



STRIVE

Tackling the structural drivers of HIV

WHY STRIVE?

Biomedical prevention alone will not end the AIDS epidemic, as most people now concede. Barriers including stigma and poverty hamper the effectiveness in practice of prevention based on antiretroviral drugs, no matter how well these work in trial. But *how* do we address these structural factors? To answer this question, the UK Department for International Development (DFID) commissioned STRIVE.

A multi-year research consortium, STRIVE is led from the London School of Hygiene & Tropical Medicine with partners in India, South Africa, Tanzania, Uganda and the United States. Leading researchers in many disciplines – from biomedical trials to social science, epidemiology to anthropology, modelling to economics – head cross-partner working groups on crucial structural drivers of HIV risk.

A structural approach means intervening “upstream” to address the systems that shape vulnerability. The evidence points to the multiple benefits of intervening at this level – with impacts across multiple sectors, including education, economic development and sexual and reproductive health. This offers fruitful synergies between HIV prevention and the broader development agenda, placing structural interventions for HIV at the heart of the Global Goals agenda.



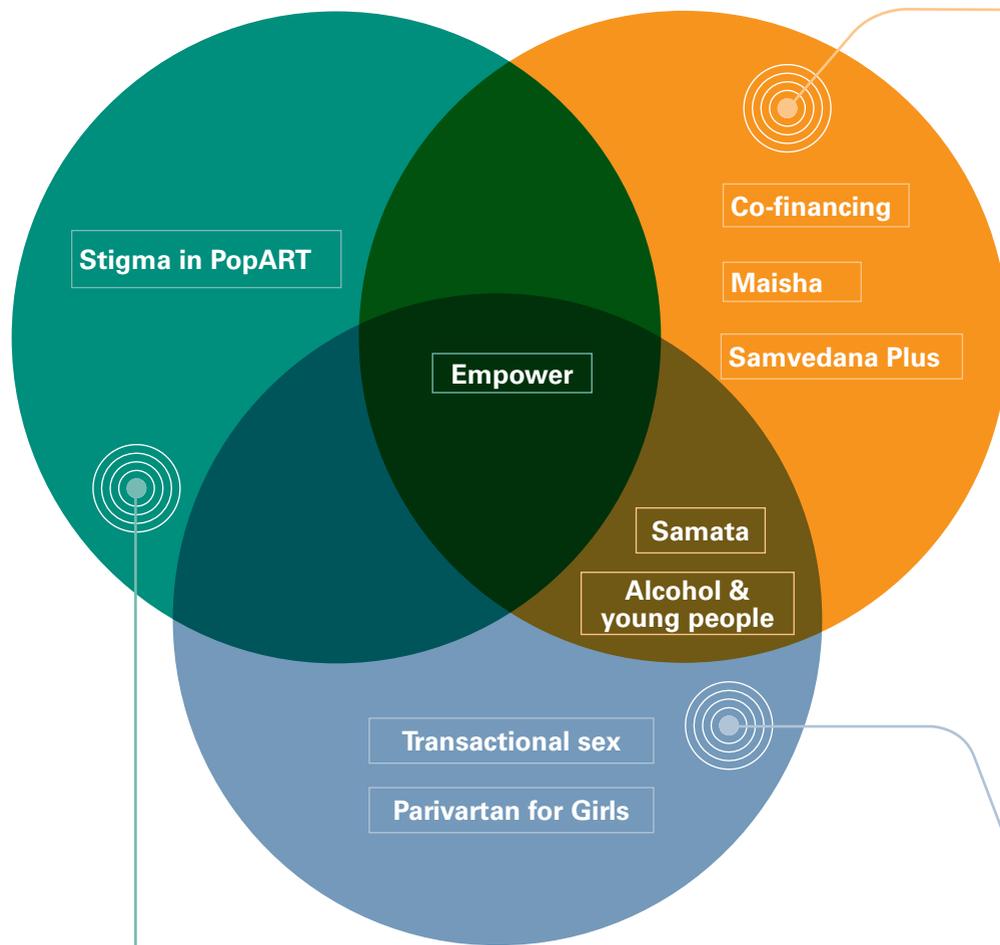
STRIVE answers key questions for the HIV response:

- How, in practice, do structural factors shape HIV vulnerability?
- How do we address these factors, individually and in combination?
- How effective are interventions that sound promising in theory?
- How could we allocate costs across sectors for interventions that achieve multiple benefits?



STRIVE PARTNERS

International Center for Research on Women – Washington, DC
 International Center for Research on Women – Asia Regional Office
 Karnataka Health Promotion Trust
 London School of Hygiene & Tropical Medicine
 Mwanza Intervention Trials Unit
 National Institute for Medical Research, Mwanza, Tanzania
 Raising Voices
 Soul City Institute for Health and Development Communication
 UNDP
 Wits Reproductive Health & HIV Institute



STRIVE FOR EFFECTIVE BIOMEDICAL PREVENTION

Structural measures are necessary to enable drugs to prevent and treat HIV successfully at population level

Efficacy in clinical trials does not translate in a straightforward way to impact at scale up or for specific populations. The FACTS trial in South Africa, for example, despite support to young women to use pre-exposure prophylaxis or PrEP, showed flat results. "Although the intervention might be biologically plausible it is not practically feasible for the people who need it." *The Lancet*

STRIVE is assessing how structural factors including stigma and violence impact on the treatment and prevention cascades.

STRIVE FOR SYNERGIES BETWEEN HIV PREVENTION AND SDGs

Structural measures to prevent HIV also achieve effective and cost-effective development outcomes

At international level, AIDS-specific funding allocations are shrinking, while an increasing proportion of national allocations must go on treatment. However, the Sustainable Development Goals (SDGs or Global Goals) provide the basis for intervening "upstream" and across sectors, to achieve development and health synergies. Measures that achieve multiple benefits can be cost effective when co-financed across sectors.

STRIVE is developing new co-financing approaches and working with UNDP and African governments to test this approach in practice.

STRIVE RESEARCH

INTERVENTION TRIALS & PILOTS	OTHER RESEARCH	SECONDARY ANALYSES	EVIDENCE REVIEWS & SYNTHESSES	MEASUREMENT & CONCEPTUAL WORK
Samata trial Keeping girls in school to reduce adolescent HIV vulnerability	Structural factors as predictors of uptake of ARVs in PopART Trial	Analysis of DHS on association between IPV and HIV	Systematic review of transactional sex and HIV	Development of new survey questions on transactional sex
Samvedana trial Addressing risks from intimate partners of sex workers	PopART stigma sub-study Swa Koteka cash transfer trial – economic costing and study of transactional sex	Co-financing options for ZOMBA intervention Microbicide trial data – violence and social harm	Systematic review of alcohol use among adolescents in Africa Impact of IPV on adherence to HIV drugs	Measuring social norms Integration of structural factors into mathematical modelling
Maisha trial Partner violence and economic empowerment	SASA! trial reducing VAW and HIV risk	Alcohol as a structural driver of HIV risk among sex workers in India		Analysis of how IPV affects HIV risk
Parivartan for Girls Sports-based empowerment	3-country (IN, TZ, SA) study of youth, alcohol and sexual risk			

STRIVE FOR EFFECTIVE PREVENTION FOR ADOLESCENT GIRLS

Special structural measures are required to make prevention effective for adolescent girls in sub-Saharan Africa

HIV incidence is highest in adolescent girls and young women (AGYW) aged 15–24 years in sub-Saharan Africa. Every week, 7,000 AGYW are infected with HIV, one third of them in South Africa, despite the doubling of South Africans on anti-retroviral treatment (ART) from 16% in 2008 to 31% in 2012. Combination prevention that informs, empowers and inspires may not only impact on HIV but also have other benefits.

STRIVE is testing combination interventions in India, South Africa and Tanzania.

CO-FINANCING

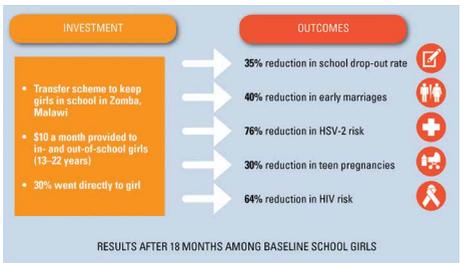
Multi-sectoral allocations to pay for multi-sectoral benefits

“Upstream” interventions can address partner violence, poverty and gender norms as well as HIV risk – but how to pay for such programmes? STRIVE researchers and economists designed an innovative co-financing mechanism to share costs between the sectors that benefit.

The Zomba trial in Malawi demonstrated that cash transfers to keep girls in high school

reduced HIV infection by 64%. The intervention also reduced school drop-out, early marriage, teen pregnancies and risk of other sexually transmitted infections (STIs). As a single-outcome intervention, the scheme would not be judged cost-effective. However, with an innovative co-financing mechanism to share costs across the sectors that would benefit, the intervention proves affordable. Training by STRIVE affiliate UNDP explores ways to operationalise this model in five countries in East and Southern Africa

MULTI-SECTOR BENEFITS



MULTI-SECTOR PAYMENT

(Sub-) Sector	Outcome	Total Zomba impact	Willingness to pay for outcomes(US\$)	Share of intervention costs (US\$110,250)
Education	HIV infections averted	6	28,050	25%
	Drop-outs averted	24	4,920	
	Drop-outs re-enrolled	193	42,620	
	Additional years of schooling	77	12,521	
	English test scores 0.1 SD gains	708	2,333	
Sexual & Reproductive Health	HSV-2 infections averted	16	26,420	36%
	Teen pregnancies averted	10	12,855	
	Cases of depression averted	46	3,292	
Mental Health	Cases of depression averted	46	3,292	3%
All sectors			Silo approach	Not funded
			Co-financing approach	Funded

STRIVE IN YOUR WORK

- An ever-growing library of academic and accessible resources is available on STRIVE's searchable website.
- Sign up for invitations to free, monthly, one-hour Learning Lab webinars: <http://strive.lshtm.ac.uk/learning-lab-sign-up>
- Access previous Learning Labs as videos or pdfs: <http://strive.lshtm.ac.uk/resources/strive-learning-labs>
- Sign up to STRIVE Digests for a monthly email of news and resources: <http://strive.lshtm.ac.uk/newsletter-sign-up>
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