

Structural drivers of HIV: understanding non epidemiological factors and innovating community led solutions

May 2, 2025



Welcome and what to expect

- Please, introduce yourself in the chat, with your name, pronoun, country, and organization.
- Time for question and answer – please be active!
- Use the chat for questions and comments during presentations.
- Webinar will be recorded, and slides will be shared.

Foundation's remarks

- This webinar is part of technical assistance to applicants under the RADIAN Equity Challenge Fund
- Projects addressing structural drivers of the HIV epidemic in Eastern Europe and Central Asia (EECA)
- Concept notes due on May 19, 2025, at 23:59 London
- Be flexible and open to different ideas, including those from beneficiaries
- Experts from FHI 360 bring experience from around the world, including EECA
- Questions: RADIAN@eltonjohnaidsfoundation.org
- Announcement:

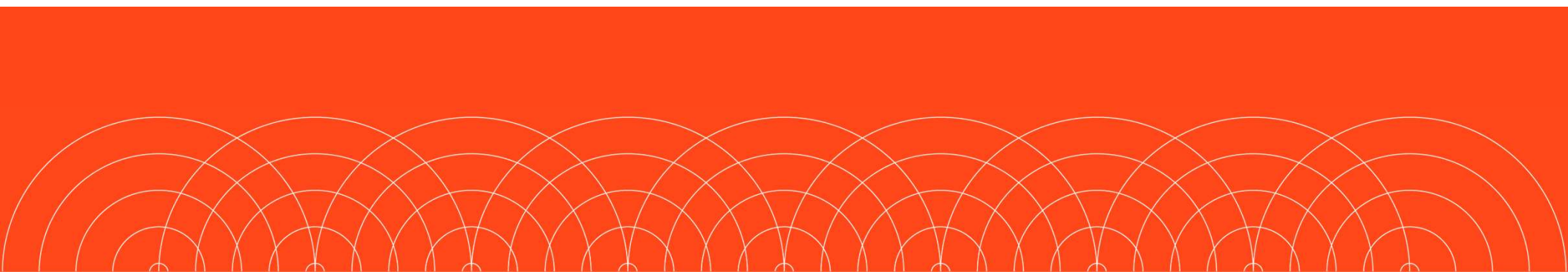


Who are we and what is our role?

- FHI 360 is a non-governmental organization with almost five decades of experience in global programming including HIV.
- Working in more than 50 countries
- For the Equity Challenge Fund, FHI 360's role includes:
 - Facilitating these introductory webinars
 - Assisting with concept notes
 - Planning and facilitating in person incubation workshops



What are structural drivers of HIV?

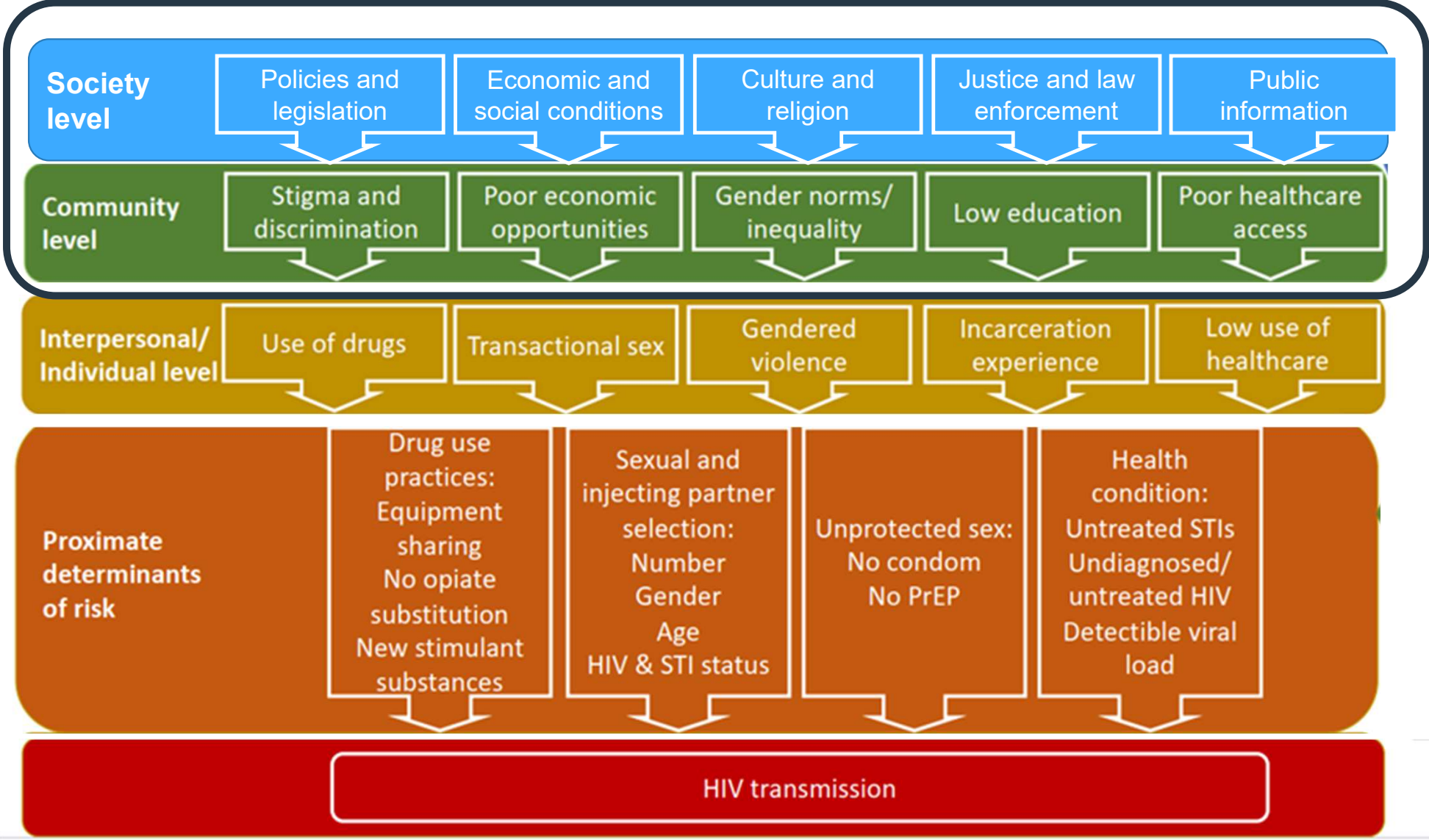


What are structural drivers and why are they important?

- Structural drivers are **factors at society/macro and community levels** that fundamentally shape and influence patterns of HIV risk behavior and also facilitate, or impede, an individual or group's ability to access services*.
- Reducing structural barriers is an essential complement to:
 - biomedical services (prevention (PrEP), testing (HIVST), and treatment (MAT, ART), and
 - behavioral approaches (motivational counseling, support groups, peer navigation).
- **Biomedical + behavioral + structural = HIV epidemic control**

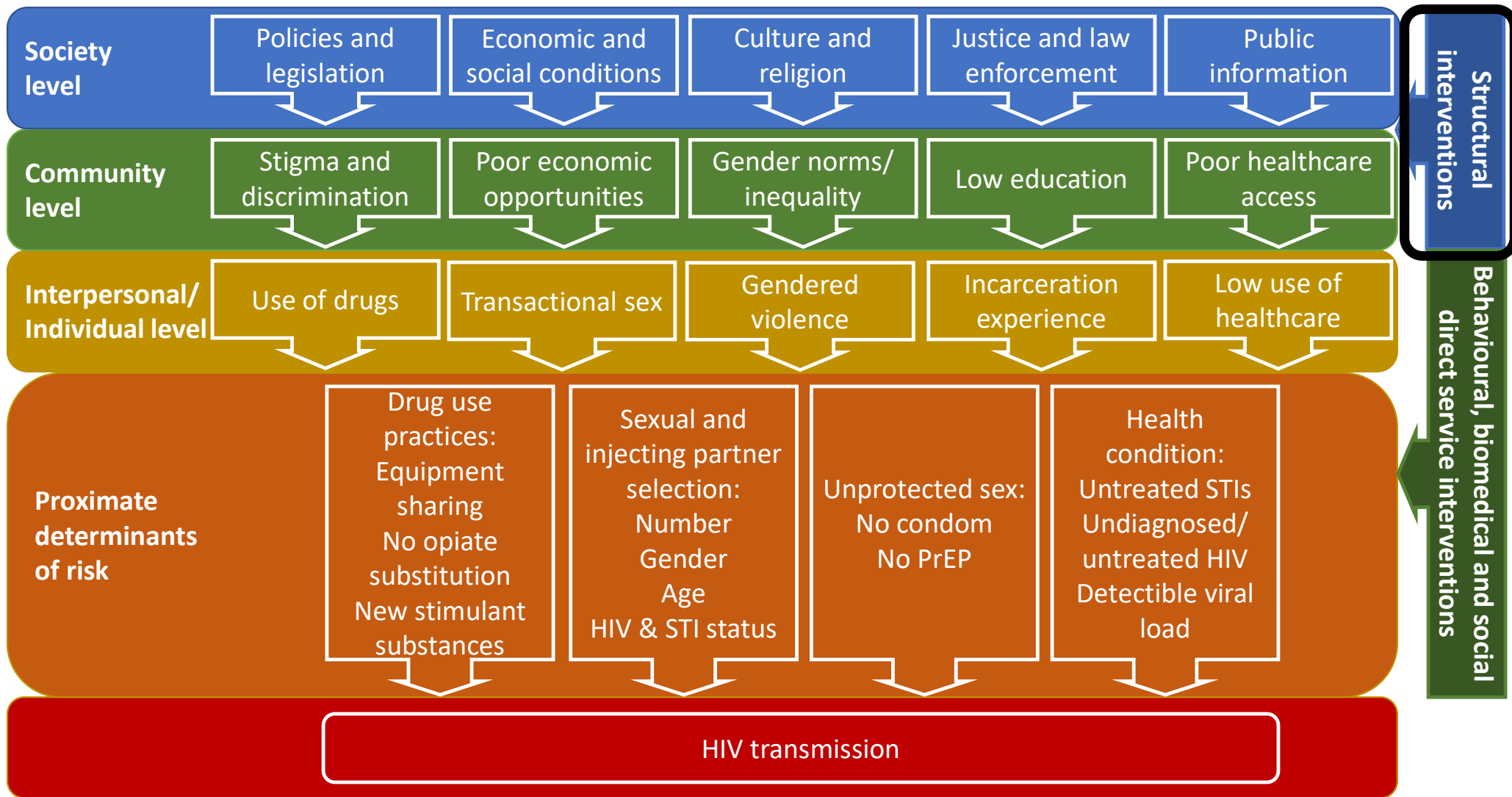
**adapted from STRIVE*





How do we address structural barriers?

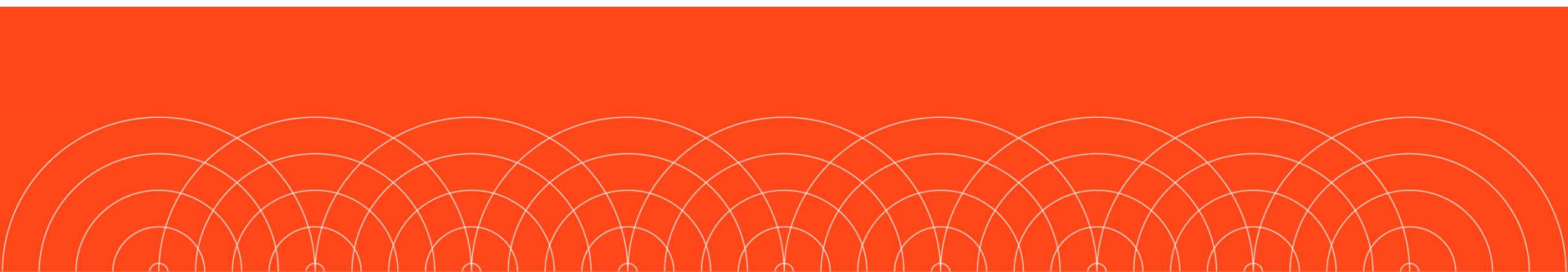
- Structural interventions are activities aimed to reduce structural barriers
- They can be **society level** (legislation) or **community level** (vocational training)
- An intervention **may address multiple barriers at once**
 - But still should be focused
- Structural interventions may be **harder to measure**
- They may take **longer to implement** and require **new stakeholders**
- Structural interventions often **target individuals beyond our beneficiaries**
- To address structural barriers, our **beneficiaries play an important role.**





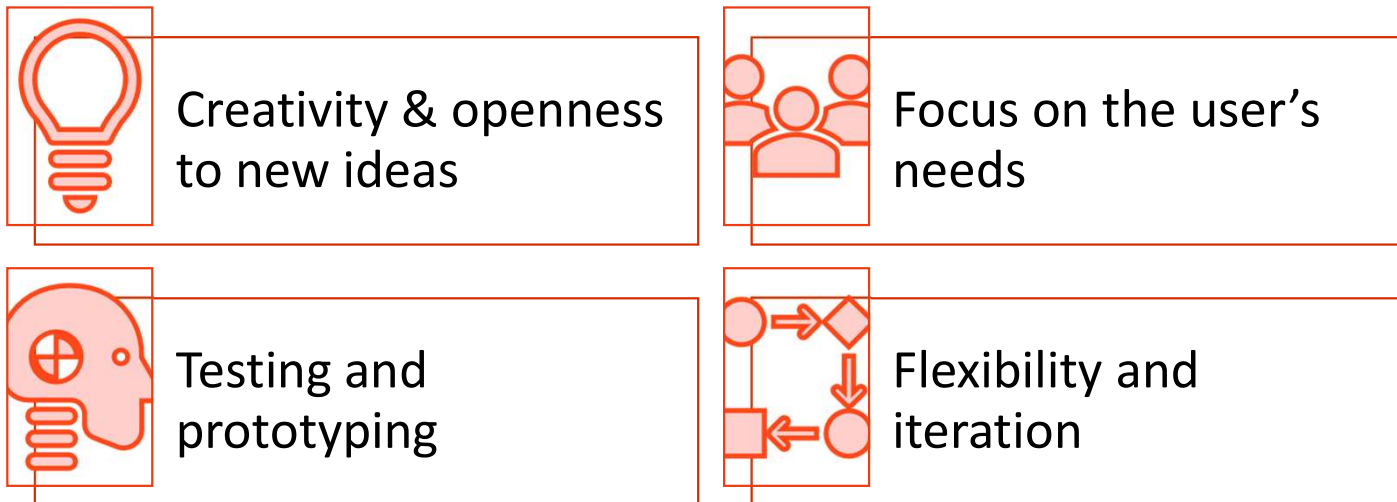
How can we design a structural intervention?

Rapid overview of Human Centered Design




What is HCD?

- Human-Centered Design (HCD) is a fancy title for a creative approach to problem-solving that begins with the final user and ends with innovative solutions.
- Key principles include:



HCD process



- **EMPATHIZE:** Share insights to better understand the lived experiences of community members with structural barriers



- **DEFINE:** Clearly understand the problem and articulate it into problem statements



- **IDEATE:** Brainstorm potential solutions and identify the most promising ideas



- **PROTOTYPE:** Develop small-scale versions of proposed solutions to make ideas tangible



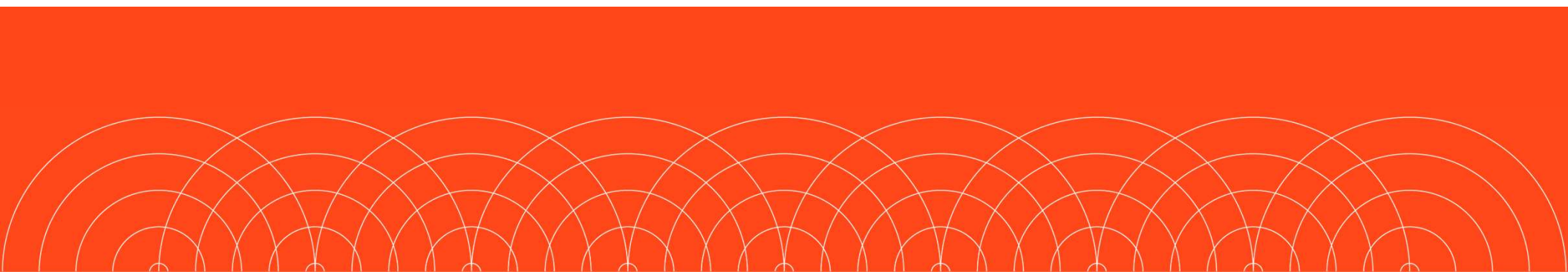
- **TEST:** Prototype (develop first draft), gather real-world feedback, and iterate solutions

Why HCD?

- There is no need to reinvent the wheel, but you need to adapt that wheel to the terrain
- Externally prescribed solutions are less likely to work or have buy in
- You cannot devise a good solution without having a thorough understanding of the problem.
 - Observing users helps us better understand their problems and pain points
 - Solving the root cause means solving the problem.
- HCD helps us avoid the expert trap: the longer we work in HIV, the further we may become from the beneficiary



Structural interventions in action: Case Studies



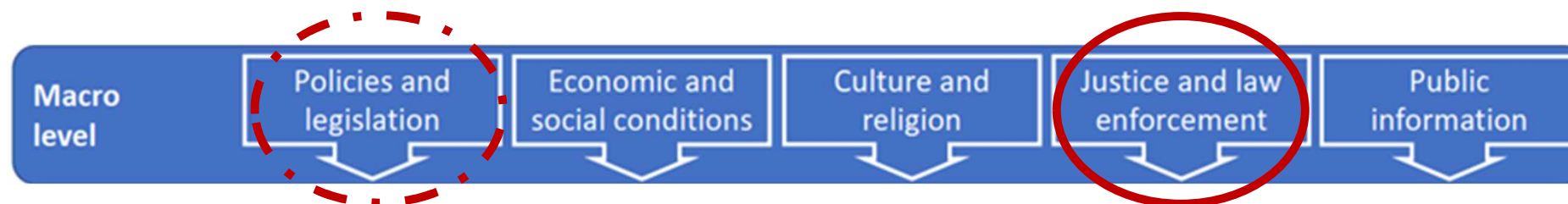
Case study content

- Description of the structural barrier and how it affects epidemic control
- Background on how a solution to this barrier was designed using HCD (or not)
- Description of the solution and the outcome
- Lessons learned and considerations for replication
- Questions and discussion

Case study 1: macro level, addressing justice and law enforcement

The Dominican Republic

- Stigma, harassment and violence against key populations widespread, and perpetrated even by law enforcement (who are supposed to be protectors).
- Poor understanding of the laws among law enforcement.
- Low uptake of violence response services – increased risk of HIV transmission.



Solution design

- **Focus groups** with KP members.
- Need to address **intimate partner violence** and **violence from law enforcement**.
- **Sensitization*** of national police to understand the local laws, to **recognize their responsibility to enforce laws**, the link between HIV and violence, and how to support survivors of violence.
 - *goes beyond traditional education and training
- Engaged the Ministry of Women and Public Defenders office.



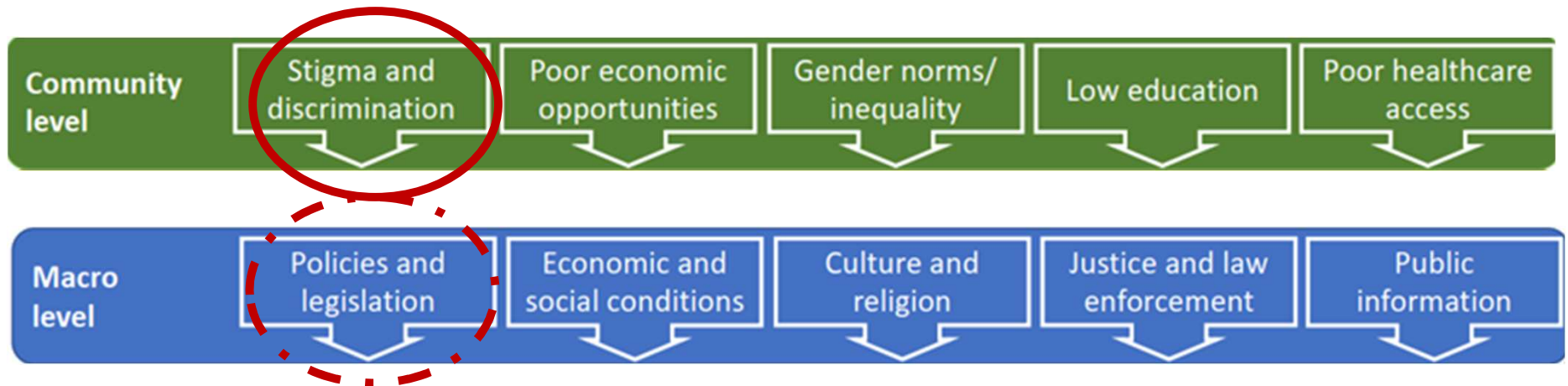
Outcome and lessons learned

- **Reduced arrests** and harassment of KP members, increased **uptake of violence response services**, better **links between legal and health (including HIV) services**, **less recidivism** in domestic violence cases, and **improved police pride** in their work.
- Learnings included:
 - **Strong links to the Ministry of Women and Public Defenders Office** increased impact
 - An **iterative process and diverse approaches** resulted in higher effectiveness
 - Strong **leadership by peer educators** helped manage arrests as they occurred and guided overall activity design

Case study 2: community level, addressing stigma and discrimination

Ghana

- Stigma and discrimination impede access to health services and impact mental and physical health
- Increasing anti KP legislature and policies exacerbate stigma.



Solution design

- Discussions with KP led organizations identified **a need to document and report human rights violations against KPs and PLHIV**
- Proposed solution – **safe and secure reporting** of human rights violations.
- Commission on Human Rights and Administrative Justice (CHARJ) reporting systems and collaboration.
- **Trained peers** on relevant legislation and human rights protections.



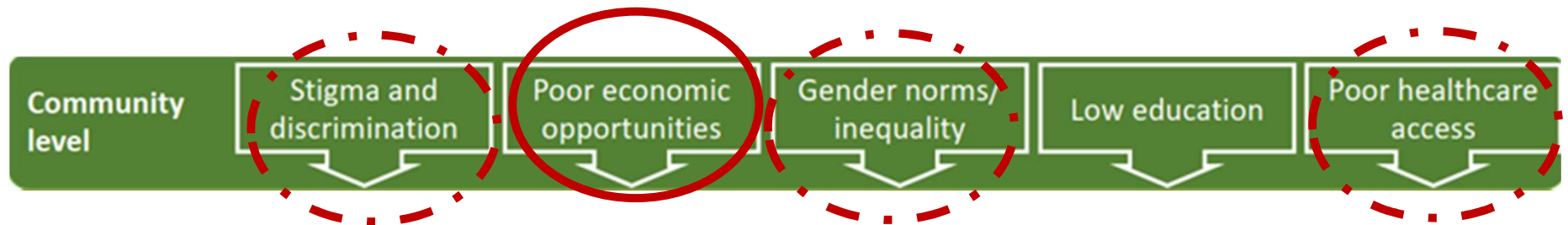
Outcome and learnings

- Increased knowledge of rights, increased reporting of violations, improvements in health care experiences, and reduced impunity for police.
- Operational challenges → complaints into the system trailed off with limited ability to follow-up and detailed questions → engagement of end users from the very beginning is important.
- Role of peers in educating individuals and accompanying them throughout the process.



Case Study 3: community level, addressing poor economic opportunities

- Many people living with HIV or those most at risk of contracting HIV face poor economic opportunities for a variety of reasons, including stigma and discrimination, gender inequality, and low education.
- This opportunity gap can result in poverty and social exclusion that can exacerbate existing vulnerabilities.



Solution design

Original Goal: To improve the sustainability of community-led organizations working in HIV by helping them develop social enterprise revenue

Two Years of Pipeline Development & Testing



Idea Sourcing

Utilizing its network across Asia, FHI 360 identified existing social enterprises working in HIV and CSOs with business ideas



Selection

Expert group reviewed organizations and ideas, selecting enterprises and concepts in six Asian countries



Start-up & Incubation

2+ years of product development, market planning, and start-up

Solution: Targeted Support for Social Enterprises Along the Maturity Spectrum



7 Ecosystem



Outside of support for individual enterprises, EpiC is also seeking to building an enabling ecosystem for entrepreneurial activity in HIV/AIDS by publishing thought leadership on the topic and convening stakeholders for events, conversations, and collaboration related to leveraging new sources of capital for the fight against HIV/AIDS.

Outcome: Social enterprises & economic opportunities



Chhouk Sar Clinic (Cambodia) expanded their current one-stop HIV/STI services, which remain free, with additional fee-based elective services.



Network of Maharashtra People with HIV or NMP+ (India) operates the TAAL+ peer-led online pharmacy. NMP+ has expanded their community pharmacy to now offer online sales of ARV drugs.



Blue Diamond Society or BDS (Nepal) runs a meeting facility that offers a safe space for organizational offices, conferences and community events.



The Regional TB-HIV Support Network or RTHSN/Lakan (Philippines), in partnership with one of the country's major coffee suppliers, launched Lakan Coffee+ as an inclusive gathering space.



Photo credit:
Anita Khemka

Spotlight: ANSWER

- **Barrier:** lack of long-term financial sustainability solution for the organization together with growing mental health issues facing by beneficiaries and community staff
- **Business idea:** Mental health and self-development center
- **Prototyping experience:** Began small, offering consultations and relaxation room sessions out of their existing space to begin learning about their target customers' needs and preferences.

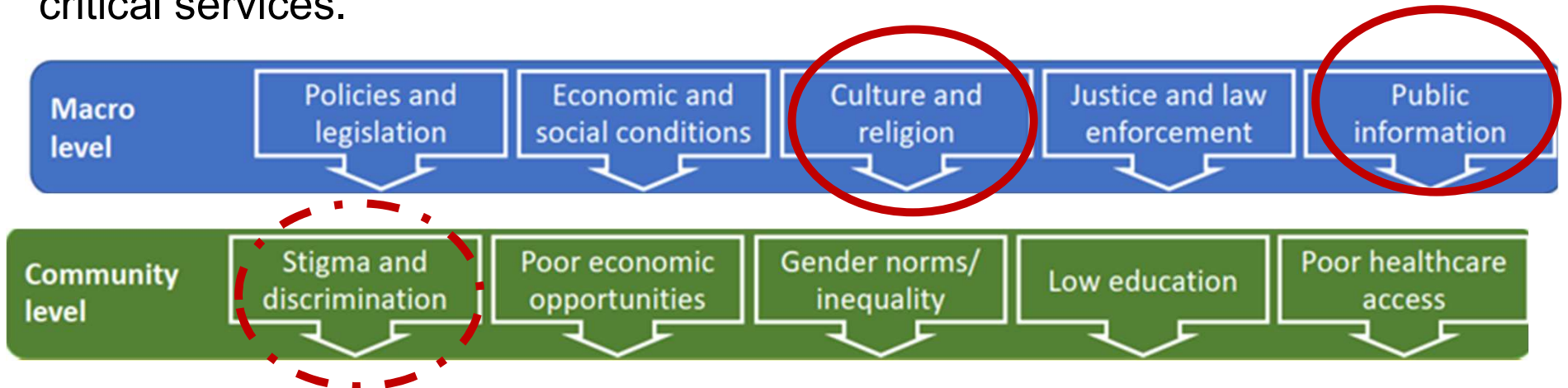


Outcomes and learnings

- Clear impact description from the start
- Leadership and board buy-in is essential
- Financial modeling based on realistic market size
- Different set of skills of business planning; engagement of different staff
- Demand generation and clear marketing strategy is important
- “Project-oriented mind” serves as a barrier

Case study 4: macro level, addressing culture and religion and public information

- Cultural, social and religious values contribute to pervasive and increasing stigma → less uptake of HIV and health services.
- Community-led communications grounded in cultural, social and religious values can increase awareness, reduce stigma and facilitate access to critical services.



Solution ideation

- Putting a face to a story and having role models.
- Creative storytelling - formats and content different by context.
- Formats varied from direct materials with real individuals (Philippines and Thailand) to art to protect beneficiary identity in Central Asia, interactive comic book in South Africa, and a video game in Infonesia.
- Engagement with end users, testing and revision, and ongoing monitoring were critical.



BLOG

Overcoming Addiction and Reclaiming Life: A Photostory from the EpiC project in Central Asia

JUNE 1, 2023

BLOG

Choose Joy: A Photostory from the EpiC project in Central Asia



Outcome and learnings

- Increased awareness of HIV services and of KP and PLHIV needs - measured by interviews, focus groups, and surveys.
- While HCD, including designing and testing helped ensure appropriate and more effective content and formats, in some cases there were unexpected challenges.
- Linking communication products to HIV service uptake is important.
- Integrating products to a larger campaign can increase visibility and impact

Case Five: community level, addressing poor healthcare access

- Key population youth, and particularly LGBTQI+ youth, bare a **disproportionate burden of mental health struggles**.
- In Tunisia, Morocco, and Algeria, both men and women are **penalized under law for same-sex relations**.
- Individuals are **not addressing mental health needs** nor are they seeking HIV services for risk of being associated with key populations and due to mental health stigma.



Solution design

- Anonymous online mental health services as a safest and attractive option.
- The Online Reservation Application (ORA) designed by FHI 360, was selected as the platform for service delivery.
- Identified and trained community-selected psychologists on telehealth, the ORA platform, and basics of key-population-friendly services.
- Legal review of the policy environment to ensure safety and security of data storage and alignment with local legislation.
- Minimal personal information was required.
- Testing and feedback--by clients, organizations, and providers--contributed to improvements and changes.

Outcome and learnings

- The activity was **well received** by users, providers and supporting community organizations.
- Providers noted **important changes in their clients** - finishing education programs, gaining employment, improving relationships, and **strengthening self-acceptance**.
- In one year, virtual mental health services were delivered to 1,494 unique users by 8 part-time providers.
- **Easy to integrate** into other programs.
- Measuring **influence on HIV service uptake and outcomes** is important.

Contact us!

FHI360 staff is available to review your concept note ideas and provide feedback before submission.

Please note that our review does not guarantee your concept note is shortlisted.

If you want FHI360 inputs, please send your questions and concept notes to: osamoilova@fhi360.org before May 9, 2025.

IMPORTANT: you still will have to submit your concept note via the Foundation's online system.

Selection criteria for concept notes

Strategic alignment and impact

- Alignment with priorities of RADIAN 2.0 and the current call
- Clear theory of change
- Data-informed design and desired impact
- Regional potential (proof of concept)

Effectiveness

- Consortium's expertise and relations
- Project's cost effectiveness
- Reasonable budget