

CDC Consultation on Microfinance as HIV Prevention

CIRA Conference on Microfinance

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Consultation Summary

- March 8-9 2006
- Fields represented
 - ◆ Socioeconomic research among poor women
 - ◆ Health department HIV/AIDS programs
 - ◆ Microfinance service providers
 - ◆ Academic research on microfinance
 - ◆ Public health research on interventions



Consultation Summary

- Purpose
 - ◆ Garner the most up-to-date and relevant information on microenterprise projects that could be applied to conditions in the US and to HIV/AIDS- and STI-related risk reduction



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Sense of Meeting Summary (from forthcoming PHR paper)

- Discussion questions
 - ◆ What are the core elements of successful microenterprise programs?
 - ◆ How are these best adapted to suit the needs of impoverished African American women in the southern US?
 - ◆ What steps should be taken to prepare a microenterprise-based HIV prevention intervention for that population?



Sense of Meeting Summary – Key Recommendations

- Participants were unanimously enthusiastic about exploring a structural intervention approach (& CDC's willingness) to address an important contextual factor (poverty and its effects on individuals, families, and communities) in HIV prevention



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Sense of Meeting Summary – Key Recommendations

- Successful models for low income women are those that incorporate life skills training in addition to providing financial training and resources
 - ◆ Life skills training is more essential and more long-lasting than financial resource packages for many women
- Non-economic benefits – such as self-reliance, self-esteem, optimism about the future – are important outcomes associated with microenterprise training and activities



Sense of Meeting Summary – Key Recommendations

- A variety of microenterprise models are suitable for consideration as HIV prevention intervention
 - ◆ Credit-led; training-led; w/ IDAs; w/ wellness programs
- The notion of a microenterprise model should be fluid, recognizing that combinations of approaches may be appropriate
 - ◆ E.g., combining IDAs with microenterprise training



Sense of Meeting Summary – Key Recommendations

- Participants stressed the importance of community input into design and evaluation of microenterprise-based prevention interventions
- Federally-mandated intervention designs would not be appropriate given the need for programs to fit local conditions



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Sense of Meeting Summary – Key Recommendations

- Microenterprise activity in poor communities should address the economic organization within those communities by including local and national stakeholders in economic development
 - ◆ Contributes to assuring sustainable development
- *“Healthy communities’ is a multifactoral concept – you need transportation and you need good housing.”*



Sense of Meeting Summary – Key Recommendations

- Funding should stay in the community
- Funding should support collaboration on an intervention among at least health departments and microenterprise agencies



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Sense of Meeting Summary – Key Recommendations

- Some participants (especially those with microenterprise experience) were cautious about intervention design
 - ◆ Some aspects of microenterprise interventions may leave some participants in worse shape economically (by using family resources to support the business) or at risk for economic predation by partners, friends, or others



Sense of Meeting Summary – Key Recommendations

- ‘HIV prevention’ was significantly broadened to include contextual factors (e.g., stable and safe housing and neighborhoods, access to resources including health care, etc.) that increase or decrease health risks
- Poverty was understood as being a critical underlying component & addressing economic stressors using microenterprise was understood to be an important strategy for improving health in general as well as an important approach to HIV prevention



Sense of Meeting Summary – Key Recommendations

- Ongoing development of structural and community interventions, involving public and private partnerships at different intervention levels, may be cost-effective relative to single-disease interventions by simultaneously affecting many health outcomes
 - ◆ A single structural or community intervention could be evaluated for its effects on numerous health processes and conditions, ideally with funding coming from relevant components of the Public Health Service/other agencies/other funders

