



Linkages between food security and HIV responses

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 food security sector* and suggests ways in which programmes and projects in this sector can mainstream HIV.

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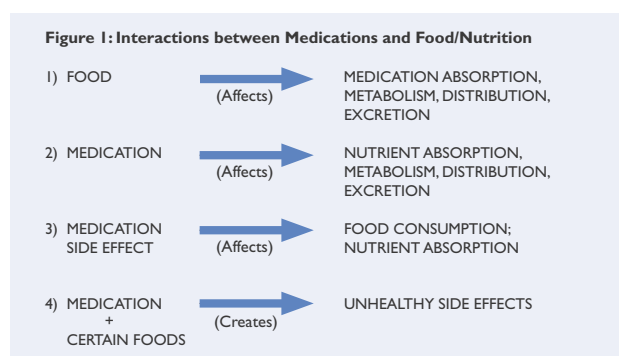
HIV threatens food security for people living with HIV (PLHIV) and their families: HIV can erode household livelihoods by drastically reducing the capacity of PLHIV to

"Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life". (World Food Summit, 1996)

"Food insecurity and malnutrition may accelerate the spread of HIV, both by increasing people's exposure to the virus and by increasing the risk of infection". (Gillespie and Kadiyala, 2005)

work and by adding to household costs. Women and girls may have to invest time in caring for sick family members, time which they might otherwise invest in ensuring the food security of their families (UNAIDS, 2008). Additionally, affected families may have to sell their assets in order to buy nutritious food for the ill and to pay for their medical expenses and cover funeral expenses.

Antiretroviral medicines and food interact in ways that can have positive or negative impacts, as shown in Figure 1. There must be adherence to drug regimes and to nutritious diets that include certain foods and exclude others.



Source: Castleman et al (2004). Food and nutrition implications of antiretroviral therapy in resource limited settings

¹ In 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.

Food insecurity and poor nutritional status can accelerate progression of HIV to AIDS: HIV impairs the nutritional status of PLHIV by undermining their immune system and their nutrient intake, absorption and use (Colecraft, 2008). According to the World Health Organization (WHO, 2003), adults with HIV have 10–30% higher energy requirements than healthy adults without HIV, and children with HIV have 50–100% higher than normal requirements. Poor nutritional status can also increase the risk of vertical HIV transmission (Dreyfuss and Fawzi, 2002).

Food insecurity can increase the risk of HIV infection: People who face food insecurity may be forced to adopt risky coping strategies in order to survive (Rollins, 2007). These include travelling to search for food and sources of income and migrating to other regions or countries. Mobile people and their partners are often at higher risk of HIV infection because they engage in high-risk sexual activities (Lagarde et al. 2003; Lurie et al. 2003). Women and girls who face food insecurity are particularly vulnerable to HIV infection, since they often get involved in sex for food or money (Weiser, 2007). In sub-Saharan Africa, where food insecurity is chronic for large portions of populations, HIV can have especially devastating impacts (Panagides, 2007).

In what way could food security contribute to curbing the spread of the HIV epidemic or to mitigating its impacts?²

Creating an enabling environment for addressing HIV within the food security sector: Mainstreaming HIV into the food security sector can make significant contributions to an HIV response. Sectoral policies and strategies should address possible impacts of HIV on the sector, the sectors' possible contributions to HIV vulnerabilities and risks and its possible contributions to reducing vulnerabilities and risks. They should pay particular attention to the challenges faced by women and orphans.

Integrating HIV components into food security programmes and projects in order to raise communities' awareness about HIV-related issues:

This could include incorporating HIV components into programmes and projects providing nutritional support to families, counselling for pregnant and lactating mothers, prevention of mother-to-child transmission, and² counselling of PLHIV and their families on adherence to drug regimes and nutritious diets that may exclude foods that do not go well with the drugs.

Working with civil society and PLHIV to reach the most vulnerable, ensuring that food and nutrition assistance is appropriate and does not fuel stigma and discrimination against PLHIV.

Advocating for and supporting engagement of the private sector in developing food fortification initiatives that generate income for PLHIV and communities and in linking these initiatives with treatment interventions.

A GDC Example from Namibia

The David Patient approach to Positive Living includes medical and non-medical methods for helping PLHIV maintain their health, enhance their immune function and avoid common illnesses associated with HIV in resource poor settings. The approach's primary objective is to empower PLHIV to play active roles in delaying the onset of advanced HIV infection. An integral part of the approach is to involve them in ensuring the food security that is so critical to their health. Based on the David Patient approach, the German-Namibian multi-sectoral HIV-programme supports HIV-affected rural communities in Northern Namibia as they set up "kitchen gardens" that require less water and less labour but still provide adequate supplies of nutrient-rich food. Kitchen gardening methods include mulching and crop rotation or inter-cropping.

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² Adapted by the UNAIDS Policy Brief: HIV, food security and nutrition – see references.

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Further Reading

A selection of articles on mainstreaming HIV in the food security 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/food-security>. To join the Group, visit <http://ms.hiv.aids.googlepages.com/home>

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