

Key findings of the research

- HIV/AIDS clearly has profound humanitarian consequences, both in terms of directly causing illness and death and in terms of the wider impact it is having on societies. These effects will inevitably deepen as the impact of the epidemic grows. Existing models of development and relief assistance are likely to prove inadequate to cope with the consequences of HIV/AIDS. The pandemic, therefore, raises profound challenges for the system of international assistance, which are only beginning to be fully appreciated.
- Aid agencies should endeavour to analyse the complex ways in which HIV/AIDS is affecting people's livelihoods and the impacts of livelihood insecurity on HIV/AIDS.
- The response of development assistance actors may need to draw on expertise and experience available within the humanitarian system, and vice versa.
- Greater resources need to be invested in prevention, care, treatment and mitigation. Urgent thought needs to be given to what this implies for public expenditure management systems within African countries, and how expanding access to treatment for HIV/AIDS can be part of expanding access to basic health care more broadly.
- HIV/AIDS reinforces the risk of periodic crisis and may make crises more likely. This reinforces the existing need for greater investment in disaster preparedness and mitigation.
- HIV/AIDS will also increasingly add to the burden of chronic poverty and destitution in Africa. This reinforces the need for greater investments in social protection and long-term welfare. Given the limited capacity and resources of many African governments, this implies a need for long-term commitment by donor governments.
- Aid agencies should endeavour to link humanitarian aid programming where possible to the development of local capacity for long-term welfare provision.

In countries like Malawi, where a significant percentage of the population does not have access to basic primary health care, this implies a need to focus on basic health care delivery. These are not new challenges. There is a danger in considering the broader impacts of HIV/AIDS on livelihoods of 'AIDS exceptionalism'. For instance, privileging AIDS over other diseases in health systems or focusing unduly on the impact of AIDS in food security programmes.

HIV/AIDS and humanitarian programming: lessons from southern Africa

The southern Africa crisis in 2002 and 2003 raised a series of practical questions around the programming of humanitarian aid in the context of an HIV/AIDS epidemic. These range from whether and how food aid rations need to be adapted, to the question of whether AIDS-related stigma affects participation in relief programmes. This study found that HIV/AIDS issues need to be 'mainstreamed' by aid agencies both internally, in terms of training and organisational policies, and externally, in terms of how humanitarian aid programmes are

structured and delivered. These programmatic findings are summarised below:

- Early-warning systems and assessments need to incorporate analysis of HIV/AIDS and its impact on livelihoods.
- The emergence of new types and areas of vulnerability due to HIV/AIDS should be considered in assessment and targeting. Groups such as widows, the elderly and orphans may be particularly vulnerable, and urban and peri-urban areas may need to be assessed.
- The targeting and delivery of aid must be sensitive to the possibility of AIDS-related stigma and discrimination.
- The HIV/AIDS epidemic reinforces the existing need for humanitarian programmes to be gender-sensitive.
- Emergency interventions must aim to ensure that they do not increase people's susceptibility to infection with HIV/AIDS.
- Food aid in the context of HIV/AIDS should review ration sizes and types of food and assess delivery and distribution mechanisms in the light of HIV/AIDS-related vulnerabilities, such as illness, reduced labour and increased caring burdens.
- Labour-intensive public works programmes should consider the needs of labour-constrained households, the elderly and the chronically ill.
- HIV/AIDS reinforces the need for health issues to be considered as part of a humanitarian response.
- Support to agricultural production (including seed distributions) should recognise adaptations that people are making in response to HIV/AIDS.

Conclusions

HIV/AIDS is a long-term crisis. Humanitarian aid has a role to play in the response, but agencies should recognise that it is only part of a wider response and be clear about what humanitarian aid can and cannot achieve. Humanitarian agencies need to mainstream consideration of HIV/AIDS issues both internally, in organisational policies, and externally, throughout the programme cycle and across the different sectors of response.

This HPG Research Briefing is drawn from Paul Harvey, *HIV/AIDS and Humanitarian Action*, HPG Report 16 (London: ODI, 2004).

The full report, a resource guide on HIV/AIDS and emergencies and background papers are available from the ODI website at www.odi.org.uk/hpg/hiv.html.

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HIV/AIDS and humanitarian action

Researched, written and published by the Humanitarian Policy Group at ODI

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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. 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. This briefing paper examines the implications of HIV/AIDS for our understanding of crisis and of the role of humanitarian aid therein. The disease is clearly a massive crisis in its own right: to the extent that humanitarian response is concerned with increased levels of mortality and morbidity, HIV/AIDS can clearly be described as an emergency. However, it is a long-term crisis, and its impacts will be felt for decades.

HIV/AIDS is one of many factors contributing to food insecurity. It is important to understand how the impact of HIV/AIDS relates to other factors, such as drought and conflict, to create acute humanitarian crises. HIV/AIDS acts at many different levels:

- It undermines the ways in which people have traditionally coped with famine.
- It may increase mortality in famines, as people with AIDS will be less able to cope with reduced food intake and additional disease burdens.
- Issues associated with crisis may add to the risks of transmission of HIV/AIDS and contribute to the epidemic's spread.

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.

About HPG

The Humanitarian Policy Group at the Overseas Development Institute is dedicated to improving humanitarian policy and practice. It conducts independent research, provides specialist advice and promotes informed debate.



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This HPG Research Briefing and the report on which it is based has two main aims:

- To investigate the relationship between HIV/AIDS and humanitarian crisis.
- To examine the role of humanitarian aid in the context of the HIV/AIDS epidemic.

Findings are based on fieldwork in southern Africa, where HIV/AIDS prevalence rates are the highest in the world. As HIV/AIDS rates are still rising in other parts of Africa and the developing world, some of the lessons from southern Africa may be applicable elsewhere.

HIV/AIDS and livelihoods: what are the connections?

The literature on HIV/AIDS shows that it has clear negative impacts on food security at a household level, and that these are complex, wide-ranging and gender-specific. The amount of original research is, however, limited; there has been a tendency to focus on agriculture and neglect other aspects of livelihoods; and there is little information about the scale of the impact of HIV/AIDS on food security at national and regional levels.

There is a two-way relationship between HIV/AIDS and food security. HIV has an impact on people's livelihoods, reducing food security through illness and death, and food insecurity and poverty fuel the HIV epidemic as people are driven to adopt risky strategies in order to survive. Ultimately, HIV/AIDS damages the livelihood outcomes of households. Households affected by HIV/AIDS usually have less income and reduced food security. They are also likely to be more vulnerable to other shocks, such as drought. If it is severe enough, the impact of HIV/AIDS could result in destitution and households becoming dependent on some form of external assistance.

HIV/AIDS, humanitarian action and emergencies

Until recently, the slim literature on HIV/AIDS and emergencies largely focused on HIV/AIDS in conflict and refugee situations, and to a lesser extent quick-onset natural disasters. The main theme was the increased risk of infection among affected populations caused by the violence, displacement and militarisation resulting from emergencies. During 2002 and 2003, however, the issue of HIV/AIDS and emergencies leapt to the top of the humanitarian policy agenda, prompted by the southern Africa crisis, the publication of Inter-Agency Standing Committee (IASC) guidelines on HIV/AIDS and emergencies and the revision of the Sphere Handbook, where HIV/AIDS was seen as a cross-cutting issue.

HIV/AIDS and famine

HIV/AIDS is only one of a host of factors contributing to

Box 1: Why is HIV/AIDS a humanitarian concern?

There are a number of reasons why HIV/AIDS must concern humanitarian actors:

- The mortality and suffering created by HIV/AIDS is clearly a humanitarian concern in its own right. The impact of the epidemic is growing, and will be felt for decades.
- HIV/AIDS is increasing the food insecurity of significant numbers of households, adding another burden to communities already vulnerable to other shocks, such as drought or conflict.
- HIV/AIDS has particular characteristics that may create new types of vulnerabilities, or exacerbate existing ones. HIV/AIDS kills predominantly prime-age adults, clusters in households, has a gender-specific impact and interacts with malnutrition. These are all factors that must be understood and taken into account in providing humanitarian relief in the context of an HIV/AIDS epidemic.
- Emergency situations may increase people's susceptibility to HIV/AIDS, further fuelling the epidemic.

food insecurity. What is important, therefore, is to understand the ways in which HIV/AIDS interacts with these other factors, and how this might affect the possibility and trajectory of famines. This research suggests that HIV/AIDS needs to be understood as one of the underlying processes that predisposes poor people to possible famine.

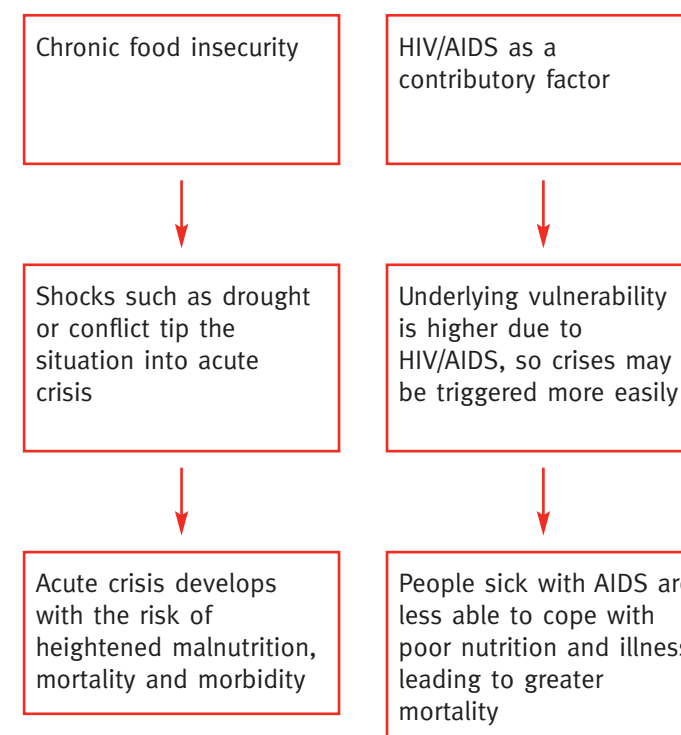
However, HIV/AIDS is not just a contributory factor to vulnerability: it also influences the outcomes of the emergency. It increases the risk of heightened mortality in emergencies due to the ways in which it interacts with malnutrition, undermines coping strategies and leaves people less able to cope with other illness. This is the process that Alex De Waal and Alan Whiteside have called 'new variant famine'. This reinforces the need for adequate levels of humanitarian aid in times of crisis, as communities will be less able to rely on their own resources, and individuals less able to cope with poor nutrition. This is shown diagrammatically in Figure 1.

HIV/AIDS and the southern Africa crisis

The argument that HIV/AIDS was a central component in the southern Africa crisis came about gradually. Initially defined as a food crisis caused by a combination of bad weather, bad governance and underlying poverty, AIDS moved to the forefront of the agenda following the visit of the UN Special Envoy to southern Africa, James Morris, in 2002.

There has been a backlash against both the new variant famine hypothesis and the increased focus on HIV/AIDS. The extent to which HIV/AIDS has contributed to the current crisis has been questioned. It has been argued that its importance has been over-emphasised and that

Figure 1: The contribution of HIV/AIDS to the trajectory of crisis



other, equally or more important, factors risk being neglected. It has also been argued that the focus on HIV/AIDS as a causal factor could obscure political factors behind the crisis. There has been scepticism on the part of some donors and NGOs about how HIV/AIDS is being used to justify a need for continued humanitarian aid in some countries, and about the underlying empirical evidence of the links between HIV/AIDS and food insecurity.

HIV/AIDS as an emergency

The state of the current data means that disentangling the relative importance of HIV/AIDS compared to bad governance or bad weather is, and will remain, difficult. What is clear, though, is that huge numbers of people are dying from and suffering with HIV/AIDS in sub-Saharan Africa. To the extent that the core of the humanitarian agenda is to save lives and alleviate suffering, HIV/AIDS is clearly a humanitarian problem.

Labelling HIV/AIDS as an emergency may be useful in generating additional action. For national governments, declaring HIV/AIDS an emergency may serve particular purposes, such as demonstrating political commitment or allowing the importing of generic drugs to treat HIV/AIDS. Calling something an emergency also has important practical implications for aid agencies and donors in terms of what funding is available, from which budget lines and with what sort of timelines and conditions attached.

Whatever label is applied to the situation – and perhaps the best term is long-term crisis – it is clear that HIV/AIDS requires both a humanitarian response to suffering, and a long-term perspective. This has obvious implications for how both relief and development assistance are structured, and for the relationship between them.

HIV/AIDS and the challenge for relief and development assistance

In considering the challenge HIV/AIDS poses for both forms of aid, it is important to be clear that there are different aspects to the impact of HIV/AIDS on livelihoods. Hence, different responses will be appropriate. Three linked but to some extent distinct challenges present themselves.

1. The impact of HIV/AIDS as a health crisis in its own right, in terms of massive and increasing levels of mortality, morbidity and suffering over a period of decades. This is perhaps best seen as a long-term emergency. This will require a long-term response to HIV/AIDS, encompassing the need for prevention, care, treatment and mitigation.
2. HIV/AIDS as increasing underlying vulnerability, adding to the impact of other shocks and meaning that acute crises may be triggered more easily and be more difficult to recover from. HIV/AIDS will need to be taken into account as a cross-cutting issue in short-term humanitarian relief for acute suffering.
3. HIV/AIDS as one of many contributory factors to long-term and chronic food insecurity, poverty and destitution. HIV/AIDS therefore adds to the existing need for safety nets and long-term welfare, as part of the overall response to poverty. Welfare may need to be a particular focus, due to the likelihood that HIV/AIDS will increase levels of destitution.

Humanitarian aid is only part of a much larger international response to the impact of the HIV/AIDS pandemic, and it is important to be clear about what the relief system can and cannot do. The overall response to HIV/AIDS needs to take place over decades, and across entire countries and regions. Humanitarian aid, based as it is on short-term time horizons and funding cycles, is obviously ill-suited to meet this extensive, long-term challenge.

HIV/AIDS also raises a series of humanitarian challenges for development. The impact of HIV/AIDS on livelihoods reinforces the need for some form of social protection or welfare safety net for the poorest; by increasing underlying vulnerability, HIV/AIDS may also mean that crises are triggered more easily, which implies a need for greater investment in disaster preparedness and mitigation. Much of the current focus of HIV/AIDS response is on the need to expand access to treatment.