



WHO's Contribution to Universal Access to HIV/AIDS Prevention, Care and Treatment

WHO's mission in HIV/AIDS is to achieve the highest possible standard of health for all people by reducing the impact of HIV/AIDS on their lives.

Introduction

The "3 by 5" target has helped to mobilize many stakeholders in an international effort to scale up antiretroviral treatment (ART) and intensify HIV prevention efforts. The commitment of G8 leaders and UN Member States to working with WHO and UNAIDS to develop and implement a package for HIV treatment, care and prevention with the aim of coming as close as possible to universal access to treatment by 2010 now provides the strategic framework for the UN system response to HIV/AIDS over the next five years. This document provides an overview of the contribution to be made by WHO—as the directing and coordinating agency on international health work—to the achievement of universal access to key HIV/AIDS interventions in the health sector.

Universal access at WHO - past and present

The World Health Organization has been committed to the goal of universal access to health care for many years beginning with a resolution at the 30th World Health Assembly (1977) when countries committed themselves to the attainment by the year 2000 of a level of health that would permit all peoples of the world to lead socially and economically productive lives. The primary health care strategy, formulated a year later at the 1978 International Conference on Primary Health Care, recognized that primary health care is based on practical, scientifically sound and socially accepted methods and technology made universally accessible to individuals and families in the community.

The Declaration of Commitment from the 2001 United Nations General Assembly Special Session on HIV/AIDS has led to increased international commitment and considerable success in some countries in ensuring access to HIV/AIDS services. However, reaching the Millennium Development Goals related to HIV/AIDS requires that HIV prevention, treatment, care and support interventions be scaled up much further. In 2003, WHO declared the lack of access to antiretroviral treatment a global health emergency. Subsequently, WHO and the UNAIDS Secretariat announced a global initiative to support countries in delivering ART to 3 million people living with HIV/AIDS in low- and middle-income countries by the end of 2005. WHO and the UNAIDS Secretariat considered the "3 by 5" initiative to be both an ethical imperative as well as a critical step towards achieving the goal of universal access to HIV/AIDS prevention and treatment. In May 2004 the "3 by 5" target was unanimously endorsed by all 192 WHO Member States at the 57th World Health Assembly.

"3 by 5" initiative: Lessons Learnt

The "3 by 5" target has had an important catalysing effect at global level, and has been acknowledged as an important step in a longer-term global effort to realize the objectives set out in the Millennium Development Goals. It has demonstrated that providing treatment is possible in even the most resource challenged settings, but that sound planning and well-supported infrastructures are both essential. Perhaps most importantly, "3 by 5" illustrates that expanded international financial support, improved international coordination and communication, clear milestones, robust monitoring and evaluation, enhanced partnership structures, improved implementation of lessons learnt and an intensified focus on strengthening health systems are all essential elements to achieving universal access in 2010. "3 by 5" has highlighted the importance of using existing opportunities and health infrastructure to deliver ART and scale up HIV prevention in resource-limited settings, notably in the areas of tuberculosis, sexual and reproductive health, prevention of mother-to-child transmission of HIV and management of substance dependence.

Moving Towards Universal Access

To maintain momentum and build upon the progress made so far, in July 2005 leaders of the G8 group of industrialized countries announced their intention to "work... with WHO, UNAIDS and other international bodies to develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010". This goal was subsequently endorsed by all UN Member States at the High Level Plenary Meeting of the 60th Session of the UN General Assembly in September 2005.

In the first quarter of 2006, UNAIDS coordinated the development of nationally-agreed "roadmaps" towards universal access to HIV/AIDS prevention, treatment, care and support. A multi-partner Global Steering Committee, coordinated by UNAIDS, contributed to this process. UNAIDS has consolidated country and regional reports to develop recommendations for consideration by the June 2006 United Nations General Assembly Special Session on HIV/AIDS. WHO was a member and provided technical resource support to the Global Steering Committee.

As the directing and coordinating authority on international health work, the World Health Organization takes the lead within the UN system in the global health sector response to HIV/AIDS. WHO provides technical, evidence-based support to Member States for a comprehensive and sustainable response to HIV/AIDS treatment, care, and prevention through the health sector. In 2003 the 56th World Health Assembly endorsed The Global Health Sector Strategy for HIV/AIDS 2003-2007 and requested WHO to support Member States implementing the strategy. The Strategy defines the "Core Components of a Health-Sector Response to HIV/AIDS". In addition, WHO Regional Offices have developed regional health sector-wide and specific thematic strategies that reflect regional contexts and priorities. These strategies clearly elaborate WHO's comparative advantage and proposed contributions across the various components of a health sector response.

According to the UN division of labour among the ten UNAIDS Cosponsors, WHO has lead technical responsibility for antiretroviral treatment and monitoring; prophylaxis and treatment for opportunistic infections; prevention of HIV in health care settings; blood safety; counselling and testing; diagnosis and treatment of sexually transmitted infections; prevention of mother-to-child transmission of HIV (with UNICEF), linkages between HIV treatment and prevention services; and surveillance of HIV through sentinel and population-based surveys. It is also recognized as a key partner in many other technical areas.

The global community in general and the health sector in particular now have an exceptional opportunity to redouble their efforts against a devastating pandemic and to show what can be achieved through bold leadership and concerted action.

Defining the scope of universal access in the health sector

A common understanding of the concept of universal access in the health sector is important to ensure clarity of terminology and provide a benchmark for targets. Furthermore, these concepts must be useful to countries as they continue to implement their national plans and strategies. In October 2005, WHO convened a technical consultation that defined the scope of universal access in the health sector as follows:

- ▶ universal access refers to access to prevention, treatment, care and support interventions for all who need it;
- ▶ access (availability, affordability and acceptability) should be measured at the country level within the context of globally accepted guiding principles, ensuring access for all in need to services that provide a minimal standard for quality;
- ▶ coverage indicates the optimal availability and utilization, in accordance with the epidemiology, of a specific intervention.

The Global Health Sector Strategy for HIV/AIDS 2003-2007 defines the scope of the health sector in the following terms:

"The health sector is wide-ranging and encompasses organized public and private health services (including those for health promotion, disease prevention, diagnosis, treatment and care); health ministries; nongovernmental organizations; community groups; and professional associations; as well as institutions which directly input into the health care system (e.g. the pharmaceutical industry, and teaching institutions)."

Operationalizing WHO's contribution to achieving universal access

WHO's Strategic Directions for 2006-2010

WHO is setting a strategic direction for 2006-2010 on how it will guide and support countries to scale-up their national HIV/AIDS responses within the context of universal access. WHO's support to countries will promote a comprehensive health sector response to HIV/AIDS based on an essential package of health interventions for HIV/AIDS prevention, care, treatment and support, while at the same time contributing to the broader strengthening of health systems. An essential package refers to a range of interventions which are deemed necessary, based on a country's needs and epidemiology, in order to mount an effective health sector response. As in the past, WHO will work with countries to adapt an essential package of interventions into their national plans and strategies, recognizing that:

- ▶ care and treatment are within the domain of the health sector;
- ▶ a significant proportion of prevention activities are delivered by the health sector;
- ▶ target-driven approaches work in public health;
- ▶ a public health approach enables rapid scaling up of quality interventions;
- ▶ approaches need to be flexible and responsive to different epidemiological contexts;
- ▶ health systems strengthening and expansion are essential for universal access to be achieved;
- ▶ gender concerns are integrated into all aspects of planning, implementing, monitoring and evaluating interventions.

In order to achieve this mission, WHO will invest in **five strategic directions** where it has a clear mandate and comparative advantage for its contribution to the universal access process. And within these five strategic directions WHO will concentrate its efforts on a limited number of **priority interventions** within the health sector, where WHO has demonstrated a comparative advantage to enable a response and where there is sound evidence that the priority interventions have the potential to significantly impact on the pandemic.

Strategic Direction	Priority interventions
Enabling people to know their HIV status through HIV testing and counselling	<ul style="list-style-type: none"> - Voluntary testing and counselling - Provider-initiated testing and counselling - Infant HIV diagnosis and family counselling
Maximizing the health sector's contribution to HIV prevention	<ul style="list-style-type: none"> - Prevention of mother-to-child transmission (PMTCT) - Prevention of sexual transmission - Prevention of HIV transmission through injecting drug use (harm reduction) - Prevention of HIV transmission in the health care setting - Prevention for persons living with HIV/AIDS - Research on new prevention technology
Accelerating the scale-up of treatment and care	<ul style="list-style-type: none"> - Antiretroviral treatment - Prevention and management of opportunistic infections - Care including nutrition, palliative care and end of life care - TB/HIV
Investing in strategic information to guide a more effective response	<ul style="list-style-type: none"> - Epidemiology and surveillance of HIV/AIDS and STIs - HIV drug resistance transmission surveillance and monitoring in ART programs - Monitoring and evaluation of the health sector's progress towards universal access - Operational research
Strengthening and expanding health systems	<ul style="list-style-type: none"> - Leadership and stewardship - National strategic planning and management - Procurement and supply management - Laboratory strengthening - Human resource management - Strategies for sustainable financing

Within each of these five strategic directions WHO will (1) advocate for action and mobilize partnerships; (2) promote operational research and establish and disseminate the evidence base on the effectiveness of different health sector interventions and models of good practice for service delivery; (3) articulate global and regional policy options; (4) set norms and standards and develop, update and adapt assessment, policy, programme and monitoring and evaluation tools and guidelines; (5) provide technical support to countries to scale up national HIV/AIDS responses in the health sector and build national capacities; (6) monitor and evaluate the implementation of interventions and assist countries to select appropriate indicators and set targets.

WHO's Collaboration with Partners

During the "3 by 5" initiative WHO has been working with many partners including civil society, PLWA organizations and the private sector, and with coordinating structures such as National AIDS Commissions, Country Coordinating Mechanisms and UN Theme Groups.

WHO recognizes that in order to achieve universal access a multisectoral response is essential, and will seek to expand and formalize partnerships within the strategic directions and priority intervention areas.

Resourcing WHO's Areas of Work in HIV/AIDS

Estimating WHO's Human Resource Needs

A strong and responsive country office will be the key mechanism through which WHO will continue to support countries. Currently there are dedicated HIV/AIDS staff located in 69 WHO country offices providing day-to-day technical support to national ministries of health. This contingent is small compared to the need for action and the level of expectation of Member States for WHO's support. The further strengthening of WHO's presence in countries will remain a high priority and therefore WHO will develop a human resource plan for HIV/AIDS for the period 2006-2010 that will build on the momentum of decentralization initiated through the "3 by 5" initiative.

WHO sub-regional teams that are responsive to specific sub-regional contexts and needs have been successful in Latin America and the Caribbean. These regional and sub-regional teams will be consolidated and strengthened, particularly in sub-Saharan Africa, in order to provide first-line technical support to countries. The staffing of headquarters will continue to ensure that the Department of HIV/AIDS and 27 other departments involved in HIV/AIDS work have the most appropriate skill set to undertake core global policy, strategic information, and normative work.

Estimating WHO's Budget

WHO currently has a detailed budget for 2006-2007 and will need to develop an indicative budget for 2008-2010. The approved WHO budget for the HIV/AIDS Area of Work for 2006-2007 is US\$275 million, with 59.3% allocated to countries, 24.7% to regional offices and 16% to headquarters. Significant HIV/AIDS activities are included under another 23 Areas of Work. It is estimated that the budget for these additional activities is approximately US\$20 million for the 2006-2007 biennium.

At the end of February 2006, there was an estimated funding shortfall of US\$164 million for the HIV/AIDS Area of Work for 2006-2007 and US\$20 million for HIV/AIDS activities covered under other Areas of Work. WHO will only be able to fulfil its mission and strategic directions for universal access after successfully receiving the funding support it has identified in the 2006-2007 budget.