The Link Between HIV and AIDS and Food Insecurity: Exploring the Evidence

Report of workshop proceedings prepared by Karen Proudlock¹

25th May 2007

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Executive Summary

CARE International, Concern Worldwide and ODI convened one in a series of meetings over the last two years to address food and nutrition security in relation to HIV and AIDS. These meetings have served to raise awareness of the links between food and nutrition security and HIV and AIDS, and to provide recommendations of ways to integrate the vital role of food and nutrition security in prevention, treatment and care and impact mitigation.

The objective of the May 25th 2007 workshop was to allow researchers, policy experts and field practitioners to discuss case studies from Africa and the latest review of research on the issue in order to agree on recommendations for action to promote better integration of policy and programming in these areas. All presentations are available at www.odi.org.uk/pppg/poverty_and_inequality/Events/2007_Food_HIV_AIDS/index.html.

There is increasing recognition of the important links between food security, good nutrition and HIV& AIDS, including the fact that good nutrition supports positive living by people with HIV who do not yet need antiretroviral therapy (ART), and that good nutrition is essential for people who are on ART. However, good nutrition is only possible when people have secure access to nutritious food. In addition, HIV&AIDS can undermine food and income security, and food and income insecurity can increase risk of HIV transmission, decrease resistance to opportunistic infection in HIV positive persons, undermine access and adherence to treatment, and exacerbate social and economic impacts of the disease.

The need for a comprehensive response to HIV& AIDS that includes attention to food and nutrition security fits squarely with the push to scale up to universal access by 2010. Achieving universal access to prevention, treatment, care and support is impossible without addressing these interactions. Food and nutrition support has its base in unanimously supported UN policies, beginning with the 2001 Declaration of Commitment and working to achieve the Millennium Development Goals by 2015.

To properly address these interactions, policy makers and practitioners must look at livelihood stability (including food security), for HIV negative and positive persons, and to continue to look at HIV&AIDS beyond a simple health perspective. Researchers and policy makers are continually learning more about food and nutrition support and interactions with HIV, especially in relation to care and treatment. Yet, there remains a critical need to improve communications and advocacy around these findings, and to expand the audience of this messaging in order to create demand for policy changes. All presentations pointed to the need to build civil society capacity and for policy makers to include the experiences of people living with and affected by HIV in the design and implementation of research and policy.

Analysis of integrated programming in Ethiopia, Malawi, and Rwanda points out some key challenges of food assistance, including the need to establish sustainable livelihoods before gradual scale down of food support; the difficulties of targeting the most vulnerable in the most appropriate way (i.e. using indicators identified by communities) rather than targeting by HIV status; and the challenges of addressing nutritional needs of HIV positive persons in a way that reflects growing knowledge of nutrient interactions and reduces rather than exacerbates stigma and discrimination. A presentation of recent findings from a DFID-commissioned review of evidence and gaps in this area sparked discussion of ways to use food in social protection policies. Are we thinking too narrowly when we debate food versus cash?

The workshop closed by asking participant groups to discuss key messages and next steps. The UK-focused group agreed to try to revive the UK Consortium working-group on food security, nutrition and HIV and AIDS; to identify members with technical expertise; and to contribute to DFID’s strategic review as one platform for raising attention around this issue.
The group working on the 2008 International AIDS Conference agreed to package case studies around this issue and identify high profile health professionals to support related messaging. The group working on universal access scale agreed to engage its networks in this issue around the 2008 UN review process; build the issue of food and nutrition security into national plans and national targets to universal access; and document experiences with the universal access processes for submission to the IAS conference in Mexico.

The workshop was held to spur achievement, and we sincerely hope that this group can work together to ensure that food and nutrition support strengthen the AIDS response globally.
1. Introduction

As understanding of the multidimensional nature of HIV epidemics improves, it is increasingly recognised that policy and programme interventions, whether focusing on prevention, treatment and care, or impact mitigation, must take into account the integral role of food and nutrition security. Against this background, and in association with CARE International and Concern Worldwide UK, the UK Overseas Development Institute hosted a workshop on HIV and AIDS and Food Security on the 25th May 2007.

The main objective of the workshop was to bring together researchers, policy experts and field practitioners, to share evidence of the links between HIV and AIDS, food security and nutrition, and to agree on recommendations for action to promote better integration of policy and programming in these areas. Discussions were enriched by plenary presentations and case studies from the field. These are attached as annexes.

This report summarises the key questions, messages and recommendations that emerged from plenary and working-group discussions and is divided into the following sections: Section 2 focuses on food security, nutrition, HIV and AIDS and the international policy environment. Section 3 explores lessons and experiences from the field. Section 4 summarises key messages emerging from a review of the evidence of the links between food security, nutrition, HIV and AIDS. Section 5 synthesises working-group discussions, in response to guiding questions, and highlights agreed points for future action.

2. Overview: HIV and AIDS, food security, nutrition and the international policy environment

2.1 Plenary presentations:

- Overview: Universal Access with food and nutrition security: A look at the international policy environment.
  Sara Simon, Policy and Advocacy Coordinator, Care International.
- Overview of the links between food security, nutrition, HIV and AIDS.

See PPT presentations attached as annexes.

2.2 Discussion: Key questions and messages

The facilitator began by drawing attention to the fact that while the UK Consortium on AIDS and International Development is extremely active, food and nutrition security do not currently have the profile that they should among existing UK advocacy networks.

From a policy perspective, where should civil society organisations concentrate their efforts and limited resources to have the greatest impact?

- It is difficult to say where Civil Society Organizations (CSOs) could have the greatest policy influence as there is currently very little demand around this issue; AIDS remains a health issue in the eyes of many policymakers and donors use budget support and the promotion of state-led service delivery as a way of shirking responsibility. It is therefore crucial that CSOs aim to influence national HIV&AIDS strategies and advocate the linking of Universal Access targets to food and nutrition targets at national level, forcing governments to monitor them.
The livelihoods of people affected by HIV and AIDS constitute the centre of gravity. Livelihood and food security are important issues, even without the added impact of HIV and AIDS.

A lot is now known about the importance of adequate nutrition for prevention. Less is known about the role of nutrition in relation to care and treatment. For example, we do not know enough about the interactions between AIDS, nutrition, and anti-retroviral therapy (ART). Clearly, resources need to be allocated right across prevention, care and treatment domains, but in the past, there has tended to be a greater focus on the role of food and nutrition in prevention and less on care and treatment.

Prevention must not be allowed to slip off the agenda. Food and nutrition security, as part of holistic prevention programming is crucial and deserves continued attention.

How can organisations with a communications focus collaborate with networks on AIDS, livelihoods and food security such as RENEWAL?²

Information and communication are crucial elements of RENEWAL’s work. The network practises ‘in-reach’ as well as ‘out-reach’, which means that stakeholders, including PLWHA, assist in identifying knowledge gaps and in setting the research agenda. As research findings are generated, they are fed back to stakeholders through outreach activities.

Existing policy processes must be interrogated and improved. Communications organisations seeking to collaborate should contact Stuart Gillespie and/or RENEWAL directly to discuss possibilities.

How does the current policy perspective encompass the needs of those affected by humanitarian disasters?

This remains a significant gap in existing policy discussion. Universal Access does not address the question of how to respond to humanitarian crises. The Inter-Agency Standing Committee (IASC) - the primary mechanism for inter-agency coordination of humanitarian assistance - has guidelines on emergencies which include food and nutrition issues, but how widely these are implemented is not fully understood or documented. Very few organisations have expertise on HIV&AIDS in emergency contexts. This in an area that deserves more attention³.

How does the framework apply to policies on HIV&AIDS in the workplace?

Workplace policy can be understood as one mechanism through which the UA framework can be implemented.

If regional RENEWAL networks aim to be self-governing by 2010, what will be the role of PLWHA in that process?

PLWHA have not been adequately involved in responses. This is partly due to institutional capacity issues on the government side, but there are also significant capacity issues within civil society organisations. The only way this will improve is through the inclusion of PLWHA.

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² RENEWAL is a growing regional ‘network of networks’ on AIDS, Livelihoods and Food security in sub-Saharan Africa, facilitated by the International Food Policy Research Institute (IFPRI).
³ ODI in conjunction with WFP and with support from UNHCR and UNAIDS, is about to initiate a study exploring HIV in emergency situations. The study will include a literature review and case studies in countries suffering from different kinds of emergencies.
3. Exploring the evidence: Experiences from the field

3.1 Plenary presentations:

- CARE’s experiences of mainstreaming HIV&AIDS into livelihood security programming. Sylvester M. Kalonge, CARE, Ethiopia.
- Nutrition support to people living with HIV&AIDS through Community Therapeutic Care (CTC). Stanley V. Mwase, Concern Worldwide, Malawi.

See PPT presentations attached as annexes.

3.2 Discussion: Key themes, questions and messages

**Sustainability:**

*How can programmes achieve sustainability? What effect does expansion and scale-up of programmes, such as the broadening of CTC coverage to include children from 6-11 yrs, have on sustainability? What can be done to secure long-term funding?*

- Broadening the Malawi CTC programme to include children of 6-11 yrs of age did not have a major impact on the sustainability of the project as the increase was not that large. However, Concern has attempted to integrate CTC with existing services within the communities in order to promote sustainability.
- The World Health Organisation, Irish Aid, the Scottish Executive and the European Union are among some of the donors who have committed to providing medium term support. Concern Worldwide UK has experienced considerable success so far in convincing national governments of the broad reaching benefits CTC programmes, but securing long-term funding remains a challenge.

**Targeting: Food Aid and other resources**

*Targeted food aid does not always reach the most vulnerable. Is there a case for linking general food distribution programmes, such as those run by the World Food Programme (WFP) and other UN agencies, with smaller-scale programmes such as CTC that may be in a better position to identify the most vulnerable groups? What is the nutritional perspective on the different types of food basket available for PLWHA? Should targeted programmes prioritise PLWHA over others in the community who may also be food insecure? How can we ensure that different types of intervention programmes are reaching the most vulnerable in different contexts, for example, that prevention programmes are reaching the most susceptible to infection, i.e. young girls?*

- There is increasing recognition of the need to link HIV&AIDS and food security programmes to general food distribution programmes. Food aid is often distributed through local nutrition and health centres. Organisations such as WFP should make efforts to strengthen these links.
- From a nutritional perspective, there is currently no difference between the kinds of food aid distributed to PLWHA and the rest of the population. Challenges related to targeting PLWHA include stigma and competition for food in resource-poor settings, as well as the fact that some PLWHA may be less vulnerable than other members of the community who are not infected with, or affected by, HIV and AIDS.
- Vulnerability and deprivation are what need to be targeted, rather than singling people out on the basis of their HIV status.
- We know that PLWHA have greater nutritional needs. There is no prescription for an HIV&AIDS specific food basket, but perhaps the quantity levels should be raised for PLWHA.
- Different organisations use different targeting approaches. CARE in Rwanda uses community-based, social analysis approaches that allow communities themselves to identify the most vulnerable, for example, older women heading households with many orphans. These are widely considered to be one of the best ways of reaching the most vulnerable. However, caution must be exercised as such approaches raise a number of technical and ethical issues in relation to cooption by elites, sustainability and difficulties in scaling up.
- Targeting procedures and target groups will inevitably vary depending on the nature of the intervention and on the type of vulnerability being targeted e.g. susceptibility to infection, or vulnerability to the downstream impacts of HIV&AIDS.

**Mainstreaming:**

- Comment: There is a crucial difference between so-called mainstreaming and integration of different policy and programming areas. Integration of HIV&AIDS and livelihoods/food security concepts and frameworks does not necessarily imply mainstreaming, which essentially implies the altering of power relations and the adoption of an HIV&AIDS lens in all aspects of livelihoods and food security work and vice versa. The presentations provide some inspiring examples of addressing the interactions between HIV&AIDS and nutrition, but the deeper mainstreaming issue is not fully explained.

**Geographic focus:**

Are there programmes linking food security, nutrition and HIV and AIDS in South and South-East Asia? Routes of transmission differ across regions. How does that affect best practice?

- KHANA (the Khmer HIV&AIDS NGO Alliance) have played a key role in scaling up the Cambodia home-based care programme, in partnership with the Cambodian government. This programme collaborated with WFP to provide food support to PLHA through home based care visits. An evaluation of the food component is available via the organisation’s website: www.khana.org.kh.

4. Linking HIV to Nutrition, Food Security and Livelihoods in Sub-Saharan Africa: Reviewing Evidence, responses and gaps

4.1 Plenary presentations:

- Exploring research evidence and reflecting on the gaps. Fiona Samuels, Research Fellow, ODI and Jerker Edstrom, Research Fellow, IDS.

See PPT presentation attached as an annex.
4.2 Discussion

Key themes, questions and messages:

**Targeting**

Should NGOs be targeting the poorest and most deprived, or those with HIV&AIDS? Should food security and HIV&AIDS programmes target households or individuals?

- Who NGOs target depends on their project objectives: reducing hunger, preventing the spread of HIV epidemic etc. It is up to individual organisations to make the links between their projects and vulnerable groups.
- Individuals are important in as much as they can be reached through households. It is not always possible to reach the most vulnerable through the household e.g. street children. Recent evidence from Zambia has shown that relationships and resource flows beyond the household are critical to understanding vulnerability to food insecurity, and that the household is an inadequate unit of analysis.4

**Globalisation of food systems**

In urban landscapes, and within the context of an increasingly ‘globalised’ food system, the combination of ‘Westernised’ diets and ART, among PLWHA, has been linked to increases in chronic diseases such as insulin resistance and premature death from myocardial infarction. Does this important issue form part of the research, policy and programming agenda relating to HIV&AIDS, food security and nutrition?

- This is an extremely interesting and important issue, as is the issue of what happens to diets in different crisis contexts such as drought and flooding, and how this relates to HIV and AIDS. It deserves more attention.
- It is also important to consider inequalities in terms of access to food, for example, between rural and urban areas. It is not possible to generalise about access to food.

**Social protection policy**

Social protection policies and programmes are often presented as a binary choice between cash or food: are we in danger of being too narrow?

- Perhaps a more sensible approach would be to analyse contextual constraints first, then decide on an appropriate response.
- Thinking beyond these limited interventions is required.

**Motivation for DFID Review and plans for dissemination**

What was the motivation for DFID commissioning this piece of work and how will it be used?

- The objective of the literature review from DFID Livelihoods Advisors’ perspective was to stimulate debate between livelihoods and health advisors, to arrive at some principles to help them navigate through discussions based on up-to-date evidence. Possible next steps may include a retreat for advisors to discuss findings from the review and the development of a DFID policy briefing on this topic.

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Some participants expressed concern at the internal focus of DFID’s commissioned research and lack of knowledge sharing. They felt that such a project could potentially benefit a much wider audience and should be more widely publicised and available. The document will be made available once DFID has reviewed and commented on it.

**Gaps in evidence:**

Evidence on the links between food and nutrition and prevention of Mother to Child Transmission (PMTCT) constitutes a gap in research, particularly with regard to breastfeeding. Risk of HIV transmission through breastfeeding depends on health and nutritional status of the mother. In resource poor areas, where replacement feeding may not be feasible, affordable and/or safe, exclusive breastfeeding and early cessation are recommended, but opportunities to prevent infections could be missed due to a lack of understanding about breastfeeding practices. Further confirmation of the protective effect of exclusive (as opposed to partial) breastfeeding is needed to strengthen existing policy.

5. **Group Work: How do we convert programme evidence/experiences into advocacy messages? What can we do together over the next two years?**

Participants were divided into three working-groups (UK NGOs, Mexico IAS International AIDS Conference 2008 and UN Universal Access), and all addressed the same set of three questions:

1. **What messages need to be developed, prioritised, and advocated for?**

2. **What can we do within our organisations to work with the issues at national and international level?**

3. **What useful partnerships and platforms already exist?**

4. **What needs to be formed?**

**UK NGOs**

**Key Messages**

- Policy and programming for prevention, treatment and care in a humanitarian or development contexts, must better address the interplay between food security, nutrition and HIV.
- The humanitarian perspective on nutrition, HIV and AIDS constitutes a policy/research gap.
- Cost-analyses should inform plans for scale-up.
- Clarification on targeting procedures is urgently required: which approach is appropriate for which type of intervention?
- Long-term (10+ years) funding cycles are needed to promote sustainability of programmes and have a real impact. This also applies in the context of fragile states and emergency/conflict situations.
What can be done – in our own organizations, nationally and internationally?

- UK NGOs could target advocacy efforts towards the Global Fund (through BOND and Concorde), which does not currently address nutrition and food security issues. A number of agencies repeating key messages through a UK Consortium working-group would be one way to approach the global fund.
- UK NGOs should think more strategically about influencing country offices or partners, who may be taking part in national policy processes/coordinating mechanisms.
- UK NGOs should have internal discussions to identify and realise opportunities for influence. For example, internal advocacy would be needed to champion the need for a Consortium working-group on HIV&AIDS, Food Security and Nutrition. Directors and managers would need to be convinced to allow individuals to participate, given demanding/competing work schedules.

Existing partnerships/platforms

- The UK Consortium on AIDS and International Development used to have a working-group dedicated to food and nutrition security, chaired by an emergency nutritionist, but this disbanded as members were deployed to the field. At present it exists only in name, however, the Consortium would be happy to support its revival.
- Revival of the Consortium working-group would facilitate the identification of other, existing platforms.
- Merlin and Action Against Hunger would support this group being reinvigorated. Other organisations also voiced their support.
- The group should try to include a broad range of policy and field experts in areas of nutrition, livelihoods and HIV&AIDS, as well as relevant academic institutions, e.g. Liverpool Institute and London School of Hygiene and Tropical Medicine.
- There already exists a sub-group within the UN Nutrition Group, which could potentially share information with the revived UK Consortium working-group.
- DFID are currently reviewing their HIV&AIDS strategy and have drawn up a list of 10 key questions to disseminate to partners and other CSOs so that they can input into the process. It might be an opportunity to bring the messages discussed today around nutrition and HIV to the fore. More information is available on the DFID and consortium websites. The consultation process will continue until August, after which the strategy will be written up and launched on World AIDS day.

Actions points:

| Action 1: UK NGOs to communicate with each other to potentially revive the UK Consortium working-group on Food security, nutrition and HIV and AIDS. |
| Action 2: UK NGOS to identify potential working-group members with relevant, technical expertise. |
| Action 3: UK NGOs to contribute to DFID strategic review, and urge others to do the same as it is a pivotal opportunity for NGOs to get their voices heard. |
Mexico 2008:

Key Messages

- Cannot ignore issues around livelihood, food and nutrition security in issues of HIV prevention, treatment and impact mitigation
- It is pointless to think about Universal Access to treatment, prevention and care without also taking into account food security issues and wider livelihood and vulnerability issues
- HIV&AIDS is not merely a health problem but cross cuts all sectors, this is not a new statement but we need to keep making it
- Evidence is now mounting of the importance of the interlinkages between HIV&AIDS and livelihood, food and nutrition security
- While a lot has already been accomplished, there remain significant barriers to the integration of health and livelihoods sectors.
- It is not just about giving food to PLWH but involves broader issues of vulnerability and livelihood.

What can be done – in our own organizations, nationally and internationally?

- Gather and package case studies from the field in the run up to the conference, especially those that demonstrate effective projects linking HIV and livelihoods sectors.
- Related to the above, package existing research evidence into user friendly outputs, easily accessible to a range of stakeholders
- Health focused organisations and those working with OVCs should be targeted, e.g. UNICEF, as they have a high profile and are effective in getting messages across
- Since, from prior experience at the Toronto conference and elsewhere, health professionals tend to consider issues around food security as not their concern, there is need to get on board some senior health professionals prior to the conference so as to encourage others from the health sector about the importance of this topic, and avoid preaching to the converted.
- Continue carrying out and developing projects to fill the evidence gaps
- Ensure that evidence is fed into relevant channels
- Create national level forums for sharing information and experiences.

Existing partnerships/platforms

- Revitalise the UK’s consortium working group on food security (see above) to develop above messages in time for Mexico conference
- Continue and develop further the existing collaboration between CARE, ODI and Concern (and IDS?) by, for e.g. preparing some joint outputs arising from the series of meetings held and documents produced over the past year which could be distributed during the Mexico conference
- Related to the above, discuss possibility of co-hosting with a range of NGO partners a satellite on food security and HIV, exploring also how can build on satellites held in Toronto, the learning from them, etc.
**Actions:**

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<th>Action 1:</th>
<th>Gather and package case studies and “stories” from the field in preparation for Mexico 2008</th>
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<td>Action 2:</td>
<td>Support revitalisation of UK’s consortium working group and prepare some consortium messages/statements for the conference</td>
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<tr>
<td>Action 3:</td>
<td>Identify and bring on board high profile health professionals (e.g. from UNICEF) to support messages around integration of HIV and livelihood, food and nutrition security</td>
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**UN Universal Access:**

**Key Messages**

First Iteration – at all levels (within our orgs, nationally, internationally):
- UA calls for a comprehensive approach to HIV and AIDS.
- The indicators and targets set at national and international level for UA will determine the allocation of resources and resource flows for HIV&AIDS-related interventions.
- UA is therefore important to communities, civil society, national governments.
- Because of this importance, it is imperative that civil society is involved in UA processes, and that the voices of, in particular, PLWHA are heard.

Second Iteration – at all levels:
- UA indicators and targets should include measures for food and nutrition security (Article 28).
- UA indicators and targets should include measures for the quality of services provided.

Third Iteration – primarily internationally with donor community and international bodies
- UA indicators and targets need to be part of the “3 Ones” campaign/process, with special attention to a single monitoring system.
- UA calls for a comprehensive approach to HIV and AIDS and therefore funding mechanisms must enable this comprehensive approach, which would require a significant shift in how many donor programmes and responses are currently conceptualised and financed (see points on Aid Architecture, below).
- Donors and international stakeholders (e.g. G8, AU, EU, Global Fund) need to develop and keep their funding and support commitments to a comprehensive approach that goes beyond a narrow focus on treatment.
- Capacity must be built at country level (not at consultant level) to effectively realise plans including adapting/developing more meaningful indicators & targets, monitoring and implementation. This includes both government and civil society (esp. networks of PLWHA) capacity.

Fourth Iteration – within/with the UN and its agencies and donors
- WFP/FAO: the implications for food aid/food rations.
- UNHCR/OCHA: the implications of UA for rapid onset disaster responses.
**What can be done – in our own organizations, nationally and internationally?**

Much is implied above. But also…

- “Educate” ourselves and our colleagues on the importance of UA and the process in countries in which we are working;
- Build or join networks and constituencies working on this issue to support indicator development, target setting, implementation, monitoring.
- Engage UNAIDS – at country, regional and international level – UNAIDS needs civil society support and welcomes engagement.
- Help build the links between UA target setting and national plans, and the PEPFAR re-authorisation process (for those with US interests).
- Encourage UK NGOs to add UA to their advocacy and networking work, especially with respect to DFID;
- Develop abstracts of a satellite session at the Mexico City Conference (2008) on civil society engagement in UA processes.
- Prepare for the 2008 indicator “review” process of consultation within countries.
- Consciously develop programmes that support a comprehensive vision of Universal Access, by gathering evidence on and tracking the links between food security, nutrition and HIV and AIDS. Use such programmes to inform the scale-up of Universal Access.
- Engage with the “Architecture of Aid” debate to ensure funding flows that enable more comprehensive/holistic programming and financial support that does not push projects into narrowly defined sectors.

**Existing partnerships/platforms**

- There are existing platforms/networks in many countries, e.g. Rwanda;
- Project Concern International and others are exploring the possibility of supporting national networks in Malawi and Mozambique to focus on the food/HIV link;
- The Advocacy Task Force (involves PCI, Concern, CARE, others) is a potential link between PEPFAR re-authorisation and UA – and needs voices from the South.

**Gaps**

- “Lead” organizations/structures in countries are not clear;
- Capacity at international level to coordinate, inform, aggregate data and keep people informed and involved.

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**Actions**

**Action 1:** Engage in civil society actions around the 2008 UA “review process” to culminate in a UN Special Session next June.

**Action 2:** Build links between UA target setting and national plans, in country but also in work with donors, such as DFID, PEPFAR re-authorisation process, and the Global Fund.

**Action 3:** Develop abstracts of a satellite session at the Mexico City Conference (2008) on civil society engagement in UA processes.