

8 March 2019 - World Health Organization (WHO) HIV Department call for practices on enhancing uptake of voluntary medical male circumcision among adult men in east and southern Africa

Introduction

WHO and partners are calling for case examples of practices on enhancing uptake of voluntary medical male circumcision (VMMC) among adult men including those at higher risk of HIV infection. This information may be included in the updated WHO evidence-based VMMC guidelines to be issued later this year. Although some research evidence exists on interventions to enhance uptake, not all practices that have been tried were evaluated with research methods. Case examples of such practices are sought for inclusion in this new guidance along with the review of evidence on specific interventions.

Why is this important?

Innovations from practice and learning in context are important to bring about solutions to health problems. Countries and partners greatly benefit from exchanging experiences and hard-won solutions with one another. Documenting and sharing practices in public health is invaluable to enable persons and organizations working in the health sector to avoid ‘reinventing the wheel’ and to improve outcomes.

This call for cases on enhancing VMMC uptake among adult men includes **practices that led to enhanced uptake** (promising practices), **as well as those that did not affect uptake (‘unsuccessful examples’)** as part of the learning process and to guide decisions about future effective implementation. Practices may be relevant to supply, demand or both.

Please could you share your practice(s) using the template below. If you have more than one practice, please use one template per practice. **Note that a ‘practice’ may have multiple components**, in which case the components should be described.

Please also complete an agreement to share information, graphics, and photographs.

Please submit this to Julia Samuelson (samuelsonj@who.int) by 30 March 2019.

Template for documenting successful or unsuccessful VMMC uptake practice.

The information provided on the practice (successful or unsuccessful) need not be longer than one to three pages. It may be relevant to supply or demand side barriers and gaps.

| A. Organisational information | |
|--|---|
| Name and location of organisation | |
| Name of person submitting | |
| Full name and designation of contact person | Contact details Email: Phone number: |
| Title of initiative: | |
| Indicate if this is a: single practice <input type="checkbox"/> OR multi-component practice <input type="checkbox"/> | |
| In which geographic area was initiative carried out (be specific) | Dates that initiative ran |
| B. Clear brief description of the initiative/practice. Be as specific as possible regarding context (setting – rural, urban; where the practice took place – health facility, type, work site; type of community; year and coverage of MC in the area at that time) | |
| <p>What problem was being addressed?</p> <p>Which VMMC-related barriers were being addressed?</p> <p>How was this problem identified?</p> | |

Describe **the population** (s) (e.g. U/R, employed/unemployed, higher risk (truck drivers)) and age that were the target of the intervention?

What were **the objectives** of the initiative? (primary: e.g. overcoming fear of pain, and secondary if relevant)

What was the logic and **rationale** behind choosing this initiative?

What were key **ethical** considerations?

Full description of initiative / practice

What **resources** (e.g. human, training, donor support, supplies) were required?

Who were the key implementers, collaborators and **partners**?

How was the **community** involved/engaged?

Outcomes/effectiveness:

Was there a pre-planned method to evaluate effectiveness?

If yes, describe briefly type of evaluation (e.g. pre and post intervention, use of programme monitoring data).

Indicate if the outcomes of the initiative were **Successful:** **Unsuccessful**

Describe the **evidence** on the outcomes and summarize data if available, specifically be sure to include the ages reached and data that showed changes in uptake by adult men. Also include graphics if available.

What were your **key learnings**?

What worked well / contributed to success, and why?

What did NOT work, and why not?

What were the **challenges/shortcomings** encountered and how did you overcome them?

Would you **replicate** the practice elsewhere? If yes, how?

What **tools and toolkits** worked effectively in the initiative to increase VMMC uptake? Attach samples where possible.

Thanks for contributing to enhancing men’s uptake of VMMC.

Please complete the following for use of the information.

Date:

Location:

I, _____ hereby consent to the use of this information from
DATE _____.

If photo(s) are provided, I consent _____ to use of photographs.

I grant to the World Health Organization the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and in all other forms of media (e.g. educational, public service, or health awareness purposes).

I hereby release the World Health Organization and its agents and employees from all claims, demands and liabilities whatsoever in connection with the above.

Sincerely,

Name of individual:

Date:

Signature: