

Social Protection and HIV

- **Social protection reduces the disadvantages and inequalities** that make people vulnerable to HIV infection, helps overcome barriers in access to HIV treatment, and mitigate the impact of HIV on households.
- **Only 27 per cent of the global population** enjoys access to comprehensive social protection. In particular, **more than 80 per cent of people living in sub-Saharan Africa have no health insurance coverage** (2014 ILO World Social Security Report). A global literature review commissioned by ILOAIDS in 2013, consisting of over 100 studies, showed that **key populations in low-income countries**—including people living with HIV (PLHIV)—**have low rates of access to social protection**.
- For **PLHIV who work in the informal economy**, their only opportunity to access social protection is through programmes for the poor. However, there is **little awareness of these programmes and PLHIV face challenges in accessing them due to complex procedures as well as stigma and discrimination**. As a result, **PLHIV participation is low**. (ILO Multi-country Social Protection and HIV study, 2014)
- **Discrimination and self-stigma** in the form of **poor self-image and low self-confidence**, coupled with lack of awareness of their rights, **often keep PLHIV from seeking social protection**. When they do, **poor treatment by service providers reinforces self-stigma**.
- In Malawi, access to social protection incentives has been shown to reduce **the rates of HIV infection among young girls by 60 per cent and the rate of new HIV infections by 25 per cent among the same population** (Randomized Control Trial, World Bank, 2012), besides contributing to changes in behaviours linked to HIV vulnerability - teenage pregnancy and early marriage, age of sexual debut and school drop-out rates.
- **Between 68 per cent and 95 per cent of PLHIV** interviewed in the framework of the ILO's 2014 study reported that they had been able to **retain their jobs where they had access to health benefits** (ILO Multi-country Social Protection and HIV study, 2014).
- A **combination of income, livelihood and employment support is needed, in addition to health services**, in order for social protection to have a stronger impact on key HIV populations.

The **ILO HIV and AIDS Recommendation, 2010 (No. 200)** provides that measures to address HIV and AIDS in the world of work should be part of national development policies and programmes, including those related to labour, education, social protection and health. (para. 3 (j))

Key principles of **the ILO Social Protection Floors Recommendation, 2012 (No. 202)** include universality of coverage, non-discrimination and gender equality.

Livelihood support: The “Girinka” Programme in Rwanda

The social protection system in Rwanda is well-established. PLHIV have the same access as the general population to social benefits: pensions, monthly cash benefits and health insurance coverage. PLHIV also have access to health services through health centres.

Livelihood support is one way to provide social protection. The Girinka Programme (One Cow per Family) was launched in 2006 by the Rwandan government to alleviate poverty and improve nutrition among poor families.

The Girinka programme is transforming rural livelihoods and reducing poverty. One cow per family provides nutrition, sustenance and employment. It provides a stable income for a family and is a source of soil nutrients via manure to assist small scale cultivation of crops. To date, more than 177,200 low-income families and PLHIV have benefited from the programme.

“I am a widower living with HIV and I am among the beneficiaries of the programme. The Girinka programme has provided a stable income to my household. I have manure and I am also getting milk for consumption and selling the surplus to my neighbours. I am able now to provide the basic necessities to my family, pay for medical insurance and send my children to school”.

Source: ILOAIDS, *ACCESS to and EFFECTS of Social Protection Programmes on Women and Men Workers in Informal and Formal Economies Affected by HIV/AIDS and their Households in Rwanda* (2014)

What can leaders in Africa do?

► Governments can:

- Develop or revise policies and legislation to integrate HIV and AIDS into social protection and poverty reduction strategies, and remove exclusionary clauses based on HIV, age, gender or other grounds.
- Initiate more user-friendly programs by simplifying and streamlining the processes for people to access benefits, and to keep the population better informed about social protection services.
- Work more closely with unions, employers and the civil society to provide more cost-effective ways and means to inform the population and assist them with the process of accessing benefits.
- Establish mechanisms for low-income workers in the informal economy, who do not meet poverty eligibility criteria, but who cannot afford private insurance, to enable them to benefit from national social assistance schemes.

Namibia: Public-Private Partnerships increase PLHIV access to insurance schemes

In September 2006, Namibia launched the first Risk Equalization Fund in Africa. The Fund's Board consists of medical scheme administrators and donors. It is underwritten by the Prosperity Life insurance company.

The Fund offers general health insurance coverage, as well as a plan that covers HIV alone, for a premium of roughly N\$30 (US\$5), per month. To obtain this coverage, an enterprise must enrol all of its uninsured employees. Institutional support is provided to promote workers' strict adherence to HIV treatment protocols. In 2009, approximately 10,000 people were enrolled in low-cost health insurance plans with HIV and AIDS benefits, increasing the number of Namibians with health insurance by about 4 per cent.

Source: The Private Workplace as Platform for Provision of Social Protection Against HIV/AIDS - Relevance, Promise, and Constraints, Elaine Fultz, ILO 2010

► Employers can:

- Work with governments and unions to implement HIV-sensitive social protection policies and programmes, and ensure that information about benefits and schemes reaches workers, especially those living with HIV and their households.
- Provide skills development and livelihood support for people living with HIV through business development services.
- Build public-private partnerships with national institutions to secure low-cost insurance schemes that are essential to improve employee access to health services and benefits, especially for those with low incomes that would otherwise not be able to afford private insurance.
- Large employers can require or encourage their contractors and suppliers to provide social protection for their own employees.

Management commitment in African workplaces to scale up low-cost insurance in Kenya and Zambia

The commitment and engagement of managers led to the introduction of low-cost insurance schemes for employees of the Serena Hotels chain in Kenya as well as for employees of a Zambian mining company. The management of these companies introduced these schemes to counter high costs due to absenteeism. These costs were linked to long waiting times that employees had to undergo at public health facilities, which required them to take 2-3 days off work. Through this initiative, low cost insurance was offered to low-income employees, regardless of the medical aid fund to which they subscribed. The medical scheme helped employees to access medical services in a timely manner, avoiding worsening of employees' health status and reducing absenteeism.

Source: ILOAIDS Study on "What Works in Implementing workplace programmes in Africa", 2014

► Unions can:

- Advocate for rights-based and HIV-sensitive social protection policies and programmes.
- Sensitise workers about existing social protection policies and programmes, and strengthen partnership with governments, employers and community-based organizations, including organizations of people living with HIV, to reduce the stigma around HIV and to increase PLHIV's access to social protection programmes.
- Promote dialogue between national social protection administrations, national AIDS programmes and labour administrations to improve mutual understanding, coordination and collaboration.
- Motivate and support informal economy workers living with HIV to come together in associations and to build partnerships with local providers to establish a pool of funds to finance medical care and social protection schemes.