

# INFORMATION PACKAGE ON MALE CIRCUMCISION AND HIV PREVENTION

## INSERT 1

### Introduction

Male circumcision is the surgical removal of all or part of the foreskin of the penis. It is one of the oldest and most common surgical procedures worldwide, undertaken for religious, cultural, social or medical reasons. Male circumcision has now been assessed as a potential means to limit the spread of HIV.

Data from a range of observational epidemiological studies, conducted since the mid-1980s, showed that circumcised men have a lower prevalence of HIV infection than uncircumcised men. Three randomized controlled trials have been conducted which make it possible to separate a direct protective effect of male circumcision from behavioural or social factors that may be associated with both circumcision status and risk of HIV infection. These trials have been conducted in Orange Farm, South Africa<sup>i</sup>; Kisumu, Kenya<sup>ii</sup> and Rakai District, Uganda<sup>iii</sup>. The results of these trials showed that following circumcision, the incidence of HIV infection was reduced in men by more than half.

This information package has been prepared for the use of policy makers and programme managers who may be facing an increased demand for male circumcision services and who wish to determine the place of male circumcision within a comprehensive HIV prevention programme.

The package contains a series of introductory information notes on male circumcision in the context of HIV prevention, and gives references to other resources that provide more detailed information on the subject. The contents will be periodically updated when policy recommendations are issued, or as new evidence is published and additional experience with provision of male circumcision services is documented.

Since male circumcision is now shown to be effective in reducing the risk of HIV infection for men, care must be taken to ensure that men and women understand that the procedure does not provide complete protection against HIV infection. Male circumcision must be considered as just one element of a comprehensive HIV prevention package that includes the correct and consistent use of condoms, reductions in the number of sexual partners, delaying the onset of sexual relations, avoidance of penetrative sex, and testing and counselling to know one's HIV serostatus.

Action is required to improve the safety of male circumcision practices in many countries and to ensure that health care providers and the public have up-to-date information on the health benefits and risks of male circumcision. Male circumcision is a voluntary surgical procedure and health care providers must ensure that men and young boys are given all the necessary information to enable them to make free and informed choices either for or against getting circumcised.

This information package is the result of collaborative work between members of the Interagency Task Team (IATT) on Male Circumcision which is composed of the United Nations Children's Fund (UNICEF) the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the World Bank and the Joint United Nations Programme on HIV/AIDS (UNAIDS). It is a compilation of work undertaken by a large group of clinical and public health experts.

For further information on male circumcision go to:  
<http://www.who.int/hiv/topics/malecircumcision/en/index.html>  
<http://www.who.int/reproductive-health/hiv/index.html>

i Auvert B, Taljaard D, Lagarde E, et al. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 Trial. *PLoS Med* 2005;2(11):e298.  
ii Bailey C, Moses S, Parker CB, et al. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomized controlled trial. *Lancet* 2007;369: 643-56.  
iii Gray H, Kigozi G, Serwadda D, et al. Male circumcision for HIV prevention in young men in Rakai, Uganda: a randomized trial. *Lancet* 2007;369:657-66.