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**Executive Board  
Annual Session**

**Rome, 4–8 June 2012**

## **POLICY ISSUES**

### **Agenda item 5**

*For information\**

# **E**

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## **GETTING TO ZERO: WFP'S ROLE AS A UNAIDS COSPONSOR**

\* In accordance with the Executive Board's decisions on governance, approved at the Annual and Third Regular Sessions, 2000, items for information should not be discussed unless a Board member specifically requests it, well in advance of the meeting, and the Chair accepts the request on the grounds that it is a proper use of the Board's time.

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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 points indicated below, preferably well in advance of the Board's meeting.

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## EXECUTIVE SUMMARY

At the request of the Board, WFP provides regular updates on implementation of its HIV and AIDS policy. Approved in November 2010, the policy<sup>1</sup> is in line with the Joint United Nations Programme on HIV/AIDS (UNAIDS) strategy for 2011–2015 “Getting to Zero”,<sup>2</sup> the UNAIDS Division of Labour, and the WFP Strategic Plan (2008–2013). This information note outlines the new approach and WFP’s role in Getting to Zero.

WFP is the lead agency within UNAIDS for ensuring that food and nutrition support are integrated into strategic plans and programmes for people living with HIV. Under the UNAIDS strategy, WFP supports four of the ten goals of the long-term vision of Getting to Zero:

- universal access to anti-retroviral therapy for people living with HIV who are eligible for treatment;
- tuberculosis deaths among people living with HIV reduced by half;
- vertical transmission of HIV eliminated, and AIDS-related maternal mortality reduced by half; and
- people living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support.

The current economic situation is putting HIV programming under increasing financial strain. In 2011, global financial assistance for HIV declined for the first time: facing severe financial and operational challenges, the Global Fund to Fight AIDS, Tuberculosis and Malaria cancelled Competitive Round 11<sup>3</sup> owing to funding shortfalls. Funding from the United States President’s Emergency Plan for AIDS Relief and the Clinton Foundation remains unchanged.

WFP is shifting from mitigation of HIV to enabling access to treatment and positive outcomes through nutrition support. Almost two years into implementing its policy, and in response to the UNAIDS strategy, WFP is realigning its focus using a two-pronged approach: collaborating with country stakeholders, country coordinating mechanisms and national disease programmes to ensure that food and nutrition support is included in all national HIV and AIDS and tuberculosis strategies and programmes; and developing and implementing food and nutrition assistance programmes that test models and support government programmes.

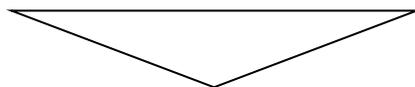
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<sup>1</sup> <http://one.wfp.org/eb/docs/2010/wfp225092~1.pdf>.

<sup>2</sup> UNAIDS. 2011. *Getting to Zero 2011–2015*. Geneva.

<sup>3</sup> Each disbursement of grant money from the Global Fund is called a Round.

## DRAFT DECISION\*



The Board takes note of “Getting to Zero: WFP’s Role as a UNAIDS Cosponsor” (WFP/EB.A/2012/5-E).

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\* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

## INTRODUCTION

1. AIDS remains one of the great challenges of our times. More people than ever – an estimated 34 million – are living with HIV.<sup>4</sup> Sub-Saharan Africa is the most affected region, with only 12 percent of the world’s population but 68 percent of all people living with HIV (PLHIV) and 70 percent of people newly infected in 2010. Continued growth in the number of PLHIV reflects improved access to treatment, which enables many PLHIV to live longer. Approximately 6.6 million people in low- and middle-income countries now receive treatment – nearly half of those who are eligible. Anti-retroviral treatment (ART) has averted an estimated 2.5 million deaths in these countries since 1995.<sup>4</sup>
2. Tuberculosis (TB) kills about 1 million people per year and is a major cause of death among PLHIV.<sup>5</sup> In 2010, 360,000 people died of HIV-related TB, and PLHIV accounted for 13 percent of all new TB cases worldwide.<sup>5</sup> In many countries, TB and HIV are handled separately, often in separate clinics, even for patients with co-infection. Better integration of the treatment of both infections is a priority, from the global to the country levels.
3. In 2008, 1.4 million HIV-infected women gave birth in low- and middle-income countries, and there were 430,000 new paediatric infections.<sup>6</sup> Globally, HIV is a leading cause of death among women of reproductive age and contributes significantly to maternal mortality. Implementation of the new World Health Organization (WHO) 2010 guidelines for prevention of mother-to-child transmission (PMTCT)<sup>4</sup> can reduce the risk of transmission from 35 to less than 5 percent among breastfeeding , and from 25 to less than 2 percent in non-breastfeeding populations.
4. Recent research has found that ART can prevent transmission of infection among sexual partners. This makes treatment an important strategy for preventing new infections.
5. In low-resource settings, food and nutrition support can be a cost-effective investment to enhance treatment success and mitigate the consequences of HIV and TB on livelihoods, by reducing early mortality during treatment, supporting nutrition recovery, facilitating treatment adherence, and improving retention in care. These benefits apply to ART, TB treatment, integrated HIV and TB treatment, and prevention of new infections through PMTCT programming and ART.
6. The 2001 and 2006 Declarations of Commitment on HIV/AIDS adopted at the United Nations General Assembly Special Sessions specifically acknowledged food and nutrition services. In June 2011, the General Assembly adopted Resolution 65/277, making a strong commitment to integrating food and nutrition support into programmes for people affected by HIV.<sup>7</sup> The 2011 Political Declaration emphasizes that results will be achieved only through strong partnerships, including with civil society and national governments.

<sup>4</sup> UNAIDS. 2010. *Report on the Global AIDS Epidemic*. Geneva.

<sup>5</sup> UNAIDS. 2011. World AIDS Day Report. *Faster, Smarter Better*. Geneva.

<sup>6</sup> WHO. 2010. Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. Recommendations for a public health approach. Geneva.

<sup>7</sup> “[P]oor nutrition exacerbates the impact of HIV on the immune system and compromises its ability to respond to opportunistic infections and diseases, and [ ... ] HIV treatment, including anti-retroviral treatment, should be complemented with adequate food and nutrition.” United Nations. Resolution 65/277: *Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS*. New York.

## 7. Highlights of 2011:

- The United States President's Emergency Plan for AIDS Relief (PEPFAR) renewed its commitment to WFP with a five-year grant of US\$56 million for work in Ethiopia. WFP's achievements include Ethiopia's Urban HIV and AIDS Programme, which provides food, nutrition and livelihood assistance to PLHIV and affected family members.
- WFP's implementation of food and nutrition as an integral part of the HIV response resulted in a 15 percent increase in its allocation from the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF), whose own budget did not change.
- WHO recognizes the importance of food and nutrition as an integral part of the Treatment 2.0 Framework.<sup>8</sup>
- WFP is helping the Global Fund to include food and nutrition in all of its reference material, as countries increasingly invest money in related activities.

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## WFP AND UNAIDS

8. In June 2011, the 27<sup>th</sup> UNAIDS Programme Coordinating Board (PCB) endorsed the 2012–2015 UBRAF at a total of US\$485 million. WFP's results in implementing the 2010–2011 Unified Budget and Workplan (UBW) led to a 15 percent increase<sup>9</sup> in its allocations from the UBRAF for the next biennium. A greater proportion of the unchanged UBRAF was thus allocated to WFP.
9. As one of the ten Cosponsors of UNAIDS, WFP shares the UNAIDS vision of achieving, by 2015, zero new infections, zero AIDS-related deaths and zero discrimination. Under the UNAIDS Division of Labour WFP is mandated to convene other Cosponsors on food and nutrition issues. WFP's main roles in this are ensuring that food and nutrition are integrated appropriately into comprehensive packages of care, treatment and support for PLHIV and TB at the country level.
10. The 2012–2015 UBRAF places increased emphasis on country-level impact and the Three Ones, which aim to ensure strong country-level HIV/AIDS responses. The "Ones" are: one agreed HIV/AIDS action framework; one National AIDS coordinating authority; and one agreed country-level monitoring and evaluation (M&E) system. The Three Ones mean that WFP is increasingly working to ensure that its activities form part of national guidelines and protocols. WFP continues to embed its activities in broader country-led responses and cooperates with its main UNAIDS partners in the field of food and nutrition in relation to HIV and TB.
11. UNAIDS and WFP's response have kept pace with the global dialogue and emerging evidence. WFP and partners explored new delivery modalities for providing food and nutrition support to ART clients, researched specially formulated ready-to-use food products for treating malnutrition in adults, expanded the provision of nutrition assistance in paediatric HIV disease management and promoted innovative tools for social safety net mechanisms for PLHIV and AIDS-affected households. As part of the UBRAF, WFP has both joint and individual deliverables in these areas.

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<sup>8</sup> UNAIDS/WHO. 2011. The Treatment 2.0 Framework for Action: Catalysing the Next Phase of Treatment, Care and Support. Geneva.

<sup>9</sup> WFP was allocated US\$8.5 million for the 2010–2011 UBW and US\$9.8 million for the 2012–2013 UBW.

## UNAIDS Strategy Goal: Universal Access to ART for PLHIV who are Eligible for Treatment

12. In the UNAIDS Division of Labour, WHO is the convening agency in the areas of ART and TB. WFP works with WHO and partners to ensure that nutrition and/or food support are integrated into HIV treatment and TB programmes.
13. Improving the efficiency and effectiveness of treatment services is central to long-term success of the HIV response. The Treatment 2.0 Framework<sup>8</sup> aims to accelerate treatment scale-up and improve health outcomes by optimizing drug regimens, providing point-of-care and other simplified diagnostic and monitoring tools, reducing treatment costs, adapting service delivery models through decentralization and integration, and mobilizing communities, to support the accessibility, uptake and success of treatment efforts. WFP works with governments and partners to ensure that treatment is accompanied by assessments of nutrition status, education and counselling on nutrition to maintain body weight and health and mitigate side-effects, and – where necessary – nutritious food to treat malnutrition.
14. To maximize synergies and partnerships, the UBRAF asks Cosponsors to prioritize their interventions and focus their investments on 30 high-priority countries. WFP is currently implementing HIV and TB programmes in 21 of these countries.<sup>10</sup>
15. In 2011, WFP assisted 2.3 million PLHIV and people affected by HIV – including children – in 38 countries, with nutrition rehabilitation, safety nets or both.

**TABLE 1: BENEFICIARY NUMBERS,  
BY HIV AND AIDS PROGRAMME CATEGORY, 2011<sup>11</sup>**

<b>Objective 1:</b> Ensure nutrition recovery and treatment success through nutrition rehabilitation – care and treatment	1 365 362
<b>Objective 2:</b> Mitigate the effects of AIDS on affected individuals and households through sustainable safety nets – mitigation and safety nets	921 121

16. WFP supports vulnerable PLHIV who may be unable to obtain or adhere to ART and who are prone to food insecurity and malnutrition. A food and nutrition security vulnerability assessment of pre-ART clients – conducted in Namibia to inform the development of a national food-by-prescription programme<sup>12</sup> and consideration of complementary social assistance – found that 16 percent were malnourished although food security challenges appeared limited.<sup>13</sup> A similar rapid assessment in Djibouti found

<sup>10</sup> Cambodia, Cameroon, the Democratic Republic of the Congo (DRC), Djibouti, Ethiopia, Guatemala, Haiti, India, Indonesia, Kenya, Lesotho, Malawi, Mozambique, Myanmar, Namibia, Rwanda, Swaziland, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe. WFP has no office in the other nine countries: Botswana, Brazil, China, the Islamic Republic of Iran, Jamaica, Nigeria, the Russian Federation, South Africa and Ukraine.

<sup>11</sup> Total numbers of PLHIV enrolled in treatment programmes, TB patients receiving WFP nutrition or food support, and household members supported in 2011. WFP. 2011. Preliminary results of WFP Standardized Project Reports (SPR), 2011. Rome.

<sup>12</sup> Providing food assistance to malnourished PLHIV on ART, to support their recovery from malnutrition.

<sup>13</sup> WFP. 2011. Namibia Rapid Assessment (publication pending).

malnutrition among 38 percent of ART and TB directly observed treatment, shortcourse (DOTS)<sup>14</sup> clients.

17. As well as implementing and assessing the impact of food and nutrition support, WFP is directly involved in programmes that facilitate operational research, which improves knowledge and expertise regarding the role of food and nutrition support.
18. WFP works with the private sector and academic partners to develop new and more suitable products for treating malnutrition – low body mass index – among adult PLHIV on ART or TB treatment. These partnerships conduct qualitative research to improve understanding of which products, textures and flavours are preferred by most adults in the early stage of treatment, in both Asia and Africa. From this, one or two products with appropriate nutrient composition for treating malnutrition among adults will be developed.
19. WFP and RAND Health Corporation collaborated with national actors on operational research and pilot initiatives for PLHIV in Bolivia and Honduras. These aim to demonstrate the effectiveness of integrating food and nutrition strategies with ART and PMTCT, to increase treatment adherence, improve treatment outcomes and support nutritional health.

### **UNAIDS Strategy Goal: TB Deaths among PLHIV Reduced by Half**

20. Tuberculosis is a chronic and debilitating disease, requiring at least six months of treatment, and much longer for multi- or extensively drug-resistant TB. It is often accompanied by weight loss, so the food and nutrition services provided to PLHIV are similarly beneficial in supporting the treatment and recovery of TB patients.
21. Food and nutrition support in conjunction with TB-DOTS was included in the Round 10 Global Fund TB proposals of Djibouti, Lao People's Democratic Republic, Swaziland and Tajikistan; the Djibouti and Swaziland proposals were endorsed. WFP provided technical support for developing the proposals, and governments in all four countries have requested WFP to assist with the design and implementation of integrated food and nutrition activities.
22. Another important aspect of WFP's new policy and the UNAIDS strategy is addressing TB where HIV and TB epidemics converge. Providing food and nutrition services to both PLHIV on ART and TB patients can help integrate the two programmes. Services are being integrated in Ghana, Guinea, Malawi and Sierra Leone, where food assistance for TB patients is being aligned with the national food-by-prescription approach already being applied at most ART sites; in 2012, a nutrition rehabilitation approach will replace the current household treatment support package.

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<sup>14</sup> DOTS is the internationally recommended strategy for TB control, recognized as highly efficient and cost-effective.

### **UNAIDS Strategy Goal: Vertical Transmission of HIV Eliminated, and AIDS-Related Maternal Mortality Reduced by Half**

23. The Global Plan towards the Elimination of New Infections among Children by 2015 and Keeping their Mothers Alive<sup>15</sup> outlines how mother-to-child transmission of HIV infection can be virtually eliminated by providing ART for women whose CD4 count makes them eligible – before, during and after pregnancy – and anti-retroviral prophylaxis for pregnant and lactating women who do not yet require ART and/or for infants. WFP, the United Nations Children’s Fund (UNICEF) and WHO cooperate in PMTCT programmes as part of the UNAIDS Division of Labour. In 2011, 48 percent of HIV-positive pregnant women in low- and middle-income countries received anti-retroviral prophylaxis.<sup>6</sup> WFP supports programmes in 17 of the 22 Global Plan priority countries;<sup>16</sup> in five – Botswana, Lesotho, Namibia, South Africa and Swaziland – coverage exceeded 80 percent in 2011.
24. PMTCT programmes are best integrated with mother-and-child health and nutrition services. This simultaneously prevents HIV transmission and improves health outcomes by ensuring that mothers and infants have access to growth monitoring, vaccinations, micronutrient supplementation, nutrition assessment, education and counselling, and complementary foods. The provision of more comprehensive services could facilitate eligible women’s uptake of and adherence to PMTCT programmes; food provides an important motivation for attending and following up on appointments.
25. In Mozambique, Rwanda and Zambia, WFP supports a consultation process with government counterparts and implementing partners to review national PMTCT and mother-and-child health strategies, including operational considerations. In DRC, Ethiopia, Lesotho, Malawi, Mozambique, Rwanda, Swaziland, the United Republic of Tanzania and Zambia, WFP is involved in implementing PMTCT services.
26. In coming years, WFP will continue to expand its cooperation with UNICEF, particularly on PMTCT issues: children affected by AIDS, paediatric AIDS and infant feeding. To contribute more to PMTCT, WFP has joined the Inter-Agency Task Team (IATT) on PMTCT.

### **UNAIDS Strategy Goal: PLHIV and Households Affected by HIV are Addressed in all National Social Protection Strategies and have Access to Essential Care and Support**

27. The 2011 Political Declaration on HIV/AIDS<sup>7</sup> pledges to use momentum from the HIV response to strengthen health and community systems, and to integrate HIV into health and development efforts, particularly programmes for enhancing economic and social protection. In line with its policy and the UNAIDS Division of Labour, WFP works with UNICEF and the World Bank to enhance social protection for PLHIV and people affected by HIV.
28. Transfers of food, cash or vouchers, combined with community-based care, facilitate access to services and adherence to treatment. Social protection has a clear role in improving HIV responses, so collaboration between HIV and social protection experts must be intensified, to design appropriate strategies for specific settings.

<sup>15</sup> UNAIDS and UNICEF. 2011. Global Plan towards the Elimination of New Infections among Children by 2015 and Keeping their Mothers Alive. This outlines a four-point plan for achieving this UNAIDS priority.

<sup>16</sup> Burundi, Cameroon, Côte d’Ivoire, DRC, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Swaziland, United Republic of Tanzania, Uganda, Zambia and Zimbabwe. The other five countries are Angola, Botswana, Chad, Nigeria and South Africa.

29. WFP is exploring ways of integrating the provision of food and nutrition services into health sector-based care-and-treatment programmes through cash or voucher schemes operating at the community level. In this approach, the health sector determines the eligibility for food support of PLHIV and, possibly, their household members; WFP provides support as cash or a voucher that can be redeemed for specific foods at a store or outlet in the community. This limits the burden on the health care system and brings services closer to clients.
30. Building on a renewed partnership with PEPFAR in Ethiopia, WFP worked with the Government to prepare and roll out a voucher-based support scheme that facilitates urban PLHIV's access to basic foods during the early phase of ART, to maintain a healthy and socially stable life while engaging in livelihood recovery.
31. WFP also works with UNICEF and other partners on social protection activities for children affected by HIV, in Benin, the Central African Republic, Côte d'Ivoire, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Swaziland and the United Republic of Tanzania. In Swaziland, food assistance to children attending early childhood care and development services through neighbourhood care points is increasingly managed jointly by WFP and World Vision, overseen and financed by the national AIDS authority. In Mozambique, WFP complements the national social protection framework by building on community-based social welfare to provide support to children affected by HIV.
32. Social protection in general has expanded in recent years, and safety nets are used increasingly to achieve nutrition and health outcomes. In line with its Strategic Plan (2008-2013), WFP responds to requests from countries and communities for assistance in developing their capacities to implement social protection programmes, including HIV-sensitive social safety nets that ensure that PLHIV are among the vulnerable groups targeted.

### **UNAIDS Strategy Goal: Reduce Sexual Transmission of HIV**

33. The World Bank and the United Nations Population Fund are the UNAIDS Co-Conveners for efforts to reduce the sexual transmission of HIV. Given the shift towards nutrition in scaled up treatment and the role of treatment in prevention, WFP's activities no longer aim directly at other prevention strategies, except for its prevention-focused work in the transport sector.
34. WFP's work in the transport sector is part of its corporate responsibility because of the significant use of transport in its operations. North Star Alliance, which was founded jointly by WFP and TNT in partnership with other organizations, is a recipient of funds from a major Southern Africa Development Community (SADC) grant from the Global Fund, to address HIV at 32 cross-border locations throughout southern Africa. By the end of 2011, seven Member States had signed agreements with SADC; health services are provided through roadside wellness centres and a fleet of mobile clinics is being outfitted. North Star Alliance, WHO/StopTB and the national TB programmes in Kenya and Uganda began planning a 2012 pilot to test the feasibility of using GeneXpert<sup>17</sup> for the rapid detection of TB in mobile populations along the northern corridor.
35. Programmes that address food insecurity and poverty through school feeding, food-for-assets activities or livelihood support also contribute indirectly to preventing HIV transmission by delaying the onset of sexual activity among school-age girls and

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<sup>17</sup> GeneXpert System technology is a unique approach to molecular diagnostics that allows a full menu of tests from a single, fully scalable, consolidated work station.

minimizing negative coping behaviours such as transactional sex, thereby reducing sexual transmission.

## **UNAIDS Division of Labour Area: Address HIV in Humanitarian Emergencies**

36. In March 2011, in line with the new Division of Labour, the UNAIDS Secretariat transferred the responsibility for addressing HIV and AIDS in humanitarian emergencies to the two Cosponsors leading this thematic area: the Office of the United Nations High Commissioner for Refugees (UNHCR) and WFP.
37. This Division of Labour area lays the foundation for ensuring that the special needs of PLHIV and their families are taken into account in humanitarian crises. It is being implemented through an IATT at the global level, and regional IATTs in Africa, Asia and Latin America are being established. The IATTs comprises partners from the United Nations, non-governmental organizations (NGOs), civil society and academia. As part of the global IATT, WFP and UNHCR hosted a forum with NGO members of the UNAIDS PCB in November 2011, to ensure that best practices inform future responses.
38. One of WFP's aims in emergencies is to ensure that access to ART, TB treatment and PMTCT is maintained and that food insecurity and malnutrition do not create barriers to treatment. WFP's actions to maintain HIV services in emergencies go far beyond its expertise in logistics, food and nutrition, and call on its broader humanitarian mandate. Typical issues that UNHCR, WFP and partners address are maintaining the supply chain for ART, access to health care, and access to prevention and broader care and support services.
39. To help translate recommendations into national policies and strategies, at the end of 2011, UNAIDS, WHO, UNHCR and UNICEF started to collaborate on country-level workshops for the dissemination of Inter-Agency Standing Committee (IASC) *Guidelines for Addressing HIV in Humanitarian Settings*<sup>18</sup> in the Central African Republic, DRC, Nepal, Panama, Sri Lanka and Zimbabwe. Among other issues, these guidelines take into account the growing understanding that ART and related medical care can be provided in low-resource settings, including in conflict zones, and provide the latest normative guidance on food security, nutrition and livelihood support.
40. WFP supported roll-out of the IASC guidelines in Haiti, and provided advocacy in the regional humanitarian Risk, Emergency, and Disaster Task Force Inter-Agency Workgroup for Latin America and the Caribbean.
41. Through its post-earthquake emergency operation in Haiti, WFP reached 92,000 HIV-positive beneficiaries with a safety net and a food-by-prescription activity. WFP also participated in the Central Emergency Response Fund in Honduras, providing family rations to 460 PLHIV for three months. Support to PLHIV was integrated into Kenya's protracted relief and recovery operation for arid and semi-arid regions. In Cambodia, to mitigate the impact of the 2011 floods on households affected by HIV and AIDS, an additional 320 mt of food was allocated to PLHIV and their households in flood-affected areas.
42. WFP also supported the incorporation of HIV and nutrition in emergencies into departmental contingency plans in Colombia, and the implementation of a workshop on HIV and emergencies, with civil society and government actors in Bolivia.

<sup>18</sup> IASC. 2010. *Guidelines for Addressing HIV in Humanitarian Settings*. Available at [http://www.aidsandemergencies.org/cms/documents/20101015/IASC\\_HIV\\_Guidelines\\_2010\\_En.pdf](http://www.aidsandemergencies.org/cms/documents/20101015/IASC_HIV_Guidelines_2010_En.pdf)

## STRENGTHENING UNAIDS' THREE ONES: ONE FRAMEWORK, ONE PLAN AND BUDGET, AND ONE MONITORING AND EVALUATION SYSTEM

43. WFP continues to provide technical guidance and operational expertise in integrating HIV and food and nutrition into national AIDS strategies, Poverty Reduction Strategy Papers, national development plans, national budgets, Medium-Term Expenditure Frameworks and sectoral plans.
44. In response to the Board's recommendation, WFP developed an e-learning strategy on HIV, food and nutrition for regional and country-level staff and partners. Two web-based packages were launched in 2011 with the aim of improving the quality of programme design.
45. In collaboration with UNAIDS, WHO and the Health Information Systems Programme, WFP assisted food and nutrition stakeholders in seven countries<sup>19</sup> in familiarizing themselves with routine patient information systems, to identify opportunities for greater integration of nutrition indicators and comprehensive information management.
46. WFP highlighted South-South cooperation in the area of HIV and nutrition at the Global South-South Development Expo in Rome in December 2011. Collaboration among Australia, the Lao People's Democratic Republic and Thailand in HIV nutrition received a South-South Cooperation Award for Partnership during the Expo.
47. As part of the Memorandum of Understanding with the Thai Red Cross, in May 2011 WFP organized training on integrating food and nutrition into global funding mechanisms, with staff from Cambodia, the Lao People's Democratic Republic and Myanmar and counterparts from WHO, USAID, UNICEF and UNAIDS. In late 2011, the partnership embarked on planning qualitative research to develop a new food product for malnourished PLHIV.
48. To improve and standardize outcome and impact indicators for food and nutrition interventions in HIV and TB, WFP, WHO, Food and Nutrition Technical Assistance 2 (FANTA-2)<sup>20</sup> and PEPFAR worked on a set of global indicators for elements such as nutrition care and HIV, PMTCT and food security and HIV. These indicators were reviewed by the Indicator Review Panel convened by the UNAIDS Monitoring and Evaluations Reference Group, for finalization in early 2012 and roll-out later in the year.
49. In 2011, WFP developed an HIV and TB programme M&E guide, to assist countries in adopting corporately approved HIV and TB indicators that are part of WFP's overall strategic results framework. In West Africa, 11<sup>21</sup> countries were trained on the new policy and M&E framework. Roll-out will continue across all regions in 2012.
50. In December 2011, WFP participated in the 16<sup>th</sup> International Conference on AIDS and Sexually Transmitted Infections in Ethiopia, where it strengthened the network with stakeholders and enhanced knowledge on food and nutrition in the response to HIV. WFP led two satellite sessions: Food Prices, Food Insecurity and the HIV and AIDS Epidemic;

<sup>19</sup> Kenya, Malawi, Mozambique, Rwanda, Swaziland, Zambia and Zimbabwe.

<sup>20</sup> Funded by the United States Agency for International Development (USAID).

<sup>21</sup> Burkina Faso, the Central African Republic, Côte d'Ivoire, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger and Sierra Leone.

and Treatment Adherence and the Role of Food Assistance. Papers from these sessions will be published in 2013.

51. To enhance the effectiveness of national AIDS responses, and in-line with the Three Ones strategy, WFP provides technical assistance for developing proposals for the Global Fund and PEPFAR that address food and nutrition needs of PLHIV and TB patients. This is very important in increasing the effectiveness of HIV responses in the face of funding constraints and increasing needs.
52. To ensure that essential treatment and prevention services are maintained, the Global Fund established a very limited Transitional Funding Mechanism (TFM)<sup>22</sup> to assist countries that might otherwise have to interrupt service provision that was already funded by the Global Fund. WFP has helped ensure that food and nutrition is included in the essential services eligible for TFM.
53. The Nutrition and HIV/AIDS Service of WFP's Policy, Planning and Strategy Division, regional bureaux and partners have continued to provide input to the Global Fund policies and procedures. An information note developed with the Global Fund, WHO and UNAIDS provides technical guidance on including food and nutrition support in Global Fund proposals, and has been posted on the Global Fund and WHO websites since 2011.
54. WFP, FANTA-2, WHO and PEPFAR created a food and nutrition tool kit to support country-level stakeholders in preparing proposals. WFP has recently released a manual for Country Directors and programme managers, *Working with the Global Fund to Strengthen the National Response: A Manual on Food and Nutrition* which was developed through consultations with George Washington University, USAID, UNAIDS and WHO.
55. The United States Congress has legislated that at least US\$130 million of PEPFAR's annual funds should go towards food and nutrition programming. As part of an existing grant-funded programme, WFP Ethiopia recently received a five-year, US\$56 million donation from PEPFAR, its largest ever. Over the five years, WFP will reach 375,000 PLHIV throughout the country. In the least-developed regions of Afar, Banishangul, Gamballa, Gumuz and Somali, this donation will fund food-by-prescription activities for improving the nutrition status, treatment success and quality of life of PLHIV. In all other regions, WFP support will complement a food-by-prescription programme implemented by Save the Children. WFP currently implements HIV and AIDS activities in 23 towns in 5 regions.

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## UNITING BEHIND SHARED RESPONSIBILITIES TO ACHIEVE COMMON GOALS

56. The goals adopted at the United Nations General Assembly in the 2011 Political Declaration on HIV/AIDS heralded a moment of truth in the global AIDS response. By uniting to achieve the targets for 2015, WFP and partners will contribute to creating a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths.

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<sup>22</sup> The TFM replaces Round 11 and provides funding for the continuation of essential prevention, treatment and/or care services for HIV and AIDS and TB. In parallel, the Global Fund is developing a new funding model consistent with its strategy for 2012–2016, with a view to funding proposals under this model from early 2014.

## ACRONYMS USED IN THE DOCUMENT

ART	anti-retroviral treatment
DOTS	directly observed treatment, shortcourse
DRC	Democratic Republic of the Congo
IASC	Inter-Agency Standing Committee
IATT	Inter-Agency Task Team
M&E	monitoring and evaluation
NGO	non-governmental organization
PCB	Programme Coordinating Board
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
SADC	Southern Africa Development Community
TB	tuberculosis
TFM	Transitional Funding Mechanism
UBRAF	Unified Budget, Results and Accountability Framework
UBW	Unified Budget and Workplan
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAIDS	United States Agency for International Development
WHO	World Health Organization