

UN SPECIAL ENVOY ON AIDS

Launch of the 2007 World Hunger Series Report – Hunger and Health

28 November 2007

Speech

Thank you for the invitation to make the key note address at the launch of this latest World Hunger Series Report. The report comes at a welcome time, half way along the path to the Millennium Development Goals. And I firmly believe it will help nudge the world closer to meeting those goals.

I join you here today in my role as the Special Envoy of the Secretary General for AIDS in Africa. And I am honoured to do so.

I come from a continent where hunger is, for too many people, a fact of daily life, where the impact of AIDS is greater than it is anywhere else in the world, and where achievement of the Millennium Development Goals is both desperately needed, and, in many cases, unlikely to happen.

Last week, UNAIDS and WHO released their latest report on the AIDS epidemic. As always, it makes sobering reading.

Around the world, 33.2 million people are living with AIDS. This year, 2.5 million people have become infected with HIV. Some 2.1 million have died of AIDS-related illnesses.

The figures are lower than in the past, and there are signs that the world is beginning to see a return on its investment, in terms of both HIV treatment and prevention. But the fact remains that unacceptably high numbers of people continue to become infected by this totally preventable disease. And equally high numbers are dying from it. Particularly in Africa.

Over two thirds of people living with HIV and over three quarters of HIV-associated deaths are in sub-Saharan Africa. Just eight countries in southern Africa account for almost one-third of all new infections and deaths. In Africa, AIDS remains the biggest cause of death among adults.

But what, you may ask, does this have to do with hunger? The answer is “a lot”. Inequitable access to food may force people to engage in risky behaviour that can lead to their being infected with HIV. And if people can't get hold of enough food, the efficacy of anti-retroviral treatment is seriously undermined.

Last week I had the privilege to visit a WFP-supported community school in the heart of Lusaka – a visit that opened my eyes to how close to home the impact of hunger hits. Most of the children I met at the school had lost their parents to AIDS and had experienced tremendous heartache in their young lives. I spoke with one grandmother who told me that she is raising 13 of her grandchildren and is so very grateful for the nutritious meals that the children get at school. The school and its life-giving food programme enables some of the most vulnerable children I have ever met to get an education and learn important skills for living a healthy and productive life.

The 2007 World Hunger Series Report presents irrefutable evidence that hunger and poor health are interlinked, but solvable problems.

This report is an evidenced-based analysis on progress in meeting the hunger and health MDGs, MDG 1 and 6 respectively.

MDG 1 is not MDG 1 for nothing. If we are to make significant progress on any of the MDGs we first need to reach the hunger MDG. We stand very little chance of meeting the rest of the goals – primary education, child mortality, maternal health, gender equality, combating HIV, malaria and other diseases – unless we eradicate hunger.

Although there may be trends that show improvements in reducing hunger in some countries and for selected groups, the assessments indicate that by 2015 we would not have reduced by half the proportion of people who suffer from hunger – thus we are not on track.

The 2007 World Hunger Series shows that in some countries progress is being eroded and that the poorest countries face the greatest challenges. Specifically, those developing countries that are classified as low income food deficit countries. These countries are the farthest behind in eliminating underweight and under nourishment which are the two indicators used to track the progress of meeting MDG 1.

There are significant variations across regions, even within regions. If we look at Asia, China's rapid progress to reach the MDG indicators, is offset by the slow progress in India. In South East Asia, the prevalence of underweight children under 5 is almost 45 percent among the low income food deficit countries. Lets look at my region, Sub Saharan Africa, it has the highest proportion of underweight children under 5. In South Asia, however, underweight is much worse than under nourishment. These measures show overwhelmingly that the poorest countries face the greatest challenges in overcoming hunger. But we must not forget that hunger still persists in the world's richest countries.

Natural disasters, political instability and poor economic policies, armed conflict, forced movement of people are factors that impede the achievement of MDG 1. But one key factor that impedes this achievement is high HIV infection rates.

Which brings me to my next point. I can not talk about MDG 1 without talking about how it relates to MDG 6 – combating HIV, TB and Malaria and other diseases. As we know, hunger and malnutrition interact cruelly with these three diseases.

I have already touched on the links between hunger and AIDS. Let me now move onto the links between HIV and other health problems.

Over a third of the 33.2 million people living with HIV are also infected with Tuberculosis (TB) – people with HIV are up to 50 times more likely to develop active TB in a given year. And the TB and poor nutrition link is well recognized. Hunger and malnutrition, including micronutrient deficiencies increases the risk of the disease. The disease itself also results in poor nutritional status.

In Afghanistan, 50,000 people develop TB and 10,000 die of TB every year. In Somalia, 20,000 develop TB and 4,000 people die every year. These are among the highest incidence rates of TB in countries that have yet to be seriously affected by the HIV epidemic. However, when patients are provided with treatment plus food support the cure rate in these two countries has surpassed the global target for treatment outcomes.

Now let's turn to Malaria, every year more than 500 million people become severely ill and more than 1 million die from malaria, mainly infants, young children and pregnant women in my region of the world. Malaria and under nutrition strongly interact, the 2007 World Hunger Series proves this point, it shows that 57 percent of these malaria deaths are attributable to under nutrition.

While access to effective treatment and prevention methods have been increasing, current trends in malaria morbidity and mortality are not yet showing sufficient progress towards achieving the 2015 targets.

In conclusion, on the occasion of World AIDS Day and the launch of the WFP's World Hunger Series Report, we should take this opportunity to stop and reflect on our progress to date in controlling the AIDS epidemic, eradicating hunger and progress on meeting the MDGs. Today, there are 854 million people in our world suffering from hunger and the number is increasing by 4 million per year. Today there are 33.2 million people living with HIV, 2.5

million of who were infected this year. In a world where the resources and knowledge are available, this is unacceptable. We all need to continue to support collaborative efforts in the fight against hunger and HIV. I will use my position as the UN Special Envoy on AIDS to call on all leaders to strengthen their political commitment to create a future without HIV and a future without hunger.

Thank you.