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**Executive Board  
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## **POLICY ISSUES**

### **Agenda item 4**

*For information\**



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## **RESPONDING FOR RESULTS: WFP DELIVERS ON ITS HIV AND AIDS PROGRAMMES**

**Update on WFP's Response to HIV and AIDS**

\* In accordance with the Executive Board's decisions on governance, approved at the Annual and Third Regular Sessions, 2000, items for information should not be discussed unless a Board member specifically requests it, well in advance of the meeting, and the Chair accepts the request on the grounds that it is a proper use of the Board's time.

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## NOTE TO THE EXECUTIVE BOARD

**This document is submitted to the Executive Board for information.**

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

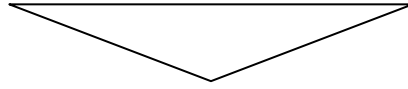
Director, Policy, Planning and Strategy Division:      Mr D. Stevenson      tel.: 066513-2325

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Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact Ms C. Panlilio, Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).



## DRAFT DECISION\*



The Board takes note of “Responding for Results: WFP Delivers on its HIV and AIDS Programmes” (WFP/EB.2/2009/4-E).

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\* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.



*“Now is not the time to falter [...] The economic crisis should not be an excuse to abandon commitments – it should be an impetus to make the right investments that will yield benefits for generations to come. Vigorous and effective response to the AIDS epidemic is integrally linked to meeting global commitments to reduce poverty, prevent hunger, lower childhood mortality, and protect the health and well-being of women.”*

Secretary-General of the United Nations, June 2009<sup>1</sup>

## OVERVIEW

1. According to the latest report on the global AIDS epidemic,<sup>2</sup> an estimated 33 million people worldwide live with HIV. The long-term emergency strategy that characterized the HIV/AIDS response in its first 25 years yielded important results, including 4 million people having access to treatment in 2009.<sup>3</sup> In low- and middle-income countries, the number of people receiving anti-retroviral therapy (ART) has increased tenfold in the last six years.<sup>2</sup> Nevertheless, much remains to be done to achieve universal access (UA) to prevention, treatment, care and support and to reach the objective of giving access to ART to an additional 6.7 million people by 2010.<sup>4</sup> For every two people starting treatment, an additional five are newly infected, so prevention efforts remain as important as ever. Growing global hunger and poverty compound existing challenges. Scaling up treatment and providing nutritional support while re-energizing prevention efforts is an enormous challenge in times of economic crisis.
2. Long-term and predictable funding for the achievement of UA is essential. As national treatment capacities scale up and programmes are rolled out, the global health community is debating the possible adjustment of ART eligibility criteria in high-burden countries to ensure the same standards in both developed and developing countries.<sup>5</sup> However, making significantly more people eligible for treatment would pose an additional resourcing challenge in many countries. The ever-increasing number of people on treatment and the introduction of revised treatment protocols and essential, but costly, second-line drugs will increase the overall cost of treatment. These increased resource needs may jeopardize the funding for vital complementary HIV services such as nutrition.

<sup>1</sup> Office of the Spokesperson for the Secretary-General. Secretary-General’s Remarks at UN General Assembly HIV/AIDS Review. 16 June 2009, New York. Available at: [www.un.org/apps/sg/sgstats.asp?nid=3929](http://www.un.org/apps/sg/sgstats.asp?nid=3929).

<sup>2</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS). 2008. *Report on the Global AIDS Epidemic*. Geneva. Available at: [www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008\\_Global\\_report.asp](http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp).

<sup>3</sup> UNAIDS/World Bank. 2009. *Global Economic Crisis and HIV Prevention and Treatment Programmes: Vulnerabilities and Impact*. 6 July 2009, Geneva. Available at: [www.unaids.org/en/KnowledgeCentre/Resources/PressCentre/PressReleases/2009/20090706\\_PR\\_UNAIDS\\_WB\\_Report.asp](http://www.unaids.org/en/KnowledgeCentre/Resources/PressCentre/PressReleases/2009/20090706_PR_UNAIDS_WB_Report.asp).

<sup>4</sup> UNAIDS. 2009. Letter to Partners. Geneva. Available at: [http://data.unaids.org/pub/BaseDocument/2009/20090210\\_exd\\_lettertopartners\\_en.pdf](http://data.unaids.org/pub/BaseDocument/2009/20090210_exd_lettertopartners_en.pdf)

<sup>5</sup> Lower immune functionality results in development of AIDS and increases susceptibility to opportunistic infections. The immune functionality threshold (CD4 cell count level) is often used to determine entry into ART. In developing countries, ART protocols mean that clients begin treatment with far lower immune functionality compared with their developed world counterparts, because of the more limited availability of ART. Discussion is ongoing regarding an adjustment of the immune functionality threshold, from a minimum CD4 count of <200 to one of <350. This would give people with HIV infection in developing countries the benefits of earlier treatment, thereby increasing their chances of survival.



3. External factors such as the effects of the global economic downturn, increased food prices, emerging global health risks and climate change also threaten to undermine hard-won results.
4. This document describes how WFP's programmes have had impacts on beneficiaries' lives, despite challenging environments and resource limitations. It shows how WFP continues to make a difference in the lives of people living with HIV (PLHIV) through its work with other United Nations agencies, regional organizations, national governments, NGOs and private-sector partners. Specifically the paper highlights WFP's:
  - recognition of the global consensus on food and nutritional assistance for PLHIV;
  - role in the Joint United Nations Programme on HIV/AIDS (UNAIDS);
  - update of the thematic evaluation and Management Action Plan;
  - overview of HIV and AIDS programming and other activities;
  - funding considerations;
  - impact of the global economic crisis on PLHIV; and
  - outlook for sustaining a robust response.

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## WFP'S ROLE

5. To address these challenges, the UNAIDS Joint Action Framework for 2009–2011 outlines priorities for amplifying the AIDS response and contributing to the broader development agenda.<sup>6</sup> Under the framework, UNAIDS focuses on achieving results across nine priority areas; as a UNAIDS Cosponsor, WFP will focus on strategic planning and implementation of:
  - nutritional support in HIV treatment and care programmes;
  - nutritional support in tuberculosis (TB) programmes;
  - social safety nets for people affected by HIV, including orphans and other vulnerable children (OVC) and people experiencing hunger, poor nutrition and food insecurity; and
  - support to multi-sector, evidence-based programmes in national AIDS strategies.
6. Global consensus recognizes food and nutrition as indisputable components of HIV and AIDS response. Research demonstrates food insecurity's role in increasing vulnerability to HIV;<sup>7</sup> food assistance can reduce such vulnerability. Science and practice have proved the critical importance of nutrition in enabling clients to take up and adhere to treatment. WFP's HIV and AIDS programming is rooted in this knowledge.
7. Because the drivers of the epidemic vary from region to region, national AIDS responses must reflect reality and address the specific risks and vulnerabilities. However, regardless of any regional differences, all clients on treatment have certain nutritional requirements, which are often not guaranteed in developing country settings. Because adherence and

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<sup>6</sup> UNAIDS. 2009. *Joint Action for Results UNAIDS Outcome Framework, 2009–2011*. Geneva.

<sup>7</sup> Rollins, N. 2007. Food Insecurity – A Risk Factor for HIV Infection. *PLoS Medicine*, 4(10): e301 and Fields-Gardner, C. and Ayoob, K.T. 2000. Position of the American Dietetic Association and Dieticians of Canada: Nutrition Intervention in the Care of Persons with Human Immunodeficiency Virus Infection. *Journal of the American Dietetic Association*, 100(6): 708–17.



treatment success both depend on food security and adequate nutrition, WFP advocates for the inclusion of a food and nutrition component in national responses.

8. Global HIV and AIDS surveillance demonstrates that the epidemic itself is also different in the various regions of the world. The UNAIDS advocacy message “Know your epidemic, know your response” means that national AIDS responses and WFP’s contributions to them need to reflect these differences:
  - In sub-Saharan Africa (SSA), poverty in general and food insecurity in particular continue to be major drivers of the epidemic. At present, there are 22 million PLHIV. In 2007, UA scale-up enrolled 2.1 million on ART, out of an estimated 7 million in need.<sup>8</sup> WFP focuses on increased treatment capacity and is reshaping food and nutrition assistance as part of comprehensive treatment for PLHIV. Complementary household support may also be provided, through the referral networks for social welfare services.
  - In Asia there are an estimated 5 million PLHIV, with national HIV prevalence typically lower than in high-burden regions. Viral transmission is greatest among vulnerable populations susceptible to infection, such as sex workers, injecting drug users, or men having sex with other men. WFP’s activities provide nutrition support in care and treatment programmes and social safety nets targeting affected households. WFP also influences national policies in the region, by advocating for the integration of nutrition and food support in HIV care and treatment programmes and ensuring that both are part of national AIDS responses.
  - In Latin America and the Caribbean (LAC) there are approximately 2 million PLHIV. In recent years, LAC has made significant gains in ART coverage, and approximately 65 percent of those in need now have access to treatment. WFP has implemented a regional capacity-building strategy targeting national actors with advocacy and technical assistance for the integration of food and nutrition support into treatment programmes.
9. Most of WFP’s HIV/AIDS programme beneficiaries in 2008 were in SSA (51 percent), where they were increasingly in treatment and care programmes.<sup>9</sup> To strengthen its leadership in addressing hunger in the UA context, WFP, working with the UNAIDS Committee of Cosponsoring Organizations (CCO), repositioned its activities for 2009–2011 to place greater emphasis on nutritional care for those people infected by HIV who are reached through the health sector.
10. WFP and partners made concerted efforts at the regional and country levels to bolster national HIV and AIDS responses that support:
  - enhanced nutritional recovery and more effective care and treatment for patients on ART and on directly observed treatment, short-course (DOTS) for TB;
  - mitigation and safety nets; and
  - livelihood promotion for people affected by HIV.

<sup>8</sup> UNAIDS. 2008. Report on the Global AIDS Epidemic. Geneva. Available at:

[www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008\\_Global\\_report.asp](http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp); and

WHO. 2008. Towards Universal Access: Scaling Up Priority HIV/AIDS Interventions in the Health Sector: Progress Report 2008. Geneva.

<sup>9</sup> WFP. 2009. Standardized Project Reports. Rome. Programming data from improved reporting and comprehensive data analysis undertaken in early 2009. Beneficiary trends by activities could be a result of better reporting at the country level and comparison of data among country activity profiles and standardized project reports.



## WFP'S CONTRIBUTION TO THE UNAIDS COMMON PLATFORM

11. The need to include nutrition activities in HIV and AIDS interventions is indicated in the Division of Labour (DOL) of the UNAIDS Unified Budget and Workplan (UBW), which assigns WFP responsibility for dietary and nutritional support. WFP is also the UNAIDS lead agency in addressing hunger in the scale-up to meet the UA goals. These WFP strategic positions were reaffirmed at the UNAIDS CCO in April 2009.
12. In accordance with the 2008–2009 UBW, WFP has engaged in ten broad activities in prevention, treatment, care and mitigation over the past year. As UNAIDS kept pace with the global dialogue and emerging evidence, so too did WFP's programming response. WFP and its partners explored new modalities for supporting ART patients, such as food-by-prescription and specially formulated ready-to-use food products; providing nutritional assistance in paediatric HIV disease management; and promoting social safety net mechanisms for PLHIV and AIDS-affected households.
13. In June 2009, the 24<sup>th</sup> UNAIDS Programme Coordinating Board (PCB) endorsed the 2010–2011 UBW action agenda, priority areas and budget. The budget was set at the same level as in 2008–2009, US\$484.4 million, but distribution among the Secretariat, Cosponsors and inter-agency resources changed. WFP's progress in implementing the 2008–2009 UBW resulted in a 21 percent<sup>10</sup> increase in its share of allocations for the next biennium.
14. WFP participated at all levels of the Second Independent Evaluation of UNAIDS. The evaluation team made 12 country visits<sup>11</sup> and interviewed all 10 Cosponsors at the global, regional and country levels. The evaluation report and response will be discussed at the 25<sup>th</sup> PCB meeting in December 2009.

## UPDATE ON THE HIV AND AIDS THEMATIC EVALUATION

15. In response to the recommendations and findings of the 2008 thematic evaluation of its HIV and AIDS interventions in SSA<sup>12</sup>, WFP has:
  - identified and documented core programme and policy issues to be addressed in the new HIV policy (forthcoming in 2010);
  - prepared the *Monitoring and Evaluation Guide for Food-Assisted HIV Programming*, including corporate- and project-specific indicators and harmonized monitoring and data collection tools; WFP's three main HIV/AIDS programming categories – care and treatment, mitigation and social safety nets, and livelihood promotion – are identified and defined, and articulated through the guide's results frameworks; and
  - started to develop the HIV/AIDS Learning Strategy, identify needed staff capacity and roll out WFP's programme guidance material.

<sup>10</sup> WFP was allocated US\$7 million for the 2008–2009 UBW and US\$8.5 million for the 2010–2011 UBW.

<sup>11</sup> Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Haiti, India, Indonesia, Islamic Republic of Iran, Kazakhstan, Peru, Swaziland, Ukraine and Viet Nam.

<sup>12</sup> WFP/EB.2/2008/6-A/Rev.1



16. The Learning Strategy aims to build the capacity of WFP staff and partners to design effective and strengthened programmes. It also aims to:
- improve the quality of programme design, priority setting and implementation of HIV/AIDS interventions; and
  - create a forum for staff communication and knowledge sharing to promote an ongoing learning process.
17. As part of the Learning Strategy, a WFP HIV/AIDS Learning Package is being developed for programme officers, with roll-out to begin in 2010.

## UPDATE ON WFP'S HIV AND AIDS PROGRAMMING

18. More than 2 million people in 51 countries benefited from food and nutrition support through the HIV and AIDS interventions of WFP and partners in 2008 (see Table 1).<sup>13</sup>

HIV/AIDS programme category	Number of beneficiaries
ART	684 300
TB	588 000
Prevention of mother-to-child transmission (PMTCT)	155 200
OVC and support to AIDS-affected households	1 200 000

19. WFP's global HIV/AIDS team spans three functional units: i) the Policy, Planning and Strategy Division; ii) the Programme Design and Support Division; iii) and the Regional Bureau for Southern, Eastern and Central Africa. The team fulfilled complementary roles and responsibilities to build partnerships and provide:
- i) technical assistance, high-level advocacy, strategic leadership and management of UNAIDS cosponsorship, along with the UBW (HIV/AIDS and nutrition policy team in the Policy, Planning and Strategy Division);
  - ii) technical and programme guidance to regional and country offices, provision of guidance material, and staff capacity development (nutrition, mother-and-child health and HIV/AIDS team in the Programme Design and Support Division; and
  - iii) pursuit of excellence in food and nutrition programming within national responses in the region (HIV/AIDS technical support team in the Regional Bureau for Southern, Eastern and Central Africa).

<sup>13</sup> Information in this section is taken from WFP Standardized Project Reports and programming data from improved reporting and comprehensive data analysis undertaken by WFP in September 2008.

<sup>14</sup> These numbers represent a mix of index clients (PLHIV enrolled in treatment programmes or TB patients receiving WFP nutrition or food support) and household members and reflect the cumulative number of people supported in 2008.





## Support to HIV Treatment Programmes

20. According to Standardized Project Reports, in 2008 WFP supported ART programmes in 37 countries, compared with only 17 in 2007. The following are some of the year's highlights.
- WFP provided a platform for national scale-up of improved food and nutrition programming for PLHIV. Guidance and protocols focusing on the health sector were developed in Ethiopia, the Democratic Republic of the Congo (DRC), Kenya, Malawi, Mozambique, Rwanda and Zambia.
  - There were 264,300 WFP food-assisted ART index clients, mostly in high-burden countries. With 22 million PLHIV, SSA accounted for 84 percent of these; of the 25 new treatment-based programmes WFP has added since 2006, 19 are in SSA. Mozambique has the largest of any WFP-supported treatment-based programme, with 94,200 beneficiaries; it has been in place since 2003.
  - Monitoring reports in Ethiopia, Zambia and Zimbabwe found that food interventions improve ART treatment adherence and contribute to nutritional recovery among PLHIV. WFP works in partnership with the United States Agency for International Development (USAID) and the Academy for Educational Development in using individualized screening tools, such as measuring body mass index, to determine entry into and graduation from food assistance. WFP aligns its support with food-by-prescription models in seven African countries.

## Support for Tuberculosis Treatment Programmes

21. The Joint Action Framework stipulates the integration of HIV and tuberculosis (TB) services to reduce the 500,000 deaths per year attributable to TB/HIV co-infection. WFP contributes by providing life-saving nutritional support for those patients who need it most.
22. The deadly pairing of HIV and TB in countries with hyper-epidemics creates a worrisome scenario that demands special attention. UNAIDS efforts to integrate HIV and TB services were stepped up, with WFP increasing its support to clients enrolled in DOTS.<sup>15</sup> WFP is identifying issues and opportunities for supporting national responses at several levels, and aims to build models of good practice.
23. In SSA, the triple burden of HIV, TB and malnutrition reinforces the need for nutrition and food support. It is well recognized that a symptomatic TB client in a country with a high HIV burden is likely to have many of the same nutritional support needs as an HIV/AIDS client. A co-infected individual is likely to have even greater nutritional needs.
24. WFP provided nutritional support to TB programmes in 27 countries: 19 in Africa, 7 in Asia and Eastern Europe, and 1 in LAC. In 2008, more than 224,000 WFP clients received food assistance through TB treatment programmes.
25. As in HIV responses, evidence shows that food assistance to TB treatment programmes not only encourages TB patients to adhere to DOTS, but also improves medical outcomes through the interaction between nutrition and the disease. In Afghanistan, monitoring reports showed that food support helped to increase the numbers of TB patients on DOTS

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<sup>15</sup> Dye, C., Scheele, S., Dolin, P., Pathania, V. and Raviglione, M.C. 1999. Consensus Statement. Global Burden of Tuberculosis: Estimated Incidence, Prevalence, and Mortality by Country. WHO Global Surveillance and Monitoring Project. *JAMA*, 282(7): 677–686.



and the case detection rates, resulting in higher numbers of patients completing treatment.<sup>16</sup> In Djibouti, through a local non-governmental organization (NGO) and the Ministry of Health, WFP provided food assistance to a coordinated programme for PLHIV and TB.

26. WFP collaborated with the World Health Organization (WHO) on a review of the scientific evidence currently available on nutrition and TB; this will lead to a technical consultation to be hosted by WHO in November 2009.

### **Support to Prevention of Mother-to-Child Transmission Programmes**

27. In consultation with national governments and cooperating partners, and informed by a review of relevant national strategies, WFP explored possibilities for integrating prevention of mother-to-child transmission (PMTCT) nutrition support with mother-and-child health and nutrition (MCHN) programmes in four countries in Africa and Asia. WFP implemented PMTCT support in seven African countries, and provided technical support on PMTCT in another five. Three Latin American countries began to formulate food-based pilots for integrated ART and PMTCT programmes, with support from WFP.
28. In several countries, PMTCT services are part of MCHN, and are not delivered separately. It is difficult to prioritize the needs of HIV-positive pregnant and lactating women over the needs of those who are HIV-negative but have similar nutritional vulnerabilities. Such prioritization raises ethical issues and, worse, may contribute to the stigmatization of the HIV-positive.<sup>17</sup> As maternal well-being is an important determinant for foetal and infant growth, particularly among HIV-positive women, food assistance is increasingly following general MCHN guidance. Its success is largely measured against MCHN objectives and associated indicators. Where PMTCT services are relatively new and have limited coverage, food assistance may function as an enrolment and attendance incentive, thus contributing to PMTCT objectives. WFP therefore advocates for the inclusion of PMTCT in MCHN programmes.
29. In 2008, WFP explored the appropriateness of, and possibilities for, integrating nutrition support into PMTCT with MCHN, to align with national intervention strategies in Bangladesh, Mozambique, Rwanda and Zambia. This involved consultation with government counterparts, review of national PMTCT and MCHN strategies, and operational considerations with implementing partners, including governments, civil society and international NGOs.

### **Support to Other Vulnerable Children Programmes**

30. WFP funded support programmes for children in 15 countries in Africa and Asia, reaching 668,000 children and their caregivers. Challenges facing orphans and other vulnerable children (OVC) programming include lack of resources in the context of fluctuating food prices, lack of reliable hand-over strategies, and lack of integration with national social safety net programmes. WFP will meet these challenges by engaging strategically with partners to ensure that the food security needs of children made vulnerable by HIV and AIDS are incorporated in emerging social safety net programmes for children, such as those supported by the United Nations Children's Fund (UNICEF).

<sup>16</sup> WFP Office of Evaluation. Draft evaluation report – Afghanistan PRRO 104270. 21 August 2009. Rome.

<sup>17</sup> The prioritization of HIV-positive pregnant and lactating women for food assistance inadvertently discloses their health status. In small communities, this may have negative consequences.



## Cash Transfer and Voucher Strategies

31. WFP facilitated a costing review in Mozambique, including assessment of strategies for using cash transfers and vouchers to support treatment and care, and of strategies for using locally produced food in health-sector programmes. On the request of the Ministry of Health, WFP is developing a voucher-based system to provide a comprehensive food basket to selected clients on ART. The trial programme will be introduced in 11 provincial capitals, reaching 3,500 clients on ART. In response to increased levels of vulnerability among urban populations affected by HIV, the Zambia country office developed a strategy paper on providing food vouchers, including to patients in treatment and care programmes, conditional on their being food-insecure and adhering to treatment protocols. In the new Kenya protracted relief and recovery operation (PRRO), WFP plans to complement food assistance for OVC with cash transfers during the lean season, when acute food shortages result in increased prices.

## HIV Prevention

32. The link between HIV infection and food insecurity is well established in the literature. A study in Botswana and Swaziland showed that food insufficiency leads to increased sexual risk-taking. As individuals fall into worsening poverty, they become more likely to adopt risky behaviours to ensure that they get adequate food.<sup>18</sup> It is also established that once people are infected with HIV, their food insecurity is likely to increase further. In accordance with its mandate, WFP worked to prevent this vicious cycle by targeting food assistance to vulnerable populations in high-HIV-prevalence regions. WFP's actions directly contributed to HIV prevention in more than ten countries.
33. The magnitude of WFP's operations means that up to 1.6 million truck drivers and their assistants are involved in loading and delivering WFP food each year. These people interact with staggering numbers of vulnerable women and children, including sex workers. In the past year, WFP has continued to demonstrate its commitment toward "responsible transport" in several ways.
34. Led by WFP's DRC country office, the joint United Nations programme in DRC launched "Transporting Hope", a sector-wide HIV prevention approach that began with a specially equipped barge and includes road, rail, river and air transport. In conjunction with the North Star Foundation (NSF), a public-private partnership supported by WFP, the Kenya country office established the first of three drop-in wellness centres. The Ethiopia country office continues to support HIV prevention in the transport sector by focusing on the national strategic plan and mainstreaming HIV prevention into its logistics operations.
35. Supported by WFP, TNT, UNAIDS and the International Transport Workers' Federation, NSF has added the information technology company ORTEC as a partner, and now supports eight wellness centres in eastern and southern Africa – in Kenya, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe – extending HIV and other health services to tens of thousands of people involved in the transport industry or sex work.

<sup>18</sup> Weiser, S.D., Leiter, K., Bangsberg, D.R., Butler, L.M., Percy-de Korte, F., Hlanze, Z., Phaladze, N., Iacopino, V. and Heisler, M. 2007. Food Insufficiency is Associated with High-Risk Sexual Behavior Among Women in Botswana and Swaziland. *PLoS Med*, 4(10): 1589–97.



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## MAINSTREAMING HIV AND AIDS CONSIDERATIONS IN HUMANITARIAN CONTEXTS

36. About two thirds of the global burden of HIV occurs in countries affected by complex emergencies. Humanitarian considerations for PLHIV go well beyond the initial shock of an emergency and therefore must include longer-term recovery work. HIV is usually not a sudden shock to a country, but spreads over time, in some cases becoming an ongoing emergency, often reinforced by other shocks such as natural disasters, wars or displacement.
37. In line with Inter-Agency Standing Committee (IASC) guidelines, WFP's emergency and relief programmes continued to mainstream HIV considerations through focused interventions for PLHIV. In 2008, WFP provided an important safety net for PLHIV in the DRC, Kenya, Somalia and Zimbabwe. In the DRC, efforts were made to link food assistance to activities that would reduce stigma for PLHIV.
38. In Kenya, WFP field monitors from vulnerability analysis and mapping (VAM) units, together with academic researchers, studied nine humanitarian sites, including drought/flood-affected areas, internally displaced person/refugee camps and high-HIV-prevalence locations. Findings informed the development of targeting guidelines for food support to HIV/AIDS-affected households. The guidance received positive feedback from Kenyan government ministries, NGOs, the donor community and United Nations agencies. It has become a standard practice tool for WFP in Kenya.
39. In LAC, WFP takes into account the region's susceptibility to recurrent national disasters, with capacity development activities aimed at increasing the resilience of PLHIV to these. Under a project funded by the Department for International Development (DFID), WFP integrated HIV treatment and support into sub-regional inter-agency emergency preparedness, response and recovery activities.

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## STRATEGIC SUPPORT TO INCORPORATING EVIDENCE-BASED PROGRAMMING IN NATIONAL ACTION PLANS AND AIDS STRATEGIES

40. Last year, WFP assisted 18 countries in Africa and LAC in the preparation of national AIDS strategies, nutrition protocols and guidelines, and poverty-reduction strategies. In Bolivia, Colombia, the Dominican Republic, Ecuador, Honduras and Panama, WFP provided technical assistance through a regional capacity development project so that detailed HIV food and nutrition protocols would be included in national AIDS plans and budgets. From this, guidelines were developed to assist partners in identifying the most food-insecure children and PLHIV for prioritizing food assistance. In Guinea, WFP provided technical assistance for the integration of nutrition and food security into the national strategic plan on AIDS for 2008–2012. This was a successful example of the use of coordinated United Nations technical assistance through UNAIDS Country Coordinator leadership.



41. Advancing the third prong of the Three Ones principles of harmonization and alignment, WFP supported the alignment of project monitoring tools with existing national monitoring and evaluation systems.<sup>19</sup> In 2008, this included reviews of monitoring and evaluation harmonization in Zambia, introduction of basic nutrition security interviews in patient screening protocols in Kenya, vulnerability profiling exercises in Mozambique and Zambia, and the integration of food and nutrition indicators into national monitoring and evaluation frameworks in Kenya and Uganda.

## WFP AND THE GLOBAL FUNDING MECHANISMS

42. To increase the effectiveness of national AIDS responses, WFP is increasing its assistance to partners to develop technically sound proposals to go to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), addressing the food and nutrition needs of PLHIV and TB patients.

### Strengthened Collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria

43. WFP supported UNAIDS' implementation of the Memorandum of Understanding with GFATM and the development of a technical support strategy, drawing on analysis and studies commissioned by the Coordination on AIDS Technical Support Group, UNAIDS and GFATM.
44. WFP provided technical assistance to national governments in the development and implementation of GFATM proposals. Of the 28 African grant proposals submitted to GFATM Round 8 and prepared with WFP assistance, 18 were approved, including 11 related to HIV. Most proposals had food and nutrition interventions, ranging from food-by-prescription for ART clients to food as part of a package of activities aimed at improving the lives of PLHIV and their families.

### Working with the United States President's Emergency Plan for AIDS Relief

45. PEPFAR is providing financial support for WFP projects in Côte d'Ivoire, Ethiopia, Mozambique and Rwanda. Together with PEPFAR's Supply Chain Management System (SCMS) project, Food and Nutrition Technical Assistance (FANTA) sought WFP technical assistance when seeking to improve the procurement, handling and quality assurance of fortified blended foods used in food-by-prescription.

<sup>19</sup> Endorsed by UNAIDS and donors in 2004, the Three Ones principles for the coordination of national AIDS responses refers to: one agreed HIV/AIDS action framework; one national AIDS coordinating authority; and one agreed country-level monitoring and evaluation system.





## DOCUMENTING THE EFFECTS OF THE GLOBAL ECONOMIC CRISIS

46. WFP conducted an analysis on the impact of the global financial crisis in five countries. Results revealed that the spread of hunger and poverty accelerated over the past year. In addition, sharp increases in food prices in 2008 and the resulting hunger led to popular unrest in at least 25 countries. Increased prices, combined with a projected continued decline of 2.6 percent in the global economy for 2009, mean that it is highly probable that families have cut back on expenditures over the last year and will probably continue to adopt coping strategies such as not sending children to school, not visiting clinics and/or not eating sufficient nutritious food to accompany ART.
47. The crisis also affected diet quality and quantity; WFP's household-level assessments found reductions in the quality and quantity of food consumed by clients on ART and other affected household members.<sup>20</sup>
48. A Zambia country office study found that the loss of jobs and related health benefits had sharp impacts on PLHIV, particularly those on ART. The newly unemployed depended increasingly on already weak public health systems, thereby further stretching limited capacity. The reduced quality and poor coverage of health services is a critical issue for a country with one of the world's highest HIV prevalence rates.
49. The HIV epidemic destabilizes entire economies. The Food and Agriculture Organization of the United Nations (FAO) projects that by 2020 the epidemic will have claimed at least one-fifth of the agricultural workforce in most southern African countries. Research in Kenya showed that the death of the household head causes declines in crop production and non-farm incomes for at least three years.<sup>21</sup> These results have obvious negative economic consequences for economies dependent on agriculture.
50. Through an inter-agency economic reference group, WFP is working with UNAIDS, the World Bank, WHO and other Cosponsors to monitor and document the effects of the global economic crisis on PLHIV. These findings will be presented to the 25<sup>th</sup> UNAIDS PCB in 2010.

## WFP'S STRATEGIC INFORMATION, RESEARCH AND MONITORING AND EVALUATION

51. WFP developed a nutrition improvement strategy (NIS) to identify the systemic changes that must be made across WFP to revolutionize its nutrition programming in line with the Strategic Plan (2008–2011). The NIS will be rolled out in priority countries from late 2009.
52. In 2008, WFP worked on two sets of programme guidance material for its country offices and partners: "Getting Started: Programming Food Assistance for Orphans and Other Vulnerable Children" and the "Maternal and Child Health Nutrition Toolkit". The OVC guide presents a step-by-step approach to designing and implementing food-assisted programmes. The MCHN toolkit will be complemented by a module on implementing PMTCT programmes. The monitoring and evaluation guide for HIV food-assisted activities has proven instrumental in project design and the setting up of monitoring and

<sup>20</sup> Brinkman, H-J. de Pee, S., Sanogo, I., Subran, L. and Bloem, M.W. 2009. High Food and Fuel Prices, the Global Financial Crisis and their Impact on Access to Nutritious Food and Consequences for Nutritional Status and Health. *J.J. Nutr.*, in press.

<sup>21</sup> FAO. 2003. *The State of Food Insecurity in the World 2003*. Rome.



evaluation systems. It is used in streamlining and rationalizing HIV food-assisted activities during programme review committees and independent evaluations.

53. WFP and the Centre for Global Health at George Washington University in Washington, DC collaborated on development of operational and policy guidance to promote broader policy dialogue on mother-and-child nutrition, food security and HIV and AIDS programmes. WFP is collaborating with academic institutions, including Harvard University and Tufts University, on two background papers that present the latest science and understanding on HIV and TB, and HIV and nutrition. These will inform development of the new policy paper on HIV, expected to be ready in late 2010.

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## KNOWLEDGE-SHARING AND WFP'S HIGH-LEVEL ADVOCACY

54. WFP was instrumental in getting nutrition and food support issues included in the programme of the 15<sup>th</sup> International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA), held in Senegal in December 2008.
55. At the UNAIDS CCO Meeting in Paris in April 2009, WFP's Executive Director reinforced WFP's standing as the lead agency in nutrition and food security in the context of UA, while repositioning 2009–2011 activities through increased emphasis on nutrition in treatment programmes and more effective contributions to food security.
56. At the 2009 PEPFAR HIV/AIDS Implementers' Meeting in Namibia in June 2009 WFP, FANTA and SCMS contributed to the session on integrating food and nutrition support into care and treatment programmes.
57. In June 2009, the Africa Forum 2009 on Sharing Integrated Solutions to HIV and Food and Nutrition Insecurity was held in Malawi. WFP presented two skills-building sessions, on monitoring and evaluation for HIV food-assisted activities and on OVC programming; moderated and participated in discussion panels on food-by-prescription and the scalability of interventions; and staged a debate on food versus cash.
58. The Ninth International Congress on AIDS in Asia and the Pacific (ICAAP) was held in Indonesia in August 2009 with the central theme of empowering people and strengthening networks. WFP held a satellite session on models for integrating nutrition and food security into HIV care, support and treatment in the Asia region: opportunities and challenges.

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## OUTLOOK: SUSTAINING A ROBUST RESPONSE

59. With some 2.7 million new AIDS infections annually, or more than 7,000 every day, the trajectory of the epidemic must be broken. Systemic underinvestment in prevention remains a major concern. Evidence clearly calls for no "one-size-fits-all" programme, but for wiser, targeted investments based on knowledge of the specific epidemic in each region and country. Such investment will help reach UA as the foundation for achievement of the Millennium Development Goals (MDGs).
60. In the context of the global financial crisis, global AIDS budgets may remain flat, along with similarly stagnant or reduced development support for the health sector. The stress on using existing funding to sustain ongoing ART programmes may increase, thereby reducing the availability of funds for complementary interventions such as nutritional support of PLHIV. This will have profound implications for the feasibility of rolling out food and nutrition support, and increases the need for evidence-based advocacy. Overall



progress in providing food and nutrition to people receiving ART and in prevention efforts could be undermined if donors and national actions do not respond accordingly. Increased awareness, capacity and follow-through with financial commitments are needed to meet UA goals.

61. WFP's 2010–2011 activities respond to these challenges by realigning programmes to integrate nutrition into treatment and care activities, enhance social safety nets and promote social protection and livelihood strategies for infected or affected people. This shift will be reflected in the policy paper due to be presented to the Board in 2010.
62. In responding to HIV and AIDS, WFP intends to continue building evidence-based, efficient and effective programmes that augment and complement those of its many partners. WFP plans to continue the successful integration of nutritional support in the UA context, by translating evidence into policy, and policy into informed actions. WFP will also contribute to scientific studies that look at the effectiveness of specially formulated food products for clients on ART. Regarding HIV prevention, WFP will continue to address food and nutrition insecurity, while staying fully committed to NSF in its efforts to extend HIV prevention services to transport workers and the people with whom they interact.
63. Through its work and its partnerships, WFP will continue to make a difference in the lives of PLHIV and will help the world attain the related MDGs. Over the course of the next biennium, WFP will continue to develop its work with other United Nations agencies, regional organizations, national governments, NGOs and private sector partners towards these goals.





## ACRONYMS USED IN THE DOCUMENT

ART	anti-retroviral therapy
CCO	Committee of Cosponsoring Organizations
DOL	Division of Labour
DOTS	directly observed treatment, shortcourse
DRC	Democratic Republic of the Congo
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agriculture Organization of the United Nations
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
IASC	Inter-Agency Standing Committee
LAC	Latin America and the Caribbean
MCHN	mother-and-child health and nutrition
MDG	Millennium Development Goal
NGO	non-governmental organization
NIS	nutrition improvement strategy
NSF	North Star Foundation
OVC	orphans and other vulnerable children
PCB	Programme Coordinating Board [UNAIDS]
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
PRRO	protracted relief and recovery operation
SCMS	Supply Chain Management System
SPR	Standardized Project Report
SSA	sub-Saharan Africa
TB	tuberculosis
UA	universal access [to prevention, treatment, care and support]
UBW	Unified Budget and Workplan [UNAIDS]
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
VAM	vulnerability analysis and mapping
WHO	World Health Organization