



THE WORK OF WHO ON HIV/AIDS PROGRESS REPORT

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INTRODUCTION

For over half a century, the World Health Organization (WHO) has faced major global health challenges, including polio, plague and smallpox. Nevertheless, probably none has been on such a scale as HIV/AIDS (human immunodeficiency virus and acquired immunodeficiency syndrome), not just because of the effects on individual lives and countries but also because grim scenarios are predicted for the future. If countries do not, or cannot, expand their work on prevention as well as care and treatment, another 65 million lives will be lost to the epidemic by 2020.

AIDS has been known for more than 20 years, during which over 20 million men, women and children have died from the disease. An estimated 40 million people currently have HIV/AIDS. The vast majority live in developing countries: almost 30 million in sub-Saharan Africa. The epidemic is continuing to spread in other regions of the world. China already has 1.5 million people living with HIV/AIDS, and this could rise to 10 million in the next 8 years. Countries in eastern Europe such as Ukraine are experiencing the fastest-growing epidemic in the world. HIV/AIDS is now a leading cause of death in many Caribbean countries.

Countries urgently need to expand and strengthen their health sectors to combat the scale of the HIV/AIDS epidemic. They need evidence-based guidance as well as technical support so that they can set up effective programmes on all fronts. These include building the capacity to monitor epidemiological and behavioural trends, training a critical mass of health professionals, setting up effective prevention programmes for young people and strengthening health services so that they can provide treatment and care for people living with HIV/AIDS. Countries with limited, and often diminishing, resources cannot do this alone.

The development of effective and sustainable health systems has always underpinned the work of WHO. Recognizing the enormous task demanded of countries and their health services, WHO has significantly expanded its ability to support them and to lead the response of the health sector to this epidemic. This report outlines WHO's work and achievements on HIV/AIDS in four major areas:

- development of global strategy and policy;
- development of normative tools and guidance;
- improving knowledge of the epidemic and the responses of the health sector; and
- providing technical support to countries and relevant organizations.

These aspects of WHO's work, though by no means exhaustive, reflect its major priorities in HIV/AIDS and the reorganization and expansion that have occurred within WHO to meet these priorities. The restructured and expanded Department of HIV/AIDS, the organization-wide response, and improved interdepartmental coordination are intended to offer countries the rigorous and wide-ranging guidance and support they require in scaling up their own responses.

WHO's work on HIV/AIDS has already developed evidence-based interventions that are being applied successfully in the field. Examples include: access to essential medicines including antiretroviral drugs, voluntary counselling and testing, prevention of mother-to-child transmission of HIV, tuberculosis, school-based prevention and HIV/AIDS in emergency settings. Such interventions are underpinned by strategic planning and continually updated knowledge based on sound surveillance systems and other research. In the same way, countries are receiving guidance on procuring quality commodities (drugs, diagnostics and condoms) at the best price and on using them most effectively.

Certain guiding principles drive this work: notably, human rights and equity for all, the empowerment of women, the need to combat stigma and discrimination and the involvement of people living with HIV/AIDS. WHO's response to the epidemic should also help countries meet the goals set out by the United Nations General Assembly Special Session on HIV/AIDS, held in June 2001, and the Millennium Summit of the United Nations in 2000.

The global response must be comprehensive to contend with the multidimensional impact of the HIV/AIDS epidemic. WHO is working in partnership with many other United Nations organizations, nongovernmental organizations, foundations and academic institutions, people living with HIV/AIDS and the private sector. WHO's expanded response to HIV/AIDS demonstrates its ongoing commitment to the "great global alliance" United Nations Secretary-General Kofi Annan has called for to achieve the goals of the United Nations General Assembly Special Session on HIV/AIDS.

1. GLOBAL ADVOCACY, STRATEGY AND POLICY DEVELOPMENT

1.1 A framework for action

WHO's newly developed Global Health Sector Strategy for HIV/AIDS lays out a strategic framework for national action against HIV/AIDS, specifying and setting priorities among actions to be taken by national governments. WHO's strategic approach is based upon the intrinsically linked components of prevention, care and treatment.

Broadly, the goals of the Global Health Sector Strategy for HIV/AIDS are:

1. to prevent the transmission of HIV and sexually transmitted infections;
2. to reduce morbidity and mortality related to HIV/AIDS and sexually transmitted infections; and
3. to minimize the personal and societal impact of HIV infection and sexually transmitted infections.

The objectives of the Global Health Sector Strategy for HIV/AIDS are necessarily more detailed and include:

1. Preventing the transmission of HIV and sexually transmitted infections by:
 - reducing sexual transmission, especially by promoting safer sex and condom use and by implementing strategies for reducing harm among vulnerable groups;
 - preventing, treating and managing in a timely manner curable sexually transmitted infections and providing care and management;
 - reducing transmission associated with injecting drug use;
 - reduce transmission in blood transfusion services;
 - reducing nosocomial (hospital-acquired) transmission; and
 - reducing mother-to-child transmission.
2. Developing and strengthening the capacity of the health system to provide prevention, health promotion, treatment and care services for HIV/AIDS and sexually transmitted infections by:
 - establishing relevant epidemiological surveillance of HIV/AIDS and sexually transmitted infections together with behavioural research;
 - promoting the availability and accessibility of appropriate care responses within a system with a continuum of care (from hospital to the home);
 - promoting clinical care and psychosocial support;
 - reducing HIV-related tuberculosis and other opportunistic infections within primary health care systems;
 - ensuring the integration of HIV/AIDS and sexually transmitted infections into health planning systems at various levels;
 - providing mechanisms for securing the accountability of all levels of government and other stakeholders for the use of human and financial resources; and
 - building partnerships with communities, people living with HIV/AIDS and the business sector.

3. Ensuring appropriate societal responses, including from the public and health sectors, to HIV/AIDS and sexually transmitted infections by:

- establishing the legal and policy framework necessary to ensure non-discriminatory community and public-sector responses; and
- establishing training for health care providers to assist them in counteracting stigma and discrimination, including in their own workplaces.

The Global Health Sector Strategy for HIV/AIDS will also recommend the “essential elements” for creating a health system that is sustainable and responsive to HIV/AIDS. This will enable countries to set priorities among interventions and adopt those that are most effective in local circumstances and that may be affordable within a country’s resources.

The Global Health Sector Strategy for HIV/AIDS also specifies the various roles WHO will have in contributing to supporting governments as they develop and implement health sector reform. WHO contributions will include:

- intensifying collaboration with its many partners – both within the international health and development network and within civil society – to ensure that health is given priority within the development agenda;
- identifying and disseminating guidance on effective interventions for prevention and care and on implementing them in diverse settings;
- strengthening the technical capabilities of WHO regional and country teams to cooperate in scaling up the health system response of each country; and
- promoting community involvement and building on the current skills and capacities of people affected by HIV/AIDS and identifying what works locally in providing care and support to everyone in need.

WHO will also cooperate with health ministries as they change the mechanisms of national leadership, strategic planning and coordination on HIV/AIDS and sexually transmitted infections.

Further, WHO will develop economic analyses that demonstrate the long-term costs and benefits of investing in prevention and health promotion, thereby reducing treatment and care costs. Further current and future WHO activities are listed throughout this document.

1.2 Access to treatment and care

Care and treatment for people living with HIV/AIDS is an essential part of WHO’s strategy. With the introduction of highly active antiretroviral therapy in 1996, a new era in treating people living with HIV began, giving many HIV-positive people more years of relatively healthy life. Yet the cost of the drugs meant that only people in industrialized countries benefited initially, with very few people in developing countries having access to the drugs. Even today, of the 28.5 million people living with HIV/AIDS in Africa, only about 35 000 are currently receiving antiretroviral drugs.

WHO, along with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other partners, has accelerated access to affordable antiretroviral treatment for people in developing countries. Advocacy, corporate responsibility and market competition have led to significant reductions in the prices of antiretroviral drugs over the past 2 years. By providing transparent price information, quality and registration support, WHO promotes generic competition to further enhance the affordability of antiretroviral drugs.

Negotiations with major pharmaceutical companies have led to significantly lower prices globally. As of mid-2002, 19 individual countries plus two regions – the Economic Community of West African States and the Caribbean region (the Pan-Caribbean Partnership against HIV/AIDS) – had made agreements with pharmaceutical companies to obtain the drugs at reduced prices.

Facilitating the scaling up of antiretroviral drug therapy

In April 2002, WHO released a document that significantly raised the potential for the major expansion of antiretroviral drug treatment in developing countries. *Scaling up antiretroviral therapy in resource-limited settings – guidelines for a public health approach*¹ is the result of a major international consultative process including researchers, scientists, clinicians, governments, donors, nongovernmental organizations, civil society and people living with HIV/AIDS.

This document establishes a standardization of drugs and simplified regimens that not only facilitate their use but also provide a simpler method of monitoring how they are used. As a result of this document, the potential exists for making a major impact on the care and treatment of HIV-positive people.

To further enable the capacity of countries to access antiretroviral drugs, WHO has included 12 antiretroviral drugs on the WHO Model List of Essential Medicines, and, for the first time, pre-qualified a list of manufacturers and suppliers of HIV medicines under the Pilot Procurement, Quality and Sourcing Project. See Section 2.2.

Global goals for increasing access to antiretroviral drugs

Announced in July 2002 at the 14th International AIDS Conference in Barcelona, the global goal of reaching 3 million people with antiretroviral drugs by 2005 represents a major challenge to WHO and its partners. This figure represents about half the number of people WHO estimates will need such treatment by that time.

WHO is currently developing an international plan of action, in consultation with partners, to establish the means of reaching this goal. It will include two strategies, one for countries and another at an international level.

At the country level, the experience of the countries that have already succeeded in providing limited access to HIV-related drugs will be examined to determine the best practices and lessons learned. Other urgent action is to be generated in:

- mapping the current HIV/AIDS situation in each country and the current capacity of the health sector, to identify resource needs; and
- providing technical support to current national programmes, to ensure that nationwide coverage is scaled up.

At the international level, issues will include:

- identifying technical assistance providers;
- developing core indicators for monitoring and evaluation;
- establishing procurement procedures and financing;
- establishing an operational research agenda;
- advocating for the mobilization of treatment; and
- producing a catalogue of resources, to make countries aware of what different organizations are doing and the available funding mechanisms.

The ability to achieve this global goal requires a substantial increase in financial resources and ensuring that people living with HIV/AIDS have access to functioning health systems. The commitment of all partners – including governments, donors, nongovernmental organizations, private sector and the United Nations system – is fundamental to the success of this endeavour.

¹ *Scaling up antiretroviral therapy in resource-limited settings – guidelines for a public health approach* (http://www.who.int/HIV_AIDS/HIV_AIDS_Care/ARV_Draft_April_2002.pdf). Geneva, World Health Organization, 2002 (accessed 22 September 2002).

1.3 Tackling the joint burden of HIV and tuberculosis

The joint challenges of tuberculosis and HIV/AIDS require a joint response in which national HIV/AIDS plans incorporate joint tuberculosis and HIV activities, and national tuberculosis plans incorporate joint tuberculosis and HIV activities, this response is now set out in WHO's *Strategic framework to decrease the burden of TB/HIV*,² where the rationale for a collaborative approach between national tuberculosis and HIV/AIDS programmes is explained. This framework is now being both adapted and implemented at the country level.

As part of its strategic work on tuberculosis and HIV/AIDS, WHO has recently developed a mathematical model to study the impact of the HIV epidemic on tuberculosis, to project the likely future course of the combined epidemics and to explore the impact and relative benefits of interventions against HIV and tuberculosis.

WHO has already used this model to estimate the relative effectiveness of a range of interventions, including:

- improved case-finding and cure rates for tuberculosis;
- preventive therapy;
- reductions in HIV incidence; and
- coverage and compliance with highly active antiretroviral therapy.³

The next step in the modelling process is to determine the cost-effectiveness of various control measures, to examine the consequences of introducing highly active antiretroviral therapy in greater detail and to further inform policy decision-making on implementing activities.

1.4 Advocacy

WHO conducts extensive advocacy in the development of policies, programmes, tools and other activities. This advocacy is conducted with the public and private sectors, nongovernmental organizations and community-based organizations, governments and bilateral and multilateral organizations. Many examples are available throughout this document (such as essential medicines), but the example of vaccine development and evaluation that follows may indicate the breadth of interest and duration of process that is often involved.

A WHO-UNAIDS Vaccine Advisory Committee has been providing guidance and expert advice on the WHO-UNAIDS strategy in the area of HIV vaccines. Upon request from Member States, the Vaccine Advisory Committee reviews and provides technical advice on protocols for HIV vaccine trials to be implemented in developing countries. In 2002, the Vaccine Advisory Committee provided a detailed review and recommendations on a proposed large-scale phase III efficacy trial to be implemented in Thailand in collaboration with partners, as well as for a phase I/II protocol to be implemented in Uganda.

In preparation for results from the first phase III trial, which are expected in 2003–2004, WHO has initiated a process targeting the identification of policy issues that may guide the introduction and use of future HIV vaccines.⁴ These policies are being developed through a series of regional and global consultations with national public health authorities and the pharmaceutical industry. This process has also produced initial estimates of needs and probable uptake of future HIV vaccines (submitted for publication).

² *Strategic framework to decrease the burden of TB/HIV* (http://www.who.int/gtb/publications/tb_hiv/2002-296_index.htm). Geneva, World Health Organization, 2002 (accessed 22 September 2002).

³ Currie C, Williams B, Dye C. *Tuberculosis epidemics driven by HIV: prevention or cure*. Background paper to the 2nd meeting of the Global TB/HIV Working Group, Durban, 14–16 June 2002.

⁴ Future access to HIV vaccines. Report from a WHO-UNAIDS Consultation, Geneva, 2–3 October 2000. *AIDS*, 2001, 15:W27–W44.

WHO is regularly organizing scientific expert meetings on the key strategic issues related to developing and evaluating HIV vaccine, often with the assistance of partners. Two such expert meetings were convened in 2000–2002, and recommendations were developed on:

- approaches to the development of broadly protective HIV vaccines: challenges posed by the genetic, biological and antigenic variability of HIV-1;⁵ and
- scientific considerations for the regulation and clinical evaluation of vaccines to prevent HIV/AIDS.⁶

⁵ Approaches to the development of broadly protective HIV vaccines: challenges posed by the genetic, biological and antigenic variability of HIV-1. Report from a meeting of the WHO-UNAIDS Vaccine Advisory Committee, Geneva, 21–23 February 2000. *AIDS*, 2001, 15:W1–W25.

⁶ Scientific considerations for the regulation and clinical evaluation of HIV/AIDS preventive vaccines: report from a WHO-UNAIDS Consultation, 13–15 March 2001, Geneva, Switzerland. *AIDS*, 2002, 16:W15–W25.

2. DEVELOPMENT OF NORMATIVE TOOLS AND GUIDANCE

The production of normative tools that can be adapted to local circumstances is a fundamental function of WHO. These tools must be cost-effective and easy to use in the field. The following outline covers some of the most significant areas related to HIV/AIDS: drugs, diagnostics, tuberculosis, preventing the mother-to-child transmission of HIV and blood safety.

2.1 Guidelines to a public health approach to antiretroviral drug therapy

Recent important additions to WHO's tools and guidance include *Scaling up antiretroviral therapy in resource-limited settings – guidelines for a public health approach*. The executive summary⁷ is primarily aimed to inform policy-makers and programme managers, and the complete document⁸ is of particular relevance to clinicians (see section 1 for more information on this important document).

Regional organizations are in the process (the WHO Regional Office for Africa and the Pan American Health Organization) or have been preparing (the WHO Regional Office for South-East Asia) local adaptation of the guidelines.

2.2 Access to essential HIV medicines

Selection and rational use of HIV medicines

The inclusion of 12 antiretroviral drugs onto the 12th WHO Model List of Essential Medicines was the result of careful consideration of the evidence on the safety and efficacy of antiretroviral drugs and the accumulated experience with the use of antiretroviral drugs in various resource settings. Although WHO has often been acknowledged as being conservative in adding to this list, this inclusion indicates renewed urgency in WHO's approach to HIV/AIDS intervention.

The WHO Model List of Essential Medicines is a powerful advocacy tool, encouraging governments to include antiretroviral drugs on their own lists of essential medicines, to supply antiretroviral drugs in the public sector and to reimburse the cost of antiretroviral drug treatment through health insurance. This also eases the registration process within countries, leading to the wider availability of these drugs.

Information on antiretroviral drugs has also been incorporated into the first edition of the WHO Model Formulary, which provides information on the recommended use, dosage, adverse effects, contraindications and warnings for all 325 medicines on the WHO Model List of Essential Medicines. Correct use of this tool will promote cost-conscious prescribing and improve patient safety. The 2002 edition is now available on-line⁹ and in hard copy.

⁷ *Scaling up antiretroviral therapy in resource-limited settings – guidelines for a public health approach. Executive summary* (http://www.who.int/HIV_AIDS/HIV_AIDS_Care/executive_sum.htm). Geneva, World Health Organization, 2002 (accessed 22 September 2002).

⁸ *Scaling up antiretroviral therapy in resource-limited settings – guidelines for a public health approach* (http://www.who.int/HIV_AIDS/HIV_AIDS_Care/ARV_Draft_April_2002.pdf). Geneva, World Health Organization, 2002 (accessed 22 September 2002).

⁹ *WHO Model Formulary* (<http://www.who.int/medicines/organization/par/formulary.shtml>). Geneva, World Health Organization, 2002 (accessed 22 September 2002).

The Pilot Procurement, Quality and Sourcing Project

The Pilot Procurement, Quality and Sourcing Project is an assessment procedure (pre-qualification) for manufacturers of HIV medicines of acceptable quality initiated by WHO and other United Nations partners: the United Nations Children's Fund (UNICEF), UNAIDS and the United Nations Population Fund, with support from the World Bank. The assessment procedure involves evaluation of data and information on the specific pharmaceutical products and the inspection of manufacturing sites for compliance with good manufacturing practices.

A list of suppliers meeting WHO norms and standards was first published in March 2002 and is regularly updated. This list and all relevant documents are available on-line.¹⁰

WHO is also developing quality specifications that establish international chemical reference standards for antiretroviral drugs. Initial information and data have been collected from the public domain as well as from several manufacturers of antiretroviral drugs. WHO collaborating centres and laboratories that will be used in developing the first draft of pharmacopoeial monographs have also been identified.

Providing information on the sources and prices of HIV/AIDS medicines and diagnostics

Most medicines and diagnostics for HIV-related illness are available from multiple sources internationally at prices that vary greatly on the international market. WHO, UNICEF, the UNAIDS Secretariat and Médecins Sans Frontières have established a joint project to carry out surveys on prices, sources and supplier contact information for selected HIV medicines and diagnostics. Such information helps national procurement agencies in price negotiations, in locating new supply sources and in assessing the efficiency of local procurement. A report, which is updated at regular intervals, is available on-line.¹¹

Guidance on the implications of international trade agreements for access to HIV medicines

WHO provides independent data and technical assistance to countries so they can develop informed approaches to dealing with the health implications of international trade agreements. WHO has provided up-to-date policy and technical support to 50 Member States through regional briefings and direct country support. Between May 2000 and January 2002, six regional briefings on the Agreement on Trade-Related Aspects of Intellectual Property Rights were held in China, Costa Rica, Indonesia, Poland, South Africa and Zimbabwe. These meetings brought together, often for the first time, representatives of health ministries, trade ministries, patent offices, nongovernmental organizations, the World Trade Organization and the World Intellectual Property Organization. The briefings covered:

- the background to the Agreement on Trade-Related Aspects of Intellectual Property Rights;
- its relevance to access to medicines;
- the role of intellectual property rights in stimulating innovation;
- principles of model legislation; and
- a proposed framework for implementing safeguards in the Agreement on Trade-Related Aspects of Intellectual Property Rights at the national level as well as the type of support that this would require.

¹⁰ *Suppliers whose HIV-related medicines have been found acceptable, in principle, for procurement by UN agencies* (<http://www.who.int/medicines/organization/qsm/activities/pilotproc/pilotproc.shtml>). Geneva, World Health Organization, 2002 (accessed 22 September 2002).

¹¹ *Sources and prices of selected drugs and diagnostics for people living with HIV/AIDS* (<http://www.who.int/medicines/library/par/hivrelateddocs/prices-eng.pdf>). Geneva, World Health Organization, 2002 (accessed 22 September 2002).

Direct technical support to countries has been provided on request, for example, to China, the Islamic Republic of Iran, South Africa and Thailand. A network of legal experts with specialized knowledge and understanding of public health and the pharmaceutical impact of international trade agreements is being developed as a resource for developing countries.

In June 2000, WHO was granted observer status at the World Trade Organization Council for Trade-Related Aspects of Intellectual Property Rights. In her statement on the declaration on intellectual property rights and public health adopted by the World Trade Organization Ministerial Conference in Doha in November 2001, the Director-General of WHO welcomed the conclusion that the Agreement on Trade-Related Aspects of Intellectual Property Rights “can and should be interpreted and implemented in a manner supportive of World Trade Organization members’ right to protect public health and, in particular, promote access to medicines for all”. As instructed in the Doha Declaration, the World Trade Organization Council for Trade-Related Aspects of Intellectual Property Rights is to find a quick and efficient solution to the problem of World Trade Organization members with insufficient or no manufacturing capacity in the pharmaceutical sector that could face difficulties in making effective use of compulsory licensing under the Agreement on Trade-Related Aspects of Intellectual Property Rights. The Council for Trade-Related Aspects of Intellectual Property Rights must report to the World Trade Organization General Council before the end of 2002.

2.3 Managing sexually transmitted infections

In 2001, WHO published *Guidelines for the management of sexually transmitted infections*.¹² As part of a series of Essential Care Practice Guides, WHO is also developing a publication on preventing and managing reproductive tract and sexually transmitted infections in reproductive health care settings.

2.4 Guidelines for the global control of HIV-related tuberculosis

Following the development of the strategic framework to decrease the burden of TB/HIV (see section 1.3), WHO has developed guidelines for the implementation of collaborative tuberculosis and HIV programme activities that will enable the central units of national tuberculosis and HIV/AIDS programmes to support districts in planning, coordinating and implementing joint tuberculosis and HIV activities. Several African countries, selected because of their great HIV and tuberculosis burden, have finalized plans for the implementation in early 2003 of joint tuberculosis and HIV programme activities.

ProTEST leads the way

The current expansion of joint tuberculosis and HIV/AIDS programme activities is based on experience from the ProTEST sites in Malawi, South Africa and Zambia.¹³ This is a district-based approach that promotes voluntary counselling and testing as an entry point into a package of tuberculosis and HIV interventions. This strategy was piloted in the three countries over 3 years. Plans for expanding the initial pilot sites in these three countries 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 tuberculosis.

¹² *Guidelines for the management of sexually transmitted infections* (<http://www.who.int/reproductive-health/rtis/index.html>). Geneva, World Health Organization, 2002 (accessed 22 September 2002).

¹³ Onyebujoh P. *The ProTEST pilot projects: review of achievements, gaps and constraints 1999–2002*. Background paper to the 2nd meeting of the Global TB/HIV Working Group, Durban, 14–16 June 2002.

The Scientific Panel of the Global TB/HIV Working Group has finalized the evaluation of proposals submitted by six of the eight countries targeted (Ethiopia, Kenya, Malawi, Mozambique, South Africa, Tanzania, Uganda and Zambia) to implement joint tuberculosis and HIV programme activities.

2.5 Preventing mother-to-child transmission of HIV

Preventing mother-to-child transmission of HIV is a priority in many areas of programming and research conducted by WHO and partners. In October 2000, a technical consultation recommended that preventing mother-to-child transmission of HIV should be included in the minimum standard package of care for HIV-positive women and their children. The technical consultation listed prophylactic antiretroviral drug regimens considered to be safe, effective and practical for use in resource-constrained settings. The full report of this meeting is now available on-line.¹⁴

WHO has recently developed a set of *Clinical guidelines for the management of pregnant women with HIV infection*, which has been field-tested in five countries (the Bahamas, Ethiopia, Guyana, Kenya and Thailand). The guides cover antenatal care, voluntary counselling and testing, labour and delivery and post-pregnancy care and will be released in late 2002.

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 supporting the development of tools to guide the counselling on infant feeding provided to HIV-positive women as well as operations research to identify potential improvements in efforts to prevent the mother-to-child transmission of HIV. Work is ongoing to integrate the prevention of mother-to-child transmission of HIV in the Making Pregnancy Safer, Promoting Family Planning and Integrated Management of Child Illnesses initiatives. WHO is working with UNICEF to develop updated guidance on infant feeding and HIV transmission.

WHO has developed a research protocol to assess the safety and effectiveness of combination highly active antiretroviral therapy in preventing HIV transmission in late pregnancy, during delivery and during breastfeeding as well as to assess the overall impact of this intervention on the health of the mother. Implementation of this multicentre study will begin in early 2003. By explicitly providing treatment to mothers plus members of their household who require antiretroviral drug therapy, the study is pioneering a comprehensive approach to preventing mother-to-child transmission of HIV and to HIV care. The model has the potential to change the dynamics and acceptability of voluntary counselling and testing in antenatal care, the key point where the intervention to prevent mother-to-child transmission of HIV must start.

This study provides an opportunity to address programmatic questions relating to HIV/AIDS care and preventing mother-to-child transmission of HIV and to assess a broad range of other issues including virology, immunology, cost-effectiveness, acceptability and the potential for sustaining the programme. WHO leads in this field, not only by initiating the programme but also by identifying previously neglected areas of research. A number of potential partners are considering co-funding the project, including providing support to specific centres and countries.

¹⁴ *New data on the prevention of mother-to-child transmission of HIV and their policy implications – conclusions and recommendations*. Report of a WHO meeting (http://www.who.int/reproductive-health/rtis/MTCT_consultation.en.html). Geneva, World Health Organization, 2000 (accessed 22 September 2002).

2.6 Blood safety and universal precautions

Recent key achievements of WHO in the safe and appropriate use of injections include developing assessment tools, formulating injection safety standards and producing a toolbox for communication and behaviour change.

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; and
- new initiatives in health care waste management, including:
 - reviewing the health effects of microbiological hazards in health care wastes;
 - preparing a guidance document for the appropriate management of blood wastes and wastes contaminated with blood and a decision-making guide for primary health care;
 - supporting the development of country plans on the implementation of waste management systems.

Safe blood supplies

Blood and blood products should be transfused only when necessary and only when provided as part of a sustainable blood programme within the health care system. WHO works with governments to promote the development of national blood programmes that ensure the safety, quality and adequacy of blood and blood products.

Strategic activities in this area include:

- strengthening national health control authorities by providing the necessary guidelines, recommendations, training materials and technical support in developing legislation and regulations and national policies and plans;
- promoting the collection of blood from safe, voluntary, unpaid blood donors from low-risk populations;
- ensuring that all donated blood is tested for relevant transfusion-transmissible infections;
- promoting blood grouping and compatibility testing;
- promoting the appropriate clinical use of blood to prevent unnecessary transfusions;
- developing a global collaboration for blood safety; and
- promoting the implementation of quality management in blood transfusion services.

2.7 Support for HIV/AIDS diagnostics

HIV diagnostics are important tools for both prevention and care. Diagnostic tests are instrumental for blood safety, surveillance and identifying the HIV status of individuals. Monitoring the safety and efficacy of antiretroviral drug treatment also requires diagnostic technologies. WHO has provided information on the quality of HIV test kits and appropriate HIV testing strategies. Test kits for urine, saliva and whole blood as well as serum and plasma have been evaluated, and data have been published in reports and are available on the Web. This prequalification activity is being extended to CD4⁺ T-cell enumeration and viral load technologies. WHO has recently supported the development of simple and novel technologies for monitoring antiretroviral drug therapy in resource-limited settings.

WHO facilitates access to appropriate and affordable HIV test kits through an easy purchasing procedure (see <http://www.who.int/bct> for more information). More than US\$ 4 million was saved in the 2000–2001 biennium by negotiating prices directly with manufacturers, enabling countries and United Nations agencies to either buy more test kits with their funds or

to channel more resources into other areas, such as care. WHO is also providing this experience to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

To ensure the safe and appropriate use of HIV/AIDS diagnostics, external quality assessment schemes for HIV serological testing have been established to monitor laboratory performance. Schemes are now operational in French-speaking and English-speaking parts of Africa and in the South-East Asian and Western Pacific Regions of WHO.

Workshops have been organized with special attention being paid to poor performers. Two meetings involving relevant WHO clusters, United Nations agencies and other partners have been held to discuss appropriate and cost-effective approaches for monitoring antiretroviral drug therapy at the district, provincial and central levels in countries with limited resources. Minimum requirements for the laboratory monitoring of antiretroviral drug therapy have been formulated and guidelines are being finalized. Activities have been initiated to strengthen the capacity for providing support networks for reliable HIV diagnostics, including training and quality assurance programmes. Special attention will be given to basic laboratory services, especially at the district level. To ensure appropriate implementation, best practices are currently being developed and partnerships with other actors are being formed.

2.8 Protecting health professionals

WHO is currently examining the impact of HIV/AIDS on the health workforce, including staff absenteeism related to HIV/AIDS, staff protection against HIV infection, staff motivation in the light of increased workloads and the attitudes of school leavers towards entering a health services career.

WHO has also produced *Fact sheets on HIV/AIDS for nurses and midwives*¹⁵ to inform health and antenatal staff of a broad range of HIV/AIDS issues. These include several varieties of care, fear and stigma, counselling and HIV/AIDS, HIV and the workplace and strategies for preventing HIV. This information is also available on CD-ROM and may be adapted and updated according to local needs. The fact sheets may also be useful for other professionals, such as teachers, pharmacists and community workers.

2.9 Young people and school programmes

A specific strategy has been developed to enable governments to focus WHO assistance to countries on meeting the global goals of reducing the prevalence of HIV among young people by 25% and ensuring that 90% of young people have access to the information, skills and services needed to reduce their vulnerability to HIV by the year 2005. This focus relates to three priority areas of national responses to HIV/AIDS and young people:

- surveillance and monitoring: HIV, sexually transmitted infections, substance use and violence;
- services and supplies: condoms, diagnosis and treatment of sexually transmitted infections, voluntary testing and counselling and care; and
- a supportive evidence-based environment for policies and programmes.

WHO has also supported action research projects aimed at enabling adolescents to more easily obtain the health services they need. These projects have included adolescents in schools, adolescents on the street and adolescents in refugee situations. To synthesize these experiences and the experiences gained by other workers, WHO organized regional consultations in the Pan American Health Organization (Costa Rica, September 2000) and the WHO Regional Office

¹⁵ *Fact sheets on HIV/AIDS for nurses and midwives* (http://www.who.int/HIV_AIDS/Nursesmidwivesfs). Geneva, World Health Organization, 2002 (accessed 22 September 2002).

for Africa (Harare, Zimbabwe, March 2000). The conclusions and recommendations of these consultations fed into a Global Consultation on Adolescent Friendly Health Services (Geneva, Switzerland, March 2001). In accordance with the key recommendations of the Global Consultation, a document advocating the provision of health services to adolescents has been issued,¹⁶ a tool has been prepared to assist government bodies and nongovernmental organizations in making health services and systems more responsive to the needs of adolescents and “job aids” have been advocated for front-line health care workers to address the special needs of adolescents.

WHO shares responsibility with the education sector for the development of effective school health programmes and therefore works with ministries of health, ministries of education and teachers’ unions to develop national strategies for improving efforts to prevent HIV and sexually transmitted infections in schools. This work has been implemented in the WHO Regional Office for Africa in 2001–2002 and will be initiated in the WHO Regional Office for South-East Asia in 2002.

2.10 Treatment and care of drug-dependent people

Principles for the treatment and care (including psychosocial support) of drug-dependent people with HIV/AIDS have been developed and are currently being prepared for publication. This is part of a wide range of activities WHO has undertaken specifically targeting the high-risk behaviour of specific populations. Injecting drug use is the major cause of the transmission of HIV/AIDS in many countries and has led to dramatically rising prevalence in areas where, until recently, there were few signs of its presence.

The WHO Drug Injecting Study has been conducted in all WHO regions and is the largest global epidemiological study of injecting drug use and associated HIV risk behaviour. Data from this study, which includes identifying the scope and pattern of drug use, will inform HIV/AIDS intervention in many countries.

WHO continues to provide guidance and technical assistance to countries on issues of drug dependence treatment as a strategy for preventing and providing care for HIV/AIDS among injecting drug users. WHO is also preparing for publication the results of evaluations conducted on the *Rapid assessment and response guide on injecting drug use* and the *Rapid assessment guide on substance abuse and sexual risk behaviour*.

2.11 Guidelines for nongovernmental organizations and community-based organizations

A Handbook on access to HIV/AIDS-related treatment for use by nongovernmental organizations and community-based organizations has been developed in collaboration with UNAIDS and the International HIV/AIDS Alliance. This document is in final draft form and is expected to be published in October 2002.

2.12 Targeting interventions

Targeted interventions deliver HIV/AIDS prevention and care to people who are more vulnerable to HIV infection and/or are in situations in which the potential for HIV transmission is either especially high or may pose particular problems to service delivery. WHO has initiated a comprehensive programme of work in this area, with an initial focus on: young people; injecting drug users; sex workers and their clients; and men who have sex with men.

¹⁶ World Health Organisation (2002) *Adolescent Friendly Health Services: An agenda for change*. Geneva. World Health Organisation. WHO/FCH/CAH/02.14.

The programme of work on targeting interventions covers the following.

- Evidence-for-action reviews synthesize and translate the results of scientific research into language that is accessible to policy-makers and relevant to resource-limited settings. Each review series addresses a specific group, and current work is now focusing on injecting drug users and young people. The latter is linked to more extensive reviews on adolescent sexual and reproductive health being conducted by WHO.
- Tools and manuals related to HIV prevention support the development and implementation of locally appropriate responses (both the national and local level) to HIV among particularly vulnerable groups. Examples include manuals on how to design coherent HIV prevention policies for injecting drug users, how to build community support for HIV prevention among injecting drug users and how to set up effective prevention outreach programmes for injecting drug users.
- WHO provides guidance on the HIV/AIDS treatment needs of groups at heightened risk for HIV infection. For example, the recent guidelines *Scaling up antiretroviral therapy in resource-limited settings – guidelines for a public health approach*¹⁷ included a special section on treating injecting drug users.

¹⁷ *Scaling up antiretroviral therapy in resource-limited settings – guidelines for a public health approach* (http://www.who.int/HIV_AIDS/HIV_AIDS_Care/ARV_Draft_April_2002.pdf). Geneva, World Health Organization, 2002 (accessed 22 September 2002).

3. IMPROVING KNOWLEDGE OF THE EPIDEMIC AND THE RESPONSES OF THE HEALTH SECTOR

Surveillance is an essential component of any national AIDS programme. It provides information on disease trends, assessment of burden and impact and key data useful in advocacy and planning efficient and effective preventive and control measures. Without appropriate surveillance data, the national response will at best be inefficient, causing a waste of resources, and at worst ineffective, with a limited impact, if any, on the spread of HIV. Good data not only help countries in identifying the progress and spread of the epidemic but also constitute a major information source in their applications to international partners.

Reliable and consistent data sets constitute one of the major instruments that WHO can provide to countries in their fight against HIV/AIDS. WHO, with its expertise and global and regional networks, has the capacity to collaborate with countries in strengthening their information system and improving the quality and completeness of the data on HIV/AIDS and sexually transmitted infections.

3.1 Strengthening surveillance

WHO now produces epidemiological fact sheets for all countries. The regular information includes in-country statistics of prevalence, major methods of transmission, UNAIDS estimates and analysis of these figures. In addition, these sheets are being expanded to include greater depth of information, such as the number of patients currently receiving highly active antiretroviral therapy.

Strengthened surveillance systems, known as second-generation surveillance, are being tailored to national surveillance systems to identify the pattern of the epidemic in a particular country and to concentrate data collection in the populations most at risk of being infected (sentinel surveillance). Second-generation surveillance programmes involve more comprehensive detailing of contributing factors to HIV/AIDS, integrating such components as epidemiological, behavioural and sexually transmitted infection surveillance. This improves the potential for deeper analysis, enabling cross-referencing of possible causes and thereby improving the targeting of interventions.

WHO is launching the school-based Youth Health Behaviour Surveillance System in 2002. This has been developed in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF, the US Centers for Disease Control and Prevention, the Education Development Center Inc. and other international partners. The system will enable countries to establish and monitor trends in the prevalence of behaviour related to HIV and sexually transmitted infections and other important health problems; to make comparisons across countries; to develop priorities; and to advocate for improved school health and efforts to prevent HIV and sexually transmitted infections.

WHO has also recently collaborated with UNAIDS in updating global estimates of the incidence of HIV-related tuberculosis.¹⁸

¹⁸ Corbett E, Watt C, Walker N et al. The growing burden of tuberculosis: global trends and interactions with the HIV epidemic. *Archives of internal medicine* (in press).

3.2 Technical assistance in strengthening surveillance systems in countries

WHO is working to improve second-generation surveillance at the regional and country levels by:

- providing technical assistance and guidance to countries;
- supporting the development and dissemination of appropriate epidemiological guidelines, tools and methods, including field testing and evaluation;
- ensuring that collected data contribute to improved programme planning; and
- coordinating effective collaboration with United Nations agencies and other partners.

Technical support groups have already been established to improve technical capabilities at national and local levels. Activities include: training and technology transfer; increasing efficiency by optimally using locally available resources and improving collaboration with other surveillance activities; and ensuring that only the relevant and useful data are collected.

The diversity of WHO's contributions to countries is evident in the following examples.

- A national training workshop on second-generation HIV surveillance was held in Astana, Kazakhstan.
- There has been collaboration with the WHO Regional Office for Africa Technical Network for HIV/AIDS and STI Surveillance in Pretoria, South Africa.
- An assessment of the HIV/AIDS epidemic among injecting drug users in 11 resource-limited countries worldwide is currently being conducted in the framework of Phase II of the WHO Multi-City Study on Drug Injecting and Risk of HIV Infection by implementing rapid assessment and response methods with subsequent seroprevalence and behavioural surveys. Rapid assessment and response methods regarding injecting drug use, including retrospective and prospective evaluation of rapid assessment and response implementation in developing and transitional countries, are being developed further.
- Technical and partial financial support is being provided to China and eight selected high-incidence African countries to initiate the school-based Youth Health Behaviour Surveillance System.

3.3 Global HIV Drug Resistance Surveillance Network

WHO is collaborating with the International AIDS Society in establishing a Global HIV Drug Resistance Surveillance Network. Very little is currently known about the public health significance of drug-resistant HIV, but as access to HIV/AIDS treatment expands, the need to understand the potential impact of the emergence of drug-resistant HIV on current and future treatment programmes becomes more important. The Network aims:

- to standardize protocols for monitoring HIV resistance;
- to provide tools and guidelines for building capacity, transferring technology, training and disseminating data; and
- to promote resistance monitoring within programmes for antiretroviral drug access.

3.4 Developing indicators

Indicator development is important in developing more effective programmes and in monitoring their progress and measuring their impact. WHO has played an active role in developing indicators that will measure progress towards meeting both the goals of the United Nations General Assembly Special Session on HIV/AIDS and the Millennium Summit, and the Global Fund to Fight AIDS, Tuberculosis and Malaria is currently using these indicators to gain an overall view of the pandemic.

WHO is working with partner agencies to improve the monitoring of the epidemic among young people and to develop indicators in the specific areas of voluntary counselling and

testing and of care and support. An inter-agency task team on the prevention of mother-to-child transmission of HIV is currently working on developing indicators and operational goals and targets to monitor the progress made in reaching the goal on mother-to-child transmission of HIV outlined in the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS. This includes an ongoing assessment of infant HIV incidence with and without nevirapine intervention in eight African countries.

3.5 Supporting research on new technologies

WHO is active in identifying the current needs of health services and in encouraging the research and development related to new technologies in these areas. WHO provides direct support for the development and implementation of national AIDS vaccine plans and strategies in many developing countries.

Vaccine initiatives

WHO continues to provide global leadership in the development of HIV/AIDS vaccines. Activities include:

- advocating, informing and educating on current activities in the field;
- guiding and coordinating international efforts, developing international norms and standards and providing specific technical advice to developing countries involved in research and trials related to HIV vaccine;
- promoting the development of candidate vaccines suitable for developing countries, including systematically isolating and characterizing globally prevalent HIV strains;
- facilitating clinical trials of HIV vaccine through capacity-building and developing and implementing national AIDS vaccine plans; and
- addressing issues of future access and availability of HIV vaccines.

The WHO-UNAIDS Network for HIV Isolation and Characterization is promoting the development of HIV vaccines appropriate for global use. This is a large-scale international collaborative project involving expert laboratories in industrialized and developing countries. As a result of this project, an international collection of globally prevalent and well characterized HIV strains and vaccine-related reagents has been established. This is being widely distributed to scientific institutions developing HIV vaccine in both academe and the private sector. At least two HIV candidate vaccines under development are based on viral strains generated by the Network.

The analysis of results generated by the Network has allowed for monitoring and systematic analysis of the global distribution of different HIV subtypes and recombinants. In 2002, WHO published estimates of the global distribution of HIV subtypes;¹⁹ this is being widely used for developing policy recommendations on the implications of HIV variability for the development and evaluation of vaccines. The Network has also been actively involved in validating various laboratory methods for the genetic, biological and immunological characterization of HIV-1 strains. In 2002, WHO published a comprehensive manual providing a detailed description of and recommendations on applying these techniques.²⁰

WHO provides technical and financial support to vaccine programmes in 14 countries in Africa, Asia and Latin America. Thailand has implemented 9 of the 19 HIV vaccine trials conducted

¹⁹ Osmanov S, Pattou C, Walker N et al. Estimated global distribution and regional spread of HIV-1 genetic subtypes in the year 2000. *Journal of the acquired immune deficiency syndrome*, 2002, 29:184–190.

²⁰ WHO-UNAIDS guidelines for standard HIV isolation and characterization procedures. 2nd ed. Geneva, World Health Organization, 2002 (accessed 22 September 2002).

in developing countries, including one of the first phase III efficacy trials in the world. A second large-scale efficacy trial is under preparation in Thailand and planned to start early in 2003.

WHO and UNAIDS have established the African AIDS Vaccine Programme to facilitate vaccine trials in African countries. The African AIDS Vaccine Programme is a network of African scientists working on HIV vaccine research and evaluation in Africa that has developed activities in the following areas:

- biomedical sciences (laboratory and clinical studies);
- population studies (epidemiology and social behavioural research);
- ethics, law and human rights;
- national strategic planning; and
- advocacy and resource mobilization.

Further details on WHO's vaccine initiatives are available on-line (<http://www.who.int/HIV-vaccines>).

Microbicides

A vaginal microbicide that is effective and easy to use would provide women with a method they can control and use to protect themselves against infection with HIV. WHO has initiated an expanded phase I safety study of cellulose sulfate, a preparation that has been shown to have good spermicidal and anti-HIV activity *in vitro*. This clinical study was launched in December 2001 in Uganda and has recently been expanded to both Nigeria and India. The protocol was developed in collaboration with the CONRAD Program. The results are expected in late 2002, with expanded phase II safety trials to start in early 2003.

Regulatory requirements for conducting studies and registering novel microbicides differ between countries and may conflict in some cases. The development pathway and registration requirements for products intended to prevent HIV infection differ from those intended to treat serious disease. To facilitate the development of promising new products and their rapid deployment in resource-limited countries, WHO has initiated a project to build consensus on the scientific basis for regulatory decisions on microbicides. An international meeting was convened in March 2002 and forms the basis for a series of regional workshops and discussion groups starting in November 2002.

Condoms

In collaboration with UNAIDS, WHO has produced the document *The female condom: a guide to planning and programming*.²¹ WHO has supported research on the feasibility and safety of female condom reuse. Technical consultations were convened in June 2000 and January 2002, and recommendations were issued advising that a fresh female condom was to be preferred, though a protocol for the safe disinfection and preparation of used female condoms was developed for further assessment.^{22,23}

²¹ *The female condom: a guide to planning and programming* (http://www.who.int/reproductive-health/publications/RHR_00_8/index.htm). Geneva, World Health Organization, 2000 (accessed 22 September 2002).

²² *Consultation on the Re-use of the Female Condom* (http://www.who.int/reproductive-health/rtis/consultation_on_re-use_of%20female_condom_Durban.en.html). Geneva, World Health Organization, 2002 (accessed 22 September 2002).

²³ *WHO information update: considerations regarding reuse of the female condom* (http://www.who.int/reproductive-health/rtis/reuse_FC2.pdf). Geneva, World Health Organization, 2002 (accessed 22 September 2002).

Sexually transmitted infections

WHO has begun a project to evaluate the performance of selected rapid diagnostic tests for syphilis, gonorrhoea and *Chlamydia* infection. This is being conducted in collaboration with the Sexually Transmitted Disease Diagnostic Initiative within the United Nations Development Programme/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

A prototype for a geographically related surveillance database on HIV/AIDS and sexually transmitted infections has also been developed and will incorporate the existing data on the incidence and prevalence of various sexually transmitted infections. As a result of previous surveillance activities, WHO produced the report *Global prevalence and incidence of selected curable sexually transmitted infections: overview and estimates*.²⁴

Other activities on sexually transmitted infections include updating the guidelines on the syndromic approach to the management of sexually transmitted infections in resource-limited settings and developing norms and tools to help countries integrate the prevention of sexually transmitted infection and of mother-to-child transmission of HIV into regular reproductive health services.

Diagnostics

The Technical Working Group on CD4 T-cell enumeration technologies was formed in response to requests from countries for information and guidance on appropriate CD4 technologies. Consideration is currently being given to such items as the minimum quality standards, standard protocol for evaluation, short list of prequalified CD4 T-cell enumeration technologies, development status of novel simple and inexpensive technologies, training materials and quality assurance programmes. In the meantime, training materials are being developed for CD4 and viral load testing, and the provision of quality assurance programmes for CD4 and viral load is being investigated.

The procurement policies of diagnostics by United Nations agencies are now being harmonized, and guidelines on minimum laboratory requirements are being finalized, including those also relevant to opportunistic infections. Mechanisms for improving access to the cost-effective bundling of antiretroviral drugs and diagnostics are also being developed.

To improve access to high-quality HIV/AIDS diagnostics at an affordable price, WHO has been developing a package that will provide appropriate (including effectiveness and safety) and cost-effective ways of monitoring antiretroviral drug therapy at the district and central levels in resource-limited settings. This monitoring includes CD4⁺ lymphocyte counts (indicating the status of the immune system) and viral load (indicating how fast the HIV disease is progressing). WHO is also facilitating negotiations with diagnostic companies to further reduce prices.

²⁴ *Global prevalence and incidence of selected curable sexually transmitted infections: overview and estimates* (http://www.who.int/HIV_AIDS/STIGlobalReport). Geneva, World Health Organization, 2001 (accessed 22 September 2002).

4. PROVIDING TECHNICAL SUPPORT TO COUNTRIES

In the past few years, the quantity of resources available to fight HIV/AIDS has increased dramatically. This includes funds through World Bank instruments; launching of the Global Fund to Fight AIDS, Tuberculosis and Malaria; and major bilateral funding for HIV/AIDS. These initiatives have been launched against a background of unparalleled political commitment to find new approaches, solutions and partnerships to tackle this international public health threat, such as the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS.

Highly effective technologies exist for both preventing and treating HIV/AIDS, many of which have been elaborated in WHO tools and guidelines. Many countries have an opportunity to secure the necessary funds to implement effective programmes to scale and to guarantee a sustainable response. However, these opportunities pose enormous challenges for countries. There is pressure on countries to deliver interventions on a scale never previously considered and to accelerate their programming to a pace never previously experienced.

Whereas continued investment in developing new technologies and mobilizing resources for countries is necessary, priority also needs to be given to building capacity in countries to launch large-scale and urgent responses. WHO supports a country-led approach to technical support, driven by country realities and priorities. At the same time, WHO recognizes that many developing and transitional countries are still in a weak position to harness available resources and to effectively direct their health and social programmes.

A strategic approach to capacity-building is required to ensure that the necessary technical expertise and tools are available to countries at the local level when needed. This requires long-term investment in developing tools and guidelines, training and building human resources and mobilizing local and sustainable technical networks. This is the core business of WHO, working globally to ensure international good practice, regionally to guarantee accessible and relevant expertise and locally to respond to specific country needs.

To respond to these country needs, WHO has established a Technical Support Team on HIV/AIDS. This team is drawn from all levels of WHO and ensures effective coordination between WHO headquarters, the six WHO regional offices and WHO country offices. This three-way partnership promotes a consistent health sector response from WHO and measures its success based on the achievements made in countries.

WHO's technical support role focuses on:

- building capacity in countries and regions;
- strengthening global and regional technical networks;
- translating global knowledge into country action;
- improving access to essential medicines and commodities;
- assisting countries in accessing and using resources;
- promoting partnerships in countries and regions; and
- providing intensified support to countries.

4.1 Building capacity in countries and regions

A major objective of WHO is to promote the development of sustainable health systems in countries so they are not dependent on external experts and resources. Key activities of WHO in developing local and regional capacity include:

- developing a global strategy on capacity-building for HIV/AIDS prevention and care that will guide WHO in taking a systematic and long-term approach to capacity-building;
- increasing WHO staffing in regions and countries to ensure that governments have timely and relevant access to quality advice, such as recruiting staff on preventing HIV among drug users for the WHO Regional Office for the Western Pacific and for the WHO Country Office for Indonesia;
- training consultants and other country-level partners, especially in using WHO tools and guidelines, including second-generation surveillance training on HIV/AIDS and sexually transmitted infections in southeastern Europe and training on case management of sexually transmitted infections in Latin America;
- providing technical support to country activities in controlling HIV-related diseases, especially tuberculosis;
- strengthening district health systems in responding to the priority public health problems of HIV/AIDS, malaria and tuberculosis;
- providing technical support for developing strategic plans to strengthen the continuum of care for people living with HIV/AIDS;
- supporting the establishment of country plans of action for implementing safe injection policies based on injection safety assessments;
- developing policy and normative tools in women's health programmes and recently emphasizing the role of gender in increasing vulnerability to HIV/AIDS; and
- strengthening operational mechanisms at the regional, subregional, national and local levels to address HIV/AIDS in emergency settings.

4.2 Strengthening global and regional technical networks

The dynamic nature of HIV/AIDS epidemics and the rapidly evolving technologies for preventing HIV/AIDS require mechanisms by which strategic information and expertise can be shared efficiently across regions and among key stakeholders. Further, countries need to be able to access networks of relevant consultants. To this end, WHO is:

- providing direct support to regional and technical networks, such as the Global Research Network on HIV Prevention in Drug-Using Populations and networks on surveillance and condom promotion in Asia;
- taking advantage of already existing technical networks to promote WHO's work, tools and guidelines;
- coordinating a global network to provide technical assistance to control tuberculosis, including controlling HIV-related tuberculosis; and
- mapping regional and country-level resources and creating resource databases, including establishing a database on sexually transmitted infection consultants.

4.3 Translating global knowledge into country action

As a normative and technical agency, WHO needs to ensure that the knowledge accrued can be applied at the country level. This requires a two-way process in which: a) country experiences and realities are used to inform the development of global standards, tools and guidelines; and b) global knowledge can be adapted for local use. Relevant WHO activities include:

- establishing advisory groups for the development of tools, such as programming guides for injecting drug users;
- providing support for regional programme development, such as guidelines for 100% condom promotion in Asia;
- supporting the adaptation of tools for regional use, such as antiretroviral drug guidelines for the countries of central and eastern Europe, the newly independent states of the former Soviet Union and countries in Asia;
- conducting regional consultations, such as developing the Global Health Sector Strategy for HIV/AIDS and managing children with symptomatic HIV;
- developing national plans and activities in countries with a high prevalence of HIV, including strengthening psychological and social support to people living with HIV/AIDS in different stages of HIV/AIDS;
- gaining experience in the early implementation of tools in countries, such as evaluating the implementation of the WHO rapid assessment and response methods and introducing second-generation surveillance for HIV; and
- supporting regional advisory groups (such as the Regional Advisory Group for HIV/AIDS/STI in the WHO Eastern Mediterranean Region).

4.4 Improving access to essential medicines and commodities

Addressing HIV/AIDS at the country level requires access to commodities for prevention, testing and treatment. WHO provides direct support to countries in the procurement process and facilitates the development of procedures for the effective manufacture and procurement of essential commodities. Activities include:

- technical advice to countries on addressing intellectual property rights issues related to antiretroviral drugs;
- bulk procurement of HIV test kits;
- joint tendering for HIV diagnostics, including CD4⁺ T-cell technologies; and
- technical support for quality assurance in manufacturing condoms, diagnostics and essential medicines.

4.5 Assisting countries in accessing and using resources

In the past few years, the funds available to countries for HIV/AIDS have increased massively through such funding mechanisms as Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank Multi-Country HIV/AIDS Program for the Africa Region. Developing complex and detailed proposals and then planning for implementation of large-scale programmes are placing great demands on countries. WHO is active in supporting countries in accessing these funds and using them and in monitoring their progress. Areas of work include:

- informing countries of funding opportunities, such as providing country and regional briefings for countries on the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- training consultants and country-level partners in proposal development and strategic planning, including regional workshops on the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- providing direct technical assistance to countries in developing HIV/AIDS proposals – for example, sending missions to countries for developing proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria and providing peer review of World Bank project documents; and
- providing technical assistance to donor agencies – for example bilateral agencies (Deutsche Gesellschaft für Technische Zusammenarbeit, the Department for

International Development of the United Kingdom, AusAID), foundations (such as the Open Society Institute and the Global Fund to Fight AIDS, Tuberculosis and Malaria) and the World Bank.

4.6 Promoting partnerships in countries and regions

In addition to a large number of collaborative projects undertaken with other United Nations agencies, participation in interagency task teams and close collaboration with the UNAIDS Secretariat, WHO is working to expand its links with untraditional partners, including the private sector as well as nongovernmental organizations and civil society groups. WHO is also working to improve multisectoral participation and stakeholder representation in all its HIV/AIDS reference groups and advisory committees. Key areas for promoting partnerships in countries and regions include:

- participating in interagency working groups, such as the European Interagency Working Group on Young People's Health, Protection and Promotion and the Asian Task Force on HIV/AIDS and Drug Use;
- supporting regional networks – for example, the Central and Eastern European Harm Reduction Network;
- implementing joint projects with other United Nations agencies in regions, including collaborating with UNICEF on rapid assessment and response related to HIV/AIDS among especially vulnerable young people in the Baltic countries and southeastern Europe; and
- strengthening interagency partnerships in countries – for example, taking an active role in United Nations theme groups on HIV/AIDS and launching multi-agency initiatives in countries such as the Russian Federation (such as the United Nations Fund for International Partnerships).

4.7 Providing intensified support to countries

Where funds are available, WHO has an opportunity to provide intensified support to selected countries, which may then be used as models for scaling-up programmes in other countries. Particular focus is given to supporting countries in developing and implementing national strategic plans on HIV/AIDS. In partnership with a number of donors, WHO has launched a number of country-led initiatives, including:

- Italy's initiative on National Action Against HIV/AIDS in Africa, involving 10 countries in Sub-Saharan Africa;
- a project in 12 African countries funded by the Organization of Petroleum Exporting Countries; and
- a project funded by AusAID on preventing HIV/AIDS among injecting drug users in China, Indonesia, Myanmar and Viet Nam.

4.8 Electronic examples of bringing partners together

WHO uses electronic media to provide interested parties with regularly updated information via a wide range of Web sites throughout the organization.

Since 2001, WHO has produced 13 editions of *The intelligence report*,²⁵ a monthly survey of recent scientific publications related to mother-to-child transmission of HIV summarizing scientific data from medical publications and conferences. This information helps scientists

²⁵ *The intelligence report* (http://www.who.int/reproductive-health/rtis/MTCT/monthly_publications/listing_mtct-reports.htm). Geneva, World Health Organization (accessed 22 September 2002).

and policy-makers in keeping up with recent scientific developments and hence contributes to rational, evidence-based policy development.

WHO has been running the Global Distance Learning Network since late 2001, in collaboration with UNAIDS and the World Bank. More than 15 countries share their knowledge and experience on preventing mother-to-child transmission of HIV through videoconferences and an Internet-based exchange. These videoconferences are conducted in three groups: one in Asia and two in Africa.

WHO is developing a monitoring and evaluation guide for national and local programmes for young people as a companion volume to *National AIDS programmes: a guide to monitoring and evaluation*²⁶ developed by UNAIDS and a number of collaborating organizations, and including biological, behavioural, contextual and programmatic indicators.

²⁶ *National AIDS programmes: a guide to monitoring and evaluation* (<http://www.unaids.org/publications/documents/mtct/ME2001.doc>). Geneva, Joint United Nations Programme on HIV/AIDS, 2001 (accessed 22 September 2002).

ANNEX 1

Financial overview for January 2000 to September 2002¹

WHO has significantly increased the resources committed to HIV/AIDS over the past few years. The resources WHO plans to commit to HIV/AIDS have increased from US\$ 38 million in 1998–1999 to US\$ 146 million in 2002–2003. In 2004–2005, WHO expects to direct nearly US\$ 180 million towards HIV/AIDS.

More than half of WHO's expenditures in 2000–2001 was devoted to providing technical support to countries. Some 30% was used to develop normative tools and guidance and most of the remainder went to improving knowledge of the epidemic, including work at both headquarters and regional levels. Expenditures in 2002–2003 will follow a similar pattern.

The WHO programme budget for 2000–2001 contained US\$ 55 million for HIV/AIDS. In addition to this, an estimated US\$ 2 million was allocated to HIV/AIDS through other areas of work across WHO. Some US\$ 45 million was disbursed during the biennium, slightly below the budget figure. However, WHO received more than US\$ 76 million in income in 2000–2001, which significantly exceeded the planned budget. The unexpectedly high level of income received in 2000–2001 resulted in a significant carry-over to 2002–2003.

Even though WHO began the 2002–2003 biennium with a substantial positive balance, the available funds were heavily earmarked for country-level activities. WHO is currently working to increase country-level capacity to allow these funds to be used effectively during the rest of the biennium. Additional resources will be required at the global and regional levels to sustain this effort.

The implementation rates for the 2002–2003 biennium are approximately in accordance with expectations one third of the way through the biennium. About 30% of available funds had been used by August 2002, and the unspent balance can be attributed to the following:

- country and regional expenditure is not fully reflected because of time lags in reporting field expenditure;
- substantial funds must be kept in reserve to cover staff costs for the remainder of the biennium;
- many of the funds available have been received recently and are in the process of being programmed; and

- a substantial proportion of the available funds is specified for country-level activities and cannot be used until appropriate preparatory work is completed.

As WHO continues to scale up its efforts over the next several months, especially at the regional and country levels, implementation rates will increase rapidly.

Sources of income

WHO has allocated approximately \$15 million to HIV/AIDS from its Regular Budget in 2000–2001 and 2002–2003. This figure will rise to more than \$18 million in 2004–2005. Regular Budget allocations are supplemented from other internal resources when possible.

Some \$13 million has been received through UNAIDS so far in 2002, in addition to over \$32 million contributed in 2000–2001. Funding from UNAIDS is provided through the Unified Budget and Workplan and support for inter-agency working groups and country activities. Funds have also been received from UNDP and UNFPA for specific activities related to HIV/AIDS.

WHO has received strong support from Member States, including Australia, Austria, Denmark, Finland, France, Germany, Japan, Luxembourg, the Netherlands, Norway, Sweden, the United Kingdom and the United States. The Government of Italy has provided over US\$ 7 million for an initiative to support national efforts to fight HIV/AIDS in Africa.

WHO has also received important support from a number of foundations for its work in HIV/AIDS. Contributions have been received from the Open Society Institute, the Ford Foundation, the Rockefeller Foundation, and the Parthenon Trust. The OPEC Fund for International Development has recently committed more than \$8 million to combat HIV/AIDS in 12 African countries.

In scaling up its response to HIV/AIDS, WHO is working to maintain strong relationships with existing donors and to develop new sources of funding.

¹ All figures reflect total resources and expenditures on HIV/AIDS for all Departments and Regions in WHO, including the HIV/AIDS Department.

Table 1**Financial Summary**

(All Sources)

	2000 – 2001	Biennium 2002 – 2003 As of September 2002	2004 – 2005
Planned budget	57 000 000	146 000 000	180 000 000
Resources available	76 309 578	68 441 930	not applicable
Expenditure			
Global strategy and policy	3 119 929	3 100 096	not applicable
Normative tools and guidance	13 330 970	6 582 487	not applicable
Improving knowledge	2 222 432	1 863 107	not applicable
Technical support	26 499 766	8 939 409	not applicable
Total expenditure	45 173 097	20 485 099	not applicable

Table 2**HIV/AIDS Funding**

(All Sources)

	Biennium	
	2000–2001	2002–2003 <small>As of September 2002</small>
WHO resources		
Regular budget	14 559 953	15 261 799
Other WHO resources ²	7 957 745	439 122
Brought forward	6 599 613	31 136 481
<i>Subtotal</i>	<i>29 117 311</i>	<i>46 837 402</i>
UNAIDS		
Unified Budget and Workplan	13 786 925	9 750 000
Other UNAIDS	19 198 863	4 003 597
<i>Subtotal</i>	<i>32 985 788</i>	<i>13 753 597</i>
Other United Nations sources		
United Nations Trust Fund for Human Security	374 500	
United Nations Fund for International Partnerships		288 750
United Nations Population Fund	250 000	
United Nations Development Programme	464 260	178 300
<i>Subtotal</i>	<i>1 088 760</i>	<i>467 050</i>
Bilateral contributions		
Australia	75 000	287 150
Austria	67 267	51 178
Denmark	319 303	
Finland	150 353	144 322
France	225 479	248 686
Germany	54 970	86 744
Italy	8 006 000	
Japan	84 707	300 000
Luxembourg	261 514	
Netherlands	655 691	1 570 124
Norway	1 235 808	1 121 628
Sweden	407 960	
United Kingdom	112 103	387 143
United States	1 051 000	776 906
<i>Subtotal</i>	<i>12 707 155</i>	<i>4 973 881</i>
Foundations		
Ford Foundation	38 633	
OPEC Fund for International Development		2 710 000
Open Society Institute	100 000	
Rockefeller Foundation	25 899	
Parthenon Trust	246 032	
<i>Subtotal</i>	<i>410 564</i>	<i>2 710 000</i>
Total WHO resources	76 309 578	68 741 930

² Casual income, interest, adjustments and refunds, programme support funds, and income from procurement services