



Voluntary Medical Male Circumcision in an Evolving HIV Prevention Landscape in East and Southern Africa

Session Title:

What's New: HIV Prevention

When:

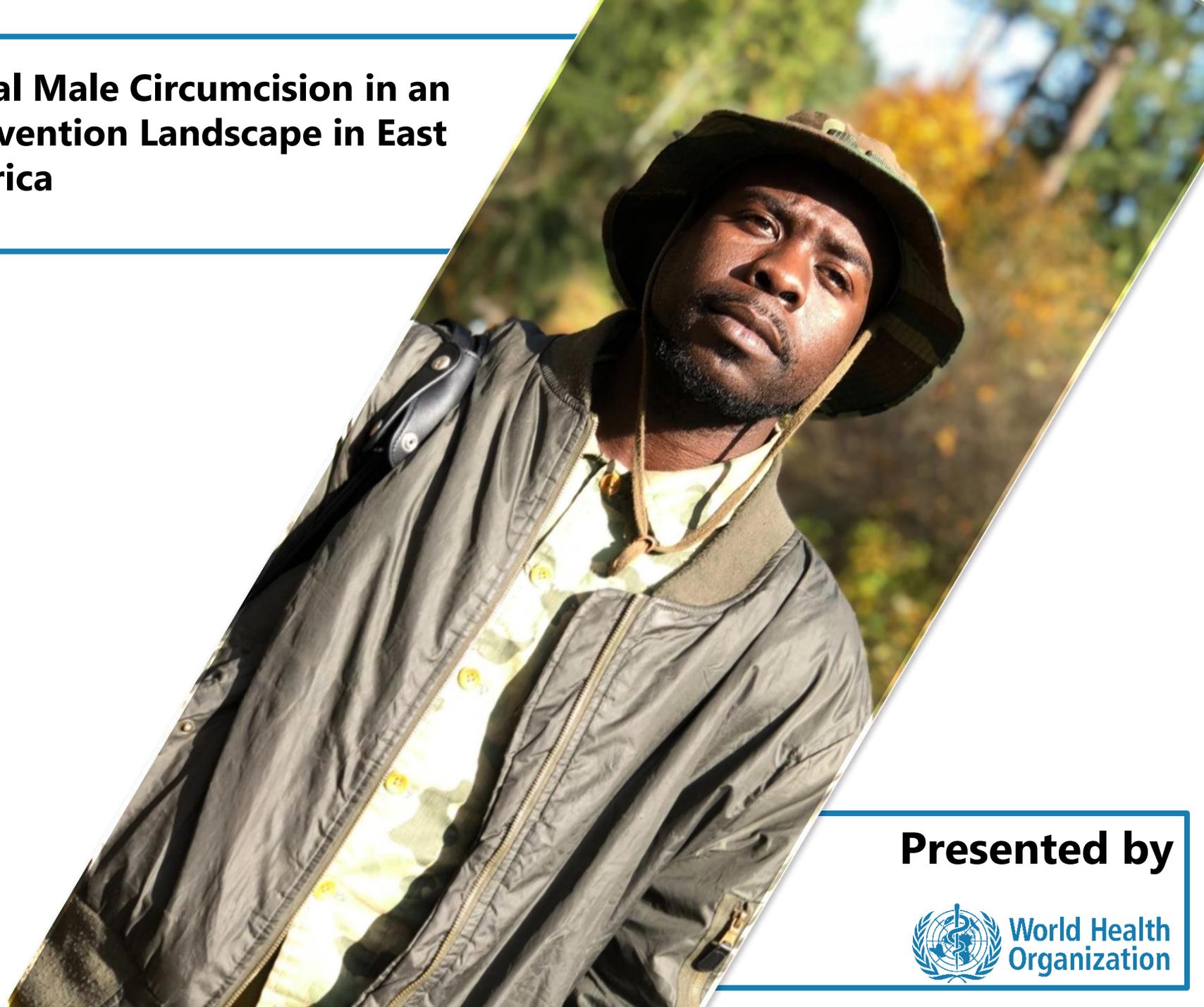
03 Dec 2019, 12:45 - 13:15

Where:

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Presented by



Acknowledgements

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BILL & MELINDA
GATES foundation



Introduction

VMMC and combination prevention

Other Benefits

Gaps and Realizing Benefits of VMMC

Lessons to Inform Action in 2020 and Beyond

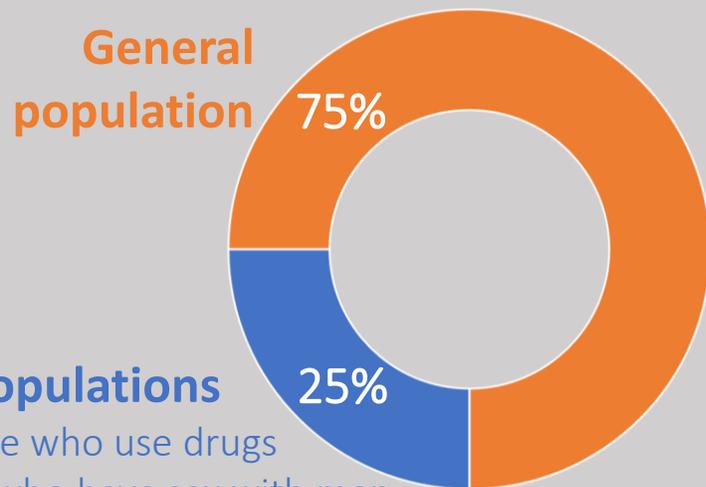
In **2007**, WHO and UNAIDS recommended that *“medical male circumcision be recognized as an additional important intervention for the prevention of heterosexually acquired HIV in men”*.

As we move towards **2020** and **2030**, key questions to ask on VMMC in ESA include:

- **Is VMMC making an impact? Is VMMC still needed** given the current prevention interventions?
- **Who needs to be reached** to accelerate reductions in HIV infections?
- How can men and adolescent boys **benefit from delivering VMMC** and **realize further health benefits**?

CURRENT HIV RESPONSE IN EAST & SOUTHERN AFRICA

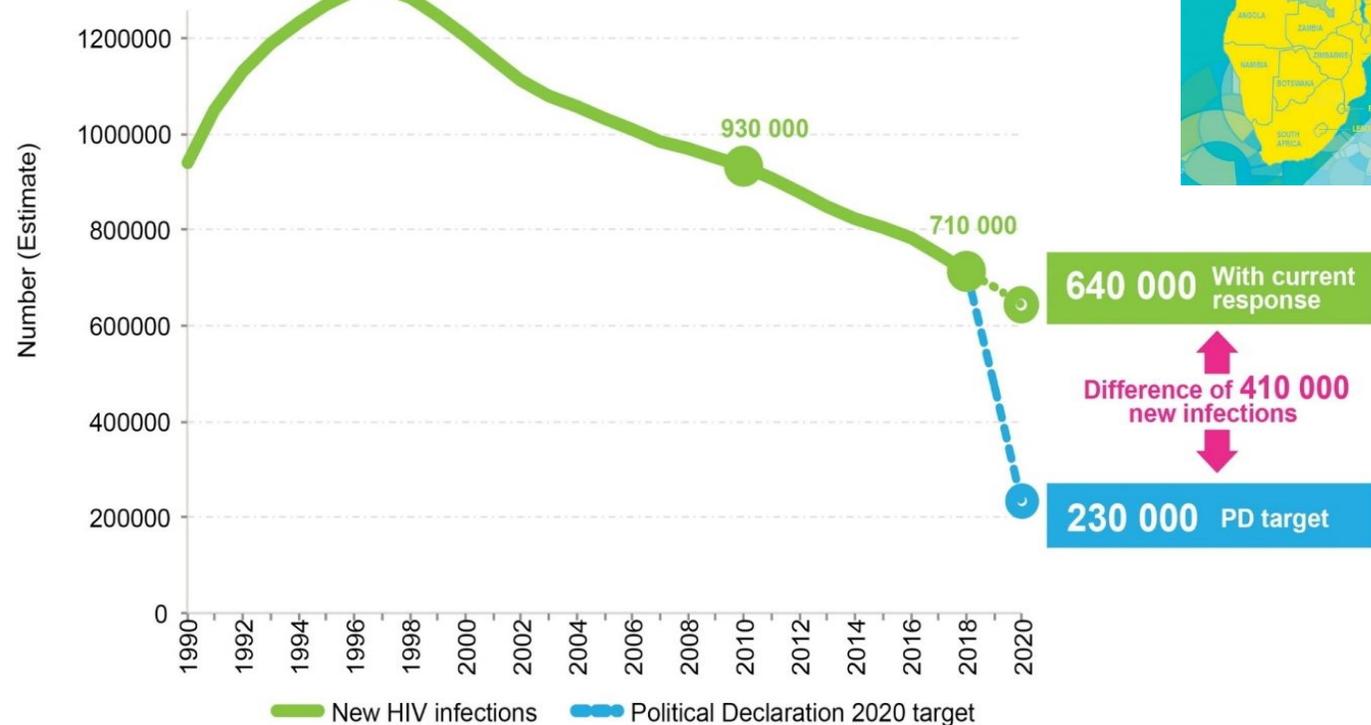
Proportion of new infections by population group



Key populations

- People who use drugs
- Men who have sex with men
- Sex workers
- Clients of sex workers
- Partners of people from key populations

Annual number of HIV infections 1990-2019 and gap to 2020 target



Source: Prepared by RST ESA SI Hub based on UNAIDS Estimates 2019

The current HIV response **will not** let ESA region reach the **Political Declaration Target** for new HIV infections among adults in 2020.

Evolving Landscape to Prevent Heterosexually Acquired HIV (2007 to 2019)

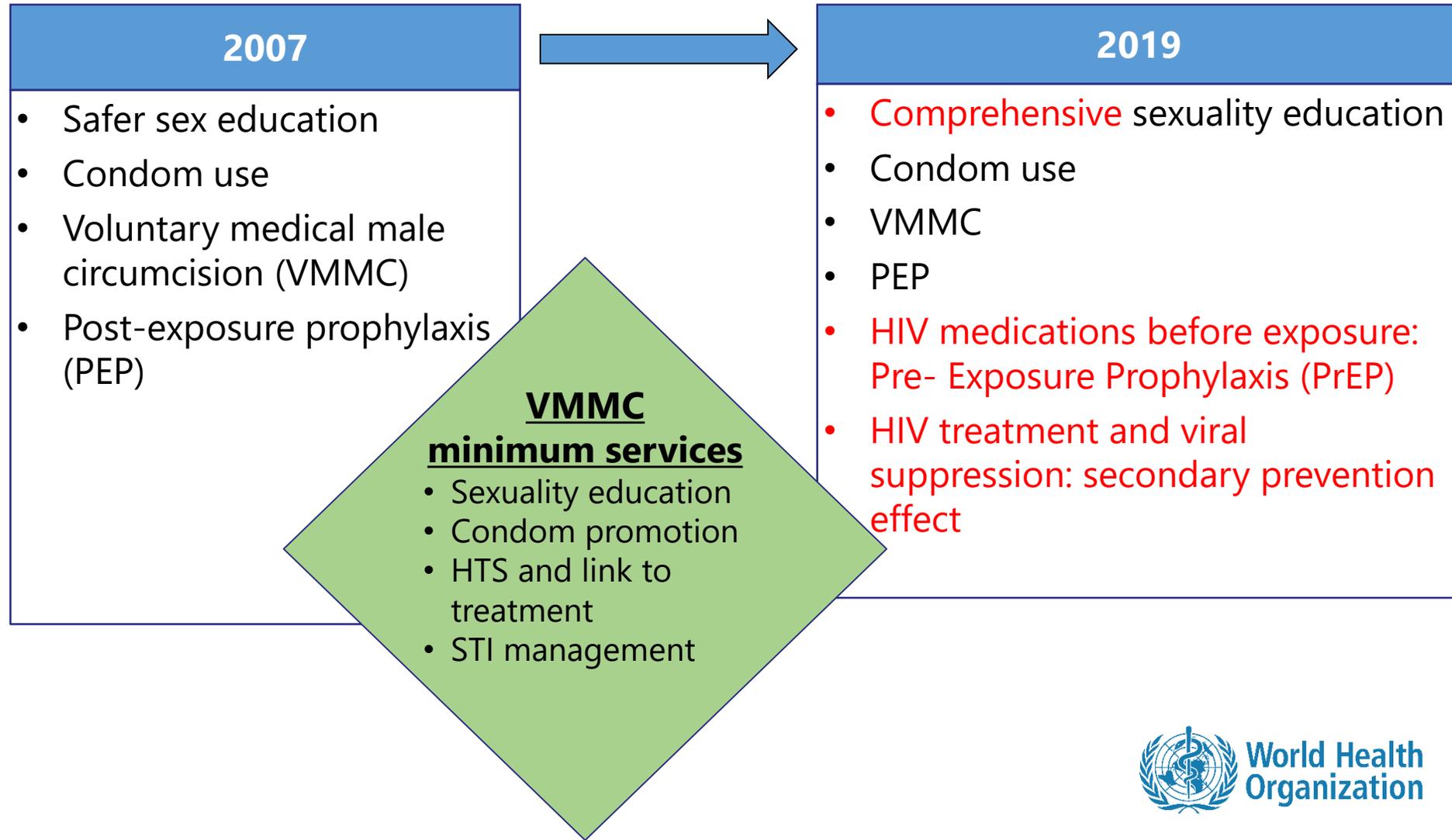
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VMMC and combination prevention

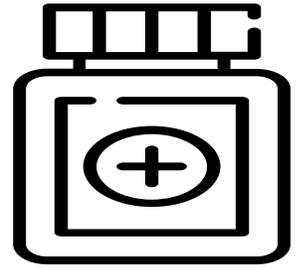
Benefits of VMMC

Gaps and Realizing Benefits of VMMC

Lessons to Inform Action in 2020 and Beyond



Insights from 4 universal test & treat trials



UTT can accelerate HIV epidemic control

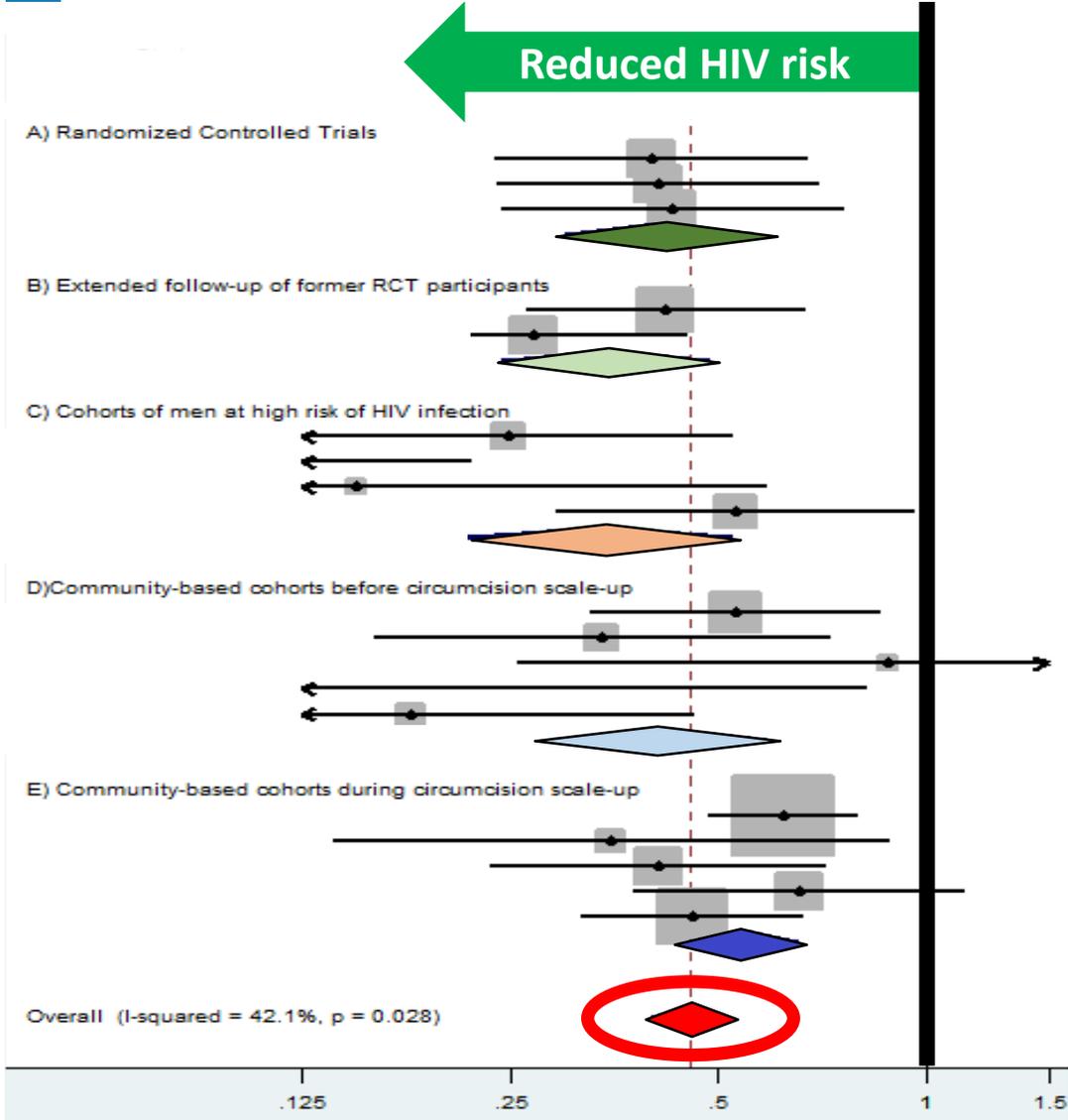
- achieved with intense community based approaches to reach populations in their homes
- 90-90-90 achieved with population-level viral suppression
- HIV incidence decreased between 20 and 32%

UTT alone will not reduce HIV transmission sufficiently

The UTT trials were originally conceived of as **combination prevention trials**

- However, less attention given to other prevention interventions – VMMC, condoms, partner services and services for key population
- PrEP was not promoted or offered, but is now widely available

Updated evidence on impact of voluntary medical male circumcision on female-to-male HIV infection



Consistent over 20 years in diverse settings

3 RCTs	59% lower risk
2 extended follow-up	65% lower risk
4 higher HIV risk cohorts	66% lower risk
Community-based cohorts:	
5 before VMMC scale up	52% lower risk
5 during combination prevention (VMMC, ART scale up)	45% lower risk

Overall 55% lower risk



Source: Farley et al, in publication

Evidence on VMMC's effect on HIV in communities

Rakai Uganda community- based cohort: 1999-2013

Scale up of each intervention (median coverage)

- VMMC 19% to 39%
- ART among women 0% to 26%

IMPACT on HIV incidence in men

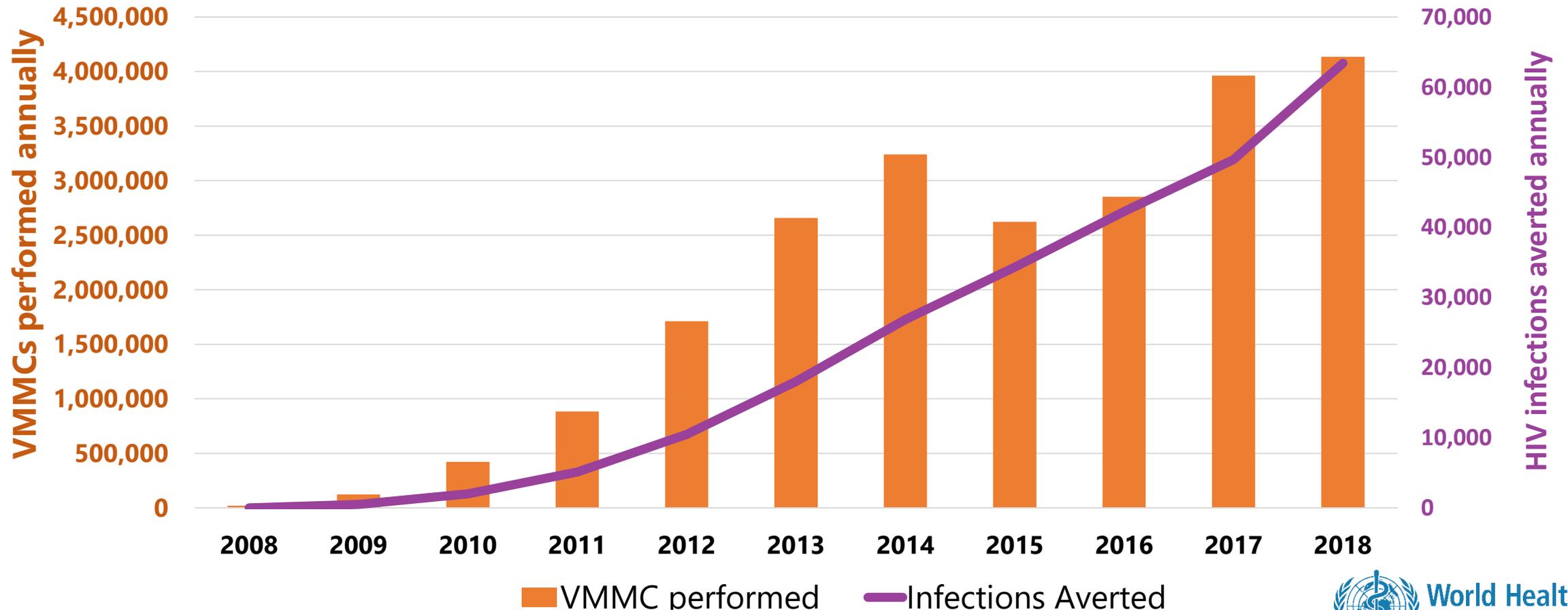
- For each 10% increase in coverage of VMMC: 13 % lower HIV incidence
- For each 10% increase in women's coverage of ART : 5% lower incidence in men

Source: Kong et al

HIV Infections Averted by VMMCs in 15 ESA countries 2008 – 2018

Cumulative total of 23 million
VMMCs conducted

Cumulative total of 250,000 (200,000 – 330,000)
HIV infections averted

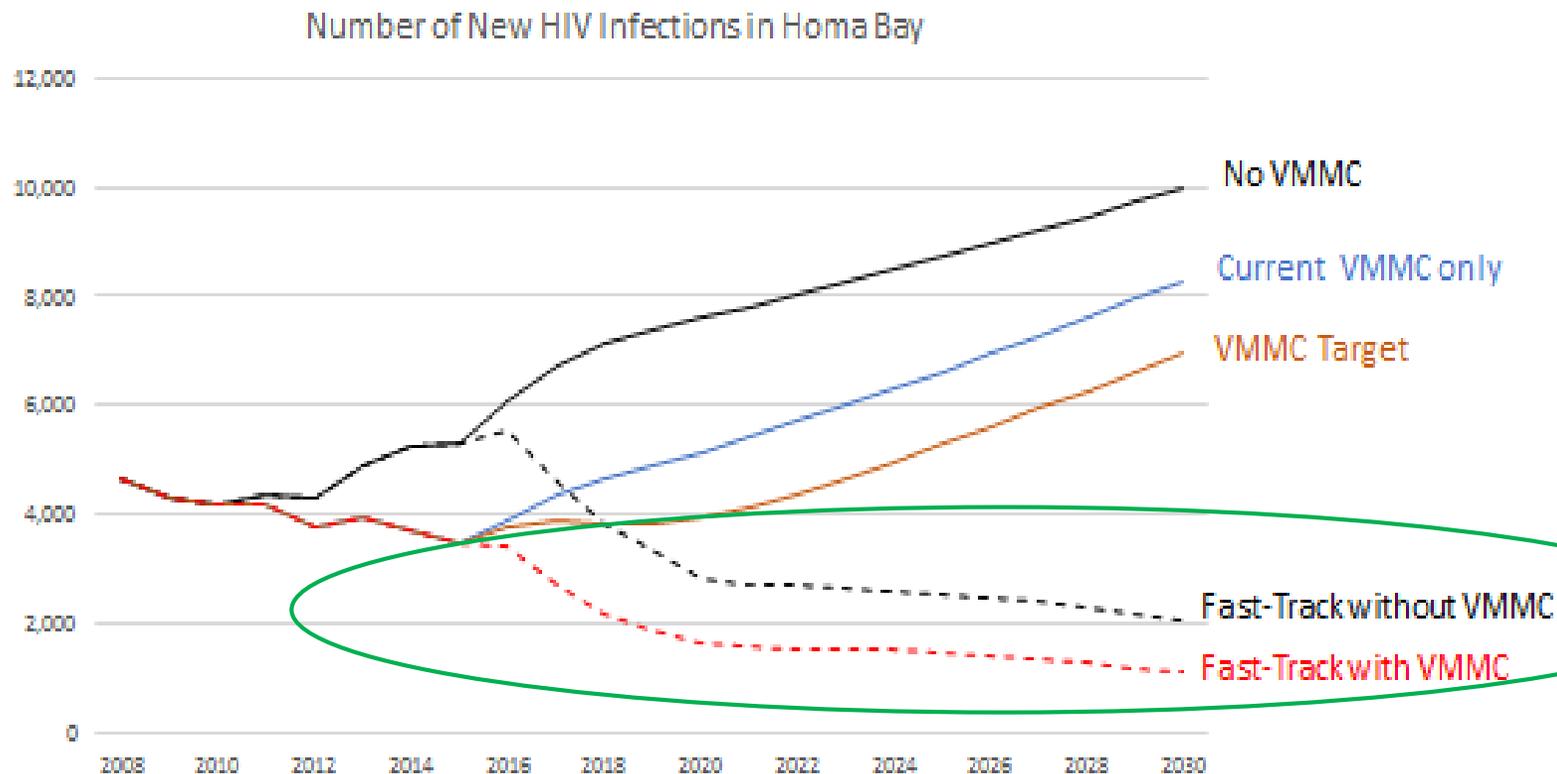


Source: GAM; and modeling analysis by Avenir Health

Impact of VMMC in Communities with both VMMC and ART Coverage Scale Up – Modelled Effect

See related posters
FRPEC219

VMMC is a key component of Fast-Track

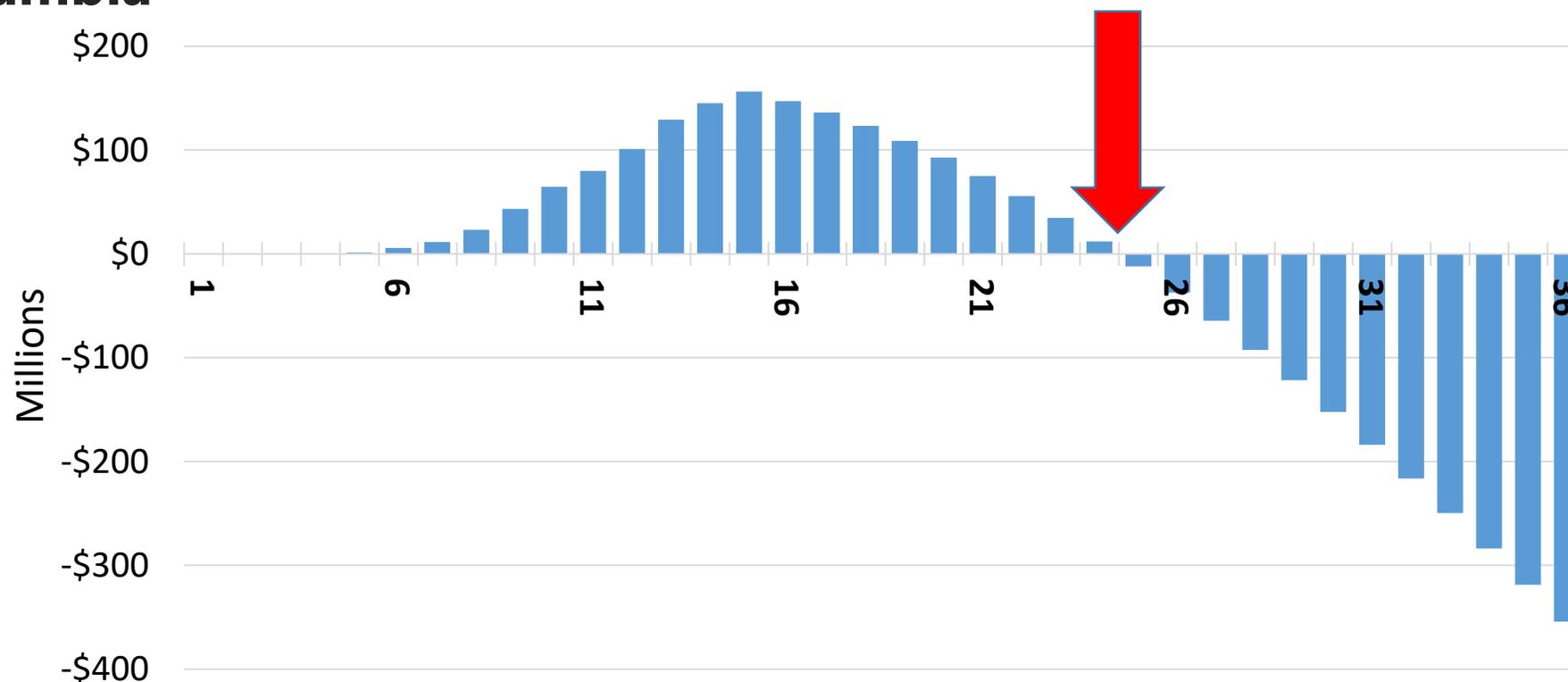


Effect of VMMC is constant in 'real world' community settings where viral suppression may vary due to suboptimal adherence and drug resistance

Source: Odhiamba et al., 2016

FINANCIAL BENEFITS

Cumulative net cost of VMMC and savings due to ART costs averted in Zambia



Assumptions: \$68 per VMMC, \$300 per person-year of ART, current coverage of ART, costs discounted at 3%

Source: Avenir, ICL, IDM, Kenya, 2016

Introduction

VMMC and combination prevention

Benefits of VMMC

Gaps and Realizing Benefits of VMMC

Lessons to Inform Action

BENEFITS TO WOMEN



See related
poster
FRPEC216

- Indirectly: lower risk of HIV infection if less men with HIV 
- Slightly **lower HIV risk** with circumcised HIV infected male partners compared to uncircumcised male partner
 - except higher risk if VMMC recent and wound still healing
- Reduced risk of STIs: trichomonas, bacterial vaginosis, high risk HPV types
 - Reduced subsequent HPV-causing cervical cancer cases and associated mortality

Introduction

VMMC and combination prevention

Benefits of VMMC

Despite tremendous achievements in MC and HIV Prevention since 2007, there is still more to be done.

- Reach **HIV-negative adult men**, those **at higher risk of HIV and STI infection** and **mature adolescents**
- **Reorient and expand services for Sexual Reproductive Health** and towards **universal health coverage**.

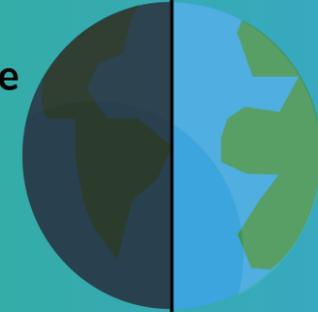
Gaps and Realizing Benefits of VMMC

Lessons to Inform Action



At least half of the world's people do not have access to essential health services.

UHC2030

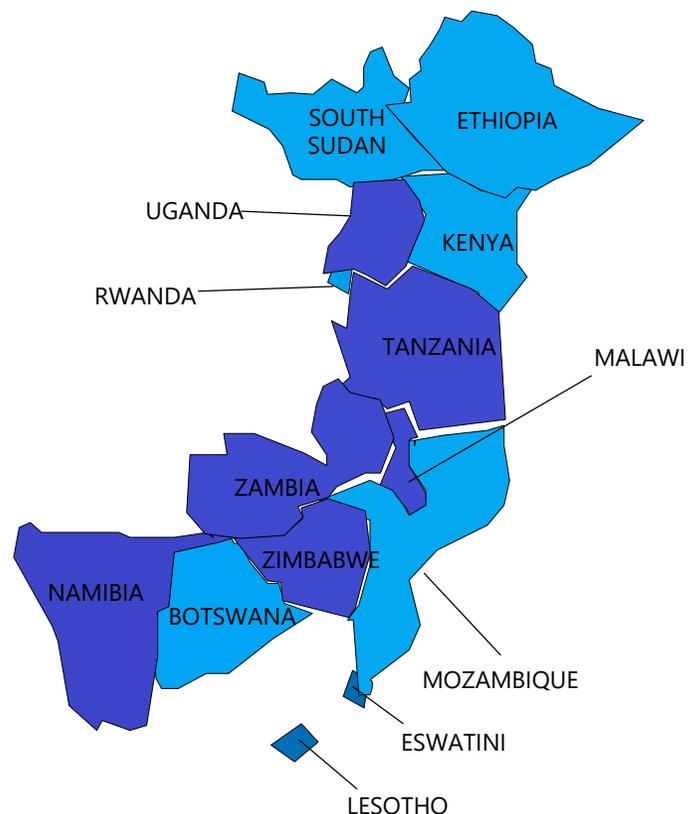


Universal health coverage ensures that no one is left behind.

SERVICE DELIVERY + FINANCING + GOVERNANCE → UHC

Who is at High Risk for HIV? Opportunities to Improve VMMC Program Targeting

See related
posters
FRPEC199 &
FRPEC201



● 8 VMMC implementing countries
with PHIA data

Using PEPFAR population-based HIV Impact Assessment (PHIA) data to maximize HIV prevention impact through age targeting

Key Findings

HIV incidence in men becomes substantial after age 30 in most countries.

Male circumcision coverage remains low in these men.

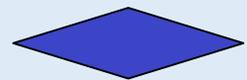
Among men 15-34 years, medical MC was associated with significantly lower incidence as expected

↓
Stop by the posters

Men in Higher HIV Risk Groups



66% reduction in HIV risk: STI clients, trucking employees, serodiscordant couples



Community-based cohort study ('real life settings') – 4 Lake Victoria fishing communities

Background HIV prevalence	HIV incidence among uncircumcised men	HIV incidence among circumcised men	Adjusted incidence rate ratio (95%CI)	Reduction in HIV risk
40%	3.58 per 100 py	1.46 per 100 py	0.46 (0.32-0.67)	54%

Source: Kagaayi et al. *Lancet HIV*. 2019

Number of VMMCs needed to avert one HIV infection

1 sexual partners: 80 VMMCs → 1 HIV infection averted
 2 or more sexual partners : 1 – 14 VMMCs → 1 HIV infection averted

Source: Awad et al

Enhancing men's uptake of VMMC

See related
posters
FRPEC202 &
FRPEC200

Interventions with evidence: comparative studies and case studies

Awareness, knowledge, self-efficacy

- **Interpersonal communications/mentoring**
- **Community engagement**
- Community communication strategies
- Engaging community leaders: traditional, political and religious leaders to promote VMMC, including around transforming gender norms

Availability and accessibility

- **Mobile clinics and private providers**
- **Economic compensation for opportunity or direct costs**
- MC linked from community-based HIV testing services
 - Using quantitative & qualitative data to identify & target gaps

Acceptability

- **Interpersonal communications/mentoring**
- Using satisfied clients to bring older men to services
- Circumcised adults as role models sharing experiences
- Local engagement

Quality

- **Enhanced SRH education**
- **Training of healthcare workers**
- Comprehensive client-centered package of care
- Enhancing clinic privacy
- Medical training and support for traditional practitioners

share case studies at: www.malecircumcision.org

Reaching Older & High Risk Men: Recruiting VMMC Clients from STI and ANC Clinics in Malawi

See related posters
FRPEC207 &
FRPEC208

Republic of Malawi
Ministry of Health

jhpiego
Saving lives. Improving health.
Transforming futures.

BWAILA MALE WELLNESS CLINIC
MAKING MEN'S HEALTH & WELLNESS A PRIORITY

At Bwaila VMCC center of excellence we have expanded our services to clients seeking Male Circumcision services with an extensive medical examination to rule out other health problems.

We provide the following services:

- Comprehensive Voluntary Medical Male Circumcision (VMMC) Services
- HIV Testing Services
- HIV Management
- TB screening
- STI Management
- Blood pressure screening
- Hypertension screening
- Bleeding disorder screening
- Diabetes screening
- Cholesterol screening
- Prostate screening

OUR CLINIC IS OPEN FROM 8:00 AM TO 17:00 PM. MONDAY TO FRIDAY.

LET US TAKE CARE OF YOUR HEALTH. VISIT US TODAY!!!

PEPFAR through CDC, jhpiego
services to 107,513 adult and adolescent males as of 1st May 2019, of whom 70%

Programme Innovation

VMMC mobilizer embedded at each clinic
Clients escorted to same-day services or booked for later

Key Finding

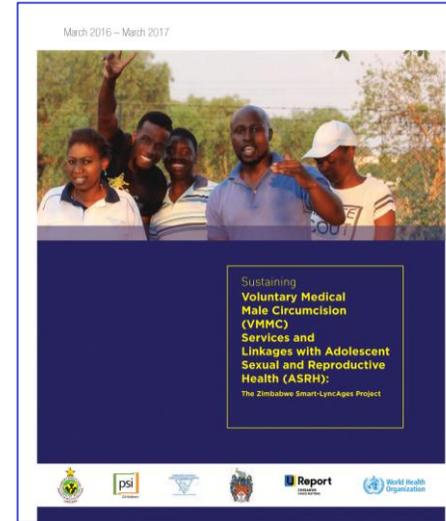
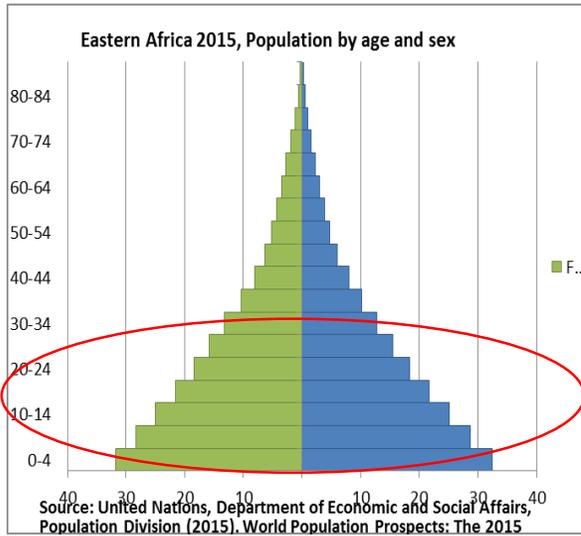
Both clinics successfully recruited clients for VMMC using with less mobilizer time needed than standard community mobilization



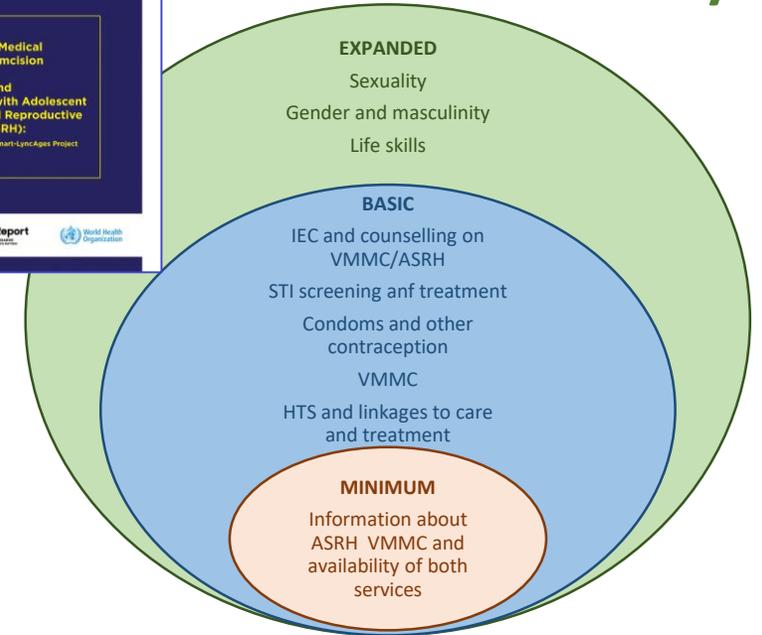
Stop by the poster

Adolescent HIV and sexual reproductive health services needed now and for the future

THE CHALLENGE OF THE YOUTH BULGE



Zimbabwe participatory learning approach to inform services and delivery



Every contact counts to deliver quality interventions that adolescents need, including vaccination and health education

Lessons to prevent HIV and maximize benefits of contact with adolescent boys and men in east and southern Africa

Introduction

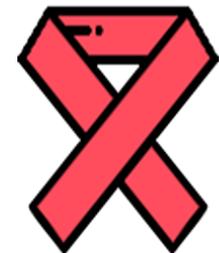
VMMC and Combination prevention

Benefits

Gaps and Realizing Benefits

Lessons to action in 2020 and beyond

- **Promote VMMC as an essential intervention to achieve HIV prevention goals, along with safer sexuality education and ART. Evidence is clear on**
 - Efficacy - Impact - Cost effectiveness/savings
- **Reach men, including those at higher risk, and mature adolescents**
- **Reorient to person-centered service delivery – male- and age-friendly approaches informed by evidence and case studies**
- **Capitalize on VMMC delivery as entry point to other needed information and services - leading towards UHC**
- **Empower individuals, communities, health systems**





THANK YOU

<http://www.who.int/hiv/en/>
<http://www.who.int/hepatitis/en/>
<http://www.malecircumcision.org/>