

Preventing New HIV Infections in Young Men: Voluntary Medical Male Circumcision (VMMC)

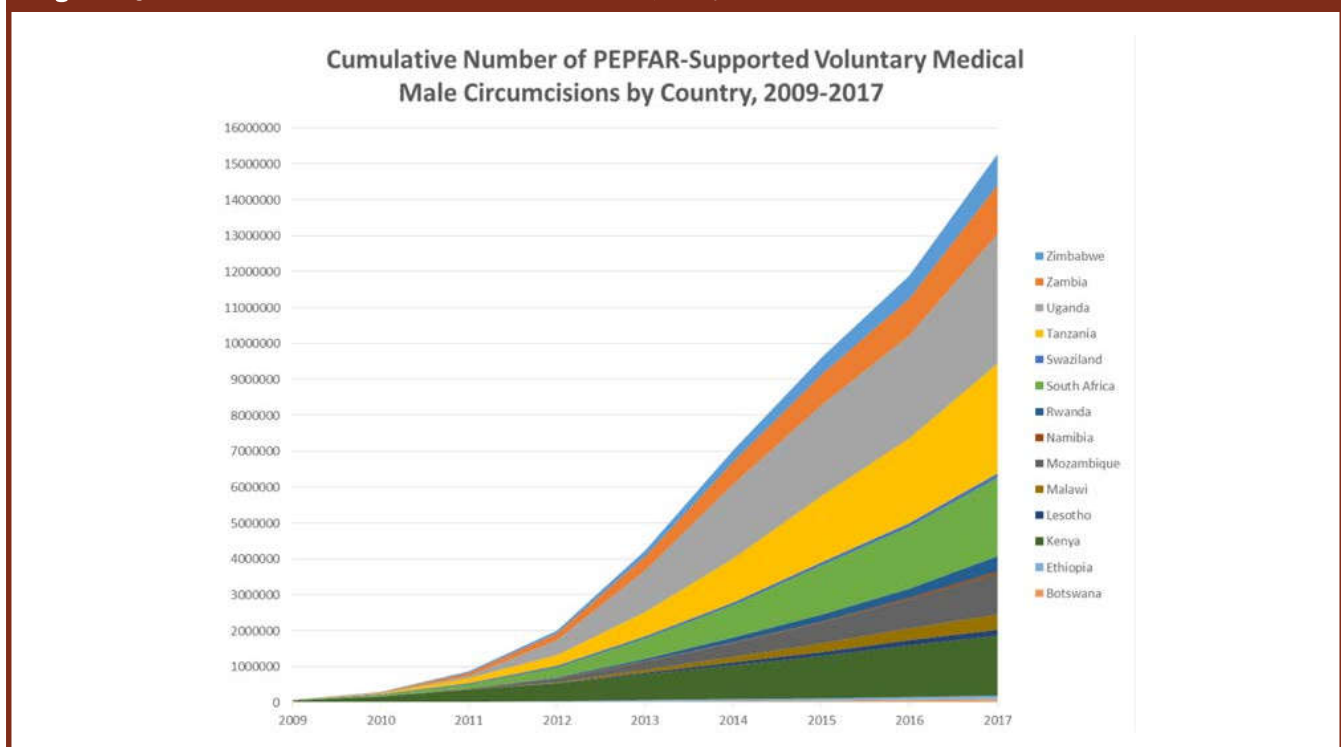
VMMC is a one-time, low-cost intervention shown in randomized controlled trials to reduce men's risk of HIV by approximately 60 percent, with the prevention effect maintained for life. Male circumcision has the potential to prevent millions of new infections, preserve millions of lives, and save billions of dollars in averted HIV treatment costs. Importantly, the procedure brings men, some for the first time since childhood, into health services.

PEPFAR is targeting men ages 15–29 for VMMC to maximize the preventive benefits, with the expanded inclusion of boys ages 10–14 as saturation is reached in the older age groups. Maximum benefit is seen when the

circumcision is done before sexual debut, and the most immediate benefits are obtained by focusing on the 15–29 age group. Further, by prioritizing high-HIV-transmission areas among the 14 PEPFAR VMMC priority countries with low background circumcision rates, PEPFAR partners are maximizing efficient and timely implementation to reduce HIV incidence.

As of the end of FY 2017, cumulatively, PEPFAR had supported more than 15.2 million VMMC procedures in eastern and southern African countries, thereby exceeding our ambitious goal, set forward at the 2015 United Nations General Assembly Sustainable Development Summit of 13 million PEPFAR-funded VMMCs, by more than 2 million. PEPFAR supported 3.38 million VMMC procedures in FY 2017 alone, 46 percent in the 15–29 age group (Figure 23). Early modeling suggests that achieving 80 percent coverage of VMMC among males 15–49 years old in the 14 priority countries would prevent

Figure 23: PEPFAR Cumulative VMMC Results, FY 2009–2017





CREDIT: Sympathy Mpofo, CHAPS Swaziland

A group of young boys pose for a photo prior to receiving circumcision at a health clinic in Swaziland.

millions of HIV infections and save billions of dollars. PEPFAR continues to prioritize this one-time intervention by increasing central funding to this intervention in 2018.

Scaling up VMMC to achieve a coverage of at least 80 percent in men ages 15–29 is a key PEPFAR focus and requires continued efforts to improve target setting, demand creation (where appropriate), and efficiency, all of which rely on better site-level data (Figure 24). PEPFAR is implementing innovative solutions to address barriers to VMMC uptake, including through increased staffing capacity and training to meet the annual seasonality of the intervention. In the past year, a PEPFAR-funded tool was shown to effectively optimize site utilization in Mozambique, matching demand for VMMC with staff capacity. Paired with Geographic Information System mapping, this tool led to marked increases in VMMC in

the provinces where it was used (Figure 25).

Following the success in select provinces in Mozambique, these methodologies are being shared throughout VMMC programs. In Zimbabwe, aggressive expansion of outreach-based VMMC services, and a hybrid service model where roving full-time VMMC specialists fill short-term personnel gaps and provide capacity-building mentorship at government VMMC sites, resulted in dramatic growth for the PEPFAR VMMC program, culminating in 159,243 circumcisions performed in FY 2016 and an anticipated substantial increase to 227,299 in FY 2017.

Enhanced partner management that included weekly target setting and reporting of results also contributed to the program's enhanced performance. In the summer of 2017, South Africa launched a highly successful acceleration plan to

Figure 24: Number of Circumcisions by Priority Age Band and Priority Country, FY 2017

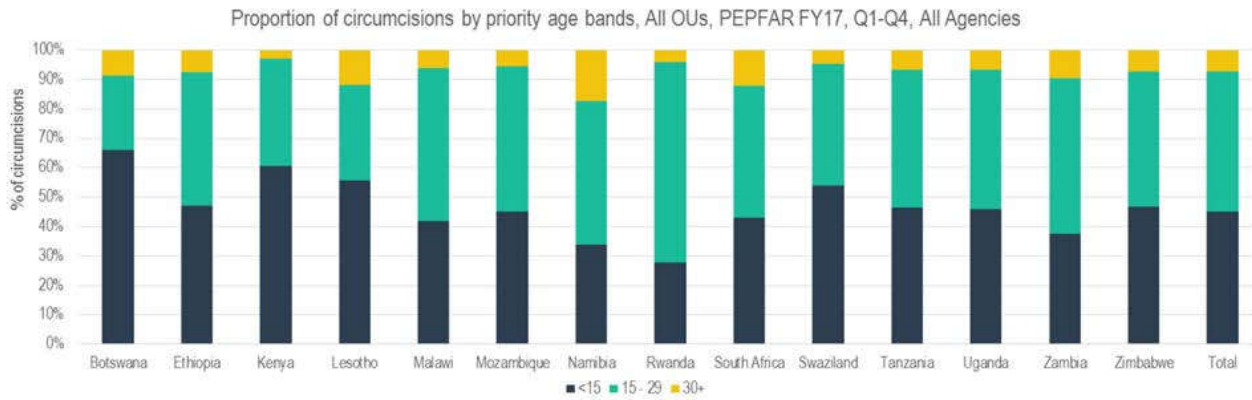
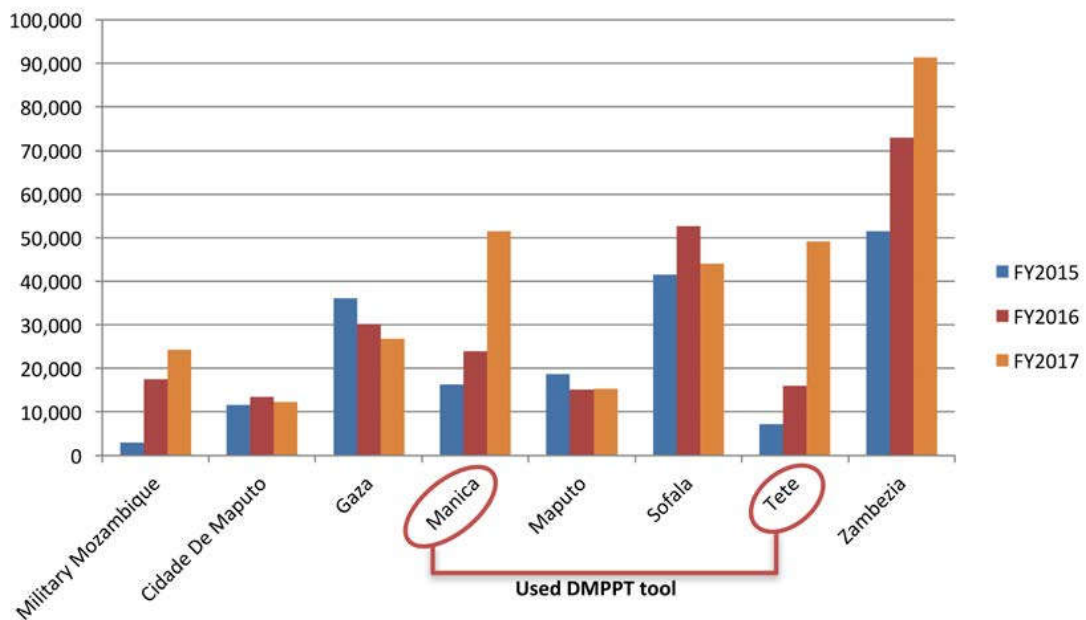


Figure 25: Change in VMMC Numbers in Manica and Tete Provinces in Mozambique Using the DMPPT Tool, Compared with Provinces That Had Not Yet Used the Tool



rapidly improve VMMC through increased partner management, weekly reporting and monitoring, increased engagement with traditional and community influencers, expanded service delivery, and refined age band targeting. Even in the short term, this campaign resulted in a marked increase in program performance.

Prioritizing Prevention of New HIV Infections in Women, Adolescent Girls, and Children

According to the recent PHIA results, several countries are approaching epidemic control among older adults – Lesotho, Malawi, Swaziland, Zambia, and Zimbabwe. Despite these substantial gains, the PHIA also reveal key gaps for young women and men under age 35 who are significantly less likely to be tested, on treatment, and/or virally suppressed.

Girls remain up to 14 times more likely to be infected with HIV than boys the same age due to the unique and often inequitable circumstances affecting their daily lives.⁷ This is compounded by the rising population of adolescents in sub-Saharan Africa due to the youth bulge and the persistent cycle of HIV transmission between AGYW and young adult men. Now, more than ever, it is evident that there is still much work to do for this population.

The data show that girls and young women account for around three quarters of new HIV infections among adolescents in sub-Saharan Africa.⁸ To control the epidemic in this highly vulnerable population, PEPFAR has partnered with the Gates Foundation, Girl

Effect, Johnson & Johnson, Gilead Sciences, and ViiV Healthcare on the DREAMS PPP. DREAMS is a comprehensive prevention program addressing the multidimensional circumstances that place young women at increased risk of contracting HIV. DREAMS was launched on World AIDS Day in 2014 and followed by the DREAMS Innovation Challenge in 2016.

The goal of DREAMS is to reduce new HIV infections in AGYW by providing a holistic and layered approach to HIV prevention. DREAMS originally operated in 10 countries that represent more than half of all infections occurring among AGYW globally: Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.⁹

PEPFAR was pleased to announce exciting new DREAMS results on World AIDS Day 2017. In the 10 African countries (63 districts) implementing DREAMS, the majority (41, or 65 percent) of the highest HIV-burden districts achieved a decline in new diagnoses among AGYW ages 15–24 of more than 25 percent since 2015; 14 of those districts had a decline of greater than 40 percent. Importantly, new diagnoses declined in nearly all DREAMS intervention districts.

Given the impact DREAMS has had on reducing new infections, PEPFAR continues to invest in comprehensive and layered prevention in AGYW through DREAMS incorporation into the PEPFAR COP processes in 2017, thereby institutionalizing the DREAMS core package of interventions as standard PEPFAR programming. In 2017, five additional countries – Botswana, Cote d'Ivoire, Haiti, Namibia, and Rwanda – received funds to implement DREAMS packages with an emphasis on programming focused on preventing sexual violence and HIV through avoiding sexual risk among 9- to 14-year-olds.

⁷ ICAP. (2016). Zambia Population-Based HIV Impact Assessment ZAMPHIA 2015–2016. Columbia University, Health MSOP.

⁸ UNAIDS. (2015). Empower Young Women And Adolescent Girls: Fast-Tracking The End Of The AIDS Epidemic In Africa. Retrieved from http://www.unaids.org/sites/default/files/media_asset/JC2746_en.pdf

⁹ UNAIDS. (2014). The Gap Report: Adolescent Girls and Young Women. Retrieved from http://www.unaids.org/sites/default/files/media_asset/02_Adolescentgirlsandyoungwomen.pdf.