
UBRAF thematic report: integrating food and nutrition into the HIV response

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Results

1) Global initiatives

In 2012, the World Food Programme (WFP), UNICEF, WHO and UNAIDS met prior to the International AIDS Conference in Washington, DC, to discuss food and nutrition. A stakeholder meeting created an Inter-Agency Task Team on food and nutrition, with WFP as the convener. WFP during 2013 continued to foster a coalition on food and nutrition with the task team, focusing on food security in the context of HIV. It obtained the following results:

- A meeting in Cape Town in December 2013, jointly organized with UNICEF and the Medical Research Council of South Africa and attended by UNAIDS and UNHCR, discussed lessons learned on food security and nutrition in the context of HIV in South Africa and explored how nutrition was linked in health services in the Western Cape.
- The task team's research sub working group developed a framework to review evidence on food and nutrition in the HIV context.
- Three peer-reviewed papers focusing on food security and the role of food and nutrition in HIV and AIDS were published.
- A framework was developed to analyse the linkages between food security, nutrition, HIV and health systems.

WFP participated in joint missions with UNAIDS and the Global Fund to provide technical assistance on integrating food and nutrition into national HIV responses in Côte d'Ivoire, Djibouti, Kenya, Zambia, Swaziland, Democratic Republic of the Congo and Lesotho. This resulted in food and nutrition being successfully integrated into HIV and AIDS national strategy plans in these countries. WFP attended two meetings of the Global Fund board in 2013, and conducted training sessions on the Global Fund's new funding model at workshops in Dakar, Rome and Johannesburg. WFP participated in the Global Fund High Impact Africa II¹ regional meeting in Lusaka in November 2013, to launch the funding model in the region. The meeting helped countries initiate dialogue on a roadmap for concept notes to be submitted to the Global Fund. WFP compiled a matrix with roadmaps and possible deadlines for countries in the Africa II region for the Global Fund.

2) Publications and strengthening the evidence

WFP has used its expertise to integrate food and nutrition with treatment, prevention and mitigation in the response to HIV and AIDS. As a result, food and nutrition support has been included in the *2013 WHO consolidated guidelines on using antiretroviral (ARV) drugs for treatment and prevention*. WFP, WHO and UNAIDS are finalizing a manual on food and nutrition in the context of HIV and tuberculosis (TB) for adults and adolescents living with HIV, in the process of being published in collaboration with UNAIDS and will be launched in Melbourne during the IAC conference in July 2014. It will provide guidance for policy-makers and programme managers on food and nutrition's role in comprehensive HIV and TB care, with emphasis on improving access and adherence to treatment as well as retention in care. WFP has liaised with the United States President's Emergency Plan for AIDS Relief (PEPFAR) and UNAIDS on their HIV and nutrition manual, which complements the WFP/WHO/UNAIDS manual by tailoring its information to clinicians and health

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¹ the region including Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Nigeria, North Sudan and South Africa.

workers.

Twenty peer-reviewed papers and book chapters on nutrition and HIV were published in 2012–2013, with the collaboration of WFP staff and IATT members.

WFP, in collaboration with partners, also conducted a food by prescription acceptability study in Malawi and Thailand to better understand the food preferences of adults living with HIV.

Findings from a food security mapping study in 2013 in Eastern Africa, Horn of Africa and the Great Lakes regions showed that guidelines for supplementary feeding of children under five and pregnant and lactating women were being well implemented, but less so with supplementary feeding of other HIV and TB patients, including children aged five and over, adolescents and adults. UNHCR drafted specific guidance on supplementary feeding for HIV/TB patients and this will be used by the UNHCR nutrition experts in the field as a supplement to the 2011 UNHCR/WFP guidelines for managing malnutrition in emergencies.

3) Building partnerships for research and technical assistance

Work continues with the nongovernmental organization North Star Alliance, which provides mobile populations and related communities with sustainable access to high quality health services. A memorandum of understanding between WFP and Thai Red Cross AIDS Research Centre (TRCARC) is being negotiated to continue the Asia Pacific Collaborating Centre on HIV and Nutrition (APCHIN), a tripartite partnership between TRCARC, the Albion Street Centre in Sydney and WFP. The centre focuses on training the region's health professionals on HIV and nutrition, conducting research and engaging policy-makers, as well as supporting WFP country offices and governments. To strengthen partnerships and capacity in nutrition and HIV in the Asia region, WFP HQ and APCHIN provided technical assistance to WFP's bureau in Bangkok and TRCARC hosted workshops. WFP, Wageningen University in the Netherlands, the Thai Red Cross and Project Peanut Butter in Malawi jointly conducted food by prescription qualitative research in Malawi and Thailand, and WFP also formed a research partnership with the University of California in San Francisco on HIV, food insecurity and nutrition.

WFP is joining with UNICEF and UNESCO to expand children's access to education and food. In consultation with governments, the Nourishing Bodies, Nourishing Minds partnership will focus on four countries marked by high levels of malnutrition and low levels of schooling.

WFP in 2013 participated in two meetings of the IATT for prevention and treatment of HIV infection in pregnant women, mothers and children, which resulted in a supplement on paediatric HIV being published in *AIDS, official Journal of the International AIDS Society*.² WFP's nutrition section contributed to *Towards an AIDS-free generation. Children and AIDS. Sixth Stocktaking Report, 2013*. These reports are the flagship publications of the Unite for Children, Unite against AIDS campaign. UNICEF led the development of these publications in collaboration with the 10 other UNAIDS Cosponsors.

² The supplement is available here <http://journals.lww.com/aidsonline/toc/2013/11002#472502066>.

Constraints, challenges and lessons learned

One of the main challenges is the lack of attention to care adherence and retention; another is that WFP technical assistance to integrate food and nutrition in national strategic plans is often relegated in the list of priority activities. Such challenges are due largely to the lack of clarity in investment frameworks on the importance of food and nutrition as a programme enabler and as part of development synergies, such as safety nets. The global focus on food security and nutrition has not trickled down to the country level. It is difficult to advocate for food and nutrition to be integrated in national strategic plans when governments do not understand the value of these interventions for treatment success and improved adherence. At country level, food and nutrition are not well integrated into other antiretroviral therapy (ART) services, and food and nutrition indicators are frequently not integrated into national monitoring and evaluation systems.

WFP is targeting pregnant and lactating women and children through broad programmes; for example, through supplementary feeding programmes and blanket supplementary feeding programmes to prevent stunting and wasting. The challenge is to define how far we reach out to pregnant and lactating women and children infected, affected or exposed to HIV. Having members from the IATT food and nutrition group participate in the IATT on prevention of mother to child transmission of HIV has helped to address the issue. Similarly, the IATT on food and nutrition has actual and potential overlaps with social protection that should be exploited.

Lessons learned

- partnerships help integrate food and nutrition in HIV responses at the national level and generate evidence on the role of food and nutrition in HIV and AIDS;
- country dialogue is crucial for integrating food and nutrition in the HIV response;
- the Global Fund's new funding model presents a viable opportunity to integrate food and nutrition with HIV in national strategic plans;
- the increasing number of emergencies presents a challenge for integrating food and nutrition in the HIV response;
- lack of evidence and deficient monitoring and evaluation systems remain challenges;
- close interagency and government collaboration at global, regional and country level is possible, with UBRAF funding critical to generating evidence using existing programmes as platforms.

Key future interventions

The IATT on food and nutrition decided at its December 2013 meeting to establish a regional IATT for Southern Africa, with colleagues from the Medical Research Council of South Africa (MRC) and UNICEF as focal points. The IATT agreed on a novel research framework that will explore linkages between food and nutrition and comprehensive HIV care at individual, community and health systems levels. The IATT will produce a series of advocacy papers to be featured in *Sight and Life*, the humanitarian nutrition think tank, during 2014. Continued dialogue will be fostered at global and country level, as will the development of guidelines to include the latest Global Fund updates. Technical assistance missions will also continue.

WFP, with other stakeholders, is enhancing social protection for people affected by HIV and

exploring ways to integrate food and nutrition into health sector and community services, including food assistance transfers, such as the cash and voucher system whereby cash is spent locally and vouchers are redeemed at local traders. Evidence suggests the cash and voucher system provides stimulus to local economies and is often more cost effective than commodities because transport and logistics costs are lower. The cash and voucher system should not, however, be seen as a replacement for other forms of aid, but rather, as an additional instrument.

The field of nutrition is changing rapidly and an HIV-sensitive lens will need to be applied to it as well as health, education, social protection and food security. There is a unique opportunity for new strategic approaches that make health and nutrition more HIV-sensitive.

Partners must increase efforts to improve the referral system to ensure people living with HIV have access to social protection mechanisms generally, and more specifically, to livelihood strengthening activities.

Supporting documents

- *Case study: Ethiopia*
<https://drive.google.com/file/d/0B8-Y21jMJFP1Qm5XY05uYVl6YXc/edit?usp=sharing>
- *Case study: Swaziland*
<https://drive.google.com/file/d/0B8-Y21jMJFP1WklfMjNKZjlaSWs/edit?usp=sharing>
- *“Antiretroviral therapy requires life-long adherence” Saskia de Pee, Nils Grede, Maureen Forsythe, Martin W Bloem*
<https://drive.google.com/file/d/0B8-Y21jMJFP1U0d5TnFfOVdtWTA/edit?usp=sharing>
- *“Retention in Care and Adherence to ART are Critical Elements of HIV Care Interventions” Sebastian M. Stricker • Kathleen A. Fox • Rachel Baggaley • Eyerusalem Negussie • Saskia de Pee • Nils Grede • Martin W. Bloem*
<https://drive.google.com/file/d/0B8-Y21jMJFP1QkdkUDNmZ2NpcHc/edit?usp=sharing>
- *“Food insecurity is associated with morbidity and patterns of healthcare utilization among HIV-infected individuals AQ1 in rural Uganda” Sheri D. Weisera, Alexander C. Tsaib, Reshma Guptac, Edward A. Frongillod, Annet Kawumae, Jude Senkugue, Peter W. Hunta, Nneka I. Emenyonue, Jennifer E. Mattsona, Jeffrey N. Marting and David R. Bangsberg*
<https://drive.google.com/file/d/0B8-Y21jMJFP1U0d5TnFfOVdtWTA/edit?usp=sharing>

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