
2014 UBRAF thematic report

Integrating food and nutrition into the HIV
response

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ACHIEVEMENTS

Global advocacy

The World Food Programme (WFP) continued convening the Inter-Agency Task Force (IATT) on food and nutrition. The results included:

- The creation of a sub-working group and the hosting of a stakeholder meeting in Cape Town, where members of government, academic institutions and United Nations organizations shared insights from integrating nutrition and HIV in South Africa. This meeting led to the production of a set of lessons learned based on a framework developed by the IATT.
- A joint mission with the South African nongovernmental organization, Kheth'Impilo, to KwaZulu-Natal documented best practices for creating linkages between communities, health systems and social protection services to overcome access barriers, such as food insecurity, and to generate more demand for health services.
- A face-to-face meeting in December, where IATT members shared new developments in nutrition, HIV and social protection and planned a strategic shift towards building the practical knowledge base around integrated, systems-based approaches.

UNAIDS, with leadership from WFP, also continued to work with nongovernmental organization (NGO) delegations, France, Switzerland and other Member States and Cosponsors to ensure the 35th meeting of the UNAIDS Programme Coordinating Board's adoption of a decision point highlighting nutritional support as one of the critical factors contributing to HIV prevention and treatment adherence.

Strengthening the evidence base

WFP coordinated the publication of eight peer-reviewed papers on food security and the role of food and nutrition in HIV/AIDS adherence to care, as well as one book chapter on food, nutrition and HIV, to be published early 2015. One paper in the supplement is a review of the role of food and nutrition support in adherence to treatment and retention in care, distinguishing behavioural and biological components, linkages and engagement at community and health systems level.

Implementing effective programmes

WFP, the World Health Organization (WHO) and UNAIDS Secretariat, in collaboration with the United States President's Emergency Plan for AIDS Relief (PEPFAR), finalized and published a programming guide, Nutrition assessment, counselling and support for adolescents and adults living with HIV. The guide provides useful information to policy-makers and programme managers on the role of food and nutrition in comprehensive HIV-associated tuberculosis care, with specific focus on demand creation for services, including

improving access and adherence to treatment and retention in care. WHO also released guidelines for nutritional care and support for patients with tuberculosis.

To facilitate the design of well-defined programmes with clear objectives, WFP launched new guidelines on HIV-associated tuberculosis programming and monitoring and evaluation. These guidelines describe the main steps required to create an in-country programme and monitoring and evaluation plan in the context of corporate strategic directions as well as broader global frameworks. The United Nations Educational, Scientific and Cultural Organization (UNESCO) supported the launch of the Focusing resources on school health (FRESH) monitoring and evaluation toolkit with a key focus on both HIV and school health and nutrition. The FRESH toolkit was shared with ministries of education throughout the Eastern Europe and Central Asia (EECA) region and is expected to help schools and other educational institutions to standardize health programmes.

WFP updated nutrition-related terms in the UNAIDS terminology guidelines and worked with WHO and the UNAIDS Secretariat to develop a new UNAIDS guidance note on food and nutrition, which provides practical steps for integrating food and nutrition interventions as part of the standard package of HIV care, treatment and support.

Building partnerships for research, technical assistance and capacity building

WFP collaborates with Royal DSM—a global science-based company active in health, nutrition and materials—and Wageningen University in the Netherlands, in the development of a drinkable, fermented maize-based product for treatment of malnutrition among adults, in particular people living with HIV-associated tuberculosis. In Malawi, a preparative phase to sensory testing took place in 2014. Sensory testing has been planned in the country for mid-2015, with short- and longer-term acceptability testing to follow.

WFP participated in joint missions with UNAIDS Secretariat and The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) providing technical assistance in integrating food and nutrition into HIV-associated tuberculosis national strategic plans, national protocols, and/or Global Fund grants in approximately 17 countries. UNESCO supported the development of school health policies in Malawi, Swaziland, Zambia and Zimbabwe and recently commissioned a consultancy to assist ministries of education and other key stakeholders to embed HIV education within the school health and nutrition policy and programming framework.

The “Nourishing bodies, nourishing minds” partnership between WFP, the United Nations Children’s Fund (UNICEF), UNESCO and partners in the private sector has continued its 3-year push for improved, integrated access to health care, nutrition and education for underserved children. The pilot phase has focused on four countries, Haiti, Mozambique, the Niger and Pakistan, with high levels of malnutrition, low levels of schooling and a significant HIV burden.

Another initiative that demonstrates a joint integrated approach to addressing the interrelated challenges of food insecurity, malnutrition and HIV is the sustained partnership

between UNICEF, WFP and the United Nations Population Fund (UNFPA). This partnership delivers food and nutrition interventions and sexual reproductive health education side by side to improve nutrition and health outcomes, including HIV/AIDS, for adolescent girls. This work ultimately contributes to the broader goals of maternal, newborn and child health, prevention of stunted growth and ending the AIDS epidemic. To inform integrated service delivery that leverages this partnership, WFP initiated situational analyses with the Johns Hopkins and Aga Khan universities to assess the burden of malnutrition, HIV/AIDS and reproductive health and educational outcomes among adolescent girls in Afghanistan, Burkina Faso, Indonesia, Kenya, Pakistan and Zambia. For effective programme design, detailed information was also collected on the demographic characteristics of the adolescent girls; for example, urban versus rural, in or out of school, split by income quintiles.

Capacity building successes included a nutrition and HIV capacity building course for WFP senior managers, jointly developed with the Institute of Development Studies. The course was attended by staff from WFP country offices and regional bureaus in HIV high-priority countries throughout Africa. WFP held a workshop attended by all WFP regional bureaus and three country offices to develop an HIV-associated tuberculosis specific national capacity index to measure national progress incorporating food and nutrition in the HIV-associated tuberculosis response. WFP, WHO, UNAIDS Secretariat, PEPFAR and the Global Fund updated the 2009 WFP/PEPFAR joint toolkit, assisting countries to integrate food nutrition support into Global Fund proposals with a new draft document, Thinking strategically about nutrition, to guide country counterparts on sustainable nutrition investments in the context of HIV-associated tuberculosis.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

Programmatic data on the nutritional status of people on antiretroviral therapy and directly observed therapy is routinely collected at country level, but not always effectively aggregated to shape national, regional and global strategies. More evidence is needed to make the investment case for the cost-effectiveness of food and nutrition interventions in the HIV-associated tuberculosis response.

An ongoing challenge for the integration of food and nutrition in the HIV response remains the lack of attention at global and country level to sustaining treatment success through improved adherence to antiretroviral therapy and retention in care. This impacted the ability to ensure adequate funds for food and nutrition activity within HIV-associated tuberculosis specific funding mechanisms that prioritize the provision of treatment. As a result, many countries faced resource shortfalls for food and nutrition interventions, forcing temporary discontinuation of this vital adherence support.

At the same time, through the IATT on food and nutrition, the Joint Programme is considering adapting its strategies to focus more on practical, implementation-oriented knowledge that can be built around integrated programmes that link HIV services with food and nutrition, as well as social protection, livelihood strengthening and education. While

this is aligned with a global trend towards horizontal, integrated health systems—as seen in the proposed Sustainable Development Goals—lessons learned and best practices on such integrated programmes are still scarce.

Through the IATT on food and nutrition’s sub-working group, a series of lessons learned were gathered on the types of barriers that exist in access of different groups to HIV services, as well as the role of different factors in overcoming those barriers, including food systems, health systems, social protection and communities. The exercise has highlighted the importance of understanding the socioeconomic and cultural background of communities and how this may affect particular vulnerable groups, as well as the importance of identifying gaps in meeting the comprehensive needs of HIV-affected households. It is understood now more than ever that addressing these gaps will require systems-based approaches, but that the platforms and delivery mechanisms used may vary according to context.

KEY FUTURE INTERVENTIONS

- WFP will formalize a partnership with the South African NGO, Kheth’Impilo, that will focus on enhancing the knowledge base around community-based approaches to improving HIV treatment and health outcomes that integrate health systems, food systems, education and social protection. This partnership will also focus on exploring how such approaches might vary in other contexts in the southern Africa region.
- As part of its transition to practical, implementation-oriented strategies, the IATT on food and nutrition will produce a joint UNICEF, WFP and WHO guidance integrating severe acute malnutrition and moderate acute malnutrition with HIV testing by the end of the second quarter of 2015. Further to the guidance, it is expected that a number of sites in a few countries will be supported to start providing HIV testing in severe and moderate acute malnutrition services.
- WFP is planning to conduct joint assessments with key partners to document country case studies that demonstrate the effectiveness of food and nutrition interventions to increase treatment uptake, adherence and success.
- Begin making plans as a multilateral team to work with two or three countries, monitor implementation of key food and nutrition activities within the HIV-associated tuberculosis response and assist countries in strengthening the investment case.
- WFP and the United Nations Office on Drugs and Crime will explore the possibility of providing supplementary feeding for people taking antiretroviral medicines and HIV-associated tuberculosis patients in prisons.

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