International HIV/AIDS Alliance Evidence map of community action on HIV, health and rights

User Guide

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Table of Contents

What is an evidence map?

Evidence maps are an emerging tool for evidence-informed decision-making and strategic prioritisation. Although they vary in approach their key features are usually that they use a systematic approach to identify and assess the strength of a body of evidence, or gaps in the body of evidence around a defined set of interventions and outcomes. They generally presents results visually via a grid linked to a categorised list of relevant studies.

What evidence is included in the map?

Source

Studies to be considered for inclusion in the map were identified initially from the HIV and AIDS Alliance internal evidence log. A request for contributions was also sent to the thirty four Alliance linking organisations and responses compiled.

Scope

The scope of the evidence map was defined as:

Evidence generated from the work of the International HIV and AIDS Alliance on the community-based response to HIV that would help to address the research question: Which interventions improve the HIV response?

Inclusion criteria

Studies were included in the map if they met the following criteria:

- The study described research on a community-based intervention (see definitions below)
- The study was not purely epidemiological or methodological in nature
- The full text document was available for review
- The study was completed
- The study was available in English

Definitions

Community-based responses

To define "community-based response" the map uses the definitions of communities from the Alliance's Theory of Change (2017, p.18):

Communities consist of people who are connected to each other in distinct and varied ways. Community members may live in the same area or connected by shared experiences, challenges, interests, living situations, culture, religion, identities or values. Communities are both diverse and dynamic, and a person may be part of more than one.

And from Rodriguez-Garcia et al (2011, 2013):

- Those sharing a cultural identity (members belong to a group that shares common characteristics or interests), such as people living with HIV and AIDS, MSM, and SW.
- Those sharing a geographic sense of place (a group in a location or an administrative entity).

... A community would share, therefore, similar culture, social practices, beliefs, and value systems.

The community(-based) response was defined as follows from Rodriguez-Garcia et al (2011, 2013):

- The combination of actions and steps taken by communities, including the provision of goods and services, to prevent and/or address a problem to bring about social change.

Interventions and outcomes

Studies are presented in the map according to the interventions and outcomes that they provide evidence on.

The interventions and outcomes were developed as a two tier taxonomy structured to most effectively visualise the Alliance's evidence according to the defined scope. The full list is presented in Annex 1.

The **interventions** were adapted from those included in the Global Fund's Modular Framework Handbook (2017), with input from the Alliance.

They are grouped under the headings:

- HIV prevention, care and treatment interventions
- Complementary health services interventions
- Education and training interventions
- Structural interventions
- Other interventions

The **outcomes** were adapted from the World Health Organisation's Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care (2014) and the enabling and inclusive environments section of the Alliance Theory of Change (2017, p.10).

This theory of change was in turn informed by two key texts

- Evaluation of the community response to HIV and AIDS: Learning from a portfolio approach (2013)
- Investing in Communities Achieves Results Findings from an Evaluation of Community Responses to HIV and AIDS (2013)

The outcomes re grouped as:

- Individual-level outcomes
- Health service outcomes
- Enabling environment outcomes

Each study was assessed, with the relevant intervention(s) and outcome(s) combinations being determined using the descriptions of the interventions and outcomes in each document.

For complex and multifaceted interventions, only the reported outcomes in any given study were included.

A study could report on several intervention types linked to several outcomes and these combinations are all reflected in the data meaning that a single study may appear in several places on the map.

Populations

The definition of the populations used in the map is that used by the Alliance to identify the key populations that they work with. These are as follows:

- People living with HIV
- Sex workers
- Transgender people
- Men who have sex with men
- People who use drugs
- Prisoners
- Young people

Quality assessment

Studies included in the evidence map are assessed and given a ranking of high, moderate or low quality based on the Department for International Development's principles of research quality for individual studies (Assessing the Quality of Evidence, DFID, 2014). This assessment is intended to help the user make an informed assessment of the extent to which they can rely on the evidence presented in the study. To achieve this it addresses a number of principles of quality and associated questions:

- Conceptual framing
- Transparency
- Appropriateness
- Cultural sensitivity
- Validity
- Reliability
- Cogency

A fill list of principles and questions, along with some example reviews showing how the ranking was assessed, is included in Annex 2.

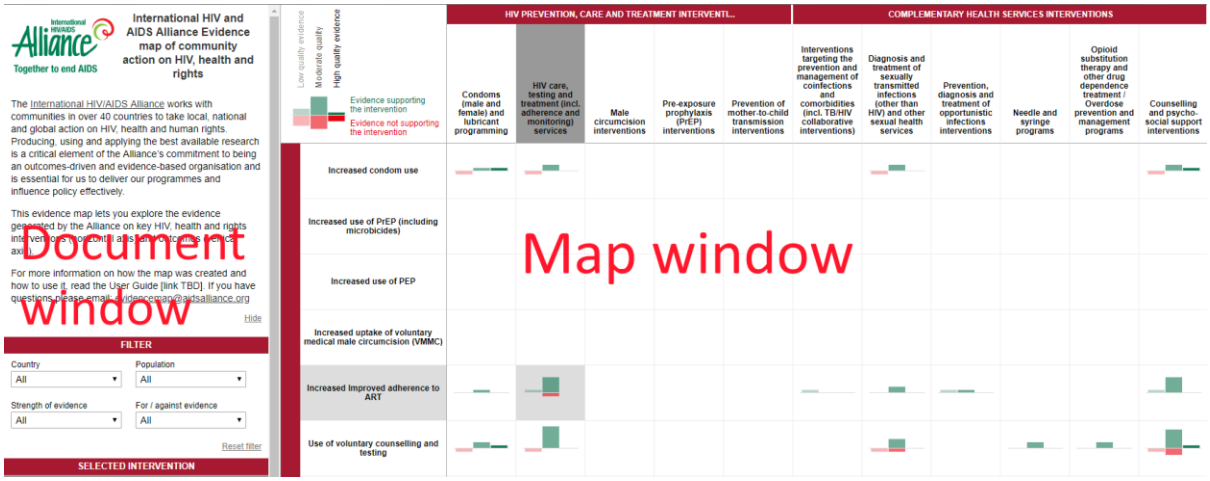
Ranking

- A study is assessed as **high quality** if it comprehensively addresses multiple principles of quality
- A study is assessed as **moderate quality** if it shows some deficiencies in attention to principles of quality
- A study is assessed as **low quality** if it shows major deficiencies in attention to principles of quality

Studies are also assessed to determine whether they showed any findings indicating that the intervention didn't work or wasn't effective in a particular instance. Where this was the case these studies are presented in the map as **Evidence not supporting the intervention.**

How to use the map

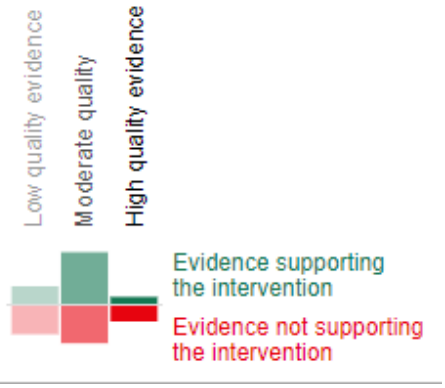
The content of the map is presented in two windows.



The map window

The larger window on the right of the screen presents a grid representation of the body of evidence presented in the evidence map. In this grid interventions are listed on the horizontal (x) axis and outcomes on vertical (y) axis.

By using the scroll bars at the far right and bottom of the screen you can explore the full grid.



The small bar charts appearing at intersections between interventions and outcomes denote the volume of studies relevant to that combination of outcome and intervention. The size of the bars denotes the number of studies in each category of evidence strength – high quality, moderate quality, low quality.

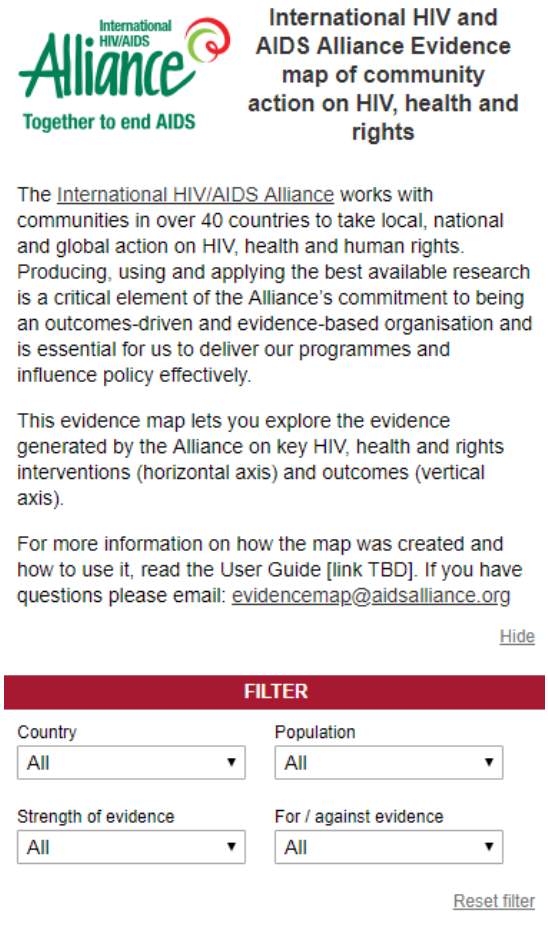
The colour and position of the bars above or below the line denotes whether the evidence supports (green) or does not support (red) the effectiveness of that intervention in achieving that outcome.

Empty squares in the grid denote that no relevant evidence is currently available for that combination of intervention and outcome.

Selecting a square in the grid highlights the intervention and outcome being examined on the horizontal and vertical axis and in the document window. If that square contains a bar chart then selecting it will also display information in the document window about the studies that contain evidence relevant to that intervention/outcome.

The document window

The smaller window on the left of the screen presents information about the studies included in the map and allows you to filter the studies by country, key population and quality of evidence.



When you first open the map the document window also includes a brief introduction to the map. This can be hidden selecting hide at the end of the text and restored again by selecting Show info.

To filter by Country, Population, Strength of evidence and/or For/Against evidence select a value from the drop down lists. The filter will be applied automatically once a value is selected. Filters can be reset by selecting Reset filter.

If a grid containing evidence is selected in the map window then the document window will show information about the relevant studies for that intervention/outcome combination. The relevant studies are organised according to the strength of evidence for or against the intervention. Selecting the **+** next to each strength of evidence category will expand that category to show information about the studies including a short summary and link to the full text. This information can be expanded/collapsed using the More and Less buttons. Selecting the link will open the full text of the study (where available) in a new browser window. When you have finished browsing studies in that category selecting the - will collapse the category again.

The scroll bar on the right of the document window can be used to scroll down if not all the information displayed will fit on the screen.

Credits

This evidence map was produced for the International HIV/AIDS Alliance by the Knowledge, Impact and Policy team at the Institute of Development Studies in collaboration with We are Potential.

Please refer to the individual publishers for copyright and licensing information relating to the studies included in the map.

The software used to generate the map is available for re-use and further development under an open source license. Please contact evidencemap@aidsalliance.org if you require further information.

Annex 1: Interventions and Outcomes

Interventions

HIV prevention, care and treatment interventions
• Condoms (male and female) and lubricant programming • HIV care, testing and treatment (incl. adherence and monitoring) services • Male circumcision interventions • Pre-exposure prophylaxis (PrEP) interventions • Prevention of mother-to-child transmission interventions
Complementary health services interventions
• Interventions targeting the prevention and management of coinfections and comorbidities (incl. TB/HIV collaborative interventions) • Diagnosis and treatment of sexually transmitted infections (other than HIV) and other sexual health services • Prevention, diagnosis and treatment of opportunistic infections interventions • Needle and syringe programs • Opioid substitution therapy and other drug dependence treatment / Overdose prevention and management programs • Counselling and psycho-social support interventions
Education and training interventions
• Mobilization, education and norms change interventions (incl. behavioural and empowerment interventions) • Interventions addressing stigma, discrimination and violence, including gender-based violence prevention and treatment programs
Structural interventions
• Interventions aimed at removing human rights- and gender-related barriers (incl. Legal services interventions) • Socioeconomic approaches • Interventions aimed to influence HIV-related laws policies and practices of policy makers
Other interventions

Outcomes

Individual-level outcomes
• Increased condom use • Increased use of PrEP (including microbicides) • Increased use of PEP • Increased uptake of voluntary medical male circumcision (VMMC) • Increased Improved adherence to ART • Use of voluntary counselling and testing • Increased use of PMTCT services • Improved uptake of ART • Improved viral suppression on ART • Improved retention in care on ART • Increased uptake of sterile injecting equipment • Increased use of opioid substitution therapy • Increased use of harmful alcohol and substance abuse support • Increased use of naloxone • Improved co-infection and co-morbidity (e.g. TB, Hep B and C) outcomes • Improved mental health outcomes • Increased knowledge about HIV • Positive behaviour change (individual level) • Improved sexual and reproductive health (e.g. reduction in STIs, increased use of reproduction options) outcomes • Other (not closely related to HIV, e.g. self-esteem, access to formal education, employment, etc.)
Health service outcomes
• Increased access to condoms • Increased access to PrEP (including microbicides) • Increased access to PEP • Increased access to voluntary medical male circumcision (VMMC) • Increased access to voluntary counselling and testing • Increased access to ART • Increased access to PMTCT services • Increased access to sterile injecting equipment • Increased access to opioid substitution therapy • Increased access to harmful alcohol and substance abuse support • Increased access to naloxone • Increased access to TB prevention, screening and treatment • Increased access to Hep B and C prevention, screening and treatment • Increased access to mental health support • Increased access to STI screening • Increased access to reproductive health options, including abortion • Increased access to cervical cancer screening • Increased access to conception and pregnancy care
Enabling environment outcomes

- Existence of protective laws in support of people affected by HIV and abortion laws
- Reduced discrimination and stigma around HIV
- Reduction in gender-based violence against people affected by HIV
- Enabling public policy environment
- Challenging of harmful gender and social norms
- Increase in capacity of communities to be safe and supportive
- Positive social transformation (community level)
- Removal of legal barriers that prevent access to health services
- Value for money

Annex 2: Quality assessment questions

Questions

Taken from Department for International Development's principles of research quality for individual studies (Assessing the Quality of Evidence, DFID, 2014).

Principles of quality	Associated questions
Conceptual framing	Does the study acknowledge existing research?
	Does the study construct a conceptual framework?
	Does the study pose a research question or outline a hypothesis?
Transparency	Does the study present or link to the raw data it analyses?
	What is the geography/context in which the study was conducted?
	Does the study declare sources of support/funding?
Appropriateness	Does the study identify a research design?
	Does the study identify a research method?
	Does the study demonstrate why the chosen design and method are well suited to the research question?
Cultural sensitivity	Does the study explicitly consider any context-specific cultural factors that may bias the analysis/findings?
Validity	To what extent does the study demonstrate measurement validity?
	To what extent is the study internally valid?
	To what extent is the study externally valid?
	To what extent is the study ecologically valid?
Reliability	To what extent are the measures used in the study stable?
	To what extent are the measures used in the study internally reliable?
	To what extent are the findings likely to be sensitive/changeable depending on the analytical technique used?
Cogency	Does the author 'signpost' the reader throughout?
	To what extent does the author consider the study's limitations and/or alternative interpretations of the analysis?
	Are the conclusions clearly based on the study's results?

Examples of quality assessment

1. **Blas et al. (2010) Effect of an Online Video-Based Intervention to Increase HIV Testing in Men Who Have Sex with Men in Peru. PLoS ONE**

This was ranked as **high quality**, due to it comprehensively addressing multiple principles of quality. It should be noted that it is primarily ranked as higher than moderate due to the clear link between the intervention and the change: This document had a good indication of appropriateness of the study, the validity and reliability. While the conceptual framing and cogency could have been improved with a longer literature review and a better exploration of the study's limitations, the study aim is clearly articulated and context-specific cultural factors are considered.

2. Stengel et al. (2018) They accept me, because I was one of them: formative qualitative research supporting the feasibility of peer-led outreach for people who use drugs in Dakar, Senegal. Harm Reduction Journal

This was ranked as **moderate quality**, due to some deficiencies in attention to principles of quality. This document had a good conceptual framing and cogency. However, it did not present or link to the raw data or provide a complete justification as to why the chosen design and method are well-suited. The validity and reliability were also potentially limited.

3. Bourne et al. (2017) Willingness to use pre-exposure prophylaxis (PrEP) for HIV prevention among men who have sex with men (MSM) in Malaysia: findings from a qualitative study. Journal of the International AIDS Society

This was ranked as **low quality**, due to major deficiencies in attention to principles of quality. This document had a very limited conceptual framing, it did not present or link to the raw data or provide a complete justification as to why the chosen design and method are well-suited, In addition, the validity and reliability were limited and the cogency could have been improved.