

We can enhance social protection for people affected by HIV



Joint Action for Results
UNAIDS Outcome Framework:
Business Case 2009–2011



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Uniting the world against AIDS

UNAIDS Joint Action for Results

In *The Joint Action for Results: UNAIDS Outcome Framework, 2009–2011*, UNAIDS Executive Director, Michel Sidibé, called for a new and more focused commitment to the HIV response. The Outcome Framework committed the UNAIDS Secretariat and cosponsors to leverage their respective organizational mandates and resources to work collectively with national and global partners to deliver results for people at country level. It outlined 10, interconnected priority areas, each representing a pivotal component of the AIDS response, all of which are reflected in the UNAIDS 2010–2011 Unified Budget and Workplan. It opened each of the ten areas with an affirmative challenge (see inside back cover).

For each priority area, a business case was developed by a global UNAIDS interagency working group, building upon and complementing action on the ground. Each business case is different, due to differences in the scope, knowledge base and stage of development of the policies and programmes involved. However, each business case succinctly explains the rationale for the priority area and outlines why success in this area will dramatically decrease new HIV infections and improve the lives of people living with and affected by HIV. The business cases delineate what is currently working and what needs to change in order to make headway in the 10 areas. They are intended to guide future investment and to hold UNAIDS accountable for its role in achieving tangible results. Each priority area business case presents three results to be achieved globally by 2011, which mark important progress towards our shared 2015 goals. These business cases informed both the UNAIDS 2011–2015 Strategy and the development of the 2012–2015 Unified Budget, Results and Workplan.

In 2009, UNAIDS' Executive Director asked each country Joint United Nations Team on AIDS, in consultation with their national AIDS programme, to identify three to five of the priority areas for intensified, unified United Nations (UN) support in 2009–2011. The global priority area working groups also proposed strategies to maximize UNAIDS' impact – some focusing on countries with the largest disease burden, and others on phasing waves of research or technical support according to learning opportunities and demand from local stakeholders. The work at country, regional and global levels has strengthened the foundations and baselines for action toward the ten goals of UNAIDS' 2011–2015 Strategy, *Getting to Zero*.

Focused, concrete and synergistic actions in the ten areas have the potential to change the trajectory of the epidemic. They will help to achieve universal access to HIV prevention, treatment, care and support, and contribute to achieving the Millennium Development Goals. Optimizing partnerships between national governments, communities, the UN, development partners and other stakeholders, the business cases recommend ways forward that build on decades of research and experience, and focus our work, hearts and minds on a unified and strategic vision.



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We can enhance social protection for people affected by HIV

1. WHY IS THIS A PRIORITY AREA?

Over the past decade, social protection has gained increasing recognition as a valuable response to a range of challenges facing developing countries—including food insecurity, chronic poverty and the vulnerabilities and effects of HIV.

Constantly evolving as both a term and an idea, 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.”¹

Social protection efforts have long served the most vulnerable people in many industrialized countries. More recently, expanded social protection efforts also aim to promote human development, asset accumulation and economic self-sufficiency. These efforts challenge stigma and discrimination and aim to transform the lives of vulnerable individuals. Over the long term, such efforts can also address many of the structural inequities that ultimately drive the HIV epidemic.

As social protection policies and funding expand in low- and middle-income countries, there is a critical window of opportunity to influence social protection on a global scale, with the aim of helping to achieve universal access to HIV prevention, treatment, care and support.

Social protection is gaining momentum, but it is unlikely that all countries will have sufficient funds to comprehensively address it in the near future. This has two important implications 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.**
- ▶ **Although the effects of HIV are increasing the need for social protection, particularly in low-income settings, the increased needs are unlikely to be matched by a proportionate increase in funding.** The efficient allocation of scarce resources will require better information on the costs and potential impacts of various social protection approaches for those most in need.

UNAIDS recommends social protection measures that are HIV sensitive rather than HIV exclusive, as a way of promoting programmes that are equitable, inclusive, non-stigmatizing and non-discriminatory. With such an approach, people living with HIV and other vulnerable populations are served together; people and households affected by HIV are not singled out for targeted services.

A comprehensive approach to social protection includes protective, preventive, promotive and transformative objectives. It can help to prevent susceptibility (an individual’s chance of

¹ Devereux S, Sabates-Wheeler R. Transformative social protection. Brighton, UK, Institute of Development Studies, 2004 (IDS Working Paper 232).



becoming infected with HIV) and reduce vulnerability (defined here as the likelihood that HIV will have damaging effects). It can help to ensure that the most disadvantaged have universal access to prevention, treatment, care and support.

HIV-sensitive social protection measures include:

- ▶ **social protection policies, legislation and regulations designed to meet the needs and uphold the rights of the most vulnerable and socially excluded people, including those affected by HIV;**
- ▶ **financial protection for HIV-affected individuals and households, including through social transfers;**
- ▶ **access to affordable, quality services for those who are at risk, affected or HIV-positive.**

To be most effective, these three provisions should be viewed as interrelated and mutually reinforcing.

The various forms of social protection can strengthen the response to HIV in the areas of prevention, treatment, care and support.

In the area of prevention:

- ▶ Social transfers in the form of cash, food or vouchers, and access to affordable education can reduce gender inequalities, help vulnerable girls and boys to remain in school and help to reduce risky behaviours that can make them susceptible to infection.
- ▶ HIV-sensitive policies, legislation and regulation can uphold the social and economic rights of vulnerable populations and populations at higher risk by protecting inheritance rights and reducing stigma and discrimination—all of which contribute directly or indirectly to HIV prevention.

In the area of treatment:

- ▶ Social transfers can overcome financial and other barriers to treatment access and adherence—making antiretroviral therapy, and health care in general, more affordable and accessible.

- ▶ Discrimination and the systematic denial of rights are significant barriers to treatment (and prevention) access, especially for marginalized populations. Social protection addresses such barriers through policies, legislation, regulation and law enforcement that provide legal recognition (e.g. for migrants, refugees and sex workers), remove prohibitions on same-sex sexual behaviours and decriminalize drug users.

In the area of **care and support**:

- ▶ Financial protection, including predictable social transfers, is critical for carers and households, most of which receive little or no external support for care giving.
- ▶ Ministries of social welfare, communities and families are strengthened through increases in human resource capacities, supportive policies, legislation and regulation. This will provide a protective environment and improve the reach, quality and affordability of care and support services.

Advances in this priority area will support, and should be coordinated with, efforts to combat punitive laws, stigma and discrimination; to ensure that men who have sex with men, people who use drugs, and sex workers and their clients have access to appropriate HIV-related information and services; to expand access to antiretroviral therapy and tuberculosis treatment; to empower young people; and to meet the HIV-related needs of women and girls.

Goal and bold results

The **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, contributing to universal access to prevention, treatment, care and support and the achievement of the Millennium Development Goals by 2015.

UNAIDS can reach its overall goal, in collaboration with its partners, by focusing on three priority actions to be achieved by the end of 2011:

- ▶ **Contribute to the national scale-up of HIV-sensitive social protection.**
- ▶ **Develop an evidence-based, coherent approach to HIV-sensitive social protection among UNAIDS and its partners.**
- ▶ **Build consensus on HIV-sensitive social protection policy and programmes.**

Three **bold results** are envisaged:

- ▶ **Establish and embed HIV-sensitive social transfers (cash, food, in-kind) into national social protection programmes in eight out of ten high-prevalence countries.**
- ▶ **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.**
- ▶ **Increase access of people and households affected by HIV to care, protection and support in three out of six selected countries.**

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



2. WHAT NEEDS TO BE DONE?

In the context of HIV, social protection is a relatively new idea. However, in the broader social protection arena, policy commitment and action on the ground by donors and governments are expanding, and financing is increasing. High-level commitments to social protection by the African Union and African subregional political bodies have created important policy opportunities. The benefits of many HIV-sensitive social protection efforts can extend well beyond people and households living with or affected by HIV. National and subnational successes include South Africa and Lesotho, which boast child grant and old-age pension programmes, and Namibia and Kenya, where social protection is increasing, particularly for families. Other notable examples to build on are Brazil and Mexico, which have used cash transfer programmes to expand access to child health programmes and education. These successes have increased the credibility of such programmes, attracting financing for more comprehensive national social protection plans and scaled-up programming.

A growing body of evidence demonstrates many of the positive impacts of HIV-related social protection. For example, cash and food transfers and vouchers can help even the poorest households to manage the economic consequences of AIDS-related illness or death. Support for school attendance and for improved nutrition can provide critical protection for young people. Such transfers can reduce poverty and thereby reduce the likelihood that household members will resort to strategies that put them at risk of HIV infection.

Legislative social protection has resulted in legal frameworks for antidiscrimination, inheritance protection and the decriminalization of consensual same-sex sexual behaviours.

Despite growing evidence of the success of social protection, the expansion of HIV-sensitive approaches is challenging. In most cases, pilot programmes, particularly cash transfer projects, are operating or expanding in isolation, rather than being embedded within comprehensive national social protection strategies. These programmes frequently lack long-term financial commitment for scale-up and sustainability, and they sometimes lack baseline measures and monitoring and evaluation systems to demonstrate impact.

Mechanisms that isolate and specifically target individuals and households affected by HIV risk stigmatizing individuals and creating perverse incentives, and they are administratively costly. At the same time, experience from Africa, Asia and Latin America reveals that marginalized populations—those who are typically most stigmatized—are frequently left out of social protection schemes, or are unable to access entitlements. Criminalization of same-sex sexual behaviours, sex work and drug users creates serious barriers to reaching at-risk populations.

3. MOVING FORWARD

HIV-sensitive social protection policies, legislation and regulation can help to redress the power imbalances and rights violations that create and sustain vulnerabilities. Legal reforms can help address exclusion, reducing discrimination against marginalized communities. They can also protect property inheritance rights within AIDS-affected households, particularly for children and widows. Progressive social protection policies can help to ensure access to a range of essential services.

Protective and antidiscrimination legislation and policies are needed to facilitate access to health and education services, harm reduction programmes and livelihood support. Policies should include pro-poor financing that eliminates user fees for HIV-related diagnosis and treatment. Civil society needs increased capacity to serve as a watchdog for the enforcement of policies and legislation and to ensure the participation and protection of marginalized groups.

HIV-sensitive financial protection helps to mitigate the impact of AIDS-related illness and death on individuals and families. It also prevents negative coping strategies, which are often irreversible and can lead to risky behaviours. In particular, pro-poor health financing and social health insurance promote universal access while also advancing other Millennium Development Goals relating to health. 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, accelerating the global roll-out of antiretroviral therapy.

There is a growing need to reach vulnerable populations, including people living with and affected by HIV in different epidemic settings. Menus and packages of social transfers (cash, vouchers and food) will have the greatest impact on such populations. There is also a need to review how social transfer programmes are targeted, to ensure that HIV-affected individuals are included in national social protection scale-up plans. Finally, given the large number of women living with HIV in many contexts, the specific needs of girls and young women should be met through social protection programmes. This includes financial protection, to keep girls in school and to reduce the burden of household care and support.

Ensuring access to affordable, quality services for those who are at risk of, or affected by, HIV or are HIV-positive includes providing affordable care, support and protection services, as well as promoting access to basic health, education and other services. Mechanisms to promote access to essential services include social health insurance, antistigma programmes and community committees for identifying underserved groups.

To ensure access to affordable services for all those in need, mechanisms such as social health insurance and community-based health insurance need to be reviewed and promoted. Orphans

The role of UNAIDS

UNAIDS's 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. However, although there is some work to build upon, there is little specific experience with HIV-sensitive social protection to use as a guide. Therefore, UNAIDS's focus on social protection in the next two years will be on building evidence and consensus.

A small set of country activities is also planned. These will provide guidance, technical assistance and capacity building; test the generalizability of emerging evidence; and promote coordination by bridging national HIV and social protection processes (e.g. national AIDS councils, country coordination mechanisms, and coordinating mechanisms for orphans and other vulnerable children).

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.

The greatest impact of UNAIDS's 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. Of particular importance is the Global Fund's Community Systems Strengthening, which provides a financing stream covering many programmes that overlap between community systems strengthening and social protection. Community Systems Strengthening also includes the development of many indicators relevant to social protection. In addition, a small number of dedicated events with donors, civil society and academia are planned for 2010–2011.

UNAIDS's interagency coordination mechanism on children and AIDS, which includes broad membership by UN agencies, bilateral donors, civil society and academic institutions, has a workplan to ensure harmonized and accelerated action on social protection for children affected by HIV.

Existing and new UN, government and civil society forums can be influential partners in advancing HIV-sensitive social protection. "AIDS activism" by networks of people living with HIV and key affected communities can be powerful catalysts and build sustained demand and political support for social protection.



and other vulnerable children, including those living with HIV, require access to family and child support services. Finally, there is a need to promote livelihood-based social protection for vulnerable youth as well as adult populations (including people in humanitarian crisis situations). This could include formal and informal employment programmes, market-driven income-generating activities, non-formal education, and agricultural and vocational training.

The fiscal capability of low-income country governments to provide resources for vulnerable groups should be addressed in an innovative manner. Providing social protection should not be seen as the sole responsibility of national governments. Public-private partnerships, including community-based services, should be promoted.

Throughout all social protection policies and programmes, there is a need for stronger delivery systems by government and civil society. These systems often suffer from human resource constraints, lack of predictable funding and lack of government commitment. Importantly, social protection will benefit from ongoing efforts to strengthen health and community systems in HIV responses; international agencies increasingly recognize and are acting on such systems.

How to ensure accountability and measure progress

There is no widely agreed set of indicators for measuring the impact of social protection, or HIV-sensitive social protection; for this reason, processes to improve monitoring and evaluation are a UNAIDS priority. Donors and UNAIDS cosponsors are increasingly interested in the cost-effectiveness of social protection responses and in the need to cost different models of support for different country contexts. There is a window of opportunity to ensure that this interest is harnessed in such a way that data and measurement of HIV-sensitive social protection are improved.

Joint Action for Results

UNAIDS Outcome Framework:



We can reduce sexual transmission of HIV.



We can prevent mothers from dying and babies from becoming infected with HIV.



We can ensure that people living with HIV receive treatment.



We can prevent people living with HIV from dying of tuberculosis.



We can protect drug users from becoming infected with HIV.



We can meet the HIV needs of women and girls and can stop sexual and gender-based violence.



We can remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS.



We can support the ability of men who have sex with men, sex workers and transgender people to protect themselves from HIV infection, achieve full health, and realise their human rights.



We can empower young people to protect themselves from HIV.



We can enhance social protection for people affected by HIV.

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