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27th Meeting of the UNAIDS Programme Coordinating Board

Geneva, Switzerland
6-8 December 2010

Thematic Segment: Annotated Agenda

Annotated Agenda
27th UNAIDS PCB Thematic Segment

Theme: "*Food and nutrition security and HIV: how to ensure food and nutrition security are integral parts of HIV programming*"

Date: 08 December 2010
Venue*:* Centre International de Conférences de Genève (CICG), Geneva, Switzerland
Time of meeting: 09h00 - 12h15 and 13h15 - 17h00

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I. Rationale for Theme

At the 24th Programme Coordinating Board meeting, agreement was reached on the thematic panel of the 27th PCB meeting, entitled *Food and nutrition security and HIV: how to ensure food and nutrition security are integral parts of HIV programming.* This session will enable the PCB to:

- Sharpen its substantive focus, allowing for more in-depth consideration of key issues affecting the global AIDS response;
- Create space for a broader range of actors to interact,
- Identify gaps in evidence, exchange views and present experiences on matters of common interest.

The session will allow the PCB, and the policy makers that sit on the board to understand how food and nutrition interact with HIV in order to support prevention, treatment care and support measures.

II. Relevance of the theme

Evidence and experience is mounting that an effective response to the HIV/AIDS epidemic, including the achievement of universal access to prevention, treatment, care and support, requires addressing issues of food and nutrition security.

Adequate nutrition is crucial for good health outcomes in general and a strong immune system in particular. For HIV and frequent co-infection tuberculosis, as with any other infection, good nutrition is critical to keep the immune system strong so it can fight the disease. Good nutrition can impact the pace of either disease, but not eliminate the infection. Both HIV and TB lead to weight loss and treatment is critical to halt disease progression, and eliminate the infection in the case of TB, and reverse deterioration in nutritional status. Good nutrition is a critical adjunct of any treatment regimen.

Nutrition is important at all stages of the disease. Before the initiation of treatment, good nutrition is critical in order to maximize the chances of slowing down disease progression. Around the start of antiretroviral therapy (ART), nutritional support is necessary to minimize side effects and metabolic challenges, thereby improving adherence (ability to continue treatment). In low resource settings, HIV and frequent co-infection TB often strike where malnutrition is already prevalent and compound it. Additionally, malnutrition is associated

with high mortality in the early months of treatment. The faster nutritional recovery can be achieved through a combination of ART or TB treatment and nutritional support, the better the chances to reduce early mortality.

People living with HIV (PLHIV) are at high risk of weight loss and wasting, which may compound existing malnutrition. HIV affects the ability to eat and digest food, and the body requires more nutrients (micronutrients, energy, etc.) to mount an immune response. Symptomatic HIV-positive children for example have calorie needs that are 50 to 100 percent greater than those of HIV-negative children but young children often struggle to consume the amount of calories, especially when they do not have access to energy dense foods.

Advances in anti-retroviral therapy have enabled many people to lead relatively healthy lives and have significantly reduced HIV-related mortality and morbidity, but less than half of the people living with HIV have access to treatment in 2010. While supply side issues (e.g., lack of ART, too few health facilities, not enough trained staff including nurses and doctors) are part of the reason, many clients fail to seek treatment or show poor adherence.

The reasons for the lack of uptake and adherence are not always well understood, but evidence suggests food insecurity and the cost of transport may be partially responsible.

For those who have access to treatment, weight loss or malnutrition may affect the efficacy of ART. The increase in mortality risk varies, among studies, populations, severity of malnutrition and whether concurrently treated with ART, from a two to six times higher risk for malnourished (low body mass index (BMI)) versus non-malnourished patients.

Food and nutrition security is also an essential element of effective care and support in HIV-affected households and communities. In low-income countries, HIV contributes to food insecurity and malnutrition and has consequences for entire communities and societies, with the potential to significantly slow down economic development. Livelihoods are disrupted as PLHIV lose the ability to work, which exacerbates food insecurity; and PLHIV and their families are often excluded from informal safety nets because of the stigma associated with the disease.

PLHIV are also particularly vulnerable in emergencies because their treatment may be interrupted and they may have poor hygiene, insufficient nutrition and reduced access to food, all of which can lead to opportunistic infections.

Food insecurity frequently places people, especially women and girls, in situations that make them more vulnerable to transmission. It can lead to behaviours that have negative consequences such as selling assets, removing children from school, migrating and engaging in transactional sex. These behaviours exact a substantial price in the long term, including increased exposure to HIV. Mitigating food insecurity can, therefore contribute to reducing the risk of transmission.

Education is vital to enable young people to understand and manage risk. Studies have shown that for every additional year a child spends in school the likelihood of contracting HIV is reduced. Mobile populations such as people who migrate to deal with food insecurity often become more vulnerable to HIV.

The epidemic differs among regions, countries and provinces; there has also been a dramatic convergence of the HIV and tuberculosis epidemics. TB is one of the main opportunistic infections when the immune systems of PLHIV deteriorate. A third of the global population have latent TB, which often develops into active infection when the immune system weakens, for example because of HIV infection or malnutrition. 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.

The Thematic Segment will focus on the feasibility and the importance of appropriate policy and programmes to ensure the integration of food and nutrition in HIV and co-infection programme design and implementation, with reference to the related reality that effective food and nutrition security programming must also be HIV-sensitive. The Thematic Segment will integrate cross-cutting issues such as stigma, discrimination, gender and human rights throughout.

While a one-day Thematic Segment of the PCB can only address a fraction of all the issues relevant to this important topic, the day is being organized by representatives of the three UNAIDS constituencies to provide a stimulating first opportunity for dialogue, exchange, and learning that will identify pragmatic policy and programmatic strategies to ensure food and nutrition become integral parts of HIV programming.

III. Thematic Segment Agenda Overview

09h00 – 10h00: **Introduction to the Thematic Segment**
10h00 – 10h30: **Coffee Break**
10h30 – 12h15: **Two parallel breakout sessions**
12h15 – 13h15: **Lunch**
13h15 – 15h00: **Two parallel breakout sessions**
15h00 – 15h30: **Coffee Break**
15h30 - 17h00: **Thematic Segment Closing Session: Reporting, discussion and conclusions**

The Thematic Segment is being organized by a Core Working Group that includes representatives of all three UNAIDS constituencies (Member States, Co-Sponsors and NGOs) as well as Secretariat staff and other relevant stakeholders. This working group will strive to ensure that the Thematic Segment will be - as much as possible - diverse in terms of gender, ethnic origin, North-South regional balance, as well as represent the different stakeholders that contribute to work in the area. PLHIV will be represented as much as possible in the different sessions.

All sessions and panels will focus not just on pertinent evidence, but also analyze the opportunities and challenges of implementing good and cost-effective programmes. All panels should work under the assumption that resources for the HIV response are limited while needs continue to grow. Therefore, programmes have to prove their cost-effectiveness in order to attract funding.

The individual panels (or “breakout sessions”) will be designed to be interactive and broadly owned by the participants. The segment is meant to encourage open and frank dialogue that is responsive to the issues at hand and supportive of shared learning. Efforts will be made to ensure active participation of individuals from all sectors represented at the meeting, whether they are panellists or audience members. Every session should encourage discussion, sharing of experiences, and networking with experts from the field, practitioners and policymakers.

Each break-out session will focus on a different aspect of the topic. Case studies could be presented on what has been working and what still needs to be done.

Exhibition
During the PCB meeting, an exhibition or marketplace that visually highlights the topic will be on display in the conference centre.

IV. Annotated Agenda for the Thematic Segment

09h00-10h00 Introduction to the Thematic Segment

The Introduction will begin with words of welcome from the Chair of PCB and the Executive Director of UNAIDS followed by speakers from different constituencies who will introduce the topic and set the scene for the day.

The overall aim of the introduction is give a broad overview of key issues which will be covered in greater detail in panel presentations and discussions. The introduction will enable the participants to become familiar with various food and nutrition interventions as well as the current state of the evidence with regard to integrating these services with HIV programmes. This should include discussion of policy, programming and cost implications as well as reference to key challenges and cross-cutting issues like human rights and gender.

Speakers from the different constituencies will be encouraged to highlight the importance of food and nutrition as integral part of programming from a global and country perspective as well as from the point of view of service-providers and consumers.

The introduction could take the form of a facilitated, interactive panel with speakers presenting different aspects of the topic (e.g. PLHIV, UNAIDS EXD, Academics, CSOs, government reps, etc.).

Speakers: It is proposed that the Chair of the PCB open the session and introduce the speakers. Brief remarks will be made by Michel Sidibé, Executive Director of UNAIDS, a senior official from the World Food Program (WFP), Ambassador William Garvelink of Feed the Future (USA) and Princess Kasune Zulu, a Zambian PLHIV. A representative of the South African Treatment Action Campaign (TAC) may also give brief remarks (not yet confirmed).

10h30-12h15: Two Parallel Breakout Sessions

PANEL 1: Improving Uptake, Adherence and Treatment Success through Food and Nutritional support to ART, TB and PMTCT patients.
This panel will focus on food and nutritional support as an essential factor in: i) enabling ART, TB and PMTCT patients to take up treatment; ii) promoting initial adherence; iii) managing side effects; iv) improving treatment success; and v) bringing about nutritional recovery. While the focus would be on resource limited settings, a case study from a developed setting could also be presented.

The so-called “demand side” of healthcare is essential for achieving universal access and preventing the further spread of HIV. Compensating for the real and opportunity costs can be very important to enable people to seek health care. Food and nutrition are often the most cited enablers of access to health care. This can be done in many ways, i.e. by providing staple foods for the family, cash or vouchers, based on vulnerability to food insecurity assessment. Such support is most essential in the initial diagnosis and treatment phase when visits need to be most frequent and clinical condition prohibits income earning activities.

In ideal settings, nutrition interventions would include quality nutrition assessment, counselling and, if required, support, where support means food supplements. The aim is to determine the type of nutrition intervention that is required, as well as to tailor a plan for nutritional support to PLHIV, both before they go on to treatment and subsequently when they are on treatment. It is important to highlight that nutrition interventions, when available, may or may not include the provision of food support.

It is with these issues in mind that we need to ask ourselves: what are different models for such programmes? Where should they be located – in clinics or with the community? What are common targeting mechanisms? How does one deal with issues such as stigma, discrimination and equity? How does one conduct solid monitoring and evaluation? How can an overburdened health sector be strengthened to deliver food and nutrition services? How do we take into consideration the choice and availability of local food commodities for patient and household support?

This panel may take the form of a 'town hall' discussion which presents different sides of the story (lived experience, scientific evidence and the programmatic perspective) and/or include audiovisuals.

Speakers: The panel will be moderated by Martin Bloem of the World Food Programme. Speakers could include Dr Praphan Phanuphak, Director, the Thai Red Cross AIDS Research Centre and Professor Emeritus Chulalongkorn University, Dr. Lydia Mungherera, of Ugandan NGO TASO and also a PLHIV, Dr. Gerald Gwinji, Health Secretary, Zimbabwe, and a representative of the World Health Organization.

PANEL 2: HIV, Food Insecurity and Social Protection: Evidence and Programming Implications

This panel will address issues related the vicious cycle of food insecurity, HIV, and worsened food insecurity. This would include a discussion of issues related to coping behaviours that have negative and possibly irreversible consequences such as selling assets, removing children from school, migrating, and engaging in transactional sex. The gender dimensions of HIV and food insecurity will be highlighted.

Aside from the consequences on household productivity, HIV and AIDS also tend to cause additional expenses such as transportation costs to see the doctor, and subsequent expenses for care. This double burden on the budget in food insecure households, can lead to the sale of land, livestock and other household assets, which compromises livelihoods and further increases vulnerability to food insecurity.
The panel could examine how social protection approaches focused on food and nutrition can help reduce susceptibility to HIV infection and how social safety nets can mitigate the consequences of HIV on affected households and individuals. Innovative modalities such as cash and vouchers could be presented as a case studies and programmatic examples.

While the panel will focus on the need for HIV-specific programming to address nutrition and food insecurity, it should also touch on the necessity of food and nutrition security programming becoming more HIV-sensitive. It should also address cross-cutting human rights issues such as stigma, discrimination, gender and equity and could also address right to food as a fundamental human right and rights-based approaches to programming in this area.

Speakers: The panel will be moderated by Dr. Sheri Weiser of UCSF. Confirmed panellists include Leah Berkowitz Nchabeleng of Women's Empowerment Impact Measurement Initiative, Rahul Rawat of the International Food Policy Institute (IFPRI)/RENEWAL and Marcus Day, Director of the Caribbean Harm Reduction Coalition.

13h15-15h00: Two Parallel Breakout Sessions

PANEL 3: National Government, Donor and Civil Society Approaches to Integrated HIV and Food and Nutrition Programmes
This panel discussion should provide an opportunity to engage multi- and bilateral donors and foundations, UN agencies, national governments and civil society organisations in a meaningful dialogue on funding opportunities, advocacy for food and nutrition, policy considerations and scaling up implementation at country level, and also working with governments to establish effective programmes for nutrition, food support, and safety nets with a view to achieving the Millennium Development Goals 1 and 6.

Issues to be tackled should include: why food and nutrition interventions are often not funded by both national aids budgets and donors? Do we have sufficient information on cost effectiveness of integrated food, nutrition and HIV programmes? Do we sufficiently quantify the costs of poor adherence for example which leads to higher drug resistance and more need of more expensive second and third line treatments? What is the future of HIV/AIDS funding and what will the funding landscape look like in the future? What does this mean for integrated food, nutrition and HIV programmes? Which national and international actors are potentially dropping the ball? What can UNAIDS do about it?

The panel should consider both the importance of integrating food and nutrition security into HIV-specific programming, as well as ensuring food and nutrition security programming is HIV-sensitive. The panel might also address how governments, donors and civil society can ensure relevant cross-cutting issues like stigma, discrimination, gender, etc. are addressed in integrated interventions, such as by adopting rights-based approaches to programme design and implementation.

The panel may focus on a case study and invite all speakers to discuss programmatic issues in one (preferably high prevalence) country. In addition, the cost-effectiveness of HIV and food and nutrition programmes should be examined, so as to better design programmes that will yield the maximum results with minimal input.

Speakers: The panel will include Deborah VonZinkernagel, Principal Deputy Coordinator, PEPFAR, Dr. Ade Fakoya, Senior Advisor HIV, The Global Fund for AIDS, TB and Malaria, Ms Agnes Aongola, Nutrition Specialist, Ministry of Health, Zambia and Padma Buggieni, Programme Manager, Indian HIV/AIDS Alliance. The panel moderator has not yet been confirmed.

PANEL 4: HIV and food and nutrition security in humanitarian settings
PLHIV are particularly vulnerable in man-made and natural disasters. Their immune system is weakened and, therefore, a lack of hygiene or a disruption of a healthy diet can affect them more than the average adult citizen. Furthermore, the disruption of medical supplies and services including ART may seriously hamper treatment success. It is therefore crucial we better understand the needs of PLHIV in humanitarian situations and how to address them.

At the same time, refugees, internally displaced persons (IDPs), migrants and other key populations are at higher risk of exposure to HIV and may require specific measures to protect themselves against neglect, discrimination and violence.

The panel could draw on recent disasters (e.g. Haiti) and illustrate how shocks affect PLHIV. The panel should look explicitly at the challenges refugees, IDPs and migrants face with regards to disease prevention and Universal Access. It should also work to identify the

shortcomings in humanitarian responses to date and try to develop recommendations of how to better address the needs of PLHIV in such situations. This could include reference to the debates surrounding the provision of food and nutrition support in agricultural communities in regions experiencing high HIV prevalence and food insecurity in addition to the provision of support in refugee camps, and a discussion of the stigma and discrimination issues faced by refugees, IDPs and migrants living with HIV.

This panel could also examine food and nutrition-based livelihood interventions in HIV and sexual and gender based violence (SGBV) prevention. It may also consider issues such as how food support in an emergency is integrated into longer-term food and nutritional support for HIV-affected individuals and households in development contexts, or how donors limit the ability to extend “emergency” food aid to longer-term support.

It could also be particularly instructive to show panel attendees what refugee camp life is like for HIV-positive residents and their families, which could include bringing examples of the foods and other products made available to HIV-affected individuals and households in these contexts.

Speakers: The panel will be moderated by Mukesh Kapila of Oxford University, who is also a former Under Secretary General of the International Federation of the Red Cross and Red Crescent (IFRC). The speakers will be Noe Sebissaba, a representative of the refugee community, Dr. Louise Ivers of Partners in Health and Samuel Matoka of the IFRC.

15h30– 1700: Thematic Segment Closing Session: Reporting, discussion and conclusions

The Thematic Segment will conclude with a closing plenary session, which will likely take the form of a facilitated panel discussion in which rapporteurs from each of the four breakout panels and /or other speakers will report back and discuss the outcomes of the break-out sessions with each other and with the audience. Panellists and audience members will be invited to reflect on the outcomes and draw conclusions for the way forward. Skilled facilitation is a crucial element of this session.

Speakers: The session moderator and four rapporteurs have not yet been confirmed.