Food & Nutrition Support within PEPFAR Programs

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The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)

- Five-year, $15 billion comprehensive approach to fighting HIV/AIDS around the world; by the end of FY 2008, the U.S. will have invested $18.3 billion in the global fight against HIV/AIDS.
- Built on the principles of the “Three Ones”: one national plan, one national coordinating authority, and one national M&E system
- In 2001, President Bush made the founding contribution to the Global Fund - to date, the U.S. has contributed more than $2.5 billion to GFATM
- Unites all USG international HIV/AIDS assistance under authority of the Global AIDS Coordinator
- Presidential request for reauthorization at $30 billion for 5 years
Select Emergency Plan
Achievements

As of September 30, 2006, PEPFAR supported in the 15 focus countries:

- PMTCT services for women during more than 6 million pregnancies
- 18.7 million counseling and testing sessions for men, women and children
- Care for nearly 4.5 million, including more than 2 million orphans and vulnerable children
- In fiscal year 2006, more than 80% of our 1,200+ partners working on the ground were indigenous organizations

As of March 31, 2007, PEPFAR supported ART for approximately 1.1 million men, women and children
PEPFAR Engagement to Provide Food & Nutrition Support

- April 2005: PEPFAR Food & Nutrition TWG established
- Nov 2005: House Appropriations Bill mandates PEPFAR
  “… to develop and implement a strategy, in coordination with
  ….USAID, the Department of Agriculture, the World Food Program,
  and the Food and Agriculture Organization, to address the nutritional
  requirements of those on antiretroviral therapy.”
- May 2006: “Report on Food and Nutrition for People Living with
  HIV/AIDS” to Congress outlining F&N strategy
  Funds to Address Food and Nutrition Needs”
  (www.PEPFAR.gov/guidance) disseminated to country programs
- Sept 2007: PEPFAR and USAID’s Food for Peace (FFP) release “USAID
  P.L. 480 Title II Food Aid Programs and The President’s Emergency Plan
  for Aids Relief: HIV and Food Security Conceptual Framework”
Key Partners

- USAID (FFP/Title II & EGAT), CDC, USDA
- Bilateral and multilateral donors; WFP, WHO, UNICEF, FAO
- Host country governments
- GFATM
- PVOs/NGOs
- Private Sector
- Foundations
Guiding Principles for PEPFAR in partnership on F&N

• Food is a complex issue; communities often food secure
  – Support must avoid AIDS exceptionalism
  – Builds on partnerships; comparative advantages of each organization

• PEPFAR
  – Support for F&N must contribute directly to PEPFAR 2/7/10 goals
  – PEPFAR food and nutrition support oriented to specific target groups
  – Emphasis on leveraging food assistance & food security support from other sources, e.g. GFATM, Title II & WFP.

• Other partners
  - Broader community support
  - Food security
Target Groups for PEPFAR Food and Nutrition Support

- OVC regardless of HIV or nutritional status
- HIV+ pregnant & lactating women
- Malnourished HIV+ patients in care & treatment programs
Nutritional Care of Infants and Children born to HIV+ parents

- Infant feeding counseling & support, incl weaning/supplemental foods (AFASS framework).
- Therapeutic & supplementary feeding support for OVC
- Routine growth monitoring & clinical assessment.
- Multi-micronutrient & routine vitamin A supplementation.
- Safe water/hygiene/sanitation
- Linkages with food security programs and livelihoods support
Nutritional Care of Adult PLHIV

- Nutrition/dietary counseling
- Therapeutic/supplementary/supplemental feeding with anthropometric entry and exit criteria
- Multi-micronutrient supplementation
- Safe water/hygiene/sanitation
- Linkages/support to long term food security
Kenya: Food by Prescription

Hospital/Clinic

**Physician**
- Symptom diagnosis
- Integrated symptom Tx/management

**Pharmacy**
- Food dispensing
- Inventory control
- Record keeping

**Nutritionist/Health Worker**
- Assessment
- Counseling
- MN supplement & food prescription
- Referral clinical care & household food security

**Lay Counselor**
- Nutrition education/counseling
- Peer support

**Food Company**
- Food production
- Direct delivery to hospital/clinic

**Community Programs**
- Food security
- Livelihood assistance
- MCH

**Referral**
- Hospital/Clinic

**Inpatient**
- VCT

**Patient Follow-up**
Kenya: AMPATH

- Partnership between Moi University and Indiana University and other U.S. academic institutions
- Comprehensive prevention, care, and treatment program that offers food support for patients and their families in initial stages of treatment
- Works to graduate them from food support, linking them to income generating activities; nearly 6500 have “graduated” since January 2006
- Currently serving more than 50,000 individuals
- PEPFAR one of many other partners in this program
Haiti

- FFP and PEPFAR joint mapping exercise
- Linked Title 2 grantees with PEPFAR funding for OVC programs
- Activities include
  - Overall OVC support for essential services
  - School feeding programs
  - Community gardens
  - Livelihoods, income generation
Challenges

• Broad guidance on OVC and women in PMTCT programs has not yet had wide uptake
• Cost
• Structural issues related to co-programming across USG resources
• What are the best delivery mechanisms for nutrition counseling, food support and livelihoods
• What happens after food support is withdrawn?
• Need to avoid AIDS exceptionalism
Summary

• PEPFAR can fund food, nutrition and livelihoods interventions but there is always a trade-off – including reaching more people with prevention, treatment and care

• Need to incorporate nutritional counseling, food distribution and livelihoods support

• Partnerships are key