

Cooperation Framework

Areas of cooperation between UNAIDS and OCHA in southern Africa

1. Background

In recognition of the interaction between HIV/AIDS and emergency situations in the region and in support of the implementation of the newly released *LASC Guidelines on HIV/AIDS Interventions in Emergency Settings*, the UNAIDS Regional Support Team for Eastern and Southern Africa (RST/ESA) and the OCHA Regional Office for Southern Africa (ROSA) organised a consultation on “HIV/AIDS and Humanitarian Response in sub-Saharan Africa” on 6-8 October 2004. The consultation brought together a cross-section of experienced humanitarian organisations, including NGOs, major donors, UN Agencies, as well as representatives from other UNAIDS and OCHA offices around sub-Saharan Africa. One of the consultation’s main recommendations called for an institutionalised partnership between UNAIDS and OCHA to ensure a systematic response to HIV/AIDS in emergency settings.

In follow up to the consultation, Mr. Jan Egeland, Emergency Relief Coordinator and Under Secretary General for Humanitarian Affairs met with Mr. Peter Piot, Executive Director of UNAIDS on 28 October 2004. They agreed that given the wealth of experience in southern Africa with integrating HIV/AIDS in humanitarian relief, RST/ESA and ROSA should spearhead efforts to consolidate concrete areas of cooperation between UNAIDS and OCHA.

This prompted the need to formulate a discussion paper to identify possible areas of cooperation between UNAIDS and OCHA in southern Africa and beyond. Despite the specificity of the operations in southern Africa, it is hoped that the recommendations can serve as a guide for other regions and at other levels of the organisations, particularly policy.

2. The southern African context and humanitarian response

The specific context and coordination structures that currently govern the UN (humanitarian) response in southern Africa are conducive for a strong partnership between UNAIDS and OCHA. Southern Africa has the highest levels of HIV prevalence in the world. This has proved to be a major contributing factor in the general vulnerability of people and communities in the region, particularly those experiencing food insecurity.

In southern African, HIV/AIDS is both cause and consequence of the emergency. At the same time, humanitarian response provides a unique opportunity to intensify the HIV/AIDS response in the region because of (1) its direct access to the most vulnerable populations and (2) the rapid response in which humanitarian aid is delivered.

A consolidated appeal was launched in July 2002 covering the needs of 14 million people in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. Mr. James Morris, Executive Director of WFP, was appointed as Special Envoy for Humanitarian Needs in Southern Africa (SE) and a Regional Inter-Agency Coordination Support Office (RIACSO) was established to assist the Special Envoy in his duties. RIACSO comprised of FAO, OCHA, UNAIDS, UNDP, UNFPA, UNICEF, WFP and WHO with OCHA

serving as the secretariat to facilitate the operation of RIACSO. In July 2003, a second consolidated appeal was launched for the six countries, responding to the needs of six million people unable to recover and which ran until June 2004. In July 2004, the Vulnerability Assessment Committees (VACs) of Lesotho, Malawi, Mozambique, Swaziland and Zimbabwe again identified over 5 million people as extremely vulnerable and unable to meet their own food requirements.

In view of the multi-sector approach needed to address the needs in the region it was decided that a third Consolidated Humanitarian Appeal would not be appropriate, as the requirements of the region demand a more long-term response. This decision was largely guided by the promulgation of a policy paper issued by the UN's High Level Committee for Policy (HLCP). The HLCP paper articulated the crisis in southern Africa as one characterised by the 'Triple Threat' of food insecurity, weakened capacity for governance and HIV/AIDS. The approach demands the simultaneous delivery for humanitarian and development assistance and spells out 22 action points for the UN system in the region to follow.

Recognizing during his June 2004 mission, that for an effective implementation of the triple threat policy the UN would drastically need to change its modus operandi, the Special Envoy for Humanitarian Needs in Southern Africa, Mr. James Morris requested the Boston Consulting Group (BCG) to support the UN in identifying strategies to help meet the extraordinary demands of the crisis in the region.

The key recommendations from this study include:

1. The establishment of a single, strong southern Africa Regional Directors Team to support country teams in their response to the Triple Threat and Millennium Development Goals.
2. Continuation of the role of the Special Envoy for a transition phase of up to one year.
3. The strengthening of the RC system, including detachment of RC from UNDP and providing the RC with enhanced authority over UN Country Team performance.
4. Providing the RC system with sufficient resources/ capabilities to support the UN Country Team.
5. Simplification of UN Country Team interactions with external stakeholders - donors, NGOs and particularly governments.

The Executive Committee of the UN Development Group (UNDG) adopted the BCG recommendations in November 2004 and advised implementation starting January 2005. This involves reform at the regional level as well as in ten countries of region: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. Follow up to the actions outlined in the HLCP paper will be the responsibility of the Regional Directors Team composed of the regional Directors of UNICEF, WFP, UNDP, UNFPA, UNAIDS and OCHA.

3. Mandates of UNAIDS RST/ESA and OCHA ROSA

The geographical mandate of the UNAIDS RST/ESA covers 20 countries in Eastern and Southern Africa, including Angola, Botswana, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. UNAIDS has field

presence in almost all 20 countries, with the exception of Comoros and Mauritius, which are covered from the Madagascar office.

ROSA covers the SADC countries and Indian Ocean Islands, including Angola, Botswana, Comoros, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Reunion, South Africa, the Seychelles, Swaziland, Zambia and Zimbabwe. Contrary to UNAIDS, OCHA only has field presence in Zimbabwe and possibly in Madagascar later in 2005. All other countries are covered from the regional office. Field presence in Angola and Mozambique was terminated in 2004 and the regional office now covers both countries.

RST/ESA focuses on four priority areas with the ultimate goal of facilitating the scaling up of national responses to the HIV/AIDS epidemic through:

- Advocacy and the development and maintenance of regional and country level partnerships;
- The generation, collection and dissemination of strategic information for decision making;
- Development of, and support to, regional technical support facilities in priority thematic areas; and
- The provision of technical support to the UN system and to the countries in the region.

ROSA focuses on two priority areas with the ultimate aim to ensure a strong, coordinated effort on the part of the UN and its partners to address the humanitarian needs in the region. In light of the changes in the UN operation in the region, this increasingly means achieving full integration of the humanitarian and developmental response to the 'Triple Threat' through:

- Support to the Resident Coordinator system in the area of disaster response (response coordination, information management, consolidated appeal processes and contingency planning);
- Support to the Special Envoy in his task to raise awareness of the southern Africa crisis and lead a regionally coordinated response (secretarial support functions, advocacy, resource mobilisation and provision of strategic direction).

Of particular importance to this response is the work of the Southern Africa Humanitarian Information Management System (SAHIMS), an OCHA sponsored humanitarian information management project for the region. SAHIMS is a web-based service (SAHIMS.NET) providing a documentation centre, GIS data server, Disaster Directory and map centre. SAHIMS further hosts two national platforms for humanitarian information management (Swazirelief and Zambiarelieff), a service it expects to expand to other countries in the region in 2005. SAHIMS also provides training in information management, including assistance to the UNAIDS Country Response Information System (CRIS).

4. Areas of cooperation

Based on this regional and institutional background and in line with the *LASC Guidelines on HIV/AIDS in Emergency Settings*, the following areas are particularly relevant for an intensified cooperation between UNAIDS RST/ESA and OCHA/ROSA in southern Africa:

- Coordination
- Assessment and Monitoring

- Advocacy and Communication
- Resource Mobilization
- Workplace Programmes

Categorised into each of these areas, 18 action points have been identified for follow up and implementation in 2005.

4.1 Coordination

Coordination of HIV/AIDS interventions at country level is organised through a National Strategic Plan on HIV/AIDS (NSP). This is generally managed through a National AIDS Council (NAC) and supported by a UN Theme Group on HIV/AIDS (UNTG) which comprises of UN agencies and other major stakeholders in the response to HIV/AIDS in the country. The UNAIDS Country Coordinator (UCC) provides the secretarial functions for the UNTG and is the principal line of contact on the HIV/AIDS national response and the UN.

Coordination of disaster management activities is generally organised through a national Disaster Management Unit (DMU). Only a few countries in the region have disaster management plans or policies to guide these units. Coordination among UN Agencies is officially organised via the Disaster Management Team (DMT), led by the Humanitarian/Resident Coordinator and supported by OCHA staff (in the case of Zimbabwe) or focal points in the Office of the RC with long distance support from the OCHA Regional Office. In practice however, at least half of the UNCTs in the region do not have operationalised DMTs nor guiding disaster preparedness plans that allow the UN to respond in a coordinated manner in case a disaster unfolds.

Action points on Coordination:

1. OCHA and UNAIDS to promote the *IASC Guidelines on HIV/AIDS Interventions in Emergency Settings* as a standard framework to be adopted and used among all relevant stakeholders in affected areas of the region. OCHA to further encourage the use of the IASC Guidelines' training module, prepared by UNDP DMTP, for its contingency planning and basic field coordination trainings.
2. UNAIDS to ensure that short and long-term humanitarian challenges are reflected in the NSPs as well as within the UNTGs. UNAIDS to further ensure that OCHA focal points in the RC offices are appropriately included in the UNTG with the specific objective to mainstream humanitarian thinking into the planning phase of HIV/AIDS responses. UNAIDS to ensure that the UCC TORs and workplans appropriately reflect humanitarian challenges.
3. OCHA to ensure that countries have a functioning UN inter-agency disaster management structure and a disaster response plan and subsequently ensure that the UCC in each country is included in the disaster management structures.
4. OCHA and UNAIDS to ensure the full incorporation of HIV/AIDS considerations within UNDP's programme on capacity building of Disaster Risk Reduction.

5. OCHA and UNAIDS to ensure the full integration of HIV/AIDS in humanitarian response within the TORs for the senior policy advisors and coordination experts of the Regional Directors Team. OCHA, in collaboration with its IASC partners, to contextualise the integration of HIV/AIDS into humanitarian response as part of its work on vulnerability for the RDT. UNAIDS to ensure that short term and long term humanitarian challenges are reflected in the priorities of the Regional Theme Group on HIV/AIDS recognising that people living with HIV/AIDS make up the majority of vulnerable people in need of humanitarian assistance.
6. OCHA and UNAIDS to support the new RC structure in the oversight of HIV/AIDS in humanitarian response.

4.2 Assessments and Monitoring

Information Management

Emergency information management is the logical way to collect, organise, analyse, disseminate and use information for disaster management. The primary objective of an information management system is to help improve the capacity of decision makers to take needed action to alleviate suffering of people and save lives. Information is key when it comes to response planning and coordination, and as such each organisation and every person in that organisation must be engaged in and responsible for proper information management.

As part of the UN response in southern Africa, OCHA-SAHIMS has established an inter-agency information management *system*, to facilitate the effective management of humanitarian information flows. This information management system is used to optimise the information exchange between partners to support the analysis of the different causes of vulnerability in the region, including food insecurity, access to health care, HIV/AIDS and natural hazards.

Action points:

7. OCHA and UNAIDS to support SAHIMS as a repository for information on vulnerability in the region through the regular sharing of relevant information and promotion of SAHIMS' services to other stakeholders. This includes the development of a single UN database for storage of information pertaining to vulnerability bringing together data collected from the different sectors (health, water/sanitation, food insecurity, HIV/AIDS, etc).
8. OCHA and UNAIDS to ensure similar management of information in countries through the support of common country databases or structures (i.e. CRIS, Swazirelief, Zambiarefief).

Vulnerability Assessment

It is essential to ensure the collection of quality baseline data to inform or feed into databases or management systems. In southern Africa, the national and regional Vulnerability Assessment Committees (VACs) play an important role in gathering baseline data on vulnerability which informs humanitarian interventions. Over the past two years significant effort has been put into broadening the scope of the VACs to include a variety of multi-sector indicators regarding vulnerability.

In addition to the VAC, coordinated by SADC at the regional level and by government at country level, various other stakeholders are undertaking a number of sector-specific assessments: for example, baseline data on nutrition, including research on HIV/AIDS and malnutrition; mapping of orphans and vulnerable children; Health Information Management Systems on accessibility and capacity of the health system and public health (including communicable diseases); and Education Management Systems.

Action points:

9. UNAIDS to continue to provide technical assistance to the VACs to improve the proxy indicators for vulnerability related to HIV/AIDS

OCHA to continue to facilitate the effective flow of information between the Regional VAC and humanitarian organisations regarding assessment and monitoring of humanitarian needs and vulnerability.

OCHA to further continue its assistance to the institutionalisation process of the VAC system and to improve the coordination of vulnerability assessment and monitoring activities.

10. OCHA to promote the IASC assessment matrix for emergencies which is multi-sectoral and includes cross-referencing with HIV/AIDS data.
11. OCHA to promote the development of a standardized database on SAHIMS for storage and cross-referencing of assessment data. This includes advocacy for the inclusion of available information on health systems in the region, gathered by national governments (through national Health Information Management Systems)¹ as well as information regarding education (gathered by the national Education Information Management Systems).

4.3 Advocacy and Communication

Both UNAIDS and OCHA have advocacy functions at the core of their mandates. At regional level, OCHA and UNAIDS are co-chairing a UN advocacy group to sensitise stakeholders on the 'Triple Threat'. A work plan has been put together highlighting different aspects of the crisis, using major events to advocate on these issues.... UNAIDS has been supporting several UN Country Teams in the region in putting together advocacy plans around HIV/AIDS.

Action points:

12. OCHA and UNAIDS to ensure that all public information document includes HIV/AIDS as the main underlying factor for increased vulnerability in the region.
13. OCHA to ensure that HIV/AIDS remains on the agenda of decision makers as the main cause of vulnerability in the region.

¹ In "Disasters 2004, 28(4), Griekspoor e.a. talk of the health sector gap in the southern African crisis. They argue that health service needs were not adequately addressed because analytical frameworks did not incorporate health needs.

14. OCHA to ensure that HIV/AIDS response needs are highlighted in its emergency situation reports, contingency plans, CAP and the Regional Common Humanitarian Action Plan (CHAP) for 2005 (to be developed by OCHA before 10 March 2005).
15. OCHA and UNAIDS to work together as much as possible to respond to country requests for assistance in putting together advocacy strategies on the 'Triple Threat'.
16. UNAIDS to ensure that HIV/AIDS response needs in emergencies remain on the agenda of major donors and decision makers, including PEPFAR, Global Fund, etc.
17. OCHA and UNAIDS to work together on the production of a best practices document on integrating HIV/AIDS and humanitarian response.

4.4. Resource mobilisation

Cooperation between UNAIDS and OCHA should be considered regarding access to alternative sources of funding for HIV/AIDS in emergency settings, such as GFATM, MAP and PEPFAR, but might best be spearheaded at HQ level. Large amounts of funding for HIV/AIDS related activities (prevention, care and treatment) are disbursed via the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), The World Bank Multi Assistance Programme (MAP) and Presidential Emergency Plan For AIDS Relief (PEPFAR). However, HIV/AIDS interventions within emergency response have so far benefited minimally from these funding sources.

4.5. Workplace programmes

Cooperation on a policy to include humanitarian personnel in HIV/AIDS workplace programmes should be considered as a key area of collaboration between OCHA and UNAIDS.

Although the humanitarian operations have either seized to exist or are being seriously scaled down in the region, the southern African crisis demonstrated the need to plan for a sudden, massive increase in UN staff, often on short term contracts, as a result of a humanitarian crisis and its consequences on the lack of HIV/AIDS workplace programmes.

Action point:

18. OCHA and UNAIDS should ensure that all (international/national, long term/short term) humanitarian staff benefit from HIV/AIDS workplace policies and programmes. It is proposed that a contingency plan be developed through the facilitation of OCHA and UNAIDS on how best to address HIV/AIDS within the immediate deployment of many short-term humanitarian workers based on the experience of Southern Africa in 2002.

5. Proposed implementation matrix

Action #	Description	Lead agency	Timeframe	Resources
1	Promotion of IASC guidelines	OCHA UNAIDS +	Ongoing	Missions to countries; newsletter; seminars
	Usage of DMTP training material on AIDS in emergencies	OCHA	Namibia, Lesotho and Zambia in 2005	
2	Humanitarian challenges reflected in NSP	UNAIDS	ongoing	
3	UCC part of disaster management structures	OCHA	Namibia, Zimbabwe, Malawi, Zambia & Lesotho in 2005	Missions to countries/training on disaster preparedness
4	Technical assistance to UNDP programme on risk reduction	UNAIDS OCHA	ongoing	
5	Incorporation of AIDS and emergencies in RC support staff TOR	OCHA UNAIDS +	Q2	
6	HIV/AIDS and emergencies as part of RC system responsibilities	OCHA UNAIDS +	Q2	
	Keeping IASC partners informed about AIDS and emergency activities	OCHA	Ongoing	RIACSO meetings
	Discussion of humanitarian challenges in RDG on AIDS	UNAIDS	Quarterly	
7	SAHIMS as portal for vulnerability information	OCHA UNAIDS +	Q2-Q3	
8	Generation of country specific information for placement on SAHIMS	OCHA UNAIDS +	Ongoing	
9	Technical assistance to VAC	UNAIDS		
	Coordination assistance to VAC	OCHA	Ongoing	1 Staff member
	Institutionalisation assistance to VAC	OCHA	Development of 5 year assistance framework to be finalized by mid 2005	1 Staff member; 1 consultant
10	Promotion of IASC assessment matrix	OCHA	ongoing	
11	Promotion of single database for assessment results on SAHIMS	OCHA	ongoing	
12	Mentioning link between AIDS and vulnerability in all public material	OCHA UNAIDS +	Ongoing	
13	AIDS needs highlighted in sitreps	OCHA	Ongoing	RIACSO Bulletin; country specific sitreps

14	Assistance to countries with advocacy strategies	OCHA UNAIDS	+	IA ToT on advocacy for country focal points in 2005	
15	Sensitisation of humanitarian decision makers on AIDS	OCHA		ongoing	
16	Sensitisation of AIDS decision makers on AIDS related needs during disasters	UNAIDS		ongoing	
17	Production of a best practices document on integrating HIV/AIDS and humanitarian response (based on IASC mapping)	UNAIDS OCHA		Q3-Q4	Cost-sharing of consultant and production of best practice between UNAIDS and OCHA
18	Develop contingency plan on how best to address HIV/AIDS within the immediate deployment of many short-term humanitarian workers based on the experience of Southern Africa in 2002.	UNAIDS OCHA		Q2-Q3	