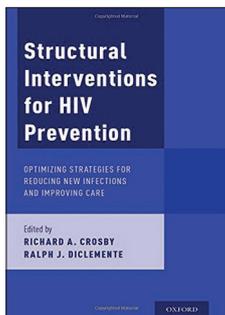




Structural interventions for HIV prevention



Published Online

October 3, 2019

[https://doi.org/10.1016/S1473-3099\(19\)30530-4](https://doi.org/10.1016/S1473-3099(19)30530-4)

Structural Interventions for HIV Prevention: Optimizing Strategies for Reducing New Infections and Improving Care

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Oxford University Press USA,

2019

pp 376, £65.00

ISBN-13:978-0190675486

More than 37 million people across the globe are currently living with HIV, and, in 2018 alone, an estimated 1.7 million people became newly infected. Significant progress has been made in advancing our scientific understanding of HIV with the discovery of many effective HIV prevention modalities and a colossal scale-up of HIV treatment over the past decade, leading to a substantial decline of incident infections in some regions of the world. Yet, there remains a great need for HIV prevention as the pandemic continues to outpace efforts to control it. It is well established that structural intervention approaches for HIV prevention—methods that rely on altering aspects of the social, political, economic, or legal environment to promote positive health-related behaviour change—are successful at curbing HIV spread and can be used to augment the effectiveness of biomedical and behavioural interventions.

Structural Interventions for HIV Prevention: Optimizing Strategies for Reducing New Infections and Improving Care by pioneering HIV prevention scientists and editors Richard Crosby and Ralph DiClemente is a much-needed and timely textbook that demonstrates the fundamental design, implementation, and evaluation aspects of a diverse array of efficacious structural-level interventions for decreasing HIV incidence across the globe. Crosby and DiClemente provide the conceptual methods, framework, and applied examples of the ways in which structural-level interventions contribute to high-impact prevention and complement behavioural and social science approaches to HIV prevention.

The book covers a diversity of populations, geographical locations, contexts, and structural intervention approaches for reducing HIV transmission and acquisition. The emphasis of specific chapters includes structural interventions that range from community mobilisation to microenterprise to housing instability to economic barriers for education to integrated systems of care for medical and community-based support services. The thoughtfully selected diversity of populations includes marginalised and disenfranchised groups with vulnerabilities to health disparities or stigmatised conditions, including women, individuals engaged in transactional sex, prison populations, sexual minorities, racial and ethnic minorities, people from resource-constrained countries, and other groups that experience social, political, or economic inequities.

Notably, Crosby and DiClemente reserve an entire chapter of the book for evaluating structural interventions in relation to aspects of study design and other methods; impact on both intended and unintended outcomes; implementation, including pathways and mechanisms through which the intervention leads to changes in the

desired outcome, as well as any situational factors that affect them; and cost, specifically related to effectiveness, utility, benefit, and consequence analyses. Broadly speaking, cost analyses provide some evidence that structural changes, although costly, might have the greatest effect over the long term in reducing the number of incident HIV infections, as well as garnering other social, political, and economic benefits.

Equally important, another chapter focuses on enhancing and understanding the theoretical underpinnings—namely, relational theories that reflect a relational conceptualisation of social context—to guide researchers and public health officials in developing and testing the feasibility, acceptability, and efficacy of structural-level interventions aiming to mitigate risk for HIV infection through which causality is viewed as recursive. Using relational theory for structural intervention approaches provides an intricate understanding of the social context through which inequalities in HIV exist.

One of the main challenges moving forward, which the book only slightly addresses, is the process by which successfully tested, evidence-based interventions are integrated into practice and policy to ensure an intervention's intended effects and impacts, as well as cost-effectiveness across time, space and place. Although the book does not provide an exhaustive list and details of all structural interventions for HIV prevention existing in the literature, its main strengths are the numerous case studies, applied examples, and key insights to designing and implementing structural-level intervention approaches in both developed and developing countries.

The book shows strong evidence suggesting that interventions that address the structural factors that influence people's health behaviour are more successful at reducing risk for HIV infection than interventions that focus solely on individuals and ignore the larger environmental context. The Joint United Nations Programme on HIV/AIDS established target goals that by 2020, 90% of all people with HIV will know their status, 90% of all people who know their status and are living with HIV will be on antiretroviral therapy (ART), and 90% of all people receiving ART will achieve viral suppression. Moreover, access to comprehensive prevention services is warranted, including pre-exposure prophylaxis for those whom it is indicated/desired. These goals are ambitious, but certainly achievable if the HIV prevention agenda supports complementary multilevel approaches that harness the strength that comes with the combination of both structural-level and individual-level interventions

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