

UNAIDS 2019

Building resilience to climate breakdown to prevent ill health

Supporting eastern and southern African countries
in the face of climate disasters

Contents

- 3** 2016: Coping with El Niño-induced drought in Africa
- 4** Exacerbating vulnerability and insecurity: El Niño and HIV
- 5** Building healthy and resilient communities
- 6** UNAIDS and partners interventions
- 9** 2019: Supporting populations hit by Cyclone Idai
- 11** The new normal: living with climate disasters
- 13** References

UNAIDS in Focus

The UNAIDS in Focus series features snapshots of the Joint Programme's work enabling people living with and affected by HIV around the world to realize their human right to health.

UNAIDS advocates for a holistic, multisectoral approach to AIDS, with a long history of working across sectors and building multistakeholder partnerships. As a joint programme, it uniquely leverages the capabilities and comparative advantages of each of its 11 United Nations (UN) cosponsoring organizations (Cosponsors), as well as those of civil society, governments and other partners.

This series of case studies captures compelling stories of how Cosponsors, the UNAIDS Secretariat and a wide range of partners join forces to overcome challenges and build solutions at the country, regional and global levels to address the needs and protect the rights of people living with, affected by and at risk of HIV. The case studies depict a wide array of interventions that make a difference, such as creating a coalition of lawyers to provide pro bono services to defend people living with HIV from discrimination, implementing a partnership in South-East Africa to ensure the continuity of health services for communities suffering from drought, or supporting countries in western and southern Africa to scale up prevention and treatment coverage in countries lagging most behind in their response.

By using evidence-informed and people-centred approaches, UNAIDS acts as an advocate, convenor and broker to address obstacles at the global, regional and country levels (including legal environments and social determinants) that are hindering access to essential, quality and sustainable care, treatment, support and prevention services. The UNAIDS in Focus series shows how the Joint Programme puts its mission into practice, delivering results for people everywhere in order to achieve zero new HIV infections, zero AIDS-related deaths and zero discrimination.

2016: Coping with El Niño-induced drought in Africa

El Niño is a climate cycle in the Pacific Ocean. While it has a global effect on weather patterns, El Niño's impact has been most severe in Africa.

One of the strongest El Niño events in 65 years occurred in 2015, and it was particularly devastating in eastern and southern Africa, a region increasingly prone to drought. In 2016, southern Africa experienced its worst drought in 35 years. At the drought's peak, southern African countries launched an emergency appeal for US\$ 2.8 billion to help feed nearly 40 million people. As of mid-2016, 24 million people in eastern Africa were still facing critical and emergency food insecurity¹.

El Niño's humanitarian impact extends well beyond food insecurity. In addition to increased levels of malnutrition and difficulty in accessing water, emergency situations often result in: higher school dropout rates; increased incidence of communicable diseases; abuse, neglect and exploitation of children; and unplanned migration from rural homes to urban centres. With a majority of the region's population dependent on agriculture for food, income and employment, levels of poverty are expected to rise, jeopardizing decades of hard-won development gains.

The countries most severely affected by El Niño are also among those with the highest HIV prevalence worldwide. In four countries in eastern and southern Africa that declared a national drought emergency due to El Niño, at least 10% of the adult population was living with HIV in 2015: Eswatini (28%), Lesotho (24%), Zimbabwe (14%) and Malawi (10%). While eastern and southern Africa has achieved some of the world's most notable improvements in scaling up HIV treatment coverage and reducing the number of people dying from AIDS-related causes, these gains remain fragile. The catastrophic effects of El Niño further threaten progress and present major challenges to achieving the 2020 Fast-Track commitments to end the AIDS epidemic in the region.

UNAIDS unites the efforts of 11 UN organizations to support and empower countries and communities affected by HIV in order to create more resilient, equitable and healthy societies. Through its Regional Support Team for Eastern and Southern Africa and country offices in the region, UNAIDS plays a central role in laying out a robust strategy to minimize the impact of El Niño. Chief among UNAIDS' priorities is supporting countries to ensure universal access to HIV services, achieve the 90–90–90 HIV treatment targets and uphold the rights of all people living with and affected by HIV.

¹ In July 2019 in the Horn of Africa, the number of severely food insecure people was approximately 12 million, in large part as a result of the drought. Some 21.5 million people are in need of humanitarian assistance in the region (UNICEF, June 2019).

Exacerbating vulnerability and insecurity: El Niño and HIV

“Over the last few months, we have seen increasing rates of malnutrition in various parts of the country due to the El Niño-induced drought. This has also had an impact on people living with HIV in that they will not be able to access enough food and nutrients which they need to ensure the drugs they are taking every day have their intended effects.”

Niels Balzer, Head of Programme for the World Food Programme (WFP) in Zimbabwe

WFP Webstory,
30 November 2016

In 2018, eastern and southern Africa was home to 20.6 million [18.2 million–23.2 million] people living with HIV—more than half of the global number of people living with HIV. More than 30% of them are still not on treatment. Among those receiving treatment, significant challenges to adherence remain. In some cases, treatment is available but people in need of treatment might not seek it for various personal and social reasons.

Drought and the resulting food insecurity can increase HIV infection risk and undermine the ability of people to manage an infection. A 2015 study found that infection rates in HIV-endemic rural areas increase by 11% for every recent drought (1). Risk and vulnerability are often heightened by income shocks and food insecurity—especially among women and girls—due to factors such as economic migration, early marriage of girls and young women to older men (in order to increase economic security), and transactional sex for food or money.

For people living with HIV, food insecurity and poor nutritional status compromise the immune system and can hasten progression to AIDS-related illnesses. Poor diet may impair the ability of people to ward off diseases such as cholera, yellow fever and malaria, which are major health concerns in eastern and southern Africa. Food insecurity can also undermine adherence to HIV treatment: antiretroviral drugs cannot be taken on an empty stomach, and they may be considered a lesser priority than securing food. Finally, food insecurity due to the high cost of food commodities may threaten a person’s ability to pay for travel to a health facility or maintain basic standards of health and well-being.

Affected populations can include health professionals, including community health workers, forcing them to migrate and severely limiting the capacity for health systems to operate and provide quality services. Furthermore, the absence of health professionals—and the partial collapse of transport and storage systems—may disrupt the procurement and supply chain of essential commodities. Food insecurity is an especially critical barrier to care retention among people with tuberculosis who are living with HIV, and among pregnant and breastfeeding women living with HIV and their children.

Building healthy and resilient communities

During humanitarian emergencies, UNAIDS collaborates to dispel the myth that effective action is impossible in times of crisis. Given the increasing frequency and intensity of humanitarian emergencies in the region, UNAIDS has established a wide-reaching network of regional and other strategic partners to prepare and respond to crisis situations. Thus, when the effects of El Niño began to be felt in 2016, UNAIDS—guided by its Regional Support Team for Eastern and Southern Africa—was able to take immediate and effective action.

UNAIDS brings community-focused resilience to the heart of the HIV response. This resilience is premised on ensuring the protection of human rights in times of crisis, including the right to access HIV prevention, treatment and care services. It further recognizes that certain groups are more at risk than others, and that they require tailored services. Global experience shows that proactive, evidence-informed collaboration can greatly assist the most vulnerable people and facilitate effective interventions. These may include urban-based social protection programmes, mobile health clinics, HIV testing and the immediate offer of treatment, and accessible services at emergency sites (such as refugee reception centres, camp settings and food distribution outlets).

UNAIDS and its partners are working towards a new way of reducing vulnerability in both rural and urban settings, and they are re-evaluating long-term health care and models of service delivery to be better suited to changing circumstances.

UNAIDS

and partners interventions

UNAIDS' core contributions in responding to El Niño-induced drought in 2016 included the following activities.

Service delivery. Through preparedness and contingency planning, the UNAIDS Cosponsors worked to ensure that HIV services were tailored to meet the urgent needs of people affected by drought. For example, the World Food Programme (WFP) supported people through cash transfers and intensified acute malnutrition treatment and prevention activities. The United Nations Children's Fund (UNICEF) promoted greater integration of nutrition and HIV services, including HIV testing of children in nutrition treatment centres and linking children who test HIV-positive to treatment services. In partnership with national AIDS commissions, the Joint Programme further worked to strengthen procurement and supply chains to reduce stock-outs of HIV supplies.

To address the impact of drought and HIV on women in particular—and to ensure continuation of programming to prevent mother-to-child transmission of HIV in affected areas—the UNAIDS Cosponsors strengthened regional surveillance systems and the integration of nutrition, gender and HIV programming. They also established a legal and medical response to sexual and gender-based violence during humanitarian crises.

Advocating for populations left behind. A core priority of UNAIDS is ensuring that national plans reflect the needs of key and other marginalized populations. UNAIDS promotes a human rights-based approach and advocates for extra safeguards for high-risk and vulnerable populations, including women and girls, adolescents and young people, migrants, ethnic and sexual minorities, and prisoners. Rights-based approaches entail that national plans and programmes should be working towards the realization of human rights as articulated in international human rights law, informed by a range of human rights principles, and fostering human rights capacity in all relevant actors. Rights-based approaches create an enabling environment for successful HIV responses and affirm the dignity of people living with, or vulnerable to, HIV.

In advocating for a tailored response that meets the needs of key populations, UNAIDS facilitates the work of community organizations and networks of people living with HIV. A resilient response is based on the active involvement of people living with HIV who—especially in crisis settings—are uniquely placed to provide leadership in addressing the risk, vulnerability and needs of people living with (and at risk of) HIV.

The role of UNAIDS has often been to provide a safe space for networks of key populations, where plans are crafted and implemented for the benefit of their communities. UNAIDS is an especially outspoken voice for the needs of lesbian, gay, bisexual, transgender and intersex (LGBTI) people and, in the continued absence of focused data, it is promoting a new genre of LGBTI-related research in emergency settings.

In urban settings, the HIV-related risks faced by key populations must be properly understood, especially for newly arrived migrants fleeing conflict and natural disaster. To that end, UNAIDS is helped to develop a new research agenda to map the risk and vulnerability of displaced people in urban slum environments.

Given the specific vulnerability to HIV of women and girls in emergency situations, UNAIDS—together with the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the International Organization for Migration (IOM) and UN-Habitat—formed an informal working group geared to expanding the knowledge base and promoting best practices around strengthening women’s resilience through strategies for reducing disaster risk. This joint effort helped to establish a better understanding of the measures that women can take to prevent HIV infection and adhere to treatment through social protection and socioeconomic empowerment initiatives during urban-based humanitarian emergencies.

Generating strategic information. The lack of real-time information on HIV services in crisis-affected areas remains a major concern for all partners. Together with its partners, including regional economic communities, UNAIDS worked on strengthening the evidence base on the impact of emergencies on HIV services in order to capture the link between HIV, food and nutrition in El Niño-affected countries. With IOM, UNAIDS mapped HIV treatment access in the context of large-scale migration in the region, especially in the countries most severely affected by the El Niño-induced drought. UNAIDS and partners support countries to develop estimates of the HIV population and ART coverage at district level—data that are valuable when determining where HIV services are needed during a climate disaster.

Another promising area of research in crisis settings concerns the experience and role of older people. The care and protection provided by older people is often more pronounced in times of social upheaval, and it forms an important part of overall humanitarian responses. UNAIDS, HelpAge International and other partners collaborated to generate strategic evidence on the HIV-related risk, vulnerability and resilience of older people in emergencies in order to strengthen strategies that enable and reinforce the contribution of older people to ending AIDS.

Aligning action plans. UNAIDS worked closely with humanitarian and AIDS actors to ensure alignment of relevant planning frameworks. UNAIDS advocated for including HIV considerations and indicators in the humanitarian overview plan and for ensuring that national strategic plans on AIDS address issues relating to populations of humanitarian concern. The Kenya Flash Appeal—a tool for mobilizing resources against specific needs, in times of humanitarian crises—was aligned with the Joint Programme and succeeded in ensuring that monitoring and evaluation frameworks included HIV-related indicators.

Coordination. UNAIDS coordinated the efforts of a range of partners on a global, regional and country-specific basis to seek innovative ways to combat the impact of El Niño on the AIDS response. At the country level, this is often realized through the UNAIDS-led Joint United Nations Team on AIDS. For example, coordination of a strategic response was crafted through the joint efforts of the following: the Inter-Agency Task Team on HIV in Humanitarian Emergencies (IATT-E); the Inter-Agency Task Team on Food and Nutrition; the Regional Inter-Agency Coordination and Support Office for the Southern African Humanitarian Crisis; the food and nutrition security working groups for southern, eastern and central Africa; and the Humanitarian Private Public Partnerships for eastern Africa (HPPP). In addition, UNAIDS maintained a close working relationship with the International Federation of Red Cross and Red Crescent Societies in their role as first-line responders.

Internal and cross-border mobility is a critical component of HIV transmission in the region, and it increases in times of crisis and resource shortages. UNAIDS continues to advocate for the inclusion of mobile populations in the Fast-Track Cities Initiative, which focuses on scaling up HIV testing and treatment in unplanned and burgeoning urban slum settlements.

Mobilizing innovative funding. The Joint Programme worked with a range of partners to identify innovative funding sources in response to El Niño. In Malawi, UNAIDS, UNICEF and WFP—working closely with the Malawi Ministry of Health—developed a proposal to mobilize funds for food delivery and nutrition assistance for pregnant women, children, people living with HIV and people living with tuberculosis. In Kenya, UNAIDS worked through the HPPP—a robust consortium of commercial and not-for-profit organizations—to promote and support HIV interventions, notably for migrant and displaced populations.

While significant rainfall finally arrived in parts of eastern and southern Africa, the impact of El Niño has remained for a long time. Its effect on health, nutrition, water and sanitation in rural and urban settings has been devastating for many communities across the region. Many communities went on to face severe weather events, such as La Niña, flooding and the destruction of agricultural land and infrastructure.

2019: Supporting populations affected by Cyclone Idai

“In Zimbabwe, where emergencies are not a new phenomenon, people living with HIV were left stranded when their medicine got washed away.”

Mumtaz Mia,
UNAIDS Acting Country
Director in Zimbabwe

UNAIDS Feature Story,
20 September 2019

When Cyclone Idai hit Mozambique and the eastern part of Zimbabwe in mid-March 2019, it led to catastrophic flooding in Malawi, Mozambique and Zimbabwe. The cyclone couldn't have come at a worse time: Malawi and Mozambique were already experiencing tropical storms, and a month earlier, Zimbabwe had issued an emergency appeal for some 5.3 million people affected by an ongoing economic crisis and crop failure due to limited rainfall. The sudden pounding rain and wind threw everything into chaos. Three hundred people died, hundreds disappeared and 40 000 lost their homes. Food insecurity and a lack of basic services, including health care, skyrocketed in the hardest hit province of Manicaland in eastern Zimbabwe.

In Mozambique, UNAIDS—funded by the Central Emergency Relief Fund (CERF)—worked closely with the national Ministry of Health to realign the country's National Strategic Plan to reflect the reality on the ground. Using the Ministry of Health's national database of registered civil society organizations, UNAIDS engaged with communities to provide training and capacity-building for civil society to locate individuals living with HIV in order to help them with continued antiretroviral treatment. To avoid stigma and discrimination, the search efforts were led by people living with HIV. In Malawi, UNAIDS also mapped civil society organizations and engaged in capacity-building for relief efforts.

Working with the World Health Organization (WHO) as lead for the health cluster, UNAIDS and its partners ensured that HIV was addressed in the humanitarian country plans and that, safeguards were in place within the protection cluster to minimize negative coping strategies that heighten exposure to HIV (including transactional sex and sexual violence). UNAIDS, together with several humanitarian UN and non-UN agencies, worked under the lead of the Office for Coordination of Humanitarian Affairs (OCHA) to establish information hubs in Beira, a port city near Cyclone Idai's landfall in Mozambique. Beira is strategically located for transporting emergency supplies and hosting regular coordination meetings. The communication strategy, collaboratively developed by all partners, included information on accessing HIV medication and live updates on functioning health facilities. The information shared was designed to be relevant to the general public, medical personnel, disaster-impacted communities and people living with HIV.

In Zimbabwe, the priority of UNAIDS was to ensure that people living with HIV could access HIV treatment. In particular, the UNAIDS country office met with the government, civil society, donors and other key stakeholders to discuss immediate action to ensure that pregnant women were enrolled in programmes for the prevention of mother-to-child transmission of HIV. UNAIDS also set up assessments to address additional health and HIV needs, quickly making sure that HIV-specific needs were integrated into the emergency response. That meant coordinating with UNICEF, the United Nations Population Fund (UNFPA), WHO and other UNAIDS Cosponsors—as well as the Zimbabwe Ministry of Health and Child Care and the National AIDS Council—to ensure the distribution of antiretroviral therapy, condoms and food support for people living with HIV, and that pregnant women could deliver their babies safely. UNAIDS also played a key role in working with civil society and Zimbabwe’s armed services to advocate for the rule of law and the protection of vulnerable populations. Almost 150 000 people living with HIV were in the cyclone-affected districts and about 83% of them were accessing antiretroviral therapy. Most experienced a disruption of antiretroviral treatment during the crisis. As many of these emergencies are cyclical in nature and can be predicted to occur again in the sub-region, however, UNAIDS—together with the Joint Teams on HIV—is developing a preparedness and contingency plan for Zimbabwe and the other cyclone-affected countries such as Malawi and Mozambique that draws on each Cosponsor’s areas of expertise.

The new normal: living with climate disasters

“As climate change intensifies, we will find it harder to feed ourselves. Extinction rates will spike as vital habitats decline. More and more people will be forced to migrate from their homes as the land they depend on becomes less able to support them. This is already leading to many local conflicts over dwindling resources.”

António Guterres,
United Nations Secretary General

Remarks on Climate Change,
10 September 2018

Current trends have shown that climate-related emergencies in southern and eastern Africa have increased in strength and frequency, such that we can no longer distinguish between El Niño and La Niña. The region is no longer suffering from just severe weather events, but from a series of intricate climate disasters, and this is expected to become more prevalent with climate change.

Climate change will also lead to more disease outbreaks in the region. For example, from June 2018 to June 2019, Uganda saw a 40% increase in malaria cases attributable to changes in climate (2). Furthermore, WHO warns that recent Ebola outbreaks are only the beginning of a new phase of high-impact epidemics driven by climate change (3).

These disease outbreaks and increasingly frequent climate disasters will affect HIV prevalence by weakening health systems and leading to a discontinuity in HIV-related services. Marginalized populations who are the most vulnerable to HIV will become even more difficult to reach, making the development of more resilient health responses crucial. Doing so increasingly involves enabling productive and sustainable rural livelihoods, tailoring interventions to meet the demands of young urban migrants and ensuring that long-term development plans include localized disaster preparedness.

UNAIDS has a unique role to play in social adaptation and health systems strengthening to ensure that countries are more resilient when faced with the inevitable impact of climate disasters. By taking a broad multisectoral approach and developing contingency plans based on evidence and lessons learned, UNAIDS can facilitate the systemization of country preparedness to climate disasters and climate-related disease outbreaks. Systemization of efforts in Africa are especially important because African countries are among the most affected in terms of mortality and number of people displaced by climate disasters, despite being hit by far fewer natural disasters than the rest of the world (4).

Elsewhere, UNAIDS is engaging in helping to build resilience against natural calamity. In Kenya, for example, UNAIDS and the UN Country Team on HIV supported the World Bank to ensure that its Borderland Development Initiatives, a project designed to help sustain livelihoods and enable health-seeking behaviour in border areas, integrated the needs of people living with HIV. In Thailand, UNAIDS is providing technical support to the government to ensure that health services are an integral part of flood disaster prevention and recovery plans, particularly in areas with a higher prevalence of HIV.

In an attempt to share global experience on preventing and responding to natural disasters, UNAIDS has developed a Humanitarian Map (5). The Map points to the humanitarian hotspots and presents a visual snapshot of the recent or ongoing implementation of disaster preparedness and responses. It also highlights links, commonalities and unique country experiences in dealing with global natural crisis. Alongside the Map, UNAIDS has crafted a package of tools to support programmes in these countries that includes guidance from Cosponsors and strategic partners on quickly responding to emergencies.

Looking forward, the following critical work remains: (a) develop tools to demonstrate and monitor the links between HIV, nutrition and treatment uptake and retention; (b) understand how emergency situations exacerbate risk and vulnerability, especially among so-called hidden and marginalized populations; (c) mobilize adequate funding; and (d) build capacity among humanitarian and AIDS actors, including grass-roots organizations.

UNAIDS urges the international community to redouble efforts to relieve the suffering of the millions of people who are—and who will be—affected by climate disasters, and to contribute to a more sustainable and resilient future for all.

References

1. Burke M, Gong E, Jones K. Income shocks and HIV in Africa. *Econ J*. 2015; 125:1157–89.
2. The Republic of Uganda Ministry of Health. Ministry of Health advisory on rise in malaria cases in the country. 12 August 2019. Kampala: Office of the Director General, Public Relations Unit; 2019 (<https://www.mediacentre.go.ug/sites/default/files/media/Press%20Release-%20Ministry%20of%20Health%20issues%20advisory%20on%20rise%20in%20Malaria%20cases.pdf>, accessed 5 December 2019).
3. Gallagher J. Large Ebola Outbreaks New Normal, Says WHO. In: BBC News [Internet]. 7 June 2019. BBC; c2019 (<https://www.bbc.com/news/health-48547983>, accessed 5 December 2019).
4. Bakshi B. Climate and Mortality Rates in Kenya, Mali, and Malawi: What We Found. In: *The Conversation*. 13 October 2019. Academic Journalism Society; c2010–2019 (<https://theconversation.com/climate-and-mortality-rates-in-kenya-mali-and-malawi-what-we-found-119197>, accessed 5 December 2019).
5. Snapshot of UNAIDS activities in fragile settings. Geneva: UNAIDS; 2019 (https://www.unaids.org/sites/default/files/media_asset/snapshot-unaids-activities-in-fragile-settings_en.pdf, accessed 5 December 2019).

Copyright © 2019
Joint United Nations Programme on HIV/AIDS (UNAIDS)
All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. UNAIDS does not warrant that the information published in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org