"Strengthening the institutional response to HIV/AIDS: food and nutrition as an essential part of the package"

Statement by

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Minister Kitt,
Ministers,
Honourable members of parliament,
Your Excellencies
Distinguished guests,

When HIV and AIDS began their silent, deadly march through the poor countries of the world, we at the World Food Programme tended to view the phenomenon as a medical crisis. It did not appear to have much to do with hunger and food. Like many others in the humanitarian community, we viewed AIDS through the lens of experience with the virus in the West, to be treated with drugs and prevented with education. But the dynamics in Uganda, Mozambique or Myanmar are very different to those in Europe and the United States.

Discussion of AIDS in the media focuses heavily on the demand for anti-retroviral drugs, but if you go out and talk to families in southern Africa, the world's hardest hitregion, you would get a very different story. These people talk about food. Institutional responses to this crisis must take that into account, just as WFP has had to, or we risk failure.

Peter Piot, head of UNAIDS, often tells a story about one of his first visits to Africa. He said, "I was in Malawi and I met with a group of women with HIV. As I always do, I asked them what their highest priority was. Their answer was clear and unanimous: food. Not care, not drugs for treatment, not relief from stigma, but food."

That is not so surprising. Malawi, like most of the southern Africa region, was in the grips of a major drought. It also has one of the world's highest HIV rates – 15 percent of the adult population.

Why is food such a big issue for people with HIV? Because hunger and HIV interact. They feed off one another, in a vicious cycle.

First, the disease is seriously undermining food production. The Food and Agriculture Organization estimates that some 7 million farmers in Africa have already been killed by AIDS. In the continent with the worst food security problems in the world, the loss of agricultural know-how and labour is devastating. In fact, AIDS is one of the reasons FAO gives for Africa being the only region going backwards – not forwards – in pursuit of the Millennium Development Goal of halving hunger.

With the loss of so many farmers, food production levels must suffer. Agricultural extension workers and ministry of agriculture employees have also been hit. Even when HIV positive farmers are still healthy enough to work their land, they plant crops which require less energy to tend, but which are less nutritious. As their strength dwindles, so does their ability to earn an income off the farm. With less cash, they can't afford basic inputs like fertilizer, so harvests decrease even further. Precious assets get sold, and before long, their families are hungry.

If you add a natural disaster, or economic collapse, into this mix then you have a true recipe for disaster. Today we are here in Ireland, whose history has been scarred by famine, and who can truly understand the terror that strikes in people's hearts and the upheaval it causes to families, communities and entire nations.

Second, there is the nutritional dimension. Malnourished bodies are more prone to disease, including AIDS. People who are both HIV positive and malnourished are especially susceptible to opportunistic infections. And those can be fatal. Good nutrition, on the other hand, can help delay the onset of AIDS, giving people time to spend with their families, send their children to school, pass on generations of knowledge of the land and how best to work it.

We have seen now that anti-retroviral drugs can work wonders. So can medication to treat the most common opportunistic infection, tuberculosis. These drugs can help put sick people back on their feet again, enabling them to provide for their families once more. AIDS is no different to any other disease when it comes to one basic fact: our bodies need to be well nourished if they are to fight off infection, regain their strength and live productively. For those people fortunate enough to be receiving anti-retroviral treatment, a healthy diet and good nutrition are essential for them to draw maximum benefit from the drugs. Food and good nutrition can help AIDS and TB drugs work their miracles. Otherwise, to paraphrase a Haitian proverb, "giving drugs without food is like washing your hands and drying them in the dirt."

While tremendous progress is being made to make AIDS drugs affordable and available, the sad fact is that for many, the treatment will come too late, or maybe not at all.

It is hard to imagine being faced with a more difficult choice: do I spend money to feed my children today, or to buy medicine that will keep me alive for them tomorrow? So we need to be worried not just about the patient, but about how their family will survive while they are on the road to recovery.

Thirdly, people who are hungry are more vulnerable to exploitation. Where people simply do not know where their next meal is coming from, they will sometimes turn to desperate measures. That may mean that poor families turn a blind eye as uneducated girls earn a little money selling the only thing they have – their bodies. Others may send family members to the city in search of work, where HIV rates may be far higher. Both of these survival strategies actually put people at even greater risk of contracting the virus.

Widows and orphans in particular are faced with double jeopardy. If they haven't been infected yet, the destitution that so often follows the death of their husband or parent puts them at greater risk of falling victim to the disease.

Women and children are bearing the brunt of the disease, and they need our special compassion and support. It is difficult to truly imagine life for adolescent orphans, suddenly thrust into the adult world. Children as young as 12 or 13 are responsible for their younger brothers and sisters. If they haven't already dropped out of school to care for their dying parents, they must do so now, in order to earn a living. Orphans are more likely to be malnourished, more likely to be exploited, all of which makes them more vulnerable to HIV.

You begin to see the vicious cycle at work. Poverty and hunger increase people's vulnerability to HIV infection. AIDS increases hunger and poverty, as it reduces the amount of food people can produce and afford, even though that is precisely when their nutritional needs are highest.

We have talked about the impact of HIV on food security, in Africa in particular. But AIDS is also devastating one of the other pillars of development: education. Ministries of education in countries like Zambia know that a good portion of their trainee teachers will not survive.

That is tragic, because it is school-aged children who represent one of the few "windows of hope" in this bleak pandemic. In fact, even in the worst-affected countries, most children aged between 5 and 15 are still HIV free. It is with them that our opportunity to break this deadly cycle lies. And education is the key.

When it comes to preventingHIV, education is perhaps the only vaccine we have. I am not just referring to HIV prevention education – although that's vital too. The very fact of sending children to school – enabling kids to learn skills and social norms in a safe, nurturing environment – helps shape who they become, and how they deal with problems.

Studies released in recent years show that the longer girls stay in school, the less likely they are to become infected with HIV. So in areas where AIDS is rampant,getting kids into school and keeping them there as long as possible, is vital to keeping them HIV-free.

The World Food Programme has more than 40 years' experience in encouraging poor parents to send their children to school, and making sure they have the nutrition they need to concentrate on their lessons. We realised very soon that this

gave us an opportunity – and a responsibility – to help keep that "window of hope" open for children vulnerable to AIDS.

We know that providing a healthy meal at school can increase enrolment, boost attendance and improve academic performance. We know that when a school feeding program is in place, the whole community tends to get involved, giving our partners an opportunity to pass on information about AIDS prevention, health, hygiene and nutrition. And we know that providing take-home rations to the most vulnerable children can help offset the cost of sending them to school – a major issue in families where the breadwinner has AIDS.

Allow me to go back to my opening lines. When AIDS first began ravaging the countries where WFP works, we wondered what, if anything, we could do to help. After all, the World Food Programme is the world's largest food aid agency. What use could food be in the face of this emergency? How could our institution respond to this crisis?

Essentially, AIDS in southern Africa answered those questions for us.
First, we needed to start listening to what people and communities affected by AIDS were saying. And they were saying that they needed food.

Second, we found that our resource – food – did indeed have a role in fighting AIDS.

- Food aid and good nutrition could keep people healthier for longer, delaying the progression from HIV to AIDS.
- It could help families stay together for longer, avoiding the need for some to migrate to cities in search of work, or turn to prostitution to earn a living.
- It could help widows and orphans put food on the table. It could also tide them over while they learnt skills to earn a more sustainable income.
- It could encourage children in communities where HIV is endemic to attend school, with all the inherent benefits that brings: education, prosperity and a reduction in the likelihood that they would contract AIDS.
- And it could help those fortunate enough to be on anti-retroviral and other treatments to get every last drop of benefit out of the drugs.

Thirdly, it became clear that unlike other crises WFP regularly faces, this one would not be over once the rains came, or the peace agreement was signed. The effects of AIDS would continue to be felt for generations to come. So the old emergency-development dichotomy really held less value than ever.

The HIV epidemic was hollowing out two of the pillars of development: food security and education. If these two sectors are eroded beyond repair, then AIDS will have succeeded in completely turning around progress in development. Attention to food security and education must be part of our institutional response to the pandemic. Limiting our attention to health and drug interventions might save AIDS patients … but would we lose them and their families anyway without food security and basic education?

WFP went about adapting its institutional response to the pandemic. AIDS is an invasive disease. It tends to take over the body, fighting for resources, blocking other initiatives. With 40 million people HIV positive worldwide, the needs of people

with HIV and WFP's response could easily have absorbed everything we already do. While we wanted to do all we could, we needed to be vigilant not to let AIDS take over our organizationthe same way it takes over people's bodies and lives. Our focus remains helping hungry people survive and live better lives. Helping them live positively with HIV was just another part of it.

What did WFP do? It incorporated the needs of people living with HIV and AIDS into its regular programs. This included supplying blended foods, fortified with essential vitamins and minerals, to AIDS patients. It meant providing food to orphans and widows, struggling to put enough food on the table. And we took special measures to ensure that children in areas where AIDS is rampant were encouraged to go to school, through our school feeding operations. We now include AIDS-related interventions in our operations in 41 countries. The total value of our operations in those countries amounts to more than $200 million.

Knowing no one can fight AIDS alone, we became a cosponsor of UNAIDS. We committed to working with the World Health Organization to ensure that food and nutrition are a part of their "3 by 5 initiative" to get 3 million people on ARVs by 2005. And we began recruiting UN volunteers to help the countries most affected by AIDS to strengthen their capacity in programming, training and health care. And our range of NGO partners widened enormously to include grass-roots groups and community organizations working directly with people affected by the pandemic.

It is a rare opportunity to address so many people in a position to shape the world's response to HIV and AIDS. This is clearly a situation where one-size does NOT fit all, but I cannot resist the temptation to make four requests as you design your institutional response to HIV and AIDS.

One. Please let us do **everything** we possibly can to meet the needs of orphans and vulnerable children. Today. There are some 11 million AIDS orphans in Africa. They are paying the highest price of the disease, and we are mortgaging their childhood to cover the cost.

Two. Let us get as many children as we can into school, and help them to stay there. Education is the only reliable vaccine we have against contracting the disease. And the 'collateral effects' are positive too: better education, better productivity, better nutrition and health, better economic growth.

Three. Investments in drug interventions for AIDS and related conditions must be shored up by food and nutritional assistance, otherwise patients will not be getting maximum benefits from the drugs, and donors will not get as much as they could from hard-earned tax payers aid dollars.

Fourthly and finally, the attention and resources dedicated to fighting the pandemic have increased exponentially over the past five years.Billions of dollars are being mobilized in Europe and elsewhere to fight the disease. The European Commission has allocated more than EURO 1 billion and US President Bush has promised EURO 12 billion.

These initiatives represent a serious start. But we are still far from the mark and it takes time for these commitments to translate into concrete help for the people who are HIV positive. Unfortunately, time is running out for the 40 million

people with HIV who need our help today.

Until a either a cure or a vaccine is found, it is imperative for us to focus on credible and effective stop-gap measures which alleviate suffering and maximize the impact of donor contributions. There is no excuse for us not improving access to clean water and sanitation and – above all – something as simple and basic as ensuring that people can get enough food.

Until we have sufficient money, political commitment and medical research for a lasting solution to HIV/AIDS, it is our duty to provide at least a minimum level of assistance to the people affected.