
2014-2015 UBRAF thematic report

Integrating food and nutrition into the HIV
response

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ACHIEVEMENTS

In 2014-2015, actions undertaken by the UNAIDS Secretariat and cosponsors towards integrating food and nutrition within the HIV response included the following:

- Global advocacy: In 2015, WFP, as the lead of the Inter Agency Task Team (IATT) on Food and Nutrition (F&N), held meetings to define goals for 2016 in three areas: 1) El Niño; 2) linkages between non-communicable diseases and food and nutrition; and 3) maternal and child health and nutrition and HIV. WFP also created a Sub-Working Group on South Africa and hosted a stakeholder meeting at the University of Western Cape where members of the government, academic and UN communities shared insights from integrating nutrition and HIV in South Africa. WFP in collaboration with UNAIDS Secretariat and PEPFAR organised a consultation on the Role of Food and Nutrition in the HIV response at the UNAIDS Secretariat. The consultation shared emerging evidence on HIV Food and Nutrition and provide inputs in the goals and targets of the new UNAIDS Strategy.
- WFP also worked with UNAIDS, an NGO delegation and member states and cosponsors to ensure the 35th PCB's adoption of a decision point highlighting nutritional support as one of the critical factors contributing to HIV prevention and treatment adherence in the 35th PCB Decisions points on the thematic sessions on Addressing the social structural drivers of HIV through social protection.. In the 36th PCB, WFP and UNHCR, as the co-convenors of the IATT on HIV in Emergencies, organized a Thematic Segment, highlighting the role of food and nutrition in the HIV response in emergencies, and worked closely with UNAIDS, an NGO delegation, and member states to ensure the inclusion of food and nutrition in the decision points that were adopted by the 37th PCB. Additionally, WFP and other UN agencies developed an advocacy and guidance brief on the need to maintain a minimum HIV programme during Ebola outbreaks.
- Strengthening the evidence base: WFP coordinated the publication of eight peer-reviewed papers on food security and the role of food and nutrition in adherence to care. WFP also coordinated the publication of a book chapter on nutrition and HIV.
- Implementing effective programmes: In 2015, WFP operated HIV-specific interventions in 17 High Impact Countries and supported governments in sustainably addressing the F&N needs of PLHIV and TB patients in 21. WFP, WHO, and UNAIDS, in collaboration with PEPFAR, finalized and published a food and nutrition programming guide on Nutrition Assessment, Counselling and Support (NACS) for adolescents and adults living with HIV (in English and French). WHO additionally released guidelines for nutritional care and support for patients with Tuberculosis and incorporated nutrition assessment and counselling in the 2015 update of the ARV guidelines. UNESCO supported the launch of the Focusing Resources on School Health M&E toolkit – with a focus on HIV, school health and nutrition – which was shared with Ministries of Education (MoEs) throughout the EECA region and is expected to help schools and other educational

institutions to standardize health programmes.

- **Building partnerships:** WFP has collaborated with DSM, Wageningen University and University of Pretoria in the development of a drinkable, fermented maize-based product for treatment of malnutrition among adults, in particular HIV/TB patients. Pre-sensory and sensory testing was conducted in 2014-2015. Future steps include research on satiety and acceptability. WFP, UNAIDS and the Global Fund participated in joint missions in 2014 and 2015, providing technical assistance in integrating food and nutrition into HIV/TB NSPs, protocols and/or Global Fund grants in several countries. For example, WFP provided an urgent airlift of HIV medicines on behalf of the Global Fund to prevent a critical stock out. UNESCO supported the development of school health policies in Zimbabwe, Zambia, Swaziland and Malawi, commissioning a consultancy to assist MoEs and other stakeholders to embed HIV education within the school health and nutrition policy and programming framework. The “Nourishing Bodies, Nourishing Minds” partnership between WFP, UNICEF, UNESCO and partners in the private sector continued for improved, integrated access to health care, nutrition and education for underserved children. The three-year pilot phase focused on four countries with high levels of malnutrition and low levels of schooling – Haiti, Mozambique, Niger and Pakistan – countries which also shoulder a significant HIV burden. The UNICEF, UNFPA and WFP partnership delivers food and nutrition interventions and SRH education side-by-side to improve nutrition and health outcomes (including HIV/AIDS) for adolescent girls, which contributes to the broader goals of MNCH, prevention of stunting, ending AIDS, and ultimately to the SDGs. In 2015, WFP formalized a partnership with the South African non-governmental organization Kheth’Impilo on enhancing the knowledge base for community-based approaches to improving HIV treatment and health outcomes. Through its partnership with North Star Alliance, WFP provided services along transport corridors at 30 road wellness centres in 12 countries that account for many new HIV infections.
- **Capacity development:** successes included a nutrition and HIV capacity building course for WFP Senior Managers, jointly developed with the Institute for Development Studies in 2014 as well as a joint course with NYU in 2015 on the system approach to health, food security and nutrition for heads of programmes to build the capacity of WFP’s staff and share the latest developments in nutrition and HIV.. WFP, WHO, UNAIDS, PEPFAR, and the Global Fund are updating the WFP/PEPFAR joint toolkit (2009) assisting countries to integrate food and nutrition support in Global Fund proposals with a draft document (“Thinking Strategically about Nutrition”) to guide nutrition investments in the context of HIV/TB. WFP continues to support governments in strengthening their social protection mechanisms and making them more HIV-sensitive.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

Constraints and challenges in this area have continued to affect progress. 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 ART treatment and retention in care. This impacted the ability to ensure adequate funds for food and nutrition activity within HIV/TB-specific funding mechanisms that prioritise 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, UNAIDS Cosponsors are looking to adapt their strategy 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, lessons learned and best practices on such integrated programmes are still scarce.

Through the IATT on food and nutrition's South Africa Sub-working Group, a series of lessons learned were gathered on the types of barriers that exist in terms of access for 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 set of needs HIV-affected households have. 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. In 2015, new evidence was presented on how different forms of cash and social support can be effective together in preventing risk behaviour and promoting adherence to treatment in adolescents. Treatment adherence in adolescents is extremely low, and hunger is one of the most important predictors of non-adherence. Another lesson in 2014-2015 was the increasing need to advocate for the role of food and nutrition in adherence and retention in antiretroviral (ARV) treatment. In the current funding environment, treatment is increasingly prioritised in the HIV response and its funding, which leads to food and nutrition interventions being further deprioritised. This calls for an investment case to highlight the role of food and nutrition interventions in promoting adherence and retention in treatment.

KEY INTERVENTIONS

Future key interventions to address these issues will include:

- More emphasis on working towards an integrated approach by exploring linkages between health, food systems, human rights and inequality, with a specific focus on the role targeted social protection can play in supporting better HIV outcomes among key populations (men who have sex with men, sexual and gender minorities, sex workers and people who use drugs), with a particular focus on

sexual and gender minorities;

- In 2016, WFP chairs the Committee of UNAIDS Cosponsoring Organizations (CCO), which brings the IATT on food and nutrition new opportunities for global advocacy and to raise the profile of food and nutrition in the HIV response;
- Exploring ways of linking WFP's current work on HIV to the main priorities of the new UNAIDS 2016-2021 strategy around gender equality and key populations and around addressing the structural drivers of HIV, including stigma and discrimination and gender equality;
- As part of its transition to practical, implementation-oriented strategies, the IATT will produce a joint WFP, UNICEF and WHO practical guidance integrating severe acute malnutrition (SAM)/moderate acute malnutrition (MAM) with HIV testing. 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 SAM/MAM services;
- UNODC and WFP will explore the possibility of providing supplementary feeding for people under ARV and HIV/TB patients in prisons;
- WFP will work with the London School of Hygiene and Tropical Medicine (LSHTM) to build an investment case on food and nutrition interventions for people living with HIV, in the first two quarters of 2016;
- WHO will update the normative guidelines for infant feeding and HIV, in light of current technical developments including the recommendation to treat all irrespective of CD4 count, as well as carrying out an evidence review of deworming in pregnant women and children in high prevalent settings, including where the HIV burden is high;
- WFP will continue to advocate for and focus on the complex vulnerabilities of PLHIV, particularly key populations, in emergency contexts.

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