



IMPLEMENTATION BRIEF

Nudging PHC healthcare workers to refer men for VMMC in South Africa:

A cost-effective and sustainable method for demand creation of men's health services



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Nudging PHC healthcare workers to refer men for VMMC in South Africa: A cost-effective and sustainable method for demand creation of men's health services

Summary

The voluntary medical male circumcision (VMMC) programme in South Africa has been historically reliant on external implementing partners offering circumcision services and demand creation activities, with insufficient integration to public health facilities.

The uptake of medical male circumcision has been suboptimal. Men tend to have poorer health-seeking behaviour compared to women and often present to healthcare facilities in response to illness, rather than proactive self-referral for preventative care. Male patients might also be unaware of the VMMC services available to them when presenting at clinics. Additionally, Primary healthcare workers have historically not taken ownership of VMMC services or demand creation activities as these have primarily been done by donor funded implementing partners. As a result, there have been many missed opportunities for healthcare workers to encourage men presenting at PHCs for other services to get circumcised.

Genesis Analytics, via its MMC SUSTAIN programme, is assisting South Africa in transitioning to a more locally owned and implemented VMMC programme. We therefore applied behavioural insights, particularly nudging, as a cost-effective approach to driving behaviour change that can be easily integrated into existing systems. We designed and introduced promotional posters, conversation guides, commitment referral cards and guiding floor stickers at three health facilities in Johannesburg Health District (Gauteng) South Africa.

Based on observations, the intervention has the potential to address motivation among healthcare workers to make VMMC referrals and instil accountability in doing so. There is great interest among other districts in adopting the materials and have since been trained in their use. Thereby, demonstrating the potential for scale-up. An implementation guide and brochure have been developed with key considerations for success and practical guidance on printing, setting-up and using these materials across facilities.



The Challenge

VMMC is an effective, low-cost, once-off HIV prevention method. However, uptake of services is suboptimal as demand creation activities are primarily done by donor-funded implementing partners. Thus, primary healthcare workers have historically not taken ownership of making patient referrals. Men themselves may not be aware of the services available to them when presenting at health facilities for non-VMMC services.

Voluntary medical male circumcision (VMMC) is an effective HIV prevention method reducing the risk of female-to-male HIV transmission by about 60%.¹ It remains a highly cost-effective and the only once-off method for HIV prevention. Thus, VMMC is recommended by global health organisations, such as the World Health Organization (WHO) and the Global HIV Prevention Coalition (GPC) under UNAIDS, as one of the five key HIV prevention methods.²

Given that South Africa has the world's highest HIV burden, VMMC has been adopted into the country's national HIV prevention programme. Additionally, male circumcision is important to many cultural and religious groups in the country.³ As such, South Africa has set ambitious targets to circumcise 80% of HIV negative men (16-49) by 2022.⁴

While the programme has made significant progress, the uptake of medical male circumcision has been suboptimal and we are currently 1.7 million circumcisions below the 2022 target.⁵ Men tend to have poorer health-seeking behaviour compared to women and often present to healthcare facilities in response to illness, rather than proactive self-referral for preventative care.⁶ Male patients might also be unaware of the VMMC services available to them when presenting at clinics. Additionally, VMMC in South Africa is largely implemented by external partners and reliant on donor funding and has been perceived as "external" to public care. Primary healthcare workers have historically not taken ownership of VMMC services or demand creation activities as these have primarily been done by donor funded implementing partners. Thus, referrals from PHCs by PHC workers to VMMC clinics remains low.

As a result, there have been many missed opportunities for healthcare workers to encourage men presenting at PHCs for other services to get circumcised.





Priming Posters



Conversation Prompt



Patient Commitment Card



Floor Guides to MMC Clinic

The Solution

Behavioural science can be applied to complex challenges to support behaviour change and influence decision making. In this case, we took on a nudge approach to design solutions that addresses the behavioural barriers among healthcare workers in referring men for VMMC, namely – self-efficacy, intention and motivation. As a by-product, we expect to improve awareness among males around circumcision services.

To do this, we developed materials that embedded the following behavioural insights:

Priming

Posters were strategically placed in PHC waiting areas so that men and healthcare workers had VMMC on their mind prior to their consultation. The posters also encourage both patients and healthcare workers to ask/talk about VMMC services during their visit.

Salience and ease

Conversation prompts were placed strategically on the desks in consultation rooms to support both patients and healthcare workers in either asking about or discussing VMMC. This included phrases to start the conversation, what information to cover, and how to screen a patient for eligibility.

Commitment devices and reminders

Referral cards were given to male patients after their consultation, which the men would sign to demonstrate that they would go for the procedure. This card also includes the date and how he can prepare for the procedure, aiming to act as both a reminder and answer to any uncertainty that might derail him from his intention to get circumcised.

Friction costs and prompts

Guiding floor stickers were designed to direct men straight from the PHC consulting room to the VMMC clinic.

We introduced these materials and facilitated their implementation across three Community Health Centres (CHCs) in Johannesburg Health District (JHD). Facilities received the materials and we trained healthcare workers on how to effectively use the materials.

What we found

Overall, the interventions overall have the potential to address motivation among healthcare workers to refer and instil accountability in doing so. This was observed by greater confidence, belief in capabilities and higher intention among healthcare workers as well as a supportive referral environment within PHCs.

While this was not measurable within this small sample, scaled implementation could have a promising impact for increasing confidence, belief in capability and intention to promote VMMC among healthcare workers. There has been great interest from other districts and provinces to implement the materials. Qualitative feedback suggests that the materials will be particularly “useful for areas that do not have supporting partners” as it places the “expectation on the facility”.

Taking it forward

These materials have the potential to improve healthcare worker demand creation capabilities, allowing for positive behaviour change leading to increased referrals and uptake of not only VMMC services but men’s health services in general. In turn, decreasing the programme’s reliance on implementing partners for demand creation.

Key considerations for the success of these materials include:

- Getting buy-in from facility or clinical managers for continuous training of new staff and to keep staff accountable,
- Fostering a win-win collaborative mindset between PHC staff and the MMC implementing unit,
- Printing materials in local languages,
- Including the cost of the materials into the programme’s district budget, and
- Planning upfront how the use of materials will be monitored.

To assist the roll-out of these materials to other districts and provinces, we have developed an [implementation guide](#) along with an orientation [brochure](#) to be given to healthcare workers. The implementation guide provides practical guidance for printing and setting up the materials across different facilities, including the expected costs thereof.



Sources

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- 3 Eaton LA, Cain DN, Agrawal A, et al.: The influence of male circumcision for HIV prevention on sexual behaviour among traditionally circumcised men in Cape Town, South Africa. *Int J STD AIDS*. 2011;22(11):674–9. 10.1258/ijlsa.2011.011006
- 4 SANAC (2017). South Africa’s National Strategic Plan for HIV, TB and STIs Shisana O, R. T. (2014). 2017/2022. Pretoria: SANAC.
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- 6 Hawkes S, Buse K (2013). Gender and global health: evidence, policy, and inconvenient truths. *Lancet*. 2013; 381:1783–7

