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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 the WFP HIV and AIDS policy.¹ WFP's work on HIV is aligned with the global AIDS strategy for 2021–2026² of the Joint United Nations Programme on HIV/AIDS and the latter'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 United Nations Programme on HIV/AIDS division of labour, WFP leads joint work on HIV-sensitive social protection with the International Labour Organization and efforts to address HIV in humanitarian emergencies with the Office of the United Nations High Commissioner for Refugees.

As conflict, climate crises and economic shocks become more frequent, WFP's strategic priorities will be to support people in their efforts to meet their urgent food and nutrition needs and to have better nutrition, health and education outcomes and improved livelihoods. These priorities can also contribute to global health and well-being agendas by supporting vulnerable and often left behind populations such as people living with HIV and tuberculosis. As the coronavirus disease 2019 pandemic becomes protracted in many contexts, food security needs, coupled with the socioeconomic downturn and strained health infrastructure, are compounding the impact of the crises for people living with HIV.

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

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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In 2022 WFP directly helped over 357,000 people in 22 countries living with HIV and tuberculosis and their families to meet their essential nutrition needs. This was achieved through programming to provide food, cash and voucher transfers. WFP was present in all regions worldwide, including in emergencies and unstable situations.

The confluence of food insecurity, malnutrition and HIV increases the likelihood that people living with HIV and their households are among the beneficiaries of WFP operations. This support is provided through such activities as general food distribution, school feeding and institutional and individual capacity strengthening.

The HIV and AIDS policy has recently undergone a strategic evaluation. The resulting findings, recommendations and management response were presented to and endorsed by the Executive Board in February 2023.

Global HIV and tuberculosis statistics

1. Despite global efforts spanning four decades, HIV remains one of the world's most serious public health challenges. At the end of 2021, 38.4 million people were living with HIV, including 1.5 million newly infected people.⁴ Over 1.7 million children under the age of 14 are living with HIV.
2. Adolescent girls and young women are disproportionately affected. Everyday 50 adolescent girls die from AIDS-related illnesses.⁵ The risk is greatest 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 in the two regions face a significantly higher risk of HIV infection, accounting for six of every seven new infections and over 4,000 new infections every week.
3. The Joint United Nations Programme on HIV/AIDS (UNAIDS) global targets were revised in December 2020. The new targets are that, by 2025, 95 percent of all people living with HIV will know their HIV status, 95 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 95 percent of all people receiving antiretroviral therapy will have suppressed viral loads. At the end of 2021, 85 percent of people living with HIV knew their HIV status. Among people who knew their status, 88 percent had access to treatment and, of those, 92 percent had suppressed viral loads.
4. In 2021, 10.6 million people fell ill with tuberculosis and 1.6 million people died from the disease, with an estimated 187,000 deaths due to co-infection with HIV.⁶ Every day, around 4,400 people die from tuberculosis. People who are infected with HIV are 18 times more likely to develop active tuberculosis. Malnourished individuals are three times more at risk of getting tuberculosis.
5. Like HIV, tuberculosis is strongly associated with structural and socioeconomic barriers and exclusion. Poverty, malnutrition, poor housing and overcrowding increase vulnerability and exposure to tuberculosis. Co-infection with HIV adds to the stigma of tuberculosis and can present major barriers to access to essential services for people living with HIV and tuberculosis. According to a survey analysis from the World Health Organization, 41 percent of African households with tuberculosis experienced food insecurity or hunger attributable to the disease.⁷

Current funding situation

6. UNAIDS is WFP's largest donor for HIV programming. WFP is accountable to UNAIDS through annual reporting on progress achieved under the UNAIDS unified budget, results and accountability framework. The framework brings together the HIV responses of all UNAIDS co-sponsoring organizations, harnessing 11 unique mandates across the United Nations system and 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 the period 2016–2017.⁸ 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.

⁴ Joint United Nations Programme on HIV/AIDS. 2022. *Fact Sheet – World AIDS Day 2022*.

⁵ Joint United Nations Programme on HIV/AIDS. 2019. *Women and HIV: A spotlight on adolescent girls and young women*.

⁶ World Health Organization. 2023. *Tuberculosis: Key facts*.

⁷ World Health Organization. 2022. *National surveys of costs faced by tuberculosis patients and their households 2015–2021*.

⁸ The UNAIDS budget is approved by the Programme Coordinating Board for a biennial period.

8. More recent reductions in donor contributions to UNAIDS from 2021 onward have resulted in additional financial strain, leading to a further reduction in the standard annual core USD 2 million funding disbursement to all co-sponsors. From 2022 to 2023, annual core UNAIDS contributions to WFP decreased by USD 900,000.
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. Owing to financial constraints, the country envelope allocation for 2023 will be disbursed in two tranches, with the second tranche subject to available resources. WFP country offices in all regions took part in the UNAIDS country envelope allocation process, which resulted in funding for 45 WFP country offices in 2023.
10. Donor and government funding for efforts to combat HIV have stagnated in recent years, especially in the context of the coronavirus disease 2019 (COVID-19) pandemic. UNAIDS estimates that the effort to end AIDS as a global public health threat will require funding of USD 29 billion in low-income and middle-income countries in 2025.⁹

WFP support for a new unified budget, results and accountability framework and the global AIDS strategy

11. WFP is one of 11 UNAIDS co-sponsoring organizations. Under the UNAIDS division of labour,¹⁰ WFP helps to lead efforts on HIV-sensitive social protection with the International Labour Organization and on 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, academic actors, non-governmental organizations, civil society actors and donors.
12. Throughout 2021 and 2022, UNAIDS and co-sponsors developed a new unified budget, results and accountability framework for 2022–2026 in alignment with the new global AIDS strategy. WFP was heavily involved in the development of the document, drafting significant sections of it and developing and revising indicators.
13. With the latest global AIDS strategy (covering 2021–2026), UNAIDS and its co-sponsors harness efforts to reduce the inequalities that drive the AIDS epidemic. WFP was influential in the development of the UNAIDS strategy, contributing to the development of two new result areas¹¹ for the strategy that are explicitly focused on WFP’s added value in the global AIDS response with regard to social protection and in humanitarian and emergency settings.
14. WFP’s strategic and long-term role in partnering for the global HIV response means that WFP can help revitalize efforts to raise the bar regarding implementation of the 2030 Agenda for Sustainable Development while fostering and sustaining the humanitarian–development nexus. In an era of renewed effort to ensure better synergies between development and humanitarian actors, WFP’s expertise in working with UNAIDS to create an impact on the ground can accelerate progress towards ending AIDS as a public health threat by 2030.

⁹ *Ibid.*

¹⁰ Joint United Nations Programme on HIV/AIDS. 2018. *UNAIDS Joint Programme Division of Labour: Guidance note 2018*.

¹¹ The full titles of the 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”.

15. The long-term success of UNAIDS in ending AIDS as a public health threat by 2030 hinges on a fully funded unified budget, results and accountability framework, with predictable and flexible funding, to fully support implementation of the new global AIDS strategy and achieve global HIV targets.

Ensuring inclusive programming to support people affected by HIV

16. WFP's work on HIV is a crucial element of comprehensive and inclusive programming. WFP supports the inclusion of vulnerable and often left behind populations so that their urgent and essential food security and nutrition needs are met, which can lead to better health, education and nutrition outcomes.
17. Need is often compounded by the intersection of HIV status with social, economic and geographic factors such as age, gender, disability and location, because people living with HIV often also face food insecurity, malnutrition, loss of livelihoods or displacement or live with other disabilities.
18. Social protection systems with a strong focus on adequate food security and nutrition can help people to meet their essential needs and manage risk and ultimately decrease their long-term vulnerability. WFP supports the systematic action on HIV at the national level through the development and revision of safety nets, national policies, strategies and guidelines on nutrition and HIV and the development of other nutrition assessments, counselling and support tools.
19. Together with the Government of the Dominican Republic and the University of Massachusetts Amherst, WFP helped to lead a novel pilot programme that combined urban gardens with peer nutrition counselling for food-insecure people affected by HIV. In a pilot cluster randomized controlled trial involving two HIV clinics in the Dominican Republic, the preliminary efficacy of an urban garden and peer nutrition counselling intervention was assessed. Participants with moderate or severe food insecurity and suboptimal antiretroviral therapy adherence or detectable viral load were assessed at baseline, after 6 months and after 12 months. Within one year, the urban garden programme had helped to reduce the prevalence of viral load, improve clinic attendance, reduce food insecurity significantly and increase adherence to life-saving treatment regimens by 25 percent. The full results of the trial were published in *AIDS and Behavior*.¹²
20. For over a decade, the WFP Eswatini country office and national stakeholders have supported orphans and vulnerable children through neighbourhood care points. Eswatini is home to over 100,000 orphans, 58 percent of whom have been orphaned owing to HIV.¹³ Neighbourhood care points are an innovative safety net platform, harnessing community actors to deliver essential, nutritious meals to orphans and vulnerable children. In 2022, nutritious meals were provided to 54,000 orphans and vulnerable children under 5 years of age from 1,700 neighbourhood care points. The neighbourhood care points programme has remained a priority for the Government, with WFP acting as a key partner. A sustainable, nutrition-sensitive, shock-responsive, home-grown school feeding programme was also developed, providing school meals to 24,000 students.
21. WFP and the Rwanda Biomedical Centre promoted positive life skills among adolescents in schools, using social and behaviour change communication to enhance capacity and raise awareness with regard to HIV prevention and promote positive attitudes. Such communication activities were conducted in 16 upper primary and secondary schools in the

¹² Derose, K.P. and others. 2022. *Preliminary Effects of an Urban Gardens and Peer Nutritional Counseling Intervention on HIV Treatment Adherence and Detectable Viral Load Among People with HIV and Food Insecurity: Evidence from a Pilot Cluster Randomized Controlled Trial in the Dominican Republic*. *AIDS and Behavior* (2023).

¹³ WFP Eswatini country office. 2019. *In the country of orphans*.

Nyamagabe, Rutsiro, Nyamasheke, Rusizi, Musanze and Rubavu districts. In total, WFP was able to reach 15,505 adolescents with messages about HIV prevention.

22. Without treatment, an estimated one third of infants living with HIV will die before their first birthdays, and half will die before their second birthdays.¹⁴ To help support efforts to achieve an AIDS-free generation, WFP continues to integrate the 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.
23. For example, in the Ohangwena region of Namibia, where HIV prevalence is nearly 18 percent, WFP collaborated with the Ministry of Health and Social Services and the World Health Organization to lead a “1,000-days” campaign, i.e., a campaign focused on the period from conception to a child’s second birthday. The innovative campaign was focused on messaging and activities to raise awareness about exclusive breastfeeding in order to boost infant survival and decrease HIV transmission. Information sessions on maternal nutrition, high-quality infant and young child feeding practices, and food preservation methods and family meal planning were held. Culinary demonstrations showcased nutritious and complementary foods for children 6 months of age and older. The 1,000-days campaign built knowledge and capacity for 1,285 mothers in the region.
24. In Uganda WFP, together with the Ministry of Health and the United States Agency for International Development, developed maternal, infant, young child and adolescent nutrition guidelines to provide a framework for the standardization and improvement of the quality and coverage of nutrition interventions targeting mothers, infants, young children and adolescents across various delivery platforms in the country. The guidelines provided critical information needed for health workers to implement high-quality nutrition activities, including activities aimed at the prevention of mother-to-child transmission of HIV. As part of these efforts, WFP supported a training-of-trainers course for 120 health workers across the nine districts hosting refugees in the West Nile and Acholi subregions.
25. To ensure more sustainable support for vulnerable people living with HIV, the WFP Cameroon country office integrated such individuals into WFP food assistance and resilience activities. Lessons learned from a pilot implementation in 2021 were used to develop guidance. WFP worked with the Ministry of Public Health on the targeting and identification of the most vulnerable HIV-affected households in the Southwest, East and Adamawa regions of the country. WFP supported 2,203 HIV-affected households, ensuring the inclusion of 9,224 people living with HIV in WFP cash assistance programmes in two regions.
26. WFP conducted targeted and rapid assessments in six countries in 2022 with the aim of making key stakeholders aware of the unique vulnerability of HIV-affected households. In Lesotho WFP, together with UNAIDS, incorporated food security and nutrition considerations into national AIDS response programmes. The Lesotho vulnerability assessment report highlighted that vulnerable HIV-affected households were more likely to have inadequate diets – 61 percent compared with other households, at 51 percent. Following the assessment WFP trained government staff in key sectors on integrating nutrition and HIV into emergency response targeting to ensure that vulnerable HIV-affected households are prioritized.

¹⁴ United Nations Children's Fund United States of America country office. 2022. [Mother-to-Child Transmission](#).

Providing life-saving support to people affected by HIV in emergencies

27. 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 the interruption of life-saving treatment. In emergencies, unsafe living conditions, a heightened risk of sexual violence and negative coping strategies can contribute to an increased rate of HIV transmission. In addition, access to HIV treatment is often interrupted owing to pipeline breaks and health unit closures. In cases where treatment remains available, lack of access to food and the loss of documents can impede adherence with treatment regimens.
28. In 2022 WFP provided transfers in the form of food, cash and vouchers to the most vulnerable people living with HIV and tuberculosis and their families in 15 humanitarian, refugee and other fragile settings.
29. In Ukraine, where nearly 250,000 people are living with HIV, the second highest number in the Eastern Europe and Central Asia region, war has had a significant impact on food security. To ensure inclusive assistance during the humanitarian response in contexts with high HIV prevalence, WFP rapidly established a partnership with a Ukrainian community-based organization targeting people living with HIV, tuberculosis patients, the LGBTIQ+ community, the Roma community and persons with disabilities. The organization, known as "100% Life" (formerly the All-Ukrainian Network of People Living with HIV), became WFP's cooperating partner, providing comprehensive geographic coverage and enabling deeper reach among minority groups with in-kind assistance, leveraging the organization's experience in working with people living with and affected by HIV. As a result, WFP was able to help support 58,926 people living with HIV by means of essential food assistance, accounting for 39 percent of all people with HIV under medical surveillance in Ukraine. In addition, WFP supported 11,294 tuberculosis patients with cash and food assistance.
30. Armed 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 helping the Government to support displaced people living with HIV and tuberculosis. Working closely with a local non-governmental organization, WFP is integrating prevention and treatment services with nutrition rehabilitation, food assistance and health services in 10 resettlement centres. Temporary clinics provide essential HIV and tuberculosis services, while simultaneously screening for malnutrition. Malnourished people living with HIV and tuberculosis are provided with specialized nutritious food and general food assistance to support adherence to treatment. Mobile brigades and community health workers support household outreach and encourage readmission when dropout has occurred. In 2022 WFP supported HIV testing for 12,175 people. Of the people living with HIV, 17 percent tested positive for acute malnutrition. In total, 1,069 people received life-saving HIV medication, and an additional 133 people living with HIV and tuberculosis received food or cash assistance.
31. In 2022, WFP continued to be a global leader in providing humanitarian assistance to people living with HIV, implementing its nutrition assessment, counselling and support programme for malnourished people living with HIV on antiretroviral therapy. The programme is aimed at improving the quality of care while decreasing the morbidity and mortality associated with HIV by improving or maintaining nutrition status, improving treatment regimen adherence and helping to prevent nutrition-related disease.
32. In Madagascar, the lean seasons in March and October led to a significant increase in food insecurity and a surge in demand for food and nutrition support for people living with HIV and tuberculosis patients. In 2022, WFP provided nutrition assessment support and counselling to 14,482 tuberculosis patients. During the March lean season, 9 percent of all malnourished tuberculosis admissions were of children up to 23 months of age.

The year in numbers

33. In 2022 WFP supported national HIV and tuberculosis responses with HIV-specific and tuberculosis-specific interventions, assisting 357,404 people living with HIV and tuberculosis and members of their households, nearly double the number of beneficiaries reached in 2021 (see the table below).
34. This number does not include the millions of vulnerable people living with and affected by HIV who were assisted through other HIV-sensitive and tuberculosis-sensitive approaches, such as general food distribution, school feeding and capacity strengthening activities. An estimation of the number of people living with HIV and HIV-affected households to whom WFP provided support through these types of activities is 3.6 million.¹⁵

Beneficiaries of HIV-specific and tuberculosis-specific programmes, 2022	
Country category	Number of beneficiaries
UNAIDS fast-track countries	201 181
All other countries	156 223
Total	357 404

Note: These preliminary results are based on the information reported in the narratives and output tables in the 2022 annual country reports and supplemented using the UNAIDS Joint Programme Monitoring System. The data may differ slightly from the figures shown on the country office tool for managing effectively, which reflect only the information reported in the output and outcome tables.

Partnerships

35. WFP continues to contribute to global forums and to develop guidance and technical materials on food security and nutrition in relation to HIV and tuberculosis. Led by the World Health Organization, the Office of the United Nations High Commissioner for Refugees and the Centers for Disease Control in the United States of America, WFP supported the preparation of a joint inter-agency field guide on tuberculosis prevention and care among refugees and other populations in humanitarian settings,¹⁶ drafting the nutrition section and providing technical considerations on a minimum response. WFP and the Office of the United Nations High Commissioner for Refugees are also collaborating on joint global strategic guidance on food and nutrition support operations for vulnerable people living with HIV or tuberculosis, which will be finalized in 2023. Together with the University of Zimbabwe, WFP commissioned a study on the impact of the COVID-19 pandemic on HIV and tuberculosis management. The findings were presented at the 22nd International Congress of Nutrition, held in Tokyo in December 2022.

¹⁵ The point estimate of 3.58 million beneficiaries is based on the measurement of WFP support to people living with HIV and HIV-affected households by means of food-based and cash-based transfers as set out in the “[Annual performance report for 2021](#)” (WFP/EB.A/2022/4-A/Rev.1) and the 2022 regional HIV prevalence values among adults 15–49 years of age from [UNAIDS](#). The estimate does not include education and gender-specific programming.

¹⁶ World Health Organization. 2022. [Tuberculosis Prevention and Care Among Refugees and Other Populations in Humanitarian Settings: An Interagency Field Guide](#).

36. Starting in 2020, the WFP Regional Bureau for Southern Africa and the Regional Bureau for 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. The long-term collaborative study concluded in 2022, with new evidence underscoring the critical role of food security in a global AIDS response as food security was proven yet again to reduce HIV risk and the prevalence of negative coping strategies, especially among adolescent girls and young women. The study of 1,700 adolescents, one of the largest groups of adolescents ever surveyed, elucidates how social protection platforms can increase food security and nutrition while reducing HIV risk for the most at-risk cohorts such as adolescent girls and young women in sub-Saharan Africa. It led to the publication of an article in the *Journal of the International AIDS Society* in 2022,¹⁷ as well as the issuance of a policy brief¹⁸ and the convening of a global webinar on World AIDS Day.
37. WFP provided logistical and supply chain expertise to the Global Fund to Fight AIDS, Tuberculosis and Malaria, helping with the storage of medications and other supplies and ensuring the final mile delivery of life-saving commodities. Together with the Global Fund, WFP provided support in the form of non-food HIV-, tuberculosis-, malaria- and COVID-19-related commodities worth a total of USD 80 million from 8,061 delivery points in six countries.¹⁹

Outlook for 2023

38. Following an evaluation of WFP's current HIV and AIDS policy,²⁰ the resulting findings, recommendations and management response were presented to and endorsed by the WFP Executive Board at its 2023 first regular session.
39. In the findings from the evaluation, it is clearly stated that HIV remains a critical issue for WFP, especially given WFP's mandate to support the most vulnerable and reach those furthest behind. It was found that WFP continued to play a fundamental and leading role through its partnership as a co-sponsoring organization of UNAIDS. The unavoidable links between food insecurity, malnutrition and HIV mean that WFP must continue to integrate HIV into its programming, especially in countries with high prevalence and incidence of HIV and UNAIDS fast-track countries.
40. The management response identifies several key actions to be taken throughout 2023 and 2024 in response to the evaluation recommendations. First, as a priority, the Nutrition Division will develop a strategic paper articulating WFP's position on HIV, focusing on new opportunities to integrate HIV and enhance accountability across WFP. In addition, a costed analysis of the HIV portfolio will be conducted, highlighting resources needed to advance work on HIV. The Nutrition Division's strategic workforce plan will also be updated to include human resource needs for HIV. Finally, the Nutrition Division will conduct a review of existing guidance, materials and available tools related to HIV, identify any gaps and develop new materials and resources, with additional emphasis on countries with high HIV burdens and UNAIDS fast-track countries.

¹⁷ Cluver, L. and others. 2022. [Food security reduces multiple HIV infection risks for high-vulnerability adolescent mothers and non-mothers in South Africa: a cross-sectional study](#), *Journal of the International AIDS Society*.

¹⁸ WFP. 2022. [Social protection, food security and nutrition: Critical enablers for reducing HIV-related vulnerabilities amongst adolescents and young people](#).

¹⁹ Angola, Burundi, Cameroon, Central African Republic, Chad and Liberia.

²⁰ "WFP HIV and AIDS Policy" (WFP/EB.2/2010/4-A).

41. To address issues related to underreporting on WFP's impact through its support for people living with HIV and tuberculosis, the Nutrition Division monitoring and evaluation team has developed a pilot indicator for assessing national social protection policies and programmes that have been made HIV-sensitive and tuberculosis-sensitive. In 2023 the indicator will be piloted in two country offices. A new HIV and tuberculosis activity tag for country capacity strengthening has also been added to WFP's monitoring and evaluation platforms to enhance reporting.
42. As the global food crisis adds another layer to the ongoing crises of conflict and climate change, WFP's work to support the inclusion of vulnerable population groups in humanitarian response is even more critical. WFP's commitment to leaving no one behind, including people living with HIV, remains an essential component of the humanitarian compact. Integrating HIV into WFP's emergency response, especially into country strategic plans in high-burden and UNAIDS fast-track countries, will be prioritized in 2023.