

SAVING  
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LIVES

# HIV/TB WFP Myanmar

## CONTEXT

Tuberculosis (TB) is one of the main public health problems in Myanmar which is listed among the 30 high TB, multi-drug resistant TB and HIV burden countries. Myanmar is also one of the 35 countries that account for 90% of new HIV infections globally. According to UNAIDS, around 230,000 people were estimated to be living with HIV in Myanmar in 2017. Despite a 26 percent fall in HIV infections since 2010, an estimated 8,000 people died of AIDS-related illnesses in 2016. Both diseases are contagious and related to undernutrition and poor immune function; morbidity and mortality rates are highest in developing countries such as Myanmar.

Since 2003, WFP's HIV/TB programme has been addressing nutritional recovery, treatment adherence, health outcomes and food security of people living with HIV (PLHIV) and TB patients in Myanmar through the provision of food/nutrition support and counselling during treatment.

## INVESTMENT CASE

WFP need-based budget  
2018-2022 US\$ 4.2 million

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 and stable weight, and enjoy prolonged good health.

Good nutrition is pivotal for both HIV and TB patients in maintaining a strong immune system and fighting the diseases, as both are associated with a vicious cycle of malnutrition and infection. Evidence shows that nutrition is

important at all stages of HIV and TB; in the initial stages of treatment, food and nutrition support can reduce mortality risks and mitigate the side effects of the treatment by contributing to nutritional recovery. At later stages, it can improve treatment adherence and support patients in maintaining a healthy lifestyle. Poor nutrition increases susceptibility to opportunistic infections which may accelerate the progression of HIV to AIDS.

People with HIV/TB often face the double burden of reduced income and increased expenses. High health expenditure by TB patients has consequences on TB diagnosis, treatment and care. This often leads to a worsening of food and nutrition security for patients and their families during the disease.

In 2015-16, an assessment by the Ministry of Health and Sports found that HIV imposes a significant socio-economic impact in Myanmar. Another recent study by the ministry found that 60 percent of the TB-affected households experienced heavy costs, including expenditure for treatment and indirect expenses.



## BENEFICIARIES in 2018

Regions	Beneficiaries
Kachin State	350
Mon State	3,490
Rakhine State	450
Yangon Region	410
<b>Total</b>	<b>4,700</b>

**Photo:** A health educator provides nutrition assistance and knowledge at a clinic in Hlaing Tharyar Township, Yangon Region. Identity of beneficiaries protected.

## WFP'S RESPONSE

Since 2003, WFP has been implementing nutrition interventions through its HIV/TB programme, with an aim to enhance adherence and treatment success of patients receiving ART and/or TB treatment, through the provision of nutritional support through HIV clinics or community home-based care activities.

Providing a fundamental component of the comprehensive HIV and TB care package, the programme implements a wide range of activities, such as nutrition assessments, education and counselling for all clients, integrating this with the monthly provision of a standard food basket and fortified blended food. The beneficiaries receive monthly food rations of a total of 12kg of rice, 1.8kg of pulse, 0.9kg of oil and 0.15kg of salt. In addition, each month, WFP provides 3kg of Super Cereal Plus (WSB++) to beneficiaries under five years of age and 1.5kg of Super Cereal (WSB+) to beneficiaries five years and above to reinforce their nutritional intake.

WFP's HIV/TB programme runs in alignment with the National Strategic Plan on Tuberculosis (2016-2020) and National Strategic Plan on HIV and AIDS (2016-2020). WFP supports the Government in reaching the goals of the national plans also through the provision of technical assistance.

### Partnerships

#### Government Partners

- Ministry of Health and Sports
- Ministry of Social Welfare, Relief and Resettlement

#### Cooperating Partners

- Asian Harm Reduction Network
- Medical Action Myanmar
- Malteser International
- Myanmar Health Assistance Association

#### Partnering UN Agencies

- UNAIDS
- International Organization for Migration



Photo: Community-based food distribution for HIV/TB beneficiaries in Bilin Township Mon State

The HIV/TB programme is part of WFP's Country Strategic Plan 2018-2022, with a view to supplement WFP's nutrition programme by increasing adherence to treatment and providing basic nutritional requirements in line with the Government's programmes.

Criteria for receiving WFP's food and nutrition support, which meets the daily caloric intake needs of a person, are as follows:

#### Admission criteria

- ◆ Patients beginning TB treatment
- ◆ Patients in the first six months of ART treatment AND/OR are undernourished (or) vulnerable

#### Discharge criteria

- ◆ TB patients who have finished Directly Observed Treatment, Short-course (DOTS)
- ◆ PLHIV patients who complete the first six months of ART treatment and
  - are recovered nutritionally
  - have reduced vulnerability

## THE ROAD AHEAD

WFP Myanmar will continue to work closely with the Government and other partners to ensure that food, nutrition assistance and social protection are integrated appropriately into comprehensive packages of care, treatment and support for PLHIV and TB patients.

WFP is also exploring innovative initiatives, such as cash-based transfers, as a potential method to enhance social protection schemes for PLHIV and TB clients. WFP intends to integrate rice fortified with essential vitamins and minerals into the food basket to enhance HIV/TB clients' resilience against the diseases.

### WFP HIV/TB Activities 2019

