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**HEALTH POLICY
INITIATIVE**

Costs and Impacts of Scaling- Up Male Circumcision in Sub- Saharan Africa

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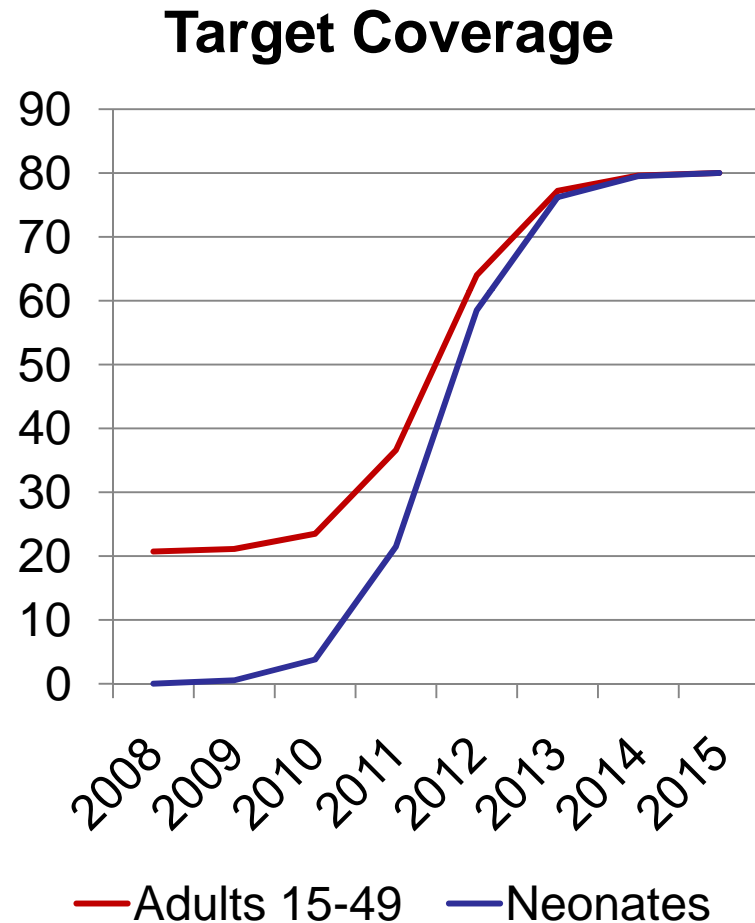
Emmanuel Njeuhmeli (USAID)

Purpose

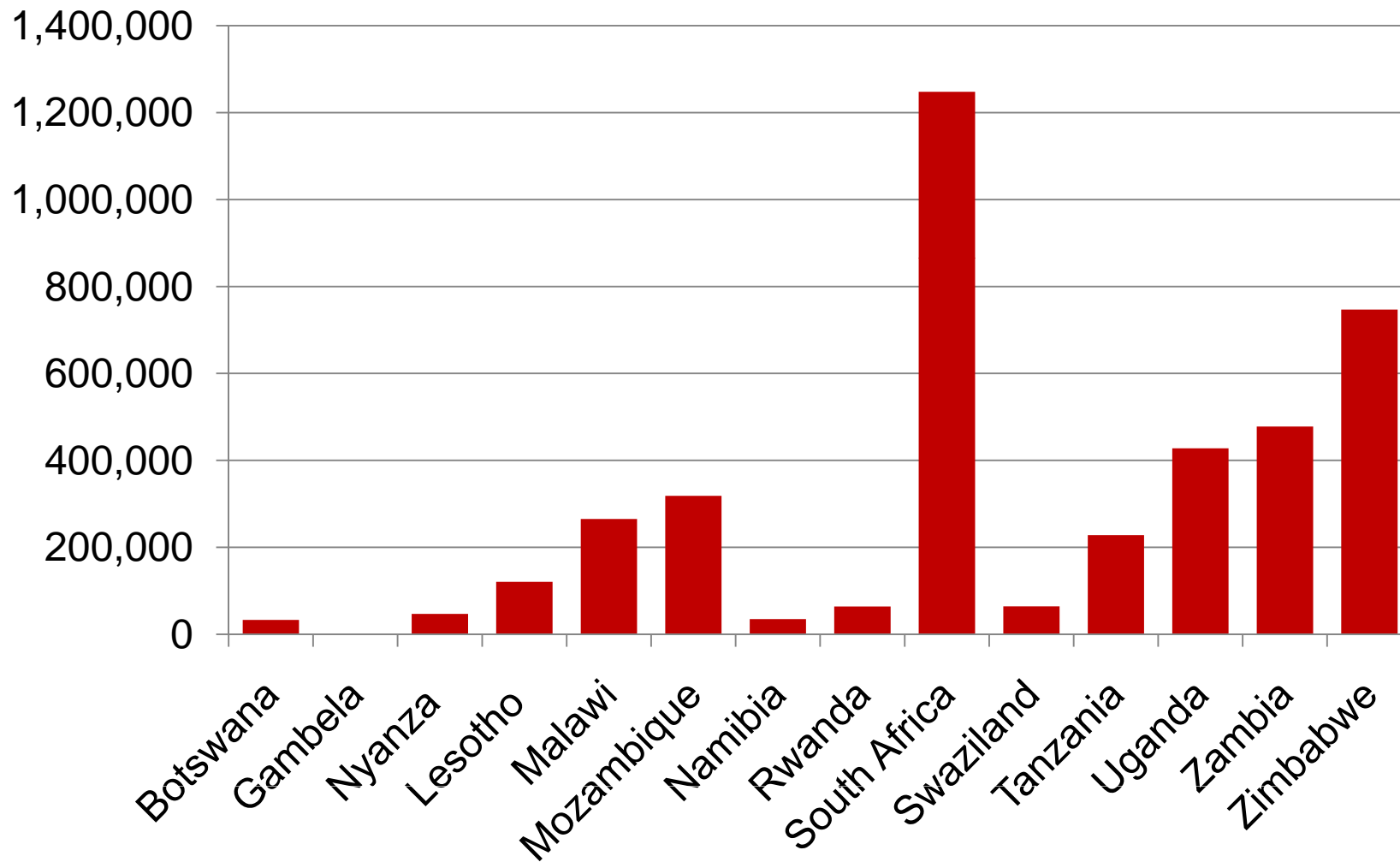
- Support PEPFAR country teams and national programs in the design on MC roll out strategies
- Estimate the impact of alternative strategies on
 - New HIV infections averted
 - Service delivery requirements
 - Costs
 - Cost effectiveness
- Country briefs prepared for each PEPFAR country
- Illustrate the costs and service delivery requirements of different rates of scale-up

Methods

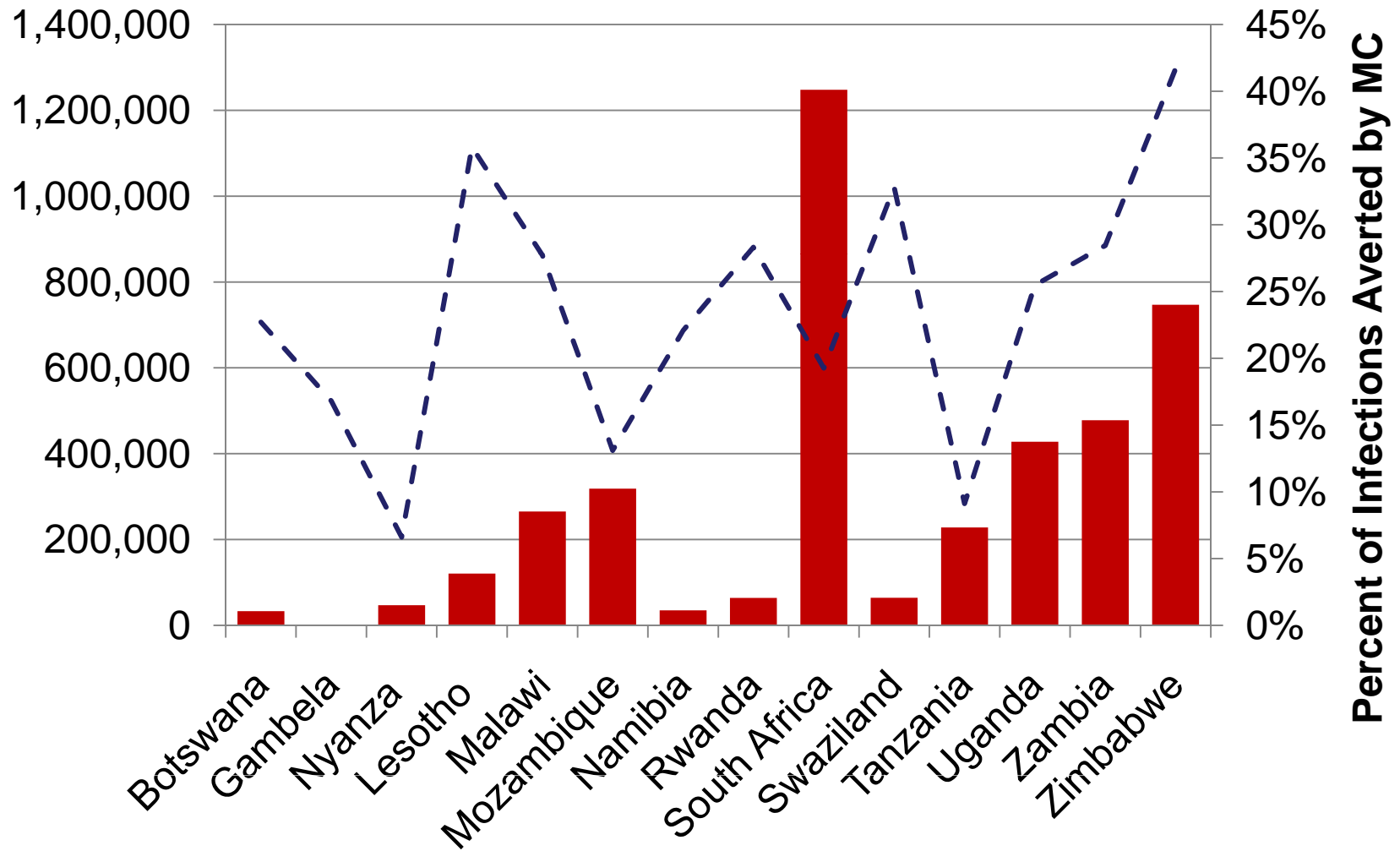
- Decision Makers' Programme Planning Tool for Male Circumcision Service Scale-Up (developed with UNAIDS and WHO)
- Scale-up coverage to 80% of adult males and neonates by 2015
- Country-specific costs for Botswana, Lesotho, Namibia, Swaziland, Zambia
- 80% public, 20% private



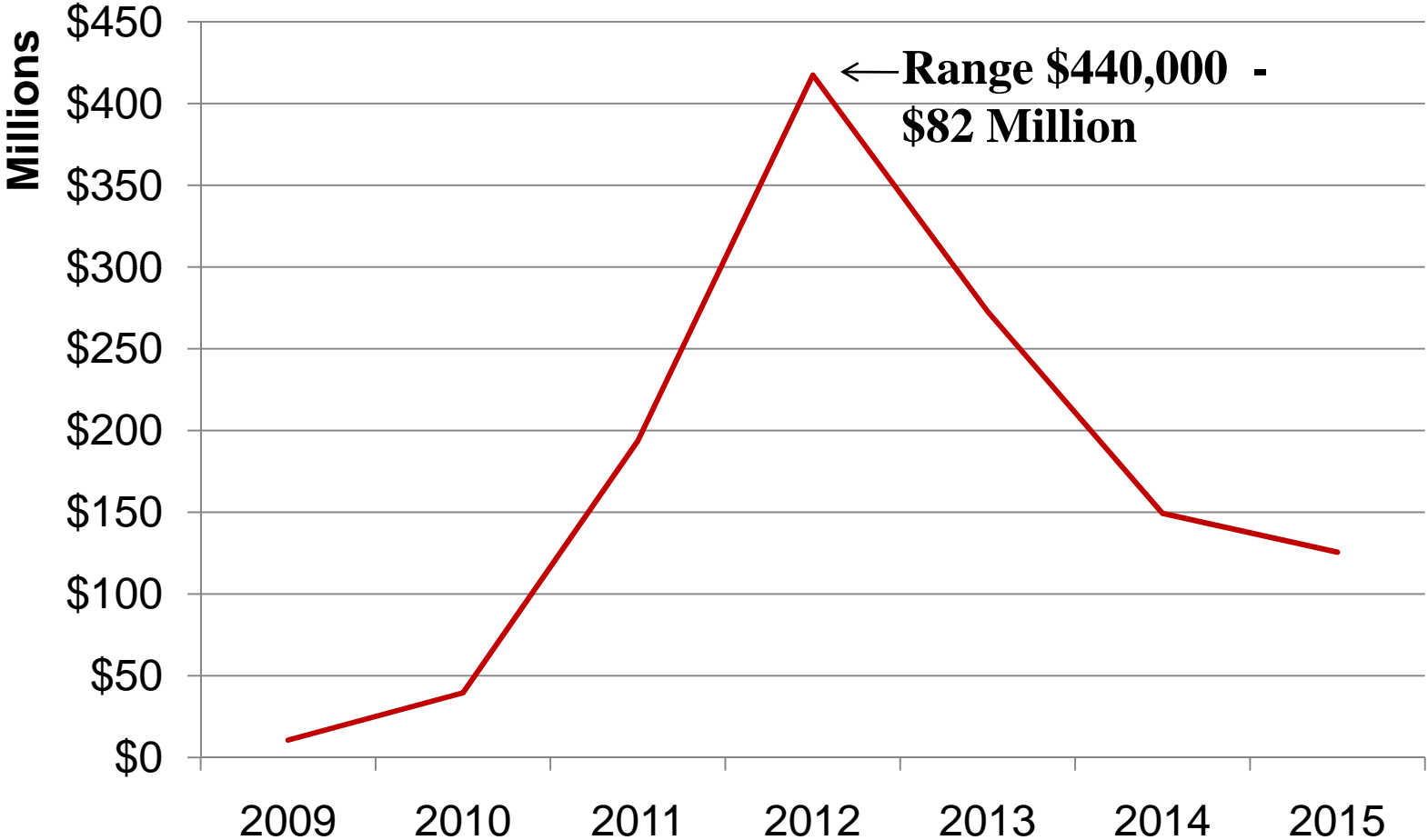
New Infections Averted (Cumulative 2009-2025)



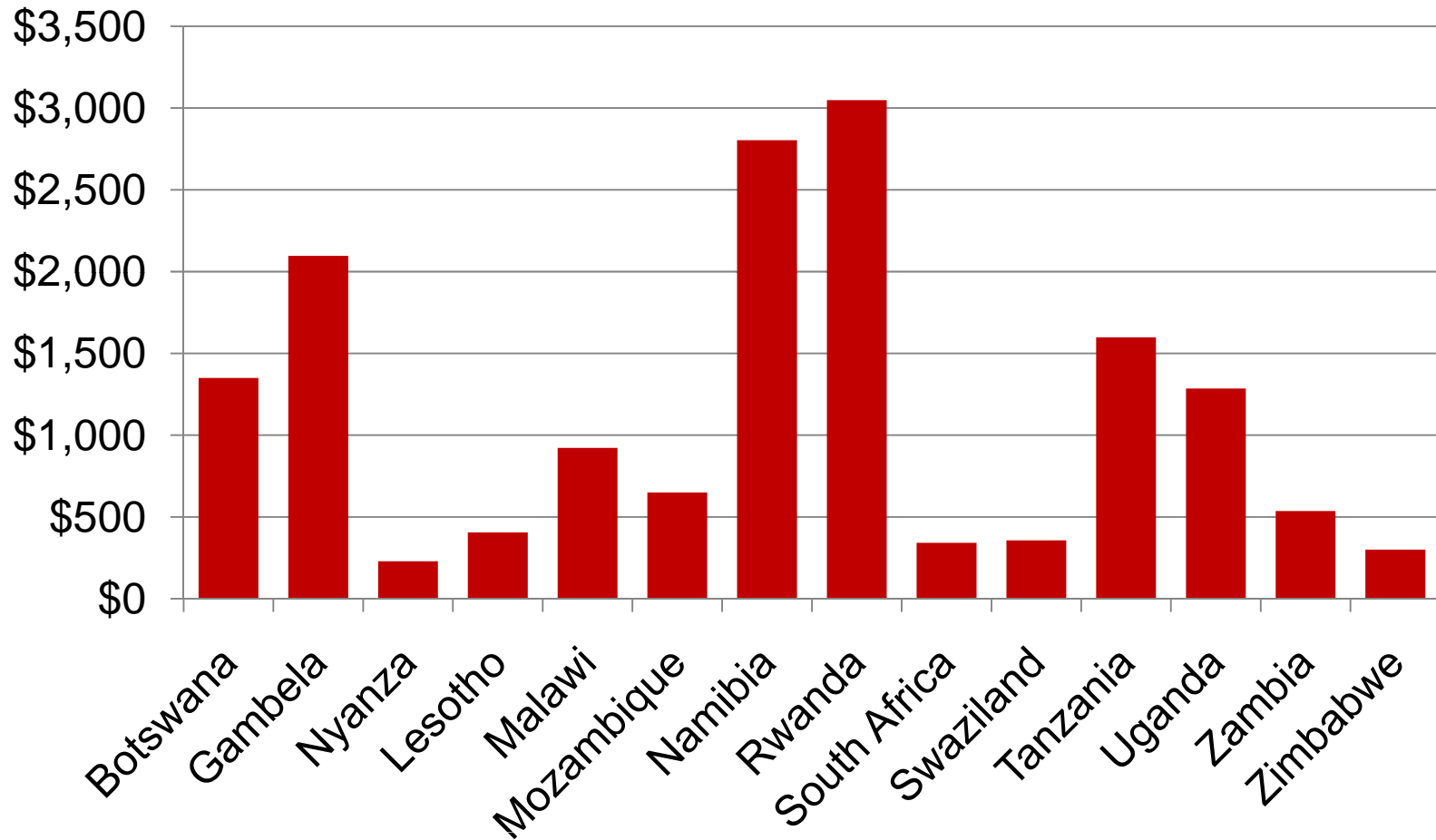
New Infections Averted (Cumulative 2009-2025)



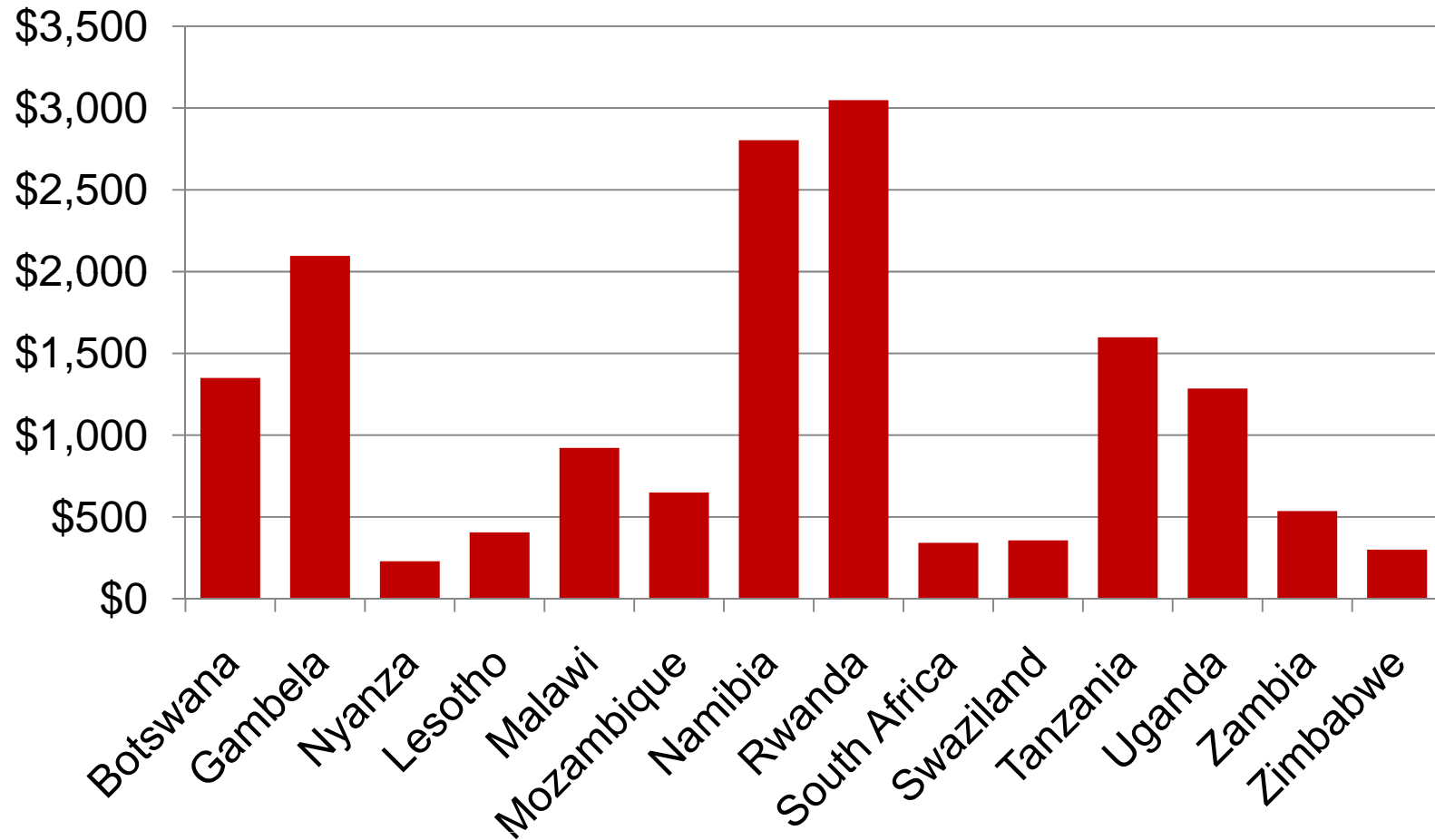
Annual Cost of MC Services: All 14 Countries



Discounted Cost per Infection Averted (2009-2025)



Discounted Cost per Infection Averted



Discounted life time costs of treatment = \$7400

Conclusions

- Potential impact is large
- MC programs will be cost effective
- Program requirements depend on pace of scale-up
- Are funders and health systems prepared to provide up to 12 million male circumcisions per year by 2012?