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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

**Joint written statement* submitted submitted by Caritas
Internationalis (International Confederation of Catholic
Charities), a non-governmental organization in general
consultative status, the Association Points-Cœur, the
Associazione Comunità Papa Giovanni XXIII, the
Dominicans for Justice and Peace -Order of Preachers, the
International Volunteerism Organization for Women,
Education, Development – VIDES, the Istituto Internazionale
Maria Ausiliatrice delle Salesiane di Don Bosco, non-
governmental organizations in special consultative status**

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[13 February 2012]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

Food and health: A life-saving combination for adults and children living with HIV**

“One essential aspect of the mystery of the human person is its union of the earthly body and the heavenly soul, a union on earth destined for eternity [...] On earth, food assists the body in its essential function to keep body and soul together toward the fulfilment of that mystery of the human person. Thus, food security is hardly a mere earthly affair, it has eternal overtures”¹.

Bearing in mind the above-cited prophetic words, Caritas Internationalis (International Confederation of Catholic Charities) joins with the Association Points-Cœur, Associazione Comunità Papa Giovanni XXIII, Dominicans for Justice and Peace (Order of Preachers), International Volunteerism Organization for Women, Education, Development, and the Istituto Internazionale Maria Ausiliatrice² to thank the Special Rapporteur on Right to Food, Mr. de Schutter, for his outstanding and constant efforts to promote and monitor respect for, as well as protection and fulfilment of, the “right to have regular, permanent and unrestricted access, either directly or by means of financial purchases, to quantitatively and qualitatively adequate and sufficient food corresponding to the cultural traditions of the people to which the consumer belongs, and which ensure a physical and mental, individual and collective, fulfilling and dignified life free of fear”³.

As specified by Mr. de Schutter in his last Report, “the Right to Food cannot be reduced to a right not to starve. It is an inclusive right to an adequate diet providing all the nutritional elements an individual requires to live a healthy and active life, and the means to access them”⁴. This right cannot be reduced to a minimum ration of calories, proteins and other specific nutrients, or to a right to be fed. It must guarantee the right to feed oneself. Since nutrition is linked intrinsically to health and to life, the Right to Food cannot be separated from the concomitant rights to health and to life.

Thanks to the strong efforts of the international community, the global proportion of people suffering from malnutrition and hunger has fallen since the early 1990s, but at an unsatisfactory pace, since progress has stalled since 2000. According to the most recent data provided by the UN Food and Agricultural Organization⁵, the estimated number of people who are still suffering chronic hunger is 925 million, down from 1.023 billion in 2009, but still more than the number of undernourished people in 1990 – about 815 million.

With specific regard to children under five years of age, approximately one in four living in the developing world is underweight, down from approximately one in three in 1990: in fact, between 1990 and 2008, the proportion of underweight children under five declined

** Centre International Catholique de Genève; Edmund Rice International, NGOs without consultative status, also share the views expressed in this statement.

¹ World Food Day Reflection from Bangladesh by Bishop Theotonius Gomes CSC, President of Caritas Bangladesh. www.caritas.org.

² The Centre International Catholique de Genève and Edmund Rice International align themselves with this statement.

³ This formulation represents the working definition provided by the Special Rapporteur.

⁴ Report A/HRC/19/59 submitted by the Special Rapporteur on the Right to Food to the 19th Regular Session of the UN Human Rights Council.

⁵ During its meeting in 2010, the Committee on World Food Security (CFS) asked FAO to review its methodology for estimating undernourishment in order to provide more timely updates and incorporate all relevant information, including analysis of the large number of household surveys that have become available in recent years. Therefore, no updated estimates for the number of undernourished people in 2009 and 2010 are reported, nor has an estimate been made for 2011.

from 31% to 26% in developing regions, but, despite such improvements, progress is currently not fast enough to achieve the MDG target⁶. Thus the Special Rapporteur makes the startling observation that “about 34 per cent of children in developing countries, 186 million children in total, have a low height for age, the most common symptom of chronic malnutrition”.

The Report submitted by the Special Rapporteur to the current session of this Council deserves the urgent attention of States and other stakeholders committed to defend the Right to Food. In this same regard, the co-signatories of this Statement feel obliged to call particular attention to the special dietary needs of adults and children with severe illnesses, notably HIV and AIDS, and note that such needs have not been addressed sufficiently in the above-mentioned Report.

Evidence has demonstrated links between adequate nutrition and improved outcomes for HIV treatment. Adequate nutrition is necessary to maintain the immune system, manage opportunistic infections, optimize response to medical treatment, sustain healthy levels of physical activity, and support optimal quality of life for a person living with HIV. Moreover, good nutrition may contribute to slowing the progression of the disease. Nutrition interventions also can help to optimize the benefits of antiretroviral drugs (ARVs)⁷ and may increase compliance with treatment regimens, both of which are essential to prolonging the lives of HIV-positive people and to preventing the transmission of HIV from mother to child⁸. Nutrition interventions also are urgently required for patients affected by tuberculosis, and HIV/TB co-infection.

Additional evidence has demonstrated that “many persons living with HIV in resource-limited settings already suffer primary malnutrition. In the hyper-epidemics of Sub-Saharan Africa, some of the populations at greatest risk of contracting HIV are the same populations at high risk of food insecurity”⁹. In fact, most of the countries with alarming Global Hunger Index scores are the same countries that, according to the 2010 UNAIDS Report on the Global AIDS Epidemic, account for the highest rate of HIV prevalence. As estimated by UNAIDS, 22.5 million adults and children in Sub-Saharan Africa are currently living with HIV, with a prevalence rate¹⁰ of 5% among adults between 15 and 49. With specific regard to Sub-Saharan African children between infancy and 14 years of age, UNAIDS estimated that some 2.3 million were living with HIV in 2009. This represents the vast majority of paediatric infections which are estimated at 2.5 million globally.

HIV-infected children need 50-100% additional energy than the daily energy needs of a child who is not living with this virus¹¹; adults living with HIV require an additional 20 to

⁶ www.undp.org.

⁷ As it is scientifically recognized, no medicine today can completely defeat HIV, and cure its infection: years after its discovery in the early 1980s, HIV is still an incurable disease. However, there are medications – antiretroviral drugs – which, when used in combination, can add years to the lives of HIV-positive adults and children reducing HIV-related mortality and morbidity, restoring and/or preserving immune functions, maximally and durably suppressing viral replication, preventing emergence of viral drug-resistance mutations, minimizing drug-related toxicity, maintaining normal physical growth and neurocognitive development, and improving quality of life. See: Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children, Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection, August 11, 2011, www.aidsinfo.nih.gov, and R. Vitillo, Pastoral Training for responding to HIV-AIDS, Paulines Publications Africa.

⁸ HIV/AIDS, Nutrition and Food Security: What We Can Do?, The World Bank.

⁹ www.aidsmap.com

¹⁰ According to the World Health Organization, HIV prevalence is the percent of people with HIV infection among all the general population.

¹¹ It is scientifically established that HIV-positive severely malnourished 6-11 months children need from a minimum of 150 to a maximum of 220 kcal/kg/day, while HIV uninfected children of the

30% of caloric energy compared to the needs of HIV-negative adults¹². In addition, many researchers have documented links between poor nutritional status and HIV-related mortality risk. The WHO/WFP joint operational guidelines on food support in ARV programmes present data demonstrating that food and nutrition interventions may improve effectiveness of and adherence to antiretroviral treatment, reduce symptoms, and support long-term quality of life. “Adequate and appropriate nutrition from the early to advanced stages of HIV infections is necessary to optimize health outcomes”¹³.

In view of the above-cited situation, and in order to contribute to the full realization of the Right to Food for all, especially for those with special dietary needs due to the impact of life-threatening health challenges, the co-signatories to this Statement urgently request the Special Rapporteur:

- To be engaged even more intensively in the promotion of national food systems that prioritize human needs, especially of those with special dietary requirements due to severe illness;
- To convene, in collaboration with the Special Rapporteur on the Right to Health, a joint public consultation, followed by a joint Report to be submitted to the 22nd HRC Regular Session, focused on the fundamental link between food security and health, with particular attention to, inter alia, HIV-positive adults and children, especially those being maintained on antiretroviral treatment;
- To take into account the special nutritional needs of people living in developing countries, especially in those regions of the world that face the simultaneous challenges of high HIV burden and hunger, in order to promote a global partnership for integral human development and well being;
- To encourage advocacy targeting national governments and international institutions aimed toward the development of national and international strategies and policies that take into account the special dietary needs of HIV-positive adults and children and of persons with other health challenges;
- To collaborate closely with civil society, which plays a key-role in outreach to address the nutritional needs of poor, rural, and marginalized and persons with other special needs.

The Report submitted by Mr. de Schutter sheds further light on the fact that food insecurity is a clear violation of the right of all to a standard of living adequate for proper physical and mental development and to the enjoyment of the highest attainable standard of health. All persons should enjoy access to systems that contribute to food and nutritional security and to healthy life and that take into account the special dietary needs of adults and children affected by severe illnesses and, in particular, of those living with HIV.

same cohort need a total of 690 kcal/day; HIV-positive severely malnourished 10-14 years children need from a minimum of 60 to a maximum of 90 kcal/kg/day, while HIV uninfected children of the same cohort need a total of 2,020 kcal/day. See the Management of Severe Malnutrition: A Manual for Physicians and Other Senior Health Workers published by WHO in 2009 and the joint FAO/WHO/UNU Expert Consultation held on October 2001.

¹² Nutrient Requirements for People Living With HIV/AIDS, WHO.

¹³ Guidelines for an Integrated Approach to the Nutritional Care of HIV-Infected Children, WHO, 2009.