



## **FACT SHEETS**

This packet contains the following:

- **HIV/AIDS and Food Prices**
- **HIV/AIDS and Cash Transfers**
- **Mexico's Cash Transfer Program**
- **HIV/AIDS and Agriculture**
- **HIV/AIDS and Women**

## **HIV/AIDS and Food Prices**

Hunger and AIDS often coexist and interact: malnutrition and food insecurity heighten susceptibility to HIV exposure and infection, while AIDS in turn exacerbates hunger and malnutrition. High food prices aggravate this vicious cycle, overlaying an acute crisis onto a chronic one.

AIDS has been a serious food security issue in many African countries, especially in southern Africa, for years before the 2008 spike in prices. The disease strikes people in their prime, when they would normally be working the land and raising food. The dramatic rise in food costs will make people, especially women, more vulnerable to the virus, hinder the effective care and treatment of people living with HIV, and exacerbate the many negative consequences of the epidemic.

### **How can high food prices increase HIV infection?**

- More costly food increases the chances of HIV infection as poor people, especially women, are compelled to engage in risky behavior, such as “survival sex” or sex for money, to earn cash to feed and clothe their children.
- High food prices can cause more people to migrate in search of work and food. Studies show that migration increases the risk of contracting HIV for both the person moving and for adults who remain at home.
- As household food insecurity increases due to price hikes, malnutrition will likewise increase. Malnourished mothers are more likely to have low birth weight babies, who are more likely to have the virus passed on to them during breastfeeding, or during birth.

### **How can high food prices threaten the effective treatment of HIV/AIDS?**

- Adequate food and good nutrition are crucial to the effective treatment of HIV/AIDS. High food prices may make it impossible for people to get the food they need.
- Adults with HIV require 10-30 percent more energy than usual (in terms of calories), while growing children may need up to 100 percent more energy.
- For people living with HIV, a poor diet can lead to more frequent and serious infections, such as tuberculosis, and a more rapid progression to AIDS.
- Good nutrition is also necessary for the effectiveness of ARVs. Individuals who are malnourished when they begin drug therapy are six times more likely to die.
- The negative side-effects of ARVs can increase if not taken with food, which could cause people to stop taking the drugs, threatening their survival and, in the long-run, leading to widespread resistance to these drugs.
- Rises in food costs constrain the budgets of organizations and programs that serve AIDS-affected populations and threaten the now-accepted, critical link between treatment of the disease and food and nutritional assistance.

## **How can high food prices exacerbate the negative consequences of AIDS?**

- Children may be taken out of school to work for cash or food, denying them an education that will have lifelong, irreversible consequences. While out of school, children may also be at greater risk of contracting HIV.
- The increased costs of supporting orphans may prevent fewer extended families, as well as support programs, from taking in and feeding children, and more orphans will go hungry and uncared for.
- As families struggle to raise more income to buy more costly food, including by leaving the home for weeks or months in search of work, young children will go without proper care, increasing malnutrition and threatening their overall development and well-being.

## **HIV/AIDS and the food price crisis: Evidence from Africa**

- According to the World Food Programme (WFP), 22 of 30 high-risk countries in need of external food assistance are in Sub-Saharan Africa, where many countries have serious AIDS epidemics.
- Recent studies in Botswana, Malawi, Swaziland, Tanzania, and Zambia provide evidence of the link between acute food insecurity and unprotected transactional sex, or sex for money, among poor women.
- The AIDS Support Organization (TASO) in Uganda has been running a food support program for over 100,000 clients since 2002. WFP, which provides TASO with a limited supply of food, recently had to reduce the number of households helped and reduce the period of 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 getting basic foods due to high prices. Disease-related complications are resulting in lack of adherence to critical drug treatment.
- In South Africa, a feeding program for orphans and vulnerable children is already cutting back on the quality and quantity of food provided because of the food price crisis.

Source: Gillespie, 2008. *Food Prices and the AIDS Response: How Are They Linked and What Can Be Done?* (IFPRI/RENEWAL)

## HIV/AIDS and Cash Transfers

A new study by the Regional Network on AIDS, Livelihoods and Food Security (RENEWAL) and the Joint Learning Initiative on Children and AIDS (JLICA) shows that cash transfers have great potential to reduce poverty and protect the human capital of children in AIDS-affected families:

- Cash transfer programs have been effective in many countries devastated by HIV/AIDS in eastern and southern Africa, helping to prevent destitution among HIV/AIDS-affected families. These programs are feasible on a large scale and are already assisting tens of millions of people.
- Cash transfers prevent the loss of education, health, and nutrition among children in AIDS-affected families. These losses would otherwise have irreversible consequences, which are passed on through generations.
- Cash transfers can ensure that people affected by HIV and AIDS have enough food. Good nutrition slows the progression of AIDS and is necessary for the effectiveness of ARVs.
- It is critical that governments in heavily AIDS-affected countries, the international donor community, and civil society organizations come together to muster the political will to sustain and expand cash transfer programs as part of a comprehensive response to the AIDS epidemic.
- More than a dozen countries in Sub-Saharan Africa currently have cash transfers programs, including Ethiopia, Malawi, and Zambia, and more countries are planning or considering them.
- As of 2006, over 15.2 million children under 18 had lost at least one parent to AIDS. About 80 percent live in Sub-Saharan Africa. Most of these children are cared for by extended families and communities, which were already very poor before affected by the AIDS epidemic.
- In addition to orphaned children, millions more are affected by HIV and AIDS as illness in families and communities undermines physical and psychological well-being and the ability to work, earn income, and care for children.
- Cash transfers can take many forms, and can be targeted to individuals (e.g., an elderly or disabled person) or households, but they always aim to help the poorest people. Cash assistance can be used for current, basic needs (such as food and clothing), to pay for school fees or transportation, or to invest in other assets, such as healthcare.

Source: Adato and Bassett, 2008. *What Is the Potential of Cash Transfer to Strengthen Families Affected by HIV and AIDS: A Review of the Evidence on Impacts and Key Policy Debates* (IFPRI/RENEWAL and JLICA)

## **Oportunidades (formerly Progresa): Mexico's Conditional Cash Transfer Program**

- Around the world, cash transfer programs have helped to reduce poverty and improve the health, education, and welfare of the very poorest children and families.
- In 1997, the Government of Mexico introduced a cash transfer program, called Programa de Educación, Salud, y Alimentación (Progresa), to provide assistance to extremely poor households, conditioned on their participation in health, nutrition, and education services.
- Today, Progresa, now known as Oportunidades, helps more than 5 million households in all 31 Mexican states.
- In collaboration with the Mexican government, the International Food Policy Research Institute (IFPRI) rigorously evaluated Progresa's impact on education, nutrition, health, and rural poverty several years ago.
- The evaluation suggests that Progresa's cash transfer interventions reduced the number of people with income levels below the poverty line by about 10 percent. Progresa's largest reductions in poverty were achieved among the poorest people.
- Health visits increased by 18 percent in Progresa communities, and illnesses among Progresa children aged 0-5 years were reduced by 12 percent.
- Rates of anemia (often linked to micronutrient malnutrition) were substantially lower among Progresa participants and stunting, also a sign of malnutrition, was reduced by 10 percentage points.
- Progresa also increased overall secondary school enrollment by 6 and 9 percentage points, respectively, for boys and girls. Moreover, the rate of those making the transition to secondary school increased by 15 percentage points for girls, who often drop out after elementary school.
- Children in the Progresa program also entered school at an earlier age and repeated fewer grades.

### Sources:

Adato and Bassett, 2008. *What Is the Potential of Cash Transfer to Strengthen Families Affected by HIV and AIDS? A Review of the Evidence on Impacts and Key Policy Debates* (IFPRI/RENEWAL and JLICA)

Adato and Hoddinott, 2007. *Conditional Cash Transfer Programs: A "Magic Bullet" for Reducing Poverty?* (IFPRI)

Adato et al., 2002. *Progresa: Breaking the Cycle of Poverty* (IFPRI)

## HIV/AIDS and Agriculture

- Agriculture is the main source of livelihood for the majority of people affected by HIV around the world. (Gillespie and Kadiyala, 2005. *HIV/AIDS and Food and Nutrition Security: From Evidence to Action*, IFPRI)
- Since 1985, over 7 million farmers have died of AIDS in the 27 most affected countries. (FAO, 2005. *HIV/AIDS—A Rural Issue*).
- AIDS undermines productive agricultural sectors in many developing countries by infecting and then killing many agricultural workers prematurely. As a result, labor productivity decreases, crucial assets—such as land—are eroded, and the transfer of knowledge from one generation to another is blocked. (IFPRI, 2004. *Ending Hunger in Africa: Prospects for the Small Farmer*).
- In Africa, approximately 65 percent of the population depends on agriculture for their livelihood. Agriculture represents 30 to 40 percent of the continent's gross domestic product (GDP). (IFPRI, 2004. *Ending Hunger in Africa: Prospects for the Small Farmer*).
- Research in Kenya shows a 68 percent decline in food production following the death of a male household head. (USAID, 2003. *HIV/AIDS*).
- The links between HIV/AIDS and hunger are particularly acute in rural communities, where households are often dependent on agriculture for both income and food. Improving rural livelihoods and their agricultural base can help to reduce both the spread of HIV and the impacts of AIDS.
- Agricultural policies that are blind to HIV/AIDS can accelerate the spread of the virus and fail to help households respond to its effects
- The Regional Network on AIDS, Livelihoods and Food Security (RENEWAL) aims to improve understanding of the links between HIV/AIDS and food and nutrition security and to better understand how livelihoods, particularly those based on agriculture, affect the spread of HIV & resilience to AIDS.
- RENEWAL, facilitated by the International Food Policy Research Institute (IFPRI), brings together national networks of researchers, policymakers, and public, private, and nongovernmental organizations. It is active in Kenya, Malawi, South Africa, Uganda, and Zambia.

## HIV/AIDS and Women

- Women, especially younger ones, are biologically more susceptible to contracting HIV than men in a given sexual encounter. In addition, the low social status of women in the developing world magnifies their vulnerability to contracting HIV. (Piot and Pinstrup-Andersen, 2002. *AIDS and Food Security*, IFPRI).
- Driven by poverty and the desire for a better life, many women and girls find themselves using sex as a commodity in exchange for food, goods, services, money or other basic necessities. This leads to severe unequal prevalence rates in such places as South Africa, Zambia, and Zimbabwe, where young women are three to six times more likely to be infected with HIV than young men. (UNAIDS, 2004. *AIDS Epidemic Update*).
- In Sub-Saharan Africa, women are considerably more likely—at least 1.2 times—to be infected with HIV than men. Young women aged 15-24 are 2.5 times more likely to be infected than their male peers. (UNAIDS, *AIDS Epidemic Update 2003; 2004 Report on the Global AIDS Epidemic*)
- Upon the death of an HIV-infected spouse, women are often stigmatized and driven from the communities, losing all property and other assets, a condition which drives them further into poverty and vulnerability to contracting HIV. (IFPRI, 2005. *Women: Still the Key to Food and Nutrition Security*).
- Recent research shows that increased schooling can actually increase mortality among women, but not men, in societies where HIV is very prevalent. Where Lobola, or bride price, is the norm, the probability of marriage decreases among educated women when the cost of marriage increases. In turn, delaying marriage increases the risk of death due to HIV/AIDS. (Yamauchi, 2008. *Marriage, Schooling, and Excess Mortality in Prime-Age Adults: Evidence from South Africa*, IFPRI/RENEWAL).