

Ensuring sustainability of SA's state-led VMMC services and demand creation using behavioural economics: Preliminary Findings

#PEE056 | Option 2 | Track E2 / E18 | By Jani Swart¹, Sarah Brown¹, Shiraly Amoils¹, Adjoa Kwarteng¹, Collen Bonnecwe², Dayanund Loykissoonlal²
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BACKGROUND

VMMC reduces the risk of female-to-male sexual transmission of HIV by 60%, making it a key HIV prevention method. In South Africa, heavily resourced donor-funded Implementing Partners have a competitive advantage over Department of Health (DoH) sites in terms of voluntary medical male circumcision (VMMC) program service provision and demand creation.

However, if the VMMC program remains reliant on implementing partners for demand creation and service provision, the program will be ill-equipped to sustain performance when partners inevitably exit.

Facility managers need to improve linkage and integration between DoH primary healthcare services (PHC) and partner-supported VMMC services to build ownership over these activities and so strengthen the program.

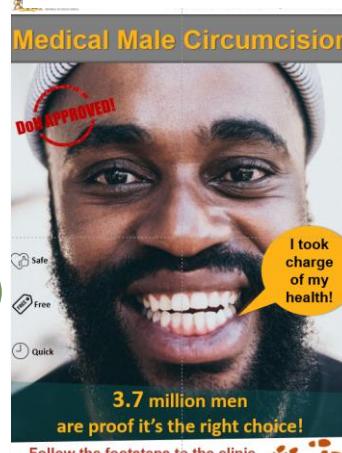
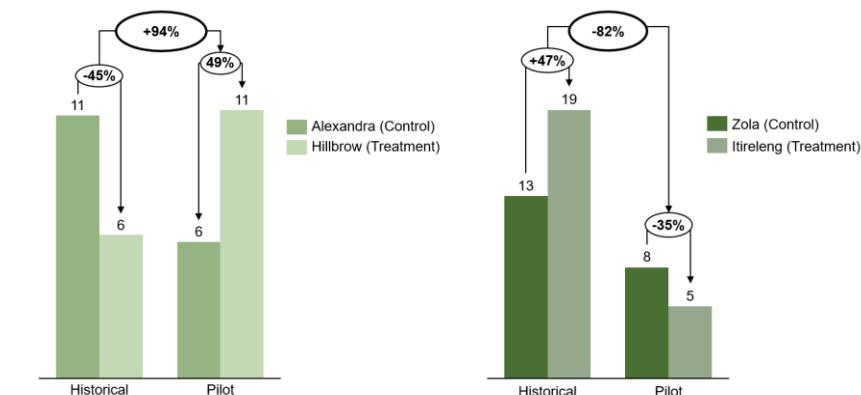
INTERVENTION

The DoH needs low-cost, ongoing VMMC demand creation activities. Thus, its VMMC technical support partner, MMC SUSTAIN, aimed to raise awareness of VMMC services with DoH PHC healthcare workers and implement interventions informed by behavioral economics to encourage them to refer men for VMMC services. The DoH would thus leverage existing resources to increase demand.

To nudge staff and clients to speak about and refer for VMMC, MMC SUSTAIN designed behaviorally-informed awareness posters, easy conversation prompts, commitment devices for the clients and salient floor guides. The designs were guided by the UK Behavioural Insight Team's EAST Framework.

The intervention was conducted at two facilities – each paired with a control facility.

Graphs showing average weekly MMC volumes across four selected sites: Hillbrow (test) and Alexandra (control); Itireleng (test) and Zola (control)



COMMITMENT CARD

Want to lower your risk of getting HIV/AIDS, STDs and cancer? Yes, I'm responsible
No, I don't care

Book your circumcision at the Men's Clinic and keep this card as your booking reminder

I will visit the clinic on: DD | MM | 2020

My name is:

My signature:

GAUTENG PROVINCE

KEY LESSONS

Interviews with NDoH stakeholders evaluating the impact of the intervention suggest the approach shows promise in promoting VMMC among PHC patients. Stakeholders believe it can be both cost-saving & sustainable as opposed to seasonal demand generation campaigns.

A greater emphasis on ensuring PHC staff buy into their role in VMMC demand generation is important. This could be achieved through more detailed healthcare worker trainings.

NEXT STEPS

To explore the project's full potential, a scale-up to include more facilities – with a larger focus on healthcare worker training – is underway. There is a need for the intervention to have an accurate quantitative measure to understand ownership of demand generation activities. It thus uses the Social Cognitive Theory to measure the level of ownership of the VMMC program among PHC staff. If results show promise, a roll-out guide will be submitted to the NDoH.