Syndemic Thinking
What makes a syndemic?

- **CLUSTERS:**
  - Two or more diseases *cluster* within a population

- **INTERACTIONS:**
  - Biological, psychological, or social interactions exist between these clustering diseases

- **DRIVERS:**
  - Structural and social factors *precipitate* this clustering of diseases

*Figure: Model of a syndemic*
SYNDEMICS...

• Are local
• Not global
• Change from place to place
• Change through time
Research Priorities: Syndemic Interactions

• Syndemic pathways that produce co-occurrence with HIV
• Biological, social, structural, behavioral, psychological (*examples*)
  • Aging with ART produces co-occurrence with T2DM
  • Internalized stigma leading to depression and non-engagement in clinical care
  • IPV impeding care-seeking for multiple conditions, including HIV
  • International donors prioritizing HIV while ignoring primary health care

• PATHWAYS, MODERATORS, MEDIATORS
• Interactions that produce adverse outcomes of HIV and/or the co-occurring conditions
Syndemic Analytical Methods

- Ethnographic study of local social, psychological, and medical problems
- Building tools for local contexts from ethnographic/qualitative data
- Bring in key stakeholders for every step of the research
- Launching epidemiological study of syndemic clusters
- Developing quantitative methodologies to understand and interpret the interactions and pathways between syndemic drivers, clusters, and outcomes
- Testing complexity of syndemic clusters via ethnographic or qualitative methods
- Refinement of hypotheses to test interventions