



# A SYSTEMATIC REVIEW OF CASH PLUS OR BUNDLED INTERVENTIONS TARGETING ADOLESCENTS IN AFRICA TO REDUCE HIV RISK

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POLICY  
RESEARCH  
SOLUTIONS



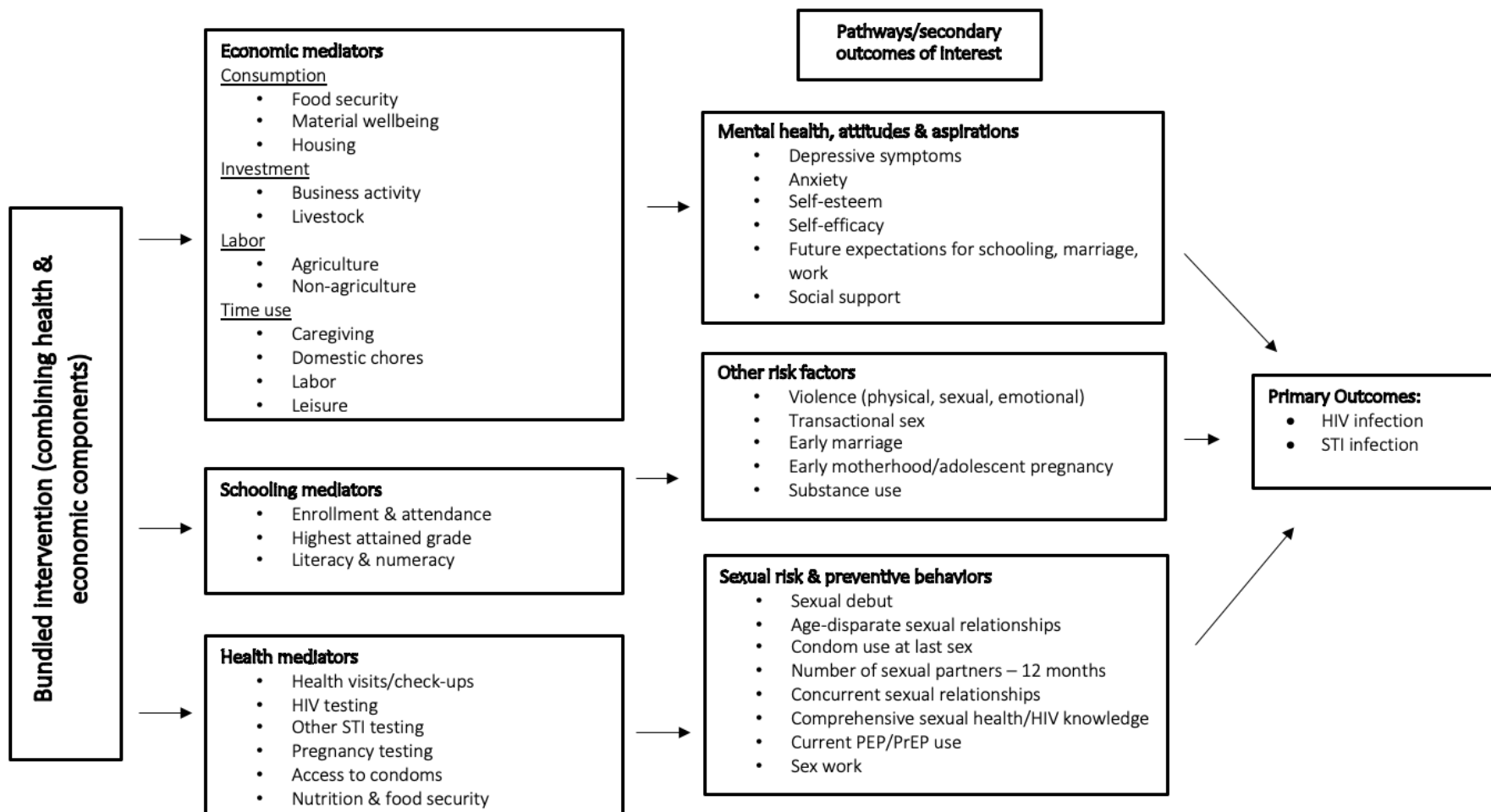
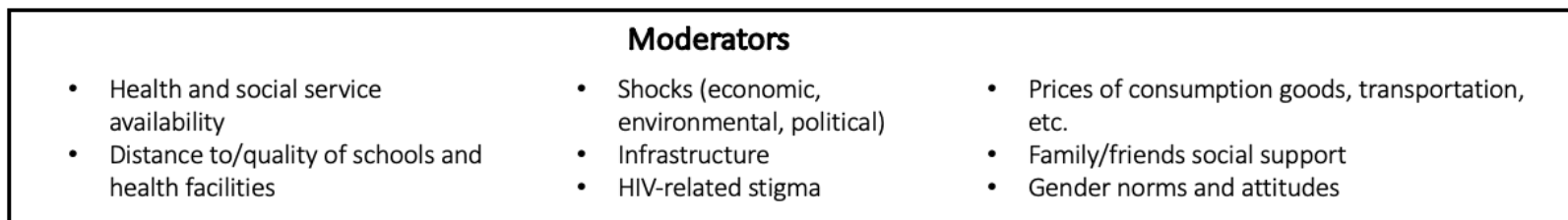
# MOTIVATION FOR REVIEW

Poverty shapes vulnerability to HIV

Direct impacts of social protection (SP) on HIV incidence have not been widely evaluated

Multisectoral pilots mirroring integrated SP programming have increasingly been implemented, but evidence has not been systematically reviewed

# CONCEPTUAL FRAMEWORK



# RESEARCH QUESTIONS

## Primary

- How do bundled programs influence HIV outcomes in adolescents and young people?

## Secondary

- How do bundled programs influence mediators of HIV outcomes in adolescents and young people?

***Bundled Program:***  
incorporates at least one *health/life skills* and one *economic* component for adolescents.

# ELIGIBILITY CRITERIA

- 1. Region:** Africa
- 2. Target Population:** Male and female adolescents and youth (ages 10-24)
- 3. Program Inclusion:** Intervention targeted to adolescents and/or youth and incorporates health/life skills **AND** economic components (searched programs from 2005-2023)

## Economic

In-kind

Cash

Voucher

Asset transfer

Income-generating activity

Savings accounts

Livelihood training

## Health/Life Skills

Behaviour-change communication

Vouchers for services

Adolescent-friendly health services

Linkage to health services

Health information

Life skills

# Overall findings



# PROGRAM COMBINATIONS

Type of Programme	# of programs
Cash + health information	23
Cash + life skills	22
Cash + mentoring	20
Livelihood training + life skills	20
Livelihood training + health information	18
Savings account + cash + fiscal literacy + health information	14
DREAMS (not specified)	11

Note: A small number of interventions also incorporated microcredit or vouchers.

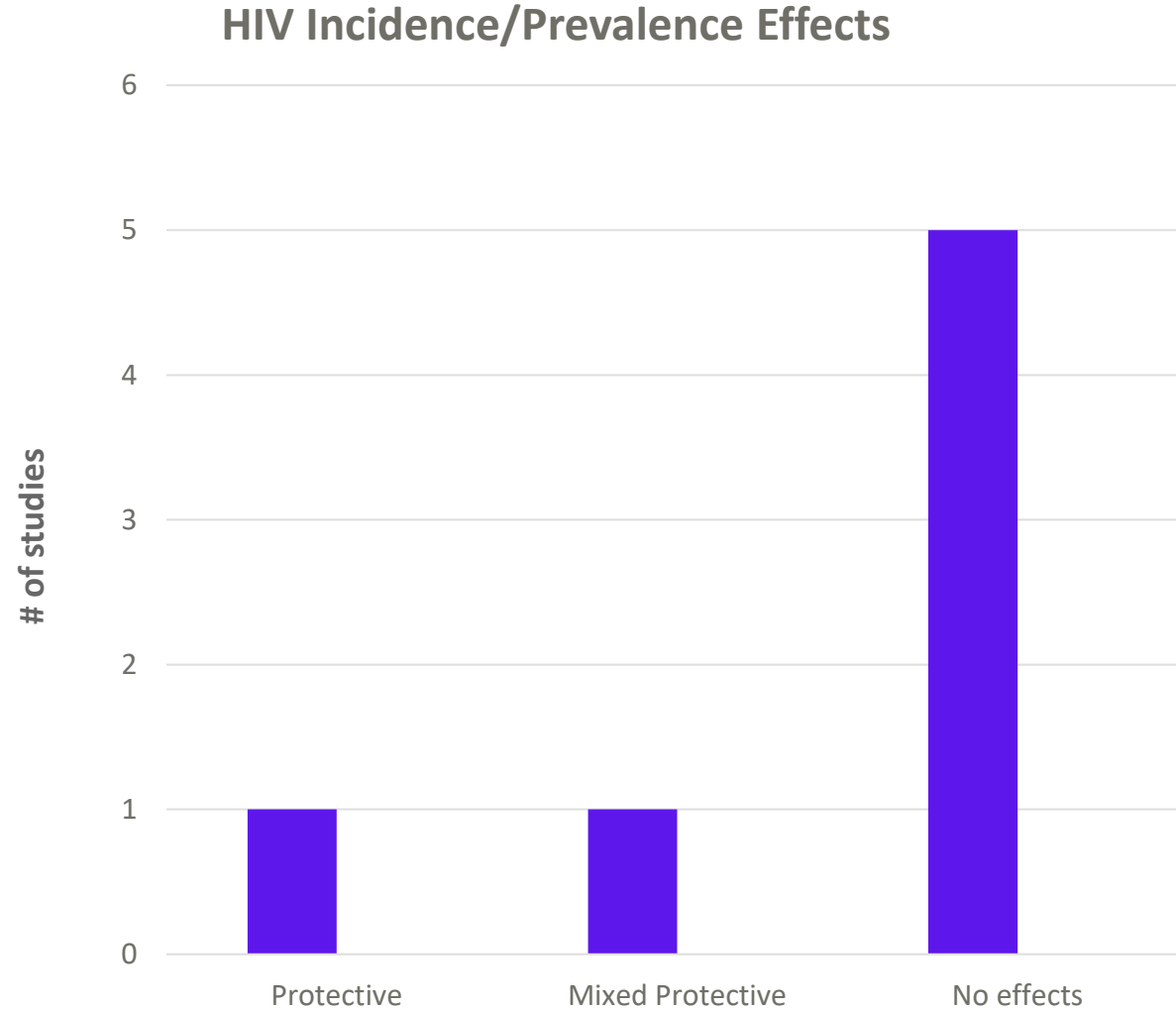
# FINDINGS: PROTECTIVE EFFECTS

Outcome Categories	% Studies with Protective Effects
Economic Security	93%
HIV prevention knowledge	90%
Sexual and Reproductive Health	84%
Psycho-social well-being/mental health	76%
HIV testing/knowledge of status	75%
Sexual Risk Behaviours	50%
Gender-Based Violence	46%
Education	45%
STI incidence/testing	42%
Gender Attitudes	40%
HIV incidence	28%
Sexual Debut	20%



## FINDINGS

*HIV incidence/  
prevalence was  
only tested in 7  
studies and  
findings are mixed*



# FINDINGS: High-quality studies

*Protective effects on economic security, mental health, HIV knowledge, SRH*

**Table 2. Quantitative Study Outcomes**

Paper	Study Effects												Causal Estimate Quality
	HIV Incidence/ Prevalance	HIV testing/ knowledge of status	STI incidence/ testing	Sexual risk behaviours*	Sexual debut	SRH (knowledge & health seeking)	HIV prevention knowledge	Gender attitudes	Psycho-social/ mental health	Education	GBV	Economic	
Austrian & Muthengi, 2014						●	●				▲	●	Medium
Austrian, Soler-Hampejsek, Behrman, et al., 2020				●	▲	●	NS	NS		NS		●	High
Austrian, Soler-Hampejsek, Kangwana, et al., 2021				●		○		▲	●	●	●	●	High
Austrian, Soler-Hampejsek, Kangwana, et al., 2022						○				●	●	NS	High
Bandiera, Buehren, Burgess, et al., 2020				●		NS	●				●	●	High
Buehren, Goldstein, Gulesci, et al., 2017				NS		NS		NS				●	High
Chzhen, Prencepe, Eataama, et al., 2021								○					High
Kangwana, Austrian, Soler-Hampejsek, 2022			○		○	●				●		●	High
Kivumbi, Byansi, Ssewamala, et al., 2019									●				High
Özler, Hallman, Guimond, et al., 2020				●		●	●	●	NS	NS	▲		High
Palermo, Prencepe and Kajula, 2021				NS	△				●	△	○	●	High
Waidler, Gilbert, Mulokozi, et al., 2022		○			△	●	●						High

● = Protective effects

○ = Mixed protective effects

▲ = Adverse effects

△ = Mixed adverse effects

# FINDINGS: High-quality studies

*Protective effects on economic security, mental health, HIV knowledge, SRH*

Paper	Study Effects												Causal Estimate Quality
	HIV Incidence/ Prevalence	HIV testing/ knowledge of status	STI incidence/ e/testing	Sexual risk behaviours*	Sexual debut	SRH (knowledge & health seeking)	HIV prevention knowledge	Gender attitudes	Psycho-social/ mental health	Education	GBV	Economic	
<b>DREAMS (unspecified)</b>													
Kuringe, Christensen, Materu, et al., 2022	N.S.		N.S.	N.S.		●					N.S.	●	High
<b>Suubi</b>													
Ssewamala, Brathwaite, Neilands, et al., 2023				△					○				High
<b>Ujana Salama: Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood</b>													
Chzhen, Prencipe, Eataama, et al., 2021								○					High
Palermo, Prencipe and Kajula, 2021				N.S.	△				●	△	○	●	High
Prencipe, Houweling, van Lenthe, et al., 2022									○	N.S.		●	High
Ranganathan, Quinones, Palermo et al., 2022				N.S.									High
Waidler, Gilbert, Mulokozi, et al., 2022		○			△	●	●						High
<b>Unnamed Intervention</b>													
Hegdahl, Musonda, Svanemyr, et al., 2022				●		N.S.							High

# Sample findings by program type



# RESULTS BY PROGRAM TYPE

PROGRAM TYPE	IMPROVED	LESS SUCCESSFUL AT IMPROVING
<b>CASH + HEALTH INFORMATION</b>	<ul style="list-style-type: none"> <li>Economic security</li> <li>STI testing/incidence</li> <li>Gender attitudes</li> <li>Psychosocial wellbeing</li> <li>Gender-based violence</li> <li>Sexual risk behaviors</li> <li>Sexual and reproductive health</li> <li>Education outcomes</li> </ul>	<ul style="list-style-type: none"> <li>HIV incidence</li> <li>HIV testing</li> <li>Sexual debut</li> </ul>
<b>LIVELIHOODS TRAINING + HEALTH INFORMATION</b>	<ul style="list-style-type: none"> <li>Economic security</li> <li>Gender attitudes</li> <li>Education outcomes</li> </ul>	<ul style="list-style-type: none"> <li>HIV incidence</li> <li>HIV testing</li> <li>STI testing/incidence</li> <li>Sexual risk behaviors</li> <li>Sexual debut</li> <li>Sexual and reproductive health</li> <li>Economic security</li> <li>Gender-based violence</li> </ul>
<b>SAVINGS ACCOUNT + CASH + FISCAL LITERACY + HEALTH INFORMATION</b>	<ul style="list-style-type: none"> <li>Economic security</li> <li>Sexual risk behaviour</li> <li>Sexual and reproductive health</li> <li>HIV prevention knowledge</li> <li>Psychosocial wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Gender attitudes</li> <li>Education</li> <li>Sexual Debut</li> <li>Gender-based violence</li> </ul>

# CONCLUSIONS



# IMPLICATIONS FOR PROGRAMMING

*Despite marginal improvement in economic security, structural drivers of HIV risk are not adequately addressed in interventions*

- While economic outcomes improved, likely that participants remained poor & most interventions only addressed economic strengthening at the adolescent level
- Programming needs to address:
  - household level economic security (via social protection)
  - community gender norms to see broader improvements (health, education & related sectors)
  - Linkages across social protection, health & other sectors
    - Referrals, health insurance premium fee waivers, extension services, etc.

# CONCLUSIONS

***Interventions most effective at improving:***

Economic security,  
HIV prevention  
knowledge; SRH;  
mental health &  
psychosocial  
outcomes

***Interventions least effective at affecting:***

HIV & STI  
incidence, sexual  
risk behaviours,  
gender attitudes,  
and sexual debut

***Bundled interventions can improve adolescent health and well-being***

- Program design & implementation characteristics, cultural context, are important for success

***Heterogeneity across programs and outcomes made it difficult to draw conclusions***

- Standardized measures to compare combinations
- Implementation research to understand successes & challenges across contexts



# THANK YOU!

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Link to published paper:

<https://link.springer.com/article/10.1186/s12889-023-17565-9>

Link to full list of included papers:

<https://www.dropbox.com/s/zgz91bpiep048er/Final%20Included%20Papers%20HIV%20Review.docx?dl=0>

