

Enhancing Social Protection for HIV Prevention, Treatment, Care & Support - The State of the Evidence



UNITE FOR CHILDREN
UNITE AGAINST AIDS



What is Social Protection & Why is it Important for HIV Outcomes?

Over the past decade, there has been growing recognition of the importance of social protection to respond to a range of challenges faced by developing countries, including food insecurity, chronic poverty and the HIV pandemic.

HIV and AIDS can push people and households into poverty, in part by reducing household labour capacity and increasing medical expenses. In some cases, HIV-related stigma and discrimination marginalises people living with HIV (PLHIV) and households affected by the virus and excludes them from essential services.

Despite increased access to life-saving treatment, HIV and AIDS can increase individual and household vulnerabilities - hampering governments' effort to meet the Millennium Development Goals.

In the face of rising HIV prevalence rates and the aftershocks of the recent economic crisis, few developing countries outside of Latin America have national social protection systems and large scale coverage. Social protection systems are especially limited in sub-Saharan Africa, with the notable exception of a few southern African countries.

While many existing social protection schemes were not set up with HIV as a primary focus, their potential to contribute to a comprehensive HIV response is increasingly recognised.

The UNAIDS Business Case on social protectionⁱⁱ shows how HIV-sensitive social protection can reduce vulnerability to HIV infection, improve and extend the lives of people living with HIV, and support individuals and households. Under the Outcome Framework 2009–2011, UNAIDS will focus its efforts on achieving results in nine priority areas. Among these is the commitment to “enhance social protection for people affected by HIV”. Achieving social protection for people and households affected by HIV is a critical step towards the realisation of universal access to prevention, treatment, care and support. The business case explains why this is the case, what needs to be done, and the role of UNAIDS in this endeavour.

***Social protection** is often described as “all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups.” (Devereux &, Sabates-Wheeler 2004)*

Box 1:

Linking social protection with Universal Access outcomes: indicative instruments & populations

Adapted from Edstrom, J. IDS 2010

	HIV Prevention for those most vulnerable to HIV infection	Treatment for people living with HIV	Care & Support for people living with and affected by HIV
Financial protection • <i>Social assistance</i> protection for very poor • <i>Livelihoods support</i> for poor and vulnerable	Transfers for the very poor to support HIV prevention Income generation or micro-credit to reduce HIV risk for poor key population groups	Transfers to poor PLHIV for better HIV treatment access & adherence Economic empowerment for PLHA to prolong & improve life	Transfers to mitigate the impact of AIDS on individuals & households Income generating activities, livelihoods strengthening, micro-finance for affected
Access to affordable quality services • <i>E.g., Social Health Protection</i> for vulnerable	Social insurance to prevent HIV risk (social security, public finance of RH, MH & HIV prevention services etc.)	Social health protection to <i>ensure access</i> to health care & to prevent erosion of savings	Preventive insurance measures appropriate for those affected (pension schemes, funeral clubs etc.)
Laws, policy, regulation • <i>Social justice</i> for the marginalised	Legal reform, policy process, and protection regulation to reduce HIV risk (decriminalisation)	Protection of rights to health, treatment and work to improve life for PLHA (anti-discrim)	Legal protection for affected (widow's and orphans' property rights, birth registration etc.)

The contents of this brief were extracted from a longer paper, *HIV-Sensitive Social Protection: What Does the Evidence Say?* by Miriam Temin, UNICEF, forthcoming 2010.

Enhancing Social Protection for HIV Prevention, Treatment, Care & Support

Social protection measures are HIV sensitive when they are inclusive of people who are either at risk of HIV infection or susceptible to the consequences of HIV and AIDS.

HIV sensitive social protection can be grouped into three broad categories of interventions: **financial protection** through predictable transfers of cash or food for those HIV-affected and most vulnerable; **access to affordable quality services** including treatment, health and education services; and **policies, legislation and regulation** to meet the needs and uphold the rights of the most vulnerable and excluded. Box 1 groups typical social protection categories and relevant beneficiary populations.

Ideally a social protection strategy is comprehensive, with national coverage, and built upon a sound understanding of the range of risks and vulnerabilities facing different population sub-groups, particularly the poor and marginalised, at different stages of their lives.

Understanding risk and vulnerabilities from an HIV perspective means understanding the epidemic stage, drivers of the epidemic and different groups' exposure to infection risk, and access to treatment and care. Based on this, a range of initiatives that are HIV sensitive (as opposed to HIV exclusive - which can be stigmatizing and inequitable) can be integrated into broader national social protection strategies.

What can Social Protection Contribute to Universal Access? The State of the Evidence

Whilst there is growing interest in HIV-sensitive social protection, it is important that policies and programming are backed by robust evidence. The existing evidence on some social protection instruments is strong, such as cash transfers, which have had a demonstrable impact on mitigating the impact of AIDS on vulnerable households and children. For other instruments, evidence specific to their use in an HIV context is more limited.

There is an emerging evidence base showing social protection's contribution to HIV prevention and treatment uptake and adherence, as well as studies showing the impact of social protection on related outcomes such as access to primary health care and women's empowerment, from which it is possible to infer likely impacts on HIV – but where more operational research is required.

Social protection is particularly relevant to HIV because of its potential to address issues, such as gender inequality, stigma and discrimination, which exacerbate marginalisation and vulnerability faced by key populations at higher risk of infection.

Social protection has shown to play a critical role in helping people overcome structural inequalities that drive the epidemic and serve as barriers to treatment, testing, schooling, and other essential services.

Social protection is particularly relevant to HIV because of its potential to address issues, such as gender inequality, stigma and discrimination, which exacerbate marginalisation and vulnerability faced by key populations at higher risk of infection.

The evidence also suggests an important potential of social protection to interrupt the cycle from being affected by AIDS to becoming vulnerable to HIV.

Box 2:

Malawi: The Zomba Cash Transfer Experiment for Adolescent Girls

One of the few programme evaluations comparing the relative benefits of conditional (on school attendance) and non-conditional cash transfers for adolescent girls in Malawi revealed substantially increased school attendance among beneficiaries. The intervention also led to a significant decline in early marriage, pregnancy, and self-reported sexual activity amongst beneficiaries in both conditional and non-conditional arms. Additionally, preliminary findings indicate that the incidence of new HIV infections was significantly lower among girls who were enrolled in school at the intervention's start than amongst the control group. However, there was no HIV effect among the girls who returned to school as a result of the transfers. Researchers surmise that sexually active beneficiaries reduced their risky behaviour; It appears that they did not cease having sex, but rather with the cash in hand from the transfer, shifted from older, better-off partners to peer partners, who were less likely to be HIV infected. (Baird et al. 2009)



© UNICEF/NYHQ2009-1912/Pirozzi

Enhancing Social Protection for HIV Prevention, Treatment, Care & Support



SOCIAL PROTECTION & HIV PREVENTION

A small number of studies have measured the direct HIV prevention role of social protection. A larger number of studies demonstrate the health, education, economic and social empowerment impact of social protection, which may also have indirect impacts on HIV prevention.

Social protection instruments with HIV prevention potential include social transfers, micro-credit, social health protection, and transformative laws, policies and regulation. Many studies show the effectiveness of cash and food transfers in increasing school enrolment and attendance, revealing their potential to expand access to the “social vaccine” of education against HIV infection. This is particularly important for adolescent girls and children orphaned by AIDS, who in a number of sub-Saharan African studies, were at greater risk of unsafe sex than their non-orphaned peers.

In a similar vein, programmes with demonstrated impacts on health service access, such as maternity care vouchers and the removal of user fees have the potential to increase treatment of sexually transmitted infections, voluntary counselling and testing uptake, and prevention of mother to child transmission services access.

Social protection instruments targeted at girls and women have the potential to level the economic playing field, reduce gender inequality and empower women to better negotiate their sexual relations and reduce their risk of HIV infection. Presently, few empirical studies have explored these causal pathways. The relevant instruments include cash transfers and micro-credit programmes that provide small loans and often financial training.

Empowering sex workers in particular through access to economic assets, social mobilisation and legislation has been shown to reduce HIV risk in a key population.

SOCIAL PROTECTION & TREATMENT

There is evidence of the positive impact of social transfers for nutritional recovery of patients receiving HIV and TB treatment. People who start treatment in low income countries often do so at very low CD4 counts, when pre-existing under-nutrition has often been compounded by wasting caused by HIV.

Food transfers have been shown to be effective in reducing under-nutrition in people living with HIV - but, it is critical to ensure access to the right food, particularly micronutrient rich and high energy density foods. While it is unclear how

“Social Vaccine” of education against HIV infection
Studies show the effectiveness of cash and food transfers in increasing school enrolment and attendance, revealing their potential to expand access to the “social vaccine” of education against HIV infection.

much food contributes to nutritional improvements versus the medication, under-nutrition is a predictor for mortality.

Emerging evidence on the role of cash transfers to increase treatment adherence in Uganda (see Box 3) and VCT uptake in Malawi indicates the potential to improve treatment uptake and outcomes.

Availability of food can help also help patients better tolerate ART and therefore food availability can be a critical enabler of adherence.

The range of social health protection measures that expand health care access, including social health insurance, vouchers, exemptions, and user-fee elimination, are also relevant to treatment.

Social health insurance (for example, community-based health insurance) does cover some health care expenses for participants, but on the whole, fails to reduce financial barriers for those who need it the most – the ultra-poor.

Evidence from the maternal health field on the benefits of voucher and fee exemption schemes sheds light on their potential for ART and other HIV-related health services. Voucher schemes are more effective when they cover transport costs along with medical expenses and when providers are reimbursed for appointments covered with vouchers.

Box 3:

Uganda: Cash Transfers for Transportation Improve Adherence & Retention in Care in an HIV Treatment Program

In rural Uganda, researchers tested the hypothesis that providing patients with cash transfers to cover transportation costs would increase ART adherence and retention in care. The results of the randomized control trial showed better adherence scores in the intervention than the control group, leading the researchers to conclude that “Modest cash transfers of \$5-8 per month to defray the costs of transportation may be an important strategy to reduce costs and improve treatment outcomes in rural, resource-limited treatment settings.” This important study shows promising results that warrants further investigation. (Emenyonu et al. 2010)



Enhancing Social Protection for HIV Prevention, Treatment, Care & Support

Exemption schemes have a more mixed record, particularly when it comes to eliminating fees for the ultra-poor. Many experts advocate for free ART as the only way to massively increase access, noting the success in a number of countries piloting free HIV services.

While ensuring access to free and decentralised HIV services remove important barriers to access, other economic and social barriers, such as food and transport expenses and stigma may still persist.

SOCIAL PROTECTION, CARE & SUPPORT

The role of social protection for care and support – particularly AIDS impact mitigation – is better documented than for the other HIV outcomes considered.

The main targets for impact mitigation are the ultra-poor and vulnerable, such as members of labour constrained households and children affected by AIDS. In addition, social protection can play a role in transforming the prospects for those less poor including AIDS-affected households with labour potential.

Many of the documented benefits of social transfer programmes address the very vulnerabilities that AIDS exacerbates: reduced education and health care access, household food insecurity, poverty, and reliance on child labour. Combining transfer schemes with social work and child protective services can reduce exclusion errors and expand coverage to those commonly excluded.

Home based care for people living with HIV and their caregivers can play a role here as well. Comprehensive home based care has documented benefits to potentially impact on the following aspects of HIV-sensitive social protection:

- Provide health care for those marginalised due to poverty, HIV or other stigmatised status;
- Promote treatment adherence;
- Provide food and economic support to members of affected households; and
- Link clients and caregivers with legal support and livelihood opportunities.

Social protection to mitigate the impact of HIV and AIDS serves not only to prevent deprivation; it can also contribute to an enabling environment and transform individual prospects. Legislative, regulation and policy changes to reduce stigma and protect the rights of people living with HIV, widows, and affected children are important components of care and support.

Livelihoods promotion can also play a role here, including public works, income generating activities, and micro-credit. Although specific HIV-related impacts are rarely measured, these schemes can increase households' ability to withstand shocks and reduce poverty.

Households grappling with the uncertainty and medical expenses related to HIV and AIDS may not always be appropriate targets for certain types of livelihood programmes in light of the risks associated with starting small businesses. But, ART expansion may increase the relevance of livelihood approaches for people living with HIV and their households.

A key question for care and support is 'are ongoing social protection programmes actually reaching AIDS-affected households?' Anecdotal evidence on this varies. A few studies – such as that described in Box 4 – systematically explore this question, shedding light on an important question requiring further research.

Box 4:

South Africa: The Role of Social Grants in Mitigating the Socio-Economic Impact of AIDS

South Africa has several large national granting schemes that include, but do not explicitly target, AIDS-affected individuals and households. A study in the Free State Province looked at their reach and impact for households affected by AIDS. Results revealed relatively high levels of access to Disability and Foster Care grants amongst AIDS-affected households. The research also found that the five large national grant schemes bring AIDS-affected households up to the same poverty levels as non-affected households, but that eligible poorest were left out. In fact, as eligibility increased, access to grants decreased. (Booyson, F. 2003)



©UNICEF/NYHQ2010-0578/Pirozzi

Enhancing Social Protection for HIV Prevention, Treatment, Care & Support



KEY POPULATIONS AT HIGHER RISK OF HIV INFECTION

As social protection is about reducing risk and vulnerability, it is important to address both economic and social determinants of vulnerability. HIV-sensitive social protection is highly relevant to key populations, including sex workers, people who use drugs, men who have sex with men (MSM), and their families. Reducing the barriers they face in access to health, education, and social services is a particular challenge. Yet, evidence on how to reduce discrimination, exclusion and poverty amongst key populations is extremely limited, particularly in Sub-Saharan Africa.

Social protection can enable sex workers' access to essential HIV prevention and treatment services and legal protection, along with efforts to decriminalise sex work. Involving sex workers in the design, management and implementation of HIV prevention activities heightens their effectiveness by empowering workers (see Box 5).

Evidence points to the importance of linking specific harm reducing interventions (like building demand for condom use in sex work) with social support, protection, and services. Tackling gender and human rights issues, improving access to legal and economic services, building sex workers' social capital, and adding training and life skills education can increase the impact of public health approaches.

In terms of MSM, socially protective legislation can contribute to HIV prevention, care and support by decriminalising homosexuality. In India, for example, advocates recently won a ten year struggle to overturn the criminalisation of homosexuality.

While it is too early to see an impact, this legal change is likely to bring more MSM into health and HIV services, which some previously avoided due to fear of prosecution, thereby improving STI treatment, condom promotion, VCT, and other essential services for a key population.



©UNICEF/INDA2010-00043/Feit

Box 5:

India: An Effective Approach to Empowering Sex Workers and Reducing HIV

Calcutta's Sonagachi Project is an excellent illustration of the power of sex worker collectives in changing the legislative and social environment as a way of reducing HIV and other risks. The Sonagachi project staff moved from a more traditional public health approach to HIV prevention to one that empowered sex workers, including activities to address rights, gender issues, child care, negotiation skills with clients, training, and capacity building. This empowering approach, led by sex workers themselves, led to a reduction in HIV transmission rates. Condom use in project areas increased to 85% and HIV prevalence among sex workers decreased to 4% compared to rates of 50% reported in other sex work districts of India. (Doupe 2007)

What More Needs to be Done?

At a recent meeting of development partners working on HIV and social protectionⁱⁱⁱ, participants recognised the role of social protection in the response to HIV and AIDS. They identified areas where more research is needed, including:

- Better understanding of the barriers of access to HIV services, particularly treatment,
- The need for participatory approaches that involve potential beneficiaries of social protection programmes in their design.
- With growing concern over HIV financing, they also identified the need for better understanding of the cost-effectiveness of different approaches.

Participants agreed that it is neither desirable nor feasible to set up parallel HIV-exclusive social protection programmes. However, there is good potential for ensuring that planners adapt the scale up of national social protection programmes to HIV-related vulnerabilities in particular countries, and for a continuing dialogue between partners working on HIV and social protection.

In light of fiscal constraints, the recent economic crisis, and the ever growing number of people in need of HIV prevention, treatment, care and support, we must do more. There is an urgent need to interrogate existing programmes, target new research, and ensure evidence reaches decision-makers to expand and scale up social protection measures that are HIV-sensitive.

Ensuring that national social protection strategies are inclusive of those affected by, highly vulnerable to, and living with HIV is an essential component of a comprehensive HIV response.

Enhancing Social Protection for HIV Prevention, Treatment, Care & Support



FURTHER RESOURCES:

Adato, M. and Bassett, L. (2008) "What is the potential of cash transfers to strengthen families affected by HIV and AIDS? A review of the evidence on impacts and key policy debates" JLICA

Baird S et al. (2009) "The Short-Term Impacts of a Schooling Conditional Cash Transfer Program on the Sexual Behavior of Young Women", World Bank Policy Research Working Paper Series No 5089.

Bitran, R and Giedion, U., (2003) "Waivers and Exemptions for Health Services in Developing Countries." SNP No. 9 based on Social Protection Discussion Paper No. 0308. World Bank. Washington, D.C.

Booyson, F. (2003) The role of social grants in mitigating the socio-economic impact of HIV/AIDS: Evidence from the Free State Province. CSSR Working Paper. University of Cape Town

Budlender, D., (2010). "Compensation for Contributions: Report on interviews with volunteer caregivers in six countries". New York, USA: The Huairou Commission.

de Pee, S. and Semba, R., (2009) "Nutrition and HIV Infection" Background Paper for WFP draft 6 December 2009

Doupe. HIV and Sex Workers: Responses to date and Opportunities for scaling up. UNAIDS, June 2007. DRAFT

del Ninno, C, Subbarao, K. and Milazzo, A. (2009) "How to Make Public Works Work: A Review of the Experiences". SNP 31, based on World Bank SPDP No. 0905

Devereux, S., et al (2005), 'Making Cash Count, Lessons from cash transfer schemes in east and southern Africa for supporting the most vulnerable children and households', Save the Children UK, HelpAge International and Institute of Development Studies

Ekman, B., (2004) 'Community-based health insurance in low-income countries: a systematic review of the evidence, Health Policy and Planning; 19(5): 249–270

Emenyonu, N., et al (2010). 'Cash Transfers to Cover Clinic Transportation Costs Improve Adherence and Retention in Care in a HIV Treatment Program in Rural Uganda'. in Association of Antiretroviral Therapy Adherence and Health Care Costs (ed.). Mbarara, Uganda.

Erulkar, A., et al, (2006) 'Tap and Re-position Youth (TRY): Providing Social Support, Savings, and Microcredit Opportunities for Young Women in Areas with High HIV Prevalence', Population Council No 23

Gillespie, S., and Kadiyala, S., (2007) 'HIV/AIDS, food and nutrition security: from evidence to action'. Food Policy Review 7, International Food Policy Research Institute

GNP+, ICW and Young Positives, Engender Health, IPPF, UNAIDS, UNFPA and WHO (2007) 'Creating a supportive and enabling environment for the sexual and reproductive health of people living with HIV: Legal and Policy Considerations with Areas for Action' DRAFT.

Goss, S., and Mitten, L., (2007) 'Achieving a Common Understanding: What AIDS Service Organizations and Microfinance Institutions need to Know About Working in HIV/AIDS Prevalent Communities', Microfinance and HIV/AIDS Note 1

Joint NGO Briefing Paper (2008), 'Health insurance in low-income countries, Where is the evidence that it works?' Oxfam Publishing

Pronyk, P., Hargreaves, J. R. and Morduch, L., (2007) 'Microfinance Programs and Better Health: Prospects for Sub-Saharan Africa', JAMA; 298(16):1925-1927

Schenk, K. D. (2009) 'Community interventions providing care and support to orphans and vulnerable children: a review of evaluation evidence', AIDS Care, 21: 7, 918 — 942

Schubert B, (2007) 'The Impact of Social Cash Transfers on Children Affected by HIV and AIDS, Evidence from Zambia, Malawi and South Africa' UNICEF, ESARO

Slater, R., (2004) 'The implications of HIV/AIDS for social protection', Overseas Development Institute, London

Souteyrand Y. et al. 'Free care at the point of service delivery: a key component for reaching universal access to HIV/AIDS treatment in developing countries'. AIDS, 22 (supl 1):S161–S168

Swaans, K. et al (2009). 'Promoting food security and well-being among poor and HIV/AIDS affected households: Lessons from an interactive and integrated approach'. Eval Program Plann;32(1):31-42

Tabor, S, R. (2005), 'Community-Based Health Insurance and Social Protection' SNP 23 based on Social Protection Discussion Paper No. 0503. World Bank. Washington, D.C.

Thornton R. (2006) 'The demand for and impact of learning HIV status: Evidence from a field experiment'. Job Market Paper, Harvard University

UNICEF et al. (2009) Joint Statement on Advancing Child-sensitive Social Protection

World Bank, (2009) 'Study of community-level interventions in HIV/AIDS and social protection: Case studies from Malawi and Uganda', Washington DC, April 2009

ⁱⁱ UNAIDS Outcome Framework Business Case: Enhancing Social Protection, 2010.

ⁱⁱⁱ UNICEF, UNAIDS, IDS Meeting on the Evidence for HIV-Sensitive Social Protection, June 14-15, 2010, Brighton, UK.