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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 response to tuberculosis. The policy is guided by the 2030 Agenda for Sustainable Development, the Joint United Nations Programme on HIV/AIDS strategy for 2016–2021² and Division of Labour³ and the WFP Strategic Plan (2017–2021).⁴

WFP is one of 11 co-sponsoring organizations of the Joint United Nations Programme on HIV/AIDS. Under the joint programme's division of labour, WFP co-convenes the United Nations Inter-Agency Task Team on HIV-sensitive Social Protection, with the International Labour Organization, and co-convenes the Inter-Agency Task Team on addressing HIV in humanitarian emergencies, with the Office of the United Nations High Commissioner for Refugees.

WFP works with governments and partners to address the HIV epidemic using a nutritionally integrated, multisectoral approach that complements biomedical services. WFP ensures that food and nutrition support are provided to people living with HIV and to tuberculosis patients and their households to support treatment adherence, improve nutrient uptake and absorption, and meet patients' complex nutritional needs. WFP also addresses prevention by engaging with vulnerable groups in order to reduce high risk behaviours and thus prevent the transmission of HIV.

¹ WFP. 2010. *WFP HIV and AIDS Policy*. 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*. http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf.

³ Joint United Nations Programme on HIV/AIDS. 2010. *UNAIDS Division of Labour: Consolidated guidance note*. http://www.unaids.org/sites/default/files/sub_landing/files/JC2063_DivisionOfLabour_en.pdf.

⁴ WFP. 2016. *WFP Strategic Plan*. WFP/EB.2/2016/4-A/1/Rev.2. <https://docs.wfp.org/api/documents/WFP-0000037196/download/>.

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As a co-sponsor, WFP has a history of intensive engagement and activity with the joint programme, with which it has contributed to joint responses to HIV/AIDS for many years. WFP has also been privileged to receive additional funds from Luxembourg that have supported the studies, consultative workshops and capacity development, livelihood development and income-generating activities in 15 countries, particularly in West Africa and the Sahel.

In 2018, WFP reached 205,081 beneficiaries in 35 countries across five regions with HIV and tuberculosis programmes. The programmes took a holistic and gender-responsive approach to HIV, leveraging context-specific entry points and partnerships to provide food and nutrition support to vulnerable people living with HIV and tuberculosis, including in humanitarian emergencies, and additional, specialized support for pregnant women and girls receiving services to prevent mother-to-child transmission. WFP reached additional beneficiaries through its HIV and TB-sensitive programming, including school meals and other activities that address the needs of children and adolescents while promoting school attendance and reducing risk-taking behaviour; support for HIV-sensitive social safety nets in several regions; technical support to governments and national partners, including national HIV/AIDS councils; and support for supply chains to prevent shortages of HIV treatment and prevention supplies, working with partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Health Organization.

HIV and tuberculosis in 2018

1. HIV remains one of the world's most serious challenges. While there has been a minor reduction in the number of children living with HIV, there has been a slight increase in the global prevalence of HIV/AIDS, rising from 36.7 million people in 2016 to 36.9 million in 2017,⁵ including 1.8 million children under 15.⁶ This is largely because people with HIV/AIDS are living longer thanks to access to and the improved effectiveness of anti-retroviral therapy.
2. In 2017, over 75 percent of all people living with HIV knew their HIV status, with the one in four that did not, amounting to 9.4 million people.⁷
3. In 2017, 1.8 million people were newly infected and 940,000 died of AIDS-related causes. Since the start of the epidemic, 77.3 million people have become infected with HIV and 35.4 million have died from AIDS-related illnesses.⁸
4. HIV is rarely among the priorities in humanitarian response. People living with HIV often lack access to prevention, treatment, care and support services. Humanitarian emergencies exacerbate all forms of inequality, as people face increased food insecurity, the destruction of their livelihoods and extreme poverty. Many people living with HIV in emergencies suffer service disruptions and restrictive policies that threaten their lives. In 2016, 695 million people were affected by emergencies; 6 million of them were living with HIV.⁹

⁵ The latest data available.

⁶ Joint United Nations Programme on HIV/AIDS (UNAIDS). 2018. *Fact sheet – Latest statistics on the status of the AIDS epidemic*. <http://www.unaids.org/en/resources/fact-sheet>; World Health Organization (WHO) Annex 1: presumptive and definitive criteria for recognizing HIV-related clinical events among adults (15 years or older) and among children (younger than 15 years) with confirmed HIV infection. <http://www.who.int/hiv/pub/guidelines/HIVstaging150307.pdf>.

⁷ UNAIDS. 2018. *Fact sheet – Latest statistics on the status of the AIDS epidemic*. <http://www.unaids.org/en/resources/fact-sheet>.

⁸ *Ibid.*

⁹ UNHCR. 2018. *Estimation of People Living with HIV affected by Humanitarian Disasters in 2016*.

5. In 2017, 21.7 million people living with HIV had access to anti-retroviral therapy (ART), an increase of 2.3 million since 2016 and up from 8 million in 2010.¹⁰ Around 59 percent of all people living with HIV had access to treatment in 2017, including 59 percent of adults and adolescents aged 15 years and over and 52 percent of children aged 0–14 years.¹¹
6. Progress in scaling up services for the prevention of mother-to-child transmission (PMTCT) of HIV for pregnant and breastfeeding women living with HIV is slow. In 2017, 20 per cent of pregnant women living with HIV did not have access to anti-retroviral medicines to prevent the transmission of HIV to their babies.¹² Worldwide, AIDS is still the leading cause of death among women of reproductive age and the second leading cause among children and adolescents aged 10–19.¹³ Many studies have shown that women and girls who are pregnant or breastfeeding are up to 30 per cent more likely to become infected with HIV than those who are not.¹⁴
7. Gender inequality and harmful gender norms continue to fuel HIV infections among young women and adolescent girls, particularly in sub-Saharan Africa. In areas with high prevalence of HIV/AIDS, young women are at unacceptably high risk of HIV infection. In sub-Saharan Africa, three quarters of all new infections among adolescents aged 15–19 are contracted by girls. Young women and girls aged 15–24 are twice as likely to be living with HIV than men and boys of the same age.
8. In western and central Africa, AIDS-related deaths are disproportionately high compared to the region's share of the global population. While HIV prevalence is lower than in eastern and southern Africa, very few people living with HIV have access to treatment. Progress requires deep structural changes, including a move away from a medical-based response to greater involvement of civil society organizations capable of delivering differentiated and innovative services.¹⁵
9. Tuberculosis (TB) remains the leading cause of death among people living with HIV, accounting for around one in three AIDS-related deaths. Of the 10.4 million people who developed TB in 2016, 1.2 million were living with HIV.¹⁶ An estimated 49 percent of people living with HIV and TB are unaware of the co-infection and are therefore not receiving care of any kind.¹⁷
10. It is recognized that enhanced food security enhances HIV prevention, treatment, care and support. Ending the AIDS epidemic thus depends on addressing food insecurity and malnutrition, which increase people's vulnerability to HIV. Good nutrition helps people receiving HIV treatment to reverse the effects of malnutrition, tolerate medicines and manage side effects, especially in resource-poor settings where preventive health care is not often available.
11. Food and nutrition support in the form of social protection programmes – such as those that distribute cash transfers and vouchers – facilitate the uptake of HIV counselling and testing and HIV and TB treatment and prevention interventions. HIV, food insecurity and

¹⁰ UNAIDS. 2018. *Fact sheet – Latest statistics on the status of the AIDS epidemic*. <http://www.unaids.org/en/resources/fact-sheet>.

¹¹ *Ibid.*

¹² *Ibid.*

¹³ *Ibid.*

¹⁴ WHO and UNAIDS. 1998. *HIV in Pregnancy: A Review*. http://www.unaids.org/sites/default/files/media_asset/jc151-hiv-in-pregnancy_en_1.pdf

¹⁵ *Ibid.*

¹⁶ UNAIDS. 2018. *Fact sheet – Latest statistics on the status of the AIDS epidemic*. <http://www.unaids.org/en/resources/fact-sheet>.

¹⁷ *Ibid.*

malnutrition are intricately linked and reinforce one another's harmful effects, forming a negative feedback loop. In 2017, 124 million people in 51 countries faced crisis food insecurity or worse and required urgent humanitarian action. Thirty-one of these countries, had a high HIV burden.

12. The 2030 Agenda for Sustainable Development highlights the importance of accelerating progress in addressing HIV and TB in order to end the two epidemics by 2030. TB is strongly associated with socio-economic, gender-related¹⁸ and structural factors including poverty, poor housing and overcrowding, malnutrition – undernutrition and diabetes associated with obesity, all of which are risk factors for TB. Co-infection with HIV adds to the stigma of TB and can present a major barrier to access to essential services for people living with HIV and TB.

WFP and UNAIDS: Working towards the 2030 Agenda and United Nations reform

13. WFP is one of 11 co-sponsoring organizations of the Joint United Nations Programme on HIV/AIDS (UNAIDS). WFP co-convenes an inter-agency task team (IATT) on HIV-sensitive social protection with the International Labour Organization (ILO) and another IATT on HIV in humanitarian settings with the Office of the United Nations High Commissioner for Refugees (UNHCR). In its own work, WFP addresses HIV through various entry points and partnerships that are consistent with the Sustainable Development Goals (SDGs). Improving the nutrition status and food security of people living with and affected by HIV contributes to achievement of the SDGs in areas related to poverty alleviation, health, zero hunger, education, gender equality, sustainable growth, reducing inequalities, peace and justice and partnerships. It also facilitates the eradication of AIDS in an era of competing 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.
14. The UNAIDS strategy for 2016–2021, 'On the Fast-Track to end AIDS',¹⁹ was one of the first strategies in the United Nations system to be aligned with the SDGs. It aims, through advocacy, coordination and technical support, to advance 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. The UNAIDS strategy is grounded in evidence and rights-based approaches, supported by the 2016 political declaration on ending AIDS of the United Nations General Assembly²⁰ and consistent with the 90–90–90 treatment targets: by 2020, 90 percent of people living with HIV know their HIV status, 90 percent of people who know their HIV-positive status receive ART and 90 percent of people receiving ART have suppressed viral loads by 2020.
15. Providing nutrition, care and support, coupled with the implementation of targeted food and nutrition programming, play an integral role in helping countries reach these ambitious targets, particularly for treatment, but also for the prevention of new infections, especially among adolescent girls and young women who are at high risk of contracting HIV. Such interventions also alleviate the impact of HIV on those living with the disease. The SDGs

¹⁸ 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.

¹⁹ UNAIDS. 2016. *UNAIDS 2016–2121 Strategy: On the Fast-Track to end AIDS*. http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf.

²⁰ United Nations General Assembly. 2016. *Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030*. Resolution adopted by the General Assembly on 8 June 2016. A/Res/70/266. New York. http://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf.

mandate stakeholders to integrate their efforts; addressing AIDS similarly requires an integrated multidisciplinary approach. The epidemic cannot be ended without addressing the underlying determinants of health and vulnerability, which include food and nutrition insecurity and cross-cutting systemic gender inequalities. The needs of people living with and at risk of HIV are varied and complex, and addressing them requires an understanding of fragile communities and countries that are affected by barriers to prevention and care such as social stigma, discrimination, inequality and instability. Sustainable development efforts must address these concerns as a priority. By extension, lessons learned from multisector, multi-stakeholder AIDS responses are key to meeting the SDGs by 2030.

16. WFP believes that UNAIDS is an important model of a unified and integrated approach that is the best way to accelerate progress towards the SDGs in accordance with United Nations reform. WFP is fully committed to putting the 2030 Agenda and United Nations reform into practice and to improving linkages between humanitarian and development approaches in order to leave no one behind – reaching those furthest behind and vulnerable populations first – and to build stronger and more resilient communities.

Funding outlook for 2019

17. As a UNAIDS co-sponsor, WFP receives funding from UNAIDS 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 response at the country, regional and global levels in the context of multi-sector initiatives.
18. Over the past several years, the UNAIDS Programme Coordinating Board, the United Nations Economic and Social Council and the United Nations General Assembly have expressed strong political support for the joint programme. Several donors have maintained or even increased their contributions to UNAIDS in difficult times. A number of traditional donors, however, have not been able to maintain past levels of funding to UNAIDS, which has negatively affected the implementation of its 2016–2021 strategy and the unified budget, results and accountability framework.
19. UNAIDS faced a severe funding shortfall for its biennial budget for 2016–2017. Of an approved budget of USD 242 million, only USD 168 million was raised in 2016, resulting in a 50 percent cut in funding to co-sponsors. This 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. In 2018 UNAIDS fully funded its annual budget of USD 180 million. The financial situation for 2019 is relatively stable but funding remains tight.
20. In 2017, it was decided that henceforth USD 22 million per year would be allocated to “country envelopes”²¹ that would provide funds to co-sponsors for funding joint work at the country level in 33 “fast-track countries”²² and supporting the populations in greatest need in other countries; these allocations are in addition to the yearly minimum core allocation of USD 2 million per co-sponsor.

²¹ UNAIDS. 2017. *UNAIDS 2018–2019 budget*.

http://www.unaids.org/sites/default/files/media_asset/20170609_PCB40_2018-2019-Budget_17.9_EN.pdf

²² The UNAIDS fast-track countries are Angola, Botswana, Brazil, Cameroon, Chad, China, Côte d'Ivoire, the Democratic Republic of the Congo, 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, Swaziland, Uganda, Ukraine, the United Republic of Tanzania, the United States of America, Viet Nam, Zambia and Zimbabwe.

21. WFP country offices in all regions took part in the UNAIDS country envelope process, which resulted in a total allocation of USD 1,180,100 to WFP country offices in 2019. This equates to 3.6 percent of the total allocation to co-sponsors, a slight increase compared with 2018.
22. WFP's comparative advantage and unique added value lie in its non-biomedical, inclusive and preventive approach to reducing the transmission of HIV by addressing risky behaviours that may result from food insecurity, particularly through the integration of services such as social protection and food and nutrition support.

WFP's contribution to the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) and Strategy for 2016–2021

Strategy result area 1: Children and adults living with HIV have access to testing, know their status and are immediately offered and sustained on affordable quality treatment (outputs 1.1 – Innovative and targeted HIV testing and counselling programmes introduced; 1.2 – Country capacity, policies and systems for access to HIV treatment cascade enhance; 1.3 – Systems that enable children and adolescents to meet 90–90–90 targets strengthened; 1.5 – Mechanisms developed to provide HIV-related services in humanitarian emergencies; and 1.6 – Mechanisms to ensure access to medicines and commodities strengthened)²³

23. WFP's HIV work is focused on linking food and health systems through social protection and food and nutrition assistance aimed at improving testing and treatment outcomes; an example of such assistance is nutritional recovery for malnourished people living with HIV and TB patients, which can improve adherence to treatment and treatment success. This work is implemented in various settings, including disasters and other humanitarian emergencies.
24. In 2018 WFP provided technical assistance to 21 governments in four regions working to integrate food and nutrition services into national HIV responses. WFP provided support by assisting governments in the development of national guidelines on nutrition assessment, counselling and support (NACS), the analysis of nutrition and food security vulnerability assessments for people living with HIV, and the provision of NACS training to health personnel. This assistance was provided in Benin, Burkina Faso, Burundi, the Central African Republic, Chad, Eswatini, Ethiopia, Ghana, Guinea, Lesotho, Malawi, Mali, Mozambique, Myanmar, Rwanda, Senegal, Somalia, South Sudan, Togo, Uganda and Zimbabwe.
25. In 2018, WFP implemented the nutritional support aspect of NACS (formerly known as "food by prescription") in 12 countries in three regions: Cameroon, the Central African Republic, the Democratic Republic of the Congo, Eswatini, Ghana, Guinea, Malawi, Myanmar, Sierra Leone, Somalia, South Sudan and the United Republic of Tanzania.
26. WFP also provided direct nutrition support and social protection to malnourished or food-insecure people on ART and their household members in 14 situations of humanitarian need in three regions: Burundi, Cameroon, the Central African Republic, the Democratic Republic of the Congo, Kenya, Lesotho, Malawi, the Congo, Rwanda, Somalia, South Sudan, the United Republic of Tanzania, Uganda and Zimbabwe.
27. In 2018, WFP provided supply chain and logistics support in 11 countries in four regions, supporting governments, humanitarian partners, the Global Fund, the French Red Cross, the Burundi Red Cross and the World Health Organization (WHO). This support was delivered in Burkina Faso, Cameroon, the Central African Republic, Chad, Côte d'Ivoire, Guinea, Liberia, Mali, Niger, Nigeria and Sierra Leone.

²³ UNAIDS Programme Coordinating Board. 2016. *2016–2021 Unified Budget, Results and Accountability Framework*. http://www.unaids.org/sites/default/files/media_asset/20160531_UNAIDS_PCB38_16-10_Revised_UBRAF_EN.pdf

28. WFP advocates the integration of HIV testing into food and nutrition support services. In many contexts, improved food security can increase participation in HIV testing and counselling as well as adherence to treatment. In Eswatini, throughout the 2018 El Niño response, WFP worked with Save the Children and mothers2mothers to promote HIV testing among food-insecure beneficiaries and strengthened existing health facility referral pathways. Thanks to this activity, 91 percent of beneficiaries knew their HIV status.
29. In 2018, WFP supported national authorities who undertook nutrition and food security vulnerability assessments among people living with HIV in Burkina Faso, Ghana and Uganda. In Burkina Faso, the study focused on the six regions most affected by HIV, providing baseline data that the Government, WFP and partners used to strengthen advocacy and resource mobilization. According to gender-disaggregated weight-to-height data, the prevalence of undernutrition among people living with HIV in Burkina Faso is 15.6 percent, with higher prevalence among men (20 percent) than women (14.3 percent). Around 56 percent of people living with HIV suffer from anaemia: 2.2 percent have severe anaemia, 30.9 percent have moderate anaemia, and 23 percent have mild anaemia. Only 38.6 percent of women of childbearing age living with HIV have minimum acceptable dietary diversity.
30. In 2018 in Rwanda, WFP handed over NACS to the Government. WFP is now responsible for capacity strengthening, which includes training healthcare workers and supporting the supply chain and commodity system.
31. WFP co-convenes the IATT on HIV in humanitarian contexts with UNHCR. A core function of the team is to advocate access to treatment and food and nutrition support in emergencies. In 2018, the IATT developed a module on HIV in emergencies, including guidance on treatment, that formed part of global health cluster coordinator training in France. The IATT discussed guidance on treatment during its annual face-to-face meeting in July 2018. The team also participated in Yemen crisis group teleconferences, in which measures to mitigate the disruption of treatment services, such as "grab bags" containing six months' worth of ART supplies, were identified.
32. In 2017, WFP became an enabling partner in a multi-stakeholder partnership funded by the Bill and Melinda Gates Foundation. The partnership is called Supply Optimization through Logistics Visibility and Evolution (SOLVE) and includes the United Nations Population Fund (UNFPA). It seeks to improve health supply chains and accelerate the availability of essential health commodities, including materials for HIV testing and treatment, in 17 countries. In 2018, for example, WFP worked with the Government of the United Republic of Tanzania to identify supply chain challenges and strengthen the supply chain for such provisions across the country.

Strategy result area 2: New HIV infections among children are eliminated and the health and well-being of the children's mothers are sustained (output 2.1 – Access and quality of comprehensive elimination of mother-to-child transmission services improved)

33. WFP works with partners to integrate food and nutrition support into PMTCT programmes and mother-and-child health and nutrition services provided to malnourished pregnant women. This is mainly done through technical assistance to governments, including support for the development of guidelines and educational materials.
34. In 2018, WFP worked with governments to integrate food and nutrition support into PMTCT programmes and mother-and-child health and nutrition services for malnourished pregnant and breastfeeding women in 17 countries in three regions: Burundi, the Central African Republic, the Democratic Republic of the Congo, Eswatini, Ghana, Guinea, Kenya, Malawi, Mozambique, the Congo, Rwanda, Sierra Leone, Somalia,

South Sudan, the United Republic of Tanzania, Uganda and Zimbabwe. This work can improve adherence to PMTCT protocols and secure better health outcomes for newborns.

35. In Zimbabwe, WFP partnered with UNFPA and the Ministry of Health and Child Care to provide a monthly food basket consisting of cereals, pulses, vegetable oil and specialized nutritious foods to over 2,000 women every month at “maternity waiting homes”²⁴ and “sites” for the treatment of obstetric fistulas nationwide. The project has seen improved attendance among expectant mothers and better treatment adherence among those living with HIV. The programme ensures that women receive skilled assistance in the final stages of pregnancy and during delivery and treatment for fistula, along with health and nutrition messaging.

Strategy result area 3: Young people, especially young women and adolescent girls, have access to combined prevention services and are empowered to protect themselves from HIV (output 3.2 – Country capacity to meet the HIV-related health and education needs of young people and adolescents strengthened

36. WFP contributes to strengthening country capacity to meet the HIV-related health and education needs of young people and adolescents. This is achieved through one of WFP’s major HIV-sensitive interventions, school meals, which reach 17 million beneficiaries in 60 countries, and through its partnerships with UNFPA and the United Nations Children’s Fund (UNICEF).
37. In 2018, 17 million children received WFP school meals, including in countries with a high HIV prevalence such as Malawi, where WFP reached over 1 million children in 879 schools. These programmes seek to address food insecurity and increase retention and enrolment in order to improve educational outcomes. Certain school meal programmes can be tailored to specific target groups, such as adolescent girls and young women, as a way of preventing child marriage and pregnancy. By staying in school longer, many young people are less exposed to the high-risk behaviour that can lead to acquiring HIV.
38. In 2018, in partnership with UNFPA, WFP conducted a study in the Democratic Republic of the Congo to explore the knowledge, attitudes and practices of young people, including adolescents, and pregnant and lactating women regarding nutrition, family planning and HIV. The results of the study will assist the Government in designing effective programmes that meet the needs of young people, including adolescents.
39. Also, in 2018, WFP, together with Anthrologica and Unilever, carried out a qualitative study in Cambodia, Guatemala, Kenya and Uganda in which it engaged with adolescents on the issues of nutrition, health and sustainable development with the aim of developing effective ways of reaching adolescents with nutrition programming.

Strategy result area: 5: Gender inequality and gender-based violence (output 5.2 – Actions to address and prevent all forms of gender-based violence implemented)

40. In 2018, the Network of People Living with HIV in Ethiopia (NEP+) gave a seminar on the links between gender-based violence and HIV/AIDS. Awareness raising sessions were also held with internally displaced persons in sites in the Southern Nations, Nationalities and People’s Region.
41. WFP’s Orange Campaign takes place annually during the 16 Days of Activism Against Gender-Based Violence. WFP provides guidance on gender-based violence prevention and response. This places efforts to combat gender-based violence firmly within the context of food assistance and helps staff and partners identify and tackle gender-based violence risks

²⁴ Maternity waiting homes are facilities where expectant mothers can live and receive care and advice during the last six weeks of their pregnancies.

linked to hunger and malnutrition, as well as those that arise during interventions. For example, the WFP-sponsored Safe Access to Fuel and Energy (SAFE) Initiative provides fuel-efficient stoves to food-insecure households, thus limiting their dependence on firewood and reducing the need for women to undertake risky forays out of the house. Over 6 million people have benefited from SAFE in Ethiopia, Haiti, Kenya, Sri Lanka, the Sudan and Uganda.

Strategy result area 6: Human rights, stigma and discrimination (output 6.3 – Constituencies mobilized to eliminate HIV-related stigma and discrimination in health care)

42. In 2018, WFP as a co-convenor of the IATT on HIV in emergencies, committed itself to addressing stigma and discrimination in humanitarian settings by co-leading the stigma and discrimination in emergencies working group under the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination.
43. In 2018, WFP conducted a series of HIV sensitization activities in the Democratic Republic of the Congo with the aim of reducing stigma and discrimination. These activities were conducted in three health zones, reaching 18,061 women (including 3,365 pregnant women) and 16,672 men.
44. In the United Republic of Tanzania, in partnership with the University of Dar es Salaam, WFP trained and sensitized nearly 400 commercial truck drivers on topics related to HIV, nutrition, gender and child protection that can have direct and indirect effects on their productivity and health. Following the initial training and education campaign, private logistics and retail companies have approached the University of Dar es Salaam to collaborate on and lead additional training and education courses.
45. In Ethiopia, WFP partnered with NEP+ to host several workshops on the stigma and discrimination that people living with HIV face in their efforts to obtain HIV-related services and care. In the Gambella and Somali regions, HIV stakeholders were sensitized to the bottlenecks and challenges that people living with HIV face regularly when attempting to obtain care. Participants came from various regional offices of government agencies such as the Health Bureau, the Labour and Social Affairs Bureau and the HIV/AIDS Prevention and Control Office; community representatives including people living with HIV also attended. The workshops improved stakeholders' ability to identify the causes of barriers to treatment and devise solutions. During the workshops, responsibilities were shared among stakeholders, including government agencies and community representatives, to strengthen resource mobilization and networks for people living with HIV.

Strategic result area 7: AIDS response is fully funded, and efficiently implemented based on reliable strategic information (outputs 7.1 – AIDS response sustainability, efficiency, effectiveness and transitions strengthened; and 7.2 – Technological, service delivery and eHealth innovations fostered)

46. In 2018, WFP sought to highlight the importance of addressing emergencies, structural drivers, food and nutrition as a critical part of its HIV response. WFP is committed to a fully funded and efficiently implemented HIV response based on reliable strategic information. WFP continues to leverage its expertise in technology and innovation to enhance information sharing and improve data dissemination among partners to enable effective joint implementation and targeting of programmes. These improved methods of information sharing have resulted in better outcomes for beneficiaries, particularly in terms of programme delivery.

47. In line with its ongoing digital transformation and new nutrition policy,²⁵ WFP is expanding its SCOPE digital beneficiary and transfer management system, a “cloud”-based solution specifically for the electronic registration, tracking and management of beneficiaries of community-based management of acute malnutrition programmes. The newly expanded system, SCOPE conditional on-demand assistance (CODA) is used for registration, intervention setup, distribution planning, entitlement transfers and distribution reporting and has been rolled out to 15,000 beneficiaries. It allows frontline workers to record information, track an individual’s nutrition and health status, identify when a person has recovered, indicate whether treatment has been successful and provide updates for global stakeholders, using the most up-to-date information for decision making to improve programmes in near real time. SCOPE has been used in the Congo, Sierra Leone, Somalia, South Sudan and Uganda to provide technical support to staff in the ministries engaged in nutrition programmes related to HIV response. For example, in Somalia, SCOPE training was conducted as part of the NACS in four regions. During these sessions, WFP trained five leaders of networks of people living with HIV and eight peer educators from southern and central Somalia and Puntland on SCOPE CODA to improve their understanding of the tool and encourage them to mobilize network members to attend registration exercises at ART centres. The networks comprise members of organizations of people living with HIV in each region of the country. They implement activities with the Global Fund programme under UNICEF, mobilize people living with HIV and coordinate activities in their respective regions. Under each network, peer educators sensitized members on good health and nutrition practices, treatment adherence, care and support among other subjects. The training sessions were also attended by community nutrition workers, who contributed to improved coverage and awareness of SCOPE CODA, including through house-to-house visits. During the annual HIV partners review and planning meeting organized by UNICEF (the HIV Global Fund principal recipient) in November 2018, attended by representatives of ministries responsible for health, AIDS commissions, UNICEF sub-recipients supporting ART centres and networks of people living with HIV, including peer educators, WFP sensitized participants on SCOPE CODA to increase their understanding of the tool and to ensure their support during its rollout. Stakeholders were interested in learning more about how they could use SCOPE to administer and monitor treatment uptake and adherence at ART centres.
48. In El Salvador, WFP was able to help link the national programme on sexually transmitted infections, HIV and AIDS with the Social Policies Directorate of the Technical Secretariat of the Presidency (SETEPLAN) in order to connect people with HIV to the poverty eradication strategy. A database of people living with HIV residing in 60 priority municipalities was created. With the support of the SETEPLAN single registry of participants team, the database was cross-referenced with a national database to gauge the underreporting of people living with HIV.

Strategy result area 8: People-centred HIV and health services are integrated into stronger health systems (outputs 8.1 – Decentralization and integration of HIV-related services strengthened; and 8.2 – HIV-sensitive social protection and social protection programmes for vulnerable populations, including orphans and vulnerable children, strengthened)

49. Social protection programmes are increasingly recognized as facilitators of improved HIV prevention and treatment outcomes. WFP provided technical assistance and support to the Government of Lesotho for an HIV-sensitive social protection assessment that took place

²⁵ WFP. 2017. *Nutrition Policy*. WFP/EB.1/2017/4-C.

<https://docs.wfp.org/api/documents/a9d60cbcaa9a40aba847958837eb162c/download/>.

- in 2018. With UNAIDS, WHO and UNICEF, WFP plans to continue working with the Government in 2019 on assessment planning, analysis and recommendations.
50. In 2018 WFP worked with an emergency drought relief project funded by the President of the United States' Emergency Plan for HIV/AIDS Relief in Eswatini. The project provided nutrition assessment, counselling and specialized nutritious food to malnourished people living with HIV and orphans and other vulnerable children through 86 clinics in the most food-insecure areas of the country (as identified by the Eswatini Vulnerability Assessment Committee).
 51. In 2018, WFP staff working in West Africa and southern Africa conducted two regional workshops on HIV with an emphasis on social protection. They were organized by WFP in collaboration with members of the joint United Nations team on AIDS for West Africa and southern Africa as part of a capacity-strengthening process to ensure that social protection programming meets the needs of people living with, affected by or exposed to HIV.
 52. In 2018, in Cameroon, the Congo and Sierra Leone, WFP worked closely with governments to provide safety nets for vulnerable people living with HIV and beneficiaries leaving nutrition support programmes and to strengthen the economic status of people in these two groups. WFP used cash-based transfers to improve livelihood options, avoid relapse into malnutrition, encourage better adherence to treatment and improve health outcomes, all while preserving beneficiaries' dignity and offering comprehensive social protection. In the Congo, WFP provided cash-based transfers once a month for eight months to 217 households of people living with HIV and/or TB patients following directly observed treatment – short course (DOTS) in order to facilitate better adherence to ART and TB treatment.
 53. In Sierra Leone, WFP used vulnerability profiling to select 200 malnourished ART clients participating in the nutrition support programme to receive direct cash transfers for three months. The project was implemented by WFP in collaboration with the national AIDS control programme and national AIDS secretariat, along with the network of people living with HIV. Each beneficiary received between USD 51 and USD 60, depending on their level of vulnerability. Beneficiaries also received training and learned management strategies to help them engage in small-business entrepreneurship, contributing to improved treatment retention, improved self-esteem, resilience building and reduced likelihood of relapse into malnutrition.
 54. WFP continues to strengthen its partnership with government partners and the greater United Nations system. For example, WFP supported the Ethiopian Ministry of Labour and Social Affairs in 2018 by employing a technical assistant who provided direct support to the Social Welfare Development Promotion Directorate. This helped improve the targeting of people living with HIV by the urban productive safety net programme. It also fostered the sharing of information and documentation among stakeholders and increased engagement with UNICEF and the United Nations joint team on further collaboration and programming related to social protection. These collective actions led to the signing of a new memorandum of understanding for 2019 by the Ministry of Labour and Social Affairs and WFP.
 55. Under the UNAIDS division of labour, WFP is a co-convenor with ILO of the IATT on social protection. WFP works with partners and governments to integrate food and nutrition support into social protection systems and safety nets that support people living with HIV. This co-convening role reflects a global recognition of WFP's contribution to HIV-sensitive social protection and shows how social protection is a core segment of WFP's HIV portfolio.
 56. Following the revision of the UNAIDS division of labour in 2018, ILO and WFP became co-convenors of the strategic result area on HIV-sensitive social protection. IATT membership was reviewed and additional members from academia, research

institutions and UNAIDS co-sponsors were invited to join. The proportion of IATT members who are expert in TB also increased. The IATT drafted a concept note providing a framework for its work on HIV-sensitive social protection, along with a workplan.

57. In 2018, WFP attended a business meeting that focused on advocacy for HIV-sensitive social protection for adolescents organized by the Coalition for Children Affected by AIDS (the Coalition) and aimed at mobilizing partners and stakeholders. The meeting provided an opportunity to present the IATT and WFP's activities as part of a roundtable discussion "The bi-directional benefits of holistic support for children affected by HIV/AIDS: The win-win for HIV and broader social and economic development sectors". The Coalition agreed to attend the next face-to-face meeting of the IATT at which it will present innovative social protection solutions focused on early childhood development and the lifecycle. There was interest in pursuing more qualitative studies such as one on adolescents that WFP conducted with Anthrologica and Unilever with a view to identifying effective ways of reaching adolescents with nutrition programming. The study lasted 18 months and sought to engage adolescents in nutrition, health and sustainable development in Cambodia, Guatemala, Kenya and Uganda.²⁶
58. WFP organized a meeting with the London School of Hygiene and Tropical Medicine, the University of California and Oxford University to discuss research aimed at filling gaps in the evidence base needed for cost-effective HIV and TB-sensitive social protection that helps prevent HIV and TB and improve treatment adherence for people living with HIV and TB. A research agenda and proposal have been developed and will be submitted jointly by WFP and the London School of Hygiene and Tropical Medicine for consideration by an academic peer-reviewed journal in 2019.

The year in numbers

59. In 2018, WFP assisted 205,000 TB clients, people living with HIV²⁷ and members of their households in 35 countries through HIV-specific programmes (table 1). Many more vulnerable people living with and affected by HIV were assisted through WFP's general food assistance, but they are not included in this report.

UNAIDS fast-track countries	167 373
Other countries	37 708
Total	205 081

* Based on the preliminary results of 2018 standard project reports

Partnerships

60. The provision of supply chain services to health actors – including the Bill and Melinda Gates Foundation – is one example of WFP's contribution to SDG 17 and leverages innovative approaches to tackling chronic constraints in supply chains. Health actors increasingly look to WFP to support them in reaching the most vulnerable populations in the most unstable and hard-to-reach locations.
61. WFP works on programme implementation with Global Fund partners such as the French Red Cross in the Central African Republic and to prevent supply gaps in HIV treatment and prevention programmes. WFP has also partnered with the United Nations Development Programme and the Partnership for Supply Chain

²⁶ <https://insight.wfp.org/bridging-the-gap-engaging-adolescents-for-nutrition-health-and-sustainable-development-26cfe964d338>.

²⁷ 193,462 women and girls, and 161,117 men and boys.

Management in Zimbabwe and Burundi, where two warehouses have been built for the governments. Beyond the Global Fund, WFP partnered with WHO in 2018 to provide logistics support for Yemen for the transportation of commodities required to prevent interruptions of treatment and diagnosis due to shortages of supplies for HIV and TB; and supported the supply chains for food and non-food items and medical items for the humanitarian community and governments in Mozambique, Rwanda and South Sudan. These partnerships show how WFP is working towards SDG 17 and how WFP's supply chain can be leveraged to facilitate the prevention and treatment of HIV/AIDS, including in Burundi and Yemen (see paragraph 23).

62. WFP and UNHCR lead the IATT on HIV in humanitarian contexts, which has 76 members from 29 organizations (including UNICEF, UNFPA, the United Nations Office on Drugs and Crime, WHO, the United Nations Secretariat and IOM). In July 2018, 28 participants from 15 organizations attended the IATT's annual meeting in Amsterdam to discuss integration, collaboration, technical support and guidance and resource mobilization. During the event, teleconferences were held to discuss the response to the refugee and migrant crisis in Venezuela and other countries in the region, providing a platform for information exchange and coordination. Following the meeting, IATT members also contributed to additional HIV crisis group coordination calls in Yemen, providing technical support to government staff and colleagues as the situation for people living with HIV deteriorated. At the end of 2018, at the annual training session for country health cluster coordinators, UNHCR and WFP led a session on HIV and the health cluster, in preparation for a series of webinars followed by a survey of country coordinators to be conducted in 2019 to capture their experiences with efforts to tackle HIV in their respective countries.

Outlook in 2019

63. WFP will continue its efforts to integrate food and nutrition support into the HIV/AIDS response. In the current funding environment, however, the focus will increasingly be on UNAIDS fast-track countries and countries affected by emergencies, utilizing existing platforms and emergency programmes.
64. WFP will continue to support people living with HIV, pregnant and lactating women, PMTCT clients, and children through its food and nutrition support activities and will target these groups where possible and relevant. WFP will also need to continue to advocate the inclusion of food and nutrition support in national HIV and TB programmes and strategies funded by the Global Fund and continue to explore and secure funding from other donors and domestic sources of funding.
65. WFP will continue its HIV-sensitive school meals programming in many locations with high HIV prevalence. A new initiative will increase the focus on adolescents; WFP will seek additional funding to support this work.
66. In 2019, WFP will continue to strive to ensure that the needs of people living with HIV are addressed during humanitarian emergencies. The IATT on HIV in humanitarian contexts will continue to work on areas related to integration, collaboration, technical support and guidance, and resource mobilization, with a special focus on research collaborations to improve modelling. WFP will also continue to advocate on tackling the structural drivers of food and nutrition insecurity through numerous platforms at the country, regional and global levels. As part of the Southern African Development Community's agenda on the integration of nutrition, HIV and gender into food security vulnerability assessments, particularly in emergencies, WFP will continue to support the integration of HIV-related indicators into national food security assessments.
67. WFP will continue to deliver on its mandate to deliver food and nutrition assistance and response to humanitarian emergencies in a way that integrates HIV responses and global discussions. WFP will also continue to participate actively in the IATT on social protection.

Acronyms used in the document

ART	anti-retroviral therapy
IATT	Inter-Agency Task Team
ILO	International Labour Organization
NACS	nutrition assessment, counselling and support
PMTCT	prevention of mother-to-child transmission
SDG	Sustainable Development Goal
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization