

Linking Nutritional Support with Treatment of People Living with HIV

Lessons being Learned in Kenya

Elizabeth Byron, Stuart Gillespie, and Mabel Nangami^a

While clinical care providers, program managers and other stakeholders increasingly recognize the critical importance of nutrition for the treatment of HIV and AIDS, interventions that link nutritional support to treatment are relatively new. The Academic Model for Prevention and Treatment of HIV/AIDS (AMPATH) initiated one such intervention in 2002 in western Kenya with a large scale-expansion currently underway with the support of World Food Programme commodity donations, and fresh foods grown on AMPATH production farms. The intervention is designed to bolster nutrition security of the most vulnerable patients on antiretroviral regimens over a short period of time by providing supplemental household food rations. As with other forms of food aid, issues of enrollment criteria, targeting efficiency, and transitioning off support pose challenges to program design and implementation.

Increased caloric requirements for HIV-positive individuals, undesirable side effects of treatment that may be worsened by malnutrition (but potentially alleviated by nutritional support), and the consequent threats of declines in adherence and increased drug resistance, are all justifications for developing more and better nutrition interventions for individuals on ARV treatment. Such urgency applies to any context where malnutrition and high or rising HIV prevalence coexist.

Using data collected by qualitative research methods, we analyze observations and perspectives from patients and other key stakeholders on the impact of AMPATH's nutrition intervention, identify constraints facing program implementers and beneficiaries, and highlight some of the future challenges. This study contributes empirical data to the growing evidence base on the interactions between nutrition and ARV treatment that is essential for moving forward with the provision of comprehensive treatments, linked as appropriate to targeted nutrition interventions, and underpinned by enabling policy.

Qualitative data were collected from 18 interviews with key informants, 9 focus group discussions, and 79 in-depth interviews with patients from the first rural site in the AMPATH treatment network located in North Rift Valley Province of Kenya. The sample included patients with experience in the food supplementation program as well as those who initiated ARV treatment at a similar time, but were not eligible for food supplementation.

Key Findings

Experiences from AMPATH's nutrition intervention provide practical lessons for modifying program delivery as well as for informing the future development of similar initiatives to effectively link nutrition support to treatment and care for people living with HIV and AIDS.

The nutrition intervention provides an important source of food support to the most vulnerable patients receiving treatment through AMPATH, with the supplemental food contributing to increased dietary diversity and quantity for patients and their households. On the whole, supplemental foods are reaching the intended beneficiaries. Collected foods are shared among the household members with some preferential allocation to the HIV-positive individual.

Patients that enrolled in program while already on ARV treatment self-report greater adherence to their medication, fewer food-related side effects, and a greater ability to satisfy increased appetites. The majority of current and former food program clients self-report health outcomes of weight gain, recovery of physical the food strength, and the resumption of labor activities while enrolled in supplementation program and on ARV treatment.

The main opportunity costs of participation in the program relate to transport and stigma associated with food collection. Determining program eligibility can be difficult for cases that fall near enrollment guideline cut-offs. Limited human resources to verify the borderline candidates may impact targeting efficiency. Many households become seasonally vulnerable to food insecurity during the dry season and may require seasonal food supplementation despite adequate access to food during harvest and immediate pre-harvest seasons.

Weaning or transitioning clients off food supplementation is the major programmatic challenge facing this and similar nutrition interventions—especially given its critical importance in sustaining nutritional, health and productivity gains. Because constraints to meeting nutritional needs persist even after a degree of physical recovery, weaning should ideally occur when secure strategies for meeting food needs are in place—either through a patient's return to productive activities or their household's generation of food and/or income. The current six-month period of supplementation is too short for many patients to recover sufficiently and make long-term plans for food security. Programmers, clinical care providers, and researchers need to collaborate

^a Elizabeth Byron and Stuart Gillespie, International Food Policy Research Institute/RENEWAL; Mabel Nangami, Moi University, School of Public Health.

in determining what constitutes an appropriate duration of food supplementation for patients on ARV treatment. These guidelines then need to be translated to donors to ensure appropriate timelines for supplying food resources.

Meeting long-term objectives requires regular monitoring of patient nutritional status and their ability to meet their nutritional needs. Anthropometric and clinical indicators should be coupled with assessments of a patient's ability to meet their nutritional needs post-intervention when determining suitable time frames for ending supplementation.

The growing global interest in linking nutrition care to ARV treatment must not overlook the parallel need for long-term strategies to ensure nutrition security. In resource-poor settings, a high proportion of people living with HIV will be chronically food-insecure. Others will face seasonal fluctuations in their food security, with implications for food assistance, possibly requiring upward adjustments and re-targeting during the dry season.

Stigma associated with collecting food from program distribution sites appears to fade with time. However, in seeking to "do no harm," such programs should in future consider removing the labels on any of the supplemental foods with AIDS-identifying messages, even when intended for educational purposes.

Clearly all malnourished individuals, HIV-positive or not, are in need of improved nutrition through whatever means are appropriate and feasible. We now know of the critical importance of good nutritional status at the time of initiation of ARV therapy. For those who are living with HIV, knowing that energy requirements increase even in asymptomatic individuals, the question of when nutrition interventions should be initiated emerges. The universal provision of nutrition counseling to all people living with HIV is one measure to address these needs. But more may be needed. This is a critical area for further research.



INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE • 2033 K Street NW • Washington, DC 20006-1002 USA
T 1-202-862-5638 • Skype ID: ifprihomeoffice • F 1-202-467-4439 • E s.drimie@cgiar.org • www.ifpri.org/renewal

About RENEWAL

Facilitated by the International Food Policy Research Institute, RENEWAL is a regional "network-of-networks" in Sub-Saharan Africa. Currently active in five "hub" countries (Malawi, Uganda, Zambia, South Africa, and Kenya), RENEWAL comprises national networks of food and nutrition-relevant organizations (public, private, and nongovernmental) together with partners in AIDS and public health research. RENEWAL aims to enhance understanding of the worsening interactions between HIV, food security, and nutrition, and facilitate a comprehensive response to these interactions. RENEWAL is grateful for support, at present, from Irish Aid, the Swedish International Development Cooperation Agency (SIDA), the International Development Research Centre (IDRC, Canada), and the United States Agency for International Development (USAID).

Note: This brief is based on a RENEWAL working paper containing preliminary material and research results. These papers have not been subject to formal external reviews managed by IFPRI's Publications Review Committee, but have been reviewed by at least one internal or external researcher. They are circulated in order to stimulate discussion and critical comment.

Copyright © 2008 International Food Policy Research Institute. All rights reserved. Sections of this material may be reproduced for personal and not-for-profit use without the express written permission of but with acknowledgment to IFPRI. To obtain permission to reprint, contact the Communications Division at ifpri-copyright@cgiar.org.