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## UBRAF thematic report: protecting the vulnerable

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## Results

### 1) Investing in social protection to promote HIV outcomes

The Joint Programme provided considerable country-level analysis and technical support to inform public policy and gather evidence, particularly on the potential of cash transfers as a social protection instrument for HIV prevention, treatment, care and support.

UNICEF and the Economic Policy Research Institute (EPRI) conducted research in Ghana, Kenya, Lesotho, Malawi and South Africa to determine the impact of social protection on HIV. Initial findings show national cash transfer programmes that include young children in their criteria are most likely to reach HIV-affected populations and that cash transfers have a positive effect on HIV prevention for adolescent girls by delaying sexual debut and risky behaviour.

The World Bank conducted three randomized control trials in Tanzania, Malawi and Lesotho that showed cash transfers reduce STI/HIV transmission and published numerous articles in the biennium on the role of cash transfers in HIV prevention as well as the paper *Safety nets and HIV/AIDS in Botswana, Namibia and Swaziland*, highlighting that established safety net programmes can be expanded in response to additional shocks as seen in the orphans and other vulnerable children (OVCs) programmes implemented in Botswana, Namibia or Kenya (orphans and other vulnerable children (OVCs) programmes in Botswana and Namibia).

A UNDP paper, cash transfers for HIV prevention: considering their potential, was published in the Journal of the International AIDS Society, and quoted in other published articles<sup>1</sup>, and informed multiple forums, such as the International Conference on AIDS in 2012 and (sexually transmitted infections) STIs in Africa (ICASA).

With input from UNICEF, the World Bank, UNDP, UNAIDS and the Global Network of People Living with HIV (GNP+), the ILO led global research covering Guatemala, Indonesia, Rwanda and Ukraine on the access to and effect of social protection in informal economies for the employed living with HIV, unemployed living with HIV, employed key populations, unemployed key populations and their households.

WFP has provided food assistance, including cash or vouchers, to insecure households, such as those where there are people living with HIV and/or tuberculosis (TB), or orphans and other vulnerable children. These interventions can prevent households from adopting negative coping mechanisms, such as withdrawing children from school and risky sexual behaviour.

### 2) Ensuring social protection, care and support is critical to the HIV response

To showcase how social protection contributes to HIV outcomes, the UNAIDS Secretariat, UNICEF, the World Bank, the ILO, WFP and UNDP, organized satellite sessions on the subject during the 2012 International AIDS Conference in Washington, DC, and on ‘social protection interventions: catalysts to end AIDS’ at the 2013 ICASA conference.

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<sup>1</sup> Child-focused state cash transfers and adolescent risk of HIV infection in South Africa: a propensity-score-matched case-control study. *Lancet*, 2013.

UNDP India and the Department of AIDS Control, India organized a workshop in 2013 for international and national experts to share India's experience on HIV-sensitive social protection and to facilitate south-south learning.

The International Labour Conference adopted in 2012 recommendation No. 202, a rights-based international instrument that provides strong policy and programme guidance to countries to establish or maintain floors in their national social protection systems.

The World Bank and the UNAIDS Secretariat are leading efforts to address the interrelated challenges of AIDS, inequality and extreme poverty post 2015. This initiative has engaged Housing Works (the New York City-based non-profit organization tackling AIDS and homelessness), UNDP and UNICEF, and commits to accelerating efforts in 2014 to address the social and structural drivers behind the HIV epidemic.

UNDP contributed to a social protection lens being included in report by the UN Task Team for the post-2015 development agenda (UNTT) as well as in the UNAIDS paper titled *Understanding and acting on critical enablers and development synergies for strategic investments*.

### **3) Strengthened national systems for social protection, care and support**

With total funding for social protection reaching almost US\$ 15 billion and a new strategy for Africa, the World Bank is playing a key role in strengthening national systems and integrating HIV across social protection schemes. Recent examples include projects in Rwanda, Kenya, Mozambique, and Tanzania that aim to enhance the effectiveness and expand the coverage of social protection and safety net systems and integrate people living with HIV.

UNICEF is building evidence and guidance to strengthen child protection systems to support children living with and affected by HIV and AIDS. With World Vision, it published a paper titled *Building protection and resilience: synergies for children protection systems and children affected by HIV and AIDS*, and supported Thailand, Uganda and Ukraine assess the situation of children living with HIV in residential care. In 2013, UNICEF and members of the Inter-Agency Task Team on children and AIDS finalized a paper estimating resource needs for children affected by HIV and AIDS and showing that modest increases in resources could significantly improve service coverage. A study by UNICEF and the international children's palliative care network estimated the number of children in need of palliative care across Kenya, South Africa and Zimbabwe, and found that the need for such services was high.

WFP worked with governments in Congo, Ethiopia, Mozambique and Swaziland to ensure nutritional support was integrated into social protection programmes. In Ethiopia, WFP supports people living with HIV through economic strengthening activities to prevent relapses into food insecurity.

UNDP supported the creation and reform of many HIV-sensitive social protection programmes, reaching more than 400,000 people by the end of 2012. UNDP support in the Dominican Republic resulted in a greater understanding of potential synergies between HIV treatment and social protection instruments, confidentiality and the inclusion of people living with HIV as beneficiaries.

HIV and AIDS workplace policies developed by UNESCO and the ILO have contributed to a more inclusive and supportive environment for employees and learners living with HIV and promoted access and adherence to treatment.

In 2012–2013, the ILO collaborated with UNAIDS, UNICEF, WFP, WHO, the Global Fund,

GBCHealth and GNP+ to build the capacity of national social protection and HIV specialists from 22 countries. The ILO also organizes an annual social security academy where participants from 30 countries who are engaged in national social security system reform are able to gain knowledge to help them shape the social protection systems in their countries. In Sri Lanka, an HIV and social protection assessment, followed by advocacy efforts directed at national insurance companies, resulted in four companies removing their HIV exclusion policy in December 2013.

In 2013, Cosponsors worked with members of the IATT on social protection, care and support to develop a technical guidance note on HIV-sensitive social protection geared towards those considering applying to the Global Fund.

## Constraints, challenges and lessons learned

Despite significant advances and efforts to end the AIDS epidemic, economic inequality, social marginalization, discriminatory laws and other structural and social factors continue to fuel the HIV epidemic and impact on vulnerable households and individuals, including children. Social protection, care and support must be put at the centre of the HIV response to maximize the proven benefits of high-impact biomedical interventions.

Cash transfer programmes in sub-Saharan Africa have rapidly scaled up over the past decade. Between 2000 and 2012, the number of these programmes increased from 25 to 245 and participating countries from nine to 41. There is a critical opportunity for the HIV community and the health sector to forge closer linkages with cash transfer programmes and the social welfare sector, especially where they have had a positive impact on HIV outcomes around prevention, treatment, care and support.

Members of the Joint Team have found a reasonable level of social protection coverage is achievable globally, even when fiscal constraints are tight. In Africa it is possible to achieve impressive coverage, as demonstrated by the Productive Safety Net Programme (PSNP) in Ethiopia, where 10% of the population was reached at a cost of about 1.2% of gross domestic product, and the Rwanda health insurance scheme (*mutuelle des sant *), which reached 91% of the population with government and donor contributions equivalent to 1.2% of gross domestic product. There is less traction, however, on HIV-sensitive social protection in the Latin American and the Caribbean region where partners have tended to approach the subject as part of a wider assessment of vulnerabilities.

UNAIDS and Cosponsors need to foster closer dialogue at country level between the different development sectors to identify ways for comprehensive social protection, care and support to contribute to HIV outcomes. The conversation needs to be intersectoral given the discourse on AIDS and poverty eradication are interrelated. There are administrative constraints, however, and the process can be hampered by governance structures where the responsibility for overseeing social protection is spread across ministries, resulting in lack of coordination.

To some degree, innovations, particularly in information and communications and technology, can circumvent capacity constraints in these countries; using mobile phones to make payments to previously hard-to-reach populations, for instance.

The lack of effective monitoring and evaluation systems and indicators at the global level and in most countries makes it difficult to track progress and coverage, and compare the effectiveness and efficiency of social protection approaches. These constraints are amplified in fragile and post-conflict states struggling to build or rebuild their institutions. Robust measures are needed to ensure social

protection coverage; indicators, including household economic support, must be embedded in household surveys such as multiple indicator cluster surveys (MICs) and demographic and health surveys (DHS).

In-country and regional meetings have highlighted significant interest in pursuing social protection investments, such as cash transfers, to catalyse human development outcomes, including enhanced access to HIV treatment, and to reduce new infections, especially in adolescents.

## Key future interventions

Advocacy and technical support: UNDP and UNICEF are collecting strategic information to help countries integrate HIV-sensitive social protection in Global Fund grant proposals. The World Bank approved a series of additional grants to strengthen safety net systems, in particular in Africa. WFP will continue to provide technical support to mainstream social protection with food and nutrition. The ILO intends to intensify advocacy to ensure social protection policy and programmes are HIV sensitive and remove barriers. The ILO also plans to build the capacity of national AIDS councils, networks of people living with HIV and key populations in social protection literacy, sensitization, governance, monitoring and evaluation and participation.

UNICEF and the IATT will lead a Global Partners Forum in 2014 to maximize the benefits of proven interventions for HIV prevention and treatment.

The IATT on social protection, care and support will propose a session on HIV-sensitive social protection at the International AIDS Conference in July 2014, following up on the joint session delivered at ICASA.

The World Bank in collaboration with UNAIDS is committed to promoting national and global monitoring and implementation research. As part of this effort, the World Bank will launch a new trial in Swaziland to better understand how social protection systems reduce HIV infection, particularly among young women and studies are planned in southern Africa to evaluate strategies to increase demand for voluntary medical male circumcision, including cash transfers.

UNICEF and the Economic Policy Research Institute will finalize the operational research around HIV-sensitive social protection and develop three global policy briefs on the types of programmes that are most inclusive of HIV-affected children and families.

UNDP will use its cash transfer paper to produce with UNICEF a policy brief and operational tools for sensitizing cash transfer programmes to HIV prevention objectives.

WFP will generate evidence on how food and nutrition interventions can improve the cost-effectiveness of the HIV response.

## Supporting documents

- *UNICEF HIV sensitive social protection*  
<https://drive.google.com/file/d/0B8-Y21jMJFP1NDhrNEVaMldrNUU/edit?usp=sharing>
- *Evaluation of the Kenya CT-OVC program supported by the World Bank, UNICEF and DFID:*  
<https://drive.google.com/file/d/0B8-Y21jMJFP1S19pR3I0TEt3OFk/edit?usp=sharing>

- *World Bank Africa Social Protection Strategy*  
<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/0,,contenMDK:23043115~pagePK:210058~piPK:210062~theSitePK:282637,00.html>
- *World Bank Malawi Cash transfer study: Effect of a cash transfer programme for schooling on prevalence of HIV and herpes simplex type 2 in Malawi: a cluster randomised trial.*  
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)61709-1/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61709-1/abstract),  
<http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673611617091.pdf?id=caaj2FL7I3UdMc34Mj-xu>
- *UNDP Paper on Cash transfer for HIV prevention*  
<https://drive.google.com/file/d/0B8-Y21jMJFP1NDhrNEVaMldrNUU/edit?usp=sharing>
- *UNDP- Case study – HIV sensitive protection in India*  
<https://drive.google.com/file/d/0B8-Y21jMJFP1MGhHak1uZjNVQVk/edit?usp=sharing>

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