



Fact Sheet for UNFCCC COP13

Climate Change & HIV/AIDS

The links between climate change and HIV/AIDS are still conjectural but they are becoming a subject of increasing concern and study¹. Early warnings show the dynamics of the disease to be related to population density, nutrition, health status and seasonal or exceptional movements of people.

On the occasion of the December 1st World AIDS Day trade unions deliver a message to the 13th Conference of the Parties (COP13) of the UN Framework Convention on Climate Change (UNFCCC) that will take place 3-14 December in Bali, Indonesia.

The Global Union AIDS Programme (GUAP) expresses its concern to government delegations attending the Climate Change meeting about the negative synergies between AIDS and climate change now and in the years to come. The GUAP wants the UNFCCC to recognize these links and for the Parties to the Convention to call on the G8 Summit in Japan, July 2008, to put in place a mechanism for monitoring, reporting and informing the future G8 activities and commitments on AIDS, including its goal of Universal Access to prevention, treatment and care by 2010.

Climate Adaptation Weakened by AIDS: AIDS already impacts on environmental protection and climate in direct ways. For example, African governments have reported to the UNFCCC that the pandemic is eroding their capacity to implement climate adaptation measures, due to a lack of staff in environmental and emergency services. Moreover, in many countries other public services, particularly health care services, are breaking down because of a shortage of qualified personnel - AIDS is a major contributory factor.

The AIDS Pandemic & Population Migration: Already some 25 million environmental refugees have been created by climate and weather events, and according to some predictions 100 million will be directly at risk from coastal flooding by 2100². Depending on how the calculations are performed the Intergovernmental Panel on Climate Change (IPCC) has suggested 150 million environmental refugees would exist by 2050. Migrant populations are at higher risk of contracting HIV because of their status and situations they face, e.g. poverty, discrimination and stigma, lack of access to information and other services, and separation from families and partners.⁴

- **Marginalized from prevention opportunities and health services:** Migrant populations are often subject to poor and unstable living and working conditions. Such conditions usually mean that they have limited access to reliable and culturally appropriate information on HIV/AIDS and to health services,
- **Difficult to reach:** Even if health and social service authorities are prepared to assist migrant populations, they often encounter difficulties accessing them. Irregular migrants live in an indeterminate state, having no stay or work permit in the host country. Contact with official government agencies, even if related to health matters, increases the fear of deportation.

¹ Gomes, Rene and Guerny, Jacques, *Climate and HIV/AIDS*, UNDP, FAO, NCAR, 2004

² <http://www.ipcc.ch/pdf/assessment-report/ar4/wg2/ar4-wg2-chapter6.pdf>

- **HIV/AIDS can be a driving force of migration:** HIV/AIDS may itself be a cause of mobility. People living with HIV may be driven to leave their homes because of stigma and discrimination, and the lack of health services.
- **Subject to discrimination:** Migrants living with HIV face multiple forms of discrimination and stigmatisation, due to ethnic origin, religious beliefs and practices, socio-economic conditions, and migration status. Migrant women living with HIV confront additional problems, including sexual harassment and violence, because of prevailing gender inequalities.

HIV/AIDS & Water Stress: This year a pilot project by the WHO in seven countries tested their ability to combat the impact on health caused by climate change. The main worry among governments was not about the rise in sea levels but about water stress, either floods or droughts. These countries already have problems supplying water to their populations, and they have a high burden of disease caused by infected water. Susceptibility to HIV, and the body's capacity to live with the virus before the onset of AIDS, are related to general levels of health and hygiene.

HIV/AIDS, Climate & Poverty: Social transition mechanisms are still not foreseen by the UNFCCC. Yet a vicious cycle of poverty is reinforced by AIDS and climate change together. 36% of the world population lacks access to health services and for many of the world's working poor, sickness or injury often leads to job loss with no compensation or health care. The high cost of health care is the single most determining factor that drives the working poor into deeper financial difficulties.

Targets for HIV/AIDS Must be Respected and Monitored: Even without climate change as a factor intensifying the impact of AIDS, the World AIDS Campaign continues to issue warnings about the number of countries that are not keeping their promises to tackle the disease. This must be addressed as a matter of urgency because unmet AIDS targets will make it harder for countries to respond to climate change in the long term. This is relevant to the UNFCCC as an instrument which recognises the environment-health linkages, with serious implications for capacity building and the achievement of the MDGs.

G8 2008 The time has come for the G8 at its next summit to develop an ongoing mechanism to review the progress made on its own promises about AIDS and to inform its future activities and commitments through an expert working group. The G8 has already agreed to regular review of its progress and that the purpose of such a review is to inform future G8 activities and commitments on AIDS, but it is not a yearly review and no mechanism exists to produce the review and to recommend future action³.

Promises and targets on AIDS abound but only monitored implementation can lead to real change. COP13 delegations can play a significant role by sending a positive signal to Japan, as the President of the G8 Summit next July, 2008.

³ GROWTH AND RESPONSIBILITY IN AFRICA: 2007 Heiligendamm Summit, 8 June, 2007 §59. In view of the G8 countries contributions to achieving the health related international goals we agreed in St. Petersburg to review the progress in this regard, including our financial commitments, in fighting the three diseases HIV/AIDS, tuberculosis and malaria, regularly. We will undertake this monitoring exercise for the first time this year under the Presidency's guidance. The report will inform our activities and commitments and we affirm that we will continue this close monitoring process regularly.