

DANGEROUS CROSSROADS:
The Lethal Intersection Between Hunger and HIV/AIDS

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Last year WFP provided food assistance to close to 90 million people in almost 80 countries. Most of these people were women and children; and most of them live in Africa. Some 40 to 50% of that support came from the United States Government – USAID, USDA and the State Department. We could not have achieved what we did without that help, and without our partnerships with the PVO community and the supply chain represented by the participants at this Conference. Thank you!

Ladies and Gentlemen:

I am delighted to be back here in Kansas City – in the heartland of a country that has contributed so generously to feeding the hungry poor of our world. It is a pleasure to be among so many old friends of the World Food Program and so many key contributors to the critical humanitarian assistance we provide.

Recent years have brought unprecedented challenges to WFP and other organizations fighting world hunger. We've had to confront a rising tide of need, especially from natural disasters and conflict, sharp increases in commodity and fuel prices - and the cold fact that resources are simply not keeping pace. High-profile emergencies like Darfur and the Indian Ocean tsunami have significant costs, while chronic hunger among the poor is growing by more than 4 million per year since the mid-1990s; it persists in places as close by as Haiti and Guatemala. We are also seeing an increasing toll from a lethal mix of AIDS and malnutrition, especially in southern Africa.

The World Health Organization (WHO) calls hunger the world's No. 1 public health threat – killing more people than AIDS, malaria and tuberculosis combined. Few people know that 25,000 people– 18,000 of them children – die each day of hunger and related ailments. That's one person dead, because of hunger and malnutrition, every four seconds – 365 days a year. At that rate, the entire population of Wyoming would be wiped out in just three weeks. In the 21st

century – when food and wealth are more plentiful than at any time in human history – this is simply not acceptable.

Even when hunger and malnutrition don't kill, they sap vitality and productivity. Under-nutrition in young children can *permanently* stunt mental and physical growth – dropping IQ levels by as much as 15 points. A new study by WFP and the Economic Commission for Latin America and the Caribbean spotlights the economic costs of child under-nutrition in Central America and the Caribbean. It estimates combined economic losses due to child under-nutrition at a staggering \$6.6 (b) billion for the region in a single year (2004) – or about six percent of GDP for seven countries.

Imagine the implications for economic development in even poorer countries like Ethiopia – where stunting rates among children exceed 60 percent – or North Korea, where the average seven-year-old is **20** pounds lighter and **eight** inches shorter than his 7-year-old peer across the border in South Korea. Tragically, these children will never “catch up” with those more fortunate. Neither will their countries, so long as we allow this terrible misfortune to persist.

Development is simply not possible on an empty stomach. If you look at America's own experience, the incredible post World War II boom was accompanied by a vigorous bipartisan effort to combat malnutrition, spearheaded by dedicated leaders like Senators George McGovern and Bob Dole. The World Bank believes that investing in the proper nutrition and health of a young child is the single best investment one can make in a better future for the poorest nations. Here in the United States, we need look no further than the amply documented successes of the federally funded WIC program to know that this assessment is correct.

President Eisenhower once said you can change the world with wheat – and not weapons. Eisenhower launched **Food For Peace** – which has grown into the greatest humanitarian instrument the world has ever known.

Food For Peace has helped more than 3 (b) billion people in 135 countries – saving millions of lives and transforming those of millions more. During its first half-century, **Food for Peace** shipped more than 110 million tons of commodities. Put into trucks, that amount of food would encircle the globe, bumper to bumper, right around the equator.

The United States helps the hungry in other significant ways – notably via the **McGovern-Dole International Food for Education and Child Nutrition Program**. School feeding is a simple yet incredibly effective instrument in breaking the cycle of poverty. Providing a meal in school not only attracts hungry children to school, but keeps them there: research consistently shows how the introduction of school feeding boosts enrollment, attendance and academic performance. For girls, often left out of education in the developing world, school feeding offers potentially dramatic life change: even five years in school means that girl will marry later, have fewer children, while those children will be healthier and better-educated. She will also be less likely to contract HIV-AIDS, since education is the only vaccine we have against that deadly epidemic.

Beyond the positive outcomes, school feeding is a bargain: just 19 cents a day, or \$34 a year, provides a meal at school for a hungry child.

School feeding is a “win-win” for everyone – as we have seen through America’s own experience. Senator George McGovern likes to recount how a University of Georgia dean credited the American school lunch program as doing more for the economic development of the Southern states than any other federal program. McGovern applied that logic when, along with Senator Bob Dole, they rallied bipartisan support for US-supported school feeding abroad – winning an initial

investment of \$300 million. Funding for this year's McGovern-Dole program currently stands at \$100 million.

Today, the United States has a wonderful opportunity to capitalize on its investment in school feeding through bipartisan initiatives now under way to significantly expand and regularize funding for McGovern-Dole. This relatively modest investment would reap enormous benefits not only for the recipient countries – which get a solid foundation for fighting poverty and instability - but for all of us in the long run.

There is so much more work to be done.

Africa, where one person in three is malnourished, continues to be a major challenge. Africa has faced ever-greater waves of drought, conflict and displacement – pushing millions of people into crisis in Sudan, the Horn of Africa, the Democratic Republic of Congo, and other countries. Worse yet, climate change now threatens to make drought and desertification semi-permanent in many parts of Africa. And while 2006 was comparatively calm – without a sudden, headline-grabbing natural catastrophe - the number of the hungry just keeps going up. We are also worried about prospects for the coming cereals crop: prices are spiking as South Africa, the major regional supplier, is expected to have a poor harvest this year. Meanwhile, the hard-won economic gains of southern Africa – once breadbasket for the continent – are under extreme pressure from the “triple-threat” onslaught of HIV/AIDS, worsening drought and declining government and civil capacity. The disease has decimated the ranks of farmers and other productive sectors of society: some 8 million farmers have died of AIDS in the past two decades - on a continent that accounts for more than two-thirds of the worldwide total of HIV-infected people.

Ladies and Gentlemen:

I'd like you to think about this very critical facet of our war on hunger – and that is the lethal intersection between hunger and HIV/AIDS. Hunger and the HIV virus work together - stealthy but powerful accomplices in making this pandemic worse.

As a global community, we have covered a tremendous distance in the war on HIV/AIDS. We have brought this terrible disease out into the open – overcoming years of denial, shame and stigma - and we recognize the threat it represents to us all.

The Bush administration's pledge of \$15 (b) billion to combat HIV/AIDS in the developing world is in fact historic: the biggest commitment to a global health challenge announced by any government, ever. Yet even as donors invest hundreds of millions of dollars in providing anti-retroviral drugs to poor AIDS patients in the developing world, a problem has begun to surface – and it is not a minor one. Many of those receiving treatment are also severely malnourished and thus far, donors have not systematically addressed the nutritional needs of these patients.

We are in danger of falling even farther behind in the battle to end hunger unless we come to grips with the interaction between hunger and the AIDS epidemic in the developing world. We in the affluent world tend to see AIDS through the lens of our own experience, while the economic and sociological dynamics are very different in Mozambique, Cambodia, or Zimbabwe. We must move ahead with a more integrated package of interventions that takes nutrition into account. Food aid can be part of this broader approach. Let me illustrate how and why.

The AIDS coverage in the media focuses heavily on the demand for anti-retroviral drugs, but if you were to go out and talk to families in southern Africa, the hardest hit region, you would get a different picture. These people talk about food. Peter Piot, head of UNAIDS, often relates a story about one of his first visits

to Africa: "I was in Malawi and I met with a group of women living 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."

This is hardly surprising on a continent where AIDS kills many times more Africans than war. Africa – where WFP conducts half its operations - is already afflicted with the worst food security problems in the world. Eight out of 10 farmers in Africa are women, mostly subsistence farmers, and women are disproportionately affected by the disease.

So my first message on AIDS is simple: let's start listening to people living with this horrible disease and tailor our response to their particular social and economic situations. AIDS in Kansas City is not the same as it is in Kinshasa. Ending AIDS is not a battle we will win with medicine alone; we need proper nutrition, education, clean water. We need integrated packages of assistance or we run the risk of undercutting our huge investment in fighting AIDS. AIDS and hunger interact. They feed off one another.

What is going on in Africa today is hard to comprehend. Two years ago when I was in Geneva I met with the Health Minister of Kenya. She was worried about a local problem with aflatoxin and we were trying to help, but all of a sudden she became quite animated and went off about the horrible malnutrition she was seeing among AIDS patients arriving at Kenya's hospital. Mind you, this was a nice and very grateful lady. She was thrilled about getting expensive ARVs from the US and other donors, but bluntly put, she thought it was insane to provide expensive and sometimes harsh medication to people who had nothing to eat. Can you imagine an American doctor admitting an AIDS patient, starting them on expensive ARVs, and then not feeding them?

What's especially odd about the neglect of the nutritional side of AIDS is that so often food assistance is only needed for a short time. Most of the time, we can phase out food assistance in six months.

Food is also a huge issue for families affected by AIDS.

First, the disease is seriously undermining food production. Studies from Africa and elsewhere show that AIDS has devastating effects on rural families. The father is often the first to fall ill, and when this occurs, farm tools and animals may be sold to pay for his care – frequently leading to rapid impoverishment of often-already poor families. Should the mother also become ill, children may be forced to shoulder the daunting responsibility for the full-time care of their parents, farms and often – themselves.

With millions fewer farmers working, there is less food. Weakened, HIV-positive farmers who can still work are not as productive - and less capable of earning off-farm income as well. As farmers earn less, they cannot afford fertilizers and other farm inputs. Harvests dwindle further and they enter a merciless downward spiral, selling what assets they have and sliding into abject poverty. Soon enough, their families go hungry.

In southern Africa, the world's hardest hit region, up to 70 percent of farms have suffered labor losses due to HIV/AIDS. As agricultural workers are affected by the disease, they tend to plant fewer acres and less labor-intensive crops. In Malawi, 26 percent of households with a chronically ill member changed their usual crop mix and 23 percent left land fallow. In Uganda, 65 percent of AIDS-affected households sold land in order to pay for health care. And in Zimbabwe, maize production fell by 67 percent in households that suffered an AIDS-related death.

Anti-retro viral drugs can certainly help mitigate this dire situation – **when** they are deployed in tandem with adequate food and nutrition. Consider the story of

one HIV-positive widower from Democratic Republic of Congo. When 46-year-old farmer Benedicte, father of two boys, first enrolled in a drug program supported by WFP food aid, Benedicte arrived on a stretcher to collect his rations. Not long after receiving regular drugs and food, Benedicte could collect his sacks of maize and beans by bicycle. Today, he is back in his fields, producing. Food and treatment together literally got him - and his family - back on their feet.

In Kenya, an innovative program called AMPATH – a partnership between Kenyan medical schools and the Indiana University School of Medicine – literally hands out prescriptions for food along with HIV/AIDS medication. AMPATH supports more than 15,000 HIV-infected patients – Kenya’s largest provider of anti-retroviral drugs.

Up to half of all new patients in AMPATH's drug therapy are highly malnourished. Doctors there recount how they were shocked to find the average adult newcomer weighed in at just 108 pounds. In response, AMPATH created a comprehensive program that involves the food "prescriptions" as well as cooking lessons to ensure good nutrition - and the development of farms and individual vegetable plots for those on ARVs.

WFP along with the US government support AMPATH patients and their families by providing food. Food is provided for six months - during the patient's initial period of ARV treatment and immune reconstruction - unless the individual remains very ill. AMPATH finds that most patients gain enough weight and strength in that period to return to normal activities. Visitors are impressed by the vibrant, healthy-looking, productive citizens they see working on farms, irrigation, and other projects. It is amazing how this simple "prescription" can literally turn lives around. Applied consistently, it can vastly improve the currently grim outlook for food security in AIDS-affected areas.

Another promising tactic in the war on AIDS and food insecurity in Africa is a program run by WFP and its partner Food and Agriculture Organization (FAO) called the “Junior Farmer Field and Life Schools,” now operating in six countries in southern Africa. Hundreds of orphans and other vulnerable children from ages 12 to 17 are enrolled in classes for a year that teach them traditional and modern agricultural techniques, as well as essential life skills. HIV/AIDS awareness education is also included. Although lack of funding has not permitted these programs to be taken to scale, they are part of the “essential architecture” needed if Africa is to beat back an epidemic that is expected to orphan a staggering 20 million children by 2010.

I am Australian; and we have a population of 20 million people. I simply cannot imagine every man, woman and child in my country an orphan through AIDS. And yet that is the scale of what is going to happen in Africa.

Next there is the nutritional dimension of fighting HIV/AIDS against a backdrop where hunger and malnutrition are constants.

Malnourished bodies are more prone to disease, including AIDS. People who are both HIV-positive and malnourished are especially susceptible to opportunistic infections, most notably tuberculosis. Medical treatment for any ailment – especially complex regimens like those for TB and AIDS – are simply not as effective on empty stomachs. Most powerful drugs come with instructions to take before or after meals - a regimen designed for affluent parts of the world, where patients rarely wonder when the next meal will come.

But in Africa, where one in three people is malnourished and lives on a dollar a day, many living with HIV can't take even one daily meal for granted. Paul Kwaluma, a father of four from Kenya, went onto anti-AIDS drugs in 2004. But last year, after four failed harvests, the food ran out at home. Without regular meals, he was unable to cope with the potent medicines needed to keep him

alive. “If you don’t have breakfast, you can’t take these drugs because when you swallow them, you feel stomach pain and awful dizziness,” he said, explaining that he dropped off treatment after he was hospitalized for debilitating side-effects.

In such circumstances, choices are blunt – explains the only doctor at Kwaluma’s hospital: Dr. John Omondi says his poor patients would rather buy food to eat than take expensive pills. In his words, “They know HIV will not kill them immediately, but famine might kill you in one week.”

A similar tale comes from Cambodia – struggling with the highest prevalence of both HIV/AIDS and TB in southeast Asia, as well as some of the worst poverty and food insecurity rates in the world.

Sum Ra, devastated by the loss of her 3-year-old daughter to AIDS and the fact that she and her young son were HIV-positive, weighed just 60 pounds when she arrived at a local health clinic in 2004 and started to receive WFP food rations along with ARVs. Two years later, the 35-year-old mother weighed in at a healthy 120 pounds – attributing her physical comeback to the monthly rations of rice, beans, oil, salt and fish. The healthy food also enabled her to keep up with the tough drug regimen. But since December, when lack of funding forced cuts in food rations for her and some 70,000 Cambodian AIDS patients and orphans, she is again suffering from physical ailments. Sum Ra now worries she won’t survive to take care of her son.

Field research has demonstrated that providing the right food and the right nutrition at the right time can make a tremendous difference - helping people survive longer, and providing a safety net for families dependent on sick care givers. It is an idea that, thankfully, is finally catching on – but way too slowly for the likes of millions of people such as Sum Ra.

In developed nations, we understand how important patients' diets are to their speedy and safe recovery from illness. Hospital menus – while rarely appetizing – are scientifically developed and tailored to the individual patient. Alas, this is a luxury unknown in Cambodia and other poor countries. Yet we must help make at least a bare minimum of food and nutrition a reality. What sense is there in spending billions of dollars on life-saving medicine only to watch sick people die from starvation?

Finally, we must recognize that adequate food and nutrition among AIDS-stricken populations are not only vital to shoring up food security – and to care and treatment – but are powerful weapons for prevention of HIV/AIDS as well.

The logic is simple. Hungry people are more apt to take risks to feed themselves and their families – and are more vulnerable to exploitation. Prostitution is especially rampant in poor communities where people simply do not know where they will get their next meal. Poverty-stricken families look the other way as uneducated girls earn money in one of the few ways they can. There is a vicious cycle at work here. Poverty increases vulnerability to HIV infection. AIDS increases the risks of poverty. But for communities seeking to find their way out of the cycle, the road forward is anything but clear.

Orphans are at particular risk. In addition to their deep psychological loss, orphans between 10 and 15 years old are subject to higher rates of malnutrition, physical and sexual abuse, and exposure to HIV. And they are much less likely than children whose parents are alive and well to go to school or get health care. Just as disturbing, many children whose parents are sick with AIDS can be even worse off. They must watch their parents die, grow poor as the household's income dwindles, and deal with the trauma of rejection as neighbors – sometimes even family members – shun them.

These kids are the ones who shoulder the real burden of the pandemic. They are sacrificing their childhoods and futures to nurse sick parents and earn money for their families' survival. AIDS has turned a generation of children into parents -- especially in Africa. It is not unusual to see a 10 or 12-year-old raising siblings without the guidance of an adult.

In places like the sprawling Kibera slum in Nairobi, Kenya, this puts children at high risk of sexual abuse and exploitation – prostitution in Kibera is nicknamed “looking for food” - while the scramble for survival often precludes any chance of education.

Winnie Adhiambo, living in a shanty on Kibera's mean streets, is only 14, but has already learned to run a household of four kids – at least one of them HIV-positive. What helps keep the little family going is food assistance from WFP. Winnie is in class six at a community school that gets meals from WFP. Her 8-year-old sister, Lilian, receives anti-retroviral treatment as well as food. Although their struggles are almost unimaginable to us in the West, Winnie and her siblings say they are very lucky indeed. Sadly, given their surroundings, this is true – since thousands of kids in Kibera are not nearly so “fortunate.”

I think we have seen both how good food and nutrition have the potential to make huge inroads in the offensive on HIV/AIDS in the poor countries. We have also seen how, in the face of hunger and inadequate nutrition, the disease will accelerate, expose the infected to new illnesses, and reduce their ability to respond to treatment and anti-retroviral therapies. Hunger can also reduce the amount of time families and others can realistically dedicate to care, and may force people into acts of desperation that can further undermine our prevention efforts.

Food aid has a crucial role to play. WFP, for example, estimates that approximately one million of the 6.4 million people who will be enrolled in

antiretroviral programs in 2008 will need some kind of nutritional support. The cost of providing them with assistance is just US 50 cents per day. Important to note here that for HIV patients, rations are typically only required for six months until they can get back on their feet.

Ladies and Gentlemen:

Leading nutritionists throughout the world tell us that adequate nutrition is the first line of defense in the battle against HIV/AIDS. We also know that the populations that are the poorest and most food insecure are typically the same populations that are most affected by HIV/AIDS.

WFP and our PVO partners need additional resources to help feed these highly vulnerable populations. We are already stretched thin by dozens of emergencies around the world - from Haiti to Sudan - yet we are serving only 10% of the world's hungry population. We need more resources to expand our efforts to fight the HIV/AIDS pandemic. We cannot reprogram our limited resources that are already deployed around the world to the poorest, most vulnerable areas.

We cannot win the battle against AIDS by focusing on drugs alone. Funding anti-retrovirals with no thought to food and nutrition is like paying a fortune to fix a car – but not setting aside money to buy gas. It defies common sense – and compassion in serving those who are trapped between hunger and AIDS.

I would be remiss in closing here without saying that the hungry and poor of the world have no better friend than the Government and people of the United States.

Thank you.