



Nutrition in HIV
PEPFAR Approach and Possibilities

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Baseline Understanding

- Can a person with HIV infection be healthy?
 - How do we define “health”?
- Can a person with HIV infection be a productive and contributing member of their community?
- What is required to achieve these things?
 - What lessons have been learned?
 - How do we build on those lessons to become more effective?



Nutrition + HIV Infection

- Start by defining “nutritional health”
- How does nutritional health protect the body?
- How does nutritional health react to infection with HIV?
- How does nutritional health affect HIV transmission, disease progression, and survival?

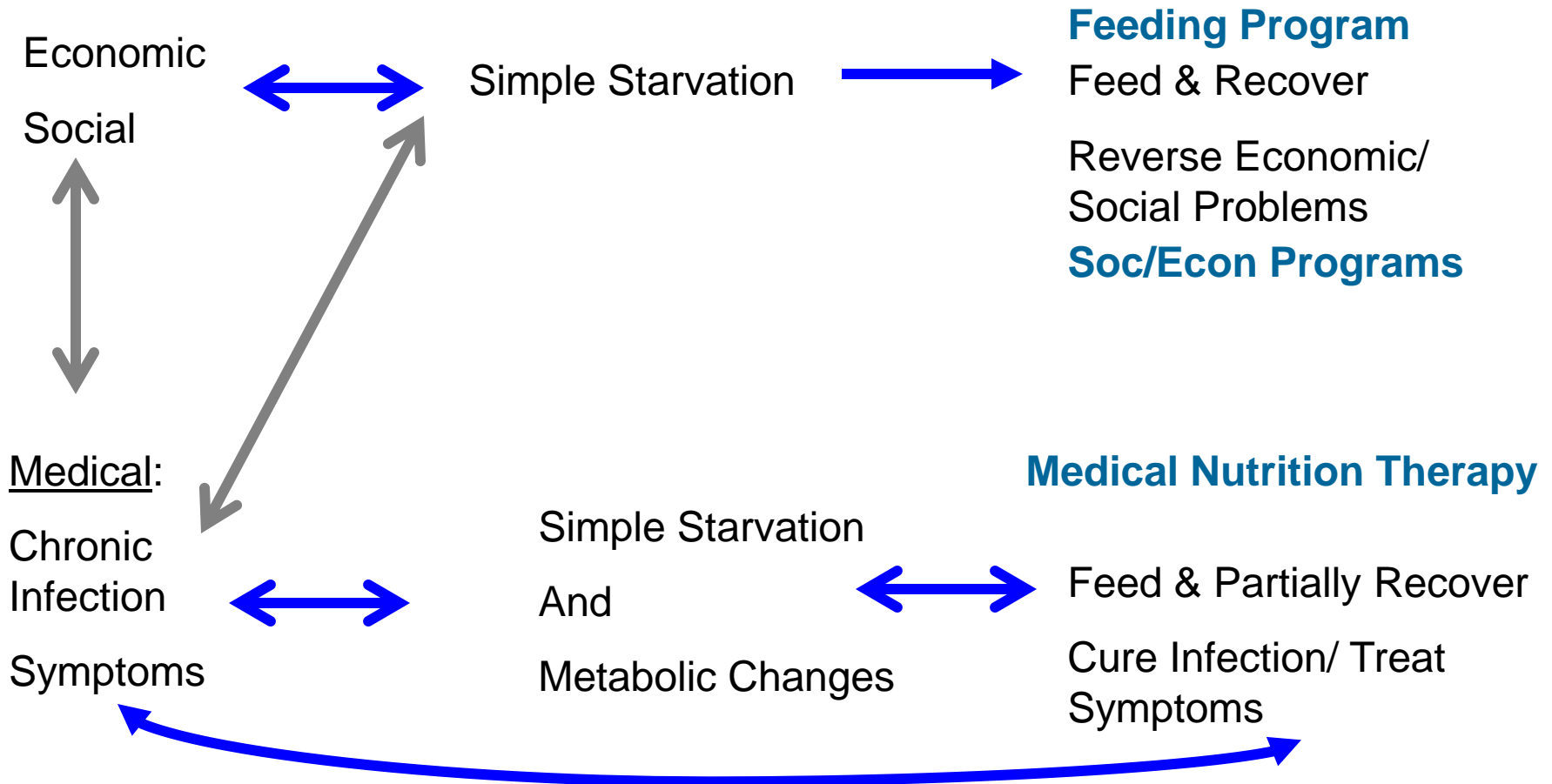


Medical Nutrition Therapy

- Medical intervention for a medical issue
 - Malnutrition contributes to morbidity and mortality in HIV/AIDS patients
 - Malnutrition can be different from simple starvation in HIV infection and requires targeted interventions
 - Interventions are led by intention and not product types

By any other name...

Causes of Malnutrition





PEPFAR

- Strategy mandated to “address nutritional requirements of those on ART” (2005)
- PEPFAR guidance released (2006)
 - Contributes to PEPFAR goals
 - Not food security program
 - Emphasis on assessment, education/ counseling, support through clinical care, PMTCT, and OVC programming
 - Leverage other food support
 - Limit food procurement, distribution



Nutrition Programs

- A medical-intention intervention
- Meant to halt and reverse the impact of malnutrition on the patient and disease process and progress
- A time-limited intervention
- A progressive implementation toward building necessary capacity for dealing with HIV complexities



Nutrition in HIV Programs

- Entry and exit criteria based on evidence of risk levels for adults, children
- Distributed according to clinical criteria
- Exit plans for discharge
- Routine monitoring for re-admission



Priorities

- **Beneficiaries**
 - OVC, under 5 y.o.
 - HIV-infected P/L women
 - HIV-infected patients enrolled in programs
- **Services**
 - Assessment, counseling
 - Medical nutrition products (RUTF, FBF) only according to criteria
 - Micronutrients



Food Assistance vs. FBP

Food Assistance

Target: Food Security

- Provides food to those in need for duration of prog.
- Distribution to everyone
- Does not require a prescription
- Food can be shared
- Does not require medical follow-up
- Does not require counseling

MNT (w/ wo/FBP)

Target: Health

- Provides food to those in need on short time-limit
- Distribution to PLHA
- Can only be obtained with a prescription
- Food cannot be shared
- Recipients of FBP must have periodic check-ups
- Requires counseling



Food Assistance vs. FBP

- Are Programs Mutually Exclusive?
 - *Mostly*
 - Treatment for medical problem at hand
 - Can include specific prevention strategies
- Are Programs Complementary?
 - *Definitely!*
 - Long-term support and prevention for relapse



Leveraging Links

- Food security programs
- Emergency programs
- Economic opportunities
- Capacity-building



Challenges

- Coordination of programs
 - Referral from and to both types of programs
 - Continuity of care with mutual capacity building
- Health care systems that lack capacity
 - Personnel
 - Existing and ongoing training for needed skills
 - Other resources
 - Health care systems may be unsustainable without economic development



Challenges

- Local capacity for food processing
- Availability of appropriate food ingredients
- Local capacity for distribution
- Integration of private and public sector interests



Fill In the Blanks

- Building from a variety of funding sources
- Programs to improve security:
 - Food, social, economic...
 - Product support
- Programs to improve medical care:
 - Clinical, community, policy...
 - Capacity-building



Kenya Program

- USAID/Nutrition HIV Program launched August 2008 through AED in partnership with NASCOP and others
- Ongoing from previous program started by Marquette University and Insta Products
- Plans to expand to 250 facilities by 2013
- Notes that supplemental and therapeutic foods are key component



Uganda Program

- NuLife Food and Nutrition Interventions
- Prime: URC
 - Consortium with Save, ACIDI/VOCA
- Uses nutrition services, FBP, IYCF training/intervention, community intervention linked with community HIV programs



Ethiopia Program

- Awarded September 2009 to Save the Children
- Emphasized
 - TA for food products
 - Clinical assessment, counseling services
 - Public sector capacity-building
 - Pre-service nutrition programs
 - Local production, marketing, distribution of therapeutic foods
 - Economic opportunities for beneficiaries

Summary



- **There is not one neat package to solve all problems, but programs can be complementary to better achieve any goal and integrate nutrition into care and other efforts**
- **Your understanding makes a big difference on how programs are designed and implemented**