

Reaching the Uncircumcised through Community HIV Testing Services: Are Mobile Men Creating Regional Circumcision Prevalence Discrepancies?

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Background: HIV in Tanzania

- Adult HIV prevalence rate is 5.1%.
 - Among adults aged 15–49 years, more than 80% of all HIV infections are due to heterosexual contact.
 - HIV prevalence rate is 25% among female sex workers.
- Among adolescent girls and young women (AGYW), the HIV prevalence rate is more than double that of males in same age group.*

*Tanzania Commission for AIDS, Zanzibar AIDS Commission, National Bureau of Statistics, et al. 2013. Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) 2011–12. Demographic and Health Surveys Program website. <https://dhsprogram.com/pubs/pdf/AIS11/AIS11.pdf>. Accessed June 12, 2017.

Sauti Project in Tanzania

- Goal: Contribute to improved health for all Tanzanians through sustained reduction in new HIV infections
 - Provides biomedical, behavioral and structural prevention, HIV testing services (HTS) and family planning to key and vulnerable populations (AGYW, female sex workers and their partners, men who have sex with men and other hotspot populations)
 - Began in five regions and now working in 13 regions, with a focus on 43 of 84 aggressive and saturation subnational units
- Stakeholders: Ministry of Health, Community Development, Gender, Elderly and Children; regional administrations; local governments; Tanzania Commission for AIDS; 20 civil society organizations
- Funding: United States Agency for International Development (USAID) through U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)

Tanzania Voluntary Medical Male Circumcision Program

- Since 2009, Tanzania’s voluntary medical male circumcision (VMMC) program has reached over 2.5 million males in regions with low male circumcision (MC) coverage and high HIV prevalence.
- Statistical modeling, using the Decision Maker’s Program Planning Toolkit 2, indicates many of PEPFAR’s VMMC priority districts are approaching 80% MC coverage—including districts supported by Jhpiego’s VMMC program.

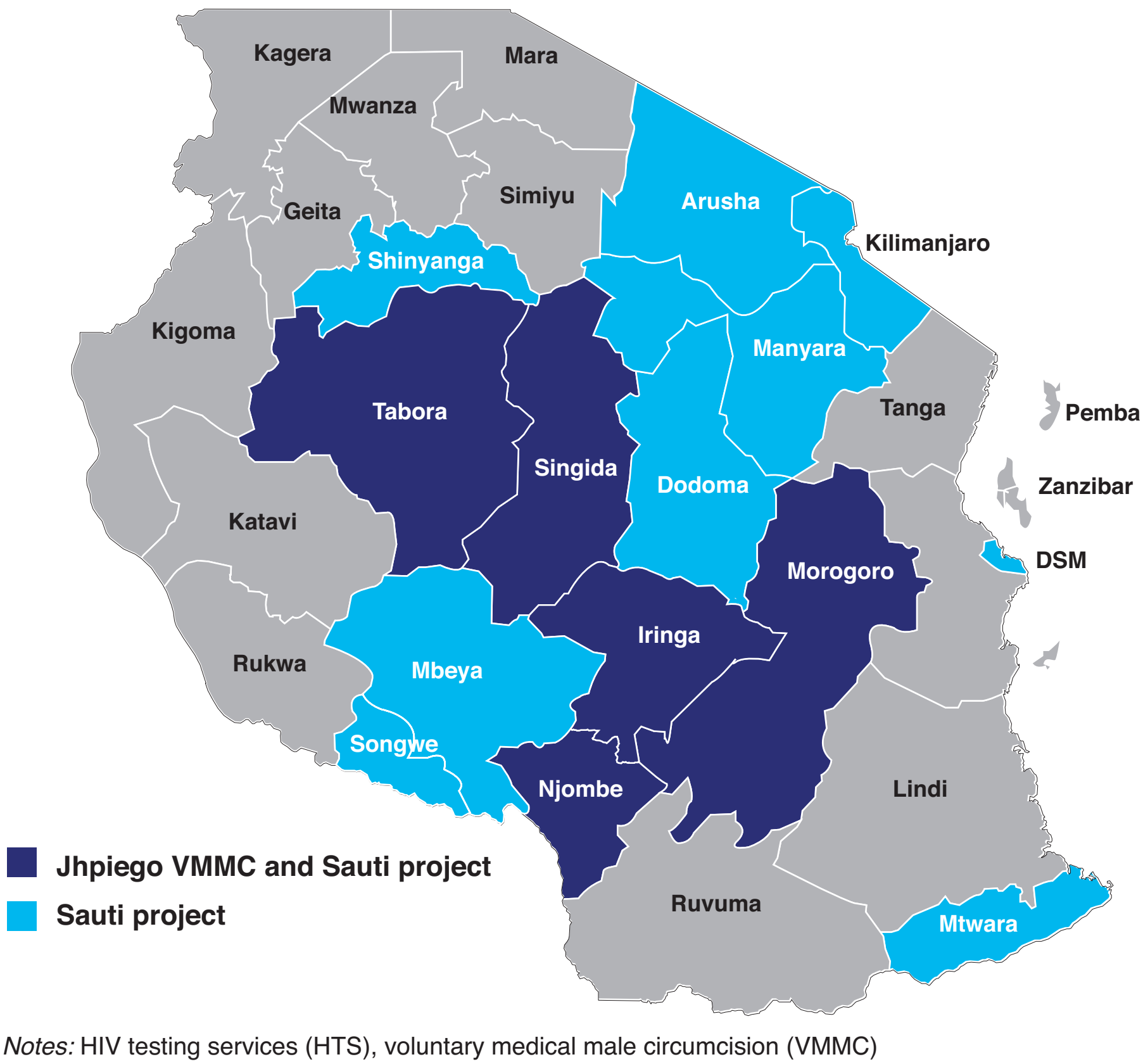


Male VMMC client. Photo by Frank Kimaro, Jhpiego.

Jhpiego’s HTS, HIV Prevention, and VMMC Coverage in Tanzania

- Sauti project supports biomedical, behavior change, and economic empowerment services in 15 regions.
- Jhpiego supports VMMC services in five of these 15 Sauti-focused regions (see Figure 1).

Figure 1: Map of Jhpiego’s HTS, HIV prevention, and VMMC programs in Tanzania



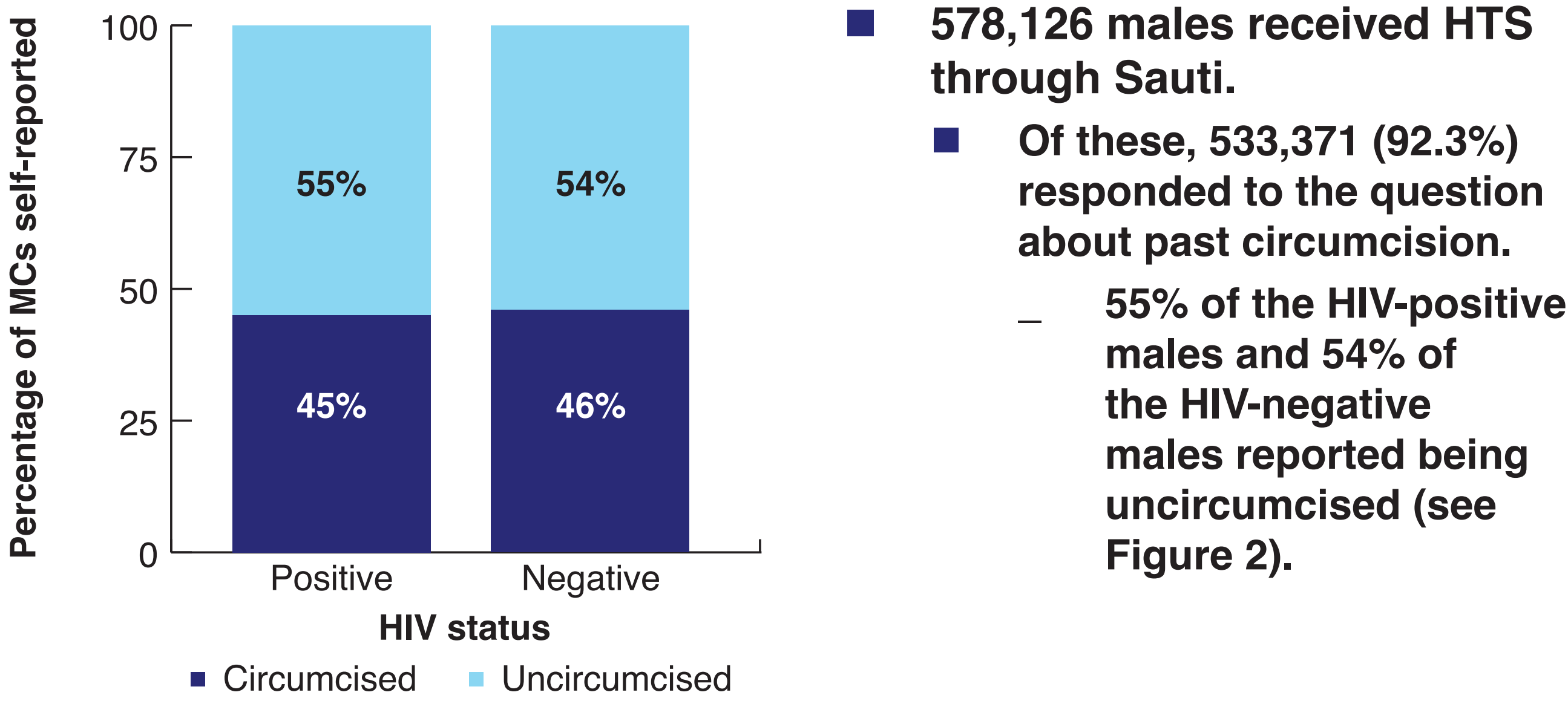
Notes: HIV testing services (HTS), voluntary medical male circumcision (VMMC)

Methods

- Between August 2015 and September 2017, Sauti program data were analyzed across 10 of the 15 Sauti regions to determine the following for males served by HTS:
 - Circumcision prevalence
 - HTS data and self-reported circumcision status
 - HIV status
 - Residency status in the region where they received HTS (as a proxy for mobility)
- We used a two-population proportions z-test to compare the regional prevalence of circumcision between Sauti and the 2015 Tanzania Demographic Health Survey (TDHS).

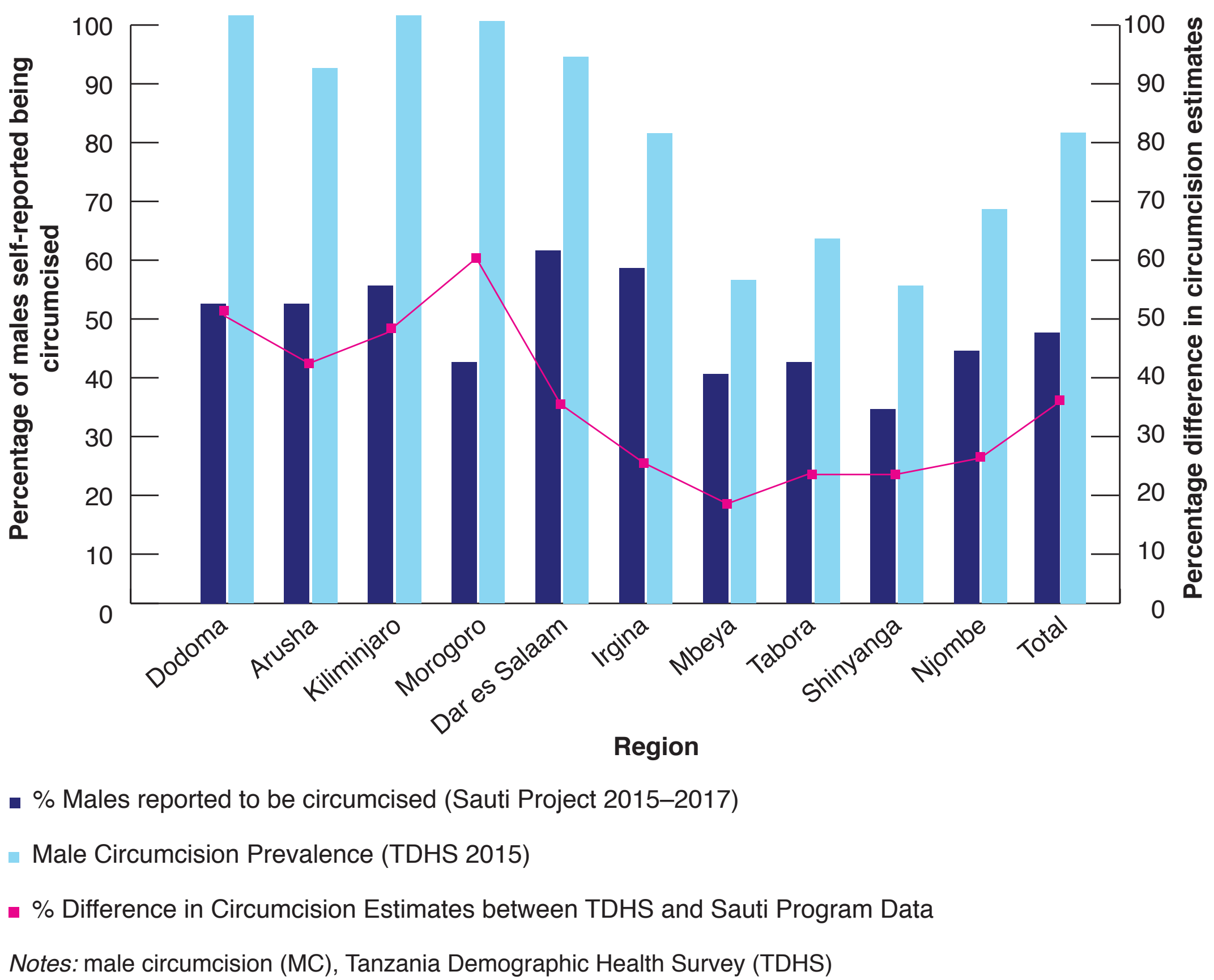
Results

Figure 2. Prevalence of self-reported MCs in Sauti—by HIV status, August 2015–September 2017 (n = 533,371)



Notes: HIV test services (HTS), male circumcision (MC)

Figure 3. MC prevalence by region between Sauti and TDHS, 2015

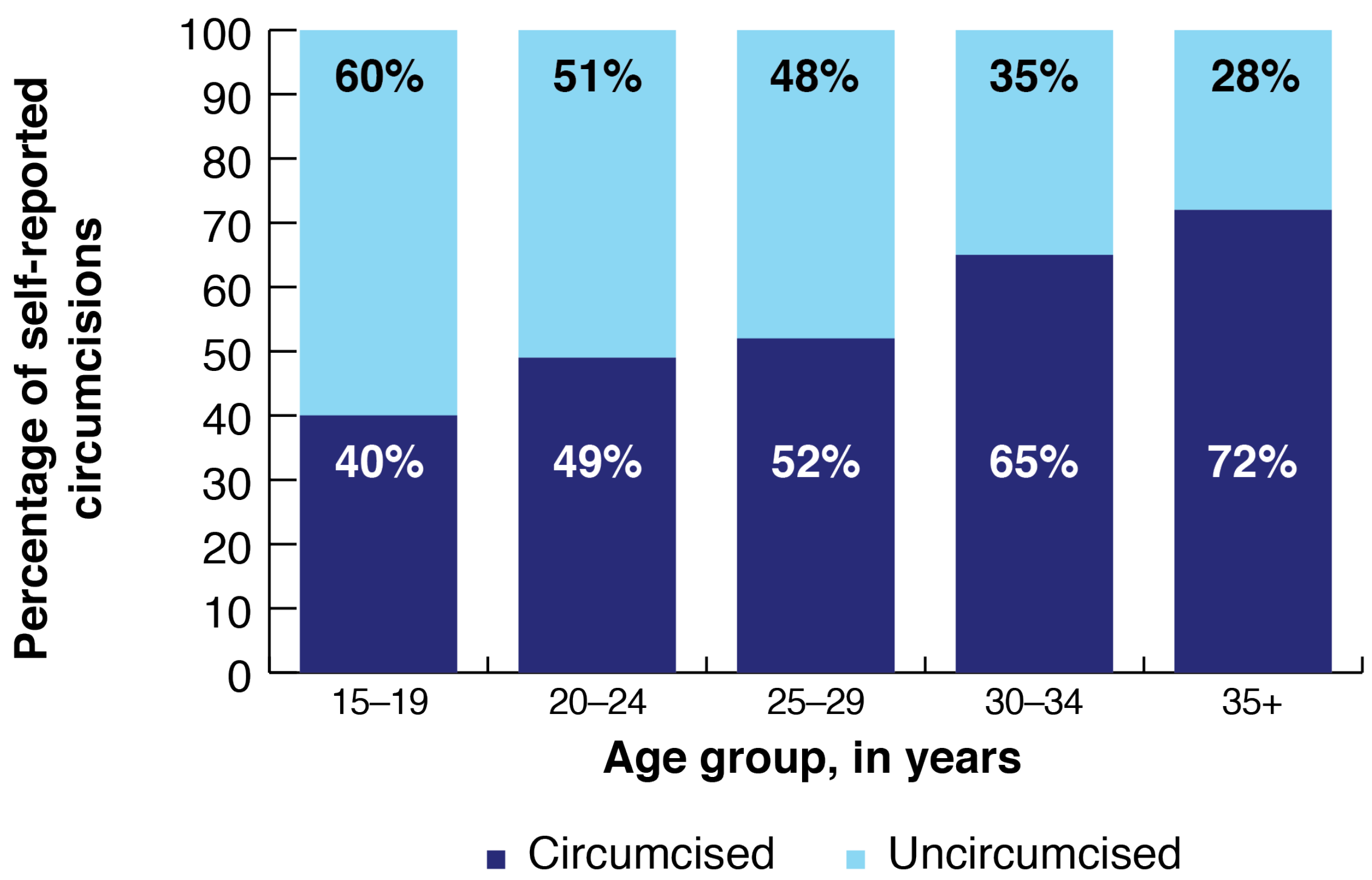


Notes: male circumcision (MC), Tanzania Demographic Health Survey (TDHS)

- In nine of the 10 regions studied, males served by Sauti HTS reported being circumcised at a much lower rate than males who reported this status in the 2015 TDHS.
 - Differences were statistically significant ($p < 0.001$) (see Figure 3).

Results, continued

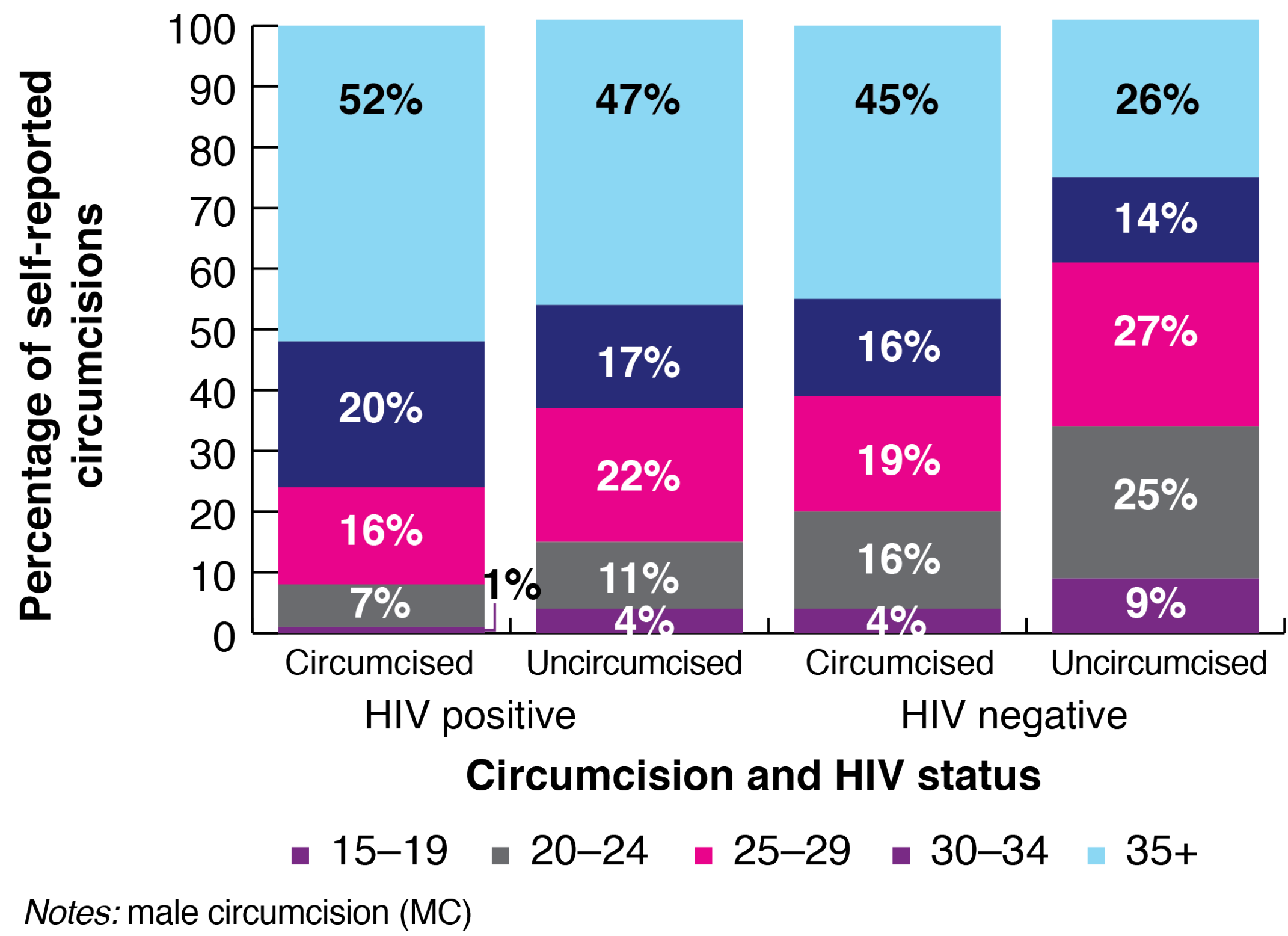
Figure 4. Self-reported MC status by age group in Sauti population



Notes: male circumcision (MC)

- Prevalence of self-reported circumcision increased with client age, overall (see Figure 4) and when disaggregated by HIV status (see Figure 5).

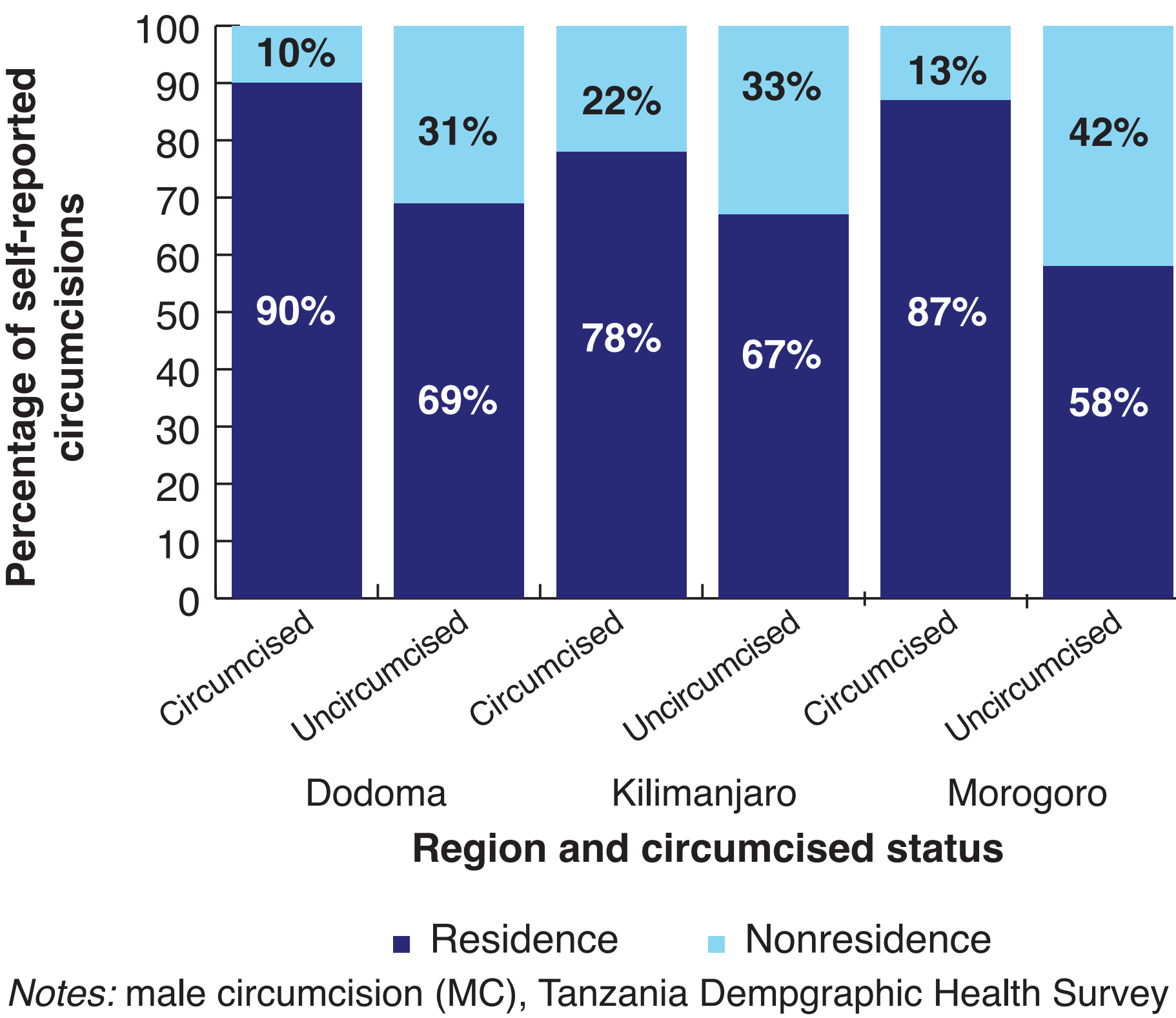
Figure 5. Prevalence of self-reported MC status by age group and HIV status in Sauti population



Notes: male circumcision (MC)

Results, continued

Figure 6. Residency status of males in three regions where Sauti’s self-reported circumcision status is reported at a much lower rate than in the 2015 TDHS report



Notes: male circumcision (MC), Tanzania Demographic Health Survey (TDHS)

- Among the 10 regions which were analyzed, the three regions with the largest difference in VMMC coverage data—Dodoma, Morogoro, Kilimanjaro—also had nonresident rates between 22% and 33% (see Figure 6).

Conclusions

- Given discrepancies in self-reported MC prevalence, more analysis is needed to understand why a substantial proportion of uncircumcised males receive HTS in regions where circumcision is considered nearly universal, according to TDHS, and whether this is due to the mobility of these men or inaccurate estimations based on the TDHS.
- Community-based HTS are reaching large numbers of uncircumcised HIV-negative men, suggesting the potential for direct provision of adult circumcision services as part of the combination prevention package in regions that are typically not served by Tanzania’s VMMC program.



Community VMMC demand creation. Photo by Frank Kimaro, Jhpiego.