

Circumcision can reduce HIV risk

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Last week Georgina Guedes published a column titled "[Circumcision is not a particularly good way to combat Aids](#)" in which she perpetuates the many myths of voluntary medical male circumcision (VMMC) instead of focusing on the evidence that it is highly protective against HIV and other sexually transmitted infections.

In 2008, I participated in a World Health Organisation (WHO)/Unicef meeting on VMMC for young people in Africa. One of the key messages that I took out of this meeting was that VMMC reduces men's risk of acquiring HIV from their female partners by approximately 60%, as Ms Guedes forthrightly acknowledges. Long-term follow up data from South Africa show this protection increases over time to around 75%.

South Africa is one of the three countries, along with Kenya and Uganda, in which male circumcision for HIV prevention was evaluated in large-scale clinical trials that enrolled a total of about 10 000 men. Each of these trials used surgical techniques that had proven safe and effective over years of use in other contexts. The outcomes of these trials came with a strong emphasis on correct and consistent use of both male and female condoms.

Long-term benefits

So when Ms Guedes falsely accuses the Minister of Health Aaron Motsoaledi of taking to the airwaves to promote VMMC over condom use, she is perpetuating a false dichotomy. In fact, VMMC programs, as recommended by WHO, are rolled out as part of a comprehensive package of HIV prevention. It is a unique opportunity to reach millions of men with HIV testing, risk-reduction counselling, condoms and linkages to care and treatment and eventual viral suppression for men testing HIV positive (or previously diagnosed with HIV but not engaged in care).

Perhaps this is why most studies show an increase in condom use among recently circumcised men and no increase in the number of sexual partners. The increase in condom uptake might also be due to easier use post-circumcision, as reported by men and their partners.

It is quite sad that Ms Guedes not only views VMMC in South Africa as a detraction from condom use, but she also fails to contextualise its gains. I am proud of the one million plus men who have sought circumcision in this country. Long-term benefits of VMMC on the population level are starting to pan out: New data from Orange Farm show VMMC significantly reduced HIV levels in the community in both men and women. It is logical that women's risk is reduced when fewer men in their community have HIV. Ms. Guedes' concerns that women don't benefit from VMMC are outdated.

Promoting one solution

Perhaps the most egregious of all Ms Guedes's myth making is her assertion that "a responsible man uses a condom every single time, unless he's in a committed relationship and trying to have a baby". She acknowledges HIV prevention benefits of VMMC, therefore I don't understand how she would then view this as not taking responsibility.

Furthermore, Ms Guedes is guilty of the very thing she wrongly accuses the Health Minister of - promoting only one solution, while discarding the rest. The majority of men still do not practice condom use in South Africa, as the author admits. To rely on this one intervention instead of expanding the prevention toolbox does not work.

We need to scale up VMMC simply because it works. This is why Ms Guedes sees the Minister of Health publicly hailing its merits. He should be loudly applauded, not discouraged. I am happy to engage Ms Guedes further on VMMC in South Africa. I hope she would be open to learning the facts around this very important combination strategy for HIV prevention.

*- This rebuttal has been written by Khanyisa Dunjwa in her personal capacity.
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