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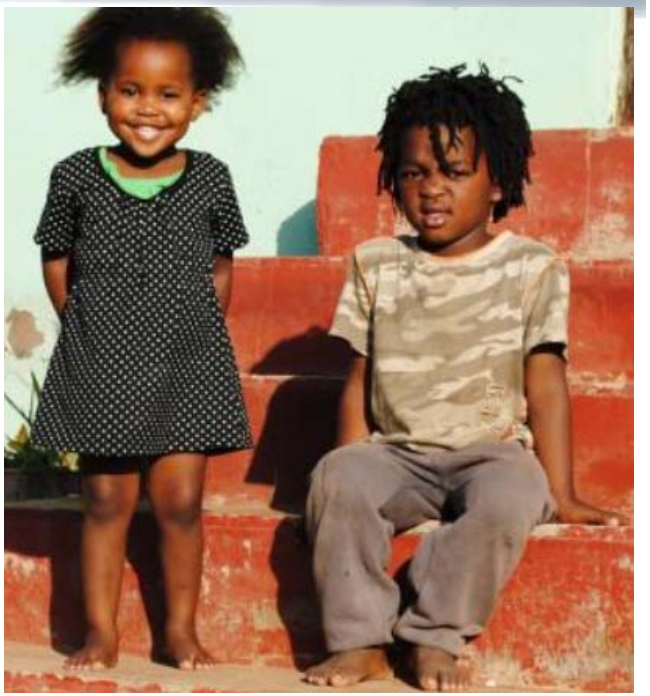
Social protection and HIV: Cash transfers for HIV prevention



David Wilson
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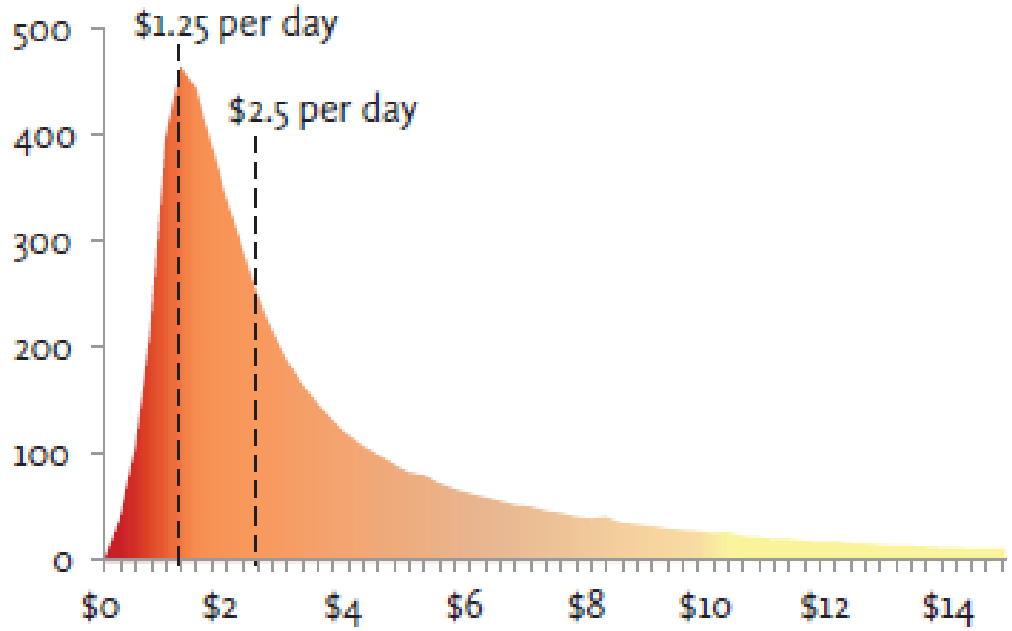
The World Bank

Overview

Social protection – public actions to reduce risk, vulnerability and chronic poverty

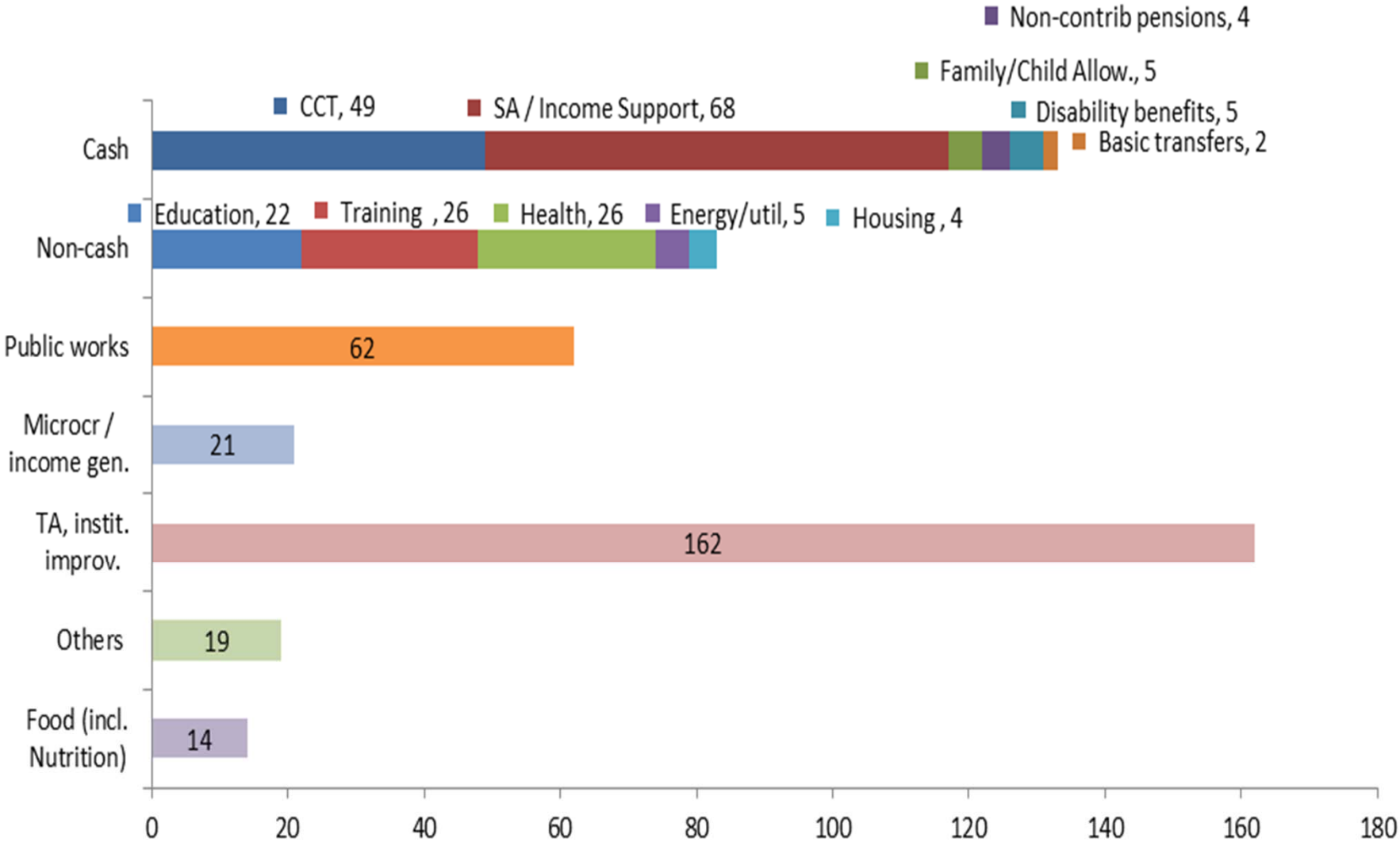
- **Social social safety nets** – non-contributory transfers including cash transfers and food assistance
- **Social insurance** – contributory transfers including age, disability and unemployment payments
- **Regulatory and labor market programs** - including minimum work standards and training



Rapid expansion but limited coverage

- More than a billion people in 146 countries reached by social protection, with school feeding (130) and cash transfers (118) most widespread
- Social protection has grown fastest in African countries – from 21 in 2009 to 37 in 2013
- However, two-thirds of the 1.2 billion people living on less than $1.25 daily aren't covered
- Developing countries spent 1.6% of GDP on social protection – often far less than fuel subsidies

World Bank Social Protection portfolio, 2013: $12 billion in 93 countries



A wealth of evidence (53 impact evaluations) shows cash transfers improve education, health and lifelong earnings

Channel of Impact	Country	Social Safety Nets	Main Findings	Year/Authors
Investing in Human Capital: Education, Health and Nutrition	Brazil, Mexico and Colombia	Conditional cash transfers	Positive and significant impact on grade promotion and cumulative years of schooling.	Glewwe and Kassouf (2011)
	Pakistan	Conditional cash transfer	Beneficiary girls were more likely to complete secondary school by 4 to 7 percentage points.	Alam et al. (2010)
	Tanzania	Conditional cash transfer	Significant increase in the number of children completing primary school and moving to higher education; Increase of health insurance expenditures among program participants; effects were larger among the poorest	Evans et al. (2014)
	Malawi	Conditional cash transfer/ Unconditional cash transfer	The impacts of the conditional cash transfer arm increased attendance by 13.9 percentage points versus 6.3 in the unconditional cash transfer arm	Baird et al. (2011)
	Colombia	Conditional cash transfer	Children exposed to program in early ages are 4 to 8 percentage points more likely to finish high school, particularly girls in rural areas.	Baez and Camacho (2011)
	Nicaragua	Conditional cash transfer	Being exposed to the program in utero or early days of life improves cognitive development in subsequent years; improvement of cognitive outcomes (language and memory at age of 36 month), do not fade-out of impacts two years after the program was ended and transfers were discontinued.	Barham et al (2013); Macours (2012)
	Burkina Faso	School feeding	Positive effect on attendance; reduced the number of days absent by 1.4 days. Girls were 9 percentage points less likely to participate in farm-based and market-based labor.	Alderman et al. (2009)
Promoting Better Job Prospects	Guatemala	Unconditional in-kind transfer	Children under two years of age who benefited from a nutritional social safety net earned wages 46 percent higher as adults compared to those who did not benefit from the intervention.	Behrman et al. (2008)
	Jamaica	ECD	Children participating in early childhood development programs showed, as adults, average monthly lifetime earnings 60 percent higher than non-participants	Gertler et al. (2013)
	Uganda	Grants	Monthly real earnings increase by 49% and 41% after 2 and 4 years.	Blattman et al. (2013)

Examples of how cash transfers improve education, health and lifelong earnings

NC5

- **Education** - school feeding programs in **Burkina Faso, Uganda, Kenya, Bangladesh and India** increased school enrolment by 6 to 20 percentage points

- **Nutrition** - school feeding programs reduced anemia in **Uganda** by 20% and malnutrition in **Indonesia** by 15%

- **Earnings** - cash transfers increased real earnings by 49 percent after two years in **Uganda**

Slide 6

NC5 I focused on SSA examples. Other examples available in back up section. Not a lot on health

Nejma Cheikh, 19/06/2014

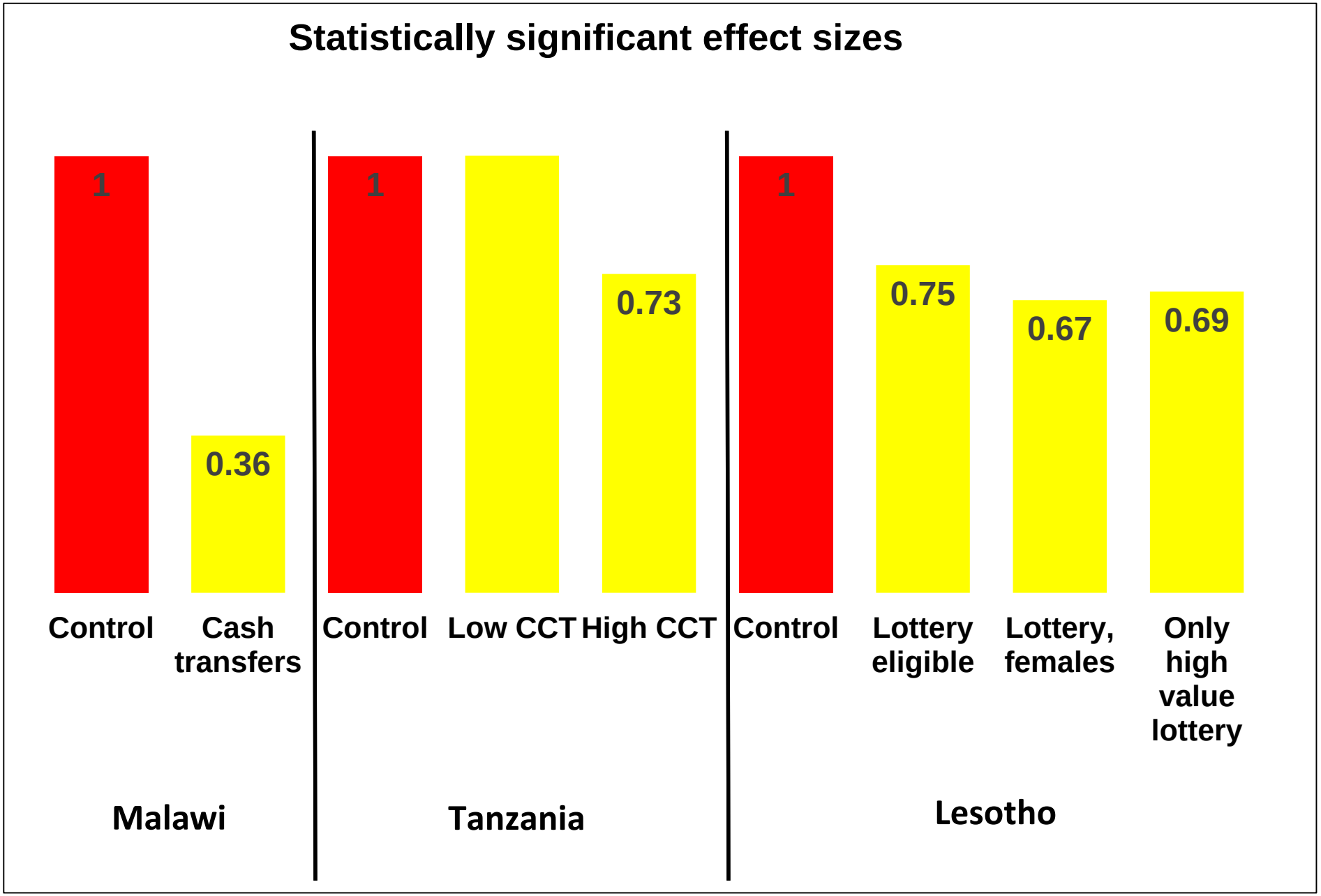
Growing evidence (3 RCTs) shows cash transfers reduce HIV transmission

- In **Tanzania**, people offered up to $60 each annually to stay STI-free had 25 percent lower STI prevalence (De Walque et al 2012)
- In **Malawi**, girls and parents offered up to $15 monthly to stay in school had 60% lower HIV prevalence - whether they stayed in school or not (Ozler et al, 2012)
- In **Lesotho**, adolescents offered a lottery ticket to win up to $50 or $100 every four months if they stayed STI and HIV-free had a 25% lower HIV incidence - 33% lower among girls and 31% in the $100 arm (De Walque et al 2012)

Cash transfer and HIV infection - study details

	Tanzania	Malawi	Lesotho
Sites	Ifakara, Tanzania	Zomba district, Malawi	5 rural/peri-urban districts
Design	RCT, 2399 adults 18-30 years, 3 arms	Cluster RCT, 1,289 never-married females 13-22 years in 176 EAs, 3 arms	RCT, 3,426 adults 18-32 years, 3 arms
Intervention and incentive	All: STI testing and treatment every 4 months for 1 year Low value and higher value CCT for those STI free	CCT (for school attendance) and UCT payment (no school attendance required) CCTs and UCTs to student and parent, randomised amounts ($1-10)	All: STI testing, counselling and treatment every 4 months for 2 years High and low lottery tickets for those free of curable STIs
Endpoint	Combined STI prevalence (HIV, HSV-2 & syphilis secondary endpoints)	Prevalence of HIV and HSV-2 at 18 months	HIV incidence

Cash transfer and HIV infection – effect sizes



Summary of HIV prevention RCTs with bio-endpoints

Trial	Completed/Stopped	Effective
Microbicides	**10**	**1**
Behavior change	**8**	**0**
STI treatment	**7**	**1**
HIV vaccines	**4**	**1**
PEP	**1**	**0**
Male circumcision	**3**	**3**
ART-based prevention	**3**	**4**
Cash transfers	**3**	**3**
Total	**41**	**11**

Weiss, Abu_Raddad,, Padian

Issues for discussion

- Evidence robust enough?
- Are cash transfers:
  - ❑Scalable?
  - ❑Affordable?
  - ❑Durable?
- If we're convinced, what do we do next with this evidence?

Thank you