GLOBAL HEALTH SECTOR STRATEGY FOR HIV/AIDS

2003 - 2007

Providing a Framework for Partnership and Action

Department of HIV/AIDS
Family and Community Health
World Health Organization

CONTENTS

INTRODUCTION

The HIV/AIDS Pandemic

The HIV/AIDS pandemic has become a human, social and economic disaster, with far-reaching implications for individuals, communities and countries. No other disease has so dramatically highlighted the current disparities and inequities in health-care access, economic opportunity and the protection of basic human rights.

By the end of 2002 42 million people were estimated to be infected with HIV. During 2002, the AIDS epidemic claimed more than 3 million lives and 5 million people became infected with HIV. Each day there are some 14,000 new HIV infections, with more than half of these occurring among young people under 25 years of age. Over 3 million children are HIV infected.

Globally, the major mode of HIV transmission is through sexual intercourse. HIV is also spread through injecting drug use, sexual intercourse between men, mother-to-child transmission and through contaminated blood in health care settings. The relative importance of the different modes of transmission varies between and within regions of the world.

Sub-Saharan Africa has been most severely affected by the epidemic with almost 9% of its adult population infected in 2002 and an estimated 29.4 million people living with HIV. Life expectancy has fallen to levels below 50 years. Nearly 10% of child mortality is HIV-associated, erasing progress in child survival during the past decades. In Asia/Pacific there are now more than 7 million infected people, and further spread could lead to millions more becoming infected in the next decade. The epidemic in Latin America and the Caribbean is well established with nearly 2 million people infected, and rapid growth has been observed in recent years in Eastern Europe and Central Asia.

Other Sexually Transmitted Infections (STIs)

Other sexually transmitted infections are of concern because they can increase the risk of transmission or acquisition of HIV. Rates of sexually transmitted infections are very high. In 1999 it was estimated that the annual global incidences of the four most common STIs among adults were: syphilis 12 million; gonorrhoea 62 million; chlamydial infections 92 million; and trichomoniasis 174 million, giving a combined total of 340 million new infections annually.

Impact on Security and Economic Development

In many countries, HIV/AIDS pushes people deeper into poverty as households lose their breadwinners, livelihoods are compromised and savings are consumed by the cost of health care. The pandemic also adds to the strain on national institutions and resources, and undermines the social systems that help people to cope with adversity. In the most severely affected settings there is already evidence that HIV/AIDS is eroding human security and productivity, undermining economic development, and threatening social cohesion.

Educational systems and education standards too are being affected as more young people are forced to leave school to take care of sick parents and look after siblings. More than 11 million African children have lost one or both parents to AIDS. The spread of HIV and the impact of AIDS are disproportionately affecting young people, and therefore the future of the global community itself.

Imbalance in Treatment Access

In many developed countries, the availability of combination antiretroviral treatment has meant dramatic reductions in HIV/AIDS-related mortality and morbidity. As a result, more people with HIV are able to enjoy better health and lead productive lives. This is in stark contrast to the developing world, where there is little treatment access and HIV/AIDS-related illness and death are commonplace.

Complacency Threatens Progress

HIV infection rates and AIDS-related deaths are on the rise again in some countries where real progress was previously being made in containing

the pandemic. Complacency and "AIDS fatigue" at government, donor, community and individual levels are contributing to this situation. In some settings, HIV prevention and care initiatives and services have been allowed to run down, while other countries have not modified their prevention and care programmes in the face of new complexities.

In particular, failure to maintain a balance between treatment and prevention has weakened efforts to combat HIV/AIDS in some countries. For example, some developed countries have not maintained a strong enough focus on prevention following the advent of combination antiretroviral treatment from 1995 onwards. Also, the effects of wider access to antiretroviral treatment on prevention programmes and client support are not always fully considered. This is contributing to increasing rates of unsafe behaviours, rising HIV-infection rates and substantial problems with antiretroviral resistance and cross-resistance in a number of developed countries. Developing countries now have a unique opportunity to learn from these experiences by maintaining strong prevention efforts even as access to antiretroviral treatment is scaled-up.

Impact on the Health Sector

The health sector is facing severe shortages of human and financial resources, especially in the worst-affected countries. Many health-sector services and facilities are struggling to cope with the growing impact of HIV/AIDS. This is clearly demonstrated in sub-Saharan Africa, where people with HIV-related illnesses occupy more than 50% of hospital beds, and where organizations and facilities providing care and support are simply being overwhelmed by the demand.

At the same time as demand for health services increases, more health-care personnel in sub-Saharan Africa are themselves dying or unable to work as a result of AIDS. To compensate for these losses and to meet growing service demands, more doctors and nurses will need to be trained and new categories of health professions established (e.g. medical assistants, nurse practitioners, and counsellors). The situation in sub-Saharan Africa may well arise in other regions unless strategies are put in place now to strengthen the human and financial capacity of the health sector.

Variable Support for Health Ministries

Health ministries have decades of experience in leading health-sector responses to serious health challenges. Yet in the case of HIV/AIDS, some health ministries are experiencing difficulties in stewarding such responses. Furthermore, their central role in providing the technical input needed to guide overall national planning for HIV/AIDS is not always recognized or fully utilized.

Lack of resources, too many competing demands, and lack of influence within government decision-making are demoralizing some health ministries. Many national HIV/AIDS strategic planning and decision-making structures are cumbersome and have unintentionally confused rather than assisted responses. Some of these structures have also unintentionally marginalized health ministries or fragmented their efforts with the result that their experience and other comparative advantages are not being fully utilized, thereby hindering the overall national response to the pandemic.

Opportunities in Adversity – Applying the Lessons Learned

This overview of the HIV/AIDS pandemic clearly indicates that even after 20 years of effort there are still many challenges to be met. Yet this is also a time of hope and much possibility. Remarkable progress is being made wherever political leadership is supporting the health sector in working with other sectors and the wider community in combating HIV/AIDS. Opportunities are being created through global determination to increase human and financial resources; to expand prevention efforts; to scale-up antiretroviral treatment access in developing countries; and to support research into prevention and treatment approaches. There is now an important opportunity not only to provide better care for people living with HIV/AIDS but to improve health systems and the provision of health care for all.

Hope can also be derived from the wealth of knowledge and experience amassed over 20 years of global effort in responding to HIV/AIDS. We have learned much about HIV itself and the disease process. We know a great deal about how to prevent HIV infection, and about the factors that fuel its spread. We also know which kinds of treatment and care interventions are effective and have learned important lessons including:

- strong government leadership generates the most effective national responses to HIV/AIDS;
- investing in prevention, treatment and care now avoids far heavier human and financial costs in the future;
- wide-ranging public-information campaigns (which include frank discussion of sexual behaviour and drug use) help counter denial and lead to reduced levels of HIV infection;
- making condoms, sterile injecting equipment and other commodities widely available reduces risk and results in lower infection rates;
- strong control programmes for STIs result in fewer HIV infections;
- rational and effective use of antiretrovirals and other HIV-related treatments produces striking reductions in HIV/AIDS-related mortality and morbidity;
- national HIV/AIDS strategic plans help generate effective national and multisectoral responses and optimize the use of human and financial resources;
- different models can be used to provide a strategic framework for responding to HIV/AIDS, but placing health ministries at the centre of strategic planning helps to maximize health-sector expertise in supporting effective national outcomes;
- meaningful partnerships between governments, health professions, people living with HIV/AIDS, vulnerable groups, local communities and nongovernmental organizations result in strong national and local responses;
- epidemiological and behavioural data are required to inform development and monitoring of national strategic plans for HIV/AIDS;
- laws and policies that counter stigma and discrimination against people living with HIV/AIDS and vulnerable populations reduce the negative impact of the pandemic and enhance prevention, health-promotion, treatment and care efforts.

The cost of learning these lessons has been considerable, both in terms of individual human suffering, societal impact and financial costs. It is therefore imperative that the opportunities available now are acted upon. In support of this, barriers such as lack of education, inaccessibility of treatments, gender inequality, negative cultural attitudes, stigma and discrimination all need to be strongly countered.

Creating a Framework for Partnership and Action – the Global Health-Sector Strategy for HIV/AIDS (2003–2007)

The foundations for generating action to meet the daunting challenges posed by HIV/AIDS are clear policies, effective strategic planning and sound decision-making processes. These foundations help to create strong partnerships, to make the best use of human and financial resources, and to generate positive outcomes. However, many countries are struggling to create a truly effective strategic approach to HIV/AIDS.

Conscious of the need to define and strengthen the role of the health sector within a broad multisectoral response to HIV/AIDS, the World Health Assembly adopted a resolution in May 2000 (WHA53.14) requesting the Director General of WHO to develop a strategy for addressing HIV/AIDS as part of the United Nations system-wide effort to combat the pandemic. The resulting Global Health-Sector Strategy (GHSS) for HIV/AIDS described in this document is only one of a number of important initiatives that have emerged since the United Nations Special Session on HIV/AIDS in 2001, and has been developed by WHO in a spirit of renewed determination. The global community in general and the health sector in particular now have an exceptional opportunity to redouble their efforts against a devastating global pandemic and to show what can be achieved through bold leadership and concerted action.

PART I

AIMS AND TARGET AUDIENCE OF THE GLOBAL HEALTH-SECTOR STRATEGY FOR HIV/AIDS

I.1 Aims

The aim of the Global Health-Sector Strategy (GHSS) is to strengthen the response of the health sector to the challenges posed by HIV/AIDS as part of an overall multisectoral effort. Within this overarching aim four specific objectives have been identified:

1. to advise health ministries on the core components of an effective health-sector response to HIV/AIDS;

2. to support health ministries in developing the policy, planning, priority-setting, implementation and monitoring frameworks needed to generate such a response as part of overall national strategic plans;

3. to enhance and promote the comparative advantages, expertise and experience that health ministries can contribute to national strategic planning for HIV/AIDS;

4. to help the health sector to meet the goals contained in the United Nations General Assembly Declaration of Commitment on HIV/AIDS.

In support of these objectives the Strategy describes the support that WHO will offer, outlining a series of steps, issues and *Action Points* for health ministries and others in the health sector to consider, especially during the development or updating of national strategic plans for HIV/AIDS. The Strategy can be used on a section-by-section basis to review policies and actions on specific topics – for example, priority-setting; human resourcing; or the allocation of roles and responsibilities.

Consistent with the World Health Assembly resolution, this Strategy focuses on HIV/AIDS as well as addressing the direct linkages between HIV and other sexually transmitted infections (STIs). However, this Strategy does not attempt to provide a comprehensive description of strategic responses to all STIs and related issues which will be addressed separately.

I.2 Strategy Development, Timeframe and Monitoring

The development of this Strategy was informed by extensive consultations involving WHO programmes, regional and country offices, ministries of health, National AIDS Commissions, other governmental bodies, people living with HIV/AIDS (PLWHA), UNAIDS cosponsors, nongovernmental organizations (NGOs) and other partners. This process was guided by an external reference group consisting of experienced programme managers, government representatives from affected countries, academics, NGOs, PLWHA and bilateral aid agencies.

The Strategy will operate from 2003-2007. At the mid-term point (2005) there will be an interim review of progress made by each country, along with an assessment of the role of WHO in providing assistance and support to Strategy implementation at regional and country levels. At the end of the operational period (2007) there will be a full review of the progress made.

To advise on monitoring and evaluation, WHO will convene a Strategy Monitoring and Evaluation Advisory Group, comprising representatives of health ministries, health professions, civil society and people living with HIV/AIDS.

I.3 Target Audience

Health Ministers and Policy-Makers

The primary target audience for this Strategy are Ministers of Health, policy-makers and other decision-makers in the health sector (e.g. senior officials in government ministries and departments; directors of health and medical services; district health officers; national health planning staff; and national AIDS programme managers).

The Strategy has been developed to assist in strengthening health-sector activities for HIV/AIDS within a supportive strategic framework, and as part of overall national strategic planning for HIV/AIDS. In order to guide this process, a number of *Action Points* for health ministries are listed throughout this document. These recommended actions cannot however be considered as separate from an overall national strategic response to HIV/AIDS. While the response of health ministries and the health sector lies at the core of any national effort to combat the pandemic, it is recommended that all relevant areas of government (including national AIDS commissions and committees external to the health ministry) are urged to formally consider this Strategy.

Other Health-Sector Stakeholders

The health sector is wide-ranging and encompasses organized public and private health services (including those for health promotion, disease prevention, diagnosis, treatment and care); health ministries; nongovernmental organizations; community groups; and professional associations; as well as institutions which directly input into the health-care system (e.g. the pharmaceutical industry, and teaching institutions).

Although HIV/AIDS is a multidimensional and multisectoral issue, it is the health sector which plays the central role in promoting effective interventions, providing treatment and care, catalysing action at other levels of society and mobilizing resources. Furthermore, should improved treatments and microbiological control and prevention methods (e.g. vaccines and microbicides) become available, the role of the health sector is likely to increase, as will the complexities it will have to address. The *Action Points* listed in this Strategy are designed not only to support the health sector in responding to the current challenges, but also to meet new ones as they emerge.

The central theme of this Strategy is about building a framework for partnership and action, and one of its aims is to move beyond rhetoric about partnerships, and provide instead a series of practical steps to help make partnerships work in everyday situations. These steps are intended to help all those working in the health sector to:

- assess their role in responding to HIV/AIDS within the overall health-sector response;
- identify gaps and weaknesses in existing strategic frameworks for responding to HIV/AIDS;
- identify gaps and weaknesses in prevention, health promotion, treatment, care, and research;
- identify ways of ensuring an environment of laws, regulations, and policies conducive to the delivery of programmes and services;
- ensure enhanced access to programmes and services by eliminating negative attitudes and behaviours within the health sector itself.

Strengthening linkages and partnership within the strategic framework for HIV/AIDS will foster these processes, as will involving health-sector stakeholders in decision-making. By creating these opportunities, national strategic responses to HIV/AIDS will be enhanced and accountability encouraged at all levels – from Health Ministers and senior health officials through to those working in the direct provision of prevention, health promotion, treatment, care and research.

Other Government Departments and Agencies

Many government departments and agencies outside the health sector (such as those with responsibilities in finance, justice, education, planning, labour, agriculture, transport, tourism, corrective services, defence and foreign affairs) also have an important role to play in responding to HIV/AIDS. Generating such broad government participation in the fight against HIV/AIDS will be necessary if national efforts to combat the pandemic are to be optimized. Approaches to support this are discussed later in this Strategy. One pur-

pose of this Strategy is to help identify those areas where health ministries need to lead the response to HIV/AIDS, or where other areas of government need to take a leading role with support and technical advice from health ministries. Therefore, all areas of government involved in HIV/AIDS are a potential audience for this document and should be urged to consider it.

International Agencies and Nongovernmental Partners

International agencies and nongovernmental partners are another important audience for this Strategy. Opportunities for managing diversity and optimizing synergies can be created through partnerships and linkages involving the public sector, the private sector and donors.

Action Points for Health Ministries

→ Establish clear processes for considering and implementing this Strategy.

→ Urge all relevant areas of government to formally consider this Strategy and implement it wherever applicable.

→ Promote this Strategy to all health-sector stakeholders, people living with HIV/AIDS, and civil society, and invite their input into implementing and monitoring this Strategy.

I.4 Role of the World Health Organization

The World Health Organization (WHO) has been centrally involved in the fight against HIV/AIDS from the very beginning, and has accumulated a body of knowledge and experience of approaches known to be effective against the disease. As the international community strives to mobilize a global response commensurate with the scale of the pandemic, WHO is working to translate this expertise into action.

WHO is strongly committed to working with health ministries to implement this Strategy, and this document provides *Action Points* for WHO itself to complement those recommended for health ministries. Although these WHO *Action Points* primarily focus upon providing support for health ministries, many of them will also assist in multisectoral responses to HIV/AIDS and other STIs. WHO will produce a workplan for implementing the *Action Points* for which it has responsibility. During the lifetime of this Strategy (2003–2007) WHO will produce supplementary documentation as appropriate to further assist a global health-sector response to HIV/AIDS and to other STIs.

WHO's HIV/AIDS Department will lead and coordinate all HIV/AIDS-related activities throughout the Organization. The HIV/AIDS Department will be responsible for supporting the implementation of this Strategy and for setting up mechanisms to monitor its progress.

In many of the hardest hit countries, addressing HIV/AIDS requires sustained increases in external support through poverty-reduction strategies, bilateral projects, donor support, sector-wide approaches and, where appropriate, emergency assistance. In support of this, WHO will intensify collaboration with its many partners, both within the international health and development network and civil society.

Furthermore, WHO will cooperate closely with a broad range of partners including United Nations agencies, Member States, and other organizations, consistent with the United Nations System Strategic Plan for HIV/AIDS (2001–2005) and the United Nations Global Strategy Framework on HIV/AIDS (2001).

This Strategy recognizes that other UNAIDS cosponsors also provide support to ministries of health, including UNFPA for linkages between reproductive-health services and HIV; UNICEF for its focus on mother-to-child transmission, and on adolescent and child welfare; UNDP for its focus on the involvement of people living with HIV in policy development and programme design; ILO for workplace health policy; and the World Bank as the largest donor of funds for health infrastructure and planning.

Action Points for WHO

➔ Advocate, in collaboration with international development agencies and with the private sector, to prioritize health within the development agenda, using HIV/AIDS as an entry point for strengthening health systems and for health-sector reform.

➔ Provide normative guidance and support to countries in three broad areas:
- assessing the scale and nature of the epidemics of HIV and other STIs, and providing evidence for effective interventions;
- prevention of new infections;
- provision of treatment, care and support to those in need.

➔ Strengthen the technical capabilities of WHO regional and country teams and mobilize human and financial resources within countries in order to expand the health system response.

➔ Provide technical support to countries to improve the quality and completeness of data on HIV/AIDS, other STIs, and the related risk behaviours.

➔ Provide direction and leadership to and serve as a catalyst to stimulate high-quality research.

➔ Foster leadership training, management training and other capacity building in health ministries and the health sector.

➔ Encourage the involvement of other UNAIDS cosponsors in providing support to Ministers of Health and their ministries in implementing this Strategy.

➔ Produce supplementary operational guidance to further assist health ministries generate strong health-sector responses to HIV/AIDS and other STIs, including materials on the following issues:
- expanding access to antiretroviral therapy in developing countries;
- HIV/AIDS in the context of emergencies and disasters.

➔ Produce and publish a work plan for implementing the WHO action points contained in this strategy, including concordance with the WHO-led country focus initiative.

➔ Encourage ownership of this Strategy by Health Ministers, ministries of health, and others in the health sector, and within WHO itself.

PART 2

RESPONDING TO HIV/AIDS – THE GOALS, GUIDING PRINCIPLES AND CORE COMPONENTS OF EFFECTIVE ACTION

2.1 Introduction

Three elements underpin a comprehensive health sector response to HIV/AIDS:

1. Maintaining concordance with the Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly.

2. Using sound principles and goals to guide planning.

3. Implementing a list of core components of a health sector response to HIV/AIDS.

The purpose of this part of the Strategy is to discuss each of these elements and present a systematic way of incorporating them into health sector responses.

These elements should also inform national strategic plans for HIV/AIDS, in which action by the health sector will be a central feature. This process will be supported by the earlier recommendation (end of section 1.3), that Health Ministers and health ministries ask all relevant areas of government, including any national AIDS commissions and committees external to the health ministry, to formally consider this Strategy.

2.2 Concordance with UN Declaration of Commitment on HIV/AIDS

In June 2001, the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) signalled the need for greater global efforts to combat the HIV/AIDS pandemic. In unanimously adopting a Declaration of Commitment on HIV/AIDS, the global community committed itself to carrying out a range of actions at the local, national, regional and international level.

Many of the goals, targets and commitments contained in the Declaration can only be met if the health sector contributes strongly and widely to the overall effort. Accordingly, the Global Health-Sector Strategy outlined in this document reflects the aspirations and actions contained in the Declaration, with targets and timelines of direct concern to the health sector listed throughout. It is recommended that the Declaration's goals, targets and commitments be the cornerstone of the health-sector response to HIV/AIDS and be fully reflected in national strategic plans for HIV/AIDS.

Action Points for Health Ministries

→ Use the United Nations Declaration of Commitment on HIV/AIDS to advocate for leadership, commitment and resources necessary to combat the pandemic.

→ Incorporate the goals, targets and commitments of the Declaration into national plans and strategies.

→ Establish mechanisms for monitoring the implementation of the Declaration involving a wide range of stakeholders, including health professionals; people living with HIV/AIDS; representatives of vulnerable communities; and nongovernmental organizations.

From UNGASS Declaration of Commitment

Prevention must be the mainstay of responses:

- *Establish time-bound national prevention targets, which particularly address those most vulnerable to HIV infection (by 2003), including targets to achieve the global prevention goal to reduce, by 2005, HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25%, and by 25% globally by the year 2010;*
- *expand access to essential commodities, including male and female condoms, sterile injecting equipment and other harm-reduction efforts related to drug use;*
- *expand access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections (by 2005);*
- *by 2005, reduce the proportion of infants infected with HIV by 20%, and by 50% by the year 2010.*

Care, support and treatment are fundamental elements of an effective response:

- *Provide the highest attainable standard of treatment for HIV/AIDS (by 2003);*
- *develop strategies to strengthen health-care systems and address factors affecting the provision of HIV-related drugs, including affordability and pricing of antiretroviral treatments (by 2003);*
- *develop and implement comprehensive care strategies for public and community based settings (by 2005);*
- *ensure national strategies to provide psychosocial care for individuals, families and communities affected by HIV/AIDS (by 2003);*
- *improve the capacity and working conditions of health-care personnel (by 2005).*

Realization of human rights and fundamental freedoms is essential to reduce vulnerability to HIV/AIDS:

- *Enact measures to eliminate discrimination and protect all the human rights of people living with HIV and members of vulnerable groups (by 2003);*
- *implement national strategies that promote the advancement of women and women's full enjoyment of all human rights (by 2005).*

Research is crucial:

- *Support the development of national and international research infrastructures.*

Action Points for WHO

➔ Promote the United Nations Declaration of Commitment on HIV/AIDS to Health Ministers, health ministries, the wider health sector and within WHO itself.

➔ Participate in monitoring the implementation of the Declaration at country, regional and global levels in cooperation with the UNAIDS Secretariat, its cosponsors and other United Nations agencies.

➔ Support health ministries in implementing the Declaration by providing normative and technical advice and promoting capacity-building.

2.3 Goals and Principles to Guide Responses

Achievable goals and sound principles provide the foundations upon which a successful health-sector response can be built. The goals and principles which follow are derived from a broad consultative process with stakeholders as well as a range of United Nations resolutions, documents and initiatives[1] and are viewed as prerequisites in developing and sustaining effective prevention, health promotion, treatment and care for HIV/AIDS.

The goals of efforts to combat HIV/AIDS are:

1. prevent transmission of HIV;

2. reduce morbidity and mortality related to HIV/AIDS;

3. minimize the personal and societal impact of HIV/AIDS.

Principles

The underlying principles guiding responses to HIV/AIDS can be summarized as:

1. it is the role of government, working with civil society, to provide the leadership, means and coordination for an effective response to HIV/AIDS at the community and national levels;

2. it is a fundamental responsibility of the health sector to provide the highest possible levels of care, even in resource-constrained settings. All countries should set goals for delivering comprehensive HIV/AIDS treatment and care, including psychosocial support, at each level of the health system, extending into the community and the home;

3. prevention, treatment and care are indivisible elements of effective responses. Although prevention of HIV infection forms the mainstay of the health-sector response, it cannot be separated from the treatment and care of those living with HIV/AIDS. Linkages to treatment and care are a fundamental part of effective prevention and health promotion. Each encounter between a health-care worker and client is an opportunity to provide information about HIV transmission, as well as to offer medical treatment. The benefits of combining prevention, health promotion and treatment are seen at both individual and population levels. Although countries will prioritize different interventions on the basis of local needs and resources, a balance must be maintained between prevention and health-promotion activities and the provision of treatment and care;

4. health ministries and others working in the health sector have a responsibility to use the best available evidence to inform planning and decision-making for HIV/AIDS. However, while evidence-based decision-making is of paramount importance, there is also a need to foster innovation and translate it into evidence by collecting and analysing information on approaches used and outcomes achieved. Where proven interventions are adapted to local settings, information on the results of these adaptations should also be collected. By feeding such information rapidly back into policy, planning and practice, a continuing process of improvement to AIDS programmes and services can be developed. In many developing countries, there is a need to demystify evidence and communicate findings in a way that counters denial and encourages its use in policy and programming;

5. people have a right to know their HIV status, and testing and counselling should be widely accessible through innovative, ethical and practical models of delivery. HIV testing and counselling are entry points to HIV-related care and prevention services, and provide opportunities for clients to reduce their risk of acquiring or transmitting HIV. High priority should be given to scaling-up HIV testing and counselling to maximize the opportunities to reach those with HIV infection or at high risk;

6. there is strong evidence that epidemics can be prevented, contained or even reversed through targeting people living with HIV/

1 Declaration of Commitment on HIV/AIDS – Special Session of the General Assembly on HIV/AIDS (Resolution A/RES/S-26/2), June 2001; UN System Strategic Plan for HIV/AIDS 2001-2005, UNAIDS/PCB(11)/01.3 4 May 2001.

AIDS and other vulnerable populations and groups. These populations and groups include, but are not limited to, adolescents and youth; ethnic minorities; indigenous peoples; transport workers; uniformed personnel; sex workers; men who have sex with men; injecting drug users; prisoners; and people affected by conflict and civil unrest. Targeted care and support services have also proven effective in many contexts. Health ministries play a central role in generating and coordinating targeted interventions. This necessarily involves working in partnership with other areas of government; non-government organizations; people living with HIV/AIDS; the business sector; as well as with groups and populations who are marginalized and at heightened risk;

7. all should have access to prevention methods, treatment, care and the results of scientific breakthroughs, including those who are poor or marginalized;

8. support should be extended to children who have been orphaned by HIV/AIDS as they are especially vulnerable to the devastating consequences of the epidemic;

9. a successful response depends on the active engagement of people living with and affected by HIV/AIDS;

10. programmes must address the gender inequalities that fuel the pandemic;

11. both broad-based and targeted interventions are required, and health ministries must play a central role in generating and coordinating both types of approach. Broad-based interventions are required to generate wide population awareness of HIV/AIDS, reducing complacency and countering discrimination. Targeted interventions complement such broad-based approaches and should be used in contexts where the potential for HIV transmission is particularly high and/or where there are specific problems to be addressed;

12. utilizing a mixture of integrated and specialist programmes and services can be a highly effective approach. Integrating HIV/AIDS services and programmes into the existing mainstream health system frequently results in effective, cost-efficient outcomes. In particular, existing reproductive-health programmes provide a clear entry point for the delivery of HIV/AIDS interventions. However, such integration should not proceed before a full analysis is made of the capacity to manage this process effectively. If some health services are not suitable or not ready for full integration, then strengthening collaboration between services and ensuring the cross-referral of patients is an important alternative strategy. In some situations, specialist HIV/AIDS services and programmes will be the most effective approach. However, close linkages with other programmes and services will continue to be necessary to provide an effective continuum of treatment, care and support;

13. HIV infection in medical settings must be prevented. As part of this, ensuring the safety and integrity of the blood supply is a fundamental requirement, and sterile equipment must be provided and universal precautions promoted. Health-care workers should have access to post-exposure prophylaxis with antiretrovirals in cases of accidental exposure to HIV.

Action Points for Health Ministries

→ Incorporate these principles and goals into national, state/provincial and local health-sector plans for HIV/AIDS.

→ Recommend that these principles and goals underpin responses to HIV/AIDS at all levels of government and the nongovernmental sector, including the formulation of national, state/provincial and local strategic plans for HIV/AIDS.

Action Points for WHO

→ Strengthen the capacity of health ministries and the health sector to promote these principles and goals, including through intersectoral collaborations.

2.4 Core Components of a Health-Sector Response to HIV/AIDS

Much has been learned about preventing the transmission of HIV, about treatment and care interventions, and about the laws, policies and strategies that support effective health-sector and national responses. Even in the most resource-limited settings there are success stories in slowing the rate of new infections and in providing quality care for those affected. Such successes have been achieved through the implementing of proven interventions, even where funding may have been very restricted.

Based on these experiences and on a wealth of global knowledge gained from two decades of responding to HIV/AIDS, WHO has compiled a list of "core components" (Box 1) in line with the comprehensive approach to HIV/AIDS recommended in the United Nations Declaration of Commitment on HIV/AIDS. Although countries may adopt different mixes of interventions based on local needs and resources within each of the component areas shown in Box 1, one central aim should be to maintain a balance between prevention and health-promotion activities and the provision of treatment and care. A critical recommendation of the Global Health-Sector Strategy is that health ministries should adopt the list of core components shown in Box 1 as the foundation for planning health-sector responses to the pandemic.

The prevention of HIV infection and other STIs must be at the centre of health-sector responses. Sexual transmission is by far the most common route of HIV transmission, and leads to many other infections. The promotion of safer sexual behaviours (including, as appropriate, delaying the onset of sexual activity, practicing abstinence, reducing the number of sexual partners, and using condoms) is critical for preventing such transmission. In order to make prevention possible, the cultural and social factors that prevent individuals (particularly women and young people) from adopting safer sexual practices need to be addressed.

Strategic prevention approaches emphasize targeting HIV/AIDS interventions to behaviours, persons and contexts where HIV risk and vulnerability converge. Prevention efforts should support people living with HIV/AIDS to prevent ongoing transmission to their partners and children. Where injecting drug use is fuelling the HIV/AIDS epidemic, education, drug-dependence treatment, and outreach services can all be effective in helping to reduce rates of injecting drug use. Harm-reduction approaches (such as wide access to sterile injecting equipment) are also needed.

Information and services for the prevention of mother-to-child transmission of HIV must be made available to all women before pregnancy, during antenatal care, during delivery, and following birth. Specific interventions for HIV-positive pregnant women should be promoted in all settings, and should include the provision of antiretroviral drugs and infant-feeding counselling and support. In addition, care and support, including HIV treatment where necessary, should be extended to women living with HIV/AIDS, their infants and their family.

Antiretrovirals, whether produced by research-based pharmaceutical companies or generic manufacturers, are becoming cheaper and more accessible. Treatment access will be further supported by an international plan to scale-up antiretroviral-treatment access by 2005 for at least 3 million people. All countries should set goals of delivering comprehensive HIV/AIDS treatment and care, including psychosocial support, at each level of the health system, extending into the community and the home.

Many of the interventions implemented within the core component areas will depend upon, and in turn benefit, other public-health programmes. In particular, access to information and services for maternal and child health, sexual and reproductive health, and the control of TB and sexually transmitted infections (STIs) can provide a foundation upon which to build sound HIV/AIDS programmes.

Action Points for Health Ministries

➔ Use the list of core components in planning the health-sector response to HIV/AIDS, and identify those interventions that must form a central part of national strategic plans for HIV/AIDS.

➔ Review national, state/provincial and local health-sector plans and strategies for HIV/AIDS and produce timelines for the full implementation of the core interventions, taking into account local situations and priorities.

➔ Develop mechanisms for the formal involvement of health-sector stakeholders in identifying priorities and implementing interventions. Such stakeholders will include health professionals, community-based organizations, people living with HIV/AIDS, vulnerable groups, community leaders and the business sector.

➔ Use the identified priority interventions as a major instrument for negotiating with donors.

➔ Promote the priority interventions to other sectors and recommend they implement actions relevant to their areas of responsibility (e.g. to ministries of education, youth and culture, transport, and tourism).

Action Points for WHO

➔ Provide technical assistance to assist health ministries in identifying and implementing priority interventions.

➔ Provide analyses that demonstrate the long-term benefits of investing in prevention, health promotion, treatment and care.

➔ Provide technical support to assist health ministries in evaluating the outcomes of programmes and services.

➔ Provide support in making the response of health ministries and the health sector clear and operational in relation to broader multisectoral national AIDS councils, AIDS commissions, secretariats, etc.

➔ Support skills-building among health-ministry and health-sector personnel, for example through study programmes and other innovations (e.g. visits, exchanges and attachments).

➔ Complete and disseminate a modular series of information sheets on specific interventions (including those on required human and financial resources) as part of WHO efforts to provide technical and other support for the implementation of this Strategy.

➔ Promote the use of antiretroviral treatment guidelines and other guidelines for the clinical management of HIV/AIDS and related conditions.

➔ Provide technical assistance to countries in developing procurement plans for HIV/AIDS-related treatments (including antiretrovirals) together with training and other support for the health sector as access is expanded.

➔ Contribute to international efforts to expand access to antiretroviral treatment, including through the global target of providing access to at least 3 million people in developing countries by 2005.

BOX 1

Core Components of a Health-Sector Response to HIV/AIDS

Prevention and Health Promotion

- Providing support for the development of broad-based programmes to educate the general population about HIV/AIDS;
- promoting safer and responsible sexual behaviour and practices, including as appropriate, delaying the onset of sexual activity, practicing abstinence, reducing the number of sexual partners, and using condoms;
- targeting interventions where they will yield the most benefit, for example, where risk and vulnerability converge through behaviours, locations and group membership (refer Section 2.3);
- promoting harm reduction among injecting drug users, such as wide access to sterile injecting equipment, and drug-dependence treatment and outreach services to help reduce frequency of injecting drug use;
- providing widely accessible HIV testing and counselling;
- implementing programmes to prevent mother-to-child HIV transmission.

Treatment

- Increasing access to services to diagnose and manage STIs;
- strengthening services to diagnose and treat HIV/AIDS and related opportunistic and concurrent infections such as TB;
- increasing access to antiretroviral treatment and to other advanced HIV-related treatments;
- providing a continuum of care from home to health facility, supported by a system of client referral (e.g. to nutritional support, psychosocial support, and palliative care).

Health Standards and Health Systems

- Ensuring the safety of blood and blood products;
- promoting universal precautions to reduce the risk of occupational HIV infection in health facilities, community settings and the home; and providing post-exposure prophylaxis to those accidentally exposed to HIV;
- setting and promoting national standards for the public, private and community-based delivery of HIV/AIDS prevention, health promotion, treatment and care;
- building capacity and strengthening health systems, as appropriate, including human resource levels and skills mix.

Informed Policy and Strategy Development

- Establishing or strengthening epidemiological and behavioural surveillance for HIV and STIs;
- elaborating plans to generate resources and strengthening accountability and monitoring systems for both human and financial resources;
- countering discrimination and stigmatization of people living with HIV/AIDS and of vulnerable groups;
- reviewing policies, laws and regulations to ensure that they support HIV and other STI programmes;
- mobilizing communities, non-governmental organizations, people living with HIV/AIDS, vulnerable groups, and the business sector.

PART 3

STRATEGIES FOR AN EFFECTIVE HEALTH-SECTOR RESPONSE TO HIV/AIDS

3.1 Introduction

In PART 2, the goals, guiding principles and core components of a comprehensive health-sector response to HIV/AIDS were identified and discussed. In order to translate these into fully operational programmes, services and policies there needs to be:

- *strong leadership* to mobilize government and the nongovernmental sector;
- a *strategic framework* to support implementation;
- systems for the identification and allocation of *resources;*
- mechanisms for *setting priorities for action; and*
- mechanisms for *accountability, monitoring and evaluation*.

3.2 Strong Leadership

From UNGASS Declaration of Commitment

- ***Leadership by Governments in combating HIV/AIDS is essential;***
- ***the efforts of Government should be complemented by the full participation of civil society, the business community and the private sector.***

To implement an effective health-sector strategy, governments will need to provide strong political leadership within and outside the health sector. Within that sector, health ministries are the major force for leadership and mobilization, with a responsibility to advocate for the inclusion of all health-sector stakeholders (including health professionals, researchers, people living with HIV/AIDS, vulnerable groups and communities, and nongovernmental organizations) in national planning and decision-making.

Leadership is needed outside the health sector too. Many countries have broadened leadership and responsibility for responding to HIV/AIDS, and have established HIV/AIDS commissions or similar bodies to help to shape and coordinate national efforts often resulting in major benefits, including the resolve to confront cultural and societal barriers to HIV prevention and care, the commitment of resources, and nationwide action.

State and provincial health ministries, local agencies and other decentralized health services should be assisted by the national health ministry to incorporate these leadership principles into their planning and decision-making for HIV/AIDS. All such leadership and mobilization efforts need to be coordinated to maximize their impact. Sound processes must be used to decide the mix of policies, programmes and services needed to respond to HIV/AIDS, and similarly effective mechanisms are needed to support planning and implementation.

Government leadership is also needed to encourage partners to join health ministries and other areas of government in implementation and to ensure that a sound strategic framework is put in place with sufficient funding and other resources. Strong government leadership encourages donors and other multisectoral partners to lend their support to national efforts to combat HIV/AIDS.

Regardless of the organizational model used for strategic planning, the health sector has a central role to play in implementation, and in many cases health ministries have a clear mandate, together with sufficient resources and support, to enable them to mobilize and lead effective nationwide responses to HIV/AIDS.

Action Points for Health Ministries

→ Develop an HIV/AIDS leadership plan for the health sector.

→ Recommend changes where necessary to ensure that leadership is a core component of national strategic plans for HIV/AIDS.

Action Points for WHO

→ Develop programmes to assist health ministries exercise their leadership and stewardship role in the health sector, and in overall national strategic responses to HIV/AIDS.

→ Work with UNAIDS and other cosponsors to ensure common messages are provided to countries on the need for clarity of roles and responsibilities of health ministries within the national strategic response to HIV/AIDS.

3.3 A Strategic Framework

3.3.1 National Strategic Plans

Governments need to draw up a national HIV/AIDS strategic plan, including the health-sector response, with the full participation of stakeholders. National HIV/AIDS strategic plans help to ensure that health ministries, others working in the health sector, other government ministries and agencies, and all partners involved in HIV/AIDS clearly understand:

- leadership and stewardship tasks;
- roles and responsibilities;
- principles, goals, and targets;
- processes for obtaining expert advice to inform decision-making;
- priorities and priority-setting processes;
- the programme, service and policy interventions to be put in place;
- mechanisms for accountability, monitoring and evaluation;
- resourcing and budgeting.

Strategic planning is enhanced when innovation is encouraged and local factors, such as in-country diversity, potential barriers to access and the availability of resources, are carefully considered.

Although national HIV/AIDS strategic plans are already in various stages of development and implementation in many countries, important areas such as funding and monitoring are often incomplete. The challenge is to complete these strategic plans and make them operational. In some cases, national HIV/AIDS strategic plans are very broad, and detailed operational plans are still needed to generate cooperative and multisectoral responses

From UNGASS Declaration of Commitment

- ***Develop and implement multisectoral national strategies and financing plans for HIV/AIDS (by 2003);***
- ***integrate HIV/AIDS prevention, care, treatment and support and impact-mitigation priorities into the mainstream of development planning (by 2003);***
- ***establish and strengthen mechanisms that involve the private sector and civil society partners and people living with HIV/AIDS and vulnerable groups in the fight against HIV/AIDS (by 2003);***
- ***establish or strengthen effective monitoring systems for the promotion and protection of human rights of people with HIV/AIDS (by 2003);***
- ***develop innovative partnerships between the public and private sectors;***
- ***conduct national periodic reviews of progress achieved in realizing the UNGASS commitments;***
- ***develop appropriate monitoring and evaluation mechanisms.***

at state/provincial, community and local levels. In countries with fully operational strategic plans, it is important that these plans be updated regularly in light of the evolving situation.

State and provincial health ministries, local agencies, other decentralized health services and the nongovernmental sector should be assisted by the national health ministry in strategically planning for HIV/AIDS. The aim being to ensure that HIV/AIDS plans for all sectors are consistent with the national strategic plan.

3.3.2 Allocating Roles and Responsibilities

Planning and Coordination Responsibilities

Governments must define and allocate roles and responsibilities in order to avoid uncertainty or conflict between long-established institutions such as health ministries, other areas of government, and special structures established to respond to HIV/AIDS (including national HIV/AIDS commissions, committees, and councils). Special planning and coordinating structures are not a solution in themselves, but they can provide a forum for facilitating broad-based responses to the pandemic. In some cases, however, these special structures have had the unintended effect of marginalizing health ministries and have consumed substantial resources, time and energy, thereby weakening the national response.

It is imperative that the health ministry is formally recognized as a central participant in whatever planning and coordinating structure is adopted as part of a national HIV/AIDS strategic plan. The role of the ministry in providing technical expertise and delivering services must be fully and formally acknowledged in that structure.

Coordination efforts at state/provincial level (as well as at the district level and below) provide a strong platform for effective planning and collaboration across sectors, between public and nongovernmental health-sector actors, and between providers, caregivers, clients and other members of civil society. Without such efforts, the health-sector response may become fragmented and undermined in the long term.

Programme and Service Delivery

Countries will also need to decide how responsibilities for programmes and services will be allocated between national government, state/provincial government, local government and agencies, and the nongovernmental sector. These roles and responsibilities should be fully explained in national strategic plans for HIV/AIDS and agreed to by major stakeholders.

In countries with a centralized health infrastructure, assigning roles and responsibilities for responding to HIV and other STIs is usually straightforward. For countries where health responsibilities involve multiple levels of government, careful negotiation is needed to clarify roles and responsibilities. Government should lead this cooperative effort, with the health ministry providing leadership and stewardship of the health-sector response.

3.3.3 Policy and Technical Advisory Structures

Health-related planning and decision-making benefits from independent advice provided by experts outside health ministries and the public sector. Policy and technical advisory committees on HIV/AIDS – with their membership drawn from health professions, researchers, people living with HIV/AIDS, vulnerable communities, nongovernmental organizations and other areas – provide a forum for obtaining informed advice on the practical implications of policy choices and priorities. There is added value in involving other stakeholders such as multilateral and bilateral donors involved in HIV/AIDS and in health-sector development.

Clear terms of reference for the operation of all policy and technical advisory structures and committees are very important. It is particularly important that there is a clear delineation between the responsibility for providing advice and the responsibility to implement and manage programmes. Failure to do so may lead to tensions between advisory committees, the health ministry and other stakeholders.

3.3.4 Promoting a Comprehensive Governmental Response

In order to ensure comprehensive responses to HIV/AIDS, it is important to bring in other sectors of government, including finance, justice, education, planning, labour, agriculture, tourism, corrective services, defence and foreign affairs. Exam-

ples include health promotion and sex education provided by education ministries; policies in custodial settings; illicit drug policy; macroeconomic policies for health-sector reforms; trade regulations on pharmaceuticals and medical equipment; pricing of medical equipment and pharmaceuticals; relief from international debt; and external aid. It is important that health ministries are given opportunities to assess the impact on HIV/AIDS of policies formulated by other sectors, and countries should identify the best mechanisms to ensure that this is done.

Governments need to determine whether the health ministry or other areas of government will lead the effort. A variety of approaches can be used to support a comprehensive governmental response to HIV/AIDS, including:

- intergovernmental committees of ministers, chaired by the health minister, president, prime minister (or their deputies);
- intergovernmental committees of departmental officials, chaired by a senior health ministry official or senior official from another ministry;
- special working parties of departmental officials and other stakeholders to tackle specific issues (e.g. including workplace policy, legal reform, and HIV education for uniformed personnel).

3.3.5 Mobilizing Nongovernmental Responses

It is neither possible nor desirable for health ministries and other areas of government to attempt to provide all HIV/AIDS-related programmes and services. Innovative, cost-effective programmes for HIV/AIDS have been developed and implemented by the nongovernmental sector, often in collaboration with the public sector. The nongovernmental sector has an impressive record in providing treatment, care and support for people living with HIV/AIDS. Peer-based models for delivering prevention and health promotion to vulnerable groups have proven most effective when delivered by community-based organizations, including efforts directed at injecting drug users, sex workers, and men who have sex with men. Where networks among vulnerable groups and people with HIV/AIDS are weak, health ministries should provide financial and other practical support to strengthen community-based responses, as part of national strategic plans.

Mobilizing the business sector is also important. The workplace provides many opportunities for health promotion and education related to HIV and other STIs. The business sector can also offer health care and treatment (including antiretroviral treatment) in some settings.

The fundamental role of the nongovernmental sector should be acknowledged in national strategic plans for HIV/AIDS. These plans should include actions to foster a strong partnership between government and the nongovernmental sector. Health ministries have a particular responsibility in this area – as well as providing funding and other technical support, they should encourage the coordination of effort within the nongovernmental sector.

3.3.6 Support for Health Ministries

Health ministries face a daunting range of demands, with many competing priorities for funding, technical support and policy leadership. In many countries, the HIV/AIDS pandemic places an increasingly heavy burden on health ministries and health systems. In addition to formally recognizing the critical role of health ministries in national strategic plans for HIV/AIDS, health ministries must also be provided with a human and financial infrastructure capable of:

- supporting strategic planning;
- supporting the development and delivery of programmes and services;
- providing the policy and technical expertise needed for effective responses by the health sector, as well as by other areas of government and the nongovernmental sector;
- managing systems for accountability, monitoring and evaluation.

Action Points for Health Ministries

➔ Review national HIV/AIDS strategic plans, in collaboration with other stakeholders, and recommend changes where necessary to ensure there are effective processes and structures for:

- generating leadership and stewardship;
- allocating roles and responsibilities;
- achieving a comprehensive governmental response;
- mobilizing nongovernmental responses;
- setting achievable goals, objectives and targets;
- obtaining expert, independent advice to inform decision-making;
- assessing the impact of non-health-sector policy on HIV/AIDS;
- priority-setting and decision-making which involves major stakeholders;
- accountability, monitoring and evaluation.

➔ Advocate for the inclusion of major stakeholders in national planning and decision-making structures for HIV/AIDS, in particular health professionals, researchers, people living with HIV, vulnerable groups and communities, and nongovernmental organizations.

➔ Assist state/provincial health ministries, local agencies and other decentralized health programmes and services to implement effective mechanisms for planning and decision-making, which include input from major stakeholders.

➔ Review their operational capacity to generate and support health-sector responses to HIV/AIDS, as well as to provide support for the national HIV/AIDS strategic plan.

➔ Request additional resources to carry out these responsibilities as required.

Action Points for WHO

➔ Provide support to health ministries to ensure that health-sector actions under national HIV/AIDS strategic plans become fully operational.

➔ Provide support to health ministries to advocate for regular review and updating of national HIV/AIDS strategic plans; and provide technical assistance for these processes.

➔ Provide assistance to health ministries to advocate for changes to improve planning and decision-making structures for HIV/AIDS.

➔ Develop programmes to build capacity in health ministries to manage national HIV/AIDS strategic plans, with a particular focus on health-sector responses.

➔ Support health ministries in establishing effective funding and accountability mechanisms for programmes and services related to HIV/AIDS.

➔ Provide protocols and technical support to health ministries to strengthen monitoring and evaluation processes.

3.4 Resources

From UNGASS Declaration of Commitment

The HIV/AIDS challenge cannot be met without new, additional and sustained resources:

- ***Increase and prioritize national budgetary allocations for HIV/AIDS programmes as required, and ensure that adequate allocations are made by all ministries and other relevant stakeholders;***
- ***take measures to ensure resources needed are made available, particularly from donor countries and also from national budgets (by 2005);***
- ***encourage increased investment in HIV/AIDS-related research nationally;***
- ***ensure that resources provided for global responses to address HIV/AIDS are substantial and sustained;***
- ***reach an overall target of annual expenditure on HIV/AIDS of between US$7–10 billion in low and middle-income countries and those countries experiencing or at risk of experiencing rapid expansion (by 2005);***
- ***direct increased funding to national, regional and sub-regional commissions and organizations to enable them to assist Governments at the national, regional and sub-regional level in their efforts to respond to the crisis;***
- ***support the Global HIV/AIDS, Tuberculosis and Malaria Fund to assist Governments in their efforts to combat HIV/AIDS.***

3.4.1 National and Global Resource Needs

Despite the call in the United Nations Declaration of Commitment on HIV/AIDS for substantially increased national and global funding, resources continue to fall far short of what is needed. As of mid-2002, aggregate spending for HIV/AIDS in 2002 was projected to be around US$3 billion in low and middle-income countries, with much of this spending underwritten by international assistance. Current estimates[2] indicate that:

- approximately US$9 billion annually will be required by 2005 to meet the needs of an expanded global HIV/AIDS response;
- approximately 50% of that funding will be needed in sub-Saharan Africa;
- approximately US$4.8 billion is required for prevention;
- another US$4.4 billion is needed for palliative care, treatment and prophylaxis for opportunistic infections, support for orphans, and antiretroviral therapy;
- approximately 33–50% of these resources can come from domestic resources (public and private) with the remainder needed from international sources.

3.4.2 National Funding

Governments need to formulate a detailed plan for funding and the role of the health ministry is to provide clear advice on funding estimates required by the health sector, based upon inputs from all health-sector stakeholders. The development of an effective funding plan will be supported by:

- a sound process of priority-setting for health-promotion, prevention, treatment and care interventions;
- effective systems and processes for estimating the costs of these interventions;

2 Schwartländer, B. et al.. (2001) Resource Needs for HIV/AIDS. Science.

- effective, transparent mechanisms for funding allocation and accountability;

- effective, transparent mechanisms for monitoring and evaluating services and programmes.

The processes of budgeting and priority-setting for a health-sector response to HIV/AIDS should be closely related to health system development budgeting.

3.4.3 Supplementary Funding

For many countries, innovative strategies to supplement governmental funding allocations for HIV/AIDS are required. It is important these funding plans include a mechanism for coordinating funding assistance provided by donors and other nongovernmental sources – this will help ensure that the funding generated is applied strategically and is consistent with the aims and objectives of national HIV/AIDS strategic plans. A further aim should be to reduce multiple reporting requirements and the associated administrative burden. Health ministries should take a central role in these processes.

Important Funding Sources and Measures

National poverty reduction strategies can become important tools for allocating external resources to national priorities such as HIV/AIDS. The World Bank and the regional development banks are significant external partners in poverty reduction strategies and are increasingly engaging in supporting HIV/AIDS responses (e.g. the World Bank Multi-country AIDS Program).

Agreements to focus part of debt-relief proceeds on impact-reduction activities in high-prevalence settings (e.g. poverty reduction and augmenting social sector spending on HIV/AIDS); and preferential access to essential commodities through price or trade concessions are also important opportunities that should be fully utilized where applicable.

Growing involvement of the business sector (e.g. through corporate and pharmaceutical industry initiatives) and private foundations (e.g. the Gates Foundation, and the Kaiser Foundation) offer important new opportunities in the fight against HIV/AIDS. Initiatives by the business sector to provide prevention and health-promotion programmes in the workplace (including the provision of condoms and other commodities) and to offer HIV-related treatment and care for employees are important strategies to be encouraged and recognized in funding plans for HIV/AIDS.

Health-sector initiatives such as Sector Wide Approaches (SWAPS) allow consortia of donors to provide coordinated budgetary or programme support for the health sector and are particularly important for health ministries. National HIV/AIDS strategic plans are an important tool in such efforts.

Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

The GFATM is an important new funding initiative whereby the international community can directly contribute to HIV/AIDS, tuberculosis and malaria programmes. The GFATM is designed to supplement funds provided by national governments and development partnerships.

An important task for health ministries is to help define how the GFATM can best be involved in supplementing funding for HIV/AIDS, and Country Coordinating Mechanisms (CCMs) are being established to assist in this task. The CCMs are designed to help ensure that health ministries, along with other major stakeholders maximize the opportunities to make the most effective use of funding.

3.4.4 Resource Management Capacity

Countries must have the capacity to manage HIV/AIDS funding, otherwise accountability will be problematic and intended outcomes difficult to achieve. However, administrative systems and infrastructure for managing health funding, and the capacity to handle any rapid increase in such funding, may be limited. As well as constraints affecting resource management and accountability, there is often a parallel problem of building robust, transparent systems to allocate funds to states/provinces/districts, the nongovernmental sector, and to private and non-profit providers of health services.

In these settings, improving systems for funding management, accountability and transparency is

a high priority for health ministries and the health sector. Strengthening links with the finance ministry and audit office is also important.

The need for sustaining responses to HIV/AIDS over the long term must be considered in national funding plans for HIV/AIDS. The provision of antiretroviral treatment is an example where continuity is vital, as successful antiretroviral treatment depends upon a long-term commitment by the health sector to provide continuity in the supply of drugs, health monitoring and ongoing support for patients (e.g. to promote treatment adherence).

While increased funding will create new opportunities, including those for antiretroviral treatment, much of this funding may be time-limited. Health ministries and the health sector must have contingency plans to ensure that core programmes and services can be sustained. Funding problems leading to interruptions in treatment supplies, or to the supply of commodities like condoms, will have serious consequences for individuals and communities.

3.5 Setting Priorities for Action

Given that the demands placed on any HIV/AIDS initiatives are likely to far outstrip the available resources, governments need to provide leadership and technical expertise in setting priorities as part of national strategic planning. Such priority-setting helps to decide which interventions should be implemented immediately; which will have to wait; which can be implemented partially or only in certain areas; and which should be altered or discontinued. The core components presented in PART 2.4 cover a broad range of issues and can be prioritized according to need.

An important responsibility for health ministries is to provide leadership and technical expertise in priority-setting, and the following sections outline some of the principles and elements of this process which apply to all countries.

Action Points for Health Ministries

→ Develop a detailed HIV/AIDS funding plan for the health sector as an important element of the national strategic plan for HIV/AIDS.

→ Involve major stakeholders in these processes, including other government ministries, health professionals, researchers, people with HIV/AIDS, vulnerable communities, nongovernmental organizations and the business sector.

→ Coordinate funding assistance proposed by donors and other non government sources to help ensure that funding proposals complement each other and are consistent with the national HIV/AIDS strategic plan.

→ Review systems for managing funding for HIV/AIDS, particularly to ensure that there is capacity to manage increased funding levels.

Action Points for WHO

→ Provide technical support to health ministries and other health-sector stakeholders in preparing their costing and financing plans for HIV/AIDS, including through projections of future funding needed for HIV/AIDS prevention, health promotion, treatment, care and research.

→ Assist health ministries in identifying supplementary funding sources and provide support in preparing funding submissions.

→ Provide technical assistance to help health ministries establish effective systems for managing HIV funding, particularly in scenarios where there is a rapid scaling-up of funding.

Ethical Principles and Technical Criteria

Priority-setting requires the application of ethical principles and technical criteria, including taking into account the scientific evidence and lessons learned from global experience. This will help to build confidence in the national response to HIV/AIDS even if very difficult choices have had to be made because of resource constraints. Building confidence in priority-setting is a necessary part of mobilizing and sustaining wide community support. Ethical principles and technical criteria with particular relevance to priority-setting include:

- basing interventions on sound evidence of effectiveness;
- applying lessons drawn from national and global experience;
- using epidemiological and behavioural information to inform priority-setting; including estimates of:
  - the burden of HIV/AIDS and other STIs in different communities;
  - HIV prevalence in the general population (by sex and age groups) and in vulnerable groups;
  - transmission modes (sexual transmission mode, injecting drug use, transmission in health-care settings, etc.);
  - social, economic, cultural, geographical and other factors.
- taking into account the impact on access, vulnerability, equity, human rights and discrimination;
- participation of major stakeholders in setting priorities, particularly:
  - health professionals;
  - researchers;
  - representatives of people living with HIV/AIDS;
  - representatives of vulnerable groups;
  - representatives of nongovernmental organizations;
  - service providers in both public and private facilities;
  - representatives of groups with needs not addressed by existing services.
- fully justifying limitations placed on access to prevention, treatment and care;
- ensuring that the priority-setting process is open and transparent.

As well as the more specific principles and criteria listed above, priority-setting also needs to be based on a situational analysis at country level which includes an assessment of relative strengths and weaknesses. Examples of this would include the capacity of the health sector to retain qualified staff in sufficient numbers; to monitor and enforce quality assurance; to manage funding; and to engage the community.

Action Points for Health Ministries

→ Review processes for priority-setting to ensure:
- ethical principles and technical criteria are used to guide priority-setting;
- major health-sector stakeholders are included in priority-setting;
- epidemiological and behavioural surveillance is available to inform the process;
- priority-setting is based upon demonstrated evidence and experience;
- evaluation mechanisms are in place to inform priority-setting.

Action Points for WHO

→ Assist in setting up systems for epidemiological and behavioural surveillance to inform priority-setting.

→ Provide guidance on ethical principles and technical criteria to inform priority-setting in the health sector.

→ Provide technical support to assist the process of priority-setting.

3.6 Accountability, Monitoring and Evaluation

Given the devastating impact of HIV/AIDS and the immense pressures on health systems, optimal use must be made of scarce human and financial resources. Strategies for HIV/AIDS must therefore incorporate mechanisms for accountability, monitoring and evaluation in order to ensure that:

- programmes and services are working effectively;
- financial and human resources are being used for the purposes intended;
- relevance, sustainability and impact can be assessed;
- there is a means of communicating to the wider community the successes of national strategic plans and the future actions that must be taken.

Health ministries will need to be centrally involved in formulating accountability, monitoring and evaluation mechanisms. This should be done in full consultation with other levels of government and the nongovernmental sector – particularly community-based organizations, people living with HIV/AIDS, representatives of vulnerable groups, health professionals and researchers.

The first step in effective evaluation and monitoring is to set national benchmarks and standards to guide the delivery of HIV/AIDS-related prevention, health promotion, treatment and care. Monitoring and evaluation systems should use these benchmarks and standards as important indicators for measuring progress.

The monitoring and evaluation of policies, programmes and services is a central component of national strategic planning for HIV/AIDS. This process is also necessary for informing priority-setting and the results produced need to be carefully considered. Attention should be given to formulating evaluation questions to support the process of priority-setting, and these could include:

- what is the capacity of the health sector (public and private) at primary, secondary and tertiary levels to provide various HIV/AIDS prevention, health-promotion, treatment and care services?
- which programmes and services are currently available and what is their purpose?
- are programmes and services of good quality and reaching vulnerable populations?
- are they being operated in a cost-effective way?
- is the number of health workers, their skills mix and training sufficient?
- could costs be shared differently to increase coverage?

Action Points for Health Ministries

➔ Ensure that strategy implementation is supported by mechanisms for accountability, monitoring and evaluation.

Action Points for WHO

➔ Support health ministries in establishing effective accountability, monitoring and evaluation mechanisms for programmes and services related to HIV/AIDS.

➔ Provide protocols and technical support to health ministries to strengthen monitoring and evaluation processes.

PART 4

TURNING STRATEGIES INTO OUTCOMES – 3 DETERMINANTS OF SUCCESS

4.1 Introduction

This document describes the framework necessary for generating a strong health-sector response to HIV/AIDS, as part of each country's national strategic plan. Part of this framework is the list of core components presented in PART 2.4. The capacity of the health sector to put in place the components described will be influenced by a range of issues, such as leadership, health-system infrastructure and funding.

HIV/AIDS is also an evolving pandemic. Over the past 20 years the situation has changed in ways that have been both obvious and subtle. This has created immense difficulties as well as important opportunities for the health sector. WHO is committed to working with health ministries, the health-sector partners, UNAIDS and cosponsors, to identify and respond to the new challenges.

Currently, WHO has identified three further determinants for the successful implementation of a health-sector strategy, namely, human resources and capabilities; quality assurance; and research.

4.2 Human Resources and Capacity

From UNGASS Declaration of Commitment

- ***Establishing and strengthening human resources is imperative for the effective delivery of prevention, treatment, care and support services.***

Health ministries and other parts of the health sector need to ensure that sufficient numbers of qualified and skilled health-sector personnel are available. Yet, at the same time as demand for health services increases, increasing numbers of health-care personnel in highly affected regions such as sub-Saharan Africa are dying or unable to work as a result of AIDS. To compensate for these losses and to meet growing service demands, more doctors and nurses will need to be trained and new categories of health professions developed (e.g. medical assistants, nurse practitioners, counsellors). The situation in sub-Saharan Africa may well arise in other regions unless strategies are put in place to maintain the human and financial capacity of the health sector.

Health personnel are also being lost from the poorest settings to countries with better health infrastructure, pay and conditions. A contributing factor is the difficult and constrained circumstances of service delivery in areas where the scale of demand is often physically and emotionally overwhelming.

Recent global initiatives to greatly expand access to antiretroviral treatment in resource limited settings will add another level of complexity to the provision of care and prevention. This development further emphasizes the need for training and support for health-sector personnel.

Training is not just about technical skills in delivering prevention, health promotion, treatment and care. Training in leadership, management and strategic planning is also needed to help mobilize the health sector; to ensure efficient use of human and financial resources; and to enhance the ability of the health sector to respond to changing circumstances. Training should also include non-traditional topics such as advocacy, brokering and negotiation. These training programmes should be offered to the nongovernmental sector, as well as the public health sector.

Training should also include fostering interpersonal skills and eliminating prejudice, with the aim of ensuring sensitive, compassionate attitudes towards clients. This not only helps ensure clients are treated appropriately, but also helps maximize uptake of HIV/AIDS prevention, health-promotion, treatment and care services.

Other strategies for scaling-up health-sector human resources for HIV/AIDS should be considered, including:

- re-training staff from other areas of the health sector to work in HIV/AIDS;
- rationalizing the use of health-sector staff through training them to perform a mixed range of duties, including HIV/AIDS-related activities as an integral part of their regular duties;
- expanding use of voluntary carers and educators and giving them support from the formal health sector;
- reviewing policies, laws and regulations to ensure they support the development of innovative approaches to human resource provision;
- expanding the involvement of the non-formal health sector, including traditional healers and

Action Points for Health Ministries

- Develop a human resource plan for a health-sector response to HIV/AIDS which focuses on:
  - estimating predicted loss of health workforce due to AIDS-related illness and planning early action to address this;
  - assessing if the mix of capacities in the workforce is adequate to address the impact of HIV/AIDS;
  - re-training health personnel working in other areas and re-assigning them to work in HIV/AIDS;
  - reviewing training and support programmes for health personnel working in HIV/AIDS and upgrading these where necessary;
  - integrating HIV/AIDS and related prevention, treatment and care awareness into training curricula for all health personnel;
  - assessing if new health professions are needed (such as counsellors, nurse practitioners, etc) to assist established health professions;
  - taking measures to protect health personnel against occupational risk of HIV infection through promoting universal precautions and providing post-exposure prophylaxis;
  - providing treatment and support for HIV-infected health personnel;
  - providing support for health workers to deal with high caseloads, burnout, grief and loss;
  - reviewing deployment, remuneration and working conditions;
  - reviewing policies, laws and regulations to ensure they support the development of innovative approaches to human resource provision;

Action Points for WHO

- Contribute to health sector, national and global efforts to assess and plan for substantially increased levels of health personnel for HIV/AIDS.
- Develop and promote strategies for training and support of health-sector personnel working in HIV/AIDS.
- Investigate and promote innovative workforce models for delivery of HIV/AIDS prevention, health promotion, treatment and care in the health sector.
- Assist health ministries to review policies, laws and regulations to ensure they support innovative health-sector workforce models for responding to HIV/AIDS.

other therapists, not only to avoid harmful practices, but also to promote understanding of HIV and how it is transmitted as well as expand opportunities for providing support.

4.3 Quality Assurance

Health ministries are responsible for protecting health-care consumers through measures to ensure that public, private and community-based health programmes and services are of high quality. Regulatory and control measures are necessary for:

- blood safety;
- quality of commodities (e.g. condoms, disposable injecting equipment);
- safety and efficacy of pharmaceuticals, including national drug registration authorities, regulation of public and private dispensing, and effective systems for procurement and supply management;
- reliability of laboratory services and HIV diagnostic and monitoring tests;
- maintaining high standard HIV/AIDS prevention, health-promotion, treatment and care services (e.g. through national HIV treatment guidelines, infection control guidelines, training programmes for educators and carers);
- protecting health-care consumers from unproven therapies and quackery.

A regulatory and quality assurance framework for HIV/AIDS is achieved through setting standards and benchmarks for delivery of programmes and services; encouraging professional training; establishing systems for monitoring and evaluation; and by providing supportive policies, laws and regulations.

An important consideration for health ministries is how quality assurance and control can be consistently implemented and enforced, without unduly restricting the capacity of the health sector to act innovatively. As a first step, national standards for HIV-related programmes, services and commodities should be developed, which set clear quality standards but also allow for innovation (especially when accompanied by research and evaluation).

Ensuring pharmaceutical quality is an area of concern, especially in light of global plans to substantially scale-up access to antiretroviral treatment. Substandard drugs are a reality in many countries, with WHO estimating that around 5% of all medicines in circulation globally may be fakes. Increased production of generic drugs, including antiretrovirals, is an important measure to improve access to treatment, especially in resource-limited settings. However, as with brand name pharmaceuticals, it is important that their manufacture is subjected to rigorous quality control.

Supplies of pharmaceuticals are often unreliable in some settings, resulting in serious disruptions to treatment and care. In the case of antiretrovirals, these disruptions are likely to lead to the development of drug resistance and treatment failure. Medicines may also become sub-standard because of poor shipping and storage procedures. Education and training should also be provided to support the correct handling, storage and dispensing of pharmaceuticals.

Action Points for Health Ministries

→ Review regulatory and quality control measures for services, treatments, diagnostics and commodities related to HIV/AIDS.

→ Develop a procurement plan for essential medicines, including antiretrovirals, and ensure there are effective procedures for their distribution, handling and storage.

Action points for WHO

→ Provide normative guidance to promote the highest possible standards in health care service delivery and in the manufacture, procurement, distribution and rational use of HIV-related medicines and other health-care commodities.

4.4 Enhancing Research

From UNGASS Declaration of Commitment

With no cure for HIV/AIDS yet found, further research and development is crucial:

- ***Build national research capacity, especially in developing countries;***
- ***develop national research infrastructures, particularly in countries most affected;***
- ***ensure all research proposals are evaluated by independent ethics committees (by 2003).***

Operational, biomedical, clinical, epidemiological and social research provides invaluable information to assist the health sector to respond to HIV/AIDS. Research also contributes to promoting quality standards in clinical care, prevention programmes and other interventions. Even in resource-limited settings, HIV-research findings can lead to innovative, cost effective approaches and provide data on outcomes of local interventions.

It is important that health ministries, in consultation with the health sector, support and coordinate research that directly assists development and improvement of policies, programmes and services. Health ministries should, at a minimum, establish an epidemiological and behavioural surveillance system to inform planning and prioritization.

Research is important not only for policy-makers and the health profession, but also for community-based organizations (e.g. in developing prevention interventions for marginalized populations at high risk of HIV infection and other STIs). Health ministries should therefore strengthen their relations with community-based organizations as part of encouraging and coordinating HIV research efforts.

At the same time, research capacity needs to be strengthened in many countries. This includes building capacity to carry out HIV research, as well as to absorb, interpret, disseminate and translate research findings into policy and programmatic responses. Research cooperation between countries can usefully inform programmatic and policy responses. An important step in scaling-up research capacity is for health ministries to lead major stakeholders in developing a national research agenda for HIV/AIDS.

To translate such a research agenda into effective outcomes, a "research environment" should be fostered that effectively links researchers; health professionals; nongovernmental organizations; people living with HIV; vulnerable groups; policy-makers; and business. These partnerships are necessary to help ensure the relevance of research questions and to promote understanding of research processes. They also help ensure that ethical issues are fully addressed. Establishing a research agenda and environment will also help generate wide stakeholder support for HIV research, as well as understanding and acceptance of its outcomes.

Action Points for Health Ministries

➔ Ensure there is at minimum an effective system for epidemiological and behavioural surveillance for HIV/AIDS and other STIs.

➔ Develop an HIV/AIDS research agenda and foster a "research environment" by bringing together researchers and major stakeholders from the health sector to discuss operational, basic science, clinical, epidemiological and social research needs for HIV/AIDS.

➔ Establish mechanisms for ethical review of research proposals, which includes involvement of people living with HIV/AIDS and caregivers.

➔ Review mechanisms to ensure that the findings of research are made available to participants.

➔ Build capacity to collect, analyse, disseminate and apply HIV research findings.

Action Points for WHO

➔ Assist with planning and financing HIV research infrastructure.

➔ Provide guidelines and enabling frameworks on ethical standards and policies for the conduct of HIV-related research.

➔ Provide leadership on global HIV research priority-setting and policy development, including the development of vaccines, microbicides and operational research.

CONCLUSION

The political commitment that emerged during the United Nations Special Session on HIV/AIDS in 2001 is helping to motivate the involvement of people from all walks of life, and from all sectors of society. The desire and momentum to do more to combat HIV/AIDS is clearly there – the challenge now is to keep that momentum going and to capitalize on the many opportunities it provides.

Increased momentum inevitably leads to more demands for tangible action by government leaders, community leaders and organizations like WHO. Consistent with this, WHO has developed this Strategy as an action-oriented and outcome-focused document. At the very least it should provide important guidance on strengthening country responses, resulting in improved prevention, health-promotion, treatment and care programmes. This would mean less HIV infections, better care for people living with HIV/AIDS, and reductions in adverse economic and societal impact.

The approaches recommended in this Strategy reflect a wealth of knowledge and experience gained through many years of effort by people working at global, regional, national and community levels. The first step in taking this Strategy forward is for health ministries, with the active participation of their health-sector partners, to examine health-sector planning for HIV/AIDS and consider adjusting this to reflect the principles, core components and strategic framework presented in this document.

WHO is aware that a great deal is being asked of the health sector in agreeing to implement this Strategy, and is committed to matching the effort required. WHO will carefully examine its own capacity for supporting this Strategy, and will strengthen that capacity where necessary. WHO will provide technical support for the health sector to systematically assess and implement the interventions recommended in this Strategy, and global standards and guidelines will be developed.

The stakeholders who guided development of this Strategy will continue to play an important role in working with WHO, UNAIDS cosponsors and health ministries in actively promoting this Strategy both within the health sector and outside it. The aim is to generate support for health ministries as they consider this Strategy and work to translate it into national strategic planning.

This is a Strategy for the health sector, but it is also offered as a guide for all those involved in the fight against HIV/AIDS. By articulating responsibilities and actions for health ministries and other parts of the health sector, it is hoped that a stronger multisectoral response will be generated and that trust and accountability between individuals and organizations will be fostered.

The way forward for this Strategy – as for the fight against HIV/AIDS itself – is not easy. Nevertheless, we should draw encouragement from global experience, where there are many examples of real progress resulting from determination, innovation and partnership. By adopting this Strategy, Member States have signalled their willingness to work with their partners in mounting a renewed health-sector response to the challenge of HIV/AIDS.