

BUILDING RESILIENCE TO DROUGHT AND DISEASE

HOW UNAIDS IS SUPPORTING
EASTERN AND SOUTHERN AFRICA
IN THE FACE OF EL NIÑO

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The eastern and southern Africa region is coping with El Niño-induced drought and food insecurity while preparing for a future of increasingly common severe weather events. Amidst this humanitarian emergency, UNAIDS and its partners are working together to put resilience at the heart of the AIDS response and ensure that hard-won progress is protected.

Coping with El Niño-induced drought in Africa: a call for preparedness and partnership

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The year 2015 saw one of the strongest El Niño events—a climate cycle in the Pacific Ocean with a global effect on weather patterns—in 65 years. Its impact has been most pernicious in Africa.

In eastern and southern Africa, a region increasingly prone to drought, the most recent El Niño has been devastating. In 2016, southern Africa experienced its worst drought in 35 years. In July 2016, southern African countries launched an emergency appeal for US\$2.8 billion to help feed nearly 40 million people at the drought's peak. In eastern Africa, as of mid-2016, an additional 24 million people were facing critical and emergency food insecurity.

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 affected by El Niño are also those with some of the world's highest HIV prevalence. In four countries that have declared a national drought emergency, at least 10% of the population is living with HIV (Swaziland: 28%; Lesotho: 25%; Zimbabwe: 17%; 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 illnesses, these gains remain fragile. The catastrophic effects of El Niño further threaten progress while presenting major challenges to achieving the [2020 Fast-Track Commitments](#) to end AIDS in the region.

UNAIDS unites the efforts of 11 UN organizations and supports and empowers countries and communities affected by HIV to create more resilient, equitable and healthy societies. Through its Regional Support Team and Country Offices in the eastern and southern Africa region, the organization 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.

"Humanitarian emergencies like drought are affecting millions of people each year and creating multiple layers of vulnerability—in the region most affected by AIDS. This is too big of a scale and impact to ignore. That is why UNAIDS is working to ensure that HIV services are systematically integrated into emergency responses."

Michel Sidibé, Executive Director, UNAIDS

Exacerbating vulnerability and insecurity: El Niño and HIV

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Eastern and southern Africa is home to more than half (19 million) of the world's people living with HIV. While 10 million people living with HIV are accessing treatment in the region, another nine million are still waiting for treatment. Significant challenges to adherence remain.

Drought and resulting food insecurity can increase people's risk of becoming infected with HIV and undermine people's ability to manage the infection. A 2015 study found 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—particularly among women and girls—due to a range of factors such as migration in search of work, early marriage of girls and young women to older men to increase economic security, and transactional sex for food or money.

Among people living with HIV, food insecurity and poor nutritional status can hasten the progression to AIDS-related illnesses. It may impair people's ability to ward off other infections such as cholera, yellow fever and malaria, which are major health concerns in the region. Food insecurity can also undermine adherence to HIV treatment, which cannot be taken on an empty stomach and may be seen as a lesser priority than securing food. Food insecurity may also threaten a person's ability to pay for travel to a health facility.

At the service level, drought often forces the migration of health professionals, including community health workers, leaving health facilities empty. Further, in the absence of health professionals, along with the partial collapse of transport and storage systems, procurement and supply of essential commodities may be disrupted. Food insecurity is a particularly critical barrier to care retention among tuberculosis patients living with HIV and pregnant and

breastfeeding women living with HIV and their children.

"In emergencies, the problems are many. There are problems of absent health workers, transport to health facilities and supplies of antiretroviral treatment and other medication."

Nelson Otwoma, National Empowerment and Network of People Living With HIV/AIDS in Kenya (Nephak)

How UNAIDS is helping to build healthy, resilient communities

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During humanitarian emergencies such as the El Niño-induced drought, 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. When El Niño hit, UNAIDS, guided by its Regional Support Team, was thus able to take immediate and effective action.

UNAIDS brings community-focused resilience through disaster risk reduction 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 will be more at risk than others and in need of tailored services. Global experience shows that proactive, evidence-informed collaboration can greatly assist the most vulnerable people and

¹ Burke M, Gong E, Jones K. (2015). Income shocks and HIV in Africa. *Econ J*, 125: 1157–1189. doi:10.1111/ecoj.12149



“In emergencies, there is so much confusion. People are moving all the time. Sometimes people leave without their treatment. We get scared because we don’t know what will happen. UNAIDS has helped in giving information on where we can get new supplies of treatment and find support.”

Jane Sinyei, UN Plus Coordinator, Kenya

facilitate effective interventions. These may include urban-based social protection programmes, mobile health clinics, HIV testing followed by the immediate offer of treatment, and accessible services at emergency sites—for example, at refugee reception centres, within camp settings and at food distribution outlets.

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

better suited to changing circumstances. UNAIDS’ core contributions in responding to El Niño-induced drought have included:

Service delivery. Through preparedness and contingency planning, the UNAIDS Cosponsors are working to ensure that HIV services are tailored and reinforced to meet the urgent needs of people affected by drought. For example, our Cosponsor the World Food Programme (WFP) supports people through cash transfers and intensified acute malnutrition treatment and prevention activities. UNICEF promotes greater integration of nutrition and HIV services, including HIV testing of children in nutrition treatment centres and linking children who test positive to HIV treatment services. In partnership with National AIDS Commissions, the Joint Programme further works to strengthen procurement and supply chains to reduce stock-outs of HIV supplies.

To address the particular impact of drought and HIV on women, the UNAIDS Cosponsors are strengthening regional surveillance systems and integration of nutrition, gender and HIV programming, as well as establishing a legal-medical response to sexual and gender-based violence during humanitarian crises.

Advocating for populations left behind. A core priority of UNAIDS is ensuring that the needs of key and other marginalized populations are reflected in national plans. 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.

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.

UNAIDS' role 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 a particularly outspoken voice for the needs of lesbian, gay, bisexual and transgender (LGBT) people and, in the continued absence of focused data, is promoting a new genre of LGBT-related research in emergency settings.

Internal and cross-border mobility is a critical component of HIV transmission in the region, and it increases in times of crisis and resource shortage. 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.

In urban settings, 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 helping to develop a new research agenda to map the risk and vulnerability of displaced people in informal slum environments.

Given the particular vulnerability of women and girls to HIV in emergencies, UNAIDS, together with UN Women, the International Organization

for Migration (IOM) and UN Habitat, are expanding the knowledge base and developing best practices around strengthening women's resilience through disaster risk-reduction strategies. This joint effort aims to establish a comprehensive understanding of how to enable women to prevent HIV infection and adhere to treatment during urban-based humanitarian emergencies through social protection and socioeconomic empowerment initiatives.

Generating strategic information. The lack of real-time information on HIV services in crisis-affected areas remains a major concern for all partners. UNAIDS is developing tools that track the impact of emergencies on HIV services and is working with partners, notably the Regional Economic Communities, to capture the link between HIV, food and nutrition in El Niño-affected countries. With IOM, UNAIDS is mapping HIV treatment access in the context of large-scale migration in the region, particularly in countries most affected by the El Niño drought.

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 forms an important



part of overall humanitarian responses. UNAIDS, HelpAge International and other partners are collaborating to generate strategic evidence on the HIV-related risk, vulnerability and resilience of older people in emergencies to strengthen strategies that enable and reinforce the contribution of older people to ending AIDS.

Aligning action plans. UNAIDS consistently advocates with humanitarian and AIDS actors for the alignment of relevant planning frameworks. UNAIDS advocates on the one hand to include HIV considerations and indicators into the Humanitarian Overview Plan, and on the other, to ensure issues relating to populations of humanitarian concern are addressed in national strategic plans on AIDS. In the three major regional humanitarian and disaster preparedness plans, the Joint Programme succeeded in ensuring HIV-related indicators were included in monitoring and evaluation frameworks.

Coordination. UNAIDS collaborates with 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 country level, this is often realized through the UNAIDS-led UN Joint Team on HIV/AIDS. Coordination of a strategic response is crafted in consortia of collaboration, for example, through joint efforts of the Inter-Agency Task Teams on HIV in Humanitarian Emergencies and on Food and Nutrition; the Regional Inter-agency Coordination Support Office for Southern Africa (RIACSO); the Food and Nutrition Security Working Groups for Southern, East and Central Africa (FNSWG); and the East Africa Humanitarian Private Public Partnership. In addition, UNAIDS maintains a close working relationship with the International Federation of Red Cross and Red Crescent Societies in their role as first-line responders.

Mobilizing innovative funding. The Joint Programme works with a range of partners to identify innovative sources of funding in response to El Niño. In Malawi, working closely

"Vulnerability to HIV among mobile populations is linked not just to knowledge about HIV, but also structural factors such as poverty, lack of legal frameworks, stigma and discrimination, and inadequate living conditions—which in humanitarian crises often increase. HIV programming in these situations must incorporate a mobility-responsive health system able to track and better assist people on the move."

Michela Martini, Migration Health Regional Specialist for Horn, East and Southern Africa, IOM

"Humanitarian emergencies in this region often cause displacement and large-scale movement. There is no easy answer. IGAD facilitates regional generation of strategic information and endorses the principle of partnership to ensure that populations of humanitarian concern can access lifesaving health care, including for the treatment of HIV."

Intergovernmental Authority on Development (IGAD) Regional Health Program

with the Ministry of Health, UNAIDS, UNICEF and WFP developed a proposal to mobilize funds for food delivery and nutrition assistance for pregnant women, children, people living with HIV and tuberculosis patients. In South Sudan, UNAIDS is providing technical support to reprogramme the existing Global Fund HIV grant so it will address the needs of more than one million South Sudanese displaced and now living as refugees or migrants in neighbouring countries. The grant will focus on a regional humanitarian response to HIV, tuberculosis and malaria, marking the first such multi-country grant awarded by the Global Fund in the region. The proposal builds on the successful experience of Rwanda, where UNHCR, supported by UNAIDS and other UN Joint Team members, successfully secured resources from the Global Fund's Emergency Fund Mechanism to address the influx of Burundian refugees.

In Kenya, UNAIDS is working through the Humanitarian Private Public Partnerships—a robust consortium of commercial and non-profit organizations—to promote and support HIV interventions, notably for migrant and displaced populations.

"GLIA is very aware of the effect this crisis has on provision of essential health services, including for HIV. With UNAIDS, we seek strategic partnership to ensure that the most vulnerable people caught in emergencies do not face treatment breaks and can access the full range of lifesaving services."

Richard Alia, Programme Coordinator, Great Lakes Initiative on AIDS (GLIA) Secretariat

The new normal: reinforcing resilience through the AIDS response

Eastern and southern Africa will remain in the grip of El Niño for months to come. The combined effect on health, nutrition, water and sanitation in rural and urban settings is expected to continue, if not increase. Simultaneously, communities and their partners are steeling themselves against forthcoming severe weather events such as La Niña.

Recognizing that emergencies will likely increase in the region, building resilience into the AIDS response is critical. Doing so increasingly involves enabling productive and sustainable rural livelihoods, tailoring interventions to meet the demands of young urban migrants and ensuring localized disaster preparedness is part of long-term development plans.

Looking forward, critical work remains to 1) develop tools to demonstrate and monitor the links between HIV, nutrition and treatment uptake and retention, 2) understand how emergency situations exacerbate risk and vulnerability, particularly among "hidden" and marginalized populations, 3) mobilize adequate funding and 4) build capacity among humanitarian and AIDS actors, including grassroots organizations.

UNAIDS urges the international community to urgently redouble efforts to relieve the suffering of the millions of people affected by El Niño, prevent significant loss of life and contribute to a more sustainable and resilient future for eastern and southern Africa.

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<https://results.unaids.org/documents>

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The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. Learn more at unaids.org and connect with us on [Facebook](#), [Twitter](#), [Instagram](#) and [YouTube](#).