

Addressing the structural drivers of HIV


A STRIVE synthesis

Structure

1. Why do we need structural interventions?
2. Concepts, definitions and measures
3. HIV stigma
4. Violence against women and girls
5. Adolescent girls and young women
6. Biomedical interventions
7. Development synergies and co-financing
8. Conclusions

Why do we need structural interventions?

Significant progress against HIV but barriers remain

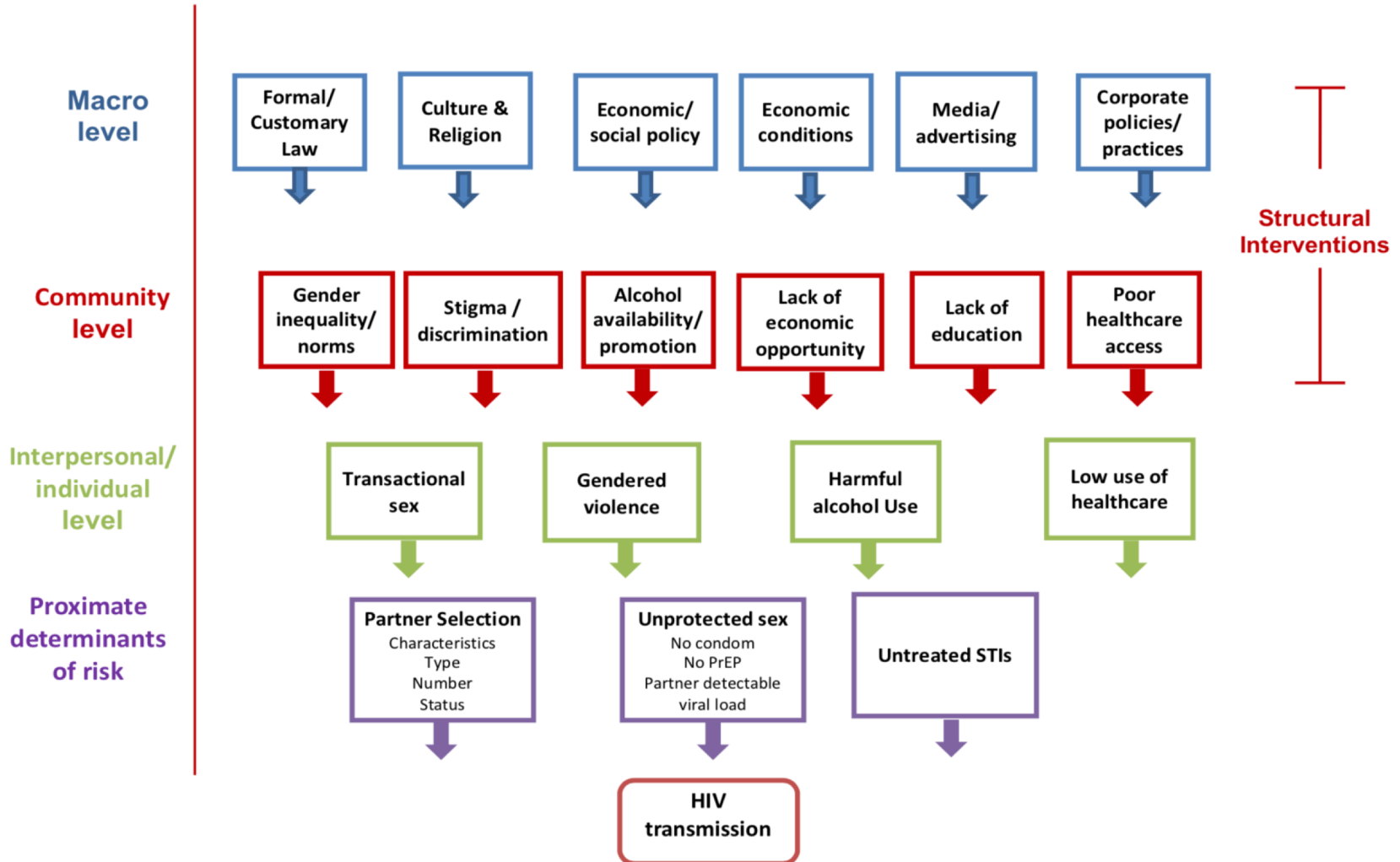
- 
- Entrenched gender inequalities
 - Violence against women and girls
 - Poverty, economic inequality and underdevelopment
 - Stigmatisation of HIV and some aspects of sexual behaviour
 - Widespread alcohol availability

2. Concepts, definitions, measures

Figure 1. Behavioural vs structural interventions

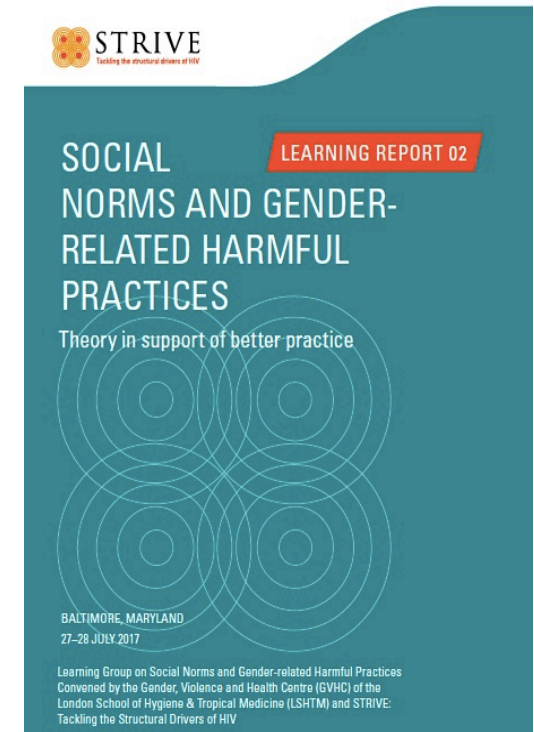
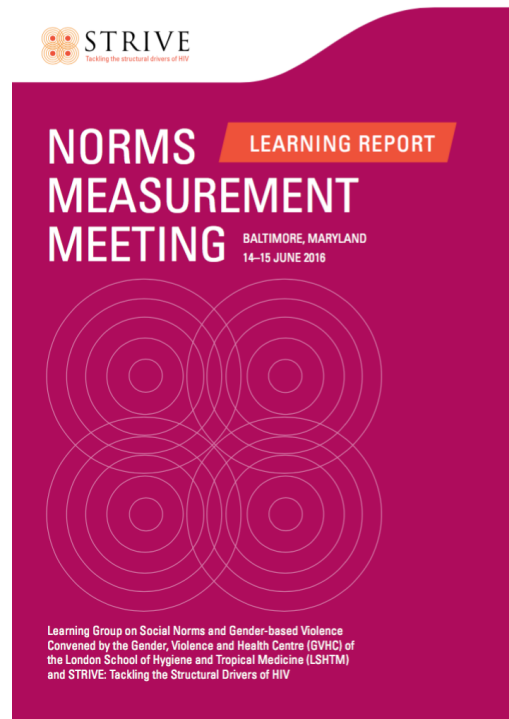
	Individual/ educational		Structural
	High	← Personal choice →	Low
Alcohol	"Drink less"		Increase price of alcohol
Drugs	"Just say no"		Fight drug gangs
Social constructions of masculinity	"Be faithful"		Promote norms of masculinity that do not glamorise sexual conquest

Conceptual framework



Conceptualising social norms

- Working meetings
(working group on social norms)
- *Samata*
(Social norms sustaining child marriage)
- *Samvedana*
(Social norms sustaining intimate partner violence)
- *Parivartan*
(Social norms sustaining child marriage)



Alcohol ar

Authors: Katherine Fritz

What have we lea

Hazardous alcohol u of HIV through sexu progression of disea

Strategies exist to st caused by hazardou: these have focused i while neglecting the alcohol availability, l and promotion in lo

Long-term and susta alcohol use require s influence from the a from multiple sector have potential to yie Sustainable Develop: a 'best buy' for achie improvements in he

What is the issue?

Harmful alcohol use of death and diseas severe among youn among whom 25% c harmful alcohol use. to over 200 diseases a panoply of non-inf alcohol syndrome, li cancer and cardiova is increasingly seen progression of infec HIV and tuberculosis

Figure 1: Multiple vulnerabilities: the w and warp of women's

Credit: Katherine Fritz, present Greentree II, 2015.

HIV-related s

Authors: Anne Stangl and Ima

What have we learne

Research confirms that stigma is critical to the s and treatment efforts.

A disparity of measures hindered progress in the framework and validate stigma and discriminati national monitoring and Global HIV Stigma and Framework conceptual how it can be measurec The Demographic Healt the US Center for Disea Surveillance Survey hav questions from this fra implications for researc regulations.

STRIVE and ICRW's syst reduction programmes successful interventions at achieving population available and ready to b approach is to secure a rights of people living v vulnerable to HIV (inclu with men, sex workers, and injecting drug user: rights-related barriers to and treatment services positive impact on HIV-t

What is the issue?

Stigma is a human rights is linked to poor physical outcomes^{2,3}. Stigma cont across the globe and disp the most vulnerable popu HIV, it is important to mit and discrimination becau to prevent new HIV infect living with HIV in care an a documented barrier to l in care, as well as uptake antiretroviral therapy. A b stigma and discriminatio stigma reduction is a key government's PEPFAR B AIDS-Free Generation, in

Social norms

Authors: Ben Cislaghi and Lori

What is the issue?

A number of structural in practices are associated v vulnerability. The concept a way to understand wha and structures. By addres it is possible to challenge reduce HIV risk.

Social norms, especially c can sustain harmful pract with serious effects on pe related social norms defir woman and a man in a gi are both embedded in ins people's minds. They play and men's (often unequal freedoms, thus affecting v agency and power¹. Empi the influence of social no related actions (drinking a marriage², sexual violenc violence³). Structural driv (and influence) social nor examines the ways in wh other drivers and health-r mid-income countries to i infection.

DEFINITION

In STRIVE's work to con and how they operate, t adopted this definition: Social norms are one's l 1. what others in one's g 2. the extent to which th something.

These beliefs influence decisions, including tho and other people's heal

Because they operate at i level, there is a comparat field in working on social seek to change relationa target individuals in isola norms offer a framework to achieve change in coll these changes require sh actions. Substantial evid

Transaction

Authors: Kirsten Stoebera

What is the issue?

Adolescent girls and y Africa face a higher ris other demographic wc is more than twice as l it is among young me up to eight times high there is limited progre new infections in this i important factors, not being overlooked or in addressed.

What have we learn

HIV risk
 Research indicates the susceptibility and poo transactional sex contr high levels of HIV infe particularly in sub-Sah

DEFINITION

Transactional sex rel commercial, non-ma motivated by the imp exchanged for mater

Transactional sex is nc field included transact of sex work, but those sex do not see themse HIV interventions targ them. An accurate defi necessary if interventi the practice.

At a structural level, gr practice, sustained by should provide financi sexual partners.

Motivations

A number of underlyir women practice trans shows that women pr

- for basic needs
- for social status
- as an expression of

Co-financing for development synergies

Authors: Michelle Remme and Finn McGuire

What is the issue?

Upstream structural barriers undermine the potential of HIV programmes to deliver on ambitious targets to prevent new infections and save lives. Interventions addressing these upstream factors are considered to be beyond the remit of the HIV response and too expensive for the HIV budget. This reflects conventional priority-setting and financing frameworks that consider only HIV outcomes and budgets.

With shrinking international HIV funding on one hand, and the wide range of priorities established by the Sustainable Development Goals (SDGs) on the other hand, development interventions with multiple outcomes provide an opportunity for greater value for money. Yet, opportunities to realise synergies with non-HIV investments tend to be missed due to:

- a lack of data on their multiple outcomes
- the dominance of single outcome cost-effectiveness frameworks
- weak incentives for joint financing between sectors.

Several policies in non-health sectors are likely to have HIV impacts and implications for the uptake of HIV services, just as HIV interventions can have downstream socio-economic impacts. Given the institutional frameworks and siloed nature of government sectors and development funders, we cannot assume that non-HIV sectors and funders will consider the spill-over of their policies and programmes on HIV, or vice versa.

STRIVE PUBLICATIONS

Remme M, Vassall A, Watts C, Lutz B. (2012) **Paying girls to stay in school: a good return on HIV investment?** *The Lancet*. www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2960944-1/fulltext

Remme M, Vassall A, Lutz B, Luna J, Watts C. (2014) **Financing structural interventions: going beyond HIV-only value for money assessments.** *AIDS*. http://journals.lww.com/aidsonline/Abstract/publishahead/Financing_structural_interventions_going_beyond.98482.aspx

Vassall A, Remme M, Watts C, et al. (2013) **Financing Essential HIV Services: A New Economic Agenda.** *PLOS Medicine*. <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001567>

Remme M, Watts C, Heise L, Vassall A. (2015) **Secondary schooling might be as good an HIV investment as male circumcision.** *The Lancet Global Health*.

[www.thelancet.com/journals/langlo/article/PIIS2214-109X\(15\)00167-9/abstract](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(15)00167-9/abstract)

Remme M, Siapka M, Sterck O, Ncube M, Watts C, Vassall A. (2016) **Financing the HIV response in sub-Saharan Africa from domestic sources: Moving beyond a normative approach.** *Social Science & Medicine*. <https://www.sciencedirect.com/science/article/pii/S0277953616305342>

Remme M, Martinez-Alvarez M, Vassall A. (2017) **Cost-Effectiveness**

What have we learned?

Interventions to address the social determinants of health can yield multiple benefits across sectors. Yet, such structural interventions tend to be under-financed and under-implemented because their multiple benefits are often under-valued and unaccounted for in investment analyses. Cross-sectoral co-financing is an innovative solution that can increase efficiency in the allocation of government, donor and other budget-holders' resources. Indeed, it could provide a new way of financing high-impact interventions that can yield benefits across the interconnected SDGs and t

The STRIVE research consortium therefore recommends that policy-makers:

- support the co-financing of interventions with multiple cross-sector outcomes
- take into account both the costs and benefits of delivery across sectors

As avenues for future research, STRIVE identifies the need for:

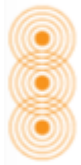
- prospective testing and evaluation of co-financing models in low and middle-income countries from both an efficiency and a political economy perspective
- continued efforts to build this evidence base on HIV and health, by ensuring the inclusion of sectoral outcome measures in evaluations, and systematic costing of interventions

TECHNICAL BR

>> MAY 2018

3. HIV Stigma

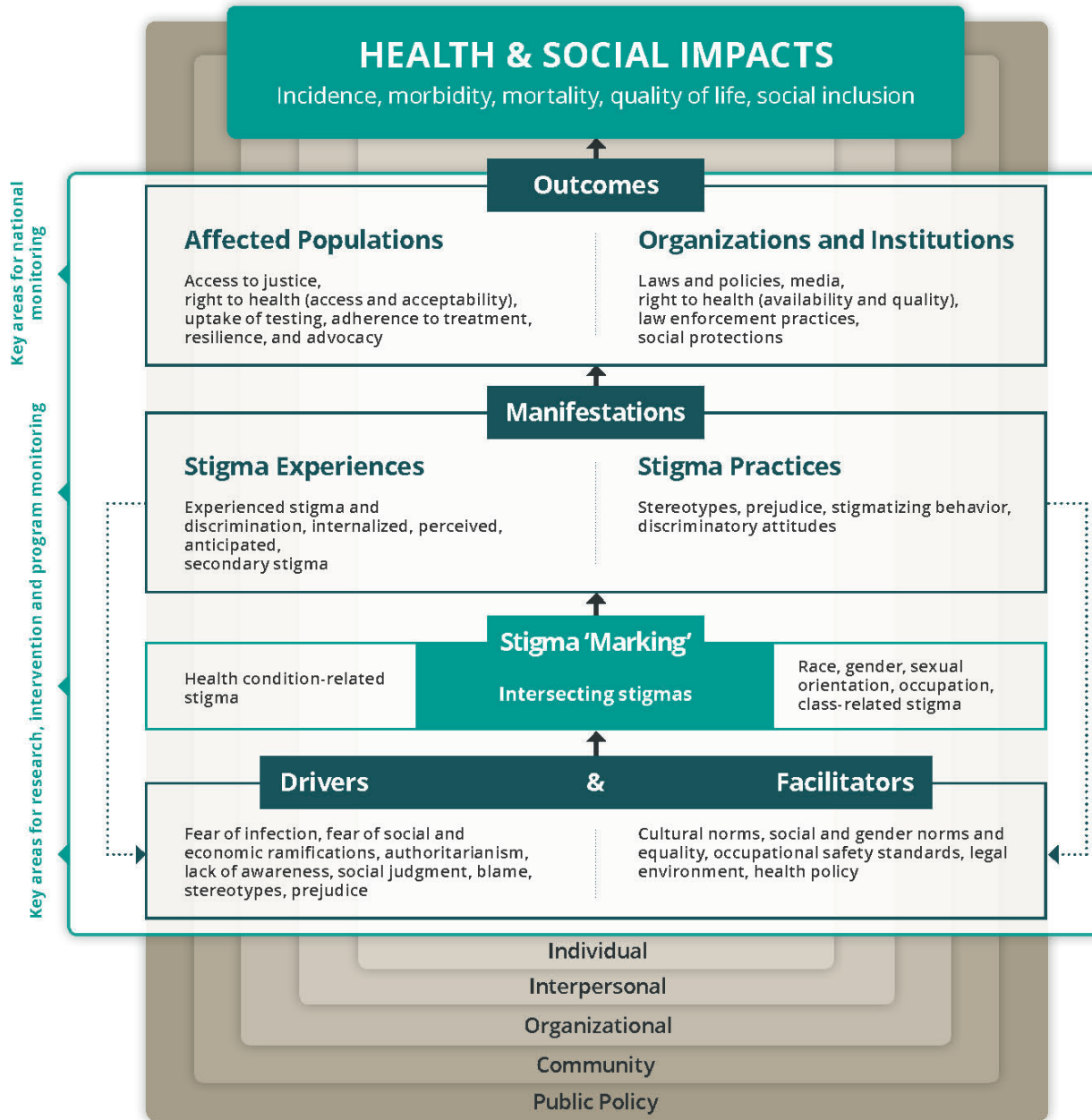
HIV-related stigma and discrimination hamper efforts to prevent new HIV infections and engage people living with HIV in care and treatment



The Health Stigma and Discrimination Framework


Enables stigma researchers across disciplines to:

- Standardize measures, compare outcomes and build more effective, cross-cutting interventions
- Explore multiple health issues
- Consider interaction between multiple identities, social inequalities and health issues (vs siloed)
- Explore social and structural pathways (vs only psychological)
- Understand both 'stigmatized' and 'stigmatizer'
- Differentiate outcomes for affected populations from outcomes for organizations and institutions
- Identify areas where clinicians, programme implementers and policy makers can focus greater attention

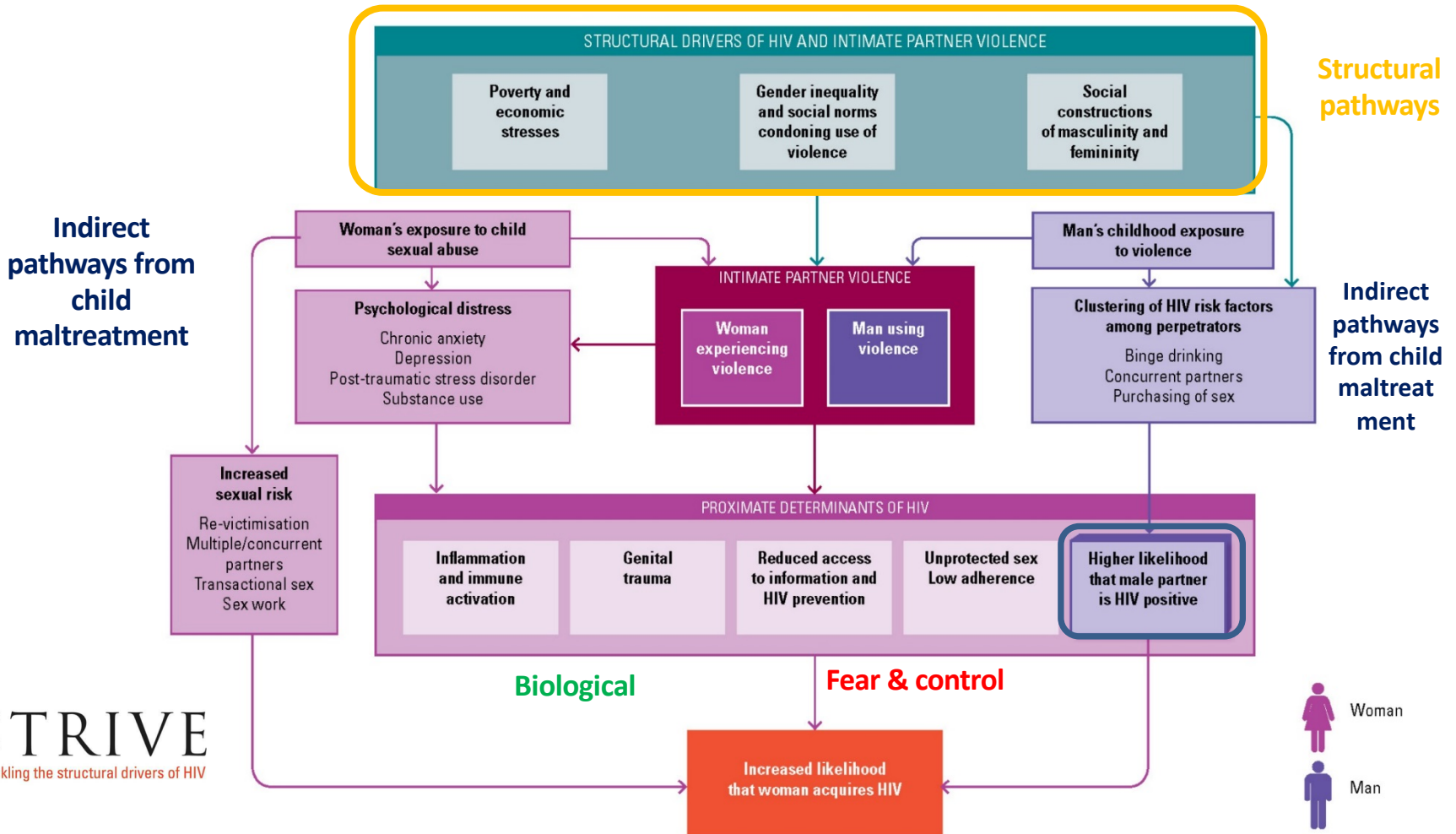


4. HIV and violence against women and girls

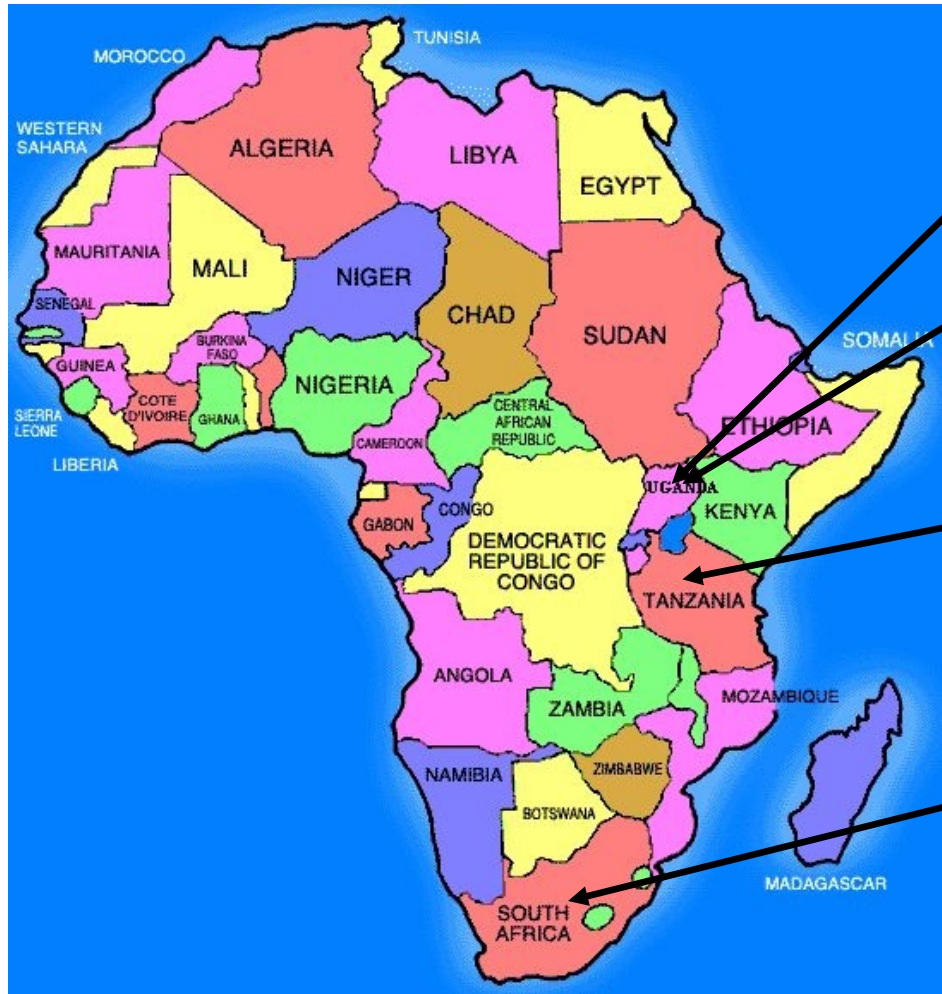
Growing evidence from sub-Saharan Africa countries shows that many forms of intimate partner violence – physical, sexual and psychological – increase susceptibility to HIV and disease progression among women and girls



Evidence suggests multiple pathways behind Violence Against Women and HIV link



Violence is preventable



SASA!

Abramsky et al, 2014



SHARE

Wagman et al, 2015



MAISHA

Kapiga, Harvey et al, 2018



IMAGE

Pronyk et al, 2006



Reductions in violence can be achieved within programmatic time-frames



MAISHA Trial

Aim: To evaluate the impact of a social empowerment intervention combined with economic intervention on women's experience of past-year intimate partner violence

Design: Cluster randomised controlled trial

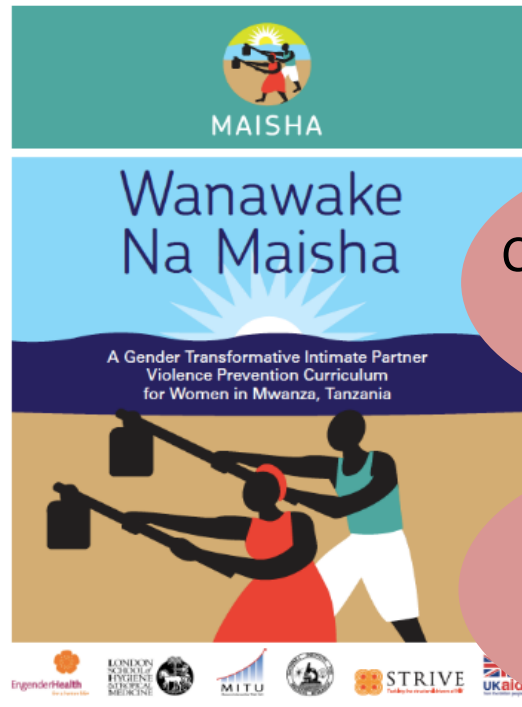
Study population: Women taking part in a group-based microfinance loan scheme

Study site: Mwanza city, north-western Tanzania

Duration: September 2014 – January 2018



MAISHA intervention & findings



Consciousness raising

Skills development

Greater social capital

Reduced levels of:

- **Physical and/or sexual IPV**
- Physical
- Sexual IPV
- Emotional abuse

Reduced acceptance and tolerance of:

- Gender inequality
- IPV

Samvedana Plus: Reducing violence and increasing condom use in the intimate partnerships of female sex workers in Bagalkote District, northern Karnataka, South India



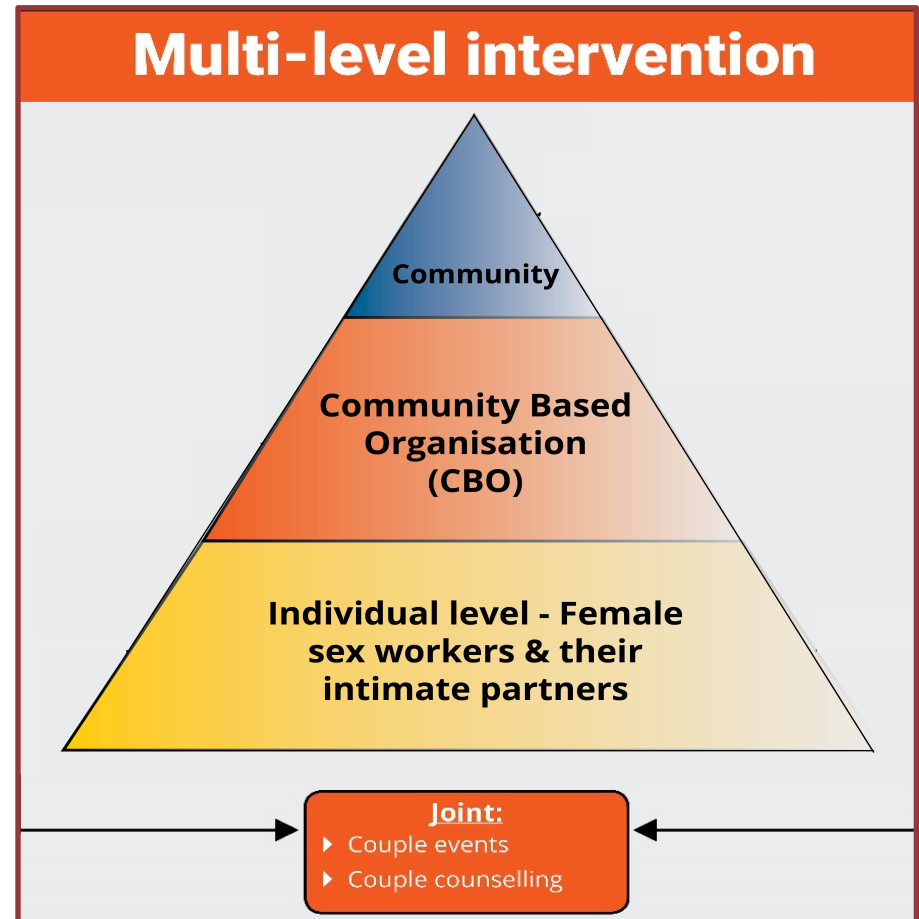
Slides by Prakash Javalkar

Samvedana Plus

- ⊗ High HIV prevalence among female sex workers (FSWs)
- ⊗ Almost 2/3rd female sex workers in the Karnataka state have an intimate partner (IP) in addition to a paying client¹
- ⊗ High levels of violence (~41-50%) and low consistent condom use (39%) in these intimate relationship¹
- ⊗ Paucity of interventions to address intimate partner violence (IPV) among female sex workers
- ⊗ **Samvedana Plus**, a three year intervention (2015–18), the first to address IPV and low condom use within the intimate relationships of female sex workers

Intervention

- An intervention with Female Sex Workers (FSWs); predominantly 'Devadasi' sex workers, aged 18+ with an intimate partner
- Implemented by a sex worker led community-based organization (CBO) in two talukas of Bagalkote districts, northern Karnataka, south India
- Involved 800 FSWs across 47 villages (24 intervention & 23 comparison)



Evaluation

- Cluster-randomised control trial design
- 47 village clusters randomised into 24 intervention & 23 comparison
 - 620 sexworkers (328 intervention, 292 comparison) at baseline
 - 547 sexworkers (288 intervention, 259 comparison) at endline

Findings

- No difference in primary outcomes across arms
 - (**Contamination:** same CBO of sex workers in control & intervention villages)
- Lower acceptance of IPV and higher level of self-protection strategies and solidarity among sex workers around IPV in intervention arm
- Difficulty of working with intimate partners of sexworkers

5. Adolescent girls and young women

- Young women in sub-Saharan Africa remain at disproportionate risk of acquiring HIV
 - 10% of the population; 25% of new infections

- Examples of behaviours that increase their vulnerability to HIV
 - Unprotected sex (lack of condom use)
 - Multiple & concurrent partners
 - Having sex with older partners (intergenerational sex)
 - Gender-based violence (GBV)
 - **Transactional sex (TS)**



Transactional sex is not sex work

Transactional sex refers to noncommercial, nonmarital sexual relationships motivated by the implicit assumption that sex will be exchanged for material benefit or status



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Social Science & Medicine

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Review article

Revisiting the understanding of “transactional sex” in sub-Saharan Africa: A review and synthesis of the literature



Kirsten Stoebenau ^{a,e,*}, Lori Heise ^b, Joyce Wamoyi ^c, Natalia Bobrova ^d

Transactional sex increases HIV risk for young women

Wamoyi J et al. *Journal of the International AIDS Society* 2016, **19**:20992
<http://www.jiasociety.org/index.php/jias/article/view/20992> | <http://dx.doi.org/10.7448/IAS.19.1.20992>



Review article

Transactional sex and risk for HIV infection in sub-Saharan Africa: a systematic review and meta-analysis

Joyce Wamoyi^{§1}, Kirsten Stobeanu^{2,3}, Natalia Bobrova⁴, Tanya Abramsky⁴ and Charlotte Watts⁴

[§]Corresponding author: Joyce Wamoyi, Department of Sexual and Reproductive Health, National Institute for Medical Research, Mwanza Centre, P.O Box 1462, Mwanza, Tanzania. Tel: +255(0)28 2500399 (jwamoyi@gmail.com)

Women who had ever practiced transactional sex were on average 50% more likely to be HIV+ than sexually active women who had not practiced TS

STRIVE's work on transactional sex & HIV

1. Improve evidence on role of TS in HIV for young women



2. Improve understanding of the motivations for TS



3. Improve definition and measurement of TS as a distinct sexual practice



Inform Structural Interventions with young women to address the complex nature and motivations for TS

Implications for interventions

- Current interventions are not adequately capturing multiple motivations of TS and HIV risk
 - Not all women/girls see themselves as “vulnerable victims”
 - Not all TS relationships are for basic needs

- Relationships involving exchange are not in themselves ‘risk behaviours’
 - Should not seek to eliminate all exchange in relationships
 - Intervene on aspects of transactional sex that increase HIV risk

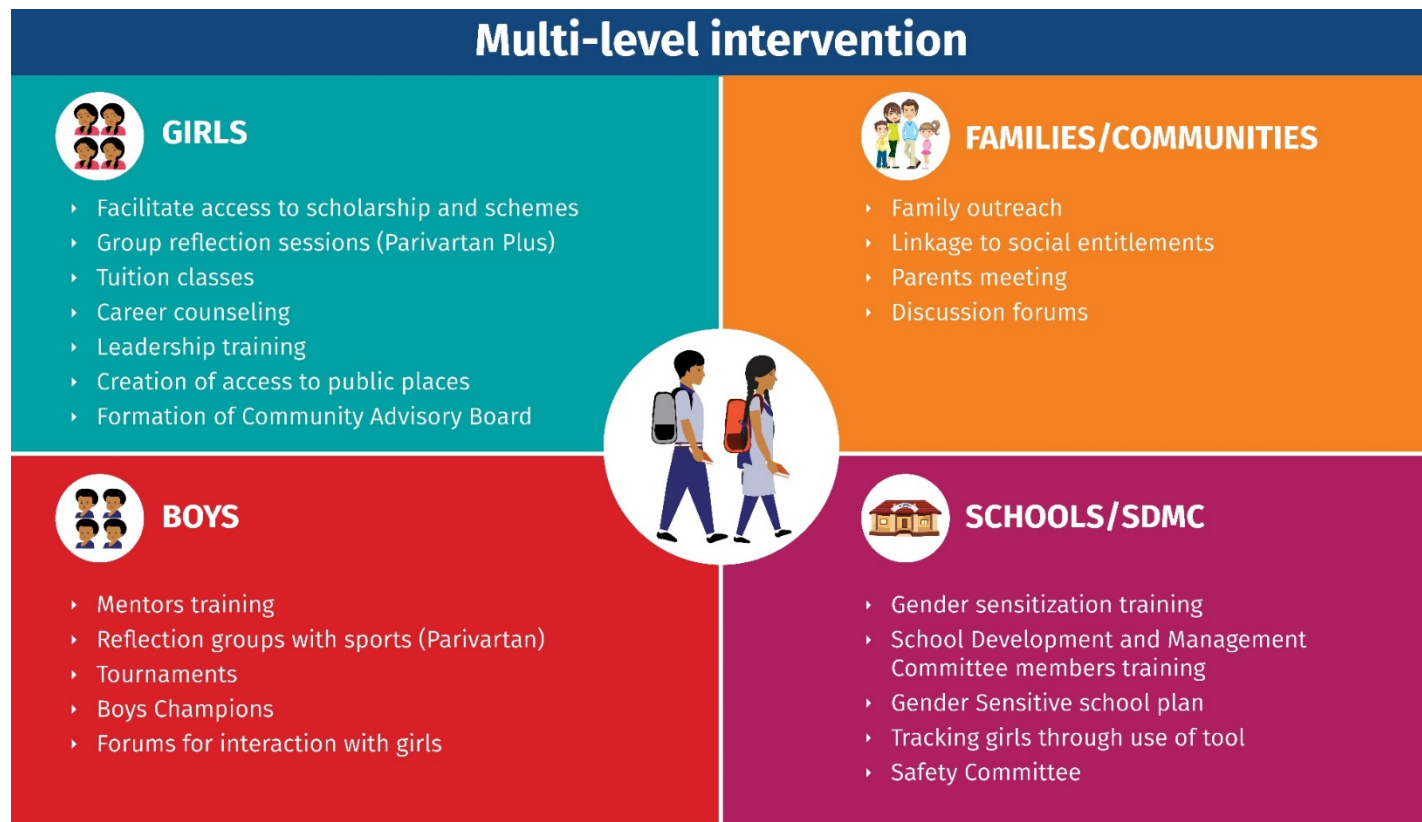
The *Samata* intervention to increase secondary school completion and reduce child marriage among adolescent girls from marginalised communities in northern Karnataka, south India



Slides by
Ravi Prakash

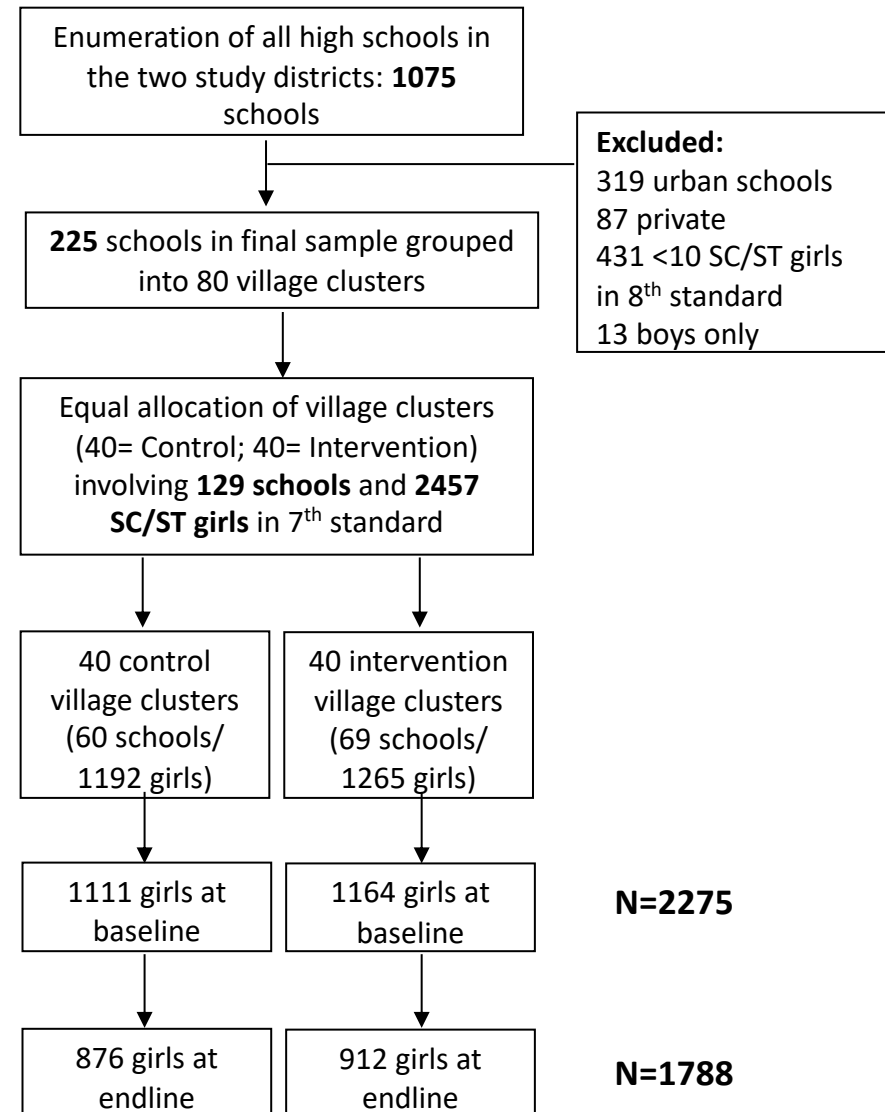
Samata

- Vulnerability of adolescent girls from marginalised communities (scheduled caste/tribe) from north Karnataka to early marriage, early entry into sex work and HIV infection
- Globally, each additional year of schooling is associated with **reduced HIV prevalence** (by 43%), **reduced child marriage** (by 63%), **reduced hunger** (43%), and **increased wage** (by 10%)



Evaluation of Samata

- **Cluster- randomised control trial** design; mixed-method approach
- **Two districts** of north-Karnataka, south India: *Vijayapura & Bagalkote*
- Coverage and participants:
 - **80** village clusters
 - **129** schools
 - **2457** girls aged 13-14 yr at baseline (in standard 7th) and their family members
 - Response rates:
 - ~91% baseline
 - ~72% endline



Findings from Samata

No difference in primary and secondary outcomes by trial arm (various factors, mainly government policies making similar improvements at the same time)

In one of the two districts, increased secondary school entry and completion rates were associated with Samata

Positive influence of intervention on some intermediate outcomes (improved social networking, uptake of skills and training)

Lessons

The need to work with most marginalised and vulnerable girls and families in the society

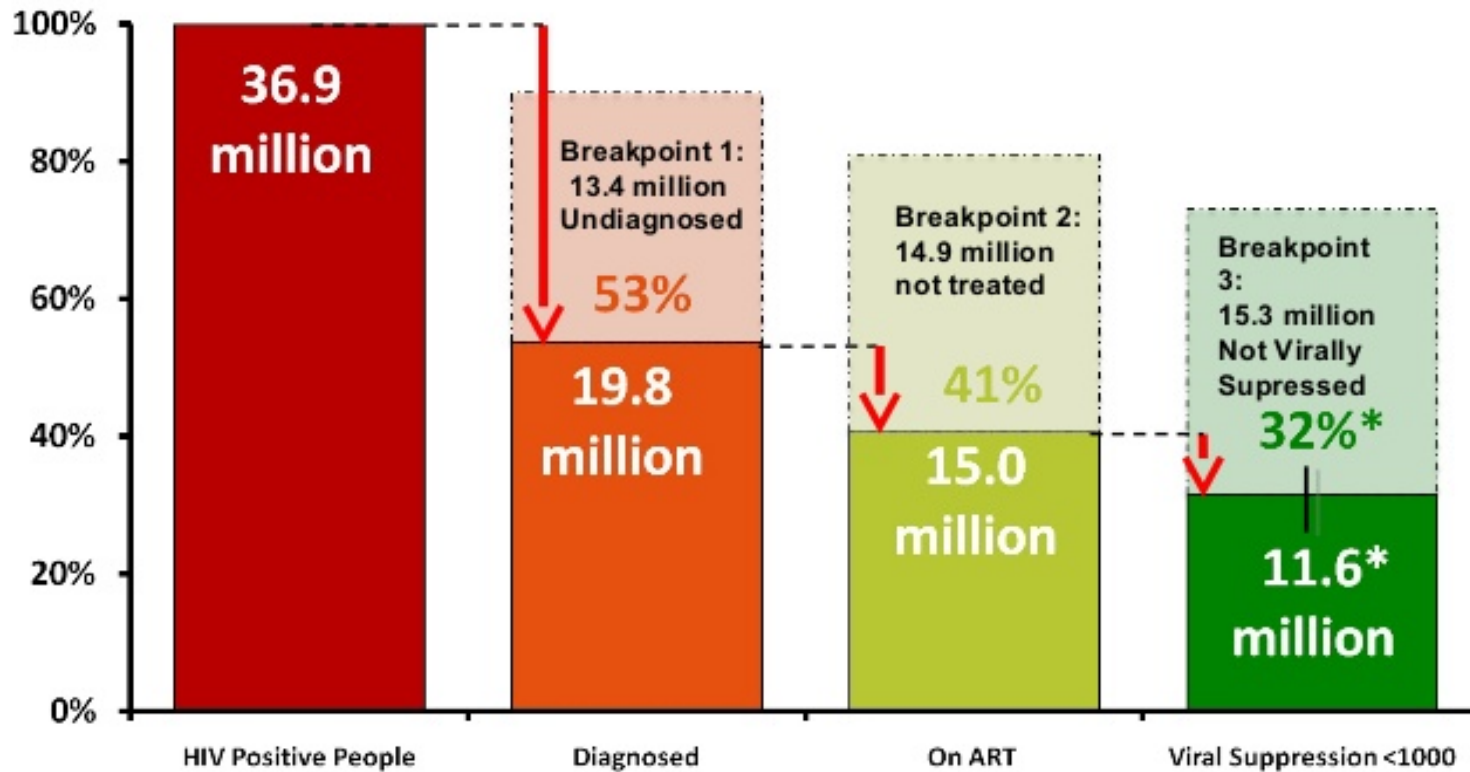
To address secondary school dropout and child marriage among girls, a multi-level intervention is needed and is feasible to implement, even in the most marginalised communities that are generally *'left-behind'*

6. Structural barriers to biomedical interventions

Biomedical interventions alone will not achieve the ambitious target to 'End AIDS' without addressing structural factors that

- shape HIV risk
- undermine uptake and effective use

Achieving universal treatment coverage: The treatment cascade

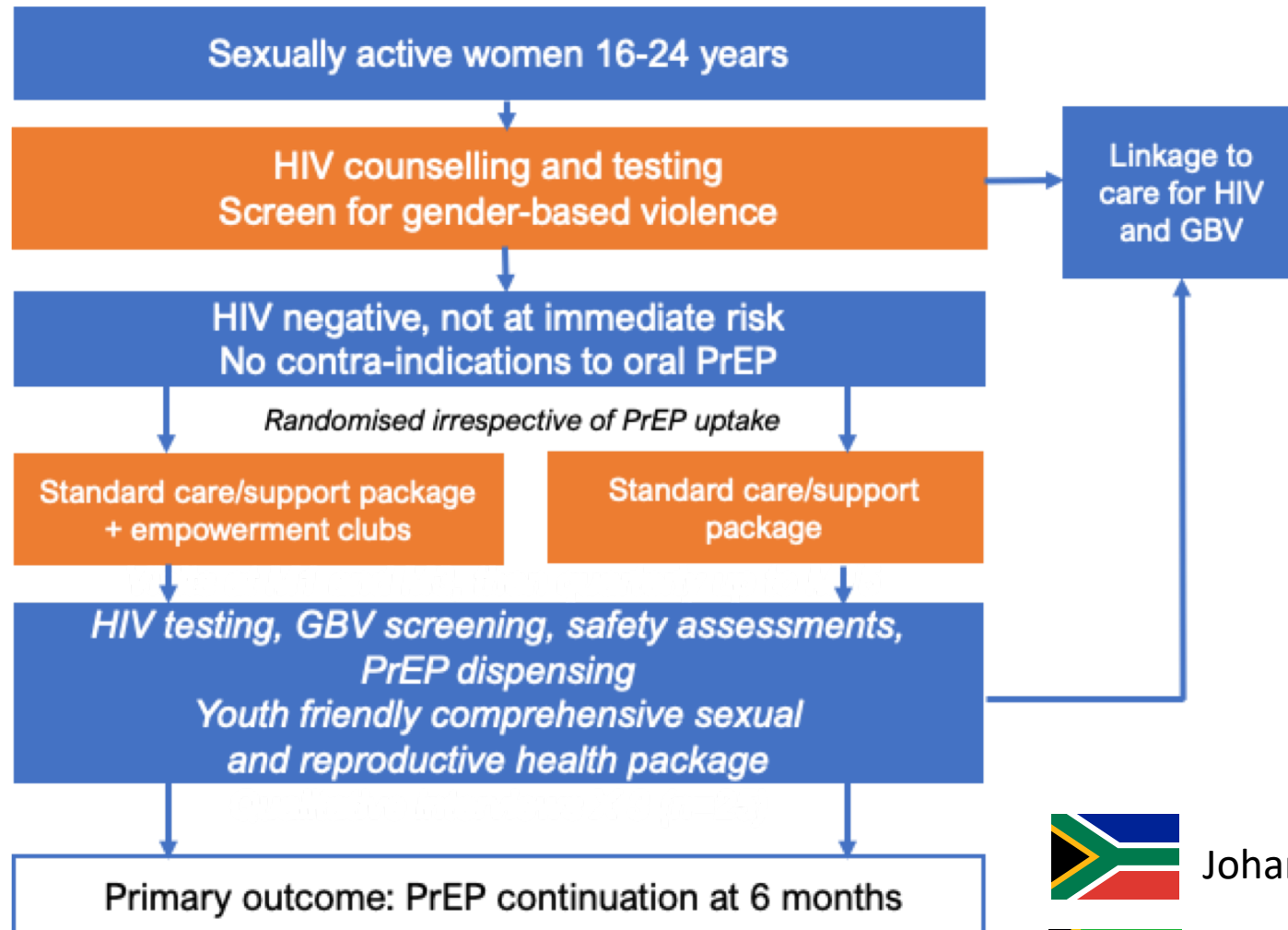


EMPOWER: combination HIV prevention intervention that includes oral PrEP for adolescent girls and young women in South Africa and Tanzania

East and Southern Africa – among adolescent girls/young women:

- HIV prevalence 3 times higher than among young men
- Around 1/3 have experienced violence in their lifetime
- PrEP is a potentially empowering HIV prevention technology for young women
- Mounting evidence that even *fear* of violence may lead to non-uptake, as well as poor adherence
- Need for data to guide:
 - Integrating GBV screening and linkage to care into HIV prevention
 - Strategies to support PrEP uptake and consistent use

Study design



Johannesburg



Mwanza

Findings

PrEP uptake very high – 97%

PrEP continuation declined to 60% at month 6

No difference between standard support and enhanced support arms

Lifetime experience of GBV high

Integrating GBV screening into HIV testing and counselling services is feasible and acceptable

Possible to deliver oral PrEP as part of combination HIV prevention programme

Women keen to use new forms of HIV prevention that they can control

- acutely aware of their HIV risk
- highly motivated to protect their health and future

Empowerment clubs highly valued by participants



Alcohol: HIV among other sectors

- Alcohol misuse contributes to risk of acquiring HIV through sexual risk and speeds the progression of disease
- Combating the harms of alcohol use requires structural interventions that cross-cut development sectors



Youth and alcohol marketing and availability: 3-country study

Lebohang Letsela & Renay Weiner

Soul City Institute for Social Justice, Johannesburg, South Africa

Haika Osaki & Gerry Mshana

National Institute for Medical Research (NIMR), Mwanza, Tanzania

Priti Prabhugate

International Centre for Research on Women (ICRW), Mumbai, India

Katherine Fritz

International Centre for Research on Women (ICRW), Washington DC



Youth and alcohol marketing and availability: 3-country study

- Alcohol advertising is attractive

- Gendered advertising:

Beer for men;

Flavoured alcoholic beverages for females



Just by looking at the image of this alcohol, you feel like trying it!

© Paballo/ 31-10-15/ South African Site)

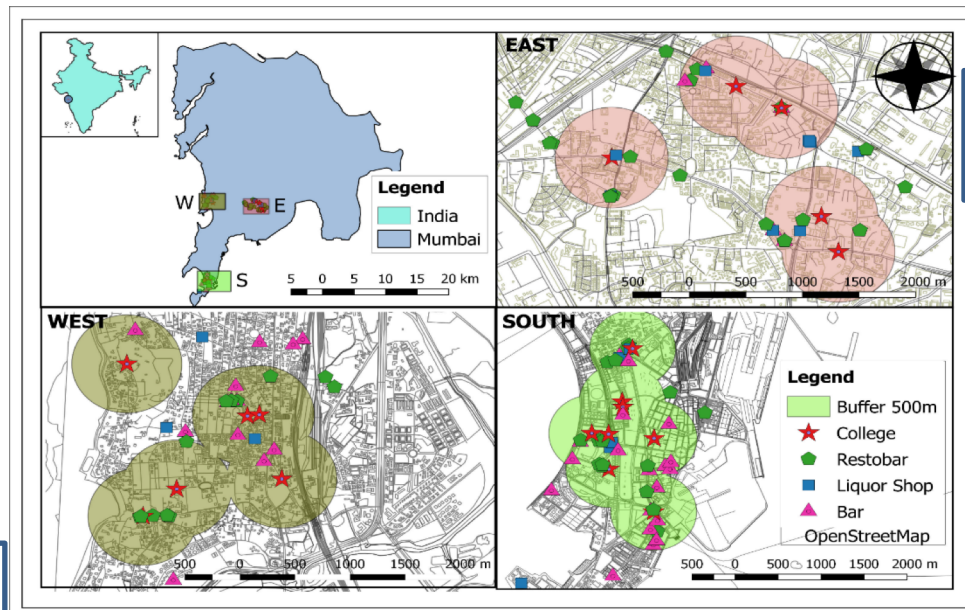


*'a champion beer for champion men'
Adverts use gender norms to appeal to male drinkers (Tanzanian Site)*

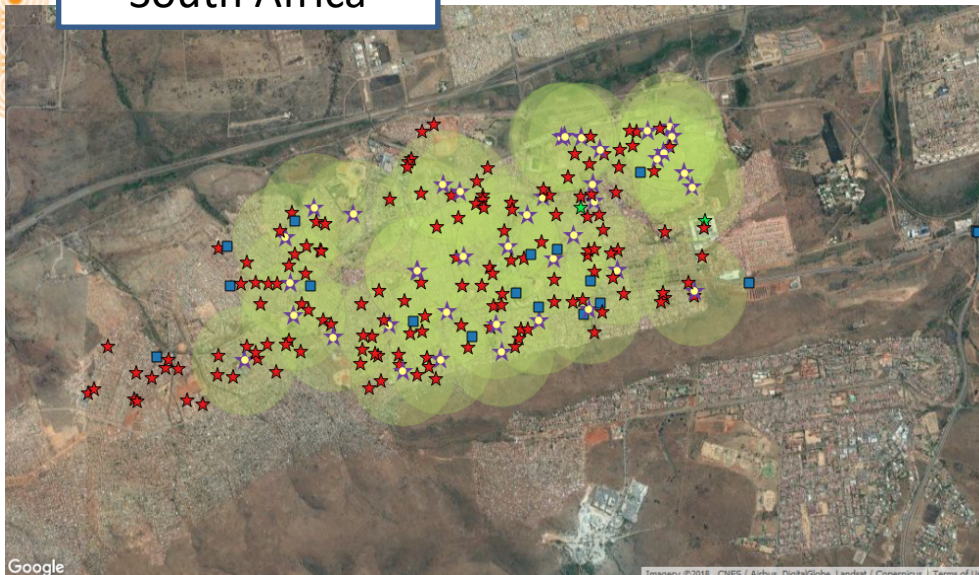
Findings from GIS mapping

Alcohol outlets & adverts near schools - within 500m radius

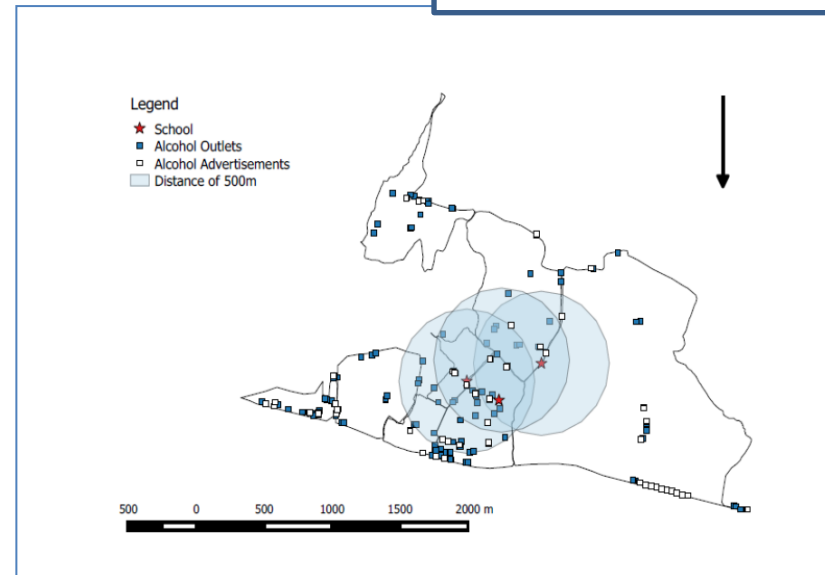
Mumbai, India



Tshwane, South Africa



Mwanza, Tanzania



Impact

Tanzania – contribution to ban of alcohol sachets



South Africa – absorbed by Southern Africa Alcohol Policy Alliance in advocacy work

- contribution to Liquor Act Amendment efforts

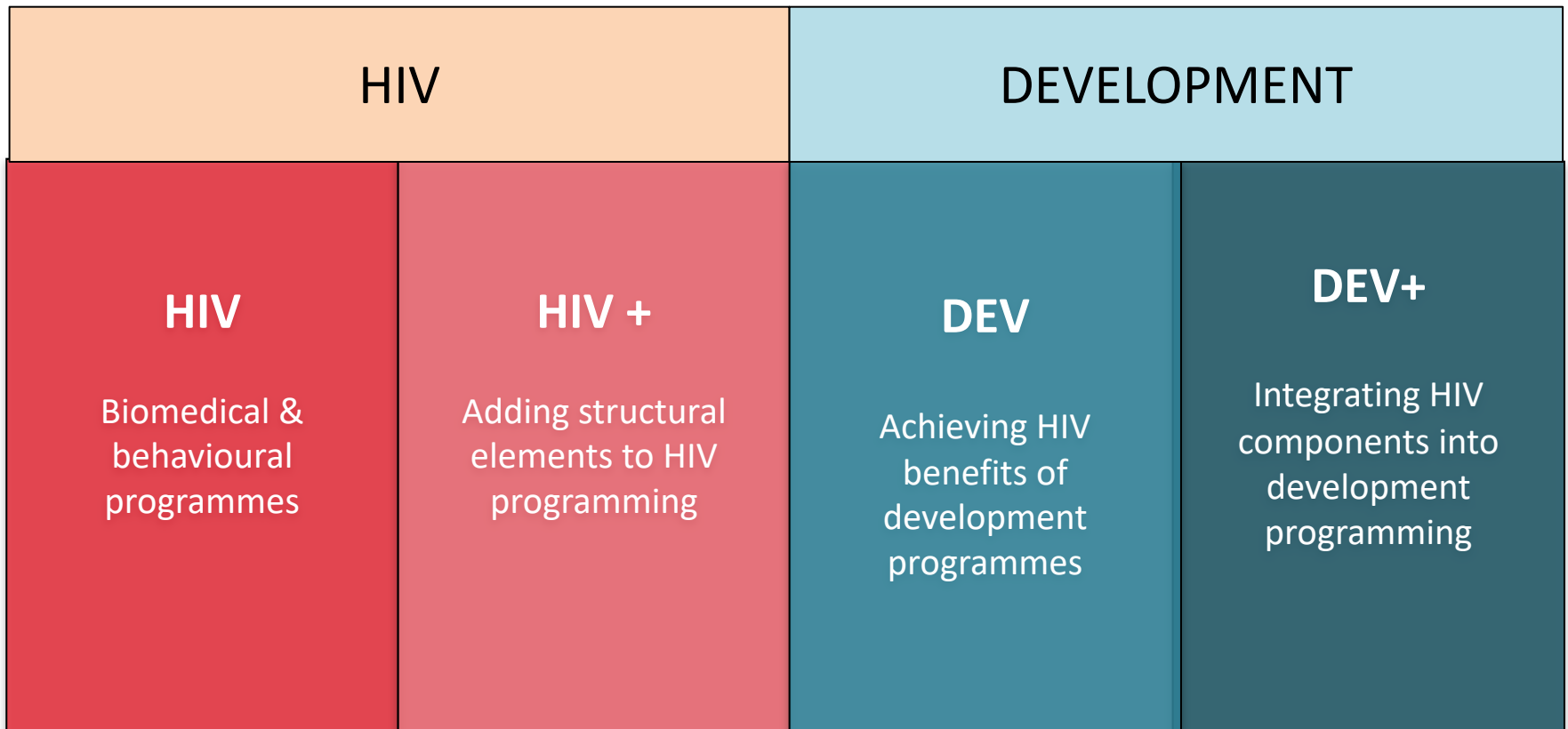
7: Development synergies and co-financing

Key social and structural drivers offer investment opportunities to realise co-benefits, multiply impacts and achieve 'development synergies'.

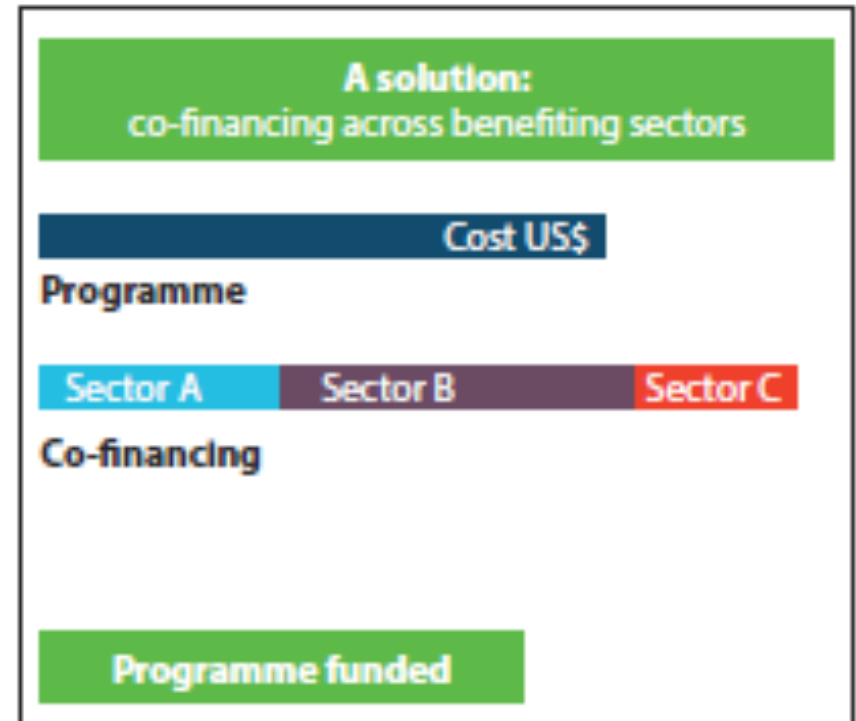
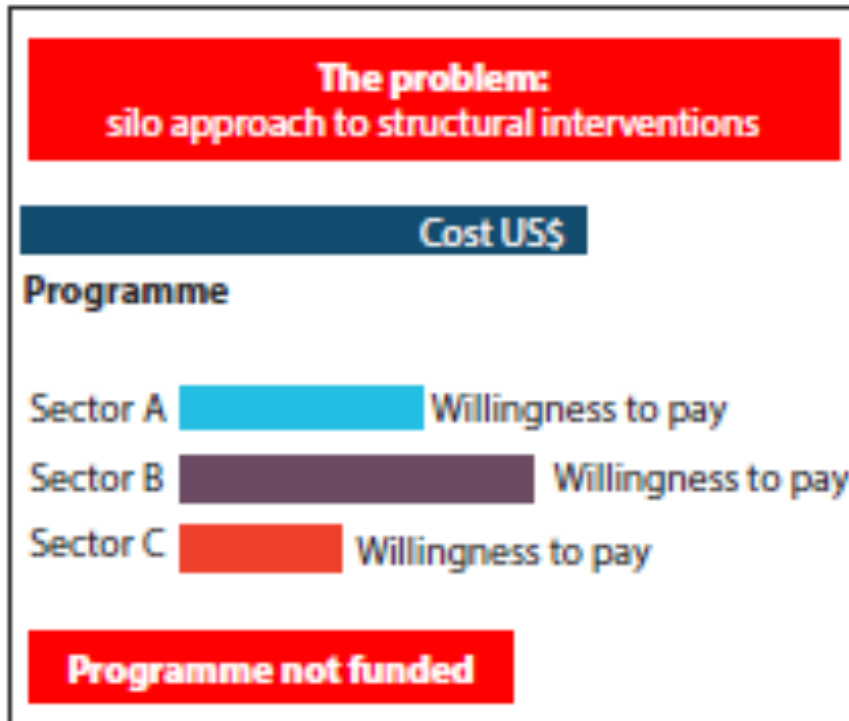
SUSTAINABLE DEVELOPMENT GOALS



Opportunities for HIV and development impacts through joined up approaches to delivery & financing



Co-financing



Co-financing: key messages

- ✓ **Co-financing can save governments money.** It improves resource efficiency by investing in high-value interventions that hit multiple SDG targets, across different sectors, at once.
- ✓ **High-value, win-win interventions are needed to realize the broad and interconnected SDGs.** However, these interventions are less likely to be prioritized, financed and taken to scale where sectors evaluate costs and benefits in isolation. The result is welfare loss and suboptimal resource allocation.
- ✓ High-value interventions can be funded **more efficiently** through an appropriate pooling of public resources across benefiting sectors, with contributions guided by each sector's WTP for expected results.
- ✓ Co-financing does **not require additional funds** or increasing capital investment. It merely involves an approach to achieve a better, more efficient domestic allocation of resources across sectors.


Overview of the UNDP-STRIVE co-financing project

With funding from the Japanese Government, the project

- ✓ Sensitized senior policymakers and technical officers from **Ethiopia, South Africa, Malawi, Tanzania, Kenya, Zambia and Ghana.**
- ✓ Assisted the development costed co-financing models/plans that advance UHC and human development.
- ✓ Provide countries with the follow-on technical and other support needed for implementation.
- ✓ Developed a Guidance Note and Lessons Learned publication.

8. Conclusions

STRIVE set out in 2011 to `keep structural drivers on the HIV agenda'...



Through our new research and synthesis of the existing evidence base, STRIVE is considered to have contributed to the increased priority and prominence of structural factors in efforts to address the epidemic

Thank you!



<http://strive.lshtm.ac.uk/>