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Setting the Stage: Background from the Meeting on MCP, Washington DC (29-30 Oct '08)

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*Addressing Multiple and Concurrent Partnerships in Southern Africa:
Developing Guidance for Bold Actions*
Gaborone, Botswana 28-29 January 2009





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MCP Meetings

- Three meetings have been convened to look at multiple and concurrent partnerships (MCP)
 - Addressing Multiple and Concurrent Sexual Partnerships in Generalized HIV Epidemics. Washington DC, 28-29 October 2008 (PEPFAR)
 - Multiple Concurrent Partnerships Campaigns and Communications Towards a Coordinated Regional Response. Johannesburg, 17-18 September 2008 (UNAIDS)
 - [TITLE] Mbabane, [DATE] [ORGANIZERS]



Overview

- Washington, DC October 29-30, 2008
- Organized by the PEPFAR General Population and Youth HIV Prevention Technical Working Group and AIDSTAR-One
- Participants included:
 - Academic experts
 - US Government headquarters and field prevention staff
 - Representatives from implementing organizations
 - International development partners



Meeting Objectives

- Deepen understanding of the role of multiple and concurrent sexual partnerships in the spread of HIV
- Share emerging programmatic approaches and build consensus on promising programmatic strategies to address and mitigate multiple and concurrent partnerships



Sessions

- Sexual networks and the spread of HIV
- Measuring concurrency
- Socio-economic and cultural drivers of MCP
- Programmatic interventions to address MCP
- Designing MCP interventions
 - Information needs
 - Engendering community support
 - Multilevel communications
 - MCP within “comprehensive” programming





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Outcomes and Remaining Questions



MCP and HIV

- The theoretical relationship between MCP and HIV is strong, but...
 - Better empirical data (a well-designed study??) are still needed to conclusively establish or de-bunk the causal link between MCP and HIV
- Keeping in mind that:
 - A relationship will not necessarily exist between point prevalence of concurrency and HIV prevalence.
 - Concurrency poses a greater risk for the partner compared to the index individual, so there will not necessarily be a relationship between engaging in concurrency and HIV status.



Measurements and Definitions

- A consensus definition and standardized methods of measurement need to be established
- There are inherent limitations in various methods of measuring concurrency
 - Reliability and validity of self-reported sexual behaviors, including concurrency, needs to be improved
 - What can be done to resolve the disparity between qualitative and quantitative measures of concurrency?
 - What are the best methods for obtaining data on concurrency? Household surveys? Small surveys? Focus groups?



Multiple AND Concurrent Partnerships

- Partner reduction can and often does precede reductions in HIV.
- Modeling suggests that small reductions in the number of *concurrent* partners can have a large impact on breaking up sexual networks and reducing HIV.
- Should interventions focus on multiple partners? Concurrent partners? Or both?
 - What is the priority?
 - How can the messages be mutually reinforcing?
 - Are combined/mixed messages confusing and/or less effective?



Programmatic Components

4 core components of programs were discussed

- Information Needs
 - What data on MCP is needed to ground programs?
- Engendering Community Support
 - Listening and learning from communities
- Multilevel Communications Activities
 - Identifying audiences, key messages, and communication channels
- Positioning MCP Activities with “Comprehensive” Prevention Programs
 - Ensuring that MCP interventions exist in a wider prevention context



Addressing MCP

- Addressing MCP needs to be a major component of HIV prevention (where appropriate), but should not be the only component.
- Efforts need to be based on:
 - sound formative research
 - the local cultural context
 - the local epidemic and drivers
- Interventions and messages need to address behaviors, but not stigmatize individuals



Addressing MCP (cont.)

- Multiple and mutually reinforcing communication channels need to be used to address MCP
 - Mass media
 - Community-level interventions
 - Interpersonal communication
- There is a need to increase risk awareness and risk perception around MCP.
- Process and outcome data need to be collected to judge the effectiveness of MCP interventions at the individual- and population-levels.



Coordination

- Governments and donors need to show leadership in scaling up and coordinating MCP reduction efforts
 - How do we best engage governments and partners to do this?
- Coordination at the national-level is critical to ensure that messages are not contradictory





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Thanks

