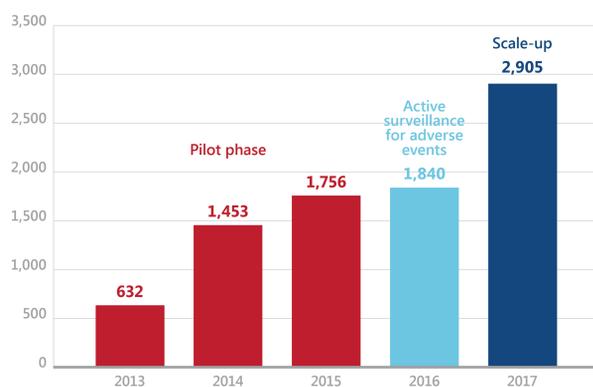
¹Jhpiego, Dar es Salaam, Tanzania, ²Iringa Regional Health Authority, Iringa, Tanzania, ³Ministry of Health, Community Development, Gender, Elderly, and Children, Dar es Salaam, Tanzania, ⁴United States Agency for International Development, Dar es Salaam, Tanzania

19th ICASA • Abidjan, Côte d'Ivoire • 4-9 December 2017
Poster #WEPDC207

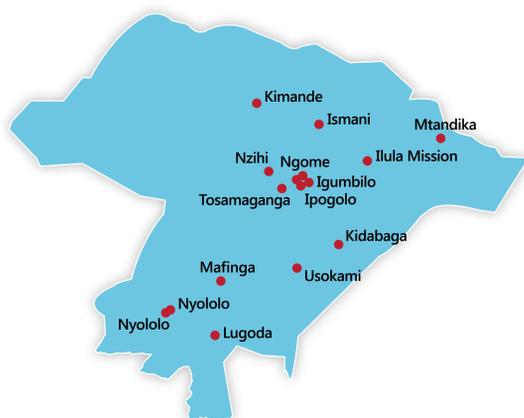
Background

- In 2007, the World Health Organization and the Joint United Nations Programme on HIV/AIDS recommended that male circumcision be scaled up for the prevention of heterosexually acquired HIV infection in areas with high HIV prevalence and low male circumcision coverage.
- The early infant male circumcision procedure is faster, the surgical wound heals in less time, and the procedure has fewer complications and is potentially more cost-effective than adolescent/adult circumcision.
- For long-term, sustainable voluntary male medical circumcision coverage, early infant male circumcision can be introduced to established programs. More early infant male circumcision equates to fewer adolescents and adults needing male circumcision in the future.
- More than 8,000 early infant male circumcisions have been performed to date in the Iringa Region of Tanzania.

EIMC Implementation in Iringa Region



Iringa EIMC Sites

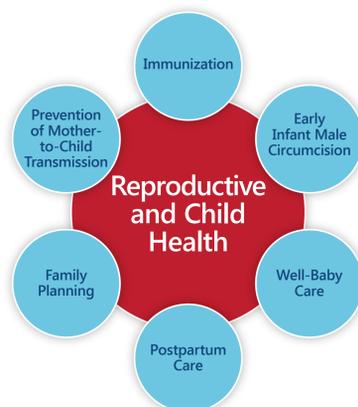


- Since 2013, Jhpiego has supported Iringa regional authorities in integrating early infant male circumcision into reproductive and child health services at 16 health facilities.
- Parents of male infants receive group education and individual counseling highlighting early infant male circumcision services. If parents consent, early infant male circumcision is performed on eligible male infants.
- The Tanzanian program's early infant male circumcision procedure uses the Mogen clamp and is offered for infant males aged 24 hours to 60 days old.
- Early infant male circumcision services are integrated into the reproductive and child health services, and parents of infants are offered HIV testing services as part of early infant male circumcision services.



Mothers receiving education on the benefits of EIMC, Ipogolo Health Center, Iringa Region, Tanzania

Model of Early Infant Male Circumcision Service Delivery



Methods

- The objective of the analysis is to describe HIV testing services uptake among fathers of infants attending reproductive and child health facilities for early infant male circumcision services.
- AIDSFree conducted a retrospective review of the client-level database from March 2013 to September 2016 and counted the number of fathers who accompanied their female partners and male infants to reproductive and child health visits.
- Further analysis looked at HIV testing services uptake and HIV test results among fathers who accepted the offer of HIV testing services.

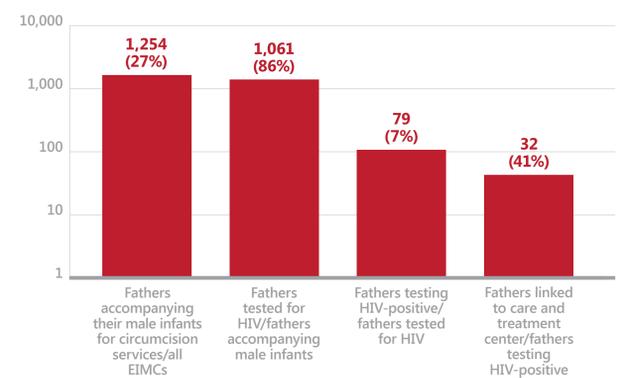


Parents accompanying their male infant twins at an early infant male circumcision clinic at Ilula Mission Hospital, Iringa Region, Tanzania

Results

- 4,895 early infant male circumcisions were performed during the review period.
- 1,254 fathers (27%) accompanied their male infants to early infant male circumcision services that were integrated into postnatal care services.
- Of the 1,254 fathers attending circumcision clinic, 1,061 (86%) agreed to receive HIV testing services, and 79 (7%) of these were found to be HIV-positive.
- All HIV-positive fathers were referred for care and treatment services, and 32 (41%) were confirmed as linked to care and treatment centers at the same sites where early infant male circumcision was offered. AIDSFree was unable to confirm linkages for the other 47 HIV-positive fathers who may have sought care and treatment at non-early infant male circumcision health facilities.

Early Infant Male Circumcision Clinic Fathers' HIV Testing Cascade



Conclusions

- Early infant male circumcision provides an opportunity to bring fathers—who culturally are involved in the decision around the circumcision of their sons—into health services and offer them the benefit of HIV testing.
- Though most fathers (73%) did not accompany male infants for circumcision services, those who did had a high uptake of HIV testing services.
- There was a low rate of confirmed linkages to care as there was not follow-up done at care and treatment sites that did not offer early infant male circumcision services.
- The strategy of offering HIV testing services as an integrated part of early infant male circumcision in reproductive and child health services found a high rate of undiagnosed HIV-positive men, typically a hard-to-reach population.

Recommendations

- There is a need to continue to advocate for fathers' involvement in their infants' health, as only 27 percent of fathers came to the health facilities for their infants' circumcisions.
- There is a need to follow up to confirm linkages to care for fathers who seek care and treatment services at other facilities.
- Early infant male circumcision in reproductive and child health may offer a unique opportunity to bring in men to health services and to diagnose previously undiagnosed HIV-positive men. HIV testing services in reproductive and child health and early infant male circumcision settings should be expanded to help Tanzania reach its 90-90-90 goals.

