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
Sero status 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