Meeting On Implementation the Framework for Voluntary Medical Male Circumcision (VMMC2021)

"Setting the Scene"

Dr Buhle Ncube - WHO AFRO

Durban, South Africa

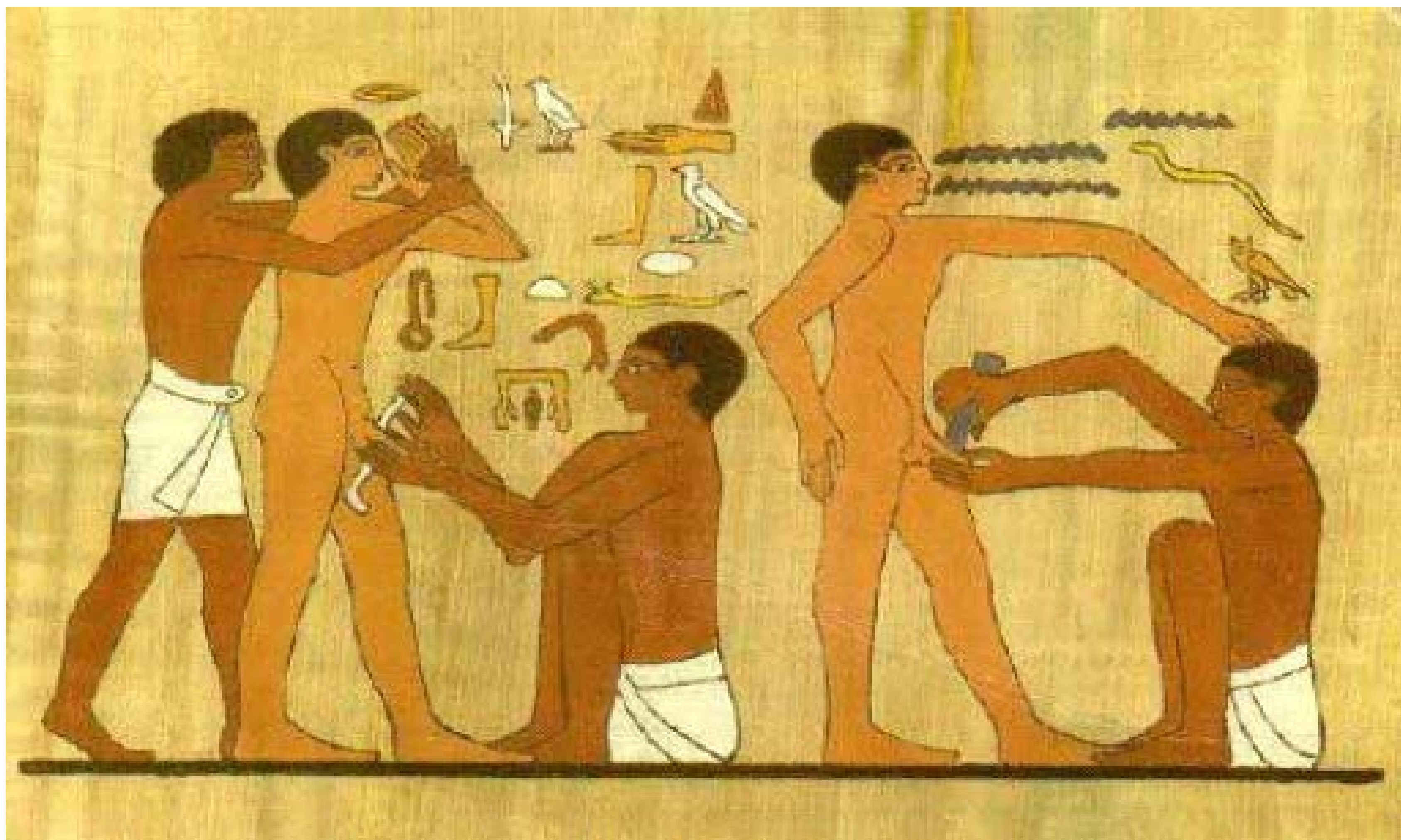
27 February to 1 March 2017

World Health Organization

Presentation Outline

- Background
- Achievements to date – *progress and impact*
- Critical factors in achievements under Joint Strategic Action Framework: 2012-2016
- Challenges
- Conclusion

Background



Key milestones in VMMC for HIV prevention

HIV prevention research:
- Observational data
- Durban IAS2000 -
  global consensus to conduct RCTs

Science

The New York Times on the Web

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July 11, 2000

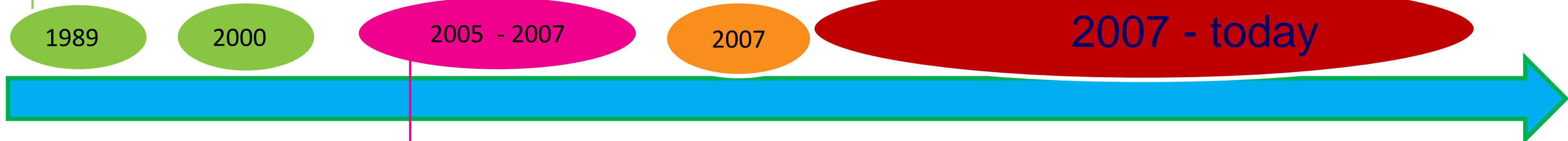
Mystery Factor Is Pondered at AIDS Talk: Circumcision

By LAWRENCE K. ALTMAN

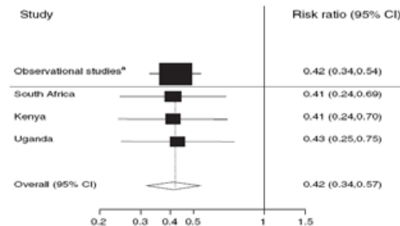
DURBAN, South Africa, July 10 -- Scientists meeting here debated today what to do about a puzzling but potentially important finding about AIDS: that circumcised men are much less likely to become infected than uncircumcised men.

The finding was first made in Africa more than a decade ago and has been noted in more than 40 studies since then. Now many scientists, some of whom are in Durban taking part in the 13th

Implementation in 14 priority countries of East & Southern Africa



Kenya, Uganda, South Africa trials



UNAIDS and WHO Global Recommendations

Achievements to date

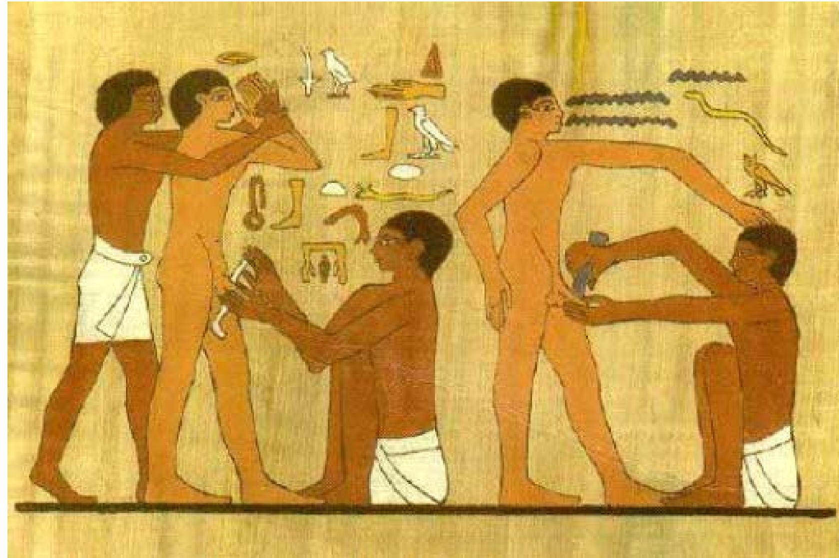


Figure. Annual number of voluntary medical male circumcisions performed for HIV prevention in 14 countries in East and Southern Africa, 2008–2015

Cumulative total:
11 685 591 VMMC through 2015

Annual numbers of male circumcisions

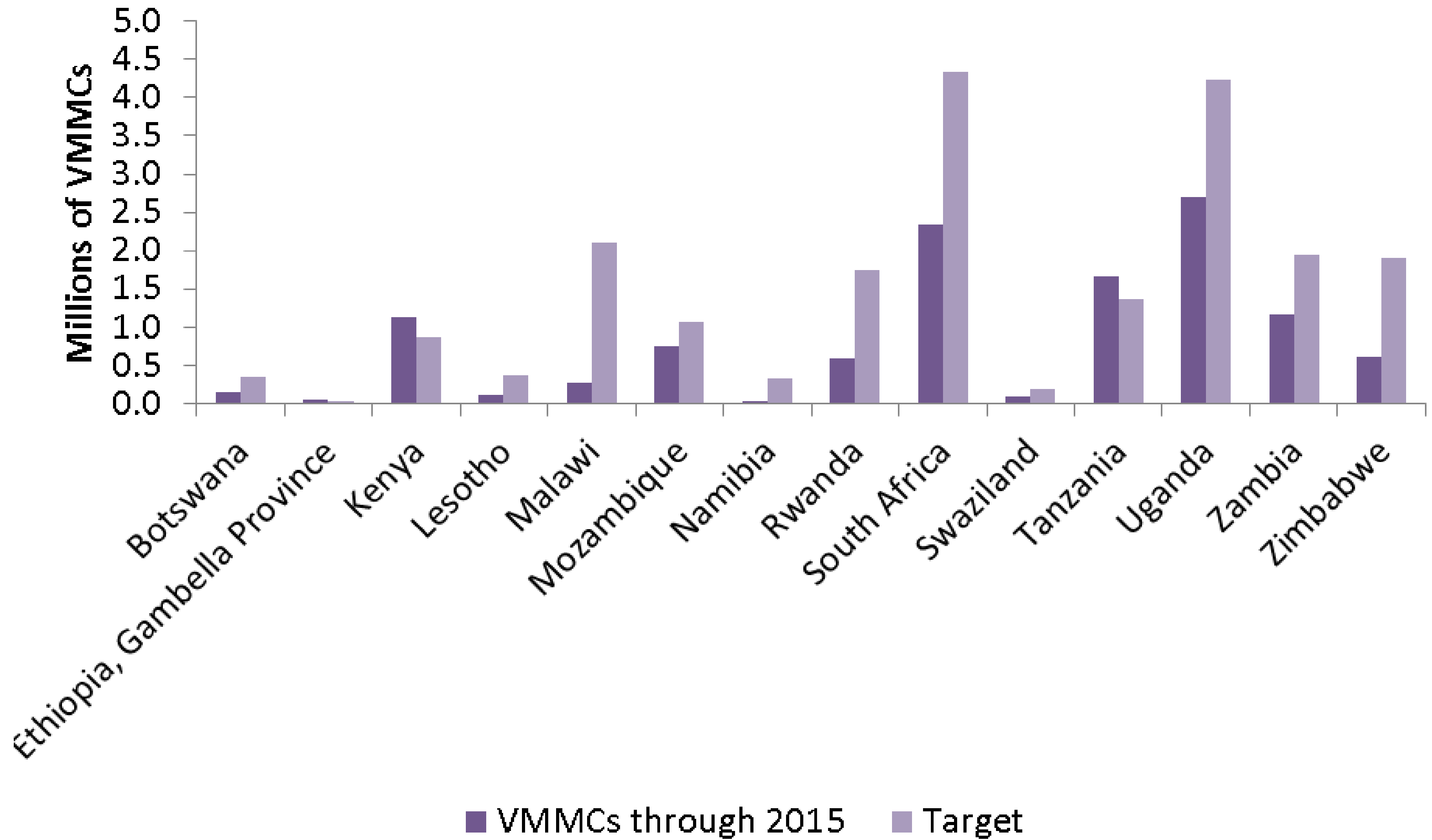
3 500 000
3 000 000
2 500 000
2 000 000
1 500 000
1 000 000
500 000
0

2008
2009
2010
2011
2012
2013
2014
2015

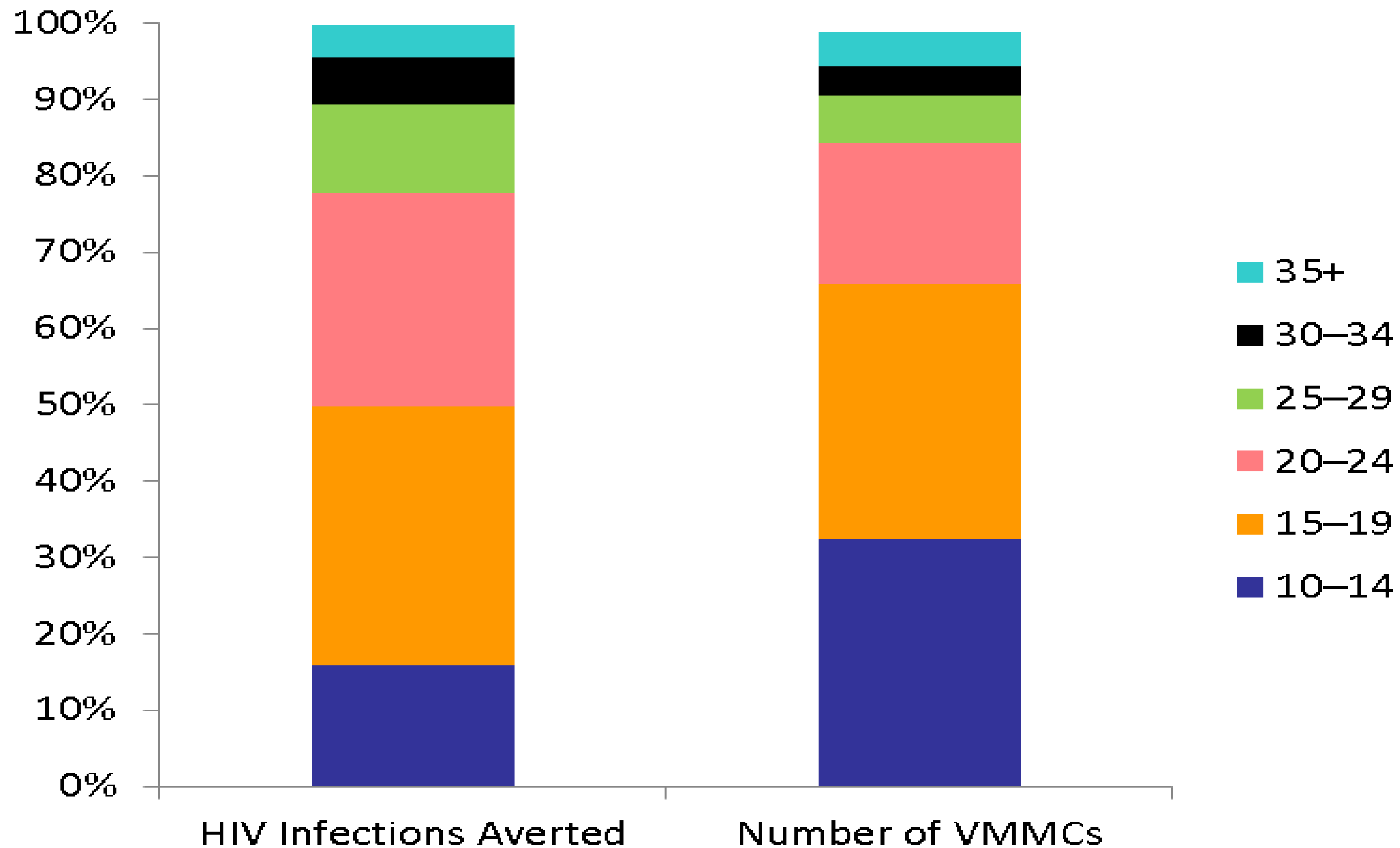
Year

Botswana
Ethiopia
Kenya
Lesotho
Malawi
Mozambique
Namibia
Rwanda
South Africa
Swaziland
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

Number of VMMCs conducted through 2015 in each country, and estimated target number required to reach 80% male circumcision coverage among males ages 15 – 49 years



Proportion of HIV infections averted (2009-2030) attributable to VMMCs performed in each age group, and proportion of VMMCs performed in each age group



Source: DMPPT 2.1 modeling, Project SOAR

Contributions: 10-14 (32%) = 16% ; 15-19 (33%) = 34%; **10-19 (65%) = 50%**
20-24 (18%) = 28% ; **10-24 (83%) = 78%** **** >25 =22%**

Projected number and costs of HIV infections averted by 2030

- First models of VMMC impact were published between 2006 & 2009
- Njeuhmeli *et al*. (2011) estimated from DMPPT model
  - 20.3 million circumcisions in 14 priority countries required to achieve 80% coverage in 15-49 year age group by 2015
  - If 80% coverage maintained till 2025
    - would cost US$ 2bn
    - would avert 3.36 million HIV infections
    - would avert US$ 16.5 billion treatment costs

- Across 13 countries (excl. Ethiopia), MCs conducted **till 2015** projected to avert >**450,000 HIV infections by 2030** *(even if programs stopped circumcising today)*

- Largest impact is from **South Africa (218,000)** HIV infections averted (almost half) across all 13 countries.

Costs per HIV infection averted &Treatment costs averted by programme circumcisions through 2015 by 2030

- Wide range of costs per HIV infection averted
    - 11 of 13 countries, cost per HIV infection <$7,000
    - $1,200 in Swaziland vs $18,200 in Rwanda
    - Median of $3,800
- Across 13 countries (excl. Ethiopia), HIV infections averted translate to $1.7 billion in treatment costs averted
- Not surprisingly, South Africa contributes nearly half of this, with almost $800 million in treatment cost savings

Critical factors in realisation of achievements under Joint Strategic Action Framework: 2012-2016 (JSAF)

Joint Strategic Action Framework to Accelerate Scale-up of VMMC in East and Southern Africa: 2012-2016 (JSAF)

- Under WHO leadership, JSAF was jointly developed with BMGF, USG (PEPFAR), UNAIDS, World Bank
- Provided a framework for scaling up VMMC under MoH leadership under 7 pillars
- Goal: By 2016 countries with generalized HIV epidemics and low prevalence of male circumcision have:

  i) VMMC prevalence of at least 80% among 15–49 year old males

  ii) Established a sustainable national programme that provides VMMC services to all infants up two months old and at least 80 percent of male adolescents

Critical factors

- Joint development of JSAF
- **Seven strategic pillars of JSAF:**
    - Leadership and advocacy
    - Country implementation
    - Innovations for scale-up
    - Communication
    - Resource mobilization
    - Monitoring and evaluation
    - Coordination and accountability
- Emphasis on collaboration & coordination to achieve 80% coverage in 5 yrs
- Roles of each organization detailed
- JSAF provided framework for provision of technical assistance for countries to have essential programme elements in place under each of the 7 pillars

Key lessons

- **Sustain** leadership, advocacy and **country ownership**
- **Communication** – tailored messaging for different age groups, non-HIV messaging
- **Resource mobilization** – PEPFAR, GF, BMGF, domestic funding
- **Coordinate** and strengthen **partnerships**
- **Balance supply with demand**
- **Maintain quality assurance** as programmes expand
- **Use evidence-based tools and guidance**
- **Do what works**
- **Innovate** to address challenges - adjust strategies and approaches as experience is gained
- **Strengthen M&E** – streamline systems; have robust safety monitoring mechanisms; disaggregated data

Challenges

- **Leadership** & coordination – incl. subnational levels
- **Demand creation** for older men
- **M&E** disaggregated data; safety monitoring
- **Funding** - diversify; domestic funding
- **Human resources**
- **Quality assurance**

Summary and Conclusions

- Over 11 million VMMCs conducted through 2015: 56% coverage
- ~14 million by 2016 – 69% coverage
- **VMMCs conducted through 2015 will avert 452,000 infections by 2030.**
- **If male circumcision is scaled up to 80% coverage among 10 - 29yr olds by 2020 & maintained, an additional 470,000 HIV infections will be averted by 2030.**
- The median estimated cost per HIV infection averted was $3,800.
- Across all countries modeled, 50% of the projected HIV infections averted were attributable to circumcising 10- to 19-year-olds.
- Valuable lessons have been learnt in implementing JSAF - will inform implementation in the next 5 years
- **HIV Prevention must be prioritized & interventions such as VMMC scaled up**

__Unfortunately,__ ***HIV prevention programmes are still under-resourced****

Thank you