



## **HIV/AIDS SOCIO-ECONOMIC IMPACT MITIGATION**

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**Invited and sponsored by Rwanda UNFPA**

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“The vision which fuelled our struggle for freedom, the deployment of energies and resources, the unity and commitment to common goals – all these are needed if we are to bring AIDS under control. Future generations will judge us on the adequacy of our response” – Nelson Mandela, 1994  
Inaugural address

# Presentation overview

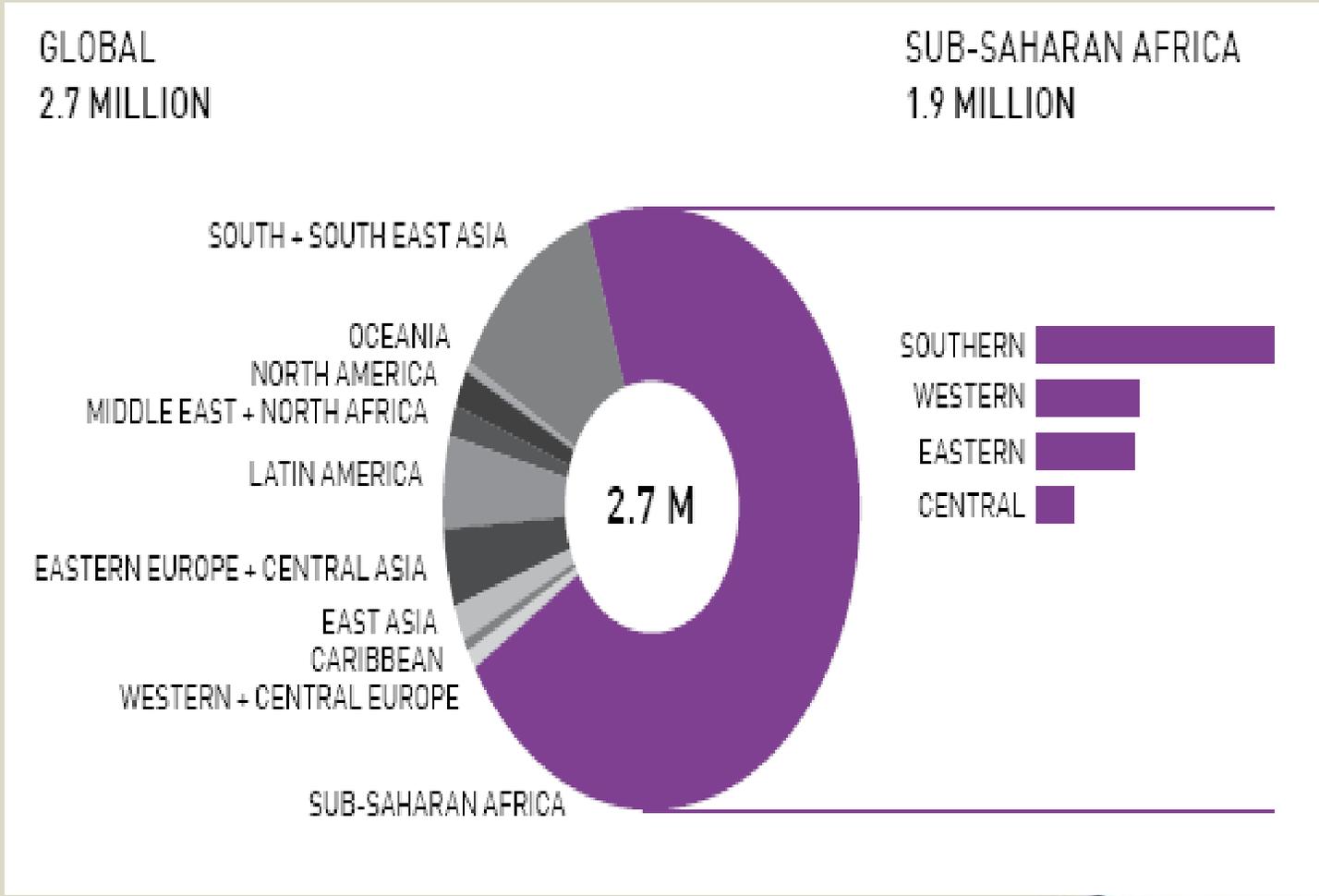
- Purpose
- Context
- Strategies to mitigate HIV socioeconomic impact
- Conclusion
- Acknowledgements

# Purpose

- Based on a search of about 10 databases, online resources, own research and the bibliographies of all relevant publications studies on socioeconomic impact mitigation were reviewed:
  - Randomised controlled trials (RCTs),
  - controlled before-and-after studies,
  - interrupted time series
  - multi cross-sectional studies using matching techniques were eligible for inclusion.
- The purpose of this presentation is to share:
  - Evidence on past and current strategies aimed at mitigating the socio-economic impact of HIV/AIDS, in numerous settings, among diverse groups and throughout the continent and elsewhere
  - Case studies measuring the success of specific HIV/AIDS socioeconomic impact mitigation strategies

# Context: Global distribution of new HIV infections, 2007

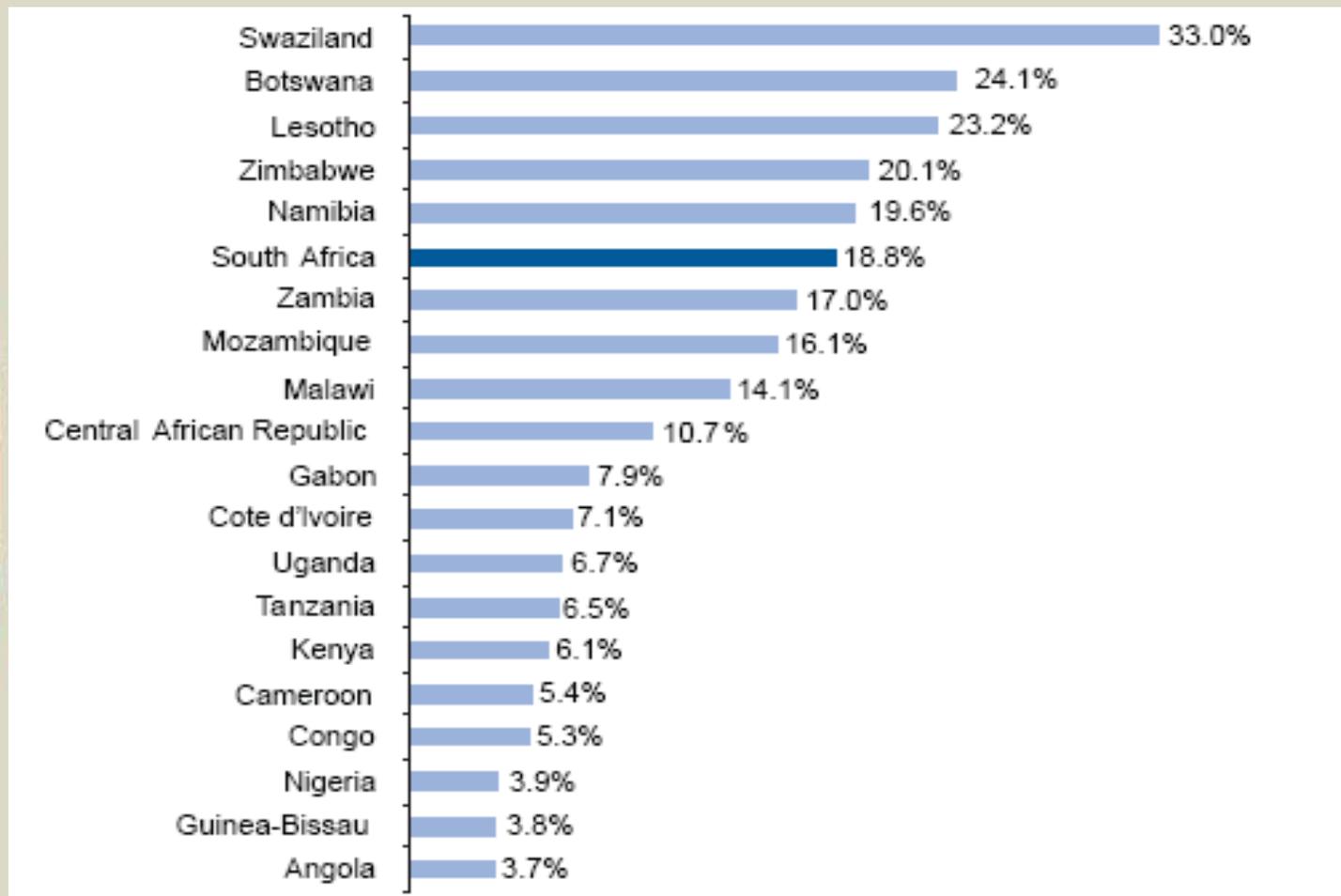
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Source: 2008 Report on the global AIDS epidemic, UNAIDS.

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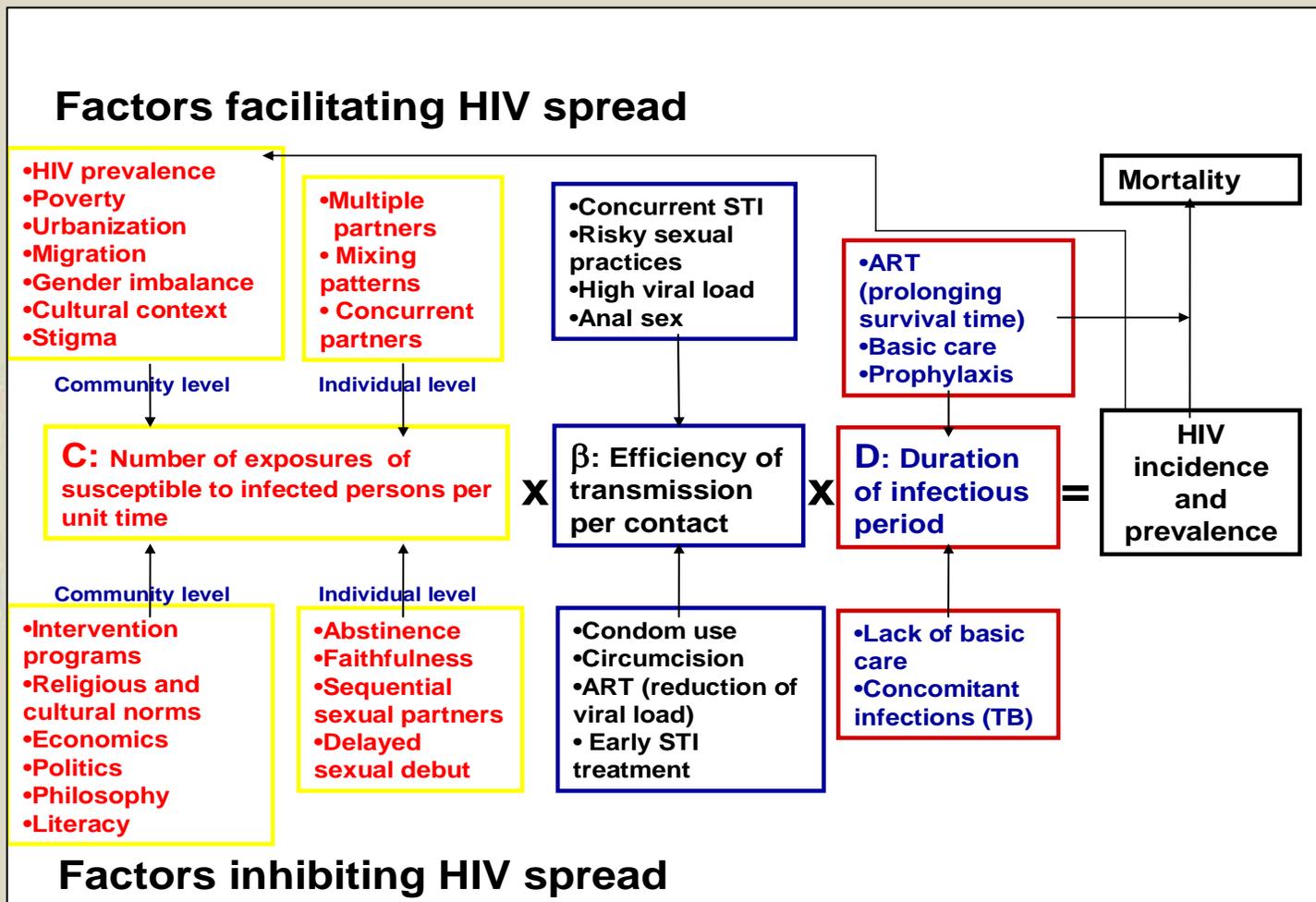
## Context: Top 20 countries by HIV/AIDS prevalence rate, SSA (end 2005)



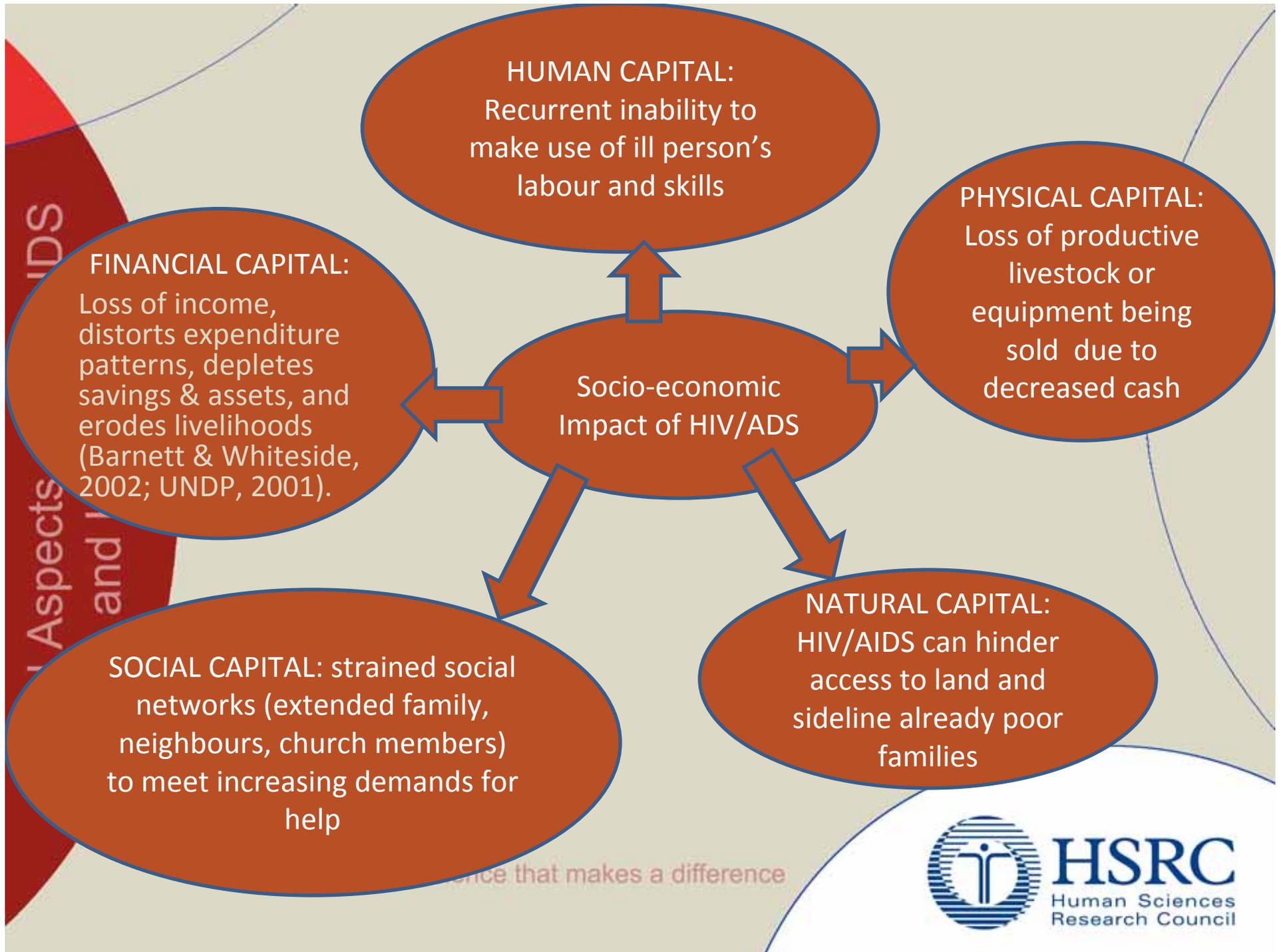
Source: UNAIDS' *Report on the Global AIDS Epidemic (2008)*

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# Context: Factors facilitating HIV spread



Source: Rehle et al, 2004



## Strategies to mitigate socio-economic impact of HIV/AIDS

### **Microfinance**

The IMAGE study

The ACME study

### **Social protection**

The DG study

### **Psychosocial support**

M2M

AMPATH

### **Community partnerships**

SCOPE-OVC

Informal labour sharing strategies

Community based mentoring

### **Food security**

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## The Intervention with Micro-finance for AIDS and Gender Equity (IMAGE) study

- A randomized trial in 8 rural areas across South Africa's Limpopo province, monitoring effects of IMAGE on subjects over a 2 year period was done (Kim et al, 2004)
- 1750 micro-loans were issued through IMAGE, with an average loan amount of USD 166.
- Findings
  - The provision of microfinance and business training services to impoverished women was associated with a significant reduction in HIV risk behaviors.
- IMAGE is now being scaled up to a wider range of communities in South Africa's Limpopo province.
- Program officials intend to reach 15,000 households before 2010.

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## Association for Cooperation with Micro Enterprise (ACME) for women living with, or vulnerable to, HIV in Haïti

- In 2005, ACME launched a micro-credit programme to help women living with HIV/AIDS.
- Findings
  - In 2006, an impact assessment of the programme among the first 66 women benefiting from a loan showed better living conditions compared to a control group of 30 women with similar initial medical and socioeconomic status but no loan.
- Micro-financing is certainly one of the major instruments for reducing the impact of HIV on the infected populations in countries with limited resources

## Strengthen Investment in Social protection

- Social protection programmes that provide cash assistance to HIV-affected households have the proven potential to alleviate the epidemic's impact and should immediately be scaled up.
- There is a body of evidence that highlight that social grants, cash transfers, social assistance mitigates the socio-economic impact of HIV/AIDS (Booyesen, 2004; Lund, 1999; Samson, 2002; Seekings, 2002; Woolard, 2003).

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## DG and HIV variables among PLWHA by %

	PWA DG	No PWA DG		DG not stopped	DG stopped	
	%	%	$\chi^2$	%	%	$\chi^2$
Often without enough food in past 12 months	9.4	18.9	6.00**	12.0	15.4	.59
AIDS diagnosis	69.8	67.3	.22	70.5	66.2	.48
CD4 <200	39.0	30.6	11.81**	38.3	29.5	2.41
CD4 200–350	27.2	21.6		26.8	28.2	
CD4 >350	26.3	27.9		25.8	33.3	
On ART	64.5	44.1	12.28***	61.5	59.7	.08
CD4 <200 on ART	65.9	52.9	1.70	63.8	72.7	.62
ARV non-adherence (90% and more)	5.9	2.4	.75	5.1	0	1.96
Ever stopped ARV completely	0.9	1.4	.15	1.0	1.3	.06
Takes traditional medicine for HIV	8.5	9.0	.03	7.7	9.0	.13
Often gone without medicines or medical treatment in past 12 months	19.0	37.3	12.68***	16.4	40.3	18.07***

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

Phaswana-Mafuya & Peltzer, 2009

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## DG and QoL

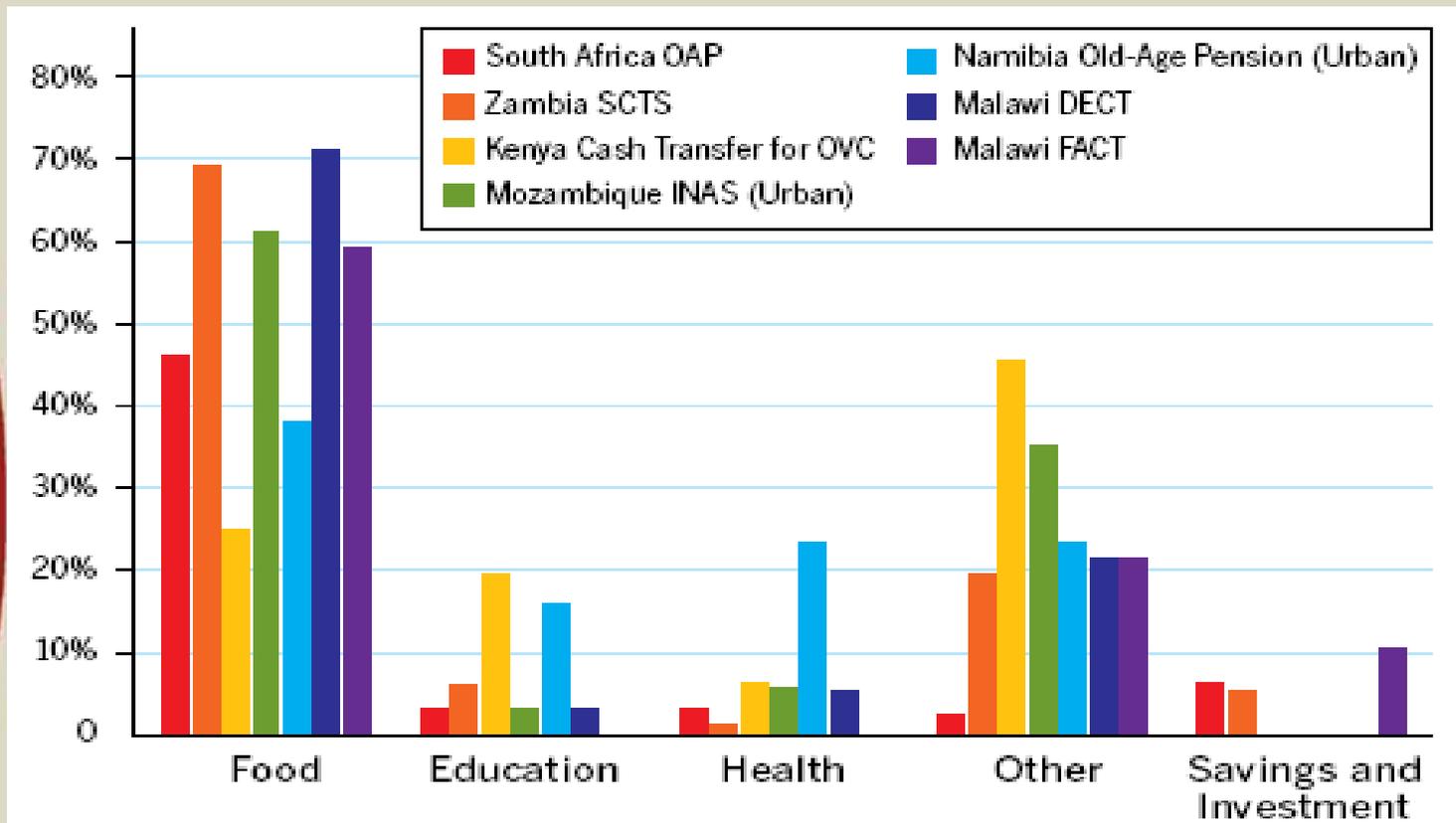
	Disability grant status		
	On DG	Not on DG	<i>t</i> value
Overall QoL	2.9 (1.1)	2.6 (1.1)	2.35*
General health perceptions	3.2 (1.1)	2.7 (1.3)	4.08***
1. Physical health domains	13.5 (3.1)	12.4 (3.5)	2.85**
2. Psychological health	14.2 (2.6)	13.4 (3.1)	2.50*
3. Level of independence	13.1 (3.1)	12.2 (3.4)	2.46*
4. Social relationships	14.3 (3.0)	13.7 (3.0)	1.69
5. Environment	12.4 (2.1)	11.8 (2.5)	2.43*
6. Spiritual/religion/ Personal beliefs	14.6 (3.3)	13.8 (3.9)	1.75
HIV symptom index	25.5 (13.1)	31.3 (15.0)	- 3.60***

\*\*\*P<.001; \*\*P<.01; \*P<.05

Peltzer & Phaswana-Mafuya, 2008a

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## How beneficiaries use income transfers



Source: Adato & Bassett, 2008. Data from: Acacia Consultants, 2007; Devereux, 2002; Devereux, Mvula & Solomon, 2006; Devereux et al., 2007; MCDSS/GRZ, 2006; Moller & Ferreira, 2003.

## Psychosocial support for mothers and pregnant women – Mothers2Mothers programme in S.Africa

- The M2M organisation established about 400 sites in South Africa and it provides services five days a week to women attending antenatal clinics (ANC), women who have just given birth, and mothers visiting health facilities for self care and baby care (Baek et al., 2007).
- Findings
  - M2M programme plays an important role in providing ongoing care for HIV-positive women and their infants.
  - The greater psychosocial well-being and the increased in PMTCT service uptake by women who had participated in M2M support groups shows the success of this programme.
- The programme is currently being expanded in other African countries – Rwanda, Kenya, Zambia and Tanzania

# Psychosocial support - The Academic Model of Prevention And Treatment of HIV/AIDS ( AMPATH) Project

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- AMPATH provides psychosocial support to the PLWHA through outreach teams, consisting of PLWHA (Chege, 2004)
- It addresses the emotional and social impact of HIV/AIDS and provides support to promote adherence to care through home visits to patients, support group meetings, counseling sessions, patient education and peer support.
- Findings:
  - The programme was found to be effective in providing support, improvement of the quality of care and increasing coverage of activities.

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## The Zambia Strengthening Community Partnerships for the Empowerment of OVC project (SCOPE-OVC)

- The project is implemented by CARE/Zambia and Family Health Trust
- This is a multi-sectoral approach whereby SCOPE is working with 9 districts to mitigate the impact of HIV/AIDS on children and build community capacity to address the needs of OVC.
- Activities include community mobilization, economic strengthening, psychosocial support, advocacy, and increased access to education and health care.
- **Quantitative and qualitative baseline, including three phases—organizational capacity inventories, status of households, and well-being of children—was conducted to gather baseline data for evaluating the effectiveness of the SCOPE OVC project in the identified target sites of Zambia.**

## Community partnerships - Strengthening informal labour sharing strategies

- Different forms of informal and traditional schemes to help women meet agricultural production activities and other capital and input requirements have been in existence in many societies in countries in Africa South of the Sahara for a long time (Kaseke, 1997).
- Examples of such schemes include labor-sharing clubs, women-only mutual-aid societies, benevolent groups in churches, draft power clubs, rotating and savings club and cooperatives and market women's groups
- **Findings**
  - Studies in Tanzania, Zambia, and Zimbabwe, found free community labor-sharing to be a common community coping response adopted by communities to help support affected households.
  - Experience in Rakai and Masaka districts in Uganda shows that labor-sharing clubs have been effective in relieving HIV/AIDS related labor shortages (IFAD,2001).

## Community based mentoring programme for youth headed households

- A quasi experimental design was employed in order to determine impact of programme in Mexico (Chiga, 2004) on psychosocial well-being of youth headed households
- Significant effect in decreasing:
  - Feeling of marginalisation
  - Maltreatment
  - Perceived grief
  - Depressive symptoms

## Food security – Zimbabwe Vulnerable yet viable, project for provision of agricultural inputs to PLWHA

- The project was implemented by the Zimbabwe Red Cross Society (Myllynen, 2006).
- It involved:
  - Providing cereal seed and enabling households to grow their own crops is highly cost effective, being on average 12 times cheaper than providing the equivalent amounts of food aid.
  - Cereals produced met the household requirements for an average of 3.5 months in rural areas and in urban areas for one month.
  - Providing vegetable seeds made a positive contribution to the diet of PLWHA and provided opportunities for income generation.
- Households overcame labour constraints by making arrangements with neighbours or extended family, including harvest sharing.
- Findings
- **Direct provision of inputs such as seed and fertiliser to women helped increase their returns to agricultural production and improved livelihood security of their families.**

## Some effective scale-up challenges

- Consideration of massive scale of the problem in allocating resources
- Limited Governments' political and financial commitment
- Most donors have short funding cycles
- Capacity of institutions is likely to be weak
- Donors require rapid beneficiary results but effective
- Community mobilisation takes time

# Conclusion

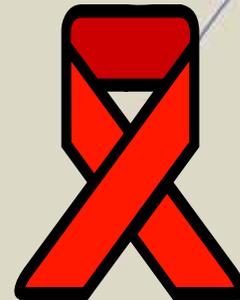
- The review is neither exhaustive nor systematic, however, the following preliminary conclusions can be made:
  - Combined with ARV treatment, micro-financing is certainly one of the major instruments for reducing the impact of HIV on the infected populations in countries with limited resources.
  - Social protection programmes that provide cash assistance to **HIV**-affected households have the proven potential to alleviate the epidemic's impact and should immediately be brought to scale in the most heavily-affected countries Research is however needed to determine the cost effectiveness of social protection
  - Psychosocial programmes are effective in ameliorating the social impact of HIV
  - While anecdotal evidence shows that community partnerships are beneficial, impact studies need to be conducted to determine their efficacy and cost effectiveness in the African context
- There is a lot of socioeconomic impact mitigation projects in Africa but there is limited rigorous evaluation of impact
- There is need to come up with robust evidence on impacts and effectiveness of mitigation interventions so that a form of prioritization can be developed.
- We need to develop a database of best practices and ensure that this is widely through a strong network, eforums, newsletter, etc
- Donors, governments and implementing agencies should invest heavily in: Supporting implementation of well designed impact assessment studies
- The commitment of national leaders at the highest levels is required for effective action.

# Acknowledgements

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THANK  
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