

Draft WHO HIV/AIDS strategy 2011–2015

Report by the Secretariat

1. In resolution WHA63.19 (WHO HIV/AIDS strategy for 2011–2015) the Health Assembly requested the Director-General to submit to the Sixty-fourth World Health Assembly, through the Executive Board, a WHO HIV/AIDS strategy for 2011–2015. The strategy should be developed through an inclusive consultative process, be aligned with broader strategic frameworks, and take into consideration the changing international public health architecture.
2. The Secretariat has drafted a strategy that builds on the achievements and experiences of the “3 by 5” initiative and WHO’s HIV/AIDS universal access plan for 2006–2010.¹ The text provides a framework for concerted WHO action at the global, regional and country levels and across technical departments in the Secretariat. The draft strategy is based on existing best practices and available evidence on the effectiveness of HIV-related approaches and interventions in the health sector.
3. The broad consultative process that led to the strategy involved all key partners, including Member States, organizations in the United Nations system and other multilateral agencies, donor and development agencies and initiatives, civil society, nongovernmental organizations, scientific and technical institutions and networks, and the private sector. Numerous stakeholder consultations were held, and more than 90 Member States participated in consultations held in all WHO regions in the period June–September 2010. To supplement these consultations and ensure the broadest participation, the Secretariat hosted a widely-promoted public on-line consultation for seven weeks in the period July through September 2010.²
4. The process of developing the draft strategy was managed by a cross-cluster group at headquarters. Substantial input was provided by all departments with significant HIV-related activities, all regional offices and some country offices. Oversight of the process was also ensured externally, for instance through a civil society reference group and an informal advisory group with broad and high-level representation.
5. The draft strategy (see Annex) reaffirms WHO’s commitments to achieving internationally agreed HIV and development goals and targets, as specified in the Millennium Development Goals

¹ WHO. *Towards universal access by 2010: how WHO is working with countries to scale-up HIV prevention, treatment, care and support*. Geneva, World Health Organization, 2006.

² The WHO web site documents the consultation process to implement resolution WHA63.19 and provides links to the various documents referred to background documentation and consultation summary reports: http://www.who.int/hiv/aboutdept/strategy_consultation/en/.

adopted in 2000, the Declaration of Commitment on HIV/AIDS (“Global Crisis – Global Action”) adopted by the United Nations General Assembly at its twenty-sixth special session in 2001 and the Political Declaration on HIV/AIDS adopted by the United Nations General Assembly in 2006. Specifically, the strategy aims to achieve universal access to HIV prevention, treatment and care by 2015, and to contribute to achievement of Millennium Development Goals 3 (Promote gender equality and empower women), 4 (Reduce child mortality), 5 (Improve maternal health), 6 (Combat HIV/AIDS, malaria and other diseases) and 8 (Develop a global partnership for development).

6. The strategy aims to guide national health-sector responses, and the title of the strategy clarifies its health-sector focus. The strategy lays out the Secretariat’s contributions, and is intended to be adapted by regional offices to meet their specific needs. A detailed operational plan will follow.

7. The draft global health-sector strategy for HIV, 2011–2015 is closely aligned with the UNAIDS Strategy 2011–2015, which has been developed in parallel. It recognizes that an effective HIV response requires action across many sectors, and aims to describe the specific health-sector contribution to a multisectoral response and the multisectoral UNAIDS Strategy. It supports and reinforces the agreed division of labour among UNAIDS cosponsors.¹ Among the UNAIDS cosponsors WHO is responsible for the health-sector response to HIV, taking the lead on HIV treatment and care and on HIV/tuberculosis co-infection, shares responsibility with UNICEF for the prevention of mother-to-child transmission of HIV, and collaborates with other cosponsors in supporting actions in all other priority areas.

ACTION BY THE EXECUTIVE BOARD

8. The Executive Board is invited to consider the draft global health-sector strategy for HIV, 2011–2015, and make a recommendation on its possible endorsement by the Sixty-fourth World Health Assembly.

¹ UNAIDS. *UNAIDS technical support division of labour: summary and rationale*. Geneva, UNAIDS, 2005.

ANNEX

Draft global health-sector strategy for HIV, 2011–2015

A sustainable health-sector response to HIV

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I. INTRODUCTION

The draft global health-sector strategy, 2011–2015 guides the response of the health sector¹ to human immunodeficiency virus (HIV) epidemics in order to achieve universal access to treatment, prevention, care and support,² improve related health outcomes and strengthen health systems.

In order to realize a vision of a world without new HIV infections and in which all people living with HIV enjoy long and healthy lives, the strategy takes the following steps (see Figure 1):

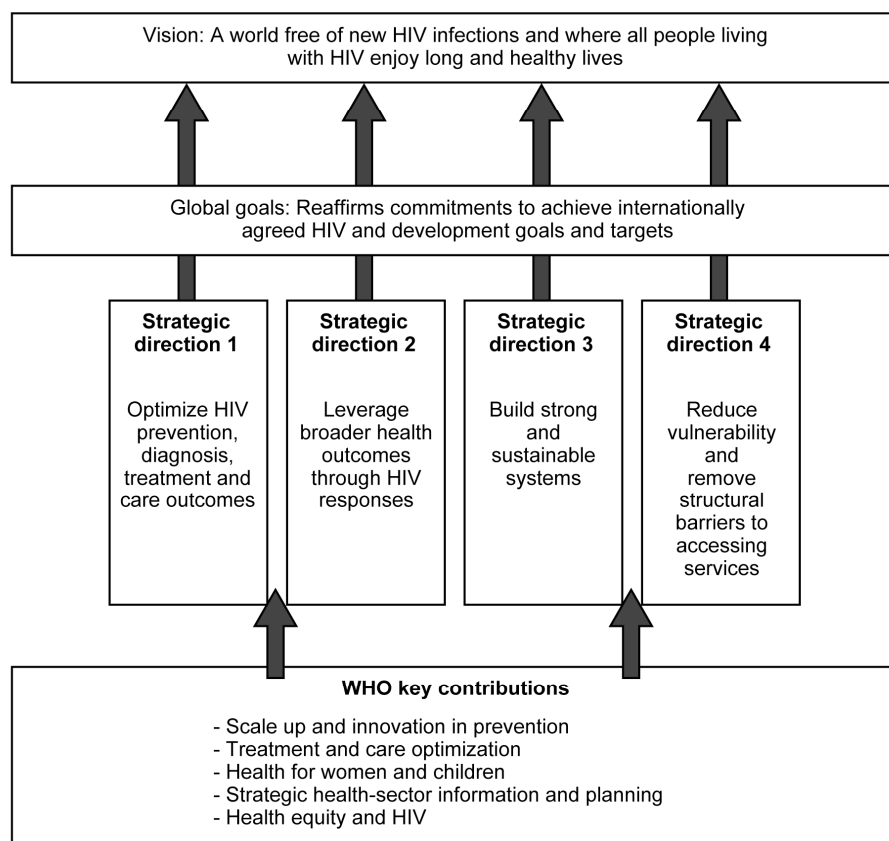
1. It reaffirms **global goals** for the health-sector response to HIV.
2. It proposes **four strategic directions to guide national responses** and to provide a framework for **action by WHO**.
3. It prioritizes five **key contributions** that underpin the strategic directions and which will be the focus of WHO's efforts in the next five years.

Furthermore, it positions the health-sector response to HIV within the broader public health agenda and as part of a multisectoral response to HIV. It is global in scope but recognizes differences in types and stages of epidemics, contexts, needs and responses across regions and countries that require targeted and contextual approaches.

¹ The health sector encompasses organized public and private health services, health ministries, nongovernmental organizations, community groups and professional associations, as well as institutions that directly input into the health-care system.

² Political Declaration on HIV/AIDS. United Nations General Assembly resolution 60/262.

Figure 1. Summary of draft global health-sector strategy for HIV, 2011–2015



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Alignment with the UNAIDS Strategy 2011–2015

The health sector lies at the centre of the response to HIV, but it must work with other sectors in order to tackle the social, economic, cultural and environmental issues that shape the epidemics. The strategy for 2011–2015 of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which builds on the UNAIDS Outcome Framework for 2009–2011,¹ provides a multisectoral framework for the collective response of the Joint Programme’s cosponsors and secretariat to the HIV pandemic. The UNAIDS Strategy is aligned with the respective sectoral or issues-based HIV strategies of UNAIDS’ cosponsors. WHO’s draft strategy and UNAIDS Strategy have been developed in parallel and in close consultation in order to ensure full alignment (see Figure 2).

¹ UNAIDS. *Joint action for results: UNAIDS outcome framework 2009–2011*. Geneva, UNAIDS, 2009 (updated 2010).

Figure 2. Summary of alignment with UNAIDS Strategy 2011–2015

	Global health-sector strategy for HIV, 2011–2015	UNAIDS Strategy 2011–2015
Vision	A world free of new HIV infections and where all people living with HIV enjoy long and healthy lives	To get to zero new infections, zero AIDS- related deaths and zero discrimination.
Global goals and commitments	Overarching goals: <ul style="list-style-type: none"> - Achieve universal access to comprehensive HIV prevention, treatment and care - Contribute to achievement of Millennium Development Goal, 6 and other health-related Goals Specific goals: <ul style="list-style-type: none"> - Reduce new HIV infections - Eliminate HIV infection in children - Reduce HIV-related mortality - Reduce tuberculosis-related mortality 	Global commitments: <ul style="list-style-type: none"> - Achieve universal access to HIV prevention, treatment and care and support by 2015 - Halt and reverse the spread of HIV and contribute to the achievement of the Millennium Development Goals by 2015 Goals: <ol style="list-style-type: none"> 1. Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work. 2. Vertical transmission of HIV eliminated, and AIDS-related maternal mortality reduced by half. 3. All new HIV infections prevented among people who inject drugs. 4. Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment. 5. Tuberculosis deaths among people living with HIV reduced by half. 6. People living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support. 7. Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality reduced by half. 8. HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions. 9. HIV-specific needs of women and girls are addressed in at least half of all national HIV responses. 10. Zero tolerance for gender-based violence.
Strategic directions	<ol style="list-style-type: none"> 1. Optimize HIV prevention, diagnosis, treatment and care outcomes 2. Leverage broader health outcomes through HIV responses 3. Build strong and sustainable systems 4. Reduce vulnerability and remove structural barriers to accessing services 	<ul style="list-style-type: none"> - SD1 Revolutionize HIV prevention - SD2 Catalyse the next phase of treatment, care and support - Aligns with the core theme "Synergies: movements united, services integrated, efficiencies secured across Millennium Development Goals" - Aligns with the core theme "Countries: nationally-owned sustainable responses, financing diversified, systems strengthened" - SD3 Advance human rights and gender equality for the HIV response

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Coherence with other global health sector strategies and plans

WHO's draft strategy is set in a broad public health and development context. It seeks to maximize synergies in work towards achieving several Millennium Development Goals. It is closely aligned with other global health strategies and plans that go beyond HIV (see Table 1), and both parallels and

contributes to broader public health priorities and agendas, including the renewal of primary health care and the strengthening of health systems. Where possible, it aims to be coherent with the HIV strategies of major partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief, other development agencies and initiatives and international nongovernmental organizations.

Table 1. Key related WHO and global health strategies and plans

- Global Strategy for Malaria Control, 1993/Global Malaria Action Plan, 2008
- Global strategy for infant and young child feeding, 2002
- Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets, 2004
- Global strategy for the prevention and control of sexually transmitted infections, 2006–2015
- The global elimination of congenital syphilis: rationale and strategy for action, 2007
- Strategy for integrating gender analysis and actions into the work of WHO, 2007
- Global strategy and plan of action on public health, innovation and intellectual property, 2008
- Workers' health: global plan of action, 2008–2017
- WHO medicines strategy 2008–2013
- Global strategy for the prevention and control of noncommunicable diseases, 2009
- WHO research for health strategy, 2010
- Global strategy to reduce harmful use of alcohol, 2010
- (United Nations Secretary General's) Global strategy for women's and children's health, 2010
- Stop TB Strategy/Global plan to stop TB 2011–2015

Building on lessons learnt from previous strategies

Since the mid-1980s, WHO's work on HIV has been guided by a series of broad-based strategies and plans, including the Global Health-Sector Strategy for HIV/AIDS 2003–2007.¹ That general framework was complemented in late 2003 by the launch of the “3 by 5” initiative,² an unprecedented public health response to the unacceptable HIV treatment gap between high-income countries and the rest of the world. The evaluation of that initiative highlighted the feasibility of expanding HIV treatment in low- and middle-income countries, the need to expand HIV testing and counselling, the

¹ WHO. *Global health-sector strategy for HIV/AIDS 2003–2007: Providing a framework for Partnership and action*. Geneva, World Health Organization, 2003.
partnership and action. Geneva, World Health Organization, 2002. http://www.who.int/hiv/pub/advocacy/GHSS_E.pdf.

² WHO. *Treating 3 million by 2005: making it happen: the WHO Strategy – the WHO and UNAIDS global initiative to provide antiretroviral therapy to 3 million people with HIV/AIDS in developing countries by the end of 2005*. Geneva, World Health Organization, 2003.

value of a public-health approach to HIV treatment, and the importance of removing obstacles in health systems. It also emphasized the value of a strong WHO presence in countries in order to support national efforts. Whereas access to treatment expanded dramatically during this initiative, specific HIV prevention efforts fell behind.

In response to the challenges highlighted by the “3 by 5” initiative and the Political Declaration on HIV/AIDS adopted by the United Nations General Assembly in 2006 that committed Member States to the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010, WHO elaborated its universal access plan for the period 2006–2010.¹ Recent progress indicates that universal access is achievable, not just in well-resourced countries, but in a range of epidemiological and resource contexts, and that continuing the momentum towards this goal is imperative.

Where we are in 2010

The global HIV response has stimulated new public-health thinking and approaches. It has focused attention on serious social and health inequities, and it has inspired innovative partnerships. These results have been driven by bold commitments and actions, and achieved largely through a focused approach implemented with a sense of urgency and concentration on short-term actions. Almost 30 years since it began, and five years before the target date for achieving the Millennium Development Goals, the global HIV response is at a turning point. There is an urgent need to continue the rapid progress towards universal access. For interventions to be ultimately effective, however, the response must be transformed through a more integrated and balanced approach that maximizes efficiencies and assures good outcomes not only in HIV, but also in the broader health system and related programmes into which the HIV response must be integrated.

Principal features of this strategy

This strategy has four major attributes.

- It responds to evolving epidemic dynamics, the changing political and financial environment, and new evidence on the effectiveness of HIV interventions and approaches.
- It moves beyond a vertical approach, by putting HIV on a broader health agenda, and recognizes the dual benefit of having both a strong HIV response and better health systems.
- It aims to enhance both effectiveness and efficiency and to ensure equity, while improving the quality and coverage of HIV programmes and interventions.
- It also aims to achieve a sustainable response by strengthening health and community systems and tackling the social determinants that both drive the epidemic **and** hinder the response.

¹ WHO. *Towards universal access by 2010: How WHO is working with countries to scale-up HIV prevention, treatment, care and support*. Geneva, World Health Organization, 2006.

Guiding principles

The following principles guide the health-sector response to HIV.

Human rights are protected and promoted. Health and human rights are inextricably linked, and HIV responses need to ensure that human rights are protected and promoted. The populations most vulnerable and at risk of HIV (see Box 1) are the same populations, often prone to human rights violations. Abuse or neglect of human rights can directly affect HIV vulnerability, risk, transmission and impact. HIV policies and programmes in the health sector must promote human rights and empower individuals to exercise their rights.

Box 1

Risk and vulnerability

Successful responses recognize the local dynamics of the HIV epidemics. In each setting, understanding which populations are at higher risk and most vulnerable to HIV infection is central to tailored policies and effective resource allocation.

Risk is defined as the probability that a person may become infected with HIV. Unprotected sex, multiple sexual partnerships involving unprotected sex, and injecting drug use with contaminated injecting equipment are the most important risks for HIV infection. Risk increases with the prevalence of HIV in the sexual or drug-using network.

Vulnerability to HIV is defined as the extent to which individuals are able to control their risk. Factors that make people vulnerable include: a lack of knowledge about HIV or lack of skills to avoid risk behaviours; inability to access condoms, clean needles, or other means of protection; gender and income inequality that prevents sexual negotiation or contributes to forced sex; and discrimination and stigmatization, which deter people from changing risk behaviours. These factors, alone or in combination, when shared throughout a community, create collective or community vulnerability. Vulnerability is independent of whether HIV is highly prevalent. Where HIV vulnerability is high, it is likely that an individual or community will be less resilient to HIV risk if or when HIV prevalence increases within the network.

Most-at-risk populations include people who use drugs, men who have sex with men, transgendered people, sex workers and prisoners. Across the world these people tend to be both vulnerable and at higher risk than others in their locales.

Vulnerable populations are found in all settings. Their risk of being infected with HIV depends on the prevalence of HIV in their networks and their ability to adopt safer behaviours and access prevention and treatment commodities and services. For that reason, populations such as people affected by humanitarian emergencies and migration, young people, women, and people living with disabilities may be at high risk in some places but not in others.

Key populations include both most-at-risk and vulnerable populations. These populations are important to the dynamics of HIV transmission in a given setting and are essential partners for an effective response to the epidemic, i.e. they are the key to the epidemic and to the response. A successful response will depend on effective services reaching these populations. These populations will vary with the epidemic and community and/or country context.

Policies and programmes are based on evidence and results. In order to maximize the impact with the resources available, health policies and programmes need to be evidence-based, tailored to the context and population, and targeted where HIV vulnerability, risk and burden are greatest.

HIV responses are harmonized and aligned. National HIV responses need to be country-owned, guided by national strategies and responsive to country needs. In accordance with the principles set out in the Paris Declaration on Aid Effectiveness (2005), global health initiatives, donors and other stakeholders should align themselves behind national health plans and priorities, use national/local systems for implementation and coordinate closely in order to avoid duplication.

The response is inclusive and accountable. The HIV response requires a broad partnership in which roles and responsibilities are clearly defined. The full participation of important HIV constituencies should be ensured at all levels, involving government, people living with HIV, key populations, nongovernmental organizations, broader civil society, the private sector and the scientific and academic community in the planning, implementing and evaluating of HIV-related policies, strategies and programmes.

II. STRATEGIC CONTEXT AND CONSIDERATIONS

The past 20 years have seen unprecedented commitments to global development. Pledges to tackle poverty and development challenges culminated in the ground-breaking United Nations Millennium Summit and adoption of the United Nations Millennium Declaration with its eight Millennium Development Goals, with corresponding sets of time-bound targets.¹ In the ensuing 10 years, the global community has made major new promises to bolster the response to HIV: the United Nations General Assembly at its special session on HIV/AIDS adopted the Declaration of Commitment on HIV/AIDS in 2001,² and, following a commitment by G8 leaders in 2005, the General Assembly adopted the Political Declaration on HIV/AIDS in 2006,³ in which Member States committed themselves to the goal of universal access to HIV prevention, treatment, care and support.

In parallel, international funding for HIV responses increased from US\$ 1200 million in 2002 to US\$ 7600 million in 2009, with the United States' President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria being the largest bilateral and multilateral health financing programmes.

The dramatic expansion of HIV programmes has significantly reduced HIV incidence and mortality. The expansion and the results, however, have been uneven, in terms of the type and quality of HIV interventions delivered, geographical coverage, populations reached and sustainability of the models used.⁴

Sub-Saharan Africa remains the region with the heaviest burden of disease, with generalized HIV epidemics and a continued disproportionate impact on women and girls. In all other regions, transmission is primarily driven by sex work, injection drug use, and sex between men. However, in all regions there are wide variations in prevalence and epidemiological patterns within countries and subregions. Appropriate national and local responses to HIV in these divergent settings have very different requirements and priorities.

Closing the gaps

The following persistent obstacles urgently need to be overcome if expansion of HIV programmes is to be sustained.

HIV service coverage remains low, poorly targeted and often of unsatisfactory quality. As HIV resources are often inadequately matched with the characteristics of national epidemics and specific needs, responses and programmes are ineffective.

- The fact that less than 40% of people living with HIV know their HIV status reflects a failure to target and provide accessible services to the populations that need them and a reluctance to be tested because of HIV-related stigmatization and discrimination.

¹ Resolution 55/2.

² Resolution S-26/2.

³ Resolution 60/262.

⁴ WHO, UNAIDS, UNICEF. *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector*. Geneva, World Health Organization, 2010.

- Despite falling rates in a wide range of countries, HIV incidence continues to increase in some countries and specific populations, highlighting the need for high-quality interventions to be targeted where transmission is actually occurring. In addition, HIV epidemics are re-emerging where prevention efforts have not been sustained.
- Introduction of new and more robust regimens for antiretroviral treatment and guidelines promoting earlier initiation of treatment will improve patients' adherence and their health outcomes, but will also challenge health systems to meet the increased treatment needs.

Programmatic linkages between HIV and other key health areas have not been optimized. HIV is closely linked with a wide range of other health issues, such as sexually transmitted infections, broader sexual and reproductive health, drug dependence, tuberculosis and blood safety. As the limits for expanding delivery of HIV services become more evident, the need to create and support synergies with other crucial health services becomes increasingly clear.

- In sub-Saharan Africa, an estimated 9% of maternal mortality is related to HIV. The maternal mortality ratio cannot be reduced without provision of HIV prevention, diagnosis, care and treatment services for women, and also good-quality family planning services, strengthening of antenatal and postnatal care, and assurance of safer obstetric practices.
- Less than a third of children under 15 years of age who are in need of antiretroviral therapy receive it, reflecting the lack of integration of HIV interventions into newborn and child health services.
- With only 48% of blood donations undergoing quality-assured screening in low-income countries in 2009, HIV transmission in health-care settings will remain a major risk without adequate investment in blood-transfusion services.
- Early diagnosis and treatment of HIV in tuberculosis patients is compromised by low rates of HIV testing and counselling in tuberculosis services; in 2008, only 22% of notified tuberculosis cases knew their HIV status.
- Increasing numbers of drug users living with HIV are receiving antiretroviral therapy, but are now dying from complications of hepatitis C.
- Young people, including adolescents account for 40% of new HIV infections, but health programming has not responded to this demographic fact with comprehensive sexual and reproductive health services that meet their specific and diverse needs.

Weak health systems hinder further expansion of HIV responses. Weak health systems are rapidly overburdened by the combined demands of disease-specific programmes. The following shortcomings and challenges illustrate some of the obstacles to enlarging the response.

- 38% of low- and middle-income countries experienced unavailability of antiretroviral medicines in health facilities at least once in 2009, highlighting the consequences of weak procurement and supply management systems.
- Access to affordable HIV-related medicines is hampered by the failure of countries to apply the safeguards built into the WTO Agreement on Trade-Related Aspects of Intellectual

Property Safeguards,¹ lack of price competition, limited availability of generic medicines, weak price negotiation capacity in procurement systems, and high duties and taxes.

- Task-shifting approaches have helped to reduce the shortage of health workers in many countries, but ensuring quality, safety and motivation of those workers remains a challenge.
- Introducing new antiretroviral therapy regimens, together with the need to monitor HIV drug resistance and toxicity, places additional demands on laboratory services.

Vulnerability and structural barriers continue to impede access to information and services. Governments can do much to reduce people's vulnerability and risk of HIV infection in their communities, redress inequities in access to services, and promote and protect human rights.

- Gender inequalities, including gender-based violence, social inequities and human rights violations, are important drivers of the HIV epidemic but are inadequately addressed by the HIV response.
- Legal and sociocultural barriers continue to prevent most people who use drugs, men who have sex with men, transgendered people and sex workers from accessing effective interventions and using health services.
- HIV-related stigmatization will continue to prevent expansion of relevant health services, rendering them ineffective, until interventions to reduce stigmatization are put in place.
- Underlying social determinants lead to differential exposure and vulnerability to HIV – as well as disparities in health care access, outcomes and consequences. Only when those determinants are identified and analysed can interventions be designed to address them effectively and equitably.

The need to confront and tackle these persistent challenges was repeatedly confirmed during the consultation process for this strategy, and underpins the four strategic directions that the strategy promotes (see Section III).

Seizing opportunities

Despite the challenges described above, significant progress has been made in the past decade. Achieving universal access has proven to be feasible, even in resource-constrained settings. Although the current global economic downturn is threatening international HIV assistance, new directions and opportunities for reaching that goal continue to emerge; for example, investment in, and adoption of, more efficient and effective HIV approaches and technologies have the potential to change significantly the HIV response. The crucial contributions of civil society to service delivery and decentralization can – and must – be further expanded and supported as part of efforts to reach more people with high-quality services. The experiences gained throughout the world in extending and integrating services and deriving health-system synergies can be maximized and better applied. The changes in the way aid is delivered, including the International Health Partnership and related

¹ Declaration on the TRIPS agreement and public health. World Trade Organization Ministerial Meeting, Doha, 2001.

initiatives (IHP+), can promote nationally-driven, inclusive planning processes that respond better to local needs.

The health sector, together with its partners, must take stock and seize new opportunities in order to transform its response and maintain the momentum required to provide HIV prevention, diagnosis, treatment and care to all who need it.

WHO has prioritized four strategic directions whereby it will capitalize on both its unique technical, regional and country expertise and its central position within the multisectoral response in order to extend its influence beyond the health sector through cooperation with the other cosponsors of UNAIDS. From its core commitments in HIV-specific programmes and outcomes, the Organization's work at all levels will, through its four strategic directions, broaden the impact on other health outcomes, build stronger health systems that will sustain improved outcomes, address vulnerabilities and remove structural barriers to quality services.

III. GLOBAL VISION, GOALS AND STRATEGIC DIRECTIONS

Global vision

The vision of the strategy is a world free of new HIV infections and where all people living with HIV enjoy long and healthy lives.

Global goals

The strategy reaffirms internationally agreed commitments.

The two overarching goals of the strategy are:

- to achieve universal access to comprehensive HIV prevention, treatment and care, recognizing that, even though progress has been made, this goal was not achieved at a global level by 2010;
- to contribute to the achievement of Millennium Development Goal 6 (Combat HIV/AIDS, malaria and other diseases) and other health-related Goals (and their targets) (specified in Table 2).

Table 2. Specific Millennium Development Goals and related targets to whose achievement the strategy contributes

Goal 3	Promote gender equality and empower women	Target 3.A: Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education no later than 2015
Goal 4	Reduce child mortality	Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate
Goal 5	Improve maternal health	Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal access to reproductive health
Goal 6	Combat HIV/AIDS, malaria and other diseases	Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
Goal 8	Develop a global partnership for development	Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

The strategy has identified four specific goals and targets for 2015 within the context of achieving universal access (see Table 3).

Table 3. Global goals of the strategy

Goals	Targets for 2015
Reduce new HIV infections	Reduce by 50% the percentage of young people aged 15–24 years who are infected (<i>compared with a baseline of 2008</i>)
Eliminate HIV infection in children	Reduce new HIV infections in children by 90% (<i>compared with a baseline of 2008</i>)
Reduce HIV-related mortality	Reduce HIV-related deaths by 25% (<i>compared with a baseline of 2009</i>)
Reduce tuberculosis-related mortality	Reduce tuberculosis deaths by 50% (<i>compared with a baseline of 1990</i>)

Strategic directions

In the period to 2015, the health-sector response to HIV should follow four mutually supportive strategic directions, each requiring specific actions if the response is to be sustainable.

(1) Optimize HIV prevention, diagnosis, treatment and care outcomes. Strategic direction 1 ensures that combined HIV-specific interventions are strengthened and expanded. These core programmes on prevention, diagnosis, treatment and care aim to enhance the quality, effectiveness and coverage of HIV interventions and approaches, and to identify new HIV interventions.

(2) Leverage broader health outcomes through HIV responses. Strategic direction 2 promotes the creation of robust linkages and synergies between HIV and other related health programmes, notably for sexual and reproductive health, maternal, newborn and child health, tuberculosis, drug dependence management and harm reduction. The potential contribution of HIV responses to a range of health outcomes is increasingly recognized. These linkages need to be reciprocal, with HIV investments strengthening other health programmes and investments in other programmes enhancing HIV responses.

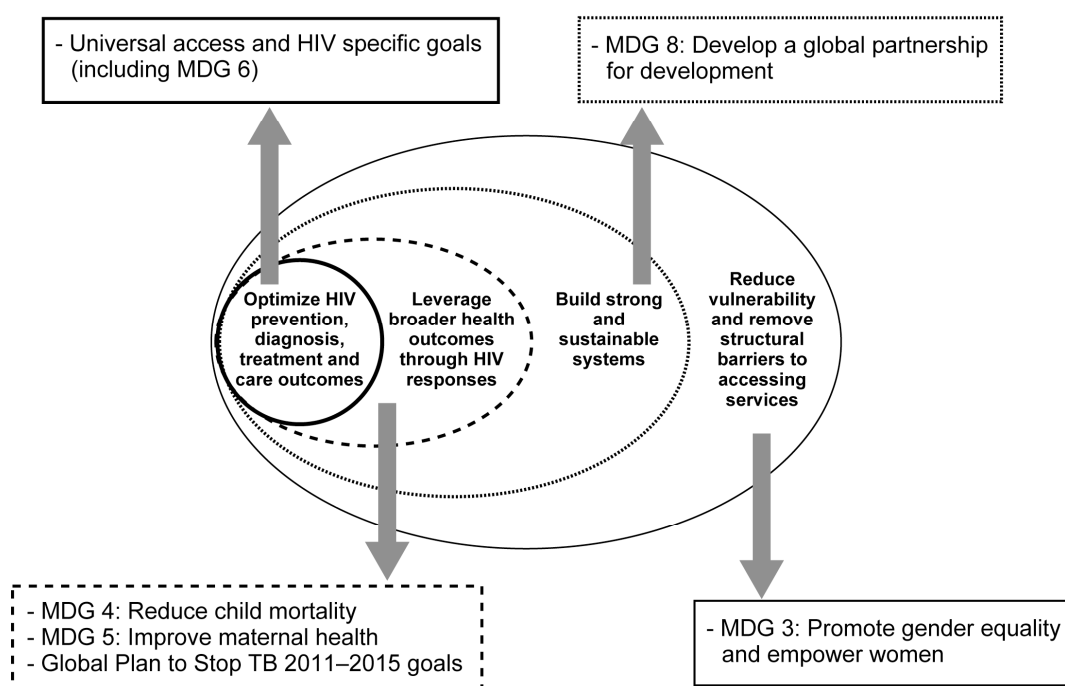
(3) Build strong and sustainable systems. Strategic direction 3 ensures that the expanded response to HIV will build an effective, efficient and comprehensive health system in which HIV and other essential services are available, accessible and affordable. Inputs from the health system include financing, a competent and sufficient workforce, infrastructure, technology, provision of medicines and other commodities, and reliable information on which to base programme actions and planning. The use of these inputs needs to be maximized so as to create broad synergies and better health outcomes; inappropriate use can undermine health systems.

(4) Reduce vulnerability and remove structural barriers to accessing services. Strategic direction 4 focuses on the role of the health sector in reducing HIV vulnerability and risk, overcoming structural barriers to accessing quality HIV services, redressing gender-based health inequities and

protecting the rights of people living with HIV and key populations. Within a multisectoral response, not only will specific interventions have to be implemented within the health sector, but efforts made to introduce pro-health policies and programmes in other sectors.

These four strategic directions guide and align global, national and WHO responses towards achieving the goals outlined above. The strategic directions become progressively less HIV-specific but contribute increasingly to the achievement of a sustainable response and health equity (see Figure 3 and Table 4).

Figure 3. Relationship between strategic directions and existing global goals



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Table 4. Existing global goals corresponding to strategic directions

Strategic direction	Existing global goal
1	Universal access and HIV-specific goals, including Millennium Development Goal 6 (Combat HIV/AIDS, malaria and other diseases)
2	Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health) and the goals in the Global plan to stop TB 2011–2015
3	Millennium Development Goal 8 (Develop a global partnership for development)
4	Millennium Development Goal 3 (Promote gender equality and empower women)

IV. PRIORITY HEALTH-SECTOR POLICIES AND INTERVENTIONS FOR COUNTRIES

This section elaborates the main components of a comprehensive national health-sector response to HIV. Actions are required in all four strategic directions if universal access and the relevant targets of the Millennium Development Goals are to be achieved.

WHO has issued a full set of high-priority interventions¹ which constitute a comprehensive health sector response to HIV. The set guides countries on how to select appropriate interventions and to adapt policies, interventions and approaches according to their epidemic context.

“Know your epidemic, know your response”

National responses should be guided by strategic information on the nature of the HIV epidemic and the country context.² No single response is effective in all countries. Knowing the epidemic implies understanding where, how, and among whom new infections are occurring. It also requires identifying the behaviours and social conditions that drive the epidemic and increase the risk of HIV transmission, and which limit access to and use of HIV information and services. National responses must take into consideration: the preparedness, infrastructure and capacity of the health system; whether the current response meets the needs of those most vulnerable and at risk of HIV infection; stakeholder and community contributions; and political and policy dimensions that can hinder or support effective actions. Special consideration should be given to reaching marginalized and remote populations and to providing services in settings of humanitarian concern.

The national health-sector response to HIV should be guided by a national strategic planning process that reviews, plans and prioritizes specific interventions and selects models of service delivery to best meet overall health needs.

Strategic directions for national HIV programmes

It is recommended that each country consider adopting the following priority elements as part of their health-sector response to HIV according to country context. These elements are illustrative of priority actions that are most relevant to the response over the coming five years; they are not inclusive of all actions that would make up a comprehensive response. Health-sector responses will be most effective if action follows all four strategic directions and engages different sectors.

Strategic direction 1. Optimize HIV prevention, diagnosis, treatment and care outcomes

Rapidly expand access to and diversify HIV testing and counselling services

- (a) Ensure that HIV testing and counselling services meet basic ethical standards, so that testing is voluntary, confidential and accompanied by appropriate counselling.

¹ WHO. *Priority interventions: HIV/AIDS prevention, treatment and care in the health sector*. Geneva, World Health Organization, 2010.

² UNAIDS. *Practical guidelines for intensifying HIV prevention: towards universal access*. Geneva, UNAIDS, 2007.

- (b) Expand HIV testing and counselling services so that all in need can learn their HIV serostatus; this should include provision of provider-initiated testing and counselling services for all adults and children attending clinical care in generalized epidemics and for people attending specific services such as tuberculosis, sexually transmitted infection, drug dependence and antenatal care in concentrated epidemics.
- (c) Make special efforts to reach those most-at-risk; encourage re-testing where appropriate; support safe HIV-status disclosure; and link those in need with HIV services, including earlier initiation of treatment.
- (d) Take steps to provide an enabling social and legal environment for people living with HIV.

Prevent sexual transmission of HIV

- (a) Identify and target those populations, networks and settings where HIV risk behaviours are prevalent and transmission occurs.
- (b) Use “combination prevention”, which bundles a range of proven interventions including male and female condom programming, early initiation of treatment, safe male circumcision, post-exposure prophylaxis, and specific behavioural interventions to reduce sexual risk.
- (c) Support testing and counselling of couples, and implement measures to prevent HIV transmission among discordant couples.
- (d) Implement sexuality education and modify services to respond to the needs of adolescents as they are particularly vulnerable to HIV in many settings.

Adopt a zero-tolerance approach to HIV transmission in health-care settings

- (a) Implement comprehensive infection control strategies and procedures including standard precautions, injection and surgical safety, blood safety and safe waste disposal.
- (b) Implement secondary prevention measures such as post-exposure prophylaxis for occupational exposure to HIV.

Eliminate new HIV infections in children

- (a) Implement a comprehensive approach to the prevention of mother-to-child transmission of HIV, which encompasses interventions to prevent HIV infection in women of child-bearing age, prevent unintended pregnancies among women living with HIV, reduce HIV transmission from women living with HIV to their infants, and provide appropriate early treatment and care for women living with HIV, their children and families¹

¹ WHO, UNAIDS. *Guidance on global scale-up of the prevention of mother-to-child transmission of HIV: towards universal access for women, infants and young children and eliminating HIV and AIDS in children*. Geneva, WHO, 2007.

- (b) Set national targets for the elimination of HIV in children and expand comprehensive health services for women and children using national prevention and treatment protocols.

Expand and optimize HIV treatment for children, adolescents and adults

- (a) Update national HIV treatment protocols based on global guidelines, facilitate early diagnosis linked to community-based care that precedes antiretroviral therapy, prepare communities for the introduction of treatment, enable people to start treatment as soon as they are eligible, use the safest and most resilient treatment regimens, provide nutrition support to improve treatment effectiveness and adherence and use the most efficient tools for diagnosis and treatment monitoring.
- (b) Prepare an implementation plan for the transition between old and new treatment regimens based on updated treatment guidelines in order to ensure continuity of treatment.
- (c) Promote the involvement of people living with HIV in the planning and delivery of services, and strengthen community systems in supporting treatment delivery and adherence (see also strategic direction 4).

Reduce co-infections and co-morbidities among people living with HIV

- (a) Provide chemoprophylaxis against common opportunistic infections.
- (b) Implement measures to reduce the incidence of pneumonia, diarrhoea, malaria, malnutrition and other clinical conditions that are more common and/or more serious in children or adults with HIV infection.
- (c) Screen for common malignancies and other co-morbidities.
- (d) Assess, prevent and manage mental disorders, including depression; and provide immunizations.

Decrease the burden of tuberculosis for people living with HIV

- (a) Integrate the “Three I’s for HIV/tuberculosis” into services for people living with HIV: intensified case finding of tuberculosis in people living with HIV; isoniazid preventive therapy in individuals with latent tuberculosis to prevent progression to active disease; and infection control in order to minimize transmission of tuberculosis within populations.

Provide palliative and community care for people living with HIV

- (a) Provide prevention and relief of suffering through a multidisciplinary approach to early identification, assessment and treatment of pain and other physical, psychosocial and spiritual needs.
- (b) Make appropriate opioid medicines, and training in their use, available in health facilities and in the community in order to manage pain and provide end of life care.
- (c) Support community and home-based care to improve quality and coverage of care.

Make all components of Positive Health, Dignity and Prevention available to people living with HIV¹

(a) Include health promotion and access to health services, including sexual and reproductive health services and prevention of HIV transmission; human rights, including reduction of stigmatization and discrimination and gender equality; and social and economic support and empowerment.

Increase access to appropriate, comprehensive services for most-at-risk populations

(a) Explicitly address the needs of most-at-risk populations in national HIV strategies, policies and programmes.

(b) Reduce stigmatization and discrimination in health-care settings (see also strategic direction 4), and provide user-friendly health services for most-at-risk populations that are accessible to, acceptable to, and address the needs of, these populations.

(c) Involve affected populations, community-based organizations and peer networks in the planning and delivery of these services.

Meet the needs of vulnerable populations for HIV services

(a) Identify groups of people who are vulnerable to HIV, which may include young people, women, migrant workers, refugee or displaced populations, street children, indigenous populations, and populations in humanitarian crises.

(b) Provide targeted interventions for empowering vulnerable groups to protect themselves, and support their access to HIV services, using interventions that consider each group's unique concerns and needs, including cost, venue, information, and service delivery methods and schedules.

(c) Identify opportunities to address factors influencing their vulnerability.

Provide harm-reduction services for people who use drugs

(a) In all settings where people use drugs, provide a comprehensive and high-quality package of services that includes: needle and syringe programmes; opioid substitution therapy and other drug dependence treatment; HIV testing and counselling; antiretroviral therapy; prevention and treatment of sexually transmitted infections; targeted information, education and

¹ UNAIDS, Global Network of People Living with HIV. *Positive health, dignity and prevention*. Technical consultation report 27–28 April 2009, Hammamet, Tunisia. Amsterdam, The Netherlands, The Global Network of People Living with HIV (GNP+), 2009.

communication; condom programming for people who use drugs and their sexual partners; and diagnosis and treatment of viral hepatitis and tuberculosis.¹

Strategic direction 2. Leverage broader health outcomes through HIV responses

Links between programmes and integration of HIV into other key health-service programmes have the potential to improve efficiency and effectiveness of both HIV-specific and broader health investments. HIV responses depend on the performance of other health programmes, and strong HIV programmes contribute to the success of other health programmes. For example, expanded coverage of good antenatal care services supports efforts to reduce mother-to-child transmission of HIV, and effective HIV programmes reduce tuberculosis incidence and mortality.

Joint sponsorship and supervision can be stimulated across health programmes at all levels. This action can be encouraged by, for example, setting up structures to facilitate programme coordination and align programme targets, guidelines, referral between services and human resources, as well as by aligning key health systems including those for procurement and supply management of commodities, medicines and diagnostics, and monitoring and evaluation across all relevant programme areas.

Strengthen HIV/tuberculosis collaborative activities

- (a) Implement mechanisms for intensified collaboration and joint planning between HIV and tuberculosis programmes.
- (b) Develop and implement joint policies and standard operating procedures for prevention and management of HIV and tuberculosis co-infection.
- (c) Improve the capabilities of health workers in HIV, tuberculosis and primary health care services to deal with both HIV and tuberculosis.
- (d) Conduct surveillance of HIV prevalence among tuberculosis patients and tuberculosis prevalence among people living with HIV, and coordinate monitoring and evaluation.
- (e) Decrease the burden of HIV in tuberculosis patients by providing HIV testing and counselling and HIV prophylaxis to tuberculosis suspects and patients, and provide trimethoprim-sulfamethoxazole prophylaxis and HIV treatment and care for tuberculosis patients living with HIV.
- (f) Decrease the burden of tuberculosis for people living with HIV through intensified case finding and high-quality treatment; introduce prophylaxis against tuberculosis with isoniazid preventive therapy, ensure tuberculosis infection control in health-care and congregate settings, initiate earlier antiretroviral therapy to prevent tuberculosis and integrate HIV and tuberculosis services when and where feasible.

¹ WHO/UNODC/UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, 2009.
<http://www.who.int/hiv/pub/idu/targetsetting/en/index.html>.

Strengthen linkages between HIV and maternal, newborn and child health services

- (a) Integrate HIV services within a package of core interventions for maternal, newborn and child health that includes: high-quality antenatal, perinatal and postnatal services; malaria and tuberculosis prevention, screening and care; syphilis screening and care; skilled birth attendance backed by emergency obstetric care (as specified in WHO's Integrated Management of Pregnancy and Childbirth¹); newborn and child care, infant feeding support and immunization.
- (b) Promote HIV diagnostic and care services for children within integrated packages such as WHO's Integrated Management of Childhood Illness.²
- (c) Develop context-relevant approaches to ensure a continuum of care for women and for children.

Address sexual and reproductive health and rights

- (a) Increase access to sexual and reproductive health services, with a particular focus on the needs of key populations and people living with HIV, including those for: prevention, diagnosis and treatment of sexually transmitted infections; family planning that includes condom programming for dual protection; cervical cancer screening and care; and services for survivors of sexual assault and gender-based violence, including emergency contraception, counselling and post-exposure prophylaxis.
- (b) Integrate HIV prevention, testing and counselling services into sexual and reproductive health services and establish linkages and strengthen referral mechanisms between sexually transmitted infection care, family planning, post-abortion care and HIV services.
- (c) Ensure that HIV-specific services pay attention to promoting and delivering, as appropriate, family planning and broader sexual and reproductive health services.

Integrate HIV interventions into the full range of programmes for people who use drugs

- (a) Assess the nature, scope and impact of drug use in the community in order to guide the development and implementation of accessible, appropriate, user-friendly and targeted health services for people who use drugs.
- (b) Integrate a comprehensive package of harm-reduction services (see strategic direction 1) into all programmes for people who use drugs, which should include drug programmes delivered by the health sector and by other sectors.
- (c) Integrate treatment of co-morbidities and co-infections, such as tuberculosis and viral hepatitis, and overdose-prevention interventions into harm-reduction and other drug-dependence services.

¹ Document WHO/MPS/07.05.

² Document WHO/CHD/97.12 Rev.2.

- (d) Implement policies and programmes to reduce alcohol-related risk behaviours, problems and dependence and to reduce HIV risk behaviours associated with alcohol use.

Strengthen both HIV and noncommunicable disease management

- (a) Apply lessons learnt so far from the expansion of HIV programmes in strengthening models of management of noncommunicable diseases, including chronic diseases, for example: mobilizing affected populations and the broader community in advocacy and service delivery; promoting multisectoral approaches; meeting the needs of affected populations; and decentralizing services.
- (b) Prepare programmes for the management of noncommunicable diseases so as to deal with common health complications of people living with HIV, including those conditions associated with ageing, oral health and poor nutrition and sanitation.
- (c) Implement measures to prevent transmission of hepatitis A, B and C viruses, and provide vaccination, screening and treatment services for viral hepatitis, especially among most-at-risk populations and health-care providers, support the universal use of hepatitis B vaccination as part of integrated child health services, and introduce management strategies for HIV and hepatitis A, B or C co-infection.
- (d) Provide cervical cancer screening and management among women living with HIV, as well as for the management of other malignancies.

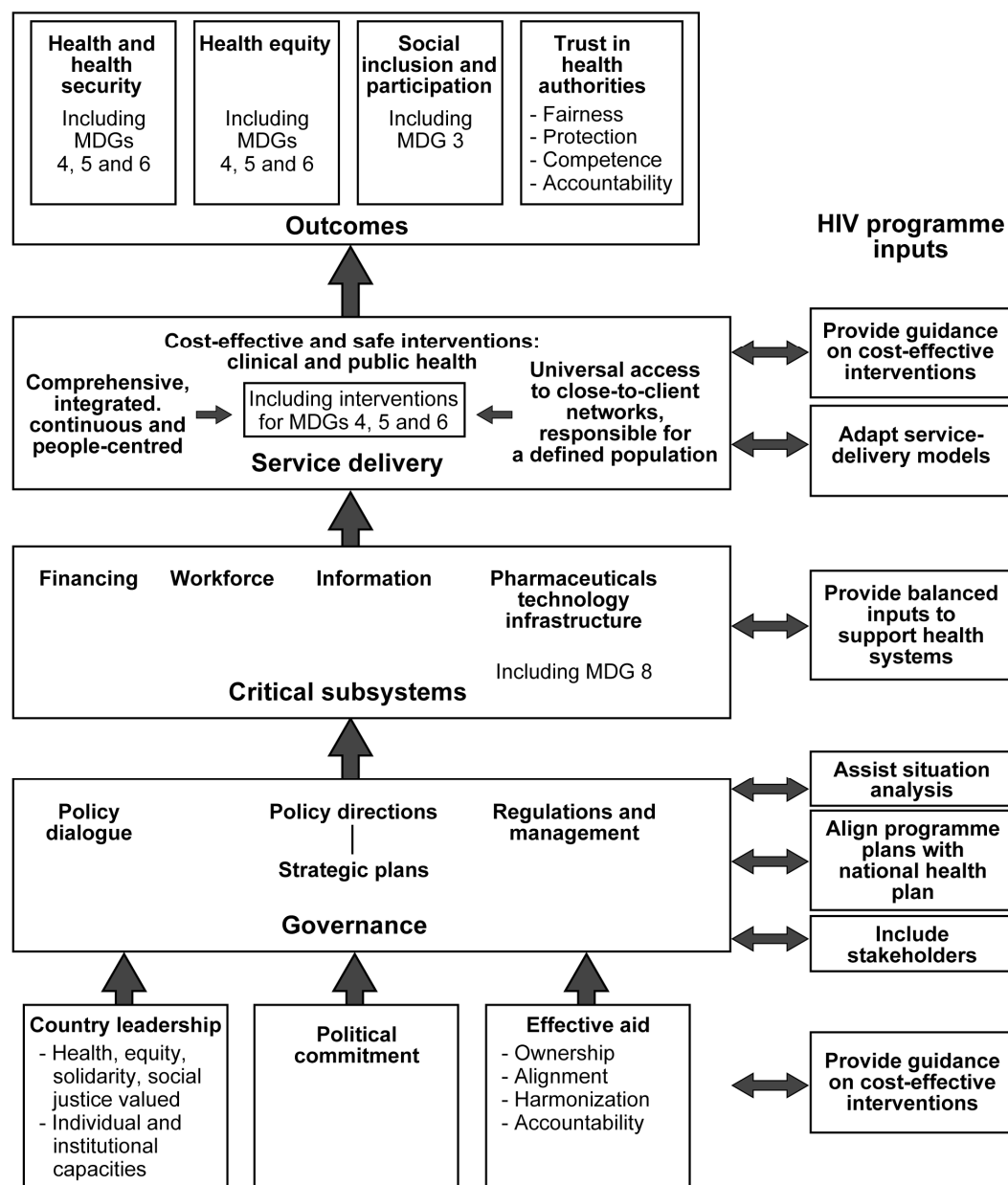
Link HIV and blood and injection safety programmes

- (a) Prevent transmission of HIV in health-care settings in the context of a comprehensive programme that promotes improved blood and organ donor selection, blood and tissue screening, voluntary non-remunerated blood donation, the rational use of blood and surgical procedures, and the implementation of safe injection practices.
- (b) Support blood-donor counselling as an entry point for the treatment and care of donors positive for infections and their families, thus minimizing further transmission.
- (c) Ensure safe blood transfusion for HIV-positive individuals who have developed severe anaemia.

Strategic direction 3. Build strong and sustainable systems

Effective HIV responses require strong health systems and health systems can benefit from HIV investments. At country level, the following three priority elements are essential for ensuring synergies between national HIV programmes and health-system development, in order to maximize programme performance and related health outcomes (see Figure 4).

Figure 4. Major components of a strong and sustainable health system



WHO 10.24

Adjust service delivery models

(a) Appropriate service delivery models need to be selected or adjusted as necessary in order to match the needs of people at risk of and living with HIV with available capacity to deliver cost-effective and safe interventions and ensure good health outcomes; in generalized epidemics this requires decentralization and integration of service delivery with other essential health services to the lowest service delivery level. Community-based and community-led systems have a vital role to play in the planning and implementation of prevention, treatment, care and support interventions to those most in need. In concentrated epidemics this may mean that

treatment services are provided in centres that target key populations and prevention services are delivered through outreach.

(b) Ensure quality of HIV-related services with external and internal quality management systems.

Ensure that the HIV programme can access and provide the necessary inputs

(a) Identify the level of financing, size of the workforce, the nature of information, pharmaceuticals, technology, infrastructure and other commodities needed to achieve programme goals.

(b) Pursue a balanced approach to sourcing these inputs, ensuring it does not undermine actions of other stakeholders, and whenever possible supports them, drawing on the many country examples of synergistic approaches.

(c) Inputs from critical subsystems of the health system include:

- **Health financing.** Mobilize, from domestic or donor sources, adequate funds to secure the delivery of HIV prevention, diagnosis, treatment and care services and to keep pace with the increasing demand for such services. Raise and channel funds to countries in ways that strengthen domestic health-financing institutions and capacities, for instance through health insurance systems, where appropriate. Adopt approaches that minimize out-of-pocket expenditures, including those for HIV services, and assess and find ways to overcome other financial barriers to access. Improve the efficiency of service delivery for HIV in order to make the most of available funding. Improve equity in access to services by focusing on access in rural areas, disadvantaged communities and poor, vulnerable and most-at-risk populations. Ensure that HIV prevention, diagnosis, treatment and care services are an integral part of national health plans and strategies as well as the national financing plans and strategies for financing the health plans.
- **Health workforce.** Where workforce numbers are insufficient, support the training and recruitment of more health-care workers, the shifting of tasks from more- to less-specialized health workers, and the introduction of systems to support and recognize the contribution of health workers in difficult locations. Adhere to codes of practice and ethical guidelines in order to minimize migration of health workers from low-income to high-income countries, and minimize the draw of private and nongovernmental organization-run services on public health-service workers. In all settings, ensure that health workers are competent in working with people living with HIV and affected populations by providing relevant HIV content in pre- and in-service training. Reduce health workers' risk of acquiring HIV with comprehensive occupational health and safety procedures (see strategic direction 1), and guarantee compensation for occupationally acquired illness. Recognize and support the vital roles played by people living with HIV, community organizations and lay workers in the delivery of HIV services, such as through certification of skills in service delivery, and pay. Engage people living with HIV in the training of health workers and in service delivery.
- **Strategic information.** Strengthen information systems for HIV programmes within the context of more robust, integrated and harmonized overall national health-information systems. Implement surveillance systems that provide data in a routine,

standard manner with consistency of methods, tools and populations surveyed, and that are appropriate for the domestic HIV epidemics. Promote collaboration between national HIV programmes, health ministries and other stakeholders to design, implement and strengthen national monitoring and evaluation systems using WHO's guidance and tools. Within the monitoring and evaluation system include: tools and processes for generating, analysing and reporting on interventions for HIV prevention, treatment and care; a national patient-monitoring system that supports collection of such core data as patient retention and disease progression; a national strategy for prevention and assessment of HIV drug resistance; and a national pharmacovigilance programme for antiretroviral medicines. Increase research capacity, through collaboration among national partners, donors and north–south or south–south research organizations and networks, with focus on: preventive technologies (vaccines, microbicides and cervical barriers, and post-exposure prophylaxis); effective treatment and care; factors that hinder or facilitate access to interventions; and identifying optimal models of service delivery. Support operational research and greater collaboration between researchers and policy-makers to ensure that research findings are translated into practice.

- **Access to medicines, diagnostics and other commodities.** Secure continued access to the medicines, diagnostics and other commodities needed for the HIV response, and ensure that cost remains affordable. Establish and enforce national policies, standards, guidelines and regulations that enable the rapid regulatory approval of innovative and generic medicines and diagnostics, through regional collaboration and collaboration with WHO to expedite their market authorization as appropriate. Foster an open competitive market for these crucial commodities, so that their cost can be contained and becomes affordable, and use safeguards in the trade-related aspects of intellectual property rights as needed. Ensure unimpeded ability to use the safeguards in bilateral trade negotiations. Negotiate or facilitate differential pricing when medicines are patent protected, if needed to secure affordable access to them. Strengthen the supply-management systems for health commodities and the ability of those systems to distribute commodities to all service-delivery points.

Ensure alignment and support of all critical stakeholders

- (a) Select HIV interventions appropriate to the national epidemics, and adapted to the local context, with focus on equity and cost-effectiveness.
- (b) Forge strategic partnerships between the formal health sector, civil society, including organizations of people living with HIV, and the private sector.
- (c) Ensure synergy, coherence and balance between the HIV response and other programmes in the national health plan, and ensure that the health-sector component of the multisectoral plan for HIV is reflected in the national health policies, strategies and plans.
- (d) Pursue inclusive policy dialogue within and beyond the health sector in order to ensure that approaches to universal coverage, social justice and equity are agreed on and attention is paid to building capacity for a sustainable response.

Strategic direction 4. Reduce vulnerability and remove structural barriers to accessing services

The health sector has a key role to play in providing evidence on the links between gender equality, human rights, social determinants of health and HIV. These elements should be addressed in the design, implementation and monitoring of health-sector interventions. The health sector should work with other sectors to promote laws, policies, norms and behaviours that support gender equality and protect human rights, including among people living with HIV.

Integrate health in all policies

- (a) Use evidence from the health sector as the basis for introducing pro-health actions in other sectors (e.g., housing, social welfare, labour, immigration, defence, finance, education, foreign affairs and development).
- (b) Advocate consideration of health-related aspects of HIV in the development of other sectoral policies and strategies.
- (c) Review policies and strategies of other sectors in order to identify barriers to, and opportunities for, implementing effective HIV responses; reform policies where necessary that may increase HIV vulnerability and risk, lead to discrimination and impede access to services.

Reduce stigmatization and discrimination and other human rights abuses

- (a) Fully engage people living with HIV and key populations in the design, governance, management, implementation, monitoring and evaluation of national health-sector strategies and plans.
- (b) Monitor the prevalence of HIV-related stigmatization and discrimination and other human rights abuses, and document their impact on access to, quality of and impact of health services.
- (c) Link with broader accountability mechanisms that assess progress in protecting human rights, including the right to health, and combating discrimination.
- (d) Put in place policies and practices to eliminate stigmatization and discrimination and other human rights abuses in health services.
- (e) Address the concerns and build the capacity of health staff on these issues.

Promote gender equality and remove harmful gender norms

- (a) Ensure that the major HIV interventions described in strategic directions 1, 2 and 3, including HIV testing and counselling, prevention of transmission of HIV to children, treatment and care, fully address gender issues in their design, delivery, implementation and monitoring in order to improve their quality, uptake and impact.
- (b) Promote integrated approaches to adolescent health services for addressing sexuality and sexual and reproductive health.

- (c) Promote equality between girls and boys, women and men in sexual decision-making, including negotiation of safer sex and use of male and female condoms.
- (d) Strengthen gender-sensitive HIV and broader health information systems that collect and analyse sex- and age-disaggregated data in order to identify who is at risk, who is being infected, whether there is equitable provision of services and impact of programmes among girls and boys, men and women.
- (e) Ensure that national health-sector HIV programmes allocate financial and human resources to promote gender-responsive strategies.
- (f) Reduce gender-related barriers to accessing health services.
- (g) Support female carers, ensuring that they have decent and equitable work conditions.
- (h) Provide services to address gender-based violence, including comprehensive services for survivors of sexual violence.

Strengthen community systems

- (a) Engage nongovernmental, faith- and community-based organizations in the HIV response in order to complement the work of government programmes, for instance in the areas of advocacy, programme design and implementation, service delivery, monitoring and evaluation.
- (b) Support the role of civil society in service delivery by ensuring mechanisms for decent work conditions, training, accreditation and remuneration for community health workers.
- (c) Remove legal barriers that prevent civil society organizations reaching key populations, and delivering evidence-based interventions.

Address HIV risk and vulnerability in settings of humanitarian concern

- (a) Ensure contingency plans for essential HIV services, particularly to ensure continuity of HIV treatment and care.
- (b) Establish buffer stocks of essential medicines and commodities, including antiretroviral therapy, condoms, diagnostics, opioid analgesics and sterile injecting supplies.
- (c) Provide training to essential emergency and health service staff on the Inter-Agency Standing Committee's Guidelines for HIV/AIDS interventions in emergency settings.¹
- (d) Ensure blood safety and standard precautions policies address HIV within the context of humanitarian crises.

¹ IASC. *Guidelines for HIV/AIDS interventions in emergency settings*. New York, Inter-Agency Standing Committee, 2005.

- (e) Reduce HIV-related stigmatization and discrimination within humanitarian health care services.

Address laws and regulations that compromise the HIV response

- (a) Collaborate with other stakeholders to review and, if necessary, reform laws that increase HIV vulnerability and risk, impede access to health services, or infringe on human rights, particularly for vulnerable and most-at-risk populations.
- (b) Promote the enactment of legislation to uphold non-discrimination in all efforts, including in the areas of access to public services, travel restrictions, homophobia, employment, sex work, and criminalization of HIV transmission.
- (c) Promote public-health approaches to the management of behaviours that put people at risk of HIV acquisition or transmission, as an alternative to criminalization.
- (d) Promote sentencing alternatives to incarceration as good public health practice.

Monitoring and evaluating the response at country level

Progress in the implementation of the health-sector response to HIV should be assessed with a range of indicators covering input, outcome and impact, as recommended for monitoring implementation of the Declaration of Commitment on HIV/AIDS and tracking progress towards the Millennium Development Goals.

Numerous indicators are available to support country-level monitoring and reporting on the response to HIV and related programmes. Some of the main ones for supporting high-level strategic planning and monitoring of progress across all four strategic directions are highlighted below. Indicators that are more relevant for use in settings with high HIV burdens include those proposed for strategic direction 2, where the HIV response is most likely to impact on other health outcomes. Additional indicators will be required for lower level programme management, but their selection depends more on national contexts.

Indicators for monitoring the strengthening of health systems derive from a common platform for monitoring and evaluation of national health strategies, known as the Country Health Systems Surveillance platform. Instruments are also available for measuring progress in implementing policy, legal and structural measures for enhancing the HIV response, as recommended under strategic direction 4. The National Composite Policy Index, part of the reporting system on implementing the United Nations General Assembly's Declaration of Commitment on HIV/AIDS,¹ provides a systematic approach which will be further strengthened for assessing progress in the development and implementation of national-level HIV policies, strategies and laws. The People Living with HIV Stigma Index² involves a survey conducted by and for people living with HIV in order to document

¹ United Nations General Assembly Special Session on HIV/AIDS. Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators.
http://data.unaids.org/pub/manual/2009/jc1676_core_indicators_2009_en.pdf.

² The People Living with HIV Stigma Index: An index to measure the stigma and discrimination experienced by people living with HIV. Can be downloaded on the following site: <http://www.stigmaindex.org/9/aims-of-the-index/aims-of-the-index.html>.

the extent and forms of stigmatization and discrimination in different countries, including those experienced in health services. The strategy strongly recommends the use of an indicator that has been proposed for monitoring the health-sector response to violence against women, with a focus on sexual violence – an extreme expression of gender inequality – which is also directly and indirectly associated with an increased risk of HIV infection among women. This indicator is proposed as a marker for measuring the progress made by the health sector in addressing gender inequality.

Table 5 lists core indicators that are proposed for consideration at country level by all concerned parties. All indicators are to be sex- and age-disaggregated, as appropriate, and analyses should be conducted to determine whether the response adequately addresses key social determinants of HIV vulnerability and risk, including gender inequality, and takes the necessary steps to achieve equitable access to services. Working towards equity involves analyses of differences within and between groups, within and across countries, using a series of stratifiers and summary measures.

Table 5. Core indicators proposed for country consideration

Strategic direction	Core indicators ^a
1. Optimize HIV prevention, diagnosis, treatment and care outcomes	1.1 <i>Percentage of young people aged 15–24 years who are HIV infected</i> 1.2 Number of deaths associated with HIV 1.3 Number of new HIV infections among children 0–4 years of age 1.4 <i>Percentage of men and women aged 15–49 years who received an HIV test in the previous 12 months and know their results</i> 1.5 Percentage of adults and children with advanced HIV infection who receive antiretroviral therapy 1.6 Number of HIV-positive individuals who receive trimethoprim-sulfamethoxazole prophylaxis according to national guidelines 1.7 <i>Percentage of estimated HIV-positive incident tuberculosis cases that received treatment for HIV and tuberculosis</i>
2. Leverage broader health outcomes through HIV responses	2.1 Unmet need for family planning 2.2 Maternal mortality ratio 2.3 All-cause mortality rate among children aged 0–4 years 2.4 Proportion of tuberculosis cases detected and cured under directly-observed treatment, short course

Strategic direction	Core indicators ^a
3. Build strong and sustainable systems	3.1 Recommended core indicators from the <i>Monitoring Health Systems Strengthening Handbook of Indicators and Related Measurement Strategies</i> ^{1,2}
4. Reduce vulnerability and remove structural barriers to accessing services	4.1 <i>Completion of the National Composite Policy Index</i> 4.2 Completion of the People Living with HIV Stigma Index ³ 4.3 Availability of service-delivery points providing appropriate medical, psychological and legal support for women and men who have been raped or experienced incest

^a Indicators recommended for monitoring implementation of the Declaration of Commitment on HIV/AIDS are shown in *italics*, and indicators used for tracking progress towards the Millennium Development Goals are shown in **bold**.

¹ WHO. *Monitoring health systems strengthening: a handbook of indicators and related measurement strategies*. Geneva, World Health Organization, 2010 (In press).

² For example, most countries will find it useful to track changes in availability of medicines at service delivery level, using the following core indicator: percentage of facilities that have all tracer medicines and commodities in stock, which is described in the Handbook.

³ This includes consideration of stigmatization and discrimination in the health services, as measured by the percentage of respondents who report that they were denied health services, including dental care, in the last year because of their HIV status.

V. WHAT WHO WILL DO

WHO's HIV mission

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

To realize the goals and objectives of the strategy, the Secretariat will:

- apply the six core functions set out in the Eleventh General Programme of Work, 2006–2015 in order to provide support to countries in implementing the priority programmes, policies and interventions described above;
- focus efforts on a set of key contributions for accelerating action in several crucial areas of the health-sector response.

WHO's core functions

WHO supports national HIV programme implementation through all its six core functions, but the type and intensity of support provided will depend on specific country needs. In some areas, dedicated action is needed over the five years of this strategy; these are specified below.

Providing leadership on matters critical to health and engaging in partnerships where joint action is needed. As an effective HIV response is essential if the Millennium Development Goals are to be achieved, and, in order to achieve the goal of universal access for HIV services, WHO advocates the following:

- full financial and political commitment to the achievement of universal access, both from international and domestic sources;
- greater synergies and linkages within the HIV response and broader global health initiatives, including integrated service delivery and primary health care renewal;
- greater accountability among all stakeholders, including governments, development agencies and initiatives, donors, civil society, multilateral agencies and implementing partners;
- greater involvement of civil society in the health-sector response to HIV;
- strong partnerships within the United Nations, in accordance with the UNAIDS Division of Labour.

Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge. The existing repertoire of HIV interventions needs to be expanded and new approaches to delivering services and programmes are required. In this area, WHO:

- advocates adequate investment in HIV research and development and, with partners, sets a global research agenda for the health sector response to HIV;

- promotes the generation, dissemination and uptake of new knowledge, including through operational research, with particular emphasis on national ownership, improving intervention and programme efficiency and effectiveness and promoting innovation.

Setting norms and standards, and promoting and monitoring their implementation. Evidence-based guidance on high-priority health-sector interventions is required in order to shape more effective, efficient and sustainable responses. WHO:

- prioritizes the development of operational tools and adaptation guides that will support translation of new research into country policies, rapid introduction of new interventions in countries, and expansion of country programmes;
- develops further and supports implementation of integrated management tools and essential packages of health-sector policies and interventions for specific populations and settings;
- monitors application and use of WHO tools and guidelines and supports their implementation.

Articulating ethical and evidence-based policy options. Countries need clear and consistent policy advice from the multiple stakeholders involved in the health-sector response to HIV. WHO:

- works with partners at all levels to improve policy coherence, particularly with key donor and development agencies and initiatives, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, The United States' President's Plan for AIDS Relief and other bilateral programmes;
- promotes alignment of relevant HIV policies and strategies within the health sector and across different sectors and constituencies.

Providing technical support, catalysing change, and building sustainable institutional capacity. Technical support needs to be provided more efficiently, to be coordinated across different health areas and providers, and to build national and regional capacity to provide relevant, long-term assistance. WHO:

- improves the efficiency and effectiveness of HIV technical support to countries, including using a common platform for delivering coordinated technical support that covers both HIV and other crucial health issues;
- strengthens national institutions, structures and systems for a sustainable response, working through for example knowledge hubs, WHO collaborating centres and technical networks;
- supports national efforts for accessing external resources and establishing systems for sustainable financing, with a particular focus on facilitating access to and supporting implementation of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Monitoring the health situation and assessing health trends. HIV policies and programmes need to be guided by high-quality and timely strategic information and supported by well-functioning health information systems. WHO:

- promotes improved integration of HIV monitoring in national health information systems;

- provides support to countries for strengthening their HIV and behavioural surveillance systems;
- monitors and reports annually on HIV epidemics and health-sector responses and their impact on health-related Millennium Development Goals, and on progress towards universal access goals and targets;
- establishes the evidence base on the costs, cost-benefits and cost-effectiveness of health-sector interventions and programmes and translates this into policy guidance.

WHO's key contributions

WHO will take bold and innovative actions that challenge conventional HIV and public health approaches and fully harness opportunities to transform the HIV response.

During the period covered by this strategy the Secretariat at all levels will focus its efforts on five key contributions. These prioritized areas will directly contribute to the three strategic directions and 10 goals of the UNAIDS Strategy 2011–2015. The activities of this operational plan are detailed below. Actions within each of these key contributions will be prioritized through operational planning over the five-year period.

Scale-up and innovation in prevention

Despite the existence of effective behavioural, biomedical and structural interventions for HIV prevention, few countries have taken them sufficiently to scale. A major role for WHO is defining an evidence-based health-sector package for HIV prevention and supporting national implementation. Over the five years of this strategy WHO will enhance this package by adding more efficient and effective mechanisms for delivering proven interventions and advancing the development of new technologies and approaches (see Figure 5). WHO will undertake the following actions:

Engage in scale-up of existing HIV prevention approaches (strategic direction 1)

- (i) advocate increased investment in, support expanded coverage of, and stimulate country-led demand for existing proven HIV prevention approaches, and provide guidance in their appropriate use (including the promotion of male and female condoms, male circumcision, antiretroviral therapy, HIV testing and counselling, needle-syringe programming, opioid substitution therapy, and behavioural change interventions).

Drive the development of new HIV prevention interventions (strategic direction 1)

- (i) support the development and evaluation of potentially effective new interventions, including microbicides and pre-exposure prophylaxis, and provide support to countries to prepare for the rapid adaptation and implementation of these new technologies and approaches as they become available;
- (ii) continue to support efforts to develop HIV vaccines through the WHO/UNAIDS HIV Vaccine Initiative;
- (iii) develop guidance on identifying and preventing HIV transmission in serodiscordant couples, and support the application of that guidance;

- (iv) intensify research to determine the HIV prevention benefits of antiretroviral therapy and provide guidance on how these benefits might be maximized.

Support prevention packages for key populations (strategic direction 2)

- (i) facilitate sexuality education for adolescents and provide guidance on the organization and implementation of HIV and other sexual and reproductive health services that meet the needs of adolescents;
- (ii) continue to support implementation of evidence-based interventions, such as harm reduction for people who inject drugs, and identify interventions and approaches for: effective HIV prevention among people who use amphetamine-type stimulants and cocaine and non-injecting drug users; reducing risk behaviours associated with alcohol use; prevention and management of overdose; and prevention and management of viral hepatitis and tuberculosis co-infection among drug users;
- (iii) provide guidance on, and facilitate the implementation of, evidence-based intervention packages for men who have sex with men and sex workers, which includes promotion of male and female condoms, testing and treatment of sexually transmitted infections, HIV care and treatment, and other measures as appropriate, identified through the meaningful involvement of key populations;
- (iv) provide guidance on health workers' safety and prevention, and access to acceptable, confidential HIV testing and counselling and care, particularly in settings with high HIV prevalence, and post-exposure prophylaxis.

Support integration of combination HIV prevention strategies in national plans (strategic direction 3)

- (i) provide support to countries in assessing their HIV epidemics and developing and implementing combination HIV prevention strategies for general, vulnerable and most-at-risk populations that can be delivered systematically through the health sector;
- (ii) provide guidance to countries on setting targets and improving quality and coverage of services, and develop methods to assess the impact of HIV prevention interventions, especially among vulnerable and most-at-risk populations.

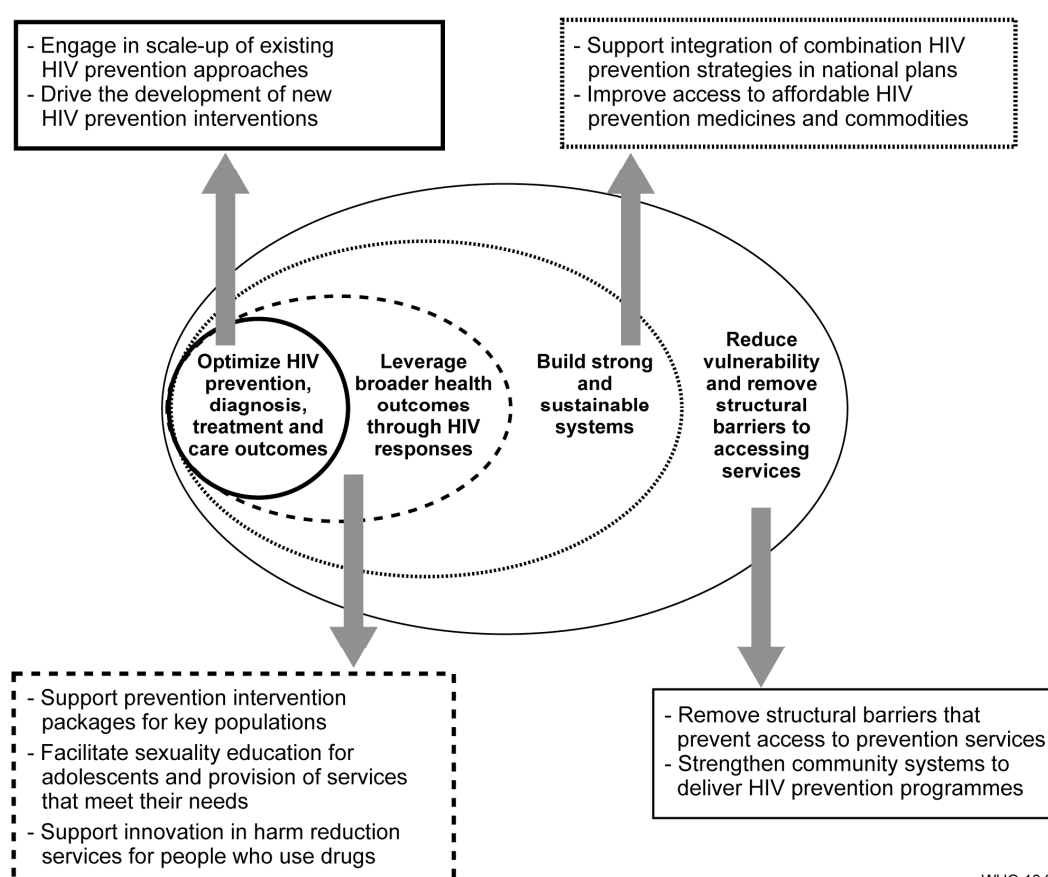
Improve access to affordable HIV prevention medicines and commodities (strategic direction 3)

- (i) improve access to high-quality and affordable HIV prevention commodities, for instance through setting standards and quality-assuring products such as male and female condoms, facilitating prequalification of prevention products, and supporting the establishment of reliable procurement and supply management systems for essential medicines such as methadone and buprenorphine.

Address political and social barriers that prevent access to prevention services (strategic direction 4)

- (i) engage with countries to overcome political and societal constraints that limit access and impede effective HIV prevention;
- (ii) support strengthening of community systems and efforts to provide high-quality and client-oriented services for people with sexually transmitted and HIV infections that reach those most vulnerable and at highest risk and that promote healthy sexual behaviour.

Figure 5. WHO's support for scale up and innovation in HIV prevention



Treatment and care optimization

WHO leads the work on HIV treatment and care and on HIV/tuberculosis among UNAIDS' cosponsors. WHO will work with these and other partners to maximize the prevention and treatment benefits of antiretroviral therapy at a population level by promoting earlier initiation of treatment, simplifying regimens and delivery, and strengthening monitoring of adherence. WHO will provide support to countries in implementing new treatment recommendations at a pace that is feasible, does not undermine existing programmes, ensures access for those most in need and is sustainable. WHO will seek to develop strong partnerships with civil society in policy development and implementation of the "Treatment 2.0" agenda.

The Treatment 2.0 agenda is being advanced by WHO and UNAIDS. It aims to accelerate the simplification of antiretroviral therapy in line with the public health approach. Optimizing treatment regimens, providing access to point-of-care diagnostics, reducing costs, adapting delivery systems, and mobilizing communities will contribute to achieving and sustaining universal access.

During the five years of this strategy, and in order to bring the efficiencies of the Treatment 2.0 approach into the main stream of HIV prevention and treatment, WHO will undertake the following actions (see Figure 6):

Support scale-up of treatment within resource-constrained environments (strategic direction 1)

- (i) provide guidance on implementation of earlier treatment initiation, using safer and more convenient treatment regimens and simpler monitoring strategies;
- (ii) promote fixed-dose combinations and co-packaging of first- and second-line antiretroviral medicines in order to simplify treatment delivery, and provide guidance to countries on introduction of third-line regimens and medicines to treat co-infections;
- (iii) promote use of safe antiretroviral medicines with appropriate use of monitoring tools and incorporation of pharmacovigilance as the standard of care in antiretroviral therapy programmes;
- (iv) support improved monitoring of the quality of services, for example through standardized tools such as early warning indicators for monitoring drug resistance;
- (v) provide guidance and support for measuring and preventing loss to follow up by incorporating strategies for retention of subjects into HIV testing and treatment programmes, including addressing nutritional needs;
- (vi) define and promote the rational use of simplified diagnostics, including HIV rapid tests, CD4+ T-cell testing, virological technologies for the monitoring of antiretroviral therapy and for early infant diagnosis, and new point-of-care tests;
- (vii) provide guidance on choice of technology, their suitability in resource-constrained settings and quality control;
- (viii) monitor the application of WHO's antiretroviral therapy guidelines, including compliance with WHO's recommendations through surveys of antiretroviral therapy use.

Improve uptake of HIV testing and counselling and linkages to care (strategic direction 1)

- (i) assess effectiveness, acceptability and impact of various HIV testing and counselling models, including provider-initiated testing and counselling, to guide countries on efficient ways to expand and diversify HIV testing and counselling;
- (ii) support the training of health workers and development of tools to increase HIV testing and counselling delivery in clinical care, and improve linkages to services for HIV prevention and care, with a focus on ensuring earlier treatment initiation and retention in care;

- (iii) provide guidance on HIV testing and counselling of partners and couples in order to identify and tackle issues of serodiscordancy;
- (iv) update guidance on HIV testing algorithms and recommendations for selection and use of HIV tests;
- (v) provide guidance to countries on setting targets and improving quality and coverage of services.

Strengthen tools for management of HIV-related co-infection and co-morbidities (strategic direction 2)

- (i) promote expanded collaboration between HIV and tuberculosis services through the 12-point WHO policy on collaborative HIV/tuberculosis activities;
- (ii) provide clinical guidelines for the management of tuberculosis in people living with HIV, and support the implementation of operational tools for tuberculosis prevention and treatment in HIV services;
- (iii) promote co-packaging and co-formulation of isoniazid/trimethoprim-sulfamethoxazole combinations;
- (iv) provide leadership for a robust agenda for HIV/tuberculosis research;
- (v) guide surveillance activities and report on global HIV/tuberculosis co-infection;
- (vi) promote joint reviews of HIV/tuberculosis planning and programme;
- (vii) provide clinical guidelines for diagnosis, prevention and management of the most serious HIV-related co-infections and co-morbidities, cancers and pain management in adults and children;
- (viii) provide updated guidance on use of trimethoprim-sulfamethoxazole prophylaxis in people living with HIV;
- (ix) issue clinical guidelines for the diagnosis, prevention and management of chronic viral hepatitis among adults and children living with HIV, advocate access to medicines for the treatment of hepatitis B and C, hepatitis B vaccination when indicated, and non-discriminatory access to prevention and care for all those with HIV/chronic viral hepatitis co-infection.

Increase the availability and affordability of HIV-related medicines and diagnostics (strategic direction 3)

- (i) support strategies for lower pricing and improved procurement of HIV-related medicines and commodities through negotiating price reduction, supporting countries to use fully the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights, as urged

in the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property;¹

- (ii) support improved and efficient procurement of HIV-related medicines, diagnostics and other commodities through dissemination of strategic information on sources and prices of good-quality medicines and diagnostics, regulatory status, prequalification status, and promotion of mechanisms such as standardized laboratory items in a tiered laboratory system, and pooled procurement;
- (iii) contribute to improved market transparency and a sustainable supply of HIV-related medicines, diagnostics and other commodities by monitoring prices and forecasting demand;
- (iv) improve the selection for procurement and quality of HIV-related medicines and diagnostics through prequalification, and their timely inclusion in the WHO Model List of Essential Medicines and international pharmacopoeia monographs;
- (v) support an uninterrupted supply of HIV-related medicines, diagnostics and other commodities that minimizes loss and waste, through facilitating technical support, capacity building and effective use of tools for procurement and supply management.

Promote efficiencies in service delivery (strategic direction 3)

- (i) further streamline the tools for Integrated Management of Adolescent and Adult Illness, Integrated Management of Childhood Illness² and Integrated Management of Pregnancy and Childbirth in order to provide a simplified, efficient approach to service delivery through task shifting, nurse-led clinical teams, lay providers, community provision of care and supply management and full integration of antiretroviral therapy services into antenatal care services, where appropriate;
- (ii) promote decentralization and community-based services, including a family-centred approach and full involvement of community and civil society, task shifting as appropriate and linkages to other health services;
- (iii) support networks on pharmacovigilance and HIV drug resistance for evidence-based information to guide the selection of more effective but less toxic medicines.

Drive the research agenda on HIV treatment and care (strategic direction 3)

- (i) identify the main gaps in research and work with partners to define a Treatment 2.0 research agenda;
- (ii) promote and support research in specific areas, such as determining optimal dosing for antiretroviral medicines, developing more robust antiretroviral therapy regimens, and

¹ Resolution WHA61.21.

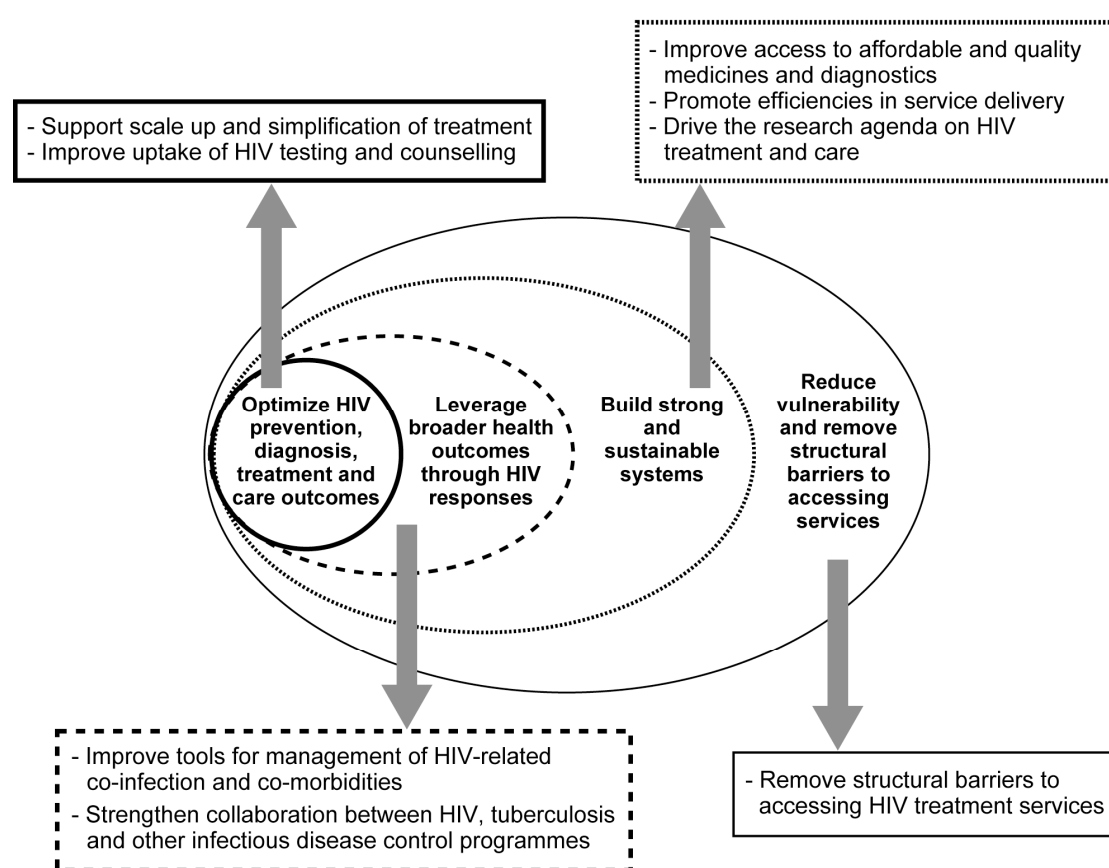
² A list of publications and tools for IMAI can be found on the following web page:
<http://www.who.int/hiv/pub/imai/en/index.html>.

identifying models of antiretroviral therapy service delivery for different populations and settings.

Reduce structural barriers to accessing HIV treatment services (strategic direction 4)

- (i) develop training materials and tools to challenge and change health workers' discriminatory attitudes that inhibit people from accessing services for HIV testing, treatment and care and often limit poor and marginalized groups' right to care;
- (ii) strengthen the involvement of civil society in policy development and implementation around Treatment 2.0.

Figure 6. WHO's support for treatment and care optimization



WHO 10.26

Health for women and children

WHO is committed to supporting the United Nations Secretary General's Global Strategy for Women's and Children's Health,¹ which recognizes that HIV is the leading cause of death among women of reproductive age and an important cause of morbidity and mortality among children and

¹ http://www.who.int/pmnch/topics/maternal/201009_globalstrategy_wch/en/index.html.

adolescents, especially in high-burden settings. WHO will support various actions to reduce the specific vulnerabilities of women and girls to HIV, and strengthen sexual, reproductive, maternal and child health programmes to deliver interventions. A major entry point for the improvement of health for women and children will be a concerted, comprehensive and intensive effort to eliminate HIV infection in children, as described in WHO's strategic vision to prevent mother-to-child transmission of HIV (see Figure 7).¹

In the five years of this strategy, WHO will:

Promote comprehensive HIV services for pregnant women and their children (strategic direction 1)

- (i) jointly with UNICEF lead global efforts to eliminate HIV infection in children;
- (ii) provide technical guidance and support for the rapid scale-up of integrated and comprehensive services for prevention of mother-to-child transmission of HIV, and the active monitoring of progress and impact;
- (iii) support the adaptation, implementation and evaluation of WHO guidelines for use of antiretroviral medicines for treating pregnant women and preventing HIV infection in infants, and on HIV and infant feeding, and lead evidence-based review to determine need for revision in 2012;
- (iv) support an operational research agenda for overcoming barriers to effective implementation of comprehensive programmes to prevent mother-to-child transmission of HIV.

Provide guidance and tools for the identification, care and treatment of children with HIV (strategic direction 1)

- (i) provide guidance on early diagnosis of HIV infection in infants, and care and treatment for HIV-exposed infants;
- (ii) provide guidance on identification, care and treatment for children and adolescents, with a focus on provider-initiated testing and counselling in clinical settings and rapid access to care and treatment for children in need;
- (iii) provide guidance on improving the quality of service delivery for children with respect to preventing loss to follow-up across the continuum of care.

Support bidirectional integration of HIV with maternal, newborn and child health and sexual and reproductive health services (strategic direction 2)

- (i) promote stronger linkages between HIV services and sexual and reproductive health services (including those dealing with family planning, antenatal care, childbirth, postnatal care, gender-based violence, adolescent sexual and reproductive health, sexually transmitted

¹ WHO. *PMTCT Strategic Vision 2010–2015: Preventing mother-to-child transmission of HIV to reach the UNGASS and Millennium Development Goals*. Geneva, World Health Organization, 2010.

infections, cancer screening and management), and develop (or update) the necessary guidance and tools;

(ii) promote standardized and simplified operational tools, such as those for the Integrated Management of Pregnancy and Childbirth, Integrated Management of Childhood Illness and Integrated Management of Pregnancy and Childbirth, in order to support decentralization of services and the integration of HIV and maternal, newborn and child health services at primary care level, including community interventions;

(iii) support countries to undertake assessments of their policy, systems, and service delivery related to linking sexual and reproductive health and HIV, review findings and devise plans to strengthen such linkages, integrated into national health and development plans.

Facilitate improved access to diagnostics and medicines for pregnant women and children (strategic direction 3)

(i) enable the development and use of improved diagnostics and medicines for pregnant women and children, with a focus on point-of-care diagnostics and simplified drug regimens.

Promote integration of gender analysis and actions into health-sector responses to HIV (strategic direction 3)

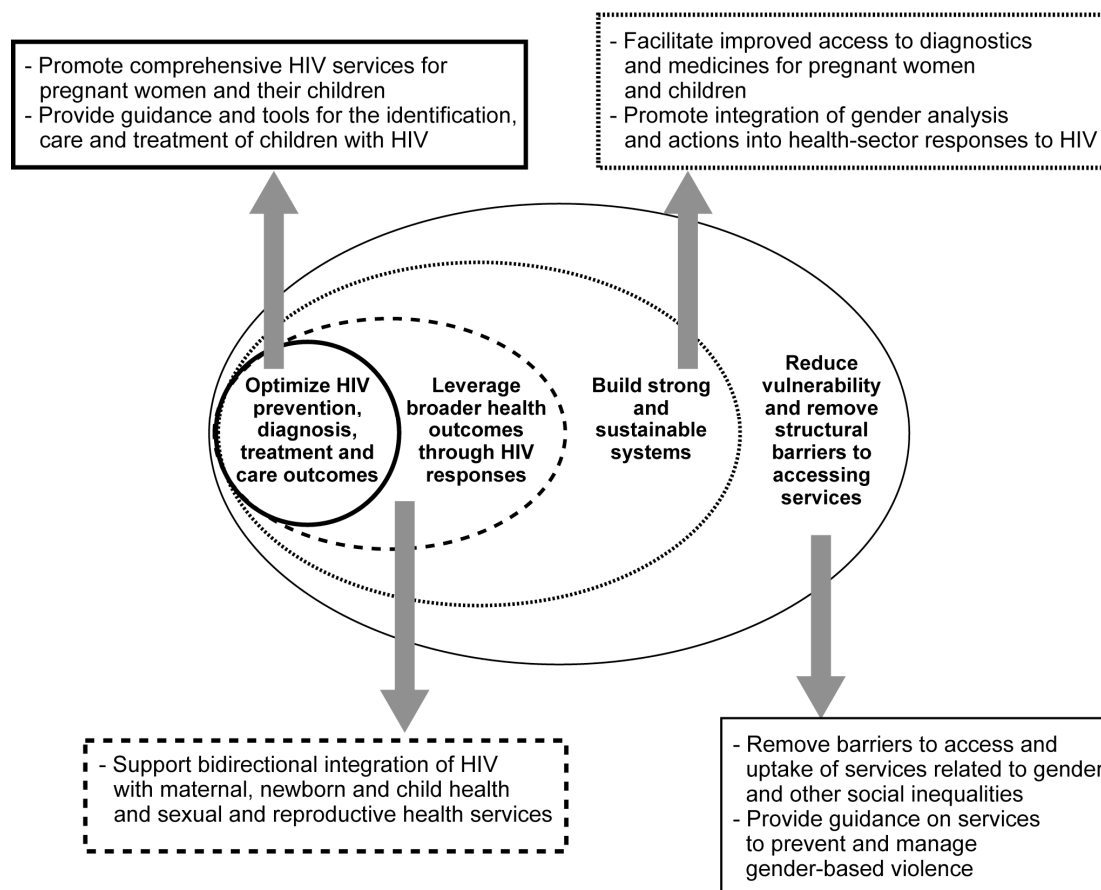
(i) strengthen generation of evidence and monitoring of gender-based inequities in HIV responses;

(ii) support countries to identify and overcome barriers to access and uptake of services related to gender and other social inequalities.

Provide guidance on services to prevent and manage gender-based violence (strategic direction 4)

(i) support advocacy and research on the relationship between HIV risk, gender-based violence and other human rights violations, and provide guidance on the implementation of programmes addressing violence against women.

Figure 7. WHO's support related to the health of women and children



WHO 10.27

Strategic health-sector information and planning

Many countries already have in place active multisectoral commissions to plan for a broader national HIV response, and most have national health plans that consider all health issues, but in which HIV must also be considered. WHO collaborates closely with UNAIDS and the World Bank to ensure that the health sector is adequately considered and resourced in the multisectoral planning of the response to HIV, and conversely, that HIV is adequately included in the national planning for health and other sectors. This linkage often requires integrated planning between the HIV programme and other health programmes, such as those on maternal, newborn and child health, tuberculosis, drug use or prison health.

Planning should involve all stakeholders and be based on the best available evidence and a clear understanding of available resources, gaps that must be filled, and opportunities that can be taken advantage of. Strategic information gathered through surveillance, monitoring and evaluation, programme assessments and operational research is crucial for an informed planning process.

In the five years of this strategy WHO will undertake the following actions (see Figure 8):

Identify, update, and advocate for priority health sector policies and interventions on HIV (strategic direction 1)

- (i) regularly update its guidance on priority health-sector interventions for HIV prevention, diagnosis, treatment and care;
- (ii) identify and disseminate good practices in civil society and community-based service provision for HIV testing, prevention, treatment and care.

Build synergy in strategic and operational plans between HIV programmes and other health-sector programmes (strategic direction 2)

- (i) provide guidance on integrated and synchronized planning between HIV programmes and other major health programmes, and support countries to integrate HIV issues into other health strategies and within national health planning processes;
- (ii) provide analysis and policy advice to support use of evidence on integrated services.

Promote health-sector planning in countries that adequately incorporates HIV plans (strategic direction 3)

- (i) promote policy coherence across the strategies and plans of stakeholders, including the other cosponsors of UNAIDS, donors and development agencies;
- (ii) support national reviews of HIV policies, strategies and programmes, with particular attention to synergies in the health system and to the efficient use of resources;
- (iii) develop and support use of tools to guide national strategic planning processes and integrated HIV programme reviews;
- (iv) develop and support use of tools to improve health-service management, including costing, budgeting and planning, and integration of HIV in health-sector service delivery;
- (v) document health-system synergies that generate increased availability of human resources, improved access to medicines and essential technologies and better information systems;
- (vi) increase the capabilities of WHO staff members in strategic and operational planning.

Guide efforts to achieve sustainable financing of the HIV response (strategic direction 3)

- (i) work with the UNAIDS secretariat to estimate the investments needed to achieve global goals;
- (ii) advocate a fully-funded response through adequate domestic investments and advocate external funding for HIV services to be channelled to countries in ways that support the development of domestic financing capacities and institutions, for instance through health-insurance systems where appropriate;

- (iii) develop and support implementation of tools to cost national health-sector plans and specific services;
- (iv) work with funding and development partners to improve efficiencies in the implementation and management of development assistance funds and the provision of technical support;
- (v) support operational research on innovative sustainable financing mechanisms;
- (vi) provide support to countries on developing and implementing sustainable health financing mechanisms, including financing for human resources, medicines and commodities;
- (vii) provide technical support to countries for mobilizing and implementing external funding, including that from the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- (viii) support, in collaboration with other partners, the development of comprehensive national strategies and plans for health financing with strong links to the development of integrated national health plans that include HIV services of all types;
- (ix) provide support countries in identifying the main financial barriers to obtaining the health services needed, including those for HIV, and facilitate sharing across countries on ways that these financial barriers have been successfully overcome, including conditional cash transfers and vouchers, for example;
- (x) work with countries and other partners to identify and redress inefficiencies in the delivery of HIV services or in the way HIV services are integrated into the health system;
- (xi) provide support to countries in identifying and redressing the major inequalities in access and use of services, including those relating to HIV.

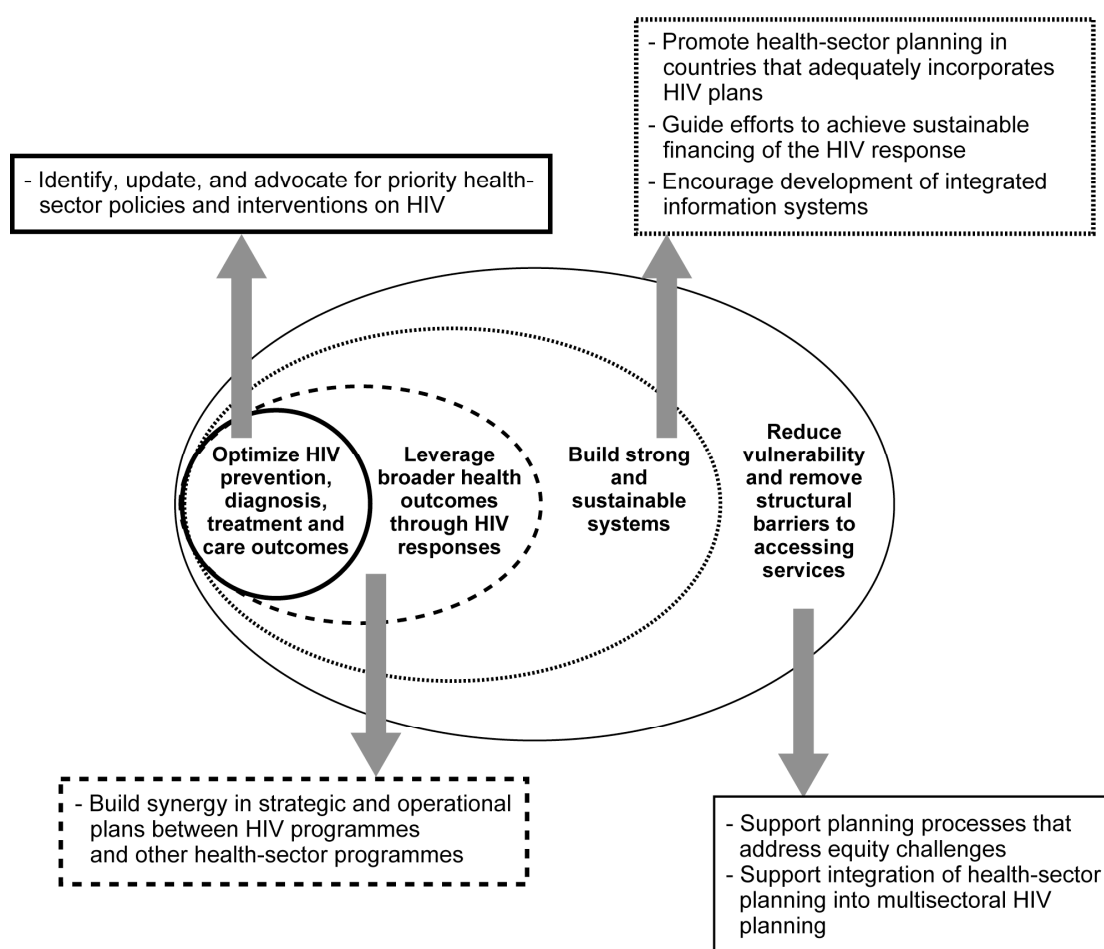
Encourage the development of information systems that monitor the epidemic, the response to HIV in the health sector, and how it relates to the attainment of other health outcomes (strategic direction 3)

- (i) provide guidance and support for the data collection, analysis and use of data in the health sector;
- (ii) support national longitudinal, interlinked patient-monitoring systems for HIV care and treatment, for HIV/tuberculosis, and for interventions to eliminate mother-to-child transmission of HIV integrated within maternal, newborn and child health, and tuberculosis/HIV and their use to support patient retention and quality of care;
- (iii) publish reports annually on achievements in HIV-related health-sector interventions at the country, regional and global levels;
- (iv) guide and support countries to improve knowledge of their HIV epidemics;
- (v) monitor impact and outcome of health-sector interventions.

Support integration of health-sector planning into national multisectoral processes in response to HIV (strategic direction 4)

- (i) provide evidence from the health sector in order to influence strategies and plans in other sectors, in particular to bring increased attention to the needs of key populations and to improve linkages to community-level service delivery and actions;
- (ii) collaborate with UNAIDS and the World Bank in providing supporting to countries in order to develop national multisectoral HIV strategies and operational plans;
- (iii) develop and support implementation of guidance on the integration of HIV health-sector policies and interventions into national strategies and plans, including multisectoral HIV plans, Poverty-Reduction Strategy Papers, Country Cooperation Strategies and relevant country compacts;
- (iv) promote alignment of relevant HIV policies and strategies across different sectors and constituencies.

Figure 8. WHO's support for strategic health-sector information and planning



WHO 10.28

Health equity and HIV

In order to achieve health equity, social, economic and geographical determinants of health risk and vulnerability need to be understood and addressed, and equity in access to health systems must be ensured. In the five years of this strategy WHO will undertake the following actions (see Figure 9):

Provide leadership to address inequities in access to services (strategic direction 1)

- (i) advocate HIV and health investments in the most effective interventions and approaches targeted where inequities are greatest.

Provide guidance on services for underserved and key populations (strategic direction 1)

- (i) develop and disseminate guidance on how to prioritize interventions and how to design comprehensive and innovative services that reach those populations most vulnerable and at risk and who experience the greatest health inequities;
- (ii) develop and support implementation of target setting, monitoring and evaluation guides, and essential packages of health services for people who use drugs, sex workers, men who have sex with men and transgendered people, and prisoners.

Promote linkages between HIV and other priority services (strategic direction 2)

- (i) provide and support application of guidance on how to link and/or integrate services so that key populations can access the range of services that are required to address their broad health needs.

Generate and synthesize strategic information to guide more equitable HIV responses (strategic direction 3)

- (i) develop tools to help countries in identifying determinants of health risk and vulnerability, and key populations and locations where HIV risk and transmission are elevated;
- (ii) support assessments of differential access to, and use of, services and health outcomes;
- (iii) support disaggregation of data by sex, age and other stratifiers for analyses of equity.

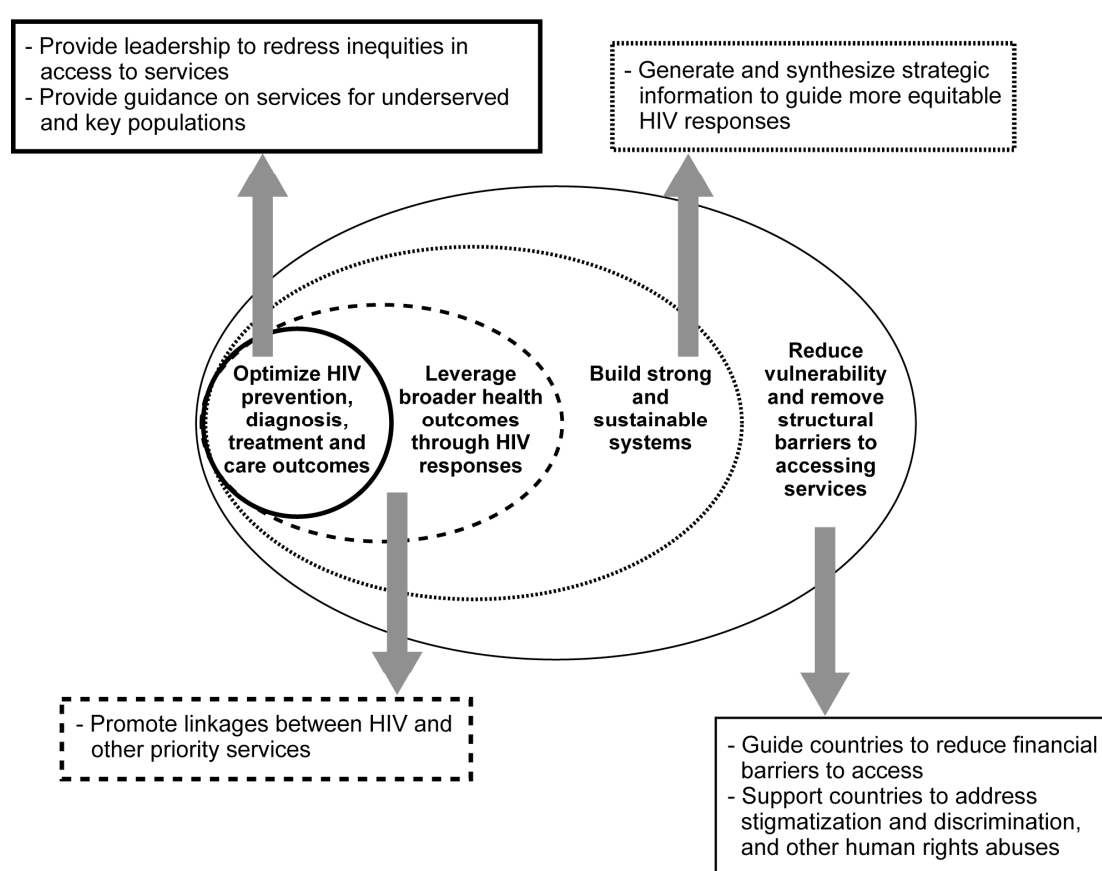
Guide countries to reduce financial barriers to access (strategic direction 4)

- (i) promote health-financing approaches in order to ensure equitable and affordable access to high-priority health services;
- (ii) provide support to countries in identifying and redressing the major inequalities in access and use of services, including those related to HIV.

Support countries to address stigmatization and discrimination, and other human rights abuses (strategic direction 4)

- (i) support adoption of policies and laws that protect human rights and eliminate discrimination in health services;
- (ii) advocate, using public health and human rights arguments, other sectors to review policies and laws with the aim of reducing vulnerability to HIV, reducing stigmatization and discrimination, and removing barriers to accessing services.

Figure 9. WHO's support for health equity and HIV



WHO 10.29

VI. STRATEGY IMPLEMENTATION

The effective implementation of the strategy depends on concerted action by all stakeholders engaged in the health-sector response to HIV. The health sector is central to a multisectoral response to HIV. Within the health sector, linkages across different disease-specific and cross-cutting programmes need to be established and strengthened. This section describes how the WHO Secretariat will organize itself to support implementation of the strategy. It also outlines how the health-sector response dovetails with other sectoral responses and partners, and how the implementation of the strategy will be monitored and reported.

Optimizing the Secretariat's HIV programme structure

The Secretariat will play a major role in strengthening alignment and harmonization among the many in-country, regional and global stakeholders and partners, for example through its role in coordination mechanisms at all three levels of the Organization and through its convening capacity.

The Secretariat's work on HIV links with a range of other high priority areas within the organization, including:

- health systems strengthening
- strategic information
- maternal, newborn and child health
- sexual and reproductive health
- infectious diseases
- blood and injection safety
- noncommunicable diseases and mental health
- vaccine development
- access to essential medicines and intellectual property
- social determinants of health, health law, human rights and ethics
- health in humanitarian crises.

WHO as a cosponsor of UNAIDS

WHO's collaboration within the United Nations system in the area of HIV is primarily managed through mechanisms and structures of UNAIDS, including the Committee of Cosponsoring Organizations and the Programme Coordinating Board at the global level, meetings of the Regional Directors Group of UNAIDS cosponsors at the regional level and United Nations Theme Groups on HIV/AIDS and Joint United Nations Teams on AIDS at country level.

The UNAIDS Division of Labour¹ aims to coordinate roles, responsibilities and actions across the UNAIDS cosponsors and the UNAIDS secretariat. Among the UNAIDS cosponsors, WHO leads the health-sector response to HIV, convenes the priority areas of HIV treatment and care and

¹ *UNAIDS Technical Support Division of Labour: Summary & Rationale*. Geneva, UNAIDS, 2005 (revision in progress).

HIV/tuberculosis, and jointly convenes with UNICEF work on prevention of mother-to-child transmission of HIV. WHO also contributes significantly to the other UNAIDS priority areas and cross-cutting issues and collaborates with all other UNAIDS cosponsors and the UNAIDS secretariat (Table 6).

Table 6. WHO's collaboration with other UNAIDS cosponsors and the UNAIDS secretariat

Cosponsor	Areas of collaboration
Office of the United Nations High Commissioner for Refugees (UNHCR)	Implementing the Inter-agency Standing Committee Guidelines on HIV/AIDS Interventions in Emergency Settings; undertaking joint assessments and planning for HIV responses in countries affected by humanitarian crises; and adapting HIV guidelines and tools for settings of humanitarian crises, including for most-at-risk populations
United Nations Children's Fund (UNICEF)	Prevention of mother-to-child transmission of HIV; treatment and care for infants and children; HIV prevention, treatment and care for young people; and strengthening of procurement and supply chain management systems
World Food Programme (WFP)	Implementation of nutritional guidelines for HIV care and treatment in association with antiretroviral therapy and management of HIV and tuberculosis co-infection; and supporting operational research related to HIV treatment and care
United Nations Development Programme (UNDP)	Integrating HIV issues into national planning and legislative processes; stigmatization and discrimination in the health sector; strategies for enabling trade, health and intellectual property legislation to increase affordability and access to HIV-related medicines; HIV prevention, treatment and care for men who have sex with men and transgendered people; training of community-based treatment supporters; and addressing gender inequality and gender-based violence
United Nations Population Fund (UNFPA)	Condom programming, standards and quality assurance; linking sexual and reproductive health and HIV at the policy, systems and service delivery levels; preventing HIV infections in pregnant women, mothers and their children; sexual and reproductive health for people living with HIV including in the context of prevention of mother-to-child transmission of HIV; improving access to HIV and sexually transmitted infection prevention, treatment and care services for young people, women and sex workers; eliminating gender-based violence; and promoting gender equality, empowerment of women and girls, and reproductive rights
United Nations Office on Drugs and Crime (UNODC)	HIV prevention and care for injecting and non-injecting drug users and in prison settings; advocacy for harm reduction and drug dependence treatment and rehabilitation policies and programmes; and improving access to internationally controlled substances for the management of opioid dependence, pain control and palliative care

International Labour Organization (ILO)	Integrating HIV issues into occupational safety and vocational training programmes; human resources for dealing with HIV; and providing policy guidance and practical measures to extend social protection
United Nations Educational, Scientific and Cultural Organization (UNESCO)	HIV prevention and treatment and sexuality education in community and school settings
The World Bank	National HIV strategic planning; health-systems financing for HIV; and assessment of costs, cost-benefit and cost-effectiveness of HIV interventions
UNAIDS secretariat	Global advocacy and resource mobilization for major health sector initiatives; monitoring, evaluating and reporting on the HIV situation and response; supporting the assessment and development of new HIV prevention technologies, including HIV vaccines, microbicides and pre-exposure prophylaxis, and the introduction of proven new interventions, including male circumcision; facilitating discussions with industry to achieve price reductions of HIV-related medicines and commodities; coordinating and brokering technical assistance to countries, for instance for accessing and implementing grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria; and strengthening country coordinating mechanisms, including the United Nations Theme Group on HIV/AIDS

Collaboration with other partners

WHO has an important convening role in bringing together different constituencies, sectors and organizations in support of a coordinated and coherent health sector response to HIV. In addition to its Member States and the UNAIDS cosponsors and secretariat, the WHO Secretariat works closely with other key partners, as the following indicates.

Bilateral donor and development agencies and initiatives. WHO's collaboration with bilateral partners includes development of joint guidelines and tools, technical support to countries, programme implementation, monitoring and evaluation of responses, donor coordination and resource mobilization. The main objectives of collaboration are policy coherence, harmonization of technical guidance, alignment of support with national priorities and programmes and improving the efficiency of external assistance at country level. WHO has a unique framework agreement that guides its collaboration with the United States President's Emergency Plan for AIDS Relief.

Funds and foundations. Significant new external funding for HIV has come from private foundations and through innovative public-private financing mechanisms, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNITAID. The Secretariat works closely with these organizations to promote policy coherence, ensure that WHO's standards and guidelines are adopted, and improve the efficiency and effectiveness of national programmes through technical support.

Nongovernmental, community- and faith-based organizations, and the world of work. Civil-society organizations range from community-based organizations delivering essential services to populations not reached by state services to international nongovernmental organizations that advocate adequate resources, greater accountability and promotion of human rights. WHO plays an important

role in providing an interface between civil society, the government and the private sector. Civil-society partners provide technical and programming support for WHO's work, including advocacy efforts and development and implementation of policies, tools and guidelines.

WHO collaborating centres and other technical, research and academic institutions. WHO relies on expert advice and support from a broad range of scientific and technical institutions. Collaboration with scientific and technical partners includes: development and implementation of joint work plans with WHO collaborating centres working in HIV-related areas; supporting institutions in low- and middle-income countries to develop their capacity as regional HIV knowledge hubs; annual meetings of the WHO Strategic and Technical Advisory Committee for HIV/AIDS; and collaborating with technical partners on specific time-limited initiatives.

Commercial private sector. Given its breadth, scope and size, the commercial, for-profit sector plays a significant role in the HIV response. WHO engages with the commercial private sector in order to promote global and national public health, support national health strategies and advance WHO's core mandate and strategic objectives. Collaboration with the private sector must preserve WHO's independence, integrity, credibility and impartiality as a multilateral organization. Major areas of collaboration include: working with the pharmaceutical industry to improve access to affordable and good-quality medicines; promoting the adoption of international standards and WHO guidelines by health services delivered through the private sector; supporting public-private partnership initiatives and advocating for political and financial commitment towards achievement of universal access.

Partnership networks. WHO hosts, participates in, and collaborates with, a range of partnership networks that are crucial for supporting expansion of HIV programmes and services in countries.

Monitoring and evaluating progress and reporting

Monitoring and reporting of progress towards the strategy's goals and targets

At the global level, regular reviews are planned to assess progress towards realizing the time-bound commitments made and achieving the targets set in the United Nations Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS and the Millennium Development Goals. These reviews will build on the data received from countries through the reporting framework set by the United Nations General Assembly special session on HIV/AIDS and other monitoring and evaluation mechanisms.

Progress at global and regional levels in moving towards the targets set out in this strategy will be regularly assessed. Benchmarking – or comparisons between and within countries – will also be used to assess performance in reaching targets.

To this end, WHO will continue to work with UNAIDS and other bodies to provide support to countries in the harmonized and standardized collection of core indicators, and in the preparation of global and regional reports. The following reporting schedule is proposed:

- 2012: countries report on 2011 data
- 2014: countries report on 2013 data
- 2016: countries report on 2015 data
- UNAIDS will support a full review of universal access in June 2016.

WHO framework for results-based management

WHO's Medium-term strategic plan 2008–2013, which sets the Organization's strategic direction for that period, has 13 strategic objectives. Much of the HIV-related work of WHO comes under Strategic Objective 2: To combat HIV/AIDS, tuberculosis and malaria, but there are significant HIV-related activities under six other strategic objectives:

- Strategic objective 1: To reduce the health, social and economic burden of communicable diseases
- Strategic objective 4: To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and health ageing for all individuals
- Strategic objective 6: To promote health and development, and prevent or reduce risk factors for health conditions associated with the use of tobacco, alcohol, drugs, and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex
- Strategic objective 7: To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches
- Strategic objective 10: To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research
- Strategic objective 11: To ensure improved access, quality and use of medical products and technologies.

Each biennial Programme Budget sets out the scope of WHO work and its expected achievements for the corresponding two years. Each strategic objective has a set of organization-wide expected results with indicators, targets and resource requirements. Workplan implementation is monitored through a mid-term review at the end of the first year of each biennium and progress towards the achievement of the organization-wide expected results is reported at the end of each biennium. The extent to which the 13 strategic objectives have been achieved will be assessed at the end of 2013.

UNAIDS accountability framework

WHO's HIV work is reflected in UNAIDS' Unified Budget and Workplan, which sets a single biennial framework that promotes joint planning and budgeting across the 10 cosponsors and the UNAIDS secretariat, resulting in a combined two-year workplan. Each cosponsor is responsible for implementation of a set of broad activities related to their organizational mandate and the UNAIDS Technical Support Division of Labour. The Unified Budget and Workplan is accompanied by a performance monitoring framework, which defines indicators against which progress in implementation of the budget and workplan is measured. Annual progress reports are submitted to the UNAIDS Programme Coordinating Board. The Unified Budget and Workplan will be replaced by an integrated unified budget and accountability framework for the biennium 2012–2013 that aims to set out principles for resource allocation and strengthen performance monitoring with harmonized indicators.

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