

Communicating About VMMC Devices

Jason Reed, MD, MPH November 14, 2013





New opportunity for success

Inject new energy into VMMC scale-up

Overcome some key barriers to VMMC

 Empower clients as decision-makers

Respect for the "ask"





The challenge of choice

Meeting demand just got more difficult



- Differentiating between methods complicates messaging
- Simplifying without distorting becomes our mandate



VMMC Communication Considerations

When promoting VMMC in the context of available devices, we must consider..

RATIONALE

Why is this important? Understand values.

EMPHASIS

Balance of benefits + method

AUDIENCE

Targeted approach

SOURCE

"Go-to" champions of VMMC / devices at all levels

TIMING

Points of optimal attention, receptivity

COORDINATION

Consistent messages **Supply-demand balance**





Building the case

- What we've done:
 - Articulated the needs met by devices
 - Documented clinical integrity
 - Identified groups/populations affected by device availability
 - Assessed local implementation considerations (pilots underway)
- What we still need to explore:
 - How target populations will respond;
 - What motivates that response; and,
 - How to ensure that response results in positive health outcomes





Telling the story

Time and **attention spans** are in short supply – what do we emphasize?



SPECIFIC DEVICE

Pros/cons vs. other devices

DEVICE-BASED VMMC

New alternative(s)
Pros/cons vs. surgery

VMMC

Individual health benefits

Masculine and social-norm ideals

Altruism, public health benefit

An AIDS-Free Generation



Targeted approach

POLICY- AND DECISION-MAKERS

- Efficiency booster
- Cachet
- Age limits
- Necessary back-up

MEDIA

- Mind the hype
- Devices in perspective
- Trained journalists = more responsible coverage

PROVIDERS, PROGRAM MANAGERS

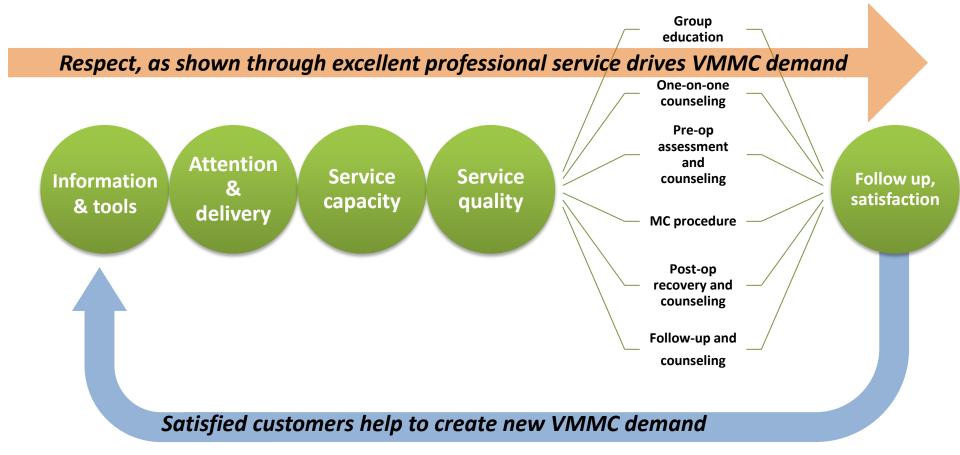
- Easy to learn / easy to use / easy to add
- Public health partners need to know
- Honesty all the way
- Not for everyone, but ideal for some

COMMUNITY/INDIVIDUALS

- Correct, consistent information through existing community-level channels
- Offer respect, earn trust
- In absence, risk of (increased) myths and misinformation



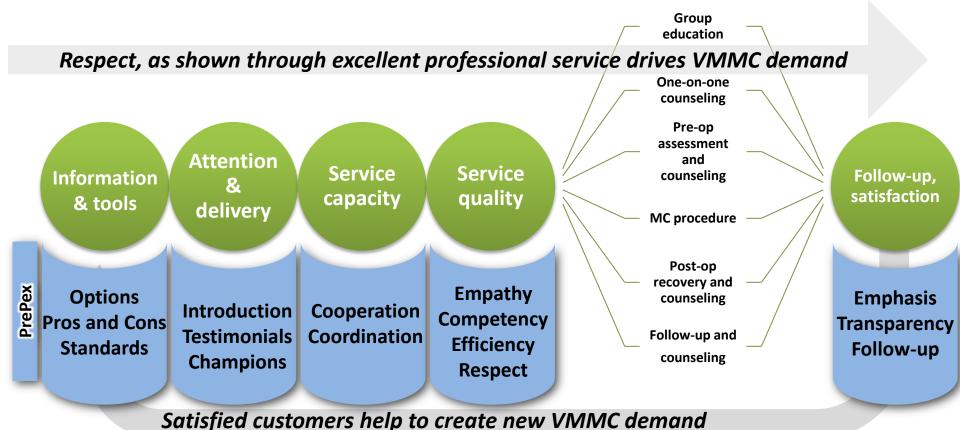
VMMC communication cycle







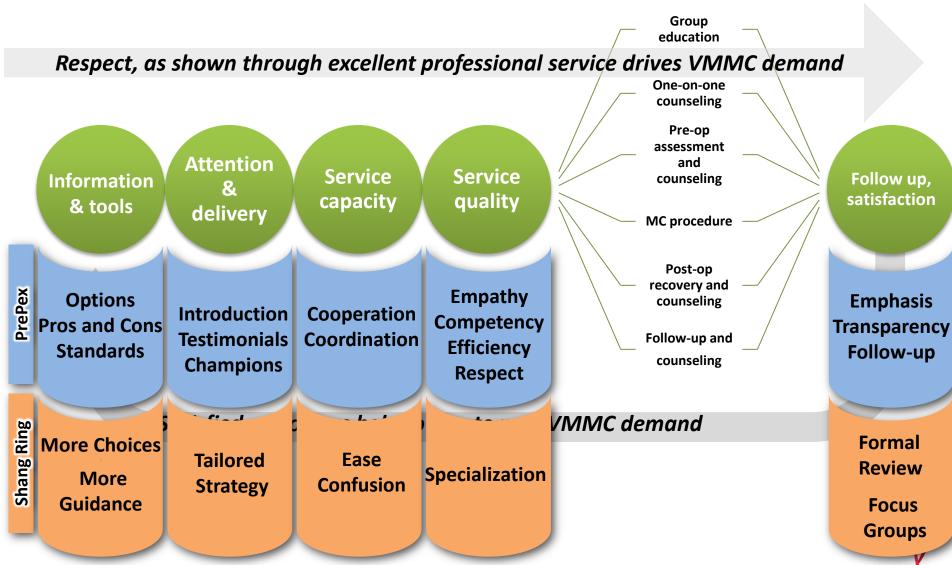
VMMC communication + 1 device







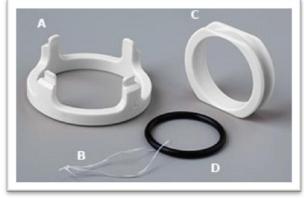
VMMC communication + 2 devices



Discussing VMMC options with clients



 Local resources may influence the discussion



Key principles:

VMMC benefits are independent of method



 Counselors should be educated in all options and avoid bias



Supply-demand balance

Inefficiency
High unit costs
Poor staff morale
VMMC perceived undesirable
Result: Budgets decrease

Needs met
Targets reached
Optimal unit costs
Positive program perception
Results: Reduced HIV
infections

Limited investment
Limited results
Low visibility
Results: None

Long queues
Lack of preferred method
Wasted time, lost income
Staff exhaustion/burnout
VMMC perceived desirable
Result: Demand decreases

Enablers

- Compelling, culturally sound information
- Concise, accurate communication
- Real-time information on method availability
- Service content and quality, not just quantity

Demand



Sustaining VMMC Demand

- Build, maintain client satisfaction
 - Technical competency includes client interaction skills
 - Anticipate, meet client needs
 - Respect his concerns
 - Thank him
- Happy clients build VMMC demand
 - A "milestone" life event
 - Extremely vulnerable undertaking
 - A responsible choice
 - An opportunity to take pride in achievement







Take home points

- Much of VMMC demand is built through service quality, availability and outcomes; service design and quality cannot be divorced from communication, especially as new devices complicate service availability
- It is our responsibility to provide impartial, balanced information about available circumcision methods

 This is an opportunity to revisit the quality and content of VMMC education and counseling

