

Rapid policy briefing note

Recognising HIV and AIDS in DRR policy and planning

Why HIV and AIDS matter for disaster risk reduction

HIV is a long term health condition that people can live well with when treatment is available and consistent. During disasters, the systems that support this continuity of care are often disrupted. Health facilities may be damaged, supply chains interrupted, transport restricted, or people displaced. Where access to treatment is interrupted, HIV can progress to AIDS if untreated, with serious and sometimes fatal consequences.

People living with HIV also face social and economic barriers that increase disaster risk. These include stigma, discrimination, insecure livelihoods, and reduced access to social protection. These factors can limit access to evacuation, assistance, and recovery support. DRR policies that do not account for these realities risk reinforcing existing inequalities and preventable loss of life.

Key policy gaps

Many DRR frameworks recognise health in general terms but fail to address specific long term conditions shaped by inequality. HIV is often treated as a purely health sector issue rather than a cross cutting risk factor. Planning rarely includes provisions for continuity of treatment during emergencies, protection from stigma in shelters, or engagement with HIV community organisations in preparedness and response.

Policy directions for more inclusive disaster risk reduction

- Integrate continuity of HIV care into preparedness planning
Disaster risk reduction policies should require contingency planning for uninterrupted access to HIV treatment. This includes emergency stockpiles of medication, flexible prescription arrangements, and coordination between health, disaster management, and social services.
- Recognise stigma and discrimination as risk factors
Policies should explicitly acknowledge stigma related to HIV as a driver of disaster risk. This means ensuring that evacuation centres, aid distribution, and recovery programmes are designed and communicated in ways that protect privacy and dignity.
- Engage trusted community organisations
Organisations working with people living with HIV play a critical role before, during, and after disasters. Policy frameworks should formalise their involvement in risk assessment, early warning communication, preparedness planning, and recovery processes.
- Strengthen data and risk analysis
Risk assessments should consider how HIV intersects with poverty, gender inequality, disability, and migration status. Where data collection is sensitive, qualitative and community led approaches should be supported to avoid harm.
- Align disaster risk reduction with health and social protection policy
Disaster risk reduction strategies should be aligned with national HIV responses and wider social protection systems. This helps ensure that emergency measures reinforce, rather than undermine, long term treatment adherence and wellbeing.

Conclusion

Recognising HIV and AIDS in disaster risk reduction policy is not an optional add on. It is central to protecting life, health, and dignity. Disasters expose and intensify existing inequalities. Policies that protect continuity of care and include people living with HIV in planning and decision making are more effective, more equitable, and better aligned with the core aims of disaster risk reduction.