

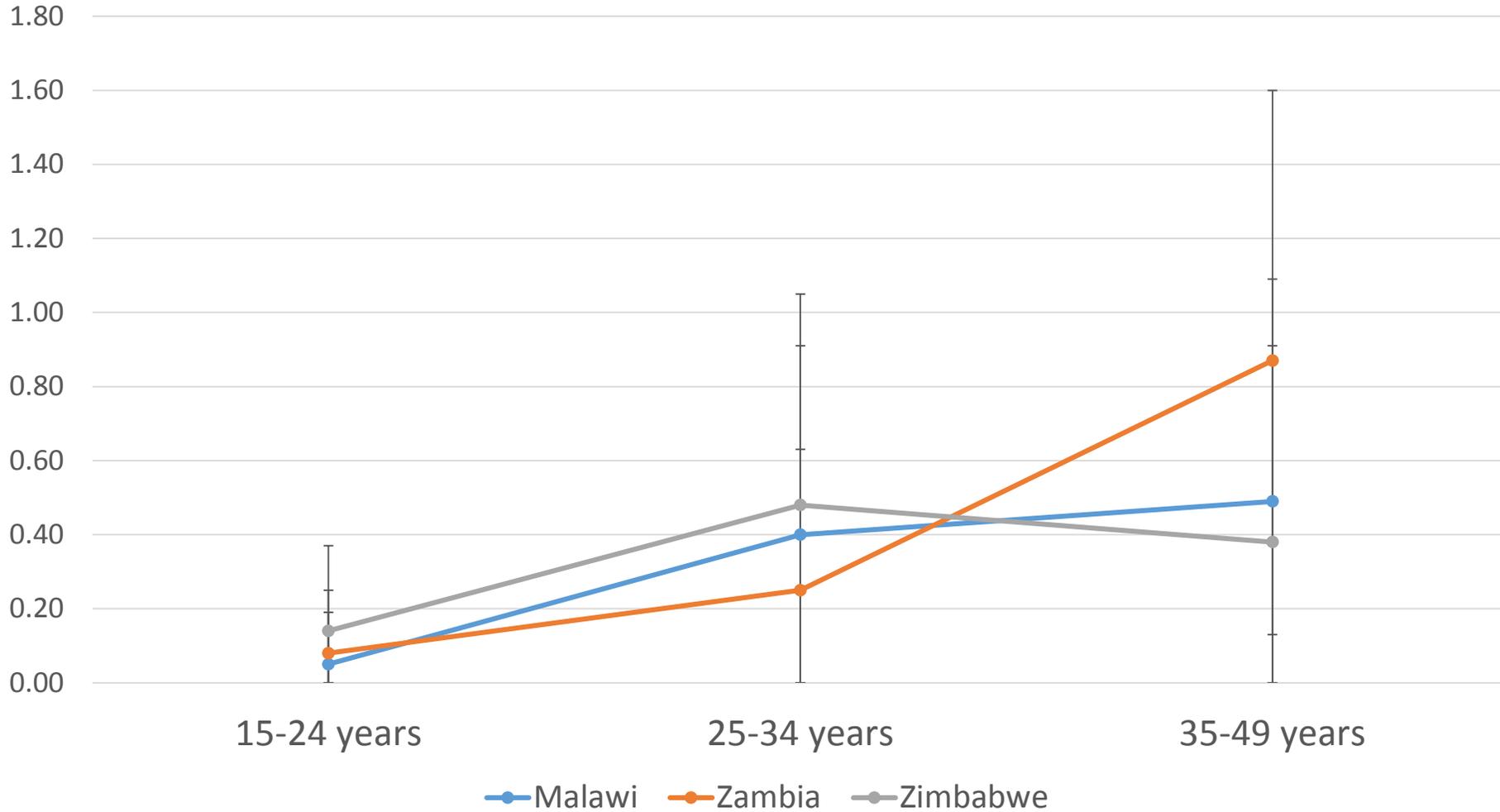
Targeting VMMC for Impact

Implications from PHIA data

Impact and Incidence

- MC confers a relative risk reduction of about 60%; the higher the absolute risk or incidence, the greater the absolute risk reduction and the more HIV cases prevented
- Therefore high-incidence areas, age groups or other types of 'clusters' get the most impact from VMMC
- This is the underlying reasoning behind the age pivot: age groups with the highest current incidence get the highest immediate impact from VMMC

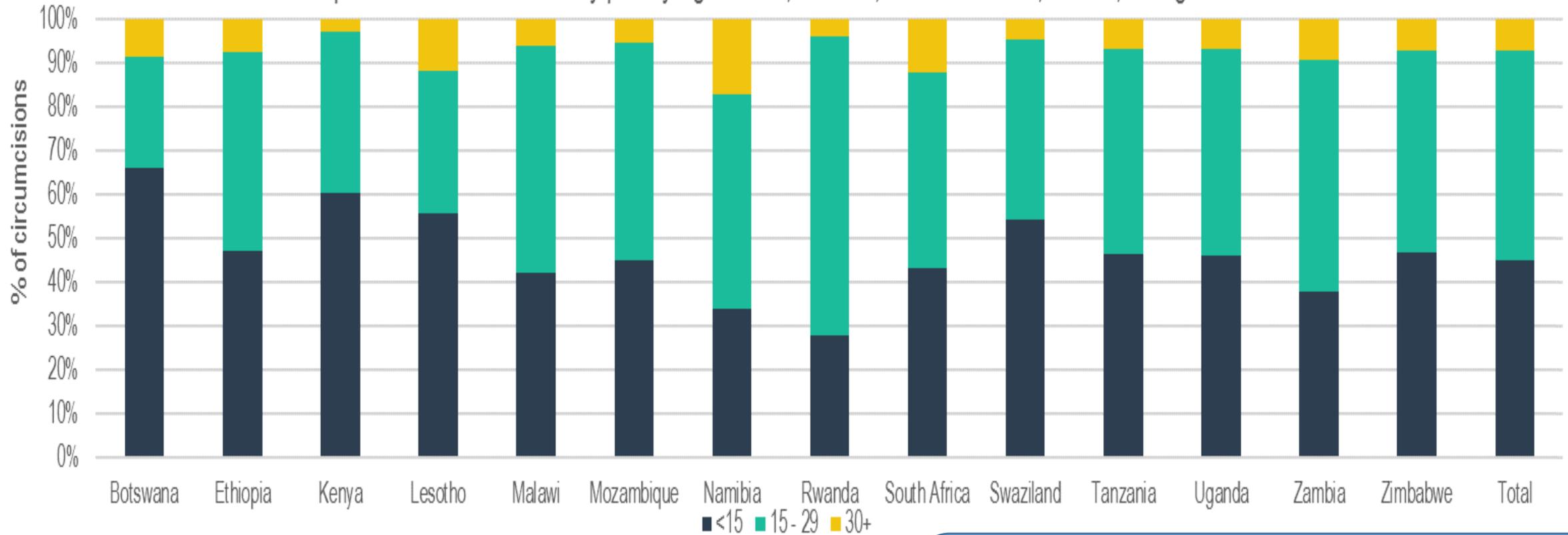
Male HIV Incidence (%) by Age
in 3 countries with PHIA data



- PHIA data provide the first directly-measured (not modelled) incidence data by age
- Clear trend by age: very low incidence in most of age pivot range, increasing substantially with **greater age**
- But error bars for individual countries overlap between countries and age bands

Age Profile of VMMC Clients in 2017*: few men over 29

Proportion of circumcisions by priority age bands, All OUs, PEPFAR FY17, Q1-Q4, All Agencies



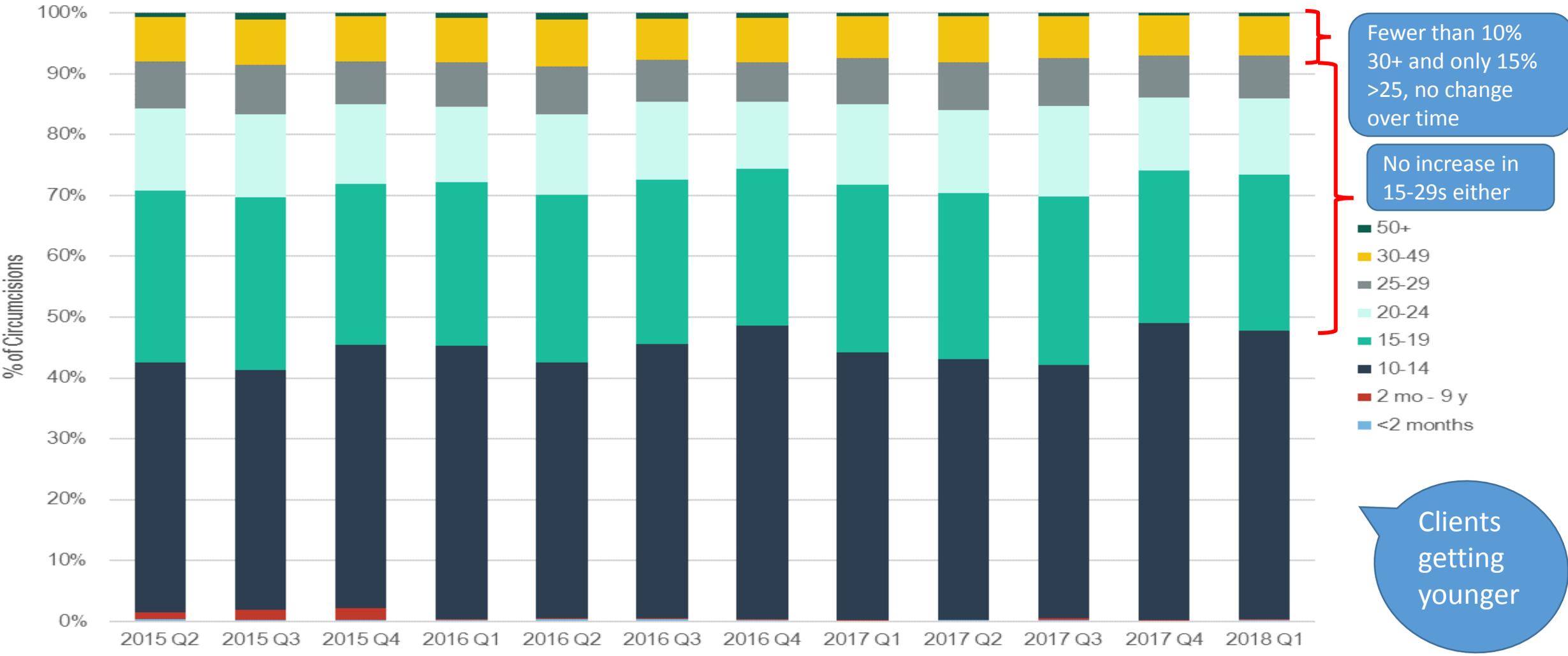
In comparison to 2016,

- 10 countries increased the number of men circumcised 15-29, but
- 7 decreased the proportion of 15-29 circumcised

*IAS 2018 poster to be presented

Quarterly Trends in Age of VMMC Clients: Men 30 and older not increasing

All Countries quarterly trend proportion of circumcisions by fine age bands, All Agencies



Modeling coverage for targeting

- DMPPT2 models continue to be updated based on most recent country data
- Working with PEPFAR and Avenir colleagues to get DMPPT2 assumptions harmonized with PHIA coverage data
 - Encourage country teams to ensure the same is done in each country
 - PHIA powered to provide provincial-level coverage where DMPPT2 provides district-level coverage modeling, so have to have DMPPT2 generate province-level coverage modeling and then harmonize to PHIA
- Should allow generation of accurate proposed targets

Implications

- Pooled multicountry analyses needed to provide more precision for incidence estimates
- If apparent age-specific male HIV incidences from PHIA are correct, VMMCs in older age groups could have many times the immediate impact of VMMCs in the age pivot group
- But these are <10% of current VMMC clientele
- Lower incidence in the age pivot group may be largely due to impacts already seen from circumcising this group
- Does this imply a need to
 - target even older males?
 - and/or to target on the basis of actual risk factors rather than age?
- Regardless, even proportions of clients in the current age pivot group have not increased since this became the priority group in 2016