NUTRITION AND HIV/AIDS

More than 40 million people are living with HIV/AIDS and their number is rising rapidly. The worst-affected region by far is sub-Saharan Africa with almost 30 million people concerned; famine and malnutrition have combined with HIV/AIDS to bring the region to the crisis point. The world’s highest rates are found in southern Africa where adult prevalence in most countries exceeds 25%. In 2002, the number of people living with HIV in Eastern Europe and Central Asia reached 1.2 million, and 7.2 million in Asia and the Pacific. Between 2002 and 2010, an estimated additional 45 million people will become infected with HIV/AIDS in 126 low- and middle-income countries. In many environments, food and nutrition insecurity and frank malnutrition combine to aggravate the HIV/AIDS pandemic, thereby intensifying and accelerating its negative impact.

Critical issues

- The HIV/AIDS epidemic is having a devastating impact on human and economic development, food security and nutritional status, particularly in poor communities, and most noticeably in sub-Saharan Africa.

- HIV/AIDS can have a disastrous effect on household food security and nutrition. As the Director-General of WHO Dr Gro Harlem Brundtland has observed, HIV affects more people than it infects. All dimensions of food security – food availability, access and use – are at risk in environments where there is a high prevalence of HIV/AIDS.

- The linkages between HIV/AIDS and malnutrition are many, strong, and long-lasting. Through a vicious cycle of immune dysfunction, infectious disease and malnutrition, the impact is altogether devastating in terms of:
  - human and economic development,
  - food production and food security, and
  - individual nutritional status.

  The result is a further intensification and acceleration of the pandemic’s overall negative socioeconomic impact, especially in environments where food and nutrition insecurity and frank malnutrition combine to aggravate the HIV/AIDS pandemic.

- Nutrition is an opportune entry point for assisting affected communities to cope with the epidemic, particularly as part of an integrated approach to household food security, health and care.

- Nutritional care and support for people living with HIV/AIDS is an important way to reduce human suffering and to regenerate societies that are damaged by the epidemic. They help to ease the burden of the disease and to alleviate the overall impact of malnutrition.

- Healthy nutrition plays a central role in the management of HIV/AIDS, especially those symptoms – e.g. diarrhoea, anorexia, sore mouth, fever, and muscle wasting – directly associated with the disease.

- Adequate dietary intake enhances the therapeutic effect of medicines, boosts the immune system (thus helping to fight against the disease and to maintain body weight), prolongs the progression of HIV infection to AIDS, increases longevity and promotes healthy living.

- A balanced diet is a positive way of responding to the illness. Food is certainly not a “magic bullet”, nor will it stop people from dying of AIDS; but good food, well prepared, will nevertheless help people to live better, longer and more comfortable lives.
A strategic response

The challenge

• The HIV/AIDS epidemic poses an inescapable challenge to the world at large and to Africa in particular. A massive effort is needed to cushion the impact of the epidemic, and nutritional care and support should be integral elements of any action taken.

• An evidence-based response is required to alleviate the overall burden of malnutrition and to reduce the severity and complexity of the impact that HIV/AIDS and malnutrition have on each other.

• Policy-makers and actors in both nutrition and HIV/AIDS have to be reached. Clear and culturally acceptable messages are required. Innovative partnerships are needed.

Combating HIV/AIDS is the responsibility of a broad coalition of actors including affected communities, local and national governments, religious and social institutions, United Nations agencies, nongovernmental organizations, the private sector and individuals. There is an urgent need for all parties concerned to take concerted action.

For its part, WHO seeks to alleviate the overall burden of malnutrition by reducing the severity and complexity of the impact that HIV/AIDS and nutrition have on each other. To focus collective efforts, a comprehensive strategic response is proposed as a vital component of an essential care services package for affected populations.

The approach

• Nutrition norms and standards
  • Review of available evidence and establishment of nutritional requirements relevant to HIV/AIDS
  • Definition of the role and efficacy of nutritional interventions on the risk of infection and progression of the disease
  • Identification of research priorities

• Policies, strategies and plans
  • Integration of HIV/AIDS in intersectoral food and nutrition plans and policies
  • Incorporation of food and nutrition considerations in national HIV/AIDS programmes

• National capacity building
  • Preparation of training and educational materials on nutritional care and support for people living with HIV/AIDS
  • Strengthening of food and nutrition interventions in emergencies and humanitarian crises where there is a high prevalence of HIV/AIDS
  • Promotion of optimal nutritional benefit of food-assisted HIV/AIDS-related programmes and development of guidelines for food-aid practices in this context

• Infant and young child feeding and prevention of mother-to-child transmission of HIV
  • Updating of the baby-friendly global criteria in the context of HIV/AIDS
  • Developing training courses and counselling cards on HIV/AIDS and infant feeding
  • Identifying key priority actions in the presence of HIV/AIDS

• Careful monitoring to ensure successful and timely programme implementation
  • Developing indicators for assessing progress
  • Strengthening networking and sharing lessons learnt particularly among affected countries.