

# **A conversation with Avenir Health, November 6, 2018**

## **Participants**

- Katharine Kripke, PhD – Senior Health Policy Advisor, Avenir Health
- Peter Stegman – Senior Economist, Avenir Health
- Michel Tchuente, PhD – Senior Health Specialist, Avenir Health
- Josh Rosenberg – Senior Research Analyst, GiveWell
- Amar Radia – Senior Research Analyst, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Dr. Kripke, Mr. Stegman, and Dr. Tchuente.

## **Summary**

GiveWell spoke with Dr. Kripke, Mr. Stegman, and Dr. Tchuente of Avenir Health as part of its investigation into the room for more funding for voluntary medical male circumcision (VMMC). Conversation topics included the number of VMMCs required to maintain long-term coverage, the decline in funding for VMMC, and implementing organizations that GiveWell should talk to.

## **Number of VMMCs required to maintain long-term coverage**

Voluntary medical male circumcision (VMMC) is used to curb the transmission of HIV in countries with high HIV prevalence and low coverage of male circumcision. As part of their broader strategies to beat AIDS, UNAIDS and the World Health Organization (WHO) have jointly set a target for 90% of 10-29-year-old males in 15 priority countries to receive VMMCs by 2021.

## **Estimating VMMC needs**

GiveWell set out its analytical approach to understanding the number of VMMCs that would be needed each year to maintain coverage at 90% even once the target is reached: calculate how many un-circumcised males are projected to turn 10 years old each year in target countries.

Avenir Health confirmed that this analytical approach was roughly correct but would need to take into account baseline rates of circumcision. Avenir Health staff believe that the analysis should focus on specific VMMC priority regions in Tanzania, Kenya, and Ethiopia that historically have had low coverage of male circumcision, whereas the remaining regions in those countries have had high rates of circumcision.

## **Decline in funding for VMMC**

Overall funding for VMMC has and is continuing to decline. A concern about the future of funding for VMMC may be the focus on achieving, and not necessarily maintaining, 90% coverage. Priority countries, none of which have achieved coverage targets yet, may not be able to successfully transition to sustaining

national VMMC programs without donor support due to insufficient funds and a lack of strategic planning.

**Room for more funding**

Based on the current decline in funding for VMMC and the program’s overall need, Avenir Health believes that there is substantial additional room for more funding for VMMC.

**Implementing organizations that GiveWell should talk to**

Jhpiego is an organization implementing VMMC programs in several countries that may be worth considering.

*All GiveWell conversations are available at  
<http://www.givewell.org/research/conversations>*