

**Speech by KZN Health, MEC, Dr Sibongiseni Dhlomo on the occasion of the hosting of the Medical Male Circumcision at the Royal Hotel in Durban**

**7 December 2012**

Programme Director

I humbly want to thank all of you for agreeing to devote your time with to discuss this very important matter that will have a direct bearing on our quest to work towards an AIDS free generation.

The main reason we are here holding this Indaba is to facilitate and streamline collaboration among all of us as stakeholders and to foster inter-sectorial collaboration for Medical Male Circumcision to be a success in our Province.

It should always be noted that MMC was initiated after a clarion call by His Majesty the King that this noble tradition practice be resume in this Kingdom. The Department of Health was then tasked to carry through the programme that was then launched the programme in April 2010.

As a Department we have since then incorporated MMC into Health facilities under outpatient department and went further to initiate it in organised during school holidays and weekends.

Allow me to thank the Amakhosi that have given their blessings and support to this initiative. Also permit me to recognize the sterling role and support that we have and continue deriving from the Non-governmental organizations that came as advocacy and implementation partners.

We are happy with the progress made thus far that saw us successfully circumcising 85, 808 males from April 2012 to October 2012.

We have also established a **Centre of Excellence for MMC** at the Northdale **Hospital**, run and managed by a specialist surgeon, Dr Quazi with his team of professional nurses and enrolled nurses. This centre provides training to health care practitioners coming from all over the Province, giving tuition and practical teaching on the two MMC methods used in this province. Training is done following a training policy of the department and using an essential guide to MMC published by the department.

Here we need to emphasise that the centre of excellence was established by the department with the sole objective of improving the quality of MMC service offered in this province. We also have to indicate that the centre of excellence team does undertake visits to all districts where camps and training is conducted.

Programme Director, with this cadre of highly trained and committed clinicians we proud to announce that we are yielding good results in which the adverse events are restricted to no more than 2 %. We also need to indicate that all cases of adverse events that require the expertise of a specialist; clients are sent to the centre for attention.

### **Perspective on the use of the Tara Klamp**

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

As earlier indicated, since 2010, we have circumcised more than 200 000 men, of whom more than a quarter were circumcised using the Tara Klamp. We repeat, thus far the Department has had no adverse event 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
- the client makes two visits, 1<sup>st</sup> Procedure, 2<sup>nd</sup> 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.

We are then saying TAC should refrain from misleading the public that the use of Tara Klamp is dangerous. We are never reckless with the lives

of our people; proactive measures were taken before the use of the device; ie:

- 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)

### **The impact made so far:**

- **High volume centres:**

At eThekweni we have created high volume centres for MMC, namely; St. Aiden's; Wentworth; McCord's and St. Mary's hospitals and we are imploring you to be actively involved in encouraging young men to utilise these facilities.

- **Output 1: Increasing Life Expectancy:**

Through the reintroduction of MMC we are aiming at ensuring prevention of HIV infection primarily and through discussions with clients also improve behavior and moral perceptions of health and life in general. This is expected to reduce the incidence of HIV in the province. The use of traditional health practitioners to spread positive behavior messages and to distribute condoms also reduces the HIV incidence, unplanned pregnancies and spread of STI.

- **Output 2: Decreasing Maternal and Child Mortality:**

Decreasing the number of males with HIV indirectly decrease the number of women and children with HIV.

- **Output 3: Combating HIV and AIDS and decreasing the burden of diseases from TB:**

MMC is a preventive program for HIV. It aims to prevent males from getting infected assisting in the journey towards reduction of new infections by 50%. This will reduce all opportunistic infections related to HIV infection, including TB. During counseling, in preparation for MMC males are given condoms and encouraged to use them when necessary.

- **Output 4: Strengthening of Health Systems Effectiveness**

In this venture we have a number of nongovernmental organisations that we work with in the province. This assists in the increase of MMC procedures done and for that we are very appreciative .

Traditional leaders who have come on board also assist in the preventive programme and discussions that take place to ensure that preventive program; HCT; Prevention of Mother to Child Transmission and condom distribution and are emphasized in their areas of jurisdiction.

- **Vocational programme for MMC**

It is now a common feature that for all the vocational holidays, our MMC teams in all Districts organize MMC camps in the Province. We rely on all the stakeholders in ensuring that these camps are held; attended and made good use of.

Programme Director, in this Indaba we then have to agree on strategies that will assist in the up-scaling of the MMC procedure to reach our intended target of 224 000 procedures this financial year 2012/13.

We need to agree on methods to be employed in targeting older men to partake as they are most difficult to convince after learning that we do require HCT before we circumcise. For this we do require high level dialogues in work places; in churches and within our communities. Women's groups can also make a difference in this matter by threatening not to take care of the husbands and boyfriends if they are not circumcised.

We also have to identify areas that can be used as we also intend to increase MMC high volume sites where we will incorporate other services like HIV Counseling and Testing; screenings for BP, TB, and diabetes.

We also need to strengthen our efforts aimed at changing the mindset and bringing about the behavioral change amongst our youth, particularly the boys. For this aspect, we wish Amakhosi; the Clergy and the political leadership can hold hands and fully partake in camps as MMC is just about the cutting of the foreskin but also incorporates how to conduct yourself after circumcision by promoting health behaviors in prevention of HIV/AIDS, STI's, Cervical cancer.

As earlier indicated, we appreciate the involvement of Amakhosi and Izinduna in this effort that has seen us being able to contract 55 MMC traditional coordinators each of who is responsible for the recruitment of a minimum of 50 boys a month. We need volunteers as well.

All this is seen as a way of strengthening relations with community leaders and the possibility of behaviour change towards achievement of ZERO new HIV infections is enhanced by such relations. If we all work together, the 2012-16 vision of the KZNPSPP that call for **“A KwaZulu-Natal that is free of new HIV, STI and TB infections where all infected and affected enjoy a high quality of life”**, is indeed attainable.

I wish you strength and wisdom in your deliberations

I thank you.