

Renew commitment to male circumcision

We have made great strides in the fight against HIV in the past decade. HIV treatment has saved millions of lives around the world and fewer people are becoming infected with HIV. But to continue to reduce new infections, we must use every option available.

One important prevention option is voluntary medical male circumcision (VMMC). Evidence from three clinical trials in Kenya, Uganda and South Africa and from more than five years of real-world rollout programmes confirms that VMMC is effective in reducing – by more than 60% – a man's risk of HIV infection.

The outcome of the trials confirmed what health experts had observed in some communities over a period of more than 20 years. A wealth of data shows that countries with widespread male circumcision consistently have low HIV prevalence. Furthermore, recently released data from studies following up the men who were circumcised as part of clinical research in Kisumu, Kenya and Rakai, Uganda show that the protective effect of VMMC increases to up to 73%, over a five-year period. Clearly, VMMC is a gift that keeps giving.

A week ago, we attended an International AIDS Conference in Washington, DC in the US. One major topic was on how we can begin to end the HIV epidemic. A key component of a strategy is increasing access to all available prevention options.

VMMC can play a major role in bringing down HIV infections, but six years after



Christine Ondo

UNAIDS and WHO recommended VMMC scale up in countries with low male circumcision coverage and high HIV prevalence, we still have a long way to go.

As of March 2012, according to the United States President's Emergency Plan for AIDS Relief (PEPFAR), Kenya is just past the half way mark towards achieving its targeted 860,000 circumcisions by 2015. Uganda, with a target of more than four million circumcisions by 2015 has managed just over 200,000 circumcisions.

Zambia has only conducted just over 200,000 of the targeted two million circumcisions while Zimbabwe has conducted just over 55,000 of the targeted two million circumcisions.

This slow action has meant that the potential benefits of VMMC may not be realised any time soon in these countries.

If key countries meet the goal of circumcising 80% of adult men by 2015,

an estimated 3.36 million (or more than 20%) of all new infections among men and women would be averted by 2025.

In addition, this could save more \$16b in future medical costs and ensure that healthy men and women continue to contribute to the economies and livelihoods of our communities.

The slow pace of uptake of VMMC services is missing a huge opportunity towards ending the AIDS epidemic in our countries. We believe our leaders have a duty to actively support the scale up of VMMC in their areas of jurisdiction.

We are, therefore, calling on all leaders – political and traditional leaders, religious and community leaders, youth and women leaders, professional and business leaders – to support VMMC, a simple, cost-effective, one-time intervention that provides a lifetime of partial protection against HIV. Indeed, VMMC must be a critical component of our plans to end new HIV infections in our communities and our countries.

The article was co-authored by Dr. Christine Ondo, Uganda's Minister of Health, Dr. Specioza Wandira, former Uganda's Vice-President; Angelo Kagwa – AVAC Staff member (Uganda); Dr. Oburu Oginga – Deputy minister of finance, Kenya; Dr. Kawango Agot – Impact Research & Development Organization (Kenya); Chief Jonathan Mumena XI – Leader of the Kaonde People (Zambia); Blessing Chebundo – MP and Chairperson of the Zimbabwe Parliamentarians Against Aids (ZIPA)

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