
DRAFT MARKETING PLAN

Increasing Voluntary Medical Male Circumcision (VMMC)
in South Africa Plan by McCann Health

OCTOBER 2015

McCANN
HEALTH



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

ACKNOWLEDGEMENTS

McCann would like to thank the Office of the U.S. Global AIDS Coordinator, Cardno Emerging Markets, the U.S. Centers for Disease Control and Prevention, the PEPFAR Team in South Africa, the South African National Department of Health, and members of the Technical Advisory Group for providing valuable guidance and support throughout the development of this marketing strategy.

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OBJECTIVE

The VMMC PEPFAR South Africa Marketing Plan describes the findings, activities, and deliverables from Phase 1 of the McCann Health private public partnership with the Office of the U.S. Global AIDS Coordinator. The partnership was established to support the scale up of VMMC. The objective of this document is to provide guidance to team members within McCann Health, PEPFAR, the South African National Department of Health, implementing partners and other stakeholders, as well as to serve as a road map for Phases 2 and 3.

Importantly, this document can also inform current ongoing communications activities in South Africa as well as help to provide additional clarity and direction for near-term future communications and marketing efforts facilitated by the South African National Department of Health or other implementing partners. This plan serves as both a summary of activities to date as well as guidance for the future.

Although the marketing plan includes the results of market insight research and communications strategy development, it is a 'living' document and will evolve as the team proceeds through the subsequent phases to eventually include full creative executions, marketing materials/tactics, media plans, and analytics.

EXECUTIVE SUMMARY

Section 1



EXECUTIVE SUMMARY

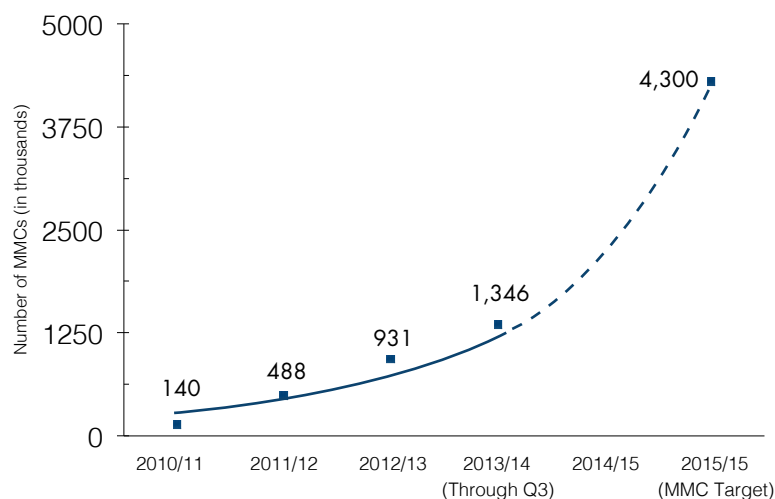
Voluntary medical male circumcision (VMMC) along with prevention of mother-to-child transmission (PMTCT) and expanded HIV treatment represent the three major pillars in the PEPFAR strategy to effectively reduce HIV transmission. Randomized controlled trials (RCT) conducted in South Africa, Kenya, and Uganda showed reductions in HIV incidence of 60%, 53%, and 51%, respectively, in circumcised as compared to uncircumcised men (Reviewed in Reed, et al. *J Acquir Immune Defic Syndr*. 2012 Aug 15; 60 Suppl 3:S88-95).

PEPFAR and other donors, based on UNAIDS/WHO recommendations, have therefore made substantial investments in providing VMMC services in 14 countries in Eastern and Southern Africa and have included large-scale communications campaigns to increase uptake of these services.

VMMC communications messaging to date has focused on HIV prevention, which appears to have resonated most strongly with adolescent boys and potentially mothers seeking to protect their adolescent sons. A report from a stakeholders meeting in early 2012 reconfirmed several important, previously understood barriers to circumcision, including financial concerns resulting from loss of work during the recovery phase, fear of pain, and concerns over long periods of required abstinence.

Several recommendations have been made to address these barriers, including reorienting communications messaging to address misconceptions, targeting other influencers, and altering the focus away from HIV prevention. Additionally, two nonsurgical adult circumcision devices intending to address a number of structural and personal barriers that currently prevent men from being circumcised have undergone evaluation and are prequalified by WHO. For South Africa to reach its target goal of 4.3 million VMMC by the end of 2016, it must drastically accelerate the rate of uptake of VMMC and increase focus on men ages 15-49 (Figure 1).

Current State of VMMC in South Africa



While the total number of VMMC procedures has increased year over year, the rate of increase has slowed.

Current uptake is 2.05 million and thus we need to accelerate the rate of uptake to reach our 80% target.

71% of VMMC achieved to date is under the age of 20, which means we need to start targeting and increasing uptake within 'late adopters'.

(Source: http://malecircumcision.org/resources/documents/Africa_VMMC_Scale-up_July2014.pdf; CDC VMMC 3rd quarter report 2015)

FIGURE 1

Through a Public-Private Partnership with the Office of the U.S. Global AIDS Coordinator, and with funding through PEPFAR, McCann Health was engaged to develop a multi-phased project leveraging its deep experience and investments in commercial marketing and advertising to provide innovative ways of increasing demand for and uptake of VMMC, and facilitate the introduction of a novel nonsurgical, device-based circumcision in select South African provinces.


The McCann Health project comprises three phases, the first of which is being reported here:

- » **Phase 1** has three major deliverables: (1) completion of landscape analyses and market research to inform the development of a marketing strategy; (2) a creative brief to guide the development of creative, insight-driven messaging and visuals; and (3) a marketing plan —the summation of the strategy and creative brief, which serves as a road map for campaign development in Phases 2 and 3. *The Phase 1 Marketing Plan, presented here, includes as attachments the market research protocol, marketing strategy, and creative brief.*

- » **Phase 2** will focus on the development and testing of creative marketing concepts and will result in: (1) completion of creative assets resulting from the approved marketing strategy; (2) completion of small-scale testing of one or more concepts, and selection of the best-performing concepts and campaigns; (3) development of a media strategy; and (4) development of a monitoring and analytics plan that will guide campaign evaluation in Phase 3.
- » **Phase 3** will focus on the launch and evaluation of the validated and approved marketing campaign. In consultation with appropriate in-country stakeholders, including the South African Department of Health, McCann Health will produce the campaign materials, purchase the appropriate media channel outlets, launch the marketing campaign(s) into the market via these channels, and measure the effect of the overall campaign through all media touch points and existing service delivery metrics.

The PEPFAR-McCann Health partnership was launched in Johannesburg in February 2014. Phase 1 began with a deep landscape analysis of VMMC service delivery, communications, and planning. McCann Health then engaged a professional marketing research organization to design and execute qualitative and quantitative surveys across six major regions of South Africa to uncover new insights specific to the target population, with a particular focus on men ages 18-49. As HIV prevention messaging was a prominent focus of existing communications strategies and with a disproportional uptake of VMMC in younger males, McCann searched for additional insight that would allow for more targeted messaging and communications channels to this older market and to 'late adopters', i.e. men who intend to be circumcised but have not yet had the procedure.

The results of the market research showed a large degree of heterogeneity across populations as would be expected given cultural and geographic differences; however, several common themes emerged. Across every region, the target population exhibited feelings of being overwhelmed with social problems that are out of their control. Unemployment, drug and alcohol abuse, and crime were the




cause of worry and unhappiness in 63-75% across all respondents. Findings of pessimism and unhappiness that result from factors not in their control provide an opportunity to develop messages that embrace ‘hope’ and may represent a potentially powerful emotional connector that can be leveraged. Additionally, the market research showed that men who are circumcised are perceived to be responsible, reliable, and trustworthy, as well as clean and healthy.

The market research findings confirmed that the rational benefits of VMMC, including better hygiene, overall improved health, and reduced risk of contracting HIV or STDs, are understood; however, achieving manhood, maturity and pride, and self-respect are also important perceived benefits. These emotional benefits of increased self-respect and respect for one’s culture may be additional ways into the conversation that may be leveraged. Only 22% of the target audience and 11% of female partners felt aesthetics were a benefit of medical circumcision.

Most participants who had been circumcised were young at the time of the procedure and had been influenced by their parents. In contrast, of the nearly half of the respondents who intend to be circumcised, the vast majority were self-motivated or were motivated by their friends and nearly all would seek circumcision services from a medical facility. Consistent with previous research, the physical consequences of VMMC (including pain, bleeding, and wound healing) were predominant barriers among participants who intend to be circumcised but had not yet had the procedure. Although, participants also felt that the pain associated with circumcision was an important part of the right of passage to manhood.

The market research also showed that nearly half of all respondents felt it was ‘taboo’ to discuss circumcision. Yet the research showed that friends are likely to be an important source of motivation, and thus there exists a need to change the nature of the conversation. Doing so will increase the comfort level discussing this potentially difficult topic, what we at McCann Health refer to as ‘talkability,’ so that peers can better help encourage each other to want VMMC more.




Although current communications campaigns have been successful in creating awareness of the medical benefits of VMMC, these rational benefits have not convinced the target population of late adopters. The data suggests the need for a more emotive approach to align VMMC to personal motivations and aspirations.

The target audience faces substantial social issues within their communities that are driving negativity and are demoralizing. Although they are focused on their future, they are not optimistic. The social issues they face are not within their control, but they have a strong desire to take control of their lives and achieve their goals. A marketing campaign therefore has the opportunity to create positivity and hope within a communications strategy and demonstrate to men that VMMC is one important area of their lives they can control. Circumcision may provide opportunity for them to gain respect from their community, feel pride from within, and regain some control of their life.

Finally, the findings suggest that although enthusiasm for the PrePex device was not high, ease of use, safety, lack of stitches, and other medical benefits were appealing to those who found it desirable. PrePex may represent an important alternative to VMMC for people who have made the decision for VMMC but find it difficult to overcome pain and needles as a barrier to uptake.

McCann has developed a hierarchical marketing strategy focused on creating emotive appeal for VMMC whilst maintaining messaging around rational benefits and addressing barriers to uptake by removing excuses. The top tier will form part of a national campaign that would be used to increase the consideration of circumcision and also change the nature of the conversation around circumcision, allowing it to become a positive statement about who ‘I am’ and something ‘I want to act on now.’

The second tier of communication should be more rational and informative and will form part of the regional approach to the communications programme directing target clients to specific



VMMC services in their communities. The third tier is focused on addressing the regional barriers to VMMC and will be a far more localized (community) approach. This tier is about putting the correct tools in the clinics and recruiters' hands in order to convert demand into uptake.

MARKET RESEARCH METHODOLOGY

Section 2



MARKET RESEARCH METHODOLOGY

(SEE APPENDIX XXX)

Bateleur Brand Planning, a full-service corporate member of the Southern African Marketing Research Association, was contracted by McCann Health to design and execute qualitative and quantitative market surveys to provide the basis for a new VMMC marketing plan. Bateleur conducted the market surveys in late 2014 and early 2015, respectively.

Qualitative Phase Methodology

The qualitative survey was used to inform the design of the quantitative survey and was based on an open-ended questionnaire designed in accordance with the project objectives and with stakeholder approval. Prior to field deployment, Bateleur team leaders were briefed on the methodologies and specialized interview techniques required for managing the survey. The team conducted 600 qualitative interviews comprising 50% adult males eligible for VMMC, 20% women, 20% medical providers and community leaders, and 10% parents or guardians, with 100 interviews occurring in each of the specified six regions (Figure 2):

1. Kwazulu-Natal comprising large urban and rural population of Zulu speakers.
2. Eastern Cape, comprising large but mostly rural population of Xhosa speakers.
3. Northern and Eastern inland regions of the country, in particular the Limpopo and Mpumalanga provinces, with extremely large rural and fairly large urban populations of North Sotho, Pedi, Shangaan, Swati, and Venda speakers.
4. Central inland provinces, particularly the North West and Free State provinces with their large rural and some urban Tswana and South Sotho speakers
5. Gauteng province with large, diverse population of urban dwellers
6. Western Cape houses large populations of Afrikaans speakers and informally housed Xhosa residents.

Qualitative Methodology

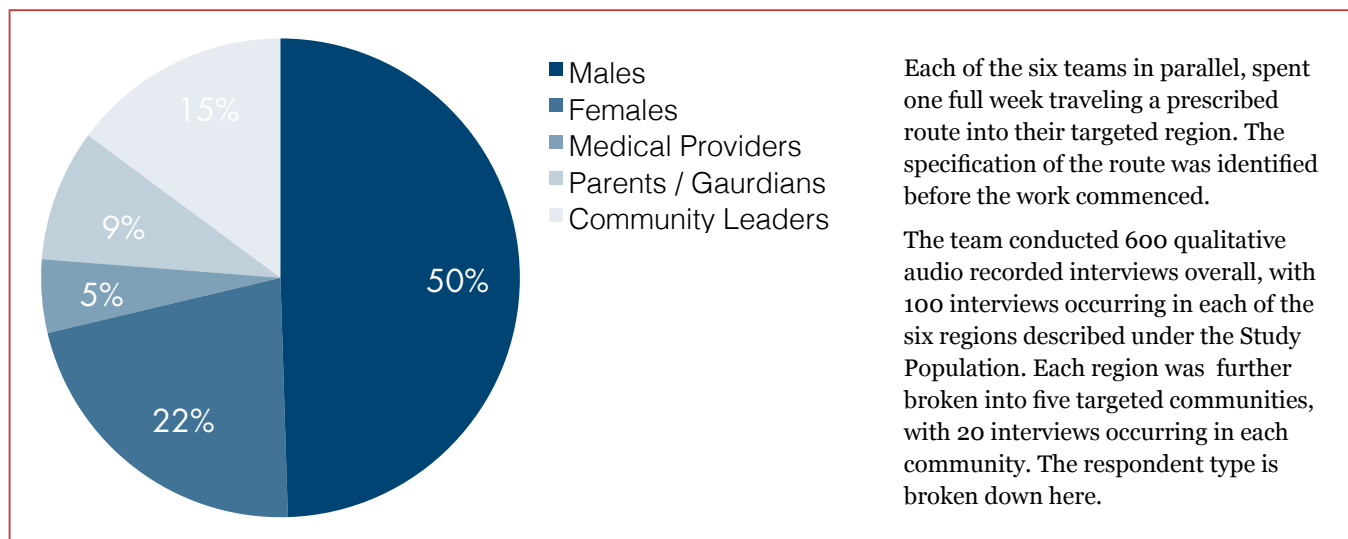


FIGURE 2

The data from the qualitative survey was analyzed by theme and frequency and captured into a customized database. Themes were cross-analyzed by region and respondent group type. These cross analyses were transferred into a statistical software suite and subjected to correspondence analysis. The frequency of each theme, along with the correspondence analyses, was used to develop the hypotheses and questions for the quantitative survey.

Quantitative Phase Methodology

Based on results of the qualitative survey and feedback from an interim stakeholder workshop, a closed-ended quantitative questionnaire was developed and approved. The final questionnaire was composed of over 200 questions covering, basic demographics, community and daily life, health care systems, access to information, circumcision culture, circumcision influencers, circumcision barriers, circumcision personal experience, circumcision perceptions, and appeal of the PrePex device as an alternative method to circumcision.

For the quantitative phase, a total of 2,000 face-to-face interviews were conducted comprising target males (n = 1,202), female partners (n = 400), guardians (n = 199), medical providers (n = 99), and opinion leaders (n = 100). The interviews were conducted in the same regions as the qualitative survey using similar data collection, analyses, and storage methods.

MARKET RESEARCH SUMMARY

Section 3



MARKET RESEARCH SUMMARY

This summary provides a brief overview of the completed close-ended quantitative survey designed to measure the profile and occurrence of variables required to characterise the audience for the purposes of designing a marketing strategy for VMMC for HIV prevention in South Africa. The complete findings are provided in attachment XX.


Target Male Demographic Profile

The Target Male Demographic Profile allows us to look at similarities and differences across the range of men who would make up the most important target audience for VMMC communications. Target males were men residing in the community ranging in ages from 18 to 49. Ninety percent of the target males spoke and understood English, although Zulu, Xhosa, Tswana, Sotho, and Afrikaans are the languages most often spoken. Only 9% of target males obtained a diploma or degree, with 37% not having completed high school. Not surprisingly, 90% of medical providers had received a diploma or degree.

Target males were most likely to reside in rural or small conurbation areas. Most (75%) lived in the same area in which they were born. Less than 30% resided in metropolitan areas or medium/large cities. Bringing medical circumcision (MC) communications and services distribution to rural communities can be problematic. This also suggests that target males are likely less 'cosmopolitan' and more likely to be rooted in the cultures and traditions characteristic of their geographic location.

Target males usually lived in small houses with many occupants; almost 80% lived with four or more people. Most (75%) target males were single, though more than half had fathered children. In crowded living conditions, lack of privacy, embarrassment, or fear of exposure may negatively influence a man's decision to undergo MC.

Target males were largely unemployed, with fewer than 45% having full-time or part-time work. Some (16%) were studying at school or college. A full 37% were unemployed and seeking work, with 3%



unemployed and no longer seeking work. Target males are therefore likely to have limited disposable income and may harbor a pessimistic view of the future. Sixty percent of target males must travel to another location for employment, most by taxi/mini-bus. This implies the consumption of money and time in order to earn money.

Nearly all target males owned a cell phone, had electricity in their house, and had tap water within walking distance from their home. Only four out of 10 homes had hot water and three out of four had flushing toilets in the household. About half regularly accessed the Internet either via cell phone or personal computer.

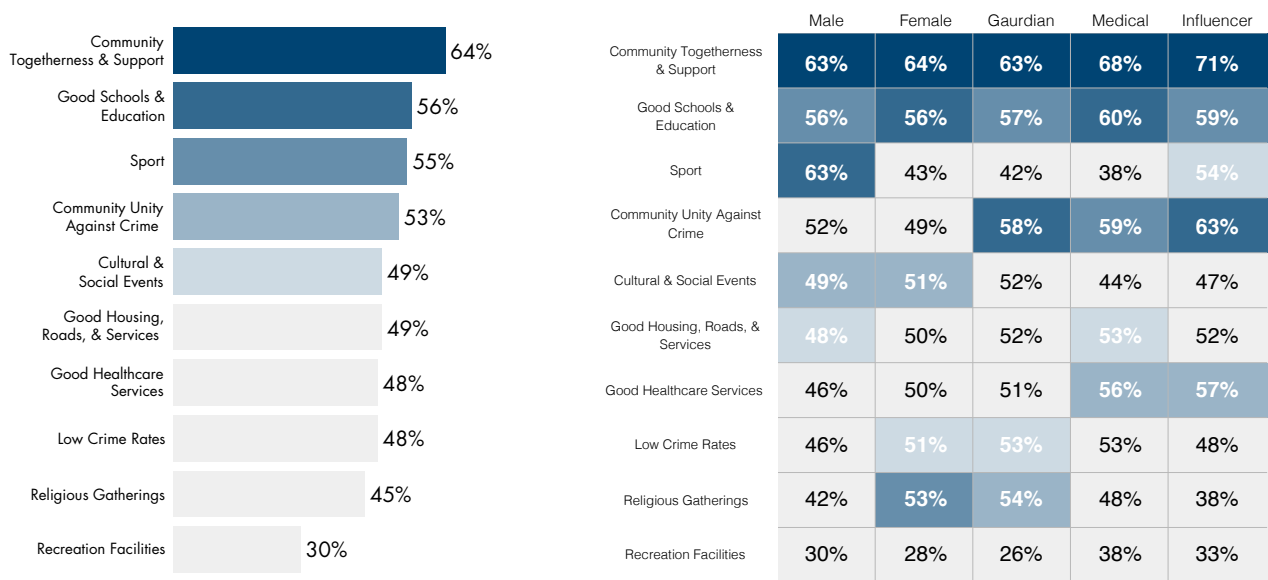
Target Male Psychographic Profile

The focus of our psychogenic analyses described here is on target males, as our research indicated that the other segments, including opinion leaders, medical providers, guardians, and female partners had substantially less influence over VMMC decision-making.

Target males enjoyed socializing with their friends; watching television, particularly sports; listening to music; playing sports; spending time with family; and playing music/singing/dancing. In contrast, target males' female partners were far more inclined to be interested in cooking and shopping, whilst their guardians were more inclined to be interested in church activities, parenthood, and gardening.

Target males felt that unemployment, drug and alcohol abuse, and crime were of great concern to the community, whereas community togetherness/support and sport bring joy and happiness to their community (Figure 3; Figure 4).

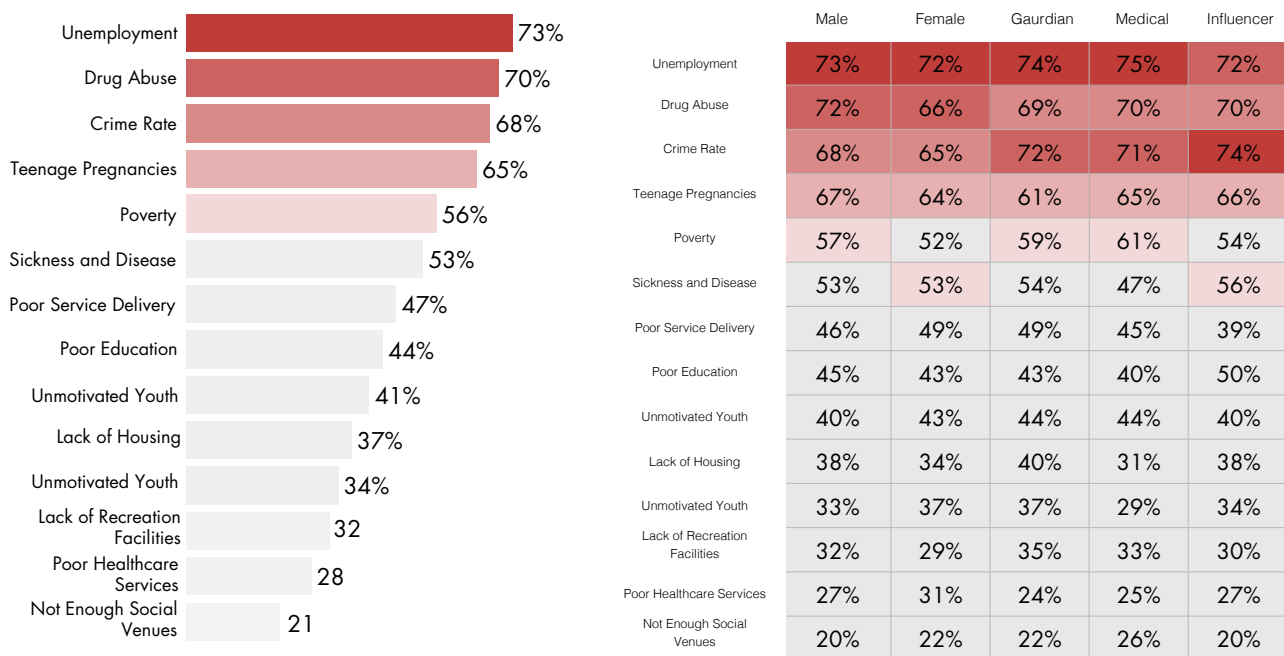
Togetherness and Support are Strong in Communities



Q: What are the things that worry people in your community and cause unhappiness? (All Respondents N = 2000)

FIGURE 3

Community Negatives



Q: What are the things that worry people in your community and cause unhappiness? (All Respondents N = 2000)

FIGURE 4

Perceptions about Community Health

Nearly half of all respondents expressed concern about high prevalence of HIV in the community, with 65% of medical professionals expressing concern. Target males were concerned that clinics were overcrowded and not staffed with enough doctors or other medical staff.

Even though almost all target males reported the existence of a permanent clinic in their area, almost half believed there were not enough clinics and were of the opinion that healthcare services were insufficient and poor. This poor perception and lack of trust in the healthcare system may be a barrier to uptake of VMMC services in some communities.

Most target males either walk or take a taxi/mini-bus to the clinic, a journey that usually takes less than half an hour (Figure 5). Seventy-one percent of target males stated that they access the clinic for treatment of colds and flu, with 43% saying for HIV testing. Two-thirds of the target males access clinics in the area and most attend the clinic alone. The average duration of the visit is two to three hours, with one in four waiting for more than three hours. Taking into account travel and waiting times, clinic visits for most take up the entire day.

More than half (63%) felt 'quite or very comfortable' visiting their clinic and 65% thought the staff was 'quite or very friendly,' however, for one-third of target males, attending the clinic is 'uncomfortable.' Clinics providing VMMC services will need to ensure that the staff is particularly sensitive to the needs of patients.

Mode of Transport to the Clinic

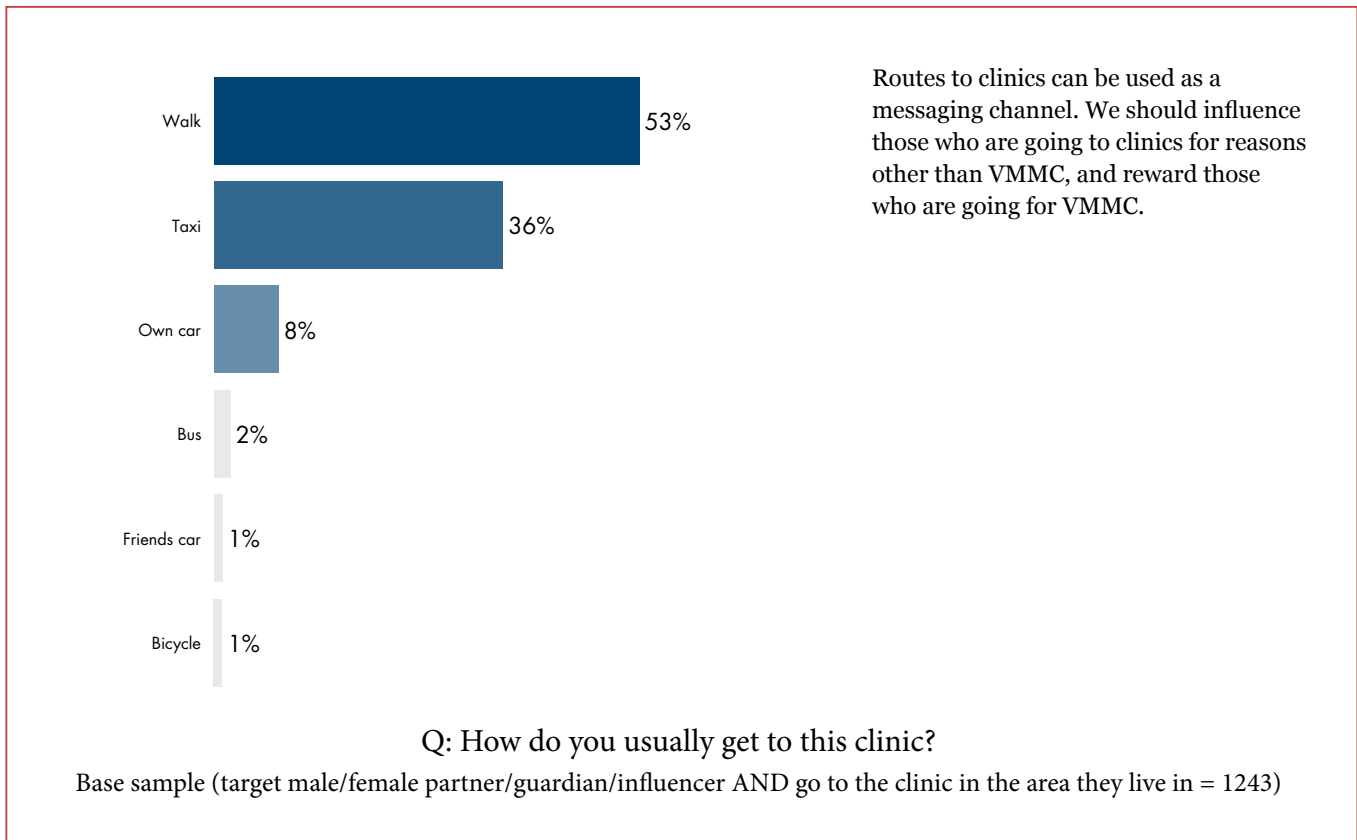



FIGURE 5

While VMMC services may be widely available, few target males are aware of them; only 18% of target males claim to be aware that they can acquire MC from the clinic in the area in which they live.

Target males are most likely to cite television programmes as good sources of information about health. They are less likely than their female partners or guardians to see medical staff at clinics as a good source for general health information. Information pamphlets and news articles also form an important role in the communication of general health matters, as does advice from parents, peers, and schoolteachers.

Target males reported that employers commonly provide time off for employees to use health services, with only a quarter of target males saying their employers might dock wages for time taken off. Just over half of employers are reported to encourage men to use condoms and



to be tested for HIV, although many fewer encourage VMMC. Both the place of employment and the clinic in the vicinity of the place of work may represent untapped channels for communication about and delivery of MC.

Circumcision Culture

To obtain additional insight into which provinces should be the focus of a campaign directed toward encouraging our target males to seek MC, we asked a series of questions regarding the culture of circumcision in their communities and within their culture.

Given the geographic diversity of South Africa, and the strong and disparate cultural links to each geographic area, it is no wonder that circumcision cultures and practices vary significantly between the various provinces. Below are perceptions by target males around circumcision practice by provinces based on questions related to type of circumcision performed in the community or as part of culture or tradition:

- » The Free State: respondents indicated that both MC and traditional circumcision are universally practiced within their community.
- » Gauteng: respondents indicated that Medical circumcision is the predominant practice, with less than 40% stating that traditional circumcision is practiced within their community. Less than a quarter (18%) said that circumcision was not practiced.
- » KwaZulu-Natal: respondents stated that MC predominates in their community, with only 13% and 12% stating that traditional circumcision was practiced or circumcision was not practiced at all, respectively.
- » Limpopo: respondents indicated that either traditional circumcision as part of a traditional initiation to manhood ceremony or MC performed in adulthood is the norm for all. Only 1% stated that circumcision is not practiced in their community.
- » Mpumalanga: respondents indicated that circumcision is largely as part of a traditional initiation to manhood ceremony though MC is also performed after puberty and during adulthood. A small percentage (15%) stated that circumcision is not performed in their community.

- » Northern Cape: respondents stated that MC is a common practice largely performed at birth. Some respondents, 21% and 16%, respectively, indicated that circumcision was performed traditionally or not at all.
- » North West: respondents indicated that both MC performed from birth through to adulthood and traditional circumcision is common. Only 1% stated that circumcision was not practice in their community.
- » Eastern Cape: respondents indicated that circumcision is performed nearly universally as part of the traditional initiation ceremony to manhood.
- » Western Cape: Respondents stated that men are generally not circumcised, but if they are, it is done either at birth or part of the traditional ceremony.

Of the target males who had been circumcised at the time of the survey, 68% stated that they were under the age of 18 when the procedure was performed, and that nearly 70% said that their parents or they themselves were the main influencers in their decision-making; however, in those target males who intend to be circumcised, a minority (25%) said that their parents influenced their decision and 83% claimed that they themselves were the main influencers in their decision (Figure 6).

They value medical staff at clinics, television, and radio as important sources of general medical information and education. The role of parents in decisions around MC appears to be focused on younger boys and adolescent men, where HIV prevention messaging may strongly resonate, or where it was done as part of traditional circumcision ceremonies. As the target male population age-demographic increases, self-motivation seems to predominate.

For the Uncircumcised, Individual Decision is Main Influence

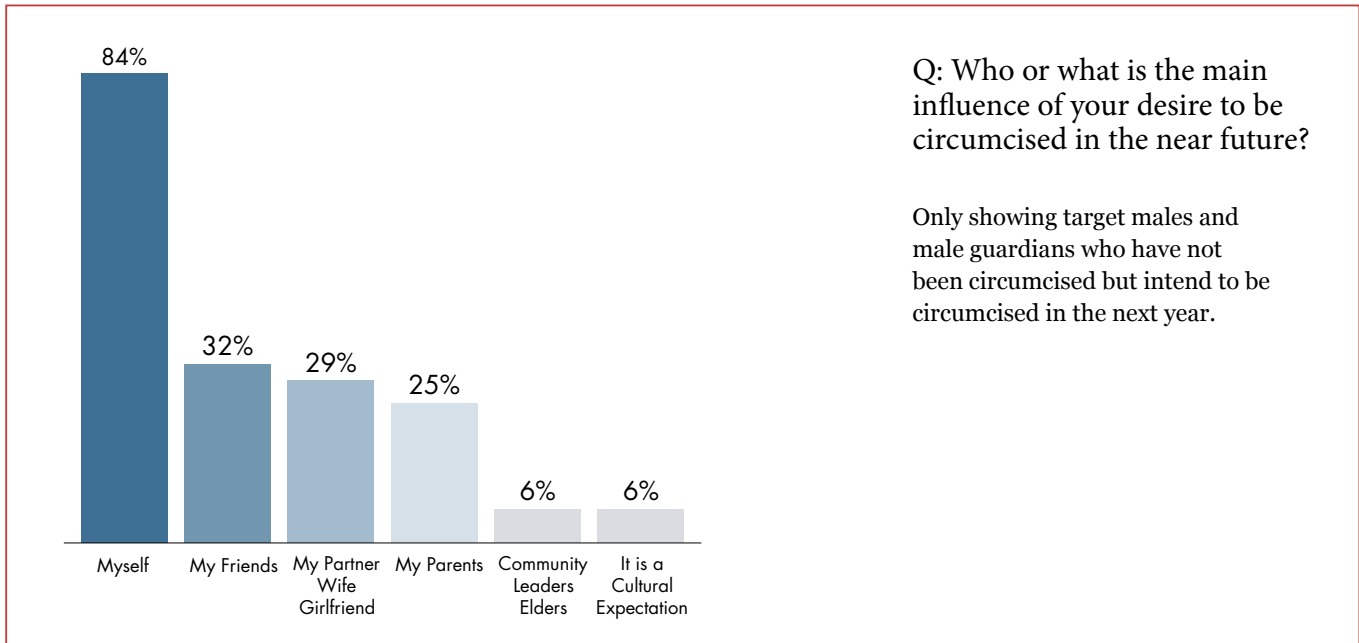


FIGURE 6

For those who do not intend to become circumcised, nearly 70% said that their decision was due to cultural preference, with 20% suggesting that it was healthier to be uncircumcised.

Target males perceive the primary and rational benefits of MC to be better hygiene, overall improved health, and reduced risk of contracting HIV or STDs in general. Achieving manhood, maturity, and pride and self-respect are also important perceived benefits, with improved sexual benefit, increased respect and respect for one's culture forming second-tier benefits. Men who are circumcised are perceived to be responsible, reliable, and trustworthy, as well as clean and healthy. Interestingly, only 22% of target males and 11% of female partners stated an important benefit of MC was aesthetics.

VMMC communications on the importance of condom usage after circumcision appears to have been effective, as most target males understand that circumcision will not prevent HIV without the use of a condom. Notwithstanding this, a full 38% of target males either agree or are unsure whether men in their community are engaging in unprotected sex because they believe they will not contract HIV because of their being circumcised. Communications to encourage condom usage after circumcision will need to continue.

Slightly more than half of target males (55%) believe that the barriers and obstacles to MC are simply a lack of knowledge about its benefits and where to go to have the procedure performed. This implies the need for continued strong communication to educate people about the benefits of and ways to acquire MC. Fear of pain, bleeding, injections, possible death through complications, long healing processes are also perceived obstacles to MC, implying the need to continue communications and strategies that address these issues.

Experience over the past five years with VMMC has shown that men prefer to have MC performed in the winter months, presumably due to perceptions that wounds heal better in the cold season (Figure 7). This skewed demand places extraordinary burdens on health centers during peak seasons while wasting resources to staff clinics during summer months. Although two-thirds of target males said that MC could be performed at any time of the year, the vast majority said they believe that wounds heal faster during winter months.

Perceptions Around Seasonality - Recovery

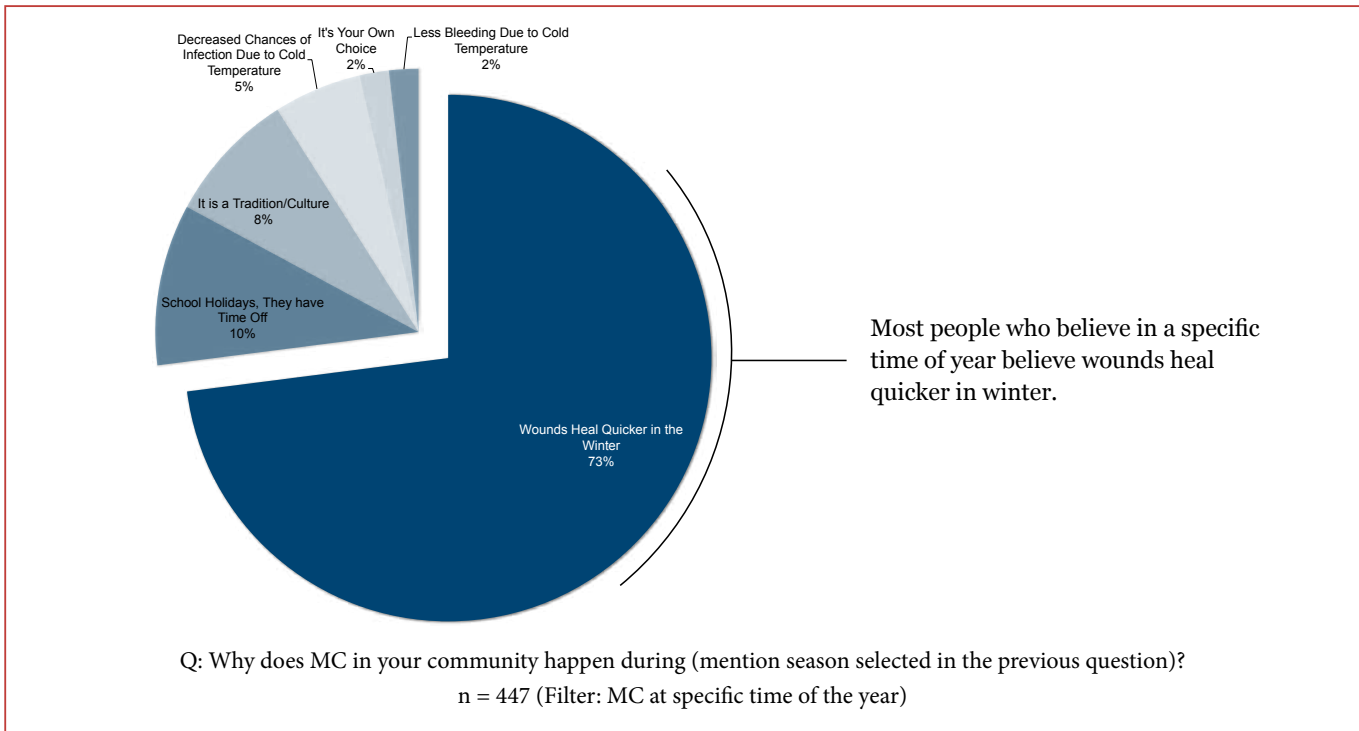



FIGURE 7



Uncircumcised men largely fall outside of the segments where traditional circumcision the norm. Target males who do not intend to become circumcised claim that it is due to a cultural preference to be uncircumcised, but in those who do intend to be circumcised, it is fear of pain and discomfort or a lack of knowledge that has prevented them from being circumcised. Those who intend to be circumcised indicate a preference for MC, at any time of the year, performed by a medical doctor in a hospital. They claim that they themselves will be the primary decision maker.

The implications of these data are that the communications and distribution strategy for MC to the nontraditional uncircumcised segment needs to educate about the benefits, alleviate fears about the discomfort and, based on suggestions from implementing partners, change minds in those communities where the cultural norm is to be uncircumcised - what was good for dad, does not need to be good for me!

The research showed an important connection between personal aspirations and circumcision. When asked what qualities or traits they would most wish to be known for, the majority (60-70%) used terms such as: responsible, reliable, and trustworthy; traditional and respectable; and strong and decisive.

When asked about which qualities are associated with being circumcised, the vast majority (about 85%) of target males used a similar set of terms: responsible, reliable, and trustworthy; traditional and respectable; strong and decisive; but added healthy and clean to the list (Figure 8).

Association Links to Target Aspiration

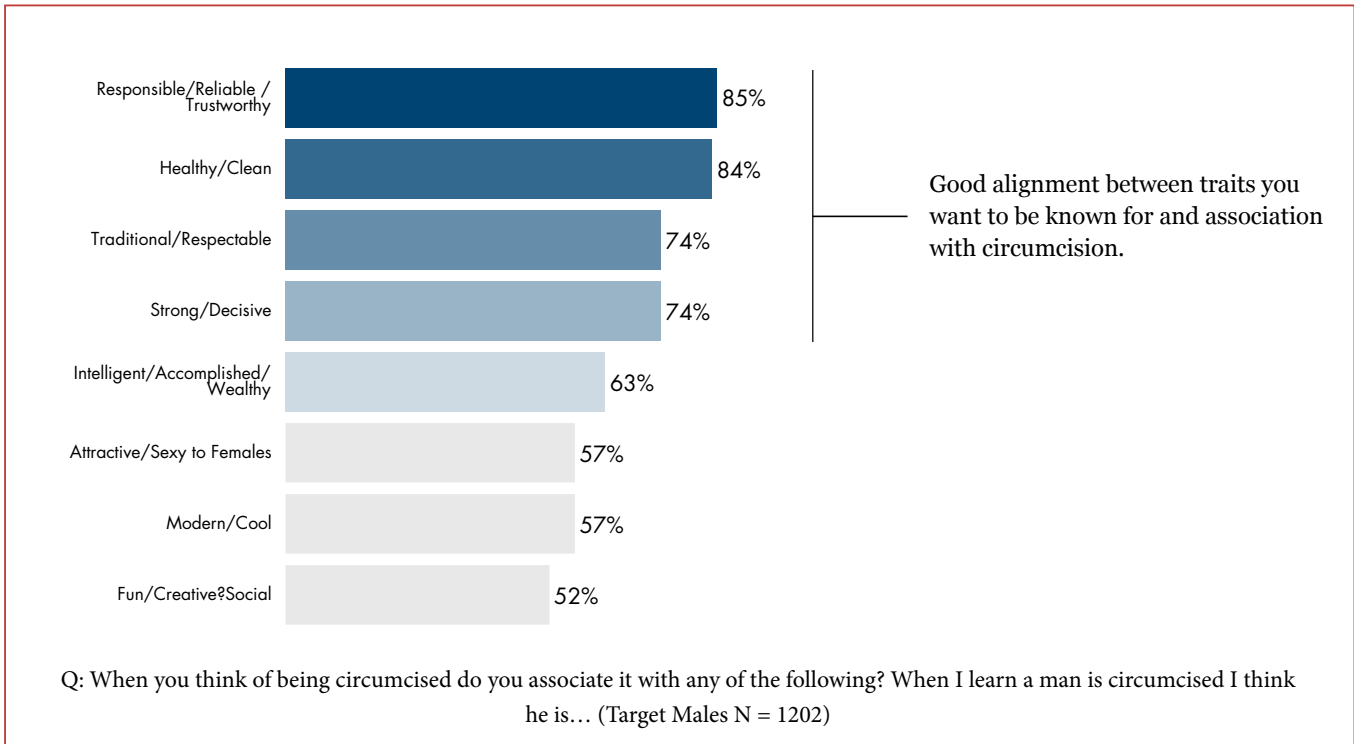



FIGURE 8

PrePex Device

The PrePex circumcision device was explained to respondents, indicating that it may make MC easier, what the device is, how the device is applied and works, its safety, its pain levels, its effect on activities postusage, and healing time. A photograph of the device elements was presented.

Nearly 70% of all respondents 'liked it a lot' or 'quite liked it.' Eastern and Western Cape regions, where circumcision is done through traditional methods or is uncommon, was the notable exception where the concept was not appealing because it's not traditional and unacceptable; however, as these data are interpreted, it is important to leverage McCann's prior and broader consumer marketing experience in evaluating 'appeal scores' for concepts in South Africa. In McCann Health's experience, there is a relatively high degree of over exaggeration in appeal determination as compared to many other countries and markets. This experience suggests that responses of 'I quite like it' are generally nuanced toward at best 'neutral'. This interpretation is further supported by the data that show less



‘acceptance’ of the product in actual usage, with only 53% claiming that people in the community ‘definitely will’ or ‘probably will’ use the concept. In McCann’s commercial work, 80% is regarded as a ‘winning idea,’ 70% as ‘a good idea,’ 60% as ‘with some merit,’ 50% as tending towards ‘niche appeal’ and below 50% as being ‘a nonstarter.’ Based on these data, the PrePex device would appeal to a niche market and should help with incremental uptake based on barriers stated.

For those who find the concept appealing, there appears to be no single ‘standout’ perceived benefit. A myriad of benefits are cited, including safety, ease-of-use, no pain, medical supervision, no bleeding, quick healing, no stitches, newness, and no injection. Based on the barriers to uptake of VMMC, PrePex can help assist in the conversion from intent to action.

VMMC COMMUNICATIONS STRATEGY

Section 4



VMMC COMMUNICATIONS STRATEGY

How was the creative strategy developed?

Effective creative campaigns are driven by more than a key message. They are driven by emotionally resonant insights. To discover such insights, one needs to understand not just the targets' health needs, but also their motivations, aspirations, lifestyles, influences, and barriers to action. That is why, in order to develop powerful creative ideas that will drive behavior change, McCann Health uses a process known as 'Truth to Transformation'. In short, we do this by identifying the drivers around the problem and uncovering the core insights around five areas that affect the consumer and the problem at hand, known as 'the 5Cs':

- » The category (in this case, VMMC)
- » The culture (in this context, 'culture' means traditions, habits, and entrenched beliefs, as they pertain to VMMC)
- » The community (the nature, characteristics, and common values of the target regions)
- » The consumer (target males)
- » The connections, including social and peer-to-peer influences, that affect the consumer


Market research with the target audience, as described previously, was key to obtaining these insights. A comprehensive analysis was also performed of third-party studies done over the last five years in the areas of HIV, circumcision (traditional and medical), population demographics, past communication campaigns, and consumer segmentation. We amass and analyze these insights, or 'truths', to find the most actionable ones that can be applied to the problem at hand.

Upon auditing the findings, the insights that were deemed most applicable to our communication goals could be summarized as follows:

Category – People are generally informed about the rational benefits of circumcision, but they are often not aware of the availability of VMMC (see page XX in Market Research Summary). They are also often of the opinion that nearby healthcare services are insufficient and poor. If they are aware of the rational benefits, this suggests there is an opportunity to use more emotional and personal benefits to drive interest and action with the older and late-adopter audience. This also suggests the importance of defining availability of services.

Culture – Based on different barriers and perceptions in the different provinces, differentiated approaches will be necessary. Gauteng, KZN, North West, and Limpopo seem to have the quickest conversion potential. The Western Cape will require a very different approach from the other regions because circumcision is not generally practiced there. Regarding seasonality of the procedure, the majority of target market members believe that MC can be done at any time of year, but some perceptions and cultural traditions remain that dictate that MC should occur during the winter, usually because people believe that wounds heal quicker in the winter. Additionally, the market research showed that men who are circumcised are perceived to be responsible, reliable, and trustworthy, as well as clean and healthy. One idea that unites the target males across cultures, provinces, and languages is the enduring desire to be respected, to be known as someone making something of himself.

Community – Target market members tend to be more pessimistic about their future than their counterparts elsewhere in the community. Members in different provinces cite varying reasons for their pessimism and negativity (major concerns across provinces include crime and substance abuse, while poor service delivery, unemployment, and poverty are reported more frequently in some regions over others); however, across these communities, there remains a sense of collectiveness and a willingness to help one another improve the community. Altogether, this information suggests the need for communications that have a positive, hopeful, and motivating tone. In addition, because many of these problems are largely out of the control of target members, a way of bringing hope into our communications is by emphasizing that VMMC is an area of life over which a man can exercise control.



Consumer – Target males are generally focused on achieving their aspirations but often are not optimistic that they will be successful in doing so. They generally want to achieve their goals and take control of their lives, and the practical benefits of circumcision, as it pertains to achieving those goals, is usually clear to them; however, circumcision is not frequently a topic that is openly spoken about. Thus, there is a need to change the nature of the conversation about MC in general and VMMC in particular. But it will not be enough for the conversation around VMMC to focus on primary barriers (e.g., pain, infection, and the healing period). According to market research findings, those barriers need to be addressed in communication, but may not provide adequate motivation on their own.

Connections – According to market research, the top three target audience communication channels are medical staff, TV, and radio. In the same research, several commonly used touch points for communication about VMMC were viewed as ineffective ways of informing the community, such as street posters, advertisements on taxis, and traditional healers. For those people already circumcised, parents were seen as strongly influencing the decision, but for the uncircumcised, the individual primarily makes the decision for himself; however, peer support and pressure can be a positive influence, which suggests the merit of making VMMC something aspirational.

What do all of these insights add up to?

As we analyzed all of this information, we looked for actionable insights that will best help achieve the goal of communications: to motivate South African men between the ages of 15 and 49 (emphasis on 18+) to get medically circumcised as soon as possible. These insights must be applicable to this action, in some way referring to a benefit that VMMC can deliver; however, we know that the communications should not be simply about the practical benefits or primary barriers because the targets are aware of those and do not find those highly motivating. Therefore, the insight (and the communication) needs to be more aspirational.

One idea that kept coming up with each of the ‘5Cs’ is the notion of

control. Target males are often pessimistic because of those aspects of their lives that are out of their control. They live in communities where HIV, poverty, and other societal problems remove a sense of control. Undergoing VMMC is not only about health; it is a way of taking control of one's future. Culturally, men want to be respected and be seen as controlling their own destinies.

So, rather than focusing on any individual health benefit or barrier to VMMC, the creative brief will frame VMMC as a statement of who the target male is as a person. The Truth Well Told, or the primary sentiment that drives the creative work in order to help us achieve our goals, is as follows:


**People respect a man who is in control of his own future.
VMMC is about being a man who is thinking about his
future and is in control of it... by acting NOW.**

TRUTH WELL TOLD

*It's about being a man who is
thinking about his **future** and is
in control of it...
By acting NOW*



The 'proof,' which is a succinct argument about why the Truth Well Told is compelling, is: To date those that are motivated primarily by health concerns have been circumcised (even if many were not the primary decision makers). We now need to change how we portray



the benefits of circumcision and tap into the emotive and personal motivations of our target audience. A male who undergoes VMMC is decisive, modern, and in control and should be **respected**.

Circumcision shows that a man is working to overcome his immediate reality.

How will the creative strategy be used?

Note that this Truth Well Told statement is not meant to serve as the headline or body copy of a communication. Instead, this will serve as the idea around which creative executions will be developed. Any creative executions developed will be judged against this statement and against the insights described. If an execution is not communicating the above idea in an impactful, emotionally resonant way, then it will not move forward. The full creative brief that will be shown to those developing creative is on page 43.

KEY RECOMMENDATIONS


Section 5



KEY RECOMMENDATIONS

Based on the initial Landscape Analysis, the subsequent formative research, and other third-party studies analysed, the following key findings and recommendations are provided:

- » While the total number of VMMC procedures has increased year over year, the rate of increase has slowed, and thus we need to dramatically increase the uptake and motivations around VMMC;
- » Of the VMMC achieved to date in South Africa, 71% are under the age of 20, which means we need to start targeting and increasing uptake in older men and ‘late adopters;’
- » The target audience has some very real issues in their communities that drive negativity and are demotivating to them. Many of these, such as unemployment, drug and alcohol abuse, and crime, are out of their control. We therefore have the opportunity to leverage their need for positive life outcomes with our communication strategy and show that this is an area of their life they can control;
- » Based on our analyses of provinces where circumcision practice is common, and excluding those provinces where traditional circumcision is the norm, we recommend Gauteng, KwaZulu-Natal, North West, and Limpopo as priority areas for quickest conversion potential. In addition, based on suggestions from implementing partners, we also recommend a focus on Western Cape where circumcision is generally not performed based on cultural practices but where communications may encourage VMMC in the our target population;
- » Current communications campaigns have been successful in driving knowledge of the benefits of VMMC; however, we may have reached a point of saturation for people influenced by only this very rational communication, such as parents and guardians, so we need to take a different and more emotive or motivating approach and align VMMC to personal motivations and aspirations to older men;
- » Although it was not our intent to assess availability of MC in the study population, most people were not aware of medical circumcision being available at local clinics. We will need to ensure

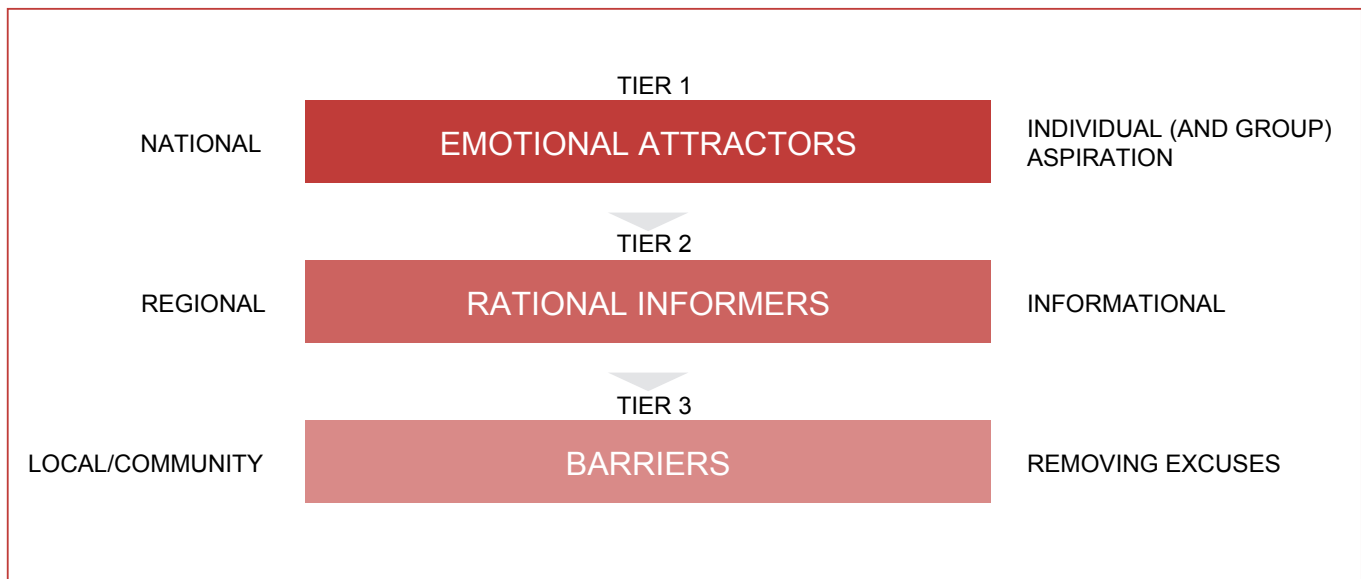


that the geographic distribution of our communications efforts is aligned with the availability of MC services;


- » Circumcision is not readily discussed and thus we need to change the nature of the conversation, increase its ‘talkability’ to drive greater aspiration for it, and tap into important peer connections;
- » Our target males are focused on their future, but they are not optimistic. They want to achieve their goals and take control of their lives but find little that they can do to achieve this. VMMC can be positioned as an area that they can uniquely control in their lives and it allows them to look after their future and growth;
- » Our target males want to be known for being responsible, reliable, and trustworthy; traditional and respectable; and strong and decisive. Men who are circumcised are thought to possess those qualities and are also thought to be healthy and clean. We will need to leverage this important intersection in our communications strategy;
- » Primary barriers to uptake such as pain, infection, and healing period will need to be addressed at the regional level to accelerate conversion from intent to action, but should not be used in the context of primary motivation;
- » We need to work closely with implementing partners in order to assist with community differences based on the migrant nature of the workforce and their resultant cultural differences;
- » PrePex may likely not have broad appeal but will play a role as an alternative for people who find it difficult to overcome pain and needles as a barrier to uptake;
- » Existing communications programmes extolling the medical benefits of MC, providing information on clinic location, postoperative care, and condom use have been effective and must continue. It will be important to work closely with the implementing partners who are providing MC service delivery to ensure alignment and to maximize the impact of any new communications messaging.

Recommended Approach

McCann recommends the development of a hierarchical communication strategy that taps into the personal aspirations of the target males, the social structure and communications channels in which they live, and their access to VMMC services in their communities. The strategy combines both emotional and rational messaging to drive ‘intent’ into ‘action’:



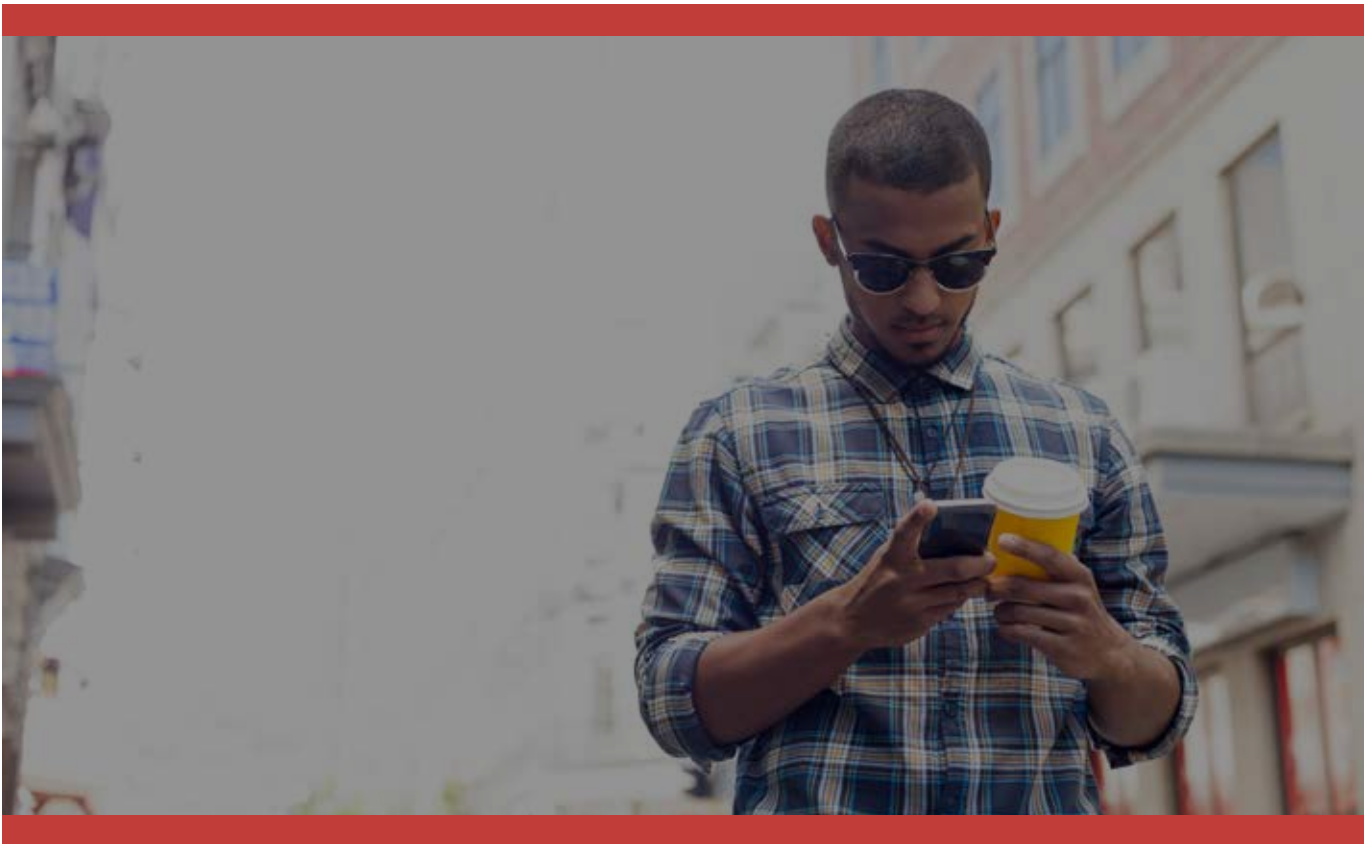
The top tier will form part of a national campaign that would be used to increase the consideration of circumcision ‘intent,’ and also change the nature of the conversation around circumcision, allowing it to become a positive statement about who ‘I am’ and something ‘I want to act on now.’ The second tier of communication should be more rational and informative and will form part of the regional approach to the communication programme to drive ‘action.’ In the Phases 2 and 3, McCann would work closely with implementing partners on this and assist and advise in the development of work. The third tier is focused on addressing the regional barriers to VMMC and will be a far more localized (community) approach. This tier is about putting the correct tools in the clinics and recruiters’ hands in order to convert demand into uptake. Once again McCann would be available to support these efforts in a Phase 2/3 scenario.



The national campaign is intended to be a fully integrated approach to VMMC and all communication, ideally including those from implementing partners; will align with the top-tier tonality, design, and messaging in order to maximize synergies; and increase immediacy and effectiveness. Ideally, the target market should experience all communication as a single campaign, as this will maximize mobilization.

PATHWAY ANALYSIS

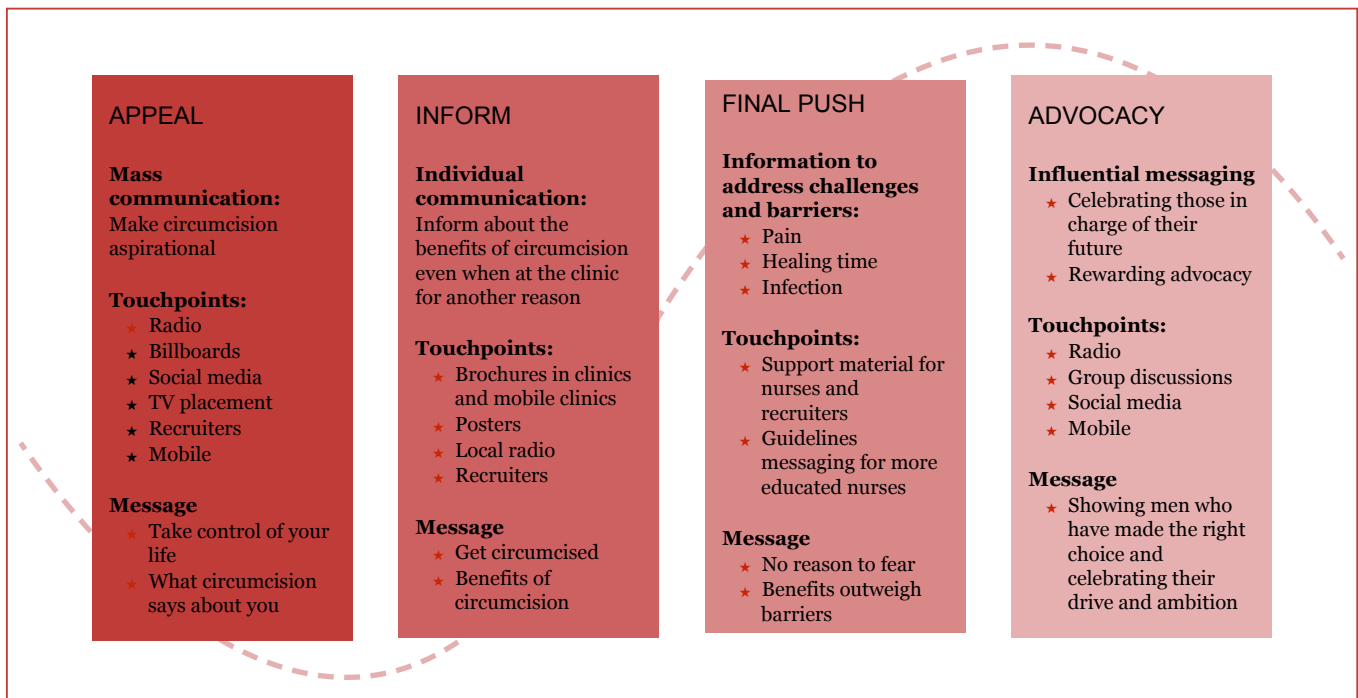
Section 6




PATHWAY ANALYSIS

A consumer journey identifies important channels based on the hierarchy of influence and motivation we are trying to create. The journey has been developed to move consumers from consideration to action, removing important barriers and emphasizing important motivators along the way. The consumer journey also considers the importance of individualized decision-making as based on key findings from the research, as well as important peer and community influence. The main focus is on males who are not circumcised with a preference for VMMC in adulthood (late adopters).

The suggested touch points are guidelines based on the research findings of Bateleur. They will be finalized based on a media strategy and plan that will take reach, frequency, efficiency, and effectiveness of media options and channels available in greater consideration.



PrePex, though not the primary focus of these communication efforts, has an important role to play. The approach to PrePex would be to communicate its use as an alternative for men who are interested in VMMC but fear the pain, needles, stiches, and/or recovery from current VMMC procedures.



It is important to note the need to avoid merely offering PrePex as an option for VMMC, but rather use it to drive incremental uptake for those men who are seeking a simpler and perhaps less ‘invasive’ alternative approach. This can be achieved through communication aligned to the national campaign but used as part of a more localized/community approach.

CREATIVE BRIEF

Section 7



CREATIVE BRIEF

GOAL: What event or activity are we building this program around?

The goal of our communications is to motivate South African men between the ages of 15 to 49 (emphasis on 18+) to get medically circumcised as soon as possible.

MEASURES OF SUCCESS: How will success be measured?

Key performance indicators include:

1. Increase in lead generation as measured by implementing partners
2. Improved attitudinal and behavioural measures regarding VMMC motivations as measured through a concept testing communications survey
3. Increased uptake of VMMC as measured by implementing partners

THE AUDIENCE: What do we know about the audience?

Due to findings from our market research in August 2015, we have focused our attention on South African men ages 18 – 45, who have not been medically circumcised, despite knowing that MC can help prevent HIV. The men surveyed are not getting circumcised because of their fear of pain, needles, infection and healing time, however there are regional differences. Because these men have yet to complete the procedure, we refer to them as late adopters, since the early adopters have already been influenced by health benefit driven communication. These men have lacked educational opportunities and have struggled to hold steady jobs, and they also commonly take on the burden of supporting their families. Findings that have been corroborated through other third party research indicate that these men enjoy sports, music and socializing, yet it is their struggles that unite many of our target audience’s motivations and goals. Studies have shown that these men share a positive outlook. Their hope and desire to be better, stronger, and more secure drives them forward, and motivates them.

CONSUMER TRUTH:	CATEGORY TRUTH:	CULTURAL TRUTH:	COMMUNITY TRUTH:	CONNECTIONS TRUTH:
What is the Consumer Truth that will make this Program relevant and useful? This should provide clarity about who the audience is, but more importantly a fresh insight that’s relevant to the specific event or activity.	What category truths can we disrupt?	What is the cultural truth that will make this topical and sharable? What cultural observation is compelling to the audience?	What beliefs or influencers can we disrupt or use?	What connections can we capitalize or disrupt?
Our men struggle but strive for a better future. They face many harsh realities in life that are out of their control, but this is an area of their life that they can take control of.	Circumcision isn’t only about health. It’s about being a modern man who is in control of his future.	Despite different tribes, languages, families, and traditions—men are united by the enduring desire to be respected and known as someone moving forward in life.	Very real problems such as crime, drugs, poverty and HIV are a part of everyday life. There is a need for communications to bring “hope” onto their horizon.	Circumcision is a topic that people are not always comfortable discussing, but the peer group and community can be influential if we change the meaning behind the topic.

TRUTH WELL TOLD: What is the most actionable insight that can be applied to the brand?

People respect a man who is in control of his own future. VMMC is about being a man who is thinking about his future and is in control of it... by acting NOW.

THE PROOF: We can do this because why? How can the program deliver compellingly on this Dare?

To date those that are motivated primarily by health concerns have been circumcised (even if many were not the primary decision makers). We now need to change how we portray the benefits of circumcision and tap into the emotive and personal motivations of our target audience. Circumcision shows that you are decisive, modern and in control, and should be respected. Circumcision shows that you are overcoming your immediate reality, and should be a badge that you are proud to wear.

TIMELINE AND NEXT STEPS

Section 8



TIMELINE AND NEXT STEPS

This marketing plan marks the end of Phase 1. In Phase 2, McCann would seek to develop and test marketing campaigns and develop a media strategy based on the approved marketing strategy and creative brief developed in Phase 1. These campaigns would be pilot tested in several markets within the selected provinces, in collaboration with other partners. Based on performance criteria, the best performing campaigns would be chosen for advancement and scale up into Phase 3. During Phase 2 and 3, the McCann Health team brings assets not only from the local South Africa team, but also assets and talent from the global team. McCann Health would utilize performance analytics resources from McCann Worldgroup that are commonly used to test and evaluate commercial advertising and marketing campaigns. A custom measurement plan and dashboard, for example, and local brand tracking tools used in the commercial space, could be applied to the testing and evaluation of the project. See the chart below for an outline of the three phases across the existing PPP and the two proposed phases.

