



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)

Hilton Humphries

Adolescent Programme Director

MA (Research Psychology), PhD candidate



UNIVERSITY OF
KWAZULU-NATAL

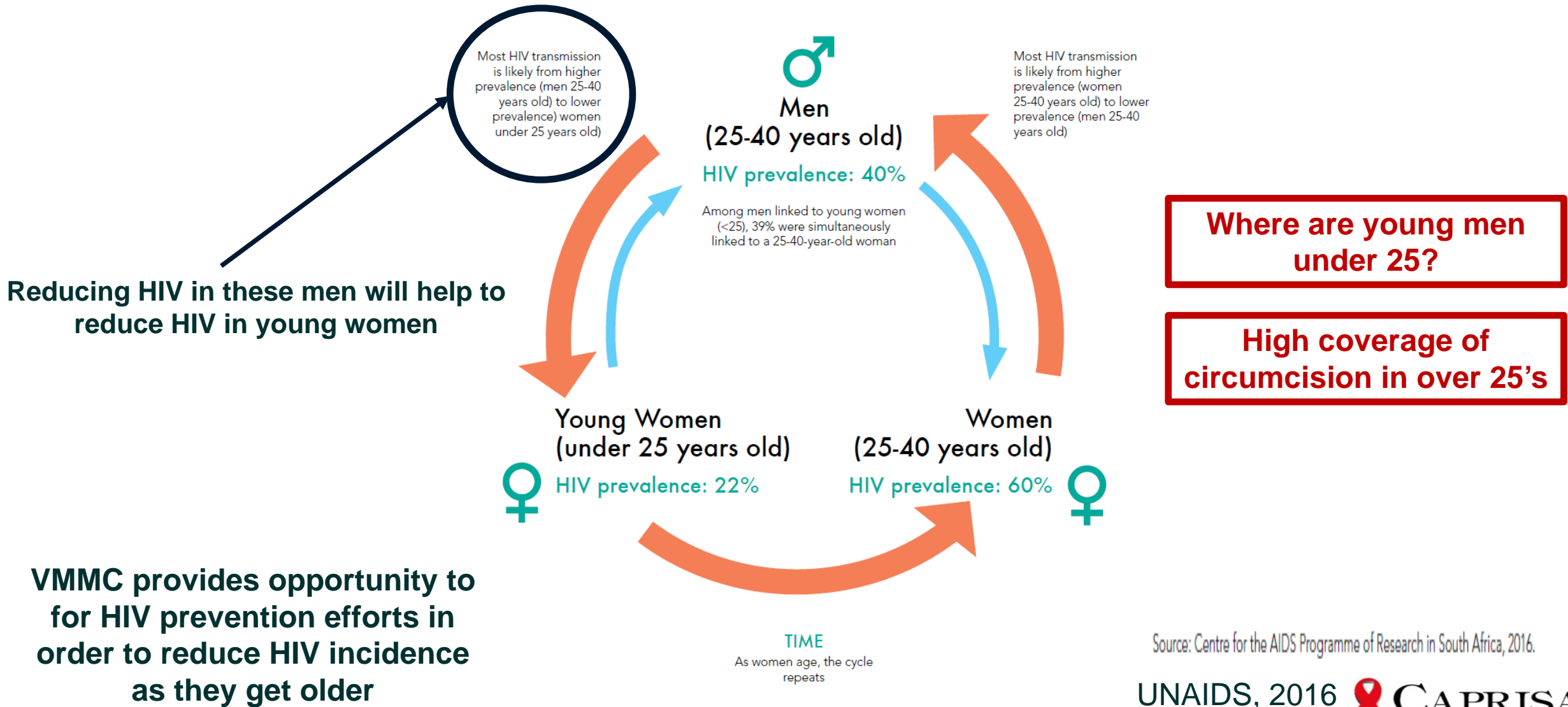


Columbia University
MAILMAN SCHOOL
OF PUBLIC HEALTH

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

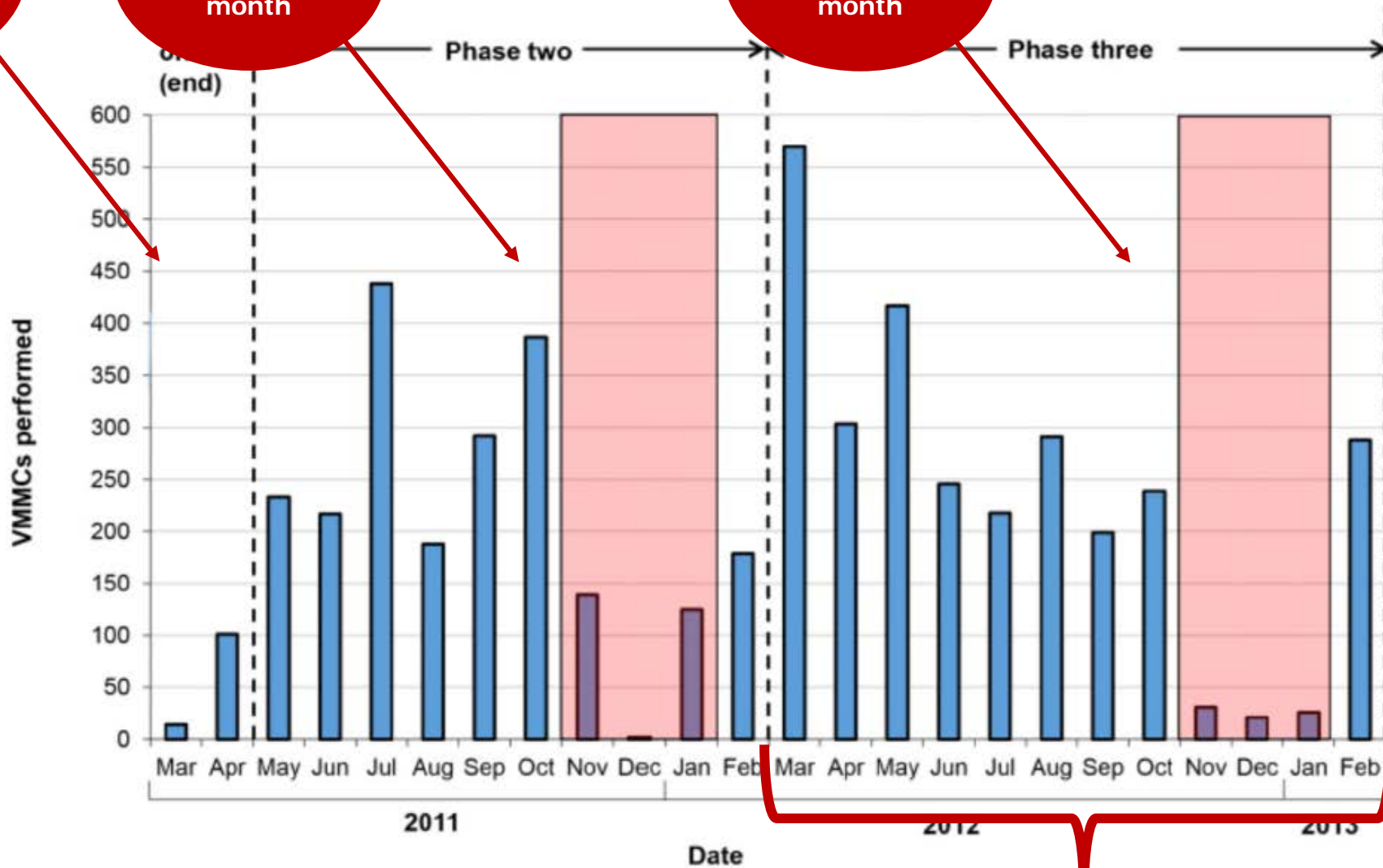
Montague, C., Ngcobo, N., Mahlase, G., Frohlich, J., Pillay, C., Yende-Zuma, N., Humphries, H ...
Karim, Q. A. (2014). Implementation of adolescent-friendly voluntary medical male circumcision
using a school based recruitment program in rural KwaZulu-Natal, South Africa. PLoS ONE.

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**

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. *LoS ONE*.

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**

Acknowledgements

We thank all members of the CAPRISA 069 Support Group for their contributions to this work, the students and volunteers who participated in the pilot, and the community for their acceptance, advice and support.

This project was supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the Center for Disease Control and Prevention (CDC) under the terms of 5U2GPS001350.