

Statement by KZN Health MEC, Dr Sibongiseni Dhlomo in response to accusations by the Treatment Action Campaign on the procedures followed in the implementation of the Medical Male Circumcisions

29 August 2012

Representatives of all Media Houses

Colleagues, I must indicate that we are highly concerned that the TAC being a staked holder in the fight against the spread of HIV and AIDS has gone out makes unfounded statements about procedures of MMC that they have little knowledge on.

During the year 2009, *Isilo* made a call on the 05 December 2009 to commence with the male medical circumcision campaign and was launched by His Majesty in April 2010. In this sphere we are working with Traditional Co-coordinators that have been contracted to mobilise youth to participate and ensure that they maintain their negative status after the circumcision. Our collaboration with the traditional structures and the Amakhosi is no longer limited to MMC matters but has expanded to discussions relating to HIV and other health issues.

Colleagues, all these efforts have not gone unnoticed, the UNAIDS Executive Director, Mr Michel Sidibé upon visiting this Province last year commended the King on his vision and leadership around HIV, particularly on male medical circumcision and on his continued personal engagement in the response to HIV.

His Majesty was also visited by the champions for an Aids Free Generation. The champions were led by His Excellency, Mr Festus Mogae, former president of the Republic of Botswana and chairperson of the Champions; His Excellency, Mr Joaquim Chissano, former president of the Republic of Mozambique; and Ms Joyce Mhaviile, chairperson of the Steering Committee of the African Broadcast Media Partnership Against HIV/AIDS (ABMP).

These eminent leaders called for a policy on male medical and neonatal circumcision to be endorsed by leadership and rolled out with urgency, saying: *'We believe there is incontrovertible evidence that male circumcision helps reduce the chances of HIV transmission in heterosexual men by as much as 65 percent'*

Once more at the 2012 International AIDS Conference in Washington DC our country's response to HIV was commended, particularly the MMC, with US Secretary of States, Madam Hillary Rodham Clinton committing her Administration to fund the MMC initiative, saying:

'On male circumcision we have supported more than 400 000 procedures since last December alone. I am pleased to announced that PEPFAR will provide an additional 40 million US Dollars to support South AFRICA's plan provide voluntary medical circumcisions for almost half a million boys and men in the coming year.'

We are now able to report that since 2010, we have circumcised a total number of **175 927** men, **35 989** of whom were circumcised using the Tara Klamp. Thus far the Department has had no adverse events it could not manage.

We instead can proudly report that using the Tara Klamp, we have observed the following:

- No deaths from the Tara Klamp or any circumcision procedure
- No penile amputations.
- No permanent erectile dysfunctions.
- No permanent penile disfigurement.

The department has in fact observed that it is **quicker** to do MMC with the Tara Klamp than with the forceps. This is because, among other reasons, there is no time spent on cauterisation and suturing.

The department has also observed that it is **cheaper** to both the client and the department to circumcise with the Tara Klamp than with the forceps because

- the time spent on the client is very little; and
- the client makes two visits, 1st Procedure, 2nd removal of Tara Clamp as opposed to four visits if using forceps method so man-hours taken by forceps procedure are two times those taken by Tara Clamp use.

For your perusal, we have also brought along a manual that we have compiled; The Essential Guide For Medical Male Circumcision, which we use as a guide and a tool to train practitioners on the correct and safe methods of circumcision.

Department of Health's internal audit

Far from being reckless, we have also conducted a study led by Dr Friedman which revealed that the adverse events profile from the Tara Klamp was not as high as the 37% as reported in the Orange Farm study, quoted by the TAC.

In his provisional report, Dr Friedman says:

“The primary objective for the study has been to assess whether there is any significant increase in adverse events in the use of the TCD in the KZN mass circumcision programme as compared to the published standards such as those obtained in randomised control trials or the “Roll-out model” of 1.8% described by Lissouba et. Al (ibid) using the conventional FG technique.

It is possible to say provisionally at this stage, even given the limitations of the adverse event follow-up only being limited to 5 days, that the reported adverse event rate of the TCD approach being used in KZN (1.5%), is in many orders of magnitude lower than the alarmingly high rate of 37% reported by Legarde et al in their trial and feared by the TAC and Media. It is very similar, and possibly even lower than the adverse event rate achieved in the major RCTs undertaken in Africa (2.7%).”

This information together with the observations we have made thus far convinces us that the use of the Tara Klamp is safe and can be used on clients without fear of any mutilation happening.

The department has observed that with the clients adhering to the advice on post-operative care the chances of wound infections are very low.

People who can talk more about Tara Klamp or any device of MMC are the clients themselves and not TAC. We have some of these clients present here today.

TAC should not compare Tara Klamp use in KwaZulu Natal with that of Orange Farm for the following reasons and should refrain from misleading the public that it is dangerous.

- KwaZulu Natal Department of Health invited the inventor of this device to South Africa from Malaysia.

- Group of Health professionals from Malaysia came to South Africa to train our health professionals on use of Tara Klamp.

We did not use Tara Klamp in KZN without being trained on it (and TAC should know that) There was no training on use of device in Orange Farm. Any procedure performed by health professionals need skilling and training-we did that-we do not know whether TAC knows that. . The TAC is far from knowing the skills possessed by health professionals on any medical procedure including MMC procedures.

The TAC that we worked with in KZN has pressure to say there are severe adverse events in the MMC using Tara Klamp. They are well aware they have not found any but TAC National is pressing them to say they have observed mistakes and are failing to show the mistakes.

We did not say that when clients come for MMC-there will be no pain. This is the imagination of TAC.

There is a country in Africa that reported in Washington HIV Conference in July 2012 that they are using a certain device and do not use local anaesthetic. TAC was present in that conference but did not appear alarmed by that statement. We use local anaesthesia for our procedures both forceps and Tara Klamp.

We learnt form statement of TAC that SAMA supports them on their horror story-we will not comment on that.

We learn too that HIV Clinicians Society of Southern Africa has a problem with the use of Tara Klamp. We have not seen their statement but we know of the individuals members within the society that have such views.

HIV Clinicians Society is a voluntary association of all members who have training in HIV management-even I as a politician, can be a member of this society because I am trained in HIV management and has a diploma from college of medicine.

HIV clinicians are happy to see us heeding to a call of MMC-but HIV clinicians are no experts on MMC but urologist are.

That is why our MMC in KZN is headed by specialist urologist Dr Quasi. Our MMC is not headed by activist who has a particular agenda to serve. When it comes to

medical procedures-Department of Health KZN will listen to specialists than to activists who have no medical knowledge of such procedures and experience of such.

We have invited our specialist in this media briefing for more clarity if you need. TAC is silent about challenges of MMC that are taking place in some parts of the country where there are even deaths. It is focusing its energy, resources (lot of money on its adverts) in KZN where there has been no death from MMC but only pain (according to them).

There must be something quite big for the TAC to get KZN Department of Health to stop using Tara Klamp. There is no reason for Department of Health to stop using Tara Klamp and shall not stop it.

Through the support of the media as partner in promotion of health and management of ailments, we wish to encourage all sexually active men to come forward and circumcise and will continue with both methods in KZN DOH.

Thank you