Male Circumcision Decision Makers’ Program Planning Tool

Clinical trials have confirmed the effectiveness of medical male circumcision (MC) in reducing female-to-male HIV transmission.¹ The MC Decision Makers’ Program Planning Tool² (DMPPT) was developed by the USAID | Health Policy Initiative, Task Order 1, in collaboration with the Joint United Nations Program on HIV/AIDS (UNAIDS) and World Health Organization. The tool can help decisionmakers understand and plan for the potential cost and impact of various options to scale up MC services.

THE MC DMPPT IS AVAILABLE AT:
http://www.malecircumcision.org/programs/DMPPT.html
What Questions can the MC DMPPT Answer?

The DMPPT can be used to

- Calculate the cost of MC services by delivery mode based on clinical guidelines and locally derived information about staff time and salaries, supplies, equipment, and shared facility and staff costs;
- Estimate the impact of MC on the HIV epidemic;
- Examine the potential cost and impact of MC by varying coverage levels and speed of scale-up; and
- Estimate HIV incidence, HIV prevalence, number of AIDS-related deaths, overall costs, and net cost per HIV infection averted as a function of the number of MCs performed.

How Does the MC DMPPT Work?

The MC DMPPT contains two sub-models: a costing model and an impact model. The costing model estimates the total average cost for a facility to provide MC services to an adult male (ages 15–49) or a newborn male (ages 0–1 month). It includes inputs such as percentage of complications, personnel, supplies, training, and indirect capital and overhead costs. The impact model draws on the costing outputs to determine some of the impact outputs. With country-specific data on demographics, sexual behavior, and HIV prevalence trends, the impact model calculates the impact of an MC program on the HIV epidemic and the associated cost per infection averted.

The DMPPT was used to estimate the potential cost and impact of scaling up MC in 14 Eastern and Southern African countries to reach 80 percent of adults and newborn males by 2015.³

KEY MESSAGES—SCALING UP COULD:

- Avert more than 4 million adult HIV infections between 2009 and 2025
- Yield a total net savings of US$20.2 billion between 2009 and 2025
- Result in a net cost per HIV infection averted of US$500 or less for six of the 14 countries.

Figure 1. Cumulative Number and Percentage of HIV Infections Averted during 2009–2025 by Scaling up Male Circumcision

Understanding the costs and impacts of MC is a crucial element in (1) engaging local leadership to prioritize medical MC among a spectrum of HIV and STI prevention, care, and treatment services for those most-at-risk for HIV and (2) addressing gender- and stigma-related issues that increase vulnerability to HIV.

ENDNOTES