



World Food Programme

HIV, AIDS, TB and Nutrition

OVERVIEW

The battle against HIV/AIDS has made tremendous strides in recent years, with recent studies showing that early treatment not only prevents HIV-positive people from dying but helps curb the virus' spread. Proper food and nutrition play an essential role in this equation, by keeping people living with HIV healthy longer and improving the effectiveness of their treatment.

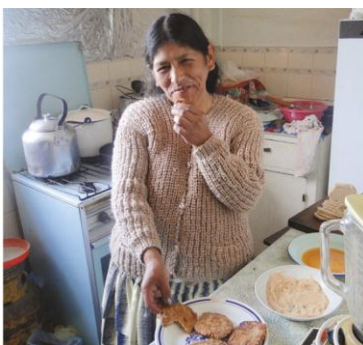
Despite the clear success of anti-retroviral treatment (ART), findings also show that one-third of those who begin treatment are no longer following it three years later; poverty and food insecurity count among the many reasons explaining this behaviour.

People living with HIV have weakened immune systems and increased nutritional needs. Poor people living with HIV often only begin treatment after HIV — and malnutrition — have already reached an advanced stage.

In the first months of ART, mortality can be two to six times higher among malnourished patients. Tuberculosis (TB) patients face similar risks. Malnutrition is generally more severe in people with both HIV and TB.

HIV can also disrupt the livelihoods of people living with the virus, along with those of their families and other groups. They are often unable to work, either due to illness or treatment side effects, and they face rising health care costs. This can quickly lead to higher food insecurity, sometimes causing people to possibly forego treatment, beg, sell off assets, engage in sex work or send children to work instead of to school.

WFP's food and nutrition assistance is an essential, cost-effective way to encourage people to start and stick to ART and TB treatment, while also reducing negative side effects and promoting nutritional recovery. In turn, good adherence to ART also reduces the need for additional, costly treatments.



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WHAT WE DO

WFP's HIV and AIDS policy addresses two main objectives:

- Care and treatment to ensure nutritional recovery and treatment success through food and nutrition support;
- Mitigation and safety nets to help lessen the socio-economic effects of HIV on individuals and households.

WFP assists governments to integrate food and nutrition into health programmes and to build broad safety nets that protect livelihoods.

Care and treatment: WFP supports nutritional recovery as a standard part of the HIV and TB comprehensive treatment package. This package includes nutrition assessments, education and counselling for all clients, along with nutritious food for those who are malnourished, especially during the first six months of treatment. Education and counselling allow people living with HIV and TB to learn more about nutrition and healthy lifestyles.

Mitigation and safety nets: WFP provides temporary food assistance for vulnerable, HIV- and TB-affected people and their families, along with orphans and vulnerable children. This assistance helps reduce food insecurity, encourages people to access services and eases the care burden on households and communities. People living with HIV may also participate in income-generating activities, like urban gardening, carried out by WFP partners.

UNAIDS: ONE UN IN ACTION

WFP is a co-sponsor of UNAIDS, the UN Joint Programme that works to achieve universal access to HIV prevention, treatment, care and support. Within UNAIDS, WFP is responsible for the integration of food and nutrition into the HIV response and, together with UNHCR, is responsible for the HIV response in humanitarian emergencies.

WHERE WE WORK

In 2012, WFP supported more than 1.5 million people in 33 countries through its HIV and TB programmes.

In **Zimbabwe**, WFP provides nutrition support for malnourished people living with HIV and TB undergoing treatment, including those in prevention of mother-to-child transmission activities. Food assistance acts as a safety net for highly vulnerable households affected by HIV or those supporting orphans and vulnerable children.

In **Haiti**, WFP provides monthly supplementary food rations to people living with HIV to encourage treatment adherence. Take-home rations for HIV-affected households help improve food security.

In **Mozambique**, the government's *Cesta Básica* programme provides food for people living with HIV and TB who are undergoing treatment. WFP assisted the government in piloting food vouchers that take advantage of a mobile phone and internet-based registration and management system.

In **Swaziland**, where roughly a quarter of the adult population is HIV-positive, WFP provides a nutritious porridge mix to malnourished people undergoing HIV and TB treatment, along with food rations for their households. To mitigate the impact of HIV/AIDS on the country's youngest and most vulnerable children, WFP also provides meals to volunteer-run neighbourhood centres through an initiative funded by The Global Fund to Fight AIDS, Tuberculosis and Malaria.

CASH AND VOUCHERS PROGRAMME IN ETHIOPIA:

With funding from the US President's Emergency Plan for AIDS Relief (PEPFAR), WFP supports an Ethiopian Government initiative for malnourished people living with HIV in some of the country's poorest regions. The programme offers nutrition assessment, counselling and community support – along with special, fortified food when appropriate – plus cash or food vouchers to people following anti-retroviral treatment. It also provides training in setting up small businesses so they can get back on their feet economically and stave off malnutrition. Pregnant women living with HIV and orphans of HIV-positive parents receiving treatment also receive cash or food vouchers, so long as they stick to programme guidelines, as part of a broader Ethiopian initiative sponsored by the Network for HIV Positives in Ethiopia (NEP+), an umbrella group.