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MANAGEMENT RESPONSE TO BOARD QUERIES ON WFP HIV AND AIDS POLICY

This document is printed in a limited number of copies. Executive Board documents are available on WFP's Website (<http://www.wfp.org/eb>).

NOTE TO THE EXECUTIVE BOARD

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

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** Nutrition and HIV and AIDS Service

1. At its 2010 Second Regular Session the Board approved “WFP HIV and AIDS Policy” with the request that questions raised during its discussion be addressed in writing and attached to the document. This is the response, divided into six parts: i) Partnerships; ii) Gender and Populations at Risk; iii) Entry and Exit Criteria; iv) Hand-Over Strategies; v) Targeting; and vi) Funding.

Partnerships

2. Partnerships are a critical component of the HIV and AIDS joint response, and WFP has been one of the ten Joint United Nations Programme on HIV/AIDS (UNAIDS) Cosponsors since 2003. UNAIDS supports a country-led HIV and AIDS response to which all partners and Cosponsors – including non-governmental organizations (NGOs) – contribute.
3. The Committee of Cosponsoring Organizations (CCO), composed of the Executive Heads of the ten Cosponsors,¹ recently approved a new Division of Labour (DoL) under which WFP is the sole convening agency for the area of food and nutrition and the co-convenor with UNHCR for the humanitarian area.
4. The sole convening agency for the areas of HIV treatment and TB treatment is WHO. Within these two areas, WFP is a supporting agency responsible for the food and nutrition component.
5. The World Bank and UNICEF are co-convenors in the area of social protection. WFP is a vital partner responsible for the food security and nutrition component within social protection.

Gender and Populations at Risk

6. Gender is a crucial component of UNAIDS work. WFP will align all its HIV and AIDS programmes with the UNAIDS Joint Strategy on Women and Girls.² This includes mainstreaming gender in all WFP’s operations and contributing actively to reducing the gender gap, in accordance with the WFP Gender Policy.³
7. Although WFP will raise awareness of the services available to populations at risk such as injecting drug users and men who have sex with men, other organizations are best placed to respond to their needs. WFP will address the needs of these vulnerable groups through the agreed-upon UNAIDS frameworks.⁴

¹ The ten Cosponsors are the World Bank, the International Labour Organization, the Office of the United Nations High Commissioner for Refugees, the United Nations Children’s Fund (UNICEF), the United Nations Office on Drugs and Crime, the United Nations Educational, Scientific and Cultural Organization, the UNAIDS Secretariat, the United Nations Population Fund, the United Nations Development Programme, WFP and the World Health Organization (WHO).

² UNAIDS. 2010. Gender-sensitivity of AIDS responses. UNAIDS/PCB(26)/10.11 (3 June).

³ WFP/EB.1/2009/5-A/Rev.1

⁴ UNAIDS. 2009. HIV prevention among injecting drug users. UNAIDS/PCB(24)/09.9.Rev.1 (8 June); and UNAIDS. 2010. Reducing HIV transmission among men who have sex with men and transgender people. UNAIDS/PCB(26)/10.10 (28 May).

Entry and Exit Criteria

8. Entry and exit criteria for nutritional and food support for treatment protocols are critical components of cost-effective strategies. The current criteria are under review in collaboration with partners, to make the interventions both more effective and more cost-efficient.
9. WFP currently uses anthropometric data to determine programme entry and exit. Nutritional/food support typically lasts for a period of six to eight months (protocols vary in each country).
10. The selection of food products to be provided needs to be based on a careful evaluation of such factors as patients' diets, nutritional needs, side effects of anti-retroviral treatment (ART) that may make eating and swallowing difficult, and the extent to which people living with HIV (PLHIV) can modify their diets.
11. Nutritional and food support options include fortified blended foods and ready-to-use-foods containing added vitamins and minerals. There is ongoing research by partners to evaluate the effectiveness of the various products.

Hand-Over Strategies

12. WFP works as part of UNAIDS, which endorses and implements the Three Ones principles that emphasize the need for one response led by national governments. National service providers ensure that nutrition rehabilitation protocols and programme management form part of existing health service delivery mechanisms, and strengthen capacities, infrastructure and supply mechanisms where needed. WFP builds national stakeholder capacity in the areas assigned to it under the UNAIDS Division of Labour; it does not design or implement stand-alone programmes.
13. Linkages must be created from WFP support to livelihood activities without reinforcing stigma by singling out PLHIV, while bearing in mind that strategies must reflect situations of widespread poverty.

Targeting

14. Targeting in HIV and TB programming differs in several ways from WFP's traditional targeting mechanisms.
15. Nutritional support in the context of treatment for HIV, AIDS and TB is based in the health sector. WFP will work with ministries of health to develop effective delivery systems in collaboration with WHO, the lead partner. Providing assistance to affected households follows more traditional WFP targeting mechanism based on household food insecurity.
16. To expand its toolbox, WFP has increasingly included HIV- and AIDS-related proxy indicators in its vulnerability assessments. WFP is also seeking ways to use programme data to build knowledge and evidence around the benefits of food and nutrition assistance in ART and TB programmes. Recently, new indicators have been approved at the corporate level to measure the results of food assistance interventions in the health sector.
17. WFP is also working on a monitoring and evaluation toolkit with other Cosponsors, NGOs and leading universities. The toolkit will reflect ongoing work to integrate food and nutrition indicators in the United Nations General Assembly Special Session (UNGASS) review and the Global Fund monitoring and evaluation toolkit.

Funding

18. The 2009 annual global funding for the AIDS response was US\$15.9 billion available funds from all public and private sources: US\$2.7 billion from the Global Fund, US\$6.7 billion from bilateral donors, US\$5.8 billion from the United States President's Emergency Plan for AIDS Relief (PEPFAR), and US\$700 million from the private sector.
19. As the convening agency for food and nutrition within the UNAIDS response, WFP will support governments with their national HIV and AIDS strategies. WFP funding for these activities will be sourced from the Global Fund, PEPFAR and others.
20. Between 2004 and 2009 WFP received over US\$44 million from the Global Fund and PEPFAR to implement programmes.
21. WFP will include PLHIV as a vulnerable group along with others – women and children, etc. – in all its programme categories (emergency operations, protracted relief and recovery operations, country programmes and development projects).