



**Spanish Trust Fund for Impact Evaluation and Results-based Management in  
Human Development Sectors  
(SIEF)**



**Cluster Fund**

**HIV/AIDS Prevention**

*The Spanish Trust Fund for Impact Evaluation (SIEF) is a €10.4 million program funded by Spain, to support the World Bank in evaluating the impact of innovative programs to improve human development (HD) outcomes. The SIEF supports prospective, rigorous evaluations in eligible developing countries, impact evaluation training, publications, and dissemination of results. The program will run from July 2007–July 2010.*

**Policy questions**

The HIV/AIDS prevention cluster will address a number of critical questions:

- What are the impacts of Antiretroviral Therapy (ART) on the welfare of patients and their family members, including lives saved, health outcomes, labor participation, hours worked, and schooling of children?
- What effects does ART access have on HIV transmission and prevention?
- What are the most cost effective means of preventing HIV/AIDS and/or sexually transmitted infections (STIs)?
- How does sexual behavior change in response to HIV prevention interventions?



**Background & Context**

Globally, an estimated 32.2 million people were living with HIV/AIDS at the end of 2007. At least 2.1 million people lost their lives to AIDS, and an estimated 2.5 million became newly infected that same year. The global epicenter of the AIDS pandemic is in Africa, where an estimated 22.5 million people were living with HIV at the end of 2006, and approximately 1.7 million new infections occurred during that year.<sup>1</sup> Young people, aged 15-25, are at greatest risk.

The need to identify effective prevention and treatment interventions is critical in the global effort to reverse the trend of HIV/AIDS infections. The use of condoms, reduction in the number of partners, and abstinence are three prominent mechanisms by which HIV prevention is sought.

*Prevention*

At its core, the global AIDS epidemic is fueled by risky sexual behavior. Over 80% of HIV infections occur through sexual contact with an infected partner (Askew and Berer, 2003) and could have been avoided through the adoption of safer sexual behaviors including condom use, reduction in the number and concurrency of sexual partners, or abstinence. A great deal of policy dialogue has been devoted to supporting HIV prevention programs; however, little evidence

<sup>1</sup> UNAIDS (2007). "UNAIDS/WHO AIDS Epidemic Update: December 2007."

exists to demonstrate the impact of prevention interventions. The impact that various prevention strategies have on HIV and STIs, and the relative effectiveness of programs are important sources of evidence for developing successful HIV prevention programs. Identifying cost-effective means of preventing HIV infections is essential to establishing a stronger policy framework for slowing the spread of HIV and other STIs.

Although a number of countries are experimenting with prevention mechanisms, one reason for a lack of evidence is that few rigorous impact evaluations of HIV prevention programs have been launched. Such evidence is crucial for designing effective prevention programs and policies. This cluster proposes rigorous, prospective randomized evaluations of HIV prevention interventions.

### **SIEF-funded Impact Evaluations**

**Lesotho** – This IE is evaluating the effectiveness of an information campaign to prevent HIV infection aimed at youth in Lesotho. The intervention is a unique Lesotho government-designed program, which uses a communication tool to highlight the many issues that affect the spread of HIV (e.g. circumcision, prevention methods such as abstinence, fidelity and condom use, polygamy, sexual abuse of women and children, etc). The evaluation is examining variations in the communication tool; namely differences in prevention messages of abstinence and fidelity versus condoms and safe sex.

**Malawi** – This IE is studying a program which provides incentives (in the form of school fees and cash transfers) to young girls who have recently dropped out of school as well as girls currently in school. This study is evaluating the causal effect of income on HIV risk directly, as well as through its effect on schooling using a carefully designed cash transfer program for young women, which is conditional on school attendance.

**Tanzania** – This IE is studying the use of conditional cash transfers as a prevention mechanism for HIV and other STIs among people aged 18-29 in a remote rural area of Tanzania. Several sub-group analyses will help inform decisions around targeting and scaling up: differences in responsiveness of males and females to the intervention; of different age groups; and of different socioeconomic groups. While CCTs have been used in health and social policy settings, they have not been evaluated for their effectiveness as an AIDS prevention intervention.

<b>HIV/AIDS Prevention</b>	<b>Country</b>	<b>Budget</b>
Evaluating the impact of HIV prevention campaign for the youth: Abstinence, Fidelity and Safe Sex	Lesotho	\$ 186,800
Conditional Cash Transfers, Schooling, and HIV Risk	Malawi	\$ 274,500
Evaluating Conditional Cash Transfers to prevent HIV and other sexually transmitted infections (STIs)	Tanzania	\$ 290,400
	<b>Total</b>	<b>\$ 751,700</b>