



Food Prices and the AIDS Response: How they are linked, and what can be done

Stuart Gillespie (s.gillespie@cgiar.org)

*Senior Research Fellow, International Food Policy Research Institute (www.ifpri.org)
Director, Regional Network on AIDS, Livelihoods and Food Security (www.ifpri.org/renewal)*

What's happening?

A combination of new and ongoing forces is driving global food prices. Rising energy prices and subsidized biofuel production, income and population growth, globalization, and urbanization are among the major forces contributing to surging demand – while on the supply side, land and water constraints, underinvestment in rural infrastructure and agricultural innovation, lack of access to inputs, and weather disruptions are impairing productivity growth and the needed production response. According to IMF data, rice and wheat prices soared in late 2007 and early 2008 – up 60% and 89% respectively over 2007 levels. Prices are unlikely to drop in the medium term -- compared to 2005 levels, the price of maize is likely to be 40% higher in 2016 with wheat prices up by 20% and rice by 14%.

Who's affected?

Rising cereal costs pose serious problems for the poor who are net buyers of food, including the urban poor, rural landless laborers and many smallholder farmers. As poor households allocate high proportions of their expenditure to food staples, higher prices translates to reduced energy consumption and/or less diverse diets, of lower quality.

What does this have to do with the AIDS response?

First, hunger and HIV often coexist, and they often interact. According to the World Food Programme, 22 of 30 “high-risk countries” in need of external food assistance, are in sub-Saharan Africa, many of which have serious AIDS epidemics. In southern Africa where AIDS is “hyperendemic”, high levels of income inequality and population mobility are among the key drivers of the epidemic – factors that are likely to be further affected by food price shocks.

Evidence of the effects of the recent hikes in food prices on the AIDS response is currently limited – simply because the large price rises really only kicked in over the last year or so. Anecdotal evidence exists, and rigorous studies are now underway or being planned.

But we do know that serious interactions between food insecurity, malnutrition, HIV infection and the impacts of AIDS have been playing out for well over a decade in this region. Households and communities continue to struggle as multiple shocks and stresses -- social, economic, political, environmental, health-related -- threaten their livelihood bases.

What we are seeing now is a dramatic spike in one critical element of a longstanding and deep-rooted livelihoods crisis in southern and eastern Africa.

So what might be expected, given our knowledge of the chronic crisis?

It's useful here to think in terms of possible effects on the core strategies of the AIDS response – prevention, care, treatment and mitigation.

How could high food prices affect HIV prevention?

- Recent studies in Botswana, Swaziland, Malawi, Zambia and Tanzania have shown associations between acute food insecurity and unprotected transactional sex among poor women.
- Sudden increases in food insecurity often lead to distress migration as people search for work and food. Mobility is a marker of enhanced risk of HIV exposure, both for the person moving, and for other adults who may remain at home.
- Food insecurity at the household level is likely to translate over time into higher rates of adult malnutrition with possible detrimental effects on immune status.
- Where food insecurity translates into increased rates of maternal undernutrition, we can expect to see a rise in babies born with low birth weight, who in turn may be at higher risk of vertical (mother to child) HIV transmission.

How could higher food prices affect care and treatment?

- Adults living with HIV require 10-30% more energy than before they were infected, and children may need up to 100% more. The rising cost of food may seriously constrain their ability to ensure an adequate nutritional intake.
- For people living with HIV, inadequate dietary quantity and quality exacerbated by the current spike in food prices, may lead to more frequent, more severe opportunistic infections and a more rapid progression to AIDS
- For people living with HIV who are on treatment, nutrition is important for treatment adherence. First, some of the negative side-effects of antiretroviral therapy are reduced if medicines are taken with food. Second, adequate nutrition is also important for patients to satisfy the heightened appetite that accompanies treatment. Third, if limited available cash is diverted to food purchases, transportation to clinics (which may be costly in terms of time and money) may be jeopardised – again threatening adherence. There is some evidence of urban-dwelling patients interrupting treatment as they return to rural areas when they can no longer afford to live in the city. Any significant drop-off in adherence

induced by such effects could have serious implications for the development of viral resistance to first-line drugs.

- Individuals who are malnourished at the time they begin therapy have been found to have much lower survival rates.
- Adequate food intake and absorption may be related to the efficacy of antiretroviral therapy – blood plasma concentrations of some drugs have been found to be lower in malnourished individuals.

How could higher food prices affect mitigation of AIDS impacts?

- Evidence from southern and eastern Africa clearly shows that it is the poor and food insecure¹ who suffer greater and more enduring livelihood impacts from concurrent health and economic shocks. Chronic food insecurity constrains resilience and forecloses options to adapt to any stress.
- Children may be taken out of school to work for cash or food. As well as being denied an education (including on HIV prevention), they may be at greater risk of being exposed to HIV out of school.
- The increase in costs of supporting an orphan may result in fewer extended families being able to care for and feed additional orphans.
- Rising food prices are also likely to impact essential care and support programs for orphans and vulnerable children. Fewer orphans or vulnerable children will be reached and more will go hungry.
- The struggle to work to raise income to buy food affects intra-household time allocations. Care for the youngest children (feeding, health care and psycho-social stimulation) is often compromised, leading to malnutrition and effects on child development.

While new studies and assessments are being undertaken, several field observations have demonstrated implications for programs. For example, the AIDS Support Organization (TASO) in Uganda provides care and support to people living with HIV and has been running a food support program since 2002. TASO has over 100,000 active clients and a limited supply of food from the World Food Programme (WFP). Priority is given to the most in need which include vulnerable children and orphans of deceased clients. However, WFP recently had to reduce the number of households being supported and the period of time they received food assistance (from 12 to 9 months).

In Kenya, reports indicate that people living with HIV in remote and chronically food insecure areas are having problems accessing basic foods due to high prices. Disease-related complications are resulting in non-adherence with treatment². In South Africa, a feeding program for orphans

¹ Where over two-thirds of household expenditure goes on food purchases, poverty is almost synonymous with food insecurity.

² <http://www.plusnews.org/Report.aspx?ReportId=78176>

and vulnerable children is said to be cutting back on the quality and quantity of food provided as the “global food crisis goes local”³.

What can be done?

At a political level, we must recall the UN commitments of 2001 and the 2006 Political Declaration on HIV/AIDS which recognized the need “to integrate food and nutritional support ... with the goal that all people at all times, will have access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life, as part of a comprehensive response to HIV/AIDS”. A recent UNAIDS policy brief⁴, outline key approaches to responding to interactions between HIV and food insecurity.

The food price crisis – superimposed as it is on a broader and deeper livelihoods crisis in southern and eastern Africa –strengthens the multi-pronged rationale for linking food and nutrition security with AIDS programming. It also makes it much harder to achieve and sustain such integration.

In this context, a strengthened focus is needed on:

1. Assessment, monitoring and tracking of vulnerability, food insecurity and the interactions between HIV and hunger.
2. Sustained food and nutritional assistance linked with treatment programs in areas of chronic food insecurity. UNAIDS, for example, now recommends governments set aside a percentage of their antiretroviral treatment budget for nutritional interventions, and provide patients with income to buy food for themselves and their families in the initial phase of treatment, when they may not be strong enough to resume work.
3. Going beyond short-term assistance, to build bridges between agriculture and health sectors to ensure longer term support to livelihoods where HIV and hunger coexist. The majority of people affected by AIDS epidemics globally are primarily dependent on agriculture for their livelihoods.
4. Strengthening resilience of poor households in the face of the downstream impacts of AIDS-related disease and death -- through enhancing local capacity and providing options and incentives for safe livelihood strategies.
5. Such measures need to be complemented by effective state-led systems of social protection including transfers of food, cash or vouchers. In Zambia last year, a UNICEF evaluation found that in poor, AIDS-affected households who received community-based cash transfer schemes, food consumption had increased, despite a recent drought, and the incidence of illness had declined in both children and adults.
6. In any response, a proactive assessment of the likely impacts on women and children should be undertaken, given that they are directly or indirectly shouldering much of the additional burdens imposed by the crisis.

³ <http://www.plusnews.org/Report.aspx?ReportId=78235>

⁴ http://data.unaids.org/pub/Manual/2008/jc1515a_policybrief_nutrition_en.pdf