



World Food
Programme

SAVING
LIVES
CHANGING
LIVES

WFP HIV in Numbers 2024

An overview of WFP HIV/AIDS and tuberculosis programming

August 2025

Introduction

Despite decades of global efforts, HIV remains a critical health challenge, with **39.9** million people living with HIV (PLHIV) by the end of 2023, including **1.3** newly infected individuals and **630,000** AIDS-related deaths¹. Food insecurity and malnutrition heighten

HIV vulnerability and disrupt treatment adherence, while PLHIV face income loss and deeper instability. Ongoing humanitarian crises in 2024, driven by conflict, climate shocks, and economic instability worsened risks, particularly for women and adolescent girls, underscoring the urgent need for integrated responses that address health, nutrition, and protection.

In response, WFP directly supported 113,877 (60% female) PLHIV and tuberculosis and their households in 2024 to meet their nutrition needs and strengthen their resilience including over 10,000 refugees and IDPs. Assistance was delivered through food and cash transfers, capacity strengthening, and social protection programmes across 32 countries, including nine corporate emergency contexts.

Activities ranged from malnutrition prevention and treatment to livelihood support, social and behaviour change communication, and targeted nutrition programming. In addition to direct assistance, WFP provided technical support, contributing to national level social protection policy development, systems strengthening, and evidence generation to ensure long-term, inclusive HIV responses.

Furthermore, WFP integrated TB commodities into its Global Fund supply-chain services, providing health commodities in 7 countries², across 2,851 delivery points worth US \$41.3 million.

A new global strategy

The 2023 evaluation of the 2010 HIV and AIDS policy noted that HIV continues to be a critical area for WFP, given its focus on inclusion and the geographic confluence of humanitarian crises, acute food insecurity, malnutrition and HIV. Following the evaluation, WFP launched a new global strategy, **Feeding Health, the last mile on HIV - WFP's global strategy 2025 - 2030**³, which integrates HIV into both humanitarian and resilience-building efforts, focusing on emergency preparedness and social protection.

With a three-tiered approach, it prioritises interventions for Fast-Track countries and high-risk regions, ensuring support for PLHIV; UNAIDS Fast-Track⁴ countries with recurrent crises (Tier 1) are prioritized for urgent HIV interventions, including food and nutrition support. In Fast-Track countries without ongoing emergencies (Tier 2), WFP focuses on HIV-sensitive social protection, while in non-Fast-Track countries (Tier 3), it supports HIV-sensitive activities and strengthens national systems.

This strategy strengthens resilience and leverages WFP's global presence to drive policy change and improve service delivery for the most vulnerable.

¹ UNAIDS, 2024. [Global HIV & AIDS Statistics – Fact Sheet](#)

² Angola, Cameroon, Central African Republic, Chad, Liberia, Mali, and Mozambique

³ <https://www.wfp.org/publications/feeding-health-last-mile-hiv-wfps-global-strategy-2025-2030>

⁴ UNAIDS, 2014. [Fast-Track Strategy to end the AIDS epidemic by 2030](#)

2024 Operations Overview



113,877

People reached with
nutrition-related HIV
services



60%

of people reached are
female



120K residents



7K refugees



4K internally
displaced



0.5K returnees



32 countries

reached with nutrition-
related HIV services,
including **9** corporate
emergency countries



US\$1.3million

In CBT transferred



2.4K MT

of food distributed



46%

Of ongoing country strategic
plans integrate HIV



24.5K

people reached with CBT



84K

people reached through
food distributions



5.3K

people reached through
capacity-strengthening

Tier 1:

Myanmar, Chad, Mali, DRC,
Malawi, Zimbabwe, Kenya,
South Sudan, Ethiopia,

Tier 2:

Cameroon, Cote d'Ivoire,
Ghana, Eswatini, Namibia,
Tanzania, Uganda

Tier 3:

Burkina Faso, Central Africa
Republic, Gambia, Guinea,
Guinea-Bissau, Niger, Senegal,
Madagascar, Congo, Burundi,
Djibouti, Rwanda, Somalia,
Colombia, Dominican Republic,
Guatemala

2025 and beyond

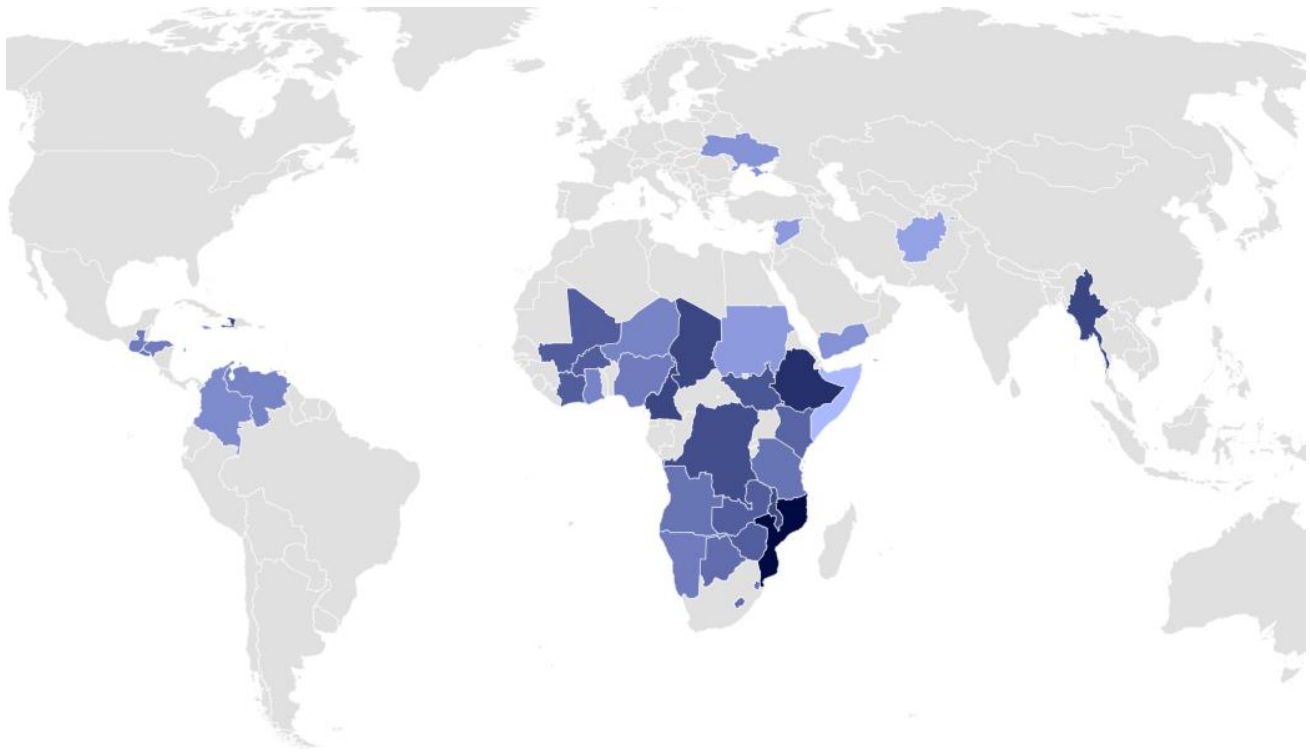
In line with the new global HIV strategy and funding realities requiring resource reprioritization, WFP has developed a priority matrix. It is built on country HIV burden, UNAIDS Fast-Track status, malnutrition risk, humanitarian response plan footprint, and ART/PMTCT coverage to guide scarce resources toward countries with the greatest need.

Amid persistent funding shortfalls, this scoring-driven approach ensures that Country Offices

concentrate on forging strategic partnerships, delivering targeted technical assistance, strengthening capacities, and directly implementing integrated nutrition-HIV interventions within broader humanitarian, social protection, and policy frameworks for sustainable impact.

The map in figure 1 illustrates the most critical contexts that require HIV-related support, capacity and expertise – the darker the shade of blue, the more significant the public health burden and needs related to HIV.

Figure 1 Most critical contexts requiring HIV-related support, capacity and expertise



Country examples

In 2024, WFP provided comprehensive support to PLHIV, combining direct assistance with strategic integration efforts.

These initiatives not only addressed immediate food security & nutritional needs but also contributed to long-term systemic change, empowering communities to improve their livelihoods and supporting the inclusion of PLHIV in national health and social protection strategies.

The country examples showcased in this report, spanning humanitarian emergencies, social protection integration, and system-strengthening, demonstrate how WFP is delivering on the strategy's three-tiered model, prioritising context-specific interventions that strengthen resilience, improve health outcomes, and ensure no one is left behind

The examples are drawn from ESARO, WACARO & LACRO regional offices, formerly known as Regional Bureaux of Johannesburg, Nairobi, Dakar and Panama, respectively⁵.

DEMOCRATIC REPUBLIC OF CONGO

Tier 1

In 2024, WFP's work in the DRC highlighted the need for prioritization of HIV integration in UNAIDS Fast-Track countries facing recurrent crisis. WFP strengthened institutional support for PLHIV by developing and disseminating a national nutritious recipe guide, which was field-tested and rolled out in Mbandaka and Matadi to promote healthy diets using local foods.

The integration of HIV into provincial humanitarian response plans in Central Kasai and South Kivu, alongside joint HIV surveys with UNHCR in North Kivu and Ituri IDP camps, identified 279 PLHIV across 327 households, with 81% receiving food assistance. This initiative supported advocacy efforts to scale up general food distributions. Additionally, direct nutritional support reached 15,170 malnourished PLHIV on ARVs and 9,566 TB patients on DOTS in North Kivu and Tanganyika, achieving 100% cure rates with no dropouts or fatalities.

In conflict-affected Bukavu, WFP also provided food assistance to 214 women and girls who survived sexual violence, addressing both nutritional and protection needs through local partner CADERSA. These efforts underscore WFP's commitment to addressing the complex intersection of HIV, food insecurity, and humanitarian emergencies in high-need regions.

⁵ [Renaming of WFP's Regional Bureaux to Regional Offices and Updated Nomenclature](#)

MADAGASCAR

Tier 3

WFP Madagascar focused on generating evidence and supporting government-led policy integration of PLHIV into national systems amid limited funding for direct support.

Guided by a vulnerability survey and the new CSP, WFP worked with the STI/HIV National Program to register PLHIV in the national social register, strengthen institutional and community capacity, and pilot income-generating activities in the southern regions.

WFP's technical assistance contributed to the inclusion of HIV-affected populations in the newly adopted national social protection strategy, with a plan to support its rollout from 2025.



MALAWI

Tier 2

In 2024, WFP Malawi supported a food and nutrition security assessment for PLHIV and TB clients, which indicated a deterioration in food security and nutrition.

The assessment showed that food insecurity among PLHIV stood at 46 percent overall, with Chikwawa District being the most affected, where food insecurity among PLHIV and TB groups reached 67 percent, compared to the 2024 national Integrated Food Security Phase Classification (IPC) estimate of 45 percent.

The minimum diet diversity score for PLHIV/TB had also dropped to 69 percent, down from 89 percent in 2019. Moreover, moderate acute malnutrition in individuals aged 15 and above was recorded at 21 percent, compared to 17 percent in 2019, while wasting among children aged 6-59 months living with HIV was at 19 percent.

These findings guided the design of a targeted Nutrition and HIV project in Chikwawa, benefiting 2,400 individuals—including 703 PLHIV—through nutrition, enhanced livelihoods, and financial literacy training, alongside agricultural products support. As a result, 84% of participants improved their diet and livelihood practices.

The evidence also informed broader integration efforts, contributing to the national UN HIV joint workplan, guiding 2025 nutrition treatment support in four districts, and influencing future programme expansion and innovation, including a solar dryer prototype for food preservation.

KENYA

Tier 2

In partnership with National AIDS and STIs Control Program and the Ministry of Health, WFP led the revision of national nutrition guidelines, treatment protocols, and reference charts for HIV and TB, in line with the National AIDS Strategic Plan.

Through technical workshops, WFP contributed to the updated Kenya Nutrition Action Plan and the finalisation of the Nutrition & HIV operational manual and toolkit, playing an instrumental role in ensuring that the normative space supporting the institutional HIV service provision adequately accounts for food security and nutrition considerations.

Complementing policy efforts, WFP provided direct support through SNF to 2,218 malnourished PLHIV and TB clients in refugee camps and host communities.



SOUTH SUDAN

Tier 1

In 2024, WFP South Sudan advanced its support to PLHIV through an integrated approach that combined skills-building, nutrition, and strengthening livelihoods.

Building on previous training, PLHIV association members produced over 500 bags of groundnuts and saved 600,000 SSP (US\$1,323.15) to establish a revolving fund, enhancing food security, income generation, and treatment adherence. This collective model not only strengthens economic and food security within HIV-affected communities but also fosters social cohesion, reduces stigma, and enhances community-led development.

WFP and the South Sudan AIDS Commission also conducted a Food Security, Nutrition and Socio-Economic Vulnerability Assessment across three high-burden states, revealing that 38% of PLHIV were undernourished and 65% of HIV-affected households had poor food consumption.

These findings informed the Institutional Feeding Programme (IFP), which reached 21,000 PLHIV, TB, and kala-azar patients and supported 19,000 caregivers to improve nutritional recovery and adherence. Additionally, 48 PLHIV were trained in breadmaking under UBRAF funding, generating income and reinvesting in the business to boost their livelihoods.

CAMEROON

Tier 2

In 2024, WFP Cameroon supported the national HIV response across three key result areas—HIV treatment, integration and social protection, and humanitarian settings and pandemics despite a scale-down in direct assistance due to resource constraints.

Under HIV treatment, WFP provided Nutrition Assessment, Counselling, and Support (NACS) to 756 malnourished PLHIV on ART in Adamawa, achieving a 92% recovery rate. Complementary nutrition education and culinary demonstrations reached over 1,000 PLHIV, while viral suppression was confirmed in 83% of a 300-person sample.

To support integration and social protection, WFP partnered with national ministries and used UBRAF funds to establish eight new VSLAs, train 55 PLHIV on agriculture and small business skills, and distribute starter kits. These groups produced 82 MT of food and raised 770 animals, generating over USD 30,000 in income, which helped pay for healthcare, school fees for 800 children, and land expansion. In humanitarian settings, over 2,000 HIV-affected households received either food or cash assistance, while post-distribution monitoring showed improved dietary diversity among women and children.

These interventions helped reduce vulnerability, improve health outcomes, and strengthen resilience among PLHIV in both stable and crisis-affected areas.



BURUNDI

Tier 3

In 2024, WFP Burundi's work exemplifies the approach outlined for Context 3 countries, where HIV-sensitive programming is integrated to support PLHIV at risk of being left behind.

As part of its first Country Strategic Plan (2024-2027), WFP aligned closely with the national HIV response, focusing on nutrition-sensitive programming. WFP played a key role in shaping the Joint UN Support Programme on HIV, supported research on HIV financing through the Research on HIV/AIDS-Related Resource Flows and Expenditure Survey (REDES), and advocated for increased domestic resource mobilization following the National Dialogue on Health Financing.

WFP's initiatives, such as supporting Village Savings and Loan Associations and climate-smart hydroponic greenhouses, directly addressed the food and income needs of women living with HIV.

These efforts, coupled with advocacy for resource mobilization and policy integration, strengthened Burundi's national HIV systems and improved both health and economic outcomes for PLHIV, reflecting the new strategy's commitment to reducing stigma and strengthening local ownership even in non-Fast-Track countries.

SENEGAL

Tier 3

In 2024, WFP Senegal provided HIV-sensitive social protection in Kolda through cash-based transfers, supporting 100 people living with HIV, 78% of whom were women, with XOF 50,000 (USD 78) each, thanks to UBRAF funding.

This support enabled beneficiaries to access nutritious food, enroll in health insurance schemes, and adhere to medical appointments, with 80% joining a health mutual and 99% maintaining access to ART.

The intervention directly addressed gender inequalities by prioritizing women, who are disproportionately affected by HIV in the region, and helped reduce both health vulnerabilities and social stigma.

WFP also strengthened national systems by training 10 head nurses and mediators on the nutrition-HIV link, data collection tools, and reporting practices, contributing to the integration of nutrition into HIV care at health posts.

Looking ahead, WFP emphasized the need for stronger collaboration with partner agencies and called for a quantitative study to better inform the inclusion of PLHIV in national social protection strategies.



HAITI

Tier 1

In 2024, WFP Haiti advanced its support to people living with HIV (PLHIV) by strengthening community-led responses and promoting integration into social protection systems. In collaboration with 28 community-based organizations,

WFP organized a roundtable and workshop in Port-au-Prince to increase understanding of the National Social Protection and Promotion Policy (PNPPS) and equip PLHIV representatives with tools to advocate for their rights and communicate effectively with grassroots communities. This initiative, expanding to Grande Anse, fosters ownership of social policies and supports upstream advocacy to influence national decision-making. Under integration and social protection,

WFP led the technical revision of Haiti's National Guidelines for Food and Nutritional Care and Support of PLHIV, in coordination with the Ministry of Health and UNAIDS, reinforcing the integration of nutrition into HIV care and strengthening national capacities for multi-sectoral programming.

MALI

Tier 1

WFP strengthened the capacities of its stakeholders by organizing 3 training sessions for 35 health agents in the Fana district, 35 agents in the Dioila district and 32 agents in the Koulikoro district. These were community agents, psychosocial counsellors on nutritional monitoring and the feeding guide for PLWHA.

Two follow-ups/supervisions of field activities were carried out, enabling post-training actions to be initiated, and encouraging agents to apply the themes learned during training, notably screening, nutritional monitoring during treatment, and support and advice on nutrition for PLHIV.

This capacity-building has enabled agents to update their knowledge and encouraged them to mobilize and raise awareness of the need for screening. The associations in Bamako, Fana, Diola and Koulikoro were able to organize 12 awareness-raising and demonstration sessions, with around 150 participants per session.

WFP also directly supported 7,816 beneficiaries, including PLHIV and tuberculosis patients, through food vouchers. This initiative, funded by UBRAF and private donors like Latter Days Saints, aimed to meet nutritional needs and reduce treatment dropouts while strengthening the capacity of health associations to address food insecurity.

Photo Credits:

Cover page: WFP/Kibuuka Mukisa

Page 5: WFP/Badre Bahaji

Page 6: WFP/Denise Colleta

Page 7: WFP/ Richard Mbouet

Page 8: WFP/Vincent Tremeau

World Food Programme

Via Cesare Giulio Viola 68/70,
00148 Rome, Italy –
nutrition@wfp.org

wfp.org/nutrition

