



Peer-led Community Campaigns Achieve High VMMC Coverage Among Younger Males

The Challenge

Voluntary medical male circumcision (VMMC) is a highly effective biomedical intervention to prevent HIV that can be delivered quickly and safely in a variety of care settings. It presents a unique opportunity to provide HIV testing and prevention, care, and treatment services to adolescent boys and men—populations less likely to seek services at health facilities due to gender norms, stigma, and work obligations. UNAIDS Fast Track targets for HIV prevention require 90 percent VMMC coverage among males aged 15 to 29. However, uptake among

males in this age group—as well as among sero-discordant couples, sex worker clients, mobile workers, and military personnel—lags behind targets. In addition, data systems and tools have not been adapted to track VMMC clients across the full continuum of HIV care, from initial outreach through post-procedure HIV prevention, care, and treatment.

Technical Approach

In collaboration with community-based partners, ICAP employs a robust, campaign-style strategy to reach men, educate them about the benefits of VMMC, and link them to VMMC services and comprehensive HIV prevention, care, and treatment. The success of the approach hinges on the dedication of trained “champions”: men of varying ages who have themselves received VMMC services and now actively promote these services to their peers in the community.

Key elements of ICAP’s approach include:

- **Peer-led demand creation:** In the days before a scheduled VMMC campaign, champions engage with their male peers in the community to build awareness of and interest in VMMC using age-specific, culturally appropriate messages. At the same time, female volunteers build awareness and support among women and families by sharing information on the benefits of VMMC.
- **Community-wide media promotion:** Outreach by champions is supplemented with radio and television spots, interactive radio call-in shows, and social media promotions that ensure broad diffusion of demand creation messages before and during campaigns.
- **Convenient, client-centered HIV testing and VMMC:** HIV testing and VMMC services are provided at sites chosen for their accessibility and proximity to popular events like soccer matches or road shows. Men who test HIV-positive are immediately linked to a nearby HIV clinic for antiretroviral treatment (ART) initiation, after which they are welcomed to return for VMMC. Weekend and extended weekday hours allow men who work during the day to access VMMC at times that are convenient for them. Champions accompany clients to the site and remain on hand to answer questions immediately following the procedure.
- **Intensive follow-up and linkage:** Clients receive intensive follow-up in the weeks after the procedure to ensure timely and appropriate management and reporting of any adverse events. Champions provide phone- and SMS-based support to clients and encourage them to return for a follow-up visit within seven days. HIV-positive men receive condom promotion and positive prevention messages, while HIV-negative men receive condom promotion messages, counseling on retesting, and, for those in high-risk groups, pre-exposure prophylaxis (PrEP).

FIGURE 1
ICAP’s Champion-led VMMC Model

- **Data-driven targeting and tracking:** Weekly analysis of geographic, demographic, and program data informs the location and duration of VMMC campaigns, which may last anywhere from one to three months depending on population density and uptake. Client-centered strategic information tools capture data on the full range of VMMC services, from initial contact through every stage of the HIV prevention or care and treatment cascade.

In addition to organizing VMMC campaigns, ICAP works with ministries of health to promote evidence-based policies and guidelines that increase access to VMMC nationwide.





Case study

Championing VMMC in Mozambique's Zambézia Province

Context

Zambézia is home to more people living with HIV than any other province in Mozambique, and a 2009 national HIV survey identified low rates of male circumcision as a key driver of HIV transmission. Given limited uptake of VMMC at health facilities, an out-of-the-box approach was needed to increase coverage of this vital biomedical intervention. In 2013, ICAP launched the first-ever mobile VMMC services in Zambézia Province.

Approach

Intensive, tailored demand creation lays the foundation for impactful VMMC campaigns. Local Champions are trained to establish links with community organizations and leaders, identify uncircumcised men, and deliver age-appropriate messages about VMMC benefits. When making referrals to the mobile clinic, Champions exchange phone numbers with their clients in order to provide personalized encouragement and follow-up via SMS. Interpersonal demand creation is supplemented by television spots, radio shows featuring phone-in question and answer sessions, and Facebook promotion.

ICAP-supported mobile clinics are staffed by teams of skilled, accredited providers who are equipped with the infrastructure, equipment, and supplies needed to deliver safe, high-quality VMMC, as well as screening and treatment or referral for sexually transmitted infections. Evening and weekend hours are offered to accommodate men who work during the day. Champions and counselors work side-by-side to put clients at ease as they arrive at the clinic, answering questions, providing reassurance, and using colorful flip chart pictorials to explain the VMMC procedure to younger clients.

"The providers in Zambézia do more circumcisions than most urologists, often 10–20 in a day. The level of proficiency, care, and professionalism I saw there was extraordinary."

*Guarionex Joel DeCastro,
Assistant Professor of Urology
Columbia University*

The VMMC procedure takes 30 minutes, on average. Champions meet with clients immediately afterward to reiterate provider instructions for post-operative care. In subsequent days, they follow up via SMS to monitor progress, report any adverse events, and remind clients to return for their post-op visit. Finally, Champions liaise with staff at nearby HIV clinics to ensure that all referrals (e.g., PrEP for high-risk clients, ART initiation for men who tested HIV-positive) are completed in a timely manner.

Outcome

Since the first mobile campaign in Zambézia, ICAP has continuously refined its demand creation messages and techniques to maximize uptake of VMMC in the community, especially among men aged 15 to 29. As a result, male circumcision coverage has surged in Zambézia, from 47.7 percent in 2011 to more than 70 percent in 2018. A cumulative total of 272,000 men have benefited and are now partially protected from HIV transmission. Mobile VMMC campaigns have also created a new entry point for identifying men who are HIV-positive or at high risk for HIV and linking them to appropriate treatment and prevention services.



Considerations for Implementation

Community-based, data-driven campaigns are an effective strategy for achieving high VMMC coverage among young males. Following are several considerations for VMMC program implementation:

- Champions possess both personal experience with VMMC and training in the delivery of tailored, culturally appropriate messages. This crucial combination enables them to successfully generate demand for VMMC where other approaches may fail.
- VMMC programs should actively promote partner testing, index case testing, and other strategies to engage men and their contacts in HIV prevention and care services once VMMC services are complete. Wherever feasible, VMMC services should be co-located with HIV testing, prevention, care, and treatment services to increase access and uptake for men and their partners.
- As not every client is eligible for PrEP and not every client will want condoms, it is important to tailor prevention services to client preferences and maximize VMMC as a unique entry point for young male clients who may not seek care at traditional health facilities.
- Quality assurance (QA) should be integrated as a core component of VMMC programs. QA activities support the long-term quality and sustainability of VMMC services by monitoring and minimizing the risk of adverse events, including tetanus infection.
- Rigorous monitoring of coverage and saturation rates is essential to identifying gaps and tailoring demand creation messages to underserved sub-populations. Strategic data use is especially important as VMMC programs mature and the task of finding uncircumcised men grows more challenging. Tools and systems should be adapted to capture robust data on the characteristics of men reached and their VMMC outcome (procedure or no procedure).
- Longitudinal tracking of clients across the full continuum of VMMC services—from demand creation to post-operative follow-up and referral to other services—helps generate knowledge about good practices in demand creation and referral while also ensuring that men are linked to appropriate, comprehensive HIV services (including routine HIV testing, prevention, PrEP, partner services, and routine care).
- Use of GIS mapping to track VMMC service coverage at the community level has the potential to facilitate micro-targeting of VMMC campaigns.





ICAP Publications and Resources

Voluntary Medical Male Circumcision (VMMC)

Zelothe J, Msalilwa D, Zidana-Ndovi S, et al. Bringing voluntary medical male circumcision (VMMC) services to the community: VMMC mobile clinic campaigns on the islands of Lake Victoria in Tanzania. Poster presented at: International AIDS Conference, Amsterdam, July 2018.

Available at:

<http://icap.columbia.edu/ptb-vmmc-zelothe>

Reed JB, Grund J, Liu Y, et al. Evaluation of loss-to-follow-up and post-operative adverse events in a voluntary medical male circumcision program in Nyanza Province, Kenya. *J Acquir Immune Defic Syndr*. 2015;69(1):e13-23.

Available at:

<http://icap.columbia.edu/ptb-vmmc-reed>

Scaling Up Voluntary Medical Male Circumcision Services in Tanzania's Kagera Region. New York: ICAP at Columbia University; 2015.

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https://icap.columbia.edu/tools_resources/scaling-up-voluntary-medical-male-circumcision-services-in-tanzanias-kagera-region/