

REMARKS BY AMBASSADOR SCOTT DELISI AT THE LAUNCH OF SAFE MALE CIRCUMCISION AT
MAKERERE UNIVERSITY HOSPITAL

Representatives of the Uganda AIDS Commission

Dean of Students Kabagambe

Dr. Bosa

Dr. Namusobya

All protocols observed,

Good afternoon, ladies and gentlemen. It is my great honor and privilege to be here today to witness firsthand some of the critically important work in HIV prevention that the U.S. government is proud to support alongside valued partners like the Ministry of Health, the Uganda AIDS Commission, Makerere University Hospital, and the Makerere University School of Medicine/Mulago-Mbarara Teaching Hospitals Joint AIDS Program. I also want to specially recognize the U.S. Centers for Disease Control and Prevention—a valued part of the U.S. Mission here in Uganda—for its foresight and innovation in pulling together these partners for such a worthwhile initiative.

It is also my privilege to be here among the many brave young men who have come to this facility in order to take an important step towards protecting themselves and their loved ones from the terrible burden of HIV. These young men are examples of the kind of personal responsibility and initiative which all Ugandans must demonstrate if we are to turn the tide of this epidemic. Uganda is the only country in sub-Saharan Africa where HIV is on the rise. That must change, and these young men are part of that process. I salute their courage and their wisdom, because I know that this is not a decision made lightly or on the spur of the moment.

While medical male circumcision is without a doubt a very safe procedure, I know that it can be frightening. What are the risks? Will there be a great deal of pain? How long will I take to heal? All of these are entirely reasonable questions and concerns.

Compounding these fears is the fact that circumcision is a topic which you may find difficult to discuss with confidantes like your parents or friends and, as a result, you may find yourself feeling isolated or on your own in making this decision.

We all know how difficult it can be to talk about a sexually-transmitted disease like HIV and talking about ways to protect yourself from HIV is no easier. But as U.S. Secretary of State Hillary Clinton said in her remarks at the International AIDS Conference earlier this year, "If we're going to beat AIDS, we can't afford to avoid sensitive conversations, and we can't fail to reach the people who are at the highest risk." And she was absolutely right.

As uncomfortable as it may be, we must talk about this disease and the ways in which it is spread and the ways in which it can be avoided. And one of those scientifically proven ways to avoid it is through safe male circumcision. We know that it works. And yet many myths and misunderstandings surround circumcision, which make it difficult for health care providers to reach the people who need it.

Let me speak for a moment about what we do know. We know that adult medical male circumcision reduces men's risk of HIV acquisition from an HIV-infected female partner by approximately 60 percent. Rigorous scientific research, some of it conducted right here in Uganda, has demonstrated that safe male circumcision is one of the most effective interventions available today to prevent sexual transmission of HIV. Extended follow-up for up to six years with men who participated in two of these studies indicated that this protective effect was durable and even increased over time.

It should also be noted that, unlike some other HIV prevention interventions, safe male circumcision is a one-time, short procedure that confers a lifetime of reduced HIV infection risk for heterosexual men. But its protective effects extend beyond men: safe male circumcision also reduces the risk for human papillomavirus (or HPV), cervical cancer, and other sexually transmitted infections among female sexual partners of circumcised males.

So the individual impact of circumcision is clear and immediate. But what about its impact on the broader epidemic? Brilliant scientists and researchers have looked at this question too, and their projections suggest that if eight of 10 adult men become circumcised within just five years in 14 priority countries in eastern and southern Africa, approximately 3.5 million new HIV infections could be prevented within 15 years, averting as much as \$16.5 billion in HIV care and treatment costs. Think about that number: 3.5 million new HIV infections prevented. And almost half of these new infections we would avert are among women, because women's probabilities of encountering HIV-infected sex partners decrease as HIV-prevalence in men decreases due to circumcision.

In turn, this indirect protective effect against HIV extends beyond those women to their uncircumcised male partners, and ultimately to the whole population. This indirect protection increases in relation to the breadth of coverage and the speed at which coverage is achieved. So every young man who walks through the doors of this clinic and others like it across Uganda is contributing to the broader health and well-being of all Ugandans. They are fulfilling their individual responsibility to help Uganda combat HIV.

So what are my government and the valued partners we work with doing about it? Since 2007, the U.S. government—through the President's Emergency Plan for AIDS Relief (or PEPFAR)—has supported safe male circumcision as an HIV prevention intervention for an estimated two million men in sub-Saharan Africa. In Kenya and Tanzania alone, during special campaigns, clinicians now perform more than 35,000 circumcisions a month. Given the potential that circumcision holds, PEPFAR collaborated closely with the World Health Organization, UNAIDS and others in developing an Action Framework for male circumcision scale-up in the 14 priority countries I mentioned earlier. This Action Framework calls for achieving 80 percent male circumcision coverage in these 14 countries, or in priority areas within the countries, by 2016.

Here in Uganda, PEPFAR directly supported more than 450,000 circumcisions since April 2010 and our investment in safe male circumcision in Uganda has increased exponentially over the last four years—going from over \$1.6 million in 2009 to over \$31 million in 2012. Also in 2012, PEPFAR supported a total of 263 facilities providing circumcision services in Uganda. In addition, we are committed to reviewing the work of all our partners to ensure that the services offered are of the highest medical standards.

Our goal is to provide quality services at a mix of facilities, including clinics such as this one, health centers, and hospitals as well as mobile sites. All of our PEPFAR partners in Uganda are accelerating their scale-up of circumcision services in order to contribute to the national target of 1 million procedures in 2013—which will help us to reach Uganda’s national target of 4.2 million eligible men undergoing the procedure by 2015.

These are ambitious targets, but ones we must reach. When compared across the region, Uganda lags woefully behind other countries in the effort to scale up the number of male circumcisions but leads in the wrong category -- the rise in the rate of HIV infections. Particularly troubling, approximately half of the new infections in Uganda, some 650000, have occurred in just the past five years.

If we are to reach the ambitious goals we have set and turn around the increase in new infections we must act now, in partnership, to provide the leadership, vision and energy to shape a different future. We must take advantage of the tremendous benefits that circumcision promises, and we must break down the misconceptions and discourage the myths which many hold about this intervention.

First among these, I think, is the misconception that safe male circumcision is a “magic bullet” or a cure-all which—on its own—protects a person from HIV regardless of his actions and behaviors. This is simply not true.

As President Museveni has correctly said, circumcision does not make us metal. Nor does it mean we can be sexually irresponsible with no worries about the consequences. It DOES, however, reduce risks and, if you make good choices, it can significantly reduce your chance of contracting HIV. The bottom line is that safe male circumcision is just one part -- but a very important part -- of a comprehensive approach to HIV prevention in Uganda.

This approach is a package that, along with circumcision, includes promoting delay of sexual debut, promotion of abstinence, reduction in the number of sexual partners, and being faithful to one’s partner. The package also relies upon provision and promotion of correct and consistent use of male condoms, which provide over 80 percent protection even in situations where one partner is HIV positive and the other is not. In addition, HIV testing and counseling services -- and referrals to appropriate care and treatment if necessary for treating other sexually transmitted infections -- are also part of this comprehensive approach to HIV prevention.

So, if you take nothing else away with you from my remarks today, please remember this: circumcision alone will not stop this epidemic nor will it guarantee protection against HIV for sexually active males. But, combined with these other critical interventions, it will greatly reduce your risks and HIV transmission in Uganda. This we know.

We know too that there is sometimes miscommunication and misinformation on this issue, so we welcome thoughtful questions about circumcision’s role in HIV prevention. Every question is an opportunity for an answer, and we believe it is important to address these questions and provide the scientifically-proven, evidence-based answers to all Ugandans who are rightly concerned about the rise in HIV infection rates.

The Ugandan government has done its homework, however, and has concluded enthusiastically and proactively, that safe medical circumcision must be a key prevention strategy. In its National HIV Prevention Strategy for 2011-15 and its HIV Prevention Action Plan, the Government of Uganda has identified safe male circumcision as one of five priority, evidence-based biomedical interventions. Both the Ministry of Health and the Uganda AIDS Commission have strongly supported the integration of circumcision into the comprehensive package of prevention services. We applaud that commitment and we encourage continued – and greater – investment and ownership by the Government of Uganda of the national HIV response, including the use of circumcision as a prevention intervention.

We are at a critical crossroads in this 30-year fight to end the scourge of HIV. At long last, scientific innovation and research, combined with increasing efficiencies in delivery and effectiveness of services, have put the promise of an AIDS-free generation within our grasp. The U.S. government stands firm in its commitment to help achieve this goal and to making strategic, scientifically-sound investments to rapidly scale up a proven combination of HIV prevention, treatment and care interventions—including safe male circumcision. Through this effort, we have the potential to end the epidemic and to change the future.

Success in saving lives depends upon all of us—ambassadors, government ministers, health care workers, students, young and old alike—playing our part and sharing in the responsibility we each shoulder. As I said at the start of my comments, the young men who come to this clinic to receive circumcision services are doing just that. They are accepting responsibility for their own health and they are playing their part in the national effort to end this epidemic. I applaud them for that, just as I thank all of our dedicated partners who work to make these services available to those who need them.

World AIDS Day has just passed but its messages of “Working Together for an AIDS-Free Generation” and “Re-engaging Leadership for Effective HIV Prevention” must be carried forward every day and in everything we do. We must not shirk our responsibilities either as individuals or as communities. We must not shy away from difficult topics and avoid uncomfortable conversations. Together, we must confront this epidemic head-on with all of the tools we have at our disposal. Then, and only then, will we beat this terrible disease.

Thanks again to Makerere University and our other partners for this facility and thanks to all of you for the part you play in this struggle.