

# Priorities for Local AIDS Control Efforts — Overview of the PLACE Method



## Overview Summary

The PLACE method addresses the need for rapidly available information to target and monitor local AIDS prevention strategically.



**Condom Availability at Public Venues in Kampala, Uganda, 2003**

## Background: What Is the Problem Addressed by PLACE?

The AIDS epidemic is a global tragedy. In the past 20 years, countries have seen workforces diminish, children orphaned, and millions suffer. Every day, another 12,000 people aged 15 and older become newly infected with the virus that causes AIDS. Of these, almost 50% are women and about 50% are aged 15-24.

Why are so many infected daily when most people know how to prevent transmission of HIV? There are no easy answers to this question, but conquering the global pandemic will not be accomplished solely by global efforts. Conquering the AIDS pandemic will require action at the local level in the thousands of communities and districts where transmission is most likely to occur. There is surely a global HIV epidemic, but it is comprised of thousands of local HIV epidemics.

Preventing HIV transmission at the local level is a challenge. Local HIV epidemics are as varied as the populations and cultures they inhabit. Obtaining valid information on local HIV epidemics is challenging for several reasons. First, HIV surveillance systems are usually national in scope and do not provide information about local epidemics. Second, newly infected people rarely know they are infected, making the local pattern of new infections almost impossible to detect. Finally, there is often a lack of capacity at the local level to collect the

information necessary to target interventions and monitor prevention efforts. The lack of information about local epidemics stymies national efforts to scale up effective programs. Where is HIV incidence highest? Where is the epidemic likely to spread? Where should prevention programs focus? These questions often go unanswered. These are the questions that the Priorities for Local AIDS Control Efforts (PLACE) method addresses.

## What Are the Objectives of PLACE?

PLACE is a rapid assessment tool to monitor and improve AIDS prevention program coverage in areas where HIV transmission is most likely to occur.

PLACE is designed for local program managers who want to know where to target resources to prevent new infections. PLACE systematically identifies gaps in current prevention programs, enhances the local use of these findings to improve program delivery, and monitors program coverage over time using

### PLACE Activities, Objectives, and Contributions

| Activity  | PLACE Objective  | PLACE Contribution  |
|---|--|---|
| <b>Surveillance</b>                             | Identify areas where HIV incidence is likely to be high.   | PLACE provides a forum to reach consensus on local areas likely to have the highest HIV incidence.  |
| <b>Monitoring behavior and program coverage</b> | Describe characteristics of sexual and injecting drug-use (IDU) networks.<br>Monitor program coverage using indicators and maps. | PLACE produces a report describing the characteristics and behavior of the sexual and injecting drug-use networks most likely to transmit HIV, the extent to which prevention programs are reaching these networks, maps of public venues where programs can reach these networks, and specific indicators of program coverage. |
| <b>Intervention design</b>                      | Improve the design and delivery of interventions to fill gaps in program coverage.   | PLACE data are particularly appropriate for improving condom distribution, peer education, and targeted risk reduction messages. PLACE data can be used to estimate the size of key populations that need intervention services.  |
| <b>Scaling up programs</b>                      | Extend programs to additional areas.   | Lessons learned from a PLACE assessment can be applied in subsequent rollout assessments in other priority areas.   |
| <b>Community mobilization</b>                   | Improve social, legal, and economic structures.  | PLACE results can mobilize community response to HIV/AIDS, document unmet needs for program services, and support requests for additional funding.  |

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over time using easy-to-understand indicators and coverage maps. Although PLACE findings may be used to inform several AIDS control activities, the focus is on monitoring behavior and program coverage (see PLACE Activities, Objectives and Contributions on page 3).

Programs covered include condom distribution, peer health education, access to voluntary counseling and testing (VCT), treatment of sexually transmitted infections (STIs), harm reduction programs for injecting drug users, and tuberculosis control. PLACE maps can be integrated with other mapping efforts that monitor infectious disease, health service availability, population density, and environmental change.

## What Is the Rationale Behind PLACE?

Epidemiologic data often show geographic clustering of HIV infections, suggesting that HIV transmission is more likely in some areas than in others. When resources are limited, prevention efforts should target areas where the potential for preventing infections is greatest. These areas are called “priority prevention areas.”

### The Concept of Geographic Targeting

Although maps showing differences in HIV prevalence among antenatal clinic patients must be interpreted with care, surveillance data typically show that HIV prevalence is not uniform within a country. HIV prevalence differs in urban and rural areas and in areas characterized by different patterns of mobility and migration.

To target resources effectively, AIDS prevention programs should focus on geographic areas where there is the greatest opportunity for preventing new infections. The clustering of HIV infections in an area reflects the size and characteristics of the underlying sexual and/or injection drug-user (IDU) networks. These networks are not directly observable. In most countries, however, knowledgeable local experts can identify areas likely to have networks capable of spreading HIV using available demographic, epidemiologic, and contextual data. In sub-Saharan Africa, for example, there has been a pattern of geographical clustering of HIV/AIDS infections by level of urbanization and population density.

The intersection of alcohol consumption, short-term migration and commercial activity (e.g., along transport routes, in port cities, and in mining towns) signals an area that may have a high incidence of infection or is likely to have a high incidence in the future unless prevention efforts are undertaken soon. Other

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factors possibly associated with present or future high HIV incidence include poverty, rapid growth, limited access to health services, a high male-to-female ratio, and high unemployment. Areas where these factors converge are likely to be priority prevention areas.

## The Critical Role of New Sexual and Needle-Sharing Partnerships in the Spread of HIV Infection

HIV transmission models reveal the importance of the rate and pattern of new sexual partnerships. Within high transmission areas, prevention programs should focus on preventing transmission among new sexual and needle-sharing partnerships.

Epidemiologists agree that the rate and pattern of new sexual partnerships and new needle-sharing partnerships determine the overall progress of the HIV epidemic. People with new partnerships are more at risk of acquiring and subsequently transmitting HIV. Without new partnerships, the HIV epidemic would eventually die. The conceptual models that illustrate the importance of the new sexual and injecting drug use networks include the proximate determinants framework, the Anderson and May models, and the phase-specific model (see List of Resources section for a description of these models).

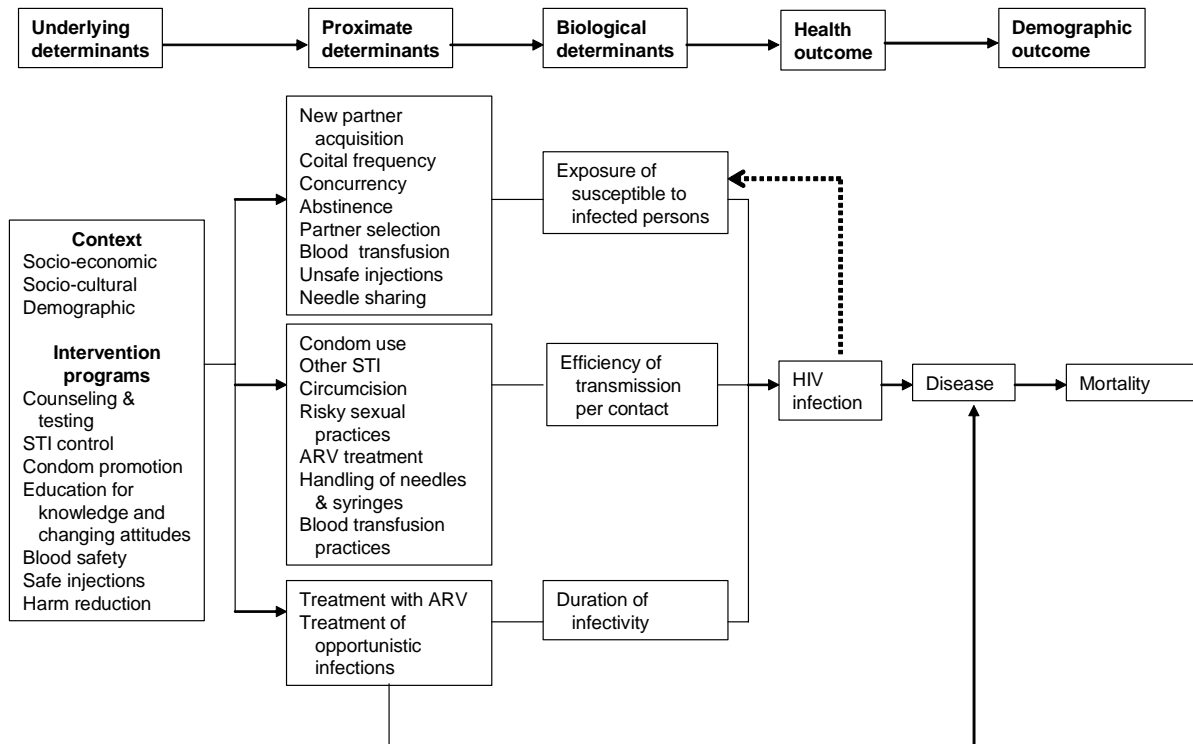
The proximate determinants framework illustrated on the next page shows how contextual factors and program factors are underlying determinants of an HIV epidemic. These underlying determinants operate through intermediate proximate determinants to affect the three biological determinants of HIV transmission (exposure to HIV, transmission efficiency, and duration of infectiousness). Programs that seek to reduce the rate of new partner acquisition and increase condom use during sexual exposure to HIV are critical in order to reduce transmission of HIV and consequently the incidence of HIV.

## The Need for Program-Driven Monitoring of Prevention Programs

When resources are limited, monitoring local AIDS prevention must be feasible using local resources and be pragmatic and non-stigmatizing, and provide indicators that are readily interpretable and actionable. PLACE results are summarized in indicators and action plans that specify where to focus prevention programs in order to reach the people most likely to acquire and transmit HIV infection.

An important barrier to developing network-informed interventions has been the lack of rapid, reliable, and valid field methods for identifying and accessing sexual and injecting-drug networks containing individuals with high rates of new

## Proximate Determinants Framework



Source: Boerma JT & Weir SS. (2005). Integrating demographic and epidemiologic approaches to research on HIV/AIDS: the proximate-determinants framework. *J Infect Dis*, 191(Suppl1):S63.

sexual and needle-sharing partnerships. The approach taken in the PLACE method is to identify the public places (such as the hotels, hostels, and bars) in a priority prevention area where people meet new sexual partners or where IDUs can be found. These places are potential intervention venues where the individuals most likely to transmit HIV can be accessed. There is an urgent need to intervene at such venues.

PLACE is a systematic venue-based approach to understanding sexual and injecting drug-use networks rather than a risk-group based approach. Risk groups such as commercial sex workers, out-of-school youth, and mobile populations have proven difficult to define and there are often overlaps in risk group memberships. The PLACE method provides a map of venues where people – regardless of risk-group membership – meet new partners or where injecting drug users socialize. Priority venues for AIDS prevention are identified and prioritized for program outreach.

PLACE is designed for implementation within a short period of time without extensive involvement of outside technical experts. It can be implemented

using only a spreadsheet program, a word-processing program, and Epi Info, a widely-used statistical software program developed by the U.S. Centers for Disease Control and Prevention. PLACE aims to provide new, useful, and timely information for intervention monitoring. The method includes local participatory feedback and dissemination workshops to ensure that results are used to tailor local interventions.

PLACE provides the critical information required for writing action plans for local prevention efforts.

The PLACE method is designed to be implemented and used by people who have not collected data previously.

## Resources Required to Implement PLACE in One Area

### Personnel

- ▲ steering committee
- ▲ principal investigator
- ▲ PLACE coordinator
- ▲ field coordinator for seven weeks
- ▲ 12 interviewers for 25 days
- ▲ two data entry operators for two weeks
- ▲ translator

### Supplies

- ▲ PLACE Manual
- ▲ Interviewer Guide
- ▲ questionnaires for 1,600+ respondents
- ▲ flip chart and pens
- ▲ overhead projector and transparencies
- ▲ two computers for four weeks
- ▲ data entry/analysis program
- ▲ spreadsheet program
- ▲ word-processing program
- ▲ mapping program
- ▲ pens, bags, raincoats
- ▲ identification cards
- ▲ two global positioning units
- ▲ maps of the area
- ▲ funds to pay interviewers, enter data, conduct training and planning workshops, pay for maps, and conduct dissemination workshops

## Summary

The PLACE method has five steps. Each step is achieved by following the methods outlined in this manual. Each step produces specific outputs, summarized in the table below.

| Summary of the PLACE Method  |  |
|--|--|
| Methods  | Outputs  |
| <b>STEP 1 — Prepare a PLACE strategy</b>   |  |
| <p><u>Steering committee</u><br/>A steering committee identifies priority prevention areas, decides where PLACE will be implemented, makes protocol decisions, obtains ethical approval, and plans implementation.</p>   | <ul style="list-style-type: none"> <li>▲ PLACE strategy</li> <li>▲ Map of priority prevention areas</li> <li>▲ Final indicators</li> <li>▲ Ethical approval</li> </ul>                             |
| <b>STEP 2 — Identify venues where people meet new sexual and needle-sharing partners</b>   |  |
| <p><u>Community informant interviews</u><br/>Trained interviewers ask approximately 400 community members to name venues and events where people meet new sexual partners and venues where drug injectors socialize.</p> | <ul style="list-style-type: none"> <li>▲ List of venues and events where people meet new sexual partners, where IUDs can be reached</li> <li>▲ Characteristics of community informants</li> </ul>  |
| <b>STEP 3 — Visit, map, and characterize all venues reported</b>   |  |
| <p><u>Visits, on-site interviews, and global positioning system (GPS) data collection</u><br/>Interviewers obtain information from people knowledgeable about the venue and use GPS devices to map each venue.</p>       | <ul style="list-style-type: none"> <li>▲ Map of venues</li> <li>▲ Description of venues</li> <li>▲ Indicators of program coverage at venues</li> <li>▲ Initial list of priority sites</li> </ul>   |
| <b>STEP 4 — Characterize people who socialize at venues</b>  |  |
| <p><u>Interviews with individuals socializing at venues</u><br/>Trained interviewers ask 960 individuals socializing at 40 venues about their sexual behavior and exposure to AIDS prevention programs.</p>              | <ul style="list-style-type: none"> <li>▲ Sociodemographics</li> <li>▲ Sexual behavior</li> <li>▲ Drug use, sex work, STI symptoms</li> <li>▲ Exposure to prevention programs</li> </ul>            |
| <b>STEP 5 — Use results to improve programs</b>  |  |
| <p><u>Analysis, report, and workshops</u><br/>Local stakeholders review the findings and develop action plans in participatory workshops.</p>  | <ul style="list-style-type: none"> <li>▲ PLACE report</li> <li>▲ Stakeholder recommendations</li> <li>▲ Action plans</li> <li>▲ Maps of priority sites</li> <li>▲ Monitoring indicators</li> </ul> |