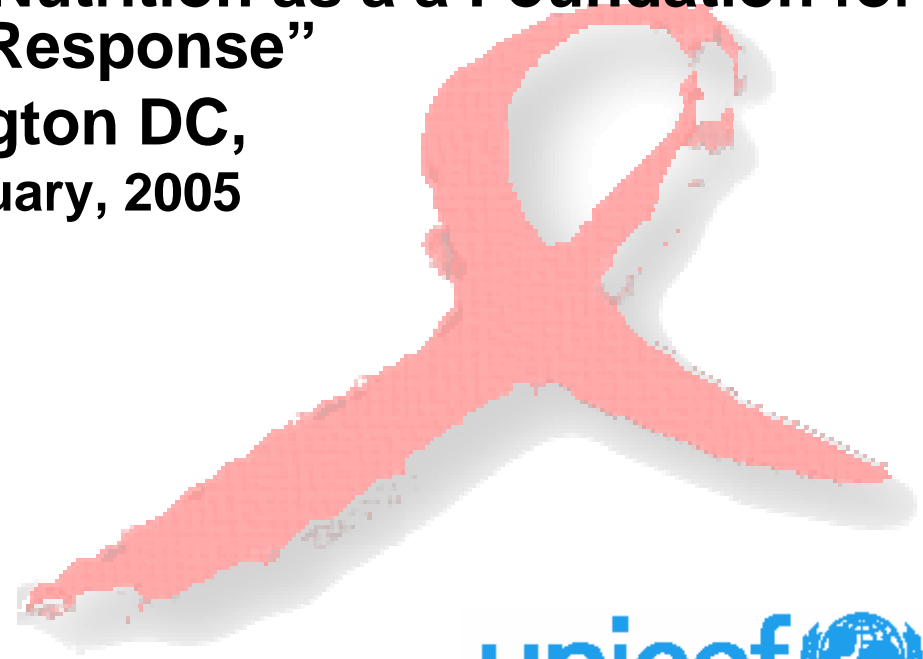


Integrating Food / Nutrition into HIV/AIDS Strategies

**“Bridging the Gap: Food and Nutrition as a a Foundation for
HIV/AIDS Response”**

**Washington DC,
17th February, 2005**

**Peter McDermott
HIV/AIDS
UNICEF NYHQ**



For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

unicef 

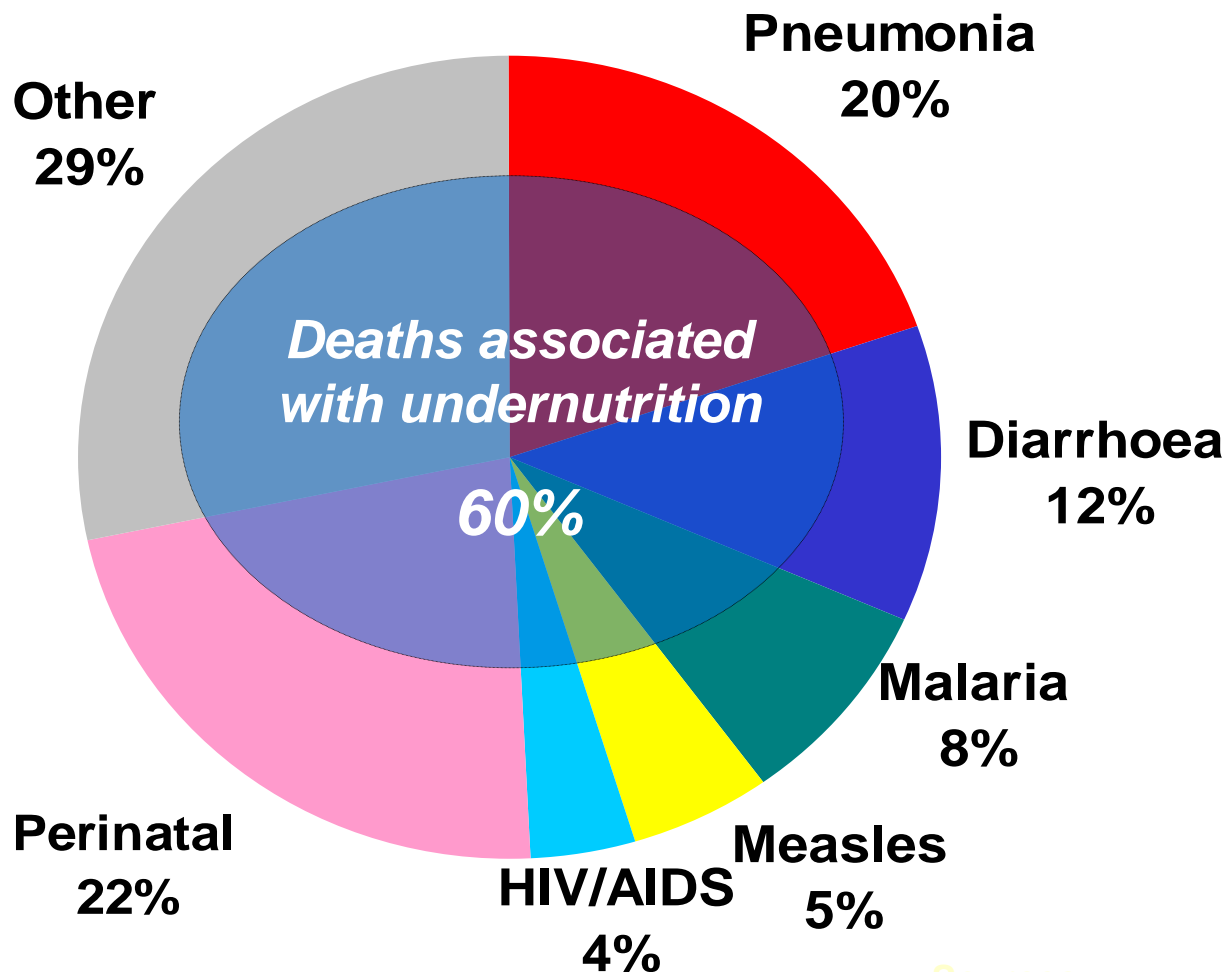
Food and Nutrition in HIV/AIDS

- ***Food and Nutrition are not the same.***
- ***Nutrition is both the outcome and the process of providing the nutrients needed for health, survival, growth and development.***
- ***Food- as the source of these nutrients- is an important part of this process, but it is not by itself sufficient. (Good Caring Practices and Good Health Services are also essential)***

Source: 5th report on world Nutrition Situation, ACC/SCN, March 2004.



Major Causes of Death among Children around the World

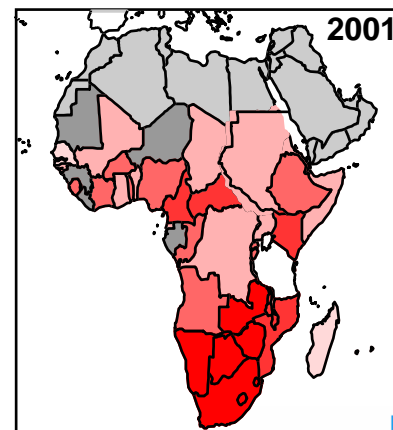
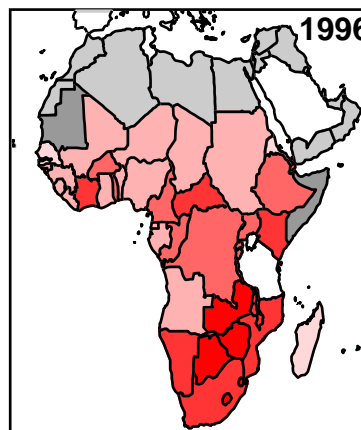
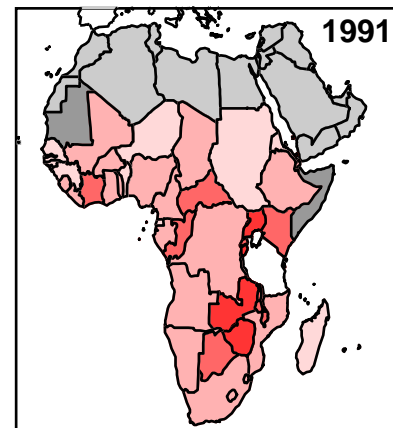
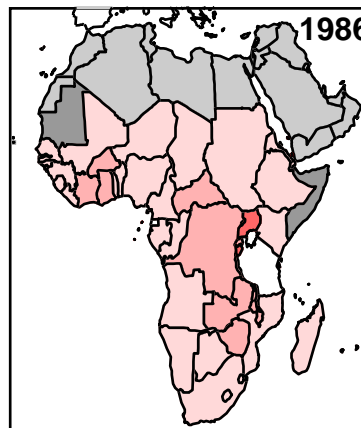
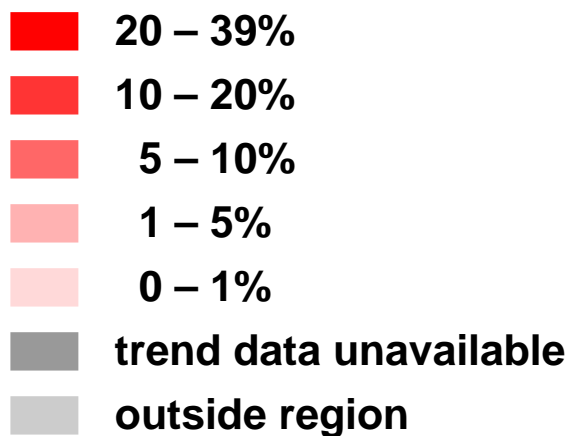


Sources:

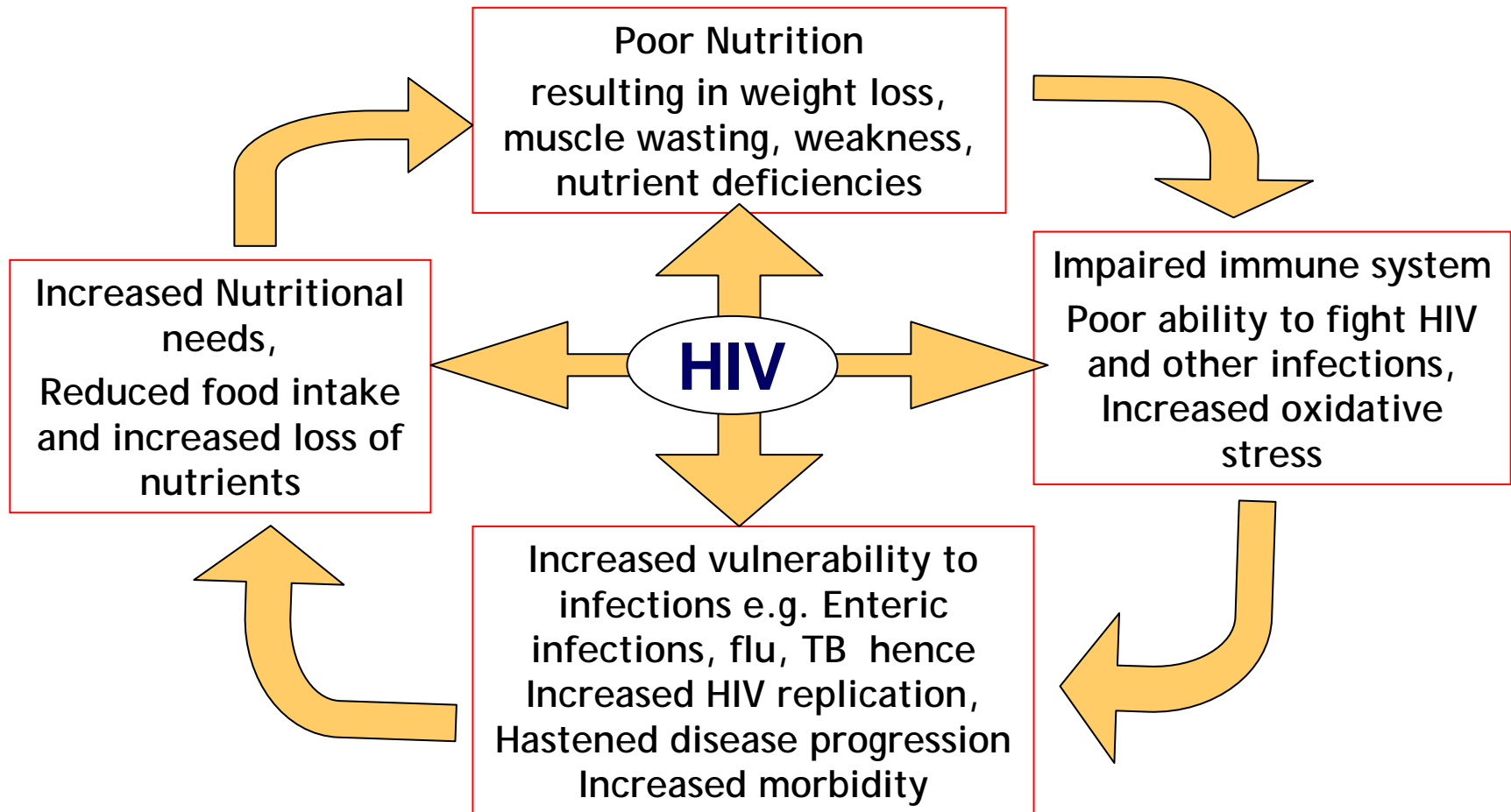
EIP/WHO, Caulfield LE, Black RE
Year 2000



HIV Prevalence in Adults in Sub-Saharan Africa, 1986-2001

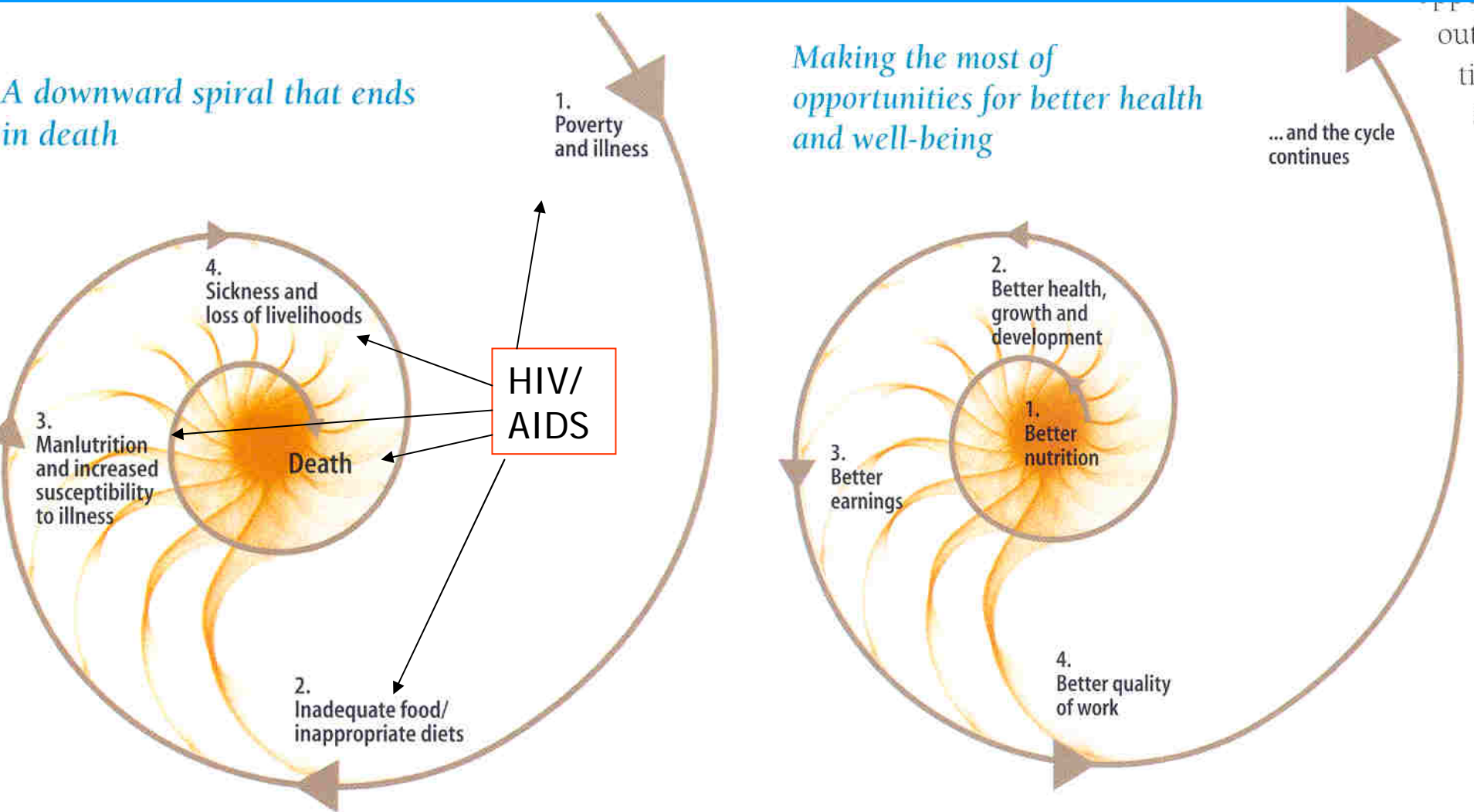


Vicious Cycle of Malnutrition and HIV



Source: Adapted from RCQHC and FANTA 2003

Nutrition, HIV / AIDS - Poverty Cycle



Source: modified from 'Turning the tide of malnutrition' WHO 2002

Effects of HIV/AIDS on Nutrition (Household Food Security)

- Human capital depleted
- Financial loss
- Coping mechanisms expand
- Household dependency ratios change
- Household labor loss
- Agricultural pattern changes
- Non farm income increases
- Social capital changes
- Land use changes



Effects of HIV/AIDS on Food Production

- **Reduction in cultivation**
- **Decline in production, crop yields, range of crops and animal numbers**
- **Move from labor intensive crops**
- **Increase in drought resistant cropping / those that can be cultivated all year round**
- **Reduction in cash crops / more subsistence farming**
- **Loss of key staff, extension workers, weakening of rural agricultural institutions**
- **Loss of indigenous knowledge and skills**



Agricultural Sector Impacts

- In Kenya, 68% decline in productivity, loss of head of household in prime age leading to significant loss of off-farm income – approximately \$614 per year compared to unaffected households (Yamano and Jayne, 2002)
- In Zambia, number of female-headed households increased from 16% in 1999 to 32%, seriously compromising agricultural capacity (Farming Systems Association of Zambia/FAO, 2003)
- In Malawi, large number of vacant positions in Ministry of Agriculture (Ministry of AG, 2000)



INCREASED MALNUTRITION

DIETARY INTAKE (AIDS)

- Reduced food intake and Malabsorption

DIETARY INTAKE

- Reduced dietary intake due to the impact of HIV/ AIDS on HHFS and care

DISEASE

- Increase in levels of disease (acute and chronic) due to the socio-economic impact of HIV/ AIDS

DISEASE (AIDS)

- Increased burden of disease due to opportunistic infections

Reduced HHFS due to:

- Decreased production
- Increased use of HH resources for health care\
- Increased HH members due to orphans
- Reduction in quality of foods

Reduced Care through:

- Care provider ill/ dead
- Higher HH dependency ratio
- Reduced quality of care
- Reduced availability of community care systems
- Need for specialised care

Reduced Quality of Health Services:

- Greater demand for health services
- Health providers affected by HIV/ AIDS
- Reduced HH resources for health
- Prioritisation of Government spending away from Health Care Provision

HH actors have reduced commitment because:

- Sickness/ death/ frustration
- Demand for different roles and responsibilities

Authority of HH members change when:

- Person is ill and others have to take over roles

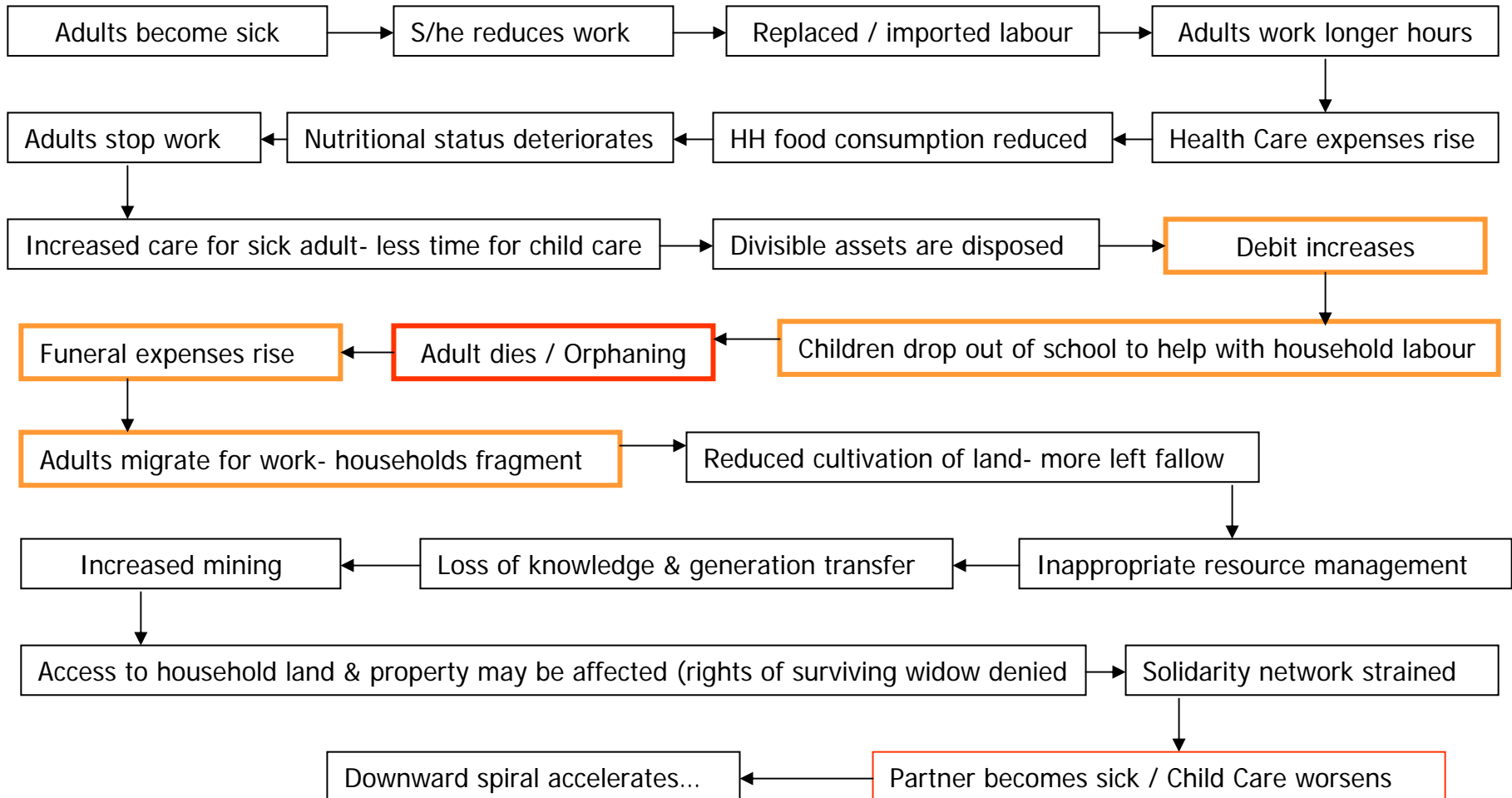
Reduced access to human (knowledge, skills), financial and organizational resources

Changing social, economic, political and cultural power relations

Potentials of society are affected



HIV-AIDS affecting Agriculture Based Livelihoods



So: Modified from Gillepe, S et al. HIV/AIDS, Food and Nutrition Security...Nut Pol pap 20, SCN

Goals of Nutrition Care and Support

- **Improve nutritional status**
 - Maintain weight and prevent weight loss
 - Preserve muscle mass
- **Ensure adequate nutrient intake**
 - Improve eating habits and diet
 - Replenish stores of essential nutrients
- **Prevent food-borne illnesses**
- **Enhance quality of life**
 - Treat opportunistic infections
 - Manage symptoms affecting food intake
- **Provide palliative care**



UNICEF Support to Nutrition and HIV/AIDS

- Strengthen the capacity of Governments, NGOs, CBOs and communities to support nutrition insecure families and individuals infected with or affected by HIV.
- Improve the nutritional status and well being of HIV-infected women and children
- Improve survival, growth and development of women and children affected by HIV/AIDS
- Improve the nutrition care capacity of caregivers in households affected by HIV/AIDS



UNICEF' Current Operational Approach

- Integrate Nutrition Care (Infant Feeding, supplementation etc.) into PMTCT plus, Paediatric Care and all Care, Support and Treatment programmes
- Ensure Food and Nutrition support into Programmes/ Projects related to Children affected by HIV/AIDS (Orphans and Vulnerable Children)
- Joint programmes partners FAO / WFP /WHO etc
- Integrate Nutrition and HIV/AIDS perspectives into emergency response in areas with high HIV-prevalence
- Monitor nutritional status infected and affected children
- Link to vulnerability, livelihood and protection approaches



WFP works to lessen the effects of HIV and AIDS on a community by:

- Providing food for work and human development to prevent adoption of high risk survival strategies
- Providing nutritional supplements and counselling to reduce the risk of HIV transmission from parent to child
- Providing nutritional supplements and counselling to maximise benefits of health care for PLWHAs
- Providing nutritional snacks to children to retain them in school
- Providing food for vocational training for HIV affected people (e.g. widows and orphans)

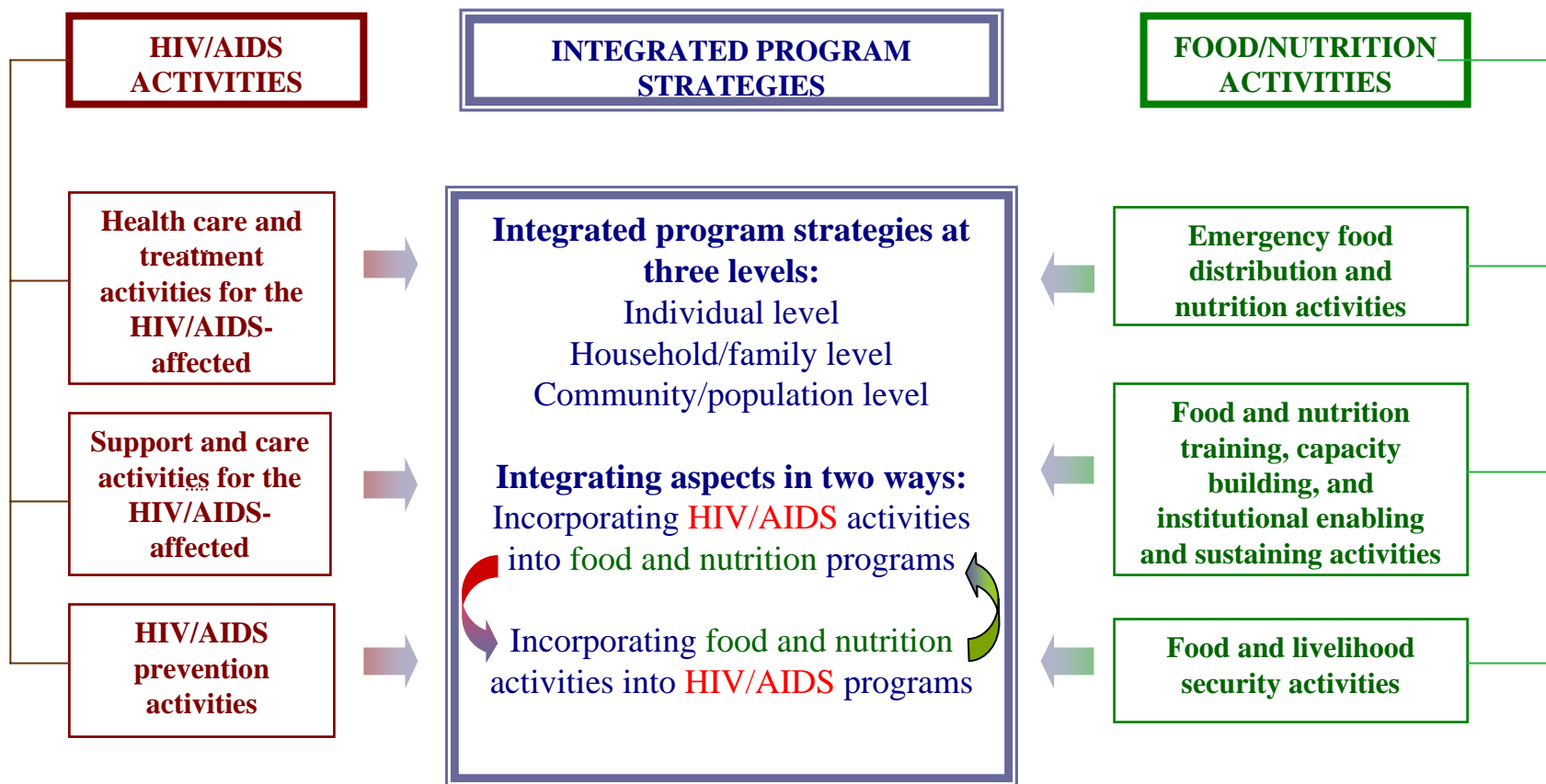


FAO/UNICEF/WFP

- Provide support to livelihoods and food security of HIV/AIDS affected children by improving immediate and long-term food security at community and household levels through food production and preservation, life skills training, income generation and where appropriate, food assistance.
- Provide care for HIV/AIDS affected children by improving access of children to adequate care and feeding in the short and long-term.
- Strengthen capacity of district institutions, NGOs and CBOs by building upon existing coping mechanisms and responses and collecting, disseminating and expanding lessons learned



Integration of HIV/AIDS, Food and Nutrition into Emergency (Refugee) Settings



HIV and Infant Feeding: Framework for Priority Action, Guidelines and related tools

HIV- or status unknown

- **Exclusive breastfeeding (EBF) for 6 months and continued breastfeeding for 2 years or beyond**

HIV+

- **When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding is recommended. Otherwise EBF is recommended for the first months of life**
- **Counselling should include information about the risks and benefits of various infant feeding options, and guidance in selecting the most suitable option**



Technical and programmatic guidance

Global Strategy for Infant and Young Child Feeding (2002)

Sets context for all actions, in particular in especially difficult circumstances

HIV & Infant Feeding: Framework for Priority Action (2003)

(WHO/UNICEF/UNFPA/UNAIDS/World Bank/UNHCR/WFP/FAO/IAEA)

