to women the advantages of MC, but programmes should not pull funding away from existing programmes targeting women (PMTCT, female condoms).

A crucial component of any MC programme would be to avoid further stigmatising of HIV-positive women by blaming them should a circumcised male become infected.

Rees said there were more than 3 million uncircumcised young men in South Africa.

Shisana emphasised that in terms of efficacy, condoms and PMTCT outperformed MC but added that a follow-up of Kenyan men for 42 months after voluntary medical circumcision showed efficacy to have increased to 65%.

On achieving the Millennium Development Goal of slashing new HIV infections by half by 2011, she said it was ‘a delicate balance of ensuring you consult and the minister of health pushing to reduce infections to achieve this. There’s a constant tension between how quickly you move and getting everybody on board,’ she observed.

Rees said the biggest barriers to a universal MC roll-out were human resources and money, ‘all in the face of our already struggling health services’. SANAC was costing dedicated MC operating facilities and training hundreds of practitioners, most of whom would be nurses.

**What local MC models predict**

A modelling of public sector MC services in Hillbrow had shown that only 19% of the local population needed to be interested to operate 1 theatre at full capacity for 5 years. (A survey measured the actual interest at 80%.)

With 5 theatres, 54 704 surgical procedures could be performed in those 5 years, resulting in 81% coverage.

Performing operations for 10 hours per day instead of 5 would boost coverage from 19% to 37%. Using professional nurses instead of doctors would reduce the costs of the procedure by 12%.

Moving the modelling spotlight to Soweto, Rees said that a 50% uptake of MC there could avert 32 000 - 53 000 new HIV infections over 20 years, decreasing the existing HIV prevalence from 23% to 14%.

Rees shared a South African ‘scorecard’ on MC. It shows ticks for situational analysis, leadership and partnership, advocacy, exploring enabling policy and a regulatory environment, a strategy and an operational plan, but Xs for quality assurance and improvement, human resource development, commodity security, social change communication, and monitoring and evaluation. It provides a snapshot unnervingly similar to the overall public health care system.

Rees summed up local scientific sentiment about how underrated MC was by hypothesising: ‘if it was a pretty drug in nice packaging …’.

**Errata**

In a comprehensive report on male circumcision in the Izindaba section of the December 2009 edition of the SAMJ, the period of abstinence from sexual activity following male circumcision is cited as ‘about 3 weeks’. This is incorrect. The recommended period of abstinence is a minimum of 6 weeks, the main criterion being full healing of the circumcision wound.

Kelly Curran, Technical Director of the HIV/AIDS and Infectious Diseases Department at Jhpiego, a not-for-profit international health organisation affiliated with Johns Hopkins University, was also incorrectly depicted as having this title ‘at Johns Hopkins University’.

The author regrets the errors.