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**IMPROVING HEALTH SECTOR RESPONSE TO
HIV/AIDS AND STD IN THE COUNTRIES OF THE
EASTERN MEDITERRANEAN REGION OF WHO**

**REGIONAL STRATEGIC PLAN
2002–2005**

CONTENTS

1.	INTRODUCTION	1
2.	THE STRATEGIC PLAN AND UNDERLYING PRINCIPLES	2
3.	KEY ELEMENTS FOR SUCCESSFUL NATIONAL RESPONSE.....	3
4.	GOAL AND TARGETS FOR THE REGIONAL HEALTH SECTOR STRATEGIC PLAN FOR HIV/AIDS AND STD	5
	Target 1: By the year 2005, all countries of the Region will have a declared political commitment to, and sustained public information activities about, HIV/AIDS and STD.	6
	Target 2: By the year 2005, all countries of the Region will have developed institutional mechanisms for human resource development and capacity- building in all fields related to HIV/AIDS and STD prevention and care.	7
	Target 3: By the year 2005, all countries of the Region will have sustained and comprehensive HIV/AIDS and STD prevention and care packages integrated into the health care delivery system.	8
	Target 4: By the year 2005, all countries will have capacity to generate relevant information and apply operational research in various aspects related to HIV/AIDS and STD health response.	10
	Target 5: By the year 2003, all countries in situations of complex emergency, such as embargo, population displacement and conflict, will have developed national strategies that incorporate HIV/AIDS and STD prevention and care into the national response to emergencies and related international assistance plans.....	10
5.	ROLE AND ACTION OF WHO	11
	a) Promoting and sustaining political commitment, public information and mobilization of resources.....	12
	b) Building national capacity.....	12
	c) Supporting comprehensive and integrated prevention and care approaches in the countries.....	13
	d) Supporting the generation of knowledge through operational research	13
	ACKNOWLEDGMENT	15

Annex

1. INTRODUCTION

1. Since the beginning of the AIDS epidemic, 20 years ago, WHO/EMRO has been at the forefront of HIV prevention and control in the Region, working very closely with all Member States. As a result, national capacity in AIDS has grown steadily, and great progress has been made in setting and maintaining safe blood strategies, in general public awareness and education interventions, and in mobilization of civil society and, to a lesser extent, non-health sectors.
2. However, even with this early response, there has been no tangible success in halting the unfolding of the HIV epidemic in the Region. WHO/EMRO estimates that approximately 40 000 people per year in the Region continue to become infected with HIV, a number that is unacceptably high, and expected to rise further in the near coming years. Although different settings exist in different countries and the level of the epidemic varies accordingly, in all Member States, without exception, the HIV epidemic is gaining more ground. Countries in situations of complex emergency are the hardest hit in the Region. The other countries are increasingly at risk and already face the challenge of HIV spreading within specific hard-to-reach groups (injecting drug users, men who have sex with men and prostitutes), as well as migrant populations. These localized epidemics have the potential to affect the general population.
3. There is a pressing need to recognize the new threats from HIV in this Region and renew the commitment for action. AIDS remains a major public health problem and warrants a more effective public health response. It is simply not enough to consider HIV/AIDS as being at the bottom of the list of many competing health issues facing the ministries of health. The changing scale and nature of the epidemic in the Region, calls for immediate and decisive action in order to foster a health sector response that measures up to the present challenges and those still ahead.
4. Over the past two decades, the scientific understanding of issues related to HIV/AIDS prevention and treatment has advanced dramatically. Renewed hope has come with the advent of new drug combinations that delay the onset of AIDS and prevent mother-to-child HIV transmission. Behavioural science has also developed methods of targeting effective prevention interventions at populations who engage in risky behaviour with regard to sexual practice and injecting drug use. There is also encouraging evidence that prevention does work and that some countries have succeeded in halting the progress of the epidemic.
5. At the global level, the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS issued, on 27 June 2001, a Declaration of Commitment on HIV/AIDS, calling it a Global Crisis that needs Global Action. As the world has agreed on a set of important outcomes, there is need now to focus on the means to deliver these goals.
6. Member States of the Region should take stock of this global mobilization, move forward and be clear about the actions to take to improve HIV and sexually transmitted

disease (STD) prevention and care. It is important that AIDS and STD programmes stop operating vertically in ministries of health and in isolation from other national health programmes and the national health policy. Examples of sound and effective use of innovative communication methodologies and preventive interventions need to be intensified. The scope, quality and extent of detail of the surveillance data should be improved and HIV-related behavioural aspects should be studied or addressed. It is also important to respond to the emerging needs of thousands of people living with HIV and AIDS in this Region, especially those who are usually excluded from the benefits of health and development and whose situation often denies them choices and opportunities for prevention and care. Such are injecting drug users and those engaging in risky sexual behaviour. Above all, there is need to focus on young people who hold the promise of the future. This is also where prevention and care efforts can have the greatest effect.

7. A new strategic plan for HIV prevention and control is timely and essential in guiding Member States efforts to more effectively address HIV infection and AIDS. This Regional Strategic Plan 2002–2005 for Improving Health Sector Response to HIV/AIDS and STD in the Countries of the WHO Eastern Mediterranean Region, lays out the map for those actions.

2. THE STRATEGIC PLAN AND UNDERLYING PRINCIPLES

8. The strategic plan 2002-2005 for improving health sector response in the countries of the Eastern Mediterranean Region was developed through a 2-year consultative process. It involved more than 200 experts, including representatives of all the countries of the Region, as well as some nongovernmental organizations and global and regional experts in surveillance, medical care, vulnerability, health system development, health financing, family and reproductive health, mental health and other areas. The strategic plan relies on analysis of the national HIV/AIDS/STD situation and actions taken in response, gathered from national reports and plans. In addition, it uses findings from WHO country visits and specific technical consultations as well as the national priorities outlined during the eleventh intercountry meeting of national AIDS programme managers that was held in Casablanca in July 2001. Significant input to the regional plan was also received from high-level policy makers attending the regional consultation on improving health sector response to HIV/AIDS and STD, held from 16 to 18 September 2001 in Cairo.
9. This plan provides strategic guidance for the Member States and WHO global, regional and country level offices on how the health sector can improve its overall response and approaches to the problem of HIV/AIDS and STDs in the context of the Eastern Mediterranean Region. It also outlines WHO/EMRO priorities for mainstreaming HIV into health system activities and the collaboration it will be pursuing at global, regional and country level for that purpose. As such, this plan is not a substitute for national plans and does not cover all national priorities, as these vary from one country to another. However, it outlines those priorities central to increasing the national health

system capacity for better preparedness and management of the epidemic. It will also bring about longer-term effect on the course of the epidemic.

10. The strategic plan is not intended to provide detailed technical information about various prevention and care interventions. Detailed technical guidance on key issues is available in WHO technical documents.
11. Countries in the Eastern Mediterranean Region face many challenges to health system development and organization of prevention and care services. This strategic plan tries to tackle issues related to the insufficient political and social support for HIV/AIDS/STD programmes, poorly designed decentralization, integration and referral, as well as lack of reliable and sufficient information about HIV/AIDS. It also tries to address the issues of limited funding, access to and coverage of prevention and care services.
12. The principles underlying this strategic plan are derived from the internationally agreed principles and targets under the UNGASS declaration for HIV/AIDS, June 2001.
13. Protective cultural and religious values are key determinants in the development of an effective response to HIV/AIDS/STD in the Eastern Mediterranean Region. Prevention, care and support strategies for HIV/AIDS and STD need not be in contradiction with these local values but should capitalize on these factors to create an enabling environment that addresses issues of denial and stigma, and ensures openness and access to services to those most in need.
14. Several countries in the Region are in complex emergency situations such as war, embargo, high population mobility and displacement. Therefore, this strategic plan for improving health sector response includes strategies to reach and provide services for areas under conflict.

3. KEY ELEMENTS FOR SUCCESSFUL NATIONAL RESPONSE

15. Countries in this Region are affected by the HIV/AIDS epidemic in different ways. Therefore, there is need to define what the options are for countries with a low level of epidemic, in order to maintain low prevalence and to prevent further spread, and to reduce risk and vulnerability. In countries with a high level of epidemic, there is, in addition, a need to focus on the issues of care and reducing social impact.
16. Nevertheless, some key elements of proven effectiveness need to be set out at the country level and at various levels of the epidemic in order to ensure successful response for HIV/AIDS prevention and care. It will only be possible to face the challenges of HIV/AIDS effectively when:
 - HIV/AIDS is fully recognized and addressed within national health policies and processes and the national budget, in a multisectoral way.

- Health systems are strengthened so as to deliver accessible and high quality prevention, treatment and care for people living with HIV/AIDS (PLWA) and to ensure a prevention–care continuum.
 - Vulnerability is addressed, with particular attention to stigma, discrimination, gender disparities and other inequalities.
 - Risk reduction interventions to address special groups, such as drug injectors, are in place.
 - Suitable and culturally relevant health education for HIV/AIDS prevention, especially for young people, is ensured.
 - Programmes work closely with all concerned partners and activate in particular the private sector, civil society and nongovernmental organizations.
 - Functional monitoring and surveillance systems to track the epidemic, measure effectiveness of interventions and guide priority-setting are developed.
 - Appropriate competence, resources and funding for prevention and care interventions are assured.
17. Programmes have to find the right balance between prevailing religious values and practices and the scientific and technical requirements of prevention and care. For example, the information for safe use of condoms may, in some instances, be provided within the context of information for married couples and family planning. Advocacy activities should foster open and transparent dialogue about sensitive issues regarding HIV/AIDS with all concerned stakeholders, including young people, community leaders, politicians, religious leaders, media and the general public. This will ensure better feasibility, acceptance and success of key interventions.
18. Relevant information should be generated and used to develop education on prevention of sexual transmission of HIV and STDs in a culturally appropriate form for incorporation into school curricula.
19. The health sector should address with better determination issues of major importance, such as blood safety, including safe injection practices, traditional healing practices and traditional circumcision, prevention of mother-to-child transmission, injecting drug use (IDU), control and care of STDs, and voluntary counselling and testing.
20. Care for PLWA should be comprehensive. Treatment involves clinical interventions ranging from addressing opportunistic infections, such as tuberculosis, to provision of anti-retroviral (ARV) therapy. The ultimate aim is to maintain the best possible quality of life for persons living with HIV/AIDS taking into consideration all their needs. Counselling for individuals and families is an essential part of any minimum care package. In this area, an acceptable level of equity is necessary and it is the government's

role to safeguard this level of equity through public and other sectors and community participation. International organizations also have a role to play to assure the availability of drugs.

4. GOAL AND TARGETS FOR THE REGIONAL HEALTH SECTOR STRATEGIC PLAN FOR HIV/AIDS AND STD

21. The regional strategic plan aims at strengthening the national health sector response to HIV/AIDS and STDs towards achieving a measurable impact on the progress of HIV/AIDS and STD epidemics in the countries of the Eastern Mediterranean Region. This strategic plan is driven by the cultural and socio-political characteristics of the Region and builds on the commitment of the Member States to the internationally agreed targets and the principles outlined in the UNGASS Declaration on HIV/AIDS and the World Health Assembly resolution WHA53.14 of 20 May 2000. Thus, it aims at mobilizing commitment, resources and technical assistance to:

- reinforce protective factors at individual and community levels, especially among young people;
- reduce the number of people at risk of STD and HIV infections;
- ensure that all those who have the infection recognize their status and have access to comprehensive and integrated care and support services.

22. To achieve the above goal, the targets for the Regional Health Sector Strategy for HIV/AIDS and STD are defined as follows:

- *Target 1: By the year 2005, all countries of the Region will have a declared political commitment to, and sustained public information activities about, HIV/AIDS and STD.*
- *Target 2: By the year 2005, all countries of the Region will have developed institutional mechanisms for human resource development and capacity-building in all fields related to HIV/AIDS and STD prevention and care.*
- *Target 3: By the year 2005, all countries of the Region will have sustained and comprehensive HIV/AIDS and STD prevention and care packages integrated into the health care delivery system.*
- *Target 4: By the year 2005, all countries will have capacity to generate relevant information and apply operational research in various aspects related to HIV/AIDS and STD health response.*
- *Target 5: By the year 2003, all countries in situations of complex emergency, such as embargo, population displacement and conflict, will have developed national strategies*

that incorporate HIV/AIDS and STD prevention and care into the national response to emergencies and related international assistance plans.

Strategies

23. In the fight against HIV/AIDS and STDs, the variability in prevalence of the epidemic requires Member States in the Region to develop a range of different activities and operational mechanisms for the different stages of the epidemic, a fact also true sometimes within the same country. For the purpose of this document, we consider that all the countries need to ensure a certain level of institutional and service delivery capacity in response to HIV/AIDS and STD and therefore share the same basic elements for an appropriate health sector response. These main elements are: political leadership and advocacy, capacity building and health system development in priority areas, as well as information generation and applied research.

Target 1: By the year 2005, all countries of the Region will have a declared political commitment to, and sustained public information activities about, HIV/AIDS and STD.

24. Information about the HIV/AIDS epidemic at country level is often poorly channelled. This continues to be an important factor that hinders stronger political commitment. There is also need for reliable in-depth research and analytical studies and economic documentation to support building political awareness and leadership. Another important factor influencing political commitment in many countries of the Region is the religious and cultural aspect, which requires greater involvement of religious leaders in the development of national strategies. A better informed public and the formation of influential groups are needed; the role of the media is crucial in this respect. Legislation is also a crucial factor determining the success of prevention and care strategies for HIV/AIDS and STD, and needs reviewing and updating. The wide range of visible advocacy interventions needed and the political elements inherent in HIV/AIDS prevention and care require strong, accountable and well planned national AIDS control programmes with an in-built mechanism for regular evaluation.

Strategies

- Obtaining a clear national policy statement by the highest authority in the country, in line with the UNGASS Declaration on HIV/AIDS which heads of state have already committed to.
- Reformulation/development of national strategic plans for HIV/AIDS and STD based on the renewed national policy statement, with a participatory and multisectoral approach and ensuring a budget line where possible.
- Establishment/revival of a national steering committee/advocacy group of renowned and high calibre scientists and religious and community leaders in each country charged

with the task of informing policy-makers and public opinion. The national AIDS programmes should put regularly at the disposal of this national steering committee/advocacy group all the available data, such as epidemiological and behavioural surveys and any other relevant material.

- Developing the National AIDS Programme as a priority programme/department equivalent to other major health and disease control programmes in the Ministry of Health, and ensuring appropriate human and financial resources and administrative visibility. National AIDS programmes should be made accountable for their activities through periodic reporting on the situation, programme development and implementation.
- Intensifying public information and health promotion activities for HIV/AIDS and encouraging the use of mass media, especially the audiovisual media, and popular art demonstrations, such as mobile theatres and other mass communication channels.
- Devising clear mechanisms to work jointly with nongovernmental organizations and nongovernmental institutions.
- Working with other sectors to review and update legislation to ensure that it is relevant, to ensure the rights of people living with HIV/AIDS to care and social protection, and to reduce all forms of discrimination.

Target 2: By the year 2005, all countries of the Region will have developed institutional mechanisms for human resource development and capacity-building in all fields related to HIV/AIDS and STD prevention and care.

25. Adequate, well-trained and motivated human resources are an important factor for success in HIV/AIDS/STD interventions at all levels. Strategies should aim at developing and expanding the human resource base. Various forms of training should be conducted through review of curricula, pre-service and in-service training, and fellowships. Particular emphasis should be also put on training health care workers, such as physicians and nurses, through integration of HIV/AIDS and STD into corresponding undergraduate and graduate curricula. The base of service providers is not limited to health sector staff only. It can be expanded through involving other sectors and the community. There is in the Region a good number of successful experiences of community participation, such as through involvement of women volunteers and peer educators, and through set-ups such as primary health care and healthy city projects. Training should also target these sectors.

Strategies

- Designating a core group of experts and specific institutions, in support of the National AIDS Programme. Such a group will be composed of members representing major fields relevant to the local context for effective HIV/AIDS and STD prevention and care

and, among other things, will oversee the development of training strategies and interventions.

- Intensifying training at all levels and in fields related to HIV/AIDS and STD prevention and care based on standard training manuals, and ensuring sufficient numbers of national trainers as well as continuous supervision and follow-up.
- Introduction of HIV/AIDS and STD public health interventions and case management into medical and paramedical curricula and continuing education.
- Training of at least 20% of key personnel, such as religious leaders, teachers, media staff, military staff, community leaders and others, to deliver effective preventive messages for HIV that are in harmony.

Target 3: By the year 2005, all countries of the Region will have sustained and comprehensive HIV/AIDS and STD prevention and care packages integrated into the health care delivery system.

26. The Ministry of Health should examine all possibilities to improve existing HIV/AIDS and STD prevention and care service delivery in order to ensure better coverage and accessibility. A high potential to enhance HIV/AIDS strategies lies mainly within the health system processes, organization and structure. An important principle is to use existing services as the basis for the introduction of HIV/AIDS and STD interventions, such as services for reproductive health, school health, maternal and child health and other services of the primary health care system. Appropriate selection and prioritization of the interventions and the points of their delivery is crucial and should rely on objective and evidence-based criteria.

Access by vulnerable groups to appropriate information and care for HIV/AIDS and STD is crucial in the context of many of the countries of the Region which remain at a low level of epidemic. Young people are particularly important to reach because they constitute a significant component of all other priority groups. Strategies to improve access and utilization of services by priority groups should aim at improving existing services and also at incorporating innovative approaches to reach them wherever they are. More public/private collaboration and increased collaboration with nongovernmental organizations and other community groups, provision of outreach services, adoption of youth-friendly approaches, expanded and targeted IEC, use of operational research to inform programme design and use of a variety of innovative research techniques to identify and profile various groups are recommended.

Strategies

- Adapting essential packages for HIV/AIDS and STD prevention and care to different country situations and piloting prior to scaling up of the interventions.

- Ensuring user-friendly and gender-sensitive services targeting special groups, such as young people and other vulnerable people.
- Prioritizing interventions according to the needs of the countries and ensuring that basic interventions are in place. These include functional surveillance systems for HIV/AIDS and STD, STD control and syndromic case management, public information, ensuring 100% safe blood and infection control, voluntary counselling and testing and access to anti-retroviral (ARV) treatment, especially in prevention of mother-to-child HIV transmission.
- Provision of sufficient financial, technical and human resources to national AIDS programmes to ensure accessibility and availability of HIV/AIDS and STD care and prevention services through integration with the PHC system, particularly in programmes such as family planning, maternal and child health, tuberculosis, blood safety and STD care.
- Building on all existing entry points possible in the national health system, which are supportive to AIDS control, and making use of technology, methods and initiatives, such as the problem-solving techniques, management effectiveness programmes, community and people-centered approaches, and participatory national HIV/AIDS strategic planning processes.
- Reorganizing HIV/AIDS prevention and care service delivery in order to improve access at national as well as district levels. Countries should maximize efforts to use all possible venues, such as workplaces, schools, healthy city projects, etc., in order to intensify health promotion activities and make best use of existing social and religious values and attitudes, thereby creating more supportive environments for HIV prevention and care.
- Adopting innovative approaches such as outreach and peer education methodologies based on operational research to identify and effectively target population groups that are at high risk or vulnerable to HIV infection, such as injecting drug users and young people.
- The close linkage between substance abuse, particularly injecting drug use, and HIV is a proven fact which requires studies to determine the true extent of the problem and adoption of culturally appropriate measures to address the issues of reducing demand for and harm caused by illicit drugs.
- Securing strong partnerships with the private sector for prevention and care service delivery and provision of training in the private sector on the public health approaches for HIV and STD prevention and care.

Target 4: By the year 2005, all countries will have capacity to generate relevant information and apply operational research in various aspects related to HIV/AIDS and STD health response.

27. Accurate data about the epidemic and its determinants are necessary for political commitment. Lack of information has resulted, in many instances, in lower prioritization of HIV/AIDS on the political agenda, as well as of the health sector itself and nongovernmental organizations. Operational research in health system and behavioural issues has an essential role to play in the response to HIV/AIDS and STD. It supports IEC and advocacy, better planning and evaluation, application of new methodologies and redirecting of funding in support of the most effective interventions. Incorporating HIV/AIDS and STD in the national health information system may also improve availability of information and generation of meaningful data.

Strategies

- Revising current surveillance methodologies to generate more representative and analytical data for use in advocacy, policy and programme development.
- Designing or upgrading an information system with relevant indicators enabling correct analysis and feedback for action.
- Applying operational research for IEC interventions for high-risk groups and other groups such as young people.
- Evaluation of the National AIDS Programme periodically, and preferably on a yearly basis, in terms of coverage, access, quality, sustainability and affordability of interventions.

Target 5: By the year 2003, all countries in situations of complex emergency, such as embargo, population displacement and conflict, will have developed national strategies that incorporate HIV/AIDS and STD prevention and care into the national response to emergencies and related international assistance plans.

28. Several countries in the Region suffer from one form or another of complex emergency and are often the hardest hit by HIV. Refugees, in particular women and children, are at increased vulnerability. These situations need special approaches. Cross-border collaboration is needed, as well as direct approaches to armed forces. International efforts are also needed to design special interventions to strengthen HIV/AIDS/STDs response in these situations.

Strategies

- Increasing support to areas of conflict and refugees in order to ensure access to health and information services related to HIV and STD control.

- Facilitation of coordination with nongovernmental organizations and cross-border collaboration.
- Encouraging periods of tranquillity to deliver health services, based on the experience of other health programmes.

5. ROLE AND ACTION OF WHO

29. WHO/EMRO has a key role to play as a supporting technical agency in the development of the health sector and sustainable response to HIV/AIDS and STD in the Region. Therefore, the main objective of WHO/EMRO collaboration in HIV/AIDS and STD with the countries of the Eastern Mediterranean Region is to ensure national political commitment and leadership in HIV/AIDS programmes, linking these programmes to the main health policies and development plans of the countries, and strengthening national expertise and institutions in the implementation. The regional action will encourage community-based programmes and involvement of civil society and the private sector.
30. WHO/EMRO will develop the necessary guidance and operational tools for the implementation of the strategies as well as the financial models relevant to the implementation, monitoring and evaluation of the essential interventions and in support of the advocacy efforts. WHO/EMRO will also work towards channelling more resources to the Region in implementation of the strategic plan.
31. WHO/EMRO efforts will support national and sub-regional approaches and in particular the most affected countries. WHO/EMRO will focus on developing new guidance to make necessary preventive interventions feasible in the context of the prevailing culture and religious beliefs.
32. WHO/EMRO will need to increase its capacity to address HIV/AIDS and STD in the regional and the country offices.
33. The contribution of many players will affect the success of HIV/AIDS and STD prevention and care in the region. Other UNAIDS co-sponsors also have important responsibilities. There is a need to make optimal use of the UNAIDS country mechanisms of coordination, advocacy and resource mobilization.
34. Therefore, the implementation of the regional plan will be made possible through strengthening and creating new partnerships both at the regional and country levels and giving support to the creation of sub-regional and interregional exchange mechanisms and networks.
35. The following details the actions to be taken by WHO/EMRO to the end of 2005:

a) Promoting and sustaining political commitment, public information and mobilization of resources

WHO/EMRO will:

- Maintain advocacy efforts targeted towards high-level decision makers through the Regional Committee and other regional forums (Health Ministers' Council for Gulf Cooperation Council States, Council of Arab Health Ministers, international meetings, etc).
- Generate information for advocacy and produce yearly a progress report on the situation in the Region.
- Designate selected prominent figures in the Region as Goodwill Ambassadors for HIV/AIDS advocacy.
- Support mobilization of civil society organizations for advocacy purposes.
- Mobilize regional satellite broadcasting channels and establish/sustain partnership with media representative networks.
- Strengthen public information, education and communication through messages adapted to regional norms and educational needs, and develop innovative approaches for the World AIDS Campaign using successful experiences and stories from the Region and highlighting local cultural values.
- Maximize the contribution of all countries and intercountry exchange through documentation and dissemination of best practice and through production of material in local languages (publications, newsletters, web pages, etc.).
- Organize a periodic regional conference on HIV/AIDS and STD in the Eastern Mediterranean Region starting in 2003.
- Create a UN inter-agency collaboration committee for communicable diseases in the Region.
- Facilitate interregional and subregional exchange and networking.

b) Building national capacity

WHO/EMRO will:

- Form a Regional Advisory Group for HIV/AIDS and STD to overview and advise on regional strategy development and implementation.

- Form and train core consultant groups to support countries in the planning, implementation and evaluation of HIV/AIDS and STD care and prevention packages.
 - Develop guidelines and supportive teaching material for the introduction of HIV/AIDS and STD in undergraduate medical and paramedical education curricula.
 - Support national training activities and fellowships, exchange visits, intercountry meetings, specific technical consultations and sub-regional training in specific issues, such as surveillance, managerial processes and programme planning, approaches to vulnerability and risk populations and care.
- c) Supporting comprehensive and integrated prevention and care approaches in the countries**

WHO/EMRO will:

- Technically support the introduction and implementation of essential packages in blood safety and infection control, safe injection practices including approaches to IDU, STD control and syndromic case management, voluntary testing and counselling, prevention of mother-to-child HIV transmission, access to care and to ARV, and surveillance.
- Support countries to develop integrated HIV and STD care and prevention services at local and district levels.
- Establish a functional network of collaborating centres to support capacity-building and implementation of the key interventions.
- Monitor, review and evaluate national AIDS programmes and the planning processes.
- Mobilize and coordinate donor inputs to achieve national AIDS programmes targets in the general national health plan.
- Monitor, evaluate and document countries' success stories.
- Assist countries to improve the affordability of current and future drugs and other technologies for preventing HIV transmission and caring for PLWA.

d) Supporting the generation of knowledge through operational research

WHO/EMRO will:

- Continue to support operational research into new strategies and methodologies for delivery of relevant prevention and care to those most vulnerable, mainly injecting drug users and youth.

- Introduce methodologies for health system studies to improve access to HIV interventions.
- Improve the affordability of current and future drugs and other technologies for preventing HIV transmission and caring for PLWA.
- Study alternative funding mechanisms necessary to meet needs in HIV/AIDS control activities.

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