

Operations Research and Male Circumcision

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What is Operations Research?

- Provides decision makers with information to improve the performance of their programs
- Identifies problems that limit program effectiveness, efficiency and quality, or, determines which alternative service delivery strategy would yield the best results
- It, for example:
 - Makes advocacy and communication tools more effective
 - Improves output of care
 - Improves quality of care
 - Determines cost-effective (and therefore more sustainable) ways of improving service delivery
- Focuses on factors under the control of programs

Process of Operations Research

1. Problem identification
2. Strategy identification
3. Strategy testing and evaluation
4. Information dissemination
5. Information utilization

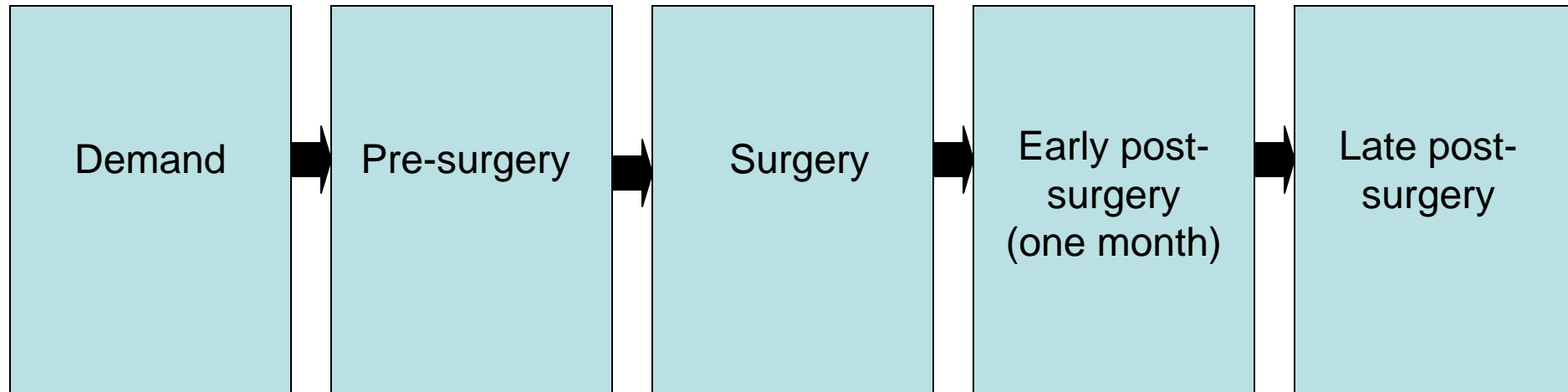
All research begins with the identification of a possible problem

What problems are being investigated?

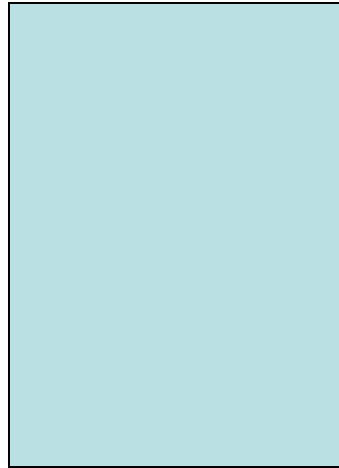
What problems are not being addressed?—What we know, what we don't know.

A Possible Framework for Discussion

Programme to Increase Rates of Safe Male Circumcision Operations Research

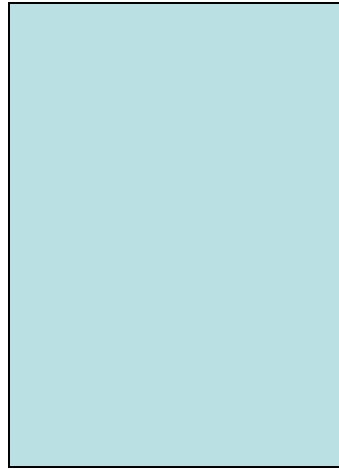


Demand--1



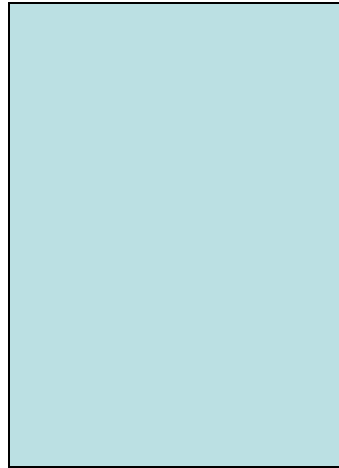
- **Publicity about MC and HIV prevention (Communication Strategy)**
- **Cost of services**
- **Broadening of content about circumcision, e.g., HIV prevention only or a broader package**
- **Active vs passive demand**
- **M&E**

Pre-surgery--2



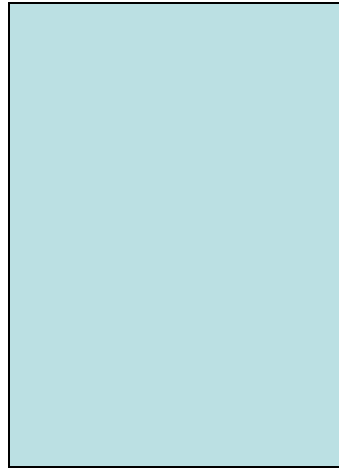
- **Access (cost, location of services, friendliness of services, trust in services, waiting)**
- **Counselling (about what?)**
- **HIV testing**
- **Stigma**
- **Task-shifting**
- **M&E**

Surgery--3



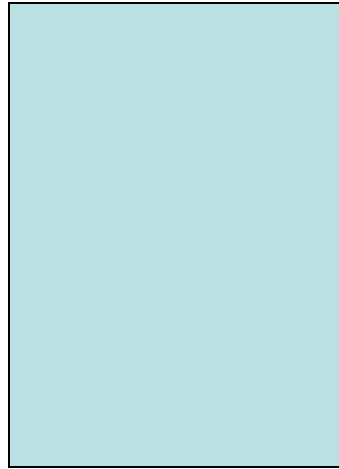
- **Type of surgery (surgical method, surgical vs. nonsurgical)**
- **Task-shifting**
- **Type of facility (surgical suite vs. "kitchen table")**
- **Number of personnel needed**
- **Commodities**
- **M&E**

Post-surgery (early)--4



- **Number of visits, and why?**
- **Counselling**
- **Where**
- **Task-shifting**
- **Refer for "expanded package"?**
- **M&E**

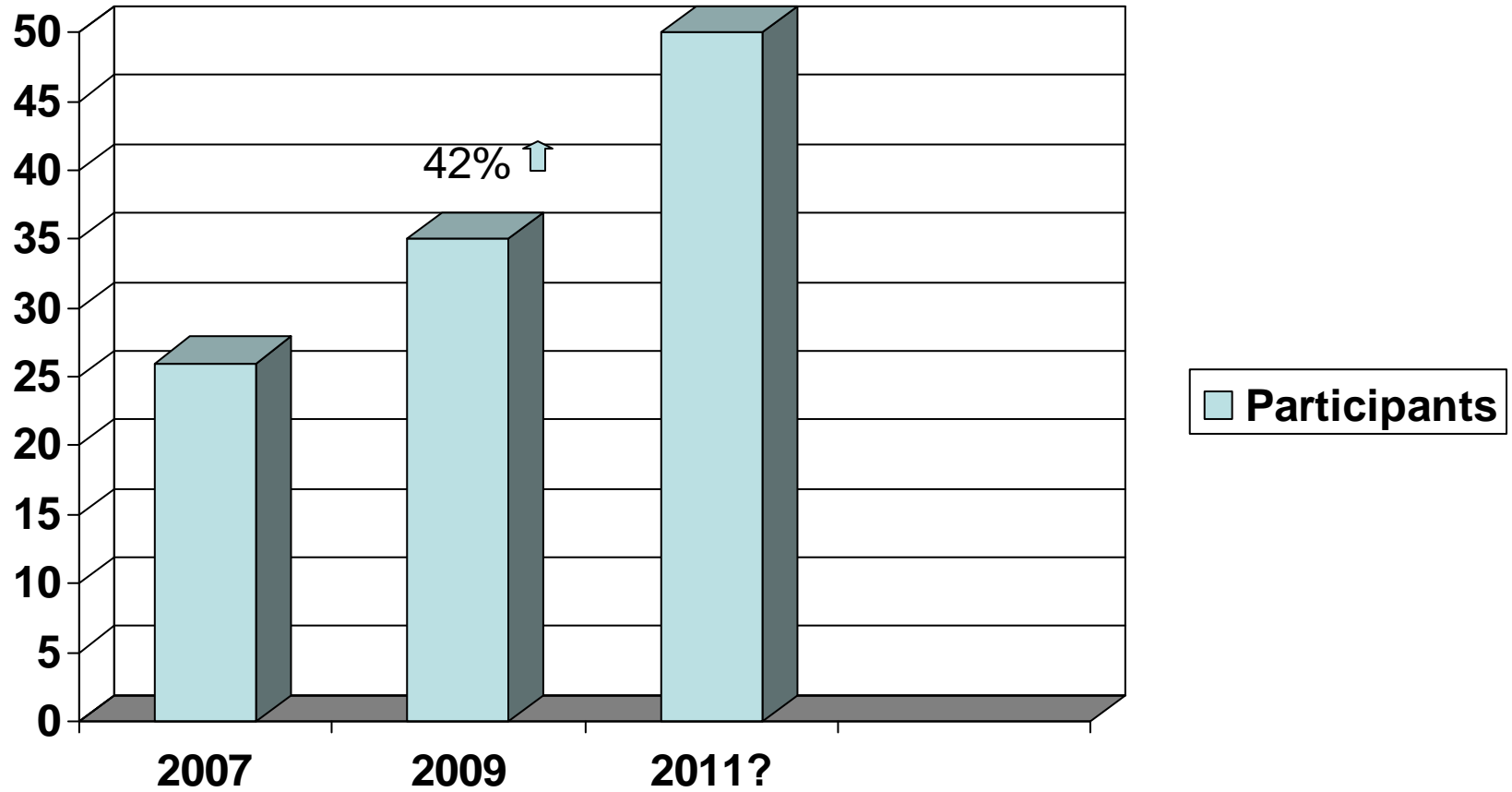
Post-surgery--5



- **Expanded package**
- **Follow-up for surgical procedure outcomes (satisfaction, risk compensation)**
- **Follow-up for HIV infection (rely on DHS, cohort)**
- **M&E**

2007 to 2009

Number of Participants



Materials

2007 meeting vs this 2009 meeting—lots of meetings are occurring, and articles appearing, that address individual parts of operations research for safe male circumcision, but no meeting is focused on the subject in entirety

- 2007—Male Circumcision and HIV Prevention: Operations Research Implications Meeting Report (WHO/UNAIDS)
- 2008—Evaluation of the Impact of Adult Male Circumcision Programs on HIV Incidence and Prevalence: Current Research, Gaps in Knowledge, and Recommendations for Future Research (Forum for Collaborative HIV Research/Bill and Melinda Gates Foundation)
- 2009—Male Circumcision and HIV Prevention: Looking to the Future (Brooks RA et al AIDS Behaviour—follow-up of Squires 2007 paper)

Top 5 of 22 Priorities—2007

How Have We Done?

1. Study task-shifting, with feasibility, safety and acceptability of non-physicians to perform surgery;
2. Determine effective and cost-effective models of delivering mc services, and compare their advantages and disadvantages;
3. Determining the approach to counseling (couple or individual), and content of messages and numbers of sessions, that decrease risk compensation following surgery and lessen sexual activity immediately following surgery;
4. Determine the acceptability and feasibility of neonatal circumcision;
5. Building mutually agreeable linkages of traditional circumcisers with the formal health care system to provide culturally appropriate mc in a safe environment, and to learn lessons from traditional circumcisers.

Task

- How to use the thinking that went into these documents, together with our thinking, and ?? create a structured research agenda You decide—do we want such a thing?
- How to move this agenda forward...and disseminate and share results (including is this meeting useful...?)