



Regional Consultation on Nutrition and HIV/AIDS

Evidence, lessons and recommendations for action in South-East Asia

Bangkok, 8-11 October 2007

Participants' Statement

There is now conclusive and compelling evidence that nutrition is essential for health and that malnutrition impacts the survival and livelihoods of adults and children living with HIV. While knowledge gaps continue to exist, these should neither confuse nor delay the immediate provision of nutritional care and support because it is well established that the benefit of providing food and nutrition support far outweighs the cost of inaction.

Recognizing the strong commitment of nations to meeting the goal of Universal Access to HIV prevention, treatment, care and support and in light of the evidence supporting its role in HIV infection and its co-morbidities, nutrition must be incorporated into all aspects of prevention, care and treatment as a high priority.

Of the approximately 33.2 million people living with HIV/AIDS worldwide in 2006, nearly 4 million live in South-East Asia. At the same time, 79% of the world's malnourished children reside in this Region and several countries report over 40% stunting, indicating persistent chronic malnutrition. This Region, with its large and rapidly growing populations, widespread malnutrition and burden of infectious and chronic disease, is particularly vulnerable to the HIV epidemic.

In response to this vulnerability, countries from the South-East Asian Region gathered in Bangkok from 8 to 11 October 2007, together with scientists, researchers, programmers, decision-makers, UN agencies, civil society, care-givers, people living with HIV/AIDS, donors and bi-laterals, to review the scientific evidence, analyse current challenges and opportunities, listen to voices from the field and arrive at workable strategies for incorporating nutrition into national HIV prevention, care and treatment programmes.

This Region has long recognized the importance of nutrition as an essential component of health and has played a leadership role in prevention, treatment and care of HIV. The challenge now is to build the complementarity of these two historic strengths so as to ensure a comprehensive response that incorporates nutrition as an integral part of the continuum of care.

'Nutrition care and support' in this context should be hereafter defined broadly to include not only the provision of food and livelihood security but also the creation and/or revision of clinical care guidelines to include nutrition, counseling, capacity building to support the integration of food and nutrition into prevention, care and treatment programmes as well as operational research to support successful implementation of such programmes. Health providers at different levels are encouraged to recognize nutrition in this broader framework.

We, the participants, recognize that

- i. Food and nutrition support is a critical component of a comprehensive response to HIV.
- ii. HIV compromises the nutritional status of infected people.
- iii. Malnutrition (under and over-nutrition) can worsen the effect of the disease and can make treatment less effective.
- iv. Nutrition interventions can help break this cycle by helping people living with HIV manage symptoms, reduce susceptibility to opportunistic infections and improve nutritional status.
- v. Nutrition promotes compliance with medical treatment and improves overall quality of life.
- vi. Food insecurity and impaired nutrition increases the likelihood of HIV and co-morbidities.
- vii. Prevention of mother-to-child transmission of HIV and overall HIV-free survival of exposed infants can be improved through appropriate infant feeding practices.

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WHO Nutrition: Nurturing Health

Recognizing the importance, and in many cases, the urgency, of the situation, we call for stronger commitment from policy makers and donors to integrate nutrition and HIV/AIDS into existing policies and make adequate resources available.

To achieve these goals, we call for immediate actions to:

- Advocate for greater awareness amongst policymakers and donors of the critical link between nutrition and HIV and the responsibility to incorporate nutrition and HIV considerations into existing national food, nutrition and HIV policies and plans.
- Increase awareness and build competency for nutritional support within the Universal Access for prevention, treatment, care and support programme of HIV and other co-morbidity programmes such as TB.
- Meet the nutritional needs of adults and children living with HIV according to global recommendations and mitigate the larger nutritional consequence of HIV including improving food security and livelihoods of families and communities affected by HIV.
- Review and update existing policies, programmes, plans of action and guidelines to reflect the nutritional requirements of people living with HIV/AIDS.
- Promote and support optimal infant feeding practices for all children, including those exposed to or infected with HIV, and meet the nutritional needs of HIV-positive pregnant and lactating women.
- Involve adults and children living with HIV in the design and provision of nutritional support interventions and actively

pursue gender equity and elimination of stigma as obstacles to food security and access to health services.

- Urgently collect and analyze country-specific HIV and related nutritional surveillance data.
- Continue building the evidence base through bio-medical, socio-cultural and operational research.
- Ensure multi-sectoral coordination and adequate resource allocation.
- Call for actions and commitments at the country level and urge country teams (Ministries/UN/NGOs) to draw action plans that address these recommendations and regularly follow up and evaluate progress, preferably every two years.
- Make the highest level representation by UN agencies through global and regional forums such as SAARC, ASEAN, Regional Ministerial meetings, the 19th International Congress on Nutrition in 2009, the 2008 Annual Session of the Standing Committee on Nutrition, 2008 Mexico AIDS Conference, WHO Regional Committees, World Health Assembly, UNAIDS Regional Directors' Forum and through specifically organized meetings and workshops as needed.

We, the representatives of countries, UN agencies, civil society, people living with HIV/AIDS (PLWHA), scientists and researchers, donors and bi-laterals, hereby affirm our acceptance of our respective responsibilities and commit to acting effectively and urgently to achieve our collective goals.