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Male circumcision reduces HIV risk in heterosexual men

HIV and AIDS reporter, 21 July 2009

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Feature: Male circumcision reduces HIV risk in heterosexual men

Three African trials support male circumcision for reducing the risk of contracting HIV in heterosexual men. The Cochrane Review, updated to include these trials, now shows

that research on the effectiveness of male circumcision for preventing HIV in heterosexual men is conclusive.

No further trials are required to establish that HIV infection rates are reduced in heterosexual men for at least the first two years after circumcision. Policymakers can consider implementing circumcision as an additional measure into HIV prevention programmes. Circumcision may help to protect against HIV by removing cells in the foreskin to which the virus is specifically attracted. Called Langerhans cells, they display receptors that enable HIV entry.

Previous studies investigated the association between circumcision and HIV, but until now, Cochrane researchers have been unable to make strong recommendations for the intervention due to a lack of high quality evidence gained from randomised clinical trials.

The clinical trials included in the review took place in South Africa, Uganda, and Kenya between 2002 and 2006, and included a total of 11,054 men. The results show that circumcision in heterosexual men significantly reduces their risk of acquiring HIV by 54 percent over a two year period, compared with uncircumcised men. This reduced risk is the best estimate of the average effect and the researchers report that the true risk will be reduced by between 38 to 66 percent.

Further research, however, is required to establish whether male circumcision offers any benefit to women partners of circumcised men and homosexual men. In addition, policymakers need to think about the culture and environment in which circumcision is carried out. In many countries, male circumcision is practiced as part of the rites of initiation by traditional healers who are not trained in aseptic surgical techniques.

This feature is adapted from a Cochrane Review produced by the South African Cochrane Centre, based at the Medical Research Council, South Africa.

More information:

- ‘Male circumcision for prevention of heterosexual acquisition of HIV in men’, Siegfried N, Muller M, Deeks JJ, Volmink J. Cochrane Database of Systematic Reviews 2009, Issue 2
www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD003362/frame.html
- Audio version
www.cochrane.org/podcasts/review_summaries/2009issue2/index.html
- South African Cochrane Centre
www.mrc.ac.za/cochrane/cochrane.htm
- Effective Health Care Research Programme Consortium
www.liv.ac.uk/evidence/
- Circumcision, Eldis HIV and AIDS Resource Guide
www.eldis.org/go/topics/resource-guides/hiv-and-aids/prevention/circumcision

Recommended readings

1. Male circumcision and HIV

Authors: UNAIDS; UNICEF

Publisher: World Health Organization, 2008

Numerous observational studies indicate that circumcised men have lower levels of HIV infection than uncircumcised men. This short fact sheet from UNAIDS briefly outlines three randomised controlled trials of male circumcision which have been carried out in East and Southern Africa.

The document provides a brief overview of circumcision and the cultural and religious practices connected with it. The authors then consider how male circumcision could help to prevent HIV. By removing the foreskin which is not toughened on its underside, circumcision reduces the ability of HIV to penetrate the skin of the penis. Laboratory research has revealed that on the underside of the foreskin are located many special immunological cells that are prime targets for HIV. The fact sheet then briefly considers other health related problems associated with circumcision and female genital mutilation.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44124&type=Document

2. Does male circumcision prevent HIV infection?

Authors: N. Siegfried

Publisher: Public Library of Science Medicine, 2005

Given the devastating mortality and morbidity associated with HIV and AIDS, many potential prevention measures against HIV infection have been explored. Male circumcision is one of these. This short article from the Public Library of Science report results from the first completed trial of male circumcision for reducing HIV infection in South African heterosexual men.

The author conducted a randomised and blindly evaluated trial in a semiurban area near Johannesburg in which the background HIV prevalence rate among heterosexual men was 4.4 percent. The results showed that, after excluding those men who were HIV-positive at the beginning of the trial, the risk of acquiring HIV infection was significantly reduced by 60 percent in the men who had undergone circumcision. The author shows how the trialists suggest that circumcision could be rapidly incorporated into national plans of countries where circumcision is not widely practiced, while recognising that promotion of circumcision may also lead to undesirable outcomes such as undermining condom promotion. The author argues that the researchers are right to argue that we need to seriously consider circumcision as a potential prevention method, but it seems wise to

be more cautious in making recommendations for policy.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44125&type=Document

3. The role of male circumcision in the prevention of human papillomavirus and HIV infection

Authors: R. H. Gray; M. J. Wawer; D. Serwadda; G. Kigozi

Publisher: Journal of Infectious Diseases, 2008

Two articles in this issue of the Journal of Infection Diseases add to the growing body of evidence that male circumcision may reduce carriage of penile human papillomavirus (HPV). The first article is a secondary analysis from a randomised trial of male circumcision for HIV prevention among South African men aged 18-24 years. The investigators reported that, after 21 months of follow-up, the point prevalence of high-risk HPV (HR-HPV) in urethral swab samples was 14.8 percent among men in the intervention arm compared with 22.3 percent in uncircumcised control subjects.

The second article is a cross-sectional analysis of HPV detected at multiple anogenital sites in 463 US men, 16 percent of whom were uncircumcised. The investigators found a prevalence of any HPV genotype of 51.2 percent in circumcised men and 51.4 percent in uncircumcised men, suggesting that there was no protective effect. However there were substantial differences in risk profiles between the circumcised and uncircumcised men. In particular, the uncircumcised men were younger, less likely to be white, and more likely to be Hispanic, and they reported having had significantly more sex partners during the prior 3 months. These characteristics are likely to be associated with increased HPV infection and could confuse results. The authors show how the lack of clarity in the studies of circumcision and HPV infection stands in sharp contrast to the consistency of evidence that circumcision reduces HIV acquisition in men, which has been demonstrated in 3 previous randomised trials. The articles conclude that the public health importance of this surgery needs to be recognised for the prevention of HIV infection in minority US populations.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44146&type=Document

4. Male circumcision: global trends and determinants of prevalence, safety and acceptability

Authors: ; London School of Hygiene & Tropical Medicine; UNAIDS

Publisher: World Health Organization, 2007

There is conclusive evidence from observational data and three randomised controlled

trials that circumcised men have a significantly lower risk of becoming infected with the human immunodeficiency virus (HIV). This report from the World Health Organization reviews the determinants, prevalence, safety and acceptability of male circumcision, focusing on sub-Saharan Africa. The authors review the religious, cultural and social determinants of male circumcision and estimate the prevalence at global and regional levels. The report then summarises medical aspects of the procedure, including medical indications for circumcision, surgical methods used and the complications of circumcision carried out in clinical and non-clinical settings.

The public health implications of the fact that male circumcision reduces risk of HIV infection are then considered, including a summary of the acceptability of adult male circumcision in currently non-circumcising populations in sub-Saharan Africa with high incidence of HIV. The authors find that there is substantial evidence that male circumcision protects against several diseases, including urinary tract infections, syphilis, chancroid and invasive penile cancer, as well as HIV. However, as with any surgical procedure, there are risks involved. Recent studies of acceptability among non-circumcising communities with high prevalence of HIV in southern Africa were fairly consistent in finding that a majority of men would be willing to be circumcised if it were done safely and at minimal cost. The report concludes that there is increasing demand for male circumcision in southern Africa and future expansion of circumcision services must be embedded within comprehensive HIV prevention programming, including informed consent and risk-reduction counselling.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44147&type=Document

5. Circumcision: a surgical strategy for HIV prevention in Africa

Authors: I. T. Katz; A. A. Wright

Publisher: New England Journal of Medicine, 2008

Public health officials are now arguing that circumcision of men should be a key weapon in the fight against infection with the human immunodeficiency virus (HIV) in Africa. Recent studies have shown that circumcision reduces infection rates by 50 to 60 percent among heterosexual African men. This article in the New England Journal of Medicine examines the past research and future obstacles associated with introducing circumcision as a preventative measure. The authors discuss the results from previous randomised trials which suggest that circumcision reduced the rate of HIV infection among heterosexual men by 60 percent. Researchers have also found that circumcision provides increased protection against the human papillomavirus, herpes simplex virus, syphilis, and chancroid.

The authors highlight how most people involved in scaling up adult male circumcision recognise that the surgery is a costly endeavour and a socially complex intervention that

may compromise other public health priorities. Reaching women through other prevention methods is also important because there is no direct evidence to date that circumcision reduces the risk of transmission from men to women. The article concludes that although circumcision has increasing support from researchers, donors, and politicians, its status as a non-behaviour-based intervention may ultimately be its biggest obstacle. The scale up of circumcision will require strong political backing, adequate funding, and leaders to champion the cause to ensure that it is a safe, low-cost option available throughout Africa.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44148&type=Document

Latest additions from the HIV and AIDS resource guide

1. Gender review: mainstreaming gender and aids in the development portfolio of the Norwegian Embassy in Zambia

Authors: V. Halvorsen; D. Hamuwele; A. Skjelmerud

Publisher: Norwegian Agency for Development Cooperation, 2009

This report is a joint gender and HIV/AIDS mainstreaming review, produced upon a request from the Norwegian Embassy in Lusaka. The target of the report is to see how gender and AIDS concerns could be better mainstreamed in the Embassy portfolio. Furthermore, four different programmes were selected for the review, covering relevant areas for cooperation.

The report indicates that gender inequalities exist at all levels in Zambia, and challenges remain critical and fundamental to the country's achievement of its vision and goal on gender. On the other hand, the report notes that Zambia is one of the countries worst affected by the HIV pandemic in the world, where about one million Zambians are infected with HIV.

The report reveals that there were a number of opportunities lost in relation to gender and AIDS mainstreaming. Indeed, from the different programmes, there should be good opportunities for better synergies and learning. Accordingly, the report gives four key recommendations:

- internal organisation at the Embassy: responsibility placed at management level, and gender and AIDS competence should be secured
- programme level: selection and focus on one or two gender and AIDS mainstreaming topics
- programme level: main focus on one programme or sector (in addition to improved quality work on the others), such as environmental protection and conservation farming
- policy level: work to integrate the gender and AIDS aspects in the political

dialogue with the government of Zambia and key development partners.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=43884&type=Document

2. Nurse-driven, community-supported HIV/AIDS treatment at the primary health care level in rural Lesotho: 2006-2008 programme report

Publisher: Médecins Sans Frontières, 2009

Lesotho has the third highest HIV prevalence in the world, with an estimated 270,000 people living with HIV and AIDS in the country, and 18,000 deaths annually of AIDS-related complications.

In an effort to tackle the challenges related to a severe shortage of human resources, and geographic and financial barriers, that prohibit patients from accessing care and treatment, a decision was taken to decentralise HIV and AIDS services in Lesotho to the primary health care level.

This report by Médecins Sans Frontières (MSF) outlines the community-based approach to the decentralisation of HIV and AIDS services. The Wellspring of Hope was the first programme in Lesotho to provide HIV and AIDS treatment and care through an entire health service area as a result of this initiative.

The report discusses the following:

- delivery of HIV and AIDS services, specifically testing and counselling, prevention of mother to child transmission and antiretroviral therapy
- a nurse driven approach to the provision of antiretroviral therapy at the community level
- activities aimed at health systems strengthening
- challenges associated with the implementation of this model.

This innovative approach, of a nurse-driven, community-supported model of care, has proven to be successful in delivering quality HIV and AIDS, and TB services integrated into existing primary health care structures for a population living in remote, rural areas.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=43878&type=Document

3. Urban poverty and health in developing countries

Authors: M. R. Montgomery

Publisher: Population Reference Bureau, 2009

This bulletin, published by the Population Reference Bureau, provides a sketch of urban health in developing countries, documenting the intra-urban differences in health for a number of countries and showing how the risks facing the urban poor compare with those facing rural villagers. It begins with an overview of the multiple dimensions of urban poverty and a summary of internationally comparable evidence on the urban health differentials associated with poverty. The author notes that to better understand urban health in developing countries, the situations of the urban poor and near-poor must be distinguished from those of other city residents.

The author finds that even among the urban poor, some live in communities of concentrated disadvantage (slums) where they are subjected to a daily barrage of health threats; and others are dispersed across a variety of neighborhoods. Although modern health services would appear to be near at hand, the author finds that the poor do not necessarily have access to these services. Even when the poor are able to reach modern services, the quality of care they receive can be grossly inadequate.

The author recommends geographic targeting as an effective health strategy for reaching slum dwellers, though other approaches will need to be devised to meet the needs of the poor who live outside slums. Since the health needs of small-city residents – who account for the vast majority of urban dwellers – cannot continue to be neglected, the author argues that public health agencies need to work in tandem with other government agencies and that public health programmes should draw on the social capital that is embodied in the associations of the urban poor.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=43850&type=Document

4. Mental health aspects of women's reproductive health: a global review of the literature

Authors: S. Allanson; J. Astbury; M. Bandyopadhyay; United Nations Population Fund (UNFPA); Key Centre for Women's Health in Society, School of Population Health, University of Melbourne, Australia
Publisher: World Health Organization, 2009

This literature review examines the link between mental health and women's reproductive health. It explores the key issues affecting women throughout the life cycle and provides an evidence base that highlights the effects of these development processes on women.

The authors note that this review focuses specifically on women due to the lack of available data on the issues pertaining to the reproductive health of men. They also argue that studies of this nature are needed because reproductive health issues have the

tendency to have a greater impact on the lives of women due to changes that are physical, emotional, social and economic in nature.

While the review is not exhaustive, it includes data from high- and low-income countries and the data provided is of relevance to practitioners and academics addressing issues related to gender, human rights and sexual and reproductive health.

This multi-agency body of work addresses the following:

- Key issues such as reproductive health from an international health perspective
- Reproductive health within the context of gender and human rights
- Issues related to pregnancy child birth and the post partum period
- The psychosocial aspects of fertility regulation
- Spontaneous pregnancy loss
- Menopause
- Gynaecological conditions
- Women's health in the context of HIV and AIDS
- Infertility and assisted reproduction
- Female genital mutilation

There are disparities related to access and utilisation of health services and as a result the overall health of women based on socio-economic factors. Furthermore, while efforts have been made to address the factors that contribute to the differences in reproductive health status and outcomes, there is a lack of emphasis particularly in developing countries on the mental health effects of reproductive health issues. Despite the available evidence that highlights the direct link between changes in mental health and reproductive ill health.

The authors conclude by reiterating the need for further study on women's reproductive health in a variety of contexts ranging from poor health to sexual based violence. It is against this back drop that they highlight the need to address reproductive health issues and their impact on the mental health of women.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=43830&type=Document

5. Nutrition and HIV/AIDS: a training manual for nurses and midwives

Authors: ; East, Central and Southern African Health Community (ECSA); Project of the Academy for Educational Development (AED); LINKAGES Project of AED
Publisher: Food and Nutrition Technical Assistance Project, 2008

This training manual, published by the Food and Nutrition Technical Assistance II (FANTA-2) Project, recognises that nutrition interventions are an important component

of comprehensive care and support for people living with HIV (PLHIV). They help to manage symptoms, promote response to treatment and improving functioning and quality of life. The authors argue that equipping nurses, who in many settings play a critical role in HIV care, with nutrition and HIV knowledge and skills enables them to provide effective nutrition care and support.

The manual is organised into three parts. Part I includes introductory sessions with basic information about HIV. Part II aims to build technical knowledge, and Part III provides guidance on nutrition care for different clients living with HIV. These sessions are organised based on a life cycle approach, with separate sessions on caring for adults, pregnant and lactating women, infants and young children, children 2-9 years old, and adolescents living with HIV.

Whereas this training manual is designed to be used for pre-service training, it can also be used or adapted for in-service training. The latter is more pertinent given the fact that nursing school curricula in the East, Central and Southern Africa region often includes little or no information on the subject. Thus, this manual is designed to address this gap by providing materials that nursing school instructors can use to teach nursing students the knowledge and skills needed for nutrition care and support of PLHIV.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=43765&type=Document

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Announcements

Call for contributions: Global Forum for Health Research - Forum 2009, 'Innovating for the health of all: Innovation in systems of research for health and health equity'

Dates: 16-20 November 2009

Location: Havana, Cuba

The Global Forum for Health Research invites contributions of ideas for presentations and also welcomes innovative ideas for discussion topics and for the format of sessions in Forum 2009 in three different categories:

- Innovative presentations and discussion topics
- Innovative approaches to sessions
- Other innovative proposals

The Global Forum welcomes submissions from all sectors and all geographical locations and by students and young professionals as well as by leaders in all fields relevant to

research and innovation for health.

More details available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-events-and-opportunities&id=41316&type=Item

Workshop: 6th annual scenario building workshop - planning for a future with HIV and AIDS

Dates: 21-23 April 2010

Location: London School of Economics (LSE), UK

This workshop, now in its 6th year, is convened jointly by LSEAIDS and Scenario Development. It is aimed at senior professionals in the private and public sectors and from NGOs. It will guide participants through a methodology of building and using scenarios as well as how to work with existing scenarios. Scenario building is a tool for cross-disciplinary dialogue enabling identification of critical challenges and constructive policies. The sessions will be interactive and strengthened by the high-calibre of experienced and skilled participants.

More details available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-events-and-opportunities&id=43483&type=Item

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- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and

programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

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