

Eastern and Southern Africa Regional Meeting on Demand Creation for Voluntary Medical Male Circumcision

Lusaka, Zambia – April 3-5, 2013

Brief meeting report

The Government of Zambia and the Bill & Melinda Gates Foundation (BMGF) convened a three-day meeting to explore strategies to generate robust demand for voluntary medical male circumcision (VMMC) in the 14 African countries where VMMC scale-up has been recommended for HIV prevention. Planning for the meeting was assisted by contributions from country partners, program implementers, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and key United Nations agencies.

More than 200 stakeholders from all 14 priority countries participated in the meeting. Participants included national health ministry officials, VMMC program implementers, traditional and community leaders, international non-governmental organizations, international donors and United Nations agencies involved in supporting VMMC scale-up.

The meeting aimed to improve understanding of the barriers to demand and how to address them, and to facilitate sharing of best practices from experiences in the field. The meeting also sought to generate new ideas and approaches for demand creation and to encourage the development of new partnerships to test and evaluate these new ideas and approaches.

The HIV Prevention Potential of VMMC

Voluntary medical male circumcision is the most cost-effective of all available HIV prevention interventions. Clinical trials found that VMMC reduces the risk of female-to-male sexual transmission by about 60%. According to studies conducted in settings where VMMC has been rolled out, scale-up is associated with reductions in HIV incidence.

As a discrete procedure that confers lifelong protection, VMMC has the capacity to alter the epidemic's trajectory in priority countries. Modeling exercises indicate that reaching 80% of adult males (ages 14-49 years) with VMMC would avert an estimated 20% of new infections by 2025, generating savings of \$16.6 billion in future medical costs. Although men receive a direct prevention benefit as a result of VMMC, scale-up would also indirectly benefit women, by reducing the number of potential infectious male partners and through the prevention of sexually transmitted infections.

In 2007, WHO recommended the scale-up of VMMC in countries with a high prevalence of HIV and a low prevalence of male circumcision. Early progress in rolling out VMMC immediately following the WHO recommendation was slow, although the pace of scale-up has substantially increased. PEPFAR projects that by the end of 2013 4 million African men will have been circumcised, representing roughly 20% of the 20 million men who need to be circumcised to reach 80% of those who are eligible.

To date, nearly all VMMC procedures have involved surgical removal of the foreskin. In 2013, WHO prequalified the non-surgical PrePex device for male circumcision. The maker of a second circumcision device, the Shang Ring, has also petitioned the WHO for pre-qualification. Regardless of the method used for removal of the foreskin, WHO has recommended that VMMC programs undertake task-shifting and configure service settings in a manner to enhance efficiency and reduce burdens on the limited number of skilled surgeons in priority countries.

Challenges in Scaling up VMMC

Although VMMC is highly effective in preventing HIV acquisition, roll-out efforts in priority countries have encountered a number of challenges. Unlike many HIV prevention strategies, such as using a condom, delaying sexual debut or reducing the number of sex partners, VMMC requires individuals to undergo a sensitive medical procedure.

Men in their 20s and 30s are most likely to receive an immediate prevention benefit as a result of VMMC, as evidence indicates that men in these age groups are most likely to acquire HIV during sexual intercourse. To date, however, demand for VMMC appears to be much greater among younger males, including those younger than age 15, who are likely to experience a prevention benefit years later, when they are more likely to be sexually active. Men in their 20s and 30s sometimes account for a minority of VMMC recipients in some programs, indicating that demand among the highest-priority age cohorts remains sub-optimal.

Since WHO first recommended scale-up of VMMC in priority countries, much has been learned about factors that deter some men from seeking VMMC services. Some men avoid being circumcised due to the fear of pain or adverse events or the need to abstain from sexual activity in the weeks immediately following the procedure. Some men believe that VMMC violates cultural traditions or resist VMMC services that include HIV screening.

There are also signs that some uncircumcised men experience family resistance to VMMC. While mothers of adolescent males have played an important role in encouraging their sons to be circumcised, the calculus may be different for married women, who may perceive that there is little need for their husband to be circumcised if he remains monogamous. As a result, some married women may believe that circumcision might increase the likelihood that their husbands will seek sex with other women.

Structural factors may also slow VMMC uptake. Many men, for example, may simply be unaware of the availability of VMMC services or lack access to services. Some men, especially in rural areas, may lack access to transportation to obtain VMMC services. Services offered during normal business hours may fail to reach men who are unable to miss work.

Efforts to Generate Demand for VMMC

In light of the many factors that potentially slow VMMC uptake, it is apparent that accelerating the pace of the VMMC expansion will require focused efforts to build demand for services. A seven-country study by BBC Media Action aimed to survey demand generation strategies implemented to date and to identify best practices.

A number of VMMC programs have used community mobilizers to generate demand. Typically, community mobilization staff are drawn from the community in which they work, with community mobilizers communicating one-on-one with individuals and community gatekeepers about the importance of VMMC. One program in Zambia took community dynamics into account in building its community mobilization program, looking to influential community members to recruit mobilization staff. In Malawi and South Africa, community mobilization teams or networks have been formed, while partnerships with community-based organizations have proven helpful in community mobilization efforts in Mozambique. Numerous programs provide stipends for community mobilization workers to promote retention, with the Orange Farm program offering performance incentives to address quality issues. Ongoing supervision and the availability of refresher training programs were cited as ways to promote acceptable quality for community mobilization activities.

Some VMMC programs are experimenting with various incentives to encourage men to be circumcised. One study currently underway is enrolling 1,800 uncircumcised men who will be divided into four study arms. One arm will receive no compensation, another will receive compensation for actual transportation costs, a third will receive compensation for transportation costs plus 1-2 days of lost wages, and the fourth arm will receive compensation for transportation costs as well as up to 3-4 days of lost wages. Compensation will be in the form of food vouchers that will be redeemable at local shops. Study results are expected in late 2013.

Time-limited campaigns have proven highly successful in a number of settings in promoting and delivering VMMC services. In Zambia, the government issued a call to action for an annual VMMC month, the first of which occurred in August 2012. With direction and encouragement from the central government, provincial health ministers were empowered to implement province-specific activities to implement the national campaign. Strong government leadership played a key role in the campaign, which was the most successful such campaign ever undertaken in Zambia. Several studies are underway, including in Tanzania and Uganda, to assess the impact of campaigns on VMMC scale-up.

Inter-personal communication has also emerged as a potential strategy to increase VMMC uptake, especially among men 25 years and older. One USAID-funded program in Uganda established a public-private partnership with about 100 companies, engaging executives and human resource officials to mobilize staff and implement peer education in the workplace. One ongoing study in Kenya will evaluate the effectiveness of a program that combines inter-personal communication with clinics specifically dedicated to VMMC services for men ages 25-39.

Some VMMC programs seek to accelerate uptake through use of various communications technology, including SMS messaging, 24-hour telephone information, and toll-free help lines. In Tanzania, where SMS technology is being used to increase awareness of VMMC services, nearly 10% of individuals who requested VMMC information by SMS subsequently requested information on post-operative care, suggesting substantial uptake of services.

Recruitment of influential VMMC champions is a demand generation strategy that has been adopted in a number of countries. Three randomized controlled trials are underway in South Africa, Zambia and Zimbabwe to evaluate the "Make the Cut" intervention, a 60-minute session facilitated by football coaches who are themselves circumcised. Preliminary numbers from the

Zimbabwe study indicates that the rate of new VMMC was four times higher among participants who received the intervention than in the control group. Qualitative study results suggest that HIV testing represents the greatest perceived barrier to VMMC.

In the quest to increase demand for VMMC, there has also been experimentation in the design of VMMC services. One study in a multi-branch health clinic network in Malawi found price discounts generated increased demand for services, with the proportion of people coming for VMMC declining as the size of the discount declined.

There are some signs that media coverage of VMMC has contributed to demand generation efforts. A review of media coverage in seven countries found that the vast majority was favorable. In Kenya, a special project to train journalists in VMMC was formed, which included support for journalists to travel to visit VMMC sites to inform their coverage. When an analysis emerged from Australia erroneously asserting that the prevention benefit from VMMC was small, the Kenya project reached out pro-actively to journalists to explain the facts about the VMMC clinical trials and why the Australia analysis was unsound.

As a means to build demand, VMMC-related messages have also been incorporated in radio and television entertainment programming. This approach has been successfully tried for other health initiatives, including in Tanzania, where incorporation of health messages in radio programming was associated with an increase in utilization of family planning services.

VMMC programs have proven innovative in their strategies to generate demand, and much has been learned. However, few focused efforts have been undertaken to gauge the actual impact of various demand generation strategies.

Role of Traditional and Religious Leaders in Building Demand for VMMC

Community leaders have a potential critical role to play in facilitating uptake of VMMC. As custodians of local traditions, traditional and religious leaders have an unmatched ability to address cultural resistance to VMMC roll-out. In the Nyanza Province of Kenya, where VMMC scale-up has been sharpest and most rapid, endorsement of VMMC by the Luo Council of Elders was vital to successful efforts to bring VMMC to scale in the region. In Zimbabwe and other countries, outreach to community leaders has resulted in the integration of VMMC in traditional circumcision rituals for adolescent males.

Chief Jonathan Eshiloni Mumena (Zambia) played a key role in mitigating resistance toward VMMC in his own ethnic community. Rather than merely offer advice and guidance to his constituents, Chief Mumena became circumcised himself, helping alter local perceptions of circumcision. In his interactions with his community on VMMC, Mumena emphasized the need for cultural traditions to evolve when the survival of the group is at stake.

Role of sexual intimate partners and women's groups in VMMC demand creation

Efforts have been done to target older men for VMMC services but with limited success. Most of the time men that are targeted by demand creation interventions are likely to be married or in stable relationships...this panel argued that it's imperative to explore ways of engaging female

partners in discussions around VMMC as it will have an impact in increase service uptake among their partners and at the same time reduce the rate of early resumption of sex. Current programs exclude women, hence missing out on education around the risks and benefits of circumcision. Most women do not understand the importance of the post-operative abstinence period and therefore do not support their partners in observing it. The panel agreed that women have expressed interest in being engaged to mobilize their partners as well as other men for VMMC; men too have said they need the support of their spouses to help them get through the healing period. The panel discussed several possible interventions that may include women.

Applying State-of-the-Art Marketing Practices to VMMC Promotion

Although selling a product, such as a can of soda or a bar of soap, differs considerably from persuading a man to undergo a medical procedure. However, there may be much that VMMC might learn from the worlds of advertising, marketing and product promotion.

To date, most materials or strategies developed to promote VMMC have been educational and informative. However, they often fail to speak to emotions or other motivations of men for whom VMMC might be appropriate. In addition to informing individuals about the prevention benefits of VMMC, demand generation efforts might also explore the possibility of “re-branding” VMMC, encouraging men to consider non-health-related issues in their decision whether to be circumcised. In this regard, programs might work to create an appealing umbrella “identity” for the circumcised man. One program in Uganda is already experimenting with this approach, using marketing strategies that suggest that the “stylish man” is one who has been circumcised.

Sophisticated marketing also takes account of the stages of decision-making, developed focused strategies to influence men at each step of the process. Effective marketing also recognizes that decision-making is often unconscious or intuitive, providing triggers that encourage men who make snap decisions to opt for circumcision.

Moving Forward: Building the Evidence Base on VMMC Demand Generation

Although important gains in scaling up VMMC have been achieved, impediments to service uptake will need to be addressed if scale-up targets are to be met. While many programs are displaying considerable vision and innovation in their efforts to encourage men to be circumcised, the general lack of impact evaluation data impedes the efforts of program implementers to design the most effective demand creation initiatives.

Following the meeting a call for proposals was launched by the International initiative for Impact evaluation. 20 applications were received and 7 were funded and currently underway. More details to be fund here:

<http://www.3ieimpact.org/en/funding/thematic-window/thematic-window-3-voluntary-male-medical-circumcision/thematic-window-3-award-winners/>