



**World Health
Organization**

**Report of the
Consultation with Development Partners
On
WHO Global Health Sector Strategy for HIV, 2011-2015
The Hague, Netherlands
13-14th October, 2010**



Ministry of Foreign Affairs

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Opening session

Ambassador Marijke Wijnroks, on behalf of The Netherlands Ministry of Foreign Affairs, and Dr Hiroki Nakatani, on behalf of the World Health Organization, welcomed the participants, noting the importance of the meeting and the marked commitment shown by the organizations participating in the consultation. They noted that the development of new HIV strategies by leading multilateral agencies, including WHO, UNAIDS and The Global Fund to fight AIDS, Tuberculosis and Malaria, is crucial at this time when we are at a cross-roads in addressing the HIV pandemic. As development partners, the participants are a valuable resource in providing both technical and strategic input to the global health sector strategy. The Chairs urged an honest and open discussion over the two-day consultation.

Session 1: Strategy overview

Gottfried Hirnschall presented an overview of the draft Global Health Sector Strategy for HIV, 2011-2015. While the strategy's long-term vision is of "a world free of new HIV infections and where all people living with HIV enjoy long and healthy lives", the strategy reaffirms commitments to existing Millenium Development Goals (MDGs) and 'Universal Access' targets, including the links to the UNAIDS Outcome Framework and 'Three Zeros'. The WHO strategy has four strategic directions:

1. Optimize HIV prevention, diagnosis, treatment and care outcomes
2. Leverage broader health outcomes through HIV responses
3. Build strong and sustainable systems
4. Reduce vulnerability and address structural barriers to accessing services

WHO has undertaken an inclusive consultation process, with key stakeholders and constituencies, and participation from over 90 Member States. While input has been broad, there has been substantial convergence of feedback on several key areas. The draft strategy will be submitted for WHO Executive Board review at its 128th session in January 2011. In parallel it is proposed that WHO will initiate work on developing a costed operational plan for the strategy, to be completed once the strategy has been approved by the World Health Assembly.

Mariangela Simão presented the UNAIDS Strategic Plan 2011-2015, a second draft of which has been circulated for review. The plan has three central directions: to revolutionize HIV prevention; catalyze the next phase of treatment, care and support; and advance human rights and gender equality for the HIV response. The strategic plan will be considered by the UNAIDS Programme Coordinating Board (PCB) in December 2010 following endorsement by the Committee of Cosponsoring Organizations (CCO) in November 2010. The objectives and goals for the strategy are based on the Business Cases developed for the UNAIDS Outcome Framework.

General Comments from Participants on the Draft Strategy:

Draft Version 3.1 was circulated to development partners prior to the consultation for their review and comments.

Participants were asked to provide general comments on the structure of the document, its level of detail, how well it communicates what the strategy aims to achieve, and its relevance to countries. Participants provided a range of feedback and suggestions, the common threads of which are summarized below:

- WHO is a key partner in a complex architecture, and must boldly assert its leadership through this strategy.
- The current version of the strategy is too long and complicated, which obscures the main messages. The relationship between the strategic directions, the priority programmes and the flagship projects is unclear.
- The coherence between the WHO and UNAIDS strategies must be clearer, including greater alignment of goals and targets, and more consistent language and terminology.
- The strategy does not adequately clarify the role WHO will play in each of the strategic directions, and the broad division of labour within UNAIDS needs to be presented in a more operational way.
- The current draft strategy could be interpreted as using a medical approach, whereas HIV must be addressed as a broad development issue.
- Several suggestions were made to improve the logical flow and shorten the document.

Session 2: Strategic Directions 1 and 2

WHO described Strategic Directions 1 and 2, and for each strategic direction the priority programmes and policy options recommended for countries, and WHO contributions to support countries.

Discussion and recommendations

Strategic Direction 1: Optimize HIV prevention, diagnosis, treatment and care outcomes

- *Know Your Epidemic, Know Your Response:* This approach needs to be better highlighted in the document, emphasizing the importance of strategic information in understanding epidemic dynamics and in selecting and targeting approaches and interventions.
- *Prevention:* WHO was asked to elaborate a balanced approach to prevention that combines bio-medical, behavioral and structural approaches. As reducing infections is one of the biggest challenges, WHO was called upon to exert its intellectual leadership, and bring the evidence together to address HIV prevention.

- *HIV Counseling and testing:* WHO was urged to review the evidence around HIV counseling and testing, and the language used to reflect the evidence in the draft strategy. This section should reinforce the need for ethical HTC approaches, ensuring testing is voluntary with consent provided, confidential and accompanied with appropriate counseling.
- *Access to Quality Medicines:* Access to medicines is crucial to countries, and one for which they need support from WHO. Although this issue is covered in Strategic Direction 3, it should be introduced in Strategic Direction 1 because of its link to treatment access. Specific reference should be made to the price of medicines, access to generic medicines, intellectual property and application of TRIPS flexibilities.
- The strategy should emphasize quality and safety issues while advocating for treatment and prevention scale-up. Participants questioned the need for new guidelines, urging WHO to concentrate its efforts on assisting countries to build capacity to adopt and implement the existing guidelines and prioritize HIV interventions based on proven cost-effectiveness.

Strategic Direction 2: Leverage broader health outcomes through HIV responses

- Acknowledge the difficulty, and resources required, to integrate HIV services that have evolved separately from other services. It may be helpful to present examples of successful linkages.
- WHO was asked to explicitly state in the strategy how integration should happen and WHO's role in facilitating linkages, taking into consideration its six core functions.

Session 3: Strategic Directions 3 and 4

WHO described Strategic Directions 3 and 4, and under each strategic direction the priority programmes and policy options for countries, and WHO contributions to support countries.

Discussion and recommendations

Strategic Direction 3: Build strong and sustainable systems

- Health systems are the most important barrier to universal access, and health systems is the one area that only WHO can impact.
- The overall principle of focusing on upstream policy dialogue and alignment behind robust national health plans was endorsed. More explicit attention needs to be given to issues related to human resources for health, health systems financing, surveillance and access to affordable medicines.

Strategic Direction 4: Reduce vulnerability and address structural barriers to accessing services

- While WHO has a clear role in providing evidence to support structural interventions in other sectors, the language in this section does not make that clear; the section must define what WHO will do, and how, to address structural barriers.

Session 4: WHO key contributions

WHO described its proposed contributions to five key areas of the health sector response, and how the organization would prioritize its work in these areas over the next five years, in each of the four strategic directions. The five key contributions are:

- Health sector innovation in HIV prevention - *part of WHO's contribution to the UNAIDS Strategic Direction 1 to 'Revolutionize HIV Prevention'*
- Treatment and care optimization - *WHO's contribution to the UNAIDS Strategic Direction 2 to 'Catalyse the next phase of treatment, care and support'*
- Health for women and children - *this area includes prevention of HIV infection in infants, which contributes to UNAIDS Strategic Direction 1, and a focus on women, gender & gender based violence, which contributes to the UNAIDS Strategic Direction 3 to 'Advance human rights and gender equality for the HIV response'*
- Health sector strategic planning - *a cross-cutting contribution*
- Health equity and HIV - *WHO's additional contribution to the UNAIDS Strategic Direction 3*

Discussion and recommendations

- Though the 'onion' schematics of the key contributions clarify WHO actions, the strategy was still seen to be too complicated. These five key contributions are easy to understand, and should be presented as the one model in the strategy; the additional discussion of WHO actions in support of countries (currently in Section IV), should either be presented after the key contributions, or put in an annex.
- The outcomes of these key contributions are not clear; the strategy must include a clear accountability framework against which WHO will be measured. The elements under each strategic direction should be operational (some, such as addressing vulnerabilities, are quite general).
- Participants questioned whether the key contributions reflected a prioritization or a simplification of WHO's work. WHO was urged to clarify in the strategy what was new and innovative about the approach, and how it differs from the Universal Access strategy.
- *Health for women and children:* WHO should consider either separating health of women and health of children into independent contributions, or to clarify that health for women was not limited to reproductive health issues.
- *Health sector strategic planning:* This area was seen as critical, and where WHO can make a unique contribution; it must include WHO's key role in working with countries on financing and national policy development.

- Strategic information (particularly surveillance), research, ethics and male involvement were noted as missing from, or only weakly reflected in the key contributions.

Session 5: Interface with other HIV strategies

UNAIDS, The Global Fund, The World Bank, UNITAID and PEPFAR presented their priorities and strategies with an emphasis on where their individual strategies interfaced with WHO's strategy.

UNAIDS:

- Complementarities and coherence between the UNAIDS and WHO strategies were noted specifically in addressing the 'artificial divides' between prevention and treatment, where the treatment for prevention evidence is sufficient to move forward. Access to treatment is not just a human right but a public health issue.
- Other synergies between the two strategies include a focus on country ownership, greater involvement of people living with HIV (GIPA) and positive health, prevention and dignity.

GFATM:

- The Global Fund's HIV strategy will be under development following its Board meeting in December 2010.
- The Global Fund's technical assistance strategy recognizes the critical assistance provided by WHO to countries in developing the proposals for the funding rounds, and would like to see this support harmonized with efforts of other technical partners, including PEPFAR and GTZ. The joint regional operational plan developed between the Global Fund and WHO WPRO and SEARO was cited as a good model to support countries with Global Fund-related activities.

The World Bank:

- There are synergistic opportunities for collaborative work with WHO in all four components of the World Bank's HIV strategy (Prevention; Integration of HIV services into health systems; Social protection; and Planning, efficiency and effectiveness). WHO and World Bank are in discussion on how to collaborate in each of these areas.

UNITAID:

- Main areas of collaboration are PMTCT, where UNITAID partners with both UNICEF and WHO; the Global Price Reporting Mechanism (GPRM); and prequalification for diagnostics and ARVs. UNITAID seeks to strengthen its work around market intelligence and dynamics to avoid facing market shortcomings in low-income countries.

US President's Emergency Plan for AIDS Relief (PEPFAR):

- PEPFAR funds WHO directly both at HQ and in countries for its technical leadership role, and has a Joint Strategic Framework of WHO and PEPFAR Cooperation on HIV/AIDS 2010-2013, which is implemented through annual workplans. WHO and the US Centers for Disease Control and Prevention (CDC) work closely together at the country level; clarity on how WHO's strategy will be operationalized at country level will be crucial. The collaborative work in Swaziland to roll out male circumcision services was cited as a good example of using the comparative advantages of all agencies to move the work forward.

Conclusions:

- There was unanimous agreement to work towards greater coherence. Coherence is needed not only around the processes but also around effectiveness and evidence. These strategies must make work easier and more effective and efficient at the country level.
- WHO is working bilaterally to establish clear relationships with partners, and to define specific areas of cooperation.
- UNAIDS must encourage aligned timeframes in strategic planning processes, and continue to advocate for complementarity amongst its co-sponsors. Development partners also have an important role to play on governing bodies of UNAIDS and the Global Fund to highlight the complementarities and ensure coherence from all parties.

Session 6: Strategic alliances with development partners

All participants were given the opportunity to describe their strategic priorities in the area of HIV. Participants representing the following countries and organizations summarized their priority activities: Sweden, Norway, Finland, Denmark, Canada, Germany/GTZ, Italy, The Netherlands, Switzerland, Belgium, Australia, Brazil, the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC), and the Open Society Foundation.

Summary:

- Several representatives noted recent or upcoming changes in government that affected resources and prioritization.
- There was a convergence of priorities around sexual health, reproductive health, maternal and child health, human rights and health systems strengthening. Additional areas identified included harm reduction for drug users and addressing the needs of men who have sex with men and transgender people.
- Concern was expressed about the absence of surveillance and other strategic information in the draft strategy and the importance of WHO's work in this area to support the work of development partners and countries.

- WHO must exert its technical and policy leadership in areas where it is uniquely placed to contribute.

Key issues/questions to be addressed in the strategy:

Global Fund-related technical support: There was acknowledgement that this remains an under-funded area of work for WHO. WHO was asked to articulate how this support could be organized more effectively and efficiently including through regional cooperation with partners. Such technical support needs to go beyond proposal development to including support for grant implementation and monitoring and evaluation.

Relation to other UN partners: Development partners recommended greater coordination among UNAIDS co-sponsors and adherence to the division of labour while working in countries.

Strategic presence in countries: Development partners asked WHO to reflect in the strategy what kind of strategic presence would WHO need to have in countries, given that country capacities vary.

Closing session

Ambassador Wijnroks and Dr Nakatani summarized the discussions and the main conclusions:

1. The overall discussions were frank and the feedback was considered constructive and will help to inform the further development of the strategy.
2. There was overall support for the strategy and the strategic directions and an appreciation of the consultative process.
3. Development partners provided strong encouragement for WHO's intellectual leadership and urged bold action.
4. Development partners challenged WHO to
 - reflect greater coherence with UNAIDS in the strategy, and clarify the complementarities and division of labour.
 - address cross-cutting issues that are not adequately visible, including gender, costing, intellectual property, access to drugs, ethics, research and behavioral dimensions of prevention.

- spell out specific WHO roles and contributions.
5. Overall development partners wanted the strategy to be shorter, simpler and 'snappier'.
 6. Development partners were urged to flag issues of coherence and complementarity at governing body meetings in which they participate.

Next steps:

The Hague Consultation report and revised draft strategy to be shared with development partners (end October, 2010)

Initial planning for development of operational plan to start from November 2010, including a capacity building strategy and technical support plan.

WHO HIV Strategic and Technical Advisory Committee for HIV/AIDS (STAC-HIV) to meet and advise on operationalization of the strategy.

Re-convene development partners as a group for a discussion on resourcing and implementation of the strategy after the World Health Assembly . Prior to that, individual discussion with development partners will continue to identify joint priorities and opportunities for collaboration.

Annex 1: Objective and scope of the Consultation

Objective

The objectives of the Consultation are to:

1. Provide an opportunity for development partners to input into the new Global Health Sector Strategy on HIV 2011-15.
2. Provide an opportunity for WHO to better understand and incorporate priorities and issues of development partners in a meaningful way to develop a more coherent and aligned approach for its future work on HIV
3. Discuss opportunities and modalities for collaboration and joint work at the global, regional and country level
4. Discuss how the strategy could address the role and expectations from WHO vis-à-vis other actors in the context of a coordinated health sector response to the HIV epidemic

Output:

A report from this meeting will be prepared on the inputs made by development partners. This report will inform the further development of the Global Health Sector Strategy on HIV 2011-15.

A final draft of the strategy will need to be ready by the end of October 2010 in time for submission to the WHO Executive Board in January 2011.

Proposed Agenda

1. Institutional context - role and expectation from WHO vis-à-vis other actors in an evolving HIV landscape
2. Vision, Mission
3. Strategic Directions
4. Forging strategic alliances with development partners
5. Delivering better results in countries
6. Implementation and the resource base

Annex 2: Programme of the Consultation

Day 1: 13 October 2010		
12:00 - 14:00	Registration and lunch	
14:00 - 14:45	Welcome and Introductory remarks Background and rationale	Marijke Wijnroks Hiroki Nakatani
14:45 - 15:45	Global Health Sector Strategy Overview New UNAIDS strategy Discussion	Gottfried Hirnschall Mariangela Simão
15:45 - 16:00	Coffee Break	
16:00 - 17:30	Strategic Directions SD1: Optimize HIV prevention, treatment and care outcomes SD2: Leverage broader health outcomes through HIV response including: Discussion	Chairs: Anders Nordstrom Caroline Ryan Presenters: Andrew Ball Elizabeth Mason
17:30 - 19:00	Reception	
19:30 - 21:00	Dinner	
Day 2: 14 October 2010		
9:00 - 9:15	Summary of discussion of day 1	The Netherlands

9:15 - 10:30	<p>Strategic Directions</p> <p>SD3: Build strong and sustainable systems</p> <p>SD4: Reduce vulnerability and address structural barriers</p> <p>Discussion</p>	<p>Chairs: Paul Fife Amrita Paul</p> <p>Presentations: Wim Van Lerberghe</p> <p>Karen Kelley</p>
10:30 - 10:45	Coffee Break	
10:45 - 11:30	<p>WHO Key Contributions</p> <p>Prevention Treatment and care Women and children Strategic planning Health equity and HIV</p> <p>Discussion</p>	<p>Chairs: Peter Weis Françoise Girard</p> <p>Presentation: Andrew Ball</p>
11:30 - 12:30	<p>Interface with other HIV strategies</p> <p>Panel discussion</p>	<p>Chair: Marijke Wijnroks</p> <p>Panel: Mariangela Simão, UNAIDS Raquel Child, UNITAID Akram Ali Eltom, GFATM David Wilson, World Bank Caroline Ryan, PEPFAR</p>
12:30 - 14:00	Lunch Break	
14:00 - 15:45	<p>Strategic alliances with development partners</p> <p>Collaborations to deliver in countries</p>	<p>Chairs: Jimmy Lee Dirceu Greco</p> <p>Comments by development agencies</p>
15:45 - 16:00	Coffee Break	

16:00 - 17:00	Summary and conclusions Next steps Closure	Chairs: Marijke Wijnroks Hiroki Nakatani Speaker: Gottfried Hirnschall
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