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# Terms of Reference (ToR) for USAID/PEPFAR Food and Nutrition Partners TWG in Ethiopia

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## Background

Malnutrition and HIV/AIDS exacerbate one another. People living with HIV (PLHIV) have an increased risk of undernutrition because of reduced food intake, reduced nutrient absorption, and reduced nutrient utilization. Malnutrition contributes to immune system impairment, making the body vulnerable to frequent illness and increasing its energy and nutrient demand, thereby accelerating disease progression. Because poor nutrition increases susceptibility to opportunistic infections in PLHIV, it may speed up the progression from HIV to AIDS.

Thus, nutrition interventions can help break this vicious cycle by improving immune response, symptom management, treatment effectiveness, nutrition status, quality of life, and productivity of PLHIV.

In recognition of the vicious cycle that exists between HIV and malnutrition, the Government of Ethiopia considers nutrition to be considered an essential component of HIV care and commissioned the 2008 clinical nutrition care guidelines for clinical care and treatment of HIV/AIDS. Concurrently, USAID initiated the Food by Prescription (FBP) program to provide nutrition assessment, counseling, and support (NACS) services to health institutions providing ART services in seven regions. By 2015, FBP will have phased out its support and activities will be managed by the respective Regional Health Bureaus. The same intervention under the name Nutrition Assessment Counseling and Support (NACS) for PLHIV was scaled up by WFP in 2011/12 to the remaining four regions in the country through the financial assistance of USAID/PEPFAR.

## Rationale

There are as yet no internationally agreed upon standards for the formulation of nutritious food products, dosage, or treatment duration for the treatment of severely and moderately malnourished adults living with HIV/AIDS. However, different guidelines and protocols have been put in place in various countries to address the undernutrition in PLHIV.

In Ethiopia specifically, different protocols are in place for the treatment of severely malnourished PLHIV. The lack of standard treatment protocols and harmonized operational guidelines for the treatment of malnutrition in PLHIV at health facility and community levels has significant impact on optimization of cost-effectiveness, supply chain management, and potentially patient outcomes.

Similarly, a variety of commodities exist for the treatment of moderate acute malnutrition (MAM), though little research exists on which commodity is optimal for PLHIV with MAM. Therefore, the commodities identified for the treatment of MAM should have the most appropriate nutrient and energy density to meet the supplementary food requirement of all moderately malnourished PLHIV. This demands for collecting existing evidences and undertaking further operational research as well as controlled trials so as to set contextual operational standards and treatment protocols.

Thus, in recognition of the need for building on existing evidence to issue better standards of treatment protocol for the clinical nutrition care of PLHIV a USAID/PEPFAR food and nutrition partners technical working group (TWG) was established.

## Objectives of the TWG

- Propose a standard protocol for the management of SAM in PLHIV based on existing evidence, including recommendations for standardized dosages and treatment duration
- Propose a standard protocol for the management of MAM in PLHIV based on existing evidence, including recommendations for standardized dosages and treatment duration
- Propose the most biologically appropriate and cost effective supplementary food(s) to be used for MAM

### **Detail Scope of Work:**

- Determine the exact treatment dosage of RUTF for the management of SAM in children and adults living with HIV
- Determine the exact treatment dosage and duration of RUSF/FBF for the management of MAM in children and adults living with HIV
- Determine the exact treatment dosage of RUTF and RUSF/FBF
- Recommend the optimal duration of treatment for SAM and MAM cases of PLHIV
- Analyze the cost implication of changes in dosage and duration of treatment
- Analyze the operational feasibility of shifting from RUSF to FBF including management of PFSA.
- Harmonize and standardize national guidelines and protocols based on the recommendations of the TWG

### **Deliverables**

At the end of the exercise, the TWG will provide:

1. A consensus document including recommendations on:
  - a. The most appropriate dosing of RUTF for adult PLHIV with SAM, including treatment duration.
  - b. The most appropriate and cost effective nutritious food products (RUSF vs FBF) for adult PLHIV with MAM, including recommended formulation, dosage, and treatment duration.
  - c. Recommend an optimal commodity management strategy
2. Recommendations for harmonized treatment protocols for SAM and MAM cases of PLHIV, including treatment dosage and duration.

### **Members of the TWG**

- FANTA – Chair
- WFP – Member
- USAID/Care and Support Team –Member
- USAID/HSS Team – Member
- USAID/FTF Team - Member
- MSH/SCMS
- CDC/DELIVER

### **Meeting schedule**

The TWG will meet monthly starting in November 2014 through September 2015. A final presentation of findings will be provided in September 2015 to the PEPFAR Family Care and Support Technical Working Group.