

PART 1: FACT SHEET

The fact sheet is the first of four parts contained in this module. It provides an overview of HIV/AIDS and nutrition in emergencies. Detailed technical information is covered in Part 2. Words in italics are defined in the glossary.

The link between HIV/AIDS and nutrition

HIV is a virus that attacks the immune system. In the early stages of infection a person will not show any visible signs of illness and is considered to be in an asymptomatic phase. After a period of time, if no treatment is given, the effect of a weakened immune system manifests itself through a wide range of opportunistic infections, weight loss, and low-grade fever. AIDS applies to the most advanced stages of HIV infection. Good nutrition is a form of immune protection and has an important role to play in all phases of HIV illness, from the asymptomatic phase, through initial opportunistic infections to AIDS.

Why is HIV/AIDS and nutrition important in emergencies?

HIV can exacerbate the effects of humanitarian crisis. Likewise displacement from a stable environment, food insecurity, and poverty may increase vulnerability to HIV. Increasingly, humanitarian disasters occur in areas of high HIV prevalence. In emergencies, there is reduced access to basic foods, health services, and water and sanitation. These factors present particular problems for people living with HIV who have specific nutrition needs. People living with HIV (even those without symptoms) have increased energy requirements, so access to foods is particularly vital for this group. In emergencies, the essential health services with their integrated HIV support and treatment services are disrupted. Antiretroviral treatments, home based care programs, nutritional support programs, and palliative care programs are likely in disarray. The health status of people living with HIV can deteriorate rapidly under these conditions and pose an additional burden on strained emergency services. Gender inequalities may be exacerbated in an emergency, increasing the vulnerability of women to HIV. Emergencies often result in a combination of separation of families and the breakdown of social support systems for individuals out-

side traditional family structures. Rape may be used as a weapon of war, and/or women or children may turn to risky coping strategies of *transactional sex* for food or other basic needs.

Which HIV/AIDS and nutrition activities are important in emergencies?

1. Integration of HIV into all aspects of emergency care - prevention, education, health, basic services, planning and management
2. Targeted food support
3. Maternal and infant health and feeding
4. Treatment and care of HIV
5. Treatment of severe acute malnutrition
6. Support networks, including livelihood support and home based care
7. Food hygiene, sanitation, water, shelter
8. Protection

1. Integration of HIV into all aspects of emergency care - prevention, education, health, basic services, planning and management

- HIV prevention programs and community groups may well be in existence prior an emergency. These channels of communication should be preserved and utilised in the emergency setting. Representatives of HIV support groups should participate in planning and response.
- By including these groups and HIV-positive representatives in governance, the stigmatisation of people living with HIV can be minimised.
- It is important to maintain consistency of messages and continue educational programs to prevent spread of HIV in new circumstances.
- Integration of HIV education messages into food support activities can improve HIV awareness.

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2. Targeted food support

People living with HIV and AIDs have additional nutritional requirements. They may also have some limitations in their ability to perform the necessary tasks to prepare meals.

- It is estimated that HIV positive individuals, adults or children, who are asymptomatic may have an increased energy requirement of about 10 percent. Adults with symptomatic HIV-related infection or AIDs may have an increased energy requirement of 20-30 percent, while the energy needs of children with symptomatic HIV may increase by 50-100%.
- Because of increased illness, increased metabolic strain, and decreased energy levels of people living with HIV/AIDS, the foods should be easy to receive, carry, cook, and serve. Milled cereals or *ready-to-use foods* may be more appropriate for people living with HIV for ease of preparation, consumption, digestion, and reducing the labour necessary to travel to a mill.
- Individuals and families receiving food aid must have safe access to food. Food aid distribution sites should be close to households. Distributions may need to be more frequent and integrated with targeted health care services.

3. Maternal and infant health and feeding

- Exclusive breastfeeding for the first 6 months should be recommended for all infants regardless of HIV exposure.
- HIV testing should be performed within maternal health services to identify HIV-positive women. HIV-positive women should receive ART (antiretroviral therapy) during pregnancy and delivery to reduce transmission rates.
- HIV-positive women should be encouraged to continue breastfeeding for 12 months along with the introduction of complementary feeds. For HIV-positive breastfeeding women, either mother or infant should receive ART for the duration of breastfeeding and for one week after all contact with breastfeeding has stopped. In practice, this is usually continued ART for the mother during the period of lactation.
- Because these women and children are at increased risk of malnutrition, they should be regularly screened for growth, nutritional status and illness.

4. Treatment and care of HIV

Health care for people living with HIV is an important aspect of nutritional management. Continued use of ART for those already under treatment, *cotrimoxazole* to prevent *opportunistic infections*, and timely medical intervention for infections all prolong periods of health and productivity for HIV-positive individuals. ART use to prevent mother-to-child transmission, makes breastfeeding the best option for infant feeding. All these medical interventions decrease the overall burden on health and nutrition resources.

- Provision of ART should be a priority in HIV and nutrition planning
- Identification of people with HIV infection is essential to both preventing the spread of HIV and to providing those individuals with life saving and life improving interventions.
 - HIV testing should be available, confidential, and linked to services for those identified as positive, especially for pregnant and lactating women.
 - Health care workers should be protected from transmission.
- Individual nutritional assessments and counselling are key to maintaining the health of people living with HIV.
 - In those who are healthy, nutrition and weight monitoring can identify signs of HIV associated weight loss early.
 - In those who are on ART, medication and food interactions need to be carefully managed.

5. Treatment of severe acute malnutrition

- Children with severe acute malnutrition should be treated regardless of HIV status. Uncomplicated patients should receive *Ready to Use Therapeutic Food (RUTF)* in a home-based plan, and patients with complications should receive inpatient stabilisation and medical care.
- While severe acute malnutrition in an emergency certainly does not indicate HIV infection, malnutrition treatment programmes which integrate HIV testing for patients and families can serve as an important means of identifying individuals with HIV who may be in need of a larger range of services.
- HIV-positive children should be assessed regularly and assigned to nutrition care plans based on their nutritional needs and disease status.
- It is important to identify special dietary needs of HIV positive patients and intervene to ensure that they are met before they result in severe malnutrition.

- The categorisation of adolescents, adults, and pregnant and lactating women with acute malnutrition is less clear (see module 6, Measuring malnutrition: individual assessment). Those with severe acute malnutrition should be treated in inpatient care if suffering from complications, and if not, with home based treatment with RUTF or other supplementary foods with a minimum preparation requirement.
- Nutritional assessment should be a part of standard care for HIV. Regular monitoring and prevention programmes are key to avoiding severe acute malnutrition in all ages.

6. Support networks, including livelihood support and home-based care

- HIV-positive individuals may have increased episodes of illness and will have increased need for maintenance health care visits. Their earning potential under normal circumstances may be hampered, and in emergency situations this may further decline.
- Infected and uninfected children of HIV-positive patients, including orphans, both create a burden on the extended families or communities caring for the children and may need more intervention for skills-based training for livelihood support.
- Home-based care systems can reduce severe acute adult and child malnutrition by identifying areas of need. Dietary diversity can be assessed and remedied by changes in the food basket, provision of micronutrient support, or cash transfers for purchase of additional foods.
- Home-based care limits the risk of opportunistic infections. It may strengthen community bonds and provide a safe and private channel for food resource delivery.

7. Food hygiene, sanitation, water and shelter

Food hygiene, sanitation, and potable (drinking) water are critical in an emergency. For people living with HIV and AIDS, these issues are even more critical. Weakened immune systems make these individuals more susceptible to diarrhoea, malaria, and other water-borne infections. Efforts should be made to ensure that people living with HIV can consume eight glasses of clean water daily. The location of water facilities should be close to the homes of HIV-positive patients and ensured in health facilities and home-based care programmes. Hand-washing should be actively promoted, as well as the reduction of stagnant water (to reduce malaria risk). Communal cooking, adequate household pot sanitation, and ready-to-use foods may decrease food contamination leading to decreased disease.

8. Protection

People living with HIV should be protected from loss of human rights, violence or sexual abuse, and stigmatisation. Poverty in emergencies may lead to increased sexual violence or the use of transactional sex, which can increase transmission rates.

What are the current challenges in HIV/AIDS and nutrition programming?

- Targeting for HIV in emergencies
- Avoiding stigmatisation
- Avoiding unfair preference to HIV-positive patients in the context of generalised household food insecurity
- Increasing opportunities for HIV testing and treatment
- Dietary Management of people on ART

Key messages

1. HIV should be integrated into all aspects of the emergency management planning and response.
2. Integration of HIV into nutrition planning can have the effect of increasing HIV awareness as well as serving those already infected.
3. People living with HIV have increased nutritional needs in terms of energy requirements.
4. Because acute malnutrition is more common among people living with HIV at any age, specialised food distributions for specific patient care may need to be incorporated into community nutritional planning.
5. People living with HIV should be monitored regularly for weight loss which may be a sign of decreased intake or disease progression.
6. Steps can be taken to reduce the rate of transmission of HIV from mother to child with counselling on infant feeding and ART. Food/nutrition support may be needed.
7. Services for HIV care should be established as a priority. These include provision of ART and *cotrimoxazole* and VCT (voluntary counselling and testing) facilities.
8. All severely malnourished children require therapeutic care. HIV-positive children should be regularly assessed and assigned to appropriate nutritional care plans.
9. Longer term needs of households affected should be taken into consideration, including livelihood support planning and job training.
10. Home-based care programmes and livelihood support programmes are important for improving the long-term food security status of HIV affected families.
11. People living with HIV are prone to infections, so access to clean water, appropriate food hygiene and sanitation are a key part of the emergency response for these people/families.
12. Targeted policies and practices are required to protect the rights and ensure the safety of people living with HIV as well as those at risk of contracting HIV.