



WORLD HEALTH ORGANIZATION

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Global health-sector strategy for HIV/AIDS

Report by the Director-General

1. In May 2000, the Fifty-third World Health Assembly adopted resolution WHA53.14 requesting the Director-General to develop a global strategy for health-sector responses to the epidemics of HIV/AIDS and sexually transmitted infections. This strategy was to be a part of the United Nations system's strategic plan for HIV/AIDS for 2001-2005.

2. WHO's Secretariat prepared an outline strategy during 2000-2001 through detailed consultations with several different constituencies. The outline covers core elements of health-sector responses to HIV/AIDS, including: establishing the determinants of the epidemic; defining interventions that will be the most effective in different national settings; enabling national health systems to contribute better to the effectiveness of these interventions; overcoming constraints, within national health sectors, to expanding health system action; and providing international support for more effective national responses. Information on the increased response and the outline strategy was included in the reports to the Executive Board at its 107th session in January 2001.¹

SUPPORTING THE IMPLEMENTATION OF THE OUTLINE STRATEGY

3. Many Member States now want to intensify the capacity of health systems to respond to the HIV epidemics, particularly among poor people. They seek support from the international community – specifically from the cosponsors of UNAIDS, including WHO – as they plan to scale up effective health system action in response to HIV/AIDS. They want to ensure that health systems respond particularly well to the needs of the poor people.

4. WHO is preparing to respond to the increasing volume of requests from countries for such support. National officials want support for articulating evidence-based health systems policies; establishing norms and guidance; building the capacity to assess trends, to provide high-quality technical backing and skill development for all health professionals; negotiating alliances with private or voluntary entities; and undertaking advocacy on a scale proportionate to the size of the task being faced. They want to be able to stimulate relevant research, innovation and progress reviews. In order to be able to provide this support, WHO is improving the organization and operation of its work on HIV/AIDS and both recruiting and re-training staff.

¹ See documents EB107/2 and EB107/29.

5. To this end, the Department of HIV/AIDS in Geneva is being restructured, so as to serve as a focal point for all HIV-related work throughout the whole organization. WHO seeks to be in a position to enable national health systems in Member States to confront HIV/AIDS as part of an overall, efficient multi-sectoral response, at country and local levels.

6. Technical teams have been established that collate expertise from country teams, regional offices, departments at headquarters and WHO collaborating centres in order to provide direct support to countries in ways that draw on such knowledge. The team building already under way will increase WHO's capacity to offer: guidance on best practices in HIV prevention; know-how on optimal care for persons affected by HIV in resource-poor environments; advice on monitoring and evaluating progress; support in building of new and effective alliances; and advocacy skills. Where possible, the technical teams participate in existing professional networks so as to increase the extent to which health professionals at local level can contribute to, and benefit from, strategic guidance.

EVOLUTION OF THE STRATEGY

7. At the same time, the strategy for health-sector responses to HIV/AIDS continues to evolve in the face of shifts in the epidemic, the experiences of national health systems as they seek to respond effectively, and changes in the international context following the United Nations General Assembly special session on HIV/AIDS, in June 2001, at which Member States adopted a powerful Declaration of Commitment on HIV/AIDS. Stronger and more effective health sectors will be essential if countries and communities are to contribute maximally to the fulfilment of the global targets set out in the declaration.

8. The evolution of the *health-sector strategy* thus takes proper account of the goals to which governments committed themselves in adopting that Declaration, and the goals of the United Nations Declaration, adopted at the Millennium Summit in September 2000, that relate to HIV/AIDS and reproductive health outcomes. It also takes account of the circumstances of different national health systems and those of groups of nations, as they seek to respond better to the HIV/AIDS threat, and the potential contributions of different parties to the response to HIV/AIDS at country level. These parties include national governments, international organizations, private entities, voluntary organizations, people affected by HIV/AIDS, and the biomedical and social science research communities.

9. The WHO Secretariat therefore undertook further consultations with a broad range of interested parties from countries within the African and Eastern Mediterranean Regions in the second half of 2001. Similar consultations were also scheduled in the European Region, the Region of the Americas, and the South-East Asia and Western Pacific Regions during the subsequent few months. Participants in the consultations examined the purpose, objectives and scope of the global health-sector strategy, studied links between global and regional strategies, and discussed the role of WHO in working with countries to implement the strategies.

10. The first two consultations confirmed the importance of revising the strategy in the light of the Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly, with clear cross-linking to its goals. It also became clear that the revised strategy should indicate the critical roles of health systems in confronting HIV/AIDS, the limited capacities of many national health systems at this time, and the need for new partnerships, especially at community level, to ensure focused activities by health systems in relation to HIV/AIDS.

11. The consultations further indicated that the strategy should reflect current normative work on defining a minimum package of interventions needed for both prevention of HIV infection and care for persons affected by HIV to be sustained. (This inclusion would facilitate the incorporation of HIV-related actions into other aspects of health systems, such as those concerned with maternal, reproductive and child health action to tackle infectious diseases, and sexually transmitted infections.)

12. Another suggestion was that the strategy show how health systems can pay more attention to the particular needs of specific groups, such as sex workers, prisoners, refugees and displaced populations, injecting drug users and the military, as well as all people who are poor and marginalized. It should reflect the impact of armed conflict, embargoes, displacement of people and refugee crises on the epidemiology of HIV/AIDS and sexually transmitted infections, and the scope for an effective response. It should show how health systems can better respond to the need to protect and provide care to all health-care workers.

13. During one of the consultations it became evident that the strategy could provide more information on the extent and quality of surveillance data and analyses needed to guide effective health-system responses to HIV/AIDS. Surveillance not only reflects the trends in the epidemic but enables national authorities to appreciate its determinants (including behavioural factors).

14. Revisions to the strategy, it was proposed, should identify the resources and alliances that might be needed for increased capacity within national health systems to respond to HIV/AIDS, and the criteria for monitoring that capacity. They should show how specific national and regional contexts will influence the scope for a more powerful health system response.

15. Another proposal was that the revised strategy could also include advice on how different interested parties within countries might implement the strategy – how it could be adapted to national or local settings, what tools and methods could be used, which institutional frameworks and alliances would facilitate implementation, and what leadership and collective action would be needed to animate the strategy. Carefully analysed and clearly presented examples of what has succeeded in different settings, uniting the efforts of different sectors, would be most useful.

NEXT STEPS

16. Once the regional consultations have been completed and the strategy has been revised, different components of the strategic approach will be made available to countries for testing, review and evaluation. A further substantive draft of the strategy will be made available to the Executive Board at its 111th session in January 2003.

ACTION BY THE EXECUTIVE BOARD

17. The Executive Board is invited to note the report and the evolution of a global strategy for health-sector responses to HIV/AIDS.

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