

**P18.02 CIRCUMCISION OF HIV POSITIVE MALES WILL NOT UNDERMINE THE BENEFITS OF VOLUNTARY MEDICAL MALE CIRCUMCISION PROGRAMS IN AFRICA**

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**Introduction** The epidemiological and programmatic implications of inclusivity of HIV positive males in voluntary medical male circumcision (VMMC) programs are uncertain. We modelled these implications in Zambia as an illustrative example.

**Methods** We used the Age-Structured Mathematical (ASM) model to evaluate the effectiveness (number of VMMCs needed to avert one HIV infection) of VMMC scale-up scenarios with varying proportions of HIV positive males. The range of proportions across the scenarios was derived from empirical data and programmatic considerations.

**Results** The number of VMMCs needed to avert one HIV infection in Zambia was projected to increase from 12.2 VMMCs per HIV infection averted, in a program that circumcises only HIV negative males, to 14.0 in a program that includes HIV positive males, based on their prevalence in the population. However, if a program that only reaches out to negative males is associated with 20% lower uptake among higher-risk males, the effectiveness would be 13.2 VMMCs per infection averted. If improved inclusivity of positive males is associated with 20% higher uptake among higher-risk males, the effectiveness would be 12.4. As the assumed VMMC efficacy against male-to-female HIV transmission is increased from 0% to 20% and 46%, the effectiveness of circumcising regardless of HIV status improves from 14.0 to 11.5 and 9.1, respectively. HIV incidence rate reduction among females would increase accordingly from 24.7% to 34.8% and 50.4%, respectively.

**Conclusion** Improving inclusivity of males in VMMC programs regardless of HIV status increases VMMC effectiveness, if there is moderate increase in VMMC uptake among higher-risk males and/or if there is moderate efficacy for VMMC against male-to-female transmission. In these circumstances, VMMC programs can reduce HIV incidence rate in males by nearly as much as expected by some anti-retroviral therapy programs, and additionally, females can benefit from the intervention by nearly as much as males.

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**P18.03 RAPID TRAINING AND IMPLEMENTATION OF THE POLLOCK TECHNIQUE, A SAFE, RAPID AND EFFECTIVE NEWBORN CIRCUMCISION PROCEDURE, IN A LOW-RESOURCE SETTING**

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**Background** Male circumcision is highly protective against urinary tract infections, inflammatory conditions of the penis, sexually transmitted infections, and urogenital cancers. We aimed to re-introduce newborn male circumcision through the creation of a training program in Port-au-Prince, Haiti—an area with a considerable burden of preventable urogenital infections, sexually transmitted infections, and low circumcision rate—after an earlier study reported that a majority of Haitian medical providers were in need of and wanted newborn circumcision training.

**Methods** The rapid, newborn circumcision training program was conducted in November 2014 at the GHESKIO Health Centres, a large, non-governmental clinic offering comprehensive paediatric and adult health services. Two Haitian obstetricians and seven nurses learned administrative, educational, and clinical newborn male circumcision procedures. Complications were monitored and surveys were given to the obstetricians, nurses, and parents of the newborns for assessment.

**Results** Upon training completion, one of two obstetricians achieved procedural competence. The team circumcised 92 newborns with minor bleeding observed in 1 infant; there were 0 moderate or severe complications. Obstetricians, nurses, and parents of the newborns reported that they were very satisfied with the program (100%, 92%, and 94%, respectively). Of the parents, 100% reported they would recommend the procedure to their friends and 100% reported that they were satisfied with the cosmetic result of the procedure. The nurse-collected survey indicated that 100% of the procedures followed the proper protocol. Since the rapid newborn circumcision training program concluded, the GHESKIO Health Centres have dedicated two days a week to perform newborn male circumcisions, averaging 14 patients per week.

**Conclusion** Introduction of a newborn male circumcision training program was feasible, achieving an acceptable rate of procedural competency and high quality services. Permanent resources now exist in Haiti to train additional providers to perform newborn male circumcisions.

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