

Integrating Nutrition into HIV Care and Treatment

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FANTA-2 Integration Activities

- **Integrating nutrition into HIV care and treatment**
- **Integrating community-based management of acute malnutrition (CMAM) into national health systems**
- **Integrating nutrition, esp. prevention, into maternal and child health (MCH) services**

Rationale for Nutrition and HIV Integration

- **Evidence of links between HIV and malnutrition.**
- **Expressed need for food and nutrition support is common among clients.**
- **HIV receives high levels of resources and attention, and is an opportune platform for strengthening nutrition services.**

Objectives of Integration

- **Improvement in HIV care and treatment outcomes (drug uptake, adherence and efficacy, symptom management, disease progression, mortality).**
- **Prevention and treatment of malnutrition among HIV clients.**

Levels of Integration

- **Global level**
 - **World Health Assembly resolution 59.11**
 - **Harmonized nutrition and HIV indicators**
- **National level**
- **Service delivery level**

Phases of Integration of Nutrition into National HIV Response

	PHASE 1 Has achieved fewer than three Initial Milestones	PHASE 2 Has achieved at least three Initial Milestones but fewer than three Advanced Milestones	PHASE 3 Has achieved at least three but fewer than six Advanced Milestones	PHASE 4 Has achieved at least six Advanced Milestones
Countries as of 9/2008	Côte d'Ivoire, Haiti, Mozambique, Namibia, Tanzania, Vietnam	Ethiopia, Malawi, Zambia	Kenya	
Countries as of 9/2009	Ghana, Mozambique, Tanzania, Vietnam	Côte d'Ivoire, Haiti, Ethiopia, Namibia, Zambia	Kenya, Malawi	
Countries as of 9/2010	Mozambique, Vietnam	Côte d'Ivoire, Ethiopia, Ghana, Haiti, Namibia, Tanzania, Zambia	Kenya, Malawi	
	INITIAL MILESTONES <ul style="list-style-type: none"> • National coordinating group established • Nutrition focal point in national HIV agency established • National HIV-nutrition strategy • Prevalence of malnutrition among PLHIV known • National HIV-nutrition guidelines • National training materials produced • Service provider materials produced • Nutrition assessment, counseling and support (NACS) program at ≥ 15 sites 		ADVANCED MILESTONES <ul style="list-style-type: none"> • Service providers trained at a minimum of 75% of sites • Nutrition assessment/counseling at a minimum of 75% of sites • Nutrition included in HIV M&E • QI system in place • Nutrition integrated into community HIV services • NACS program scaled up to majority of HIV treatment sites • Evaluation of services conducted 	

Integration Indicators in FANTA-2 PMP

- ***Indicator:* Number of FANTA-2-assisted countries reaching Phase 3 or 4 in phases of integration**
- ***Indicator:* Number of FANTA-2-assisted countries that have advanced at least one phase during the year**

Components of Integrating Nutrition into National HIV Response

- National Policy and Coordination
- Capacity Strengthening
- Service Delivery
- Information Systems and Evidence

Integrating Nutrition into National HIV Response

National Policy and Coordination

- **National guidelines on nutrition and HIV**
- **National strategy on nutrition and HIV**
- **Incorporation of nutrition into HIV policies (and vice versa)**
- **Coordinating technical group**
- **Nutrition focal point in national AIDS control program**

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Capacity Strengthening

- **Training of health care workers (in-service, pre-service)**
- **Job aids, SBCC materials, anthropometric equipment**
- **Mentoring, quality improvement, supervision, exposure visits**

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Service Delivery

- **Nutrition assessment**
- **Nutrition education and counseling**
- **Therapeutic and supplementary food**
- **Micronutrient supplementation**
- **Water purification and hygiene**
- **Food security/livelihood support**

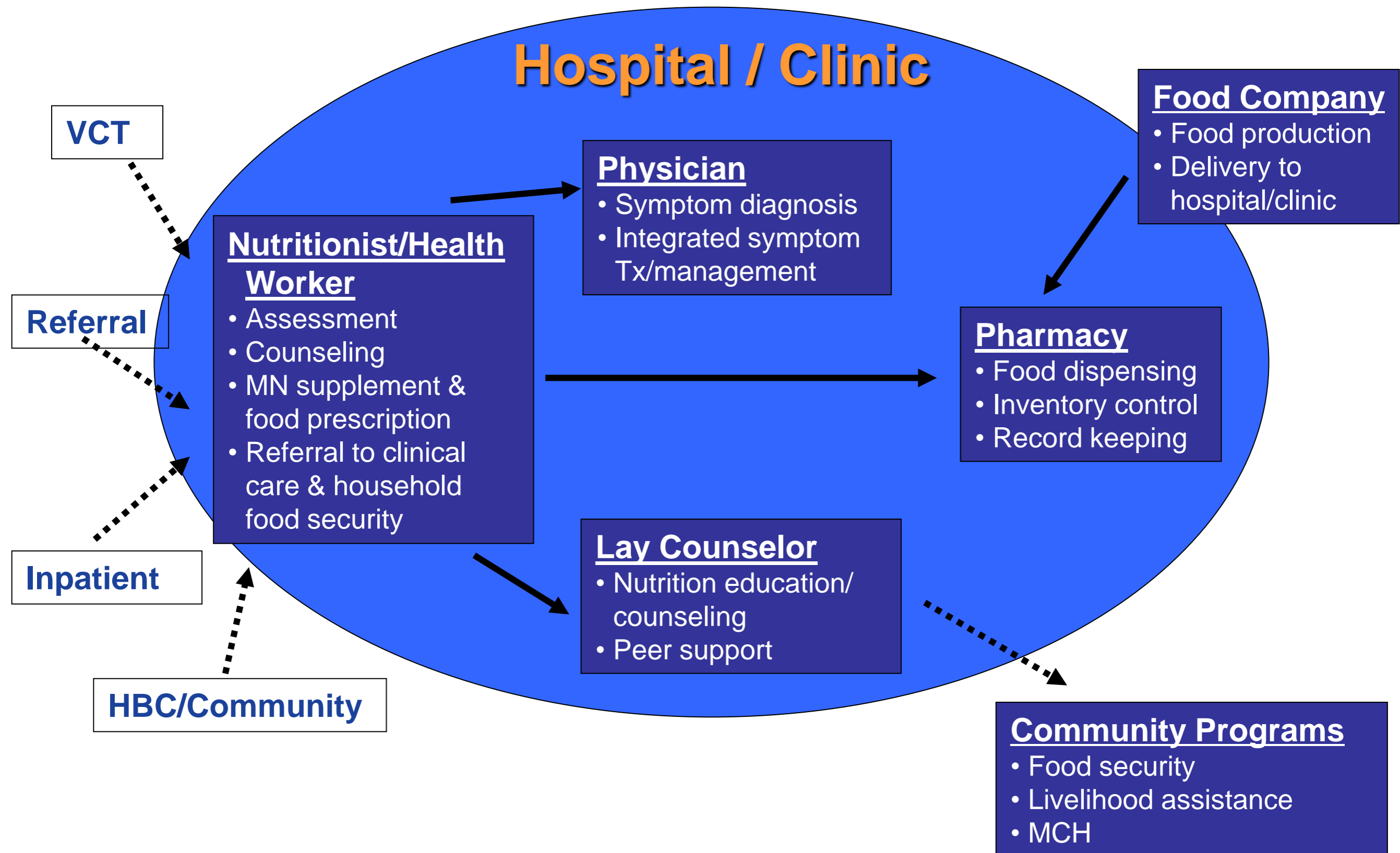
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Service Delivery

Nutrition assessment, counseling and support (NACS)



Example Flow of NACCS Services



Integrating Nutrition into National HIV Response

Information Systems and Evidence

- **Program monitoring and evaluation**
- **Reviews and assessments of programs**
- **Identification of promising practices**
- **Research studies**

Integration Lessons

- **Need to involve medical stakeholders at all levels throughout the process**
- **Service provider time constraints are a significant barrier**
- **Countries' human resource capacity in nutrition is a key factor**
- **Value of seconding nutrition focal point to government AIDS control program**

Integration Lessons (cont'd)

- **Balance meeting HIV objectives and achieving nutrition-specific goals**
- **Coordination and agreement on a cohesive nutrition approach are critical**
- **HIV services offer opportunities to strengthen nutrition capacity and services**

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