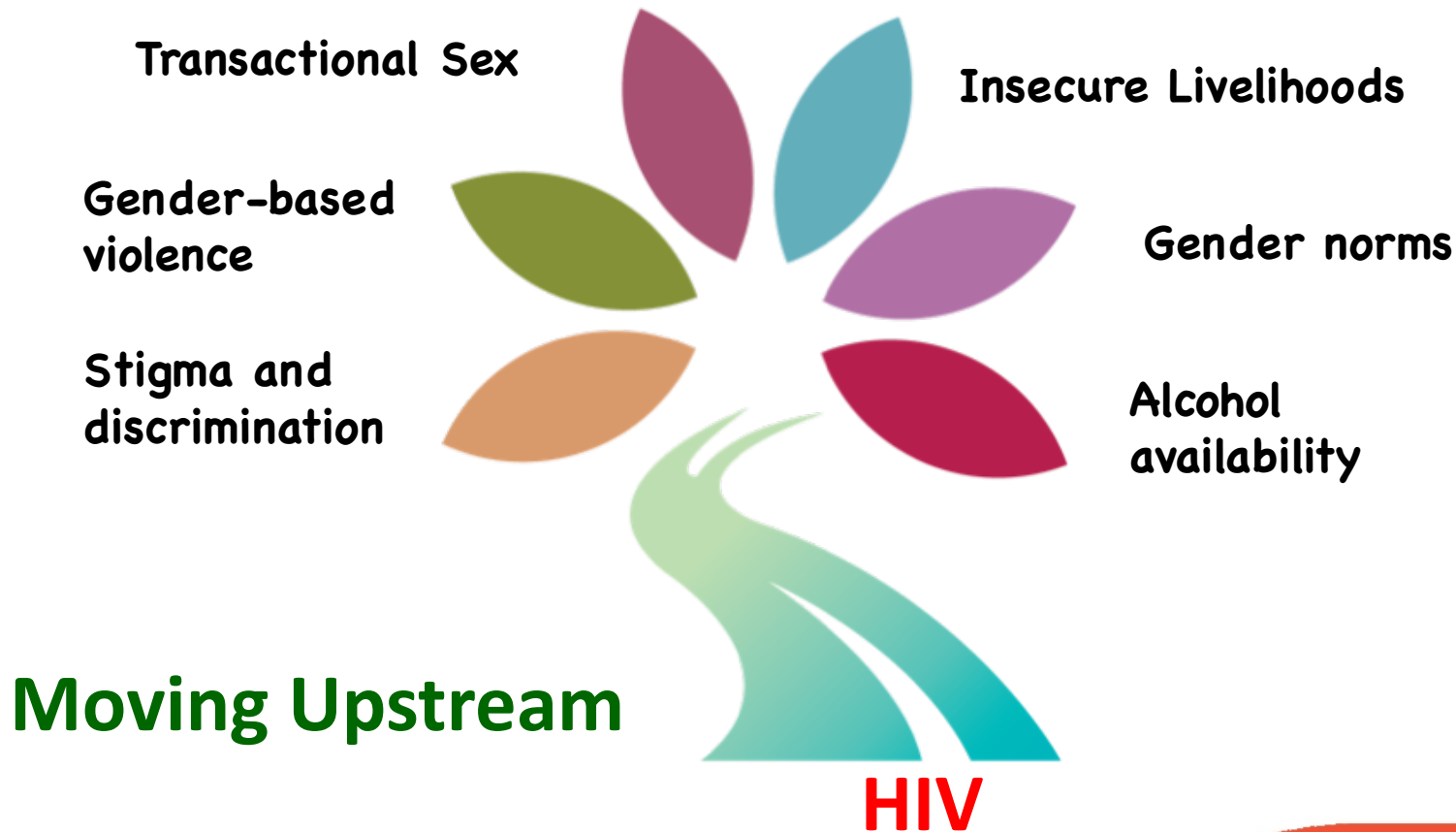


STRIVE for the SDGs

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

STRIVE: Tackling the structural drivers of HIV



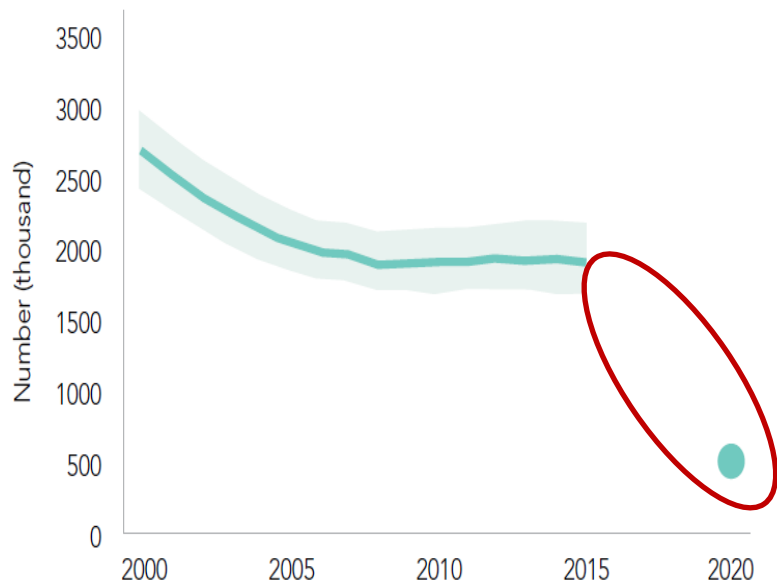
CONVERGENCE

- In 2015, the 17 Sustainable Development Goals were adopted by world leaders. The SDGs signal a new way of thinking about and planning for the future—a future where economic, social and environmental targets are seen as an indivisible and interdependent system.
- In 2011, STRIVE was established to develop an alternative perspective on fighting the HIV epidemic--replacing short-term thinking and vertical programming on HIV with system thinking on how to address upstream risk factors that HIV shares with multiple development outcomes
- What lessons can be brought from STRIVE's 6 years of research and thought leadership to inform strategies for achieving the SDGs?

Consider the Case of HIV

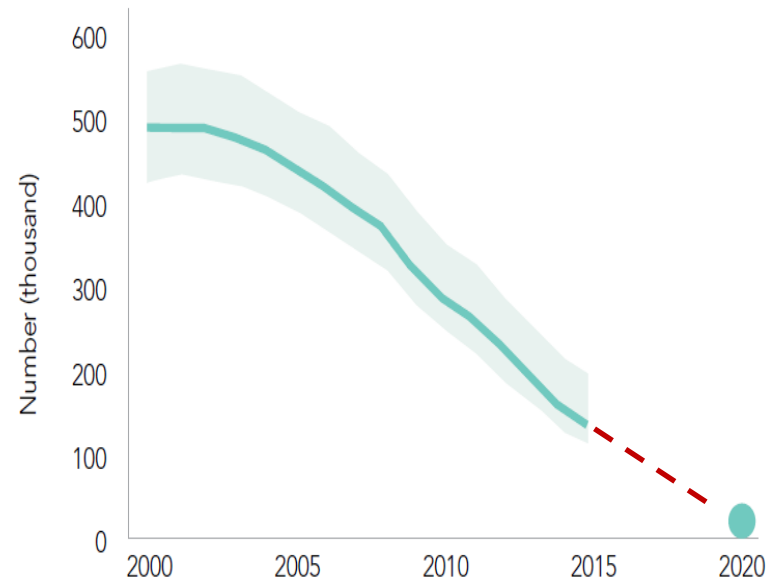


New HIV infections among adults >15, global, 2000–2015



— New HIV infections ● Target

New HIV infections among children, global, 2000–2015



— New HIV infections ● Target

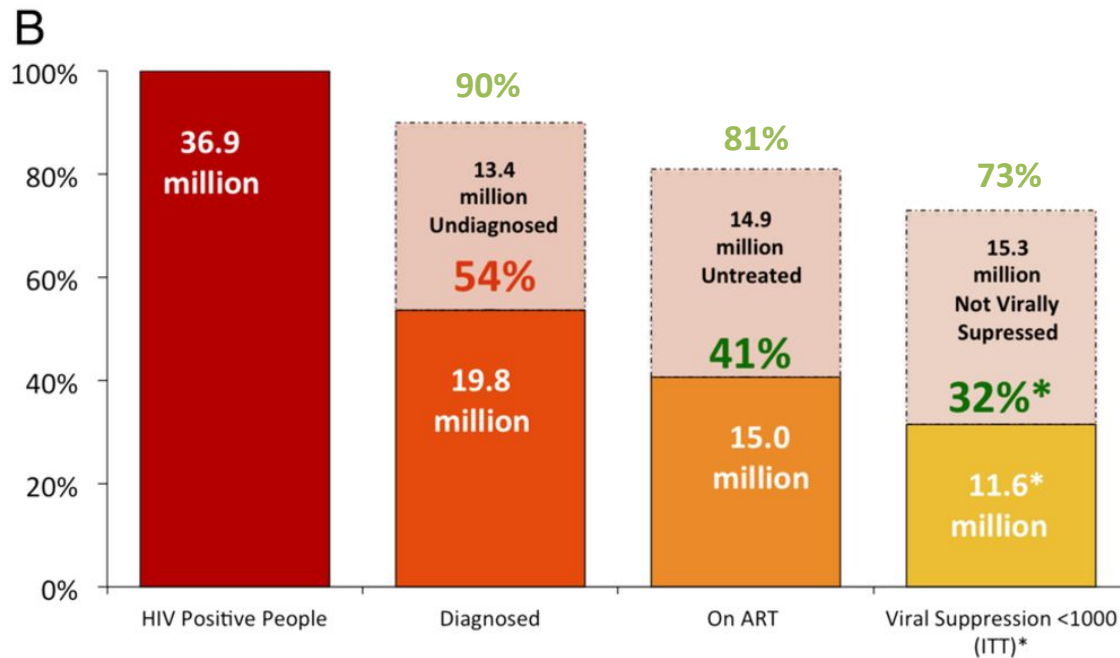
Source: UNAIDS 2016 estimates.



Treatment alone won't be enough

- **UNAIDS modelling:** at best, at 90% and 95% coverage, treatment can avert 60% of new infections (UNAIDS, 2015)
- **Phylogenetics:** Recent HIV infections at least 30 times more infectious than older infections (Fraser C, HIV Phylogenetics: Lessons for HIV Prevention. CROI, 2017)
- **Effectiveness of Treatment:** US HIV patients on treatment are at risk of transmitting virus almost 25% of the time (viral loads > 1500 copies) (Marks G et al, AIDS Care, 2015)

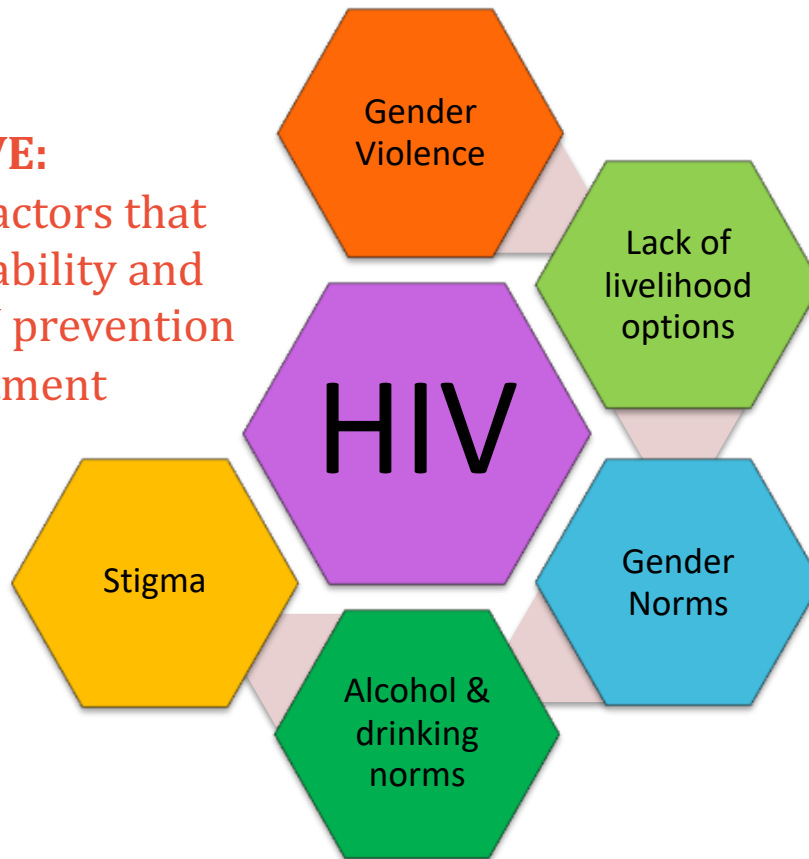
UNAIDS targets for 2020 compared with global estimates for 2014/15.



Jacob Levi et al. *BMJ Global Health* 2016;1:e000010

STRIVE Priority Research Topics

STRIVE:
Tackling the factors that
create vulnerability and
undermine HIV prevention
and treatment



SUSTAINABLE DEVELOPMENT GOALS



2030 Agenda and the SDGs



UNIVERSALITY

- **Implies that goals and targets are relevant to all governments and actors.**
- Universality does not mean uniformity. It implies differentiation (What can each country contribute?)



INTEGRATION

- **Policy integration means balancing all three SD dimensions: social, economic growth and environmental protection**
- An integrated approach implies managing trade-offs and maximizing synergies across targets



'NO ONE LEFT BEHIND'

- **The principle of 'no one left behind' advocates countries to go beyond averages.**
- The SDGs should benefit all – eradicating poverty and reducing inequalities.
- Promotion and use of disaggregated data is key

Not surprisingly, achieving the SDGs is an ambitious and hugely expensive undertaking...

And money does not grow on trees



So we have
to be smart

Influential article in *Nature* encourages policy makers to analyze the SDG targets and goals for “sweet spots” – opportunities to invest that in one area that yield multiple benefits without undermining other goals



GOALS SCORING

The influence of one Sustainable Development Goal or target on another can be summarized with this simple scale.

Interaction	Name	Explanation	Example
+3	Indivisible	Inextricably linked to the achievement of another goal.	Ending all forms of discrimination against women and girls is indivisible from ensuring women's full and effective participation and equal opportunities for leadership.
+2	Reinforcing	Aids the achievement of another goal.	Providing access to electricity reinforces water-pumping and irrigation systems. Strengthening the capacity to adapt to climate-related hazards reduces losses caused by disasters.
+1	Enabling	Creates conditions that further another goal.	Providing electricity access in rural homes enables education, because it makes it possible to do homework at night with electric lighting.
0	Consistent	No significant positive or negative interactions.	Ensuring education for all does not interact significantly with infrastructure development or conservation of ocean ecosystems.
-1	Constraining	Limits options on another goal.	Improved water efficiency can constrain agricultural irrigation. Reducing climate change can constrain the options for energy access.
-2	Counteracting	Clashes with another goal.	Boosting consumption for growth can counteract waste reduction and climate mitigation.
-3	Cancelling	Makes it impossible to reach another goal.	Fully ensuring public transparency and democratic accountability cannot be combined with national-security goals. Full protection of natural reserves excludes public access for recreation.



STRIVE's Contributions

- STRIVE research has identified a set of key social and structural drivers that offer investment opportunities to realize co-benefits, multiply impacts and achieve development synergies.

So what are these multipliers?

SUSTAINABLE DEVELOPMENT GOALS



**Prevent and Treat Harmful Alcohol Use
(Goal 3, Target 5)**



2 ZERO HUNGER

Under 5 malnutrition



3 GOOD HEALTH AND WELL-BEING

Road traffic accidents, NCDs, mental health, HIV



4 QUALITY EDUCATION

School attendance, quality of education



5 GENDER EQUALITY

Violence against women & girls



6 CLEAN WATER AND SANITATION

Sustainable water use, protection



8 DECENT WORK AND ECONOMIC GROWTH

Economic productivity, employment, decent / safe work



5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs). Most of this burden is due to chronic NCDs

Prevent and Treat Harmful Alcohol Use



2 ZERO HUNGER

Under 5 malnutrition



3 GOOD HEALTH AND WELL-BEING

Road traffic accidents, NCDs, mental health, HIV



4 QUALITY EDUCATION

School attendance, quality of education



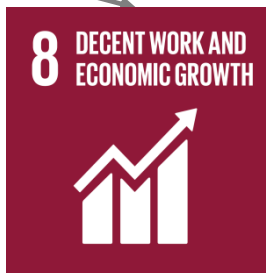
5 GENDER EQUALITY

Violence against women & girls



6 CLEAN WATER AND SANITATION

Sustainable water use, protection



8 DECENT WORK AND ECONOMIC GROWTH

Economic productivity, employment, decent / safe work



5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs). Most of this burden is due to chronic NCDs

Prevent and Treat **Alcohol Use**

Harmful use of alcohol was associated with a 4.6 fold increased risk of exposure to IPV compared to mild or no alcohol use (Gill-Gonzales 2006)

2 ZERO HUNGER

Under 5 malnutrition

3 GOOD HEALTH AND WELL-BEING

Road traffic accidents, NCDs, mental health, HIV

4 QUALITY EDUCATION

School attendance, quality of education

5 GENDER EQUALITY

Violence against women & girls

6 CLEAN WATER AND SANITATION

Sustainable water use, protection

8 DECENT WORK AND ECONOMIC GROWTH

Economic productivity, employment, decent / safe work

5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs). Most of this burden is due to chronic NCDs

Prevent and Treat Alcohol Use

Harmful use of alcohol was associated with a 4.6 fold increased risk of exposure to IPV compared to mild or no alcohol use (Gill-Gonzales 2006)

Alcohol-attributable loss in workforce productivity can affect the economic viability of an entire community (Room et al., 2002).

2 ZERO HUNGER

Under 5 malnutrition

3 GOOD HEALTH AND WELL-BEING

Road traffic accidents, NCDs, mental health, HIV

4 QUALITY EDUCATION

School attendance, quality of education

5 GENDER EQUALITY

Violence against women & girls

6 CLEAN WATER AND SANITATION

Sustainable water use, protection

8 DECENT WORK AND ECONOMIC GROWTH

Economic productivity, employment, decent / safe work



Prevent and Treat Alcohol Use

5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs). Most of this burden is due to chronic NCDs

Harmful use of alcohol was associated with a 4.6 fold increased risk of exposure to IPV compared to mild or no alcohol use (Gill-Gonzales 2006)

Alcohol-attributable loss in workforce productivity can affect the economic viability of an entire community (Room et al., 2002).

2 ZERO HUNGER

Under 5 malnutrition

3 GOOD HEALTH AND WELL-BEING

Road traffic accidents, NCDs, mental health, HIV

4 QUALITY EDUCATION

School attendance, quality of education

5 GENDER EQUALITY

Violence against women & girls

6 CLEAN WATER AND SANITATION

Sustainable water use, protection

8 DECENT WORK AND ECONOMIC GROWTH

Economic productivity, employment, decent / safe work

Maternal alcohol consumption is significantly associated with under 5 malnutrition (Bourne 2007).

Prevent and Treat Alcohol Use

5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs). Most of this burden is due to chronic NCDs

Harmful use of alcohol was associated with a 4.6 fold increased risk of exposure to IPV compared to mild or no alcohol use (Gill-Gonzales 2006)

Alcohol-attributable loss in workforce productivity can affect the economic viability of an entire community (Room et al., 2002).

2 ZERO HUNGER

Under 5 malnutrition

Maternal alcohol consumption is significantly associated with under 5 malnutrition (Bourne 2007).

3 GOOD HEALTH AND WELL-BEING

Road traffic accidents, NCDs, mental health, HIV

4 QUALITY EDUCATION

School attendance, quality of education

Substance use (alcohol, drugs and smoking) were strongly associated with attending a lower level of secondary education than expected (van der heide 2016)

5 GENDER EQUALITY

Violence against women & girls

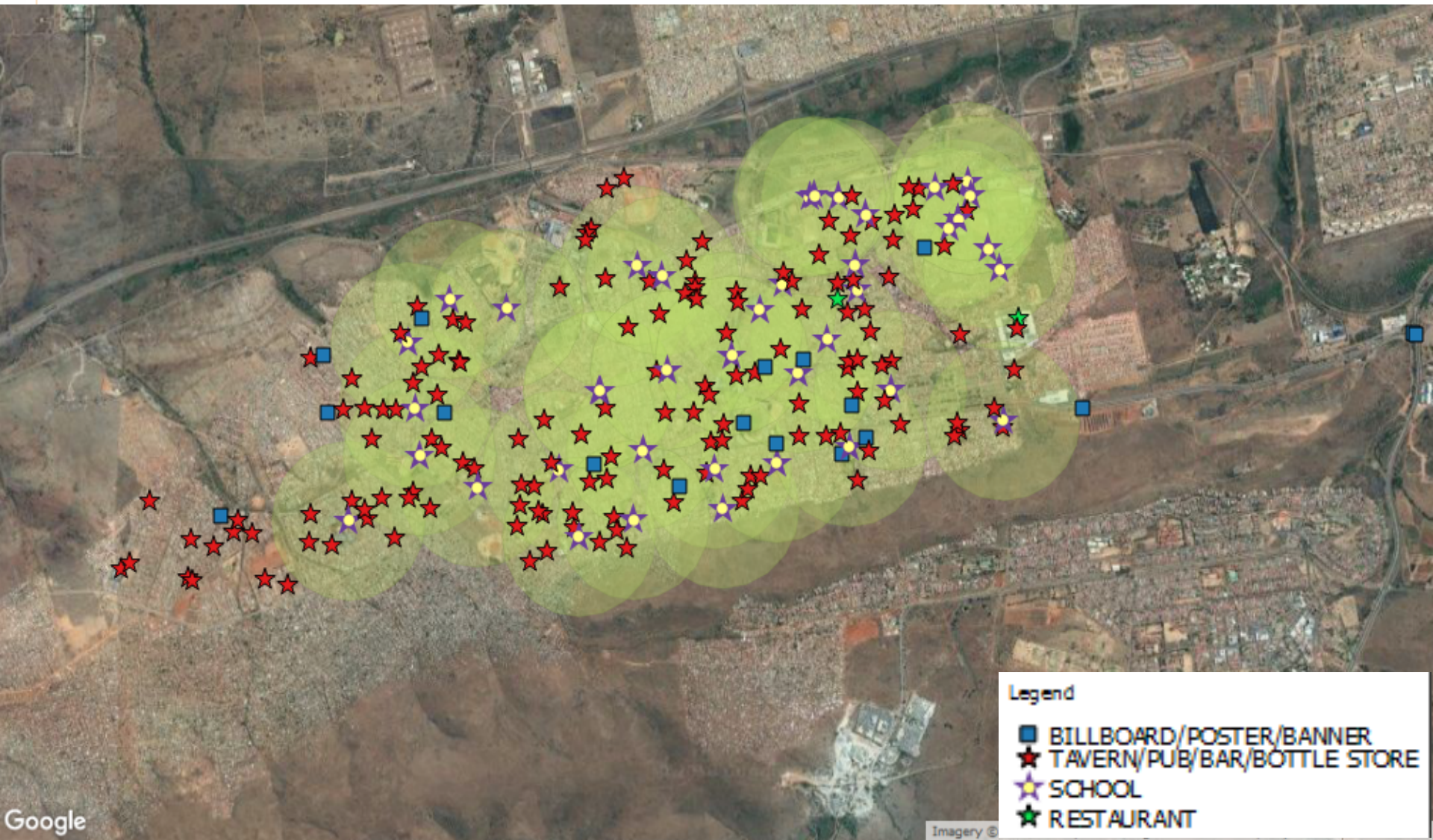
6 CLEAN WATER AND SANITATION

Sustainable water use, protection

8 DECENT WORK AND ECONOMIC GROWTH

Economic productivity, employment, decent / safe work

Alcohol outlets and adverts within 500m of schools in SA



Prevent and Treat Alcohol Use

5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs). Most of this burden is due to chronic NCDs

Harmful use of alcohol was associated with a 4.6 fold increased risk of exposure to IPV compared to mild or no alcohol use (Gill-Gonzales 2006)

Alcohol-attributable loss in workforce productivity can affect the economic viability of an entire community (Room et al., 2002).



Under 5 malnutrition



Road traffic accidents, NCDs, mental health, HIV



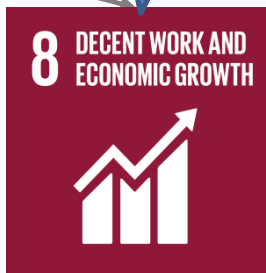
School attendance, quality of education



Violence against women & girls



Sustainable water use, protection



Economic productivity, employment, decent / safe work

Maternal alcohol consumption is significantly associated with under 5 malnutrition (Bourne 2007).

Substance use (alcohol, drugs and smoking) were strongly associated with attending a lower level of secondary education than expected (van der heide 2016)

Water demand in 2030 is expected to exceed current supply by 40 percent. It takes 300 liters of fresh water to produce 1 liter of beer

SDG Targets Influenced by Reducing Harmful Alcohol Use

Goals

T
A
R
G
E
T
S

	2 Zero Hunger	3 Good Health	4 Quality Education	5 Gender Equality	6 Clean Water, Sanitation	8 Decent Work & Economic Growth
Access to safe/nutritious food		Halve road traffic injury/death	Increase # people with job and entrepreneurial skills	Eliminate violence against women and girls	Sustainable water use, management	Labor rights, safe working environments
Sustainable food production systems		Promote mental health	Create effective learning environments		Protection of water ecosystems	Increase economic productivity
		Reduce NCDs by 1/3				Policies promote decent job creation
		End AIDS epidemic by 2030				Productive employment, decent work, reduce youth unemployment



= Indivisible



= Reinforcing



= Enabling



Ensure that all girls complete free, equitable and quality primary and secondary education
(Goal 4, Target 1)

1 NO POVERTY



Increased wages and GDP

2 ZERO HUNGER



Reduced Hunger; Dietary diversity

3 GOOD HEALTH AND WELL-BEING



SRH; reduced fertility; improved child health

4 QUALITY EDUCATION



School attendance

5 GENDER EQUALITY



Violence prevention; child marriage

HIV RISK BEHAVIOURS AND SUSCEPTIBILITY TO INFECTION
(early sexual debut, number of partners, risk of partners, transactional sex, condom non-use)



Ensure that all girls complete free, equitable and quality primary and secondary education
(Goal 4, Target 1)

Women's education alone resulted in a 43 percent reduction in hunger from 1970 to 1995

1 NO POVERTY



Increased wages and GDP

2 ZERO HUNGER



Reduced Hunger; Dietary diversity

3 GOOD HEALTH AND WELL-BEING



SRH; reduced fertility; improved child health

4 QUALITY EDUCATION



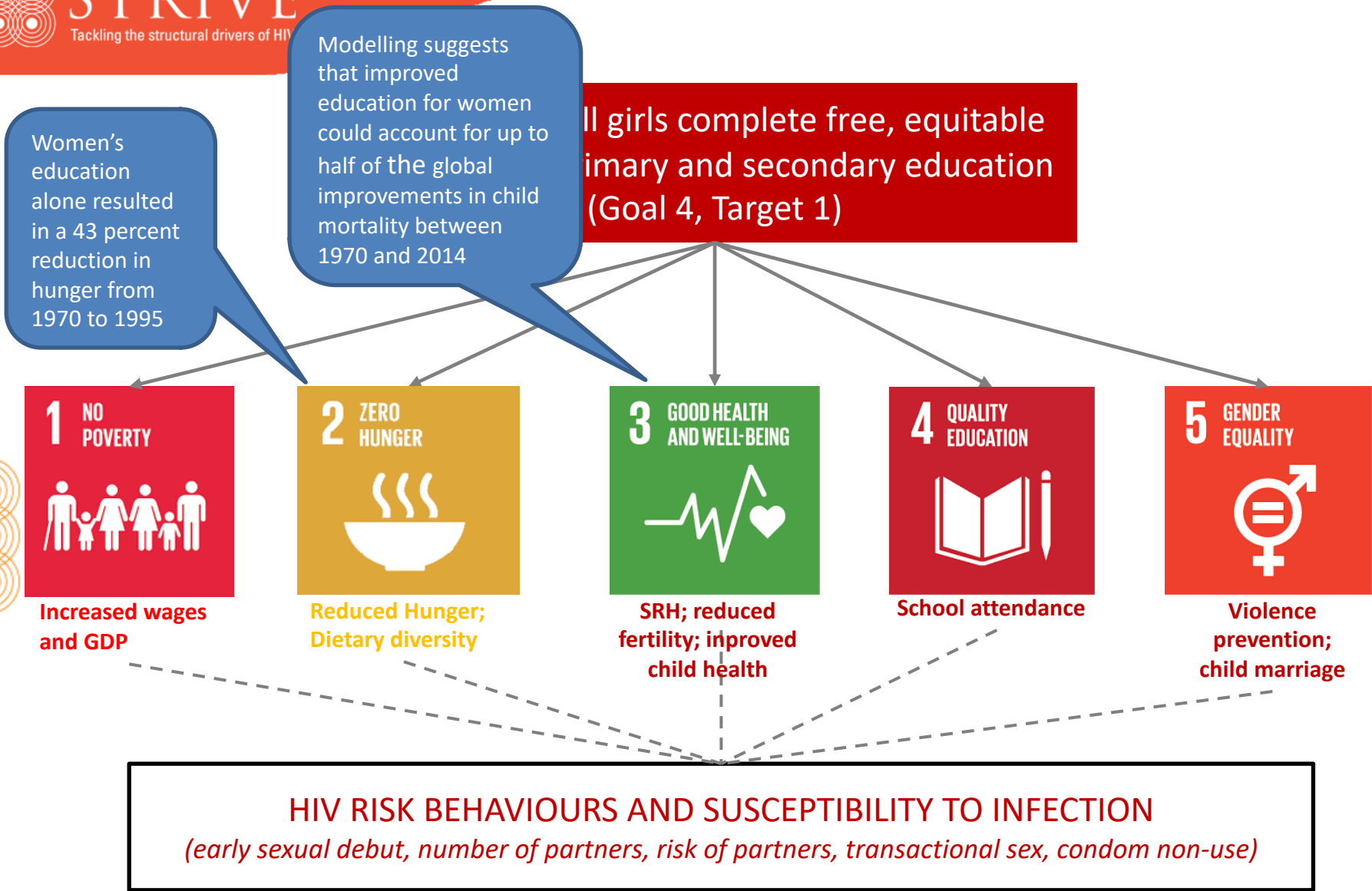
School attendance

5 GENDER EQUALITY



Violence prevention; child marriage

HIV RISK BEHAVIOURS AND SUSCEPTIBILITY TO INFECTION
(early sexual debut, number of partners, risk of partners, transactional sex, condom non-use)



Women's education alone resulted in a 43 percent reduction in hunger from 1970 to 1995

Modelling suggests that improved education for women could account for up to half of the global improvements in child mortality between 1970 and 2014

All girls complete free, equitable primary and secondary education (Goal 4, Target 1)

Each additional year of education for adolescent women results in 9 fewer births per 1000 women.

1 NO POVERTY



Increased wages and GDP

2 ZERO HUNGER



Reduced Hunger; Dietary diversity

3 GOOD HEALTH AND WELL-BEING



SRH; reduced fertility; improved child health

4 QUALITY EDUCATION



School attendance

5 GENDER EQUALITY



Violence prevention; child marriage

HIV RISK BEHAVIOURS AND SUSCEPTIBILITY TO INFECTION
(early sexual debut, number of partners, risk of partners, transactional sex, condom non-use)

All girls complete free, equitable primary and secondary education (Goal 4, Target 1)

Women's education alone resulted in a 43 percent reduction in hunger from 1970 to 1995

Modelling suggests that improved education for women could account for up to half of the global improvements in child mortality between 1970 and 2014

Each additional year of education for adolescent women results in 9 fewer births per 1000 women.

1 NO POVERTY



Increased wages and GDP

2 ZERO HUNGER



Reduced Hunger; Dietary diversity

3 GOOD HEALTH AND WELL-BEING



SRH; reduced fertility; improved child health

4 QUALITY EDUCATION



School attendance

5 GENDER EQUALITY



Violence prevention; child marriage

An extra year of secondary schooling for girls increases their future wages by 10 to 20 percent

HIV RISK BEHAVIOURS AND SUSCEPTIBILITY TO INFECTION
(Age at sexual debut, number of partners, risk of partners, transactional sex, condom non-use)

All girls complete free, equitable primary and secondary education (Goal 4, Target 1)

Women's education alone resulted in a 43 percent reduction in hunger from 1970 to 1995

Modelling suggests that improved education for women could account for up to half of the global improvements in child mortality between 1970 and 2014

Each additional year of education for adolescent women results in 9 fewer births per 1000 women.

1 NO POVERTY



Increased wages and GDP

2 ZERO HUNGER



Reduced Hunger; Dietary diversity

3 GOOD HEALTH AND WELL-BEING



SRH; reduced fertility; improved child health

4 QUALITY EDUCATION



In Botswana, each additional year of secondary education among adolescent girls reduces HIV by 8.5%

5 GENDER EQUALITY



Violence prevention; child marriage

An extra year of secondary schooling for girls increases their future wages by 10 to 20 percent

HIV RISK BEHAVIOURS AND SUSCEPTIBILITY TO INFECTION
(sexual debut, number of partners, risk of partners, transactional sex, condom non-use)

Social protection/cash transfers

1 NO POVERTY



Reduced monetary poverty and child labor

2 ZERO HUNGER



Food expenditure
Dietary diversity

3 GOOD HEALTH AND WELL-BEING



Health service uptake

4 QUALITY EDUCATION



School attendance

5 GENDER EQUALITY



Domestic violence;
HH decision-making

HIV RISK BEHAVIOURS AND SUSCEPTIBILITY TO INFECTION
(early sexual debut, number of partners, risk of partners, transactional sex, condom non-use)

• Source: Bastagli et al, 2016, ODI review of cash transfer impact



Social protection/cash transfers

1 NO POVERTY



Reduced monetary poverty and child labor

2 ZERO HUNGER



Food expenditure
Dietary diversity

3 GOOD HEALTH AND WELL-BEING



Health service uptake

4 QUALITY EDUCATION



5 GENDER EQUALITY



Domestic violence;
Decision-making

An RCT in Malawi, a cRCT in Kenya and two propensity matched studies in South Africa, demonstrate that cash transfers can reduce HIV risk behavior among adolescents, especially girls

HIV RISK BEHAVIOURS AND SUSCEPTIBILITY
(early sexual debut, number of partners, risk of partners, transactional sex, condom non-use)

• Source: Bastagli et al, 2016, ODI review of cash transfer impact

Social protection/cash transfers

Cash transfers are associated with a decrease in child labour, for boys and girls, but impact is biggest for boys

1 NO POVERTY



Reduced monetary poverty and child labor

2 ZERO HUNGER



Food expenditure
Dietary diversity

3 GOOD HEALTH AND WELL-BEING



Health service uptake

4 QUALITY EDUCATION



5 GENDER EQUALITY



Domestic violence;
Decision-making

An RCT in Malawi, a cRCT in Kenya and two propensity matched studies in South Africa, demonstrate that cash transfers can reduce HIV risk behavior among adolescents, especially girls

HIV RISK BEHAVIOURS AND SUSCEPTIBILITY
(early sexual debut, number of partners, risk of partners, transactional sex, condom non-use)

• Source: Bastagli et al, 2016, ODI review of cash transfer impact

Social protection/cash transfers

Cash transfers are associated with a decrease in child labour, for boys and girls, but impact is biggest for boys

1 NO POVERTY



Reduced monetary poverty and child labor

2 ZERO HUNGER



Food expenditure
Dietary diversity

3 GOOD HEALTH AND WELL-BEING



Health service uptake

4 QUALITY EDUCATION



5 GENDER EQUALITY



Domestic violence;
Decision-making

Households receiving transfers spend more on food, resulting in significant gains in children's weight and height

An RCT in Malawi, a cRCT in Kenya and two propensity matched studies in South Africa, demonstrate that cash transfers can reduce HIV risk behavior among adolescents, especially girls

BEHAVIOURS AND SUSCEPTIBILITY
(number of partners, risk of partners, transactional sex, condom non-use)

• Source: Bastagli et al, 2016, ODI review of cash transfer impact

Social

There is robust evidence that cash transfers can leverage sizeable gains in access to health and education service; but less success in improving final outcomes

Cash transfers are associated with a decrease in child labour, for boys and girls, but impact is biggest for boys

1 NO POVERTY



Reduced monetary poverty and child labor

2 ZERO HUNGER



Food expenditure
Dietary diversity

3 GOOD HEALTH AND WELL-BEING



Health service uptake

4 QUALITY EDUCATION



5 GENDER EQUALITY



An RCT in Malawi, a cRCT in Kenya and two propensity matched studies in South Africa, demonstrate that cash transfers can reduce HIV risk behavior among adolescents, especially girls

Households receiving transfers spend more on food, resulting in significant gains in children's weight and height

BEHAVIOURS AND SUSCEPTIBILITY
(number of partners, risk of partners, transactional sex, condom non-use)

• Source: Bastagli et al, 2016, ODI review of cash transfer impact

Social

There is robust evidence that cash transfers can leverage sizeable gains in access to health and education service; but less success in improving final outcomes

Cash transfers can increase women's decision-making power and choices, including those on marriage and fertility, and reduce physical abuse by partners

Cash transfers are associated with a decrease in child labour, for boys and girls, but impact is biggest for boys

1 NO POVERTY



Reduced monetary poverty and child labor

Households receiving transfers spend more on food, resulting in significant gains in children's weight and height

2 ZERO HUNGER



Food expenditure
Dietary diversity

3 GOOD HEALTH AND WELL-BEING



Health service uptake

4 QUALITY EDUCATION



5 GENDER EQUALITY



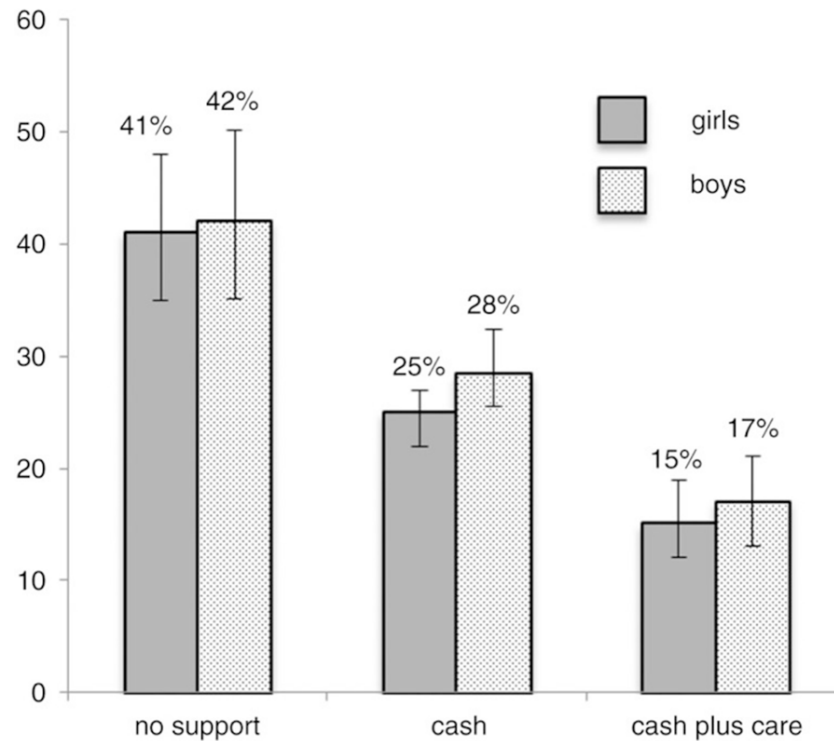
An RCT in Malawi, a cRCT in Kenya and two propensity matched studies in South Africa, demonstrate that cash transfers can reduce HIV risk behavior among adolescents, especially girls

BEHAVIOURS AND SUSCEPTIBILITY
(number of partners, risk of partners, transactional sex, condom non-use)

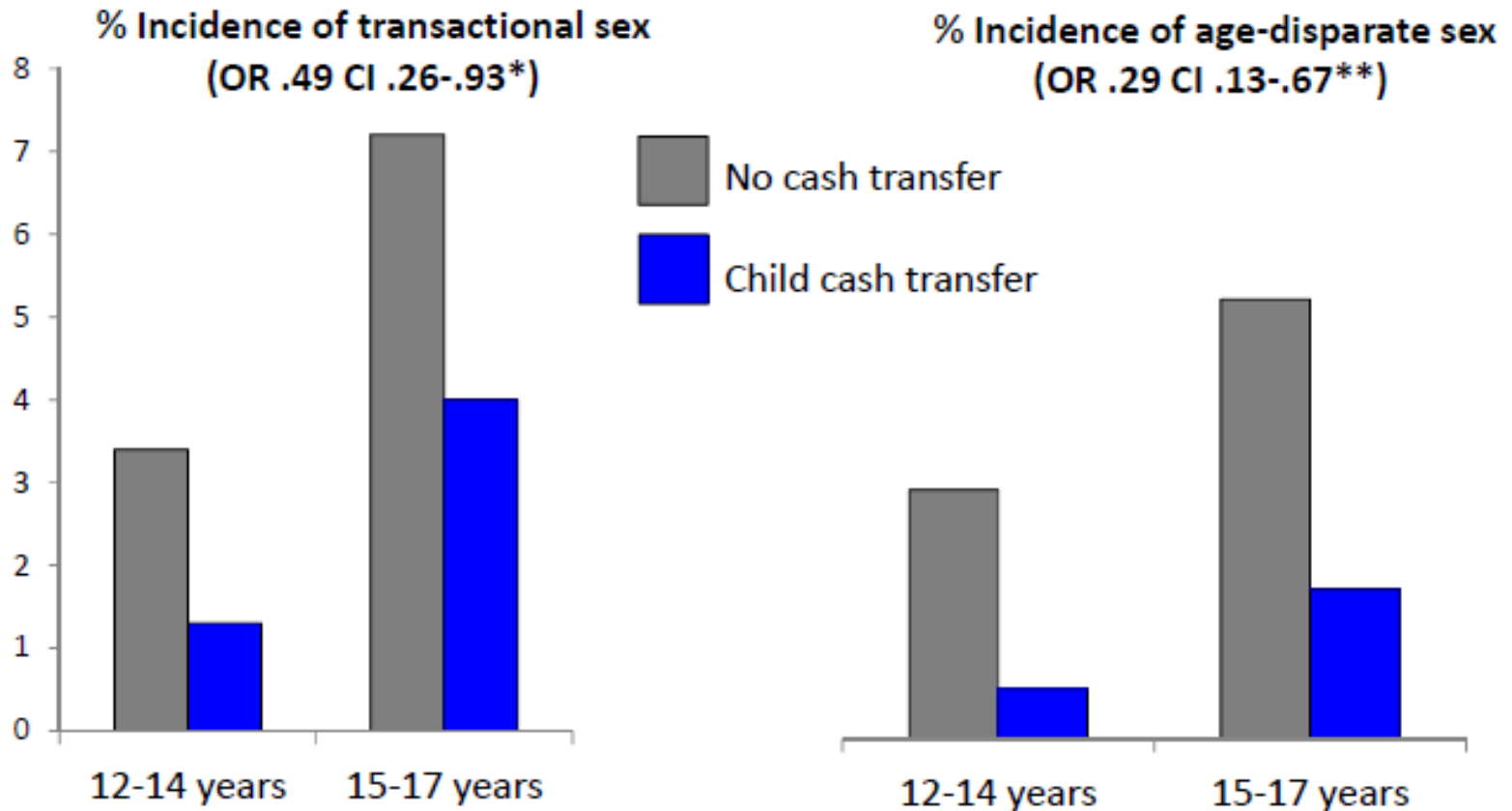
• Source: Bastagli et al, 2016, ODI review of cash transfer impact

The impact of cash plus parental care on HIV risk behaviours

% of girls and boys with 1+HIV-risk behavior at 1-year follow-up (n=3500, South Africa)



South Africa: Child grant reduces the incidence & prevalence of transactional and age-disparate sex



Cluver, Boyes, Orkin, Pantelic, Molwena, Sherr (2013). *The Lancet Global Health*.

How to Act

- Acting on multiplier investment opportunities will require innovative forms of governance*, program planning and resourcing across sectors, constituencies, and stakeholders.

Challenges when taking a multi-sectoral perspective

- Single sectoral payers seek to maximise one or two outcomes
- For example, health payers seek to improve health by implementing programmes delivered by the health care system
- Risks missing two critical issues:
 - Multiple ‘sectors’ contribute to health gain, especially in terms of addressing the structural determinants of health
BUT they are not primarily aiming to maximise health
 - Goods and services produced by the ‘health sector’ also have multiple benefits besides health
- Current approaches to calculating cost effectiveness don’t acknowledge these cross-issue benefits, and thus under-value investment in upstream social determinants.



Cash transfers and HIV



Transactional sex and HIV: Conditional cash transfer trial in Zomba, Malawi

INVESTMENT

- Transfer scheme to keep girls in school in Zomba, Malawi
- \$10 a month provided to in- and out-of-school girls (13–22 years)
- 30% went directly to girl



OUTCOMES

- 35% reduction in school drop-out rate
- 40% reduction in early marriages
- 76% reduction in HSV-2 risk
- 30% reduction in teen pregnancies
- 64% reduction in HIV risk



RESULTS AFTER 18 MONTHS AMONG BASELINE SCHOOL GIRLS

Cash transfers and HIV



Transactional sex and HIV: Conditional cash transfer trial in Zomba, Malawi

INVESTMENT

- Transfer scheme to keep girls in school in Zomba, Malawi
- \$10 a month provided to in- and out-of-school girls (13–22 years)
- 30% went directly to girl

OUTCOMES

35% reduction in school drop-out rate

40% reduction in early marriages

76% reduction in HSV-2 risk

30% reduction in teen pregnancies

64% reduction in HIV risk



RESULTS AFTER 18 MONTHS AMONG BASELINE SCHOOL GIRLS

Challenges in implementing new co-financing models

- STRIVE is working with UNDP and national governments to operationalize these approaches in development practice.



Expanded Tanzania Social Action Fund (TASAF)



Coordinated HIV prevention interventions, including cash transfer programmes for young women aged 15-24



Integrated school-based, gender-sensitive WASH programme



Final Thoughts

- As with STRIVE, the ultimate challenge for the SDGs will be to encourage co-financing of select “best buys” that deliver multiple benefits across different goals.
- HIV taught us that the challenge is both technical (what are those multiplier investments?) and political (how to get governments and ministries to co-invest)
- The answer requires not just innovative financing, but political will and activist demands
- This too, HIV taught us....
- The SDGs will only be met if there is an active movement for accountability