

# LEAVING NO-ONE BEHIND

## HOW WFP'S APPROACH TO HIV-SENSITIVE SOCIAL PROTECTION WILL HELP US ACHIEVE ZERO HUNGER IN EASTERN AND SOUTHERN AFRICA

The multiple deprivations affecting vulnerable populations are the greatest hurdle to achieving zero hunger. By directly addressing structural barriers, social protection can help WFP achieve its mandate on nutrition and food insecurity, and reach the most vulnerable, including people living with, at risk of<sup>1</sup> and affected by HIV. Reaching zero hunger requires integrated programming aimed at all vulnerable population groups to enable them to access the support systems and services they need to be drawn out of poverty.

This policy brief outlines the role WFP can play in ensuring social protection systems are inclusive of people living with, at risk of or affected by HIV at the policy, programme and intervention levels. It highlights pieces of evidence on the impact of HIV-sensitive social protection; it identifies potential entry points, and opportunities in the development and implementation of national HIV response, poverty-reduction and development plans; and it speaks to broader social policies, programmes and schemes. It further highlights relevant partnerships to complement WFP approaches.

## Zero HIV for Zero Hunger



East and Southern Africa is the region most affected by HIV in the world with the largest number of people living with HIV (PLHIV), approximately 20.6 million people representing 54% of the global HIV burden<sup>2</sup>.

Structural deprivations, such as food and nutrition insecurity, drive the AIDS epidemic. They compound HIV risks and vulnerabilities by undermining adherence to HIV and TB treatment and retention in care while exacerbating the socio-economic impact of the virus, reducing work capacity and productivity, and endangering household livelihoods<sup>3</sup>. Natural and human-induced disasters, conflict and displacement, can force families, especially adolescent girls and women, to adopt negative coping mechanisms, such as transactional sex, which increase vulnerability to HIV exposure and infection<sup>4</sup>.

At the individual level, adequate dietary intake and macro and micro nutrient absorption are crucial for effective treatment outcomes because HIV/AIDS weakens the immune system, impairing nutrient intake and absorption, augmenting vulnerability to undernutrition and increasing morbidity and mortality. Growing evidence links food security and nutrition with improved health seeking behaviour, adherence to treatment, and reduction in morbidity and mortality<sup>5-6</sup>.

“ Failure to address food and nutrition insecurity could translate into a failure to achieve the target to end AIDS as a global pandemic by 2030.”

- 1 At 'risk' refers to groups of people who are particularly vulnerable to HIV infection, such as adolescents, orphans, street children, people with disabilities and migrant and mobile workers. This term also includes key populations particularly vulnerable to HIV and who frequently lack adequate access to services, such as men who have sex with men, sex workers and their clients, transgender people, people who inject drugs and prisoners and other incarcerated people.
- 2 UNAIDS (2018). *2018 UNAIDS HIV Data*.
- 3 Mojola S, Wamoyi J. (2019). *Contextual drivers of HIV risk among young African women*. Journal of the International AIDS Society, 4:e25302; Cluver LD et al. (2016). *Structural drivers and social protection: mechanisms of HIV risk and HIV prevention for South African adolescents*. Journal of the International AIDS Society, 19(1): 20646
- 4 Fielding-Miller et al. (2014). *There is hunger in my community: a qualitative study of food security as a cyclical force in sex work in Swaziland*. BMC Public Health
- 5 Claros, JM et al. (2014). *Adherence to HIV and TB Care and Treatment, the Role of Food Security and Nutrition*. AIDS Behavior Journal, 5:\$459-64;
- 6 Tsai, AC et al. (2012). *Food insecurity, depression and the modifying role of social support among people living with HIV/AIDS in rural Uganda*. Social science & medicine, 74(12):2012-9

Ensuring optimal nutritional status and food security among the most vulnerable within a population, including people living with HIV, is pivotal to achieving zero hunger. It further fosters the achievement of multiple Sustainable Development Goals (SDGs). Agenda 2030 seeks to build synergies and linkages between social protection and the SDGs, including target 3.3, presenting a major opportunity for co-programming on HIV, social protection and the broader development and humanitarian agendas. It further represents the unequivocal commitment to eradicate poverty, end discrimination and exclusion, and reduce inequalities and vulnerabilities. It reiterates the importance of “leaving no one behind” and “reaching the furthest behind first” by addressing patterns of exclusion, structural constraints and unequal power relations that exclude vulnerable populations. This is a great opportunity to programme for PLHIV who are often marginalized, excluded and left behind in policy and programming frameworks aimed at supporting the most vulnerable population groups. Therefore, failure to address food and nutrition insecurity could translate into a failure to achieve the target to end AIDS as a global pandemic by 2030<sup>7</sup>.

# Social Protection for Zero Hunger



Social protection interventions address the root causes of poverty and hunger by tackling structural deprivations and vulnerabilities at scale. The strength of a national system lies in both its broad reach and inclusion across population groups. Strengthening and working with or through national social protection systems is an evidence-based pathway to achieve SDG2 results at scale. Well-crafted social protection systems can address the multiple and interrelated social determinants of the HIV epidemic, including poverty, income and gender inequalities, stigma and discrimination, food insecurity and social exclusion<sup>8</sup>. They can directly target demand and supply side barriers that prevent people from accessing HIV services<sup>9</sup>.



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There has been growing political will to adopt and expand social protection programmes. However, where reforms are not able to efficiently translate into support to meet the needs of the people living with, at risk of or affected by HIV, HIV-sensitive social protection strategies are required to focus on deliberate mechanisms to reach such groups. WFP can support governments to broaden policies and programmes designed for broad population groups advising and/or augmenting governments’ capacity to model HIV-sensitive social protection approaches that can be scaled up and integrated in the national social protection system. In this regard, considerations on conditionality, targeting and gender are crucial. Ensuring inclusion of the most marginalized population groups, including people living with at risk of and affected by HIV in social protection programmes, can greatly increase targeting and programme coverage.

Working through government led legislative policy frameworks on social protection as well as national HIV response and social protection plans are viable entry points for ensuring inclusion of PLHIV into public policy. Substantial returns can be obtained in harnessing the potential demographic dividends – particularly for young people (15-24) who are almost 10% of the world’s population living with HIV<sup>10</sup>– by preventing new HIV infections and supporting treatment outcomes while achieving multiple SDGs.

<sup>7</sup> Nyirenda, M. et al. (2018). *Household food insecurity and HIV testing in South Africa*. South African Journal of Science. 114 (9/10):1-6

<sup>8</sup> Cluver, LD. et al. (2015). *Social protection: potential for improving HIV outcomes among adolescents*. Journal of the International AIDS Society, 18(7Suppl 6): 20260.

<sup>9</sup> Toska, E. et al. (2016). *Resourcing resilience: social protection for HIV prevention amongst children and adolescents in Eastern and Southern Africa*. African Journal of AIDS Research, 15(2): 123–140

<sup>10</sup> UNAIDS (2018). *2018 UNAIDS HIV Data*.

# HIV-Sensitive Social Protection for Zero Hunger



HIV-sensitive social protection entails working with policies and programmes designed for broad population groups to address socio-political barriers, and knowledge gaps that would otherwise leave behind people living with, at risk of or affected by HIV<sup>11</sup>.

A social protection system can be considered HIV-sensitive if it targets and includes people living with, at risk of or affected by HIV. This might either take the form of a programme that does not exclude or discriminate against people living with HIV (at one end of the spectrum) or it could be a program that deliberately targets people living with, at risk of or affected by HIV (at the other end). Ideally, an HIV-inclusive program deliberately considers and addresses the multi-dimensionality of HIV risk and vulnerability without discrimination, and these programs can best reach and support the most vulnerable<sup>12</sup>.

WFP strives for integrated programming, increasing accessibility to services, coverage and improving targeting. HIV-sensitive social protection programmes ensure inclusivity, improving current social protection programmes to better reach PLHIV and to specifically cater for their additional needs and services through layered programmatic approaches. They also follow the 'do no harm' principle by ensuring programme beneficiaries are not exposed to stigma or discrimination.

HIV-sensitive social protection is indeed recognised as a crucial enabler of the AIDS response.

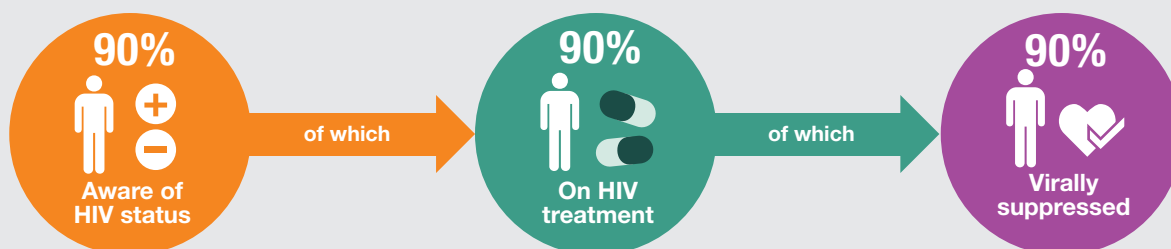
## Why is this important?

### HIV-sensitive social protection can:

- Support WFP to achieve Zero Hunger while supporting multiple outcomes across other SDGs,
- Support the achievement of Agenda 2030 commitment to leave no-one behind and put the last first,
- Address the socio-economic, political and environmental barriers compounding HIV risk and vulnerability,
- Target the most vulnerable and improve programme coverage and cost effectiveness,
- Address stigma and discrimination, fostering inclusion and supporting prevention and treatment outcomes,
- Offer opportunities to work hand in hand with national governments to address policy barriers and knowledge gaps by ensuring that HIV and AIDS services are mainstreamed in national legislative frameworks.

## Global Commitments: The Joint United Nations Programme on HIV/AIDS (UNAIDS)

UNAIDS strives to end AIDS as a public health threat by 2030 and to achieve the 90-90-90 Fast-Track Targets:



WFP together with the ILO have been mandated to co-lead the global efforts to scale up the work on HIV-sensitive social protection. Co-led by WFP and ILO, an Inter-Agency Task Team (IATT) on HIV-sensitive social protection coordinates and aligns different stakeholders, including civil society organizations, the private sector, academic institutions, UN agencies, international and national organizations, to ensure UNAIDS' targets are met.

<sup>11</sup> UNAIDS (2017). *HIV and social protection assessment tool. Generating evidence for policy and action on HIV and social protection*. UNAIDS: Geneva

<sup>12</sup> Temin, M. (2010). *HIV-Sensitive Social Protection: What does the evidence say?* UNAIDS and UNICEF

# HIV-sensitive social protection: what does the evidence say?

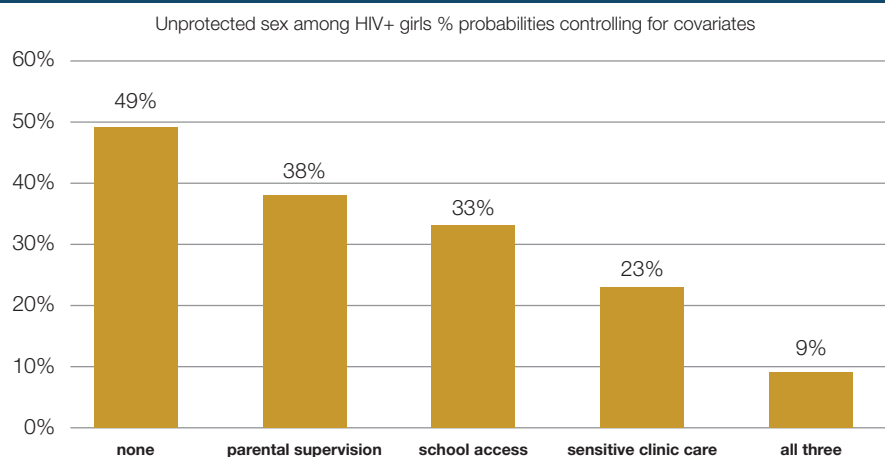
- **Combined social protection transfers** sustain HIV prevention by decreasing the probability of unprotected sex among girls living with HIV<sup>13</sup>.

- **Consistent access to social protection supportive provisions** (i.e. school feeding, violence prevention, parenting support, HIV prevention education) reduce the probability of early sexual risk exposure among adolescents<sup>14</sup>.

- **Cash transfers can reduce adolescent girls' exposure to HIV risk.** Evidence shows how child-focused cash transfers reduce the percentage of incidence of transactional and age-disparate sex<sup>15</sup>.

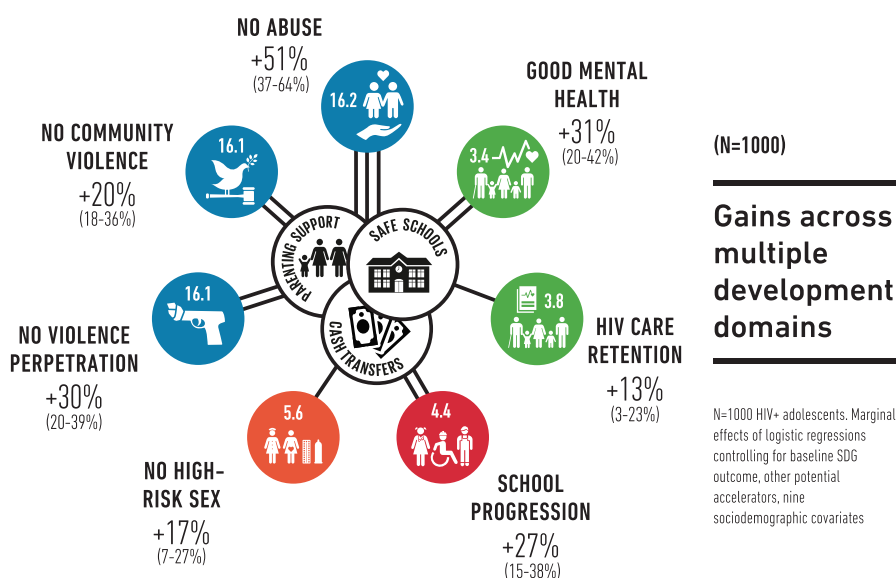
- **Combined social protection interventions** targeting adolescents living with HIV have additive benefits for HIV prevention, treatment and adherence and bear direct positive outcomes across multiple SDGs<sup>16</sup>.

## Access to combined social protection transfers supports HIV prevention efforts



Toska, E et al. (2017). *School, Supervision and Adolescent-Sensitive Clinic Care: Combination Social Protection and Reduced Unprotected Sex Among HIV-Positive Adolescents in South Africa*. *AIDS and Behaviour*, 21(9):2746-2759

## Combined social protection interventions targeting adolescents living with HIV have additive benefits across multiple SDGs



Cluver, LD et al. (2019). *Improving lives by accelerating progress towards the UN Sustainable Development Goals for adolescents living with HIV: a prospective cohort study*. *Lancet Child Adolescent*, 3:245-54

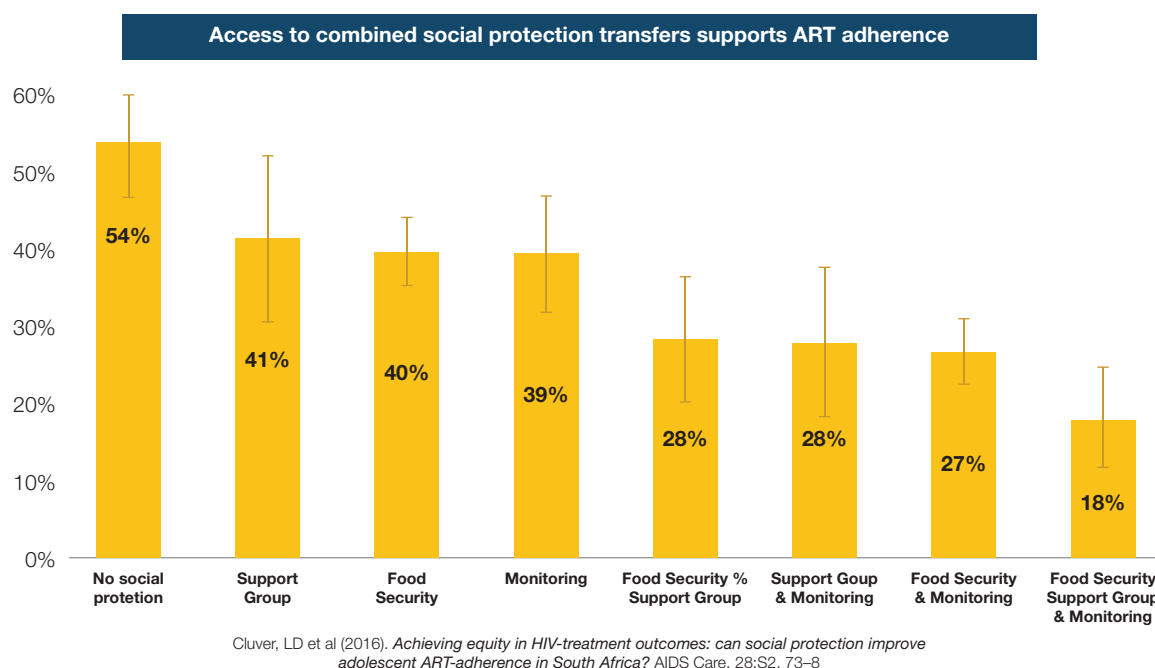
13 Toska, E. et al. (2017). *School, Supervision and Adolescent-Sensitive Clinic Care: Combination Social Protection and Reduced Unprotected Sex Among HIV-Positive Adolescents in South Africa*. *AIDS and Behaviour*, 21(9):2746-2759

14 Elona, T. (2018). *Dreams of an AIDS-free generation*. IAS Presentation, Amsterdam 2018

15 Cluver, LD et al. (2013). *Child-focused state cash transfers and adolescent risk of HIV infection in South Africa: a propensity-score-matched case-control study*. *The Lancet Global Health*, 1:e362-70

16 Cluver, LD et al. (2019). *Improving lives by accelerating progress towards the UN Sustainable Development Goals for adolescents living with HIV: a prospective cohort study*. *Lancet Child Adolescent*, 3:245-54

- **Hunger and food insecurity** are positively correlated with increased age-disparate sex and risky sexual behaviors particularly among adolescents - consistent access to school feeding reduces exposure to sexual risk, specifically among adolescent boys<sup>17</sup> while school attendance can reduce HIV-infection risk among girls<sup>18</sup>.
- **Cash plus care** (specific combinations of cash transfers, school feeding, free schools, parental supervision and teacher support) shows cumulative risk-reduction effects among adolescents. Cash plus care reduces the probability of incidence of casual sex, sex under the effect of substances and sex with multiple partners<sup>19</sup>.
- **Cash plus care plus classroom:** specific social protection interventions in the three domains (cash, psychosocial support and education) independently reduce specific HIV-risk behaviors amongst adolescent boys and girls<sup>20</sup>.
- **Food assistance interventions can help mobile and displaced populations including refugees** with ART adherence, reduce the risk of HIV transmission by reducing negative coping mechanisms, such as transactional sex, and support treatment outcomes<sup>21</sup>.
- **Social protection transfer programmes can increase the uptake of critical prevention health services,** such as PMTCT treatment and counselling, thereby contributing to HIV prevention. In the Republic of Congo 99% of lactating women who received cash-based transfers honored their postnatal checkups, compared to a national rate of 64% in urban areas<sup>22</sup>.
- **Social protection can help mitigate the effects of climatic shocks on HIV affected households** during humanitarian emergencies. During the 2015/2016 El Nino induced drought in Southern Africa, WFP provided food support to PLHIV and households affected by HIV to support adherence to ART and prevent families for adopting risky coping strategies.
- **Social transfers including food support and nutrition assistance** may be useful to support viral suppression in pregnant women<sup>23</sup>.
- **Combined social protection transfers improve adherence** to antiretroviral therapy by decreasing the probability of past week non-adherence to treatment<sup>24</sup>.



- 17 Elona, T. (2018). *Dreams of an AIDS-free generation*. IAS Presentation, Amsterdam 2018
- 18 Pettifor, A. et al. (2016). *The effect of a conditional cash transfer on HIV incidence in young women in rural South Africa (HPTN 068): a phase 3, randomised controlled trial*. Lancet Global Health; 4:e978-88
- 19 Cluver, LD et al. (2014). *Structural drivers and social protection: mechanisms of HIV risk and HIV prevention for South African adolescents*. Journal of the International AIDS Society, 19(1): 20646
- 20 Cluver, LD et al. (2016). *Combination Social Protection for Reducing HIV-Risk Behavior Among Adolescents in South Africa*. Journal of Acquired Immune Deficiency Syndrome, 1;72(1):96-104
- 21 O'Laughlin, K. et al. (2018). *A qualitative approach to understand antiretroviral therapy (ART) adherence for refugees living in Nakivale Refugee Settlement in Uganda*. Conflict and Health. 12:7
- 22 WFP (2016). SIGHT AND LIFE | VOL. 30(2) - WFP Republic Of Congo Nutrition-Sensitive Urban Safety Net Program
- 23 Ronen K. et al. (2018). *Food insecurity is common and associated with unsuppressed viral load in HIV-infected pregnant women in Kenya*, IAS Amsterdam 2018
- 24 Cluver, LD et al. (2016). *Achieving equity in HIV-treatment outcomes: can social protection improve adolescent ART-adherence in South Africa?* AIDS Care, 2:73-82

# Case Studies

## Ethiopia Urban HIV/AIDS Nutrition and Food Security Project

The WFP Ethiopia urban HIV/AIDS nutrition and food security project (2011-2017), is an exemplary case of a HIV-sensitive social protection programme. It sought to improve the health, nutritional status and quality of life of HIV-infected and affected adults and children through the prevention and treatment of malnutrition and building capacity to provide and access economic strengthening activities. The project was structured around four pillars: nutrition assessment counselling and support (NACS); food assistance for food insecure PMTCT and OVCs; economic strengthening interventions; and strategic information generation.

The positive effects of the programme included: nutritional recovery among PLHIV on food and nutrition support; improved ART adherence and responsiveness; reaching over 419,000 PLHIV with protection against structural barriers, stigma and asset depletion with direct and significant impacts on their empowerment and resilience, leading to better outcomes in health, income, self-esteem, and security.

Also significant is the fact that as of 2015, 99.1% of infants born to PMTCT clients on food assistance were HIV-free. Further, 99.4% of PMTCT clients on food assistance were reported to have given birth at health facilities.

Additionally, inclusion of viable economic strengthening activities proved to be a robust predictor of improved retention in HIV care, adherence to ART, access to health and basic social services, and improved livelihoods and quality of life. Adherence to ART was 11% higher in PLHIV participating in the economic strengthening initiatives than those not participating.

The USAID/PEPFAR funded project directly partnered with national stakeholders, including the Federal Ministry of Health and the Federal HIV and the AIDS Prevention and Control strategy and informed the formulation of the national urban social protection policy, advocating for the inclusion of PLHIV as a key target group and ensuring that PLHIV and OVCs are not left behind.

**99.1%**  
infants  
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## Eswatini: The Neighbourhood Care Points Programme

In partnership with the Government of Eswatini's Ministry of Tinkhundla & Administration (MTAD), WFP supports the Neighbourhood Care Points (NCP) programme, a safety nets for orphans and vulnerable children (OVCs). OVCs who are either infected or affected by HIV, with their caretakers' ill-health and economic challenge

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