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the 1990s, the number of people in the UK who are employed in the public sector has increased from 10.5 million to 12.5 million, and the number of people in the public sector who are employed in health care has increased from 1.5 million to 2.5 million (Department of Health 2000).

There are a number of reasons for this increase. One of the main reasons is the increasing demand for health care services. The population of the UK is ageing, and there is a growing number of people with chronic conditions such as heart disease, diabetes, and asthma. This has led to an increase in the number of people who need to be treated in hospitals and other health care settings.

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Key strategies and approaches to integrate HIV into broader agency mandate

As the world’s largest humanitarian agency, the World Food Programme (WFP) uses its last-mile expertise to reach the people who are most vulnerable and furthest left behind. This includes working with partners to ensure that people living with, at risk of, and affected by HIV, have access to food and nutrition support. In 2020, WFP supported 43 countries by integrating food and nutrition into national HIV and TB responses.

WFP assisted 500 000 people living with HIV and TB and their families to meet their basic nutritional needs through direct support in the form of food, cash, or voucher transfers in 17 countries through life saving and life-changing support across all regions, including in conflict-affected and emergency contexts. WFP reached additional beneficiaries through HIV and TB-sensitive programming that included general food distribution and school feeding, as well as capacity strengthening through activities such as social behavioural change communication.

WFP support improves socioeconomic, food and nutrition security at household level, contributing to improved HIV treatment access and adherence for people living with HIV, while reducing behaviours that put people at high risk, thus helping reduce the transmission of HIV and TB.

Contributing to progress towards the Sustainable Development Goals (SDGs)

The *WFP Strategic Plan for 2017–2021*¹ aligns the organization's work to the 2030 Sustainable Development Agenda’s global call to action, which prioritizes efforts to end poverty, hunger, all forms of malnutrition and inequality, encompassing humanitarian, as well as development efforts through the humanitarian development nexus.

WFP’s Strategic Plan is guided by SDG2 on ending hunger, and SDG17 on revitalizing global partnerships for implementation. Progress towards SDG2 contributes to, and depends on, many other SDGs, including SDG3 on ensuring healthy lives and well-being. In order to sustain the progress made by the HIV response in the final decade of the 2030 Agenda, food security and nutrition support will need to be continually integrated in the HIV multisectoral response—especially in emergency and crisis-affected contexts. In an era of competing priorities, WFP follows an integrated, systems-based approach towards HIV with interventions at all levels, including from people and households directly affected by HIV to national governments.

¹ <https://www.wfp.org/publications/wfp-strategic-plan-2017-2021>

Emergency and crisis-affected settings

During humanitarian emergencies, forced displacement, food insecurity, poverty, sexual violence, disruption of services, and health system collapse, can lead to increased vulnerability to HIV infection or interruption of HIV treatment. In 2020, 239 million people in 57 countries² required humanitarian assistance. In humanitarian contexts, WFP ensures that food and nutrition needs are adequately addressed among displaced, refugee and other emergency and crisis-affected populations, including those living with and affected by HIV and TB.

WFP leverages its last-mile supply chain and logistics capacity to deliver HIV lifesaving commodities in fragile and conflict impacted states. By providing logistical and supply chain expertise to the Global Fund, WFP helps to better assess current stocks, future needs, and storing medications and other supplies.

In 2020, WFP provided food transfers in the form of in-kind, cash and vouchers to the most vulnerable people living with HIV and TB and their families in 15 humanitarian, refugee, and other fragile contexts worldwide.³

In South Sudan, where the secondary effects of the COVID-19 pandemic are causing food insecurity and declining crop production due to extreme seasonal flooding, a total of 55 790 malnourished people living with HIV and TB and their families were provided with counselling, food, and nutrition support through implementing partners. The programme was implemented at 147 health and nutrition facilities across South Sudan in 2020. In refugee settings in Cameroon, Kenya, Rwanda and the United Republic of Tanzania, WFP ensured that malnourished ART clients were supported with food and nutrition assistance.

Social protection and livelihoods support

WFP's social protection interventions address the root causes of poverty and hunger by tackling structural drivers and vulnerabilities at-scale across the life course. WFP works with governments to strengthen national systems. Social protection instruments like school feeding, food-for-assets, and general food assistance are used. Through a HIV-sensitive approach, people living with HIV and other key populations are served together, to ensure that no one is left behind.

In Eswatini, an estimated 58% of children under the age of seventeen are orphaned due to HIV. For more than a decade, WFP, together with national stakeholders, has helped young orphans and children through Neighbourhood Care Points—an innovative model that

² <https://reliefweb.int/report/world/global-humanitarian-overview-2021-january-update-enar>

³ Burkina Faso, Bolivia, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Kenya, Madagascar, Mali, Niger, Rwanda, Somalia, South Sudan, United Republic of Tanzania and Togo

mobilizes community services and provides a minimum package, including food support. School closures and a sharp rise in household food insecurity-related to COVID-19 led to attendance more than doubling in 2020.

In the Gambia, the lean season is a particularly difficult period, as food stores are depleted, food prices increase, and energy requirements for farming increase. The country office established the Lean Season Response Transfer Program to support 380 vulnerable households by providing people living with HIV with monthly cash assistance.

Vulnerability and rapid assessments

Without WFP's targeted assessments, governments would be unaware of the unique vulnerability status of HIV-affected households. Using rapid assessments, WFP and other stakeholders collect timely and critical information on the food insecurity profile of people living with HIV to adequately meet their essential needs. Vulnerability and rapid assessments were conducted in nine countries across five regions.

In Lesotho, WFP supported the Government in conducting annual crop and vulnerability assessments to ascertain the food and nutrition security of vulnerable households, including those with one member living with HIV. In Côte d'Ivoire, WFP provided financial and technical support to the National Nutrition Programme to carry out the *Survey on food and nutrition security of people living with HIV*. The study assessed the prevalence of malnutrition and food insecurity among people living with HIV and evaluated existing support services and interventions.

In the Democratic Republic of Congo, large-scale complex crises, including political instability, seasonal drought, and Ebola have led to food insecurity for twenty million people—the second highest number of food insecure people globally. In the South Kivu province, WFP, together with the Ministry of Public Health, developed a study on food and nutritional vulnerability among people living with HIV. Through the study, WFP successfully re-enrolled 80% of beneficiaries who had been lost to follow-up.

Adolescents

Adolescents are estimated to represent around 27% of all WFP's beneficiaries. WFP leverages school-based programmes, general food distributions and treatment and prevention nutrition programmes to better serve adolescents living with HIV.

To generate evidence and build new research collaborations related to adolescents, HIV, nutrition and food security, WFP's regional bureaus in eastern and southern Africa are working closely with the University of Oxford and the University of Cape Town and the Accelerate Hub. The research focuses on southern Africa and highlights the bidirectional and

multifaceted linkages between food and nutrition security and HIV, and the role of social protection, with a specific focus on adolescents.

In Niger, WFP developed kits with picture boards, illustrated flip-charts and data collection tools for peer educators. The kits, which included health sensitization and education on HIV, were disseminated in middle schools, secondary schools, and colleges. A total of 1,980 sensitization sessions were organized by peer educators reaching 30 757 people, with 19 community radio programmes reaching an estimated 350 000 people.

Partnerships

In 2020, WFP provided enhanced supply chain and logistics support for the Global Fund as part of the COVID-19 response. Through more than 7,000 delivery points in eight countries⁴ across four regions, US\$ 102 million in commodities for HIV, TB, and malaria were delivered.

Working closely with Joint Programme partners, WFP co-convened the Inter-Agency Task Teams for HIV in emergencies with UNHCR, and for HIV sensitive social protection with ILO. WFP helped to develop global guidance and advocacy materials and rapidly shared COVID-19-related materials.⁵ Together with the ILO, UNICEF, the United Nations Development Programme (UNDP) and UNAIDS Secretariat, WFP developed a government-focused social protection call to action⁶ and a subsequent global webinar. Regionally, WFP, the ILO, UNICEF and UNAIDS Secretariat hosted a multiday, multilingual training, building capacity on social protection focused on western and central Africa.

WFP hosted and took part in several panels and webinars at major international fora and meetings, showcasing work on HIV and TB at AIDS 2020, the World Bank Fragility Forum 2020, and the SPARKS Conference 2020.

WFP partners with PEPFAR to deliver programmes which focus on food insecure people living with and affected by HIV. In Namibia, for example, WFP provided food and nutrition support to more than 100 000 people on ART in the eight highest HIV prevalence regions of the country that were worst hit by years of consecutive drought.⁷

⁴ Burundi, Cameroon, Central African Republic, Chad, Djibouti, Mali, Pakistan, and Zimbabwe

⁵ https://library.unaids.org/wp-content/uploads/2020/06/IATT-Brief-HIV-COVID-in-Emergency-Contexts_May-2020.pdf

⁶ https://www.unaids.org/sites/default/files/media_asset/call-to-action-social-protection-covid19_en.pdf

⁷ [World Aids Day: How WFP is partnering to assist people living with HIV in Namibia | by World Food Programme | World Food Programme Insight | Medium](https://www.wfp.org/stories/world-aids-day-how-wfp-is-partnering-to-assist-people-living-with-hiv-in-namibia)

Contribution to the COVID-19 response

COVID-19 compounds food security needs in conjunction with overlapping drivers of vulnerability such as conflict, socioeconomic downturns, natural hazards, and climate change. To mitigate risk and respond to the growing number of malnourished people during COVID-19, WFP supported the Ministry of Health in Uganda to develop guidelines and standard operating procedures for continuity of essential health services. Based on the integrated management of acute malnutrition approach and WHO guidance, WFP further supported the Ministry to build health workers' capacity to engage in the delivery of nutrition and HIV services in refugee hosting districts.

WFP, UNICEF, UNESCO, and the World Bank advocated for the safe reopening of schools due to COVID-19. School feeding and health programmes must be in place, together with proper distancing procedures, and WASH measures when schools reopen. These considerations are addressed in the new joint framework for safe re-opening of schools⁸ and in the guidance for nutrition in schools⁹ produced by WFP, FAO and UNICEF.

To address the needs of people living with HIV exacerbated by COVID-19, dedicated support was put in place such as in Colombia where WFP's food bags provided hundreds of women living with HIV with food, training in food handling and preparation and on the importance of an adequate nutrition.

In response to the socioeconomic impacts of COVID-19 and other compounding risks in West Africa, WFP leveraged its extensive cash transfer operations to urgently support people living with HIV. Together with UNAIDS Secretariat, WFP designed and implemented a rapid response initiative in four priority countries: Burkina Faso, Cameroon, Côte d'Ivoire, and Niger. In less than two months, nearly 4,000 households received support to mitigate the socioeconomic impacts of the pandemic.

In Eswatini, an estimated 302 000 people—more than a quarter of the population—are at risk of food insecurity. In response to COVID-19, UNDP and WFP have provided cash-based transfers to meet the essential needs for 1,995 HIV-affected households in rural and urban areas of Eswatini over five months. The assistance improved food security, enabled resilience to drought, and alleviated strain on fragile safety nets.

⁸ [UNICEF: framework for reopening schools](#)

⁹ [Mitigating the effects of the COVID-19 pandemic on food and nutrition of schoolchildren](#)

Case study: Enhancing access to social protection and reducing stigma in Djibouti

Djibouti has a generalized HIV epidemic with an HIV prevalence of 1.5%. Women and girls are more likely to be affected in comparison to boys and men. Social protection is guided by the National Strategy for Social Protection and reinforced by the social and solidarity economy law.




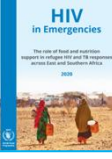

There are two main social protection programmes in the country: The Programme National de Solidarité Famille (PNSF), an unconditional cash transfer programme for the most vulnerable people, and the Programme d'Assistance Sociale de Santé (PASS), a subsidized health insurance scheme. Both utilize a social registry to ensure efficiency and reduce duplications in benefit delivery. PNSF beneficiaries are automatically eligible for health insurance under PASS. The PNSF supports households in Djibouti Ville living in extreme poverty, or with members who have a disability, or who are elderly, children under five years, or orphaned and vulnerable children. Cash transfers are distributed to eligible households quarterly.

To mitigate the socioeconomic impacts of COVID-19 on the most vulnerable and marginalized populations, WFP complements PNSF with a cash-based transfer programme for households affected by HIV. Simultaneously, WFP advises national counterparts and advocates for the inclusion of these households into the PNSF, thereby meeting the essential needs of HIV-affected households, strengthening national social protection systems, and enabling the Government's capacity to transition to reliable national social assistance that includes people living with HIV.

Working closely with two local NGOs, Le Réseau and Solidarité Féminine, and in close collaboration with the Ministry of Health and Ministry of Social Affairs and Solidarity (MASS), WFP delivered cash transfers to households affected by HIV for nine months. Beneficiaries were enrolled in the national social registry managed by MASS, like the other PNSF beneficiaries.

By involving nongovernmental organizations, the programme has helped foster trust and incentivize people living with HIV and their families to register to the national social registry. By aligning and harmonizing the programme through equal eligibility criteria and transfer values with the national social protection programme, stigma was reduced.

Knowledge products

	<p><u>People living with HIV and TB and their families in the context of the COVID-19 pandemic.</u> This brief is developed for WFP staff and cooperating partner's staff responsible for providing food and nutrition assistance to people living with HIV and TB and their families to implement adaptations in context of the COVID-19 pandemic. 2020</p>
	<p><u>Q&A: COVID-19, HIV and WFP programming.</u> This document features answers to key questions about HIV/TB programming in the context of COVID-19. 2020.</p>
	<p>COVID-19 and HIV in humanitarian situations. This brief summarizes HIV in humanitarian situations, gathers key facts for HIV in emergencies during the COVID pandemic, including challenges and impacts on people living with HIV in humanitarian situations. It also outlines key considerations and provides recommendations to maintain essential HIV services during the pandemic, as well as for the provision of services for co-infected individuals living with HIV and TB. 2020.</p>
	<p>HIV in emergencies: The role of food and nutrition support in refugee HIV and TB responses across East and Southern Africa. WFP Regional Bureaus Johannesburg and Nairobi. With support from UNHCR, this study was commissioned to assess the role of food and nutrition in HIV and TB programmes in refugee settings across the East and Southern Africa regions. 2020.</p>
	<p>The role of food and nutrition support in refugee HIV and TB responses across East and Southern Africa. WFP Regional Bureaus Johannesburg and Nairobi. The role of food and nutrition support in refugee HIV and TB responses across East and Southern Africa. 2020.</p>

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