Save the Children UK

Oxfam International

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HIV/AIDS and Food Insecurity in Southern Africa

Summary

Southern Africa is facing a serious humanitarian crisis with severe long-term consequences affecting the entire region. Erratic rainfall, poor governance, poverty, unsustainable debt, failing agricultural policies, unfair international trade regimes, and collapsing public services have all contributed to the current situation, but without HIV/AIDS the crisis would not be of the same dimensions.

The HIV/AIDS pandemic is at the heart of the crisis, which threatens the lives of some 16 million people. In some of the most countries affected, rates of HIV/AIDS prevalence are as high as 33 per cent, with widespread effects on health, education, and productivity throughout society.

The humanitarian crisis in Southern Africa has already had a devastating impact in Zambia, Zimbabwe, Malawi, and Angola, but its ripples touch neighbouring countries and the rest of the continent. The crisis will not ease with the next harvest – this is much more than a short-term food shortage. Even worse, HIV/AIDS is cutting people down in the prime of their productive years, leaving a growing number of households headed by grandparents, single parents, and children, and increasingly unable to produce food.

Children are especially vulnerable, because they lose their carers, teachers, and parents, and are at greater risk of exploitation and HIV infection. For those already infected and weakened by the virus, hunger accelerates the progression from HIV to full-blown AIDS.

The international community must therefore:

- Increase funding for food aid and provide those food items that meet the specific needs of people infected with HIV. Food should be procured locally and regionally whenever feasible.
- Increase funding for non-food needs in the region, including health, nutrition, water, and sanitation.
- Ensure all programming and funding activities respond to the impact of HIV/AIDS and the specific needs of children infected and affected by HIV/AIDS.
- Commit to increase significantly poor people's access to health care and essential medicines, including antiretroviral drugs.

HIV/AIDS prevalence across the region

Southern Africa has the worst rates of HIV infection in the world, with an inexorable impact on family structures and children's lives. The exact HIV prevalence in Angola is unknown, but with the prospect of large numbers of refugees returning to the country, and large movements of internally displaced people and demobilised combatants, rates of infection are expected to increase dramatically.

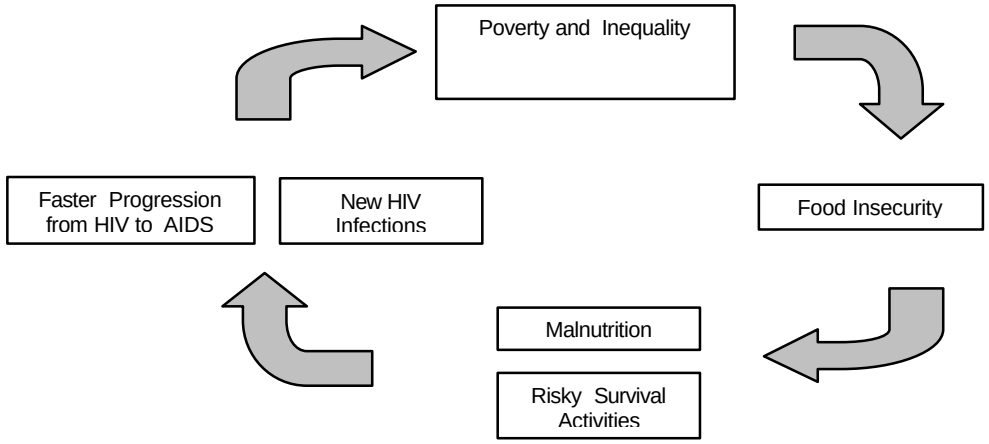
Country	***% Adults living with HIV*** (Report on the global HIV/AIDS epidemic 2002, UNAIDS, July 2002)	***% of population in need of food aid*** (Regional food security assessments, SADC-FANR, 16 Sept 2002)
Angola	5.5%*	15%**
Lesotho	31%	30%
Malawi	15%	29%
Mozambique	13%	3%
Swaziland	33.4%	24%
Zambia	21.5%	26%
Zimbabwe	33.7%	49%

**This is an estimate. The exact HIV prevalence in Angola is not known, but assumed to be higher than this.*
***Approximately 15 per cent of all Angolans currently depend on external food assistance to survive. (UN OCHA, Consolidated Inter-Agency Appeal for Angola 2003, November 2002)*

HIV/AIDS and food insecurity: a deadly relationship

There is a clear and critical two-way relationship between HIV/AIDS and food insecurity in Southern Africa. The pandemic is being driven by the very factors that cause malnutrition: poverty and inequality. The hunger currently experienced by millions across the region increases the likelihood of HIV infection, as people are driven to adopt risky coping strategies in order to survive. These include travelling to search for food and additional sources of income, migrating, engaging in hazardous work, and, most lethally, women exchanging sex for money or food. These actions facilitate the spread of HIV, putting individuals – especially women and children – at high risk of infection.

For those already infected with the virus, malnutrition exhausts the immune system, which makes people more susceptible to malaria, tuberculosis, and other opportunistic diseases, and leads to faster progression from HIV to AIDS. People weakened by HIV/AIDS find it harder to access food, because they are often not strong enough to work or to walk long distances to the market.



Successful efforts to improve the food security and livelihoods of families should reduce the probability of HIV infection, slow the progression of HIV to AIDS and increase the resilience of households trying to recover from HIV-related illness and death. Proper nutritional support can speed recuperation from HIV-related infections, and allow people living with HIV/AIDS to participate directly in their own care. Efforts to reduce the rate of HIV infection in adults and children should – if successful – have a positive impact on people's food security.

Impact of HIV/AIDS on society

HIV/AIDS has the greatest impact on productive members of society, such as teachers, farmers, traders, and agricultural extension workers, thus increasing the number of dependents in a household. This reduces household productivity and caring capacity, and interrupts the transfer of local knowledge and skills from one generation to the next. In Malawi between six and eight per cent of teachers die each year.[1] In Zimbabwe, maize production on communal farms fell by 54 per cent between 1992 and 1997 because of AIDS-related illness and death.[2]

The impact on the public-health sector is also devastating, as health workers either die or leave employment to care for family members, leaving clinics with low levels of qualified staff. This in turn undermines preventative health measures and increases the burden on public-health structures.

HIV/AIDS has critically diminished the agricultural labour force in some of the most badly affected sub-Saharan African countries, thus increasing food insecurity. At a macro level HIV/AIDS has a direct impact on rates of economic growth.

As a result of HIV/AIDS, more households are now headed by women, children, and elderly people. They are particularly vulnerable because they have often sold off many of their assets to care for sick family members, and have fewer opportunities to earn an income or grow crops. Many of these households also need to take care of sick relatives and orphans, which further stretches traditional family-based support networks.

Finally, HIV/AIDS kills the very people needed to respond to the current crisis: government officials, civil servants, members of civil society, and staff in the private sector.

Children: a particularly vulnerable group within this crisis

The Southern African humanitarian crisis has enormous implications for children, since 60 per cent of the region's population is under age 18. Children become particularly vulnerable to the impacts of HIV. When times are difficult, children have to help out by searching for wild foods or by working to boost household earnings in order to buy more food – if it is available. Households affected by HIV/AIDS also have greater health care costs and therefore less money for food or education. As a result children's education suffers because of missed schooling; they may even be withdrawn from school altogether. In Zimbabwe, 18 per cent of households have removed one or more children from school as a coping mechanism in response to the lack of food.[3]

The long-term consequences of malnutrition are profound. Poor nutrition of pregnant women will affect the brain, body growth, and development of the baby. Under-nourished children fall repeatedly ill as their immune systems never get the full complement of micronutrients they need. If chronic malnutrition continues throughout the lifecycle, stunting can result. In the central region of Malawi, 56 per cent of children under five are stunted: the majority will never reach their full physical or mental potential.[4]

HIV/AIDS is exacerbating children's problems in the current crisis. The number of orphans is increasing dramatically: there are already 3.2 million AIDS orphans in the region, and the number of street children in urban areas is increasing visibly. In 2010, in all affected countries except Angola, between one-fifth and one-quarter of all children under 15 years will have lost their mother or both parents to AIDS.[5]

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[1] Peter Piot & Per Pinstrup-Andersen, "AIDS: The New Challenge to Food Security" in *Aids and Food Security*, International Food Policy Research Institute (2002)

[2] See: WHO Infectious Disease Report 2002

[3] Zimbabwe National Vulnerability Assessment Committee (2002) *Zimbabwe Emergency Food Security Assessment Report*. 16 September 2002.

[4] SADC VAC Malawi Emergency Food Security Assessment Report (16 September 2002)

[5] *Children on the Brink* (July 2002) This report was released at the XIV International AIDS Conference in Barcelona, Spain and was published jointly by USAID, UNAIDS and UNICEF, with estimates developed by the U.S. Bureau of the Census.

Children who lose their parents often lose their rights to property and land. Reduced access to formal education and to social or agricultural education also affects their longer-term chances for economic survival, reducing the opportunities to learn from their elders about how to grow food, for example. Those who migrate for work or to find food are often at increased risk of HIV infection.

Children are also at greater risk of being exploited – both physically and sexually – of being separated from their families, or having to work in hazardous conditions. Many children also lose their homes and have to live on the streets where they are likely to face various forms of violence, especially when they get into trouble with the law.

Women and girls are worst hit by HIV/AIDS

HIV/AIDS increasingly and disproportionately affects women and adolescent girls in Southern Africa. Traditional power relations between men and women means that women and adolescent girls are less able to negotiate concerns about their sexuality and are therefore less able to protect themselves from the risk of HIV infection. Girls are at high risk of coercive sex and violence. HIV prevalence among adolescent girls is outpacing that of all other age groups and of males. The situation is compounded by the stigma and discrimination faced by women with HIV/AIDS, who often face eviction from their homes if they disclose their status.

Women in Southern Africa are also the main source of agricultural subsistence labour. In HIV-affected households, food production can be reduced by up to 60 per cent when a major part of women's time and energy turns to caring for HIV/AIDS-infected family members. This burden is also increasingly affecting elderly women who take on the care of orphans left behind by the deaths of their sons and daughters.

Unfair international trading systems exacerbate poverty, food insecurity, and HIV/AIDS

A major cause of the current humanitarian crisis in Southern Africa is the failure of agricultural policies. International financial institutions – such as the World Bank and the International Monetary Fund (IMF) – designed agricultural reforms for these countries without first carrying out a serious assessment of their likely impact on poverty and food security. Far from improving food security, World Bank and IMF-inspired policies have left poor farmers more vulnerable than ever, exacerbating the exclusion of the poorest from the market.

The ability of governments to tackle the crisis is further undermined by crippling debt repayments. Debt servicing this year is eating up 23 per cent of Zambian government revenue; Malawi spends the same amount servicing its debt as it does on health.

Another major problem is the inaccessibility of essential medicines, including those to treat opportunistic infections, and antiretroviral drugs (ARVs) for the majority of those living with HIV/AIDS in Southern Africa, due to high prices and the lack of health infrastructure.

WTO patent rules set out in the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS), require all countries to provide 20-year minimum patent protection for all new inventions, including medicines. This provides companies with an effective global monopoly, allowing them to set high prices for the duration of the patent. Poor people cannot afford them and neither can the health budgets of poor countries. While enormous public pressure has obliged the large pharmaceutical companies to reduce significantly the prices of ARVs in sub-Saharan Africa, they still cost about three times the price of equivalent generic drugs produced in India.

The only sustainable way of reducing prices and increasing access to medicines is generic competition, which requires a more flexible application of patent law in developing countries. For this to happen, the US government and pharmaceutical companies must stop pressuring developing countries to introduce unnecessarily high standards of patent protection on medicines.

Recommendations

Oxfam International and Save the Children UK make the following recommendations to governments, donors, and implementing partners:

To donors:

- The level of funding for food aid and the diversity of food items coming into the region must be dramatically increased. People living with HIV/AIDS have greater energy and protein requirements. Depending on the stage of the illness, they use higher amounts of micronutrients and are unable to absorb fats and carbohydrates effectively. Food rations must be adapted to the specific needs of people living with HIV/AIDS. Donors need to supply non-maize food with high nutritional values, such as oil, beans, pulses, Corn Soya Blend (CSB) for infants, etc.
- Donors need to make more funding available for non-food needs in the region. The regional vulnerability assessments clearly demonstrate the importance of supporting health, nutrition, water, and sanitation, yet only 20 per cent of non-food needs in the region are currently covered.
- More assistance is required to support the maintenance and/or rehabilitation of livelihoods assets at the household, community, and macro levels. Long-term issues of structural food insecurity in the countries affected must be addressed alongside immediate relief. Investment in mitigation programmes to strengthen rural livelihoods and reduce vulnerability is vital. These initiatives must respond to the needs of children and young men and women.

To governments:

- Governments in the region should allocate more of their national budgets to address the impact of HIV/AIDS and improve access to essential medicines.
- National governments and donors should make the improvement and rehabilitation of public health and water structures in the region a primary objective.
- Governments in the region should make HIV/AIDS an integral part of their vulnerability assessments.
- The implementation of sound policies to improve the food security of the most vulnerable people should be a priority.
- At the international level, the EU, US, and other rich countries must end double standards in trade policy by radically reducing their massive subsidies to agricultural exports. At the same time they should support the right of developing countries to protect and support their agriculture sectors on the basis of food security and rural development.
- The US government must stop exerting bilateral pressure on developing countries to introduce unnecessarily high standards of patent protection on medicines. Such pressure restricts and delays the production of cheaper generic medicines, with potentially devastating consequences for millions of poor people.

To implementing agencies:

- Agencies must strive to target effectively those affected and infected with HIV/AIDS, and children vulnerable to HIV infection.
- Agencies should incorporate HIV/AIDS into all development and humanitarian work and ensure that all programmes, including livelihoods, education, and humanitarian preparedness and response, are relevant to people affected by and living with HIV/AIDS. The needs and vulnerabilities of children of both sexes and different ages should also be included in all food security and livelihood programmes. Similarly, all HIV programmes must also respond to the needs of children and young people.
- Organisations working in humanitarian relief must ensure that people infected or affected by HIV/AIDS, including child-headed households, are included in decisions about programmes.
- All agencies involved in the humanitarian crisis should be actively acknowledge the risks to child protection, including greater vulnerability to sexual exploitation and HIV, and ensure that appropriate activities and management mechanisms are built into all plans and proposals.
- NGOs should support local health structures where possible, and co-operate systematically with other specialised agencies.
- UN agencies and non-governmental organisations (NGOs) have started to discuss the challenges posed by HIV/AIDS in the region. These efforts must be supported and increased.

Possible characteristics of a livelihood programme responding to HIV/AIDS

- Agricultural and livelihood support based on the particular needs of people badly affected by HIV/AIDS (e.g. labour-saving approaches or techniques for children, sick people, and elderly carers; agricultural extension for child-headed households; use of crops with different times for planting, weeding, and harvest; quick returns to labour or investment; reduction of mobility requirements; diversity of food and income sources, nutritional benefits)
- Awareness of the different needs of children of different ages, and the role that children play as carers, minders of other children, and farmers.
- Longer-term approaches that recognise the underlying livelihoods crisis in the region, e.g. long-term biodiversity.
- Focus on relatively easy technologies and low reliance on strong social networks (which might have been overstretched by the impact of HIV/AIDS).