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Discussion Paper 112

Effective Food and Nutrition Policy Responses to HIV/AIDS: What We Know and What We Need to Know

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The impact of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) on people's lives and on development is staggering. Millions have died and livelihoods have been devastated, particularly in Sub-Saharan Africa.

Agriculture and natural resources are important components of such livelihoods. And the nutritional status of those infected and affected plays a large part in determining their current welfare and their ability to further develop their livelihoods towards activities that help to mitigate the impacts of AIDS and prevent the spread of HIV.

This paper first reviews the potential pathways through which HIV/AIDS affects assets and institutions generally and then the specific impacts on agriculture, natural resource management, food security, and nutrition. The impacts on agriculture and resource management revolve around how to deal with labor and knowledge losses and institutional weakening. Resource management practices that rely on collective action and strong property rights are also threatened by HIV/AIDS. Social capital and property rights are tested to the limit as HIV/AIDS reduces the ability and incentives for collective action and threatens property rights.

With regard to nutrition, HIV/AIDS significantly impacts individuals and households. At the individual level, it accelerates the vicious cycle of inadequate dietary intake and disease. HIV infection raises nutrient requirements and erodes the immune system, thus increasing vulnerability to other diseases. A major issue for nutrition policy is mother-to-child-transmission (MTCT) of HIV, which may occur during pregnancy, at birth, or via breastfeeding. At the household level, HIV/AIDS is likely to diminish the capacity to care for young children or AIDS-infected household members and/or the capacity to ensure food security, which, in turn, may lead to a worsening in nutritional status. Such impacts will be most severely felt by women.

How should the public sector respond to these challenges? First some general points are made. The paper does not focus on what the food, agriculture, and nutrition sectors could do on the prevention side per se. This lies in the domain of behavior-change public health experts. Rather it focuses on the mitigation side, noting that effective mitigation can also serve as a very cost-effective form of prevention, and that public responses should be tailored to different stages of the epidemic. The remaining capacity of the public sector should be assessed before any responses are proposed. Communities must be involved to a greater extent than before, not only because they have the most information about how their own livelihood constraints have changed due to HIV/AIDS, but also as a way of overcoming stigma. The potential impact of the public response needs to be evaluated not only in terms of mitigation today, but also on reduction of susceptibility and vulnerability tomorrow. Design of responses and their assessment can only be achieved if some kind of monitoring system is in place, again involving the community. Finally, new interventions to address HIV/AIDS mitigation should only be developed if existing agriculture, food, and nutrition interventions areas cannot be effective by adapting them through the use of an HIV/AIDS "lens." Public policy should not be blind to HIV/AIDS, but neither should it be blinded by it.

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In looking at the public response in agriculture and resource management sectors and its effectiveness, again there is not much hard evidence to draw on. As labor becomes depleted, new cultivation technologies and varieties need to be developed that do not rely so much on labor, yet allow crops to remain drought resistant and nutritious, particularly in terms of the micronutrients that support the immune system. As knowl-

edge becomes depleted, innovations such as farmer field schools have to emerge to facilitate the transfer of community-specific and organization-specific knowledge within generations and across them. Rural institutions, including agricultural research centers, need to become more client-focused. Only in this way can natural resource management take place in the presence of weakened social capital and property rights. The key is for policy to help create an environment where new arrangements can be developed to adapt to the new realities.

The implications of HIV/AIDS for nutrition policy and programming relate to both prevention and nutritional care and support. Nutritional support has the potential to significantly postpone HIV/AIDS-related illness and prolong life. Regarding MTCT, further confirmation of the protective effect of exclusive (as opposed to partial) breastfeeding is needed to strengthen existing policy. Appropriate community-based interventions aimed at improving the food, health, or care preconditions of nutritional well-being need to be designed through a participatory process of assessment, analysis, and action. And lessons that have been painfully learned in past attempts at supporting such community-driven nutrition programming need to be drawn upon to build on what is successful.

Finally, the authors come to the information gaps. Five research priorities are outlined. These comprise the development of mechanisms for information sharing, for giving those at the front line a "voice," the development of tools for the assessment of capacity, the evaluation of attempts at HIV/AIDS mitigation through food, agriculture, and nutrition interventions, more basic research on the dynamics of shocks, and finally, a reexamination of the policymaking process to understand the ways in which existing policies and programs may be modified to reduce their effects on either the spread of HIV or the downstream impacts of AIDS on households and communities.

In areas threatened by HIV/AIDS, the continuation of a "business as usual" approach by the agriculture, food, and nutrition sectors will make them less and less able to promote sustainable agriculture, food security, and good nutrition. In order to fulfill their sectoral mandates, they will have to eventually begin responding to the HIV/AIDS crisis. The sooner they begin—no matter the stage of the epidemic, the better.

Keywords: HIV/AIDS, nutrition, public policy, poverty, food security

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