

**SANAC Civil Society Sector's
Position Paper on Male Circumcision as an HIV Prevention Strategy**

**Draft following civil society consultative meeting involving the Traditional
Leaders, Women's, Men's, PWA, Law and Human Rights, NGO and
Research sectors.¹**

Introduction

1. At the time of the adoption of the new national *HIV & AIDS and STI Strategic Plan for South Africa 2007-2011* (NSP) in May 2007, male circumcision was identified as an 'emerging' prevention measure.
2. In particular, the NSP "recommended that the Department of Health consider the effectiveness of male circumcision as an HIV prevention intervention and develop appropriate policies."²
3. Before then, the link between lower rates of HIV transmission from women to men who are circumcised had been unequivocally backed up by the results of three randomised controlled trials conducted in Kenya, Uganda and South Africa.
4. On the basis of the conclusive evidence of the partial efficacy of male circumcision provided by these trials, male circumcision has been recommended as an HIV prevention measure by UNAIDS and the World Health Organisation (WHO).
5. According to the WHO, "The three randomised controlled trials showed that male circumcision performed by well-trained medical professionals was safe and reduced the risk of acquiring HIV infection by approximately 60% ... Male circumcision should now be recognized as an efficacious intervention for HIV prevention....Promoting male circumcision should be recognized as an additional, important strategy for the prevention of heterosexually acquired HIV infection in men."³
6. The UNAIDS and WHO recommendation is that MC become a part of national HIV prevention strategies. In 2008 implementation has begun with several sub-Saharan African countries introducing MC as an HIV prevention intervention (e.g. Botswana, Uganda and Zambia).

Male circumcision as an opportunity to improve HIV prevention in South Africa

1. The NSP aims to reduce the number of new HIV infections by 50% by 2011. In its situation analysis, it identifies a number of populations recognised to be at higher risk of HIV infection. One such group are people who exhibit one or more "individual risk factors", such as early sexual debut, transactional sex and the lack of male circumcision.⁴

¹ At this meeting presentations were made by the research sector and UNAIDS. In addition, a written submission was provided by the traditional leaders' sector.

² NSP: Page 20

³ WHO/UNAIDS: New Data on Male Circumcision and HIV Prevention: Policy and Programme Implications: Conclusions and Recommendations, March 2007
http://www.who.int/entity/hiv/mediacentre/MCrecommendations_en.pdf

⁴ NSP: Page 38

2. Civil Society recognises that the NSP's targets on HIV prevention present major challenges. In particular, changing the sexual and social behaviour of many men and adolescent boys remains a great challenge. Here we note the ongoing challenges of:
 - Low, incorrect and inconsistent condom use;
 - Low uptake of voluntary counselling, HIV testing and treatment; and
 - High levels of sexual and other forms of violence against women, children and other men.

3. With this in mind, this position paper on male circumcision expressly recognises that MC is not a stand-alone prevention and that the mainstay of HIV prevention must be on ensuring access to a comprehensive package of prevention services and interventions that, amongst other things –
 - Promotes delaying the onset of sexual relations, with a particular focus on delaying vaginal and/or anal sex;
 - Promotes the correct and consistent use of male and female condoms;
 - Consistently promotes sexual and gender equality
 - Ensures access to appropriate HIV testing and counselling services;
 - Encourages everyone to know his or her HIV status;
 - Promotes safer sex practices (including reducing the number of concurrent sexual partners); and
 - Encourages the prompt treatment of sexually transmitted infections (STIs), including the treatment of partner(s).

4. As the NSP outlines, when all HIV prevention measures are integrated as one **comprehensive strategy** the chances of being infected by HIV or of infecting others are dramatically reduced.

5. As circumcision only offers partial protection against HIV infection for heterosexual men and boys, it *must be combined* with appropriate messaging and risk counselling to ensure that people who are circumcised understand the need to continue practicing safer sex.

Male circumcision as an opportunity to promote male sexual understanding and health

6. Raising public awareness of the benefits of MC also provides an opportunity to reach boys and men to encourage them to understand and take responsibility for their sexual health.

7. MC should be recommended as part of a comprehensive package that promotes male sexual health. Including male circumcision in this package will enable the NSP to meet its commitment of developing new evidence-based interventions.

8. Therefore MC should be linked with campaigns that aim at increasing men's uptake of HIV testing and counselling services, STI treatment and advice. Nevertheless, the voluntary decision to undergoing circumcision should not be conditional on accepting HIV testing.

9. SANAC should call on men to begin to take responsibility for their sexual health. Circumcision is an intervention that provides an opportunity for men to do this by encouraging them to make informed decisions about their sexual health. At the same time it could bring men within better reach of the healthcare system, rolling out HIV testing and counselling services more widely and making it easier to educate men on reproductive health – both of which are aims of the NSP.

Male circumcision as an opportunity to promote women's sexual understanding and health

10. Male circumcision improves the sexual health of men. It offers no *immediate* and *direct* health benefits for women. But, if widely accepted and properly implemented the longer term effect should be a significant reduction in risk of women becoming infected -- because there will be fewer HIV infected men. The associated health benefits for both women (e.g. halving the risk of contracting cervical cancer) and men (e.g. reduced penile cancer, cervical cancer and syphilis risk) need also to be considered.
11. Communication about MC should not focus solely on sexually active boys and men. Communication and information should also target women as *sexual partners* and both men and women *for their sons*.
12. Women must be included in the process of developing and implementing a MC programme.

Initiation, traditional and religious circumcision

1. SANAC Civil Society Sectors are respectful of the important roles played by traditional and religious practices regarding male circumcision. For many South Africans, male circumcision is an integral part of the culture and the initiation of boys into manhood.
2. An ongoing dialogue with traditional leaders, traditional healers and faith-based sectors about what MC may mean for amending and improving the practice of traditional interventions as well as for the evolution of custom is essential. MC programmes should be developed with guidance from traditional and religious leaders.
3. SANAC can facilitate better communication with traditional health practitioners and include and consult them in the efforts to get men to take responsibility for their sexual health – through regular HIV testing, knowledge of the benefits of circumcision, prompt treatment of STIs, non-violence towards women, consent of their partners, and the necessity of wearing a condom consistently and correctly.
4. SANAC should promote male circumcision, and recommend that the DOH improve access to services for MC in the public health sector, but:
 - a. It should be completely voluntary and in keeping with the provisions on male circumcision in the Children's Act, Act 38 of 2005.
 - b. Boys who elect to be circumcised before the age of traditional initiation should not be discriminated against and, if possible, discussion should take place to adapt cultural practices to accommodate this.
 - c. Boys who are circumcised as part of initiation practices should also be counselled about sexual health, sexual responsibility and HIV prevention.
 - d. Where boys and men undergo MC in clinical rather than traditional settings they should not be prejudiced, stigmatised or discriminated against, whether or not their culture has such a tradition. Messaging should be developed to guard against this and where necessary cultural practices should be adapted

5. Finally, in keeping with existing policy and law, male circumcision conducted in traditional settings should be made safer. Three provincial departments of health have already introduced legislation in their respective provinces that address concerns relating to safety, hygiene and informed consent. The DOH should work with traditional leaders to identify and close illegal and unregistered conductors of traditional male circumcision.

Challenges in promoting and implementing access to male circumcision

1. The WHO states that “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”.⁵
2. Male circumcision does not provide 100% effective protection for anyone, but rather that it reduces the risk of transmission from women to men significantly.
3. As with any partially protective intervention, male circumcision programmes must be appropriately conceptualised, explained and implemented so as to minimise risks:
 - ... among those men who don't allow their body to fully heal for the full 6-8 weeks immediately following circumcision. (*Men should not resume sexual intercourse until medically cleared as there is possibly an increased chance of either infecting or becoming infected while healing*).
 - ... among newly circumcised men who might believe that circumcision permits unsafe and risky sexual behaviour;
 - ... among women who might think that unprotected sex with circumcised men is safe (or safer);
 - ... among those who elect to undergo circumcision in traditional settings and who don't ensure that it is conducted in a hygienic or sterile environment.
4. It is therefore important that MC is introduced together with the strengthening of all other HIV prevention programmes and in particular the scaling up of women controlled prevention, including much greater access to free female condoms.
5. However, whilst recognising the challenges of implementing male circumcision programmes, SANAC Civil Society sectors believe that South Africa cannot ignore or delay acting upon the scientific consensus about the benefits of male circumcision.

Acknowledging what we don't know

1. The benefits MC holds for those who choose to enjoy anal sex (heterosexual or homosexual) is unknown. This is an area that requires further scientific investigation.
2. In addition, research into operational issues linked to improved availability and take up on male circumcision, and its advantages, should also be ongoing.

⁵ WHO - www.afro.who.int/aids/publications/male_circumcision_en.pdf

SANAC's policy advice to the South African government

1. SANAC is the highest advisory body that provides strategic and political guidance to government on issues of policy on HIV and AIDS.
2. We believe that the challenges set out above can and **should be addressed urgently** because not only does male circumcision offer significant protection for heterosexual men against HIV infection, but its implementation could provide opportunities to engage and strengthen dialogue with men on sexual health and responsibilities.
3. Therefore, *civil society* believes that government, and the Department of Health in particular, should:
 - Recognise MC as a complementary strategy for HIV prevention.
 - Introduce guidelines and a policy on MC that takes into account the different approaches that may be necessary in different medical, cultural and religious settings.
 - Take ownership of the strategy, and ensure that SANAC and the DOH pursue one strategy.
 - Communicate widely and accurately to the South African public about the benefits and risks of male circumcision. This communication must be simple, accessible and translated into all official languages.
 - Improve and promote male sexual health services and devise a visible campaign that encourages men to take responsibility for their sexual health.
 - Ensure that messages about male circumcision talk to women and girls as well as men and adolescent males. Women and girls should understand the benefits of male circumcision to men – for their own benefit and that of their children – and be aware that it does not protect them or do away with the need for consistent and correct condom use.
 - Provide services that offer safe circumcision for men who choose to undergo circumcision in a health facility.
 - Strengthen and continue a dialogue with traditional leaders and traditional healers on MC.
 - Work with traditional and religious leaders to help them prevent the rise of fly-by-night practices and the proliferation of ill-experienced practitioners who would undermine their authority and bring hygienic and healthy traditional practices into disrepute.
 - Meet with traditional and religious leaders to discuss the way forward on infant and early-adolescent circumcision and the implications this holds for initiation practices.

Conclusion

1. Adult male circumcision is already a part of South Africa's cultural landscape. Knowledge of the outcomes of the MC trials is also already in the public domain, although linked to misunderstanding. Many men ARE getting circumcised and there is a need for public messaging that speaks to their needs and the needs of their partners to help them avoid risky behaviour and to best protect their health, especially when knowledge about the trials is already in the public domain.

2. The SANAC civil society sectors consulted believe that male circumcision offers:
 - a. An *additional* HIV prevention measure that is of proven benefit.
 - b. An *opportunity* to assist the men's sector to discuss broader HIV prevention and sexual health issues.
 - c. An *opportunity* for making information about sexual health in general more widely available so as to enable boys and men to take responsibility for their health and to make informed choices.
 - d. An opportunity to reduce the number of new HIV infections and reach the targets of the NSP.
3. The issue is thus not *whether* circumcision and appropriate messaging need to be introduced but that *public messaging is needed to provide clear and unambiguous guidance* that speaks to the needs those who elect circumcision and the needs of their partners.
4. We request that a policy recommendation be urgently finalised on the instruction of the SANAC Plenary.

ENDS

This position paper has been endorsed by the following sectors: Traditional Leaders, Men's sector, PWA sector, Law and Human Rights sector, NGO sector, Children's sector, and the Research sector.

Background documents and other useful links

Conclusions and Recommendations from the WHO/UNAIDS Technical Consultation on Male Circumcision and HIV Prevention: Research Implications for Policy and Programming Montreux, 6- 8 March 2007

http://data.unaids.org/pub/Report/2007/mc_recommendations_en.pdf

Programming Guidance for decision-makers on human rights, ethical & legal considerations on Safe, Voluntary, Informed Male Circumcision and Comprehensive HIV Prevention Developed by the UNAIDS Secretariat with assistance from the AIDS Law Project, South Africa, June 2007

http://data.unaids.org/pub/Manual/2007/070613_humanrightsethicallegalguidance_en.pdf

Further background information on male circumcision and HIV prevention is available at: www.unaids.org/en/PolicyAndPractice/Prevention/MaleCircumcision/default.asp (this site has good links to further readings)

UNAIDS Male Circumcision Policy and Programme Implications

http://data.unaids.org/pub/Report/2007/mc_recommendations_en.pdf

Male circumcision information pack (developed jointly by WHO, UNAIDS, UNICEF, UNFPA and World Bank)

http://data.unaids.org/pub/InformationNote/2007/mc_briefing_pack1_en.pdf

http://data.unaids.org/pub/InformationNote/2007/mc_briefing_pack2_en.pdf

http://data.unaids.org/pub/InformationNote/2007/mc_briefing_pack3_en.pdf

http://data.unaids.org/pub/InformationNote/2007/mc_briefing_pack4_en.pdf

Social Science Perspective on male Circumcision as an HIV prevention initiative:

http://data.unaids.org/pub/Agenda/2007/20070303_male_circumcision_report_en.pdf

Further Reading:

Male Circumcision: Global trends and determinants of prevalence, safety and acceptability, Weiss, H & Polonsky, J. WHO, London School of Hygiene and Tropical Medicine & UNAIDS. (2007)

Why is HIV so severe in (Southern) Africa, and what works (and doesn't) for AIDS Prevention? Presentation to SADC Meeting on Social Change Communication, Halperin D. (2006)

A Social Ecology Model for Social and Behavioral Change Communication, D. Kincaid D.L; Figueroa M.E; Storey D (2007). Johns Hopkins Bloomberg School of Public Health Centre for Communication Programs

ENDS