

Me&E methods for local HIV/AIDS programs – extensions of PLACE



MEASURE Evaluation Fact sheet **PLACE: Priorities for Local AIDS Control Efforts**

At MEASURE Evaluation, we know that improved analysis and use of data leads to better health program decision making and, ultimately, improved health outcomes. This fact sheet introduces one of the innovative toolsets created for monitoring & evaluating public health interventions.

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Overview: The Priorities for Local AIDS Control Efforts (PLACE) method is a rapid assessment tool to 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. In its original form, PLACE identifies gaps in current prevention programs, enhances the local use of these findings to improve program delivery, and monitors program coverage over time using easy to understand indicators and coverage maps. It has since been modified to answer larger programmatic questions and gather information on specific, at-risk populations.

Since its inception in 1999, the basic PLACE protocol has been adapted to be used as a vehicle for incorporating an experimental design to test the efficacy of outreach activities, estimating HIV/STI prevalence by means of collecting

biological specimens, providing information on potential high transmission areas for other routine surveys, and enabling researchers to gather information on specific at-risk populations.

The basic PLACE package is based on empiric evidence of the wide geographic variation of HIV prevalence within a country, epidemiologic models of HIV transmission showing the importance of the rate and pattern of new sexual partner acquisition and needle sharing, and pragmatic program considerations. The PLACE protocol covers all key sexual and injecting drug networks in the target geographic area in one protocol and does not use membership in a risk group as a criterion for inclusion, thereby avoiding local reliance on poten-

tially stigmatizing and difficult to define risk groups (e.g., sex worker or injecting drug user). Estimates of the overlap in risk group membership and specific results for relevant sub-groups including sex workers, youth, mobile populations and others can readily be obtained by sub-setting the data.

For each local area where PLACE is implemented, PLACE provides the following outputs:

- A description of the size and characteristics of the population most likely to acquire and transmit HIV.
- A map of public venues where these sexual and injecting drug networks can be reached.
- A summary of major gaps in program coverage and a prioritized list of venues for increased prevention program outreach activities including condom distribution.
- Comparison of local PLACE findings with selected national indicators.
- Local action plans in response to the findings.

Extensions: In addition to the core outputs PLACE provides, additional value has recently been added to the methodology by integrating additional components. For example:

- A randomized cluster trial of PLACE venues is ongoing in Kingston, Jamaica in order to evaluate whether condom use has increased among persons with a high rate of new and concurrent partnerships within the intervention venues. Additionally, biomarker assessment of the intervention will be accomplished by comparing prevalent STIs in the intervention and control groups.
- HIV/STI surveillance activities and behavioral survey of MSM populations has been added to the PLACE protocol. This activity is ongoing at Kingston, Montego Bay, and Ochos Rios in Jamaica.
- PLACE methods have been integrated with WHO's Service Availability Mapping (SAM), which inventories the availability of HIV programs and health services.

The PLACE protocol has been, or will be, modified to gather information on the following at-risk populations:

- People affected by civil conflict in and around Monrovia, Liberia.
- Orphans and vulnerable children in Zimbabwe.
- Adolescent females at risk of pregnancy in Haiti.
- IDU and MSM populations in Kenya.

Method: The core PLACE protocol begins with a national

stakeholder workshop to systematically review the HIV epidemic in a country in order to identify the specific sub-national areas where PLACE assessments are most urgently needed. Because PLACE is designed for local use in resource-limited settings and comparison of results across areas within a country, the questionnaires and reporting templates are short, standardized, and not very complicated. Depending upon how PLACE is to be adapted to the local context, questions can be added and provisions are made for items that are beyond the basic PLACE package, such as the collection of biological specimens. After the workshop, the data collection team systematically interviews 1200-plus community members, venue informants, and venue patrons over a 3-5 week period. Data tabulation, report writing, feedback workshops, and the writing of action plans occur soon thereafter, often within 2-3 months. Follow-up PLACE assessments are recommended two years after baseline assessments to allow communities time to implement interventions.

Publications and Articles: The PLACE manual and country reports are available on the MEASURE Evaluation Web site, <http://www.cpc.unc.edu/measure/leadership/place.html>.

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For more Information

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