WHO-EM/STD/032/E/L
Distribution: Limited

Report on the

THE REGIONAL COUNSULTATION ON HEALTH SECTOR STRATEGY FOR IMPROVING HIV/AIDS AND STD RESPONSE IN COUNTRIES OF THE EASTERN MEDITERRANEAN REGION

Cairo, Egypt, 16–18 September 2001

World Health Organization
Regional Office for the Eastern Mediterranean
Cairo, Egypt
2002

Document WHO-EM/STD/032/E/L/05.02/100

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1. INTRODUCTION

The Regional Office for the Eastern Mediterranean Region, in collaboration with country offices in the Region and HIV/AIDS and health systems departments from WHO headquarters organized a regional consultation on health sector strategy for improving HIV/AIDS and sexually transmitted diseases response in the countries of the Eastern Mediterranean Region, in Cairo, Egypt from 16 to 18 September 2001.

The objectives of the meeting were to:

?? Review the health sector response to HIV/AIDS/STD in the context of the national health systems in the Eastern Mediterranean Region.

?? Define the essential elements for effective HIV/AIDS and STD health sector strategy in the Eastern Mediterranean Region.

?? Identify challenges for operationalizing the HIV/AIDS and STD health sector strategy.

?? Outline roles and follow-up actions for WHO and other stakeholders in support of the implementation of this strategy.

?? Provide input on both scope and content of the global health sector strategy document developed in WHO headquarters, in accordance with the consultation findings.

Eleven experts from seven countries attended the consultation, with experience in primary health care, health service delivery, national AIDS and STD programme management, health economics, disease prevention and control and operational research. Staff members from WHO headquarters and the Regional Office also participated.

2. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

2.1 What is the situation? Gaps, constraints and challenges

Health systems in the Region are still under development. Most of them are under-funded and face important challenges. Much work remains to be done for better stewardship of the health systems in the areas of health policy development, regulatory functions and national strategic planning. Challenges to health system development in the Region include poorly designed decentralization, poor referral systems, lack of integration, poor planning and management at various levels and limited access and coverage, as well as insufficient information about HIV/AIDS/STDs. Most of the countries are under debt burden and some are undergoing health sector reform. These factors have to be taken into consideration when planning health programmes, such as for HIV/AIDS and STDs.

AIDS/HIV and STD activities exist in most countries, and include epidemiological surveillance, information and education campaigns and some forms of care. However, in all countries without exception, national programmes of HIV/AIDS and STD operate vertically

in ministries of health and in isolation from other national health programmes. Examples of sound and effective use of innovative communication methodologies and preventive interventions are rare. The scope, quality and level of detail of the surveillance data vary widely within and between countries, making it difficult to ascertain the magnitude of the problem. Determinants of the epidemic, including behavioural aspects, are seldom studied or addressed in order to understand the infection patterns, define the risk groups and understand why they continue to be infected. The screening of certain groups who are not necessarily at high risk of infection, such as foreign workers, remains the largest HIV testing activity in many places. Finally, it is not clear how national AIDS programme planning relates to national health policies and strategies.

Nonetheless, a few countries of the Region have initiated, though sometimes on a small scale, innovative approaches to prevention and care of HIV/AIDS and STDs. These innovative approaches include mobilization of nongovernmental organizations in Lebanon, decentralized STD care in Morocco, national HIV/AIDS strategic planning in Pakistan, and HIV harm reduction among prisoners injecting drugs in the Islamic Republic of Iran. Central to this success is the political will to deal with AIDS as a real threat that requires addressing vulnerability wherever it exists and creating open environments that enhance the well-being of the people and communities living with HIV/AIDS.

The countries of the Region seem to be at a critical turning point in the course of the HIV epidemic. The available data still shows that the countries of the Region are not affected to the same degree by the epidemic as in other parts of the world. However, there are indications and trends that point to the fact that the epidemic has taken a dangerous turn in several countries. This can inevitably affect the whole Region. However, a decade after the first AIDS cases appeared there is still limited government recognition of the epidemic in a large number of Eastern Mediterranean Region countries.

Although a multisectoral response is needed to combat the multifaceted challenges of HIV, AIDS is still a communicable disease that poses a public health problem, and warrants a public health response. It goes without saying that intensified efforts are still needed to overcome all the health challenges of HIV/AIDS and STDs. It is just not enough to consider HIV/AIDS at the bottom of the list of many other competing health problems in the Ministries of Health. There is need to develop meaningful interventions more quickly and more effectively, to take stock of established services and those health programmes and systems that have proven their efficacy such as primary health care, school health education, reproductive health and innovative educational interventions for youth including life skills education. Approaches need to be more comprehensive and integrated; i.e. full programmes should be developed including HIV and STD prevention, care and treatment.

In conclusion, there is an urgent need to improve the health sector response to HIV/AIDS and STDs. It is necessary to adopt a renewed approach that is cognizant of the fact that the variability of the situation requires different strategies in different countries, and ensure country ownership and leadership of the programmes. In order to achieve this, there is need to build knowledge and experiences, adopt evidence-based approaches and ensure larger coverage for delivery of prevention and care interventions.

2.2 How to make the health sector more responsive to HIV/AIDS and STDs

2.2.1 Stewardship of the health sector for improving HIV/AIDS and STD response

?? **National political commitment and government leadership.** Lack of information about the HIV/AIDS epidemic in the Region continues to be an important factor hindering strong political commitment at the country level. This draws attention to the importance of strengthening surveillance and health information systems. There is also need for reliable in-depth research analytical studies to support documented data for advocacy at high political levels. Another important factor that strongly affects political authorities in many countries of the Region is the religious and cultural aspects of the proposed strategies and interventions. One of the suggestions to address this issue is to involve religious leaders in the development of the strategies. Political awareness and commitment could be positively influenced through accountable and well planned programmes and interventions that are evaluated on an annual basis. The national AIDS programmes need to be made more visible, through upgrading their administrative level in the ministries of health and improving their technical capacity and human resources. More informed public opinion and formation of pressure groups is needed and the role of the media is crucial in this respect.

?? **Surveillance and health information systems.** As noted, accurate data about the epidemic and its determinants are necessary for political commitment. Moreover, lack of information has resulted in many instances in lower prioritization of HIV/AIDS on the agenda of the political authority as well as of the health sector itself and nongovernmental organizations. The difficulty in accessing high-risk groups and targeting them with suitable interventions is an obstacle to obtaining a better picture about the epidemic and application of control measures. Social stigma as well as legal criminalization of some of these groups are the main factors in this context. Incorporating HIV/AIDS and STD in the national health information system may improve availability of information and generation of meaningful data.

?? **Legislation.** Legislation in the Region needs to be reviewed and updated with reference to HIV/AIDS patient rights. Examples of the areas that need to be covered by such legislation are protection of patients from discrimination, in safeguarding their jobs, and in receiving support; and reporting of information about HIV/AIDS/STD, especially from the private sector.

?? **Policies and partnerships.** The health sector should be clearly working to correct any inequality and injustice in accessibility of health services. Partnerships are needed with nongovernmental organizations, community leaders, education and other related sectors in the field of health education, especially for youth and other vulnerable groups, as well as in care and support. The private sector should be strengthened and its staff trained in order to perform its role better. Nongovernmental organizations may play a role in reproductive health, counselling and care and support, especially for youth.

2.2.2 HIV/AIDS and STD service provision

?? **Integrated delivery of services**. HIV/AIDS services are not properly integrated into public health programmes and services. However, an important principle is to use existing services as the basis for the introduction of service intervention. So voluntary counselling and testing for example, is to be introduced in existing laboratories after providing required equipment and training staff. The private sector is a major player in the provision of care for STD and HIV/AIDS, and national AIDS programmes should facilitate its involvement through ensuring training and building necessary skills.

?? **Organization of service delivery**. Available services for HIV/AIDS/STD are not user-friendly for some vulnerable groups such as young and unmarried people. Studies are needed to test the effectiveness of different possible interventions. In some countries STDs do not have a special programme, and this situation has to be changed otherwise a large opportunity for HIV/AIDS control efforts will be lost. Where a separate STD programme exists there should be good coordination between it and the national AIDS programmes. Nongovernmental organizations and other partners should be involved in strategies targeting specific groups, such as youth.

?? **Improved coordination among players**. Technical personnel, religious leaders and politicians should collaborate in development and implementation of appropriate strategies.

2.2.3 Resource generation

?? **Human resources**. Skills in prevention and control of HIV/AIDS are necessary in both general and specialist health workers. National AIDS programme staff as well as trainers of health care delivery teams should be trained. Community mobilization of religious leaders, military personnel, sports personalities, etc. is needed for direct efforts towards advocacy, health education, home-based care, psychosocial support, etc.

?? **Drugs and medical supplies**. International, regional and national community mobilization is required to support funding of antiretroviral drugs and vaccine trials.

2.2.4 Financing

?? **Level of funding**. Countries need to increase their investments for health in general and for HIV/AIDS control activities in particular. Issues such as debt repayment and use of the Global Fund for HIV/AIDS have to be addressed. International agencies including WHO are expected to allocate more resources for HIV/AIDS in the Region. The establishment of a regional fund for HIV/AIDS is a suggestion worth considering.

?? **Resource allocation**. Public resources should be allocated to the most cost-effective interventions. However, other activities may also be funded such as youth HIV/AIDS/STD education programmes, and other interventions for vulnerable groups.

2.3 How to operationalize the essential interventions/package

2.3.1 How to assess the suitability of the essential interventions/package and advocate for its implementation?

The term essential package should be better defined. Essential packages should be assessed in the context of the religious, cultural and local factors. Considering the sensitivity of the subject, public opinion and acceptability stand out as important aspects in the selection of the essential packages and how they are implemented. Programmes have to work towards striking the right balance between prevailing religious values and practices and the scientific and technical requirements for effective and successful prevention and care interventions to control HIV. Promotion of safe sex including condom use is one such an example.

One way to ensure acceptability is to develop advocacy strategies directed towards decision-makers, mainly politicians and religious leaders, to sensitize them about the increasing risks of this epidemic and the potential economic and social impact, vis-à-vis the cost–effectiveness of the essential packages. There is a need to make the real information regarding the seriousness of the issue available to both the religious and political leaders in each country and community and make them a part of the solution. There is a need to ask for new guidelines to make necessary preventive interventions feasible in the context of the culture and religious beliefs.

In view of this, and to assist countries to operationalize the essential package, it is important to incorporate funding mechanisms and structural aspects into the essential package. While the role of the health sector is crucial in bringing about acceptability of the interventions, the decisions for introducing these packages need to be taken at the national level within a multisectoral consensus forum.

WHO has an important role to play in developing financial models relevant to implementation of the essential interventions and in supporting advocacy efforts at high levels. In addition, consideration should be given to the formation of a group of high-level influential advocates/ambassadors to disseminate key HIV/AIDS/STD messages to the countries. Essential packages should be flexible enough to facilitate adaptation at country level in accordance with countries' needs and means. However the national framework for their operationalization needs to be outlined clearly. More guidance is required on how to select, prioritize and adapt packages, as well as to monitor and evaluate their implementation.

In order to ensure sustainability and effectiveness, interventions need to be carefully researched in the local context and evaluated before scaling up to national level. Planning and implementation responsibilities at the various levels of the health delivery system should be clearly defined. In most instances, the central role is strategic planning, budgeting, resource generation and overall supervision, while implementation is decentralized.

2.3.2 What are the HIV interventions that the health sector should be focusing on?

Interventions and implementation strategies are to be modified in accordance with the local context and a set of locally approved priority criteria. Acceptable entry points should be identified, such as promotion of safe blood, safe injection practices, prevention of HIV transmission from mother to child, tuberculosis, reproductive health, STDs and care for people living with HIV/AIDS (PLWA) and their families.

Health promotion and advocacy for different groups, including community leaders, politicians, religious leaders, media and the general public still needs to be intensified to ensure feasibility and success of other interventions. Advocacy activities should foster open and transparent dialogue on sensitive issues regarding HIV/AIDS with all concerned stakeholders, including young people. The health sector should create awareness on issues of major importance which national AIDS programmes should address with better determination, such as blood safety including safe injection practices and traditional healing practices like *hajamat* and traditional circumcision, prevention of mother-to-child transmission, injecting drug use (IDU) and other issues.

More efforts are also needed to generate and disseminate health information for behaviour change. Relevant information could be used to develop sex education in a culturally appropriate form for incorporation into different subject areas of the school curricula, and to train health and social workers at different levels and in other relevant sectors.

Preventive activities at different levels should be intensified. Such activities would include working in schools, with religious leaders and the like. The debate is not conclusive regarding the suitability of providing some information about safe sex and condom use. The need to respect cultural and religious beliefs and sensitivities is crucial. For example, the information for safe use of condoms may in some instances be provided within the context of information for married couples and family planning.

Efforts to specifically target high-risk groups is a major priority for the Region because of its potential to determine the dynamics of further spread of HIV and STD.

In the area of treatment and care, it is observed that treatment and care plans should take into consideration all the needs of PLWA. Provision of medication, including antiretroviral or other supporting medications is important. In this area an acceptable level of equity is necessary and it is the government's role to safeguard this level of equity through public and other sectors and community participation. International organizations also have a role to play to ensure the availability of drugs. Other aspects of care include counselling, which should be done in coordination with other relevant sectors.

2.3.3 What should be the role of the various levels of health system in the response to HIV/AIDS and STDs?

National level:

?? Broad strategic planning in partnership with the relevant ministries
?? Development of policies and guidelines
?? Provision of stewardship and leadership
?? Information gathering (situation analysis of HIV/AIDS/STD)
?? Resource mobilization and allocation
?? Human resources development
?? Conducting operational research
?? Management of information systems
?? Monitoring and evaluation
?? Overall supervision

Intermediate level:

?? Detailed programming
?? Implementation
?? Supervision
?? Community mobilization
?? Coordination of Multisectoral approach
?? Reporting
?? Monitoring and evaluation

Community level:

?? Identification of vulnerable groups, families and when possible, individuals
?? Referral, feedback and reporting
?? Partnership with nongovernmental organizations, private sector, schools, mosques, churches and other religious and spiritual places
?? Provision of prevention and continuum of care services
?? Other services

2.3.4 How should these actions/interventions be prioritized?

The prioritization can be based on a matrix developed by weighting different aspects of the actions/interventions by a group of experts. The criteria for weighting should be based on different aspects identified in the local context. The most important considerations that should guide the selection of interventions are: the magnitude of the problem and the epidemic impact, the social impact and the relation to cultural values, evidence-based performance, feasibility (know-how and means, such as human resources and infrastructure, and possibilities for integration), and funding. Interventions should link to the main health policies and socioeconomic plan of each country.

2.3.5 What kind of information is needed to monitor the trend and character of the epidemic as well as the response to it?

?? Epidemiology of HIV/AIDS and STD
?? Development of a set of indicators e.g. no. of HIV cases (incidence), data from serosurveys and antenatal clinics
?? Behavioural studies to monitor behavioural patterns
?? Modes of transmission
?? Information on vulnerable groups
?? Number and trend of reported cases
?? Migration and mobility trends
?? Available facilities that provide services
?? Monitoring of funds and budgets to assess the cost-effectiveness
?? Quality of resources and services.

2.3.6 How can access to and utilization of these health services for HIV/AIDS/STD be improved among priority population groups?

The following were identified as priority groups that are highly vulnerable and/or at high risk for HIV/AIDS/STD in the different countries of the Region: young people, injecting drug users (IDU), men who have sex with men, prisoners, commercial sex workers, migrants, refugees, gypsies, truck drivers and people in high conflict areas. Young people were considered as a particularly important target to reach because they constitute a significant component of all priority groups.

Since young people do not generally seek health services, effective strategies to effectively target them should be developed around or integrated into activities that they enjoy, such as sports, or those that they attend regularly, such as schools and similar institutions. They should include the following:

?? incorporation of appropriate health information into school curriculum
?? peer education
?? improved access to health education through appropriate channels, such as through the media.

Access to, and utilization of, health services by these groups is generally sub-optimal. The major constraint to reaching most priority population groups is the reluctance to define and/or acknowledge their existence, as this may be perceived as condoning sometimes socially unaccepted practices. This results in a general lack of information on the size of the problem, and subsequent inability to access those groups. Attitudes of health workers towards these groups and HIV/AIDS/STD in general, lack of financial resources, and lack of epidemiological data on risk profiles are other major constraints.

Strategies to improve access and utilization of services by priority groups should aim at improving existing services and also developing innovative approaches to reach them where they are. More public/private collaboration and increased collaboration with NGOs and other

community groups, provision of outreach services, adoption of youth-friendly approaches, expanded and targeted health education, use of operational research to inform programme design and use of a variety of research techniques, such as the snowball sampling method, to identify and profile various groups are recommended. However, the proposed strategies will only succeed if training of health workers on communication and counselling techniques is also undertaken.

2.3.7 How can coordination of HIV/AIDS/STD and other health services/programmes be improved?

Identification of practical entry points for service provision is the starting point for improving coordination of HIV/AIDS/STD and other health services/programmes. Entry points can be determined on the basis of common target groups, such as where tuberculosis services are provided, or points of service, such as family planning/maternal and child health programmes for voluntary counselling and testing, prevention of mother-to-child transmission, and blood safety/donation programmes to identify people at risk.

Collaboration with entities such as behavioural research institutes, special projects for well defined communities, such as uniformed forces and prisoners, and innovative ventures such as healthy city projects already have mechanisms and programmes into which HIV/AIDS/STD prevention and control can be incorporated.

Coordination can also be improved through the formation of coordination committees (multisectoral, national, local), participatory planning initiatives and the sharing of data and information.

2.3.8 How can the necessary human resources be developed?

Adequate, well-trained and motivated staff are the major factor for success in all HIV/AIDS/STD programmes at all levels. Strategies should aim at developing and expanding the human resource base. Various forms of training should be conducted through review of curricula, pre and in-service training, fellowships, and on-the-job training. The base of service providers can be expanded through the creation of additional cadres at the various levels of the health system, e.g. training women or peer educators in the communities to work as counsellors and provide health information, rather than using nurses. Good examples already exist in several countries, such as Egypt, Islamic Republic of Iran, Oman, and Sudan.

2.3.9 How can effective financing of HIV/AIDS/STD services be achieved?

As a starting point, public health is a government responsibility and public delivery should be free of charge in the initial stages. Current levels of health allocation in national budgets are generally low and should be increased. Public health should focus on health promotion and provision of information.

Once a certain level of awareness has been reached in the communities, some responsibility for funding and resource generation can be transferred to the community.

Mechanisms for community funding include community-based insurance schemes. Communities can share in the cost of providing pubic health care, with a proportion of the community funds being used for public health. Additional sources of revenue could include taxes on non-essential goods.

2.3.10 How can partnerships between health systems, communities and religious institutions be promoted?

Effective partnerships between the health sector and the communities in general, and religious institutions in particular, are critical for the development, uptake and sustained effectiveness of HIV/AIDS/STD services. Approaches that facilitate the involvement and participation of the community and religious institutions increase ownership, cooperation and acceptance. These should constitute joint planning, dialogue and information exchange including active feedback, collaboration in the development of key messages, joint research, effective use of the media, and general transparency and openness, and training to build capacity for effective engagement of partners.

2.3.11Community involvement and participation

There are three levels of intersectoral involvement:

?? central level – policy
?? intermediate – supervision
?? community – implementation

Central level focuses on policy issues and is responsible for programming and planning. At this level partnerships should be formed between the public and private sectors. While the public sector primarily consists of government ministries, the private/non-government sector includes community leaders, nongovernmental organizations, medical associations, religious leaders, school and youth associations, and the media.

The term “community” can be defined in several ways and takes on different meanings according to with the social, demographic and geographic settings. In all instances, however, community is a group of people sharing common characteristics, values, interests and goals. Many initiatives in the Region have succeeded in community making participation support and development part of the local set-up. Healthy cities/villages programmes and primary health care systems, where volunteers play an important role in health service delivery, are the best examples of how to make community participation effective. Nongovernmental organizations are a clear example of organization of community participation. HIV prevention and care can succeed better if communities are faced with the reality of the situation and are asked to take the lead in planning and implementation of corrective measures. In HIV/AIDS the family and community participation take on even greater importance compared to any other disease, because HIV touches upon sexual behaviour and sexual preferences. There is a need to identify what the common values and interest of special groups are in order to mount effective preventive and care response. To do so there is a need for an accepting and tolerant environment.

Community participation can become more meaningful as it develops the means to influence policy-making. At the community level the roles are implementation, feedback and monitoring, and generation of data and information. Implementation at community level involves identification of community leaders, persons or groups within the community (selected by the community) and local management of programmes through structures such as: village and neighbourhood committees, municipal councils, nongovernmental, youth and scouts clubs, school associations, and many others.

4. ISSUES TO CONSIDER IN REVISINGTHE GLOBAL HEALTH SECTOR STRATEGY (GHSS)

(1) Culture and religion are key determinants in the development of an effective response to HIV/AIDS/STD in the Eastern Mediterranean Region. Leadership and political commitment are also important additional factors. In view of this, the GHSS should provide tools that will guide the Region in capitalizing on these factors to create an enabling environment that addresses issues of denial, and stigma, and ensure openness.

(2) The epidemic is still low and/or concentrated in most of the Region. However:

?? STDs, which are a high-risk factor for HIV, are prevalent and increasing in the general population.

?? Major issues of access revolve around hard-to-reach groups, such as injecting drug users, men who have sex with men and prostitutes.

?? Several countries in the Region are in the situation of complex emergency, such as war, embargo, high population mobility and population displacement.

The GHSS should therefore include strategies to control STDs, to reach and provide services to these hard-to-reach groups and also develop special packages for areas under conflict.

(3) The essential package should extend beyond a checklist of proven interventions and include a framework that consists of tools and methodologies to assist countries in implementation. This framework should include:

?? strategies for prioritization, integration and coordination of HIV/AIDS/STD activities

?? models for advocacy and generation of political commitment

?? models for community mobilization, involvement and participation

?? multisectoral approaches including functional partnerships for implementation

?? financing mechanisms for the proposed priority interventions

?? regional technical guidelines and protocols to support implementation of interventions.

5. ISSUES RAISED FOR THE COMPLETION FOR THE REGIONAL STRATEGY FOR IMPROVING HEALTH SECTOR RESPONSE TO HIV/AIDS AND STD IN THE COUNTRIES OF THE EASTERN MEDITERRANEAN REGION

The participants reviewed the Regional Strategic Plan for Improving Health Sector Response to HIV/AIDS and STD in the countries of the Eastern Mediterranean Region, which was developed during the eleventh intercountry meeting of national AIDS programmes managers (Casablanca, 23–26 July 2001). The participants expressed their satisfaction at the comprehensiveness of the proposed strategies and, in addition, emphasized the situation of countries in conflict and complex emergencies.

Targets, operational steps and/or interventions **additional to those mentioned in the draft regional plan** were outlined as follows:

Target 1: By the year 2005, all countries of the Region will have a declared political commitment to and funds for HIV/AIDS and STD control

Operational steps and, or interventions
By countries

?? Obtaining a clear national policy statement by the highest authority in the country, in line with the UNGASS declaration for HIV/AIDS that the heads of states have committed to.

?? Reformulation/development of national strategic plans for HIV/AIDS and STD based on the national policy statement, with a participatory and multisectoral approach and ensuring budget line.

?? Establishment of a national steering committee/Advocacy group of renowned and high calibre scientists, religious and community leaders in each country charged with the task of informing policy-makers and public opinion. The national AIDS programmes should put regularly at the disposal of this national steering committee/advocacy group all available data, such as epidemiological and behavioural surveys and any other relevant material.

?? Development of the national AIDS programme as priority programme/department equivalent to other major health and disease control programmes in the Ministry of Health and ensuring appropriate human and financial resources and administrative visibility. National AIDS programmes are to be made accountable for their activities through periodic reporting on the situation and programme development and implementation.

?? Intensifying public information and health promotion activities for HIV/AIDS and encouraging the use of mass media, especially the audiovisual media and popular art demonstrations, such as mobile theatres and other mass communication channels.

?? Devising mechanisms to work jointly with nongovernmental organizations and nongovernmental institutions.

By WHO Regional Office

?? Designating selected prominent figures in the Region as goodwill ambassadors for HIV/AIDS advocacy.

?? Supporting mobilization of civil society organizations for advocacy.

?? Mobilizing regional satellite broadcasting channels and establishing sustainable partnership with media representative network.

?? Adopting innovative regional messages and approaches for the World AIDS Day campaign using successful experiences and stories from the Region and highlighting local values.

Target 2: By the year 2005, all countries will have developed institutional mechanisms for human resource development and capacity building in all fields related to HIV/AIDS and STD prevention and control

Operational steps and/or interventions
By countries

?? Designating a core group of experts from the various fields related to HIV/AIDS and STD prevention and care in support of the national AIDS programme activities.

?? Intensifying training in all fields related to HIV/AIDS and STD prevention and care and ensuring sufficient numbers of national trainers.

?? Introduction of HIV/AIDS and STD public health interventions and management of cases into medical and paramedical curricula and continuing education.

By WHO Regional Office

?? Formation and training of core consultant groups to support countries in the planning, implementation and evaluation of HIV/AIDS and STD care and prevention packages.

?? Developing guidelines and supportive teaching material for the introduction of HIV/AIDS and STD in undergraduate medical and paramedical education curricula.

?? Supporting national training activities and providing fellowships, exchange visits, intercountry meetings, specific technical consultations and sub-regional training in specific issues, such as surveillance, managerial processes and programme planning, approaches to vulnerability and risk populations, and care.

Target 3: By the year 2005, all countries will ensure integration of HIV/AIDS and STD prevention and care packages into the health care delivery system

Operational steps and/or interventions

By countries

?? Prioritizing technical support according to the needs of the countries. General needs that are common to all countries are to establish functional surveillance systems for HIV/AIDS and STD, STD surveillance, control and care, and ensuring safe blood and infection control practices.

?? Development and dissemination of training guidelines.

?? Ensuring 100% safe blood transfusion and universal precautions.

?? Provision of financial, technical and human resources to national AIDS programmes in order to ensure wide accessibility and availability of HIV/AIDS and STD care and prevention services, as well as integration into the primary health care system, particularly in programmes such as family planning, maternal and child health, tuberculosis, blood safety and in STD clinics.

?? Establishing user-friendly services for HIV/AIDS and STD preferably in deprived areas and linked to primary health care referral systems.

?? Increasing support to areas of conflict and refugees in order to ensure access to health and information services related to HIV and STD control.

?? Strengthening partnerships with the private sector and provision of training for its staff.

By WHO Regional Office

?? Facilitation of coordination with nongovernmental organizations and cross-border collaboration.

?? Encouraging periods of tranquillity to deliver health services as experienced from examples of other health interventions.

Target 4: By the year 2005, all countries will have sustained comprehensive and multisectoral information, education and communication programmes

Operational steps and/or interventions
By countries and WHO Regional Office

?? Training of at least 20% of personnel in key educational areas, such as imams, teachers, media staff; military staff, community leaders and others, to deliver preventive messages for HIV.

?? Coordination and planning of all activities based on operational research in order to harmonize information, education and communication messages.

?? Ensuring broadcasting regular HIV/AIDS/STD-related television programmes in particular, and other mass media programmes in general.

Target 5: By the year 2005 all countries will have capacities to apply operational research in various aspects related to HIV/AIDS/STD health response

Operational steps and/or interventions
By countries and WHO Regional Office

?? Evaluation of the programme on an annual basis in terms of coverage, access, quality, sustainability and affordability.

?? Designing or upgrading an information system with relevant indicators enabling correct analysis and feedback for action.

?? Applying operational research for IEC interventions for high-risk and other groups.

In order to achieve the targets outlined, the participants highlighted the importance of networking and partnership efforts at all levels: regional, sub-regional and interregional. They also stressed the need to hold a regional conference on HIV/AIDS/STDs not later than 2003.

6. RECOMMENDATIONS

To Member States

1. Ministries of Health should make every effort to inform and sensitize religious and political leaders to the seriousness of the HIV/AIDS and STD epidemic and its socioeconomic impact, and to engage them actively in the national response.

2. Governments should take necessary steps to fulfil the obligations committed to in the UNGASS Declaration on HIV/AIDS and put into operation the necessary mechanisms and resources for actual implementation.

3. Ministries of Health should ensure they have accountable and well-planned programmes and interventions that are evaluated every year. NAPs need to be reinforced through improving technical capacity and human resources and up-grading their administrative level in ministries of health.

4. There is high potential to enhance HIV/AIDS strategies, mainly within the health system. HIV/AIDS national managers should study the possible entry points in their national health system, which will be supportive of AIDS control. The national managers should make use of and build on existing technology methods and initiatives available in their national health system, such as the problem-solving techniques, management effectiveness programmes, community and people-centred approaches, etc.

5. In view of the fact that available data does not reflect the magnitude of the HIV epidemic and its determinants in the Eastern Mediterranean Region, ministries of health should revise current surveillance methodologies to generate more representative and analytical data for use in advocacy, policy and programme development.

6. Ministries of health should work with other sectors to review and update legislation so that it is relevant to people living with HIV/AIDS and to ensure their rights to care, social protection and non-discrimination.

7. Considering that a critical mass of human resources, dealing with various aspects of HIV/AIDS prevention and care is needed, ministries of health, higher education and other concerned institutions should ensure necessary resources are allocated to support training and human resource development, particularly targeting medical and allied health, basic education and in-service training.

8. Ministries of health should examine all the possibilities to improve existing HIV/AIDS and STD prevention and care service delivery in order to ensure better coverage and accessibility. Essential packages for prevention and care should be adapted to country situations and piloted prior to scaling up of the interventions. It is also important to ensure user-friendly and gender-sensitive services targeting special groups, such as young people.

9. Countries should maximize efforts to use all the venues they have, such as work places, schools, healthy city projects, etc., to intensify health promotion activities and make best use of existing social and religious values and attitudes, and to create more supportive environments for HIV prevention and care.

10. The media have a role to play in creating more positive public opinion in support of HIV/AIDS/STD interventions, and more national efforts should be made to maximize media involvement.

11. In view of the fact that a number of relevant health programmes, such as maternal and child health, reproductive health/family planning, STD and tuberculosis already exist in many countries, the national HIV/AIDS/STD response should capitalize on the current

utilization of these services as entry points and integrate HIV/AIDS/STD interventions into them, rather than setting up parallel programmes.

12. Countries should adopt innovative approaches based on operational research to identify and effectively target population groups that are at high risk of or vulnerable to HIV infection, such as injecting drug users and young people.

13. The close linkage between substance abuse, particularly injecting drug use, and HIV is a proven fact. Member States are recommended to undertake studies on the true extent of the problem. It is further recommended to adopt culturally appropriate measures to address the issues of reducing demand and harm caused by drugs.

14. Ministries of health should establish partnerships with the private sector, NGOs, community leaders, civil society and education and other related sectors in order to expand coverage and effectiveness of HIV/AIDS/STD interventions.

15. Recognizing the effect of limited allocations on the activities of HIV/AIDS programmes, ministries of health should consider and study alternative funding mechanisms to meet the needs of planned HIV/AIDS control activities.

To WHO

1. WHO should provide technical assistance for:

   ?? training
   ?? capacity-building for improved data collection and analysis
   ?? operational research to inform programme options specific to the Eastern Mediterranean Region
   ?? developing strategic plans.

2. WHO should develop tools and methodologies to assist countries in operationalizing proposed approaches including:

   ?? community participatory models
   ?? a framework for integration and coordination of HIV/AIDS and STD programmes and services
   ?? networking among countries to exchange ideas and expertise.

3. WHO should help countries to establish 100% safe blood, safe injections and infection control, safe medical waste disposal, prevention of mother-to-child transmission of HIV and control of STDs.

4. WHO should design special interventions to strengthen the HIV/AIDS/STD response in conflict areas and among displaced populations with no access to health services

5. WHO should work with governments and other international organizations to address factors affecting the provision of HIV-related drugs, including anti-retrovirals, in terms of affordability and pricing.

6. In recognition of the fact that many of the promotional messages and materials developed for the World AIDS Day campaign and similar events need to be culturally appropriate and translatable into local languages, WHO and UNAIDS should revisit the processes and mechanisms for developing these themes, slogans and materials.

7. PROPOSED FOLLOW-UP ACTIVITIES

1. Review regional strategy for improving health sector response to HIV/AIDS and STDs in the countries of the EMR based on recommendations from the consultation.

2. Present the revised strategy to the Forty-eighth Session of the Regional Committee for endorsement in October 2001.

3. Disseminate the strategy and initiate immediate actions for its implementation.

4. Intensify high-level advocacy, targeting religious and political forums and using the World AIDS Day occasion.

5. Collaborate with countries in the development of models for enhancing health system responsiveness to HIV/AIDS/STD at country level during the 2002–2003 biennium.

6. Consolidate regional feedback drawn from the findings and recommendations of the consultation for input into the Global Health Sector Strategy.

Annex 1

AGENDA

1. Opening session
2. Objectives of the consultation, programme and method of work
3. WHO public health approach to HIV/AIDS
4. Global mobilization for HIV/AIDS: the declaration of commitment for HIV/AIDS and implications for the national health sectors and WHO Response
5. Overview of the regional HIV/AIDS and STD epidemiological situation, responses and key issues.
6. Findings and recommendations of the 11th meeting of national AIDS programme managers: the draft regional strategic plan for improving health sector response to HIV/AIDS/STD in the EMR.
7. The status of development of the national health systems in the countries of the Eastern Mediterranean Region.
8. Examples of challenges, constraints and successes in the health system response to HIV/AIDS and STD in the Eastern Mediterranean Region.
9. The Global Health Sector Strategy (GHSS): A Framework for Action for responding to the epidemic of HIV/AIDS and STD
10. Key elements in providing prevention and comprehensive care for HIV/AIDS and STD including access to anti-retroviral treatment and role of the health sector
11. Framework for the organization and management of the health service delivery of HIV/AIDS and STD prevention and care: integration, decentralization, capacity building, and essential service delivery packages.
12. Roles, responsibilities and actions at the national, district and community levels
13. Financing and resource mobilization; participation of the private sector
14. Building partnerships and networks
15. Revised regional strategic plan for improving health sector response to HIV/AIDS and STD in the countries of the Eastern Mediterranean Region.
16. Roles and follow-up actions by WHO and other stakeholders in support of the implementation of the HIV/AIDS and STD health sector strategy
17. Recommendations
18. Closing ceremony

Annex 2

PROGRAMME

Sunday, 16 September 2001

08:30–09:00	Registration	
09:00–09:30	Opening Ceremony ?? Message from Dr Hussein A. Gezairy, Regional Director, EMRO ?? Address of Dr T. Turman, Executive Director, FCH/HQ ?? Introduction of participants, nomination of officers ?? Objectives, programme and methods of work	Dr A. Saleh/DRD Dr J.Tawilah/ASD
09:30–10:15	WHO public health approach to HIV/AIDS global mobilization for HIV/AIDS	Dr T. Turmen, EXD/FCH
10:15–10:45	?? Discussion The global health sector for responding to the epidemic of HIV/AIDS and STD (GHSS): A Framework for Action.	Dr Winnie Mpanju-Shumbusho, HIV/AIDS/SAP
11:15–11:45	?? Overview of the regional HIV/AIDS and STD epidemiological situation, responses and key issues ?? Findings and recommendations of the 11th meeting of National AIDS Programme Managers	Dr J. Tawilah/ASD
11:45–12:15	Status of development of the national health systems in the countries of the EMR: what challenges? What are the initiatives and tools for health sector development? What relation to HIV/AIDS and STD?	Dr B. Sabri/DHS
12:15–13:00	Examples of challenges, constraints and successes in health system responses to HIV/AIDS and STD Participants from Islamic Republic of Iran, Lebanon, Morocco, Saudi Arabia, Sudan, Republic of Yemen Discussions	
14:00–16:00	Group work (I) Review the status of health sector strategy response to HIV/AIDS and STD: ?? What key elements need to be strengthened in the health sector for better prevention and care of HIV/AIDS and STD? ?? What are the target populations concerned? ?? What are the gaps, constraints and challenges to implement these key elements in the context of the EMR? What health sector strategy framework needs to be developed for the EMR? and what is its relation to other health sector initiatives?	
16:00–16:30	Plenary presentation and discussions of Group Work (I)	

Monday, 17 September 2001

09:00–09:30	Essential packages for HIV/AIDS and STD prevention and comprehensive care including access to Antiretroviral treatment	
09:30–11:00	Working group (II) Provision of health services for prevention and care of HIV/AIDS/STD. What are the implications for: ?? Essential health/programme packages ?? Integrated service delivery ?? Organization/decentralization of service delivery Surveillance and health information	
11:30–12:30	Plenary presentation and discussions of Group Work (II)	
12:30–13:30	Working group (III) Provision of health services for prevention and care of HIV/AIDS/STD What are the implications for: ?? The roles and responsibilities of the national, district and central levels Human resources	
14:30–15:30	Plenary presentation and discussions of Group Work (III)	
15:30–17:00	Working group (IV) Provision of health services for prevention and care of HIV/AIDS/STD What are the implications for: ?? Financing and private sector involvement ?? Building partnerships and networks	

Tuesday, 18 September 2001

09:00–10:00	Plenary presentation and discussions of Group Work (IV)	
10:00–11:30	Revised Regional Strategic Plan for improving Health Sector Response to HIV/AIDS and STD in the countries of the EMR General Discussion	Dr Z. Hallaj/DCD
12:00–13:00	Roles of and follow-up actions by WHO and other stakeholders in support of the HIV/AIDS and STD health sector strategy Discussions	Dr J. Tawilah/ASD
14:00–15:30	Final recommendations Closing ceremony	

Annex 3

LIST OF PARTICIPANTS

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WHO Secretariat

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Dr Tomris Turmen, Executive Director, Family and Community Health, WHO headquarters

Dr Zuhair Hallaj, Director Communicable Disease Control, WHO/EMRO

Dr Hashem El Zein, WHO Representative, Yemen

Dr Jihane Tawilah, Regional Adviser, AIDS and Sexually Transmitted Diseases, WHO/EMRO

Dr Winnie Mpanju-Shumbusho, Director, HIV/AIDS/SAP, WHO headquarters

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