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03 March 2017

SUBJECT: Voluntary Male Medical Circumcision in Uganda

We write to acknowledge your letter dated 1st December 2016 to the Office of the UNICEF Executive Director in New York.

UNICEF views seriously issues that compromise the potential of women, children and adolescents to enjoying and fulfilling their all the human rights as enshrined in the Convention of the Right of the Child (CRC), Convetion on Elimination of all Forms of Discrimination against Women (CEDAW) and other international commitments. Consequently, the findings of your investigation that reportedly highlighted "shortcomings" in the VMMC approach in Uganda have received a thorough review by UNICEF along with our Government partners.

UNICEF's position on voluntary medical male circumcision is primarily informed by the CRC. According to the CRC, public or private social welfare institutions have to take the best interests of the child as a primary consideration in all actions concerning children. A child has the right to protection and care necessary for his well-being, taking into account the rights and duties of his parents; the right to express his own views freely in all matters affecting him, these views being given due weight in accordance with the age and maturity of the child; right of access to health services; and the right to privacy. These issues should in any context be fully considered in the development of national policy frameworks and clinical guidelines

UNICEF is informed by the available evidence of both the public health benefits of the practice as wells as the potential harms of the practice. The perspectives and much of the supporting evidence, however, is mixed. There are those who argue male circumcision constitutes a "harmful traditional practice" and a "gross violation of children's rights." Others maintain that it can be in the child's best interests to enable their participation in cultural life and the exercise of the child's freedom of religion. Still others argue that given the reported health benefits of early infant male circumcision, including prevention of HIV and other sexually transmitted infections and reduced bladder and urinary infections, the practice must be deployed in the interests of public health since these benefits outweigh the risks even though they may not be fully realized until the boy's sexual debut.



In countries with high HIV prevalence, generalized heterosexual HIV epidemics, and low levels of male circumcision, UNICEF – together with the World Health Organization (WHO) and UNAIDS – endorses guidelines which recommend that voluntary medical male circumcision be performed on newborns from 12 to 24 hours after birth, young infants up to 60 days, adolescents and adult men as a public health measure to prevent the spread of HIV/AIDS. According to WHO, there is compelling evidence that medical male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60%. Three randomized controlled trials have shown that male circumcision provided by well trained health professionals in properly equipped settings is safe and effective

UNICEF does not support routine medical male circumcision carried out in all contexts. The WHO/UNAIDS guidelines, - only refer to contexts in regions with heterosexual epidemics, high HIV and low male circumcision prevalence. Cost-effectiveness, consent and that risks are proportional to the intended benefit are among several of the key criteria in justification of preventative medical procedures. As such, UNICEF does not support routine medical male circumcision universally.

Safety and quality assurance are critical prerequisites of an effective VMMC, hence voluntary medical male circumcision services require measures to ensure that the procedure can be carried out safely, under conditions of informed consent, and without discrimination

Looking at the Uganda VMMC programme, we will like to highlight the efforts of the Ministry of Health to meet global standards and international criteria both in the policy guidelines, quality standards and implementation approaches.

1. SMC as a procedure is neither offered as a routine or mass intervention targeting all adolescent boys or men. The policy guideline prescribes counselling of clients on the procedure and benefits of the exercise after which the client above 18 years can either consent to be circumcised or opt out of the exercise. The consent of parents or guardian is required for boys below the age of 18 years. The policy prescribes that SMC can only be provided to boys whose parents voluntarily requests for the service
2. Concerning neonatal circumcision, the infants are screened for eligibility prior to circumcision; for any penile abnormalities and bleeding disorders and ensuring that they receive Vitamin K as part of the package given at birth.
3. The Uganda SMC policy has placed a great emphasis on quality and safety. The Uganda policy is one of the few with a functional Safety Monitoring Committee as recommended by WHO for VMMC intervention. TT vaccination policy for boys and men were approved following adverse events of post-circumcision tetanus reported in 2014
4. SMC is only an intervention within a combination HIV prevention package and offered along other interventions (the ABC Plus)
5. The National HIV Strategic Plan 2010 -2015 target of reaching 4.2 million men and boys from the total population of over 17 million men and boys took cognisance of the voluntary condition of client enrolment



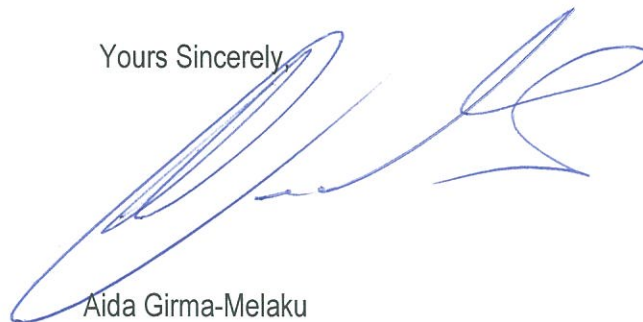
On the purported increase in infection rates after introduction of male circumcision, we will like to highlight Uganda's achievement in the reduction of new infections amongst both adult population and remarkably in children. New infections in adult population have declined from 160,000 in 2010 to 80,000 by end of 2015. Amongst the children, the country achieved a dramatic 87 percent reduction from 27,000 new infections in 2010 to 3000 by end 2015.

Please note that UNICEF support in Uganda focuses directly on neonatal circumcision for technical and financial assistance was provided to Ministry of Health for policy guideline review, capacity building and monitoring, quality assurance especially in addressing any SMC associated adverse events. In the pilot phase support, a total of 138 babies were circumcised across 20 health facilities in Wakiso and Iganga districts, without any reported adverse event.

The public voices of men and adolescent boys reporting adverse events on their reproductive health including impotence, nerve damage, post-circumcision bleeding and other complications should be viewed on the practice of traditional circumcisers which abound in Uganda and Kenya. The voices failed to mention the sources of circumcision services they received.

We want to appreciate your concerns for safety, wellbeing and fulfilment of the rights of men and boys as they seek appropriate prevention and promotion services for their own health.

Yours Sincerely,



Aida Girma-Melaku
Representative