PLACE Method

Local Focus

The HIV pandemic is global, but the epidemic differs widely by country, and within a country HIV prevalence differs by region, district, and even community. In fact, no two local HIV epidemics are the same. Local epidemics are driven by sexual and injecting drug use networks in unique local contexts — whether urban, rural, along a major highway, within a fishing village, or along drug trafficking routes. Although the HIV epidemic is global, all transmission is local. To be effective, local responses should be tailored to the local context and drivers of transmission.

PLACE Method for Local Response

The PLACE method addresses the challenge of how to identify and tailor prevention programs to local epidemics. Not only are many people asymptomatic, which contributes to a hidden epidemic, but persons occupying central positions in HIV transmission networks are often members of mobile, stigmatized, and hard-to-reach populations. Because many people do not know their HIV status and because many of those who are infected are hidden, there is a need for methods based on sound epidemiologic science and that use technology appropriate to the local setting to uncover local transmission networks in a way that leads to effective, ethical, and evidence-based prevention.

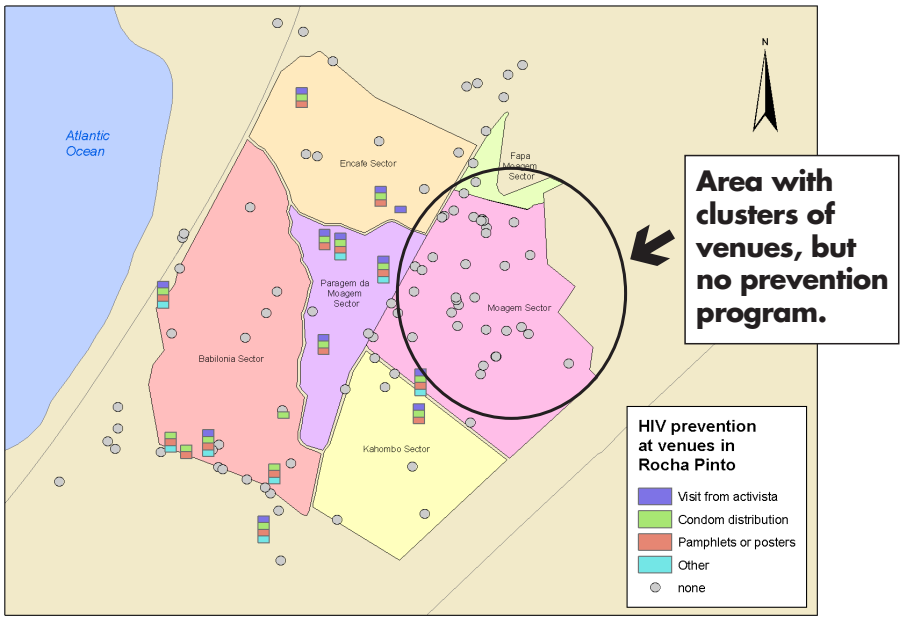
COLLECT LOCAL EVIDENCE
UNDERSTAND
RESPOND

The PLACE method increases the understanding of the local HIV epidemic among service delivery providers, community leaders, and other stakeholders so that a response is tailored to the epidemic. The heart of the strategy is to identify where to reach those most likely to acquire and transmit infection, measure gaps in services to these people, and develop action plans to address the gaps.

Specifically, the PLACE method:

1. Identifies areas with high HIV and sexually transmitted infections (STI) incidence in a country using available data, guided by principles of epidemiologic theory and empiric research:
   - The proximate determinants model of HIV transmission [1]
   - Mathematical models of HIV transmission [2] [3]
   - The importance of the rate and pattern of new sexual partnerships [4]
   - The concept of geographic cores for STI and empiric evidence of their existence [5-8].
2. Guided by empiric evidence of the association between high-risk venue affiliation and HIV/STI transmission [9-20], the benefits of community engagement, and the necessity of ethical conduct, consults with local stakeholders in these areas and uses approved protocols to systematically identify and map venues and events where people meet new sexual or needle-sharing partners.
3. Assesses prevention outreach within these venues and creates coverage maps [21] showing where there are gaps in prevention programs.
4. Obtains key program indicators from surveys of venue patrons and workers, including HIV prevention and treatment cascade indicators and estimates of the size of key populations (sex workers, men who have sex with men, transgender people and people who inject drugs).
5. Estimates risk behaviors and HIV and STI prevalence of persons in risk venues using new testing technologies feasible in outreach settings such as HIV and syphilis rapid tests, target amplification nucleic acid probe tests for gonorrhea and chlamydia [22]; CD4 counts, and viral loads from dried blood spots.

Mapping risk venues using the PLACE method in Luanda, Angola identified risk venues without prevention outreach



Weir et al, Results of the application of the PLACE approach to Rocha Pinto, Angola

6. Builds capacity at the local level to analyze and interpret data.

7. Applies the findings immediately to local action plans to address gaps in prevention programs and repeat assessments to evaluate programs over time.

8. Summary of deliverables per implementation of PLACE in each area:

- 300+ community informant interviews to identify risk venues
- 300+ risk venues mapped and characterized
- 1,000+ venue staff and patrons interviewed and tested for HIV and syphilis
- Behavioral and program coverage indicators estimated for key populations
- Size estimates of key populations
- Cascade indicators for patrons and workers and sub-groups
- Coverage maps produced showing gaps in services
- Locally developed action plans written based on local analysis of data.

PLACE is an innovative strategy that fills gaps left by other surveys and rapid assessment methods:

- Demographic and Health Surveys provide national-level indicators for the general population. PLACE provides local estimates for people most likely to acquire and transmit HIV.
- Risk group-specific surveys usually limit recruitment to persons meeting particular behavioral criteria such as sex work, and consequently do not provide a full description of the local sexual and needle sharing network. These surveys often miss persons who are not willing to admit sex work or other stigmatizing behaviors.
- Rapid assessments that only use qualitative methods, such as focus groups, are informative but do not provide monitoring indicators such as the percent of sex workers using a condom during last sex.
- Most rapid assessment tools are not designed for local implementation in resource-poor settings.

Beneficiaries

The PLACE method benefits:

- People in resource-poor settings most at risk of acquiring and transmitting HIV who benefit from an improved community response for outreach testing and condom distribution
- The partners of persons most likely to transmit HIV
- Local service delivery providers, including those distributing condoms who want to know where to reach key populations
- Local HIV testing and treatment providers who want to know who has been missed through current testing and treatment programs
- HIV surveillance and monitoring and evaluation teams at the national and local levels who want to track HIV prevalence, risk behaviors, and program coverage among key populations
- Strategic planners at the national level who want to know where to target HIV prevention resources in order to prevent HIV transmission.

Replicability and Funding

PLACE was first conceived in 1999 and implemented in a township in Cape Town, South Africa [23]. Since then, the method has been adapted based on new empiric

evidence of the role of environmental influences on behavior, on the availability of new mapping technologies, improved access to mapping, and the improvement of HIV and STI testing technologies that allow collection of biologic specimens in field outreach settings without a cold chain or other major storage issues.

PLACE has been implemented to date in 29 countries in over 100 target areas. PLACE has also been replicated in Zambia, Malawi, Tanzania, Rwanda, Tanzania, and Jamaica without technical assistance or funding from MEASURE Evaluation or USAID. In almost all implementations of PLACE, there is cost-sharing. Funding/co-funding sources have included: the Centers for Disease Control and Prevention (CDC), the Global Fund, the National Institutes of Health (NIH), Government of Jamaica, the STD Control Center of China, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the World Bank, PSI, and FHI 360.

Evaluation and Learning

The validity and reliability of the PLACE method have been evaluated three ways:

1. Concurrent implementation of PLACE and respondent-driven sampling in Liuzhou, China in 2009 found that PLACE identified those with higher prevalence of syphilis [24].
2. Repeat implementations of PLACE in the same cities found similar findings, illustrating reliability.
3. The prevalence of infection is higher and behavioral profile more risky among those surveyed at risk venues identified by PLACE, compared with the prevalence and behavior of the general population in the same country [25], confirming that PLACE identifies key members of transmission networks.

Information about the PLACE method is shared numerous ways:

- A webinar in March 2013 provided information on the method to a large audience.
- Peer-reviewed publications extend findings from specific assessments to a wider audience.
- MEASURE Evaluation maintains a website devoted to the PLACE method.
- Findings from PLACE are provided to local areas implementing PLACE through feedback sessions.
- The method is recommended by UNAIDS and Global Fund guidelines.
- The PLACE method is recommended in Mead Over's book *Achieving an AIDS Transition* [26].

Alignment with USAID and Global Fund Priorities

PLACE won a USAID Pioneer Prize for innovation in 2013. The PLACE focus on HIV prevention is well aligned with USAID strategies. According to PEPFAR guidance, prevention remains the paramount challenge of the HIV epidemic, and the major priority for the next five years. The PLACE approach of using strategic information to guide decisions, local capacity building, intervention planning at risk venues, and maintaining high standards regarding scientific rigor reflects PEPFAR's strategy of "evidence-based, mutually reinforcing biomedical, behavioral, and structural interventions."

In 2013, the Global Fund focused attention on the value of programmatic mapping and size estimation of key populations. The PLACE method, along with a similar approach developed by the University of Manitoba, formed the basis of a programmatic mapping and size-estimation protocol currently promoted by the Global Fund, WHO, and UNAIDS.

For more information

Copies of PLACE are available at:
http://www.cpc.unc.edu/measure/tools/hiv-aids/place

A video on PLACE is at:
http://vimeo.com/105257631

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