



WORLD HEALTH ORGANIZATION

FIFTY-NINTH WORLD HEALTH ASSEMBLY
Provisional agenda item 11.3

A59/39
4 May 2006

HIV/AIDS

WHO's contribution to universal access to HIV/AIDS prevention, treatment and care

Report by the Secretariat

1. During its consideration of universal access to prevention, care and treatment of HIV/AIDS at its 117th session, the Executive Board agreed that a report on the technical aspects would be submitted to the Health Assembly.¹ This report meets that request.
2. The Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly at its special session on HIV/AIDS in 2001 has subsequently served as the guiding framework for the global response to the HIV/AIDS epidemic, and has resulted in increased international commitment and considerable success in scaling up HIV/AIDS responses in numerous countries. The next year, in resolution WHA53.14, the Health Assembly requested the Director-General to develop a global health-sector strategy as part of the United Nations system's strategic plan for HIV/AIDS. The resulting strategy (covering the period 2003-2007) was based on the premise that comprehensive national responses to the epidemic should include treatment as well as prevention, care and support.
3. By late 2003, however, despite the widespread use of effective antiretroviral therapy in most developed countries, only 300 000 of the six million people estimated to be in need of such treatment in low- and middle-income countries were receiving it. Accordingly, WHO declared the lack of access to antiretroviral therapy to be a global health emergency and, with UNAIDS, launched a global initiative to support countries in delivering antiretroviral therapy to three million people living with HIV/AIDS in low- and middle-income countries by the end of 2005 (the "3 by 5" target). During the two-year initiative, WHO deployed dedicated "3 by 5" country officers or teams in more than 40 countries and provided technical support to more than 100 countries in order to extend HIV/AIDS prevention, treatment, care and support.
4. By December 2005 about 1.3 million people in low- and middle-income countries were receiving antiretroviral therapy. Although the "3 by 5" target was not met, its existence was important for mobilizing many stakeholders in an international effort to expand access to antiretroviral therapy, and reinforced the need to intensify HIV prevention efforts simultaneously. The "3 by 5" initiative demonstrated that a comprehensive response had to have high-level political and financial commitment from national governments and many other stakeholders. It highlighted the importance of using existing entry points, notably in the areas of tuberculosis, sexual and reproductive health,

¹ Document EB117/2006/REC/2, summary record of the eighth meeting, section 3. See also document A59/8.

prevention of mother-to-child transmission of HIV and management of substance dependence, in order to deliver antiretroviral therapy and extend HIV prevention. It also illustrated that expanded international financial support, clear indicators of progress, robust monitoring and evaluation, firmer partnerships, prompt implementation of lessons learnt and an intensified focus on strengthening health systems are all essential elements of national responses to HIV/AIDS.

5. The “3 by 5” initiative has given momentum to the longer-term effort to attain the health-related Millennium Development Goals. In this context, in July 2005, leaders of the G8 countries announced their intention to work with WHO, UNAIDS and other international bodies to develop and implement a package for HIV prevention, treatment and care, with the aim of coming as close as possible to universal access to treatment for those who need it by 2010. In September 2005, Heads of State and Government attending the 2005 World Summit endorsed this goal. The outcome document included a commitment by the United Nations General Assembly to increase resources to the HIV/AIDS response.¹

6. To build on the achievements of the “3 by 5” initiative and to move quickly towards preparing for universal access to HIV/AIDS prevention, treatment, care and support, in the first quarter of 2006 UNAIDS supported more than 100 countries to undertake national consultations on how to achieve that goal. The resulting road maps aim to capitalize on existing country-level efforts and plans to accelerate national AIDS responses. Those consultations prepared the way for five regional consultation meetings on how to tackle obstacles to progress towards universal access. A multi-partner Global Steering Committee on Scaling up towards Universal Access, in which WHO participates, oversees the process; and it will contribute to a report on progress towards universal access, which will consolidate the results of country and regional consultations and be submitted to the United Nations General Assembly in May-June 2006 as part of the five-year review on progress in implementing the Declaration of Commitment on HIV/AIDS.

7. Scaling up towards universal access will require a comprehensive health-sector response, based on a package of essential health interventions for HIV/AIDS prevention, treatment and care; that response will also contribute to the broader strengthening of health systems. Any package adopted by a particular country should include the range of interventions deemed necessary to mount an effective health-sector response, based on the country’s needs and epidemiology.

8. WHO’s contribution to progress towards universal access by 2010 will be based on five strategic directions, each in an area in which the health sector must invest if countries are to move towards that goal. For each strategic direction WHO has identified a limited set of top-priority health-sector interventions, based on sound evidence of their effectiveness against the HIV/AIDS epidemic.

9. The first strategic direction aims to enable more people to know their HIV status through confidential HIV testing and counselling. Data from the most recent demographic surveys indicate that fewer than 10% of people in several countries in sub-Saharan Africa know that they have been infected with HIV. For more people to know their serostatus, the availability and uptake of voluntary counselling and testing services need to be increased, with more provider-initiated testing and counselling (especially where epidemics are generalized) and the integration of testing and counselling into other services such as those for reproductive health, tuberculosis, sexually transmitted infections, harm reduction and drug-dependence treatment. Testing and counselling services should be an important entry point for treatment as well as prevention activities, including partner notification and

¹ Resolution 60/1.

those for people living with HIV/AIDS. WHO has built up a substantial set of resources on policies and standards in this area, focussing on normative guidance for testing and counselling, assessment of test materials, quality and management of HIV-testing laboratories, and quality assurance of HIV testing in remote sites and among hard-to-reach populations. The early diagnosis of HIV infection in infants remains a major challenge in many countries, with better HIV diagnostics and counselling of families with infants at risk needed.

10. The second strategic direction aims to maximize the health sector's contribution in six main areas of HIV prevention: (1) mother-to-child transmission of HIV; (2) sexual transmission (by promoting safer sex through reproductive and other health services, especially for young people and high risk populations); (3) transmission through injecting drug use; (4) transmission within the health-care setting; (5) people living with HIV/AIDS; and (6) new technologies. Preventive efforts will also cover aspects related to gender inequality, including violence against women. Particular attention will be paid to applying the key elements of the strategy for prevention and control of sexually transmitted infections that are expected to reduce transmission of HIV, such as targeting services to people who are most vulnerable, including injecting drug users and their sexual partners, prisoners and mobile populations.

11. The third strategic direction emphasizes WHO's strong continued support for scaling-up HIV/AIDS treatment and care. WHO will continue to revise and update its normative guidance on nutrition, prevention and management of opportunistic infections and coinfections, palliative care and pain relief management, and antiretroviral therapy for adults and children. Support will also continue to be provided for the elaboration of appropriate formulations and dosing schedules of antiretroviral medicines for infants and children, promotion of the public health approach to care and treatment (working with countries to adapt this approach to their national context), and design and implementation of efficient patient-tracking systems to ensure good patient follow-up and accurate monitoring of increased access to treatment. Partnerships will remain vital in providing normative guidance and technical support in these areas.

12. The fourth strategic direction calls for better strategic information to guide more effective responses at global and national levels through tracking the course of the HIV epidemic and providing useful data for policy making and improved delivery of services. Compared to other organizations, WHO's strengths in this area are its technical expertise in health-sector planning and tracking health outcomes; its links with health ministries and various health agencies; and its ability to facilitate and coordinate global, inter-regional and cross-country analyses and dissemination of information. WHO will concentrate on preparing normative guidance for surveillance of HIV/AIDS and sexually transmitted infections; tracking health-sector responses in terms of their coverage, and promoting best practices; hosting the secretariat for the Global HIV Drug Resistance Surveillance Network; and promoting operational research and the rapid dissemination and application of research findings. WHO will monitor countries' health-sector responses in scaling up efforts towards universal access, and progress will be reported on annually.

13. Given the interdependence of the scaling up of HIV/AIDS interventions and the overall strengthening of health systems, the fifth strategic direction aims to support countries in implementing HIV/AIDS services and policies in ways that have the maximum beneficial impact on health systems as a whole. The resources now available for HIV/AIDS provide unique opportunities to improve national strategic planning and management in the health sector, to build effective management systems for drug procurement and supply, to strengthen laboratory and human resource capacity and to develop longer-term strategies for sustained health-care financing.

14. For each strategic direction WHO will: (1) advocate action and mobilize partnerships; (2) promote operational research and disseminate evidence on the effectiveness of different health-sector interventions and models of good practice for service delivery; (3) articulate global and regional policy options; (4) set norms and standards and design, update or adapt tools and guidelines for assessment, policy, programme, and monitoring and evaluation; (5) provide technical support to countries to strengthen national health-sector responses to HIV/AIDS and build national capacities; (6) monitor and evaluate interventions and provide support to countries in selecting appropriate indicators and setting targets.

15. Strong and responsive country offices are the portals through which WHO will provide support to countries. Dedicated HIV/AIDS staff in 69 WHO country offices currently provide day-to-day technical support to national health ministries, but this number is small compared to the expectations of Member States for WHO's support. The deployment of subregional WHO teams responsive to specific contexts and needs has been successful in Latin America and the Caribbean. Other regional and subregional teams will be consolidated and strengthened, particularly in sub-Saharan Africa, in order to provide first-line technical support to countries.

16. A five-year Organization-wide work plan for WHO's contribution to scaling up efforts towards universal access to HIV/AIDS prevention, treatment and care for the period 2006-2010 is in preparation. WHO will continue the process of decentralization initiated through the "3 by 5" initiative, promote the implementation of the "Three Ones" principle and respond to the recommendations of the Global Task Team on improving AIDS Coordination among Multilateral Institutions and International Donors.¹ The plan will be guided by, and consistent with, WHO's medium-term strategic plan 2008-2013, and annual reports will be provided on progress.

17. The strategic approach to the goal of universal access presents the international community in general and the health sector in particular with the enormous challenge of providing comprehensive HIV/AIDS services to all those who need them within the next five years. To do that and to sustain a comprehensive and long-term global response to the AIDS epidemic significant resources will have to be mobilized nationally and internationally. Substantial additional capacity and technical support will also be needed to ensure that these resources are used effectively. Despite the difficulties inherent in this challenge, a wealth of experience has been gained from the contributions of many partners to the "3 by 5" initiative on which to base continuing expansion of national HIV/AIDS programmes. The present scaling up of efforts towards universal access presents an exceptional opportunity not only to prevent and treat HIV/AIDS more effectively, but to improve health systems.

ACTION BY THE HEALTH ASSEMBLY

18. The Health Assembly is invited to take note of the report.

= = =

¹ See document A59/8.