

# Cost of the roll-out of male circumcision in sub-Saharan Africa

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# Objectives

Key health economics estimates of the roll-out of MAMC\* in sub-Saharan Africa:

- a) **Number of circumcisers needed**
- b) **Cost of the roll-out** (Discounted to present 3% annually)
- c) **Net cost** (after adjustment for averted HIV medical costs)
- d) **Cost per HIV infection averted (cost-effectiveness)**
- e) **Number of circumcisions to avoid one HIV infection**

\*MAMC=medicalized adult male circumcision



# Where in sub-Saharan Africa ?

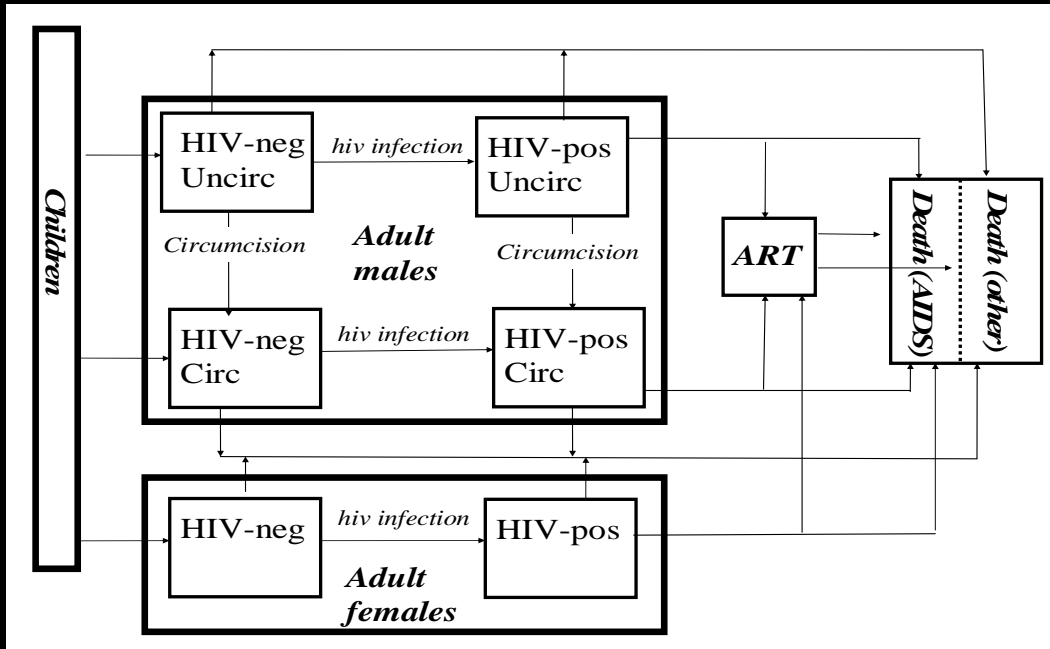
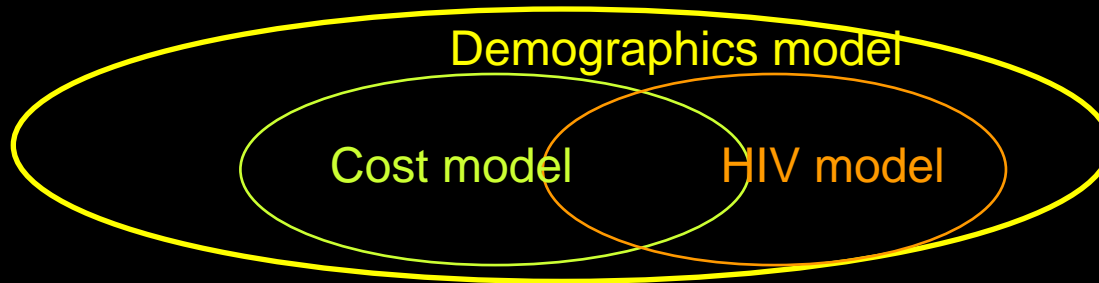
Countries: 42 countries → 16 setting (33%)  
 Adult population: 331 million → 96 million (29%)  
 HIV positive: 24 million → 14 million (60%)

	HIV (%)	MC (%)	Uncirc (millions)	% total uncirc
Botswana	37	25	0.3	1%
Burundi	6	2	1.7	5%
Central African Republic	14	67	0.3	1%
Kenya (Nyanza)	24	10	1.0	3%
Lesotho	29	0	0.4	1%
Liberia	6	70	0.2	1%
Malawi	14	17	2.3	7%
Mozambique	12	56	2.0	7%
Namibia	21	15	0.4	1%
Rwanda	5	10	1.8	6%
South Africa	25	35	8.0	26%
Swaziland	39	50	0.1	0%
Tanzania	9	70	2.7	9%
Uganda	4	25	4.4	14%
Zambia	17	12	2.2	7%
Zimbabwe	25	10	2.8	9%
Total			30.5	100%

16 settings



# Methods



HIV and demographics models

$$\frac{dn_1}{dt} = U \frac{(n_1 + n_2 + n_3)}{2} (1 - P_c) - Kn_1 - a_1 - x$$

$$\frac{dn_{1,no}}{dt} = U \frac{(n_1 + n_2 + n_3)}{2} P_{no} - Kn_{1,no} - a_{1,no}$$

$$\frac{dn_2}{dt} = U \frac{(n_1 + n_2 + n_3)}{2} P_c - Kn_2 - a_2 + x$$

$$\frac{dn_3}{dt} = U \frac{(n_1 + n_2 + n_3)}{2} - Kn_3 - a_3$$

$$\frac{dn_1^+}{dt} = z_1 - (n_1^+ - n_{1,no}^+) \frac{x}{n_1 - n_{1,no}} - Kn_1^+ - a_1$$

$$\frac{dn_{1,no}^+}{dt} = z_{1,no} - Kn_{1,no}^+ - a_{1,no}$$

$$\frac{dn_2^+}{dt} = z_2 + (n_1^+ - n_{1,no}^+) \frac{x}{n_1 - n_{1,no}} - Kn_2^+ - a_2$$

$$\frac{dn_3^+}{dt} = z_3 - Kn_3^+ - a_3$$

$$z_1 = K_1 (e^{\frac{\beta n_1}{n_1}} - 1) (n_1 - n_1^+) e^{-\frac{\beta n_1}{n_1}}$$

$$z_{1,no} = K_1 (e^{\frac{\beta n_1}{n_1}} - 1) (n_{1,no} - n_{1,no}^+) e^{-\frac{\beta n_{1,no}}{n_{1,no}}}$$

$$z_2 = K_2 (e^{\frac{\beta n_1}{n_1}} - 1) (n_2 - n_2^+) e^{-\frac{\beta n_1}{n_2}}$$

$$z_3 = K_3 (e^{\frac{\beta n_1}{n_1}} - 1) (n_3 - n_3^+) \frac{n_1}{n_1 + n_3} e^{-\frac{\beta n_1}{n_1}} + K_4 (e^{\frac{\beta n_1}{n_1}} - 1) (n_3 - n_3^+) \frac{n_2}{n_1 + n_2} e^{-\frac{\beta n_1}{n_1}}$$

Differential equations

# Input parameters

32 input parameters: One set per setting

Sources: WHO, The Global Fund, OF, publications, opinion of experts

# Output parameters

- a) **Number of circumcisers** needed
- b) **Cost of the roll-out** (Discounted to present 3% annually)
- c) **Net cost** (after adjustment for averted HIV medical costs)
- d) **Cost per HIV infection averted** (**cost-effectiveness**)
- e) **Number of circumcisions to avoid one HIV infection**

**Model**

Input parameters	
Initial population size of adults in the geographic setting	6 260 000
Birthrate	4.0 % per year
Percent of newborns reaching adulthood	70 %
Life expectancy when becoming adult (without HIV)	35 years
Adult males circumcised (in traditional setting)	10 %
Percent of males who will not accept circumcision	15 %
Duration to reach maximum male circumcision prevalence	5 years
Initial number of circumcisers	235
Number of circumcisions per day per circumciser	10
Number of working days per year	230
MC effect (reduction of female to male transmission)	60 %
MC effect (reduction of male to female transmission)	10 %
Initial HIV prevalence among adults	24.6 %
Uncirc.male-to-female/f-to-uncirc.m ratio of transmissibility	1.5
Percent of HIV(+) receiving treatment before ARV-eligible	30 %
Cost of this treatment (total)	799 US\$
Percent of HIV(+)s eligible for ARVs who receive ARVs	30 %
Life expectancy on ARVs	13 years
Cost of ART (annual)	639 US\$
Percent of HIV(+) eligible for ARVs who receive non-ARV treatment	30 %
Cost of this treatment (total)	1 764 US\$
Discount rate (annual)	3.0 % per year
Cost model (1=Public 0=Private )	1
Private: Geographic setting level (communication, management, M&E)	10 %
Private: Circumcision cost (inclusive)	22.0 US\$
Public: Geographic setting level (communication, management, M&E)	20 %
Public: Initial investment per circumcision unit	7 482 US\$ for year #1
Public: Number of circumcisers per circumcision unit	2
Public: Initial training per circumciser	674 US\$
Public: Salary of each circumciser	169 US\$ per month
Public: Circumcision cost (variable)	10.4 US\$

# Range for each output

Monte Carlo simulation (aggregate uncertainty from all inputs)

Each input → range

random samples of input parameters → random samples of outputs

Range = 2.5 – 97.5 percentile

## Input parameters: Demographics, HIV transmission, discounting

Initial population size of adults in the geographic setting	6 260 000
Birthrate	4.0 % per year
Percent of newborns reaching adulthood	70 %
Life expectancy when becoming adult (without HIV)	35 years
Number of working days per year	230
→ MC effect (reduction of female to male transmission)	60 %
MC effect (reduction of male to female transmission)	10 %
Initial HIV prevalence among adults	24.6 %
Uncirc.male-to-female/f-to-uncirc.m ratio of transmissibility	1.5
Discount rate (annual)	3.0 % per year

## Input parameters: Intervention

Adult males circumcised (in traditional setting)	10 %
→ Percent of males who will not accept circumcision	15 %
Duration to reach maximum male circumcision prevalence	5 years
Initial number of circumcisers	235
Number of circumcisions per day per circumciser	10
Number of working days per year	230

## Input parameters: Cost of the intervention

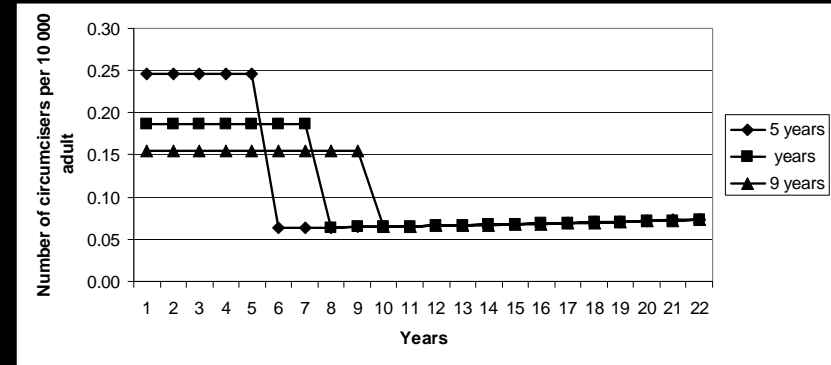
Private: Geographic setting level (communication, management, M&E)	10 %
→ Private: Circumcision cost (inclusive)	22.0 US\$
Public: Facility and program overhead	110 % of all costs
Public: Initial investment per circumcision unit	7 482 US\$ for year #1
Public: Number of circumcisers per circumcision unit	2
Public: Initial training per circumciser	674 US\$
→ Public: Salary of each circumciser	169 US\$ per month
Public: Increase of last salary due to other salary	59.0 %
Public: Circumcision cost	11.0 US\$



## Input parameters: Cost HIV treatment

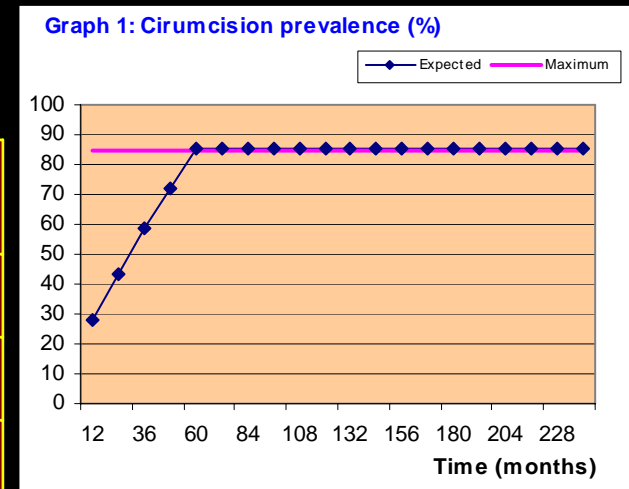
Percent of HIV(+) receiving treatment before ARV-eligible	30 %
Cost of this treatment (total)	799 US\$
Percent of HIV(+)s eligible for ARVs who receive ARVs	30 %
Life expectancy on ARVs	13 years
→ Cost of ART (annual)	639 US\$
Percent of HIV(+) eligible for ARVs who receive non-ARV treatment	30 %
Cost of this treatment (total)	1 764 US\$

# a) Number of circumcisers



High number in the first 5-year (initial period)  
Lower number afterwards

<b># circumcisers 1-5 (per year)</b>	<b>2 357 (2070 – 3 061)</b>
<b>per 10 000 adults*</b>	<b>0.25 (0.22 – 0.32)</b>
<b># circumcisers 6-10</b>	<b>626 (533 – 861)</b>
<b>per 10 000 adults</b>	<b>0.07 (0.06 – 0.09)</b>



\* Total adult population = 96 million

# b) Cost of the roll-out

Total :

	Private	Public
Cost in years 1-5*	1 036 (748 – 1 319)	965 (763 – 1 301)
Cost in years 6-10*	235 (165 – 330)	208 (155 – 290)
<b>Cost 1-10*</b>	<b>1 271 (911 – 1 644)</b>	<b>1 173 (924 – 1 590)</b>

\* in millions of US\$

→ **bUS\$ 0.9 – 1.6** in the first 10 years

Per adult per year:

	Private	Public
<b>Cost per adult per year**</b>	<b>1.3 (0.9 – 1.7)</b>	<b>1.2 (0.9 – 1.7)</b>

\*\* in US\$

→ **US\$ 0.9 – 1.7** per adult per year

# c) Net cost

After adjustment for averted HIV medical costs  
>0 → expenses                      <0 → saving

	Private	Public
<b>Cumulative net cost* at 10 years</b>	<b>+ 634 (286 – 990)</b>	<b>+ 536 (253 – 901)</b>
<b>Cumulative net cost* at 20 years</b>	<b>- 3 736 (-5 328 – -2 530)</b>	<b>- 3 879 (-5 396 – -2 584)</b>

\* in millions of US\$

→ saving!

Per adult per year (over the first 20 years):

	Private	Public
<b>Saving per adult per year**</b>	<b>1.9 (1.3 – 2.7)</b>	<b>2.0 (1.3 – 2.8)</b>

\*\* in US\$

Saving **US\$ 1.3 – 2.8** per adult per year

# d) Cost per HIV infection averted (cost-effectiveness)

	Private	Public
Cost* per HIV infection averted in 10 years	295 (220–375)	272 (212–356)
Cost* per HIV infection averted in 20 years	157 (123 - 205)	144 (113–187)

\* in US\$

→ US\$ 113 – 375 per HIV infection averted adult in the first 10-20 years

# e) Number of circumcisions to avoid one HIV infection

<b>Number of MAMC to avert 1 HIV infection (in 10 years)</b>	<b>8.0 (7.2 – 8.9)</b>
<b>Number of MAMC to avert 1 HIV infection (in 20 years)</b>	<b>4.7 (4.3 – 5.2)</b>

\* in US\$

**→ 4 – 9 circumcisions to avoid 1 HIV infection in the first 10-20 years**

# Conclusion

**Expensive but reasonable** in view of favorable cost-effectiveness and saving

**Implementation model** (private, public, both...) ?  
(local context, availability...)

**Is cost the main issue ?**