

Social Protection Programmes Contribute to HIV Prevention

Social protection programmes reduce poverty and vulnerability while strengthening a broad range of developmental impacts. This brief describes the pathways through which social protection – especially cash transfers – contributes to HIV prevention, particularly in addressing the social, economic and structural drivers of HIV in adolescents. This brief is important for policymakers and programme managers who work on HIV prevention or social protection – and the intersection of both.

Structural factors such as poverty, gender inequality, and lack of educational attainment increase HIV risk directly and indirectly.¹ Poverty alone is not necessarily a driver of HIV risk. It interacts with other structural factors—including mobility, social and economic inequalities, and a lack of social capital—that increase HIV vulnerability, especially among groups such as young women. In turn, HIV can push people into poverty, placing adolescent girls and women in risky situations and compounding overall vulnerability. Social protection can play a powerful role in addressing these structural drivers of HIV infection risk.

The evidence linking social protection to HIV prevention is strongest for cash transfers. The evidence is drawn from both national-scale programmes and more limited proof-of-concept studies, with an emphasis on sub-Saharan Africa. It demonstrates that cash transfers—and perhaps other forms of social protection—can help to prevent HIV by:

Reducing risky sexual behaviour by addressing structural drivers of HIV risk;

Reducing economic insecurity by increasing school enrolment and attendance, promoting gender equality, and through other complex pathways that will be explained further in this brief; and

Improving access to healthcare such as uptake of HIV treatment and care, which reduce the vulnerability to infection of those exposed to or affected by the virus.

Policy Recommendations

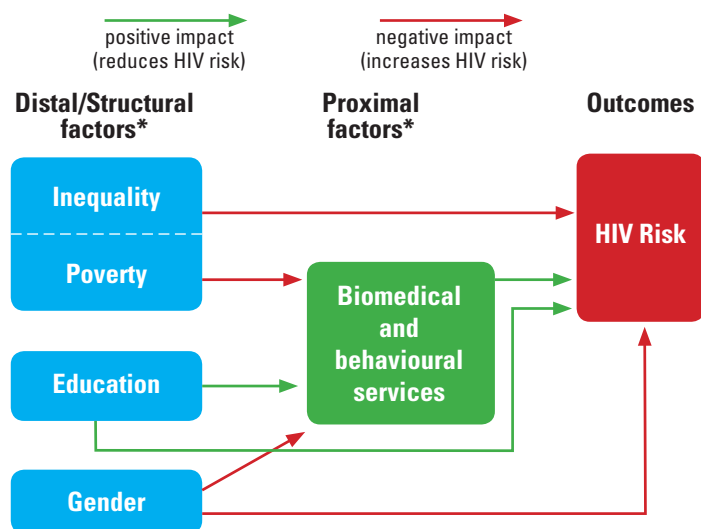
- Promote relevant social protection programmes as critical mechanisms for HIV prevention.
- Leverage existing social protection programmes to maximize impacts on HIV prevention.
- Carefully consider the target populations and potential for unintended consequences.
- Cash incentives linked directly to HIV status are not an alternative to social protection.
- Encourage and promote further research to address current evidence gaps.

SOCIAL PROTECTION CAN REDUCE RISKY SEXUAL BEHAVIOUR

A growing evidence base suggests that social protection, particularly in the form of cash transfers, can help address structural drivers of risky sexual behaviour, and reduce HIV infection risk. Some of the structural drivers include material need, lack of education, and gender inequality. Studies also suggest more complex pathways, some of which will be explored in this brief. Social protection impacts these pathways both directly and indirectly (see Figure 1). This section presents evidence demonstrating its impact through these pathways.

¹ Heise et al. (2013) *Cash transfers for HIV prevention: considering their potential*, Journal of International AIDS Society. 16(1).

Figure 1: Risk factors and pathways for HIV risk



Pathways

Indirect-via biomedical and behavioural services

Direct-independent of biomedical and behavioural services

* not exhaustive

Source: Lutz B, Small R. 2014. *Cash transfers and HIV prevention*. United Nations Development Programme

Women and girls who receive cash transfers are less likely to resort to harmful coping strategies, like having sex with older partners, or having sex in exchange for food, shelter, transport, or money.

The impact of social protection in reducing economic insecurity, and food insecurity in particular, is well established. Households receiving transfers increase their spending on and consumption of food.² Emerging evidence, focusing on cash transfers, suggests that social protection contributes to HIV prevention by reducing food insecurity and other poverty and inequality-related drivers of risky sexual behaviour (see Box 1).

Social protection strengthens prevention gains through education.

Education is considered a ‘social vaccine’ for HIV due to a direct link between educational attainment and reduced HIV vulnerability. A strong body of evidence demonstrates that cash and in-kind transfers (such as food and uniforms) can increase school enrolment and attendance (see Box 2).

2 Arnold et al. (2011), *Cash Transfers Evidence Paper*. UKaid/Department for International Development (DFID).

3 Baird et al. (2012) *Effect of a cash transfer programme for schooling on prevalence of HIV and herpes simplex type 2 in Malawi: a cluster randomised trial*. The Lancet. 379(9823): 1320-29. ; Cluver et al. (2013), *Child-focused state cash transfers and adolescent risk of HIV infection in South Africa*. The Lancet Global Health 1(6). e362-70.

4 Cluver et al (2013). “Child-focused state cash transfers and adolescent risk of HIV infection in South Africa: a propensity-score-matched case-control study.” The Lancet Global Health 1: e362-370.

5 Baird et al. (2012)

6 Hallfors et al. (2011) *Support adolescent orphan girls to stay in school as HIV risk prevention*. American Journal of Public Health. 101(6). 1082-8. ; DSD, SASSA, and UNICEF. (2012) *The South African Child Support Grant Impact Assessment: Evidence from a survey of children, adolescents and their households*. Pretoria: UNICEF South Africa. ; Handa et al. (2014) *The Government of Kenya’s Cash Transfer Program Reduces the Risk of Sexual Debut among Young People Age 15-25*. PLoS ONE 9(1).

BOX 1^{3,4}

Evidence from 18-month proof-of-concept randomized control trial (RCT) in Zomba, Malawi, introducing cash transfers to women aged 13-22 years:

- After 18 months, those who received the transfer had a 64% lower prevalence of HIV than those who received no transfer.

Evidence from a study on the South Africa Child Support Grant (CSG), a national cash transfer:

- Living in a household receiving the transfer reduced female adolescents’ likelihood to have sex in exchange for food, shelter, school fees, transport, or money by more than half (over 12 months).
- Living in a beneficiary household also reduced a girl’s likelihood to have age-disparate sex. Only 1.7% of girls reported such relations compared to 4.8% of those in non-beneficiary households.

BOX 2^{5,6}

Evidence from an RCT targeted at orphaned adolescent girls in rural Zimbabwe:

- Introducing cash and in-kind transfers reduced school dropout rates by 82% and pregnancy by 63% (over two years).
- Participants reported more equitable gender attitudes and were more informed on sexual risks than control group.

Evidence from a quasi-experimental evaluation of South Africa’s CSG, a national cash transfer:

- On average, adolescents in beneficiary households were present at school for 2.3 more days (over eight weeks). At the time of the survey, they were 16% more likely to be abstaining from sex when compared to non-beneficiary households.

Evidence from an evaluation of Kenya’s cash transfer programme:

- School enrolment reduced the likelihood of early sexual debut by 24.9% among females and 9.8 % among males aged 15-20 respectively.

Social protection promotes gender equality. Empowerment of women and girls can increase their social status and strengthen their ability to negotiate sexual relationships. For example, they can demand condom use or refuse sex. As mentioned in Box 2, the Zimbabwean RCT saw an impact on adolescent girls' attitudes towards gender equality and the consequences of sex.

Specific social protection design features can also contribute to the empowerment of women. For instance, cash transfers paid directly to women can increase their bargaining power in the household. In Brazil's *Bolsa Familia* programme, women's domestic status improved because they received a regular predictable income.⁷ This may have implications for women's ability to negotiate sexual relationships.

Social protection contributes to HIV prevention through complex developmental pathways with long-term impacts on lower HIV-vulnerability. A UNICEF/Government of South Africa study evaluated CSG receipt history and found that benefits received before age two were associated with significant reductions in adolescent risky behaviour a 15 years later.⁸ A Transfer Project led study in Kenya demonstrated that social protection improves mental health outcomes, especially for young men, and reduces risky sexual behaviour, contributing to HIV prevention (see Figure 2 and Box 2).⁹

SOCIAL PROTECTION IMPROVES ACCESS TO HEALTHCARE

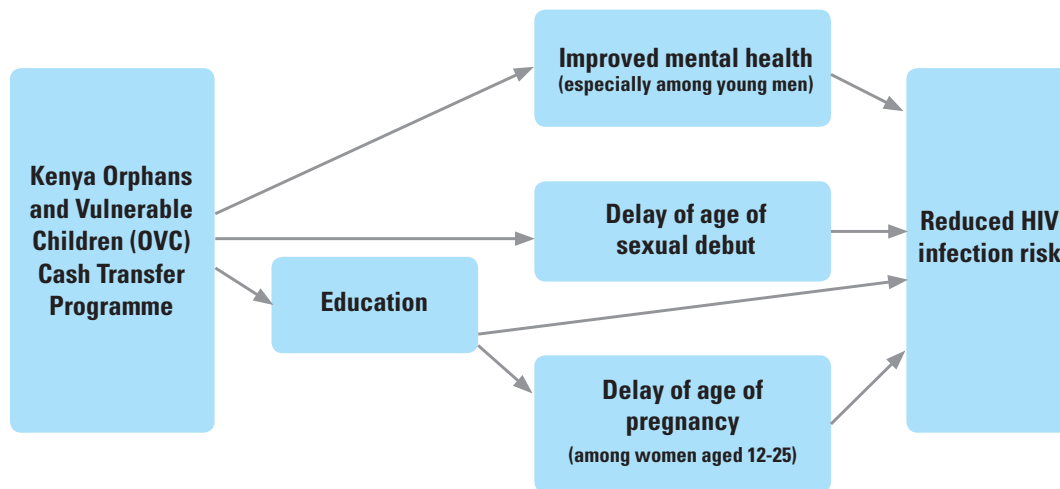
Social protection has the potential to address both direct and indirect barriers to accessing healthcare. A cash transfer, for example, may free up financial resources to make transportation costs to clinics affordable (see Box 3). Social protection programmes hold the potential to increase the uptake of critical prevention health services, such as HIV treatment, HIV counselling and testing, and Prevention of mother-to-child transmission (PMTCT) services.

BOX 3¹⁰

Evidence from India's Janani Suraksha Yojana programme, in which cash payments are given to women who deliver in a health facility:

- Recipients were 42.5% to 55.1% more likely to give birth in a health facility, controlling for multiple potential confounders.
- Recipients were 4.6% to 17.2% more likely to have three antenatal care visits.

Figure 2: HIV-prevention results from an evaluation of Kenya's OVC Cash Transfer



7 Baird et al. (2013) *Relative Effectiveness of Conditional and Unconditional Cash Transfers for Schooling Outcomes in Developing Countries: A Systematic Review*. The Campbell Collaboration. Campbell Systematic Reviews 2013:8.

8 DSD, SASSA, and UNICEF. (2012) *The South African Child Support Grant Impact Assessment: Evidence from a survey of children, adolescents and their households*. Pretoria: UNICEF South Africa.

9 Handa et al. (2014) *The Government of Kenya's Cash Transfer Program Reduces the Risk of Sexual Debut among Young People Age 15-25*. PLoS ONE 9(1).

10 Lim et al. (2010) *India's Janani Suraksha Yojana, a Conditional Cash Transfer Programme to Increase Births in Health Facilities: An impact evaluation*, *The Lancet*, vol. 375(9730). 2009–23.

POLICY IMPLICATIONS AND RECOMMENDATIONS

Promote social protection programmes as critical mechanisms of the HIV prevention response. Rigorous and credible evidence based on national social protection programmes demonstrates the impact of social protection on school enrolment and attendance, as well as on increasing food security, with consequent HIV-prevention impacts. In addition, a growing evidence base documents promising results of social protection's impact in reducing risky sexual behaviours, sometimes through indirect and complex pathways linked to longer term developmental impacts. This evidence points towards the importance of leveraging national social protection programmes for HIV prevention.

The ethical implications of conditioning cash transfers on HIV status

Results of existing studies suggest some ethical concerns with offering incentives based on HIV status. They risk exacerbating the stigma and discrimination associated with HIV.¹¹ In addition, withdrawing financial benefits when participants receive an HIV positive diagnosis decreases households' economic security when additional support is most needed. Conditioning cash transfers on HIV status is not advised until further research demonstrates sufficient efficacy and ensures proper privacy safeguards consistent with rights-based social protection.

Carefully consider the target populations and the potential direct and indirect impacts of various implementation strategies. In comparing conditional cash transfers such as Tanzania's RESPECT,¹² a lottery-based proof of concept in Lesotho¹³ and unconditional transfers such as the proofs of concept in Malawi,¹⁴ there is no significant difference in the degree of impact on HIV-prevalence. While these examples are each proofs of concept and require further research, when it comes to HIV vulnerable populations there is no conclusive evidence that conditional cash transfer programmes are more effective than unconditional transfers.

11 De Walque et al. (2012) "Evaluating conditional cash transfers for HIV/STI prevention in rural Tanzania: one-year post-intervention follow-up". Paper presented at the 2012 Population Association of America Meeting, San Francisco, May 3-5.

12 Ibid

Cash incentives for remaining HIV negative are not an alternative to inclusive social protection. Inclusive social protection strategies that do not target on the basis of HIV-status or proxies, have been shown to achieve broad developmental impacts that reach HIV-vulnerable households. Inclusive approaches have both immediate and reverberating effects on the recipients and their communities. While it is still difficult to fully quantify these effects and the pathways through which they are achieved, they are transformative in their impacts on communities. It is critical for policy makers to not think of them as replacements for more developmental social protection strategies.

Encourage and promote further research into evidence gaps. Further research is required to understand the mechanisms and pathways through which social protection promotes HIV prevention; how it impacts development and health more broadly, and how different design features interact and produce the final outcomes. Given these evidence gaps, programmes need to be highly sensitive to context and target populations. Beyond the research suggestions below, policy makers should encourage more comprehensive research into the fiscal analyses of potential social protection programmes. This evidence highlights the importance of investing in national integrated and comprehensive social protection programmes that maximise developmental impact, with HIV prevention as an important resulting dividend. The precise measure of returns on investment, however, still requires additional exploration.

Evidence Gaps/Research Suggestions

- Understanding causal pathways, specifically how different transmission mechanisms interact and potentially reinforce or contradict each other, generating differential gender impacts. A deeper understanding requires integrated qualitative/quantitative evaluations.
- Role of design features, such as targeting approaches, gender of beneficiary, benefits amounts and frequency, on prevention impacts in varying contexts.
- More comprehensive fiscal analyses of the comparative costs of implementing social protection to the long-term costs of 'business as usual'.

13 Baird et al. (2013) *Relative Effectiveness of Conditional and Unconditional Cash Transfers for Schooling Outcomes in Developing Countries: A Systematic Review*. The Campbell Collaboration. Campbell Systematic Reviews 2013:8.

14 Kohler, HP. and R. Thornton (2012), *Conditional Cash Transfers and HIV/AIDS Prevention: Unconditionally Promising?* World Bank Economic Review 26(2) 165-90. ; Baird et al. (2012)

Background: UNICEF commissioned the Economic Policy Research Institute (EPRI) to develop policy briefs on how social protection interventions can become more HIV-sensitive and contribute to key HIV prevention, treatment, care and support outcomes. This brief is coauthored by UNICEF and EPRI. University of Oxford, UNDP and the Transfer Project have contributed to content reflected in this brief, and USAID has endorsed the brief.