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HIV and AIDS REPORTER: focus on food insecurity and HIV 17 October 2006

produced by the [IDS Health & Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

This is our monthly email bulletin, bringing together research to inform policy debates on HIV and AIDS in developing countries.

The HIV and AIDS Reporter aims to provide readers with a more in-depth look at a particular area of HIV-related policy. This month's theme is on [food insecurity and HIV](#). The bulletin also features summaries of new documents and other additions to the [HIV and AIDS Resource Guide](#).

Reporter Archive - A reporter archive is now available on the HIV and AIDS Resource Guide. See previous issues of the HIV and AIDS Reporter at <http://www.eldis.org/hiv aids/archive.htm>

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact i.young@ids.ac.uk.

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Feature: food insecurity and HIV

Food security is having access at all times to enough food for an active, healthy life. This includes: the availability of nutritious and safe food; and the ability to acquire this food in socially acceptable ways. Food insecurity is where this is not possible. Food insecurity and HIV are intricately connected: food insecurity can increase vulnerability to HIV; and HIV can precipitate food insecurity.

The evidence has shown that food insecurity can increase the risk of contracting HIV by splitting up families and households in their search for work. Food insecurity also exacerbates gender inequality, a key driver of the AIDS epidemic. Other connections include: those who are food insecure have less access to HIV information and are less able to use it; and changing livelihoods can result in increased piecemeal work and transactional sex being built into unwritten contracts. Malnutrition resulting from food insecurity can also weaken people's immune systems, therefore increasing the risk of infection.

The evidence also demonstrates how HIV and AIDS can exacerbate or precipitate food insecurity. HIV sickness and death impacts on agricultural production – the biggest and most important source of income for most people living with HIV and AIDS – in three ways: resource shortages both in terms of labour and cash; loss of knowledge and intergenerational transfer of knowledge as parents cannot pass on their skills to children; and a breakdown in institutional capacity. HIV also raises energy requirements in both children and adults, resulting in the need for more food.

The overlapping nature of the interactions between food insecurity and HIV highlights the need for a multi-sectoral approach that addresses these complex issues. In April 2005, a conference held in Durban, South Africa - HIV/AIDS and Food and Nutrition Security: From Evidence to Action - explored these issues. The response to food insecurity and HIV as discussed and debated at this conference can be four categories of action:

- strengthen community and household resistance to HIV and increase resilience to AIDS;
- preserve and enhance community livelihood options;
- protect vulnerable groups through comprehensive social protection, not simply economic safety nets;
- and, underpinning all of these activities, strengthen governance and capacity to address these issues at all levels.

This feature is based on the presentation made by Stuart Gillespie, Director of RENEWAL, at the International AIDS Conference in August 2006. See more on this session: HIV, Gender and Development: The Poverty, Malnutrition, Food Security Cycle (From Evidence to Action)

Suggested resources:

- Renewal (Regional Network on HIV/AIDS, Rural Livelihoods and Food Security)
- Breaking the viscous cycle of HIV/AIDS and hunger
- Eldis Food Security Resource Guide
- HIV and AIDS Key Issues Guide on Nutrition

Recommended readings

AIDS, poverty, and hunger: challenges and responses

Author(s): Gillespie, S. (ed)

Produced by: International Food Policy Research Institute (IFPRI), 2006

This book is based on the International Conference on HIV/AIDS and Food and Nutrition Security: From Evidence to Action that took place in Durban, South Africa in April 2005. The book provides a forum to review emerging knowledge on the interactions between AIDS and hunger and to better understand what it implies for poverty, food and nutrition-relevant policy and programmes. The book is organised around three main themes. Theme one: interactions – considers those between agriculture and other rural livelihood systems, the spread of HIV and the impacts of AIDS at different levels. Theme two: local responses – details capacities and strategies of households and communities to reduce infection risk (resistance) and respond effectively to the impacts of HIV and AIDS (resilience). Theme three: policies, programmes and interventions – reviews processes and impacts of food- and nutrition-relevant policies that have sought to prevent the spread of HIV and/or mitigate the impacts of AIDS.

The editor argues that we should not be blind to AIDS, nor should we be blinded by AIDS. Rather, an HIV lens, not a filter, needs to be employed in order to see the interactions and overlapping set of problems between HIV and AIDS, food insecurity and malnutrition. Moreover, greater emphasis needs to be placed on learning from, supporting and enabling community-driven responses and innovations.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC15299>

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Food, nutrition and HIV: what's next?

Author(s): Samuels, F.; Simon, S.

Produced by: Overseas Development Institute (ODI), 2006

This briefing paper outlines the various ways in which food and nutritional security is essential in the HIV and AIDS response. It provides some information on Article 28 in the Declaration of Commitment by the United Nations General Assembly Special Session dedicated to HIV and AIDS (UNGASS) and discusses its implications.

Food and nutritional security can slow the progression of the illness, while adherence to anti-retroviral therapy (ART) and its efficacy are significantly influenced by access to adequate food and nutrition. Food is also an important aspect of HIV and AIDS prevention programmes, because a lack of adequate food:

- forces people, especially women and girls, into high risk situations where they are more likely to be vulnerable to exposure to HIV infection
- weakens the immune system and generally make a person more susceptible to infections, including HIV
- increases the likelihood of transmission from mother to baby.

The report makes the following recommendations for donors and policy makers:

- programming needs to be holistic and comprehensive. Responses must not be limited to the health sector

- programming and policy that open up opportunities for less risky, less susceptible livelihoods are an essential part of prevention, treatment and care and support. HIV is a disease driven by inequality and poverty. It needs to be addressed and funded with this in mind
- it should be recognised that where anti-retroviral therapy (ART) is necessary, food is a key element in strategies to promote adherence to it and its efficacy
- donors and governments need to make better use of available mechanisms to strengthen the links among sectoral policies. This means using poverty reduction strategies and sector plans in new ways. All sectors should be expected to work to minimise risk of HIV transmission and strengthen resilience to AIDS
- a harmonised approach is needed in strategic planning, in line with the 'Three Ones' Principles - one agreed AIDS action framework, one national AIDS coordinating authority, one agreed country-level monitoring and evaluation system
- appropriate nutrition and impact indicators should be included in clinical and community surveillance, and in national, regional and international progress reporting
- governments should work in partnership with civil society and other relevant actors to ensure the incorporation of and attention to Article 28 as they set national targets for scaling up to universal access this year.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22700>

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Equity issues in HIV/AIDS nutrition and food security in southern Africa

Author(s): Chopra, M.

Produced by: EQUINET: Network for Equity in Health in Southern Africa, 2003

This paper, produced by Equinet, explores the interactions between HIV, nutrition and food security, and discusses programmatic approaches to address these interactions in terms of impact on equity. It argues that the traditional emphasis on efficiency in nutrition and food security programmes for HIV has resulted in a narrow medical focus. It cites the provision of free formula milk to pregnant women who are HIV positive as an example of a narrow policy that is actually increasing inequity, as poorer women who do not have the resources to safely formula feed receive nothing.

The paper calls for more comprehensive policies, which encompass both efficiency and equity and aim to enhance the resilience of livelihood systems. It calls for programmatic approaches that combine prevention, treatment, rehabilitation and mitigation. The author suggests that such approaches would reduce vulnerability to HIV more effectively, by addressing and influencing the factors that lead people to adopt risk behaviours, rather than the risk behaviours alone. Interventions can also be more efficient and effective, he argues, if targeted towards the most vulnerable in a participatory manner that promotes social justice. [adapted from authors]

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC17951>

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Food security and HIV/AIDS

Authors: Joomba, M. B

Produced by: Institute for Security Studies (ISS), South Africa, 2005

Poverty and hunger continue to characterise life for most of Africa's inhabitants who are denied agency over their livelihoods as a result of a complex mix of reinforcing structural, political and environmental factors. This article identifies HIV/AIDS and food insecurity (particularly in rural areas) as the two most severe and interrelated humanitarian issues currently facing southern Africa. It is

argued that the current situation must be contextualised as an 'entangling crisis' of climatic factors, chronic poverty, the failure of economic and political governance, and the impact of HIV/AIDS on the ability of individuals to respond independently.

The paper adopts the 1996 World Food Summit Plan of Action's description of food security and states: food security exists when all people at all times have physical access to sufficient, safe and nutritious food for a healthy and active life. Moreover, food security entails three levels of activity: production, distribution, and consumption, and thus early warning and strategic planning must include all three levels.

The introduction of HIV/AIDS into the development equation presents major challenges to the ideals of a long-term strategy for poverty reduction and food security, which include:

- approximately two thirds of the population of the 25 most affected African countries depend on agriculture for their food security
- by 2020 Namibia could lose up to 26% of its agricultural labour force to the virus, Zimbabwe 23%, Mozambique and South Africa 20% and Malawi 14%
- major impacts on agriculture include depletion of human capital, diversion of resources from agriculture, and loss of farm and non-farm income, together with other forms of psychosocial impacts that affect productivity

Other changes in the agricultural profile of the region include:

- shifts in the type of food production
- increasing movement of people
- loss of transfer of knowledge of agricultural skills
- weakening of institutional capacity
- exacerbation of gender inequalities

The paper suggests the following policy options:

- the emphasis must shift towards understanding the divide between subsistence and commercial farming so that both activities are adequately supported
- disengagement by African governments from a passive reception of food aid to an adaptation of policy in support of agricultural development
- supporting national food producers and agrobusiness through education, extension services, improved seed selection and credit, together with improved irrigation and transport and distribution networks
- the use of food aid and land reform as political tools must be considered within the governance paradigm

The paper concludes by noting that the current mix of structural factors and external climatic changes will continue to destabilise livelihoods if an integrated approach to the issues of food security and HIV/AIDS is not adopted. It is imperative to sustainable development that issues of responsible government should be incorporated into seemingly unpredictable events such as the southern African famine.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC18272>

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Integrating nutrition security with treatment of people living with HIV: lessons being learned in Kenya

Author(s): Byron, E.; Gillespie, S.; Nangami, M.

Produced by: Regional Network on HIV/AIDS, Rural Livelihoods and Food Security (RENEWAL) , 2006

This report from RENEWAL highlights the key constraints, opportunities and challenges in strengthening the nutrition security of people living with HIV on antiretroviral (ARV) treatment in Kenya. It examines an ARV programme which began giving food to patients after discovering that many were malnourished. The report finds that the programme was an important source of food for the most vulnerable patients and their households. It contributed to greater dietary diversity, and improved the emotional well-being of patients by reducing stress. It also helped patients to recover physical strength, so that they could return to productive life and were more likely to adhere to their treatment.

The authors highlight the importance of weaning or transitioning clients off food supplementation. Criteria to determine a patient's ability to transition off food need to be improved and clarified among both staff and patients. The authors also call for more attention to be given to seasonal changes in the need for support; the ability of informal networks to respond; stigma; and the links between short-term nutritional support and longer-term household nutrition security. Other recommendations include the need for: post-intervention monitoring systems; promoting linkages with local, national and international partners; and an economic evaluation of the cost-effectiveness of interventions.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22496>

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Report on the workshop on interventions to mitigate the impact of HIV/AIDS on smallholder agriculture, food security and rural livelihoods

Author(s): Economic Commission for Africa

Produced by: Southern African Regional Poverty Network (SARPN), 2005

This report summarises the outcome of the 2005 UNECA workshop the impact of HIV and AIDS on food security. The purpose of this workshop was to give attendees the opportunity share information on best practices in mitigating the impact of HIV and AIDS on rural livelihoods and rural food security and identify actions, strategies and recommendations to strengthen HIV and AIDS mitigation.

There three main themes of the workshop covered:

- mitigating the impact of HIV and AIDS on smallholder agriculture, household food security and rural livelihoods
- the role of governments in mitigating the impact of HIV and AIDS on smallholder agriculture, household food security and rural livelihoods
- policies and other actions to mitigate the impact of HIV and AIDS on smallholder agriculture, household food security and rural livelihoods

Several recommendations emerged from the conference including:

- countries must developing effective methods of sharing best practices, policy and mitigation intervention experiences, data and other resources
- in order for mitigation to be effective, coordination mechanisms among all stakeholders must be strengthened

- technology for improving agricultural productivity must be affordable for users in order to increase access
- involving end users of technology in its development would boost uptake
- increased education about new laws that promote the rights of women to land is required to ensure that these are familiar to all stakeholders working on land issues
- support for the training of legal personnel on women's land rights, especially those who administer customary law including traditional leaders is also required
- where possible, orphanages should be the last resort in mitigating the impact of HIV/AIDS

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22601>

Summaries of other documents in the HIV and AIDS Resource Guide

Dream: an integrated faith-based initiative to treat HIV/AIDS in Mozambique

Author(s): Marazzi MC,; Guidotti G,; Liotta G; Palombi L

Produced by: World Health Organization (WHO), 2005

This case study, from the World Health Organization, describes DREAM, a faith-based initiative to treat HIV and AIDS in Mozambique. DREAM (Drug Resources Enhancement against AIDS and Malnutrition) was created by the Community of Sant' Egidio and takes a holistic approach by combining Highly Active Anti-retroviral Therapy (HAART) with the treatment of malnutrition, tuberculosis, malaria and STIs (sexually transmitted infections). Working with the health system, core elements of the DREAM model include: optimal use of personnel; intensive training; scaling back investment in institutional development and scaling up a stronger field presence; and intensive use of technology and innovative methods in communication, informatics and diagnostics.

The authors outline a number of lessons learned from the DREAM programme. The programme shows that a public health programme can offer treatment to people living with HIV and AIDS at very low cost, while maintaining high standards. Training people involved in providing services for people living with HIV and AIDS is a key component of programmes and is essential to ensuring long term sustainability and scaling up. Adherence to treatment is significantly increased when patients are assured of their treatment over the long term and when treatment is free of charge.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22444>

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Scaling-up the HIV/AIDS response: from alignment and harmonisation to mutual accountability

Author(s): Buse, K.; Sidibe, M.; Whyms, D.

Produced by: Overseas Development Institute (ODI), 2006

This briefing paper, from the Overseas Development Institute (ODI), argues that scaling-up towards universal access to treatment for HIV and AIDS depends on strengthening underlying processes upon which results are delivered. The paper discusses the relationship between the Three Ones (one framework for action, one national AIDS coordinating body and one country-level monitoring and evaluation system) and scaling up and looks specifically at experiences in Botswana and Malawi. It argues that while broad agreements on the aid architecture needed for scaling up exist, a

lack of aid alignment and harmonisation continues to limit scaling up.

The authors consider a scorecard-style accountability tool meant to examine the performance of national partners in creating a strong, harmonised AIDS response. They argue that for this tool to be successful, it must enhance accountability through: meaningfully involving stakeholders in programme review processes; encourage cross-country learning, sharing of information and establishing platforms to articulate collective positions; and allow international AIDS activities and social movements to lobby for change. The authors argue that without greater mutual accountability among all stakeholders, the lack of harmonisation will continue to cost lives. [adapted from author]

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22604>

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Education access and retention for educationally marginalised children: innovations in social protection

Produced by: Mobile Task Team on the Impact of HIV/AIDS on Education (MTT), 2005

This report looks at the effectiveness of social protection programmes for educationally marginalised children (EMC) in Eastern and Southern Africa. The purpose of the education review was to:

- identify sectoral players and the scope of their social protection programmes
- identify lessons learned
- provide a representative list of social protection programmes in the education sector
- identify a combination of these with the potential to provide a coordinated social protection programme
- identify actions required to scale up social protection within the education sector in ESAR.

16 case studies were selected from ten countries, representing a range of programmes judged to be more or less innovative, with the potential to provide insights and lessons for scale up and replication. A review of the case studies suggests that while all of the programmes provide a varying measure of social protection to EMC, the comparative scale of some of these programmes and the lack of coordination with others may limit their impact and value. The report also notes that integration of this coordinated response with existing National Plans of Action (NPAs) could open the way to a broader scope for Orphans and Vulnerable Children (OVC) and EMC service provision.

Given that the scale of the EMC and OVC crisis in Africa is only beginning to emerge, and in the knowledge that it will shadow the HIV crisis for decades to come, the report suggests that the education sector is faced with a stark choice: embrace and mainstream social protection as an integral function of education's mandate or abandon any real prospect of achieving the national and international goals to which the sector has long committed.

The paper reinforces that social protection lies at the intersection of the education sector's interests and commitments. It suggests that that this is a unique, strategic opportunity to mobilise the multi-sectoral, NGO and community partnerships that the education sector has so long contemplated but not yet fully operationalised.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC16544>

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Progress on global access to HIV antiretroviral therapy: a report on 3 by 5 and beyond

Produced by: World Health Organization (WHO); UNAIDS, 2006

This report describes global progress on the "3 by 5" (Treating 3 million by 2005: making it happen) project in scaling up access to antiretroviral therapy (ART). It details the areas in which important

progress has been made and lessons learned, and outlines the remaining challenges and roadblocks to treatment access. The report argues that although the targets have not been met, the lessons learned in scaling up access to treatment have fundamentally altered the public health landscape.

The report argues that key actions are needed to continue and increase momentum in scaling up treatment. These include: sustainable and predictable funding needs to be guaranteed; improved equity between urban and rural, and for women and children should be addressed; links with other health programmes need to be improved; testing and counselling should be expanded; prevention should include people living with HIV and AIDS and address the needs of populations at high risk; information systems should be improved to gather important epidemiological evidence; and budget constraints need to be addressed. The report also outlines the need to strengthen the health sector. These efforts include the need to: increase the numbers and skills of health workers, improve management and planning skills, strengthen the supply chain management systems and expand laboratory capacity.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22113>

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www.eldis.org/hivaids/

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- Health Resource Guide - www.eldis.org/health
- Health Systems Resource Guide - www.eldis.org/healthsystems
- HIV and AIDS Resource Guide - www.eldis.org/hivaids

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