

15 August 2017

Dear Ms. Fish, Mr. Maloba and signatories of the letter dated 19 July 2017:

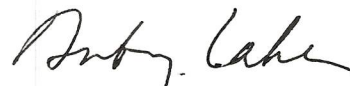
Thank you for sharing your concerns regarding Early Infant Male Circumcision (EIMC) and Voluntary Medical Male Circumcision (VMMC). Please be assured that in scaling up male circumcision, UNICEF is committed to preventing HIV in children and adolescents.

As noted in our earlier letter signed by Ms. Aida Girma, UNICEF Country Representative, Uganda, UNICEF supports the World Health Organization (WHO) and the Joint United Nations Programme on HIV/ AIDS (UNAIDS) position on Voluntary Medical Male Circumcision (VMMC) and early infant male circumcision (EIMC). In 2007 and 2016, WHO and UNAIDS recommended the scale-up of VMMC and EIMC as components of a comprehensive HIV prevention package to prevent sexual transmission of HIV. Their recommendations were informed by scientific evidence on the efficacy of VMMC and EIMC.¹

Country programmes supported by UNICEF are implemented by governments and partners in line with national policies and standards, particularly those relating to informed consent and that procedures are performed in a safe clinical settings by trained medical professionals. UNICEF does not support male circumcision carried out in unsafe ways by non-medical professionals.

We will share your letter with UNICEF Country Representatives in the 14 high-burden countries where EIMC and VMMC is performed.

Yours sincerely,



Anthony Lake
Executive Director

¹ For example, findings (2005 to 2007) from randomized, controlled trials in Kenya, South Africa and Uganda that demonstrated highly significant reductions in the risk of HIV acquisition among men, were reported in Bailey et al., 'Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial': DOI: [http://dx.doi.org/10.1016/S0140-6736\(07\)60312-2](http://dx.doi.org/10.1016/S0140-6736(07)60312-2); Gray et al., 'Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial': DOI: [http://dx.doi.org/10.1016/S0140-6736\(07\)60313-4](http://dx.doi.org/10.1016/S0140-6736(07)60313-4); and Auvert et al., 'Randomized, Controlled Intervention Trial of Male Circumcision for Reduction of HIV Infection Risk: The ANRS 1265 Trial': DOI: 10.1371/journal.pmed.0020298. More recently, several modelling exercises that quantified the contribution of VMMC/EIMC to reductions in new HIV infections were reported in 'Voluntary Medical Male Circumcision for HIV Prevention: New mathematical models for prioritizing sub-populations by age and geography': [Collections.plos.org/vmmc2016](https://collections.plos.org/vmmc2016); 'Introducing Early Infant Male Circumcision for HIV Prevention: considerations for policy, safety, cost, acceptability and demand', in *Global Health: Science and Practice* 2016, Vol. 4, Suppl. 4; and Grabowski et al., 'Combination HIV prevention and HIV Incidence In Rakai, Uganda', Abstract Number: 34LB, CROI 2017, Seattle, Washington.¹