



# LEADING THE HEALTH SECTOR RESPONSE TO HIV/AIDS



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## THE TOLL MOUNTS

**D**espite falling prevalence rates in some countries and advances made in treatment and care, the global HIV/AIDS epidemic shows no signs of abating. AIDS has taken more than 20 million lives in just 20 years and in the worst affected countries is now beginning to damage key sectors, erode economic development and jeopardize national security. More than 42 million people are currently infected, 95% of them in the developing world. It is estimated that, in the absence a massive scaling up of current efforts, another 45 million people will be infected with the human immunodeficiency virus by 2010. Up to 30 million more will have died.

The World Health Organization (WHO) has been centrally involved in the fight against HIV/AIDS from the beginning. In its role as a cosponsor of the Joint United Nations Programme on HIV/AIDS, its mandate is to lead the health sector response to the epidemic. As the international community strives to mobilize a global effort commensurate with the scale of the epidemic, WHO is working harder than ever to translate its expertise into action.

## A NEW GLOBAL ENVIRONMENT

**M**ajor developments in the last three years represent a significant shift in the international community's thinking about the adequacy and nature of its response to the HIV/AIDS epidemic. Along with other international organizations, WHO is shaping its HIV/AIDS agenda to build upon this momentum and to help its Member States take advantage of these new opportunities.

### The world commits to act

New frameworks are now guiding the international community's efforts. At the Millennium Development Summit in 2000, countries acknowledged and affirmed the crucial link between health and development by committing themselves to the goal of having halted and begun to reverse the spread of HIV/AIDS by 2015.

In 2001, the United Nations General Assembly, acknowledging the gravity of the HIV/AIDS epidemic, held the first ever Special Session devoted to a health

issue. The resulting Declaration of Commitment on HIV/AIDS represents unprecedented global, political commitment to tackling the epidemic. It also recognizes that treatment, care and support, including antiretroviral therapy, are fundamental components of any effective response. The Declaration holds countries accountable to act, sets goals to measure performance and requires that the international community supports them as they proceed to implement more robust programmes.

### Resources make the difference

Lack of resources has been a major impediment to scaling up the global response to HIV/AIDS. Recent analyses have provided a much clearer picture of what it will cost to comprehensively implement effective interventions, and annual global resources for HIV/AIDS have increased from US \$300 million in 1999 to nearly US \$3 billion in 2002. Significant funds have recently become available to countries through mechanisms such as the Global Fund to Fight AIDS, TB and Malaria, the World Bank's Multi-Country AIDS Programme, foundations, bilateral agencies and other donors.

### Treatment offers hope

Until recently, the high prices of antiretroviral drugs used to treat HIV/AIDS have been a major obstacle to the scaling up of HIV care in resource-limited settings. Since 2000, leading research-based pharmaceutical companies have begun to offer these drugs at significantly lower prices in developing countries and - with increasing competition from generic manufacturers - prices have continued to fall. The result is that medicines to treat HIV/AIDS are now within reach of many countries for the first time. At the same time as governments work to set treatment goals and establish national treatment programmes, a growing number of major corporations and other employers are also joining the fight against HIV/AIDS by providing HIV treatment and care for employees and their family members.

Technical hurdles to providing antiretroviral treatment in resource-limited settings are also being overcome, for example through WHO's guidelines on simplified drug regimens and laboratory monitoring, its programme to assess HIV drug quality and the listing of 10 additional antiretroviral drugs on the WHO List of Essential Medicines.

## Prevention and care - new opportunities for a stronger response

Although the impact of the HIV/AIDS epidemic is felt in all sectors, the health sector plays a central role in providing care, promoting and delivering other effective interventions, mobilizing resources and providing leadership in the overall response. HIV/AIDS has placed unprecedented demands on the health sector in all affected countries, both through direct costs such as patient care, medical supplies and personnel, and indirect costs such as loss of trained health care providers to illness and strain on overextended services and staff. In most developing countries, the health sector has, until now, had little to offer the patients who are filling hospital beds in increasing numbers. In several high prevalence countries where per capita health expenditure and coverage are currently low, the need for health care is expanding massively just as the capacity of health systems to provide it is being drained.

The ability to offer antiretroviral treatment is therefore likely to boost health sector morale, reduce demand for inpatient services and strengthen capacity to deliver other services. The benefits of treatment will also enable the health sector to leverage a broader and more effective *overall* response. For example, the availability of antiretroviral therapy will provide the necessary incentive for people to come forward for HIV testing and other health services, creating new entry points to the health system, including opportunities to support people living with HIV/AIDS, their sexual partners and families to prevent ongoing transmission. Wider treatment access will encourage the optimal use of existing infrastructure (such as maternal and TB health services), mobilize community involvement in HIV/AIDS prevention and care and give rise to new types of health care providers, all of which will contribute to stronger and more sustainable health systems.

In addition to creating strategic opportunities to strengthen the health sector, treatment will secure the welfare and education of future generations by reducing the growing number of children who are orphaned annually by HIV/AIDS. By keeping breadwinners healthier and more productive, treatment can greatly mitigate the impact of disease on households and in the labourforce. Very importantly, the availability of treatment will inevitably reduce fear, stigma and discrimination associated with HIV/AIDS, thereby enabling societies to discuss the epidemic more openly and to prevent new infections more effectively.

Because antiretroviral drugs are not a cure, increased access to treatment and care must of course be inti-

mately linked with prevention, described in the UNGASS Declaration of Commitment as "the mainstay of the response". By reinforcing and strengthening prevention efforts, developing countries can avoid the dilemma – now seen in cities throughout the industrialized world – in which the benefits of reduced morbidity and mortality among people living with HIV/AIDS have been undermined by rising infection rates.

## MEETING THE CHALLENGES OF SCALING UP

### Improved capacity at WHO

An enormous amount remains to be done to translate the promising developments at the international level into programmes that make a difference in countries, districts and communities. Major challenges for health systems include building and sustaining human resources, procuring commodities, ensuring quality and consistency of services, making better use of existing infrastructure, supporting research as part of national programmes and obtaining and applying more accurate information about epidemiological and behavioural trends. Member States, particularly their Ministries of Health, are looking to WHO for support in addressing these challenges and improving their capacity to play a leadership role.

Accordingly, WHO has dedicated significantly increased resources to its HIV/AIDS efforts, including the HIV/AIDS Department. Across the Organization, total funds allocated to HIV/AIDS are expected to increase three-fold during the period 2001-2005, compared to the period 1996-2000. At the same time, full time equivalent staff numbers will have more than doubled.

### A More Strategic Way of Working

In May 2000, recognizing the need for a more coordinated and strategic organizational approach to the HIV/AIDS epidemic, the World Health Assembly directed WHO to develop a Global Health Sector Strategy (GHSS) on HIV/AIDS. The GHSS, due for endorsement by the Assembly in May 2003, provides a new, practical framework for countries to use when assessing and refining the adequacy of national health sector responses, and defines the role which WHO will play to support them in this process.

Although HIV/AIDS is an Organization- wide priority and work is conducted across departments, clusters and in regional offices, the HIV/AIDS Department acts as the focal point for leading and coordinating the overall strategic direction of the HIV/AIDS programme.

In addition to performing this role, the HIV/AIDS Department's own programme is focused on leading the Organization's efforts in the strategic areas described below. These areas of work are supported by global advocacy goals - developed in consultation with partners within and beyond the UN system - that either affirm or elaborate upon the goals set out in the UNGASS Declaration of Commitment. Although the goals cannot be realized by WHO alone, they drive the HIV/AIDS Department's advocacy efforts and guide its strategic alliances and programmes in the current biennium.

### **Strategic Information – Improving knowledge of the epidemic and health sector responses**

WHO has an important role to play as an unbiased global source of surveillance information. Accurate information about epidemiological and behavioural trends is critical to advocacy, planning and targeting interventions where they will have the most impact. However, surveillance systems that are tailored to the epidemic in a particular country and which concentrate data collection efforts in populations most at risk, are still poorly implemented. Strengthening these systems at country level and promoting surveillance systems that include HIV, STI and behavioural data are major priorities for WHO.

**Goal:** By 2005, 60% of countries have adequate surveillance of HIV/AIDS, sexually transmitted infections and related behaviours.

In addition, knowing how the health sector is responding and understanding the determinants of these responses will help to identify where resources should be concentrated. WHO provides significant support to monitor and evaluate the effectiveness of programmes and key interventions, for example, through the development of indicators and operational goals. It is also taking a lead role to guide and facilitate operational research for the development of appropriate and effective health sector action.

### **Technical Support – Bringing it all together on the ground**

WHO recognizes that its work at the global level will not contribute to lower transmission rates and

improved health unless it is translated to action in countries, and ultimately, in districts and communities. Accordingly, the Organization has significantly strengthened its capacity to provide technical support at regional and country level, and regards improving the capacity of WHO regional and country offices as a high priority. Efforts will focus on HIV/AIDS-competence, strategic planning, project management, building partnerships and strengthening local institutions.

Because resource mobilization is a high priority for countries - for example, through the Global Fund to Fight AIDS, TB and Malaria – assistance with preparation of grant proposals is an important new focus of the technical support being provided. Meanwhile, WHO continues to assess how it can be more effective in supporting responses at the community level.

### **Leadership, Advocacy and Partnerships – Maintaining the momentum**

Sustained advocacy is required if the international community is to meet the Millennium Development Goals and fulfil its obligations under the UNGASS Declaration of Commitment. WHO's recent advocacy efforts, for example, have promoted the link between health and economic development through the work of the WHO Commission on Macroeconomics and Health. WHO has also worked to promote and elaborate upon the UNGASS goals which relate specifically to the health sector, including the major advocacy goal of providing antiretroviral therapy to three million people in developing countries by 2005.

Consistent with a multisectoral response to HIV/AIDS, WHO acknowledges that many current challenges can only be solved by working in partnership with others, including the other UNAIDS cosponsors, UN agencies, Ministries of Health and national HIV/AIDS programs, as well as building new partnerships with civil society and the private sector. Greater interaction with the community sector, for example, will strengthen advocacy efforts and ultimately lead to more suitable, sustainable and accessible health services.

### **Health Sector Interventions - Focusing on what we do best**

The HIV/AIDS Department's normative and technical work is deliberately focused on a limited set of major, inter-related interventions that are essential components of an effective response to HIV/AIDS. Within

the multisectoral response specified in the UNGASS Declaration of Commitment, these interventions are the clear responsibility of the health sector and are compatible with WHO's comparative technical advantage as a cosponsor of UNAIDS. By identifying and using opportunities to integrate these synergistic interventions within existing health infrastructure, health systems overall can be strengthened and a major impact can be made on the HIV/AIDS epidemic and related diseases.

- *Caring for HIV-positive mothers and their infants*

It is estimated that 800,000 children under the age of 15 were infected with HIV in 2002, the vast majority of these by their mothers during pregnancy, labour or through breast-feeding. However, strategies to prevent mother-to-child transmission (PMTCT) - ranging from therapeutic interventions to infant feeding options - can prevent up to 50% of these infections. Normative and policy work in this area focuses on integrating this range of interventions into reproductive health and maternal and child care services in

**Goal:** By 2005, the proportion of infants with HIV is reduced by 20%.

a comprehensive manner, and on linking them with care for HIV-infected mothers and infants ("MTCT-plus").

- *Strategic approaches to HIV/AIDS prevention*

The health sector plays a critical role in promoting effective HIV prevention approaches. Across the Organization, WHO continues to support the promotion of safer sex, including condom use and STI case management in reproductive and sexual health programmes. Significant emphasis is also being placed

**Goal:** By 2005, 80% of reproductive health services provide and promote the use of condoms.

on improving the suitability and accessibility of services for young people, who now account for 50% of new infections globally.

**Goal:** By 2005, 90% of young people have access to the information, education and services they need to protect themselves and others from infection.

WHO also promotes HIV prevention services based on harm reduction principles in programming related to substance use, and the scaling up of interventions to reduce HIV infections in infants that are

integrated into reproductive health and maternal and child care services. The development of new prevention tools is supported through WHO's programmes to promote and accelerate the development of HIV vaccines and microbicides.

A new element of the HIV/AIDS Department's prevention work, under the SHAPE (Strategic HIV/AIDS Prevention Efforts) framework, will support the use of both traditional and innovative methodologies to target prevention programmes where they are most needed and will yield the most benefit. For example, strategic information may show that HIV incidence clusters in certain geographical settings, perhaps frequented by particular vulnerable groups or where certain risk behaviours are common. Prevention programmes can therefore be strategically designed to target industrial communities or urban slums, for example, to address certain risk behaviours or to meet the needs of specific populations.

The SHAPE programme also promotes synergies with HIV/AIDS treatment and care in order to ensure that prevention programming is relevant to the needs of people living with HIV/AIDS, and includes them wherever possible as partners in HIV and STI prevention.

- *Access to antiretroviral treatment*

At the end of 2002, WHO estimated that between 5 and 6 million people with HIV/AIDS were urgently in need of antiretroviral therapy, but that only 300,000 people were using these treatments in developing countries. In sub-Saharan Africa, which bears 75% of the global burden of HIV disease, antiretroviral coverage is estimated at a mere 1%.

Expanding access to these drugs is a very high priority for WHO, not only because detecting and treating disease is a fundamental responsibility of the health sector, but because access to treatment will also support a more effective overall response, including prevention efforts. Significant accomplishments were made in this area in 2002, including the addition of 10 antiretroviral drugs to the WHO Model List of Essential Medicines, publication of the first ever WHO Model Formulary and guidelines on simplified antiretroviral use and clinical monitoring for resource poor settings.

WHO is focusing its efforts on producing technical resources for scaling up ARV programmes at country level, including the integration of HIV testing and counselling into health systems and the expansion of programmes for preventing transmission to infants to include on-going care for their HIV-positive mothers. WHO also plays an increasingly important role in facilitating partnerships which support treatment access, for example through regional initiatives and by hosting the Secretariat of the International HIV Treat-

ment Access Coalition (ITAC), a major, multi-partner initiative to accelerate access to antiretroviral drugs in developing countries.

Extensive collaboration takes place across the Organization in related areas such as HIV-TB co-infection, essential drugs and medicines policy, trade and intellectual property, procurement of commodities, diagnostics and drug quality.

**Goal:** By 2005, 3 million people are on antiretroviral therapy.

- *HIV counselling and testing*

It is estimated that less than 10% of people living with HIV/AIDS in developing countries are aware of their HIV status. Much higher levels of knowledge of HIV status are essential to the wider uptake of HIV/AIDS treatment and care and to the reinforcement and enhancement of prevention efforts, including the prevention of HIV transmission to infants.

Currently, HIV testing services are not widely available and vary widely in quality. Furthermore, the classic "voluntary counselling and testing" model is not always appropriate or feasible in resource-limited settings. WHO is working with a wide range of partners to address the policy and programmatic aspects of HIV testing and counselling, and to develop models which can be readily integrated into existing infrastructure and appropriately linked with other prevention and care interventions.

**Goal:** By 2005, 60% of people have access to HIV testing and counselling services.

- *Safe injecting and blood safety*

It is estimated that poor injection practices in the health sector, including injection overuse and unsafe injection, accounted for approximately 5% of the total number of new infections in 2000. WHO continues to coordinate SIGN, a coalition of international partners to promote the safe and appropriate use of injections worldwide. The activities of this network include health care worker education; ensuring the availability of safe injection equipment, diluents and safety boxes;

**Goal:** By 2005, all injectable medications and vaccines will be supplied with single use injection equipment.

promoting the rational use of injections within national drug policy; management of sharps waste; and promoting the availability of auto-disable injection equipment.

WHO will also continue its work with governments to promote the development of national blood programmes which ensure the safety, quality and adequacy of blood and blood products to meet the needs of all patients, transfused only where necessary as part of a sustainable blood programme within the health care system.

**Goal:** By 2005, all blood supplies will be screened for HIV.

## THE WAY AHEAD

### The Resource Challenge

Although new funding sources will provide a major boost for those countries seeking to scale up national responses to HIV/AIDS, they are also imposing significant demands, requiring that well-designed strategies and coordinating mechanisms be in place and that sufficient capacity and infrastructure exist to absorb large amounts of funds over a short period of time. As a result, demand for technical support from international agencies - such as WHO - is growing. Presently, a major challenge is to ensure that new funding opportunities for countries are matched by the resources needed at the international level to support programme implementation.

### Some Things Do Not Change

As the epidemic shifts and responses to it evolve, WHO's work in HIV/AIDS will continue to be based on some fundamental principles. The role of national governments, working with civil society and other partners, is to provide the leadership, means and coordination to respond to the epidemic; WHO is committed to supporting them in this role. The Organization's efforts will also continue to be guided by a commitment to evidence as the basis for action, the elimination of gender inequities, respect for human rights and the active engagement of people living with and affected by HIV/AIDS. Above all, WHO will strive to ensure that prevention methods, life saving treatments and the results of scientific enquiry are equitably and affordably available to all.

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