

# ***Mainstreaming Efforts to Reduce Concurrent Sexual Partnerships within ongoing HIV Prevention Programs***

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***PEPFAR Technical Consultation:  
Addressing MCP in Generalized Epidemics  
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# Outline

- PSI approach to MCP
- Country experiences
  - Development of MCP communications at a national scale: Botswana
  - Integration of MCP into an existing program: Mozambique
  - Integration of MCP into counseling and testing: Zimbabwe
- PSI research on MCP
- Conclusions and challenges

# Multiple Concurrent Partnerships

- Multiple Concurrent Partnerships (MCP) is the practice of having sexual partners that overlap in time, often for months or years.
- MCP differentiated from “B”:
  - be faithful interventions encourage reduction of all partners (even singular sexual encounters)
  - MCP interventions encourage reduction of concurrent partners (and may also address condom use)

# PSI's MCP Strategy

- Approach: initiating research that will allow the development of general MCP messages now, while at the same time in-depth understanding of MCP in specific country contexts
- For some countries this means integrating materials and messages/communications into existing intervention structures, while others plan on designing and launching full-scale MCP-focused interventions

Dedicate

swana



- Common
- 
- 
- Countrywide
- Well received



People say that...  
 "Small houses strengthen relationships"

**But having small houses  
 spreads HIV.**

HIV spreads most easily in the first few weeks after infection, before a person even knows they are infected. So if you or your partner has **other sexual relationships** over the **same period of time** for example, a small house, you are more at risk of HIV.

Elements Com

**HIV  
 go**

itive



size MCD

**a dilo tse go  
 seng tsa go  
 wa HIV.**

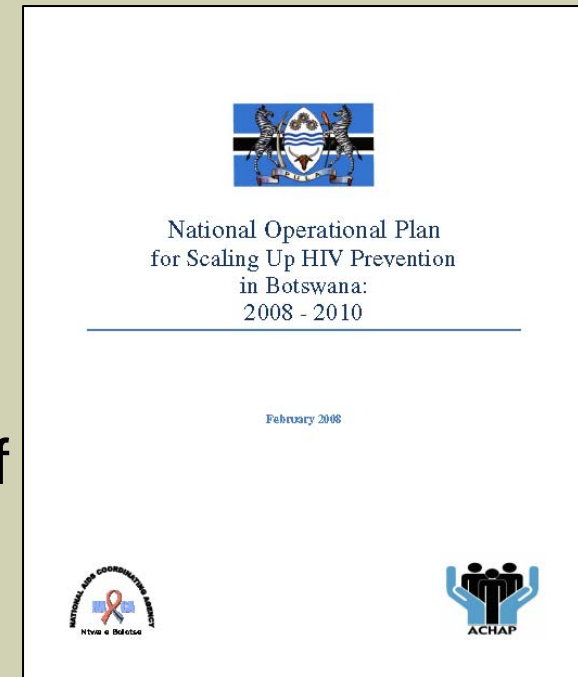


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# Developing a national program: Botswana

- Second stage: from PSI efforts to a national campaign
- National Operational Plan for Scaling Up HIV Prevention in Botswana, 2008-2010
  - Call for high-profile, national BCIC campaign
  - Focused on acknowledged drivers of epidemic
  - Initially focus on MCP
- PSI asked to lead development multi-stakeholder national campaign



# Working at the National Level in Botswana

## Key steps



## Milestones

- 46 key informant interviews
- National stakeholder meeting
- Small group of technical experts
- National stakeholder meeting
- National Prevention Technical Advisory Committee endorsement
- National Campaign Coordinator hired

# Botswana Campaign Strategy

- Initial phase: Knowledge and risk perception
  - PSI research: only 17% of population knows that concurrency increases HIV risk
- Subsequent: Focus on beliefs and values (not just HIV messaging)
  - Younger women (primarily 18-24 years old): consumerism, relationship aspirations, dignity, peer friendships
  - Adult men (primarily 25-35 years old): beliefs about benefits of MCP, male-male norms, communication with primary partner
  - Cross-generational sex: social unacceptability and empowerment of girls
  - Thinking big: vision is of change at the societal level, not piecemeal projects

# Botswana Campaign Approach

- Campaign identity: branding and consistent central message
- Multi-stakeholder, with each district responsible for developing a local MCP plan
  - Campaign coordinating unit at the National AIDS Coordinating Agency
  - PSI role: Lead Technical Agency
- Components of the campaign:
  - Intensive, extensive sensitization on MCP
    - MCP Ambassadors
  - Both standalone communications on MCP and integration of MCP messages into wide range of existing interventions
    - Standalone:
      - Channel mix: interpersonal, community theatre, facilitated community discussions, outdoor advertising, radio and TV dramas
    - Integration:
      - HIV counselling and testing, PMTCT, ARV, STI, lifeskills, couples counselling, etc.
  - Advocacy
  - Research and evaluation

# Existing Program in Mozambique

- Objective: Develop a MCP-themed module to integrate into existing IPC program
- 135 community agents & 15 theater groups targeting general population
- Use a themed messaging strategy focusing on key determinants of behavior found to be significant in PSI's surveys

# MCP in Mozambique

- Helen Epstein (journalist and author of *The Invisible Cure*) served as a consultant to develop the MCP module
- Module was pre-tested and is currently being rolled out in 2 provinces
- Module aims to:
  - Create interactive community discussions on the risks of MCP and to empower/motivate community members to change individual and collective sexual experience
  - Strengthen and reinforce local capacity to develop solutions that are in line with realities of the community

# MCP Integration into HIV Counseling & Testing (CT)

- Incorporating MCP messages into post-test counseling in CT sites
- Counselors trained to address MCP in post-test counseling in generalized epidemics and where relevant in concentrated epidemics
  - Zimbabwe: participatory material development process to design an MCP-themed job aid for counselors

# MCP Integration into CT

- Post-test counseling now include messages about acute HIV infection when relevant
- In Zimbabwe couples with discordant results are informed that the negative partner may be in the acute HIV infection stage and should return for another test in 4 weeks
- Individual with indeterminate test results (+/-)
  - Refer blood for antigen testing (PCR)

# MCP Research

- Qualitative and quantitative research conducted in Botswana, Kenya, Mozambique, South Africa, Zambia, and Zimbabwe
  - Aimed at identifying the key determinants of MCP
  - For example, Zimbabwe identified gender norms, locus of control, outcome expectations, perceived benefits, threat, social norms, and quality of relationships
- Different ways of asking about the prevalence of MCP yield different results (e.g., Botswana tried three ways of asking about MCP, and in two of them men reported higher rates of MCP, while in the third men and women reported equal rates)

# Conclusions

- “Knowledge & awareness first” strategy allows programs to get started while conducting the appropriate research
- Existing IPC/CT program structures allow for integration of new ideas and quick roll-out at the field level
- Because current IPC program models change message themes regularly, programs have capacity to develop new materials and train IPC staff quickly
- Good for programs with rural populations and small communities

# Challenges

- What is the appropriate call to action?
- Should there be a call to action?
- Deciding how to prioritize messages
- Developing a promise (emotional benefit) that is meaningful to the audience
- With a two-phased campaign, the 1st phase establishes the positioning of the 2nd

# Challenges

- MCP is a complex issue: we don't really know what works
- Trying to change societal norms about sex and create new relationship norms is tough
- How to stimulate open discussion and debate on a traditionally private issue

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# Thank you

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