UNICEF
Social Protection: Opportunities to Link with Children and Families and contribute to the Elimination of Vertical transmission

Unite for Children.
Unite against AIDS.
Overview

- What is the relevance of social protection for HIV and PMTCT?
- Where is the evidence?
- Where are the evidence gaps and how do we improve our understanding of the development synergies between HIV and social protection?
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, IDS 2004)
Investment Framework (Schwartlander et al., 2011)

- **Reduce Risk**
- **Reduce the likelihood of transmission**
- **Reduce mortality and morbidity**

**Basic Programme Activities**
- PMTCT
- Condom promotion and distribution
- Key populations
- Treatment care and support to PLWH
- Male Circumcision
- Behavior Change programmes

**Critical Enablers**

**Synergies With Development Sectors Including social protection**
It can help to

- mitigate the significant social and economic impacts of HIV and AIDS on households and individuals,

- address the multiple social determinants of the epidemic – income inequalities, gender inequalities, social exclusion – and thus contribute to a reduction in new infections,

- address demand side barriers to access HIV services with potential to improve prevention, treatment and care and support outcomes.
What are some of the key components of social protection in relation to HIV and AIDS

- **Financial protection** including through targeted social transfers (such as food or cash) to protect some minimum level of consumption for the very poor

- **Initiatives to promote** Access to affordable quality services, (health, education) e.g. social insurance, fee waivers and social care (home based care, child welfare workers who link underserved and marginalised to services)

- **Laws, policies and regulation** to empower marginalised people to participate fully in development, such as addressing systemic discrimination - often referred to as ‘transformative measures’

From UNAIDS Business case on social protection 2010
Losing children: The HIV Care Continuum

PMTCT Programmes & ANC

- All pregnant mothers
- HIV positive mothers (≈½ have no PMTCT access)

Paediatric HIV Care

- HIV exposed infants
- EID
- HIV-infected children
- Attainment of children during pre-ART process
- Most attrition on ART in the first year

Adolescent/Adult Care

- Transition into adolescent & adult life-long treatment and care
- Substantial attrition with transitioning to adult care
<table>
<thead>
<tr>
<th>Reason</th>
<th>ART patients</th>
<th>Health Prof.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of money: for transport / user charges</td>
<td>51%</td>
<td>66%</td>
</tr>
<tr>
<td>Lack of Food: to take ARV drugs with</td>
<td>11%</td>
<td>-</td>
</tr>
<tr>
<td>Travelling / Relocation</td>
<td>9%</td>
<td>2%</td>
</tr>
<tr>
<td>Transport Difficulties</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Side-Effects of ARV</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Forgetfulness</td>
<td>5%</td>
<td>-</td>
</tr>
<tr>
<td>Feeling healthy – no need to continue ART</td>
<td>-</td>
<td>5%</td>
</tr>
<tr>
<td>Stigma &amp; Discrimination</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td>Lack of Support from Family/Friends/Caregivers</td>
<td>-</td>
<td>4%</td>
</tr>
<tr>
<td>Prayer Camps / Fasting / Religious influence</td>
<td>4%</td>
<td>2%</td>
</tr>
</tbody>
</table>
"Prong 4  
Social protection and treatment

- maternity care vouchers and user fee abolition have been shown to improve access to MCH services and have potential to improve PMTCT coverage.

- In a Zambia study, food supplementation was associated with better adherence to therapy among food-insecure adults initiating ART.

- Cash Transfers to Cover Clinic Transportation Costs in Uganda improved adherence and retention in Care in a HIV Treatment Program in Rural Uganda."
Prong 4: social protection and care and support for families

- Small payments ($10- $15 per household/month) positive impact nutrition, education and health seeking (Malawi)

- South Africa - Social Grants have helped mitigate Socio-Economic Impact of HIV/AIDS - largest cash grants schemes show how bring AIDS affected households up to poverty levels of non-affected households
Prong 1: Prevention:

- Reducing economic barriers to schooling through cash transfer can increase attendance and appear to reduce HIV.

- Growing evidence on how small cash transfers to girls can change sexual networks and reduce economic dependency on older men.
Where are evidence gaps?

- Better understand barriers to access - bottleneck analyses.
- What optimal combination of transfers in different epidemic contexts (food, cash, vouchers) for PMTCT impacts?
- What are the best cash plus combinations – e.g. social transfer and anti-stigma interventions, social care and economic support etc?
- What is the impact of user-fees on access to maternal and child health services and PMTCT?
UNICEF partnership with EPRI

- UNICEF has launched phase one of partnership with Economic Policy research institute to strengthen evidence base on social protection and HIV.
- Provide updates on new and emerging research on HIV and social protection.
- Better understanding of critical development synergies to feed into Investment Framework.
- Precise research questions to be developed in conjunction with UNICEF and partners at HQ, regional and country level during inception phase Q1 2012.
Potential focus countries

- Ghana
- Kenya
- Lesotho
- Malawi
- Mozambique
- Nigeria
- South Africa
- Tanzania
- Uganda
- Zambia
- Zimbabwe
THANK YOU