Multiple and Concurrent Partnerships Toolkit

Multiple and concurrent partnerships (MCP)—when individuals have two or more partnerships that overlap in time, often for months or years—increase the risk of transmitting HIV immediately following infection. They also spread HIV through a population much faster than when individuals have a series of monogamous relationships. For example, in Uganda, from 1985 to 2000, the reduction in HIV incidence appears to be a result of a decrease in multiple sexual partnerships and networks.

This toolkit provides information on preventing HIV by reducing the occurrence of multiple and concurrent partnerships. While this area of research is relatively new and there is little data on which to judge effective approaches, the materials gathered here can help inform current programs and support new research.

Reducing the occurrence of MCP to help prevent the spread of HIV requires a holistic approach including: accurate information; up-to-date policies and guidelines; quality training, supervision, and services; and effective communication and marketing. Links to information on such topics can be found under the horizontal navigation tabs at the top of this page: Essential Knowledge, Policy, Training, Program Management, Communication & Advocacy, and Country Experiences.

Resources from nearly 30 publishers are included in this toolkit. If you have an experience to share related to reducing MCP or can suggest a new resource, we invite you to tell us about it through the feedback form. To find out if a resource has already been included in this toolkit, type the title in the search box. For more detailed information about this and other K4Health eToolkits, go to the About page.

What are K4Health toolkits?

What is the purpose of the Multiple and Concurrent Partnerships Toolkit?

What types of resources are included in this toolkit?

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Who developed this toolkit?
What are K4Health toolkits?

K4Health toolkits are electronic collections of carefully selected information resources on a particular topic for health policy makers, program managers, and service providers. They are based on a continuous publishing principle that allows them to evolve after publication to capture additional resources and to identify and fill remaining information gaps.

What is the purpose of the Multiple and Concurrent Partnerships and HIV Toolkit?

This toolkit contains resources selected by the staff of FHI to help policy makers, program managers, service providers, and other audiences improve programs to reduce the incidence of multiple and concurrent sexual partnerships (MCP), to help prevent the spread of HIV infection. Program experience is demonstrating the benefits of addressing MCP as an HIV prevention strategy, but this area of research is relatively new, so there is little data on which to judge effective approaches. More research is needed and the materials gathered here can help to support it.

What types of resources are included in this toolkit?

This toolkit provides a one-stop source for reliable, relevant, and usable information about reducing the incidence of multiple and concurrent sexual partnerships. The resources were selected with health policy makers, program managers, and service providers in mind. For example, the toolkit contains:

- Up-to-date background and reference materials to design evidence-based, state-of-the-art programs
- Job aids and other tools to increase the effectiveness and quality of program activities and services
- PowerPoint presentations and other quality information resources that can be downloaded and adapted to better serve local circumstances and languages
- Various publication formats: books, manuals, briefs, case studies, fact sheets, newsletters, pamphlets, posters, project reports, reviews, teaching and training materials, photographs, and other tools

Who should use this toolkit?

- **Policy makers** will find research and information to help set national guidelines for programs to reduce the occurrence of multiple and concurrent sexual partnerships.
• **Program managers** will find information and job aids to help them conduct qualitative assessments and gather epidemiological data to support the design of effective MCP-reduction activities.

• **Health care providers** will find information and job aids to help them counsel clients effectively about the risks of MCP.

• **Communication professionals** can use the toolkit’s resources to explore strategies, media, and messages about MCP and HIV for policy makers, advocates, program managers, communities, and clients of health care services.

• **Trainers** can review the latest training techniques and curricula to help researchers and program managers who are involved in MCP research or reduction programs.

• **Researchers** can create customized searches for scientific articles, reports, photographs, and other materials relating to MCP and HIV.

**How should this toolkit be used?**

Reducing the occurrence of MCP to help prevent the spread of HIV requires a holistic approach: accurate information; up-to-date policies and guidelines; quality training, supervision, and services; and effective communication and marketing. This toolkit provides information on all these elements and contains tools and resources to help you implement a variety of MCP intervention strategies.

To **browse** the content of this toolkit, use the navigation on the right to view resources related to key program topics. You can also use the **search** box if you know what you are looking for or have a specific item in mind.

Resources in this toolkit can be downloaded and adapted for teaching and training, research, advocacy, policy making, and program management purposes. Some of the tools are readily available in adaptable format (for example, Microsoft PowerPoint presentations or Word documents). We encourage you to alter and personalize these tools for your own use. (Please remember to credit the source.) If you do use these tools or adapt them, we would love to hear from you. Please e-mail us at toolkits@k4health.org and include the name of the toolkit in the subject line of your message.

**Who developed this toolkit?**

FHII staff selected the resources based on a search for relevant published and grey literature, and on staff experience working with ministries of health and partner organizations to conduct HIV prevention research and implement HIV prevention programs around the world.

**How can I suggest a resource to include in this toolkit?**

We invite you to participate in the evolution and enhancement of this toolkit. If you have developed or use quality resources that you think should be included, please use the feedback form to suggest them. The toolkit collaborators will review and consider your suggestions.

**How can I make a comment or give feedback about this toolkit?**

If you have comments about the toolkit, please use the feedback form. Your feedback will help to ensure that the toolkit remains up-to-date and is continually improved. For example, you can
Essential Knowledge

Multiple and concurrent sexual partnerships (MCP) are widely held to be one of the primary drivers of the HIV epidemic, especially in sub-Saharan Africa. Concurrent sexual partnerships potentially increase the spread of HIV by creating more connected sexual networks, reducing the time until onward HIV transmission after acquisition, and eliminating the ‘protective sequencing?’ provided by serial monogamy. Many researchers, programmers and policymakers feel that reducing concurrency and increasing awareness of the risks associated with MCP should be a major focus of HIV prevention programs and communication campaigns. Understanding the varieties and patterns of sexual relationships is a necessary element in implementing effective prevention programs.

In addition to understanding the socio-cultural factors of MCP, researchers also need to define standardized, reliable and feasible methods for measuring MCP. Scientists still need to refine the methods for measuring and comparing sexual norms, behaviors, and networks in diverse cultural contexts and risk settings. Good tools for measuring MCP will allow for understanding the prevalence of MCP and monitoring and evaluation of MCP reduction programs. Moreover, consistent and shared terminology is important when defining and measuring MCP:
**Multiple sexual partnerships**: having more than one sexual partner over a period of time. These can be either serial partners (one after the other), or concurrent partners (different sexual partners that overlap in time).

**Concurrent sexual partnerships**: overlapping sexual partnerships where sexual intercourse with one partner occurs between two acts of intercourse with another partner. Concurrent partnerships may refer to an overlapping combination of one's main partner with another partner or can include intermittent or occasional sexual contacts, as well as one-off sexual relationships (sex worker, casual encounter).

This section of the MCP Toolkit provides key resources on multiple sexual partnerships, with a focus on the risks associated with concurrent sexual partnerships and large sexual networks.

**Terminology**
The abundance of terminology used to identify and describe concurrent sexual partnerships has been a source of confusion for researchers and programmers alike. The acronym ?MCP?, used in some literature to refer to ?Multiple and Concurrent Partnerships?, is a phrase used to discuss the correlated but not identical risk behaviors of having multiple sexual partners and having concurrent sexual partners. In other instances MCP is an acronym for the phrase ?Multiple Concurrent Partnerships?, for which the definition is ambiguous, but is often used as a synonym for ?concurrent sexual partnerships?. Due to the ambiguity around the meaning of ?MCP?, it is recommended that this acronym is not used to identify or describe concurrency, preferring the phrases ?concurrent sexual partnerships?, ?concurrent partnerships?, or simply ?concurrency?. At present, this toolkit uses the acronym 'MCP' to refer to concurrent relationships; but as more evidence becomes available, the terminology will be updated to reflect relevant changes in semantics.

**Key Resources on Multiple and Concurrent Sexual Partnerships**

Understanding why people engage in multiple and concurrent sexual partnerships (MCP) is key to guiding HIV prevention programs and interventions intended to increase awareness of the risks associated with MCP. In this section of the MCP Toolkit you will find essential reading on the practice of MCP, its role in the spread of HIV, and strategies to reduce its occurrence. Additionally, resources included here will shed light on the controversy related to the evidence supporting the proposition that MCP is a key contributor to HIV epidemics in eastern and southern Africa.

**Resources:**

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The interaction of low male circumcision and high partner concurrency on HIV risk in Africa: evidence from demographic and health surveys

This poster was presented at AIDS 2016 and establishes that male circumcision and MCP should not be addressed as separate interventions. While much emphasis has been placed on scaling up male circumcision, in the absence of concerted efforts to reduce sexual concurrency, increased circumcision may have a less-than-anticipated impact. Adopting an integrated approach to addressing male circumcision and sexual concurrency is critical to achieving the Sustainable Development Goal target 3.3: Ending the AIDS epidemic by 2030.

• Concurrent Partnerships and HIV: An Inconvenient Truth

Practical prevention-oriented research on concurrency is only just beginning. Most interventions to raise awareness about the risks of concurrency are less than two years old; few evaluations and no randomized-controlled trials of these programmes have been conducted. Determining whether these interventions can help people better assess their own risks and take steps to reduce them remains an important task for research.

• Multiple and Concurrent Sexual Partnerships

This publication provides an overview of MCP, from defining MCP and the risk associated with MCP to reviewing programmatic components for addressing MCP. Lastly, you'll find an annotated bibliography of resources available for a comprehensive review of MCP.

• World Bank Debate Series: Debate 4. Concurrent Sexual Partnerships

The proposition that concurrent sexual partnerships are a key driver of HIV epidemics in southern and eastern Africa continues to be debated. Proponents of this proposition cite several lines of evidence supporting the role of multiple and concurrent sexual partnerships in contributing to the HIV epidemic. Opponents state that in fact multiple studies have failed to find a link between high levels of concurrency and HIV and the data and evidence available is questionable. This report provides a review of a debate held on October 27, 2010 on whether concurrency is a significant contributor to the HIV epidemics in southern and eastern Africa. The debate was co-hosted by the World Bank and the U.S. Agency for International Development (USAID) as part of a series of debates on emerging issues in HIV prevention.
Concurrency Revisited: Increasing and Compelling Epidemiological Evidence.

This article reviews the evidence supporting the key role of concurrency in contributing to the HIV epidemics in eastern and southern Africa.

- Concurrent Sexual Partnerships and the HIV Epidemics in Africa: The Evidence to Move Forward

This selective review of the published and unpublished literature on concurrent partnerships examines various definitions and strategies for measuring concurrency, the prevalence of concurrency from both empirical and modeling studies, the biological plausibility of concurrency, and the social and cultural underpinnings of concurrency in southern Africa. **Abstract:** The role of concurrent sexual partnerships is increasingly recognized as important for the transmission of sexually transmitted infections, particularly of heterosexual HIV transmission in Africa. Modeling and empirical evidence suggest that concurrent partnerships—compared to serial partnerships—can increase the size of an HIV epidemic, the speed at which it infects a population, and its persistence within a population. This selective review of the published and unpublished literature on concurrent partnerships examines various definitions and strategies for measuring concurrency, the prevalence of concurrency from both empirical and modeling studies, the biological plausibility of concurrency, and the social and cultural underpinnings of concurrency in southern Africa.

- HIV Superhighway (Part 1)

"The HIV Superhighway", a short educational film produced by DKT-Ethiopia explains how long term concurrent partnerships spread HIV, even when people aren’t switching partners very often.

This film is intended for any audience at risk, especially young people. It could be shown in school- or work-based programs, anti-AIDS clubs or in community based organizations and NGOs. Please feel free to download, make copies, distribute, as you wish.

Part I uses animated drawings to explain how HIV spreads faster via concurrency than via serial monogamy, even though serial monogamists often have more sexual partners.
UNAIDS Report on the Global AIDS Epidemic 2010

The 2010 edition of the UNAIDS Report on the global AIDS epidemic includes new country by country scorecards on key issues facing the AIDS response. Based on the latest data from 182 countries, this global reference book provides comprehensive analysis on the AIDS epidemic and response. For the first time the report includes trend data on incidence from more than 60 countries. Chapter 3 of the report addresses HIV prevention and includes a section on multiple and concurrent partnerships.

Report on PEPFAR Partnerships for Prevention, Treatment and Care

This report reviews a variety of strategies for preventing HIV infection, and includes a section on Addressing multiple concurrent partnerships and discordant couples.

Why Multiple Sexual Partners

This brief article reviews why individuals and couples engage in multiple and concurrent partnerships.

Multiple and Concurrent Partnerships: Driving Southern Africa’s HIV Epidemic (How To Card)

This resource provides an overview of the HIV epidemic and MCP in southern Africa followed by a list of recommendations for policymakers.

Consultation on Concurrent Sexual Partnerships: Recommendations From a Meeting of the UNAIDS Reference Group on Estimates, Modelling and
Projections Held in Nairobi, Kenya, April 20-21st 2009

This document reports the results of a meeting convened by the Reference Group on Estimates, Modelling and Projections of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The meeting brought experts from around the world together in Nairobi, Kenya in April 2009 to reach consensus on a standard definition of concurrent sexual partnerships, recommend methods for measuring concurrency in a population, and set out a future research agenda around the study of concurrent sexual partnerships and its association with HIV transmission.

• Addressing Multiple and Concurrent Sexual Partnerships in Generalized HIV Epidemics

United States President?s Emergency Plan for AIDS Relief (PEPFAR) Technical Working Group (TWG) for General Population and Youth Prevention, in collaboration with AIDSTAR-One, convened a technical consultation in Washington, DC, October 29?30, 2008, entitled "Multiple and Concurrent Sexual Partnerships in Generalized HIV Epidemics." The objectives of this meeting were to (1) deepen understanding of the role of multiple and concurrent partnerships (MCP) in the spread of HIV and (2) share emerging programmatic approaches and build consensus on promising strategies to address MCP. The report is an outcome of this meeting and surveys what is known about MCP, what still needs to be learned, and what can be done now to advance efforts to address MCP.

• The Relationship Between Concurrent Partnerships and HIV Transmission: Overview of the Evidence

During the 2008 PEPFAR Technical Consultation on Multiple and Concurrent Sexual Partnerships in Generalized HIV Epidemics, Martina Morris, PhD, explains the basic theory for how concurrent sexual partnerships affect the transmission of HIV. When even a few individuals are involved in more than one sexual partnership at the same time, this creates networks of individuals who are linked through their sexual partnerships. If HIV enters this community, it can be transmitted along the concurrency superhighway, or the pathway of relationships that link individuals to one another through their sexual relationships.

• Multiple and Concurrent Partnering in Southern Africa: The Ethnographic Perspective
At PEPFAR's 2008 Technical Consultation, "Addressing Multiple and Concurrent Sexual Partnerships in Generalized HIV Epidemics", Suzanne LeClerc-Madlala, PhD, addresses the historical, social and cultural context within which MCP occurs in southern Africa. The issues of intergenerational and transactional sex are closely intertwined with MCP.

- **Why is HIV Prevalence So Severe in Southern Africa? The Role of Multiple Concurrent Partnerships and Lack of Male Circumcision: Implications for AIDS Prevention**

  The paper discusses concurrent partnerships and lack of circumcision as key to the rapid spread of HIV in the Southern African region.

**Research Findings on Measuring MCP**

Knowing the prevalence of multiple and concurrent sexual partnerships (MCP) and the factors associated with MCP are important for understanding its role in HIV transmission and for developing effective prevention strategies. However, measuring MCP has proven difficult for a variety of reasons, including inconsistency between definitions and methods used for measuring MCP. The resources included in this section of the Toolkit report on various approaches used to measure MCP and offer an overview of the characteristics associated with MCP.

**Resources:**

- **Concurrent Sexual Partnerships and HIV Infection: Evidence from National Population-Based Surveys**
This study uses self-reported data on sexual partnerships and biomarker data on HIV serostatus that have been collected in recent years from adult women and men (age 15-49) by nationally representative Demographic and Health Surveys (DHS) and AIDS Indicator Surveys (AIS). Using information on up to three of the respondents’ most recent sexual partners, the authors evaluated and compared the prevalence of concurrent sexual partnership across countries.

**Exploring Concurrent Sexual Partnerships-New Definitions and Estimates from a Study of Youth in Urban Kenya**

Concurrent sexual partnerships have been associated with the spread of HIV/AIDS. Previous research suffers from poor measurement and a lack of details on concurrency, including characteristics of concurrent partnerships and unsafe sexual behavior within them. We use unique life history calendar data, which include monthly information on the sexual histories of young people in urban Kenya, to develop a new measure of concurrency, defined as having sex with 2 or more partners in the same month or series of months. Preliminary results show that 17% of respondents had at least one episode of concurrency in the last 10 years. Of those involved in these partnerships, 25% had more than one episode and 15% had sex with 3 or more partners simultaneously. Approximately 45% never used condoms within a concurrent relationship. Further analyses will examine additional characteristics of concurrency that are crucial to the transmission of HIV/AIDS among young people.

**A Review of Quantitative Approaches to Measuring Sex Partner Concurrency**

At PEPFAR’s 2008 Technical Consultation “Addressing Multiple and Concurrent Sexual Partnerships in Generalized HIV Epidemics” Sara Nelson reviews quantitative approaches to measuring sex partner concurrency, the strengths and limitations of each, and provides some guidelines for selecting the right measures.
Research Findings on Socio-Cultural Factors of MCP

Effective HIV prevention strategies aimed at addressing multiple and concurrent partnerships (MCP) rely on understanding the social, economic, and cultural considerations that influence individuals’ decisions related to MCP and the perception of HIV risk associated with engaging in MCP. The findings from the research studies included in this section of the Toolkit shed light on the complexity and range of determinants that can be involved in promoting MCP within particular cultures, communities, and regions.

Resources:

- The interaction of low male circumcision and high partner concurrency on HIV risk in Africa: evidence from demographic and health surveys

This poster was presented at AIDS 2016 and establishes that male circumcision and MCP should not be addressed as separate interventions. While much emphasis has been placed on scaling up male circumcision, in the absence of concerted efforts to reduce sexual concurrency, increased circumcision may have a less-than-anticipated impact. Adopting an integrated approach to addressing male circumcision and sexual concurrency is critical to achieving the Sustainable Development Goal target 3.3: Ending the AIDS epidemic by 2030.

- Social and cultural contexts of concurrency in a township in Cape Town, South Africa

Understanding the social and cultural context in which concurrent sexual partnerships exist is important, given recent interventions to reduce their prevalence. This qualitative study seeks to improve the understanding of concurrent partnerships and perceptions of the link between concurrency and HIV risk in a South African township in Cape Town.

- Gender and Concurrent Sexual Partnerships in Zambia. Preliminary Analysis Findings.

This study was designed to produce strategic information on determinants of sexual behavior, focusing particularly on social, economic, and cultural factors that promote concurrent sexual
partnerships (concurrency). Its goal was to inform national gender interventions to prevent HIV.

- **Gender and Multiple and Concurrent Partnerships in Zambia: Focus on Mobility**

  This three-page brief presents the findings of a mixed methods study conducted by the International Organisation for Migration (IOM) and Family Health International (FHI) in Zambia to explore the social, economic, and cultural factors related to engagement in multiple concurrent sexual partnerships (MCP).

- **The Language of Multiple Concurrent Partners, Sex, and HIV and AIDS in Lesotho: Opportunities for Dialogue Promotion**

  This report analyzes C-Change formative research designed to understand how culturally-embedded communication about HIV and AIDS and sexual behavior contributes to sustaining the practice of multiple concurrent partners (MCP) in Lesotho. The findings from this research, together with a review of existing research, can help to inform message development for a short-term C-Change communication campaign focusing on HIV prevention through the promotion of dialogue about MCP.

- **Gender and Multiple and Concurrent Sexual Partnerships in Lesotho**

  A qualitative study was undertaken in five communities in Lesotho with the aim of better understanding the social, economic and cultural considerations that influence individuals' decisions related to multiple sexual partnerships and the perception of HIV risk in such relationships. The goal of the study was to produce strategic information on determinants of sexual behavior, focusing particularly on social, economic and cultural factors that promote multiple concurrent sexual partnerships, with the purpose to inform national gender interventions targeting prevention of HIV.

- **Multiple and Concurrent Sexual Partnerships in Southern**

This report provides an overview of 10 qualitative studies conducted by Soul City Regional Programme partner organizations in Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe. The primary goal of the research was to understand the views of both youth and adults on multiple and concurrent sexual relationships and their effect on the HIV pandemic in sub-Saharan Africa.

- Multiple and Concurrent Sexual Partnerships in Lesotho: A Target Audience Research Report

This 53-page qualitative research study on Multiple Concurrent Partnerships (MCP) in Lesotho was commissioned by Phela, a health and development non-governmental organization (NGO), to inform communication interventions as part of its 5-year HIV prevention initiative.

- Chlamydia trachomatis infection in young adults? association with concurrent partnerships and short gap length between partners

Sexually transmitted infections (STIs) continue to be highly prevalent in young people. New understanding of sexual risk behaviour is essential for future preventive initiatives. Studies based on self-reported STI history indicate that gap length between sexual partnerships is an important determinant in STI transmission, but little is known about the impact of concurrent partnerships and short gap length. This study aimed to examine the significance of concurrent partnerships and short gap length between serially monogamous partnerships in Chlamydia trachomatis-infected individuals compared to the general population.

Research Findings on Communication Efforts to Address MCP
In an effort to reduce the transmission of HIV, communication initiatives and campaigns are being used to increase awareness on the risks associated with multiple and concurrent sexual partnerships (MCP), such as HIV acquisition, and influence behaviors that increase the risk for HIV, such as MCP. Effective communications campaigns are informed by research findings on MCP practices within a particular population or community. The resources included here share research findings from communication campaigns and other communication efforts aimed at addressing MCP.

**Policy**

The reduction of multiple and concurrent partnerships (MCP) is gaining priority among HIV prevention efforts in sub-Saharan Africa. Nongovernmental organizations are leading this work through various initiatives including: research, intervention campaigns, advocacy, and communications.

Two priorities for addressing MCP have been identified by several HIV prevention experts, including UNAIDS and the Soul City Institute. These priorities are:

**First Priority**: A reduction in multiple and concurrent partnerships, including a reduction in the number and density of sexual networks through social and behavioral change and, where feasible, through addressing structural factors (such as lengthy separation of partners due to employment practices and economic migration) that increase the likelihood of MCP.

**Second Priority**: A reduction in the transmission of HIV within multiple and concurrent partnerships, and particularly within known discordant relationships (involving one partner who is HIV positive and the other HIV negative) including through consistent, correct male or female condom use, male circumcision, HIV counseling and testing (though antibody tests during the acute infection phase are generally negative) and antiretroviral therapy (ART) adherence.

Comprehensive guidance to shape initiatives and implement programs that effectively address MCP is still needed. The resources in this section of the toolkit may help both government health officials and policymakers develop policies and guidelines to reduce MCP.
Policy Guidance and Recommendations

In 2006, UNAIDS and the Southern Africa Development Community met and 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 HIV/AIDS epidemic in the sub-region.' One of two key priority interventions the meeting recommended was the need to significantly reduce MCP for both men and women. Addressing MCP 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. Gathered here are national and international reports on meetings, program experience, guidelines, and other policy-related readings.

Resources:

- The U.S. President's Emergency Plan for AIDS Relief: Guidance for the Prevention of Sexually Transmitted HIV Infections

The purpose of this guidance is to assist PEPFAR country teams in developing Country Operational Plans (COPs) that align activities to prevent sexual transmission of HIV with country-specific epidemiology and country-owned responses, and that support the continuum of response at the country level. This guidance seeks to aid teams in identifying and implementing the optimal combination of prevention activities needed to maximize reduction of new infections as part of the continuum of country HIV response, while reflecting the following key principles:

- Identifying and addressing gaps in scope and reach of prevention activities among priority populations
- Ensuring that interventions address populations and communities in such a way that the level of investment matches the level of risk
- Using resources so that they have maximum impact on HIV incidence
- Prioritizing the most effective biomedical, behavioral, and structural interventions in the country context
- Enhancing coordination across prevention, care, and treatment activities. (excerpt)

- Multiple and Concurrent Partnerships: Driving Southern Africa's HIV Epidemic (How To Card)
This resource provides an overview of the HIV epidemic and MCP in southern Africa followed by a list of recommendations for policymakers.

- **Consultation on Concurrent Sexual Partnerships: Recommendations From a Meeting of the UNAIDS Reference Group on Estimates, Modelling and Projections Held in Nairobi, Kenya, April 20-21st 2009**

  This document reports the results of a meeting convened by the Reference Group on Estimates, Modelling and Projections of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The meeting brought experts from around the world together in Nairobi, Kenya in April 2009 to reach consensus on a standard definition of concurrent sexual partnerships, recommend methods for measuring concurrency in a population, and set out a future research agenda around the study of concurrent sexual partnerships and its association with HIV transmission.

- **Combination Prevention in Eastern and Southern Africa: Focus on Multiple Concurrent Partnerships**

  This brief provides an overview on MCP, including the meeting between UNAIDS and SADC in 2006 to review HIV prevention in the high HIV prevalence countries in southern Africa; combination prevention and challenges to scaling up, as well as recommended actions for MCP communications, sharing best practices and raising awareness of the additional risks posed by MCP.

**Policy Issues: Measurement and Stigma**

Two central issues confronted by policymakers are the statistical biases that interfere with efforts to measure the incidence of multiple and concurrent partnerships (MCP) and the stigma associated with the practice, which creates a barrier to the research needed to inform policy. Resources included here report on the issues and challenges related to measuring MCP.

**Resources:**
A Novel Tool to Assess Community Norms and Attitudes to Multiple and Concurrent Sexual Partnering in Rural Zimbabwe: Participatory Attitudinal Ranking

This study used a novel tool to collect data on community norms relating to the acceptability of concurrency in rural Zimbabwe. The findings indicated concurrency is considered more acceptable in specific social contexts, including infertility and lack of a male heir, and that having protected rather than unprotected sex with a concurrent partner does not render concurrency more acceptable.

Definitions and Measures of Multiple and Concurrent Partnerships

This slide presentation provides a review of MCP in the context of defining and measuring the issue. Specifically, indicators with which to measure MCP related outputs and outcomes are described as well as measurement methods.

Consultation on Concurrent Sexual Partnerships: Recommendations From a Meeting of the UNAIDS Reference Group on Estimates, Modelling and Projections Held in Nairobi, Kenya, April 20-21st 2009

This document reports the results of a meeting convened by the Reference Group on Estimates, Modelling and Projections of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The meeting brought experts from around the world together in Nairobi, Kenya in April 2009 to reach consensus on a standard definition of concurrent sexual partnerships, recommend methods for measuring concurrency in a population, and set out a future research agenda around the study of concurrent sexual partnerships and its association with HIV transmission.

Multiple Concurrent Partnerships in a Sub-Saharan Setting: Biases in Self-Reported Measures and Their
Implications for HIV/AIDS Prevention

Multiple concurrent partnerships (MCP) have been described as the "key driver" of generalized HIV epidemics, but comparative studies show that MCP are not more common in regions of Africa with high HIV prevalence than in regions with concentrated epidemics. This might be due to systematic under-reporting of MCP during population-based sexual behavior surveys (e.g., DHS). We use unique sexual network data from a small island population on Lake Malawi, in conjunction with a simple model of HIV transmission, to assess whether self-reported measures of partnership concurrency possibly underestimate the contribution of MCP to HIV epidemics in sub-Saharan settings. We find that the prevalence of MCP was significantly higher in this population according to estimates derived from network data. Self-reported data underestimated the proportion of incident infections attributable to MCP by more than 50% on average. Our results emphasize the need for interventions addressing patterns of sexual networking and multiple partnerships at the population level rather than focusing on the transmission of HIV within stable cohabiting couples.

Training

Training program managers, healthcare providers, community leaders and individuals in MCP will allow for comprehensive MCP programs that work to increase awareness of the risks associated with MCP, promote MCP reduction and reduce transmission of HIV associated with MCP. Program managers and healthcare providers can be trained to provide counseling on HIV and HIV prevention, promote condom use and to understand and address the issue of stigma and discrimination often experienced by people living with HIV. This section of the Toolkit contains a variety of training tools and guidelines for program managers, healthcare providers, peer educators, and other people who work within settings where MCP is common.
A more comprehensive collection of training resources on HIV counseling and reducing stigma can be found in the training section of K4Health's **Family Planning and HIV Services Integration Toolkit**. Additional resources on condom promotion and use can be found in training section of K4Health's **Condom Use Toolkit**.

## Partner Reduction and Prevention

Partner reduction is an HIV prevention strategy focused on decreasing the number of sexual partners in order to lessen the risk of becoming infected with or transmitting HIV. Because social, cultural, and economic factors all play a complex and interrelated role in why people engage in multiple and concurrent partnerships, these factors need to be taken into account when implementing partner reduction efforts. Additionally, partner reduction efforts can be coupled with other prevention efforts, such as abstinence, delay of sexual debut, correct and consistent condom use, and HIV testing. In this section of the MCP Toolkit you will find several guides and tools that can be used to assist in training efforts to address partner reduction with staff and clients.

### Resources:

- **Promoting Partner Reduction: Helping Young People Understand and Avoid HIV Risks from Multiple Partnerships**

  On behalf of USAID's Interagency Youth Working Group, FHI 360 produced a curriculum entitled *Promoting Partner Reduction: Helping Young People Understand and Avoid HIV Risks from Multiple Partnerships* (PPR). This resource was developed with the late Dr. Doug Kirby of ETR Associates. PPR engages young people in this oftentimes taboo topic with a set of evidence-based activities that help positively affect their knowledge, values, skills, and intentions to reduce multiple sexual partnerships. *Promoting Partner Reduction* was designed to be used by educators or program implementers in conjunction with a broader youth sexual and reproductive health curriculum to improve the focus on partner reduction as a way to avoid HIV risks.

- **Community Conversation Toolkit (for HIV prevention)**

  C-Change and partners developed the Community Conversation Toolkit (for HIV prevention) to mobilize adults ages 20 and over to take action to prevent HIV within their communities. The toolkit is intended to complement existing HIV prevention activities and address key drivers of the HIV epidemic (concurrency, cross-generational sex, gender-based violence, and alcohol abuse). The entire toolkit includes Roleplay Cards, Storytelling Finger Puppets, Promotional-Proverbs Throw Boxes and Best-Kept-Secrets Throw Boxes, Promotional Playing Cards and Dialogue Buttons. Versions of the toolkit are also available in Chichewa, Kwasila.
Multiple Concurrent Partnerships Picture Codes Namibia

The picture codes offer a resource for stimulating discussion on behaviors related to HIV and multiple and concurrent partnerships (MCP). In addition to MCP, these picture codes include photographs and questions related to cross generational and transactional sex, healthy and unhealthy relationships, couples communication, and family and peer support. The picture codes can be used within the context of training program staff as well as by program staff when working with clients to address their health and discuss HIV prevention.

Loving Carefully: A Guide for Women

A resource of the OneLove campaign, this booklet is intended to help women talk to their husbands, partners, and boyfriends about concerns related to having multiple sexual partners and the risk of HIV. It contains information on how to start communicating, how to keep communicating, and how to negotiate their needs in a relationship.

Loving with Respect: A Guide for Men Who Care

A resource of the OneLove campaign, this guide is intended to assist men in having respectful relationships with their partners. The guide provides information on what it means to have a healthy respectful relationship, examples of wrong ideas of a relationship, and an overview of individual sexual rights and responsibilities.

Dual Protection

This short PowerPoint document shows providers how to counsel clients on the risks of pregnancy and HIV and explains the merits of dual protection that condoms offer.

Partner Reduction Session Flip Chart for the General Population
The flipchart has 11 question sheets with accompanying pictures to stimulate discussion among people participating in HIV prevention group discussions. The topics cover multiple partners, assessing risk, condom use, interspousal communication, sexually transmitted infections, voluntary counseling and testing, gender and HIV, and drug and alcohol abuse.

Training Resources for Counseling on HIV

Counseling clients on HIV, including prevention, testing, and contraception, is an important responsibility of health care professionals, especially when working with clients in areas where multiple and concurrent sexual partnerships are common. This section of the Toolkit contains curricula, manuals, and toolkits that can be used to plan or adapt training sessions and programs to build the capacity of health care providers, supervisors, and supporting staff to deliver high-quality, comprehensive, evidence-based counseling on HIV.

Resources:

- **Provider-Initiated HIV Testing and Counselling: One-Day Training Programme**

  This course targets health care providers who have the responsibility for establishing and implementing the provider-initiated approach to HIV testing and counseling. This includes health care providers in the public, NGO and private sectors. Priority health care delivery settings include STI clinics, antenatal clinics, TB treatment facilities, and services for injecting drug users, men who have sex with men and sex workers. In settings with generalized epidemics, HIV testing can be offered as part of any clinical contact for adults and children.

- **Increasing Access to Contraception for Clients with HIV: A Toolkit**

  This toolkit contains an extensive set of practical, easy-to-use resources that can be used to train health care providers to offer contraceptives to their clients with HIV, to inform health care professionals about the latest research and technical guidance related to the provision of contraception to people with HIV, and to help program managers and policy makers develop program strategies for integrating family planning and HIV prevention, care, and
Training Resources on Stigma and Discrimination

Stigma and discrimination related to HIV/AIDS continues to be prevalent, even among health care providers. The resources found in this section of the Toolkit can be used to train health care workers in sexual health, patient rights and privacy, and reducing provider and community bias, stigma and discrimination related to HIV/AIDS.

Training Peer Educators

Peer education involves utilizing a specific group or population’s peers (those similar in age, background or interests) to engage in activities intended to inform, influence, and support a group or population to maintain healthy sexual behaviors and change risky sexual behaviors. Peer educators often are more likely able to influence the behaviors of their peers since they are seen as relatable and credible. This section of the Toolkit includes manuals and guides intended for trainers who will train peer educators in educating their peers on HIV prevention.

Resources:

- HIV Education Picture Codes

  Produced in Botswana for Pact, a United States-based international non-governmental organisation, this set of picture codes was developed as material to be used in group outreach sessions to stimulate discussion around behaviours which put people at risk of HIV infection. The situations and related behaviours include sexual violence, alcohol abuse, concurrent sexual partners, and sex for money or gifts.

  The picture codes are visually driven and feature photographs of real people in situations which provide choices for specific behaviours. Accompanying each photograph is a list of questions for the outreach worker to ask group participants in order to stimulate discussion. These are followed by a list of “talking points” or information the outreach worker can share with participants. The picture codes also come with a set of instructions on how to best use them as an educational resource.

- Peer Education (Module 1) Training Manual

  This resource provides general information about peer education and includes activities for
While a clearly effective strategy for MCP programming has yet to be defined, many agree that, to start, MCP can be addressed within the context of broader HIV prevention programming. The HIV epidemic is diverse and therefore countries need to assess what is happening at the national and subnational levels in order to develop HIV prevention and MCP programs that are appropriate and effective within their culture and population. Another first step for addressing MCP is to begin increasing people's awareness of the risks associated with multiple and concurrent sexual partners. Furthermore, programs need to convey the message to people that their partners' sexual partnerships affect their own risk of acquiring HIV. MCP programs can be designed to help individuals to understand and minimize their infection risks through the adoption of prevention behaviors. The Programmatic Actions and Recommendations to Address MCP section of this Toolkit includes a collection of resources that provide an overview of the context, issues and challenges facing MCP programming as well as recommended strategies to implement MCP programs. Resources from K4Health's Family Planning and HIV Services Integration Toolkit may also be helpful to program planners and managers who are interested in addressing MCP within existing HIV and/or Family Planning programs.
Program planners and managers should use data for informed-decision making that guide MCP programs and message development. Program planners and managers can use the resources and tools in the Know Your Epidemic: Measurement & Data Collection section of this Toolkit to develop programs and messages tailored to their specific populations—including modes of transmission, audiences, and the different patterns of sexual partnerships. For each situation, planners need to know why people engage in MCP and the factors that contribute to this type of sexual behavior. Qualitative assessments can complement epidemiological data and provide essential information for designing effective MCP-reduction activities.

Program managers also need ways to monitor MCP-reduction activities. Most programs that address MCP are relatively new, so there is little data on which to judge effective approaches. Routine measures to monitor population-level outcomes as well as specific MCP-related program activities will lead to improvements in program monitoring. The Monitoring & Evaluation section in this Toolkit provides guides and tools to assist program managers in monitoring and evaluating the effectiveness of their MCP programs.

Intergenerational (>10 years) sexual partnerships and gender inequity within sexual partnerships are thought to contribute to high HIV transmission rates among young women, especially within the context of MCP. The last section of the Program Management tab, Addressing Gender and Intergenerational Sex, includes resources that provide insight into the context and cultural beliefs surrounding gender roles and age as a factor in contributing to MCP.

Programmatic Actions and Recommendations to Address MCP

Programming designed to address multiple and concurrent sexual partnerships (MCP) can be complicated because the community, social norms, cultural, political, and economic contexts influencing the prevalence and practice of MCP are complex. This section of this Toolkit includes a collection of resources that provide an overview of the context, issues, and challenges facing MCP programming as well as recommended strategies to implement MCP programs. Resources from K4Health’s Family Planning and HIV Services Integration Toolkit may also be helpful to program planners and managers who are interested in addressing MCP within existing HIV and/or Family Planning programs.

Resources:

- The interaction of low male circumcision and high
partner concurrency on HIV risk in Africa: evidence from demographic and health surveys

This poster was presented at AIDS 2016 and establishes that male circumcision and MCP should not be addressed as separate interventions. While much emphasis has been placed on scaling up male circumcision, in the absence of concerted efforts to reduce sexual concurrency, increased circumcision may have a less-than-anticipated impact. Adopting an integrated approach to addressing male circumcision and sexual concurrency is critical to achieving the Sustainable Development Goal target 3.3: Ending the AIDS epidemic by 2030.

- **Addressing Multiple and Concurrent Sexual Partnerships in Generalized HIV Epidemics**

  United States President’s Emergency Plan for AIDS Relief (PEPFAR) Technical Working Group (TWG) for General Population and Youth Prevention, in collaboration with AIDSTAR-One, convened a technical consultation in Washington, DC, October 29-30, 2008, entitled "Multiple and Concurrent Sexual Partnerships in Generalized HIV Epidemics." The objectives of this meeting were to (1) deepen understanding of the role of multiple and concurrent partnerships (MCP) in the spread of HIV and (2) share emerging programmatic approaches and build consensus on promising strategies to address MCP. The report is an outcome of this meeting and surveys what is known about MCP, what still needs to be learned, and what can be done now to advance efforts to address MCP.

- **Mainstreaming Efforts to Reduce Concurrent Sexual Partnerships Within Ongoing HIV Prevention Programs**

  This slideshow presentation discusses several successful multiple and concurrent partnership programs in Mozambique and Botswana through Population Services International (PSI).

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**Know Your Epidemic: Measurement & Data Collection**

Establishing standard definitions of multiple and concurrent sexual partnerships (MCP) and accurate methods for measuring the occurrence of MCP within a defined community, population, or region are essential to informing programmatic decisions and strategies. The resources and
tools in this section of the Toolkit can be used to assist program planners and managers in accurately assessing and monitoring MCP.

Resources:

- **A Novel Tool to Assess Community Norms and Attitudes to Multiple and Concurrent Sexual Partnering in Rural Zimbabwe: Participatory Attitudinal Ranking**

  This study used a novel tool to collect data on community norms relating to the acceptability of concurrency in rural Zimbabwe. The findings indicated concurrency is considered more acceptable in specific social contexts, including infertility and lack of a male heir, and that having protected rather than unprotected sex with a concurrent partner does not render concurrency more acceptable.

- **HIV: consensus indicators are needed for concurrency**

  Concurrent sexual partnerships are thought to be the distinguishing factor behind the severe HIV epidemics in sub-Saharan Africa, where 71% of new HIV infections globally in 2008 occurred. Although concurrency is informally recognised as overlapping sexual partnerships, a precise definition and agreed indicator have not emerged. This paper outlines the importance of a standard measure to compare the role of concurrency across populations.

- **Consultation on Concurrent Sexual Partnerships: Recommendations From a Meeting of the UNAIDS Reference Group on Estimates, Modelling and Projections Held in Nairobi, Kenya, April 20-21st 2009**
This document reports the results of a meeting convened by the Reference Group on Estimates, Modelling and Projections of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The meeting brought experts from around the world together in Nairobi, Kenya in April 2009 to reach consensus on a standard definition of concurrent sexual partnerships, recommend methods for measuring concurrency in a population, and set out a future research agenda around the study of concurrent sexual partnerships and its association with HIV transmission.

- **A Review of Quantitative Approaches to Measuring Sex Partner Concurrency**

This slide presentation--Addressing Multiple and Concurrent Sexual Partnerships in Generalized HIV Epidemics-- from the PEPFAR Technical Consultation in Washington D.C. on October 29, 2008 provides an overview concurrency and measurement issues related to MCP.

**Monitoring & Evaluation**

This section of Toolkit provides guides and tools to assist program managers in monitoring and evaluating the effectiveness of their programs related to multiple and concurrent sexual partnerships. A comprehensive collection of monitoring and evaluation related resources can be found in the Measuring Success Toolkit.

**Resources:**

- **Soul City Institute Regional Programme: 2002 - 2007 Impact Evaluation Summary**

The Soul City Regional Programme aims to build effective health communication organizations in countries in southern Africa. It also strives to build capacity to produce social change communication that has an impact on behaviors (including the practice of engaging in multiple and concurrent partnerships) in order to decrease HIV incidence and to mitigate the
Addressing Gender and Intergenerational Sex

The factors influencing the practice of multiple and concurrent sexual partnerships (MCP) are complex, involving gender inequity, intergenerational sexual partnerships (sexual relationships between individuals 10 or more years apart in age), and transactional sex (the practice of exchanging sex for financial or lifestyle rewards). Young women in sub-Saharan Africa are especially vulnerable to participating in transactional and intergenerational sex due to their social and economic status. These practices also make young women especially vulnerable to acquiring HIV. The resources in this section of the Toolkit provide insight into the context and cultural beliefs surrounding social norms, gender roles and age as factors contributing to MCP.

Resources:

- Cultural Attitudes, Perceptions and Practices on HIV Infection

The HIV-infection rate in Southern Africa is among the highest in the world. Despite the availability of information on the AIDS pandemic, people are still not changing their behaviour. This study grappled with the question of the role of culture in the spread of HIV/AIDS. UNESCO/UNAIDS observe that there are many different ways of contracting HIV, many different ways of preventing HIV/AIDS, many different groups of people exposed to HIV/AIDS, and many different ways of discriminating against people living with HIV/AIDS. The `whys?, `hows? and `whos? change from culture to culture. That is why a culturally-appropriate response to HIV/AIDS prevention and care is needed.
many different ways of preventing HIV/AIDS, many different groups of people exposed to HIV/AIDS, and many different ways of discriminating against people living with HIV/AIDS. The `whys?, `hows? and `whos? change from culture to culture. That is why a culturally-appropriate response to HIV/AIDS prevention and care is needed.

Communication & Advocacy

Communication is a central part of any HIV intervention program with a component on reduction of multiple and concurrent partnerships. Behavior change communication?specifically ?partner-reduction? messages?is often a first step in implementing an intervention to reduce the occurrence of MCP. MCP interventions should feature communication campaigns that encourage people to adopt safer sexual behaviors, including avoidance of multiple and concurrent partnerships, and that are tailored to the specific needs and circumstances of groups at risk. These communication efforts should be based on the local social and cultural context and, ideally, should involve communities in developing and framing the communication messages employed.

Communication programs can employ a number of communication channels, from mass media to community-level interventions and interpersonal communication. Community-level activities help to build the capacity of local organizations, while mobilizing resources and improving strategies for behavior change communication.

The resources included in this section of the toolkit provide examples of mass media campaigns developed to address MCP, behavior change communication resources relevant to MCP, handbooks for working with media and a handbook to assist program managers and policymakers who are interested in advocacy work and in the policy aspects of HIV/AIDS prevention.
Mass Media Campaigns

Several mass media campaigns have been developed to broadcast messages on the risk of HIV acquisition associated with multiple and concurrent partnerships. Here you will find a collection of resources related to several of the national and regional mass media campaigns implemented throughout sub-Saharan Africa intended to increase awareness and decrease the practice of engaging in multiple and concurrent sexual partnerships.

Resources:

- **Break the Chain, Take Control: Addressing Multiple Concurrent Partnerships in Namibia**

  This slide presentation provides an overview of the Break the Chain media campaign as well as a review of its implementation and lessons learned.

- **Break the Chain, Take Control: Namibia HIV & AIDS Media Campaign**

  This multi-level, multi-channel campaign includes a mass media component of TV spots, radio spots and dramas, and billboards, posters, and flyers for awareness raising and knowledge increase around MCP. The media component is linked to interpersonal communications consisting of IPC materials for use by civil society and other partners in communities and workplaces, to create discussion around MCP, transactional sex, cross-generational sex, and couples' communication. The Integrated Session Guides are participatory sessions that can be implemented by field workers and volunteers in communities, workplaces and clinical settings to generate discussion on the drivers of the HIV epidemic with target audiences in three age groups: 10-14, 15-24 and 25-49 years old. The Guides assist partners working in the prevention of HIV and will result in widespread discussion for behavior change, contributing to HIV reduction and prevalence in Namibia.

  Included here are several resources developed for this campaign.

- **Don't Let Your Loved Ones Get Involved With a Fataki!: Addressing Intergenerational Sex in Tanzania through**
The Fataki Campaign

The Fataki radio campaign in Tanzania uses humor, recognizable characters, and a familiar story to draw public attention to, and create dialogue around, intergenerational sex (IGS). Relationships of this type, in which older men offer young women money or goods in exchange for sex, increase young women's risk of exposure to HIV, yet receive little public attention. In 2007, development began on a unique contribution to this emerging area of prevention practice. The Fataki radio spots use the roguish, always thwarted Fataki to highlight the dangers of IGS, demonstrate responses to an older man's advances, and break the silence on the subject of IGS. This case study reviews the development of the Fataki Campaign, the results of the campaign and recommendations for future programming.

The O Icheke Campaign, Botswana: A National Multi-level Communication Program to Reduce Multiple and Concurrent Partnerships

The Republic of Botswana has recognized the practice of having two or more sexual partners during the same period -- multiple concurrent partnerships, or MCP -- as a key driver of HIV transmission. The government's "National Operational Plan for Scaling Up HIV Prevention in Botswana, 2008-2010" calls for a multi-year behavior change campaign, with MCP identified as its initial focus. Thus, the Government of Botswana adopted ?O Icheke?Break the Chain? as the name for its new national campaign to address MCP with a multifaceted strategy and strong national leadership. Few countries have attempted to implement a truly national campaign driven by government agencies and existing regional and community organizations to roll-out activities at the community level. The stakes are high: O Icheke is seen as key to achieving Botswana?s long-term goal of zero new HIV infections by 2016.

Scrutinize: Flip H.I.V to H.I.Victory
Scrutinize is a national HIV prevention campaign being undertaken by USAID/Johns Hopkins University/JHU Program in South Africa in partnership with the popular youth brand Levis, and Matchboxology. The campaign involves a series of short animated commercials known as animerts to illustrate daily life encounters that place young people at risk of HIV. A related resource, the Scrutinize Facilitator's Guide, can be used to help facilitate interactive discussions about the behaviors that place people at risk of HIV using arts, culture, drama, and small-group discussions. A chapter titled "Booza Brain" looks at the links between drinking alcohol, engaging in multiple and concurrent partnerships, and increasing one's risk of HIV infection.

OneLove Campaign

The website of a campaign launched to reduce multiple and concurrent partnerships in southern Africa. Resources related to the OneLove campaign are also included here, such as:

OneLove. Loving with Respect: A Guide for Men Who Care: A 16-page guide for men addresses myths that interfere with positive relationships and that may contribute to MCP. Such myths include the idea that a woman can?t say "no" to sex after going on a date or that it is in men?s "biology" to have more than one partner.

OneLove. Loving Carefully: A Guide for Women: A 16-page guide for women uses a variety of scenarios to encourage women to speak openly with the men they love to reduce their chances of contracting HIV. Issues from rape to pregnancy are included and the guide.

OneLove, Multiple and Concurrent Sexual Partners: What?s culture got to do with it? A Handbook for Journalists: This 22-page handbook for journalists is intended to improve reporting on HIV. Terms are defined and research summaries are provided regarding MCP, concurrency, lack of condom use, interpersonal violence and certain cultural norms. The handbook offers a number of questions and potential stories for journalists to pursue. Reference articles and links are included. Event date: 2009

Secret Lovers Kill: A National Mass Media Campaign to Address Multiple and Concurrent Partnerships

A case study on the Makhwapheni Campaign (Secret Lover campaign) that ran in Swaziland in 2006.

OneLove
The OneLove campaign is a regional campaign to bring awareness to multiple concurrent partnerships and their role in contributing to the HIV epidemic in sub-Saharan Africa. Initiated in 2008, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe participate in the campaign to get people thinking about their society and community, including the values and ideas that affect behavior and sexual relationships. The campaign also challenges negative attitudes towards women. It encourages individuals to consider how their culture affects decisions to have one or more than one sexual partner at a time. The OneLove Website provides campaign resources and promotional materials, including public service announcements, media releases, and video clips.

Behavior Change Communication

Collected here are resources, including training curricula and field experience, to aid the design of communications-based interventions intended to influence behavior and the practice of multiple and concurrent partnerships.

Resources:

- **Community Dialogues as a Method to Discuss and Reduce Multiple Concurrent Partnerships in Lesotho**

  In January 2009, C?Change launched a community?based, outreach program in Lesotho intended to supplement the OneLove campaign with a radio talk show, billboards, and additional pamphlets and radio PSAs. The outreach program focused on promoting open dialog about HIV and concurrency, while educating and mobilizing communities to implement further interventions to lower concurrency prevalence. A qualitative evaluation of the outreach program and community dialog that was part of that program is reported on here. The study gathered and analyzed the perspectives of participants in five districts in Lesotho to assess whether the dialogs had been effective in improving communication on concurrency (or multiple concurrent partnerships) and on cross?generational and transactional sex, and whether there had been a positive effect?or potential effect?in reducing these HIV risk behaviors.
National Campaign Plan: Multiple Concurrent Partnerships

The practice of having two or more sexual partners over the same period of time—multiple concurrent partnerships, or MCP—is recognised as a key driver of HIV transmission in Botswana. The National Operational Plan for Scaling Up HIV Prevention in Botswana, 2008-2010 calls for Botswana to embark on a high-profile, national, multi-year behaviour change campaign, with MCP identified as the initial focus for the campaign. This document presents a nationally-agreed plan for implementing the campaign, with common objectives, strategies and approaches. This plan is the product of an intensive, multi-sectoral process, involving national- and district-level policymakers, managers and implementers from across the public sector and civil society, all under the guidance of the National HIV Prevention Technical Advisory Committee.

Working With Media

The guides and handbooks included in this section of the Toolkit can help program managers and others to effectively work with the media and use media channels, such as social media, to promote communication efforts related to multiple and concurrent partnerships.

Resources:

- CDC's Guide To Writing for Social Media

This guide is designed to provide guidance and to share the lessons learned in more than three years of creating social media messages in CDC health communication campaigns, activities, and emergency response efforts. In this guide, you will find information to help you write more effectively using multiple social media channels, particularly Facebook, Twitter, and mobile phone text messaging. The guide is intended for a beginner audience, although some readers with an intermediate level may find it useful too.

- Multiple and Concurrent Sexual Partners: What's Culture
Got to Do With It? A Handbook for Journalists

This 26-page handbook, published by the Soul City Institute for Health & Development Communication for the OneLove South Africa campaign, is designed for journalists as a tool to promote informed discussion around HIV and multiple concurrent partnerships (MCP). The handbook contains findings of research conducted in Southern Africa by Soul City that confirmed that certain cultural practices, social norms, and beliefs promote and even institutionalize MCP as socially acceptable and widely practiced. This, in turn, was found to largely contribute to higher risks of HIV infection and prevalence.

Advocacy

This section of the Toolkit provides resources to assist advocacy efforts intended to inform and influence decision making related to HIV prevention strategies and multiple and concurrent sexual partnerships.

Resources:

- **Multiple and Concurrent Partnerships: Driving Southern Africa's HIV Epidemic**

A Southern African Development Community (SADC) "think tank" on HIV Prevention convened in 2006 and identified MCP as one of the key drivers of the HIV epidemic. This useful resource for advocacy provides facts, details and definitions to help understand the role of MCP in the spread of HIV in Southern Africa.

Presentations and technical meetings
A number of countries are introducing policy and guidelines, pursuing research, and carrying out interventions--such as media campaigns--to bring awareness to the increased risks associated with multiple and concurrent partnerships (MCP) and promote partner reduction as part of their HIV prevention strategy. Several country experiences are documented here. These country experiences are intended to inform health policy makers, program managers, and service providers of the strategies, challenges, successes and lessons learned from these activities.

Botswana

The Republic of Botswana has recognized the practice of multiple and concurrent partnerships (MCP) as a key driver of HIV transmission. Here you will find resources, including media campaigns, programmatic lessons learned, and national strategies, related to Botswana’s response to addressing HIV prevention in the context of MCP.

Resources:

- The O Icheke Campaign, Botswana: A National Multi-level Communication Program to Reduce Multiple and Concurrent Partnerships

The Republic of Botswana has recognized the practice of having two or more sexual partners during the same period -- multiple concurrent partnerships, or MCP -- as a key driver of HIV transmission. The government's "National Operational Plan for Scaling Up HIV Prevention in
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Haiti

Haiti has made significant gains in combating HIV over the past decade, highlighted by reductions in the rate of new HIV infections and AIDS-related deaths. Challenges influencing HIV/AIDS in Haiti remain, including socio-economic factors and the status of women in Haitian society. Here you will find resources related to HIV acquisition, prevention, and the role of multiple and concurrent partnerships in Haiti.

Jamaica

Participation in risky behaviors such as multiple and concurrent partnerships, transactional sex, and intergenerational sex continue to play a significant role in Jamaica?s HIV epidemic. Here you will find resources highlighting research and program findings related to HIV and multiple and
concurrent partnerships in Jamaica.

Resources:

- **Cross-Generational Relationships. Perceived Norms and Practices in Jamaica**

  There are several known associations between cross-generational sex, higher risk behaviors, and HIV risk. The C-Change Project in Jamaica conducted formative research to explore the dynamics of cross-generational sexual relationships with the aim of informing programs working to decrease these practices and their related risks, including gender-based violence and HIV. This resource reports on the study methodology and findings.

Lesotho

As in other sub-Saharan countries, the practice of multiple and concurrent sexual partnerships (MCP) is considered to be a significant driver of HIV and AIDS in Lesotho. Several programs and initiatives addressing MCP have been implemented as HIV prevention strategies. Here you will find a collection of resources reporting on communication initiatives, programmatic strategies, and research findings related to addressing MCP in Lesotho.

Resources:

- **Community Dialogues as a Method to Discuss and Reduce Multiple Concurrent Partnerships in Lesotho**

  In January 2009, C?Change launched a community?based, outreach program in Lesotho intended to supplement the OneLove campaign with a radio talk show, billboards, and additional pamphlets and radio PSAs. The outreach program focused on promoting open dialog about HIV and concurrency, while educating and mobilizing communities to implement further interventions to lower concurrency prevalence. A qualitative evaluation of the outreach program and community dialog that was part of that program is reported on here. The study gathered and analyzed the perspectives of participants in five districts in Lesotho to assess
whether the dialogs had been effective in improving communication on concurrency (or multiple concurrent partnerships) and on cross-generational and transactional sex, and whether there had been a positive effect?or potential effect?in reducing these HIV risk behaviors.

• **Intimacy Without Risk: Community Dialogues to Reduce Concurrency in Lesotho**

Complimenting the OneLove campaign, C-Change implemented a community dialog intervention in Lesotho to address multiple concurrent partnerships and HIV. The C-Change community dialogs were facilitator-led, informal, participatory groups that provided an open space for group members to become comfortable with discussing sexual issues, identify the drivers of HIV within their wider social and cultural contexts, and address their own attitudes and behaviors toward the virus. This case study reports on the planning, implementation, and evaluation of the community dialogs.

• **The Language of Multiple Concurrent Partners, Sex, and HIV and AIDS in Lesotho: Opportunities for Dialogue Promotion**

This report analyzes C-Change formative research designed to understand how culturally-embedded communication about HIV and AIDS and sexual behavior contributes to sustaining the practice of multiple concurrent partners (MCP) in Lesotho. The findings from this research, together with a review of existing research, can help to inform message development for a short-term C-Change communication campaign focusing on HIV prevention through the promotion of dialogue about MCP.

• **Gender and Multiple and Concurrent Sexual Partnerships in Lesotho**

A qualitative study was undertaken in five communities in Lesotho with the aim of better understanding the social, economic and cultural considerations that influence individuals' decisions related to multiple sexual partnerships and the perception of HIV risk in such relationships. The goal of the study was to produce strategic information on determinants of sexual behavior, focusing particularly on social, economic and cultural factors that promote multiple concurrent sexual partnerships, with the purpose to inform national gender
interventions targeting prevention of HIV.

- **Multiple and Concurrent Sexual Partnerships in Lesotho: A Target Audience Research Report**

  This 53-page qualitative research study on Multiple Concurrent Partnerships (MCP) in Lesotho was commissioned by Phela, a health and development non-governmental organization (NGO), to inform communication interventions as part of its 5-year HIV prevention initiative.

- **Delivering as One UN on AIDS in Lesotho: The Joint Programme of Support for AIDS in Lesotho 2007-2012**

  This document presents the framework of a United Nations program to combat HIV and AIDS in Lesotho, in collaboration with government and civil society agencies. The program includes interventions to address multiple and concurrent partnerships (MCP).

**Malawi**

Malawi is one of the most severely HIV-affected countries in the world. Multiple and concurrent partnerships (MCP) are key drivers to the HIV/AIDS epidemic in Malawi. Gender dynamics and inequalities contribute to the prevalence of MCP and it is more often women and adolescent girls who are infected with HIV in Malawi. Resources in this section of the Toolkit report on research findings that shed light on the contextual factors influencing MCP in Malawi.

**Resources:**

- **Understanding the Dynamics of Concurrent Sexual Partnerships in Malawi and Tanzania**
Malawi and Tanzania are neighboring countries with high rates of HIV and sexual concurrency. This document reports on a qualitative research study conducted to explore and better understand the social dynamics of concurrent sexual partnerships in these two settings. Through a series of focus groups and in-depth interviews with individuals and community leaders in nine regions throughout Malawi and Tanzania, researchers documented several key findings related to environmental context, social norms, and parental influence that facilitate sexual concurrency in Malawi and Tanzania. Programmatic interventions informed by the findings are recommended in this report as well.

Mozambique

The practice of multiple and concurrent partnerships (MCP) is highly prevalent in Mozambique with up to 40 percent of men reporting concurrency in some regions. An understanding of the contextual factors that influence the practice of MCP is necessary for developing effective strategies and interventions to address MCP and HIV prevention. The resources found here include a report on research conducted to better understand the factors influencing MCP and a report of a communication effort intended to raise awareness on the risks of MCP.

Resources:

1. **Reducing Multiple Concurrent Partnerships in Mozambique**

   This brief describes a community-based communication program conducted by Public Services International (PSI) in Mozambique, with the goal of raising people’s awareness that the practice of multiple and concurrent partnerships (MCP) increases their risk of HIV infection.

Tanzania

Tanzania has a high prevalence of both HIV and multiple and concurrent partnerships (MCP). In
Tanzania, almost 50 percent of sexually active young people have reported engaging in multiple sexual partnerships within the past 12 months. Resources in this section of the Toolkit report on research findings that shed light on the contextual factors influencing MCP in Tanzania and on the Fataki radio campaign.

Resources:

- **Understanding the Dynamics of Concurrent Sexual Partnerships in Malawi and Tanzania**

  Malawi and Tanzania are neighboring countries with high rates of HIV and sexual concurrency. This document reports on a qualitative research study conducted to explore and better understand the social dynamics of concurrent sexual partnerships in these two settings. Through a series of focus groups and in-depth interviews with individuals and community leaders in nine regions throughout Malawi and Tanzania, researchers documented several key findings related to environmental context, social norms, and parental influence that facilitate sexual concurrency in Malawi and Tanzania. Programmatic interventions informed by the findings are recommended in this report as well.

- **Don't Let Your Loved Ones Get Involved With a Fataki!: Addressing Intergenerational Sex in Tanzania through the Fataki Campaign**

  The Fataki radio campaign in Tanzania uses humor, recognizable characters, and a familiar story to draw public attention to, and create dialogue around, intergenerational sex (IGS). Relationships of this type, in which older men offer young women money or goods in exchange for sex, increase young women's risk of exposure to HIV, yet receive little public attention. In 2007, development began on a unique contribution to this emerging area of prevention practice. The Fataki radio spots use the roguish, always thwarted Fataki to highlight the dangers of IGS, demonstrate responses to an older man's advances, and break the silence on the subject of IGS. This case study reviews the development of the Fataki Campaign, the results of the campaign and recommendations for future programming.
Uganda has been remarkable in reducing the rate of HIV infection over the past two decades. Multiple and concurrent partnerships (MCP) was recognized as one of the most important contributors of the country’s HIV epidemic. As such, several programmatic interventions and communication strategies were developed to bring awareness to the risks associated with engaging in MCP, including HIV acquisition. Here you will find a collection of resources on efforts in Uganda to address MCP, including research reports, a presentation of lessons learned, and a brief on a communication campaign implemented to warn people of the risks associated with MCP.

Resources:

- **Multiple Sexual Partnerships Among Poor Urban Dwellers in Kampala, Uganda.**

  This study examined two issues of current importance for AIDS prevention in Uganda: the frequency of multiple sexual partnerships, and whether optimistic perceptions about the severity of AIDS are associated with riskier sexual behavior.

- **HIV Superhighway (Video 2)**

  This video describes Uganda’s successful "Zero Grazing" AIDS campaign that urged people to reduce their sexual partners and helped break up the HIV Superhighway that encouraged the virus to spread. It discusses the gender issues which increased the spread of HIV in Uganda and the role that "Zero Grazing" had in reducing the number of sexual partners for many in the population.

- **HIV Superhighway (Part 2)**

  The video (Part 2) describes Uganda’s successful "Zero Grazing? AIDS campaign that urged people to reduce their sexual partners and helped break up the HIV Superhighway that encouraged the virus to spread.

- **Spotlight on Prevention: Uganda’s Zero Grazing**
Campaign

In 1990, 18 percent of adults in Uganda were HIV positive. A decade later, however, the rate dropped by almost two thirds. This significant decline in HIV is partly due to strong and effective community mobilization and an AIDS education campaign that resonated with the people of Uganda. The campaign was rooted in the fundamental recognition that HIV was spreading not just among high risk groups such as prostitutes and truck drivers, but among ordinary people in ordinary relationships and everyone was at risk. The government devised a series of slogans including “Zero Grazing” and “Love Carefully” to warn people about the dangers of multiple sexual relationships, including long term ones. An overview of the community mobilization and communication campaign promoting behaviors to prevent HIV is provided in this six-page brief.

Zambia

Zambia is one of the many sub-Saharan countries severely afflicted by the HIV/AIDS epidemic with the practice of multiple and concurrent partnerships (MCP) identified as a primary contributor. To develop informed and effective strategies, research has been conducted to better understand the social, economic, and cultural factors in Zambia related to engagement in MCP. A selection of the research studies reported on are included here.

Resources:

- **Gender and Concurrent Sexual Partnerships in Zambia. Preliminary Analysis Findings.**

  This study was designed to produce strategic information on determinants of sexual behavior, focusing particularly on social, economic, and cultural factors that promote concurrent sexual partnerships (concurrency). Its goal was to inform national gender interventions to prevent HIV.

- **Gender and Multiple and Concurrent Partnerships in**
Zambia: Focus on Mobility

This three-page brief presents the findings of a mixed methods study conducted by the International Organisation for Migration (IOM) and Family Health International (FHI) in Zambia to explore the social, economic, and cultural factors related to engagement in multiple concurrent sexual partnerships (MCP).

Zimbabwe

Engaging in multiple and concurrent partnerships (MCP) has been identified as a primary contributor to the HIV/AIDS epidemic in sub-Saharan Africa, including Zimbabwe. The research studies reported on in this section of the Toolkit provide insight on the practice of MCP in Zimbabwe, including the types of concurrency, social norms surrounding the practice MCP, and factors that promote MCP.

Resources:

- A Novel Tool to Assess Community Norms and Attitudes to Multiple and Concurrent Sexual Partnering in Rural Zimbabwe: Participatory Attitudinal Ranking

This study used a novel tool to collect data on community norms relating to the acceptability of concurrency in rural Zimbabwe. The findings indicated concurrency is considered more acceptable in specific social contexts, including infertility and lack of a male heir, and that having protected rather than unprotected sex with a concurrent partner does not render concurrency more acceptable.

- The Prevalence of Concurrent Sexual Partnerships among Students in Institutions of Higher Education in Zimbabwe

This study set out to establish the level of sexual activity and prevalence of concurrent sexual
partnerships among students in two Faculties at a University in Zimbabwe. The study also investigated the extent and motivation for age-discrepant sexual partnerships and the possible link between multiple concurrent sexual partnerships and the spread of HIV/AIDS. Four research questions were posed to establish the level of sexual activity among university students, prevalence of concurrent relationships, motivation for and involvement in intergenerational sexual partnerships, and students' knowledge of the possible link between concurrent sexual behaviour and the spread of HIV/AIDS. The study found high levels of sexual activity (more for male than for female students) and high prevalence of concurrent sexual behaviour. The study also found that female students participated in concurrent sexual partnerships to benefit from the resources of their male partners while males were largely motivated around the sex motive. In spite of the high levels of knowledge about HIV/AIDS, high levels of concurrent sexual relationships were prevalent among students who participated in this study. This study confirmed results reported in the literature and has implications for the spread of HIV/AIDS.

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