

policy

Cutting Where it Counts: Strategic Focus for VMMC Programs

March 2, 2015

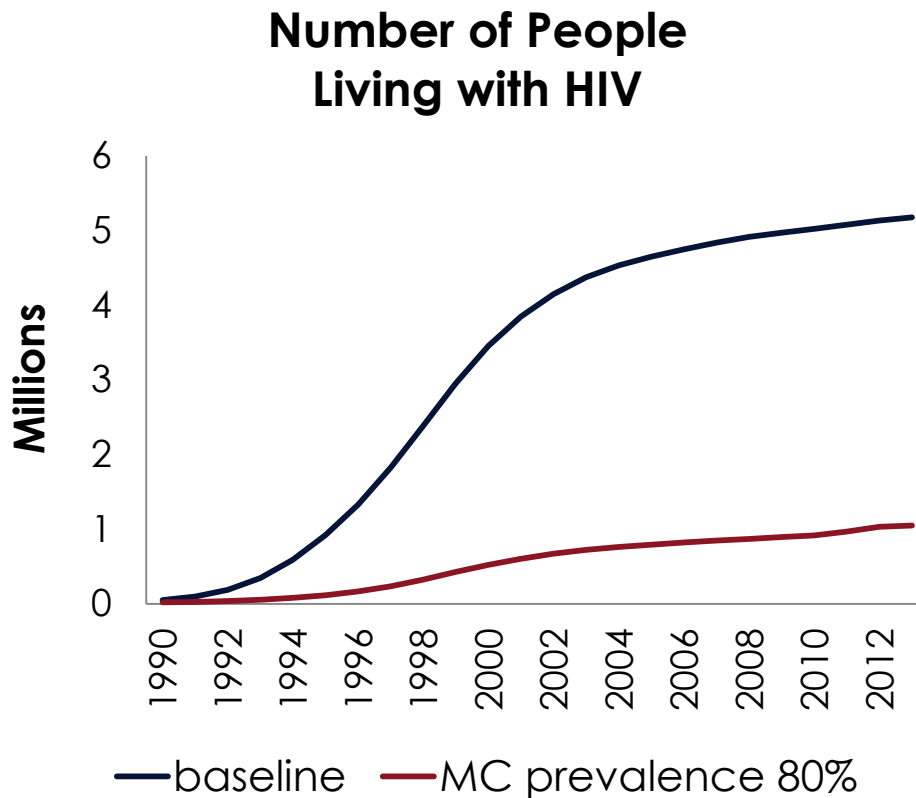
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Avenir Health*

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Jhpiego*

Voluntary Medical Male Circumcision (VMMC)

- The only available HIV prevention intervention that needs to be administered just once to achieve lifetime benefits
- Reduces a man's risk of HIV acquisition through heterosexual sex by 60–75 percent
- Recommended by WHO for roll-out in 14 African countries with high HIV prevalence and low male circumcision prevalence
- Highly cost-effective and cost saving in most settings with high HIV incidence

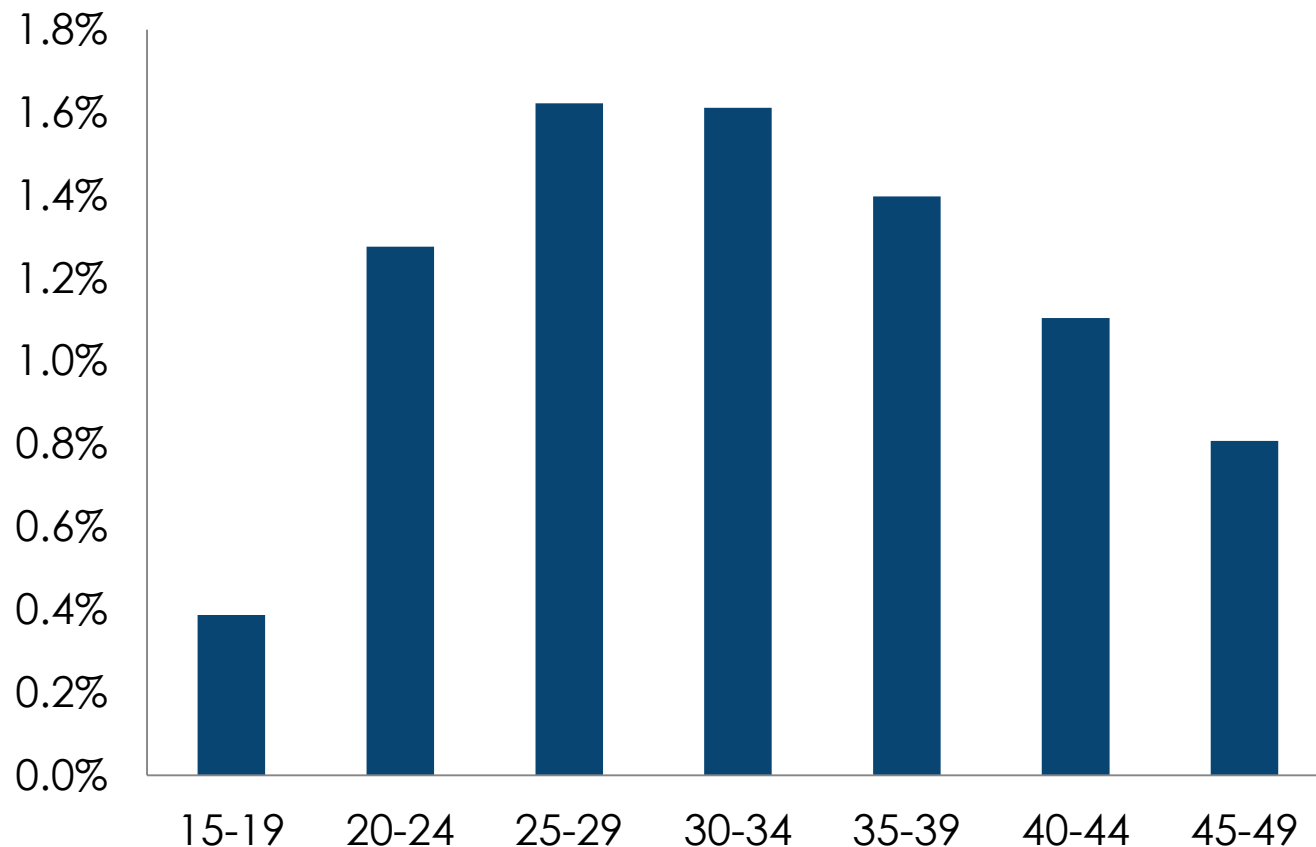
What if South Africa had 80 percent MC prevalence from the beginning of the HIV epidemic?



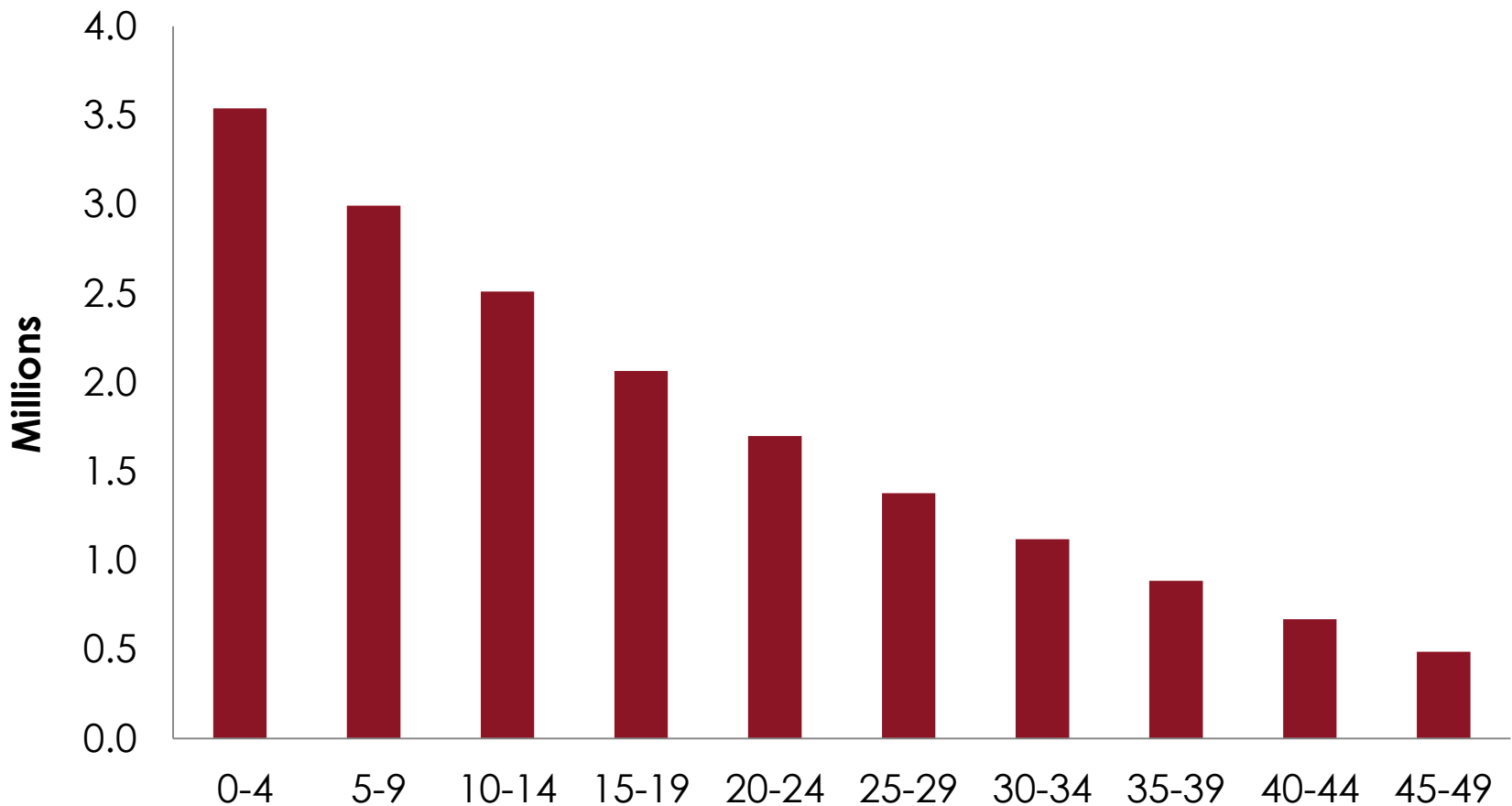
- Analyze the HIV epidemic using the South Africa Goals model
- Baseline scenario
 - MC prevalence as recorded in National Communication Surveys 2009 and 2012
- 80 percent scenario
 - MC prevalence 80 percent for all years

Age Prioritization

Uganda Age-specific Male HIV Incidence, 2013, from Spectrum

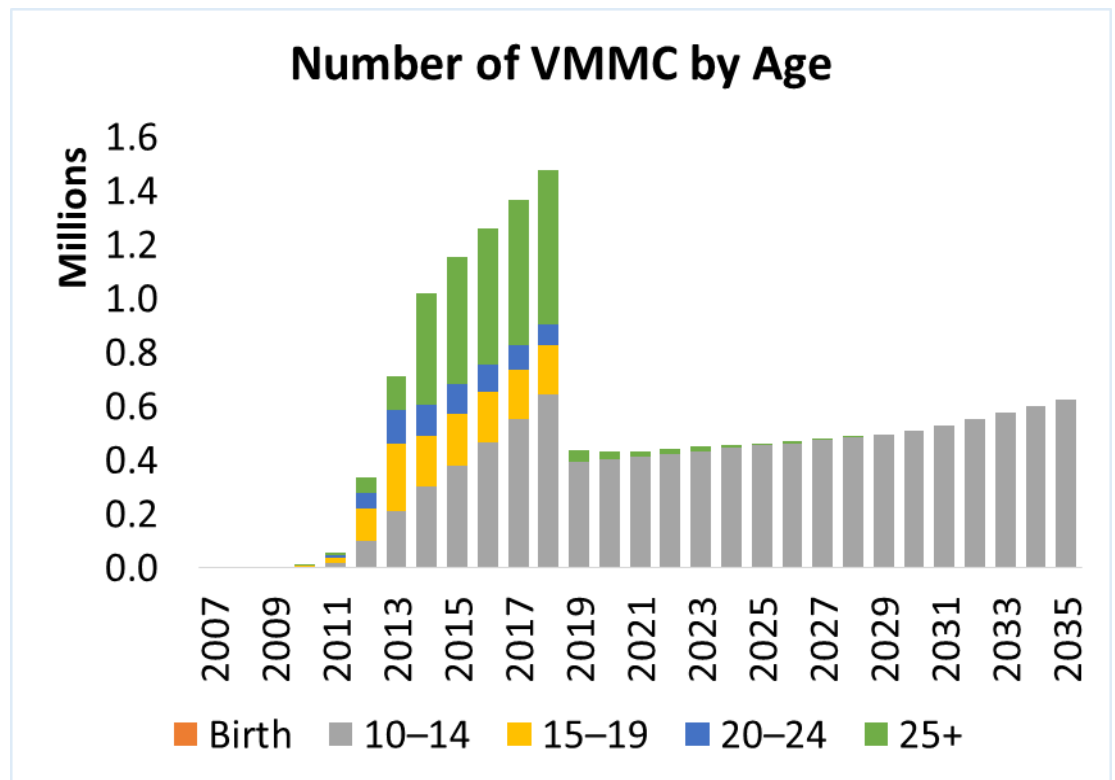


Uganda Age Distribution of the Male Population, 2013, from Spectrum



Age Distribution of VMMC Based on Target Strategy in Uganda, Ages 10–49

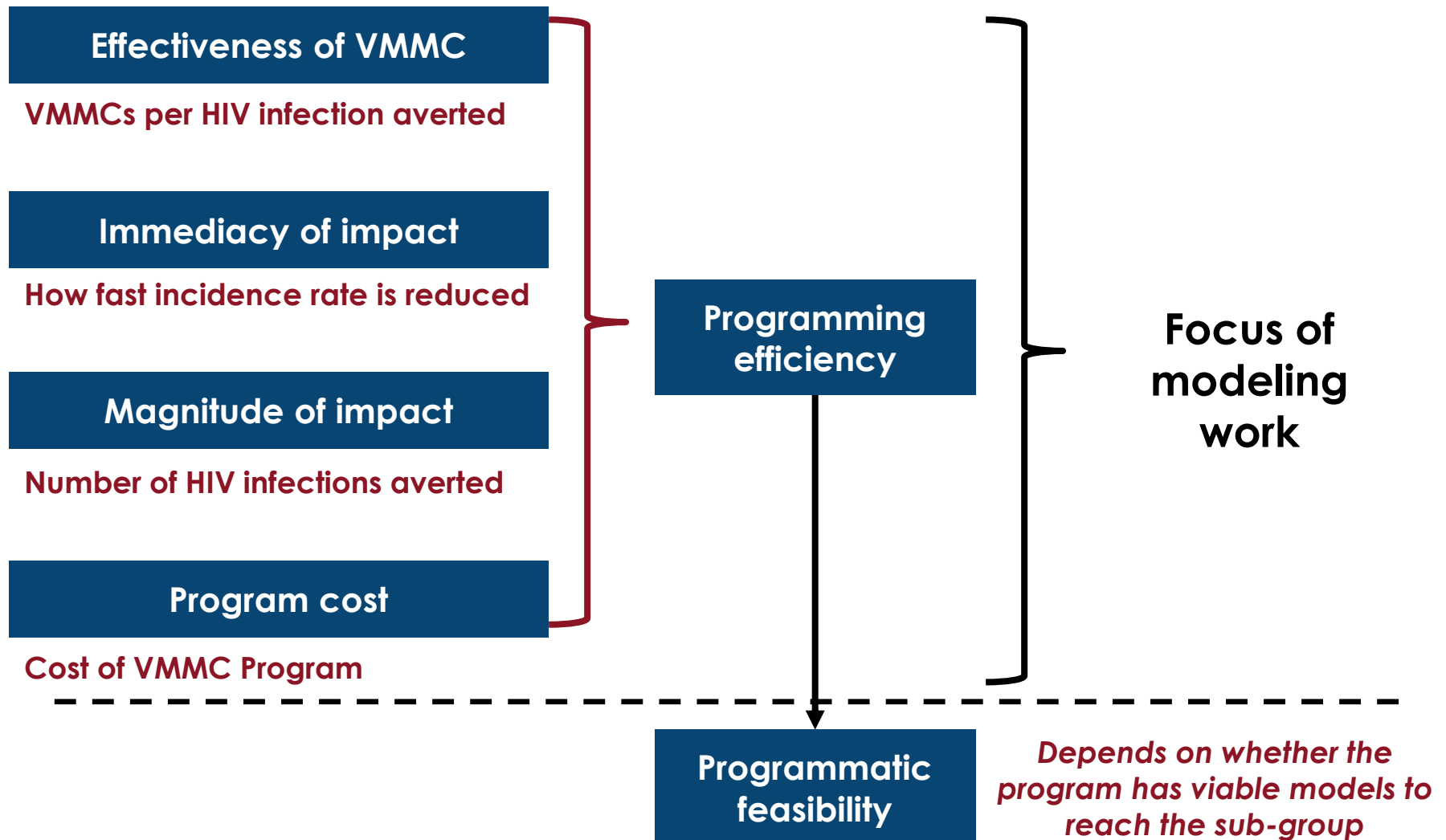
	Baseline MC Prevalence	Target Coverage in 2018
EIMC	17%	17%
10–14	23%	80%
15–19	22%	80%
20–24	29%	80%
25–29	28%	80%
30–34	26%	80%
35–39	26%	80%
40–44	22%	80%
45–49	22%	80%
50–54	22%	22%
55–59	22%	22%



Total MCs during scale-up 2013–2018: 6.3 million

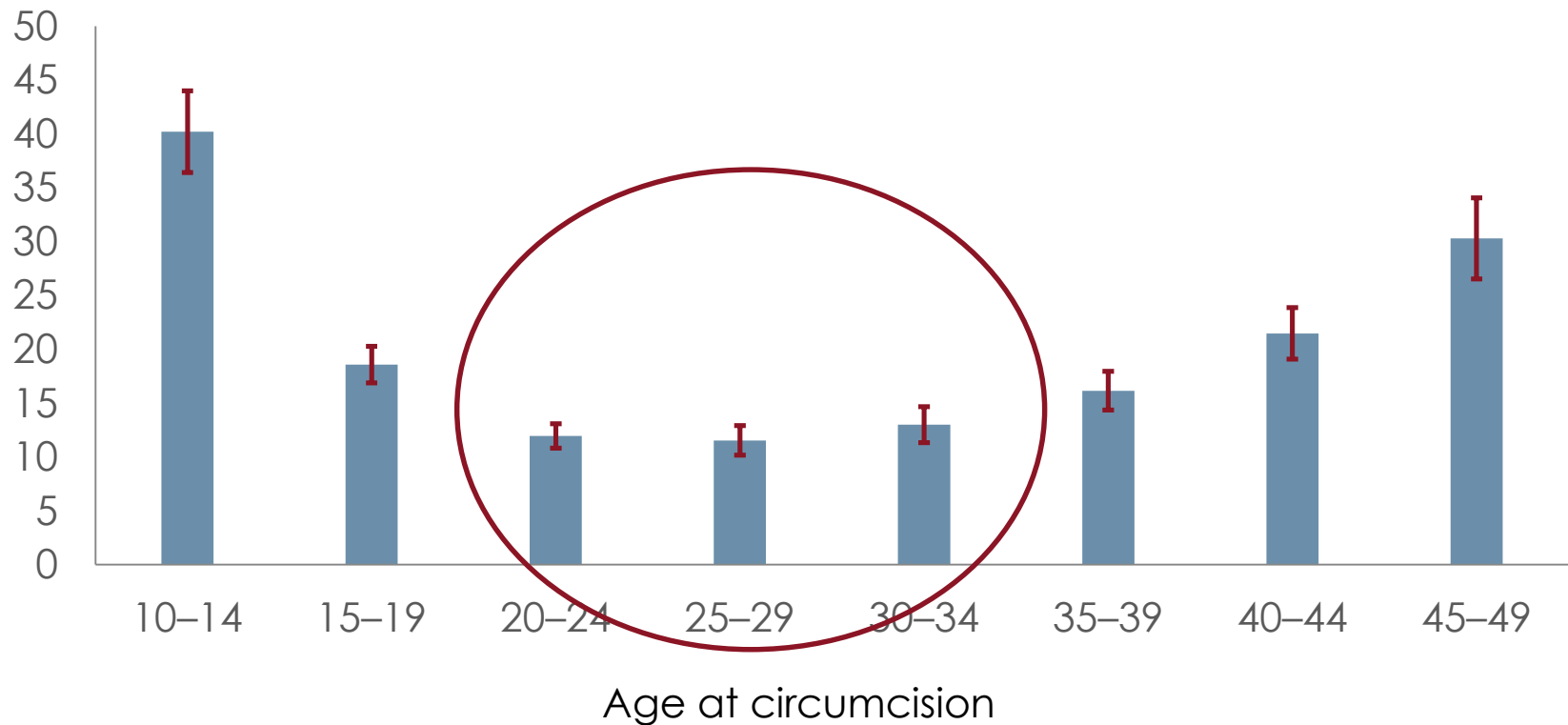
Total MCs during maintenance 2019–2028: 4.5 million

Logic-Tree Applied to Address the Value of Subpopulation-specific Targeting

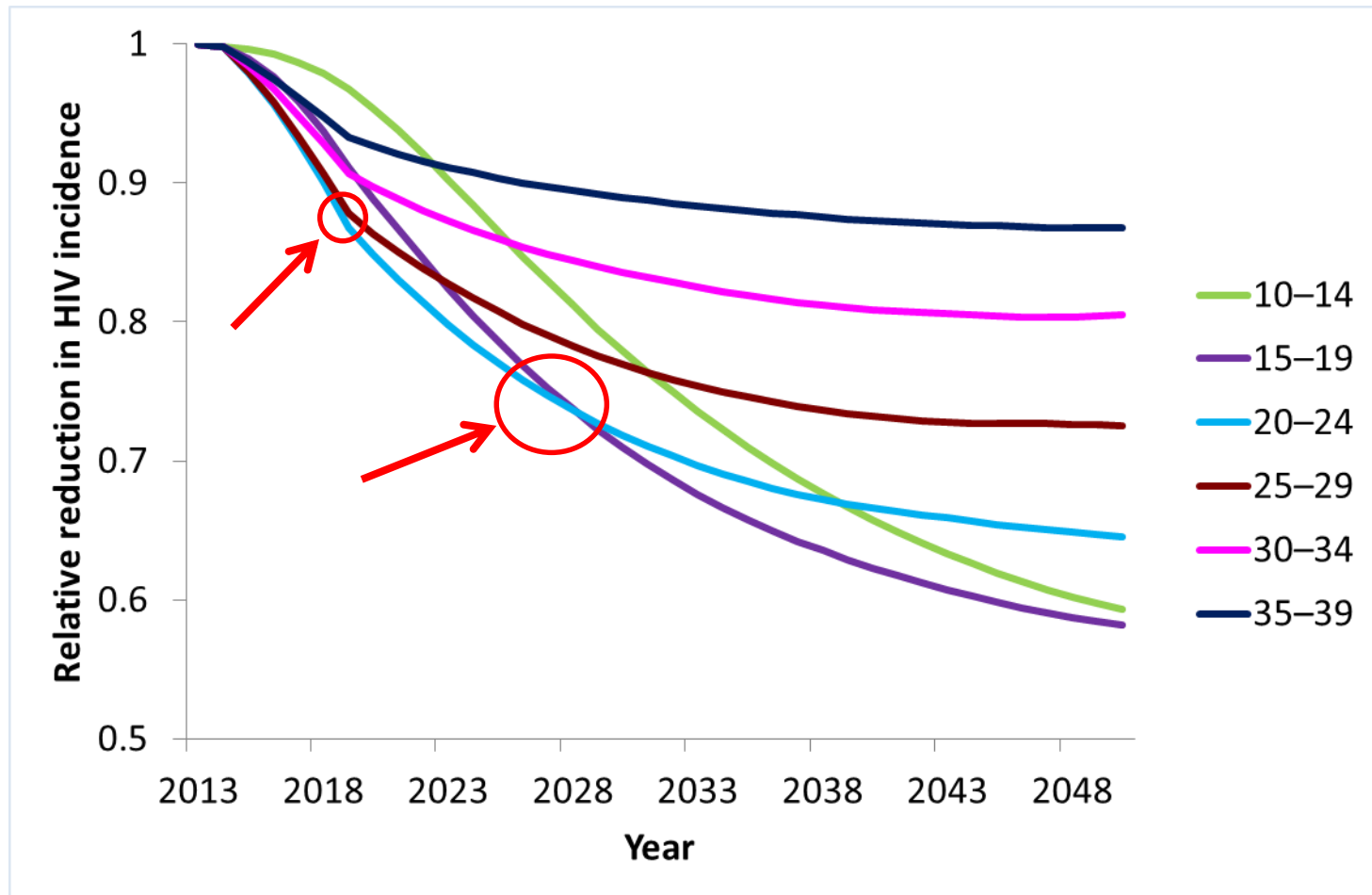


Effectiveness of VMMC: Age-specific Targeting

VMMC per infection averted, Uganda 2013–2028

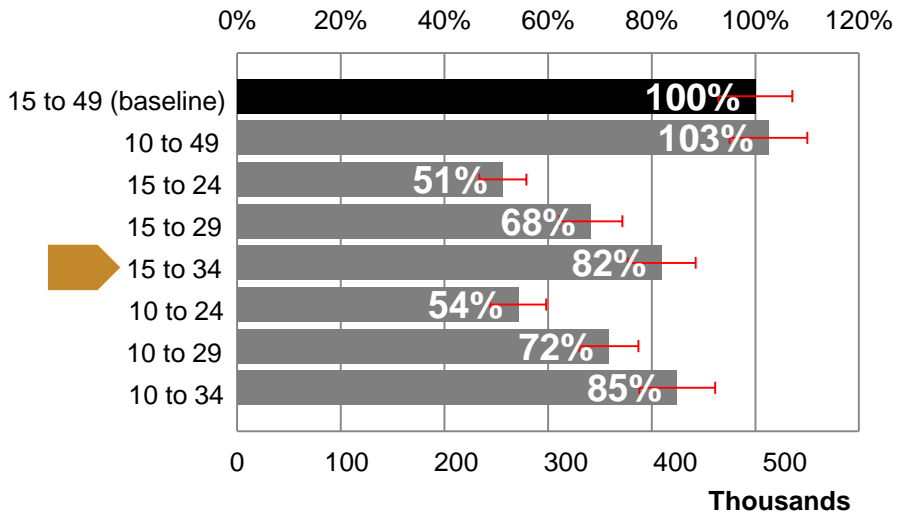


Uganda: Fastest incidence rate reductions (IRRs) are achieved by circumcising the 20–29 age group.

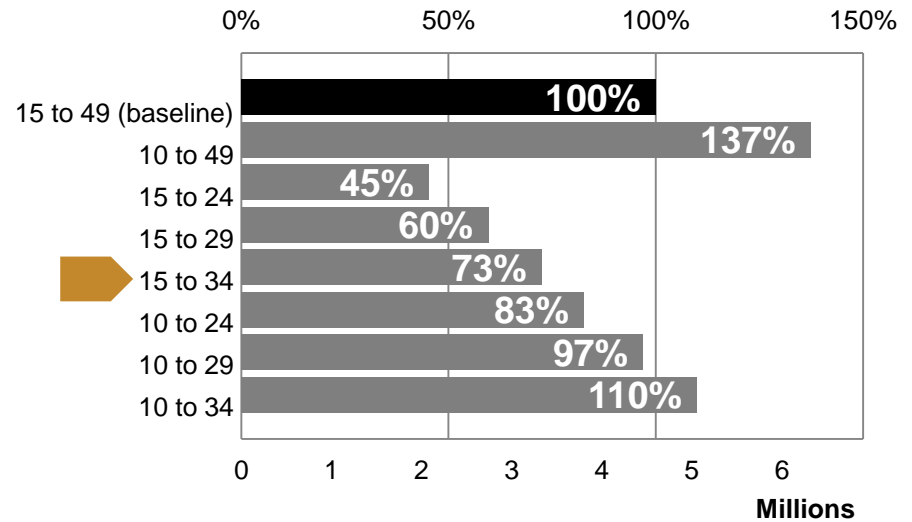


VMMC Impact and Program Cost

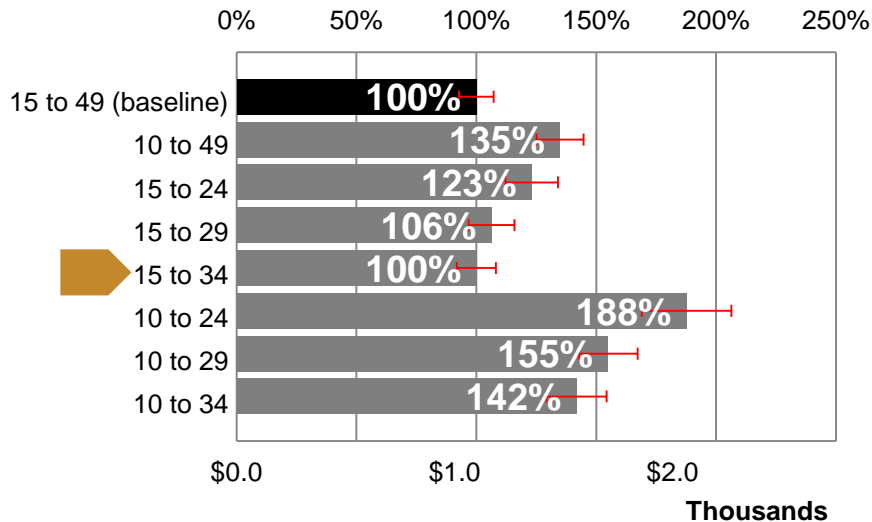
HIV Infections Averted



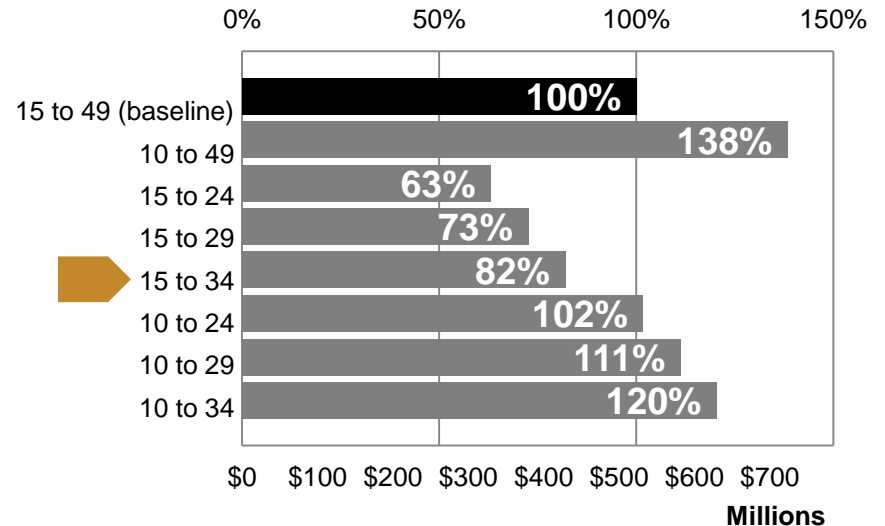
Number of VMMCs During Scale-up (2014–2028)



Cost per HIV Infection Averted



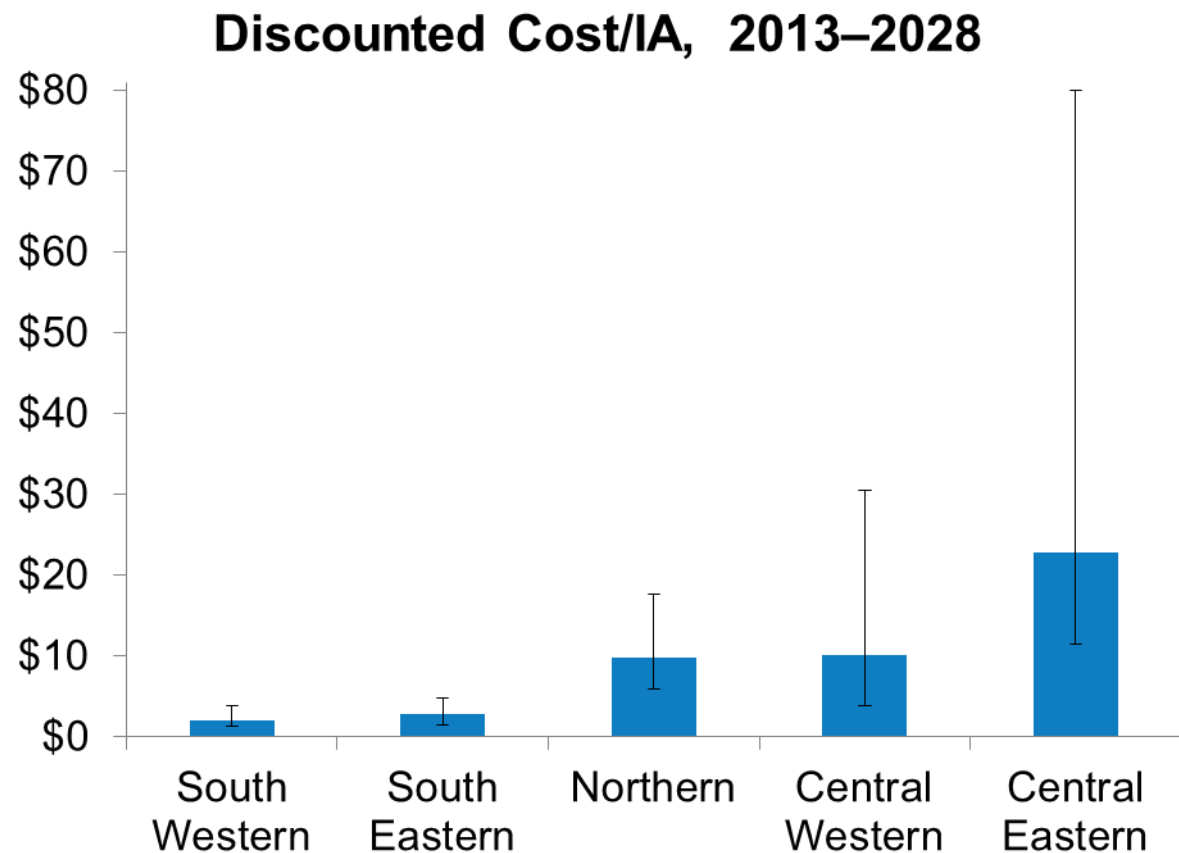
Total Cost (2014–2028)



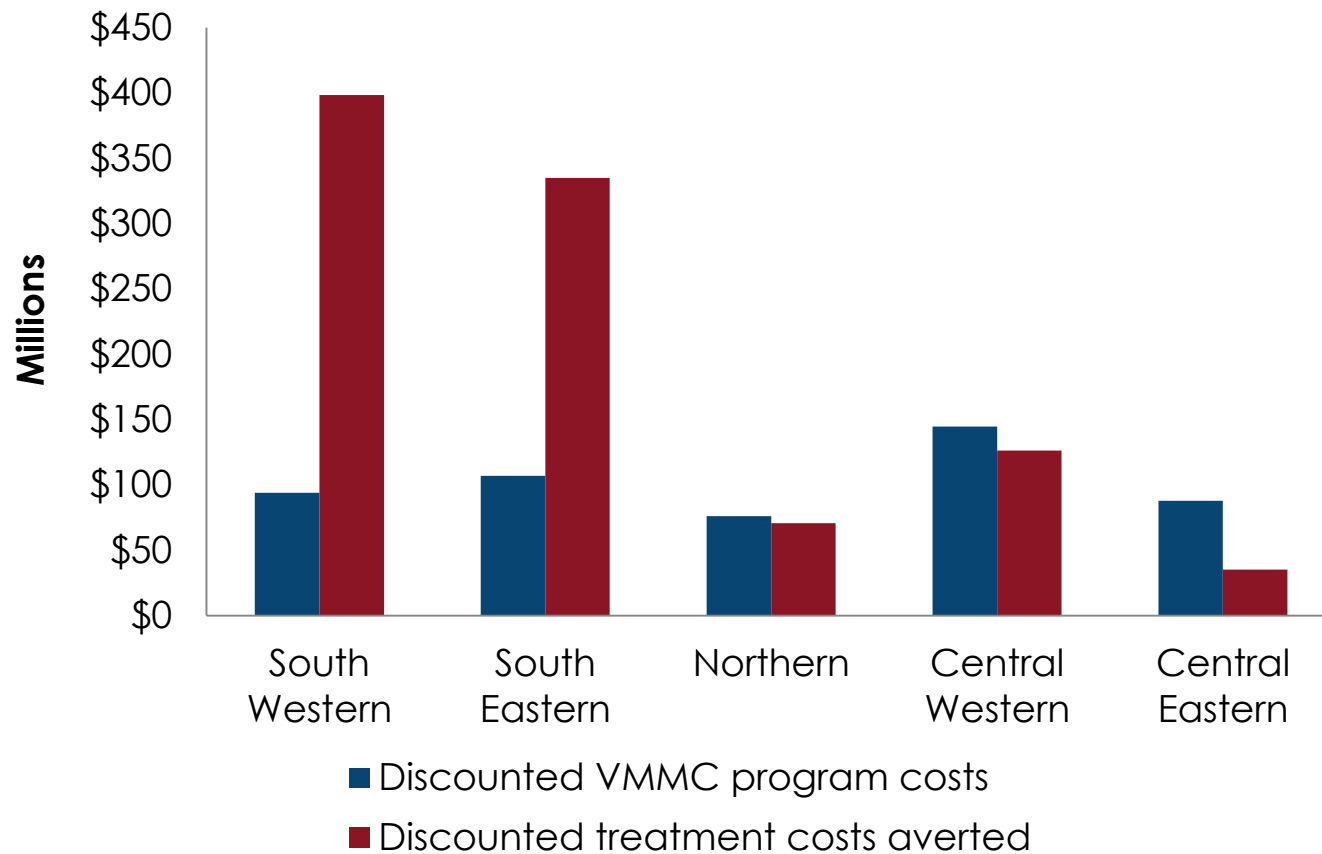
Geographic Prioritization

Discounted Cost/Infection Averted (IA), Malawi, 2013–2028

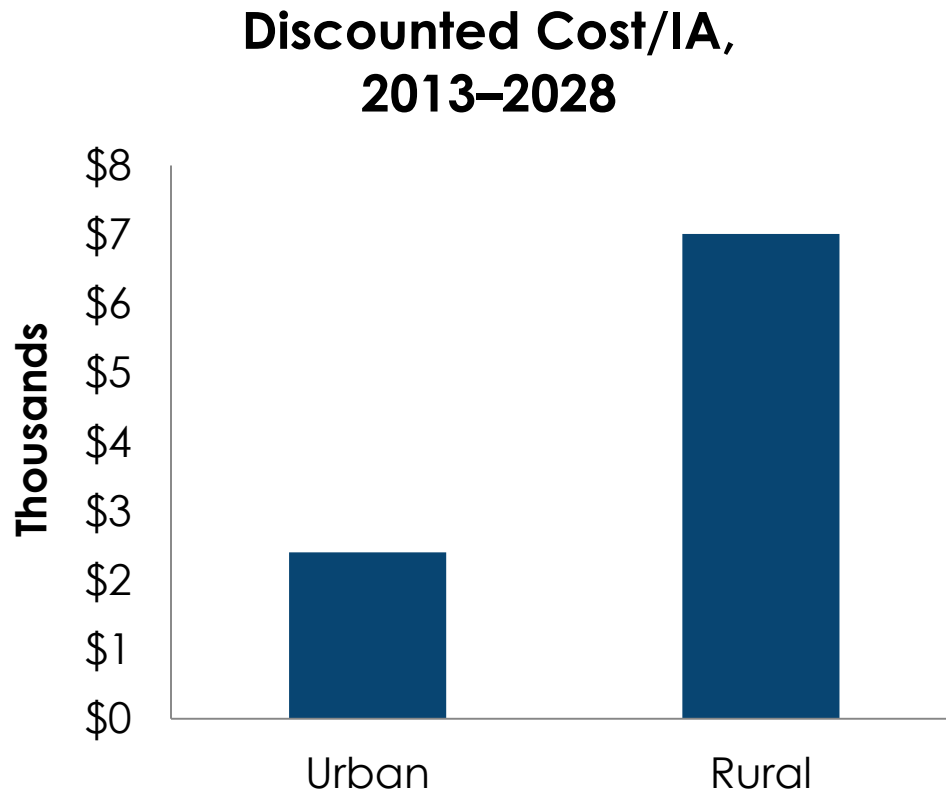
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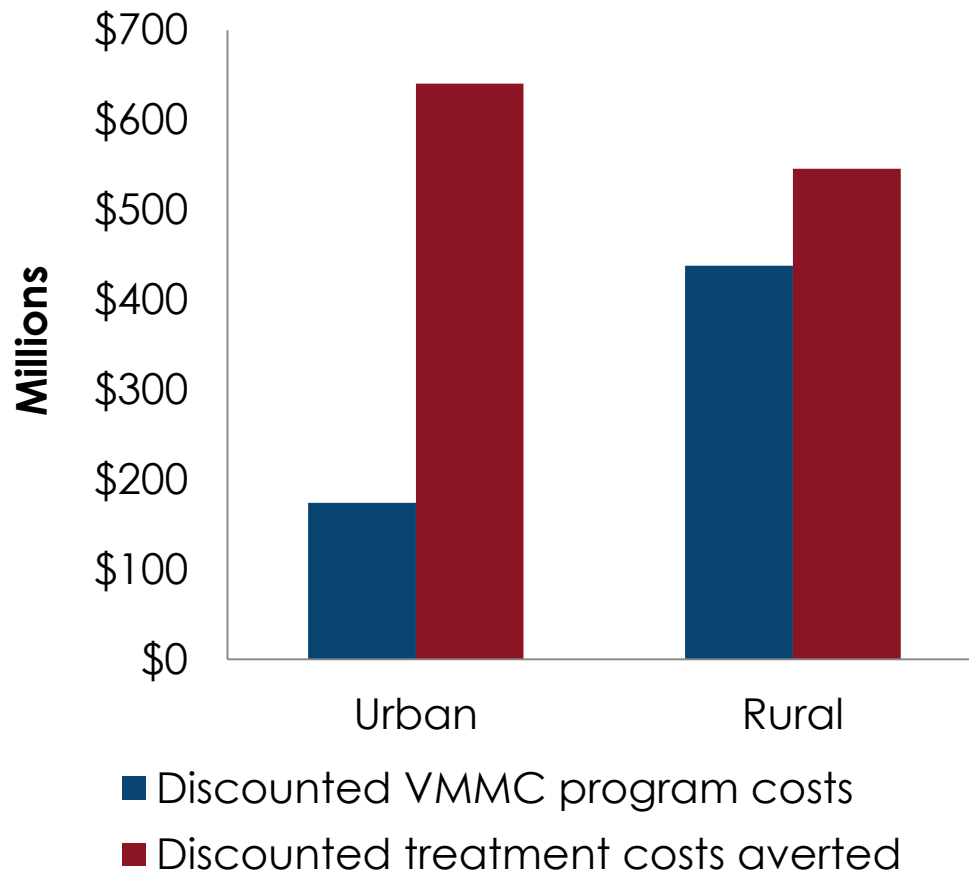
VMMC Program Costs vs. Treatment Costs Averted, Malawi, 2013–2028



Discounted Cost/Infection Averted Urban vs. Rural, Malawi, 2013–2028



VMMC Program Costs vs. Treatment Costs Averted, Malawi, 2013–2028



Discussion

How would different stakeholders view this?

Effectiveness of VMMC

VMMCs per HIV infection averted

Immediacy of impact

How fast incidence rate is reduced

Magnitude of impact

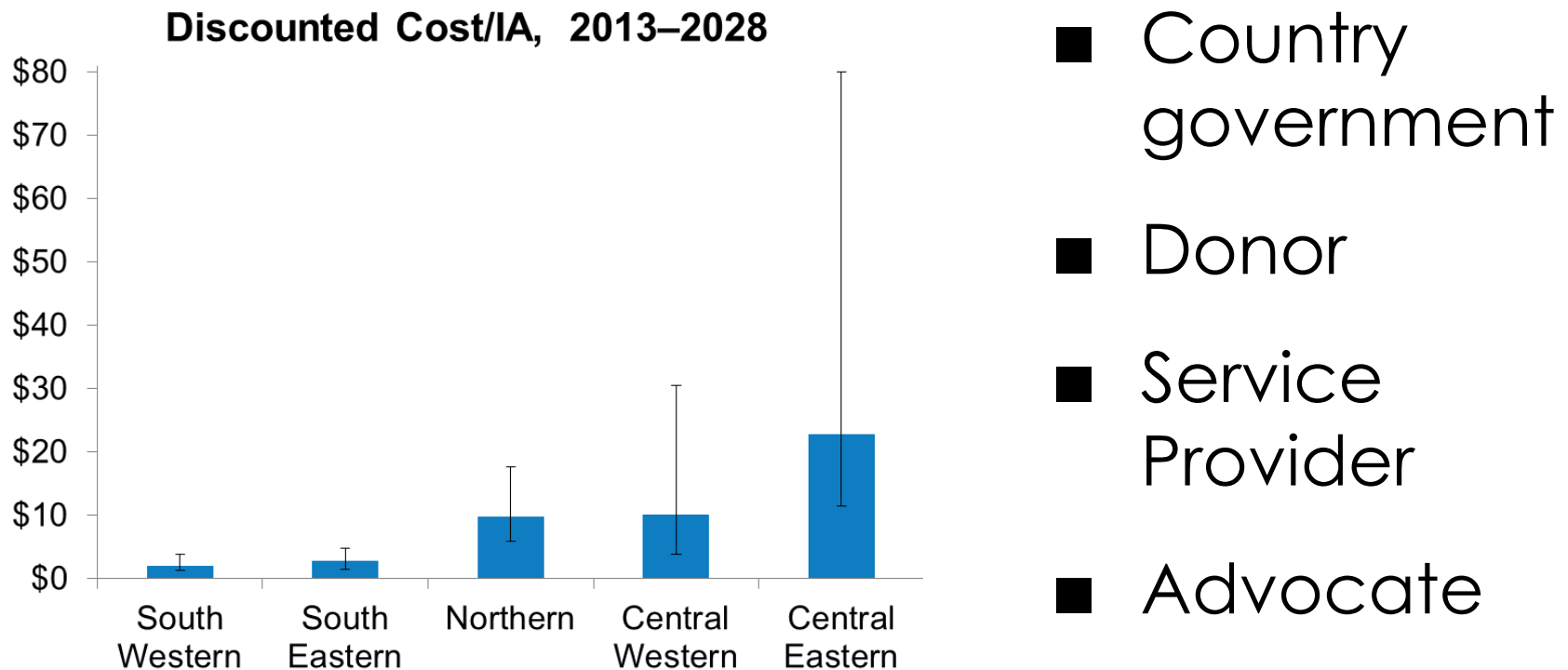
Number of HIV infections averted

Program cost

Cost of VMMC Program

- Country government
- Donor
- Service Provider
- Advocate

How would different stakeholders view this?



From your stakeholder's perspective, what recommendations would you make for the VMMC strategy for your country, based on the age and subnational analyses presented?

- Country government
- Donor
- Service Provider
- Advocate

Thank You!

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