



# A new health sector agenda for HIV/AIDS

Global health sector strategy on HIV/AIDS, 2011-2015





We have achieved tremendous progress in saving the lives of people living with HIV and preventing new infections. And we need to sustain that progress now more than ever before. If we slow down our response to HIV, we would be condemning millions of people to needless suffering and early death.

We know what needs to be done and we have a new strategy to do it more efficiently. Over the next five years, the new Global Health Sector Strategy on HIV/AIDS will guide WHO and governments around the world as we jointly combat HIV in ways that also contribute to stronger health services.

The vision for a new generation free from HIV/AIDS is within our reach. We must work together to enhance our response to HIV and achieve universal access to HIV services for all who need them.



**“Let’s do what’s right for everyone.”**

*WHO Director-General  
Dr Margaret Chan*

HIV-related disease was first described

**30**  
years ago



# A new health sector agenda for HIV/AIDS

The world is at a critical time in shaping the future response to HIV/AIDS.

Thirty years since the disease was first described, over 25 million people have died of AIDS and the lives of many millions more have been torn apart. But investments in HIV/AIDS have also achieved unprecedented results and sparked a dynamic movement to address the health needs of populations in low- and middle-income countries. Integrating the successes of HIV into health and development agendas more broadly and developing new approaches to health delivery are now pressing global responsibilities.

The World Health Organization (WHO) has developed a new Global Health Sector Strategy on HIV/AIDS that proposes a fundamental shift in health-sector programmes in countries over the next five years. The strategy builds on recent advances in prevention and treatment and on new knowledge that is broadening our understanding of what is needed to confront not only HIV/AIDS but also other major health challenges. It is designed to respond to the demands of a rapidly evolving epidemic:

**HIV remains a long-term global challenge.** While global HIV/AIDS incidence is declining, rates of new infections remain very high in many sub-Saharan African countries and have almost tripled over the past decade in Eastern Europe and Central Asia.

**Delivery of services that are better integrated, decentralized and resourced is an urgent priority.** For many people receiving treatment, HIV/AIDS has become a chronic illness. But current models of healthcare are unable to address growing demands for comprehensive lifelong care, or reach rural and marginalized populations effectively.

**Access to services for most-at-risk populations must be scaled up.** High rates of new HIV infections continue among vulnerable and most-at-risk<sup>1</sup> populations, who also often face the greatest difficulties in accessing services. The fight against AIDS cannot be won without the rapid scale-up of comprehensive, integrated interventions in communities where HIV transmission is occurring the fastest.

1. Most-at-risk populations are defined as men who have sex with men, transgender people, people who inject drugs, sex workers and prisoners.

**Women and girls are particularly vulnerable.** HIV is the leading cause of death in women of reproductive age in low- and middle-income countries. Gender inequality and a lack of respect for human rights, particularly among women and girls, are important drivers of HIV epidemics.

Supported by the 193 Member States of WHO, the Global Health Sector Strategy on HIV/AIDS has the following principal features:

- It leverages the HIV response to achieve broader health outcomes
- It promotes rapid access to new approaches and technologies
- It aims to build sustainable health systems, improve health delivery capacity and meet the challenge of HIV as a lifelong chronic condition

- It responds to evolving epidemic dynamics and addresses the major risk factors of generalized, mixed and concentrated epidemics
- It recommends evidence-based approaches
- It addresses HIV as a major factor in maternal and child health
- It promotes gender equity and the protection of human rights in service delivery
- It focuses on optimizing benefits and increasing programme efficiencies
- It seeks to maximize synergies with other partners in working to achieve global goals.



At least **4.2** million new HIV infections would be averted and 2 million lives saved if WHO's HIV prevention and treatment recommendations were fully implemented in 2011-2015. Under its new strategy, WHO aims to promote greater innovation in the delivery of HIV prevention, treatment, testing and care, so that countries can achieve the goal of universal access to HIV services.

**10** million people who are eligible for treatment still do not have access to it

# The new WHO strategy to achieve global goals



The new Global Health Sector Strategy on HIV/AIDS was developed by WHO with a view to realizing the UNAIDS vision of a world with zero new infections, zero AIDS-related deaths and zero discrimination. The strategy has two overarching goals:

- To achieve universal access to HIV prevention, diagnosis, treatment and care
- To contribute to the achievement of the health-related Millennium Development Goals (MDGs) and their associated targets by 2015.

The four targets aimed at accelerating progress towards these goals are:

- **Reduce new infections in young men and women by 50%**
- **Eliminate new HIV infections in children by 90%**
- **Reduce HIV-related deaths by 25%**
- **Reduce tuberculosis-related deaths by 50%<sup>2</sup>**

The new strategy prioritizes four Strategic Directions (SDs) to achieve these targets. It recommends country actions that will help meet both national goals and the strategy targets, and details the contributions that WHO will make to support these actions.

2. Targets for reducing infections in young men and women, eliminating new infections in children, and reducing HIV-related deaths are compared to a 2009 baseline; that for reducing TB-related deaths is compared to a 2004 baseline.

## SD1: Optimize HIV prevention, diagnosis, treatment and care

### Revolutionizing HIV prevention

**Since the beginning of the epidemic, some 60 million people have been infected with HIV. A revolution in HIV prevention has now become a global health imperative.**

To date, few countries have successfully combined HIV prevention interventions and prioritized them to achieve the greatest impact on their specific epidemics. As a result, a number of key prevention interventions have been largely neglected and coverage of services is lower than it should be. For example, of 92 countries reporting on coverage of harm reduction services in 2009, only 36 had needle and syringe programmes and just 33 offered opioid substitution therapy. Many new infections in African countries occur as a result of high levels of serodiscordance among couples in stable relationships (when one partner is HIV-positive and the other HIV-negative), but little has been done to address their specific prevention needs.

Prevention and treatment are mutually reinforcing and must be closely integrated. New research has confirmed that antiretroviral treatment (ART) can be 96% effective in reducing HIV transmission to an uninfected sexual partner, and it has shown important benefits in preventing TB and other diseases as well. Much greater investment is now also needed to realize the potential of new prevention approaches and tools, such as microbicides, oral prophylaxis and male circumcision, and make them quickly and widely available.

- + Expand existing HIV prevention interventions, including development of an evidence-based prevention package for the health sector and guidance on delivering combined prevention activities in generalized epidemics
- + Drive the development of new HIV prevention interventions and approaches.

What WHO will do

Since 2001, there has been a **24** %  
reduction in the number of HIV  
infections in infants



### Eliminating new HIV infections in infants

Since 2001, there has been a 24% reduction in the number of HIV infections in infants as a result of expanded programmes to prevent mother-to-child transmission of HIV. A growing number of countries are now working to reach the goal of eliminating new HIV infections in infants by 2015.

Significant progress is now being made in increasing access to services to prevent mother-to-child transmission of HIV. In 2010, WHO released new recommendations which, if widely adopted, have the potential to dramatically reduce new pediatric HIV infections.

Successful implementation of the WHO guidance will require expansion of HIV testing and counseling services, better laboratory capacity, and improved follow-up of HIV-exposed infants and their mothers. The integration of services to prevent mother-to-child transmission into routine maternal and child health care is also essential to increase outreach and achieve universal coverage.

- + Work jointly with UNICEF to support eliminating new HIV infections in children, including providing guidance and technical support to countries to rapidly expand comprehensive and integrated services for the prevention of mother-to-child transmission and monitoring progress.

What WHO will do

### Catalyzing the next phase of diagnosis, treatment, care and support

Despite unprecedented expansion of HIV treatment services, an estimated 10 million treatment-eligible people did not have access to ART at the end of 2009. A global effort is now needed to dramatically improve the efficiency and impact of HIV treatment programmes in low- and middle-income countries and to broaden interventions to include comprehensive care and support for people living with HIV.

HIV treatment can be made simpler, cheaper, and easier to deliver. A new initiative, Treatment 2.0, has been developed by WHO and UNAIDS to help bring a realistic and sustainable solution to reducing illness and premature death from HIV. The platform is built on five priority areas for action:

- Promoting the development and use of simplified drug regimens
- Developing affordable, easy-to-use diagnostic and monitoring tools
- Reducing costs (e.g. through employing available flexibilities of the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement))
- Achieving efficiencies and cost savings through decentralization of service delivery, integration with other areas of health care and improved management of procurement and supply chains
- Mobilizing communities to increase demand for services and support effective implementation.



Being able to benefit from treatment programmes depends on knowing one's HIV status. Although the total reported number of tests globally has risen significantly, further efforts are needed to ensure wider access to testing, timely diagnosis and referral to prevention and treatment.

- + Support improved uptake of HIV testing and counseling and linkages to care
- + Support expanded, optimized diagnosis, treatment and care services through the Treatment 2.0 initiative
- + Provide guidance and tools for diagnosis, treatment and care for children with HIV
- + Improve tools to prevent and manage HIV/tuberculosis co-infection
- + Develop new guidance to prevent, diagnose and manage other HIV-related co-infections and co-morbidities.

What WHO will do

### Providing comprehensive, integrated services for key populations

**Many key populations still have poor access to comprehensive, evidence-based HIV services. Taking action to lower the rates of new HIV infections and ensure access to HIV testing and counseling, care and treatment requires better integration of HIV with other health and social services and tailoring interventions to meet the needs of these key populations.**

Every country should identify populations that are vulnerable to HIV or underserved by current HIV programmes and develop comprehensive interventions to meet their needs. In too many situations, interventions are not tailored to the needs of key populations nor are they integrated with other relevant health and social services. For example, more than 90% of the resources for HIV prevention in young Asians is spent on low-risk youth who account for less than 5% of infections.

A recent study in Mozambique showed that up to one third of new infections occurred among injecting drug users, men who have sex with men and sex workers and their clients, but just 0.25% of HIV prevention spending was directed to them. Marginalization of these populations undermines efforts to achieve public health objectives and places both these groups and the larger public at greater risk.

- + Develop and promote combination prevention, treatment and care packages for key populations in different epidemic types and settings
- + Support expansion of services to sex workers and men who have sex with men
- + Promote a comprehensive harm-reduction package for people who use drugs.

What WHO will do

## SD2: Leverage broader health outcomes through HIV/AIDS responses

**An integrated approach to HIV and health service delivery will help optimize health outcomes, make the best use of resources, and strengthen health systems to meet the challenge of long-term chronic illness.**

Integrating HIV and other health services has the potential to radically improve the efficiency and effectiveness of both the response to HIV and other health priorities:

- Effective programmes to jointly address HIV and tuberculosis (TB) can significantly reduce TB incidence and mortality – yet, in 2009, only 26% of notified tuberculosis cases knew their HIV status.
- Programmes to provide HIV and harm-reduction services produce better results if they address the overall needs of injecting drug users, including TB, viral hepatitis and drug overdoses.
- As people live longer with HIV, they are at increased risk of developing other chronic illnesses such as cancer or cardiovascular disease. New approaches that combine prevention and long-term care for both HIV/AIDS and other diseases are now urgently required.
- More than half of maternal mortality in the countries worst affected by AIDS is related to HIV, which is also a leading cause of child deaths. HIV interventions should be integrated within a package of core interventions for maternal, newborn and child health and stronger linkages promoted with sexual and reproductive health services. Promotion of standardized and simplified tools to support decentralization of these services at the primary care level is also vital.

- + Support strengthened collaboration between HIV and tuberculosis programmes
- + Promote the integration of HIV services with those for maternal, newborn and child health and sexual and reproductive health
- + Advocate for a rights-based approach to HIV prevention, diagnosis, treatment and care within drug prevention, treatment, rehabilitation and control programmes
- + Strengthen links between HIV and other priority health programmes, including mental health, blood transfusion, emergency and surgical care, occupational health, water and sanitation, and the prevention and treatment of cancer and other non-communicable diseases.

What WHO will do

## SD3: Build strong and sustainable health systems

**HIV programmes have helped to strengthen health systems in many low- and middle-income countries. However, more must be done to help build effective, efficient and integrated services that will achieve improved HIV and other health outcomes.**

To build stronger health systems for HIV and other health issues, countries should be guided by a strategic planning process for HIV that reviews, prioritizes and funds the necessary interventions in synergy with other health and development concerns. Well-functioning health information systems are essential for countries to plan, monitor and evaluate their HIV responses. Efforts to expand access and improve the quality of services must also include strengthening of community-based systems if universal access targets are to be achieved. Innovative and decentralized HIV services are required to reach those populations most vulnerable and under-served. Social protection systems need to be put in place to minimize financial barriers to accessing HIV services.

A competent health workforce is central to the health sector response to HIV. Human resource capacity needs to be strengthened through training, recruitment and task-shifting strategies.

More rapid regulatory approval of new and generic medicines and diagnostics, strengthened procurement systems and better use of medicines patent pooling and of the TRIPS Agreement flexibilities are needed to facilitate continued access to affordable medicines, diagnostics and other HIV commodities.

- + Promote efficiencies in service delivery, including by strengthening community systems
- + Provide policy and technical guidance to build an expanded, well-trained health workforce
- + Support increased access to affordable and quality-assured medicines, diagnostics and other commodities
- + Support national strategic planning and reviews, with particular attention to ensuring synergies in the health system and the efficient use of resources
- + Improve the collection, analysis and use of data in the health sector, and monitor and report annually on health sector progress
- + Play a leading role in shaping the research agenda and stimulating the rapid dissemination and application of new knowledge
- + Estimate the investments needed to achieve global HIV goals and provide technical support to help countries achieve sustainable financing including mobilizing and implementing domestic and external funding.

What WHO will do

In 2009, only **26** %  
of notified tuberculosis cases  
knew their HIV status



## SD4: Reduce vulnerability and remove structural barriers to accessing services

### Promoting gender equality and removing harmful gender norms

**Gender inequalities affect women's ability to protect themselves against HIV. However, less than 50% of countries have a budget for HIV-related programmes directed at women and girls.**

Reducing the impact of HIV infection urgently requires increased measures to address the specific vulnerabilities of women in different contexts, improve their access to health services, and challenge harmful gender norms.

Recommended priority actions include collecting and analyzing sex- and age-disaggregated data; developing concrete approaches to promote greater equality in sexual decision-making and the use of male and female condoms; ensuring that female carers are empowered and motivated to become involved in the planning and delivery of health and community services; and introducing comprehensive services related to gender-based violence. Boys and men should be included in interventions aimed at promoting gender equality and reducing gender-based differences in access to health services.

- + Help countries overcome gender-based barriers to accessing HIV and other health services
- + Include women and community carers in the development of policies to ensure that HIV services meet the needs of women
- + Support research on the relationship between HIV risk and human rights violations
- + Provide guidance on the implementation of programmes addressing violence against women.

What WHO will do

### Advancing human rights and promoting health equity

**In many countries, legal and socio-cultural barriers prevent people who use drugs, sex workers, prisoners and men who have sex with men from accessing effective interventions and using health services. Overcoming these barriers is crucial for ensuring effective national HIV responses.**

The elimination of stigma and discrimination in health service delivery and the introduction of policies and practices to monitor human rights abuses are critical to an effective national response. Attitudes of discrimination, distrust and denial serve to compound the existing social and economic problems of individuals who are already vulnerable. Too often, adoption of a 'moralistic' stance also means that the evidence on effective approaches is overlooked.

Recent reports from 10 countries show very significant proportions of people living with HIV experience high levels of physical and psychological abuse, and up to 88% are denied access to health services. As a result, many do not seek support for fear that they will be abused, rejected, or refused care if their HIV status becomes known.

- + Promote the adoption of policies, practices and laws that protect human rights and eliminate discrimination in the health sector
- + Develop guidance and tools to change discriminatory attitudes among health workers towards people living with HIV and key populations
- + Help countries assess determinants of health risk and vulnerability and identify areas and populations where HIV risk and transmission are elevated
- + Support analyses of health equity, including differential access to health services and variances in health outcomes.

What WHO will do

## Ensuring health in all policies, laws and regulations

The health sector has a unique role to play in ensuring that national policies, laws and regulations do not increase HIV vulnerability and transmission. Recent reports indicate that 67% of countries have laws, policies or regulations that create obstacles to the delivery of services to vulnerable and most-at-risk populations. Laws should be reviewed and, if necessary, reformed in order to improve access to health services and protect human rights. A public-health approach to managing behaviours that put people at risk of HIV infection should be promoted as an alternative to criminalization.

- + Provide public health evidence to inform policies, plans, laws and regulations across multiple sectors
- + Advocate for increased attention to the health needs of key populations and help define the role of other sectors in ensuring that these needs are met
- + Work with national and international partners to develop greater policy coherence, in particular with global initiatives and bilateral programmes.

What WHO will do

## A catalyst for change



The new WHO strategy is a catalyst for change in the health sector response to HIV/AIDS. Its effective implementation will require the strengthening of national institutions and services to ensure a sustainable response, the development and implementation of evidence-based policies and guidelines, greater accountability and human rights protections for key populations, and adequate resources. It will also involve collaboration between all stakeholders in the health sector – including governments, civil society, the private sector, bilateral and multilateral institutions, and implementing partners.

Progress at global and regional levels in moving towards the targets set out in this strategy will be regularly evaluated, and comparisons between and within countries also used to assess performance. WHO's specific support to implementation of the strategy is estimated to amount to US\$ 525 million over the five years including action across the global, regional and country levels of the organization. The work of the WHO HIV programme is reflected in the WHO Programme Budget and the UNAIDS Unified Budget Results and Accountability Framework which promotes joint planning and budgeting across the ten UNAIDS cosponsors and secretariat.

**Investments in HIV/AIDS have delivered results. The international community now needs to build on these successes and support the approaches that will ensure sustained progress. A commitment to sharing responsibility for the funding and implementation of integrated approaches to HIV prevention, treatment and care will bring broad health benefits and help lay the foundations for universal access to HIV services. It is also the key to success for achieving all health-related Millennium Development Goals.**

WHO needs US\$ **525** million  
to contribute to the full implementation of the  
global strategy for the period 2011-2015

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