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HIV/AIDS Strategic Framework for WHO South-East Asia Region 2002-2006

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EXECUTIVE SUMMARY

More than 6 million persons are living with HIV/AIDS in the South-East Asia Region (SEAR) of WHO, making it the second most HIV-affected region in the world after Sub-Saharan Africa. The HIV pandemic is spreading at an alarming pace in the Region, which is home to one-fourth of the world's population. Unless timely action is taken to fight the pandemic, it can produce grave social and economic consequences in the Region. Hence, there is an urgent need to combat the disease with effective prevention and care programmes in the countries. These programmes will require a substantial amount of resources.

In spite of the efforts under way, there are still many challenges. They include, among others, implementation of successful prevention interventions, increasing awareness of HIV/AIDS in the community, overcoming some of the biggest obstacles to an effective response such as denial, blame, complacency and stigma, and providing voluntary counselling and testing services, as well as care and support for those already affected. The South-East Asia Region is home to significant levels of high-risk behaviours, including multiple sex partners and injecting drug use, which cannot be effectively addressed if they are not acknowledged.

For those who are aware and motivated to seek STI and other health services, including HIV testing and counselling, they are faced with poorly developed primary health care infrastructures in many areas of the Region, and vast segments of the population do not have access to quality health services. As increasing numbers of people living with HIV develop opportunistic infections, health systems will be further strained.

Other infrastructure constraints include weak information systems across the Region. HIV/AIDS surveillance activities, in particular, are yet to expand to provide accurate estimates of the extent of the infection in different geographical areas, the extent of co-infection with tuberculosis, and the prevalence of STIs. There is also a dearth of data on behavioural patterns and on the impact of information, education and communication (IEC) activities.

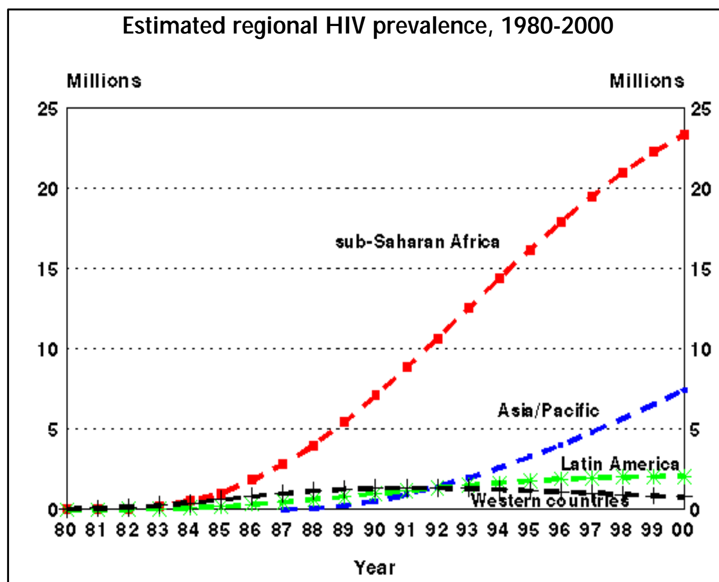
Finally, political commitment is reflected in formulating legislation and policies with respect to HIV testing, confidentiality, anti-discriminatory practices, condom distribution, partnerships with NGOs and other sectors, dissemination of information through public media, and generally creating supportive or "enabling" environments for behavioural change. Resource

allocation and training of personnel are highly inadequate and need to be addressed to sustain effective programmes.

Therefore, the WHO South-East Asia Regional AIDS strategy will try to address these problems concentrating on the following areas of work: prevention of HIV infection, care of persons living with HIV/AIDS (PLHA), HIV/STI surveillance and research, and advocacy and programme management. Currently, a work plan with an adequate budget for the biennium 2002-2003 has been prepared, but, unfortunately, consistent financial resources are not yet available and the relative source of funding has yet to be identified. In order to provide support to Member Countries, a budget of US$ 4 414 000 is required for the biennium, but there is a resource gap of US$ 2 310 000.

1. INTRODUCTION

WHO and UNAIDS estimate that at the end of 2001, 40 million people around the world were living with HIV. The epidemic is now spreading rapidly in Asia, where new infections are increasing faster than anywhere else in the world. AIDS was first reported in Asia in 1984. By the end of 2001, more than 6 million persons were living with HIV/AIDS in the South-East Asia Region (SEAR) of WHO, making it the second most HIV-affected region in the world after Sub-Saharan Africa. (see figure below)



In spite of declining rates of HIV in Thailand and potentially stabilizing HIV rates in India, the HIV pandemic continues to spread at an alarming pace in the Region, which is home to one-fourth of the world's population (see table on Pg 2). The situation in Indonesia and Nepal, particularly the rapid increase in HIV prevalence among injecting drug users, shows a dynamic nature of the epidemic and a cause for major concern. Unless timely action is taken to fight the pandemic, it can produce grave social and economic consequences in the Region. Hence, there is an urgent need to combat the disease with effective prevention and care programmes in the countries. These programmes will require a substantial amount of resources.

Estimated number of persons living with HIV in the South-East-Asia Region, 2000

Country	No. of persons	Country	No. of persons
Bangladesh	13,000	Maldives	<100
Bhutan	<100	Myanmar	510,000
DPR Korea	<100	Nepal	34,000
India	3,870,000	Sri Lanka	8,500
Indonesia	100,000	Thailand	671,000

Asia's vulnerability to the spread of HIV is clearly evident as high-risk sexual behaviour and sharing of needles among injecting drug users are well-known modes of HIV transmission. Cultural taboos that surround sexual behaviour and talking about sex in many Asian cultures make exchange of information and negotiating safer sexual practices a significant challenge. Poverty and low levels of education also contribute to a lack of awareness about HIV. Finally, highly mobile populations are more likely to engage in risk behaviour and can act as "bridges" transmitting HIV from one population to another. Many of these factors, including presence of sexually transmitted infections (STIs), can play a role in facilitating the spread of HIV and in determining the severity of a country's epidemic. In fact, the probability of transmission is largely indicated by the incidence of STIs in the population, i.e. a high incidence of STIs means a high probability of HIV transmission from one person to another. This is partly due to the fact that STIs are an indicator of unprotected sex and partly due to the fact that people with STIs are physiologically more vulnerable to HIV transmission than those without STIs. Studies indicate that more than 50 per cent of the world's STIs among adults were at one time recorded in South and South-East Asia. Widespread unprotected sex and frequent partner exchange are realities across the Region that must be addressed.

The AIDS problem has been discussed at various forums at the global and regional levels, including the World Health Assembly and the Regional Committee. At the global level, the Global Health Sector Strategy is being prepared. At the regional level, the regional AIDS strategy, which has been in existence since the beginning of the regional AIDS programme, has been

updated in order to provide support to the Member Countries and to contribute the global strategy.

2. THE RESPONSES THUS FAR

HIV/AIDS is considered a priority health and developmental problem and a matter of much concern by Member Countries. Each country is continuing to make its efforts to combat this unprecedented challenge to human society by implementing national strategic plans with the involvement of all sectors concerned and non governmental organizations (NGOs). This comprehensive involvement of the civil society in the national HIV/AIDS control programmes includes, among the others, community-based organizations, NGOs, the private sector, etc. The target populations are being increasingly involved in the planning, implementation and monitoring of prevention and care interventions. The syndromic approach to STI case management has been accepted as a national policy leading to more effective and prompt management and better outcome. Health workers have been trained in this approach and STI management has been integrated into the general health services. Condom promotion in high-risk situations has resulted in increased condom distribution in Member Countries. Great progress has been made in ensuring safe blood. Interventions to prevent mother-to-child-transmission (MTCT) of HIV are being implemented in Thailand and piloted in India and Myanmar. Continuum of comprehensive care for persons living with HIV/AIDS (PLHA) is being promoted and implemented in various countries.

2.1 WHO Support to National Responses

Over the years, WHO staff and consultants have participated in the monitoring and review of many national AIDS control programmes, which resulted in specific recommendations for further strengthening of the programmes. Assistance has also been provided for developing their medium-term plans as well as annual work plans for the prevention and control of AIDS. To mobilize national and intercountry efforts, WHO plays a very important advocacy role by highlighting the extent and potential impact of this pandemic on Asia as well as by emphasizing the need to act now.

Since epidemic, albeit dynamic, is still at an early stage in most countries, WHO is actively promoting prevention as a major priority for national programmes. WHO support in this area includes promotion of effective community-based interventions such as the 100% condom programme in sex-work situations, behavioural interventions among youth,

including life-skills programmes in schools, education and communication, harm reduction interventions for IDUs, blood transfusion safety, STI management using the syndromic approach, prevention of mother-to-child transmission and ensuring safe injection practices and implementation of universal precautions at health care settings.

Since patients with AIDS have increasingly been diagnosed in the Region over the past 5-7 years, provision of care and support has been addressed as a major issue. The Regional Office has been promoting the concept of HIV/AIDS continuum of care at various levels i.e. institutions, community and home. The concept proposes that HIV/AIDS care and support be integrated with primary health care and that care at all levels be strengthened in view of the anticipated increase in AIDS cases in the future. In this regard, voluntary counselling and testing (VCT) as entry point to the continuum of care has been extensively promoted. Many training courses have been organized and technical material has been prepared to build national capacity.

Given the increased availability and affordability of both antiretroviral drugs and drugs used to prevent and treat opportunistic infections, WHO is taking steps to improve access to and rational use of these drugs. WHO is also supporting the development of a network of laboratories for anti-HIV drugs resistance surveillance. Furthermore, WHO is also supporting the programmes of development of anti-HIV vaccines ongoing in the Region. Epidemiological surveillance and operational research are other WHO priority areas where support is being provided.

To address the issue of HIV across international borders, the WHO Regional Office for South-East Asia, in collaboration with SAARC, is supporting pilot projects on cross- border initiatives to control HIV/AIDS, tuberculosis, malaria and kala-azar. Joint plans of action for control of these diseases at the border areas have been prepared for the bordering countries i.e. Bangladesh–India, Bhutan–India and India–Nepal. Similar cross-border interventions are being supported across Myanmar-Thai border.

Every year, the Regional Office organizes a meeting of AIDS programme managers with a view to sharing their experiences and lessons learnt in AIDS prevention and care. Given the present extent of the co-epidemic of HIV and tuberculosis (TB) in the Region, particular emphasis has recently been given to explore the possibility of targeted collaborations between national TB and AIDS programmes.

A quarterly newsletter AIDSWATCH is being published since October 1996 as a forum for the exchange of programmatic experiences, which is now available on the web site. (http://w3.whosea.org/hivaids/aidswatch.htm).

2.2 Issues to be Addressed

Historically, no country in Asia has responded quickly to the HIV/AIDS epidemic. This has been partly due to the slowly emerging nature of the disease and the lack of adequate surveillance, partly out of denial and partly due to competing national and political priorities. All countries have now developed national HIV/AIDS programme plans and have national committees, but the degree of activity and true political mobilization varies considerably across the Region.

In spite of the efforts under way, there are still many challenges. They include, among others, implementation of successful prevention interventions, increasing awareness of HIV/AIDS in the community, overcoming some of the biggest obstacles to an effective response, such as denial, blame, complacency and stigma, and providing voluntary counselling and testing services, as well as care and support for those already affected. The South-East Asia Region is home to significant levels of high-risk behaviours, including multiple sex partners and injecting drug use, which cannot be effectively addressed if they are not acknowledged.

For those who are aware and motivated to seek STI and other health services, including HIV testing and counselling, they are faced with poorly developed primary health care infrastructures in many areas of the Region, and vast segments of the population do not have access to quality health services. As increasing numbers of people living with HIV/AIDS develop opportunistic infections, health systems will be further strained.

Other infrastructure constraints include weak information systems across the Region. HIV/AIDS surveillance activities, in particular, are yet to expand to provide accurate estimates of the extent of the infection in different geographical areas, the extent of co-infection with tuberculosis, and the prevalence of STIs. There is also a dearth of data on behavioural patterns and on the impact of information, education and communication (IEC) activities.

Finally, political commitment is reflected in formulating legislation and policies with respect to HIV testing, confidentiality, anti-discriminatory practices, condom distribution, partnerships with NGOs and other sectors,

dissemination of information through public media, and generally creating supportive or "enabling" environments for behavioural change. Resource allocation and training of personnel are highly inadequate and need to be addressed to sustain effective programmes.

3. WHO GOALS AND STRATEGIES FOR 2002-2006

The overall goal of the Regional STI/AIDS Programme is to prevent and reduce the risk of HIV transmission, and to alleviate the personal and social impact of HIV/AIDS.

The objectives of the programme are:

(1) To prevent HIV transmission by promoting healthy life styles and interventions for disease prevention through promotion of safer sex (including condom use), prevention and treatment of other STIs, prevention of MTCT, and prevention of HIV transmission through injecting drug use.

(2) To improve the quality of life of those living with HIV/AIDS through treatment and care, including voluntary counselling and testing (VCT), psychosocial support, treatment of HIV/AIDS-related disease and, where possible antiretroviral drug therapy.

(3) To alleviate the impact of HIV/AIDS on individual household and local communities by adopting enabling health sector policies and institutional environments as part of wider social and economic development policies. These include protection of legal rights, supporting non-discrimination and promoting better intersectoral collaboration.

4. MAIN STRATEGIES AND INTERVENTION AREAS

The above objectives will be achieved through the following approaches:

(1) Providing technical and programmatic support to Member Countries.

(2) Supporting the WHO Country Offices in responding to the technical and operational needs of the Member Countries.

(3) Assisting other technical units in the Regional office to mainstream/incorporate HIV/AIDS into their programmes and activities.

(4) Collaborating with UNAIDS and other cosponsors in carrying out regional and intercountry activities.

The Regional STI/AIDS Programme will continue to work within the framework of policies accepted by the World Health Assembly and the Regional Committee meetings and in consonance with the global strategy. The programme will have the following strategies and interventions, which are in line with the objectives described above:

4.1 Prevention

(1) Prevention of sexual transmission of HIV by:

(a) promoting community-based interventions among population at risk, including use of condoms in sex work situation, harm reduction among injecting drug users, and integrated support to mobile populations;

(b) treatment of sexually transmitted infections (STIs), which is a known successful intervention that can have a major impact on the spread of HIV (a large part of STI cases in the Region are treated in the private sector). Strengthening of STI prevention and care - especially in the private sector - can be an effective tool for reducing the spread of HIV by:

- integrating STI treatment services into primary health care to employ also at this level syndromic management;
- developing and promoting effective STI case management using syndromic management to improve outcome;
- involving private practitioners in STI control, using syndromic management and following national guidelines, and
- ensuring the availability of STI treatment and including STI drugs in Essential Drug List.

(2) Prevention of transmission of HIV through blood and blood products by:

(a) ensuring safe blood transfusion, with emphasis on quality

- promotion of voluntary non-remunerated blood donations in place of professional remunerated blood donors;
- rational use of blood;
- screening of all donated blood for HIV;

(b) prevention of HIV among injecting drug users

- promoting harm reduction approaches;
- support to innovative/effective interventions;
- dissemination of information on successful experiences in prevention of HIV transmission among IDUs;

(c) ensuring safe skin-piercing practices at health care settings (including protection for health care workers)

- advocacy for consistent adherence to infection control procedures, including universal precautions to be observed by all health care workers at all levels and in all health care settings;
- including universal precautions in all training programmes for health care workers;
- dissemination of infection control guidelines.

(3) Prevention of mother-to-child transmission (MTCT) of HIV is a proven effective intervention. Pilot projects are already present in a limited number of countries in the Region. Prevention of mother-to-child transmission (MTCT) of HIV can be further implemented by:

(a) primary prevention of sexual transmission of HIV (see specific paragraph);

(b) providing antiretroviral drugs to infected pregnant women and their newborn babies

- integrating prevention of MTCT in the already existing Maternal and Child Health Services;
- improving access to VCT services for pregnant women and establishing specific VCT services for pregnant women;
- improving access to antiretroviral drugs used for prevention of MTCT.

4.2 Comprehensive Care and Support

(1) Appropriate care of persons with HIV/AIDS is crucial to address the needs of those already infected. Voluntary counselling and testing (VCT) - identifying those already HIV-infected - is the entry point for care interventions. Among the other components, care includes prevention

and treatment of opportunistic infections (tuberculosis in particular), nursing care, and use of antiretroviral drugs. Comprehensive care including continuum of care to persons with HIV/AIDS can be implemented by:

(a) voluntary counselling and testing (VCT)

- establishing and expanding VCT services in order to identify those infected with HIV, i.e. to identify the beneficiaries of care and support services and interventions;
- training human resources for VCT services;
- providing guidelines for VCT introduction and implementation;

(b) psychosocial support to infected persons

- supporting the creation of counselling services in order to provide psychosocial support to infected persons;
- integration of HIV/AIDS care into the general health services at primary, secondary and tertiary health care levels;
- involvement of community-based organizations in the provision of care at home and at the community level;

(c) treatment of HIV/AIDS related diseases

- diagnosis, prevention and treatment of common opportunistic infections affecting PLHA living in the area, with particular reference to tuberculosis;
- development of regional strategy on TB/HIV;
- integration of HIV/AIDS care into the general health services at primary, secondary and tertiary health care levels;
- involvement of community-based organizations in the provision of care at home and at the community level;

(d) palliative care

- integration of HIV/AIDS care, including palliative care, into the general health services at primary, secondary and tertiary health care levels;
- involvement of community-based organizations in the provision of palliative care at home and at the community level;

(e) improving access to antiretroviral therapy

- advocate for improved access to and for rational use of antiretroviral drugs to ensure starting and scaling up of antiretroviral treatment programmes, and sustainability of the same;
- integration of HIV/AIDS care, including antiretroviral treatment, into the general health services at primary, secondary and tertiary health care levels.

(2) Reduction of the personal and social impact on the infected persons by:

(a) advocacy for non-discrimination and destigmatisation with the involvement of all relevant components of society, from government to NGOs, from religious groups to community-based organizations;

(b) advocacy for legal protection for individual human rights;

(c) promotion of wide access to relevant information.

4.3 Strengthening National Capacity

(1) Strengthening monitoring and evaluation by:

(a) HIV surveillance

- maintaining and constantly updating a regional database on HIV epidemic in Member Countries;
- developing/strengthening HIV/AIDS and STI surveillance and data analysis in Member Countries;

(b) STI surveillance

- developing/strengthening HIV/AIDS and STI surveillance and data analysis in Member Countries;
- conducting STI prevalence study in selected Member Countries;
- monitoring the gonococcal antimicrobial sensitivity pattern throughout the Region;

(c) promoting behavioural surveillance in Member Countries;

(d) programme monitoring and review through progress report.

(2) Building national capacities by:

(a) training human resources employing, whenever possible, training resources already available in the Region;

(b) strengthening laboratory services for diagnosis of HIV/AIDS/STIs, employing, whenever possible, training resources already available in the Region;

(c) promoting and supporting HIV/AIDS operational research to provide successful models to be applied in other Member Countries;

(d) preparing a medium-term national strategic plan.

5. INDICATORS AND TARGETS

The Regional Office will assist Member Countries in the achievement of the global targets agreed during the special session of the UN General Assembly, June 2001. Specifically, the following targets have been set in this context.

5.1 Prevention

(1) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 years in the most affected countries by 25 per cent and by 25 per cent globally by 2010.

(2) By 2003, establish national prevention targets, recognizing and addressing factors leading to the spread of the epidemic and increasing people's vulnerability, to reduce HIV incidence for those identifiable groups, within particular local contexts, which currently have high or increasing rates of HIV infection, or which available public health information indicates are at the highest risk of new infection.

(3) By 2003, implement universal precautions in health care settings to prevent transmission of HIV infection.

(4) By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 years have access to the information, education - including peer education and youth-specific HIV education - and services necessary to develop the life skills required to reduce their vulnerability to HIV infection.

(5) By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by ensuring that 80 per cent of

pregnant women accessing antenatal care have information, counselling and other HIV-prevention services available to them.

5.2 Comprehensive Care and Support

(1) By 2003, ensure that national strategies, supported by regional and international strategies, are developed in close collaboration with the international community, including governments and relevant intergovernmental organizations, as well as with civil society and the business sector.

(2) By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care, and health care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/AIDS.

(3) By 2003, ensure that national strategies are developed in order to provide psychosocial care for individuals, families and communities affected by HIV/AIDS.

5.3 Strengthening National Capacity

(1) By 2003, ensure that national strategies, supported by regional and international strategies, are developed to strengthen health care systems, particularly local technical capacity, to implement these strategies.

(2) Support and encourage the development of national and international infrastructures, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and training of basic and clinical researchers, social scientists, health-care providers and technicians.

6. PROGRAMME MANAGEMENT

The Programme Unit in the Regional office currently consists of a Regional Adviser, who is also responsible for another priority area – Tuberculosis. While this offers a unique opportunity to push forward TB/HIV collaboration programmes, considerable additional support would be required to provide effective technical support to Member Countries in all the areas identified

above. A post of Medical Officer is being established to assist unit activities. In addition, an Associate Professional Officer provides support in the area of HIV care and support, and in TB/HIV activities.

Support to Member Countries is also being provided by consultants, and at the country level by Medical Officers in Indonesia and Thailand, and by National Professional Officers in some countries.

WHO support for health sector response to HIV/AIDS is supplemented by various other WHO programmes which are actively involved in HIV/AIDS prevention and care activities, and are mainstreaming HIV/AIDS with their ongoing activities. These include Blood Safety and Clinical Technology unit and the Essential Drugs Programme in the HTP Department; Medical Research Unit in the EIP Department; and Reproductive Health, Adolescent Health and Nursing Units in the CHS Department.

At the country level, the WHO/SEARO HIV/AIDS Unit works very closely with WHO country offices. Focal points have been established in each office to discuss and follow up WHO support to the Member Countries. WHO Medical Officers in Indonesia and Thailand provide support on a full-time basis.

The programme has RB funds in the amount of US$ 820 000 for the 2002-2003 biennium, while EB funds in the amount of US$ 1 284 000 have been provided for the same period.

In conclusion, in the context of Asia's vulnerability, WHO support to countries will be able to provide the additional inputs and resources to scale up interventions in both fields of prevention and control, and care and support. Strengthening of the programmes, advocacy with donors, assistance in developing national plans and strategies, promotion of effective interventions will be among the most effective tools WHO can use to "make the difference" in efforts to cope with the HIV epidemic by Member Countries.

Annex

WORK PLAN AND BUDGET REQUIREMENTS (2002-2003)

1. Staff

Staff	Amt. in US $	Source of funding
Regional Adviser	350 000	Regular Budget
Medical Officer (position being established)	350 000	Regular Budget
Associate Professional Officer (1 year only)	84 000	EB/Italy
Secretary to Regional Advisor (2)	70 000	Regular Budget
Sexually Transmitted Infections (2)	50 000	Regular Budget
Staff in RO (2)	700 000	To be identified
Staff in countries (2)	700 000	To be identified
Subtotal	**2 304 000**	

2. Prevention

Community- based interventions among populations with high-risk behaviour

Experience shows that evidence-based prevention and care strategies targeted at populations with high-risk behaviour can have a major impact on the spread of HIV. Populations with high-risk behaviour exist throughout the Region; this increases the potential for a larger epidemic. Among the other components, these strategies include the promotion and use of condom and harm reduction for IDUs.

Support to innovative/effective interventions (including CSW and IDU)	70 000 80 000	Unified Budget To be identified
Document and disseminate successful experiences	40 000	UBW-RO
Develop training and other material	60 000	To be identified
Subtotal	**250 000**	

STI prevention and control

Treatment of sexually transmitted infections (STIs) is a known successful intervention that can have a major impact on the spread of HIV. A large part of STI cases in the Region are treated in the private sector; the involvement of private practitioners in syndromic management of STIs will be helpful in reducing the spread of HIV.

Intercountry training (1)	50 000	UBW-RO
Production of guidelines and training modules	40 000	UBW-RO
Support to 4 countries for prevalence study	80 000	UBW-RO
Technical support to countries (STC for 5 man-months)	70 000	UBW-RO
Subtotal	**240 000**	

Prevention of MTCT

Prevention of mother-to-child transmission (MTCT) of HIV is a proven effective intervention. Pilot projects are already present in a limited number of countries in the Region. Sharing of evidence collected so far will be used to support new pilot projects in other countries and to scale up interventions where piloting has already been carried out. Guidelines will be prepared and national staff trained. Technical support will be provided to countries for starting prevention intervention.

Meeting to exchange experience and develop interventions (1)	30 000	UBW-RO
Support to pilot projects in 3 countries	75 000	To be identified
Technical support to countries (STC for 5 man-months)	70 000	UBW-RO
Documentation and technical material	30 000	To be identified
Subtotal	**205 000**	

HIV/AIDS care

Appropriate care of persons with HIV/AIDS is crucial to address the needs of those already infected. Voluntary counselling and testing (VCT) - identifying

those HIV-infected - is the entry point for care interventions. Among the other components, care includes prevention and treatment of opportunistic infections (tuberculosis in particular), nursing care, and use of antiretroviral drugs.

Joint SEARO/WPRO meeting on care (1)	50 000	UBW-RO
Intercountry consultation on ARV treatment (1)	30 000	UBW-RO
Production of guidelines on ARV treatment	10 000	UBW-RO
Technical support to countries (STC for 5 man-months)	70 000	UBW-RO
Development of regional strategy on TB/HIV	40 000	UBW-RO
Support for pilot TB/HIV projects in countries	80 000	UBW-RO
IC training of nurse trainers (1 each year)	120 000	To be identified
VCT IC training of trainers workshop (1 each year)	100 000	UBW-RO
Support to countries for pilot VCT projects	75 000	To be identified
Subtotal	**575 000**	

HIV/STI surveillance and research

The progress in HIV surveillance will be reviewed and new epidemiological data collected from the Region for dissemination. Antiretroviral resistance surveillance activities will be started in order to monitor the present situation in the Region, where antiretroviral drugs are already employed in a few countries. Technical and financial support will be provided for starting behavioural surveillance. Support will be provided to countries in building capacity in research and start pilot activities.

Updated database at country and regional levels	40 000	UBW-RO
Technical support to countries (STC for 5 man-months)	70 000	UBW-RO
Report on HIV/AIDS in Asia and the Pacific	30 000	UBW-RO
Joint SEARO/WPRO meeting on epidemiology (1)	40 000	UBW-RO
Evaluation of sentinel surveillance activities in 4 countries	40 000	To be identified
Support on pilot projects on ARV resistance surveillance	50 000	To be identified
Development of generic protocols on priority operational research areas	40 000	UBW-RO

Support to operational research projects to generate evidence	80 000	To be identified
Organize dissemination workshop on collected evidence	60 000	To be identified
Subtotal	**450 000**	

Advocacy and programme management

The progress in the implementation of national AIDS/STI programmes will be reviewed at the annual meeting of national programme managers and strategies developed to improve programme management. Various materials, including newsletter, advocacy and IEC materials and documentation of success stories will be prepared. Support will be provided to countries in the preparation of strategic plans.

Development of advocacy material (e.g. World AIDS Day and similar)	30 000	UBW-RO
Production of newsletter	40 000	UBW-RO
Programme Managers Meeting (1 each year)	80 000	UBW-RO
Programme management training	140 000	To be identified
Support for programme reviews and national strategic planning in countries	100 000	To be identified
Subtotal	**390 000**	

		RB	UBW RO	EB/Italy	To be identified
Total	4 414 000	820 000	1 200 000	84 000	2 310 000