



AIDS briefing paper:

Fighting Hunger and Poverty in Communities Affected by HIV/AIDS

HIV/AIDS and food insecurity: breaking the vicious cycle

Adapted from an article by Dan Maxwell (CARE) and Nick Maunder (FEWS Net)¹

In its early years, the AIDS pandemic was perceived primarily as a health crisis. However, linkages now are acknowledged between HIV/AIDS and a broad range of other sectors, including food security, and the crosscutting impacts of AIDS are a serious concern to policy-makers in all fields. This paper reviews linkages between HIV/AIDS and livelihoods, food security and nutrition, and summarizes important policy challenges.

A recent review by the International Food Policy Research Institute underscored the ways in which HIV/AIDS is a unique shock -- qualitatively different from other issues that policy-makers are accustomed to addressing. First, AIDS is incurable and fatal. In the absence of access to expensive drugs, everyone who becomes infected will die prematurely. Second, due to the stigma attached to the disease, it is often shrouded in silence or denial, making transmission more difficult to prevent. Third, it not only attacks the most produc-



tive and economically active members of society, it often kills both parents in a household, leaving surviving children and elders extremely vulnerable. Fourth, over time the pandemic erodes institutional capacity to respond because of the loss of human resources, with a disproportionate loss of trained and qualified staff. Fifth, it increases pre-existing social and economic vulnerability: while it kills both rich and poor individuals, it is the poor who are most vulnerable. And while it attacks both men and women, to the extent that women are more marginalized and powerless, they are at greater risk of exposure.

Females, particularly young women and girls, also are biologically more vulnerable. Over time, HIV/AIDS may define significant new geographic areas of vulnerability to food insecurity. The pandemic has had multiple impacts and in many ways is fueled by circumstances prevailing in poor countries and countries in conflict.

The main links between HIV/AIDS, food insecurity and poverty are summarized herein. Though AIDS kills without discrimination by social or economic status, the interrelationships between HIV, poverty, and hunger are a vicious cycle.

continued on page 2

¹ An earlier version of this paper appeared in the April 15, 2001, edition of *Greater Horn of Africa Food Security Update*, published by the Famine Early Warning System Network (FEWS Net) and CARE International's East Africa Regional Management Unit. Information about FEWS Net, a network funded by the U.S. Agency for International Development, is available at www.fews.net. The original authors can be reached at maxwell@care.org or nmaunder@fews.net.

AIDS impoverishes families of infected people in the short-to-medium term due to:

- Loss of income-earning labor in agriculture and other livelihoods as sufferers grow sick and eventually die;
- Increased household expenses of health care, funerals and burials;
- Diminished capacity to care for children and other vulnerable relatives;
- Loss of livestock or other productive resources as families are forced to sell assets to cope with loss of income and increase expenses; and
- Loss of survivors' assets in cultures where widows do not have inheritance rights.

AIDS also increases longer-term vulnerability to poverty and hunger by:

- Forcing young children, especially girls, to stop schooling to work or to care for a sick parent or relative;
- Reducing or preventing inter-generational transfer of life skills or traditional knowledge about agriculture or other livelihoods;
- Diverting public health resources away from other common diseases;
- Eroding the human resource base of institutions that must redress the pandemic; and
- Robbing families of adults' labor and knowledge, affecting access to food at the household level and reducing general agricultural production.

Poverty and hunger also increase vulnerability to AIDS:

- Through the break-up of households because of the need for labor migration;
- Through the increased likelihood of high-risk income-earning activities -- most notably the increased risks faced by women forced to take up commercial sex to supplement income;
- Because poverty-linked malnutrition contributes to earlier onset of AIDS and increases the likelihood of opportunistic infection; and
- Because some of the strategies traditionally used to cope with poverty among extended families in some cultures increase the risk of transmission -- such as when a widow marries the brother of her deceased husband.

HIV/AIDS has important links with nutrition, and the links with breastfeeding are perhaps the most controversial -- and the most heartbreaking. Infants of mothers living with HIV stand about a 30 percent chance of being infected themselves. Much of the risk of mother-to-child transmission occurs during labor and delivery, but part of the risk is through lactation, forcing difficult decisions regarding breastfeeding.

Other links between HIV/AIDS and food security exist beyond the household level. Recent estimates from the United Nation's Food and Agriculture Organization suggest that 7 million agricultural workers in the 25 African countries most severely hit by the pandemic already have died from AIDS. Emergencies linked to famine, conflict or both are major sources of HIV transmission. Rapid rates of transmission often are associated with the presence of armies; in situations where people are displaced, there often is a high level of sexual violence, and women frequently are forced to trade sex for food, protection or other basic needs.





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Although good information about AIDS itself is available from a number of sources, information about the linkages between AIDS and poverty, livelihoods or food security is scarce, and much current policy is based on scanty empirical evidence. Improving the information base is a challenge to improving policies that will mitigate the direct and collateral impacts of AIDS. These challenges and specific responses are given below:

Some challenges in breaking the vicious cycle of HIV/AIDS and food insecurity:

- Delivering broad-spectrum HIV care that includes food, nutrition and other care and support;
- Making HIV/AIDS awareness and prevention a top priority in emergency response;
- Understanding the benefits and risks of “development” interventions in relation to the prevalence and transmission of AIDS (such as benefits and risks of promoting migrant labor);
- Providing effective treatment of opportunistic infections for people living with HIV/AIDS in resource-deprived communities and during emergency response efforts;
- Increasing access to generic anti-retroviral drugs for those who cannot afford them;
- Addressing the stigma associated with AIDS and the sexual nature of transmission; stigma is one of the leading causes of the persistent spread of the pandemic; and
- Addressing gender challenges -- changing the nature of relations between women and men is fundamental to bringing the pandemic under control.

Some specific recommendations:

- Vigorously promote prevention and protection of women and girls during emergencies, particularly emergencies that include displacement;
- Develop and promote labor-saving agricultural technologies;
- Review the impact of rural development programs on the likelihood of increased vulnerability to HIV infection;
- Promote informed choice about breastfeeding among HIV-positive mothers by providing them with the best information (including the risks of HIV transmission through breastfeeding and the risks of mortality and morbidity associated with artificial feeding);
- Facilitate the transfer of customary and institutional knowledge about life skills and livelihoods across generations; and
- Ensure legal and policy protection for inheritance rights of widows and survivors.

Some resources and papers on the links between HIV/AIDS and food insecurity are listed below:

1 Lawrence Haddad and Stuart Gillespie, 2001. “Effective Food and Nutrition Policy Responses to HIV/AIDS: What We Know and What We Need to Know.” IFPRI Discussion Paper. Washington, DC: International Food Policy Research Institute.

[www.ifpri.org]

2 “The State of Food Insecurity in the World, 2001.” Food and Agriculture Organization of the United Nations. Rome, Italy: 2001.

[www.fao.org]

3 Ellen Piwoz and Elizabeth Preble, 2000. “HIV/AIDS and Nutrition: A Review of the Literature and Recommendations for Nutritional Care and Support in Sub-Saharan Africa.” USAID SARA Project (Support for Analysis and Research in Africa). Washington, DC: Academy for Educational Development

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4 Joanne White and Elizabeth Robinson, 2000. “HIV/AIDS and Rural Livelihoods in Sub-Saharan Africa.” Policy Series, Number 6. Chatham: Natural Resources Institute.

5 Daphne Topouzis and Jacques du Guerny, 1999. “Sustainable Agriculture and Rural Development and Vulnerability to the AIDS Epidemic.” FAO-UNAIDS Joint Publication. Geneva: UNAIDS.

[www.unaids.org]

6 Vivica Kraak, David Pelletier, Edward Frongillo and Serena Rajabiu, 1999. “The Potential Role of Food Aid for AIDS Mitigation in East Africa: Stakeholder Views.” Food and Nutrition Technical Assistance (FANTA) Project. Washington, DC: Academy for Educational Development. [www.aed.org]



MARK HANSON

a one-year profile of HIV/AIDS worldwide

40 million people living with HIV/AIDS

5 million people newly infected with HIV in 2001

580,000 AIDS-related deaths in children under age 15 in 2001

(UNAIDS/WHO estimates, December 2001)

CARE International is one of the world's largest private humanitarian organizations, committed to helping families in poor communities achieve lasting victories over poverty. A confederation of 12 separate member organizations, CARE International reaches tens of millions of people each year in more than 60 countries in Africa, Asia, Europe and Latin America. Together, CARE International members not only collaborate on poverty-fighting projects, they also work together on advocacy, communications, fund-raising and building relationships with governments and other organizations. CARE International is coordinated by a secretariat in Brussels.

CARE's key strengths for responding to the HIV/AIDS crisis are its geographic coverage, multi-sectoral expertise, and experience in strengthening the capacity of community-based organizations. Our experience in HIV/AIDS programming started in 1987 and has shown that effective responses can be mounted at the community, national and international levels. Beginning with one HIV/AIDS project in 1987, CARE's portfolio now includes more than 50 projects with HIV/AIDS components. ■

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