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Abbreviations and acronyms

AEE	Activity-related energy expenditure
AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral treatment
CD4	Main targets cells for HIV. Their number decreases during HIV infection
FAO	Food and Agriculture Organization of the United Nations
HIV	Human immunodeficiency virus
IAEA	International Atomic Energy Agency
IU	International units
PLWHA	People living with HIV/AIDS
RDA	Recommended daily allowance
REE	Resting energy expenditure
TAG	WHO Technical Advisory Group on Nutrition and HIV/AIDS
TEE	Total energy expenditure
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization

Introduction

The objectives of WHO's first technical consultation on Nutrient Requirements for People Living with HIV/AIDS (PLWHA) (Geneva, 13-15 May 2003) were:

- to review the relationship between nutrition and HIV/AIDS infection;
- to review the scientific evidence on the role of nutrition in HIV transmission, disease progression, and morbidity;
- to review recommendations related to nutritional requirements for PLWHA;
- to identify research priorities to support improved policies and programmes.

The consultation included members of the WHO Technical Advisory Group on Nutrition and HIV/AIDS¹ and 20 experts from a variety of disciplines and agencies, including universities, governmental and nongovernmental organizations, training institutions in countries highly affected by the HIV epidemic, and organizations of the United Nations system with food, nutrition and HIV programmes (see Annex A for list of participants).

To facilitate the discussions at the meeting, five background papers were prepared:

- the effects of HIV/AIDS on energy metabolism ;
- micronutrients and HIV infection, current knowledge, methodological issues and research priorities;
- micronutrients and HIV-1 disease progression among adults and children;
- nutrition considerations in the use of antiretroviral drugs in resource-limited settings;
- the role of nutrition interventions in the prevention of HIV infection and progression of HIV/AIDS.

¹ WHO has established the Technical Advisory Group on Nutrition and HIV/AIDS as the principal international technical body responsible for making recommendations to the Director-General of WHO for appropriate action in national and international settings.

Key issues relating to nutrition and HIV/AIDS were presented and discussed in plenary (see Annex B for agenda of the meeting) based on three technical themes:

- ◇ nutrition, infection and HIV/AIDS;
- ◇ nutritional disorders in HIV infection and their implications for establishing dietary guidelines and recommendations;
- ◇ nutrition interventions and HIV.

On this basis, working groups sought to achieve consensus on macronutrient and micronutrient requirements for both asymptomatic and symptomatic PLWHA in the light of the following questions:

- What is the scientific evidence to support nutrition's role in disease prevention, and in the care and treatment of PLWHA, and is the evidence sufficient to formulate recommendations?
- What approaches can be effective in improving the health, nutrition and related outcomes in PLWHA?
- What are the critical gaps in knowledge?
- What additional research is needed?

Within this perspective, the needs of four target groups were considered:

- pregnant and lactating HIV-infected women;
- adolescents and other adults living with HIV;
- HIV-infected infants and children;
- HIV-exposed infants and children born to HIV-positive mothers.

Participants formulated conclusions and recommendations, which were further reviewed, consolidated and refined by the members of the WHO Technical Advisory Group (TAG).

Conclusions and recommendations

- Adequate nutrition, which is best achieved through consumption of a balanced healthy diet, is vital for health and survival for all individuals regardless of HIV status.

The HIV/AIDS epidemic has had a devastating impact on health, nutrition, food security and overall socioeconomic development in countries that have been greatly affected by the disease. There is an urgent need for renewed focus on and use of resources for nutrition as a fundamental part of the comprehensive packages of care at the country level.

Action and investment to improve the nutrition of PLWHA should be based on sound scientific evidence, local resources, and programmatic and clinical experience with the prevention, treatment, and management of the disease and related infections. Although there are gaps in scientific knowledge, much can and should be done to improve the health, nutrition and quality of care for PLWHA and their families and communities.

The HIV/AIDS epidemic is occurring in populations where malnutrition is already endemic. As an urgent priority, greater political, financial and technical support should be provided for improving dietary quality and increasing dietary intake to recommended levels. In addition, focused evidence-based nutrition interventions should be part of all national AIDS control and treatment programmes.

Nutrition counselling, care and support interventions for PLWHA will vary according to nutritional status and the extent of disease progression (recommendations for specific nutrient requirements are given below). HIV-related infections, such as tuberculosis and diarrhoea, not only have nutritional status as a significant determinant of their incidence and severity, but they also have severe nutritional consequences that commonly precipitate appetite loss, weight loss and wasting. Prompt diagnosis and treatment of these conditions, including use of antiretroviral treatment (ART) when indicated, can contribute to improved nutrition and health. Improved understanding of nutrition-drug interactions is needed to inform HIV/AIDS treatment programmes.

Macronutrients

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