MALE CIRCUMCISION FACT SHEET

WWW makes the argument that male circumcision should never replace other known methods of HIV prevention and should always be considered as part of a comprehensive HIV prevention package.

Recent research evidence has shown "that male circumcision is efficacious in reducing sexual transmission of HIV from women to men"[1]. While this data is welcome in increasing our prevention strategies in addressing HIV, it also raises concern.

As women continue to be at the epicentre of the HIV/AIDS epidemic,it imperative that male circumcision be seen as complementary to other ways of reducing risk of HIV infection, and not as a 'magic bullet' for HIV prevention.

According to UNAIDS, women account for half of all people living with HIV worldwide, and nearly 60% of HIV infections in sub-Saharan Africa[2]. Women living with HIV are often more vulnerable to violence and stigma from their partners, families, communities and states.

While the research shows that male circumcision is a viable strategy for the prevention of heterosexual transmission in men, male circumcision does not provide complete protection against HIV infection for women or for men. Circumcised men can still become infected with the virus and, if HIV-positive, can infect their sexual partners, and consistent condom use remains the most effective tool for HIV prevention.

The Women Won't Wait Coalition would like to point out some factors that are essential to keep in mind when thinking about scaling-up male circumcision:…

- There is insufficient data to show whether male circumcision, without condom use, results in a direct reduction of transmission from HIV-positive men to women.

- The extent to which male circumcision will lead to risk compensation (i.e.., circumcised men and their sexual partners engaging in riskier sex behaviour because of misinformation or a false sense of protection) is unknown. Risk compensation may compromise women's ability to negotiate conditions of sex (if and when sex happens, condom use, etc) and increase gender-based violence.

- The potential harmful effects of MC must be monitored closely The WHO/UNAIDS report have advised "policy makers and programme developers to monitor and minimize potential harmful outcomes of promoting male circumcision as an HIV prevention method such as unsafe sex, sexual violence or conflation of male circumcision with female genital mutilation."

- The positioning of male circumcision as reducing transmission from women to men may perpetuate or reinforce perception of women as vectors or transmitters of disease and may in turn lead to increased gender-based violence. It is essential that prevention strategies for both men and women must be invested in so that these are available, accessible, affordable and of high quality. There is already a gap between prevention strategies for men and women; and a scaled up roll out of MC must not widen this gap. Women controlled

[1] WHO/UNAIDS (2007). Technical Consultation, Male Circumcision and HIV Prevention: Research Implications for Policy and Programming.
[2] UNAIDS (2008) Report on the global AIDS epidemic. www.unaids.org

prevention methods including female condoms, must be made available with equal commitment and vigour.

- Criminalization of HIV, already a harmful strategy, could become even more harmful if a man's circumcision status is used to increase the legal repercussions women might face. .

While resources devoted to male circumcision seem to be growing exponentially, proven prevention methods like the female condom for women continue to be under resourced. In UNAIDS Global Resource Needs Estimates at the end of 2007, it included an 80% target for male circumcision which seems unproportionately high given the target for female condom use has been set at 5%. Equal and adequate funding for these methods needs to be made available in the context of male circumcision programs and funding for additional prevention strategies be assured including microbicides, pre-exposure prophylaxis and vaccines, as well as structural and behavioral interventions to reduce women's risk of infection.

In moving forward:

- Male circumcision must not be seen as a 'magic bullet' for HIV prevention but as complementary to other ways of reducing risk of HIV infection.
- Communities and particularly men opting for the procedure and their partners require careful and balanced information and education materials that directly address the need for condom use and discuss the change in power balance -- to the extent that male circumcision may reduce women's ability to negotiate condom use.
- Further research should be conducted to clarify the risks and benefits of male circumcision with regard to HIV transmission from HIV-positive men to women, for men who have sex with men and in the context of heterosexual anal sex.
- In rolling out male circumcision, it will be important to monitor rates of gender-based violence, as well as coercive sex that may occur during the period of wound healing/recommended abstinence post surgery and thereafter.
- There is a need to strengthen resources allocated to the integration of HIV/AIDS and sexual and reproductive health and rights programming, as well as around women's empowerment (or gender equality). In addition, there is a need to ensure meaningful participation of women and positive women in particular in research; policy development; and, programme planning and implementation efforts, including in relation to male circumcision.
- It is also important to monitor resource allocation and flow for HIV prevention activities globally and within countries, ensuring that, where there is spending on male circumcision, resources are not taken away from proven prevention interventions for women. Resources must be allocated to ensure not only that male circumcision procedures are done safely but that these interventions are also good for women in the communities where they are performed.
- Male circumcision should **never** replace other known methods of HIV prevention and should always be considered as part of a comprehensive HIV prevention package. Prevention and treatment efforts that work (e.g. condoms, female condoms, post exposure prophylaxis, diagnosis and treatment of sexually transmitted infections and HAART and OI treatment) must continue to be scaled up. Resources earmarked for interventions to address women's vulnerability due to gender inequality and to violence must not be diverted.

July 2008

Women Won't Wait *seeks to accelerate effective responses to the linkages of violence against all women and girls and the spread of HIV by tracking and, where necessary, calling for changes in the policies, programming and funding streams of national governments and international multilateral and bilateral donor and technical agencies. For more information about the Women Won't Wait campaign, please contact: info@womenwontwait.org*

Members of the "Women Won't Wait – End HIV and Violence Against Women. Now." campaign:
Action Aid; African Women's Development and Communications Network (FEMNET); Association for Women's Rights in Development (AWID); Center for Women's Global Leadership (CWGL); Center for Health and Gender Equity (CHANGE); Fundación para Estudio e Investigación de la Mujer (FEIM); GESTOS-Soropositividade, Comunicação & Gênero; International Community of Women Living with HIV&AIDS Southern Africa (ICW-Southern Africa); International Women's AIDS Caucus; International Women's Health Coalition (IWHC); Latin American and Caribbean Women's Health Network; Open Society Initiative for Southern Africa (OSISA); Program on International Health and Human Rights, Harvard School of Public Health; SANGRAM; VAMP; and Women and Law in Southern Africa (WLSA).

Women WON'T wait
End HIV & Violence Against Women. NOW.