



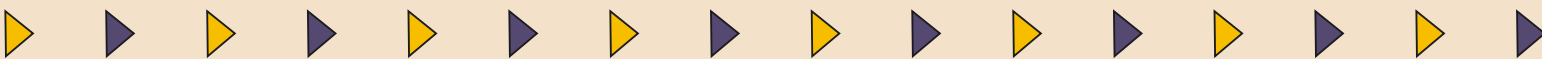
Follow up on the United Nations General Assembly Special Session on HIV/AIDS

Work of WHO

Progress Report - July 2002



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



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1. WHO: LEADING THE HEALTH SECTOR RESPONSE TO HIV	4
2. INCREASED SUPPORT TO WHO MEMBER STATES	5
A. Resources	5
B. HIV/AIDS Department	5
C. Other WHO Departments Working in HIV/AIDS	6
3. PROGRESS TOWARDS IMPLEMENTATION OF THE UNGASS	8
A. LEADERSHIP	8
B. PREVENTION AND VULNERABILITY	11
C. TREATMENT, CARE AND SUPPORT	17
D. HIV/AIDS AND HUMAN RIGHTS	24
E. ADDRESSING HIV/AIDS IN THE CONTEXT OF SUSTAINA	24
F. SUPPORTING RESEARCH AND DEVELOPMENT	25
G. HIV/AIDS IN CONFLICT AND DISASTER-AFFECTED REGI	27
H. RESOURCES	28

1. WHO: LEADING THE HEALTH SECTOR RESPONSE TO HIV/AIDS

The development of effective and sustainable health systems underpins all WHO's other priorities. The health system is understood to involve all activities whose primary purpose is to promote, restore and maintain health.

WHO's HIV/AIDS work focuses specifically on health sector responses to the epidemic. Within the health system, the health sector consists of organized public and private health services (including health promotion, disease prevention, diagnostic, treatment and care services), institutions and activities involved in the production of inputs to the health care system (pharmaceutical industry, teaching institutions), the policies and activities of health departments and ministries, health related non-governmental organizations and community groups, and professional associations. Although HIV/AIDS is multidimensional in its impact, the health sector plays a central role in promoting effective interventions, providing treatment and care, catalyzing action at other levels of society and mobilizing resources. HIV/AIDS is placing unprecedented demands on the health sector around the world, which feels the epidemic's impact through direct costs such as treating patients, medical supplies and personnel, and through indirect costs such as loss of trained medical providers to AIDS and strain on overextended services and staff.

As a result of the United Nations General Assembly Special Session on HIV/AIDS, held in June 2001, many WHO Member States want to intensify the capacity of the health sector to withstand and respond more effectively to the HIV epidemic. They are looking to the international community – specifically UNAIDS cosponsors such as WHO – for support as they plan to scale up health sector action in response to HIV/AIDS. National officials require assistance in articulating evidence-based health-sector policies and implementing key interventions; building the capacity to monitor epidemiological and behavioural trends; developing a critical mass of trained health professionals; mobilizing resources and negotiating alliances with private or voluntary entities, and undertaking advocacy on a scale proportionate to the size of the task being faced. They want to ensure that research is innovative and relevant to developing countries. They require guidance on procuring quality commodities (such as condoms, HIV-related drugs and diagnostics) at the best possible prices, and in using them most effectively.

This report provides an overview of the extensive program of HIV/AIDS activities now being undertaken by WHO - with an emphasis on the work being conducted at headquarters in Geneva, but including some activities being conducted at regional level - to assist countries in addressing these challenges and meeting the targets set out in the UNGASS Declaration of Commitment.

2. INCREASED SUPPORT TO WHO MEMBER STATES

A. Resources

WHO has responded to the increasing volume of requests from countries for increased support in responding to HIV/AIDS by dedicating significantly increased resources to its HIV/AIDS efforts, including its HIV/AIDS Department. Across the Organization, total funds allocated to HIV/AIDS at WHO are expected to increase by more than 200% during the five-year period (2001-2005) compared to the period 1996-2000. Full time equivalent staff increased from 69 to 130 in 2001, and are expected to reach 175 before the end of 2002 and 200 by 2004.

5

B. HIV/AIDS Department

The HIV/AIDS Department, located in the Family and Community Health Cluster, was created in December 2000 to coordinate a more strategic, Organization-wide response to the HIV/AIDS epidemic and to enable WHO to provide enhanced technical support in HIV/AIDS to countries and regional offices. The Department has undertaken significant recruitment of new staff, including the transfer to WHO of UNAIDS staff working on access to HIV treatment and care, monitoring and surveillance.

The Department is comprised of two units:

- Evidence and Policy (comprising teams in Prevention; Care & Support; Surveillance, Monitoring, Research & Evaluation; and Strategy, Advocacy and Partnerships)
- Technical Support.

The Department's strategic approaches focus on:

- **Building the HIV/AIDS knowledge base** by collecting and disseminating evidence to support key interventions, stimulating the conduct and application of research and strengthening monitoring, surveillance and evaluation mechanisms;
- **Providing increased technical support to country and regional offices** in health sector planning, resource mobilization and capacity building;
- **Coordinating HIV/AIDS activities within WHO, and promoting greater collaboration between the health sector and other key stakeholders**, including civil society and the private sector;
- **Developing evidence-based tools and normative guidance** for use at country, regional and global levels in relation to the following key HIV/AIDS prevention and care interventions;

- Care for people living with HIV/AIDS, including antiretroviral therapy;
- Voluntary counselling and testing;
- Prevention of mother-to-child transmission;
- Interventions directed to young people;
- Interventions to target vulnerable populations, including sex workers and their clients, injection drug users and men who have sex with men.

In pursuing its mission and strategic approaches, the WHO HIV/AIDS Department is committed to the following guiding principles:

- Operating within the frameworks established in the Declarations of United Nations General Assembly Special Session on HIV/AIDS and the Millennium Development Summit;
- A balanced approach between prevention and care, and between short and long term goals;
- Emphasizing evidence and knowledge base to inform action;
- Equity, gender-sensitivity and respect for human rights;
- Consider cost-effectiveness;
- A commitment to measurable outcomes and achievements;
- Collaborating effectively with current partners and forging new collaborations.

6

C. Other WHO Departments Working in HIV/AIDS

As the focal point for HIV/AIDS work in WHO, the HIV/AIDS Department aims to foster greater collaboration and strengthen links between the different program areas, departments and clusters in the Organization working in HIV/AIDS, including:

Essential Drugs and Medicines Policy (EDM)

EDM, located in the Health Technology and Pharmaceuticals cluster, has worked to facilitate the introduction of HIV related medicines into health systems by the addition of antiretroviral drugs and other drugs of importance in the care of HIV infected individuals onto the WHO model list of essential medicines, through the provision of an on-going information service on the sources and prices of selected HIV related medicines and by the initiation of a process of quality assurance to support procurement of HIV related medicines.

Blood Safety and Clinical Technology (BCT)

BCT, located in the Health Technology and Pharmaceuticals cluster, has the overall mission to promote the safety, quality and adequacy of blood and blood products, injections, diagnostic and clinical technologies and medical devices that are essential for the provision of health care. A key focus is

prevention of the transmission of HIV and other blood borne viruses through national and international blood supply mechanisms or the improper use of medical equipment and disposal of medical waste.

Reproductive Health and Research (RHR)

RHR, located in the Family and Community Health cluster, develops policy and programs in the areas of family planning, safe pregnancy, sexually transmitted infections and preventing unsafe abortion. HIV/AIDS projects include research on the prevention of mother to child transmission, microbicide development and condom efficacy. RHR has principal responsibility within the Organization for policy and program work in the prevention of reproductive tract infections, including those that are sexually transmitted.

Child and Adolescent Health (CAH)

CAH, located in the Family and Community Health Cluster, conducts a wide range of activities to promote the health, optimal growth and development of infants, children and adolescents. CAH emphasizes HIV prevention, assessment and management of children with HIV, reduction of unsafe sex and other risk taking behaviours through capacity building in sexual and reproductive health for adolescents (including adolescent-friendly services) and the prevention of transmission of HIV to infants through breastfeeding.

Gender and Women's Health (GWH)

The Gender and Women's Health Department, located in Family and Community Health, develops policy and normative tools in women's health and has recently emphasized the role of gender in increasing vulnerability to HIV/AIDS.

Stop TB

People living with HIV are particularly susceptible to tuberculosis, compounding the devastating effects of each of these major global infectious diseases. The WHO TB program, located in the Communicable Diseases cluster, leads WHO's HIV-TB co-infection policy and strategy development and provides technical advice and support to the HIV/AIDS Department on issues related to HIV-TB co-infection.

Evidence and Information for Policy (EIP)

Several departments in the EIP cluster are conducting projects which assess the impact of the HIV/AIDS epidemic on health systems and provider behaviour, assess coverage and utilization of health services and develop tools for assessing the capacities of health systems to respond to HIV/AIDS.

Mental Health and Substance Dependence (MSB)

Injecting drug use and other risk behaviours associated with substance use, often drive HIV/AIDS epidemics. The Department of Mental Health and Substance Dependence, located in Non-communicable Diseases and Mental Health Cluster, develops strategies and interventions targeted toward prevention and treatment of substance use and mental health disorders and associated health consequences, including HIV/AIDS. The Department has a leading role within the WHO in policy and program development related to treatment of drug dependence, including those who live with drug dependence and HIV/AIDS.

3. PROGRESS TOWARDS IMPLEMENTATION OF THE UNGASS GOALS

A. LEADERSHIP

WHO has taken leadership in the UN system's response to the HIV/AIDS epidemic on key initiatives at global, regional and country level, including the following:

I. Global Initiatives

- *The Global Health Sector Strategy on HIV/AIDS*

In May, 2000, the 55th World Health Assembly adopted a resolution (WHA 53.14), which requested the Director General to develop a Global Health Sector Strategy (GHSS) for responding to the epidemics of HIV/AIDS and sexually transmitted infections, as part of the UN system's strategic plan for HIV/AIDS for 2001-2005. Recognizing the need to ensure that the health sector strategy is fully concordant with the UNGASS goals, while also taking into account regional and local realities, an intensive process of consultation with the six WHO Regions was conducted between 2001 - 2002 to inform the development of the Strategy.

The Strategy document, due to be completed by the end of 2002, is grounded in the framework set out in the UNGASS Declaration and will be a key component of WHO's efforts to support Member States in achieving the UNGASS goals. It aims to re-affirm the role of the health sector within the global effort to fight AIDS and to identify its main areas of responsibility and accountability. The GHSS will define a minimum package of prevention and care interventions, provide goals for the health sector's response to HIV/AIDS and address issues such as planning, resource mobilization, priority setting, human resources and integration of HIV into existing services.

Two regional offices have commenced or completed work on regional HIV/AIDS strategies (e.g. the EMRO Regional HIV/AIDS/STD Strategic Plan for 2002-2005), while others intend to use the GHSS as the basis for the development of regional or country level health sector strategies. WHO will continue to provide technical support on the adaptation and implementation of the GHSS to local and regional needs.

WHO is also developing assessments of the coverage of basic health sector interventions related to HIV/AIDS such as prevention of mother to child transmission, voluntary counselling and testing, safe sex practice (condom use at high-risk sex), and ARV treatment. Coverage data will be collected from households as part of the World Health Survey, currently being undertaken by the Evidence and Information for Policy Cluster.

- ***The Global Fund to Fight AIDS, TB and Malaria***

WHO has played a major supporting role in the establishment and ongoing development of the Fund. This contribution is described in more detail in Section 3.H.

- ***55th World Health Assembly, May 2002***

At its 55th gathering in May 2002, the World Health Assembly passed a resolution urging Member States to act upon the political commitment expressed at UNGASS and to operationalize the Declaration of Commitment by allocating significantly increased resources to the health sector so that it may play an effective role in prevention, care, support and treatment of HIV/AIDS. The Assembly also lent support to the direction of WHO's HIV/AIDS program by urging the Director General to continue to ensure that WHO plays a key role in providing technical leadership, direction and support to the health system's response to HIV/AIDS within the United Nations' system-wide response.

9

- ***Refining the UNGASS and Millennium Development Goals***

WHO has played an active role in the development of indicators for measurement of progress towards meeting both the UNGASS and Millennium Development Goals. In particular, the WHO Commission on Macroeconomics and Health has played a major role in the elaboration of and development of coverage targets and expenditure estimates for meeting the Millennium Development Goals (see Section 3.E).

WHO is currently working with partner agencies to improve monitoring of the epidemic in young people (See Section 3.B.ii), and to develop indicators in the specific areas of voluntary counselling and testing (See Section 3.B.v) and care and support (See Section 3.C.iii).

In addition, the HIV/AIDS Department has recently been working to establish a complementary set of strategic goals in its key areas of activity including prevention of mother to child transmission, voluntary counselling and testing, STI prevention, prevention of HIV transmission among vulnerable populations and vaccine development.

II. Building Regional and Country Capacity through Technical Support

Newly available resources (e.g. the Global Fund to fight AIDS, TB and Malaria, World Bank loans, initiatives of bilaterals and foundations) and commitments from governments and international agencies guarantee that HIV/AIDS programming in countries can no longer be "business as usual". Although these new funding sources provide a boost for countries seeking to strengthen national responses to HIV/AIDS, they can also impose significant demands, requiring that well-designed strategies and coordinating mechanisms be in place and that sufficient capacity exists to absorb large amounts of funds over a short period of time. There is a clear need for intensified technical support if countries are to take advantage of these newly mobilized resources, scale up programs and monitor their impact.

Accordingly, WHO has established a Technical Support on HIV/AIDS Team (TSH) to respond to these demands. The team aims to promote a consistent health sector response across all levels of the Organization, including technical guidance from WHO Headquarters, regional capacity building through the six WHO regional offices and support for national AIDS programming through WHO country offices. This three-way partnership measures its success by what happens in countries. Support is given to countries to more readily access funding and other resources (e.g. assisting in proposal development for the Global Fund), information and technology (through regionally adapted strategic information, tools and guidelines) and commodities (e.g. ARVs through the Accelerating Access Initiative, and condoms).

Country level capacity is also being developed by increased WHO staffing in regions and countries (ensuring governments have timely and relevant access to quality advice); training consultants and other country-level partners; supporting technical networks (such as the Global Research Network on HIV/AIDS Prevention in Drug Using Populations and networks on surveillance and condom promotion in Asia), and strengthening interagency partnerships (e.g. taking an active role in Regional and Country UN Theme Groups on HIV/AIDS and launching joint initiatives in countries such as the Russian Federation).

Countries and regions also play a key role in the normative aspect of WHO's work, including the development of standards, guidelines and tools, and HQ is improving regional and country level participation in this area, for example:

- Through the establishment of advisory groups for tools development (e.g. programming guides for injecting drug users);
- By providing support for regional program development (e.g. guidelines for 100% condom promotion in Asia);
- By supporting adaptation of tools for regional use (e.g. ARV guidelines for CEE/CIS and Asian countries);
- Through regional consultations (e.g. development of the Global Health Sector Strategy; management of children with symptomatic HIV);
- Through gaining experience in the early implementation of tools in countries (e.g. evaluation of the implementation of the WHO Rapid Assessment and Response methodology and introduction of Second Generation Surveillance for HIV);
- In the form of Regional Advisory Groups (such as the HIV/AIDS Regional Advisory Group for the WHO Office of the Eastern Mediterranean Region).

III. Other Regional Initiatives

WHO continues to provide support for a wide range of other regional initiatives, including the following:

- WHO provides support for regional negotiations on drug prices under the Accelerating Access Initiative, for example through vehicles such as

the Economic Commission of West African States and the CARICOM Pan-Caribbean Partnership Against HIV/AIDS; and

- The Italian Initiative on National Action Against HIV/AIDS in Africa, an innovative, two-year partnership between WHO and the government of Italy, under which WHO HQ and Country Offices work with National AIDS Programs in 10 countries in Sub-Saharan Africa to support the escalation of key health sector activities such as HIV surveillance, voluntary counselling and testing, blood safety and universal precautions, management of sexually transmitted infections, prevention of mother-to-child transmission and HIV/AIDS care.

IV. Partnerships and Collaboration

In addition to a large number of collaborative projects undertaken with other UN agencies, participation in Interagency Task Teams (IATTs) and close collaboration with the UNAIDS Secretariat, WHO is working to expand its links with 'non-traditional partners', including the private sector (for example, through the Accelerating Access Initiative) as well as NGOs and civil society groups. In the latter case, the HIV/AIDS Department will commence a project in mid-2002 which aims to -

- Map and monitor the needs and priorities of global, regional and national NGOs and civil society groups involved in the health sector response to HIV/AIDS, including people living with HIV/AIDS, and
- Develop and implement strategies to strengthen the capacity of NGOs/ civil society groups to effectively contribute to the realization of the UNGASS goals.

WHO is also working to improve multisectoral participation and stakeholder representation in all its HIV/AIDS reference groups and advisory committees, including community-based advocates and people living with HIV/AIDS.

B. PREVENTION AND VULNERABILITY

WHO's prevention work focuses on reducing HIV transmission among vulnerable populations, youth and from mothers to infants; prevention and treatment of sexually transmitted infections; expanding access to voluntary counselling and testing services; ensuring safe blood supply systems; and the safe and appropriate use and disposal of medical equipment.

I. Youth, IDU and Other Vulnerable Populations

WHO draws upon the expertise of leaders in HIV prevention and care with regard to specific vulnerable populations – through co-sponsoring mechanisms such as the United Nations Reference Group on HIV Prevention and Care Among Injecting Drug Users and the Global Research Network on HIV Prevention in Drug Using Populations.

The Child and Adolescent Health Department coordinates an Organization wide Action Team on HIV/AIDS, bringing together various clusters and departments, the purpose of which is to link with WHO regional offices and

provide support to countries in meeting the UNGASS goals for young people. In April 2002, the Action Team held a meeting to establish WHO's Accountabilities and Actions for Young People and HIV/AIDS.

WHO's School Health and Youth Health Promotion group, together with other UN agencies and partners, has formed an alliance with Education International, whose 305 affiliated teacher unions in 155 countries represent more than 24.5 million teachers and workers in the education sector. Through a range of projects including international seminars for teacher unions, training tools and country level workshops, the alliance aims to strengthen teacher's knowledge, attitudes and skills related to HIV/AIDS prevention and to improve the quality of school health education in HIV/AIDS.

The HIV/AIDS Department has initiated a comprehensive program of work on "Targeting Interventions" to identifiable groups and contexts that are at highest risk of HIV transmission. Priorities for the current biennium's work include young people, injecting drug users, sex workers and their clients, and men who have sex with men.

For identified groups at heightened vulnerability, WHO provides normative guidance to Member States in designing health sector-led HIV prevention and treatment responses that are conducive to the attainment of the UNGASS goals. These include:

- "Evidence-for-Action" reviews which synthesize and translate the results of scientific research into a language that is accessible to policy makers and relevant to resource poor settings. Each review series addresses a specific group, and work is now under way with regard to injecting drug users and young people. The latter is linked to more extensive reviews on adolescent sexual and reproductive health being undertaken by the Child and Adolescent Health Department.
- Tools and manuals that support the development and implementation of locally appropriate responses to HIV among particularly vulnerable groups - steering concrete action at both the national and local level. Examples include manuals on how to design cohesive HIV prevention policies for IDUs, how to build societal support for HIV prevention among IDUs, and how to set up effective prevention outreach programmes for IDUs.
- WHO provides guidance on the HIV/AIDS treatment needs of identifiable groups. For example, the recently published guidelines *Antiretroviral Treatment in Resource Poor Settings: Guidelines for a Public Health Approach to Scaling Up* (see Section 3.C.i) included a special section on treatment for injecting drug users.

The Department of Mental Health and Substance Dependence is currently conducting several activities aimed at providing guidance and assistance to countries on assessment and development of comprehensive interventions for HIV/AIDS prevention and treatment among IDUs and other groups at high risk of HIV infection due to substance use and mental health disorders. These activities include:

- Assessment of HIV/AIDS epidemic among IDUs in 11 less-resourced countries worldwide in the framework of the WHO Drug Injection Study by implementation of Rapid Assessment and Response (RAR)

methodology with subsequent seroprevalence and behavioural surveys. Further development of RAR methodology regarding injecting drug use, including retrospective and prospective evaluation of RAR implementation in developing and transitional countries.

- Research and tools development in the area of substance use and unsafe sexual behaviour.
- Promotion of early and comprehensive treatment of drug dependence as effective HIV prevention strategy in countries with HIV/AIDS epidemics associated with injecting drug use, with a particular focus on integration of HIV prevention in drug treatment services as well as development, evaluation and technical support of substitution treatment of opioid dependence. An advocacy document on treatment and care of injecting drug users has been published, and the Department is currently preparing UN position paper on substitution treatment of opioid dependence.
- Development of advocacy documents, tools and manuals for effective treatment and psychosocial support of drug-dependent people with HIV/AIDS within health care system and drug treatment and mental health systems in particular. Examples include an advocacy paper for treatment and care of injecting drug users with HIV/AIDS, and the development and testing of principles of integrated treatment of IDUs with HIV/AIDS.
- Development of innovative approaches for the integration of HIV/AIDS prevention counselling into ongoing street children's health, education and welfare programmes.

13

II. Monitoring the Epidemic in Young People

One of the major challenges facing governments, UN organizations and NGOs in their response to HIV/AIDS prevention and care is the lack of monitoring (including surveillance) data relating to HIV/AIDS and young people. Having data sets that are reliable and consistent between and within countries is essential for planning and monitoring policies and programs, for national and global advocacy, for making decisions about the intervention mix, and for providing a focus for the different sectors and actors.

Programmatic data about young people is particularly important because it is now widely accepted that young people are at the centre of the epidemic in terms of transmission, impact and potential for change. Furthermore, survey, facility or population-based data will be important for achieving and monitoring the 2005 and 2010 global UNGASS goals for young people and HIV/AIDS.

In June 2002 WHO convened a meeting on Monitoring and Evaluation of HIV/AIDS Plus in Young People in collaboration with UNICEF and UNAIDS on behalf of the IATT on Young People. Its goal was to lay the foundation for the subsequent development of a monitoring and evaluation guide for national and local programs for young people, envisioned as a companion volume to *National AIDS Programmes: A Guide to Monitoring and Evaluation* developed by UNAIDS and a number of collaborating organizations, and including biological, behavioural, contextual and programmatic indicators.

III. Ensuring Gender Sensitivity in Policies and Programs

To ensure that gender issues are integral to WHO's efforts to tackle HIV/AIDS, WHO has adopted a Gender Policy reaffirming the Organization's commitment to integrate a gender perspective in all its policies, planning, programmes and research.

The Gender and Women's Health Department held a major consultation in June 2002 to develop guidelines for national HIV/AIDS program managers and planners on gender sensitive approaches to HIV care, prevention of mother to child transmission and voluntary counselling and testing. The Department is also working on a project to reduce disclosure-related violence against women with HIV/AIDS.

IV. Early and Effective Treatment of Sexually Transmitted Infections

WHO's Reproductive Health and Research Department (RHR) is developing strategies for controlling sexually transmitted and reproductive tract infections (STIs). RHR seeks to promote and develop guidelines and tools for sexually transmitted and reproductive tract infection policy, programme planning and implementation; establish the evidence for new and improved sexually transmitted and reproductive tract infection control strategies; conduct research on the prevention of mother-to-child transmission of HIV, and promotes the development and deployment of safe and effective microbicides.

The HIV/AIDS Department is also working to improve the quality of STI surveillance and to integrate behavioural surveillance and STIs into second-generation surveillance systems (See Section 3.F.ii).

V. Reducing the Proportion of Infants Infected with HIV

WHO and its UN partners are developing indicators and operational goals and targets to monitor progress made in reaching the MTCT goal in the UNGASS Declaration of Commitment. WHO is working in close collaboration with its other UN partners through an active IATT on the prevention of MTCT that also includes UNAIDS, UNFPA, UNICEF and the World Bank.

In March 2002 WHO convened a meeting to develop and refine a comprehensive framework and strategic approaches to reduce the number of children infected with HIV as set by the UNGASS Declaration of Commitment. The framework includes primary prevention of HIV in women; prevention of unintended pregnancies among HIV-infected women; reducing HIV transmission from HIV-positive women to their infants through provision of specific interventions (use of antiretroviral drugs, safe delivery practices and infant feeding counselling and support); and care and support for HIV-positive women, their infants and families.

Participants also defined WHO priority areas of work for the coming years for the prevention of HIV infection in infants. WHO is currently conducting a modeling exercise to assess the cost effectiveness of the different components of this comprehensive approach. Working with Family Health International, WHO is also developing guidelines on key elements of a comprehensive approach to care, treatment and support for HIV-positive women and their infants. WHO is also supporting the development of tools to guide the infant

feeding counselling provided to HIV-positive women, as well as operations research to identify potential improvements in PMTCT efforts.

WHO is actively participating in distance learning video conferences during which various stake holders from different African and Asian countries share experiences and discuss plans for scaling up MTCT prevention activities. WHO is also developing a generic training package for health workers involved in this area.

To ensure this scaling up, activities directed towards the prevention of HIV in infants must be integrated into other programs. Work is ongoing to include prevention of MTCT in initiatives such as Making Pregnancy Safer, Promoting Family Planning and Integrated Management of Child Illnesses. WHO is also working with UNICEF to develop updated guidance on infant feeding and HIV transmission.

VI. Expanding Access to Voluntary HIV Testing and Counselling

Until recently, there has been a perception that there are few advantages to being tested for HIV. Increased momentum to expand access to antiretroviral drugs for treatment and for the prevention of mother-to-child transmission means that the need to expand access to voluntary counselling and testing services has become more critical.

WHO continues to provide technical support for efforts to introduce and expand HIV counselling and testing services. Since June 2001, WHO has been developing guidance on effective and high quality use of new rapid HIV testing technology; on appropriate strategies to scale up counselling and testing services (including a focus on mechanisms to ensure quality and sustainability); voluntary HIV testing and counselling in antenatal care settings and minimizing violence in HIV serostatus disclosure.

In particular, WHO is working on the development of alternative models for the delivery of counselling and testing that are suitable for use in resource-poor settings, in order to reach population groups in need (such as adolescents) and to support a range of different outcomes (such as the prevention of mother to child transmission, HIV prevention among young people, and access to care and support). This requires “deconstructing” current models of voluntary counselling and testing, in order to optimize people’s right to know whether they are infected and their ability to take advantage of the benefits that this knowledge can bring.

WHO also plans to work with partners to develop indicators and operational targets to measure the increased availability and use of voluntary counselling and testing.

VII. Universal Precautions and Safe Injections

WHO supports the consistent use of universal precautions in health care settings in a variety of ways, including:

- Working with manufacturers, governments, and users to allow developing countries to have more equitable and better access to safe and effective medical devices and clinical technologies (DCT - Devices and Clinical Technology group);

- New initiatives in health care waste management, including a review of health impacts from microbiological hazards in healthcare wastes; preparation of a guidance document for the appropriate management of blood waste and waste contaminated with blood and a primary health care decision making guide; support for the development of country plans on the implementation of waste management systems (Devices and Clinical Technology group in collaboration with the Sustainable Development and Healthy Environments cluster).

Poor injection practices, including injection overuse and unsafe injection practices contribute the spread of HIV worldwide (approximately 5% of the total number of cases in 2000). The Department of Blood Safety and Clinical Technology hosts the secretariat of SIGN - the Safe Injection Global Network (SIGN) - a coalition of partners that joined force to achieve safe and appropriate use of injection worldwide. SIGN works to implement the key elements of the safe and appropriate use of injection policy, including:

16

1. Communicating the risk of unsafe injections to patients and health care workers;
2. Ensuring availability of safe injection equipment, diluent and safety boxes and promoting rational use of injections within national drug policy;
3. Immunization and family planning services making auto-disable (AD) injection equipment and safety boxes available with vaccine and injectable contraceptives; and
4. Curative health care services managing sharps waste within the health care waste management plan.

Key achievements in 2000-2001 in the area of safe and appropriate use of injections included the development of assessment tools, the estimation of the Global Burden of Disease, the formulation of injections safety standards and the production of a toolbox for communication and behaviour change. Priorities for 2002-2003 include (1) the estimation of the cost effectiveness of safe and appropriate use of injection policies, (2) ensuring access to injection equipment within the framework of national drug policies and (3) the development of mechanisms to ensure the quality and safety of injection equipment, including UN pre-qualification procedures.

VIII. Safe Blood Supplies

The Blood Transfusion Safety group at WHO is continuing to 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 when necessary and provided as part of a sustainable blood program within the health care system. Strategic activities in this area include:

- Strengthening of national health control authorities with necessary guidelines, recommendations, training materials and technical support in the development of legislation/regulations, national policies and plans;

- Promoting collection of blood from safe, voluntary, non-remunerated blood donors from low-risk populations;
- Ensuring the testing of all donated blood for relevant transfusion-transmissible infections;
- Blood grouping and compatibility testing;
- Promoting the appropriate clinical use of blood to prevent unnecessary transfusions;
- Development of a Global Collaboration for Blood Safety;
- Promoting the implementation of quality management in blood transfusion services, and
- Improving the quality and safety of blood products, especially in developing countries.

C. TREATMENT, CARE AND SUPPORT

I. Expanding Access to HIV Treatment and Care

Accelerating access to affordable HIV-related care and treatment has moved from being an emerging issue to having an established place on the international HIV/AIDS agenda, with real progress made towards achieving the goal of accelerated access and much greater understanding of the many complexities involved. WHO is committed to providing assistance to Member States in the rational use and selection of HIV treatments and scaling up HIV treatment and care services, and to this end has recently conducted or participated in a range of major initiatives:

- *Accelerating Access Initiative*

The UNGASS Declaration recognizes care for people living with HIV/AIDS as an integral part of the fight against AIDS, and specifically refers to antiretroviral therapy as an important element of a comprehensive intervention package.

Access to medicines results from their rational selection and use, the availability of financial resources, the strength of the health infrastructure, and their affordability. As the high cost of medicines is a major factor limiting access to antiretrovirals in developing countries, five UN organizations (the United Nations Population Fund [UNFPA], United Nations Children's Fund [UNICEF], World Health Organization [WHO], World Bank and UNAIDS Secretariat) entered in a partnership with five pharmaceutical companies (Boehringer Ingelheim GmbH, Bristol-Myers Squibb, GlaxoSmithKline, Merck & Co., Inc., and F. Hoffmann-La Roche Ltd.) in May 2000 - which was later joined by Abbott Laboratories - to address the lack of affordability of HIV medicines and to increase access to HIV/AIDS care and treatment in developing countries.

Since the launch of the Accelerating Access Initiative in May 2000, some 80 countries have expressed their interest in it, and in 39 of these care plans have been or are being developed. These plans have been used as a framework for dialogue with the pharmaceutical companies, which led to supply agreements for ARV in 19 countries (Barbados, Benin, Burkina Faso, Burundi, Cameroon, Chile, Republic of the Congo, Cote d'Ivoire, Gabon, Honduras, Jamaica, Mali, Morocco, Romania, Rwanda, Senegal, Trinidad and Tobago, Uganda, and Ukraine). In each of these countries the pharmaceutical companies involved have decreased the cost of their drugs significantly. Several companies have made their drugs available at reduced cost to governments, non-governmental organizations (NGOs) and health care organizations outside the framework of the Accelerating Access Initiative, as they introduced a uniformly reduced price for sub-Saharan Africa. Some also supported training for health care professionals, and started or continued donation programs for the prevention of mother-to-child transmission of HIV.

18

In addition, all countries participating in Accelerating Access have moved to waive import taxes and duties on drugs used in HIV/AIDS treatment, and some countries introduced generic antiretroviral drugs in the treatment of HIV infection at competitive prices - in one instance as for low as 295 USD for a year's first line treatment.

At December 2001, the cost of antiretroviral drugs offered by the pharmaceutical partners in Accelerating Access Initiative for the least developed countries had decreased to on average 10-20% of their price in industrialized countries. About 27 000 people had gained access to ARV therapy in the countries that had accessed their offers. This represents a nearly 10-fold increase in the number of patients treated in those countries. While this is significant progress, this represent only a fraction of those in need of ARVs. The low coverage antiretroviral therapy in resource limited settings reflects the weakness of health systems, for example , limited availability of HIV counselling and insufficient personnel to prescribe and supervise treatments. It further reflects the persisting limited availability of funding for medicines, diagnostics and infrastructure, as well as continued denial of the seriousness of the HIV epidemic. However, the partners in the Accelerating Access Initiative feel that, in spite of the limited number of patients treated to date, the initiative contributed significantly to overcoming the inertia surrounding treatment access in developing countries and has led to a major a shift in the perception about the way the HIV epidemic needs to be tackled.

- ***New WHO Treatment Protocol on the Use of Antiretrovirals in Resource Poor Settings***

In April 2002, WHO published the first edition of *Antiretroviral Therapy in Resource-Limited Settings: Guidelines for A Public Health Approach to Scaling Up*. Development of the guidelines involved a year-long process of international consultative meetings in 2001, in which more than 200 clinicians, scientists, government representatives, representatives of civil society and people living with HIV/AIDS from -more than 60 countries participated. The document breaks new ground in recommending a public health approach to antiretroviral therapy in resource poor settings, including recommendations for standardized and simplified regimens and simplified

patient monitoring. They provide guidance on more rational use of ARV treatments with the objectives of minimizing side effects and the potential development of resistance and better tolerance of the medicines. The guidelines will also make it easier to train health workers and make ARVs simpler to prescribe.

The guidelines also establish a global goal of 50% ARV coverage by 2005, involving a more than ten-fold increase in ARV use to a level of 3 million people on treatment within the next three years.

- ***Antiretrovirals as 'Essential Medicines'***

A vital component of the WHO strategy to scale up access to care and treatment in high HIV prevalence countries was the inclusion of 12 antiretroviral drugs onto the 12th WHO Model list of Essential Medicines.

Essential medicines are those that satisfy the priority health care needs of the population. They are selected with due regard to public health relevance, evidence on efficacy and safety and comparative cost-effectiveness. Essential medicines are intended to be available within the context of functioning health systems at all times, in adequate amounts, in the appropriate dosage forms, with assured quality and adequate information, and at a price the individual and the community can afford.

As a model product, the WHO Model List aims to identify essential medicines for priority diseases, together with the reasons for their selection, linked to evidence-based treatment guidelines and with special emphasis on public health implications and considerations of value for money. After careful consideration of the evidence on the safety and efficacy of antiretroviral drugs and of the accumulated experience with the use of antiretroviral drugs in different resource settings, the WHO Expert Committee on the Use of Essential Medicines strongly recommended that these drugs be included onto the 12th Model List of Essential Medicines.

The 12th Model List of Essential Medicines includes nevirapine and zidovudine, previously listed for the prevention of mother - to - child transmission of HIV, but now also recommended for the treatment of adults and children. The new additions to the list are abacavir, didanosine, efavirenz, indinavir, lamivudine, lopinavir/ritonavir, nelfinavir, ritonavir, saquinavir and stavudine.

Together with WHO's new ARV treatment protocol, the identification of ARVs as essential medicines should help national governments and health care institutions to select appropriate treatment for people living with HIV/AIDS.

- ***Drug Procurement, Pricing, Quality and Patent Information***

WHO, UNICEF, UNAIDS and many other international, regional and national organizations are involved in procuring drugs. WHO's Essential Drugs and Medicines programme is currently working with its UN partners on a pilot project, using sourcing of pharmaceuticals for HIV/AIDS care and treatment as its focus. HIV/AIDS pharmaceuticals have been chosen because of the overwhelming need to increase access to these drugs in developing countries.

The Pilot Procurement, Quality and Sourcing Project aims to creating unified standards for performing inspections at manufacturing sites when assessing compliance with WHO Good Manufacturing Practices, to evaluate information on the quality specifications of pharmaceutical products submitted by suppliers and to form a harmonized quality assessment system for use by WHO and other UN agencies.

For the first phase of the project, WHO has evaluated several HIV-related medicines and has already published the first list of products and manufacturers who were found to meet WHO recommended standards. The assessment process involves evaluation of product dossiers submitted by the manufacturer as well as inspection of manufacturing facilities.

The first list of products and suppliers, released on 20 March this year, contains forty-one products from eight branded and generic manufacturers and includes eleven antiretrovirals (ARVs) and five products for opportunistic infections. The ARVs on the list allow for several triple therapy combination regimens. The project was conceived as a dynamic, ongoing process that will be updated at roughly two monthly intervals according to new information on products meeting all pre-qualification requirements. Currently an additional 13 suppliers and 100 products are under review, and a third invitation for expression of interest from suppliers interested in participating in the project has been published.

WHO and partners also provide an information service on sources and prices of HIV related medicines and diagnostics and have carried out and published a survey on the patent situation of HIV medicines. In addition, over the last two years, several information and sensitization workshops have been conducted in various WHO regions, on the implications of globalization and the TRIPS agreement for access to pharmaceuticals.

- *New Funding Mechanisms to Support Treatment Access*

Supporting access to treatment is part of the agenda of the recently established Global Fund to Fight AIDS, TB and Malaria (GFATM). HIV/AIDS accounted for more than 60% of the funding committed following the first round of proposal submissions in April 2002. Total funding committed over two years in this round of proposals, for AIDS, TB and malaria prevention and treatment programs, amounts to US \$616 million. Of the 28 countries that will receive funds to fight HIV/AIDS, 21 have grants that specifically include funding to purchase ARV treatments for people living with HIV/AIDS. In addition, the World Bank's Multi-Country HIV/AIDS Program for Africa (MAP), initiated in 2001, recently decided to re-emphasize support for HIV/AIDS care and treatment as part of its eligible activities.

II. Diagnostic Technology: Quality Assurance and Access

Diagnostics are essential tools to ensure blood safety, to conduct epidemiological surveillance, and to diagnose individuals infected with HIV. Without diagnostic tools, safe and effective drug treatment and prevention of ARV resistance in individuals and in the community is not possible. Additional diagnostic imaging and basic clinical laboratory tests are required to ensure the quality of care of people living with HIV/AIDS and suffering from opportunistic infections.

Several key activities within WHO's Blood Safety and Clinical Technology (BCT) group contribute to the provision of high quality, cost effective HIV health care and aim to expand access to diagnostic technology and support.

BCT aims to ensure that the technologies used in diagnosis of HIV and monitoring ARV therapy meet the highest standards, and that they are available and used appropriately. The operational characteristics of HIV test kits are evaluated, and reports providing technical information on their quality are issued regularly. Alternative HIV testing strategies for the various testing objectives have been developed and are updated as required. The WHO HIV Test Kit Bulk Procurement Scheme facilitates access to high quality, low cost HIV tests to Member States and UN agencies.

In support of WHO's strategy to scale up ARV therapy in countries most affected by the HIV epidemic, BCT will orient its activities towards providing technical support to laboratories at district regional and central level. Strengthening of basic laboratory facilities and capacity are essential to ensure the safe and effective use of ARV therapy. These basic laboratory analysis include total lymphocytes counts, haemoglobin, liver function and renal function tests.

21

Guidelines on minimum requirements for clinical laboratory monitoring at the district level (first referral) and centralized referral hospital (second referral) are currently being finalized. To ensure reliable results, existing schemes for monitoring laboratory performance will also be expanded to cover all HIV related diagnostic areas.

In addition to the basic laboratory support, the quality of available technologies for monitoring the efficacy of HIV treatment (CD4, p24 and viral load testing) are being field tested in countries most affected by the epidemic. BCT is also supporting the development of simple novel technologies for CD4 measurements and for early detection of HIV infection in infants born to HIV positive mothers, that are appropriate for countries with limited facilities and resources.

BCT is also providing guidance and training to support and improve health care services in areas of blood safety, clinical laboratory and diagnostic imaging, all of which contribute to improved quality of care. Capacity building to improve skills and knowledge at all levels for appropriate diagnostic support is an overarching objective of BCT's activities.

Many of these activities are carried out in collaboration with other WHO Departments, regional offices and with UN agencies such as UNAIDS and UNICEF, WHO Collaborating Centres and key international partners.

III. Other Care and Support Initiatives

WHO is conducting a range of other activities to support Member States in scaling up HIV/AIDS care and support. These include:

- Development of the Global Health Sector Strategy on HIV/AIDS;
- Development of the "Key Elements" package, a modular series providing essential information on key interventions in HIV prevention and care for the health sector;

- A new project which will explore the ‘interface’ between health care providers and communities in order to identify potential new models of care and related human resource needs;
- Development of guidelines for health planners on improving access to palliative care;
- Activities within the Evidence and Information for Policy Cluster to assess coverage, access and utilization of services and the impact of HIV/AIDS on health systems and human resources;
- Pilot testing of care and support indicators developed in partnership with USAID, CDC, the US Department of Health and Human Services, Family Health International, UNAIDS, UNICEF, the World Bank and regional offices, scheduled for the third quarter of 2002.
- Collaboration with the AFRO regional office on two regional consultations to improve Guidelines on the Integrated Management of Childhood Illness (IMCI) for high HIV prevalence countries. Research to evaluate the draft HIV component of the IMCI algorithm in South Africa was carried out in 2000-2001. It included the assessment of children with symptomatic HIV infection. The revised IMCI guidelines are now being validated in Ethiopia and Uganda and will then be adapted in the country-specific IMCI algorithm.
- A series of thirteen educational and practice oriented HIV/AIDS Fact Sheets for Nurses and Midwives have been developed in cooperation with the International Council of Nurses, UNAIDS, and the Democratic Nursing Organization of South Africa along with WHO Regional Offices. The Fact Sheets are being translated by a number of countries into their national language.

IV. HIV and Tuberculosis

Together, HIV and tuberculosis form a lethal combination, each speeding the other’s progress. Worldwide, at least 1 in 3 people with HIV will develop tuberculosis, and TB accounts for about 15% of all AIDS deaths. In Africa, HIV has been the single most important factor determining the number of increased number of global TB cases in the last 10 years.

- ***Global Strategic Framework on HIV/TB***

The Stop TB Department and Department of HIV/AIDS have produced a global strategic framework to decrease the burden of TB/HIV. The document sets out the rationale for a collaborative approach between national TB and HIV/AIDS programmes in supporting health care providers to deliver the essential package of HIV/AIDS interventions which includes the interventions to prevent and treat TB.

- ***Clinical Manual on HIV/TB***

Work is in progress on the 2nd edition of “TB/HIV: A Clinical Manual” to ensure this popular clinical guide contains the most up to date information for clinicians in high HIV prevalence countries.

- ***Community Contribution to TB Care***

Harnessing the contribution of communities to TB care is particularly crucial in high HIV prevalence countries where the HIV-fuelled TB epidemic is outstripping the ability of government health services to cope. The Stop TB Department is producing a review of the experience of community contribution to TB care, along with policy guidelines for programme managers and NGOs.

- ***ProTEST/PIA activities***

WHO developed the ProTEST Initiative in response to the unprecedented scale of the epidemic of HIV-related TB. This is a district-based approach that entails the promotion of voluntary counselling and testing as an entry point into a package of interventions aimed at reducing the dual burden of HIV/TB. This strategy was piloted in three countries (South Africa, Malawi and Zambia) over three years, developing evidence and experience that will be used elsewhere. To initiate the expansion of this initiative, WHO and partners, in February 2002, convened a proposal development workshop, inviting eight countries (Malawi, South Africa, Zambia, Uganda, Tanzania, Kenya, Mozambique and Ethiopia) to develop plans for the phased implementation of collaborative TB and HIV programme activities (PIA). Seed funding will be provided by WHO and partners to kick-start these activities. Three of the eight countries (Ethiopia, South Africa and Zambia) were successful in being awarded funds by the GFATM for proposals largely influenced by the phased implementation of collaborative programme approach currently being promoted by WHO and partners. Plans for the expansion of the initial pilot sites in Zambia, South Africa and Malawi are at an advanced stage, with districts gearing-up to incorporate the interventions promoted through ProTEST as part of the general health care services available to people living with HIV and TB.

- ***Mathematical Modelling***

The relationship between HIV and TB is being explored with the help of mathematical models. These models have already been used to forecast the impact that HIV will have on TB in high burden countries in East and southern Africa and to explore the effectiveness of a range of interventions against HIV and TB on the control of TB. Work in progress will explore and compare the cost-effectiveness of various interventions against these two infections. Work is being done in close collaboration with HIV and TB programme managers in Kenya, and in future will be done in other countries also, so that these models can be used in the planning, execution and monitoring of TB and HIV control.

- ***International Coordination***

Through the Global TB/HIV Working Group, WHO is working to co-ordinate the operationalization of a comprehensive global work-plan. The Scientific Panel of the Global TB/HIV Working Group was convened to develop the guidelines for implementing collaborative TB/HIV program activities. Currently, the Scientific Panel is considering different research issues (e.g. Status report on TB recurrence rates in high HIV positive populations) and it will be the review body for evaluating country proposals for joint TB/HIV program activities in sub-Saharan Africa.

D. HIV/AIDS AND HUMAN RIGHTS

WHO's Health and Human Rights group (HHR) was recently relocated to the Strategy Unit of the Director-General's Office in order to reflect the Organization's increased commitment to the area of health and human rights, with a particular focus on the promotion of human rights to reduce vulnerability to HIV/AIDS. HHR develops policy and advocacy positions on the links between health and human rights, performing an important advisory role as the HIV/AIDS Department seeks to integrate a human rights perspective across its program areas.

To raise awareness among the public of the link between HIV/AIDS and human rights, WHO has co-sponsored panel events at the World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance (August 2001) and the 58th session of the Commission on Human Rights (a panel on access to HIV treatments), and is in the process of developing outreach materials for the general public on the link between human rights and HIV/AIDS.

As a co-sponsor of UNAIDS, WHO is actively involved in the 2002 World AIDS Campaign, which aims to combat stigma and discrimination associated with HIV/AIDS.

24

E. ADDRESSING HIV/AIDS IN THE CONTEXT OF SUSTAINABLE DEVELOPMENT

The report of the WHO Commission on Macroeconomics and Health, released in December 2001, provides the most comprehensive analysis yet of the link between health and economic development and the investments required to meet the health goals set out in the Millennium Declaration. It shows that just a few health conditions, including HIV/AIDS, tuberculosis and malaria, are responsible for a high proportion of avoidable deaths in the poorest countries, and that well targeted use of proven interventions could save the lives of around 8 million people per year as well as generating yearly economic benefits of more than \$360 million by 2015-2020.

The report sets out a framework under which low and middle income countries would commit additional domestic financial resources and political leadership, improve accountability and increase community involvement in health care. At the same time, in order to bridge the current resource gap, high-income countries would commit to a substantial increase in development assistance to the countries that need it most urgently. The report analyzes the level of scaling up required for the key interventions that would be needed in all sub-Saharan African countries plus all others with GDP less than \$1200 per year (a total of 83 countries) and proposes coverage goals in the countries concerned.

The work of the Commission constitutes a major advance in understanding the links between health, development and the impact of the major communicable diseases, and will be a central tool for WHO's advocacy and program development over the next few years. In response to the report, several WHO Member States have established their own Macroeconomics Commissions with a view to better integrating health into economic development planning.

F. SUPPORTING RESEARCH AND DEVELOPMENT

I. HIV Vaccines and Microbicides

The WHO-UNAIDS HIV Vaccine Initiative (HVI) provides guidance and coordination to the global effort to develop an HIV vaccine, advocating for the development and ethical evaluation of HIV vaccines, especially in developing countries. It provides scientific, policy and ethical advice to develop the research capacity of countries which are considering the conduct of HIV vaccine trials. HVI also provides information on the geographic distribution of HIV subtypes to facilitate the production of candidate vaccines appropriate for testing and future use in developing countries. The Initiative has recently developed estimates for the number of doses of vaccines which would be needed for future immunization campaigns, and launched the African AIDS Vaccine Programme, a network to facilitate the development and evaluation of HIV vaccines in Africa, through capacity building and regional and international collaboration.

The Reproductive Health and Research group is currently working to promote the development of safe and effective microbicides through identification of research sites, research capacity development and brokering discussions on regulatory issues.

II. Strengthening Surveillance and Monitoring Mechanisms

Strengthened surveillance systems, dubbed “second generation surveillance” (SGS), aim to concentrate resources where they will yield information that is most useful in reducing the spread of HIV and in providing care for those affected. This involves tailoring national surveillance systems to the pattern of the epidemic in a particular country, and concentrating data collection in populations most at risk of being infected (‘sentinel surveillance’).

Comprehensive SGS programs which integrate components of epidemiology, behavioural and STI surveillance, are still poorly implemented in many countries. The WHO HIV/AIDS Department is working to improve SGS at regional and country level by:

- providing technical assistance and guidance to countries;
- assisting in development of appropriate epidemiological guidelines, tools and methods including field testing and evaluation;
- establishing, maintaining and disseminating surveillance data required to improve programme planning, monitoring and evaluation;
- coordinating effective collaboration within WHO and other partner agencies such as UNAIDS, UNICEF, CDC and NGOs.

Significant support is also being provided to monitoring and evaluation efforts, including the development of indicators and operational goals for prevention of mother to child transmission and voluntary counselling and testing and reviews and modelling of the effectiveness of interventions (e.g. an assessment of infant HIV incidence with and without nevirapine

intervention in 8 African countries). Care and support indicators are being currently being field tested (See Section 3.C.iii).

WHO is also collaborating with the International AIDS Society on the establishment of a Global ARV Resistance Surveillance Network. Very little is currently known about the public health significance of drug resistant HIV, but as momentum builds to scale up access to HIV/AIDS treatment in resource poor settings, the need to understand the potential impact of the emergence of drug resistant HIV on current and future treatment programs around the globe becomes more important. The Network aims to standardize protocols for monitoring HIV resistance; provide tools and guidelines for capacity building, technology transfer, training and data dissemination, and to promote resistance monitoring within ARV access programs.

Health sector impact is being examined in the Evidence and Information for Policy cluster. For example, a study on the behaviour of hospitals within the HIV/AIDS epidemic, currently being completed, examines how hospitals at various levels in selected national health care delivery systems (South Africa, Thailand, Uganda, Zambia and Zimbabwe) are coping with HIV and seriously ill AIDS-related patients while trying to maintain with their essential role in providing overall medical care to the entire population. The study will describe the impact of HIV/AIDS on hospital practices and policies regarding admissions, treatment and discharge. Within its work on human resources policy analysis, EIP is developing methods to assess the impact of the HIV/AIDS epidemic on human resources for health to provide policy and planning guidance to countries.

III. Supporting the Global Research Agenda

WHO supports the global HIV/AIDS research agenda in a variety of ways through project-specific reference groups and advisory committees. A stronger role is envisaged for WHO in promoting collaboration in research between major institutions, governments, sponsors and other international partners, in order to:

- maximize returns on global research investments
- avoid duplication of efforts
- coordinate responses and partnerships
- foster political commitment to research
- address emerging ethical concerns
- ensure that research agendas reflect country needs, build capacity and inform policies and programs.

WHO also promotes the development of simpler, cheaper, quality treatments for HIV/AIDS and diagnostic and monitoring technology appropriate for resource poor settings (see Section 3.C).

IV. Research Ethics

WHO is currently seeking donor support for a proposal to conduct a series of global and regional consultations on the ethics of antiretroviral research in developing countries. The project would complement a renewed Organization-wide commitment to ethical issues under the WHO Initiative on Ethics and Health.

V. Traditional Medicine

In May 2002, WHO launched a global plan to assist countries to regulate traditional and alternative medicine and to promote and increase research, safety, efficacy, quality and access to traditional medicines, with a focus on treatments for diseases which represent the greatest burden for poor populations such as HIV/AIDS and malaria. Traditional medicine is widely used in Asia and Africa, and greater availability of safe and effective traditional therapies could increase access to health care in developing countries. In industrialized countries, growing numbers use alternative medicine for preventive or palliative care. The new global plan, developed by the Essential Drugs and Medicines Policy department, also aims to protect local traditional medicine heritage and preserve traditional knowledge.

G. HIV/AIDS IN CONFLICT AND DISASTER-AFFECTED REGIONS

In March 2002, the Inter-Agency Standing Committee Working Group (IASC-WG), of which WHO is a member, decided to reconstitute the IASC Reference Group on HIV/AIDS in emergency settings, which WHO now chairs. The decision reflects the growing needs and increased activities of humanitarian organizations in HIV/AIDS prevention and care in conflict settings. Over 72 countries are currently identified as 'unstable', resulting in 42 million refugees and internally displaced persons, many of whom are exposed to conditions that render them vulnerable to HIV infection and STIs. The reconstituted working group is currently developing its workplan.

An informal inter-agency working group has been working since last year to ensure follow-up to recommendations of the first IASC working group on this issue (February to May 2000). The reference group had concluded its work with the proposal of a "basic package" for emergency-stricken countries, to be implemented during the acute phase and in pre- and post-crisis situations. Donor support is being sought for this project.

At WHO headquarters, the Departments of HIV/AIDS and Emergency and Humanitarian Action are in the process of jointly hiring a senior officer (to be based in the HIV/AIDS Department) to facilitate the work of IASC-RG, including:

- production of guidance tools for addressing HIV/AIDS in emergency settings;
- guidance on implementation mechanisms at regional, sub-regional and national levels;
- ensuring coordination of UN and non-UN partners working in this area; and
- coordinating the advocacy role of the IASC-RG.

H. RESOURCES

I. The Global Fund to Fight AIDS, TB and Malaria

WHO has played a central role in the development of the Global Fund to Fight AIDS, TB and Malaria, providing technical and in-kind support for the Fund secretariat in its first months of operation, assistance in the development of its technical review process and recruitment of review panel members and technical support to countries in the preparation of proposals. WHO will continue to provide secretarial support on a full cost recovery basis through a formal arrangement with the Fund.

Following the first round of grants from the fund in April, the Fund undertook a review of its technical review process, forms, guidelines, policies and governance structure. WHO was and will continue to be involved in these processes.

Delegates to the 55th World Health Assembly in May 2002 expressed a desire to see WHO continue to take strong leadership in the development of the Fund, especially on technical matters. WHO is committed, as part of strengthening its country work, to provide support to countries preparing proposals for future rounds, and will seek a more structured interaction with the Fund's Technical Review Panel to ensure that, although the Fund retains its independence, panel members have the opportunity to test their conclusions against those with experience of the relevant program on the ground.

WHO's work with the Global Fund is part of its commitment to facilitating the development of bilateral and multilateral arrangements which will boost global funding and strengthen health system responses to the HIV/AIDS epidemic.