

UNAIDS Expanded Business Case: Enhancing Social Protection

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UNAIDS Expanded Business Case: Enhancing Social Protection

This draft of the UNAIDS Outcome Framework Business Case for Enhancing Social Protection was produced by the Social Protection Working Group, consisting of representatives from:

UNAIDS Secretariat

World Health Organization (WHO)

United Nations Children's Fund (UNICEF)

World Food Programme (WFP)

International Labour Organization (ILO)

Office of the United Nations High Commissioner for Refugees (UNHCR)

World Bank

1. WHY THIS IS A PRIORITY AREA

1.1. Why is social protection important?

“In 2006, the world made a historic commitment at the United Nations aimed at the goal of universal access to comprehensive prevention programs, treatment, care and support. The achievement of universal access remains the fundamental priority for UNAIDS.”¹

Under the Outcome Framework for the period 2009–2011, UNAIDS will focus its efforts on achieving results in 10 priority areas. Among these 10 is the commitment to “enhance social protection for people affected by HIV”. Achieving social protection for people and families affected by HIV^{2,3} is a critical step towards the realization of universal access to prevention, treatment, care and support. This business case explains why this is the case, what needs to be done and the role of UNAIDS in this endeavour.

There has been a growing recognition over the past decade of the importance of social protection as an approach for responding to a range of challenges faced by developing countries, including food insecurity, chronic poverty and the affects of HIV. This is particularly timely in light of the global economic crisis, which has further undermined weak family and community safety nets. The term ‘social protection’ is not new—it has long been part of the socioeconomic landscape of industrialized countries to provide protection for the most vulnerable, to prevent destitution and to ensure that the benefits of economic growth reach poor and marginalized people.

What is new is a wider conceptualization of social protection. Social protection in the 21st century still aims to ‘protect’ at-risk and vulnerable groups (in both development and relief contexts) and to ‘prevent’ asset depletion and destitution as the result of a particular (or successive) shocks, such as illness. But it also sets out to ‘promote’ human development, asset accumulation and economic self-sufficiency and to ‘transform’⁴ the lives of vulnerable individuals by addressing challenges such as stigma and discrimination. This transformative aspect has the long-term effect of addressing many of the structural inequities that ultimately drive the HIV epidemic. Annex 1 shows how these objectives relate to each other.

Social protection is 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.”⁵ A range of definitions made by various agencies is shown in Annex 2. Importantly, social protection is linked to existing obligations under international human

rights frameworks, in particular the International Covenant on Economic, Social and Cultural Rights, which recognizes the right of all to social security, including social insurance.

The broad conceptualization looks beyond social transfers, such as health and education fee waivers and income support for the elderly, to a range of mechanisms for improving the lives of vulnerable groups, including services, policies and legislation and the systems that support them. This new vision, and the comprehensive set of tools that accompanies it, is particularly relevant for, and offers enormous promise to, people living with HIV and households affected by HIV.

As social protection programming, policies and funding are expanding, there is a critical window of opportunity in 2010–2011 to influence social protection on a global scale and to ensure that it helps to achieve universal access to HIV prevention, treatment, care and support and to fulfil and enhance human development.

More broadly, social protection can accelerate progress towards the Millennium Development Goals (MDGs), many of which rely upon expanding access to basic services by hard to reach groups. Social protection can ensure access to education, health care, nutrition and other basic entitlements by traditionally marginalized populations (i.e. women, girls, transgender people, sex workers, drug users and men who have sex with men) and can promote gender equality.

While the provision of social protection is gaining momentum among donors, implementers, academia and, increasingly, governments and regional institutions,⁶ it is important to recognize that it is unlikely that all countries will have sufficient funds to comprehensively address social protection in the near future. This has two important implications for social protection in the context of HIV:

- ▶ Where social protection measures are in place or are being developed, it is critical to make such measures HIV sensitive.
- ▶ While the affects of HIV are increasing the need for social protection, particularly in low-income settings, this is unlikely to be matched by a proportionate increase in social protection funding. Efficiently allocating scarce resources will require better information on the cost and impact of various social protection approaches on those most in need, including people living with and households affected by HIV.

Social protection is now firmly integrated as a core pro-poor development tool among many of the major donors. However, the countries with the greatest need for social protection—those with the highest rates of unaddressed poverty and protection—are the very countries least able to deliver it, despite the strong desire by many to do so. They urgently need support to expand social protection by strengthening core capacities, building systems and strengthening the evidence base in a coordinated manner consistent with the Paris Declaration on Aid Effectiveness.⁷

1.2. Why is social protection important in the context of HIV?

Two concepts are key to understanding the link between social protection and HIV. ‘Susceptibility’ refers to an individual’s chance of becoming infected with HIV, while ‘vulnerability’ refers to the likelihood that HIV will have damaging effects on individuals, households and communities.⁸ A comprehensive approach to social protection with protective, preventative, promotive and transformative objectives can help to both prevent susceptibility and reduce vulnerability. It will also help to ensure that efforts to expand universal access will reach the most vulnerable and hard to reach population groups, who are often invisible and at times remote.

HIV prevention. Prevention efforts can fail when individuals and families become vulnerable and resort to coping strategies (such as drug use, transactional and commercial sex, boys/men leaving their families to work, girls sent to beg or work as domestic servants) that may place them at an increased risk of HIV infection, or when they are displaced by conflict or natural disasters. In households already affected by HIV the breadwinner may fall ill, and the consequent loss of labour, coupled with medical/funeral costs, may plunge the family into chronic poverty. This can result in a series of risky and irreversible strategies, such as the sale of productive assets or the withdrawal of children from school.⁹ Finally, criminalization, social discrimination and economic disenfranchisement of sex workers, drug users, transgender people and men who have sex with men can cause social dislocation, influence transnational migration and fuel human rights abuses, heightening the risk of HIV transmission and driving those most at need away from prevention, care, treatment and support services.

Girls are often the first to be removed from school when a parent or caregiver falls ill.¹⁰ Once out of school, they are more likely to be exposed to abuse or exploitation, heightening their susceptibility to HIV and depriving them of the vital leadership and life skills that may protect them from HIV in later years.

- ▶ Social protection in the form of financial protection, including social transfers, can play a crucial role in mitigating the impact of HIV by reducing poverty and inequality, which are key structural drivers of the epidemic, supporting prevention efforts by keeping children in school¹¹ and keeping individuals and families from resorting to negative coping strategies that make them susceptible to infection.
- ▶ Social protection in the form of access to affordable quality services can maintain stable family units and promote child protection, again reducing people’s, especially young people’s, reliance on risky coping strategies such as school dropout, exploitative labour and living on the street.
- ▶ Social protection in the form of policies, legislation and regulation facilitates access to social and legal rights by vulnerable populations and populations at higher risk, protects inheritance rights and reduces stigma and discrimination—all of which contribute directly or indirectly to HIV prevention.

Treatment. Treatment efforts fail when barriers to uptake and adherence become insurmountable and when clients either cannot access adequate treatment when they need it or fail to adhere¹² to their treatment regime. This is a particular problem for conditions that require long term treatment such as tuberculosis or rigorous life long treatment such as HIV. Primary barriers to uptake and adherence include stigma as well as medical and non-medical costs, such as transport costs, out-of-pocket expenses at clinics and access to adequate food and nutrition.

- ▶ Social protection in the form of financial protection, including social transfers, along with social health protection and inclusion of antiretroviral therapy in a universally accessible essential package of health-care services would assist in ensuring treatment access and adherence.
- ▶ Social protection in the form of access to affordable quality services would assist people to take full advantage of their social and legal entitlements, especially for people who are socially marginalized or underpowered to engage with power structures, such as sex workers, injecting drug users and men who have sex with men, and for underserved populations, such as those in humanitarian crisis situations.
- ▶ Discrimination and the systematic denial of rights are significant barriers to treatment access, especially for marginalized populations, and may be addressed through social protection in the form of policies, legislation, regulation and law enforcement that provide legal recognition (e.g. for migrants, refugees and sex workers), remove prohibitions on same-sex behaviours and decriminalize drug users.

Care and support. HIV care and support includes a comprehensive set of services—including clinical, psychosocial, social and economic, legal and human rights services—and family and community support.¹³ These important yet underprioritized services are crucial to the well-being and survival of people living with HIV. While some of these functions are performed by government institutions, the vast majority of care and support activities are run by families and communities, including community-based organizations and faith-based organizations.¹⁴ Care and support efforts fail when the key agencies that are mandated to carry out these functions, including the government, and families and communities lack capacity and resources.

Acceleration of social protection programming can help to scale up comprehensive and predictable protection, care and support for vulnerable households affected by HIV, the majority of which presently receive little or no external support.¹⁵ There is considerable evidence on how social protection contributes to care and support for households, and in particular for children affected by HIV,^{16,17} which demonstrates that:

- ▶ Social protection in the form of financial protection, including predictable social transfers, is critical for carers and households to be able to provide adequate and comprehensive care and support.
- ▶ Ministries of social welfare, communities and families require systems strengthening, human resource capacity-building and supportive policies, legislation and regulation in order to provide access to affordable quality services to improve the reach, quality and affordability of care and support.

1.3. Goal, actions and bold results for HIV-sensitive social protection

The overarching goal of this priority area is to ensure that people living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support by 2015.

UNAIDS can reach its overall goal in collaboration with its partners by focusing on three priority actions:

1. Developing an evidence-based, coherent approach to HIV-sensitive social protection among UNAIDS and its partners.
2. Building consensus on HIV-sensitive social protection.
3. Contributing to the national scale-up of HIV-sensitive social protection.

Three bold results are envisaged:

1. Establish and embed HIV-sensitive social transfers (cash, food, in-kind) into national social protection programmes in eight out of 10 high-prevalence countries.
2. Review and enhance national social protection and social health protection services to increase access to HIV prevention, treatment and care in three out of six selected countries.
3. Increase access of people and households affected by HIV to care, protection and support in three out of six selected countries.

UNAIDS recommends social protection measures that are HIV-sensitive rather than HIV-exclusive. To effectively promote universal access to prevention, treatment, care and support and promotion of the MDGs, UNAIDS should work to influence existing social protection mechanisms to ensure inclusion of people living with HIV, populations at higher risk and vulnerable households in order that they can access the services and entitlements they most need, while not singling them out for targeted services. This means that UNAIDS will promote policies and programmes that are inclusive, non-stigmatizing and non-discriminatory and that promote equity.

To promote the goal, UNAIDS commits to three specific actions for achievement by the end of 2011:

- ▶ Developing an evidence-informed, coherent approach to HIV-sensitive social protection among UNAIDS and its partners on what combination of mechanisms best contributes to:
 - Reducing susceptibility to HIV infection among vulnerable groups.
 - Promoting uptake and adherence to treatment, care and support across the life-cycle.
 - Mitigating the impact of HIV on individuals, households and communities.
 - Monitoring and evaluating the quality and coverage of protection, care and support for people, households and communities affected by HIV, in order to fill serious data gaps.
- ▶ Building consensus on HIV-sensitive social protection through:
 - Clearly defining HIV-sensitive social protection and its intended target constituencies, which may include women, children, sex workers, drug users, transgender people, refugees, migrant workers, incarcerated people and men who have sex with men.
 - Building an action partnership to align and link the efforts of the United Nations (UN), bilateral donors, national governments, civil society actors and humanitarian actors.

- Promoting HIV-sensitive social protection through high-level advocacy.
- Using existing social protection platforms to promote a comprehensive approach to care and support for people living with HIV and households and communities affected by HIV.
- Leveraging HIV-related resources in order that they contribute to making emerging social protection initiatives HIV sensitive and social protection resources more HIV sensitive.
- ▶ Contributing to the national scale-up of HIV-sensitive social protection in first-wave countries, emphasizing:
 - Supporting countries to integrate HIV-sensitive social protection into HIV and social protection plans and programmes.
 - Developing regionally- and epidemic-specific guidelines on appropriate HIV-sensitive social protection packages.
 - Using experience from first-wave countries to refine guidance and to transfer lessons learned.

The first-wave countries with which UNAIDS will work in 2010–2011 have been selected based on country demand and on an established set of criteria. While tradeoffs between criteria are inevitable in finalizing the country selection, the following considerations were used:

- ▶ Evidence of commitment to social protection by national leaders.
- ▶ Social protection is embedded within constitutional or legal frameworks.
- ▶ Cluster of organizations working on social protection.
- ▶ Presence of a nascent national social protection coordination mechanism.
- ▶ Stated demand for assistance with HIV-sensitive social protection.
- ▶ The opportunity to demonstrate small successes in the context of long-term plans.
- ▶ Presence of a functional UN country team.
- ▶ One UN pilot countries.
- ▶ Funding availability.
- ▶ Reflection of different epidemic types and regional diversity.
- ▶ Inclusion of a humanitarian crisis or a country with 5000 or more refugees.

Annex 4 provides details on the priority countries for existing initiatives, an additional consideration for country selection.

UNAIDS will work within existing frameworks and ongoing initiatives, including the following, to create, influence and enhance social protection in developing countries to promote the goal.

- ▶ The Social Protection Floor (SPF) initiative, adopted by the UN System Chief Executives Board in April 2009. The SPF promotes universal access to social transfers and essential services and represents one of the UN's nine key priorities adopted to cope with the global economic crisis (<http://www.ilo.org/gimi/gess/ShowTheme.do?tid=1321>).
- ▶ The World Bank's Rapid Social Response Program, which is poised to scale up financial support for national social protection policies and plans (<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:22149529~pagePK:64257043~piPK:437376~theSitePK:4607,00.html>).

- ▶ The African Union’s Social Policy Framework, ratified by all African Heads of State in 2009, includes social protection as one of its pillars and emphasizes building national systems through planning and capacity-building (http://www.iss.co.za/dynamic/administration/file_manager/file_links/SOCPOLFRAME.PDF?link_id=4057&slink_id=8462&link_type=12&slink_type=13&tmpl_id=3).
- ▶ Building on the African Union’s Social Policy Framework, the Windhoek Declaration on Social Protection commits ministers of social development to give more visibility to social development at the national level (<http://www.africandecade.org/document-repository/Windhoek%20Declaration%20on%20social%20Development.pdf>).
- ▶ The African Platform for Social Protection brings civil society organizations into national social protection planning processes with the creation of national engagement plans (<http://www.africacsp.org/>).
- ▶ The Southern African Development Community’s orphan and other vulnerable children and youth policy, supported by the United Nations Children’s Fund (UNICEF), features social protection and lays the ground for its forthcoming Social Protection Regional Framework (<http://www.sadc.int/icp/index/browse/page/442>).
- ▶ The regional Social Protection in Asia Programme is a research and networking programme for advancing social protection in Asia (<http://www.socialprotectionasia.org/>).

2. What needs to be done—global priorities¹⁹

2.1. What is currently working? What needs to change?

Social protection in the context of HIV is still a relatively new area, both in policy and practice. In the broader social protection arena, donor and government policy commitment and action on the ground are expanding and financing is increasing. High-level commitments to social protection by the African Union and subregional political bodies have also created important policy opportunities. There are national and subnational successes, for example in South Africa and Lesotho, with their old-age pension programmes, or Namibia and Kenya, where social protection provision is increasing, particularly for families and children. There are notable examples to build on where countries (Mexico, Brazil) used the success of cash transfer programmes for child health and education to increase the credibility of the lead ministry, which then enabled it to obtain financing for more comprehensive national social protection plans and scaled-up programming.

However, considerable progress is needed before nationally owned social protection systems are the norm (see box). The many challenges described reflect the southern African situation, the region with the greatest need for HIV-sensitive social protection. While the precise challenges will vary between regions, generalizations can be drawn as described below.

Bottlenecks to expanding HIV-sensitive social protection abound. Pilot programmes, particularly cash transfer projects, are in most cases expanding without being embedded in the framework of a comprehensive social protection strategy. This may risk overwhelming overstretched ministries with other responsibilities and diverting attention and capacity from other social protection activities. Moreover, these programmes often have no long-term financial commitment from governments and donors for scale-up and often lack the baseline

measures and monitoring and evaluation systems that would permit them to demonstrate impact.

Many transfer programmes use narrow targeting criteria, performing badly in terms of redistribution or poverty reduction.²⁰ Social protection mechanisms that seek to isolate and specifically target individuals living with and households affected by HIV risk stigmatizing individuals and creating perverse incentives, while proving administratively costly. At the same time, experience from Africa, Asia and Latin America reveals that marginalized populations are frequently left out of social protection schemes, or are unable to access their entitlements. This affects particularly populations at high risk of HIV infection, such as sex workers, injecting drug users, transgender people and men who have sex with men. Criminalization of homosexuality, sex work and drug use create serious barriers to reaching these groups.

Efforts to strengthen the government and community systems required to deliver social protection are increasing, but they have not caught up with the rapid expansion of programming. Community systems for delivering HIV services, as well as government systems within ministries mandated to provide long-term care and support services, are unequipped to deal with growing demand. Home-based care providers, for example, are generally under-resourced yet are expected to provide a complex range of services that require significantly more training and support than needed prior to the advent and widespread provision of antiretroviral therapy.

There is a growing body of evidence that demonstrates the HIV-related impacts of social protection. Evidence demonstrates that cash and food transfers, including vouchers, can be effective risk management mechanisms that enable the poorest households to better manage the economic consequences of AIDS-related illness or death. Transfers to promote school attendance^{21,22} and nutritional outcomes²³ play a critical protective role for young people—in Latin America they have been shown to reduce poverty, reducing the probability that household members will resort to strategies that put them at risk of contracting HIV.²⁴ The evidence base on the social service and legislative components of HIV-sensitive social protection is slimmer, although there is good evidence demonstrating the effectiveness of national and community-based child protection approaches. Legislative social protection work has been successful at enforcing legal frameworks for antidiscrimination, inheritance protection and decriminalizing consensual homosexual sex. Expanding HIV-sensitive social protection relies on building on these findings to generate new evidence.

Refugees living with HIV and people with histories of incarceration, specifically those in urban areas, often face numerous disadvantages, including lack of protection,²⁵ lack of community support systems, stigma, discrimination and exclusion from national social protection mechanisms, social security systems and health insurance schemes.

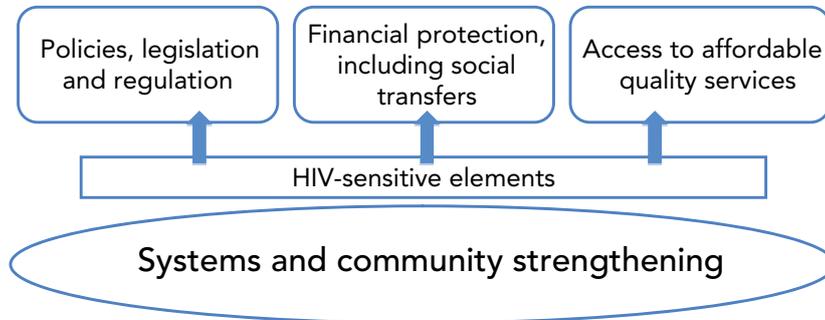
Social protection in high HIV prevalence countries: the current situation

- ▶ Despite regional policy development, current provision is fragmented, piecemeal, not systemic and very low coverage and most of the poor are excluded from social protection provision.
- ▶ Some notable 'successes', but social protection is currently in an impasse in much of southern Africa, where few countries are actively developing a strategic approach to the development of social protection policy or significantly extending provision.
- ▶ National ownership of many donor-led social protection interventions remains limited.
- ▶ Current donor approaches are not resulting in the development of social protection strategies at the national level.
- ▶ Donors and agencies are perceived as promoting their own favoured instruments, rather than promoting the development of strategic social protection provision more broadly at the national level.
- ▶ Unless government ownership increases, there is little prospect of sustainability or of large-scale implementation.
- ▶ Lack of leadership in the social protection debate in the region.

Adapted from: McCord A. *Accelerating action on social protection. Regional scoping assessment DFID southern Africa. Presentation of draft findings.* London, Overseas Development Institute, 2009.

2.2. What needs to be done: advancing HIV-sensitive social protection

Social protection in the context of HIV



Social protection in the context of HIV is increasingly recognized as a topic in development and humanitarian circles. Consensus is increasing that when done well, social protection has a role to play in advancing universal access by reducing susceptibility and vulnerability. However, the dialogue and resulting ideas, mechanisms and tools bridging the two agendas are still relatively new, and efforts to respond to HIV and promote social protection are still running in parallel. There is a need to create better linkages between specialists working in these areas.

In order to tackle the challenges described above and to pursue the overarching goal, this section begins to define the HIV-sensitive elements that should be included in the main pillars of social protection (see the box above). It does this by using the available evidence and experience to point to the aspects of policies, legislation and regulation, financial protection, including transfers, and access to affordable quality services most relevant to HIV.²⁶ The following sections include considerations for the broad social protection community as suggested by a working group on HIV-sensitive social protection convened by the UNAIDS Secretariat.²⁷ While the priorities for each pillar are considered here separately, the different elements are interrelated and mutually reinforcing—they will have much greater impact when combined within a comprehensive system than when introduced alone. It is also worth noting that many of the HIV-sensitive elements have benefits well beyond people living with and households affected by HIV, consistent with the principle of promoting HIV-sensitive, not HIV-exclusive, social protection.

The following sections describe a broad range of possible approaches, but do not prioritize one over the other; we do not yet have sufficient evidence to determine the specific priorities for different epidemic settings and populations. As described in Section 3, a major short-term focus for UNAIDS is to generate evidence, including on cost-effectiveness, that will enable the identification of which interventions have the biggest impact on HIV from the range of approaches available. This early work will aid the identification of the top priorities to pursue, based on national priorities, within an environment of limited financing and competing development concerns.

2.2.1. HIV-sensitive social protection policies, legislation and regulation

Policies and legislation can help to change the power imbalances and rights violations that create and sustain vulnerabilities²⁸ and can promote the transformative objective of social protection. The priorities for policies, legislation and regulation are:

- ▶ To address exclusion. Legislation can increase or address the risk of exclusion, which is intensified for people in marginalized populations and for those additionally excluded due to age, gender, poverty or other reasons.²⁹ For example, regulatory frameworks can protect succession rights, such as land use and ownership by women and children, protect people living with HIV and populations at higher risk from criminalization and/or discrimination and facilitate access by displaced populations to legal services pertaining to employment, work permits and business registration. Legal reform may be required to remove legislative barriers that prevent people, especially those whose behaviours are criminalized, minors or other marginalized populations, from accessing entitlements.
- ▶ To ensure access to a range of essential services. Protective legislation that is enforced can protect the ability of people living with or affected by HIV to obtain basic social services. For example, protective policies and legislation and antidiscriminatory legislation can facilitate access to health and education services, needle and syringe exchange and livelihood support, and can ensure access to antiretroviral therapy and prevention of mother-to-child transmission services, by making them part of essential health packages. Policies could include pro-poor financing policies, for example that eliminate user fees for HIV-related diagnostics and treatment, as part of progressive health financing.
- ▶ Advocacy for improved laws, policy and practice. Advocacy may be used for policy and law reform and to ensure that policies and legislation are enforced and protect marginalized populations. National laws also need to be better aligned to international obligations on social security in the context of the Covenant on Economic, Social and Cultural Rights.³⁰ Building the capacity of civil society, including networks of people living with HIV and associations of workers, to serve in a watchdog function will help to promote these reforms. Efforts are needed to advocate for legislative reforms while also supporting civil society advocacy and capacity-building. There is a need for a concerted advocacy effort against legal, administrative and social barriers that confront people living with HIV in humanitarian crisis situations.

2.2.2. HIV-sensitive financial protection, including social transfers

Financial protection helps to mitigate the impact of AIDS-related illness and death on individuals and families and to prevent risk-taking and coping strategies that may make people susceptible to HIV infection.³¹ Social transfers can also accelerate the global roll-out of antiretroviral therapy. In particular, pro-poor health financing and social health insurance are key measures that promote universal access while also advancing other health MDGs. Furthermore, specific allowances and vouchers for transport costs, child care and access to food and nutritional support can reduce or eliminate barriers to effective treatment and care. Priorities are:

- ▶ Build on existing plans and programmes. Particularly in sub-Saharan Africa and Latin America, and elsewhere, there is experience to build upon with pensions, child grants/transfers for orphans and other vulnerable children, disability and poverty-targeted grants, cash or vouchers for transport, food transfers, health insurance and pro-poor fee exemptions. In fact, several of the countries most affected by HIV have well-established, government owned, national transfer programmes.³² In addition, many communities have some form of non-formal social transfer. Existing formal and informal programmes must be the starting point for expanding programming, enhancing coordination within social protection systems and generating evidence.

- ▶ Identify the financial protection modalities most likely to contribute to universal access objectives. There is a range of transfer mechanisms that can promote HIV prevention, treatment, care and support to varying degrees, including cash, vouchers, food, agricultural inputs and microcredit. There is more to learn about the precise benefits in different epidemic settings for different populations. Importantly, transfers are necessary but not sufficient—they must be combined with family and community support mechanisms for maximum impact.
- ▶ Design targeting approaches with HIV sensitivity in mind. Different types of targeting approaches are recommended in different epidemic settings. In general, vulnerability targeting using broad-based poverty criteria, including income and asset ownership, is recommended over HIV-specific targeting. In hyperendemic contexts, vulnerability targeting based on poverty levels and dependency ratios captures a considerable proportion of HIV-affected households in need of financial support.³³ Community-level monitoring is needed to ensure intrahousehold allocation of transfers to those in need. There is also a role for categorical targeting, whereby all people in a specific category (e.g. people aged over 60, children under 5) receive a benefit, which is relatively easy to implement with a low administrative capacity and is easily understood by recipients. There will also be circumstances in which more targeted interventions are required, for example ensuring that marginalized populations at higher risk, such as sex workers, are included in social transfer programmes. Trade-offs between reducing exclusion and maintaining affordability are inevitable. Although there are areas of promising practice, more operational research is required to determine the most appropriate targeting mechanisms in different epidemic contexts in order to ensure inclusivity of needy people affected by HIV while also promoting equity. Particular attention should be given to vulnerable individuals living outside of conventional households, for example populations in humanitarian crisis situations, including refugees and internally displaced persons, street children and children in orphanages.
- ▶ Respond to the realities of girls and women. Ensuring that the benefits of household transfers reach adolescent girls can reduce their susceptibility by reducing their risk of engaging in transactional sex. Keeping girls in school through cash transfers, block grants, school fee waivers, school feeding or cash or vouchers for uniforms, transport and other expenses is also vital for promoting the ‘social vaccine’ of schooling for this particularly at-risk group. Women and caregivers within key populations, who take on the bulk of the caring role, struggle without compensation, making them another important target group in need of financial protection.

2.2.3. Access to affordable quality HIV-sensitive services

Social protection must go beyond economic strengthening to meet promotive and transformational objectives; in this respect, the services pillar has an important role to play. Important are the provision of quality affordable care, support and protection services to in-need groups and the promotion of access of vulnerable groups and people living with HIV to basic health, education and other services. Mechanisms such as social health insurance, antistigma programmes or community committees for identifying underserved groups are the types of approach that promote access to basic essential services. The few countries with experience in linking transfer programmes with social services through referrals, the identification of families in need and the provision of legal services demonstrate the benefits of taking a comprehensive approach.³⁴ Priorities are:

- ▶ Using the momentum on social protection to enhance the coverage and quality of care and support. The number of people in need of long-term care and support has increased due to gains in treatment access, while work to strengthen care and support services for people living with or affected by HIV has been sorely neglected. Civil society has been leading care and support efforts, but these are often fragmented and uncoordinated. Social protection has a key role to play in redefining the nature of HIV-related care and support for people receiving and without access to antiretroviral therapy and in stimulating greater resources and capacity-building.³⁵ A comprehensive approach to care and support that ensures broad coverage of children in need, marginalized groups and populations at higher risk with a range of services, both in development and relief settings, is required. A critical and often overlooked element is the provision of support to caregivers. Human resource capacity limitations are a bottleneck to improving the coverage and quality of care and support services. Providing incentives for public sector and community workers is part of addressing this challenge.
- ▶ Ensuring that people living with HIV, orphans and other vulnerable children, and households affected by HIV have access to family and child support services.³⁶ This includes child protection services for at-risk orphans and other vulnerable children (including separated children, street children and children in orphanages), alternative care for children living outside of family settings and additional support for out-of-school children. Additionally, it includes individual and household assistance with accessing entitlements such as social transfers and services that support and maintain family care for children.
- ▶ Promoting HIV-sensitive and equitable health risk pooling mechanisms such as social health insurance and community-based health insurance. The rationale for promoting health risk financing mechanisms is well known. These aim to protect families from financial hardship during periods of ill health and to deploy a combination of public, community and private financing for health. Evidence of the benefits of social health insurance for adherence to antiretroviral therapy from rich and middle-income countries illustrates the important role that this element of HIV-sensitive social protection can play in promoting universal access objectives.^{37,38} Nevertheless, low-income countries and several middle-income countries have limited resource mobilization possibilities and their capacity to finance health insurance is limited. The inclusion of HIV- and health-related expenditures should be promoted in a sustainable way, adapted to each country situation. With the exception of oil producing and upper-middle-income countries, external funding will play a decisive role in progressively developing HIV-sensitive health insurance in high-prevalence countries.
- ▶ Promoting livelihood-based social protection to vulnerable youth and adults. This includes youth and adult formal and informal employment programmes, market-driven income generating activities, non-formal education, and agricultural and vocational training. Youth-targeted programming is increasingly important, as young people make up a large proportion of new infections. When market driven, livelihood support and leadership training will help to prepare youth to gain the necessary skills to reduce their susceptibility to HIV infection and to manage HIV infection. For adults, labour market interventions mitigate against deskilling resulting from illness and prolonged absence from work. Vocational training initiatives coupled with the provision of job creation and back-to-work programmes are critical in the context of HIV and pro-poor growth.³⁹

Financing social protection

Ensuring adequate, predictable financing for social protection is a key issue for most low- and middle-income countries. There is a fundamental paradox in social protection financing in that countries that most need social protection programmes are least able to afford them. While the economic crisis has placed many social sectors, including social protection, under greater financial pressure, there has been growing social protection funding from some development partners, notably the World Bank.

- ▶ Multiple, diverse and innovative social protection measures are promising. There is a finite amount of funding in the face of many different approaches. There is a need to weigh the costs and benefits of different approaches to identify which have the greatest impact. Cash transfers and pensions offer multiple benefits and can easily be made HIV sensitive; combinations of other transfers, such as food, inputs and assets, should also be considered. Innovations such as telephone money, smart cards, etc., should be considered, as they offer efficient and secure ways to reach targeted groups. Finally, selected combinations will require predictability, continuity and monitoring.
- ▶ A shared challenge. Selected HIV-sensitive measures should involve all stakeholders, including civil society. Public–private partnerships should be promoted, and each participant's roles, including the government's, should be defined and agreed upon. Efficiency targets must be set and closely monitored in order to progressively expand HIV-sensitive social protection.

2.2.4. Systems strengthening: a cross-cutting issue

Systems strengthening to deliver social protection is a cross-cutting approach that underpins effective work across all of the pillars detailed above and contributes to all MDGs. Support for systems strengthening is woefully inadequate, although donors and governments widely espouse it as a priority. Coordinated efforts to address human resource constraints, the lack of predictable funding and the absence of government ownership are a necessary complement to focusing on HIV-sensitive components. Importantly, social protection systems strengthening will benefit from ongoing efforts for health and community systems strengthening; Annex 5 describes the synergies between these efforts. The priorities for strengthening the social welfare public sector and community systems are described below.

2.2.4.1. Strengthening the social welfare public sector

In general, the social welfare sector is weak compared with other sectors in terms of leadership, ministry capacity and its cadre of paid workers, and hence integrating and scaling up social protection continues to be a

struggle. Support for the institutional strengthening of core ministries is crucial for expanding HIV-sensitive social protection. Building the capacity of governments to develop social welfare policy, coordination and monitoring mechanisms will be critical in all contexts. The extent to which social welfare services are delivered through public systems and civil society will vary, with a heavier reliance on the latter in low-resource countries and fragile states. Building the capacity of civil society to provide social protection alongside the public sector, without undermining the ultimate responsibility of governments to provide for their citizens, will be a particularly important strategy where public sector capacity is extremely weak.

The capacity to provide resources for social protection is correlated with the capacity of the government to both generate and prioritize sufficient resources to fulfil the needs of vulnerable groups. The fiscal capability of low-income countries should be addressed in an innovative manner and public–private partnerships, including community-based services, should be promoted. Providing social protection should not be seen as the sole responsibility of national government; system strengthening can promote these types of partnership.

The quality of a country's social protection system relies heavily on the human resources that manage and deliver programmes. An increased emphasis on task-shifting and training is essential in order to deliver both social transfers and services. There is a particular need to expand cadres of social workers and paraprofessionals, whose salaries are lower and whose turnover is greater than elsewhere in the public sector.⁴⁰

There are many benefits to formalizing a multistakeholder approach to social protection, including reducing fragmentation and increasing harmonized approaches to system strengthening.⁴¹ Attention should focus on building partnerships between social welfare and other ministries such as the ministries of finance, planning, health and labour; there is also a potentially important role for national AIDS councils, which are often a relatively well-resourced part of government. The role of the UN country team in supporting a multistakeholder approach to social protection should also be explored, particularly in countries where UN development assistance frameworks and national AIDS strategies will be updated in this biennium. The specific bodies to include will vary based on the country situation.

2.2.4.2. Community systems strengthening

International agencies increasingly recognize that HIV responses could improve and expand through help being given to build skills and capacities within local communities, including civil society groups, a concept known as community systems strengthening.⁴² Community-based organizations and faith-based organizations are key providers of prevention, treatment, care and support and can address the social, political, legal and financial environment needed to scale up responses, especially for those people who are hard to reach.⁴³ They can also play an important role in monitoring social protection programmes and in linking public sector and community-level actors. Many community-based organizations, however, face chronic human and financial resource constraints that limit the scope and impact of their work. They often need greater and more consistent core funding assistance and increased skills and capacities among staff, including volunteers.

In addition to community-based organizations, there are other community structures that need strengthening to respond to HIV, some run by community-based organizations/faith-based organizations and others by local or district government offices. These may include cadres of village development workers providing support to adult literacy programmes, microcredit and cooperative schemes, water and sanitation programmes, agricultural support workers, child protection committees and community health volunteers. The synergies between community and social protection systems strengthening are described in Annex 5.

3. The Role of the UNAIDS Joint Programme

The goal of HIV-sensitive social protection is to ensure that people living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support. The specific actions supporting the goal are to:

- ▶ Gather and generate evidence on how social protection, in particular which combination of mechanisms, best contributes to universal access objectives.
- ▶ Build consensus on HIV-sensitive social protection.
- ▶ Promote HIV-sensitive social protection in first-wave countries.

3.1. The added value of UNAIDS in social protection

UNAIDS has several assets to bring to HIV-sensitive social protection:

- ▶ UNAIDS has a mandate to promote human rights and has a track record of enabling the voiceless to speak out, which is particularly important in promoting and monitoring social protection.
- ▶ UNAIDS has a defining political voice on HIV, which is useful for validating social protection as an essential component of HIV responses and for leveraging HIV resources for social protection.
- ▶ UNAIDS has a mandate to promote coordination and harmonization within the UN system at the global and regional level through interagency task teams, the Unified Budget and Workplan and other mechanisms. At the country level, UNAIDS Secretariat and its Cosponsors have convening authority in a number of areas relevant to social protection, which enables coordination as well as the opportunity to bring together civil society and government around this shared agenda.
- ▶ A major short-term priority is to generate and disseminate evidence on the relationship between HIV and social protection. UNAIDS Secretariat and its Cosponsors have a clear advantage as both producers and brokers of new evidence and have considerable experience in understanding and measuring vulnerability in the context of HIV (e.g. World Food Programme (WFP) vulnerability mapping, UNICEF orphan and other vulnerable children surveys). The role of UNAIDS Secretariat and its Cosponsors in using evidence to define norms and standards will be important in bridging research findings with policy and practice.
- ▶ At the country level, UNAIDS Secretariat and its Cosponsors have active relationships with governments and have experience in providing technical assistance and in building government capacity to deliver basic social services, both of which are key to relieving major bottlenecks that prevent social protection initiation and scale-up.
- ▶ UNAIDS' unique relationship with a wide range of civil society actors, including advocacy and activist groups, service providers, human rights and legal groups and community and faith-based groups. UNAIDS is uniquely placed to strengthen coordination with civil society groups working on social protection, care and support, to facilitate the inclusion of civil society data into the discourse on social protection and HIV and to broker technical assistance and strengthen the capacity of civil society to work with governments and international organizations to build strong national social protection systems.

3.2. Leveraging the assets of UNAIDS

UNAIDS' mandate, political voice, reach and presence at the global, regional and national levels position it to make rapid progress in this nascent area. Recent years have seen an expansion of social protection actors and initiatives. While there is some work to build upon, unlike for other UNAIDS outcome areas there is little specific experience with HIV-sensitive social protection to use as a guide. Therefore, the focus in the next biennium will be on evidence- and consensus-building. In addition, a small set of country activities is planned: providing guidance, technical assistance and capacity-building in selected countries, along with testing the generalizability of emerging evidence and promoting coordination by bridging national HIV and social protection processes (e.g. national AIDS councils, country coordination mechanisms, and orphan and other vulnerable children coordinating mechanisms).

Ongoing processes within the UN system provide opportunities. Examples of specific work to build on include the Social Protection Floor, led by the International Labour Organization (ILO) and the World Health Organization (WHO), the World Bank's Rapid Social Response Program and the guidance developed on specific aspects of social protection and their mechanisms. Examples include: social health protection and expenditure analysis (ILO), social insurance (WHO), child protection and social protection systems strengthening and alternative care (UNICEF), strengthening systems for delivering food and cash transfers to orphans and other vulnerable children and to tuberculosis and antiretroviral therapy clients (WFP), designing appropriate programmes for refugee livelihoods in urban settings and the Best Interest Determination (BID) system to determine the child's best interests (Office of the United Nations High Commissioner for Refugees (UNHCR)). In the context of HIV and sex work, the United Nations Population Fund (UNFPA) is leading work on building supportive environments, strengthening partnerships, expanding choices, reducing vulnerability and addressing structural issues, including in humanitarian settings (UNHCR and UNFPA).⁴⁴

In terms of financing, UNAIDS has a unique role to play in raising and leveraging funds for HIV-sensitive social protection. This could mean leveraging the UN Social Protection Floor initiative, increasing World Bank safety net funds for countries in which systems are weakest and needs are greatest and influencing the allocation of HIV-related resources to support social protection. Increasing the profile of social protection on the agendas of key donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the US President's Emergency Plan for AIDS Relief (PEPFAR), as well as national AIDS councils, could have major funding benefits.

3.3. Engaging external partners and other stakeholders

The greatest impact of UNAIDS' work will be through formal and informal partnerships and collaboration. In the short term, the central strategy for engaging partners is to use existing meetings, forums and networks at the global, regional and country levels to further define and promote HIV-sensitive social protection. In addition, a small number of dedicated events with donors, civil society and academia are planned for 2010–2011.

Advancing HIV-sensitive social protection within the context of the global and regional initiatives listed above will be the most effective route to expanding coverage to people living with and households affected by HIV. Some of the most important opportunities are found in the recent social protection commitments made by the African Union, the Southern African

Development Community and the United Nations Economic Commission for Africa, and by other regional political bodies.

The interagency task team on children and AIDS, which includes broad membership by UN agencies, bilateral donors, civil society and academic institutions, is developing a 2010 workplan to ensure harmonized and accelerated action on social protection for children affected by HIV. This has considerable overlap with the HIV-sensitive social protection agenda and includes specific opportunities to promote harmonized programming.

Existing and new civil society forums can be influential partners in advancing HIV-sensitive social protection. The African Civil Society Platform on Social Protection and the Grow up Free from Poverty Coalition are important mechanisms to bring civil society expertise to the dialogue; similar coalitions exist at the national level. Lessons learned by these partners about building national social protection capacity can be documented and shared with countries beginning to develop social protection mechanisms and structures. ‘AIDS activism’ by networks of people living with HIV and key affected populations can become a powerful social protection catalyst.

3.4. Ensuring accountability and measuring progress

There is no widely agreed set of indicators available for measuring the impact of social protection or of HIV-sensitive social protection. Ongoing processes to improve monitoring and evaluation are relevant to HIV-sensitive social protection, as described in the box below. Additionally, donors and UNAIDS Cosponsors are increasingly interested in the cost-effectiveness of social protection responses and in the need to carry out costing of different models of support within different country contexts. There is a window of opportunity to ensure that this interest is harnessed to improve measurement and data on HIV-sensitive social protection.

As part of generating new evidence, it will be important to address specific monitoring and evaluation questions on HIV-sensitive social protection. This should focus on determining how to systematically monitor and evaluate outcomes and on the best mechanisms for measurement. For example, UNAIDS Cosponsors should work with others to capture the coverage and impact of social protection for people living with and households affected by HIV and should determine how to measure social protection scale-up at the national, regional and global levels in order to feed into broader UNGASS targets.

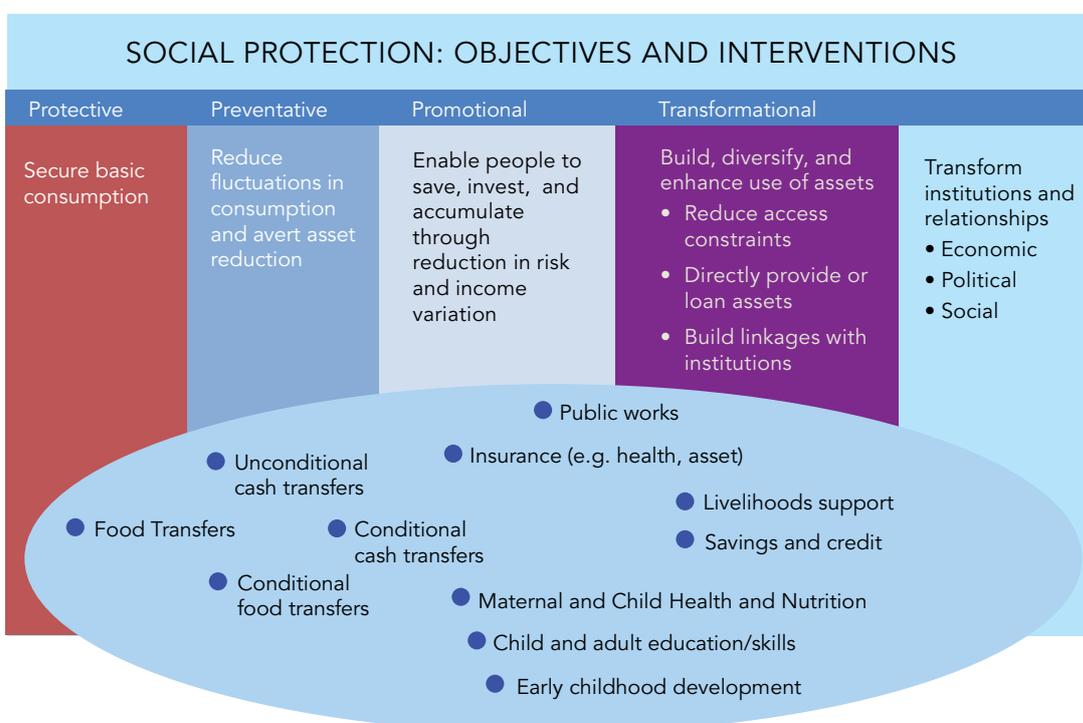
ANNEX 1

Related monitoring and evaluation activities

- ▶ UNAIDS is working with the Global Fund and civil society to develop a framework and indicators for community systems strengthening.
- ▶ UNAIDS’ Monitoring and Evaluation Reference Group (MERG) and the Care and Support Working Group of the UK Consortium on AIDS and International Development are collaborating to develop care and support indicators.

- ▶ UNGASS indicators will be reviewed and revised in 2010. Indicators for HIV care and support are being developed as part of this process; the review also provides an opportunity to incorporate a measure on the scale-up of social protection as a way to show increased coverage of care, protection and support of populations at higher risk and children affected by HIV.
- ▶ NCPI (National Composite Policy Index) is part of the UNGASS indicator set looking at the national policy environment for responding to HIV. The review process for this indicator set is an opportunity to insert indicators relevant to HIV-sensitive social protection legislation.
- ▶ Data collected regularly using the OVC Policy Effort Index will be informative on coverage.
- ▶ National AIDS spending assessments (NASA) track AIDS expenditure on social protection. This could provide good baseline data for measuring the scale-up of domestic and external expenditure in this area.
- ▶ The World Bank is developing methodologies for measuring the coverage of social protection. There are opportunities to ensure that this can be adapted to address the coverage of HIV affected populations.
- ▶ MDG indicators, another potentially important source of information on HIV-sensitive social protection coverage and impact, will be reviewed in 2010.

ANNEX 2



Source: Adato M, Bassett L (2008). *What is the potential of cash transfers to strengthen families affected by HIV and AIDS? A review of the evidence on impacts and key policy debates.* Washington, DC, International Food Policy Research Institute.

DEFINITIONS OF SOCIAL PROTECTION

Asian Development Bank

Social protection is defined as the set of policies and programmes designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks and enhancing their capacity to protect themselves against hazards and interruption/loss of income.

UK Department for International Development

Social protection can be broadly defined and can be carried out by the state or privately. Social protection should (a) enable people to deal more effectively with their risks and vulnerability to crises and changes in circumstances (such as unemployment or old age); and (b) help to tackle extreme and chronic poverty. However, too wide a definition can make it difficult to distinguish social protection from development policy more broadly. For this reason, the Department for International Development takes a narrower definition of social protection that focuses on a subset of public actions that help address risk, vulnerability and chronic poverty.

International Food Policy Research Institute

Social protection is a newer term that incorporates safety net programmes but also includes a role for renewed state involvement, emphasizes a longer-term developmental approach, includes social assistance and social insurance, and is often advocated as a right rather than as a reactive form of relief. Social protection policy addresses not only programmes aimed at reducing the impact of shocks and coping with their aftermath, but also interventions designed to prevent shocks and destitution in the first place.

International Labour Organization

Social protection is defined by the International Labour Organization as a set of public measures that a society provides for its members to protect them against economic and social distress that would be caused by the absence or a substantial reduction of income from work as a result of various contingencies; the provision of health care; and the provision of benefits for families with children.

United Nations Children's Fund

Child-sensitive social protection mitigates the effects of poverty on families, strengthens families in their child-care role and enhances access to basic services for the poorest and most marginalized. Since most-at-risk children live outside family care, child-sensitive social protection systems must also be responsive to this vulnerable group, as well as to children facing abuse or discrimination at home.

USAID

Public interventions seek to enable poor and vulnerable households to increase their ability to manage risk, thereby allowing them to contribute to, participate in and benefit from economic growth.

World Bank

Social protection consists of public interventions to assist individuals, households and communities in better managing income risks. The objectives of these interventions are a subset of overall development objectives of economically sustainable participatory development with poverty reduction.

ANNEX 3

Relevant activities of UNAIDS Secretariat social protection working group members

International Labour Organization

Co-leading and piloting the UN Social Protection Floor initiative: opportunity to raise social protection for people living with HIV in a coordinated manner; social health insurance; school promotion for orphans and other vulnerable children. HIV-specific social protection work includes income replacement, income generation, health care, HIV prevention and stigma reduction. New international labour standard on HIV and the world of work intends to strengthen prevention and social protection aspects with its adoption at the 99th Session of the International Labour Conference, to be held in June 2010.

UNAIDS Secretariat

Social insurance, community systems strengthening guidelines and indicators produced. Positive health, dignity and prevention framework, strategic framework for partnership with faith-based organizations in the response to HIV, including social protection, care and support.

Office of the United Nations High Commissioner for Refugees

Protection for refugees, internally displaced persons, asylum seekers, stateless persons, returnees and surrounding host communities; ensuring that their human rights are protected in HIV programmes; vulnerability assessments; advocacy for inclusion in national social protection policies and programmes; special assistance programmes where they are excluded from national welfare programmes, such as national health insurance programmes, government food assistance programmes, local safety nets, etc.; participate in the UN Social Protection Floor initiative; supplementary food for people living with HIV and those with tuberculosis; income generation; activities against stigma and discrimination; support for orphans and other vulnerable children; school feeding; support capacity of national governments; refugee community support systems; legal support or facilitation of access to legal services, specifically in urban settings; and facilitate access to information.

United Nations Children's Fund

Convene interagency task team and working groups; sharing of lessons learned; analyses of child protection, including tools and studies on social welfare systems and alternative care; operational research; advocacy; country-level technical assistance; normative guidance; supporting emerging social protection programmes. In SSA: piloting social cash transfers, linking with social service delivery and addressing key government capacity gaps at decentralized levels, community-based child protection mechanisms, assistance to governments on plans and policies for children and orphans and other vulnerable children.

World Bank

Funding for policies to support the disabled, the elderly, child labourers and vulnerable families with safety nets to cope with crises and social insurance to insure against risk. Social safety nets, relevant component of the social protection portfolio, include in-kind and cash benefits, targeted transfers, workfare programmes and other risk coping activities for vulnerable groups. Expanding social protection support through the Rapid Social Response Multi-donor Trust Fund and Program.

World Food Programme

Vulnerability and needs assessments among communities and HIV interest groups; design of targeting and selection mechanisms (including community-based mechanisms); development of operational transfer delivery mechanisms (including remote areas); partnership-building with civil society and the commercial sector; direct services delivery to key priority groups and/or in key priority periods; and results measurement, including transfer utilization and targeting efficiency. Operational and technical presence at the national and field level facilitates support to national and decentralized government in the design of new transfer modalities (in the form of food, vouchers or cash), developing models for national replication (including institutional and cost analysis). The World Food Programme's social safety net programmes offer a start-up opportunity for national schemes (Namibia orphan and other vulnerable children grants, Zambia e-vouchers) and/or fill gaps in outreach and coverage of most-vulnerable groups, while national alternatives are investigated (Kenya food top-up to cash grants in the lean season, Mozambique direct orphan and other vulnerable children support, while the national social protection scheme is being developed, Malawi and Swaziland handover education support to national governments).

World Health Organization

Technical assistance on health financing mechanisms, especially prepayment and pooling through the Providing for Health initiative. The World Health Organization is a co-leader of the Social Protection Floor initiative.

ANNEX 4

Considerations for selecting focal countries

UNAIDS stated priority countries for social protection:

1. Belarus
2. Cambodia
3. Democratic Republic of the Congo
4. Islamic Republic of Iran
5. Morocco
6. Namibia
7. Nicaragua
8. Niger
9. Nigeria
10. Republic of Moldova
11. Sierra Leone
12. Zambia

Top 10 busiest countries for child-sensitive social protection (based on reported activities for interagency task team mapping):

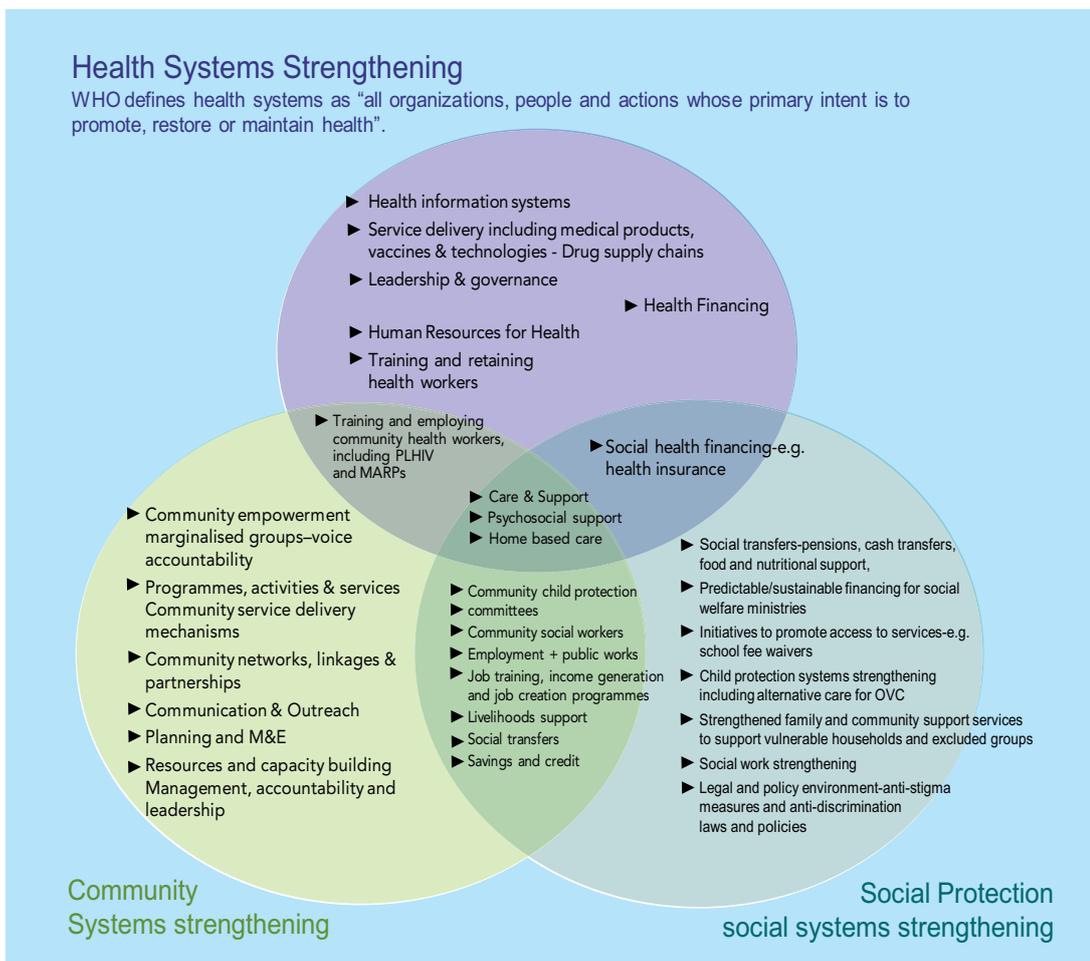
1. Kenya
2. Mozambique
3. Zambia
4. Malawi
5. United Republic of Tanzania
6. Uganda
7. Zimbabwe
8. Ethiopia
9. Ghana
10. Rwanda

Social Protection Floor pilot countries

1. Argentina
2. Armenia
3. Azerbaijan
4. Belarus
5. Burkina Faso
6. Cambodia
7. Cameroon
8. Ecuador
9. Ethiopia
10. Georgia
11. Ghana
12. Honduras
13. India
14. Indonesia
15. Kazakhstan
16. Kenya
17. Kyrgyzstan
18. Lesotho
19. Malawi
20. Maldives
21. Nepal
22. Rwanda
23. Senegal
24. Sri Lanka
25. Tajikistan
26. United Republic of Tanzania
27. Turkmenistan
28. Viet Nam
29. Uzbekistan

ANNEX 5

Synergies between health, community and social protection systems strengthening



ENDNOTES

- 1 UNAIDS (2009). *Joint action for results, UNAIDS outcome framework 2009–2011*. Geneva, UNAIDS.
- 2 For the purpose of this paper, the term ‘people living with and households affected by HIV’ includes people infected with HIV and those susceptible to HIV infection.
- 3 Throughout this paper, the term ‘HIV’ is used when referring to both HIV and AIDS, in line with *UNAIDS’ terminology guidelines*. The term ‘AIDS’ is used when this advanced state of the HIV infection is specifically being referred to.
- 4 The Institute of Development Studies categorizes these measures into four groups, which helps to reveal their purpose: (1) protective, providing relief from deprivation; (2) preventive, seeking to avert deprivation; (3) promotive, aimed at enhancing real incomes and capabilities; and (4) transformative, addressing social equity and exclusion.
- 5 Devereux S, Sabates-Wheeler R (2004). Transformative social protection, *Institute of Development Studies working paper 232*. Brighton, UK, Institute of Development Studies.
- 6 Social protection was recognized as an important response to HIV as far back as 2001 by the World Bank and others.
- 7 The Paris Declaration, endorsed on 2 March 2005, is an international agreement to which over 100 ministers, heads of agencies and other senior officials adhered and committed their countries and organizations to continue to increase efforts in harmonization, alignment and managing aid for results with a set of monitorable actions and indicators (see http://www.oecd.org/document/18/0,3343,en_2649_3236398_35401554_1_1_1_1,00.html).
- 8 Bishop-Sambrook C (2003). HIV/AIDS susceptibility and vulnerability pathway: a tool for identifying indicators, role models and innovations. Paper presented at the *Technical Consultation on Measuring Vulnerability in the Light of the HIV/AIDS Pandemic*. Rome, Food and Agriculture Organization of the United Nations.
- 9 Nolan A (2009). *Social protection in the context of HIV and AIDS*. Limerick, Irish Aid.
- 10 Nolan A (2009). *Social protection in the context of HIV and AIDS*. Limerick, Irish Aid.
- 11 For example, a conditional cash transfer experiment in Malawi studied the one-year schooling impacts for teenage girls and young women, finding large and significant impacts on school attendance. Baird S et al. (2009). *Designing cost-effective cash transfer programs to boost schooling among young women in sub-Saharan Africa*. Washington, DC, World Bank.
- 12 Adherence needs to be 95% to be effective. In addition to low adherence rates being detrimental to the health of the client, they may also lead to drug resistance.
- 13 This list of care and support components is adapted from a more comprehensive list described in *What do we really mean by care and support? Progress towards a comprehensive definition* (2008), London, UK Consortium on AIDS and International Development. Key services mentioned under care and support include: psychosocial counselling; emotional, spiritual, and bereavement support; clinical care, including pain management and treatment of AIDS-related illnesses and opportunistic infections; psychosocial and medical care and support for families, friends, care-providers and children affected by HIV; treatment adherence support, positive living and nutrition education and supplementation; foster and alternative care for

orphans, child protection; and livelihood interventions, for example income generation and skills training.

- 14 *What do we really mean by care and support? Progress towards a comprehensive definition* (2008). London, UK Consortium on AIDS and International Development.
- 15 Global Partners Forum on Children Affected by HIV and AIDS 2008 communiqué: a median of 12% of households caring for children affected by AIDS get any sort of external support.
- 16 Greenblot K (2008). *Social protection for vulnerable children in the context of HIV and AIDS: moving towards a more integrated vision*. Interagency Task Team on Children and HIV and AIDS Social Protection Working Group.
- 17 *Cash transfers for children affected by AIDS* (2007). Interagency Task Team on Children and HIV and AIDS Social Protection Working Group.
- 18 For the purpose of this paper, the term ‘people living with and households affected by HIV’ includes people infected with HIV and those susceptible to HIV infection.
- 19 This section discusses global priorities around HIV and social protection. It does not represent the proposed plan for UNAIDS, but instead what needs to be done more broadly by all involved stakeholders.
- 20 Nolan A (2009). *Social protection in the context of HIV and AIDS*. Limerick, Irish Aid.
- 21 Baird S et al. (2009). *Designing cost-effective cash transfer programs to boost schooling among young women in sub-Saharan Africa*. Washington, DC, World Bank.
- 22 In South Africa, an estimated seven to nine dependents are supported by each social pension. In drought years this income is redistributed to food-insecure relatives; in ‘normal’ years it contributes to reducing child poverty by paying for the education and childrearing costs of pensioners’ grandchildren. Increasingly, as grandparents become unpaid caregivers for orphans, the social pension is a vital source of support for orphans and other vulnerable children and for HIV-infected adults.
- 23 Adato M, Bassett L (2008). *What is the potential of cash transfers to strengthen families affected by HIV and AIDS? A review of the evidence on impacts and key policy debates*. Joint Learning Initiative on Children and AIDS.
- 24 Adato M, Bassett L (2008). *What is the potential of cash transfers to strengthen families affected by HIV and AIDS? A review of the evidence on impacts and key policy debates*. Joint Learning Initiative on Children and AIDS.
- 25 This includes threat of arrest, deportation, harassment and denial of access to services.
- 26 *Social Protection Floor initiative: the sixth initiative of the CEB on the global financial and economic crisis and its impact on the work of the UN system. Manual and strategic framework for joint UN country operations* (2009). Geneva, International Labour Organization, World Health Organization.
- 27 Following the release of the UNAIDS Outcome Framework 2009–2011, the working group was created for the purpose of developing the social protection business case early in 2010.
- 28 Devereux S, Sabates-Wheeler R (2004). *Transformative social protection, Institute of Development Studies working paper 232*. Brighton, UK, Institute of Development Studies.

- 29 Joint Statement on Advancing Child-sensitive Social Protection (2009). Department for International Development, HelpAge International, Hope and Homes for Children, Institute of Development Studies, International Labour Organization, Overseas Development Institute, Save the Children UK, United Nations Development Programme, United Nations Children's Fund and the World Bank.
- 30 General comment No. 19, the right to social security (Article 9). Covenant on Economic, Social and Cultural Rights is a key document that gives guidance on the important linkages and alignment between domestic and international law.
- 31 United Nations Children's Fund, Eastern and Southern Africa Regional Office (2007).
- 32 Devereaux S, Cipryk R (2009). *Social protection in sub-Saharan Africa: a regional review*. Brighton, UK, Institute of Development Studies.
- 33 Schubert B et al. (2007). *The impact of social cash transfers on children affected by HIV and AIDS: evidence from Zambia, Malawi and South Africa*. New York, United Nations Children's Fund.
- 34 Giese S (2009). Spotlighting the relationship between cash transfers and social welfare services within social protection for children. *Vulnerable Children and Youth Studies*, 4 (Supp. 1):1–5.
- 35 Adapted from notes from UNAIDS Social Protection Working Group Draft Workplan, 2009.
- 36 Adapted from the Joint Statement on Advancing Child-sensitive Social Protection (2009). Department for International Development, HelpAge International, Hope and Homes for Children, Institute of Development Studies, International Labour Organization, Overseas Development Institute, Save the Children UK, United Nations Development Programme, United Nations Children's Fund and the World Bank.
- 37 International Poverty Center (2008). *Poverty in focus from Africa and Latin America*, No. 15.
- 38 Claster S. *HIV management in the HAART era: complications, challenges, new factors affecting adherence in HIV-infected patients*. MedScapeCME.
- 39 Nolan A (2009). *Social protection in the context of HIV and AIDS*. Limerick, Irish Aid.
- 40 Greenblott K (2009). *Report from the technical consultation on OVC, food security and nutrition*. AED, Save the Children, JSI, USAID, Office of the US Global AIDS Coordinator, US President's Emergency Plan for AIDS Relief (PEPFAR).
- 41 Temin M (2008). *Expanding social protection for vulnerable children and families: learning from an institutional perspective*. Better Care Network.
- 42 Community systems strengthening is an approach that promotes the development of informed, supportive communities and community-based structures in order that they can contribute to the long-term sustainability of health and other interventions at the community level and to the development of an enabling and responsive environment in which these contributions can be effective (Draft Community Systems Strengthening Framework, UNAIDS, 2010).
- 43 Adapted from *Supporting community based responses to AIDS: a guidance tool for including community systems strengthening in Global Fund proposals*, UNAIDS, 2009.
- 44 UNAIDS (2009). *UNAIDS guidance note on HIV and sex work*. Geneva, UNAIDS. Available at http://data.unaids.org/pub/BaseDocument/2009/jc1696_guidance_note_hiv_and_sexwork_en.pdf.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten United Nations agencies in a common effort to respond to the AIDS epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to AIDS on all fronts. UNAIDS works with a broad range of partners—governmental and nongovernmental, business, scientific and lay—to share knowledge, skills and best practices across boundaries.



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