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Discussion Paper

Cash Transfers and HIV Prevention

October 2014

United Nations Development Programme

HIV, HEALTH AND DEVELOPMENT



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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	6
ABBREVIATIONS	7
EXECUTIVE SUMMARY	8
BACKGROUND: CASH TRANSFERS IN THE CONTEXT OF HIV, HEALTH AND DEVELOPMENT	12
1. CONCEPTUAL FRAMEWORK	18
<i>Links between poverty / economic inequality and HIV</i>	20
<i>Links between education and HIV</i>	22
<i>Links between gender and HIV</i>	22
2. STATE OF THE EVIDENCE	24
<i>Cash transfers and poverty / economic inequality</i>	27
<i>Cash transfers and education</i>	30
<i>Cash transfers and gender</i>	33
<i>Cash transfers linked to biomedical or behavioural services for HIV prevention</i>	33
<i>Cash transfers conditioned on proxies for risk of HIV infection</i>	34
<i>Cash transfers conditioned on HIV status</i>	35
3. ISSUES, CONCERNS AND LIMITATIONS	36
<i>Programme design</i>	37
<i>Human rights critiques</i>	40
<i>Perverse incentives</i>	41
<i>Availability of supply-side complements</i>	42
<i>Scale, sustainability and cost-effectiveness</i>	42
4. DISCUSSION – WHAT WE KNOW AND STRATEGIES FOR MOVING FORWARD	44
<i>What we know</i>	45
<i>Strategies for moving forward – policy and programmes</i>	47
<i>Strategies for moving forward – research</i>	53
CONCLUSION	58
REFERENCES	60
APPENDIX: STUDIES PROVIDING CASH PAYMENTS/INCENTIVES TO REDUCE HIV RISK BEHAVIOURS AS OF APRIL 2012	71
PHOTO ATTRIBUTIONS	75

TABLE OF CONTENTS

LIST OF BOXES

Box 1.	UNDP support to HIV-sensitive social protection in India	17
Box 2.	The Zomba trial in Malawi	31

LIST OF FIGURES

Figure 1.	Simplified conceptual framework – HIV risk factors and pathways	19
Figure 2.	Cross-country regression of HIV prevalence and inequality, as measured by the Gini coefficient	21
Figure 3.	Ways in which cash transfers have been (or can be) linked to risk of HIV	25

LIST OF TABLES

Table 1.	The impact of cash transfers on poverty reduction	27
Table 2.	The impact of cash transfers on inequality reduction	28



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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
CCT	Conditional cash transfer
CSG	South Africa's Child Support Grant
CT-OVC	Kenya's Cash Transfer for Orphans and Vulnerable Children
DALY	Disability-adjusted life year
GDP	Gross domestic product
HIV	Human Immunodeficiency Virus
HSV-2	Herpes Simplex Virus 2
LMICs	Low- and middle-income countries
MICs	Middle-income countries
MSM	Men who have sex with men
OVC	Orphans and vulnerable children
PLHIV	People living with HIV
PWIDs	People who inject drugs
RCT	Randomized control trial
SCT	Malawian Social Transfer Scheme
STI	Sexually transmitted infection
UCT	Unconditional cash transfer
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
VCT	Voluntary counselling and testing

Executive summary

Cash transfers are direct cash payments to individuals and households, often targeting the poor and vulnerable. They have increasingly become a cornerstone of many low- and middle-income countries' social protection strategies. Cash transfers help reduce poverty and can reduce economic and gender inequalities, all of which are priority outcomes in UNDP's Strategic Plan: 2014-2017. They can also have

other important impacts on human development, such as improving education and health. In consideration of these multiple benefits, governments and development partners are increasingly viewing cash transfers – and social protection more broadly – as an investment in human development.

An investment approach has recently become central to AIDS responses. In a joint paper in 2012, UNDP and UNAIDS describe the relevance of 'development synergies' – investments in other sectors that can have positive impacts on HIV outcomes – to strategic investments in AIDS responses. Social protection is an example of a development synergy, and a growing evidence base indicates that cash transfers in particular have the potential to prevent HIV, especially sexual transmission of HIV, in certain contexts. Much of the evidence on HIV impacts comes from cash transfer programmes that have targeted girls and young women in generalized epidemics. Impacts have been demonstrated in three broad areas:

Cash transfers have been implemented successfully for a range of development goals. A growing evidence base now indicates that cash transfers have the potential to prevent HIV, especially sexual transmission of HIV, in certain contexts.

- 1 Cash transfers can help address structural drivers of HIV**, such as economic and gender inequalities and low levels of education. Pilot studies and evaluations of existing, large-scale programmes have shown considerable, positive impacts on structural drivers themselves as well as on proxies for risk of HIV infection. One seminal randomized control trial (RCT) in Malawi that provided cash transfers to girls and young women measured HIV prevalence directly. The study found that, after 18 months, HIV prevalence was 64 percent lower in the group of school-going girls who received transfers than in the control group. The transfers achieved this impact by influencing underlying structural conditions, which, in turn, shape sexual behaviour and risk of HIV infection.
- 2 Cash transfers can increase uptake of critical prevention services**, such as voluntary counselling and testing (VCT), with implied impacts on HIV. For instance, one RCT that conditioned receipt of cash payments on VCT uptake

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