



ISSUE PAPER FOR THE SESSION:  
**Male circumcision**

### Defining the Issue

1. On 13 December 2006, two trials assessing the impact of male circumcision on HIV risk were stopped by the US National Institutes of Health (NIH) on the recommendation of the NIH Data Safety and Monitoring Board. The announcement has heightened the already growing interest in male circumcision from governments and non-governmental organisations, as well as the general public in a number of countries. While the UN system and others have been preparing for such a possible announcement for over a year – both in terms of technical issues and human rights issues – there is recognition that those involved in the issue are only at the beginning of adequately addressing such a complex cultural, human rights, ethical and programmatic issue as the expansion of male circumcision for HIV prevention purposes, particularly given the diverse historical, cultural and social contexts of male circumcision.
2. UNAIDS has stated that “Countries or health care institutions which decide to offer male circumcision more widely as an additional way to protect against HIV infection must ensure that it is performed safely by well-trained practitioners in sanitary settings under conditions of informed consent, confidentiality, risk reduction counselling and safety.” While such guidance has broad applicability in the context of expanded availability of male circumcision in healthcare settings, it may not sufficiently engage the range of practical and cultural issues in settings where male circumcision is conducted openly and/or in groups as an “obligatory” cultural event or “rite of passage” into manhood. There is also need for clearer guidance related to the optimum age at which at what age at which male circumcision should be performed in terms of the best interests of the child.

### Draft UNAIDS guidance on safe male circumcision and human rights, ethical and legal considerations

3. The UNAIDS Secretariat, under the Joint UN Workplan on Male Circumcision, and with support of the AIDS Law Project, has developed draft guidance on human rights, ethical and legal issues related to male circumcision and HIV prevention programming, the first draft of which was reviewed by the Reference Group at its 6<sup>th</sup> meeting. The guidance document is intended to assist national AIDS programmes to address a broad range of issues related to initiating or expanding access to male circumcision, using a human rights-based approach. The draft has been circulated for feedback in meetings of national stakeholders in southern Africa, as well as a male circumcision programming consultation held in Geneva 5-6 December 2006.
4. The draft document is divided into two sections, one addressing the duties of the State (developing a legal, regulatory and policy framework that ensures accessibility, acceptability, quality and safety; protecting and promoting the rights of the child; ensuring access to accurate information; progressively expanding access to voluntary male circumcision services); and the other addressing the duties of service providers (obtaining voluntary and informed consent from

patients – male infants and children, male adolescents, male adults; ensuring safety; ensuring non-discrimination).

5. While the document sets out a necessary framework for addressing key human rights considerations based on human rights and ethical principles, further guidance may be needed on the following issues:
  - Given the increasing recognition of the beneficial effects of male circumcision, including for infants, is there a valid human rights argument that circumcision should be delayed until the age of majority so that a man can give informed consent? How does one protect the best interest of the child in the context of male circumcision?
  - How should issues of voluntariness and informed consent be addressed in situations where male circumcision is practiced in a community/group context, and/or where there may be increasing social pressure to undergo the procedure in the light of recent findings?
  - How can community-level dialogue and participation be promoted and ensured with relevant stakeholders in both “circumcising” and “non-circumcising” communities?
  - What are the key gender dimensions involved in an expansion and promotion of male circumcision to reduce HIV transmission and how best to protect the human rights of both men and women in such contexts?

### Questions for discussion

- a) How would the Reference Group advise UNAIDS and WHO to take forward the consideration of human rights and ethical issues in the expansion of male circumcision?
- b) What forms of support are needed to ensure that communities (men, boys, and women) have the opportunity to participate in and address issues of culture, HIV prevention, and human rights related to the expansion of male circumcision services?

### Supporting documents

- UNAIDS (2006), “Safe Male Circumcision and Comprehensive HIV Prevention Programming: Guidance for decision makers on human rights, ethical and legal considerations (December, 2006)”.
- WHO, UNAIDS, UNFPA, UNICEF, World Bank, “Statement on Kenyan and Ugandan trial findings regarding male circumcision and HIV” (13 December 2006).