

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 of¹ 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 burden².

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 livelihoods³. 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 infection⁴.

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 mortality⁵⁻⁶.

“ 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:S459-64;

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 2030⁷.

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 exclusion⁸. They can directly target demand and supply side barriers that prevent people from accessing HIV services⁹.

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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.**”

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 conditionalities, 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 HIV¹⁰ – by preventing new HIV infections and supporting treatment outcomes while achieving multiple SDGs.

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

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

9 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

10 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 HIV¹¹.

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 vulnerable¹².

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.

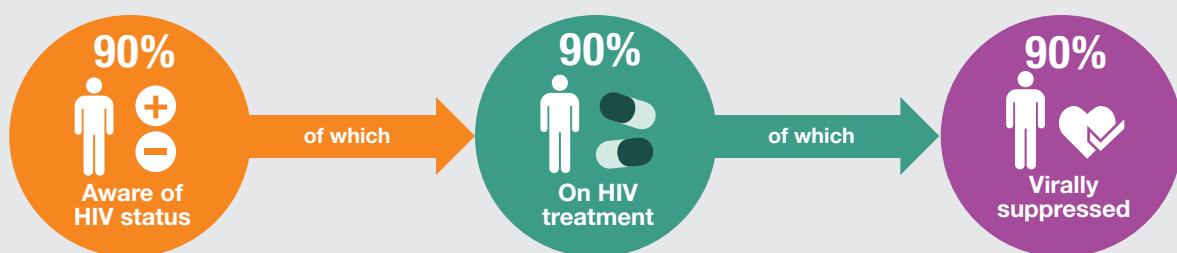
Why is this important?

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.

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

¹² 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 HIV¹³.

- Consistent access to social protection supportive provisions**

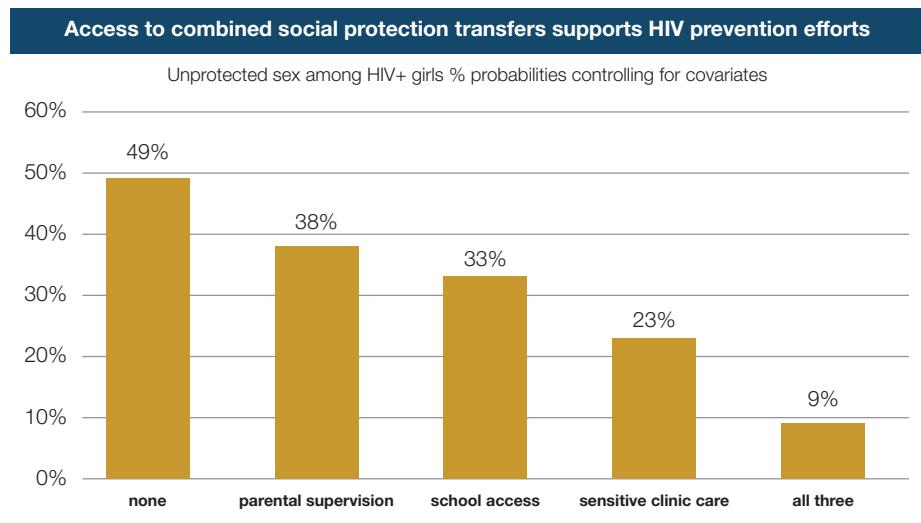
(i.e. school feeding, violence prevention, parenting support, HIV prevention education) reduce the probability of early sexual risk exposure among adolescents¹⁴.

- Cash transfers can reduce adolescent girls' exposure to HIV risk.**

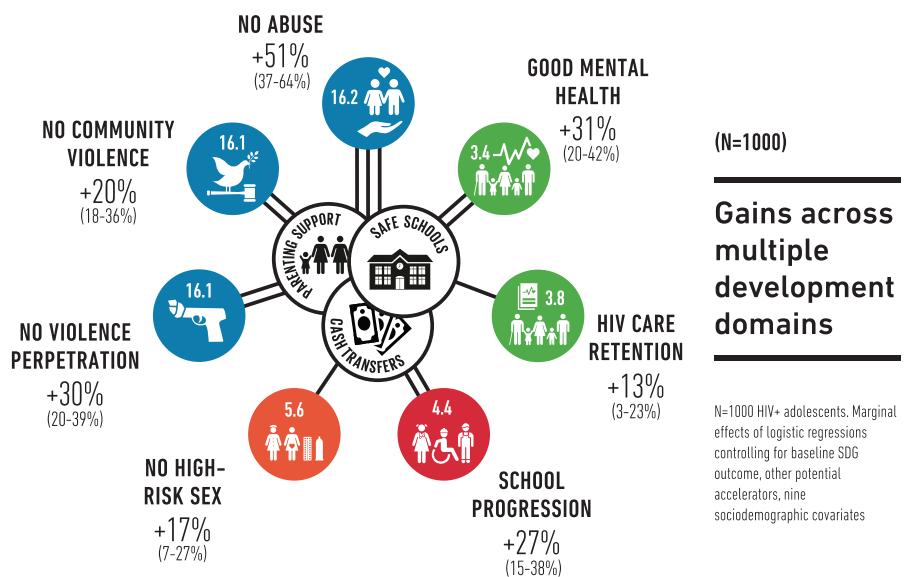
Evidence shows how child-focused cash transfers reduce the percentage of incidence of transactional and age-disparate sex¹⁵.

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

interventions targeting adolescents living with HIV have additive benefits for HIV prevention, treatment and adherence and bear direct positive outcomes across multiple SDGs¹⁶.



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



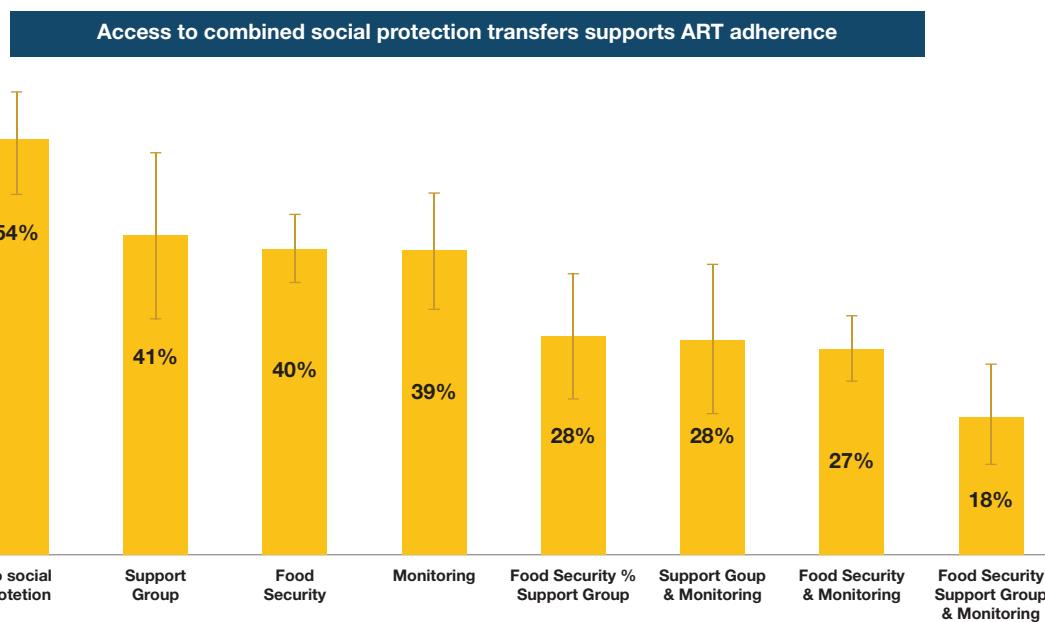
13 Toska, E. et al. (2017). School, Supervision and Adolescent-Sensitive Clinic Care: Combination Social Protection and Reduced Unprotected Sex Among HIV-Positive Adolescents in South Africa. AIDS and Behaviour, 21(9):2746-2759

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 boys¹⁷ while school attendance can reduce HIV-infection risk among girls¹⁸.
- **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 partners¹⁹.
- **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 girls²⁰.
- **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 outcomes²¹.
- **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 areas²².
- **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 from adopting risky coping strategies.
- **Social transfers including food support and nutrition assistance** may be useful to support viral suppression in pregnant women²³.
- **Combined social protection transfers improve adherence** to antiretroviral therapy by decreasing the probability of past week non-adherence to treatment²⁴.



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%
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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 resulting in reliance on elderly family members, the community or Government to provide necessary support and protection.

WFP provides social safety nets for 55,000 OVCs of pre-primary school age (3 to 6 years) across Eswatini through access to food and basic social services via the NCPs. The project aims to increase these children's access to nutritious food and basic social services, such as early childhood education, psychosocial support and basic health services provided at the neighborhood care points. WFP will continue to support the government of Eswatini in the strengthening of national systems and capacities for operating social protection programmes.

The Eswatini NCP programme is HIV-sensitive as it helps mitigate the effects of HIV and AIDS on the Eswatini's family structures through ensuring food and nutrition security to those deemed vulnerable.

55,000
OVCs provided
with social
safety nets

Entry Points for WFP: Policies, Programmes and Partnerships

The table provides some potential entry points and opportunities for WFP's engagement and support in HIV-sensitive social protection at policy and programme level as well as the relevant partnerships for joint efforts.

Focus area	Potential Entry Point	Relevant WFP Support role/strategy
Policy	Strengthening national systems, institutions and technical capacity to refine and operationalize social protection policies and programmes to protect and improve access to food and enhance nutrition outcomes at scale with focus of HIV integration.	<p>WFP can provide technical assistance to governments and partners to:</p> <ul style="list-style-type: none"> refine and/formulate policy and legal framework for HIV-sensitive social protection coherence, establish core delivery systems including targeting and enrolment, grievance and redress mechanisms, establish programme coordination/ governance frameworks, establish information management and efficient transfer mechanisms systems, establish performance and accountability (M&E) framework.
	Support generation of knowledge and evidence that will deepen understanding of the emerging issues and opportunities to influence related policy making, refining and advocacy.	<p>WFP can facilitate stakeholder and partner dialogue through:</p> <ul style="list-style-type: none"> joint analytical work, thematic events, debates leading to policy reviews, joint capacity analysis/mapping to understand the gaps, potential opportunities and entry points for HIV-sensitive social protection programming.
Programmes	Strengthening institutions and technical capacity to refine and operationalize safety nets (Social Transfers) towards HIV-sensitive programming objectives.	<p>WFP can support the programme design and implementation of cash-based and in-kind transfers coupled with psychosocial support. Such design can focus on <i>conditionalities, transfer modalities, delivery channels</i>- to promote economic empowerment, adherence to treatment and reduce negative coping mechanisms (school drop-out, and transactional and age-disparate sex).</p>
	Strengthening institutions and technical capacity for integrated programming (mainstreaming HIV as a cross-cutting issue).	<p>WFP can offer technical assistance to governments to integrate HIV-sensitive interventions into national food and nutrition services through:</p> <ul style="list-style-type: none"> review/development of national guidelines on nutrition assessment, counselling and support (NACS) and training health personnel, design and implementation of HIV-nutrition specific programmes via tailored nutrition interventions (like NACS), linking food and health systems through in-kind, cash and vouchers transfers at the individual and household levels for food insecure HIV-affected households.

Focus area	Potential Entry Point	Relevant WFP Support role/strategy
	<p>Support the design of HIV-sensitive programming, where HIV services can be integrated around WFP supported programmes.</p>	<p>The following WFP supported programmes can offer platforms for HIV-sensitive programming:</p> <ul style="list-style-type: none"> ● targeted supplementary feeding including support to malnourished PLHIV, TB and PMTCT clients, ● food assistance for assets (asset creation, skills trainings and income-generating activities) designed to support people living with and affected by HIV to sustain themselves and adhere to treatment, ● school meals programmes can offer platforms to reach adolescents with complementary services, including HIV prevention messaging, peer support groups and parental counselling via social behavioral change communication efforts, contributing to reducing exposure to sexual risks, school drop-outs and improve ART adherence, ● emergency preparedness and response programmes (including refugee operations providing food assistance) can be designed to flexibly accommodate in an efficient manner nutrition needs of the people living with or affected by HIV affected by a shock or crisis.
Partnerships	<p>HIV-Sensitive social protection is an emerging theme that will require WFP to bring the relevant partners together to an effective dialogue and joint learning to promote common understanding and align efforts more closely with the principles of the 2030 Agenda.</p> <p>The partnerships can among other focus areas work to: i) develop appropriate approaches, systems and tools with which to assess the social protection policies, programmes and capacities, with HIV lenses; ii) enhance administrative and technical capacity, at operational level, to support the development of affordable, sustainable and inclusive social protection systems; and ii) generate further evidence base to inform integrated programming with focus on HIV-sensitive protection.</p> <p>Engaging with key partners working on HIV and social protection offers a critical platform for multilateral engagement, across a wide spectrum of institutions including governments, NGOs, and civil society organizations including networks of people living with HIV, UN agencies, academic and research partners, private sector, donors and development partners:</p> <ul style="list-style-type: none"> ● Some key regional partners include: ILO, UNICEF, the Regional AIDS Team in East and Southern Africa (RATESA), World Bank, DFID and ECHO. ● Strengthening the WFP-ILO relationship at regional and country level will support WFP's deepening engagement in the social protection policy space, while also offering opportunities to access new resource streams and increase the likelihood for the AIDS response to reach more people. 	

This policy brief is the first of a series of documents jointly authored by the World Food Programme and the UKRI GCRF Accelerating Achievement for Africa's Adolescents (Accelerate) Hub. This partnership derives from the need to bridge programme and academic research for an integrated approach that speaks to the Agenda 2030 and to multiple SDGs.



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