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

- PHIAs 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

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

- Fewer than 10% 30+ and only 15% >25, no change over time
- No increase in 15-29s either

Clients getting younger
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