





## Priority Actions

Nutrition counseling, care, and support are integral to comprehensive HIV care, including care given to HIV-positive individuals and orphans and vulnerable children (OVC). There are several nutrition and food-related interventions to consider. Appropriate actions depend on the local conditions, the HIV-positive individual's lifecycle state (e.g., child, pregnant or lactating, other adult), degree of disease progression (e.g., asymptomatic, symptomatic, AIDS), and whether they have initiated ARV therapy. Integrating nutritional care and support interventions strengthens home-, clinic-, and community-based care, ARV services, OVC activities, and national policies and strategies addressing the pandemic. Nutrition interventions may improve the quality and reach of care and promote successful treatment.

The main nutrition interventions are counseling on specific behaviors, prescribed/targeted nutrition supplements, and linkages with food-based interventions and programs. Three different types of nutrition supplements are considered: food rations to manage mild weight loss and nutrition-related side effects of ARV therapy and to address nutritional needs in food-insecure areas; micronutrient supplements for specific HIV-positive risk groups; and therapeutic foods for rehabilitation of moderate and severe malnutrition in HIV-positive adults and children. Priority actions are:

**Nutrition for positive living.** This includes nutrition counseling and support to improve food intake and maintain weight during asymptomatic HIV infection and to prevent food and waterborne infections. Food rations may be provided in food-insecure areas and for nutritionally vulnerable pregnant and lactating women. Daily multiple micronutrient supplements may be provided to HIV-positive pregnant women in areas where malnutrition rates are high, although the optimal formulation for such supplements is not yet known.

**Nutritional management of HIV-related illnesses.** This includes counseling to manage nutrition-related symptoms of common HIV-related illnesses/opportunistic infections (e.g., loss of appetite, oral sores, fat malabsorption). Home-based care programs, community efforts, and clinical services can provide counseling to help HIV-positive individuals and their households optimally use available foods to manage symptoms and maintain food intake. Guidance and materials to support nutritional management of symptoms, developed with USAID assistance, are already available in many countries.

**Management of ARV interactions with food and nutrition.** This includes providing information and support to help ARV clients manage side effects such as nausea and vomiting and prevent drug-food interactions. Side effects and interactions can negatively affect medication adherence and efficacy. Supporting ARV clients in appropriate dietary responses to manage these conditions helps ensure successful treatment. In addition to nutrition counseling, food rations may be provided in food-insecure areas, particularly in cases where lack of food is interfering with treatment adherence and among those experiencing weight loss that is not reversed after treatment is initiated.

**Therapeutic feeding for moderately and severely malnourished HIV-positive children and adults.** This includes hospital-based stabilization and home- or community-based care using therapeutic (nutrient-dense) foods, per WHO or local nutrition rehabilitation protocols. The foods and protocols used to treat severe malnutrition in the general population may be used for HIV-positive patients, although some adaptations may be required for adults and those experiencing severe symptoms.

**Infant and young child nutrition for HIV-exposed children.** This includes counseling on feeding options for HIV-exposed children, including orphans, and support for safer breastfeeding or replacement feeding, per WHO or local protocols. Food rations, therapeutic foods, and micronutrient supplements may also be provided, depending on local circumstances such as food availability, diet quality, and malnutrition rates. Vitamin A supplementation is recommended, per WHO protocols.

**Palliative care and community coping mechanisms.** This includes nutrition counseling and supplements for HIV-positive and HIV-affected households delivered through home-, clinic-, and community-based care programs and strengthening links to social support organizations, building community food stocks, sharing labor, modifying costly customs (funerals, marriages), and providing food assistance and training to widows, orphans, and vulnerable children. The U.S. Government, through USAID, has Title II programs providing this type of assistance in several countries, including Ethiopia, Haiti, Kenya, Mozambique, Rwanda, Uganda, and Zambia. The USAID-funded C-Safe Program is linking Title II food to HIV home-based care programs in Malawi, Zambia, and Zimbabwe.

## Summary of Nutrition Interventions according to HIV Disease Progression

Intervention	HIV+ Asymptomatic	HIV+ Symptomatic	AIDS	Families affected by an HIV-related Death
<b><i>Counseling/care</i></b>	Nutrition education and counseling for positive living	Nutrition management of HIV-related opportunistic infections (OI), symptoms, and medications	Nutrition management of ARV therapy (where available)  Nutrition management in home-, clinic- and community-based, palliative care	Counseling on special food and nutritional needs of orphans, vulnerable infants, and young children
<b><i>Prescribed/targeted nutrition supplementation</i></b>	For high-risk groups only (e.g., pregnant and lactating HIV+ women, HIV-exposed non-breastfed children)	For high-risk groups  For persons who are losing weight or do not respond to medications  Therapeutic feeding for moderately and severely malnourished HIV+ adults and children	Therapeutic feeding for moderately and severely malnourished HIV+ adults and children	For high-risk groups (e.g., HIV-exposed non-breastfed children < 2 years or HIV-exposed children with growth faltering)
<b><i>Other food interventions</i></b>	To prevent nutritional deterioration for HIV-affected families living in highly food-insecure communities	To improve adherence/participation in OI treatment programs	To improve adherence/participation in ARV and OI treatment programs  To use in home-, clinic-, and community-based care programs	To protect the health of orphans and vulnerable children and for surviving family members when livelihoods are compromised because of HIV-related sickness or death

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## **10 Key Messages on Nutrition and HIV/AIDS**

- 1. HIV/AIDS and malnutrition are interrelated.**
- 2. HIV affects nutrition through multiple mechanisms. Its impact begins early during asymptomatic infection and continues throughout the lifecycle.**
- 3. HIV exposure and infection exacerbate problems of child malnutrition.**
- 4. Infants who are not breastfed due to maternal choice, illness, or mortality are especially vulnerable to malnutrition.**
- 5. Nutrition interventions have shown a wide range of benefits for HIV-related outcomes.**
- 6. Nutrition counseling may improve adherence to lifesaving ARV drugs and medications for treating HIV-related infections.**
- 7. Goals for nutrition care vary at different stages of HIV from asymptomatic to symptomatic HIV and AIDS and after death for surviving family members.**
- 8. Priority actions include nutrition for positive living, nutrition management of HIV-related illnesses, management of ARV interactions with food and nutrition, therapeutic feeding for moderately and severely malnourished HIV-positive children and adults, nutrition for HIV-exposed infants and young children, and home-, clinic-, and community-based palliative care.**
- 9. Nutrition interventions for people living with HIV/AIDS include food and nutrition assessment, counseling and support, targeted nutrition supplements, and linkages with food security and livelihood programs.**
- 10. Nutrition counseling, care, and support are important components of comprehensive HIV care and should be considered at the outset when planning programs.**



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