World Health Organization
REGIONAL OFFICE FOR Africa

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MALE CIRCUMCISION: AN INTERVENTION FOR HIV PREVENTION IN THE WHO AFRICAN REGION

An Information Note from the WHO Regional Office for Africa

Nearly two thirds of the people living with HIV reside in sub-Saharan Africa. New HIV infections are occurring at alarming rates despite a range of prevention efforts. Prevention of new infections remains the only realistic hope for stemming the HIV epidemic in the African Region.

The recent WHO and UNAIDS international expert consultation on male circumcision and HIV prevention held in Montreux, Switzerland from 6 to 8 March 2007, concluded that there is unfolding evidence from randomized controlled trials, undertaken in Kenya, South Africa and Uganda, that safe male circumcision reduces the risk of heterosexual transmission of HIV infection from women to men by approximately 60%. The trials also showed that male circumcision performed by well-trained medical professionals in properly equipped facilities is safe.

Safe male circumcision is, therefore, a new additional intervention for HIV prevention that needs to be given due attention. Implementation should take into account a number of specific considerations outlined in the WHO/UNAIDS policy and programme recommendations.

Male circumcision provides only partial protection against HIV. Because of its partial protective effect, male circumcision may be considered as part of a comprehensive package of HIV prevention interventions. Other known effective preventive interventions against sexual transmission of HIV, such as abstinence, delay of sexual relations, faithfulness, correct and consistent use of male or female condoms, reduction in the number of sexual partners, and effective and prompt treatment of sexually-transmitted infections, remain relevant.

Circumcised men can still become infected, and men who are HIV-positive can infect their partners. There is no evidence that male circumcision in men who are already HIV-positive has any protective effect on their female partners. Preliminary data from the Ugandan trial suggests that recently circumcised HIV-positive men who resumed sexual activity before certified wound healing could be more likely to transmit HIV than those who waited until complete wound healing. Also, HIV-negative men who engage in sexual activity before wound healing is certified are also at increased risk of acquiring HIV. Therefore, all men who undergo circumcision should be counseled to abstain from sexual activity until complete wound healing, and thereafter use condoms correctly and consistently.

Introduction and expansion of safe male circumcision services in Africa need to take into account local sociocultural, religious and traditional values to ensure acceptability by communities and build on existing cultural practices. There is a need to ensure that careful assessment and necessary dialogue involving key stakeholders take place in order to scale up safe male circumcision services in countries in the African Region where circumcision is not widely performed.

Because male circumcision is a surgical intervention, safety must be ensured, and the service should be integrated within the context of existing health care services, including the involvement of a range of government, private and NGO partners. Scaling up safe male circumcision in the context of HIV prevention should also provide an excellent opportunity for integration with other HIV preventive and sexual and reproductive health services, and for reaching groups such as adolescent boys and young men who rarely have contact with health services.

Scaling up safe male circumcision requires well trained health workers such as medical doctors and certified paramedical staff. Task shifting will need to be considered, given the human resource constraints in the African Region. WHO will provide the necessary guidance to countries on the skills and competencies required for the provision of safe male circumcision. Each country will have to decide which health cadres can be trained to undertake safe male circumcision.

WHO emphasizes the need to have effective communication strategies to ensure that clear and consistent messages are disseminated. It is important to ensure that circumcised men do not develop a false sense of security that could cause them to engage in higher-risk behaviour which could undermine the partial protection provided by circumcision.

Countries or regions in countries with high HIV prevalence, generalized heterosexual HIV epidemics and low male circumcision rates should consider implementing or scaling up access to safe male circumcision services, taking into account the above considerations. In countries without generalized epidemics but where the HIV epidemic is concentrated in specific groups, the strategy should be to promote safe circumcision for males at high risk of heterosexual HIV transmission.

Including male circumcision in the prevention package and scaling up implementation require additional technical skills and resources. Governments and development partners are urged to mobilize adequate and specific resources without taking funds away from other essential interventions.

In addition to the current evidence, further research is needed to inform the development, implementation and monitoring of safe male circumcision programmes. Research is also needed to clarify the risks and benefits of male circumcision with regard to HIV transmission from HIV-positive men to women. As male circumcision is widely performed on baby boys and young men in many African countries there is need to learn more about traditional male circumcision practices and how to work with traditional providers in order to improve the safety of male circumcision in the Region. The WHO Regional Office will closely follow up and support

operational research that will help inform policy-making and programme management on this matter.

This information note is neither a WHO policy nor a normative statement. It highlights the views of WHO, including the WHO Regional Office for Africa, in relation to male circumcision and HIV prevention, and is in line with the global WHO-UNAIDS recommendations issued in March 2007.

As a follow-up, the Regional Director will convene a meeting of an expert committee in early 2008 regarding technical guidance and support on the subject of male circumcision and HIV prevention.

WHO will continue to provide the necessary normative and technical guidance and collaborate with partners to accelerate HIV prevention in the African Region.