

Combination Prevention in Eastern and Southern Africa



Combination prevention in Eastern and Southern Africa asserts the importance of combining a number of proven social and medical approaches to achieve maximum impact on HIV prevention.

Coordinated evidence-informed strategies that work in concert towards shared prevention goals in the context of a well researched and understood local epidemic will have the best chance of success.

Resources and efforts should prioritize these approaches rather than those for which evidence of impact is weak. The starting point is sound analysis of what is driving the epidemic in different contexts – modes of transmission modeling and other “know your epidemic”, “know the evidence” and “know your responses” synthesis reviews.

In the context of hyper-endemic and highly generalized epidemics, two factors stand out as critical drivers: multiple concurrent partnerships including age-disparate sex, with low condom use; and lack of male circumcision.

In concentrated epidemics, most transmission takes place within the key populations of sex workers and their clients, men having sex with men including prison populations and, to a much smaller but growing extent in this region injection drug use.

Interventions need to be appropriate to the epidemic context and address the right population groups with the most effective combination of strategies. This means prioritizing for scale up, quality delivery and close monitoring and evaluation those with the greatest likelihood of success: depending on epidemic context, these include socio-cultural and behavioral communication strategies to change norms and behaviors around sexual partnerships; providing safe male circumcision in the context of wider sexual and reproductive health services; strategic condom programming; raising realistic risk perceptions and awareness; and ensuring availability and uptake of PMTCT services.

Focus on Multiple Concurrent Partnerships

A Think Tank meeting on HIV prevention in the high HIV prevalence countries in southern Africa, convened by SADC and UNAIDS in 2006, concluded that ‘high levels of multiple and concurrent sexual partnerships by men and women with insufficient consistent, correct condom use, combined with low levels of male circumcision are the key drivers of the epidemic in the sub-region.’ One of two ‘key priority interventions’ the meeting recommended was the need to “significantly reduce multiple and concurrent partnerships for both men and women.”

Studies show that men and women in the region often have more than one sexual partner at the same time. These concurrent partnerships can overlap for months or years. The pattern of concurrent partnerships is different to the pattern of serial monogamy more common in the West and can result in much higher rates of HIV transmission across communities. Viral load and ‘infectivity’ is much higher during the three to four week ‘acute infection’ window period that initially follows HIV infection. The combined effects of sexual networking and the acute infection spike in viral load means that as soon as one person in a network of concurrent relationships contracts HIV everyone else in the network is placed at risk. Conversely, modeling suggests that a relatively small reduction in multiple concurrent partnerships in the population will have a disproportionate effect in reducing the extent to which individuals are linked in one sexual network.

In Southern Africa male and female motivations for seeking more than one partner include long absences away from home in the migrant labour system, female vulnerability, ease of opportunity and social, cultural and economic factors. Women are often not passive victims but active agents in pursuing concurrent partnerships, particularly with men older than themselves, in order to meet a range of needs. These include cash, various material resources and social status as well as sexual satisfaction, love and security. Addressing multiple concurrent partnerships in HIV prevention requires targeted locally informed and culturally relevant messages to raise personal awareness of risk and change socio-cultural norms around sexual partnering. Increased effort and resources are also needed to directly engage young and older men.

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Challenges to scaling-up within a combination prevention approach

Partner reduction in Uganda in the 1980s encouraged by the country's "Zero Grazing" campaign resulted in a decline in HIV incidence. Multiple concurrent partnerships have been increasingly prioritized within HIV prevention efforts through research, planning and delivery of campaigns, advocacy and communication initiatives, yet these have often been developed by single organizations with no effort to create synergies. Sometimes they only work at one level, for instance targeting individual behavior change without focusing on the social and cultural norms, beliefs and values that encourage multiple partnerships for men or women. Further coordination of these efforts at the regional, national, local and individual level will ensure they achieve maximum impact. Communication that ensures people become more aware of the risk posed by multiple concurrent partnerships and develop the personal skills to enhance their ability to make judgments around risk must form part of the response. In addition to a communication focus the response to multiple concurrent partnerships requires truly multi-disciplinary engagement that includes active engagement from professionals working in HIV prevention, AIDS strategy, social sciences, gender and broader development issues.

At this stage of responding to multiple and concurrent partnerships interventions should resist the temptation to prescribe an 'answer' or action that can be used to avoid the risk associated with concurrency. Interventions need to concentrate on communicating the issue clearly and then acknowledging that the best solutions will be developed at an individual and community level.

Recommended Actions

In September 2008 a two day meeting of communication practitioners reviewed strategies to tackle multiple concurrent partnerships and agreed to develop an active community of practice for HIV prevention communication in Eastern and Southern Africa with a follow-up meeting planned for March or April 2009.

UNAIDS emerged with a clear leadership role working in partnership with Soul City, Soul Beat, AIDSPortal and SAfAIDS to further define how a regional 'community of practice' will grow and develop. The community will include a combination of web-based platforms and communications, meetings and sharing of best practice. UNAIDS and Soul City committed to working closely with the SADC Secretariat HIV team to ensure their full engagement as the work develops – including ensuring that SADC structures reference the work underway in the region looking at multiple concurrent partnerships.

At country level national AIDS authorities and HIV prevention working groups need to develop strategies and campaigns to raise awareness of the additional risks posed by multiple and concurrent partnerships, and to promote social transformation around multiple concurrent partnerships for men and women. Countries should share their experiences to assist each other in moving forward, including multi-country initiatives like Soul City's, and in-country initiatives, such as Botswana's national strategy on multiple concurrent partnerships.

Key references and links

Epstein, Helen and Daniel Halperin (2007): Why is HIV Prevalence so Severe in Southern Africa? The role of multiple concurrent partnerships and lack of male circumcision: Implications for AIDS prevention
www.harvardaidsprp.org/research/halperin&epstein-why-is-hiv-prevalence-so-severe.pdf

Halperin, Daniel and Timothy Mah (2008) Concurrent Sexual Partnerships and the HIV Epidemics in Africa: Evidence to Move Forward, AIDS and Behavior July 2008
www.springerlink.com/content/aq8244262614q762

UNAIDS Regional Support Team for Eastern and Southern Africa and the Soul City Institute Meeting Report: Multiple Concurrent Partnerships Campaigns and Communications, Towards a Coordinated Regional Response, 17-18 September 2008
www.unaidsrstes.org/thematic_areas-HIV_prevention

This brief is one of a series designed to offer an overview of the key interventions needed as part of a combination prevention approach in the countries of Eastern and Southern Africa with high HIV prevalence. Others in the series include: Focus on Modes of Transmission; Focus on Male Circumcision; and, Focus on Women and Girls. They are available at www.unaidsrstes.org/thematic_areas-HIV_prevention