HEALTH POLICY PROJECT/SOUTH AFRICA

Building capacity for improved health policy, advocacy, governance, and finance

The Decision Makers' Program Planning Tool 2.0 (DMPPT 2.0)—Modeling for the Strategic Scale-Up of VMMC

The DMPPT 2.0, used in collaboration with key stakeholders,

- Answers key strategic and programmatic questions about VMMC using mathematical modeling
- Uses local patterns of HIV incidence and circumcision prevalence by age, combined with VMMC efficacy information from clinical trial data to determine the effects of circumcision on HIV incidence

The tool provides key evidence to help decisionmakers align their limited resources with interventions that will achieve the greatest impact. For example, following HPP's successful application of the tool in South Africa, the Deputy Director General of the South Africa National Department of Health instructed that the results be used to inform the development of VMMC targets for district implementation plans.

Overview

In 2007, the World Health Organization (WHO) and the United Nations Program on HIV/AIDS (UNAIDS) embraced voluntary medical male circumcision (VMMC) as an effective intervention for HIV prevention—recommending that VMMC be promoted as part of a comprehensive HIV prevention package in countries with high HIV prevalence and low prevalence of male circumcision. The group identified 13 priority countries, including South Africa, for accelerated scale-up to 80 percent coverage of male circumcision among males ages 15–49.

The Health Policy Project's work in South Africa centered on modeling and costing exercises for the strategic scale-up of male circumcision services. In collaboration with in-country stakeholders, HPP generated modeling evidence on the impact of VMMC in specific age groups and provinces; conducted a costing study of VMMC services to assure sustainable financing of this intervention; and conducted a costing study of the PrePex™ device, a potential non-surgical alternative for male circumcision. Each modeling and costing exercise was designed to improve planning and decision making for the South African VMMC program.

New Evidence Generated for Strategic Planning

After a few years of working toward the initial global VMMC target of reaching 80 percent coverage, South African decisionmakers (as well as those from several other VMMC priority countries) asked HPP to help determine whether circumcising specific client age groups, or clients in specific geographic locations, would be particularly impactful or cost-effective.

Using the Decision Makers' Program Planning Tool 2.0 (DMPPT 2.0),[1] HPP generated evidence to help decisionmakers explore various scale-up plans that would allow the country to strategically focus its resources. The modeling exercise considered four metrics for assessing the impact and efficiency of VMMC: (1) the number of VMMCs per HIV infection averted (over 15 years); (2) the immediacy of impact (reduction in HIV incidence over five years); (3) the magnitude of impact (reduction in HIV incidence over 15 years); and (4) cost-effectiveness (cost per HIV infection averted, over 15 years). The evidence generated provides a suggested priority age group for each metric, allowing decisionmakers to identify which factors are most important given the current situation in South Africa.

The two costing studies—for VMMC services and the PrePex™ device—have provided South African decisionmakers with validated, country-specific data about the cost of providing services, the costs incurred by clients seeking services, and the comparative cost of circumcisions done surgically versus with the PrePex™ device.

USAID FROM THE AMERICAN PEOPLE
PEPFAR
HEALTH POLICY PROJECT

The HPP team "worked patiently and meticulously with staff in the mission to develop an important tool that supported evidence-based planning for the national male circumcision program… they ensured that all the right stakeholders were involved…The DMPPT 2.0…has allowed [the] South Africa Government and PEPFAR/South Africa to use more solid evidence to refine targets and demand creation strategies. We believe that this will result in a more immediate impact on the HIV epidemic."

Ananthy Thambinayagam, USAID, South Africa

"The SA government and the NDOH [National Department of Health] MMC programme is very appreciative of the modeling and costing exercise…The SA NSP [National Strategic Plan] for HIV/AIDS espouses evidence-based interventions for programme implementation, and the information generated through Avenir assistance is currently being used to target specific age cohorts for impact purposes, as well as unit costs for programme efficiency. We value the inputs and technical assistance… that will assist us in expediting our mission of rapidly reducing new HIV infections."

Dayanund Loykissoonlal, Programme Manager: Medical Male Circumcision, NDOH, South Africa

The Way Forward

The South African government must still make a final decision regarding the target age groups for a new, focused scale-up policy for VMMC, building on the evidence generated from HPP. This decision will have to incorporate factors outside of the modeling as well, such as human resource constraints, the political environment, challenges to demand creation, and cultural norms around age of circumcision. By providing modeling and costing evidence specific to South Africa's VMMC situation, HPP has enabled stakeholders to make informed policy decisions that will help them move toward a sustainable and effective VMMC program.

Selected Publications

- Estimating the Provider and Client Costs of Medical Male Circumcision (MMC) in South Africa
- Cost and Impact of Voluntary Medical Male Circumcision in South Africa: Focusing the Program on Specific Age Groups and Provinces
- Impact and Cost of Including Adolescents Ages 10–19 in Programs to Scale Up Voluntary Medical Male Circumcision in South Africa (Poster, 2015 International AIDS Conference)

Note

[1] The DMPPT 2.0 was prepared by Avenir Health, under the USAID- and PEPFAR-funded Health Policy Project (HPP). The model is not yet publicly available, but descriptions of DMPPT 2.0 and other software developed under HPP can be found at http://www.healthpolicyproject.com/index.cfm?id=software&get=MaleCircumcision.

Contact Us

Health Policy Project
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004
www.healthpolicyproject.com
policyinfo@futuresgroup.com

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). HPP is implemented by Futures Group, in collaboration with Plan International USA, Avenir Health (formerly Futures Institute), Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

The information provided in this document is not official U.S. Government information and does not necessarily represent the views or positions of the U.S. Agency for International Development.