



Transcript of *In It to Save Lives: Scaling Up Voluntary Medical Male Circumcision for HIV Prevention for Maximum Public Health Impact*

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TOTAL RUNNING TIME: 15:08
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Begin Transcript

00:15

Text: Sub-Saharan Africa continues to bear the brunt of the AIDS epidemic. Currently, an estimated 22 million people in the region are infected with HIV.

00:23

Voiceover 1: I think this is somebody in every household, every individual. People have lost.

00:28

Voiceover 2: A lot of people have been affected by HIV and AIDS.

00:31

Voiceover 3: Many of our youths have been dying or ill, not knowing what to do.

00:40

Text: In 2007, evidence from scientific trials focused global attention on an intervention that could slow the spread of HIV in Africa.

00:47

Text: It would avert millions of new HIV infections and save billions of dollars.

00:54

Voiceover 4: Male circumcision is one the most effective interventions that we know about, to prevent the transmission of HIV.

01:01

Voiceover 4: It has actually invigorated the national program. People see a new opportunity to be able to strengthen HIV prevention programs.

01:11

Voiceover 5: It's not a 100 percent protective. It's partially protective. But boy, 60 percent is not something to walk away from.

01:19

Text: "In It to Save Lives" Scaling Up Voluntary Medical Male Circumcision for HIV Prevention for Maximum Public Health Impact

01:32

Text: Nyanza Province, Kenya

01:38

Text: HIV levels in Nyanza Province are much higher than in other parts of Kenya.

01:45

Text: Nyanza is home to the Luo, a tribe that traditionally does not circumcise.

01:52

Dr. Charles Okal: The prevalence of HIV/AIDS in Kenya is more so around, what is called Lake Victoria. Because of fishing, easy money, so there is a lot of careless sexual activities around the Lake. So in Nyanza Province the HIV prevalence rate is higher than most parts of Kenya.

02:13

Dr. Nicholas Muraguri: In Kenya, we have done a lot of studies looking at the drivers of our HIV epidemic. And from the studies done in the last 5 years it has become very clear that not being circumcised is one of the major determinants of HIV acquisition.

02:28

Boniface: Yeah, it was not part of the culture since the earlier days. But now it is because it has been realized that more people are dying of AIDS from this our side, compared to any other part of the country.

02:40

Dr. Kwango Agot: I have been interested in the issue of HIV for a while. And I was keen on trying to understand why Nyanza Province is disproportionately affected. And I went into some of the cultural practices like widow inheritance and polygyny and so on. And at

some point that did not answer my questions. So as I was looking, reading through, I did come across circumcision. I said you know that does make sense. It may not be the only one but it probably is playing an important part.

03:17

Dr. Zebedee Mwandu: There are three main tribes in Nyanza. There is the Luo, there's the Kisii and there's the Kuria. Now HIV prevalence in Kuria and Kisii, for men, is below 5 percent. HIV prevalence for Luo men and those who are uncircumcised is 17.5 percent.

03:43

Victor: When I went to school, in my secondary schooling, I went to another community, not a Luo community. I went to a Luhya community. And in Luhya you must go through that process first, then you are a man. And me being a Luo, being with them I haven't undergone that process, I feel ashamed.

04:07

Dr. Kwango Agot: If you look at the history of circumcision in Kenya, you know it's been a very sensitive and very emotive topic because it's been used to look down upon the Luos in terms of political positions, in terms of social acceptability, in terms of [merit] and it's something that really, really generates a lot of controversy. It was that background against which we started, going to do this study.

04:31

Text: In February 2002, Nyanza Province in Kenya began a randomized controlled trial on medical male circumcision.

04:38

Text: The trial aimed to determine whether circumcision reduces men's risk for HIV infection.

04:45

Dr. Catherine Hankins: There were three randomized controlled trials, one from South Africa, another from Uganda, a third from Kenya and they revealed compelling evidence that male circumcision protects men, heterosexual men, against HIV acquisition, at about a 60 percent level.

05:05

Dr. Kwango Agot: So actually the circumcision trial that took place in Kisumu was the first one of the three, even though the South African one came out first. And we enrolled men, young men, 18-24 years old. Now during this time we were testing for HIV, which was the primary, what we call end point. In the end we did confirm that men who were circumcised had a reduced risk of acquiring HIV.

05:31

Text: The results of the three randomized controlled trials were so significant that the trials stopped early.

05:37

Text: The international community moved to integrate medical male circumcision into HIV prevention strategies.

05:44

Dr. Kim Eva Dickson: In 2007, the World Health Organization and the Joint UN Programme on HIV and AIDS issued recommendations on male circumcision for HIV prevention.

05:57

Dr. Emmanuel Njeuhmeli: Following the WHO/UNAIDS recommendation in March 2007 that male circumcision had to be incorporated as part of HIV prevention portfolio for countries with high HIV prevalence and low MC prevalence and generalized HIV epidemics.

06:16

Dr. Catherine Hankins: Many people had believed in it for more than 20 years. They had seen an association between HIV prevalence and male circumcision. But it wasn't until there was trial data, when that trial data came forward; it was incontrovertible evidence that male circumcision is partially protective against HIV acquisition in heterosexual men.

06:38

Text: Once the research results were known, the Government of Kenya moved to expand medical male circumcision services in Nyanza.

06:45

Text: First, they had to secure the support of the Luo community.

06:51

Apondi Leora Akatch: When the male circumcision project started initially, I was appointed to call them into a meeting where we invited the Luo Council of Elders so we share more about the findings of the research. Whereby after that they said "no".

07:12

Owino Nyadi: It caused sort of an alarm. Yes, because originally the Luos, even up to now, the men are not circumcised. Circumcision is not for the Luos.

07:31

Apondi Leora Akatch: So afterwards I had to keep on talking to them. Asking them. You know, just getting opinion from them and putting more sense into them why we really have to embrace male circumcision as one of the prevention, preventive packages of HIV, not a standalone.

07:47

Owino Nyadi: She did well because she said that it was not by force. It was voluntary, voluntary. And then thereafter, people were free to go and do it in hospitals and elsewhere. People are not negative even up to today.

08:14

Apondi Leora Akatch: It's important because they are our custodians of culture so we have to really go through them to let them know what is happening. What we intend to do. Why we are doing it.

08:25

Emma Llewellyn: We were then very careful once we did start to roll things out, to not sell male circumcision as a cultural practice. You know, male circumcision is a medical benefit. So when we first started it was male circumcision, you know that's what we referred to it as. And now we refer to it as VMMC, so voluntary medical male circumcision. The extra VM is what came from these discussions, you know, with the larger Luo community and the Luo Council of Elders.

08:50

Dr. Kwango Agot: When we emphasized and reiterated that this is for public health benefit, we are not talking about circumcision as a cultural practice or as a religious practice. That settled it.

08:59

Text: In order to maximize impact, Nyanza Province embarked on a scale-up initiative to circumcise 426,000 men by 2013.

09:06

Text: As early as 2011, programs in Nyanza Province have circumcised more than 250,000 men.

09:13

Dr. Nicholas Muraguri: Kenya is one of the leading countries where male circumcision services have really been scaled up. This has only been possible because of the good partnership we have been having with the donors, with our partners, at all levels, and also communities.

09:27

Jim Hope: People are very excited and see, and view the evidence on terms of what male circumcision can do, the 60 percent reduction in the transmission of HIV/AIDS in men.

09:40

Text: Kenya's success has inspired other countries to embark on scale-up.

09:45

Text: This includes Swaziland, which has the highest HIV prevalence in the world.

09:52

Text: Manzini, Swaziland

09:55

Dr. Samuel Vusi Magagula: When we embarked on the up-scaling of male circumcision, we developed a policy which is supposed to stretch from 2008 through 2013. Now, it has been proven that if we intervene within a short period of time we will be averting much more infections in the future.

10:19

Text: In 2011, the Government of Swaziland introduced the "Soka Uncobe" campaign for medical male circumcision.

10:27

Text: Swaziland's goal is to circumcise 80 percent of men aged 15-49 in less than two years.

10:35

Mbhekigani: I came here to circumcise because I've heard that circumcision is the best to help yourself prevent infections such as STI's and deters the chances of getting HIV and AIDS.

10:50

Faith Dlamini: I am quite proud of what my country is doing on male circumcision because from the highest level there is support for male circumcision.

11:06

The Hon. Minister Benedict Xaba: For it is important that as a country we indeed leave an important landmark in the history of HIV prevention.

11:14

U.S Ambassador Earl M. Irving: The national leadership is invaluable. It's completely necessary for this program to be a success.

11:21

Text: With successful partnerships between governments, donors, and civil society, medical male circumcision programs are becoming more cost-effective.

11:27

Text: The focus is on training and clinical upgrades for regional scale-up and developing communications campaigns.

11:35

U.S. Ambassador Eric Goosby: We are committed to funding any patterns that a country decides it wants to engage with, to, as I say, get in front of the movement of that virus through their population. We believe we will be better at it if we do high impact prevention interventions. There is very little that is more of an impact or will demonstrate more of an impact in diminishing transmission for the men than male circumcision.

12:00

Dr. Luke M. Nkinsi: We [are] planning for the next client of MC and see what is the competitive advantage of the Foundation and what are the gaps and what we can do in order to promote safe male circumcision.

12:12

Dr. Nicholas Muraguri: We see male circumcision as another strategy for promoting men's health in general. We know women by nature of biological function or social functions, they have a lot of contact with the health system. But for men, the opportunities are rare. So we see male medical circumcision services as an opportunity to address that gap.

12:33

Faith Dlamini: With male circumcision we see a lot of condom programming, condom usage, and HIV testing and counseling. All these issues within the male circumcision response could help us to reach even more in our overall HIV response. So I encourage other governments to pick it up and run with it. It is worth doing.

13:15

Ayanda Nqeketo: I'm really, really excited because when we succeed, because we will succeed, when we succeed, Swaziland actually will be an example, not only in Africa, but in the world, that together we can fight and change the face of HIV and AIDS. If you are saying that Swaziland is number one in the world in terms of HIV infections, Swaziland is going to be number one country in terms of changing that situation for other countries to learn from.

13:43

Dr. Kwango Agot: You know this is real to me. I've lost not just family, but I've worked in this province and it's something that is sobering every time you know. So when I'm in it, I'm in it to save lives and to me it is averting infections, it is reducing orphanhood, it is improving the economy, it is improving the family. And we need people to be alive to even practice those cultures.

14:19

Apondi Leora Akatch: As a member of the community I am proud that at least we've moved. My community will be saved from HIV and AIDS, that one I'm sure of. I am still fighting HIV and AIDS the best way we can.

14:40

Text: Currently, 14 countries in East and Southern Africa are prioritized for voluntary medical male circumcision programming scale-up.

14:47

Text: PEPFAR and UNAIDS estimate US \$2 billion is needed to circumcise 80% of the men 15-49 years old in five years.

14:55

Text: In the next 15 years, this effort could save more than US\$ 20.3 billion... and avert more than 3.5 million new infections.

15:06

Text: For more information, visit www.malecircumcision.org

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The President's Emergency Plan for AIDS Relief (PEPFAR) is an interagency initiative that coordinates HIV/AIDS efforts, including support to voluntary medical male circumcision, across the US Government.

They include:

U.S. Agency for International Development
Department of Defense
Department of Labor
U.S. Centers for Disease Control and Prevention
Peace Corps
Office of the Global AIDS Coordinator

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End Transcript

Featured Speakers (By Order of Appearance):

DR. CHARLES OKAL – Nyanza Province AIDS and STI Control Programme
DR. NICHOLAS MURAGURI – Kenya National AIDS and STI Control Programme
BONIFACE – Male Circumcision Client
DR. KWANGO AGOT – IMPACT Research and Development Organization
DR. ZEBEDEE MWANDI – U.S. Centers for Disease Control and Prevention (CDC/Kenya)
VICTOR – Male Circumcision Client
DR. CATHERINE HANKINS – Joint United Nations Programme on HIV/AIDS (UNAIDS/Geneva)
DR. KIM EVA DICKSON – World Health Organization (WHO/Geneva)
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APONDI LEORA AKATCH – Nyanza Reproductive Health Society, Kenya
OWINO NYADY – Luo Council of Elders, Kenya
EMMA LLEWELLYN – Nyanza Reproductive Health Society, Kenya
JIM HOPE – U.S. Agency for International Development (USAID/Kenya)
DR. SAMUEL VUSI MAGAGULA – Ministry of Health and Social Welfare, Swaziland
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