Scaling Up HIV Prevention Programs

A critical strategy for curtailing the HIV epidemic in the South Asia Region is to prevent further HIV transmission in areas with locally concentrated HIV epidemics that are driven by high-risk practices among networks involving sex workers (SWs), injecting drug users (IDUs) and men having sex with men (MSM). Unless focused prevention activities—sometimes called targeted interventions as in the National AIDS Control and Prevention program (NACP) in India—are taken to sufficient scale, the overall influence on the epidemic will be marginal. The heterogeneity and diversity of local epidemics in the region present a complex challenge for the planning and implementation of a scaled-up response. This chapter presents a general rubric for scaling up, that is, expanding coverage of, focused prevention programs.

Distribution of High-Risk Networks

For prevention programs to achieve high coverage of members of high-risk networks, the programs must consider both the geographic distribution and the size of the key population networks. For example, in circumstances in which large SW populations are highly concentrated geographically, high coverage can theoretically be achieved by placing programs and services in those locations. In contrast, if SWs are more widely distributed in smaller pockets, high coverage can only be achieved if a large proportion of the locations is covered, and this might require a more staggered approach.
Elements of Scaling up of Program Coverage

In circumstances in which many localized high-risk networks exist, expanding coverage of programs needs to be approached at both the geographic (that is, district) level and network (or hotspot) level. This approach is illustrated in figure 7.1.

First, increasing access at the district level is achieved by placing prevention programs and services in locations or hotspots that contain a high proportion of the key at-risk populations (for example, SWs or IDUs). District-level planning defines the upper limit of coverage. Second, within these identified networks or hotspots, coverage of services and programs represents the extent to which members of such high-risk networks or hotspots access and use preventive services and adopt behavior change. The ability of local programs to mobilize and reach local key populations will have a large influence on the effective coverage of focused prevention programs.

Tactics for Scaling Up Coverage

To achieve a high level of coverage at the district level and within each hotspot, a logical sequence can be followed.

Figure 7.1  Program Coverage at District (Macro) and Local (Micro) levels

Source: Authors.
**Step 1: Planning Comprehensive Geographic Mapping**

The first step is to plan for high district-level coverage by identifying all of the key locations where high-risk networks exist. This approach includes a comprehensive mapping, which entails segmenting the geographic areas and identifying all of the specific locations and sites within those segments where members of high-risk networks congregate. This step can be accomplished using a structured approach to interviewing key informants. Local members of the high-risk population must be involved in this step of the process of site identification. A critical component of the mapping is an estimation of the size of the key populations at each location, and this is needed for realistic target setting.

**Step 2: Situating Programs to Achieve High District-Level Coverage**

Mapping provides information on the geographic distribution of the key populations and networks that need to be reached by focused prevention programs and services. This information can help guide the prioritization of locations where programs and services should be initiated. For example, a state or provincial program can decide to ensure that programs and services will be established in all cities, towns, and locations that contain at least 90 percent of the estimated high-risk populations, by a specified date. Setting such “targets” will help in planning and defining the configuration of programs. When key populations are highly concentrated, then programs can achieve a high level of coverage by focusing on a relatively small number of locations. In contrast, where key populations are geographically dispersed, programs and services might have to be phased in over time, with gradual expansion in coverage until full coverage is achieved.

**Step 3: Planning Local Outreach and Services**

Good coverage at the local network or hotspot level requires local planning of quality outreach and services. This planning involves specific segmentation of local key populations by locations and sites (such as a bus depot, train station, or cinema hall) and the operational characteristics of local key population members (for example, full-time versus part-time, street-based versus lodge-based, and day versus night sex work). Key population members, such as peer educators, must be involved in the assessment, planning, monitoring and outreach—this is critical to success and requires substantial capacity building and support.
General Considerations

Using a comprehensive approach to scale up focused prevention programs, as described in this section, requires that planners meet several conditions.

**Condition 1: Flexible Strategies and Implementing Partnerships**

The diverse distribution and characteristics of the key populations requires equally diversified strategies and partnerships for program implementation. Moreover, program planners must be able to be proactive in matching program resources to where the need is greatest, rather than being constrained and reactive to the distribution of potential implementing partners such as nongovernmental organizations (NGOs). This approach will often require more intensive support for local community-based organizations and NGOs, and sometimes the involvement of high-capacity implementers from other locations.

**Condition 2: Strong Information-Gathering Systems**

For organizations to effectively scale up outreach, they need strong systems to gather, analyze, and interpret information. The processes of mapping and performing local assessments and planning need to be fully integrated into the work program, roles and responsibilities of program planners, and must involve key stakeholders.

**Condition 3: Local Planning Processes**

Because planning needs to be detailed, it must be done at the local level. For example, the determination of where programs and services should be located should be done at the district level, rather than at the state or provincial levels. This process requires specific local information and investment in local analysis and planning. Local stakeholders must be involved in the program design.

**Condition 4: Capacity Building**

The demands of scaling up will not be met without extensive capacity building at all levels. In particular, systems are required to build capacity for technical support to local programs and to maintain that support.