

**World Health Organization**

**Report of Country and Regional  
Consultations**

*to inform development of the*

**Global Health Sector Strategy  
for HIV, 2011-2015**

August - October, 2010

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## 1. Background

The 63<sup>rd</sup> Session of the World Health Assembly adopted a resolution that requests the WHO Director General to develop a WHO HIV/AIDS Strategy for 2011-2015, through a broad consultative process. During the period June - October 2010, WHO embarked on an inclusive consultation process involving all key stakeholders and constituencies.<sup>1</sup>

This report contains a summary of the consultations conducted at country and regional level, and the major themes that emerged from these consultations.

## 2. The consultation process

WHO Regional Offices spearheaded consultations at country and regional levels; each region implemented a consultation process that made optimal use of existing mechanisms and planned meetings that brought relevant stakeholders together. These included meetings of the WHO Regional Committees, and at the country level meetings of UN Theme Groups, Global Fund Country Coordinating Mechanisms, and National AIDS Commissions. Additional input was received in some regions through individual interviews, questionnaires sent to main stakeholders, or through blogs and virtual meetings.

All consultations were based on the Draft Outline Strategy, Version 2.0, which was provided in the six official UN languages (Arabic, Chinese, English, French, Spanish and Russian). The English version of this document is attached as an Annex.

## 3. Participation in the consultations

Consultations were held with a total of 109 countries, of which most were in-country consultations (table 1). Over 1,500 individuals participated in the consultation process at country and regional levels.

Participation in the consultations varied somewhat from country to country, but was requested to include a wide range of key stakeholders, including:

- Member States, civil society, donor and development agencies, non-governmental organizations, multilateral agencies (including the UN family), scientific and technical institutions and networks, and the private sector
- Leaders and experts in HIV and related programmes, including maternal, newborn and child health; sexual and reproductive health; tuberculosis; drug dependence and harm reduction; health systems; strategic information; gender and human rights; youth; finance and planning.

To increase civil society participation in the consultations, global civil society networks already engaged in the strategy development process recommended representatives who could participate in country and regional consultations.

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<sup>1</sup> A summary of the consultation process is available at: <http://www.who.int/hiv/aboutdept/schedule/en/index.html>

**Table 1. Country and regional consultations, by region**

Region	# of countries	Countries	Regional Consultations
AMRO/ PAHO	24	Individual Country Input: Anguilla, Argentina, Barbados, Bolivia, Canada, Colombia, Costa Rica, Dominica, Ecuador, El Salvador, Honduras, Mexico, Peru, St. Kitts and Nevis, Trinidad and Tobago, USA.  Countries participating in the regional consultations: MERCOSUR: Argentina, Brazil, Paraguay, Uruguay Mecanismo de Coordinacion regional para Centro America: El Salvador, Panama, Honduras, Costa Rica, Nicaragua, Guatemala, Belize, Dominican Republic and Mexico.	<ul style="list-style-type: none"> <li>Information shared with Ministers of Health at Directing Council Meeting, September 2010</li> <li>Meeting of <i>El Grupo de Cooperación Técnico Horizontal de América Latina y el Caribe en VIH/SIDA e ITS (GCTH)</i>, October 2010.</li> <li>Consultations through Regional Coordination Mechanisms in Caribbean and Central America (September)</li> <li>MERCOSUR consultation via virtual meeting</li> </ul>
AFRO <sup>2</sup>	31	Individual Country Input: Angola, Benin, Botswana, Burkina Faso, Burundi, Cote d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Lesotho, Mauritania, Mauritius, Mozambique, Namibia, Níger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda, Zambia, Zimbabwe	
EMRO	12	Individual Country Input: Djibouti, Iran, Jordan, Morocco, Oman, Pakistan, Saudi-Arabia, Somalia, Southern Sudan, Syria, United Arab Emirates, Yemen	<p>Consultation with attendees of the meeting: Characterizing the HIV/AIDS epidemic in the Middle East and North Africa, Dubai, UAE</p> <p>Intervention made at the WHO Regional Committee for the Eastern Mediterranean, in association with agenda item on the Regional HIV and STI strategy.</p>
EURO <sup>3</sup>	23	Individual Country Input: Kyrgyzstan, The former Yugoslav Republic of Macedonia, Russian Federation and Uzbekistan.  Countries participating in the regional consultation: Armenia, Austria, Croatia, Denmark, Estonia, France, Georgia, Germany, Hungary, Lithuania, Netherlands, Norway, Portugal, Russian Federation, Serbia, Spain, Sweden, Switzerland, Ukraine	A 1-day external regional consultation was attended by 30 external stakeholders representing 19 different countries, and nine representatives from WHO Regional Office for Europe.
SEARO	10	Individual Country Input: Bangladesh, Bhutan, Democratic Republic of Timor-Leste, India, Indonesia, Myanmar, Nepal, Sri Lanka  Countries participating in the regional consultation: Bangladesh, Bhutan, Democratic Republic of Timor-Leste, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand	Consultation with attendees of the Regional Workshop on Strategic Planning for the Health Sector Response to HIV/AIDS, Jakarta, Indonesia, 30 Aug – 03 Sept 2010
WPRO <sup>4</sup>	9	Individual Country Input: Papua New Guinea, Philippines.	61 <sup>st</sup> Regional Committee meeting; on-line consultation through regional

<sup>2</sup> <http://www.afro.who.int/en/clusters-a-programmes/atm/acquired-immune-deficiency-syndrome/features/2446-consultation-strategy-for-hiv-aids-2011-2015.html>

<sup>3</sup> <http://www.euro.who.int/en/what-we-do/health-topics/diseases-and-conditions/hiv-aids/news2/news/2010/9/who-developing-a-new-global-health-sector-strategy-for-hiv-aids,-2011-2015>

		Countries participating in the regional consultations: Australia, Cambodia, China, Japan, Malaysia, Mongolia, Vietnam	website; email consultation among national programme managers, civil society, partner agencies ; members of the WPRO WHO Network on HIV and Health
Total	109		

#### 4. Summary of participant input

Most consultations were framed by a set of discussion points:

- Relevance of the global goals, indicators, targets, and strategic directions
- Clarity of WHO's role in supporting countries to implement their national responses
- Comparative advantages of WHO vis-à-vis other partners in implementing the strategy
- Clarity of how the strategy will be implemented
- Relevance of planned monitoring and reporting
- Structure of the strategy document

Input from consultations was provided through summary reports at the country and regional levels.

#### **General Comments**

Despite a wide variety of responses, several themes emerged and are summarized below.

##### *Building on past work*

The strategy should build on achievements and lessons learned from previous strategies, and these should be clearly presented.

##### *Sustainability*

Sustainability is not adequately addressed as a central component in the strategy. The current global economic crisis was repeatedly raised as a concern in the consultations, and many participants urged WHO to carefully consider the financial implications of the strategy, and the ability of countries and partners to sustain the efforts. There were many calls to further discuss innovative funding mechanisms, but also to support more effective use of current resources.

##### *Alignment and Harmonization*

The global health sector strategy should be aligned with other global and regional strategies, including related WHO strategies (e.g. TB), as well as UN strategies. There was a strong call to harmonize reporting requirements between all stakeholders.

##### *Responding to country needs*

Stakeholders in country consultations urged WHO to recognize the country-specific realities that influence strategic choices, including vulnerable populations, health service models, levels of poverty and social vulnerability, intercultural aspects, type of epidemic, and the broader multi-sectoral response.

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<sup>4</sup> [http://www.wpro.who.int/sites/hsi/previous\\_postings/onlineconsultation.htm](http://www.wpro.who.int/sites/hsi/previous_postings/onlineconsultation.htm)

<b>Global Goals and related Strategic Directions for Countries</b> <i>As referenced in draft Strategy Outline, Version 2.0</i>	
<b>Global Goal</b>	<b>Strategic Direction for Countries</b>
Goal 1: To optimize HIV prevention, treatment and care outcomes	Strategic Direction 1: Expanding coverage and impact of HIV interventions
Goal 2: To maximize the impact of HIV responses on other health outcomes (including achievement of health-related MDGs)	Strategic Direction 2: Linking and integrating programmes and services
Goal 3: To build strong and sustainable health systems to address HIV/AIDS and other major public health threats	Strategic Direction 3: Building health systems for better HIV and health outcomes
Goal 4: To reduce HIV vulnerability and address structural barriers to accessing HIV services	Strategic Direction 4: Creating supportive environments for HIV responses

### **Relevance of the global goals and strategic directions for countries**

Because some regions combined feedback on the global goals and the related strategic directions for countries, input on these four areas of focus is presented together here.

There was general support for the four areas of focus. However, the summary report from one region expressed the concern that positioning HIV in a broader context of service integration, health system strengthening and structural interventions may compromise the delivery of HIV services.

The need to increase focus on young people in the strategy was raised in general, and more specifically in the context of Goals 1 and 4.

Many participants also requested that WHO clarify its definition of "health sector".

#### **1. Optimize HIV prevention, treatment and care outcomes / Expanding coverage and impact of HIV interventions**

Four major themes emerged in the country and regional feedback to this focus area: insufficient attention to HIV counselling and testing, to HIV prevention, and to HIV care and support; and under-emphasis on civil society and community systems.

Prevention:

- Many consultation reports noted the need to strengthen the strategy's approach to prevention throughout the strategy. One region urged that the health sector spearhead a multisectoral approach to prevention.
- WHO should consider expanding the way in which vulnerable populations are reflected in the strategy; these populations should include groups of local importance, including sea farers, miners, women, street children, migrant populations, asylum seekers, displaced populations, and bridge populations (clients and partners of MARPs).
- The changing profile of PLHIV warrants an expanded focus on prevention, treatment and care for people over 50.

HIV Testing and counseling:

- Reports from many country and regional consultations requested greater emphasis on HIV testing and counseling and early diagnosis.

Care and support:

- Many consultations noted a lack of emphasis on care, stating that supportive services, including palliative care, were not adequately covered in the draft strategy.

Civil Society and Community Systems:

- Input from stakeholders in all regions noted that the involvement of civil society in all aspects of HIV diagnosis, prevention, treatment and care is crucial, and that this should be better reflected in the strategy.
- Community mechanisms for service provision should be incorporated in national plans and strategies, including access to governmental funding.

## **2. Maximize the impact of HIV responses on other health outcomes (including achievement of health-related MDGs) / Linking and integrating programmes and services**

- Reports of country and regional consultations requested that WHO acknowledge in the Strategy the bi-directional benefits of integration, and the potential synergy between Goal 2 and Goal 3.
- WHO should acknowledge in the strategy that additional resources and greater efforts will be required to implement an integrative approach.

Priority service linkages, as suggested in country and regional consultations:

- |                                   |  |
|-----------------------------------|--|
| • Tuberculosis                    | • Palliative services and care for terminally ill                            |
| • Viral hepatitis                 | • Drug dependency services and harm reduction                                |
| • Sexually transmitted infections | • Laboratory services for TB, HIV and other infections                       |
| • Oral health                     | • Non-communicable diseases (diabetes, hypertension, cardiovascular disease) |
| • MCH services                    | • Traditional medicine   |
| • Positive prevention             | • Nutrition & food security  |
| • Family planning                 | • Occupational health  |
| • School health                   | • Prison health  |
| • Addiction services              | • Adolescent health  |
| • Health education                | • Malaria  |
| • Mental health                   |  |

## **3. Build strong and sustainable health systems to address HIV/AIDS and other major public health threats / Building health systems for better HIV and health outcomes**

General:

- Feedback focused on the key areas of: service delivery, community and civil society, health workforce, leadership and management, cost and financing, laboratory and strategic information.
- Terminology in this section should reflect health system 'strengthening', rather than 'development'.

#### Service Delivery:

- Include a more extensive discussion and strategy under the rubric of primary health care renewal to better guide countries in programme development and implementation, strengthening the programme approach to replace a more fragmented project approach.
- Stakeholders in many countries advocated for decentralisation of services. Other country consultations highlighted the need for specialised care in centres of excellence. While the focus varied according to perceived country needs, the importance of strengthened collaboration between primary health care and higher levels was highlighted.
- The concept of supporting a continuum of care for HIV as a chronic disease, in part by strengthening linkages within health systems, was described as an important additional component of Goal 3 (and Goal 4). And in this context, articulating the private sector as a component of the health system was encouraged.
- Service delivery models that promote a patient-centered approach, including one-stop-shop models of service delivery integration, and integration and collaboration in HIV case management, should be emphasized.
- Stakeholders in many consultations noted that infection control, paediatric care, and the concept of packages of services were not adequately highlighted in this focus area.

#### Community and Civil Society:

- Consultations in many regions commented that community elements are missing in this goal, noting the importance of involving communities in program design and implementation to increase effectiveness and coverage.

#### Health Workforce:

- Many stakeholders felt that discussions of health workforce issues were weak in the strategy framework, and that human capacity building and accreditation at all levels of the health system should be strengthened in the strategy.
- Consultations reports noted that task shifting may not be relevant to all countries, but that capacity building to acquire skills and expertise to carry out tasks is required in most countries. Many stakeholders suggested prioritizing training that supports integration of services.
- Stakeholders in many countries argued for an expansion of workforce issues to include home-based care givers. There were several requests to include recognition of volunteers as salaried staff to sustain ART services especially in resource poor settings, where they play a critical role.
- There should be additional focus on retaining health care workers, securing an adequate salary level of health care personnel, and ensuring workplace policies for HIV positive health workers.

#### Leadership and Management:

- Many stakeholders requested an increased focus on management, including strengthening coordination between programmes, and increasing harmonization between HIV programmes and broader health systems.

#### Cost and Financing:

- Cost and financing, particularly around ARVs, was an important issue raised by all regions. ARV purchasing and procurement are key elements including the role of generic medicines, intellectual property treaties and the Doha declaration.
- In the face of weakened national economies and reduced international funding for health, efficiency must be maximized. The strategy should support mechanisms to

reduce costs of providing services, including medicines pricing, access to generics and affordability of treatment and diagnostics.

- Many stakeholders emphasized the importance of adequately costing HIV services, suggesting a focus on expanding national capacity to assess financial implications (cost assessment, cost effectiveness, budgeting). The global health sector strategy should emphasize that HIV should be included in health sector plans and strategies, and appropriately reflected and allocated in national health budgets.
- Several consultation reports advocated an increased focus on health insurance schemes as a way to finance improve service coverage.

Laboratory:

- Strengthening laboratory services should be further emphasized in the strategy, as it will be critical in the next five years.

Strategic information:

- Several elements of strategic information were stressed in the consultations, including strengthening pharmacovigilance and HIV drug resistance monitoring, and building capacity of health information systems to monitor inequalities.
- Stakeholders requested an increased focus on quality assurance, and on logistics and supply management.
- Research to strengthen the evidence base for HIV service delivery models and mechanisms should be a priority for the coming years and more clearly reflected in the strategy.

#### **4. Reduce HIV vulnerability and address structural barriers to accessing HIV services / Creating supportive environments for HIV responses**

Three predominant areas of comment emerged relative to this goal: the limited role of the health sector, the importance of partnering with civil society, and the specific areas where WHO can use its capacities to influence legal and policy reform.

Role of the health sector:

- Several consultations described this goal as going beyond the scope of the health sector, noting that the role for WHO and the role of the health sector in this context is limited and needs to be clarified.
- However, stakeholders acknowledged the need to collaborate with actors outside the health sector, including justice systems, social services and protections, ministries of education, NGOs and civil society, and also within the health sector (e.g. pharmaceutical industries, traditional medical services).

Partnerships with civil society:

- The importance of a partnership between health services and affected communities was acknowledged in many country and regional consultations, which urged increased participation of PLHIV and most at risk populations as a means of reducing structural barriers to services,
- Country and regional stakeholders recognized the crucial role of community and civil society organizations in implementing fundamental interventions.

Legal environment and reform:

- Many stakeholder consultations noted the importance of political commitment in the health sector's ability to influence policy and legal reform to reduce structural barriers to services.
- WHO could focus on improving use of public health data and public health arguments to influence policy and legal reform, including supporting reviews and reforms of laws and policies that impede HIV prevention and treatment, especially to MARPs.
- Several priority efforts were recommended, including:
  - removing legal barriers such as travel restrictions, criminalization of HIV transmission, drug use, homosexuality, and male to male and transgender sexual relations;
  - eliminating age-related and "citizenship" barriers to services;
  - influencing socio-cultural issues including sexual violence, female genital mutilation, male circumcision, and attitudes toward children, youth, and people with special needs.
- Further emphasis on reducing stigmatization and discrimination was urged by several consultation reports.

### **Indicators and targets**

Most regions requested that the targets and indicators for the strategy be harmonized with other global and regional commitments (UNGASS and MDGs, Universal Access, in addition to regional commitments), and with the new UNAIDS strategy, in order to decrease the burden of monitoring and surveillance on countries. Reports from many country consultations, however, proposed very specific targets and indicators measuring progress in narrow areas; one region requested that WHO select bold and ambitious targets and strategic directions to focus attention on HIV, despite the current economic situation.

### **Clarity of WHO role in supporting countries**

In general, feedback from country and regional consultations indicated a need to better clarify WHO's role, including WHO input at all levels.

- *WHO position in country*: Articulate WHO's action and coordination at global, regional and country level and explain WHO's unique positioning vis-à-vis Ministries of Health in countries, which distinguishes WHO from other agencies.
- *Partnerships*: clarify how WHO will further strengthen, promote and expand partnerships. Articulate clearly how partners collaborate and work together, including public-private partnerships.
- *Resource mobilization*: build WHO's role and capacity for advocacy in resource mobilization, in many cases via expanded and strengthened partnerships.
- *Technical support*: improve coordination of technical assistance within countries and regionally, within WHO and between other UN agencies.
- *Alignment*: clarify to countries how their national strategies will relate to the global strategy. In addition, clarify how the global strategy relates to those of other partners, especially UN agencies, and to other WHO strategies, such as Stop TB and the WHO Research for Health Strategy.
- *Health communication*: One region suggested that health communication is an important role for WHO, including guidance to the media, the use of innovative focused communication, and communication for policy-making.

## **WHO strategic advantages**

The following strategic advantages were described during country and regional consultations:

- WHO uses an evidence based platform to guide global responses and set global norms and standards for health.
- WHO is in the center of global health governance, and has strategic capacity to influence policy and leverage others to support sound, evidence-based disease and public health issues at national, regional and global levels.
- WHO is independent and objective, and has a strong and trusted voice to address sensitive issues.
- WHO's strong technical capacity at country, regional and global levels to provide support to countries on a full range of health issues is widely recognized by national authorities, partners and civil society. WHO enjoys a broader mandate of improving health than any other UN or international agency.
- WHO has the ability and authority to convene partners around the wide ranging health issues, and to engage in partnership where joint action is needed.
- WHO monitors the health situation and assesses health trends, shapes the research agenda and generates new ideas.

## **Suggestions on clarifying strategy implementation**

WHO received the following suggestions from country and regional consultations:

- Elaborate a comprehensive implementation plan for the strategy.
- Planned monitoring and evaluation should be integrated into and must strengthen the existing health information system at national level.
- Ensure there is a coordinating mechanism incorporated that clearly defines the roles and responsibilities of WHO and other partners and stakeholders, acts to avoid duplication of effort, and supports national leadership.
- Define, support and advocate for resource mobilisation and innovative financing mechanisms for the implementation of this strategy at the country level.

## **Relevance of planned monitoring and reporting**

Stakeholders participating in country and regional consultations noted that there was insufficient detail in this section to provide informed feedback, but provided the following input:

- Monitoring and evaluating the implementation of the strategy would best be done using consistent, currently available mechanisms and structures, rather than by creating parallel systems. Reporting mechanisms should be aligned with other existing frameworks (ideally with national M&E frameworks if this is possible).
- Evaluations should be conducted jointly with key partners and using existing mechanisms (MDGs, UNGASS, universal access).
- WHO should publish progress reports and best practices on strategy implementation.

**Annex 1. Draft strategy outline used for consultations**

# **World Health Organization**

## **A Sustainable Health Sector**

### **Response to HIV**

Global Health Sector Strategy for HIV/AIDS

2011-2015

(DRAFT OUTLINE FOR CONSULTATION)

Version 2.1

15 July 2010

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# **GLOBAL HEALTH SECTOR STRATEGY FOR HIV/AIDS 2011-2015 OUTLINE**

## **INTRODUCTION**

### **I. THE GLOBAL HEALTH SECTOR STRATEGY FOR HIV/AIDS 2011-2015 AT A GLANCE**

### **II. CONTEXT**

- A. Progress and challenges
- B. Changing global architecture
- C. The need for a new strategy

### **III. GLOBAL VISION AND GOALS: WHAT NEEDS TO BE ACHIEVED BY 2015**

- A. Vision
- B. Goals, indicators and targets
- C. Coherence with other targets
- D. Guiding principles

### **IV. COUNTRY PROGRAMMES: STRATEGIC DIRECTIONS**

- A. Expanding coverage and impact of HIV interventions
- B. Linking and integrating programmes and services
- C. Building sustainable systems
- D. Creating supportive environments for HIV responses

### **V. WHO ACTION: SUPPORTING NATIONAL RESPONSES**

- A. WHO mission
- B. WHO focus areas for each Strategic Direction
- C. WHO Strategic Approaches
- D. WHO accountability framework

### **VI. STRATEGY IMPLEMENTATION**

- A. Optimizing the WHO HIV/AIDS programme structure
- B. Interfacing with other sectors and partners
- C. Monitoring and evaluating progress and reporting

## INTRODUCTION

### Aim of the Strategy

The Global Health Sector Strategy for HIV/AIDS 2011-2015 aims to:

1. Set **global goals** for the health sector response to HIV/AIDS;
2. Guide **national HIV responses**; and
3. Provide a framework for concerted **WHO action** at global, regional and country levels

The strategy builds on the achievements and experiences of the "3 by 5" initiative and the WHO HIV/AIDS Universal Access Plan 2006-2010 and aims to align with broader strategic frameworks, including the Millennium Development Goals, primary health care renewal, Universal Access commitments and the UNAIDS Strategy for 2011-2015. It takes into consideration the changing public health architecture and aims to incorporate the principles of the Paris Declaration on Aid Effectiveness.

### Structure

This document is divided into six sections:

- Section I provides a summary of the strategy;
- Section II presents the HIV and broader health context within which the strategy is posited;
- Section III sets out the global vision, goals, indicators and targets that should guide country responses;
- Section IV outlines the four Strategic Directions for a comprehensive national health sector programme for HIV/AIDS, and the associated priority health sector policies, approaches and interventions for countries to implement;
- Section V defines the role of WHO in supporting countries to implement national programmes and achieve their HIV targets, outlines the areas that WHO will focus on during 2011-2015 and describes the strategic approaches to be taken by WHO; and
- Section VI explains how the strategy will be implemented, monitored and evaluated, including the comparative advantage of WHO and the role of partners in supporting the health sector response.

## **I. GLOBAL HEALTH SECTOR STRATEGY FOR HIV/AIDS AT A GLANCE**

This section will provide an executive summary of the strategy, including:

- Global action
  - Global vision
  - Global goals
  - Guiding principles
- Country action
  - Four Strategic Directions
- WHO role
  - WHO mission
  - Focus areas for WHO under each of the four Strategic Directions
  - WHO Strategic Approaches

## **II. CONTEXT**

### **A. Progress and Challenges**

This section will provide an overview of the status of the HIV/AIDS epidemic and the health sector response, drawing on the latest data from:

- UNAIDS/WHO AIDS Epidemic Update
- WHO/UNAIDS/UNICEF Universal Access Progress Report
- MDG progress reports
- Other relevant progress reports relating to sexual, reproductive, maternal and child health, tuberculosis health, harm reduction and health systems
- Progress reports of key partners

### **B. Changing Aid and Development Architecture**

This section will review the current global architecture for HIV, public health and development:

- Global health initiatives (e.g. IHP+)
- Financing mechanisms
- Principles for harmonization and alignment (including Paris Declaration on Aid Effectiveness, Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors)
- Global and regional commitments (including UN General Assembly Declaration of Commitment, Universal Access, MDGs)
- Development partner initiatives
- UNAIDS strategy and structure
- Civil society engagement

### **C. The Need for a New Strategy**

This section will provide the rationale for launching a new Global Health Sector Strategy on HIV/AIDS, including:

- A brief review of recent WHO HIV strategies:
  - The Global Health Sector Strategy on HIV/AIDS 2003-2007
  - The "3 by 5" initiative, launched in December 2003
  - The WHO Universal Access Plan 2006-2010
- Adapting to new context:
  - Responding to new epidemic dynamics
  - Optimizing the impact of new interventions and approaches related to HIV prevention, treatment and care
  - Addressing broader health issues
- Positioning HIV on a health systems platform:
  - Promoting country leadership
  - Improving health (and HIV) governance, including universal coverage, health in all policies and primary health renewal
  - Strengthening the building blocks of health systems
  - Promoting integrated service delivery for improved effectiveness, efficiency and sustainability
  - Achieving broader health outcomes, including health equity and social inclusion and participation
- Complementing the strategies of key partners
  - UNAIDS family
  - Development partners (e.g. the Global Fund, PEPFAR and other bilateral programmes)
  - Civil society

### III. GLOBAL VISION & GOALS: WHAT NEEDS TO BE ACHIEVED BY 2015

#### A. Vision

A world free of new HIV infections in which all people living with HIV enjoy long and healthy lives.

#### B. Goals, Indicators and Targets

This section will outline the four broad goals of the strategy and a set of sub-goals, along with a set of indicators and targets for monitoring progress. The targets should be strategic in nature, motivating countries to take action and guiding prioritization of efforts. Where possible and appropriate existing internationally agreed indicators and targets should be used. The indicators and targets listed below are examples of the types of targets that could be used

**Note: All indicators to be sex- and age-disaggregated (as appropriate)**

#### **Goal 1: To optimize HIV prevention, treatment and care outcomes**

- 1.1 Reduce HIV incidence through combination prevention delivered by the health sector
- 1.2 Reduce HIV morbidity and mortality through antiretroviral therapy and HIV care
- 1.3 Reduce inequities in access to HIV services for most-at-risk populations
  - **Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse**  
Target by 2015: 80%
  - **Percentage of men and women aged 15-49 who received an HIV test in the last 12 months and who know their results**  
Target by 2015: 80%
  - **Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results**  
Target by 2015: 80%
  - **Number of adults and children with advanced HIV infection receiving antiretroviral therapy<sup>5</sup>**  
Target by 2015: To be determined
  - **Number of syringes distributed per injecting drug user per year**  
Target by 2015: >100 syringes in at least 100 countries

#### **Goal 2: To maximize the impact of HIV responses on other health outcomes (including achievement of health-related MDGs)**

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<sup>5</sup> Millennium Development Goals indicator

2.1 Improve sexual, reproductive, maternal, neonatal and child health (MDGs 4 and 5) outcomes through strengthened programme linkages and expanded prevention of mother-to-child transmission of HIV

2.2 Reduce tuberculosis incidence, morbidity and mortality through improved collaboration between HIV and TB programmes

2.3 Reduce the incidence and impact of common HIV-related co-morbidities and co-infections, including viral hepatitis infection

- **Unmet need for family planning<sup>6</sup>**  
*Where available, disaggregated by serostatus*  
Target by 2015: <5%
- **Percentage of pregnant women who were tested for HIV and received their results**  
Target by 2015: 80%
- **Percentage of maternal deaths associated with HIV<sup>7</sup>**  
Target by 2015: <5%
- **Percentage of infants born to HIV-infected mothers who are infected**  
Target by 2015: <5%
- **Percentage of deaths among children less than 5 years of age associated with HIV<sup>7</sup>**  
Target by 2015: <5%
- **Percentage of estimated HIV-positive incident tuberculosis cases that received treatment for tuberculosis and HIV**  
Target by 2015: >80%

**Goal 3: To build strong and sustainable health systems to address HIV/AIDS and other major public health threats**

3.1 Integrate HIV/AIDS issues into national health strategies and plans

3.2 Strengthen the organization of health systems (human resources, laboratories, procurement and supply management, strategic information)

3.3 Improve efficiency and effectiveness of HIV-related health service delivery

- **Percentage of countries that have experienced no stock -out of any required ARV in the last 12 months**  
Target by 2015: >95%
- **Percentage of countries that report that all donated blood units are screened for HIV in a quality-assured manner**

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<sup>6</sup> Millennium Development Goals indicator

<sup>7</sup> Millennium Development Goals indicator (country estimates will be available in 2010 and 2015)

Target by 2015: >95%

- **Other indicator and target?** To be identified/defined

#### **Goal 4: To reduce HIV vulnerability and address structural barriers to accessing HIV services**

4.1 Reduce HIV-related stigma and discrimination in the health sector

4.2 Achieve gender equity in access to HIV services and outcomes

4.3 Address legal barriers to the equitable access to HIV services

- **Percentage of countries that have a policy to ensure equitable access for women and men to HIV prevention, treatment, care and support**  
Target by 2015: 100%
- **Percentage of countries that have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations.**  
Target by 2015: 0%
- **Percentage of countries reporting on the availability of service delivery points providing appropriate medical, psychological and legal support for women and men who have been raped or experienced incest**  
Target by 2015: >80%
- **Other indicator and target (on stigma in health facilities)?** To be identified/defined

#### **C. Coherence with other Targets**

This section will review the relationship between the goals and targets of this strategy and other key strategies and commitments, including:

- WHO Medium Term Strategic Plan 2008-2013
- UNGASS targets
- Universal Access targets
- MDGs

#### **D. Guiding Principles**

This section will outline a number of guiding principles for the strategy, including:

- Putting human rights at the centre of the health sector response to HIV
- Focusing action where it is most needed and where it will have greatest impact
- Meeting the needs of most-at-risk and vulnerable populations
- Prioritizing equity in health, including gender equity
- Advocating for evidence-based and cost-effective policies and programmes
- Promoting the values and principles of primary health care
- Ensuring national responses are country-driven and owned
- Taking a partnership approach to achieving results

- Supporting the rights of people living with HIV and of marginalised and vulnerable populations and their meaningful involvement in the response

#### **IV. COUNTRY PROGRAMMES: STRATEGIC DIRECTIONS**

This section will describe the priority health sector interventions and approaches that countries should adopt if they are to achieve targets set out in this strategy. It is recommended that countries organize their responses around four Strategic Directions, which relate to the four Goals of this strategy. The WHO document *Priority Interventions: HIV/AIDS prevention, treatment and care in the health sector* describes the full set of interventions that constitute a comprehensive health sector response to HIV/AIDS.

This section will also briefly describe:

- The public health approach to HIV/AIDS
- Different levels of intervention - health facility, community, outreach to most-at-risk populations and national measures
- Tailoring programmes to HIV epidemic context (generalized, concentrated, low-level)
- Tailoring programmes to country context (e.g. health system readiness, cultural and social context)
- Tailoring programmes for settings of humanitarian concern

##### **A. Strategic Direction 1: Expanding coverage and impact of HIV interventions**

This section will describe the set of HIV-specific interventions and approaches countries should adopt, and will include the following content:

- Context and challenges
- Priority interventions
  - HIV testing and counseling
  - Prevention of sexual transmission of HIV (condoms, STI control, behaviour change, male circumcision)
  - PMTCT, including infant feeding
  - Harm reduction for drug users
  - Post-exposure prophylaxis (and pre-exposure prophylaxis)
  - HIV/AIDS treatment and care
  - Comprehensive HIV prevention, treatment and care for most-at-risk populations (drug users, sex workers, men who have sex with men, transgender individuals, prisoners)

##### **B. Strategic Direction 2: Linking and integrating programmes and services**

This section will describe key programmatic and service linkages and integration that should be promoted to ensure a more efficient and effective HIV response and to maximize the impact of HIV investments on other health services and outcomes. This section will include:

- Context and challenges
- Key linkages
  - Tuberculosis
  - Sexual health, including sexually transmitted diseases
  - Reproductive health
  - Maternal, neonatal and maternal health
  - Drug dependence management and harm reduction
  - Viral hepatitis

- Malaria
- Mental health
- Cancer prevention and treatment
- Palliative care
- Blood transfusion services
- Nutrition
- Prevention for people living with HIV

### **C. Strategic Direction 3: Building health systems for better HIV and health outcomes**

This section will describe what should be done to align health systems strengthening efforts with HIV/AIDS responses in countries - the need to build stronger systems to better deliver HIV/AIDS programmes and the need for HIV/AIDS programmes to strengthen broader health systems. The six building blocks of health systems will be addressed. This section will include:

- Context and challenges
- Governance and leadership
  - Policy coherence, including health in all policies
  - National strategic planning
  - Primary health care
- Health financing
- Health workforce
  - Task-shifting
  - Care for healthcare workers
- Strategic information
  - Health information systems
  - Surveillance
  - Programme monitoring and evaluation
  - Patient monitoring
  - HIV drug resistance surveillance and pharmacovigilance
  - Operational research
- Medicines, diagnostics and other commodities
  - National policies
  - Procurement and supply management
  - Rational use of medicines and diagnostics
- Service delivery
  - Integrated service delivery
  - Quality assurance
  - Occupational health and safety (including injection safety, safe surgical procedures)

### **D. Strategic Direction 4: Creating supportive environments for HIV responses**

This section will describe priority interventions for addressing structural barriers to equitable access to HIV prevention, treatment and care. These include interventions that need to be implemented within the health sector and what the health sector should do to influence other policies and programmes in other sectors. This section will include:

- Context and challenges
- Addressing stigma and discrimination in the health sector
- Addressing policies and laws that increase HIV vulnerability and marginalization and impede access to HIV services
- Gender mainstreaming

- Community mobilization and greater involvement of people living with HIV and key populations
- Addressing risk and vulnerability in settings of humanitarian concern

## **V. WHO ACTION: SUPPORTING NATIONAL RESPONSES**

### **A. WHO Mission**

WHO's mission is to direct the global health sector response to HIV/AIDS in order to achieve universal access to comprehensive HIV services, improve related health outcomes and strengthen health systems

### **B. Strategic Directions: Focus areas for WHO 2011-2015**

This section will describe priority areas that WHO will focus on over the period of the strategy, under each of the four Strategic Directions. Proposed priority areas include:

- Expanding coverage and impact of HIV interventions
  - Expand HIV testing and counseling
  - Better target approaches for preventing sexual transmission of HIV (particularly in high HIV prevalence settings and among those most vulnerable)
  - Exploit the role of antiretroviral drugs in HIV prevention
  - Optimize HIV/AIDS treatment for children, adolescents and adults
  - Deliver comprehensive programmes for most-at-risk populations (drug users, men who have sex with men, transgender individuals, sex workers, prisoners)
- Linking and integrating programmes and services
  - Eliminate mother-to-child transmission of HIV
  - Link HIV and TB services
  - Address HIV and viral hepatitis co-infection
  - Promote positive prevention for people living with HIV
- Building sustainable systems
  - Support national strategic planning
  - Strengthen information systems to better inform responses
  - Improve quality and reduce costs of HIV-related medicines and diagnostics
  - Expand human resource capacity with a focus on task-shifting
  - Improve safety of health services
  - Improve the efficiency, quality, effectiveness and equitable coverage of HIV services and programmes
- Creating supportive environments for HIV responses
  - Address HIV stigma and discrimination in the health sector
  - Promote gender mainstreaming through HIV programmes

### C. WHO Strategic Approaches

This section will describe the seven strategic approaches that WHO will use to organize its work and to support countries to implement effective HIV/AIDS policies and programmes. These approaches reflect the core functions of WHO:

- Synergy: Advocate for a sustainable and coherent global HIV/AIDS response. The context of the global response to HIV has changed dramatically in the last decade. Health and HIV have become more prominent on the international development agenda with increased financing for both. The number of international partners working in this field has increased and global health partnerships that focus on a set of diseases or issues have emerged as critical players. HIV/AIDS "Universal Access" goals have yet to be met and an effective HIV response is essential if Millennium Development Goals are to be achieved. WHO has a role to play in promoting greater synergies, linkages and coherence across the HIV response and broader global health initiatives.
- Guidance: Set norms and standards for HIV/AIDS prevention, treatment and care interventions to improve cost-effectiveness, quality and coverage of services. WHO has defined a set of priority health sector HIV interventions and has developed various evidence-based guidance to support their implementation. There is much scope for improving these HIV specific interventions, to increase their effectiveness and quality, reduce costs and package them so that they can be delivered more efficiently and reach those populations and communities most vulnerable and at risk. WHO needs to continue to synthesize the evidence and develop and improve normative guidance for HIV policies and interventions.
- Innovation: Promote debate, thinking and research to identify new approaches and interventions for HIV/AIDS prevention, treatment and care. The past decade has witnessed significant achievements in the HIV response, with decreasing HIV incidence in communities in which effective HIV prevention approaches have been implemented and rapid scale up of antiretroviral therapy (ART) in most regions. However, the epidemic continues to outpace progress being made. Doing more of the same isn't enough. The existing repertoire of HIV interventions needs to be expanded and new approaches to delivering HIV interventions, services and programmes are required.
- Linkage: Advance programmatic linkages and promote models of integrated service delivery to achieve people-centred care, improve efficiencies and ensure health equity. WHO has defined six building blocks for a well functioning health system. An effective and sustainable HIV response requires strong health and social systems and investments in the HIV response have the potential to strengthen systems that will result in broader health benefits. Comprehensive and integrated service delivery is a key building block for health systems strengthening. There are a number of areas where linkages between HIV and other health-related programmes are critical if Universal Access goals and broader MDGs are to be achieved and sustained. There needs to be a strengthening of linkages across different WHO programmes and areas of work to support the health systems and integration agendas., and to provide guidance on service integration, such as through IMAI, IMCI and IMPAC.
- Information: Generate and use strategic information to improve effectiveness and strengthen accountability. Effective HIV policies and programmes need to be guided by high quality and timely intelligence. A well functioning health information system is a critical component of a strong health system. WHO has a key role to play in

strengthening national health information systems and in monitoring and reporting on HIV/AIDS epidemics and responses.

- Technical Assistance: Provide an efficient technical support platform to deliver and maximize impact in countries. Major new investments in national HIV responses, changing epidemic dynamics, the development of new policies and approaches and low levels of service coverage, all contribute to increasing demands from countries for technical support. At the same time, a proliferation of technical support providers pose major challenges to avoiding duplication of efforts and ensuring high quality and sustained support. WHO has a key role to play in promoting high quality evidence-based policies and interventions and providing support to countries for their adaptation and implementation. There is a need to deliver technical support more efficiently, to coordinate across different health areas and to build national and regional capacity to provide relevant and long-term assistance.
- Partnership: Expand strategic and operational partnerships to promote coherence, maximize reach and ensure inclusiveness. As a technical agency WHO depends on broad partnerships to ensure that good public health policies and practices are implemented and sustained in countries. Different types of partnerships are required, covering such areas as advocacy and leadership, research and development, policy and programmatic guidance, implementation, and community development and inclusion.

#### **D. WHO accountability framework**

This section will describe the various accountability mechanisms by which WHO will monitor, evaluate and report on its HIV/AIDS work:

- WHO mechanisms:
  - WHO governance, World Health Assembly and resolutions
  - WHO Medium Term Strategic Plan
  - WHO Programme Budget
  - Programme reporting
- UNAIDS mechanisms:
  - UNAIDS Strategy 2011-2015
  - Unified Budget and Workplan
  - UNAIDS Outcome Framework
  - UNAIDS Division of Labour
- Partnership agreements

## **VI. STRATEGY IMPLEMENTATION**

This section will describe how the strategy will be operationalized with the support of partners and how it will be monitored and evaluated.

### **A. Optimizing WHO HIV/AIDS programme structure**

This section will describe the structure of the WHO HIV/AIDS programme, the division of labour across different offices and the comparative advantage of WHO vis-à-vis other partners.

### **B. Interfacing with other sectors and partners**

This section will describe how this strategy is positioned within a broader multi-sectoral response to HIV/AIDS and the role of different partners. It will include:

- Interface of the health sector with other key sectors in the HIV response
- Working within the UNAIDS family and broader UN system
- Working with key partners:
  - Member States
  - Civil society, including people living with HIV and key populations
  - Non-governmental organizations
  - Development and funding agencies
  - Academic and technical partners
  - Private sector

### **C. Monitoring and evaluating progress and reporting**

This section will describe how implementation of the strategy will be monitored and evaluated and how this will be reported. Progress will be measured against the global targets outlined in the strategy.