



# **WFP HIV/AIDS Policy 2010**

**WFP Executive Board  
November 2010**

**Policy, Programming & Strategy Division**

## Overview of Policy

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### **State of the epidemic – "Know Your Epidemic"**

**WFP's role: at the intersection of food insecurity and HIV as UNAIDS convening agency for food and nutrition**

### **The Policy Framework**

**Two main areas of intervention in addition to broad preventive safety nets**

- the "infected"
- the "affected"

# **Epidemic still major threat to individual lives and development of nations, despite increase in treatment**

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**33 million people globally living with HIV (PLHIV) in 2009**

**Treatment coverage increased tenfold, but still only covers approx. 40% of those in need**

**New WHO standards mean more people will need to go on treatment earlier**

**HIV and TB overlap significantly**

## WFP's draft policy with two main objectives

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### **First Objective: Helping the “infected”**

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Enhancing Treatment Success through the Provision of Nutritional Support

### **Second Objective: Helping the “affected”**

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Mitigating the effects of HIV and AIDS on affected individuals and households to provide relief during the acute stage of disease and reduce burden of care on family and communities.

# Policy Objectives aim to enhance treatment success and mitigate effects of HIV and AIDS

## Food by Prescription: Support to the individual (Arrow 1)

### “Curative”

Nutrition intervention focused on the infected / patient, as integral part of HIV treatment package

Objective: treatment success and survival, nutritional recovery

Nutrition Assessment, Education and Counselling (NAEC)

Nutritious food: FBF or RUFs

Anthropometric targeting

Typically 3-6 months

## Household Support: Support to the household (Arrow 2)

### “Preventive” & “Enabling”

Income transfer, focused on the affected including OVCs and households, given for 2 reasons:

1. “Compensation for lost income and increased expenses” because of HIV, objective: prevention of coping, food security
2. Enabler of HIV treatment package, objective: treatment success and survival

Cash, vouchers or food

Ideally augmented with livelihood activities

Two options

- Eligibility based on participation in FBP, no separate targeting
- Eligibility based on household food insecurity status

Type of intervention / Objective

Typical intervention

Entry & exit criteria

# Zambia: Safety Nets through Mobile Tracking System.



March 2003



Paul Farmer  
Partners in Health  
Haiti



## September 2003 – 6 months later



Paul Farmer  
Partners in Health  
Haiti