

## **Participants' Declaration**

### **Regional Consultation on Nutrition and HIV/AIDS Evidence, lessons and recommendations for action in French-Speaking Countries in Africa Ouagadougou, Burkina Faso 17-20 November 2008**

In French-speaking African countries, the prevalence of HIV infection varies considerably from country to country, with rates estimated at between 0.1% and 6.2%. At the end of 2007, of the global total of 33 million people living with HIV, nearly 4 million lived in French-speaking Africa, including approximately 300 000 children. Furthermore, the AIDS epidemic in the region is being worsened by acute and latent problems connected with malnutrition. In 9 countries in the region, chronic malnutrition affects 30 to 40% of the population, and it is estimated that more than 40% of children show signs of stunting, indicating chronic malnutrition. Serious acute malnutrition affects up to 10 to 14 % of children in the six countries worst affected, and 12% of the world's children suffering from acute malnutrition live in French-speaking Africa. High levels of food insecurity - over 30 %, particularly in the Sahel countries - have recently been exacerbated by price increases for staple foods. Some countries are grappling with a range of political and policy challenges related to food, nutrition and care for people living with HIV/AIDS. Although treatment coverage has improved considerably, it is still woefully inadequate, particularly in respect of programmes to prevent mother-to-child transmission (PMTCT) and treatment for infected children. Too often, external aid is still essential and is inadequate to respond to HIV and integrate food and nutrition support into these programmes.

There is now evidence to show that food and nutrition support are essential for health programmes and play a crucial role in HIV treatment, particularly in improving patient compliance. Even though knowledge gaps continue to exist, these should neither impede nor delay the immediate provision of food and nutrition support, which can help to reduce the considerable loss of human life and enable persons living with HIV/AIDS to resume economically productive activities and thus support themselves.

French-speaking African countries that are already firmly committed to HIV prevention, treatment and care recognize that nutrition is essential to health. The challenge is now to strengthen the complementarity of these programmes and incorporate them into the response to the HIV/AIDS epidemic.

To ensure follow-up to resolution EB 117.R2 (WHA59.11), whereby Member States requests the Director-General of the World Health Organization to strengthen technical guidance to Member States for incorporating HIV/AIDS

issues in national nutrition policies and programmes, a joint consultation entitled "Nutrition and HIV/AIDS" was held in Ouagadougou, Burkina Faso, from 17 to 20 November 2008. Following on from other meetings that had taken place in Durban (South Africa) in 2005, Nairobi (Kenya) in 2007, and Bangkok (Thailand) in 2007, policy-makers, programme managers, scientists and researchers from French-speaking African countries met with United Nations representatives, donors and bilateral partners to review scientific data, analyse current challenges and opportunities, listen to first-hand reports from the field and develop workable strategies for incorporating nutrition into national HIV prevention, care and treatment programmes.

Given these countries' strong determination to reach the target of universal access to HIV prevention, treatment and care, and the existence of evidence demonstrating the role of nutrition in HIV infection and its co-morbidities, nutrition should be an integral part of HIV prevention, treatment and care. This determination is reflected in the following declaration:

**We, the participants, recognize that:**

- i. HIV compromises the nutritional status of infected people;
- ii. For socioeconomic and physiological reasons, food insecurity and malnutrition can increase vulnerability to HIV infection and other diseases, leading to a range of complications. Malnutrition affects the survival and subsistence of adults and children living with HIV, it can worsen the effects of the disease, and it reduces the effectiveness and exacerbates the side-effects of antiretroviral treatment. Malnutrition is also linked to an increased risk of cardiovascular and metabolic diseases, which are also side-effects of antiretrovirals.
- iii. Food and nutrition support is often considered to be a basic and immediate requirement for people living with HIV/AIDS and people affected by the pandemic. This vital element in the response to HIV infection remains insufficiently integrated and is not allocated the necessary resources.
- iv. Nutrition interventions help to reduce the susceptibility of people living with HIV/AIDS to opportunistic infections and improve their nutritional status. Appropriate nutrition improves tolerance of and compliance with antiretroviral treatment and improves overall quality of life. Prevention of mother-to-child transmission and appropriate infant-feeding practices considerably increase the survival chances of exposed infants, whether or not they are infected with HIV.
- v. In this context, the expression "**food and nutrition support**" includes not only the provision of specific care, including nutritional status evaluation, information and advice, but also the prevention or treatment of deficiencies through micronutrients, optimum feeding practices for infants, and, where necessary,

food supplements. This means that, at the programme level, guidelines for food and nutrition support should be drafted or adapted, capacities should be strengthened to incorporate food and nutrition into prevention, care and treatment programmes, and operational research, monitoring and evaluation should be carried out in the context of programme implementation.

Recognizing the importance, and in many cases, the urgency of the situation, we, the participants in the Regional Consultation on Nutrition and HIV/AIDS held at Ouagadougou, call on States, policy-makers, programme managers, donors and agencies to boost their commitment to integrate food and nutrition support into existing HIV/AIDS control policies and make available adequate resources to bring this about.

**To achieve these goals, we call for immediate action by States and competent authorities to:**

1. Recognize the critical link between malnutrition and HIV-related problems, and the importance of incorporating food and nutrition support into existing national HIV policies and plans.
2. Review and update existing policies, programmes, guidelines, financial action plans, and training programmes, and practical implementation tools, in order to take proper account of the nutritional requirements of people living with HIV/AIDS and ensure that those requirements are incorporated into HIV/AIDS programmes.
3. Ensure multi-sectoral coordination to assign and allocate resources appropriately, including the establishment of a working group for advocacy and training of a critical mass of staff to facilitate scaling-up and extension of existing programmes and broaden the range of food and nutrition support services.
4. Ensure the highest level of country representation in United Nations meetings and global and regional forums such as regional ministerial meetings, reaffirm the commitment to incorporating food and nutrition support into HIV/AIDS control efforts, ensure that these issues are routinely kept on the agenda and, by 2009, report on progress made in implementing these programmes, particularly their incorporation into the Millennium Development Goals and the fight against poverty.

**We call on programme managers to:**

5. Strengthen awareness-raising and develop food and nutrition support capacity in the context of universal access to HIV prevention, treatment, care

and support programmes and other programmes to address opportunistic diseases connected with HIV, in particular tuberculosis.

6. Respond to the nutritional needs and deficiencies of adults and children living with HIV, following recommendations made at the global level.

7. Minimize the nutritional consequences of HIV infection, particularly through improving food security and means of subsistence for affected families and communities.

8. Routinely promote the use of optimum infant feeding practices for **all** children, in particular those who are exposed to, infected with or affected by HIV, and meet the nutritional needs of pregnant and lactating women infected with HIV.

9. Involve people living with HIV/AIDS and civil society in the design and provision of food and nutrition support activities, and actively pursue gender equality and elimination of social stigma as obstacles to food security and access to health services.

10. Develop and adopt techniques to facilitate the integration of nutritional analysis, counselling and care into the clinical management of HIV/AIDS patients.

11. Urgently collect and analyse country-specific data on HIV monitoring, nutritional monitoring and food security. Additionally, contribute to the development of information systems and indicators to monitor and evaluate the integration of food and nutrition support, thereby facilitating evaluation of progress made.

12. Give operational research the highest priority and promote exchanges of information in order to optimize and update nutrition policies for people living with HIV.

**We call on policy-makers and donors to:**

13. Ensure the mobilization of all necessary resources - human and material - by harmonizing available funds to ensure the implementation and monitoring of integrated programmes, and take account of the recommendations of this meeting in the priority allocation of funds.

**We call on the World Health Organization, the World Food Programme, UNICEF and other international and United Nations agencies to:**

14. Support activities and commitments at the country level and invite country teams (Ministries/ civil society/UN/NGOs) to draft action plans to give effect to

these recommendations, and to monitor and evaluate progress regularly, at least every two years.

We, the representatives of French-speaking African countries, hereby declare that we accept our respective responsibilities and commit ourselves to acting in an efficient and urgent manner to fulfil our common aims and report on progress made by 2010.

**AFRO/ Division of Prevention and Control of Noncommunicable Diseases,  
Food Security and Nutrition Unit**  
[Afro.who.int/dnc](http://Afro.who.int/dnc)

**Nutrition for Health and Development**  
[www.who.int/nutrition](http://www.who.int/nutrition)  
[www.who.int/nutrition/topics/nut\\_hiv\\_consultation\\_francophone/fr](http://www.who.int/nutrition/topics/nut_hiv_consultation_francophone/fr)

**HIV/AIDS Department**  
[www.who.int/hiv](http://www.who.int/hiv)

**Child and adolescent health and development**  
[www.who.int/child\\_adolescent\\_health](http://www.who.int/child_adolescent_health)