

## **A conversation with Marshall Stowell, Dr. Nina Hasen, and Dr. Kim Longfield, August 31, 2016**

### **Participants**

- Marshall Stowell – Vice President, External Relations and Communications, PSI
- Dr. Nina Hasen – Director, HIV and TB Programs, PSI
- Dr. Kim Longfield – Director, Strategic Research & Evaluation, PSI
- Elie Hassenfeld – Co-Founder and Co-Executive Director, GiveWell
- Chelsea Tabart – Research Analyst, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by PSI staff.

### **Summary**

GiveWell spoke with Mr. Stowell, Dr. Hasen, and Dr. Longfield of PSI as part of its investigation into PSI's voluntary medical male circumcision program for a top charity recommendation. Conversation topics included PSI's role in circumcision programs and room for more funding.

### **PSI's role in circumcision programs**

PSI uses four models to provide circumcision services in different countries:

1. **Full-service model:** In PSI's full-service model (which it is currently using at fixed sites in Zimbabwe and Swaziland and at mobile sites in South Africa), PSI provides all services related to circumcision programs, such as:
  - a. Training healthcare providers, such as surgeons and surgical assistants, to provide circumcisions at PSI's own sites. Nurses are now allowed to provide circumcisions at PSI's sites in Zimbabwe, and PSI is beginning to introduce devices that can be used by lower-level healthcare providers to perform circumcisions.
  - b. Demand creation.
  - c. Research on its programs.
  - d. Monitoring and evaluation of its programs.
  - e. Advocacy to governments.
  - f. Participation in national technical working groups.
2. **Support and supervision of government programs:** In Lesotho, Malawi, and some locations in Zimbabwe, PSI provides technical support and supervision to governments, which provide circumcisions at their own sites. PSI trains healthcare providers at these sites, monitors the programs, and helps to develop national protocols and guidelines. PSI does not employ the healthcare providers who perform circumcisions at these sites.

3. **Demand creation:** In Zambia, PSI primarily works to increase the number of men getting circumcised at government-run sites. PSI also provides a small amount of support and supervision for the government's program.
4. **Supporting infant circumcision:** In Zimbabwe and several other places, PSI supports circumcision of infants in their first year after birth. This does not account for a large proportion of PSI's work on circumcision programs.

## **Room for more funding**

PSI's only current large donor is USAID. PSI also receives some funding from the Bill and Melinda Gates Foundation (Gates Foundation), and the US Department of Defense funds its government support and supervision work in Lesotho. Funding from all of these sources comes with substantial restrictions, and PSI will need to find alternative sources of funding with fewer restrictions in order to achieve its global targets in the next two years. PSI does not currently have funding from any other donors to support its full-service circumcision programs.

PSI roughly estimates that it would be able to productively spend tens of millions of dollars in additional unrestricted funding over 1-2 years.

## **Uses for additional flexible funding**

### *Expansion of full-service program model*

If PSI had sufficient flexible funding to expand its circumcision work, it would focus on scaling up its full-service model in the countries where it is already working or has worked previously: Zimbabwe, Zambia, South Africa, Lesotho, Malawi, Swaziland, and possibly Mozambique. This work is primarily constrained by funding restrictions. Scaling up the full-service model seems like the easiest and most efficient way to control for all variables and to achieve a population-level decrease in HIV transmission, which typically occurs when a certain percentage of males in a population are circumcised. Scaling up this work would involve:

- Hiring more staff.
- Creating more fixed sites or increasing mobile service delivery.
- Testing experimental program models, e.g. providing cash incentives. This is not permitted under PSI's current funding restrictions, and PSI staff believe that offering cash incentives could have a high impact by enabling it to reach populations that have historically been difficult to reach. For example, men aged 25-35 often choose not to get circumcised in part because it requires them to take time off work, and being reimbursed for lost wages could convince them to go through with the procedure.

In places where PSI provides support to governments, it is constrained by limited resources and by the size and capacity of the government's staff, so scaling up these programs seems less promising. However, PSI would not retract its support and supervision of governments that want them. Government programs are important

for creating a sustainable rate of male circumcision, and it will be important for these countries to continue to provide circumcisions in the future.

*Demand creation*

Over the past year, PSI has been working with the Gates Foundation on sophisticated market research to better understand its audience via market segmentation and journey landscaping (i.e., mapping the journey from considering circumcision to getting circumcised). PSI is working on creating a version of this market research strategy that is cheaper and that uses the research to create action items. The strategy is still being developed and tested, but if it is proven to effectively increase demand, it is likely that PSI would use additional funding to expand its use of this tool.

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