

“Good nutrition key to the solution”

assert nations as they strive to fight HIV/AIDS and malnutrition in South-East Asia

8 October 2007, Bangkok: Countries from the South-East Asian Region, together with organizations of people living with HIV/AIDS, technical experts and donors, have come together to find concrete solutions to the twin epidemics of HIV/AIDS and malnutrition in the Region. The policy-makers and experts will review the evidence, listen to experience, identify challenges and define clear-cut next steps for change. Dr Samlee Plianbangchang, WHO Regional Director for South-East Asia, pointed out “Nutrition and HIV are closely related. HIV affects nutritional status and poor nutrition in turn leads to faster progression of HIV to AIDS. Scaling up care and antiretroviral therapy cannot be addressed without appropriate support for nutrition.”

The World Health Organization in collaboration with UNICEF, WFP, FAO, UNAIDS, UNHCR, IAEA and the US National Institutes of Health have organized the Regional Consultation on Nutrition and HIV: Evidence, Lessons and Recommendations for Action in South-East Asia, 8-11 October 2007, in direct response to its commitment to the World Health Assembly.

In 2006, 4 million people were living with HIV/AIDS in South-East Asia. At the same time, high malnutrition rates persist in the Region and food is often identified as the most immediate and critical need by people living with HIV and others affected by the epidemic.

There are complex interactions between nutrition and HIV/AIDS. HIV progressively damages the immune system and makes a person susceptible to opportunistic infections, which may lead to significant weight loss. Weight loss in turn increases the risk of opportunistic infections and even death. On the other hand, malnutrition itself may increase susceptibility to infections.

Evidence has established that people living with HIV have higher energy needs than those who are not. Asymptomatic HIV-positive adults or children need 10% more energy than those who are not HIV-positive. Those at advanced stages need 20-30% more energy to maintain body weight. HIV-positive children who are losing weight need 50-100% more energy.

The growth of children with HIV is often impaired early in life. Opportunistic infections such as chronic diarrhoea place an additional demand on their energy and nutrient needs. Poor growth in children is directly correlated with the risk of mortality. HIV-positive mothers also need to maintain their nutritional status before and right through pregnancy and lactation. Exclusive breastfeeding is recommended for HIV-positive mothers for the first six months unless replacement feeding is acceptable, feasible, affordable, sustainable and safe for them and their infants.

Nutrition must be integrated into HIV prevention, treatment, care and support services. Nutritional promotion, counselling, care and support for people living with HIV must be ensured, in particular for HIV-positive women and children and especially during and after breastfeeding.

"The twin epidemics of HIV/AIDS and malnutrition in the South-East Asian Region are unique and sustainable solutions have to emerge from within. Nutrition is clearly key to the solution. The nations have recognized this and have gathered here to pave the way forward." says Randa Saadeh, Scientist, World Health Organization, as she convenes all partners and brings in successful global experiences.

Experts will be available for interviews between 12.30 and 14.00 on 9, 10 and 11 October 2007 at the Windsor Suites Hotel, Sukhumvit Rd, Soi 20.

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