

MEASURE Evaluation Phase II

Monitoring and Evaluation to ASsess and Use REsults

The PLACE Method - Priorities for Local AIDS Control Efforts

Background

In any public health program, there is a need to focus on interventions with the greatest cost-effectiveness. In AIDS prevention, there is a tremendous gap between the size and scope of the overwhelming public health challenges caused by AIDS and the level of resources available for response. The Priorities for Local AIDS Control Efforts (PLACE) method is a tool to systematically identify those areas likely to have high incidence of HIV and the specific sites within these areas where AIDS prevention programs should be focused.

A key question for AIDS prevention efforts is whether condoms and AIDS prevention messages are reaching people who have high rates of new sexual partnership formation (or risky injecting drug use behaviors). Behavioral surveillance monitors self-reported risk behavior in risk groups. This may be problematic when risk groups are difficult to identify, where groups overlap, and when the epidemic spreads to the general population. An alternative strategy is to identify geographic areas of high HIV incidence and monitor prevention efforts in those areas at sites where new sexual partnerships are formed, regardless of risk group. The PLACE method provides for descriptions of the rate and pattern of new sexual partnership formation in a community and identifies where to focus AIDS prevention programs in order to reach key members of the underlying sexual network. Where appropriate, the PLACE method also identifies members of injecting drug use networks.

The PLACE method was developed based on epidemiological models of the HIV epidemic. These models indicate that the HIV epidemic in a population is determined by a complex set of biological and behavioral factors at the individual and population levels. Among the most important factors at the population-level are the rates and pattern of new sexual partnership formation. Important questions include: What proportion of the population had a new sexual partner during the past month and past year? To what extent do people form new sexual partnerships with residents of their community, with

visitors to the community and with both mobile and resident populations? What proportion of new partnerships are characterized by commercial sex? To what extent do people who inject drugs share needles and have new sexual partners?

The PLACE method was developed in 1999 at the Carolina Population Center at the University of North Carolina and pilot tested in Cape Town, South Africa in collaboration with the University of Cape Town. Since then, a growing group of international collaborators have implemented the protocol in South Africa, Tanzania, Uganda, Burkina Faso, Ghana, Madagascar, India, Mexico, Jamaica, Russia, Kazakhstan, Kyrgyzstan and Uzbekistan.

A Place-Based Approach: Rationale and Methods

New sexual (and needle sharing) partnerships hold a strategic position in the epidemiology of HIV transmission. Individuals with many new partners have a disproportionately large role in the epidemic and should receive special attention in AIDS prevention programs.

Reaching individuals with high rates of new partner acquisition is challenging. Those with many new partners are more likely to get sexually transmitted infections, but clinic-based approaches miss the majority of people with high rates of new partner acquisition. Targeted risk group interventions can be difficult if risk group membership is stigmatizing or hard to define.

The PLACE approach makes strategic use of the geographic clustering of HIV infection that has been well documented by surveillance systems. Contextual factors associated with areas with high HIV incidence include:

- Poverty, over-crowding, lack of health care
- Urbanization, rapid growth, high male to female ratio, alcohol consumption,
- High population mobility, unemployment

- Political instability, refugee camps

The first step in the PLACE method is to identify areas likely to have a higher incidence of HIV infection using available demographic, epidemiologic and contextual data. Then within these areas, hundreds of key informants are interviewed to identify the specific places (such as hotels, hostels and bars) where people meet new sexual partners. Next, all reported sites are mapped and characterized in terms of the type of people who visit the site, AIDS prevention messages, and condom availability. Finally, the rate of new partnership acquisition and condom use among

people socializing at sites is estimated from interviews with people socializing at sites. Taken together these four sources of data (key informant interviews, interviews with knowledgeable people at sites, interviews with people socializing at the sites, and maps of site locations) provide useful indicators of the extent to which AIDS prevention programs and condoms are reaching those most likely to transmit infection.

The method can be implemented by local district health workers. Information can be immediately used to field prevention programs.

Implementation of the PLACE Protocol

Steps	Objective
Preparatory	To adapt protocol (including transmission by injecting drug users (IDU), if necessary, obtain community support and ethical approval
1	To identify and describe areas in a city or district likely to have high HIV incidence and select location(s) for implementing full PLACE assessment
2	To identify sites and events, within selected areas, where people meet new sexual (and needle sharing) partners
3	To conduct site visits to verify key informant reports and obtain site and patron characteristics that aid in development of prevention programs
4	To describe patrons of sites and estimate the rate of new partner formation among individuals socializing at sites
5	To summarize findings, estimate monitoring indicators, and prepare a map useful for the intervention

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