World Health Organization

SIXTY-FOURTH WORLD HEALTH ASSEMBLY **A64/15**
Provisional agenda item 13.6 **28 April 2011**

Draft WHO HIV strategy 2011–2015

Report by the Secretariat

1. In resolution WHA63.19 on a 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 a broad 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 good 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 110 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 online 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. At its 128th session in January 2011 the Executive Board noted a report by the Secretariat that outlined the process for preparing the draft WHO HIV strategy 2011–2015 and a version of the draft

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[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/.

strategy itself.[1] The Board concluded that the draft text needed to be improved and agreed that the Secretariat should continue dialogue with Board members on ways to achieve that aim.

6. An informal consultation with Member States was held during the period of the Executive Board session and Member States, and other stakeholders were provided with an opportunity to submit written comments on the draft version considered by the Board. There was significant convergence of comments, with recommendations to make the draft strategy shorter and simpler, demonstrate coherence with the UNAIDS Strategy 2011–2015, emphasize the important role of the health sector in HIV prevention, provide clarity on the role of the different levels of WHO in implementing the strategy, and strengthen the monitoring and evaluation framework of the strategy. The Secretariat revised the draft strategy in light of these comments and circulated that version to Member States and other stakeholders at the end of February 2011 in order to provide a final opportunity for review and comment.

7. The revised draft strategy, including an executive summary, as requested, is attached to this report (see Annex). It reaffirms WHO's commitments to achieving internationally agreed HIV and development goals and targets, as specified in the Millennium Development Goals 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).

8. 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.

9. The draft global health-sector strategy on HIV, 2011–2015 outlines the health sector contribution to the multisectoral UNAIDS Strategy 2011–2015. It supports and reinforces the agreed division of labour among UNAIDS cosponsors.[2] Among those cosponsors WHO is responsible for the health-sector response to HIV, taking the lead on HIV treatment and care and on HIV/tuberculosis coinfection, 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 HEALTH ASSEMBLY

10. The Health Assembly is invited to consider the draft WHO global health sector strategy on HIV, 2011–2015.

[1] See document EB128/2011/REC/2, summary record of the fourth meeting.

[2] *Getting to zero: 2011–2015 strategy*. Geneva, UNAIDS, 2010.

ANNEX

Executive summary

Draft WHO global health sector strategy on HIV, 2011–2015

1. INTRODUCTION

1.1 Context and rationale
1.2 Contribution to the UNAIDS strategy for 2011–2015 and global health sector strategies

2. GLOBAL VISION, GOALS, TARGETS AND STRATEGIC DIRECTIONS

2.1 Global vision
2.2 Global goals and targets
2.3 Strategic directions
2.4 "Know your epidemic, know your response"

3. STRATEGIC DIRECTION 1: OPTIMIZE HIV PREVENTION, DIAGNOSIS, TREATMENT AND CARE OUTCOMES

3.1 Revolutionize HIV prevention
3.2 Eliminate new HIV infections in children
3.3 Catalyse the next phase of HIV treatment, care and support
3.4 Provide comprehensive and integrated services for key populations

4. STRATEGIC DIRECTION 2: LEVERAGE BROADER HEALTH OUTCOMES THROUGH HIV RESPONSES

4.1 Strengthen links between HIV programmes and other health programmes

5. STRATEGIC DIRECTION 3: BUILD STRONG AND SUSTAINABLE SYSTEMS

5.1 Strengthen the six building blocks of health systems

6. STRATEGIC DIRECTION 4: REDUCE VULNERABILITY AND REMOVE STRUCTURAL BARRIERS TO ACCESSING SERVICES

6.1 Promote gender equality and remove harmful gender norms
6.2 Advance human rights and promote health equity
6.3 Ensure health in all policies, laws and regulations

7. STRATEGY IMPLEMENTATION

7.1 Optimizing WHO's HIV Programme
7.2 WHO as a cosponsor of UNAIDS
7.3 Collaboration with other partners
7.4 Monitoring, evaluation and reporting

Appendix

Bibliography

EXECUTIVE SUMMARY

1. The WHO global health sector strategy on HIV, 2011–2015 guides the health sector's response to HIV. Its goals, consistent with UNAIDS strategy for the same period, "*Getting to Zero*" and international commitments, are:

- to achieve universal access to HIV prevention, diagnosis, treatment and care interventions for all in need
- to contribute to achieving health-related Millennium Development Goals and their associated targets by 2015.

2. The WHO strategy has four strategic directions, each composed of core elements:

Strategic direction 1:	**Optimize HIV prevention, diagnosis, treatment and care outcomes**
Core elements:	Revolutionize HIV prevention Eliminate new HIV infections in children Catalyse the next phase of treatment, care and support Provide comprehensive and integrated services for key populations
Strategic direction 2:	**Leverage broader health outcomes through HIV responses**
Core element:	Strengthen links between HIV programmes and other health programmes
Strategic direction 3:	**Build strong and sustainable systems**
Core element:	Strengthen the six building blocks of health systems
Strategic direction 4:	**Reduce vulnerability and remove structural barriers to accessing services**
Core elements:	Promote gender equality and remove harmful gender norms Advance human rights and promote health equity Ensure health in all policies, laws and regulations.

Recommended country actions and contributions of WHO

3. Each of the above core elements contains a number of specific work areas. For each work area recommended country actions and WHO's contributions are outlined, with definitions of respective roles, responsibilities and collaborating organizations. Country actions are necessarily focused on developing, adapting, implementing and evaluating national HIV responses in order to meet the national goals and targets of those of the strategy and to contribute to the multisectoral response to HIV.

4. WHO's contributions focus on providing normative guidance, policy advice and implementation guidance, and developing and disseminating a broad range of products and services to support country action.

5. The main themes across all activities are: improving the efficiency and effectiveness of HIV responses, better integrating HIV programmes with other health programmes, supporting the strengthening of health and community systems, improving health access and equity, and ensuring that the health sector informs broader multisectoral responses, such as legal and policy reform.

Strategy implementation: monitoring and evaluating progress

6. The strategy includes details about how both countries and WHO will monitor progress in putting the strategy into action, including guidance on reporting – ranging from health information systems (including HIV surveillance) to reporting mechanisms at national and global levels with a series of existing and proposed indicators.

7. The need for coordinated, evidence-based health sector action on HIV – building on the impressive progress that has been made to date – has never been greater. The strategy is the blueprint for that action.

1. INTRODUCTION

8. The WHO global health sector strategy on HIV, 2011–2015 guides the health sector response to human immunodeficiency virus (HIV) epidemics in order to achieve universal access to HIV prevention, diagnosis, treatment, care and support.[1] The strategy:

- reaffirms **global goals and targets** for the health sector response to HIV
- identifies **four strategic directions to guide national responses**
- outlines **recommended country actions and WHO's contributions within each strategic direction**.

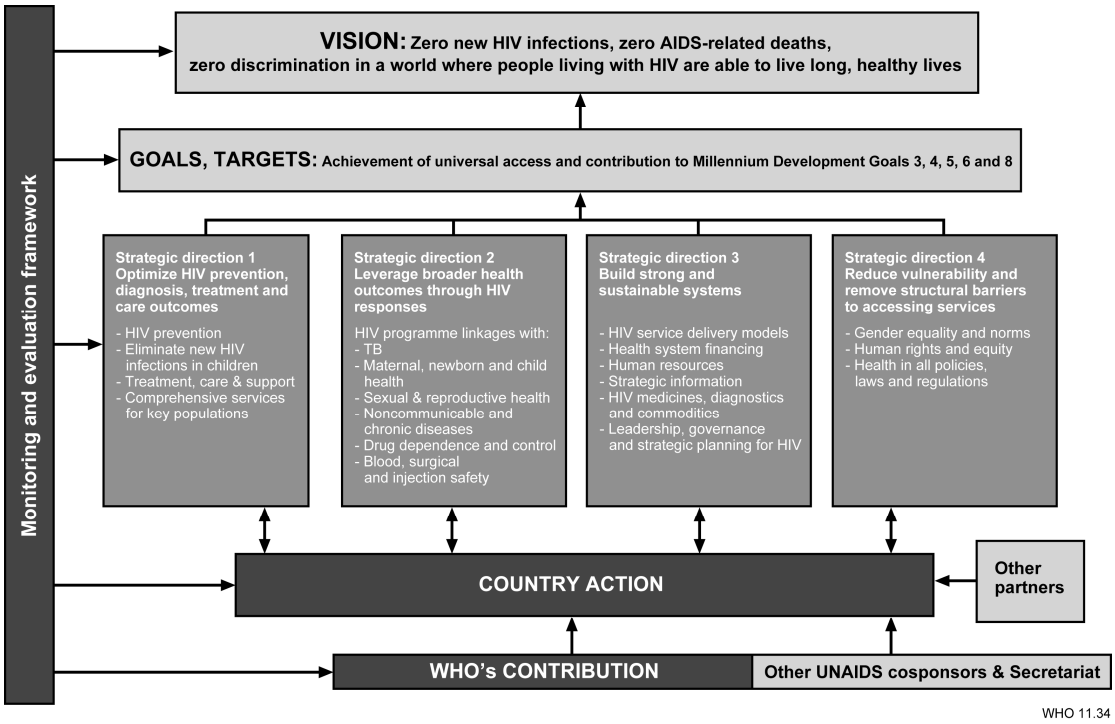
9. The strategy was elaborated in order to define the health sector's contribution to the broader, multisectoral response to HIV outlined in the UNAIDS strategy for 2011–2015.[2] Implementation of the WHO strategy will be supported by the WHO Secretariat, in collaboration with UNAIDS and other UNAIDS cosponsors. Collaboration in relevant policy and technical areas is identified, based on the division of labour proposed by UNAIDS.

10. The strategy promotes a long-term, sustainable HIV response through strengthening health and community systems, tackling the social determinants of health that both drive the epidemic and hinder the response, and protecting and promoting human rights and promoting gender equity as essential elements of the health sector response. It strengthens integration between HIV and other health services, improving both impact and efficiency. It calls on the world to build on the collaboration, innovation and investment that have forged hard-won progress to date, establishing the foundation for success over the next five years. Figure 1 depicts the elements of the strategy schematically.

[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] *Getting to Zero: UNAIDS Strategy 2011–2015,* Geneva, UNAIDS, 2010.

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



1.1 Context and rationale

11. The past 10 years have seen unprecedented commitments to global health and development, beginning in 2000 with the commitments in the United Nations Millennium Declaration that became known as the Millennium Development Goals with their corresponding set of time-bound targets. At the 2001 United Nations General Assembly Special Session on HIV/AIDS, United Nations Member States made pledges for a comprehensive response to HIV in the Declaration of Commitment on HIV/AIDS, and expanded those commitments in the Political Declaration on HIV/AIDS adopted in 2006, including a commitment to achieve universal access to HIV prevention, treatment, care and support for all in need. A rapid expansion in HIV services and dedicated AIDS financing paralleled these developments, with commitments rising from US$ 1600 million in 2001 to US$ 15 900 million in 2009, including substantial financing from the United States' President's Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other bilateral, multilateral and domestic sources. The results have been remarkable:

- the number of new HIV infections globally declined 19% over the past decade. In 15 high burden countries HIV prevalence declined more than 25% among young people aged 15–24 years. These declines are largely attributable to expanded, improved HIV programmes

- access to antiretroviral therapy in low- and middle-income countries increased from only 400 000 people receiving such therapy in 2003 to 5.25 million by the end of 2009 (comprising 35% of those estimated to be in need)

- AIDS-related deaths dropped by 19% globally over the period 2004 to 2009 alone

- significant reductions in the price of first-line antiretroviral medicines mean that low-income countries can provide a year of antiretroviral therapy at a median cost of US$ 137 per person

- 53% of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their infants, up from 45% in 2008.

12. **Challenges for the global response to HIV.** This progress, however, is fragile and unevenly distributed. HIV incidence is increasing in some countries and regions, and too many new infections are still occurring: 2.6 million in 2009 alone, contributing to the current global prevalence of 33.3 million.[1] Although much reduced from their peak in 1999, new infections continue to outpace the number of people placed on treatment. Most people in need still do not have access to antiretroviral therapy, and demand is growing.

13. Sub-Saharan Africa accounts for 68% of the global prevalence of HIV, with diverse, generalized HIV epidemics that disproportionately affect women and young people (particularly young women). Women now account for almost 52% of global adult prevalence (60% of prevalence in sub-Saharan Africa), with gender inequity and harmful social norms helping drive transmission. This region will require intensified efforts in HIV prevention, treatment, care and support in order to reverse the spread of HIV and treat all those in need, with a stronger focus on the needs of women, girls and other vulnerable populations.[2] Even though young people (aged 15–24 years) are making important contributions to reducing HIV incidence, their access to priority HIV interventions, including sexual and reproductive health services and education during formative adolescent years, varies widely among countries.

14. HIV infection rates are increasing in several countries in eastern Europe and central Asia, which have expanding, concentrated epidemics, notably among people who inject drugs and their sexual networks.

15. National HIV responses are too often poorly targeted to the national epidemiological situation, and the HIV interventions delivered in many settings are of poor quality and do not adequately focus on vulnerable and most-at-risk populations[3] in both generalized and concentrated epidemic settings. Although variations in prevalence and epidemiological patterns within countries and regions require different priorities and interventions, all national HIV plans should incorporate service delivery to these populations in order to ensure the effectiveness of national HIV responses. In addition those national plans need to incorporate measures to overcome structural barriers that undermine access to quality services.[4]

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[1] *Global report: UNAIDS report on the global AIDS epidemic 2010*. Geneva, UNAIDS, 2010.

[2] Vulnerability to HIV is defined within the strategy as the extent to which individuals or specific populations are able to control their risk of acquiring HIV, such as agency in sexual decision-making, lack of knowledge about HIV, lack of access to male or female condoms, and other factors that affect HIV transmission.

[3] Most-at-risk populations are defined within the strategy as men who have sex with men, transgender people, people who inject drugs, sex workers and prisoners.

[4] Structural barriers are systemic barriers (social, cultural and legal) to access faced by key populations that deter them from accessing HIV services and reduce the effectiveness of services. Example of such structural barriers are police harassment and violence towards certain populations, and discriminatory policies, practices and attitudes in health services. Structural interventions aim to remove these barriers.

16. WHO's advocacy will emphasize the additional health sector investments required to achieve the Millennium Development Goals and targets and the goal of universal access. Although the current global economic climate is threatening both domestic and overseas development assistance, new directions and opportunities for attaining universal access are emerging: combination prevention; the Treatment 2.0 platform; eliminating new HIV infections among children; and the emerging scientific and programmatic evidence guiding the development of new, more effective approaches to HIV. The 2011 United Nations General Assembly High Level Meeting on AIDS (scheduled to be held in New York, 8–10 June 2011) will review progress made towards achieving global HIV goals and targets and will chart the future course of the HIV response. The strategy outlines the health sector contribution to this response and is designed to be sufficiently flexible to incorporate decisions from that meeting.

17. ***The need for coordinated health sector action on HIV.*** Evidence and experience to date provide a compelling rationale for a new global health sector strategy on HIV. The WHO strategy is designed to meet the complex challenges of a dynamic epidemic in a rapidly evolving stage of global health actors. WHO's work on HIV has been guided by a series of broad-based strategies and initiatives, including the Global health-sector strategy on HIV/AIDS 2003–2007, the "3 by 5" initiative, and the WHO 2006–2010 plan for universal access. The evaluation of and experience from this work highlight the value of a strong WHO presence – and guiding framework – in supporting national efforts and building on progress made. This strategy builds on that work, outlining a robust, evidence-based guide for the health sector response to HIV from 2011 to 2015.

1.2 Contribution to the UNAIDS strategy for 2011–2015 and global health sector strategies

18. Ensuring alignment and coordination with the UNAIDS strategy for 2011–2015, *Getting to Zero,* is a cornerstone of WHO's strategy. The UNAIDS strategy provides the multisectoral framework for the response of the 10 cosponsors and secretariat to the HIV pandemic. Although the health sector is central to the HIV response, it must collaborate with other sectors in order to tackle the social, economic, cultural and environmental issues that shape the epidemic and access to health services. The WHO strategy outlines core components of WHO's contribution to UNAIDS' three strategic directions, namely:

- revolutionize HIV prevention (see Section 3.1 and 3.2)
- catalyse the next phase of treatment, care and support (see Section 3.3 and 3.4)
- advance human rights and gender equality for the HIV response (see Section 6.1 and 6.2).

19. In addition to setting the agenda for HIV programmes the WHO strategy aims to maximize the synergies between HIV and other health programmes in order to achieve the health-related Millennium Development Goals. It is closely aligned with other global health strategies and plans, including those for tuberculosis, reproductive health, sexually transmitted infections, maternal, newborn and child health, and public health and innovation (see Appendix); it also contributes to broader public health and development priorities, including health system strengthening and the social determinants of health. Recent progress indicates that universal access is achievable in a range of epidemiological and resource contexts. Continuing the momentum towards this goal is imperative, and the health sector has a central role in achieving success in the global response to HIV.

2. GLOBAL VISION, GOALS, TARGETS AND STRATEGIC DIRECTIONS

2.1 Global vision

20. Zero new HIV infections, zero AIDS-related deaths and zero discrimination in a world where people living with HIV are able to live long, healthy lives.

2.2 Global goals and targets

21. The two overarching goals of the strategy are:

- to achieve universal access to comprehensive HIV prevention, treatment and care
- to contribute to achieving Millennium Development Goal 6 (Combat HIV/AIDS, malaria and other diseases) and other health-related Goals (3, 4, 5 and 8) and associated targets.

22. The four targets for 2015, aimed at accelerating progress towards the strategy's goals, are:

- **reduce new infections**: reduce by 50% the percentage of young people aged 15–24 years who are infected (compared with a 2009 baseline)
- **eliminate new HIV infections in children:** reduce new HIV infections in children by 90% (compared with a 2009 baseline)
- **reduce HIV-related mortality:** reduce HIV-related deaths by 25% (compared with a 2009 baseline)
- **reduce tuberculosis-related mortality:** reduce tuberculosis deaths by 50% (compared with a 1990 baseline).

2.3 Strategic directions

23. The health sector response to HIV should follow four mutually-supportive strategic directions, outlined below with their objectives. These are aimed at achieving the above targets and goals over the five years of the strategy. Each content area is subdivided into recommended country action and WHO's contribution to support that action.

24. **Strategic direction 1: Optimize HIV prevention, diagnosis, treatment and care outcomes.** Integrate and improve the quality, effectiveness and coverage of HIV-specific interventions and approaches, and identify new HIV interventions as evidence emerges.

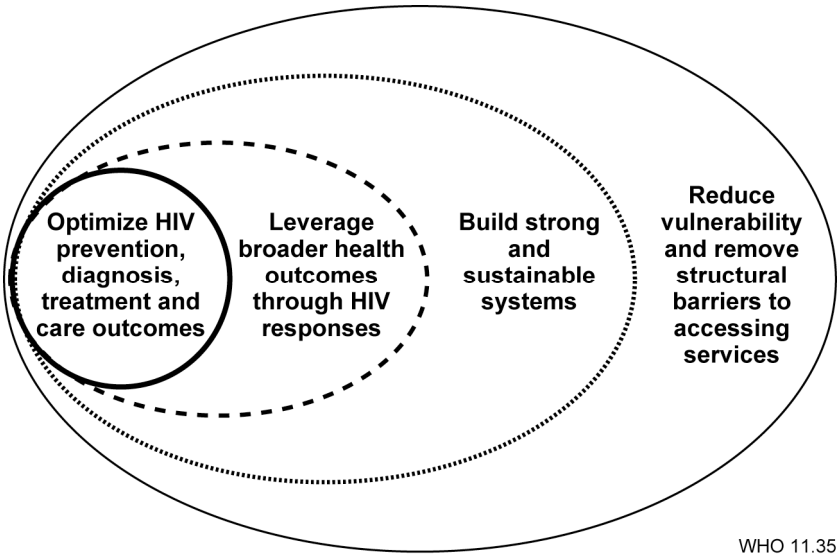
25. **Strategic direction 2: Leverage broader health outcomes through HIV responses.** Strengthen linkages and synergies between HIV and other related health programmes, notably for sexual and reproductive health, maternal, newborn and child health, tuberculosis, drug dependence and harm reduction, emergency and surgical care and nutrition.

26. **Strategic direction 3: Build strong and sustainable systems.** Build effective, efficient and comprehensive health systems in which HIV and other essential services are available, accessible, affordable and sustainable.

27. **Strategic direction 4: Reduce vulnerability and remove structural barriers to accessing services.** The health sector must reduce risk and vulnerability by removing structural barriers to achieving equitable access to HIV services[1] and protecting and promoting the human rights of key populations.

28. These four strategic directions are elaborated in detail in the following sections. Their relationship to each other is depicted in Figure 2. They are designed to collectively achieve the shared vision and goals of both the WHO and UNAIDS strategies on HIV for 2011–2015.

Figure 2 Relationship between the four strategic directions



2.4 "Know your epidemic, know your response"

29. ***"Know your epidemic".*** Given the widely differing characteristics of the epidemics between countries and regions, national responses must be guided by the most current strategic information on the nature of the HIV epidemic and the country context. Knowing the epidemic thus includes understanding where, how and among whom new infections are occurring. It also requires identifying the social, legal and economic conditions that increase the risk of HIV transmission and limit access to HIV information and services. National responses must take into consideration:

- the preparedness, infrastructure and capacity of the health system or health systems
- whether the current response meets the needs of those most vulnerable to and at risk of HIV infection
- community and stakeholders' contributions

[1] Key populations are defined within the strategy to include both vulnerable and most-at-risk populations. They are important to the dynamics of HIV transmission in a given setting and are essential partners in an effective response to the epidemic.

- how to reach marginalized and remote populations and provide services in settings of humanitarian concern.

30. Even though surveillance systems have improved considerably since the start of the epidemic, it is clear that many countries still have weak health-information systems. Epidemiological information on populations at highest risk of HIV infection (for example, men who have sex with men, transgender people, sex workers, prisoners and people who inject drugs) is often limited or of poor quality. This problem is compounded by the absence of strong national health-information and vital-registration systems. Building stronger data collection systems for HIV surveillance and other health information is essential to understanding the epidemic and informing national HIV responses. Ensuring civil society's participation in the development and implementation of these systems is crucial for ensuring that data gathering and analysis are robust and ethical.

31. ***"Know your response".*** The national health sector response to HIV should be guided by a national strategic planning process that reviews, plans and prioritizes specific interventions and service delivery models that best meet national health needs. HIV programme information (including monitoring and evaluation data) must be linked to broader health-information systems in order to ensure that robust, current and accurate information is gathered on national responses to HIV, including the populations accessing services, how services are delivered (for instance, through health facilities, community-based services or other delivery models) and HIV intervention availability and coverage for vulnerable and at-risk populations. WHO, UNICEF and UNAIDS have developed standardized tools to support country-level data collection, which is vital for establishing accurate information on national AIDS responses and global level reporting.

3. STRATEGIC DIRECTION 1: OPTIMIZE HIV PREVENTION, DIAGNOSIS, TREATMENT AND CARE OUTCOMES

32. Expanding coverage and improving the quality of HIV prevention, diagnosis, treatment and care interventions are required to achieve global goals and targets. HIV incidence is falling in many countries, but is increasing in others. National HIV responses must target high-quality, evidence-based HIV-specific prevention interventions to where transmission is actually occurring, and focus efforts on key populations underserved by current HIV programmes. Section 3.1 below on the prevention revolution outlines how the health sector can capitalize on recent advances in reducing infections through combining and targeting preventive interventions for maximum impact. Improved integration of HIV and non-HIV health services, radical decentralization of service delivery, and improvements in medicines, diagnostics and other components of HIV treatment and care will also be crucial for accelerating progress towards national and global targets.

33. Recent population-based health surveys suggest that less than 40% of people living with HIV know their HIV status. Providing accessible, quality-assured testing, counselling and referral services to relevant populations and removing HIV-related stigmatization and discrimination are essential for improving knowledge of serostatus.[1] Strategic direction 1 has four core elements:

- revolutionize HIV prevention

[1] Testing and counselling must be voluntary, confidential and ensure that the human rights of clients are protected and promoted, regardless of setting or testing modality.

- eliminate HIV infections in children
- catalyse the next phase of diagnosis, treatment, care and support
- provide comprehensive, integrated services for key populations.

3.1 Revolutionize HIV prevention

34. Combining behavioural, biomedical and structural HIV preventive interventions, tailored to national epidemics, is the most effective approach to reducing new infections and improving service coverage among key populations. Such combined interventions tackle both behavioural and social drivers of the epidemics. Despite evidence of the effectiveness of this approach, few countries have extensively scaled up combined interventions. Combined approaches, such as behavioural change counselling (including that for couples), access to antiretroviral therapy and removing structural barriers to health services (such as stigmatization and discrimination), must be expanded more broadly and consistently.

3.1.1 Recommended country action

35. ***Prevent sexual transmission of HIV.*** Interventions to reduce sexual transmission include behaviour change counselling, male and female condom programming, early initiation of antiretroviral therapy, safe male circumcision (in high HIV-prevalence settings), post-exposure prophylaxis, and quality-assured HIV testing and counselling of serodiscordant couples. Specific combination prevention packages for key populations are outlined in Section 3.3.

36. ***Eliminate HIV transmission in health-care settings.*** Health services should implement comprehensive infection-control strategies and procedures, including standard precautions, injection and surgical safety, blood safety, safe waste disposal and post-exposure prophylaxis for occupational exposure to HIV.

3.1.2 WHO's contribution

37. ***Expand existing HIV prevention interventions.*** WHO will develop an evidence-based HIV prevention package for the health sector and support its implementation at the national level. The design of the prevention package will reflect the findings of a review of behavioural interventions and advice on how they can best be combined with other interventions in a range of health settings. WHO will provide guidance on delivering combined prevention activities in generalized epidemics, including optimal approaches for key populations, such as women, girls and young people. It will also advocate the application of existing guidance in concentrated epidemics and update normative guidance as new evidence emerges.

38. ***Drive the development of new HIV prevention interventions and approaches.*** WHO will support the evaluation of potentially effective new interventions and approaches, including microbicides, pre-exposure prophylaxis and antiretroviral therapy as prevention, and provide guidance to countries on implementation as results become available. WHO will continue to support HIV vaccine development efforts through the WHO/UNAIDS HIV Vaccine Initiative. WHO will formulate guidance and associated operational advice on preventing HIV transmission in serodiscordant couples.

3.2 Eliminate new HIV infections in children

39. The number of HIV infections among children has fallen significantly as a result of expanded programmes to prevent mother-to-child transmission of HIV, from 500 000 in 2001 to 370 000 in 2009. As a result UNAIDS has called for the virtual elimination of new HIV infections in children by 2015, a feasible goal if comprehensive programmes to prevent such transmission are expanded and integrated with maternal, newborn and child health, sexual and reproductive health, and other health services, such as HIV treatment and care programmes.

3.2.1. Recommended country action

40. ***Eliminate new HIV infections in children.*** Expand comprehensive approaches to preventing mother-to-child transmission of HIV, including setting national targets to eliminate HIV in children using national prevention and treatment protocols. Key components include preventing HIV infection in women of child-bearing age, preventing unintended pregnancies among women living with HIV, reducing HIV transmission from women living with HIV to their infants, and providing appropriate early treatment and care for women living with HIV, their children and families.

3.2.2. WHO's contribution

41. ***Work jointly with UNICEF to support eliminating new HIV infections in children***. This collaboration includes support for the United Nations Secretary-General's Global Strategy for Women's and Children's Health, and realizing WHO's strategic vision for prevention of mother-to-child transmission of HIV. WHO and UNICEF will provide technical guidance and support for the rapid expansion of integrated and comprehensive services for prevention of mother-to-child transmission of HIV and will monitor progress towards achieving a world free of new HIV infections in children. Core activities include:

- promoting provider-initiated HIV testing and counselling, re-testing, and counselling of couples in antenatal, maternal, newborn and child health services
- supporting the implementation and evaluation of WHO's guidelines issued in 2010 on: the use of antiretroviral medicines to treat pregnant women; the use of antiretroviral medicines to prevent HIV infection in infants; and HIV and infant feeding
- conducting evidence-based reviews to determine whether this guidance needs updating
- supporting an operational research agenda to guide more effective and efficient implementation of comprehensive programmes to eliminate new HIV infections in children.

3.3 Catalyse the next phase of HIV diagnosis, treatment, care and support

42. Global declines in HIV-related morbidity and mortality reflect the enormous progress made in HIV services over the past decade. Nevertheless, HIV prevalence and the demand on HIV diagnosis, treatment and care services continue to increase. Given the resource-constrained environment it will be more important than ever to select the appropriate interventions and service-delivery approach. Client-initiated and provider-initiated testing and counselling programmes that are quality assured must be extended in order to enable people to know their serostatus and to direct individuals to relevant prevention, care, treatment and support services.

43. Treatment 2.0 is the initiative launched by UNAIDS and WHO in order to catalyse the second phase of care and treatment scale-up. It aims to simplify high-quality treatment and improve the efficiency and effectiveness of treatment and care delivery, transforming the response of programmes from an emergency phase to long-term sustainability. WHO coordinates the work on HIV treatment and care and HIV/tuberculosis among UNAIDS' cosponsors, and will work with UNAIDS and global and country partners to implement the initiative.

3.3.1. Recommended country action

44. ***Rapidly expand access to diversified HIV testing and counselling services***. HIV testing must be voluntary, confidential and accompanied by appropriate counselling, whether initiated by the client or the provider. Accelerated uptake of rights-based testing and counselling services for adults and children is required for prevention and early diagnosis and referral (as required) to care and treatment programmes and to support safe disclosure of HIV status. Tailoring counselling and testing services for specific populations at high risk of HIV infection may be needed in order to improve uptake and ensure retention in care.

45. ***Expand and optimize HIV treatment and care for children, adolescents and adults.*** Countries should update their national HIV treatment protocols on the basis of global guidelines and prepare implementation plans in order to ensure continuity of treatment between old and new treatment regimens. Antiretroviral therapy should be started early (for everyone with $CD4^+$ cell counts of $\leq 350/mm^3$) so as to reduce HIV-related morbidity and mortality and maximize the preventive impact on HIV and tuberculosis epidemics. Treatment should include the simplest, most tolerable and robust drug regimens recommended by WHO guidelines and simplified point-of-care and laboratory-based diagnostics and monitoring tools being developed through the Treatment 2.0 initiative. Nutritional care and support should be provided to enhance treatment effectiveness and adherence, retention in care and quality of life.

46. ***Reduce coinfections and co-morbidities among people living with HIV.*** Treatment and care programmes should include prophylaxis (including immunization), diagnosis and treatment of common opportunistic infections and co-morbidities. Particularly important is diagnosis and treatment of pneumonia, diarrhoea, malaria, viral hepatitis, malnutrition and other clinical conditions that are more serious for people living with HIV. HIV services should also screen for common malignancies, and assess, prevent and manage mental disorders. Attention should be given to addressing the needs of people living with HIV over the age of 50 years.

47. ***Decrease the burden of tuberculosis for people living with HIV.*** Countries should integrate "the Three I's" into services for people living with HIV, namely: intensified case finding for active 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.

48. ***Provide comprehensive care and support for people living with HIV.*** HIV-related palliative, community and home-based care should include a multidisciplinary approach to identify, assess and treat pain and meet other physical, psychosocial and spiritual needs of people living with HIV. Provision of opioid medicines, and training in their use, should be available in health facilities and in the community in order to manage pain and provide appropriate end-of-life care. Strengthening community-care systems, including the capacity of community and home-based carers, is essential for the delivery of integrated, decentralized services, expanding national HIV responses and improving health outcomes.

49. ***Make all components of "Positive health, dignity and prevention" available to people living with HIV.*** This resource[1] is designed to meet the specific health needs of people living with HIV. These include equitable access to clean water, sanitation and a full range of rights-based health promotion and health-care services, including sexual and reproductive health and HIV prevention counselling.

3.3.2. WHO's contribution

50. ***Support improved uptake of HIV testing and counselling and linkages to care***. WHO will assess the effectiveness of various HIV testing and counselling models and provide guidance on:

- training health-care workers to expand the delivery of diverse, rights-based HIV testing and counselling services, with a focus on improving linkages to other HIV services
- HIV testing and counselling of couples in order to reduce HIV transmission among serodiscordant couples
- the application of updated HIV testing algorithms and recommendations for selecting and using HIV diagnostics
- setting targets and improving the quality and coverage of HIV testing and counselling services.

51. ***Support expanded, optimized diagnosis, treatment and care through Treatment 2.0.*** WHO will support the implementation and monitoring of the Treatment 2.0 initiative, which includes the following five core areas of work:

- optimizing treatment regimens (including fixed-dose combinations, paediatric formulations and co-packaging of first- and second-line antiretroviral medicines)
- developing and making available standardized, quality-assured diagnostic and monitoring tools for use at the point of care
- delivering radically decentralized, integrated HIV services
- reducing costs
- mobilizing communities in the design and implementation of diagnosis, treatment and care programmes.

52. WHO will collaborate with UNAIDS to coordinate and monitor progress of the Treatment 2.0 initiative with global and country partners as the next phase of support to national HIV programmes. In addition to HIV diagnostics, Treatment 2.0 will include evaluating a package of affordable, accessible tuberculosis and viral hepatitis diagnostics for use in a range of health-care settings.

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[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.

53. Pharmacovigilance will be incorporated as a standard of care into antiretroviral therapy programmes, along with standardized tools for monitoring and preventing drug resistance. WHO will also develop guidance on the choice of technology, their suitability in resource-constrained settings, and quality-control mechanisms.

54. ***Provide guidance and tools for diagnosis, treatment and care for children with HIV.*** WHO will provide guidance on early diagnosis of HIV infection in infants and rapid access to care and treatment, including nutritional support, of HIV-exposed infants, children and adolescents, focusing on provider-initiated testing and counselling in clinical settings. Guidance will be also be developed on ways to improve the quality of service delivery for children in order to ensure retention in care.

55. ***Strengthen tools to prevent and manage HIV/tuberculosis coinfection.*** WHO will promote expanded integration between HIV and tuberculosis services through the 12-point Interim policy on collaborative TB/HIV activities.[1] Key actions include:

- producing clinical guidelines and supporting implementation of operational tools for tuberculosis prevention and treatment within HIV health services, including application of "the Three I's"
- promoting co-packaging, co-formulation and use of isoniazid/trimethoprim-sulfamethoxazole combinations to prevent tuberculosis in people living with HIV
- leading the development of a robust research agenda on HIV/tuberculosis coinfection, including improved surveillance of HIV and tuberculosis
- supporting joint reviews of HIV/tuberculosis planning and programmes.

56. ***Prevent, diagnose and manage other HIV-related coinfections and co-morbidities.*** WHO will develop new clinical guidelines to prevent, diagnose and manage the most serious HIV-related coinfections and co-morbidities in adults and children, including chronic viral hepatitis. WHO will promote non-discriminatory access to diagnostic and treatment services for hepatitis B and C, and advocate hepatitis B vaccination.

3.4 Provide comprehensive, integrated services for key populations

57. Recent country progress reports on key populations vulnerable to and at high risk of HIV infection indicate that many of these populations still have poor access to a comprehensive set of evidence-based HIV interventions, resulting in continued transmission of HIV. The available data from 2009 reveal that:

- young people (aged 15–24 years) account for 40% of new adult infections and need better, more consistent access to prevention, diagnosis and treatment services
- among young people living with HIV, about 80% live in sub-Saharan Africa and about two-thirds are female

[1] Document WHO/HTM/TB/2004.330.

- coverage of harm-reduction programmes is limited; out of 92 reporting countries, only 36 countries had needle and syringe programmes and 33 offered opiod substitution therapy

- a median of 57% of men who have sex with men were reached with prevention programmes, out of 21 reporting countries

- a median of 58% of sex workers had access to HIV prevention programmes, out of 38 reporting countries.

58. Expanding access to key populations will need integrating HIV services with other relevant health and social services, overcoming structural barriers to service access, such as stigmatization, discrimination and intimate partner violence, and tailoring HIV services to the needs of these populations.

3.4.1 Recommended country action

59. ***Implement a comprehensive package of interventions to meet the needs of vulnerable populations.*** Each country should identify populations vulnerable to HIV or underserved by current HIV programmes in both generalized and concentrated epidemics. The needs of young people and women should explicitly be addressed in national HIV responses. Particular attention should be given to expanding comprehensive combination HIV prevention programmes in communities with generalized epidemics. Policy-makers and programme managers should also consider the needs of migrant workers, refugees or displaced populations, street children, indigenous people, disabled people, prisoners, most-at-risk youth and people older than 50 years of age. Considerations of how best to deliver HIV interventions to these populations include cost, venue location and operating schedule, service-delivery methods and the structural interventions needed to reduce vulnerability.

60. ***Ensure access to comprehensive services for sex workers, men who have sex with men and transgender people.*** National HIV strategies, policies and programmes should meet the needs of sex workers, men who have sex with men and transgender people in both generalized and concentrated epidemics, including strategies to reduce stigmatization and discrimination in health-care settings and improve access to health services. Community-based organizations and peer networks should be involved in the planning and delivery of these services to improve the quality and effectiveness of HIV services.

61. ***Provide harm-reduction services for people who use drugs.*** National HIV strategies, policies and programmes in both concentrated and generalized epidemics should meet the needs of people who use drugs. A comprehensive package of services should be provided that – in addition to tailored HIV prevention, treatment and care interventions – includes: needle and syringe programmes; opioid substitution therapy and other drug-dependence treatment; prevention and treatment of sexually transmitted infections; condom programming; diagnosis and treatment of viral hepatitis and tuberculosis; and structural interventions to improve access to services.[1]

62. ***Reduce HIV risk and vulnerability in settings of humanitarian concern.*** Contingency plans for essential HIV services should be part of national HIV plans in order to ensure continuity of HIV treatment and care in settings of humanitarian concern, including buffer stocks of essential medicines

[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.

and commodities (including antiretroviral medicines, condoms, diagnostic assays, opioid analgesics and sterile injecting supplies). Training should be provided to essential emergency and health-service staff, based on the Inter-Agency Standing Committee Task Force on HIV/AIDS in Emergency Settings's Guidelines for HIV/AIDS interventions. Policies and interventions for reducing HIV-related stigmatization and discrimination within humanitarian health-care services should be implemented.

3.4.2 WHO's contribution

63. ***Develop and promote combination prevention packages for key populations.*** WHO will define health sector combination HIV prevention packages for key populations in different epidemic types and settings. WHO will collaborate with UNESCO, UNICEF and UNFPA to design a package for HIV prevention among young people. WHO will advocate evidence-based education on sex and sexuality for adolescents and their access to sexual and reproductive health services. It will collaborate with the United Nations Office on Drugs and Crime in elaborating a comprehensive health-sector package for prisoners and prison settings and, with UNHCR on implementing interventions in the Minimum Initial Service Package for Reproductive Health in Crisis Situations.

64. ***Support expansion of services for sex workers and men who have sex with men.*** WHO will work with UNDP and UNFPA and members of these at-risk populations to implement its guidance on intervention packages for sex workers, men who have sex with men and transgender people. Service packages will include promotion of male and female condoms, behavioural change interventions, diagnosis and treatment of sexually transmitted infections and HIV care and treatment. WHO will provide guidance to countries on setting targets for services tailored to these populations.

65. ***Promote a comprehensive harm-reduction package for people who use drugs.*** WHO, in collaboration with the United Nations Office on Drugs and Crime, will continue to support implementation of evidence-based harm-reduction interventions for people who inject drugs (including the needs of women who use drugs), and identify interventions and approaches for:

- effectively preventing HIV infection in people who use amphetamine-type stimulants and cocaine and in non-injecting drug users
- reducing risk behaviours associated with alcohol use
- preventing and managing overdose.

4. STRATEGIC DIRECTION 2: LEVERAGE BROADER HEALTH OUTCOMES THROUGH HIV RESPONSES

66. Optimizing programme links between HIV and other key health areas is crucial for leveraging broader health outcomes. Such links are also important to ensure that HIV responses benefit from investments in other related health areas. HIV infection accounts for 6% of maternal mortality worldwide, with a recent study indicating that that figure may be as high as 18%. Globally, less than a third of children under 15 years of age in need are receiving antiretroviral therapy, reflecting a lack of integration between HIV services and maternal, newborn and child health services. 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. These links must be reflected in the delivery of health services in order to optimize investments in a range of health areas.

67. Early diagnosis and treatment of HIV in tuberculosis patients are compromised by low rates of HIV testing and counselling in tuberculosis services; in 2009, only 26% of notified tuberculosis cases knew their HIV status. Increasing numbers of drug users living with HIV are receiving antiretroviral therapy but dying of complications from hepatitis C or of drug overdoses. Young people must have access to education on sex and sexuality to ensure they have comprehensive, correct knowledge about HIV; currently it remains low. The safety of the blood supply remains a significant concern; only 48% of blood donations in low-income countries underwent quality-assured screening in 2009. HIV transmission in health-care settings will remain a major risk without adequate investment in blood-screening services, injection and surgical safety and other occupational health measures.

4.1 Strengthen links between HIV programmes and other health areas

68. Linking programmes and integrating HIV into other health services have the potential to improve the efficiency and effectiveness of both HIV-specific and broader health investments: 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.

69. Collaboration between HIV and other health programmes should facilitate programme coordination and align programme targets, ensure coherence across guidelines, and coordinate referral between services and managing human resources. Major health-system components should be aligned, including procurement and supply-management systems, laboratory services, and monitoring and evaluation.

4.1.1. Recommended country action

70. ***Strengthen HIV/tuberculosis collaborative activities.*** Countries should implement mechanisms for intensified collaboration and joint planning between HIV and tuberculosis programmes (outlined in Section 3.3). Joint policies, training programmes and standard operating procedures should be developed and put in place in order to prevent and manage HIV/tuberculosis coinfection. Surveillance of HIV infection among tuberculosis patients and tuberculosis prevalence among people living with HIV should be conducted, and monitoring and evaluation systems should be harmonized. Quality-assured HIV testing and counselling should be conducted among tuberculosis patients, and HIV prophylaxis provided to presumptive tuberculosis cases as well as tuberculosis patients. Trimethoprim-sulfamethoxazole prophylaxis and antiretroviral therapy should be provided for tuberculosis patients living with HIV.

71. ***Strengthen linkages between HIV and maternal, newborn and child health services.*** HIV services should be integrated within a package of core interventions for maternal, newborn and child health that includes: high-quality antenatal, perinatal and postnatal services; prevention, screening and care for malaria and tuberculosis; syphilis screening and care; skilled birth attendance backed by emergency obstetric care; and newborn and child care, infant feeding support, immunization and family-centred nutritional care and support. HIV diagnostic and care services should be promoted for children within integrated packages such as WHO's Integrated Management of Childhood Illness.

72. ***Address sexual and reproductive health and rights.*** HIV prevention, testing and counselling services should be integrated into sexual and reproductive health services. Access to sexual and reproductive health services is essential for preventing unwanted pregnancies, primary HIV prevention and preventing HIV infections in children. Health services must pay particular attention to key populations and people living with HIV, including particular services for: prevention, diagnosis and treatment of sexually transmitted infections; family planning, including condom programming for dual

protection and post-abortion care; cervical cancer screening and care; and survivors of sexual assault and gender-based violence, including emergency contraception, counselling and post-exposure prophylaxis. HIV-specific services should promote and deliver, as appropriate, family planning and broader sexual and reproductive health services, including the sexual and reproductive rights of people living with HIV.[1]

73. ***Integrate HIV interventions into drug use prevention, treatment and control programmes.*** The nature, scope and consequences of drug use in the community should be assessed in order to guide the development and implementation of health services tailored for people who use drugs. A comprehensive package of harm-reduction services (see Strategic direction 1) should be integrated into drug prevention, treatment, rehabilitation, detoxification and control programmes, whether they be delivered by the health sector and by other sectors.

74. ***Strengthen the management of both HIV and noncommunicable and chronic diseases.*** Lessons learnt from HIV programme expansion should be applied in order to strengthen models of managing noncommunicable diseases, for example: mobilizing affected populations and the broader community in advocacy and service delivery; promoting multisectoral approaches to disease prevention, diagnosis and treatment; and decentralizing services. Noncommunicable disease programmes should cover common health complications of people living with HIV, including conditions associated with ageing, oral health, poor nutrition and sanitation, mental health disorders and long-term antiretroviral therapy. Access to potable water, sanitation and hygiene facilities are vital to the health of people living with HIV. Links between HIV and cancer programmes and services should be strengthened.

75. ***Link HIV and blood and injection safety programmes.*** Comprehensive programmes should be implemented to prevent HIV transmission in health-care settings. Programmes should promote 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. Counselling for blood donors and their families should be provided as an entry point for the treatment and care of donors who test positive for infections, thus minimizing further transmission. Safe blood transfusion for HIV-positive individuals should be ensured.

4.1.2. WHO's contribution

76. ***Support strengthened collaboration between HIV and tuberculosis programmes.*** WHO will advocate for more collaboration between HIV and tuberculosis programmes and the provision of integrated HIV and tuberculosis services. WHO will support implementation in countries of the 12 points of the Interim policy on collaborative TB/HIV activities with new or updated operational and clinical tools to guide management of tuberculosis and HIV coinfection. Guidance will be provided on the joint management of tuberculosis and HIV for specific populations and settings, including links with harm reduction and prison health programmes. WHO will support national HIV/tuberculosis programme reviews.

77. ***Support the integration of HIV services with those for maternal, newborn and child health and sexual and reproductive health.*** WHO will promote stronger linkages between HIV programmes and services and those for sexual and reproductive health and maternal and child health (including

[1] Sexual and reproductive health rights for people living with HIV are an essential component of Positive Health, Dignity and Prevention.

those outlined in Section 3.1.1), and develop (or update) the necessary guidance and tools. WHO will also develop and promote standardized and simplified operational tools for supporting decentralization and integration of these services at the primary care level, including community-based services.[1] WHO will support countries in assessing their policies, systems, and service delivery approaches related to integrating sexual and reproductive health and HIV, reviewing findings and drafting plans to strengthen these linkages and integrate them into national health and development plans.

78. ***Support linkages between HIV programmes and services and those for drug control.*** WHO will work closely with the United Nations Office on Drugs and Crime to strengthen collaboration between HIV programmes and those on drug dependence and drug control. Using public health evidence, WHO will advocate a rights-based approach to HIV prevention, diagnosis, treatment and care within drug prevention, treatment, rehabilitation and control programmes. HIV issues will be integrated into WHO's normative guidance and operational tools on preventing and managing drug dependence, as well as its guidance on the management of other health issues among people who use drugs, such as tuberculosis, mental health, viral hepatitis, sexually transmitted infections, overdose prevention, and maternal and child health.

79. ***Promote linkages between HIV programmes and other priority health programmes.*** WHO will advocate strengthening the links between HIV programmes and other priority health programmes relevant to HIV responses, including mental health, blood transfusion, emergency and surgical care, occupational health, water sanitation, cancer control and other noncommunicable diseases.

5. STRATEGIC DIRECTION 3: BUILD STRONG AND SUSTAINABLE SYSTEMS

80. HIV programmes have helped to strengthen national health systems by attracting new financing for health, building health system capacity (e.g. through improved monitoring and surveillance) and integrating chronic disease management in many resource-limited settings. However, more must be done to ensure that HIV-related investments translate into broad-based health systems and strengthening of community systems. An expanded HIV response must accelerate progress on building effective, efficient and comprehensive health systems in which HIV and other essential services are available, accessible and affordable, within which the increasingly vital role of community based services is recognized and supported. Recent evidence demonstrates the consequences of weak health systems:

- 38% of low- and middle-income countries experienced stock-outs of antiretroviral medicines in health facilities at least once in 2009, highlighting weak procurement and supply management systems

- access to affordable HIV-related medicines may be hampered by failure to use the flexibilities built into the Agreement on Trade-Related Aspects of Intellectual Property Safeguards, limited availability of some generic medicines and formulations, 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

[1] These tools include those for the Integrated Management of Pregnancy and Childbirth and Integrated Management of Childhood Illness.

- introducing new regimens for antiretroviral therapy, together with the need to monitor HIV drug resistance and toxicity, places additional demands on clinical and laboratory services.

5.1 Strengthen the six building blocks of health systems

81. National HIV responses can further strengthen the six building blocks of health systems:

- effective service delivery
- a well-trained, sufficiently-staffed workforce
- a robust health-information system
- access to essential medical products and technologies
- adequate health financing
- strong leadership and governance.

5.1.1. Recommended country action

82. The following elements are essential for ensuring synergies between national HIV programmes, strengthening each of the above health-system building blocks (including community-based components), and maximizing programme performance and related health outcomes.

83. ***Adapt service delivery models.*** Appropriate models of cost-effective service delivery that produce good health outcomes need to be selected (or adjusted) to meet the needs of populations at risk of HIV infection and people living with HIV (outlined in Section 3.1), with a strong focus on expanding access and improving the quality of HIV services through integrated, decentralized approaches. Community-based systems have a vital role to play in planning and implementing HIV services, particularly those for key populations. As national HIV responses shift significant services towards the community level, it is essential that community-based service-delivery providers be involved in planning so as to ensure strong links and coordination between formal and informal health-care settings. HIV services need to be quality assured through external and internal quality-management systems, irrespective of the health-delivery setting.

84. ***Mobilize financing for health and strengthen social protection systems.*** Mobilizing adequate financing from domestic or foreign donors for health, social protection and community systems will be the key to continuing the expansion of HIV services and keeping pace with increased demand. Funding should be channelled in ways that strengthen domestic means of health financing, based on national health priorities, and that ensure efficiency gains wherever possible. Health financing should minimize out-of-pocket expenditures, cover health services at the point of care, and reduce other financial barriers to accessing HIV services. Improving health equity in access to services can be supported by focusing on access in rural areas, and poor, vulnerable and most-at-risk populations.

85. ***Strengthen human resources for health.*** Training, recruitment and task-shifting strategies should be implemented to strengthen health workforce capacity. Countries should adhere to the WHO

Global Code of Practice on the International Recruitment of Health Personnel[1] and ethical guidelines that minimize the migration of health workers from low-income to high-income countries, and from the public health sector to private and nongovernmental sectors.

86. In all settings, health workers must be competent to work with people living with HIV and affected populations by integrating HIV content into pre- and in-service training. The risk of health workers acquiring HIV in the workplace should be prevented with comprehensive occupational health and safety procedures (see Strategic direction 1), and guaranteed compensation for occupationally acquired illness. Policies and practices should be followed in order to ensure safe and supportive workplace environments for health-care workers and the ethical treatment of health-care workers living with HIV, including access to treatment and care. People living with HIV and community lay workers play vital roles in delivering HIV services and training health workers; their knowledge and skills can be supplemented through certification of skills in service delivery, and pay.

87. ***Improve strategic health information systems.*** Information systems in HIV programmes should be strengthened through integration and harmonization with broader national health information systems, including (to the extent possible) electronic information systems. Surveillance systems should provide routine, standardized data with consistent methods, tools and populations surveyed and move towards integration with the Country Health Systems Surveillance platform developed by WHO. National HIV programmes should collaborate with other stakeholders to design, implement and strengthen national monitoring and evaluation systems using WHO's guidance and tools. The monitoring and evaluation system should include:

- tools and processes for generating, analysing and reporting on interventions for HIV prevention, diagnosis, treatment and care, including outcome and impact measures that will enable progress made towards universal access goals and targets to be reported
- a national patient-monitoring system that supports the collection of core data such as patient retention and disease progression
- a national strategy for prevention and assessment of HIV drug resistance
- a national pharmacovigilance programme that includes antiretroviral medicines.

88. Support should be provided for operational research and greater collaboration between researchers and policy-makers to ensure that research findings are translated into practice. Research capacity can be increased through collaboration among national partners, donors, and between research organizations and networks.

89. ***Ensure access to medicines, diagnostics and other commodities.*** Countries should secure continued access to affordable medicines, diagnostics and other commodities needed for the HIV response. National policies should be established to enable rapid regulatory approval of new and generic medicines and diagnostics and expedite their marketing approval. In order to contain costs, an open, competitive market should be fostered for these commodities, including (as needed) the use of the flexibilities available under the Agreement on Trade-Related Aspects of Intellectual Property Rights, patent pooling and voluntary licence agreements between patent holders and generic manufacturers. The Medicines Patent Pool is a means to enhance availability and facilitate the

[1] Resolution WHA63.16.

development of new fixed-dose combinations and adapted formulations, such as paediatric formulations, through voluntary licence agreements. Supply-management systems for health commodities must be strengthened in order to improve the ability of those systems to distribute commodities to all service-delivery points.

90. Planning and coordination of the procurement, deployment, maintenance and quality assurance of point-of-care and laboratory-based technologies should be elements of national HIV responses. Laboratory systems must ensure reliability and accuracy in the technologies and platforms used to diagnose and monitor HIV infection and associated co-morbidities, monitor the immunological and virological aspects of HIV infection, monitor treatment including HIV drug resistance, and perform basic investigations for haematology and chemistry. Quality-management systems (including staff training tailored for laboratory and health workers based in formal or informal health settings) should be implemented.

91. ***Strengthen leadership, governance and strategic planning.*** Strategic partnerships should be forged among health sector service providers (including the public sector, civil society and the private sector) and with other sectors to develop and implement national HIV responses. Ensuring synergy and coherence between the HIV response, other health programmes and the multisectoral plan for HIV is crucial. Inclusive policy dialogue within and beyond the health sector should be fostered in order to ensure universal coverage, social justice and equity in national responses to HIV.

5.1.2 WHO's contribution

92. ***Promote efficiencies in service delivery.*** WHO will provide normative guidance on models of integrated, decentralized HIV service delivery for different epidemic types, based on review and evaluation of available evidence, including outlining the role of community-based health services. WHO will further streamline the integrated management tools in order to provide a simplified, efficient approach to service delivery.[1] It will support strengthening community systems which hold the key to improving the quality, efficiency and coverage of HIV services. It will strengthen civil society involvement in its policy development and implementation, such as Treatment 2.0 and the elimination of new HIV infections in children.

93. ***Support efforts to finance the HIV response fully.*** WHO will work with UNAIDS to estimate the investments needed to achieve global HIV goals. It will advocate a fully-funded response through domestic and foreign aid investments. WHO will develop and help to implement tools for costing national health sector plans and services. Support will be provided to develop national health-financing plans that incorporate HIV programmes, and for operational research on innovative, sustainable health-financing mechanisms. WHO will work with funding and development partners to improve development assistance and technical support. WHO will provide technical support to help countries to mobilize and implement external funding, including financing from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

94. ***Support efforts to strengthen health workforces.*** WHO will provide policy and technical guidance aimed at building an expanded, well-trained health workforce that incorporates community-based services to meet the health needs of communities. It will formulate, in partnership with countries

[1] These tools include the Integrated Management of Adolescent and Adult Illness, Integrated Management of Childhood Illness, Integrated Management of Pregnancy and Childbirth and Integrated Management for Emergency and Essential Surgical Care.

and civil society organizations, evidence-based recommendations on expanding medical and nursing education and improving access to health workers (including community and lay workers) in underserved areas. Countries will be supported to build capacity for collecting and analysing data on the health workforce. Policy development will link to different sectors, including education, labour and finance, in order to ensure a coordinated, sustainable approach to strengthening the health workforce. WHO will draw on work to date with ILO, the United States' President's Emergency Plan for AIDS Relief and other partners to refine strategies on strengthening health workforce training, task-shifting, retention of health workers, and education.

95. ***Support improvements in strategic health information.*** WHO will provide guidance and support for improved collection, analysis and use of data in the health sector. WHO will support implementation of national longitudinal, interlinked patient-monitoring systems, including electronic formats, for HIV, HIV/tuberculosis coinfection, and other priority health sector interventions. Particular attention will be paid to supporting patient retention, data quality and quality of care. WHO will monitor and report annually on health sector progress towards universal access and the impact of HIV interventions on health-related Millennium Development Goals.

96. ***Shape the research agenda and stimulate the generation, translation and dissemination of knowledge.*** WHO will advocate adequate investment in HIV research and development and, with partners, set a global research agenda for the health sector response to HIV. It will promote the generation and application of new knowledge, with particular emphases on national ownership, improving the effectiveness of interventions and programmes, and promoting innovation. WHO will drive the research agenda on HIV treatment and preventive interventions based on antiretroviral medicines through the main work areas of the Treatment 2.0 platform (see Section 3.3.2).

97. ***Support increased access to affordable medicines, diagnostics and other commodities.*** WHO will support strategies for lower pricing and improved procurement of HIV-related medicines and commodities. Support will be provided to improve the procurement of HIV-related medicines, diagnostics and other commodities by disseminating information on medicines and diagnostics through the AIDS Medicines and Diagnostics Service, and promoting pooled procurement mechanisms and other measures to improve supply-chain management and reduce the risk of stocks running out of antiretroviral medicines and other health commodities. WHO will contribute to improved market transparency and a sustainable supply of HIV-related commodities by monitoring prices and forecasting demand. The selection for procurement of HIV-related commodities will be improved through prequalification and timely inclusion in the WHO Model List of Essential Medicines and the International Pharmacopoeia monographs. WHO will provide support to countries in delivering an uninterrupted supply of HIV-related commodities through technical assistance, capacity building and training in the effective use of tools for procurement and supply management.

98. WHO will also provide support and normative guidance on accessing simplified, quality-assured point-of-care and laboratory-based diagnostics and monitoring tools as part of the Treatment 2.0 initiative. Guidance and technical support will be provided to facilitate procurement and deployment of laboratory and point-of-care technologies and technical assistance to bolster national laboratory strategic planning, capacity building and implementation of quality assurance mechanisms. WHO will promote efforts for integrated and harmonized laboratory strengthening for HIV, tuberculosis, malaria and other important health issues, through such mechanisms as the Global Laboratory Initiative.

99. ***Support national strategic planning and reviews.*** WHO will collaborate with UNAIDS and the World Bank to ensure that the health sector is adequately resourced in multisectoral planning for the HIV response and that HIV is adequately included in other health sector planning. WHO will support

reviews of national HIV plans, with particular attention to seeking synergy in the health system and to the efficient use of resources. WHO will further develop tools to guide national strategic planning processes and HIV programme reviews designed to improve health service management.

6. STRATEGIC DIRECTION 4: REDUCE VULNERABILITY AND REMOVE STRUCTURAL BARRIERS TO ACCESSING SERVICES

100. The health sector plays an essential role in reducing HIV vulnerability, reducing HIV-related stigmatization and discrimination, and removing structural barriers to accessing HIV services. The HIV response has been a public health trailblazer in promoting human rights, mobilizing communities, contributing to health equity and addressing social determinants of health. Removing gender-based health inequities and protecting the rights of people living with HIV and key populations are crucial steps to achieving universal access goals and health-related Millennium Development Goal targets. Gender-based health inequities and human rights protections for women, girls and key populations have not been adequately dealt with in national HIV responses to date. The most recent country progress reports indicate the following:

- less than half the countries have a budget for HIV-related programmes that aim at women and girls
- 67% of countries have laws, policies or regulations that posed obstacles to effective HIV service provision for key populations
- The People Living with HIV Stigma Index (results from 10 countries) indicates high rates of physical and verbal abuse experienced by people living with HIV, among which a significant proportion (from 12% to 88%) were denied access to health services.

101. Not only must specific interventions be implemented in the health sector, but policies and programmes in other sectors must be revised to reduce gender-based inequities and ensure human rights protections for key populations. The health sector also has an important role to play in providing evidence on the links between gender equity, human rights, the social determinants of health, and HIV. These elements should be covered in the design, implementation and monitoring of health sector interventions. Key elements are:

- promote gender equality and remove harmful gender norms
- advance human rights and promote health equity
- ensure health in all policies, laws and regulations.

6.1 Promote gender equality and remove harmful gender norms

102. National HIV responses can significantly reduce gender-based vulnerability to HIV infection in their communities (such as intimate partner violence) and gender-based inequities in access to health services. Health sector policies and programmes should empower women and girls to reduce their vulnerability to HIV, challenge harmful gender norms, and contribute to gender equality. Gender-based differential access to health interventions, such as antiretroviral therapy, should be addressed in HIV programming, and boys and men included in behavioural and structural interventions aimed at reducing gender inequality.

6.1.1 Recommended country action

103. ***Collect gender-based health information.*** Information systems for HIV and broader health aspects should collect and analyse sex- and age-disaggregated data in order to identify HIV transmission patterns, health-service inequities and programme impact among girls and boys, men and women.

104. ***Include gender issues in the design, delivery and monitoring of health services.*** A focused, integrated approach to removing gender-based health inequities will improve the quality, uptake and impact of health services. HIV programmes should promote equity between the sexes in sexual decision-making, including negotiation of safer sex and use of male and female condoms. Financial and human resources should be allocated to programmes aimed at overcoming gender-related barriers to accessing health services. Specific attention should be given to female carers so as to ensure that they have good, equitable working conditions, and are empowered to participate in leadership roles in health and community systems. Services relating to gender-based violence, including comprehensive services for survivors of rape and other sexual violence, should be introduced.

6.1.2 WHO's contribution

105. ***Support improved gender equity and the generation of evidence related to gender-based health inequities.*** WHO will support countries to identify and overcome gender-based barriers to access to services and related social inequalities. It will also provide support for advocacy and research on the relationship between HIV risk, gender-based violence and other human rights violations, and will provide guidance on the implementation of programmes addressing violence against women. WHO will include women (including women living with HIV) and community carers in developing policies and normative guidance aimed at ensuring that HIV services meet the needs of women.

6.2 Advance human rights and promote health equity

106. Legal and sociocultural barriers prevent people who use drugs, men who have sex with men, transgender people, prisoners and sex workers from accessing effective interventions and using health services. Laws and policies that criminalize possession of drug paraphernalia (such as clean needles to support safe injecting practices) should be removed in order to expand access to health services and improve their quality. Overcoming such structural barriers to access is crucial for improving uptake of health services and ensuring a consistent, equitable approach in national HIV responses.

6.2.1 Recommended country action

107. ***Involve people living with HIV and key populations in the design, implementation and evaluation of national HIV responses.*** National HIV responses should implement and monitor policies and practices aimed at eliminating stigmatization, discrimination and other human rights abuses in health service delivery. The impact of HIV-related stigmatization, discrimination and other human rights abuses on access to health services and health outcomes should be documented. Links should be established with broader accountability mechanisms (such as the high-level meetings of the United Nations General Assembly special session) that assess progress in protecting human rights, including the right to health.

6.2.2 WHO's contribution

108. **Promote the adoption of policies, practices and laws that protect human rights and eliminate discrimination in the health sector.** WHO will support evaluations of differential access to health services and health outcomes. It will develop guidance and tools to change discriminatory attitudes among health-care workers towards people living with HIV and key populations. It will promote non-discriminatory standards of care in health services. It will also develop country tools to assess determinants of health risk and vulnerability, and to identify key populations and locations where HIV risk and transmission are elevated. WHO will promote disaggregation of data by sex, age and other stratifiers to support analyses of health equity, including differential access to health services and variances in health outcomes.

6.3 Ensure health in all policies, laws and regulations

109. The health sector has a unique role to play in ensuring that policies, laws and regulations in other sectors support national HIV responses, particularly in eliminating gender inequity and protecting and promoting the human rights of key populations.

6.3.1 Recommended country action

110. ***Use public health evidence to introduce pro-health action in other sectors.*** Health-related aspects of HIV should be considered in the development and review of policies, laws and regulations in other sectors so as to ensure that they do not increase HIV vulnerability, discriminate or in other ways impede access to services (e.g., in housing, social welfare, labour, immigration, defence, finance, education, foreign affairs and development). Laws should be reviewed and, if necessary, reformed in order to decrease HIV vulnerability, improve access to health services and protect human rights. Legislation should be enacted to uphold non-discrimination in all areas. Specific attention should be paid to: travel restrictions, employment, homophobia, sex work, drug control laws and criminalization of HIV transmission. A public-health approach to managing behaviours that put people at risk of HIV acquisition should be promoted as an alternate to criminalization. Sentencing alternatives to incarceration should be promoted as good public health practice.

6.3.2 WHO's contribution

111. ***Provide public health evidence to inform policies, laws and regulations in other sectors.*** WHO will bring increased attention to the health needs of key populations and help to define the role of other sectors in ensuring that these needs are met. WHO will support countries to draft or review health-related policies and legislation to ensure public health issues are adequately addressed. Public health evidence will be provided in order to influence strategies and plans in other sectors. WHO will work with partners at all levels to improve policy coherence, particularly with the main 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.

7. STRATEGY IMPLEMENTATION

112. The effective implementation of the strategy depends on concerted action by all stakeholders in the health sector 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.

7.1 Optimizing WHO's HIV Programme

113. The Secretariat will strengthening alignment and harmonization among the many country, regional and global stakeholders. WHO's HIV Programme embraces action taken at all three levels of the Organization and across a wide range of departments and units. The Department of HIV in headquarters is responsible for coordinating the overall Programme. Each of the six regional offices has a dedicated HIV unit. Many WHO country offices have staff working full-time or part-time on HIV. WHO will optimize its HIV Programme structure and operations through the following activities.

114. **Implementing a clear division of labour across the three levels of the WHO Secretariat.** Headquarters will focus on global policy and normative work and be responsible for global monitoring and reporting on the HIV pandemic and response. Global guidance will be streamlined so as to ensure timely communication of new recommendations and greater coherence. Regional offices will focus their efforts on coordination and facilitation of technical support to countries, including adaptation of global guidance at country level. Country offices will focus their efforts on providing strategic policy advice to health ministries and convening country partners around key issues.

115. **Maximizing the synergies across other programme areas.** The Secretariat's work on HIV links with a range of other high-priority areas within the Organization, including: health system strengthening; health-information systems; maternal, newborn and child health; sexual and reproductive health; tuberculosis and other infectious diseases; blood and injection safety; emergency and surgical care; nutrition; noncommunicable diseases and mental health; gender and women's health; vaccine development; access to essential medicines; innovation and intellectual property; social determinants of health; health law, human rights and ethics; and health in humanitarian crises. The strategy promotes strong linkages across these health programmes. Priority will be given to strengthening integration of HIV into the core work of these other programme areas. Mechanisms for joint planning and coordination across programmes will be enhanced. For example, WHO's support to the Elimination of New HIV Infections in Children initiative will be coordinated across units responsible for HIV, maternal and child health, sexual and reproductive health, and nutrition. WHO's contribution to Treatment 2.0 will be coordinated across units responsible for HIV, tuberculosis, essential medicines and diagnostics, child and adolescent health, and nutrition.

116. **Leveraging the capacity of technical networks and partners.** WHO depends on partners to implement its policies and guidance in countries. It will work with partners at all levels on improving policy coherence, particularly with major donor and development agencies and initiatives, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, bilateral and multilateral programmes, private foundations and implementing partners. WHO will aim to strengthen national institutions, structures and systems for a sustainable response, working through knowledge hubs, WHO collaborating centres and technical networks. WHO plays an important convening role in promoting collaboration between civil society, the government and the private sector. Civil-society partners provide technical and programming support for WHO's work, including advocacy and development and implementation of policies, tools and guidelines. WHO's collaboration with civil society is particularly important in ensuring that essential services are delivered to populations not reached by state services and advocating for evidence-based policies, adequate resources, greater accountability and human rights protections for key populations.

117. **Building the capacity of WHO staff.** WHO will invest in developing the core competencies of its HIV Programme staff, focusing on the technical and policy areas required to deliver on the four strategic directions of the strategy. Management skills will be strengthened to ensure efficiency, effectiveness and the ability of the Organization to adapt to a changing environment.

118. **Contributing to WHO and broader United Nations reform.** Within the United Nations system, the HIV response has acted as a pathfinder for reform in a range of areas, including improved mechanisms for interagency collaboration, meaningful involvement of affected populations and broader civil society, multisectoral engagement, promotion of country ownership, increased accountability across all stakeholders and stimulation of innovative financing mechanisms. WHO will continue to promote the pathfinding role of the HIV Programme. WHO will actively participate in country-level structures and processes that support national HIV and broader health plans and priorities, in accordance with the principles set out in the Paris Declaration on Aid Effectiveness.

7.2 WHO as a cosponsor of UNAIDS

119. WHO's collaboration within the United Nations system in the area of HIV is primarily managed through the 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.

120. The UNAIDS Division of Labour aims to coordinate roles, responsibilities and actions across its cosponsors and its own secretariat. Among the UNAIDS cosponsors, WHO leads the health-sector response to HIV, acts as the convening agency on the priority areas of HIV treatment and care and HIV/tuberculosis, and jointly coordinates with UNICEF work on prevention of mother-to-child transmission of HIV. Details on WHO's collaboration with other UNAIDS cosponsors and other partners are outlined in the Appendix.

7.3 Collaboration with other partners

121. 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 other UNAIDS cosponsors and the UNAIDS secretariat, the WHO Secretariat works closely with other key partners, including bilateral donor and development agencies and initiatives, funds and foundations, civil society, technical institutions and networks, the commercial private sector and partnership networks.

7.4 Monitoring, evaluating and reporting

122. Implementation of the strategy will be monitored at four levels, using existing mechanisms.

7.4.1 Monitoring and reporting of progress towards global goals and targets

123. At the global level, regular reviews are planned to assess progress on the commitments and targets established in the United Nations Declaration of Commitment on HIV/AIDS, Political Declaration on HIV/AIDS and 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.

124. 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. The strategy is designed to be sufficiently flexible to incorporate additional priorities or fill gaps in the health sector response to HIV that may be identified at the High Level Meeting scheduled to be held in June 2011 or other meetings to review progress on global and national goals and targets.

125. To this end, WHO will continue to work with UNAIDS and other bodies to provide support to countries for the harmonized and standardized collection of core indicators, and in the preparation of global and regional reports. Annual reporting of the previous year's data is proposed, and UNAIDS will support a full review of universal access in June 2016.

7.4.2 Monitoring and evaluating the response at country level

126. Progress in implementing the health-sector response to HIV should be assessed with indicators on availability, coverage outcome and impact, taking into consideration recommendations by the United Nations General Assembly for monitoring implementation in its Declaration of Commitment on HIV/AIDS. Progress towards the HIV-related Millennium Development Goals will be tracked and reported. Numerous indicators are available to support country-level monitoring and reporting in the HIV Indicator Registry.

127. Indicators for monitoring the strengthening of health systems derive from a common platform for monitoring and evaluating national health strategies, known as the Country Health Systems Surveillance platform, coordinated by WHO. 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. These include 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] and The People Living with HIV Stigma Index, which involves a survey conducted by and for people living with HIV in order to document the extent and forms of stigmatization and discrimination in different countries, including those experienced in health services.

128. The table below lists core indicators for monitoring implementation of the Declaration of Commitment on HIV/AIDS and for tracking progress towards Millennium Development Goals that are proposed for consideration at country level. 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.

[1] United Nations General Assembly Special Session on HIV/AIDS. Monitoring the Declaration of Commitment on HIV/AIDS: guidelines on construction of core indicators: 2010 reporting. Geneva, UNAIDS, 2009 http://data.unaids.org/pub/manual/2009/jc1676_core_indicators_2009_en.pdf. (accessed 17 March 2011).

Table Selected core indicators proposed for country consideration

Strategic direction	*Core indicators*[a]
1. Optimize HIV prevention, diagnosis, treatment and care outcomes	1.1 ***Percentage of young people aged 15–24 years who are HIV infected*** 1.2 Number of deaths associated with HIV 1.3 Number of new HIV infections among children 0–4 years of age 1.4 *Percentage of men and women aged 15–49 years who received an HIV test in the previous 12 months and know their results* 1.5 **Percentage of eligible adults and children with HIV infection who receive antiretroviral therapy** 1.6 Number of HIV-positive individuals who receive trimethoprim-sulfamethoxazole prophylaxis according to national guidelines 1.7 *Percentage of estimated number of HIV-positive patients with incident tuberculosis who received treatment for HIV and tuberculosis* 1.8 **Percentage of HIV-infected pregnant women who received antiretroviral medicines to reduce the risk of mother-to-child transmission of HIV**
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**
3. Build strong and sustainable systems	3.1 Recommended core indicators from the *Monitoring Health Systems Strengthening Handbook of Indicators and Related Measurement Strategies*[b]
4. Reduce vulnerability and remove structural barriers to accessing services	4.1 *Completion of the National Composite Policy Index* 4.2 Completion of The People Living with HIV Stigma Index[c] 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 for monitoring implementation of the Declaration of Commitment on HIV/AIDS are in *italics*; indicators for tracking progress towards Millennium Development Goals are in **bold**.

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

[c] 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 previous year because of their HIV status.

7.4.3 WHO's framework for results-based management

129. WHO's Medium-term strategic plan 2008–2013, which sets the Organization's strategic direction for that period, contains 13 strategic objectives. Much of WHO's HIV-related work comes under Strategic objective 2: To combat HIV/AIDS, tuberculosis and malaria, but there are significant HIV-related activities under six other strategic objectives (1, 4, 6, 7, 10 and 11). 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.

7.4.4 UNAIDS' accountability framework

130. 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 period 2012–2015, the Unified Budget, Results and Accountability Framework, that includes a business plan, a results and accountability framework and a budget.

Appendix

WHO's collaboration with other UNAIDS cosponsors and the UNAIDS Secretariat

Cosponsor	Areas of collaboration
Office of the United Nations High Commissioner for Refugees	Implementing the Inter-Agency Standing Committee Guidelines for Addressing HIV in Humanitarian 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	Prevention of mother-to-child transmission of HIV; treatment and care of infants and children; HIV prevention, treatment and care of young people; and strengthening of systems for procurement and supply-chain management
World Food Programme	Implementation of nutritional guidelines for HIV care and treatment in association with antiretroviral therapy and management of HIV and tuberculosis coinfection; and supporting operational research related to HIV treatment and care
United Nations Development Programme	Integrating HIV issues into national planning and legislative processes; countering stigmatization and discrimination in the health sector; formulating 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 reducing gender inequity and dealing with gender-based violence
United Nations Population Fund	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 prevention of mother-to-child transmission of HIV; improving access of young people, women and sex workers to prevention, treatment and care services for HIV and sexually transmitted infections; eliminating gender-based violence; and promoting gender equality, empowerment of women and girls, and reproductive rights
United Nations Office on Drugs and Crime	HIV prevention and care for injecting and non-injecting drug users and in prison settings; advocacy of 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	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	HIV prevention and treatment and sexuality education in community and school settings
The World Bank	National HIV strategic planning; health system 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, including 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

Bibliography

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

Inter-Agency Standing Committee Task Force on HIV (2010). *Guidelines for addressing HIV in humanitarian settings*. Geneva, UNAIDS.

International Planned Parenthood Federation, UNAIDS, Global Network of People Living with HIV/AIDS and the International Community of Women Living with HIV/AIDS. *The People Living with HIV Stigma Index: An index to measure the stigma and discrimination experienced by people living with HIV*. Accessed March 2011: http://www.stigmaindex.org/9/aims-of-the-index/aims-of-the-index.html.

Roll Back Malaria Partnership (2008). *The Global Malaria Action Plan, 2008*. Geneva, Roll Back Malaria Partnership.

Stop TB Partnership (2011). *Global plan to stop TB 2011–2015*. Geneva, World Health Organization.

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

UNAIDS (2010). *UNAIDS Global Report on the AIDS Epidemic: 2010*. Geneva, UNAIDS.

UNAIDS (2010). *Getting to zero: 2011–2015 strategy*, Geneva, UNAIDS.

United Nations General Assembly (2006). *Political Declaration on HIV/AIDS.* New York, United Nations General Assembly resolution 60/262.

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.

United Nations Secretary General (2010). *Global strategy for women's and children's health*. New York, United Nations.

World Health Organization (2003). *Global health sector strategy for HIV/AIDS 2003–2007: Providing a framework for Partnership and action*. Geneva, World Health Organization.

World Health Organization (2004). *Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets*. Geneva, World Health Organization.

World Health Organization (2006). *Global strategy for the prevention and control of sexually transmitted infections, 2006–2015*. Geneva, World Health Organization.

World Health Organization (2007). *Strategy for integrating gender analysis and actions into the work of WHO*. Geneva, World Health Organization

World Health Organization (2007). *Workers' health: global plan of action, 2008–2017*. Geneva, World Health Organization

World Health Organization (2008). *Global strategy and plan of action on public health, innovation and intellectual property*. Geneva, World Health Organization

World Health Organization (2008). *WHO medicines strategy 2008–2013*. Geneva, World Health Organization

World Health Organization (2009). *Global strategy for the prevention and control of noncommunicable diseases*. Geneva, World Health Organization

World Health Organization (2010). *Global strategy to reduce harmful use of alcohol*. Geneva, World Health Organization.

World Health Organization (2010). *Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies*. Geneva, World Health Organization.

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

World Health Organization (2010). *WHO research for health strategy*. Geneva, World Health Organization.

WHO/UNAIDS/UNICEF (2010). *Towards Universal Access: Scaling up Priority HIV Interventions in the Health Sector: Progress Report 2010*. Geneva, World Health Organization.

WHO, UNICEF (2007). *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, World Health Organization.

WHO/UNODC/UNAIDS (2009). *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*. Geneva, World Health Organization. http://www.who.int/hiv/pub/idu/targetsetting/en/index.html.

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