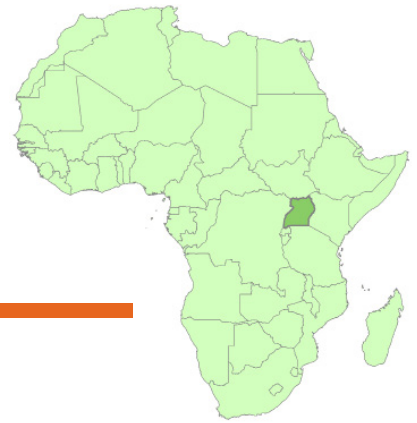


Dissemination Workshop

25 Districts in Uganda: 2018 PLACE Assessments



This packet contains reports on findings for 25 districts where the Priorities for Local AIDS Control Efforts (PLACE) method was implemented in 2018.

Each report shows:

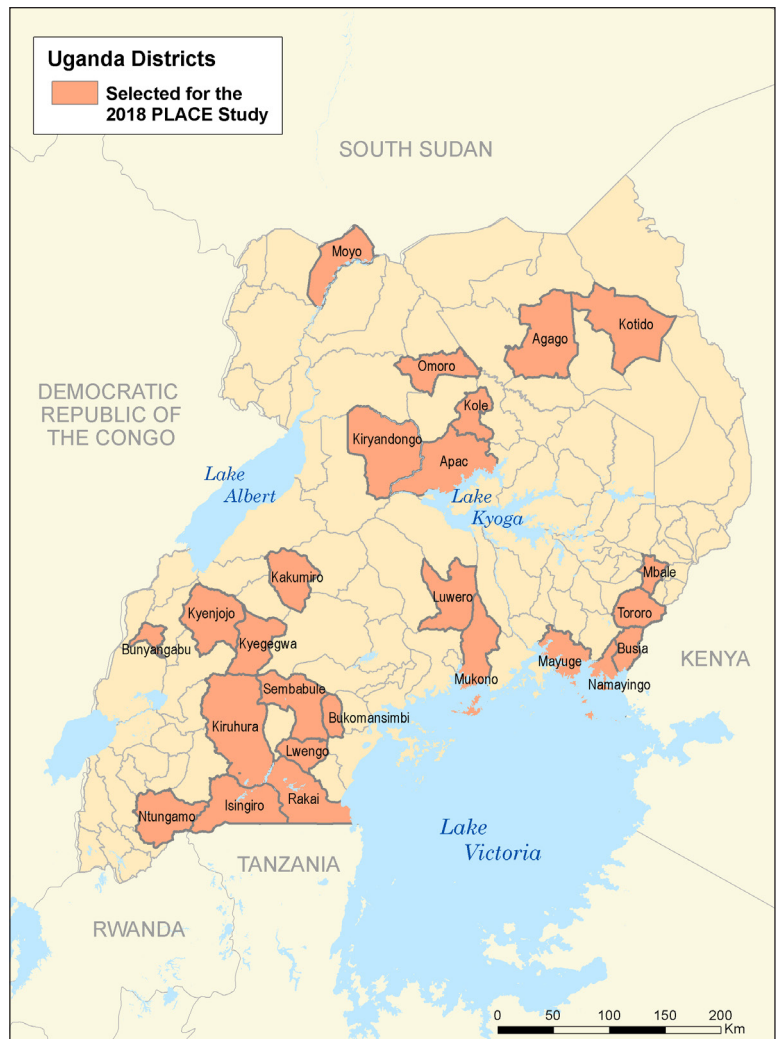
- The extent to which engagement with the district was sought and obtained
- Where to focus in the district (geographic subdistrict areas) to achieve epidemic control
- Within these areas, where to reach people most at risk of acquiring and transmitting HIV
- Gaps in services illustrated by HIV prevention cascades
- Coverage maps

These reports were developed to be shared with representatives of the 25 districts on December 12, 2018 at a dissemination workshop in Kampala, Uganda. They will be used as the basis for a process of district engagement leading to action plans to address gaps. We welcome your review of the reports and feedback.

Background

Uganda has a long history of successful HIV prevention and treatment. However, more effort at the district level may be required to reach the remaining people who have HIV but are not in treatment or who have not achieved viral suppression.

MEASURE Evaluation—funded by the United States Agency for International Development (USAID) and the United States President’s Emergency Plan for AIDS Relief (PEPFAR)—developed the PLACE method to increase understanding of the drivers of local HIV epidemics, identify gaps in services among those most likely to acquire and transmit HIV, and provide evidence to support tailored interventions to reduce transmission and ensure viral suppression. The method identifies



geographic areas likely to contain influential HIV transmission networks and public venues within these areas where people in transmission networks can be reached. The PLACE method contributes to HIV surveillance of key and priority populations, including the estimation of HIV treatment cascades.¹ Its primary focus is to provide actionable data for immediate use at the local level to improve HIV prevention and treatment programs.

In 2018, building on previous PLACE studies (conducted in 2003, 2013–2014, and 2016), Makerere University, in Kampala, conducted a new round of these assessments, with MEASURE Evaluation’s support. It

¹ Key populations recommended by UNAIDS are female sex workers, men who have sex with men, people who inject drugs, and transgender women. Priority populations are fisher folk, boda boda cyclists, men ages 35 and older, and female workers at social venues.

was an opportunity for district-level partners to collaborate on identifying people living with HIV but not yet diagnosed and linking them to care.

Methods

Within each district, the PLACE team followed this standard protocol:

1. Local stakeholders were engaged and collaborated in discussions to identify eight or more geographic areas within the district thought to be at increased risk of HIV transmission, based on the environment and local knowledge. These areas were dubbed “Priority Prevention Areas (PPAs).”
2. Interviewers recruited from the district and trained by the PLACE team from Makerere University visited approximately eight PPAs. During the first visit, approximately 300 community informants were asked to name venues in the area where people go to meet new sexual partners. Probes asked for venues where key and priority populations visit.
3. A master list of venues was compiled for each district. A random sample of venues was selected to map—using Global Positioning System (GPS) units—and to describe, following an interview with a person at the site who was knowledgeable about the venue, such as a bar manager. Venues named by many community informants, venues with key populations, and venues where sex occurs on site were oversampled for a venue profiling visit.
4. After visiting, mapping, and profiling the sample of venues, a random sample of 30 venues was selected for outreach testing and interviews. In each district, approximately 600 people were interviewed and tested at busy times at the venue. People were tested at no cost and were given no incentive to participate.
5. Summary data from each district will be provided to stakeholders from the district on December 12, 2018 for review and to initiate action planning to address any issues raised by the study regarding HIV prevention, treatment, or transmission risk.

The 2018 protocol included some special features:

1. In addition to identifying places where people meet new sexual partners, community informants were asked to name places where men ages 35 and older could be reached. There was some evidence that these

men were less likely to access testing and treatment. A random sample of 50 of these venues were visited and profiled. Some were visited for outreach testing.

2. Members of the community of men who have sex with men (MSM) were engaged in the study and asked to help identify one or two venues where MSM could be interviewed and tested.
3. Because of the higher HIV prevalence found among women who work at these venues, all female workers were interviewed and tested at every venue where testing occurred.
4. Finally, those with a positive HIV test were asked to provide a small blood sample from a finger prick, with subsequent testing of the dried blood spot, for estimating HIV viral load.

Preliminary Findings

Field work was implemented between June and October, 2018, with the following results:

- 25 districts were engaged in the PLACE method
- 202 PPAs were identified and visited
- 21,166 venues where people meet sexual partners were identified
- 8,706 venues were visited, mapped, and profiled
- Outreach testing was conducted at 750+ venues
- 14,000+ people were interviewed and tested at venues during “moonlight testing”
- 6% tested HIV-positive
- 893 dried blood spots were obtained from people who tested positive for HIV and were assessed for HIV viral load
- 55% of viral loads indicated viral suppression, with older people more likely to be suppressed
- Data were analyzed and reports were written, for review by each of the 25 districts