National Roundtable on Evaluation of Multi-Level/ Combination HIV Prevention Interventions
UCSF Center for AIDS Prevention Studies (CAPS)
UCSF-Gladstone Institute of Virology and Immunology Center for AIDS Research (CFAR)
May 24-25, 2012, Athens Room, Hotel Monaco
501 Geary Street (at Taylor), San Francisco

Background: There is a growing realization of significant gaps in our community-level evaluation methods to address the complexities of multi-level/combination interventions when applied to heterogeneous populations interacting with diverse and imperfect health care and intervention delivery systems. To address these gaps, a new synthesis is needed combining the methodological and statistical rigor associated with clinical trials, the conceptual framework of implementation science, and the on-the-ground strategies of programmatic monitoring and evaluation.

Goals: The overarching goals of this national roundtable are to examine the state-of-the art of multi-level and combination HIV prevention interventions -- both domestically and internationally--to define the significant challenges and scientific gaps in our current evaluation methods, to identify the most promising innovative approaches to addressing these gaps, and to guide the future research agenda for evaluation methods development and assessment. The product from this two day meeting will be a proceedings document summarizing our discussions towards these goals, identifying areas of agreement and points of diversity of opinions, and a set of recommendations that can be used to guide new directions in research.

Structure: The roundtable is structured around 7 topical panels over the two days, each followed with a facilitated discussion with panelists with input and commentary from audience experts.

- **Panel 1 – National Approaches** speakers will inform us of core components of multi-level/combination approaches to HIV prevention, identify process, outcome and impact measures, and share challenges to population-based impact evaluation in the U.S.
- **Panel 2 – IOM Recommendations** we will present the context of the recent IOM report on Monitoring HIV Care in the United States: Indicators and Data Systems, and explore the recommendations as a potential impact evaluation framework for multi-level/combination HIV prevention in the U.S.
- **Panel 3 – International Approaches** we will identify core components of several international multi-level/combination approaches to HIV prevention and their process, outcome and impact measures, and define the challenges to population-based impact evaluation in developing countries.
- **Panel 4 – Developing a Framework for International Impact Evaluation – Indicators and Data Systems** will engage a discussion to explore the potential for a parallel framework to the IOM approach for impact evaluation in developing countries.
• **Panel 5 – Economics, Sustainability, & Policy** we will explore the role of cost in impact evaluation and implementation decision-making, as well as to discuss issues of sustainability and ethical issues in multi-level/combination prevention studies in developing countries.

• **Panels 6 & 7 - Future Directions for Impact Evaluation** will present promising statistical approaches for impact evaluation of multi-level/combination HIV prevention interventions, specifically to identify strengths, gaps and data needs for different existing methods followed by a facilitated discussion.

At the conclusion of the meeting we will have a facilitated discussion on setting a research agenda, which will follow from the discussion of the day and a half of the roundtable.

**Terms:** The goal of the roundtable is not to reach a consensus on the definition of terms. However, as a common starting point, we summarize the following existing definitions in the literature for multi-level and combination prevention - terms that at times are used synonymously but have different origins.

• **Multi-Level Interventions:** The multi-level prevention framework has roots in the “ecological model,” borrowed from Bronfenbrenner’s work in human ecology. This model understands the individual as embedded in societal, community, familial and peer contexts and posits that behavior is shaped by economic, political, and social structures; socio-cultural contexts; and social relationships in which people negotiate behaviors (i.e. condom use, partnerships, and health care utilization). As a result, multi-level interventions aim to address the multiple levels that influence an individual, including interpersonal processes, community factors, institutional factors, and other structural or socio-cultural factors and processes together.

• **Combination Prevention:** A second term “combination prevention” implies delivery of a package of complementary evidence-based strategies offered together, because no single intervention strategy is sufficient to stem the spread of HIV. Intervention components offered in combination increase the likelihood of meeting the needs of a diverse population (with varied approaches) and improve the potential for increased potency of the approaches due to synergy with other components (e.g., enhanced counseling may increase the effectiveness of PrEP).

Discussions of combination prevention specify that the combined intervention approaches should include complementary behavioral, biomedical and structural strategies and ideally target each recognized level of influence (e.g., couples, families, social and sexual networks, communities, society). The UNAIDS also contends that combination interventions should be “... rights-based ...community-owned,” and should “ mobilize community, private sector, government and global resources in a collective undertaking; require and benefit from enhanced partnership and coordination; and the incorporate mechanisms for learning, capacity building and flexibility to permit continual improvement and adaptation to the changing environment.”
In practice, combination prevention programs include behavioral and biomedical strategies, but are less likely to include community or structural level components, or those aiming to change community contexts, social norms, or structures. This is usually attributed to the relative difficulty in demonstrating efficacy of social and structural interventions as compared to behavioral or biomedical. Without RCT-backed evidence for social-structural approaches (e.g., changing gender norms and adjusting social policies) these components are often excluded.

• **Comprehensive Prevention:** A third term “comprehensive prevention” has been used by CDC and PEPFAR programs and denotes scaled (state or national) biomedical, behavioral, and structural strategies, which focus on strengthening health systems for sustained and integrated programming targeting the specific needs of priority populations. Like combination prevention, these programs are predicated on the idea that no single intervention is efficacious enough to bring an HIV epidemic under control. Comprehensive prevention programs often include a broad range of programmatic actions and integrated efforts (i.e., scaled and integrated programs for MMC, VCT, PWP, community engagement, capacity building in the health sector).6

**References:**