



FACT SHEETS

This packet contains the following:

- **HIV/AIDS: More Than a Health Crisis**
- **HIV/AIDS and Malnutrition**
- **HIV/AIDS and Agriculture**
- **HIV/AIDS and Women**
- **Regional Network on HIV/AIDS, Rural Livelihoods, and Food Security (RENEWAL)**
- **Global and Regional HIV/AIDS Statistics**

HIV/AIDS: More Than a Health Crisis

HIV/AIDS is more than just a health issue. By its nature and effects, AIDS is closely connected to agriculture, nutrition, and other aspects of development.

- In June 2006, the UN General Assembly's Political Declaration on HIV/AIDS called for all people to have access to "sufficient, safe, and nutritious food" as part of a comprehensive response.
- AIDS kills the most productive—and reproductively active—members of society, rendering both households and entire societies vulnerable.
- Businesses located in areas with high HIV/AIDS rates suffer from high absenteeism and staff turnover, loss of institutional memory, and reduced innovation.
- Nurses and teachers are dying faster than they can be replaced. In Malawi, for example, 6 to 8 percent of the country's teachers die each year.
- Although the ravages of AIDS are everywhere apparent, HIV is socially invisible. Ninety percent of those living with HIV have no access to testing for the disease, making effective prevention and mitigation efforts difficult.
- HIV/AIDS affects both rural and urban populations. The death of one or more income earner in a household can spur survivors to migrate between urban and rural areas in search of employment.
- HIV infects people of all income levels, but the poor are the most severely affected. AIDS prolongs and deepens poverty.
- AIDS reduces the agricultural workforce in many developing countries, where the sector is critical for export earnings and is often the largest single source of employment. By 2020, the agriculture workforce in Botswana, Mozambique, Namibia, and Zimbabwe could be 20 percent smaller because of the epidemic. (UNAIDS, *2006 Report on the Global AIDS Epidemic*).
- By 2010, the GDP of South Africa, which represents 40 percent of Sub-Saharan Africa's economic output, will be 17 percent *lower* than it would have been without AIDS.

Source: IFPRI, *AIDS and Food Security*, 2002 (unless otherwise cited)

HIV/AIDS and Agriculture

- Agriculture is the main source of livelihood for the majority of people affected by HIV and AIDS around the world. (IFPRI, *HIV/AIDS and Food and Nutrition Security: From Evidence to Action*, 2005)
- AIDS undermines agricultural sectors in many developing countries by infecting and then killing many workers prematurely. As a result, labor productivity decreases, crucial assets—such as land—are eroded, and the transfer of knowledge from one generation to another is blocked. (IFPRI, *Ending Hunger in Africa: Prospects for the Small Farmer*, 2004).
- The AIDS epidemic is most severe in Sub-Saharan Africa, the region of the world with the highest food insecurity. (IFPRI, *AIDS, Poverty, and Hunger: Challenges and Responses*, 2006)
- In India, rural migrants in search of fertile land are at heightened risk of HIV exposure and infection, and may spread the virus when they return home. Programs that restore degraded land and improve irrigation reduce the need to migrate, preventing the further spread of HIV. (IFPRI, *AIDS, Poverty, and Hunger: Challenges and Responses*, 2006)
- AIDS reduces the long-term capacity for agricultural production, since livestock is often sold to pay for funeral expenses. The death of a household head may undermine land rights since survivors, especially widows or orphans, must leave to search for alternative livelihoods. (IFPRI, *AIDS and Food Security*, 2002)

HIV/AIDS and Malnutrition

- Malnutrition and lack of food may accelerate the spread of HIV, both by increasing exposure to the virus and by increasing the risk of infection. (IFPRI, *HIV/AIDS and Food and Nutrition Security: From Evidence to Action*, 2005)
- An HIV-positive individual who is malnourished is more likely to suffer severe opportunistic infections, such as tuberculosis, which can result in premature death.
- HIV-positive mothers who are malnourished are more likely to give birth to low-birth-weight babies with weakened immune systems, increasing the risk that the virus will be passed to the babies during breastfeeding.
- The use of antiretroviral drugs (ARVs) to treat people living with HIV may help curb the spread and overall impact of the disease. If these drugs are to be effective, however, they must be accompanied by adequate nutrition.
- People who are malnourished when they start taking ARVs are six times more likely to die than those who are well-nourished. They are also more likely to suffer side-effects and stop taking the drugs, resulting in resistance that requires the development of a new line of expensive drugs.

Source: IFPRI, *AIDS, Poverty, and Hunger: Challenges and Responses*, 2006 (unless otherwise noted)

HIV/AIDS and Women

- Of the 38.6 million people living with HIV in 2005, nearly half—17.3 million—were women. (UNAIDS, *2006 Report on the Global AIDS Epidemic*)
- The social and economic status of women is one of the most important factors affecting the spread of HIV and the ability of households and communities to cope with its effects. (IFPRI, *HIV/AIDS and Food and Nutrition Security: From Evidence to Action*, 2005)
- While AIDS affects both sexes, women are biologically, economically, and culturally more at risk of HIV infection than men. (IFPRI, *HIV/AIDS and Food and Nutrition Security: From Evidence to Action*, 2005)
- HIV/AIDS is particularly devastating for women, who often bear a double burden, particularly in African countries, as both major producers of food and caretakers of the sick. (IFPRI, *HIV/AIDS and Food and Nutrition Security: From Evidence to Action*, 2005)
- Upon the death of a spouse due to AIDS, women are often stigmatized and driven from their communities, losing land and other assets—a condition which pushes them further into poverty and makes them more vulnerable to contracting HIV. (IFPRI, *Women: Still the Key to Food and Nutrition Security*, 2005).
- Due to poverty and the desire for a better life, many women and girls have sex (often with older men) in exchange for food, goods, services, money or other basic necessities. This leads to grossly unequal prevalence rates in such places as South Africa, Zambia, and Zimbabwe, where young women are three to six times more likely to be infected with HIV than young men. (UNAIDS, *AIDS Epidemic Update*, 2004).

RENEWAL

The Regional Network on HIV/AIDS, Rural Livelihoods, and Food Security

RENEWAL, a program spearheaded by the International Food Policy Research Institute, brings together national networks of researchers, policymakers, and public, private, and nongovernmental organizations in Sub-Saharan Africa to focus on the interactions between HIV/AIDS and food and nutrition security.

Through its research and outreach, RENEWAL seeks to reduce critical gaps in understanding:

- how rural livelihoods, particularly those based on agriculture, contribute to the further spread of HIV;
- how HIV and AIDS impacts agricultural systems, livelihoods, and food and nutrition security; and
- how food and nutrition-related policies and programs can help prevent or mitigate the spread and impact of HIV and AIDS.

In April 2005, IFPRI hosted an international conference on HIV/AIDS and food and nutrition security in South Africa to discuss how to move from evidence to action. The resulting book, "AIDS, Poverty, and Hunger: Challenges and Responses," summarizes the conference proceedings and includes additional recommendations:

- support and empower community-driven responses and innovations.
- develop and coordinate both short-term (humanitarian disaster relief) and long-term responses (sustainable development).
- focus on action research, or "learning by doing."

Please visit the RENEWAL website at <http://www.ifpri.org/renewal/>

Global and Regional HIV/AIDS Statistics

Globally:

- AIDS is one of the greatest threats to global development and stability. Since the start of the epidemic, more than 60 million people worldwide have been infected with HIV—equivalent to the population of France or Britain. (IFPRI, *AIDS and Food Security*, 2002)
- Approximately 4 million people—over 11,000 a day—were newly infected with HIV in 2005. More than 95 percent of these infections occurred in low- and middle-income countries.
- Nearly 40 million people worldwide were living with HIV in 2005. Women made up almost half this number.
- AIDS claimed the lives of 2.8 million people in 2005.

Asia:

- Approximately 8.3 million Asians were living with HIV at the end of 2005, with more than two-thirds of them in India. Of this figure, 7.6 million people are from South and Southeast Asia, while 680,000 came from East Asia.
- HIV infection is declining in Cambodia, Thailand, and four states in India. However, it is increasing in China, Indonesia, and Vietnam, and there are signs of emerging outbreaks in Bangladesh and Pakistan.

Latin America and the Caribbean:

- 1.6 million people in Latin America were living with HIV in 2005, and 140,000 became newly infected with the virus.
- The Caribbean is the second most affected region in the world after Africa. In 2005, there were 330,000 people living with HIV in the region, with women accounting for more than half this amount.

Sub-Saharan Africa:

- Sub-Saharan Africa remains the most affected region in the world. It accounts for over 10 percent of the world's population, but is home to more than 60 percent of all people living with HIV—24.5 million.
- In 2005, an estimated 2.7 million people in Sub-Saharan Africa became newly infected with HIV, and 2 million adults and children died of AIDS.

Source: UNAIDS, *2006 Report on the Global AIDS Epidemic* (unless otherwise noted)