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Update on WFP's response to HIV and AIDS

Executive summary

At the request of the Executive Board regular updates are provided on the implementation of the WFP HIV and AIDS Policy.¹ WFP's work on HIV/AIDS is fully aligned with the current 2016–2021 strategy of the Joint United Nations Programme on HIV/AIDS² and its revised division of labour,³ the 2030 Agenda for Sustainable Development and the WFP Strategic Plan (2017–2021).⁴

WFP has been a co-sponsoring organization of the Joint United Nations Programme on HIV/AIDS since 2003. Under the joint programme's division of labour, WFP co-convenes one inter-agency task team on HIV-sensitive social protection with the International Labour Organization and another on addressing HIV in humanitarian emergencies with the Office of the United Nations High Commissioner for Refugees.

WFP's technical and operational support to countries helps to improve households' food security and nutrition and enhance their socioeconomic status. Food and nutrition support contributes to improved treatment access and adherence for vulnerable groups while reducing high-risk behaviours that could increase the transmission of HIV and tuberculosis.

In 2020 WFP helped 540,000 people living with HIV and tuberculosis and their families to meet their essential nutritional needs. This was achieved through programming to provide food, cash and voucher transfers in 23 countries and through life-saving and life-changing assistance. WFP was present in all regions worldwide, including in emergency and fragile contexts.

WFP reached additional beneficiaries through other HIV-sensitive interventions such as general food distribution and school feeding, as well as through institutional and individual capacity strengthening activities and training on social and behaviour change communication.

¹ [WFP HIV and AIDS Policy](#) (WFP/EB.2/2010/4-A).

² Joint United Nations Programme on HIV/AIDS. 2016. [UNAIDS 2016–2021 Strategy: On the Fast-Track to end AIDS](#).

³ Joint United Nations Programme on HIV/AIDS. 2018. [UNAIDS Joint Programme Division of Labour: Guidance note 2018](#).

⁴ [WFP Strategic Plan \(2017–2021\)](#) (WFP/EB.2/2016/4-A/1/Rev.2).

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As a result of the COVID-19 pandemic, many people living with HIV have faced service disruptions due to shortages, reduced health system capacity and lack of access to health services. Competing priorities for HIV clinics and health-care workers, travel restrictions, non-availability of public transportation and limited private transportation and worsening socioeconomic contexts have affected continuity of essential HIV services. To help mitigate these effects, the World Health Organization has issued guidance on maintaining essential services, including specific measures such as multi-month dispensing (3–6 months preferred), as well as decentralized delivery for new antiretroviral therapy initiators, pregnant and breastfeeding women, infants and children. Coronavirus disease has also affected global food value chains, causing disruptions in production, processing and distribution and thus food insecurity, which can be a significant barrier to effective antiretroviral therapy adherence. WFP's operations have also been significantly affected. WFP headquarters has rolled out several types of guidance and collaborated with other United Nations entities on developing additional technical and advocacy materials. WFP has also been able to reprogramme catalytic funding from the Joint United Nations Programme on HIV/AIDS to rapidly adapt to the COVID-19 pandemic. Numerous countries have established and adapted safety net programmes to mitigate the impact of COVID-19 on vulnerable people living with and affected by HIV. WFP has ensured the adequacy of social safety nets to meet the needs of people living with HIV in several regions, providing technical support to governments and national partners, including national HIV/AIDS councils and civil society. WFP programmes implemented at health facilities have faced challenges, however, due to COVID-19-related restriction measures.

HIV and tuberculosis in 2019

1. Despite nearly four decades of global response, HIV remains one of the world's most serious public health challenges. Worldwide, AIDS-related illness is still the leading cause of death among women of reproductive age⁵ and accounted for 60 percent of deaths in children under 5 in 2019.⁶ At the end of 2019, 38 million people were living with HIV, including 1.7 million newly infected people. Adolescent girls and women are disproportionately affected and at higher risk: around 5,500 young women age 15–24 become infected with HIV every week, and young women age 15–24 are twice as likely as men to be living with HIV.⁷
2. In 2019 progress was made towards the 90–90–90 treatment targets^{8,9} of the Joint United Nations Programme on HIV/AIDS (UNAIDS): in 2019, 81 percent of people living with HIV knew their HIV status, 67 percent were on antiretroviral therapy (ART) and 59 percent had suppressed viral loads, compared to 2018, when 79 percent knew their HIV status, 62 percent were on ART and 53 percent had suppressed viral loads¹⁰. Despite the progress, 7.1 million people still did not know that they were living with HIV.
3. While 85 percent of pregnant women living with HIV had access to HIV treatment services in 2019, only 53 percent of children living with HIV did. Only 37 percent of children living with HIV were virally suppressed in 2019, compared to 60 percent of adults.¹¹ Reductions in the number of children acquiring HIV constitute one of the most important achievements of the

⁵ UNAIDS. 2020. *We've got the power: Women, adolescent girls and the HIV response*.

⁶ UNAIDS. 2020. *2020 World AIDS Day Report: Reimagining a resilient HIV response for children, adolescents and pregnant women living with HIV*.

⁷ UNAIDS. 2020. *Fact sheet – World AIDS Day 2020*.

⁸ UNAIDS. 2020. *Global HIV & AIDS statistics – 2020 fact sheet*.

⁹ By 2020, 90 percent of all people living with HIV will know their HIV status, 90 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90 percent of all people receiving antiretroviral therapy will have viral suppression. The next UNAIDS strategy (2021–2026) will contain new 95–95–95 targets for the treatment cascade.

¹⁰ UNAIDS. 2019. *Fact sheet – World AIDS Day 2019*.

¹¹ UNAIDS. 2020. *Global HIV & AIDS statistics – 2020 fact sheet*.

- HIV response, yet in 2019, there were 150,000 new HIV infections among children under 5, a long way off from the 2020 target of 20,000 new infections.¹²
4. Tuberculosis (TB) remains the leading cause of death among people living with HIV, accounting for around one in three AIDS-related deaths. In 2019, 9 percent of all TB cases were in people living with HIV, with TB being the cause of 208,000 deaths. In 2019, approximately 10 million people developed TB.¹³
 5. TB is strongly associated with gender-related¹⁴ structural socioeconomic barriers and inequality. Poverty, malnutrition,¹⁵ poor housing and overcrowding increase vulnerability and exposure to TB. Co-infection with HIV adds to the stigma of TB and can present major barriers to access to essential services for people living with HIV and TB.
 6. In addition to the 2030 Agenda for Sustainable Development, two high-level political declarations on HIV¹⁶ and TB¹⁷ draw attention to the importance of accelerating progress in addressing both HIV and TB and ending the two epidemics by 2030.

Funding outlook for 2021

7. UNAIDS is WFP's largest donor for HIV programming. WFP is accountable to UNAIDS through annual reporting on progress under the UNAIDS unified budget, results and accountability framework. The framework brings together the HIV responses of all UNAIDS co-sponsoring organizations, promoting coherence and coordination in planning and implementation. Funding from UNAIDS is used to increase the capacity and resources for HIV responses at the country, regional and global levels in the context of multi-sector and multi-stakeholder initiatives.
8. Since 2016 core funds from the UNAIDS secretariat have been significantly reduced, resulting in a 50 percent cut in funding to co-sponsors in 2016–2017.¹⁸ This reduction in core funding has led to reduced country-level capacity and scaled back programming, along with a sharpened focus on “fast-track” countries, specific populations and locations and the promotion of a context-specific approach.
9. An annual core allocation of USD 2 million per co-sponsor offers a degree of predictability in implementation and programming. At its forty-fourth meeting, the UNAIDS Programme Coordinating Board agreed to allocate an additional USD 25 million per year to fund joint work by the co-sponsors at the country level. These allocations are in the form of country envelopes (USD 22 million) and “business unusual funds” (USD 3 million) for leveraging joint actions in the 35 fast-track countries¹⁹ and supporting regional priorities and strategies.

¹² UNAIDS. 2020. *Press Release. Despite great progress since the early days, the HIV response is still failing children.*

¹³ World Health Organization. 2020. *Global tuberculosis report 2020.*

¹⁴ Gender-related barriers to TB services take many forms and affect both men and women. People living with TB often face stigma and discrimination, which may discourage them from seeking TB testing and treatment services. For people with HIV/TB co-infection, TB-related stigma may be exacerbated by HIV-related stigma.

¹⁵ Undernutrition and diabetes associated with obesity are risk factors for TB.

¹⁶ [General Assembly resolution 70/266, Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030.](#)

¹⁷ [General Assembly resolution 73/3, Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis.](#)

¹⁸ The UNAIDS budget is approved by the Programme Coordinating Board for a biennial period.

¹⁹ The UNAIDS fast-track countries are Angola, Botswana, Brazil, Cameroon, Chad, China, Côte d'Ivoire, the Democratic Republic of the Congo, Eswatini, Ethiopia, Ghana, Haiti, India, Indonesia, the Islamic Republic of Iran, Jamaica, Kenya, Lesotho, Malawi, Mali, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, the Russian Federation, South Africa, South Sudan, Uganda, Ukraine, the United Republic of Tanzania, the United States of America, Viet Nam, Zambia and Zimbabwe.

10. WFP country offices in all regions took part in the UNAIDS country envelope and business unusual funds process, which resulted in a 9 percent increase in funding, for a total allocation of USD 1.45 million for 39 WFP country offices in 2021, up from 36 country offices in 2020.
11. Donor and government investments in the HIV response have stagnated over the last half-decade,²⁰ leading to a global funding gap of over USD 7 billion. In the 2016 United Nations political declaration on ending AIDS,²¹ countries agreed to invest USD 26 billion in the HIV response by 2020. Resources in low- and middle-income countries rose in 2017 but started decreasing in 2018, with only USD 19.8 billion available in 2019, 76 percent of the 2020 target.²²

WFP and UNAIDS working together

12. The WFP Strategic Plan (2017–2021)²³ aligns the organization's work with the global call to action of the 2030 Agenda, which prioritizes efforts to end poverty, hunger, all forms of malnutrition and inequality, encompassing humanitarian and development efforts through the humanitarian–development nexus. WFP's results-based, tailored country portfolios maximize contributions to government efforts to achieve the Sustainable Development Goals (SDGs).
13. WFP's strategic and operational vision is guided by SDG 2 on ending hunger and SDG 17 on revitalizing global partnerships for the implementation of the global development agenda. Progress towards SDG 2 contributes to, and depends on, many other SDGs, including SDG 3 on ensuring healthy lives and well-being. To sustain the progress made by the HIV/AIDS and TB response at the beginning of the final decade of the 2030 Agenda, food security and nutrition support will need to be consistently integrated into the HIV/AIDS multisectoral response, especially in emergency and crisis-affected settings. In an era of competing priorities, WFP takes an integrated, systems-based approach to its work on HIV/TB, which includes interventions at all levels, from the people and households directly affected by HIV/TB to national governments.
14. WFP is one of 11 UNAIDS co-sponsoring organizations. Under the UNAIDS division of labour,²⁴ WFP co-convenes one inter-agency task team on HIV-sensitive social protection, with the International Labour Organization (ILO), and another on addressing HIV in humanitarian emergencies, with the Office of the United Nations High Commissioner for Refugees. WFP helps to lead advocacy efforts and the development of technical and operational guidance, in conjunction with other United Nations entities, academia, non-governmental organizations (NGOs), civil society and donors.
15. At the forty-fifth session of the UNAIDS Programme Coordinating Board, in December 2019, a review of the current strategy (2016–2021) was undertaken in consultation with Member States. Initial results of the review were shared at the forty-sixth session, in June 2020, and an annotated outline of the UNAIDS strategy for 2021–2026 was presented at the forty-seventh session of the Programme Coordinating Board, in December 2020. The new strategy was endorsed at a special session of the Board convened for that purpose in March 2021. WFP was heavily involved in the development of the new UNAIDS strategy throughout 2020 and into 2021, convening focus groups that gathered co-sponsors, NGOs,

²⁰ UNAIDS. 2019. [Press Release. Galvanizing global ambition to end the AIDS epidemic after a decade of progress.](#)

²¹ [General Assembly resolution 70/266, Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030.](#)

²² https://www.unaids.org/sites/default/files/media_asset/JC3019_InvestingintheAIDSresponse_En.pdf.




²³ [WFP Strategic Plan \(2017–2021\).](#)

²⁴UNAIDS. 2018. [UNAIDS Joint Programme Division of Labour: Guidance note 2018.](#)

civil society, academia and other experts on HIV in humanitarian settings and social protection. WFP also contributed to the development of two new strategy result areas²⁵ while providing technical input for the final strategy.

16. The UNAIDS strategy for 2016–2021 is aligned with five AIDS-related SDGs that link to eight strategy result areas,²⁶ as outlined in figure 1. WFP’s work on HIV addresses multiple SDGs while contributing to a range of strategy result areas. With the new strategy, titled “End Inequalities. End AIDS. Global AIDS Strategy 2021–2026”, UNAIDS and its co-sponsors seek to reduce the inequalities that drive the AIDS epidemic and put people at the centre to get the world on track to end AIDS by 2030.

Figure 1: Alignment of the Sustainable Development Goals and the strategic result areas of the UNAIDS strategy for 2016–2021

<i>UNAIDS strategy for 2016–2021: strategic milestones for 2020</i>				
Fewer than 500,000 people newly infected with HIV	Fewer than 500,000 people dying from AIDS-related causes	Elimination of HIV-related discrimination		
<i>Sustainable Development Goals</i>				
				
<i>UNAIDS strategy result areas</i>				
SRA 1 SRA 2	SRA 3 SRA 4	SRA 5	SRA 6	SRA 7 SRA 8

Abbreviation: SRA, strategy result area.

WFP’s contribution to ending AIDS by 2030

17. In 2020, WFP provided technical assistance in the form of evidence generation and training for health staff to 37 governments in six regions in support of their efforts to integrate food and nutrition concerns and services into their national HIV/TB responses. WFP was also able to support national priorities through the development or revision of national policies, strategies and guidelines on nutrition and HIV and the development of other nutrition assessments, counselling and support tools. This support contributed to the development

²⁵ The new strategy result areas are: “integrated systems for health and social protection schemes that support wellness, livelihood and enabling environments for people living with, at risk of and affected by HIV to reduce inequalities and allow them to live and thrive” and “fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks”.

²⁶ Strategy result area 1: Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment; Strategy result area 2: New HIV infections among children are eliminated and their mothers’ health and well-being is sustained; Strategy result area 3: Young people, particularly young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV; Strategy result area 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants; Strategy result area 5: Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV; Strategy result area 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed; Strategy result area 7: AIDS response is fully funded and efficiently implemented based on reliable strategic information; Strategy result area 8: People-centred HIV and health services are integrated in the context of stronger systems for health.

- of integrated nutrition treatment, care and support packages for the provision of high-quality nutrition services to people living with HIV to support ART treatment.
18. WFP continued to implement its nutritional assessment, counselling and support programme for malnourished people living with HIV on ART in 2020, in 12 countries across four regions, reaching more than 160,000 malnourished clients with specialized nutritious foods. The nutrition assessment, counselling and support programme aims to improve the quality of care and decrease the morbidity and mortality associated with HIV/TB by improving or maintaining nutrition status, improving treatment adherence and helping to prevent nutrition-related disease.
 19. WFP continued to explore opportunities to address the needs of households affected by HIV/TB. In 2020, WFP reached more than 370,000 people with safety net programmes, providing assistance in the form of food, cash and vouchers. In Namibia, through the United States President's Emergency Plan for AIDS Relief (PEPFAR), WFP complemented government food assistance to drought-affected communities in eight of the 14 regions of the country by providing food rations to around 100,000 vulnerable ART clients and their households.
 20. In line with global trends, WFP continued to integrate its prevention of mother-to-child transmission programme and its mother-and-child health and nutrition programme to prevent HIV transmission and ensure that mothers and infants (regardless of their serological status) have access to growth monitoring, vaccinations, micronutrient supplements, nutrition assessments, education, counselling and complementary foods. In Ethiopia and Uganda, WFP continued to treat moderate acute malnutrition in all children and pregnant and lactating women, including those affected by HIV and those in refugee camps. In Lesotho, in collaboration with the United Nations Population Fund, WFP continued to support pregnant women in "waiting homes" to encourage them to deliver their babies in health centres, helping to reduce mother-to-child HIV transmission. In the United Republic of Tanzania, WFP worked jointly with the United Nations Children's Fund to develop tools for integrating prevention of mother-to child transmission of HIV with nutrition assessment, counselling and support. Training in nutrition assessment, counselling and support was provided in five regions with high in-country HIV burdens.
 21. In 2020, WFP provided transfers in the form of food, cash and vouchers to the most vulnerable people living with HIV/TB and their families in 13²⁷ humanitarian, refugee and other fragile settings. Humanitarian emergencies, forced displacement, food insecurity, poverty, sexual violence, disruption of services and health system collapse can lead to increased vulnerability to HIV infection and interruption of treatment.
 22. In South Sudan, where the secondary effects of the COVID-19 pandemic are causing food insecurity and crop production is declining as a result of extreme seasonal flooding, approximately 70,000 malnourished people living with HIV/TB and their families were provided with counselling, food and nutrition support through implementing partners. The programme was implemented at 73 health and nutrition facilities for refugee communities.
 23. In response to tropical cyclone Idai in Mozambique, together with NGO North Star Alliance and UNAIDS, WFP supported people living with and vulnerable to HIV. The project was initiated in the Beira transport corridor, with roadside HIV and TB services provided to truck drivers, adolescent girls and young women and vulnerable groups and communities via a roadside wellness clinic, referred to as the "blue box". The blue box programme led to 5,258 people receiving health counselling and HIV testing services, enrolment and treatment support and 4,383 TB screening tests, as well as COVID-19 testing. The programme also

²⁷ Burkina Faso, Bolivia (Plurinational State of), Cameroon, Central African Republic, Chad, Kenya, Madagascar, Mali, Rwanda, Somalia, South Sudan, Togo and United Republic of Tanzania.

helped raise awareness of sexual and reproductive health while addressing gender-based violence through various social and behaviour change communication channels.

24. WFP conducted targeted and rapid assessments in 17 countries in five regions in 2020. These assessments help make governments aware of the unique vulnerability status of HIV-affected households. A rapid assessment of people living with HIV in Tunisia during the COVID-19 pandemic, supported by UNAIDS and the Tunisia Ministry of Health, assessed and identified immediate needs for, and barriers to, access to healthy diets and ART for people living with HIV. The rapid assessment found that the main barriers to access to food reported by people living with HIV were a lack of basic commodities (empty shelves, 95 percent); increased prices (88 percent); and long queues in shops (81 percent). The findings will be used to inform tailored programmes that will influence the implementation of Tunisia's 2018–2022 national strategic plan for HIV/AIDS and sexually-transmitted infections.

HIV and COVID-19

25. Presently, based on limited data, people living with HIV who are on effective HIV treatment do not have an elevated risk for COVID-19. People living with HIV may be at increased risk from COVID-19 if they have especially low CD4 cell counts or are not on an effective HIV treatment such as ART.²⁸
26. As the COVID-19 crisis becomes protracted, food security needs generated by COVID-19, coupled with the socioeconomic downturn and strained health infrastructure, are compounding the impact of the crisis on the most vulnerable populations. COVID-19 has interrupted the supplies of medicine and inhibited access to preventive interventions. In high burden settings, HIV- and TB-related deaths over the next five years may rise by up to 10 percent and 20 percent, respectively, as a result of the COVID-19 pandemic. Modelling by UNAIDS and the World Health Organization indicates that COVID-19-related HIV treatment disruptions could lead to more than 500,000 additional deaths in sub-Saharan Africa. Moreover, interruption of ART would cause a 1.6-fold increase in mother-to-child transmission of HIV.²⁹
27. In April 2020, the Executive Director of UNAIDS approved on an exceptional basis the reprogramming of country envelope and business unusual funds by up to 50 percent of their initial amounts to support COVID-19-related activities.
28. In 2020, to mitigate risk and address the growing incidence of malnutrition during the COVID-19 pandemic, WFP supported the Ministry of Health of Uganda in developing guidelines and standard operating procedures for the continuity of essential health services. Based on integrated management of acute malnutrition and World Health Organization guidance, WFP further supported the Ministry of Health in building health workers' capacity to provide nutrition and HIV services in refugee-hosting districts.
29. In Djibouti, to respond to the crisis and mitigate the socioeconomic impacts of the COVID-19 pandemic on the most vulnerable and marginalized populations, WFP, in partnership with two local NGOs and the Ministry of Social Affairs and Solidarity, delivered cash transfers to several hundred households living with HIV, while making beneficiaries aware of the importance of registering for the *Programme National de Solidarité Famille*, the Government's social protection programme. WFP advised national counterparts to strengthen national social protection systems and build the Government's capacity to integrate and address the

²⁸ Centers for Disease Control and Prevention. 2021. *What to Know About HIV and COVID-19*.

²⁹ Jewell, B. L. et al. 2020. *Potential effects of disruption to HIV programmes in sub-Saharan Africa caused by COVID-19: results from multiple mathematical models*. *The Lancet*. August 2020.

fundamental needs of people living with and affected by HIV into reliable national social assistance.

30. In the spring of 2020, when the COVID-19 pandemic began to escalate in West and Central Africa, a survey conducted by UNAIDS revealed that up to 80 percent of people living with HIV had been affected by it and more than 50 percent of those affected needed financial and/or food assistance. The complementarity of WFP's expertise in delivering cash transfers and the extensive experience of UNAIDS in working with community-based organizations and affected populations ensured a unique and mutually beneficial collaboration with scope for adaptation, learning and scale-up. The cash-based pilot leveraged WFP's existing mechanisms and partnerships with financial service providers in four countries: Burkina Faso, Cameroon, Côte d'Ivoire and the Niger. The pilot reached 4,000 households (19,500 beneficiaries), many of whom used their cash transfers for food and investment in income-generating activities.

The year in numbers

31. In 2020, WFP supported national HIV and TB responses in 43 countries through HIV/TB-specific interventions, HIV/TB-sensitive approaches and capacity development activities. WFP assisted 540,000 people living with HIV and TB and their household members in 23 countries through HIV- and TB-specific programmes (table 1). It should be noted that this number does not reflect the many vulnerable people living with and affected by HIV who were assisted through other HIV/TB-sensitive approaches or through individual capacity strengthening interventions, including social and behaviour change communication and livelihood activities.³⁰

TABLE 1: BENEFICIARIES OF HIV- AND TB-SPECIFIC PROGRAMMES, 2020*	
UNAIDS fast-track countries	443 798
Other countries	107 801
Total	540 599

* Preliminary results based on the information reported in the narratives and output tables in the 2020 annual country reports. The data may slightly differ from the COMET (country office tool for managing effectively) figures, which only reflect the information reported in the output and outcome tables.

Partnerships

32. WFP provides leadership at a global level, together with partners like UNAIDS, the Office of the United Nations High Commissioner for Refugees and ILO. The inter-agency task team on addressing HIV in humanitarian emergencies developed HIV cluster guidance,³¹ which lists the key actions that are required for a minimum initial response, as well as COVID-19-specific guidance through a broad consultative process.³² Together with partners, WFP developed a government-focused social protection call to action³³ and a subsequent global webinar. Regionally, WFP, ILO, the United Nations Children's Fund and UNAIDS hosted multi-day, multilingual training on building social protection capacity, focused on the Regional Bureau for Western Africa. The Regional Bureau for Southern Africa, jointly with the Regional Bureau

³⁰ Including general food distribution, school feeding and capacity strengthening activities like social and behaviour change communication.

³¹ UNAIDS. 2020. *Integrating HIV in the Cluster Response*.

³² Inter-Agency Task Team on addressing HIV in humanitarian emergencies. *Covid-19 and HIV in Humanitarian Situations: Considerations for Preparedness and Response*.

³³ UNAIDS. 2020. *UNAIDS calls on governments to strengthen HIV-sensitive social protection responses to the COVID-19 pandemic*.

- for Eastern Africa, ILO and UNAIDS, conducted an East and Southern Africa regional mapping exercise on the HIV-sensitivity of current social protection systems, targeting HIV fast-track countries.
33. WFP continues to build HIV awareness by organizing events and participating in major international HIV/AIDS forums, such as the twenty-third International AIDS Conference, the World Bank Fragility Forum 2020 and the SPARKS Conference 2020, with partners like the Asian Development Bank and the Coalition for Children Affected by AIDS.
 34. WFP partners with the United States Agency for International Development/PEPFAR to deliver programmes that focus on food-insecure people living with and affected by HIV/AIDS. In Namibia, for example, WFP provided food and nutrition support to more than 100,000 people on ART in the eight regions of the country worst hit by years of consecutive drought and the highest prevalence of HIV.
 35. WFP's regional bureaux for Southern and Eastern Africa initiated research in collaboration with the University of Oxford, the University of Cape Town and the Accelerating Achievement for Africa's Adolescents (Accelerate) Hub. This research will focus on Southern Africa, highlighting bidirectional and multi-faceted links between food and nutrition security, HIV and social protection, with a specific focus on adolescents.
 36. WFP is finalizing research in collaboration with the London School of Hygiene & Tropical Medicine. The research has yielded strong evidence that achieving SDG 2 is expected to result in a significant reduction in the incidence of HIV and TB cases worldwide. Preliminary findings were presented at the twenty-third International AIDS Conference, and a paper will be submitted for publication in a peer-reviewed journal in 2021.
 37. WFP provided logistical and supply chain expertise to the Global Fund to Fight AIDS, Tuberculosis and Malaria, helping it to better assess current stocks of and future need for medications, as well as the storage of medications and other supplies and their transport and delivery by plane, truck, motorbike and even canoe. Together with the Global Fund, WFP provided support in the form of non-food HIV-, TB- and malaria-related commodities worth a total of USD 102 million from 7,020 delivery points in eight countries³⁴ across four regions. WFP's supply chain helped deliver USD 51.1 million in malaria commodities, USD 43.5 million in HIV commodities and USD 7.7 million in TB commodities, providing 153 different products, including 12 million mosquito nets.

Outlook for 2021

38. During a global HIV visioning exercise involving all regional bureaux and several technical units, several topics were identified as global-level programmatic priorities for aligning work across all regions and guiding WFP's work in 2021 and beyond. Social protection, crisis-impacted and humanitarian settings, adolescents and urban settings will be central in the organization's efforts to end HIV by 2030.
39. In 2020, WFP developed operational HIV/TB social protection guidance. In collaboration with WFP regional bureaux and multiple technical units at WFP, the interim guidance will be piloted in 2021 to provide practical guidance for the planning, implementation and monitoring of social protection programmes that address the needs of people living with, at high risk of and affected by HIV and TB.

³⁴ Burundi, Cameroon, Central African Republic, Chad, Djibouti, Mali, Pakistan and Zimbabwe.

40. WFP will continue to advance an evidence-generation agenda that highlights the critical role that food and nutrition support play in ending AIDS as a public health threat. Working with leading academic institutions like the London School of Hygiene & Tropical Medicine, the University of Cape Town, the London School of Economics and Political Science and the University of Oxford, WFP continues to prioritize research collaboration.
41. WFP will continue to explore novel opportunities to fund advocacy for the integration of vulnerable and marginalized populations into both WFP and national responses, including responses to COVID-19, in order to mitigate socioeconomic impacts for people living with HIV/TB.

Acronyms

ART	antiretroviral therapy
COVID-19	coronavirus disease
ILO	International Labour Organization
NGO	non-governmental organization
PEPFAR	United States President's Emergency Plan for AIDS Relief
SDG	Sustainable Development Goal
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS