

Structural drivers, interventions and approaches: moving forward for HIV prevention

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Improving the science of HIV prevention

- ☞ Things we know (and have known for a long time)
 - Patterning of human (sexual) practices shaped by social, cultural, economic, legal-political structures;
 - Individual human behaviours are not determined by single causal factors;
 - Population/group level HIV prevention successes of the past were not facilitated by single interventions or driven from outside, but rather locally constructed and tailored responses.
 - Sustained change in the patterning of risk practices almost never achieved through single or generic interventions

Moving Forward

- ❧ HIV prevention efforts aiming to change patterns of risk practices should explicitly work to:
 1. Address broader structures shaping behavioural risk and vulnerability;
 2. Tailor responses to the factors influencing risk and vulnerability understood to affect the target population;
 3. Ensure multiple factors can be addressed when needed.

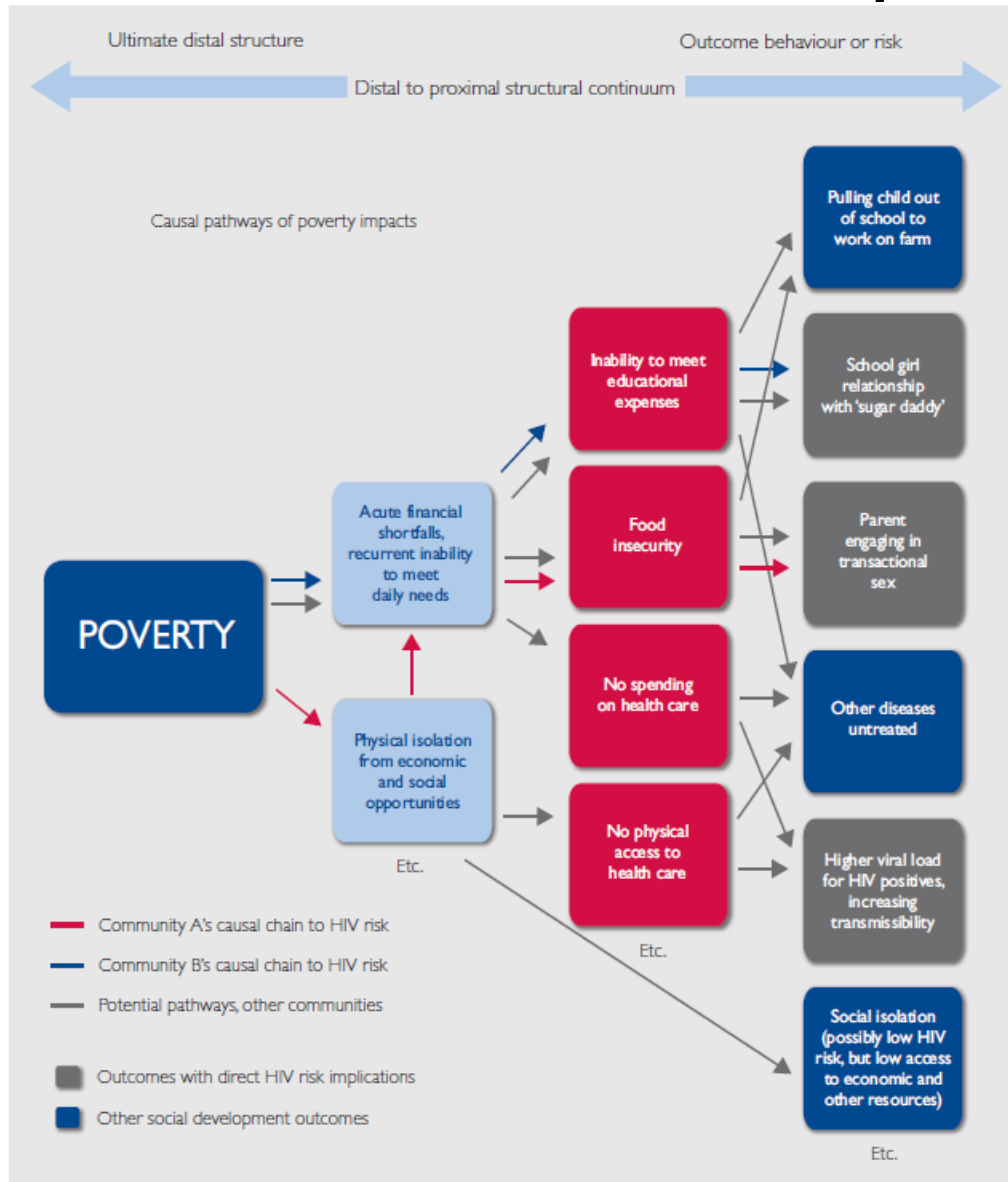
- ❧ To do these, a *structural approach* requires
 - An explicit theory of change, grounded in the literature, and based on empirical understanding of the target group;
 - Following a process rather than scaling up a set of interventions.

Structural approaches: Drivers or Mediators

- ❁ Structural HIV literature tends to conceptualise structural factors as either:
 - *Drivers* – factors shaping patterns of risk practices;
 - *Mediators* – environmental factors that act as barriers to, or facilitators, of risk avoidance.

- ❁ Drivers language risks deterministic view and oversimplification:
 - Should only refer to structural drivers when have good reason to think it is actually shaping risk in the target group;
 - E.g. Empirical evidence or strong hypothesis based on similar groups.

Drivers and Pathways



Mediators and enabling environments

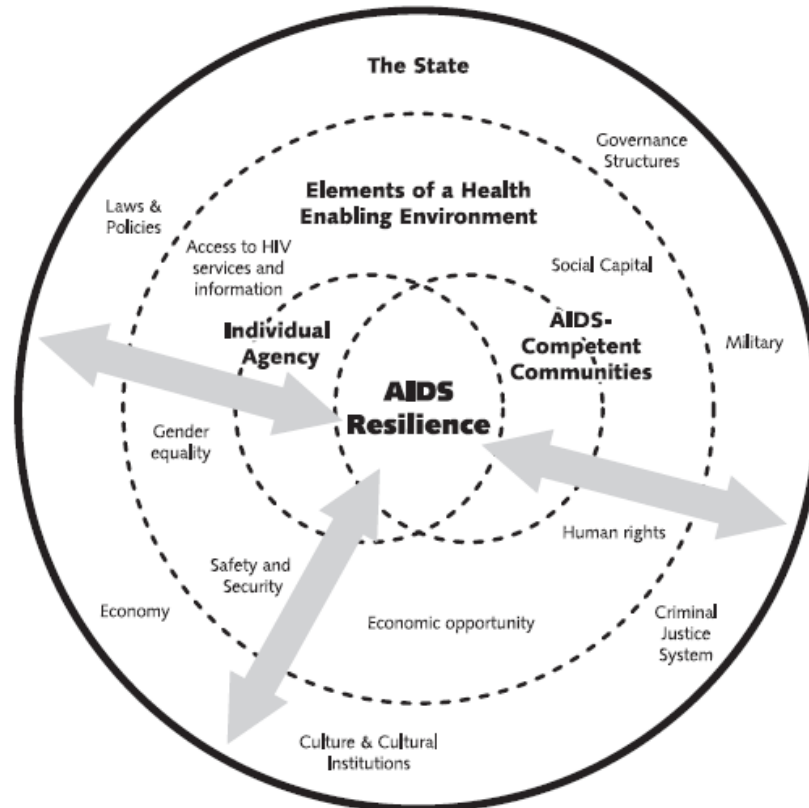


Figure 1: Framework for understanding and enabling AIDS resilience

Source: AIDS2031 Social Drivers Working Group 2010

Structural approach to HIV: Following a process

Step	Information Needed	Evidence Sources or Tools
1 Identify the target populations and/or locations for intervention	Epidemiological data of key affected populations. (i.e. 'Know Your Epidemic')	Epidemiological surveys Surveillance data Social development data
2 Identify the key drivers of risk for the target population, and/or the barriers to resisting HIV in the community	Epidemiological and behavioural data for specific groups. In-depth understanding of behaviour patterns and determining factors Identification of causal chains leading from deeper structures to risk Knowledge of mediating context elements – barriers and facilitators to HIV resistance in the community (i.e. 'know your target population')	Survey data Surveillance data Focus group discussions In-depth interviews Observational methods (e.g. expert or 'peer' ethnography) Additional correlating data
3 Choose level of structural interventions	Knowledge of what factors (from step 2) are amenable to change Theory of change hypothesising how can be brought about Knowledge of what has worked in similar situations and why	Historical data/analysis of structural changes in similar contexts Evaluations of past structural intervention efforts. (i.e. the scientific 'knowledge base')
4 Describe planned and potential changes and outcomes	Potential outcomes – positive and negative arising from changes to broader structures changes	Modeling estimations and predictions; Comparison with other areas of similar context
5 Design the Intervention	Specific program resources, timing and scope	Project planning tools
6 Implement, monitor, evaluate, and feed back	Description and measurement of: <ul style="list-style-type: none"> - intervention mechanisms - contextual features affecting outcomes - mechanisms of social and structural change and - Process indicators to validate hypotheses in Step 3 - ultimate outcomes of interest 	Multiple methods and tools depending on nature of intervention – process, operational, and outcome evaluation all critical

Operational terminology

- ☒ *Structural factors*: the components beyond individual knowledge or awareness which influence individual and group risk and vulnerability
- ☒ *Structural risk drivers*: a population-specific subset of structural factors empirically identified to influence individual and/or group risk practices
 - *Causal pathways* – the mechanisms through which distal structural drivers lead to proximal influences on the patterning of risk behaviour in particular settings
- ☒ *Structural environmental mediators* – a setting- and population-specific set of environmental factors which hinder or facilitate individuals' and groups' ability to avoid HIV infection
 - *AIDS resilience* – a situation in which individuals possess the capabilities to resist HIV in their given behavioural and risk setting
- ☒ *Structural interventions* – the activities used to address structural drivers in a given setting
 - a) For structural risk drivers – those activities which target the structural drivers and their causal pathways for a particular target group
 - b) For structural environmental mediators – those activities which build resilience by addressing the environmental factors known to facilitate or hinder individual's ability to resist HIV in their particular context
- ☒ *Structural approach* - the process undertaken to decide upon an appropriate set of structural interventions

Taking operationalisation forward

- 🌀 Develop: strategies that work to provide what target groups need in tailored ways, ways which respond to the specific set of multiple structural factors influencing the groups' risk and vulnerability
 - Protocols, best practices, strategies (approaches)
- 🌀 Avoid: 'scaling up' off the shelf, one-size-fits-all, 'interventions for HIV prevention' (unless one size can be shown to fit all... rarely does)

Consider:

- ⌘ The role an implementing agency can play within such a complex structural environment;
 - How much can you do?
 - How do you fit/work with other agencies doing more?
- ⌘ The risk of unintended consequences;
- ⌘ The other social concerns involved when altering social structures;
- ⌘ How to draw lessons and generalise.

Many questions remain:

- ⊗ How much do we need to know about our target group before acting?
 - ⊗ How similar must groups be to draw lessons or expect similar impacts?
 - ⊗ What institutional changes are required to enable structural approaches in HIV prevention agencies?
 - ⊗ How can we evaluate complex processes if effects are indirect and require multiple elements?
 - ⊗ Does an agency need to do everything, and if not, how to document, monitor, and evaluate its contribution?
- ⊗ No easy answers, but need to at least engage with these questions to move the science of HIV prevention forward

Thank You

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