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FIVE YEARS LATER – AN UPDATE ON WFP'S RESPONSE TO HIV/AIDS



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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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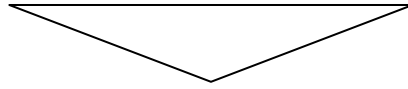
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DRAFT DECISION*



The Board takes note of “Five Years Later — an Update on WFP’s Response to HIV/AIDS” (WFP/EB.A/2006/5-D/1).

* 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/2006/16) issued at the end of the session.



INTRODUCTION

1. Since the last update in May 2005, WFP has scaled up its response to the HIV/AIDS pandemic by increasing programmes from 43 countries to 51 and intensifying advocacy efforts. In line with strategic and operational approaches outlined in the policy paper “Programming in the era of AIDS: WFP’s response to HIV/AIDS”, approved by the Board in February 2003, WFP’s goal is to provide food and nutritional support to individuals and families who are affected by food insecurity and HIV/AIDS. WFP tailors its operations as appropriate to address the impact of HIV/AIDS in the communities it serves. The main focus of WFP’s HIV/AIDS interventions is to provide nutritional support to treatment and care programmes, support orphans and children affected by HIV/AIDS and link prevention education with school feeding programmes and relief operations. As with all its programmes, WFP works with partners to ensure that gender is mainstreamed into all HIV/AIDS-related activities. Progress was made in all of these areas and more during the last year.

THE SHIFTING GLOBAL AGENDA

2. This paper provides an update on progress in programme development and actions taken with co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and others involved in HIV programmes at the international and national level. It was five years ago that WFP’s first policy paper on HIV/AIDS was presented to the Board (WFP/EB.3/2001/INF/18). At that time, food and nutrition were rarely mentioned in the context of HIV and AIDS, and many questioned WFP’s relevance in the global response to the pandemic. Since then, the field has shifted and there is widespread recognition of the central role of nutrition in maintaining the health and quality of life of people living with HIV/AIDS (PLWHA). Significantly, two major institutional sources of funds for HIV/AIDS programmes now include nutrition in their guidance to managers: the World Bank is finalizing a guidance note for their field managers on nutrition in care and treatment; the Global Fund to Fight AIDS, Tuberculosis and Malaria is placing a nutritionist on its Technical Review Panel.
3. In 2005, the United Nations system reached a new level in its response to the pandemic by consolidating its efforts and articulating a coordinated way forward. A high-level meeting held in March¹ reaffirmed the commitment to the Three Ones principles² and established the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT). The GTT produced a set of recommendations for the multilateral system to simplify and harmonize procedures and practices and align its support more closely with national needs and priorities. As part of the GTT-agreed division of labour, WFP is the lead organization for dietary and nutrition support for national governments. As always, WFP’s unequalled outreach, logistics and communication capacity can be called upon to gain access to remote populations and move supplies, staff or equipment, especially during emergencies.

¹ “Making the Money Work”, London, 9 March 2005.

² The Three Ones refers to the establishment of one national framework, one national coordinating body and one national monitoring and evaluation plan.



4. At their July 2005 Gleneagles Summit, the G8 countries called on UNAIDS, the World Health Organization (WHO) and other international bodies to develop and implement a package for HIV prevention, treatment and care, with the aim of approaching the goal of universal access to treatment by 2010. This call was subsequently broadened by the United Nations General Assembly at the September 2005 World Summit, when United Nations Member States committed to scaling up comprehensive HIV responses. Country ownership and leadership are essential to this initiative. WFP will advocate for food and nutritional programmes in support of “Universal Access” to prevention, care and treatment for PLWHA and others affected by HIV and AIDS through its country offices and regional bureaux.
5. As evidence of the primacy of nutritional interventions in HIV/AIDS treatment, disease management and prevention, the 59th World Health Assembly in January 2006 adopted the *WHO Resolution on Nutrition and HIV/AIDS*, which urged Member States to integrate nutrition into their HIV/AIDS response and calls for strengthened political commitment and intensified action on nutrition in the context of HIV/AIDS. According to WHO, HIV-infected adults have 20–30 percent increased energy needs; children’s energy needs increase by 50–100 percent. WHO recommends that these needs be met by food-based programming wherever possible.
6. With growth and success come serious resourcing challenges for WFP and its partners. If WFP is to conscientiously answer the global challenge and contribute its full share to the response, it must acknowledge that current activity levels are inadequate. WFP and other major global actors must press the large funding sources even harder to make sure that they back up their verbal commitment with sufficient resources to bolster inadequate healthcare systems and roll out programmes. This includes food and nutritional support for food-insecure PLWHA and their families, including orphans and vulnerable children (OVC).

WORKING TOGETHER

7. To conceive a world without AIDS may take great imagination; it certainly will take greater cooperation. Since becoming a co-sponsor of UNAIDS in 2003, WFP has worked with other co-sponsors and cooperating partners to strengthen community, national and global response to the pandemic. During 2005, WFP intensified its partnerships to fight AIDS. Below are two examples of work with the United Nations system.
 - **Collaboration with WHO.** WFP strengthened its collaboration with WHO last year and began work on nutritional guidelines for the care and treatment of PLWHA. These guidelines aim to optimize the benefits of HIV treatment.
 - **United Nations System-wide HIV/AIDS Humanitarian Programme.** The United Kingdom’s Department for International Development (DFID) is funding a consortium of humanitarian organizations for a three-year programme for roll-out in 2006 to scale up HIV/AIDS services for populations of humanitarian concern. WFP will work with the UNAIDS group and other humanitarian actors, undertaking the following work:
 - mainstream HIV/AIDS into vulnerability assessment tools, including the *Standard Analytical Framework* of the Vulnerability Analysis and Mapping Branch (ODAV);
 - assess the dynamics of ART programmes in emergency settings;



- assess the impact of emergencies on OVC;
 - review and adapt needs assessment tools on food security and livelihoods; and
 - review food assistance and food-security operations as they relate to risky behaviour and transactional sex.
8. WFP has expanded its country-level work with UNAIDS co-sponsors and other partners. Examples of some partnership activities undertaken include:
- **WFP Somalia.** The United Nations country team (UNCT) for Somalia³ made a commitment to the development of a United Nations Implementation Support Plan (UNISP) for Somali populations to outline and guide the collective efforts of United Nations agencies working on HIV/AIDS. The UNISP covers HIV prevention, care, treatment and support, leadership, coordination and advocacy, and emphasizes monitoring and evaluation of collective results and outcomes beyond individual agency activities.
 - **WFP Ethiopia.** WFP, the United States Agency for International Development (USAID) and the World Bank held discussions on the importance of providing nutritional support to people affected by HIV/AIDS, in particular those on ART. As a result, the World Bank plans to include nutritional support in the next phase of the Ethiopian Multisectoral AIDS Programme (EMSAP) to begin in 2006. United Nations agencies are developing a joint HIV/AIDS programme that includes WFP's HIV/AIDS interventions.
 - **WFP Haiti.** The Swiss Agency for Development and Cooperation (SDC) seconded an HIV/AIDS adviser to WFP Haiti who, with two technical non-governmental actors in the area of care and treatment (Partners in Health and Management and Resources for Community Health), helped the country office to expand and improve the targeting of its activities from 14,100 beneficiaries in 2004 to 16,700 in 2005. This secondment also enabled the country office to raise awareness of HIV-related issues among staff and contract workers and among the staff of its main logistics service provider.
 - **World Vision International (WVI).** WFP and WVI conducted joint programming in HIV/AIDS and school feeding in Burundi, Mauritania and Sierra Leone. In Burundi, both partners raised extra funds for complementary HIV/AIDS activities; in Sierra Leone, the Enhanced School Feeding and Life Skills Project was launched jointly to improve enrolment and attendance in 197 primary schools and provide HIV/AIDS preventive education to reduce the vulnerability of pupils, teachers and parents in the schools and surrounding communities.

Children Affected by HIV and AIDS

9. WFP's programming in support of children affected by HIV and AIDS is central to its HIV/AIDS response. However, as the number of orphans in the world last year rose to an unprecedented 15 million, WFP and its partners still struggled to obtain sufficient resources to fully fund OVC support programmes. WFP work includes:

³ WFP, FAO, the International Labour Organization (ILO), UNAIDS, the United Nations Development Programme (UNDP), UNICEF/Global Fund, WHO, the United Nations Development Fund for Women (UNIFEM), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Office for the Coordination of Humanitarian Affairs (OCHA).



- **Collaboration with the United Nations Children’s Fund (UNICEF).** WFP works with UNICEF to make sure that national governments include the needs of OVC in their AIDS policy frameworks.
- **Junior Farmer Field and Life Schools (JFFLS).** The JFFLS, implemented with the Food and Agriculture Organization of the United Nations (FAO), is one example of an innovative programme with tremendous potential for expansion but which is currently too small to make a difference in the lives of more than a few thousand children. WFP and FAO continue to consolidate experience and refine the JFFLS, which provide OVC with agricultural and life skills in a child-friendly manner in formal and non-formal schools. A programme guidance manual was pilot tested in Namibia and Zambia and is being finalized. Governments are essential partners in the JFFLS approach; UNICEF may join the partnership in future. The JFFLS is active to varying degrees in Kenya, Mozambique, Namibia, Swaziland, Tanzania and Zambia; and other countries have indicated interest in adopting the approach.
- **United Nations Alliance on OVC, Sustainable Livelihoods and Social Protection.** The United Nations and Partners’ Alliance on OVC, Sustainable Livelihoods and Social Protection was established by WFP, FAO, UNICEF, the Cooperative for Assistance and Relief Everywhere (CARE) and Oxfam–Great Britain to strengthen programming for OVC, with an emphasis on securing their future livelihood needs and building linkages with communities, national policy processes and global initiatives. The Alliance could help countries to fulfil their commitment to children affected by HIV and AIDS by prioritizing OVC support programmes such as the JFFLS.

NATIONAL-LEVEL POLICY AND PROGRAMMING

10. The effectiveness of WFP’s HIV/AIDS programming is dependent on the commitment, capacity and action of governments. In 2005, more than in previous years, WFP worked to strengthen national responses. It provided technical advice to governments and non-governmental organizations (NGOs) on how to programme and estimate the cost of food and nutrition support for PLWHA, people living with tuberculosis (TB) and support to OVC. WFP also assisted several governments in developing their proposals to The Global Fund. Countries in which WFP played an intensified role in strengthening national-level HIV/AIDS and nutrition policy and programming include:
- **Benin.** WFP Benin worked with the Government of Benin to help it secure a grant from The Global Fund to be used for HIV/AIDS-related food and nutrition assistance programmes. WFP was active in identifying and estimating the cost of food assistance needs and in implementing the programme.
 - **Burkina Faso.** Since 2004, WFP has provided food support for TB patients in four national TB centres. Convinced that food assistance could play a major role in increasing adherence and improving treatment outcomes, the National Tuberculosis Programme included a food assistance component in a proposal to The Global Fund that was approved in 2005, allowing WFP to extend its food support to all TB centres in the country and reach 5,000 TB patients every year for five years.
 - **Georgia.** WFP Georgia signed a bilateral agreement with the National Centre for Tuberculosis and Lung Diseases (NCTLD) to implement the food component of TB treatment in Georgia, with resources from The Global Fund.



- **Guinea Bissau.** WFP provided food for patients on ART through a project paid for by the Global Fund. The project is implemented jointly with UNDP, the Government of Guinea Bissau and local NGO partners.
11. Other important collaboration with and support for governments involved the following countries:
- **Ethiopia.** WFP Ethiopia worked with the national AIDS coordinating body to implement the urban nutritional support programme. WFP worked to secure funding from USAID and the President's Emergency Plan for AIDS Relief (PEPFAR), the first time PEPFAR funds have gone to WFP. Through the Donors Forum and other inter-agency working groups in which WFP participates, the Ethiopian Government acknowledges the need to link nutritional support to ART rollout.
 - **Uganda.** WFP, the Uganda AIDS Commission and UNAIDS initiated a joint advocacy project aimed at mainstreaming food and nutrition support into a revised national policy framework for HIV/AIDS. The project includes an analysis of the current role of food assistance and a sensitization and advocacy campaign with local stakeholders to ensure that nutritional concerns are addressed in the new framework.

WFP IN ACTION

12. WFP's HIV/AIDS programmes continued to grow during 2005. By the end of the year, WFP was working in 21⁴ of the 25 most severely affected countries and had HIV/AIDS-related programming in 51 countries. Addressing gender issues is essential to successful HIV/AIDS programming. In order to help country offices and partners to mainstream gender into their programming and to meet the needs of men and women beneficiaries, WFP has developed a technical guidance document entitled *Getting Started: HIV, AIDS and gender in WFP programmes*.
13. Some of the programme highlights from last year include:
- **Care and treatment.** WFP continued to work in partnership with governments, NGOs and other United Nations agencies to expand access to food and nutritional support for food-insecure PLWHA and their families through home-based care (HBC), TB and ART programmes in 36 countries, reached 1 million beneficiaries.
 - **Myanmar.** WFP provided nutritional support for 2,000 food-insecure PLWHA and TB patients, in collaboration with the Adventist Development and Relief Agency (ADRA) and the Renewable Energy Association Myanmar (REAM). UNDP HIV/AIDS Project and WFP are currently exploring collaboration in food for training (FFT) to help provide livelihood opportunities for PLWHA.
 - **Awareness and prevention education.** WFP promoted HIV/AIDS awareness-raising and prevention education in 30 countries in Africa, Asia and Latin America. Schoolchildren, teachers, beneficiaries of relief operations, PLWHA and their families and vulnerable groups were targeted through school feeding, food for work/food for assets (FFW/FFA), FFT, relief operations and mother-and-child health (MCH) programmes. WFP and partners integrated gender issues into awareness and prevention activities, particularly in FFW, FFT and MCH programmes and emergency

⁴ HIV/AIDS activities are supported through 10 country programmes, 2 development projects, 19 protracted relief and recovery operations (PRROs) and 3 emergency operations (EMOPs).



operations (EMOPs). Some examples of WFP-supported awareness and prevention activities include:

- **Lesotho.** WFP supports the Positive Action Food-for-Work Project, a peer-support group for PLWHA that provides HIV-prevention education to FFW beneficiaries.
 - **Malawi.** WFP developed an integrated training-of-trainers manual aimed at building capacity and enhancing skills for women and men at the community level. WFP partners, district-level school feeding coordinators and 250 community members were trained in gender, HIV/AIDS, leadership skills and participatory decision-making.
 - **Swaziland.** WFP, UNFPA and the Ministry of Education jointly implemented a project through relief committees to raise awareness and understanding of HIV and AIDS, gender and gender-based violence.
 - In some countries, there are no partners on the ground to share life-saving prevention information. In **Sierra Leone and other West African countries**, WFP staff led prevention education activities during relief operations and simultaneously explored targeted care and support programmes for PLWHA.
14. With the unsettling knowledge that every minute six people are newly infected with HIV, WFP's prevention efforts must go beyond awareness and education to include support for service delivery. Two notable examples of WFP's involvement in expanded prevention programmes are:
- **Prevention of mother-to-child transmission (PMTCT).** WFP provided food and nutritional support to women, their children and families through PMTCT programmes in 13 countries, reaching 95,111 beneficiaries.
 - **Wellness Centres for transporters in Malawi.** WFP and TNT⁵ joined forces to address the heavy impact of AIDS in the transport sector. With the Government of Malawi, a local NGO, the road freight association and private transport companies, and with funding from the Swedish International Development Agency (SIDA), a container was converted into a wellness centre and placed at the Malawi/Mozambique border. Truckers and local sex workers have free access to confidential counselling, diagnosis and treatment of sexually transmitted infections (STI), HIV/STI education, condoms, treatment for minor ailments and referrals to community HIV/TB treatment programmes. Gender issues are addressed by encouraging men to take personal responsibility for the prevention of HIV/STIs. The Clinton Global Initiative has highlighted this project as an example of excellent public-private partnership. A second wellness centre offering education and prevention but no clinical services is located at the WFP warehouse in Blantyre.
15. Of the 18,000 people newly infected every day, half are young people. An alarming 600,000 children are in need of HIV medications and do not have access to them. The need for prevention efforts to protect children from the harmful effects of HIV and AIDS could not be more urgent. WFP's efforts to help children from HIV/AIDS-affected families focus primarily on keeping them in school and making sure that they have the skills to survive in a world with AIDS.

⁵ Thomas Nationwide Transport, a global provider of mail, express and logistics services.



16. WFP intensified its efforts to address the food security of children affected by HIV/AIDS and expanded activities for OVC to 22 countries. WFP and UNICEF continued to work towards joint programming at the global level, which will facilitate joint action at regional and country levels. With the collaboration of governments, other United Nations agencies and local and international NGOs, WFP assisted an increased number of vulnerable children. Highlights from WFP's programming in support of OVC include:
- **School feeding programmes (SFPs).** WFP's SFPs assisted 5.4 million schoolchildren, the majority affected by HIV and AIDS, in 20 of the 25 hardest hit countries. By sponsoring SFPs in areas of high prevalence, more OVC were attracted to school. In particular, nutritious in-school meals made it possible for vulnerable girls to attend classes, thereby alleviating short-term hunger and improving their chances of healthy and productive lives. There are currently 17 WFP-supported SFPs that have integrated HIV prevention education.
 - **Take-home rations.** WFP provided individual and household take-home rations for OVC in 12 countries to increase school attendance and enrolment and to improve food security of households hosting orphans. Monitoring results show that take-home rations are contributing to better school attendance and enrolment, particularly in Ethiopia, Lesotho and Malawi. A joint study on the impact of take-home rations, co-funded by UNICEF and WFP, is planned in 2006.
 - **Food assistance as part of a comprehensive package for OVC.** WFP also supports children affected by HIV and AIDS through HBC programmes. In Ethiopia for example, WFP provided food and nutritional support to HBC programmes that assisted OVC with skills training and school fees.

OPERATIONAL RESEARCH

17. There is a persistent tension between science and action. The need to proceed swiftly in order to save lives is not disputed, but it is necessary to base action on knowledge and science to maximize the positive effects of an intervention. In 2005, WFP stepped up its involvement in operational research through a variety of high-profile partnerships with academic and specialist institutions. Its most significant work in this area is described below.
- The consultation on nutrition and HIV/AIDS in Africa, hosted by WHO in Durban, South Africa, helped build a consensus among governments, the scientific community and operational agencies as to the state of scientific knowledge about HIV and nutrition. WFP led a round table discussion on nutrition, care and support. Of particular relevance to WFP's activities, the group acknowledged that "adequate nutrition is necessary to ensure optimal benefits from the use of anti-retroviral treatment, which is essential to prolong the lives of HIV-infected people and prevent transmission of HIV from mother to child". WFP continues to work with WHO and others to build the scientific evidence base and the evidence related to programming food and nutritional assistance.



- With funding from the French and Danish ministries of foreign affairs, WFP launched a partnership with WHO, FAO, ILO and French (DIAL/IRD and INSERM⁶) and Belgian (ITMA⁷) research institutions on a multi-country operational research project in West and East Africa. The project, *Impact du soutien nutritionnel intégré à la prise en charge globale des patients sous ARV* (INIPSA), will document the impact of nutritional interventions as part of HIV/AIDS treatment on the clinical and socio-economic status of PLWHA under ART and on their ability to return to work. In 2005, the project collected baseline data in Benin, Burundi, Mali and Senegal to profile the current treatment situation in those countries. The introduction of nutritional and treatment interventions is under way, and will be followed by an impact evaluation.
- In **Tajikistan**, WFP and the Red Crescent Society undertook an impact study to look at the results of providing food supplements to TB patients. The study found that food assistance can substantially increase TB treatment completion and cure rates among poor and vulnerable patients.
- In **Zambia**, WFP collaborated with the Centre for Infectious Disease Research and the Government of Zambia to explore whether food support led to improved adherence or weight gain among food-insecure patients on ART. Preliminary findings showed that a monthly household food ration improved adherence to ART and resulted in improved immune response over the first year of treatment.
- In **southern Africa**, the Community and Household Surveillance System (CHS) allows WFP to monitor its programme outcomes, especially those related to food and livelihood security of beneficiary households as compared to non-beneficiary households. CHS findings showed that in Lesotho and Malawi, beneficiary households under the WFP HIV/AIDS Regional Programme were significantly more likely to achieve dietary adequacy than non-beneficiaries in the same communities.
- WFP initiated a pilot project to develop standard outcome indicators and data-collection and reporting tools for its HIV/AIDS activities, including food support to PMTCT, ART, HBC, OVC and TB programmes. The consultative process involves partners such as NGOs, WHO, UNICEF and the Global Fund, to determine which indicators may feasibly be collected in the context of national strategies. The indicators are being pilot tested in WFP's operations in the Central African Republic, Ethiopia, Haiti and Mozambique with local cooperating partners. A monitoring and evaluation toolkit will be available by the end of 2006.
- The WFP HIV/AIDS Unit (PDPH) commissioned four country studies to review social welfare mechanisms and a possible role for food-based assistance. The studies were conducted in a rapidly changing environment of national and global social-protection debates. Drawing on findings from the country studies, WFP contributed to the UNICEF review of social safety nets in eastern and southern Africa and the launch of the Alliance on OVC, Sustainable Livelihoods and Social Protection. A guidance paper to be published in 2006 will address social protection, HIV/AIDS and food-based support in the operational context.

⁶ European Centre for Research in Development Economics (DIAL), *Institut de recherche pour le développement* (IRD), *Institut national de la santé et de la recherche médicale* (INSERM).

⁷ Institute of Tropical Medicine, Antwerp.



- A comprehensive costing exercise was conducted with funding from UNAIDS to determine the costs of food and nutritional support for HIV/AIDS-related programmes. The exercise considered the food basket and associated costs for WFP and cooperating partners. The data used in the study were provided by 20 country offices; the results were disseminated to all country offices, which were asked to share them with UNAIDS co-sponsors. A *User's Manual for HIV/AIDS Programme Planning* and costing tools are being developed to help field offices to deliver cost-effective food and nutritional support.

Technical Information

18. Headquarters is responsible for ensuring that field offices have access to updated technical information and for assisting them in the start-up and implementation of HIV/AIDS-related activities. PDPH, in collaboration with partners such as WHO, UNAIDS and UNFPA, produced the following guidance materials in 2005:
- Cost analysis of food and nutritional support for HIV/AIDS programmes.
 - Social protection in the era of HIV/AIDS: Examining the role of food-based interventions.
 - Getting Started: HIV/AIDS and gender.
 - Getting Started: WFP support to HIV/AIDS training for transport and contract workers.
 - Getting Started: WFP food assistance in the context of TB care and treatment (draft).
 - Getting Started: Incorporating food assistance into HIV/AIDS care and treatment programmes (draft).

THE WFP WORKPLACE AND HIV/AIDS

19. WFP's HIV/AIDS in the Workplace programme was launched in 2004 to reduce HIV transmission and mitigate the impact of HIV/AIDS on WFP staff, their families and the workplace. By 31 December 2005, Headquarters and the six regional bureaux had conducted 450 workshops covering 9,143 staff of the estimated total staff of 11,915, resulting in a global staff attendance of 77 percent. So far in 2006, 700 staff have been trained in the field; three sessions are planned for Headquarters in May, July and November; an additional three sessions with WFP standby partners will also take place this year.
20. After negotiations lasting more than two years, Van Breda, WFP's insurance company, agreed that it would extend coverage by allowing the payment of US\$25,000 to families of WFP staff members on service contracts and special service agreements who die of AIDS. This landmark change in policy is in keeping with WFP's record as a leader in the United Nations system for care of its staff.

MOVING FORWARD

21. In the coming year, WFP will focus on improving its programmes and making the best possible contribution to the global response. WFP will cultivate new partners and develop working relationships with institutions, including those in the private sector, that share its



philosophy and commitment to a world without hunger and AIDS. WFP will also strive to cooperate more fully with existing partners.

22. Even greater emphasis will be put on assisting governments to strengthen national HIV/AIDS responses and implement the Three Ones principles. WFP will increase its advocacy with governments and donors, urging them to recognize the critical role of food and nutrition in treatment and care programmes in their strategic plans, and to assign adequate resources to execute them.
23. Refugees, internally displaced people and other populations of humanitarian concern have received little of the world's attention and consequently lack critical HIV/AIDS prevention, care and treatment services. WFP will increase its efforts to explore the unique interactions between HIV/AIDS and nutrition in emergency settings and ensure that related services are made available when and where they are needed.
24. WFP will reinforce its commitment to the primacy of supporting children affected by HIV and AIDS and securing the future of the next generation. HIV-prevention education will continue to be incorporated into school feeding programmes while extra effort will be given to reaching the millions of vulnerable children who have no access to education.
25. To assist and support WFP's HIV/AIDS programming, five regional HIV/AIDS advisers have been hired and are taking up their posts. The Middle East, Central Asia and Eastern Europe Regional Bureau (ODC) will not have a dedicated regional HIV/AIDS adviser, but a regional strategy for initiating and implementing country-level HIV/AIDS programmes is being developed.
26. WFP's HIV/AIDS response has developed considerably in five years, but not nearly enough. WFP cannot be complacent in its success nor defeated by its failures. It must document its experience and encourage others to do the same to facilitate sharing of knowledge and replication of good practices. Five years from now, it must be able to point to a massively expanded programme of nutritional support to food-insecure, HIV/AIDS-affected families and exponentially expanded prevention programmes, especially those targeting children. WFP owes it to the memory of the 58 children who die of AIDS every hour of every day.



ACRONYMS USED IN THE DOCUMENT

ADRA	Adventist Development and Relief Agency
AIDS	acquired immune deficiency syndrome
ART	anti-retroviral therapy
CARE	Cooperation for Assistance and Relief Everywhere
CHS	Community and Household Surveillance System
DFID	Department for International Development
DIAL/IRD	European Centre for Research in Development Economics/ <i>Institut de recherche pour le développement</i>
EMSAP	Ethiopian Multisectoral AIDS Programme
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
FFA	food for assets
FFT	food for training
FFW	food for work
GTT	Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors
HBC	home-based care
HIV	human immunodeficiency virus
IDP	internally displaced person
ILO	International Labour Organization
INIPSA	<i>Impact du soutien nutritionnel intégré à la prise en charge globale des patients sous ARV</i>
INSERM	<i>Institut national de la santé et de la recherche médicale</i>
JFFLS	Junior Farmer Field and Life School
MCH	mother-and-child health
NCTLD	National Centre for Tuberculosis and Lung Diseases
NGO	non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
ODAV	Vulnerability Analysis and Mapping Branch
ODC	Middle East, Central Asia and Eastern Europe Regional Bureau
OVC	orphans and vulnerable children
PDPH	HIV/AIDS Service
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	people living with HIV/AIDS



PMTCT	prevention of mother-to-child transmission
PRRO	protracted relief and recovery operation
REAM	Renewable Energy Association Myanmar
SDC	Swiss Agency for Development and Cooperation
SFP	school feeding programme
SIDA	Swedish International Development Agency
STI	sexually transmitted infections
TB	tuberculosis
TPG	TNT Post Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations country team
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNISP	United Nations Implementation Support Plan
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
WHO	World Health Organization
WVI	World Vision International