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Saving Lives: The Deadly Intersection of AIDS and Hunger

Mr. Chairman. During the course of this hearing several hundred people will die from hunger. Most of the victims will be malnourished young children too weak to fight off disease. Their deaths will occur quietly in dusty villages in Malawi, the slums of Mumbai, the highlands of Peru. These deaths will not make the news.

Hunger only captures the headlines at the height of crises caused by politics and natural disasters -- the war in Iraq, the violence in Darfur, drought and civil conflict in Afghanistan. The fact is that only 8 percent of the deaths from hunger occur in these types of dramatic food emergencies. It is not that these operations are not urgent -- and right now we face severe shortages in funds for Angola and the DPRK -- but they are usually far better funded than efforts to combat chronic hunger.

On average, 80 percent of the money donors give to the World Food Program is earmarked for high profile emergencies. There is no clearer confirmation of what people in the humanitarian community call the CNN effect -- money follows the media. If there are no horrible images of skeletal babies, no food riots, no mass movements of starving people, the cameras are soon gone. And often, so is the money.

Unfortunately, for over 800 million people, the struggle to find enough food goes on off camera. Hunger and hunger-related diseases still claim more lives than AIDS, tuberculosis and malaria combined.

Of the 10 greatest threats to public health, my colleagues at WHO tell us that undernutrition is still number one and deficiencies in micronutrients like iron, iodine and vitamin A rank number eight. (WHO, 2002) One in 4 of the world's children under 5 years old is underweight - 168 million all told; 181 million are stunted from long-term undernutrition, and 51 million are wasted from short-term severe

malnutrition. The life of a child is lost every 5 seconds because we have failed to end widespread hunger and malnutrition.

Much of the silent suffering from hunger today is among millions of victims of AIDS and their families. AIDS has added a new, more sinister element to the dynamics of hunger. I have been asked to give you an overview of global food issues and then focus in on the lethal connection between the AIDS pandemic and the growing incidence of chronic hunger in developing countries, especially in Africa.

Before getting into the main portion of my testimony, I must point out that the United States has been – and continues to be - extremely generous to the World Food Program. The US provided nearly \$1.5 billion to WFP last year, once again ranking as the top donor.

WFP has also been working closely with our other top traditional donors around the world to increase contributions, while we are aggressively pursuing donations from more non-traditional donor states as well as individuals throughout the world.

The struggle for resources is ongoing – and one that we share with USAID, NGOs and others who are working to reduce hunger and poverty around the world.

Hunger and AIDS:

Mr. Chairman, 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 tend to see AIDS through the lens of our own experience here in the United States, while the economic and sociological dynamics are very different in Mozambique, Cambodia, or Zimbabwe.

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 very different picture. These people talk about *food*.

My good friend 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."

Is that so surprising? My colleagues at FAO calculate that 7 million farmers have been lost to AIDS in Africa alone, the continent 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 to the Congress is simple -- let's start listening to people living with this horrible disease. As Randy Tobias -- a close friend for decades -- shapes President Bush's great initiative I know he will listen. 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 tossing our money away.

AIDS and hunger interact. They feed off one another. Why is food such a big issue for the families affected by them?

- First, the disease is seriously undermining food production. 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 downward spiral, selling what assets they have and sliding into abject poverty. Soon enough, their families go hungry.

- Then there is the nutritional dimension. 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.

- Hungry people are also 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 way forward is anything but clear. For one thing, the stigma of AIDS discourages testing and we usually do not know who is HIV positive and who is not. So successful interventions must often target whole communities where we know the disease is taking its heaviest toll.

There are three specific ways WFP and our NGO and government partners can intervene to help:

First, we must do everything that we can do TODAY to meet the needs of the orphans and vulnerable children – in particular those in the most affected communities.

The number of orphans in sub-Saharan Africa is huge, growing and likely to continue to grow. By 2010, some 20 million children will have lost one or both of their parents to AIDS.

Combined with other causes – including war and other diseases—the total number of orphans is an almost incomprehensible 40 million young people. That may seem a large burden for the world to bear. The real burden is borne by the families and communities on the frontline of the epidemic. And by the children themselves.

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.

These are brutal facts. But one even more jolting is that as bad off as orphans are, 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 – even some 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 earning 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.

Once orphaned, millions of children are shifted from household to household – and sometimes from household to the street. It is the elderly of Africa, especially women, whose backs are further bent under the weight of providing these children with food, shelter and – in the very best of circumstances – a school uniform and fees so they can resume their education.

Food aid has an important role to play in helping families and communities in supporting orphans and vulnerable children. For example, we use food aid to:

- directly feed children in shelters and centers;
- support vocational training programs;
- make sure that foster parents – including grandmothers who are sometimes looking after a dozen of their grandchildren – can feed them all; and
- bolster the family larder with take home rations so kids can be kids and go to school instead of working the fields or running off to the nearest city.

Right now, we are only scratching the surface. We can do so much more.

Second, we must do everything we can to help children in the most affected communities and countries enroll in school – and attend regularly.

There is such strong agreement that education is our most immediate hope for addressing this epidemic. When it comes to HIV prevention, it's been called the "education vaccine". I'm not just referring to HIV prevention education, as important as that is. I'm talking about something much more powerful than that – the skills and social norms that we learn in a safe and nurturing school environment. It can shape who we are, how we relate to others, and what we are able to do with our lives – for ourselves and others.

Helping children to attend school longer – especially girls – has a proven record for interrupting the spread of HIV. The longer a girl

attends school the more knowledgeable she becomes. Knowledge is power and it's that personal power that enables young people to better manage the circumstances around them and better judge the actions of others. This translates into positive and healthy behaviors that last a lifetime.

Mr. Chairman, food aid has an important role to play in strengthening schools, particularly in those communities most affected by AIDS.

- We know that one nutritious meal a day at school can improve enrolment, attendance and academic performance -- we have seen enrolment climb up to 300 percent in schools that provide meals.
- We know that where school-feeding programs involve the community, schools become platforms for AIDS awareness and HIV prevention, health and nutrition education, agriculture and skills training.
- And we know that take-home rations for the most vulnerable children can offset the family's cost of sending them to school -- a major issue in families where the breadwinner has AIDS.

School feeding both mitigates the nutritional impact the epidemic has directly or indirectly on children and also helps reduce their vulnerability to HIV infection by promoting education. It stands out as one of the few interventions which we can effectively target at communities with high HIV rates – and scale up rapidly.

I am concerned that funding for school feeding has dropped off. The US has always been a generous contributor and we need other countries to do more as well. In 2001, \$300 million in USDA funds were allocated to school feeding under the McGovern-Dole initiative and in the FY 2004 budget the figure fell to \$50 million. With the \$300 million we had in 2001, nearly 8 million children were being fed in school in countries like Afghanistan, Nicaragua, and Kenya by WFP and our NGO friends. Barely 1 million will now be receiving help from this worthwhile program.

Knowing what we do about the benefits, this Congress should **actively** support a drive to extend school feeding to every school in every community currently most affected by the epidemic.

Congress should also look at funding a full package of assistance needed by hungry, poor people. That is to say - food, water, medicine and shelter are all needed together. All humanitarian organizations, from WFP to UNICEF to our PVO partners, require this full package of assistance to appropriately address the needs of the most vulnerable.

Third, Mr. Chairman, we must do all we can to use food and nutritional assistance to maximize the benefits of therapeutic drugs for AIDS and related conditions.

Medicine only fully works its magic, however, on a well-nourished person who has access to clean water and good diet. In short, those living with HIV/AIDS need food, water *and* medicine.

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, and currently receiving food aid, are not always the same populations who are infected and affected by HIV/AIDS.

Therefore, WFP and our PVO partners need **ADDITIONAL RESOURCES** to help feed this highly vulnerable population. In short, 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.

Anti-retroviral drugs can work wonders. So can medications to treat the most common opportunistic infection, tuberculosis. In hard hit communities, these drugs can help put sick people back on their feet again.

Food and nutrition programs have a vital support role to play here. AIDS is no different from any other disease when it comes to one

basic fact — our bodies need good nutrition to fight off infection, regain strength and live productively.

Good nutrition can help to make AIDS and TB drugs work their miracles. Especially in symptomatic periods where caloric requirements are greater and capacities to work compromised, food and nutritional support can be critical. In countries like Cambodia, Lesotho and Uganda, WFP has successfully used food rations as an incentive to keep TB patients coming back for the full course of drug treatment which helps prevent mutations that cause everyone concern, even here in the United States.

Conclusion:

Last month, I was in Haiti visiting our operations there. The island is the worst hit by AIDS in the entire hemisphere and tuberculosis is widespread. I heard a saying Haitians use about TB I found fascinating. "Giving a TB patient medicine with no food is like washing your hands and drying them in the dirt." It's a point we might well remember as we grapple with AIDS.

I don't think any one of us could think of a worse choice than one that faces so many parents with AIDS -- "Do I spend what I have to feed my children today or pay for the drug therapies I need to stay alive for them tomorrow?" Imagine that kind of choice in your life.

The World Health Organization, UNAIDS, the world's pharmaceutical companies, private foundations, activists and governments are now doing a tremendous job of reducing the cost of AIDS drugs for the poor.

But now, after having taken the bold leap to help the poorest with ARVs, why would we not want to get the most out of those investments? Why would we not ensure adequate nutrition for those receiving ARVs to strengthen their bodies as they fight the disease? Why wouldn't we ensure the food-security of their families while they regain their strength?

Sadly, for many, anti-retroviral drugs will come too late or not at all. Even under the most hopeful scenarios, millions of people won't have

access to them soon. I'm talking about poor people who live in communities with no clean water and no health clinic. Rural villages and poor subsistence farmers may well be last in line once ARV therapies are more widely available and that will further damage agriculture.

Mr Chairman, when it comes to humanitarian aid, governments don't lead, they follow. Already there are thousands of community and faith-based organizations out there working in the greatest humanitarian tradition, easing the suffering from AIDs and hunger. Before closing I'd like to give you just one example.

There is an NGO that WFP works with in Uganda -- the National Community of Women Living with AIDS. One of our beneficiaries is Yudaya Nazziwa, a forty-one year old widow. Yudaya is preparing to die. She has AIDS and each day she writes into a journal something of her family history and practical advice for her oldest daughter. The Ugandans call these journals "Memory Books". Her tale is painful, but sadly, it is not unusual -- her husband died of AIDS and his relatives took over her comfortable home and possessions. She and her four children now live in a slum and depend on WFP food aid to survive. Yudaya is tough and wants to hang on as long as she can -- to work if possible and pass on what she knows to her children. Food aid is keeping her nourished, helping her fight off diseases. As she puts it: "Now I have to eat for two -- for myself and the virus." Maybe one day -- let's hope soon -- Yudaya will be on anti-retroviral drugs. President Bush's massive multi-billion dollar campaign headed by my good friend Andrew Tobias, holds out that hope. But for today, food aid is helping keep people like Yudaya alive and even if she does get medication soon, we all know that a well nourished patient stands a better chance of survival.

I want to add one more chapter to the Memory Books of these Ugandan women -- a chapter about how we all helped keep them alive and their families together.

This is the greatest humanitarian challenge of our time. I am so deeply proud that President Bush has made the enormous commitment he has and called on talented people like Randy Tobias and Andrew Natsios to take this challenge on. All of us at the World Food Program are ready to give it all we've got to help.

The work is not done out there. We can and we should do more for the 800 million people going to bed hungry every night. I know the US Congress has limited choices with fewer dollars available. But, working together – with the White House, with Congress, and with USAID, with USDA, with the State Department, with our private, voluntary partners, and with generous everyday Americans, we can make a difference.