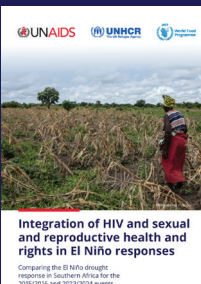




ACTION BRIEF

Integration of HIV and sexual and reproductive health and rights in El Niño responses

**Full report
published
here:**



The El Niño comparative study, jointly commissioned by UNAIDS, WFP, and UNHCR, examined the impacts of the 2015/2016 and 2023/2024 El Niño events on HIV in Southern Africa within the broader context of access to HIV-related services, sexual and reproductive health and rights (SRHR), gender-based violence (GBV), food insecurity, and displacement. Based on a 2024 desk review and consultations with regional and country experts, the study aims to inform HIV-sensitive emergency preparedness and response, strengthen coordination among stakeholders, and protect vulnerable populations from the compounded risks of HIV and climate-related disasters.

Intersecting crises: HIV and climate shocks in Southern Africa

Southern African countries face a complex mix of natural and human-induced disasters, including droughts, floods, cyclones, and extreme weather events. These intersect with transboundary and socioeconomic crises, often intensified by recurring El Niño cycles. El Niño-related droughts drive loss of lives and livelihoods, service disruptions, food and nutrition insecurity, forced migration, and heightened vulnerabilities, particularly among marginalised populations, including people living with HIV (PLHIV). Southern Africa remains one of the regions most affected by HIV globally, and several Southern African countries that have declared El Niño emergencies have HIV prevalence exceeding 10%.

The interplay between HIV, SRHR, food insecurity, displacement, and climate shocks affects the entire HIV care continuum. Access to and adherence to antiretroviral therapy (ART) are often disrupted during droughts due to economic hardship, food insecurity, population mobility, and weakened health and community support systems, as studies from eleven countries indicate. In high-prevalence rural settings, droughts have been associated with rising HIV infections and reduced testing. Evidence suggests that economic hardship from drought-related income shocks contributes to HIV vulnerability, with transactional sex emerging as a dominant coping strategy. Across ten countries, drought has also been linked to lower HIV testing rates and increased condomless, high-risk sex, particularly among men, adolescents, and urban populations.

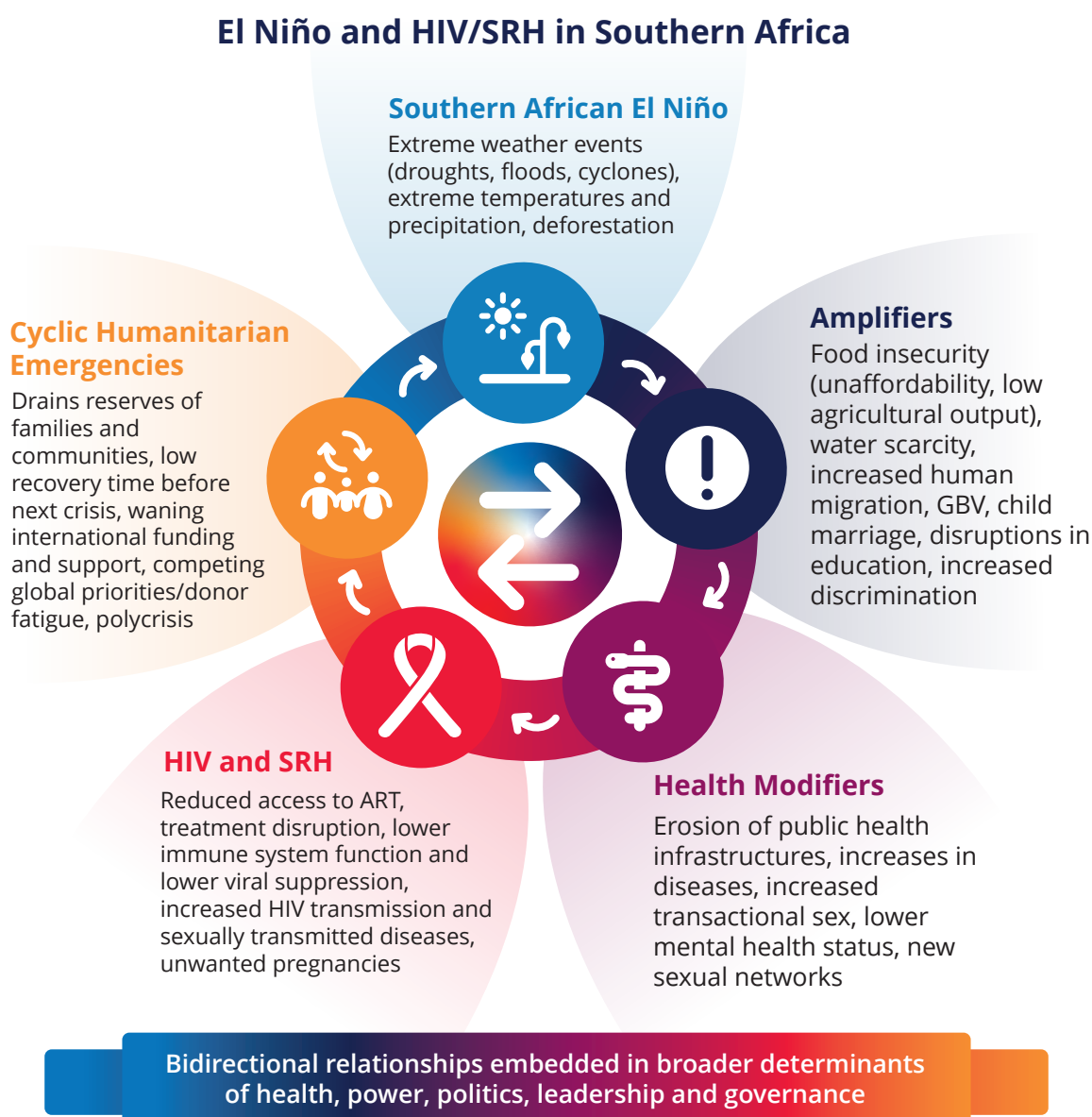
Climate-related crises sharply heighten HIV vulnerability for women and girls, who are already disproportionately affected. Women and girls face heightened HIV vulnerabilities through increased migration, early marriage, disrupted education, risky sexual behaviour, and rising GBV. Adolescent girls, already disproportionately affected by HIV, experience unequal power dynamics and age-disparate relationships. Strong interconnections exist between GBV, HIV, and climate shocks: women in drought-affected settings experience higher rates of physical and sexual violence, which increases vulnerability to HIV acquisition, undermines adherence, and contributes to higher viral loads. Integrated GBV-HIV approaches in humanitarian settings are critical for coordinated planning and service delivery.

Food insecurity caused by climate shocks such as El Niño undermines HIV outcomes and reinforces gender inequalities. El Niño-related crop failures have led to higher food prices and reduced availability, intensifying malnutrition, population mobility, and disruptions across health, education, and social protection systems. Food insecurity also reinforces harmful gender norms and is associated with increased violence against women and girls. For PLHIV, inadequate nutrition accelerates disease progression, increases vulnerability to opportunistic infections, and undermines treatment adherence. Integrated food and nutrition programming in refugee and humanitarian settings has improved treatment outcomes and viral suppression. Adequate nutrition is essential for maintaining viral suppression and preventing emerging comorbidities. Reducing HIV prevalence and improving access to safe water are also linked to lower rates of childhood stunting.

El Niño-related droughts and floods strain fragile health systems through health worker migration, supply-chain breakdowns, and reduced service availability amid rising needs. Climate shocks further restrict access to care, particularly for mobile and displaced populations; UNHCR estimates that around 1.1 million people are internally displaced in Southern Africa due to natural disasters and climate change. This nexus underscores the need for multisectoral approaches centred on women, girls, PLHIV, and other at-risk populations.

Conceptual framework, purpose and methodology

The adapted conceptual framework, drawing on UNDP, UNAIDS, Lieber et al., and Guinto et al., illustrates the cyclical and multifaceted impacts of El Niño in Southern Africa.



Lessons learned and recommendations on HIV and SRHR integration

1. Innovative HIV care and nutrition models

Multi-month ART dispensation, mobile outreach, and integrated HIV-nutrition services reduced interruptions and improved retention.

Recommendation: Scale up these models with integrated nutrition support and climate-smart interventions. This could include incorporating non-stigmatizing HIV criteria into food distribution to support ART adherence, distributing drought-resistant seeds, and promoting household gardens. It should also reinforce nutrition screening and non-stigmatizing support for HIV-positive children and pregnant women, and expand school-based feeding programmes for children living with or affected by HIV as part of resilience-building efforts.

2. Multisectoral collaboration

Joint delivery of HIV, SRHR, GBV, and food interventions improved outcomes, but vertical structures limited coordination.

Recommendation: Enhance multisectoral coordination within existing humanitarian clusters to ensure HIV and SRHR are consistently addressed, supported by improved data sharing, joint planning, and strengthened multisectoral collaboration.

3. HIV integration in humanitarian response

Lack of guidance, resources, and monitoring limited HIV integration during emergencies.

Recommendation: Establish clear protocols, real-time monitoring, and sustainable financing to maintain HIV services in humanitarian settings.

4. Reaching vulnerable populations

Vulnerable populations, including pregnant women, children, adolescents, older people, people with disabilities, and PLHIV were often missed.

Recommendation: Develop targeted engagement and feedback mechanisms to ensure active participation of communities and service adaptation based on real-time needs.

5. HIV-nutrition integration

PEPFAR–WFP partnerships improved linkages but added workload for providers.

Recommendation: Institutionalise joint assessments and streamline workflows, linking HIV care with food support, cash transfers, and nutrition counselling.

6. Youth engagement

Awareness initiatives improved but lacked sustained inclusion in planning.

Recommendation: Co-create youth-focused HIV tools. Integrate youth input into long-term programming through digital and peer-led approaches.

7. GBV prevention

Community monitors were trained, but referral structures remained weak.

Recommendation: Strengthen GBV detection, reporting, and referral mechanisms, and integrate GBV prevention across HIV and SRHR programmes.

8. Supply chain resilience

Climate shocks disrupted the distribution of HIV treatment, prevention, and nutrition commodities.

Recommendation: Invest in climate-resilient infrastructure and last-mile delivery. Strengthen supply chain capacity to support integrated and resilient service delivery.

Lessons learned and recommendations at system level

1. Preparedness and risk communication

The Southern African Development Community's (SADC) phased El Niño plan improved early warning, but response capacity remained limited.

Recommendation: Strengthen preparedness and risk communication through phased plans, community drills, and integration of HIV–SRHR considerations.

2. Regional coordination

The Regional Interagency Standing Committee for Southern Africa (RIASCO) improved coordination but requires strengthening.

Recommendation: Build on regional mechanisms for joint planning, information sharing, and HIV–SRHR integration to optimise resources.

3. Localised climate forecasting

Regional forecasts were not effectively translated for local use.

Recommendation: Convert forecasts into local guidance and integrate data into HIV, SRHR, and nutrition programming.

4. Community engagement

Initiatives using instant messaging apps showed promise but were ad hoc.

Recommendation: Institutionalise community-led planning and participatory monitoring through local knowledge hubs and digital platforms.

5. Data management

Fragmented, mandate-specific data limited evidence-based action.

Recommendation: Standardise data collection, enhance interoperability, and integrate HIV, SRHR, and nutrition data into emergency information systems.

6. Humanitarian cash-based transfers

Community-level resilience improved, but interventions were often not strongly linked with national social protection systems.

Recommendation: Strengthen coordination by systematically linking crisis-response cash transfers with national social protection systems, ensuring alignment with nutrition, HIV, and SRHR services, and improving targeting, uptake, and health outcomes.

7. Displaced populations

Responses focused on short-term relief rather than sustainable preparedness.

Recommendation: Invest in HIV and SRHR services for refugees and displaced populations linked to livelihood and preparedness measures to ensure continuity of care.

Conclusion and call to action

The comparative analysis of El Niño events in 2015/2016 and 2023/2024 highlights both progress and persistent gaps in integrating HIV and SRHR into climate and humanitarian responses.

A paradigm shift is needed toward integrated, multisectoral responses in high HIV-prevalence settings, recognising the interconnectedness of HIV vulnerabilities with food insecurity, displacement, and GBV. HIV and SRHR must be systematically mainstreamed into climate adaptation and humanitarian plans, supported by policy reform, predictable funding, and innovative approaches to service delivery and community engagement.

Building resilience requires strong local capacities, sustained investment, and genuine community participation to ensure the voices and experiences of affected populations shape planning and implementation. Community-led, data-informed approaches can transform reactive crisis management into proactive, inclusive resilience building.

As climate change intensifies risks, the global community must act urgently, learning from past responses, leveraging technology, and fostering partnerships. Sustained political will, predictable investment, and evidence-based coordination are essential to mitigate future drought impacts on HIV outcomes and safeguard health across Southern Africa.

References and full report details as well as partner-specific recommendations are available in the main report.



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