

## **Nutrition and HIV/AIDS**

The Fifty-ninth World Health Assembly,

Having considered the report on nutrition and HIV/AIDS;<sup>1</sup>

Recalling resolution WHA57.14 which urged Member States, inter alia, to pursue policies and practices that promote integration of nutrition into a comprehensive response to HIV/AIDS;

Bearing in mind WHO's efforts to support access to antiretroviral treatment as part of the "3 by 5" initiative and to ensure a comprehensive package of care and support for people living with HIV/AIDS;

Recalling the recommendations of WHO's technical consultation on nutrition and HIV/AIDS in Africa (Durban, South Africa, 10-13 April 2005), which 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 on antiretroviral therapy;<sup>2</sup>

Noting that food and adequate nutrition are often identified as the most immediate and critical needs by people living with, or affected by, the HIV/AIDS pandemic;

Bearing in mind that nutrition and food security require systematic and simultaneous action to meet the challenges of the pandemic;

Mindful of the complex interactions between nutrition and HIV/AIDS, and the increased risk of opportunistic infections and malnutrition;

Noting that some Member States already have policies and programmes related to nutrition and HIV/AIDS that can be used as a basis for developing priorities and workplans;

Underlining the importance of ensuring cooperation on this question with other bodies of the United Nations system, in particular, FAO, UNICEF and WFP,

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<sup>1</sup> Document A59/7.

<sup>2</sup> Document EB116/12, Annex.

1. URGES Member States:

- (1) to make nutrition an integral part of their response to HIV/AIDS by identifying nutrition interventions for immediate integration into HIV/AIDS programming, including:
  - (a) strengthening political commitment to nutrition and HIV/AIDS as part of their health agenda;
  - (b) reinforcing nutrition components in HIV/AIDS policies and programmes and incorporating HIV/AIDS issues in national nutrition policies and programmes;
  - (c) developing specific advocacy tools to raise decision-makers' awareness of the urgency and steps needed to incorporate nutrition into HIV treatment and care programmes;
  - (d) assessing existing policies and programmes related to nutrition and HIV/AIDS and identifying gaps to be filled and further opportunities for integrating nutrition interventions;
  - (e) ensuring close multisectoral collaboration and coordination between agricultural, health, socioeconomic, education, financial and nutrition sectors;
- (2) to strengthen, revise or establish new guidelines and assessment tools for nutrition care and support of people living with HIV and AIDS at different stages of the disease, and for sex- and age-specific approaches to providing antiretroviral therapy, including nutrition counselling and special nutritional needs of vulnerable and marginalized populations;
- (3) to provide support for and expand existing interventions for improving nutrition and managing severe malnutrition in infants and young children in the context of HIV by:
  - (a) implementing fully the global strategy for infant and young child feeding with its approach to feeding in exceptionally difficult circumstances and the United Nations framework for priority action in HIV and infant feeding;<sup>1</sup>
  - (b) building the capability of hospital- and community-based health workers, mothers, family members and other caregivers in order to improve the care of severely malnourished children exposed to, or infected by, HIV/AIDS;
  - (c) encouraging revitalization of the Baby-friendly Hospital Initiative in the light of HIV/AIDS;
  - (d) accelerating training in, and expanding use of, guidelines and tools for infant-feeding programmes that provide counselling on prevention of mother-to-child transmission of HIV;
  - (e) ensuring that institutions training health workers review their curricula and bring them in line with current recommendations;

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<sup>1</sup> *HIV and infant feeding: framework for priority action*. Geneva, World Health Organization, 2003.

2. REQUESTS the Director-General:

- (1) to strengthen technical guidance to Member States for incorporating HIV and AIDS issues in national nutrition policies and programmes;
- (2) to provide support for the development of advocacy tools to raise decision-makers' awareness of the urgency and the need to include nutrition and HIV/AIDS as a priority on the health agenda;
- (3) to provide support, as a matter of priority, to development and dissemination of science-based recommendations, guidelines and tools on nutritional care and support for people living with HIV/AIDS;
- (4) to contribute to incorporation of nutrition in training, including pre-service training, of health workers, in technical advice, and in training materials for community and home-based settings, and during emergencies;
- (5) to continue to promote research relative to nutrition and HIV/AIDS, addressing gaps in knowledge and operational issues;
- (6) to provide support for development of appropriate indicators for measuring progress towards integration of nutrition into HIV programmes and the impact of nutrition interventions;
- (7) to ensure collaboration between all concerned parties in this area so that progress may be made by building on each other's achievements;
- (8) to foster establishment of guidelines for including appropriate food and nutrition interventions in funding proposals.

Ninth plenary meeting, 27 May 2006  
A59/VR/9

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