Male Circumcision for HIV Prevention in Military Populations
The Chinese use two brush strokes to write the word 'crisis.' One brush stroke stands for danger; the other for opportunity. In a crisis, be aware of the danger - but recognize the opportunity.

John F. Kennedy (1917 - 1963), *Speech in Indianapolis, April 12, 1959*
Why Male Circumcision in Militaries?

- Custodians of high risk target population
  - Age 18+
  - Sexually active – “mobile men with money”
- Likely to be HIV negative at entry to military
- They provide medical care to civilian communities
Defined population for combination prevention – MC provides another key component

- Structural – HIV policy, leadership support
- Behavioral – peer education, IEC campaigns, drama groups, condom support, male norms
- Biomedical – male circumcision, condoms, men’s health services
Prevention counseling
HIV testing and referrals to HIV care
STI examination and treatment
Male Circumcision surgery
Follow-up care is readily available
Prevention counseling
Monitoring is relatively easy
Can add on other male focused prevention and men’s health issues
The militaries are willing to scale up
Militaries are interested in conducting research with cohorts of new recruits
MC exam-based prevalence studies
The militaries have control over all aspects of their programs
Task sharing and shifting is a necessity and can be accommodated in many countries
MC sites can also be care/ART sites –
  will pilot CD₄ Point of Care for those that test HIV+
Challenges

- Resource limitations
  - Personnel, space, commodities and equipment
- National progress on MC
  - Military works in national context
- Mobility – increased training needs
- Military specific communications package needed
Strong Leadership Support
Education
MC Drama Sketches
Gender Involvement
Group Counseling Session
Condom Use Skills Building
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