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

### Countries as of 9/2009
- Ghana, Mozambique, Tanzania, Vietnam

### Countries as of 9/2010
- Mozambique, Vietnam

### Initial Milestones
- 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
- 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
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
Service Delivery

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

Nutrition assessment, counseling and support (NACS)

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Example Flow of NACS Services

**Hospital / Clinic**

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

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

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

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

- **Food Company**
  - Food production
  - Delivery to hospital/clinic

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

- **VCT**

- **Referral**

- **Inpatient**

- **HBC/Community**
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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
• 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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