



ODI Food Security Briefings

2 Impact of HIV/AIDS on Food Security

Kirstan Hawkins (Options) and Karim Hussein (ODI)

February 2002

This material is the result of ODI research presented in preliminary form for discussion and critical comment.

This paper was produced with DFID support. However the views expressed are those of the authors and do not necessarily reflect those of ODI nor DFID.

This series of Briefings was coordinated and managed by Karim Hussein with the assistance of Tom Slaymaker, RPEG, ODI. Formatting and design by Fiona Drysdale, RPEG, ODI.

© Overseas Development Institute 2002

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of the publishers.

Introduction and overview

Acquired immunodeficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV). HIV is passed from person to person through sexual transmission (heterosexual and homosexual), injecting drug use, unsafe blood transfusion and mother-to-child transmission. Sexual transmission accounts for 80% of all HIV infections. Heterosexual transmission is the predominant mode in the developing world.

HIV/AIDS has become one of the most important challenges to the economic, social and human development of poor countries. In the hardest hit countries AIDS has reversed four decades of development progress, having a disproportionate impact on the poor. Unless HIV/AIDS is effectively addressed through a rapid and sustained response, it will prevent attainment of international development targets (IDTS) for health, education and poverty reduction.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organisation (WHO) estimate that the number of people living with HIV or AIDS (PLWHAs) at the end of year 2000 stands at 36.1 million. The dynamics of the epidemic vary enormously from place to place. Africa is home to 70% of adults and 80% of children living with HIV/AIDS. The epidemic is relatively recent in Asia and its dynamics vary greatly across the continent, but the incidence (number of new infections) rate is rising. In comparison with Africa, rates of HIV infection in the general population in Asia remain low. Nonetheless, China and India account for 36% of the world population and even low prevalence rates in these countries means that the absolute numbers of people affected by HIV in Asia will soon outstrip Africa. In India alone nearly 4 million people are living HIV/AIDS.

HIV/AIDS has increasingly been recognised as a cross-cutting multisectoral issue that should be taken into account at every level of development policy and planning, impacting upon all types of assets, i.e. human, financial, social, physical, natural and capital, as well as information related and political assets.

Vulnerability is a core concept linking HIV/AIDS and its impact to livelihood insecurity. To be vulnerable in the context of HIV/AIDS means to be able to exercise little or no control over one's risk of acquiring HIV infection, or for those already affected by HIV to have little or no access to appropriate care and support. A range of factors including gender relations and inequity, mobility and migration, conflict and political instability, and marginalisation, stigmatisation and discrimination influence vulnerability. Although HIV/AIDS is not a

disease of poverty, poverty in general increases vulnerability to risk of infection as well as the impact of HIV/AIDS.

The relationship between livelihood strategies and HIV/AIDS is multidimensional and specific to local context. Insecure livelihoods and lack of social protection can increase vulnerability to risky behaviours and HIV infection. A livelihoods approach provides an analytical framework through which to assess the impact of HIV/AIDS on the assets upon which people's livelihoods are based.

HIV/AIDS is an issue for both urban and rural populations. In some countries such as India, the absolute number of people living with HIV/AIDS may be greater in rural than urban areas. Migration is a fundamentally important livelihood strategy for many of the world's poor. Migration also links the transmission of HIV between urban and rural populations. Conflict and politically unstable situations also create contexts in which population groups become highly mobile. Migration and mobility increase vulnerability to HIV/AIDS both for those who are mobile and for their partners back home.

Gender relations are a critical factor in the relationship between livelihood strategies, mobility and vulnerability to HIV/AIDS. For men, cultural norms of sexuality and masculinity combined with separation from family and community support networks as a result of migration increases the likelihood of high-risk multi-partner sex. Risk of HIV infection during unprotected vaginal intercourse is 2 to 4 times higher for women than for men. Women's increased physiologically vulnerability to HIV/AIDS is compounded in many contexts by lack of power and control over sexual relations and lack of ability to negotiate safer sex. In the context of food insecurity sexual exchange for cash or goods is often an important survival strategy for women, especially for women headed households. For example, widows often lose their only means of subsistence through lack of rights to inherit their husband's property and land.

HIV/AIDS has a major impact on household food security and nutrition. The burden of ill-health and death as a result of AIDS impacts on livelihoods, depleting human capital, disrupting social support networks, institutions and both formal and informal organisations, thereby limiting or undermining livelihood opportunities, productivity and social support mechanisms. The breakdown of community institutions and social relations also weakens group-based micro finance initiatives, thus reducing access of the poor to

credit. Evidence suggests that the impact of HIV/AIDS on food security and nutrition is directly related to the wealth of the household. Spending on food in poor households falls significantly following the death of an economically productive adult. Rural development and livelihood opportunities are critical to improving well-being and lengthening lives of people living with HIV or AIDS (PLWHAS) and their families.

AIDS has a dramatic impact on children and young people. Highly affected areas have seen the emergence of a generation of orphans. Orphaned children are rarely able to cope with the additional agricultural tasks left to them and are unable to maintain food production and non-agricultural economic activity, for example petty trade. HIV/AIDS is also reducing the numbers of children attending school (girls in particular) as they become burdened with caring for the sick and ability to pay schools is reduced. This limits development and livelihood opportunities.

In heavily affected countries HIV/AIDS has had a significant impact on the economy and social sectors. Health care systems are increasingly unable to cope with demand, businesses are experiencing significant losses in skilled and semi-skilled personnel, and governments are losing highly trained and experienced employees in sectors such as education, health and agricultural services. HIV/AIDS disproportionately affects sectors that are highly labour-intensive or have large numbers of mobile workers, such as agriculture. AIDS related ill health and attendance at funerals has greatly affected services provided by agricultural extension workers in highly affected areas.

Meeting the challenge of HIV/AIDS requires a combination of approaches including:

- strengthening political leadership
- alleviating social and economic impacts of the epidemic
- reducing vulnerability
- intensifying prevention
- increasing care and support
- providing international public goods and increasing resources
- creating institutional coalitions and partnerships that cross sectoral boundaries

Position, thinking and priority issues promoted by other key global players

UNAIDS is co-sponsored by UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO and the World Bank. UNAIDS promotes HIV prevention linked to care and support for PLWHAs as the core strategy for

all countries. Ensuring a long-term and sustained response requires many factors: political leadership and commitment; social and structural change to reduce vulnerability; protection of human rights; multi-sectoral collaboration and partnerships between governments, civil society and the private sector; and full participation of individuals, communities and PLWHAs in building a response.

The World Bank supports capacity building within national and local governments, communities and the private sector to design and implement effective programmes, as well as multi-sectoral reforms, including health sector reforms, and human rights protection.

The European Union and several European bilaterals (SIDA, DANIDA, DFID) have poverty eradication as an over-riding goal, often applying multi-dimensional livelihoods approaches (c.f. rural development and food security policy papers) which also encompass the notion of vulnerability. The European Commission places HIV/AIDS within a communicable disease framework, maintaining a major focus on such factors as prevention in the context of poverty reduction, strengthening private sector involvement and pharmaceutical policies, and stimulating development of global public goods targeting communicable diseases.

DFID highlights six core components of its HIV/AIDS strategy:

- building political leadership
- building national institutional capacity across sectors
- tackling the underlying causes of vulnerability
- cross-sectoral collaboration
- the prevention to care continuum
- supporting development of knowledge generation

While the HIV/AIDS strategy refers to impact on livelihoods it does not appear to draw on the principles and approaches of the livelihoods framework in developing a strategic response.

The USAID results package highlights four key priorities. Quality services are needed along with improved knowledge to address cultural and policy constraints to prevention. Also needed is a strengthened and expanded private sector, and improved data to monitor and evaluate prevalence and impact.

A recent IFPRI discussion paper on 'Effective Food and Nutrition Policy Responses to HIV/AIDS' adopts a livelihoods framework to analyse the issues. This appears to be the first attempt to do this.

Recent debates on this topic

There is a move among international agencies involved in rural and agricultural development to consider HIV/AIDS as a central issue (World Bank, FAO, IFPRI etc). This is a shift from viewing HIV/AIDS purely as a health issue to viewing it as a central development issue crosscutting sectors.

Secondly, research indicates that the chance of infection with HIV might be reduced in individuals who have a good nutritional status with micronutrients, especially vitamin A. Mother to child transmission has also been identified as a major nutritional issue. The finding that HIV is transmitted through breast milk has complicated international infant feeding recommendations.

Prevention is most effective when linked to care and support. Antiretrovirals can significantly improve the quality and prolong the life of PLWHAs. Anti-retroviral therapy (ART) reduces risk of mother to child transmission (MTCT) by 50%. Many health systems are unable to sustain the costs of providing ART, and antiretrovirals are still unaffordable to most of the world's poor. Care and support needs to maximise community and home based care, and ensure access to essential drugs for treatment of opportunistic infections such as TB through the primary health care system.

The delivery of prevention and care services which target individual risk behaviours alone have been shown to have limited impact on bringing about behaviour change. There is a general move to stress that intervention strategies are most effective when linked to strategies to reduce the factors creating vulnerability, which includes poverty reduction.

HIV/AIDS threatens the effectiveness of community-based approaches to technology development and also results in loss of local technical knowledge. It may also imply a shift towards the development of labour saving technologies.

There is an urgent need to scale up the global response to the epidemic and to effectively mobilise existing and additional resources. While accurate data for assessing the cost of an expanded response and effective interventions is not available, UNAIDS estimates that projected costs are affordable.

The public and private sectors both have a role to play in building effective global and national responses to the epidemic. From a health perspective, while the role of the private sector in social marketing of condoms

and providing STD treatment services is increasingly being emphasised, evidence also suggests that user fees significantly inhibit access of the poor to health services. From a rural livelihoods perspective there is a role for the private sector in service provision, marketing and production. Nonetheless there is concern that private sector responses can reduce the capacity of poor households to mitigate the impact of HIV/AIDS.

Globally, more accurate data is required to measure the severity of the epidemic in different countries and regions, and the effectiveness of HIV/AIDS control programmes. This should be linked to existing data collection on poverty and food insecurity (e.g. World Bank, FIVIMS etc).

Links with wider development themes

Vulnerability is a central concept in the sustainable livelihoods (SL) approach. Livelihoods approaches are increasingly accepted as useful in addressing food security. People's livelihoods and the wider availability of assets are recognised as fundamentally affected by critical trends, as well as by shocks and seasonality, over which they have limited control. The inherent fragility of poor people's livelihoods makes them unable to cope with stresses, whether predictable or not. A number of studies have detailed the affects of HIV/AIDS on livelihoods (e.g. Haddad and Gillespie, 2001)¹.

The core principles of a poverty-focused SL approach are that it should address vulnerabilities and be people-centred, responsive and participatory. The approach should also be conducted in partnership, be holistic and dynamic, and build on people's strengths and assets. Within such SL approaches, gender relations are recognised as critical in determining food insecurity. A core aim of the SL approach is to enable poor people to capitalise on existing assets and become more resilient to shocks. This requires a multi-level and multi-sectoral response, and a supportive policy environment. For example, policy reforms that increase access of the rural poor to markets are critical in reducing risk. There has also been an increased effort in both rural development and HIV/AIDS interventions to map out the roles of different actors, in particular the private sector and communities.

International best practice

Recent studies have increasingly drawn linkages between HIV/AIDS and factors such as food security, nutrition and rural development. These studies have highlighted ways in which rural development policies can be adapted to address the impact of HIV/AIDS. For example, agriculture policy needs to address impact

in terms of labour loss, knowledge loss and weakness in institutions/organisations. A number of themes deserve to be highlighted.

- There is strong evidence showing that countries will ultimately reduce their numbers of new HIV infections if they carry out effective prevention programmes. This requires a scaled-up and expanded response to the epidemic, which should give priority to strategies that promote prevention while mitigating the impact of HIV/AIDS, in particular on livelihoods and food security.
- There are a limited number of interventions that can reduce the actual transmission of HIV. There is a wide consensus that the effective components of prevention include:
 - information and education
 - access to condoms (male and female)
 - access to services for screening and treatment of sexually transmitted infections (STIs)
 - voluntary testing and counselling (VCT)
 - safe blood supply
 - access to sterile needles
- Prevention is most effective when linked to care and support services for PLWHAs, including essential drugs for treatment of opportunistic infections.
- There is an increased emphasis on maximising community and home-based care and support to improve the quality of life of households and PLWHAs. This has clear links to approaches to rural development, which focus on working with local organisations and community institutions.
- Interventions aimed at HIV prevention and promoting livelihoods security are most effective when linked to strategies which address the underlying causes of vulnerability, in particular: poverty, rights and differential access to resources; marginalisation, stigma and discrimination; and gender inequalities. A rights-based approach premised upon people's participation is essential. This means the full participation of individuals and communities affected by HIV/AIDS in decision-making and action, and inclusion and destigmatisation of PLWHAs.
- Also essential for an effective response is strong national political leadership with a willingness to openly address HIV/AIDS issues through a positive policy environment. A multi-sectoral response is now critical, based upon partnerships between

international agencies, government, private sector and civil society.

Notes

¹ Haddad and Gillespie (2001) 'Effective food and nutrition policy responses to HIV/AIDS: what we know and what we need to know'. London: ODI.