

Consultative meeting on nutrition interventions for improving the prevention, care and management of HIV/AIDS

*Durban, South Africa
19-20 November 2003*



World Health Organization

Department of Nutrition for Health and Development

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Conclusions and Follow-up Action

1. Background

WHO has established a Technical Advisory Group (TAG) on Nutrition and HIV/AIDS, which will act as the principal international technical advisory body with responsibility for making recommendations to the Director-General of WHO for appropriate action in national and international settings. The first meeting of the TAG took place simultaneously with a technical consultation on nutrient requirements for People Living with HIV/AIDS (PLWHA), which was held in Geneva, Switzerland, 13-15 May, 2003. As a follow-up, two back-to-back two-day meetings were planned in Durban, South Africa.

The first meeting (17-18 November) involved WHO staff from the Department of Nutrition for Health and Development (NHD) in Geneva and TAG members. The objective was to review progress in the preparation of a technical review (monograph) of the evidence base for nutritional interventions for adults and children infected with HIV and plan for its dissemination and implementation.

The second meeting jointly sponsored by WHO and the National Institute of Child Health and Human Development (NICHD) of the National Institutes of Health (NIH)/United States Department of Health and Human Services (US DHHS) was a larger consultative meeting (19-20 November). The list of participants are presented in Annex 1. The following is a description of the goals and outcome of the second meeting.

2. Objectives of the consultative meeting

The overall objective of the meeting was to identify the knowledge/resource gaps and priorities for insuring the incorporation of nutrition into all aspects of prevention, care and treatment of populations affected and infected by HIV/AIDS and, based on this information, to plan a conference to be held in Africa in 2004. The goals of that larger conference/consultation would be to examine how the breadth of stakeholder community, e.g. UN and bilateral agencies, NGOs, research organizations and donor foundations can integrate their efforts and resources to develop a strategy to address nutrition and related problems in the African population infected and affected by HIV/AIDS.

More specifically, the consultative meeting had the following objectives:

- a. to identify the priorities and needs of agencies, care groups, national departments and donor agencies with respect to guidance and recommendations to incorporate nutrition into all aspects of prevention, care and treatment of HIV/AIDS.
- b. to review the relevance, applications and implications of the larger technical report (monograph) prepared under the auspices of the WHO/TAG;

- c. to identify the objectives, target audience, format, participants, timing and location for a larger consultative meeting to be held in 2004;
- d. to establish an organizing committee to direct planning for the proposed consultative meeting in 2004;
- e. to identify funding opportunities and mechanisms to facilitate the proposed consultative meeting in 2004.

3. Proceedings

3.1 WHO's introductory remarks

Director, NHD *ad interim* welcomed participants and informed them of main activities undertaken by WHO since the "Nutrition and HIV/AIDS Informal Meeting of UN Agencies" held on 18-19 June 2002, FAO, Rome. He underlined the urgent need of having a common approach to nutritional problems in people living with HIV/AIDS (PLWHA) and a clearer understanding of their public health significance. It is precisely to respond to this need that WHO took the initiative (May 2003) to establish a Technical Advisory Group on Nutrition and HIV (TAG) with the mandate providing guidance on how to address the nutritional problems in the context of the HIV epidemic.

The first step was to convene a meeting of the TAG in order to review the nutrient requirements for people with HIV/AIDS. The meeting resulted in a report that included several recommendations based on the existing evidence. Participants were given copies of the draft report (now available at <http://www.who.int/publicatons.htm#hiv>).

As a next step, WHO is preparing, with the technical support of the TAG, a comprehensive review of the existing literature with a focus on the evidence base to determine the nutritional needs of PLWHA, and subsequently, develop guidelines. The target of these guidelines includes public health staff with a need to translate and integrate the recommendations into policies, clinical care, and programmes for the prevention and management of PLWHA.

The ultimate objective of implementing all these activities is to develop global strategy to address nutrition and HIV. WHO considers this consultative meeting as part of the process. While initiated in the African Region because it is the region that is most affected and needs urgent support, similar initiatives will be undertaken in other WHO regions.

The representative from NICHD/DHHS expressed a commitment to the goals of the TAG and reinforced the need for an interactive process with the full breadth of the stakeholder community, i.e. country governments, UN agencies, NGOs, public and private funding agencies, the research community, clinicians/caregivers and PLWHA, not only to develop evidence-based programmes/guidelines, but also to identify the critical research gaps to be addressed as the global community moves proactively to solve this tragic situation in Africa and beyond.

3.2 Main recommendations of the WHO Expert Consultation on Nutritional Requirements of PLWHA and other activities in progress

Preliminary findings of the expert consultation and the on-going technical review were presented by TAG members. Participants were informed about the outline and the various topics of the evidence review currently undertaken by WHO:

- Introduction
- Macronutrients
- Micronutrients
- Mother and Child Nutrition
- ARV nutrition interactions
- Summary of Recommendations

3.3 Main challenges and gaps identified by participants

Participants (country representatives, UN and bilateral agencies, NGOs and foundations) were requested to describe their current activities in the area of nutrition and HIV/AIDS and to identify main challenges and gaps which they think need immediate action. Below are a few examples of questions raised by participants:

Nutritional requirements

- What to recommend to PLWHA living in communities where malnutrition is already widespread (HIV on top of malnutrition)?

Micronutrients

- How to measure the impact of micronutrient supplements in HIV-positive patients?
- Fortification of food aid for high HIV prevalence countries: at what levels should that happen?
- Guidance is needed for defining the ideal micronutrient supplement for PLWHA of different age groups.

Commercial nutrient supplements and traditional remedies

Dietary supplements/traditional therapies, including nutrient supplements, i.e. vitamins, minerals, macronutrients, herbal/botanical remedies, and other traditional medicines/therapies.

- What is the evidence of safety and efficacy of traditional and herbal/botanical and other supplements/remedies used or recommended for use for PLWHA?
- What is the potential interaction of these therapies on safety, efficacy/pharmacology of antiretroviral therapies.
- Traditional and herbal supplements/remedies and their impact: how to regulate?
- More control/legislation is needed on the marketing of food and micronutrient supplements specially for PLWHA to prevent fallacious advertising. Criteria are needed. Could a Code of Marketing be developed to regulate?

Food support

- Approach: how to target PLWHA? Should only PLWHA be targeted or all vulnerable households/communities? How to target PLWHA while preventing stigmatization?

- When are food supplements needed?
- What should be the composition of the food basket for PLWHA?

Indicators for targeting nutrition interventions and for monitoring and evaluation

- What indicators should be used to define nutritional vulnerability in PLWHA?
- What indicators should be used for assessing the resilience of HIV-affected households with regards to food security?
- How should the capacity of the health care sector at different levels be strengthened to address HIV/AIDS and nutrition without weakening other parts of the system?
- What is the best approach to assessing nutritional status and health outcomes to measure the impact of interventions in PLWHA?

Nutrition and antiretroviral treatment (ART)

- How can current knowledge of the metabolic impact of ART be best applied to conditions that might occur in resource-limited settings such as sub-Saharan Africa?
- What evidence is there to support the need for specific recommendations regarding diet and nutrition in PLWHA receiving ART?
- How can nutritional considerations be incorporated into programmes such as 3x5?
- How can data be generated proactively to allow for meaningful interpretation of the health outcome in Africa with the progress of programmes such as 3x5?
- How does one insure that the medical community includes the full breadth of diet/nutrition-related considerations in the care and treatment of PLWHA receiving ART?

Nutritional guidance

- Several national nutrition and HIV guidelines have been drafted but cannot be finalized because of information gaps. What will WHO do to assist with their harmonization and finalization?

Infant and young child feeding

- Are present guidelines for the management of severe malnutrition also adequate for children living with HIV/AIDS?

Resource mobilization

- Should information on cost, opportunity costs, effectiveness and cost-effectiveness be provided, comparing targeted with untargeted interventions?
- What specific interventions should be linked to specific outcomes? Hard end point indicators especially mortality are required.

Other

- Are there any specific recommendations and interventions for children between two to 15 years of age as they fall in-between support for the prevention of mother-to-child transmission (PMTCT) and support for adults living with HIV/AIDS?
- How research is linked with policy formulation at country level?
- How and at what level to coordinate small-scale such as NGO initiatives and how to ensure that correct messages are disseminated?
- How to scale up small-scale interventions?

4. Main conclusions and recommended follow-up actions

At the end of the first day, participants agreed on the need for follow-up action such as:

- a. Guidance on management of food/nutrition problems in populations with HIV/AIDS was urgently needed for governments, agencies and NGOs.
- b. Guidelines should be developed parallel to WHO's Technical Review on the most effective food/nutritional approaches for the prevention, care and treatment of HIV/AIDS.
- c. WHO and its partners should work in close collaboration to advance the development of evidence base and programmes for ensuring consideration of food and nutrition in the prevention, care and treatment of PLWHA.
- d. A well-conceived research agenda needs to be developed to support the generation of guidelines based on solid scientific evidence.

4.1 Topics for working groups

Based on discussions and recommendations of the first day, gaps and challenges identified by participants were grouped under six main topics to be discussed by three Working Groups (WG) on the second day of the meeting.

- WG 1
 - Nutritional care of pregnant and lactating women
 - Nutritional care infants and children
- WG 2
 - Nutritional care of adults
 - Nutritional component in ARV treatment
- WG 3
 - Food-based approach at individual, household and community level
 - Care for orphans and vulnerable children: integration of nutrition into community programmes for orphans.

Each working group was requested to:

- Suggest themes for guidelines
 - For each theme, suggest topics to be addressed
 - Select the three topics to be considered for guideline development in 2003-2004
 - For each topic, suggest agencies or organizations (NGOs etc.) for drafting committee
- Give examples of guidelines
- Suggest alternatives to provide guidance on nutrition interventions
- Propose elements for a strategy to deal with nutritional problems in HIV-affected populations in Africa.

4.2 Major conclusion & recommendations of working groups

a) WG 1: Pregnant/lactating women and children

➤ Major issues

The working group agreed on the following premises:

For pregnant and lactating women

- All pregnant women are nutritionally vulnerable.
- Baseline assessment of nutritional status is needed.
- Follow-up counselling is essential but seldom takes place.
- Nutritional needs of women change throughout pregnancy and lactation.
- The focus should be on women in both the prenatal and postnatal periods, on the understanding that not all women will be lactating.
- All guidelines should be integrated into existing HIV and nutrition policies and vice versa.
- PLWHA should be involved in the process.

For infected and exposed infants and children

- The needs of such children should be considered within the context of the Global Strategy for Infant and Young Child Feeding.
- All children are vulnerable in HIV settings.
- HIV/infant feeding (IF) has been well addressed in existing UN guidelines. Dissemination of existing materials is therefore essential.
- Early cessation of breastfeeding and complementary feeding need urgent attention.
- There is a need to relate this work to the integrated management of childhood illness (IMCI).

➤ Priorities

For pregnant and lactating women

- Nutrition assessment
- Nutrition counselling and support
- Micronutrient supplementation and food supplementation
- Management of wasting (with and without antiretroviral therapy (ART))
- Management of nutrition complications of ART and TB drugs

For infected and exposed infants and children

The following were identified at household and health facility level:

- Early cessation of breastfeeding and complementary feeding
- Management of growth faltering in the era of HIV especially for children receiving ARV
- Management of severe malnutrition, including HIV-infected children.

➤ **Agencies/groups to be involved in the process**

Same groupings as well as relevant MOH units. Sub-regional meetings should be organized to present and discuss the draft guidelines.

➤ **Target groups**

Technical-level decision-makers

➤ **Examples of existing guidelines**

WHO draft guidelines on HIV-related care, treatment and support for HIV infected women and their children in resource poor settings need to be finalized. Countries also have guidelines at various stages of development (e.g. South Africa and Zimbabwe). UNHCR and WFP also have guidelines. All these should be collected and assessed.

For infants and young children, the following exists: IYCF, HIV/IF guidelines, complementary feeding guidelines, guiding principles for IF and training materials. However all these seldom focus on non-breastfed infants.

Proposed elements of a strategy

- Dissemination of existing materials
- Community mobilization (dispelling the myths)
- Capacity development (pre-service and in-service training)
- Assessment of capacity needs of health workers
- Health system delivery mechanism
- Advocacy at all levels
- Broad-based dissemination strategy
- Nutrition vulnerability mapping in order to identify vulnerable population groups and identify most appropriate interventions
- Additional resources need to be mobilised to develop and implement the strategy (e.g. the Global Fund and WHO's "3 by 5 Strategy")

b) WG 2: Nutrition and adults/ARV

➤ **Major issues**

The working group suggested the following overarching principles with regard to guidelines and the importance of nutrition in the care and treatment of PLWHA:

- Nutritional assessment, counselling, and support should be an integral part of care at entry for PLWHA. The depth and nature of specific guidelines regarding assessment/counselling/support will be contingent on the setting (e.g., hospital versus community health centre versus home-based)/technical capacity of caregivers and resource availability.

- A need exists to identify and articulate guiding principles and strategy to drive the incorporation of nutrition into all care and treatment of PLWHA in all settings.

➤ **Priorities**

As a basic principle, all guidelines with regard to the interaction between nutrition and ART should be customized to address age- and gender-specific considerations. The working group identified the following priorities:

- Continuous nutrition monitoring from entry throughout the full course of treatment. Contingencies/options for monitoring to be based on setting and capacity. Examples of basic monitoring parameters include basic food frequency data to determine patterns and quality of dietary intake (including nutrient-based supplements), Body Mass Index (BMI, i.e. wt/ht²) which could be measured at basic services entry point. Other clinical measures would range from blood pressure, blood measures (CBC, haematocrit, haemoglobin, etc.) and could include (contingent on capacity and availability of field tested methods) specific indices of nutrient status as warranted (e.g., vitamin D, calcium, iron status etc.).
- Choices for health indices reflecting response to ART should be determined with input from experts involved in the establishment of health/nutrition guidelines for non-communicable diseases, e.g., diabetes, osteoporosis, cardiovascular disease.
- Surveillance at country level with data being provided from community-based service providers to monitor the prevalence and nature of adverse effects in specific settings, e.g., geographical regions (by country) and service providers (e.g., hospital, home-based care etc.).
- Guidelines should include process by which home-care personnel/practioners can be linked to clinical caregivers/hospital-based practioners.
- Guidelines regarding food bioavailability, i.e., the impact of the presence or absence and type of food on the absorption of ART, should clearly differentiate between the impact on absorption and the independent role of nutritional status on drug pharmacology. Just because the issue of food/drug interactions is addressed does not obviate the need for continuous assessment and attention to the nutritional status of PLWHA receiving ART.
- Evidence-based guidance regarding the use, (safety and efficacy) of traditional foods, remedies, supplements (nutrients, herbals/botanicals) must be included in guidelines for nutrition and ART. Monitoring and surveillance should be included to document potential adverse interactions. Monitoring should include collection of use data beginning at entry. Wherever possible evidence should be available to caregivers about potential interactions, e.g., garlic and protease inhibitors.

➤ **Agencies/groups to be involved in the process**

- Countries/MOH
- WHO
- UN agencies
- NGO's
- Groups with relevant experience both in terms of development of guidelines, e.g., experts in non-communicable diseases, and program implementation, e.g., PMTCT-Plus
- Advocacy groups and PLWHA

➤ **Target groups**

- Hospitals
- Community-based health workers
- NGO's
- Home-based caregivers
- Family members of PLWHA as appropriate

c) WG 3: Food-based approaches and orphans/OVC

Food-based approaches

➤ **Major issues**

Food-based approaches should be considered at individual, household, community and national levels

➤ **Priorities**

- Food supplements/replacements – marketing & advertising, regulations
- Food security – production, access, utilization – Genetically Modified (GM)/biotech
 - Diets (diet diversification, customs)
 - Traditional/indigenous foods
 - Food fortification
 - Food safety, storage, preparation
- Food aid

Overlapping topic: supplementary and therapeutic feeding

➤ **Agencies/groups to be involved in the process**

WHO should follow up with FAO to take the coordination/facilitation leadership. Consultation should involve expert organizations and policy actors (governments) as well as operational actors.

OVC support and integration in community activities

➤ **Main issues**

- How are OVC different from other children?
- How to distinguish orphans from vulnerable children: vulnerable to what?
- Definition of vulnerable children still to be finalized/endorsed as it is currently different by country/community.

In providing support, should OVC be distinguished from other children in the context of high malnutrition rates, school drop out rates? (exclusion versus inclusion)

➤ **Priorities**

- Access to the target population
 - Who? A definition of OVC is needed.
 - Where? Locations, channels – includes identification of modalities/channels with high inclusion of OVC that also support others.
- Identification of interventions within a comprehensive care and support environment
 - Access to nutritious foods – also includes food security issues
 - Support to individuals versus households (child-headed households, orphan hosting families)
 - Child-focused versus problem-focused approach
- Integration of OVC activities in national orphan-related policies/strategies

Overlapping topic: including nutritional support in the care package for infants and children.

➤ **Agencies/groups to be involved in the process**

It was agreed that UNICEF would lead the process and facilitate/coordinate an expert group including governments, organizations and agencies – particularly in Southern Africa.

➤ **Target groups**

Policy makers, programme managers, funding actors

➤ **Existing guidelines**

For the lead agency and support group to explore.

➤ **Other modalities required to support nutrition interventions**

- Establishing a formal process of collecting lessons learned (successes and failures)
- Process for enabling countries to come forward with implementation issues, questions and needs
- Consolidation process and data basing of existing/preliminary guidelines
- Establishing a network between operational actors and an expert 'forum'.



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