“Structural Insights”

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Operationalizing structural programming for HIV/AIDS prevention and treatment

James Hargreaves

Centre for the Evaluation of Public Health Interventions

STRIVE: Tackling the Structural Drivers of HIV

LSHTM

Structural approaches: not a new idea

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HIV Prevention 4

Structural approaches to HIV prevention

Geeta Rao Gupta, Justin O Parkhurst, Jessica A Ogden, Peter Aggleton, Ajay Mahal

Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial

Paul M Pronyk, James R Hargreaves, Julia C Kim, Linda A Morison, Godfrey Phetla, Charlotte Watts, Joanna Busza, John D H Porter

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Tackling the structural drivers of HIV

Structural factors in HIV prevention: concepts, examples, and implications for research

Esther Sumartojo

Combination HIV Prevention: Tailoring and Coordinating Biomedical, Behavioural and Structural Strategies to Reduce New HIV Infections

A UNAIDS Discussion Paper

Rao Gupta's three barriers

1. No definition
2. Operational Guidance
3. Evidence

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Definitions

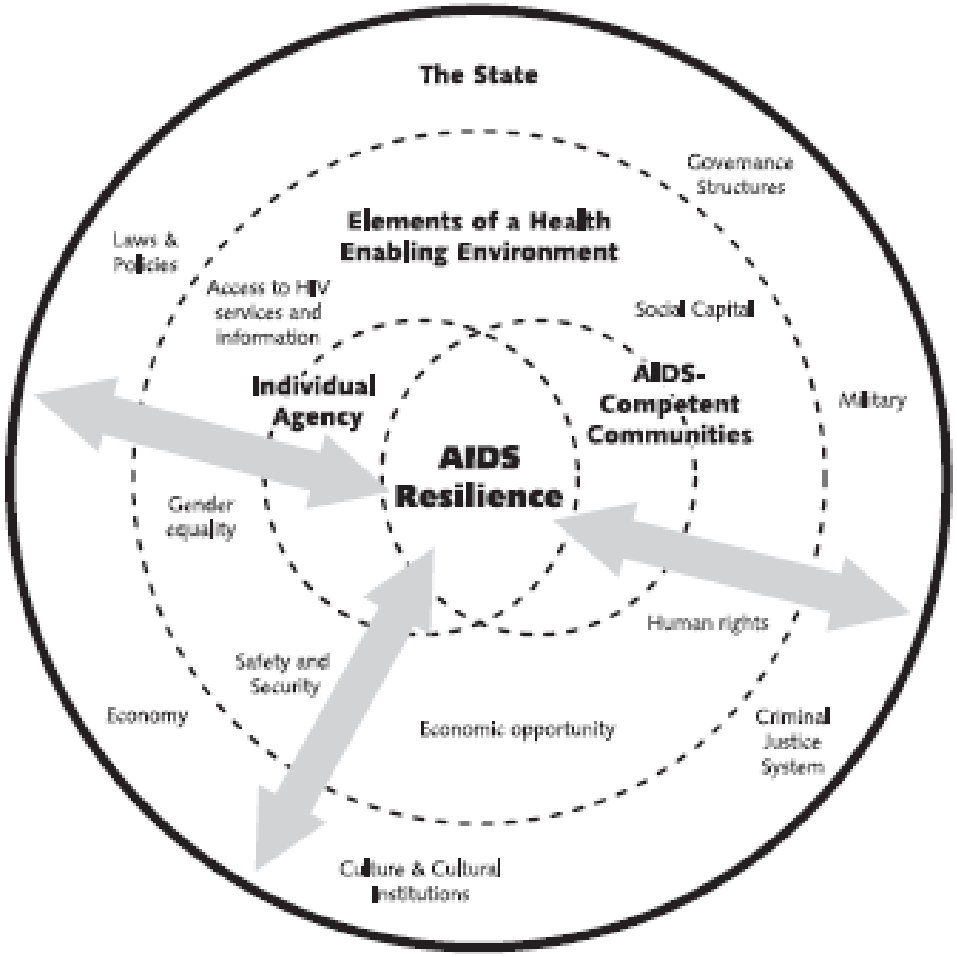


Figure 1: *Framework for understanding and enabling AIDS resilience*

Structural drivers are:

Core social processes and arrangements, reflective of social and cultural norms, values, networks, structures, and institutions that operate in concert with individuals behaviours and practices to influence HIV epidemics in particular settings

Lack of a definition as a barrier?

- A strategy should:
  - Have clear aims
  - Have clear actions
  - Have a clear mechanism of change
  - And, ideally, be supported by evidence
- If it meets these criteria, do we care what it should be called?

Was IMAGE a structural intervention?

- IMAGE (Intervention with Microfinance for AIDS and Gender Equity) [Pronyk Lancet 2006]
  - Poverty focused microfinance and participatory learning sessions
  - Outcomes measured in three groups (direct participants, household members, community members)

- Good strategies may, to a greater or lesser extent, reflect "structural insights" on the HIV epidemic
- Recognition as well as definition may be key

Rao Gupta's three barriers

1. No definition
2. Operational Guidance
3. Evidence

Evidence

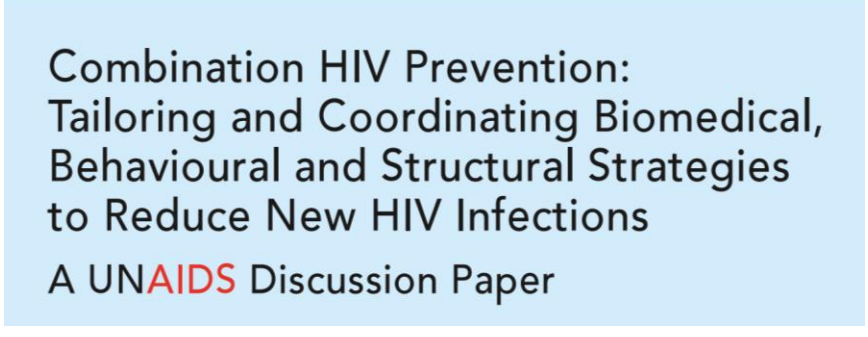
- Contested territory!

- A personal view

- Need to continue to iteratively build an intervention-oriented evidence base reflecting ever-improving specific strategies drawing on "structural insights" on HIV/AIDS epidemiology

- More experimental/ quasi-experimental evaluations needed

- Structural interventions remain at the heart of combination prevention



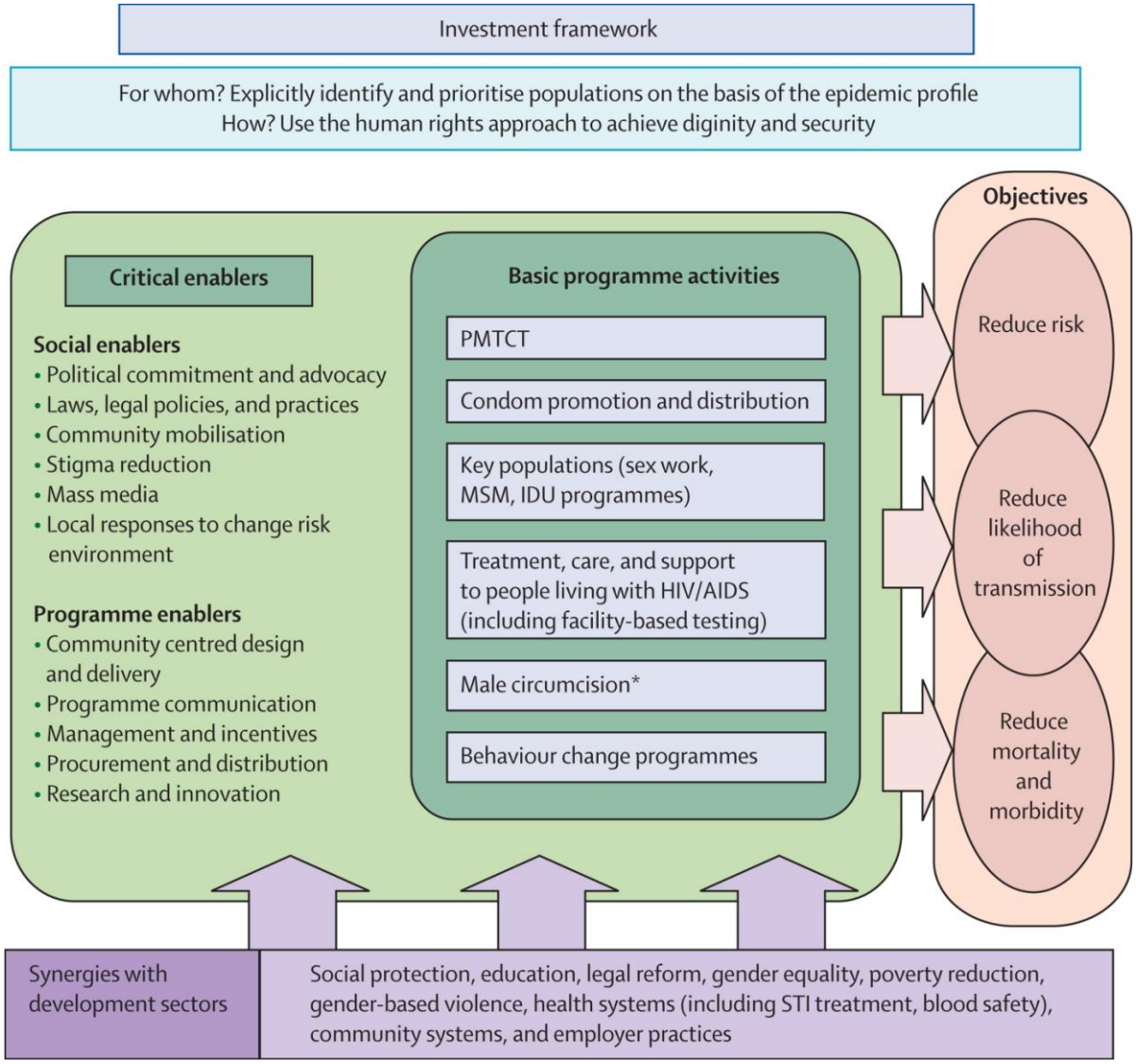
Rao Gupta's three barriers

1. No definition
2. Operational Guidance
3. Evidence

Operational Guidance

- Central principles
  - Identify, prioritise, fund and deliver, specific strategies of three types
  - Strengthen the evidence base with monitoring, evaluation and outcome research

Synergy with investment framework



Operational Guidance

- An extra objective for the investment framework
  - Ensure that reductions in risk, transmission, morbidity and mortality are equitably distributed

- Three synergistic approaches
  - Ensuring basic programmatic activities benefit the hard to reach
  - HIV-specific interventions targeting the social determinants of HIV transmission
  - Catalyse HIV sensitive development

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Ensuring basic programmatic activities benefit the hard to reach

- Structural insights on “know your epidemic”
- Recognise:
  - effective new health interventions tend to increase health disparities by increasing the health of wealthier groups faster than that of poor groups (Victora, 2000).
  - Unless specific actions are taken, a much greater proportion of health spending reaches those from higher socioeconomic groups(Gwatkin, 2003)
- Ensure resources flow to hard-to-reach and marginalised
- Ensure the delivery of interventions is acceptable, available and appropriate for relevant groups

Changing social epidemiology of HIV in Tanzania

	Males			Females		
	No Education	Primary Education	Secondary education or higher	No Education	Primary Education	Secondary education or higher
Year	HIV (%)	HIV (%)	HIV (%)	HIV (%)	HIV (%)	HIV (%)
2003	4.2	6.5	7.3	5.8	8.1	9.3
2007	5.5	4.7	3.4	6.0	7.0	4.9
RD%*	31.0	-27.9	-53.4	3.4	-13.8	-47.3

Example

- In Zimbabwe, female sex workers often do not access standard health facilities because of stigmatisation in communities and health services
- Continuum of care highly interrupted; requires specific actions

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HIV-specific structural Interventions / social enablers

- Interventions aimed at altering the social, cultural or economic environment with a view to influencing HIV-related outcomes as a key aim

Example

- Stepping Stones (Jewkes, BMJ, 2008)
  - 50 hour programme (the South Africa trialed version)
  - Aims to improve sexual health by using participatory learning approaches to build knowledge, risk awareness, and communication skills and to stimulate critical reflection
  - Group sessions with women and men

Table 3 | Incidence of HIV and HSV-2 according to intervention

	Stepping Stones		Control					
	No of events	Rate/100 person years	No of events	Rate/100 person years	P value for homogeneity	Adjusted* incidence rate ratio (95% CI)	P value	Coefficient of variation
HIV								
Overall	72	3.46	81	4.07	0.56	0.95 (0.67 to 1.35)	0.78	1.02
Women	57	5.65	68	6.95				0.81
Men	15	1.40	13	1.29				1.60
HSV-2								
Overall	57	3.24	75	4.62	0.91	0.67 (0.47 to 0.97)	0.036	1.13
Women	43	5.35	57	7.71				0.93
Men	14	1.46	18	2.04				1.58

*Adjusted for stratum, sex, participant's age, and baseline cluster prevalence of HIV or HSV-2, respectively.

Other examples and issues

- Anti HIV stigma education for health care providers
- Financial incentives for safe sexual behaviour
- Psychosocial support and community mobilisation to support testing, adherence
- Media approaches to influencing social norms
- Paralegal support

- Require specific budget lines
- More evidence is essential to foster scale-up

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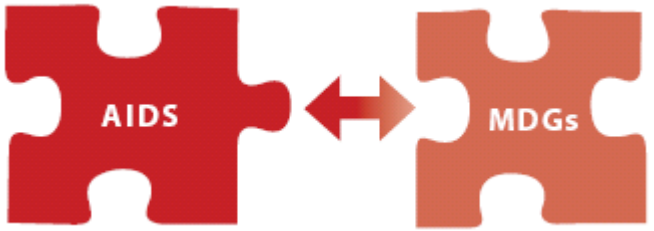
Development and human rights synergies

Public policy and non-governmental and private sector priorities and norms can profoundly influence distal determinants of HIV and other health and development outcomes

For example in:

- Education
- Social Protection
- Legal and human rights frameworks
- Employment norms and laws
- Gender etc ...



HPTN068 “Swa Koteka”

- An innovative multi-level intervention for HIV prevention in young South African women

HPTN068

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CASH TRANSFER

- Randomize 2900 girls (living in the 25 study villages)
  - Girls in grades 8-11 in Jan 2011
  - Transfer monthly, to female HH and girl
    - R300 per month based on 80% attendance at school
    - R200 to female HH and R100 to girl
  - HIV prevention workshops at 12, 24 and 36 months for both arms
  - Total intervention time 3 years
  - Assessments at baseline, 12, 24 and 36 months

COMMUNITY MOBILIZATION

- Target men 18-35
- Randomize 25 villages- half get community mobilization and half do not
- Conduct outreach activities in the community that aim to mobilize the intervention communities, particularly young men, around changing gender norms and sexual behaviors that place young women and men at risk of HIV infection.
- Intervention activities will occur for 3 years

Issues

- Requires partnerships
- Find ways to monitor and evaluate actions at this level
- Building partnerships across sectors takes time and effort
- Competing priorities across sectors are real , often subtle
- Evidence will especially need to come from both intervention and observational research
- Engagement, evidence – searching for synergies or minimising unintended side effects

In a microfinance institution aiming for sustainability, we account for every cent we spend… I think there are sufficient funders interested in the issue internationally to fund this. I really think [IMAGE] should always be externally funded.

SEF Manager

I guess in terms of the general policy environment, the first thing I would see as a challenge is the fact that these two worlds don't talk to each other at the policy level...You've got people with different backgrounds, different technical skills, a different view on the world.

Microfinance practitioner

Conclusion

- Operationalising a programmatic response that draws on structural insights on the HIV epidemic is possible
- While the specifics will vary by setting a potentially useful organising framework is:
  - Recognise, identify, prioritise, fund and deliver specific strategies of three types
    - Ensuring basic programmatic activities benefit the hard to reach
    - HIV-specific interventions targeting the social determinants of HIV transmission
    - Catalyse HIV sensitive development
- Strengthen the evidence base with monitoring, evaluation and process and outcome research
- Emphasise the goal of equitable outcomes
- Provide leadership to other areas of global health

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Thank you

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