

**Report of the
Consultation on the WHO HIV/AIDS Strategy 2011-2015**

**Held during the 23rd meeting of the Policy Coordination Committee (PCC) of the
UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research
Training in Human Reproduction (HRP)
24 June 2010, 16:15-16:45
Executive Board Room, WHO
Geneva, Switzerland**

Objectives:

- Update key constituencies/partners on the WHO Strategy development process.
- Receive input in the development of the WHO HIV/AIDS Strategy and to identify priority issues that should be meaningfully reflected in the Strategy.
- Discuss opportunities and modalities for collaboration and joint work.

Attendance:

The meeting was chaired by Ms Helga Fogstad (Norway). Approximately 100 individuals attended the meeting, representing PCC members and observers, drawn from Member States, civil society and UN and other partner organizations.

Presentation:

On behalf of Dr Gottfried Hirnschall, Dr Isabelle de Zoysa briefly presented the draft strategy framework, and the consultative process for finalizing the version to be presented to the WHO Executive Board. Copies of the Strategy Outline Version 2.0 (Draft 18 June 2010) were provided in English, French and Spanish.

Participants were asked to comment on the scope and methodology for developing the strategy; the relevance of the proposed objectives; the alignment of the strategy with the WHO global strategy for the prevention and control of sexually transmitted infections: 2006-2015, and with the reproductive health strategy to accelerate progress towards the attainment of international development goals and targets; and any other feedback.

Summary of participant comments:

1. Consultative Process
 - The PCC appreciates this opportunity to provide initial feedback on the draft outline and will discuss mechanisms to provide input to the full draft strategy.
2. Role of WHO
 - Clarify that WHO's strategic advantage is its ability to bring all WHO departments to the table.
 - Consider making 'Partnership' more prominent among the strategic approaches.
 - Articulate how WHO will ensure a coordinated approach with other UN agencies.

3. Prevention, Treatment and Care
 - Consider including screening for congenital syphilis as part of PMTCT.
 - Clarify the linkages for behavioural changes associated with both Sexual and Reproductive Health (SRH) and HIV prevention.
 - Clarify how gender considerations will be addressed, including gender-based violence, and infections/risks among young women and girls.

4. Integration
 - Objective 2 (*To maximize the impact of HIV responses on other health outcomes, including achievement of health related MDGs*) should reflect that HIV is a sexually transmitted infection and therefore to be addressed as a key concern for SRH; SRH is not a separate health outcome.
 - In general, the mechanisms for integration need to be clarified.

5. Indicators and Targets
 - Review the proposed indicators to ensure alignment; for example, condom use among young people may be most appropriate under Objective 1 (*To improve HIV prevention, treatment and care outcomes*), as it is a key measure of success with HIV prevention.