



Mainstreaming HIV in the Energy Sector

Since 2003, it is a policy of the German Federal Ministry for Economic Cooperation and Development (BMZ) that all German Development Cooperation (GDC) programmes and projects in sub-Saharan Africa mainstream HIV, at least in countries with generalized epidemics¹ and especially in countries where HIV prevalence is five percent or more. Any mainstreaming HIV interventions must be planned and conducted jointly with GDC's partner organisations and be aligned with the partner country's sectoral strategies and national HIV strategy, thus adhering to the "Three Ones" principles. These require development partners to work through one national HIV strategy, one national HIV coordinating body and one national HIV Monitoring and Evaluation (M&E) system.



This guidance note discusses the *intersection of HIV and the energy sector* and suggests ways in which programmes and projects in this sector can mainstream HIV.

What is the impact of the HIV epidemic on the sector? Some facts...

People living with HIV (PLHIV) have greater need for access to energy: Their suppressed immune systems make PLHIV highly vulnerable to any disease carried by water that has not been boiled or food that is not well cooked. By comparison to other households, households caring for HIV patients consume at least twice as much energy (ProBEC website). HIV-infected people need regular nourishment to go with their medication and should not have to skip meals because there is not enough firewood to cook. They also need to stay warm and need hot water for their personal hygiene. It should be noted, however, that PLHIV are especially vulnerable to eye infections, respiratory problems, headaches and other conditions that may be caused by indoor pollution from open fires (WHO website).

Women and girls carry the burden of taking care of HIV patients:

In sub-Saharan Africa, women and girls are mainly responsible for collecting firewood and they have been known to be coerced into providing sexual favours in exchange for the firewood. They also bear the brunt of caring for family members with HIV-related illnesses, often while HIV-infected themselves (GCWA, 2006). If they need to walk long distances to collect firewood, their burden becomes that much greater, and they, too, may suffer from indoor pollution from open fires, while heating water, cooking and trying to keep HIV patients warm (Women's Refugee Commission website).

Further possibilities to consider in countries with very high HIV prevalence²

HIV-related loss of trained human resources could undermine the countries' capacity to deliver quality and affordable energy services (ILO, 2004): In countries with generalized HIV epidemic, the human capacity and the institutional memory needed to provide energy services at central and community levels may be threatened. Also, a

¹In a generalized epidemic, HIV is firmly established in the general population. Although sub-populations at high risk may continue to contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic.

²HIV prevalence is considered „very high“ in countries where it exceeds 10 percent in the sexually active age group (15-49 years) of the general population.

potential increase in the operating costs of energy service companies due to high staff turnover and medical health expenditures could lead to services becoming less affordable.

HIV can threaten the sustainability of energy

providers: The sustainability of energy service companies might be threatened, if clients cannot manage to pay their bills. Households affected by HIV can be financially devastated by the impact of HIV (e.g., by loss of income-earners and the costs of treatment). The pool of potential energy users may be thus reduced, as HIV morbidity and mortality make clients less willing or able to make use of the energy services and products.

Trekking long distances to fetch firewood could put female family members in danger of HIV infection as there is always the danger that they will become victims of sexual violence (UN, 2006).

How could the activities of the sector inadvertently contribute to the spread of HIV?

The energy sector's workers could become vulnerable to HIV infection and put others at risk while doing their jobs: Energy sector employees are often required to spend considerable time away from their families, for example during the construction of new power lines in rural areas. Time away from home increases the chance of them engaging in risky sexual behaviours and acquiring or transmitting HIV.

Limited access to reliable and affordable energy can compromise the health services of a country or an area: Electricity is essential for the provision of quality health services, including illumination, refrigeration, sterilization and the provision of antiretroviral treatment. Electricity allows health facilities and projects to have more flexible working hours, in order to meet the needs of specific target groups (e.g., youth or working adults) or in case of emergencies (e.g., post-exposure prophylaxis).

Limited access to reliable and affordable energy can slow down the communication of health- and HIV-related messages: Electricity is essential for the dissemination of health related messages through radio and television, including messages that sensitize communities to needs for HIV prevention and treatment and that combat stigma and discrimination.



In countries with very high HIV prevalence, in what way could the sector contribute to curbing the spread of the HIV epidemic or to mitigating its impacts?

Sensitizing the community by integrating an HIV component into energy efficiency campaigns: Energy programmes/projects can use their energy efficiency campaigns as an entry point for HIV-prevention information, advice on positive living and messages against stigma and discrimination.

Ensuring access to energy as a means to mitigate the impact of HIV: Sufficient and affordable access to modern energy technologies, such as improved stoves, can reduce the impact of HIV. Women and girls can save time to collect firewood. The chances of PLHIV acquiring opportunistic infections through unboiled water, food that has not been cooked well or indoor air pollution can be also significantly reduced.

Creating an enabling environment to address HIV within the mandate of the energy sector: Advocating for the development and operationalization of sectoral policies that adequately address HIV can lead to appropriate HIV interventions within the sector's core business. Capacity building on energy provision and its link to HIV can play a crucial role in increasing understanding and reducing the impact of HIV on the sector.

Advising a partner institution on the development and implementation of its HIV workplace policy: The loss of the staff of organizations in the energy sector due to HIV-infection can be avoided through the development and implementation of HIV workplace policies. Such policies

can cover prevention, treatment and impact mitigation measures and can require a working environment free from stigma and discrimination.

A GDC Example from Uganda

GDC is implementing the Promotion of Renewable Energy and Energy Efficiency Programme (PREEEP) in cooperation with the Ministry of Energy and Mineral Development (MEMD) in Uganda. PREEEP provides policy advice to the MEMD and promotes energy efficiency, rural electrification through renewable energies and improved biomass energy technologies. PREEEP has been consistently addressing HIV through its core mandate. The programme supported the development and implementation of a comprehensive HIV workplace programme for the MEMD, including training of peer educators; health sessions for the staff of the MEMD; condom distribution; development and dissemination of information, education and communications (IEC) material on the link between energy and HIV; professional counselling and mobile Voluntary Counselling and Testing (VCT); referrals; and home based care for HIV-infected employees.

The programme has integrated HIV interventions into all its regular activities, e.g. training of stove builders and team building workshops. Additionally, PREEEP has been implementing HIV impact mitigation for the community. In 2008, one hundred HIV-positive women in the Lango region received a solar lantern each. The programme is providing subsidies for energy saving stoves to HIV affected families and to organizations and schools taking care of HIV patients and children affected by HIV. It also provides subsidies for the installation of solar photovoltaic systems in rural health centres and has already installed these systems in 39 health centres and begun installation in another 15 centres.

References

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ProBEC website: <http://www.hedon.info/EnergyAndHIV-AIDS#StatusOfHIVAIDS-StudyByProBEC>



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WHO website: <http://www.who.int/indoorair/en/>

Women's Refugee Commission website: <http://www.womensrefugeecommission.org/reproductive-health/beyond-firewood>

Further Reading

A selection of interesting articles on mainstreaming HIV in the energy sector can be found on the GDC Mainstreaming HIV internet platform at <http://sites.google.com/a/ms-hiv-gdc.org/mainstreaming-hiv-in-german-development-cooperation/Home/sectors-priority-areas/energy>. To join the Group, visit <http://ms.hiv.aids.googlepages.com/home>.

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