Introduction

Since its onset, the HIV epidemic has magnified the already significant problems caused by poverty, food insecurity, gender inequality and weak governance in developing countries. During this same period, social services in the worst-affected countries have withered or become less affordable, incomes and formal employment levels have plunged, and wars and large-scale population migration have disrupted social stability. Meanwhile, life-threatening diseases other than HIV, such as tuberculosis and malaria, have been on the rise, directly affecting institutions' ability to provide quality health care. Meanwhile, amid these multiple threats to human security, HIV has contributed to the continued deterioration of living conditions, especially among the poor.[1]

The past two decades have revealed a complex, bi-directional relationship between food security and HIV. Illness and death resulting from the disease have an immediate impact on food security by limiting household income and food production. At the same time, food insecurity and poverty fuel the further spread of HIV when people are driven to adopt immediate survival strategies that make them more vulnerable to HIV infection. Food security is also compromised by HIV because of the specific nutritional requirements of those infected by the disease. Not only do people living with HIV (PLHIV) require greater energy intake from foods, they often experience difficulty in digesting it. Access to adequate nutrition is critical to the health of infected individuals, including those receiving antiretroviral therapy (ART). Finally, the combined impacts of food insecurity and HIV place further strain on already limited household resources as affected family members struggle to meet household food needs while paying for care, treatment and support of infected members.

The enormity of these impacts and the complexity of the bi-directional relationship between food security and HIV are highlighted by these statistics:

- Since the emergence of the virus, more than 60 million people worldwide have been infected and over 20 million have died.[2]
- The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that as of 2005, there were between 33 million and 46 million individuals living with HIV and that the vast majority of those infected live in developing countries.[3]
- It has been estimated that each case of HIV directly affects about four other people, meaning the HIV epidemic is affecting millions of people beyond those who are infected.[4]
- As of 2003, 32 percent of the population of sub-Saharan Africa (206 million individuals) is undernourished, representing nearly one-quarter of all the undernourished people in the world.[5]
- Sub-Saharan Africa is home to 11 percent of the world's population but faces the burden of caring for nearly two-thirds of global HIV cases.
- Nearly 14 million Africans have already died as a direct result of the epidemic; by 2020 most of the 25 million people living with HIV will have died as well.[6]
- Current estimates by UNAIDS suggest that 5.7 million people are living with HIV in India and as many as one million individuals are infected in China.[7]
- Asia will overtake sub-Saharan Africa in absolute numbers of people infected with HIV before 2010 and will be the HIV epicenter by 2020.[8]

Still, it is important to note that this bi-directional relationship can be positive as well as negative. While it often accelerates a downward spiral into further poverty and deprivation for poor households, it may also present opportunities to help arrest and reverse this descent. For example, food assistance plays a vital role as a safety net for protecting productive assets of HIV-affected households and has helped increase adherence to ART among infected individuals.[9-13]

Primarily perceived as a public health crisis in the early stages of its evolution, the HIV epidemic is now widely acknowledged as having contributed to the deterioration of human, financial, social, political and cultural resources at the household, community, regional and national levels throughout much of Africa. For this reason, growing emphasis is being placed on developing multisectoral responses to food insecurity and HIV that incorporate both short- and long-term perspectives on increasing resiliency. This approach requires effective coordination of multiple interventions that provide for the immediate needs of HIV-infected individuals and affected households while ensuring that they have the skills and assets needed to achieve long-term food security. Specific steps in designing effective, multisector food assistance programs for implementation in high-prevalence settings are presented throughout this guide.

The challenges in designing effective food assistance programs in the context of HIV arise from the fact that the impacts of the disease are pervasive, systemic and dynamic. [14, 15]

Endnotes

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