



Press statement

UNAIDS STATEMENT ON SOUTH AFRICAN TRIAL FINDINGS REGARDING MALE CIRCUMCISION AND HIV

*Statement developed by the World Health Organization (WHO),
the United Nations Population Fund (UNFPA),
the United Nations Children's Fund (UNICEF) and the UNAIDS Secretariat*

Rio de Janeiro, 26 July 2005 – The Joint United Nations Programme on HIV/AIDS notes with considerable interest the results of a trial examining the potential link between male circumcision and a lower risk of HIV acquisition that were presented today at the 3rd International AIDS Society Conference on HIV Pathogenesis and Treatment, being held in Rio de Janeiro, Brazil. The trial was carried out in Gauteng province in South Africa among men aged 18-24 years and was funded by the French Agence Nationale de Recherches sur le SIDA (ANRS).

Although the trial shows promising protective effects of adult male circumcision in reducing HIV acquisition, UNAIDS emphasizes that more research is needed to confirm the reproducibility of the findings of this trial and whether or not the results have more general application. In particular the findings from two ongoing trials in Uganda and Kenya, funded by the US National Institutes of Health, will be important to clarify the relationship between male circumcision and HIV in differing social and cultural contexts.

The results of these trials will need to be considered by governments and other key stakeholders in order to determine whether male circumcision should be promoted as an additional public health intervention to reduce the risk of sexual transmission of HIV.

If male circumcision is confirmed to be an effective intervention to reduce risk of acquiring HIV, this will not mean that men will be prevented from becoming infected with HIV during sexual intercourse through circumcision alone. Nor does male circumcision provide protection for sexual partners against HIV infection. It will therefore be essential that it be part of a comprehensive prevention package, which includes correct and consistent condom use, behaviour change, and voluntary counselling and testing. Any new prevention modality must not undermine existing protective behaviours and prevention strategies that reduce the risk of HIV transmission.

Although UNAIDS believes that it is premature to recommend male circumcision services as part of HIV prevention programmes, there is heightened interest from governments and the general public in male circumcision in a number of African countries. News of the trial results presented today may increase demand for male circumcision services. Governments should take steps now to ensure that male circumcision is conducted by trained practitioners in safe and equipped settings in order to reduce the rate of post-operative complications.

UNAIDS and other international agencies are working together to review available research results and their implications for HIV prevention and male reproductive health strategies in order to provide coordinated, consistent and up-to-date guidance and support to governments and other development partners.

UNAIDS Secretariat: Luciano Milhomem, Rio de Janeiro, mobile +55 61 9976 7828, Jacqueline Daldin, Geneva, tel. +41 22 791 3501, daldinj@unaids.org; **UNICEF:** Gerrit Beger, New York, +1 212 326 7116, gbeger@unicef.org; **UNFPA:** Patricia Leidl, New York, +1 212 297 5088, leidl@unfpa.org; **WHO:** Klomjit Chandrapanya, Geneva, +41 22 791 5589, ChandrapanyaK@who.int.