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WFP, FOOD SECURITY AND 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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Executive Summary

This Information Note is intended to outline WFP's approach to and progress in addressing HIV/AIDS since May 2000, when the Executive Board agreed that the Programme should explore, with its partners and consistent with its mandate, specific areas of intervention concerning HIV/AIDS and tuberculosis (TB).

WFP's entry point for involvement in HIV/AIDS activities is rooted in nutrition and food security. WFP does not target individuals based on their HIV status alone. People who are infected or affected by HIV/AIDS are targeted for food assistance because of their food insecurity.

HIV/AIDS can be both a cause and a consequence of food insecurity. During times of food insecurity, individuals or families can be forced to engage in survival strategies that increase their vulnerability to contracting and transmitting HIV.

The link between HIV/AIDS and nutrition is a key element for programming. Food is one of the first things needed by families suffering the impact of HIV/AIDS. Nutrition is a core component of any essential HIV/AIDS care package. Improved nutrition allows HIV-positive individuals to continue to be more productive members of their families for as long as possible.

For women who are seriously affected by the epidemic, WFP can play an important role in improving their immediate and long-term food security.

Cooperation with partners in **education and prevention** should be linked to all of WFP's programme interventions. WFP's **mitigation activities** focus on reducing the impact of HIV/AIDS felt by families or communities and improving their longer-term food security. WFP's **care activities** with partners include the provision of food assistance for those who are ill and for their families, and nutritional counselling.

WFP is incorporating HIV/AIDS information into its specialized staff training in security awareness, emergency response and peer counselling. Country offices are encouraged to conduct HIV/AIDS risk reduction and prevention training for all WFP staff and their families.

WFP is working with its sister United Nations agencies in the fight against HIV/AIDS, highlighting the critical links between the pandemic and food insecurity, and the relevance of food assistance as a way to mitigate HIV/AIDS' detrimental impact.



INTRODUCTION

1. The United Nations recognizes that HIV/AIDS not only is a massive global health problem, it also has significant social, economic and agricultural implications for the poorest and most severely affected countries. The HIV/AIDS pandemic is undermining the progress made in agriculture and rural development over the last 40 years. It is devastating farming and worsening hunger, especially in sub-Saharan Africa. The Food and Agriculture Organization (FAO) recently reported that in Africa's 25 most affected countries, 7 million farm workers had died from AIDS since 1985 and 16 million more could die within the next 20 years. It is expected that the pandemic will exacerbate food insecurity at local, regional and national levels.
2. The United Nations Secretary-General has declared HIV/AIDS a top priority for the United Nations. WFP is responding to this call to action by incorporating HIV/AIDS concerns, when and where possible, into its new and existing programmes in development, emergency and recovery. This Information Note is intended to outline WFP's approach to and progress in addressing HIV/AIDS since May 2000, when the Executive Board agreed that the Programme should explore, with its partners and consistent with its mandate, specific areas of intervention concerning HIV/AIDS and tuberculosis.
3. Poverty, poor nutritional conditions, underdevelopment and lack of education exacerbate people's vulnerability and increase their risk of HIV infection. Adequate quantities of food and good nutrition are critical for HIV/AIDS-infected and -affected families. Food is one of the first things needed by families suffering the impact of HIV/AIDS. In addition, for a person living with HIV/AIDS, good nutrition may help lengthen survival time and can improve the quality of life.

OVERVIEW OF WFP'S APPROACH TO HIV/AIDS

WFP'S HIV/AIDS Policy

4. WFP's current approach to HIV/AIDS is consistent with the Programme's mandate, and any activities that it undertakes will fit squarely into existing policies and priorities. Development activities will be linked to the particular aspects of food insecurity, nutrition and poverty associated with HIV/AIDS. (For more information on WFP's development policy and priorities, refer to the Enabling Development framework document WFP/EB.A/99/4-A.)
5. Programming food aid specifically to address HIV/AIDS in emergencies is more difficult. WFP will use its vast logistics network to support United Nations/non-governmental organization (NGO) efforts with regard to the delivery and distribution of prevention information, education and communication materials in accordance with host government policy.

HIV/AIDS and Food Security

6. WFP's entry point for involvement in HIV/AIDS activities is rooted in nutrition and food security. WFP does not target individuals based on their HIV status alone. Like all of WFP's beneficiaries, people who are infected or affected by HIV/AIDS are targeted for food assistance because of their food insecurity.



7. HIV/AIDS affects people's food security in a number of ways, some of which are similar to what happens in other food emergencies and some of which are unique. Poverty and conflict exacerbate the spread of HIV, while stigma, silence, denial and discrimination increase the epidemic's impact on communities and nations.
8. As with other disasters that threaten food security, when affected by HIV/AIDS:
 - the family divests its assets, savings, and income;
 - children are withdrawn from school;
 - malnutrition increases among children; and
 - agricultural **production declines**.
9. Unlike other disasters that threaten food security, however:
 - HIV leads to AIDS, which has no cure;
 - people living with HIV/AIDS (and their families) are often stigmatized; and
 - HIV/AIDS affects the most productive members of society (aged 15–49).
10. These realities lead to:
 - less labour intensive and less nutritious crops' being produced due to the lack of labour;
 - family members' being drawn away from production or income-generating activities to care for sick relatives;
 - children having inadequate or non-existent agricultural knowledge and skills due to the death of the older generation, and to increasing numbers of children being absorbed into extended households; and
 - the possibility of the effect on the household being permanent; with premature death undermining the incentive to accumulate assets and the very survival of the household unit being threatened.
11. HIV/AIDS can be both a cause and a consequence of food insecurity. During times of food insecurity, individuals or families can be forced to engage in survival strategies that increase their vulnerability to contracting and transmitting HIV.
12. Conflict situations, especially, can contribute to the spread of HIV in various ways:
 - Those in refugee or internally displaced person (IDP) camps often adopt coping behaviours that increase the risk of their spreading HIV.
 - Families often split up while fleeing insecurity, which is conducive to casual sexual activity.
 - Combatants, who research shows to have some of the highest rates of sexually transmitted diseases and infection, frequently rape women and girls.
13. WFP is taking all of the above concerns into consideration when planning specific programme responses to the HIV/AIDS crisis.

HIV/AIDS and Nutrition

14. Malnutrition and HIV work in tandem. HIV infection increases the risk of malnutrition in the individual while malnutrition exacerbates the effects of HIV and AIDS. Research shows that the progression from HIV to AIDS might be delayed in well-nourished HIV-positive individuals, and diets rich in protein, energy and micronutrients have



multiple benefits for a person living with HIV. The link between HIV/AIDS and nutrition is a key element for programming, and one that has often been overshadowed by discussions concerning drugs and treatment.

15. Nutrition is a core component of any essential HIV/AIDS care package. Improved nutrition allows HIV-positive individuals to continue to be more productive members of their families for as long as possible. Because anti-retroviral drugs should be taken together with food and water, access to adequate food is also important for such treatments to be effective. Therefore, in addition to protein and energy needs, micronutrient needs should be addressed when planning WFP food baskets for HIV-positive populations.
16. Mother-to-child transmission (MTCT) of HIV is a major nutritional issue. HIV may be transmitted from a mother to her child during pregnancy, at the time of delivery, or through breastfeeding. WFP follows the policy recommendations on MTCT agreed to by the World Health Organization (WHO), UNAIDS and UNICEF.
17. WFP field staff are encouraged to take nutritional concerns into account when programming for HIV/AIDS. In order for WFP staff to be up to date on current nutrition and HIV/AIDS issues, an information sheet was prepared and distributed to all country offices.

Gender

18. Studies have shown that for HIV/AIDS programmes to be effective they must take into account the epidemic's impact on women and address women's specific needs. WFP is committed to ensuring that virtually all of its programmes benefit women and protect their interests. When programming for HIV/AIDS this is not only prudent, it is also imperative.
19. Globally, women shoulder the heavier burden of the epidemic and are disproportionately affected by HIV/AIDS. They are both economically and biologically more vulnerable to HIV infection than are men. The presence of HIV/AIDS in the family disrupts the balance in poor women's lives between productive and domestic tasks.
20. As a result of the HIV/AIDS epidemic, women often:
 - assume additional care-taking responsibilities for their husbands ill with HIV/AIDS;
 - take on responsibility for other people's children;
 - engage in additional activities to ensure their family's food security, such as petty trading and other income-earning activities;
 - engage in risky sexual behaviour in exchange for cash, food or goods (transactional sex); and
 - become ill with HIV/AIDS themselves while doing all of the above.
21. For women who are seriously affected by the epidemic, WFP can play an important role in improving their immediate and long-term food security. The provision of WFP food assistance can promote a woman's regular participation in education and vocational training programmes. Food aid can also improve her nutrition and that of her family.



WFP PROGRAMMING FOR HIV/AIDS INTERVENTIONS

WFP's Role in Prevention, Mitigation and Care

22. WFP supports its United Nations/NGO partners in prevention, mitigation and care for HIV-infected and -affected individuals, families and communities, with a special emphasis on women and children, in particular orphans.
23. Cooperation with partners in **education and prevention** should be linked to all of WFP's development, recovery and emergency programme interventions, whenever and wherever possible. WFP supports the education and prevention activities of other organizations that are appropriate for each country context and consistent with national strategies on HIV/AIDS.
24. Some prevention activities that WFP's partners might carry out include:
 - using food distribution sites to raise awareness on HIV and AIDS;
 - ensuring that WFP contract staff (e.g. long-haul truck drivers contracted to transport WFP food and non-food items) are provided with risk-reduction and -prevention information;
 - training of community health workers in methods of optimal nursing practices for WFP beneficiaries; and/or
 - training of youth peer educators to provide information on STDs/HIV/AIDS risk reduction and prevention, and voluntary HIV/AIDS testing and counselling.
25. WFP's **mitigation activities** focus on reducing the impact felt by families or communities whose food security has been jeopardized by HIV/AIDS and improving their longer-term food security. Families whose food security has been particularly affected due to prolonged sickness or the death of a breadwinner need a way to recover from the shock.
26. The provision of food to HIV-affected households enables those households to retain some of the resources that might otherwise be spent on purchasing food and medicine, while engaging in activities that will strengthen their long-term food security. It may also enable foster families to welcome orphans while maintaining their households' food and nutrition security. By contributing to longer-term food security and not just focusing on immediate consumption needs, WFP programmes will avoid creating dependency within these populations.
27. Mitigation activities are to be carried out at the household and community levels. Some mitigation activities that WFP could support include:
 - food for vocational training for street children and orphans;
 - school feeding, with special take-home rations for families caring for orphans;
 - food-for-training programmes (especially for women) that promote income-generating activities and are linked to small-scale credit facilities for women and older orphans; and
 - food for work and food for training to support homestead production activities.
28. Key elements of WFP's **care activities** with partners include the provision of food assistance for those who are ill and for their families, and nutritional counselling.
29. WFP will focus on community and family-based assistance. Provision of food aid to heads of households with HIV/AIDS not only improves their health, but can also protect the members of their family from becoming food insecure. WFP will not identify HIV-positive individuals or families who have an HIV-infected member, but will instead work through community organizations that are already serving those most affected.



Lengthening the survival time of heads of households living with HIV/AIDS can reduce the risk of child malnutrition, which frequently occurs after the early death of a parent, particularly the mother. UNICEF findings show that children left orphaned or destitute from AIDS are least likely to attend school.

30. WFP can support the work of partner organizations that provide care to people living with HIV/AIDS and their families by:
- providing nutritious food for households with chronically ill adults in order to improve the nutritional status of all household members;
 - supporting the training of HIV/AIDS home-based care workers in nutrition counselling; and
 - providing nutritional support to tuberculosis patients to protect their food security and as an incentive for them to complete their full treatment protocol.

HIV/AIDS in the United Nations Workplace

31. The United Nations Secretary-General has called upon all United Nations agencies to conduct a systematic information campaign aimed at providing AIDS prevention information to United Nations staff and their families.
32. WFP is incorporating HIV/AIDS information into its specialized staff training in security awareness, emergency response and peer counselling. Country offices are being strongly encouraged to conduct HIV/AIDS risk reduction and prevention training for all WFP international and national, professional and support staff, and their families. Several country offices have already undertaken such training sessions in conjunction with their local United Nations Theme Group on HIV/AIDS. Plans are currently being developed to conduct similar training sessions in other countries. It is hoped that WFP staff can serve as role models for their communities in their willingness to discuss HIV/AIDS prevention accurately and credibly, and in demonstrating their compassion for those already affected.

INTERAGENCY COOPERATION

33. WFP is actively engaged with its sister United Nations agencies in the fight against HIV/AIDS, highlighting the critical links between the pandemic and food insecurity, and the relevance of food assistance for mitigating HIV/AIDS' detrimental impacts.
34. Since May 2000, WFP has collaborated in the following ways:

✦ **WFP and UNAIDS**

35. WFP has been in close contact with UNAIDS since September 2000 and a Memorandum of Understanding (Cooperation Framework Agreement) is currently being prepared. UNAIDS is very supportive of WFP's activities in HIV/AIDS and has publicly cited WFP Ethiopia's initiative to educate truck drivers as being innovative and relevant. UNAIDS has also informed WFP that it is interested in producing a *Best Practices* publication on school feeding, especially for girls, as it relates to HIV/AIDS prevention.
36. UNAIDS agreed to contact the United Nations Theme Groups on HIV/AIDS to inform them that WFP is interested in providing food and non-food inputs to assist in the coordinated United Nations response to the pandemic. WFP country offices are advised to liaise closely with the United Nations Theme Groups on HIV/AIDS when carrying out HIV/AIDS projects.



37. In producing WFP's Guidance Note on food security, food aid and HIV/AIDS, UNAIDS was regularly consulted and contributed comments where appropriate. The final version of the Guidance Note was favorably reviewed by UNAIDS before distribution to WFP field staff.

✧ *United Nations General Assembly Special Session (UNGASS) on HIV/AIDS*

38. During the UNGASS, held 6–8 June 2001 in New York, WFP hosted—with FAO, the International Fund for Agricultural Development (IFAD), and the International Food Policy Research Institute (IFPRI)—a joint panel presentation entitled, “Hunger, Poverty and HIV/AIDS”. Chaired by Namanga Ngongi, WFP's then Deputy Executive Director, the panel explored the ways in which hunger, poverty and HIV/AIDS interacted, and raised issues of common concern with regards to the food security of the poorest and most vulnerable. Ms Judith Lewis, Regional Director, Eastern and Southern Africa Regional Bureau (ODK), presented in Power Point “The Importance of Food and Nutrition in the Fight against HIV/AIDS”, on behalf of WFP.

✧ *WFP and WHO*

39. At the request of several donor countries, and to maximize the strong partnership WFP and WHO already enjoy, a meeting was held in Rome to examine possible expanded partnership on a coordinated response to the HIV/AIDS pandemic. Collaborative arrangements between WFP and WHO were identified in the following areas:
- voluntary counselling and testing (VCT);
 - care and support for people living with HIV/AIDS;
 - mother and child health (MCH) services;
 - the development and dissemination of tools and guidelines on HIV/AIDS and nutrition; and
 - vulnerable populations (e.g. adolescents, truck drivers, demobilized soldiers and IDPs).
40. A Letter of Intent was finalized in October, and collaborative activities will be implemented in Mozambique, Rwanda, Uganda and the United Republic of Tanzania.

✧ *WFP and FAO*

41. Besides the joint panel presentation at UNGASS, WFP and FAO regularly share information on each other's work with regard to HIV/AIDS. A joint project that will draw on technical expertise from both agencies is currently being planned and designed in the Niger. Other areas in which WFP and FAO collaborate include in their use of the same expert consultants and their regular review of each other's draft papers.

✧ *WFP and UNHCR*

42. WFP has accepted an invitation to be part of the recently established Advisory Group on HIV/AIDS, headed by UNHCR. The group will coordinate and oversee the implementation of recommendations concerning HIV/AIDS and refugee situations.

WFP and UNICEF

43. In August 2001, UNICEF hosted the Inter-Agency Task Team on HIV/AIDS and Children in Situations of Conflict. The one-day meeting addressed recommendations from



15 different humanitarian agencies, including the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and a couple of NGOs. Discussions focused on what needed to be done to reduce the impact of HIV/AIDS among children affected by armed conflict, and how such activities should be operationalized. Some of the recommendations set forth included the need to: develop a list of commitments on HIV/AIDS in areas of conflict for which each agency was accountable; integrate HIV/AIDS programmes into existing humanitarian activities; strengthen staff capacity to programme activities; and increase funding for such activities by strengthening messages to donors.

GLOBAL FUND FOR AIDS AND HEALTH

44. In June 2001, at the United Nations General Assembly Special Session on HIV/AIDS, the United Nations Secretary-General launched the Global AIDS and Health Fund. The ultimate goal of the Brussels-based Fund will be to build on the existing high-level political commitment to mobilize additional resources, and channel them to developing countries to ensure rapid progress in addressing the huge challenges caused by HIV/AIDS, malaria and TB.
45. The Fund is expected to be operational and ready to disburse funds by the end of the year. WFP believes that decisions on the Fund's use should reflect the priorities and spirit of the Declaration of Commitment on HIV/AIDS, which emphasizes that HIV/AIDS is not just a health issue, but also a development crisis that affects all segments of society. This was also emphasized in the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases. Poverty, poor nutritional conditions, underdevelopment and lack of education exacerbate people's vulnerability and increase their risk of infection.
46. WFP's position with regards to the Fund is summarized in the main points below:
- WFP will strongly urge the Fund to emphasize the role of nutrition in all care packages.
 - The Fund should acknowledge the important role of good nutrition in the battle against both HIV/AIDS and TB and the necessity of food assistance for many of the poorest families and individuals affected by HIV/AIDS and TB.
 - The Fund should acknowledge the importance of access to adequate food in order for anti-retroviral drug treatments to be effective in prolonging the life of a person with HIV/AIDS.
 - The Fund should focus on providing ample support to front-line community groups and should identify mechanisms for reaching such groups with the most appropriate assistance.
 - The Fund should contribute to the enhancement of a coordinated and integrated approach by providing complementary inputs to community-based projects already supported by WFP or other United Nations agencies.
 - As a priority in the fight against HIV/AIDS, the Fund should encourage the implementation of programmes that address women's inequality and that promote their empowerment.
 - The Fund should focus on stopping the spread of HIV in emergency situations, especially for vulnerable populations, including people in refugee/IDP camps, host populations, peacekeepers and humanitarian workers.



47. It is recognized that food insecurity is a contributing factor to the pandemic, and a key outcome of the pandemic's impact on poor households. Therefore, in the coordinated United Nations response, it is WFP's role to provide necessary food and nutritional assistance to those families and individuals whose food security and nutritional status is compromised by HIV/AIDS.

WFP'S ACTIVITIES TO ADDRESS THE HIV/AIDS CRISIS

48. In order to support country offices in planning their response to the HIV/AIDS crisis, in May 2001, WFP Headquarters put in place a task force, and later a smaller working group. An initial call for proposals elicited a total of 25 from Africa, Asia and Latin America/Caribbean regions.
49. In August, six proposals from Eastern and Southern Africa (see below)—home to 75 percent of people living with HIV/AIDS, and where AIDS is the leading cause of death—were communicated to donors for funding. At the time of the drafting of this document, five additional project proposals (one each from Mozambique and Kenya and three from Ethiopia) were nearing completion. The other proposals are at various stages of being finalized and will be sent to donors soon.
50. The six proposed projects already sent to donors for funding aim at preventing the spread of HIV, mitigating its effects and caring for people with HIV/AIDS. They include:
- **Kenya.** WFP will expand its existing school feeding operation in Mbeere district, an area of chronic food insecurity and very high HIV prevalence, to provide take-home rations for AIDS orphans and their caregivers, thus enabling the children to continue school.
Beneficiaries: 90,000; **Total cost:** US \$6.3 million
 - **Malawi.** WFP will provide food for families affected by HIV/AIDS to improve their nutritional status and enable them to support themselves. This supplementary activity is subject to the approval of the Malawi Country Programme by the Executive Board at its Third Regular Session in 2001.
Beneficiaries: 37,500 per year; **Total cost:** US\$4.4 million
 - **Rwanda.** This pilot project aims to provide access to education for food-insecure households affected by HIV/AIDS, enabling them to gain and preserve their livelihoods.
Beneficiaries: 25,000 per month; **Total cost:** US\$3.1 million
 - **Uganda.** WFP will more than triple the number of orphans and street children it serves through the proposed expansion of its existing project supporting vocational training and income-generating activities.
Beneficiaries: 10,000 per year (30,000 total); **Total cost:** US\$2.5 million
 - **United Republic of Tanzania.** In areas where drought and HIV/AIDS compromise the food security of widows, orphans and other vulnerable people, WFP will support home-based care programmes, health and prevention education, counselling and income-generating activities. This activity is a supplementary activity to the United Republic of Tanzania's Country Programme.
Beneficiaries: 65,000; **Total cost:** US\$2.9 million
 - **Zambia.** Already serving 12,000 households affected by tuberculosis and HIV/AIDS, WFP plans to increase that number by 8,000 households, bringing the total number of individual beneficiaries to approximately 100,000. WFP's assistance protects family



members from going hungry while the breadwinner undergoes treatment for tuberculosis and enables them to learn new skills to support themselves.

Beneficiaries: 40,000 (8,000 households); **Total cost:** US\$3.4 million

51. Project proposals from **Cambodia, China, India and Nepal**, benefiting 4,661,400 HIV-affected persons, were submitted. The proposed activities aim to prevent the spread of HIV through awareness and education, nutritional support, the creation of income-generating opportunities, and tuberculosis control.
52. **Colombia, the Dominican Republic, El Salvador, Guatemala, Haiti, Honduras and Nicaragua** also submitted proposals. The activities proposed for these countries include support for poor HIV/AIDS-affected heads of families and using food aid as an incentive for HIV/AIDS education training. Intensified HIV/AIDS awareness for WFP's staff, its affiliates and the beneficiaries of food aid is a priority.
53. WFP is gearing up quickly in its response to the HIV/AIDS crisis. This rapid response has required a fast-track process for developing, reviewing, approving and funding project proposals from country offices. WFP looks to its donors for support in making these projects possible and invites offers of specific and appropriate expert technical assistance for individual countries.



ANNEX

WFP PROGRESS TO DATE IN ADDRESSING HIV/AIDS AND TUBERCULOSIS

2000

May	Executive Board endorsement for WFP involvement in addressing HIV/AIDS and tuberculosis
September	Joint Policy Service (SPP) and Operations Department (OD) initiative launched
October	Global inventory of existing HIV/AIDS activities
December–February 2001	Five country missions conducted (Cambodia, Ethiopia, Kenya, Uganda and Zambia)

2001

February	Distribution of “Frequently Asked Questions on Food Security, Food Aid and HIV/AIDS”
February (ongoing)	Prevention education and training for WFP field staff and families
March	HIV/AIDS session presented at Security Awareness Training of Trainers
March	HIV/AIDS session presented at Emergency Response Training
April	Distribution of “Food Security, Food Aid and HIV/AIDS: Project Ideas for Addressing HIV/AIDS”
April	“Food Security, Livelihoods and HIV/AIDS” paper presented at the Advisory Committee on Coordination/Sub-Committee on Nutrition (ACC/SCN) session in Nairobi
April	UNAIDS addressed the WFP Executive Board
May	HIV/AIDS Task Force created
May	Request for project proposals from country offices
June	“Hunger, Poverty and HIV/AIDS” joint panel presentation (WFP, FAO, IFAD, IFPRI) at United Nations General Assembly Special Session on HIV/AIDS
June	Distribution of Guidance Note on “Food Security, Food Aid and HIV/AIDS”
June	HIV/AIDS Intranet Web page launched
July (ongoing)	Receipt of project proposals from country offices
August	Distribution of “Nutrition, Food Security and HIV/AIDS” information sheet
August	Submission of project proposals to donors for consideration
August	WFP/WHO consultation in Rome
September	Draft Memorandum of Understanding with UNAIDS
October	Letter of Intent with WHO went into effect
October	Information Note for the Executive Board

