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TIME TO DELIVER – AN UPDATE ON WFP'S RESPONSE TO HIV AND AIDS

*For information**

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for information.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal point indicated below, preferably well in advance of the Board's meeting.

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Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact Ms C. Panlilio, Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).

DRAFT DECISION*

The Board takes note of "Time to Deliver – An Update on WFP's Response to HIV and AIDS" (WFP/EB.A/2007/5-B).

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document (document WFP/EB.A/2007/15) issued at the end of the session.

INTRODUCTION

1. The HIV/AIDS epidemic shows no signs of abating, and responses to it must adapt to its evolving nature. In accordance with the theme of the XVIth International AIDS Conference in 2006, it is now time to deliver. As a co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS), WFP must play its full role.

2. At the General Assembly's 2006 High-Level Meeting on AIDS, countries from around the world committed themselves to revising their national AIDS plans "to integrate food and nutritional support, with the goal that all people at all times will have access to sufficient, safe and nutritious food to meet their dietary needs and food preferences, for an active and healthy life, as part of a comprehensive response to HIV/AIDS". This acknowledgement of the role of food and nutrition in the AIDS epidemic is an important milestone for WFP and its partners.

3. To make an effective contribution to ensuring universal access to prevention, treatment and care services for all who need them by 2010, WFP must consolidate progress made so far, take advantage of new breakthroughs in research and programming responses and fully assume its recognized role regarding nutrition and dietary support for people infected and affected by HIV and AIDS.

WORKING WITH UNAIDS

4. WFP is chair until 30 June 2007 of the UNAIDS Committee of Cosponsoring Organizations (CCO). The CCO is a standing committee of the Programme Coordinating Board (PCB), UNAIDS' governing body, and as its chair, WFP represents the collective interest of all ten Cosponsors and the UNAIDS Secretariat.

5. WFP has worked with the UNAIDS Secretariat over the last year to put together the 2008–2009 UNAIDS Unified Budget and Workplan (UBW). The UBW is developed every two years to present a comprehensive programmatic and financial picture of the planned response to the AIDS epidemic of the ten UNAIDS cosponsors and the UNAIDS secretariat. The UBW includes a set of strategic objectives, expected outcomes and activities, together with the budget needed to achieve the objectives. The UBW contributes to moving the world towards "universal access" by 2010[1] and achieving Millenium Development Goal 6[2] by 2015. It helps to catalyse additional money in cosponsor organizations and supports global spending on HIV/AIDS. Under the leadership of WFP and the UNAIDS secretariat, the 2008–2009 UBW is more strategic, coherent and results-oriented. The new UBW framework also has a much stronger focus on measuring the impact of UNAIDS support at country level. The UBW will be presented for approval at the UNAIDS Governing Board meeting in June 2007.

6. As CCO chair WFP also represents the Cosponsors in preparations for the XVII International AIDS Conference to be held in Mexico City, 3–8 August 2008, under the auspices of the International AIDS Society.

[1] At the General Assembly's 2006 High-Level Meeting on AIDS, United Nations Member States agreed to work towards the goal of "universal access to comprehensive treatment, care, support and prevention programmes by 2010".

[2] Millennium Development Goal 6: Combat HIV/AIDS, malaria and other diseases.

7. The Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT), set up in 2005, developed a set of recommendations to streamline and improve the organization of the international response to the epidemic. An important GTT recommendation was the division of labour among cosponsors and the secretariat. WFP is lead organization for dietary and nutritional support for care, support and treatment programmes. The WFP Executive Board approved the GTT recommendations in June 2006 (WFP/EB.A/2006/5-D/1).

8. Follow-up to the GTT recommendations was presented at the Joint Meeting of the Executive Boards of the United Nations Development Programme (UNDP)/United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and WFP on 23 January 2006. The follow-up report shows that the establishment of the lead roles and responsibilities for each of the Cosponsors has resulted in greater clarity and mutual understanding and a more supportive environment for advancing national AIDS responses. It confirms WFP's lead role on food and nutrition in HIV policy and programming. In addition, the report highlights the urgent need for United Nations agencies to "deliver as one" in support of national AIDS programmes working towards universal access to HIV prevention, treatment, care and support.

FROM ADVOCACY TO ACTION

9. After years of absence from international conference agendas, food and nutrition received strong support from the AIDS community at the XVI International AIDS Conference held in Toronto in August 2006. Numerous technical and programming discussions were held involving government, civil society and the United Nations, which affirmed that food and nutrition must be part of standard, comprehensive treatment and care for people living with HIV (PLHIV). With support from the United Nations Special Envoy for AIDS in Africa, Mr S. Lewis, and the well-known AIDS activist and clinical practitioner, Dr P. Farmer, WFP received recognition of its lead role in getting food and nutrition into national aids strategies and care, treatment and support programmes.

10. WFP is working with many governments to ensure that costed food and nutrition support is included in their national plans on HIV/AIDS. To date, 32 countries where WFP is present have food and nutritional support components integrated into their national AIDS plans. WFP will continue to advocate with multilateral and bilateral donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), the President's Emergency Plan for AIDS Relief (PEPFAR) and the World Bank to ensure that all PLHIV, their families and people affected by HIV and AIDS have access to adequate food and nutritional support as part of a comprehensive response to the epidemic.

SUPPORT FOR NATIONAL HIV PROGRAMMES

11. WFP continues to work in 21 of the 25 countries with the highest HIV/AIDS prevalence, and has HIV and/or tuberculosis (TB) interventions in 51 countries. Approximately 1.2 million people receive WFP food and nutrition support as part of HIV or TB care and treatment packages, including:

- 275,000 beneficiaries through TB programmes;
- 192,000 through anti-retroviral therapy (ART) programmes;

- 98,000 through prevention of mother-to-child transmission (PMTCT) programmes; and
- 694,000 through community and home-based care programmes.

12. The objectives of providing food and nutrition support as part of care and treatment programmes are to: help facilitate nutritional recovery to optimize the benefits of treatment; increase the uptake of treatment by enabling food-insecure people to seek it; and encourage adherence to treatment, particularly during the vulnerable period when it is first administered.

13. WFP also expanded its food support to reach 1.1 million orphans and children made vulnerable by HIV and AIDS in 25 countries. A review of WFP-supported assistance to AIDS-affected children showed that such programmes fall into three linked categories: (i) social safety nets: 70 percent of the countries; (ii) education: 20 percent; and (iii) sustainable livelihood and life skills training: 40 percent.[3]

14. For example, support provided through sustainable livelihood and life skills training aims to empower young people with skills including agricultural knowledge, small-scale business management, HIV prevention education, sexual reproductive health education and psycho-social support. There is substantial evidence that food aid plays a positive role in achieving the intended objectives.

15. In Cambodia, assistance for orphans and other vulnerable children (OVC) improved household food security and reduced the burden on the communities and caregivers of OVC. The internal evaluation and baseline survey in September 2006 compared control areas without food support to intervention areas. The survey demonstrated the significant impact of food support, indicating that households affected by AIDS had reduced frequency of borrowing to twice per year rather than ten times, that OVC families were spending 33 percent rather than 57 percent of income on food and that 90 percent of orphans and vulnerable girls were enrolled in schools as opposed to 75 percent.

16. Within the framework of the UNICEF/WFP memorandum of understanding (MOU), a study was commissioned to assess and document existing evidence and present promising practices on OVC, HIV, food security and nutrition. While the findings demonstrated an array of innovative ideas and good intentions, these were rarely supported with objective analysis of what worked, and the study identified gaps in knowledge and models. To follow up on the study, plans are being made to form an inter-agency working group led by UNICEF and WFP to address the issues, including provision of programme guidance material to national partners.

17. WFP reaches millions of additional people affected by HIV and AIDS through various mitigation activities. In southern Africa, the epicentre of the global AIDS epidemic, WFP assists 7.2 million people affected by HIV and AIDS through the social protection platform. In the absence of government social protection programmes in the region, and to make a more strategic contribution to the regional response to the epidemic, WFP has adopted a social protection approach to provide short-term assistance to households at extreme risk of losing livelihood assets or resorting to negative coping strategies. WFP's role is to provide life-saving support to households that should normally be covered by national safety-net programmes and to support and encourage governments to design social protection programmes that provide life-sustaining support to populations most at risk when all their normal coping mechanisms have been exhausted.

[3] Some countries have programmes in more than one category.

18. Community and household surveillance (CHS) in southern Africa in September 2006 showed improvements in the coping capacity and dietary diversity of beneficiary households. The Zimbabwe CHS, for example, showed that as a result of WFP interventions, beneficiaries in HIV/AIDS programmes were less likely to have poor consumption and more likely to have reduced stress on household coping strategies, compared to non-beneficiaries.

19. In addition to food-based activities, WFP is scaling up interventions such as HIV prevention and AIDS education by incorporating them into food for work, food for training, mother and child health programmes and emergency operations, and particularly into school feeding activities. Country offices are collaborating with ministries of education and health to expand in-school HIV prevention and 18 countries have integrated awareness and prevention education into their school feeding programmes so far, reaching 4.5 million children. WFP works with other United Nations agencies such as UNICEF, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Food and Agriculture Organization of the United Nations (FAO), and non-governmental organizations (NGOs) such as World Vision International (WVI) to reinforce school-based HIV prevention programmes, especially through the "essential package", designed to improve schoolchildren's HIV awareness and support for their health, nutrition and psychosocial condition.

20. In Sierra Leone, WFP has established partnerships with the Ministry of Education, UNICEF and WVI to set up a programme for HIV prevention based on life skills for children targeted by WFP school feeding support. The WFP programme has been a catalyst that benefits schoolchildren and the whole community to which the programme has been extended.

21. WFP has scaled up capacity development considerably; in 2006, 41 countries received technical assistance to enhance the nutritional component of "universal access". In southern Africa alone, the number of countries receiving programming assistance grew from two in 2005 to all nine in 2006. WFP also provided technical assistance to governments through stand-alone capacity-building [4] programmes in countries in Latin America, the Caribbean and Asia.

22. In India, a nutrition component was integrated into a treatment package for HIV-positive children. The National AIDS Control Organization (NACO) of India distributes WFP's fortified cereal blend in 20 states to 20,000 HIV-infected children. WFP advises NACO on the formulation, manufacture and delivery of food and provides counselling materials and guidelines.

[4] Strategic Objective 5: Strengthen the capacities of countries and regions to establish and manage food-assistance and hunger-reduction programmes (WFP/EB.A/2005/5-A/Rev. 1).

HOW, WHEN AND WHERE TO EXIT

23. The need to develop clear exit strategies is a major concern, especially where food support is part of care, treatment and support programmes that are open-ended. For instance, ART must last for a lifetime but food and nutritional support cannot and should not be unlimited. The first element of an exit strategy is inherent in the treatment package itself: most patients are well enough after six to nine months of treatment and food/nutrition support to return to their former livelihoods and continue treatment without food support. The exit strategy of care and treatment programmes should be to strengthen livelihoods by enlisting partners to provide income-generating activities, micro-credit, training and other forms of livelihood support.

24. More generally for all HIV/AIDS interventions, including mitigation and OVC-related activities, sustainability measures need to be put in place from the initial programme design stage to ensure that activities continue after food assistance stops. Emphasis should be placed on linking food distribution activities with other food security initiatives and development programmes. WFP should continue working with national governments and through existing community structures and HIV/AIDS projects to improve the way this issue is addressed in the field.

25. In Côte d'Ivoire, WFP developed an HIV intervention with an exit strategy whereby vulnerable households that are still food-insecure when general food distributions stop are enrolled in literacy, skills-for-life or food-for-work activities.

26. In Uganda, WFP established entry and exit eligibility for nutrition support in HIV/AIDS programmes based on household food security criteria. Clients are assessed at entry; during the period of nutrition assistance they are provided with additional inputs for income-generation activities through their own resources or through partnerships. Most support is provided to groups working together with micro-credit schemes and for procuring small animals. This livelihoods support has enabled the programme to phase out from food support over 30 percent of its clients annually, meanwhile improving household food and livelihood security.

27. In Namibia, WFP works with the Ministry of Gender Equality and Child Welfare on providing care and support for OVC. Both partners view as a viable strategy the transfer of OVC-hosting households receiving WFP food assistance onto the government cash-grant scheme, which provides maintenance and foster grants to families caring for OVC. The WFP food assistance programme for OVC in Namibia seeks to support the Government's initiative to absorb all OVC into a national social safety net programme. To date 5,400 OVC have been transferred from WFP assistance to the national programme, with a target of 80,000 by the end of March 2008.

HIV/AIDS IN EMERGENCY SITUATIONS

28. About two-thirds of the global burden of HIV infection occurs in countries affected by complex emergencies. Populations in situations of humanitarian concern often have very limited access to HIV services and may have specific needs related to HIV that result from the emergency. National HIV/AIDS programmes and humanitarian interventions too often neglect the needs of PLHIV in emergencies and there is an urgent need to mainstream their needs into both types of assistance.

29. WFP is part of a United Nations system-wide programme initiated in 2006 to scale up HIV/AIDS services for populations of humanitarian concern. Within this programme, WFP is integrating HIV into its vulnerability assessment and mapping methodologies, revising needs assessment tools and conducting several projects to better understand the complex linkages between HIV and nutrition/food security in emergency situations, with special attention to access to care and treatment, the situation of OVC and the risk of sexual and gender-based violence.

30. WFP is working with FAO, the Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF, the World Health Organization (WHO), UNDP, UNFPA, UNAIDS and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) to revise the Inter-Agency Standing Committee guidelines on HIV/AIDS interventions in emergency settings in order to incorporate the latest developments in the field and feedback from field-based colleagues.

MONITORING AND EVALUATION

31. WFP has worked to improve the monitoring and evaluation of its HIV/AIDS food-based interventions, including through internal and inter-agency consultation, field testing and technical guidance. WFP's project documents are now structured with logical frameworks in which expected results and indicators are identified. At the global level, indicators and their definitions have been developed for specific activities, focusing on the enabler and nutritional objective of food support in care and treatment interventions, and on food security and educational effects for mitigation activities. In line with the "Three Ones"[5] principles, there are no mandatory outcome indicators for all projects, but a set of options to be implemented according to the context. This set of options is being incorporated into new guidance documents on TB, PMTCT, care and treatment and Junior Farmer Field and Life Schools and into an HIV/AIDS monitoring and evaluation toolkit.

32. In the 2006 standard project reports (SPRs), 20 projects reported on one or more outcome indicators, compared to 13 in 2005. Nine projects reported on adherence to ART or TB programmes; eight projects reported on TB cure or completion rate; five reported on nutritional indicators; and many reported on food security indicators. Lack of baseline data often makes it difficult to measure performance accurately. Progress is still to be made in standardizing the definitions of indicators and enhancing data collection and analysis systems.

33. In Uganda and Georgia, adherence to ART and TB drug regimens improved substantially after food support was introduced. In Uganda, 75 percent of ART patients adhered to treatment in December 2006, compared to 55 percent 18 months before the project started. In Georgia, TB treatment adherence rate increased from 76 percent before the beginning of food support to 88 percent after food support was introduced.

34. It is often difficult to attribute outcomes to a specific component of an intervention such as food supplementation. Various factors other than food and nutrition, for example drugs and healthcare, may influence the outcome positively or negatively and need to be taken into consideration, but there is increasing research data and anecdotal evidence that shows positive correlations between food support and improved outcomes.

[5] The "Three Ones" are: One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; One national AIDS coordinating authority with a broad-based multi-sector mandate; One agreed country-level monitoring and evaluation system.

35. In Afghanistan, a survey conducted by WFP, the Afghan Ministry of Health and WHO to measure the impact of food assistance on TB patients showed that the majority of TB patients identified both free treatment and food support as the main motivations for attending the clinic.

OPERATIONAL RESEARCH

36. WFP is engaged in a number of operational research projects, in collaboration with university or research institutions, as a way to promote evidence-based programming and support advocacy and fund-raising efforts with donors and the international community at large.

37. In Benin, Burundi, Mali, and Senegal, WFP, in collaboration with national institutions and research institutions in France and Belgium, conducted studies on the food and nutrition profiling of ART therapy clients, with a view to designing integrated food/nutrition and livelihood security intervention packages targeting patients on ART. The findings showed that ART clients are associated with increased socio-economic vulnerability, and that 30 percent to 70 percent of ART clients, depending on the country, experienced hunger. Further studies on impact will look at the outcome of integrated food/nutrition and livelihood security intervention packages for patients on ART.

38. At the International AIDS Conference in Toronto in August 2006, researchers from the Centre for Infectious Disease Research in Zambia and the University of Alabama in Birmingham presented findings from a study conducted with WFP on the impact of food support on food-insecure patients going into treatment in Zambia. The study found that patients receiving food had significantly greater weight gain at 12 months and better adherence to treatment compared with those that did not receive food. WFP is supporting further studies to help build the evidence on food support and treatment.

GUIDANCE AND TECHNICAL INFORMATION

39. Because providing food and nutrition support for care, treatment and mitigation programmes is a relatively recent practice, there is a dearth of guidance for it. In order to fill that gap, WFP has disseminated guidance documents to assist country office staff in improving their HIV programming. WFP has also updated selected existing guidance, produced consolidated programme profiles and initiated new technical documents, in collaboration with partners including the International Food Policy Research Institute (IFPRI), FAO, UNICEF, WHO and the World Bank. These include:

- "Child Vulnerability and AIDS: Case Studies from Southern Africa" (WFP/IFPRI, September 2006);
- "OVC, HIV, Food Security and Nutrition: a Look at Where we Stand" (WFP/UNICEF, January 2007);
- "Incorporating Nutrition and Food Assistance into HIV Care and Treatment Programmes" (WHO/WFP (forthcoming));
- "Cost Analysis of Food and Nutritional Support for HIV and AIDS Programmes (2006)" (WFP, July 2006);
- "Junior Farmer Field and Life School Getting Started Manual" (FAO/WFP, January 2007);

- "Getting Started: WFP Support to the Prevention of Mother-to-Child Transmission of HIV and Related Programmes (update)" (WFP (forthcoming));
- "Programme Profiles: WFP-Supported ART programmes" (WFP, March 2006);
- "Programme Profiles: WFP-Supported Home-Based Care (HBC) Programmes" (WFP, May 2006);
- "Programme Profiles: WFP-Supported Programmes for Orphans and other Vulnerable Children (OVC)" (WFP, December 2006); and
- "Intersections of Sexual and Gender-Based Violence and HIV/AIDS: Case Studies in the Democratic Republic of Congo, Liberia, Uganda and Colombia" (WFP, March 2007).

HIV/AIDS AND WFP CORPORATE SOCIAL RESPONSIBILITY

40. Since the last update, WFP's commitment to supporting HIV prevention for its employees, regardless of their type of contract, has resulted in numerous country offices undertaking targeted HIV training for transporters and warehouse staff. To date, 11 country offices have provided HIV awareness and prevention training for privately contracted and WFP truck drivers, and in some cases, their families.

41. The roadside wellness centre established by WFP and TNT at the Mwanza border between Malawi and Mozambique continues to perform well and was recently evaluated after operating for 19 months. With broad-based support from the Government of Malawi, private transport companies, communities, other United Nations agencies and the transporters themselves, WFP Malawi conducted a national assessment to gauge the need for additional Wellness Centres at other border points and junction hotspots. A scale-up and funding plan is being developed that will gradually shift ownership for the Wellness Centres to the transport industry.

42. WFP, which is recognized in the United Nations for its commitment to safeguarding its staff, continued to implement its HIV/AIDS in the Workplace Programme (HAWP). By December 2006, 11,104 WFP staff, 93 percent of its workforce, had taken part in HAWP; 41 stand-by logistics and information and communications technology (ICT) stand-by partners received HAWP training in Stockholm and Brindisi. The Asia Regional Bureau (ODB) completed training in countries severely affected by the tsunami such as Sri Lanka and Indonesia. The most training took place in Sudan, where 1,040 people participated in the HAWP.

43. Phase One of the HAWP is complete and there are no plans to continue the programme, which is a critical one for staff health and well-being. At the conclusion of the two-year initial phase the Regional Workplace Coordinators strongly recommended that the HAWP be mainstreamed at regional bureaux and country office level and within human resources processes. Only by doing so can WFP fulfil its commitment to keeping its workforce healthy and maintain its leadership role in the United Nations in supporting staff living with HIV regardless of their contractual status, their colleagues and families.

CONCLUSIONS

44. WFP has made substantial progress in providing and advocating for food and nutrition support for PLHIV, their families and people affected by HIV/AIDS. Much more still needs to be done to contribute to global objectives in response to the AIDS epidemic, especially regarding resource mobilization. To achieve this, national governments need to fully integrate food and nutrition into their national AIDS plans and help leverage funding from existing global funding mechanisms and initiatives. For their part, the United Nations agencies, including WFP, need to support national governments in accordance with the UNAIDS division of labour and their respective agency mandates. Building on previous experience, WFP will continue to work with national governments through direct provision of required food and nutrition assistance, capacity development and advocacy.

ACRONYMS USED IN THE DOCUMENT

AIDS	acquired-immune deficiency syndrome
ART	anti-retroviral therapy
CCO	UNAIDS Committee of Cosponsoring Organizations
CHS	community and household surveillance
FAO	Food and Agriculture Organization of the United Nations
GTT	Global Task Team
HAWP	HIV/AIDS in the Workplace Programme
HBC	home-based care
HIV	human immunodeficiency virus
ICT	information and communications technology
IFPRI	International Food Policy Research Institute
MOU	memorandum of understanding
NACO	National AIDS Control Organization (India)
NGO	non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
ODB	Asia Regional Bureau
OVC	orphans and other vulnerable children
PCB	Programme Coordinating Board
PDPH	HIV/AIDS Unit
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
SPR	standard project report
TB	tuberculosis
UBW	UNAIDS Unified Budget and Workplan
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WVI	World Vision International