



PEPFAR



# Introductory remarks: VMMC progress to date

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# Joint Strategic Action Framework to Accelerate the Scale-Up of Voluntary Medical Male Circumcision for HIV Prevention in Eastern and Southern Africa

2012–2016



## Joint Strategic Action Framework:

“Specifically, the framework seeks to achieve the following goal: *By 2016 countries with generalized HIV epidemics and low prevalence of MC have:*

- a) VMMC prevalence of at least 80% among 15–49 year old males, and*
- b) Established a sustainable national programme that provides VMMC services to all infants up to 2 months old and at least 80% of male adolescents”*

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

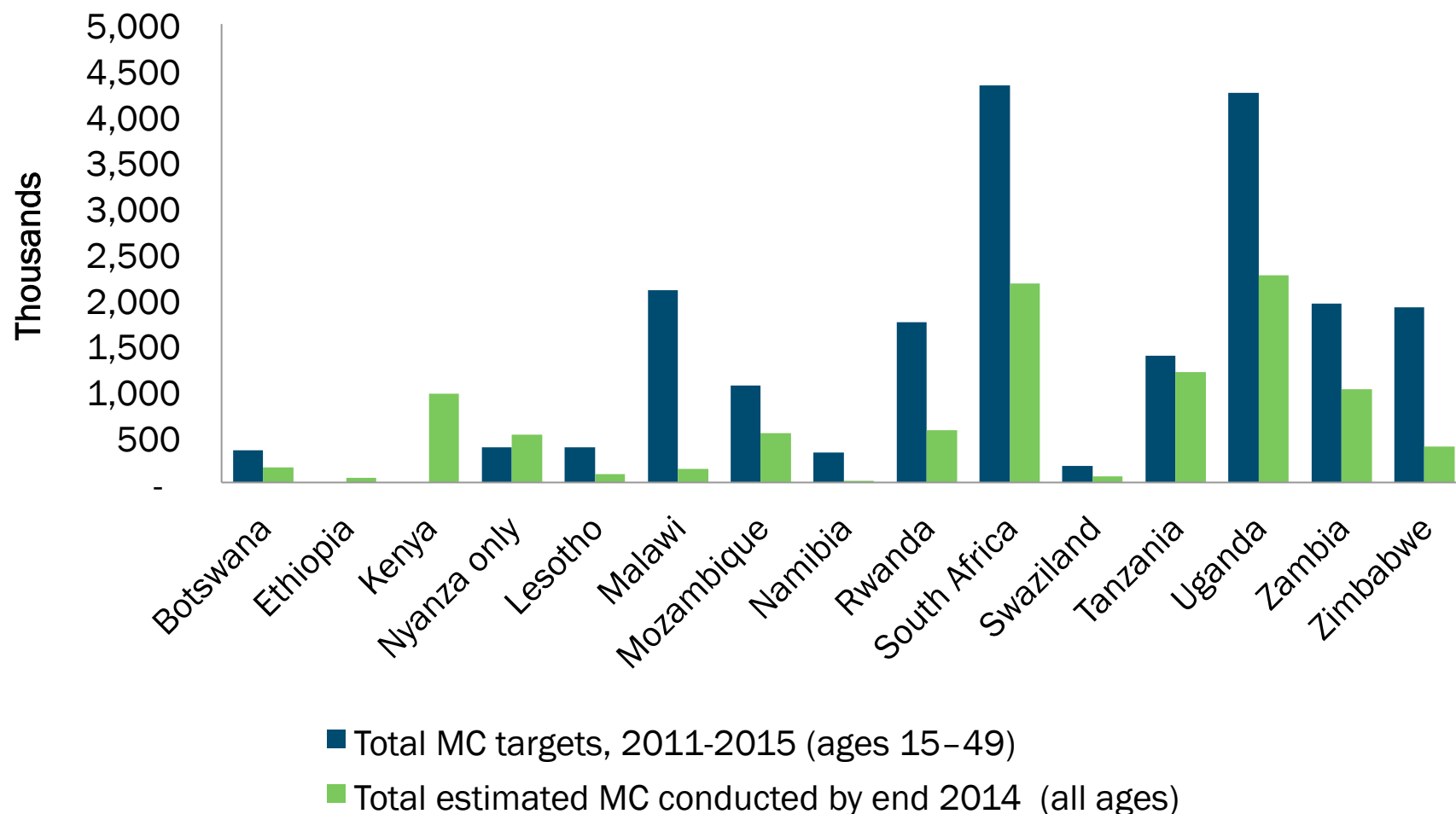
Emmanuel Njeuhmeli<sup>1\*</sup>, Steven Forsythe<sup>2,3</sup>, Jason Reed<sup>3</sup>, Marjorie Opuni<sup>4</sup>, Lori Bollinger<sup>2</sup>, Nathan Heard<sup>5</sup>, Delivette Castor<sup>1</sup>, John Stover<sup>2</sup>, Timothy Farley<sup>6</sup>, Veena Menon<sup>7</sup>, Catherine Hankins<sup>8</sup>

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## Njeuhmeli, et al. PLoS 2011:

Presents the number of additional VMMCs required to achieve 80% male circumcision coverage in each of the 14 countries by 2015

# Male circumcision progress: targets vs. achievement

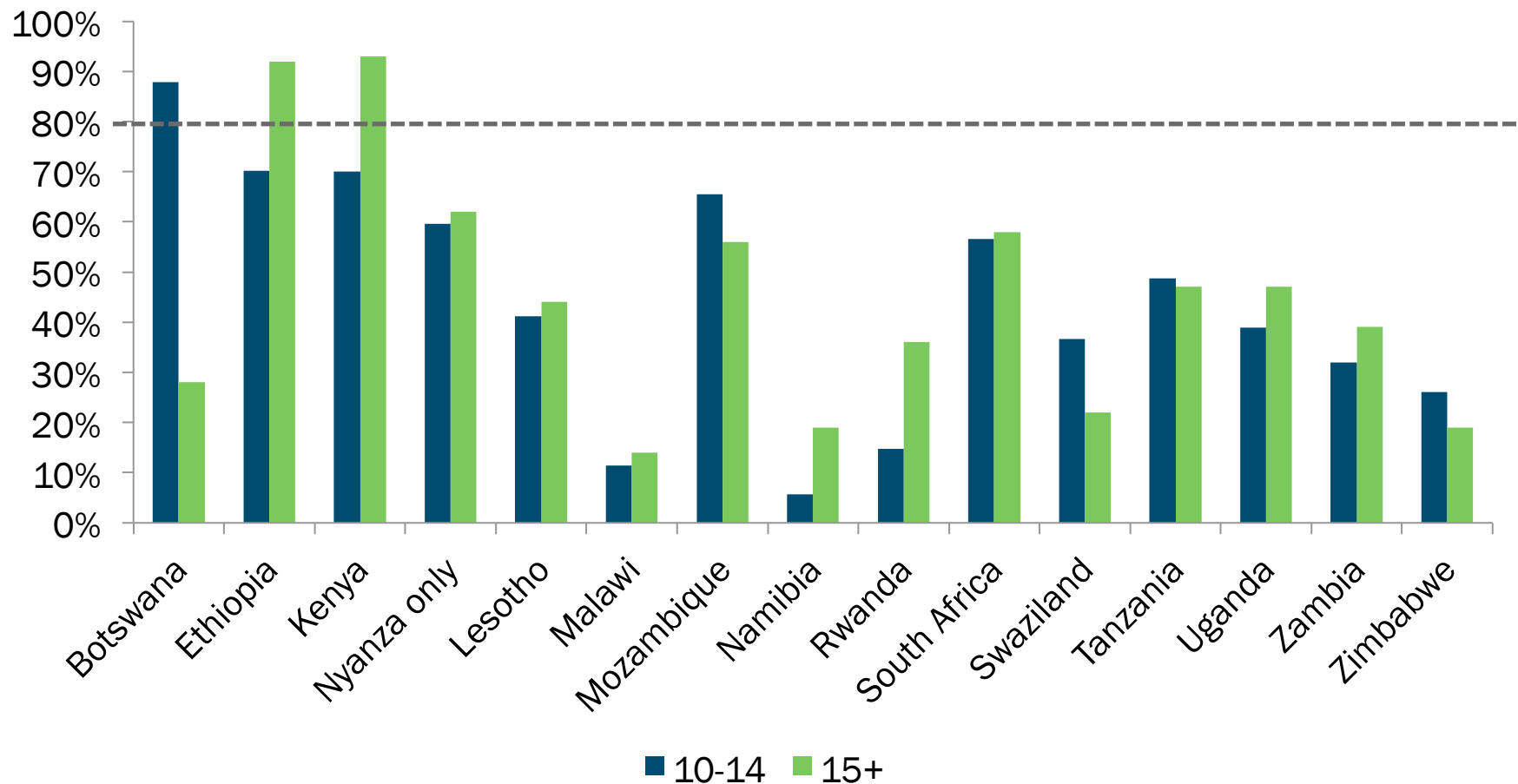


Sources:

Targets—Njeuhmeli, et al PLoS 2011

Program circumcisions—WHO data 2011-2013; unpublished estimates from J. Reed, 2014

# Male circumcision progress: coverage estimates



Source: Unpublished USAID HPP VMMC Modeling

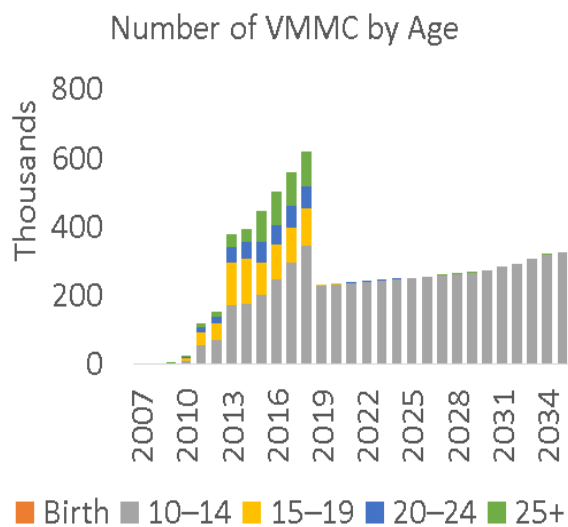
# Males circumcised [coverage estimate through end of FY 2015]

	0-1 y	10-14 y	15-19 y	20-24 y	25-29 y	30+ y	All ages
Botswana	0%	88%	69%	31%	23%	18%	27%
Ethiopia	0%	70%	88%	91%	94%	94%	62%
Kenya [national]	0%	70%	94%	101%	90%	92%	61%
[Nyanza only]	0%	60%	118%	111%	71%	56%	31%
Lesotho	0%	41%	52%	53%	45%	37%	32%
Malawi	0%	12%	18%	16%	12%	12%	13%
Mozambique	0%	66%	57%	56%	58%	55%	55%
Namibia	0%	6%	9%	16%	27%	22%	16%
Rwanda	0%	15%	54%	67%	37%	19%	21%
South Africa	0%	57%	60%	60%	56%	58%	57%
Swaziland	0%	37%	47%	20%	13%	15%	17%
Tanzania (11 priority regions)	0%	49%	70%	60%	46%	35%	28%
Uganda	0%	39%	63%	72%	48%	28%	42%
Zambia	0%	32%	50%	50%	37%	31%	24%
Zimbabwe	0%	26%	31%	20%	16%	14%	13%

Green: coverage at 70% or above; Yellow: coverage between 60% and 70%; Blue: coverage below 40%

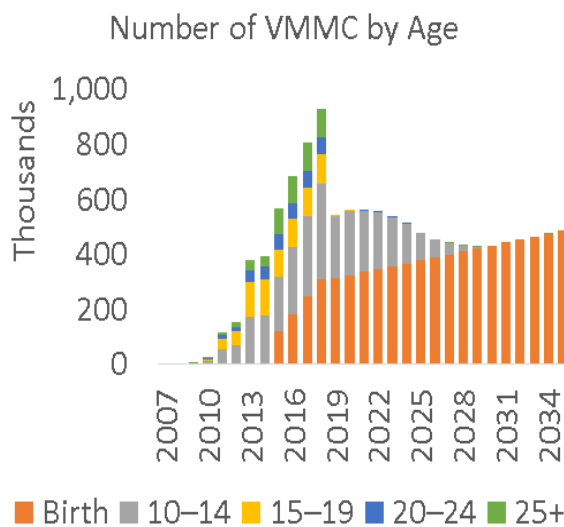
# Three Scenarios: Tanzania

## Adolescent sustainability



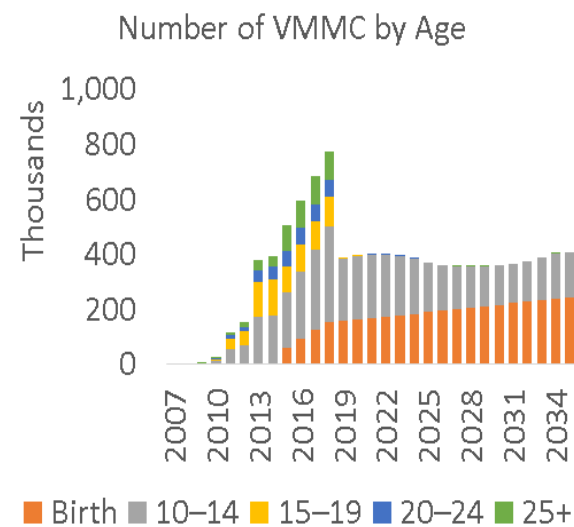
Scale up to 80% coverage among 10-34-year-olds

## Infant sustainability



Scale up to 80% coverage among 10-34-year-olds + 80%EIMC

## Mixed adolescent/infant sustainability



Scale up to 80% coverage among 10-34-year-olds + 40%EIMC

# Thank You

Project SOAR (Cooperative Agreement AID-OAA-14-00026) is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents of this presentation are the sole responsibility of the SOAR Project and Population Council and do not necessarily reflect the views of USAID or the United States Government.

Through operations research, Project SOAR will determine how best to address challenges and gaps that remain in the delivery of HIV and AIDS care and support, treatment, and prevention services. Project SOAR will produce a large, multifaceted body of high-quality evidence to guide the planning and implementation of HIV and AIDS programs and policies. Led by the Population Council, Project SOAR is implemented in collaboration with Avenir Health, Elizabeth Glaser Pediatric AIDS Foundation, Futures Group, Johns Hopkins University, and The University of North Carolina.

