

A conversation with Dr. Dirk Taljaard, March 22, 2016

Participants

- Dr. Dirk Taljaard – co-CEO of the Centre for HIV and AIDS Prevention Studies (CHAPS), co-investigator of the 2005 Orange Farm Medical Male Circumcision study
- Josh Rosenberg – Senior Research Analyst, GiveWell
- Chelsea Tabart – Research Analyst, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by Dr. Dirk Taljaard.

Summary

GiveWell spoke with Dr. Taljaard of CHAPS as part of its investigation into the evidence on, and giving opportunities related to, voluntary medical male circumcision (VMMC).

CHAPS' activities

CHAPS is a South Africa-focused VMMC charity founded in 2010 by members of the research group that conducted the Orange Farm Medical Male Circumcision study, the initial randomized controlled trial on VMMC. Since 2015, CHAPS has also worked in Swaziland, where they are funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) to be the Ministry of Health's main implementing partner.

CHAPS has a budget of about ZAR 150 million (~\$10 million USD). Its main activities are direct VMMC service provision (it operates 50 clinics in 4 provinces), training clinicians in VMMC surgery, quality assessment of VMMC services, and research on VMMC-related topics.

CHAPS has been working on VMMC strategies for HIV prevention in Orange Farm since 2005, and has been encouraged by an observed drop in both incidence and prevalence of HIV infection since that time.

Direct service provision by CHAPS

We discussed some programmatic details of CHAPS' program.

- *Cost.* CHAPS' total cost of performing a circumcision is ~\$130 USD. HIV testing materials are supplied by the South African government and are therefore not included in this cost. Connecting men who test positive for HIV with counselling and treatment is a significant priority of CHAPS' funders (PEPFAR and the South African government). This element of service provision is a significant cost to CHAPS.
- *Demand creation.* Demand creation is a challenge for VMMC providers. Eighteen to twenty per cent of CHAPS' VMMC program costs relate to demand creation at present. Currently, 70%+ of their current clients are <20

years old reflecting that there is high demand for circumcision among adolescent boys. CHAPS' demand creation spending mainly funds outreach workers to seek out potential VMMC clients, as opposed to mass media advertising or other strategies. The percentage of programmatic costs devoted to demand creation will likely increase as CHAPS tries to access more difficult to reach populations such as older men. It will also increase if publicly funded advertising campaigns advocating VMMC are scaled back or stopped. For example, when Community Communication Initiative lost funding for its VMMC advertising, CHAPS experienced on average a drop of 15-20% in clients seeking VMMC.

- *Implementation.* CHAPS' implementation technique for VMMC is the same as that described in the Orange Farm trial (Auvert et al 2005), with the exception that CHAPS now uses the dorsal slit technique for under-15 year olds. It continues to use the forceps-guided method for other age groups.
- *Adverse events.* CHAPS track adverse events according to a nationally agreed protocol, which obliges clinicians to report all adverse events. One per cent of surgeries occasion a moderate adverse event. Serious adverse events are very rare.
- *Data collection and management.* CHAPS collects data about the surgeries it performs and any adverse events that occur into a centralized database which is usually about 2 weeks behind. That database is periodically audited by USAID.
- *HIV-positive men seeking VMMC services.* CHAPS' experience is that men who test positive for HIV (and therefore do not derive significant medical benefits from circumcision) nevertheless choose to proceed with circumcision surgery. CHAPS conducts surgeries on HIV-positive men so long as the surgery will not jeopardize their health. The percentage of CHAPS' clients who test positive for HIV closely follows the average national prevalence rate for the relevant age group.
- *Behavioral risk compensation.* CHAPS does not formally track behavioral risk compensation (whether circumcised men engage in higher levels of risky sexual behavior) following surgery. However, research both at Orange Farm and in Kenya has found no increase in sexual partners among circumcised men, and indeed found an increase in condom use with casual partners.

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