



# CAPRISA

CENTRE FOR THE AIDS PROGRAMME OF RESEARCH IN SOUTH AFRICA



CAPRISA IS A UNAIDS  
COLLABORATING CENTRE FOR  
HIV RESEARCH AND POLICY

## Starting with the end in mind: Experience of transitioning to sustainable services (KZN)

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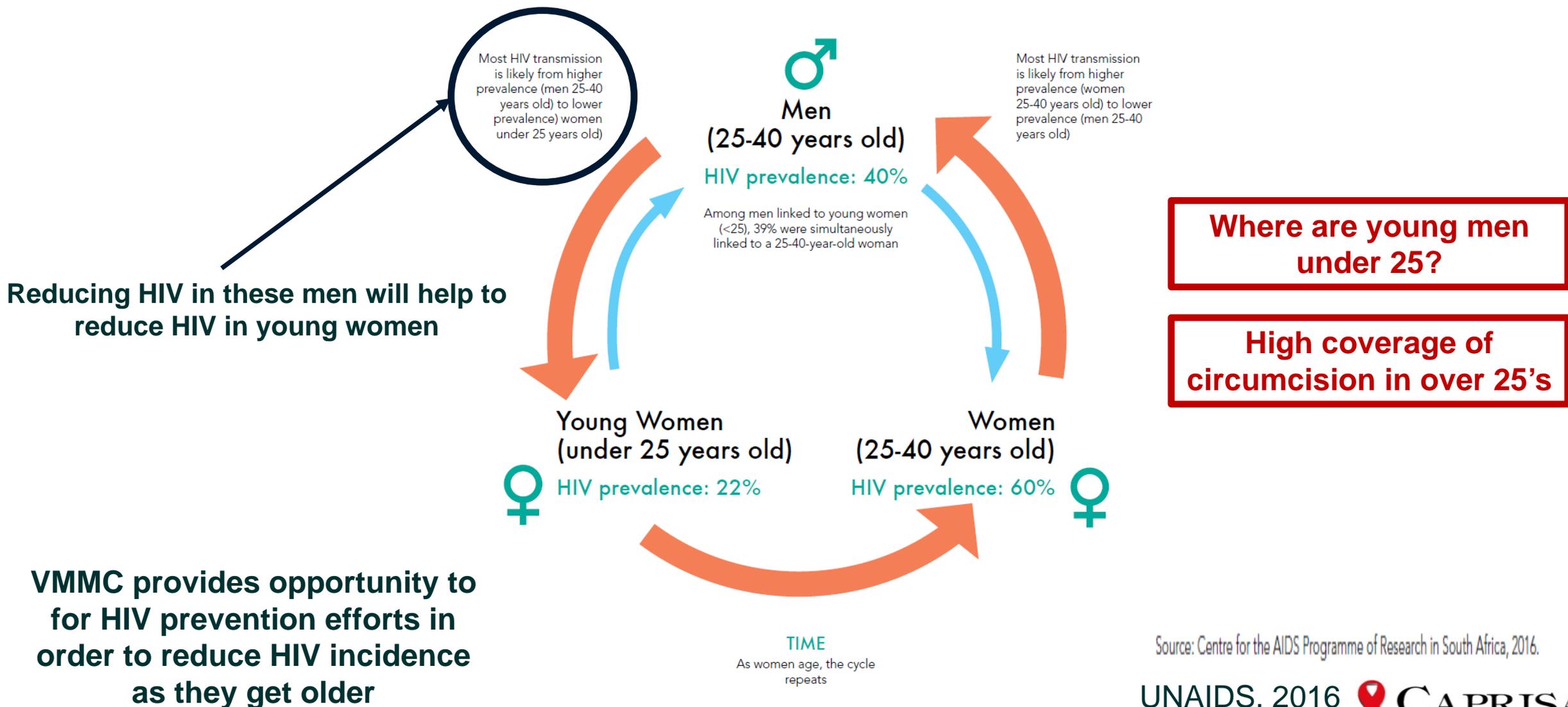


Columbia University  
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# VMMC: Including men in HIV Prevention

- **Eastern and southern Africa has only 6.2% of the world's population but home to half of the people living with HIV**
- **VMMC as part of combination prevention is an important tool for epidemic control in eastern and southern Africa where heterosexual transmission is dominant and MMC uncommon**
- **There has been tremendous progress in the uptake of voluntary male medical circumcision between 2008 and 2014**
  - Early sexual debut, age-disparate relationships, low condom use, poverty all heighten the ecological risk of young people
- **The major benefit of VMMC is that it is a single surgical procedure with huge public health benefits.**
- **For epidemic control we need to know which men to target in which settings in this region**

# Transmission dynamics: HIV rare in young men <25



Source: Centre for the AIDS Programme of Research in South Africa, 2016.

# CAPRISA VMMC Service

- **Aimed to pilot a sustainable adolescent-friendly demand creation model to assess acceptability, feasibility and understand the imperatives to successful scale-up**
- **Designed with sustainability and coverage as main priority**
- **Male students were recruited for VMMC between March 2011 and February 2013**
  - Recruitment was initiated in all 42 high-schools in Vulindlela
  - The target was to achieve 70% VMMC coverage
  - The target age group was 16 to 20 years,
  - Services were available to younger volunteers (12–15 years) who had parental consent and out-of-school volunteers over 20
- **CAPRISA service involved 3 phases,**
  - Community consultation and engagement;
  - In-school VMMC awareness sessions, centralized HIV counselling and testing (HCT) service access and VMMC service access facilitation; and
  - Peer recruitment and decentralised HCT

# CAPRISA VMMC Service

- **Phase 1: Community consultation and engagement**
  - Extensive community consultation to diffuse information
  - School involvement
  - Partnership with local NGO to educate and build awareness and demand
- **Phase 2: In-school VMMC awareness sessions, centralized HCT service access and VMMC service access facilitation**
  - VMMC co-ordinators provided information at assemblies
  - HCT at schools and transport provided
  - Post surgical visits done at schools
- **Phase 3: Peer recruitment and decentralized HCT**
  - Early adopters = recruiters >> schedule appointments/information/co-ordinate VMMC days/organise the transport and ensure ICF was obtained
  - Small incentives provided
  - HCT decentralised to occur at schools, CAPRISA clinics and local PHC clinics
  - Post surgical visits occurred at schools

Montague, C., Ngcobo, N., Mahlase, G., Frohlich, J., Pillay, C., Yende-Zuma, N., Humphries, H ...  
Karim, Q. A. (2014). Implementation of adolescent-friendly voluntary medical male circumcision  
using a school based recruitment program in rural KwaZulu-Natal, South Africa. PLoS ONE.

# CAPRISA VMMC Service: other innovations

- **Optimise the provision of service**
  - Provide services on certain days only to maximise resources
  - Provide surgery over Friday and Saturday as time least disruptive to school schedule
  - Post-surgical visits at schools
- **Link to other SRH services**
  - Use the VMMC as an opportunity for other services, STI treatment, condom provision
  - Peers provide an important link to service and information
  - Schools as service centres or links to services and organisers of services
- **Rethinking getting consent**
  - Teacher facilitated information sessions, provide consent once
- **Using the strengths of private-public partnerships**
  - NGOs, PHC clinics as venues/service providers, NGOs, easy as once-off service
  - QI and HSS

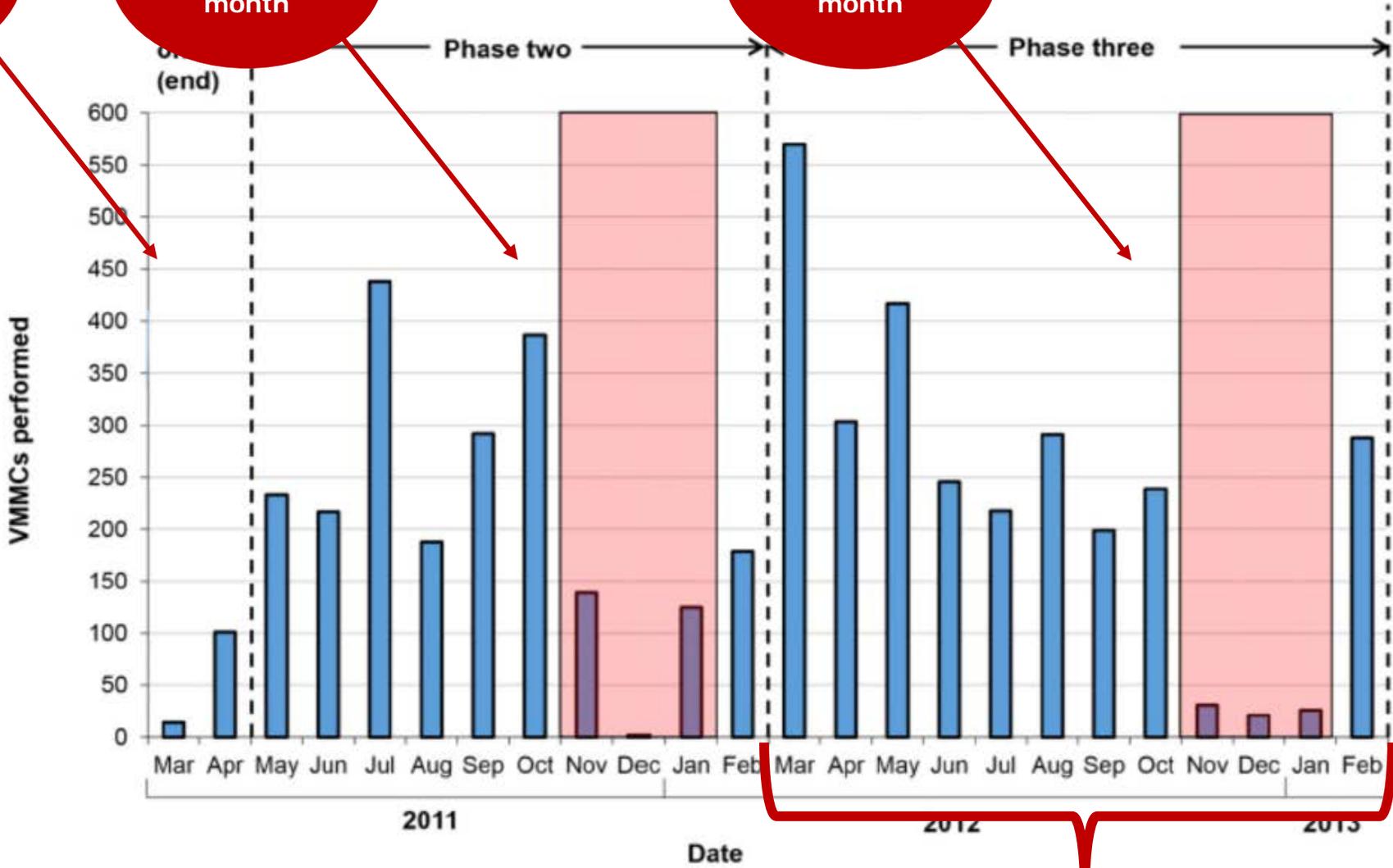
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# Achievements

58 procedures/month

276 procedures/month

308 procedures/month



**The power of peers as diffusers of innovation and sustaining demand**

Montague, C., Ngcobo, N., Mahlase, G., Frohlich, J., Pillay, C., Yende-Zuma, N., Humphries, H... Karim, Q. A. (2014). Implementation of adolescent-friendly voluntary medical male circumcision using a school based recruitment program in rural KwaZulu-Natal, South Africa. PLoS ONE.

# Lessons for providing VMMC services in young men

- **Peers for sustaining demand (where has demand gone?)**
  - Information dissemination to diffuse innovation and transitioning to trendsetting peers - demand creation through external diffusion, early adopters until normative
  - Economical, long lasting, and self-sustaining
- **Rethinking service for adolescents**
  - Programmatic facilitation through Friday and Sat clinics with follow-up in school interpersonal communication from a variety of sources
- **Optimal use of SRH services in adolescent venues**
  - DoH and DoE departments working closely with other service-providers
  - Using schools to provide services and as venues for health care provision
  - Getting health-care more mobile and accessible
  - Pre-existing community organizations to aid implementation
  - Integrating and fast-tracking PrEP for adolescent cohorts to sustain male involvement
  - Addressing structural issues of gender, health prioritisation, risk perception and HIV fatigue
- **Developing locally responsive programs**

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# Conclusions: How do we sustain services?

- **Speed of coverage as important as thinking about sustainability**
- **The Importance of private-public partnership**
  - Public - private works because of single surgical procedure
  - Capacity development, operationalisation of innovation, and link to optimise resources in constrained times
- **Diffusion of innovation to drive sustainability**
  - Economy of peers as diffusers of innovation
  - Sustain the system so that we can normalise behaviour so that it becomes self-sustaining
- **Provide Access to services outside the PHC system**
  - Ease of access - male friendly services needed and hours that accommodate this group
  - Follow-up in schools
  - Schools as information providers and referral mechanism, educators of parents, links to services
- **Culture**
  - Understand the complexity of culture in providing services, engage with communities
  - Peers/parents to diffuse the importance
  - Fit circumcision into the community of practice and community discourse
  - Empower mothers
- **Provide and diversify the provision of SRH and link to PrEP, increasing our health-provision architecture**

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