



World Food Programme
Programme Alimentaire Mondial
Programa Mundial de Alimentos
برنامج الأغذية العالمي

Executive Board
Annual session
Rome, 24–28 June 2024

Distribution: General

Agenda item 5

Date: 14 May 2024

WFP/EB.A/2024/5-C

Original: English

Policy issues

For information

Executive Board documents are available on WFP's website (<https://executiveboard.wfp.org>).

Update on WFP's response to HIV and AIDS

Executive summary

At the request of the Executive Board, regular updates are provided on WFP's portfolio of activities contributing to the international response to HIV and AIDS and the organization's implementation of the WFP HIV and AIDS policy. WFP's work related to HIV focuses on addressing the unmet needs of food-insecure and malnourished people living with HIV and mitigating the impacts of HIV at the household level. It is aligned with the global AIDS strategy for 2021–2026 of the Joint United Nations Programme on HIV/AIDS.

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 leads work on HIV-sensitive social protection with the International Labour Organization and efforts to address HIV in humanitarian emergencies with the Office of the United Nations High Commissioner for Refugees.

In many of the environments where WFP works, rising food insecurity coupled with socioeconomic downturn and strained health infrastructure is compounding the impact of ongoing crises on people living with HIV. As conflict, climate crises and economic shocks become more frequent, WFP will continue to support people living with HIV in meeting their urgent food and nutrition needs and achieving better nutrition, health and education outcomes and improved livelihoods.

Food and nutrition support helps to improve access and adherence to treatment for vulnerable groups while reducing high-risk behaviours that could increase the transmission of HIV and tuberculosis. In 2023 WFP directly supported 346,162 people living with HIV and tuberculosis and their households, in 23 countries, enabling them to meet their essential nutrition needs. This was achieved through specific programming that provided food and cash-based transfers and capacity strengthening activities. WFP was present in the international HIV response in all regions worldwide, including in emergency and fragile settings.

Focal points:

Ms A. Perry
Director
Nutrition and Food Quality Service
email: abigail.perry@wfp.org

Mr M. J. Smith
HIV Adviser and UNAIDS Partnership Officer
email: michael.smith@wfp.org

A recent strategic evaluation of WFP's updated HIV and AIDS policy – presented to the Executive Board at its first regular session in 2023 – confirmed the policy's continued relevance and recommended that management formulate a strategy for the implementation of the policy. The Nutrition and Food Quality Service is finalizing a new strategy on HIV, focused on improving the food security and nutrition of people living with, and households affected by, HIV through their inclusion in existing WFP operations and key national systems, with an emphasis on working through meaningful partnerships to build the resilience to shocks and crises of people, households and communities affected by HIV.

Global HIV and tuberculosis statistics

1. Despite global efforts spanning four decades, HIV remains one of the world's most serious public health challenges. At the end of 2022, 39 million people were living with HIV, including 1.3 million newly infected people.¹ More than 1.5 million children under the age of 14 are living with HIV.
2. Adolescent girls and young women are disproportionately affected and at higher risk of HIV than other population groups. In 2022, young women and girls accounted for 46 percent of all new global HIV infections, with a significantly higher rate in sub-Saharan Africa where they accounted for more than 77 percent of the new cases among adolescents and young adults aged 15–24. Globally, young women and girls were more than three times as likely to contract HIV than their male counterparts in 2022 and 4,000 young women and girls aged 15–24 were newly infected every week, with 3,100 of those cases occurring in sub-Saharan Africa.²
3. The global targets of the Joint United Nations Programme on HIV/AIDS (UNAIDS) include ensuring that by 2025, 95 percent of all people living with HIV know their HIV status, 95 percent of all the people with a diagnosed HIV infection receive sustained anti-retroviral therapy (ART) and 95 percent of all the people receiving ART have viral suppression.³
4. In 2022, 10.6 million people fell ill with tuberculosis and 1.3 million people died from the disease, with an estimated 167,000 deaths due to co-infection with HIV.⁴ People who are infected with HIV are 18 times more likely to develop active tuberculosis, and malnourished individuals are three times more at risk of getting the disease.
5. Like HIV, tuberculosis is strongly associated with structural and socioeconomic barriers and exclusion. Poverty, malnutrition, poor housing and overcrowding increase people's vulnerability and exposure to the disease. Survey analysis from the World Health Organization indicates that in 2022, 41 percent of African households experienced food insecurity or hunger owing to tuberculosis.⁵

WFP support for the unified budget, results and accountability framework and the global AIDS strategy

6. WFP is one of 11 UNAIDS co-sponsoring organizations. Under the updated UNAIDS division of labour,⁶ WFP helps to lead efforts on HIV-sensitive social protection with the International Labour Organization (ILO) and HIV in humanitarian emergencies with the Office of the United Nations High Commissioner for Refugees (UNHCR). Together with other United Nations entities, academia, non-governmental organizations, civil society and donors, WFP helps to lead context-specific programming, advocacy efforts and the development of technical and operational guidance.

¹ UNAIDS. 2023. [Global HIV & AIDS statistics – Fact Sheet](#).

² *Ibid.*

³ At the end of 2022, 86 percent of people living with HIV knew their HIV status. Among those people, 76 percent had access to treatment, and the viral loads of 71 percent of those people were suppressed.

⁴ World Health Organization. 2022. [Tuberculosis: Key Facts](#).

⁵ World Health Organization. 2022. [National surveys of costs faced by tuberculosis patients and their households 2015–2021](#).

⁶ UNAIDS. 2021. [Joint programme](#).

7. Under the global AIDS strategy for 2021–2026,⁷ UNAIDS and its co-sponsors harness efforts to reduce the inequalities that drive the AIDS epidemic. WFP's support for the UNAIDS unified budget, results and accountability framework is focused chiefly on two result areas⁸ that resonate with the organization's added value in the international AIDS response with regard to social protection and work in humanitarian and emergency settings.
8. Its strategic and long-term role in partnering to support the global HIV response means that WFP can help to revitalize efforts to raise expectations regarding the attainment of the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development while fostering and sustaining work at the humanitarian–development nexus. In an era of renewed efforts to improve synergies between development and humanitarian actors, WFP's expertise in working with UNAIDS to deliver impact on the ground can accelerate progress towards the end of AIDS as a public health threat by 2030.
9. In 2023, WFP led the rejuvenation of two critical inter-agency task teams creating multi-stakeholder, multi-sectoral platforms within the UNAIDS framework. One team focuses on HIV-sensitive social protection, in collaboration with ILO, and the other concentrates on ensuring access to HIV services during humanitarian emergencies, in partnership with UNHCR.
10. The long-term success of UNAIDS' efforts to end AIDS as public health threat by 2030 hinges on having a fully funded unified budget, results and accountability framework with predictable and flexible funding that fully supports the implementation of the new global AIDS strategy and achieves global HIV targets.

Providing life-saving support to people affected by HIV in emergencies

11. Humanitarian crises exacerbate HIV-related risks through increased food insecurity, gender-based violence and disruption to health services. Unsafe conditions and sexual violence – coupled with limited access to HIV treatment due to a breakdown in infrastructure – increase transmission rates, while adherence to treatment is challenged by food scarcity and the loss of essential documents. This complex interplay of factors underscores the need for integrated emergency responses that address health, nutrition and safety issues, thereby mitigating HIV-related vulnerability and ensuring the continuity of care.
12. In 2023, WFP continued to be a global leader in the provision of humanitarian assistance to people living with HIV, implementing nutrition assessments, counselling and support programmes for malnourished people living with HIV and receiving ART. WFP programmes aimed to improve the quality of care while decreasing the morbidity and mortality associated with HIV by improving or maintaining the nutrition status and adherence to treatment of people living with HIV/AIDS and helping to prevent nutrition-related disease.
13. In 2023, WFP provided transfers in the form of food, cash-based and capacity strengthening support for the most vulnerable people living with HIV and/or tuberculosis and their households, in 11 humanitarian, refugee and other fragile settings.
14. *Mozambique:* Armed conflict in Mozambique's northern province of Cabo Delgado has forced more than 1 million people from their homes and livelihoods. The international non-profit organization, mothers2mothers, partnered with WFP on enhancing nutrition and food security for pregnant and breastfeeding women and girls, infants and households affected by or at risk of HIV in Cabo Delgado. Supported by funding from the sprint

⁷ UNAIDS. 2021. [Global AIDS Strategy 2021–2026: End Inequalities. End AIDS.](#)

⁸ The full titles of the two 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".

programme of WFP's Innovation Accelerator, WFP and mothers2mothers were able to leverage the experience of peer-led "mentor mothers" – local women living with HIV – to provide primary health services and education in three districts. The six-month pilot reached more than 6,400 people with culinary training, nutrition education and screening, prevention messages and resilience-building activities such as home food gardens that increased dietary diversity.

15. *Myanmar*: WFP provided support for more than 25,500 people living with HIV across seven regions of Myanmar. Notably, in the town of Pakokku in the region of Magway, WFP and its partners scaled up nutrition education and counselling activities for people living with HIV and their caregivers so as to improve their nutrition status and treatment outcomes. To combat low dietary diversity and inadequate consumption of nutrient-rich foods while mitigating micronutrient deficiencies resulting from escalating food prices, WFP introduced fortified rice to its food assistance for HIV/tuberculosis patients in Rakhine State and the Magway region. To further address nutrition gaps, in 2024 this initiative will be scaled up to additional areas, including Yangon, Mon, Kayin and Kachin states.
16. *Haiti*: Haiti has the highest prevalence of HIV in the Latin America and the Caribbean region, at approximately 1.7 percent of the population. However, few non-medical programmes in the country address the specific needs of people living with HIV. WFP conducted a qualitative study in collaboration with UNAIDS and the Ministry of Labour and Social Affairs designed to address the lack of information available on the social protection needs of people living with HIV. The study aimed to contribute to planning and future action by generating evidence for the development of HIV-sensitive social protection programmes. Its objectives included assessing current programme sensitivity to HIV, identifying barriers to access and providing various stakeholders with recommendations for improving programmes.
17. In addition, a pilot cash transfer project was implemented to enhance treatment outcomes and the nutritional, social and economic well-being of nearly 1,500 households affected by HIV. Conducted in collaboration with a local medical organization, the pilot provided conditional cash transfers of USD 50 per month for eight months through community health centres, contingent on recipients attending monthly medical follow-ups. The project included regular nutrition education sessions to bolster adherence to treatment and promote better health outcomes through improved nutrition. Among participants in the cash-based transfer project, the dropout rate from the ART programme fell from 8 percent to 1 percent over the project's duration, demonstrating potential to enhance access and adherence to treatment. The positive effect of ART continuity was visible in viral load results: the share of participants with viral load suppression rose from 83 percent at the start of the project to 89 percent at its conclusion. Cash transfers, coupled with sensitization initiatives, can play a significant role in improving the health of people living with HIV, while also empowering beneficiaries to invest in income-generating activities that enhance resilience.

Ensuring inclusive programming to support people affected by HIV

18. WFP's work on HIV is a crucial element in its efforts to enhance comprehensive programming and advance the inclusion agenda. WFP supports the inclusion of vulnerable people and those who are often left behind in initiatives designed to help people to meet their urgent and essential food security and nutrition needs, which can lead to better health, education and nutrition outcomes.
19. Need is often compounded when HIV status intersects with social, economic and geographical factors, such as age, gender, disability and location, because people living with HIV often also face food insecurity, malnutrition, the loss of livelihoods and displacement or live with another disability.

20. WFP programmes that address inadequate food security and nutrition can help to meet people's essential needs, manage risks and ultimately decrease long-term vulnerability. WFP also advances consideration of HIV in national systems through the development or revision of safety nets, national policies, strategies and guidelines on nutrition and HIV and the development of nutrition assessments, counselling and support tools.
21. *Eswatini:* WFP has established a partnership with Young Heroes, a local organization dedicated to delivering mobile health and nutrition services for children, caregivers and the broader community. The collaboration leverages WFP's ongoing provision of support to orphans and vulnerable children through neighbourhood care points. Eswatini is home to more than 100,000 orphans, 58 percent of whom have been orphaned owing to HIV.⁹ Neighbourhood care points provide an innovative safety net platform, harnessing community actors to deliver essential nutritious meals to orphans and other vulnerable children. Caregivers at the care points play a vital role in mobilizing community members and raising awareness of the services available. The partnership has enhanced communities' access to healthcare services and facilitated health screening for children. More than 130 caregivers have received training in HIV treatment, covering nutrition and healthy living practices. In addition, HIV testing and screening services have been extended to more than 800 community members, alongside education sessions and messaging on HIV prevention.
22. *United Republic of Tanzania:* WFP supported the Tanzanian Ministry of Health in collaboration with the National Council of People living with HIV. An innovative mobile application called the Lishe App provides vital nutrition information to people living with HIV, helping to prevent malnutrition. Available on the Google Play Store, the application addresses a crucial gap in the health sector in the country, where the use of mobile technologies for disseminating information on HIV healthcare is common, but nutrition information is often overlooked. The Lishe App, co-created with inputs from a peer-led network and other stakeholders, features comprehensive resources that provide information on nutrition and HIV, leveraging technology to promote health and nutrition among vulnerable populations.
23. *Cameroon:* To ensure more sustainable support for vulnerable people living with HIV, the Cameroon country office has included such individuals in ongoing food assistance and resilience activities since 2021. Lessons learned from the piloting of this approach were used to develop guidance. WFP has continuously worked with Cameroon's Ministry of Public Health, supporting the targeting and identification of the most vulnerable HIV-affected households in the South-West, East and Adamawa regions. In 2023, more than 3,000 HIV-affected households in those regions (representing more than 14,000 people) were integrated into WFP's cash-based transfer programme. To improve follow-up and nutrition education for beneficiaries, WFP organized training on feeding and nutrition practices for community-based health personnel.
24. *Burkina Faso:* In delivering on its commitment to country capacity strengthening in Burkina Faso, WFP has played a key role in enhancing social protection for people living with HIV. Collaborating with the Permanent Secretariat of the National Social Protection Council, WFP has facilitated access to vital services for people living with HIV through inclusive social protection mechanisms. This collaboration has involved supporting the Permanent Secretariat in the revision of guidelines and the development of training modules focused on inclusive social protection. WFP assisted in the registration of vulnerable people living with HIV in the unified social registry, ensuring their enrolment and inclusion in national social safety nets.

⁹ WFP Eswatini. 2019. [In the country of orphans](#).

Generating evidence to inform support for HIV-affected households

25. In 2023, WFP conducted targeted rapid assessments in six countries. The assessments make key stakeholders aware of the unique vulnerabilities faced by HIV-affected households.
26. *Somalia*: WFP initiated a comprehensive study to assess the impact of drought on the food security, nutrition and socioeconomic status of people living with HIV and receiving ART. By the end of 2023, severe drought had left more than 6 million Somalis facing severe to near-complete food shortages, with 1.7 million in emergency conditions and 81,000 at catastrophic or famine levels. In addition, acute malnutrition affected 1.4 million children, including 330,000 who were severely malnourished. In 61 percent of the country's districts, critical levels of malnutrition were reported. The study aimed to outline the specific vulnerabilities of people living with HIV during the crisis. Findings revealed pronounced vulnerability among people living with HIV, with 51 percent of those people living in households with low dietary diversity and 48 percent having poor food consumption scores, significantly higher than the proportions in households that were not affected by HIV. The study also observed a double burden of malnutrition, with 18 percent of respondents being underweight and 27 percent classified as overweight or obese.
27. *Democratic Republic of the Congo*: While complex and intensifying conflict continues in the country, the Democratic Republic of the Congo is also facing a significant HIV epidemic, with an estimated 540,000 people living with HIV. People living with HIV have heightened food and nutrition requirements, which are frequently left unmet during humanitarian crises. WFP, together with the Ministry of Health through the national nutrition programme, conducted a food security assessment in 21 territories in five provinces. The assessment found that HIV-affected households expended 68 percent of their daily budget on food, indicating a critical need for nutrition support, and over 63 percent of households reported income-related needs. As a result of the assessment, WFP was able to scale up nutrition support and advocate for inclusive social protection within national systems and agendas.

The year in numbers

28. In 2023, WFP supported national HIV and tuberculosis responses with HIV- and tuberculosis-specific interventions, assisting 346,162 people living with HIV and/or tuberculosis and their households (see the table below).
29. This number does not include the millions of vulnerable people living with and affected by HIV who were assisted through other HIV- and tuberculosis-sensitive approaches such as general food distributions, school meals and capacity strengthening activities. Through these types of activity for people living with HIV and HIV-affected households, WFP supported an estimated 3.7 million people.¹⁰

BENEFICIARIES OF HIV- AND TUBERCULOSIS-SPECIFIC PROGRAMMES, 2023*	
UNAIDS fast-track countries	219 686
All other countries	126 476
Total	346 162

* Preliminary results based on the information reported in 2023 annual country reports, supplemented with data from the UNAIDS joint programme monitoring system. The data may differ slightly from those reported in WFP's country office tool for managing effectively (COMET) which reflect only the information reported in the output and outcome tables in annual country reports.

¹⁰ The estimate of 3.78 million beneficiaries is based on WFP's support for people living with HIV and HIV-affected households via food and cash-based transfers as set out in the ["Annual performance report for 2022"](#) (WFP/EB.A/2023/4-A/Rev.1), and the regional HIV prevalence values of adults aged 15-49 in 2023, from [UNAIDS](#). The estimate does not include education and gender-specific programming.

Current funding situation

30. Funding for WFP's HIV programming is largely channelled through the UNAIDS unified budget, results and accountability framework. The framework brings together the HIV responses of all UNAIDS co-sponsoring organizations, harnessing 11 unique mandates across the United Nations system and promoting coherence and coordination in planning and implementation. Small injections of funding from UNAIDS boost WFP's ability to support people living with HIV and their households through its country strategic plans.
31. Since 2016, core funds from the UNAIDS secretariat have been significantly reduced, resulting in a 50 percent cut in the funding for co-sponsors in 2016–2017.¹¹ Reductions in donor contributions to UNAIDS from 2021 onwards have caused additional financial strain, leading to a further reduction in the standard USD 2 million per year disbursed to each co-sponsor. From 2022 to 2024, annual core UNAIDS contributions to WFP have decreased by a total of USD 1.4 million.
32. Additional funds are mobilized for joint work by the co-sponsors at the country level. These allocations are in the form of country envelopes that are meant to provide programme- and country-specific support. WFP country offices in all regions took part in the UNAIDS country envelope allocation process in 2023, which resulted in the provision of UNAIDS funding for 29 WFP country offices in 2024.
33. Supplemental funds from the United States Government via UNAIDS were available to co-sponsors at the end of 2023. For WFP, those funds included an additional USD 280,800 for HIV-related activities in support of the unified budget, results and accountability framework for 2024 in the Democratic Republic of the Congo, Ethiopia and Mozambique.
34. Investments in the global HIV response from donors and governments have stagnated in recent years. In 2022, 58 percent of international HIV funding came from the United States Government, and the Global Fund contributed another 29 percent. The share from other international donors has decreased significantly, from USD 3 billion in 2010 to USD 1.2 billion in 2022, representing a 61 percent reduction. In 2022, less than USD 21 billion was available for HIV programmes in low- and middle-income countries – UNAIDS estimates that USD 29 billion will be needed for the AIDS response in those countries in 2025.¹²

Partnerships

35. WFP continues to contribute to global forums and develop evidence and technical materials on food security and nutrition in relation to HIV. Headquarters and the Regional Bureau for Southern Africa provided financial support to the Government of Zimbabwe for hosting the International Conference on AIDS and Sexually Transmitted Infections in Africa in 2023. At the conference, WFP showcased its contributions to HIV response through numerous abstracts and posters, highlighting the linkages between socioeconomic status, food security, nutrition, poverty, climate change and HIV.
36. WFP has partnered with UNAIDS and UNHCR to support the appointment of a senior humanitarian HIV adviser, funded through an innovative cost-sharing arrangement. This collaborative effort underscores a unified commitment to addressing the pressing challenges posed by HIV in humanitarian crises. The adviser's role is pivotal in steering a coordinated response that involves governments, non-governmental organizations and humanitarian and development partners, in conjunction with UNAIDS. This unified approach aims to fortify the global response to HIV in humanitarian settings, ensuring that interventions are effective and seamlessly integrated across various sectors.

¹¹ The UNAIDS budget is approved for a two-year period by the Programme Coordinating Board.

¹² UNAIDS. 2023. [Global HIV & AIDS statistics – Fact Sheet](#).

37. WFP is a member of a newly formed climate and HIV working group, which is led by the United Nations Development Programme and focuses on the critical intersections of climate change and HIV. This partnership emphasizes global advocacy and the formulation of strategic recommendations regarding the integration of climate resilience into HIV response efforts. The working group, which includes UNHCR, UNAIDS and the United Nations Entity for Gender Equality and the Empowerment of Women, will produce high-level advocacy materials highlighting the compounded risks of climate change and HIV.
38. WFP provided logistics and supply chain expertise to the Global Fund to Fight AIDS, Tuberculosis and Malaria, helping with the storage of medications and other supplies and ensuring the "last-mile" delivery of life-saving commodities. Together with the global fund, WFP provided non-food commodities worth USD 88 million for responding to HIV, tuberculosis, malaria and coronavirus disease 2019 in six countries.¹³

Outlook for 2024

39. Following an evaluation of WFP's current HIV and AIDS policy (2010),¹⁴ the Executive Board endorsed the recommendations and management's plans for implementing them at its first regular session in 2023. A key component of management's plans is the development of a new long-term strategy for WFP's work in supporting people living with HIV until 2030. Developed in close consultation with all regional bureaux and key divisions at headquarters, the new HIV strategy will be focused on improving food security and nutrition for people living with HIV and HIV-affected households through their inclusion in existing WFP operations and key national systems, with an emphasis on building resilience to shocks and crises among people, households and communities affected by HIV through work in partnerships.
40. The strategy will articulate key steps towards the integration of HIV and nutrition concerns throughout WFP programmes, with priority given to countries in humanitarian settings with a high HIV burden.

¹³ Angola, Burundi, Cameroon, the Central African Republic, Chad and Liberia.

¹⁴ "[WFP HIV and AIDS Policy](#)" (WFP/EB.2/2010/4-A).