

Challenges in funding food and nutritional support

How can we develop more reliable funding strategies?

Andrew Thorne-Lyman
World Food Programme

Confession

- I'm a public health nutritionist...not directly involved in fund raising...why this topic?



Top five questions we get asked from the field

1. How can we get more funding?
2. How do we decide who gets food (and who doesn't)
3. What should we do about 'exiting' beneficiaries off of food assistance?
4. What food ration should we give?
5. Should we take an approach of individual or household support?



What is WFP and what's our role

- ❑ UN organization with an unusual funding structure... **Not a donor**
- ❑ Largest implementer of food assistance programmes
- ❑ Part of UNAIDS
- ❑ Under UN Technical support division of labor WFP is lead agency responsible for dietary and nutritional support.



Today's situation: 2006 statistics

- HIV Activities in 52 countries. 32 countries where WFP is present have food and nutritional support components integrated into national AIDS plans
- More than 1.2 million beneficiaries in targeted programmes:
 - 275,000 in TB programmes
 - 192,000 in ART programmes
 - 98,000 in PMTCT programmes
 - 694,000 in community and HBC programmes
- Social protection programmes support 7.2 million people affected by HIV and AIDS



The Funding Issue

A brief timeline of global interest in food + HIV programmes

- ❑ Before **2000**: Little interest in food, some TB programs in Asia
- ❑ **2001-2003**: Southern Africa Crisis, triple threat
- ❑ **2003**: A few treatment programmes supported...
- ❑ **2004**: Greater interest in food specifically for treatment...
- ❑ **2005**: Durban meetings, Nut. Needs and linkages with FS increasingly accepted
- ❑ **2006 Toronto**: Costing study, breakthrough for food as an issue at an international AIDS conference



Important trends

- Funding for food assistance from current donors on decline.
- Unstable funding situation...donors want us in “emergencies” less so in “development”...where does HIV fit?
- Commodity and transport costs increasing
- Movement towards local purchase of food.
- Movement towards food quality
- Movement towards measuring results in terms of impact on people



Donor perceptions/fears?

- Perceptions that it could 'eat up' budget
- Uncertainty about 'what we get for our investment'
- Perceptions about what constitutes appropriate 'health' response?
- Different perceptions about what evidence would be necessary to fund food
- Negative perceptions about food aid...concerns about sustainability, exiting



The costing issue

- Last year in Toronto disseminated costing study...put an estimate on how much it costs to deliver basic food package
- 66 cents per day global average for standard food basket going alongside treatment (maize meal, pulses, oil, blended food)
- Household support included as well



Slide on costs country to country

- ❑ Significant variation by country, with commodity + transport costs great influencing factors
- ❑ Range of 43-73 cents for treatment programmes



Building an evidence base

- Different perceptions of what type of evidence is adequate...given different objectives of food and nutritional assistance.
- What type of studies have been published?...largely micronutrient trials...few in operational settings...
- What outcomes are important? Many agencies are taking very individual oriented approach to food support and outcomes
- 'Building the ship while sailing': need to be strategic about what is being studied...many gaps.
- **ARE THE RIGHT QUESTIONS BEING ASKED?**



Zambia Study by University Alabama, CIDR, Z

- Food supplementation of food insecure patients on ART
 - Improved adherence to ART
 - Weight gain/CD4+ cell response (NS improvement)
- Results encouraging but further study warranted with an appropriately designed and powered randomized trial

Megazinni et al, 2006,
presented in Toronto



Is lack of food slowing uptake of ARV's?

- "Although participants welcomed antiretroviral therapy, they feared that transportation and supplementary food costs...would limit accessibility¹" –Mshana et al, 2006
- "Three-quarters of participants said that the biggest obstacle was the fear that they would develop too much of an appetite as a result of taking the drugs, but would not be able to afford enough to eat."² -Au et al, 2006

¹Mshana GH et al, Barriers to accessing antiretroviral therapy in Kisesa, Tanzania: a qualitative study of early rural referrals to the national program. AIDS Patient Care STDS. 2006 Sep;20(9):649-57.

²AU JT et al. Access to adequate nutrition is a major potential obstacle to antiretroviral adherence among HIV-infected individuals in Rwanda. AIDS 20 (16): 2116-2118, 2006



What can we do together?

- Assess, document, quantify the need
- Build into national strategies and funding plans, support governments in doing this.
- Set minimum investments in food + nutrition in funding proposals?
- Invest in strong M+E, evaluations
- Forge stronger links between programmes and researchers to undertake quality intervention studies
- Jointly set a research agenda on food and hiv
- Boost advocacy, especially within the HIV community





Thank you

