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UPDATE ON WFP'S RESPONSE TO HIV/AIDS

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NOTE TO THE EXECUTIVE BOARD

This document is submitted for information 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.

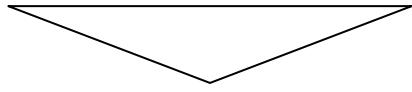
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Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact the Supervisor, Meeting Servicing and Distribution Unit (tel.: 066513-2328).



DRAFT DECISION*



The Board takes note of the information contained in the document “Update on WFP’s Response to HIV/AIDS” (WFP/EB.1/2004/4-E).

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



INTRODUCTION

1. This Information Note on WFP's HIV/AIDS-related programming is intended to inform Executive Board members and collaborating partners of progress in programme development and of actions taken with co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS).
2. The "Call to Action" by the United Nations Secretary-General and the September 2001 United Nations General Assembly Special Session on HIV/AIDS (UNGASS) challenged the entire United Nations system to expand substantially its HIV/AIDS-related efforts, consistent with the UNGASS Declaration of Commitment on HIV/AIDS.
3. In 2002, WFP programmed US\$200 million in HIV/AIDS-related interventions. By the beginning of 2003, WFP had a strong operational presence in 22 of the 25 countries hardest hit by the disease, in recognition of which WFP's Executive Board approved a policy paper in February 2003 entitled "Programming in the Era of AIDS: WFP's Response to HIV/AIDS"; a Memorandum of Understanding was signed at the same time between WFP and the UNAIDS Secretariat. Executive Board members expressed unanimous support for this collaboration.
4. In October 2003, WFP became the ninth co-sponsor of UNAIDS, joining the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organisation (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank to help to prevent new HIV/AIDS infections, care for those already infected and mitigate the impact of the epidemic.
5. As of December 2003, WFP had HIV/AIDS-related activities in 41 countries: 30 in Africa, six in Latin America/Caribbean, four in Asia and one in Eastern Europe.

PARTNERSHIP STRENGTHENING

6. WFP depends heavily on partnerships with governments, United Nations agencies, communities and international and local non-governmental and faith-based organizations. There was a considerable increase during 2003 in calls for collaboration with external partners as a consequence of joining UNAIDS and of the work of the Executive Director as the Special Envoy of the Secretary-General for Humanitarian Needs in Southern Africa.
7. The Inter-Agency Standing Committee Task Force on HIV/AIDS, of which WFP is a member, recently launched *Guidelines on HIV/AIDS in Emergency Settings*. This includes information on developing responses to HIV/AIDS during crisis situations and modules on food distribution and nutrition.
8. WFP is working with the Global Fund to Fight AIDS, Tuberculosis and Malaria to ensure that food items are a fundamental component of any HIV/AIDS package and that they are included in the Global Fund guidelines. WFP has encouraged its country offices to adopt a technical advisory role on food assistance for people living with HIV/AIDS (PLWHA) and to work with the Country Coordinating Mechanisms (CCM), which consists of national committees responsible for preparing Global Fund proposals.



9. A novel partnership is being forged by WFP and the Food and Agriculture Organization of the United Nations (FAO) in which 20 country offices and FAO counterparts are exploring ways to incorporate school gardens into school feeding programmes. It is hoped that synergy between the two activities will have a lasting impact on social issues related to poverty and food insecurity in poor regions.
10. WFP is exploring collaboration with WHO and the World Bank to identify programmes in which food assistance can be used to improve compliance with tuberculosis (TB) treatment. In collaboration with national TB programmes, WFP offers rations to food-insecure TB patients to enable them to continue lengthy treatments. WFP is working with, or planning to work with, TB patients in Angola, Burkina Faso, Cambodia, Eritrea, India, Lesotho, Malawi, Niger, Uganda and Zambia.
11. WFP is working with WHO offices and healthcare practitioners in many of the countries identified by WHO as first priorities for the “3-by-5”¹ initiative to identify the role of food aid and the programmes needed to maximize successful outcomes of anti-retroviral (ARV) treatment.
12. WFP and WHO agreed in a 2001 Letter of Intent to collaborate in the fight against HIV/AIDS. WFP supports HIV/AIDS and nutrition activities in Mozambique, Rwanda, Tanzania and Uganda through the WHO/Italian Initiative and hopes to expand collaboration with the Government of Italy and WHO in these and other countries.
13. In southern Africa, WFP collaborates with United Nations partners and non-governmental organizations (NGOs) on approaches to the HIV/AIDS crisis. The Regional Interagency Coordination and Support Office (RIACSO) supports the Special Envoy for Humanitarian Needs in Southern Africa; it provides a platform for innovative programming and facilitates partnerships such as those between WFP and UNICEF on school-based approaches and nutrition programming, in which HIV/AIDS is prominent. RIACSO partners provided leadership and technical support in appraisal of WFP’s regional protracted relief and recovery operation (PRRO).
14. WFP is establishing a role in the orphans assessment jointly run with UNAIDS, UNICEF and the United States Agency for International Development (USAID). The assessment will cover 17 countries in sub-Saharan Africa with high numbers of orphans and vulnerable children; it will map vulnerability, needs, policy and programmatic environments, resource availability and organizational capacities. The findings will facilitate development of joint action plans at the international, national and local levels and of resource mobilization strategies. A first phase obtaining basic information on nine countries in southern Africa will be completed by mid-2004.
15. Discussions have been held regarding a joint UNICEF/FAO/WFP project to strengthen family and community capacities to protect orphans and HIV/AIDS-affected children and improve their livelihoods, food security and education. The first phase is planned for Lesotho and Malawi.
16. WFP is collaborating with the USAID Food and Nutrition Technical Assistance Project to establish operational guidelines on food aid programming in the context of HIV/AIDS. WFP will contribute to the global development of operational guidelines in HIV/AIDS-related and nutrition-oriented activities, coordinated by WHO.

¹ An ARV drug programme that aims to treat three million people by the end of 2005.



17. A major priority for 2004 will be increased integration of food security and food-related programmes into national planning, including United Nations implementation support plans, national strategic plans on HIV/AIDS, poverty-reduction strategy papers, CCM submissions and World Bank Multi-Country HIV/AIDS Programme (MAP) implementation plans. A major focus will be on mobilizing technical support capacities to support the acceleration of HIV/AIDS programming by WFP and partner organizations.

PROGRAMME POLICY, COORDINATION AND SUPPORT

18. WFP's Headquarters HIV/AIDS Unit was created in the Strategy, Policy and Programme Support Division (PSP) in 2003. An implementation strategy was developed to guide initial efforts to (i) improve the quality of HIV/AIDS-related programming, (ii) strengthen HIV/AIDS programming capacity, (iii) support advocacy and fund raising and (iv) support HIV/AIDS awareness and prevention in the WFP workplace.
19. The HIV/AIDS Unit works with all Headquarters entities and supports regional bureaux and country offices in their HIV/AIDS-related programming.
20. In December 2003, over 100 participants from country and regional offices in sub-Saharan Africa, Latin America and Asia and from Headquarters and liaison offices attended the first-ever programming meeting on HIV/AIDS and School Feeding, held in Geneva. The workshop was organized jointly by the HIV/AIDS and School Feeding units in Rome and supported by the Humanitarian Aid Unit of the Swiss Agency for Development and Cooperation. Experts from FAO, UNICEF, WHO, UNAIDS and the Global Fund shared their knowledge and expertise.
21. Under a new initiative with United Nations volunteers (UNVs), WFP made an inter-agency contribution of over US\$1 million to the deployment of UNVs to strengthen HIV/AIDS programming in the field. At the end of 2003, volunteers were being recruited for Angola, Burkina Faso, Burundi, Cameroon, Haiti, Niger, Mozambique, Myanmar, Rwanda, Swaziland and Uganda.
22. The HIV/AIDS Unit and the School Feeding Service conducted a joint mission to Burkina Faso, Cameroon, the Central African Republic, Côte d'Ivoire, Mali and Senegal in August 2003 to identify ways of integrating HIV/AIDS education into school feeding programmes, strengthening existing HIV/AIDS-related activities and starting new ones.
23. WFP fielded four technical assistance missions for programme identification and support in Lesotho, Mozambique, Myanmar and Sierra Leone.
24. The major programme of policy and coordination in 2004 will involve (i) establishment of common HIV/AIDS priorities, (ii) development and internalization of programme guidance and (iii) integration of WFP's programmes with those of UNAIDS co-sponsors and other partners. Major efforts will include strengthening WFP operations at all levels in terms of best practices in HIV/AIDS interventions related to food security and increasing dialogue and programme collaboration with more international partners.

COUNTRY-LEVEL HIV-RELATED PROGRAMMING

25. In the field, WFP is engaged in the following HIV/AIDS-related activities.
26. **Prevention.** HIV/AIDS prevention and awareness activities are being integrated into food assistance activities from relief to development. WFP is working with partners to identify opportunities for information campaigns on prevention linked to large-scale food



distributions in Guinea Bissau and Zimbabwe and programmes for targeted operations such as school feeding, maternal and child health (MCH) and food for work/food for training (FFT) in Armenia, Burkina Faso, Cuba, Haiti and the Sudan. In addition to knowledge transfer on HIV/AIDS-related issues, possibilities are being explored to leverage large-scale operations for facilitating voluntary counselling and testing.

27. Currently, 20 countries with WFP school feeding programmes have integrated HIV/AIDS education components. By 2005, two-thirds of WFP's school feeding programmes will have integrated HIV/AIDS prevention.
28. Training in southern Africa on prevention of sexual exploitation and abuse is designed to address the risk of infection and interactions between humanitarian workers and WFP beneficiaries. The role of contracted parties such as transport workers in spreading HIV/AIDS is directly related to WFP's operational modalities. Activities such as the successful HIV/AIDS-prevention training for truck drivers in Ethiopia are being adapted and replicated in Angola, Eritrea and Sierra Leone.
29. **Care, treatment and support.** Food support is being integrated into treatment and care programmes in countries with different HIV/AIDS prevalence. Programmatic opportunities are explored in (i) MCH, prevention of mother-to-child transmission (PMTCT) and MTCT-Plus in Malawi, Mali and Zambia, (ii) TB programmes in Eritrea, Niger and Uganda, (iii) support to PLWHA with and without ARV treatment in the Democratic Republic of Congo, Liberia and Uganda and (iv) community-based and home-based care in Cambodia, China, Malawi, Mozambique, Myanmar and Uganda. FFT is expanding the pool of community and peer volunteers, counsellors and caregivers in an effort to improve the community care capacity in Rwanda.
30. Support to HIV/AIDS-affected households focuses on food assistance for orphans living in host families or with siblings or grandparents. Programme modalities include (i) school feeding and take-home rations for combined educational and dietary support in Côte d'Ivoire, Lesotho and Zambia, (ii) FFT for older orphans and street children, particularly skills training and income generation, in Burundi, Rwanda and Uganda and (iii) childcare, social welfare and livelihood support for people who can only be reached through safety-net programmes in the Democratic Republic of the Congo, Kenya and Swaziland. WFP also supports vulnerable children who lack the care of a physically able adult or who are caring for parents with HIV/AIDS-related infections.
31. **Mitigation.** Mitigation activities focus on support for rehabilitation of affected households and communities. Ongoing food-for-assets, FFT and education programmes are being adapted to the needs of affected groups and in certain cases targeted at them in the Democratic Republic of the Congo, Mozambique, Rwanda and Zambia. These activities increasingly target young people to offer alternative livelihoods to help them to avoid high-risk behaviour.
32. **Emergency response — southern Africa.** In the 2002–2003 southern Africa crisis, WFP signalled early on the potential impact of HIV/AIDS on vulnerable populations and the implications for its emergency response of very high HIV/AIDS prevalence. Subsequent missions by the Special Envoy of the Secretary-General for Humanitarian Needs in Southern Africa and the Special Envoy of the Secretary-General for HIV/AIDS in Africa confirmed the need to consider HIV/AIDS as both a cause and a consequence of the crisis. They further highlighted the need to adjust emergency and development programming to address this new complexity.



33. The upward adjustment of the nutritional standard and its translation into a more appropriate food basket — the first action of its kind — guided resource mobilization for different commodities and served as an advocacy tool to focus attention on the needs of affected populations. The operation was made more appropriate to the HIV/AIDS context by focusing on non-cereal commodities and fortifying much of the maize after milling, and by including among conventional livelihood and food-security indicators such targeting criteria as demographic proxy indicators, for example orphan status and profiles of heads of household. Weaknesses in delivery modalities were also explored: distance and frequency of distribution, weight of food basket and size of family ration require special attention because they could lead to the exclusion of HIV/AIDS-affected households.
34. The second phase of the crisis response and preparation of the 2004 regional PRRO incorporated lessons learned and aimed to move away from large-scale food distributions and targeted programmes integrating food aid with livelihood security and care of PLWHA in HIV/AIDS-affected communities. Food security is the basis for programme design and targeting, with HIV/AIDS as an important second indicator of vulnerability.
35. In 2004, WFP will seek to improve the quality of its HIV/AIDS-related programming, to increase the number of countries that have HIV/AIDS-related activities and to improve the monitoring of WFP's HIV/AIDS programmes in all countries.

ASSESSMENT AND PROGRAMME MONITORING

36. WFP is adjusting programming tools such as needs assessments and modifying the design and composition of food rations in insecure areas that are seriously impacted by HIV/AIDS. WFP's vulnerability analysis and mapping (VAM) capacity is helping to improve understanding of the dynamics of HIV/AIDS.
37. In the 2002–2003 southern Africa EMOP, WFP used proxy indicators to incorporate HIV/AIDS data into VAM analysis: vulnerability assessments in Lesotho, Malawi, Mozambique Swaziland, Zambia and Zimbabwe aimed to integrate HIV/AIDS-related indicators with food-security indicators and to provide proxy insights in disaggregated vulnerability analysis.
38. The systems established during the crisis response for monitoring outputs and outcomes enable tracking of achievements in terms of (i) deliverables: number of people reached, type and size of ration provided, (ii) targeting efficiency: inclusion and exclusion errors, (iii) utilization of food commodities and (iv) satisfaction with assistance received and its probable impact on beneficiaries. Information is analysed in a disaggregated manner by HIV/AIDS-related vulnerability, providing insights into the appropriateness of targeting strategies and operational modalities.
39. WFP financed a regional inter-agency meeting in Johannesburg in September 2003 to identify proxy indicators and enhance targeting of beneficiaries affected and infected by HIV/AIDS.
40. Major objectives for 2004 include (i) harmonization among programme partners of targeting and reporting approaches to food-supported interventions for HIV/AIDS, (ii) internalization of the results-based management approach into HIV/AIDS programming in WFP country programmes and (iii) inclusion of food-supported programme interventions in global reporting.



TECHNICAL POLICY AND OPERATIONAL RESEARCH

41. WFP has joined forces with several organizations to carry out research studies and reviews of best practice to improve understanding of HIV/AIDS, food security and nutrition, and to amplify nutritional programmes. These actions will highlight the important role of food aid and nutrition in mitigating the impact of HIV/AIDS and help WFP and its partners to respond more effectively.
42. In July–August 2003, at the request of the MTCT-Plus group, a subsidiary of Columbia University in New York, WFP fielded a high-level expert in international health and HIV/AIDS programme design to study the role of food in MTCT treatment and to review PMTCT and MTCT-Plus programmes in Kenya, Mozambique, Rwanda, Uganda and Zambia. WFP is increasing its programming for PMTCT on the basis of the study, which showed that food should be a fundamental component of comprehensive HIV/AIDS care.
43. WFP, the Office of the United Nations High Commissioner for Refugees (UNHCR) and UNICEF undertook a joint study in October–November 2003 to explore options for using food aid to improve HIV/AIDS prevention, care and treatment and to reduce discrimination in refugee camps: experts in nutrition, communications and HIV/AIDS/public-health visited refugee camps in Zambia and Uganda. The study analysed current practices in refugee camps and host countries, focusing on targeting, care and feeding of orphans, non-food interventions such as self-reliance activities, schooling and awareness and prevention messages. A report will be completed in 2004.
44. Current research by FAO on agricultural livelihood systems, the impact of HIV/AIDS and identification of mitigation options is relevant to WFP's programming. In mid-2003, WFP and FAO began a pilot project in Mozambique to ensure that basic agricultural skills are transmitted to children and young people affected by HIV/AIDS through formal and informal community institutions. Initial results are positive; it is hoped that the project will be scaled up and replicated in other countries in sub-Saharan Africa.
45. The Overseas Development Institute Humanitarian Policy Group and WFP conducted an in-depth review, HIV/AIDS and Humanitarian Action, following queries raised during the 2002–2003 southern Africa crisis. WFP helped to identify operational insights, lessons learned and issues for consideration in emergency responses in areas with high HIV/AIDS prevalence.
46. WFP and the International Food Policy Research Institute are working in country partnerships through the RENEWAL project, which brings together national networks of agricultural institutions, public, private, non-governmental and farmer organizations, and partners working on HIV/AIDS and health issues.
47. A multi-country study was conducted in collaboration with the School Feeding Service to learn from WFP school feeding programmes that have started to integrate HIV/AIDS prevention and awareness activities. Missions were fielded to Lesotho, Madagascar and Uganda in late 2003. On the basis of the best practices identified, WFP developed a framework to assist country offices in integrating HIV/AIDS awareness and prevention into school feeding programmes.
48. In 2004, the major focus will continue to be ensuring that WFP's technical policies on food-related HIV/AIDS programming is based on the best international evidence. WFP will work with partners to incorporate priority technical questions on nutrition and food-related HIV/AIDS programming into national and international research agendas.



49. A joint WFP/UNICEF review of nutrition programming in southern Africa to address concerns regarding the transition from relief to development will include attention to the impact of HIV/AIDS on causality dynamics and to curative and preventive programme approaches. WFP's contribution is supported by the HIV/AIDS Unit, the Nutrition Service and the regional bureau for southern Africa.
50. WFP will provide funding support for establishment of a learning centre by the Consortium for the Southern Africa Food Security Emergency (CSAFE) to consolidate best practices in HIV/AIDS programming. The CSAFE initiative should contribute insights on effective interventions to guidelines on food aid programming in the context of HIV/AIDS.

HIV/AIDS ADVOCACY

51. In his capacity as the Special Envoy of the Secretary-General for Humanitarian Needs in Southern Africa, the Executive Director conducted missions to the region in September 2002 and January 2003 to review the situation and make recommendations to the Secretary-General. The missions generated attention in the media and among humanitarian agencies regarding the role of HIV/AIDS in the crisis in southern Africa.
52. An editorial jointly signed by the WFP Executive Director and the Director General of WHO on the importance of combining food with the roll-out of ARV drug was published in *The International Herald Tribune* on World AIDS Day, 1 December 2003. WFP Headquarters and several country offices marked the day with information, education and communication activities for staff and visitors. News releases were published in the mass media throughout the year to build awareness about the role of food and nutrition in the fight against HIV/AIDS and WFP's response to the crisis.
53. The Executive Director and senior WFP staff participated in the Third Tokyo International Conference on African Development from 29 September to 1 October 2003. HIV/AIDS figured prominently in the meeting, which is one of the most important international entities dedicated to African development.
54. WFP and RIACSO co-sponsored a Satellite Session on HIV/AIDS and the Southern Africa Crisis at the 13th International Conference on AIDS and Sexually Transmitted Infections in Africa on 21–26 September 2003 in Nairobi. WFP also presented a study on ways to use food aid to improve access to education for orphans and vulnerable children.
55. Publications in 2003 include a paper entitled *Widening the window of hope: using food aid to improve access to education for orphans and other vulnerable children in sub-Saharan Africa*, and three brochures: (i) *Putting it on the table: why food and nutrition matter in the fight against HIV/AIDS*, (ii) *HIV/AIDS and children: bringing hope to a generation* and (iii) *The first line of defense: why food and nutrition matter in the fight against HIV/AIDS*. Publications were produced in English, French, Spanish, Italian and Japanese.
56. WFP published a corporate message on HIV/AIDS to inform staff about WFP's approach and response to HIV/AIDS, outline advocacy goals and provide updated information to enable staff to deliver accurate and consistent messages to the media or for resource mobilization.
57. An HIV/AIDS page was developed for the WFP website. Plans are in place to re-design and expand WFP's external and internal HIV/AIDS pages in conjunction with UNAIDS to ensure consistency of information among co-sponsors.



58. WFP increased its work with FAO on highlighting the impact of HIV/AIDS on household food security and with WHO to ensure that food and nutrition are recognized as an integral part of care packages for PLWHA and their families.
59. WFP continued throughout 2003 to educate its partners on the links between HIV/AIDS and food and nutrition: meetings were held with the European Commission and representatives from the Netherlands, Italy and USAID, and with DFID in January 2004.
60. In 2004, the major objectives of programme advocacy are to increase global awareness of (i) the role and importance of food and nutrition, including the agriculture sector, (ii) programme interventions in response to the HIV/AIDS epidemic and (iii) the work of WFP and collaborating organizations to support efforts to strengthen global response.

THE WFP WORKPLACE AND HIV/AIDS

61. Over the last three years, the Human Resources Division has distributed information booklets on HIV/AIDS to all staff. The security-awareness training received by every staff member now includes an HIV/AIDS component. HIV/AIDS training for field staff is incorporated into many country and regional programmes; there is, however, a need to harmonize the initiatives and support mechanisms.
62. WFP follows the United Nations HIV/AIDS Personnel Policy. The medical unit gives medical support to infected staff members who have chosen to disclose their status and monitors the distribution of post-exposure protocol kits, which consist of a treatment for staff who have been exposed to the virus.
63. HIV/AIDS-awareness and prevention efforts have extended to the workplaces of major implementing partners: in conjunction with UNICEF and other partners, all humanitarian workers involved in programming, handling and transporting WFP food for the southern Africa crisis took part in training on prevention of sexual exploitation and abuse.
64. A standardized HIV/AIDS awareness and prevention training module is being designed for transport workers contracted to WFP.
65. WFP is currently reviewing its HIV/AIDS policy, particularly as it relates to medical coverage for staff regardless of contractual status, and harmonizing coverage with the United Nations system.
66. In 2004, WFP will launch an intensive HIV/AIDS initiative in the workplace, focusing on (i) personnel policies on HIV/AIDS prevention, care and treatment and (ii) awareness of HIV/AIDS among staff.
67. The objectives of the workplace programme are (i) to ensure that WFP personnel policies on HIV/AIDS meet or exceed United Nations standards, (ii) to extend HIV/AIDS awareness training to all staff and (iii) to support development of HIV/AIDS workplace programmes.
68. A steering group will monitor progress and report monthly to the Director of the Human Resources Division, who will brief the Executive Staff. It will be chaired by the chief of the staff-development branch and consist of the WFP doctor, the head of the HIV/AIDS unit, the head of the staff-counselling unit and a staff member affected by the virus (to be appointed). There will be a UNV in each regional bureau who will be responsible for implementation of the workplace strategy and who will facilitate the flow of information between Headquarters and the field and between programming and workplace aspects of tackling the HIV/AIDS pandemic.



ACRONYMS USED IN THE DOCUMENT

AIDS	acquired immunodeficiency syndrome
ARV	anti-retroviral
CCM	Country Coordination Mechanism of the Global Fund to Fight AIDS, TB and Malaria
CSAFE	Consortium for the Southern Africa Food Security Emergency
DFID	Department for International Development
FFT	food-for-training
FAO	Food and Agriculture Organization of the United Nations
HIV	human immunodeficiency virus
MAP	Multi-Country HIV/AIDS Programme (World Bank)
MCH	maternal and child health
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
PRRO	protracted relief and recovery operation
PSI	Population Services International
PSP	Strategy, Policy and Programme Support Division
RIACSO	Regional Inter-Agency Coordination and Support Office
TB	Tuberculosis
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
UNDOC	United Nations Office on Drugs and Crime
UNV	United Nations Volunteers
USAID	United States Agency for International Development
VAM	vulnerability analysis and mapping
WHO	World Health Organization

