



HIV/TB Programme

WFP Myanmar

Context: Myanmar is one of the world's 22 high tuberculosis (TB) burden countries, with a TB prevalence rate three times higher than the global average and one of the highest in Asia. There were an estimated 180,000 new TB cases in Myanmar in 2010, more than 40,000 of them in children. Myanmar is also one of the world's 27 high multi-drug resistant TB (MDR-TB) burden countries, and the MDR-TB rate among new cases is the highest in South-East Asia. In 2013, around 189,000 people were living with HIV (PLHIV) in Myanmar, and an estimated 15,000 people died of AIDS-related illnesses in the same year. HIV prevalence has declined over the past ten years from 0.94 percent to an estimated 0.47 percent in 2013 among the general population aged 15 years and above. However, the prevalence remains high in risk groups, such as people who inject drugs, men who have sex with men, and female sex workers.

Nutrition and HIV/TB: Good nutrition is pivotal for both HIV and TB to keep the immune system strong and to fight the diseases. Nutrition plays a critical role in HIV and TB infections leaving PLHIV and TB clients vulnerable to weight loss and malnutrition due to numerous factors that include either a decrease in caloric intake and/or increase in daily energy requirements. The World Health Organisation (WHO) estimates this increased energy at 30 percent for adults in the later stages and 50 percent to 100 percent for symptomatic HIV-positive children. Nutrition is important at all stages of the disease. Before the inception of the treatment, good nutrition can impact the pace of the disease progression. In the initial stages of the treatment, nutrition is important to reduce mortality risk, to mitigate the treatment side effects and to improve adherence. Later on, a nutritious diet can minimize the HIV burden on the lives of PLHIV and can support TB cured patients maintaining a healthy lifestyle. Malnutrition in PLHIV often occurs in the context of poverty and/or lack of access to food. Food insecurity has been increasingly recognized as a barrier for optimal antiretroviral therapy (ART) outcomes and associated with reduced levels of treatment adherence and negative implications on individual, health and programme outcomes and also a risk factor for mortality among ART-treated individuals, particularly among individuals, who are underweight. Food assistance and nutrition are integral parts of treatment and play a critical role in: i) enabling patients to start the treatment, ii) promoting initial adherence; iii) managing side effects; iv) improving treatment success; and v) contributing to nutritional recovery.

2015 WFP HIV/TB PROGRAMME IN NUMBERS

BENEFICIARIES	NEEDS (US\$)	FOOD (MT)
20,000	4 million	4,020

Response: WFP's response to HIV and TB epidemics in Myanmar under the current operation is designed to support the National Strategic Plans for AIDS and TB. The National Strategic Plan on AIDS (NASP) 2011-2016 guides Myanmar's response to the HIV epidemic through a comprehensive package of HIV prevention, diagnostic, treatment and support services provided for PLHIV and their families. Nutrition is recognised as a key component of the "comprehensive continuum of care". The National Strategic Plan for Tuberculosis Control (2011-2015) outlines the key components of the national TB control programme. WFP's interventions are aimed at ensuring nutritional recovery and treatment success and are a fundamental component of the HIV and TB comprehensive continuum of care package. This package includes nutrition assessments, education and counselling for all clients, along with the provision of nutritious food. Under the HIV and TB programmes, PLHIV and TB clients in Kokang, Mandalay, Magway, Mon, Kayah, Kachin, Rakhine and Yangon receive monthly food rations of rice, pulses, oil, iodised salt and fortified blended food. PLHIV are entitled to food assistance for the first six months after ART inception and until they recover from malnutrition and they reach the discharge criteria (for adults: body mass index (BMI) ≥ 18.5 and for under 5 children a Weight/Height ≥ -2 Z score). TB clients are entitled to receive food assistance throughout the duration of the treatment: 6 or 8 months in case of TB clients on Directly Observed Treatment (DOTs) and 24 months in the case of MDR-TB clients on DOTs-Plus regimen.



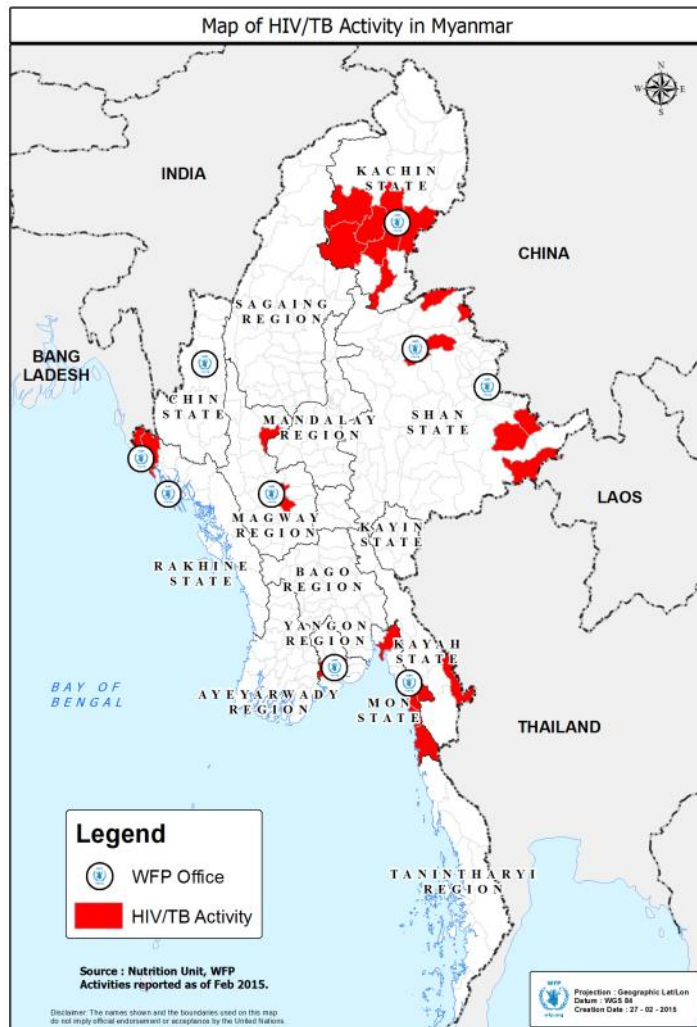
An HIV client receiving WFP food-by-prescription Photo: AHRN/Aung Naing



A WFP supported clinic in Kachin, where people living with HIV receive treatment and nutrition support Photo: WFP/Ayuka Ibe

Investment Case: WFP’s food and nutrition assistance is an essential, cost-effective way to encourage people to start and adhere to ART and TB treatment, and reduces the need for additional, costly treatment. Nutrition and food support – when integrated with life-saving treatment – can reduce mortality, the side-effects of medications, the likelihood and severity of opportunistic infections, and long-term metabolic complications such as obesity. Treatment and nutrition support can lower viral loads and improve the quality of life and the productivity of PLHIV. Furthermore, significant financial care costs and income loss are experienced by the household when productive household members fall ill. The impact of HIV and TB at the household level translates into negative repercussions on the macro-economic context and hinders the social and economic development of the country. Food assistance can mitigate the shock of HIV and AIDS and prevent deterioration of individual and household well-being.

Partnerships: As one of the co-sponsors of UNAIDS, WFP in Myanmar is playing a central role in responding to the HIV and TB epidemics. It cooperates with UNAIDS and other organisations under the Unified Budget, Results and Accountability Framework (UBRAF). WFP is the lead agency for ensuring that food and nutrition support are integrated into the comprehensive continuum of care. Since 2003, WFP has been implementing nutrition interventions for PLHIV and TB clients through HIV clinics (treatment centers) or community home-based care activities in partnership with the Government, International and local NGOs. WFP activities are carried out through valued partnerships with the Asian Harm Reduction Network (AHRN), Aide Médicale Internationale (AMI), International Organization for Migration (IOM), Medical Action Myanmar (MAM), Médecins du Monde (MDM), Malteser international, Médecins Sans Frontières Holland (MSF-H), Progetto Continenti and Adventist Development and Relief Agency (ADRA). Activities include, counseling and support to improve food intake; provision of food; monitoring the nutritional/health status of the beneficiaries; health and nutrition education and counseling. WFP is also working closely with the National AIDS and TB Programmes. In 2014, an agreement was signed with the National TB Programme to ensure nutritional support to all the MDR-TB clients in the country: the programme is directly implemented by the Government and supported by WFP’s technical assistance.



The way forward: WFP Myanmar working closely with the Government and other partners to ensure that food and nutrition are integrated appropriately into comprehensive packages of care, treatment and support for PLHIV and TB clients and reflected in all national HIV and tuberculosis strategies and programmes. WFP’s interventions are aimed at strengthening the national capacities, current infrastructures and supply mechanisms: partnerships with the Government will be further strengthened and scaled up to implement food and nutrition support. WFP is also working at enhancing social protection schemes for PLHIV and TB clients exploring innovative ways of integrating cash or vouchers schemes into the health sector care and treatment programmes.

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