



Addressing structural drivers of the HIV epidemic

Lessons from the IMAGE Study

The Intervention with Microfinance for
AIDS & Gender Equity

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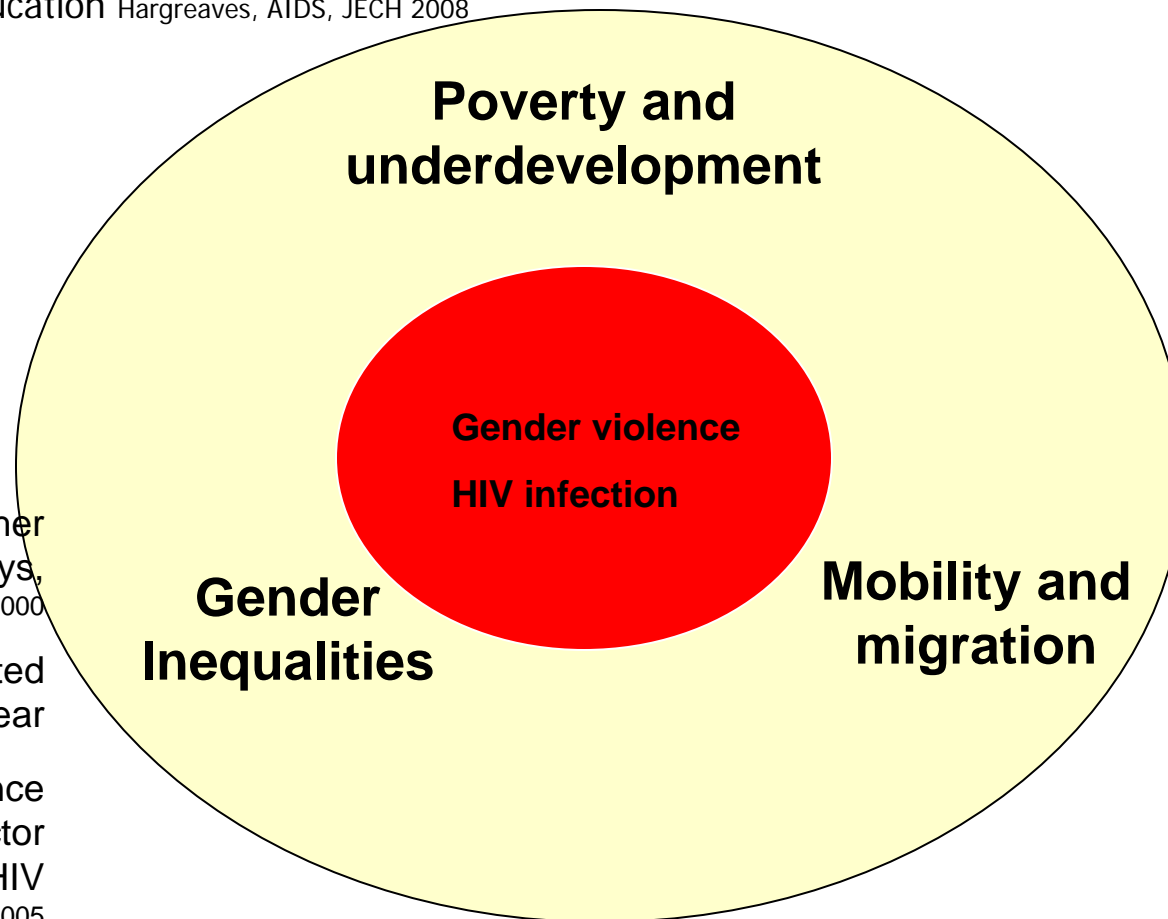
Structural drivers of the HIV epidemic

Why do some countries have more HIV than others?

Link between HIV and :

Food insecurity, Weiser Plos Med 2007

Poor education Hargreaves, AIDS, JECH 2008



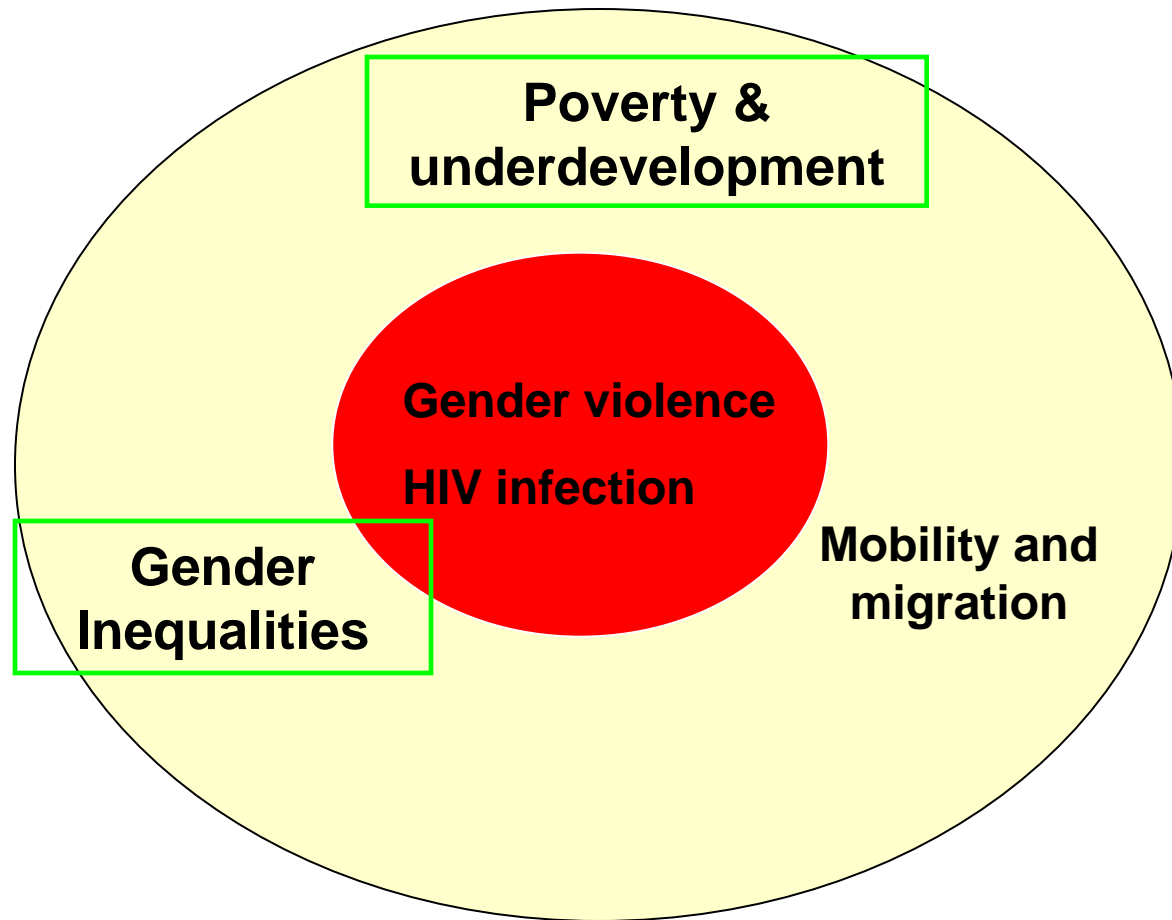
Teenage girls 5x higher
HIV infection than boys,
UNAIDS 2000

SA 55 000 reported
rapes last year

Gender violence
independent risk factor
for HIV
Dunkle, Lancet 2005

Migrant men 26X
more likely to
get HIV outside
primary relationship
Lurie, AIDS 2003

Microfinance as an entry point



The IMAGE Study

The Intervention with Microfinance for **AIDS & Gender Equity**



IMAGE = Microfinance +
Gender/HIV Education

- 2001-2005
- A ‘structural intervention’
- Group based microfinance
 - Small Enterprise Foundation (SEF)
 - 5 women in a group
 - 40 in a loan center
 - Poverty focused
 - Average age 41 yo
- Participatory training on gender and HIV
 - integrated into fortnightly loan centre meetings
 - 12- 15 months

Evaluation: Cluster Randomized trial

8 villages in rural Limpopo province (pop 64, 000)

Prospective

- No previous microfinance or HIV/violence programming

Villages pair-matched on size and accessibility

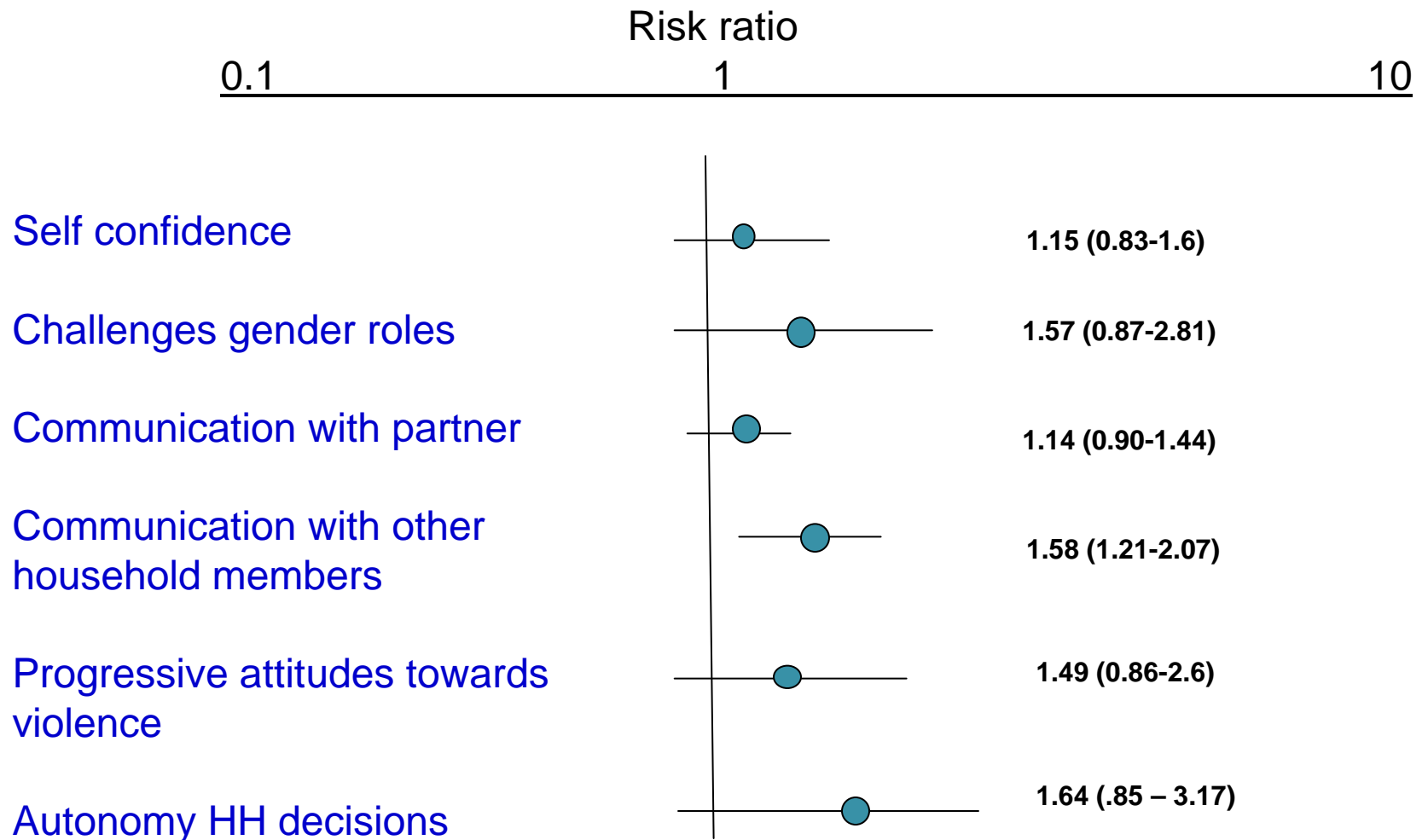
- One from each pair receives the intervention
 - Control groups received the intervention at the end of the trial

Within villages:

- Intervention + matched control groups
 - Followed female participants (n=860)
 - 14-35 year old household members (n=1455)
 - 14-35 year olds selected at random in the wider community (n=2858)

Followed 5000 individuals over 2-3 years

Effects on empowerment



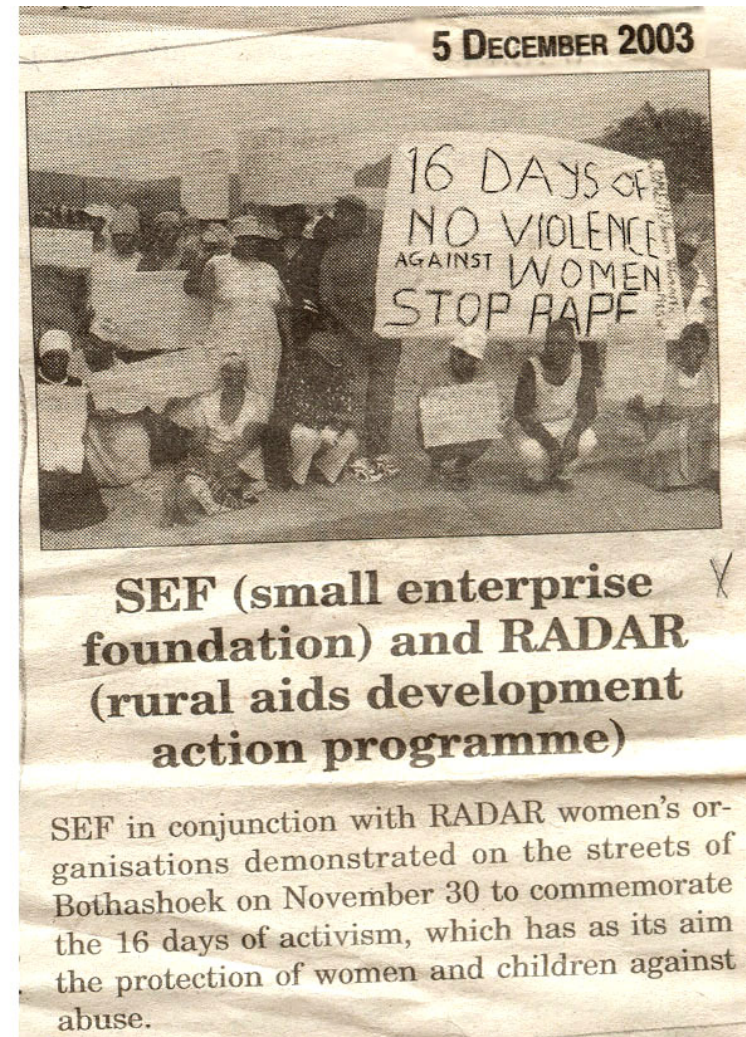
Community mobilisation: Women supporting women

“I do not think we would have made it working as individuals.”

“If one member has a problem, the sun will never go down without us knowing it”

Community mobilization:

- 40 village workshops
- 16 meetings with local leaders
- 5 public marches
- 2 partnerships with local institutions
- 2 new village committees target Crime and Rape



THE LANCET

Volume 368 · Number 9551 · Pages 1937-2032 · December 2-8, 2006

www.thelancet.com

“A combined microfinance and training intervention can lead to reductions in levels of intimate-partner violence.”

See Articles page 1973

12 month experience of intimate partner violence reduced by 55% after 2 years of the intervention

aRR 0.45 (.26-0.91)

Comment

Onchocerciasis control in Africa
See page 1946

Articles

Abortion by mid-level providers in South Africa and Vietnam
See page 1965

Articles

Reverse triage to create hospital surge capacity
See page 1984

Review

Severe acute malnutrition in children
See page 1992

Series

Sexual and Reproductive Health: control of sexually transmitted infections
See page 2001

£5.00 Registered as a newspaper · ISSN 0140-6736
Founded 1823 · Published weekly

Effects on HIV risk

Effects on 14-35 yo intervention participants

- Improvements in household communication
 - aRR 1.46 95% CI 1.01-2.12
- 60% increase in access to VCT
 - aRR 1.64 95% CI 1.06-2.56
- Lower levels of unprotected sex
 - aRR 0.76 95% CI 0.6-0.96

Indirect effects (non-participating young people)

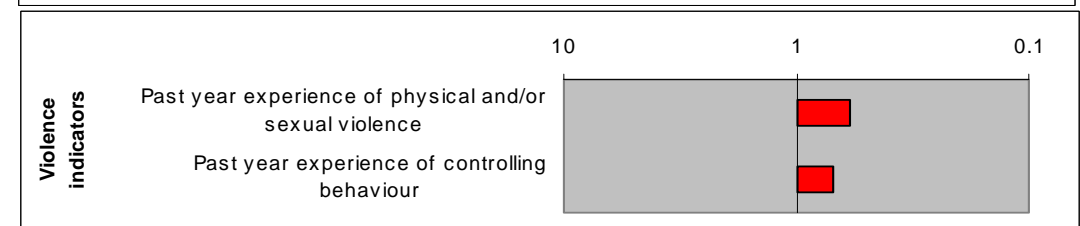
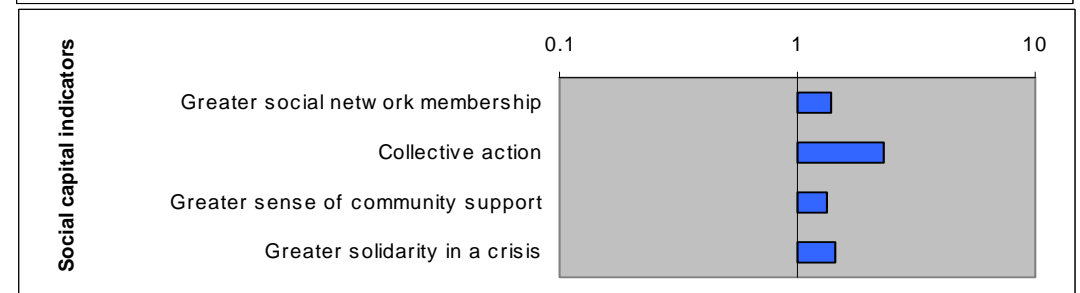
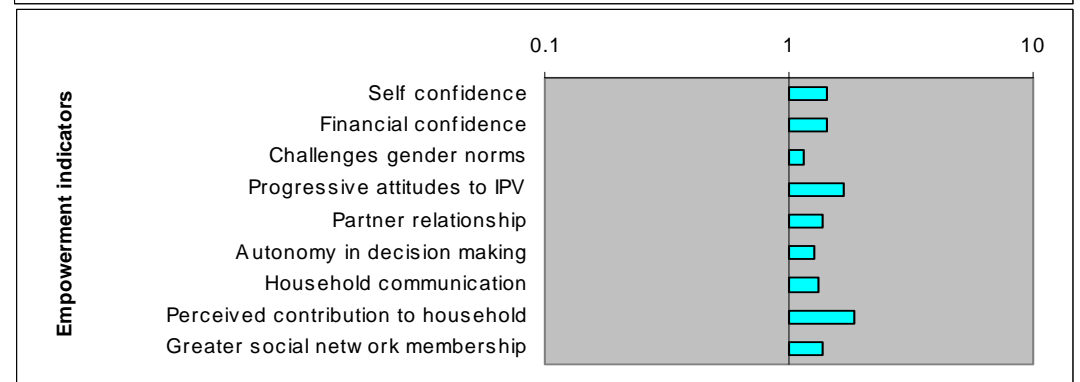
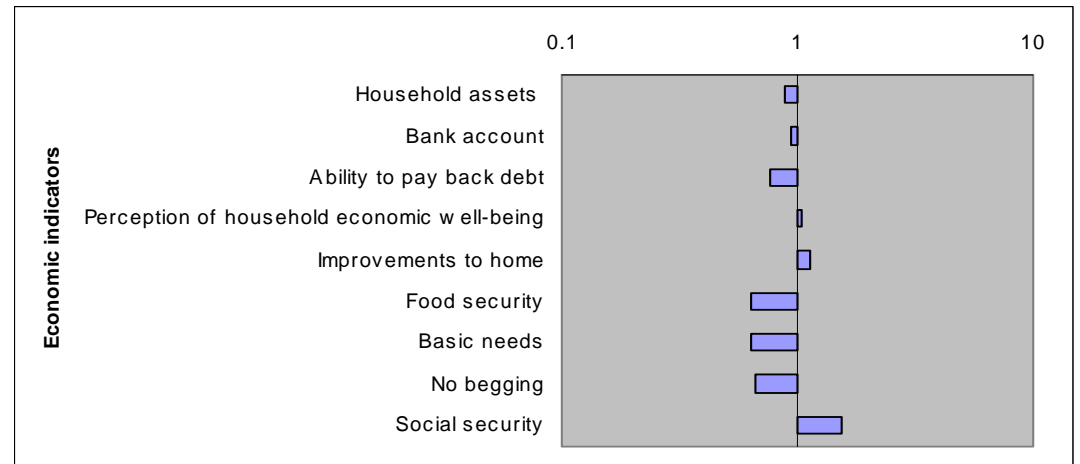
- No shift in HIV incidence at the community level

Relative performance of IMAGE vs MF alone

- Compared IMAGE follow-up data to 2 yrs of exposure to MF alone

- Pair-matched villages selected at random

Kim J et al. Bull WHO 87: 824-832, 2009.



Results : Summary

- IMAGE feasible to deliver, work effectively across disciplines
- Consistent effects on poverty and gender inequality / empowerment
- Reductions in rates of gender-based violence
- Strong evidence of shifts in HIV risk behaviour among younger 'at-risk' intervention participants
- Sub-study on MF alone suggests health and empowerment benefits only witnessed in the 'combined intervention'
 - Synergy
 - MF as an entry point for addressing broader health and social issues
 - Vehicle for exposure to health programme

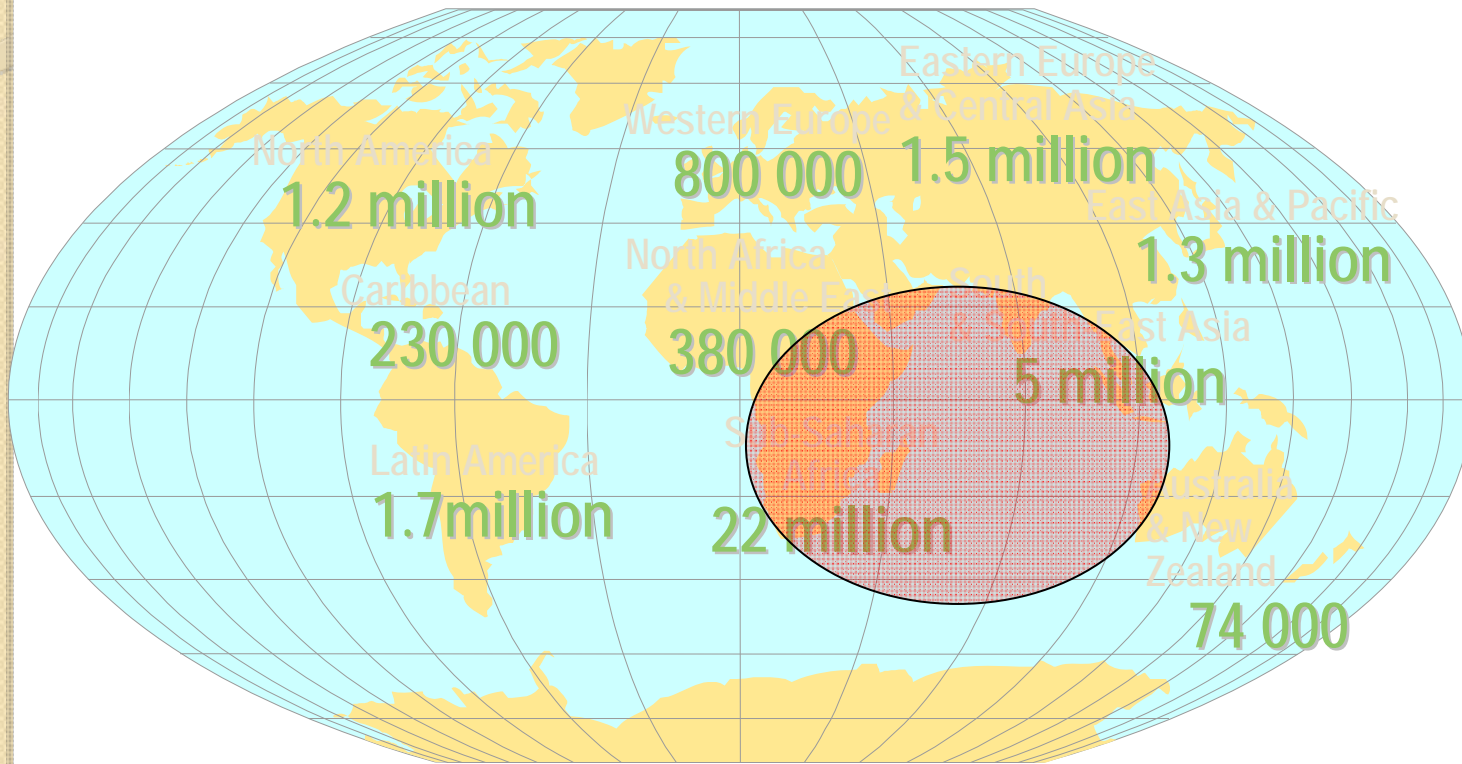
■ *Addressing complex issues such as poverty and gender inequalities is possible in programmatic time frames*



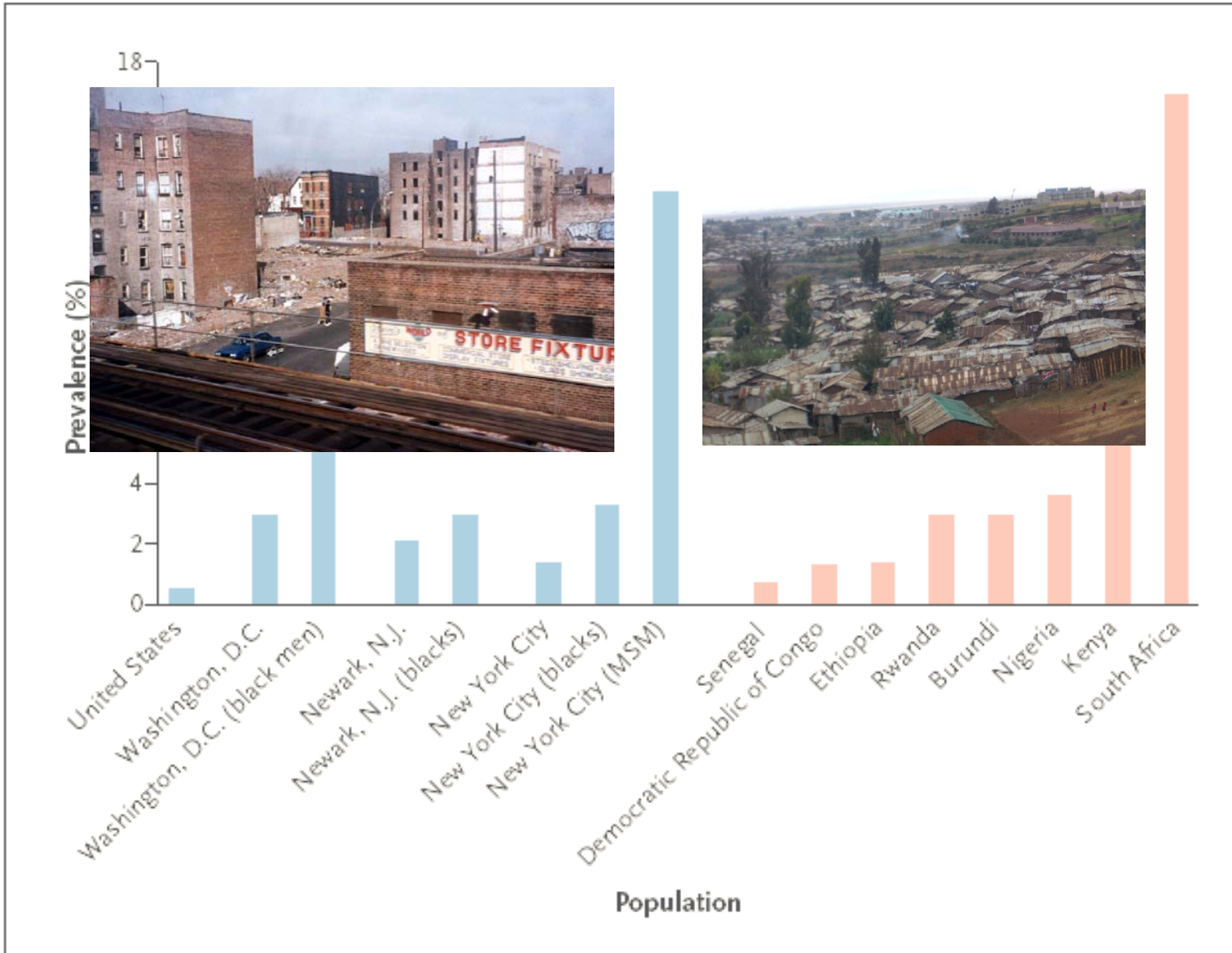
What can we learn that might help address the domestic HIV agenda?

HIV/AIDS in the world

inner-cities and high burden countries

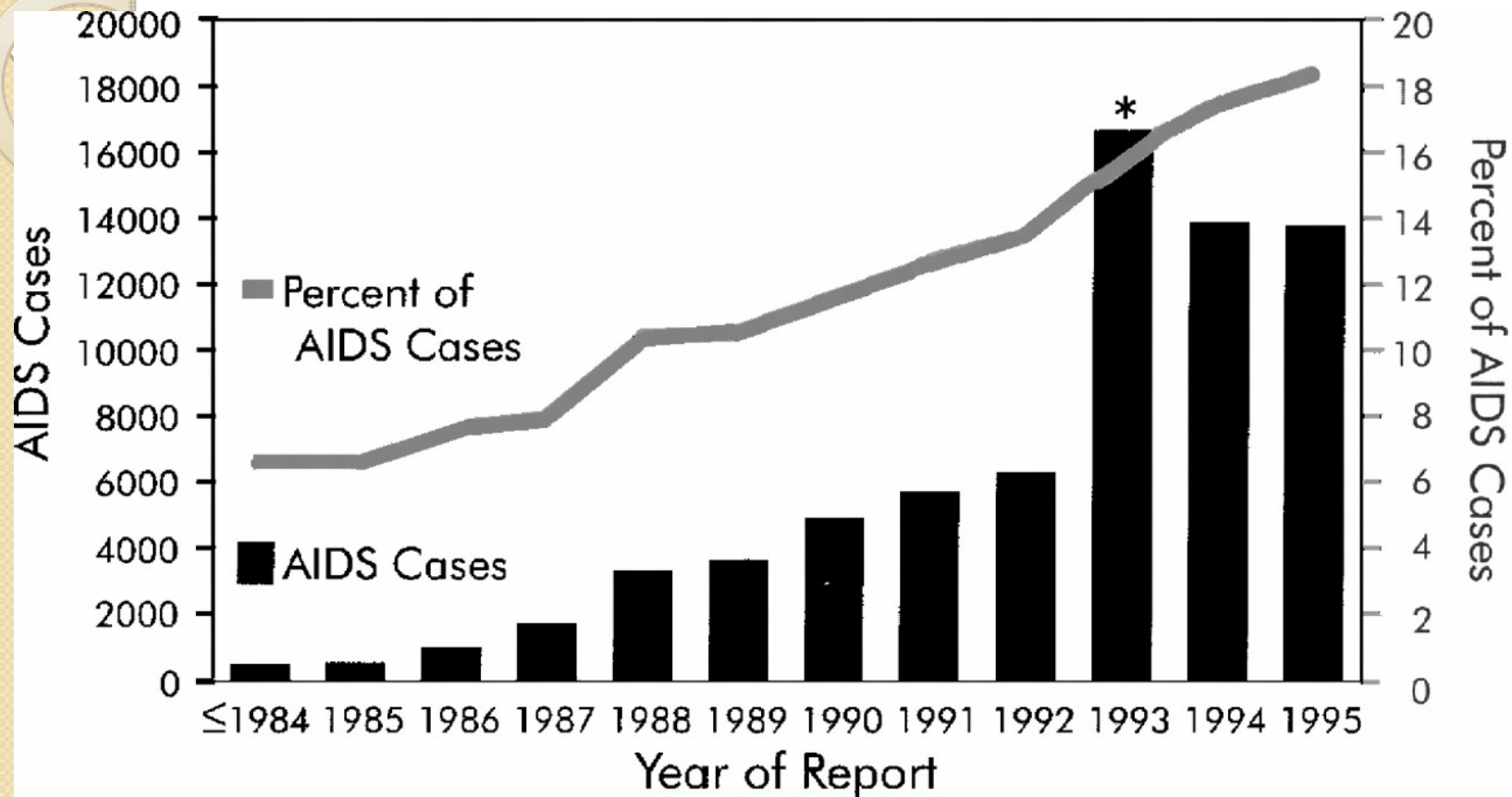


2008 Total : 33 million



HIV Prevalence in Adults from Selected Countries in Sub-Saharan Africa and Subpopulations in the United States.

We've been here before...

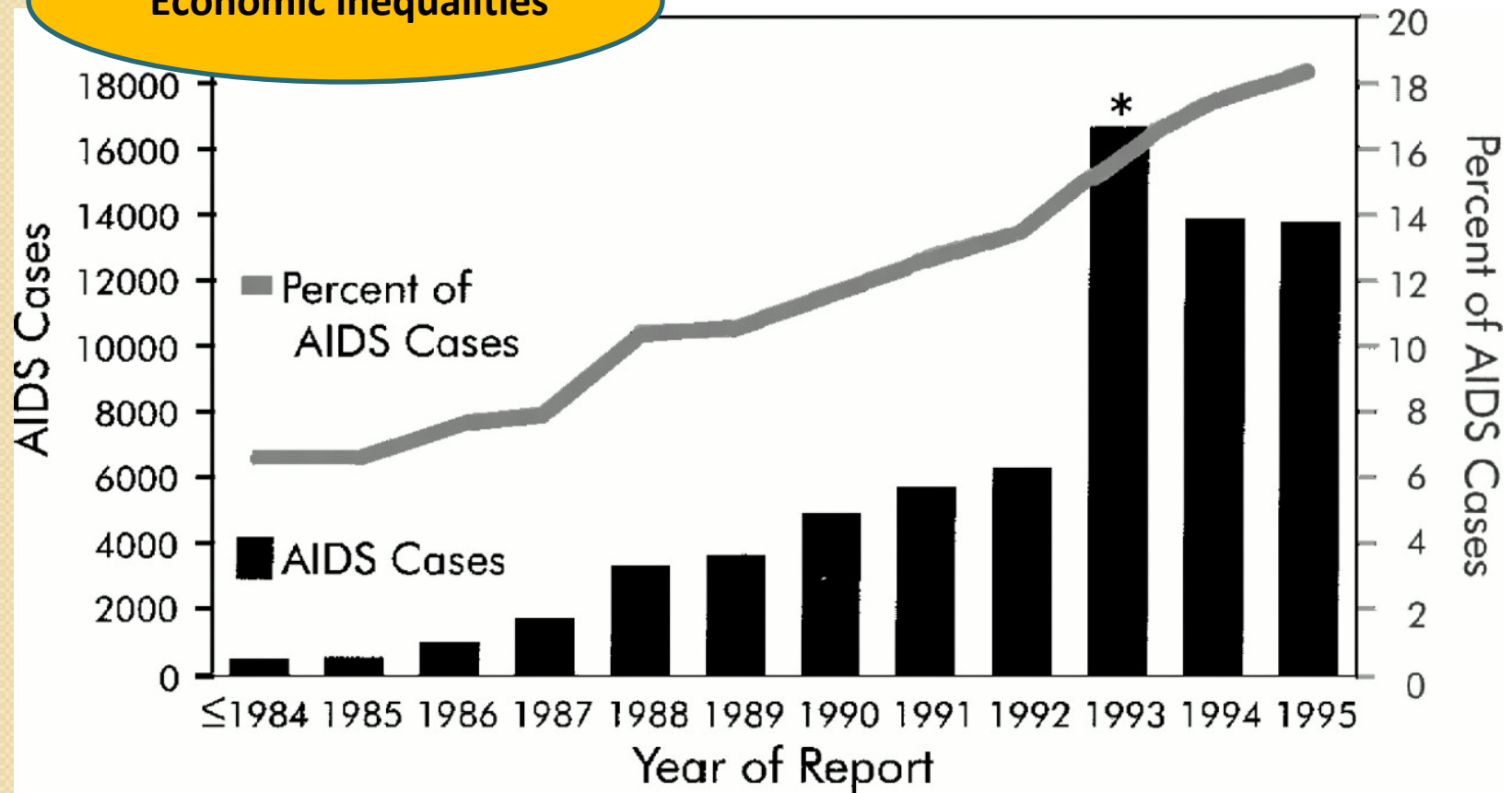


*AIDS case definition expanded

Reframing women's risk: social inequalities and HIV infection

Zierler, Krieger Annual Review of Public Health, 1997

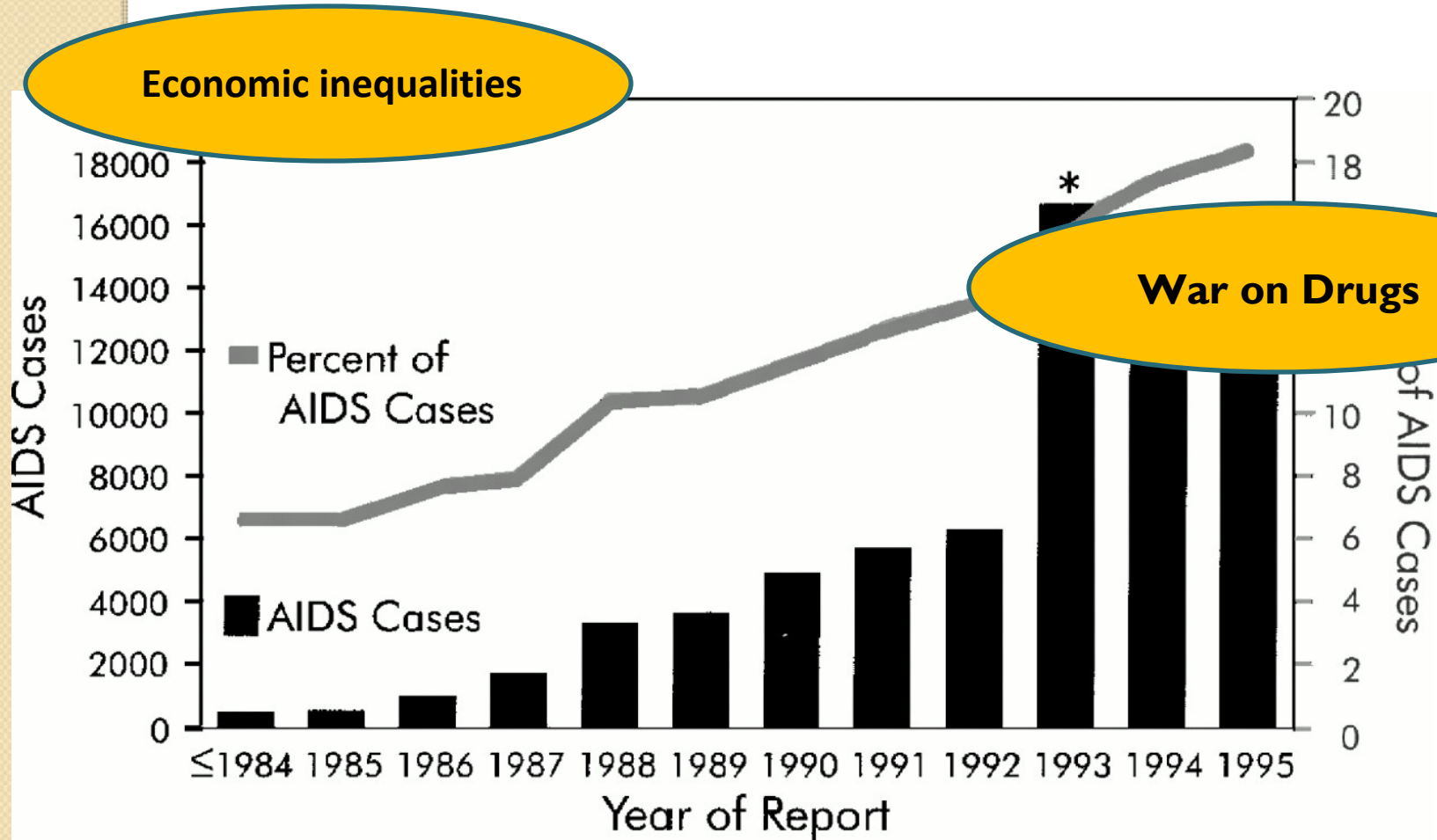
Economic inequalities



*AIDS case definition expanded

Reframing women's risk: social inequalities and HIV infection

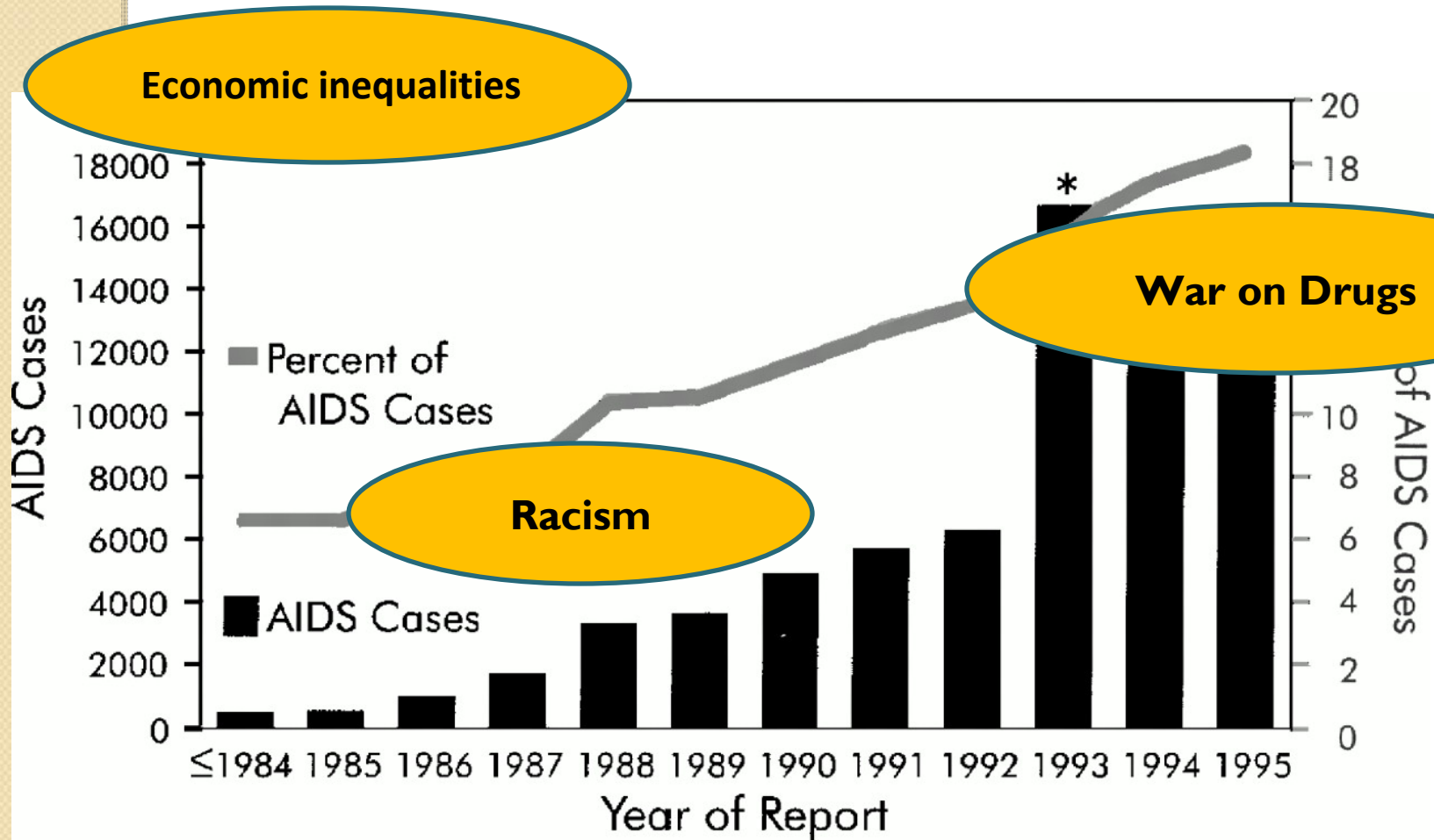
Annual Review of Public Health, 1997



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Reframing women's risk: social inequalities and HIV infection

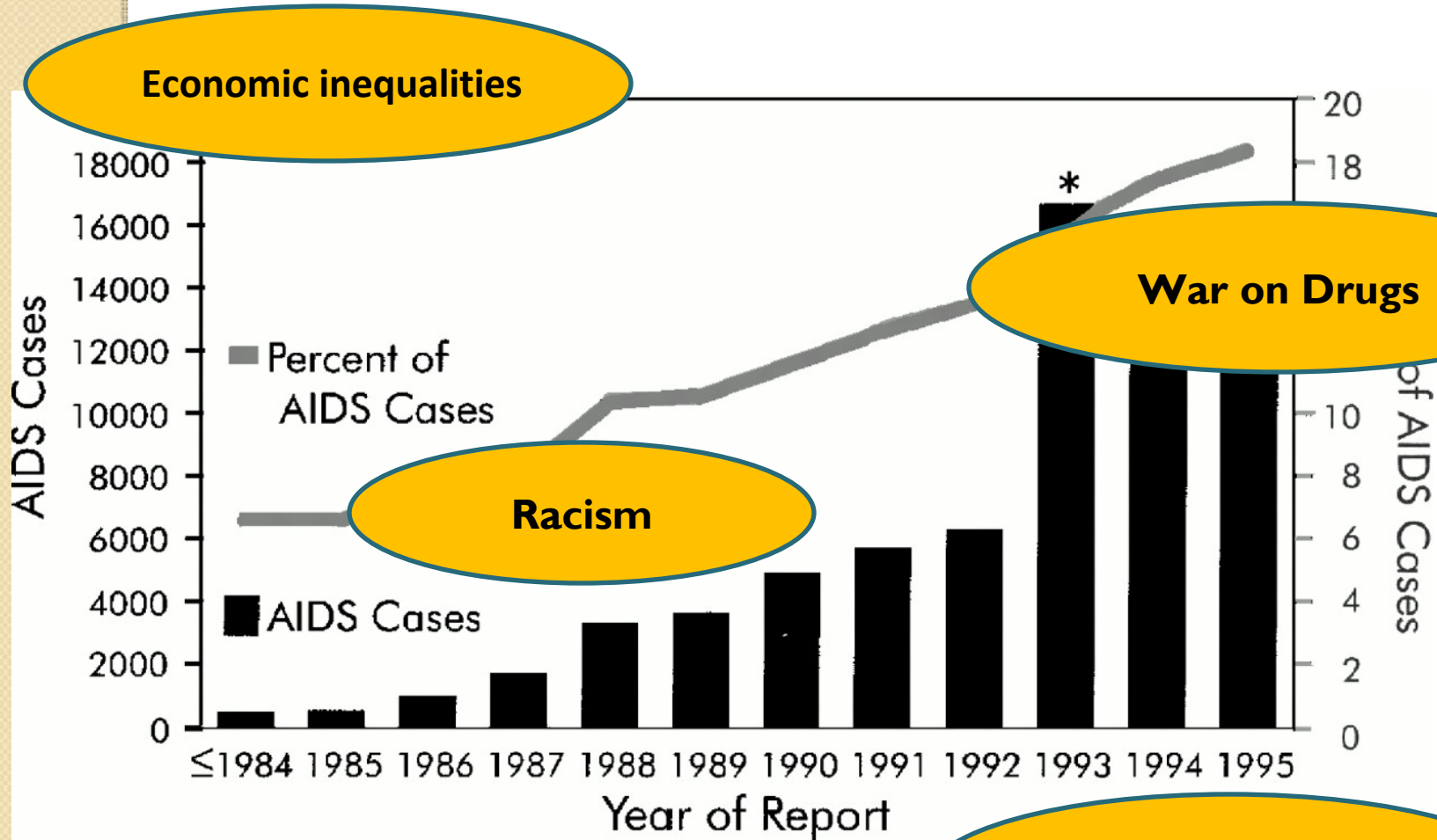
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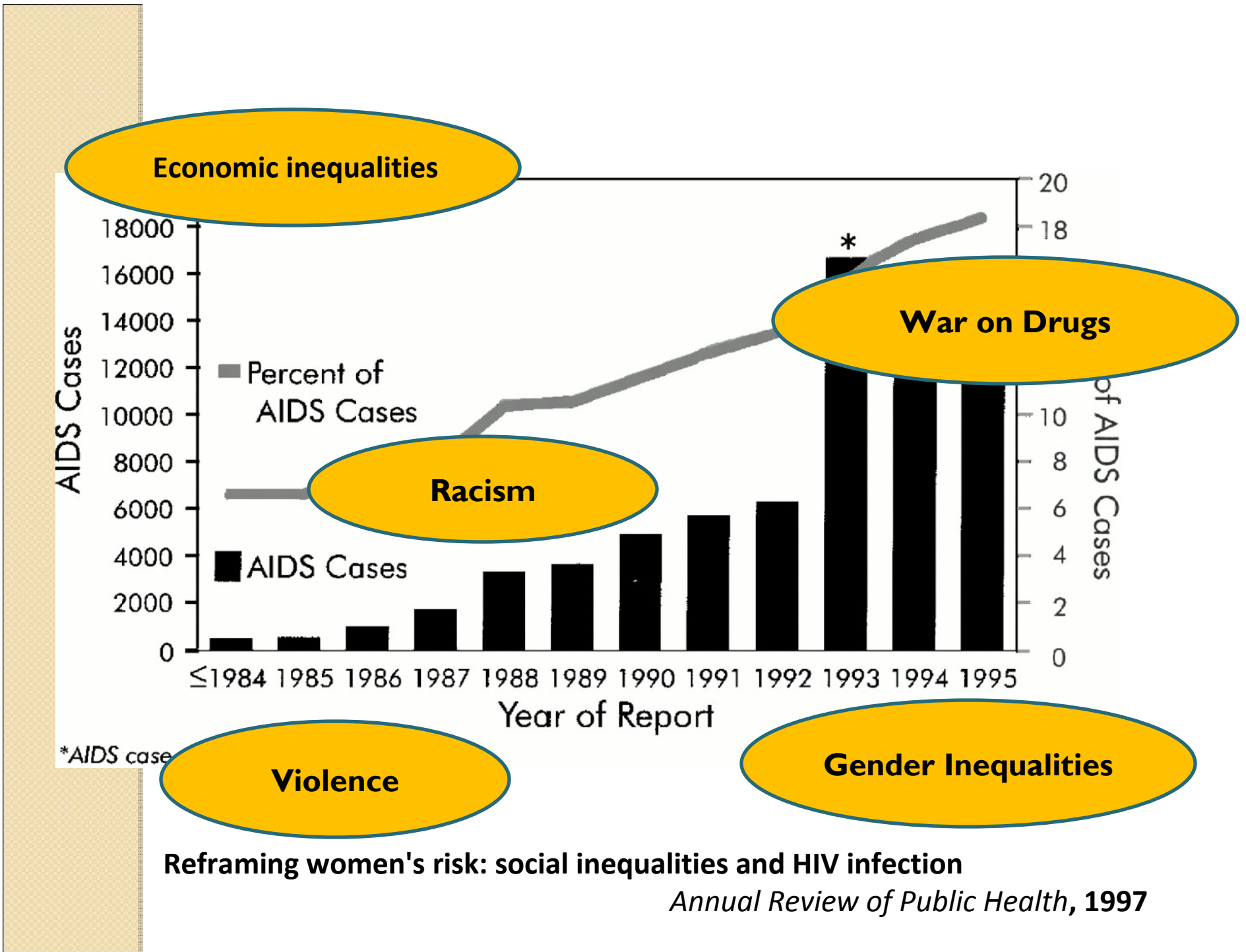
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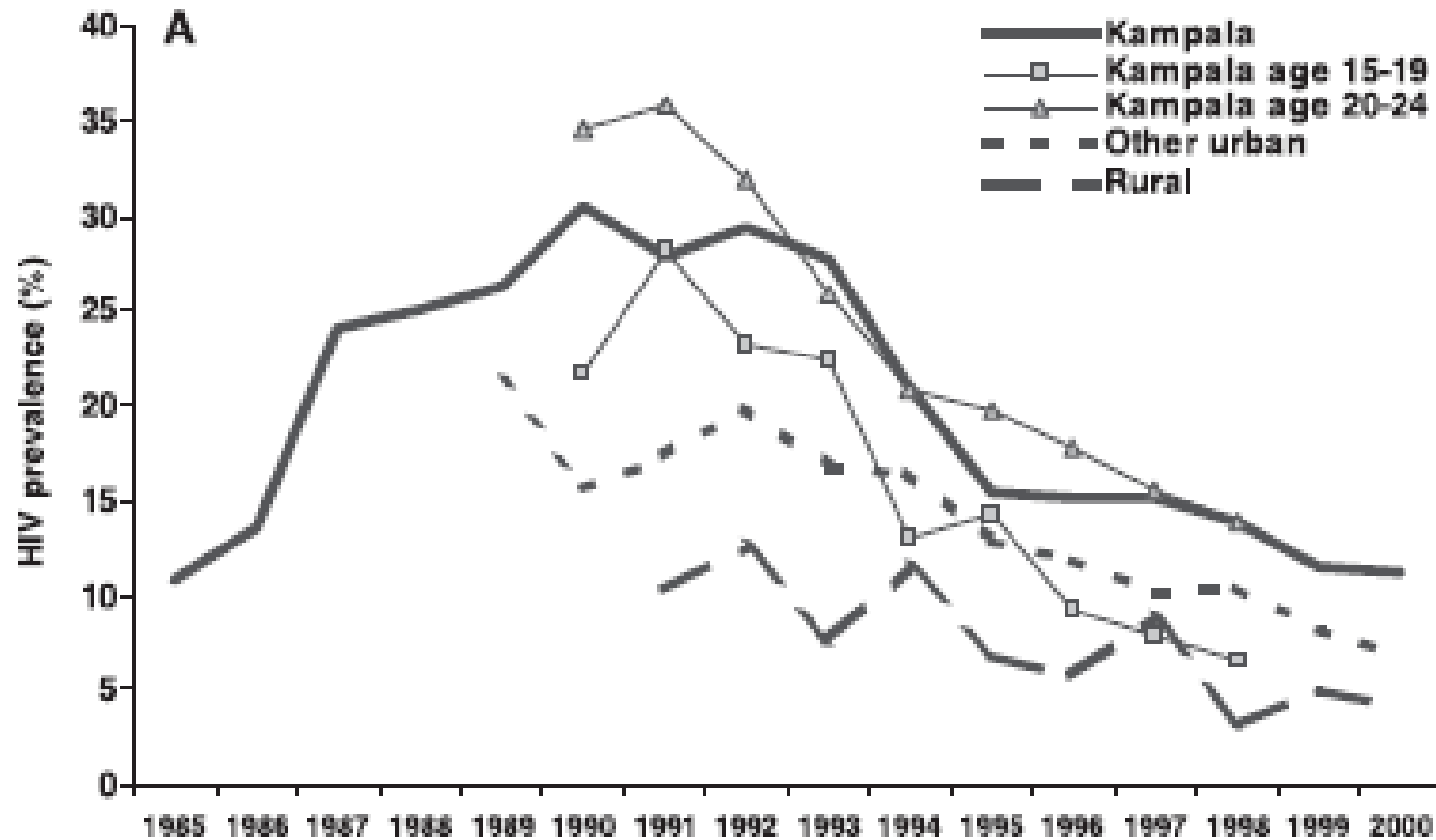
Annual Review of Public Health, 1997



Implications for interventions

- Building HIV-resilient communities
 - Start by addressing established community priorities
 - Microfinance – addressing basic needs through established proven systems and networks
 - Entry point for sustained contact with a public health intervention
 - Not a panacea - context matters!
- Working across disciplines
 - Outside our comfort zone - host of new challenges
 - Legal system, urban planners, sports programs, education specialists
 - Pick strong partners – stick to what you know....
 - SHAZ in Zimbabwe
- ‘Combined interventions’ – biomedical – behavioral – social/structural
- Working ‘indirectly’
 - IMAGE - Older women as mentors for higher risk groups
 - Longer term form of social support
 - Bottom-up support

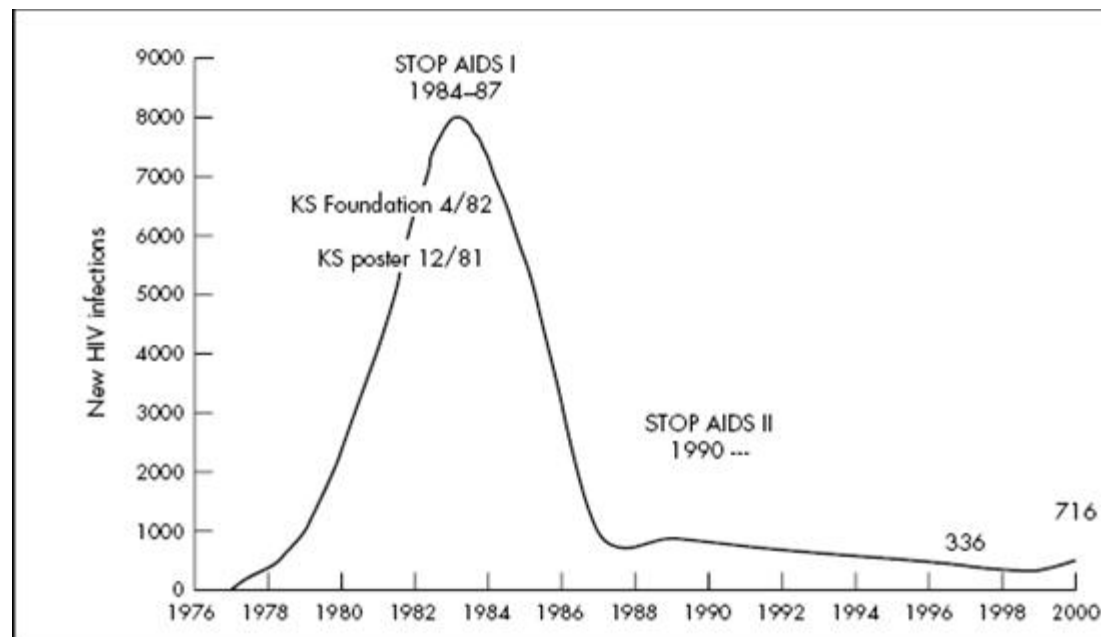
Social capital and declining HIV prevalence in Uganda's generalized epidemic



Stoneburner and Low-beer, *Science*, 2004

HIV-resilient communities: Social capital and HIV control

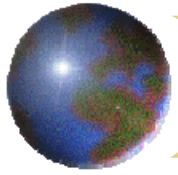
AID Cases, San Francisco, USA





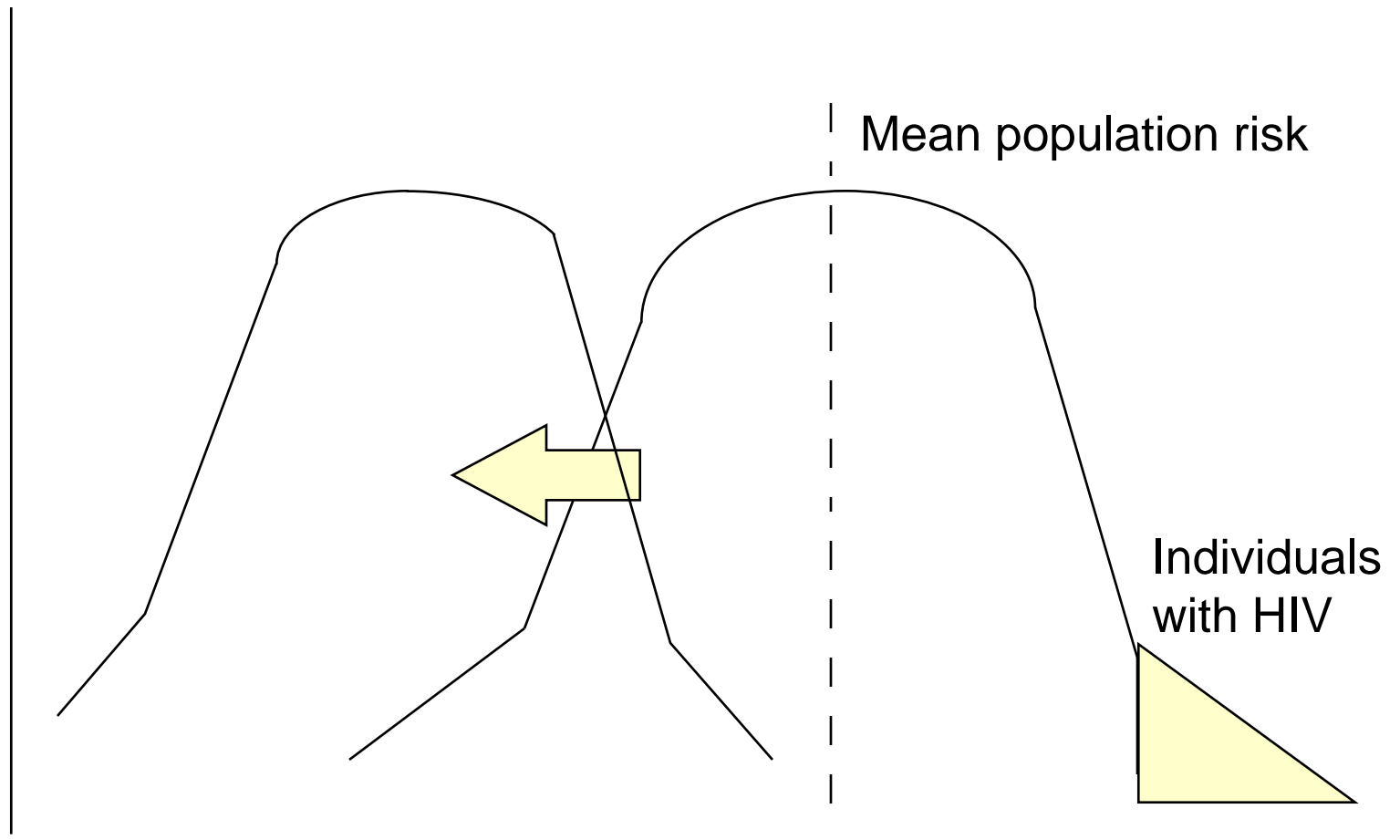
Research implications

- Building a body of evidence around structural interventions
- Balancing intervention flexibility and rigorous study design
 - ‘Doing to’ people vs working with communities – Joyce Howard (CBPR)
 - METHODS \leftarrow \rightarrow INTERVENTIONS
 - pushing the boundaries of study designs and methods
- Plausibility vs probability assessments
- Implications for cluster-level analysis
- Demonstrate adequacy before effect
- Strong theoretical frameworks and plausible pathway variables
- Qualitative research and implementation science
- Structural changes take time
 - Extended duration of follow-up

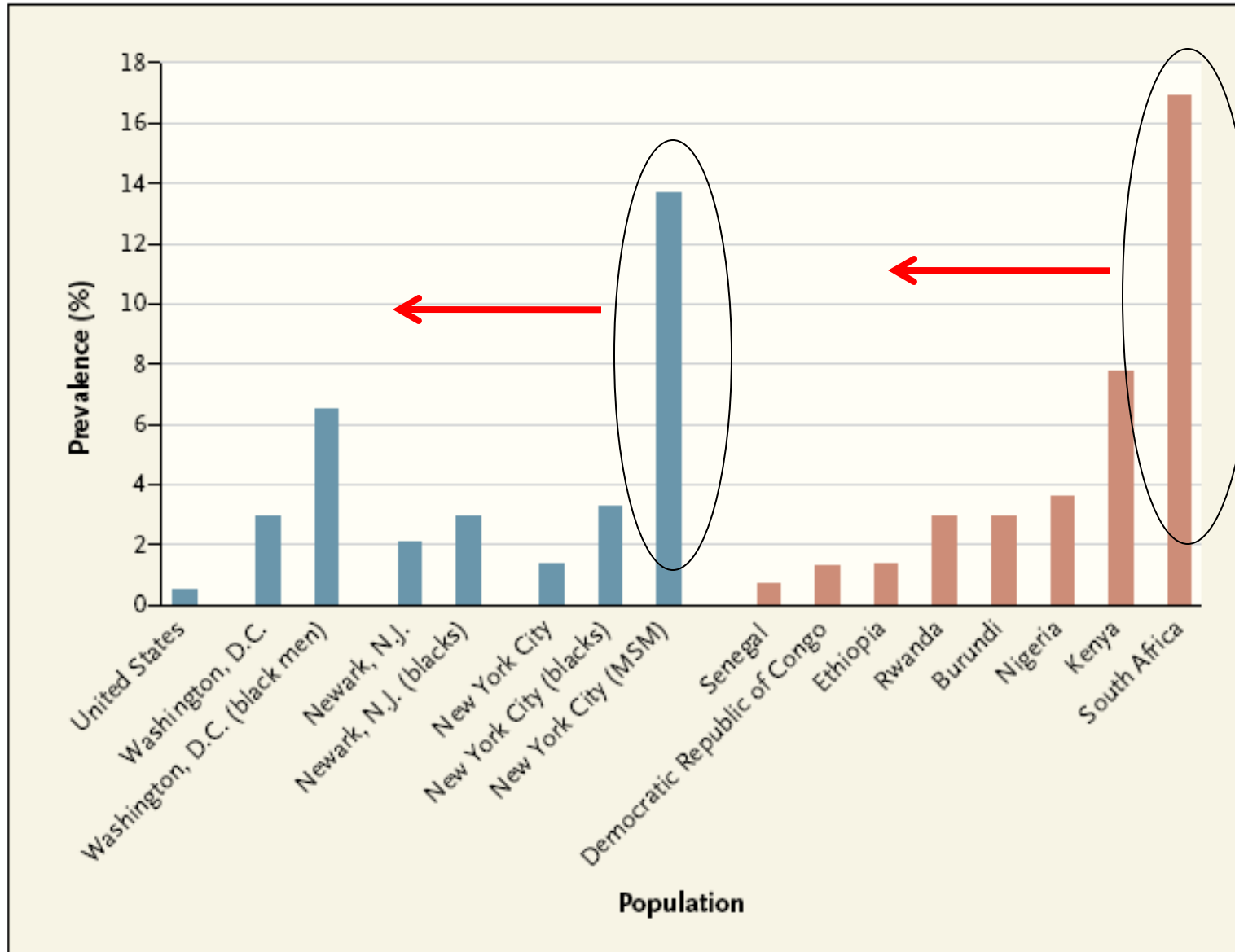
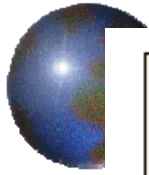


Mission of Public Health

“diseases in individuals” vs “healthy populations”

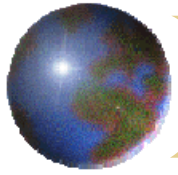


Rose G. Sick individuals and sick populations. Int J Epi, 1986

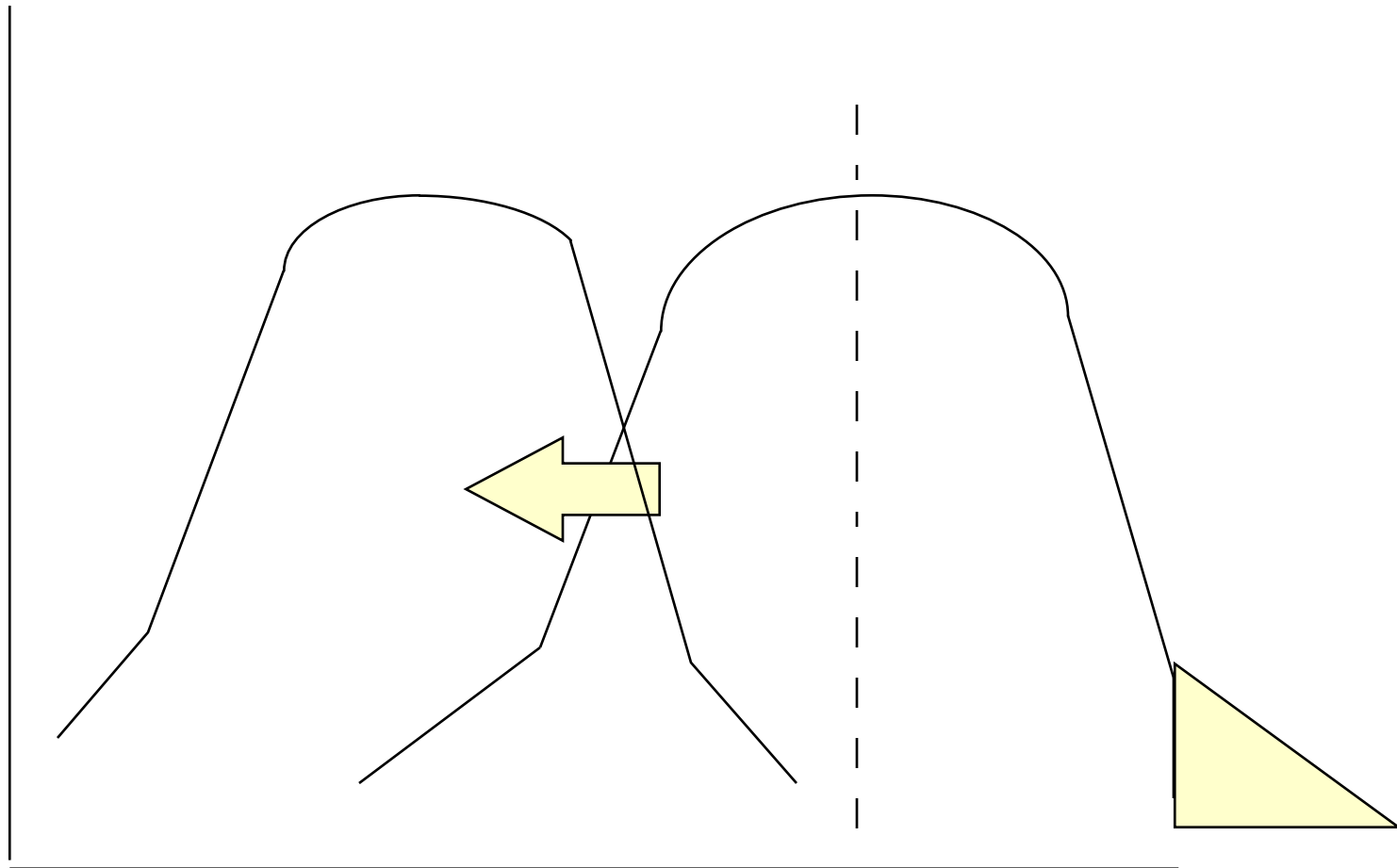


HIV Prevalence in Adults from Selected Countries in Sub-Saharan Africa and Subpopulations in the United States.

Source: El-Sadr et al NEJM 2010



Ubuntu : I am because we are...



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