

# RESOURCING RESILIENCE

## The case for Social Protection for Hiv-Positive Children on Antiretroviral Treatment in Eastern And Southern Africa

An estimated 1.2 million HIV-positive children and adolescents live in Eastern and Southern Africa. Many of them struggle to initiate and remain on antiretroviral treatment (ART). Moreover, adolescents report low rates of ART adherence (27–90%); lower than children and adults, which can lead to illness and death. Adolescents are also underserved by HIV services and have lower adherence to medical appointments. Since the year 2000, adolescent AIDS-related deaths have tripled in Eastern and Southern Africa (ESA), while declining in all other age groups. Structural deprivations are key factors in child and adolescent anti-retroviral therapy (ART) adherence and loss to follow-up. Social protection may address these inherent vulnerabilities, disadvantages and risks, and foster resilience.

Adolescents report **LOW RATES** of ART adherence **27–90%** lower than children and adults, which can lead to illness and death



### THE QUESTIONS

- ❓ What is the evidence on the effectiveness of social protection for ART adherence and HIV-related outcomes for children and adolescents in ESA?
- ❓ What are the key challenges to implementing child- and adolescent-sensitive social protection programmes?
- ❓ What are the critical research gaps in social protection, ART adherence and HIV-related outcomes?

### METHODOLOGY

- 🕒 **Rigorous review** of academic, policy, and grey literature on child-sensitive social protection in Eastern and Southern Africa;
- 🕒 **Expert consultations** with 27 experts from national, regional, and international institutions and research bodies;
- 🕒 **In-depth interviews** with 26 local providers, researchers, and stakeholders in the Eastern Cape Province of South Africa;
- 🕒 **Participatory research** with 39 South African adolescents as part of a large community-traced cohort study of 10–19 year olds (N=1,526), N=1,059 of whom are HIV-positive.

### Known risk factors for non-adherence among adolescents include



**Social protection can interrupt these known pathways through:** poverty reduction and economic development, improved access to healthcare, improved food security, greater gender equality, access to education and health services, reduced stigma and discrimination, and improving caregiver psychosocial and physical well-being.

**TRANSITION FROM PAEDIATRIC TO ADULT CARE CAN BE LIKE DROPPING OFF A CLIFF**  
(Expert Consultation)

THE IMPORTANCE OF DELIBERATE, POLITICALLY-BACKED AND SUSTAINABLE COMBINATIONS OF CHILD-SENSITIVE SOCIAL PROTECTION MECHANISMS CANNOT BE OVERSTATED. (Expert Consultation)

## Key messages

### *Social protection works!*

Social protection is a critical enabler for HIV-related outcomes, including prevention through the reduction of new HIV infections in children and adolescents. There is limited evidence for the provision of child- and adolescent-sensitive social protection for adherence to ART.

### *The power of social cash transfers*

There is substantial evidence that shows the impact of social transfers on multiple areas and outcomes including the impacts of HIV and AIDS. Cash transfers may play a role in supporting adherence through addressing poverty-related factors that hinder adherence, such as the cost of travel to clinics and food insecurity, though further research on the types and combinations of cash transfers for improved adolescent adherence is needed.

### *Combinations are stronger*

Combinations of social protection, particularly ‘cash plus care’ have greater potential for improving health outcomes, particularly HIV risk-taking among children and adolescents, than cash or care interventions alone. A study among 1,060 HIV-positive children and adolescents in South Africa provides strong evidence for social protection for ART adherence.

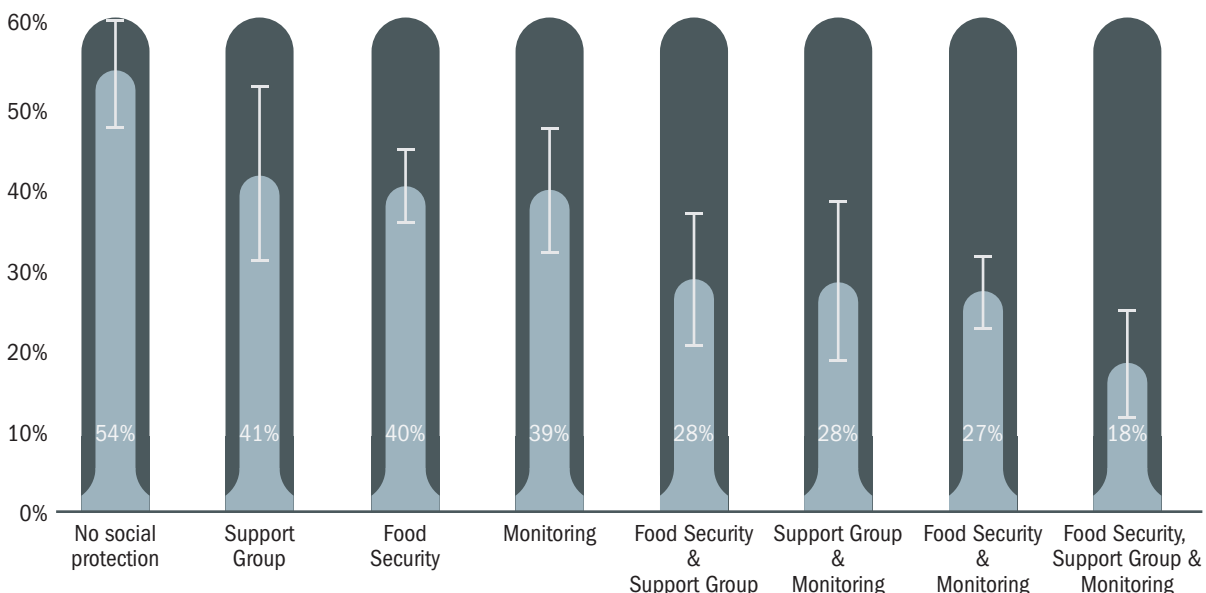
### **Beyond cash – ‘care’ and ‘capability’**

- The current momentum around the delivery of ‘cash’ and ‘cash plus’ provides an opportunity to recognize the potential of ‘care’ and ‘capability’ interventions.
- **‘Care’ and ‘capability’ social protection mechanisms** – on their own and in other non-cash combinations have potential to support child and adolescent HIV-prevention and treatment and require greater recognition by researchers, policy makers and implementers.

BUILDING SELF-ESTEEM AND LIFE SKILLS IS IMPORTANT. IT MAKES SURE THAT WE ARE EMPOWERING THE CHILD AND ADOLESCENT TO BE ABLE TO LIVE IN THIS WORLD. (Expert Consultation)

- Promising care and capability interventions may include community and home-based care, psychosocial support, caregiver well-being support, adolescent and youth friendly services, peer-to-peer interventions, and disclosure support.
- **Food:** For children and adolescents living with HIV, food programmes are important for adherence to ART (see figure 1). Scaling up cash transfer programmes can improve food security. Food is the highest cash transfer expenditure.

**FIGURE 1** Marginal effects model testing for additive effects of combination social protections-adherence (Cluver et al., in press – figure provided here with permission from the author)



## Key policy and programmatic messages



**Context matters!** Social protection mechanisms must be context-specific to respond to the types, forms and combinations of social protection that work best in different settings.



**Age.** Children and adolescents living with HIV have different social protection needs based on their age, life circumstances and development.



**Social protection mechanisms must be flexible** to respond to the fluid and dynamic realities and needs in the lives of children and adolescents.



**Good targeting strategies, or means tested provisions** (as are used with the child support grant in South Africa) are needed to reach those most vulnerable to structural vulnerabilities.



A central tenant of the social protection agenda must be for governments to provide **sustainable national programmes**. Political ownership and domestic funding are fundamental to the sustained success of national social protection initiatives.



**Transition and age-appropriate social protection mechanisms** require greater attention and comprehensive approaches.

## Is the provision of child- and adolescent-sensitive social protection feasible?

- **Well-designed social assistance programmes are cost-effective**, only costing between 1.5 and 1.9% of GDP. The expansion of social protection provisions is possible for most African countries.
- **Numerous African states have an established history of social protection**, including cash transfers, and in-kind interventions such as school feeding programmes and emergency food aid. Unconditional cash transfers on the continent have progressively expanded since the 1990s.
- **Transfer programmes are being scaled up in other Eastern and Southern Africa** and many countries in the region either have a national social protection policy (n=13) or are developing one (n=5).
- **Social protection is a long-term cost-saving mechanism** – by avoiding negative future outcomes and realizing long-term savings.
- **Co-financing by multiple government departments** can make budgetary commitments for social protection more manageable. It offers a framework for making decisions based on comprehensive approaches and requires integrated evaluations and budgeting mechanisms.

## WELL-DESIGNED

social assistance programmes are cost-effective only costing between



IF WE ARE GOING TO REACH ALL OF THOSE THAT HAVE NOT BEEN TESTED, IF WE ARE TO GET TO 90% OF TREATMENT, IF WE WANT TO END AIDS BY 2030, WE ALL HAVE TO COLLABORATE. NOT ONE SECTOR BY ITSELF IS GOING TO ACHIEVE THIS. WE ALL HAVE TO PULL TOGETHER. (Expert consultation)

## Barriers to effective social protection initiatives



**Social and political attitudes among state actors and citizens**, based on perceptions in terms of who is deserving of support (with young people often being deemed undeserving), politics and bias.



**The transient nature of donor-led social protection schemes.** Young people may be made more vulnerable after becoming dependent on short-term interventions that are withdrawn.



**Discrepancies between social protection policy provisions and successful implementation.** Supply-side barriers may include: human and financial resources, poor government coordination, inadequate awareness among implementers, inadequate skills, and inconsistent service provision.

## Onwards! Future directions in research and programming:

- **Actively combining social protection and biomedical programmes.** The DREAMS initiative is an example which includes 'combination prevention' of social protection and biomedical and behavioural interventions.
- **Population-specific focus.** Which forms of social protection work best for sub-populations, including key child and adolescent populations and priority groups such as lesbian, gay, bisexual, intersex and transgender children and adolescents, and children and adolescents with disabilities?
- What sizes of transfers are most effective and at what age should they be introduced?
- **Further work on adolescent masculinities** (as well as femininities), HIV risk and service access to deepen understandings of gendered vulnerabilities and pathways for contracting and transmitting HIV and the uptake of HIV prevention and treatment services.
- **Prevention for positives.** Further research on how social protection may reduce the risk of adolescents on ART passing on the virus to partners and children is needed.

RESEARCH IS NEEDED TO IDENTIFY THE MOST COST-EFFECTIVE COMBINATIONS THAT GENERATE IMPACT... WE OFTEN LIVE IN A WORLD WHERE EVALUATION TECHNOLOGIES DRIVE POLICY SOLUTIONS, RATHER THAN THE MOST IMPORTANT POLICY INTERVENTIONS DRIVING DEMAND FOR EVIDENCE BUILDING APPROACHES.  
(Expert Consultation)

## Conclusions

- 1 Sustainable, age-appropriate and context-specific social protection is an important tool to support child and adolescent adherence to ART and reduce HIV transmission in ESA.
- 2 Certain combinations of social protection, specifically 'cash'-plus-'care' are more effective than single mechanisms.
- 3 'Care' and 'capability' interventions are promising and require greater policy, programmatic and research attention.
- 4 Social protection may be a feasible and cost-effective way for national governments to improve HIV-related health outcomes and merits greater attention by researchers and policy makers.

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