



**STRIVE**  
Tackling the structural drivers of HIV

SUMMARY REPORT

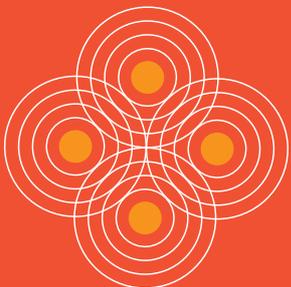
# The STRIVE Session

**STRIVE – Successfully tackling the structural drivers of HIV**



**AIDS 2018 PRE-CONFERENCE SESSION**

**AMSTERDAM RAI | 21 JULY 2018**



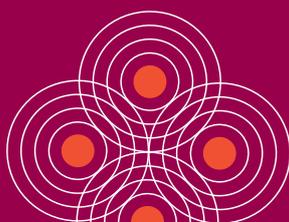
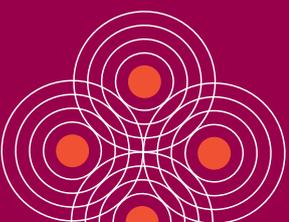
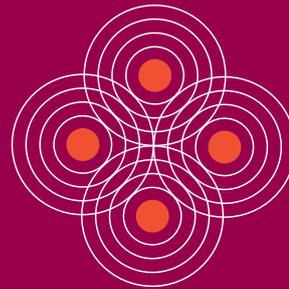
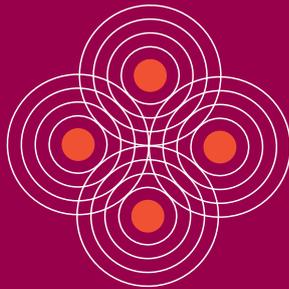
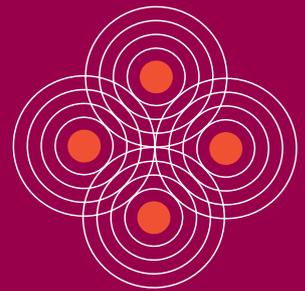
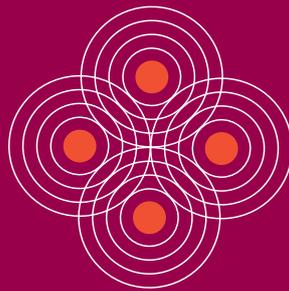
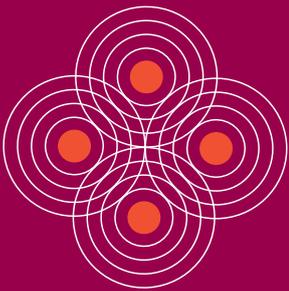


EVENT CO-HOSTS



# Contents

1. Overview	3
2. The importance of tackling structural drivers of HIV, especially for adolescent girls and young women	5
3. The STRIVE research programme consortium	8
4. Addressing structural drivers in order to achieve the Sustainable Development Goals	10
5. Addressing structural drivers in the delivery of comprehensive HIV prevention programmes	14
6. Recommendations	17
7. Presentations	18
Annex 1: Programme	19
Annex 2: Panelists	22



# 1. Overview

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What works to tackle the structural drivers of HIV?

How can this evidence inform policy-making and programme implementation?

To address these questions, the STRIVE research programme consortium convened a full-day session just before the 2018 International AIDS Conference in Amsterdam. The event was co-hosted by high-level STRIVE partners and allies:

- UKaid through the Department for International Development (DFID), STRIVE's primary funding partner;
- UNAIDS, with whom STRIVE has collaborated on a number of projects, including an evidence brief – *Transactional sex and HIV: from analysis to action* – launched at the event;
- UNDP's HIV, Health and Development Group, an active affiliate with whom STRIVE works on integrating an influential co-financing model in budgeting by national governments; and
- SRHR Africa Trust (formerly Southern African AIDS Trust), a highly regarded NGO focused on sexual and reproductive health rights and gender equality across Eastern and Southern Africa and the session's community co-host.

Initiated in 2011 as a consortium of research partners in India, South Africa, Tanzania, the UK and the US, STRIVE has become the go-to source for evidence, analysis and interventions related to the structural drivers of HIV. For the STRIVE Session on 21 July 2018, the consortium worked with the co-hosts to gather a diverse cross-section of stakeholders for a unique day of debate and exchange in Amsterdam. Presenters synthesised evidence on significant structural drivers of HIV and on the effectiveness of interventions to address them, including findings from studies conducted by STRIVE. Policy makers, implementers, civil society advocates and researchers then led and participated in two panels.

## PANEL 1: SYNERGIES BETWEEN DEVELOPMENT AND STRUCTURAL HIV PREVENTION

**STRIVE key messages:** Achieving the ambitious goals of the Sustainable Development Goals (SDGs) requires recognising and acting on the interdependence of many development outcomes in order to improve effectiveness and achieve cost efficiencies. STRIVE research has identified a set of key social and structural drivers that offer investment opportunities to realise co-benefits, multiply impacts and achieve development synergies. Acting on multiplier investment opportunities will require innovative forms of governance, programme planning and resourcing across sectors, constituencies and stakeholders.

## PANEL 2: STRUCTURAL INTERVENTIONS TO ENABLE BIOMEDICAL PREVENTION

**STRIVE key messages:** Biomedical interventions will not achieve the ambitious targets to end AIDS without addressing structural factors that shape HIV risk and undermine uptake and effective use. These structural factors can be addressed within programmatic time frames with evidence-based interventions. To scale up HIV prevention, innovative integrated approaches are needed to respond to structural barriers.

Both panels prioritised high-risk populations, particularly adolescent girls and young women, as the opening address did. Discussions concentrated on the challenges and opportunities in integrating evidence into practice in order to tackle structural drivers of HIV in sub-Saharan Africa and Asia.



**Shrikala Acharya, Celestine Mugambi and Akende Simamuna on the afternoon panel discussion**

## 2. The importance of tackling structural drivers of HIV, especially for adolescent girls and young women

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**Catherine Sozi, Director UNAIDS Regional Support Team, Eastern & Southern Africa gives the opening address**

*"After climbing a great hill, we find there are many more to climb." Nelson Mandela.*

Quoting Mandela, Catherine Sozi cautioned that we must address the structural factors driving the epidemic in order to confront the hills that remain on this journey. In tackling structural, social and 'upstream' questions, the STRIVE session was filling a crucial and disappointing gap in the programme for AIDS2018.

Acknowledging important gains – increased coverage of antiretroviral treatment; reduced rates of AIDS-related deaths – Sozi quoted troubling statistics from Eastern and Southern Africa.

- 19.4 million people are living with HIV, of whom approximately 60% are women; a feminised epidemic;
- 4,000 young girls acquire HIV every week, i.e. 23 new infections per hour;
- The rate of new HIV infections is declining very slowly – 29% between 2010 and 2017 – and at an uneven rate across countries and population groups;
- One third of all new infections in the region occur in a single country, South Africa; and
- Key populations (sex workers, men who have sex with men, transgender people and people who use drugs) show disproportionately high rates of infection.

*"We are struggling to see if the long-held dream of eliminating HIV can become a reality. Access to services is not meeting the demand, and we are not moving quickly enough to address the root causes of vulnerability at the societal level."*

The context of vulnerability is rapidly changing. For instance, the surge in Internet access via mobile phones has changed the means of communicating in sexual, romantic and transactional relationships. Consumerism also plays a part in driving transactional sex: young girls in 'blesser'/'blessee' relationships are sometimes viewed as role models.

Violence and abuse, including child marriage, increase HIV risk. In some regions, women who experienced physical or sexual intimate partner violence were 1.5 times more likely to acquire HIV than women who had not experienced violence. Violence or the fear of violence can make it difficult for women to insist on safer sex and to use and benefit from HIV prevention and treatment, and sexual and reproductive health services. Women living with HIV who are also living with violence are significantly less likely to start or adhere to treatment therapy and have worse clinical outcomes than other HIV-positive women.

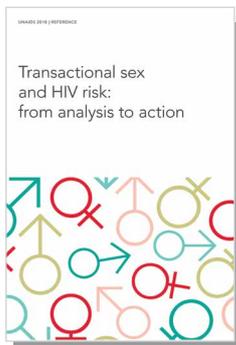
*"With the unequal power relations and toxic masculinity that drive such a culture, biomedical interventions alone will not protect these young women against HIV infection."*

Meanwhile, across the 19 countries that applied the Stigma Index, one in five people living with HIV reported being denied healthcare, and another one in five avoided healthcare facilities to evade stigma based on their status.

*"All these years into the epidemic, discrimination by health workers, law enforcement, parents, teachers and other community members continues to prevent young women and key populations from accessing services for HIV and sexual and reproductive health."*

Such barriers can seem insurmountable, but in fact multiple solutions are emerging. Now, small, effective projects need to converge in meaningful ways. UNAIDS is encouraging, inter alia:

- combination prevention packages, particularly for adolescents and young women, tailored in light of contextual factors and at sufficient scale and intensity;
- keeping girls in schools;
- reaching boys and men with voluntary medical male circumcision;
- voluntary test and treat; and
- cash transfers and social grants.



The technical brief produced by STRIVE and UNAIDS and launched at this session – *Transactional sex and HIV risk: from analysis to action* – demonstrates effective collaboration to move from research to practice. The brief provides a situational analysis of transactional sex, including its links to HIV transmission for women, and reviews approaches that are likely to be effective in addressing the HIV risk involved in transactional sex.

Sozi emphasised that it is important to continue feeding evidence and new approaches into international processes, naming a few examples.

- The Global HIV Prevention Coalition, formed in 2017, has been able to mobilise renewed political commitment and leadership towards primary prevention. But more needs to be done to ensure combination prevention packages including a range of biomedical, behavioural and structural approaches are being implemented at scale.

- UNAIDS uses evidence to develop policy and programme guidance for communities and national governments, building on relationships such as that with STRIVE.
- The Global Fund has invested catalytic funding for adolescents and young women in 13 countries, while the PEPFAR-funded DREAMS initiative implements comprehensive prevention, as South Africa has with a national programme called She Conquers.
- In Eastern and Southern Africa, Sweden supports HIV and SRH linkages for example through a joint UN programme inclusive of UNFPA, WHO, UNICEF and UNAIDS.
- With SADC in particular, the active involvement of adolescents and young women and key populations in the development of programming is a huge step forward.

*"We need to keep global attention on an inclusive prevention agenda. Research shows that interventions to reduce gender inequality, partner violence, harmful alcohol use and other structural factors are as significant and real as any biomedical interventions. Moreover, they deliver measurable results beyond HIV alone. It is the responsibility of political leaders and governments and the international community to make sufficient financial investments and establish policy and legal scenarios to ensure that these interventions come together at scale."*

### 3. The STRIVE research consortium

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#### STRIVE co-research directors, Saidi Kapiga and Mitzzy Gafos

*“There is growing recognition that structural drivers shape HIV vulnerability and hamper prevention and treatment efforts but evidence has been limited on how to intervene to address these drivers.”*

Thirty years into the HIV epidemic, and despite substantial progress, the number of people newly acquiring HIV continues to outstrip those entering treatment. STRIVE was launched in 2011 with UKaid funding through DFID to research how to reduce that gap at the population level by intervening ‘upstream’ on structural factors. STRIVE partners in India, South Africa, Tanzania, Uganda, the UK and the US work together to:

- understand the pathways through which structural factors shape HIV vulnerability;
- design and evaluate interventions to address these factors; and
- transfer evidence and new methods into action in policy and practice.

Members of STRIVE identified a set of population-level structural drivers on which to focus attention. Working groups led by co-chairs across consortium partners conducted and synthesised research into specific sets of structural drivers and key related issues:

- **Alcohol availability, promotion and drinking norms** – the associations between these factors and harmful alcohol use, sexual risk behaviours and HIV risk among young people.
- **Stigma and discrimination** – the impact on the uptake of treatment and prevention services and, conversely, the impact of expanded treatment programmes on manifestations of stigma.
- **Gender norms, inequalities and violence** – the pathways linking harmful gender norms and resulting inequalities and violence, and interventions to shift norms to improve adolescent girls’ access to education and reduce intimate partner violence.

- **Transactional sex** – the importance of this practice, as an interpersonal-level factor, for HIV among young women in sub-Saharan Africa, and pathways of association with upstream structural drivers.
- **Co-financing** – economic approaches to quantify the multiple benefits of intervening upstream and cost-effectiveness mechanisms to budget for structural interventions across sectors.

Three overarching themes bring STRIVE’s work together.

1. **Development synergies** – the potential for structural interventions to impact on multiple health and development priorities, including HIV, within the context of the SDG agenda.
2. **Biomedical interventions** – the impact of different structural factors on the uptake of and adherence to biomedical prevention options and HIV treatment, and the implications for interventions.
3. **Adolescent-focused interventions** – interventions that successfully address the structural drivers of HIV for adolescents and young people.

## STRIVE RESOURCES



**STRIVE**  
peer-reviewed  
publications



**Impact case  
studies**



**Learning Labs**



**Multimedia**

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### Technical briefs



**Biomedical and structural prevention: STRIVE in the era of 'cascades'**



**A moment of convergence: STRIVE and the Sustainable Development Goals**

### Biomedical and structural prevention

### STRIVE and the Sustainable Development Goals

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### Thematic briefs



**Alcohol and HIV risk**



**Co-financing for development synergies**



**HIV-related stigma and discrimination**

### Alcohol and HIV risk

### Co-financing

### Stigma

### Social norms

### Transactional sex and HIV risk



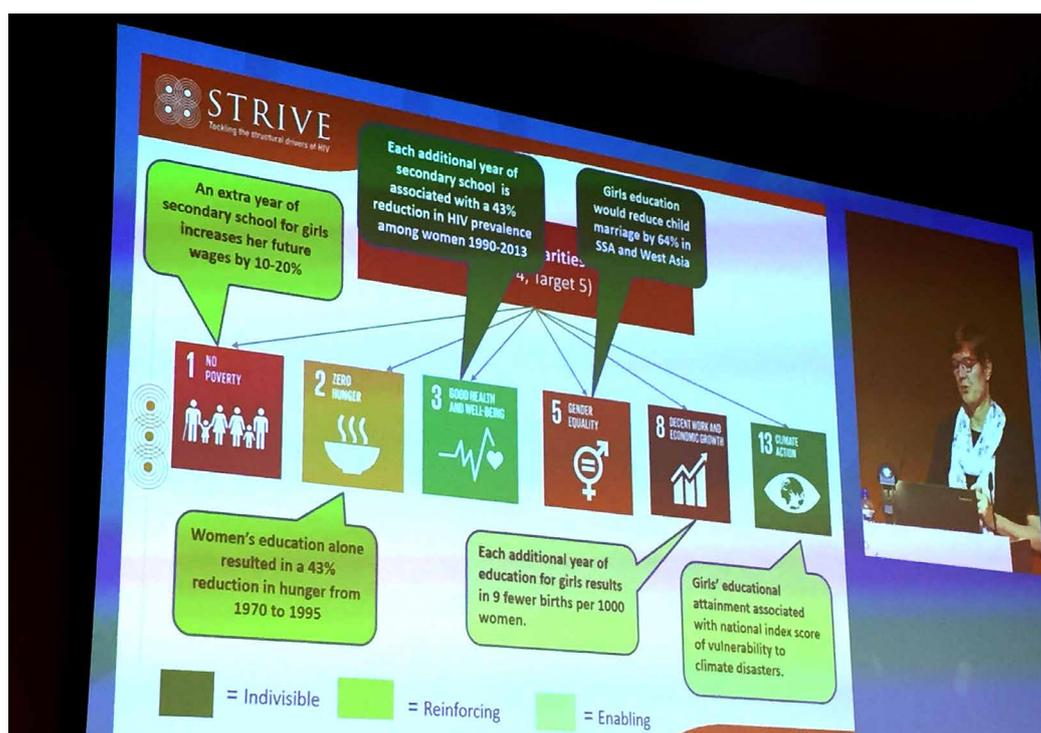
**Social norms**



**Transactional sex and HIV risk**

## 4. Addressing structural drivers in order to achieve the sustainable development goals

How can STRIVE's conceptual approach to understanding and intervening on structural drivers of HIV be used to formulate strategies for achieving the SDGs?



**Katherine Fritz, Director of Global Health at the International Center for Research on Women (ICRW)**

STRIVE was established to develop an alternative perspective on fighting the HIV epidemic, replacing short-term, vertical programming with systems thinking on the upstream risk factors that HIV shares with multiple development outcomes. The Sustainable Development Goals (SDGs) provide the opportunity to contribute key lessons from seven years of STRIVE research.

- **Achieving the ambitious goals of the SDGs requires recognising the interdependence of many development outcomes.** Acting on this recognition – despite possible complexity – will improve effectiveness and achieve cost efficiencies. Current strategies have achieved some progress but substantial gaps remain, including unmet needs, persistent health inequalities and the exclusion of important voices.
- **STRIVE research has identified a set of key social and structural drivers that offer investment opportunities** to realise co-benefits, multiply impacts and achieve development synergies.
- **Acting on multiplier investment opportunities will require innovative forms of governance, programme planning and resourcing** across sectors, constituencies and stakeholders.

*“There is a need to focus investment upstream on items that hold the potential to yield multiple development benefits.”*

To exemplify the second point above, Katherine Fritz (co-chair of STRIVE’s working group on alcohol and HIV risk) described two important multipliers: keeping girls in school and expanding social protection through cash transfer programmes for families.

**Keeping girls in school has proved in some cases to:**

- increase their future wages and decision-making power;
- decrease childbirth; and
- reduce hunger and vulnerability to trafficking, child marriage and other forms of abuse.

**Cash transfers have been shown in some cases to:**

- have impact on HIV acquisition and forward transmission;
- reduce HIV-related risk behaviour among adolescents, especially girls; and
- improve a host of additional upstream structural risk factors.

Current approaches to calculating cost effectiveness do not acknowledge cross-issue benefits, and thus under-value investment in upstream social determinants (see the [STRIVE and HIV Modelling Consortium meeting report](#)). To address this crucial barrier, STRIVE economists developed a co-financing approach and mechanism (see the [STRIVE Co-financing brief](#)) that enable policy makers to assess the cost effectiveness of programmes that have multiple downstream benefits

*“HIV taught us that the challenge is both technical (what are these multiplier investments?) and political (how do we get governments and ministries to co-invest?). The answers require not just innovative financing, but political will and activist demands. The SDGs will only be met if there is an active movement for accountability.”* **KATHERINE FRITZ, ICRW AND STRIVE**

## STRIVE STUDIES WITH HIV–SDG SYNERGIES



Ravi Prakash, Director of research and monitoring and evaluation at Karnataka Health Promotion Trust (KHPT) outlined the purpose and findings of the Samata study (see [STRIVE Samata evidence brief](#)) evaluating an intervention to increase secondary school completion and reduce child marriage among adolescent girls aged 13 to 14 from marginalised communities in northern Karnataka, south India.



Parinita Bhattacharjee, Senior Technical Advisor for HIV Prevention, Africa Programmes, University of Manitoba, described Samvedana Plus (see [STRIVE Samvedana Plus evidence brief](#)) – an intervention to reduce intimate partner violence among sex workers in south India.



Saidi Kapiga, Scientific Director of the Mwanza Intervention Trials Unit (MITU) introduced [Maisha](#) an intervention to reduce intimate partner violence against women in north-west Tanzania.

## PANEL DISCUSSION

Are the SDGs helpful for the HIV response or not? asked panel chair Doug Webb (Team Leader of the Health and Innovative Financing in UNDP's HIV, Health and Development Group UNDP). And if they are, in what ways? Introducing the panel discussion, Webb framed challenges for implementing the SDGs in general, and with HIV as a goal in particular. Different government sectors have extremely different incentive structures. How do they negotiate between them, and how does a national AIDS plan negotiate its existence in a domesticating fiscal environment?

*"The SDGs are complicated. There are contradictions between them; they are not logically sequenced or mutually reinforcing. Rather, they are negotiated political statements. Governments – and finance ministries in particular – are being besieged with investment cases from different constituencies, all saying that their issue is the most important. A Minister of Finance will tend to address those questions that carry political resonance."* **DOUG WEBB, UNDP AND STRIVE**



To address these questions from a range of angles, Webb introduced the panellists:

- Nevilene Slingers, Executive Manager: Resource mobilisation and donor co-ordination, South African National AIDS Council (SANAC);
- Saroj Yadav, Dean Academic, National Council of Education Research and Training, Ministry of Human Resources Development (NCERT), India;
- Florence Anam, Advocacy and Communications Manager, International Community of Women Living with HIV (ICW), Kenya;
- Kanengo Zoe Nakamba, activist, SRHR Africa Trust (SAT), Zambia; and
- Shufang Zhang, specialist, Impact Modelling and Program Efficiency, The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

Priorities, the panel agreed, include youth and adolescents, community participation, systems thinking and adequate and innovative financing.

*"HIV is framed as a 'sex' issue, not a 'health' issue. Because of taboos around discussing sex directly, youth miss out on conversations about condoms and wider sexual health. One suggestion is to decouple youth-friendly health services from general health centres in order to de-stigmatise those seeking information or support."*

**KANENGO ZOE NAKAMBA, ACTIVIST, SAT**

*“The community of people living with HIV plays a key role in driving advocacy and partnership. Community participation can be slow and requires a lot of input, but when they get it, they really get it.”*

**FLORENCE ANAM, ADVOCACY AND COMMUNICATIONS MANAGER, ICW**

*“Co-investment pilot models have the potential to create an enabling environment for systems thinking, beginning with inter-ministerial joint efforts, and then broadening out to the larger society and global community.”*

**SHUFANG ZHANG, SPECIALIST IMPACT MODELLING AND PROGRAMME EFFICIENCY, GLOBAL FUND**

*“A lot has been learnt about bringing together politics and technical input and asking ‘What is the evidence?’ New ideas come from dialogue, tolerance and building congruence, so that the civil society member understands what the government minister is thinking and doing.”*

**NEVILINE SLINGERS, EXECUTIVE MANAGER: RESOURCE MOBILISATION AND DONOR CO-ORDINATION, SANAC**

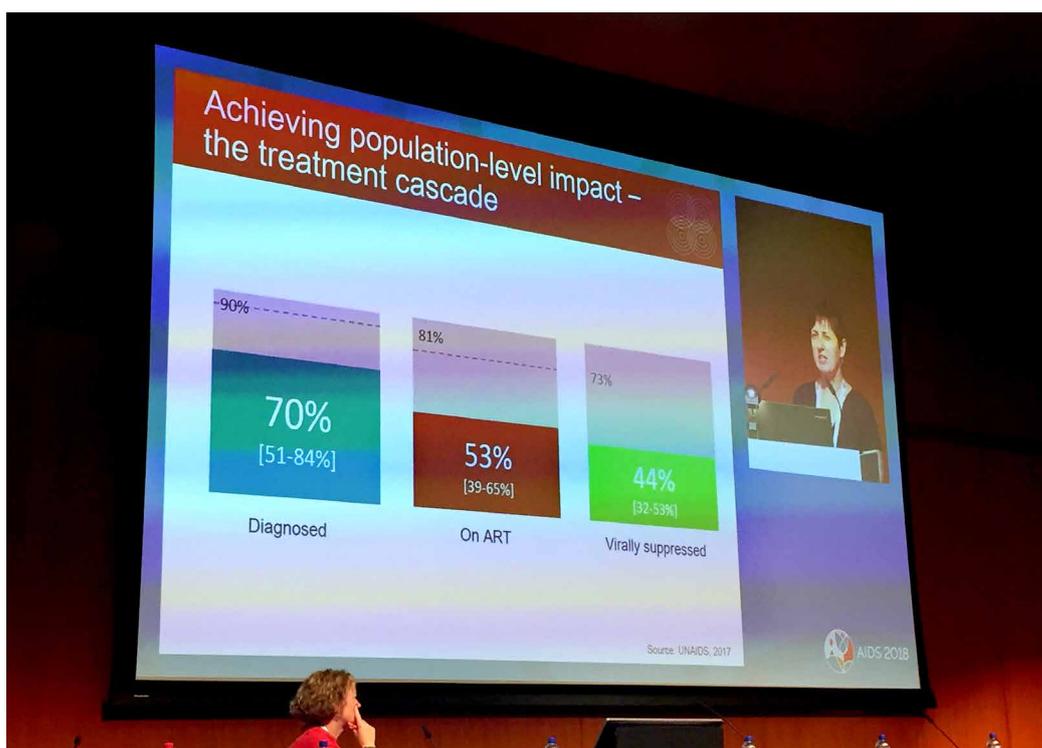
*“There are many structural drivers that need to be considered including poverty, health and the social cultural environment. Just talking about HIV is not going to help until we create conditions for healthy living.”*

**SAROJ YADAV, ACADEMIC DEAN, NCERT**

## 5. Addressing structural drivers in the delivery of comprehensive HIV prevention programmes

How do structural factors act as barriers to the ART-based prevention?

Can programmes address structural factors to optimise the impact of ART-based prevention?



**Sinead Delany-Moretlwe, Associate Professor and Director: Research at the Wits Reproductive Health and HIV Institute, University of the Witwatersrand**

*“Prevention efforts have been dominated by behaviour change approaches, but structural factors have acted as a barrier, limiting the extent to which individuals are able to protect themselves against infection.”*

From analysis and evidence, STRIVE has identified three over-arching lessons.

- 1. Biomedical interventions will not achieve the ambitious targets to end AIDS without addressing structural factors that shape HIV risk and undermine uptake and effective use.**
- 2. Structural factors can be addressed within programmatic timeframes with evidence-based interventions.**
- 3. Innovative integrated approaches are needed to respond to structural barriers in scaling up HIV prevention.**

Sinead Delany-Moretlwe, co-chair of STRIVE’s working group on biomedical and structural prevention, outlined evidence supporting these assertions. Among the structural factors shaping HIV risk, she discussed entrenched gender inequalities;

poverty, economic inequality and underdevelopment; stigmatisation of both HIV/AIDS and certain types of sexual behaviour (including sex work and men having sex with men); and widespread alcohol availability.

Delany-Moretlwe described cost-effective, feasible and appropriate interventions that have effectively addressed structural factors. The [SASA! Study](#) evaluating a community-activist-based intervention, found a 52% reduction in physical violence by an intimate partner within two years and at the cost of approximately \$1 per day per activist. Stigma can be a barrier to HIV prevention, testing, linkage to care and adherence; a [STRIVE systematic review](#) identified effective stigma interventions, particularly those for students, health workers and community members. 'Best buys' to address alcohol as a risk factor for HIV (among many other harms) include regulation and pricing policies; as one example, STRIVE research at community level contributed to the ban of alcohol sachets in Tanzania (see [STRIVE Impact Case Study](#)).

To investigate the potential of innovative, integrated approaches, STRIVE investigators were involved in a study of stigma nested within the Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) trial, to find out how universal test and treat would affect HIV-related stigma and vice versa. Another example is EMPOWER – a combination HIV prevention intervention for adolescent girls and young women in South Africa and Tanzania – which combined PrEP with gender-based violence screening and empowerment clubs.

Recent advances in knowledge about biomedical HIV prevention offer promise for reducing HIV incidence at the population-level, but only if sufficient coverage is achieved. In a similar way to the treatment cascade, the prevention cascade (a new concept developed during the life of STRIVE and released in *Lancet HIV* in 2017) identifies the steps that are necessary in order to achieve necessary levels of coverage. The 'intervention-centric prevention cascade' starts with at-risk populations, as explained in [STRIVE's infographic video](#). The HIV prevention cascade provides a framework to bring all our understanding about HIV into comprehensive programming.

## PANEL DISCUSSION

Many meetings and conferences in the past have referred to structural drivers but in many cases did little more than imply that they are really difficult. Panel chair, Charlotte Watts (Chief Scientific Advisor, Department for International Development, UK) welcomed this opportunity to talk about and celebrate what works. The panellists who led the discussion are all involved in using their influence and energy to tackle structural drivers in practice in different ways.

- Celestine Mugambi, Head, Technical Support Division, National AIDS Programme, Kenya;
- Shrikala Acharya, Additional Project Director, Mumbai Districts AIDS Control Society, India;
- Shaun Mellors, Director of Knowledge and Influence, International HIV/AIDS Alliance, UK;
- Aadielah Diedericks, Coordinator, Southern African Alcohol Policy Alliance (SAAPA), South Africa;
- Akende Simamuna, Youth Intern, SRHR African Trust (SAT), Zambia; and
- Marijke Wijnroks, Chief of Staff, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland (Global Fund).



Panellists emphasised that interventions must be carefully designed to get maximum impact for lowest cost, and customised for the specific scenario; ‘best practices’ cannot always be directly translated between situations. They reiterated the importance of ensuring that those most affected – young people, sex workers, men who have sex with men – are involved from the outset in designing and implementing interventions and research. This is crucial for holistic, people-centred programming.

Whether or to what degree the private sector should have a voice and a role in this agenda continues to be contentious. The alcohol industry, for example, “targets the very same population that the HIV community is trying to work with, particularly those aged 15 to 24, including young women. This is the market they are trying to grow in Africa,” as Aadielah Diedericks pointed out.

Addressing the needs and risks of young people and adolescents remains a priority. The sheer number, voice and energy of young people demanding change should be harnessed to address structural drivers. Ultimately, youth interventions are necessary, should be peer-led, and need to be integrated in a health system that is youth-friendly in totality, rather than having a few specific centres providing youth-friendly services in certain geographic areas.

*“We define young people as between the ages of 10 and 24 in their diversity – we try and move away from any other basis for identity because young people are very fluid.”*

*“Addressing structural drivers involves tackling traditional norms and values in society. This may take time and be challenging, but norms are not cut in stone; they change all the time.”*

*“We can make more effective use of modern technology and communication to engage youth and other vulnerable populations, for example, sex workers who may not want the stigma of being seen speaking to an HIV health worker.”*

*“In addition to being targeted, interventions should also be part of comprehensive packages that include, inter alia, gender-based violence, empowerment, sexual health, substance abuse and skills building.”*

*“An organisation addressing key structural barriers in Uganda – one of the most dangerous countries for men who have sex with men – has found that an effective way to achieve change is to empower MSM populations to assist programmes, give evidence on what works for them and work for change at different levels.”*

## 6. Recommendations

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Using an online, interactive polling platform, participants drafted and prioritised recommendations in response to two questions.

### 1. WHAT DO WE NEED TO DO DIFFERENTLY TO TACKLE THE STRUCTURAL DRIVERS OF HIV?

- Address gender inequality as a root cause in a multi-sectoral way
- Engage other sectors, not only the ministry of health
- Create advocacy coalitions across the SDGs
- Make the case for co-financing structural drivers by putting HIV funds into other sectors to indicate commitment to a multi-sectoral approach.
- Package interventions across sectors
- Listen to young people
- Start investing in scaling up evidence-based structural interventions to expand coverage and encourage adaptation
- Establish integrated youth-friendly centres, not stand-alone youth programmes.
- Investigate the influence of context in determining how to effectively address drivers
- Avoid silos in the HIV response

## 2. WHAT OPPORTUNITIES EXIST FOR TACKLING THE STRUCTURAL DRIVERS OF HIV?

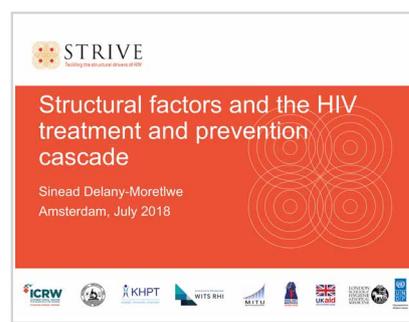
- Galvanise youth
- Include a community empowerment component in the context of structural drivers
- Create HIV–SRHR linkages
- Harness the power of community engagement
- Focus on person-centred programming
- Generate more evidence-based interventions through human-centred design
- Follow the evidence and stop paying for what doesn't work
- Build on the opportunity of the SDGs

## 7. Presentations

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**Session 1: STRIVE for the SDGs**



**Session 2: Structural factors and the HIV treatment and prevention cascade**

# Annexes

## ANNEX 1: PROGRAMME

### **STRIVE preconference meeting at AIDS 2018: ‘Successfully tackling the structural drivers of HIV’**

**21 July 2018, 09:30–17:00**

**Emerald Room, RAI, Amsterdam**

**Hosted by STRIVE partners in collaboration with DFID, UNAIDS, UNDP and SRHR Africa Trust**

**Description:** What works to tackle structural drivers of HIV? How can this evidence inform policy-making and programme implementation? This session synthesizes evidence on structural drivers of HIV, including findings from studies conducted as part of the [STRIVE research consortium](#). Policy makers, implementers, civil society advocates and researchers, will lead two panel discussions on ways to tackle structural drivers that impact on: Sustainable Development Goals in order to achieve multiple benefits; and the delivery of biomedical prevention technologies including PrEP. The impact on the sexual health of adolescent girls and young women will be a specific focus of both panel discussions. Themes related to HIV risk will include addressing alcohol, gender inequality, social norms, intimate partner violence, stigma, and transactional sex. The panel members will debate evidence on a new co-financing model for multiple-benefit interventions. Delegates will receive evidence briefs, technical summaries, and guidance on measuring structural drivers. This session is designed for policy makers, implementers, civil society advocates and researchers.

**Aims:** The main aim of the day is to facilitate a discussion with policy makers, implementers, civil society advocates and researchers about ways to integrate evidence into practice in order to tackle structural drivers of HIV in sub-Saharan Africa and Asia.

**Outcome:** The outcome of the meeting will be a set of recommendations on how best to integrate ways to tackle structural drivers of HIV in policy and practice.



21 JULY 2018

- 09:30 **Welcome:** Saidi Kapiga, STRIVE co-research director  
Introduction of STRIVE partners, co-hosts and an overview of the day
- 09:50 **Opening address:** Catherine Sozi, Director UNAIDS Regional Support Team, Eastern & Southern Africa  
The importance of tackling structural drivers of HIV, especially for adolescent girls and young women
- 10:10 **Opening presentation:** Setting the scene: Saidi Kapiga and Mitzy Gafos, STRIVE co-research directors  
An overview of STRIVE's work to tackle the structural drivers of HIV

**SESSION 1: ADDRESSING STRUCTURAL DRIVERS IN ORDER TO ACHIEVE THE SUSTAINABLE DEVELOPMENT GOALS**

- 10:30 **Presentation by Katherine Fritz, Ravi Prakash, Parinita Bhattacharjee, Saidi Kapiga**
- STRIVE for the SDGs: How can STRIVE's conceptual approach to understanding and intervening on structural drivers of HIV be used to formulate strategies for achieving the SDGs?
  - Programmatic evidence
    - Co-financing: an innovative solution to increase efficiency in funding allocation
    - Samata: an intervention to increase secondary education and reduce child marriage
    - Samvedena Plus: an intervention to reduce intimate partner violence among sex workers
    - MAISHA: an intervention to reduce intimate partner violence among women

11:15 **Panel discussion**

**Chair:** Doug Webb, Team Leader, Health and Innovative Financing, HIV, Health and Development Group UNDP, New York

**Panellists:**

- Nevilene Slingers, Executive Manager: Resource Mobilisation and Donor Co-ordination, South African National AIDS Council (SANAC), South Africa
- Saroj Yadav, Dean Academic, National Council of Educational Research and Training (NCERT), Ministry of Human Resources Development, New Delhi, India
- Florence Anam, Advocacy and Communications Manager, International Community of Women Living with HIV (ICW), Kenya
- Kanengo Zoe Nakamba, activist, SRHR Africa Trust (SAT), Zambia
- Shufang Zhang, specialist, Impact Modelling and Program Efficiency, The Global Fund to Fight AIDS, Tuberculosis and Malaria

**Questions for the panel:** An overall discussion on how the HIV community should see the SDGs as facilitating or enabling for the task of ending AIDS by 2030

1. If the silo focus on HIV is discouraged by the SDGs, what lessons from the last 30-years of response to HIV will assist in the achievement of Goal 3?
2. How do we design upstream interventions advancing an HIV platform, that address multiple development goals such as poverty (SDG1), education (SDG4), gender equality (SDG5 – violence), inequities (SDG 10) and inclusive institutions (SDG 16)?
3. How do we effectively finance cross-sectoral efforts to achieve HIV and health outcomes with increased domestication of funding?

**Outcome:**

A set of 5–10 recommendations to support the integration of upstream structural interventions into SDG planning and financing.

13:00–14:00 **Lunch break (lunch provided) with poster presentations of STRIVE research**

## SESSION 2: ADDRESSING STRUCTURAL DRIVERS IN THE DELIVERY OF COMPREHENSIVE HIV PREVENTION PROGRAMMES

14:00 Welcome to the afternoon session with a summary of the morning session

14:10 **Presentation by Sinead Delany-Moretive, Joyce Wamoyi, Gerry Mshana, Anne Stangl**

- Structural factors and the HIV prevention and treatment cascades: where are we?
- Including examples from STRIVE studies on:
  - Transactional sex and youth
  - Alcohol availability and youth
  - Addressing stigma in universal test and treat programmes
  - EMPOWER: integrating gender-based violence screening into combination HIV prevention programmes

14:45 **Panel discussion**

**Chair:** Charlotte Watts, Chief Scientific Advisor, Department for International Development (DFID), UK

**Panellists:**

- Yogan Pillay, Deputy Director General, National Department of Health, South Africa
- Celestine Mugambi, Head, Technical Support Division, National AIDS Control Programme, Kenya
- Shrikala Acharya, Additional Project Director, Mumbai Districts AIDS Control Society, India
- Shaun Mellors, Director of Knowledge & Influence, International HIV/AIDS Alliance, UK
- Aadielah Diedericks, Coordinator, Southern African Alcohol Policy Alliance (SAAPA), South Africa
- Akende Simamuna, Youth Intern, SRHR African Trust (SAT), Zambia
- Marijke Wijnroks, Chief of Staff, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Geneva (Global Fund)

**Questions for the panel:**

1. You have heard evidence from the STRIVE consortium. Now can you describe an example from your work that aims to address the structural drivers of HIV?
2. What do you think offer the 'big opportunities' to tackle the structural drivers of HIV?
3. What do we, as the HIV community, need to do better and differently in order to effectively tackle the structural drivers of HIV?

**Outcomes:**

- Recommendations of the key 'opportunities' that we need to promote and capitalise up on
- Recommendations of the key things that the HIV community need to do better and differently

## ANNEX 2: PANELISTS

### Session 1: Addressing structural drivers in order to achieve the sustainable development goals

#### Dr Douglas Webb (Chair)

*Team Leader, Health and Innovative Financing HIV, Health and Development Group UNDP, NY*

**Current role:** Douglas Webb is a social scientist in New York with the United Nations Development Programme (UNDP), as Team Leader in the HIV, Health and Development Practice. In 2014-2015 he was seconded to be Deputy Director of Essential Services within the UN Mission for the Ebola Emergency Response (UNMEER) in Ghana and Senegal. In UNDP his work focuses on pandemic response governance, regarding both infectious and non-communicable diseases (NCDs) and the social determinants of health.

**Professional bio:** From 2008-2011 Doug was with UNICEF in Ethiopia managing UNICEF's response on child focused social protection and social welfare systems development, HIV prevention and AIDS impact mitigation. He was the Chief of the Children and AIDS Section in the UNICEF Regional Office in Kenya (2004-8). He was the Global HIV/AIDS Adviser for Save the Children UK (2000-2004) as well as the Vice Chair of the UK Consortium on AIDS and International Development. Previous appointments included to UNICEF Zambia (1995-1997) and UNICEF Mozambique (1998). His doctoral thesis examined social responses to HIV and AIDS in South Africa and Namibia in contexts of political transition (University of London, 1995). He has over 50 published articles and book chapters covering issues such as children affected by AIDS, adolescent sexual and reproductive health, HIV and AIDS prevention and impact mitigation and the social determinants of NCDs and tobacco control. He is the author of *HIV and AIDS in Africa* (Pluto Press, 1997) and co-editor of *Social Protection for Africa's Children* (Routledge 2010)

#### Dr Nevilene Slingers

*Executive Manager: Resource Mobilisation and Donor Co-ordination at the South African National AIDS Council South African National AIDS Council*

**Current role:** To mobilise, coordinate, influence, monitor and evaluate the use of resources from Government, external donors and the private sector, for the implementation of the National Strategic Plan for HIV & TB and to maximise the impact of all investments.

To ensure that all funds raised for the implementation of the NSP are used optimally by guiding and co-ordinating the work of key SANAC and other structures – Global Fund Country Co-ordinating Mechanism, Costing Technical Task Team, Investment Case Committee and PEPFAR structures.

**Professional bio:** Nevilene is a medical doctor who has specialised in family medicine and has an Executive MBA. She has worked as the South African National AIDS Council for the past six years. She has a mixture of experience as she has worked within the government sector (from a local primary health care clinic to programme design and implementation at provincial level), the NGO sector including the Treatment Action Campaign and the International HIV/AIDS Alliance and on public private partnerships.

#### Professor Saroj Yadav

*Dean Academic, National Council for Educational Research and Training (NCERT) Delhi, India*

**Current role:** Saroj Yadav, is working as Professor and Dean Academics in National Council for Educational Research and Training (NCERT) in Delhi. NCERT is an apex organization in the area of School Education in India. She is also the Coordinator of Adolescence Education Programme of which HIV and AIDS is major component. She contributed in the development of Advocacy, Training and Resource Materials in Adolescence Education, Skill Development in Adolescence Education and HIV/AIDS Education. She is also responsible for training of resource persons and organisation of life skills based activities in schools. She has experience of working as a UNESCO consultant in the area of HIV and AIDS education in Malawi. She organised attachment programmes for delegates of different countries in population education, adolescence education and HIV/AIDS education. She has participated in programmes organised by UNESCO, UNFPA and UNICEF in population education, adolescence education and HIV and AIDS education and British Council in health and physical education. She has conducted studies related to cost-effectiveness of training strategies in population education,

She has participated in a number of key policy meetings including; the Inter-Ministerial meeting on 'India-Mongolia Joint Friendship School 2018, the International Expert Group Meeting of the United Nations Office on Drugs and Crime (UNODC) in Vienna in 2017 as well as a Regional Consultation

on School-Related Bullying on the Basis of Sexual Orientation and Gender Identity/Expression (Bangkok, in 2015), and Learning and Technology related to Health and Physical Education and games in London, 2012. International Technical Consultation on Scaling-up Coverage and Improving the Quality of School-Based Sexuality Education, in 2012, UNESCO Headquarters, Paris. She also developed materials related to health and physical education and yoga in schools

### **Ms Florence Anam**

*Advocacy and Communications Manager, International Community of Women Living with HIV (ICW), Global Office*

**Current role:** As part of her role with ICW, Florence Anam is a member of various global decision-making platforms where she represents women and girls, particularly women living with HIV. She is a member of the Global task team for Start Free; a member of Stigma Index Small Working Group; a member of the International Steering Committee (ISC) for the Coalition of Children Affected by AIDS (CCABA); and she is a member of the board for Impact Research and Development (Impact RDO), among others.

**Professional bio:** Anam has years of community engagement and international advocacy experience on issues including maternal health, reproductive rights, equality and social justice, and expanded economic and education access for women and girls living with HIV. She has hands-on skills working in collaboration with partners to strengthen public, private, and community-based responses to HIV through advocacy and communication. Florence is a member of various global decision making platforms where she represents women and girls, particularly women living with HIV. She is a member of the Global task team for Start Free; a member of Stigma Index Small Working Group; a member of the International Steering Committee (ISC) for the Coalition of Children Affected by AIDS (CCABA); and she is a member of the board for Impact Research and Development (Impact RDO), among others.

She is a graduate of Business Administration-Management major from Maseno University Kenya and is currently pursuing a Masters in Communication Studies at the University of Nairobi.

### **Ms Kanengo Zoe Nakamba**

*Activist, SRHR Africa Trust (SAT), Zambia*

**Current role:** Kanengo Zoe Nakamba is an award winning activist working with SRHR Africa Trust (SAT) in Zambia and is also the Deputy Country

Coordinator for the Zambia Network of Young people living and affected with HIV/AIDS (ZNYP). In addition, she is Publicity Secretary for Nsakwa Ya Ba Kaonde (a Kaonde cultural association) and at 21 years old, is the youngest member of the association. She uses her position to advocate for the elimination of harmful traditional practices in the Kaonde tribe.

**Professional bio:** Since age 11, Kanengo has been working as a child rights activist and child journalist writing articles for various print media such as the Zambia Daily Mail, Times of Zambia, the Post Newspapers and Junior Reporters magazine. She is a former youth radio presenter for Hot FM Radio presenting the first youth radio programme on politics and national issues, which was known for effective solutions and change; and the Zambia National Broadcasting Cooperation. In her 10 years of experience in the media she has been director of programmes for state and formal high key events and interviews such as the former first lady of Zambia Dr Christine Kaseba's birthday party.

Kanengo is the youngest person in Zambia to write for the Bank of Zambia, having written an article titled, "A better life through saving" in the 2015 periodical, aged 16 years.

She is an author of a research paper on myths around male circumcision, benefits and risks of medical male circumcision and vaginal and foreskin health called cancermucision. The paper which is an educational teaching aid since 2013, has been used to correct people's perception on male circumcision, understanding of disease contraction and progression and has won five awards. Kanengo is also an author of an HIV testing and treatment system, which she is yet to publish in 2018.

Kanengo is a third year Medicine and Surgery (MBCbB) student at Lusaka Apex Medical University (LAMU). She holds a Diploma in French language, certificates in English as a foreign language (ETS), Project Planning and Management, Monitoring and Evaluation and Statistical Packaging for Social Science (SPSS) which she obtained from the University of Zambia.

### **Dr Shufang Zhang**

*Specialist, Impact Modelling and Program Efficiency, The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund)*

**Current role:** Lead on impact modelling and efficiency work at the Global Fund, including coordinating technical support to countries on strategic resource allocation as well as assessing investment efficiency

**Professional bio:** Dr Shufang Zhang has more than 15 years' experience in social development and global health, specialising in public finance, strategic resource allocation and economic analysis. Dr Zhang has worked with the World Bank, United Nations Research Institute for Social Development (UNRISD), China Medical Board among others and is currently leading Impact Modelling and Efficiency work at the Global Fund. At the World Bank she supported country capacity building on poverty reduction and sustainable development. At UNRISD, Dr Zhang led a project on migration and health where she researched extensively on UHC, social equity as well as sustainable development. In her current role at the Global Fund, she has coordinated provision of technical support to over thirty countries for improving the efficiency of investment of national disease programs and health systems. Dr. Zhang received her Doctorate in Health Economics from Harvard University and serves as reviewer of leading health economics and policy journals.

## Session 2: Addressing structural drivers in the delivery of comprehensive HIV prevention programmes

### Professor Charlotte Watts (Chair)

*Chief Scientific Advisor and Director of Research and Evidence, Department for International Development (DFID), UK*

**Current role:** As Chief Scientific Advisor and Director of Research and Evidence at DFID, Professor Watts is responsible for providing or quality assurance of scientific advice to ministers, senior civil servants and government more widely. She also provides leadership and management of DFID's research budget as well as championing the use of robust evidence, including from research and evaluation, across DFID. She also provides professional leadership to the specialists within DFID working with the wider community of Chief Scientific Advisers to address cross departmental issues.

**Professional bio:** Professor Watts is a global expert in violence prevention. She was Senior Technical Advisor to the WHO10 country population surveys on women's health and domestic violence; led the systematic review of the global prevalence and health burden of interpersonal violence, and has been senior researcher on five cluster randomised controlled intervention trials in sub-Saharan Africa – showing that violence is preventable. Professor Watts is a Fellow of the Academy of Medical Sciences, and Foreign Associate Member of the US National Academy of Medicine. She has 200 academic

publications and has served on numerous UN technical and government advisory boards.

Professor Watts is seconded to DFID from the London School of Hygiene & Tropical Medicine (LSHTM), where she is Professor of Social and Mathematical Epidemiology. Originally trained as a mathematician, with a PhD in theoretical mathematics from the University of Warwick, she became interested in global health whilst conducting post-doctoral research on the epidemiology of HIV at the University of Oxford. Moving to LSHTM in 1994, after gaining further training in economics and social science, and fieldwork experience in Zimbabwe and other developing countries, she founded the Social and Mathematical Epidemiology Group. The multidisciplinary group uses mathematical, epidemiological and economic research to assess the impact of current and new HIV prevention technologies, and evaluate interventions that tackle the determinants of HIV risk.

### Dr Yogan Pillay

*Deputy Director General, CD & NCD, Prevention, Treatment & Rehabilitation, National Department of Health, South Africa*

**Current role:** Dr Pillay is the Deputy Director-General responsible for the following health programmes: HIV & AIDS, TB and MCWH. He leads on the development of national policies, guidelines, norms and standards, and targets to decrease the burden of disease related to the HIV and Tuberculosis epidemics. In addition he works to minimise maternal and child mortality and morbidity and to optimise good health for children, adolescents and women. He also supports the development and implementation of national policies, guidelines, and norms and standards; and the monitoring and evaluation of the outcomes and impact of these. He is also responsible for ensuring that all efforts by all stakeholders are harnessed to support the overall purpose. This includes ensuring that the efforts and resources of development partners, funders, academic and research organisations, non-governmental and civil society organisations at large all contribute to a coherent and integrated implementation

Dr Pillay is currently overseeing the strengthening of the district health system as well as communicable diseases, non-communicable diseases and nutrition programmes. He has recently co-authored the *Textbook of International Health: global health in a dynamic world* (with Drs Anne-Emanuelle Birn and Tim Holtz).

**Dr Celestine Mugambi**

*Head of Technical Support, National AIDS Control Council, Kenya*

**Current role:** Advisory role on technical policies and guidelines for the national HIV response; development and implementing partners management; management of relevant response structures; facilitate capacity development for the response for relevant sectors

**Professional bio:** Celestine Mugambi is a medical doctor with MSc Infectious Diseases from LSHTM. Over 10 years' experience in HIV and infectious diseases both as a clinician (service delivery) and policy and strategy formulation and review.

Currently she is the technical lead for HIV prevention, adolescents and young people, public sector capacity building in the HIV response and coordination of development and implementing partners. Experienced in HIV related advocacy, strategy and policy development and resource mobilization.

Celestine has been involved in the development of key national strategic documents, most notably Kenya's Fast Track Plan to end new HIV infections and AIDS among Adolescent and Young People; Male engagement in the HIV response, and the National Condom Strategic Plan among others.

**Dr Shrikala Acharya**

*Additional Project Director, Mumbai Districts AIDS Control Society, India*

**Current role:** Dr Acharya is presently working as Additional Project Director at Mumbai Districts AIDS Control Society since four years. It involves technical guidance for planning and implementing HIV prevention, control, and treatment activities in Metro city of Mumbai involving various stakeholders in government/municipal, the private sector, and NGOs and community. Regular programmatic performance monitoring and modifying the implementation strategies for better coverage and quality care has been her focus. As a UNAIDS Fast Tract City in India, Mumbai is striving for accelerated HIV elimination response, with a focus on advocacy among youth, women and migrant populations.

**Professional bio:** Dr Acharya has been a public health expert with an academic background as medical faculty at KEM Hospital and GS Medical College, Mumbai since 23 years. She has worked as Deputy Coordinator for a project on 'Adolescent Girls' Initiative' for imparting life skills education to out-of-school adolescent girls in Mumbai slums with the Public health Department and UNICEF

during 1999–2003. This involved training of medical/paramedical and grassroot health workers in the community, development of a training manual and flipchart and field supervision. She has also worked as a WHO consultant for the Revised National TB Control programme for the states of Karnataka, Goa and Maharashtra for three years (2003–2005), facilitating implementation of the TB programme, in close coordination with state and central government. As a post-graduate teacher in community medicine, she is also involved with guiding medical graduates in community research projects in the areas of TB, mental health, geriatrics, substance use among youth, and STIs among women in sex work.

**Mr Shaun Mellors**

*Director of Knowledge & Influence, International HIV/AIDS Alliance, UK*

**Current role:** Directing the development of policy, research agenda and positioning strategy and amplifying the International HIV/AIDS Alliance's leadership in community engagement to end AIDS and to ensure civil society is given the political space to do so.

**Professional bio:** Shaun Mellors is a well-known international activist, co-Founder of the Global Network of People Living with HIV/AIDS (GNP+), and former Board Member for the Communities Delegation to the Global Fund to Fight AIDS, TB and Malaria. Proudly from South Africa, Shaun has been openly living with HIV for over 30 years, and is a passionate human rights advocate. He currently holds the role of Director of Knowledge & Influence at the International HIV/AIDS Alliance. Shaun also serves as the Chair of the SRHR Africa Trust (SAT) and StopAIDS in the UK.

**Ms Aadielah Maker**

*Coordinator, Southern African Alcohol Policy Alliance, South Africa*

**Current role:** Aadielah Maker coordinates the Southern African Alcohol Policy Alliance. SAAPA is a platform for civil society organisations from 8 countries – Botswana, Lesotho, Madagascar, Malawi, South Africa, Zambia and Zimbabwe - lobbying for health promoting alcohol policies. SAAPA in South Africa last year successfully mobilised civil society to stop SAB's "Beers for Africa" marketing campaign. The focus in 2018 in South Africa is to mobilise government to release the Control of Marketing of Alcoholic Beverages Bill of 2013, which has not been released to the public for comment for five years. The regional focus is to get health promoting alcohol policies onto the agenda of SADC.

**Professional bio:** Aadeliah is a public health advocate with experience in developing and producing edutainment and multi-media interventions, training, social mobilisation and campaign management. She has worked in the civil society sector for over 25 years in the areas of sexual and reproductive health, HIV and AIDS, gender and alcohol. She managed the award winning Soul Buddyz programme and Soul City Phuzza Wise campaign. Aadeliah has a Masters in Community Health from UNSW, Sydney.

#### **Ms Akende Simamuna**

*Youth Intern, SRHR African Trust (SAT), Zambia*

**Current role:** to drive youth programs and innovation through SAT's work, in particular, the Regional Youth Hubs, and to contribute to the sexual and reproductive health rights (SRHR) programmes through execution of administrative, advocacy, research/ report-writing and other communication related tasks. She plays a supportive role to the programmatic wing of SAT at both a country and regional level

**Professional bio:** Akende is a social worker and sexual and reproductive health and rights advocate and is currently pursuing her master's in Public Health. She has invaluable experience from six enriching years working on community-based and national-level sexual reproductive health and rights programmes since 2011 through different organizations in Zambia. These include, Society for Family Health, Planned Parenthood association of Zambia, Adolescent Reproductive health Advocates and currently SRHR Africa Trust-Zambia where she is a youth intern responsible for youth programming on SRHR at the Youth Hub, a space specifically designed to reach out to adolescents. She is also a trainer for trainers in menstrual health with Copper Rose Zambia.

Her activism includes; actively participating in and facilitation of peer education programs in sexual reproductive health, life skills trainings, community outreach and effective representation of young people on different platforms. This is especially through the Zambia Youth Platform and the United Nations Youth Partnership Platform (UNYPP) in which she also serves as Secretary on both.

Among her achievements is being awarded a Competent Sexuality Trainer in 2016 by Trans-Bantu

Zambia, an organisation that works around issues faced by the transgender and Intersex people. She was recently was tasked by IPAS to represent young women and girls of Zambia, speaking to our challenges concerning SRHR at the last Gender Is My Agenda Conference Pre-Summit at the African Union. She was recently awarded among the most innovative for a sexuality knowledge video creation by SRHR Africa Trust in March 2018.

#### **Dr Marijke Wijnroks**

*Chief of Staff, The Global Fund to Fight AIDS, Tuberculosis and Malaria*

**Current role:** Marijke Wijnroks became Chief of Staff at the Global Fund in 2013. From June 2017 through February 2018, she served as Interim Executive Director. Her distinguished career includes more than 30 years of experience in global health and development, serving in government, at the United Nations and in civil society, and working in Africa, Asia, Latin America and Europe. Since joining the Global Fund, Dr. Wijnroks has had a particular focus on gender and human rights, and on engaging diverse partners in the cause of global health. She effectively acts as the organization's second-in-command, overseeing day-to-day work and chairing decision-making groups such as the Management Executive Committee and the Grant Approvals Committee when needed.

**Professional bio:** Before joining the Global Fund, Dr. Wijnroks was Ambassador for HIV/AIDS, and Deputy Director of the Social Development Department in the Ministry of Foreign Affairs in the Netherlands. In that position she oversaw policy and strategy development in areas related to HIV and AIDS, sexual and reproductive health and rights, gender, education and civil society. She served on the Global Fund Board for several terms, and for two years as Vice-Chair of the Board's Ethics Committee. She earned a medical degree from Maastricht University in the Netherlands and a degree in tropical health and medicine from the Institute for Tropical Medicine in Antwerp, Belgium. Dr. Wijnroks started her career with Médecins Sans Frontières as a field doctor in Sudan. She also spent five years in El Salvador as a technical adviser for PAHO/WHO developing health systems, and two years as a project manager in Bangladesh focusing on maternal and child health.

## ABOUT STRIVE

A multi-year research consortium, STRIVE is led from the London School of Hygiene & Tropical Medicine with partners in India, South Africa, Tanzania and the United States.

Leading researchers in many disciplines – from biomedical trials to social science, epidemiology to anthropology, mathematical modelling to economics – head cross-partner working groups on crucial structural drivers of HIV risk:

Broadly, STRIVE:

- assesses how structural factors including stigma and violence impact on the treatment and prevention cascades
- designs, pilots, evaluates and analyses “upstream” structural interventions that yield multiple development benefits
- refines a new co-financing model and works with UNDP and African governments to test this approach in practice
- studies structural factors affecting young people’s HIV vulnerability, including alcohol, and tests combination interventions for adolescent girls in India, South Africa and Tanzania

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