

About ODI

ODI is Britain's leading independent think tank on international development and humanitarian issues. Our mission is to inspire and inform policy and practice which lead to the reduction of poverty, the alleviation of suffering and the achievement of sustainable livelihoods in developing countries. We do this by locking together high quality applied research, practical policy advice, and policy-focused dissemination and debate. We work with partners in the public and private sectors, in both developing and developed countries.

ODI's many areas of work include research on HIV/AIDS. In this fact sheet we have highlighted a few of the numerous ODI led projects concerning AIDS.

Our work on HIV/AIDS

Developing a conceptual framework and a typology for HIV in emergencies: Case studies in Haiti, Sri Lanka, Central African Republic, Mozambique and Kenya (2007-2008)

The study proposes a framework for thinking about HIV in emergencies taking into account: HIV contexts and type (conflict/post-conflict, quick or slow-onset natural disaster), breadth and duration of emergency. Despite differences, similarities emerge in terms of vulnerability to contracting HIV, ways of coping and the effects of emergencies on health services. Some highlights from the study show that across all kinds of emergencies, transactional or survival sex increases, with resulting increases in vulnerability to contracting HIV; rape and other forms of gender based violence increase, particular in conflict/post-conflict settings; in all emergencies there is an acute lack of condoms, also heightening vulnerability to contracting HIV; and on a more positive note, despite disruptions to services and other basic infrastructure, so far people on Antiretroviral Therapy are able to continuing taking their antiretroviral drugs.

Partners and Funders: UNAIDS, WFP.

The social and economics costs of free AIDS medicines (ARVs) in public health care settings in Tanzania and Zambia (2006-2008)

A multi-method and multi-disciplinary study, exploring access and uptake of ART in rural and peri-urban settings.

It provides further evidence to debates on issues of access, exclusion and equity in terms of access to health services, particularly ART, beyond urban areas. Key findings include the fact that despite ARVs being free, a range of costs were identified including: long waiting times in queues at the cost of productive activities, the stigma associated with queuing with people knowing that one is HIV+ and the costs of disclosing one's status versus the benefits of disclosure, since sharing can lessen and individual's burden.

Partners and Funders: University of Amsterdam, Muhimbili University Medical College; University of Zambia, Institute of Economic and Social Research and SIDA.

HIV, nutrition, food and livelihoods in Sub-Saharan Africa: Evidence, debates and reflections for guidance (2007)

Commissioned by DFID, the aim of the work was to pull together the evidence to date on the links between HIV, nutrition, food and livelihoods in Africa. This document was to assist in developing a process for DFID Policy Advisers to identify methods of integrating HIV/AIDS and Food Security/Livelihoods policy.

Partners and Funders: IDS, DFID.

Operational research for HIV treatment and prevention: A review of the WHO/TDR 5-country project (Malawi, Uganda, Zambia, Tanzania, Burkina Faso) (2007)

As part of a process based on three key principles for carrying out operations research - multi-disciplinarily; country ownership and the importance of bridging research with policy and programming - this review explored the processes undertaken to carry out operations research in the five countries. Exploring issues of quality, relevance and implementation, the review identified a number of

The effects of HIV/AIDS on agricultural production systems and livelihoods in Zambia: A longitudinal study (1993-2006)

This study investigated the long term impact of HIV and AIDS on livelihoods in Zambia. Using clusters ("a group



Group discussion with young women on the effects of HIV and AIDS in a rural community in Zambia.

of producers and consumers between which there are multiple resource exchanges, usually based on the factors of kinship, labour and food exchange, and or common access to draught power”) as a unit of analysis, this study found that whilst there was HIV/AIDS related mortality and death, more resilience and adaptation was in evidence than was anticipated. We are looking to undertake 3rd round observations in 2008/2009.

Partners and Funders: SIDA, FAO, RENEWAL, CARE and IHAA.

Putting food on the table: An exploration of livelihood strategies and their role in maintaining nutritional status among ART patients in Kenya and Zambia (2006-2007)

A multi-method and multi-disciplinary study whose findings add further evidence to the debate around the importance of taking into account the role of livelihoods, and food in particular, in issues related to Antiretroviral Therapy (ART). One study highlight is the fact that people are now getting well with ART, and access to ART is increasing; nevertheless, their broader wellbeing, or their future livelihood security, remains unknown and largely neglected. Amongst other things, the study proposes ways to transition people on ART from short term perspective of focusing solely of food supplementation to longer term food security and livelihood planning.

Partner and Funders: Horizons/Population Council and USAID.

“Water, Wine and Women”: Study on knowledge, attitudes practices and behaviours in a fishing community in Kazungula District, Southern Province, Zambia (2005-2007)

As part of an operations research project, this study collected qualitative data pre and post the interventions. Themes explored included: ARV treatment access and adherence; disclosure, stigma and discrimination; knowledge, attitudes and practice related to HIV prevention and care; and community support/engagement in HIV interventions. Findings from this study showed the importance of understanding people’s livelihood strategies and how this relates to their vulnerabilities in terms of contracting HIV, e.g. Women fish traders often exchange sexual favours in exchange for fish. A further finding was the importance of tailoring messages about prevention and uptake of HIV testing and treatment to specific target groups, including older women for instance, taking into account lifestyles and contexts linked to residing in a fishing community.

Partners and Funders: University of Zambia and International HIV/AIDS Alliance.

Reducing HIV risk behaviours among key populations (sex workers, men-who-have-sex-with-men, people living with HIV) by increasing community involvement and building social capital in Andhra Pradesh, India (2002-2006)

Nested within a wider operations research project, this study explored whether empowering key populations (KPs) through building social capital (defined as the ability to obtain support, to count-on or to trust peers, members of NGOs and/or family members; the ability to participate in and belong to groups; and individual confidence and self-esteem) ultimately leads to reductions in risk behaviours and changes in knowledge and attitudes. Quantitative and qualitative data were collected at two points in time. Comparing endline with baseline data, the study found at endline: higher levels of trust and involvement amongst KPs; increased number of community based organisations and peer networks; and increased awareness of HIV/STI risks and risk reduction strategies, including higher usage of condoms.

Partners and Funders: Horizons/Population Council; Institute of Health Systems, Hyderabad, India; International HIV/AIDS Alliance; USAID and Gates Foundation.

Community education and referral: Supporting adherence to ART and prevention for people with HIV in Zambia (2002-2006)

As part of an operations research programme, the study explored the effectiveness of a community engagement strategy to: improve understanding of HIV and Antiretroviral Therapy (ART); increase HIV preventive behaviours; and improve health-seeking behaviour and adherence to ART. Quantitative and qualitative data were collected at two points in time and a comparison site methodology was used to compare a) change over time and b) differences between sites. Comparing endline with baseline data, key findings include: significant increase among people on ART citing peer groups as a source of information, knowledge and adherence support; there was an increase in people going for HIV testing; HIV disclosure amongst partners increased significantly; mean four-day self-reported adherence was high at baseline and endline, but decreased with longer periods of recall; and there were significant reductions in internalized stigma among people on ART.

Partners and Funders: IHAA, Horizons/Population Council, USAID and EU.

Community Based Technology Change to combat HIV/AIDS in Africa (2005)

The HIV/AIDS epidemic is seen as a broad 'development' rather than public health concern, and AIDS mitigation projects are increasingly visible across rural Africa. Yet, little is known about how to effectively organize development in the face of a generalized rural AIDS epidemic. This study aimed to share insights from communities and NGOs as they 'do development', i.e., work to enhance food and livelihood security, innovating and adopting technologies to meet changing needs. Insights from these observed changes can help inform agency and government policies to more fully and meaningfully adapt development efforts to meet the needs of the AIDS-affected rural poor.

Partners and Funders: Tulane University and Macarthur Foundation.

HIV/AIDS and humanitarian action (2004)

What are the implications of HIV/AIDS for our understanding of crisis and humanitarian aid? HIV/AIDS is both a long-term crisis in its own right, and a contributory factor in acute emergencies. This research project explored the role of humanitarian relief in the context of the AIDS epidemic with an ODI report published in 2004. The epidemic presents key challenges for both humanitarian and development assistance, and for the interface between them the crisis in southern Africa during 2002 and 2003 highlighted the complex connections between HIV/AIDS, food security and famine. HIV/AIDS has profound humanitarian consequences, both by directly causing illness and death and in terms of the wider impact it is having on societies. These consequences will develop over decades, meaning that existing models of humanitarian aid may not be appropriate. Equally, existing models of development assistance are likely to prove inadequate. The challenges raised by the pandemic are only beginning to be fully appreciated.

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A woman and baby receiving ARVs at a rural clinic in Zambia.



Group discussion with young and older men on the effects of HIV and AIDS. Raising awareness amongst men/women around HIV and AIDS in a rural community in Zambia.

The estimated number of deaths due to AIDS in 2007 was 2.1 million of which 76% occurred in sub-Saharan Africa (UNAIDS, 2007)