



World Food Programme

SAVING
LIVES
CHANGING
LIVES

Feeding health, the last mile on HIV

WFP'S GLOBAL STRATEGY 2025 - 2030

CONTENTS

Acronyms	i
Foreword	ii
Executive Summary	iv
1. Context	1
HIV in a world facing crises	2
WFP’s role and rationale for a new strategy.....	2
2. What’s new?	4
3. Vision and objectives	5
How will we focus our efforts?	5
4. What will WFP do?	7
Enhanced focus on emergency preparedness and response	7
Inclusion of HIV in social protection and livelihoods programming	9
5. A WFP - wide approach	11
Processes	11
People.....	11
6. Enablers	13
Partnerships.....	13
Resource mobilization.....	14
Research, evidence generation, and knowledge management.....	14
Annex	15
Theory of Change	15

ACRONYMS

ART	ANTIRETROVIRAL THERAPY
NGO	NON-GOVERNMENTAL ORGANISATION
OVC	ORPHANED AND VULNERABLE CHILDREN
PLHIV	PEOPLE LIVING WITH HIV
SDG	SUSTAINABLE DEVELOPMENT GOAL
UNAIDS	JOINT UNITED NATIONS PROGRAMME ON HIV AND AIDS
UBRAF	UNIFIED BUDGET RESULTS AND ACCOUNTABILITY FRAMEWORK
UNHCR	UNITED NATIONS REFUGEE AGENCY

FOREWORD

WFP's new strategy on HIV comes at a critical juncture. HIV remains one of the most serious global health challenges of our time, affecting millions of individuals and communities around the world. Despite advances in treatment and prevention, the epidemic continues to disproportionately impact the poorest and most marginalised, exacerbating cycles of poverty, food insecurity and poor health. Achieving the Sustainable Development Goal on HIV—ending the epidemic by 2030—is possible with sustained global commitment and collaboration.

Central to this effort is ensuring access to food and proper nutrition. Adequate nutritious food is essential for the success of life-saving antiretroviral therapy, the prevention of other infections, and the overall wellbeing of families and communities. HIV can strip away livelihoods, deplete household resources, and undermine food access, while food insecurity and malnutrition can fuel the transmission of HIV, weaken immune responses, and reduce adherence to treatment, especially in emergency and fragile contexts.

In this context, WFP's approach is a lifeline. Our new Strategy is grounded in the understanding that the relationship between HIV, food insecurity and nutrition is deeply

interconnected. It reaffirms our commitment to addressing the unique needs of people living with or affected by HIV through interventions that support both immediate and long-term outcomes. It reflects our dedication to not only alleviating hunger but also addressing the broader, intersecting challenges of global health and inequality.

This is not just about feeding people—it's about empowering them, building resilient communities, and contributing to a world where HIV no longer threatens lives. In the face of one of the most enduring health crises of our time, it is a call to action—unifying partners, communities, and governments in the fight to ensure that malnutrition and food insecurity no longer fuel the devastating impact and spread of HIV.



Valerie Guarnieri
Assistant Executive Director
Programme Operations
World Food Programme

FEEDING HEALTH, REACHING THE LAST MILE ON HIV

WFP'S GLOBAL STRATEGY 2025-2030



EXECUTIVE SUMMARY



HIV continues to be a global public health threat, contributing to millions of deaths each year. As a cosponsor of the Joint United Nations Programme on HIV and AIDS (UNAIDS), WFP plays a fundamental role in the HIV agenda, working to ensure that malnourished and food insecure people living with HIV (PLHIV) have access to the healthy, nutritious diets they need to adhere to treatment, and to live full and productive lives.

WFP's mandate to combat hunger and malnutrition provides a vital platform to support PLHIV and HIV-affected households, especially in fragile contexts where conflict, economic instability, and climate shocks severely disrupt health services and access to food. Food insecurity and HIV are intertwined challenges, creating significant risks for PLHIV and undermining progress to achieve global targets. PLHIV have higher nutritional needs, yet HIV can reduce capacity to work and elevate healthcare costs, increasing the risk of food insecurity – and driving a vicious cycle of poor health outcomes and worsening poverty.

People living with HIV are also often left behind in humanitarian and development contexts due to fragmented preparedness and response plans, inadequate access to essential services, and exclusion and marginalization. This can be even more pronounced during crises resulting from conflict, displacement, natural disasters, and climate-related shocks.

Addressing food insecurity, malnutrition, and exclusion for PLHIV and HIV-affected households – including in humanitarian emergencies – is essential for improving the well-being of PLHIV and reducing HIV vulnerability.¹ WFP's role in providing food, nutrition and economic support therefore serves as an important component of the HIV response.

This Strategy outlines the steps WFP will take to achieve our vision whereby PLHIV are food secure, socio-economically empowered, and have equitable access to healthy, nutritious diets. It follows the recommendations of the Strategic Evaluation of WFP's work on Nutrition and HIV/AIDS,² which calls for a solid integration of HIV considerations throughout WFP's programming, corporate systems, and the capacities of its people.

Through this new Strategy, WFP will focus on integrating the HIV portfolio with other programme areas – most notably emergency preparedness and response, social protection and resilience building – to strengthen reach among and inclusion of PLHIV. Steps will also be taken to strengthen WFP's internal systems, and to support external systems, to achieve better analysis, targeting and programme design for PLHIV. Investment will also be made to enhance the skills and knowledge of WFP's workforce to ensure the needs of PLHIV are well integrated into WFP and government programmes and systems.

As WFP takes forward this Strategy, it will adopt a new three-tiered approach to country-level work:

1. in Joint United Nations Programme on HIV and AIDS (UNAIDS) Fast-Track countries facing humanitarian emergencies, we will include PLHIV across our programme portfolio, as well as implement HIV-specific interventions;
2. in Fast-Track countries not facing a humanitarian crisis, we will establish and strengthen HIV-sensitive social protection systems; and
3. in non-Fast-Track countries, we will support and expand HIV-sensitive activities and approaches to ensure left-behind

1 Ivers, L. C., Cullen, K. A., Freedberg, K. A., Block, S., Coates, J., Webb, P., & Mayer, K. H. (2009). HIV/AIDS, Undernutrition, and Food Insecurity. *Clinical Infectious Diseases*, 49(7), 1096-1102. <https://doi.org/10.1086/605573>

2 Strategic Evaluation of WFP's work on Nutrition and HIV/AIDS. Centralized evaluation report. Office of Evaluation. January 2023.

populations are reached.

Finally, WFP will prioritise several 'enablers' that are fundamental to achieving its vision. First, partnership will remain central – continuing to work through and with UNAIDS and other cosponsoring United Nations agencies, we will foster collaboration with international and local actors to enhance coordination, optimize impact,

and achieve comprehensive geographical coverage. Second, we will identify and pursue diversified funding sources to support our HIV programming. Third, to enhance the impact of our work, we will prioritise qualitative and quantitative research, including that based on data and evidence from our own operations.





1. CONTEXT

Despite more than four decades of effort, HIV remains a persistent public health challenge: there are still nearly 40 million people living with HIV (PLHIV), including 1.7 million children under the age of 15. Every year there are 1.3 million new HIV infections and 630,000 deaths from AIDS-related illnesses.³

HIV remains a persistent health crisis: in 2023, 4,000 adolescent girls and young women aged 15–24 years acquired HIV every week, and there was an AIDS-related death every minute. AIDS remains one of the top causes of death in Sub-Saharan Africa, where the burden of HIV continues to be disproportionately high, particularly affecting young adults.

Advances in biomedical approaches have been crucial in improving HIV prevention, treatment, and care in the last 15 years. This includes low-cost antiretroviral therapy (ART) to suppress the virus; pre-exposure prophylaxis to prevent transmission in high-risk individuals; post-exposure prophylaxis for treatment after

potential exposure; and low-cost self-testing kits.

However, treatment progress is especially slow in eastern Europe, central Asia, the Middle East and North Africa, where only half of PLHIV receive ART. The epidemic continues to disproportionately impact the poorest and most marginalised, exacerbating cycles of poverty, food insecurity and poor health.

The intersection of HIV with acute food insecurity and malnutrition presents a complex challenge that is demanding even greater attention. Hunger, malnutrition, and HIV are linked in a vicious cycle. Food insecurity and malnutrition are significant risk factors for HIV transmission and treatment interruption.^{4,5} At the same time, PLHIV have higher nutritional needs and are more likely to suffer loss of income and catastrophic health expenditures, which increases risk of food insecurity and malnutrition. PLHIV and HIV-affected households are often the most food and nutritionally vulnerable. Regions facing high levels of food insecurity and malnutrition are those

³ The urgency of now: AIDS at a crossroads. Geneva: Joint United Nations Programme on HIV/AIDS; 2024

⁴ Ivers, L. C., Cullen, K. A., Freedberg, K. A., Block, S., Coates, J., Webb, P., & Mayer, K. H. (2009). HIV/AIDS, Undernutrition, and Food Insecurity. *Clinical Infectious Diseases*, 49(7), 1096-1102. <https://doi.org/10.1086/605573>

⁵ McCoy SI, Buzdugan R, Mushavi A, Mahomva A, Cowan FM, Padian NS. Food insecurity is a barrier to prevention of mother-to-child HIV transmission services in Zimbabwe: a cross-sectional study. *BMC Public Health*. 2015 Apr 25;15:420. doi: 10.1186/s12889-015-1764-8. PMID: 25909583; PMCID: PMC4424582.

where HIV remains a profound challenge—65 per cent of PLHIV live in Africa where more than 20 per cent of people face hunger and malnutrition. Data from South Sudan show that HIV-affected households were 70 per cent more likely to be food insecure compared to households unaffected by HIV⁶. PLHIV require specific services and support to ensure they can meet their food and nutrition needs.

HIV in a world facing crises

The global AIDS response is facing an increasingly complex and volatile landscape, where the convergence of polycrises—conflict, climate change, and economic instability—has become the new normal. These overlapping crises exacerbate vulnerabilities, disproportionately impacting people living with HIV and at-risk populations, particularly in fragile and conflict-affected regions.

The latest Fragile States Index underscores that many of the countries essential to the global HIV response are also among the most fragile, with vulnerabilities stemming from conflict, economic instability, and climate-related challenges. With 19 of the UNAIDS Fast-Track countries ranked among the 50 most fragile, it is more important than ever that HIV responses are fully integrated into broader emergency and development strategies to safeguard global progress on HIV.

As climate-related disasters and conflict disrupt health systems, access to essential HIV services becomes even more precarious, putting the 2025 target for reducing new HIV infections and AIDS-related deaths further out of reach. Moreover, food insecurity and malnutrition remain unacceptably high and set to worsen further because of the climate crisis. The State of Food Security and Nutrition in the World 2024 report⁷

estimates that 733 million people face food insecurity and malnutrition worldwide; this is 152 million more than in 2019, before the COVID-19 pandemic.

This scenario presents a real risk that hard-won gains in the fight against HIV will be lost, particularly in contexts facing the challenges of conflict and climate crises, leading to a backsliding of progress towards Sustainable Development Goal (SDG) 3.3.⁸

WFP's role and rationale for a new strategy

Since 2003, WFP has played a fundamental part in the HIV agenda as a cosponsoring organisation of UNAIDS. As the world's largest humanitarian organization providing food assistance, WFP's mandate to combat hunger and malnutrition is central to supporting PLHIV and their households, especially in contexts where conflict, economic instability, and climate shocks severely disrupt essential services and access to food. By ensuring that PLHIV and their families—who are more likely to be malnourished and food insecure⁹—receive healthy, nutritious food, WFP helps maintain health and long-term wellbeing. As the global HIV response faces escalating challenges from recurrent crises, these efforts are crucial to preventing the erosion of decades of progress.

WFP's 2010 HIV/AIDS Policy marked a significant milestone in the organization's commitment to addressing the intersection of food insecurity and HIV. The Policy acknowledged the critical role that food and nutrition play in the health and treatment outcomes of people living with HIV, and set the stage for WFP's focus on the interlinked challenge of food insecurity, malnutrition and HIV. The 2023 evaluation¹⁰ of the 2010 HIV and AIDS Policy noted that HIV continues to be a

6 Ibid

7 FAO, IFAD, UNICEF, WFP and WHO. 2024. The State of Food Security and Nutrition in the World 2024 – Financing to end hunger, food insecurity and malnutrition in all its forms. Rome.

8 By 2030, the goal is to end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases, while also combating hepatitis, waterborne diseases, and other communicable diseases

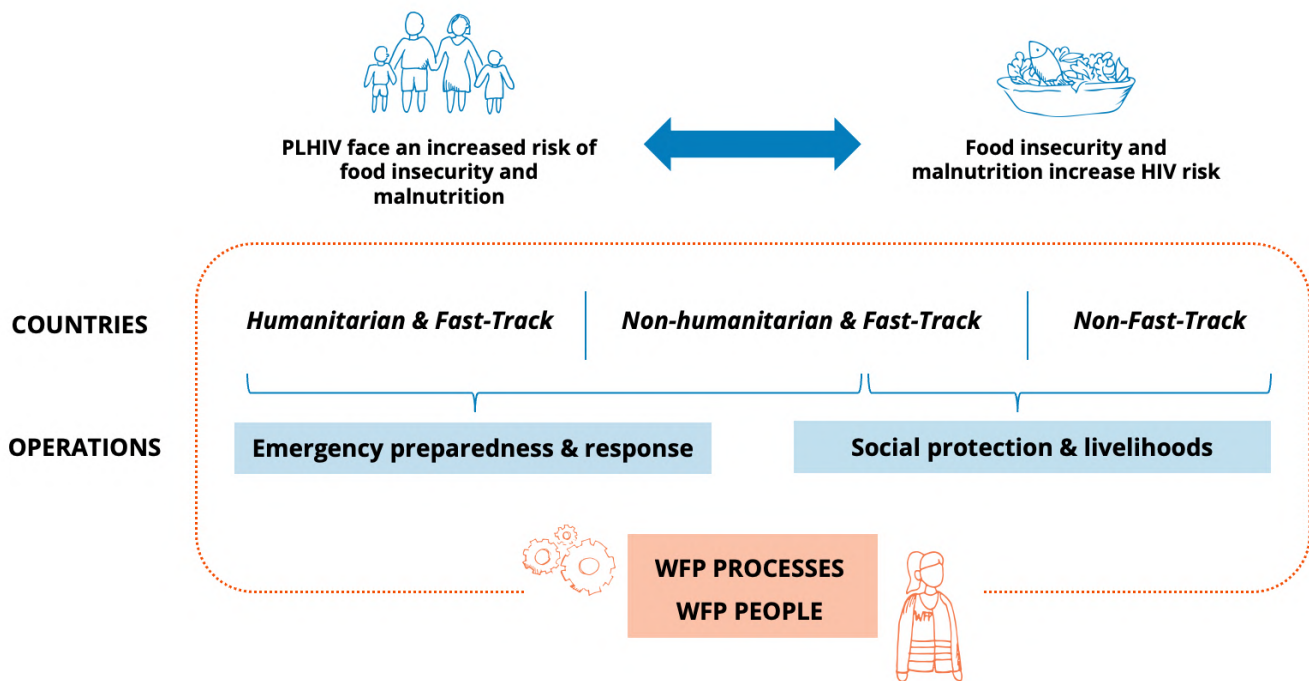
9 WFP. Regional synthesis of the state of food insecurity, malnutrition and vulnerability among PLHIV and HIV-affected households in East Africa. 2024.

10 Strategic Evaluation of WFP's work on Nutrition and HIV. Centralized evaluation report. January 2023.

critical area for WFP, given its focus on inclusion and the geographic confluence of acute food insecurity, malnutrition and HIV. It noted that there was scope to further optimize impact and ensure inclusion of PLHIV through WFP's programming. The evaluation emphasized three recommendations: (1) the need for integration of HIV throughout WFP's operations to ensure that key programmatic areas are HIV-sensitive; (2) the effective integration of HIV throughout WFP's corporate systems; and (3) the need to enhance HIV skills and capacities among WFP's workforce.

The Management Response Plan¹¹ to the evaluation articulates WFP's position on HIV. This Strategy outlines the shifts needed to make this position a reality, and to enhance the efficiency, effectiveness, and impact of WFP's contribution to the global HIV and AIDS agenda.

Global Strategic Framework



¹¹ Management response to the recommendations from the summary report on the strategic evaluation of WFP's work on nutrition and HIV/AIDS



2. WHAT'S NEW?

WFP's new HIV Strategy marks an evolution in WFP's implementation of the 2010 HIV Policy, reflecting the evolving challenges of today's global landscape. The new Strategy entails a more context-specific, tiered approach, recognizing the need to tailor interventions based on the unique challenges faced by Fast-Track countries, emergency settings, and non-Fast-Track regions. This prioritization will ensure that WFP's HIV responses are adapted to local realities, particularly in contexts impacted by humanitarian crises, conflict, and climate change.

There are several areas where the focus or emphasis of our approach has shifted:

First, there is more emphasis on integration of HIV into broader humanitarian and development programming. This will position WFP's work on HIV not only within the scope of food assistance but also in the context of emergency preparedness, social protection, and resilience building. This aligns with WFP's focus on addressing and reducing need and reflects WFP's expanded role in addressing the underlying socio-economic factors that affect HIV-affected populations, aiming to enhance long-term resilience and mitigate the impact of food insecurity.

Second, there is stronger focus on inclusion and equity, addressing the barriers of stigma and discrimination that were less explicitly dealt with in the 2010 Policy. This shift ensures that needs of PLHIV are meaningfully integrated into WFP's programming, particularly in the most marginalized and vulnerable communities, where the intersection of food insecurity and health issues is most acute.

Third, greater emphasis is given to data and evidence-driven programming. WFP will endeavour to continually adapt its HIV interventions, ensuring these are effective and responsive to the rapidly changing needs of the populations it serves. This shift to a more data-informed approach allows for real-time course corrections, ensuring that interventions remain relevant and impactful.

Finally, the Strategy reflects a broader, more integrated vision for tackling the complexities of HIV in the context of polycrises. It aims to provide a more comprehensive response that links food security, health, and resilience, ensuring that the needs of the most vulnerable populations, including PLHIV, are met in the face of ongoing global challenges.



3. VISION AND OBJECTIVES

WFP's 2030 vision for HIV is that PLHIV and HIV-affected households are food secure, socio-economically empowered, and have equitable access to safe, healthy, and nutritious diets.

Our two overarching objectives are to:

- Support food security and nutrition for PLHIV and HIV-affected households in emergency contexts as part of our work to address humanitarian needs.
- Build livelihoods and long-term resilience to shocks and stressors for HIV-affected households, contributing to WFP's work to reduce humanitarian needs.

We will achieve this by supporting the inclusion of PLHIV in key programmes and government systems, and harnessing WFP's own food security and nutrition expertise, to ensure that our programmes, policies, and partnerships are inclusive of PLHIV.

How will we focus our efforts?

WFP will prioritize its support and programming through this new Strategy by taking a new three-tiered approach to its country focus. This will enable us to optimize impact and contribution to addressing the needs of PLHIV and HIV-affected households by prioritizing focus and use of resources. This will give particular focus to the UNAIDS Fast-Track countries where WFP operates but allow for prioritized investments in non-Fast-Track countries to ensure populations affected by HIV are not left behind.¹²

The 35 UNAIDS Fast-Track countries account for approximately 90 per cent of all HIV infections and 90 per cent of AIDS-related deaths worldwide. WFP works in 29 of these countries and as such can make a significant contribution to ending the HIV epidemic by optimizing its programmes in these contexts.

¹² Angola, Botswana, Brazil, Cameroon, Chad, China, Cote d'Ivoire, Democratic Republic of Congo, Eswatini, Ethiopia, Ghana, Haiti, India, Indonesia, Iran, Jamaica, Kenya, Lesotho, Malawi, Mali, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Russian Federation, South Africa, South Sudan, Tanzania, Uganda, Ukraine, United States of America, Vietnam, Zambia, Zimbabwe

Many Fast-Track countries face the dual threat of HIV and humanitarian crises, including from climate shocks and conflict, which fuel food insecurity and malnutrition and exacerbate the HIV burden through the disruption of health services, increased risky coping strategies, and compromised clinical outcomes. However, there remains significant pockets of HIV-affected populations in other contexts where WFP will also be able to help support efforts to achieve global targets on HIV through integration of HIV considerations into programming.

This new three-tiered approach to our programmatic focus will drive forward integration of HIV across WFP to support long-term, sustained achievement of our overarching objectives (as set out in the theory of change in annex 1).

Context 1 – Fast-Track countries with recurrent humanitarian response and other emergencies¹³

Inclusion of PLHIV is high priority. WFP will consider the needs of PLHIV in all relevant country programming. Where rates of acute malnutrition are compounded by a humanitarian crisis, WFP will implement HIV-specific interventions, including household food assistance to meet the needs of PLHIV and the provision of specialised nutritious foods for children under 2, and pregnant and breastfeeding women and girls, to prevent malnutrition and support recovery. WFP will prioritize the allocation of core HIV resources¹⁴ to ensure that essential support is provided at field level for programmes and staff.

Context 2 – Fast-Track countries without ongoing or recurrent humanitarian emergencies

Where feasible, WFP will implement inclusive and HIV-sensitive social protection and capacity strengthening as an entry point for the inclusion of PLHIV into WFP's existing programme portfolio. WFP will also advocate for and support governments, and other partners, to include people affected by HIV in broader social protection schemes.

Context 3 – Non-Fast-Track countries

Where feasible, WFP will support HIV-sensitive food security and nutrition activities in close collaboration with partners to promote inclusive programming to support PLHIV at greatest risk of being left behind. In these contexts, based on demand, WFP will work closely with governments, civil society, and communities to improve and strengthen national programmes and systems while reducing stigma.



¹³ List of UNAIDS Fast-Track countries on WFP's emergency operations list, May 2024 – countries subject to change: Chad, Democratic Republic of Congo, Ethiopia, Haiti, Kenya, Mali, Mozambique, Myanmar, Nigeria, Pakistan, South Sudan, Ukraine, Zambia, Zimbabwe

¹⁴ Core HIV resources refer to globally allocated, flexible, annually disbursed funds from UNAIDS to implement the Global AIDS Strategy via the Unified Budget Results and Accountability Framework



4. WHAT WILL WFP DO?

Enhanced focus on emergency preparedness and response

WFP, United Nations Refugee Agency (UNHCR), with support from UNAIDS, are the global leads on addressing HIV in emergencies. Supporting food insecure and malnourished PLHIV in emergency settings is a humanitarian imperative and lays the foundations for longer-term health and resilience. WFP has a responsibility to support PLHIV in emergencies, both in terms of providing essential food and nutrition support, and for advocating for the inclusion of PLHIV in response and preparedness plans, across sectors and clusters.

We will work to harness WFP's emergency preparedness and response programming to ensure PLHIV are systematically reached and supported to meet their essential needs. WFP is in a strong position to address the intersections between HIV, nutrition, and food security, by integrating the specific challenges and needs

of PLHIV into its humanitarian work. We will give particular focus to ensuring the needs of PLHIV are integrated into food assistance, direct support for women and children facing acute malnutrition, and through our care and treatment programmes in health centres for PLHIV.

Prioritising PLHIV, particularly in UNAIDS Fast-Track countries and high-burden contexts, will ensure inclusion of the most food insecure and nutritionally vulnerable groups. This approach not only promises greater impact for those facing greatest vulnerabilities, but also leverages WFP's extensive operations, and rapid response capacity, making humanitarian interventions more effective, comprehensive, and equitable.

Partners are vital in addressing HIV in emergency situations. WFP will foster collaboration with governments, non-governmental organisations (NGOs) and peer-led networks to ensure that PLHIV are safely identified, targeted, and engaged to fully benefit from our humanitarian efforts. A

key priority will be to revitalize multi-stakeholder, inter-agency platforms on HIV in emergencies, involving the World Health Organization, the United Nations Children’s Fund, the International Organization for Migration, the Office for the Coordination of Humanitarian Affairs, and others. During programme design for HIV-affected households, WFP will engage in community-led and people-centred decision making and strengthen government capacity for ownership to support sustainability.

Emphasis will be placed on ensuring adequate inclusion of HIV in relevant Humanitarian Response Plans. We will ensure a proactive approach to preparedness and needs assessment, underscoring our dedication to

recognizing and responding to the specific challenges faced by PLHIV in emergency contexts. Additionally, we will strengthen engagement with local actors, civil society, and peer-led networks to deliberately target, support, and protect PLHIV, especially those who are refugees and internally displaced, supporting access to life-saving medication, and reduce existing barriers to essential services. challenges faced by PLHIV in emergency contexts. Additionally, we will strengthen engagement with local actors, civil society, and peer-led networks to deliberately target, support, and protect PLHIV, especially those who are refugees and internally displaced, supporting access to life-saving medication, and reduce existing barriers to essential services.

Leveraging Local Networks for Inclusive and Effective Emergency Response

Effective targeting in WFP’s emergency response is essential to ensure food assistance reaches those most in need, even when facing resource and access constraints. By collaborating with peer-led and community networks, particularly in supporting PLHIV and other vulnerable groups, WFP can enhance the accuracy, inclusivity, and transparency of its interventions. These partnerships are crucial for reaching marginalized populations, reducing exclusion errors, and fostering local ownership. Community-based targeting informed by local actors ensures a culturally sensitive and contextually relevant approach, helping to build trust and minimize tensions within affected populations. This not only strengthens WFP’s ability to deliver life-saving food assistance but also improves accountability and two-way communication in complex emergency settings.

By working closely with peer-led networks, WFP can address the challenges of reaching PLHIV—such as stigma and sensitivities—and provide tailored support that helps maintain treatment adherence and improves health outcomes. Leveraging the local knowledge and influence of these networks allows WFP’s programmes to be more inclusive, conflict-sensitive, and protective.

Inclusion of HIV in social protection and livelihoods programming

Populations who are food insecure and malnourished are more vulnerable to climate and conflict shocks, and more likely to live in poverty.¹⁵ These implications are exacerbated for PLHIV, who are disproportionately affected by food insecurity, malnutrition, loss of livelihoods, displacement and disability.¹⁶ Vulnerability is often compounded by the intersection of HIV status with social, economic and geographic factors e.g., age, ethnicity, race, sexual orientation, gender, disability and location. The convergence of socio-economic hardships, food insecurity and malnutrition with HIV intensifies the erosion of livelihoods, hindering proper treatment adherence, accelerating disease progression, and pushing individuals towards negative coping strategies that increase risk of transmission.

PLHIV often face stigma and exclusion in healthcare, employment, social and educational settings. They may experience discriminatory attitudes in healthcare, leading to inadequate treatment; encounter workplace discrimination, including job loss or denied opportunities; face social isolation; or encounter non-inclusive educational environments which impede their progress. This highlights the need for policies and messages to combat stigma and ensure comprehensive support for PLHIV. Additionally, there is a critical need to address the food and nutrition requirements of PLHIV, as these are essential for maintaining health and wellbeing.

Through the provision of food and nutrition assistance, and activities that address socio-economic and other vulnerabilities, WFP's operations and programmes are key vehicles to ensure contextual and inclusive support to PLHIV

and their households. WFP will work to advocate for, and actively include, PLHIV in its work on climate, resilience, school-based programmes, and social protection.

WFP is a strong and globally recognized leader in providing social assistance through cash, voucher, and in-kind transfers. When inclusive of PLHIV, such initiatives can enhance access to treatment, improve adherence to medication schedules, mitigate poverty-related challenges, and ensure food security, thereby contributing to positive nutrition outcomes.

WFP will focus on ensuring systematic action on HIV at the national level through the development and revision of social protection programmes and safety nets, national policies, strategies and guidelines on nutrition and HIV. We will continue to work with and through partners to strengthen national systems to ensure PLHIV can meet their food and nutrition needs, have access to essential services, and face reduced economic barriers to health management.

WFP's resilience, asset creation and livelihood programmes will also be leveraged to help address the economic vulnerabilities of PLHIV and HIV-affected households and contribute to their long-term resilience. Ensuring food security through sustainable agriculture and community farming projects, coupled with strong community support systems, can significantly improve the living conditions of PLHIV. Economic empowerment and skills building through training and microfinance opportunities can address the financial vulnerabilities of PLHIV and help combat chronic poverty caused by catastrophic costs or job loss. Programmes that prioritize nutritional support help ensure PLHIV have access to healthy diets that support their long-term health, wellbeing, and adherence to life-saving medication.

¹⁵ Frontline AIDS. (2023). HIV and the Climate Crisis: Safeguarding Health in a Changing World.

¹⁶ Low, A., Gummerson, E., Schwitters, A., Bonifacio, R., Teferi, M., Mutenda, N., Ayton, S., Juma, J., Ahpoe, C., Ginindza, C., Patel, H., Biraro, S., Sachathep, K., Hakim, A. J., Barradas, D., Hassani, A. S., Kirungi, W., Jackson, K., Goeke, L., Philips, N., Mulenga, L., Ward, J., Hong, S., Rutherford, G., & Findley, S. (2022). Food insecurity and the risk of HIV acquisition: findings from population-based surveys in six sub-Saharan African countries (2016–2017). *BMJ Open*, 12(7), e058704. <https://doi.org/10.1136/bmjopen-2021-058704>

WFP will strengthen the effectiveness of its programming by making deliberate efforts to ensure coordinated and aligned approaches to address intersectional dimensions of poverty and exclusion. Working across WFP – particularly with the Gender, Protection and Inclusion teams across the agency – will be paramount to enhance synergies. WFP will prioritize collective action

to identify ways to ensure inclusion of PLHIV into platforms and programmes. By focusing on awareness raising and strongly advocating for the inclusion of PLHIV in WFP's programmes, this will optimize the support we provide to those facing the greatest vulnerabilities and those furthest behind.

Recognizing the transformative impact of cash assistance, WFP

will prioritize the use of cash as a preferred modality to prevent negative coping strategies and mitigate the impacts of HIV at the household level. We will intensify efforts to integrate HIV-affected households into existing cash operations and to scale up responses. This will help optimize inclusion and reinforce the critical role of cash in the global AIDS response. Cash transfers can reduce poverty, exclusion, and negative risk management behaviours that increase HIV vulnerability by providing critical financial support¹⁷. They are a highly effective modality for improving food security, nutrition, and health outcomes for PLHIV and HIV-affected households by improving food access, supporting ART adherence, and reducing financial stress. Cash transfers help ensure that households can meet their nutritional needs and access critical health services, making this modality a valuable component of HIV response strategies, particularly in emergency settings. Cash transfers for PLHIV have also been shown to improve access to healthcare, incentivizing the use of essential services like HIV testing, counselling, and treatment¹⁸. Additionally, cash transfers can support orphaned and vulnerable children, improving their nutrition and education, and help address gender inequalities that heighten HIV risks, particularly for women and girls.¹⁹ Multi-country work led by WFP leveraged cash transfers for PLHIV and their households to mitigate the socio-economic impact of COVID-19.²⁰ The multi-country rapid response demonstrated the feasibility of delivering unconditional cash transfers to marginalized PLHIV and their households, helping them to meet essential food needs and access healthcare, and supported other income-generating activities.



In Cameroon, WFP collaborated with the Ministry of Agriculture and local partners to provide vulnerable ART clients with comprehensive livelihood support, including technical assistance, skills training, equipment, and financial management. After receiving nutritional support and counselling, clients were organized into cooperatives and Village Loans and Savings Associations (VLSAs) to strengthen their economic resilience. These initiatives, spread across the East and Adamawa regions, have significantly boosted agricultural and livestock production, improving both food consumption and the financial stability of beneficiaries.

17 Miller, Elizabeth and Michael Samson (2012) "HIV-sensitive Social Protection: State of the Evidence 2012 in sub-Saharan Africa. Commissioned by UNICEF and produced by the Economic Policy Research Institute, Cape Town.

18 Stoner, Marie CD, et al. "Cash transfers for HIV prevention: A systematic review." *PLoS medicine* 18.11 (2021): e1003866.

19 Rogers, K., Le Kirkegaard, R., Wamoyi, J. et al. Systematic review of cash plus or bundled interventions targeting adolescents in Africa to reduce HIV risk. *BMC Public Health* 24, 239 (2024). <https://doi.org/10.1186/s12889-023-17565-9>

20 <https://www.wfp.org/publications/providing-cash-transfers-vulnerable-people-living-hiv-and-key-populations>



5. A WFP-WIDE APPROACH

The evaluation of the 2010 HIV Policy emphasized the importance of integrating HIV across WFP corporate processes as part of efforts to ensure sustainability and more effective contribution of WFP's portfolio to the HIV agenda in the long term. The three-tiered approach described earlier, combined with the focus on integration into WFP programmes, will ensure we are able to prioritize and target our support and optimize impact. However, ensuring sustained shifts in how WFP approaches the needs of PLHIV will require investment in integrating HIV into corporate processes and enhancing the capacity of our workforce.

Processes

Guidance and methodologies for needs assessments will be reviewed and updated to ensure that the specific situations facing PLHIV are appropriately captured. This will include ensuring the WFP Fill the Nutrient Gap analysis and vulnerability assessments integrate HIV in

a meaningful way to provide food security and treatment performance data on HIV-affected households and inform policy and programme design to enhance support. WFP will also strengthen its internal systems enable better targeting and programme design for PLHIV.

Alongside this, guidance for the development and implementation of CSPs and emergency preparedness plans will be enhanced to ensure opportunities for WFP to include and support PLHIV are taken forward. This will emphasise the three-tier approach to ensure that integration of HIV is done as standard in Fast-Track Countries and adopted in other contexts where supporting PLHIV is a key component of WFP's work to address food insecurity and malnutrition among populations that are being left behind.

People

WFP will strengthen the capacities of our people to ensure inclusive and high-quality

programming. In contexts that require more specialized HIV-related knowledge, we will draw on various strategies to meet these needs within available resources. WFP will draw on various strategies—enhancing in-house expertise, collaborating with external specialists, or forming new partnerships—so that country offices have access to the support required. WFP staff at all levels will be supported to better understand and assess where and how HIV is relevant for WFP, and the strategic contribution we could make. Collaboration among HIV, gender, inclusion, and protection expertise will be reinforced to equip

priority countries with the skills and tools they need for effective and efficient interventions. In settings that demand in-depth HIV know-how—such as UNAIDS Fast Track countries, emergency contexts, or those with high or emerging incidence rates—WFP will ensure robust technical and strategic backing is available, either through specialized staff or alternative models (for example, remote support or cross-functional advisors). These efforts will be coordinated with UNAIDS and other key partners to ensure that all country offices benefit from coherent and timely assistance.





6. ENABLERS

To enhance WFP's ability to optimize its impact on HIV, specific investment will be made in three key enablers over the course of this Strategy.

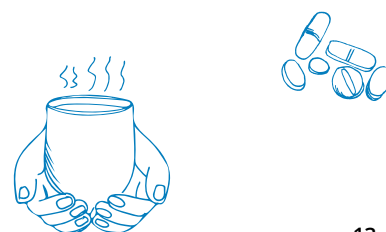
Partnerships

WFP will continue to foster partnerships with sister UN agencies, governments, international NGOs, and foundations working on the HIV and AIDS response. This will underpin our efforts to enhance emergency preparedness and response and to ensure inclusion of PLHIV in social protection and livelihoods investments. This will be done via our strong and long-term partnerships with UNHCR and International Labour Organization for joint work related to HIV. This collaborative approach will ensure a coordinated effort, maximize the impact of interventions, and lead to more comprehensive geographic coverage. Strategically including HIV within WFP's partnership work furthers its vision and mandate, while sustaining global efforts to eliminate AIDS as a public health threat by 2030.

Central to our partnership work will be our continued engagement with UNAIDS and the Joint Programme. We will use our operational experience and insights to ensure the needs of

PLHIV facing shocks and crises remain front and centre as the HIV community revitalizes efforts to ensure the SDG target is achieved. More broadly, WFP's expertise on joint programme delivery will be harnessed to help accelerate progress towards multiple SDG outcomes by continuing to work with and through UNAIDS and other cosponsoring agencies.

WFP will continue to work closely with civil society, local NGOs, community groups and peer-led networks to ensure our support reaches those further behind in a dignified and effective way. These collaborations can foster innovative solutions in areas such as targeting, advocacy, and enhancing service delivery, while ensuring that interventions are culturally sensitive and tailored. By leveraging the diverse expertise and resources through these partners, WFP will also enhance its work on Social and Behaviour Change for HIV by building community capacity to improve health and wellbeing outcomes.





In Ukraine, facing significant food insecurity due to war and nearly 250,000 PLHIV, WFP forged a field-level partnership with 100% Life, the largest peer-led organisation in the country. This collaboration not only facilitated targeted in-kind assistance but also empowered local actors, and leveraged their expertise, to include PLHIV in WFP's programmes. Through this alliance, WFP provided essential food aid to tens of thousands of PLHIV, enhancing local capacity and resilience in humanitarian responses.

Resource mobilization

Donor and government funding for HIV has stagnated in recent years, especially in the context of the COVID-19 pandemic. UNAIDS estimates that the effort to end AIDS as a global public health threat will require funding of USD 29 billion in low- and middle-income countries in 2025.

Addressing HIV as a purely standalone issue with dedicated core funding from UNAIDS is not sustainable. WFP will pursue diversified funding sources to support our crucial HIV programming to 2030.

WFP will map key stakeholders and potential donors—from international sources to private and faith-based organizations—and set concrete, measurable goals for resource mobilisation. We will focus our value proposition on WFP's expertise in emergency preparedness and response – and the substantial contribution our operational footprint can play in supporting PLHIV facing food insecurity and malnutrition. We will also build on the growing role and position WFP has on enhancing social protection mechanisms, including in fragile contexts.

WFP will leverage its media presence across multiple platforms to highlight the critical intersection of HIV, food insecurity, and malnutrition, using strategic communications to raise awareness and drive action. By amplifying these issues, WFP aims to foster greater understanding and mobilize support for integrated approaches that address the food and nutritional needs of PLHIV and affected households.

Research, evidence generation, and knowledge management

To ensure WFP's vision on HIV is evidence-based, both qualitative and quantitative research will remain a priority, including using data and evidence from our own operations. The incorporation of HIV into WFP's emergency relief, resilience and social protection programmes will be guided by research to identify the most effective methods and to ensure a do-no-harm approach. Knowledge dissemination will, in turn, serve to support WFP's field staff in the successful implementation of HIV considerations and programming.



ANNEX

WFP's HIV Strategy 2025-2030 theory of change

Priority contexts

1 Fast-Track countries in emergency/ humanitarian contexts

- Inclusion of PLHIV in WFP activities is **high priority**
- **HIV- and TB-specific interventions included** when high acute malnutrition rates are compounded by a humanitarian crisis

2 Fast-Track countries without emergencies

- Inclusion of PLHIV is a **high/medium priority**
- **HIV-sensitive social protection and capacity strengthening**
- Inclusion of PLHIV in broader **social protection schemes**

3 Non-Fast-track countries

- HIV is medium to low priority (context-dependent)
- **HIV-sensitive food security and nutrition** activities explored when there is emerging prevalence or an epidemic generalized or concentrated among key populations
- Improve and strengthen **national systems** while **reducing stigma**

Sphere of control

Sphere of influence

OUTPUTS

OUTCOMES

IMPACT

VISION

WFP emergency programmes are enhanced to target and reach PLHIV, ensuring that their essential needs are met particularly in UNAIDS Fast-Track countries and high-burden contexts

Food security and equitable access to healthy and nutritious food for PLHIV in humanitarian settings

Ending malnutrition in all its forms

Contribute to reduced HIV transmission rates, mitigate discrimination, and minimize AIDS-related fatalities (UNAIDS)

WFP's social protection and livelihood programmes actively integrate and target vulnerable PLHIV

Improved livelihood and long-term resilience to shocks and stressors for HIV-affected households

Improved nutrition resilience and improved human capital



WFP's processes, such as – targeting, assessments, M&E systems are enhanced to reflect situations and data for PLHIV

WFP's staffing capacity is strengthened to optimize inclusion and integration of PLHIV

Government systems and workforce as well as local actors, civil societies and peer led networks are enhanced to ensure PLHIV are integrated within WFP, humanitarian and government programmes and systems



Target group

Food insecure and malnourished PLHIV and HIV-affected households



Partnerships



Resource mobilization



Research, evidence generation and knowledge management

PHOTO CREDITS

Cover page: WFP/Michael Tewelde

Page iii: WFP/Badre Bahaji

Page v: WFP/Vincent Tremeau

Page 1: WFP/Utaama Mahamud

Page 4: WFP/Luise Shikongo

Page 5: WFP/Denise Colletta

Page 7: WFP/Denise Colletta

Page 11: WFP/Immanuel Photography

Page 12: WFP/Badre Bahaji

Page 13: WFP/Denise Colletta

World Food Programme

Via Cesare Giulio Viola 68/70,
00148 Rome, Italy - T +39 06 65131

wfp.org