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## Assuring Food and Nutrition Security in the Time of AIDS

Stuart Gillespie, Wilberforce Kisamba-Mugerwa, and Michael Loevinsohn

**H**IV/AIDS is a long-wave global crisis whose impacts will be felt for decades to come.

Nearly 30 million people in Sub-Saharan Africa—more than 70 percent of the global total—are infected with the virus. Whatever the impact of the planned rollout of antiretroviral (ARV) therapy, AIDS-related morbidity and mortality will continue to increase for years, and food and nutrition will remain critical priorities. This brief highlights the main interactions between HIV/AIDS and food and nutrition insecurity and suggests an approach for addressing them.



# MAPPING THE INTERACTIONS

HIV/AIDS has a devastating effect on many aspects of development, including the ability of households and communities to secure adequate food. HIV/AIDS and food and nutrition insecurity may become increasingly entwined in a vicious circle—HIV/AIDS heightens *vulnerability* to food insecurity, which in turn may heighten *susceptibility* to HIV infection. Figure 1 is an attempt to map these interactions so that researchers and policymakers can better understand them and thus more effectively address them. More illustrative than comprehensive, the figure shows the waves of determinants of HIV infection, from macro to micro levels, and the subsequent waves of impacts, from micro to macro.

With time flowing from left to right, the top left quadrant shows the various factors that condition the *susceptibility* of individuals, households, and communities to the HIV virus. The bottom left quadrant shows some of the main types of *resistance*, the ability of an individual to proactively avoid infection by HIV.

Following HIV infection, the top right quadrant shows the various sources and levels of *vulnerability* to AIDS-related impacts. These impacts are not one-time events—they are processes, often hidden and slow-moving but very destructive. The bottom right quadrant shows *resilience*, which is to vulnerability as resistance is

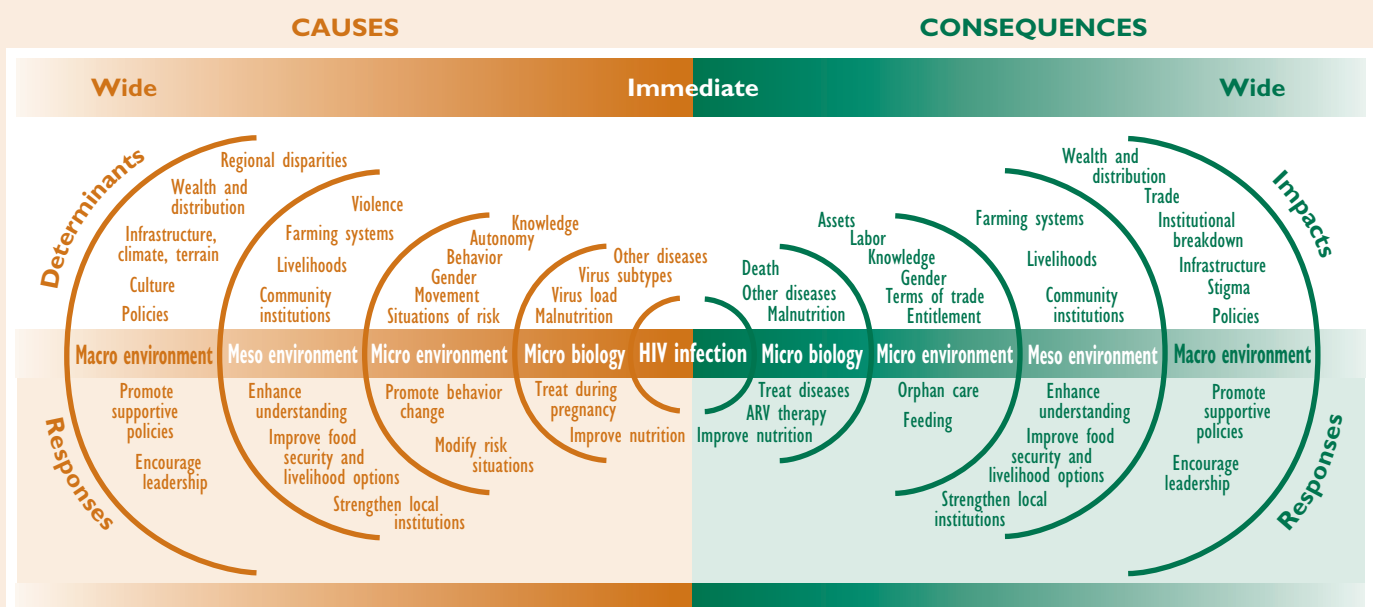
to susceptibility—it refers to the active responses that enable people to avoid the worst impacts of AIDS at different levels or to recover faster to a level accepted as normal.

The vicious circle kicks in when the waves of impact later become waves of determinants. Transactional sex may drive such a vicious circle. For example, a young woman—her poverty deepened by a parent’s illness or death from AIDS—may be left with few options other than to sell her body in order to feed her siblings and in the process drastically increase her own risk of becoming infected.

A plethora of studies on the impacts of HIV/AIDS on food and nutrition security has emerged in recent years. Many researchers have used a sustainable livelihood approach to structure their investigations, and many have found that the effects of HIV/AIDS are significantly eroding human, social, financial, physical, and natural capital. It is, however, dangerous to generalize. The determinants and impacts of HIV/AIDS and the degree of resistance or resilience vary widely among geographical areas and livelihood systems. Land–labor ratios and the relative degree of substitutability between household resources, among other factors, will determine the scope and types of possible response to HIV/AIDS.

This situation cautions against a blueprint response to HIV/AIDS–food security interactions. One size absolutely does *not* fit all, nor should everything necessarily have to change. What is needed is a tool to help

FIGURE 1 HIV/AIDS Determinants, Impacts, and Responses



Source: M. Loevinsohn and S. Gillespie, *HIV/AIDS, Food Security, and Rural Livelihoods: Understanding and Responding*, Food Consumption and Nutrition Division Discussion Paper 157 (Washington, D.C.: IFPRI, 2003).

policy-makers and program managers navigate this new universe and figure out what needs to be done in the different situations they find themselves in.

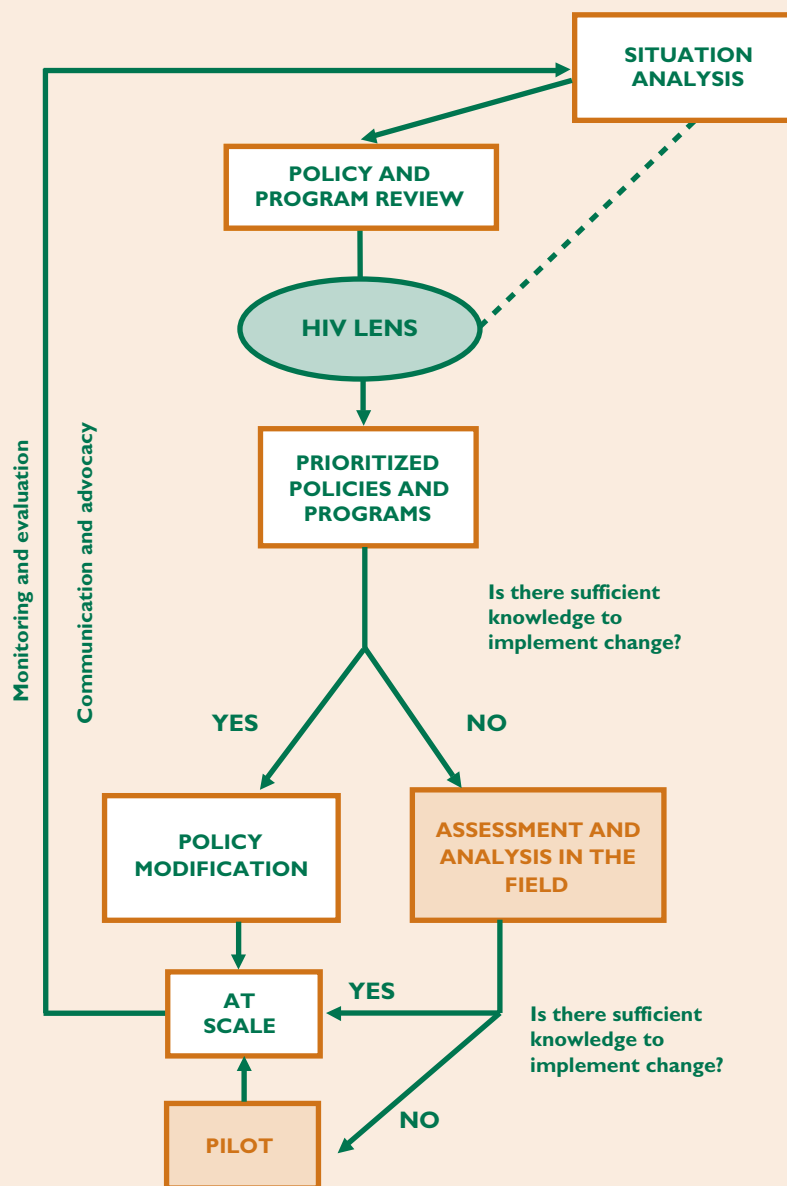
## APPLYING AN HIV/AIDS LENS

One such adaptable tool is the HIV/AIDS lens. Essentially, the lens comprises the concepts described above, the generic map in Figure 1, and the current state of knowledge of the interactions between food and nutrition security and HIV/AIDS in any one situation. The lens is designed to support reflection on how a particular situation or particular policy may be increasing or reducing the risks people face, either of contracting HIV or of suffering severe consequences flowing from AIDS-linked illness and death. The lens thus helps clarify the options for response.

The lens is bifocal: it focuses on both the upstream factors of susceptibility and resistance and the downstream factors of vulnerability and resilience. It is flexible and adaptive—it may be used in different ways by a range of actors, not just policy-makers. At the community level, the lens can reveal options for relevant policies and programs. It can help reveal trade-offs as well as positive-sum solutions, and it is both context-specific and dynamic, evolving over time as knowledge of these interactions develops.

Figure 2 illustrates a process for using the lens to review food- and nutrition-relevant policy. First, a situation analysis is undertaken of HIV/AIDS and food and nutrition security—what is known about the nature and extent of their interactions, and what forms of institutional response currently exist? This analysis helps construct the lens. Second, key food- and nutrition-relevant policies and programs are reviewed in terms of their potential contribution—positive or negative—to HIV/AIDS prevention and mitigation. This review may be carried out in workshops, primarily by the researchers, program managers, or policy-makers responsible for the programs and policies, with outside facilitation and the involvement of key stakeholders.

FIGURE 2 Using an HIV/AIDS Lens to Improve Policy



Source: M. Loevinsohn and S. Gillespie, *HIV/AIDS, Food Security, and Rural Livelihoods: Understanding and Responding*, Food Consumption and Nutrition Division Discussion Paper 157 (Washington, D.C.: IFPRI, 2003).

Looking through the lens, participants ask themselves the following questions:

- How might this policy or program be increasing people's susceptibility (or resistance) to HIV infection?
- How might this policy or program be increasing people's vulnerability (or resilience) to the impacts of AIDS?

The output of this review will be a list of policies and programs prioritized in terms of their potential positive or negative contribution to HIV/AIDS prevention and mitigation. In some cases, those responsible may feel compelled to alter the policy or program on the basis of the review alone, particularly where serious harm is thought likely and a remedy is obvious. Or, given the imperfect nature of the lens, they may conclude that evidence from the field is essential before taking action.

The next stage would seek the evidence for those policies and programs thought to have the greatest positive or negative effects, the number of studies depending on the resources available. The methods used would be determined by the nature of the threat or opportunity but would in all cases include seeking the views of the social groups concerned. Researchers, in collaboration with those responsible for the program or policy, would gather quantitative and qualitative evidence on whether it is helping or hindering affected households in their struggles to avoid falling into situations of high HIV risk or to overcome the consequences of AIDS.

This analysis may be followed by the modification of programs and policies, drawing from the results of the field assessments. Responses could range from changing nothing to changing everything (that is, stopping the existing program or initiating a new one). Particular aspects of programs and policies—the what, how, who, where—may need to change. In some cases, the



changes needed may be clear and uncontroversial and may be confidently implemented at full scale, with ongoing monitoring. In other cases, the way forward may be less certain, with no evaluated experience to draw from. Pilot trials may help guide policy here.

**Table 1—Key Global and Regional Multisectoral Initiatives**

**Initiative**

Regional Network on HIV/AIDS, Rural Livelihoods, and Food Security (RENEWAL)  
 UNAIDS (and International Partnership against AIDS in Africa)  
 Multi-Country HIV/AIDS Program (MAP)  
 Global Fund to Fight AIDS, Tuberculosis, and Malaria  
 Global Business Coalition on HIV/AIDS  
 Food and Agriculture Organization of the United Nations (FAO)  
 United Nations System Standing Committee on Nutrition  
 United Nations Children’s Fund (UNICEF)  
 U.S. Agency for International Development (USAID)  
 New Partnership for Africa’s Development (NEPAD)  
 Commission on HIV/AIDS and Governance in Africa (CHGA)  
 African Development Forum (ADF)  
 Partnership to Cut Hunger and Poverty in Africa (PCHPA)  
 Southern African Regional Poverty Network (SARPN)  
 International HIV/AIDS Alliance  
 International AIDS Economics Network  
 Southern Africa HIV and AIDS Information Dissemination Service (SafAIDS)

**Web Site**

[www.ifpri.org/renewal](http://www.ifpri.org/renewal)  
[www.unaids.org](http://www.unaids.org)  
[www.worldbank.org/afr/aids/map.htm](http://www.worldbank.org/afr/aids/map.htm)  
[www.theglobalfund.org/en/](http://www.theglobalfund.org/en/)  
[www.gbcaids.com/about\\_what.asp](http://www.gbcaids.com/about_what.asp)  
[www.fao.org/hiv/aids/faohiv/activities\\_en.htm](http://www.fao.org/hiv/aids/faohiv/activities_en.htm)  
[www.unsystem.org/scn/](http://www.unsystem.org/scn/)  
[www.unicef.org/aids/](http://www.unicef.org/aids/)  
[www.usaid.gov/our\\_work/global\\_health/aids](http://www.usaid.gov/our_work/global_health/aids)  
[www.nepad.org](http://www.nepad.org)  
[www.uneca.org/chga/about.htm](http://www.uneca.org/chga/about.htm)  
[www.uneca.org/adf](http://www.uneca.org/adf)  
[www.africanhunger.org](http://www.africanhunger.org)  
[www.sarpn.org.za](http://www.sarpn.org.za)  
[www.aidsalliance.org](http://www.aidsalliance.org)  
[www.iaen.org](http://www.iaen.org)  
[www.saf aids.org.zw](http://www.saf aids.org.zw)

## Box 1—Networking for Action: RENEWAL in Africa

IFPRI and the former CGIAR center ISNAR set up the Regional Network on HIV/AIDS, Rural Livelihoods, and Food Security, or RENEWAL, in 2001. RENEWAL, a “network of networks” now facilitated by IFPRI, brings together national networks of agricultural institutions; public, private, nongovernmental, and farmer organizations; and partners working on AIDS and health issues in order to improve understanding of the complex linkages between HIV/AIDS and the food and agriculture sector.

RENEWAL is currently developing processes through which various decisionmakers can learn to use the lens. These processes include (1) forming sectorwide national networks for research and policy dialogue, (2) reviewing national agricultural policies and programs, and (3) linking research with community-led action on food security and livelihoods as part of a broad-based multisectoral response to HIV/AIDS.

## MAKING POLICY MORE HIV-RESPONSIVE

To maximize food and nutrition security, policies must derive from two overriding principles: community and household resilience and resilience must be augmented as far as possible, and safety nets must be in place for those who are unable to cope otherwise. Policymakers need to move from an individual-infected model to a community-affected one and to focus on strengthening community capacity. Similarly, there is a need for a paradigm shift in the approach toward care, from a sequential continuum of care that moves from relief to rehabilitation to development, to a *contiguum* approach that recognizes that all of these elements are interrelated and that any one of them may be needed at any one time.

Another important issue is weighing the costs and benefits of short-term versus long-term responses. Where the capacities of households and communities are being eroded, often irreversibly, in ways that will reverberate across generations, how realistic is it to expect sustainable responses? Sustainability thus is something to strive for but not to be straitjacketed by.

While much can be learned from the proliferation

of small-scale innovative responses, it is also crucial to look for ways of effectively and rapidly scaling up what works. Ultimately, scaling up—both organizationally and in terms of population coverage—is primarily a governmental responsibility.

One form of organizational scaling up consists of bringing HIV/AIDS considerations into the mainstream agenda of organizations across multiple sectors. Effective mainstreaming and broad collaboration can help the scale, breadth, and depth of response better match that of the pandemic. But even in countries where HIV/AIDS is deeply rooted and where the policy environment has been most conducive, there is limited evidence of a multisectoral response. The tendency has been for agricultural organizations to take HIV/AIDS on board or AIDS organizations to factor in food security in isolation.

Generating a truly multisectoral response will require building in institutional incentives and developing capacity for more horizontal, team-oriented approaches as opposed to vertical, sector-led programs. Incentives, too, are needed to develop forms of partnership between policymakers and researchers (see Box 1); between community organizations, nongovernmental organizations, and government; and between public and private sectors. Table 1 lists some websites of key regional and global initiatives, partnerships, and organizations working to strengthen multisectoral responses to HIV/AIDS.

It will also be essential to build in appropriate HIV-relevant indicators into development program monitoring and evaluation systems. Again, it is not necessary to reinvent food and nutrition security indicators, but to apply the lens to existing ones. A balance must be found between indicators that can be compared across communities and administrative units, and a community-driven process that can generate more context-specific indicators.

## POTENTIAL POLICY OPTIONS EMERGING FROM THE USE OF AN HIV/AIDS LENS

The policy review described may open up policy options in a number of areas. Policies could seek to enable those affected by AIDS to make more efficient use of the land, labor, and other productive assets remaining to them. Programs could be designed, for instance, to increase access to labor-saving technologies such as lightweight plows and fuel-efficient stoves, par-

ticularly for poor women, and to reduce the labor intensity of cropping, soil conservation, and animal husbandry systems. Land and finance policies could help ensure land tenure, particularly for widows and orphans; improve the competitiveness and productivity of smallholder agriculture by increasing public investment in transport and communications infrastructure; and explore HIV-relevant microfinance options, savings clubs, or cash grants. Other policy approaches could help preserve and augment knowledge by developing HIV-aware and gender-proactive agricultural extension capacity, supporting “Farmer Life Schools” to ensure effective intra- and intergenerational knowledge transfer, and providing incentives for children to go to and stay in school. Finally, nutrition policies could provide incentives for improving diets, for strengthening the nutrition focus of health services (particularly in the context of ARV therapy and home-based care), and for ensuring nutritionally balanced food aid as a safety net for people who are acutely food insecure or at risk of becoming so, such as orphan-fostering households.

In all of these areas, it is vital that policies and programs recognize the diverse situations of rural people who do not all experience risks in the same way. What may be most helpful to a young, under-employed woman at great risk of contracting HIV may not be helpful to an AIDS-widow struggling to keep her land and feed her children. Policies and programs should also buttress the efforts of communities that are often the first line of response to HIV/AIDS in Sub-Saharan Africa. Perhaps the greatest challenge for agricultural institutions seeking to engage in the struggle with HIV/AIDS is learning how to effectively support that

local response. The issue is critical because communities, stretched by the expanding epidemic and a host of other forces, can only do so much on their own. Local insight is essential in identifying opportunities for synergy between initiatives that may have prevention, treatment, care, or mitigation as their primary focus.

## CONCLUSION

The interactions between HIV/AIDS and food and nutrition insecurity are becoming clearer as research fills knowledge gaps. To address these gaps, different actors (from individual household members to national policymakers) need tools and processes to turn growing knowledge into appropriate action. One such tool is the HIV/AIDS lens. Through such mainstreaming of HIV/AIDS into food- and nutrition-relevant policy, evidence of what works is progressively built up, learning is enhanced, and people are ultimately better equipped to address the multiple threats of the pandemic.

**For further reading: S. Gillespie, L. Haddad, and R. Jackson, “HIV/AIDS, Food and Nutrition Security: Impacts and Actions,” in *Nutrition and HIV/AIDS, Nutrition Policy Paper 20* (Geneva: United Nations Administrative Committee on Coordination/ Sub-Committee on Nutrition [ACC/SCN], 2001); T.S. Jayne, M. Villarreal, and P. Pingali, “Interactions between the Agricultural Sector and the HIV/AIDS Pandemic: Implications for Agricultural Policy,” paper prepared for the workshop “Agricultural Policy and HIV/AIDS,” sponsored by the Food and Agriculture Organization of the United Nations, Maputo, Mozambique, November 2003; T. Barnett and A. Whiteside, *AIDS in the 21st Century: Disease and Globalization* (New York: Palgrave Press, 2002).**

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