



World Health
Organization

REGIONAL OFFICE FOR Europe

*Global Health Sector Strategy for HIV/AIDS
2011-2015*

Regional input to the development process

Report

August – October 2010

ABSTRACT

The 63rd Session of the World Health Assembly adopted a resolution, which requested that the WHO Director-General develop a Global Health Sector Strategy for HIV/AIDS 2011-2015, through a broad consultative process.

In the period August – October 2010, a broad consultation process on the draft Global Health Sector Strategy for HIV/AIDS 2011-2015 was conducted in the WHO European Region. This report summarizes input collected from a range of constituencies and key stakeholders including representatives from Member States, civil society, donor and development agencies, nongovernmental organizations, multilateral agencies, scientific and technical institutions and networks, the private sector, and leaders and experts in HIV and related programmes. Input was collected through an external regional consultation meeting, four in-country consultations, web-consultations and online submissions of comments.

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Publications
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø, Denmark

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List of Abbreviations

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
ECDC	European Centre for Disease Prevention and Control
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
GFATM	The Global Fund To Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
IDP	internally displaced people
IDU	injecting drug user
IOM	International Organization for Migration
MARPs	most-at-risk populations
MCH	maternal and child health
MDG	Millennium Development Goal
MDR-TB	multi drug resistant tuberculosis
MoH	Ministry of Health
MSM	men who have sex with men
MTCT	mother to child transmission
NGO	nongovernmental organization
NSP	needle and syringe exchange programme
OST	opioid substitution therapy
PLHIV	people living with HIV
PMTCT	prevention of mother to child transmission
PrEP	pre-exposure prophylaxis
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
VCT	voluntary counselling and testing
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis

Introduction

The 63rd Session of the World Health Assembly adopted a resolution, which requested that the WHO Director-General develop a Global Health Sector Strategy for HIV/AIDS 2011-2015, through a broad consultative process.

The strategy will need to build on the achievements and experiences of the “3 by 5” initiative and the five strategic directions of the WHO HIV/AIDS Universal Access Plan. It will identify existing and agreed global targets to motivate countries to plan for bold HIV/AIDS responses through to 2015. It should provide guidance to countries on how to prioritize their HIV and broader health investments. It will also need to provide a framework for concerted WHO action at the global, regional and country levels and across all relevant WHO departments. The strategy should take into consideration the broad global HIV, health and development architecture, including the UNAIDS Strategy and Outcome Framework and existing commitments to achieving Universal Access and the Millennium Development Goals.

In the period August – October 2010, a broad consultation process on the Global Health Sector Strategy was conducted in the WHO European Region. This report summarizes input collected from a range of constituencies and key stakeholders including representatives from Member States, civil society, donor and development agencies, nongovernmental organizations, multilateral agencies, scientific and technical institutions and networks, the private sector, and leaders and experts in HIV and related programmes. Input was collected through an external regional consultation, four in-country consultations, web-consultations and online submissions of comments.

External regional consultation meeting

The external regional consultation meeting took place in Copenhagen at the WHO Regional Office for Europe on the 1 October 2010. In total, 30 external stakeholders representing 19 different countries participated and provided feedback to the Global Health Sector Strategy for HIV/AIDS 2011-2015. In addition, nine representatives from WHO Regional Office for Europe participated.

In the selection of Member States’ representatives, priority was given to involving senior government officials from countries represented in the Executive Board. A broad composition of stakeholders was ensured through involvement of representatives from civil society, different sectors, agencies and organizations.

The Global Health Sector Strategy version 2.1 was circulated to participants before the scheduled meeting to allow for their preparation. However, a new version (2.2) of the document emerged immediately prior to the planned meeting. After consultation with WHO headquarters, it was decided not to submit a new revised version to the participants, but instead to develop questions of an overall character for the consultation meeting.

The reporting format for this external regional consultation meeting is thus revised according to guidance from WHO headquarters. A summary of participant input is provided using a revised format for regional consultations (Part A)

In-country consultations

Four in-country consultations were carried out in the period 10 September – 1 October 2010.

All Member States in the region were encouraged to conduct in-country consultations, of which four countries expressed interest: Kyrgyzstan, The former Yugoslav Republic of Macedonia, Russian Federation and Uzbekistan. Relevant background literature, the Global Health Sector Strategy version 2.1, instruction on reporting formats and guidance to selecting stakeholders were sent to the relevant country offices.

Solicited input from the four in-country consultations is consolidated using the WHO format for country consultations (Part B).

Web-consultation and online submissions

In total, 39 stakeholders and constituencies in the region provided electronic feedback to the Global Health Sector Strategy version 2.1 via the web-consultation or online submissions directed to the WHO Regional Office for Europe. Input was received in the period August 2010 – September 2010. Solicited input is consolidated in Part C.

WHO Regional Office for Europe In-house consultation

Input was received from 5 departments: Health systems, Tuberculosis, Sexual and reproductive health, Blood safety and Pharmaceuticals and is provided in Part D.

PART A. External Regional Consultation

Regional Consultation Stakeholders
<i>For regional consultations undertaken separately from country consultations.</i>
<i>This summary information is required to document the consultation process to the WHA Executive Board.</i>

1.Region:	WHO European Region
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1. Country participation	Number
Number of countries participating	19
Number of EB countries	8
<u>List the countries that participated:</u> Armenia, Austria, Croatia, Denmark, Estonia, France, Georgia, Germany, Hungary, Lithuania, Netherlands, Norway, Portugal, Russian Federation, Serbia, Spain, Sweden, Switzerland, Ukraine.	

2. Stakeholders participating	Number of Representatives
Government Institutions	11
Donors	1
Development Agencies	
Nongovernmental Organizations	
Civil Society Organizations representing:	
• People living with HIV (European networks)	3
• Women	
• Injection drug users	1
• Sex workers	
• Men who have sex with men	
• Transgender individuals	
• Other – Network: Aids Action Europe	1
• Other – Network: International treatment preparedness coalition	1
Multilateral Agencies	
• UNAIDS	1
• UNICEF	2
• UNFPA	
• UNODC	1
• UNHCR	

• IOM	
• World Bank	
• UNDP	1
• ECDC	1
• EMCDDA	1
Scientific and technical institutions and networks (including academia/universities)	5
Private sector	
Leaders and experts in HIV and related programmes (NB: from WHO Regional Office for Europe RO):	
• Maternal, newborn and child health	
• Sexual and reproductive health	
• Tuberculosis	1
• Harm reduction/drug dependence management	
• Health systems	
• Strategic information	
• Gender and human rights	
• Youth	
• Finance and planning	
• HIV	5
• Environment and health	1
• Communicable diseases	2
Other (specify)	
TOTAL	39

Consultation Process	Number of Meetings
Individual Meetings	
Group Meetings	1
Other (specify) Regional external consultation	1
Other (specify)	
TOTAL	2

List participants (include title and organization)
1. Henrik Arildsen, Chair, HIV Europe, Denmark
2. Ferenc Bagyinszky, Member, AIDS Action Europe, Netherlands
3. Josip Begovac, Deputy Director, Zagreb University Hospital, Croatia
4. Denis Broun, Regional Director, UNAIDS
5. Jurja Ivana Cakalo, WHO Collaborating Centre for Capacity Building
6. Nina Ferencic, Senior Advisor on HIV/AIDS for CEE and CIS, UNICEF RO for CEE, CIS, Croatia
7. Tomás Hernández Fernández, Secretary of the National AIDS Strategy, Ministry of Health and Social Policy, Spain
8. Jan Fouchard, Senior Medical consultant, National Centre for Health Promotion and Disease Prevention, Denmark
9. Gustavo Gonzalez-Canali, Health Special Adviser, Ministry of Foreign Affairs of France
10. Samvel Grigoryan, Director, National AIDS Centre, Armenia
11. Fabienne Hariga, Senior Expert, HIV/AIDS Section, United Nations Office on Drugs and Crime, Austria
12. Inna Jurkevich, Regional Director, AIHA Moscow, WHO Knowledge Hub for the Care and Treatment of HIV/AIDS in eastern Europe and central Asia, Russian Federation

13. Maarit Kokki, Senior Adviser to the Director, European Centre for Disease Prevention and Control (ECDC), Sweden
 14. Aljona Kurbatova, HIV/AIDS prevention expert, National Institute for Health Development, Estonia
 15. Jens Lundgren, Copenhagen HIV programme, University of Copenhagen, Denmark
 16. Ruslan Malyuta, HIV/AIDS Specialist , UNICEF Regional Office for CEE, CIS, Switzerland
 17. Luis Mendao, Co-Chair, EU Civil Society Forum on HIV/AIDS, EATG, Portugal
 18. Ivana Mistic, Assistant to the Minister of Health, Ministry of Health of the Republic of Serbia
 19. Arild Johan Myrberb, National AIDS Coordinator, Norwegian Directorate of Health, Norway
 20. Ovsanna Najaryan, GFATM PIU Team leader, Ministry of Health, Armenia
 21. Natalya Nizova, Director, National AIDS Centre, Ukraine
 22. Klaudia Palczak, Policy Officer, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Portugal
 23. Ines Perea, National AIDS Coordinator, Ministry of Health, Germany
 24. Zoya Sereda, Head, Unit of strategic planning on decreasing the health risks of the population, Department of health protection and sanitary-epidemiological well-being, Ministry of Health and Social Development, Russian Federation
 25. Dudley Tarlton, Regional HIV/AIDS Advisor for Europe and the CIS, UNDP
 26. Tengiz Tsertsvadze, National AIDS Coordinator, AIDS and Clinical Immunology Research Centre, Georgia
 27. Ester Ujhelyi, Secretary of Hungarian AIDS Committee, Saint Laslo Hospital, Hungary
 28. Grigoriy Vergus, Regional Coordinator, International Treatment Preparedness Coalition, Eastern Europe and Central Asia, Russian Federation
 29. Sergey Votyagov, Programme Director, Eurasian Harm Reduction Network, Harm Reduction Knowledge Hub for Eastern Europe and Central Asia, Lithuania
 30. Vladimir Zhovtyak, President, East Europe & Central Asia Union of PLWH, Ukraine
- WHO Regional Office for Europe**
31. Nedret Emiroglu, Executive Manager, Division of Communicable Diseases, Health Security and Environment
 32. Srdan Matic, Coordinator, Environment and Health, Division of Communicable Diseases, Health Security and Environment
 33. Guenael Rodier, Director, Division of Communicable Diseases, Health Security and Environment
 34. Richard Zaleskis, Regional Adviser, TB & M/XDR-TB control programme, Division of Communicable Diseases, Health Security and Environment
 35. Martin Donoghoe, Programme Manager a.i. HIV/AIDS, STIs and Viral Hepatitis programme
 36. Smiljka de Lussigny, Technical and Advocacy Officer, HIV/AIDS, STIs and Viral Hepatitis programme
 37. Irina Eramova, Senior Medical Officer, HIV/AIDS, STIs and Viral Hepatitis programme
 38. Lali Khotenashvilli, Medical Officer, HIV/AIDS, STIs and Viral Hepatitis programme
 39. Ulrich Laukamm-Josten, Adviser, HIV/AIDS, STIs and Viral Hepatitis programme
- WHO headquarters**
40. Andrew Ball, Senior Strategy and Operations Advisor, HIV/AIDS Department

Summary of Participant Input

- Please synthesize comments under thematic areas below (do not present comments verbatim).
- Please indicate those areas where there is significant consensus and those areas where there are differing views.
- Use as much space as needed.

Region:	WHO European Region
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General comments

Global initiatives and the United Nations family

In general, participants at the regional consultation welcomed the WHO Global Health Sector Strategy for HIV/AIDS 2011-2015 but questioned the need for so many different global strategies on HIV/AIDS, and suggested one common HIV/AIDS strategy across United Nations agencies. The term: “Global Health Sector Strategy” gave rise to some confusion among stakeholders and uncertainty as to whether the strategy is a WHO strategy or an overarching Global strategy for HIV/AIDS. The new UNAIDS strategy for HIV/AIDS 2011-2015 was briefly presented during the introduction to the consultation and led to a discussion on the division of labour between WHO and other United Nations agencies. Stakeholders expressed a firm wish of increased collaboration and coordination across United Nations agencies and also requested a clarification on the current division of labour within the Global health sector strategy. Raising the question whether WHO should withdraw from any of the areas related to HIV, the answer was a clear no. WHO should remain at the forefront in the response to HIV, leading or collaborating in all areas.

Targets and strategic directions

It was a general statement that the strategy has to be ambitious and inspirational. Considering the prevailing AIDS fatigue in the political environment and the current economic climate it is imperative that WHO now contributes with novel impetus behind the HIV response in order to replenish funds and regain attention. Bold, captivating and ambitious targets and strategic directions are required, despite the current economic situation.

Harmonizing targets

Significant consensus prevailed concerning harmonization of targets and indicators in the Global health sector strategy with other global and regional strategies and targets. Introducing parallel systems for monitoring and surveillance are a burden for countries and should whenever possible be avoided e.g. countries are already collecting and reporting data for UNGASS and MDGs, Universal Access, Dublin Declaration progress, and ECDC/WHO HIV surveillance. Stakeholders emphasized the importance of the new strategy being closely aligned with the new strategy of UNAIDS.

Country and regional differences

Due to differing epidemiologic landscapes across the region, the strategy should allow enough flexibility to respond to country needs and priorities.

Lessons learned

Achievements and lessons learned from previous strategies should be analysed, displayed and deployed in the Global health sector strategy. It was a general notion that the strategy should build on preceding strategies, target and indicators therein; a distinct shortcoming of the current draft strategy.

Economic crisis

The current economic situation was a repeated area of concern raised throughout the consultation. Weak economies, global pressures for funding as well as the vulnerability of being dependent of funding from the GFATM, require that we think differently when developing a strategy for 2011-2015 and to a higher extent consider financial aspects. Finding innovative mechanisms to more effectively make use of current resources was a recurrent appeal, and targets for financial investments in HIV and cost-effectiveness were suggested. There was a related suggestion that the work plan to implement the Global strategy should be costed.

Structure of the document

The differentiation between strategic direction 2 (To maximize the impact of HIV responses on other health outcomes by linking and integrating programmes and services) and 3 (To build strong and sustainable systems to address HIV/AIDS and other major public health threats) was not obvious to all participants and many opted for combining strategic direction 2 and 3. Some of the participants suggested a prioritized order of objectives/targets relative to their importance. It was further suggested that strategic direction 4 (To reduce HIV vulnerability and address structural barriers to accessing HIV services by creating supportive environments for HIV responses) become strategic direction 2.

Strategic directions: Under each of the 4 strategic directions, what are the main outcomes and targets you would like to see achieved by 2015?

Strategic Direction 1: To optimize HIV prevention, treatment and care outcomes

Areas with significant consensus:

HIV Testing and counselling: The strategy must to a greater extent emphasize the importance of testing, counselling and early diagnosis, and this should be reflected in the heading of the strategic direction. It was suggested to reformulate strategic direction 1: “To optimize HIV prevention, **diagnosis**, treatment and care.”

Relevant indicators for the European Region:

- HIV prevalence in MARPs
- Number of late presenters (“late presenters” has to be defined)
- People who start treatment late decreased by 50% and to below 25%. (Universal definition of when to start treatment is needed before coverage targets can be determined)

HIV treatment: Continuity of the Universal Access Strategy must be evident in the strategy’s target setting. Participants agreed that we should still aspire to achieve universal access to ART. Different targets were suggested:

- Increasing ART coverage to 70-80% in the European Region
- 15 million people on ART by 2015 (15 by 15) as a global target
- Price reductions of ART (specific target not proposed)

An increased focus on **quality** of treatment (and also of prevention and care services) is required. Suggested quality target included:

- Survival rate after 12 months on ART: 85%
- Zero treatment interruptions.

A target linking testing to access to treatment was also suggested:

- No testing without quality follow-up treatment.

HIV care: The distinction between treatment and care should be clearer, and indicators are needed to monitor the care aspect. Palliative and end of life care was mentioned but no specific target or indicator was suggested.

HIV prevention: Suggested target:

- Halt the HIV epidemic by 2015

Furthermore several mentioned that HIV prevention and surveillance should include those persons over the age of 50. Treatment and care should also consider older persons living with HIV/AIDS

Equity: Reducing health inequalities should be a strong priority and the following targets were suggested:

- Accessible HIV testing and counselling for all
- ART available for all who need it
- HIV services free of charge at the point of delivery
- Removal of all age-restrictions in the health sector that hamper the HIV response, e.g. restricted access to OST, HIV testing and family planning.

Disaggregated data on age and sex were proposed. While having a low ART coverage among adults, the European Region has achieved the best ART coverage among children. Lessons learned from this success ought to be visible in the strategy. Reducing health inequalities and inequities is also a concern for marginalized populations in middle and high-income countries in Europe. Social determinants must be considered.

Funding: Suggested indicator: National source of funding for HIV programmes and interventions. No specific target was suggested. A target on cost-effectiveness could also be considered.

Strategic Direction 2: Linking and integrating programmes and services

Areas with significant consensus:

Strengthening the linkages with other related areas were reported as key in the fight against HIV. The following targets were proposed:

- Elimination of MTCT and congenital syphilis
- At least 40% coverage of OST and 60% coverage of NSP for IDU populations
- 100% treatment coverage for persons co-infected with TB and Hepatitis
- Improvement and linkage with STI control was also noted, however no specific target was proposed.

Strategic Direction 3: Building strong and sustainable health systems

Areas with significant consensus:

Proposed targets include:

- HIV/AIDS policies and targets are integrated in national health strategies
- % of overall financing that is dedicated to HIV in national health budgets
- Health insurance coverage target
- Number of skilled health care workers.

Strategic Direction 4: To reduce HIV vulnerability and address structural barriers to accessing

services

Areas with significant consensus:

- Eliminate age-related and “citizenship” barriers
- Remove legal barriers such as: travel restrictions, criminalizing HIV transmission, criminalizing homosexuality, male to male and transgender sexual relations, criminalizing drug users
- Laws against stigma and discrimination are in place.

Areas with differing views:

Eliminate stigma and discrimination in the health sector. A long debate arose on this target and whether WHO should focus primarily on stigma and discrimination in the health sector or also on stigma and discrimination in the general public. A majority, though, advocated for a broad approach to address stigma and discrimination while still recognizing the urgent need to address stigma and discrimination in the health sector.

Strategic directions: Under each of the 4 strategic directions, what has to be done differently to bring change by 2015, and what are the critical priority policies, programmes and interventions for countries?

Strategic Direction 1: To optimize HIV prevention, treatment and care outcomes

Areas with significant consensus:

HIV testing and counseling

Undiagnosed HIV infected populations is a major concern in much of the European Region and increased attention to the importance of testing and early diagnosis is required. Testing should be targeted and expanded to key populations and vulnerable groups (IDUs, sex workers, migrants, MSM). Furthermore, testing and counselling should be regulated to ensure quality service provision. Indicator disease guided HIV testing was mentioned as a possible future testing strategy as well as facilitating testing for hard to reach populations by involving non-medical staff/settings in HIV testing and counselling. Testing should only be conducted with consent and confidentiality. Finally we need to ensure that testing can be followed by quality treatment.

HIV treatment

We should build on the achievements gained under the Universal Access initiative and focus on scaling up and ensuring sustainable access to state-of-the-art treatment. Universal definitions of when to start treatment and of Late presenters are needed. The new developments in the area of ART call for increased attention to new drug regimens and monitoring of resistance. Despite very low adult ART coverage, the WHO European Region has achieved the most substantive child ART coverage of all regions. The strategies employed by the European Region to achieve this, could thus serve as best practice for other regions/countries.

HIV prevention

The changing profile of PLHIV and increasing globalization warrant a need for expanding access to prevention for the age group over 50 and attention to prevention among migrants and other mobile and vulnerable populations.

New and innovative prevention strategies for MSM and other sexual minority populations is needed as well as control over non-medical invasive procedures associated with the risk of HIV transmission.

The financial crisis stresses the need for implementation of low-cost evidence-based prevention strategies. Recognizing that we still need to improve implementation of basic evidence-based primary prevention: promoting use of condoms, Harm reduction etc. The increasing evidence

supporting that ART is not only important in treatment but also prevention of HIV, strengthens the argument of ensuring sustainable access to quality treatment. PrEP is worthy of further consideration as are other prevention interventions that are increasingly practiced.

Equity

Improving access to HIV services for vulnerable and marginalized populations such as migrants (including undocumented migrants), IDUs, sex workers, prisoners, IDPs, people with disabilities and mobile populations must be a priority. Services should be gender and age sensitive.

Funding and effectiveness

Weakened national economies and a global pressure on international funding call for efficiency gains. We should strive to reduce costs of providing services, including addressing pricing issues and affordability of treatment and diagnostics and access to generics. Involvement of communities in program design and implementation would increase effectiveness.

Coordination and collaboration

Involvement of civil society in all aspects of HIV diagnosis, prevention, treatment and care is crucial.

Community mechanisms of service provision should be incorporated in national plans and strategies and access to governmental funding ensured. Moreover, public and private sectors should closely collaborate. A European model of care that includes both centres of excellence and primary health care was preferred rather than one reliant on primary health care alone.

Research

Research to strengthen the evidence base should continue being a strong priority for the coming years and this has to be more strongly reflected in the strategy.

Areas with differing views:

Aging

The aging population of PLHIV in some parts of the WHO European Region represents a new challenge. Older PLHIV face age-related changes accelerated by HIV infection, side effects of long-term treatment etc. However, there was not complete consensus around this issue. The counterargument being that those PLHIV who live to become old, reside in the most protective environments and a Global health sector strategy to control HIV should focus on other less privileged populations.

Strategic Direction 2: Linking and integrating programmes and services

Areas with significant consensus:

The region welcomes that an HIV response is more than merely HIV outcomes. We should capitalize on the potential impact the HIV response may have on other health outcomes. At the same time, integrating programmes and services also have the potential to reach better HIV outcomes. One way to approach integration could be to form partnerships and strategic plans across different disease programmes. Stakeholders proposed that there still is an argument for specialized care in centres of excellence, rather than devolving to the primary health care level and proposed that only key areas of integration should be promoted.

Suggested priority linkages

- TB
- Viral hepatitis
- STIs
- MCH services
- Palliative services and care for terminally ill
- Drug dependency services and harm reduction

- Laboratory services for TB, HIV and other infections

Recommended policies

- Promote the Patient-centred approach – algorithm
- Promote one-stop-shop models of service delivery integration
- Prioritize training of health care staff to allow for integration of services
- Promote Integration and collaboration in HIV case management

Strategic Direction 3: Building strong and sustainable health systems

Areas with significant consensus:

Most of the discussion under this strategic direction was concerned with how stronger health systems deliver better HIV outcomes. Only one comment considered that HIV/AIDS programmes might strengthen health systems and described that countries should recognize that investment in HIV programmes is an investment in the health sector and contributes to building of the health sector. It was also mentioned that the capacity of health systems differed considerably from country to country in the WHO European Region.

Critical policies and interventions

- HIV should be included in health sector plans and strategies
- HIV should be appropriately reflected and allocated in national health budgets (sustainability)
- Strengthen collaboration between primary health care system and higher level health care systems
- Strengthen health information systems: e.g. strategic information about inequalities; pharmacovigilance
- Training of health care staff to deliver integrated care
- Securing an adequate salary level of health care personnel
- Workplace policies for HIV positive health workers.
- Increasing coverage of health insurance schemes
- Investing in community system strengthening
- Emphasize the role of and strengthen primary prevention (Alma Ata)
- Quality assurance

Strategic Direction 4: To reduce HIV vulnerability and address structural barriers to accessing services

Areas with significant consensus:

Influence and change national legislations that hamper the HIV response:

- Enforcing laws to protect PLHIV
- Avoid legal punishments and sanctions that are HIV specific, including HIV transmission
- Decriminalization of drug use, consider drug use as a health issue, and not a criminal issue
- Decriminalization of sex work
- Remove travel restrictions
- Remove any legislation that criminalizes homosexuality
- Remove rules and guidelines that prevent people who use or inject drugs from accessing treatment
- Introduce protective laws for undocumented migrants
- Introduce laws against stigma and discrimination

Partnerships and collaboration

It was repeatedly mentioned that the health sector to a larger extent should collaborate with actors

outside the health sector: e.g. Ministry of Education, pharmaceutical industries, traditional medical services, NGOs and civil society. The participants recommended increased participation of PLHIV and recognizing the role of community and civil society organizations in implementation of fundamentally important interventions.

Areas with differing views:

Consensus was not reached on whether WHO should focus primarily on stigma and discrimination in the health sector or on stigma and discrimination in general. A majority, though, advocated for a broad approach to address stigma and discrimination while still recognizing the urgent need to address stigma and discrimination in the health sector. It was strongly recommended that WHO has a role to play in addressing stigma and discrimination.

Strategic directions: Under each of the 4 strategic directions, where should WHO focus its efforts over the next 5 years to support these priorities

Strategic Direction 1: To optimize HIV prevention, treatment and care outcomes

Areas with significant consensus:

Technical assistance and guidance

- Technical advice on evidence-based methods
- Provide normative guidance on improved technology and new scientific results
- More hands-on and practical guidance that could be easily used at the facility level, i.e. for improving the quality of services
- Define the roles and coordination of medical, social and community services aimed at improving access and adherence to treatment
- Support target setting and strategic work at country level
- Motivate Member States to achieve international goals and commitments
- Continue the work on prequalification, and work with MoH on registering medications

Advocacy

- More actively promote evidence-based approaches and interventions
- Stronger advocacy agenda for sensitive issues e.g. harm reduction, prisoners, MSM,
- Promote services for populations in closed settings (IDP camps, prisons) and for mobile groups
- Stronger advocacy agenda for innovative issues e.g. HIV treatment as prevention
- Support politicians with arguments for investment in public health
- Negotiating access to affordable medicine for HIV

Policy development

- Taking the lead on public health policies
- Ensuring alignment of policies

Strategic information

- Surveillance (in collaboration with ECDC)
- Increase quality of strategic information analysis
- Develop qualitative tools to measure the progress in HIV control and prevention
- Encourage countries to properly monitor the changing environment including provision of comprehensive treatment and care to PLHIV

Partnerships and coordination

- Better strategic coordination between global, regional and national offices of WHO
- Increased collaboration and policy coherence with other United Nations agencies
- Developing partners as centres of excellence.

Strategic Direction 2: Linking and integrating programmes and services

Areas with significant consensus:

Technical assistance and guidance

- Guidance to integration and some decentralization of services (recognizing the continuing desirability of having specialized centres of excellence) such as models and best practices.

Advocacy

- Negotiating access to affordable medicine for TB and viral hepatitis.
- Promoting patient centred care vs. disease centred care
- Support Harm reduction interventions
- Encourage countries to include sexual health and STIs in health professional training curricula

Strategic information

- Develop tools to measure the progress of patient centred care vs. disease centred one

Partnerships and coordination

- Collaboration across different WHO programmes.

Strategic Direction 3: Building strong systems

Areas with significant consensus:

Technical assistance and guidance

- Guidance on medical personnel training and retention
- Normative guidance on how to increase the health system capacity to work on integrated disease prevention

Advocacy

- Promote “HIV-friendly” health systems
- Promote Integration of the HIV Response into Health Systems Strengthening
- Promote health insurance schemes and work for reducing user fees
- Advocate for eliminating practices of prosecuting medical personnel for health system mistakes (i.e. prosecuting medical personnel in central Asia for blood transfusions’ related infections)

Policy development

- Develop strategies for training of medical personnel and health care workers to strengthen health systems
- More accent on country ownership, which would ensure sustainability of the post-Global Fund era

Partnerships and coordination

- Work in partnership with other agencies, sectors and major players

Strategic Direction 4: To reduce HIV vulnerability and address structural barriers to accessing services

Areas with significant consensus:

Technical assistance and guidance

- Provide and publish documentation on relative risk of transmission – important tool for combating stigma and discrimination

Advocacy

- Advocate for access to other health and social services: in particular for marginalized and vulnerable populations: MSM, IDUs, sex workers, migrants, prisoners
- Take a more proactive role in advocating Human rights and advocate for specific Human rights instead of using just broad human rights statements.
- Advocate for laws against stigma and discrimination
- Advocate for decriminalization of drug use
- Removal of any legislation that criminalizes homosexuality
- Work against legal punishments and sanctions that are specific to HIV
- Promote protective laws for undocumented migrants

- Address legal and social regulations for HIV testing
- Promote gender and age equality

Policy development

- Specify and describe the rights based approach when developing policies and strategies

Partnerships and coordination

- Promote partnerships and increased collaboration with organizations representing PLHIV

What are the comparative advantages of WHO vis-à-vis other partners?

Areas with significant consensus:

- WHO is the recognized leader in public health
- WHO is in the centre of global health governance
- WHO is independent and objective
- WHO has a strong and trusted voice to address sensitive issues
- WHO has leverage to influence health authorities, politicians and legislators

PART B. In-Country Consultations

Country Consultations Stakeholders
<i>Please include all country and regional consultations in this summary</i>
<i>This summary information is required to document the consultation process to the WHA Executive Board.</i>

Region:	WHO European Region
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1. Country participation	Number
Number of countries participating	4
Number of EB countries	1
<u>List the countries that participated:</u>	Kyrgyzstan The former Yugoslav Republic of Macedonia Russian Federation Uzbekistan

2. Stakeholders participating	Number of Representatives
Government Institutions	33
Donors	7
Development Agencies	9
Nongovernmental Organizations	21
Civil Society Organizations representing:	
• People living with HIV	3
• Women	2
• Injection drug users	4
• Sex workers	2
• Men who have sex with men	1
• Transgender individuals	
• Others (specify) Street children	2
Multilateral Agencies	
• UNAIDS	6
• UNICEF	3
• UNFPA	3
• UNODC	3
• UNHCR	
• IOM	
• World Bank	1
• Other (specify) UNDP	2
Scientific and technical institutions and networks (including	7

academia/universities)	
Private sector	
Leaders and experts in HIV and related programmes:	
• Maternal, newborn and child health	2
• Sexual and reproductive health	3
• Tuberculosis	3
• Harm reduction/drug dependence management	3
• Health systems	3
• Strategic information	2
• Gender and human rights	1
• Youth	4
• Finance and planning	
Other (specify) Medical and social welfare	1
Other (specify) HIV	5
TOTAL	136

3. Participation by national HIV/AIDS and Health Leadership or their representatives	Check all that apply
Minister of Health	1
National AIDS Committee	5
National HIV/AIDS Programme	13
National TB Programme	4
National Programme on Sexual and Reproductive Health	3
National Programme on Maternal, Newborn and Child Health	2
National Programme on Health Systems	2
National Programme on Health Planning	1
National Programme on Primary Health Care	2
National Programme on Adolescent Health	2
National Programme on Drug Dependence/Harm Reduction	4
National Programme on Correctional Services/Prisons	1
National Programme on Refugees/Migration	
Other (specify) Ministry of Higher Education	1
Other (specify) Ministry of Interior	1
Other (specify) Women's Committee	1
Other (specify) National programme of Blood Services	2
Other (specify) Ministry of Health staff	7
Other (specify)	
TOTAL	52

NB: Ministry of Health was not represented in the Russian Federation in-country consultation.

4. Consultation Process	Number of Meetings
Individual Meetings	11
United Nations Theme Group Meetings	3
Global Fund Country Coordinating Mechanism Meetings	2
National AIDS Commission Meetings	2
Other Group Meetings	2
Other – MoH	1
TOTAL	21

Summary of Participant Input

- Please synthesize comments under thematic areas below (do not present comments verbatim).
- Please indicate those areas where there is significant consensus and those areas where there are differing view
- Use as much space as needed.

Countries	Kyrgyzstan The former Yugoslav Republic of Macedonia Russian Federation Uzbekistan
1a. Section III. Global Vision and Goals: Please comment on the <u>relevance of the four global goals.</u>	
<u>Goal 1: To optimize HIV prevention, treatment and care outcomes</u> All four countries reported this goal as being relevant for their country and several countries mentioned the importance of securing financial sustainability of HIV interventions.	
<u>Goal 2: To maximize the impact of HIV responses on other health outcomes (including achievement of health-related MDGs)</u> All four countries reported this goal as being relevant for their country and region. Two countries specifically emphasized the important link to sexual and reproductive health.	
<u>Goal 3: To build strong and sustainable health systems to address HIV/AIDS and other major public health threats</u> All four countries reported this goal as being relevant for their country and region. Several countries noted that scaling up HIV prevention, treatment and care is presently compromised by weak health systems.	
<u>Goal 4: To reduce HIV vulnerability and address structural barriers to accessing HIV services</u> All four countries reported this goal as being relevant for their country and region, with IDUs repeatedly mentioned as a particularly vulnerable group.	

1b. Section III. Global Vision and Goals: <u>Indicators and targets are intended to be strategic and to inspire achievements in countries.</u> Please provide feedback on the following:
<u>Which potential indicators should be prioritized?</u> Generally about indicators: Not all data are collected on a national level. Respondents suggested aligning with existing indicators such as UNGASS and MDGs, and develop indicators for the Global Health Sector Strategy in close collaboration with UNAIDS. Countries reported that the Russian translation of indicators is incorrect. The following indicators should be prioritized (reported by at least two countries): <ul style="list-style-type: none"> • Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results • Number of adults and children with advanced HIV infection receiving antiretroviral therapy

- Percentage of estimated HIV-positive incident tuberculosis cases that received treatment for tuberculosis and HIV
- Percentage of countries that have experienced no stock -out of any required ARV in the last 12 months
- Percentage of countries that report that all donated blood units are screened for HIV in a quality-assured manner
- Percentage of countries reporting on the availability of service delivery points providing appropriate medical, psychological and legal support for women and men who have been raped or experienced incest
- Indicator and target on stigma (in health facilities)

Which indicators are most strategic?

At least two countries reported the following indicators as being most strategic:

- Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results
- Number of adults and children with advanced HIV infection receiving antiretroviral therapy
- Percentage of estimated HIV-positive incident tuberculosis cases that received treatment for tuberculosis and HIV
- Percentage of countries that have experienced no stock -out of any required ARV in the last 12 months
- Percentage of countries that report that all donated blood units are screened for HIV in a quality-assured manner
- Percentage of countries that have a policy to ensure equitable access for women and men to HIV prevention, treatment, care and support
- Percentage of countries that have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations.

Which indicators can be omitted?

Several countries reported that some indicators were not relevant for their country e.g.:

- Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse
- Percentage of men and women aged 15-49 who received an HIV test in the last 12 months and who know their results

However the respondents noted that these indicators are relevant on a global scale and it was suggested to decide on a few international overall indicators, and develop a more detailed set of indicators and targets at country level.

What alternative indicators should be considered?

A large number of revised and alternative indicators were suggested reflecting the national epidemiological profile and data already collected at national level. Several mentioned that health systems indicators and indicators for hepatitis and harm reduction were missing.

2. Section IV. Priority Health Sector Programmes for Countries.

Please comment on the relevance of the four strategic directions for countries.

Strategic Direction 1: Expanding coverage and impact of HIV interventions

All countries found this strategic direction relevant.

List of key intervention areas reported by all countries:

- HIV testing and counselling
- HIV treatment and care
- STI control
- Harm reduction and drug dependence services
- HIV prevention, treatment and care for most-at-risk populations

The following additional priority areas were suggested:

- Safe blood transfusion
- Detainees (vs. prisoners), migrants, homeless and youth are missing under the list of MARPs

NB: Countries reported that the Russian translation is inaccurate

Strategic Direction 2: Linking and integrating programmes and services

The four countries welcomed this strategic direction and the need for integration. Respondents agreed to the majority of listed priority intervention, however stressing that some areas are more important than others for their particular country. One country proposed a flexible structure to allow for adaptation to the national or regional context.

Key linkages areas were reported as:

- TB including MDR and XDR TB
- Hepatitis
- Drug dependence services and harm reduction
- Sexual and reproductive health, including STIs
- Cancer prevention
- Nosocomial transmission of HIV

The following additional priority areas were suggested:

- Rehabilitation of drug users
- Social support for HIV-positive
- Adolescents and youth health

NB: Countries reported that the Russian translation is inaccurate

Strategic Direction 3: Building health systems for better HIV and health outcomes

All issues included in this section were considered very important to address. Several countries highlighted the importance of introducing health systems strengthening in a strategy for HIV/AIDS.

In addition to the areas listed in the strategy, the following specific priority areas were suggested:

- Health workforce: staff training, retention and adequate salary levels
- Surveillance of 2nd generation medicine and techniques for determining the prevalence of HIV infection in hard to reach groups
- Procurement: Uninterrupted supply of medicines
- Decentralization of HIV services
- Coordination: Inter-agency and intersectoral cooperation e.g. social welfare sectors and criminal justice programmes
- Employ quality control mechanisms to increase quality of services
- Unified electronic registration system of patients

Strategic Direction 4: Creating supportive environments for HIV responses

All countries found this strategic direction relevant, a few supplementing priority intervention

areas were suggested:

- Improvement of legislation in order to eliminate stigma and discrimination (both in health care settings and in the general public)
- Mobilization and greater involvement of PLHIV
- Participation of countries in international strategy development

3a. Section V. WHO Action: Supporting national responses

Please comment on the relevance of the proposed focus areas for WHO under each of the four strategic directions.

Strategic Direction 1: Expanding coverage and impact of HIV interventions

All countries agreed to the suggested WHO focus areas and proposed to add the following:

- Expand HIV testing and counselling in a sustainable and integrated manner
- Encourage countries to develop and approve clinical protocols for treatment of HIV infection
- Increased focus on STIs and adherence to ART
- Improving HIV/AIDS monitoring system of vulnerable groups, e.g. IDUs
- More actively promote best practices in prevention, treatment and palliative care

Strategic Direction 2: Linking and integrating programmes and services

Only few comments to this section:

- In some low HIV prevalence countries integration is already implemented, as many services are provided at primary care level.
- Integration and linkage at international level was strongly suggested e.g. increased collaboration with UNAIDS and GFATM
- Coherence between international strategies and priorities (e.g. UNGASS, UNAIDS, MDGs)

Strategic Direction 3: Building health systems for better HIV and health outcomes

All countries supported the described focus areas, and suggested addition of:

- Procurement system for ART
- External WHO evaluation of the efficiency and quality of medical educational programmes in particular related to HIV
- Financial sustainability for implementing HIV interventions was mentioned as crucial, and WHO could serve a role as promoting cost-effective interventions and health systems strengthening

Strategic Direction 4: Creating supportive environments for HIV responses

Countries generally agreed to the suggested WHO focus areas and there were few comments to this section. Specific comments include:

- Several countries reported stigma and discrimination in the health sector as a severe problem
- It was suggested to build on the UNODC analysis of policy and legislation related to accessibility of HIV related services for drug users in 5 countries of central Asia
- WHO should still strive towards achieving consensus with the governing authorities, rather than opposing them. Lobbying for legislation changes should be pursued by means of disseminating documents on evidence-based approaches and by improving collaboration with non-government stakeholders and interest groups.

3b. Section V. WHO Action: Supporting national responses

Does this section adequately clarify WHO's role in supporting countries to implement their

national responses?

Some countries reported that the document clearly identified WHO's role in supporting countries in their implementation of national HIV/AIDS strategies, whereas other countries found the section inadequate, but no specific suggestions for improvement were provided.

4a. Section VI. Strategy Implementation

What are the comparative advantages of WHO vis-à-vis other partners?

- WHO enjoys a broader mandate of improving health than any other United Nations or international agency
- WHO has the strongest political influence on decision-makers in the area of health
- WHO has robust capacity to deliver comprehensive technical support and disseminate best practices
- WHO shapes the research agenda and generates new ideas
- WHO's evidence-based platform guides global responses
- WHO engages in partnership where joint action is needed
- WHO monitors the health situation and assess health trends.

4b. Section VI. Strategy Implementation

What needs to be included in this section to clarify how the strategy will be implemented?

There were only few comments to this section. However, one country reported that equal participation of all partners is crucial. An intersectoral and multidisciplinary approach was recommended as well as a broad implementation approach.

Two countries emphasized that the strategy specifically should encourage countries and regions to develop national strategies, implementation plans and budgets according to this Global Health Sector Strategy for HIV/AIDS.

4c. Section VI. Strategy Implementation

Please comment on the relevance of planned monitoring and reporting.

This section was not developed in version 2.1 and countries have thus not commented.

5. Overall strategy

Is the structure of the strategy document relevant and appropriate?

Generally, the countries reported the structure as being relevant and appropriate. Some countries encouraged inclusion of a "Terms and concepts" explanatory page in the strategy.

It was repeatedly requested to revise the Russian version of the strategy. Countries reported that the poor translation from English to Russian caused ambiguity in interpretation, which might have compromised feedback received from countries.

PART C. Web consultation and online country submissions

Stakeholder Demographics

WHO European Region¹

	Number
Total Responses	39
Gender:	
Male	14
Female	16
Transgender	0
Unspecified	8
Country:	
Belgium	1
Cyprus	2
Finland	1
France	1
Georgia	1
Germany	2
Ireland	1
Italy	3
Kyrgyzstan	1
Malta	1
Norway	3
Russian Federation	3
Slovakia	1
Spain	2
Sweden	1
Switzerland	3
Tadsjikistan	1
Turkey	2
United Kingdom	5
Ukraine	2
Unspecified	2

¹ Excluding headquarters of international organizations in Europe with a primary focus on Africa.

Age of respondent:	
25 and under	1
26-49	19
50 and over	9
Not disclosed	10
Type of organization:	
Ministry of Health	13
Bilateral Development Agency	5
Other Government Institution	9
United Nations/Multilateral Organization	3
Academic-Research	1
Regional European Nongovernmental Organization	1
National or Local Nongovernmental Organization	2
Civil Society Organization	1
Industry or Trade	1
Individual	1
Unspecified	2
Comments submitted on behalf of:	(4)
Men who have sex with men	0
Drug users groups	2
Transgender populations	0
Sex Workers	0
Women	0
Older people (Aged 50+)	0
People Living with HIV	1
Blood Banks	0
Civil society organizations	1
Faith based organizations	0
Language in which comments submitted:	
English	34
Spanish	1
Russian (translated)	4

Summary of Respondent Input

1a. Section III.

Global Vision and Goals: Relevance of the four global goals.

Overall comments to the vision and goals:

The vast majority reported that the four goals are relevant on a global level. On a country level however, some goals were judged more relevant than others depending on the national context. A few participants conveyed that the vision and goals were too ambitious especially consideration the current financial constraints. Many respondents specifically mentioned and welcomed the goals related to integration of services and health system strengthening. It was a general wish to adopt coherence with international goals and targets.

1b. Section III.

Global Vision and Goals: Indicators and targets

Overall, respondents stated that some indicators were more important than others in a given national context and a vast amount of new specific indicators and targets were suggested. Several respondents raised the issue of an increasing reporting burden and lack of national data on the proposed indicators. A one-size-fits-all model with a large set of detailed indicators might not be relevant and many respondents suggested that indicators should be developed on country-level in line with the epidemiological context i.e. low-level, concentrated or high-level epidemics and current national targets. Some respondents recommended developing indicators and strategic directions separately for the three types of epidemics. Others advocated for using pre-existing indicators (National indicators, UNGASS, UNFPA, UNAIDS etc.) or at least ensuring coherence with other internationally agreed targets.

Priority indicators as reported by most respondents:

- Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results
- Number of adults and children with advanced HIV infection receiving antiretroviral therapy (“advanced HIV infection” needs to be defined)
- Percentage of countries that have a policy to ensure equitable access for women and men to HIV prevention, treatment, care and support

Several respondents suggested inclusion of the following indicators:

- OST coverage
- Percentage of ART patients lost to follow up
- National expenditure on health and HIV
- Human resources trained (and follow up on training)
- Quality assurance of service delivery
- Stigma and discrimination (in the health sector and in general)
- Community involvement

2. Section IV.

Priority Health Sector Programmes for Countries: Relevance of the four strategic directions for countries

The majority of respondents stated that the proposed strategic directions were relevant. However, some respondents indicated that some focus areas were irrelevant for their specific region/country and proposed the choice of focus areas be guided by the needs of individual countries.

Strategic Direction 1: Expanding coverage and impact of HIV interventions

General comments under this strategic direction:

- Increased emphasis on testing, counselling and early diagnosis followed by timely treatment initiation
- Specify which testing policy applies: e.g. voluntary (vs. mandatory) testing and counselling, Indicator disease guided testing, provider-initiated counselling and testing
- Universal access to ART should be mentioned
- Prevention of drug resistance should be a priority
- MARPs missing in the document: young people, IDPs, migrants, mobile populations.
- Include people above the age of 50 (in both prevention and treatment interventions).
- Lack of attention in the strategy to quality of services, e.g. quality of prevention, treatment and care services.
- More emphasis on care and support

Differing views: Contrasting views were reported on male circumcision, ART as prevention and PrEP.

Strategic Direction 2: Linking and integrating programmes and services

Several respondents noted the difference between “linking” and “integrating” and suggested to be more specific in the selection of wording.

Many respondents highlighted the importance of integration with:

- Harm reduction
- TB and MDR-TB
- Hepatitis
- Sexual and reproductive services (“reproductive choice” of PLHIV should be emphasized)
- Maternal and child health (including PMTCT)
- Management and prevention of STIs (also among PLHIV)

The following additional linkage areas were proposed:

- Adolescent and youth health
- Gerontology
- Gender-related issues

Differing views: In contrast to all other stakeholders highlighting the importance of harm reduction, health ministry Russian Federation suggested removing harm reduction from the list of intervention areas, as it contradicts with the current government policy.

Strategic Direction 3: Building health systems for better HIV and health outcomes

Many respondents welcomed the focus on building stronger health systems.

Several stakeholders shared the following opinions:

- Decentralization has not been adequately addressed in the strategy
- Reducing costs for medicine, diagnostics and other HIV related services should be a priority
- Necessary to increase human resource capacity, ensuring their adequate training, retention and health.
- More emphasis on the intersectoral and multisectoral cooperation of the health sector with other sectors relevant for the HIV response e.g. Ministry of Education, Ministry of Finance, social services etc.

Strategic Direction 4: Creating supportive environments for HIV responses

Under this strategic direction several stakeholders shared the following opinions:

- Community involvement is not sufficiently addressed
- More focus on ensuring equity across socioeconomic groups

- Stigma and discrimination within health care settings was mentioned repeatedly. Many respondents noted that stigma and discrimination should be addressed in all settings – not only the in the health sector.

Differing views: A few Member States indicated that some of the suggested priority interventions were unattainable due to restrictive laws on syringe distribution.

3a. Section V.

WHO Action: Supporting national responses: Relevance of the proposed focus areas for WHO under each of the four strategic directions.

The vast majority found the proposed focus areas relevant. Some respondents requested a more specific description.

Several stakeholders shared the following opinions:

Strategic Direction 1: Expanding coverage and impact of HIV interventions

- Promoting early testing
- Universal access should be a continued priority
- Access to affordable medicines
- Technical support and guidance on evidence-based approaches
- Encourage adoption of new WHO treatment guidelines

Strategic Direction 2: Linking and integrating programmes and services

- Setting norms and standards in compliance with the type of epidemic for integration with: TB, hepatitis, sexual and reproductive health, primary health care, harm reduction, MNC services
- Advocacy for adoption of harm reduction services for IDUs
- Strengthening the linkages across different WHO programmes
- Promoting synergies, linkages and coherence between all international actors

Strategic Direction 3: Building health systems for better HIV and health outcomes

- Improving safety of health services
- Reducing costs for medicines and diagnostics
- Mobilize private sector resources more effectively
- Promote collaboration with other sectors and agencies

Strategic Direction 4: Creating supportive environments for HIV responses

- Advocate for inclusion of community and civil society to promote supportive environments
- Promote debate, thinking and research to identify new approaches and interventions for HIV/AIDS prevention, treatment and care

3b. Section V.

WHO Action: Supporting national responses – clarity of WHO role in supporting countries

Comments of general opinion:

- More details are needed to clarify WHO's activities at each level and the existing mechanisms of support
- The division of labour and responsibilities of WHO vis-à-vis other partners and United Nations agencies must be clear

3c. Section V.

WHO Action: Supporting national responses – what are the comparative advantages of WHO

vis-à-vis other partners

Comments of general opinion:

- WHO is the leading agency for the health sector response to HIV/AIDS
- WHO enjoys credibility and authority on public health issues
- WHO promotes regional cooperation
- WHO country offices provide efficient support to implementation
- WHO has the capacity and credibility to influence policy on a national level
- WHO has important linkages to scientific institutions
- WHO has expertise in developing and maintaining national monitoring systems

4. Section VI.

Strategy Implementation: Suggestions on clarifying strategy implementation

Many respondents commented that this section should:

- Display harmonization and alignment with other global strategies (HIV, TB, SRHR, MDGs)
- Present the responsibilities and roles of key partners expected to be involved in organizing and implementing the response (WHO, health ministry, public and private sectors, civil society organizations)
- Outline resources needed to implement the strategy and identify potential funding mechanisms
- Depict how HIV/AIDS vertical programmes shall be integrated in the national systems

4c. Section VI.

Strategy Implementation: Relevance of planned monitoring and reporting

A large number of respondents felt that there was inadequate detail to comment on this section.

Comments provided by a few respondents include:

- Avoid duplicate reporting to multiple United Nations agencies
- Imperative that indicators are relevant to the epidemic in the country
- Ensure that data collected by countries is not only collected for international initiatives, but also used by countries to support policy development and national programmatic decision-making.
- Adopting a regional approach to monitoring and evaluation

5. Overall structure of the strategy document

- The majority of respondents were in favour of the overall structure.

6. Other

- Spell out acronyms
- More clarity on the legal status of the strategy
- More clarity on the intended audience for this strategy, and whether this is a strategy for WHO Member States, a WHO framework of action or a Global strategy.

PART D. WHO Regional Office for Europe In-house consultation

Input was received from the following departments at the WHO Regional Office for Europe: Health systems, Tuberculosis, Sexual and reproductive health, Blood safety and Pharmaceuticals.

Summary of Respondent Input

1a. Section III.

Global Vision and Goals: Relevance of the four global goals.

No specific comments to the vision and goals.

1b. Section III.

Global Vision and Goals: Indicators and targets

Suggested indicators under the proposed goals:

- HIV-positive adolescent birth rate (age-specific fertility for ages 15-19) corresponding to MDG 5B indicator
- Proportion of PLHIV offered treatment and counselled on sexual and reproductive health and rights, including family planning and STIs
- Percentage of HIV positive (confirmed) blood/organ donors

One stakeholder was concerned about the measurability of the indicators related to goal 4.

2. Section IV.

Priority Health Sector Programmes for Countries: Relevance of the four strategic directions for countries

Under each strategic direction the following comments were made:

Strategic Direction 1: Expanding coverage and impact of HIV interventions

- Education, information and communication activities should be added
- Access to essential quality medicines for prevention, treatment, substitution therapy, management of side effects, opportunistic infections and co-infections and palliative care.
- Use of generics should be emphasized
- Uninterrupted supply and drug management should be a priority
- Rational use of medicines (protocols, monitoring of drug use and management)

Strategic Direction 2: Linking and integrating programmes and services

- Coordination based on country-level strategic frameworks for HIV/AIDS is essential
- Specify what is covered by reproductive health
- Family planning, safe abortion, infertility treatment should be mentioned
- Gender-related issues, including gender based violence and sexual trafficking are important to include
- Priority should be given to screen PLHIV for TB and drug resistance

Strategic Direction 3: Building health systems for better HIV and health outcomes

- Procurement: benefitting from economy of scale through collected ART procurement
- Affordable prices of medicine and access to price information at country level

Strategic Direction 4: Creating supportive environments for HIV responses

- Coordination between prison health and the general health system.

- Linking civil society to health systems
- Adequate policies and legislation for access to essential medicines: adequate patent legislation, generic policies, access to opioids. e.g. include TRIPS flexibilities in national legislation (WTO members) and import of WHO prequalified generics (non-WTO members)
- Pricing and reimbursements policies should be mentioned

3a. Section V.

WHO Action: Supporting national responses: Relevance of the proposed focus areas for WHO under each of the four strategic directions.

The following WHO focus areas were suggested:

Strategic Direction 1: Expanding coverage and impact of HIV interventions

- Promote health literacy education with respect to HIV/AIDS
- Promote adaptation of WHO standards in relation to rational use of medicines
- Assist with prequalification of medicines

Strategic Direction 2: Linking and integrating programmes and services

- Setting norms and standards in compliance with the type of epidemic for integration at different levels i.e. financial level, planning level, service delivery level
- Highlighting best practices
- Long term technical assistance to support integration of services
- Establishing centres of excellence in relation to integration of services

Strategic Direction 3: Building health systems for better HIV and health outcomes

- The sentence “Improve safety of health systems” needs clarification

Strategic Direction 4: Creating supportive environments for HIV responses

- Intersectoral and international effort to support access to controlled medicines for substitution therapy and palliative care.

3b. Section V.

WHO Action: Supporting national responses – clarity of WHO role in supporting countries

- Specify the role of WHO in the area of HIV prevention
- Support coordination of country stakeholders in relation to country level strategic frameworks for HIV/AIDS.
- Advocating for a clear vision for the comparative advantages of civil society: i.e. hard-to-reach populations, innovations, and advocacy.

3c. Section V.

WHO Action: Supporting national responses – what are the comparative advantages of WHO vis-à-vis other partners

No comments to this section

4. Section VI.

Strategy Implementation: Suggestions on clarifying strategy implementation

No comments to this section

4c. Section VI.

Strategy Implementation: Relevance of planned monitoring and reporting

No comments to this section

5. Overall structure of the strategy document

No comments to this section

6. Other

Suggestion to rephrase strategic directions to:

- 1: “Expanding coverage and impact of interventions addressing HIV”
- 2: “Linking programmes and integration services”
- 3: “Building health systems for better health outcomes addressing HIV”
- 4: “Creating supportive environments for addressing HIV”

Finally, it was recommended that colleagues working with gender mainstreaming review the strategy.