

World Health Organization
Global Health Sector Strategy for HIV/AIDS 2011-2015

Informal Community Consultation

5-6 July 2010, Geneva, Switzerland

Summary Report

Background

In response to the 2010 World Health Assembly Resolution WHA.63.19 the World Health Organization (WHO) is developing the Global Health Sector Strategy for HIV/AIDS 2011-2015, which will build on the achievements and experiences of the "3 by 5" initiative and the WHO Universal Access Plan. It aims to provide guidance to countries on implementing a health sector response to HIV/AIDS and provide a framework for concerted WHO action at the global, regional and country levels and across departments. As part of the Strategy development process, WHO is committed to a wide ranging consultation process with civil society, in particular with key affected communities. As a first step in this process, WHO held a two day informal community consultation with key affected communities in Geneva, Switzerland, 5-6 July 2010, to discuss and receive input from key affected communities as part of the development process for the HIV/AIDS Strategy 2011-2015.

Objectives

- To review the experience of organizations of key affected communities in working with WHO over the past two years.
- To update organizations of key affected communities on the Strategy development process.
- To receive input from key affected communities in the development of the HIV Strategy and to identify their priority issues that should be meaningfully reflected in the Strategy.
- To hold discussions between WHO and organizations of key affected communities on the opportunities and modalities for collaboration and joint work.

Participants

The meeting was attended by 15 leaders from organizations of people living with HIV and key affected populations, and by staff from WHO's Department of HIV/AIDS and the UNAIDS Secretariat.

Presentation

The current draft framework for the HIV Strategy was presented and over the course of the two days, participants were asked to comment on the scope and methodology for developing the strategy; the relevance of the proposed objectives, indicators and targets; and to provide any other feedback.

Summary of participant comments

General

Overall Comments

- There was consensus that draft Strategy structure should be revised to improve logical flow.
- Guiding Principles, including respect for human rights, health equity and provision of services through primary health care are embedded throughout the Strategy. It was noted that the guiding principles are the same at the Strategy Vision level and in relation to WHO's activities. As such, they should remain at the Vision level.

- It was agreed that stigma needs to be measured as part of Strategic Information and included as a Guiding Principle.
- Integration of treatment as prevention needs to be reflected throughout the Strategy.
- WHO's added value should be identified in the mission statement, and flow through the objectives and strategic approaches.
- Community systems strengthening should be included in the mission statement and throughout the strategy, including a new focus on task shifting from professional health care workers to community-based health care workers, which in turn should provide the impetus for governments to support the role of civil society in country.
- WHO should consider overlaying the Strategy with "Know your epidemic", that is to differentiate between concentrated, generalized and hyperendemic epidemics.
- There is the need for an accountability framework for WHO regarding its performance on the strategic approaches and focus areas.

Process

- A web-based consultation process may be inappropriate for certain regions and for some constituencies.
- The draft strategy for consultation (along with other relevant consultation documents) should be translated into relevant languages (at least the six official UN languages)
- The web version of the HIV Strategy should include the existing indicators from WHO Resolutions, MDGs and UN Resolutions.

Packaging of Strategy

- Packaging and marketing of the HIV Strategy was seen as being crucial to its success.
- Consider including an outline of the costs in terms of lives and finances, if the strategy is not implemented.
- Other elements that should be included in packaging the targets are benefits to patients and the prevention dividend.

Definitions to be added

- Define health sector broadly to include civil society.
- Ensure that the definition of civil society differentiates between large civil society organizations (businesses) and small community-based organizations.
- Define key affected or vulnerable populations.
- Define young people, that is specify age and risk groups.
- Define 'partnerships'. See UNAIDS Partnerships Strategy.

Health Sector

- Sensitize health systems to the specific needs of key affected populations.
- Address gender norms in health settings.
- Address stigma at the point of contact with the health sector.
- Assess the role of civil society in providing treatment. Specifically, WHO and UNAIDS should evaluate the experience of civil society organizations, including people living with HIV and key affected population networks, in providing services, undertaking advocacy, and monitoring and reporting, as was undertaken for the International Treatment Preparedness Coalition (ITPC) sponsored programmes during the "3 by 5" initiative.

Key affected populations

- People with disabilities were raised as a group whose HIV-related needs are not being addressed by WHO, and should be included in the strategy.
- The strategy should include transgender people and migrants.
- The HIV Strategy should reflect the lived experience of key affected populations.

Targets

- Clearly outline the rationale for setting global targets and the selection criteria for specific targets.
- There was no consensus by civil society on a specific target but there is a need to redefine Universal Access (i.e. > 80%) with a deadline of 2015 around which all stakeholders can agree.
- There was consensus that both treatment and prevention targets are needed with the treatment target being used to calculate the percentage benefit in terms of prevention.
- Include elimination of pediatric AIDS.
- The selection of all targets should be supported by evidence, including that the targets are relevant to addressing the HIV epidemic; this will help to prioritize a more effective response and ensure that targets are achievable.
- Any target must also include a rights-based approach. Another suggestion was to have a human rights-based target per se.

Indicators

- Many of the current indicators make key affected populations invisible, for example, migrants are not included in UNGASS targets but are recognized by the European Centre for Disease Prevention and Control (ECDC). WHO should specifically request countries to report on all key affected populations.
- It will be important to keep MDG indicators and also show how WHO's work will contribute to their achievement. Include a short paragraph for each MDG-related indicator and explain how WHO's activities will support its achievement.
- In measuring indicators, look at triangulation of data, which requires 'thinking outside the box' of Member States and the medical world, and use data collected by civil society.
- It is recommended that an Indicator and Targets Working Group, which will develop the targets for the Strategy, have two civil society representatives.
- There was support for a broad goal that is time bound.

Objectives

- Include a target for each of the strategic objectives.

Issues to be included:

- Capacity building
- Strengthening Regional Offices
- Stigma reduction
- Other structural issues
- Clarity that a public health approach is human-rights based.

Objective 1

Issues to be included:

- The Treatment 2.0 concept needs to be defined and addressed.

- Gender inequalities
- Adaptation and implementation of guidelines (PMTCT was specifically discussed).

Indicators

- Indicators need to be clearer so as to be able to measure WHO's contribution to outcomes.
- Include indicators that reflect evidence-based prevention interventions.
- Indicators should be more meaningful; current indicators do not mention specific groups such as migrants, prisoners, injecting drug users, sex workers, men who have sex with men, transgender people, or people with disabilities.
- Include an indicator on task shifting.
- Innovative approaches to care should be measured in terms of their outcomes and promoted.

Objective 2

- Formulate Objective 2 to include sexual, reproductive, maternal and child health for key affected populations. Currently the objective speaks to generalized epidemics.
- Separate sexual health and reproductive health so that people are treated and addressed as individuals whatever their sex and not only in relation to birthing or reproduction (objective 2.1 and 2.3 depending on population).
- Clarify the interventions needed for service delivery in concentrated epidemics. Footnote comprehensive package for each key affected group.

Objective 2.3

- Viral hepatitis, in particular hepatitis C and its impact on drug users, was requested to be a separate objective under objective 2.3.
- HPV and its relation to cervical cancer and anal cancer is not reflected, and should be included under objective 2.3.
- Transgender, people with disabilities and migrants should be specifically included.

Indicators

- Objectives 2.1 and 2.2 require indicators that measure the objective.

Objective 3

- Structural barriers (objective 3.3) should be separated out into a new objective 4.
- Humanitarian health emergencies should be included under structural issues.
- It was stressed that the discourse cannot just be about structural barriers in the health sector. There are structural barriers outside of the health sector that prevent key affected populations from accessing services.
- Include capacity building.
- WHO can advocate in the health sector to ensure that health policy and planning processes engage civil society.
- Objective 3.2 (Integration) should include TB, viral hepatitis, and psychological and harm reduction services. Prisons and HIV should be linked, with collaboration between Ministries of Health and Security.

Indicators

- Use indicators that can assess how the HIV movement has strengthened key affected populations.

- Look at indicators that can provide evidence on equity, human rights, and stigma and discrimination.
- Existing indicator only covers "addressed and costed" but does not measure whether civil society is fully involved.
- It was suggested that proxy indicators such as family planning be used.
- Indicators should be able to measure methods of engagement, and introduction into and retention in care.
- Include an indicator on community health workers.
- Include an indicator for assessing the implementation of the principle of greater involvement of people living with HIV (GIPA) in national and local HIV/AIDS coordinating and implementing bodies; for example, measure the percentage of service delivery programmes that include people living with HIV.
- Include a gender indicator to assess the impact of gender on key affected populations.

Strategic Approaches

- Current bullets under Strategic Approaches are very generic and broad; the bullets need to be more specific.
- As the strategy outlines priorities for the next five years, it is recommended that the explanatory text be removed and replaced with action points.

Synergy

- Key affected populations, including sex workers, people who use drugs, men who have sex with men and transgender people to be specifically named in the HIV Strategy.
- Mainstreaming of human rights, gender and GIPA should be included.
- Need to focus on laws and their application.
- Address cultural stigma through capacity building.
- Examples from sexual and reproductive health (SRH) should be included.

Guidance

- Request that guidance be provided on what and how services are to be provided by community-based organizations.
- Promoting adoption of guidelines should be added.
- When WHO provides guidance on adoption and adaptation of guidelines, civil society options should also be included.

Innovation

- Request that bullet 6 be moved to objective 4: Structural Barriers.
- Issues to add:
 - The four areas of Treatment 2.0 should be captured here.
 - WHO will need to provide cost estimates on Treatment 2.0 to countries to show at what point cost savings occur - a critical aspect of an advocacy strategy.
 - Advocacy with the pharmaceutical industry

Systems

- Task shifting to be framed as including civil society organizations as community health workers. Suggested that the report of a 2003 WHO Consultation be reviewed

for definitions on civil society organizations and task shifting¹. Also review Global Fund (2010) Community Systems Strengthening Framework² for definitions.

Integration

- Bullet 2: separate SRH into sexual health (SH) and reproductive health RH, which includes key affected populations.
- Request that comprehensive packages be referenced for each key affected population and that the key interventions are explicitly articulated in the strategy.
- Ensure that different models of service delivery such as one-stop, referral etc, are mentioned.

Knowledge

- Accountability:
 - Suggested that accountability be a separate Strategic Approach.
 - What are the mechanisms to hold WHO accountable and by when? Reporting back and monitoring can be used to boost the country level response. This links to the Strategic Approach: Advocacy.
 - How do we ensure that information is reported? Civil society organizations can be supported technically and financially to engage their outreach mechanisms to gather information, for example, on the implementation of the ART Guidelines.
- Agreed that there is a need to monitor (data) specific trends regarding key affected populations and the health sector response.
- Need to monitor implementation of WHO guidelines, including guidelines on ART, PMTCT and key affected populations. What is civil society's role in monitoring?

Technical Assistance

- Need to clarify roles of WHO at different levels. Need to monitor WHO's response.
- How should WHO work with civil society? Promote EURO and PAHO methods of working with civil society.
- Global Fund:
 - Finances: When WHO provides technical assistance to countries for Global Fund proposals and grants, how can this assistance be funded?
 - Efficiencies: How to make sure that Global Fund funds are better used.

Partnership

- Emphasis needs to be placed on working as technical partners. Suggest to move partnerships to a guiding principle, and include throughout all the Strategic Approaches.
- Critical strategic partnerships that WHO needs to invest in include supporting participatory research, and prioritizing partnerships with organizations of people living with HIV and key affected populations.

WHO Internal Issues

¹ Emergency scale-up of antiretroviral therapy in resource limited settings: technical and operational recommendations to achieve 3 by 5: report of the WHO/UNAIDS International Consensus Meeting on Technical and Operational Recommendations for Emergency Scaling-Up of Antiretroviral Therapy in Resource-Limited Settings, 18-21 November 2003, Lusaka, Zambia.

<http://www.who.int/3by5/publications/documents/en/zambiaen.pdf>

²

- Include an accountability framework for WHO regarding its performance on the strategic approaches and focus areas.
- An accountability framework should include WHO's interaction with civil society at all levels. It is recommended that civil society engagement be included in the strategy as a performance-based measurement for WHO staff, particularly at the regional and country levels. As a proxy indicator, it was suggested that developing memoranda of understanding between WHO and civil society organizations (for example the agreement between WHO/EURO and European AIDS Treatment Group) should be part of an accountability framework.
- Create mechanisms (other than civil society being involved in the WHO governing bodies) for civil society involvement, for example, the meeting participants to be constituted as a formal group to advise on the development and implementation of the HIV strategy.
- Ensure that WHO participates in the UN Inreach Training, particularly as the men who have sex with men, transgender and sex worker guidelines will require WHO staff to advocate with governments for their adoption and implementation.
- There should be WHO Partnership Officers recruited at all levels.

Next steps for civil society engagement

The final draft of the HIV Strategy must be written by end of October 2010 so that it can be translated into the six UN official languages for submission to the WHO Executive Board in January 2011, and if endorsed, to the WHO World Health Assembly in May 2011. While the timeline is short, the benefit of the process is that the HIV Strategy will involve the entire WHO structure in HIV. The HIV Strategy will also require an operational plan, work on which will begin in October-November 2010.

Next steps for civil society engagement in the HIV Strategy development process:

- Revised and more detailed version of the strategy posted on the web for public comment prior to the 2010 International AIDS Conference in Vienna. Comments can be provided through to the end of August. Request that organizations consolidate input before submitting.
- Two hour civil society consultation on Sunday 18 July, 10:00-12:00, at the NH Danube City, Wagramer Straße 21, 1220 Vienna.
- Informal Civil Society Advisory Group: The meeting participants plus those unable to attend will continue to be engaged in the strategy development process, including ensuring that the Strategy is synchronized with other processes such as the Global Fund Community Sector Strengthening.
- Informal External Advisory Group: Kevin Moody (GNP+) and Sarah Zaidi (ITPC) will act as the civil society representatives for this group.
- Target Setting and Outcomes Group: Asia Russell, Health Gap, and David Barr, ITPC, will act as the civil society representatives for this group.

In terms of advocacy, civil society should engage with donors and governments concerning the strategy content. Participants emphasized that the HIV Strategy must be fully implemented rather than being aspirational.