

Statement by James T. Morris, Executive Director of the World Food Programme

Sometimes science catches up with common sense.

Medical prescriptions sometimes come with an instruction to take medicine on a full stomach. Doctors often counsel patients to pay attention to their diet as they recover from illness. It's common sense.

Yet until recently, donor countries have poured billions of dollars into antiretrovirals and other medication to counter the growing impact of AIDS in Africa, Asia and Latin America with barely a thought for nutrition.

A study published in HIV Medicine found that treating people with HIV who are malnourished might be deadly. This study, conducted in Singapore, concluded that patients who start new antiretroviral therapy while they are malnourished are six times more likely to die than patients who are well nourished.

The reason, according to the study, may be that malnutrition reduces patients' ability to absorb the potent triple-drug antiretroviral therapy and leaves the patient unable to benefit from the lifesaving medicine. Malnourished individuals also find it harder to cope with the therapy's debilitating side-effects and may take longer to recover their body's immunity to infection.

No doctor in the developed world would provide AIDS-related treatment to someone without ensuring that they were sufficiently well nourished to withstand the side effects and absorb the medication. Unfortunately, many of the countries hardest-hit by HIV also have some of the highest rates of malnutrition and micronutrient deficiencies. Even before people there were HIV positive, they were hungry.

The study recommends the same remedy that local practitioners in the developing world have long advocated: nutritional support must be provided to malnourished patients starting treatment.

In places like Kenya, Malawi and Haiti, the World Food Programme is helping to ensure that poor and hungry people with HIV get the food they need to make the most of expensive antiretroviral therapy. The rations vary, but include basics like porridge fortified with vitamins and minerals, wheat or maize flour, beans and oil.

Unlike the antiretroviral drugs, which are required for life, people don't need the food forever. With just six months of food rations, patients can regain their strength and get back on their feet.

"We provide the drugs, feed the family and then they can get meat on their bones and go back to the work they were doing before they got sick," says Dr Joseph Mamlin, field director in a Kenyan AIDS clinic.

Other doctors say that many people in Africa and Haiti simply refuse free drugs unless they come with food, leaving little hope for their survival. Food security is no less important than the right treatment and regular checkups.

Feeding the whole family ? not just the patient ? is essential. When breadwinners fall sick, there is a high risk that others?especially women and children?will be forced into risky sexual activities to make ends meet.

The World Food Programme estimates that approximately one million of the 6.6 million people who will be enrolled in antiretroviral programmes in 2008 will need some kind of nutritional support. The cost of providing them with assistance is just USD \$0.66. per patient per day ? less than the price of this newspaper.

Funding antiretrovirals with no thought to food and nutrition is a little like paying a fortune to fix a car but not having money to pay for gas.

Food is a problem for many people whose lives have been struck by HIV, not just the few on antiretroviral therapy. One African in three, for example, is chronically malnourished. Orphans and vulnerable children often need food assistance to stay off the streets and remain in school. The many HIV-positive people who also have tuberculosis are more likely to complete the lengthy months of treatment needed to cure them if they and their families have enough to eat during the treatment. .

Political leaders are gradually becoming more aware of the need for food and nutritional support in the 'essential package of care' for people affected by HIV. This was confirmed at recent meetings of the UN General Assembly and World Health Organization. Now it is time to put this into practice.

We cannot allow hard-won efforts to provide life-saving treatment for people with HIV to be winnowed away by malnutrition.

James Morris is Executive Director of the World Food Programme, and Special Representative of the UN Secretary-General for southern Africa. The World Food Programme assists people affected by AIDS in 51 countries worldwide.
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