



HIV/TB Programme WFP Myanmar



2016 WFP HIV/TB PROGRAMME IN NUMBERS



17,000



USD
1 million



1,600 MT

Context: Myanmar remains one of the 34 countries worldwide that have the highest burden of chronic malnutrition, where more than one third (35.1 percent) of children under 5 are stunted and 7.9 percent are acutely malnourished. Myanmar is also one of the world's 22 high tuberculosis (TB) burden countries, with a TB prevalence rate three times higher than the global average and one of the highest in Asia. The country remains in all three lists for TB High Burden Countries (TB HBCs): TB, TB/HIV and multi-drug resistant TB (MDR-TB), with people aged under 15 years constituted 26 percent of more than 138,300 new and relapse TB cases during 2014. Myanmar is also one of the world's 27 high MDR-TB burden countries, and the MDR-TB rate among new cases is the highest in South East Asia. In 2014, around 210,000 people were estimated to live with HIV (PLHIV) in Myanmar, and in spite of 33 percent decrease in the number of deaths by AIDS, an estimated 10,000 people died of AIDS related illnesses in the same year. Although HIV prevalence in Myanmar has been in declining phase, it remains very high especially in people who inject drugs (23.1 percent), in men having sex with men (6.6 percent), and female sex workers (6.3 percent).

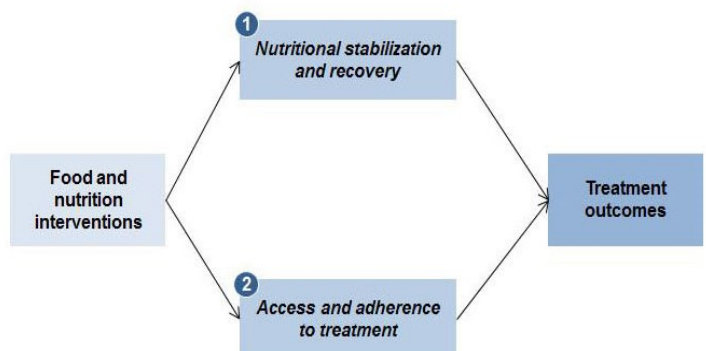
Investment Case: Food support – when integrated with life-saving treatment – can improve quality of life as the patient can work and contribute to the family's income, maintain a good appetite, stable weight and can enjoy prolonged good health. Hence, the patient can able to care for themselves and help with the care of children and other family members. As a result, patients can have reduced impact of illness and recover more quickly from infection, thereby reducing costs for health care. Good nutrition for PLHIV increases resistance to infection, maintains weight, improves the quality of life as well as drug compliance and efficacy.

Nutrition and HIV/TB: Good nutrition is pivotal for both HIV and TB patients to keep the immune system strong and to fight the diseases. Nutrition plays a critical role in HIV and TB infections leaving PLHIV and TB clients vulnerable to weight loss and malnutrition due to numerous factors, including either a decrease in caloric intake or increase in daily energy requirements, or both. The World Health Organisation (WHO) estimates this increased energy at 30 percent for adults in the later stages and 50 percent to 100 percent for symptomatic HIV-positive children.

Food assistance and nutrition are integral parts of treatment and play a critical role in:

- i) enabling patients to start the treatment,
- ii) promoting adherence;
- iii) managing side effects;
- iv) improving treatment success; and
- v) contributing to nutritional recovery of HIV/TB patients.

Nutrition is important at all stages of the disease in the initial stages of the treatment, food support can reduce mortality risk, and mitigate the side effects of the antiretroviral treatment. At later stages, it can improve adherence and supporting patients maintain a healthy lifestyle. Malnutrition in PLHIV often occurs in the context of poverty and/or lack of access to food. Food insecurity has been increasingly recognized as a barrier for optimal antiretroviral therapy (ART) outcomes and associated with reduced levels of treatment adherence and negative implications on individual.





Response: WFP's response to HIV and TB epidemics in Myanmar under the current operation is programmed in line with the strategy of the Ministry of Health (MoH). WFP intervention has two components: 1) provide technical support to strengthening of the health system, developing nutrition policies and designing nutrition strategies 2) implementation of the nutritional programme (food distribution). The National Strategic Plan on AIDS (NSPA) for 2011-2016 adopts three strategic priorities, focusing on promoting access to prevention as well as treatment and care. Nutritional support has been adopted as a key component of the "comprehensive continuum of care package". Since 2003, WFP has been implementing nutrition interventions, with an aim to enhance adherence and treatment success of patients receiving ART and/or TB treatment, with the provision of nutritional support through HIV clinics or community home-based care activities. The programme includes a wide range of activities such as nutrition assessments, education and counselling (NACS) for all clients, incentivizing and integrating with monthly provision of food basket and fortified blended food.

Criteria for receiving WFP's food and nutrition support, which meets daily caloric intake need per person, are as follows:

Admission criteria: Patients either begins ART and TB treatment or with a poor/borderline overall nutritional status (i.e., adults BMI <18.5, pregnant & lactating women MUAC <23 cm, children under five W-f-H <-2 Z-score).

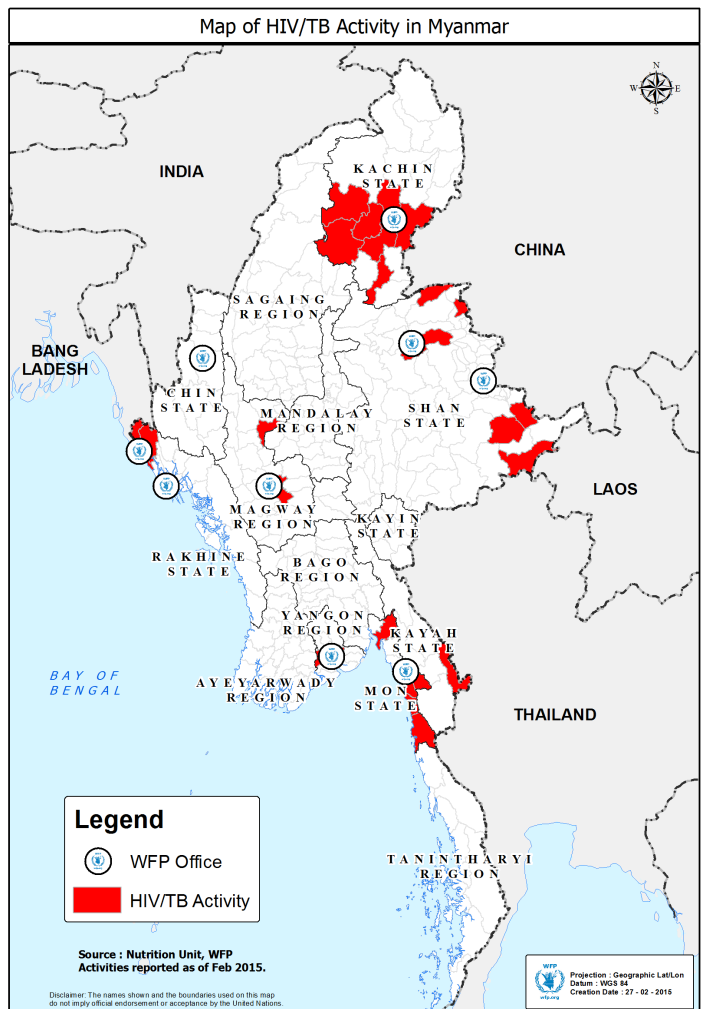
Discharge criteria: PLHIV- six months after starting ART while the nutritional status is reaching normal i.e., BMI ≥18.5; overall nutritional status of PLHIV is rehabilitated for two consecutive follow-ups (i.e., adult BMI ≥18.5, PLW MUAC ≥23 cm, children U5 W-f-H ≥-2 z score). TB patients who finished Directly Observed Treatment, Short-course (DOTS) and/or the overall nutritional status is rehabilitated for two consecutive follow-ups (i.e., adult BMI ≥18.5, PLW MUAC ≥23 cm, children U5 W-f-H ≥-2 z score).

The way forward: WFP Myanmar will continue working closely with the Government and other partners to ensure that food and nutrition are integrated appropriately into comprehensive packages of care, treatment and support for PLHIV and TB clients and reflected in all national HIV and Tuberculosis strategies and programmes. In 2016, WFP, in collaboration with its national and international cooperating partners and the National Programme, aims to reach 17,000 PLHIV and TB patients in the most vulnerable and marginalized areas, including remote areas in Kokang, Magway, Mon, Karen, Kachin, Rakhine and high prevalence area, Yangon.

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WFP is also exploring innovative ways for integrating cash-based transfer into the health sector care and treatment programmes so that social protection schemes for PLHIV and TB clients can be enhanced. In 2016, WFP and MoH will jointly implement, with contribution from the Global Fund, nutritional support to all the MDR-TB clients in the country and to PLHIV in high burden area. WFP intends to integrate fortified rice into food basket for HIV/TB clients, scheduled in July 2016. Rice fortified with essential vitamins and minerals will enhance HIV/TB clients' resilience to the diseases.



Cooperating Partners: Asian Harm Reduction Network (AHRN), Première Urgence - Aide Médicale Internationale (PU-AMI), International Organization for Migration (IOM), Medical Action Myanmar (MAM), Médecins du Monde (MDM), Malteser international, Myanmar's Heart Development Organization (MHDO), PROGETTO CONTINENTI (PC-MYANMAR).