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Update on WFP's response to HIV and AIDS

Executive summary

At the request of the Executive Board, regular updates are provided on the implementation of WFP's HIV and AIDS policy.¹ WFP's work on HIV/AIDS is well aligned with the new global AIDS strategy for 2021–2026 of the Joint United Nations Programme on HIV/AIDS² and the joint programme's division of labour.³

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 addressing HIV in humanitarian emergencies, with the Office of the United Nations High Commissioner for Refugees.

WFP's technical and operational support for countries helps to improve household food security, nutrition and socioeconomic status. Food and nutrition support contribute to treatment access and adherence for vulnerable groups while reducing high-risk behaviours that could increase the transmission of HIV and tuberculosis.

In 2021 WFP directly helped over 180,000 people living with HIV and tuberculosis and their families to meet their essential nutrition needs through programming to provide food, cash and voucher transfers in 22 countries and through life-saving and life-changing assistance. WFP was present in all regions worldwide, including in emergency and fragile settings.

WFP's operations in many HIV-affected regions increase the likelihood of significant support being provided to people living with HIV and HIV-affected households. Such support is provided through

¹ "WFP HIV and AIDS Policy" [WFP/EB.2/2010/4-A](#).

² Joint United Nations Programme on HIV/AIDS. 2021. "[Global AIDS Strategy 2021–2026: End inequalities. End AIDS.](#)".

³ Joint United Nations Programme on HIV/AIDS. 2018. "[UNAIDS Joint Programme Division of Labour: Guidance note 2018](#)".

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activities like general food distribution and school feeding, institutional and individual capacity strengthening activities and training in social and behaviour change communication.

Due to the coronavirus disease 2019 pandemic, many people living with and affected by HIV are facing additional and compounding barriers to support, such as inability to obtain essential health care and related HIV services, constrained transportation, loss of livelihoods and loss of family members, and have been severely affected by overall worsening socioeconomic conditions.

WFP's operations have also been significantly affected by the coronavirus disease 2019, which has made programme implementation more challenging. Despite this, WFP has been able to reprogramme and quickly reallocate funds based on contextual need.

WFP's HIV and AIDS policy is currently undergoing a strategic evaluation, with an initial summary report expected later in 2022 and the full recommendations to be presented to the Executive Board at its 2023 first regular session.

HIV and tuberculosis

1. Despite four decades of global response, HIV remains one of the world's most serious public health challenges. At the end of 2020, 37.7 million people were living with HIV, including 1.5 million newly infected people.⁴ Adolescent girls and young women are disproportionately affected and at higher risk, especially in East Africa and Southern Africa, which together account for 80 percent of all adolescent girls and young women living with HIV in the world. Adolescent girls and young women age 15–24 face significantly higher risk of HIV infection, accounting for six in seven of new HIV infections in East Africa and Southern Africa, with over 4,000 adolescent girls and young women becoming infected with HIV every week.⁵
2. In 2020 progress towards the global "90-90-90" targets^{6, 7} was made, with 84 percent of people living with HIV knowing their status, 73 percent on antiretroviral therapy (ART) and 66 percent having suppressed viral loads, compared to 2019, when 81 percent of people living with HIV knew their HIV status, 67 percent were on ART and 59 percent had suppressed viral loads. Despite the progress, 6.1 million people were not aware of their HIV status.
3. In 2020 an estimated 10 million people fell ill with tuberculosis (TB), including 1.1 million children.⁸ A total of 1.5 million people died from TB, including 214,000 people with HIV. People who are infected with HIV are 18 times more likely to develop active TB. Malnourished individuals are three times more at risk of getting TB, and in 2020 there were 1.9 million new TB cases attributable to malnutrition.
4. Like HIV, TB is strongly associated with structural socioeconomic barriers and exclusion. Poverty, malnutrition, 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.

⁴ Joint United Nations Programme on HIV/AIDS. "[Fact Sheet – World AIDS Day 2021](#)".

⁵ *Ibid.*

⁶ *Ibid.*

⁷ The 90-90-90 targets are that, by 2020, 90 percent of all people living with HIV will know their HIV status, 90 percent of all people with diagnosed HIV infection receive sustained antiretroviral therapy and 90 percent of all people receiving antiretroviral therapy have suppressed viral loads. The UNAIDS strategy for 2021–2026 raises the targets to 95 percent.

⁸ World Health Organization. 2021. [Tuberculosis Key Facts](#).

5. In addition to the 2030 Agenda for Sustainable Development, two recent high-level political declarations on HIV⁹ and TB¹⁰ renew calls for attention to the importance of accelerating progress in addressing both HIV and TB and ending the two epidemics by 2030.

Current funding and funding outlook for 2022

6. The Joint United Nations Programme on HIV/AIDS (UNAIDS) is WFP's largest donor for HIV programming. WFP is accountable to UNAIDS through annual reporting on progress under the UNAIDS unified budget, results and accountability framework. The framework brings together the HIV responses of all UNAIDS co-sponsoring organizations, promoting coherence and coordination in planning and implementation.
7. Since 2016 core funds from the UNAIDS secretariat have been significantly reduced, resulting in a 50 percent cut in funding to co-sponsors in 2016–2017.¹¹ This reduction in core funding has led to reduced country-level capacity and scaled back programming, along with a sharpened focus on context-specific approaches.
8. An annual core allocation of USD 2 million per co-sponsor offers a degree of predictability in implementation and programming. Reductions in donor contributions to UNAIDS in 2021 resulted in significant financial strain, leading to a new two-tranche disbursement modality for the annual core funding, for 2022 and 2023.
9. Additional funds are mobilized for joint work by co-sponsors at the country level. These allocations are in the form of country envelopes meant to provide programmatic and country-specific support. WFP country offices in all regions took part in the UNAIDS country envelope allocation process, which resulted in a total allocation of USD 1.46 million for 43 WFP country offices in 2022, up from 39 country offices in 2021.
10. Donor and government investments in the HIV response have stagnated in recent years, especially in the context of the coronavirus disease 2019 (COVID-19). UNAIDS estimates that USD 29 billion will be required for the AIDS response in low- and middle-income countries in 2025 to get on track to ending AIDS as a global public health threat.¹²

WFP support for a new global AIDS strategy

11. WFP's strategic priorities are focused on combatting the key drivers of hunger in order to support countries in their efforts to achieve the Sustainable Development Goals (SDGs), guided by SDG 2 on ending hunger and malnutrition and SDG 17 on revitalizing partnerships for the implementation of the global development agenda. As conflict, climate crises and economic shocks become more frequent, WFP's strategic priorities will be to support people in meeting their urgent food and nutrition needs and achieving better nutrition, health, education and sustainable livelihoods. Work on these priorities can also contribute to health and well-being around the world by supporting vulnerable and often-left-behind populations such as people living with HIV and TB.

⁹ General Assembly resolution 70/266, "[Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030](#)".

¹⁰ General Assembly resolution 73/3, "[Political Declaration of the High-Level Meeting of the General Assembly on the Fight Against Tuberculosis](#)".

¹¹ The UNAIDS budget is approved by the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS for a biennial period.

¹² Joint United Nations Programme on HIV/AIDS. "[Fact Sheet – World AIDS Day 2021](#)".

12. WFP is one of 11 UNAIDS co-sponsoring organizations. Under the UNAIDS division of labour,¹³ WFP co-convenes one inter-agency task team on HIV-sensitive social protection, with the International Labour Organization, and another on addressing HIV in humanitarian emergencies, with the Office of the United Nations High Commissioner for Refugees. WFP helps to lead context-specific programming, advocacy efforts and the development of technical and operational guidance together with other United Nations entities, academia, non-governmental organizations, civil society and donors.
13. With its new global AIDS strategy, “Global AIDS Strategy 2021–2026: End Inequalities. End AIDS.”, UNAIDS and its co-sponsors seek to put people at the centre and reduce the inequalities that drive the AIDS epidemic in order to end AIDS as a public health threat by 2030.
14. The new strategy was endorsed at a special session of the UNAIDS Programme Coordinating Board convened for that purpose in March 2021. WFP was influential in the development of the new strategy throughout 2021, contributing to the development of two new result areas focused on social protection and humanitarian and emergency settings.¹⁴
15. By adopting an inequalities approach to the new strategy, WFP has a unique and clear opportunity to leverage its experience in social protection and safety nets to support people living with HIV. Need is often compounded by the intersection of HIV status with social, economic and geographical factors like age, gender, disability and location because people living with HIV often also face food insecurity, malnutrition, loss of livelihoods or displacement or live with another disability. Social protection systems with a strong focus on adequate food security and nutrition can help people meet their essential needs and manage risk and will ultimately decrease their long-term vulnerability.

Inclusive programming to leave no one behind

16. WFP’s work on HIV is a crucial element of inclusive programming supporting the most vulnerable. WFP’s commitment to the “leaving no one behind” agenda is an essential component of the humanitarian compact. WFP’s HIV work contributes to both saving lives and changing lives by stressing food security and nutrition as fundamental building blocks for health and development and thus supporting people living with HIV and their households in meeting their essential needs. WFP also links HIV clients with asset-generating and sustainable livelihood activities, enabling people to build resilience to shocks and stressors and reducing long-term need.
17. WFP supports the systematic inclusion of HIV at the national level through the development and revision of national policies, strategies and guidelines on nutrition and HIV and the use of nutrition assessment, counselling and support tools. This support contributes to the development of integrated nutrition treatment, care and support packages for the provision of high-quality nutrition services to people living with HIV to support life-saving treatment.
18. In 2021 WFP provided technical assistance to 32 governments in six regions in support of their efforts to integrate food and nutrition concerns and services into their national HIV and TB responses.

¹³ Joint United Nations Programme on HIV/AIDS. 2018. “UNAIDS Joint Programme Division of Labour: Guidance note 2018”.

¹⁴ The full titles of the two result areas are: “integrated systems for health and social protection schemes that support wellness, livelihood and enabling environments for people living with, at risk of and affected by HIV to reduce inequalities and allow them to live and thrive” and “fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks”.

19. WFP continued to implement its nutrition assessment, counselling and support programme for malnourished people living with HIV on ART in 2021, in 14 countries across three regions, reaching more than 111,000 malnourished clients with specialized nutritious foods. The programme aims to improve quality of care while decreasing morbidity and mortality associated with HIV and TB by improving and maintaining nutrition status, improving treatment adherence and helping to prevent nutrition-related disease.
20. In South Sudan, for example, WFP's institutional feeding programme was implemented in over 100 health and nutrition facilities in host and refugee community sites. Most sites are concentrated in areas of high HIV prevalence (Western Equatoria, Eastern Equatoria and Central Equatoria states). During programme implementation, measures and guidance on social distancing and respiratory and physical hygiene were implemented by partners. WFP reached over 77,000 people living with HIV and TB, assessed their nutrition status and enrolled them in the nutritional assessment, counselling and support programme. Their families were provided with counselling and food and nutrition support.
21. Without treatment, an estimated one third of infants living with HIV will die before 1 year of age, and half will die before age 2.¹⁵ To help achieve an AIDS-free generation, WFP continues to integrate prevention of mother-to-child transmission and maternal and child health support into nutrition programmes. This ensures that mothers and infants have access to growth monitoring, vaccinations, micronutrient supplements, nutrition assessments, education, counselling and complementary foods.
22. In Haiti, for example, WFP continued to implement an HIV nutrition project to improve the nutrition status of pregnant and lactating women and girls living with HIV. WFP partnered with the Haitian Global Health Alliance to reach 266 women, providing cash transfers and specialized nutritious foods. In Madagascar WFP carried out a pilot project to provide cash transfers and nutrition assistance to pregnant and breastfeeding women living with HIV, supporting more than 180 people in the three southern regions. The transfer was unconditional but beneficiaries were encouraged to attend nutrition education sessions. After the first cash distribution, 10 percent of beneficiaries previously lost to follow-up resumed their HIV treatment.
23. Humanitarian emergencies, forced displacement, food insecurity, poverty, sexual violence, disruption of services and health system collapse can lead to increased vulnerability to HIV infection and interruption of treatment. In 2021 WFP provided food, cash and vouchers to the most vulnerable people living with HIV and TB and their families in 13¹⁶ humanitarian, refugee and other fragile settings.
24. Conflict in Mozambique's northern province of Cabo Delgado has forced over 750,000 people from their homes and livelihoods, leaving one in three people internally displaced. As part of the emergency response, WFP is supporting the Government in reaching displaced people living with HIV and TB. Working closely with a local non-governmental organization, WFP has helped integrate prevention and treatment services with nutrition rehabilitation, food assistance and health services in 10 resettlement centres. Temporary clinics have been established to provide essential HIV and TB services while simultaneously screening for malnutrition. Malnourished people living with HIV and TB are provided with specialized nutritious foods and general food assistance to support adherence to treatment. Mobile brigades and community health workers support outreach, encourage readmission when drop-out has occurred and make home visits to support households. Since implementation started in October 2021, over 10,000 people have been

¹⁵ UNICEF USA. 2022. [Mother-to-Child Transmission](#).

¹⁶ Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Kenya, Haiti, Madagascar, Rwanda, Sierra Leone, Somalia, South Sudan, United Republic of Tanzania and Togo.

tested for HIV and TB, with 2,002 (19 percent) testing positive. Nearly 1,000 beneficiaries (9.4 percent) were found to be malnourished. The programme is delivering HIV treatment to 115 percent of the number of people initially targeted, with a default rate of zero. Due to the high prevalence of HIV in the resettlement camps and the high prevalence of malnutrition among mothers and children with HIV and TB, the Government has asked WFP to extend the project into 2022.

25. WFP conducted targeted and rapid assessments in 10 countries across 5 regions in 2021. Such assessments help make governments aware of the unique vulnerability of HIV-affected households.
26. For example, WFP supported the Government of Rwanda in conducting a national nutrition, food security and vulnerability survey. The survey provided timely nutrition and food security information related to people living with HIV. It also allowed documentation of the impact of COVID-19 on people living with HIV, a key priority for the Government, as reports indicated decreasing ART adherence by people living with HIV whose livelihoods had been affected by COVID-19. Nearly 90 percent of people living with HIV reported that their incomes had been affected by COVID-19 and related restrictions. Findings also indicated that children age 24–59 months with HIV were more food-insecure and malnourished (48 percent) than the general population (39 percent). Nearly 11 percent of children with HIV were wasted, compared to fewer than 1 percent in the general population.

HIV and coronavirus disease 2019: a new syndemic context

27. As more data become available, the risk that COVID-19 poses to people living with HIV is becoming clearer. People with HIV often have underlying health conditions, making them more likely to become seriously ill if they get COVID-19. This is especially true for people with advanced HIV or people living with HIV who are not in treatment.¹⁷
28. Modelling by UNAIDS and the World Health Organization indicates that COVID-19-related HIV treatment disruptions could lead to more than 500,000 additional deaths in sub-Saharan Africa.¹⁸ Special analysis from the Global Fund shows that COVID-19 has had a significant impact on access to testing services: in 2021, HIV testing fell by 41 percent and TB referrals by 59 percent.¹⁹
29. The overlapping and compounding stressors caused by COVID-19 and HIV in a syndemic context have brought new and overlapping social, economic and structural challenges to existing inequalities, which have resulted in more food insecurity at home, rising unemployment, health service interruptions and stigma and discrimination. As COVID-19 becomes protracted, food security needs, coupled with the socioeconomic downturn and strained health infrastructure, are compounding the impact of the crises for people living with HIV.
30. COVID-19 has highlighted the vital role of social protection in rapidly mitigating the direct and indirect effects of disease. There is increasing emphasis on the use of social protection instruments such as cash and in-kind transfers and social protection systems in general as a means of addressing systemic vulnerabilities at scale, along with the impacts of pandemics and the multiple inequalities they expose.

¹⁷ Centers for Disease Control and Prevention. 2022. [HIV and COVID-19 Basics](#).

¹⁸ UNAIDS. 2020. [The cost of inaction: COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV](#).

¹⁹ The Global Fund. 2021. [New Global Fund Report Shows Massive Disruption to Health Care Caused by COVID-19 in Africa and Asia](#).

31. In Eswatini, nearly 60 percent of children under the age of 17 are orphaned due to HIV.²⁰ For over a decade WFP, together with national stakeholders, has supported orphans and vulnerable children age 2–7 through neighbourhood care points (NCPs). NCPs are an innovative, community-based mechanism for delivering essential services and food assistance to orphaned and vulnerable children. Over the past two years, school closures and a sharp rise in household food insecurity related to COVID-19 have drastically increased NCP attendance. In 2021, nutritious meals were provided to orphaned and vulnerable children at 1,700 NCPs, reaching 52,683 pre-primary school children. The NCP programme has been a priority for the Government, with WFP as a key partner: agricultural production was identified as a key priority in the county strategic plan and, as a result, vegetable and egg production and overall dietary diversification were prioritized for 510 targeted NCPs. WFP is also leading a review of the existing NCP strategy, with recommendations to follow in 2022.
32. COVID-19 and the associated restrictions have had significant socioeconomic effects on all households in Côte d'Ivoire, particularly in the capital district of Abidjan. WFP provided targeted cash transfers in a phased and sequenced approach. Starting in early 2020, in collaboration with UNAIDS and the Magic System Foundation, WFP supported 1,000 vulnerable households, including 100 affected by HIV. The second phase of transfers reached an additional 1,328 households affected by HIV, indirectly benefiting an estimated 7,700 people (average household size of six people). The third phase, in 2021, provided another round of cash support, targeting the 500 most vulnerable households affected by HIV, supporting 3,000 beneficiaries. Post-follow-up analysis and monitoring of the transfers found that 47 percent of the beneficiaries used the money to purchase food, 15 percent used it to create and develop income-generating activities and 12 percent used it to cover essential health services. Nearly 93 percent of beneficiaries recorded an acceptable food consumption score following the transfers.

The year in numbers

33. In 2021, WFP assisted 181,155 people living with HIV and TB and their household members in 22 countries through HIV- and TB-specific programmes. WFP also supported national HIV and TB responses in 40 countries through HIV- and TB-sensitive approaches and capacity development activities (table 1). This number does not include the millions of vulnerable people living with and affected by HIV who were assisted through other HIV- and TB-sensitive approaches or through individual capacity strengthening interventions, including social and behaviour change communication and livelihood activities.²¹ While not an exact figure, the estimated number of beneficiaries of this type of support exceeds 3 million.²²

²⁰ WFP Eswatini country office. 2019. [In the country of orphans](#).

²¹ Including general food distribution, school feeding and capacity strengthening activities such as social and behaviour change communication.

²² A point estimate of 3.05 million beneficiaries is based on WFP support for people living with HIV and HIV-affected households via food and cash-based transfers, from the [annual performance report for 2020](#) (WFP/EB.A/2021/4-A), and 2020 regional HIV prevalence values for adults age 15–49, from [UNAIDS](#); it does not include education or gender specific programming.

TABLE 1: BENEFICIARIES OF HIV- AND TB-SPECIFIC PROGRAMMES, 2021*	
UNAIDS fast-track countries	88 414
Other countries	91 741
Total	181 155

* Preliminary results based on the information reported in the narratives and output tables in the 2021 annual country reports. The data may differ slightly from the figures in COMET (the WFP country office tool for managing effectively), which only reflect the information reported in the output and outcome tables.

Partnerships

34. In 2021 WFP strengthened its efforts to build in-country capacity on HIV-sensitive social protection programming across regions. WFP, in its regional bureaux for Western Africa, Southern Africa and Eastern Africa, together with UNAIDS and the International Labour Organization, conducted several regional workshops to increase understanding of and capacity in the design and implementation of social protection programmes that meet the needs of people living with, affected by and at high risk of HIV and TB.
35. WFP continues to build the visibility of the HIV and TB portfolio by organizing events and participating in major international HIV/AIDS forums such as the General Assembly 2021 high-level meeting on HIV and AIDS, the 2021 International Conference on AIDS and Sexually Transmitted Infections in Africa and the World Health Organization's End TB strategy summit.
36. WFP's regional bureaux for Southern Africa and Eastern Africa initiated research in collaboration with the University of Oxford, the University of Cape Town and the Accelerating Achievement for Africa's Adolescents (Accelerate) Hub in 2020. The collaboration generated evidence on Southern Africa that highlights the bidirectional and multi-faceted links between food and nutrition security, HIV and social protection, with a specific focus on the extreme and disproportionate risk young girls face. Further research is planned, and regional advocacy materials will be finalized in 2022.
37. WFP provided logistical and supply chain expertise to the Global Fund to Fight AIDS, Tuberculosis and Malaria, helping it to better assess current stocks of and future need for medications, as well as the storage of medications and other supplies. Together with the Global Fund, WFP provided support in the form of non-food HIV-, TB-, malaria- and COVID-19-related commodities worth a total of USD 37 million from 6,698 delivery points in seven countries.²³

Outlook for 2022

38. WFP's 2010 HIV and AIDS policy is currently undergoing a strategic evaluation. The focus will be on making the current policy relevant and timely and ensuring that it remains fit for purpose and in line with the changes that have taken place in epidemiology, global policies and evidence since 2010. Key recommendations are expected by November 2022, and the evaluation findings will be presented at the 2023 first regular session of the Executive Board.

²³ Cameroon, Central African Republic, Chad, Djibouti, Liberia, Yemen and Zimbabwe.

39. Another key element of the ongoing evaluation will be to ensure that the new HIV and AIDS policy positions WFP's work on HIV as fundamental to the organization's success. WFP's recent efforts to focus on disability and inclusion align well with the existing HIV portfolio, which can continue to support those key areas of work. The updated policy must continue to ensure that WFP is considering and supporting the most marginalized and vulnerable populations.
40. Underreporting of WFP's impact in supporting people living with HIV and TB is often due to weak monitoring and registration, leading to significant fluctuations in beneficiary values related to HIV and TB support. Recruitment of a data specialist is currently under way to improve reporting and data collection.
41. Support for people living with HIV is limited by poor identification and targeting, which hinders their inclusion in existing WFP and government assistance programmes. Even in high HIV-burden settings, identification and targeting are an issue. WFP will work to develop improved methods of identification and targeting to support the most vulnerable.
42. WFP will continue to explore novel opportunities to identify funding and encourage the integration of vulnerable and marginalized populations into both WFP and national responses, including COVID-19 responses, in order to mitigate socioeconomic impacts for people living with HIV and TB.
43. Crisis-affected and humanitarian settings, social protection, adolescents and urban settings will remain priority areas for the HIV portfolio. The current crisis in Ukraine has once again highlighted the need for the inclusion of all vulnerable population groups in humanitarian response. WFP, with its division of labour partner the Office of the United Nations High Commissioner for Refugees, is working closely with UNAIDS to determine where additional support is needed to ensure that people living with HIV are not left out of food support and have access to ART both in Ukraine and in refugee outflow countries.
44. WFP will continue to advance an evidence-generation agenda that highlights the critical role that food and nutrition support play in ending AIDS as a public health threat, especially in emergencies and protracted crises.

Acronyms

ART	antiretroviral therapy
COVID-19	coronavirus disease 2019
NCP	neighbourhood care point
SDG	Sustainable Development Goal
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS