



HIV OPERATIONAL PLAN 2012 – 2013

WHO's support to implement the Global
Health Sector Strategy on HIV/AIDS



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Advancing the HIV/AIDS response in 2012 – 2013

In May 2011, the Sixty-fourth World Health Assembly endorsed the *Global health sector strategy on HIV/AIDS, 2011–2015* (GHSS),¹ which was developed through an extensive consultation process. The GHSS is aligned with the multisectoral strategy on HIV, *Getting to Zero: UNAIDS Strategy 2011–2015*, and guides the country and global health sector responses to HIV over the next five years, through four mutually supportive strategic directions (see box).

This HIV Operational Plan describes how WHO will implement the strategy in 2012/2013. It outlines WHO's priority work areas for 2012/2013, providing details of the normative guidance, policy advice, technical assistance and other products and services that will be implemented within each strategic direction across WHO's HIV programme within each of the three levels of the Organization (headquarters, regional offices and country offices), all of which are aimed at delivering robust, coordinated support for country HIV programmes.

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 diagnosis, 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 and other related 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, remove harmful gender norms and promote human rights and health equity
- Ensure that HIV-related policies, laws and regulations are consistent with human rights

1. The full text of the Strategy is available online at http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_15-en.pdf.

The GHSS was adopted at a critical juncture in the global response to HIV. Significant progress has been made as a result of international commitment, investment and collaboration, but that progress is fragile and unevenly distributed. Globally, annual new HIV infections have declined by 15% over the past decade; AIDS mortality over the same period declined by 22% and the number of people accessing antiretroviral therapy (ART) in low- and middle-income countries increased dramatically, from 400 000 in 2003 to 6 650 000 at the end of 2010, corresponding to almost 50% of those in need, but access to ART for children still lags behind that of adults at 25%.² The current rate of close to three million new infections annually remains unacceptably high. Access to antiretroviral drugs to treat pregnant women and prevent mother-to-child transmission of HIV (PMTCT) increased to almost 50% in 2010 in low- and middle-income countries. Much has been accomplished, but much work lies ahead.

Advances in the global response to HIV over the past decade demonstrate that progress on all fronts is possible, but the most recent global progress report also points to gaps and inefficiencies in the response that need attention.¹ Breakthroughs in scientific research – such as evidence that ART has potent preventive benefits – have opened new horizons for research and programming and, for the first time since the epidemic emerged, there are discussions about how best to bring it to an end. The need to ensure a strategic, evidence-informed HIV response is even more critical in the light of global economic volatility, austerity measures in some countries that put a strain on resources for health and welfare and the flatlining of HIV-specific funding. Over the coming years, countries will need to review each component of their HIV response and ensure resources are invested strategically for maximum efficiency and impact. The Global Health Sector Strategy on HIV/AIDS and the Getting to Zero: UNAIDS Strategy 2011–2015 place significant emphasis on gaining greater efficiencies in HIV programmes and on leveraging HIV-specific funding with other health-sector and multisectoral programmes, ensuring that bidirectional linkages between HIV services and related areas – within and beyond the health-sector – are strong and that policies and programmes support an effective, integrated public health response to HIV.

WHO'S RESPONSE TO THE EVOLVING GLOBAL ARCHITECTURE AND THE SCIENTIFIC AND ECONOMIC CONTEXT

To respond to this increasingly complex environment, WHO is extending its support beyond normative guidance and technical assistance on specific interventions to a strong focus on integrating the full range of proven health-sector interventions into cohesive and cost-effective programmes. In 2012/2013, WHO will place particular emphasis on the following.

Guidance on the strategic use of antiretroviral drugs (ARVs). On the basis of a global consultative dialogue aimed at the strategic use of the full range of ARVs in national AIDS programmes, WHO is revisiting, updating and consolidating all its clinical guidance relating to the use of ARVs. Moreover, the consolidated ARV guidelines will embrace a discussion of operational and programmatic aspects supporting countries in making decisions about how and where to focus their limited resources. This consolidated approach to normative guidance and technical assistance is part of WHO's commitment to promoting greater efficiency and integration in the health-sector response to HIV, helping to position countries more effectively in the rapidly evolving financial, scientific and policy environment.

2. *Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011.* Geneva, World Health Organization, 2011 (http://whqlibdoc.who.int/publications/2011/9789241502986_eng.pdf, accessed 11 April 2012).

Antiretrovirals (ARV) for preventing HIV. WHO is developing guidance on ways for countries to incorporate new evidence on the prevention benefits of ARVs in a variety of programmatic settings, including the prevention effects of antiretroviral therapy, normative guidance on HIV testing and counselling for couples and guidance on oral and topical pre-exposure prophylaxis of HIV (PreP).

Elimination of mother-to-child transmission of HIV (eMTCT). As co-convenor with UNICEF on the UNAIDS eMTCT effort, WHO is supporting the translation of the Global Plan towards the Elimination of New HIV Infections among Children and Keeping their Mothers Alive³ into country plans and implementation. WHO is also ensuring that this key initiative remains well coordinated, monitored and supported by appropriate normative guidance and operational research, and that it is integrated with other key reproductive, maternal, newborn and child health initiatives, such as elimination of congenital syphilis.

Treatment 2.0. Together with the UNAIDS Secretariat and global partners, including civil society, WHO is driving the next phase of scaling up HIV treatment and care, with a focus on optimized drug regimens that maximize efficiency and impact, expanded access to quality-assured point-of-care (POC) diagnostics, integrating and decentralizing service delivery, and driving increased market transparency and investment in optimal target product profiles.

Comprehensive, integrated services for key populations. WHO, in collaboration with key populations and civil society, will further develop normative guidance on integrated prevention and treatment service packages for people who inject drugs (including harm reduction and tuberculosis (TB) interventions), sex workers, men who have sex with men and transgendered populations.

3. *Global plan towards the elimination of new HIV infections among children and keeping their mothers alive 2011-2015.* Geneva, Joint United Nations Programme on HIV/AIDS, 2011 (http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_JC2137_Global-Plan-Elimination-HIV-Children_en.pdf, accessed 11 April 2012).

Working across WHO's consolidated HIV programme to deliver results

WHO's HIV Programme, acting in line with the broader reform agenda at WHO, has realigned its human and financial resources to position its guidance and support for country HIV and broader health programmes more effectively. Both the GHSS and the realignment of WHO's HIV programme focus on improving the efficiency and effectiveness of its contributions to national HIV responses and better coordinating its work across regions and related technical areas.

As the United Nations agency responsible for the health sector response to HIV, WHO will play a critical role in supporting an expanded response to HIV, in collaboration with the UNAIDS Secretariat and other UNAIDS cosponsors. WHO is lead convenor on HIV treatment and care and TB/HIV and co-convenor, with UNICEF, on PMTCT. It will collaborate with the UNAIDS Secretariat and other UNAIDS cosponsors on other content areas, based on the UNAIDS Technical Support Division of Labour.

Internally, there is a clear division of labour across the three levels of the WHO Secretariat, at WHO headquarters, regional offices and country offices. While headquarters leads the development of global policies, norms and standards, the six regional offices focus their efforts on coordination and facilitation of strategic and technical support for countries, including adaptation of global guidance at country level; engagement in regional partnerships to lobby for commitment and resources to strengthen and sustain HIV response; and monitoring countries' progress towards reaching agreed goals and targets. Regional HIV advisers/programme managers, based in all six regional offices, are part of the extended HIV senior management team and communicate regularly with headquarters staff on all aspects of programme implementation. They work closely with regional advisers in other areas to develop and implement regional strategies and plans, in consultation with Member States and other partners, including civil society, based on the GHSS, the Getting to ZERO: UNAIDS Strategy 2011–2015 and the regional context and priorities.

Country offices focus their efforts on providing strategic policy advice to ministries of health, convening country partners around key issues, and working with regional offices to deliver technical support and assistance to countries on a broad range of issues. In keeping with its cross-cutting theme of allocating the limited resources available strategically and where they will have the most impact,⁴ WHO will increase its focus on the UNAIDS high-impact countries. Additional countries will be supported depending on their need for ongoing technical support and advice from regional and country offices.

The HIV Department at WHO headquarters [HIV] is responsible for coordinating work across WHO in a cohesive, integrated HIV programme. It is also responsible for monitoring and reporting on the health sector response to HIV. The larger HIV programme of WHO encompasses efforts by over 15 other departments at headquarters, HIV teams in all six regional offices and HIV-dedicated staff in over 80 country offices, which also include colleagues working in related health areas (see Annex 1).

4. *A new investment framework for the global HIV response*. Geneva, Joint United Nations Programme on HIV/AIDS, 2011. (http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2244_InvestmentFramework_en.pdf, accessed 11 April 2012).

The sections of this plan which outline the strategic directions, goals, approaches and WHO deliverables for 2012/2013 include bracketed references indicating which WHO technical areas in Headquarters and/or which regional office or UNAIDS cosponsors are responsible for contributing to each output. Abbreviations for each regional office, technical area/unit and UNAIDS cosponsor are listed in Annex 1.

WHO implements its programme in collaboration with a broad range of multilateral, bilateral and other development agencies, as well as technical and civil society networks and organizations. Many partners and experts are involved in advisory groups on specific technical issues. Notably, WHO's overall work on HIV is informed by the Strategic and Technical Advisory Committee for HIV/AIDS (STAC-HIV), an external advisory body on HIV providing regular recommendations for WHO on a broad range of policy and technical issues. Dialogue with, and involvement of, civil society is guided through an informal Civil Society Reference Group.

REGIONAL OFFICE FOR AFRICA (AFRO)

WHO's work in the Region is supported and guided by a number of regional declarations and commitments, including the July 2010 renewal of the Abuja Declaration aimed at achieving the Millennium Development Goals (MDGs) by 2015 and the development of strategic directions for 2010–2015. In addition, the Region is updating its Regional HIV/AIDS strategy in line with the GHSS and the UNAIDS HIV/AIDS Strategy 2011–2015. The update defines the health sector's contribution to the broader, multisectoral response to HIV/AIDS in the African Region. The priorities for the Region outlined in the strategy are: to accelerate HIV prevention and reduce the impact of HIV/AIDS by creating an enabling policy environment; to increase access to HIV treatment and prevention; and to strengthen health systems and increase financial resources for the HIV response. Additional detail on the six priorities within these strategic directions and the Regional Offices' partners in specific content areas is available on the Regional Office web site.⁵

PAN AMERICAN HEALTH ORGANIZATION AND WHO REGIONAL OFFICE FOR THE AMERICAS (PAHO/AMRO)

The PAHO Regional HIV/STI Plan for the Health Sector 2006–2015 serves as the overarching framework for PAHO's contribution to the HIV response in the Region. New developments and emerging trends in the epidemic, as well as recent commitments such as the Regional Initiative for Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis, adopted by PAHO Member States, will inform priority setting and operational planning as the plan is implemented. A mid-term evaluation of the plan is taking place during the first half of 2012 and will provide an opportunity to review and update the plan as required. Additional detail on the plan and regional priorities is available on the Regional Office web site.⁶

REGIONAL OFFICE FOR SOUTH EAST ASIA (SEARO)

The Regional Office has developed six priorities for its work over the next five years, focusing on strengthening the coverage and quality of HIV interventions, improving monitoring and evaluation systems and removing structural barriers to accessing HIV services. The Regional Office is collaborating with other partners to implement this work through two regional strategic frameworks, based on the GHSS: the WHO South-East Asia Regional Health Sector Strategy on HIV, 2011–2015, and the Conceptual Framework for the Elimination of New Paediatric HIV Infections and Congenital Syphilis in Asia-Pacific 2011–2015. Focus countries are India, Indonesia, Myanmar, Nepal and Thailand. Additional details are available on the Regional Office web site.⁷

5. <http://www.afro.who.int/en/clusters-a-programmes/dpc/acquired-immune-deficiency-syndrome.html>, accessed 18 April 2012.

6. <http://www.paho.org/english/ad/fch/ai/hiv.htm>, accessed 18 April 2012.

7. <http://searo.who.int/en/section10/section18.htm>, accessed 18 April 2012.

REGIONAL OFFICE FOR EUROPE (EURO)

The Regional Office for Europe has developed the European Action Plan for HIV/AIDS 2012-2015, outlining how the GHSS and the UNAIDS Strategy 2011-2015 will be implemented in the WHO European Region. The European Action Plan, endorsed by the 53 European Member States at the Regional Committee for Europe in 2011, outlines regional priorities, indicators and targets over the next four years, based on epidemiological patterns and the regional context, and is structured around the four strategic directions of the GHSS. The European Action Plan directly supports existing commitments to achieve the Millennium Development Goals (MDGs) and is coherent with the European Commission communication on combating HIV/AIDS in the European Union and neighbouring countries, 2009-2013 and the Tallinn Charter on Health Systems for Health and Wealth of 2008. The European Action Plan is guided by evidence and results and is rooted in ethical public health approaches. It is coherent with the priorities and strategies of related programmes and sectors including: global and regional TB strategies; strategies for the control of sexually transmitted infections and for sexual and reproductive health; control of hepatitis; prevention and control of noncommunicable diseases and broader strategies for health system strengthening. Additional details on regional priorities, actions, indicators and targets for Europe are available on the Regional Office web site.⁸

REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN (EMRO)

The strategic priorities for the HIV health sector response in the Eastern Mediterranean Region are described in the Regional Strategy for the Health Sector Response to HIV, 2011-2015. While focusing on region-specific challenges, it is aligned with the Getting to Zero: UNAIDS Strategy 2011-2015 and the GHSS. The regional strategy emphasizes investment in improved epidemiological information, increasing intervention coverage of at-risk populations and people living with HIV and strengthening of health system capacity. Additional information on regional priorities and partnerships is available on the Regional Office web site.⁹

REGIONAL OFFICE FOR THE WESTERN PACIFIC (WPRO)

WPRO is developing a joint workplan with the UNAIDS Regional Support Team to harmonize strategies, align country support more effectively and maximize resources. A Conceptual Framework for the Elimination of New Paediatric HIV Infections and Congenital Syphilis in Asia-Pacific 2011-2015 has been developed. Country support will focus on Cambodia, China, Lao People's Democratic Republic, Malaysia, Papua New Guinea, Philippines and Viet Nam. Additional detail on regional priorities for WPRO is available on the Regional Office web site.¹⁰

Progress in the implementation of the plan is monitored through a comprehensive set of indicators, outlined in the WHO Medium-term strategic plan 2008-2013 and the UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF). Specific indicators and targets most relevant for tracking implementation of the plan in the 2012/2013 biennium are highlighted at the end of each section, illustrating the ways WHO outputs align with the achievement of country outcomes and overarching goals.

8. <http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/hiv aids>, accessed 18 April 2012.

9. <http://www.emro.who.int/asd/>, accessed 18 April 2012.

10. http://www.wpro.who.int/topics/hiv_aids/en/, accessed 18 April 2012.

Strategic Direction 1: Optimize HIV prevention, diagnosis, treatment and care outcomes

CORE ELEMENTS OF STRATEGIC DIRECTION 1:

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

CORE ELEMENT: REVOLUTIONIZE HIV PREVENTION

GOAL

Reduce by 50% the percentage of young people aged 15-24 years who are infected with HIV (compared with a 2009 baseline)

STRATEGIC APPROACHES

A combination of behavioural, biomedical and structural HIV prevention interventions, tailored to national epidemics, is the most effective approach for reducing new infections and improving service coverage focusing on key populations.¹¹ Combination prevention combines multiple interventions such as male and female condoms, male circumcision, harm reduction for people who inject drugs, HIV testing and counselling and (earlier) ART, prevention and treatment of sexually transmitted infections. Structural interventions aim at stigma reduction, tackle the behavioural and social drivers of the HIV epidemic and the barriers to an effective response. To support countries in scaling up comprehensive combination interventions delivered by the health sector, WHO is focusing its normative and country support on the expansion of existing evidence-informed HIV prevention interventions, and the development of new HIV prevention approaches and interventions.

Expand existing HIV prevention interventions

WHO is developing evidence-based HIV health-sector combination prevention packages tailored to key populations, and will support their implementation at the country level. The packages will be informed by systematic reviews of interventions, modelling and implementation science and advice on ways in which interventions can be combined for maximum benefit in a range of settings and epidemiological contexts. WHO, in collaboration with UNAIDS cosponsors and civil society, is also developing new and updated guidance and is providing technical support aimed at promoting the delivery of quality-assured prevention technologies and interventions and building country and regional capacity. WHO will continue to lobby for the elimination of HIV transmission in health-care settings by supporting country implementation of comprehensive infection-control strategies and procedures.

11. Key populations are defined in the GHSS to include both vulnerable and most-at-risk populations, including serodiscordant couples and young people. Key populations are important in the dynamics of HIV transmission in a given setting and are essential partners in an effective response to the epidemic.

Outcome: Evidence-informed national combination prevention policies and programmes prioritized to specific localities, contexts and populations (see UBRAF A.1.1.4)

WHO deliverables

- Guidance on evidence-based HIV prevention packages for the health sector, reflecting how behavioural interventions could be combined with other interventions in health settings, taking into consideration type of epidemics and needs of key populations at higher risk [WHO headquarters HIV Department (HIV)]
- Countries supported to adapt and implement combination HIV prevention strategies based on their HIV epidemics [all regions]
- Regional, culturally sensitive capacity built in the field of prevention, including combination prevention [all regions]
- Guidance and tool on quality improvement in HIV prevention [HIV, EURO]
- Support countries in preventing sexual transmission of HIV, particularly in men who have sex with men and in the context of sex work [HIV, EURO, United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP)]
- Generic protocol for operational research to understand performance and impact of use of dual point-of-care tests for HIV and syphilis in various settings [WHO headquarters Department of Reproductive Health and Research (RHR)]

Outcome: Expanded male and female condom programmes (see UBRAF A.1.1.1)

WHO deliverables

- Guidance on evaluation, specifications and procurement of female condoms and regular Female Condom Technical Review Committee assessments of new female condoms [RHR]
- Testing laboratories and national regulatory authorities supported for improving monitoring of condom product quality throughout the stated shelf-life [RHR]
- Collaboration with UNFPA, and in collaboration with key population networks, supporting countries in programming and promoting condoms as part of comprehensive prevention and care interventions for key populations [all regions]

Outcome: Expanded male circumcision programmes for HIV prevention in high-HIV-prevalence settings (see UBRAF A.1.1.2)

WHO deliverables

- Guidance on new male circumcision devices and technologies and neonatal circumcision [HIV]
- Regional capacity built and progress monitored for implementation of male circumcision interventions [HIV]
- Adult sexual and reproductive health (ASRH) male circumcision tool completed and implemented [WHO headquarters Department of Maternal, Newborn, Child and Adolescent Health (MCA)]
- Assessment and operational research on safety and acceptability of new male circumcision devices [HIV]
- Collaboration with regional technical networks to assist countries in scaling up male circumcision [AFRO]
- Countries supported in expanding male circumcision interventions and reinforcing the integration of this intervention into surgical services using WHO surgical standards [AFRO]

Drive the development of new HIV prevention interventions and approaches

WHO is supporting the evaluation of promising new HIV prevention interventions and approaches, including microbicides, pre-exposure prophylaxis, ART as HIV prevention and HIV vaccines. WHO will provide guidance for countries on implementing new interventions as results become available, such as the use of microbicides. WHO is also consulting widely on emerging areas of research, and will develop guidance on the design of HIV vaccine trials. Guidance will be developed in collaboration with UNAIDS cosponsors, civil society and other key stakeholders.

Outcome: Strategic use of ARVs in HIV prevention (see UBRAF A.1.1.2)

WHO deliverables

- Consultation process on ARVs in prevention and elaboration of technical paper on the use of ARVs for prevention of HIV transmission [HIV]
- Guidance on use of ARVs for HIV prevention in serodiscordant couples in different contexts and settings [HIV]
- Operational research agenda to address key barriers to using ARVs in HIV prevention (including ART as HIV prevention) implementation and scale-up [HIV]
- Selected countries supported in conducting operational research on HIV prevention benefits of ART [AFRO, SEARO, EURO, WPRO]
- Cost and impact modelling of the use of ARVs and ART in HIV prevention [HIV]

Outcome: Country preparedness for the introduction and scale-up of microbicides/topical PrEP (see UBRAF A.1.1.2)

WHO deliverables

- Guidance on microbicides in the context of other prevention technologies, including policy guidance and promotion of 1% Tenofovir gel and cost effectiveness modelling [RHR]
- Support selected countries to pilot test the promotion and application of 1% Tenofovir gel [AFRO]

Outcome: Strategic use of oral PrEP as part of combination HIV prevention (see UBRAF A.1.1.2)

WHO deliverables

- Rapid advice on undertaking demonstration project research to inform the best and safest delivery of PrEP for high-risk men who have sex with men [HIV]
- Guidance on safe and effective use of PrEP, post-exposure prophylaxis (PEP) and combination of PrEP and early treatment options for serodiscordant couples [HIV]
- Selected countries supported in pilot testing the application of PrEP interventions among men who have sex with men [AMRO, SEARO, EURO]
- Regional capacity built for PrEP implementation and scale-up [HIV, AFRO, AMRO]
- Country/regional consultations on the strategic use of ART [EURO]

Outcome: Enhanced HIV vaccine programme (see UBRAF A.1.1.2)

WHO deliverables

- Guidance and country support for appropriate design and conduct of HIV vaccine trials [WHO headquarters Department of Immunization, Vaccines and Biologicals (IVB)]
- International consensus obtained on regulatory issues relating to prime-boost immunization and trial design to accelerate time to licensure and introduction: [IVB]
- Policy guidance developed and disseminated on research ethics and community participation in clinical trials and access to successful HIV vaccine candidates [WHO headquarters Department of Ethics, Equity, Trade and Human Rights (ETH), IVB]
- Scientific and technical bottlenecks hindering the availability of an effective HIV vaccine identified and addressed through collaborative research efforts and consensus building mechanisms. [IVB]
- Advocacy and communication strategy targeting public health decision-makers and encouraging them to integrate HIV vaccine development and introduction into their national vaccine planning. [IVB]
- Genetic variability of HIV subtypes and circulating recombinant forms documented through global surveillance efforts, in order to guide appropriate design of HIV vaccines [IVB]
- Facilitate headquarters support for the conducting of vaccine trials in selected countries [AFRO]

Indicators for monitoring and evaluation

The following core indicators measure progress in the implementation of the WHO Operational Plan to support countries in achieving the above-mentioned goals of reducing by 50% the percentage of young people aged 15-24 years who are infected (compared with a 2009 baseline):

Indicator 1.1.1: Number of voluntary medical male circumcisions (VMMC) performed in priority countries (population outcome)

Denominator: 13 priority countries; Baseline 2011: 1,4 million; Target 2013: 6 million
Source: WHO global HIV/AIDS health sector reporting

Indicator 1.1.2: Number of priority countries with VMMC indicators, plans and tools in place (country outcome)

Denominator: 13; Baseline 2011: 5; Target 2013: 12
Source: WHO global HIV/AIDS health sector reporting

Indicator 1.1.3: Number of high-impact countries having adapted WHO 2012 guidance on serodiscordant couples (country outcome)

Denominator: 33; Baseline 2011: 0; Target 2013: 15
Source: WHO guideline implementation survey

Indicator 1.1.4: Number of countries supported in piloting and/or integrating at least one relevant new HIV prevention technology into HIV prevention programmes, policies and strategies (WHO output)

Baseline 2012: 0; Target 2013: 7
Source: UBRAF B 1.2.1, WHO programme implementation reporting

CORE ELEMENT: ELIMINATE HIV INFECTIONS IN CHILDREN

GOAL

Reduce new HIV infections in children by 90% (by 2015 compared with a 2009 baseline)

STRATEGIC APPROACHES

In June 2011, UNAIDS launched the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive. The Plan, which focuses on 22 high-burden countries, is based on the four-pronged PMTCT strategy aimed at preventing primary HIV infection among women of reproductive age, preventing unintended pregnancy among women living with HIV, preventing transmission of HIV from pregnant women to their infants, and providing HIV treatment, care and support for women and children living with HIV and their families. This Plan provides the framework for global and country action on the eMTCT initiative. WHO's contribution is outlined in the WHO PMTCT Strategic Vision 2011-2015 and in the GHSS. WHO and UNICEF are providing technical guidance and support to help countries rapidly expand integrated, comprehensive PMTCT services, and will monitor progress towards the 2015 goal. The Plan is guided by the Global Steering Group, made up of Member States, UNAIDS cosponsors, technical agencies and civil society. WHO, with partners, will also provide updated normative clinical guidance on PMTCT, paediatric treatment and infant feeding, along with related clinical and programmatic tools, developed in consultation with partners. WHO will ensure that eMTCT of HIV is integrated into other key reproductive, maternal, newborn, and child health initiatives such as elimination of congenital syphilis. WHO will work with partners to develop criteria and processes to assess the impact of PMTCT programmes and to validate eMTCT of HIV and syphilis.

Outcome: Coherent global strategy and monitoring and reporting framework for the elimination of new HIV infections in children (see UBRAF A2.1.1, A2.1.4).

WHO deliverables

- Global co-leadership and coordination in the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive in priority countries and coordination with technical partners [HIV, MCA, WHO Headquarters Department of Reproductive Health and Research (RHR), with United Nations Children's Fund (UNICEF)]
- Global monitoring framework and strategy, including guidance on establishing baselines and setting targets [HIV, RHR, MCA, UNICEF]
- Global guidance on criteria and processes for validation of eMTCT of HIV and syphilis [HIV, RHR, MCA]
- Guidance on surveillance of paediatric HIV, PMTCT monitoring and assessing PMTCT impact [HIV]
- Progress on PMTCT coverage and elimination of paediatric HIV and congenital syphilis in regions and at global level monitored and reviewed [HIV, RHR, MCA, all regions]
- Regional strategic framework for the elimination of paediatric HIV and congenital syphilis [UNICEF, AFRO, AMRO, SEARO, EURO, WPRO]
- Progress on prevention of congenital syphilis monitored and reviewed [AMRO, SEARO, EURO]

Outcome: Evidence-based national policies, programmes and services for PMTCT (see UBRAF A2.2.3)

WHO deliverables

- Countries supported in adapting and implementing the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive frameworks and strategies [all regions]
- Regional capacity built for MTCT and congenital syphilis elimination in priority countries [HIV, RHR, AFRO], regional adaptation of the global generic PMTCT training package [EMRO]
- Countries supported in implementing PMTCT strategies related to primary prevention of HIV infection among women of childbearing age and preventing unintended pregnancies among women living with HIV [RHR, MCA]
- Updated normative, clinical, programmatic and operational guidelines on PMTCT, paediatric treatment and infant feeding as part of global consolidated ARV guidelines [HIV, MCA] and updated regional PMTCT clinical protocols [EURO]
- Updated clinical tools for family planning for persons living with HIV, and for counselling on testing for HIV in family planning clinics [RHR]
- Policy and programmatic guidance for Prongs 1 and 2 of PMTCT [RHR, UNFPA]
- Policy considerations for strengthening male involvement in PMTCT [HIV, RHR]
- Programmatic guidance on PMTCT scale-up in the context of overall HIV programme expansion [HIV, MCA]
- Advocacy for regions, countries and other partners to integrate the elimination of congenital syphilis and other perinatal infections into national HIV programmes [HIV, RHR]
- Support countries to provide provider-initiated HIV testing and counselling of pregnant women including at labour, delivery or postpartum [all regions]
- Support countries to provide access to user-friendly PMTCT services for key populations at higher risk and adolescents [EURO]

Outcome: Models for more efficient and effective PMTCT service delivery (see UBRAF A2.2.1, A2.2.1)

WHO deliverables

- Guidance for, and analysis of, operational research on increasing the uptake of PMTCT, adherence and retention in care and treatment, with particular emphasis on hard-to-reach populations [HIV, MCA]
- Guidance for, and analysis of, operational research on feeding practices and transmission during breastfeeding [RHR]
- Operational guidance on PMTCT service delivery, including different models of integration [HIV, MCA, RHR, SEARO]
- Practical tools to support health-care workers' competence and task-shifting in eMTCT of HIV and syphilis [HIV]
- Operational research to support effective implementation of eMTCT of HIV and syphilis and to address barriers [AMRO, SEARO, EURO, EMRO]

Indicators for monitoring and evaluation

The following core indicators measure progress in implementation of the WHO Operational Plan to support countries in achieving the above-mentioned Global Plan goal of reducing new HIV infections in children by 90% (compared with a 2009 baseline).

Indicator 1.2.1: Number of low-and middle-income countries achieving the eMTCT coverage target on provision of effective antiretroviral prophylaxis and treatment (population outcome)
Baseline 2010: 13,¹² Target 2013: 45
Source: WHO global HIV/AIDS health sector reporting; WHO Medium-term strategic plan 2008-2013, Indicator 2.1.1

Indicator 1.2.2: Number of countries testing at least 90% of pregnant women for HIV and syphilis at first antenatal visit (population outcome)
Baseline 2010: 17; Target 2013: 25
Source: WHO global HIV/AIDS health sector reporting

Indicator 1.2.3: Number of priority countries with a costed national plan and targets for the elimination of MTCT of HIV in place and implemented (country outcome)
Denominator: 22; Baseline 2011: 0; Target 2013: 22
Source: UBRAF A 2.1.1, WHO programme implementation reporting

Indicator 1.2.4: Number of priority countries in which WHO has provided technical support for eMTCT programme scale-up during the biennium (WHO output)
Denominator: 22; Baseline 2011: 0; Target 2013: 22
Source: UBRAF A 2.1.1, Joint United Nations Team reports

12. Based on universal access target of 80%. New target for eMTCT is 90%, and not all 13 countries had reached it in 2010.

CORE ELEMENT: CATALYSE THE NEXT PHASE OF DIAGNOSIS, TREATMENT, CARE AND SUPPORT

GOALS

Reduce HIV-related deaths by 25% (by 2015 compared with a 2009 baseline)

Reduce TB deaths by 50% (by 2015 compared with a 2004 baseline)

STRATEGIC APPROACHES

Expanding global prevalence will continue to increase pressure on resource-limited national HIV programmes, underscoring the importance of allocating resources to evidence-based interventions and service delivery approaches tailored to have the most impact, and ensuring maximum efficiency and effectiveness in the way services are managed and delivered.

To accelerate the next phase of diagnosis, treatment, care and support, UNAIDS and WHO have launched the Treatment 2.0 initiative. The goal of the initiative is to help achieve and sustain universal access by 2015 and leverage the enormous preventive benefits of ART through focused work across five priority areas: 1) optimize drug regimens; 2) develop standardized, quality-assured, diagnostic and monitoring tools available at the point of care; 3) deliver radically decentralized, integrated HIV services; 4) reduce costs; 5) mobilize communities in the design and implementation of HIV diagnosis, treatment and care services.

In 2012/2013, WHO is focusing primarily on the first three technical areas of Treatment 2.0, and complementing those with targeted efforts to expand uptake of HIV testing and counselling, address TB/HIV coinfection and prevent, diagnose and manage other HIV-related coinfections and comorbidities.

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 will consult with UNAIDS cosponsors, technical partners and civil society to develop guidance in a number of areas to support the expansion of evidence-based, quality-assured HIV testing and counselling models that link clients to other relevant health services.

Outcome: Evidence-informed national HIV testing and counselling policies and programmes (see UBRAF B1.2.2)

WHO deliverables

- Guidance on selection of appropriate HIV testing approaches (including clinic-based provider-initiated testing and counselling and community-based approaches) according to epidemiological settings [HIV]
- Guidance on HIV testing and counselling for serodiscordant couples in different contexts and settings and country support for their adaption [HIV, all regions]
- Guidance on monitoring and evaluation of HIV testing and counselling activities [HIV]
- Guidance on couples counselling in PMTCT settings [HIV, UNFPA]
- Tools for counselling and testing in family planning clinics [HIV, RHR]
- HIV testing and counselling guidance and tools disseminated [all regions]
- Review of HIV testing and counselling policies and approaches in countries reviewed [EURO, EMRO]
- Countries supported in strengthening HIV testing and counselling services [AFRO, AMRO, EURO, EMRO]

- Regional capacity built to support scale-up of HIV testing and counselling (including training of trainers), with a focus on ensuring that HIV testing services meet standards for voluntary informed consent, confidentiality counselling; linkages to prevention and treatment services; earlier treatment initiation and retention [HIV, AMRO, SEARO, EURO, EMRO, WPRO]
- Support countries in strengthening HIV testing and counselling services and providing provider-initiated counselling and testing and rapid HIV testing when and where appropriate, particularly for key populations at higher risk [AFRO, AMRO, EURO, EMRO]

Outcome: Improved access to quality-assured and simple HIV diagnostics (see UBRAF B1.2.2)

WHO deliverables

- Guidance on HIV testing strategies, procurement of diagnostics, market analysis of HIV, CD4, viral load diagnostics finalized and disseminated [WHO headquarters Department of Essential Health Technologies (EMP), HIV] (see also Strategic Direction 3)
- Technical briefs on the use of HIV rapid tests and on HIV strategies in low-level and concentrated epidemics [EURO, EMRO]

Support expanded, optimized diagnosis, treatment and care through Treatment 2.0

The five priority work areas of Treatment 2.0, outlined above, address the need for innovation and efficiency gains in HIV programmes required to expand quality-assured diagnosis, treatment and care interventions. WHO is developing guidance and tools for diagnosis, treatment and care for adults, adolescents and children with HIV. Toxicity monitoring will be incorporated as a standard of care into ART programmes, along with standardized tools for monitoring and preventing drug resistance.

Outcome: Coherent global strategy and monitoring and reporting framework for Treatment 2.0 (see UBRAF B1.1.1)

WHO deliverables

- Coordination with UNAIDS of the Treatment 2.0 initiative and partner mobilization, including civil society [HIV]
- Policy recommendations for the implementation of the Treatment 2.0 initiative, particularly on drug optimization, HIV diagnostics and HIV treatment and care delivery systems [HIV]
- Updated guidance on monitoring coverage, outcome and impact of treatment programmes [HIV]
- Regular progress updates on coverage and impact of treatment programmes and implementation of the Treatment 2.0 initiative [HIV] (see also Strategic Direction 3)
- Countries supported in developing policies and guidelines to implement Treatment 2.0 [all regions]

Outcome: Optimized treatment regimens (Pillar 1) (see UBRAF B1.1.2, A2.2.2)

WHO deliverables

- Global, consolidated guidelines on clinical, operational and programmatic aspects of the use of ARVs (including antiretroviral therapy, drug and diagnostics optimization) for HIV infection in adults, adolescents and children (including specific recommendations for infants, adolescents, pregnant women, patients over 50 years of age and individuals coinfecting with TB and hepatitis B and C) [HIV]
- Tool for adapting WHO HIV normative guidelines (including ART, paediatric ART, PMTCT, HIV infant feeding, infant diagnosis, TB) for use by national programmes [HIV, EURO]
- Countries supported in adapting and implementing the revised global WHO treatment guidelines for adults, children, infants, adolescents, pregnant women, people who inject drugs, patients coinfecting with HIV and

viral hepatitis and TB patients, and the revised WHO Policy on Collaborative TB/HIV Activities, to achieve universal access to treatment and care for people living with HIV, with zero treatment interruptions and promoting earlier treatment, with the involvement of civil society [all regions]

- Promotion of an advocacy toolkit aimed at national programme managers to emphasize importance of paediatric testing and treatment, including infant feeding [HIV]
- Updates of WHO Essential Medicines List (EML) and WHO Expression of Interest List (EOI) (including ARVs, medicines for opportunistic infections, TB/HIV, co-trimoxazole, isoniazid) [HIV, EMP, RHR]
- Country capacity built to develop an integrated approach to comprehensive HIV care and treatment, with a focus on treatment optimization, including rational use of second- and third-line drugs, promoting earlier treatment and improving retention in care [AMRO]
- Global guidance and country support for acquired and transmitted drug resistance monitoring and prevention (see Strategic Direction 3)

Outcome: Simplified diagnostics and treatment monitoring (Pillar 2) (see UBRAF B.1.1.3, also Strategic Direction 3)

WHO deliverables

- WHO guidance on implementation of laboratory technologies for diagnosis and monitoring treatment of TB/HIV and viral hepatitis, including the use of simplified point-of-care testing devices [HIV, WHO headquarters Stop TB Department (STB), EMP, EURO]
- Global guidance and technical support on point-of-care diagnostics and other simplified point-of-care laboratory technologies [HIV, EMP]
- Technical brief on strategies for use of bundled rapid tests for HIV and syphilis [HIV, RHR, EMP].
- Operational guidance on simplified diagnostics for early infant diagnosis (in harmonization with ARV for prevention and combination prevention approaches – providing ethical and operational guidance, with particular attention to key populations) [HIV, EMP]
- Prequalification of priority diagnostics [EMP]
- Countries supported in implementing early infant diagnosis, simplified laboratory technologies and laboratory accreditation [all regions]

Outcome: Strengthened procurement and supply management (PSM) systems (Pillar 3) (see UBRAF B1.2.1, also Strategic Direction 3)

WHO deliverables

- Coordinated action in capacity building and in stock-out prevention among the partner organizations supporting PSM for HIV commodities which collaborate with WHO in the AIDS Medicines and Diagnostics Service [HIV]
- Global Price Reporting Mechanism maintained and updated, and databases on regulatory approval of antiretroviral drugs, sources and prices of active pharmaceutical ingredients of antiretroviral drugs, and sources and prices of medicines used in opioid substitution therapy [HIV]
- Regular reporting on price trends and market dynamics of antiretroviral drugs [HIV]

Outcome: Effective and efficient decentralized and integrated service delivery (Pillar 4) (see UBRAF B1.2.2)

WHO deliverables

- Experiences in service delivery models for the provision of decentralized and integrated services for HIV prevention, treatment and care, including barriers to accessing services and models of community engagement, reviewed and documented [HIV, all regions]

- Guidance on retention in care and best practices on service delivery models (including decentralized, community engagement, integrated services and measuring the quality of care) [HIV, HSS]
- Guidance to countries on measuring and addressing loss to follow-up [HIV, EURO, EMRO]
- Regional consensus built on early enrolment and retention in HIV treatment and care programmes for all people living with HIV, including simpler patient monitoring systems [AFRO]
- Update of core guidance for Integrated Management of Adult and Adolescent Illness (IMAI) related to HIV prevention, treatment and care provided at district and community service levels, and building regional capacity for implementation [HIV]
- Regional capacity built (knowledge hubs, collaborating centres, expert resource group) on HIV service delivery, including client-centred services, task-shifting, continuum of care and scaling-up of coverage [AFRO, EURO, EMRO, WPRO]
- Countries supported to monitor the quality of treatment services and the coverage and impact of ART interventions [HIV, EURO]

Outcome: Communities mobilized to support treatment scale up and human rights strengthened (Pillar 5)
(see UBRAF B1.2.3, also Strategic Direction 4)

WHO deliverables

- Guidance on the role of community-based service providers in the delivery of HIV interventions [HIV, EURO]
- Countries and civil society groups supported in strengthening community systems for the provision of quality HIV services [AFRO, SEARO, EURO, EMRO, WPRO]
- Support people living with HIV/AIDS, key populations at higher risk and other civil society groups, together with their networks and organizations, in lobbying for their right to be involved in the national response [EURO]

Strengthen tools to prevent and manage TB/HIV coinfection

TB/HIV coinfection is widespread in many high-burden countries, and rates of TB diagnostic testing among people living with HIV remains low. WHO will promote expanded integration between HIV and TB services through the updated WHO Policy on Collaborative TB/HIV Activities. Core activities include developing guidelines and operational tools, promoting co-packing and co-formulations of TB prophylaxis drugs to prevent TB in people living with HIV, promoting a robust TB/HIV coinfection research agenda, and supporting joint reviews of HIV/TB planning and programmes. A significant focus will also be placed on building country and regional capacity to improve TB/HIV programme collaboration and integration of HIV/TB services into other programmes, such as maternal and child health and harm reduction services, through technical assistance and a range of tools and professional development opportunities.

Outcome: More people living with HIV diagnosed and receiving TB treatment (see UBRAF B.2.1)

WHO deliverables

- Enhanced uptake of the updated global and regional Policy on Collaborative TB/HIV Activities [HIV, STB, EURO]
- Updated guidance on the Three I's for HIV/TB (intensified case-finding, isoniazid preventive therapy and infection control) [HIV]
- Country scale up of collaborative TB/HIV activities monitored and evaluated through harmonization and standardization of indicators [STB]
- Regional capacity built for expanding national integration of HIV and TB services [STB, HIV, EURO]

- Regions supported to provide technical assistance for 20 high-burden and strategic countries to adapt and implement revised ART and TB/HIV guidelines through multistakeholder activities, including community activities, capacity-strengthening workshops and others upon request [HIV, all regions]
- Guidance on integrated care (HIV, TB and substance dependence) for people who inject drugs [HIV, STB, EURO]
- Operational tool for TB screening and diagnosis in PMTCT services [HIV, MCA, STB]
- Research and review related to HIV and TB clinical management and national collaboration [AMRO, EURO]
- Country capacity built to accelerate implementation of updated national guidelines, IMAI tools and patient monitoring systems that integrate the Three I's into the national HIV monitoring system [HIV, STB]
- Countries supported in expanding integration of HIV and TB services [all regions]
- Operational regional guidance on integration of HIV, TB and drug dependence services [EURO]
- Countries supported in intensifying TB case-finding and diagnosis among people living with HIV [EURO]
- Countries supported in scaling up HIV testing and counselling for all those with confirmed or suspected TB [EURO]
- Support countries in providing HIV treatment, care and support for all TB patients living with HIV [EURO]

Prevent, diagnose and manage other HIV-related coinfections and comorbidities

People living with HIV face a range of HIV-related coinfections and comorbidities, including infection with chronic hepatitis B and C virus (HBV and HCV), sexually transmitted infections, drug dependence and noncommunicable and chronic diseases. WHO, in consultation with partners, including civil society and key populations, is developing clinical guidelines on the most serious HIV-related coinfections and comorbidities in adults and children, and will work with country partners to support their adaptation into national treatment protocols/guidelines, including technical support for screening/diagnosing HIV-related coinfections and comorbidities.

Outcome: Improved access to quality prophylaxis, diagnosis and treatment of opportunistic infections and coinfections, including noninfectious co-conditions (see UBRAF B1.1.2, A3.2.1)

WHO deliverables

- Systematic review of new evidence on impact of co-trimoxazole prophylaxis on HIV-infected adults and children [HIV]
- Guidance in diagnosis, prevention and management of cryptococcal infection, HIV-associated oral and dermatological lesions in adults and children [HIV, MCA]
- Guidelines on prevention and management of active viral hepatitis in the context of HIV infection and injecting drug use, including global case definition of chronic liver disease for use in resource-poor settings [HIV, WHO headquarters Department of Pandemic and Epidemic Diseases (PED)]
- Countries supported in adopting and adapting the globally recommended clinical management guidelines on HIV and coinfections and comorbidities [all regions]
- Guidelines on prevention and management of STIs updated, and countries supported in adopting and adapting global recommendations [RHR]
- Countries supported in screening for and treating coinfections with TB, viral hepatitis and other comorbidities [all regions]
- Guidance in diagnosis and management of major AIDS-associated cancers (cervical cancer, Kaposi sarcoma and lymphomas) in adults and children and HIV-associated pneumonia and diarrhoea in adults [WHO headquarters Department of Chronic Diseases Prevention and Management (CPM), HIV, RHR]

- Clinical guidance on management of children with HIV and severe/moderate malnutrition [WHO headquarters Department of Nutrition for Health and Development (NHD)]

Outcome: Increased access to paediatric diagnosis and care for coinfections (see UBRAF A.2.2.2)

WHO deliverables

- Paediatric HIV treatment and care integrated into existing child health tools, including updating the Integrated Management of Childhood Illness (IMCI) approach [MCA, AFRO]
- Building regional and country capacity related to IMCI/HIV tools, with a focus on service delivery issues including integration, quality improvement and use of innovations [MCA]
- Support countries in adapting and using the advocacy toolkit and the simplified paediatric medicines list [AFRO]

Indicators for monitoring and evaluation

The following core indicators measure progress in implementation of the WHO Operational Plan to support countries in achieving the above-mentioned goals of reducing HIV-related deaths by 25% (by 2015 compared with a 2009 baseline), and reducing TB deaths by 50% (by 2015 compared with a 2004 baseline).

Indicator 1.3.1: Number of low and middle income countries¹³ that have achieved 80% coverage for ART (population outcome)

Baseline 2010: 10; Target 2013: 30

Source: WHO global HIV/AIDS health sector reporting, WHO Medium-term Strategic Plan 2008-2013, Indicator 2.1.1

Indicator 1.3.2: Number of countries using a stavudine-based regimen as first-line antiretroviral therapy (country outcome)

Baseline 2011: 79; Target 2013: <50

Source: UBRAF B 1.1.2, WHO guideline implementation survey

Indicator 1.3.3: Number of newly prequalified essential ARVs and HIV diagnostics (WHO output)

Baseline 2011: 0; Target 2013: 20

Source: UBRAF B 1.1.1, WHO programme implementation monitoring

13. Among countries with at least 100 people in need of ART.

CORE ELEMENT: PROVIDE COMPREHENSIVE AND INTEGRATED SERVICES FOR KEY POPULATIONS

GOAL

All countries with low-prevalence or concentrated HIV epidemics have halted or reversed HIV prevalence among populations at higher risk of HIV infection (people who inject drugs and their sexual partners, sex workers, men who have sex with men and transgender people, prisoners and migrants) by 2015.

STRATEGIC APPROACHES

Key populations continue to be both disproportionately affected and underserved by many national HIV programmes. Expanding access to key populations will entail integrating HIV services with other health services, overcoming structural barriers to accessing services, and tailoring HIV services to meet the needs of these populations. The WHO/UNODC/UNAIDS *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*¹⁴ provides a framework of nine key interventions for drug-using populations. WHO is also developing a number of evidence-based service and intervention packages for other specific populations, such as men who have sex with men and sex workers, in collaboration with relevant United Nations system partners, technical experts, civil society organizations and key population networks, and will support their implementation at the country level through technical assistance, tools and training.

Outcome: National HIV programmes tailored to epidemic context and strengthened to deliver combination HIV services to key populations (see UBRAF A3.1, A3.2, A1.1.3)

WHO deliverables

- Guidance and advocacy on combination prevention and treatment for injecting drug users, sex workers, men who have sex with men, transgendered people and young people [HIV, EURO]
- Regional capacity building and technical assistance networks for prevention and treatment interventions for key populations supported [HIV]
- Three combination prevention and treatment packages for injecting drug users, sex workers, men who have sex with men finalized, addressing specific issues related to prisoners as appropriate [HIV]
- Target-setting guides for injecting drug users, sex workers and men who have sex with men, including monitoring and evaluation guidance [HIV]
- Lobby for and support development of country efforts to identify and implement priority interventions for key populations [all regions]
- Documentation for service delivery and community engagement models and approaches for key populations [AMRO, EURO, EMRO]
- Regional and country capacity built, in particular in civil society, to scale up interventions among key populations [all regions]

Outcome: Enhanced combination HIV prevention and treatment policies, programmes and interventions for people who inject drugs (see UBRAF A3.1.2)

WHO deliverables

- Recommendations on effective interventions for HIV prevention in people who use amphetamine type stimulants and cocaine, based on a systematic review and dissemination to/support for regions and countries [WHO headquarters Department of Mental Health and Substance Abuse (MSD), HIV]

14. Available at <http://www.who.int/hiv/pub/idu/targetsetting/en/index.html>, accessed 11 April 2012.

- Guidance on the prevention and management of active viral hepatitis in the context of HIV infection and injecting drug use [HIV, EURO]
- Support countries in implementing and scaling up harm reduction interventions [AMRO, SEARO, EURO, EMRO, WPRO]
- Build regional capacity in harm reduction through collaboration with knowledge hubs and networks [AMRO, EURO, EMRO]
- Promote partnerships and networking among stakeholders in HIV and harm reduction and drug dependence programmes [EURO, EMRO]
- Guidance on prevention of TB/HIV in injecting drug users [EURO]

Outcome: Enhanced HIV prevention, treatment and care programmes for young people (see UBRAF A.1.1.1)

WHO deliverables

- Updated package for HIV treatment, prevention and care among young people [HIV, MCA, RHR]
- Review of effectiveness of prevention interventions (HIV testing and counselling, community engagement, treatment and care for young people at risk) [HIV, MCA, RHR]
- Regional capacity built to roll out adolescent services based on WHO IMAI module [MCA, RHR]
- Technical leadership and advocacy with key partners, including civil society, to improve provision of health information and services for marginalized adolescent girls, as well as prevention of and response to gender-based violence [MCA, RHR]
- Global guidance on sexuality education and reproductive health services for adolescents promoted [AMRO]
- Updated guidance on effective integrated management of childhood illness, including paediatric HIV prevention, care and treatment [MCA]

Indicators for monitoring and evaluation

The following core indicators measure progress in implementation of the WHO Operational Plan to support countries in achieving the above-mentioned goal of halting or reversing HIV prevalence among populations at higher risk of HIV infection (young people, people who inject drugs, sex workers, men who have sex with men and transgender people) by 2015 in all countries with low-prevalence or concentrated HIV epidemics.

Indicator 1.4.1: Number of low- and middle-income countries which have achieved the target of a minimum distribution of 200 syringes per person who injects drugs per year (population outcome)

Baseline 2010: 3; Target 2013: 20

Source: WHO global HIV/AIDS health sector reporting

Indicator 1.4.2: Number of low- and middle-income countries providing opioid substitution treatment for injecting drug users (country outcome)

Baseline 2010: 37; Target 2013: 50

Source: WHO global HIV/AIDS health sector reporting

Indicator 1.4.3: Number of countries supported in using WHO tools and guidelines to develop and implement HIV-relevant policies and services for key populations (WHO output)

Baseline 2012: 0; Target 2013: 30

Source: UBRAF A 3.1.2 a (related), Joint United Nations Team reports, WHO programme implementation monitoring

Strategic Direction 2: Leverage broader health outcomes through HIV responses

Strengthening bidirectional programme links between HIV programmes and other health areas is critical to providing more comprehensive and cost-effective services that maximize health sector investments and improved health outcomes. Particularly important for HIV programmes and services are links to services for TB, sexual and reproductive health, maternal and child health, drug dependence, sexually transmitted infections, viral hepatitis, blood safety, injection and surgical safety, noncommunicable diseases and chronic care, and primary health care.

CORE ELEMENT: STRENGTHEN LINKS BETWEEN HIV AND OTHER RELATED HEALTH PROGRAMMES

GOAL

All HIV programmes will have integrated services and/or referral systems to other health services, including TB, maternal, newborn and child health (MNCH), sexual and reproductive health (SRH), viral hepatitis, drug dependence and treatment services, other priority health programmes and community-led services

STRATEGIC APPROACHES

Linking and/or integrating HIV into other health services has the potential to improve the efficiency and effectiveness of both HIV-specific and broader health investments, critical in the context of the financial constraints faced by many HIV programmes. Different models exist for linking and/or integrating programmes and these should be tailored to country context, health system structure, community systems, epidemic type and relevant health care needs. While linked and/or integrated service delivery should be the goal, at a programme level the focus may be on strategic linkages, building on the frameworks already developed, including: the WHO Policy on Collaborative TB/HIV Activities and the Sexual and Reproductive Health and HIV Linkages Resource Pack.

WHO is developing normative guidance and tools, in collaboration with partners including UNAIDS, cosponsors and civil society, and will provide a comprehensive range of technical support and capacity-building services at the regional and country level to support country action in integrating HIV and non-HIV health programmes. WHO promotes standardized and simplified operational tools that support decentralized, integrated HIV, MNCH and SRH services at the primary care level, including the Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages.

Guidance on integrating HIV, TB and drug dependence services will be developed in collaboration with partners, with technical assistance and support provided to support implementation at the country level. Guidance and technical support will be developed for integrating HIV services with TB and drug dependence services, and on comanagement of HIV/TB services for specific populations and settings, including harm reduction and prison health programmes. WHO is collaborating with the United Nations Office on Drugs and Crime (UNODC) to strengthen collaboration between HIV programmes and drug

dependence and drug control programmes, including a rights-based approach to HIV prevention, diagnosis, treatment and care services within drug control and drug rehabilitation programmes. WHO is also developing guidance and technical assistance to support countries in eliminating HIV transmission through the blood supply and in health-care settings.

Outcome: Strengthened HIV and TB services for people who use drugs (see UBRAF B.1.3)

WHO deliverables

- Guidance on integrated care for TB, HIV and drug dependence [HIV, MSD, EURO]
- Countries supported to implement services for people who inject drugs on integrated care of HIV, TB and substance dependence [SEARO, EMRO, EURO, WPRO]

Outcome: Strengthened collaboration between HIV and TB programmes and services (see UBRAF B.2.1 and B.2.3)

WHO deliverables

- Using the 2012 WHO Policy on Collaborative TB/HIV Activities, support countries in strengthening linkages between national HIV and TB programmes at all levels [HIV, STB, all regions]
- Collaboration between HIV and STB programmes to build regional capacity in the Three I's for HIV/TB and integrated patient monitoring systems [HIV, STB, EURO]
- Support for expansion of scope and capacity built in laboratory networks in TB/HIV high-burden countries, with a particular focus on enhancing the scaling-up of molecular TB testing in the context of a common diagnostic platform [HIV, STB]

Outcome: Strengthened linkages between HIV, SRH and MNCH programmes and services (see UBRAF A1.1.1 and B1.2.2)

WHO deliverables

- Advocacy to strengthen SRH/HIV linkages, including participation in the Interagency Working Group (IAWG) on SRH/HIV linkages and update of the SRH/HIV linkages resource pack [MCA, RHR]
- Leadership provided and consensus built to promote partnerships and stronger linkages between HIV and SRH/MNCH programmes in priority countries [all regions]
- Guidance and tools to strengthen linkages between HIV services and sexual and reproductive health services (including those dealing with family planning, antenatal care, childbirth, postnatal care, gender-based violence, adolescent sexual and reproductive health, sexually transmitted infections, cancer screening and management) [MCA, RHR, EURO]
- Technical support for country assessments of policy, systems and service delivery related to linking sexual and reproductive health and HIV, review of findings and devising of plans to strengthen such linkages, integration into national health and development plans [all regions]
- Countries supported in expanding and strengthening the operational linkages between HIV and sexual and reproductive health services and ethical and evidence-informed HIV/SRH/MNCH integration and collaboration policies and tools developed [AMRO, SEARO, EURO, EMRO, WPRO]
- Surveillance activities related to HIV and MDG5 (Maternal mortality and universal access to reproductive health) coordinated [RHR]
- Four regional workshops organized to build capacity in the IMAI adolescent module for rollout in national training programmes [MCA]
- National and regional capacity built relating to IMCI/HIV tools, with a focus on service delivery issues, including integration, quality improvement and use of innovations [MCA]
- Contribution to key-populations packages and guidelines for STI prevention and control (e.g. sex workers) [HIV, RHR]

- Guidance related to Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) applications in the area of sexual and reproductive health [HIV, MCA, RHR]
- Guidance on reproductive choices and family planning for people living with HIV [MCA, RHR]
- Model of integrated service delivery packages for HIV/STI/SRH through a primary health care and lifecourse approach implemented in selected countries [AMRO]
- Support countries in implementing coherent technical packages on maternal and child health (e.g. Integrated Management of Pregnancy and Childbirth, rapid assessment tool) [AFRO]

Outcome: Strengthened blood safety, injection and surgical safety programmes (see UBRAF A1.1.2)

WHO deliverables

- Guidance, tools, advocacy and monitoring of community awareness, donor selection, HIV testing, blood screening and transfusion practices for reducing HIV and hepatitis [WHO headquarters Department of Blood Transfusion Safety (BTS)]
- Reports on burden of disease (mainly HIV, hepatitis B and hepatitis C) transmitted through unsafe injections [EMP]
- Countries supported in developing/updating and implementing injection safety strategies, including needle-stick injury prevention and sound sharps-waste management, including community-based strategies to reduce overuse of/demand for injections [EMP]
- Research on the potential role of high-dead-space syringes in transmitting HIV and development of appropriate guidance for national and international procurement agencies [EMP]
- Assessment of acceptability and effectiveness of reuse of prevention syringes as part of needle and syringe programmes [EMP]
- Guidance and support for countries on strengthening blood donation systems and national blood safety programmes, including blood donor selection, quality of blood screening, notification and counselling for HIV and other transfusion-transmissible infections, hepatitis B and hepatitis C [all regions]
- Countries supported in eliminating transmission of HIV through unsafe blood and occupational and nosocomial infections [EURO]
- Countries' capacity built to assess injection practices, to develop and implement best practices for injections, phlebotomy and lancet procedures, including proper sharps-waste management [all regions]

Outcome: Strengthened linkages between HIV and noncommunicable disease programmes and services (see UBRAF B1.2.2)

WHO deliverables

- Review relationship between HIV infection and noncommunicable diseases, including cancers, cardiovascular disease, diabetes and mental health [HIV, WHO headquarters Noncommunicable Diseases and Mental Health Cluster (NMH), RHR]
- Review relationship between HIV infection and harmful use of alcohol [HIV MSD]
- Strategies for strengthening collaboration between HIV and noncommunicable disease programmes, including: prevention and treatment of conditions associated with long term ART and aging; integration of palliative care of people living with HIV and services for other chronic diseases; chronic care; community involvement and mobilization; health systems strengthening, including decentralized services, task-shifting and access to medicines and other health commodities [HIV, NMH]

Indicators for monitoring and evaluation

The following core indicators measure progress in implementation of the WHO Operational Plan to support countries in achieving the above-mentioned goal of integrating HIV services and/or referral systems with other health services.

Indicator 2.1: Percentage of identified HIV-positive TB patients started on ART in TB/HIV high-burden countries (population outcome)

Denominator: 41 countries; Baseline 2010: 46%; Target 2013: 65%

Source: WHO global TB surveillance reporting

Indicator 2.2: Number of low- and middle-income countries reporting implementation of isoniazid preventive therapy (country outcome)

Baseline 2010: 33; Target 2013: 50

Source: UBRAF B 2.2.1

Indicator 2.3: Number of countries provided with technical support in implementation of 2012 WHO Policy on Collaborative TB/HIV Activities in the 2012/2013 biennium (WHO output)

Baseline 2012: 0; Target 2013: 50

Source: WHO programme implementation monitoring

Strategic direction 3: Build strong and sustainable systems

HIV programmes have helped to strengthen national health systems through increased investment and innovations in the way health services are designed and delivered. However, more must be done to ensure that HIV investments help to strengthen health and community systems and contribute to achieving more effective, efficient, affordable and accessible health systems that will be sustainable in the long term.

CORE ELEMENT: STRENGTHEN THE SIX BUILDING BLOCKS OF HEALTH SYSTEMS

GOAL

Strengthened health and community systems to deliver better HIV and other services

STRATEGIC APPROACHES

National HIV programmes can contribute significantly to each of the six building blocks of health systems. WHO is helping countries to strengthen their health systems by directly supporting ministries of health on specific building blocks and through national HIV programmes. WHO is developing guidance, tools and technical support to support country action in developing, implementing and evaluating national HIV responses that strengthen the six building blocks of health systems, including necessary health system and community system financing, an adequate and well trained health workforce, improvements in strategic health information systems and access to quality-assured medicines, diagnostics and other health commodities. WHO is shaping the research agenda and is translating and disseminating emerging scientific knowledge. WHO is also supporting national strategic planning and reviews to strengthen governance of national HIV responses.

Outcome: Increased and more effective financing of HIV health sector interventions (see UBRAF B3.2)

WHO deliverables

- High level forum on health systems financing convened [WHO headquarters Department of Health Systems Financing (HSF)]
- Information on content, targets and cost of health sector interventions generated and made available to UNAIDS, and consensus on how it should be featured in UNAIDS publications reached [HSF]
- UNAIDS supported in desk review of health financing approaches relevant to HIV services [HSF]
- UNAIDS supported in community system strengthening and financing approaches, including the improvement of the Investment Framework [HIV]
- Countries supported in reviewing existing health financing policies and developing equitable and effective health financing approaches including HIV/AIDS [AFRO]

Outcome: Improved quality assurance for HIV medicines and diagnostics (see UBRAF B1.2.2)

WHO deliverables

- Prequalification of priority HIV diagnostics and medicines and maintenance of their prequalified status, updates of Essential Medicines List [EMP, WHO headquarters Department of Essential Medicines and Pharmaceutical Policies (EMP), HIV]

- List of prequalified laboratories and quality monitoring of antiretroviral medicines in selected countries [EMP]
- Routine and maintenance analysis/data management of the pharmacovigilance database undertaken, focusing on HIV (e.g. rapid data analysis to inform HIV policies) [EMP]
- External quality assessment schemes (EQAS) for HIV, hepatitis B surface antigen (HbsAg), HCV serology, CD4 and HIV molecular technologies supported [EMP]
- Technical updates on diagnostics for HIV, HBV and HCV serology and molecular technologies, including technical support [EMP]
- Global quality specifications for new and already marketed ARVs (including fixed-dose combinations and paediatric dosage forms) and related International Pharmacopoeia work [EMP]
- Update of guidelines on medicine quality assurance, including manufacturing and pharmaceutical development [EMP]
- Update of WHO *Model formulary for children* (based on 2013 guideline updates) [EMP]
- High-burden countries supported in expanding diagnostic capacity and implementing new technologies [all regions]
- Countries supported in participating in the WHO African Region Laboratory Accreditation Process and external quality assessment programmes for TB laboratory strengthening implemented in Central and West Africa [AFRO]
- Capacity building in area of medicine quality assurance, including national quality control laboratories and national inspections for good laboratory, manufacturing and clinical practices, based on the recommendations of WHO governing bodies and the WHO Expert Committee on Specifications for Pharmaceutical Preparations [EMP]
- Regulatory approval of new antiretrovirals at individual country level, including some joint assessments and inspections of manufacturers [EMP]
- Harmonization of technical regulatory requirements for medicines registration on sub-regional and regional levels [EMP]
- Promote participatory quality development in HIV prevention. The Regional Office for Europe has led the development of a Quality improvement in HIV prevention tool, recognizing the particular vulnerabilities of key populations at higher risk in the European Region [EURO]

Outcome: Better forecasting and PSM of HIV diagnostics and medicines (see UBRAF B.1.2.2)

WHO deliverables

- Coordinated action in capacity building and in stock-out prevention among the partner organizations supporting PSM for HIV commodities and collaborating with WHO in the AIDS Medicines and Diagnostics Service [HIV]
- Coordination of AIDS Medicines and Diagnostics Service Partnership [HIV]
- Strategic information related to prices of drugs and diagnostics related to HIV, TB, opportunistic infections, palliative care and substitution therapy [HIV, STB]
- Forecast of global and regional trends and demand for drugs and commodities related to HIV prevention, treatment and care and consultation with key partners including civil society [HIV, all regions]
- Regular update on the early warning indicators of stock-out platform [HIV]
- Procurement analysis and market dynamics studies for HIV and hepatitis [EMP]
- National capacity built in PSM [EMP]
- Improved integration of HIV diagnostics and medicines, with packages of essential medicines and diagnostics for broader reproductive and maternal health outcomes [RHR]
- PSM toolbox integrated into the existing broader document management system of EMP and maintenance/communication activities [HIV]
- Monographs for new ARVs produced [EMP]
- Support and guidance for countries on pricing and supplies of drugs and diagnostics, ensuring quality of drugs [AFRO, EMRO]

- Country capacity built to strengthen national procurement and supply systems and prevent stock-out of drugs [AFRO, AMRO, EURO, EMRO, WPRO]

Outcome: Reduced pricing based on better use of intellectual property agreements (see UBRAF B1.2.2)

WHO deliverables

- Best practices to support the use of flexibilities under the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement, including analysis of national patent laws, regional intellectual property agreements and voluntary licensing developed and disseminated [EMP]
- WHO policy papers on important developments related to public health and intellectual property [EMP]
- Technical, legal and policy support provided for 5–10 countries to ensure that intellectual property laws and policies are public-health-sensitive (on country request) [EMP]

Outcome: HIV programme and epidemic information available for reporting and planning (see UBRAF D.2.1.1, D 2.3.2, A.1.1.1)

WHO deliverables

- Annual global reporting of health sector progress towards universal access, including monitoring of eMTCT of HIV and syphilis [HIV, RHR]
- Contribution to global universal access progress report [all regions] and publication of expanded region-specific reports [AFRO, AMRO, EMRO, EURO, WPRO]
- Updated guidance on HIV surveillance, including case reporting, use of PMTCT for second-generation HIV surveillance, paediatric surveillance, HIV incidence and assays, surveillance for key populations, data disaggregation [HIV, RHR]
- Strengthened regional capacity of key regional hubs, institutions and collaborating centres and networks in HIV surveillance including HIV estimates and projections [AFRO, EURO, EMRO]
- Country capacity built for updating and strengthening HIV and STI surveillance systems, HIV estimations, data reporting and analysis related to ART, PMTCT (including impact) and TB/HIV [all regions]
- Consolidated, updated monitoring and evaluation guidance and tools for ART and PMTCT [HIV]
- Guidance on PMTCT impact measurement, eMCT validation criteria and processes, and routine PMTCT monitoring [HIV]
- Status of guideline implementation monitored (ART, PMTCT, paediatric treatment, TB/HIV) [HIV]
- Updated estimates of STIs and sequelae of STIs [RHR]
- Tools for estimating the unmet need for family planning among women living with HIV disseminated [RHR]
- Countries supported in strengthening monitoring and evaluation activities for ART, PMTCT of HIV and syphilis including impact, male circumcision, TB/HIV and STI [all regions]
- Updated interlinked patient monitoring systems based on updated HIV treatment guidelines (ART, paediatric, TB/HIV, PMTCT, infant feeding) [HIV], countries supported in introduction of simpler patient monitoring systems [AFRO, SEARO]
- Regional capacity built to expand HIV patient monitoring systems based on existing guidance and tools [HIV]
- Guidance, tools and capacity building for HIV drug resistance and early warning indicators [HIV]
- Coordination of WHO Global HIV Drug Resistance Network (ResNet) [HIV]
- Country capacity built to strengthen HIV drug resistance and early warning indicators [all regions]
- Promotion and capacity building in ministries, academia and implementing organizations in eHealth standards to assist reporting and decision-making at all levels of the health system [WHO headquarters Department of Knowledge Management and Sharing (KMS)]
- Operational research agenda informed in particular programme areas, including PMTCT and service delivery models [HIV]
- Annual regional reporting of health sector progress towards universal access, including monitoring of the implementation of the European Action Plan for HIV/AIDS 2012–2015 [EURO]

- Annual surveillance/case reporting [EURO, European Centre for Disease Prevention and Control]

Outcome: Health workforce strengthened to deliver HIV services (see UBRAF D.2.1)

WHO deliverables

- Collaboration with the United States President's Emergency Plan for AIDS Relief (PEPFAR) and other partners and institutions (Medical and Nursing Education Partnership Initiative) to develop a framework for strengthening the health workforce [HRH]
- Documentation and evidence gathering on transformative medical, nursing and midwifery education and continuing professional education [HRH]
- Policy and guidance in the area of pre-service education for countries experiencing shortages of doctors, nurses and midwives [HRH]
- Countries supported in reviewing regulatory policy and other frameworks that govern continuing professional education, standards and requirements

Outcome: Strong national HIV health sector plans (see UBRAF D.2.2.2)

WHO deliverables

- Core planning tools for the HIV health sector response, including the Planning Guide for The Health Sector Response to HIV and health sector HIV programme review guide [HIV]
- Collaboration with UNAIDS, the World Bank and technical partners (IHP+) on development of national HIV strategies [HIV, WHO headquarters Health Systems and Services Cluster (HSS)]
- Regional capacity built in planning and development of HIV strategies and plans, including the way these HIV plans link with broader SRH and MNCH strategies and plans [HIV, MCA, RHR]
- Technical and policy briefs on priority health sector interventions for use in national strategic plans and applications to GFATM [HIV, RHR]
- Policy advice and guidance for GFATM [HIV, WHO headquarters HIV/AIDS, TB and Neglected Tropical Diseases Cluster (HTM), RHR]
- Assessment of service delivery readiness including HIV services in 20 countries [HSS]
- Tools for data quality assessment and analysis of health facility data on core HIV indicators to inform progress and performance reviews, capacity building in regions to improve data quality, analysis and use [WHO headquarters Department of Health Statistics and Information Systems (HSI)]
- Countries supported in the development of national HIV strategies and plans related to the health sector response to HIV [all regions]
- Countries supported in defining targets to develop and scale up priority prevention, treatment and care interventions for the health sector [all regions]
- Countries supported for accessing funding, implementation and monitoring of activities related to the GFATM and other donor grants [all regions]
- National HIV/AIDS programme managers' training modules [AFRO]

Indicators for monitoring and evaluation

The following core indicators measure progress in implementation of the WHO Operational Plan to support countries in achieving the above-mentioned goal of strengthening health and community systems to deliver better HIV and other services.

Indicator 3.1: Number of Member States providing WHO with annual data on surveillance, monitoring or financial allocation data for inclusion in the annual global reports on achievement of HIV/AIDS targets (country outcome)

Denominator: 196 Member States; Baseline 2011: 156; Target 2013: 175

Source: WHO Medium-term Strategic Plan 2008-2013 Indicator 2.4.1

Indicator 3.2: Number of Member States with comprehensive policies and medium-term health sector plans in response to HIV (country outcome)

Baseline 2010: 152; Target 2013: 162

Source: WHO Medium-term Strategic Plan 2008-2013 Indicator 2.2.1

Indicator 3.3: WHO output: Number of countries participating in WHO-supported workshops on procurement and supply chain management for HIV and related drugs and commodities (WHO output)

Baseline 2012: 0; Target 2013: 72

Source: WHO programme implementation monitoring

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

The response to HIV has illustrated the enormous progress that can be made in mobilizing communities and reducing vulnerability, stigma and other structural barriers to health services, but it has also highlighted the fact that significant challenges remain: gender-based health inequities, harmful gender norms and protecting the rights of people living with HIV and key populations are essential to achieving universal access and halting the HIV epidemic. The health sector has a crucial role to play in addressing these issues and ensuring the meaningful engagement of communities and the protection and promotion of human rights in the design and delivery of services.

CORE ELEMENTS OF STRATEGIC DIRECTION 4:

- Promote gender equality, remove harmful gender norms and promote human rights and health equity
- Ensure that HIV-related policies, laws and regulations are consistent with human rights

CORE ELEMENT: PROMOTE GENDER EQUALITY, REMOVE HARMFUL GENDER NORMS AND PROMOTE HUMAN RIGHTS AND HEALTH EQUITY

GOAL

National HIV programmes ensure access to HIV services for all key populations, free of stigma, discrimination and human rights violations, and allowing women more autonomy in sexual decision-making and access to gender-sensitive HIV services

STRATEGIC APPROACHES

Gender inequality and harmful gender norms are helping to increase transmission, particularly in high-burden countries in sub-Saharan Africa, where women comprise the majority of all people living with HIV. National HIV responses can have a significant impact on the vulnerability of women and girls to HIV by promoting gender equality and equity in access to health services. Addressing gender inequality as a structural driver of HIV transmission and ensuring gender-sensitive HIV programmes that are linked to appropriate support and care are key to improving health outcomes for women and in eliminating gender-based health inequities. To support country HIV programmes and reduce gender-based health inequities, WHO is working with countries to identify and remove gender-based barriers to HIV services and provide support for advocacy and research on the relationship between HIV risk, gender-based violence and other human rights violations. WHO is also developing guidance on implementing health-sector programmes to reduce violence against women.

Legal and sociocultural barriers prevent people who use drugs, men who have sex with men, transgender people, prisoners and sex workers from accessing HIV interventions and other health services. Overcoming these structural barriers to HIV services is critical to a comprehensive and effective HIV response. Laws and policies that criminalize possession of drug paraphernalia (such as clean needles and syringes) or criminalize homosexuality and sex work result in social stigma and make men who have sex with men, sex workers and other at-risk populations difficult to reach with HIV services. WHO is promoting policies, practices and laws that protect human rights and eliminate discrimination in the health sector. To support this approach, WHO is developing guidance and tools in consultation with affected populations, to reduce stigma and discrimination in the health workforce towards people living with HIV and key populations. WHO is also supporting country-level evaluations to assess determinants of risk for key populations in a range of settings.

Outcome: National HIV programmes have the strategic health information and tools needed to establish national AIDS plans, strategies and HIV services that promote gender equity, health equity and human rights (see UBRAF C3.1.2, C4.1.1, C.4.2)

WHO deliverables

- Guidance for the development, implementation and monitoring of gender-based inequities in HIV response [RHR]
- Guidance and support on addressing gender-based inequalities in national HIV strategies, plans and GFATM applications [RHR]
- Policies on equity, gender and human rights in health sector programmes for HIV promoted [RHR, ETH]
- Evidence, tools and guidelines generated and implemented to address gender-based inequities in HIV responses for key populations [RHR]
- Evidence generated on HIV transmission among women and implications for prevention [RHR]
- Review and policy guidance on HIV and violence against women in HIV responses, policy information on HIV testing and counselling, including PEP and delivery in post-rape care [RHR]
- Literature review on the relationship between HIV and violence against women [RHR]
- Develop information materials on human rights and HIV/AIDS, e.g. fact sheet [GER, HIV]
- Capacity building and advocacy of gender, human rights and equity-related policies in national HIV programmes [AMRO]
- Countries supported for sex and age disaggregation of data [all regions]
- Technical support provided for GFATM processes on HIV gender-sensitive responses [RHR]
- Evidence, tools and guidelines generated and implemented to address gender-based inequalities in HIV response for most-at-risk populations [RHR]
- Inequalities of national policies on gender, equity and human rights in HIV programmes reviewed and monitored [AMRO, EURO, EMRO]
- Guidance on reproductive health for people living with HIV/AIDS to be implemented in health-care services [EMRO, AMRO]
- Review (including through operational and qualitative research) structural barriers – including laws, regulations, stigma and discrimination - to people who inject drugs from accessing HIV and related services [EURO]
- Evidence, tools and guidelines generated and implemented to address inequalities in HIV response for key populations at higher risk (particularly people who inject drugs) [EURO]
- Strengthen civil society involvement in the HIV response [HIV, EURO]

CORE ELEMENT: ENSURE THAT HIV-RELATED POLICIES, LAWS AND REGULATIONS ARE CONSISTENT WITH HUMAN RIGHTS

GOAL

Laws and policies that reduce or prevent access to HIV services are repealed

STRATEGIC APPROACHES

Public health evidence should be used to inform national laws, policies and regulations within and beyond the health sector, including those which require reform or repeal to remove barriers to accessing HIV services or contribute to human rights violations faced by key populations. WHO is promoting the adoption of policies, practices and laws that protect human rights and eliminate discrimination in the health sector. To achieve this, WHO is collaborating with UNAIDS cosponsors, technical partners and civil society in developing and delivering guidance and tools to address stigma and discrimination in the health workforce towards people living with HIV and key populations.

Outcome: National public health laws and regulations are reviewed and revised to be consistent with human rights principles (see UBRAF C.1.1)

WHO deliverables

- Integration of global WHO policies on health equity, human rights and gender in all HIV guidance [HIV, GER, RHR]
- Guidance and support to regions to implement framework for assessing equity in services for key populations (Priority Public Health Conditions Analytical Framework Tool for HIV) [ETH]
- Analysis of policies, laws and national health sector plans in relation to HIV and guidance to countries on how to design national public health laws consistent with human rights principles [GER]
- Review policies, laws and regulation that prevent people who inject drugs from accessing HIV and related services [EURO]

Indicators for monitoring and evaluation

The following core indicators measure implementation progress of the WHO Operational Plan to support countries in achieving the above-mentioned goal of reducing vulnerability and removing structural barriers to accessing services.

Indicator 4.1: Percentage of countries with service delivery points providing appropriate medical, psychological and legal support for women and men who have been raped or experienced incest (population outcome)
New UBRAF indicator for which baseline and target will be developed during 2012
Source: UBRAF C 4.2, UNJT country reports

Indicator 4.2: Number of countries supported during the biennium to integrate actions on gender and gender-based violence into national HIV plans, policies or strategies or to review consistency of HIV-related policies, laws and regulations with human rights principles (WHO outcome)
Baseline 2011: 0; Target 2013: 7
Source: WHO programme implementation reporting

Indicator 4.3: Number of new normative and evidence documents to integrate gender and gender-based violence into HIV responses and/or to review national public health sector HIV-related policies, laws and regulations consistent with human rights principles (WHO outcome)
Baseline 2011: 0; Target 2013: 3
Source: WHO programme implementation monitoring

HIV programme leadership, communication and coordination

GOALS

The GHSS meets all of its goals and associated targets

STRATEGIC APPROACHES

The WHO programme includes contributions from dedicated HIV staff in the HIV Department, regions and countries, as well as significant contributions from other technical areas. In 2011, the HIV programme was realigned to ensure that human and financial resources are allocated for the most effective implementation of the Strategy across each level of the Organization. Beyond the necessary technical expertise and other resources needed to implement WHO's contributions over the next five years, the HIV/AIDS Department must also play a key leadership, coordination and communication role across every level of the Organization. Headquarters will be responsible for developing clear, consistent information about the Strategy and communicating it to internal departments and technical areas, as well as global external stakeholders (including the UNAIDS Secretariat, United Nations cosponsors, development partners and civil society). WHO is establishing and strengthening key partnerships at each level of the Organization, including regional offices and country offices (particularly with UNAIDS regional and country offices). The necessary technical support, policy advice, training and tools to support WHO regional and country offices must be available to drive strategy implementation at the country level.

Outcome

The GHSS is consistently and effectively implemented across the HIV programme, with strong partner support and engagement (see UBRAF D.3.1.2)

WHO deliverables

- WHO regional offices and other WHO programmes supported to ensure the coherence in delivering guidance and support to Member States which is needed for an effective implementation of the GHSS [HIV]
- Strong collaboration developed with technical partners, international civil society and donor agencies to ensure coherent support and guidance for policy and implementation of the national health sector response to HIV [HIV]
- Coordination within WHO and support for global policies, strategies and plans related to the health sector response to HIV [HIV]
- Coordination and close collaboration at global level with the UNAIDS Secretariat and cosponsors to ensure effective implementation of the health sector response and United Nations response within the overall HIV response framework [HIV]
- Civil society consulted through a Reference Group on ways of ensuring systematic and sustainable dialogue and partnership with civil society throughout WHO's work in the response to HIV [HIV]
- Regional offices supported in strengthening the health sector technical capacity of regional knowledge hubs, collaborating centres and other technical resource networks, including UNAIDS technical support facilities [HIV]

- Capacity of WHO staff strengthened to ensure effective implementation of WHO contributions to the GHSS [HIV]
- Training activities for WHO staff in health planning and programme management rolled out [HSS]
- WHO human and financial resources required to implement the GHSS monitored [HIV]
- Regions supported in resource mobilization and regular liaison and negotiations with donors supporting WHO HIV activities at all levels [HIV, all regions]
- Regular advocacy and promotion of the health sector role and contributions in HIV, treatment and care interventions [HIV]
- Strategic partnerships with regional stakeholders promoted and strengthened [all regions]
- Advocacy of civil society role and contributions to the health sector response to HIV at regional and national level [EURO, EMRO]
- Coordination and collaboration with UNAIDS Secretariat at regional levels and in countries [all regions]
- Country offices supported [all regions]
- Close collaboration with regional Technical Support Facilities (TSFs) [all regions]
- Regular advocacy and promotion of the health sector role and contributions in HIV, treatment and care interventions [all regions]

Resourcing the Operational Plan

WHO's technical programmes are resourced according to the framework of the WHO Programme Budget approved by the World Health Assembly. Programme budgets are aligned with the WHO Medium-term strategic plan, 2008-2013 and Eleventh General Programme of Work, 2006-2015. As a cosponsor of UNAIDS, WHO's HIV programme is reflected in the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF).

The overall costs of WHO support to Member States in implementing the GHSS from its approval in May 2011 to the end of 2015 have been estimated at US\$ 515 million. The costing for the 2012/2013 biennium is estimated at US\$ 175 million. Most of these costs are included in WHO's Programme Budget under Strategic Objective 2: "To combat HIV/AIDS, tuberculosis and malaria". An additional US\$ 40 million has been added to account for activities that occur under other strategic objectives but have a direct impact on the HIV response.

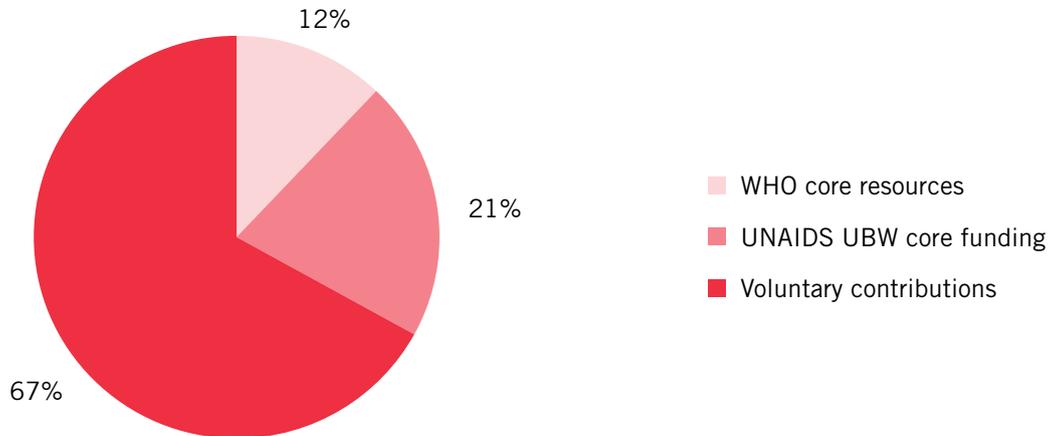
OPTIMIZING PROGRAMME EFFICIENCIES

The programme development process included a number of steps and safeguards to ensure increases in programme efficiencies, with priorities defined on the basis of a joint review of all proposed HIV-related outputs in view of goals and targets stipulated in the GHSS and the Getting to Zero: UNAIDS Strategy 2011–2015. For each workstream, collaboration between headquarters, regional offices and country offices was reviewed in order to strengthen links and avoid duplication of work. Emphasis was placed on ensuring optimal support and staff presence in strategic and priority countries, in line with the UBRAF high-impact countries (geographical scope). Finally, a range of measures was agreed upon to reduce programme transaction costs, with an emphasis on minimizing costs associated with travel, meetings and publications.

FUNDING SOURCES

In the 2010-2011 biennium, WHO implemented an estimated US\$ 175 million for specific HIV-related activities at all levels of the Organization. Of these, around 10% were allocated from the WHO budget (assessed contributions and core voluntary contributions) and 20% was covered by the UNAIDS Unified Budget and Workplan (UBW) core funding and from UNAIDS co-sponsors. The remaining 70% was raised as voluntary contributions from Member States, development partners and foundations, including US\$ 50 million carried forward from previous bienniums. Major donors for HIV specific funds channelled through headquarters include: The United States of America President's Emergency Plan for AIDS Relief (PEPFAR) (through the United States Centers for Disease Control and Prevention and the United States Agency for International Development), Bill and Melinda Gates Foundation, United States National Institutes of Health (NIH), Canadian International Development Agency (CIDA), OPEC Fund for International Development (OFID), UNITAID, Drosos Foundation, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM), Fondazione Penta, University of South Carolina, University College London, and other government and development agencies from Australia, Austria, Brazil, China, Canada, France, Japan, Norway, Spain, Sweden and the United Kingdom.

Fig. 1. Averaged distribution of HIV specific funding for WHO, 2010-2011

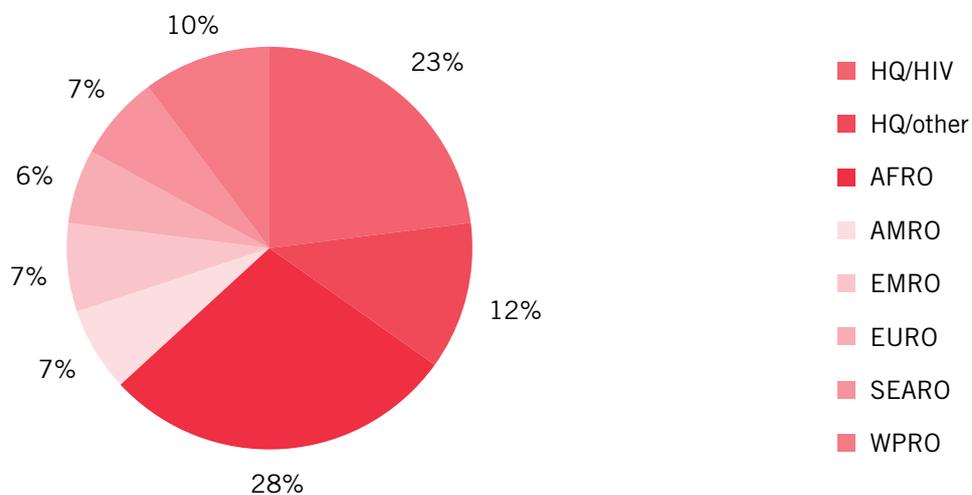


The proposed direct HIV expenses for 2012/2013, amounting to US\$ 175 million, represent a budget which has flatlined vis-à-vis the previous biennium. Considering the significant increase in operating costs, largely due to currency fluctuations, zero growth in the budget could only be achieved by reducing the size of the HIV programme and increasing its efficiency. Thanks to these measures, WHO anticipates maintaining a level of country support that is comparable to the 2010-2011 biennium, provided that the full budget can be raised.

GEOGRAPHICAL DISTRIBUTION

The proposed HIV budget is heavily oriented towards regional and country expenditures, as outlined in Fig. 2. The decentralisation of budgets from headquarters to regional and country offices has been significant since 2000/2001, when over two thirds of HIV-related funds were spent at headquarters, and this reflects WHO's strong commitment to country support. Variations in budgets in and between the regions reflect the burden and dynamics of the HIV epidemic, as well as differing fundraising capacity among regions.

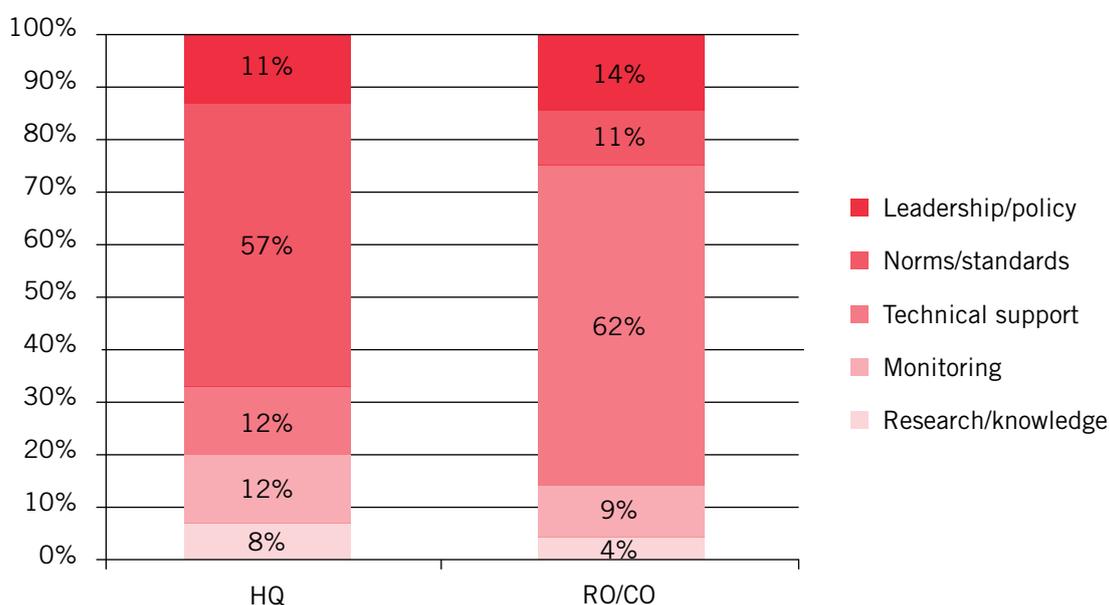
Fig.2. Distribution of projected 2012-13 HIV specific funding per budget centre (US\$ 175 million)



CORE FUNCTIONS

The WHO HIV Operational Plan places significant emphasis on focusing resources where WHO's contribution is most needed and is uniquely positioned to deliver results, being based on advice from Member States and development partners. As a result, the WHO HIV Operational Plan emphasizes WHO's key role in the development of normative guidance and standards, in which headquarters is taking a lead role, and technical support to Member States led by regional and country offices. (see Fig. 3, HIV budget by core function and organizational level).

Fig. 3. HIV budget by core function and organizational level (in %)



THEMATIC DISTRIBUTION

The distribution of HIV-dedicated financial and human resources across the different strategic directions of the GHSS reflects the areas where resources and technical expertise are required most. Work related to the optimization of HIV prevention, diagnosis, treatment and care outcomes (Strategic Direction 1) is the most resource-intensive and is anticipated to require 57% of all resources spent on Strategic Directions 1 to 4. WHO's prominent role in managing strategic information on HIV in the health sector and strengthening various components of the health sector and community systems (Strategic Direction 3) comprises an additional 35%. Remaining HIV funds are also used to strengthen linkages between the HIV programme and other health areas (Strategic Direction 2) and reducing vulnerabilities and inequities (Strategic Direction 4) – funding that adds to other organizational investments in these areas.

HUMAN RESOURCES

In total, it is estimated that close to 230 dedicated HIV professional staff are needed to implement the proposed HIV programme in 2012-2013. The distribution of staff follows the strong commitment of the Organization to provide support close to the implementation level, with more than 75% working at country and regional levels, and less than 25% at headquarters. Table 1, Projected human resources, provides an overview of staffing at headquarters, regional and country levels, ensuring dedicated HIV staff in all UBRAF high-impact countries. Proposed staffing levels are around 35% below 2006/2007 levels.

Table 1. Projected human resources requirements for HIV programme, 2012-2013

	INTERNATIONAL TECHNICAL STAFF	NATIONAL TECHNICAL STAFF	TOTAL
HQ HIV	31.5		30.5
HQ other	21		15
AFRO	20	54	74
AMRO	15	5	20
EMRO	9	10	19
EURO	11	11	22
SEARO	10.5	8.5	19
WPRO	13	9	22
Total	131	97.5	228.5

HQ= headquarters

Annex 1. Acronyms

INSTITUTIONAL ACRONYMS

WHO REGIONAL OFFICES

AFRO	WHO Regional Office for Africa
AMRO/PAHO	Pan American Health Organization (PAHO)/WHO Regional Office for the Americas
SEARO	WHO Regional Office for South East Asia
EURO	WHO Regional Office for Europe
EMRO	WHO Regional Office for the Eastern Mediterranean
WPRO	WHO Regional Office for the Western Pacific

WHO HEADQUARTERS DEPARTMENTS

BTS	Department of Blood Transfusion Safety
CPM	Department of Chronic Diseases Prevention and Management
ETH	Department of Ethics, Equity, Trade and Human Rights
EMP	Department of Essential Medicines and Pharmaceutical Policies
GER	Gender, Equity and Human Rights Unit
HDS	Department of Health Policy, Development and Services
HIV	Department of HIV/AIDS
HSF	Department of Health Systems Financing
HRH	Department of Human Resources for Health
HSI	Department of Health Statistics and Information Systems
IVB	Department of Immunization, Vaccines and Biologicals
KMS	Department of Knowledge Management and Sharing
MCA	Department of Maternal, Newborn, Child and Adolescent Health
MSD	Department of Mental Health and Substance Abuse
NHD	Department of Nutrition for Health and Development
PED	Department of Pandemic and Epidemic Diseases
PSP	Department of Patient Safety Programme
RHR	Department of Reproductive Health and Research
STB	Stop TB Department
TDR	The Special Programme for Research and Training in Tropical Diseases

WHO HEADQUARTERS CLUSTERS

FWC	Family, Women's and Children's Health
GMG	General Management
HSS	Health Systems and Services
HTM	HIV/AIDS, TB and Neglected Tropical Diseases
IER	Information, Evidence and Research
NMH	Noncommunicable Diseases and Mental Health
PCU	Partnerships, Country Focus and United Nations Reform

UNITED NATIONS PARTNERS

UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
ILO	International Labour Organization
UNESCO	United Nations Educational, Scientific and Cultural Organization
World Bank	The World Bank

TECHNICAL ACRONYMS

ART	antiretroviral therapy
ARV	antiretroviral drug
eMTCT	elimination of mother-to-child transmission of HIV
GHSS	Global Health Sector Strategy on HIV/AIDS, 2011-2015
HBV	hepatitis B
HCV	hepatitis C
IMCI	Integrated Management of Childhood Illness
MNCH	maternal, newborn and child health
PEP	post-exposure prophylaxis
PMTCT	prevention of mother-to-child transmission of HIV
POC	point of care
PreP	pre-exposure prophylaxis of HIV
PSM	procurement and supply management
SRH	sexual and reproductive health
STI	sexually transmitted infections
TB	tuberculosis
VMMC	voluntary medical male circumcisions



**World Health
Organization**

World Health Organization
Avenue Appia 20
1211 Geneva 27 - Switzerland

978 92 4 150370 9



9 789241 503709