Government of Uganda
Ministry of Health

SAFE MALE CIRCUMCISION POLICY

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List of Abbreviations and Acronyms

ACP	AIDS Control Programme
AIDS	Acquired Immuno-Deficiency Syndrome
ASU	Association of Surgeons of Uganda
ART	Anti Retroviral Therapy
CO	Clinical Officer
CBO	Community Based Organizations
UDHS	Uganda Demographic and Health Survey
EMHS	Essential Medicines and Health Supplies
FHI	Family Health International
GoU	Government of Uganda
HC	Health Centre
HIV	Human Immuno-suppressive Virus
HRH	Human Resource for Health
HSD	Health Sub-District
HSSP	Health Sector Strategic Plan
HSV-2	Herpes Simplex Virus type 2
MDG	Millennium Development Goal
MC	Male Circumcision
MCP	Male Circumcision Policy
MoH	Ministry of Health
NGO	Non-Governmental Organisation
NHA	National Health Assembly
NHP	National Health Policy
NMS	National Medical Stores
NRH	National Referral Hospitals
NTF	National Task Force
PNFP	Private Not for Profit
RRH	Regional Referral Hospitals
SHI	Social Health Insurance
SOP	Standards Operating Procedures
UBOS	Uganda Bureau of Statistics
UCMB	Uganda Catholic Medical Bureau
UMMB	Uganda Muslim Medical Bureau
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNHRO	Uganda National Health Research Organisation
WHO	World Health Organisation

1. Introduction

Male circumcision is the surgical removal of the foreskin of the penis. Worldwide male circumcision is undertaken for religious, cultural, social and medical reasons.

Several studies have found significant association between male circumcision and HIV infection. Recent studies in African men have demonstrated that male circumcision reduces the risk of HIV acquisition among medically circumcised men by approximately 60%. In addition, male circumcision has been shown to reduce the incidence of genital ulcer disease, infection with human papilloma virus the agent that causes penile cancer in men and cervical cancer in female partners of uncircumcised men. Chlamydia infection which can cause infertility is also more common in female partners of uncircumcised men.

Based on the results of the three clinical trials and other accumulated evidence showing that male circumcision reduces the risks of HIV acquisition, the World Health Organization (WHO) and United Nations Programme on AIDS (UNAIDS) issued in 2007 a recommendation that male circumcision should be considered as part of a comprehensive HIV prevention package. Uganda has endorsed this recommendation and has hitherto developed its male circumcision policy.

The development of the Male Circumcision Policy (MCP) was conducted through participatory and consultative processes and informed by the draft National Health Policy (NHPII) and the 2008/2012 National HIV/AIDS Strategic Plan.

2. Situation Analysis

Male circumcision is practiced by a number of communities in Uganda. In addition to religious reasons, circumcision signifies a rite to passage from childhood to adulthood.

Data from 2004-05 Uganda HIV/AIDS sero-behavioural survey shows that in some societies 24.9% of Ugandan men aged 15-59 years were circumcised [MoH 2006]. There was almost no difference in circumcision by age group.

The result also shows that male circumcision is more common among urban than rural men. It is much more common among men in Eastern region (54.7%) as well as in Kampala (37.8%) and east central region 34.7%. Less than (10%) of men in north central, north east and south western regions were circumcised. Male circumcision was highest among Muslim men (97%). Prevalence of male circumcision was lowest among Catholics (10%).

In Uganda HIV prevalence amongst adults between 15-49 years is estimated at 6.4% (Uganda Sero Survey 2004). The prevalence of HIV/AIDS was higher among women than men, urban areas more affected than rural. There was enormous regional variation. The highest rates were in Kampala, north central and central regions at over (8%) while the rates were lowest in West Nile region at 2.3% and north eastern at 3.5%. The main route of HIV transmission in Uganda (>80%) is through heterosexual contacts [MoH 2006]. The risk factors for HIV transmission are

multiple partners, discordance and non-disclosure, lack of condom use, transactional sex, cross-generational sex, presence of HSV-2 & STIs, intact foreskin and Alcohol and drug use. While the drivers of the epidemics are behavioural disinhibition due to ART, socio-cultural factors, wealth and poverty, low status of women and girls, human rights, Stigma and discrimination, Inequity and access to prevention, care and treatment.

Due to the above burden there is need to implement a comprehensive HIV prevention strategy in Uganda. This strategy includes the ABC Plus intervention and any new ones that are found to be effective.

A randomised trial conducted in Rakai Uganda in 2007, involving near 5,000 (equal numbers of circumcised and uncircumcised) men revealed that new infections among the circumcised men were 50% less compared to the uncircumcised. Two other randomised clinical trials of male circumcision conducted in South Africa and Kenya provided similar compelling experimental evidence. On the basis of the Uganda, Kenya and South Africa studies, World Health Organization (WHO) and UNAIDS, issued new guidelines in 2007 that advise all countries to include male circumcision to the available package of HIV prevention interventions.

Effective implementation of safe male circumcision however requires a policy to provide guidance and identify critical resources that are needed for the purpose of this policy. The policy addresses a number of core elements including the health systems.

In Uganda, health services are provided by the public and private sub sector with each sub sector covering about 50% of the reported outputs (UBOS household survey). The health sector is a labour intensive sector and availability of adequate human resources for health is key to achievement of objectives. In November 2008 only 51% of the approved positions at national level in the public sector were filled and there were variations among districts (Ministry of Health, 2008c). In addition, on average, 28% of the health facilities in Uganda have a constant supply of medicines and health supplies throughout the year (Ministry of Health, 2008b). Only 30% of the Essential Medicines and Health Supplies (EMHS) required for the basic package are provided for in the budget.

A situation analysis by MoH/FHI in 2008 revealed that health service infrastructure already exists in all districts and almost all perform medical circumcision (MC) procedures but need improvements to provide increased services and meet anticipated demand. More resources including staff capable of performing the circumcision procedure, better equipment, and enhanced facilities are needed to provide increased MC services.

Additional personnel need to be trained to carry out the MC procedure. Although task shifting and the appropriate level of personnel to conduct MC were debatable, many perceived MC to be a minor procedure that could be performed by Clinical Officers or nurses with basic training.

There is however need to increase access at Health centre level IV. Health Centre level IVs can be used as entry points for those seeking the MC procedure, because many already have the required surgical room and equipment needed for male circumcision procedure.

There is need to integrate MC with other services. Integration of MC with HIV voluntary testing and counselling (VCT), reproductive health services, and other existing health services was acceptable, but its feasibility is questionable because of additional resource requirement.

Counselling should be an integral element of the MC intervention, and trained counsellors should be made available in health facilities. Counsellors should provide a clear explanation of how the MMC procedure is carried out and typical side effects of the procedure, address concerns about changes in sexual activity or performance following the procedure, and provide information about wound care during the healing period. Counsellors should stress that MC provides only partial protection against HIV, and that maintenance of other risk reduction strategies is necessary.

Medical male circumcision should be promoted and available for all age groups. Although most stakeholders and citizens favoured conducting MC before the onset of sexual activity. Preferences for the age of circumcision varied across all data sources, although infancy (0-1 year) was perceived by many to be the best age for MC, followed by childhood (2-9 years), and then adolescence (10-17 years).

Male circumcision procedure was deemed to be expensive and unaffordable to many of the resident populations, especially to those living in rural areas. Households desired male circumcision to be subsidized by the government and either provided free of charge or cost up to 5,000 USh. The MC procedure for the poor could be cross-subsidized by charging the wealthier households higher fees, since some residents (e.g. in Kampala) were willing to pay slightly more than residents in the other districts surveyed.

3. Vision, Goal, Mission and Guiding Principles

3.1 Vision

A healthy and productive population free from HIV infection.

3.2 Mission

To provide a framework for increasing access and use of safe, and sustainable male circumcision services as an integral part of HIV prevention strategy.

3.3 Goal

To contribute to the reduction of HIV and other sexually transmitted infections through safe male circumcision services.

3.4 Guiding Principles

The medical male circumcision policy shall be implemented in context of the national health policy, National HIV/AIDS Strategic Plan, Health Sector HIV/AIDS strategic plan, HSSP III and other relevant policies and strategies of the country guided by the following principles:

Respect for Human Rights: Adherence to medical ethics and human rights principles shall be ensured. Informed consent, privacy, lack of discrimination, confidentiality and absence of coercion will be ensured.

Evidence-based programming: Safe male circumcision services shall be informed by monitoring and evaluation and appropriate operational research work.

Equity: This policy shall provide a framework for the government to explore alternative equitable and sustainable options for financing safe male circumcision targeting all males and vulnerable groups.

Affordability: Male circumcision services shall be provided at an affordable cost to all males in both public and private health facilities. The services should be free of charge for patients in the public sector.

Sustainability: Safe male circumcision services shall be provided through the health system, in both public and private facilities, with support of stakeholders to ensure sustainability of the interventions/services.

Quality: Safety and quality of male circumcision services shall be implemented through health facilities approved by the Ministry of Health and appropriately trained personnel using standardised operating procedures.

Integration: Safe medical male circumcision shall be an integral part of comprehensive HIV prevention services, sexual and reproductive health care services. Traditional and cultural practitioners of male circumcision shall be supported to ensure safety.

4. Policy Objectives and Strategies

4.1 Target Population for Male Circumcision

4.1.1 Policy Objective

To ensure male circumcision as part of national comprehensive HIV preventive strategy shall be available to all males including neonates whose parents and guardians voluntarily request for

4.1.2 Strategy

(a) Ensure some groups are prioritised to maximise the public health benefit, and
(b) Targeting specific groups will be based on available resources.

4.2 Quality Assurance for Safe Male Circumcision Services

The health system shall provide safe male circumcision services. The capacity of health system at national, regional, district and health sub-district shall be strengthened to effectively provide and supervise male circumcision services.

4.2.1 Policy Objective

To improve access to quality MC services at all levels in both public and private health facilities carried out by appropriately skilled personnel

4.2.2 Strategy

(a) Develop minimum training package for personnel to perform safe male circumcision
(b) Define the minimum package equipment necessary for performance of safe male circumcision.
(c) Develop standard operating procedures (SOP) to guide clinical practice in line with WHO recommended techniques.
(d) Ensure safe circumcision service providers are certified within medico-legal framework of the Ministry of Health and of the Association of Surgeons of Uganda.
(e) Strengthen capacity of hospitals (regional referral and general) to provide safe male circumcision services.

(f) Collaborate with the private sector to support safe male circumcision service delivery including in the under-served and difficult to reach areas.

4.3 Integration and Partnerships for MC Services Delivery

The public and faith based, private health sectors, development partners, Community Based Organizations (CBOs) and communities shall play an important role in health care, training and research in safe male circumcision service delivery.

4.3.1 Policy Objective 1

To strengthen the integration MC of service delivery in Uganda's national health system

4.3.2 Strategy

(a) Offer male circumcision services as part of comprehensive HIV prevention package.

(b) Strengthen hospitals to provide neonatal male circumcision services.

4.3.3 Policy Objective 2

To mobilize financial resources to fund male circumcision services and research

4.3.4 Strategy

(a) Liaise with and establish partnership between public and private sectors donors and NGOs towards scaling up safe MC services and research.

(b) Strengthen mobilization for internal and external funding for health services delivery including male circumcision services.

(c) Mobilise funds from development partners and government to enable implementation of safe MC research agenda.

4.3.4 Policy Objective 3

To establish research agenda focussing on male circumcision services towards HIV prevention

4.3.5 Strategy

(a) Develop and implement safe male circumcision research agenda and

(b) Undertake effective dissemination of research findings.

(b) Promote dialogue and information sharing relating to safe MC research between the policy makers, researchers, health care providers and communities.

4.4 Human Resources

The health human resources are critical in the provision of safe male circumcision services.

4.4.1 Policy Objective 1

To ensure adequate and skilled human resource for safe male circumcision service delivery

4.4.2 Strategy

(a) Develop task shifting strategy in performing male circumcision so as to increase the number of skilled providers of medical circumcision are developed by the MoH in consultation with the Association of Surgeons of Uganda.

(b) Develop and implement a capacity building plan to train appropriate resources to carry out safe male circumcision services.

(c) Develop certification programme for traditional circumcisers who should be educated and trained on minimum safety and quality standards.

4.4.2 Policy Objective 2

To strengthen supervision, monitoring and evaluation of safe male circumcision services

4.4.3 Strategy

(a) Establish supervision mechanisms for personnel performing medical circumcision to assess and verify competencies and adherence to standards operating procedures. Workers who are trained to perform MC should be certified by the MoH and Association of Surgeons of Uganda.

(b) Strengthen capacity at all levels of the health system - public and private and personnel to carry out monitoring and evaluation of medical male circumcision services.

(c) Strengthen enforcement of professional standards and develop effective ways of increasing health workers accountability towards client communities.

4.5 Facilities for Performing Safe Male Circumcision

4.5.1 Policy Objective 1

To ensure that safe male circumcision services are effectively carried out in public, private for profit and private not for profit institutions

4.5.2 Strategy

(a) Strengthen capacity of MoH to supervise male circumcision services in public and private health facilities.

(b) Support key stakeholders - private sector, faith based organizations and community based organizations to provide effective and accessible safe male circumcision services.

4.5.3 Policy Objective

To ensure health facilities (hospitals and health centres) have the capacity to provide quality male circumcision services

4.5.4 Strategy

(a) Ensure facilities are assessed and equipped to meet the minimum standards for safe male circumcision service delivery under conditions approved by the Ministry of Health.

c) Ensure availability of appropriate medication, supplies and equipment including emergency and resuscitation equipment with observation facilities.

d) Ensure compliance with infection control

e) Establish referral system in case of adverse events and follow up care.

f) Undertake monitoring and evaluation systems for safe male circumcision services.

4.6 Social Mobilization and Public Education

4.6.3 Policy Objective

To increase demand for safe male circumcision services

4.6.2 Strategy

(a) Develop and implement a comprehensive communication strategy on male circumcision.

(b) Ensure that wide range of individuals and organizations including public and private provide communication in line with the communication strategy.

(c) Provide behaviour change communication message to primary and secondary audiences in line with the safe male circumcision communication strategy.

(d) Ensure male circumcision advocacy shall reach leadership at the national, district and community levels.

4.7 Human Rights and Legal Issues

4.7.1 Policy Objective

To ensure freedom, voluntary access and confidentiality to male circumcision services in health facilities

4.7.2 Strategy

(a) Ensure confidentiality and informed consent in provision of male circumcision services

(b) Protect the rights of the child in undertaking safe MC intervention.

(c) Promote legislation towards safe MC intervention scale up at community levels.

(d) Ensure circumcision is accessible to all men including men living with HIV or those with unknown sero-status if they request it unless medically contraindicated.

5. Implementation Arrangements

5.1 Objective

To ensure the safe male circumcision policy is effectively implemented

5.2 Strategy

The safe male circumcision policy shall be implemented as an integral part of the national health policy. The male circumcision strategic plan will be implemented in the broader framework of the health sector strategic plan.

(a) The Ministry of Health will coordinate the planning and implementation of the roll out of safe male circumcision services.

(b) The MoH will also be responsible for publishing the plan, developing strategic plan, standard operating procedures, training providers ensuring competency and increasing resources for safe MC scale up while the Health facilities will provide the services.

(c) Partnerships with other government bodies, Uganda AIDS Commission, and NGOs civil society, and international partners are essential for the success for the safe MC roll out, including appropriate message.

6. Monitoring and Evaluation

6.1 Objective

To ensure safe male circumcision services are regularly monitored and evaluated.

6.2 Strategy

(a) The implementation and impact of male circumcision shall be monitored and evaluated regularly to further inform programme implementation.

(b) Best practices and lesions learnt shall be disseminated to stakeholders to inform reviews of the policy and national male circumcision strategic plan.

(d) Standards indicators shall be developed for monitoring and evaluation of medical circumcision services/intervention. Monitoring and evaluation system for safe male circumcision shall be integrated into the existing monitoring and evaluation system – health management information system.

7. Dissemination

7.1 Objective

To ensure that the safe male circumcision policy is disseminated to all relevant stakeholders at all levels

7.2 Strategy

(a) In order to ensure that this policy is widely known, accepted and adhered to by all stakeholders, Government of Uganda shall print and disseminate the policy at all levels.

(b) The Ministry of Health and other stakeholders at all levels shall engage in communicating and disseminating the policy among all stakeholders.

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