



WORLD HEALTH ORGANIZATION

FIFTY-NINTH WORLD HEALTH ASSEMBLY
Provisional agenda item 11.3

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Nutrition and HIV/AIDS

Report by the Secretariat

1. Resolution WHA57.14 urged Member States, as a matter of priority, to pursue policies and practices that promote, inter alia, the integration of nutrition into a comprehensive response to HIV/AIDS. During its discussion on nutrition and HIV/AIDS at its 116th session, the Executive Board expressed its support for the recommendations for action issued at WHO's technical consultation on nutrition and HIV/AIDS in Africa (Durban, South Africa, 10-13 April 2005).¹ The recommendations were based on the main findings of a detailed review of the latest scientific evidence on the macronutrient and micronutrient needs of HIV-infected people, including pregnant and lactating women and patients receiving antiretroviral therapy. A complementary international conference on HIV/AIDS and Food and Nutrition Security (Durban, South Africa, 14-16 April 2005), convened by the International Food Policy Research Institute immediately after the consultation, reviewed the growing evidence on links between HIV/AIDS and food security and the implications for policy and programming.
2. The following paragraphs describe activities undertaken at national, regional and global levels relating to nutrition and HIV/AIDS and highlight efforts made since May 2004. These activities were strengthened after the recommendations of the Durban consultation and the deliberations of the Executive Board, which formed the basis for drawing up priorities and a plan of work to guide WHO's work in this area.
3. The Executive Board discussed the report at its 117th session, and noted the scope of work and progress made in this area.²
4. **Technical and programmatic support.** In view of the lack of strategies to tackle the impact of HIV/AIDS on food and nutrition security, WHO, in collaboration with other organizations of the United Nations system and concerned partners, is providing opportunities for Member States to frame policies and to draw up, strengthen and implement intersectoral food and nutrition plans that address the impact of HIV/AIDS. Training workshops were conducted in the Africa, South-East Asia and Western Pacific regions.

¹ See documents EB116/12 and EB116/2005/REC/1, summary record of the second meeting.

² See document EB117/2006/REC/2, summary record of the fourth meeting.

5. Guidance on nutrition for HIV-infected women and their children was published in 2004 as part of a series on care, treatment and support for women living with HIV/AIDS in resource-poor settings.¹ The Inter-agency Task Team on Prevention of HIV Transmission in Pregnant Women, Mothers and their Children provided technical support on HIV and infant feeding in several African countries. WHO provided inputs in 2004 for practical guidance on integrating food and nutrition programmes in support activities for people with HIV/AIDS among refugee populations and host communities. A training module on infant feeding in emergencies was developed for health and nutrition workers and includes infant feeding options in environments where HIV testing is available.

6. Building on the results of a consultation on nutrient requirements for people living with HIV/AIDS² and the recommendations of the Durban consultation, a number of African countries have updated or prepared new guidelines on nutrition and HIV/AIDS. For example, Kenya has published guidelines which target frontline service providers and the health, agriculture, education and social-services sectors.

7. In close collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria a meeting was organized in March 2006 on including nutrition as a component of national funding proposals.

8. WHO is joining other organizations in assessing existing technical guidelines. Gaps identified thus far include guidelines for mid-level health workers on nutrition care and support for people living with HIV/AIDS; for hospital-based nutritional management of HIV-infected individuals, particularly children; and for nutrition support for high HIV-prevalence population affected by emergencies; simple assessment and support tools for health-care workers providing HIV services; and recommendations for community-based management of severe malnutrition, including among HIV-positive children. WHO and WFP are working on an approach to food assistance in care and treatment programmes to enable WFP staff to collaborate with clinical staff managing patients receiving antiretroviral treatment, and with community groups providing support to patients and their families.

9. In collaboration with institutions in the United States of America, the Secretariat is developing a triage tool covering broad intake and anthropometric questions and assessment of specific nutrient needs. The tool, which will be field-tested and distributed in 2006, is intended for use in health facilities and community-based programmes to identify nutritionally vulnerable adults and children living with, or affected by, HIV/AIDS.

¹ *Nutrition counselling, care and support for HIV-infected women: Guidelines on HIV-related care, treatment and support for HIV-infected women and their children in resource-constrained settings*. Geneva, World Health Organization, 2004.

² *Nutrient requirements for people living with HIV/AIDS: Report of a technical consultation*, World Health Organization, Geneva, 13-15 May 2003. Geneva, World Health Organization, 2003.

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10. **Capacity-building for improved feeding and prevention of mother-to-child transmission of HIV.** A framework for priority action in HIV and infant feeding, a review of the evidence, guidelines for decision-makers and health-care managers and supervisors, and an operations research manual were widely disseminated during 2003 and 2004.¹ Counselling aids, such as flipcharts, orientation and reference guides, and take-home flyers were produced in 2004 and 2005 for front-line health workers.
11. Financial and technical support was provided for training-of-trainers courses in several African countries during 2004 and 2005 in order to ensure appropriate guidance to mothers on feeding in the context of HIV/AIDS. A number of African countries are expanding training to provincial and district levels so that health workers have the skills to support mothers, including those who are HIV-positive, in choosing and implementing appropriate feeding options for their infants. Others have revised their policies and guidelines on HIV and infant feeding, which have been disseminated widely to health and community workers.
12. A regional workshop (Cotonou, February 2005) organized by WHO, UNICEF, IBFAN, Helen Keller International, and the West African Health Organization dealt with action plans for infant feeding in the context of HIV.
13. WHO and UNICEF are revising the training manual and assessment tools for their joint Baby-friendly Hospital Initiative, in the light of the HIV/AIDS pandemic. After field-testing these materials in Zimbabwe, a three-day workshop was held to orient national focal points on the importance of revitalizing the Initiative in the context of HIV (Harare, November 2005).
14. The Secretariat elaborated a five-day integrated course on infant and young child feeding for health personnel and, possibly, lay counsellors, which was introduced in seven countries in the Western Pacific Region after field-testing in Ghana, Jamaica and South Africa.
15. Policy and programmatic guidelines for feeding older infants and young children, including infants of HIV-positive mothers who are not breastfed, were published after a meeting to discuss pertinent evidence-based findings.²
16. WHO regional offices have intensified their support for programme planning and capacity building. The **Regional Office for Africa** conducted planning meetings for English-, French-, and Portuguese-speaking countries using the HIV and infant-feeding tools, and provided support for national training-of-trainer courses on infant-feeding counselling in 19 countries. By the end of 2004, over 250 national trainers and 2000 health workers had been trained. The **Regional Office for the Americas** provided support for training on HIV and infant-feeding counselling, and conducted intercountry planning meetings for countries in Central America, the Caribbean and the Southern Cone, among others. The **Regional Office for South-East Asia** organized an intercountry training course on breastfeeding and HIV and infant-feeding counselling for seven countries. The **Regional Office for Europe** adapted for the Region three-day counselling courses on breastfeeding and on HIV

¹ *HIV and infant feeding: framework for priority actions*. Geneva, World Health Organization, 2003; Newell M-L, *HIV transmission through breastfeeding: a review of available evidence*. Geneva, World Health Organization, 2004; UNICEF/UNAIDS/WHO/UNFPA, *HIV and infant feeding: Guidelines for decision-makers*. Geneva, World Health Organization, 2003; *HIV and infant feeding: a guide for health-care managers and supervisors*. Geneva, World Health Organization, 2003.

² *Guiding principles for feeding non-breastfed children 6-24 months of age*. Geneva, World Health Organization, 2005.

and infant-feeding. The **Regional Office for the Eastern Mediterranean** prepared training materials in Arabic, and created a pool of regional training facilitators. In the **Western Pacific Region**, health workers were trained in infant feeding.

17. **Capacity-building for improved care and support for people living with HIV/AIDS.** WHO and FAO issued a manual¹ and prepared a short course to provide caregivers with practical knowledge about nutritional care and support for people living with HIV/AIDS. Regional meetings were held in Jakarta (October 2005) and Johannesburg (November 2005) to give trainers from health institutions information and materials for caregivers and their families on provision of practical nutritional care and support to people living with HIV/AIDS.

18. **Operational and clinical research to support evidence-based programming.** Recent WHO-supported research in various countries has focused on clarifying issues related to feeding infants of HIV-positive mothers, including assessment of the quality of feeding counselling to prevent mother-to-child transmission of HIV, development of feeding recommendations for HIV-infected women, and factors influencing the feeding practices of HIV-positive mothers. The last study is crucial for understanding HIV transmission associated with modes of breastfeeding. New evidence suggests that exclusive breastfeeding may be associated with lower transmission of HIV than is mixed feeding.² Results from similar studies and others on treating breastfeeding mothers with high active antiretroviral therapy will become available in 2006.

19. Micronutrient deficiencies are a significant problem for people living with HIV. However, little is known about interactions between micronutrients and physiological status or the impact of micronutrient status on disease progression. People infected with, and affected by, HIV/AIDS need a diet that provides the full range of essential micronutrients. Current evidence is inconclusive about the effect of micronutrient supplementation on transmission and progression of HIV in the absence of a specific nutritional deficiency. After a scientific review of available data, WHO recommended that multiple micronutrient supplementation for people living with HIV should not exceed one recommended daily allowance.³

ACTION BY THE HEALTH ASSEMBLY

20. The Health Assembly is invited to consider the draft resolution contained in resolution EB117.R2.

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¹ Living well with HIV/AIDS. A manual on nutritional care and support for people living with HIV/AIDS. Geneva, World Health Organization and Rome, Food and Agriculture Organization of the United Nations, 2002.

² Iliff PJ et al. Early exclusive breastfeeding reduces the risk of postnatal HIV-1 transmission and increases HIV-free survival. *AIDS*, 19:699-708, 2005.

³ Nutrient requirements for people living with HIV/AIDS.