



World Health Organization

**Proceedings of a Technical Meeting for the
Development of a Framework for Universal Access to
HIV/AIDS Prevention, Care, Treatment and Support in
the Health Sector**

**World Health Organization
Geneva
18-20 October 2005**

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Treatment
ARV	Anti Retroviral (the drug)
CBO	Community Based Organization(s)
FBO	Faith Based Organization(s)
IDP	Internally Displaced Persons
IDU	Injection Drug Users
IMAI	Integrated Management of Adult and Adolescent Illness
IMIC	Integrated Management of Childhood Illness
IMPAC	Integrated Management of Pregnancy and Childbirth
MSM	Men having Sex with Men
NGO	Non Governmental Organization(s)
OVC	Orphans and Vulnerable Children
PWA	People with AIDS
PCTS	Prevention, Care, Treatment and Support
PMTCT	Prevention of Mother to Child transmission
SAM	Service Availability Mapping
STI	Sexually Transmitted Infection(s)
UNAIDS	Joint United Nations Program on HIV/AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Definitions

Health Sector:

“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).”¹

¹ Global Health Sector Strategy for HIV/AIDS 2003-2007, WHO, 2003

Executive Summary

WHO hosted a Technical Meeting for the Development of a Framework for Universal Access to HIV/AIDS Prevention, Care, Treatment and Support in the Health Sector in Geneva, 18-20 October 2005.

During the meeting the following issues were discussed: (1) provisional definition(s)/scope for universal access and universal coverage and their implications for sustained scale-up; (2) a proposal for a framework for prevention, care, treatment and support - the core elements and the enabling conditions, and (3) the operational implications and scaling up requirements for achieving universal access.

The meeting outcomes included:

- Agreement for a working definition for universal access and for coverage based on globally accepted guidelines for adaptation at the country level;
- General endorsement for a framework with recommendations for further development including the requirement for operational guidance for scaling up interventions;
- Endorsement of a public health approach to integrated HIV/AIDS interventions, with particular emphasis on prevention integration, in a manner that strengthens the health system as a whole;
- The requirement to engage and extend the participation of non-state stakeholders/partners (e.g. FBO, CBO, private sector), and other state partners delivering health services (e.g., correctional services);
- Clarity required regarding the roles and mandates of the UNAIDS co-sponsors, especially for prevention strategies.

The meeting concluded with a number of next steps supporting the continued dialogue on universal access at regional and sub regional meetings, with the goal to prepare a final resolution and documentation for the WHO Executive Board Meeting (January 2006) and World Health Assembly (May 2006).

Technical Meeting Objectives

WHO hosted a Technical Meeting for the Development of a Framework for Universal Access to HIV/AIDS Prevention, Care, Treatment and Support in the Health Sector in Geneva, 18-20 October 2005. This meeting was held in response to the July 2005 G8 Summit commitment to work "... with WHO, UNAIDS and other international bodies to develop and implement a package of 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."

The technical meeting was structured around three thematic days, each with specific objectives.

Day 1 (18 October 2005): Considerations of a number of provisional definition(s)/scope for universal access and universal coverage and their implications for sustained scale-up of prevention, care, treatment and support services in the health sector

Objectives.

- To reach a common understanding on how to define and use these concepts of universal access and coverage in the context of HIV/AIDS prevention, treatment and care, based on reviewing the current debate around these concepts in the health sector
- To agree on a numbers of principles to take into account in defining targets for universal access to HIV/AIDS prevention, treatment and care
- To review the lessons learned from the scale-up of treatment intervention for target setting

Day 2 (19 October 2005): Proposal for a framework for prevention, care, treatment and support - the core elements and the enabling conditions

Objectives:

- To provide an overview of the proposed framework for prevention, care, treatment and support and engage in a discussion of the framework and its various elements.

Day 3 (20 October 2005): Achieving universal access to HIV/AIDS prevention, care, treatment and support - operational implications and moving forward

Objectives:

- To provide an opportunity to discuss the operational implications for achieving universal access by 2010
- To provide an opportunity to identify the key components for advancing the goal of universal access in the health sector
- To identify opportunities to promote an integrated scaled up response to HIV/AIDS which includes other health priorities.

Meeting Opening Remarks

The meeting was opened by remarks from Dr Peter Piot, Executive Director UNAIDS Secretariat. Dr Piot noted that the "3 by 5" Initiative has demonstrated that significant progress has been made in treatment, but also acknowledged the fact that more must be done. This comment was set in the context of realizing that the global community is moving from the theoretical considerations of what might be done to the practical realities of implementation supported by strong funding and political will. However, as more and more people come into treatment, the reality is that current funding and capacity will be insufficient to treat everyone, and this is the heart of the challenge to universal access. It is evident that there is a requirement to reassert the importance of prevention as a corner stone in universal access and ensure its equal place in efforts to effectively reverse the current trends and move to an HIV free generation. The global community must ensure that funding is well spent and that it is sustainable.

He further commented on there being a crucial paradigm shift at the community level, a change in "mind set". People are taking their own destiny into their own hands - personal ownership. This is essential for the current and future successes in addressing the epidemic. Countries are taking ownership of their national plans and are building on their successes. They are more sophisticated in the role they play in the dialogue on addressing HIV/AIDS; their settings of targets, their expectations of partners, and are more demanding of international agencies for practical support. At the global level there is a need to bring together and share our learning and to better coordinate support among international partners and donor organizations. This will be a focus for UNAIDS in working towards clearer roles and responsibilities among partners and greater accountability and better value for money. The "Three Ones"² provides the principles to work together as an international community in a country.

Dr Jim Kim, Director HIV Department, WHO acknowledged the opening comments. He reinforced that the role of WHO is very specific in its focus on scaling up HIV/AIDS services in the health sector and that this work is contributing to a larger, broader process. WHO and its partners need to foster actions that give greater pace and rhythm to efforts in moving towards universal access. Country involvement in setting the right targets is critical in making this happen. The global community's efforts should infuse energy into getting things done. Universal access should further energize the health sector in building upon what has been accomplished.

² "Three Ones" Key Principles, Conference Paper 1, Washington Consultation 20.04.04 UNAIDS

Scaling up Presentations: Country Experiences

Introduction

Over the course of the three-day meeting, a number of presentations were made on the 3 by 5 scale-up experience and on country specific experiences in scale-up.

Dr Jim Kim gave a presentation entitled *Reflecting on 3 by 5* and pointed to the progress made to date, but acknowledged that significant scale-up is still required. Key ingredients for success were noted, in particular a public health approach through simplified and standardized approaches to ART supported with affordable and high quality drugs and preventions strategies integrated with treatment interventions is a critical success factor.

Dr Jesus Maria Garcia Celleja gave a presentation entitled *Qualitative Review of ART Scale-up 2003- 2005 to inform Universal Access to treatment Lessons Learned* that documented the scale-up progress of a number of countries related to the availability of services for access to ARV. The presentation outlined the commonalities of scaling up ARV programs in these countries and noted the key limiting factors as human resources capacity.

Dr Pedro Chequer gave a presentation entitled *The National Response to HIV/AIDS in Brazil* and provided an understanding of the elements associated with Brazil's success in managing the epidemic. Emphasis was placed on the early involvement and commitment of government and a balanced approach of prevention and treatment, a human rights framework and the engagement of civil society. Brazil's prevention framework seeks to ensure adequate access to prevention commodities, especially condoms, syringes and needles and to expand preventive actions in health care services. It also pays special attention to more vulnerable populations, such as men who have sex with men, injecting drug users and sex workers. Success has relied heavily on civil society groups, community-based organizations and other social groups to enhance and complement the capacity of the State in areas where its direct involvement is likely to be ineffectual, such as prevention strategies with marginalized groups.

Dr Anupong Chitwarakorn gave a presentation entitled *Scaling-up HIV prevention, care and treatment in Thailand: success and challenge* that presented success factors reflecting leadership, political and financial commitment to a multisectoral approach (involving PWA and CBO) and resulted in strong prevention and increased access to care and ARV. It was noted that enhanced research and surveillance has been a key to achieving effective interventions and continued policy support. Challenges were focused in strengthening prevention to protect youth, educate mobile populations, and promote harm reduction measures among IDUs. Special efforts to regain commitment and overcome complacency will be needed as programs have been in place for many years,.

Dr Biziwick Mwale gave a presentation entitled *Scaling up HIV/AIDS Prevention, Care Treatment Activities: The case for Malawi* outlining the elements of the national response that has brought the epidemic to a stabilized level of approx. 14 –15% for the past three years. Coordination of a national plan through offices attached directly to the Prime Minister and working through a single national forum coordinating all relevant organizations has been instrumental in achieving success. Prevention and behavioral change are key program focuses, as are capacity building, multisectoral approaches and greater involvement of those persons living with HIV/AIDS. Successes in scale-up numbers of patients accessing ARV programs were presented as were the challenges centered on increased demand vs. supply, nutritional issues, poor infrastructure, human resources capacity, and the limitations of reaching patients in rural communities.

Dr Puriname Mane UNAIDS Secretariat gave a presentation entitled *Prevention Strategies and Targets* outlining the recent work on policy actions in prevention and supporting programmatic actions.³ Existing targets (e.g. Millennium Development Goals, UNGASS, Global Fund to Fight AIDS Tuberculosis and Malaria) were reviewed and considerations for future target setting were described, with the emphasis on country led target setting.

Dr Carl Stecker gave a presentation entitled *Operational Implications to Achieving Universal Access: AIDS Relief ART Project Experience* that presented a summary of the ARV scale-up experiences of many FBOs working in many countries. Keys to success included adherence, a reliable drug pipeline, early recognition of treatment complications, the shift from acute care to chronic care, and the requirement of a strong community referral network. Major issues were noted regarding the challenge FBOs have to access funds such as the Global Fund to Fight AIDS Tuberculosis and Malaria, World Bank even though FBOs are providing a significant amount (30-50% in many low and middle income countries) of the health care. Challenges in financial planning cycles and its relationship to the securing with confidence a secured ARV supply were presented. The need to integrate FBOs more comprehensively in country plans and to have their voice heard within the international and donor community was emphasized.

Dr Papa Salif Sow gave a presentation entitled *The Senegalese Model for Scaling Up Access to care for PLWHA* that outlined Senegal's approach to a decentralized model for prevention, care, treatment and support. It emphasized the approach of mentoring as being successful in shifting knowledge from centralized specialists to a wide range of health care workers. This has enabled task shifting so as to better utilize the scarce health resources available. IMAI was noted specifically as an effective guideline in this decentralized model. Political commitment; free testing, treatment and care; and innovative partnerships with the private sector have all proven valuable lessons learned.

³ Intensifying HIV Prevention, UNAIDS Policy Position Paper, August 2005, UNAIDS

Dr Smarajit Jana gave a presentation entitled *Scaling HIV Prevention & Care among High-risk groups – lessons from India*. This experience reflected the need for an enabling environment involving policy, national strategic planning with targeted operations plans, and supporting surveillance, monitoring and reporting. Expanded access to condoms, STI services and integration of prevention interventions with care and treatment have proven successful. Addressing stigma and discrimination faced by vulnerable populations by involving PWA and CBOs was noted. The concept of Community Led Structural Intervention was outlined as a means to address challenges of moving to scale-up. Community engagement and ownership has proven to be critical for success.

Dr Pavis Afshar gave a presentation entitled *Scaling Up HIV/AIDS Prevention and Care in Iranian Prisons: A New Version*. The necessity for strong government and political support for action was noted. Comprehensive programming involving voluntary testing, treatment, harm reduction measures, STI and OI management were described. Challenges were identified as financial and human resources, limitations of drugs in some facilities, prisoner turnover and continuity of care after release, and an increasing IDU problem were highlighted.

Plenary Summary

Many countries have taken up the challenge of the "3 by 5" Initiative and many are already developing full scale-up plans, as was seen in many of the country presentations. From this initiative, some lessons learned include:

- Long-term political and financial commitment is essential to sustain efforts.
- Availability of affordable, quality drugs provided through a reliable procurement and supply chain enables rapid scale-up of treatment.
- Accelerating prevention can be achieved in an integrated manner with the scaling up of treatment.
- The approach to scale-up must be a public health approach; it cannot be only a "doctor driven" response.
- Patient empowerment (patient self-management) is a critical component for successful scale up at the local and community level.

The country presentations profiled their effectiveness in prevention, testing, care and treatment scale-up and shared common success factors including:

- Strong political commitment and involvement at both a policy and financial level supports scale-up.
- Strong national planning must encompass human resources for health expansion plans moving from urban to rural settings.
- Country ownership is essential for scale-up. Country driven approaches with strong partnerships involving civil society and community based organizations (CBOs), faith-based organizations (FBOs), trade organizations, donors and external technical support are critical to rapid, effective scale-up.
- A multi-sectoral approach to prevention and treatment is essential.

- Ensure a rights-based approach, supported by appropriate legislation and regulations.
- Extensive involvement of people living with HIV/AIDS is essential.
- A decentralized approach to treatment services has proven very successful. Scaling up of treatment is a function of increasing the number of treatment sites as well as actions that encourage an increase in the number of people accessing services at these sites. Mentoring and task shifting have proven highly successful in moving specialist knowledge out to more community/local service points. This knowledge transfer and devolving of responsibility (task shifting) optimizes resource capability at different levels and engages the wide base of participants needed to scale-up prevention and treatment. The WHO program, the Integrated Management of Adult and Adolescent Illness (IMAI) has been strongly endorsed as an effective guideline and approach to promote decentralized HIV/AIDS services.
- Strong prevention elements (e.g. condoms, needle and syringe programs, expansion of prevention services within health settings and in other sectors, e.g. education) and not just treatment-focused approaches are needed.
- Specific interventions are required to target youth, vulnerable groups, and orphans.

Some of the key constraints to rapid scale-up were identified as:

- Human resource limitations and the challenge of mobilizing public and non-public resources and maximizing their capabilities in a coordinated manner.
- The availability of quality supplies (medicines and diagnostics) through a robust and reliable supply chain.
- Financial cycles that do not support the timely management of ARVs supplies.
- Paediatric care and the cost/treatment implications add complexity to both planning and decision-making.
- Guarantees of sustainable funding to enable long term planning.
- Stigma and discrimination related to HIV/AIDS remains a significant challenge.
- National policies that discriminate against some groups impede scale-up (e.g., IDU, sex workers).
- Poor harmonization among the global partners and bureaucratic processes can impede securing required resources (financial and technical).
- Limited focus and impact of prevention in some countries starting scale-up.
- Inadequate resourcing and strengthening of FBOs

Country experience has demonstrated that successful scale-up can happen and while there is no single best model, it has been shown that there are a number of common success factors; there are also many known challenges. Participants noted that countries have a strong understanding of what works and what initiatives should be supported in building on the current scale up momentum.

Universal Access Definitions

Introduction

Dr Michel Thieren, Measurement & Health Information Systems Department, presented a *Concept of Universal Access* to guide discussion of a general understanding of terminology associated with universal access, the development of a framework and the establishing of associated goals and targets.

Plenary and Working Group Summary

Definitions

Discussion within the plenary and the working groups focused on definitions of the terms “access”, “coverage”, and “universal access”. There was additional discussion on the implications of definitions and how these would translate to defining appropriate targets for universal access as it applies to prevention, care, treatment and support within the health sector.

Participants agreed that defining key terminology was important but not to the extent of a paralysis by analysis of the concepts. It was proposed that a "working definition" or understanding was required as this provides the opportunity to ensure clarity of the utilization of terminology and a benchmark for establishing targets. There was significant debate on the relevant terms and the associated concepts of affordability, acceptability, availability, utilization, perceived need and perceived quality of care. It was concluded that the working definition must be useful to countries as they continue to implement their national plans and strategies. Participants were advised to refer to the glossary of terms established by the European Observatory for Health System Research⁴ on which the presentation and corresponding material are based.

As a result of the working group discussions, the participants achieved a consensus for a working definition for universal access as follows:

- a. Universal access refers to access to prevention, care, treatment and support interventions.
- b. Use the term coverage to mean optimal availability and utilization, in accordance with the epidemiology, of a specific intervention.
- c. Access (which is a function of 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.
- d. Coverage should be measured at the country level within the context of globally accepted guiding principles related to acceptability, equity and sustainability.
- e. The term "universal access" at country level can be measured as follows:
universal access at maintained X% of coverage for a specific intervention for all those who need it.

⁴ "The European Observatory on Health Systems and Policies", the glossary of health system related terms used at WHO. Available at: <http://www.euro.who.int/observatory/Glossary/TopPage?term=1>

Targets

There was general agreement that targets are an essential element of universal access and country examples provided evidence that target driven approaches are successful in creating positive action. The framework should support broader health system targets that promote health care and avoid promoting limited vertical targets. A minimum/core set of targets for prevention also need to be set to encourage countries to ensure prevention and treatment are equally promoted and financed within their national plans.

The working groups recommended the following set of guiding principles to support target setting at the country level:

- Countries must be involved in the process and dialogue for determining global targets and must be the lead for establishing country targets.
- Country targets should be based on local realities that reflect the country context (e.g., the epidemiology of the epidemic, available/projected finances and resources, the reality of the status of the health system and the political environment).
- Targets should be based on consultation and consensus among all partners in the health sector (including public, community, private, and non-profit organizations) and must receive political endorsement.
- Targets should be realistic and achievable but must also motivate countries to strive towards universal access.
- Targets should be practical and measurable.
- Targets should reflect equity and ensure protection, promotion and fulfillment of human rights.
- Countries will scale-up at different rates and may need to set progressive milestones towards achieving their universal access targets.

The participants commented that much of the current discussion on universal access remains focused on treatment and that universal access must encompass prevention and treatment. Therefore it was noted that there is an urgent need to establish prevention targets while recognizing the challenges in measuring prevention impact and outcomes.

As a result of the working group discussions, the participants proposed the following guidance for universal access targets:

- A goal of no new infections and treatment for everyone that may become infected.
- Prevention access at 100% coverage.
- Treatment access at a minimum of 80% coverage.
- Countries will individually establish their priority interventions towards achieving these targets.

Measurement

The participants recommended that there is a requirement to streamline measurement activities and recommended a focus on a minimal set of indicators. Participants noted that any global targets and monitoring requirements must support country level efforts.

Service Availability Mapping (SAM) was identified as an effective and powerful tool for understanding the epidemic, mapping progress and supporting-decision-making⁵

The participants stressed the need for a harmonized, simplified measurement system built upon current country methodology. Participants felt strongly that targets and measurement systems need to support the country by providing value-added information upon which they can make informed decisions and demonstrate their progress.

As a result of the working group discussions, the participants proposed the following recommendations for measurement:

- A minimum number of elements that measure broad progress for scaling-up access to HIV/AIDS prevention, care, treatment and support services.
- Harmonization with current measurement indicators and processes within countries.
- Promotion of SAM as a practical tool to consider in supporting practical measurement.

A Proposed Framework

Introduction

Dr Charles Gilks, HIV/AIDS Department, presented a *Proposal for a Framework for Prevention, Care, Treatment and Support in the Health Sector*.

The proposed framework (See Annex I) contains the following elements, which were discussed in detail in the plenary and working groups:

- A specified set of interventions in prevention, care, treatment and support that could be promoted through a public health approach.
- Factors that contribute to an enabling environment.
- Key ingredients and products required for country scale-up.
- Guidance on implementation at various levels of the health system (and will require adaptation to the specific conditions at the country level).
- The need to reach different populations/groups.
- Delivery driven by a set of measurable targets to various specific interventions.
- Monitoring and evaluation of the common outputs and outcomes as well as the overall impact on HIV prevention and survival.

⁵ Surface Availability Mapping (SAM) is a tool to collect and present basic information on health services: health infrastructure, human resources and services offered. Its main application is at the sub national or district level, where district health management teams can use the results of the SAM in conjunction with data to map and monitor health services. SAM is made up of a survey methodology, remote field data collection devices, and WHO's Health Mapper application.

SAM Web-page: <http://www.who.int/healthinfo/systems/serviceavailabilitymapping/en/index.html>

Plenary and Working Group Summary

General Comments

The participants endorsed the requirement for a framework; the structure of the proposed framework and the need for presenting the framework in a manner that supports its “operationalization”.

Participants noted that the framework must take into account the variability in the maturity of the health sector in the country (including primary and secondary health care levels) and epidemiologic patterns. The framework must also provide countries the flexibility to choose priority actions for scaling up access to services.

All participants agreed that achieving universal access will require a public health approach and that this approach to HIV/AIDS should be advocated within a broader framework of health systems development – not a vertical approach to HIV/AIDS services. It was further emphasized that a public health approach is one that equally addresses prevention and treatment and should leverage one to support the actions of the other. The significant focus, funding and resources dedicated for HIV/AIDS must be considered as an opportunity for leveraging larger health system strengthening.

Set of Inter-related Core HIV Interventions

There was agreement for a set of inter-related core HIV interventions (also referred to as the essential package) that should be comprehensive for prevention, care, treatment and support across the continuum of health services (See Annex II).

The majority of discussion focused on describing the core interventions in a manner that provides countries with a comprehensive list and the flexibility to prioritize the interventions based on the country realities. An underlying theme emerged that all interventions need to be addressed to achieve universal access, however the reality is that countries cannot do everything at once and may need to progressively prioritize activities as they strive towards universal access. The framework should give guidance as to the minimum interventions that are required to support the country targets reflected in national plans.

The participants reinforced that prevention needs to be considered as a critical and equal partner with treatment in achieving universal access; both must be promoted with a rights based foundation as part of a public health approach.

A working set of interventions was agreed upon for further discussion and refinement in regional consultations.

Enablers

The framework presented enabling factors that must exist to ensure universal access can be achieved; these factors are relevant to all sectors and are not solely the health sector (e.g., building and maintaining political commitment; good governance practices and

structures; promotion of a rights-based approach; and supportive legislative and regulatory environment).

The participants concluded that, while these enablers are critical for successful country scale up to occur, WHO needs to advocate for an enabling environment to also include:

- No financial barriers to access of HIV/AIDS services at point of delivery.
- Partnerships between the health sector and other service providers/sectors to ensure all segments of society have access to same essential package of services (e.g. internally displaced persons (IDPs), migrants, prisoners, refugees, etc.).
- The inclusive involvement of all key stakeholders CBO, FBO, people with AIDS (PWA), private sector, trade organizations and civil society

Loci

The framework illustrates that the provision of health services occurs at a variety of levels and that it is essential to determine the most effective service delivery at the various levels. It is also important to determine the interventions that are required at the national and global level for achieving universal access.

The participants agreed on the following recommendations on the framework:

- The guiding principles identified within the supporting background concept paper should be reflected in the framework
- Ensure inclusiveness of critical stakeholders/partners, e.g. PWA, FBO, CBO, and private sector.
- Re-examine the inclusion of orphans and vulnerable children (OVC) and labor issues (health and safety in the health sector workplace).
- Define in more detail the specific elements of the core HIV interventions, especially interventions related to prevention.
- Ensure prevention is integrated with care, treatment and support.
- Clarify the public health approach for access to prevention and treatment services
- Promote a public health approach that integrates HIV/AIDS initiatives in a manner that strengthens the health system.
- Provide more clarity to the home-based care and chronic care components of the framework.
- Make targets more prominent and clearly linked to country ownership.
- Provide clarity on the progressive nature of achieving scaled-up interventions.
- Ensure an underlying theme of “country led and country owned” throughout the framework.
- Clear statement and guidance on improving the coordination and harmonization between international, donor and country organizations (Three Ones).

How to Operationalize the Framework (Universal Access)

The discussion on “operationalizing” the framework focussed on practical aspects for achieving prevention, care, treatment and support scale-up and striving for universal

access was structured with the following questions: What do we need to continue to do? What do we need to do differently? What do we need to do more of? The discussion was further advanced with a focus on the question of what opportunities/conditions should be promoted to enable health system strengthening as HIV/AIDS interventions are scaling up. Annex III provides a synopsis of the discussions for the operational implications for scaling up access to HIV/AIDS services with the concluding recommendation for WHO to provide guidance for optimal service delivery models for achieving universal access.

Conclusions

The technical meeting provided the opportunity to begin focused discussion on issues associated with universal access to HIV prevention, care, treatment and support in the health sector. There was a consensus on a working definition for terminology associated with universal access, an accepted definition for the health sector, and an endorsement for a framework. Universal access messages and strategies must be inclusive for prevention and treatment initiatives.

It was agreed that a public health approach is critical in achieving universal access and will require the engagement of a wide range of resources and partners beyond the public health sector health system to scale-up successfully.

It was agreed that the framework should define the core elements of interventions (i.e. the essential package) and provide the principles and operational guidance for optimal models for scaling up access to HIV/AIDS services.

The meeting reinforced that a coordinated approach is needed within the UN family to streamline processes and provide the most effective and efficient support to countries. Finally, universal access, in association with HIV/AIDS, is an opportunity to continue to expand the momentum from "3 by 5" Initiatives and scaling up experiences and to reinforce the Three Ones principles.

The meeting outcomes included:

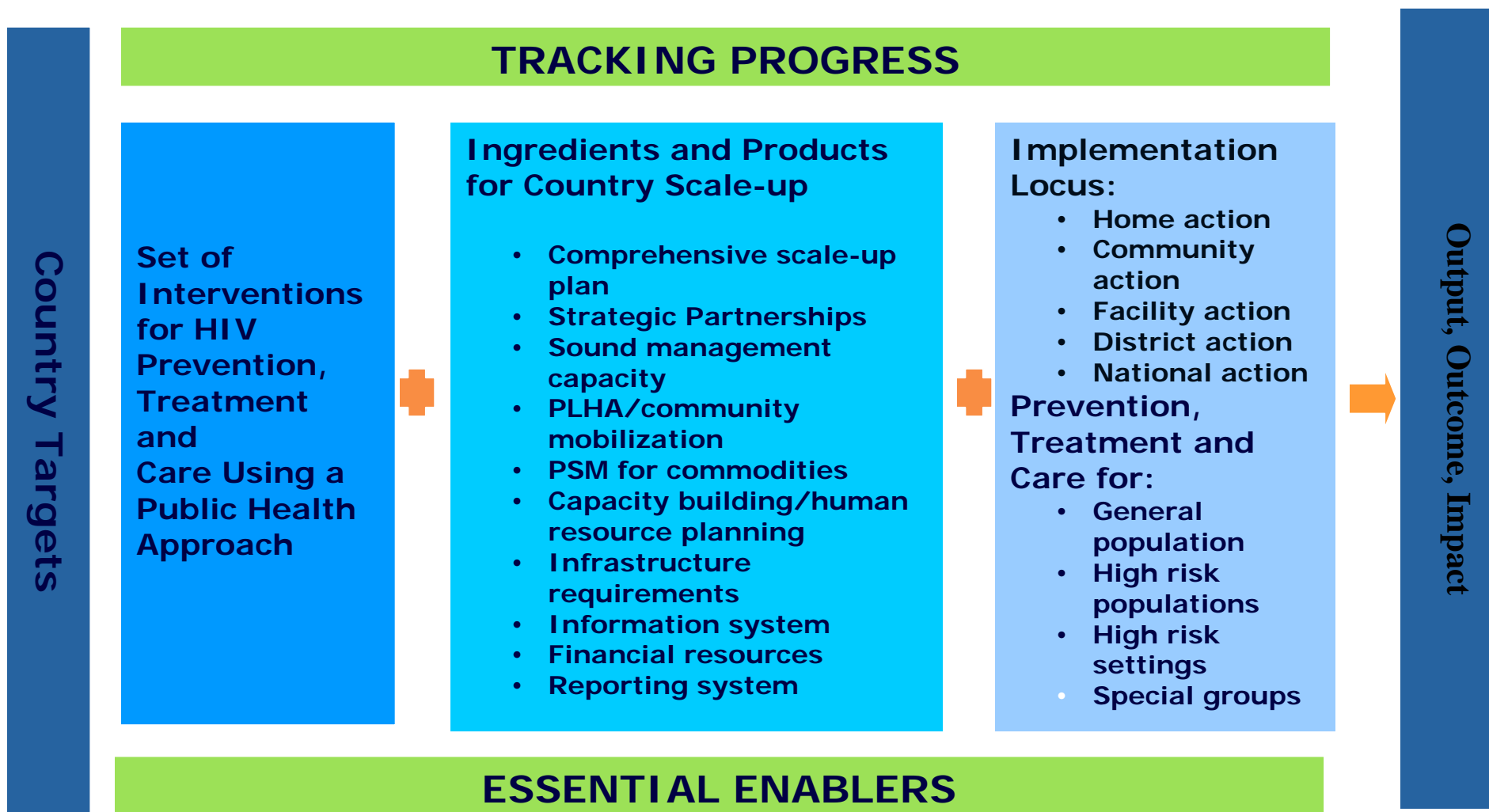
- Agreement for a working definition for universal access and coverage based on globally accepted guidelines for adaptation at the country level;
- General endorsement for a framework with recommendations for further development including the requirement for operational guidance for scaling up interventions;
- Endorsement of a public health approach to integrated HIV/AIDS interventions, with particular emphasis on prevention integration, in a manner that strengthens the health system as a whole;
- The requirement to engage and extend the participation of non-state stakeholders/partners (e.g. FBO, CBO, private sector), and other state partners delivering health services (e.g., correctional services); and
- Clarity required regarding the roles and mandates of the UNAIDS co-sponsors, especially for prevention strategies.

Next Steps

In moving forward from this technical meeting, the next steps include:

1. Draft the meeting proceedings, outcomes and recommendations and share with all meeting participants for their feedback.
2. Publish meeting documentation.
3. Share the meeting documentation with the Steering Committee on Universal Access.
4. Revision of the concepts (1) the definitions universal access and (2) the framework.
5. Continue to participate in regional and sub regional meetings to prepare the final resolution and documentation for the WHO Executive Board Meeting (January 2006) and World Health Assembly (May 2006).

Annex I: Proposed Framework for Universal Access to HIV Prevention, Care, Treatment and Support Within the Health Sector



Annex II: Core Set of Interrelated HIV/AIDS Prevention, Care, Treatment and Support Interventions

The proposed set of interrelated core HIV/AIDS prevention, care, treatment and support interventions (i.e. the essential package) in the health sector consists of:

- Basic prevention - safer sex education, provision and education of condoms, family planning
- HIV counseling and testing
- Sexually transmitted infections (STI) detection and treatment
- Targeted interventions (MSM, sex workers, drug use, mobile populations, displaced populations)
- Positive prevention
- Prevention of mother to child transmission (PMTCT)
- Post exposure prophylaxis (PEP) - non-occupational exposure
- Occupational safety and health (OSH)
- Blood safety
- Antiretroviral therapy (ART) including adherence management
- Tuberculosis management
- Management of opportunistic infections (OI)
- Management of drug dependency including substitution treatment
- Provider initiated testing and counselling
- Opportunistic Infections (OI) prophylaxis
- Nutritional support
- Psychosocial support
- Palliative care - symptom management & end-of-life care

Annex III: Operationalizing the Framework

What do we need to continue to do?

Service Delivery

- Promote decentralized, community-based approaches that are based on proven models.
- Continue promotion and adoption of guidelines and toolkits such as the Integrated Management of Adult Illness (IMAI) and Integrated Management of Childhood Illness (IMCI), as well as materials for the prevention of mother-to-child transmission (PMTCT). The IMAI, IMCI and PMTCT guidelines and tools provide an integrated district service delivery approach to managing HIV with linked community interventions. These build on the practical experience in many countries. Such an approach also strengthens health systems by bringing together case management, prevention interventions, patient monitoring, and links to community services, and supporting effective district networks of facility- and community-based health workers and district managers in low-resource settings. This facility and linked community approach to the integrated management of HIV/AIDS is complemented by tools to support targeted community interventions for outreach to high risk groups (IDU, sex workers, MSM, etc) and broad-based prevention for the general population (including outreach to youth) and treatment preparedness. There is a need to continue to promote the country adaptation and adoption of these models.
- Strengthen the promotion of counselling and testing (VCT) services.
- Key partners such as FBO, CBO, representatives of high-risk groups, PWA, trade organizations and less traditional providers are crucial for scale-up
- Sexually Transmitted Infection (STI) prevention efforts are a key element in prevention scale-up and renewed focus for STI initiatives and integration of STI case detection and management within acute care and chronic HIV care are required. is required.

Management & Administration

- Continued political support throughout all levels is essential.
- Countries must continue to scale-up services and international organizations need to further strengthen their capacity to provide assistance and support to country led programming. Furthermore, there is a timely necessity to continue to mobilize financial resources especially in light of the realization of increasing costs to support scale-up of treatment over the long term.
- Build on existing organizational structures and processes for the management of services.
- Leverage HIV/AIDS initiatives across other areas of the health system and sector.
- Continue to promote the development of local capacity to produce commodities.

What do we need to do differently?

Service Delivery

- Give more emphasis to known effective models for prevention (e.g. PMTCT, condom programs, needle and syringe programs).
- Increase use of country-adapted standardized tools to facilitate scale-up.
- Provide harmonized tools to allow efficient, integrated training at the district level for HIV testing and counseling, PMTCT interventions, testing and counseling and TB-HIV co-management to achieve universal access.
- Efficiently integrate the co-management of HIV and ART with pregnancy, TB and drug substitution therapy for IDU.
- Make greater use of country-adapted IMAI/IMCI/IMPAC toolkits to support widespread use of standardized first and second line ART therapy, prophylaxis strategies (Co-trimoxazole), TB-HIV co-management strategies, PMTCT interventions, and rapid HIV testing.

Management & Administration

- Long-term funding/financing is needed for sustainability
- Stronger planning for the long term chronic care aspects of the epidemic.
- Stigma and discrimination remain major challenges, especially for health sector workers, and needs renewed focus.
- Approach health services in a more integrated manner through the continuum of care, especially for prevention messages and interventions.
- Develop district level capacity for HIV/AIDS planning, finance and human resource management, supply chain management, and information management in a manner that strengthens the health system.
- The health sector is only one part of the scale-up solution and other sectors need to be engaged (multisectoral approach).
- Ensure that application processes for international funding sources are streamlined and minimize the administrative burden on developing countries.

What we need to do more?

Service Delivery

- Promote the concept of a continuum of care that has an appropriate balance between prevention, care, treatment and support.
- Make better use of the private sector and informal sector to achieve greater outreach to individuals and target groups. Partnerships with religious groups for care and support and for behavior changes have proven successful and should be promoted.
- Use the existing health services in a much more integrated way to provide entry points to HIV/AIDS prevention and treatment.
- Establish systems to monitor the development of ARV resistance.

Management & Administration

- Promote a broader understanding of the need for additional monies for ongoing treatment, care and support needs and the chronic nature of the service provision.
- Improve wages and working conditions for all health workers, not just HIV workers, as an essential element to strengthening the health system.
- Human resource planning must recognize that health workers are the primary source of service delivery but are also affected by the epidemic.

What opportunities/conditions should be promoted to enable health system strengthening as HIV/AIDS interventions are scaling up?

In addressing what opportunities/conditions should be promoted to enable health system strengthening as HIV/AIDS interventions are scaling up, the participants identified the following:

- The adoption of a “rights based approach.”
- More efficient management to the entire health system by developing district level capacity for planning, finance and human resource management, supply chain management and health information management.
- Ensure that investments in HIV/AIDS are integrated in a manner to strengthen the whole health system. For example, an improved supply chain delivery system for ART must also strengthen the entire drug delivery system.
- Build on the understanding that HIV/AIDS is not simply a health problem but is a development issue; this understanding can continue to mobilize political will and investment.