

World Health Organization

Report of the On-line Consultation

to inform development of the

Global Health Sector Strategy

for HIV/AIDS, 2011-2015

26 July - 7 September, 2010

Contents

1. Background	2
2. The on-line consultation process	2
3. Promotion of the on-line consultation:	3
4. Participation	3
5. Summary of participant input	5
Relevance of the four global goals	5
Indicators and targets.....	6
Relevance of the four strategic directions for countries.....	7
Relevance of the proposed WHO focus areas under each strategic direction	7
Clarity of WHO role in supporting countries	8
WHO strategic advantages	9
Suggestions on clarifying strategy implementation.....	9
Relevance of planned monitoring and reporting.....	10
Overall structure of the strategy document	10
Annex 1. Draft strategy outline used for on-line consultation.....	11
Annex 2. List of participant affiliations.....	25

1. Background

The 63rd Session of the World Health Assembly adopted a resolution that requests the WHO Director General to develop a WHO HIV/AIDS Strategy for 2011-2015, through a broad consultative process.

WHO works in partnership with a wide range of constituencies, including Member States, civil society, donor and development agencies, non-governmental organizations, multilateral agencies (including the UN family), scientific and technical institutions and networks, and the private sector. As part of the Strategy development, WHO embarked on an inclusive consultation process involving all key stakeholders and constituencies.

More than 60 direct consultations were held with major constituencies and in all WHO regions throughout the period May to October 2010. To supplement these consultations and to ensure participation from all those who wished to provide input, WHO also held an on-line consultation for seven weeks in the period 26 July through 7 September 2010.

This report contains a summary of the on-line consultation process, of participation in the consultation, and of the major themes that emerged from the contributions of respondents.

2. The on-line consultation process

The WHO Secretariat launched web-pages in all six official WHO languages (Arabic, Chinese, English, French, Russian and Spanish). These pages described the context of the strategy development process, and provided access to a survey questionnaire on which contributions could be submitted through a dedicated website.

Contributions to the on-line consultation could be submitted in any of the six official UN languages during the seven-week period. In providing their contributions, participants were encouraged to focus on the following areas:

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

The draft strategy outline used for the on-line consultation is attached as **Annex 1**.

3. Promotion of the on-line consultation:

The consultation was broadly promoted through a range of in-house and external mechanisms including the following:

Notifications to:

1. Geneva-based Permanent Missions of Member States
2. UNAIDS Staff, Cosponsors and partners:
 - Participants in the Programme Coordinating Board (PCB)
 - Global Coordinators
 - Staff through "Weekly Preview" email
3. WHO Technical Partners, including Collaborating Centres and Knowledge Hubs
4. WHO Regional, Sub-regional and Country Offices, and HIV Focal Points from approximately 30 WHO Departments
5. Global Fund and UNITAID Secretariats
6. Members of the 2009 WHO Strategic and Technical Advisory Committee for HIV/AIDS (STAC-HIV)
7. Members of the Policy Coordination Committee (PCC) of the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)
8. Numerous WHO and partner listserv mechanisms, including AIDS Medicines and Diagnostics Service (AMDS), and those targeting Civil Society and Women and Gender networks.
9. Member States and partner regional offices through letters from WHO Regional Offices

Web-based mechanisms:

1. WHO Corporate web page
2. WHO HIV Department home page
3. WHO Regional Office web pages
4. WHO twitter announcement
5. UNAIDS website
6. AIDSspace (hosted by UNAIDS)

4. Participation

A total of 91 contributions were received. Participants provided basic demographic information to enable WHO to assess participation, presented in Table 1 below. A full list of participant affiliations is included as [Annex 2](#).

The consultation was successful in receiving input from a broad range of constituencies, including Member States and their institutions, civil society organizations, non-governmental organizations, multilateral agencies, and scientific and technical institutions and networks. Submissions were received from all WHO regions, and from citizens of more than 40 countries (Table 2). Although nearly half of submissions were sent from entities based in Europe, many of these were organizations whose work is global, or is focused on resource limited settings.

Table 1. Summary of respondents

	#		#		#
Gender:		Type of organization:		Representing	(25)
Male	44	WHO Member State	18	Affected populations	16
Female	45	Bilateral Development Agency	4	- People Living with HIV (5)	
Transgender	0	Other Government Institution	10	- MARPs (3)	
Unspecified	2	UN/Multilateral Organization	11	- Drug users (3)	
WHO Region:		International NGO	19	- MSM (1)	
AFRO	13	Civil Society Organizations - Representing PLWH/MARPs	13	- Prisoners (1)	
AMRO/PAHO	12	Civil Society Organizations - Service Providers	3	- Sex Workers (1)	
EMRO	8	Academic-Research	5	- Women (1)	
EURO	43	Industry or Trade	3	- Older people (Aged 50+) (1)	
SEARO	9	Individual	4	Civil society organizations	4
WPRO	5	Unspecified	1	Care and Treatment	3
Unspecified	1	Language:		- Caregivers (Consortium) (1)	
Age of respondent:		English	80	- Palliative Care Advocates (1)	
25 and under	1	French	4	- Treatment/Care Researchers (1)	
26-49	56	Spanish	3	Faith based organizations	1
50 and over	30	Arabic	1	Industry or Trade	1
Not disclosed	4	Chinese	1		
		Russian	2		

More than a quarter of participants submitted comments on behalf of a constituency; the majority of these were key populations of people living with HIV and most at risk populations.

Table 2. Countries of participants

Country	#	Country	#	Country	#
Afghanistan	1	India	6	Rwanda	1
Australia	2	Indonesia	1	Slovakia	1
Belgium	2	Iran	1	South Africa	1
Cameroon	2	Italy	2	Spain	2
Canada	3	Japan	1	Sweden	1
China	2	Jordan	2	Thailand	1
Cyprus	2	Kenya	3	Turkey	1
Netherlands	1	Mexico	2	Uganda	2
Ecuador	1	Morocco	1	United Kingdom	14
Egypt	1	Nepal	1	Ukraine	2
Finland	1	Nigeria	2	United Republic of Tanzania	1
Georgia	1	Norway	3	United States of America	11
Germany	3	Pakistan	2	Zimbabwe	1
Guinea	1	Russian Federation	1	Unspecified	1

5. Summary of participant input

In providing their contributions, participants were asked to focus on a set of specific questions (see section 2, above). WHO received a wide range of insightful responses to the questions posed, many of which were specific to the participant's or constituency's area of focus. Despite the wide variety of responses, several major themes emerged and are summarized below.

Relevance of the four global goals

The vast majority of respondents indicated that the four global goals were relevant, covering the contemporary challenges of health systems strengthening and reduction of stigma and discrimination while maintaining focus on prevention, care and treatment. Although the four goals were by and large supported by participant comments, frequently expressed comments about each of the four goals are noted below.

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

The absence of a specific indicator for HIV care raised concerns for many respondents about a lack of focus on care and support in the strategy. Participants requested clarity on the package of care recommended by WHO, and urged that palliative care be specifically included.

There is support for a strong focus on quality of prevention, treatment and care. Respondents are looking to WHO to provide clear direction for ensuring and improving the quality of interventions and services, including treatment outcomes.

Many respondents requested that WHO recognize that at risk populations vary by country and region, and that discussions of vulnerable and most-at-risk populations (MARPs) in the strategy include additional specific groups that may be context-specific (e.g. miners, street children, indigenous populations, people on the move, and populations in humanitarian crises).

Many advised WHO to expressly acknowledge the roles and contributions of other sectors in providing HIV prevention, treatment and care services, including social welfare, penitentiary systems, education, and law enforcement.

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

Participants advised that this goal should not be represented as unidirectional, encompassing only how HIV responses can maximize other health outcomes. Linking to other areas of health will also benefit HIV prevention, treatment and care efforts, including PLWH.

While the focus on strengthened linkages with MDGs 4 and 5 was applauded, several respondents raised concerns that the strategy appeared to focus on maternal and reproductive health, to the detriment of sexual health in general, noting that there are no

targets for sexual health and rights in the MDGs. Several commented that "reproductive choice" is also missing from this discussion.

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

While acknowledging WHO's primary interest in supporting the government sector, respondents overwhelmingly requested that the WHO strategy recognize and articulate the real and potential role of community systems and of the private health sector in strengthening health systems. Respondents noted that WHO is in a strong position to promote policies in support of genuine partnerships between public and community systems, as well as public private partnerships (PPPs) that make optimal use of the comparative advantage of all partners.

Recognizing the likelihood that financial resources will continue to be constrained during the period covered in this strategy, there is also strong support for expanded discussions in the WHO strategy of maximizing cost-efficiency and effectiveness. Many respondents also noted that sustainability of expanded ART services was not adequately addressed in the draft strategy, including access to affordable pharmaceuticals and consumables.

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

The primary concern voiced by respondents about Goal 4 related to the perception that many of the policies and laws that create obstacles for HIV prevention, treatment, care and support are in other sectors, or are national or constitutional issues. Respondents noted that the strategy should clarify WHO's mechanism for action in these multi-sectoral issues; suggested actions included provision of evidence for action; advocacy; and direct support to other sectors (including co-sponsor agencies).

Many participants requested that Goal 4 specifically acknowledge and address barriers within health institutions, noting in particular discrimination and stigma among health care workers, and suggested that the strategy include comprehensive workplace programmes for health workers as a means to reduce stigma and discrimination.

Several respondents noted the omission under Goal 4 of vulnerability of children and the link between HIV/AIDS and violence against women.

Indicators and targets

There was more feedback on indicators and targets than on any other area of the draft strategy, resulting in a very wide range of suggestions and feedback. While a large number of responses advocated including only indicators currently reported on a global basis, many respondents and constituencies proposed very specific targets and indicators measuring progress on narrow areas. There was strong support for disaggregation of indicator data, and for expansion of the age ranges to include both younger and older individuals.

These responses substantiated the difficulty of setting global targets, and reinforced an approach in which the Strategy proposes indicators and targets that inform and guide country actions.

Relevance of the four strategic directions for countries

The majority of respondents indicated that the proposed strategic directions were relevant, and comments on this section generally mirrored those on Global Goals. However, many respondents suggested that WHO include a discussion on the need to tailor and prioritize the national response based on the country's epidemiologic context.

Strategic Direction 1: Expanding coverage and impact of HIV interventions

Consistent with comments on Global Goal 1, respondents requested clarification of the package of HIV care, and that this package specifically include palliative care and support. Also, WHO received requests for express inclusion of additional groups among vulnerable populations, including discordant couples, young people, economic migrants, women, girls and rural populations.

Strategic Direction 2: Linking and integrating programmes and services

There was strong support for this strategic direction. In addition to linkages to other programmes, participants stressed the need to (1) coordinate these programmatic linkages, (2) build linkages with civil society organizations, (3) better use and support family and community resources in patient care.

Strategic Direction 3: Building health systems for better HIV and health outcomes

This section included a list of actions under each of the six health systems building blocks. Participants suggested that several areas be added to these, the most frequently cited including:

- Under Governance and Leadership, include planning and coordination with the private health sector and with community systems;
- Under Health Financing, add innovative funding for treatment scale up;
- Under Health Workforce, in addition to task-shifting and care for healthcare workers, include human resource planning and capacity development;
- Under Strategic Information, include logistics data (supply chain and management information).

Strategic Direction 4: Creating supportive environments for HIV responses

Consistent with responses under Global Goal 4, respondents again requested that this section include a discussion of linkages with other relevant sectors.

Relevance of the proposed WHO focus areas under each strategic direction

Respondents requested that this section describe WHO's role in relation to other stakeholders and implementers, including WHO's partnership with civil society at all levels, and partnerships between health and non-health sectors.

Focus Area 1: Expanding coverage and impact of HIV interventions

As services expand, many respondents noted the importance that WHO focus attention at the country level on quality of care, including patient retention and adherence, and on urban-rural disparities in access to quality services.

Focus Area 2: Linking and integrating programmes and services

Respondents requested that WHO provide (1) guidelines on integration of services and mechanisms for integration; and (2) models of collaboration between community systems and the public health sector, and between public and private health care.

Focus Area 3: Building health systems for better HIV and health outcomes

Respondents responded favourably to the proposed focus areas within health systems strengthening area. Some of the frequent comments included the following:

- Clarify that governance and leadership encompasses government, civil society and the private sector.
- Consider a role for civil society, including MARPs, in strategic information (data collection and analysis), including a role for communities and civil society in monitoring integration and other issues.
- Use strategic information to strengthen accountability, including through referral tracking, patient follow up, and formal inclusion of community caregivers in tracking systems.
- Acknowledge the crucial role of community and family (home-based) caregivers and address referral, cooperation and follow up between the two as a strategic approach to health and community systems strengthening.

Focus Area 4: Creating supportive environments for HIV responses

Comments on Focus Area 4 mirrored those for Global Goal 4, stressing the importance of linking with other sectors, and with in-country actors (including the UN family) that collaborate with those sectors.

Clarity of WHO role in supporting countries

In general, respondents felt that this strategy provides an excellent opportunity for WHO to clarify its role in supporting countries. Some frequent suggestions included:

- Provide specific information on the role of WHO at country, sub-regional, regional and global levels, with both State and non-State actors. In particular, participants requested that WHO clarify its role vis-à-vis other partners, including other UN agencies and Civil Society.
- Elaborate on WHO's mechanisms for support, including WHO role in technical assistance.
- Address WHO's role in advocacy for resource mobilisation for health services, both on a global scale (e.g. the Global Fund, PEPFAR and GAVI) and at country level (increasing the percentage of domestic budget going to health and HIV).
- Clarify WHO role in policy coherence between sectors.

WHO strategic advantages

Respondent perception of WHO's advantages compared to other public health actors were consistent and include:

- WHO has technical authority derived from its history of providing impartial advice and normative guidance to address HIV/AIDS based on the best scientific and clinical evidence; this leadership reduces duplication and fragmentation of the many actors and initiatives engaged in HIV/AIDS, and ensures that country leaders will more quickly support actions that WHO has endorsed.
- WHO's technical leadership spans the entire range of public health areas, including the six building blocks of the health system.
- WHO has a strong and close relationship with Ministries of Health, reinforced at the annual World Health Assembly.
- WHO has extensive global reach with its six semi-autonomous regional offices and 147 country offices.

While acknowledging these advantages, many respondents requested that this section also focus on opportunities for synergy with other partners, clarifying what WHO sees as beyond its mandate or capabilities (for example, influencing other sectors).

Suggestions on clarifying strategy implementation

WHO requested that participants provide suggestions on the information needed to clarify strategy implementation. The following were major themes that emerged:

1. Defining leadership
 - The strategy must clearly acknowledge the leadership role of the Ministry of Health in countries, and articulate how the new WHO strategy should interact with Country Development Program Frameworks, and domestic health strategies.
 - The strategy must include clear text on harmonization and alignment with other global strategic documents in HIV/AIDS and other related fields (e.g. reproductive health, TB).
 - WHO must clarify the roles of WHO offices at global, regional, sub-regional and country levels, to help countries and other partners to use WHO expertise in strengthening national responses.
2. Defining partnerships
 - Include specific reference to the range of implementing agencies and actors (including public and private health services, community systems, faith-based organizations, PLWH, etc).
 - Clarify linkages with other sectors (e.g. how knowledge generated by the health sector can be used to inform other sectors in supporting HIV prevention).
3. Defining responsibilities of key partners
 - Clarify WHO's plan to get all the key players on board with a single coordinated strategy.
 - The final document should indicate which elements of the strategy WHO will implement directly, e.g. normative guidance and pre-qualification of HIV/AIDS medicines, and those that will be implemented by others based on WHO guidance.

- Respondents noted that the draft framework was silent on the work undertaken by other Cosponsors in conjunction with WHO and within the UNAIDS Division of Labour; this must be clear in the final version of the strategy.
 - Address how key target groups, including people living with HIV and grassroots, community and family caregivers, will be included in the implementation of the strategy.
4. Tailoring actions according to the type of epidemic
- Implementation strategies need to reflect local needs. The strategy should create enough room for manoeuvring within a broader framework of strategic guidelines so that issues at the local level can be best addressed.
5. Resources needed and funding mechanisms
- The final document should include financial and administrative implications, and discussions of sustainability.

Relevance of planned monitoring and reporting

The majority of respondents supported planned efforts, but provided the clear message that the final monitoring and reporting plan must be well coordinated to avoid the undue burden of duplicate reporting to multiple UN, bilateral and other funding agencies.

Overall structure of the strategy document

The majority of respondents were in favor of the overall structure. Several suggested that the global and country level goals should be consistent, while the strategies may differ by level of implementation.

Some respondents made suggestions to include additional areas:

- WHO role in establishing and supporting the research agenda, particularly on new and innovative prevention technologies.
- Strategies to help countries prioritize within the range of health sector responses, particularly based on prevalence level and epidemic type.
- Additional clarity to countries on how they should incorporate this new strategy into their own strategic planning cycles.

World Health Organization

A Sustainable Health Sector

Response to HIV

Global Health Sector Strategy for HIV/AIDS
2011-2015

(DRAFT OUTLINE FOR CONSULTATION)

Version 2.1

15 July 2010

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

INTRODUCTION

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

II. CONTEXT

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

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

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

IV. COUNTRY PROGRAMMES: STRATEGIC DIRECTIONS

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

V. WHO ACTION: SUPPORTING NATIONAL RESPONSES

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

VI. STRATEGY IMPLEMENTATION

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

INTRODUCTION

Aim of the Strategy

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

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

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

Structure

This document is divided into six sections:

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

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

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

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

II. CONTEXT

A. Progress and Challenges

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

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

B. Changing Aid and Development Architecture

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

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

C. The Need for a New Strategy

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

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

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

A. Vision

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

B. Goals, Indicators and Targets

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

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

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

1.1 Reduce HIV incidence through combination prevention delivered by the health sector

1.2 Reduce HIV morbidity and mortality through antiretroviral therapy and HIV care

1.3 Reduce inequities in access to HIV services for most-at-risk populations

- **Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse**
Target by 2015: 80%
- **Percentage of men and women aged 15-49 who received an HIV test in the last 12 months and who know their results**
Target by 2015: 80%
- **Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results**
Target by 2015: 80%
- **Number of adults and children with advanced HIV infection receiving antiretroviral therapy¹**
Target by 2015: To be determined
- **Number of syringes distributed per injecting drug user per year**
Target by 2015: >100 syringes in at least 100 countries

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

¹ Millennium Development Goals indicator

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

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

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

- **Unmet need for family planning²**
Where available, disaggregated by serostatus
Target by 2015: <5%
- **Percentage of pregnant women who were tested for HIV and received their results**
Target by 2015: 80%
- **Percentage of maternal deaths associated with HIV³**
Target by 2015: <5%
- **Percentage of infants born to HIV-infected mothers who are infected**
Target by 2015: <5%
- **Percentage of deaths among children less than 5 years of age associated with HIV³**
Target by 2015: <5%
- **Percentage of estimated HIV-positive incident tuberculosis cases that received treatment for tuberculosis and HIV**
Target by 2015: >80%

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

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

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

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

- **Percentage of countries that have experienced no stock -out of any required ARV in the last 12 months**
Target by 2015: >95%

² Millennium Development Goals indicator

³ Millennium Development Goals indicator (country estimates will be available in 2010 and 2015)

- **Percentage of countries that report that all donated blood units are screened for HIV in a quality-assured manner**
Target by 2015: >95%
- **Other indicator and target?** To be identified/defined

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

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

4.2 Achieve gender equity in access to HIV services and outcomes

4.3 Address legal barriers to the equitable access to HIV services

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

C. Coherence with other Targets

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

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

D. Guiding Principles

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

- Putting human rights at the centre of the health sector response to HIV
- Focusing action where it is most needed and where it will have greatest impact
- Meeting the needs of most-at-risk and vulnerable populations
- Prioritizing equity in health, including gender equity
- Advocating for evidence-based and cost-effective policies and programmes

- Promoting the values and principles of primary health care
- Ensuring national responses are country-driven and owned
- Taking a partnership approach to achieving results
- Supporting the rights of people living with HIV and of marginalised and vulnerable populations and their meaningful involvement in the response

IV. COUNTRY PROGRAMMES: STRATEGIC DIRECTIONS

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

This section will also briefly describe:

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

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

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

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

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

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

- Context and challenges
- Key linkages
 - Tuberculosis
 - Sexual health, including sexually transmitted diseases

- Reproductive health
- Maternal, neonatal and maternal health
- Drug dependence management and harm reduction
- Viral hepatitis
- Malaria
- Mental health
- Cancer prevention and treatment
- Palliative care
- Blood transfusion services
- Nutrition
- Prevention for people living with HIV

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

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

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

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

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

- Context and challenges

- Addressing stigma and discrimination in the health sector
- Addressing policies and laws that increase HIV vulnerability and marginalization and impede access to HIV services
- Gender mainstreaming
- Community mobilization and greater involvement of people living with HIV and key populations
- Addressing risk and vulnerability in settings of humanitarian concern

V. WHO ACTION: SUPPORTING NATIONAL RESPONSES

A. WHO Mission

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

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

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

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

C. WHO Strategic Approaches

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

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

critical component of a strong health system. WHO has a key role to play in strengthening national health information systems and in monitoring and reporting on HIV/AIDS epidemics and responses.

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

D. WHO accountability framework

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

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

VI. STRATEGY IMPLEMENTATION

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

A. Optimizing WHO HIV/AIDS programme structure

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

B. Interfacing with other sectors and partners

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

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

C. Monitoring and evaluating progress and reporting

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

Annex 2: List of participant affiliations

WHO Member States

Russian Federal Agency for Consumer Protection and Social Welfare, Russia
National AIDS Programme, Jordan
Tanzania Mission, Geneva
Ministerio de Sanidad y Política Social
Ministry of Health, Cyprus
Ministry of Health, China
Ministry of Health, Turkey
The Norwegian Directorate of Health, Norway
National AIDS Center, Ukraine
Ministry of Health, Morocco
Public Health Authority, Slovakia
Flemish Department of Foreign Affairs, Belgium
Ministry of Social Affairs and Health, Finland
Ministry for Foreign Affairs, Sweden
Ministry of Health, Italy
Ministry for Health, Germany
Health, Food Chain Safety and Environment Federal Public Service, Belgium
National Center for HIV/AIDS Prevention and Control, Ministry of Health, Mexico

Bilateral Agencies

GTZ BACKUP Initiative, Germany
Spanish Agency of Cooperation and Development
Norad and Ministry of Foreign Affairs, Norway
AusAIDS, Australia

Other Government Institutions

National Institute of Cholera & Enteric Diseases, India
Mumbai Districts AIDS Control Society-NACO, India
All India Institute of Medical Sciences, India
istituto superiore di sanita, Italy
National Center for Global Health and Medicine, Japan
National Blood Service, Zimbabwe
The National Serology Reference Laboratory, Australia
Cyprus Monitoring Centre for Drugs and Drug Addiction, Cyprus
Infectious Diseases, AIDS and Clinical Immunology Research Center, Georgia
Ministry of Health - Montserrat (British Overseas Territory)

UN/Multilateral Organizations

WHO Regional Office for Western Pacific, Philippines
WHO Country Office, Jordan
UNAIDS Country Office, Namibia
UNODC Country Office, Pakistan
UNFPA Country Office, Kenya
UNFPA Country Office for Somalia, Kenya
European Union, Indonesia
UNESCO Country Office, Afghanistan
UNAIDS Regional Office for Europe and Central Asia, Russia
UNAIDS Secretariat, Switzerland
UNHCR, Switzerland

International Non-Governmental Organization

Women's Health and Education Center, USA
IUATLD (The Union), France
Ipas, USA
Family Health International, South Africa
Family Health International, USA
Partnership for Supply Chain Management, USA
Global HIV Vaccine Enterprise, USA
World Federation of Hemophilia, Spain
International HIV/AIDS Alliance, UK
Management Sciences for Health, Uganda
Human Rights Watch, USA
HelpAge International, UK
Global Access to Pain Relief Initiative, Switzerland
International Partnership for Microbicides, UK
Worldwide Palliative Care Alliance, UK
Tearfund, UK
Open Society Institute, International Harm Reduction Development Program, USA
International Women's Health Coalition, USA
OXFAM, UK

Civil Society Organizations - People Living with HIV/Most at Risk Populations

Movement to support former prisoners - Podalnya, Ukraine
Le Geste qui Sauve, Cameroon
Fondation Espoir Guinée, Guinée
Blue Diamond Society, Nepal
International Community of Women Living with HIV (Kenya Chapter), Kenya
Kimirina, Ecuador
Gender and Reproductive Health Forum, Pakistan
Society for Community Intervention and Research, India
HIVNorway, Norway
Aneka, India
European Harm Reduction Network, UK
International Harm Reduction Association, UK
Solution Exchange AIDS Community, India

Civil Society Organizations - Service Providers

Thai Red Cross AIDS Research Centre, Thailand
Caregivers Action Network, Germany
Association Hope and Love, Rwanda

Academic - Research Institutions

Rutgers College of Nursing, USA
British Association for Counselling and Psychotherapy, UK
Harvard Medical School, USA
London School of Hygiene and Tropical Medicine, Evidence for Action Programme, UK
Unspecified

Industry or Trade

International Plasma Fractionation Association, Netherlands
Recycling Arcade, Nigeria
ViiV Healthcare, UK