THE CLIMATE CRISIS AND ITS IMPACT ON HIV

A POLICY BRIEF FROM UNDP AND UNAIDS

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Introduction

The Sustainable Development Goals Report 2024 cautions that “growing climate chaos” is occurring alongside an alarming decrease in overall progress in global health since 2015.[1] These are not independent trends. Human health is interconnected with our planet’s climate and the health of the biosphere, and the climate crisis is impacting health equity in significant, multidimensional ways. Increased attention, investment and action at the climate-health nexus are essential for a healthier, more equitable and sustainable future.[2]

The past several years have seen a surge in political attention and commitments in tackling the climate-health crisis, for example at recent Conferences of the Parties to the UN Framework Convention on Climate Change.[a] Two-thirds of nationally determined contributions (NDCs) under the Paris Agreement now cite the importance of health, and half of all countries have developed strategies on climate change and health.[3,4] However, there is still an urgent need to better understand and more systematically respond to the climate-health crisis in all its dimensions, including in its intersections with conflicts and inequalities.

One area needing attention is the growing impact of the climate crisis in driving HIV risk and affecting the availability of and access to services for HIV treatment, prevention and care. For example, of 119 NDCs submitted since 2020, only one country (Malawi) highlighted HIV as a priority issue for climate change management, and only 38 countries included issues related to human rights that impact HIV services, including gender-based violence (GBV) or harmful practices. Not considering climate change and HIV together is an obstacle to ending AIDS as a public health threat by 2030 and accelerating the health-related UN Sustainable Development Goals (SDGs) SDGs, leaving no one behind. At the same time, crucial opportunities are being missed to increase the ambition and impact of climate action by better leveraging the lessons, tools, capacities and assets of the global AIDS response.

As part of broader efforts to adapt and evolve AIDS responses in the context of a changing AIDS pandemic and increasingly complex global landscape, the Joint United Nations Programme on HIV/AIDS (UNAIDS) can play a role in supporting countries and communities to address the intersection of climate change, HIV and health—to ensure HIV services are reliable and are not disrupted. To advance these efforts, this policy brief provides a high-level overview of the interconnected ways in which climate change interacts with HIV. It then suggests both general policy directions for governments and policy-makers, as well as specific roles for the Joint Programme on HIV/AIDS that build on existing political commitments, recommendations and joint initiatives.

[a] The COP26 Special Report on Climate Change and Health proposes ten priority actions developed by the global health community for governments and policy makers, calling on them to act with urgency on climate and health crises. In 2023, 149 countries endorsed the COP28 Declaration on Climate and Health based on these recommendations.

Box 1. Overview of links across environmental degradation, the climate crisis and health

Climate change and environmental degradation have accelerated. Global temperatures are expected to exceed 1.5°Celsius over pre-industrial levels by 2030, fuelled by rising greenhouse gas emissions. Severe weather events, air and chemical pollution, microbial breaches across the animal–human–environment interface and climate sensitive disease outbreaks are increasing in frequency across the globe.[5] The climate crisis is affecting the spread of zoonotic diseases by altering the geographical range and population density of animal vectors such as bats and rodents.[6] A higher prevalence of zoonotic diseases and outbreaks raises the risk of pandemics.[7] According to the World Health Organization (WHO) and the World Bank, climate change is projected to cause an additional five million deaths from malnutrition, malaria and diarrhoeal diseases and force over 100 million additional people into extreme poverty between 2030 and 2050.[8,9] At the same time, the climate crisis poses significant threats to public health infrastructure and delivery of services, particularly in low- and middle-income countries.

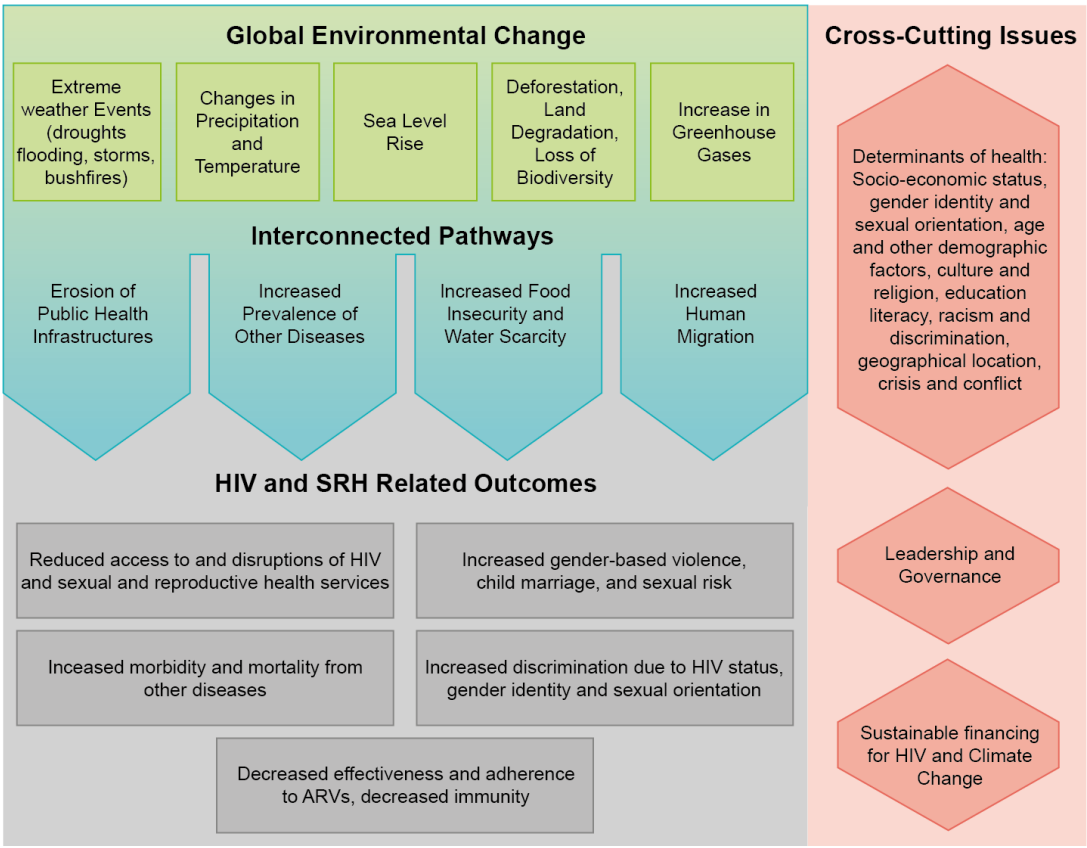
Geographical vulnerabilities to the climate crisis are uneven. An estimated 3.6 billion people already live in areas highly susceptible to climate change. Low-income countries and small island developing states (SIDS) are most susceptible and experience the worst health impacts despite contributing minimally to global emissions. The death rate from extreme weather events in the last decade was 15 times higher in vulnerable regions than in less vulnerable ones.[10] According to the UNDP Human Climate Horizons platform, which estimates that 40 to 190 million people could die because of higher temperatures from now to the end of the century, the projected health impacts from higher temperatures are also unequal. The Arab States, South Asia and sub-Saharan African regions are expected to see sharp increases in death rates, while regions such as Western Europe and North America are expected to experience a net reduction in death rates.[11,12]

Already vulnerable populations are on the frontlines. The climate crisis is exacerbating the barriers faced by key and marginalized populations in accessing quality health services, including for HIV.[13] The poorest and most vulnerable people and countries also experience the brunt of climate-driven food and water insecurity, increased migration and forced displacement. Women and girls are disproportionally burdened. By 2050, 158 million women and girls may be pushed into poverty and 236 million women and girls will be food insecure as a direct result of the climate crisis.[14,15,16,17] People in humanitarian crises are at increased risk of experiencing the negative health effects of both the climate crisis and HIV, and the magnitude and frequency of humanitarian emergencies are increasing.

1. The climate crisis, HIV and health—main pathways and intersections

Several frameworks for understanding the relationship between climate change and HIV have recently been developed including by, among others, Guinto et al.[18], Lieber et al.[19] and Ford et al.[20] Drawing on inputs from UNAIDS Cosponsors and Frontline AIDS, this brief relies most heavily on the work of Lieber et al. and Guinto et al., incorporating sexual and reproductive health[b] and more fully exploring cross-cutting issues. As shown in Figure 1, the four interconnected pathways linking climate change with HIV and poor health outcomes are: (1) erosion of public health infrastructure and services; (2) increased prevalence of other diseases; (3) increased food insecurity and water scarcity; and (4) increased human mobility.[21] These impact HIV and health-related risks and outcomes through changes in social systems and health-care disruptions, and are further influenced by cross-cutting issues, such as social determinants of health, leadership and governance, and sustainable financing. The work of Ford et al. is also considered in this brief, including identification of the climate adaptations needed to build more resilient AIDS responses, for example multimonth dispensing of antiretrovirals and other essential medicines, as well as digital health strategies.

Figure 1. Conceptual framework—climate change and HIV



[b] WHO defines four components of sexual health: comprehensive sexuality education; HIV and STI prevention and care; gender-based violence prevention and care; and psychosexual counselling.

The framework draws on the work of Lieber et al.[22], Guinto et al.[23], UNFPA, the World Health Organization[24] and Frontline AIDS[25].

Pathway 1: Erosion of public health infrastructure

The climate crisis stresses the capacity of health systems to prepare for, prevent and respond to health threats.[26] [c] It poses significant threats to public health infrastructure and health service access and delivery, particularly in low and middle-income countries where health systems are already under strain due to limited financing, workforce shortages, supply chain disruptions, and poor infrastructure, especially in rural areas.[d] Extreme weather events such as storms, floodings and fires can destroy or damage health facilities, impact the availability of clean water for health services, and limit access to transportation systems and road networks, while frequent heatwaves can disrupt utility services such as electricity that are necessary to keep facilities functioning. When health facilities and supply chains are compromised, access to and quality of HIV services—including HIV and STI testing, pre- and post-exposure prophylaxis for HIV (PrEP/PEP), condoms and lubricants, HIV treatment, counselling, GBV services and emergency contraception—are disrupted, with impacts on risk reduction and care-seeking behaviours, clinic visits and adherence to treatment.[27]

Pathway 2: Increased prevalence of diseases that interact with HIV

The climate crisis also intensifies the prevalence and spread of opportunistic and infectious diseases, particularly water-borne, vector-borne, fungal and zoonotic diseases, that interact with HIV. For example, rising temperatures and altered precipitation patterns degrade water quality and create favourable conditions for the spread of malaria, dengue, typhoid, cholera, chikungunya, schistosomiasis, leishmaniasis, Guinea worm, viral hepatitis and Lyme disease.[28,29,30,31] For people living with HIV, co-infections with these diseases can result in poorer health outcomes, as both conditions exacerbate each other. For example, treatment failure of leishmaniasis is high among those living with HIV, and HIV progression to AIDS is common during leishmaniasis infection.[32] Immunocompromised individuals, including those with untreated HIV infections, are more prone to develop serious, life-threatening co-infections.

Exposure to air pollution, due to fossil fuel combustion which also drives climate change, increases the risk of co-morbidities in immunocompromised individuals, including those living with HIV. Pollution-attributable non-communicable diseases and chronic illnesses, including asthma and other respiratory illnesses, chronic obstructive pulmonary disease, heart disease and lung cancer are associated with worse health outcomes among people living with HIV.[33,34]

Pregnant women are more susceptible to certain climate-induced health issues. Exposure to extreme heat and air pollution increases the risk of gestational hypertension and diabetes, and pre-eclampsia during labour. Foetal development can be disrupted due to climate shocks, leading to more stillbirths, pre-term births, low birth weight and congenital defects.[35]

[c] Ten key actions of the WHO operational framework for building climate resilient health systems are: (1) climate-transformative leadership and governance; (2) climate-smart health workforce; (3) assessments of climate and health risks and greenhouse gas (GHG) emissions; (4) integrated risks monitoring, early warning, and GHG emissions tracking; (5) health and climate research; (6) climate resilient and low carbon infrastructures, technologies and supply chain; (7) management of environmental determinants of health; (8) climate-informed health programmes; (9). climate-related emergency preparedness and management; and (10) sustainable climate and health financing.

[d] Thousands of health centres across low and middle-income countries are not connected to the grid and lack electricity while, on the other hand, the global health care climate footprint makes up nearly 5% of GHG emissions.

Pathway 3: Increased food insecurity and water scarcity

Climate related disruptions in food and water systems have significant consequences for HIV transmission and health outcomes. Food insecurity and malnutrition, driven by declining crop yields, unstable food systems and other agricultural impacts of climate change, weakens immune function. HIV and AIDS continue to hinder human capital development in sub-Saharan Africa, with a disproportional effect on the most vulnerable groups, such as adolescents and young people. Social protection provisions, including food and cash support, play an important role in addressing these structural drivers, reducing new HIV infections and supporting safe transitions to adulthood[36].

Food insecurity has been shown to impact adherence to treatment and capacity to achieve complete viral suppression for people living with HIV who are on treatment. For people living with HIV who may already be immunocompromised, this can increase their susceptibility to other infections. Income and livelihood loss as well as worsened poverty and hunger due to climate change can also increase harmful practices such as child marriage and increase risky behaviours such as selling or exchanging sex, increasing the risk of HIV transmission.[37] Water scarcity and weakened WASH infrastructure, exacerbated by more frequent and severe droughts, not only contribute to food insecurity, but also increase the vulnerability of women and girls to sexual violence, exploitation and HIV.[38]

Pathway 4: Increased human migration

Climate-fuelled internally displaced and 'climate refugee' populations are expected to increase in the coming years, adding to the more than one hundred million people globally already displaced by war, persecution, violence and human rights violations.[39] In and between countries that have a high-burden of HIV, there is a well-established link between displacement and migration patterns and increased vulnerability to HIV, including through precarious living conditions that heighten risk of exposure to HIV transmission and disrupt treatment access[40]. Displaced populations, especially women and girls, face heightened risks of sexual violence and may have limited access to health services and information, including for HIV prevention and treatment. Displaced populations also often have precarious livelihoods and reduced or no access to social safety nets and HIV and health services.

Progress has been made in advancing HIV treatment and care in humanitarian crises. One survey found that in 90% of 48 refugee hosting countries, refugees living with HIV have the right to access antiretroviral therapy (ART) through national health systems. Refugees were also receiving HIV services supported by Global Fund grants in 82% of those 48 countries. However, despite these achievements, the most vulnerable groups—including irregular migrants, key populations, survivors of GBV, unaccompanied minors and adolescents and children—often struggle to access HIV services in humanitarian settings.[41]

Cross-cutting issue: Social determinants of health

Despite recognition within the United Nations of the universal right to a clean, healthy and sustainable environment, vulnerable populations such as women, children, key populations affected by HIV, and marginalized communities continue to face disproportionate exposure to climate impacts and HIV. This exacerbates health disparities that stem from systemic inequities in power, resources and participation in decision-making processes.

An intersectional lens is crucial in understanding how overlapping identities—such as gender, age, race, ethnicity, sexual orientation and socio-economic status—interact to compound

vulnerabilities and shape experiences of marginalization. Gender inequality plays a significant role in shaping the impacts of climate change and HIV on women and girls. They often face increased violence, economic instability and limited decision-making power during climate events.[42,43,44] For women and girls who experience discrimination because they belong to marginalized racial or ethnic groups, or who are part of low-income communities, the barriers in accessing resources and support systems are even greater. Likewise, children from disadvantaged backgrounds or those living in precarious situations may be more severely affected, lacking access to necessary health care, education and social protection during climate crises.

Additionally, key populations at high risk of HIV infection—including gay men and other men who have sex with men, transgender people, sex workers, people who use drugs and prisoners—are further marginalized by social stigma, discrimination and legal barriers that limit their access to health care. These intersecting identities and behaviours make them even more susceptible to the compounded effects of climate change and HIV. For gay men and other men who have sex with men, transgender people and other LGBTQI+ individuals, for instance, the intersection of gender, race, age, identity, sexual orientation and socioeconomic status can result in heightened vulnerability to climate impacts, HIV risks and barriers to HIV-related services.

Cross-cutting issue: Leadership and governance

Leadership and effective and inclusive governance are needed to address the interconnected challenges of climate change and HIV. HIV and health stakeholders and perspectives must be included in climate decision-making processes, including mitigation policies and adaptation strategies across sectors, to build more resilient and sustainable health systems and responses. In line with the principle of leaving no one behind and reaching those furthest behind first, it is essential to prioritize the needs of vulnerable populations including those in humanitarian and fragile contexts. This means designing and implementing policies and programmes that target those most at risk of being overlooked—ensuring they have equitable access to resources, healthcare, support systems and opportunities. For example, during COVID-19, multimonth prescribing of ART reduced risk and vulnerability of people living with HIV. Strengthening leadership and governance to address the intersection between climate change and HIV requires an inclusive, intersectional and human-rights-based approach that both upholds the commitment to social justice and equality and strengthens overall societal resilience.[45] It is important that vulnerable populations and communities most impacted by climate change and by health inequities are represented in the development of NDCs to the Paris Agreement.

Cross-cutting issue: Sustainable financing

Sustainable financing is critical for addressing the environmental and climate determinants of HIV and health, and for building climate resilient health systems. Funding for climate action, for HIV, and for tackling the climate–health nexus is inadequate, especially when compared to state funding of carbon producing industries. For example, fossil fuel companies received US$ 7 trillion in subsidies in 2022 [46], yet annual climate adaptation finance has never surpassed $63 billion.[47] Additionally, data from the Organisation for Economic Co-operation and Development (OECD) show that much of public climate finance (71%) is currently provided through concessional and non-concessional loans, rather than grants (26%), creating a large debt burden. In 2023, low and middle-income countries spent $336 billion on total debt repayments.[48] Countries that experience both climate impacts and conflict are particularly in need of financial assistance, but receive an average of only one-third of the climate financing on

a per-capita basis that is received by countries that experience climate change but are free of conflict.[49] Meanwhile, a total of $20.8 billion was available for HIV programmes in low and middle-income countries in 2022—2.6% less than in 2021 and far below the $29.3 billion needed by 2025. In 2022, there was also a 90% funding gap for HIV prevention among key populations.[50]

There are positive developments. The Loss and Damage Fund established at COP28 has received approximately $700 million in pledges to date.[51] Ongoing advocacy is essential to ensure that HIV and health receive attention in the context of COP agreements. Additionally, COP28 saw $1 billion in funding commitments to tackle the climate-health crisis specifically.[52] Finally, the fact that 70% of funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is allocated to 50 of the most climate-vulnerable countries is another opportunity to better connect the dots on climate, HIV and health financing.[53]

Box 2. Overview of the HIV pandemic

The global HIV/AIDS response has achieved significant progress. Data from UNAIDS show the lowest number of new infections in decades: an estimated 1.3 million people (1.0 to 1.7 million) were newly infected with HIV in 2023, with declines especially steep in regions with the highest HIV burden, such as sub-Saharan Africa. Furthermore, 30.7 million (27.0–31.9 million) (or 77% (61–89%)) of the 39.9 million (36.1–44.6 million) people living with HIV globally are receiving life-saving treatment. Almost three-quarters (72% (65–80%)) of people living with HIV, including 78% (70–87%) of women and 67% (60–75%) of men living with HIV, had suppressed viral loads, enabling them to live long lives and have zero risk of sexually transmitting HIV.

Despite progress, HIV remains a major global concern, and much more is needed to sustainably end AIDS as a public health threat by 2030 and leave no one behind. Approximately 5.4 million people living with HIV have not been diagnosed, 9.3 million (7.4–10.8 million) people living with HIV are still not receiving HIV treatment, and 2.1 million people receiving treatment are not virally suppressed. HIV infection rates are rising in Eastern Europe and Central Asia, Latin America, and the Middle East and North Africa. Socioeconomic and gender barriers that increase risk and vulnerability and preclude treatment persist, including widening inequalities and a funding gap. The HIV response has been slow to reduce new HIV infections among key populations (gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and people in closed settings) globally and in reaching adolescent girls and young women in sub-Saharan Africa due to political, social, legal and human rights barriers. Currently, key populations and their sexual partners account for over half of new HIV infections.[54]

2. Key policy directions for governments and policy-makers

Governments and policy-makers, with UNAIDS, other multilateral agencies, civil society, affected communities, academia and others, can act now to better address the multidimensional intersections of climate change, HIV and health. This section offers key policy directions for this effort, which should build on the ten priority actions[e] outlined in the COP26 Special Report on Climate Change and Health,[55] as well as the COP28 Declaration on Climate and Health that 149 countries endorsed.[56]

Coordination and integration

- Advance whole-of-government and whole-of-society approaches to climate change and HIV, spanning sectors such as health, food and agriculture, water and sanitation, housing, urban planning, transport and energy and manufacturing, including in humanitarian and fragile contexts.
- Collaborate with development partners, academia, impacted communities and civil society to improve coordination, monitoring, budgeting and advisory structures to address climate change and HIV.
- Develop policies that maximize the HIV and health gains from climate mitigation and adaptation activities. Leverage the next cycles of NDC submissions in 2025 and 2030 to raise ambitions and recognize the intersections between HIV, health and climate change, engaging meaningfully with vulnerable populations.
- Include targeted and budgeted HIV and health interventions in disaster responses, preparedness and response including addressing food insecurity, migration and disruption to health services.[57]

Climate resilient HIV responses and health systems

- Allocate funding for the development of climate resilient HIV responses and health systems, including in humanitarian and emergency settings.
- Advance low-carbon, sustainable and climate-resilient health systems, and support health adaptation and resilience across sectors to protect the health of vulnerable populations.[58] Vulnerability and adaptation assessments enable countries to assess climate-sensitive HIV and health risks. These should inform the development of comprehensive and ambitious health national adaptation plans that include HIV considerations.[59]
- Adapt strategies for HIV prevention and treatment, including health-care delivery, in the context of the climate crisis. Lessons from COVID-19 and other shocks include decentralizing health services, using digital solutions including telehealth, and ensuring

[e] These are: (1) Commit to a healthy, green and just recovery from COVID-19; (2) place health and social justice at the heart of the UN climate talks; (3) harness the health benefits of climate action; (4) build health resilience to climate risks; (5) create energy systems that protect and improve climate and health; (6) reimagine urban environments, transport and mobility; (7) protect and restore nature as the foundation of our health; (8) promote healthy, sustainable and resilient food systems; (9) finance a healthier, fairer and greener future to save lives; and (10) listen to the health community and prescribe urgent climate action.

robust supply chains for medications and medical supplies. Differentiated service delivery including multimonth dispensing of antiretrovirals and other essential medicines can combat health-care disruptions and reduce strains on health systems, and early warning systems are crucial to get ahead of climate driven HIV risks.[60] Community engagement and strong public health communication also help individuals continue to receive the care they need.

Energy systems

- Scale up the use of renewable energy across the health system. This should include facilities providing HIV and health services and target areas disproportionately burdened by climate change and HIV.
- Commit to environmental sustainability within health systems by promoting steps to curb emissions and reduce waste in the health sector. Almost 150 countries have pledged to assess the GHG emissions of their health systems and develop action plans, nationally determined decarbonization targets, and procurement standards for national health systems and supply chains.[61]

Food systems and WASH infrastructure

- Promote healthy, sustainable and resilient food systems to address the intertwined challenges of climate change, food insecurity, HIV and health.
- Build climate resilient water supply and sanitation systems to safeguard public health. New water and sanitation infrastructure should be designed with climate resilience in mind, while also retrofitting existing systems.
- Scale up sustainable WASH services beginning at the household and community levels, as well as in educational centres and health-care facilities. Implement nature based and innovative water storage and management systems, which can play a crucial role in mitigating water scarcity during prolonged dry spells, ensuring a more reliable and sustainable water supply for vulnerable populations.

Community involvement, leadership, and cross-movement building

- Systematically uplift and incorporate[62] the perspectives of communities and community leaders in policymaking, including by adequately resourcing and supporting them as equal, fully integrated partners, in line with the UNAIDS Strategy 2021–2026. The Greater Involvement of People Living with HIV (GIPA) principles[63] and the Jemez Principles for Demographic Organizing can guide inclusive partnerships and community-led solutions.[64]
- Leverage the collective strengths across HIV, climate justice, youth and gender equality movements to address common challenges and advance shared goals. The following principles of the AIDS response are crucial: human-rights-based approaches; equitable access and social equity; and community empowerment, community-led and community-based interventions, and local ownership.
- Empower young people, women's organizations and networks for young people, women land key populations living with HIV, to lead efforts. These groups are among those most impacted by intersecting climate and HIV crises and play important roles in addressing both issues. That includes the roles women play in climate change adaptation, disaster preparedness, response, and recovery. Their involvement improves results and transforms communities.[65]

Financing

- Close the financing gap by removing existing barriers to finance for health adaptation and resilience, increasing finance for locally led climate action, and reforming health-harming subsidies and reallocating them to health sectors, including health systems strengthening. At COP28 Guiding Principles for Financing Climate and Health Solutions were presented.[66] These align with the Addis Ababa Action Agenda, Paris Agreement, 2030 Agenda for Sustainable Development, and wider efforts to improve the efficiency, effectiveness and equity of financing for climate and health.

3. Roles for the Joint UN Programme on HIV (UNAIDS)

Stronger collaboration is needed to address the intersection of climate change, HIV and health as part of ending AIDS as a public health threat and ensuring sustainable and equitable HIV and health responses. UNAIDS can support countries and communities, including by advancing the policy directions outlined in the prior section, in the following ways:

Collaboration

- Develop a multisectoral and multidisciplinary strategy to address climate change and HIV together, leveraging One Health and planetary health approaches[67,68] [f] and drawing on the framework presented in this brief. This should include: a focus on the most vulnerable populations, including those in humanitarian and fragile contexts; overlapping inequalities; and shared social, economic and environmental determinants of risk and access to services.
- Encourage greater collaboration on the climate–HIV nexus between UN agencies, including those that are not Cosponsors like the United Nations Environment Programme (UNEP), the United Nations Framework Convention on Climate Change (UNFCCC), and the Food and Agriculture Organization of the United Nations (FAO), as well as communities, civil society, academia, private sector and other stakeholders.

Data sharing and research

- Strengthen trans and interdisciplinary research, cross-sectoral collaboration, sharing of good practices, and monitoring of progress at the climate, HIV and health nexus, including through multi-partner initiatives such as the Alliance for Transformative Action on Climate and Health (ATACH), UNDP's Climate Promise and UNICEF's Children's Environmental Health Collaborative. This should include developing tools and methodological guidance, gender analysis, as well as capacity strengthening efforts to fill gender-environment data gaps and developing a better understanding how gender, climate and security are linked.[69,70] Additional research is needed on documenting experience on anticipatory action frameworks in the context of climate change and health, including HIV.[g]
- UNAIDS should establish a common platform and/or leverage existing systems (aidsinfo.org) to collect, analyse and disseminate sex and age-disaggregated strategic information related to the climate change and HIV nexus and the effectiveness of HIV interventions in the context of climate change.

Policy integration

- Support countries to integrate climate change and HIV considerations into local, national and international policies, including those outlining national commitments (such as NDCs) to

[f] One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent (WHO, 2024). Planetary health is a solutions-oriented, transdisciplinary field and social movement focused on analysing and addressing the impacts of destabilized natural systems on human health and all life on Earth (Planetary Health Alliance, 2024).
[g] As per the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), "An anticipatory action framework is a formal mechanism that enables humanitarian organizations to collectively get ahead of a predictable shock and mitigate its impact by pre-agreeing who will receive funding for what and based on which rules and triggers." https://anticipatory-action-toolkit.unocha.org/

mitigation and adaptation efforts. HIV should be integrated into the climate policy and programme work of Cosponsors and other partners so that they can support governments to develop policies that address the social, economic, gendered and health impacts of climate and HIV issues simultaneously, including in humanitarian settings. This should include strengthening policies for climate resilient and low carbon health systems, stronger data systems for climate vulnerability and adaptive capacity, ensuring stronger protection services for GBV responses, and better preparedness and response in emergencies to meet the HIV needs of those impacted, displaced and at risk of climate crises.

Community engagement and leadership

- Empower local communities, civil society and key and marginalized populations to be active participants and implementers in the design, implementation, monitoring and evaluation of policies and programmes that address the nexus of climate, HIV and health. The Global AIDS Strategy calls for 30% of programme funding be directed towards community-led efforts, recognizing their importance and effectiveness, which can extend to addressing the nexus of HIV, health and climate.[71] Action at the climate–HIV nexus must be transparent and fully responsive to the needs of vulnerable populations, ensuring they have equal access to health and other basic services and are protected from discrimination and violence.

Cross-movement building

- Invest in cross-movement building that can leverage the strengths and resources of each movement to amplify impact. For example, the HIV movement has pioneered community-based approaches, stigma and discrimination reduction strategies, and advocacy for universal access to treatment and care. These approaches can be adapted and applied to address climate-related health risks, such as heat related illnesses and vector-borne diseases, while also promoting gender responsive programming. Youth-led climate initiatives, ensure that young people have access to information and services to protect themselves from HIV, while HIV prevention programmes can integrate environmental sustainability components, promoting behaviours that reduce carbon emissions and mitigate climate change impacts.

Advocacy and resource mobilization

- Develop a joint communications strategy to raise awareness about the links between climate change and HIV and what must be done. Advocate for policy changes, increased funding and improved resource allocations for developing or strengthening programmes addressing climate change and HIV together. This should consider the Guiding Principles for Financing Climate and Health Solutions.[72]

Capacity strengthening

- Provide training and capacity-strengthening programmes for UN staff and partner organizations to enhance their understanding of the relationship between climate change and HIV. This will enable them to design and implement more effective, integrated programmes, for example.

Conclusion

Climate change and HIV are intersecting health and development crises with global implications and disproportionate impacts on vulnerable and marginalized populations. Through interconnected pathways—erosion of public health infrastructure, increased prevalence of co-infections with HIV, negative effects on food security, nutrition and water, and migration and displacement—the climate crisis increases HIV risks, and worsens HIV-related mortality and morbidity. This dynamic is shaped by cross-cutting issues such as social determinants of health, leadership and governance, and sustainable financing.

UNAIDS is well-positioned to advocate for countries to tackle the nexus of the climate crisis, HIV and health through collaborative approaches, for example in policy integration, data sharing, community engagement, advocacy and capacity strengthening. This can be done in furtherance of existing political commitments, agreements and policy recommendations, including the 2021 Political Declaration on HIV/AIDS, the Paris Agreement, the COP26 Special Report on Climate Change and Health, and the COP28 Declaration on Climate and Health. Advancing such efforts, drawing upon the lessons, capacities and assets of the global HIV/AIDS response, is not only crucial to sustainably end AIDS but also to raise the ambition and effectiveness of climate action and advance the right to a clean, healthy and sustainable environment.

For four decades, countries, communities and partners have been pioneering one of the most remarkable stories in all of public health: the global AIDS response. That includes the central work to advance human-rights-based and people-centred approaches to address social, gender, economic, intergenerational and environmental injustices. However, the job is not done, and progress must not be confused with success. To end AIDS and ensure sustainable HIV responses in the context of a shifting pandemic, intensifying climate emergency and increasingly complex global landscape, it is time for the HIV community to evolve and lead the charge of change once again.

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