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
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 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 operationalize this model in five countries in East and Southern Africa.