

HIV, AIDS AND HOUSING ISSUES

Background

In 2008, for the first time in history, more than half of the world's population (4.4 billion people) lived in urban areas¹. Of these, a shocking 1.6 billion people (36%) of the urban population, (62% of the urban population in Sub-Saharan Africa)², live in slums³, often referenced as "informal settlements". Slums are characterized by an inadequate drinking water supply, poor sanitation, sub-standard structural quality of housing, overcrowding and insecurity of tenure.

A secure place to live is central to everyone's well-being and dignity. Affordable housing is a fundamental building block that improves neighbourhoods, reduces poverty and creates vibrant, inclusive and healthy cities. The challenge is to convert slums into sustainable communities. Housing and human settlement organizations work with communities of slum dwellers to provide safe and sustainable housing in urban slums. This is typically a combination of demonstrating solutions on the ground and organizing people's struggles for secure land tenure in the face of uncaring and/or corrupt political regimes.

HIV prevalence in urban areas is on average 1.7 times higher than in rural areas⁴. It is also higher in slums as compared to non-slum areas⁵ and forces housing groups to increasingly respond to the impact of HIV and AIDS. Likewise, an important determinant of health for those affected by HIV and AIDS is housing.

This fact sheet examines the linkages between housing and the pandemic and how housing organizations can effectively mainstream responses to HIV and AIDS. It also deliberately brings the slum and urbanization question to the attention of the HIV and AIDS community. Fortunately, the HIV and housing sectors have started to work together to tackle the complex relationships between the disease and urban poverty.

This fact sheet mainly draws on experiences and lessons from front-line housing organizations working to improve human settlement conditions in sub-Saharan Africa. The Canadian section draws on practice and lessons from efforts to ensure affordable housing for people living with HIV and AIDS (PHAs).

Connections

Evictions and homelessness: How do you provide home-based care when there is no home? Forced eviction due to insecure tenure or stigma puts people on the streets.

Overcrowding: High densities, overcrowding and poor housing conditions lead to an increasing risk of opportunistic infections and exposes children to early sexual activity.

Discriminatory inheritance practices: The HIV pandemic has resulted in the increased evictions of widows. Women are systematically denied their right to own, control or inherit land and property.

Limited or no access to water and sanitation: Increases the disease burden and presents challenges to providing care.

Stretched household budgets: Funds to pay rent, housing charges and micro-loans for land or housing are diverted to medical care.

HIV and AIDS are housing issues

The links between impoverished housing conditions, HIV and AIDS are multiple and complex. The immense human settlement challenges in urban slums – overcrowding, tenure insecurity, inadequate water, sanitation and basic services – are intensified by the impact of HIV and AIDS. For example, high densities, overcrowding and poor housing conditions increase the risk of opportunistic infections. Inadequate water and sanitation increase the disease burden⁶ and pose challenges to providing home based care. Surviving family members and orphans lose their homes because they cannot afford housing payments or because of inheritance

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practices that typically disadvantage women. Children, particularly girls, drop out of school to care for sick parents and siblings and more children end up living on the street in order to survive⁷. Where the extended family does not take responsibility for orphans, housing communities have to step in to play this role of housing and feeding children. Forced eviction – resulting either from insecure tenure or stigma – violates dignity and threatens safety. Evictions also disrupt medical regimes, access to nutrition and home-based care. AIDS related deaths are eroding housing leadership and skills. As a result of the multitude of challenges, housing and human settlement actors and agencies are being forced to re-think their strategies for achieving adequate housing⁸.

Gender, Habitat, HIV and AIDS

Women-headed households suffer disproportionately from housing related vulnerability⁹. Women comprise about half of all people living with HIV and AIDS world-wide. In Sub-Saharan Africa, they make up an estimated 57 per cent of adults living with HIV, and 75 per cent of young people living with HIV on the continent are young women aged 15-24¹⁰.

A woman can “easily be forcibly evicted from her home or land with no recourse whatsoever. On the other hand, she can be trapped in situations of violence and abuse simply because she has no where else to go”¹¹. It is very common for women to be systematically denied the right to own, control or inherit land and property – it is usually accessed either formally or informally through their relationship with men.

Research suggests that women who have secure access to ownership and control over land and other assets are better able to avoid relationships that threaten them with HIV, and to manage the impact of AIDS.

Source: COHRE

Violations of women’s housing rights to land and property often plunge women further into poverty and exacerbate the spread of HIV and AIDS. Because of stigma, infected woman are evicted from home

and often denied alternate shelter and care. On the death of a husband, widows are often evicted by their in-laws – a situation that leaves them not only homeless, but leaves them alone and isolated in their struggle to live with the disease.

Housing rights ensure that women and girls are better able to mitigate the negative personal and financial impacts of HIV and AIDS. Efforts to advocate on behalf of women’s housing, land and property rights are an integral component of the struggle against HIV and AIDS.

Strategies and responses (within the context of informal human settlements)

Since the late 1990s, organizations working to improve slum conditions in Sub-Saharan Africa, have been experiencing and responding to the impact of HIV and AIDS. Their primary objective is ensuring land and housing rights but they are forced to respond to the challenges of the disease. They are not AIDS service organizations (ASOs), but they have adopted strategies to mainstream HIV and AIDS responses into housing and human settlement development programs. Mainstreaming has meant adapting the organization’s core programs to take into consideration the impact of HIV and AIDS - *changing how things are done, not what is being done*. As an operational concept it is manifested through partnerships, alliances and capacity building, understanding the impact internally and developing and implementing appropriate organizational policies and program activities. While housing organizations try not to duplicate and mimic the efforts of AIDS service organizations, in some situations and given the immense need, they may be required to directly provide AIDS related services.

Promoting sustainable communities

Many slum communities are very unstable which increases their marginalization. Housing organizations are committed to developing more than “four walls and a roof”. Promoting sustainable communities includes ensuring gender equality, sustainable development and responding to HIV and AIDS. Efforts include reducing stigma and

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discrimination, responding to the impact of housing rights violations and the increased vulnerability of specific groups such as children, women and youth. It also includes issues of access to and affordability of housing-related services.

Efforts to address stigma and discrimination aim at education, awareness creation and inclusion of PHAs both in housing and community programs, and through the formation of support groups. Awareness programs aim to demystify HIV and AIDS by providing specific information on prevention, care, support and treatment. Training grassroots housing cooperative and community leaders as HIV trainers and peer educators creates space for open dialogue and communication. It builds trust and commitment to the mainstreaming process and an environment that is supportive of people living with HIV or AIDS. Working through existing cooperatives and community housing groups builds on existing social capital - mutual trust and the experience of working together. Programs include training people to write wills to ensure the proper designation of heirs and protect the future rights of women and men.

An outcome of building community leadership on HIV is the emergence of community-based responses such as cooperative care for orphans and vulnerable children, community feeding programs, facilitating PHA support groups and housing initiatives for PHAs. These programs also take into account the impact on vulnerable groups and the inclusion of women, youth, children, PHAs and people living with disabilities. This has increased acceptance and openness about HIV and AIDS while reducing stigma and discrimination. It has also helped identify and respond to the specific housing concerns of PHAs.

Strengthening organizational capacity

To many housing organizations, particularly in endemic countries, HIV and AIDS was something “external” to their work until it began impacting on their own capacity in a visible way. They had to contend with loss of staff, leadership and

institutional memory, and decreased productivity and capacity.

A first step has been to develop an organizational HIV and AIDS policy and strategy. The process has included sensitization and training of staff and Board members. Developing an organizational policy has helped housing organizations guide and facilitate the policy development and responses at the level of housing groups and co-operatives. Many of these are formally registered institutions in their own right. This has been followed by research to better understand the impact on their constituencies and the identification of service needs and building partnerships that can help deliver these services.

Housing actors have struggled to find the balance between sticking to their core housing work and providing AIDS related services. They are developing and strengthening partnerships and networks to provide complementary services: health care, legal assistance, food gardens and home-based care.

Financial viability and creating safety nets

Housing organizations offer financial and technical services in addition to community building. They are constantly confronted with the need to reconcile their financial and social goals. In many cases, financial viability has been the catalyst for housing groups to respond to HIV/ AIDS in their communities.

Developing safety nets has helped families to keep the homes they have struggled to build. These safety nets have taken the form of livelihood support and local economic development initiatives. Where families are victims of forced evictions, the safety net takes the form of transit and temporary shelters and food assistance. Livelihood support helps families, particularly women, develop skills and generate income through construction, provision of rental rooms, home-based micro businesses, etc. Urban food security and nutritional support is encouraged through food and herb gardens.

Many housing groups in sub-Saharan Africa, are

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scaling-up the provision of housing microfinance. Through small successive loans, families acquire land, install basic infrastructure and build housing incrementally and over time. Housing and other microfinance programs are put in jeopardy when clients become ill and are unable to repay their loans. Families infected with or affected by HIV are unable to contribute “sweat equity¹²” to incremental construction projects. It is a difficult challenge to try and ensure that all of the members of a housing co-op or tenants of a social housing project continue to access housing when a significant number can no longer meet their financial obligations. Loan insurance mechanisms help mitigate risk to some extent. Tenant hardship covers provide short-term safety nets for rent and funeral expenses. Some programs are experimenting with HIV/AIDS Risk Funds. These initiatives ensure that orphans do not inherit the debt or lose their housing. HIV-positive housing group members are not further stigmatized as loans are insured to cover any death and disability and are not conditional upon HIV status.

The Canadian context, strategies and responses

Homelessness is visible in Canada, but is considered difficult to measure. Over thirteen percent of urban Canadian households were deemed to be in core housing need in 2005¹³ (based on the definition of acceptable housing as that which is in adequate condition, of suitable size, and affordable). In Ontario, almost half of people living with HIV or AIDS have problems with housing, as determined by the Positive Spaces Healthy Places (PHSP)¹⁴ research study. This study found that housing instability puts PHAs at risk for concerns related to safety, security and social exclusion. These issues are exacerbated by key social determinants of health that negatively impact the mental health of PHAs. These issues are more acutely experienced by PHAs of Aboriginal, African and Caribbean descent as a result of racism and the long term impacts of colonization.

HIV and AIDS and housing instability often go hand-in-hand. Housing discrimination within the current system is a major area of concern for PHAs. There is a growing consensus among ASOs, researchers,

front-line workers, and policy-makers that housing is a key factor affecting the health and well-being of PHAs. Affordable, safe, supported, and stable housing can help mitigate the effects of poverty, stigma, and illness.

Positive Spaces, Healthy Places

In Ontario, almost half of the people living with HIV have problems with housing. In 2006

- 75% had an income of less than \$1,500 a month
- 40% found it difficult to pay rent
- 33% were at risk of losing housing
- 33% were worried about being forced out of their homes.
- 25% do not feel they belong in their neighbourhoods

Source: www.pshp.ca

At the provincial level, ASOs are at various stages of working with provincial housing ministries to increase the housing options available to PHAs. An Ontario focused housing and health symposium identified key research priority areas. The Prairie Regional Health and Housing Symposium¹⁵ called for on-going research, engagement of policy and decision-makers, and increasing cooperation across sectors. Led by COCQ-SIDA and CAS, a research initiative bringing together universities, community researchers, housing providers and ASOs is being planned in Quebec.

At the Federal level, several policy initiatives make the connection between housing and HIV and call for action. The “*Federal Initiative to Address HI/AIDS*” in Canada calls for federal agencies and departments involved with housing to be more engaged in the national HIV/AIDS response. “*Leading Together: Canada Takes Action on HIV/AIDS (a blueprint for action)*” lists adequate and affordable housing as one of the complex needs of PHAs. It calls for greater government investment in this area, as well as increased partnerships within the health care system and beyond, including those individuals, organizations and agencies who are involved in housing¹⁶. The Canadian Aboriginal AIDS Network is developing a five year national strategy on HIV/AIDS and housing for Aboriginal communities.

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“Bring Me Home: The Canadian AIDS Society’s Position on Housing and HIV/AIDS” calls for the development of a national strategy for housing and HIV/AIDS. It has committed to reviewing national and international housing strategies to compile effective policy recommendations for a Canadian initiative.

Conclusions

In Canada, the housing response for people living with HIV or AIDS has its roots in the AIDS sector trying to meet PHA housing needs. The international response has its roots in the human settlements development sector responding to the impact of AIDS. However, coming at the issue from both sides has resulted in one conclusion – the fundamental causes of housing vulnerability need to be addressed as part of the HIV and AIDS response.

As an integral part of the struggle against HIV and AIDS, States should enact laws that protect gender equality in access, ownership, control and use of housing, land and property. (COHRE, 2008)

HIV and AIDS accentuate the issues related to access to housing and living conditions, particularly in informal settlements and poor quality housing. Mainstreaming HIV and AIDS also means seeking to mainstream understanding and responses to vulnerability issues that are already embedded among the urban poor in Africa. In contexts where stigma is commonplace, articulating and addressing issues relating to overall vulnerability, such as women’s inheritance rights, helps to address needs arising from HIV and AIDS.¹⁷

Housing organizations, in working with housing groups and cooperatives, have access to a natural constituency to focus HIV prevention and stigma reduction efforts. They are well positioned in the area of prevention and have the opportunity to reach out to different generations, particularly youth. Increasing awareness of the issues surrounding HIV serves to reduce stigma and enables housing communities to become safe spaces for positive living. Improved housing conditions not only address the need for shelter but have “real and significant continuing effects on individual health¹⁸”.

Efforts to ensure adequate housing for urban slum dwellers – to secure tenure, inheritance rights, adequate water and sanitation, economic development – address many of the issues of vulnerability that relate to HIV and AIDS. (Rooftops Canada, 2008)

Experiences in both the North and the South emphasize the importance of cross-sectoral partnerships – for AIDS service delivery, housing services, research, advocacy and policy initiatives. The housing and AIDS sectors need to work across their silos and develop partnerships that allow them to play to their strengths to provide complementary services and for effective advocacy and lobbying.

An increasing body of evidence points to the importance of secure and affordable housing as an important element of cross-sectoral HIV/AIDS responses and health promotion. Research from the United States shows that housing assistance and better housing is associated with reduced HIV risk behaviour and improved health care outcomes. This and similar evidence on housing as a structural intervention in the prevention of HIV is coming out of North America where dedicated partnerships on research, advocacy and funding for AIDS housing have emerged¹⁹.

Within the international context, there is greater acknowledgement of inadequate housing as a determinant²⁰ of ill-health. Housing security leads to better living conditions, access to livelihood and access to education and helps mitigate the negative personal and financial impacts of HIV and AIDS²¹.

It is clear that there is a need to develop strategies that address the fundamental causes of homelessness and unstable housing in Canada, as part of a response to HIV AND AIDS. (CAS 2009)

There is a growing international community of interest and advocacy on housing as prevention, care and support for HIV and AIDS. They bring together housing and human settlements organizations, AIDS service organizations, researchers and other stakeholders.

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This is reinforced by the International HIV/AIDS Round Table, networking sessions at international conferences such as the World Urban Forum and the International AIDS Conference, research and advocacy networks in North America and regional events and partnerships in sub-Saharan Africa.

These serve to document and share lessons, consolidate knowledge, strengthen partnerships and develop an agenda for advocacy and lobbying at local, regional and international levels.

What can donors do?

Housing and improved health outcomes for PHAs are intimately connected. Efforts to ensure universal access to anti-retroviral therapies are undermined if the basic housing and nutritional needs of PHAs are not adequately addressed.

Donor agencies need to improve their own knowledge in this area. They can play an important role by supporting efforts to respond to the key relationship between housing and HIV and AIDS, and helping to disseminate these experiences.

Donor support can help break silos between sectors by supporting mechanisms that foster partnership and collaboration at international, regional and local levels. This includes building and strengthening networks through regional and international exchange.

Their most important role is to take much more seriously the global task of improving the lives of the 1.6 billion slum dwellers. The current millennium goals only call for the improvement of the lives of 100 million slum dwellers – a number which will grow several hundred million before even this objective is reached. It is especially important that the donor responding to HIV and AIDS also lend their voices to this effort.

"Many of the new urbanites will be poor. Their future... the future of humanity itself,... depend of the decisions made now in preparation for this growth." (UNFPA, 2007)

Notes and References:

1. United Nations Population Fund, World Population Report, 2007
2. UN Habitat, 2008/2009 State of the World Cities Harmonious Cities
3. The definition of a slum used by UN- Habitat includes a wide range of low-income settlements and/or poor human living conditions. Taken alone, this definition inadequately captures the very diverse kinds of housing used by low-income groups (tenements, cheap boarding houses, squatter settlements, houses built on illegal subdivisions) but it represents a short hand for an area of concentrated disadvantage. Slums are further characterized by the following attributes: (a) lack of basic services, (b) substandard housing or illegal and inadequate building structures, (c) overcrowding and high density, (d) unhealthy living conditions and hazardous locations, (e) insecure tenure and irregular or informal settlements, (f) poverty and social exclusion, and (g) minimum settlement size
4. UNAIDS, 2006, 2006 Report on the Global AIDS Epidemic
5. UN Habitat, 2006/7, State of the World's Cities 2006/2007 The Millennium Development Goals and Urban Sustainability
6. Tomlinson 2007, Impact of HIV/ AIDS at the local level In South Africa, Report commissioned by UMP/ UNCHS
7. ICAD 2006, Best Practices For Care of Children Orphaned by AIDS.
8. The Right to Adequate Housing is detailed in the CESCR General Comment No. 4. The UN-OHCHR and UN Habitat released a 2009 Fact Sheet on the Right to Adequate Housing.
9. UN Habitat 2008, State of the World's Cities 2008/2009
10. COHRE, 2008, Women and Housing Rights Fact Sheet No. 10, Womens Housing Rights in the Context of HIV/AIDS
11. *Ibid.*
12. "Sweat equity" is used to denote unpaid, non-financial contribution made to a project in terms of time and effort. In the case of housing this manifests as physical labour on the construction site, project management and supervision

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13. Canadian AIDS Society, 2009, "Bring Me Home": The Canadian AIDS Society's Position Statement on Housing and HIV/AIDS
14. Positive Spaces, Healthy Places (PSHP) is research the first longitudinal community-based research initiative in Canada to examine housing status and stability and its relationship to health outcomes and health-related quality of life for PHAs
15. Outcomes of the Prairie Housing and Health Symposium can be found at:
<http://www.hivhousingsymposium.org/outcomes.htm>
16. Leading Together: Canada Takes Action Against HIV/ AIDS (2005-2010)
17. Rooftops Canada, 2008. Mainstreaming HIV/AIDS within Housing Cooperatives, Social Housing Institutions and NGOs That Provide Technical Assistance for Housing
18. Habitat, 2001, *Statement to the Special Session of the United Nations General Assembly on HIV/AIDS*,
19. Papers and presentations presented at the North American Housing and HIV/AIDS Research Summit IV: Mobilizing Knowledge – Housing is Effective HIV Prevention and Care.
20. WHO, 2007, Our cities, our health, our future: Acting on social determinants for health equity. Physical environment including housing is one of the Social Determinants of Health
21. COHRE, 2008, Women and Housing Rights Fact Sheet No. 10, Womens Housing Rights in the Context of HIV/AIDS

Links and Resources

International Resources on HIV and Housing:

Rooftops Canada: Housing and HIV/ AIDS: <http://www.rooftops.ca/english/programsPartners/index.asp?page=7>

Settlement Information Network Africa (SINA) Newsletters #73, #66 and #63: www.mazinst.org/73.pdf

COHRE fact sheet on Womens Housing Rights in the context of HIV/ AIDS:

<http://www.cohre.org/store/attachments/fact%20sheet%2010%20Womens%20Housing%20Rights%20in%20the%20Context%20of%20HIVAIDS.pdf>

AIDS and Behaviour, (Volume 11, Supplement 2, November 2007)

<http://www.springerlink.com/content/u14328031u83/?p=fbbd0182568849269a8bd3c04ba421a6&pi=21>

Open House International, Volume 33 No. 4, 2008, "HIV AIDS in Settlement Development Planning"

http://www.openhouse-int.com/volissudisplay.php?xvolno=33_4

The Right to Adequate Housing: Fact Sheet 21 of the OHCHR and UN-Habitat:

http://www.ohchr.org/Documents/Publications/FS21_rev_1_Housing_en.pdf

Canadian Resources:

National HIV/ Housing Portal: www.healthyhousing.ca

Housing Portal <http://www.housingandhiv.org/>

Positive Spaces Healthy Places: http://psph.aso411.ca/about_us.html

Federal Initiative to Address HIV/ AIDS in Canada <http://www.phac-aspc.gc.ca/aids-sida/fi-if/index-eng.php>

Leading Together: Canada takes action on HIV AND AIDS <http://leadingtogether.ca/>

The Housing Portal: <http://www.housingandhiv.org/en/content/documents-related-positive-spaces-healthy-places>

Canadian AIDS Society Position Statement on Housing and HIV/ AIDS:

[http://www.cdnaids.ca/web/setup.nsf/ActiveFiles/Microsoft+Word+-+Position+Statement+-+housing/\\$file/Microsoft%20Word%20-%20Position%20Statement%20-%20housing.pdf](http://www.cdnaids.ca/web/setup.nsf/ActiveFiles/Microsoft+Word+-+Position+Statement+-+housing/$file/Microsoft%20Word%20-%20Position%20Statement%20-%20housing.pdf)

Policy:

International Declaration on Poverty, Housing Instability and HIV/ AIDS:

<http://nationalaidshousing.org/2008/07/endorseconference/>

NAHC Policy Toolkit (USA) : <http://nationalaidshousing.org/policy-toolkit/>

Leading Together: Canada Takes Action on HIV/ AIDS <http://www.leadingtogether.ca>

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