

Tailoring and Implementing Interventions: Prevention with Positives (PwP) Program Mozambique

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Introduction

Prevention with Positives

- Addressing prevention with people who know their HIV status
- Responding to the needs to not infect others (partners, family, children, partners)

HIV + Individuals Prevention Needs

(People want ...)

- To “Not transmit HIV to others”
- More understanding of complexity, gray areas
- Information (re-infection)
- Support (learn how others cope)
- Social situations with others
- Leadership role -- prevention & reducing stigma (speaking to youth & community)

What Does Research Say

- Knowledge of HIV status results in a change in behavior
- Majority of new HIV infections result of people who don't know they are HIV+
- Serostatus assumptions (Uganda)
- Multiple approaches document effectiveness in decreasing transmission risk behavior
- Context of risk important to acceptability
- Tailoring to the individual is important

Implementing PWP Programs in Mozambique

Mozambique PwP

Program objectives:

1. Adapt effective evidence based PwP interventions to Mozambique
2. Evaluate effectiveness of PwP program designs
3. Promote dissemination of effective models

What we did

- Visit sites assess importance of concept
- Site observations VCT, Clinical setting
- Key informant interviews with stakeholders
 - PLWH
 - Clinic and Counseling Staff
 - Volunteers
 - Program Managers

- Based on assessment recommended a program approach
- Each site wanted to implement program that responds to site, community, context of risk
- Namaacha Clinician/clinic based approach
- Beluluane Peer support, enhanced counseling

Recommended Clinic Based Program

- Integrates prevention into routine HIV primary care
- Emphasize detailed risk assessment and prevention message
- Theoretical perspective harm reduction
- Risk addressed over time with patient visits
- Clinic/provider buy in

Recommended Peer Support Program

- Support group format individual check in
- Facilitated ongoing group discussion focused on a prevention topic: negotiating safety, partner testing, swapping high risk behavior for less risky behaviors, etc.
- Theoretical framework: peer empowerment

Context of Risk Rural Mozambique

Similarities

Stigma

Alcohol use

Gender relations/violence

Serostatus Assumptions

STI identification and treatment

Comfort and skill of staff

Staff beliefs differ from PLWH beliefs/needs

Economic pressures increase risk

Context of Risk Rural Mozambique

Differences

PwP importance immediately validated

Transportation/distances

Role of children

Pregnancy, fertility

Discrimination not seen as problematic

Cultural practices infant care

Breastfeeding/formula availability

Extreme poverty, safe water, lack of food

Considerations for PWP Program Implementation in Mozambique

- Focus on PMTCT programs (prevention efficacy well documented)
- Expanding ATS services to identify serostatus of partners
- Participatory, empowerment cultural mismatch
- Cultural beliefs of HIV infection and treatment
- Stigma/Discrimination

Discussion Questions

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Resource Information:

<http://ari.ucsf.edu/policy/pwp.htm>