

A conversation with Dirk Taljaard and Genevieve Dean, August 17, 2016

Participants

- Dr. Dirk Taljaard – Co-Founder and Co-CEO, Centre for HIV/AIDS Prevention Studies (CHAPS)
- Genevieve Dean – Research Officer, CHAPS
- Elie Hassenfeld – Co-Founder and Co-Executive Director, GiveWell
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Dr. Taljaard and Ms. Dean.

Summary

GiveWell spoke with Dirk Taljaard and Genevieve Dean as part of an investigation of CHAPS as a future potential top charity. Conversation topics included CHAPS' voluntary medical male circumcision (VMMC) program, monitoring and evaluation activities, and funding, and other organizations working in the VMMC field.

Voluntary medical male circumcision program

CHAPS implements a voluntary medical male circumcision (VMMC) program in four provinces in northern South Africa: Limpopo, Gauteng, North West, and The Free State. Services are provided in CHAPS' private clinics and in public clinics. In public clinics, which often do not have the internal capacity to run full VMMC programs, CHAPS collaborates with and receives in-kind support from the government, and employs health care workers to implement VMMC services.

VMMC process

Prior to surgery

Patients interested in undergoing VMMC receive free transportation to a clinic and, upon arrival, attend a 45-minute group education session covering a wide range of safe-sex topics. This session is open to parents and partners. The content is age-appropriate, and patients in different age groups often attend separate sessions. This is followed by a private counseling session to reiterate what was learned in the group session and address pending questions. Next, potential patients are offered voluntary HIV counseling and testing. 80-85% of older patients opt into testing; they are more likely to do so than younger patients. All patients that wish to proceed with the surgery must give formal consent; parents of patients under 18 must also give consent.

Surgery

A nurse performs a physical exam and prepares the patient for surgery. The doctor then performs a brief physical exam and performs the surgery. After being sutured and bandaged by nursing staff, the patient is moved to the clinic's post-operative

care section for monitoring (for example, to ensure that there is no adverse reaction to the local anesthetic). Once they are cleared to leave, patients are transported home. 2-3 days later, they return for a follow-up appointment to have their bandages removed and ensure there are no signs of infection. Another follow-up appointment is scheduled for one week later; it has a low uptake rate, as most patients are no longer feeling discomfort by that time.

Efforts to create demand for VMMC

CHAPS' efforts to create demand for VMMC have included hiring community mobilizers to do one-on-one outreach with potential patients, and running mass media campaigns. A research paper on VMMC demand creation in Orange Farm, South Africa, was presented at the AIDS 2016 conference in Durban. It suggested another potentially effective method: providing potential patients with cash transfers to attend VMMC information sessions.

All of these approaches require substantial amounts of resources. For example, while the individualized, relationship-building work of community mobilizers tends to be very effective, it is relatively time-consuming and has considerable transportation and communications costs.

While CHAPS' demand creation efforts have had their greatest impact in urban areas, uptake rates have also been high in rural areas, where VMMC has traditionally been inaccessible. In urban areas, CHAPS has had more success reaching easily accessible groups, such as younger males, though it has also had some success with older men and other less accessible groups.

In some areas where CHAPS has implemented demand creation activities, male circumcision rates have reached 50-60%. CHAPS aims to increase this to 80%, which, according to modeling studies, is the rate with the highest potential for impact.

Scaling up demand creation activities

Dr. Taljaard believes there are significant opportunities to scale up demand creation activities, as he is not aware of any South African sub-district that has achieved an 80% male circumcision rate.

CHAPS has the necessary data to accurately estimate the costs and potential benefits of these scale up efforts. For example, it recently ran a 6-7 month pilot program during a low-demand season in its four provinces of operation. The program cost 3 million ZAR and resulted in an increase of 20%, or roughly 10,000 additional circumcisions, of men in older age categories.

Monitoring and evaluation

CHAPS can share evaluations of its work and impact in various formats, including formal, published reports, and draft internal reports. Internal reports include financial analyses, lessons learned and challenges, and client data, such as geographical location.

Demand creation activities

CHAPS conducts ongoing research in an effort to continually improve its demand creation efforts. In the past, this research was often exploratory in nature, and did not always result in precise impact evaluations. CHAPS has improved its evaluation methods and now seeks to establish clear links between its monitoring systems and clinical outcomes.

It can be challenging to evaluate the impact of mass media campaigns, as well as the impact of various demand creation activities on different age and cultural groups.

Quality assurance

Quality assurance and the prevention of adverse events is a major focus of CHAPS' monitoring efforts. An external organization carries out a continuous quality improvement project on CHAPS' processes (including demand creation, counseling, consent, and clinical activities), and it also has an internal quality assurance team. CHAPS' external reports cover a range of critical outcomes, whereas its internal reports are more operations-oriented. It has data dating back to April 2012 that can be broken down by age, geographical location, HCT testing results, and adverse events.

Funding

Room for more funding

With additional funding, CHAPS could implement a variety of activities that would complement its core services.

Demand creation activities

CHAPS' most pressing funding needs are for its demand creation activities.

Currently, most of its work is funded by The United States President's Emergency Plan for AIDS Relief (PEPFAR). While PEPFAR continues to fund VMMC services, it has recently identified, and limited funding to, specific priority activities. Though some funding remains available for creating demand among older patients, PEPFAR did not renew funding for mass media campaigns and is unlikely to fund cash transfer programs.

CHAPS will continue to fund and implement localized marketing efforts. However, in order to achieve its 80% target, it will need additional funding to develop and scale up more sophisticated mobilization strategies aimed at groups with lower uptake rates.

Districts without PEPFAR funding

PEPFAR recently identified 26 priority districts for its VMMC funding in South Africa; it will not fund programs in the remaining districts. Establishing and maintaining adequate VMMC services in these districts will require a significant amount of resources. The government will provide 60 million ZAR towards this

funding gap. CHAPS will provide training for doctors and nurses. This loss of funding also limits capacity for demand creation activities; it can be challenging for governments to implement innovative and effective mobilization campaigns.

Early infant male circumcision programs

With additional funding, CHAPS would consider implementing an early infant male circumcision (EIMC) program. With funding from UNICEF, it is currently running an EIMC pilot research project. It is particularly interested in integrating EIMC work into the public health system. CHAPS hopes to observe and learn from ongoing EIMC programs in Kenya, Uganda, Swaziland, and Botswana.

Budget

CHAPS can share its audited account statements for the last financial year and its budget for this financial year. Its operations in Swaziland are fully funded, though there is limited funding available for demand creation activities.

Other organizations working in the VMMC field

There are a few other organizations working in the VMMC field in South Africa, including Jhpiego's local chapter and the Society for Family Health (SFH), the South African affiliate of Population Services International (PSI); to operate in South Africa, organizations must register locally. PSI, Jhpiego, and FHI 360 are doing VMMC work in neighboring countries.

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