



# Sonke Gender Justice Network

HIV/AIDS, Gender Equality, Human Rights

## History:

- Established June 2006
- Address intersections of gender inequalities, HIV/AIDS and human rights.
- 3 programme areas: women's health and rights, Men as Partners initiative and youth and children's project
- Now working in all nine provinces in South Africa and across SADC region





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## Caveat

- Definitely not an “expert” on MC.
- Recently involved in MC scale up study for USAID & Constella-Futures in Lesotho, Swaziland and Zambia.
- Conducting key informant interviews re: preferred service delivery model and gathering costing data in all 3 countries.





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## Overview and key themes.

- The role of advocacy and activism in ensuring scale up.
- MC & health systems capacity issues in Southern Africa:
  - Task shifting
  - Role of traditional circumcisers
- Gender and MC





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## Advocacy and Activism

- No precedent that RCT findings will automatically lead to scale up.
- Very little action from government or CSO's following Orange Farm RCT in South Africa.
- ART experience suggests advocacy and activism will be essential to ensure full roll-out.





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## MC & Health Systems:

- Health systems across the region already enormously overwhelmed due to pandemic and chronic brain drain—out of neighbouring countries into South Africa and out of South Africa to Europe and North America.
- MC scale up will require that attention be given to MOH human resources plans and policies-including task shifting that allows nurses and paramedics to perform MC and infusion of NGO personnel.
- Government may have to consider providing vouchers or subsidizing private sector clinics.





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## Role of traditional sector:

- MC performed across region by traditional and religious circumcisors--often as part of initiation rituals for young men.
- TC influential constituency critical to success of MC roll-out.
- Lesotho—8000 circumcisions by traditional circumcisors vs 2000 in public and private with year long wait-list at main public hospital in Maseru.





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## Role of traditional sector:

- Concerns about safety and hygiene but limited data on extent of problem.
- Traditional circumcisors open to playing a role and to standardising technique but express concern about patronising attitudes of health sector.
- Training, oversight and accountability models in place elsewhere—esp South Africa.





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## MC, Gender and Masculinities.

- Concern that focus on a biomedical intervention such as MC will detract from efforts to address social and structural drivers.
- MC should be seen as part of a broader prevention package.
- Ongoing deliberations about nature of MC package and concern about overloading intervention.
- Components may include MC & condoms, AIDS education wt focus on disinhibition, VCT, STI treatment and messages to promote more gender equitable models of manhood.
- Some models in place that use MC as gateway to prevention ed incl. South Africa and Kenya.

