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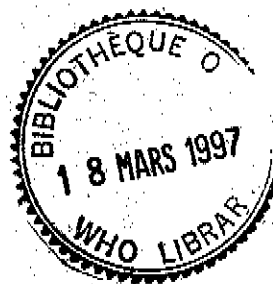


WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTE

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## **HIV/AIDS AND SEXUALLY TRANSMITTED DISEASES**

### **MEETING OF HQ AND REGIONAL HIV/AIDS FOCAL POINTS/ADVISERS**



**WHO Headquarters  
Geneva  
18 October, 1996**

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## I. Introduction

The third meeting of HQ and Regional HIV/AIDS and STD Focal Points/Advisers was held at WHO Headquarters, Geneva, 18 October 1996. The agenda, as adopted, and the list of participants are attached (annex 1).

All the Regional Offices were represented; Dr A. Gromyko (Regional Advisor, EURO) was appointed Chairperson and Dr R. Mazin (Regional Advisor, participating on behalf of Dr. F. Zacarias, Regional Program Coordinator in AMRO/PAHO) the Rapporteur.

The objectives of the meeting, which followed a three-day meeting on the development of a WHO Strategic Plan for HIV/AIDS and STD, were to elaborate some specific recommendations for adjustment, adaptation and operationalization of the plan, as well as to discuss the other issues on the agenda.

## II. Issues and specific recommendations

### a) Review of the strategic planning meeting and future implications

There was a general consensus that the Second WHO Strategic Planning Meeting on HIV/AIDS and STD had been conducted very successfully. Thus, the expected outcome - a revised version of a comprehensive strategic plan - was obtained at the end of the process. The group felt that the plan accurately reflected WHO's mandate and encompassed the Organization's areas of expertise and experience.

It was stressed several times that the planning exercise was aimed at the development of a *strategic plan* rather than an actual *work plan*, i.e., the product obtained has a policy/managerial character. The planning process has still to go one step further with the development of specific operational activities within a shorter time frame (development of a work plan) as well as defining resources required and responsibilities for implementation of activity areas described in the strategic plan.

It was felt that the strategic plan will be a very useful guide at country level. In addition, it will serve as a tool to revise and reorient those plans already developed by some regions. In regions where plans are still to be developed, it may serve as a reference framework.

*Recommendation.*     *The plan should be reproduced in an attractive user-friendly format and widely distributed.*

In the light of fast-changing scientific, economic, and political scenarios, planning beyond two years may be unrealistic.

*Recommendation.*     *It was strongly felt that work plans stemming from the strategic plan be framed within biennia instead of the five-year period initially proposed.*

In the development of regional plans mainstreaming and inter-programme collaboration needs to be stressed. It is important to avoid implying that financial resources can be made available through ASD, as used to be the case with GPA.

In the process of defining and allocating resources to be provided by WHO, regional advisers (RAs) and focal points should recall that, while there may be a shortage of funds, a great deal of support is provided through WHO's existing infrastructure in terms of expertise, networking, experience, institutional memory, public credibility, etc. These resources are often overlooked and they should be taken into consideration when planning. This is especially important when plans are shared with potential donors and Member States who are eager to know what WHO is going to contribute to the fight against HIV/AIDS.

*Recommendation.*     *Adjustment of the plan at the regional level should ideally be based on close consultation with WRs and national AIDS programmes, to define priority areas and broaden them as needed.*

In the actual implementation of inter-programme collaboration and mainstreaming, consideration needs to be given to where WHO's responsibility lies in initiating, follow-up, and completion of specific programmes. Although it was unanimously agreed that it was not advisable to develop large bureaucratic structures at the central level, but rather support activities at country level, technical cooperation would be seriously hampered without sound, efficient professionals with concrete expertise continuously at hand. Implementation might become erratic and haphazard without strong technical support.

*Recommendation.*     *Investment of resources for the actual implementation of activities should take into consideration the need to strengthen all three levels: headquarters, regional offices and countries; headquarters and regional offices for technical backstopping and countries for implementing activities. This is particularly pertinent in the light of UNAIDS policy on technical cooperation whereby it deems itself a "broker" of technical cooperation and acknowledges WHO's role as a provider of technical cooperation in health.*

The disestablishment of GPA meant the abolishment of international and national posts that functioned as technical focal points on HIV/AIDS and STD at the country level. In order to ensure the availability of technical expertise where it is most required, regions may deem it appropriate to ask a staff member (e.g. epidemiologist) to take responsibility for HIV/AIDS-related activities, or, to investigate other mechanisms.

The group underlined the fact that if WHO cannot count on an AIDS technical focal point at the country level, it will be almost impossible for the Organization to participate in the UN focal point group (the technical team stemming from the UN Theme Group on HIV/AIDS). This implies the loss of the public health perspective in the development of national activities. Thus, whereas it is the responsibility of UNAIDS to review and redefine roles and mechanisms for operations at country level, WHO has to maintain and expand the public health perspective within the Theme Groups. This necessitates strengthening as necessary WHO country offices to ensure the availability of sound, dependable information on the trends of the epidemic, as well as on priorities and needs of the country.

*Recommendation.*     *At WR level, the strengthening of WHO's role as a provider of technical cooperation in health needs to be carefully planned. ASD should supplement whatever actions are taken by updating and disseminating materials from WHO, including those prepared by GPA*

*which contain the information on basic activities, actions, minimum standards and necessary achievements from a public health perspective.*

b) Development of a common framework with UNAIDS

Given the development of UNAIDS since it became fully operational, the WHO governing bodies at the regional level need to discuss and define WHO's role within UNAIDS.

*Recommendation. Regional advisers should brief Regional Directors on the evolution of collaboration activities with UNAIDS at the regional and country level in order to prepare well-documented, relevant information in support of any recommendations/resolutions.*

Some concern was expressed regarding the tendency of UNAIDS to approach technical issues from an overcentralized perspective and with vertical models (e.g., elaboration of estimates of infection without consulting countries concerning national studies, data and figures). WHO has to reframe approaches and develop appropriate responses to technical issues in such a way that are not parallel but complementary.

*Recommendation. WHO should produce produce a joint surveillance report for Asia and the Pacific that will involve WPRO, SEARO, and EMRO. This should have EMC input.*

c) The WHO/UNAIDS retreat

Originally scheduled for November 1996, the WHO/UNAIDS retreat has been postponed. A new date has still to be agreed upon with the regional advisers. The level of participation has still to be defined as the meeting agenda may involve political and technical issues, although is expected that the technical ones would prevail.

*Recommendation. It was suggested not to delay the retreat beyond February 1997.*

d) Communications

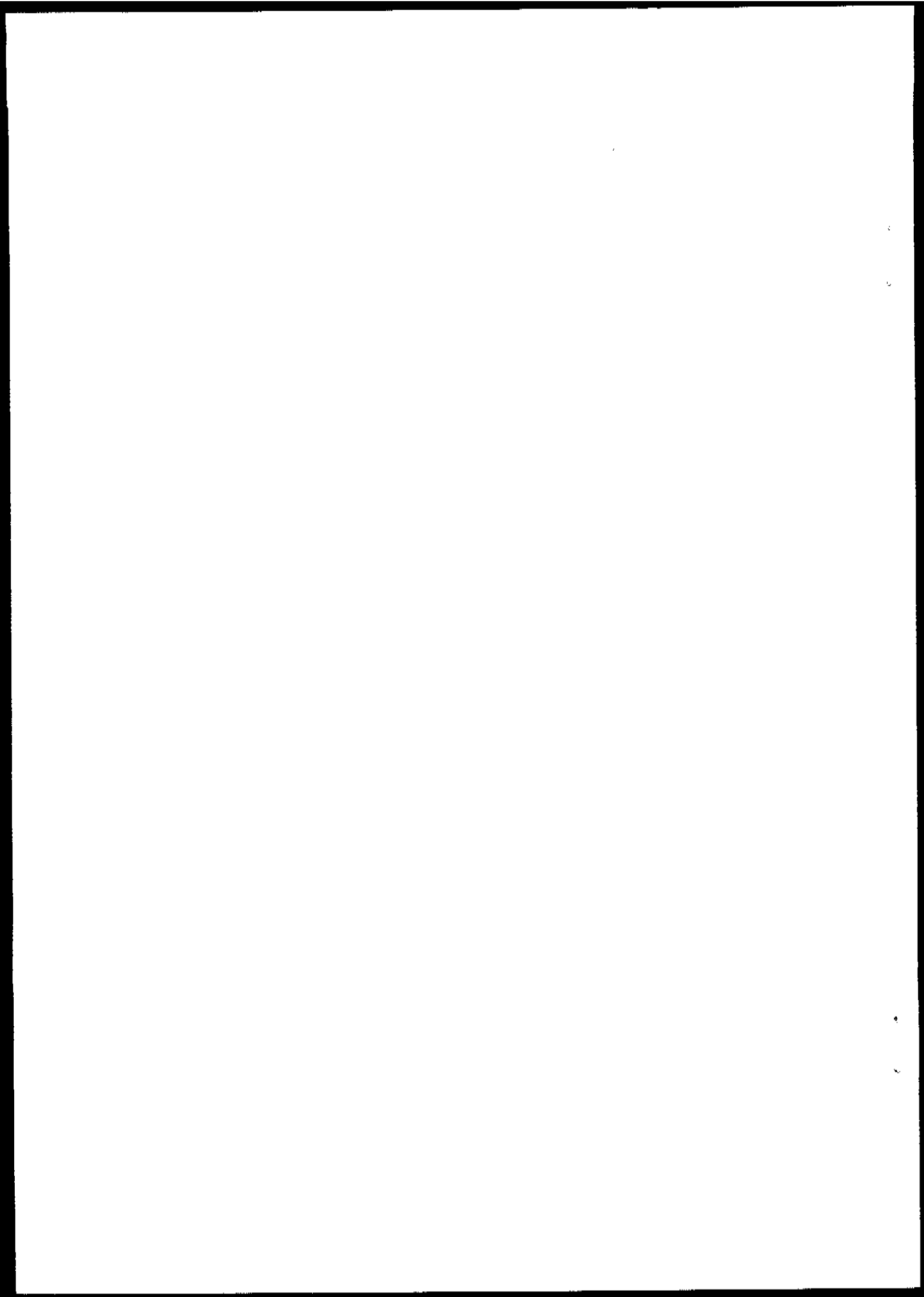
ASD has started distributing a newsletter which is aimed at WHO staff. Its goal is to brief them on HIV/AIDS/STD-related issues at the global, regional, and country levels. Eventually the newsletter may be expanded to larger audiences, but meanwhile it will maintain its present style.

*Recommendation. WRs should be invited to provide input.*

e) Meeting of regional advisers

The meeting of regional advisers is a very important opportunity for them to exchange information, concerns, and lessons learned.

*Recommendation. The regional advisers should continue to meet at least once a year. It was suggest that the venue be Geneva since this will allow regional advisers to network with one another and follow-up on mainstreaming activities.*



## Annex 1

**Meeting of HQ and Regional HIV/AIDS and STD Focal Points/Advisers  
Geneva, 18 October 1996**

**AGENDA**

- |             |   |
|-------------|---|
| 08h30-09h00 | Introduction<br>Nominate Chairpersons, 1 for morning session, 1 for the afternoon<br>Adoption of the Agenda   |
| 09h00-10h30 | Review of Strategic Planning Meeting and future implications<br>- Major issues requiring a common understanding<br>- Linking the strategic planning to regional and country activities                                  |
| 10h30-10h45 | Coffee  |
| 10h45-11h30 | Review continued<br>- Technical support to WHO country offices<br>- A WHO framework for working with Theme Groups;<br>respective roles of WRs, CPAs, Focal Points   |
| 12h30-13h30 | Lunch   |
| 13h30-15h00 | Development of WHO work plan based on strategic plans and<br>harmonization with UNAIDS work plan<br>Communication: are you satisfied you know what is going on?<br>(Comments/suggestions).<br>- Newsletters; ROs and HQ |
| 15h00-15h15 | Coffee  |
| 15h15-17h00 | Issues and recommendations  |

**Annex 1**

**Meeting of HQ and Regional HIV/AIDS and STD Focal Points/Advisers  
Geneva, 18 October 1996**

**LIST OF PARTICIPANTS**

AFRO      Dr Teguest Guerma, Regional Adviser, HIV/AIDS/STD

AMRO      Dr Rafael Mazin, Regional Adviser on HIV/AIDS  
            Dr Marie-Andrée Diouf, PWR, Haiti

EMRO      Dr Puru Shrestha, Regional Adviser on STD

EURO      Dr Alex Gromyko, Regional Adviser on HIV/AIDS/STD

SEARO     Dr Jai Narain, Regional Adviser on HIV/AIDS

WPRO      Dr Gilles Pומרol, Regional Adviser on STD

ASD Secretariat

Dr Dorothy Blake, Director  
Dr Antonio Gerbase, Medical Officer  
Dr Eric Van Praag, Medical Officer  
Mr John Wickett, Technical Officer