



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

The Value of Modeling and Costing Studies for Voluntary Male Medical Circumcision

Emmanuel Njeuhmeli, MD, MPH, MBA

Senior Biomedical Prevention Advisor, USAID Washington

Co-Chair PEPFAR Male Circumcision Technical Working group



USAID
FROM THE AMERICAN PEOPLE

HEALTH POLICY
INITIATIVE



Research Questions

- Following recommendations from WHO-UNAIDS on Voluntary Medical Male Circumcision
 - What is the importance of VMMC within the prevention portfolio in each of the priorities countries
 - How much money is needed to scale up VMMC
 - What are the drivers of the unit cost of VMMC
 - What will be the impact of investment of resources
 - Reduction of incidence
 - Cost savings for the country





Activities done so far

- Development of the DMPPT in 2007
- Application of the DMPPT to all 14 countries in Southern and Eastern Africa
 - Results published in PLoS Medicine in November 2011
- Implementation of facility-base costing studies in 9 of the 14 countries
- Modeling exercise to understand challenges and opportunities of the introduction of male circumcision devices
- Technical support to countries for costing implementation plan and generating data for decision-making during the process of development of country strategic document
- Funding gap analysis done in all countries





PEPFAR UNAIDS VMMC PLOS MEDICINE COLLECTION

Published November 29th, 2011

PEPFAR

OPEN ACCESS Freely available online

PLOS MEDICINE

Review

Voluntary Medical Male Circumcision: An Introduction to the Cost, Impact, and Challenges of Accelerated Scaling Up

Catherine Hankins^{1*}, Steven Forsythe², Emmanuel Njehmeli³

1 Joint United Nations Programme on HIV/AIDS, Geneva, Switzerland, **2** Futures Institute, Glastonbury, Connecticut, United States of America, **3** United States Agency for International Development, Washington, District of Columbia, United States of America

OPEN ACCESS Freely available online

PLOS MEDICINE

Voluntary Medical Male Circumcision: Modeling the Impact and Cost of Expanding Male Circumcision for HIV Prevention in Eastern and Southern Africa

Emmanuel Njehmeli^{1*}, Steven Forsythe², Jason Reed³, Marjorie Opuni⁴, Lori Bollinger², Nathan Heard⁵, Delivette Castor¹, John Stover², Timothy Farley⁶, Veena Menon⁷, Catherine Hankins⁸

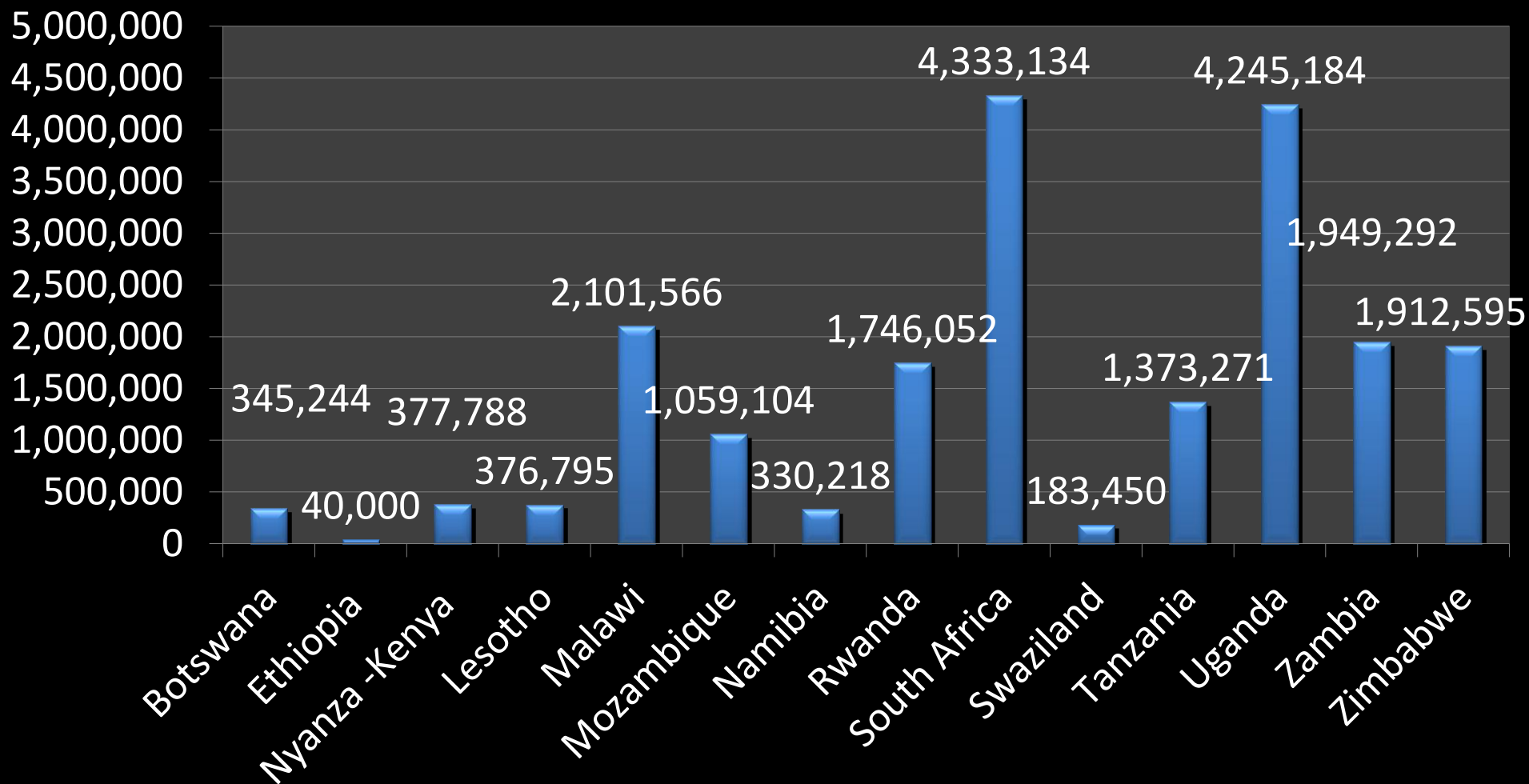
1 United States Agency for International Development, Washington, District of Columbia, United States of America, **2** Futures Institute, Glastonbury, Connecticut, United States of America, **3** Centers for Disease Control and Prevention, Atlanta, Georgia, United States of America, **4** UNAIDS, Geneva, Switzerland, **5** Office of the U.S. Global AIDS Coordinator, United States Department of State, Washington, District of Columbia, United States of America, **6** World Health Organization, Geneva, Switzerland, **7** Futures Group, Washington, District of Columbia, United States of America, **8** Joint United Nations Programme on HIV/AIDS, Geneva, Switzerland





PEPFAR

DMPPT Estimate of Number of Adult 15-49 years VMMC needed per country to reach 80% coverage



USAID
FROM THE AMERICAN PEOPLE

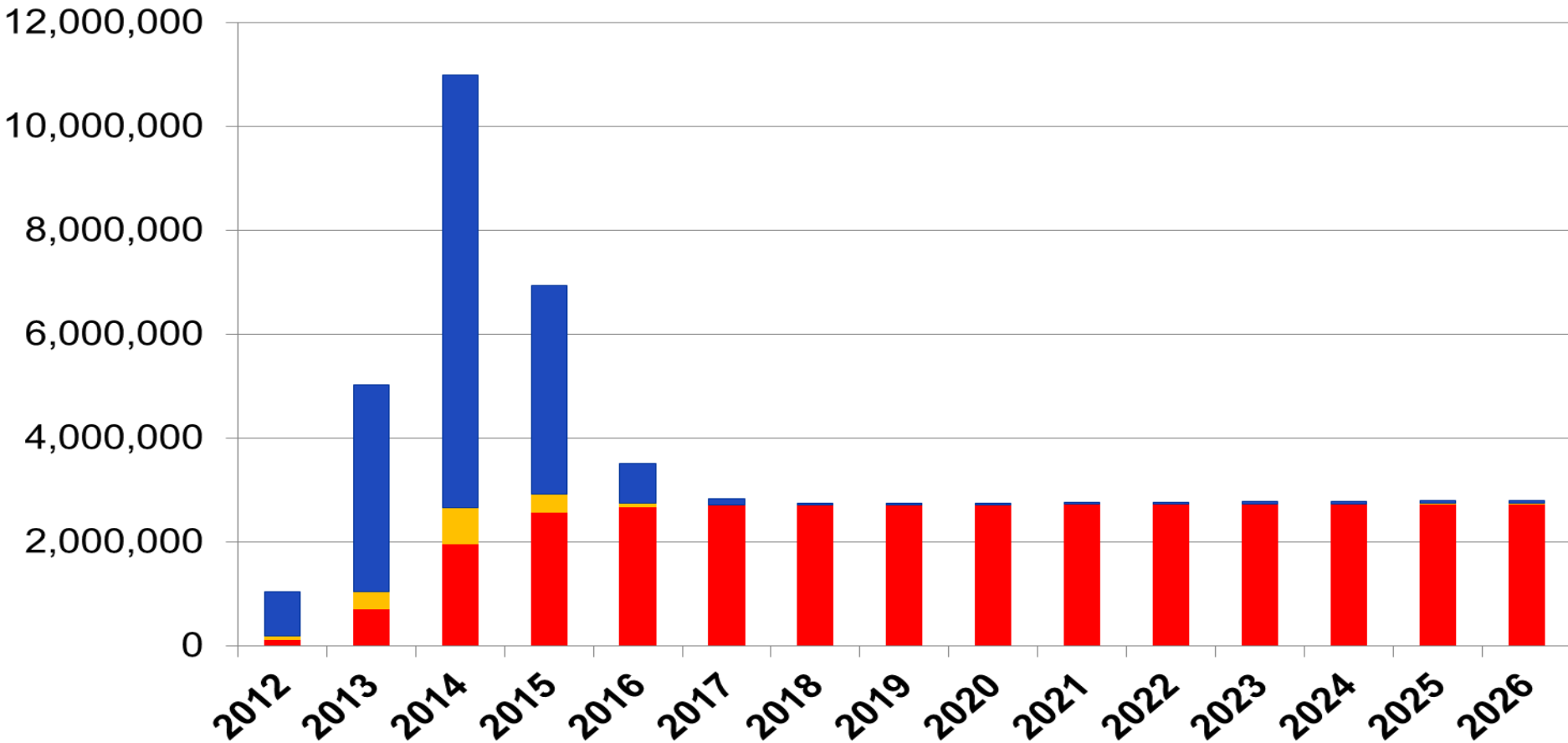




PEPFAR

13 Countries: Infant, Adolescent and Adult MC Required

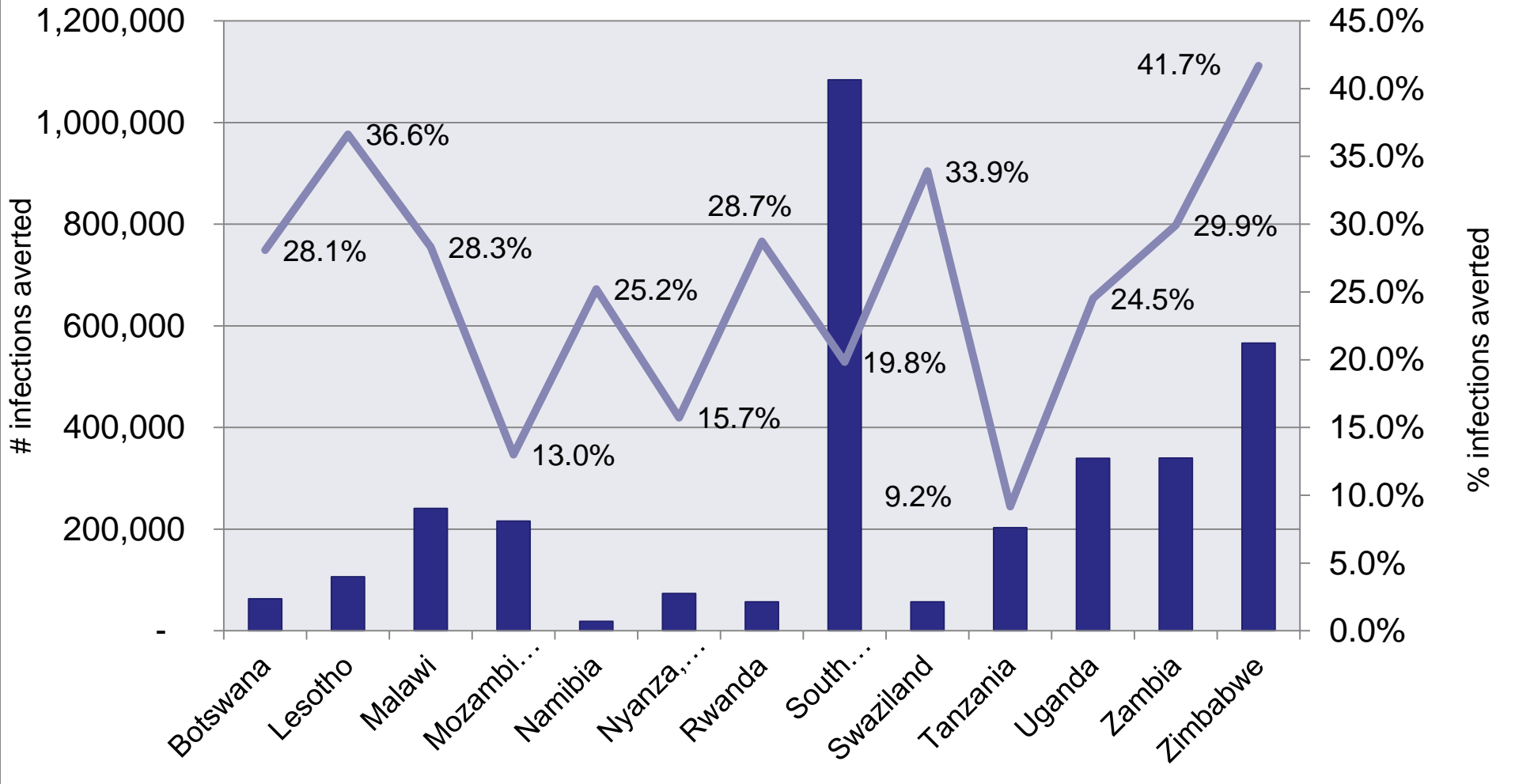
■ Neonates ■ Adolescents ■ Adults





Cumulative Number and Percentage of HIV Infections Averted between 2011 to 2025 by Scaling Up VMMC

PEPFAR

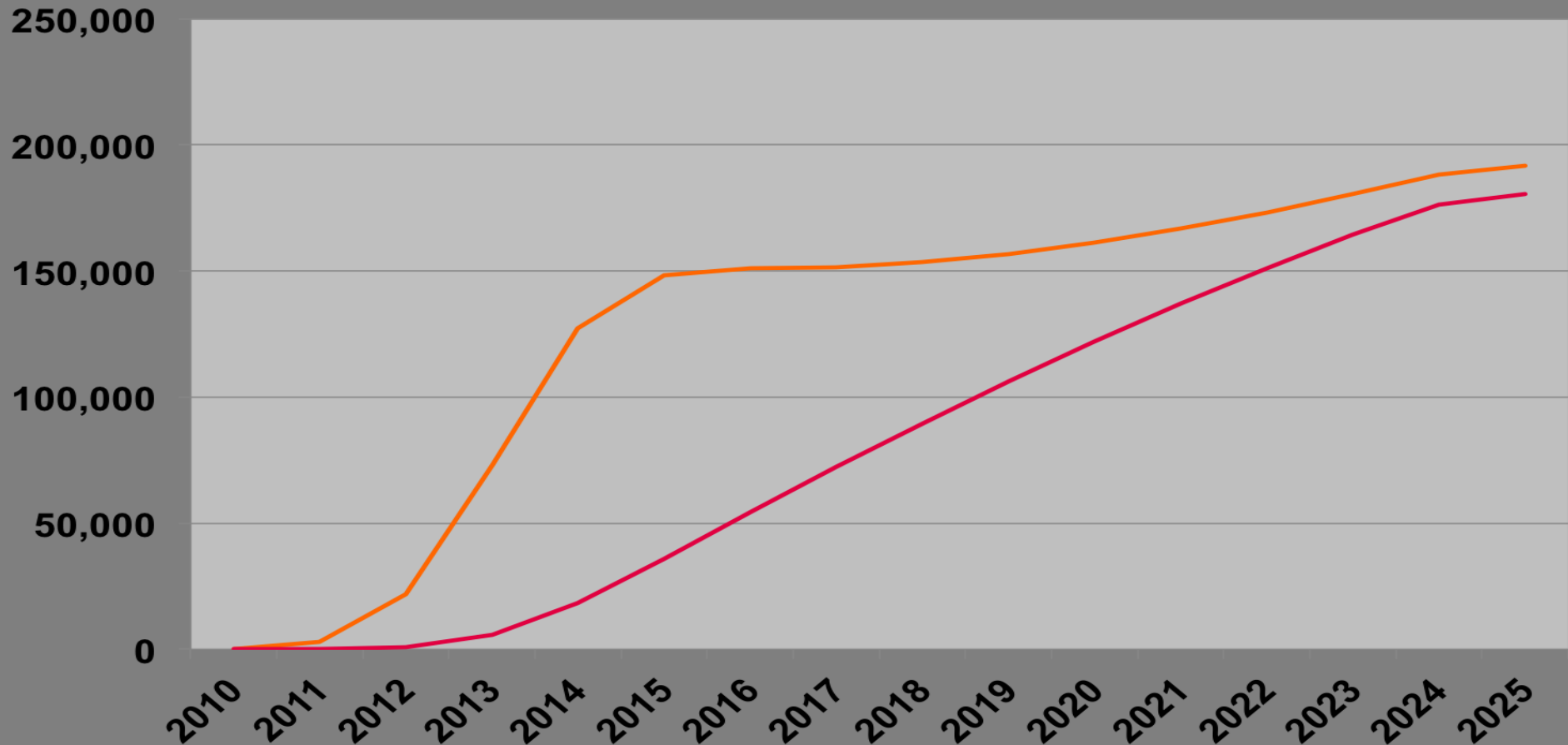




PEPFAR

Total – New HIV Infections Averted

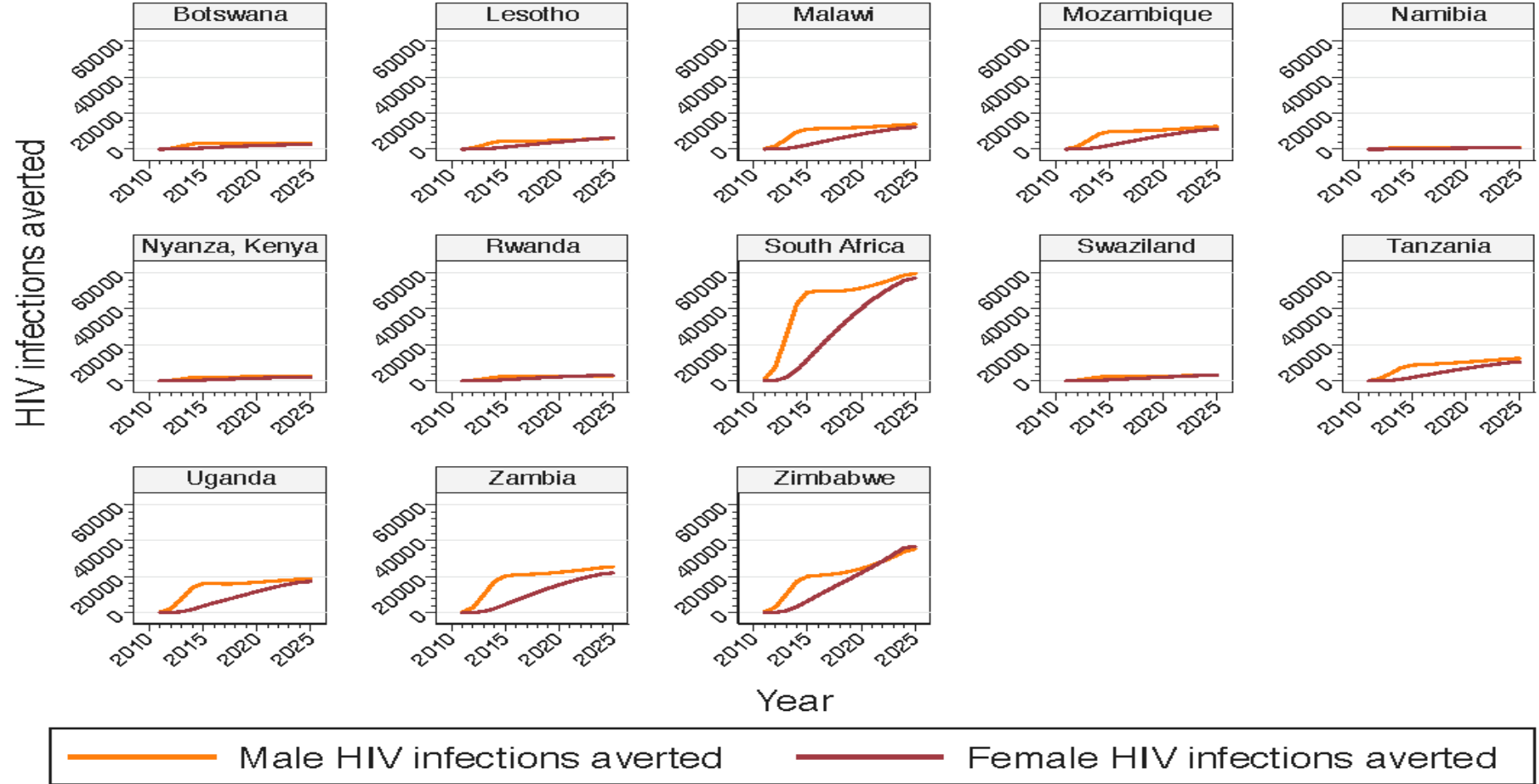
— Male — Female





HIV Infections Averted in Men and Women

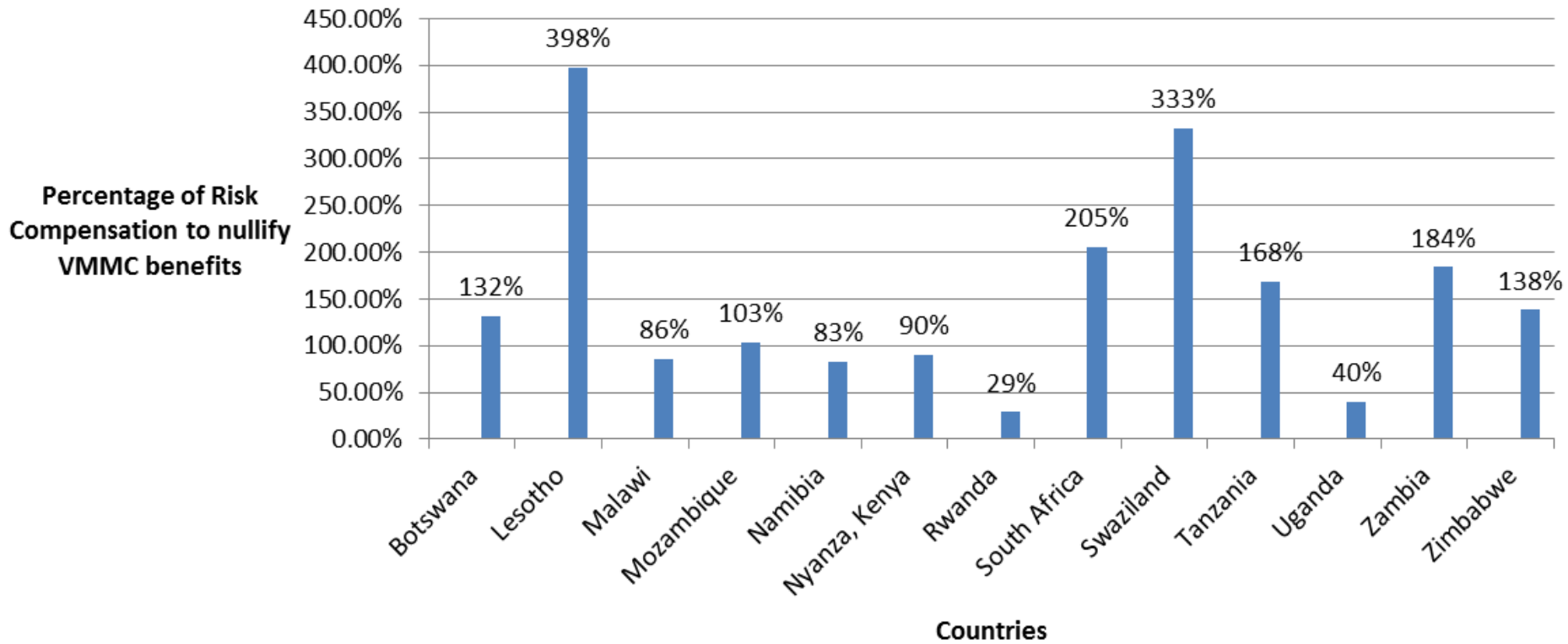
PEPFAR





PEPFAR

Risk Compensation needed to nullify VMMC's benefits in 13 Eastern and Southern African countries



USAID
FROM THE AMERICAN PEOPLE





PrePex implementation costing analysis

- What is the unit cost of VMMC in Zimbabwe?
 - forceps-guided surgery
 - mixed (integrating PrePex into an existing surgical MC program)
- What are the major cost drivers?
- What impact do the following have on unit cost?
 - % site capacity used
 - ratio of surgery vs. device-based circumcisions at mixed site
 - device cost





Male Circumcision Briefs

- 13 country briefs were first drafted in 2009 to highlight the economic and epidemiological impact of rapid scale up of VMMC
- This year, each of the briefs has been updated to include more current data estimates, as well as key messages and recommendations for Ministries and Donors
- Updated briefs are currently undergoing review and final versions will be publically available by November 2012





PEPFAR

Data for decision making

- All countries in southern and eastern Africa have incorporated VMMC as an important HIV prevention intervention within their HIV Prevention Portfolio
- PEPFAR have allocated substantial funding to support country in accelerating VMMC scale up
- Joint strategic framework to accelerate the scale up of VMMC launched at ICASA 2011 by UNAIDS, WHO, PEPFAR, BMGF World Bank
- Call for action during AIDS 2012 conference





PEPFAR

U.S. President's Emergency Plan for AIDS Relief

Thank you!

This research has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development under the terms of the Health Policy Initiative, Costing Task Order.

The USAID | Health Policy Initiative, Costing Task Order (TO6), is funded by the U.S. Agency for International Development under Contract No. GPO-I-00-05-00040-00, beginning July 1, 2010. The Costing Task Order is implemented by Futures Group, in collaboration with the Futures Institute and the Centre for Development and Population Activities (CEDPA).

The information provided in this document is not official U.S. Government information and does not necessarily represent the views or positions of USAID or PEPFAR.



USAID
FROM THE AMERICAN PEOPLE

HEALTH POLICY
INITIATIVE

AIDS 2012—
Turning the Tide Together