90-90-90 Targets Workshop
Resourcing resilience

Social protection and HIV-related outcomes in adolescents in Eastern and Southern Africa

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Prof. Lorraine Sherr

Presented on behalf of the Mzantsi Wakho team

21 July 2018
Global Summary of HIV Epidemic among Adolescents (10-19 years), 2017
(UNAIDS, 2017)

<table>
<thead>
<tr>
<th>Estimated number</th>
<th>Global</th>
<th>Sub-Saharan Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated number of adolescents 10-19 living with HIV</td>
<td>Total 1,800,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Estimated number of adolescents 15-19 newly infected with HIV</td>
<td>250,000</td>
<td>170,000</td>
</tr>
<tr>
<td>Estimated number of adolescents 10-19 dying of AIDS-related causes</td>
<td>38,000</td>
<td>18,000</td>
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</table>
• AIDS-related illness is the leading cause of death amongst adolescents;
• Structural deprivations are key factors in child and adolescent anti-retroviral therapy (ART) adherence and loss to follow-up;
• Social protection addresses complex vulnerabilities, disadvantages and risks, and foster resilience in the general adolescent population.
Resourcing resilience: social protection for HIV prevention amongst children and adolescents in Eastern and Southern Africa

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Adolescents are the only age group with growing AIDS-related morbidity and mortality in Eastern and Southern Africa, making HIV prevention research among this population an urgent priority. Structural deprivations are key drivers of adolescent HIV infection in this region. Biomedical interventions must be combined with behavioral and social interventions to alleviate the socio-structural determinants of HIV infection. There is growing evidence that social protection has the potential to reduce the risk of HIV infection among children and adolescents. This research combined expert consultations with a rigorous review of academic and policy literature on the effectiveness of social protection for HIV prevention among children and adolescents, including prevention for those already HIV-positive. The study had three goals: (i) assess the evidence on the effectiveness of social protection for HIV prevention, (ii) consider key challenges to implementing social protection programmes that promote HIV prevention, and (iii) identify critical research gaps in social protection and HIV prevention, in Eastern and Southern Africa. Causal pathways of inequality, poverty, gender, and HIV risk require flexible and responsive social protection mechanisms. Results confirmed that HIV-infected and adolescents-sensitive social protection has the potential to interrupt risk pathways to HIV infection and foster resilience. In particular, empirical evidence (literature and expert feedback) detailed the effectiveness of combination social protection particularly cash and kind components combined with “care” and “capability” among children and adolescents. Social protection programmes should be dynamic and flexible, and consider age, gender, HIV-related stigma, and context, including cultural norms, which offer opportunities to improve programmatic coverage, reach and uptake. Effective HIV prevention also requires integrated social protection policies, developed through strong national government ownership and leadership. Future research should explore which combinations of social protection work for sub-groups of children and adolescents, particularly those living with HIV.

Keywords: care and support, cash, HIV/AIDS, social protection

Introduction

AIDS-related illness is the leading cause of death amongst adolescents in Eastern and Southern Africa: since 2000, the number of AIDS-related adolescent deaths in the region has tripled (WHO, 2011a). HIV infection poses a serious risk to children and adolescents in the region, with 160,000 new infections annually in this age group (UNICEF-ESARO, 2015). Eastern and Southern Africa (ESA) is also home to 80% of the world’s 3.9–4.5 million HIV-positive children and adolescents (Kasese & Olson, 2012). Investing in social protection in ESA has taken on a new urgency as HIV and AIDS interact with drivers of poverty to disrupt livelihood systems and family and community safety nets (Adato & Bassett, 2009). Children, in particular, are a key constituency for whom it is imperative to scale up and deepen social protection to mitigate the effects of extreme deprivation and vulnerability (Miller & Samson, 2012). The expanding evidence base on children and HIV/AIDS has contributed to the progress of the global agenda for improving the health outcomes of children affected by HIV/AIDS.

A growing literature investigates the potential that types of social protection have to promote protective behaviours and reduce risk behaviours of children and adolescents affected by HIV (Cluver, Orkin, Yakubovich, & Sherr, 2016; Miller & Samson, 2012; UNICEF-ESARO, 2015). This literature points to the importance of improving our understanding of how various modes and forms of social protection support HIV
What is the evidence on the effectiveness of social protection for ART adherence and HIV-related outcomes for children and adolescents in ESA?

What are the key challenges to implementing child- and adolescent-sensitive social protection programmes?
WHAT IS CHILD- / ADOLESCENT-SENSITIVE SOCIAL PROTECTION?

“A set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation”

“Addresses the inherent social disadvantages, risks and vulnerabilities children may be born into, as well as those acquired later in childhood”

(UNICEF 2012)
METHODOLOGY

Rigorous review of academic, policy, and grey literature on child-sensitive social protection in Eastern and Southern Africa;

Expert consultations with 27 experts from national, regional, and international institutions and research bodies;

In-depth interviews with 26 local providers, researchers, and stakeholders in the Eastern Cape Province of South Africa;

Participatory research with 39 South African adolescents as part of Mzantsi Wakho, a large community-traced cohort study of 10-19 year olds (N=1,526), N=1,059 of whom are HIV-positive.

‘Grant mapping’ with HIV-positive adolescent mothers
A MIXED-METHODS STUDY

- Qualitative ethnography (2013-2018, led by Dr. Hodes, UCT)

- Quantitative longitudinal panel study (2014-2018, led by Prof. Cluver, Oxford)
  N=1,526 adolescents, 1060 HIV+, 467 HIV-

- Teen workshops
SUMMARY OF STUDIES

Two types of evidence:
(1) effectiveness trials or intervention studies;
(2) analysis of effectiveness of national-level programmes.

• 26 pilot or effectiveness/ intervention trials
• 6 national-level programmes
• 11 programmes

SUMMARY OF POLICIES

• 13 countries in ESA have a social protection policy, 5 are developing one;
• Child-sensitive provisions entrenched in many policies, high level of variation between environments and provisions;
### SUMMARY OF STUDIES

<table>
<thead>
<tr>
<th>Evidence on Social Protection Type</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic ‘cash’/ in-kind only</td>
<td>Burkina Faso, Kenya, Malawi, South Africa</td>
</tr>
<tr>
<td>Psychosocial ‘care’ only</td>
<td>D.R. Congo, South Africa, Tanzania, Uganda, Zambia, Zimbabwe</td>
</tr>
<tr>
<td>‘cash + care’</td>
<td>Kenya, South Africa, Uganda, Zambia, Zimbabwe</td>
</tr>
<tr>
<td>‘cash + capability’</td>
<td>Kenya</td>
</tr>
<tr>
<td>‘care + capability’</td>
<td>Botswana, South Africa, Uganda, Zambia, Zimbabwe</td>
</tr>
<tr>
<td>‘cash + care + capability’</td>
<td>Uganda, Zimbabwe</td>
</tr>
<tr>
<td>transformative social protection – have at least one social protection policy in place or under development</td>
<td>Angola, Botswana, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe</td>
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</tbody>
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‘Transition from paediatric to adult care can be like dropping off a cliff’
(Expert Consultation)
SOCIAL PROTECTION CAN INTERRUPT THESE KNOWN PATHWAYS THROUGH:

- Poverty reduction and economic development;
- Improved access to healthcare;
- Improved food security;
- Greater gender equality, access to education and health services;
- Reduced stigma and discrimination; and
- Improving caregiver psychosocial and physical well-being.
FINDINGS – SOCIAL PROTECTION WORKS!

‘The importance of deliberate, politically-backed and sustainable combinations of child-sensitive social protection mechanisms cannot be overstated.’

(Expert Consultation)

THE POWER OF SOCIAL CASH TRANSFERS

• Strong evidence for HIV prevention
• Growing evidence for ART adherence
• Further research on the types and combinations of cash transfers for improved adolescent adherence is needed
NATIONAL PROGRAMMING IN SOUTH AFRICA: CHILD GRANT REDUCES INCIDENCE OF TRANSACTIONAL SEX AND AGE-DISPARATE SEX FOR GIRLS (N=3500, RSA)

% Incidence of transactional sex
(OR .49 CI .26-.93*)

% Incidence of age-disparate sex
(OR .29 CI .13-.67**)

No cash transfer
Child cash transfer

Kenya: unconditional OVC cash transfer (effects in OR)

Conditional cash transfers: the evidence-base

Malawi: Baird et al 2012
• RCT conditional/unconditional cash transfers
• Both equally effective on HIV prevalence (OR.36)
• Both equally effective on HSV-2 prevalence (OR.24)

South Africa: Pettifor et al 2017
• RCT conditional cash transfers
• No difference on HIV incidence
• Less intimate partner violence
• Less unprotected sex

South Africa: Abdool Karim 2016
• RCT conditional cash transfers
• HIV incidence too low to detect
• Less HSV-2 incidence (IRR.7)
Combinations are better - Cash + care + clinic

Rates of past-week adolescent ART non-adherence, by social protection access of food security, HIV support group and parental monitoring/supervision (controlling for socio-demographic co-factors)

<table>
<thead>
<tr>
<th></th>
<th>Rate</th>
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<tbody>
<tr>
<td>No social protection</td>
<td>54%</td>
</tr>
<tr>
<td>Support Group</td>
<td>41%</td>
</tr>
<tr>
<td>Food Security</td>
<td>40%</td>
</tr>
<tr>
<td>Monitoring</td>
<td>39%</td>
</tr>
<tr>
<td>Food Security &amp; Support Group</td>
<td>28%</td>
</tr>
<tr>
<td>Support Group &amp; Monitoring</td>
<td>28%</td>
</tr>
<tr>
<td>Food Security &amp; Monitoring</td>
<td>27%</td>
</tr>
<tr>
<td>Food Security, Support Group &amp; Monitoring</td>
<td>18%</td>
</tr>
</tbody>
</table>
Unprotected sex among HIV+ girls

% probabilities controlling for covariates

- None: 49%
- Parental supervision: 38%
- School access: 33%
- Sensitive clinic care: 23%
- All three: 9%

Toska, Cluver, Boyes, Isaacsohn, Hodes, Sherr (2017) AIDS & Behaviour
**BEYOND CASH - CARE AND CAPABILITY**

**Care** may have an impact by:
1) direct benefits as stand-alones or in combinations;
2) flexible mechanisms that buffers and responds to specific needs; and
3) acting as ‘glue’ for other forms of social protection

‘**Capability**’ interventions focus on long-term transfer of skills and knowledge that address structural inequalities faced by children and adolescent.

‘Building self-esteem and life skills is important. It makes sure that we are empowering the child and adolescent to be able to live in this world.’

‘(A social protection programme) might provide cash, but if families aren’t cognizant of other needs that children have, the cash may not have as much of an impact. Children most feel loved, care for, belonging.’
‘The critical outcome of psychosocial support is resilience. Resilience is the ability to get up when life has knocked you down and still stand up and keep going... \textit{If you can imagine a child with enough people around them, enough hands reaching them, that in fact they never fall all the way to the ground.}

As life is knocking them, there are hands there to help them keep moving. And not just keep moving, but look up and see the stars and have hope that there is a better tomorrow and that I will reach that better tomorrow... Resilience is what enables us to face challenges and even to find the opportunity within those challenges... That is the belief that will help them take their medication.’

(Mudekunye, L. 2015, REPSSI - from PATA, 2016)
Peer supporters: increased viral suppression

**Results**

PATA (2018)
Impact of adolescent/youth peer supporters living with HIV

- 71 health facilities
- 13 Sub-Saharan African countries
- Adolescents 10-19
- Multivariate logistic regression

Facility respondents were from Southern, East and West/Central African regions.

Controlling for these facility characteristics, provision of facility-based adolescent peer support was associated with an almost seven-fold increase in the likelihood of aggregate adolescent viral suppression above that of the ESARO regional rate (adjusted OR 6.95, p=0.02, CI 1.28-37.59).
PATA’S REACH PEER-SUPPORT MODEL

PROBABILITY OF ADOLESCENT VIRAL SUPPRESSION RATE EXCEEDING ESARO REGIONAL SUPPRESSION RATE

<table>
<thead>
<tr>
<th></th>
<th>Peer support</th>
<th>No peer support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probability (%)</td>
<td>70%</td>
<td>25%</td>
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aOR 6.95
(p=0.02, CI 1.28-37.59)

Mark et al. 2018. poster to be presented at AIDS2018.
Within and beyond the clinic: new evidence

Malawi: MacKenzie et al JIAS 2017
Nested case-control study, 1 hospital
Adolescent ‘Teen Club’ model
Lower treatment dropout (OR .27)

South Africa: Zanoni et al PLOSOne 2017
Retrospective cohort, 1 hospital
Adolescent-friendly clinic
Higher viral suppression (OR 3.7)
Higher retention in care (OR 8.5)

South Africa: Fatti et al JIAS 2018
Retrospective cohort study, 47 clinics
Kheth’Impilo community based support by lay workers
Less mortality (AHR .52)
40% lower loss-to-follow-up (AHR .60)
Less viral failure (OR .24)
Economic empowerment: better adolescent HIV outcomes

SUUBI+ Cluster RCT: 702 adolescents LHIV, 39 clinics, Uganda
PI: F Ssewemala, Mellins, C

Child Development Accounts (matched 1:1)
Mentorship, financial literacy, family microenterprise training
Adolescent HIV care & treatment
Adherence counselling

CONCLUSIONS:

• **Sustainable, age-appropriate and context-specific** social protection is an important tool to support child and adolescent adherence to ART and reduce HIV transmission in ESA.

• Certain **combinations** of social protection, specifically ‘cash’-plus-‘care’ are more effective than single mechanisms.

• ‘**Care**’ and ‘**capability**’ interventions are promising and require greater policy, programmatic and research attention.

• Social protection may be a feasible and cost-effective way for national governments to improve HIV-related health outcomes and merits greater attention by researchers and policy makers.

• Future directions – combinations of social protection and biomedical programmes, population-specific foci
THANK YOU
INCREIBLE TEAMS & TEENS

Analysis and writing: Lucie Cluver, Rebecca Hodes, Elona Toska, Lesley Gittings, Roxanna Haghighat, Mark Orkin, Siyanai Zhou, Marija Pantelic, Lorraine Sherr, Mark Boyes, Franziska Meinck, Helen Natukunda, Eda He, Laurence Campeau, Craig Carty, Mosa Moshabela.


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Clinic team: Nontuthuzelo Bungane, Amanda Mbiko, Zoliswa Marikeni, Pumza Bellem.

MZANTSİ WAKHÔ PODCAST & AIDS2018

MZANTSİ WAKHÔ PODCAST

Episode 1 - Rebecca Hodes

Episode 2 - Eliona Toska

Episode 3 - Ethel Vale

Episode 4 - Mildred Thateng, Kayna Makabane and Sinebhungo Mbula

Episode 5 - Nokwonga Philiwa Mjo

Episode 6 - Marvis Nobuhle

Episode 7 - Nonthafitselo Bungane

ENKOSINI KAKHULU!

Thank you!

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