

THE POLITICS OF HIV/AIDS AND ITS EFFECTS ON FOOD SECURITY OF NIGERIA

Musa Garba Usman*

Abdullahi Bala Ado**

Ya'u Ibrahim Saleh*

ABSTRACT

This paper the politics of HIV/AIDS and its effects on food security of Nigeria tends to focus on how globalization and trade affect the ability of African countries to respond to HIV/AIDS pandemic with particular reference to Nigeria. The work also critically and analytically looked at issues under the W.T.O regime on politics of Antiretroviral drugs (ARVS) to HIV/AIDS victims and how it affects food security of the developing nations like Nigeria. With a heavy reliance on secondary sources of data collection backed by the analytical approach, the paper revealed that HIV/AIDS depletes human capital, agricultural production and productivity, it withdraws financial support from agricultural sector in favour of health and funeral expenditures, it cut social network and makes it financially impossible for agricultural household to intensify food production. In addition, the paper further traces the possible ways of contracting with HIV/AIDS and brings out possible ways of prevention and care. The paper finally recommends among other things that African `governments and Nigeria in particular should prioritize effort in funding the production of local antiretroviral drugs and ARV therapy to enable HIV victims access to ARVS at, affordable rate.

Keywords: Effect, Food Security, HIV/AIDS, Politics and Nigeria.

* Department of International Relations, Faculty of Science and Humanities, SRM University, Kathankullathur (603-203) Chennai, India.

** Department of Local Govt. Studies, SORTED Rano, Kano State Polytechnic, Kano Nigeria.

1. Introduction

Poor people in African countries struggles continually to fight, hunger, mal-nutrition, ill health and Deepening poverty. The alarming spread of Human Immune Virus and Acquired Immune Deficiency syndrome (HIV/AIDS) has made their struggle even more difficult. Hit by this syndrome, the poor lose their ability to work, to feed themselves and their families, to ward off disease, to maintain their assets, to transmit essential farming knowledge to their children and remain connected to their communities.

Eventually they lose their lives, families, communities and whole nations in Africa are being devastated by HIV/AIDS at such rapid rate that some expect almost a third of their populations to die prematurely. This demographic nightmare will substantially reduce food security in Africa. Nigeria in particular is also affected by this pandemic where it started to gain foot hold there. The multiple effects of HIV/AIDS at all levels of society make it imperative that the development community adapt all policies and programs to prevent the spread of HIV/AIDS and mitigate its effects.

Next to terrorism, HIV/AIDS is perhaps the most widely discussed phenomenon today. Although, its effects are felt worldwide in various degree, though the cure of HIV/AIDS is still not universally discovered. Given the decreasing number of people living with HIV/AIDS worldwide, the unsuccessful search for a vaccine and the availability of treatment, some experts have argued that some billions of dollars allocated annually to HIV/AIDS be redirected to problem such as malnutrition, tuberculosis, malaria which contributed to high morbidity and mortality in poor countries (Himmelgreen and Romero-Daza 2008).

Furthermore, globalization and trade encouraged increasing rate of HIV/AIDS infection in Africa, because the ability for Africa countries to respond to HIV/AIDS themselves is dependent on the ability to better control the terms of trade, elicit more favorable patent policies and climb out of poverty – all issue linked to globalization (Nanjakululu, 2008).

Moreover, when HIV/AIDS strikes, it strips away assets of all forms-human, financial, physical and national. Human capital is the first causality, infected individual die prematurely, before which their productivity declines progressively as the succumb to opportunistic infections. One strategy for the agricultural sector in areas hit hard by HIV/AIDS is to reduce the amount of

work necessary to raise crops. HIV/AIDS has serious consequences for the commercial agricultural sector as well as for the subsistence farmers (Gillespie and Haddad 2002:11).

Therefore this paper intends to highlight key issues surrounding the impact of HIV/AIDS on agricultural sector particularly in Nigeria, the underlying causes, of HIV/AIDS, how it affects food security and household livelihood in Nigeria. Finally bring out the possible ways of preventions and care.

2. Literature Review

As stated earlier in chapter one, the study will not ignore the diverse of literature on politics of HIV/AIDS and how it resulted in food insecurity. This chapter will be more concerned with contributions of scholars whose focus was predominantly on politics of antiretroviral drugs (ARVS) in the W.T.O and the impact of globalization on HIV/AIDS pandemic.

Mann and Brown (2008) argued that globalization has opened up trade all around the globe. Trade between nations has had a positive impact on the global economy. Because of globalization people are able to purchase the things they need (and those that they want) without the hassle of traveling across the world to do so. Developing Countries, because of the availability of production jobs are now able to earn the much needed foreign currency to boost their economies. Although, globalization has positive impact but there are also many negative to consider. One of these negatives is the spread of infectious diseases such as HIV/AIDS.

This disease has spread like wildfire across the world and it is not partial to any one-children or Adult, blacks or whites. Based on historical factors regarding colonization by European Countries and migration of African males in an effort to gain employment in urban Areas, the rates of AIDS increased rapidly. African males had to leave their homes to work as cooks and domestic servants and were sometimes apart from their families and wives for month to a whole year at a time. There is need for female companionship, hence these men who were away from home sought the services of prostitutes (Horwitz, 2009:4)

Brown states that prostitution began in the early 1900s, when women could hardly find job in the cities, they either chose to work by preparing food or brewing beer for Africa men or resorting to prostitution. This later means of employment turned out to be the most lucrative of the three, yet

the most dangerous and deadly. This contributed to the spread of HIV/AIDS to rural areas or rural African which in turn reduce agricultural production (Man and Brown 2008:1)

2.1 The Impact of Globalization and Trade on HIV/AIDS in Africa

Nanjakululu (2008) it may seen old link globalization and trade with HIV/AIDS in Africa. After all, one is about Open Markets and trade policies and the other is simply a health issue, right? Wrong? The Ability for Africa countries to respond to HIV/AIDS, themselves is dependent on their ability to better control terms of trade elicits more favorable patent policies on medications and climb out of poverty all issues linked to globalization and trade.

While globalization has garnered benefits to the urban elites in Africa i.e. information, communication and technology, these positive outcomes have not reached the urban poor and rural folk who form over 80% of African populations. During the early globalization in Africa, structural Adjustment programmes (SAPS) was introduced. When HIV/AIDS hit Africa in the 1980s, it found health systems already weakened by the structural Adjustment programmes (SAPS) foisted on countries by the World Bank and the International Monetary Fund (IMF). Many nascent local industries collapsed when markets were liberalized and they were forced to compete with cheap imported products from Europe, Asia and America (Jacob: 2008:2).

Sihanya argued that world trade has contributed in worsening the situation of African Countries and SAPS also push Africa into poverty while trade rules stand as a barrier for African to tackle the HIV/AIDS crisis. The trade rules is what made the AIDS drugs to be expensive, because of the royalties that must be paid to patent holders under the so called TRIPS Agreement of the W.T.O (Sihanya; 2008:2). The world trade organization (W.T.O) is the place where these rules are written. But o the 38 African nations who belong to W.T.O, 15 nations have no representatives at all at the headquarters in Geneva. In contrast, most rich nations have dozens of staff to protect their trading interest. Also almost, if not all, HIV/AIDS interventions in Africa are heavily dependent on Foreign Aids from rich Countries. If Africa could have its right full share of world trade, it could easily raise its own resources to pay for HIV/AIDS interventions, currently, most HIV/AIDS interventions are not sustainable as funding come with conditions. In South Africa for example, effort to provide low cost AIDS medications (ARVS) resulted in high profile legal battle between the activists and pharmaceutical industries in 2001. The activists

were trying to get affordable medicines, while pharmaceutical companies rights on their drugs. Fortunately, the activists won the case.

According to Nelson Mandela, most AIDS prevention and Awareness programmes are geared at changing unsafe sexual behaviors and attitudes of the affected individuals, in order to reduce and incidence of AIDS. However, given the generalized spread of the disease in those heavily affected countries like south Africa, no amount of condoms, posters or even antiretroviral will lead to significant decline in the incidence. This while (ARVS) drugs may have a positive impact on those already infected, it is the structural conditions underlying HIV/AIDS susceptibility and vulnerability that need to be addressed to reduced the spread of the disease among the uninfected (Mandela 2002, cited by UNAIDS 2003)

2.2 Access to Treatment

The executive director of UNAIDS stressed that HIV/AIDS treatment is technically feasible in every part of the world. He said he don't know a single reason why AIDS treatment is unavailable. Is it that the health infrastructure has exhausted its capacity to deliver it? He concluded that, knowledge is not the problem, neither the infrastructure is the barrier but it is the political Will "(UNAIDS Executive Director Cited by Piot 2006:2)

Wines argued that AIDS drugs are very expensive and inaccessible; this is partly because of the royalties that must be paid to the patent holders under the TRIPS Agreement of the W.T.O (Wines; 2004:2).

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New antiretroviral drugs (ARVS) Can slow down and even reverse the progress of HIV infections, delaying the onset of AIDS by twenty years or more (Wikipedia; 2008:3). Because of their high cost (\$10,000 to \$15,000.USD per person per year (pppy) in the west for patent drugs and approximately \$800 USD pppy in some African Countries for generic drugs), only few of the 6million people in developing Countries who need ARV treatment have access to medication. Nevertheless, access to ARV therapy has increased more than eight fold since the

end of 2003, with about 810,000 (13.5 percent of the 6million in need) on the treatment. ARVS play a central role in prevention, when treatments are available and people are more likely to come forward for testing as well as more likely to adopt lower risk of further transmission. Patients who starts HIV/AIDS treatment generally have Continued taking medication for the rest of their lives, in areas where drugs are expensive, some people must interrupt their treatment when they were unable to afford medication (Ibid:4).

The key factor in the expense of ARVS is their patent status which allows drugs Companies to recoup research cost and turn a profit, enabling the development of new drugs. International Aid Organizations such as medicines San's frontiers have questioned whether the revenues generated by ARVS really tally with research costs (Guide 4 living: 2009:2). Generic copies of patent ARVS drugs are supplied by manufacturer in India, South Africa, Brazil, and Thailand and people republic of China. Because fees are not paid to the patent holders, the drugs can be distributed, at lower prices in developing Countries. Generic production, competition and price offers (Voluntary by Companies) have forced patent holders to reduce their prices. ARVS patients need regular testing of viral load and CD4 cell Counts. This requires expensive laboratory equipments and good health care logistics. These costs drive the price of generic ARV therapy in African Countries up from \$140 USD pppy for the drugs a lone to approximately \$800 USD pppy when done according to Western Standards. For Africans living below poverty threshold of a \$2 USD per day free (government or non-governmental organizations) funded treatment remains the only option (Ibid: 3).

Wilson (2004) argued that W.T.O Agreement on trade Related Aspect of intellectual property Rights (TRIPS) have been single out as the main scape goat in the problem of accessing AIDS Drugs in Africa. This has prevented the pursuits of a more realistic national health policy and strategy to address the problem of AIDS pandemic. Remarkably, AIDS-related deaths are also are associated with limited care and support (Tembo; 2004:10). AIDS is generally undermining Africa's survival, development, productivity and competitiveness. More than 50% of Africans living with HIV/AIDS live at \$1USD a day and cannot afford expansive antiretroviral drugs to maintain optimal nutrition levels associated with effective Drugs use. He concluded that TRIPS Agreement should ensure balance of rights and the duties of the right holders' vis-à-vis the poor. South Africa, has further argued that TRIPS Agreement should reflect the socio economic

development of South Africa that the TRIPS council should work closely with stake holders in order to ensure that TRIPS Agreement is not in conflict with public interest including public health. To him African's main area of concern include: access to medicines to address public health and nutrition and their position has been to encourage patent protection but relax the law to facilitate research and development. The relaxation should be exercised, so that it does not infringe the rights of patent holders (Wilson 2004).

Gray and Smit (2002) argued that the problem that limits Access to those Drugs (ARV) lies with the fundamental nature of the pharmaceuticals markets and the way it is regulated. They also points out that World Trade Organization Agreement can be blamed for the unavailability of old and new drugs. South Africa in particular faces treble set of hurdles, high prices of antiretroviral (ARVS) and Drugs in general, an underdeveloped infrastructure and opposition to all attempts to use the few levers at its disposals (Gray and Smit 2000).

One measure of Access to drugs is the degree to which they are affordable, either to patients who purchase them directly (or are covered by some form of medical insurance) or to the health system itself. Pricing behavior by drug manufacturer is complex, prices are related less to the costs of production than to the ongoing costs the company (such as research into new agents but also marketing expenses for currently available drugs and the ability of the particular market to pay for drugs (Ibid).

2.3 Differential Pricing and Politics of Health Development

Differential pricing or dynamic pricing can be said to be when pharmaceutical companies could charge less for developing Countries than developed Countries this is consistent with TRIPS Agreement and is backed by WHO, EU among others (Sihanya, 2008).

The ultimate aim of Differential pricing is to reduce pharmaceutical drugs prices in low income countries and how to increase financing. So that the world's poorest people can obtain necessary medicines and health care. Also the only measure which could contribute to solving the problem of unavailability of (ARVS) drugs in developing countries is the differential pricing. Even though there is dispute and controversies on how to prevent the drugs from 'leaking' back to the developed countries and to be taxed more for the benefit of the poor. More over differential

pricing would allow companies that make patented drugs to recover most of the cost of Research and development in richer production at lower prices in lower income Countries. The advocates said it is a win-win solution (Bank; 2001).

2.4 HIV/AIDS: The New Challenge to Food Security

“Generally Speaking, when you ask people living with HIV/AIDS in rural Areas or communities in the developing Countries, what their highest priority is?

Very often their answer is; food not care, not drugs for medical treatment, not relief from stigma, but food” (Peter and Andersen 2002).

Given the decreasing number of people living with HIV/AIDS worldwide, the unsuccessful search for a vaccine and the availability of treatment, they suggest that some of the billions of dollars allocated annually to HIV/AIDS be redirected to problems such as malnutrition, tuberculosis and malaria which contribute high morbidity and mortality in poor countries. For example while maternal death child mal nutrition account for over one third of child death and 11% of the total disease burden globally (Himmelgreen and Romero Daza, 2008). There is far less funding for these problems than AIDS. Although we are not advocating for a reduction in HIV/AIDS funding, we argued that reassessment of policy priorities is in order. They also believe that while HIV/AIDS prevention and treatment are critically important, more funds are needed for sustainable food security programming and evaluation, especially in the face of global food crisis (Ibid).

Piot and Andersen (2002) Also opined that, it is easy to forget in the complicated world of global AIDS politics that for many people around the world, AIDS is one additional burden on top of many others. AIDS to them does not vacuum. Peoples basic needs or concern remain the same as they have always been; a secure, decent livelihood for themselves and their families.

In Africa, where the pandemic is currently the most serious, AIDS emerged against a backdrop of extreme poverty, hunger, conflict and inadequate infrastructure.

World Vision New Zealand (2002) argued that the impacts of AIDS have been to make pre-existing problems and their consequences far worse and to create daunting new problems. By

killing people in the prime of their lives, when they would normally be raising their children and practicing their profession, AIDS erodes the social capital that makes communities function. AIDS has decimated the very generation of young Adults poised to make Africa's future in to their hands.

Food and Agriculture Organisatin committee (2004) point out that AIDS is not just health or development problem. By its nature and effects, AIDS is unique. AIDS kills most of the productive and productively active members of society, thus increasing the number of dependent household members, reducing household productivity and caring capacity and interrupting the transfer of local knowledge of farming and skills from one generation to the next. The effect on the household is permanent.

According to Gillespie and Haddad (2003) Argued that HIV/AIDS pandemic in Sub-Saharan Africa has become increasingly intertwined with issue of food and nutrition. On the one hand, malnutrition and food insecurity may force households to adopt livelihood that increase the risk of HIV transmission, such as migration to find work, on the other HIV/AIDS may precipitated or exacerbate malnutrition and food insecurity. To them Agricultural sector in areas hit hard by HIV/AIDS reduce the amount of work necessary to raise crops. For the majority of rural populations with high HIV/AIDS prevalence in sub-Saharan Africa and elsewhere, farming systems that are less dependent on labour will more resilient to HIV/AIDS morbidity and mortality at least in short term.

2.5 HIV/AIDS and Famine

According to Himmelgreen and Romero-Daza (2003) the synergy of HIV/AIDS and famine facilitates the spread of the Virus as people resort to strategies such as the exchange of sex for food. Furthermore, the epidemic depletes household assets and reduces capacity to escape poverty.

According to Whiteside (2003) argued that, the role AIDS plays in intensifying the food crisis in southern Africa is beyond one imagination. To him the impact of AIDS on economic of Sub-Saharan Africa is severe with an estimate of up to 35% reduction in labour force by 2020.

HIV/AIDS and food insecurity limits the ability of households to produce or secure food which leads to under nutrition and malnutrition.

Fourie and Schontiech, (2001) argued that, HIV/AIDS is not a traditional security threat but the consequences are just as serious, that it is non violent but serves only to disguise its devastation. To them HIV/AIDS overwhelms health services, shortens lives, destabilizes government and disrupts societies, sometimes to the extent that major conflicts ensue. The extent of virus is far more serious than initially anticipated. Infection rate in Southern Africa indicates that huge numbers of people will die over the next 10year affecting the basic functioning of society. The Ability to produce and distribute food will be reduced. The skills and human resources needed for effective government will become even scarcer. Political instability may result in complex humanitarian emergencies and crime, neither of which can be addressed without effective government while the population of Southern Africa have proved resilient in the past, it is certain that the virus will extract a huge cost from people of the region in the future.

In February (2001) Report, the United Nations Secretary General warns that HIV/AIDS is reversing decades of development in the hardest hit regions of the world. He further stressed that HIV/AIDS changes family composition and the way Communities Operate affecting food security and destabilizing traditional support systems. By eroding the knowledge base of society and weakening production sectors, it destroys social capital by inhibiting public and private sector's development and cutting across all sectors of society, it weakens national institutions by eventually impairing economic growth, the epidemic has impact on investment, trade and national security leading to still more wide spread and extreme poverty (UN Special session Report 2001).

Bollinger and Stover (1999) view that even the loss of few workers as a result of HIV/AIDS at crucial time of planting and harvesting can significantly reduce the size of the harvest which in turn leads to food scarcity.

According to Drimie (2002) argued that Agriculture faces challenges including unfavorable international terms of trade, mounting population pressure on land and environmental degradation, the additional impact of HIV/AIDS is also severe in many countries. The two major impact on Agriculture including serious depletion of human resources, diversions of

capital from Agriculture, loss of farm and non farm income and other psychological and social impacts that affects productivity.

Hunter and Twine point out that, all dimensions of food security-availability, stability, access and the use of food are seriously affected where prevalence of HIV/AIDS is high (Hunter and twine 2004).

According to World Vision Report New Zealand (2002) states that the International Community has been slow to realize that HIV/AIDS is so much more than a health problem. It is also a social, cultural and economic issue with major impacts on individuals, communities, societies and even the level of macro economics. Today Southern Africa faces huge food shortage, partly as a result of HIV/AIDS. The pandemic threatens not only the livelihood of families and households; it threatens the long term food security of the whole communities and nations.

The examination of various literatures has indicated that, the issue of HIV/AIDS is beyond health issue because it affects every facet of human life that is economically, politically, socially and culturally. In addition with regards to its spreation and cure one can understand, that globalization and trade has also contributed in weakening the African countries from providing, accessing and tackling of the HIV disease which in turn lead to food insecurity.

3. Methodology of the Study

The paper adopts the methodology of documentary analysis of the relevant literatures which enhances contextual analysis of the subject matter under study. Considering the growing rate of food insecurity and rate of HIV/AIDS victims in the world and Nigeria in particular which poses threat to the continuous survival of mankind.

4. Impact of HIV/AIDS on Agricultural Production

Agriculture is one of the most important sectors in many developing countries, providing a living or survival mechanism for up to 80% of a country's population. However, while agriculture is extremely important to African countries not least of all for household survival, there are marked differences among countries in terms of current economic conditions and agricultural and economic potential. Agriculture face major challenges including unfavorable international terms

of trade, mounting population pressure on land and environmental degradation. The additional impact of HIV/AIDS is also severe in many countries. The major impacts of HIV/AIDS on Agriculture including serious depletion of human Resources, diversions of capital from Agriculture, loss of farm and non farm income and other psychosocial impacts that affects productivity (Drimie; 2002).

4.1 Impact on Commercial Sector

Piot and Andersen (2002) argued that commercial sector is particularly susceptible to the epidemic and is facing a severe social and economic crisis in some location due to its impacts. Morbidity and mortality due to HIV/AIDS significantly raise the industry's direct costs (medical and funeral expenses) as well as indirectly through the loss of Valuable skills and experiences. The epidemic thus adversely affects companies' efficiency and productivity. Thus HIV/AIDS is leading to falling labour Quality and supply, more frequent and longer period of Absenteeism, losses in skills and experienced workforce and subsequent production losses. These impacts intensify existing skills shortages and increase costs of training and benefit which resulted in the current food crisis in Africa.

4.2 The Impact on Small Scale and Subsistence Sectors

Hunter and Twine (2005) point out that the impact of HIV/AIDS in Africa have focused on the farm household level, where agricultural production is at the subsistence or small scale level is often embedded within multiple-livelihood strategies and systems. Over the past two decades there have been profound transformations in these livelihood systems in Africa, structural Adjustment programmes, the removal of Agricultural subsidies and dismantling of parastatals marketing board set in the motion. As a result of these and other issues, many African households have shifted to non agricultural income sources and diversified their livelihood strategies.

Fourie and Schontiech (2001) stressed that despite all the problems, Agricultural production remains an important component of many rural livelihood through sub-Saharan Africa. They further argued that HIV/AIDS have negative impact on households food security in a number of ways, these includes: impact on labour, the disruption of the dynamics of traditional social

security mechanism and the force disposal of productive assets to pay such things as medical care and funerals. In turn local farming skills are drained and biodiversity in crop variety diminished, indigenous knowledge systems, and technology adopted by farmers to suit the particular conditions of specific areas often die with farmers which at last create food shortage to rural households.

Louwenson argued that the impact of HIV/AIDS on agriculture directly affects - Food security as it reduces: food Availability (through falling production, loss of family labour and other resources, loss of livestock assets and implements).

- Food Access (through declaring income for food purchases).
- The stability and Quality of food supplies (through shift to less labour intensive production) (Louwenson cited by Drimie 2002).

5. Ways of Infecting with HIV

- I. Unprotected sexual intercourse with an infected person, sexual intercourse without a condom is risky, because the virus, which is present in an infected person's sexual fluids, can pass directly in to the body of their partner. This is true for the unprotected vaginal and anal sex.
- II. Contact with an infected person's blood if sufficient blood from an infected person enters some one's else body then it can pass on the virus.
- III. From mother to child HIV can be transmitted from an infected woman to her baby during pregnancy, delivery and breastfeeding
- IV. Use of infected blood product: many people in the past have been infected with HIV by the use of blood transfusions and blood products which were contaminated with virus e.g. in hospitals
- V. Injecting drugs, people who use injected drugs are also vulnerable to HIV infection (www.avert.org/aids.htm, 2008)

5.1 HIV/AIDS Prevention and Care

There are three key things that can be done to help and prevent all forms of HIV transmission. First among these is promoting widespread awareness of HIV and how it can be spread. Media

campaigns and education in schools are among the best ways to do this. Another essential part of prevention programme is HIV counseling and testing. People living with HIV are less likely to transmit the virus to others if they know they are infected and if they have received counseling about safer behavior. Thirdly is providing antiretroviral treatment. This treatment enables people living with HIV to enjoy longer, healthier lives (Avert; 2008).

As stated earlier one can be infected with HIV/AIDS through sexual intercourse and it can be eliminated or reduced their risk of becoming infected with HIV during sex by:

- Abstaining from sex or delay first sex.
- Be faithful to one partner or have fewer partners
- Condomise, which means using male or female condoms consistently and correctly (www.avert.org/hivhtm, 2008). Furthermore HIV/AIDS can also be transmitted through blood transfusion and blood products, people who share equipments to inject recreational drugs are risk of becoming infected with HIV from other drugs users. The use of methadone maintenance and other drugs treatment programmes are effective ways to help people eliminate the risk. Finally HIV/AIDS can be transmitted from a mother to her baby during pregnancy, labour and delivery and later through breast feeding. Antiretroviral can help to eliminate the risk (www.avert.org/preventhiv.htm, 2008).

Conclusion

From the finding of this research work, the study explored and concluded that globalization has been behind the polities of HIV/AIDS which resulted to food insecurity due to fact that it is clear that there are tentative indicators that neo-liberal policies projected by Brettonwoods institutions are behind the spread of the infections such as HIV/AIDS and are responsible for the current global food crisis. Moreover, it is also clear that the current neo-liberal policies and trade rules are deliberate and implementation to destabilize the long term food security of Africa and weakened the African countries from responding to the HIV/AIDS pandemic which kills most of the productive force of security this in turn weakened agricultural production and hinder the passing of traditional farming knowledge from one generation to the next.

In general Africa's food security is under threat because considering the magnitude of the epidemic in sub-Saharan Africa and the poverty that plagues the regions of the continent; HIV/AIDS has infiltrated Africa's homes, schools, governments' states institutions, factories and farms. There by reversing the decades of development of the continent, therefore responding to HIV/AIDS on a scale commensurate with the epidemic is a global imperative, and tools for an effective response are known.

Recommendations

HIV/AIDS is one of the greatest challenges to global development and stability and a long term humanitarian crisis. Because the death and misery it has caused in the past 20years dwarfs all of the natural disasters that have occurred in that time combined. Since the epidemic started more than 60 million people worldwide have been infected with virus, equivalent to the population of many countries and twenty million people have died. Moreover HIV/AIDS kills the most productive and reproductively active members of the society, thus increase the number of depending the holds productivity and caring capacity, and interrupting the transfer of local knowledge and skills from one generation to the next.

The impact of HIV/AIDS pandemic is devastating to national economies of many countries in Africa and Nigeria. Therefore this paper gives out solutions or recommendation to devastating impact of HIV/AIDS in Africa and Nigeria in particular, although Africa countries are not power less in the face of HIV/AIDS. Over the past few years, there has been a revolution in the worlds thinking about HIV/AIDS. The epidemic has been understood not only as a health issue, which it always remain but also as a major development problem and to human security. HIV/AIDS is being mainstreamed across sectors in increasingly unified national responses.

Sincerely speaking for one to talk of a possible means of mitigating the impact of HIV/AIDS on food security, one must first look at the unfair international trade regimes, failing agricultural policies, collapsing public service and debt. Therefore African governments should be allowed to develop internal mechanism (local agricultural policies) to boast their agricultural production without any external interventions from United States and Britain.

Secondly, African governments and Nigeria in particular should involve themselves fully and be committed in funding the production of local antiretroviral drugs and ARV therapy to enable HIV victims to get ARVS at, affordable rate, even though it will not be possible until the TRIPS Agreement of the W.T.O is either deleted or amended.

Thirdly, African governments and Nigeria in particular, should increase the level of awareness and prevention, management and care by putting more emphasis on youth to abstain from sex, being faithful to their partners, using condoms before sex and don't have sex until marriage.

Fourthly, African governments and Nigeria in particular, should be as much as possible to stop collecting loans and foreign aid from the so called IMF and World Bank which are always comes with harsh or strict conditionality, doing this will greatly help in strengthening both health and agricultural sector to be able to face this global HIV and food crisis.

Developing countries should endeavor to develop local package that will help in the prevention of HIV/AIDS and the package should contain the followings:-

- General Awareness
- Strengthening the prevention and treatment of sexually transmitted infections.
- Improving access to voluntary confidential counseling and testing.
- Education on sexuality and services for sexual health.
- Condom promotion, distribution and social marketing.
- Prevention of mother to child transmission.
- Community outreach to vulnerable and higher risk groups, and access to care, treatment and support.

Finally, to fight the spread and effect of HIV/AIDS government of developing countries should concentrate in producing nutritious food for HIV victims because enough food and nutritious will help them to live longer even without ARV drugs. In addition developing countries should employ multi-sectoral and well coordinated approach by all concerned: government, health workers, vulnerable groups, HIV positives, mosques, churches, community leaders, business sector, schools, parents and young people in fighting disease

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