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**28<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board**  
**Geneva, Switzerland**  
**21-23 June 2011**

**Follow-up to the thematic segment from the 27<sup>th</sup>**  
**Programme Coordinating Board meeting**

**Additional documents for this item:** *none*

**Action required at this meeting - the Programme Coordinating Board is invited to:**

- a. Request UNAIDS to conduct, by December 2012, a stock-taking exercise of national AIDS strategies to identify gaps and needs related to the inclusion of a component on food and nutrition and to implement an action plan to address such needs in 5 priority countries;
- b. Request UNAIDS to improve, by December 2012, monitoring and evaluation at country level through the use of standard, approved nutrition indicators;
- c. Request WFP to establish, by the end of 2011, a global network on integrating food and nutrition on the response to AIDS and to use the network to inter alia disseminate research and new findings on the field of food and nutrition and HIV, and to provide guidance on working with funding mechanisms;
- d. Request UNAIDS to develop, by the end of 2012, programmatic guidance on rights-based partnerships with communities to address HIV and food security with the aim of improving existing social protection frameworks through the provision of an enabling environment for interventions for all communities and which allows easy access to information.

**Cost implications for decisions:** *it is expected that these activities can be covered by existing resources from the UBRAF and other potential sources of funding.*

## INTRODUCTION

1. An estimated 33.3 million people worldwide live with HIV, of whom 22.5 million are living in sub-Saharan Africa. More than six million people globally were accessing lifesaving antiretroviral treatment (ART) at the end of 2010. However, despite this progress there are two new infections for every person starting HIV treatment<sup>1</sup>. Ending new HIV infections will require harnessing innovative approaches, a shared responsibility in integrating efforts and strong leadership and accountability in the governance of HIV responses.
2. In resource-limited settings, people living with HIV still face significant barriers, among them food insecurity and poverty, which may prevent, delay or compromise treatment uptake and adherence. Late uptake of, and poor adherence to ART undermine health outcomes and/or hasten the need for more expensive second and third-line treatment options. It is, therefore, important that these barriers and their underlying causes are recognized and addressed.
3. In high burden countries, food and nutrition support can also play a role in HIV prevention. As well, addressing food insecurity and economic vulnerability of households susceptible to and affected by HIV through various livelihood support programmes, food and nutrition support can also help delay the onset of sexual activity among school-age girls and minimize negative coping behaviours such as transactional sex, thereby reducing the sexual transmission of HIV<sup>2</sup>.
4. In this period of financial austerity, good investments are more important than ever. Incorporating food and nutrition into HIV services will increase the return on investment for existing HIV treatment, care and support programmes. Ensuring food and nutrition interventions, as well as the protection and promotion of human rights, can reduce mortality and morbidity, while improving quality of life of affected individuals, households and communities. When combined with treatment, they can improve uptake and adherence and overall treatment success.
5. Recognition of the need to integrate food and nutrition in the HIV response was further emphasised at the 27th Programme Coordinating Board held in December 2010, where the thematic segment focused on: *“Food and nutrition security and HIV: how to ensure food and nutrition security are integral parts of HIV programming”*. The Programme Coordinating Board thematic segment was a major achievement in emphasizing the centrality of proper nutrition in the management of HIV.
6. Four major outcomes emerged from the thematic segment – the need to:
  - i. increase the number of national HIV strategies with a well funded nutrition component, while strengthening this component where it already exists;
  - ii. ensure interventions are designed as enablers of the broader treatment response to ensure uptake, adherence, increasing survival, and enhancing quality-of-life, and to ensure solid monitoring and evaluation;

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<sup>1</sup> UNAIDS Report on the Global AIDS Epidemic 2010. Available at:

[http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/20101123\\_globalreport\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/20101123_globalreport_en.pdf)

<sup>2</sup> Hargreaves J, Bonell R, Christopher P, Boler T, Boccia D, Birdthistle I, Fletcher A, Pronyk PM, Glynn JR. Systematic review exploring time trends in the association between educational attainment and risk of HIV infection in sub-Saharan Africa. *AIDS* 2008;22:S403-414.

- iii. structure and establish a Global Network on Integrating Food and Nutrition in the HIV Response with the objective of improving coordination and coherence of the national HIV and AIDS and nutrition response; and
  - iv. strengthen programmatic linkages between food security, nutrition, human rights and HIV management through social protection approaches that focus on addressing underlying causes of vulnerability.
7. Having had time to consider the outcomes from the thematic discussion this document is intended to report to the Programme Coordinating Board on how they may be taken forward, with particular reference to UNAIDS role in their attainment, whilst recognising that successful and full implementation requires the cooperation of a broad range of stakeholders including *inter alia* Member States, civil society and the Joint Programme. For each outcome a set of objectives is articulated as well as specific activities that are required to be completed to achieve the stated objectives. Finally, the Programme Coordinating Board is invited to consider a draft decision point related to UNAIDS' role in the delivery of each outcome.
8. Many of the activities listed below for each outcome relate to deliverables in the 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF) under Goals B1, B2, and B3. It is expected that reporting on the Outcomes will be done through the UBRAF yearly reporting process.

**OUTCOME 1:** Increase the number of national HIV strategies with a well funded nutrition component, while strengthening this component where it already exists

Objectives:

- The inclusion of food and nutrition in multi-sectoral national plans on AIDS;
- Strengthened national capacities ensuring the integration of food and nutrition in national strategies, policy consideration and scaling-up of implementation at country level; and
- Work around the “Right-to-Food” is intensified.

Activities:

- Conduct a stocktaking exercise to identify where food and nutrition/HIV and AIDS are currently part of the national nutrition or HIV policy/strategy and where these are funded;
- Identify and prioritize the gaps that exist, whether these be larger gaps where national strategies / policies are not yet present / implemented or smaller gaps, where strategies / policies are present, and funded, however national capacity is lacking;
- Identify 5 priority countries, where an action plan would be implemented during a one-year process. This would subsequently aim to increase the number of national HIV strategies with a well funded nutrition component, while strengthening this component where it already exists;
- Create and improve linkages between health sector and communities to ensure interventions go beyond the HIV positive individual and address the challenges of affected households and orphans and other children made vulnerable by AIDS; and
- Empower local communities to address HIV and nutrition issues, while increasing the engagement of the private sector in these discussions.

9. With respect to the role of UNAIDS the Programme Coordinating Board is invited to request UNAIDS to conduct, by the end of 2012, a stock-taking exercise of national AIDS strategies to identify gaps and needs related to the inclusion of a component on food and nutrition and to implement an action plan to address such needs in 5 priority countries.

**OUTCOME 2:** Ensure interventions are designed as enablers of the broader treatment response to ensure uptake, adherence, increasing survival, and enhancing quality-of-life, and to ensure solid monitoring and evaluation.

Objectives:

- Establish linkages and two-way referrals between services provided by the health sector and the community;
- Strengthen existing regional and national technical support on food and nutrition in the HIV context;
- Identify and reach consensus on an approved set of globally recognised and standardised outcome indicators for food and nutrition interventions in HIV; and
- Compile guidance and best practices in the area of nutrition and clinical management. Also include promising livelihood practices and appropriate strategies and programmes to strengthen the capacity of communities to provide livelihood support to PLHIV and their families.

Activities:

- Improve monitoring and evaluation at country level through the use of standard, approved nutrition indicators;
- Integrate nutrition assessment, and counselling (NAC) within clinical management and community support of PLHIV, as well as orphans and other children made vulnerable by AIDS in 8 high burden countries;
- Carry out operational research on how best to link treatment programmes based in the health sector with community-based care and support activities in order to guarantee comprehensive care to patients and their households through an adequate referral system between health facility and communities;
- Conduct a meta review of promising livelihood practices and gaps with regard to geographic and programmatic placement, including cost-effectiveness, potential for scale-up replication, and sustainability;
- Establish mechanisms to connect and track individuals in clinical care and treatment with livelihoods services in their communities; and
- Work with civil society including networks of HIV positive people to design appropriate strategies and programmes to strengthen the capacity of communities to provide livelihood support to PLHIV and their families, while fostering linkages among nutrition assessment, counselling, and support (NACS) programmes and livelihoods programmes.

10. With respect to the role of UNAIDS the Programme Coordinating Board is invited to request UNAIDS to improve, by the end of 2012, monitoring and evaluation at country level through the use of Monitoring and Evaluation Reference Group- (MERG) approved nutrition indicators.

**OUTCOME 3:** Structure and establish a Global Network on Integrating Food and Nutrition in the HIV Response with the objective of improving coordination and coherence of the national HIV and AIDS and nutrition response

Objectives: With the rapidly increasing coverage of treatment in low income countries, the need for food and nutrition interventions has become widely acknowledged. The Nutrition and HIV and AIDS Reference Group will aim to:

- Strengthen the evidence base further;
- Align and improve programmatic guidance; and
- Coordinate advocacy in the field of food and nutrition.

Activities:

- Establish group, define Terms of Reference, and hold first meeting;
- Disseminate research and new findings in the field of food, nutrition and HIV and AIDS;
- Provide guidance on working with different funding mechanisms (i.e. the Global Fund to fight AIDS, Tuberculosis and Malaria, and the United States President's Emergency Fund for AIDS Relief (PEPFAR));
- Advocate for the inclusion of one or several food and nutrition indicators into the globally agreed indicator set;
- Develop an Action Plan on how to address the gaps identified in the stocktaking exercise in Recommendation 1; and
- Identify research priorities and facilitate the generation of additional evidence on the role of food and nutrition in the HIV and AIDS response.

11. With respect to the role of UNAIDS **the Programme Coordinating Board is invited to request WFP to establish, by the end of 2011, a global network on integrating food and nutrition on the response to AIDS and to use the network to *inter alia* disseminate research and new findings on the field of food and nutrition and HIV, and to provide guidance on working with funding mechanisms.**

**OUTCOME 4:** Strengthen programmatic linkages between food security, nutrition, human rights and HIV management through social protection approaches that focus on addressing underlying causes of vulnerability.

Objectives:

- The right to food has been recognized in a few countries as a human right, incorporated into laws and policies, translated into concrete, costed programming. This should be encouraged and replicated in other countries;
- Ensuring the longer term needs of PLHIV and people affected by HIV are adequately addressed by advocating that existing national social protection frameworks are expanded and made HIV-sensitive and that HIV-sensitive social protection frameworks are developed where they do not exist; and
- Sound programmatic interventions linking human rights, HIV and food security must be fully costed and funded. Countries should make use of all funding opportunities, such as the Global Fund grants, to include food and human rights elements in HIV programming. In the same way, there is a need for food and development programming and funding to be made “HIV and rights sensitive”.

Activities:

- Develop programmatic guidance on rights-based partnerships with communities to address HIV and food security. Ensure that programmatic guidance specifically addresses the position of women and girls;
- Review challenges and opportunities to improving existing and/or establishing HIV-sensitive social protection frameworks by:
  - Building on existing work to design and administer a survey for PLHIV, affected households and orphans and other children made vulnerable by AIDS, on access to existing social protection mechanisms to identify bottlenecks and barriers in generalised epidemics in 10 sub-Saharan African countries and 5 countries with concentrated epidemics;
  - Undertaking audits of the legal system in 5 countries in sub-Saharan Africa to identify legislation that presents obstacles to the success of interventions that aim to link human rights, HIV and food security interventions; and
  - Using relevant findings and strategic information from the above mentioned research, work with Member States, civil society and the UNAIDS family to identify barriers to be addressed, and promote an enabling environment to promote food and nutrition security for PLHIV through social protection mechanisms for all communities, particularly women, girls and vulnerable populations, including for key populations, such as men who have sex with men, people who use drugs, sex workers, prisoners, people with living with disabilities, the elderly, children and youth.
- Encourage the development and distribution of information materials in local vernacular via easy to access communications (such as radio) to communicate the links among human rights, food security and HIV. These materials should highlight the specific position of women and girls.

12. With respect to the role of UNAIDS the **Programme Coordinating Board is invited to request UNAIDS to develop, by the end of 2012, programmatic guidance on rights-based partnerships with communities to address HIV and food security with the aim of improving existing social protection frameworks through the provision of an enabling environment for interventions for all communities and which allows easy access to information.**

## CONCLUSIONS

13. As reiterated at the 27<sup>th</sup> Programme Coordinating Board meeting the Board recognizes the critical role of food and nutrition security in ensuring Universal Access to HIV prevention, treatment, care and support. Evidence shows that food and nutrition interventions:
- Reduce early mortality for people living with HIV starting ART;
  - Represent critical enablers of treatment uptake and adherence;
  - Mitigate the long-term consequences of HIV infection and ART; and
  - Reduce susceptibility to HIV infection.
14. While the health sector is well positioned to ensure the integration of food and nutrition into treatment interventions, it is far too overburdened to fully support affected households and not well placed to identify individuals for whom food insecurity increases the risk of HIV infection. Further research needs to be conducted on how best to link treatment programmes based in the health sector with community-based care and

support activities in order to guarantee a continuum of care to patients and their households, for example through an adequate division of labour and a good referral system between health facility and communities.

15. The knowledge base on how to make social protection mechanisms sensitive to HIV needs to be strengthened so as to better enable governments and civil society to address the needs of those at higher risk of infection and those already infected and in need of support. An integrated HIV and AIDS response, therefore, requires leveraging the strengths of both the health sector and individual communities.
16. Finally, at a time where growing needs coincide with bigger fundraising challenges, good investments are more important than ever. Integrating food and nutrition into HIV interventions intelligently can increase returns on investment in existing HIV treatment, care and support programmes.

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