
In reviewing the literature, the report sets out how the disease has clear negative impacts on food security at household level and that these impacts are complex, wide-ranging and genderspecific. In particular, it highlights that:

1. HIV/AIDS is one of many factors contributing to underlying vulnerability
2. HIV/AIDS creates particular types of vulnerabilities, through affecting predominantly prime-age adults, clustering in households, is gender specific, and through interacting with malnutrition
3. HIV/AIDS undermines the ways in which people have traditionally coped with famine
4. HIV/AIDS may increase mortality in famines, as people with AIDS will be less able to cope with reduced food intake and additional disease burdens
5. Issues associated with crisis may add to the risks of transmission of HIV/AIDS and contribute to the spread of the epidemic.

However, it is also argued that original research is limited, tending to focus on agriculture and there is little information about the scale of the impact of HIV/AIDS on food security at national and regional levels. The report stresses the importance of understanding how the impact of HIV/AIDS interacts with other factors, such as drought and conflict, to create acute humanitarian crises. All these factors must be considered when providing humanitarian relief in the context of a HIV/AIDS epidemic. The process whereby HIV/AIDS negatively influences outcomes in an emergency has been described as 'new variant famine'.

The report asserts that the argument that HIV/AIDS significantly contributed to the southern Africa crisis came about gradually, but may have been over-emphasised and that other equally or more important factors risked being neglected. There has been concern on the part of certain donors and NGOs about how HIV/AIDS is being used to justify a need for continued humanitarian aid in some countries, and there has been scepticism about the underlying empirical evidence of the links between HIV/AIDS and food insecurity. The level of current data means that the scale and severity of HIV/AIDS' contribution to both acute and chronic food insecurity is simply unknown.

Considering the numbers affected and dying with HIV/AIDS in sub-Saharan Africa, the authors consider HIV/AIDS a humanitarian problem and a long-term crisis, which requires both a humanitarian response to suffering and a long-term perspective. They raise a number of challenges in responding to this situation:

1. Considering HIV/AIDS as a health crisis in its own right, in terms of massive and increasing levels of mortality and morbidity over a period of decades, requires a longterm response encompassing prevention, care, treatment and mitigation.
2. Increasing underlying vulnerability, HIV/AIDS adds to the impact of other shocks, triggering acute crises more easily and complicating recovery.
3. HIV/AIDS, as one of many contributory factors to long-term and chronic food insecurity, poverty and destitution, adds to the existing need for safety nets and longterm welfare, as part of the overall response to poverty.

The report author acknowledges that these are not new challenges and there is a danger of 'AIDS exceptionalism', privileging AIDS over other diseases in health systems or focusing unduly on the impact of AIDS in food security programmes. It is further argued that the overall response to HIV/AIDS needs to take place over decades, and requires a rethinking of relief modalities, development modalities and of the links and interaction between humanitarian aid and development actors. The report finds a range of practical questions and challenges around programming of humanitarian aid in the context of an HIV/AIDS epidemic (see box).

**Programming challenges in the context of HIV/AIDS**

1. Incorporate analysis of HIV/AIDS and livelihoods impact into early warning systems and assessments
2. Emerging types of vulnerability due to HIV/AIDS should be considered in assessment (e.g. widows, elderly, orphans) and targeting (e.g. urban and peri-urban areas)
3. Targeting and the delivery of aid must be sensitive to the possibility of AIDS-related stigma and discrimination
4. The HIV/AIDS epidemic reinforces the existing need for humanitarian programmes to be gender-sensitive
5. Emergency interventions must aim to ensure that they do not increase peoples susceptibility to infection with HIV/AIDS
6. Food aid in the context of HIV/AIDS should review ration sizes and types of food, and assess delivery and distribution mechanisms in the light of HIV/AIDS related vulnerabilities, such as illness, reduced labour and increased caring burdens
7. Labour intensive public works programmes should consider the needs of labour constrained households, the elderly and the chronically ill
8. HIV/AIDS reinforces the need for health issues to be considered as part of a humanitarian response
9. Support to agricultural production (including seed distribution) should recognise adaptations that people are making in response to HIV/AIDS

The author reiterates that humanitarian relief should remain focused on saving lives and alleviating suffering in response to acute crises. However, in the context of a HIV/AIDS epidemic, HIV/AIDS issues need to be 'mainstreamed' by aid agencies, both internally in terms of training and organisational policies, and externally in terms of how humanitarian aid programmes are structured and delivered.

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