



A SYSTEMATIC REVIEW OF CASH PLUS OR BUNDLED INTERVENTIONS TARGETING ADOLESCENTS IN AFRICA TO REDUCE HIV RISK

Webinar | UNICEF and socialprotection.org

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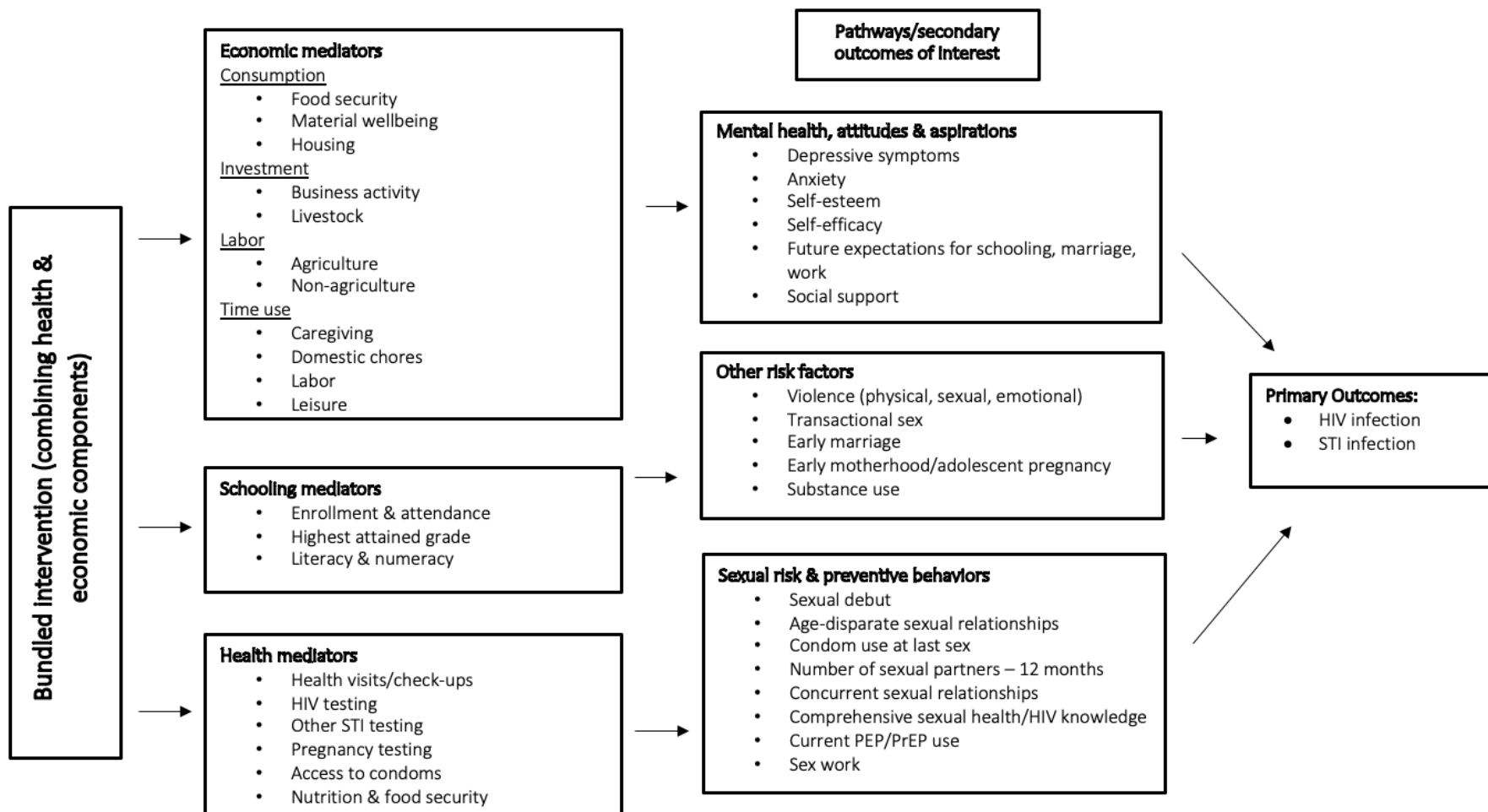
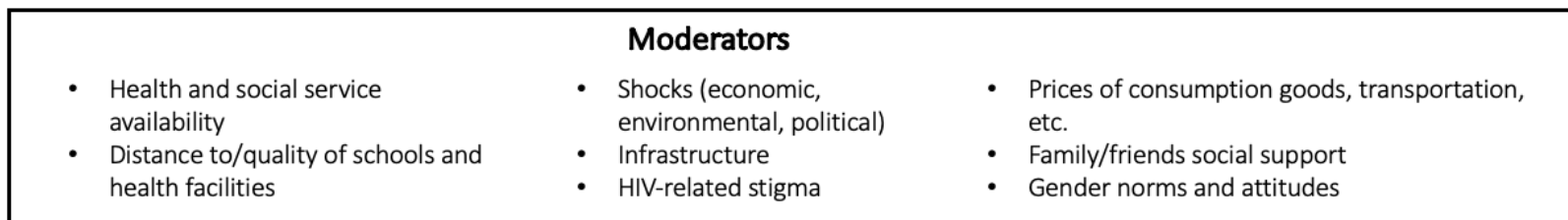
MOTIVATION FOR REVIEW

Poverty shapes vulnerability to HIV

Direct impacts of social protection (SP) on HIV incidence have not been widely evaluated

Multisectoral pilots mirroring integrated SP programming have increasingly been implemented, but evidence has not been systematically reviewed

CONCEPTUAL FRAMEWORK



RESEARCH QUESTIONS

Primary

- How do bundled programs influence HIV outcomes in adolescents and young people?

Secondary

- How do bundled programs influence mediators of HIV outcomes in adolescents and young people?

Bundled Program:
incorporates at least one *health/life skills* and one *economic* component for adolescents.

ELIGIBILITY CRITERIA

- 1. Region:** Africa
- 2. Target Population:** Male and female adolescents and youth (ages 10-24)
- 3. Program Inclusion:** Intervention targeted to adolescents and/or youth and incorporates health/life skills **AND** economic components (searched programs from 2005-2023)

Economic

In-kind

Cash

Voucher

Asset transfer

Income-generating activity

Savings accounts

Livelihood training

Health/Life Skills

Behaviour-change communication

Vouchers for services

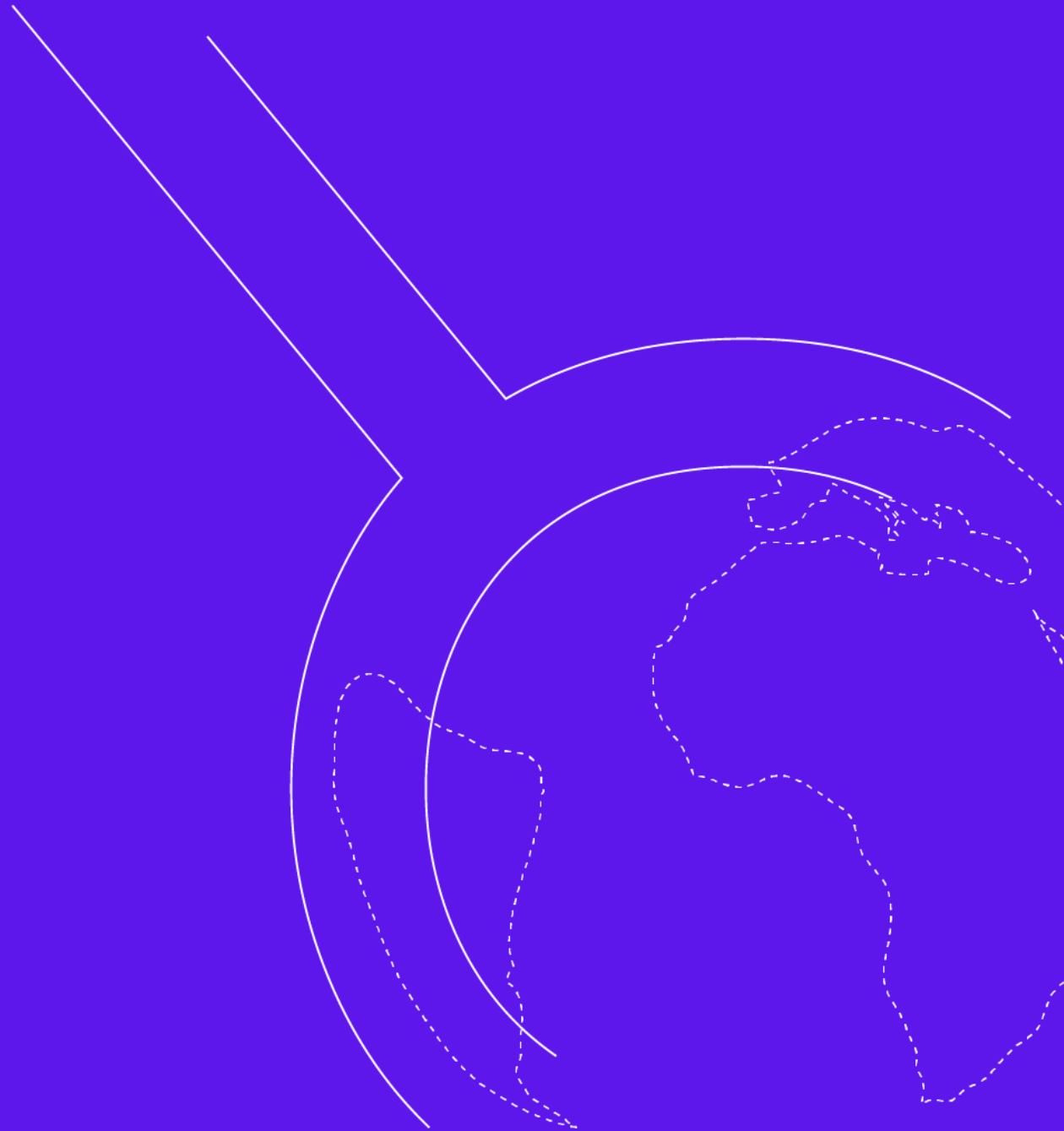
Adolescent-friendly health services

Linkage to health services

Health information

Life skills

Overall findings



PROGRAM COMBINATIONS

Type of Programme	# of programs
Cash + health information	23
Cash + life skills	22
Cash + mentoring	20
Livelihood training + life skills	20
Livelihood training + health information	18
Savings account + cash + fiscal literacy + health information	14
DREAMS (not specified)	11

Note: A small number of interventions also incorporated microcredit or vouchers.

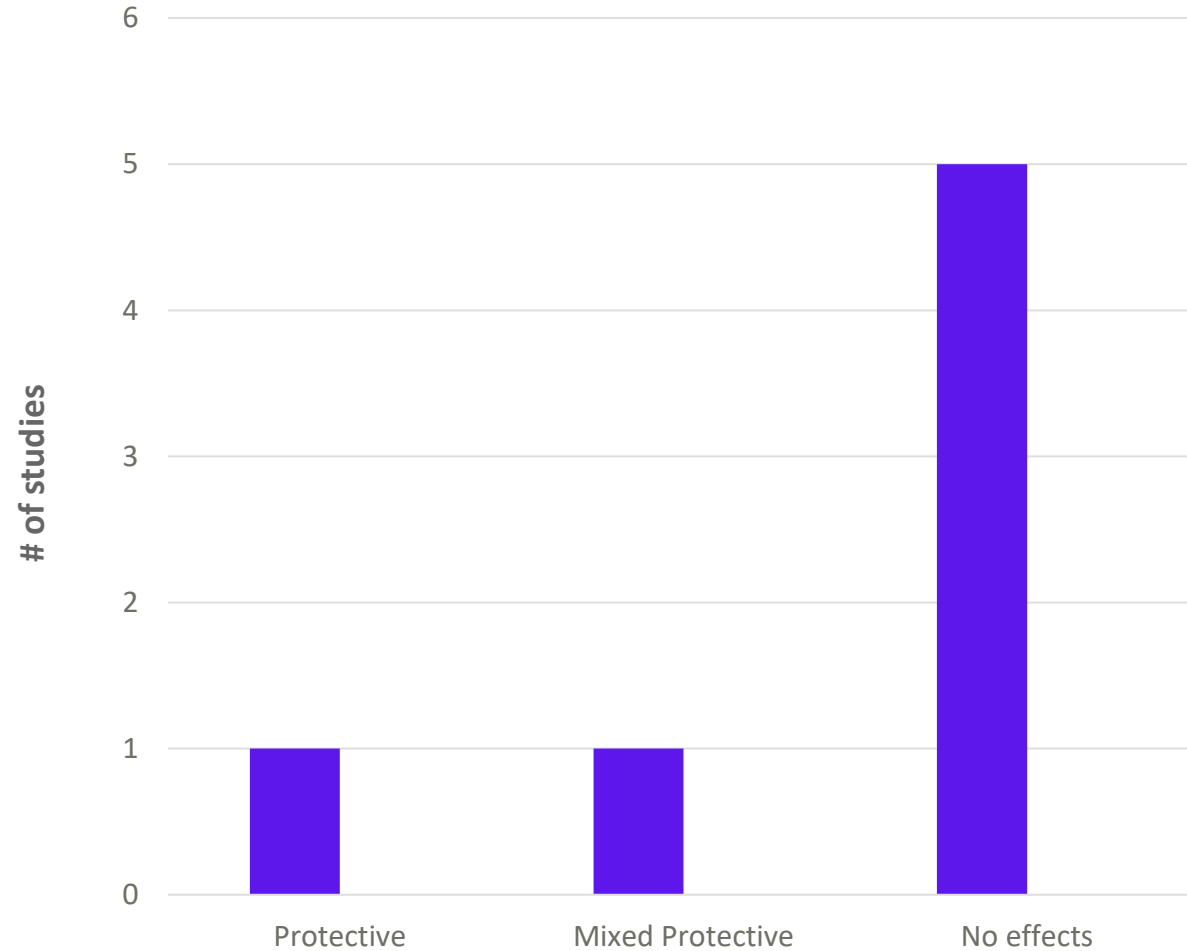
FINDINGS: PROTECTIVE EFFECTS

Outcome Categories	% Studies with Protective Effects
Economic Security	93%
HIV prevention knowledge	90%
Sexual and Reproductive Health	84%
Psycho-social well-being/mental health	76%
HIV testing/knowledge of status	75%
Sexual Risk Behaviours	50%
Gender-Based Violence	46%
Education	45%
STI incidence/testing	42%
Gender Attitudes	40%
HIV incidence	28%
Sexual Debut	20%

FINDINGS

*HIV incidence/
prevalence was
only tested in 7
studies and
findings are mixed*

HIV Incidence/Prevalence Effects



FINDINGS: High-quality studies

Protective effects on economic security, mental health, HIV knowledge, SRH

Table 2. Quantitative Study Outcomes

Paper	Study Effects												Causal Estimate Quality
	HIV Incidence/ Prevalance	HIV testing/ knowledge of status	STI incidence/ testing	Sexual risk behaviours*	Sexual debut	SRH (knowledge & health seeking)	HIV prevention knowledge	Gender attitudes	Psycho-social/ mental health	Education	GBV	Economic	
Austrian & Muthengi, 2014						●	●				▲	●	Medium
Austrian, Soler-Hampejsek, Behrman, et al., 2020				●	▲	●	NS	NS		NS		●	High
Austrian, Soler-Hampejsek, Kangwana, et al., 2021				●		○		▲	●	●	●	●	High
Austrian, Soler-Hampejsek, Kangwana, et al., 2022						○				●	●	NS	High
Bandiera, Buehren, Burgess, et al., 2020				●		NS	●				●	●	High
Buehren, Goldstein, Gulesci, et al., 2017				NS		NS		NS				●	High
Chzhen, Prencepe, Eataama, et al., 2021								○					High
Kangwana, Austrian, Soler-Hampejsek, 2022			○		○	●				●		●	High
Kivumbi, Byansi, Ssewamala, et al., 2019									●				High
Özler, Hallman, Guimond, et al., 2020				●		●	●	●	NS	NS	▲		High
Palermo, Prencepe and Kajula, 2021				NS	△				●	△	○	●	High
Waidler, Gilbert, Mulokozi, et al., 2022		○			△	●	●						High

● = Protective effects

○ = Mixed protective effects

▲ = Adverse effects

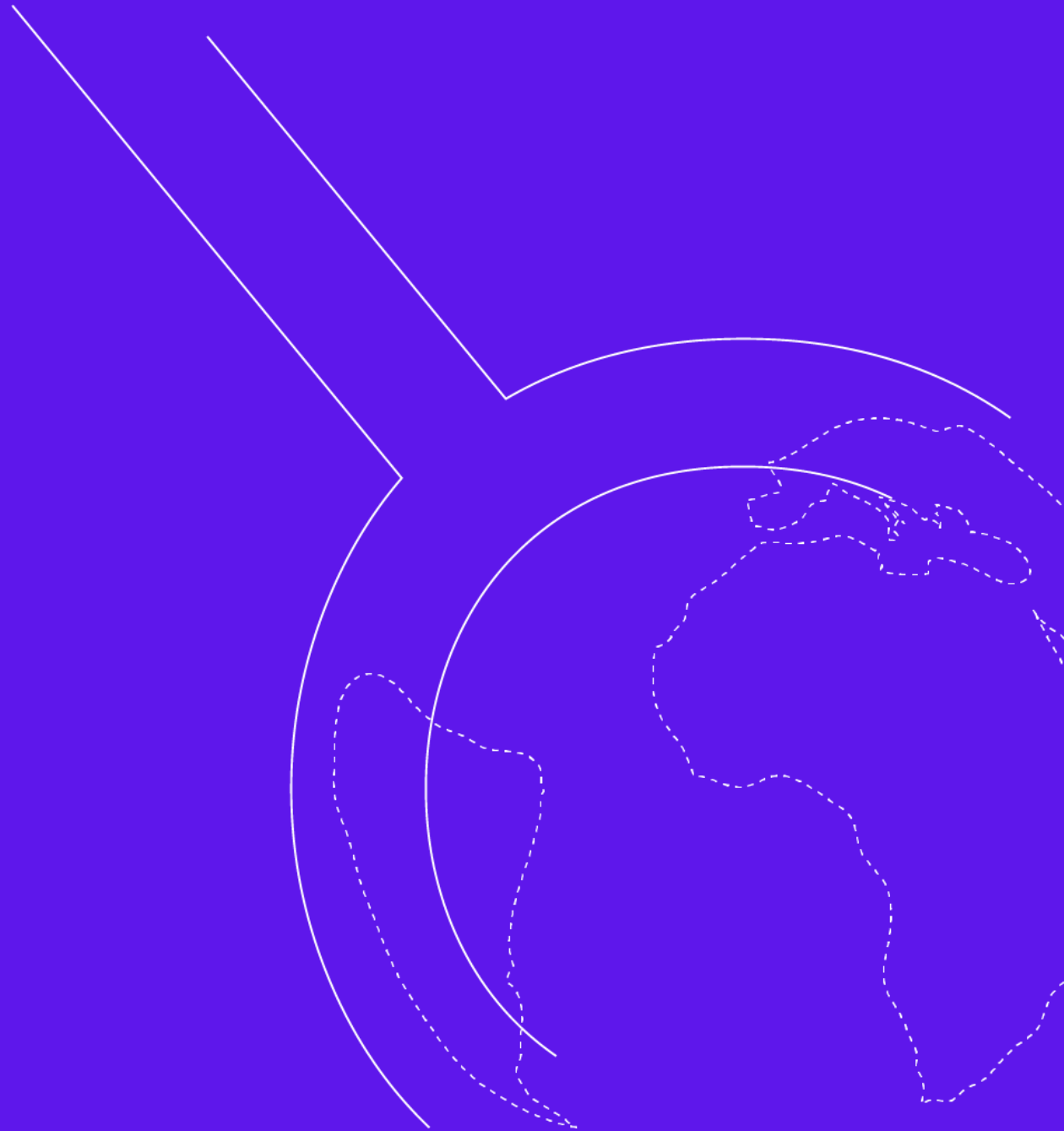
△ = Mixed adverse effects

FINDINGS: High-quality studies

Protective effects on economic security, mental health, HIV knowledge, SRH

Paper	Study Effects												Causal Estimate Quality
	HIV Incidence/ Prevalence	HIV testing/ knowledge of status	STI incidence/ e/testing	Sexual risk behaviours*	Sexual debut	SRH (knowledge & health seeking)	HIV prevention knowledge	Gender attitudes	Psycho-social/ mental health	Education	GBV	Economic	
DREAMS (unspecified)													
Kuringe, Christensen, Materu, et al., 2022	N.S.		N.S.	N.S.		●					N.S.	●	High
Suubi													
Ssewamala, Brathwaite, Neilands, et al., 2023				△					○				High
Ujana Salama: Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood													
Chzhen, Prencipe, Eataama, et al., 2021								○					High
Palermo, Prencipe and Kajula, 2021				N.S.	△				●	△	○	●	High
Prencipe, Houweling, van Lenthe, et al., 2022									○	N.S.		●	High
Ranganathan, Quinones, Palermo et al., 2022				N.S.									High
Waidler, Gilbert, Mulokozi, et al., 2022		○			△	●	●						High
Unnamed Intervention													
Hegdahl, Musonda, Svanemyr, et al., 2022				●		N.S.							High

Sample findings by program type



RESULTS BY PROGRAM TYPE

PROGRAM TYPE	IMPROVED	LESS SUCCESSFUL AT IMPROVING
CASH + HEALTH INFORMATION	<ul style="list-style-type: none"> Economic security STI testing/incidence Gender attitudes Psychosocial wellbeing Gender-based violence Sexual risk behaviors Sexual and reproductive health Education outcomes 	<ul style="list-style-type: none"> HIV incidence HIV testing Sexual debut
LIVELIHOODS TRAINING + HEALTH INFORMATION	<ul style="list-style-type: none"> Economic security Gender attitudes Education outcomes 	<ul style="list-style-type: none"> HIV incidence HIV testing STI testing/incidence Sexual risk behaviors Sexual debut Sexual and reproductive health Economic security Gender-based violence
SAVINGS ACCOUNT + CASH + FISCAL LITERACY + HEALTH INFORMATION	<ul style="list-style-type: none"> Economic security Sexual risk behaviour Sexual and reproductive health HIV prevention knowledge Psychosocial wellbeing 	<ul style="list-style-type: none"> Gender attitudes Education Sexual Debut Gender-based violence

CONCLUSIONS



IMPLICATIONS FOR PROGRAMMING

Despite marginal improvement in economic security, structural drivers of HIV risk are not adequately addressed in interventions

- While economic outcomes improved, likely that participants remained poor & most interventions only addressed economic strengthening at the adolescent level
- Programming needs to address:
 - household level economic security (via social protection)
 - community gender norms to see broader improvements (health, education & related sectors)
 - Linkages across social protection, health & other sectors
 - Referrals, health insurance premium fee waivers, extension services, etc.

CONCLUSIONS

Interventions most effective at improving:

Economic security,
HIV prevention
knowledge; SRH;
mental health &
psychosocial
outcomes

Interventions least effective at affecting:

HIV & STI
incidence, sexual
risk behaviours,
gender attitudes,
and sexual debut

Bundled interventions can improve adolescent health and well-being

- Program design & implementation characteristics, cultural context, are important for success

Heterogeneity across programs and outcomes made it difficult to draw conclusions

- Standardized measures to compare combinations
- Implementation research to understand successes & challenges across contexts

THANK YOU!

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Follow us on social media!

IG, Threads and X: @prestopolicy

Link to published paper:

<https://link.springer.com/article/10.1186/s12889-023-17565-9>

Link to full list of included papers:

<https://www.dropbox.com/s/zgz91bpiep048er/Final%20Included%20Papers%20HIV%20Review.docx?dl=0>

