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Update on WFP's response to HIV and AIDS

Executive summary

At the request of the Executive Board the Secretariat provides regular updates on the implementation of the WFP HIV and AIDS Policy,[1] which includes WFP's policy on tuberculosis. The policy is guided by the 2030 Agenda for Sustainable Development, the 2016–2021 strategy[2] and division of labour[3] of the Joint United Nations Programme on HIV/AIDS and the WFP Strategic Plan (2017–2021).[4]

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 co-convenes one inter-agency task team on HIV-sensitive social protection, with the International Labour Organization, and another on HIV services in humanitarian emergencies, with the Office of the United Nations High Commissioner for Refugees.

WFP works with and supports governments and partners to address HIV and tuberculosis using a multi-faceted, nutritionally integrated, inclusive, multisectoral approach that:

- provides holistic food and nutrition support to people living with HIV and to tuberculosis patients and their households to support treatment adherence and improve nutrient uptake and absorption; and
- addresses prevention through engagement with vulnerable groups to reduce high-risk behaviours that could increase the transmission of HIV and tuberculosis.

[1] WFP/EB.2/2010/4-A (https://docs.wfp.org/api/documents/WFP-0000025496/download/).

[2] Joint United Nations Programme on HIV/AIDS. 2016. *UNAIDS 2016–2021 Strategy: On the Fast-Track to end AIDS*.https://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf

[3] Joint United Nations Programme on HIV/AIDS. 2018. *UNAIDS Joint Programme Division of Labour: Guidance note 2018.* https://www.unaids.org/sites/default/files/media_asset/UNAIDS-Division-of-Labour_en.pdf.

[4] https://docs.wfp.org/api/documents/WFP0000037196/download/.

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In 2019, WFP reached 355,000 beneficiaries in 16 countries across six regions with targeted food assistance and HIV-specific and tuberculosis-specific programmes. WFP maintained a holistic and gender-responsive approach to HIV/tuberculosis programming, leveraging context-specific entry points and partnerships, including in humanitarian emergencies, and providing support for pregnant women receiving services for the prevention of mother-to-child transmission. WFP reached additional beneficiaries in 36 countries through its HIV- and tuberculosis-sensitive programming that included activities addressing the needs of children and adolescents while promoting school attendance and reducing risk-taking behaviour. WFP also supported HIV-sensitive social safety nets in several regions and provided technical support to governments and national partners, including work with national HIV/AIDS councils and civil society. Through its deep field presence and robust logistics capacity, WFP supported supply chains to prevent shortages of HIV treatment and prevention commodities in humanitarian settings and fragile contexts, working with partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Health Organization.

HIV and tuberculosis in 2019

1. HIV remains one of the world's most serious challenges. Worldwide, AIDS-related illness is still the leading cause of death among women of reproductive age[5] and the second-leading cause among adolescents aged 10–19 years.[6] At the end of 2018, 37.9 million people were living with HIV, including 1.7 million newly infected people. Adolescent girls and women are disproportionally affected and at higher risk: every week, around 6,000 young women age 15–24 years become infected with HIV. In sub-Saharan Africa, four in five new infections among adolescents age 15–19 years are in girls, and young women age 15–24 years are twice as likely as men to be living with HIV.[7]

2. In 2018, progress was made towards the 90–90–90 treatment targets[8] of the Joint United Nations Programme on HIV/AIDS (UNAIDS): of all people living with HIV, 79 percent knew their HIV status, 62 percent were on antiretroviral therapy (ART) and 53 percent had supressed viral loads, compared to 2017, where 75 percent knew their HIV status, 59 percent were on ART, and 47 percent had supressed viral loads.[9] In 2018, 82 percent of pregnant women living with HIV had access to antiretroviral medicines to prevent the transmission of HIV to their babies. Despite the progress, 8.1 million people did not know that they were living with HIV.[10]

3. Tuberculosis (TB) remains the leading cause of death among people living with HIV. In 2018, 9 percent of all TB cases were in people living with HIV, with TB accounting for 251,000 deaths among people living with HIV. Approximately 10 million people developed TB in 2018, including 862,000 people living with HIV.[11] It is estimated that 49 percent of

[5] UNAIDS. 2020. *We've got the power – Women, adolescent girls and the HIV response.* https://www.unaids.org/sites/default/files/media_asset/2020_women-adolescent-girls-and-hiv_en.pdf.

[6] https://www.who.int/maternal_child_adolescent/epidemiology/adolescence/en/.

[7] UNAIDS. 2019. *Fact sheet – World AIDS Day 2019.* https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf. Latest data available.

[8] By 2020, 90 percent of all people living with HIV will know their HIV status; 90 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and 90 percent of all people receiving antiretroviral therapy will have viral suppression.

[9] https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2018/november/20181122_WADreport_PR

[10] UNAIDS. 2019 *Fact sheet – World AIDS Day 2019.* https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf.

[11] World Health Organization. 2019. *Global Tuberculosis Report 2019.* https://www.who.int/tb/publications/global_report/GraphicExecutiveSummary.pdf?ua=1.

people living with HIV and tuberculosis are aware of only one of the diseases and are therefore not receiving proper care for both.

4. In addition to the 2030 Agenda for Sustainable Development, two high-level political declarations on HIV[12] and TB[13] draw attention to the importance of accelerating progress in addressing both HIV and TB and ending the two epidemics by 2030. TB is strongly associated with socioeconomic, gender-related[14] and structural factors. Poverty, malnutrition,[15] poor housing and overcrowding increase vulnerability and exposure to TB. Co-infection with HIV adds to the stigma of TB and can present major barriers to access to essential services for people living with HIV and TB.

WFP and UNAIDS: Working towards the 2030 Agenda

5. The WFP Strategic Plan (2017–2021)[16] aligns the organization's work with the global call to action of the 2030 Agenda, which prioritizes efforts to end poverty, hunger, all forms of malnutrition and inequality, encompassing humanitarian and development efforts through the humanitarian–development nexus. WFP's results-based and tailored country portfolios maximize contributions to government efforts to achieve the Sustainable Development Goals (SDGs). To sustain the progress made by the HIV/AIDS response in the final decade of the 2030 Agenda, partnerships and social protection must be continually leveraged to support sustainable access to and the effectiveness of HIV prevention on both the demand side and the supply side.

6. WFP is one of 11 UNAIDS co-sponsoring organizations. Under the UNAIDS division of labour,[17] WFP co-convenes an inter-agency task team (IATT) on HIV-sensitive social protection, with the International Labour Organization, and another on HIV services in humanitarian emergencies, with the Office of the United Nations High Commissioner for Refugees.

7. The UNAIDS strategy for 2016–2021, "On the Fast-Track to end AIDS",[18] was one of the first strategies in the United Nations system to be aligned with the SDGs. It aims to support progress towards the "three zeros" – zero new HIV infections, zero discrimination against people living with HIV and zero AIDS-related deaths – in order to end the AIDS epidemic as a public health threat by 2030 through advocacy, coordination and technical support. The UNAIDS strategy is grounded in evidence- and rights-based approaches, supported by the General Assembly's 2016 political declaration on ending AIDS and consistent with the UNAIDS 90–90–90 treatment targets.

8. Improving the nutrition status and food security of people living with and affected by HIV is also a way of contributing to achievement of the SDGs related to poverty alleviation, health, zero hunger, education, gender equality, sustainable growth, reduced inequality, peace and justice and partnerships. It also facilitates the eradication of AIDS in an era of competing

[12] General Assembly resolution 70/266, Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. https://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf.

[13] General Assembly resolution 73/3, Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis. https://digitallibrary.un.org/record/1649568/files/A_RES_73_3-EN.pdf.

[14] Gender-related barriers to TB services take many forms and affect both men and women. People living with TB often face stigma and discrimination, which may discourage them from seeking TB testing and treatment services. For people with HIV/TB co-infection, TB-related stigma may be exacerbated by HIV-related stigma.

[15] Undernutrition and diabetes associated with obesity are risk factors for TB.

[16] https://www.wfp.org/publications/wfp-strategic-plan-2017-2021.

[17] UNAIDS. 2018. *UNAIDS Joint Programme Division of Labour: Guidance note 2018*. https://www.unaids.org/sites/default/files/media_asset/UNAIDS-Division-of-Labour_en.pdf.

[18] http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf.

priorities by using integrated, systems-based approaches that involve interventions at all levels, from the people and households directly affected by HIV to national governments.

Funding outlook for 2020

9. As a UNAIDS co-sponsor, WFP receives funding from the UNAIDS secretariat and is accountable under the UNAIDS unified budget, results and accountability framework, which brings together the responses to HIV and AIDS of all United Nations agencies, promoting coherence and coordination in planning and implementation and channelling catalytic funding for agencies' HIV responses. Funding from UNAIDS is used to increase the capacity and resources for HIV responses at the country, regional and global levels in the context of multisector initiatives.

10. Since 2016, core funds from the UNAIDS secretariat have been significantly reduced, resulting in a 50 percent cut in funding to co-sponsors in 2016–2017 allocations and a persistently tight financial situation since then. This has led to reduced country-level capacity and scaled back programming, along with a sharpened focus on "fast-track" countries, specific populations and locations and the promotion of a context-specific approach.

11. An annual core allocation of USD 2 million per co-sponsor offers the co-sponsors a degree of predictability in playing their roles within UNAIDS. At its forty-fourth meeting, the Programme Coordinating Board agreed to allocate an additional USD 25 million per year to fund joint work by the co-sponsors at the country level. These allocations are in the form of country envelopes (USD 22 million) and "business unusual funds" (USD 3 million) for leveraging joint actions in the 35 fast-track countries[19] and supporting regional priorities and strategies.

12. WFP country offices in all regions took part in the UNAIDS country envelope and business unusual funds process, which resulted in a total allocation of USD 1,327,700 for WFP country offices in 2020,[20] an increase of 18 percent compared to 2019.

13. WFP has been privileged to receive supplemental funds from the Government of Luxembourg, which were used to drive and catalyse the expansion of studies and consultative workshops, capacity development and livelihood development and income-generating activities in 12 countries in West Africa and the Sahel.

WFP's contributions to the UNAIDS strategy and the SDGs

14. The UNAIDS 2016–2021 strategy is deliberately aligned with key AIDS-related SDGs that link directly to its eight strategy result areas (SRAs),[21] as outlined in figure 1.

[19] The UNAIDS fast-track countries are Angola, Botswana, Brazil, Cameroon, Chad, China, Côte d'Ivoire, the Democratic Republic of the Congo, Eswatini, Ethiopia, Ghana, Haiti, India, Indonesia, the Islamic Republic of Iran, Jamaica, Kenya, Lesotho, Malawi, Mali, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, the Russian Federation, South Africa, South Sudan, Uganda, Ukraine, the United Republic of Tanzania, the United States of America, Viet Nam, Zambia and Zimbabwe.

[20] Includes WFP country offices in 18 UNAIDS fast-track countries.

[21] SRA 1: Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment; SRA 2: New HIV infections among children eliminated and their mothers' health and well-being is sustained; SRA 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV; SRA 4: Tailored HIV combination prevention services are accessible for key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrants; SRA 5: Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV; SRA 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed; SRA 7: AIDS response is fully funded and efficiently implemented based on reliable strategic information; SRA 8: People-centred HIV and health services are integrated in the context of stronger systems for health.

Figure 1: Alignment of the Sustainable Development Goals and the strategic result areas of the UNAIDS 2016–2021 strategy

UNAIDS 2016–2021 strategy: strategic milestones for 2020				
Fewer than 500,000 people newly infected with HIV		Fewer than 500,000 people dying from AIDS-related causes	Elimination of HIV-related discrimination	
Sustainable Development Goals				
				
Strategy result areas				
SRA 1 SRA 2	SRA 3 SRA 4	SRA 5	SRA 6	SRA 7 SRA 8

15. WFP's results-based and tailored country portfolios maximize contributions to government efforts to achieve the SDGs. In order for the progress made by the HIV/AIDS response to be sustained in the final decade of the 2030 Agenda, partnerships and social protection are continually leveraged to support sustainable access to and the effectiveness of HIV prevention on both the demand side and the supply side. Nutrition and food assistance continue to be integrated into the HIV/AIDS response, including in emergency and fragile contexts, while at the same time efforts are made to take HIV-related issues into account in activities relating to health, education, social protection, food security and nutrition.

16. WFP uses context-specific entry points and partnerships to provide nutrition-sensitive support and social protection for vulnerable people living with HIV and TB and their households, including in humanitarian emergencies, and for pregnant women receiving services for the prevention of mother-to-child transmission (PMTCT). In 2019, WFP's HIV-sensitive activities, such as the provision of take-home rations and cash-based transfers, have been implemented in Djibouti, Eswatini, Ethiopia, Sierra Leone and Uganda.

17. In Eswatini, WFP in 2019 provided life-saving nutrition support and social protection during climate shocks to 54,640 orphans and vulnerable children attending pre-primary school at 1,666 neighbourhood care points. Orphans and vulnerable children have also benefited from access to other services such as psychosocial support, growth monitoring and early childhood education. For example, essential support that was intended for 2016 was extended to 2018 during El Niño events in countries like Eswatini, as neighbourhood care points saw increased attendance as a result of reduced availability of and access to food at the household level.

18. WFP is exploring the possibility of increasing the use of school feeding programmes to address HIV-related vulnerability in children and adolescents. School feeding has been demonstrated to be a key development accelerator. Furthermore, people who are

food-insecure are three times more likely to acquire HIV,[22] and when combined with other social protection instruments like cash-based transfers, especially when targeting adolescents living with HIV, school feeding has synergistic benefits for HIV prevention, treatment and adherence, all of which contribute directly to the achievement of several SDGs.[23] Consistent access to school feeding reduces exposure to sexual risk, specifically among adolescent boys, while school attendance can reduce HIV-infection risk among girls.[24]

19. WFP supports activities aimed at ensuring that the daily nutritional requirements of malnourished HIV and TB clients are met and reducing vulnerability to HIV in emergency contexts. As an emergency response to cyclones Idai and Kenneth, for example, in 2019 WFP's Mozambique office provided food and nutrition support through DREAMS centres[25] to 25,000 people living with HIV on ART.

20. Together with partners, WFP in 2019 worked to integrate food and nutrition support into PMTCT programmes and into mother and child health and nutrition services in 20 countries across three regions.[26] Pregnant and lactating women received social and behavioural change communication, nutrition assessments and, when needed, food rations, both as treatment and preventive measures. Integrating food and nutrition support improves adherence to PMTCT protocols and results in better health outcomes for newborns. In an effort to reduce stigma, WFP is increasingly integrating PMTCT patients, namely pregnant and lactating women and their infants, into its general nutrition programmes instead of establishing parallel support. WFP is also providing technical assistance to governments by supporting the development of guidelines and educational materials.

21. WFP also conducted several studies on the impact of nutrition support and HIV and TB treatment outcomes in 2019. In the East Cameroon and Adamawa regions of Cameroon, where a total of 4,655 malnourished people living with HIV on ART and TB-DOTS[27] from both refugee and host populations received nutrition support in 2019, they recorded an annual nutritional recovery rate of 96.6 percent in 2019 (95.5 percent in 2018), a death rate of 2.0 percent (2.4 percent in 2018) and a non-response rate of 1.4 percent (2.1 percent in 2018). Heads of health facilities also testified that the programme strongly motivated clients to respect their appointments in the HIV treatment and care units. This is reflected in the significant reduction in the number of ART client defaulters in areas where nutrition support was provided over several years, with default rates falling from 14 percent in 2016 to 1 percent in 2017 and 0 percent in 2018 and 2019.

22. In 2019, WFP provided technical assistance to 18 governments[28] across five regions in their efforts to integrate food and nutrition services into their national HIV responses through the

[22] Palar, K. and others. 2016. "Food insecurity is associated with HIV, sexually transmitted infections and drug use among men in the United States", *AIDS*, vol. 30, No. 9, pp. 1457–1465.

[23] Cluver, L.D. and others. 2019. "Improving lives by accelerating progress towards the UN Sustainable Development Goals for adolescents living with HIV: a prospective cohort study", *Lancet Child and Adolescent Health*, vol. 3, No. 4, pp. 245–254.

[24] Pettifor, A. and others. 2016. "The effect of a conditional cash transfer on HIV incidence in young women in rural South Africa (HPTN 068): a phase 3, randomized controlled trial", *Lancet Global Health*, vol. 4, No. 12.

[25] Centres run by the DREAMS (determined, resilient, empowered, AIDS-free, mentored and safe) partnership, providing care and support to people living with HIV.

[26] Burkina Faso, Burundi, Central African Republic, Chad, Democratic Republic of the Congo, Eswatini, Kenya, Ghana, Guinea, Malawi, Mozambique, Republic of the Congo, Rwanda, Sierra Leone, Somalia, South Sudan, United Republic of Tanzania, Togo, Uganda and Zimbabwe.

[27] Direct observation of therapy.

[28] Burkina Faso, Burundi, Chad, Côte d'Ivoire, Dominican Republic, El Salvador, Eswatini, Guatemala, Guinea, Guinea Bissau, Kenya, Lesotho, Mali, Myanmar, Senegal, Sierra Leone, Togo and Uganda.

development or updating of national guidelines on nutrition and HIV and the development of other nutrition assessment, counselling and support tools. This support contributed to the creation of integrated nutrition treatment, care and support packages for the provision of high-quality nutrition services to people living with HIV to support nutrition and ART treatment.

23. WFP also supported six governments[29] in two regions with the conduct of nutrition and food-security vulnerability assessments among people living with HIV. In Ghana, for example, a study on the food insecurity and vulnerability status of HIV-affected households found that 21 percent of the nearly 1,700 households interviewed were food-insecure. The recommendations of the report formed the basis of a capacity strengthening programme, targeting associations of people living with HIV, to develop livelihood activities and promote food security and adherence to treatment.

24. WFP also provided training on nutrition assessment, counselling and support to more than 3,000 health care workers, health management teams and community health workers in 23 countries[30] in four regions.

25. Between May and October 2019, WFP conducted a global qualitative and quantitative review of its operations targeting adolescents. A quantitative estimate of the reach of such operations was determined via a semi-qualitative survey and follow-up interviews of staff in 63 country offices. The findings indicated that 27 percent of WFP's beneficiaries globally were adolescents (15,277,237 adolescents); most were reached through either general food distribution or on-site school feeding, which are key entry points and should be leveraged to enable WFP to further develop adolescent HIV/TB programmes by providing additional targeted and layered services.

The year in numbers

26. In 2019, WFP supported national HIV and TB responses in 35 countries through HIV/TB-specific interventions, HIV-inclusive approaches and capacity development activities. WFP assisted approximately 378,344 people living with HIV and TB and their household members in 18 countries through HIV- and TB-specific programmes (table 1). It should be noted that this report does not reflect the many vulnerable people living with and affected by HIV who were assisted through other WFP operations, including general food distribution and school feeding.

TABLE 1: BENEFICIARIES OF HIV- AND TB-SPECIFIC PROGRAMMES, 2019*

UNAIDS fast-track countries	282 773
Other countries	95 571
Total	**378 344**

* Based on preliminary results from 2019 standard project reports.

Partnerships

27. WFP is engaged in two substantial research collaborations with the London School of Hygiene and Tropical Medicine and the University of California San Francisco. These strategic academic partnerships focus on research into HIV- and TB-sensitive approaches linked to WFP's operations, with the goal of adding to the global evidence base and highlighting the strong linkages between food security and the incidence of HIV and TB.

[29] Burkina Faso, Ghana, Guinea, Liberia, Somalia (started in 2019; finalized in 2020) and Uganda.

[30] Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Eswatini, Ghana, Guinea, Guinea Bissau, Kenya, Lesotho, Malawi, Mali, Myanmar, Rwanda, Senegal, Sierra Leone, Somalia, South Sudan, Togo, Uganda and Zimbabwe.

28. WFP provides leadership at global, country and emergency levels through the inter-agency task teams it co-convenes with the Office of the United Nations High Commissioner for Refugees and the International Labour Organization. In 2018 and 2019 WFP helped to generate evidence on HIV-sensitive social protection and HIV programming in emergencies; supported the development of strategic documents and platforms, including the IATT-E website and draft HIV cluster guidance; and participated in the twentieth International Conference on AIDS and Sexually Transmitted Infections in Africa, holding face-to-face meetings with IATT members and a satellite symposium on the use of social protection in emergency contexts.

29. Four WFP regional bureaux published guidance on HIV-sensitive social protection in 2019. The regional bureaux in Nairobi and Johannesburg, together with the Accelerating Achievement for Africa's Adolescents (Accelerate) Hub, developed a policy brief on HIV-sensitive social protection, entitled *Leaving no one behind: How WFP's approach to HIV-sensitive social protection will help us to achieve Zero Hunger in East and southern Africa*. The brief outlines the strategic role WFP plays in ensuring that social protection systems include people living with, at risk of or affected by HIV at the policy, programme and intervention levels.

30. WFP provided logistical and supply chain expertise to the Global Fund, helping it to better assess current stocks and future needs and storing medications and other supplies and delivering them by plane, truck, motorbike and even canoe. Together with the Global Fund, WFP provided supply chain and logistics support in the form of non-food items for HIV, TB and malaria-related commodities worth a total of USD 36 million, from 2,081 delivery points in eight countries across three regions. WFP's supply chain helped deliver USD 32 million in malaria commodities, USD 3.7 million in HIV commodities and USD 442,000 in TB commodities, reaching 14 million beneficiaries.

31. Together with the Bill and Melinda Gates Foundation and the United Nations Population Fund, WFP supported the Supply Optimization through Logistics, Visibility and Evolution (SOLVE) initiative, which supports the Family Planning 2020 initiative in 17 countries and serves as a channel for financial contributions to both global and country-level activities that enable access to modern contraceptives by an additional 120 million women and girls. WFP helps manage supply chains to keep USD 12 million worth of health commodities in sustainable supply and readily available.

Outlook for 2020

32. WFP will continue to integrate food and nutrition support into its HIV/AIDS responses, with a focus on generating evidence and exploring the significant linkages between food insecurity and the global incidence of HIV and TB.

33. WFP will continue to advocate the consideration of HIV and TB in relevant national and corporate platforms such as social protection schemes, school feeding programmes and livelihood activities.

34. WFP will continue to deliver on its mandate to integrate food and nutrition and humanitarian emergencies into HIV responses and global discussions. WFP will also continue to actively participate in the IATT on HIV-sensitive social protection at the global level.

35. Together with its UNAIDS co-sponsors and partners, WFP will begin to focus efforts to integrate social protection in the context of its responses in emergency settings as a nascent, strategic entry point for WFP. This will be a priority area for 2020 and beyond.

Acronyms

ART	antiretroviral therapy
IATT	inter-agency task team
PMTCT	prevention of mother-to-child transmission
SDG	Sustainable Development Goal
SRA	strategic result area
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS