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Our Issues, Our Drugs, Our Patients

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Descriptive observational cohort of voluntary medical male circumcision attendees: A secondary review of the USAID MMC partners database

Khumbulani Moyo
Background


Background


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Background

Weiss et al  AIDS 2008: 22: 567 - 574
Background

- South African Government's overall five-year target of 4.3 million adult/adolescent VMMCs (80% coverage)
- The MMC Consortium
  - Right to Care,
  - Centre for HIV/AIDS Prevention Studies (CHAPS),
  - Anova Health Institute, and
  - Maternal Adolescent and Child Health (MatCH)
- Selected districts of six provinces namely Gauteng, Kwa-Zulu Natal, Limpopo, North West, Mpumalanga and Free State.
Service Delivery Approaches

- Rural/Urban sites
- DOH/NGO/Private GP
- Fixed/Outreach/Mobile
- Demand creation (Peak periods – winter/school holidays)
- Quality assurance
- Comprehensive minimum package
Method

• a descriptive, observational analysis of a de-identified database of the voluntary medical male circumcision consent form database.
• Routinely collected information from 1 July 2012 to 31 July 2015 was analyzed.
• Descriptive client characteristics and service usage statistics were reported.
• Rank sum tests and chi squared ($\chi^2$) tests were conducted to test for significance between site type.
Results

- A total of 531,098 VMMC’s were performed out of 547,497 attendee.
Results

- Median age was 16 years (IQR: 12-23).
- The median age is statistically significantly different across the rural vs. urban sites (p value <0.001).
Results: HIV Testing

- HIV testing uptake was 84% with 16% declining. The proportion who declined testing at urban sites (18%) was double that of rural sites (9%). Of the newly diagnosed HIV positive, 64% (6,371 / 9,972) referrals were made.

- Overall HIV prevalence at MMC sites was 3% but this masks the age and geographical differences.

- Highest in KZN
Results: HIV Testing

HIV Prevalence at MMC Sites

- KZN
- Mpumalanga
- National

10 - 14 years
15 - 19 years
20 - 24 years
25 - 34 years
35 - 49 years
50+

Prevalence in different age groups for KZN, Mpumalanga, and National levels.
Results: Adverse events

• Adverse events showed a decline from 4% to <1% from 2012 to 2015.
Conclusion

• MMC is an entry point for HCT for men in South Africa.
• While the positivity rate nationally is low (3%), analysis by age & district show higher rates and present an opportunity for MMC to link people to care.
• In this consortium for VMMC adverse events decreased over time.
• Data showed that differences existed between rural and urban sites.
Acknowledgements

- National Department of Health
- USAID/Pepfar
- CHAPS
- MatCH
- ANOVA
- Right to Care
Bibliography


