



Tanzania Voluntary Medical Male Circumcision Costing and Impact Study



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Objectives

1. Determine the current unit costs of providing MC in Tanzania
2. Determine the impact of scaling up voluntary medical MC in Tanzania on the prevalence and incidence of HIV and AIDS

Key Policy Questions

- How quickly can services be scaled-up?
- What are the costs of scaling-up male circumcision services
- How do the costs vary depending on the delivery strategy?

Tanzania's MC strategy:

- ◎ Focus on 8 regions with high HIV prevalence levels and low MC levels.
 - Iringa, Mbeya, Shinyanga, Rukwa, Tabora, Mwanza, Kagera and Mara
 - Started with 3 regions in 2009
 - Iringa - MCHIP
 - Mbeya - DOD
 - Kagera - ICAP

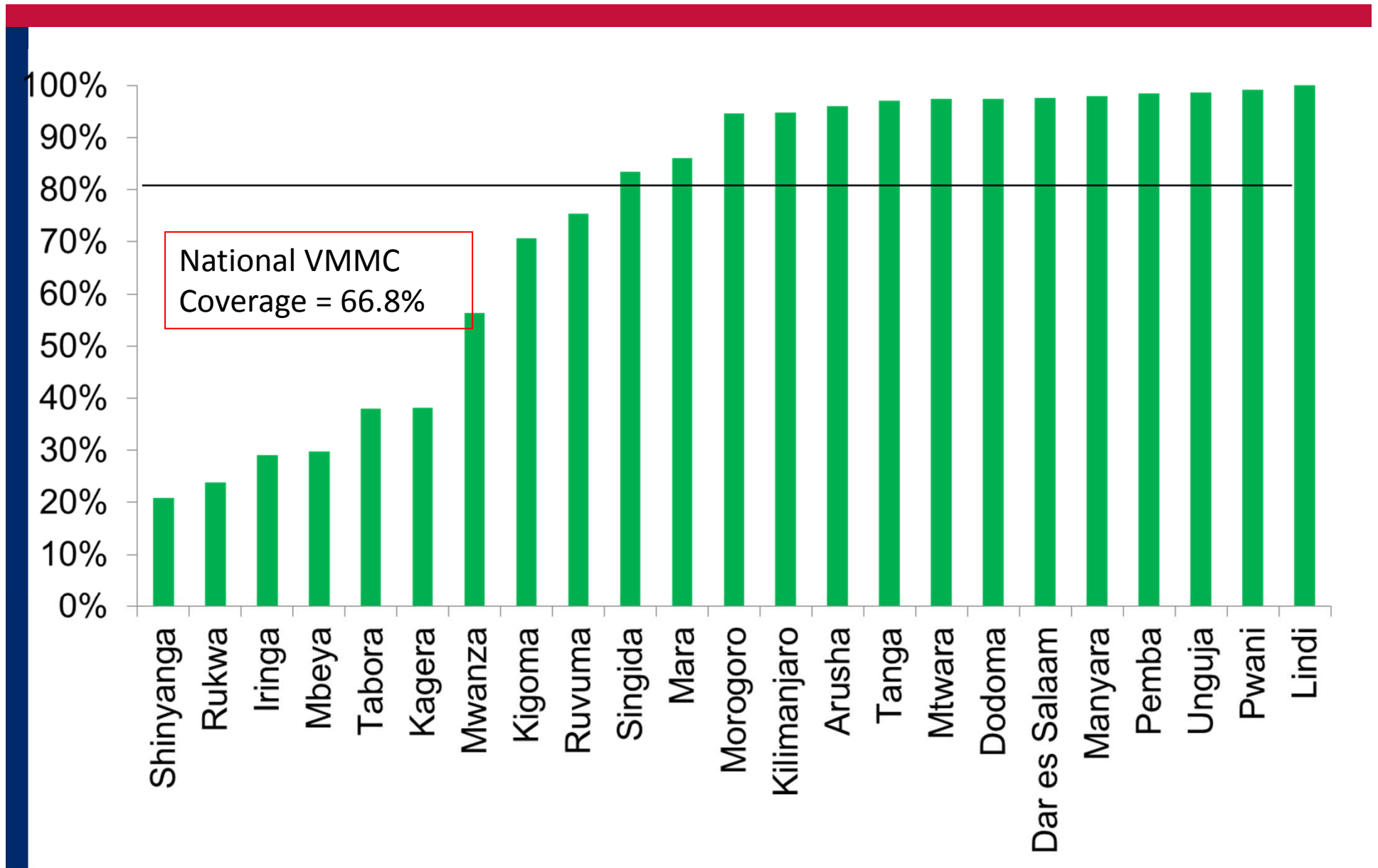
Costing MC

- ◎ Study assessed costs from all sites in each of the 3 regions
 - Demographic, behavioural and epidemiological data
 - Prices of consumables
 - Personnel Training costs
 - Time spent on management of MC program
 - Staff salaries
 - Equipment prices (based on proportion used for MC)

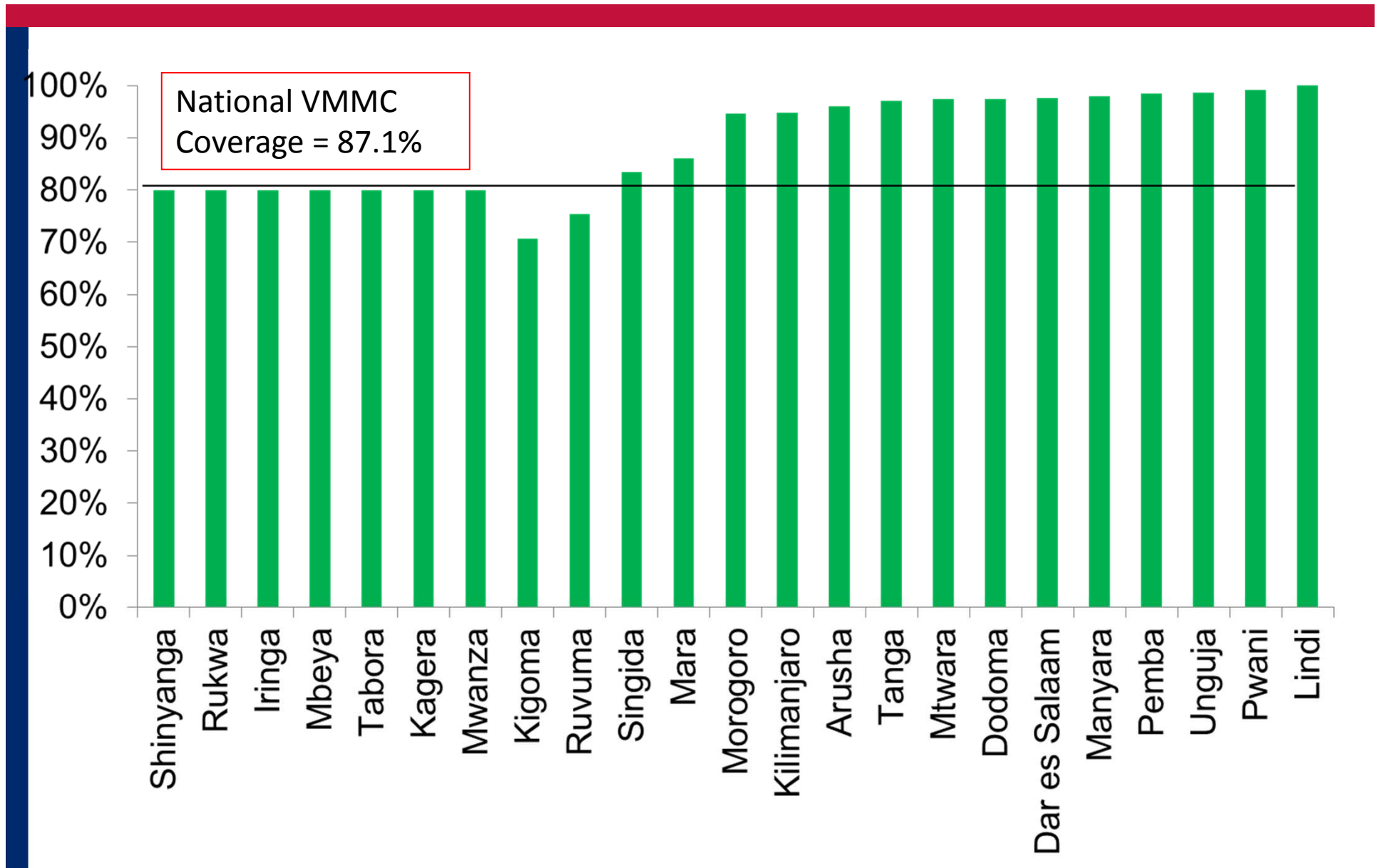
Costing MC

- Analysis done from service provider perspective. Costs gathered for 2010.
- For impact analysis, used national MC coverage target of 87.1% by 2015.
 - 87.1% calculated using MC data in the TDHS (2010).
 - Coverage target = Percent of total population in each region multiplied by percent circumcised (MC prevalence) in region.

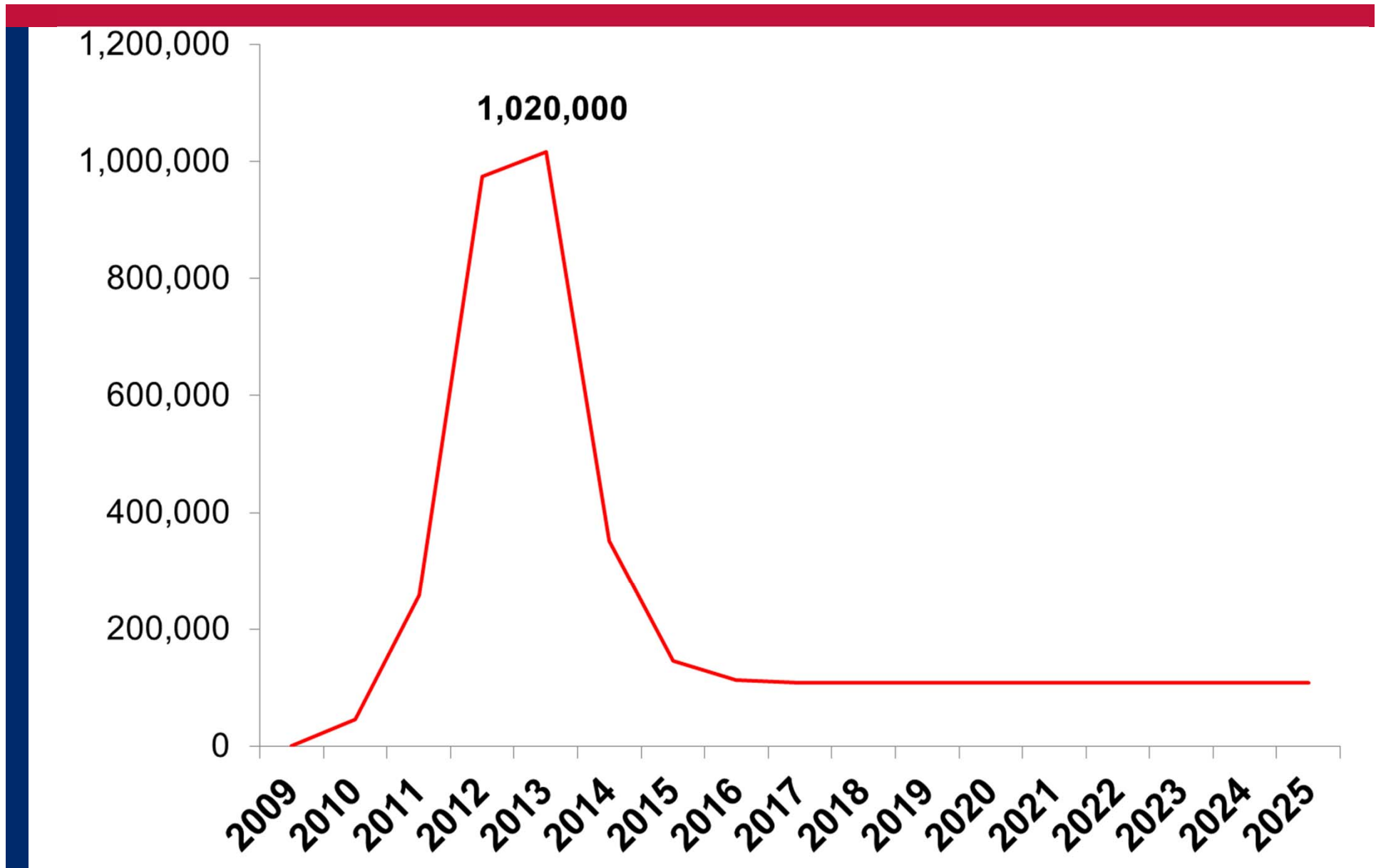
Tanzania's VMMC Coverage (Current)



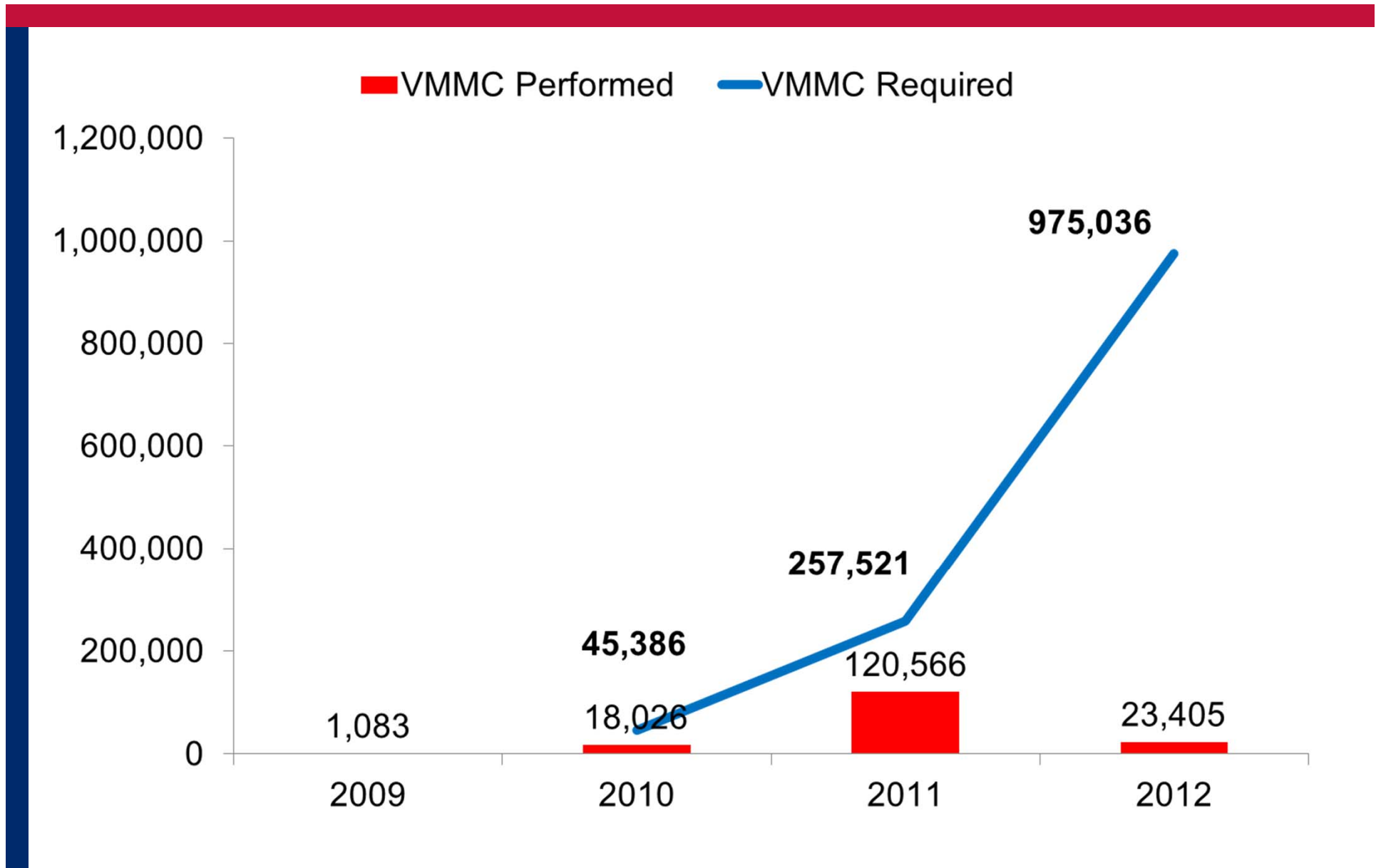
Tanzania's VMMC Coverage (Target)



Tanzania: MC Required (10-49)



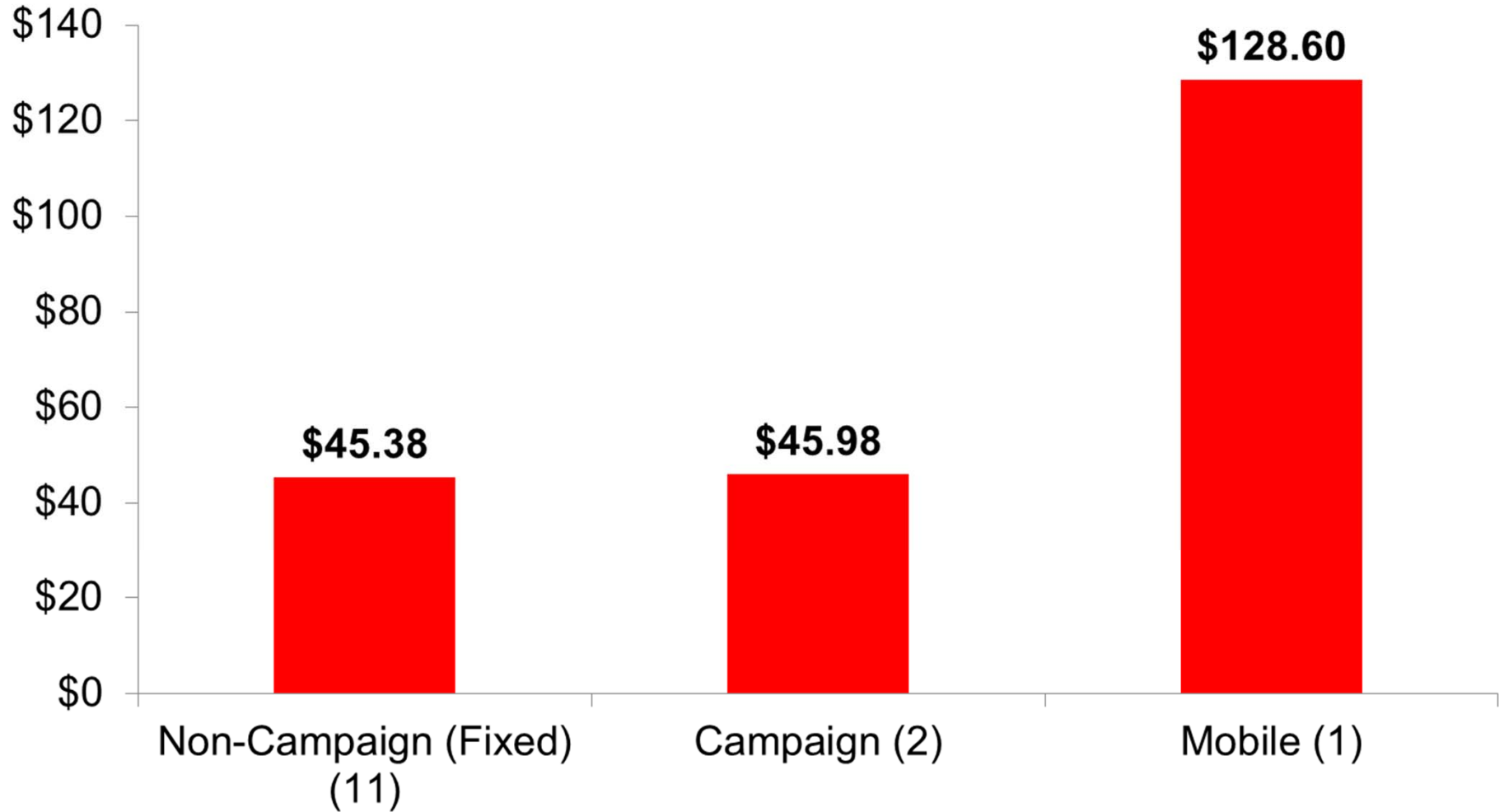
Progress Towards Achieving Targets



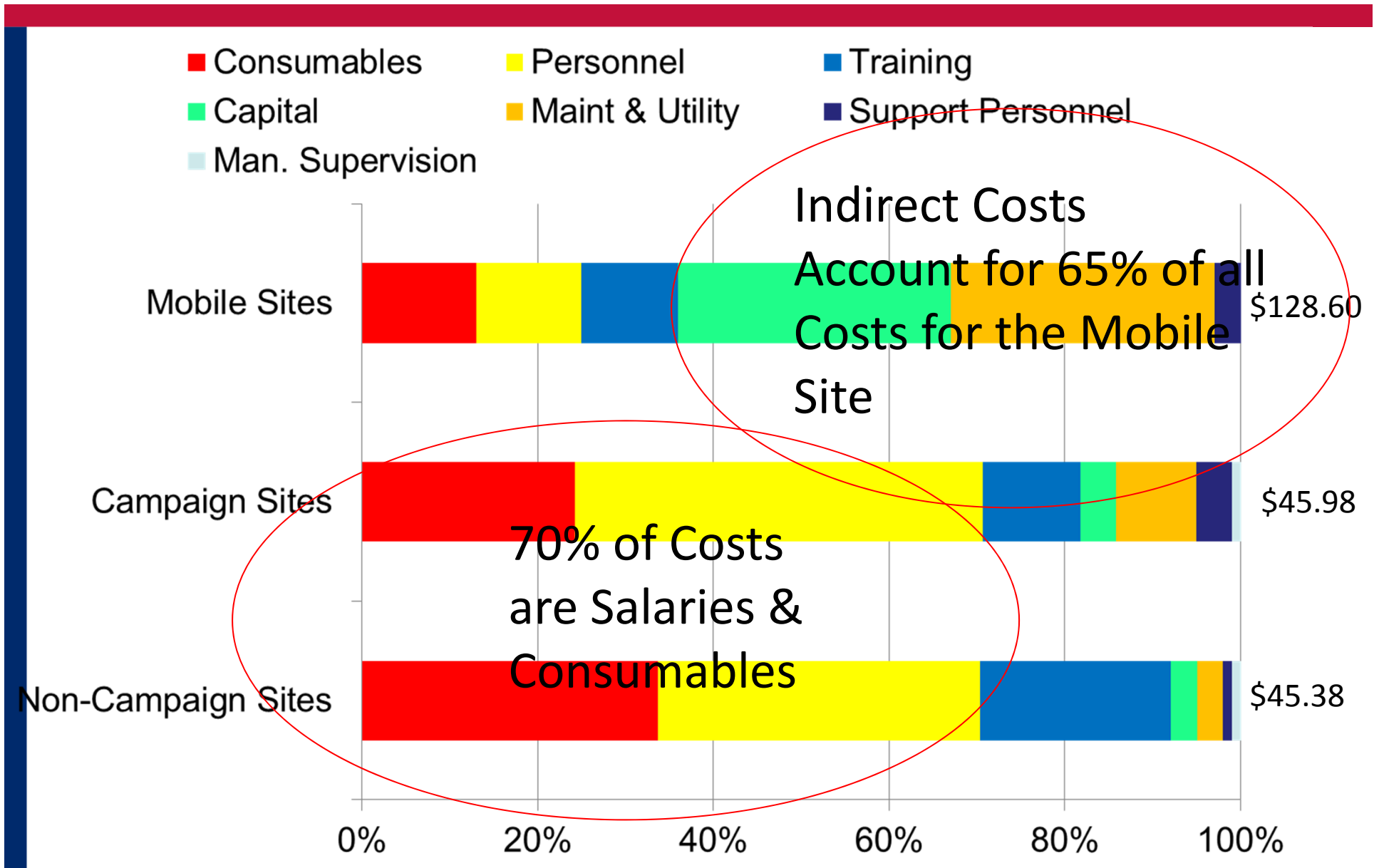
Service Delivery Models

- Non Campaign
 - Dedicated VMMC sites established within the existing health delivery system throughout the year
- Campaign
 - Coordinated programs from the dedicated sites conducted at specified times of the year
- Mobile
 - A team of VMMC providers offering services in hard-to-reach areas, but services are coordinated from a hospital

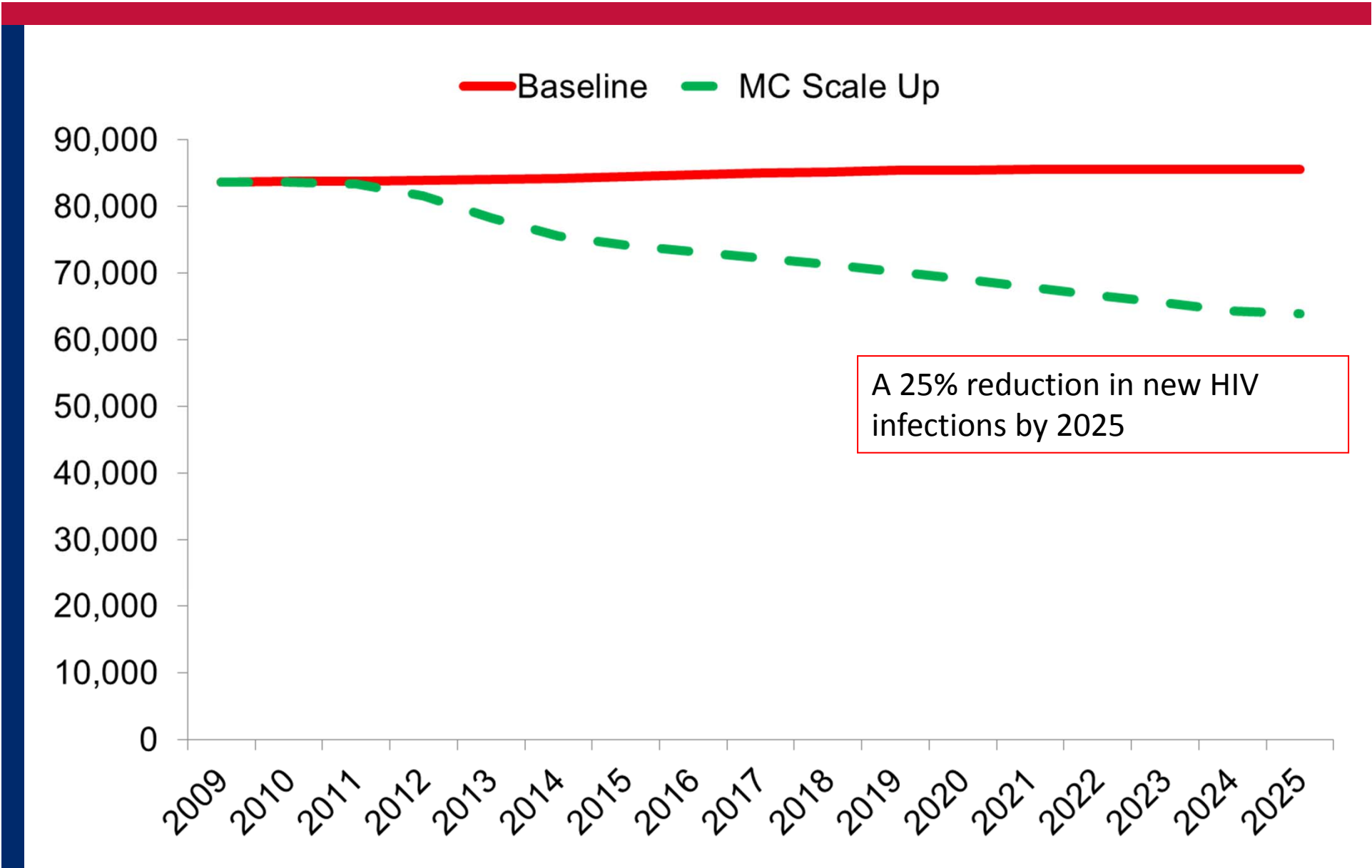
Comparison of VMMC Unit Costs



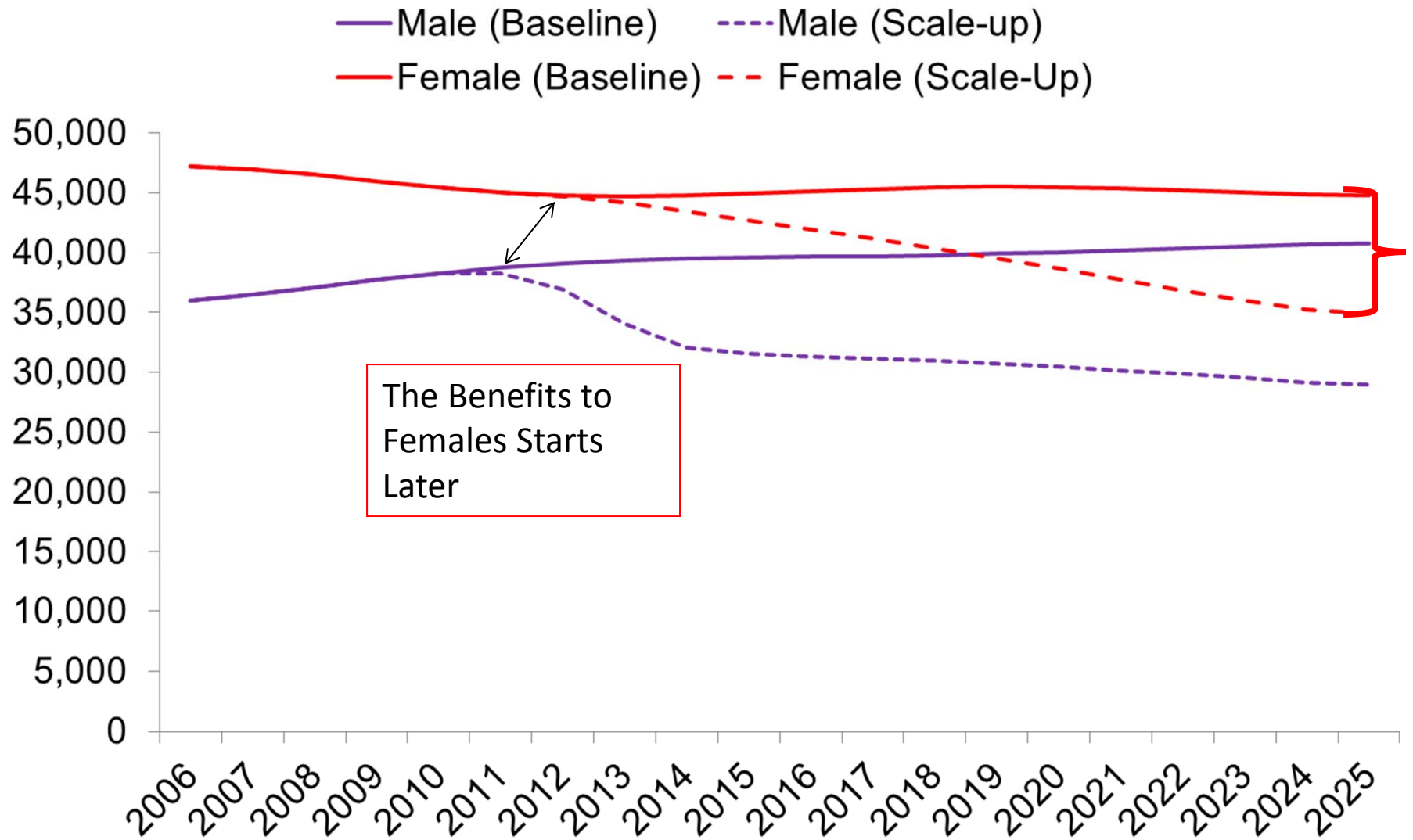
Cost Drivers



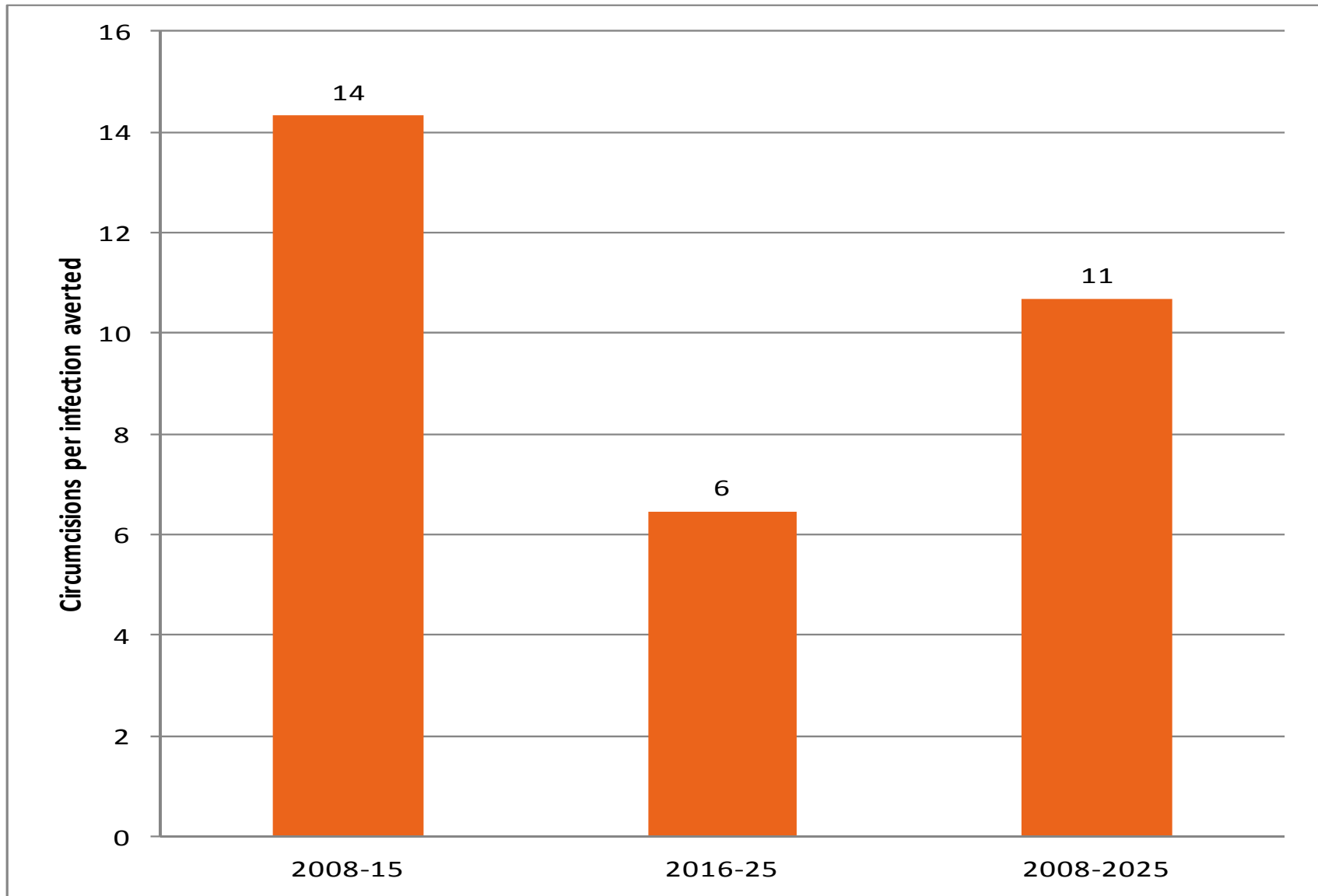
Number of New HIV Infections



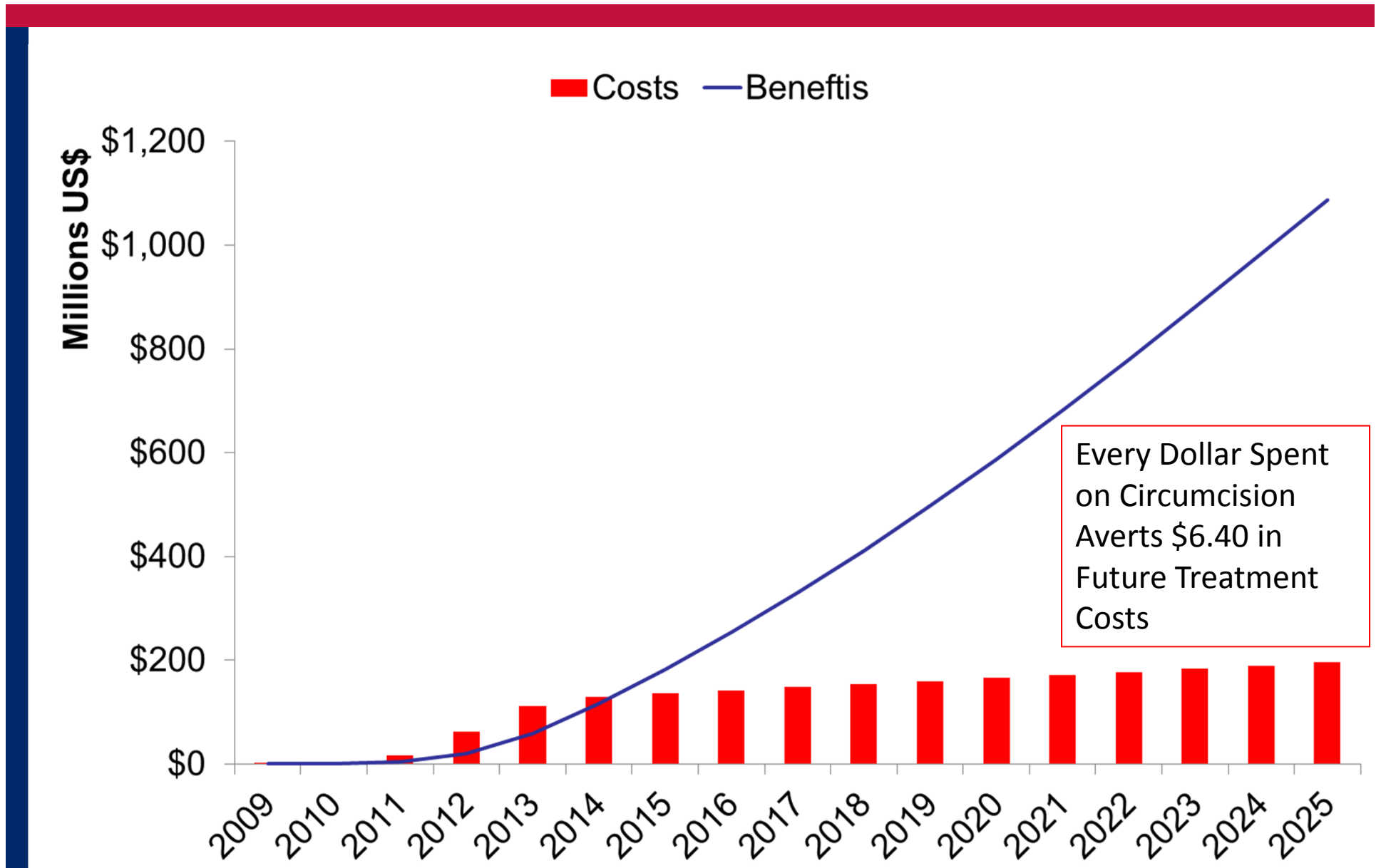
Impact of VMMC by Gender



Number of MC/Infection Averted



Cumulative Costs and Savings of MC



Results

- The unit cost of providing campaigns and non-campaigns are comparable (~US\$45)
- Approximately 70% of all costs of operating campaigns or non-campaigns is comprised of salaries and consumables.
- Mobile VMMC in the islands is relatively much more expensive
- VMMC has significant direct benefits for men and significant indirect benefits for women
- On average, for every 11 circumcisions performed, one HIV infection will be averted
- The discounted benefits of treatment costs averted are approximately 6.4 times greater than the costs of VMMC