



Food Assistance and TB Treatment

HIV, Tuberculosis (TB) and Nutrition

HIV infection and malnutrition are significant risk factors for latent TB becoming active. HIV infection increases the risk of developing TB after infection with *Mycobacterium tuberculosis*. Like HIV, TB has significant nutritional implications for the body: wasting is a common symptom and it increases mortality in TB patients. Malnutrition is generally more severe in people with TB/HIV co-infection than in people with either disease alone. Food must provide the right quantity and quality of nutrients and micronutrients to recover lost weight and muscle mass.¹

In low-resource settings, nutritional support is essential in: i) enabling patients to take-up treatment; ii) promoting initial adherence; iii) managing side effects; iv) improving treatment success; and v) bringing about nutritional recovery.

TB Programming in Madagascar

With an estimated population of 19 million the country is classified as a least developed and low-income, food deficit country and ranked 143rd out of 177 countries.² It is characterized by a high incidence of TB (0.26 percent in 2008), a

low prevalence of Multi-Drug-Resistant TB, low estimates of HIV prevalence (0.1 percent in 2010) affecting mostly the poorest of the poor in urban and rural settings.³



Madagascar has a functioning National Tuberculosis Programme (NTP) that implements the WHO directly observed treatment strategy (DOTS) through public and private health centres. TB treatment is available in diagnostic treatment centers (DTCs) or treatment centers (TCs). The private sector plays an important role in the TB national control strategy and follows the recommendations of NTP for 8 months of free treatment.

Food Assistance and TB Treatment

The World Food programme Country Office in collaboration with the National TB Plan has been implementing food assistance in TB programmes since 2005. The programme, reaching 7200 beneficiaries, aims to increase the adherence rate of TB-DOTS clients in order to limit drug resistance, increase enrolment in TB treatment thereby resulting in increased detection rates of patients suffering from TB and from chronic cough, and the nutritional recovery of adult TB-DOTS clients.

WFP Madagascar Study on the Impact of Food Assistance on TB Programmes

WFP, NTP, WHO and NGOs conducted an impact study '*Does Food Assistance improve TB treatment outcome?*'. Results indicate that food assistance has a significant impact on treatment outcomes: the probability for a patient to default treatment decreased by 6% and the probability for treatment success/cure rate increased by 7%. Furthermore, food assistance increased enrolment and detection (increase of 24% and 102% in rural and urban areas respectively). The strategy is working as a social safety net for the household. The food assistance strategy can be scaled up to include all the public sector centres without creating an additional workload to the national health system.

What are some of the Lessons and Challenges Working within National Tuberculosis Programmes?

- There is a need for WFP to enhance its relationship with government structures. The Madagascar Country Office invests time,

participates and contributes in all meetings, while also offering logistical support, and hosting joint meetings.

- The recruitment of a national technical person with sound knowledge of government operations is key to attaining smooth and effective working relations with the government.



- Even though the government acknowledges the importance of nutrition, they place the responsibility of the provision of food on WFP. It is critical for the Country Office to advocate for the increased recognition of food and nutrition issues, and ensure that these are reflected in funding proposals.
- WFP needs to encourage governments to take ownership of food and nutrition support by conducting accurate research demonstrating the importance of food assistance on health indicators (as mentioned above).

1. WFP Background Paper on Tuberculosis and Nutrition and HIV Co-Infection . Submitted for publication in 2010.
2. 2009 UNDP Human Development Report.
3. WHO, TB World Report 2008.