

**Special Relief Operations Service (TCOR) - Population Programme Service (SDWP)
Nutrition Programmes Service (ESNP)**

Emergencies and HIV/AIDS

**Exploring the role of FAO and mainstreaming HIV in the
Organization's emergency response
with a priority focus on Sub-Saharan Africa**

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1. Overview

The AIDS epidemic is a world-wide public health issue and, in some regions, it has become a major development concern, particularly in Sub-Saharan Africa. In emergency situations, the expansion and impact of AIDS epidemics aggravate. Accordingly, international agencies are integrating HIV/AIDS concerns in their emergency and humanitarian interventions. So far, HIV/AIDS concerns in emergencies have focused on behavioural and epidemiological aspects, particularly on improving the control of HIV transmission and the alleviation of health impacts. There is a growing recognition within FAO for the need to integrate an AIDS dimension in its emergency assistance as it undermines agricultural systems and affects the nutritional situation and the food security of rural families. This is first and foremost relevant for rural areas in Sub-Saharan Africa, where there are frequent emergencies, and where rural livelihood vulnerability merges with high HIV/AIDS prevalence. This paper provides the framework for a background study, based on field research, to mainstream HIV within FAO's emergency interventions with a focus on rural areas of Sub-Saharan Africa. There is need to understand the wider implications of HIV/AIDS in rural emergency situations, as well as the potential role of emergency interventions in mitigating the impact of AIDS epidemic on food and livelihood security and preventing further spread. Relevant components include improving pre-emergency activities and reformulating rural rehabilitation taking into account the aggravated context of AIDS epidemic.

2. Emergencies and the role of FAO

Natural and human-made disasters can lead to massive social disruption, particularly in the developing world and among the rural poor. From climatic hazards to civil strife and war, disasters can dislocate entire communities and cause trauma to vast numbers of people, thus leading to emergency situations. An emergency is an unexpected situation, which arises after a sudden, natural or social occurrence that threatens human life and well being, requiring immediate, appropriate and extraordinary action.

People in the developing world and, more specifically, the rural poor are highly vulnerable to risks and disasters. In fact, most emergencies involve poor people and poor rural areas. Disasters affect particularly the rural poor because of their endemic poverty, marginalisation and vulnerability. Poor rural communities have fewer means to protect themselves from, and to cope with natural disasters or man-made conflicts. Climatic and agricultural hazards, such as drought and crop diseases and pests, hit first and foremost rural people, devastating their food sources and disrupting their agricultural and livelihood systems.

A wide range of emergencies may arise after natural or man-made disasters, including mass deaths, food insecurity, hunger, destruction of infrastructure, disruption of essential social services, spread of epidemics, collapse of agricultural systems, formation of refugee populations, and increased social tensions.

FAO's role in emergencies is to restore agricultural productivity and rural production systems and comprises the following components:

1. Prevention, preparedness, and implementation of early-warning systems.
2. Immediate agricultural relief to restore food security (e.g. distribution of seeds and agricultural tools).
3. Launching rural reconstruction, including rehabilitation of agricultural systems, restoration of rural livelihoods, and promotion of sustainable rural development.

FAO's Special Relief Operations Service (TCOR) mobilises and executes emergency interventions in the agriculture and rural sectors. TCOR implements both emergency relief and early rehabilitation projects.

3. HIV/AIDS dimensions in emergencies

HIV/AIDS is a severe worldwide epidemic, likely to worsen in emergency situations. A number of studies and analysis, conducted mainly by UNAIDS and UNHCR, have suggested the adverse concurrence of emergency situations and AIDS epidemics (UNAIDS, 1996; 1997a; 1997b). In general, emergency situations exacerbate vulnerability to AIDS epidemic, facilitate the spread of HIV, and aggravate the impact of AIDS on health and well-being. HIV can spread fast where there is poverty, loss of power and social instability, - conditions that are often at their most extreme during emergencies (UNAIDS, 1997b). In emergency situations, AIDS control activities are likely to be severely disrupted or indeed displaced by other priorities, thus leaving affected communities with reduced scope for protecting themselves at a time of high vulnerability. In emergencies, women are highly vulnerable to HIV/AIDS, particularly in conditions of poverty and powerlessness. In cases of civil strife, war and displacement, women and children are at high risk of sexual violence and abuse. In acute emergency situations where there is severe food insecurity and hunger, women and girls may find themselves coerced to casual or commercial sex as a survival strategy to gain access to food and other fundamental needs. In addition, the disruption of communities and families, particularly when people flee from the land, involves the break-up of stable relationships and the dissolution of social and familiar cohesion, thus facilitating a context of new relationships with high-risk behaviour. Emergencies also aggravate the vulnerable condition of children affected by the AIDS epidemics, including orphans, HIV infected children, and child-headed households. Displaced people and refugees confront completely new social and livelihood scenarios with notable vulnerability, a circumstance that facilitates HIV transmission and aggravates AIDS impact.

Most awareness on the interface between emergencies and HIV/AIDS focuses in epidemiological and behavioural dimensions. However, there is little information on the development implications of AIDS epidemic in emergency situations, particularly in terms of agriculture, food security, and rural livelihoods. This is relevant in view of the fact that AIDS epidemic undermines agricultural practices, increase livelihood vulnerability, and intensifies food insecurity (du Guerny, 1999). As a consequence, emergencies are likely to aggravate this process, impeding agricultural and rural rehabilitation unless adequate interventions take place.

4. Responses of international agencies to HIV/AIDS concerns in emergencies

International organisations are incorporating HIV/AIDS concerns in emergency interventions. UNAIDS, UNHCR and WHO endorsed some guidelines for HIV interventions in emergency settings (UNAIDS, 1996). AIDS concerns have been also incorporated in the specific context of refugees (UNAIDS, 1997a; 1997b). The Sub-Working Group of the Inter-Agency Standing Committee on HIV/AIDS in Complex Emergencies, prepared in 2000, a paper entitled “Controlling the spread of HIV in complex emergencies in Africa”. The integration of HIV/AIDS concerns in emergency situations has basically consisted in a set of primary measures, oriented to address epidemiological and behavioural aspects of the epidemic, such as:

- a) Provision of information on HIV/AIDS and on safer sexual behaviour, targeting particularly the most vulnerable groups to HIV infection.
- b) Ensuring access to condoms.
- c) Specific health care components, including universal medical precautions to avoid HIV transmission, safe blood transfusions, capacity to diagnosis and treat sexually-transmitted diseases, and clinical care for people with HIV/AIDS.
- d) Physical protection of refugees and other displaced people from sexual violence and abuse.

Some studies focusing on refugees have also suggested that emergency relief, including particularly food aid, is relevant to prevent HIV transmission in emergency situations (UNAIDS, 1997a). In emergencies, the rise in food insecurity may increase social disruption, vulnerability and despair among the affected communities. This may lead people to disordered and risky sexual behaviour, and may also trigger commercial or casual sex as a last resort for accessing food, particularly among women with children to feed.

5. Dimensions of emergencies and AIDS to be analysed

In some societies and regions, the AIDS epidemic entails profound development dimensions that require further consideration, such as in Sub-Saharan Africa where it is not only a public health issue but also a critical development concern. This is extremely relevant in emergency situations, particularly in the view of food security concerns and rural rehabilitation efforts.

Sub-Saharan Africa has currently over 25 million people infected with HIV, accounting for 70% of the adults and 80% of the children living with HIV in the world (UNAIDS, 2000). Increasing illnesses and deaths due to AIDS are reversing development gains over the last decades. The rural poor are the most vulnerable to, and the worst affected by AIDS epidemic. AIDS introduces demographic and generational asymmetries, and spreads ill-health conditions. Many poor women accumulate endless agricultural and household tasks. Children are also severely affected, as illustrated by the increasing amounts of orphans, children with HIV/AIDS, and children-headed households. Households and communities highly affected by AIDS epidemic become more exposed to food insecurity and livelihood vulnerability, whilst their capacity to cope with the rising development problems reduces. In many rural areas of Sub-Saharan Africa, endemic poverty and AIDS epidemic merge, creating a complex scenario. This impasse has already suggested the need to integrate AIDS in the whole domain of agricultural and rural development (Topouzis and du Guerny, 1999).

In emergencies, the impact of AIDS on food security and livelihood vulnerability is likely to aggravate to the extreme. The household and community capacity to cope with the emergency

reduces severely in a context of high AIDS prevalence. Poor women become particularly vulnerable to AIDS expansion and to AIDS impact. This scenario may even halt emergency recovery and the reconstruction process. Accordingly, there is need to integrate an HIV/AIDS component in emergency interventions.

6. Towards an AIDS dimension in FAO's emergency project sequence

In emergencies, FAO's role in food security and rural rehabilitation is increasingly challenged by the complex dimensions of the AIDS epidemic, particularly in rural areas of Sub-Saharan Africa. There is an increasing need to integrate an AIDS dimension in FAO's emergency activities, from pre-emergency components to rural rehabilitation. The following issues and concerns are relevant:

- *Pre-emergency components.* The complex interface between AIDS epidemic and rural livelihoods requires adequate emergency prevention and preparedness measures. This includes the potential inclusion of HIV/AIDS demographic and geographic information in early warning systems on food and agriculture, as well as in national FIVIMS.
- *Adequate agricultural and rural strategies.* AIDS epidemic aggravates food and livelihood insecurity in affected households and communities. In addition, it reduces the capacity of such households and communities to cope with the situation, more so in emergency situations. Accordingly, emergency responses in the agricultural and rural sector need to address and break this vicious cycle of vulnerability, particularly in Sub-Saharan Africa.
- *Neglected dimensions of AIDS.* AIDS is an epidemic that entails social rejection and generates a so-called “silence”. Consequently, many important issues and concerns are neglected. People, communities, organisations, and states persistently neglect dealing with the AIDS epidemic, including the extreme livelihood vulnerability caused to affected households and individuals. In emergency situations, such neglected problems and concerns become more critical, as food and livelihood insecurity aggravate, and rural recovery efforts are required. The success of emergency recovery efforts depends on disclosing and targeting such issues and components.
- *Empowering women.* In emergency situations, poor rural women are extremely vulnerable to the AIDS epidemic. On the one hand, poor women are at high risk of HIV infection (e.g. increased sexual violence, and poor women coerced to casual sex as last survival strategy). On the other hand, gender inequalities result in women powerlessness to cope with the impact of AIDS epidemic on food and livelihood security. FAO's emergency activities will need to integrate the wide range of rural women's concerns in the view of AIDS epidemic. In addition, women are key actors in agriculture, playing a crucial role in household food security, which is a critical concern in the view of AIDS epidemic.
- *Rural reconstruction.* In the context of massive AIDS impact, rural reconstruction is confronted with new issues and concerns. The process of launching rural reconstruction needs to integrate the development dimensions of AIDS epidemic. Household food security and resilient, low-risk subsistence agriculture become priorities in a context of AIDS epidemic. There is also need to consider the wide range of household and community responses to AIDS epidemic that are taking place in Sub-Saharan Africa (Mutangadura et al., 1999). Adequate agro-ecological strategies and household food

security initiatives are highly relevant in households and communities facing highest livelihood vulnerability due to the AIDS epidemic.

- *Harmonisation of emergency interventions.* In the view of the cross-sectoral dimensions and systemic impacts of the AIDS epidemics, FAO's emergency service may need to strengthen its co-ordination and harmonisation with other relevant actors in the emergency setting, including primary health-care workers, UNAIDS thematic groups, food security initiatives in the region, and grassroots organisations.
- *Nutritional aspects.* Nutritional balance is highly relevant to mitigate AIDS impact. In particular, an adequate nutrition seems to retard the progression of HIV infection, to mitigate the effects of opportunistic infections, and to reduce the risk of HIV transmission from mother to babies (Piwoz and Preble, 2000). Protecting and improving nutrition in emergency and rehabilitation situations requires innovative and integrative approaches to household food security, health and care, thereby contributing to mitigating the impact of HIV/AIDS on affected household and communities (Egal and Valstar, 1999).

The objective of integrating an AIDS dimension in FAO's emergency interventions requires a comprehensive background study, based on field research, to provide adequate analysis, guidelines and recommendations. Desk and field research should be conducted in current settings of FAO's emergency operations, as this would provide a practical perspective. It should also focus in Sub-Saharan Africa because this region accounts for many, frequent and complex emergencies, and has the highest AIDS prevalence with serious agricultural and rural development implications.

A suggested research framework is: Desk and field research conducted in 3 different FAO emergency settings in Sub-Saharan Africa, representing as far as possible the potentially wide range of FAO's emergency interventions as well as linguistic zones. The process of selecting the 3 casestudies should ideally be undertaken through consultation with FAO, as well as World Food Programme (WFP), and the Inter-Agency Working Group on HIV/AIDS in Emergencies, and any other relevant international agencies. Case-studies should reflect as many of the following criteria as possible, since they represent relevant aspects of FAO's emergency interventions:

- (a) *Emergency due to civil strife and war.* Human-induced disasters constitute about 75% of FAO's emergency project value (FAO, 1997b). Complex emergencies are more critical for HIV/AIDS concerns. Accordingly, at least 2 of the 3 case studies should preferably take place in complex emergencies due to civil strife and war.
- (b) *Emergency where a significant amount of rural rehabilitation and reconstruction takes place.* These post-disaster stages involve fully FAO's lead in the emergency cycle. The integration of AIDS dimensions would have long-term benefits, as agricultural and rural development would be launched accordingly.
- (c) *Emergency in an area suffering endemic poverty, environmental constraints, and socio-cultural exclusion.* The integration of AIDS concerns in FAO's emergency responses in rural areas will need to be adequately consistent with livelihood vulnerability, food insecurity, environmental constraints, and other relevant adverse rural conditions.
- (d) *Emergency in the Great Lakes region.* This would be relevant due to the scale and complexity of emergencies throughout the 1990s to date in this region, which have required frequent FAO's response (e.g. Burundi, Eastern Congo, Rwanda).

- (e) *Emergency with nomadic herders, such as in Southern Sudan*. This would provide relevant information, since nomadic herders require specific FAO's responses (e.g. rehabilitation of livestock-based livelihoods), particularly in the view that nomadic herders in drylands are highly vulnerable due to environmental constraints, cultural exclusion, and their expanding conflicts with sedentary societies.

Overall, such a study would provide in-depth analysis on HIV/AIDS and emergencies, as well as guidelines and recommendations for FAO's emergency service.

7. Conclusions

Disasters aggravate the expansion and impact of AIDS, thereby requiring appropriate interventions and responses. Epidemiological and behavioural aspects of HIV/AIDS have been well documented. However, there has been widespread neglect of the many agricultural and rural development dimensions of the AIDS epidemic, in particular as it affects food and livelihood security in Sub-Saharan Africa. Accordingly, there is a need to explore the integration of an AIDS dimension in FAO's emergency assistance, as a function of the complex relationships between the AIDS epidemic and food-livelihood security. It is essential to mainstream the HIV dimension in pre-emergency components, agricultural relief operations, and rural reconstruction activities may need adequate reformulation in the view of the magnitude and implications of the AIDS epidemic in rural areas and, more so, in emergency settings. A study should be undertaken focusing on rural areas in Sub-Saharan Africa, being a region with a combination of key factors - frequent emergencies, endemic poverty and the highest AIDS prevalence.

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Internet resource centres

FAO - FAO's Focal Point for HIV/AIDS: <http://www.fao.org>
UNAIDS (Joint United Nations Programme on HIV/AIDS): <http://www.unaids.org>
UNAIDS Best Practice Collection: <http://www.unaids.org/bestpractice/collection/index.html>
The World Bank: <http://www.worldbank.org/aids>

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TERMS OF REFERENCE FOR A STUDY ON AIDS DIMENSIONS IN FAO'S EMERGENCY PROJECT SEQUENCE

Title:

Integrating HIV/AIDS dimensions in FAO's emergency project cycle

Background:

The AIDS epidemic is not only a public health issue, but also a serious development concern, particularly in rural areas of Sub-Saharan Africa. In emergency situations, the AIDS impact on food and livelihood security is likely to worsen, generating highly vulnerable groups. Accordingly, there is need to investigate how FAO should integrate the AIDS dimensions in emergency interventions, including pre-emergency components, agricultural relief operations, and activities launching rural reconstruction.

Objectives:

This project will assess, on the basis of field research, the relevance of AIDS concerns in FAO's emergency activities. **Practical guidelines will be produced for integrating and mainstreaming AIDS dimensions in FAO's emergency project cycle, with a priority focus in Sub-Saharan Africa, and according to types of emergency situations.** This paper, tentatively to be diffused as a practical booklet, will benefit the work of FAO's emergency co-ordinators, TCOR staff, and the wide emergency intervention's community.

Activities:

1. Field research design and preparation, including particularly the selection of 3 case-studies in current settings of FAO's emergency activities in Sub-Saharan Africa. The 3 casestudies should represent as much as possible the potential range of FAO's emergency responsibilities. The process of selecting the 3 case studies will be conducted through consultation with FAO, the World Food Programme (WFP), the Inter-Agency Working Group on HIV/AIDS in Emergencies, and any other relevant international agency. Case studies should reflect as many of the following criteria as possible, since they represent relevant aspects of FAO's emergency interventions:
 - (a) *Emergency due to civil strife and war.* Human-induced disasters constitute about 75% of FAO's emergency project value. Complex emergencies are more critical for HIV/AIDS concerns. Accordingly, at least 2 of the 3 case studies should preferably take place in complex emergencies due to civil strife and war.
 - (b) *Emergency where a significant amount of rural rehabilitation and reconstruction takes place.* These post-disaster stages involve fully FAO's lead in the emergency cycle. The integration of AIDS dimensions would have long-term benefits, as agricultural and rural development would be launched accordingly.
 - (c) *Emergency in an area suffering endemic poverty, environmental constraints, and socio-cultural exclusion.* The integration of AIDS concerns in FAO's emergency responses in rural areas will need to be adequately consistent with livelihood vulnerability, food insecurity, environmental constraints, and other rural adverse conditions.

- (d) *Emergency in the Great Lakes region.* This would be relevant due to the scale and complexity of emergencies throughout the 1990s till today in this region, which have required frequent FAO's response (e.g. Burundi, Eastern Congo, Rwanda).
 - (e) *Emergency with nomadic herders, such as in Southern Sudan.* This would provide relevant information, since nomadic herders require specific FAO's responses (e.g. rehabilitation of livestock-based livelihoods), particularly in the view that nomadic herders in drylands are highly vulnerable due to environmental constraints, cultural exclusion, and their expanding conflicts with sedentary societies.
2. Field research in FAO's emergency areas in Sub-Saharan Africa. Field research methodology will comprise interviews and field visits. Interviews will be conducted with FAO emergency co-ordinators, relevant FAO field officers, national UNAIDS thematic group, international agencies operating in the emergency setting, centres of expertise, relevant governmental and non-governmental workers in emergency settings, community leaders, members of community and grassroots organisations (including women associations), and other relevant local people. Field visits will comprise FAO's emergency projects and activities, as well as communities involved.
 3. Elaboration of a paper on HIV/AIDS and emergencies. Elaboration of a manual providing guidelines and recommendations for integrating and mainstreaming AIDS dimensions in FAO's emergency project sequence, including pre-emergency components, agricultural relief operations, and rural reconstruction activities. Publication and dissemination of research and elaborated guidelines.